

Issue 5
Aug. 2016

THE SECRETS OF A HIGH PERFORMANCE TEAM

THE PROTOCOLTM MAGAZINE

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OC
PINNACLE
SNEAK PEAK

ARCH FORM EVOLUTION

A "NEW" ARCH FORM & ARCH WIRE
PROGRESSION SEQUENCE

Drs. Tom Pitts & Duncan Brown

PRACTICE SPOTLIGHT

Dr. Michael McLaughlin

*Actual Patient Treated by Dr. Tomas Castellanos

MEET THE OC INTERNATIONAL SALES TEAM

CONTRIBUTORS



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Ortho Country Orthodontics

Dr. Pitts is a world renowned lecturer and clinician. He is highly recognized for his continued teaching of orthodontic finishing and clinical excellence. Dr. Pitts is an associate clinical professor at the University of the Pacific and founder of the well-respected Pitts Progressive Study Club.

Dr. Pitts has been published in multiple journals and clinical publications. He has been actively teaching the orthodontic community in a variety of settings both nationally and internationally since 1986.



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Dr. Brown has made large contributions to the orthodontic community including creating effective hygiene programs for patients and much more!



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David Herman D.D.S., M.S., M.P.H.
Four Corners Orthodontics

Dr. David Herman is credited with having one of the largest single office practices in the United States. He is known for being years ahead of the curve—foreseeing industry changes and adapting with success. Dr. Herman was one of the pioneers in implementing same-day starts, passive self-ligation, staff-driven management and adding dental and hygiene departments to an orthodontic practice. Professionals from all over the United States come to observe Dr. Herman's staff-driven management concept and see the success of his marketing campaign that brings in patients from more than two hours away.

THE PROTOCOL™

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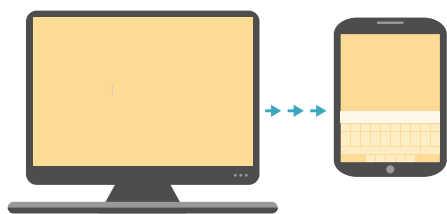
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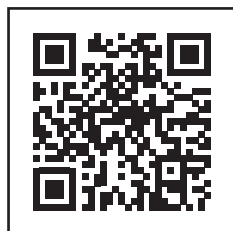
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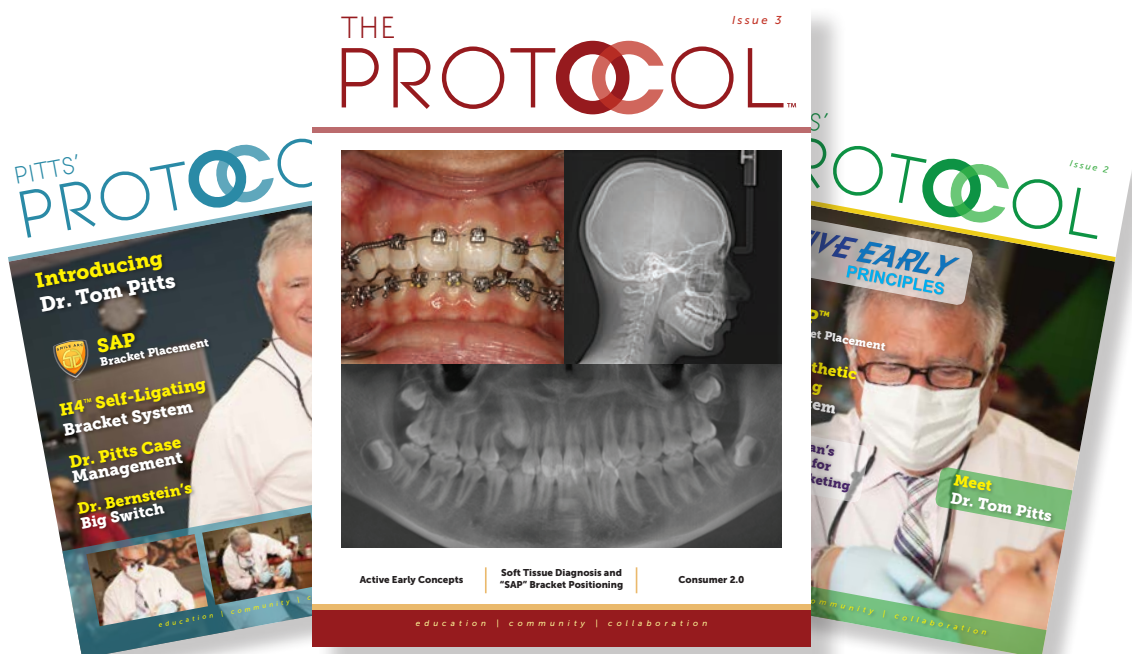


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PRACTICE SPOTLIGHT



AWAKEN YOUR INNER CHILD

Michael
McLaughlin D.D.S.

Imagine for a moment you are twelve years old again; it is the first day of summer break and you feel the joy and excitement of the day before you. Now fast forward your life with this same feeling 20, 30, 40 or even 50 years in the future.

Ask yourself this question—which of the following statements describe best your current orthodontic practice?

"My practice is struggling to get new patients. The GP's in my town are not only doing Invisalign but "6 month smiles" as well. Orthodontic competition is stiff and my best referrer just hired an orthodontist to work in his busy pedo office. This is not the orthodontic business I had hoped to achieve!"

OR

"I truly enjoy going to work. I love my staff and we have fun helping patients achieve beautiful smiles. My new patient exams are increasing and I started more cases last year than ever before!"

I truly hope every orthodontist reading this article chose the second statement, loves going to work, has a practice that is booming and has clinical results that are outstanding; however, I suspect due to the past and present economic environment many of you chose the first statement. Regardless which statement best fits your current situation if you are interested in improving your orthodontic business, read on because I think I can help.

In 2000, my 15th year as an orthodontist, my practice was declining. I did not like going to work and I did not like or enjoy my staff. Quite frankly, I was "sick and tired of being sick and tired." This was the point-in-time that I "awakened my inner child"; I am serious. The realization came in the



form of a question—"Why did work have to be so stressful when compared to time spent with family and friends?" My fascination for life and a yearning for knowledge became my passion—I knew I had to find answers to my business problems. Life should be FUN! I was raised near the beach in Southern California and life growing up was FUN, so how did I get myself into this mess? Lessons are learned in many ways and one of my greatest lessons occurred through a brilliant orthodontic assistant, Michelle. Michelle probably knew more about orthodontics than I did; she expressed to me during one of my stressful days, "Dr. M, I know your heart is in the right place but you are too disorganized. You don't have systems in place to allow your staff to help you." She was right! Subsequently, like a curious child, I set out to find "the truth" about the business systems needed to help me be profitable, reduce stress in my office and enjoy my days at work.

With the hope that I may influence positive change in others, I want to share with you how I went from an orthodontist who used to say, "I hate going to work" to an orthodontist who

says, "I love my job. Why would I ever quit?"

My first step was realizing I needed help. Every orthodontist reading this article has been extremely successful; your accomplishment in directly becoming an orthodontist is commendable. Thus how did making money and enjoying the chosen profession of an orthodontist become so difficult?

Let us accept the premise that as an orthodontist you have accumulated vast amounts of knowledge in a narrow field; therefore, you have earned the title of "Dental Specialist". For many of us our business education has been limited to the "school of hard knocks!" There are people and companies who can help you learn and implement the "SYSTEMS" needed to be successful as an orthodontist. I use and love the expression, *"When the student is ready the teacher will appear."*

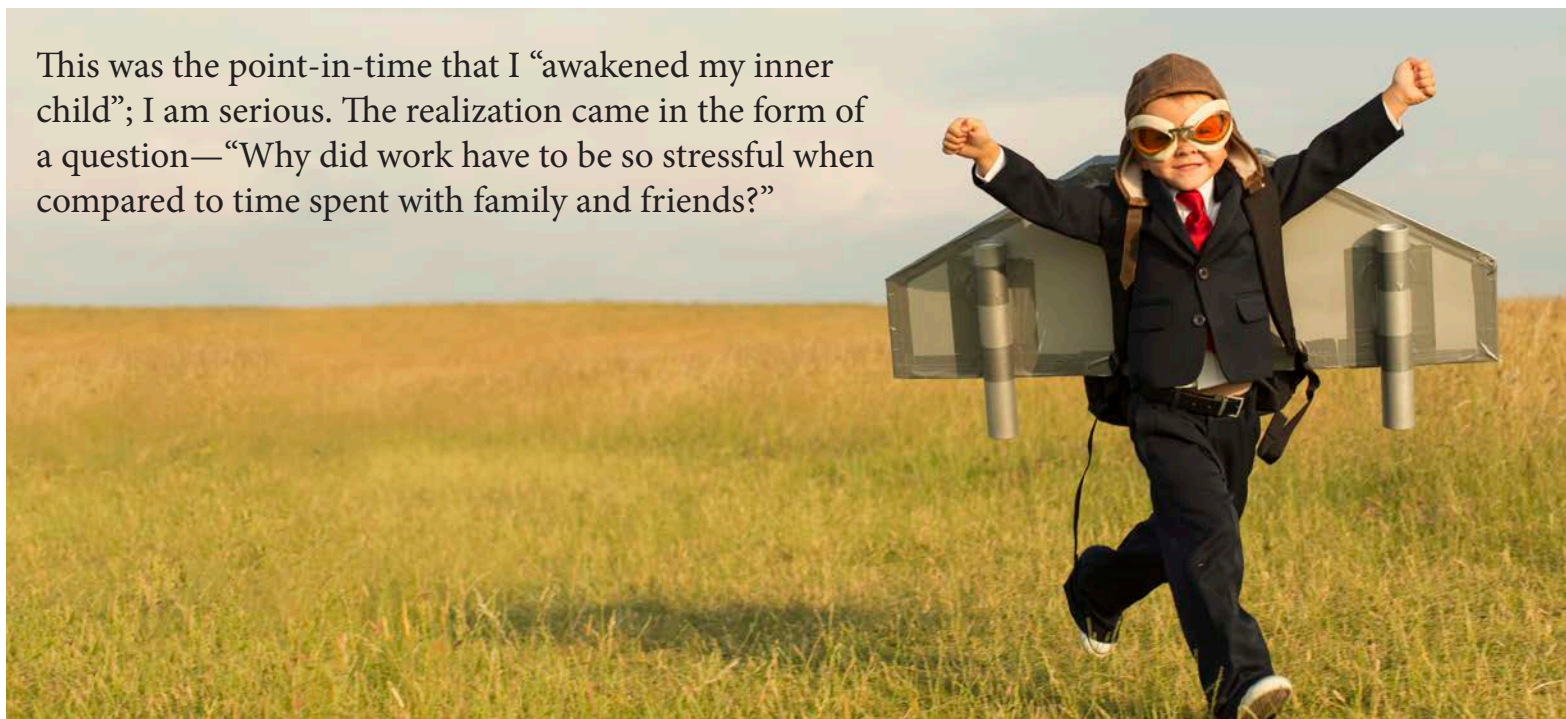
For fifteen years, I ran my orthodontic practice without any business systems. Michelle helped me recognize I did not have an understanding of business; this stemmed from an environment in



which I was raised and educated. Believe it or not doctors were not allowed to advertise in the Yellow Pages when I became an orthodontist in 1985. Advertising dentists and physicians were considered sub-par clinicians. This may be hard to believe but true. Not only did the majority of orthodontists NOT receive proper business training but were told education in business was unnecessary to become successful. Fifteen years after graduation, in the year 2000, my business was failing. It then became obvious to me experience alone did not provide an adequate business education.

Once I realized I needed help the "teachers arrived" and they were EVERYWHERE! I chose Silken Management but business consultants like

This was the point-in-time that I "awakened my inner child"; I am serious. The realization came in the form of a question—"Why did work have to be so stressful when compared to time spent with family and friends?"



Dustin Burleson (OrthoMBA), Charlene White, Roger Levin, Orthosynetics, and many more are great resources to help you succeed. Take this first step and you will be glad you did! Do these consultants charge money for teaching you how to be successful? Of course they do! So remember, *"If you think education is expensive, try ignorance!"*

Silken management separated my business into divisions. Each division has a supervisor (selected from office staff) and each supervisor tracks vast amounts of data. Thus in simple terms if you want to be successful at the business of Orthodontics, you are going to have to monitor and graph data—lots of data. You need not worry as this work is all delegated to exceptional staff, and your management team will give you better tools to find, hire and train staff. Your actions as an orthodontist and business owner are predicated on these graphs.



Once you have created strong internal business systems you will have time to focus on providing superior customer service to patients. You may wonder "Why is customer service so important? I thought as orthodontists we were trained to correct malocclusions?"

Before the internet, before Invisalign, and before direct marketing to the public, orthodontists primarily focused on correcting malocclusions and building relationships with the general dental community. While our ability to straighten teeth remains a vital part of our customer service, awareness through business consultation and business systems will show you that correcting malocclusions is only one aspect of a successful orthodontic business. Every orthodontist should continue to elevate his or her clinical standards; this is my passion and why I now use and strongly recommend the OC Orthodontics H4 System with Pitts Protocols. I began using Passive Self-Ligation braces because it gave me the ability to create beautiful smiles without the reliance on costly, uncomfortable, laboratory appliances and dental extractions. The H4 brackets coupled with Pitts protocols make my Passive Self-Ligation system more EFFICIENT, and I attain clinical excellence in less

time with fewer wire adjustments. It is very simple—better results in less time.

My desire is to have the most efficient brace system, which consistently promotes clinical excellence and is easily communicated and delegated to staff. If you have solid internal business sys-

tems coupled with exceptional clinical efficiencies, I am confident you will significantly lower the stress in your life.

Dr. Justin Burleson is a remarkable orthodontist who has built an impressive multi-office orthodontic business. He helps orthodontists achieve success and he often hears orthodontists lament, "If I only had more new patients." In reality more new patients is not the answer to the struggling orthodontist's dilemma. Dr. Burleson can provide you with an effective marketing plan which will drive patients to your door. But he cautions, *"Do not start a marketing plan until you have evaluated your internal systems and are providing superior customer service."* Therefore, without superior customer service these coveted new patients will become disillusioned and go to your competition!

It is critical to focus on two important areas, 1) developing your internal business systems and 2) providing excellent customer service. Do your best to look at these areas objectively; ask for help from business consultants and patients alike.

"People rarely succeed unless they have fun in what they are doing." — Dale Carnegie

In my office, we survey **EVERY PATIENT AT EVERY APPOINTMENT!** It is important to "get humble" and ask for constructive criticism. If you improve in these two areas, I promise you will attain a more enjoyable and less stressful work environment.

With this in mind, let me tell you more about customer service. I have spoken to a number of extremely successful orthodontists and these individuals have built practices with huge numbers of starts far larger than anything I have ever imagined. One very important trait they all share is one I will call "Access to Care."

Be observant and look at your business from your patient's perspective. Ask yourself, how difficult is it for your patients to hand you thousands of dollars for orthodontic treatment; do they connect with competent staff when calling your office to schedule an exam; do they wait for days for an exam due to your schedule; are they forced to return to your office for records appointments and future start appointments due to scheduling limitations and office inefficiencies? While I may be at risk of being the bearer of bad news, I am willing to say these areas in most orthodontic offices are far below acceptable levels of customer service.

My office is a fun and enjoyable place for our patients and staff. I strive to provide exceptional customer service and my staff endorses our "exceptional customer service" culture. To quote a successful orthodontic friend, "I go to work at 8:00 am and I finish when the last patient is willing to pay me \$5,000." In summary, for a successful and stress-free orthodontic practice consider using strong internal systems supervised by excellent staff with exceptional clinical results using the H4 system coupled with Pitt's protocols. Add in superior customer service in an enjoyable environment and you will possess your ticket to success. Get in the game! Acknowledge you can

create a magical experience for your patients and watch your practice grow. You just may be saying what I say today, *"I am like a kid in a candy store. I am having way too much fun to quit."*



Meet Our Orthodontist

The past 30 years has seen tremendous change and advancement in orthodontic therapy. From headgear and four-bi extractions to passive self-ligation and non-extraction therapy, the future changes in orthodontics will prove to be as dramatic. After discussing this topic with the most brilliant minds in the orthodontic field, I am convinced that "stand-alone" orthodontic offices will soon become a relic of the past. Orthodontists will have to partner with pedodontists in order to see patients at appropriate ages. The pedodontists' have the advantage of creating strong

relationships with patients and their families by age one. This fact alone will make it very difficult in the future for patients to travel to a separate orthodontic office.

I also see airway management, sleep medicine and TMJ diagnosis and therapy all becoming a much larger part of the orthodontic practice.

My recipe for success includes physical education as well as mental education. At 60 years of age I still hit the gym with a vengeance and will not let my 16-year old son beat me in tennis. I believe

I balance work, family and personal obligations extremely well and am enjoying this stage of my life more than any other.

I realize I can probably "coast to the finish line", but I truly enjoy my work and look forward to helping young orthodontists attain the clinical and business successes that make our profession so great. Please contact me with any questions or concerns. I truly wish you the best, Sincerely, Mike McLaughlin

Dr. Michael McLaughlin



Born in Torrance, California

Undergraduate degree from UCLA

Dental and Orthodontic School; USC 1983, 1985

Greatest Honor: As an orthodontist being told by Dr. Tom Pitts that my Herbst cases are some of the finest Herbst results he has ever seen and that I truly understand the treatment concepts of using the Herbst correctly.



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OC PINNACLE SNEAK PEAK

In each issue leading up to the Pinnacle we will give you a taste of the amazing seminars!

SEPTEMBER 23-24, 2016

PORTLAND, OREGON

THE EVENT

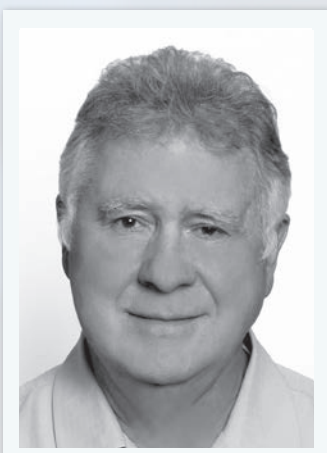
OC Orthodontics Pinnacle event is heading to Portland, Oregon. Building on the amazing success of the previous Las Vegas event, the OC Pinnacle is back with an even bigger line-up of progressive and captivating speakers and seminars. Led by the master of ceremonies and keynote speaker, Dr. Tom Pitts, this two day

event aims to be an arena for exciting and creative thinking amongst peers.

Today's orthodontist practices at the intersection of art and technology. The challenge of applying appropriate levels of technology to an artistic end result is the art of case management, and the best case managers have

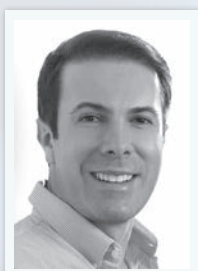
a sound understanding of the technology they apply on a daily basis. The OC Pinnacle is an occasion to rediscover your passion and an opportunity to listen and interact with some of the most progressive educators in the industry furthering your knowledge of both the art and technology of orthodontics.

THE SPEAKERS



Dr. Tom Pitts

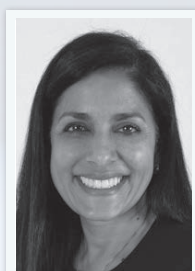
Keynote Speaker & Master of Ceremonies



Dr. Tomas Castellanos



Dr. Duncan Brown



Dr. Nimet Guiga



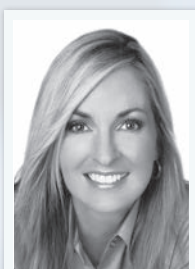
Dr. David Herman



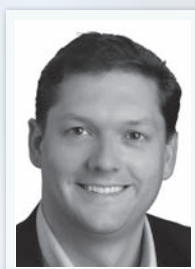
Dr. Michael McLaughlin



Dr. Rael Bernstein



LeeAnn Peniche



Dr. Dwight Frey



Dr. Matthew Bruner



Dr. Jim Morrish

THE SEMINARS

Here are just 3 of the 11 amazing seminars planned for the Pinnacle. Watch for more sneak peaks in future issues!

Extraordinary Results with Advanced Mechanics that Alter the Occlusal Plane

SPEAKER: DR. TOMAS CASTELLANOS

Worldwide, patients are becoming more demanding in terms of aesthetics. With contemporary techniques, including simultaneous mechanics, passive self-ligating brackets, SAP bracket placement and TADs, surgery first (non-surgical strategies) we can change the occlusal plane and achieve excellent finishes. Join Dr. Tomas Castellanos as he teaches how to take full advantage of all of these elements to the benefit of your patients' aesthetic and functional results.

Mission Possible - Early 3D Control

SPEAKER: DR. DUNCAN BROWN

Today's orthodontists want to gain 3D control of anterior axial inclination and posterior arch width as early in treatment as possible. What other appliance systems only promise, the H4 appliance, Pitts' Broad arch forms, in combination with Pitts "Active Early" treatment protocols delivers. This session will introduce techniques that are efficient, effective, simple, and produce wonderful results for your patients.

Get that WOW Into Your Smiles - Pitts' Protocols & Microesthetic Detailing

SPEAKER: DR. NIMET GUIGA

Contemporary orthodontics demands efficiency in treatment time, simple case management protocols, and fabulous results. With PITTS PROTOCOLS I can now achieve the "WOW" esthetic and functional results I was looking for! I will show you how I changed the way I practice, towards achieving these goals for my patients, by using PITTS PROTOCOLS and the H4 bracket system. Don't forget: Life begins at the end of your comfort zone!

REGISTER TODAY! www.ocpinnacle.com

THE LOCATION

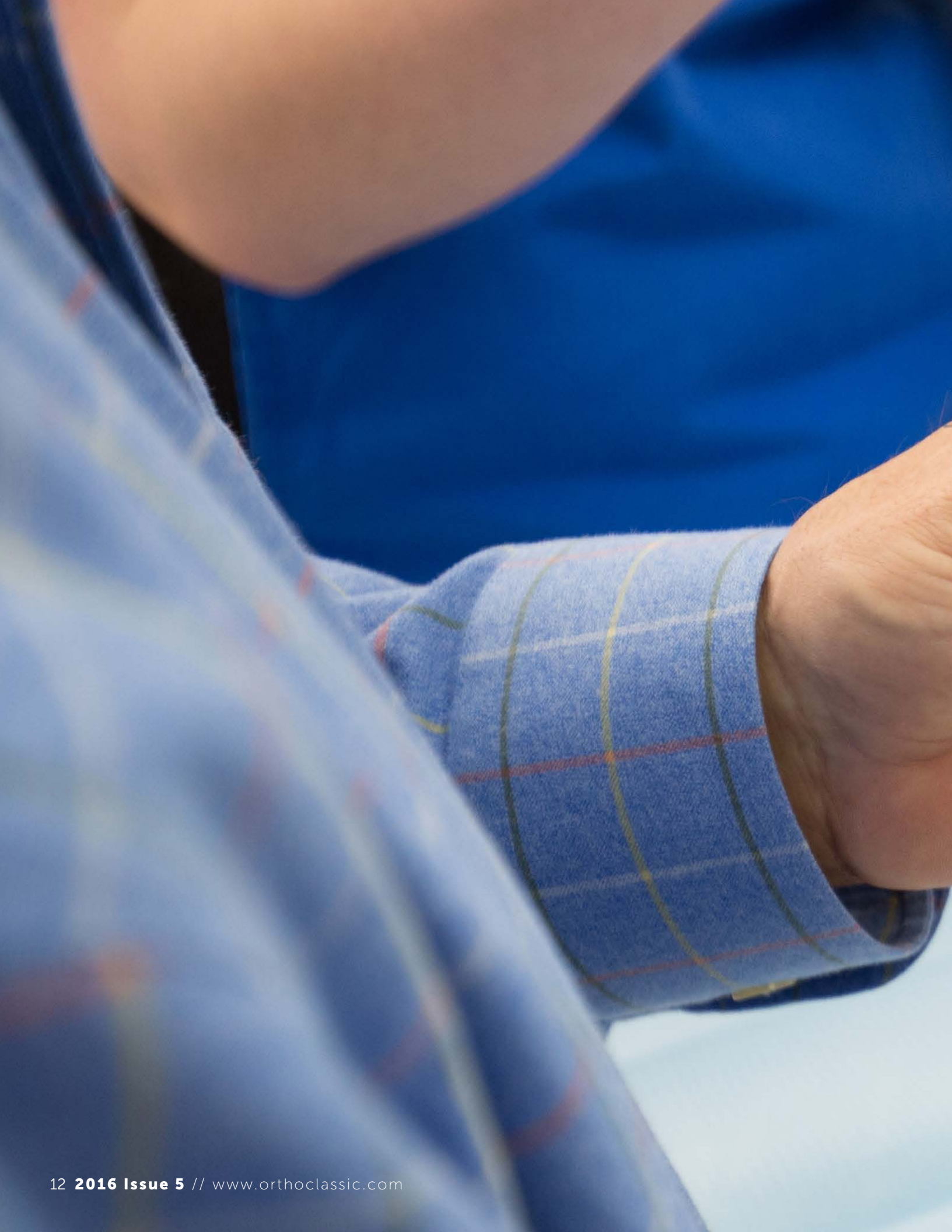
This downtown boutique-style hotel is located in historic downtown Portland and places you in the heart of the city, next to shops, restaurants, entertainment and more.

Housed in historic surroundings, the Embassy Suites Portland - Downtown hotel is the ideal base for exploring all that Portland has to offer. You'll enjoy easy access to the city's tax-free stores, famous microbrew beer pubs, popular restaurants and major corporations. This boutique-style hotel is conveniently located adjacent to public transportation, including the Max Light Rail System with direct connections to the Oregon Convention Center, Portland International Airport, Oregon Zoo and other popular attractions.



Embassy Suites Portland - Downtown
Portland, Oregon

Take a trip of discovery when you visit the Oregon Museum of Science & Industry and try out the hands-on exhibits designed for all ages. Get close to nature at the Oregon Zoo, home to primates and other exotic animals. Escape the bustle of the city when you stroll through the tranquil landscaped setting of the Chinese Gardens or the many special events hosted at Tom McCall Waterfront Park.



Arch Form Evolution

The Esthetic Possibilities of the Pitts Broad Arch Form
& Progressive Archwire Sequence

Tom Pitts D.D.S., M.S.D.

with Duncan Brown B.Sc., D.D.S., D. Ortho



“Logic will get you from A to B, imagination will take you everywhere!” – Einstein



The most frequent questions that we get asked from orthodontists around the world are related to arch form, and archwire progression. This article will explain why we believe the Pitts Broad Arch Form - a relatively new arch form - produces the most esthetic orthodontics on the market today, and why the Pitts Progressive Archwire Sequence is efficient, effective, and simple.

I have been evolving an arch form and approach to archwire progression since my residency. This journey has provided a number of insights. When I was studying at the University of Washington from 1968 to 1970 under Drs. Richard Riedel and Alton Moore, I was taught that - in an attempt to enhance stability - arch form and arch width should reflect the original malocclusion prior to treatment. Over 35 years of data collection from the faculty at the Department of Orthodontics at the University of Washington has clearly demonstrated that long term stability is highly unpredictable. “Orthodontic treatment is inherently unstable and without retention relapse is inevitable.”

Because of these findings, my own clinical experience and that of the thousands of orthodontists I’ve coached and spoken with over the course of my career, **I believe in lifetime nighttime retention of orthodontic finishes.**

Shortly after graduation in 1970 I enrolled in the first FACE continuum, studying with Dr. Ron Roth. Dr. Roth had adopted an arch form that was horseshoe-shaped and very wide in the anterior. After using this arch form for some time, it became clear to me that cases treated with arch forms too broad and flat in the anterior and too narrow in the molars do not create esthetically appealing finishes.

Later, a group of innovative orthodontists with which I was affiliated (the A Company Innovation Group), developed an arch form sometimes called the “Universal” or “Damon” arch form. This arch form was subsequently adopted by many orthodontists around the world and seemed at first to be able to achieve results more esthetic than previous arch forms. After using the Universal and Damon arch form for many years, however, I found the shape lacking.

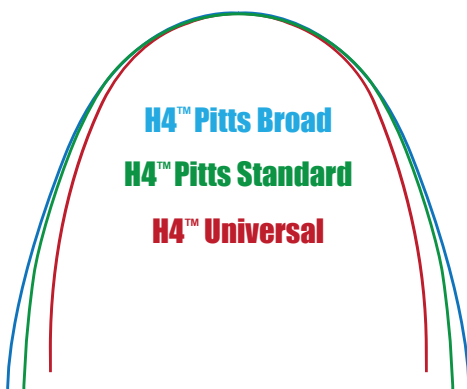


Figure 1: Evolution of esthetic arch forms: “Pitts Broad” arch forms are preferred - courtesy Tom Pitts 2013

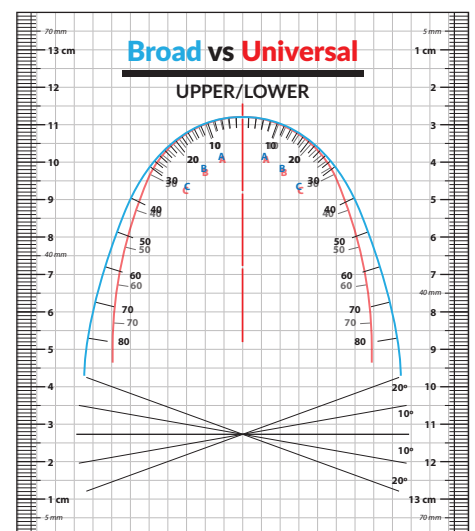
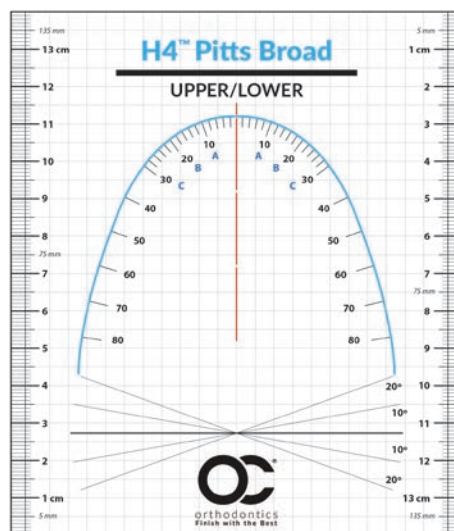


Figure 2: Comparison of Pitts Broad and Universal Arch form developed by Tom Pitts - courtesy Tom Pitts 2013



Figure 3: Esthetic changes associated with change in arch form created through arch shaping in adjustable archwires - courtesy Tom Pitts 2013

Cases were not broad enough posteriorly for great esthetics and required further arch shaping in adjustable wires. Using wires with this arch form in conjunction with traditional archwire progressions through the nickel titanium archwire stage, it would take eight months to a year to progress to an adjustable archwire (TMA or Stainless Steel) where further posterior arch development would need to be initiated through wire shaping. This was effective but not efficient.

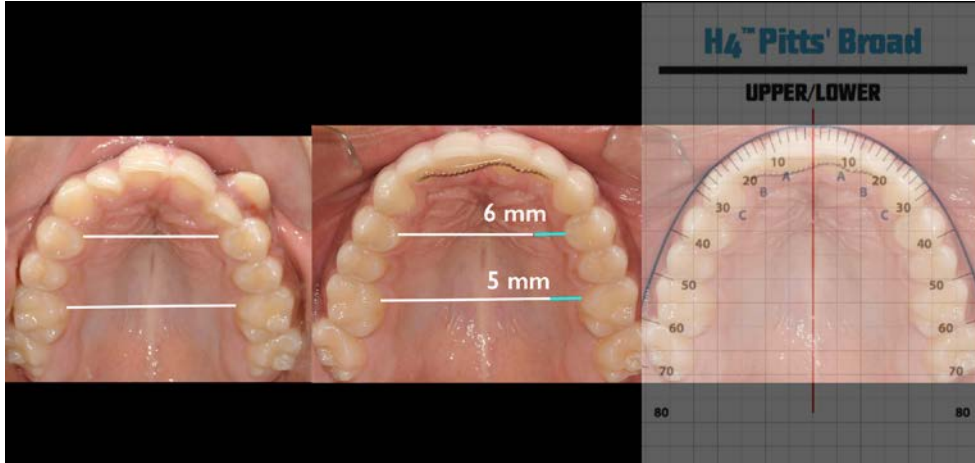


Figure 4: Esthetically derived arch forms created through wire bending were the basis of Pitts Broad Arch Form (no molar distalization) - courtesy Tom Pitts 2013

Macro-Esthetic Finish Evaluation 20 Months | 11 Appmts

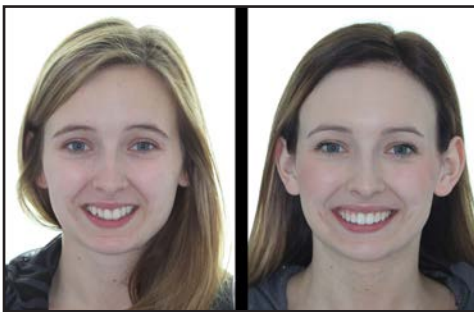


Figure 5: Esthetic gain of a broader smile, not too wide in the canines, great smile arc, full enamel display on smiling, and optimal incisor inclination - courtesy Duncan Brown 2016

When I attended Dr. Robert Rickett's continuum in 1975, I began to appreciate the treatment outcomes obtainable from a more esthetic arch shape that offered less expansion in the canine region and greater broadening at the molars. This arch form resulted in very esthetic smiles with less negative space in the buccal corridors. I began to mimic this shape when using adjustable wires and to gradually develop width in the molar region to maximize tooth display in the buccal segments (Figures 1-3). The result mirrors current concepts of dentistry where 12-tooth smiles are considered the most esthetic.

Macro-Esthetic Finish Evaluation 20 Months | 11 Appmts
INITIAL FINAL



Figure 6: Arch Width and Arch Form changes associated with esthetic gain - courtesy Duncan Brown 2016

Obviously, some "out of the box" thinking is required to develop a system (bracket geometries, arch form, and archwire progression) that is efficient, effective, simple to use (and to train), that allows the orthodontist to consistently produce exceptional esthetic results. Fortunately, OC Orthodontics has a corporate culture that is committed to meaningful innovation.

Arch Form and Today's Esthetic and Functional Expectations:

Today, as I interview and show photographs of excellent smile esthetics to potential patients, they readily appreciate the esthetic value of fuller lips, broader smiles, great smile arcs, full upper teeth display upon smiling and optimal inclination of incisor teeth for esthetic presentation. Inevitably they will all say "I want that". For their smile to "age well", anticipation of facial aging changes must be incorporated into treatment designs as a primary focus rather than an afterthought,¹ (Figure 4 - 9)

Throughout the world, there is an increase in preference for non-extraction mechanics² to fill esthetic needs. Unfortunately for many, non-extraction biomechanics is frequently accompanied by the challenge of controlling upper anterior proclination associated with the relief of crowding. As we addressed in a previous version of the *Protocol*, control of axial inclination is achievable through the use of Active Early protocols with flipping the H4 brackets 180°³. For more information about the Active Early protocols, see an overview of it later in this article and also in issue 2 of *The Protocol*.

I have flipped upper anterior brackets for many years along with widening the buccal segments to control anterior axial inclination in non-extraction cases that had the potential to procline. Another challenge of broadening bicuspid and molars with fixed appliances is that axial inclination of the buccal segments must be controlled. Even though we use -27 degree torque brackets on upper molars and -22 on lower molars, we sometimes spin a little lingual crown torsion in the wires as we develop posterior arch width.

Research has confirmed that final arch width is a function of archwire form, not of the bracket⁴ used during treatment. In response to the need for an improved arch form, broad in the molars (filling out buccal corridors), tapered in the anteriors (improving incisor flow and presentation), and slightly narrower than conventional arch forms in the cuspids and first bicuspid (enabling 12-tooth smiles during animation), I

developed the Pitts Broad arch form. In most patients, this arch shape fosters the 12-tooth smile. I have worked with the engineers at OC to develop all the wires I use - both the Pitts Broad and Universal arch forms. Beginning treatment with the Pitts Broad Thermal Activated Nickel-Titanium (TA NiTi) archwires gives the arches a chance to widen very early - part of the Active Early protocols.

Esthetic concepts of “Golden Proportion”² have largely been eclipsed by the concept of “Crown Virtual Widths”⁵ in dental esthetic circles as a means of describing the visual “flow” desired in esthetically aligned teeth, and we subscribe to this concept. We view transverse development of esthetic arch forms as being independent of tooth size or extraction preference so that a single arch form, adjusted to meet esthetic need and compensated for biological availability is preferred. We reject the concept that patients with reduced tooth mass (either through extractions or smaller mesial distal widths of anterior teeth) should be treated with narrower arch forms⁶. To me, the arch shape is more important to smile esthetics than the proportions of the anterior teeth sizes to each other. (Figure 10 - 15)

Caution should be exercised in widening bicusps and molars in patients with a thin periodontal biotype. We ascribe to the concept suggested by Dr. Michael Major (Edmonton, Alberta) of continuous assessment of the patient’s biological availability to desired tooth movements as being especially valuable. In patients with thin biotypes, patients with thin labial and lingual thickness of labial/buccal/lingual bone plates at the level of root apex, or patients with pre-existing bony fenestrations⁷, I modify the arch form to do very little widening, and assess progress through palpating of the labial and lingual plates at each appointment. This is a direct compromise where imposed biological limitations “trumps” esthetic desires.

It has been reported that achieving transverse arch development in the cuspids, bicusps, and molars is highly effective with round thermally activated wires⁸. OC provides a full suite of archwire sizes and profiles so that arch form can be developed from the onset, producing arch forms that mimic esthetic arch shapes formerly created by wire bending. OC provides the following arch forms (Figure 1): Pitts Broad (which we use almost exclu-

sively), Pitts Standard (which we use rarely) and Universal (for patients with limited biological availability or for wide lower arches and low torque).

Subtle adjustments in final archwire shape in response to esthetic needs or biological limitations and minor torque corrections are possible in Beta Titanium and Stainless Steel archwires. When using an Active Early approach - where torsional control and transverse arch development is achieved early



Figure 7: Esthetic changes associated with change in arch form created through arch shaping in adjustable archwires - courtesy Tom Pitts 2013

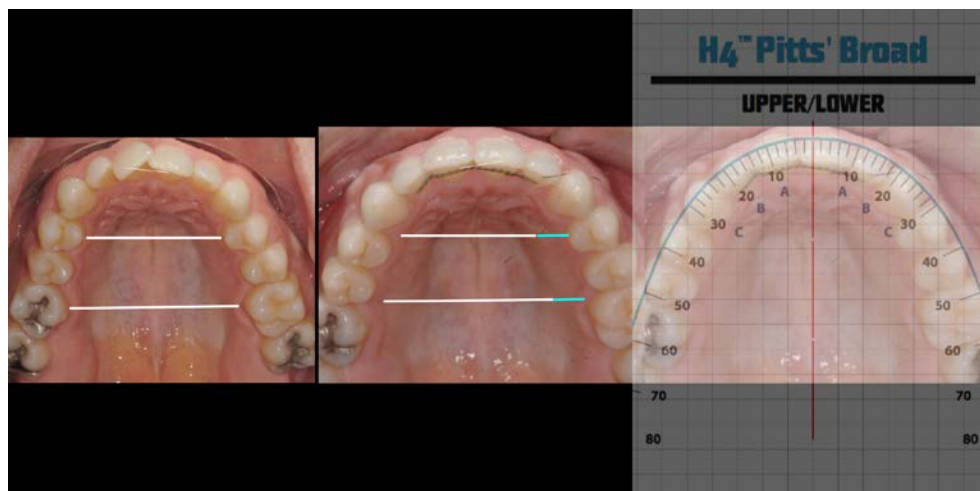


Figure 8: Esthetically derived arch forms created through wire bending were the basis of Pitts Broad arch form - courtesy Tom Pitts 2013

in treatment - use of stainless steel archwires is seldom required, but these archwires are available for user who like them.

Management of Arch Form and Archwire Progressions:

In Active Early protocols,⁹ the appliance is activated as early as possible using the Smile Arc Protection (SAP)¹⁰ Bracket Positioning to adjust vertical position of the incisors, inverting groups of brackets when appropriate to activate torsion in the appliance, selecting arch wire progressions that control axial inclination early in treatment, arch forms that develop the posterior segments of the arches sooner, Early Light Short Elastics (ELSE) to control forces and moments, and appropriate disarticulation to encourage early “wanted” tooth movements as well as extrusion or intrusion. In contrast to conventional “straight wire thinking” where forces for torsional correction or transverse arch development are applied in short duration later in treatment and at higher force levels, the Active Early



Figure 9: Esthetics delivered by Pitts Broad arch form create “WOW” smiles - courtesy Nimet Guiga 2016¹²

Macro-Esthetic Finish Evaluation 20 Months | 13 Appmts



Figure 10: A broad smile, great smile arc, and full enamel display is critical in patients with smaller teeth - courtesy Duncan Brown 2016



Figure 11: Esthetic gain of optimal incisor inclination -courtesy Duncan Brown 2016



Figure 12: Arch Width and Arch Form changes associated with esthetics gain - courtesy Duncan Brown 2016



Figure 13



Figure 14



Figure 15: Esthetic gain using Pitts' "Active Early" in control of axial inclination early in treatment in a compliant patient- courtesy Duncan Brown 2014

approach applies lighter forces, earlier in treatment, and for longer durations.

The Pitts Archwire progression leverages the tighter tolerances and reduced buccal-lingual slot dimensions of the OC H4 appliance and this sequence is specifically designed for use with the esthetically optimized Pitts Broad arch form and the Pitts Active Early protocols of case management.

Stage 1 - Arch Development and Torsion in Non-Adjustable Wires

In the past, wire progressions recommended for PSL brackets were intended for the use of light forces over long appointment intervals with the goal of initiating transverse arch development, controlling axial inclination using non-adjustable wires in the early stages of treatment. While this approach is still applicable for very crowded cases, the H4 appliance - with its shortened slot depth and more accurate slot tolerances - provides more treatment opportunities.

The goal of the Active Early protocols using the Pitts Archwire progressions is to move into .020" x .020" thermally activated archwires as early as possible to enable both transverse development (with Pitts Broad arch form) and anterior axial inclination control (through torsion developed in the slot). Dr. Ricketts held that a square wire is gentle and as effective in achieving torsion as using a rectangular wire and the science supports this claim¹¹. Control of arch development and anterior axial inclination is maintained during the early stages of treatment by using light, short elastics (ELSE) from the first appointment, bite turbos, and other Active Early approaches. We suggest seeing patients every 6 weeks for the first 3 appointments by which time .020" x .020" thermally active archwires are usually in place.

Most cases are started with .014" TA NiTi or .018" x .018" TA UltraSoft NiTi (in cases without significant crowding or rotations). Both of these archwires come in the Pitts Broad arch form. For cases started in .014" TA NiTi archwires, patients are seen 6 weeks after bonding, then transitioned to .018" x .018" TA UltraSoft NiTi for 6 weeks. The goal is to get to .020" x .020" TA NiTi in 6 to 12 weeks, which initiates torsion developed within the slot via archwires while continuing arch

form development. Square wires are great for torquing in lieu of rectangular wires. The .018" x .018" UltraSoft NiTi is a new archwire we developed at OC.

In patients where difficulty in resolving rotations occurs, we suggest progressing into .018" x .025" TA NiTi after the .020" x .020" TA NiTi. With the .025 dimension in the H4 .026" depth slot, rotational correction should be easily acquired if the brackets are correctly positioned.

Stage 2 - Torsion and Arch Shaping in Adjustable Wires

In the adjustable wire phase of treatment there are several alternatives:

Without Rotations: In cases with few or minimal rotations, it is usually possible to move to completion in .020" x .020" Beta Titanium archwires. This wire is easy to adjust for individualized esthetic arch form and single-tooth adjustments of axial inclination. Clinicians should expect 2nd order adjustments, but axial inclination should be close. (Figure 16 to 19)

With Rotations: In cases where further rotational control is desired, progression into the .025" wire is desirable. As torsion has been occurring within the slot for some time, axial inclination should be well controlled at this point:

- We suggest transition from .020" x .020" TA NiTi to .018" x .025" TA NiTi in these patients. In adjustable archwires, .017" x .025" Beta Titanium or .019" x .025" Beta Titanium represents familiar finishing wires for most experienced PSL user.
- With flipped upper anterior brackets (either lateral-to-lateral or canine-to-canine), .017" x .025" Beta Titanium hits the "sweet spot" or optimal torsional and rotational forces. We have not found wire dimensions larger than this to be necessary.
- In cases where greater torsional correction is desired, .021" x .025" TA NiTi is a good alternative, progressing to .019" x .025" or .017" x .025" Beta Titanium for finishing.

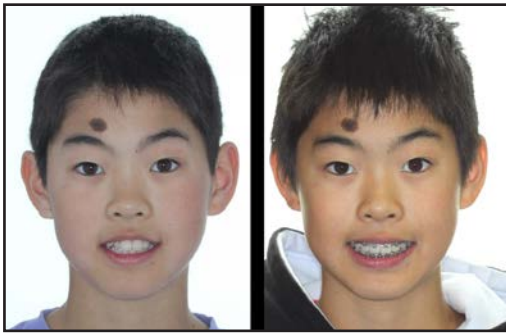


Figure 16



Figure 17



Figure 18: In Stage 2 the clinician should expect some 2nd order corrections will be required in the .020" x .020" archwire progression - courtesy Duncan Brown 2016

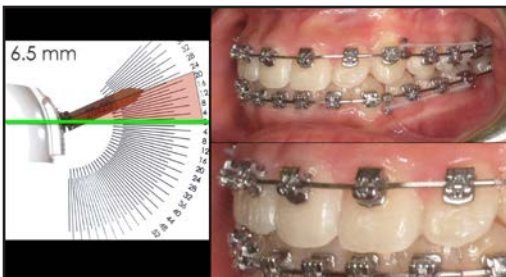


Figure 19: Good torsional control is present with flipped upper anteriors and canines with .020 x .020 Beta Titanium archwire — courtesy Duncan Brown 2016

PITTS BROAD ARCHWIRE PROGRESSION

Start with .014 Thermal Activated Nickel Titanium (TA NiTi) or .018 x .018 Ultra Soft Thermal Activated Nickel Titanium

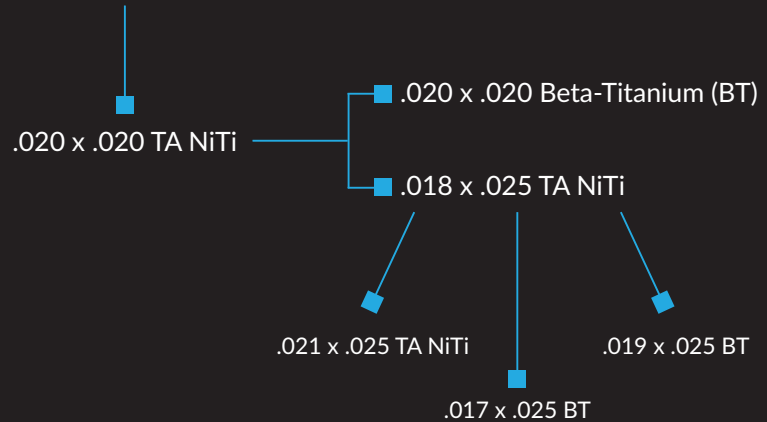


Figure 20: Simplified arch wire progression strategy using 022x026 H4 appliance — courtesy Tom Pitts 2016

The .018" x .018" Ultra-Soft Thermal Activated NiTi wire is breakthrough technology. We start many cases with this wire, including the second molars in the strap up on the first appointment. Progression to .020" x .020" TA NiTi in 6 weeks is very common. In cases where more rotational control is required, progression to .018" x .025" TA NiTi prior to .017" x .025" Beta Titanium is usually possible.

Because of the tighter tolerances of H4, many clinicians using it have been able to save several months of finishing time than with previous PSL brackets using the wire progression strategies just discussed. (Figure 20). We use Thermal Activated NiTi not Super-elastic NiTi - for all these wire progressions.

Don't clinicians want more effective, efficient and simpler treatment mechanics? Working with OC, we will be continuing to introduce innovations to positively impact orthodontics, particularly from an efficiency standpoint. Look for these innovations to be forthcoming!

Cases and Stainless Steel Archwires:

We have found that stainless steel archwires are rarely needed in non-extraction cases, but are available for those who prefer them. I use them for extra widening when needed and for extraction cases where we typically use .016" x .025" stainless steel archwires for final space closure.

To Summarize:

Our goals in orthodontics are driven by "wow" esthetics and designed to compensate for - or counteract - the effects of aging. For many orthodontists, such goals constitute a new context for their treatment planning and clinical protocols. The scope of treatment is continually expanding. To remain competitive in an esthetically driven professional environment is a challenge. The Pitts Broad arch form - in combination with the H4 bracket and the associated Active Early protocols - offer new tools that are designed to simplify your lives while improving patient results.

We welcome you to join us for the Pitts Global Masters Continuum starting March 23, 2017. This is a four session comprehensive continuum over a two year period. For more information visit www.orthoevolve.com or contact Joni Abel at 775.720.7222 or email joniabeedle@yahoo.com.

We are planning more innovations so stay tuned! Great to have you along!

Until next time...

Drs. Tom Pitts and Duncan Brown



Dr. Tom Pitts



Dr. Duncan Brown

"Most orthodontists think achieving the esthetic results they want comes down to the bracket they use. The truth is that the wire used is just as important as the bracket when attaining efficient and superior results. Working with OC Orthodontics, we have developed a bracket and wire combination that is effective, efficient, and simple. Outstanding and predictable results, with a reduction in inventory, are now obtainable when using the Pitts Broad Arch Form in combination with the H4 bracket and Active Early Protocols. Try it, you'll love it!" - Dr. Tom Pitts

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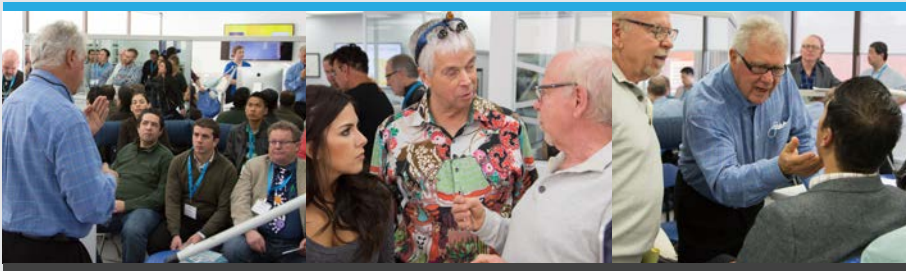


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Dr. Duncan Brown

Dr. Duncan Brown is a highly regarded international speaker and educator in passive ligation bracket systems. Dr. Brown teaches regularly at the University of Alberta and University of Manitoba and is also a Kodak/Carestream Dental speaker and consultant.

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Developing a High Performance Team

Teams Succeed based on the Strength of their Leadership. **PART 1 OF 2**

By David Herman D.D.S., M.S., M.P.H.

"Clients do not come first. Employees come first. If you treat employees right they will take care of your clients." - Richard Branson

Change the above statement to, "Patients do not come first, my staff comes first, and together we take care of the patients" and you will have the basis of the practice model I developed in 2001 called a "staff driven office." At the time, I was running a quality oriented practice that had an increasing number of case starts. I had reached a point where I realized that I needed a paradigm shift from a traditional doctor driven practice to an untested staff driven model if I was going to keep up quality. I knew my ability to lead was going to be the most crucial component in reaching success with this new model. Most of us are trained to be dentists and then orthodontists. Very few of us received any formal education or training on leadership. We gain leadership skills through trial and error or hiring outside consultants. In this 2 part article, I will

discuss concepts compiled from a multitude of sources that work well with an orthodontic team. These concepts are currently working for me and can also work for you.

In September 2015, Dr. Tom Pitts visited my practice to see how and why my team performed at such a high level. Tom wanted to see if a high volume practice using well trained support staff could achieve great outcomes. At dinner that evening, Tom informed me that his question had been answered and asked me to write some articles about practice management and staff development. Those of you who have heard me speak or have been to my office know that I use a sports model to manage my team. I will use sports terms in some of my discussions about leadership. I wrote this article

to stimulate thought and inter office discussions about some of the concepts I used and continue to use to develop my high performance team. I did not write this article to imply that there is a right or wrong way to develop staff.

Inside-Out versus Outside-In Team Development

The expectations and demands that I place on my team and assistant coaches (assistant leaders) is significantly above the norm. I have one 6500 square foot office, with 25 chairs, which includes a dental and dental hygiene department. I currently have 36 staff members, two of which are dental hygienists. I am the sole orthodontist and there is one dentist in my practice. I developed my team using an **inside-out approach**. While many offices use an outside-in approach, few use the inside-

out approach for staff development. I want to discuss why I chose the inside-out approach.

Inside-out team development started with my own beliefs and values, and asking myself, "Why would someone want to work with me?" I answered that question with three reasons why and three reasons why not. The why answers were: high likability, trustworthiness and very good coaching skills. Coaching skills being able to: organize, teach, inspire and influence. On the why not side were: I was driven, thus prone to make people's feelings a secondary concern, I had fair listening skills, and my "Is that all there is?" mentality can be at times a challenge to accept.

Besides being aware of my major strengths and weaknesses, I also knew the inside-out development process needed a strong foundation of trust as its backbone. Trust in yourself, and equally important, how much you are willing to trust the people on your team. Being true to who I was, translated to being authentic. Authenticity of who I was transferred to the team as authenticity on who

they thought they were. Lastly, I knew that to influence and inspire staff to move in a planned direction to achieve agreed upon goals, I would need to develop an environment where people felt motivated and respected. Because the inside-out approach

responsibility for any failures. To some, this responsibility for all failures may sound unfair. But it isn't because this also means that I maintain control over fixing failures. There is no outside person or thing to blame or to hold responsible for fixing the problem. This

does not mean that I fix all problems, just the loss of control. For me, having control over my own destiny is one of the main reasons I use the inside-out approach.

Outside-in staff development start with an orthodontist's beliefs and values, but has a significant amount of incorporation of other people's beliefs and values. Outside-in asks the questions, "What are others doing?", "How are they doing it?" and "Will it fit with my practice?" Outside-in is more dependent on convincing and manipulating your team to buy into what

others are doing and how they are doing it. This approach is used by orthodontists who want a practice that is less dependent on his or her leadership skills. Corporate models and use of outside practice management consultants are used in this staff development approach. Outside-in

"Behind every fearless team is a fearless COACH who refuses to let them be anything but the BEST they can be."



is true to who I was, I found that it required less energy to maintain than an outside-in approach. With this approach the locus of control was with me as the orthodontist and the leader. Using this approach required members of my team to gain credit for all of the successes and I assumed the



Great Leaders don't create followers they create more leaders

staff development is not nearly as genuine or authentic as inside-out, and staff sense that feeling. Because it is not as genuine of a feeling to the staff as inside-out, it requires a lot of energy to maintain and keep consistent. With this approach many successes are still credited to the team, however, failures tend to be blamed on someone or something other than the orthodontist. With this approach the orthodontist tends to deny responsibility for failures and hence, the loss of control is outside of his or her influence. One's destiny is placed in the hands of others or outside variables.

One other major difference between inside-out versus outside-in is the opportunity to be first. With the inside-out mind set, my practice sets its own game plan and is frequently first on new initiatives. Some of the game changing initiatives that were a decade or so ahead of other practices in the U.S. were, a high-budget, brand-driven marketing plan (1998), same day starts (1998), sub \$200 start fee (1998), staff driven office (2001), independence from being a referral based practice (2002), first to use passive self-ligation system of braces within a radius of 200 miles (2002), an in practice dental hygiene department (2008) and in the last two years, an in practice dental department. If you use an outside-in approach to manage your practice

An example of one of our core values is:

We achieve what others say is impossible by thinking outside the box.

- Many of our best ideas and decisions come from the staff in our clinic or our staff behind the desks.
- All team members should take the initiative to execute a plan of action when presented with opportunities to implement solutions.
- We attempt to allow staff to control his/her own destiny by providing opportunities for growth.

you will be more imitation rather than original. This means that being second is the best you can ever expect to achieve. For me, my team being second or worse is not where I choose to have my practice placed by peers or the public.

Practice Culture: Core Values

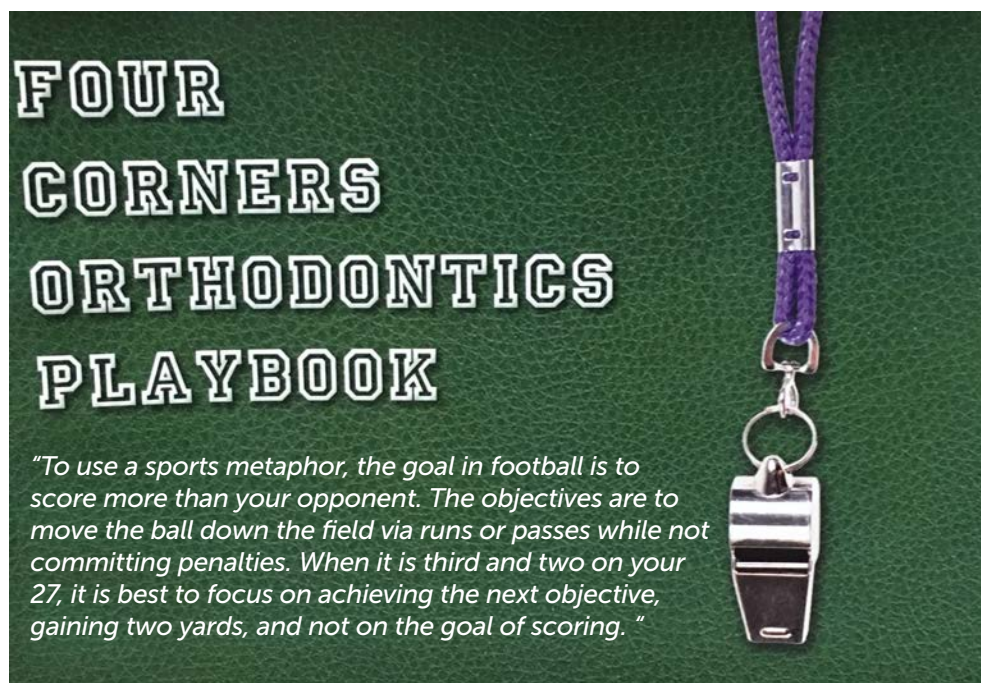
Core values were made famous by Tony Hsieh, CEO of Zappos, and his book, "Delivering Happiness: A Path to Profits, Passion and Purpose." The goal of having core values is to have them reflect who you are as a team. The goal is not to have them as a wish list about who you want to be. When you are beginning to develop your team, it is temporarily OK to have core values be "who you want to be statements," but as your team matures, core values need to reflect reality. Ten core values with three supporting statements is usually sufficient. While I have an office manual, it is tucked up on a shelf and used only to reference a detail pertaining to a core value. If you think of core values as the U.S. Constitution and a policy manual as reference material supporting the amendments you will be on the right track.

Core values evolve as staff is added, and your values and beliefs are incorporated into a team's beliefs and values. Core values are dynamic and not set in stone. My staff reviews our core values every year, and all new staff members receive core value training approximately eight weeks into employment. Training is based on using everyday examples of what we do, and matching those examples to core values. At the training session, we assess if the core values are still valid. If the team reaches a consensus that there is discrepancy between who we are and who we say we are then either the core values need to be changed or we need to commit to doing better on walking the walk. In the last five years we have not changed any of the ten core values but every year we have modified several of the core value's supporting statements.

Surround Yourself with Positive People:

The Emotional Bank Account

A positive attitude is influential and a negative attitude is infectious. My staff hears something along those lines almost every work week. I hold myself, and my staff holds me, to those words as well. Understanding the



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influence of positive attitudes made it easy for me to commit to surrounding myself and my team with only positive people. My staff and I are aware that negative people want an audience and their negativity is highly infectious. Negativity sticks out like a sore thumb in my office. People with a negative predisposition are a poor choice of coworkers and we have zero tolerance for such staff.



Staying positive when performance of my team is less than expected requires me to stay focused on a corrective plan of action and not dwell on the failures of the past. When implementing a plan of corrective action, I break the plan down into objectives rather than a goal. I have found it is easier for my team to focus on the next objective rather than a goal made up of numerous objectives.

Breaking the plan into objectives allows me to communicate in clear, simplified terms what needs to be accomplished. Accomplishing clearly defined objectives result in the team staying positive and gaining confidence while improving performance. Poor leaders miss this point and choose goals rather than objectives for their team to achieve. They are frustrated when he or she discovers the goal is poorly understood by the team members thus causing unsatisfactory results. To use a sports metaphor, the goal in football is to score more than your opponent. The objectives are to move the ball down the field via runs or passes while not committing penalties. When it is third and two on your 27, it is best to focus on achieving the next objective, gaining two yards, and not on the goal of scoring.

At times, I am critical of my team or an individual's performance. It is the ratio of positive comments to critical comments that matter. For my mature performing team, positive comments outweigh negative comments about six to one. Teams that are immature in development need a ratio of around twelve to one. I will discuss the team maturation process in a following section. When making critical comments, I attempt to keep them positive by structuring them

as a "teachable moment." Teachable moments are discussions about how problems occurred or how things did not go as planned. Teachable moments should be exploratory in nature, and assessing blame should not be part of the process. For me, appropriate exploratory questions should be as direct as possible. This means naming names rather than using vague terms such as "few" or "some" during exploratory questioning. The solutions to performance issues usually fall in to three areas; need training, need a better system or poor fit of a player for the task. Rarely in my practice is a performance issue about a person's behavior or attitude.

Being positive is also important because everyone has an emotional bank account with people who have significance in one's life. If a person makes us feel good, builds up our self-confidence or makes us feel more relevant, then that person is making a deposit into our emotional bank account. If a person is doing the opposite, then they are withdrawing from our emotional bank account. We tend to seek out those who deposit into our sense of well-being and shy away from those who withdraw from that sense.

A positive attitude is influential and a negative attitude is infectious.





One of my main jobs as the team leader is to make deposits into my staff's emotional bank account. I spend a great deal of time every day engaging staff in discussions and listening to his or her efforts to contribute to the team. I take a lot of time during the day to teach. I seek out things that a staff member did right or exceptional and create a story around that at the morning huddle. These activities are not limited to me. My assistant coaches and my senior staff consistently exhibit similar behavior. Take all of these forms of emotional deposits and multiply that by 36 staff members making similar deposits, and you have an environment where people feel energized, an environment where people feel motivated and the result is remarkable.

Part 2 of this article will be available in issue 6 of The Protocol.

Next issue: What you see, is what you coached: Training, maturation, problem solving, conflict resolution

Author's Comments



Dr. David Herman

It is my hope that this article will stimulate discussions on effective practice promotion. As a health-care provider, I believe that maintaining the public's trust in my practice is my top priority. In order to do this, I must consistently deliver on the promises I make to the public, invest in the further development of my staff's skills, and always keep my staff's wellbeing in mind when making decisions.



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Meet the OC International Sales Team

Lance Lipscomb
International Director of Sales



Lance Lipscomb is the International Director of Sales for OC Orthodontics heading up a dynamic international sales effort. Lance began his career in orthodontics in 1992 as a sales territory manager with "A"-company Orthodontics in the Pacific Northwest. Lance developed and managed a million dollar account base from 1993-1998 and was the Orametrix representative of the year in 2007. Over his twenty plus years dental career, Lance has had the opportunity to work with many of the industry leaders includingOrmco and Align Technology, representing many of the dental specialties areas including companies like SybronEndo, Invisalign, and Suresmile. Mr. Lipscomb, left Orthodontics in 2009 to join a start up in Audiology called, InSound medical; returning to orthodontics in 2010 as the OrthoVend System manager, followed by being named the National Sales Manager in 2011, and finally being named International Director of Sales in 2015.



Blanca Zavala - International Sales Coordinator

503.474.5720 | blanca.z@oc-orthodontics.com

Blanca joined OC Orthodontics in 2006 and throughout her 10 years of working with OC Orthodontics, has held several different positions in the company. She found her passion for helping others when she joined the Customer Service Department in 2009. As of 2011, Blanca took on the role of the International Sales Coordinator in which she continues to work closely with international customers and the international team. Traveling to orthodontic trade shows over the years; has been an enjoyable experience for Blanca as this has helped her build strong, solid relationships with customers around the world. Being raised in Oregon, Blanca enjoys the outdoors. One of her favorite outdoor activities is hiking the Oregon waterfalls. Her biggest joy is spending time with her two children. She also enjoys dining out and exploring new foods with friends and family.



Francisco Bucio - Latin America Manager

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Francisco has been with the OC Orthodontics family since 2009, the last 3 years as the Latin-America manager. Overall, he has worked the last 20 years in the orthodontic industry, focusing on Mexico and Latin-America. Francisco studied Business Administration at the Autonomous Metropolitan University and received his Master's degree in International Business at La Salle University in Mexico City. Outside of orthodontics, his passion is with his family; Ximena, Bruno, Diego and his wife Silvia.



Guido Zucco - European Sales Manager

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Guido comes to OC Orthodontics after spending 29 years in the Orthodontic industry. He has dedicated his time and efforts to the doctors of Italy, as well as, developed distributors in the Middle East, Africa and the Far East. Guido lives in the Rivarolo Canavese Province of Turin, northwest of Italy. Guido graduated while studying Electronic Devices and also attended professional sales seminars at the International Learning Institute of Milan. Outside of work Guido attends a once a week class on coaching, enjoys fitness walking, Pilates, and reading books.



Left to Right: Raju George, Lance Lipscomb, Blanca Zavala, Guido Zucco, Yudy, Francisco Bucio



Raju George - Middle East & Africa Sales Manager

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Raju began his career working with the export division of Industrial Chemical fields in India from 1985 to 1996 in the marketing line. He then moved to Saudi Arabia and started working in the General Dentistry field, specifically with Ortho Organizers in 1999. Raju had amazing sales years in 2007 and 2008 with Ortho Organizers doing business over \$500,000 in each. Raju is a graduate of Kerala University with a degree in Economics. Raju loves spending time with his family; his wife Mercy and two children, son Ashish and daughter Jelitta.



Yudyanto - Asia Pacific Sales Manager

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Yudy, officially joined OC Orthodontics in 2012 after graduating from the Faculty of Dentistry, University of Trisakti. With a dental background and being active in organizing orthodontics activities during college Yudy has a better understanding of orthodontic philosophies and product knowledge. Based in Jakarta, Indonesia, he serves the Asia Pacific Rim countries. Solid OC Orthodontics teamwork along with supportive dealers has helped Yudy develop and guide his sales & marketing efforts.



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