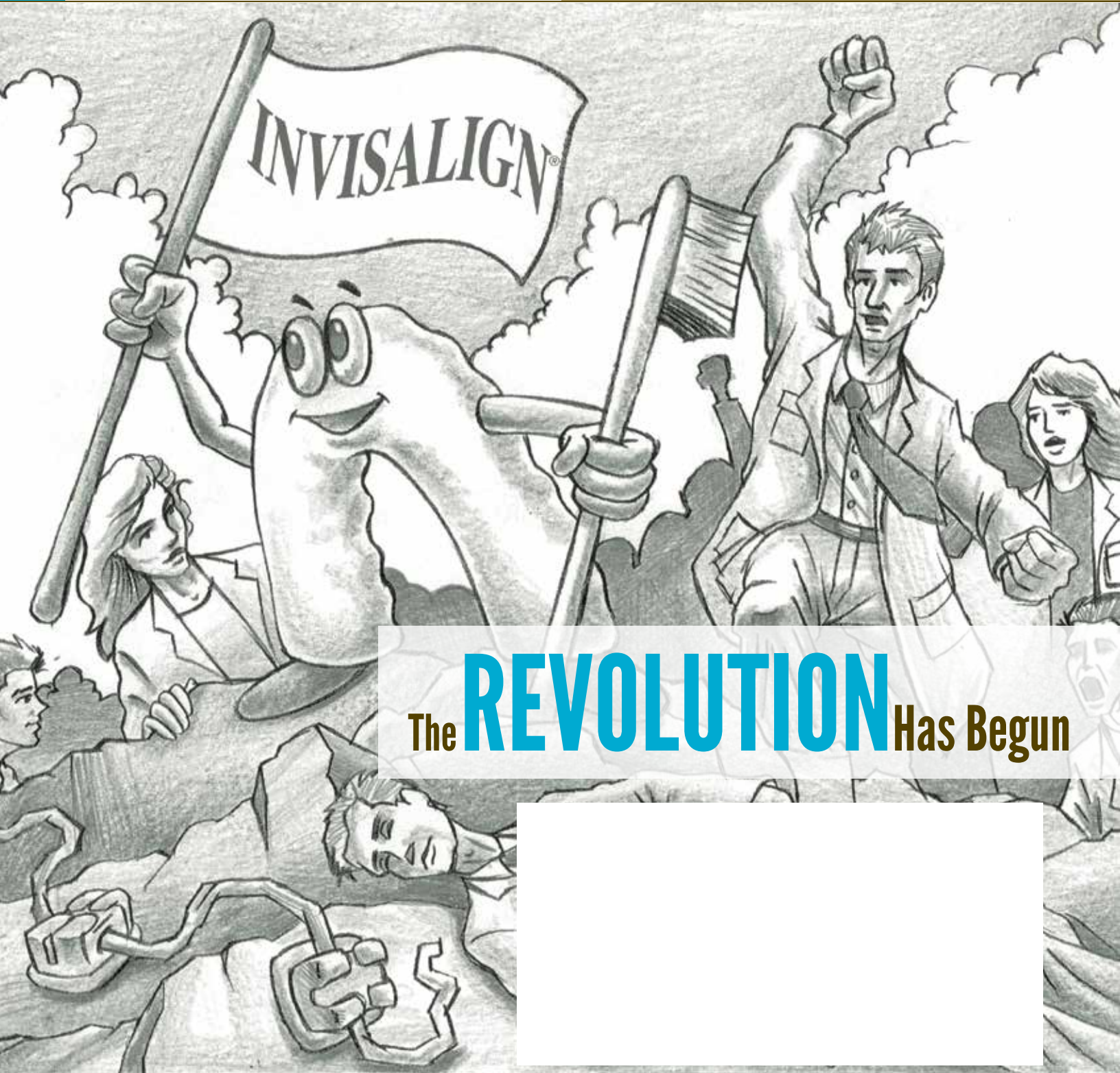


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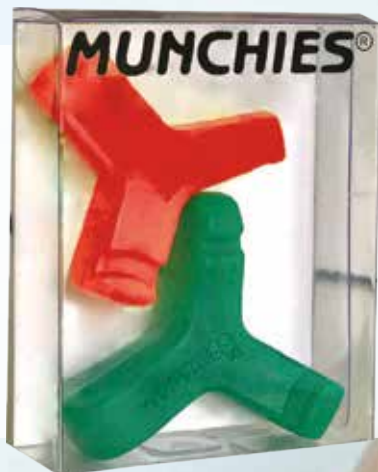


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## Editorial

### Should I Stay or Should I Go?

A dentist friend of mine, after 40 years of practicing dentistry, was contemplating retirement, and agonizing over his decision.

"I'm tired. Some mornings I would give anything to be able to roll over and go back to sleep rather than face another day in the office," he explained.

He described being exasperated by the thought of continuing to do difficult procedures on difficult patients and was haunted by the question of, "Should I stay or should I go?"

For many dentists in this situation, hiring an associate is the solution. However, taking that path can easily lead to assuming even more administrative headaches, and the additional mental burden of being responsible not only for your own dentistry but also for someone else's.

For other dentists, selling one's practice and working part-time for the new owner is an option. However, this could be a difficult status transition for dentists who have spent a lifetime being their own boss.

Retiring completely may sound attractive. However, many retired dentists report depression and diminished feelings of self-worth.

I proposed a different option. "How about transitioning from a restorative-based practice to one offering Clear Aligner Therapy (CAT)?"

Providing CAT orthodontic treatment, I told him, is not terribly demanding, is incredibly gratifying, and can easily be mastered by attending courses and joining helpful organizations like the American Academy of Clear Aligners.

My friend promised to consider my proposal. I'll let readers know how it turned out for him.

Dr. Jeffrey Galler  
Editor

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American Academy of Clear Aligners

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# Case Reports

## The Missing Tooth That Wasn't Missing

by Jeremy Kurtz, DDS



Dr. Jeremy Kurtz is a graduate of the University of Toronto School of Dentistry. He is a general dentist who maintains a unique private practice in Toronto that focuses exclusively on Invisalign and dental implant therapy. Dr. Kurtz is a guest lecturer at various Invisalign and implant study

clubs in Toronto. He is a Top 1% Invisalign GP provider and enjoys making his patients smile with Clear Aligner Therapy.

A 26-year-old woman came to visit our office seeking Invisalign treatment. She had what she called a “missing tooth,” because in every photo she took, tooth #7 appeared to be missing. In reality, the tooth was present but was in crossbite (**Figure 1**). To make matters worse, the space for this lateral incisor had been reduced to 2 mm by the shifting of other teeth, while the tooth itself was 8 mm wide. The patient had seen other Invisalign providers and had been told that this treatment could only be treated with traditional braces and might actually require an extraction. Neither of these ideas appealed to the patient.

Upon initial examination of the patient, I felt that Invisalign would be a viable solution. The patient had previously had her wisdom teeth removed. With sequential distalization of the upper right quadrant, I could gain about 2 mm of space. With expansion and IPR and a slight midline shift in the maxilla, we could realize another 4 mm of space. In addition, teeth #6 and #8 were both slightly bulbous; I estimated that recontouring of these teeth could add an extra 1 to 2 mm of space if needed.

Tooth #7 was in a deep, locked-in crossbite, but Invisalign is an ideal appliance for crossbite corrections owing to the disclusion of the teeth while wearing the trays. (This aspect alone made Invisalign a more appealing appliance than braces in this case.) Finally, the ClinCheck program would allow me to visualize the

process and confirm that my rough calculations would work to achieve the space we needed without needing to extract any teeth.

My initial estimate was that this case could possibly take between 24 and 30 months to complete. The patient of course was happy that Invisalign was an option and that no extractions would be needed, but wondered if there was any way to reduce the overall length of the treatment. I suggested AcceleDent, an orthodontic accelerator that uses low-frequency vibration to achieve faster, safe movement of teeth. This is particularly useful with Invisalign, as additional adjustment appointments are not required; rather, the patient can simply switch trays more often. (Anecdotally, I have found that AcceleDent can also aid in fit and movement of teeth with some types of difficult movement.) The patient loved the idea and was excited to begin.

The initial ClinCheck treatment plan prescribed 32 pairs of aligners. We prescribed a 7-day-per-tray wear time in combination with daily AcceleDent use, per manufacturer instructions. The trays tracked well throughout the initial aligner series (**Figure 2**). Subsequently we had the patient wear 2 additional aligner series of 14 and 5 trays, to settle the bite and to create minor adjustments to tooth #7's position. In total, the patient wore 51 aligners and completed the treatment in 13 months. We issued Vivera retainers for retention.

Needless to say, the patient was ecstatic with the results and now feels that she can smile fully, as we have retrieved her “missing tooth” (**Figure 3**). I was equally pleased that we can now offer patients an alternative treatment to fixed braces, even in challenging cases, and complete the treatment in significantly less time than once was believed necessary. ■



**Figure 1:** pre-treatment.



**Figure 2:** ready for refinement.

*Figures continued on next page*



Do you have an idea, treatment, or review that you feel your peers would benefit from? Contact [editor@aacaligners.com](mailto:editor@aacaligners.com) to find out how to author articles in future issues of the Journal.



Figure 3: post-treatment.

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# Improving Predictability With Clear Aligners and AcceleDent

by David S. Ostreicher, DDS, MS, MPH

## Introduction

Advances in technology and materials have encouraged clinicians to expand the types of cases they are willing to treat with clear aligners. Yet some tooth movements with Clear Aligner Therapy still remain unpredictable, which prevents clinicians from achieving their desired results. Unlike cases where the result relies primarily on tipping teeth, which is fairly predictable, cases that require the expression of more difficult tooth movements (such as intrusions, extrusions, rotations, and root torque) tend to be far more challenging for clinicians to address with aligners than with braces.



Dr. David Ostreicher's health-oriented orthodontic practice is in Long Island, New York. An Invisalign Top 1% doctor and an Align Technology lecturer, Ostreicher has been offering AcceleDent for more than 5 years. He is professor emeritus at Columbia University and the University of New Haven.

Ostreicher is a member of the American Dental Association, the American Association of Orthodontists, the American Public Health Association, and the Honorary Dental Society. After serving many years on the board of directors of the Nassau County Dental Society, he became president of the New York State Dental Association.

Dr. Ostreicher graduated from Clark University and attended Columbia University School of Dental Medicine, where he received his dental degree and certificate of specialty in orthodontics.

In these instances, when tooth movements don't track according to the outcome predicted in the ClinCheck® software, clinicians often need to order several refinement aligners, causing a ripple effect on length of treatment and patient compliance. Managing patient expectations is important, as significant changes during the course of treatment can increase the possibility that patients will disengage from treatment.

I've noticed a significant improvement in predictability, length of treatment, and patient motivation in my private practice since I began integrating AcceleDent® into my clear aligner cases. In the growing accelerated orthodontic market, AcceleDent stands out as the only vibratory device that is an FDA-cleared, Class II medical device designed specifically to speed up tooth movement. This is very important to me because I would feel very uncomfortable prescribing a device

to my patients that is not held to performance standards. It's a matter of reputation and clinical experience.

Pulsatile forces—like those employed by AcceleDent's SoftPulse Technology®—have been used in orthopedics since the 1980s, and been proven to alter the physiological response in long bones by increasing the rate of fracture healing and increasing the cellular signaling that enhances bone density. In orthodontics, low pulsatile forces have been shown to stimulate bone metabolism molecules that regulate the quantity and activity of osteoclasts and osteoblasts.<sup>1</sup> There are several studies dating back to 2003 that support AcceleDent's claim of speeding up bone remodeling and tooth movement by as much as 50 percent.<sup>2-5</sup>

## The "Ostreicher Theory"

From this growing body of evidence, I've developed the "Ostreicher Theory," describing yet an additional mechanism that may come into play to explain how AcceleDent's low pulsatile forces help to improve predictability with clear aligners while decreasing discomfort.

When moving a tooth with aligners, the goal is to push the tooth halfway through the periodontal ligament. This compresses the blood vessels just enough to cause relative hypoxia, which stimulates activity in the osteoclasts and osteoblasts. However, pushing a tooth too hard, or changing aligners too quickly, will force the tooth up against the lamina dura. This will totally compress the vessels, causing a complete lack of oxygen, or anoxia. This kills the osteoclasts, thus stopping or slowing movement, in addition to causing pain or discomfort.

AcceleDent's dual mechanical pathways—biochemical and physical—create an environment at the cellular level that fosters optimal blood and oxygen flow as well as tooth movement. As previously mentioned, the biochemical effects of bone growth and movement have been studied and proven in orthopedics and orthodontics. The physical mechanics are at play when AcceleDent's gentle vibrations move the tooth back and forth in the periodontal ligament, acting as a pump to push blood in and out of the area. This forces fluids and oxygen into the area, preventing anoxia and causing hypoxia instead. The results are that osteoclasts are not destroyed, teeth move faster, and patients experience less discomfort.

Proven clinical data published in peer-reviewed journals show that AcceleDent's low pulsatile forces effectively speed up tooth movement. AcceleDent's vibrations are delivered at an ideal low frequency (30 Hz) to foster pump-like movements. Vibrations at much higher frequencies are inefficient, because there is not enough time between cycles to allow fluids to flow in and out of the ligament, an effect similar to what happens in cardiac

fibrillation. The resulting “periodontal fibrillation” would not alleviate the anoxia.

Since we have to be cautious of changing aligners too fast, I begin all of my patients on a 14-day wear protocol for the first 2 weeks and instruct them to use AcceleDent. I see my patients every 5 to 6 weeks, so if the teeth are tracking according to the ClinCheck on their next appointment, I update the protocol to have them change their aligners every 10 days. Then, if everything continues to track as planned, I move them to a 7-day aligner wear protocol, then to 5 days, and eventually to 3.5 to 4 days.

This is the opposite of the new aligner protocols that suggest a 7-day wear interval without acceleration and then moving the patient to a 14-day interval if the aligner fit is not optimal. Patients may view going from a 7-day to a 14-day wear interval as punishment. In contrast, my protocol of gradually decreasing the aligner wear intervals offers positive reinforcement that motivates patients and encourages compliance throughout treatment.



## Case presentation

### Patient

- 35-year-old male

### Diagnosis

- Class I
- Crowding
- Anterior crossbite

### Mechanics

- Invisalign
- 28 aligners
- No refinement

**Estimated Treatment Time: 14 months**

**Actual Treatment Time with AcceleDent: 6 months, 5 days**



**Figure 1:** before treatment.



**Figure 2:** after treatment. Note that the patient was referred to a GP in order to recontour the gingival margin of tooth #8.

### Discussion

This patient was very self-conscious and did not like to smile when he first came to my practice. I started him on a 14-day aligner wear interval with AcceleDent and placed his attachments when I delivered the third aligner. He eventually progressed to changing his aligners every 4 days.

This case was challenging because I had to bodily move the right central incisor (tooth #8), moving the root of the tooth along with the crown. If the patient had not been using AcceleDent, the incisor would have tipped and not translated, giving us a poor result. Upon reviewing the patient's final images, I noticed that the gum was very low on the incisor that had been moved, so I referred him to a GP who recontoured the gum on tooth #8.

The Ostreicher Theory was borne out here, as AcceleDent helped to ensure that the cells in the periodontal ligament were oxygenated throughout treatment, preventing the cells from dying while decreasing the amount of discomfort the patient experienced.

Having integrated AcceleDent into my standard of care with Clear Aligner Therapy cases, I'm noticing that teeth are tracking all the way throughout treatment when comparing progress to the ClinCheck. I'm also doing fewer refinements, and when I do need refinements, there are fewer aligners in each refinement. By gradually reducing the aligner wear intervals at each appointment, I'm using AcceleDent as a motivator that encourages patients to maintain compliance with aligners and AcceleDent.

I present my patients three options when they choose Clear Aligner Therapy: Classic, Turbo, and PM.

- Patients who choose Classic change their aligners every 7 to 14 days, and wear them 22 hours per day.
- The Turbo option instructs patients to use AcceleDent 20 minutes daily, change aligners every 4 to 10 days (based on their stage in treatment), and wear the aligners for 22 hours per day.
- We offer the PM option to professionals or students who can't commit to wearing aligners for 22 hours daily. These patients use AcceleDent daily, change aligners every 7 to 14 days, and only wear their aligners 16 to 19 hours per day.

The increased predictability that I achieve with AcceleDent enables me to manage patient expectations from the beginning of treatment while keeping them engaged and

compliant throughout treatment. I'm consistently delivering quality clinical results, and patients are pleased that they can finish treatment faster with less discomfort. ■





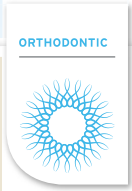
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# Product Review

## VPro5—In My Hands

by Steven Davidowitz, DDS, FICOI



Dr. Steven Davidowitz maintains a general practice in the Upper East Side of Manhattan, New York, with a special emphasis on aesthetic dentistry in conjunction with Clear Aligner Therapy.

Dr. Davidowitz received his DDS degree from NYU College of Dentistry and completed a GPR at the Brooklyn Hospital Center. He did his fellowship training in implant surgery and restorative implant dentistry at New York University.

He can be reached at 212-759-7535 or DrSteven@LuxuryDentistryNYC.com

VPro5 is a noninvasive adjunctive orthodontic device manufactured in the US by Propel Orthodontics. VPro5 is marketed as an adjunctive clear aligner tool to aid in proper aligner seating. As we know, a properly seated and well-fitting aligner will both track better and produce quicker orthodontic results.

The use of the device is complementary to orthodontic treatment. VPro5 uses a high-frequency vibration that gently ramps up to full intensity and takes only 5 minutes to complete a cycle.

VPro5 offers a benefit beyond its primary function of accelerating tooth movement. My patients have reported that the device in fact provides significant relief from the discomfort associated with orthodontic forces. This, I feel, is beneficial in several ways:

- It reduces the need for over-the-counter pain medications, which have been shown to slow tooth movement (and thus can also increase the number of visits necessary to complete treatment).
- By diminishing pain, it can lead to better compliance, further reducing visits needed to complete treatment.



My understanding is that high-frequency vibration improves circulation around the compressed periodontal ligament. This reduces pain and supports quicker remodeling and faster healing.

VPro5 is hands free, easy to use, and compatible with all types of clear aligner orthodontic treatment. The instrument does not interfere with my treatment philosophy, treatment plan (other than possible scheduling considerations caused by accelerated tooth movement), or appliances in any way. VPro5 simply complements my clear aligner work on a daily basis, helping my patients complete treatment significantly faster, with less discomfort.

The instrument uses a unique mouthpiece to deliver the vibrations during treatment. There is just one mouthpiece needed with the vibration device. What I like about this mouthpiece is that it truly is a “one size fits all” accessory. I have had no issues with comfort or size regardless of patient age or size.

VPro5 is dispensed as a “patient kit,” including small base unit, charging cable, and instructions. The device is designed to last the full duration of treatment without a programmed expiration date. In the rare instance of a device issue, Propel Orthodontics customer service has quickly responded with a replacement unit to ensure my patient stayed on track.

The prescription is for a single use per day, and Propel recommends that patients try to use the vibration tool at approximately the same time each day, preferably at night prior to going to sleep. (This protocol supports optimized aligner fit during the night when aligners are not removed or disturbed, and also assists patients in developing a routine for compliance.) The patient uses the vibration tool with his or her aligner in place, as an orthodontic force on the teeth is needed for the stimulation on the aligner to occur. The patient gently closes down on the mouthpiece and presses the single button to begin the 5-minute vibration cycle.

My clinical results with VPro5 have shown rapidly accelerated tooth movement for my patients in a safe, convenient, and often pain-relieving experience, in the comfort of their own

homes. While each clear aligner (e.g., Invisalign) is generally designed to be worn for 7-14 days based on complexity, I find that when patients include VPro5, the time per aligner is often reduced to just 7 days regardless of complexity of the tooth movement. I do monitor my accelerated Invisalign cases more closely and more frequently in order to assess proper tracking.

I have found that the use of VPro5 greatly reduces discomfort for the vast majority of my clear aligner patients. I am finishing more cases in fewer office visits, with noticeable reductions in refinement aligners and with noticeably happier patients. Based on over 2 years of clinical experience with use of the VPro5, I can confidently recommend the use of VPro5 to improve the efficiency and results of Clear Aligner Therapy.

For even more predictable and accelerated results, I couple VPro5 treatment with all my Propel micro-osteoperforation cases as well. But I will leave that for a future article. ■

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# Practice Management

## When to Raise Your Fees

by Jim Du Molin



According to his website, Jim Du Molin "is a leading Internet marketing expert for dentists in North America. He has helped hundreds of doctors make more money in their practices using his proven Internet marketing techniques. He developed **TheWealthyDentist**® email newsletter as a

way to share the 30-plus dental management and marketing strategies he has developed and tested over the last 20 years working with dentists."

I'd like to tell you a little story about a dentist I know.

A few years back, I helped Dr. M with a direct-mail campaign that turned out to be outrageously successful. He was overwhelmed with the response, to the point that he had to bring on an associate.

Dr. M called me and said, "Jim, we've got bookings a month into the future, and we've got more patients beating down the door. What am I going to do?"

I said, "You've got to raise your fees."

He said, "What?!?"

"Raise your fees. If you have more people than you can do full diagnostic and case presentation on, raise your fees."

"How much?" asked Dr. M.

"Ten percent."

So he raised them 10%. Six months later he called me up and said, "I have more people than I can deal with."

I said, "Raise your fees."

"How much?"

I said, "Ten percent."

He said, "Jim, we raised them 10% six months ago!"

I said, "Think of it this way: In a ballpark, 50,000 people go in to watch the guy who's making \$8 million. Because 50,000 people want to get in to watch him, he's worth \$8 million. You're the equivalent of that star. More people want to get in than there's space for. So you raise your fees. That's how they do it; that's how you do it. That's called business."

He said, "Jim, but there's a clinic down the block with 5 guys in it, and their fees are already 20% less than mine."

"Yeah, but they don't have a waiting line in front of their office to get in. You do. You deserve compensation."

He said, "OK." Sure enough, he still has a waiting list, but now it's down to about two weeks.

My point is this: If you have more patients than you can comfortably diagnose and present with treatment plans, raise your fees at least 10%. ■



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# How to Generate Higher Case Acceptance for Clear Aligner Orthodontic Patients

by Shalin Patel, DMD

As Clear Aligner Therapy (CAT) increasingly enters the mainstream in dental care, it is important for dentists to know how and to whom to propose the use of this treatment, so as to increase the likelihood of case acceptance. When I ask practitioners about their case acceptance, one of the most frequent responses I get back is that they keep getting told “no” and become discouraged.

One common issue in low case acceptance has to do with selecting patients who are good candidates for Clear Aligner Therapy in the first place. Below are a few steps to consider in identifying the right patients to present the option of CAT. The entire office team can work collaboratively to increase case acceptance.



Dr. Shalin Patel is a partner and the chief clinical officer at DECA Dental Group, which has been named as one of Inc.'s 5000 fastest-growing companies in America. He oversees new doctor recruiting and has created unique and innovative systems to train hundreds of dentists in multiple office

locations across Texas. Dr. Patel can be reached at [patel@decadental.com](mailto:patel@decadental.com).

1. **Initial phone call:** When a new patient first calls the office, after collecting all relevant information from the patient, it is important for the front office to discuss the services the office offers. At this time the receptionist should mention that the office and doctor have a lot of experience with Invisalign. Even if the patient does not immediately follow up on this, bringing up the topic upon initial contact can spark additional questions and plant a seed in the patient's mind before the appointment.
2. **Complimentary consultation:** The front desk person should make it clear that the consultation is complimentary. You likely are already screening every new and existing patient to find potential Invisalign candidates, so it is important to create value when you are doing it. Clinicians in several fields of medicine routinely charge for consultations, so using the word “complimentary” increases the patient's willingness to spend time with the clinician.
3. **New patient paperwork:** The paperwork your new patient fills out upon arrival should include a question clearly asking for the patient's chief complaint. This usually takes the form of a set of boxes to check: for example, “Regular Checkup,” “Pain,” “Whitening,” “Cosmetics,” “Straightening Teeth,” etc. All front office personnel should be on alert so that if they receive paperwork with the “Straightening Teeth” or “Cosmetics” box checked, they will be sure to let the clinical team know before taking the patient to the treatment room. This gives the clinical team the opportunity to prepare the room appropriately (see step 5 below).
4. **Focus on the recall patients:** Far too often, doctors focus on new patients as their main source of Invisalign candidates. New patients may indeed be good candidates (see previous step); but if the patient did not check the “Cosmetics” or “Straighten Teeth” box in the new patient paperwork, it may not be wise to go into detail about Invisalign at the first visit. Doing so is likely to make the patient feel overwhelmed and reflexively express disinterest in such procedures (which will in turn make you feel discouraged). Imagine visiting a mechanic for an oil change, but then getting told you need a new transmission! While it may be true that more work will be needed, always focus on what the patient is asking to be addressed first. Keep in mind that during the first visit, the patient is evaluating whether he or she can trust you and develop a working relationship with you.
 

Rather, clinical teams should look to the recall column *before* the new patient column when considering patients for Clear Aligner Treatment. Some of the best candidates are existing patients. These are patients who have established a relationship with you and your practice. They continue to come back to you, as they are happy with the service and care at your office; and they have grown to trust you, so they will be ready to listen to your suggestions to improve esthetics and function.
5. **Set up the room:** Once you have selected a good candidate for Clear Aligner Treatment using the preceding steps, it is important to have the treatment room set up for success. Before the patient enters the room, the assistant should:
  - a. Have an Invisalign introduction video playing on the TV. Tell the patient, “The doctor will be right with you,” and “The doctor wanted me to show you this while you wait.” This video will help jump-start the conversation when the doctor enters the room. Ask open-ended questions

to establish initial rapport. If patients have not already indicated that they would like to “Straighten Teeth,” ask, “Have you ever thought about straightening your teeth?”

- b. Have a Clear Aligner model already on the table, so that if the conversation continues, it can be easily demonstrated. Let the patient hold the aligners in his or her own hand to see how thin and lightweight they are for daily use.
- c. Have intraoral pictures ready to show on the TV, illustrating why the patient would benefit from clear aligners (e.g., esthetics, crowding, periodontal inflammation, bruxism, crossbite). The assistant should capture all these images before the doctor enters the room.
- d. The dentist should offer to take impressions and show a digital simulation (such as a ClinCheck). If a patient is on the fence, there is no better way to close the case than to let the patient see his or her own teeth and how they will move.

You may even offer to send the impressions off for a complimentary virtual simulation. The patient will want to return to view his or her own tooth movements, and can then decide if he or she wants to proceed. This does mean you may have to absorb the loss of some time and materials if the patient agrees to the initial impression but later chooses not to continue; but more often than not, we have found, seeing is believing. If a patient returns for a follow-up appointment to review the movements, your chances of case acceptance should be high.

It is important to have this system integrated into your practice and to ensure that all members of the team are focusing on the same goal. Reviewing these steps often with everyone, both in the front and the back office, will help ensure a higher percentage of case acceptance—and patient satisfaction. ■

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# Pension Planning

## The Perilous State of Pension Plans

by Ralph Adorno



Chartered Life Underwriter Ralph S. Adorno is an independent financial professional with more than 46 years of experience in financial services. He serves clients whose net worths range from \$250,000 to \$1.5 billion. Using his proprietary Income-Legacy Planning method, he works with clients to

create, preserve, and maximize their wealth.

Mr. Adorno holds insurance licenses in 12 states and is a member of the Estate Planning Council and the National Association of Insurance and Financial Advisors. For more information about him, his firm, and the services they offer, visit: [rsretirement.com](http://rsretirement.com).

If you're among the minority of American workers who are still covered by a pension plan, take note: state and private pensions across the country are under financial stress and may not be able to pay out promised benefits in full.

Conventional defined benefit pension plans have taken a beating from the economy and turbulent investment returns over the last several years. Unlike defined contribution plans, whose asset levels depend mostly on employee contributions, pension plans depend entirely on employer contributions. But the formula for employer funding depends on the promises the employer has made for specific annual lifetime payouts related to the number of qualified employees, how much they make (often in their final five, highest-earning years), and how long they worked for the company.

If assets are equal to the amount of promised payments owed to workers, the pension is said to be "fully funded." If the asset level is higher than the fund's current obligations, the fund is said to be "overfunded"; and if the asset levels aren't sufficient to meet the fund's obligations, it's said to be "underfunded."

Pensions that are underfunded are a problem for company sponsors, because it means that the company is going to have to contribute more to catch up. Poor investment returns and drastic reductions in tax revenues have hit state and municipal employee pensions particularly hard.

These difficulties help explain why the number of pension plans decreased so drastically over the last 30 years. According to the U.S. Department of Labor, the number of defined benefit pension plans peaked in 1983 at 175,000; in 2009, the latest year for which figures are available, the number was 47,000—a 73% decline. It was mirrored by the growth in the number of defined contribution plans such as 401(k) plans—from 472,000 to 650,000 over the same period (a 40% increase). And while more than 60% of the American workers covered by a retirement plan were enrolled only in a pension plan in the late 1970s, today that number stands at under 10%.


The real problem is the number of pension plans still in place that are underfunded. The risk is that underfunded pension plans will be terminated, either voluntarily or through sponsor bankruptcy, and pay out reduced benefits, even if the pension is backed by the federal Pension Benefit Guaranty Corporation.

A recent survey by the investment bank Credit Suisse found that 97% of all corporate pensions are underfunded, to the tune of some \$500 billion. Meanwhile, the New York Times reported in July 2012 that all but 18 of the pension funds sponsored by America's largest companies—those listed on the S&P 500 Index—are underfunded.

Pension experts say that state government employee pension funds are in even worse shape.

What does all this mean? If you're covered by a pension, it means you shouldn't take for granted that the checks your employer currently promises to pay you will actually arrive in the amount promised. It also means that you should strongly consider starting or increasing your contributions to your own retirement plan, such as an IRA. ■

*Ralph S. Adorno, C.L.U. & Associates—[www.rsretirement.com](http://www.rsretirement.com)*



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# Information Technology

## The 10 Most Common Rants Against the Cloud

by Andy Jensen



Andy Jensen is a veteran of the dental software business, having gotten his start with Dentrix Dental Systems in 1992. He is currently vice president and CMO at Curve Dental, developer of 100% cloud-based management software for dental professionals. Andy recently completed the

book *How to Build the Killer Practice on the Cloud*, which can be downloaded at [www.curvedental.com/killer-practice-de](http://www.curvedental.com/killer-practice-de).

If you feel that moving your practice to the cloud makes a lot of sense, you're not alone. A great number of dentists have moved their practices to the cloud in 2017, with another multitude expected to make the move in 2018. Of course, there are still detractors who would rather focus on the fear, uncertainty, and doubt (FUD) of using something new.

Without doubt, there are pros and cons to the cloud, just as there are with a traditional client-server platform, and just as there were with MS-DOS, paper, clay tablets, and charcoal drawings on cave walls. Progress was never meant to symbolize perfection; rather, progress is another step toward increased efficiency.

Regardless of progress, the cloud has its detractors. As one who has an ear to the ground, I've put together a list of the top ten rants I hear about the cloud. Some you'll find interesting; others are downright silly.

### 1. Your IT pro says it's a bad idea

IT pros are skilled people who are usually supporters of the cloud. However, here's what I hear from IT pros who may not have all the facts:

#### a. It threatens their business

Some IT pros are threatened by the business they may lose to the cloud. For that reason, integrators are moving to a completely different business model, called managed services, which embraces the cloud. Your practice pays a monthly subscription for continuous management and maintenance of your IT needs, rather than just calling in a pro when something breaks.

#### b. Your data won't be safe

Every good IT pro is going to want to know how long a company has been developing cloud-based software, because experience trumps all. Your IT pro (and you!) will feel better when your data is stored with a highly ranked, proven organization, such as Amazon.

#### c. The cloud can't handle your imaging needs

While 3D files are monstrous and may not be a good fit for the cloud, they're only a small portion of what the doctor acquires every day. In other words, let's not make the mistake of losing track of what makes the practice productive.

### 2. The cloud is too slow for imaging

In my house, my wife is able to snap a 30-second HD color video of our granddaughter, using a smartphone, and post it to Facebook in the blink of an eye. Therefore, no, the cloud is **not** too slow for bread-and-butter digital imaging.

### 3. The cloud is new

For some, cloud-based dental software is perceived as being new, and therefore unproven, which is far from being true. The most experienced vendors have 12 years of development under their belts. They've hit quite a few bumps along the way and learned from their experiences. In a sense, the naysayers are half right: if you're moving to the cloud, you're in good hands when you put experience above all else.

#### 4. You lose control of your data

What control are you losing? Your data may now be sitting in a server in your practice, but you have near zero control. Why? Because your data is most likely encrypted in some funky data structure. Is your data better off on the cloud? Yes and no; it depends on which company you choose. Regardless, a server in your practice is a mirage when it comes to control.

#### 5. Never trust sensitive information to the cloud

Most people consider their finances to be sensitive information, yet millions use the Internet to bank and shop on line daily. We trust the Internet because most of us have never had reason not to trust it. The U.S. Department of Health and Human Services' log of breached data cases indicates that only a small percentage of all compromised data cases stem from a hack! The majority are due to human error (stolen computer, missing thumb drive, etc.). Hacking is not as prevalent as detractors would have you think.

#### 6. Your server is safer than their server

If you're the type of doctor who loves to tinker with a server, then we salute you. But most clinicians are not network engineers masquerading as dentists. And for most, time and money are limited. For an individual to duplicate the security, redundancy, maintenance, and management of the cloud would require millions. The argument that your server is more dependable than the cloud is silly.

#### 7. Once on the cloud you can't go back

Cloud antagonists say that once you hand over your data to a Web-based application, you'll never get your data back. But what's so great about the cloud is freedom. It may be more difficult to cancel your business with one dental supplier and move to another dental supplier than it is to switch from one cloud-based application to another.

#### 8. The cloud is unproven

Remember the dark ages when new inventions were witchcraft? Surely we've evolved over the years, haven't we? According to Finances Online, sales from cloud-based software in all industries will top \$76 billion by 2020. The assertion that the cloud is unproven disappears under the weight of nearly 76 billion dollars; it's just another example of FUD spread by those who haven't done their homework (or who are selling software that still requires a server!).

#### 9. Nobody uses the cloud

Hundreds of practices use the cloud every day to manage the office. On the medical side of health care, physicians can choose from more than 79 different Web-based practice management systems. Obviously dentistry's medical cousin understands how much more cost-effective the cloud can be for its practices. According to Finances Online, 80% of US workers prefer cloud-hosted applications for communication and organization purposes. That's a lot of nobodies!

#### 10. Their mothers dress them funny

It's true that most new companies look different from the old crowd. Well, change is good. If dental software didn't progress, we'd still be using DOS-based applications! Change is about efficiencies and advantages gained by moving to a new platform. The cloud looks more intuitive and feels more familiar—and it sure kicks the pants of client-server applications when it comes to a satisfying user experience.

Is the cloud a perfect platform? There's no such thing; however, the cloud does represent progress and significant increases in efficiencies. The cloud is also an inevitability. Technology has shifted to such an extent that there's no stopping it from coming. That's why I tell doctors that embracing the cloud is a much better use of time and energy than finding its faults. ■



## Cloud Computing

# Reingage News

## Reingage Study Club News

Compiled by Jack Von Bulow, DDS, Reingage News Co-ordinator



GoBig seemed to be a huge success for those who attended. Thank you to all who helped put together an amazing CE and social event: Ed Johnson, Emily Johnson, Greg Gangi, Frank Visintini, Bari Posner, and Hardeek Patel. Since, the Empire has faced several critical topics: A bag of pot with every new start? Leather or not? And most importantly, what's next? We are in the early stages of planning a vineyard Invisalign weekend for our next gathering. But first, GRC or BUST, baby! See you all there.



Dr. Elizabeth Clary traveled to Tacoma, Washington, this spring for the Black Triangle Closure and ClinCheck Review course, and enjoyed meeting several fellow Gallerites. Not only did she get some great tips and techniques for closing black triangles, but the ClinCheck boot camp taught by Dr. Corey Anolik was very helpful as well. The group enjoyed dinner that night, and she said it was fun matching names with faces that she has seen on the WhatsApp Gallerite chat. As a side note, she did capture a beautiful rainbow picture during her trip. What a great way to network, learn, and make new friends!



As the summer kicks into gear and excitement for the GRC convention in Las Vegas builds, the members of the Botex group have branched out and invested heavily in implant continuing education. Dr. Dipali Nigudkar completed an implant continuum course at Baylor University as well as the Implant Seminars continuum with Dr. Garg, thus receiving a fellowship in the International Dental Implant Association.

Dr. Nick Cobb is currently in the same Implant Seminars continuum and is scheduled to earn his fellowship in July. Dr. Shokooh Aletaha finished the same Baylor continuum and is celebrating the accomplishments of her two children. Her eldest just finished her first year of medical school with an A+ average, and her youngest is applying to dental school this year.



Love is in the air for our beloved Dr. Nick Seddon. He and his fiancée, Elly Bahrami, will be celebrating their nuptials in Greece this July. Although we will miss him dearly at the Gallerite Reingage Convention, Nick has been amply busy getting his dental learn on. He was recently awarded his American Academy of Cosmetic Dentistry accreditation, which will go along nicely with all the other certifications he has earned to date: DABOI, MAGD, DICOI, AFAAID, and Kois Mentorship. Way to stay on top of your game, Nick!





The Galler Cup has traveled and seen many of your offices. Loved seeing it in Dr. Ashley Izadi's office! A BIG congrats to Dr. Shane Costa, who ran a very successful Invisalign day in his practice. His guidelines and information have helped many of us improve our Invisalign game. Also, BIG shout-out to Dr. Nicole Cool, who is now the largest Invisalign provider in Guelph, Ontario. This is an amazing accomplishment, and we are all so proud of her and her office. I am very excited to be seeing some of you in Las Vegas at our first convention. Can you believe how long it has been since we first started? As I look back on our journey together, I am amazed at how much we have all grown and learned from Dr. Galler and from EACH OTHER! #WEAREFAMILY



Last month the Chicago Style Deep Bite celebrated our 2-year Reingage anniversary! While we look back fondly on the memories made and friendships forged during numerous seminars, we also want to celebrate some serious milestones in our class. Dr. Ken Wright of Barrington, Illinois, and Drs. Angelica Van Dyke and Jill Pasinski of Naperville, Illinois, moved their offices into brand-new buildings. Dr. Heather Cline of Springfield, Missouri, had a baby, and two of our doctors, Dr. Joan Werleman from Hanover, Pennsylvania,

and Dr. Colleen Scheive of Glen Ellyn, Illinois, were married last year. It still amazes me that total strangers have turned into friends, celebrating personal life steps after a single Invisalign course.



One of the best benefits of being a Gallerite is the opportunity to visit the amazingly beautiful country of Costa Rica, while at the same time increasing your Invisalign knowledge. A couple of times a year the AACAs, led by Dr. Galler, puts on a course to refresh and increase our concepts in using Clear Aligner Therapy with Invisalign. The host hotel sits on the site of an old coffee plantation, with amazing views of the surrounding mountains. The course is a great opportunity for Gallerites and also office team members to learn, and to visit and explore the surrounding countryside. Dr. Jose Abadin, Dr. Dan Lawen,

and Dr. Keith Anderson of the mighty Cartel visited Invisalign ClinCheck headquarters just before enjoying the adventurous and thrilling zip-lining tour through the lush Costa Rican forest.



So many things have happened in the last three months for "The Ghosts of POB"—and our family continues to grow. Dr. Gulia Omene welcomed her baby girl, Rouna Omene, and on February 16th, Dr. Aladino Valiente became a grandpa. Dr. Carlos Beltrán's oldest daughter will start med school next semester, and Dr. Wes Booker's son, Breyton, has been accepted into the prestigious ULEAD program at the University of Louisville (giving him early acceptance to dental school, so for sure a future Ghost). Our

class continues the process of learning by attending different courses, including GoBig, DSD, Botox and Fillers, the Pankey Institute, and of course, GRC. Our ultimate goal is winning the freshman class Galler Cup; we currently reside in fourth place. Dr. Mike Tran is our best contributor to the cause; a major shout-out to him! Vegas is close and we Ghosts will be proudly represented by Dr. Jessica Tendero, who will be giving a lecture about Botox and dermal fillers. GO GHOSTS!



The Hells Aligners have just celebrated their 2-year anniversary. Although we do not get to see each other often, we stay connected on our WhatsApp chat and at the occasional audit of our beloved Reingage course with our favorite Wolf, Dr. Galler. Five of our team did have a mini-reunion in the Bay Area in March to audit Reingage, where The Golden Gate Straight team was born. Dora Gavros, Kaz Uyesugi, Don Curia, John Bunkers, and I presented Dr. Galler with a Wolf print from our class, in thanks for all he does for supporting our expertise, practices, and mental health.

We are working hard to win the sophomore Cup this year. In first place at the end of May... we're crossing our fingers for this great honor!

See you at GRC!



The Hotlanta Stripperz are in full summer force, enjoying the summer with our families and friends while continuing to manage and propel thriving practices. Many of us have been traveling for work and relaxation. We are always looking for ways to advance and learn; but have no doubt, when we do, we find the best places!

Specifically, some of us made our way to Cuba for rich cultural experiences, and two of us attended GoBig in New Jersey, keeping the Gallerite spirit alive while collaborating and learning from other doctors. We send a HUGE Hotlanta thank you to the Galler Empire for hosting us. Next up...GRC in Vegas. See you all there!



The Houston Drillers remain strong in the first half of 2018. Our February Mastermind Meeting was a big hit, and we remain active online and in person. Our WhatsApp group is still lively, with a little dentistry/Invisalign and a lot of fun banter and sharing of life's events. We've also continued to find ways to see each other in person, whether it's locally, visiting, or meeting up at CE events. I'm proud of all of our members, not only for their commitment to high-quality dentistry, but for their commitment to family and community. We are all looking forward to GRC, and will definitely represent well. #wearefamily #drillerzdoitbetter



Invisalandia has been busy. We have moved from sixth place up to third in the Chase for the Cup during the last 3 months. Our team continues to work hard to support one another with ClinChecks and Invisalign care. Go team go!

The month of April was packed with events. Lisa Gallucci and Geoffrey Skinner attended the east coast GoBig conference. Geoff, an AACA Key Opinion Leader, was a guest speaker at the event. Geoff spoke on social media strategies and marketing and was a highlight for many attendees. Both team members had a great time learning and bonding with other Gallerites.

Earlier in April, Invisalandia doctors Chelsea Mortell Petisme, Bruce Cooper, Chris Farac, and Lindsey Papac attended the Bioclear Black Triangle Closure course in Tacoma, Washington. Together they trained with other Gallerites, learning the latest techniques for closing black triangles post-Invisalign treatment. The event ended with a fantastic ClinCheck boot camp, run by Dr. Corey Anolik, the president of Capitaligners.

As summer nears, many are planning on attending GRC and look forward to meeting more Gallerites. We can't wait!



So, the second quarter has flown by for Los Aligners. And with one month to go, Los Aligners continue to lead the Reingage junior class in quest of the Galler Cup.

Since we last reported, we've had marriage proposals, comebacks from injuries, and amazing performances. Congrats to Bethany Tant (who will be married in Las Vegas on July 28, the day after GRC). Welcome back, great mentor Murray Knebel. And awesome stuff, Dima Oweis, Nick Devani, Todd Emigh, and Gary Glasband (all hitting career highs)! Special recognition goes to Terri Pukanich for leading the way and gunning for personal records.

We're all looking forward to GRC and the chance to share some quality time. Los Aligners is mostly composed of Canadian and SoCal docs, with added flavor coming from North Carolina and Missouri.



Exciting news from our Mass Spikes family: Theresa and her husband Cody recently welcomed their third child, Preston Thomas Lasseter, on May 22. Preston weighed 7 lbs. 15 oz. and measured 20 inches tall. His sisters, Avery Taylor and Parker Elaine, are so in love with their brand-new baby brother! Our entire family is so excited and happy for Theresa and Cody. Congratulations!



The Metroligners were so happy to get together for an amazing experience at GoBig. Our time together bonded our group even more as a family. Our spouses got to know one another better. We all grew both professionally and personally during a wonderful weekend, having fun and learning from the amazing speakers. We are also proud that we were lucky to have 3 of the 6

doctors on stage having joined the High Rollers Club! Against the backdrop of the Empire State Building, we became closer to each other and learned how to go forward and better serve our patients.



The Mile High Munchies have hit the ground running to start out 2018 with a bang. Several of the Munchies got together in January to hear the legendary Dr. Galler speak in Dallas, alongside the beloved Dr. Anna Berik. Dr. Cindy Schmidt even drove all the way from Amarillo to be at the Dallas meeting. That's miles and miles across Texas, showing dedication that we love! We are all looking forward to the Gallerite Reingage Convention in July, and are pushing every day to Win That Cup!



Great news for the Montreal Wolfpack: The newest addition to our team is Ilan, Dr. Vitaly Gantman's absolutely adorable little boy. Welcome to the Wolfpack, buddy!

Dr. Vanesa Rodriguez's new office is doing amazingly well after 1.5 years in business, increasing productivity every month.

Dr. Brent Wong's implant business is booming. Shine The Light Initiative, his nonprofit, built more houses and saw hundreds in makeshift dental clinics. The organization built its first community training facility, and

hopes to add more programming this coming year; the group also has had a record number of sponsors in its child sponsorship program.

Dr. Dana Colson enjoyed a record year, seeing case acceptance increase by 50%. And Dr. Kevin Bougher increased his case acceptance by 200%. Congrats to both.

Best wishes to Dr. Kim Ahn Nguyen, who is building a new practice that will be ready next September.

Doctors Vitaly Gantman and Danièle Larose have both reached Gold Plus status for the first time.

Five of our doctors have submitted to the GRC Golden Aligners competition. Good luck to all of them!



Motor City Movers is 6 months out from our Novi, Michigan, Reingage course. Our 2018 is starting off well, and many of us are finding ways to implement systems to make Invisalign a mainstay for our practices. Five of our team members recorded their highest number of cases in April! Congratulations to Alvin Daboul for hitting Gold and to Faline Davenport for hitting Platinum Plus. Our group has lots of potential; expect us to move up in the ranks and be a force to be reckoned with. Dawn Kacy, Liz Lewis-Miller, Lora Lazovski, Shawdi Assar, Leslie Showalter, and Faline

Davenport will be representing the Motor City Movers at GRC in Las Vegas in July. We look forward to learning (and drinking) all that we can and bringing back lots of good info to our group! That's a wrap from the Motor City Movers.



The Northern Bites are proud to present their newest member, Miss Alice Diana Stempfle. Miss Alice is Leah Stempfle's youngest of 4. Over the last 3 months, members of the Northern Bites took CE courses in Vancouver, Edmonton, Calgary, Chicago, New Jersey, and Washington, D.C. Sophie Lertruchikun started 67 cases from January to April. Tyler Zimmer is getting ready for the greatest building renovation in history as he looks to build a 23-treatment-room dream office. We are all looking forward to celebrating in Vegas, as Tyler has promised to donate \$1000 in casino chips to any and all Northern Bites attending. Thanks, Tyler! We'll all see you there.



It's been a busy continuing education season for many of the Galler docs. Dr. Arvind Petrie, president of Northwest Aligners, attended a Spear course in Scottsdale with his Tacoma study club; he also met up with fellow presidents Ai-Phuong Pham of Mass Spikes and Dr. Jamie Mellert Houck of Straight Outta Brackets (networking has always been a key to our professional success). AACA members are masters of WhatsApp, discussing cases, trading invaluable dental information...and laughs! If you are not active on your WhatsApp chat, I highly suggest participating in this amazing dissemination of information.



Spring has Sprung! Todd Kuhn and family met a llama, and Davis Gardner and family enjoyed a spring outing.. Lisa Browning supported her beloved Cavs at Quicken Loans Arena. Peter Murchie: The Beekeeper? Bee-lieve it! Brian Podbesek got married, but before that, he took in some of the museums in

Washington, D.C. The Richmond Re-Aligners stayed connected to their families and their AACA family, by attending the GoBig conference in Hoboken, New Jersey, and taking classes at Spear Education in Scottsdale, Arizona.



The Rockin' Cavs are super proud to share how some of our members are actively working to expand their horizons, both professionally and personally. Chris Hart recently became an official speaker for Align! He kicked off his speaking engagements in May, with a presentation at the South Dakota Dental Association Annual Meeting. And Doc Hart also has future engagements lined up in North Dakota, Minnesota, and

Wisconsin. Look for his lecture at GRC. Uppasna (Paz) Chand is in the early stages of opening a second office and simultaneously seeking to complete a Certificate in Leadership Coaching through Georgetown University. And on the tasty side of things, Cynthia Mikula traveled to New York in April to take a 5-day cooking boot camp at the Culinary Institute in Hyde Park.



Shift Happens in Vegas is always moving and shaking!

Palmi Testa, Steve Pina, and Michele Platson enjoyed a mini-reunion in New Jersey at the Gallerite GoBig event.

And we are so happy for Rahul Kulshrestha and his wife, Sonya, who's a member of the Calgary Corkscrewers class. Rahul and Sonya are expecting their second baby girl in early August.

Yvonne Safo-Kwakye has been busy planning her trip to Ghana, Africa, visiting dental clinics in July.

Also, congrats to Dr. Thomas Basey, who recently had a major increase in case starts!





June 12, 2018, marks the 4-year anniversary of Str8Up and the start of Dr. Galler's amazing course!

Over the years, there have been a number of Str8Up members who've consistently represented the group at all the major Galler events and Invisalign GP summits. Thank you to Peter Bagnell,

Lindsay Costantino, Cornelia Schwarz, Manu Kanwar, Jaana Koning, Maria Kravjanski, Todd Loftin, Sobe Manku, Steve Pakiz, Cornelia Schwarz, Marty Simmons, and Danielle Woo; and most of these doctors have seen increased case starts through the first four months of 2018.

Our top doc for case numbers, Chris Souliotis, is not only finishing cases fast with acceleration but driving cars fast as well. Doc Chris has returned to full-time car racing throughout North America...racing every 2 weeks and still averaging around 20 case starts a month.



Straight Outta Brackets is quickly approaching its first anniversary this July. Many of us will be celebrating by attending the Galler Reingage Convention—also in July. So many of us have grown our Invisalign skills and case volume tremendously since last summer. The support via our WhatsApp chat has been encouraging and educational as we turn to each other for advice on anything from ClinCheck setups to dental materials, and even practice management. The friendships and the continuous learning opportunities are irreplaceable. It is so great to be a part of the Gallerites—a group of nonjudgmental, like-minded dentists striving to serve our patients as best we can. We look forward to spending time with one another and with other Gallerites at GRC!



Team Super CarlsBad has much to celebrate. Dr. Uyen Thompson welcomed the birth of her son Everett on February 22. Dr. Erin Cherry hosted her first off-site Invisalign day at another office in order to help them build Invisalign awareness while adding to her start numbers. In April, Dr. Kristen Ritzau announced the publication of her first book, Distinctive Dentistry; she held a book release party in May. Dr. Jon Reagan celebrated the graduations

of both of his daughters (high school and college) in May. Overall, Invisalign numbers have been strong to start the year, with Dr. Lincoln Parker posting his best month in April. Here's to a Super Summer!



In December 2017, our class president, Luis Camacho, spoke about Invisalign on two separate radio shows...and the response was great. In January 2018, after Hurricane Maria, we started strong with a Propel/VPro5 lecture given by President Luis. It was the very first Propel lecture ever given in Puerto Rico, and it was attended by all of Puerto Rico's Reingage doctors plus other Invisalign providers. After receiving many requests for an encore, we repeated the same Propel lecture in April 2018. The second

lecture was attended by even more general dentists, plus oral surgeons wanting to learn the Micro-osteoperforation (MOP) technique. We are planning a 1-day Invisalign training session in September 2018 in San Juan.



The Toronto Blue Trays continue to be a very close group, ready to support one another on any issue, whether it's Invisalign or general #dentistrylife stuff.

Most of the Blue Trays signed up early to go to the GRC event in Vegas and are very excited to see everyone again and learn more to keep us at the top of our game.

My office, Peggy Bown Dentistry, held an Invisalign Day event in April. We promoted it through Facebook and Instagram and had 16 people sign up, but got 10 starts! Anyone who started that day got \$500 off and a coupon to give to a friend for the same deal. The event was also successful because our entire team worked together for 5 straight hours to be our best. And our Invisalign consult game has never been better. Since our event, our consults have been easier and our team has been even more unified. I highly recommend it!



The last 3 months have been busy for VanWow. Dr. Deborah Cooper has a brand-new practice in Calgary that is taking a lot of her time. Dr. Bradley Gee and his wife are expecting a baby boy at the end of July so, sadly, he will be missing GRC. Dr. Katy Shayesteh's office is closed for a month while she completes her beautiful new office renovation as she travels through Spain. This summer, Dr. Tao Zeng is traveling to Europe for his alumni reunion; he'll be visiting Holland, Norway, and France. Dr. Sheena Sood, president of VanWow, traveled to GoBig and joined fellow Gallerites for some great learning. Sheena also presented her first webinar for Propel Orthodontics, addressing acceleration with micro-osteoperforation (MOP) and vibration. Dr. Sood was a busy doc; she traveled to Madrid for the DSD Residency 1 training program, acting as a beta tester for Invisalign and Digital Smile Design.



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As we move through the second quarter, Wicked Nation has been a busy group.

Dr. Sarah Pless opened her own practice in 2018 to rave reviews.

Our own David Crumpton has been passing on sage management tips in a little segment called Management Mondays on our WhatsApp site.



Dr. Chang is leading the way with a conference room set up for team lunches and private continuing ed; she recently hosted a private Invisalign CE training session for her staff.

Dr. Mendelsohn has been finding better ways to decrease overhead for supplies by doing some serious shopper research and sharing this with our group.

I have had the privilege of touring around North America, meeting and teaching my Gallerite family this spring.

We are all excited about being together again in Vegas.

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# the Lighter Side

## Shake Down

by Jeffrey M. Galler, DDS

It all started with a chocolate thick shake from Carvel...

It's not my fault that we pass the ice cream store on the way home from our dental office. My wife, who besides being my office manager is also my best friend and harshest critic, said, "Will stopping for a thick shake help you fit into your black suit?"

I resent rhetorical questions and I resent diet reminders. So, of course, I felt absolutely compelled to stop and buy an extra-large, extra-thick, chocolate thick shake with extra chocolate chips.

Despite sipping as quickly as possible, I couldn't finish by the time we got home. I carried the remaining drink up to our bedroom, and, to my wife's utter horror, accidentally spilled it over our beautiful, artesian turquoise rug.

And that's when the trouble began.

### The might-as-wells

Carvel does not, but absolutely should, post warning signs, cautioning consumers that chocolate shake stains on rugs are totally resistant to removal. A succession of housecleaners, rug shampooers, and carpet specialists were unsuccessful.

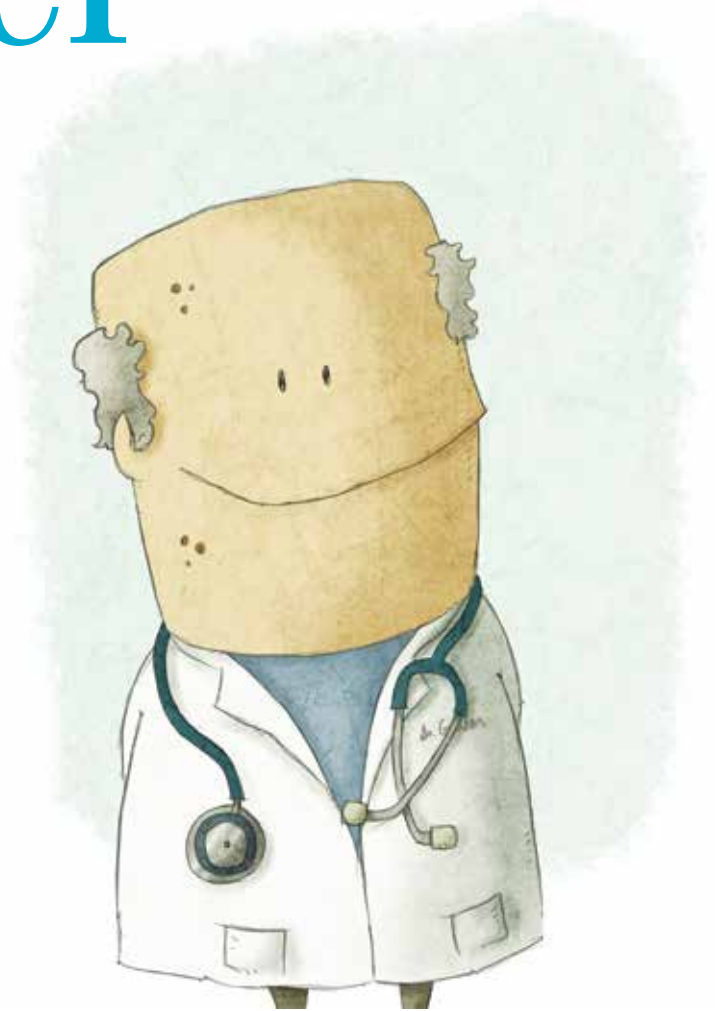
"Well," my wife declared, "this carpet needs replacement."

Feeling guilty, I could only manage a weak "Okay, dear."

After extensive consultations with decorators who are patients of ours, my wife and her accomplices decided that our bedroom wallpaper, although beautiful and unblemished to my untrained eyes, would best be changed at the same time.

"And," this cabal declared, "while planning your new color scheme, we might as well change the furniture, the window treatments, and the lighting, and, at the same time, junk the flat-screen TV for a wall-mounted smart screen television."

They smiled sympathetically at my protests.



### Getting smart

Doing business with patients is fraught with hidden dangers. This malevolent gang of experts produced an electrician, also a patient of mine, to educate me on the manifold advantages of owning a smart TV.

It was a conspiracy.

One after another, they all expressed shock that a professional who practices dentistry with every modern, digital, computerized, electronic gizmo, could possibly be satisfied living in an analog home.

"First," they explained, "you absolutely must have a smart thermostat that you can set with your personal preferences and schedule, and a personalized sensor that automatically adjusts the room temperature.

"Then," they continued, "smart lighting is a must. Just imagine being able to adjust the color and hue based upon your mood; imagine being able to dim the lights from your smart phone; and imagine the benefits of the lights automatically turning off when the sensor registers lack of motion in the room!"



I recalled sitting in my accountant's new, ultra-modern office, two months ago, when the lights suddenly went out. The sedentary CPA suddenly sprang out of his chair and started frantically flapping his arms up and down. "The sensors turn off the lights every so often, if they don't detect motion," he explained.

The electrician continued. "In today's environment, it is imperative for a house to feature a smoke and carbon dioxide Nest Protector that, besides screeching loudly, turns on the lights if it senses that you are walking in the dark, and also notifies your cell phone."

While listening to his sales pitch, I googled "Nest Protect," and found that one reviewer wrote, "This device is good for causing you to have a panic attack! And, if you ever produce smoke by getting a little too sloppy cooking dinner, quickly turn off any non-emergency alarms right from the Nest app, rather than disconnecting the whole thing out of frustration."

I continued to listen politely.

They went on to promulgate the purchase and installation of Amazon Echo, which not only plays music, but connects you to a voice-activated digital assistant that can tell you the weather, browse the Web for random information, and set alarms or calendar events.

My wife asked, "Can it warn me if Dr. Galler is trying to eat a gallon of Häagen-Dazs?"

They ignored her and continued.

"A Nest Cam features a functional, high-resolution security camera that allows you to monitor children and nannies throughout the day," they advised.

I tried explaining that we no longer have children or nannies at home, but that I would like to observe my goldfish remotely from my cell phone.

Their enthusiasm was undampened.

"Are you ever nervous about leaving something plugged in, once you're out of the house? Wemo switch devices can help! Would you like to have a semi-autonomous robot vacuum the house without needing human supervision? The new model Roomba is now available!

"You can remotely control door locks with Smart Lock! Logitech Harmony Home Control can remotely control up to eight remote devices at one time!"

I sighed and promised to consider all their proposals.

### Sleepless in Long Island

That night, I slept fitfully and had a vivid nightmare.

I dreamt that I woke one morning in a dark, cold room. I clapped my hands to turn the lights on, and heard the garage door opening. I clicked the remote on my night table to raise the thermostat temperature, and heard the coffee maker turn on.

While showering, I must have produced too much steam, because the smoke detector began screeching.

I turned on my electric shaver and heard the garage door close and my car start automatically.

While I was dressing, my automatic tie rack started spinning wildly, out of control. The electrician's face appeared on my smart screen TV.

"Dr. Galler," he exclaimed, "get downstairs immediately. Instead of boiling coffee, you caused the water in your fish tank to boil your goldfish!"

I woke up screaming. My wife claims that I kept shouting, "Carvel! Chocolate thick shake!" ■

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*This article originally appeared in the Journal of the New York State Dental Association.*



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# Gallerite Reunion



## The Revolution Has Begun

by Jack Von Bulow, DDS



So, I've never been part of a revolution...until now.

And even though I remember the '60s and therefore probably didn't live them, for me, going against the grain has always been tame stuff. Yeah, I've walked into Notre Dame Stadium wearing my cardinal and gold USC gear, and in dental school, I refused to line up all my cotton rolls. But aside from some momentary craziness and asking the dean of admissions if he believed in slavery, I've been a totally non-revolutionary type.

Revolutions are team sports. And as my Southwest Airlines ride descended into McCarran and my family of 512 brother and sister Gallerite docs (and a grand total of 1,245 people) invaded the Encore and Wynn hotels, the positive energy in the dry desert air was palpable.

### Following a leader

And I guess, as with most revolutions, transformation begins with one individual making a difference by taking a first step and owning a bold vision. In my case, when Dr. David Galler visited our humble Los Angeles village and 30 doctors, including SoCal locals, a large contingent of Canadians, and a couple of clinicians from east of the Mississippi, our vision was discovering a way to gain predictably good Invisalign care results.

For most of us, the 2 days spent with Dr. Galler and Reingage were a professional turning point. "The course that changed everything" lived up to its billing. But there was more.

Dr. Galler promised that our relationship would continue; he'd be there to offer support. "The course that changed everything" was building a culture based on lasting supportive relationships. As the number of Reingage village stops across North America and the number of super-trained Gallerites grew, our engagement generated the supportive fabric of family. We were creative, not competitive. We weren't just like-minded colleagues; we were best friends. Our umbrella became the American Academy of Clear Aligners.

### Becoming a team player

I've practiced dentistry since the Carter administration, and up until my continuing Reingage experience, the adjective "solo" so clearly described the isolated nature of my career that the word could've been stamped on my forehead. But thanks to Dr. Galler's leadership and practicing doctors finding the mentor they probably didn't realize they were looking for, I'm now part of a family of over 1,000 stellar GP Invisalign providers. And our neighborhood is rapidly becoming global.

So, into the last weekend of July 2018, 512 of North America's top GP Invisalign providers and a total of 1,245 attendees were met by 40 vendors who saw the opportunity and appreciated the buying power of 1,000 dentists who own 20% of North America's GP Invisalign market share. Economic relationships were born. I even attended a meeting where one dentist and a rock-solid president/CEO negotiated a \$10,000-per-order equipment deal in a matter of minutes.

And revolutionary is when one day comprising 86 clinical breakout sessions, running like clockwork, delivers the kind of content that's implemented on Monday.

As my family of Los Aligners celebrated our good fortune at Topgolf Friday night, it was clear that the first Gallerite Reingage Convention, hosted by the American Academy of Clear Aligners, was in a class of its own.

And the revolution had begun. ■



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