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Lifetime Whitening
System for Patient
Growth and Patient
Loyalty



Patient Patient Engagement



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Foundations of Dental Hygiene

Change is NOT a 4-Letter Word!

Innovations For the RDH

What Do We Do Differently Now?

AAP Classifications

RDH's Are Doing This Today Foundations of Dental Hygiene

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What Do We Do Differently Now?

The Basics

Clean Teeth



Photo of dental hygiene students ca. 1964.

Standard of Care



OVERVIEW

Foundations of Dental Hygiene

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What Do We Do Differently Now?

OVERVIEW

Foundations of Dental Hygiene

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Innovations For the RDH

What Do We Do Differently Now?

Innovations

- 1. Teledentistry
- 2. Complete Health Dentistry
- 3. Teeth Whitening
- 4. Myofunctional Therapy
- 5. Technology
- 6. Products
- 7. Hygienists in Alternative Practice









FEATURED AT THE ADA AS THE CELLERANT BEST **OF CLASS TELEDENTISTRY TECHNOLOGY 2020 &** 2021



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Patients looking for a Dentist

Dentists & Dental Professionals





















World's #1 Teledentistry Virtual



A Ruby Red Slipper Moment

Complete Health Dentistry

Seven reasons why CHD really matters...

- 1. Robbed of quality time
- 2. Overworked, underpaid and underappreciated
- 3. Patients resist treatment and are not gettinghealthier
- 4. Set up the next generation for success
- 5. Team challenge with responsibility and implementation
- 6. Hard to find and keep great people and have time to train them
- 7. New patient marketing is expensive, takes a lot of time and it's not working



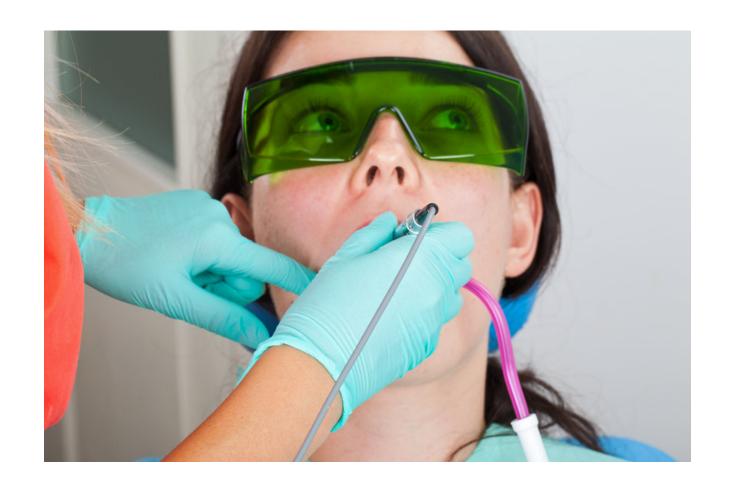


Ruby Moment

Diode Lasers



LASER USE



Laser in Use Sign





Ruby Moment

Teeth Whitening: Update

Did You Know?



Teeth Whitening: What's New?





NO MORE!





Updated Take Home Whitening





WHY THIS NEW TECHNOLOGY?

Less Time Taking Impresssions & Pouring Models

- LIFETIME WHITENING:
 - Grows New Patient Numbers
 - Loyalty
 - Patients Receive Free-Whitening at hygiene appts when they SHOW UP
 - Free Whitening Pens
 - At least \$20 each on AMAZON!

HOW TO USE LIFETIME WHITENING

- 1. Add \$100 to your Office Membership Program each yr upon patient enrollment
 - Preventive Care
 - Perio

Benefits to You and Your Patients:

More New Patients

- Less Changes to Your Schedule
 - Patient Loyalty

LED Blue Light Research

Boston--Scientists at The Forsyth Institute have found that **blue light** can be used to selectively suppress certain bacteria commonly associated with destructive gum disease. Mar 31, 2005

WEBMD

- What Is Red Light Therapy?
- By <u>Camille Noe Pagán</u>
- Medically Reviewed by <u>Poonam Sachdev</u> on November 29, 2021

Benefits.

- Mitochondria (Your powerhouse cells) soak up the red light and create more energy.
- Thought to repair cells.

Benefits.

- After 12 weeks of use on their heads, a small sudy of peole with demetion had better memories, selpt better and were angrey less often.
- Dental Pain. People with TMD pain had less clicking and jaw tenderness.
- People with androgenetic alopecia (in a small study(over 24 weekjs great thicker hair.

Benefits.

- Osteoarthritis. In a small study of 6 people found that it cut osteoarthritis-related pain by more than 50%.
- Tendinitis. A small study of 7 people suggest that it lessens inflammation in people with Achilles tendinitis
- Wrinkles. May smooth your skin and help with wrinkles. It also helps with acne scars, burns and signs of UV damage.
- Can help delay apthous ulcer breakout

MARKETING MATERIALS

UPGRADE YOUR SMILE TODAY!

No-Sensitivity Teeth Whitening



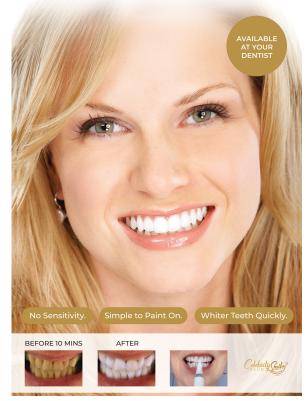
SMILE BIG!

Your smile speaks every language.
Fast teeth whitening without tooth sensitivity.

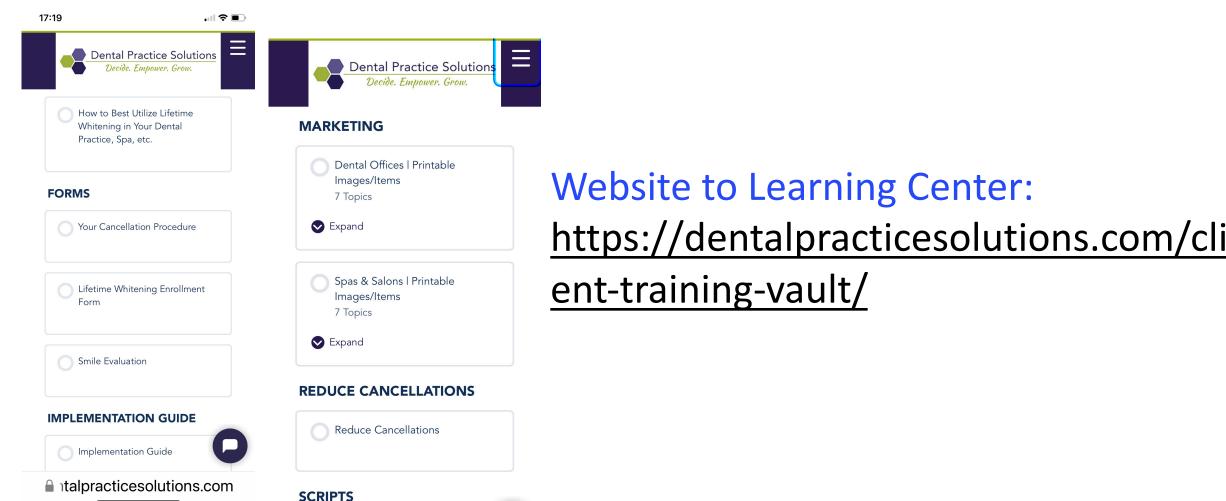


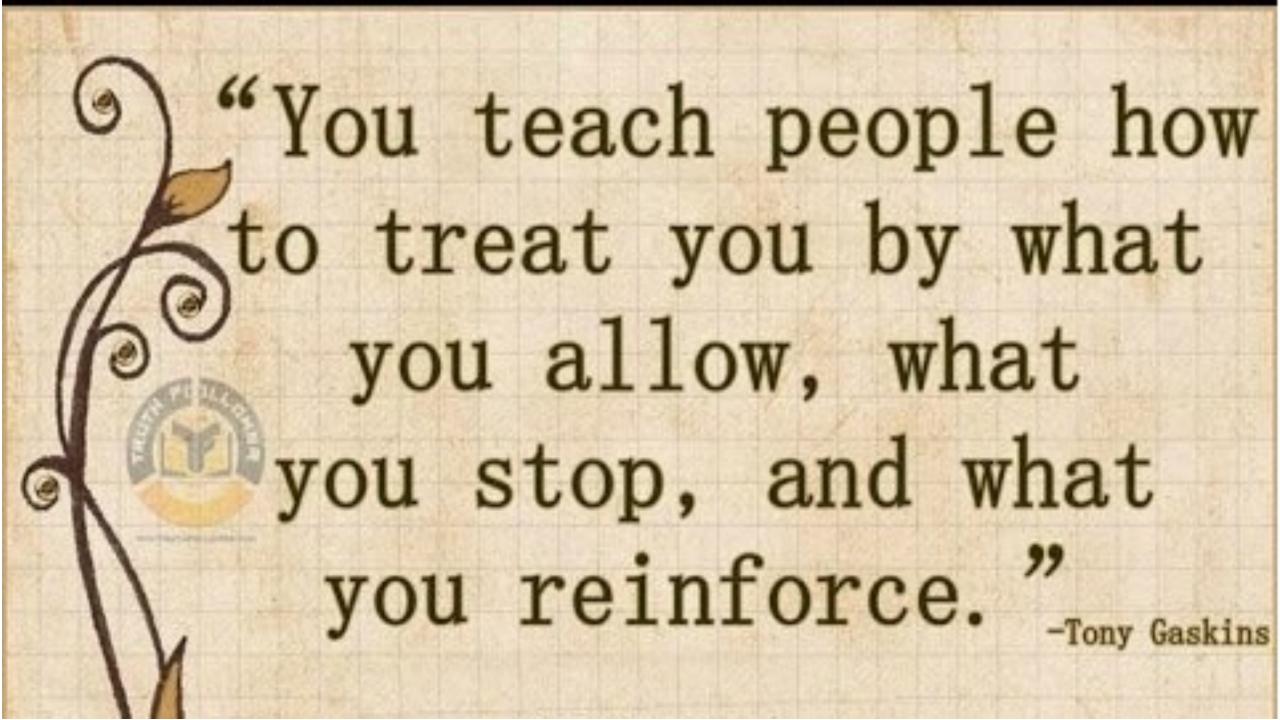
PROFESSIONAL STRENGTH

No-Sensitivity Teeth Whitening



Learning Center for Implementation



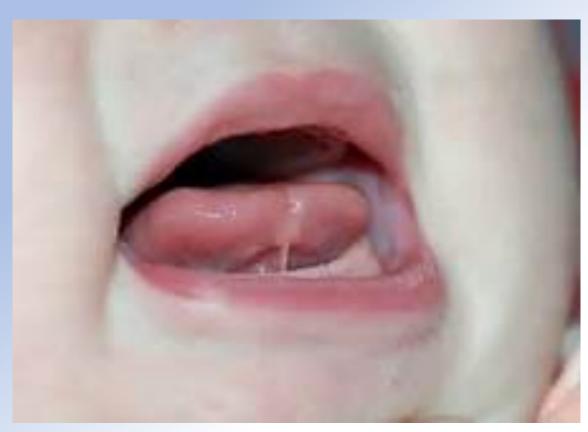




Ruby Moment

Myofunctional Therapy?

Starts at BIRTH – can't lift the tongue

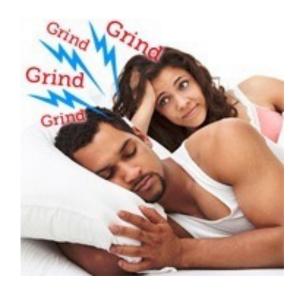










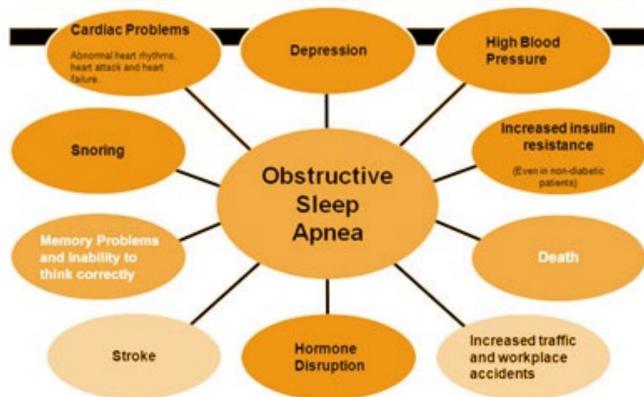


Snoring and Sleep Apnea

What are the effects?

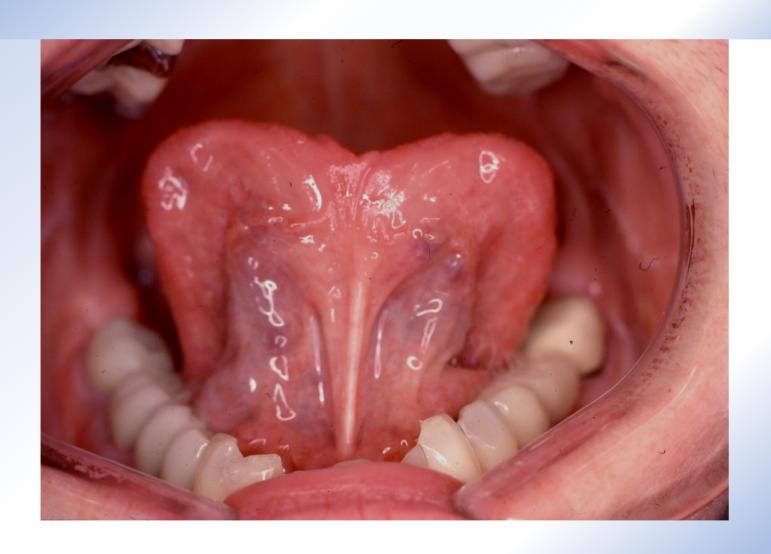








Ankylosed tongue















Advance Your Education – Take the Myo Journey

Pat Pine Course Call to Enroll: 480-442-1590 -



Ruby Moment

Technology

What Do You Want to Implement?





Ruby Moment

Patient Care: Oral Hygiene Updates

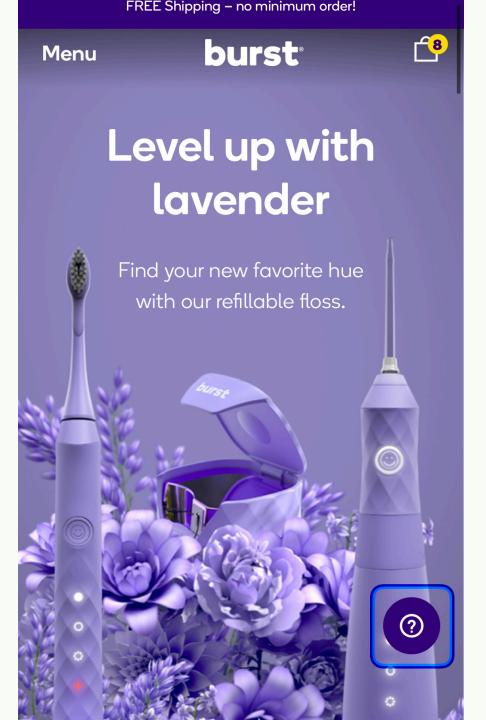
Dental Hygiene Products

Moving towards more natural

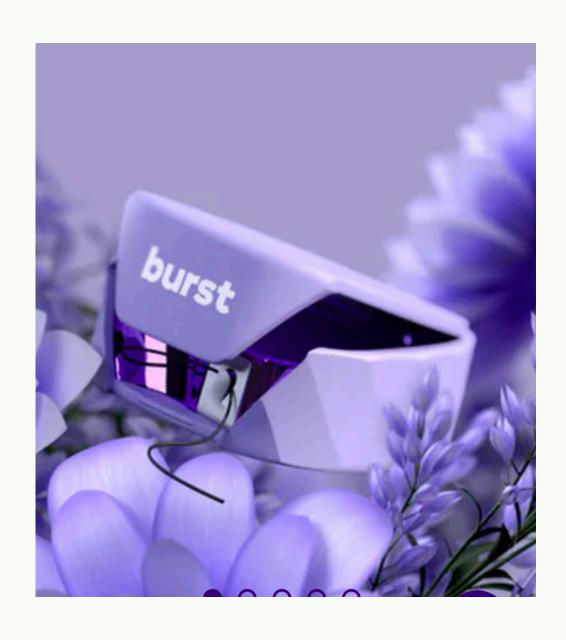
Non-toxic

No-Alcohol

No Animal Cruelty



Toothbrush & Waterflosser

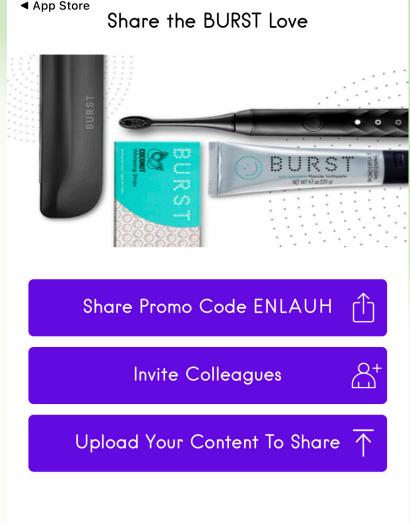


BURST FLOSS

Is Your Office Enrolled?

- 1. Download the **BURST Professional** App
- 2. For Your 1st Order Use Promo Code for a discount:

ENLAUH



CoComelon Shareables

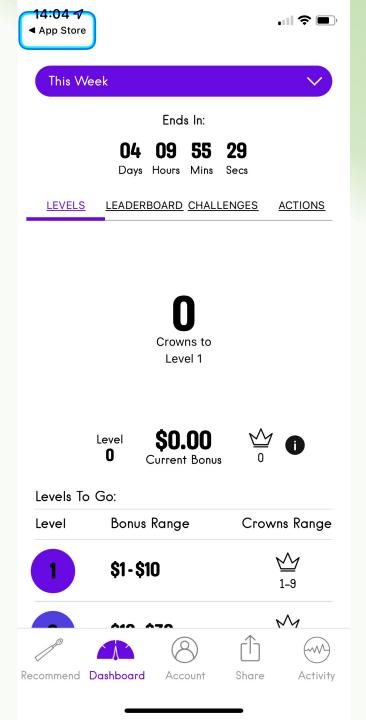


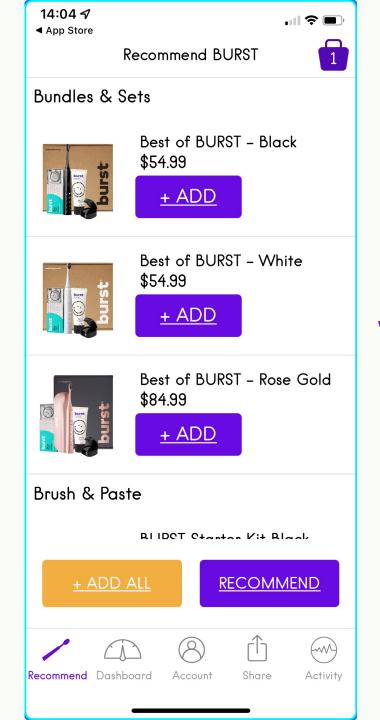




EARN CROWNS

- Your Dental Office Can Buy at Huge Discount!
- You get a bonus......*HOPEFULLY!*





What's Included in the BURST PROFESSIONAL App?

PROBIOTICS



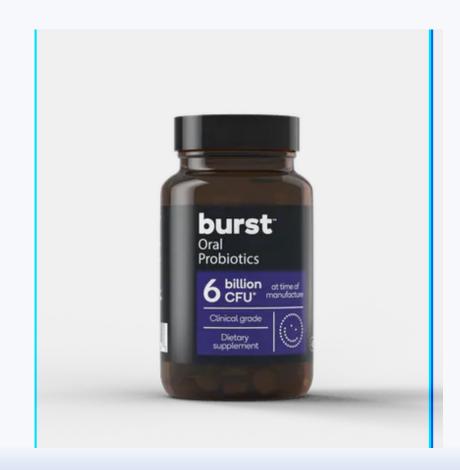




New ProBioraKids Probiotic Specially Formulated to Support Kids' Oral, Overall Health

April 05, 2022

ProBiora Health launches product that provides a proprietary blend of the 'good bacteria' native to the mouth, crowding out the harmful, disease-causing bacteria that cause cavities, bad breath, and other oral health





Ruby Moment

Hygienists in Alternate Practice

Hygienists in Alternative Practice

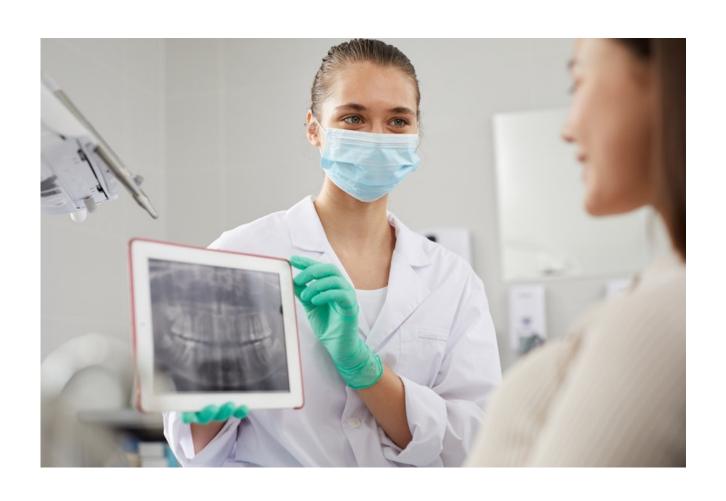




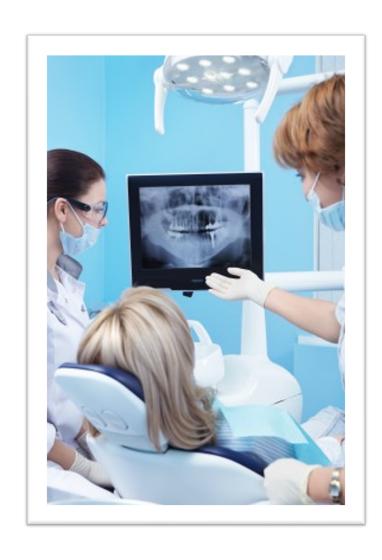


How Do We Help Our Patients Own Their Disease?

Patients Own Their Disease



Doctor Hygiene Exam







RDH's Are Doing This Today

New AAP Codes

- Recategorization of various forms of periodontitis,
- Development of a novel staging and grading system for periodontitis
- Inaugural classification for peri-implant diseases and conditions.

The four categories of periodontitis staging are

Stage I



Stage II



• Stage III



• Stage IV



Peri-Implant Diseases and Conditions:

- 1. Peri-Implant Health
- 2. Peri-Implant Mucositis
- 3. Peri-Implantitis
- 4. Peri-Implant soft and hard deficiencies

• Definition of Peri Implant Health:

AAP Classifications

• Peri-Implant soft and hard deficiencies:

AAP Classifications

How to use this information.

Stage

	Periodontitis	Stage I	Stage II	Stage III	Stage IV		
Severity	Interdental CAL (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm		
	Tooth loss (due to periodontitis)	Coronal third (<15%) No too	Coronal third (15% - 33%) oth loss	Extending to middle third of root and beyond ≤4 teeth	Extending to middle third of root and beyond ≥5 teeth		
Complexity	Local	Max. probing depth 4 mm Mostly horizontal bone loss	Max. probing depth s5 mm Mostly horizontal bone loss	In addition to Stage II complexity: • Probing depths ≥6 mm • Vertical bone loss ≥3 mm • Furcation involvement Class II or III • Moderate ridge defects	In addition to Stage III complexity: • Need for complex rehabilitation due to: - Masticatory dysfunction - Secondary occlusal trauma (tooth mobility degree ≥2) - Severe ridge defects ~ Bite collapse, drifting, flaring - < 20 remaining teeth (10 opposing pairs)		
Extent and Distribution	Add to stage as descriptor	For each stage, describe extent as: Localized (<30% of teeth involved); Generalized; or Molar/incisor pattern					

Grading

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary Criteria Whenever available,	Direct evidence of progression Indirect evidence of	Radiographic bone loss or CAL % of bone loss / age	No loss over 5 years	<2 mm over 5 years 0.25 to 1.0	≥2 mm over 5 years >1.0
direct evidence should be used.	progression	Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm destruction deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade Modifiers	Risk factors	Smoking Diabetes	Non-smoker Normoglycemic/no diagnosis of diabetes	<10 cigarettes/day HbA1c <7.0% in patients with diabetes	≥10 cigarettes/day HbA1c ≥7.0% in patients with diabetes

Gingivitis Code

Treating the
Gingivitis &
Periodontitis Patient

AAP Classifications

RDH's Are Doing This Today



HYGIENISTS GOAL FOR PATIENT CARE



1. Modify Risk Factors

2. Complete debridement siteby-site

Principles of Patient Care

3. Reduce bacterial load

4. Sustained Disease Remission

D4346: scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral evaluation The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.







"D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap." Can D6081 and D4346 be delivered to the patient on the same date of service?



Is there a waiting period between completion of a D4346 and delivery of a prophylaxis



Is this appropriate for a difficult prophy patient?



How do you differentiate this gingivitis procedure (D4346 from the current debridement procedure (D4355)?



What oral evaluation is appropriate before delivery of D4346?

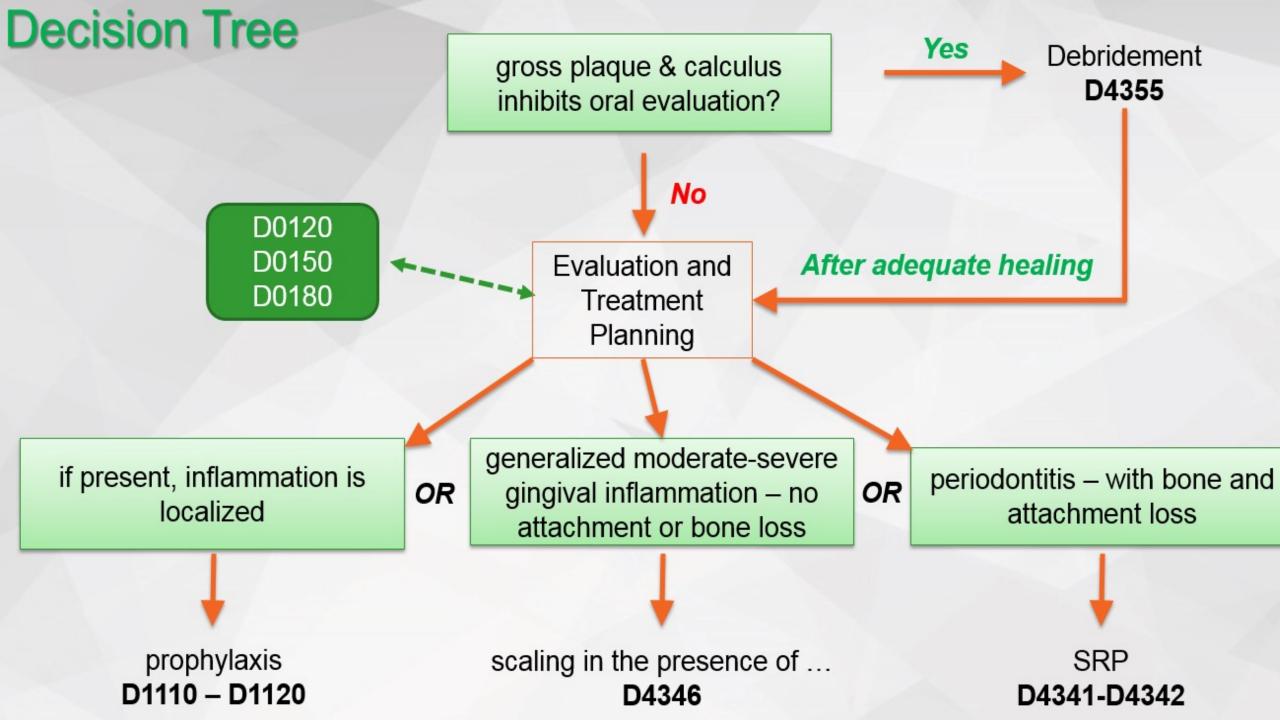


What procedure is appropriate for patients with localized gingival inflammation (gingivitis)?



What if the Patients Insurance doesn't cover D4346?





CASE STUDY

Before



After



Megan is a 28 yr. old female

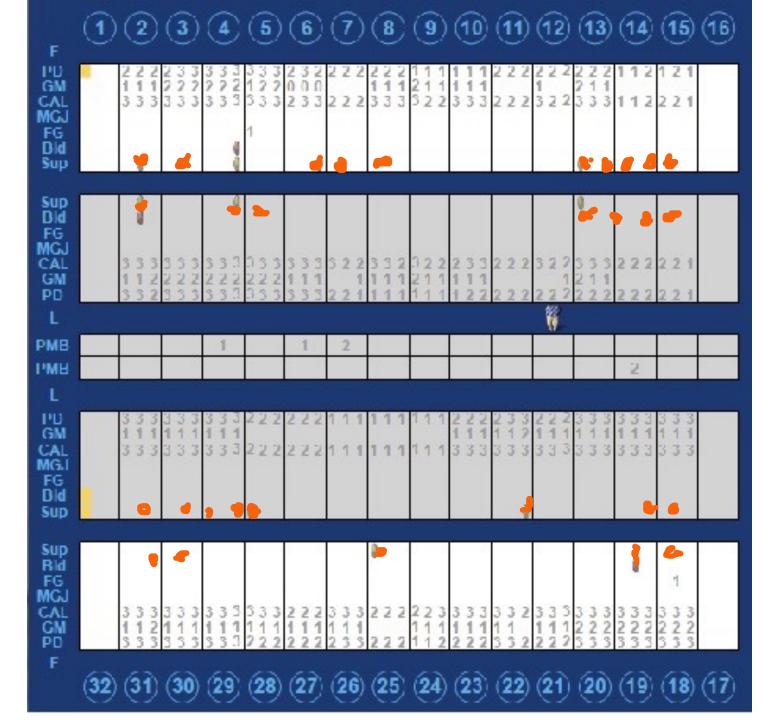
2 yrs since last hygiene appt.

RMH: No Tobacco Use, Meds: Oral Contraceptives

Chief Complaint: Gums feel tender and bleed easily.







Periodontal Chart

Intra-Oral Photos Before and After



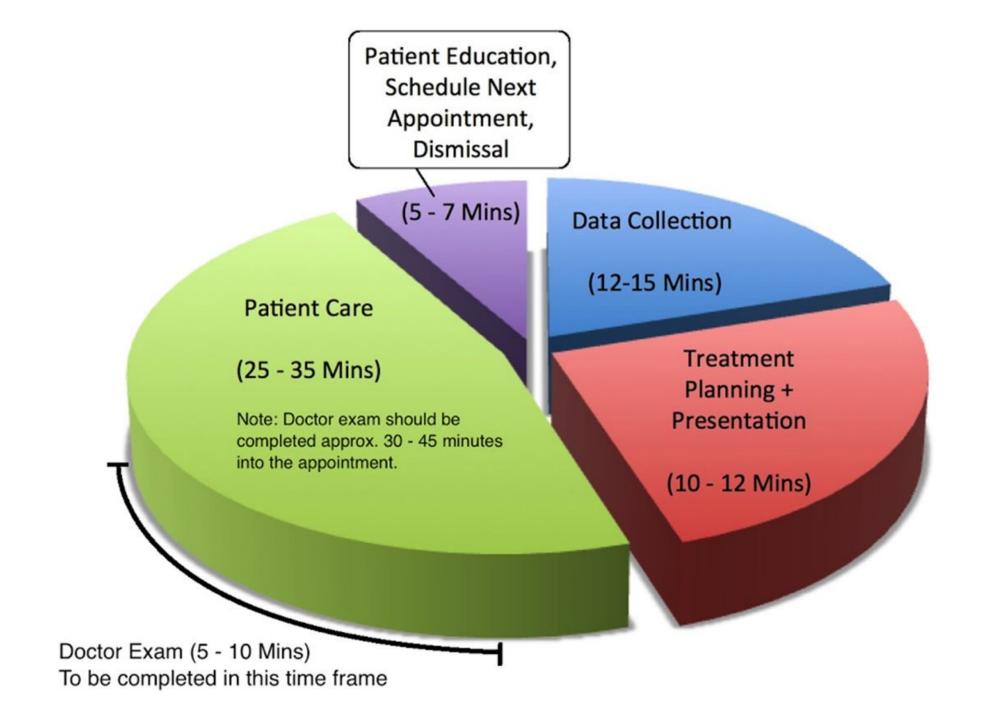
Classify this Patient As....???????



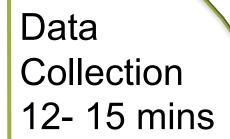


HOW DO WE DO IT ALL?!

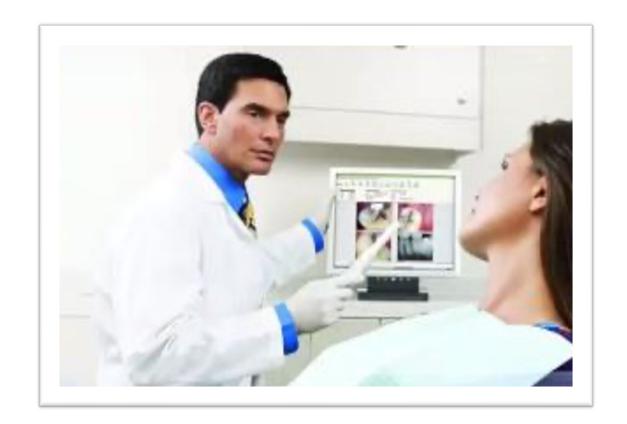


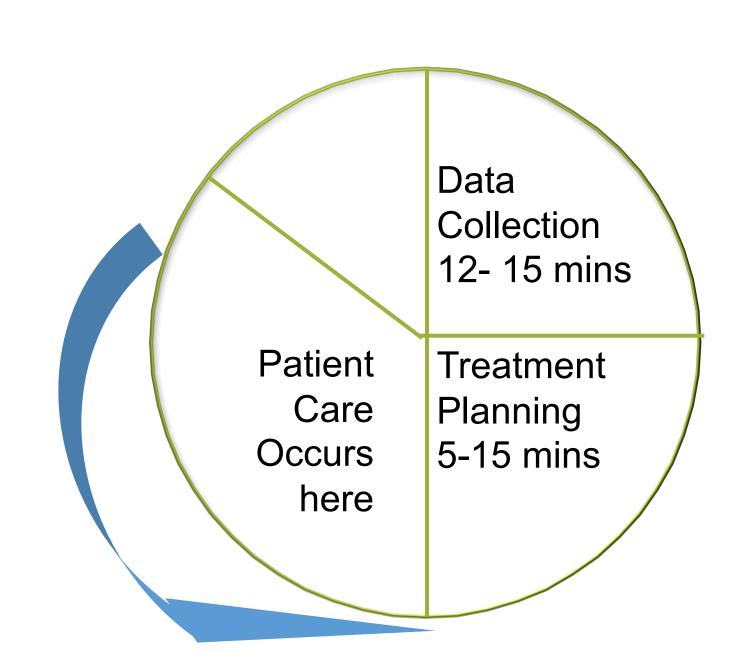




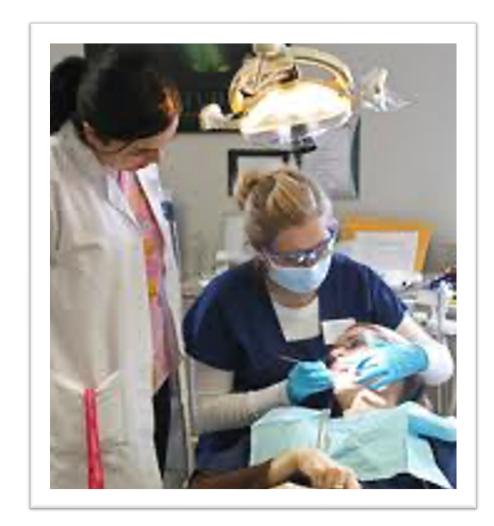


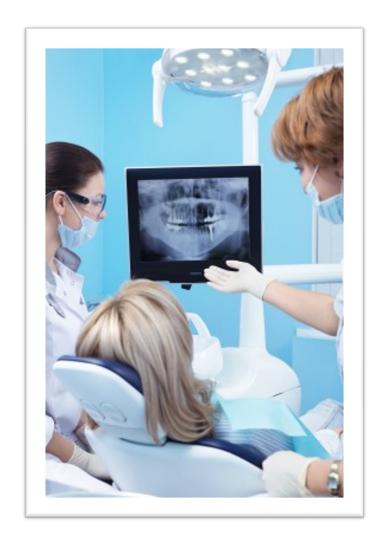
Treatment
Planning /
Case
Acceptance
5-15 mins

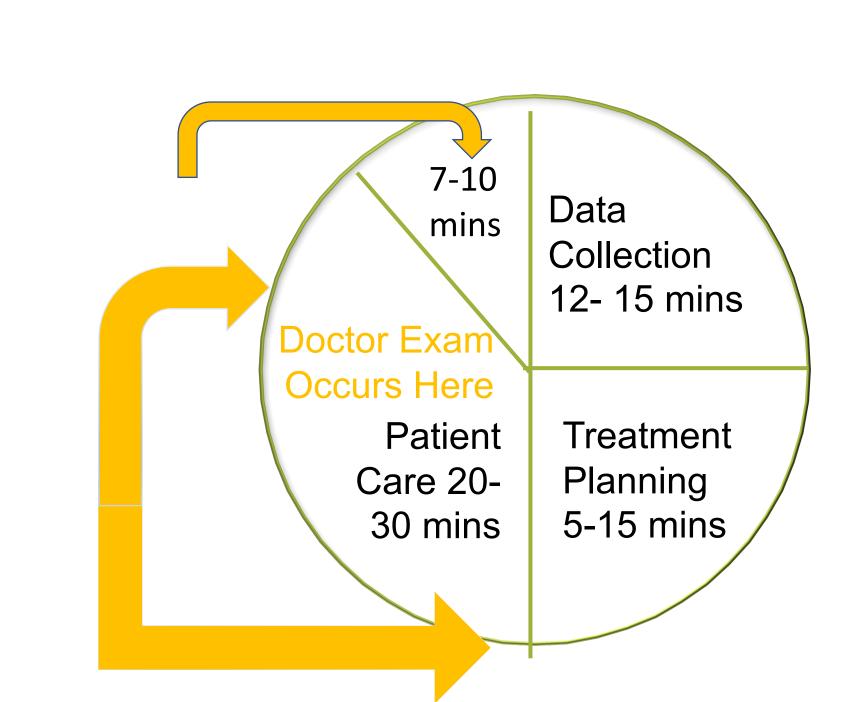














Foundations of Dental Hygiene

Change is NOT a 4-Letter Word!

Innovations For the RDH

What Do We Do Differently Now?

AAP Classifications

RDH's Are Doing This Today

Diode Lasers

Diode Lasers





Diode Lasers



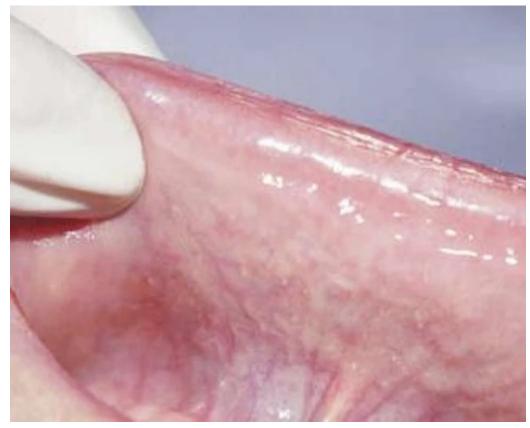
SIROLaser Advance

&

SIROLaser Xtend

Indications for Use of Diode Lasers





Laser Bacterial Reduction





Frenectomy







Aphthous Ulcers



Laser Bacterial Reduction (LBR)

- 1. Reduce bacteria
- 2. Reduce or eliminate risk of bacteremia
- 3. Prevent cross contamination
- 4. Lower microcount in aerosols
- 5. Kills periodontal disease bacteria

Laser Bacterial Reduction (LBR)

- D4999
- Unspecified periodontal procedure, by report
- Use for procedure that is not adequately described by a CDT Code.
- Describe the procedure, email (Attach) of intra-oral

Laser Bacterial Reduction (LBR)

- Multi-codes: 4999.L or D49991
- Fee: Can be complimentary or up to \$75 per quad
- For Apthous Ulcers charge \$20-\$50 per 15 minute appointment

Verbiage

We have a laser that kills bacteria/ We are able to walk the laser around your gums without any sensitivity and take the bacterial count in your mouth from billions down to hundreds in 6 weeks.

Verbiage

We have new/state of the art technology in the office now. Dr. and I have a lot of research and I am blown away from the results I have seen.



Reason to Return

- 1. Know patients motivators
- 2. Understand patients value
 - Aesthetics, etc.
- 3. Know what patient objections may be
 - ex. Money, time, fear, etc.
- 4. Know the beneifts to the patient when the do complete treatment

Verbiage

Insurance is behind the times. They still recommend mercury/silver fillings. Dr. ____ always wants to do the best for her/his patients and that is why we recommend this new technology.

Verbiage

Think of using lasers similar to antibiotics but with taking medication or killing all the good and bad bacteria in your gut which leads to other health situations.

We pre-medicate patients to prevent bacteria from going around their heart. Lasers do something similar.



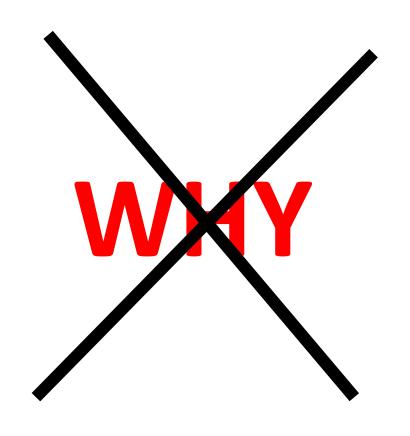


5 Skills of Engaging Your Patients

- 1. Posture
- 2. Face-to-Face
- 3. Eye Contact
- 4. Tone of Voice
- 5. Regulation of Internal State



- **S** quarely
- = use Open
 - ean toward
- = use Eye contact
- R elax and keep



Curiosity does not include "WHY"

questions

Curiosity

```
"Tell me more about..."
"What are your thoughts about..."
"I am thinking...What are your thoughts?"
"I think this is what you mean...
      Am I on the right track thinking this?"
"I think you are...Is the right?"
```

"Please tell me more about...so I am sure to understand."

Change.

It is an

exchange

in the patterns people use to relate and communicate.

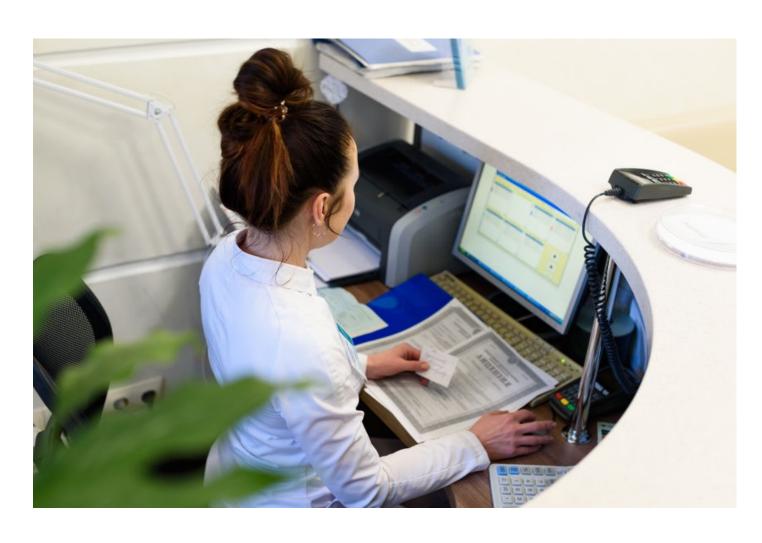




SEQUENCING COMMUNICATION

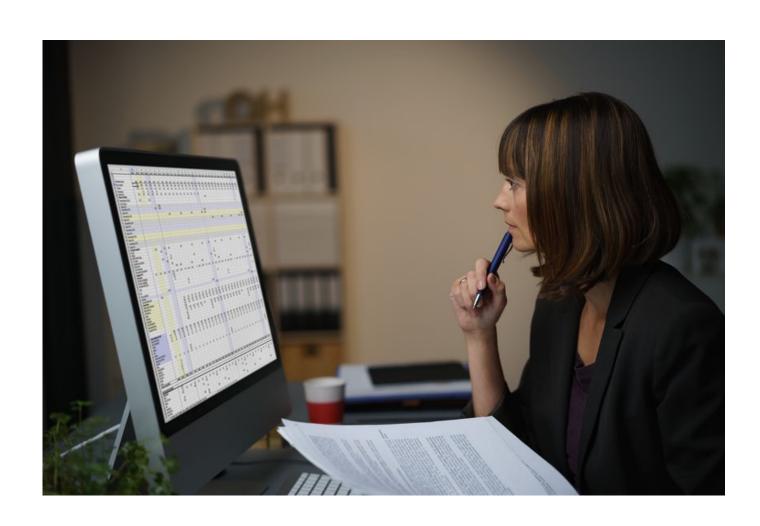


SEQUENCING COMMUNICATION



 If No Response to Schedule Treatment Next Step is....

SEQUENCING COMMUNICATION



YOUR NEXT STEP....

Creating Your Follow-up Sequence

- 1. Plan it
- 2. Write it
- 3. Do it



Creating Your Follow-up Sequence

LABEL EACH TYPE OF MESSAGE:

NP PRE-CALL
 NO APPT IMPLANTS

NO APPT CROWN/BRIDGE No APPT FOR FILLINGS

SCHEDULED FOR VENEERS SCHEDULED FOR SRP



TEXT FOR A COPY OF SEQUENCE SYSTEM

- How to create your sequence
- What to say in your video message
- Steps to add to text messages
- If You Choose to have 1:1 Support re: sequencing, "conversations, etc."
 - Plus 1:1 Support Includes \$25 Gift Card

Text Your First/Last Name and Email to: (503) 970-1122

Dental Hygienists Today

Engage
Rapport
Patient Advocate
Preventive Care Specialist
Leadership

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How to Keep in Touch

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Provide:

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Please Support the Exhibitors who make this meeting possible

Exhibit Floor Hours:

Thursday: 10 am - 6 pm

Friday: 9 am - 5 pm

Thank you for attending!

Please join us next year...

Star of the North Meeting April 27 - 29, 2023

