

Issue 10  
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FEATURING:

Drs. Wassim Bouzid, David Herman,  
James Morrish, & Ilies Tibaoui

# THE PROTOCOL<sup>TM</sup> MAGAZINE

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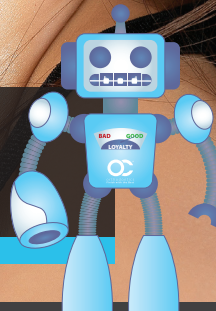
THE  
PHOTOGRAPHY  
ISSUE!

## ESTHETICS

Results & Process  
Based Marketing

Drs. Tom Pitts &  
Duncan Brown

2020 - THE FUTURE OF  
ORTHODONTIC MARKETING



\*Actual Patient Treated by Dr. Hai Anh Vu  
Model Hoang Thuc Diem

ARTICLE BY: Drs. Alfredo Nappa Aldabalde & Federico Nappa Severino



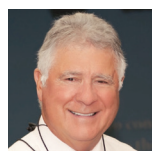
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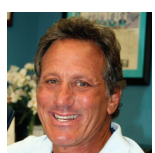
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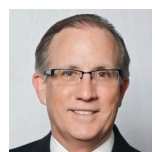
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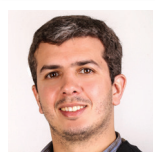
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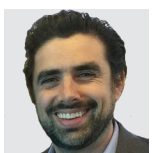
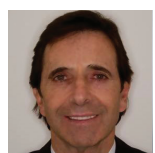
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# NEW ORTHODONTIC ESTHETICS

The Signature of your work is the Patient **RESULT** and the Patient **EXPERIENCE**. Orthodontics is an **ART**.... sign your name!

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

**T**he focus of my professional teaching has always been to achieve “life changing” esthetic transformations for patients, finding techniques that are more effective, more efficient, with greater predictability, and in a gentler manner. “Sustaining” innovations like “Outside/In” esthetic diagnostic processes, “SAP/VID” bracket positioning, and “Active Early” case management strategies made great strides towards those ends. Today “Disruptive” innovations like the “Pitts21” system, and “Engage Early” wire progressions have made it even easier. Those clinicians using these techniques have seen the benefits, as have their patients. Now it is time to show the world!

The trends that Neil Kravtiz identified<sup>1</sup> a few years ago; with greater numbers of PCDs (primary care dentists) providing “orthodontic” services, downwards price pressure from corporate providers, increased competition between Aligner service providers, and now DTC (direct to consumer) Aligner providers is increasing. Our marketplace has become very volatile, and the public is understandably confused.

Orthodontists can’t place sole reliance on dental referral sources as the main source of patients, and the need for “**differentiation**” of our services within the community at large has never been greater.

“**Differentiation**” is not a new concept, but it is one of the hardest things for a practice to actually do today. All of us want to think of our practice as unique, but in our “perception in the community” we are not. Every Orthodontist claims to use the “best” brackets and Aligners so differentiation based on commodity is pointless and counterproductive. One great exercise is to cut and paste the first paragraph of competitors websites, remove all references to names, and see if you can tell the practices apart<sup>2</sup>. Chances are, the descriptions are all virtually alike...no “differentiation”. If the public can’t tell the difference between service providers, they will be tempted to use one measure that affects them directly - **PRICE** - and competing based on price is devastating.

We want Orthodontists to thrive rather than just survive, and the patients to attain the best possible esthetic treatment outcomes. Orthodontists delivering **extraordinary**

**esthetics** need a strategy to “differentiate” both the “**RESULTS**” we provide and the “**PROCESSES**” we embrace to attain these results.

The most meaningful “Differentiation” we are suggesting involves adoption of a “**LANGUAGE**” specific to esthetics, mastery of appropriate techniques from the world of the “**VISUAL ARTS**”, and adaptation of “**ENGAGEMENT**” techniques that have been common in the restorative dental community Orthodontic arena<sup>3</sup>.

From the patient’s perspective, “we are suggesting doing dis-similar things” from those usually done, and do them with greater “**EFFICIENCY**”, while, appearing simultaneously “**DIFFERENT**” and more “**VALUABLE**” in the eyes of the patient. This “differentiation” starts at the new patient intake process, extends through assembly of esthetic specific diagnostic records, documentation through the treatment progress, into celebrating the esthetic outcomes. This approach solidifies the relationship with our patients, our greatest asset, and grows demand for orthodontic service providers that deliver







“WOW” worthy esthetics in the public eye. This is how we can change the trend of self-motivated adults to undergo orthodontic treatment, rather than rely on referral from their PCD<sup>4</sup>. **This differentiation process involves startling contrast of before and after photos with videography.**

For the greater dental community, we suggest active promotion of the expanded role of orthodontics in a “transdisciplinary” approach to patient care. As most PCD’s and Dental Specialists are not aware of the esthetic impact that our progressive esthetic driven approaches can have, we believe in promotion through education of the dental community. This proactive strategy must extend well beyond the “closing the loop” approaches that have been identified<sup>5</sup>, into presentation capability, and establishing dominance in the social media.

Mastering and expanding the use of photography and video for documentation of the “RESULTS” and “PROCESSES” involved in esthetic differentiation is the first step, the need has never been greater. The demand for esthetic services has never been as prominent. Orthodontists can regain “the high ground” in

patient care in the esthetic marketplace. Let’s get started!

Have you ever come back from a course, very excited to try new things to expand your practice? Ever notice that without the support of your critical Team Members nothing seems to change. We suggest that you develop a strategy for moving forward. I’ve found that the step-by-step approach works best.

Pick ideas that are simpler to implement. Minor process changes produce dramatic results without major disruptions. Staff training is critical.

**Step 1: Greatly improve your esthetic and efficient treatment management.**

**Step 2: Improve the quality and consistency of clinical photographic images.** This opens the door widely to results-based marketing.<sup>6</sup> Supplementing commonly attained photographic images with short “**video testimonials**” is not difficult, and breaks the glass ceiling imposed by static images both in diagnosis and promotion.

These concepts have the potential for orbit-shifting changes and are possible to implement within the current practice reality.

We encourage assembly of diagnostic “**records through a marketing lens**”, and make a clear distinction between clinical and artistic photography. While clinical photography will appeal to a clinical audience, the “reach” of “**artistic photography**” is boundless.

**Step 3:** We have long advocated “**every patient/every appointment clinical photography**” as a prime tool in honing clinical skills and individual patient marketing and education. Efficient photographic processes are inexpensive to develop and return immediate rewards. When combined with efficient videography, “differentiation” is assured throughout the patient’s “treatment journey” and spreads to the community. In the past, hiring photographic professionals to artistically document “presentation worthy” cases was a good strategy. Today, we suggest building a “**small, purposeful, photographic studio**” into the office design, and training of critical Team Members to assemble “**great portrait photography**” on completed cases. The process of assembly of high quality clinical and artistic photography, with video through out the treatment process is an ultimate differentiator, and opens the door to “process-based marketing” to both the public and the profession. Of course, one must learn to do wow worthy esthetic treatment.

Having developed a strategy for evolving the practice, it is time to actually execute on the strategy, and that’s what we will explore in this version of the Protocol. In future issues, we’ll get more specific.

Looking forward to taking this journey with you!

## “Differentiation” is not a new concept, but it’s one of the hardest things for a practice to actually accomplish.

01 Kravitz, N - A Paradigm Shift in Orthodontic Marketing, Semin Orthod 2016; 22:297-300

02 Jantsch, J - 7 Steps to Dental Practice Marketing Success, Red Star Marketing 2019

03 Finelle, G - Digital Smile Design in interdisciplinary and orthodontic dental treatment planning, J Dentofacial Anom Orthod 2017; 20:303

04 Vaid, N - Undergraduate orthodontic education: is there a slip between the cup and the lip, APOS Trends in Orthodontics 2016; 25-28

05 Abdelkarim, A - Strategies for improved interdisciplinary care and communication in orthodontics, Am J Orthod Dentofacial Ortho 2017; 152: 717-721

06 Term courtesy Dave Herman - 4 Corners Orthodontics

# ESTHETICS

## Results, Process & Possibility Based Marketing

Tom Pitts D.D.S., M.S.D. with Duncan Brown B.Sc., D.D.S., D. Ortho

### Opportunities don't just happen, you create them!

In previous Protocols, we have discussed the dramatically superior esthetic results attained, and improved treatment efficiency using Pitts "Active Early" protocols, Pitts21 Appliance systems, and "Engage Early" wire sequencing.

Today, we'd like to introduce marketing opportunities for meaningful **"Differentiation"** of the processes involved, and the efficiently attained dramatic esthetic transformations of our patients that has the capacity to redefine our practices and our profession.

### The "STRATEGY" of "Differentiation" in Esthetics

Choose "differentiation" in the "quality" of services/esthetic and efficient results over leading by price: There will always be a market for "low cost" service providers who market price above quality. We believe that relentless pursuit of optimal results, while simultaneously reducing consumption costs to the patient (shorter treatment times, less discomfort, fewer appointments), and delivery costs to the practice (fewer appointments, simplified training, less inventory) are critical in changing the prospects for our profession. "WOW" worthy esthetics coupled, with

Ultra-Efficiency, and "plus" Patient Experience<sup>1</sup>, is the gold standard to which we should aspire. The practice that can effectively implement excellent "value for cost" and highest perceived "quality" of services/results will thrive<sup>2</sup>.

**"It is better to both 'Walk and Talk' than it is to just walk OR just talk"**  
- TOM PITTS

It is critical to both "Walk and Talk" esthetics, while producing life changing, "WOW" worthy esthetic results, in an effective, efficient,

### "Opportunity":

a set of circumstances that makes it possible to do something.





gentle manner. "Talking Esthetics" strategies of "differentiation" of a cosmetic dental practice from a practice meeting only tooth based dental needs are well understood<sup>3</sup>. It has been our experience that applying some of these concepts within an esthetic based orthodontic practice goes a long way towards establishing an esthetic special "brand", while "differentiating" the esthetic based orthodontic practice from a tooth based, "commodity" based, or price-based practice.

**DIFFERENTIATION:** begins with learning esthetic basis of diagnosis, adopting and disciplined execution of protocols and techniques that drive superior esthetic results with precise documentation of the patient's transformational change. We must be able to "walk our talk" results, and while the treatment process is ongoing, "walk and talk" the process and progress towards those results. Aspects directed towards establishing an "emotional connection" with the patient during the treatment process, and addressing their concerns is a significant factor in predicting patient satisfaction with the outcome. Addressing patients' desires, needs, and concerns for esthetic improvement, shorter treatment times, gentle treatment and simple mechanics, and transformational experiences is the key to success<sup>4</sup>.

With every Orthodontist advertising esthetics and great smiles, we must first be able to attain a different level of **"WOW" worthy results**, and have consistent high quality **before/after photography & video** to effectively "market" those results through **"results-based marketing"**<sup>5</sup>. Showing beautiful smiles alone is not effective, one must show actual contrast of before and after photos. Differentiation of the treatment process and patient experience throughout the treatment cycle, documented with consistent progress photography & video enables **"process-based marketing"**<sup>6</sup>. Eventual inclusion of DOS (digital outcome simulation) and Storytelling/



Figure 1: Dedicated EO Camera & Station/Mini-Studio



Figure 2: Expanded records series





Storyline strategies using high quality photography & video documentation will enable **"potential-based marketing"**<sup>7</sup>. The combination of these strategies establishes an "esthetic" brand awareness in the community and positions the esthetic practice to dominate the esthetic arena.

#### **What can your practice do NOW?**

Moving to consistent collection of **excellent quality clinical photography** in an efficient manner is the first step in making existing processes more effective. Without great images, promotion based on esthetic outcomes is really impossible, with many Orthodontists feeling the need to resort to "shutterstock" style image providers for website, social media, or printed promotional offerings. The "value" accrued in using your own patient images for demonstrating **transformational change** "before/after" in internal and external **"results-based marketing"** is a HUGE differentiator. **REMEMBER JUST USING "AFTER" SMILES IS NOT A DIFFERENTIATOR.**



**"Patients don't know what they want, until we show them what they can have." - TOM PITTS**

Here are some suggestions for improving the ease and consistency of assembling great clinical photography, and then using them to your advantage.



Set up a dedicated **EO station/camera**: A stationary tripod, camera, lighting, white/black backdrop, reflector, and LED back-light. Make up a "mini-studio" for consistent results in a very small footprint. Pre-setting the camera/lighting, distance to the subject, and patient positioning make clinical EO photography a joy.

#### **Expand the traditional records series:**

The more photographic records you take, the more you will use them, and the greater the benefit will be.

Figure 3: Dedicated IO Camera Chairside

*Photos Courtesy of Dr. Duncan Brown*





Figure 4: Incorporate iPhone and iPad

Have dedicated **IO camera chair side:** Clinical photography at every appointment with simple systems in place, trained auxiliaries can execute good quality clinical photography in a minute or two, in a manner that seamlessly enhances the patient process and experience. There are any number of inexpensive compact "point and shoot" cameras available that are perfectly adequate for IO clinical photography. Of course, a DSLR with a macro lens remains the gold standard for excellent IO photography.

Consider using an **iPad or iPhone for spontaneous photos:** The ability to collect spontaneous moments

during the patient's experience is a wonderful tool for engagement of the patient/parent in the treatment process. Having your team carry their cell phones (set to airplane mode) and supporting team contests for the "happiest" office image is a real crowd pleaser. It is recommended to have simple educational "consents" readily available for patient/parents to sign.

**Lighting as a starter to upgrade facial photos:** Using a "socialite", to begin with and for video taking simplifies the EO process. These units come with tripod, diffusers, and brackets that will support iPad, iPhone, or DSLR. This tool completely transformed the way we take on clinical EO photography and video, and are very inexpensive.

Use simple **Marketing Tricks:** The collapsible white/black backdrop provides the "pop" to before/progress/after EO photography. It's a must for getting maximum benefit of before/after photos. The "after" photography must be spectacular.

Add **VIDEO:** The "Outside/In" diagnostic approach requires a sound understanding of lip animation and incisor presentation to develop a treatment plan. I typically take a minimum of three smiling photos, frontal and 45° to capture the best ones. Fortunately adding video interviews as an expanded records protocol is easy, and has been shown to be preferable when planning cases seeking cosmetic improvement<sup>8</sup>. By



Figure 4: iPhone video of "magic moments"

*Photos Courtesy of Dr. Duncan Brown*





placing the subject "off center left" in the frame, varying the backdrop (white before, black after), and following a scripted interview, video can easily be incorporated into the records process. Adding short video to social media marketing posts are exploding on Facebook and Instagram, so it's time to get in the "video" game.

**"I see VIDEO as a mega trend".**  
**- MARK ZUCKERBERG 2017**

Take on "**results based marketing**": A few years ago, Dave Herman took the lead in marketing results as a differentiator in his community, and it has driven his marketing strategy even since. By consistent (every week) posting outstanding before/after results, 4 Corners Orthodontics was differentiated as the prime motivator for patients seeking treatment... esthetics. In combination with a "**patients come first**" presentation strategy, and "**video testimonials**", Dave has solidified his leadership position as one of the best marketers we know.

**Creating the WOW:** As capabilities increase in consistently getting WOW esthetics and collecting good quality photography and video it is time to market the "process" of delivering the **WOW**. As clinicians, we must focus on the final results, this is very important! Also, patients' experiences during the treatment process have a great impact on the satisfaction with the overall outcome<sup>9</sup>.

**WOW, builds on the systems and skill sets already discussed:**

Develop the skill set for **artistic photography**: The addition of inexpensive softboxes to your "mini-studio", along with a few colors of reflectors and you are ready to go.<sup>10</sup>

**Equip your studio:** The creation and use of a functional (notice we did not say expensive) studio is a game

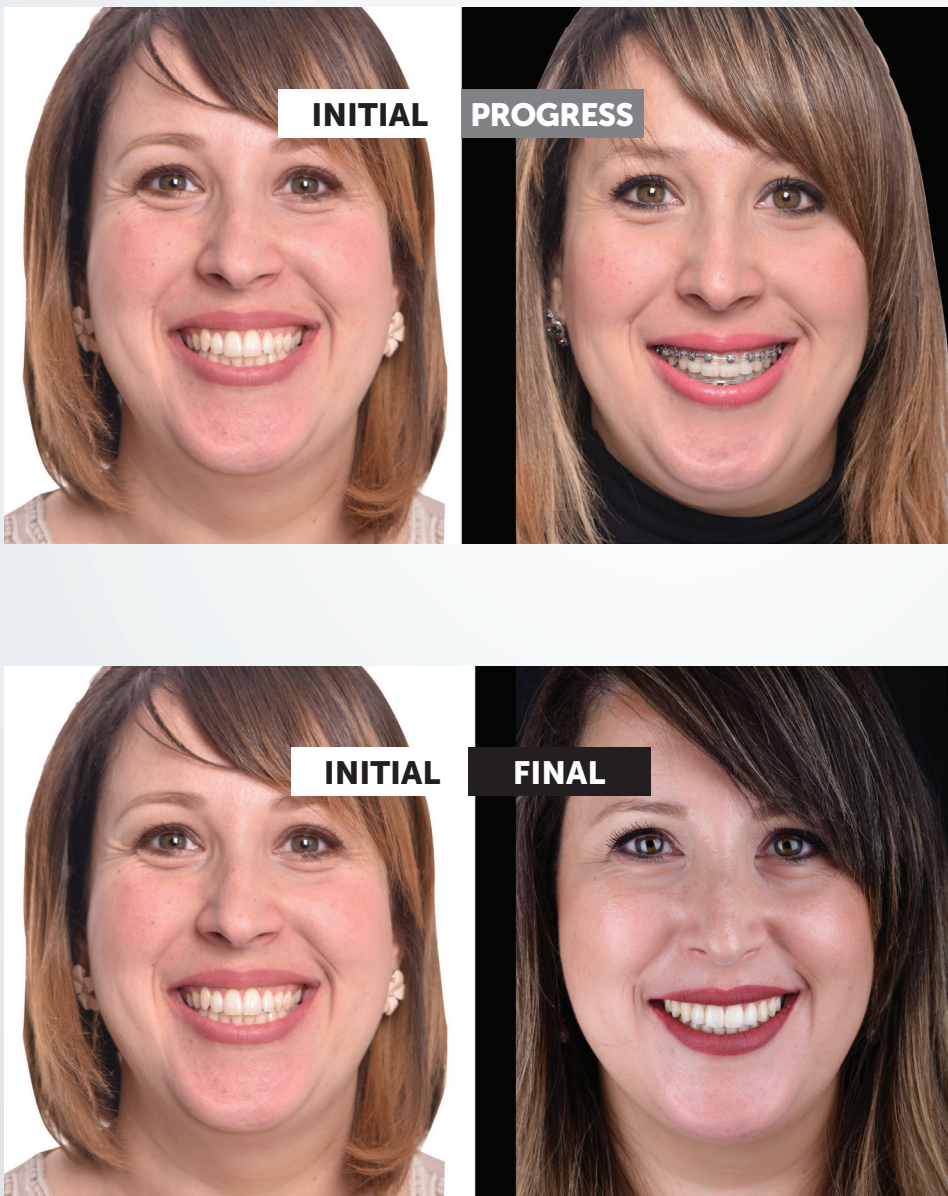


Figure 5: Simple Marketing Tricks - the "popup" backdrop

Photos Courtesy of Dr. Wassim Bouzid



changer. The possibilities of artistic dental photography are only limited by your imagination. Given that we are in the “esthetic business”, and that photography containing facial images are almost 50% more likely to be “liked” and commented on<sup>11</sup> in social media, the need for artistic photography in social media driven marketing is absolute.

Start **“every patient/every appointment photography”**: Showing patient/parents “visual” progress is very motivational and promotional. When clinical photographic systems and processes are simple, effective, and fast, there is simply no reason not to do it. Appropriate HIPPA compliant consent is attained “for educational purposes”, and where broader use of the images is desired, specific consents are attained for specific marketing purposes.

Embrace **“process-based marketing”**: The processes and the results in the Pitts Esthetic Discipline are distinct from other orthodontic service providers. Using photography to document the transformational experiences, and brilliant outcomes, and then sharing them with patients and potential patients at the new patient exam, and through social media is a key strategy. “Process based marketing” supports a “results based” strategy perfectly, and allows you to educate prospective patients before you actually see them.<sup>12</sup>

## **“To be truly effective, Orthodontists must adopt the approach of visual artists” - TOM PITTS**

“Digital outcome simulation” in Orthodontics is only beginning, and will become a crucial tool as service providers expand the utility of the software programs to combine treatment planning/outcome simulation features.



*Photos Courtesy of Dr. Wassim Bouzid*



Figure 6: Artistic Photography

*Photos Courtesy of Dr. Tomás Castellanos*





Figure 7: Every Patient / Every Appointment Photography

We all know the joke about **“how do you eat an elephant?”**. The overall task may appear daunting, but taking it **“a bite at time”** makes it doable. No practice can take on all of this at once, but the pathway is clear, and the rewards obvious.

MOFA (Makes Orthodontics Fun Again - thanks to Bruce Ollins for that), but adopting a strategy to regain Orthodontists prominence in the Esthetic arena makes it extremely valuable. The ultimate winner is the patient.

In this Protocol, we have shared our vision of the pathway forwards in marketing the WOW esthetic Orthodontic practice. Not only do the Pitts Esthetic followers deliver

We may just practice another 10 years.....until next time....



**“Embrace Every Patient/Every Appointment Photography”**  
- TOM PITTS



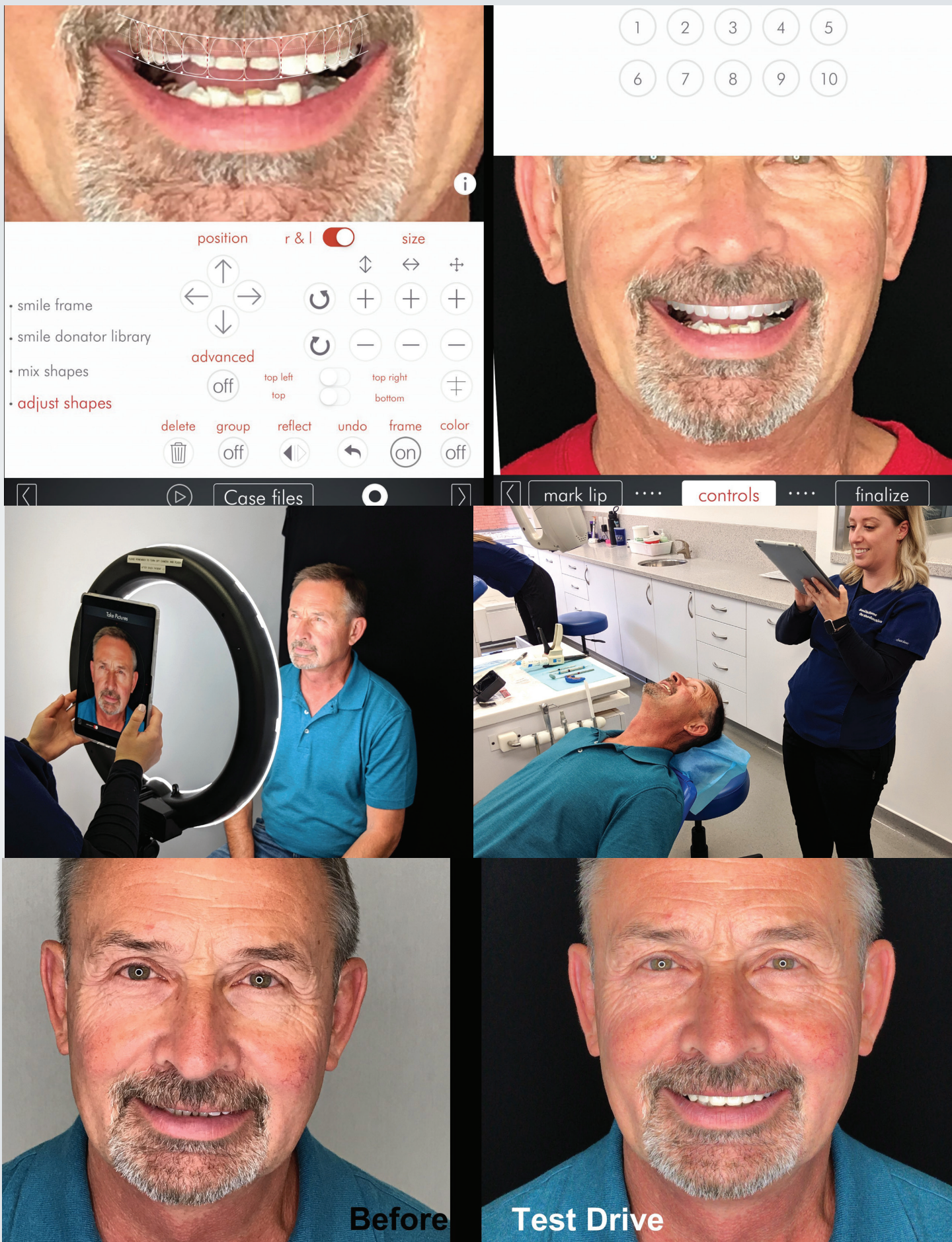


Figure 8: Digital Outcome Simulation





Dr. Tom Pitts



Dr. Duncan Brown

*"The "keys" to long term success of the esthetic Orthodontic Practice are "Differentiation" in terms of patient results and experience, and "Efficiency" when it comes to case management and treatment delivery. Esthetic based marketing, and the Pitts21 system blend perfectly!" - Tom Pitts*



## REFERENCES

- 01 MacDonald, S - 7 Ways to create a great Customer Experience Strategy - Super Office Blog - October 2019
- 02 Armstrong, J - Dental Competitive Strategy: Cost Leadership or Differentiation - Practice Management , March/April 2001, 13 - 15
- 03 Levin, R - Esthetics in Dentistry Marketing, Ronald E. Golstein's Esthetics in Dentistry, Chapter 5, 3rd Edition, John Wiley and Sons Inc, 2018
- 04 Oliveira, P - Assessment of motivation, expectations and satisfaction of adult patients submitted to orthodontic treatment, Dental Press J Orthodontic, vol 18 no 2, Mar/Apr 2013
- 05 Term courtesy Dave Harman
- 06 Term courtesy Duncan Brown
- 07 Term courtesy Duncan Brown
- 08 Mahn, E - Comparing the use of static versus dynamic images to evaluate a smile, J Prosthetic, Dent 2019 -in press
- 09 Pacheco-Pereira, C - Factors associated with patient and parent satisfaction after orthodontic treatment: a systematic review, Am J Orthod Dentofacial Orthop 2015; 148:652-659
- 10 O'Carroll, B - 20 Composition Techniques that will Improve Your Photos, September 14, 2016
- 11 Shamma, D - Faces engage us: photos with faces attract more likes and comments on Instagram, Journal of Relationship Marketing on-line, October 2019
- 12 MacDonald, S - 7 Ways to create a Great Customer Experience Strategy, SuperOffice October 2019



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# ESTHETICS

**WASSIM BOUZID**

D.D.S., M.S.D.

Like most other Orthodontists, I was trained to believe that the primary value of dental photography was documentation for the purposes of diagnosis. This view point is far too restrictive in terms of the value gained by good photography.

At the start just getting good clinical photography was a challenge, but with a little effort, my photographic results got better.

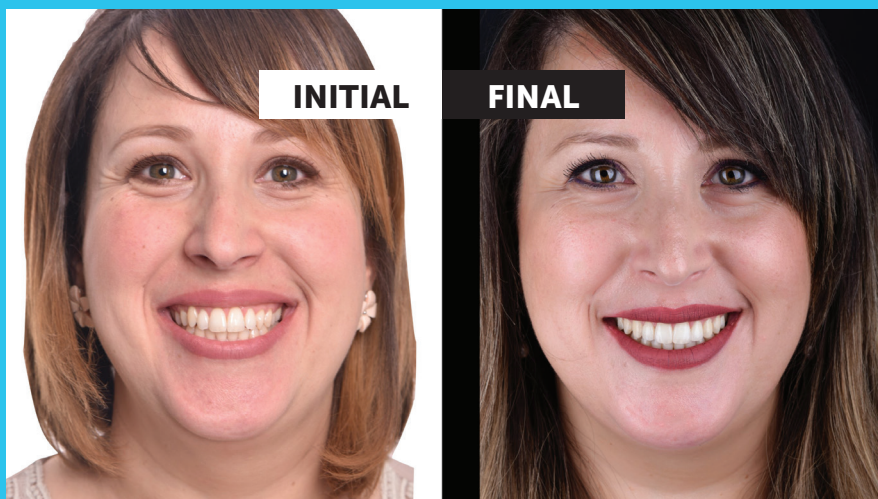
**Clinical photographs** (consistent patient positioning, lighting, composition) are interesting to clinicians but not to the rest of the world, and incidentally patients don't really love having them taken (they don't appreciate their value in treatment). The patient experience of having clinical photography taken is boring.

Our colleagues in cosmetic dentistry developed an appreciation for the value in artistic photography several years ago, as a showcase for their art.



*Photos Courtesy of Dr. Wassim Bouzid*





**Artistic photography** (artistic composition, lighting, flattering patient positioning) is interesting to every audience, and for the patient it is a highlight experience. When the patient is excited with the process, their viewpoint on the value changes to extremely positive.

Committing to taking artistic photography has been a game changer for my practice. The differentiation of taking truly beautiful photographs in my own studio, sharing them with the patient, and using them for internal marketing or presentation purposes now defines my practice.

I can now show photographs as beautiful as the results I get using Tom's "Active Early" protocols and the Pitts21 appliance.



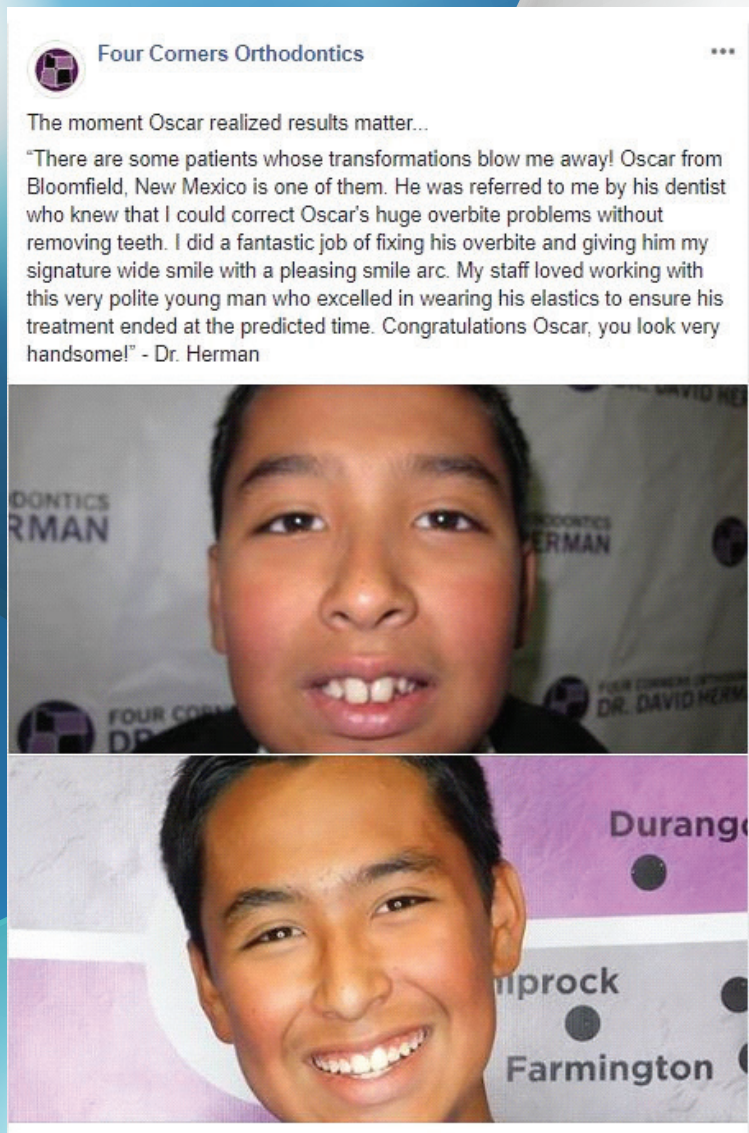


# RESULTS BASED MARKETING

**DAVID HERMAN**  
D.D.S., M.S.D.

In 2017, I noticed that almost all orthodontists in my area were using either discount pricing and/or contests to get the public to pay attention to their marketing efforts. Results were not being marketed to the public. The two main reasons were the public does not respond well to close-up pictures of teeth and it was difficult to show differences in outcomes between providers to the lay person.

In 2017, I realized that with Pitts21 results I could show a significant difference to the public. My results stood out from the rest by using SAP, rarely extracting teeth and widening most patients' arch form. At that time, I coined the term "Results Based Marketing." I began posting on my website, Facebook and Instagram accounts before and after portrait-size smile shots. The posts were called "Patient of the Week". In 2018 short, shot videography was added to the portrait postings.



*Photos Courtesy of Dr. David Herman*

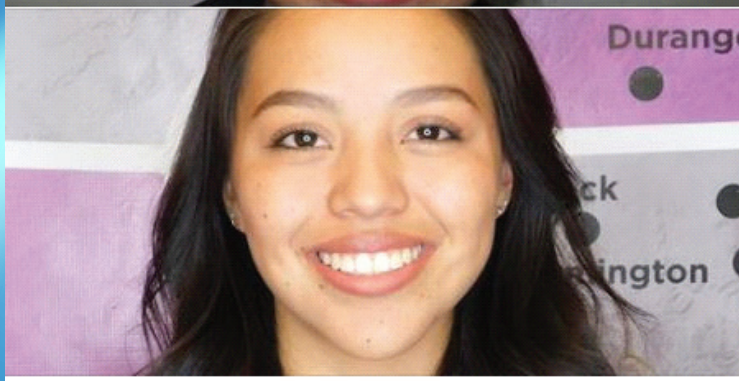




Four Corners Orthodontics

The moment Miranda realized results matter...

"Miranda is my Patient of the Week from Arizona. Her amazing transformation can be described in one word: powerful. She literally screamed with joy when she first saw her before and after photos. It was a heartwarming experience to see the moment she realized that it is the results that matter. Miranda was, of course, treated without extractions. If she had gone to any other orthodontist in our area, she would have had four teeth needlessly extracted and a much smaller looking smile. I am so pleased with her result and response to her new smile." - Dr. Herman



My Patient of the Week postings always contain a narrative. Sometimes my narrative is a story about the patient's journey. (Duncan Brown is discussing this "story" concept in his article in this issue). Sometimes I use my Patient of the Week photos to show how my results differ from others. When you market results, you set yourself up to be in a more authoritative position than an orthodontist who does not market results.

My results based marketing plan is a collaborative effort between Four Corners Orthodontics and Dental and Angela Weber and her marketing team at OrthoSynetics. I am excited to see that other Pitts21 users are stretching the boundaries of what photos and/or videography can do to differentiate our results from others. I want to continue to encourage Pitts21 users to join this exciting journey to make results the center point for a prospective patient's answer the question, "Who should I choose to be my orthodontist?"

If you're interested, follow our Results Based Marketing activity on Facebook at [Facebook.com/FourCornersOrtho](https://Facebook.com/FourCornersOrtho).





## PATIENT 1

# THE DIFFERENTIATION CREATION

**JAMES MORRISH**  
D.D.S.

In today's orthodontic business world, practice "differentiation" is becoming more important every day and is essential for the private orthodontic practice to be successful.

The effective use of quality photography and videography along with smile outcome simulation, in conjunction with the practice's primary focus on smile and facial esthetics will be a tremendously powerful practice differentiator.

These tools provide the practice the ability to allow the prospective patient and family to visualize the "why" of treatment in your office creating a unique understanding and an emotional buy in. Once you see it, you cannot forget it. Good things happen with the "why".

These tools allowed our practice to "close" two recent cases. The special impact of these closures was not the ease by which they were attained but the excitement it created.



*Photos Courtesy of Dr. James Morrish*



## PATIENT 2



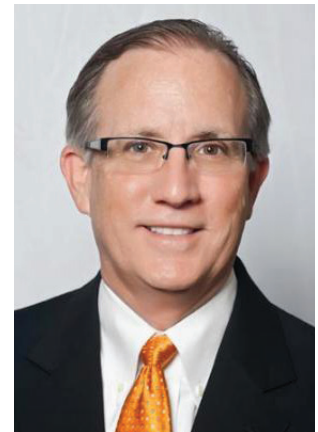
Patient 1 is a 14-year-old female who had nicely aligned teeth but did not like her smile, however, she did not know why. Her maxillary incisors were quite retro-inclined. As soon as we showed her lateral smile and  $\frac{3}{4}$  smile photos, she was a loud “yuck” as she understood the why. Her mom also understood. I then explained that we could address her situation quite easily. The next words out of her mouth was ‘How soon can I get my braces on’.

Patient 2 is a 67 year old female who did not like her smile. She was here for a third opinion.

We used the Digital Smile Design (DSD) app to show her possible treatment outcomes. As soon she stopped crying tears of joy, she asked “When can I start treatment.”

Neither patient asked how long treatment was going to take nor did they ask about cost. They just wanted to move forward with treatment.

Because of visualization, the “why” was understood. This moves the needle. This is now and the future is here.





# DIFFERENTIATING THE ESTHETIC ORTHODONTIST

**ILIES TIBAOU** D.D.S., M.S.D.

I have to admit that before meeting Wassim and Tom, photography wasn't a big deal for me. Clinical photography was a medical legal necessity to get to treatment, but little else.

My good friend Wassim taught me the benefit of upgrading my photography skills in terms of marketing, but it was with Tom, I learned the extreme value of taking photos each appointment.

That was a life changing experience, seeing things you have never focused on before. I started to understand what mechanics I was really producing, the good and the bad. I came to realize that traditional bonding in many situations is not serving our patients well, and the power there is using very light elastics.

Tiny details like zeniths, incisal embrasures, connectors, proportions of the incisors, and pink tissue contours, are easily viewed in good quality photography. This **OBSESSIVE ATTENTION TO DETAIL**, differentiates the esthetic orthodontist.



The more you rely on photography the better your equipment gets. Today, we are using the Nikon D750 with a Tamron 90 mm MACRO lens for incredible detail and depth. We use this setup for intra-oral, extra-oral, and portrait photography.

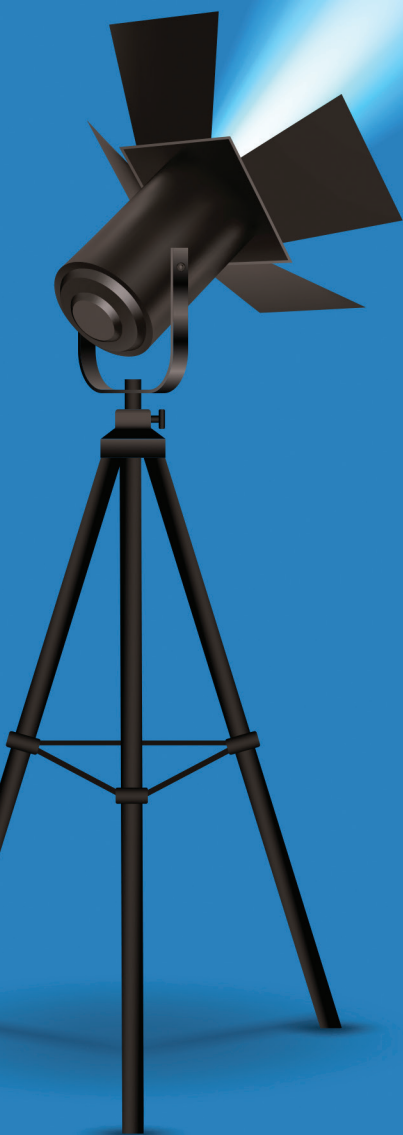
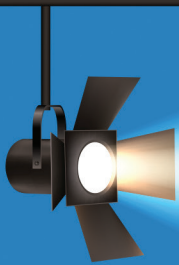
Lighting is really the most important factor; For intra-orals, we've found that a twin flash and Meike MK-MT24 Twin Lite Flash are inexpensive, good quality, and work well with our practice. For Extra-

orals and Portraits, consider building a small studio. Studio lighting and white/black backdrops open up a whole world of possibilities.

Showcasing your work is the best promotion you can do, and photography makes that all possible.









# The Power of Low Friction in a Hidden Smile

Dr. Alfredo Nappa Aldabalde  
Dr. Federico Nappa Severino

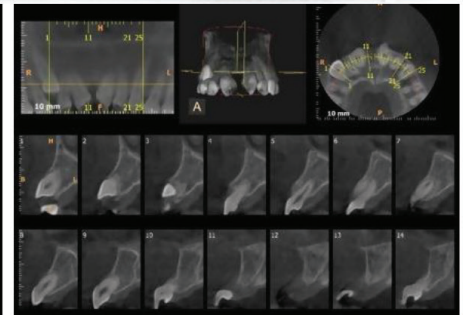
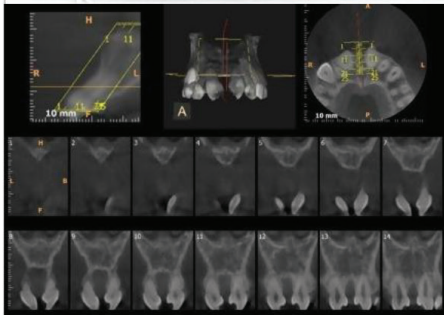
This 14-year-old patient wanted a treatment principally for the esthetics of her upper teeth; she did not accept her smile. Another concern was the fact that, due to an osseous defect in the middle interincisive region of the maxilla, the possibility of an orthodontic treatment was denied, although the extraction of teeth No. 14 and 24 was suggested in case the treatment was possible.

In regards to the macroesthetics, her face was well-balanced and pretty, but, if we focus on the microesthetics, we must highlight the patient's requirements and other details that are listed as follows: anterosuperior diastema, rotated incisors, upper midline misalignment, impacted upper left premolar (it did not erupt completely), black lateral buccal corridors, and poor vertical exposure of her incisors in a smile that she inevitably avoided...

Figure 1 - Figure 13.







The treatment was carried out in our clinic, initially with H4 self-ligating brackets (slot .022 x .026). After four months, they were replaced with Pitts21 brackets (slot .021 x .021) in the lower and upper canines and incisors, flipping the later to cause negative torque control.

The treatment had to be multidisciplinary, taking into account the above-mentioned osseous

defect and the fact that it was necessary to act with biologically-suitable and soft forces to, at the same time, allow arch development, effective rotational correction, and torque expression with the aim of moving the teeth with the bone and not through the bone.

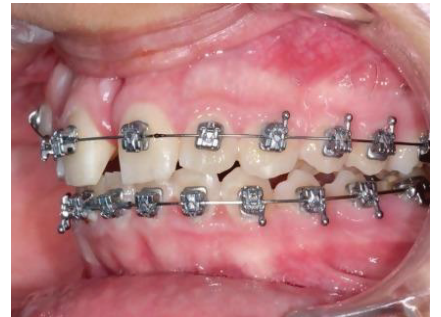
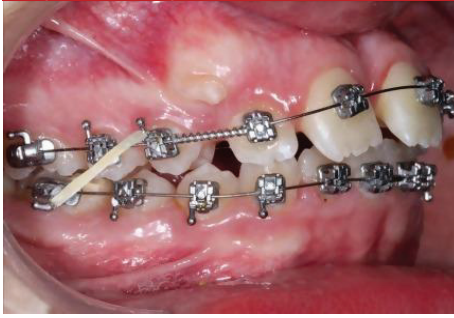
The use of NiTi .014 Broad Pitts was aimed at acting at a low load-deflection rate, which was increased

when the interbracket distance was widened. At the same time, a careful development of the arches was generated in the maxilla and the mandible, especially in the maxilla.

Class 2  $\frac{3}{16}$  and 2  $\frac{1}{2}$  oz. elastics were also used.



Figure 14 - Figure 26.

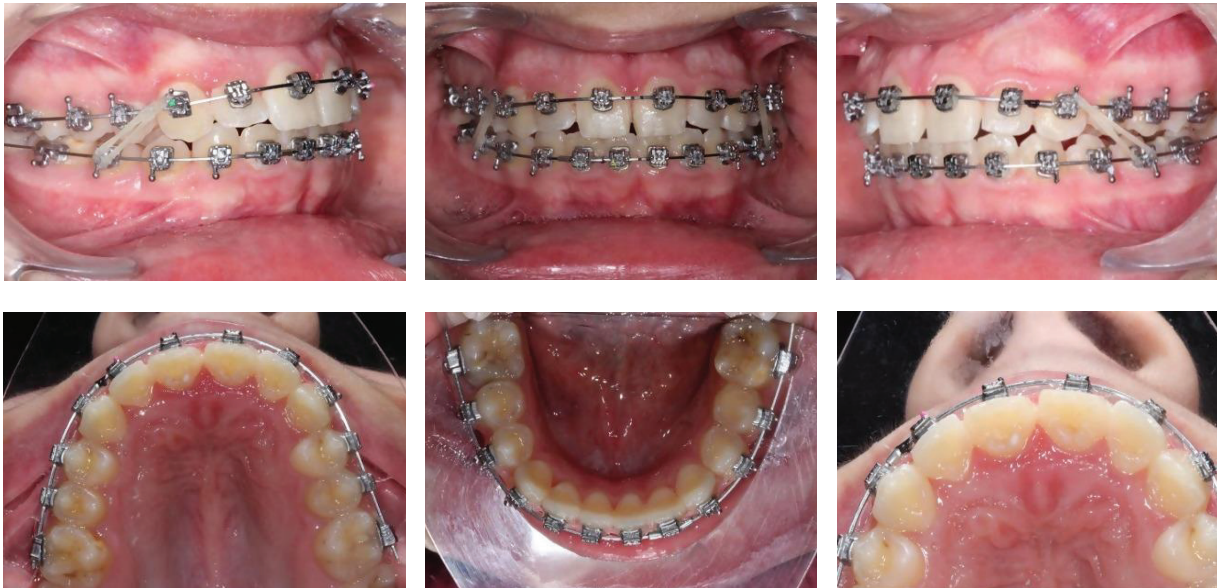



Later on, the brackets were hastily replaced with Pitts21 to shorten the duration of the treatment, to improve rotational and torque control in the incisors, and to continue acting with extreme care regarding the level of forces applied.




.018 x .018 NiTi Ultra-soft Pitts Broad were used for arch expansion.

Figure 27 - Figure 34.



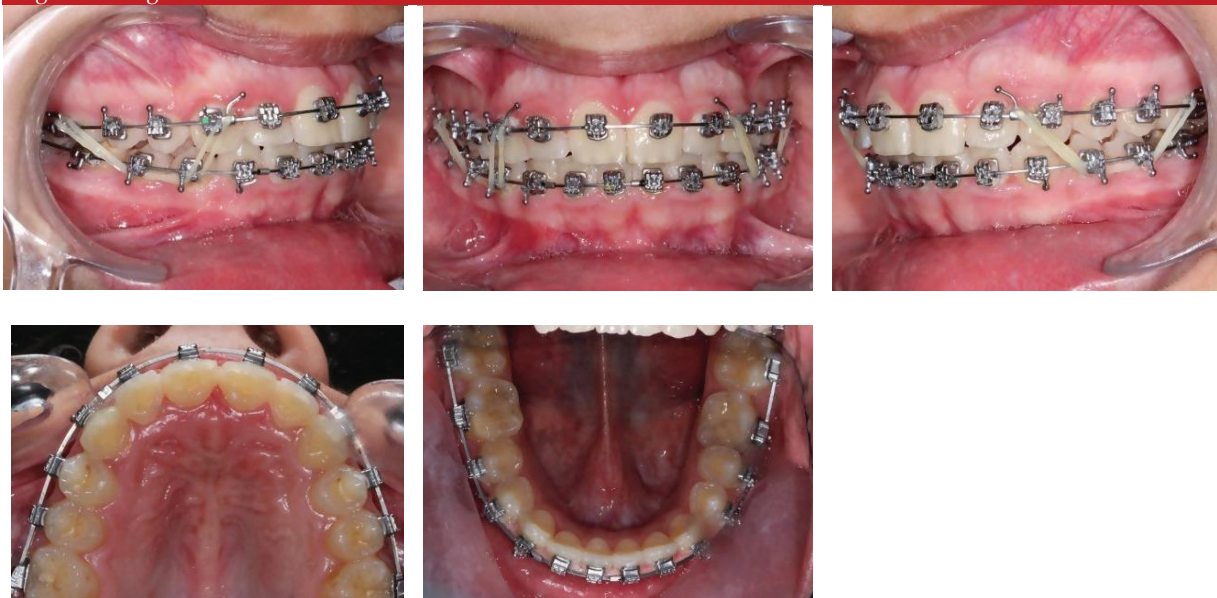
3/16" (5mm) Water	
2.5oz. (70.9g) LIGHT	
	
Latex	60.63.843.00025
Colored Latex	60.63.843.31025
Non-Latex	60.63.943.00025

### Elastics

3/16" (5mm) Water	
3.5oz. (99.2g) MEDIUM	
	
Latex	60.63.844.00035
Colored Latex	60.63.844.31035
Non-Latex	60.63.944.00035

Two months later, .020 x .020 NiTi Pitts Broad were installed, and the elastics were replaced with 3 ½ oz. elastics.

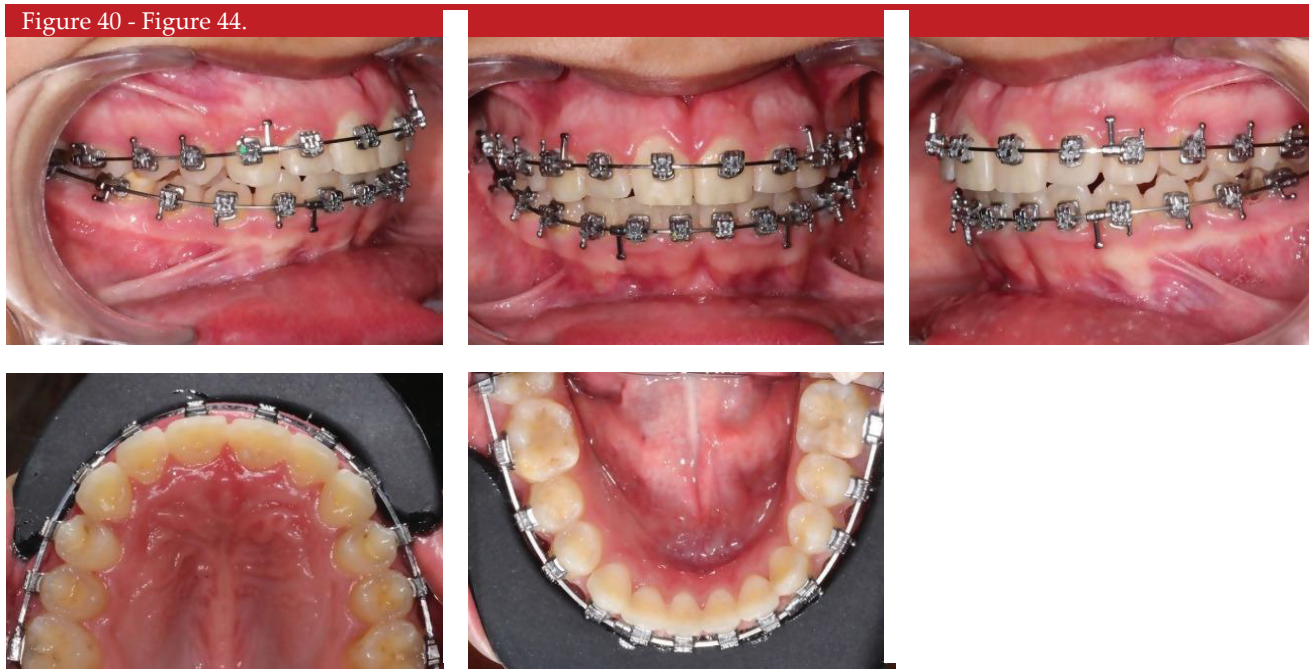
Figure 35 - Figure 39.





Afterwards, .019 x .019 stainless steel archwires were used in an individual and inter-coordinated manner.

Figure 40 - Figure 44.



Finally, the brackets installed in the upper incisors were rebonded to improve the **smile arc protection** and the **vertical incisor display**. For that matter, .018 x .018 NiTi ultra-soft arches were used. Forty days later, .020 x .020 NiTi Broad Pitts were employed.

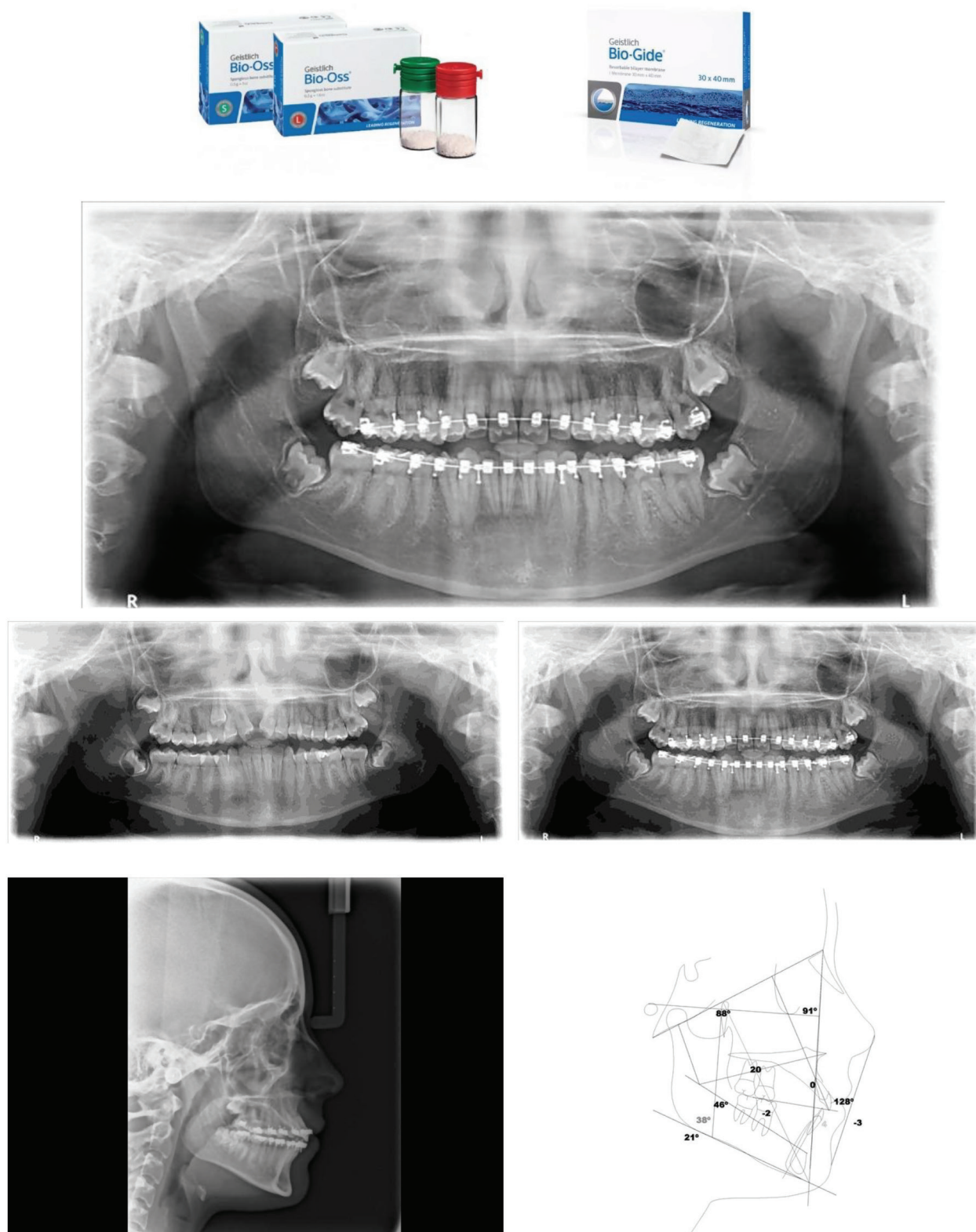
Figure 44 - Figure 49.





After such procedures, Dr. Walter Ferro did a bone and membrane graft in the upper interincisive region, without making changes to the arches or the brackets and waiting five months for the bone regeneration, as shown in the ortho pantomogram.

Figure 51 - Figure 68.







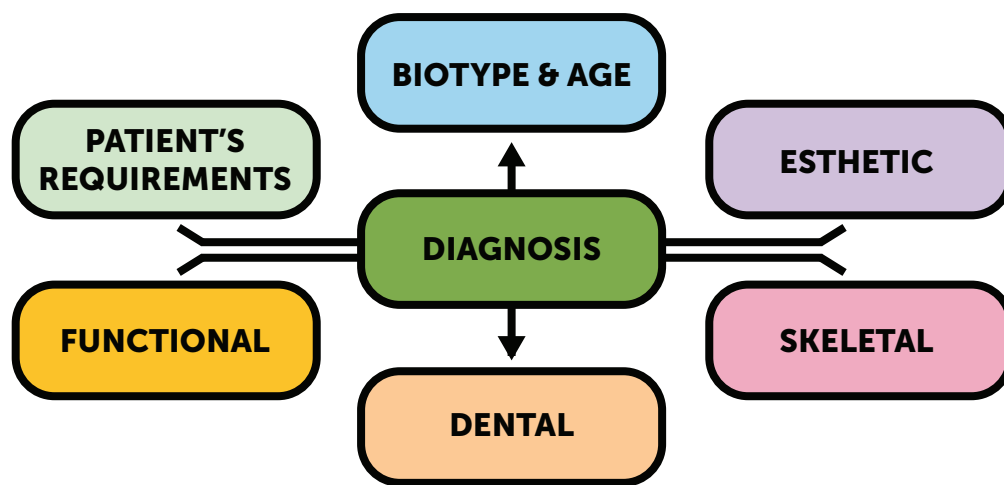
*Photos Courtesy of  
Dr. Alfredo Nappa Aldabalde  
Dr. Federico Nappa Severino*



The comparison between the initial and the final photos, especially between those in which the patient is smiling, explains why we chose the title of this article and highlight the changes not only in this young patient's smile, but also in her life itself.

1) The diagnostic "tip"

a. A great percentage of patients desire to receive orthodontic treatment due to esthetic reasons. Those patients' requirements should be the first and main area of diagnosis to be taken into account after the general evaluation of the case.



2) The biomechanical "tip"

The load-deflection relationship may be influenced by different variables, such as the following:

- a. The material or alloy of the arch.
- b. The section of the arch.
- c. The size of the interbracket wire.
- d. The interbracket distance.
- e. The angle of the interbracket incidence of the wire.

With a .014 Niti arch (same alloy and section), the orthodontist can, at certain initial stages, "skip" brackets and generate a more flexible and soft system, as this influences the other three variables. Increasing the interbracket distance and arch size and reducing the incidence angle of the arch, together with passive self-ligating systems, reduce not only the load-deflection relationship, but also the friction caused by binding.





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- Ex-president of the Orthodontics department of the Asociación Odontológica Uruguaya (Association of Odontologists of Uruguay).
- Ex-president for the Uruguayan Committee of the Ibero-American Association of Orthodontists.
- Author of two books on self-ligating systems (2008, publisher: Ripano, and 2015, publisher: Eurocultum).
- Author of the study "The quantification of the space obtained in the inferior arch in the Damon System," by A. F. Post, and "The calculation of the planned incisive protrusion."
- He gave courses in the Postgraduate Degree in Orthodontics at the School of Graduates of the Odontology School of the University of the Republic of Uruguay.
- He offers courses on passive self-ligating systems and low friction in orthodontics with a theoretical, practical, and clinical modality in the Instituto Uruguayo Centro Diagnóstico de las Disgnacias del Uruguay (University and Malocclusion Study and Diagnosis Center of Uruguay).
- Professor in the orthopedics and orthodontics specialization course offered by the Universidad Católica del Uruguay (Catholic University of Uruguay).
- Director and professor for the Master in Orthodontics at the Centro de Estudios Universitarios Fomento Profesional (Fomento Professional -University Studies Center; Spain).
- He offers courses and holds conferences on self-ligating systems and low friction in Argentina, Brazil, Chile, Colombia, Spain, the United States of America, Italy, Mexico, Paraguay, Peru, Portugal, and Uruguay.
- Author of numerous articles in international magazines.
- He offers the official courses on the OC Orthodontics' H4 and Pitts21 brackets, created by Dr. Thomas Pitts.



**Dr. Federico Nappa Severino**

- Doctor in Odontology in the Catholic University of Uruguay.
- Specialization in Orthopedics and Orthodontics in the Catholic University of Uruguay.
- Master in Orthodontics (Fomento Profesional -University studies center; 2010-2011; Spain).
- President of the Uruguayan Committee of the Ibero-American Association of Orthodontists.
- Assistant professor and clinical assistant for the Master in Orthodontics (Fomento Profesional -University Studies Center; 2011 to present; Spain).
- Assistant professor and clinical assistant for the unit Passive Self-ligating System (Orcast Organization) (Madrid, Spain).
- Lecturer and clinical collaborator in the Master of Passive Self-ligating Systems in Orthodontics (2013-2014 and 2015-2016) (Buenos Aires, Argentina).
- He offers courses and holds conferences in Argentina, Colombia, Spain, the United States of America, Mexico, Paraguay, Peru, and Uruguay.
- Author and co-author of books on passive self-ligating systems in orthodontics.
- Author of various articles for magazines related to the specialization.
- He offers the official courses on the OC Orthodontics' H4 and Pitts21 brackets (which were created by Dr. Thomas Pitts).

## REFERENCES

- 01 Pitts, T. & Brown, D. (2019). I. L. S. E. with disarticulation / The Protocol – Orthoevolve
- 02 Ren, Y. (2003). Optimal Force Magnitude for Orthodontic Tooth movement; a Systematic Literature Review / Angle Orthod. Pp. 73, 86, and 92.
- 03 Roberts, W. E. (2000). Bone physiology, metabolism and biomechanics in orthodontic practice. In Graber, T. M. & Vanarsdall R. L. (Eds.). (2000). Orthodontics: Current Principles and Techniques. (3rd ed.). Pp. 193 to 257. Mosby, St. Louis, MO
- 04 Schwarz, A. (1932). Tissue changes incident to Orthodontic Tooth Movement / Int. J. Orthod





# Connect Online With Us



## VISIT US ONLINE

- Stay up to date with the latest information
- News and events announcements
- Product announcements
- Download marketing assets



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## Powerful Benefits

### ■ Designed to Reduce Treatment Time

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### ■ Latest in Technology

Revolutionary square wire finishing uses 30%-40% lighter forces\* with greater control, comfort, and sliding mechanics.

### ■ Stunning Smiles

Progressive slot provides an intelligent balance of control and freedom of movement for effective sliding mechanics and outstanding finishing.

### ■ Control and Finishing

Predictable finishes in as few as four wires.

*\*Horizontal and vertical forces; compared to rectangular systems*







COMING  
*Soon*



# 2020 THE FUTURE OF ORTHODONTIC MARKETING

Eric Ackerman  
OC Orthodontics Marketing Manager

**T**he future is now! We finally have flying cars, robot assistants, and teleportation...or maybe not. Well at least we have advanced opportunities in marketing. Time tested "relationship" marketing strategies of community involvement, "concierge" style managers for patient and doctor relations, and "local based" external advertising still work and should be encouraged.

So, what are 2020 social media trends? Whether you strive to compete with other orthodontic practices, serve your patients better, or a little bit of all the above, you can do so by adopting some simple 2020 orthodontic marketing trends.

## GET ACTIVE

You probably already have social media, but the keyword here is "ACTIVE". How often do you post? Daily? Once a week? "Not often enough" is the most common answer.

Social media has continually been evolving and expanding with ads, live video services, and more. While it's important for all businesses to maintain a social media presence, it's especially vital for Orthodontists providing outstanding esthetic services.

## LEARN TO FISH

Research shows almost three-quarters of patients research a practice online before scheduling a visit. Plus, over 60 percent of social media users say they trust healthcare professionals online versus 30 percent who trust brands. That means investing your time and money in social media is a proven must.

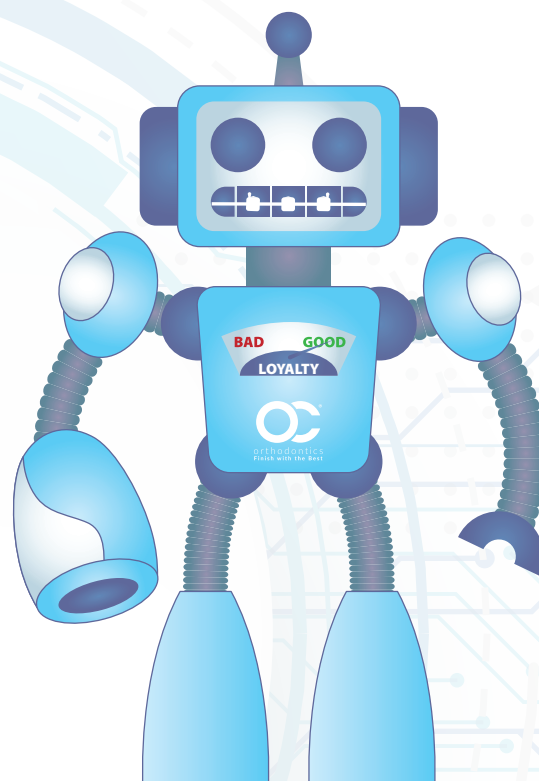
In the past hiring a social media service to take on the responsibility might have worked. Unfortunately, postings were generic in content, used "stock" images, and were not really engaging to our patients. Today the tools are readily

available to allow social media programs to be highly personalized and supported house with minimal effort.

While posting a minimum of 2 or 3 times a week seems hard to do, it really isn't.

Here some hints on how to begin your active social media strategy:

- **Have a Strategy and a Budget:** Nobody can sit at a computer and "just come up with stuff" to post on social media...there needs to be a plan and a schedule for postings. A calendar for social media posting goes a long way in adding to the process of executing the strategy. Most orthodontic social media "Gurus" are suggesting posting to multiple social media landing pages that are topic specific to broaden social media reach and raise profiles.



Week 1	Channel	Content	Image Link	Time	Content	Image Link
3	Facebook	This is example text of a post that I want to send on Facebook	https://drive.google.com/a/ocschedule.com/file/d/0B8J1daiT74ZYWpaNTFONG1Ba2o/view?usp=sharing	12:00		
4	Facebook					
5	Facebook					
6	Twitter					
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8	Twitter					
9	Twitter					
10	Twitter					
11	Twitter					
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Example of Social Media Postings for "results based" Marketing



- **Follow the Talent:** By following a few Orthodontic colleagues who have strong social media presence, you'll be able to get a good idea what is working, and then personalize those ideas to reflect your particular practice profile.

- **Subscribe to a social media publishing platform:** There are plenty of software platforms that provide posting templates, calendars, and analytics that post "cross platform" to the fully breadth of social media. These services are very inexpensive, and provide great bang for the buck.

- **Have a simple social media consent form:** Have specific consent forms for the patient to execute that will allow you to use the images/video you collect for social media.

## BUILD IN VIDEO

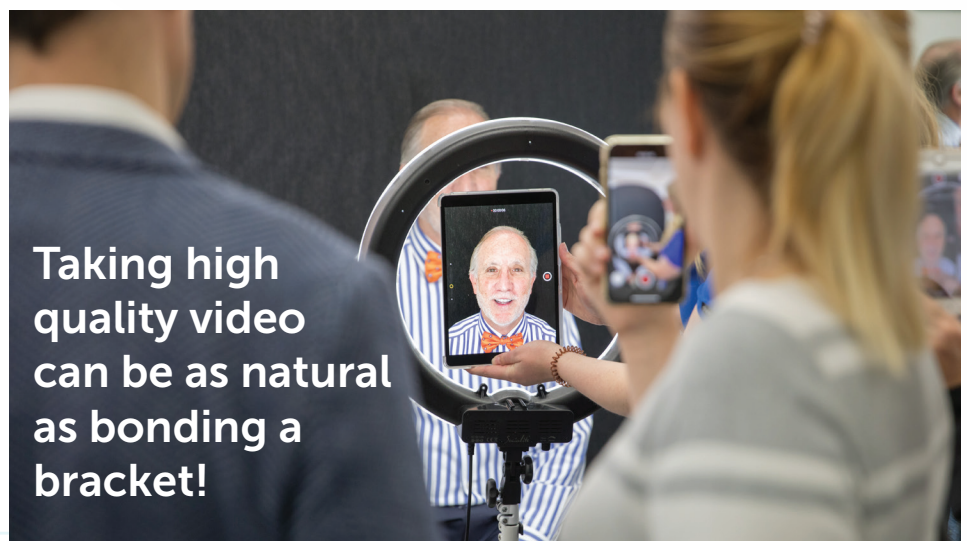
Earlier in this protocol, Tom and Duncan described the need to incorporate video into your patient documentation. Video marketing is the future, with experts suggesting that 80% of all content consumed online will include some form of video.



Video is easy! You don't need expensive equipment or software to do this. Any DSLR, or even a smart phone or tablet is capable of producing good quality video for social media or presentations. When paired with inexpensive App's, your images and video will look like they were professionally done, and it takes minutes to do. When it's a part of the process, the team will deal with it as a normal day to day activity, and producing high quality video specific to your orthodontic practice will be as natural as bonding brackets.

## SET A QUOTA

Start by setting a daily image/video quota. If you assemble 5 great images



**Taking high quality video can be as natural as bonding a bracket!**

and 1 video per day, you are well on your way to have enough media to be really effective. Images/Video that are natural, genuine, esthetically pleasing, and interesting, play really well in social media. Social media followers will eat this up, and the research shows that 92% of the public trust WOM (word-of-mouth) recommendations.

The most effective marketers for your practice are active social-savvy patients. Place #hashtag signs around the office so your patients can easily become practice advocates by posting how unique their experience is at your office. We live in the age of the selfie, so practices able to leverage patient's enthusiasm are well positioned in social media.

## THINK MOBILE

The social media strategy of today is different that even a few years ago.

Your website is still the heart of your digital marketing presence, where strategies like SEO and interactivity really matter, but it is not the first thing your prospective patients see. The doorway to your website is a mobile device (smartphone or tablet),

frequently through social media.

Optimizing your landing pages for mobile devices is different than just making your website mobile capable. Focus on better UX (user experience) and mobile responsive design. If your website doesn't have a design that adapts to mobile, search engines will penalize you, so your orthodontic practice will no longer show up at the top of organic search results. Use engaging images/video, bullet points to save real estate, self-scrolling, and storyline marketing to capture attention, and hotlinks to direct the prospective patient to the relevant sections of the website.

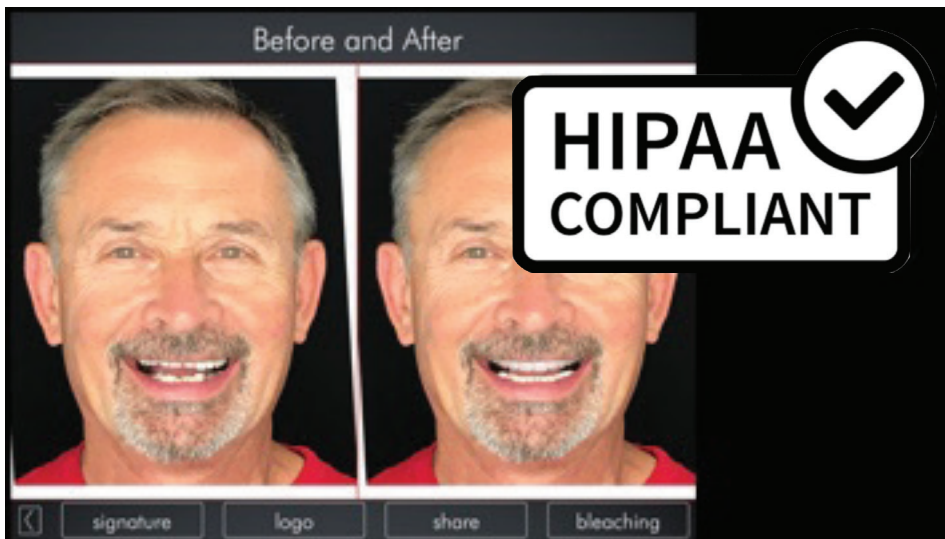
This trend to rely on mobile devices for information provides other opportunities:

- Email marketing is one of the most affordable marketing tactics, especially for orthodontists. Plus, it offers some of the best ROI too, bolstering your website traffic, reducing no-shows, and getting lapsed patients to schedule a new appointment. If you have a limited budget, using a service like MailChimp to send out monthly or



**"80 percent of all content consumed online will be in the form of videos."**





E-mail marketing of DOS

bi-weekly emails to your patient and email base that link to relevant blog posts, company announcements, or specials for services like free exams or exciting new esthetic options (Clear21 anyone?) is the way to go. If you are going to e-mail directly to individual patients their progress documentation for educational purposes., use a HIPAA compliant platform (Hushmail for Healthcare, Brightsquid, etc.)

- SMS marketing, a.k.a. text messaging also provides a huge opportunity for orthodontists. That's because SMS has

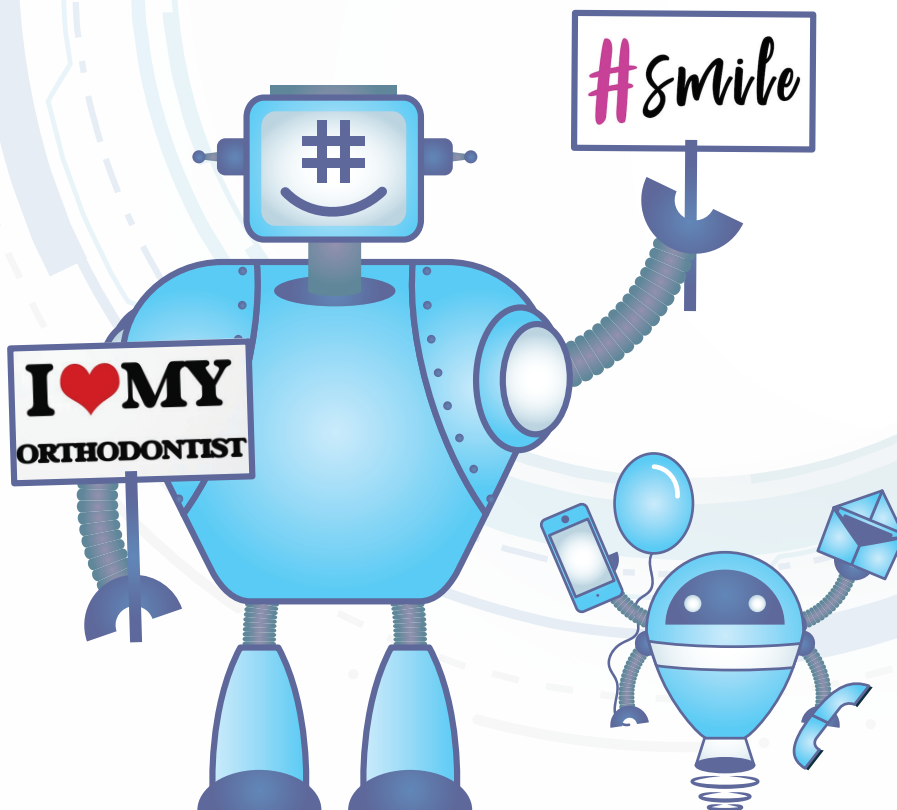
a 98 percent open rate compared to 20 percent for email. That is insane. Plus, about 95 percent of people see an SMS marketing message within three minutes and 75 percent of people want to receive promotions and offers via text. So, whether you use SMS for appointment reminders, discount promotions, or anything else, this marketing tactic can be extremely useful to your orthodontic practice.

#### STEAL THEIR AIR

Do you own a TV? Then you've most undoubtedly seen an aligner

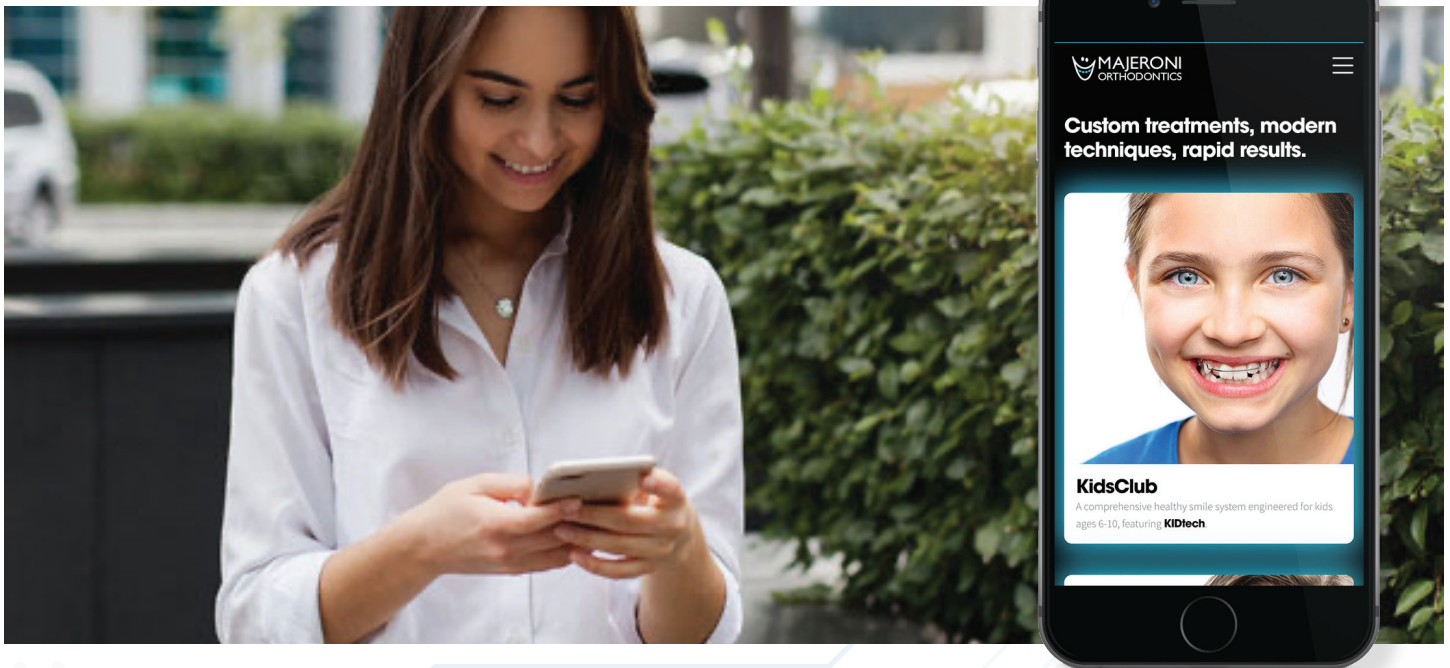


commercial. Whether you use aligners in your practice or not, you can use those commercials to your advantage! Aligner companies are spending millions of dollars on national advertising and guess what??? This can be a good thing! These ads have raised public awareness and demand... now the trick is to "piggy back" on their marketing dollars. Making the current trends your own by using similar language, build positive SEO signals to your site, targeting relevant keywords within your piggybacking efforts, or building links through buzz worthy content, you can get the benefits of their efforts.



**"SMS (texts) have a 98 percent open rate compared to 20 percent for email"**





## GET PERSONAL

Patients expect and respond extremely well to a personalized experience both in your practice and with your orthodontic marketing communications. For orthodontic practices, include **personalization** in your email marketing subject lines, birthday cards and appointment reminders, advertisements and landing pages, segmented emails, special offers, and even with the customer service in your practice. For orthodontists, personalization includes personal information like names as well as discounts and content based on individual preferences (this is “click funnel” marketing that you may have heard about). There are many services (MailChimp for example) that make this easy.

Word of mouth and written reviews can “make or break” an orthodontic practice—and all brands, really. According to research, over 80 percent of people say online reviews have a large impact on which orthodontist they choose, and over 70 percent

immediately trust an orthodontist who has positive reviews.

It only takes a few negative reviews or reviews that receive no response or engagement from your practice to scare off prospective patients. That’s why you need to pay close attention to your online profiles and reviews. Some orthodontists find it’s easy enough to manage Yelp, Google My Business profile reviews, and more review platforms themselves. However, others like to use a service to aggregate comments and reviews in one place, so no issue is left unresolved. Whichever route you choose, just don’t let your reviews fall by the wayside. Even negative reviews that receive response and action from your practice will, in the end, enhance your online reputation.

## THINK BIG ACT SMALL

You absolutely need to invest in local marketing, because 90% of people who search for a local service provider will “visit” it within 24 hours.

Your Google My Business, Yelp and other online profiles (the ones you are managing your reputation on) are the social media keys to local online presence. Use local hashtags in your posts so prospective patients know you are from the community. Create blog content that’s relevant to your local audience. Of course, get out into your community and sponsor events, and use traditional print advertising methods. OC Orthodontics is the **ONLY** company that provides **FREE** customized (with your logo and contact info) patient brochures. Take advantage of this!



**“Almost 90 percent of people who search for a local business visit it within 24-hours!”**

“Possibility” based Marketing with Storylines - speak to their possibilities



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