

A large, light gray watermark of the BeBetter logo is positioned on the left side of the page, partially overlapping the text. It consists of a stylized leaf icon above a large, circular graphic element that resembles a lowercase 'b' or a spiral.

TURNING ORDINARY INTO EXTRAORDINARY

SEMINAR HANDOUT 2023

ANKUR GUPTA, DDS



WELCOME!

This handbook covers a variety of topics designed to promote wellness for you and your dental practice. You will find practical, implementable, step-by-step strategies to learn how to avoid the failures, achieve the successes and *be better*.

Thank you for your time and participation today. I welcome and encourage you to continue the conversation with me at the contact information below.

Be happy, be healthy, and be better,

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Thank you.

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PART 1

ASSIGNMENT: LIST YOUR COFFEE STAINS

On the next page of this workbook, list out any and all of the “little things” that you encounter in your office, on a regular basis, that create:

INEFFICIENCY

FRUSTRATION

RESENTMENT

GROSSNESS

**A BARRIER TO
YOUR LONG-TERM
VISION FOR YOUR
LIFE/PRACTICE**

THE COFFEE STAIN RULE:

Every item you list *must* be specific and solution-oriented.

FOR EXAMPLE:

BEFORE

"We need to have better teamwork with sterilization."

AFTER

"Let's create a downtime checklist, where the very first thing listed is 'checking sterilization cassettes.'"

Below is a sampling of the coffee stains that were compiled in my own office, the last time we did this exercise:

The ceiling tile in the employee lounge has water damage.

Can we have a stockpile of syringes and basics in every op?

Can we have a better system of cleaning out the fridge in the lounge?

There are a lot of framed photos that include employees that no longer work here. Can we do another photo shoot?

Rooms 5 and 6 have to "share" the intra-oral camera - can't we just get another one?

The other two assistants know a lot more about implants than I do. Can I get a crash course?

When a patient needs an appointment for crown seat, denture step, or other lab work, can't you just schedule them in the op, rather than sending them up to the front? You all (clinical peeps) have a better idea of the lab turnaround time stuff than we (front desk peeps) do.

COFFEE STAINS LIST:

Ok, now it is your turn to start listing out the coffee stains in your office.

Remember:

- Inefficiency
- Frustration
- Resentment
- Gross-ness
- A barrier to your long-term vision for your life/practice

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PART 2

TEAM MEETING: SHARE COFFEE STAINS

Now it is time for everyone on the team to share their coffee stains.

STEP 1

Elect a recorder who is responsible for taking every coffee stain, and putting it onto a master list.

As a team, you do have the right to exclude a particular coffee stain from the master list if it is:

UNREALISTIC

TOO VAGUE

**IMPOSSIBLE
TO SOLVE**

REMEMBER:

The point of this assignment is to start pro-actively identifying and **eliminating** the small things in the office that create negativity and frustration. It would be counterproductive if this meeting itself creates negativity.

For this reason, it is up to the leaders of the office to maintain the ground rules.

STEP 2

Once everyone has had the chance to share their coffee stains, the next step is to **identify the one to start with**. Here are the rules:

**YOU MUST ONLY
CHOOSE ONE**

**IT CANNOT BE VERY
DIFFICULT OR
EXPENSIVE TO
SOLVE**

**IF IT ISN'T FUN,
DON'T DO IT**

STEP 3

Once the first coffee stain has been identified:

- ☐ Choose a point person who will lead its implementation
- ☐ Determine what resources will be needed for complete implementation
- ☐ Determine the budget needed
- ☐ Establish a timeline and a deadline

ONLY ONCE THIS FIRST COFFEE STAIN HAS BEEN SUCCESSFULLY AND SUSTAINABLY ELIMINATED CAN YOU MOVE ON TO THE NEXT COFFEE STAINS.

PART 3

BEWARE: MILO THE MONKEY

As time goes on, your team will become excited about the autonomy you will be giving them, along with your commitment towards long-term practice improvement.

CONGRATULATIONS!

The drawback is that you will be introducing Milo the monkey to your already busy life.

HERE'S WHAT HAPPENS:

You are already busy. You're the boss. You have a family, a house, your own commitments, and you also run a dental office. By itself, you already have a lot of small monkeys on your back.

But then, your team members, feeling empowered with your newfound commitment towards practice improvement, might call you over to have a conversation:

Hygienist: *Hey, do you have a second?*

You: *Yeah, what's up?*

Hygienist: *I'm noticing a coffee stain.*

You: *Really, what's going on?*

Hygienist: *Well, we give the same take-home packet to our DSRP patients as we do with our regular prophylaxis patients. I feel like the take-home packet for DSRP patients should be more special and comprehensive. Don't you think?*

You: *You really have a good point there.*

Hygienist: *Greeeeeeeeat! Now, let me just take Milo, who has been weighing me down... hoist him off my back... and put him directly on yours.*

Now, you have to think about what goes in the new packet, from what vendors. You have to develop new paperwork for your DSRP patients. One of three things will happen:

- #1 You are just too bogged down with your own responsibilities, and you just don't ever get around to doing the new packets
- #2 You do the new packets, but they are nothing like what your hygienist had in mind
- #3 You put Milo back onto your hygienist's shoulders

ALWAYS CHOOSE #3

Choice #3 is the preferred method to create lasting positive change in your office. You do this by telling your hygienist that he/she is responsible for the following:

- How are we going to accomplish this?
- Who is going to take charge of this?
- What amount of time do you need?
- What other resources do you need?
- Whose help will you need to enlist?
- How will the new thing affect our team? Our patients?
- **You will be expected to present at a future team meeting**

CLINICAL “OH CRAP” MOMENTS



Letter from an attorney or dental board

Failure to diagnose
Perceived poor quality dentistry



**A few years later, your
restoration looks terrible**



**Bonded core stuck to
temp material**



**Dropped tiny instrument
down someone's throat**



**Something we did is now
failing**



**It wasn't hurting until you
worked on it**



Your restoration looks terrible a few years later

Let's start with the assumption that you did everything right when you did the procedure.

Sadly, the patient has poor dentition for a reason. The reason they need a root canal, a filling, crowns, replacements, etc. Is because they have sub-optimal habits at home.

***What are the best ways to encourage excellent oral hygiene and
prolong the life of your restorations?***

Home care:

Waterpik and interdental brushes rank highest in reducing gingival bleeding, as *adjuncts to brushing*.

Patients report that they find interdental brushes and water-jets more convenient and enjoyable to flossing.



Guided biofilm therapy:

- Does not damage the implant
- Does not damage the tissue, root, or surrounding bone
- Is less painful and invasive
- Does not rely so heavily on the dexterity of the clinician
- Allows for the patient to regularly comply, despite their own limitations in dexterity and discipline
- Does not leave plastic residue
- Is affordable (both for me and for the patient)
- Does not encourage antibiotic resistance
- Effectively disrupts the growth of bacteria and extracellular matrix

Perio Protect:

Custom Trays that deliver Hydrogen Peroxide on a regular basis

- Hydrogen Peroxide disrupts the protein skeleton and proteoglycan aggregate
- It breaks down to oxygen within the sulcus, which
 - Allows macrophages to work effectively
 - Lyses the cell wall of gram negative anaerobes
 - Converts the environment away from anaerobic
- Non-invasive, atraumatic, and can be used every day



HybenX:

- It is an “Oral Tissue Decontaminant”
- Uses “Desiccation Shock Debridement Technology”



Something we did is now failing

First tool: the intra-oral camera

- This was originally purchased as a tool to aid in patient education
- What it has become, for me, is a **highly affordable** “magnification scope”
- It allows me to see things that I might have missed using just my loupes



The camera I use is the EyeCam by Shofu



It wasn't hurting until you worked on it

Why does this happen?

- Acid etching can create pulpal inflammation
- Deep restorations can elicit pulpal inflammation
- Occlusal interference can elicit pulpal inflammation

Instead of etching the whole prep



Selective etch



When cavities are deep, use a bioactive composite

- Mineral-releasing layer throughout the life of the composite
- Bacterio-static outer layer, almost eliminating brown lines
- Flowable and packable are similarly radiopaque
- Properties similar to a liner as you get close to the pulp
- Very easy to polish



Letter from an attorney or dental board

According to the Senior Risk Solutions Dental Lead at MedPro Group, which specializes in HealthCare Malpractice Defense, the costliest reason that dentists get sued is:

Failure to ***diagnose tissue pathology***

How to avoid this?

1. Explain what you are doing
2. Document that you did it
3. If you see something unusual, be persistent

CBCT Imaging

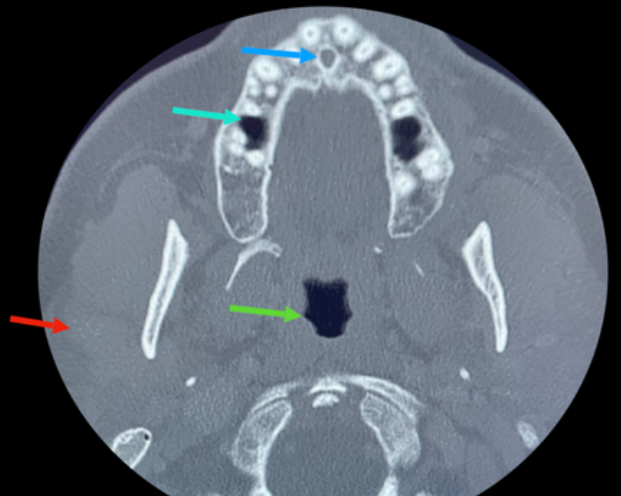
- Implant Planning
- Airway Imaging
- Coolness

Radiographic Interpretation must be:

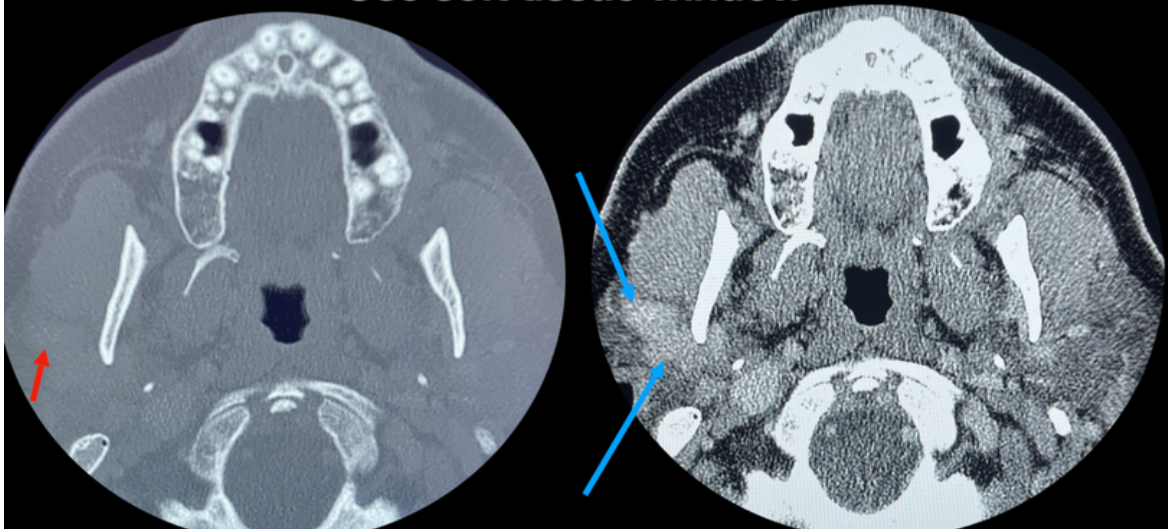
- Automatic
- Seamless
- Affordable
- Easy to read
- Aligned with Medical Insurance

Radiologist Findings:

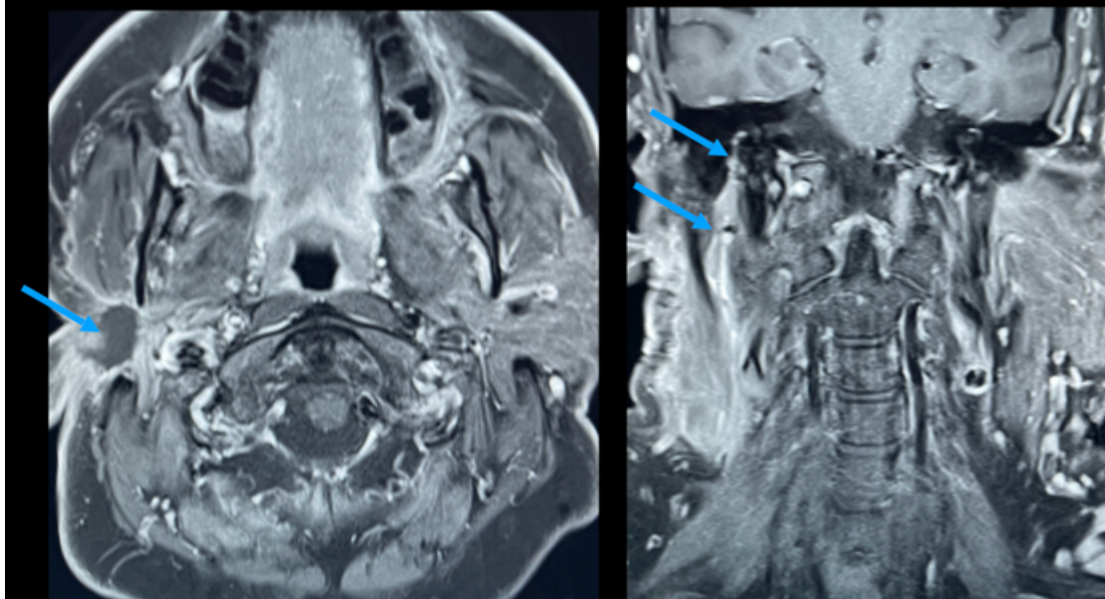
1. Normal appearing nasopalatine duct.
2. Small amount of air along floor of maxillary sinuses, partially visualized on this slice.
3. Normal contour of the oropharynx.
4. Suspicious subtle grouped calcifications in the right parotid gland - recommend evaluating CT with soft tissue emphasis.



Use soft tissue window



Follow up MRI showing Adenoid Cystic Carcinoma with perineural spread along right facial nerve



NOTES



Bonded core stuck to temp material

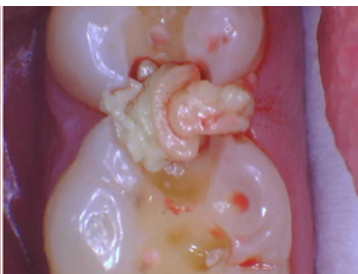
Diode Laser

- Gingivectomy without bleeding
- Elimination of already present bleeding
- Bacterial eradication within the working area

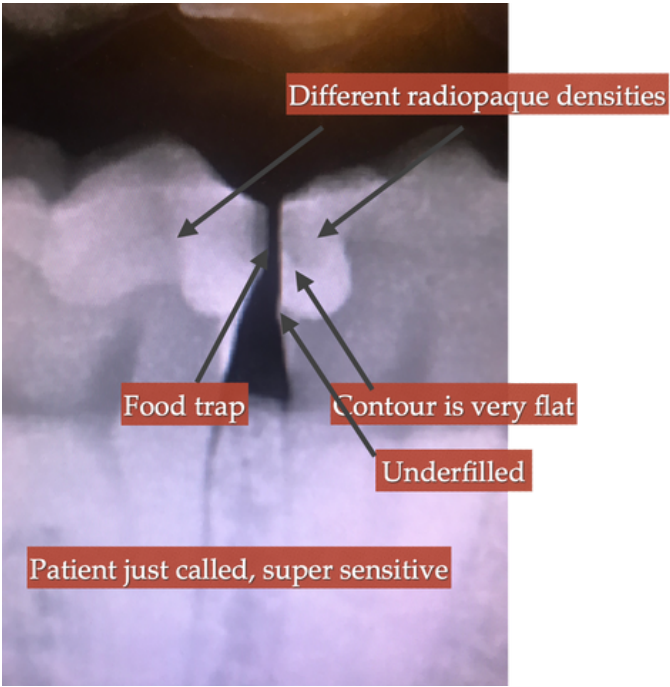
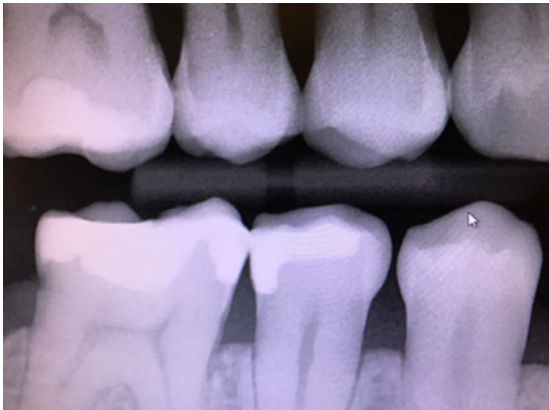


What if you don't have a laser?

- Cord soaked in hemodent (time consuming and painful)
- Viscostat (super gross and leaves a black stain)
- Gingival retraction paste



Class II Composites



NOTES

THE PITFALLS

- Flat Matrix = *Flat IP contour*
- Inadequate wedge or Inadequate burnish = *Open contact*
- Inability to create seal at the gingival aspect = *Overhang*
- Inadequate packing = *Void*
- Inadequate bevel/etch = *brown line*



How to avoid all the pitfalls

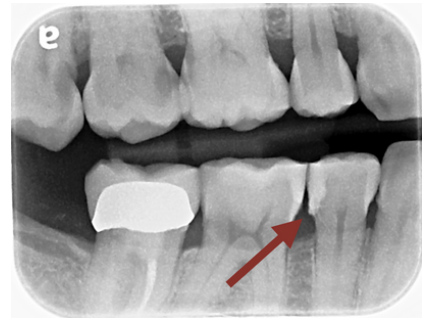
- First, bevel all of your margins (avoid the brown line)
- Second, use a sectional matrix (contoured inter proximal)
- Burnish (more contour, and better contact)
- Use a selective etch technique, using an etch material that is flowy enough to control (avoid the brown line, and reduce the chance for sensitivity)
- After etching and bonding, use a small amount of **bioactive flowable composite** *without curing*, followed by **packable composite**
- Packing the composite will result in the flowable “flowing” to the surface to be removed
- *This is the best way to avoid voids*



And, if you can't create an adequate seal with your matrix and wedge...



Profin by Dentatus



Class II

- Look good on an x-ray
- Satisfying “click” during flossing
- Minimal chances of sensitivity
- Avoid the “brown line” after several years
- Reduce the chance of a void
- Erase an overhang



Crowns

- When the build-up is huge, I'm afraid that it will come off w/ the temporary
- When the walls are very short, I lose most mechanical retention
- Sometimes I do endo *after* prepping for a crown, what should I do?

Cementation

- When walls are adequate, *every* cement will work
- When walls are inadequate, you *must* use a dual-cure bonded resin cement
- Confirm that you lab air abraded the zirconia. If not, you do it After trying in and adjusting, clean out all salivary contaminants Use a primer which will allow the cement to bond to the Zirconia Use a bond which will allow the cement to bond to the tooth
 - If the tooth has been endo treated, etch it
- Then cement with a dual cure resin adhesive cement



Dropped a tiny instrument or dental material down someone's throat



Isolation

- Isolite
- Dry Shield
- Zirc shield



NOTES

UTILIZING ARTIFICIAL INTELLIGENCE

To help point out radiographic features



To help interpret radiography highlights

- Open margins
- Calculus
- Bone loss

PRODUCTS TO CONSIDER



For any patient w/ poor oral hygiene or tendency to have bloody gums:

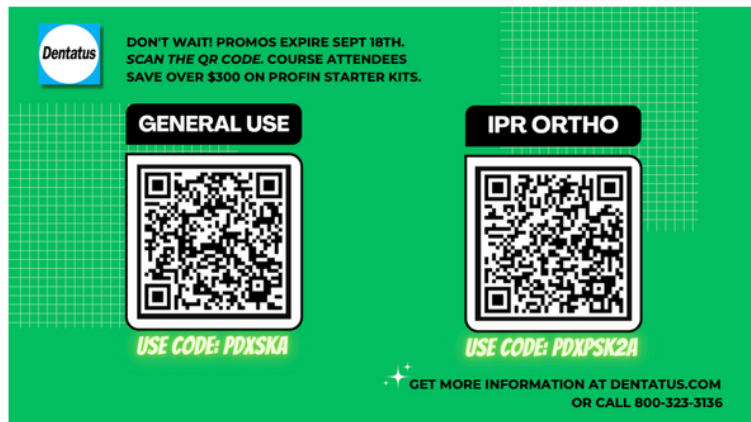
PerioProtect



Dentatus

Interproximal finishing:

Dentatus Profin



Guided biofilm therapy

by EMS



HybenX

by Epien



Gingival retraction paste:

- Traxodent by Premier
- Voco Dental



EyeCam

by Shofu



Bioactive composites:

- Beautifil by Shofu
- Regen by Vista Apex



CBCT interpretation:

DentalRay



Sectional matrix bands:

- Garrison
- Ultradent
- Premier

Diode Laser

Any company



The etch that is flowy enough to selective etch:

Ultradent



**Anytime we finish
expensive treatment:**

Waterpik



**Bonding agent of choice
for most instances:**

Allbond Universal by Bisco

OptiBond™
XTR

**The absolute strongest
bond when needed:**

- PeakU by Ultradent
- Optibond XTR



Hemostatic agent:

Astringedent by Ultradent



Dual cure bulk fill:

BulkEZ by Zest



AI X-Ray Interpretation:

Pearl



**Easiest, cleanest, most effective
dual-cure resin adhesive cement:**

- Visalys by Kettenbach
- Duo-Link Universal by Bisco

TREATING PERIODONTAL DISEASE IN THE POST-ANTIBIOTIC AGE

- The yellow stuff is a combination of:
 - Microorganisms
 - Biocellular matrix
 - Made of polysaccharides and a **protein skeleton**
- That stuff is bad because:
 - It smells bad and looks gross
 - It causes an immune response that leads to tissue breakdown, and an inflammatory cascade that eventually leads to downstream health problems



GET RID OF IT BY



Brushing and flossing when you wake up, before bed, before and after every meal, quit your job if you must



Going to the dentist every day, who uses a combination of instruments and piezo tips that manually remove it



Utilizing Chlorhexidine, floss picks, Waterpiks, Arestin, tongue scrapers, and regular gargling with Grey Goose vodka

- Among the 100+ species of bacteria here, **Gram Negative Anaerobes** (AA and PG, for example) release certain lipopolysaccharide (an inflammation producing **endotoxin**)
- White blood cells (Macrophages, for example), *require* oxygen to eliminate pathogens. In the absence of oxygen, they will produce *pro-inflammatory* cytokines
- These cytokines include IL-1, IL-6, TNF-alpha, etc., all of which lead to tissue damage
- They will also produce histamines, which increase cell permeability and swelling



THE PROBLEM

- As these microorganisms accumulate, they descend into anaerobic environments
- Gram negative anaerobes start to thrive and our oxygen dependent immune cells begin releasing the wrong cytokines
- The pathogenicity of these anaerobes, along with the our own inflammation significantly accelerates tissue damage and poor health outcomes
- It is very difficult to get rid of all of the microorganisms and their substrates, both at home and in the op



As Clinicians, what can we offer patients that:

- Does not damage the implant
- Does not damage the tissue, root, or surrounding bone
- Is less painful and invasive
- Does not rely so heavily on the dexterity of the clinician
- Allows for the patient to regularly comply, despite their own limitations in dexterity
- Does not leave plastic residue
- Is affordable (both for me and for the patient)
- Does not encourage antibiotic resistance
- Effectively disrupts the growth of bacteria and extracellular matrix

NOTES

HOME CARE

Waterpik and interdental brushes rank highest in reducing gingival bleeding, **as adjuncts to brushing**



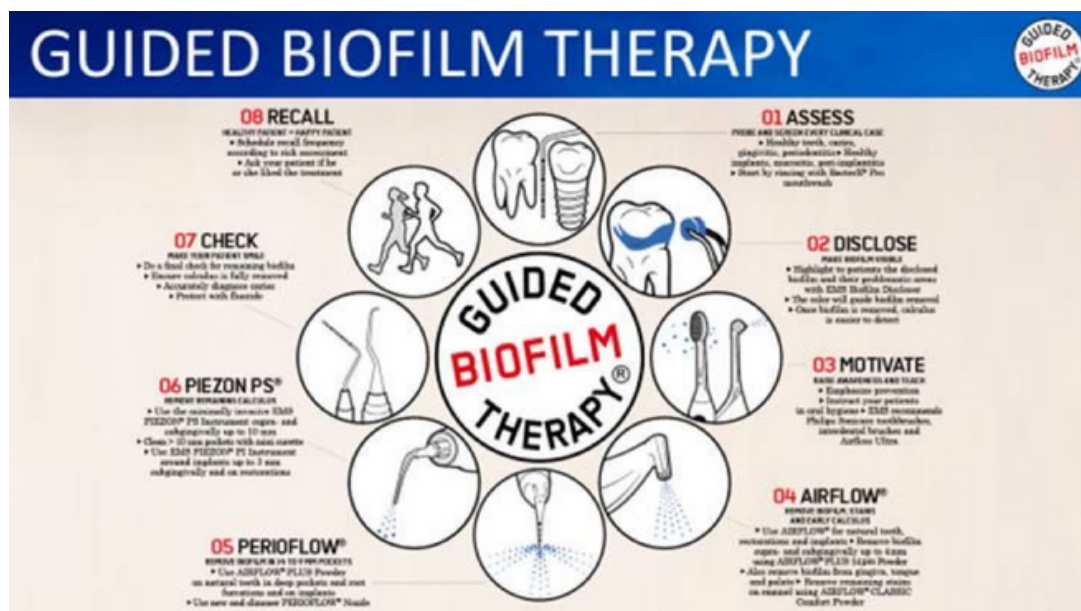
IN THE OPERATORY

While curettage, piezo, etc., remain the gold standard, several innovative new approaches have been introduced:

Guided Biofilm Therapy

Not shown as better or worse than traditional therapy in terms of efficacy, but shown to have

- Increased patient compliance
- Less damage to tissue



Perio Protect

Home care strategy in which Hydrogen Peroxide is regularly delivered into the sulcus

- Hydrogen Peroxide disrupts the protein skeleton and proteoglycan aggregate
- It breaks down to oxygen within the sulcus, which
 - Allows macrophages to work effectively
 - Lyses the cell wall of gram negative anaerobes
 - Converts the environment away from anaerobic
- Non-invasive, atraumatic, and can be used every day



HybenX

Oral Tissue Decontaminant

- Works through "Desiccation Shock Debridement" Technology
- In Lieu of antibiotic delivery in continually bleeding localized pockets, offers innovative "in-op" alternative



NOTES

UTILIZING TECH IN YOUR OFFICE

If I want something, I expect to push a button and get it

- If a patient is considering us, they want to be able to stalk us on the internet
- If a patient calls, they get an answer... voicemail is frustrating and old-school
- If they want to talk, to tell their story, they shouldn't feel rushed
- If they make an appointment, they automatically get a welcome packet
- Once they come in, insurance and paperwork can't be a time-consuming part of the check-in process, nor should it be a focus
- Paperwork, forms, consent, etc., should be automatic, digital, easy, and accurate
- Unpaid balances both from patients and from insurance need to be timely followed up and *easy to pay*
- If a procedure is done on them, they should get a followup call
- If a difficult procedure is done, consent, post-op instructions, etc., should be sent digitally so that they can take their time to review it all



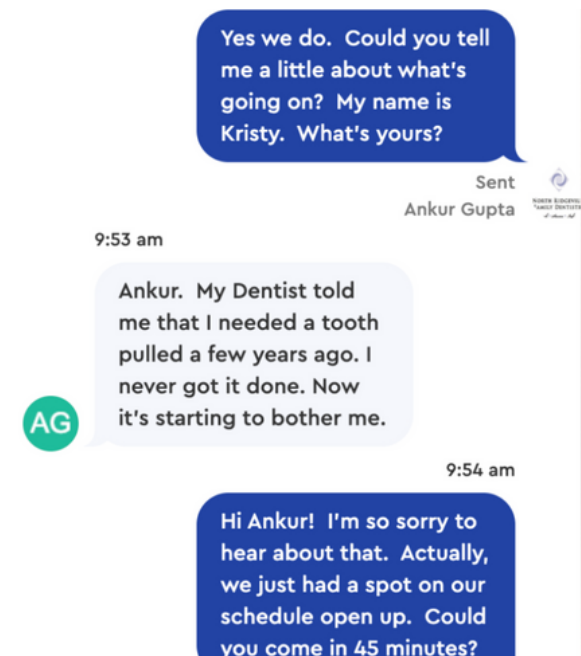
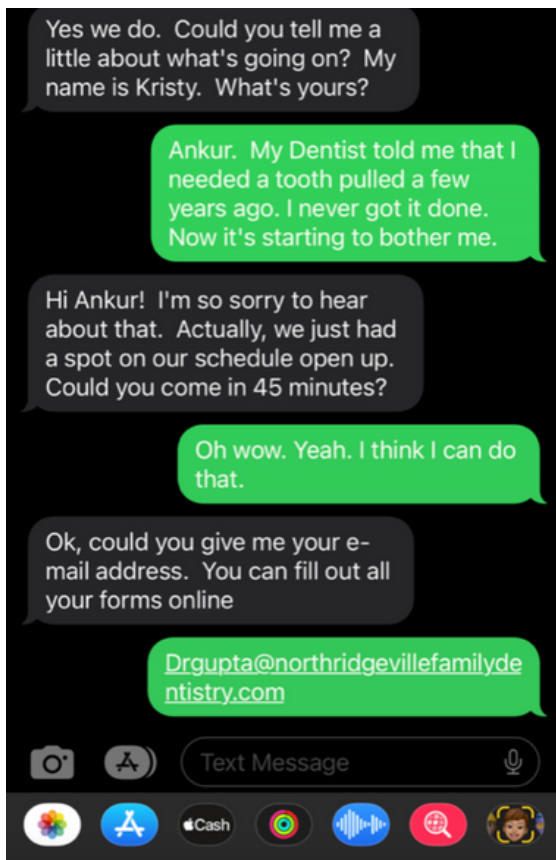
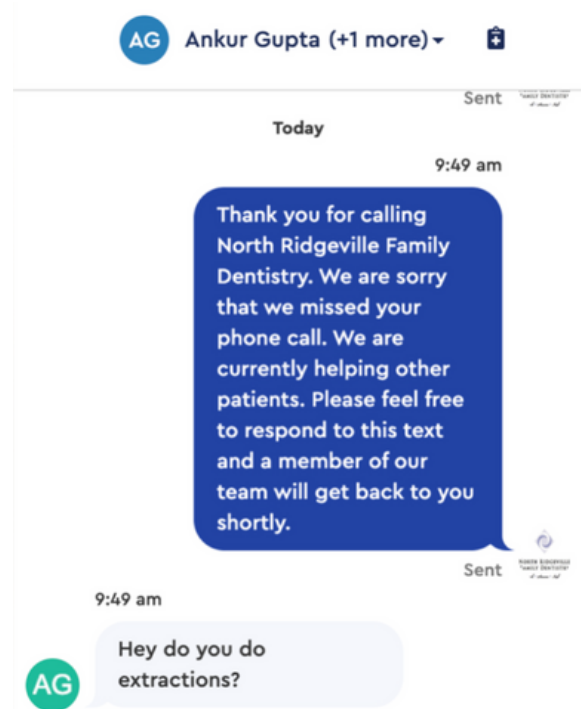
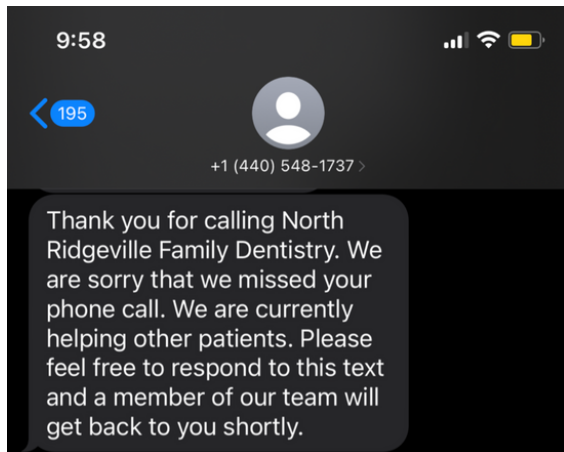
HOW CAN WE ACCOMPLISH ALL OF THIS, WHILE STILL MAINTAINING:

- ✓ Excellent new patient experience
- ✓ Thorough, non-rushed treatment planning
- ✓ Comprehensive fee presentation
- ✓ All needed forms, documentation, consent, and record keeping

BY UTILIZING TECH

Software can now:

- Automatically request Google and Facebook reviews
- Automatically text the patient during business hours, apologizing for missing the call, and giving patient chance to interact via text, easing the time burden on the reception team



When the office is closed, and a patient calls, off-site scheduling service can

- cancel the appointment
- take calls for new appointments
- utilize an ASAP list to fill open blocks
- provide real human interaction during emergencies, without us having to give out our cell numbers

The off-site call service I use is called Reach. Learn more here:



Reach



WHAT ABOUT FORMS, DOCUMENTATION, CONSENT, ETC.?

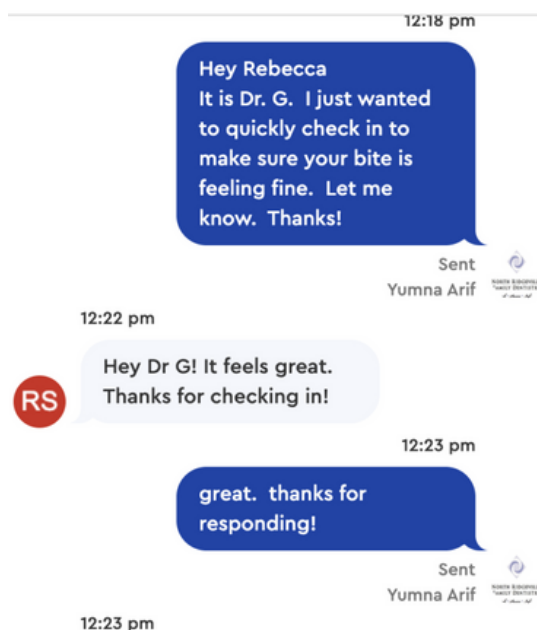
By using tech:

- New patients automatically get an e-mail w/ all needed forms to fill out in advance
- Consent and post-op can be emailed to the patient in advance
- Insurance breakdowns can be determined in advance, and written into your practice management software

All interactions with patients, via text, look like they are coming from the office, even if you use your phone.

The patient communication software I use is called Practice By Numbers.

Learn more about it here:



LEADERSHIP

Here is a list of our expectations:

- Be good at dentistry
- Have a good bedside manner
- Make enough money
- Be a good person, a good parent, a good spouse, a good neighbor
- Look good, be fit
- Serve your community
- Don't have a messy house
- Motivate your team
- Inspire your team
- Provide your team with a clear set of expectations
- Hold your team accountable
- Create a culture that is positive and consistent
- Be a pleasant person to work for
- Show a lot of appreciation, without expecting much in return
- Avoid falling short in any of the above, because if you do, you are both a fraud and a failure. You probably have a low IQ and a hairy butt, and definitely shouldn't run your own business.

NOTES

Creating a job description

- Every team member must:
 - List everything that they do (that isn't obvious)
 - List the things that should get done, but rarely do
 - List the things that **only one person** knows how to do

The down-time checklist

- ☐ Does a patient need to be seated?
- ☐ Check the sterilization area
- ☐ Check to see if any ops need to be turned over
- ☐ Check the inventory in my op
- ☐ Check the back to see if any shipments have come in, and start unpacking them
- ☐ Make giveaway bags
- ☐ Do lab work

These should be listed in order.

Accountability Survey

- Do you think accountability is important in this office?
- Do you think people are currently held accountable in an appropriate manner?
- Do you feel you would want someone to hold you accountable for your actions? If so, how would you want that to be addressed?

NOTES

Employee Grid

| Date | Name | Incident/Note | Reprimand |
|-------------|-------------|---|------------------|
| 4/18/23 | | Was 15 minutes late to huddle | verbal |
| 5/14/23 | | Came in early to organize consent forms | |
| 5/23/23 | | Was rude to another employee in front of other employees and patients | written/signed |
| 5/30/23 | | Totally unprepared at morning huddle | |
| 6/19/23 | | Left early to attend son's baseball tournament | |

This should be contributed to in real time as a Google Doc

IDS-real-time

- Real time coffee stains
- Real time projects
- Maintenance issues
- Shoutouts
- Cheat sheets
- Asana responsibilities
- Accountability

For us: 8:30 - 9:30 on Monday mornings

NOTES

EXAMPLES

Real-time coffee stains:

- Can we make a cheat sheet for surgical guides?
- There are a lot of old lab cases taking up space, can we go over which can be thrown out?

Real-time projects:

- I want to audit every instrument cassette and toss the grody or broken ones
- I want to re-organize the implant cart

Maintenance issues:

- The air/water syringe in room 3 is leaking
- The chair in 7 makes a really loud noise whenever I recline the patient

Shoutouts:

- Thank you Kristy for staying late to go over fees with that patient. She seemed so at ease when she left.
- Thank you Katie for seating my patient and taking BWX when I was running late.

Cheat sheets:

- How to:
 - calibrate the scanner
 - send a CT to the lab
 - New patient interview
 - Clear aligner photos and data

Responsibilities and accountability, using Asana

Anytime a person takes it upon themselves to fix a coffee stain or complete a project, that is put on a to-do list and assigned to the person on Asana, so that individuals can be kept accountable in real-time

Team Meetings

- These must be positive, inspirational, and energizing
 - Any major office improvement
 - Any major office project
 - Philanthropy
 - Scripting and Rehearsal
 - Fun

Next team meetings/events

May 12

- What are some hands on things you want to discuss at team meeting?
- Potentially discuss same day tx avg, was april 1000 a day?
- Practice scanning for perio protect
- Discuss the delegate to elevate – what we wanted to get better at
- Front desk responsibilities
 - Checking pt in
 - Processing payment/collecting money including in the ops with new rectangle app
 - Renewing premier plan
 - Simple tx plans
- Book club book: Comfort crisis
- How to put a quick note in chart without marking something complete -AG
- Jaclyn and Dr. Arif: New perio classification Would one of the hygienists go over the new AAP classifications either here if we have time or at a team meeting?

Office improvements/Projects/Philanthropy

Month 1: Practice Vision

Month 2: Coffee Stains

Month 3: Personal Best Practices

Month 4: Money Day

Month 5: Philanthropy Day

Month 6: Extraordinary Customer Service

Month 7: Internal Marketing Musts

Month 8: New Patient Experience

Month 9: Personal Goal Setting

Month 10: Dental Equipment Day

Month 11: Dental Service Day

Month 12: Fun Website/YouTube/Social

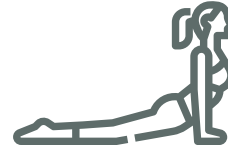
DAILY ROUTINE EXERCISES

TO NEGATE THE DAMAGE THAT DENTISTRY, LAPTOPS,
AND PHONES ARE DOING TO OUR BACKS



Double Chin

While sitting in your car, smash the back of your head into the headrest, activating the head-supporting muscles at the back of your neck.



Press Ups

Lay on your stomach, then push your upper body off of the floor. Contrary to a “pushup” you want to keep your hips and pelvis on the floor, bending your spine backward.



Holding Our Phones Differently

Keep your elbows to your sides, holding the phone up higher to your face, so you can read it while keeping your head straight. The greater angle you bend your neck, the more weight your head has to hold up.



Football Goal Posts

Stand with your back against the wall, then maintain wall contact with your ankles, your butt, your shoulders, elbows, knuckles, and the back of your head. At this point, you will be creating somewhat of a football goal post shape with your arms.

While maintaining contact with the wall, slowly raise your knuckles and elbows up the wall.

NOTES

Stretches for Lower Back Tension

Approximately 6 Minutes

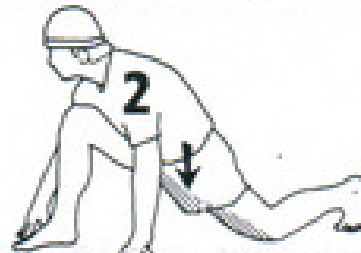
These stretches are designed for the relief of muscular low back pain and are also good for relieving tension in the upper back, shoulders, and neck. For best results do them every night just before going to sleep. Hold only stretch tensions that feel good to you. *Do not overstretch.*



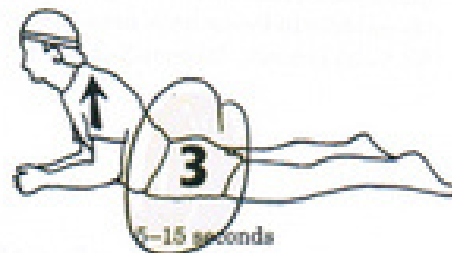
30 seconds
(page 26)



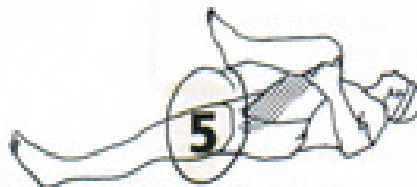
10-12 seconds
2 times
(page 46)



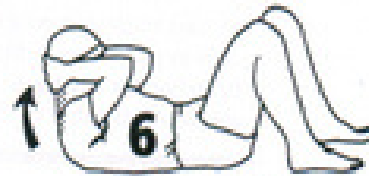
15-20 seconds
each leg
(page 51)



5-15 seconds
2 times
(page 33)



20-30 seconds
each leg
(page 63)



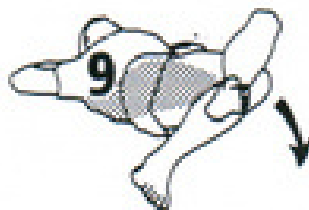
Contract 3-5 seconds,
then relax
2 times
(page 27)



Contract 5-8 seconds,
then relax
2 times
(page 29)



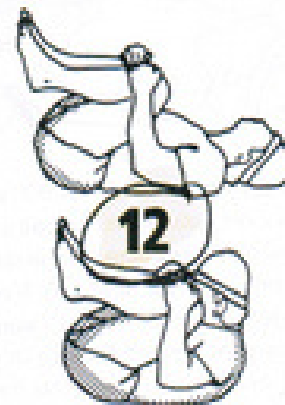
Rock gently back and forth
15-20 times
(page 26)



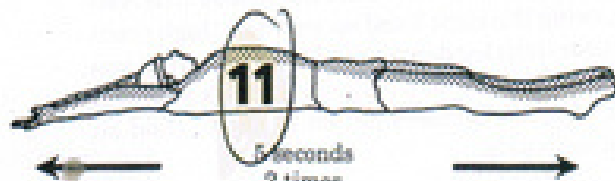
15-30 seconds
each leg
(page 27)



10-15 seconds
each leg
(page 32)

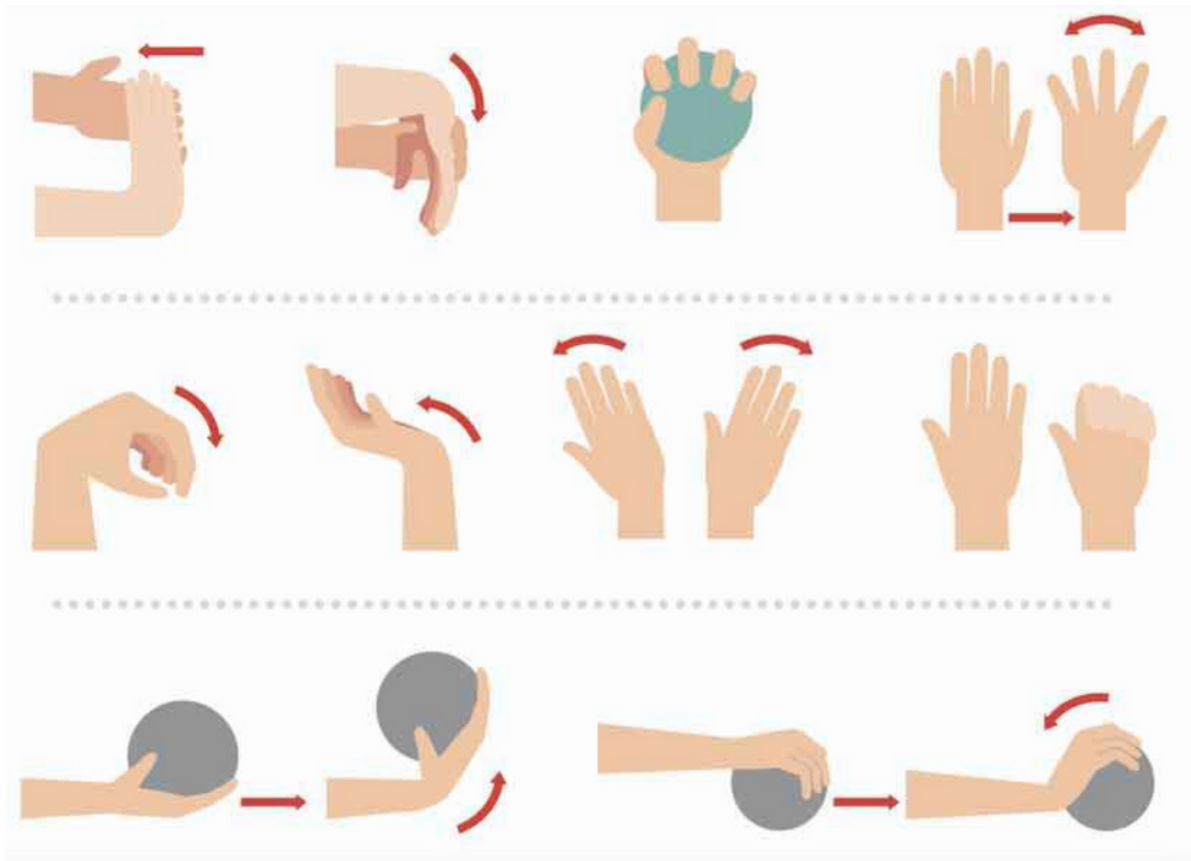


10-15 seconds
2 times
(page 63)



5 seconds
2 times
(page 30)

CARPAL TUNNEL SYNDROME EXERCISES



SADDLE STOOL



WAKING UP OUR SLEEPY GLUTES

Search on YouTube:

Sleepy Glutes, Rangan Chaterjee

DAILY ROUTINES AND HABITS

SHARED BY ALL OF THE *BLUE ZONES*



Hari Bachi Boo

Stop eating when 80% full



**Diet rich in colorful fruits,
veggies, beans, lentils**



**Regular attendance
in a faith-based community**



Constant, mild movement



**Getting old is honored,
not feared**



**One glass of red wine
every night, with family and friends**



Meditation / Prayer

BOOK RECOMMENDATION

*The Blue Zones: Lessons for Living Longer From
the People Who've Lived the Longest*

DAN BUETTNER, 2010

OUR MICROBIOME

HOW WE GET THE GOOD BACTERIA

1. **Eat plants**
2. **Exercise**
3. **Be outdoors**

“Live Dirty, eat clean!”
- Robynne Chutkan, MD

*Dr. Greger's Daily Dozen is available as
a free app on iPhone and Android.*

BOOK RECOMMENDATION

*How Not to Die: Discover the Foods Scientifically
Proven to Prevent and Reverse Disease*

MICHAEL GREGER, 2015

BOOK RECOMMENDATION

The Miracle Morning: The Not-So-Obvious Secret Guaranteed to Transform Your Life - Before 8AM

HAL ELROD, 2012

S

Silence

A

Affirmations

V

Visualization

E

Exercise

R

Read

S

Scribe

AFFIRMATIONS

SMART GOALS

S

Specific

Be clear and specific so your goals are easier to achieve. This also helps you know how and where to get started!

M

Measurable

Measurable goals can be tracked, allowing you to see your progress. They also tell you when a goal is complete.

A

Actionable

Are you able to take action to achieve the goal? Actionable goals ensure the steps to get there are within your control.

R

Realistic

Avoid overwhelm and unnecessary stress and frustration by making the goal realistic.

T

Time-bound

A date helps us stay focused and motivated, inspiring us and providing something to work toward.

AFFIRMATION EXAMPLES

By December 31 of this year,
I'll have \$_____ in my
emergency fund



By the time I turn 45, I will successfully
complete an Ironman race

Before my daughter starts high
school, I am going to take both
kids on a 2 week, no screens,
road trip

MORE BOOK RECOMMENDATIONS

Breath: The New Science of a Lost Art

James Nestor, 2020

The Rational Optimist: How Prosperity Evolves

Matt Ridley, 2011

Breath: The New Science of a Lost Art

James Nestor, 2020

The Invisible Touch: The Four Keys to Modern Marketing

Harry Beckwith, 2000

Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones

James Clear, 2018

The Subtle Art of Not Giving a F*ck: A Counterintuitive Approach to Living a Good Life

Mark Manson, 2016

EntreLeadership: 20 Years of Practical Business Wisdom from the Trenches

Dave Ramsey, 2011

The Way of The Iceman: How The Wim Hof Method Creates Radiant, Longterm Health—Using The Science and Secrets of Breath Control, Cold-Training and Commitment

Wim Hof and Koen De Jong, 2017

French Kids Eat Everything: How Our Family Moved to France, Cured Picky Eating, Banned Snacking, and Discovered 10 Simple Rules for Raising Happy, Healthy Eaters

Karen LeBillon, 2014

Cues: Master the Secret Language of Charismatic Communication

Vanessa Van Edwards, 2022

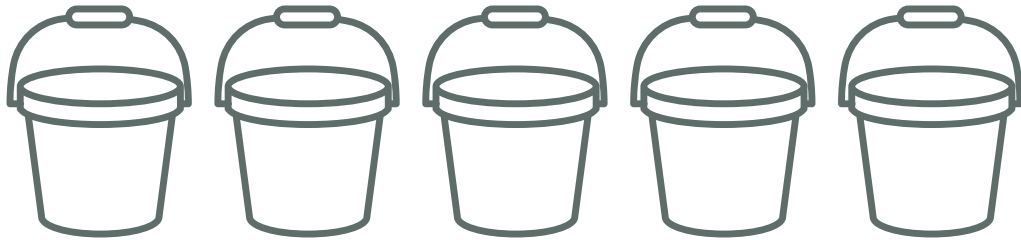
People Buy You: The Real Secret to what Matters Most in Business

Jeb Blount, 2010

Stress Less, Accomplish More: Meditation for Extraordinary Performance

Emily Fletcher, 2020

EXAMINE YOUR BUCKETS



Money

Sleep Quality

Back Pain

Inner Peace

Relationships

THE FOUR PILLARS OF HEALTH

Diet

Exercise

Stress

Sleep

NOTES

SLEEP

The Rules of Sleep

- Get up at the same time every day. Expose your eyes to the photons from the rising sun Warm up in the earlier parts of the day
- Enjoy your coffee, but stop after 10am
- Remove clutter from your room
- Develop a meditation/prayer/gratitude practice
- Journal/Checklist
- Cool down and enjoy darkness as the sun goes down
- Don't look at electronic devices 2 hrs before bed. If you do, get blue light cancelling glasses

Every Night

- We should be sleeping 7-8 hours
- Our mouths should be shut the entire time, breathing soundlessly
- Our tongues should rest in contact w/ our palate, creating almost a suction
- Teeth 2-3mm apart



NOTES

SUFFERING...FAILING TO THRIVE

PROBLEMS

- Missing 1st premolars
- Bruxism
- Venous pooling under the eyes
- Tipped in lower teeth
- Malampati III or IV
- Tongue tie
- Speech issues
- Mouth breather
- Snoring
- TMJ pain
- Tired all the time
- Reverse swallow
- Frequent sinus issues
- Allergies

WHAT CAN A DENTIST DO?

Kids

- Preventive orthodontics
- Myofunctional therapy

Adults

- Co-Diagnosis and referral
- Non-surgical palatal expansion

Everyone

- Myofunctional therapy
- Sleep hygiene
- Education
- Home sleep test
- Mandibular advancement

NOTES

DAVE RAMSEY'S BABY STEPS

1 **\$1000 emergency fund**

- Cash, not investment
- Un-touchable unless a true, genuine emergency
- Best if not kept in your usual checking/savings acct

2 **Eliminate all debt except for home mortgage**

- Use the debt snowball
- Smallest balance first

3 **Put 3-6 months of expenses into a savings/emergency fund**

Remember, now you have an additional \$1500 a month!

- Just like emergency fund, make this cash or money market, not investment
- Spouse income

4 **Invest 15% of your household income in retirement**

- Roth
- Why 15%?
- What about the kids?

5 **Begin funding other tax-advantageous investment products**

- College Savings Account
- UTMA
- Health Savings Account

6 **Pay off the rest of your mortgage**

7 **Accumulate wealth, and give**