



*Figure 1. Sleep Disordered Breathing among both children and adults is 80% undiagnosed.*

## Screening for a new revenue source

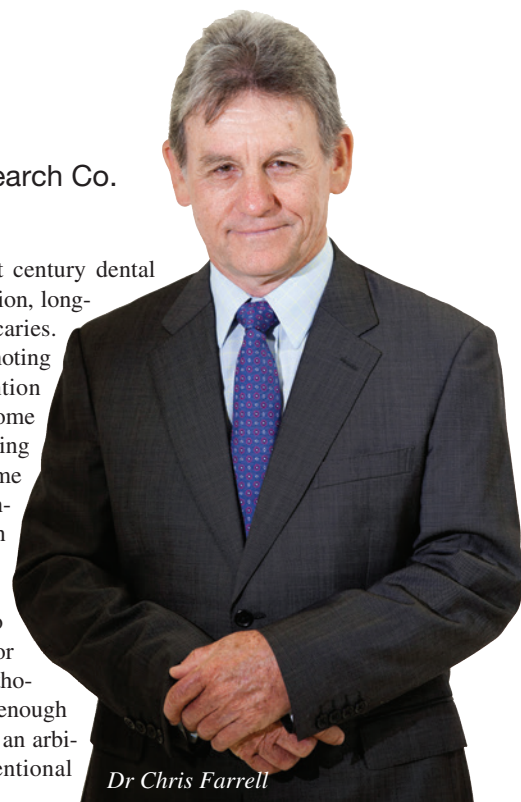
By Dr Chris Farrell BDS, CEO & Founder of Myofunctional Research Co.

**M**ost dental professionals, by now, should be well aware of the rapid changes altering the dental playing field. The market driven changes such as corporatisation of the industry and oversupply of new dental graduates have been more than highlighted in professional publications and despite an increase in the frequency of dental caries, particularly in young children, after decades of decreasing incidence, the dental profession, unlike its medical counterpart, relies on the ability to treat just a handful of diseases.

It could be argued that if tooth decay had not been present for the past century, neither would the dental profession.

In fact, the primary training of 21st century dental students is largely centred on the detection, long-term health effects and treatment of caries. However, as a result of a focus on promoting greater public awareness and prevention rather than treatment, this source of income has been all but eliminated and maintaining a healthy dentition for their entire lifetime has been a goal of the baby boomer generation, making implants and hi-tech restorations as well as regular check-ups the norm.

Of course there is the occasional perio patient who commands added attention or if we start to step on the toes of our orthodontic specialist colleagues, it is easy enough to find teeth that can be straightened to an arbitrary alignment using rapid or conventional braces or appliances.



*Dr Chris Farrell*

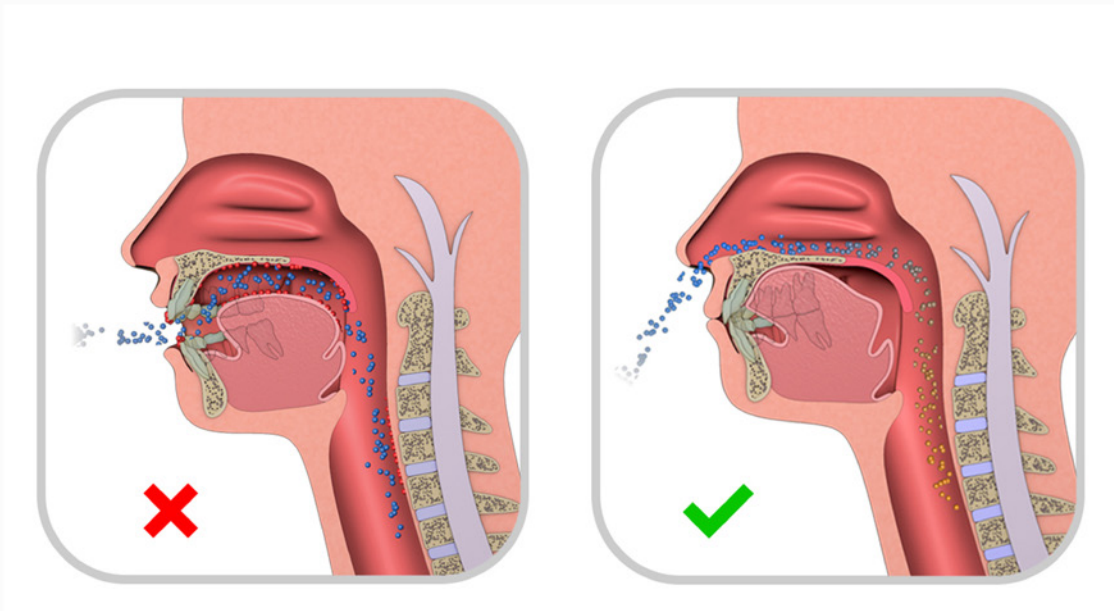
my Understanding The Problem Q

Questionnaire > The Problem > Limitations of Orthodontics > Growth & Development > Defining Treatment Goals > Evaluation

1 Dental Alignment 2 Arch Form 3 Occlusion 4 Facial Development 5 Oral Habits 6 Mode of Breathing 7 Posture 8 Tongue Posture 9 Lips & Swallowing 10 TMJ Dysfunction 50% Complete

## Mode of Breathing

Do they breathe through the mouth or nose?



Figures 2. Myofunctional Orthodontic Evaluation (MOE) identifies the causative factors of malocclusion.

**“35% of adults experience chronic pain as a result of TMJ disorder... there is a high incidence of SDB among both children and adults, which is 80% undiagnosed... The potential increase in practice capacity is significant if these patients could be recognised then offered treatment...”**

Apart from that, modern dental practitioners are at risk of becoming routine providers of the \$99 all you can eat check-x-ray-scale-and-clean.

In previous articles (*It's not just business as usual in 2016; What to do about diet, decay and sleep disordered*

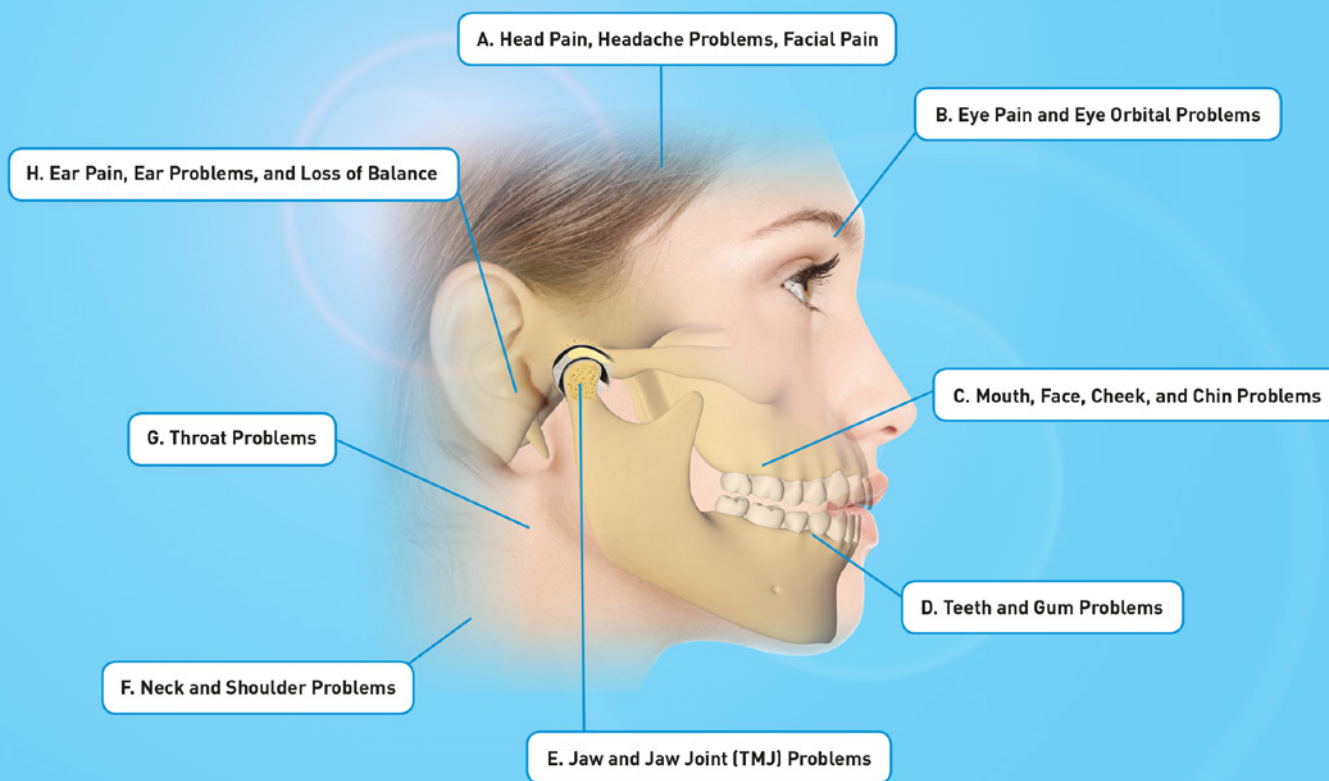
*breathing in children*) I wrote about the opportunities to widen our income base beyond the traditional that this changing dental landscape offers and explained how these opportunities are available now. Sleep Disordered Breathing (SDB) and the serious effect it can have on a patient's health and wellbeing has recently gained attention and emerged as a new GP special interest. Because it is recognised as being a result of the same upper airway and neuromuscular dysfunction causing malocclusion, for dental practitioners willing to grasp new opportunities, the ability to treat SDB and TMJ Disorder represents a new revenue source as well as alleviation from the monotony of drill, fill and bill.

The first step towards tapping into this new revenue source is to realise that each day, more business walks out of your

practice than is actually treated there. Virtually all growing children have a developing malocclusion and early treatment or where possible prevention is sought after by parents. Additionally, 35% of adults experience chronic pain as a result of TMJ disorder and treatment is rarely offered. Furthermore, there is a high incidence of SDB among both children and adults, which is 80% undiagnosed. The potential increase in practice capacity is significant if these patients could be recognised then offered treatment.

Therefore, the second step is developing the knowledge and ability to screen for these issues, which can be as simple as asking some questions. This can be achieved by setting aside one day each week to focus on consultations to identify these issues, which other dental practitioners have never evaluated.

# TMJ DYSFUNCTION – SYMPTOM VISUAL INDEX



Figures 3. TMJ Dysfunction - symptom visual index. Screening for SDB or TMJD provides a means of differentiation from competitors.

**For kids:  
Myofunctional Orthodontic  
Evaluation (MOE) 5-15 years**

Malocclusion is evident in children from the time the primary dentition is present and onto the mixed dentition. Rather than genetics, the causes of malocclusion are incorrect growth and development. MOE identifies the causative factors of malocclusion which, as is the case with mouth breathing, can lead to chronic health issues later in life. Therefore, it is the duty of care of the dental profession to at least identify these developmental issues in children and offer treatment options to their parents when available. Even in a practice that predominantly treats adult patients, if those adults are parents, they will naturally take an interest in any health issues concerning their children.

**For adults:  
TMJ Disorder  
screening procedure**

Very few dental practitioners offer treatment options for TMJ disorder. This is one area of the profession where tertiary education is lacking, with many academics considering it too complex an issue.

Additionally, in order to avoid acknowledging the detrimental effects Mandibular Advancement Devices (MADs) have on the occlusion and TMJ, many sleep dentistry practitioners make no mention of the TMJ in their diagnosis. Screening for TMJ disorder is made easy when the patient uses a visual index to pinpoint to the practitioner what symptoms they are experiencing. This has the potential to identify a vast number of patients who have TMJ disorder and because

it is easily treatable in adults and more severe issues can be avoided by treating early in childhood, existing patients can be offered solutions for issues that were previously unidentified.

In addition to recognising a potential new source of income that already exists in every practice, identifying these patients then developing an effective evidence-based treatment plan provides them with a great service.

Unfortunately for many dentists today, who are nostalgic for the profits of the past, it is easy to bemoan a lack of patients while taking little action, except spending hard earned income on advertising while offering the same service as their colleagues, to alleviate their situation.

However, for progressive dental practitioners who are focused on succeeding in a competitive market, the ability to effectively screen existing as well as new patients for SDB or TMJ disorder provides a means of differentiating themselves from their competitors.

Furthermore, by packaging habit correction, arch expansion, airway correction and dental alignment into cohesive, functionally designed treatments, Myofunctional Research Co.'s (MRC)'s Myobrace® and myOSA® systems are able to address the aetiological factors interfering with craniofacial growth and causing malocclusion as well as SDB and TMJ.

These systems, which were developed during the last 25 years, use a structured approach that integrates patient consultation, evaluation, diagnosis, treatment, education, clinical management and health goals, can enable dental professionals to treat more children earlier than previously possible, increase patient flow, diversify treatment by offering solutions for SDB and improve practice efficiency.

In addition to providing financial benefit by enabling the practitioner to deliver high quality biologically based treatments at a low cost, MRC's systems provide a means of meeting an increasing demand for early orthodontic treatment.

Once potential patients have been identified through the screening methods outlined above, MRC's myofunctional treatment systems are easily implemented into the practice. The treatment process begins with evaluation, education and treatment planning, which is completed via a series of optimised stages.

### Implementing the Myobrace® and myOSA® systems into your practice.

1. Parent/Patient Education - The first consultation with parent/patient begins with MRC's intuitively guided Patient Education presentation. This explains the causes of upper airway and neuromuscular dysfunction leading to SDB, malocclusion and TMJ Disorder in children as well as adults. The presentation outlines to the parent/patient how myofunctional treatment is not just another means of straightening teeth or habit correction, rather it is a complete treatment modality aimed at improving their overall health and development.



Figure 4. The myOSA® and Myobrace® Systems are comprehensive myofunctional treatment solutions for SDB, TMJ Disorder and malocclusion.

2. Evaluation - As part of the first consultation with the parent/patient, a Myofunctional Orthodontic Evaluation (MOE) identifies areas that require focus (i.e. breathing dysfunction, incorrect myofunctional habits or nutrition). The patient's myofunctional habits should be analysed to provide context for the evaluation of the malocclusion, SDB and TMJ Disorder.
3. Record Taking - In preparation of the case presentation and treatment plan, intra- and extra-oral photographs are then taken along with impressions for study models. Additional videos of the patient's function can be taken using a video camera. Patients are referred for an OPG and Ceph as required, ensuring parent consent is recorded in notes.
4. Case Presentation - Through the use of visual aids, the parent/patient is provided with a clear understanding of their issue as well as the proposed corrective action. The patient's photographic records should be displayed on a monitor, utilising the Patient Education presentation as a support tool to help explain treatment parameters. Treatment options and referrals are also discussed and in some cases, a referral to another health specialist may be required, which offers the opportunity for collaboration with other health professionals.
5. The Treatment Plan - This makes up part of the case presentation and confirms in writing, the patient's evaluation, established health goals, proposed treatment, including timing and fee structure.

Once the parent or patient has accepted the treatment plan, an appointment is scheduled and treatment using the Myobrace® or myOSA® system can begin. Treatment involves the use of a series of intra-oral myofunctional appliances, specifically designed to re-train the oral musculature, develop the arch-form and align the teeth. In combination with the appliances, the fully automated patient education and activity program, the Myobrace Activities™ app, is an integral part of the treatment system, assisting with the correction of myofunctional habits while providing an educational experience aimed at improving overall treatment outcomes as well as enabling patients to be educated simultaneously.

A changing professional landscape as well as a new focus on evidence based biologically focused treatment means that, for practitioners still reliant on the mechanical excellence of the past, profitability is diminishing. However, the good news for forward thinking dental professionals focused on 21st century evidence-based dental and health care, the opportunity to improve their patient's health and wellbeing as well as operate a profitable practice is available.

*To learn more about MRC's patient education programs and to begin implementing the Myobrace® and myOSA® myofunctional treatment systems into your practice visit the courses section at [www.myoresearch.com](http://www.myoresearch.com).*