

The background of the entire image is a photograph of a path or road completely covered with fallen red leaves. The path leads from the bottom center towards the middle of the frame, where it disappears into a dense forest. The trees on either side of the path have vibrant red foliage, creating a tunnel-like effect. The lighting is soft, with some light filtering through the canopy in the distance.

Dentistry That Changes Lives

The Road Less Traveled

Thomas Larkin DDS

Dentistry That Changes Lives

Inspiration for A New Book Comes from An Unexpected Place

Inspiration for writing can come from a variety of sources. I have written four books and at the conclusion of each, I said it would without question be my last. It requires a level of creativity and concentration hard for me to access in today's fast paced world. A train of thought can be derailed by a text message, an email or phone call. Most ideas that come to me happen at night, often in the middle of the night. And this publication was no different. It came after reading someone else's new publication. Dr Tarun Agarwal (also known in the dental community as T-Bone), and his most recent book, Dental Practice Pivot. I am a regular listener to his podcast and enjoy his straight forward and outspoken style. He is not afraid to speak the truth which has become a fairly endangered commodity in today's world of dental influencers infamous for telling people what they want to hear.

In his book, he begins by describing the three phases of a Dental Practice.

The first phase is General Dentistry, the second is Advanced Dentistry, and the third is Emotional Dentistry.

"General Dentistry is the bread and butter, the basics of your practice: drill, fill, bill, remove teeth, root canals, dentures etc., making up about 70% of your practice by volume".

"Advanced Dentistry is about adding technology to your practice and performing procedures that are more profitable."

Emotional Dentistry...

"Once you've mastered advanced dentistry, you're ready to move on to emotional dentistry, which is dentistry that changes the lives of your patients. After emotional dentistry, your patient hugs you, thanks you, and writes wonderful reviews about you – not about their good experience, but about how you changed their life. When you are doing emotional dentistry, you're seeking satisfaction. You want to come to work, you love what you do, you want your patients to appreciate you, and you want to be moved by the work you do for them."

The part which I found most intriguing is that he laid out this framework in the form of a progression on a graph. And as you move along the graph, emotional dentistry is the ultimate goal or "style of practice". This process could entail anywhere from 5 to 10 years or more. While I agree with everything he laid out, what hit me like a lightning bolt is that the style of practice described as being the ultimate goal (emotional dentistry) in my experience does not have to be a part of a progression. It can actually be **overlaid from day one**. I have been involved in numerous startups and acquisitions in the past 5 years, and have a considerable community of dental hygiene coaching clients. Almost all are modeled after my dentistry for health model. The focus is an extra effort in teaching patients about the role that oral care plays in overall health. For some dental team members, this conversation is fairly new. For consumers, they are chasing wellness solutions in a big way. They are now learning the new importance of the health of the mouth in

the management of a variety of chronic illnesses. Bio-hacking, which includes the newest approaches to live the healthiest and most fulfilling life, is a very strong trend online.

So, in my world, many of my dentists and team members are receiving the benefits of emotional dentistry, the appreciation, the recognition, the feeling of doing something special, **from their very first day in practice**. I had not fully realized how truly special this was until now. I am going to profile a hand full of these outstanding individuals and talk specifically about an approach that they all share in common and their journey for happier more balanced professional and personal lives. And speaking of happiness...

Most Dentist Are Not Bottom Line Happier Today

When we get back to the very basics of human behavior, the driving forces that guide most of our actions in life are the avoidance of pain and the seeking of pleasure. To my disappointment, the tsunami of free information available online and the social connectivity of the past decade has not moved the happiness needle very much for most dentists. In some respects, it has made things worse. It is simply a morass of “influencers” with varying degrees of manipulative agendas and empty promises. There is a lot of information overload which results in the “Paradox of Choice”. Given too many choices, people chose nothing. In other words what was designed to move people’s behavior forward has actually resulted in very little action. Something that is very dangerous for anyone in business today. Like many exciting new things in life that ultimately disappoint, people are moving on from various groups and podcasts, continuing to seek the truth and improve the lives of themselves and the people they care about. My personal podcast list has certainly become more refined and smaller. I no longer have time for the noise making “Inch deep and mile wide” experts.

Happiness and Fulfillment Leave Clues

Dentistry has always been a noble, purpose driven profession. The ability to restore an individual’s smile or their ability to chew and enjoy food is a life changing experience for both the patient and the talented clinician that provides this service. The resulting satisfaction that comes from this, helps to balance out a profession that is filled with stress and technical challenges.

There are a small group of individuals working within dentistry today creating an exciting new category of change. These dentists and team members have learned that by focusing on the education and clinical protocols that connect oral health to overall health, they can impact patients’ lives to a level never dreamed of before. They are attaining purpose driven happiness and improved career satisfaction. And they are separating themselves from the commoditized masses. They look upon the difficulties facing dentistry today as a challenge and opportunity for disruption. The doom and gloom of the DSO next door simply isn’t on their radar. And they do one thing very well which I will describe in more detail later.

The REACTIVE Mindset

The predominant style of dental practices today, which has been present since the inception of the profession, is the *Technical/Engineer model*. Repairing damage caused by dental caries and periodontal disease. Sadly, to say, most dental schools and post graduate programs are hopelessly trapped in this model. With the advent of the digital work-flow, educators are now firmly entrenched in this very cost intensive way to patch holes, replace missing teeth and move crooked ones. Digital scanning, radiographs, milling, lasers, 3D printing and CBCT scanning have added staggering costs to the traditional solo practitioner model. The commoditization of dentistry that has taken place is a direct result of this. This style of practice is extremely vulnerable as a business model because the providers become technicians and there is little differentiation to be valued by the consumer. Insurance companies have exerted their enormous power on top of these costly technological advances to further squeeze the profit out of many private practices.

The PROACTIVE Mindset

Discovering the biological root causes of oral disease and employing methods to prevent disease employs methodologies and techniques more proactive in nature. Made popular in modern times starting in the 60's by Dr. Bob Barkley and Dr. Paul Keyes. These individuals attracted a near cult like following of purpose driven practitioners who found it much more satisfying to prevent the scourges of dental disease than just patching holes and pulling teeth. They enjoyed a much closer "health centered" relationship with their patients. The patients are extremely loyal and grateful in this model of practice because they receive care that truly enhances and improves their health and ultimately their lives. There has always been a small subset of dentists who have employed varying degrees of advanced prevention principles identifying themselves as "Patient Centered", "Relationship Based" "Health Centered" "Biologic" or "Holistic" to differentiate their approach to the market place.

Dr. Bob Barkley's focus on the behavioral side of the doctor patient relationship was a monumental contribution to dentistry. Dr. Barkley stated that.

"The health of the relationship between you and your patient is always more important than the health of the patient"

He was the first to coin the term co-diagnosis and he detested the concept of case presentation declaring them "unsound behaviorally, educationally and scientifically."

What he replaced this with was a "cooperative problem identification session in which the dentist and patient as two adults attempt to discover what is happening in the patient's mouth and what can be predicted for years ahead".

"The facilitative teacher is one who guides, instigates, and motivates students to learn. As such, the teacher is the facilitator, rather than the source of learning."

Dr Barkley was tragedy killed in a plane crash at the peak of his following and a good deal of the momentum he brought to the prevention conversation dimension shortly thereafter. His legacy has lived on with a study club named in his honor with a new generation of dentists exposed to his career changing philosophies.

Dentistry That Matters Is A Long Game

My core take-away from Dr Barkley is that by aligning ourselves next to our patients and guiding them through their personal healthcare journey, it is a much more powerful position of influence. It is also a long game. The relationship building which is the strongest point of contrast to the practices that are being ravaged by commoditization takes time and a degree of expertise. We must have the emotional intelligence to learn to meet them where they are and to never talk down or scold. It involves understanding their underlying personal circumstances, their current level of understanding and most importantly their motivation to change.

I was Clueless

In the mid 80's I set out on a journey of improvement to two areas of my practice I was very unhappy about. Orthodontics and Periodontics.

I look back at how fortunate I was to have absolute historic figures guide me in both ventures. Dr. Bob Gerety and Dr Paul Keyes.

My interest in orthodontics was fairly simple. I did not like the look of the "4 on the floor" bicuspid extraction outcome. Tmj pops and clicks, plus the resultant constricted arches and faces looked terrible. The functional appliance/straight wire approaches that that Bob Gerety pioneered achieved broad beautiful smiles that were enviable in both appearance and function. Being a general dentist teaching ground breaking orthodontics put "Big Bob" in my champions list for his courage. This was a difficult time to be an outlier and he and Dr Keyes were not afraid of being controversial. What was not known at the time because we simply did not have the technology such as CBCT was that this functional approach also had very broad implications for airway and sleep. I had absolutely *NO CLUE* that we were also enhancing airways with this approach and probably greatly improving an individual's overall health.

Same for periodontal disease. My hygienists were trained to use video phase contrast microscopy and anti-infective measures as outlined by Dr Paul Keyes in his decade's long tenure at NIH. The outcomes were simply spectacular but this approach was not widely accepted for decades because it was such a radical departure from the existing standard of care. In addition, I had *NO CLUE* that we were probably affecting the systemic health of the patients under our care at the time by reducing their inflammatory burden. The science of the oral-systyermic connection had not been clearly defined until decades later when the old has become new again.

A Bold Prediction in 2009

In 2009, I was a new professor at the University of Kentucky College of Dentistry. We were coming out of one of the worst financial recessions in recent history. Dentists were struggling on many fronts and were looking for answers. Bankruptcies were not unheard of for those practices that were too heavily concentrated in cosmetics and other, elective procedures. I knew this was an important lecture for me because I was new to the university and the students and faculty were not familiar with me or my candid style. I took a fair amount of time speaking about the emerging “Niche” practices and that a blend of a variety of skills would be required going forward. Toward the end of my presentation, I unveiled what I called the “Ultimate Niche”. This was based on my life experience and where I could see our healthcare system going in the not so distant future. It was fairly provocative.

- The Biological, Health Oriented, Dental Practice is the LARGEST EMERGING MARKET opportunity in modern History

By declaring this the largest opportunity in HISTORY, that left very little wiggle room. I had placed a firm stake in the ground on my future vision. But when I looked out at the audience and saw a lot of blank stares, I knew this was going to take a little time.

Dentists Have A Seat at The Table You May Not Know About.

What has become apparent since that lecture is that my very early vision of the dentist having a seat at the very large table of healthcare disruption is slowly beginning to happen. I look at the macro a lot because it leaves clues. I just watched the documentary “Inside Bill’s Brain” which goes thru the current work of the Bill and Melinda Gates foundation. I was impressed with their desire to tackle global issues and using much of their wealth and privilege to facilitate change in the world. Much of their work is a focus on healthcare and the immense power of prevention. I’ve looked at Haven, the top-secret project of Jeff Bezos, Jaime Diamond and Warren Buffett. “Amazon Care” is a very early rendition and they are out to turn our broken healthcare system upside down and save their own companies billions of dollars. I’ve read the Concordia study. There is no way a dentist can read that and not understand that dentists are major players in the future of healthcare. We just need to take off the blinkers and begin to innovate. All of these pieces began to coalesce for me at an early meeting of a new organization focused on oral-systemic health.

Everything Comes Together as Dentistry for Health

In 2013, I heard a presentation by Dr. Brad Bale at a fairly new organization, The American Academy of Oral Systemic Health, AAOSH. He and his partner Dr. Amy Doneen are authors of the bestselling book on cardiovascular prevention, *The Heart Attack Gene*. His presentation that morning was about

inflammation and the oral contributions to systemic inflammation. And for me it was one of those moments.

You see, I had reached the magic age. For most men you know what I am talking about. I was within the ten-year time frame of when my father had died. From heart disease, diabetes and cancer. It was time for me to get proactive about my health. I signed up for the next BaleDoneen preceptorship which is a two-day deep dive into the science behind their method. I also became a patient of Dr. Bale and went thru his initial screening process. Including a dental screening for periodontal disease.

Guess what, I had both considerable heart disease and periodontal disease. Not bad period, but the slow simmering kind. A couple of 4mm pockets and my gums bled when the hygienist flossed because guess what, I did not floss. Like 90% of your patients. I had been going for cleanings every few years and using over the counter products. I was your average patient. So, it was time to step it up.

I set out to build a ground up program for my own personal health and to also help define this emerging new category of dentistry for health. Having now been in the program now for seven years I can say that my health is better today than it was seven years ago despite very high-risk factors. I share those results in my presentations on the BaleDoneen method and continually advocate for them.

I believe that their work validates and brings together the three areas that requires a dentist's participation in the overall health conversation. It took me nearly two hundred pages and thirty videos to bring it all together incorporating the very best of the past with current breaking science.

Periodontal Diagnosis – Sleep Evaluation - Enhanced Radiology/3D Imaging

It Took Nearly 2 years And One Major Hurdle to Build My Program

Creating any educational material be it an online course or writing a book can be an intimidating process to the uninitiated such as myself. I had never spent that much time or energy in a single project with a completely unknown outcome. One of the first rules of business is to never build a product with zero demand. That was essentially what I had done. This was an entirely new category and I certainly questioned my efforts on more than one occasion. Will anyone look at? Will anyone like it? And, Will anyone buy it? When I launched my web portal, that question was thankfully answered within days. A dentist with over 30 years' experience came to my site and purchased the course saying he had been looking for me a very long time. We set up a conference call and the first words out of mouth were, "Tom, this is the dentist I have always wanted to be." I was immediately flattered and knew that I was probably going connect the dots for a lot of folks. Implementation was going very smoothly both for online training and in office consults except for one nagging issue. The technology. It required the use of a video phase contrast microscope. Essentially sampling the patient's biofilm and showing them, "The Bugs." Dr. Keyes brought this to dentistry over 50 years ago. He would take a wet mount sample of dental plaque and share with the patient on a small video monitor. What he learned was that for most people, the visual learning experience and the understanding that came from that was absolutely critical to patient motivation and compliance. I knew that with a new found interest in "bacteria" in the oral-systemic conversation, this was hands down the most powerful and convincing approach. With the

advanced biofilm DNA testing being advocated by many, I was certain that this tool could bridge a very difficult educational gap.

The microscope that I was using was decades old, clunky, and outdated. It also required an in-office consult for implementation which was not practical for any kind of wide scale implementation. I knew there had to be a better solution. So, over a one-year period, I proceeded to buy and test every scope I could find online. The optics that I would require were simply not there. Most all of the scopes sold online are cheap knockoffs. I needed legit German grade laboratory optics.

My goal to make this available to a wider audience was reaching an impasse, until I met a key person. Scott Miller of Miller Precision Optical

Miller Precision Optical. Is a 40-year-old family owned business focused on one thing only, microscopes. They listened intently on what my particular desires were and configured a microscope to accomplish my goals of a plug and play unit that someone could take out of the box and with minimal assembly begin training over the internet. They agreed to do a custom configuration of a word class Leica microscope for me at an attractive price point and I am eternally grateful.



The minute I received it, I knew this was the game changing device that I had envisioned and the dental offices that have subsequently purchased have all been in agreement.

It can be purchased directly on www.microscopesolution.com

A Snapshot of the Biofilm Sample Protocol

Here is a snapshot of the sampling protocol so you can see in more detail its simplicity and how we introduce it to the patient. Remember, we have removed all barriers. It is included in their exam and is done on a routine basis. It is only a 25-cent test!

We introduce the new patient to this approach to risk assessment with a script similar to this.

"I am Marley and I will be your dental hygienist today. I will tell you little bit about what we will be doing."

I will be reviewing your medical history and then asking you a few general questions then we will begin your examination.

Included in our exam today is a new test we are using for the bacteria that cause gum disease and decay. It helps us determine your risk. ***It's kind of like*** when your doctor measures your cholesterol. If your cholesterol is really high, you know you are at higher risk for heart disease. We now know that if you have certain bad bacteria in your mouth it also increases your risk for heart disease and a whole lot of other things.

I will then take the x rays that might be needed.

We tell everyone that our goal for you is for you to have your teeth for a lifetime and from this point forward be free of cavities and gum disease and we sincerely mean it. We are fully committed to preventing disease and that will save you a lot of money in the long run." It is important that we use the words included in our exam because we want to remove all barriers to these amazing education experience. We test every patient at every appointment.

Sample Taking

The actual slide preparation involves taking a SUBGINGIVAL biofilm sample which is most readily accomplish by sweeping the distal apical third of a pocket. of any molar with a curette or scaler. That is an area that is easily missed in daily care and you can readily find material. It is important to note that you are looking for a tiny amount of biofilm sample. Many times, you can barely see anything on the tip of your instrument.

If you take too large a sample of material you will have a slide with a tremendous amount of plaque matrix which can obstruct the view of the bacterial sample. Sampling several areas of pocketing provide a more accurate assessment of risk. If any site tests positive, the entire mouth is at risk.

The Slide

The slide is handled by the edges to avoid fingerprint oils or glove powders. The slide is placed on a paper towel.

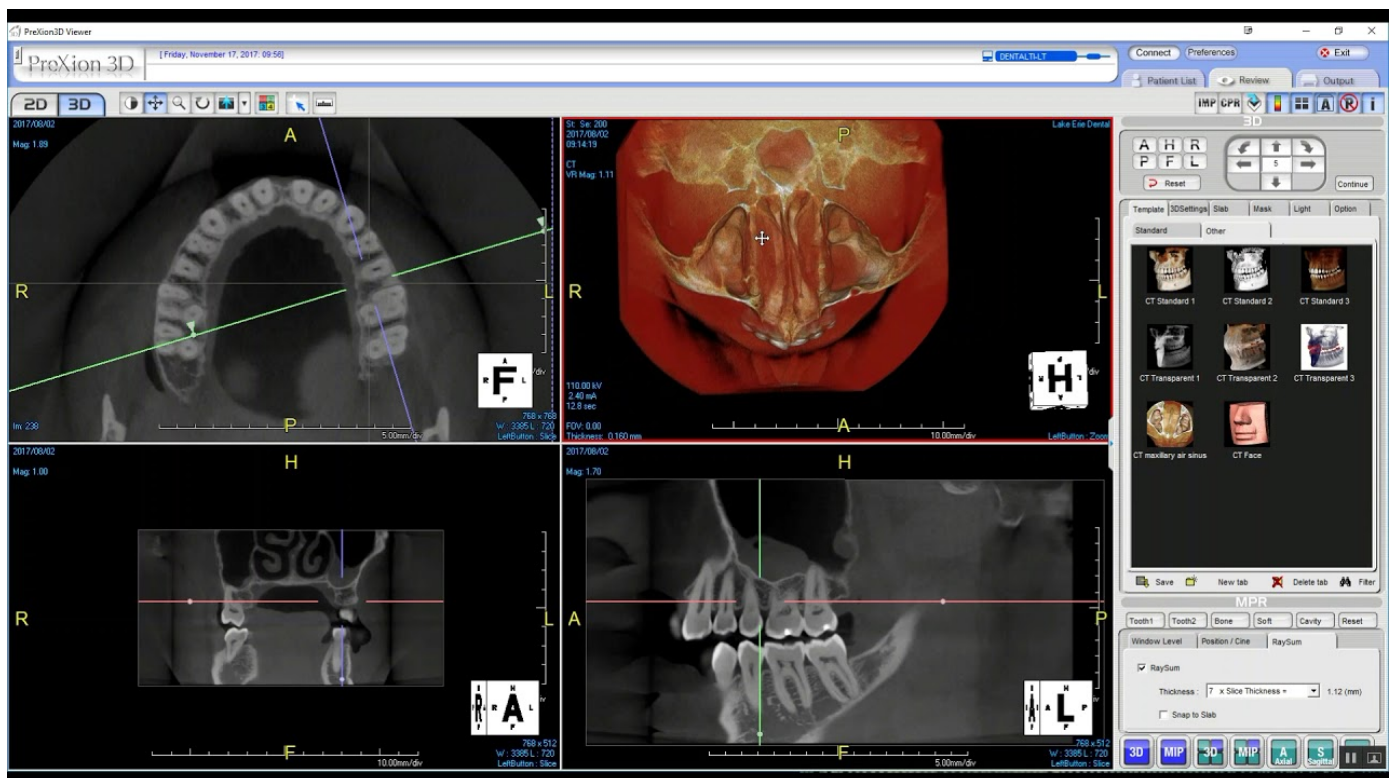
A drop of mounting medium that closely mimics crevicular fluid is placed in the center of the slide. The sample of biofilm is transferred off of the curette into the drop with the tip of an explorer. You can sample several sites and place them on one slide or mix the samples.

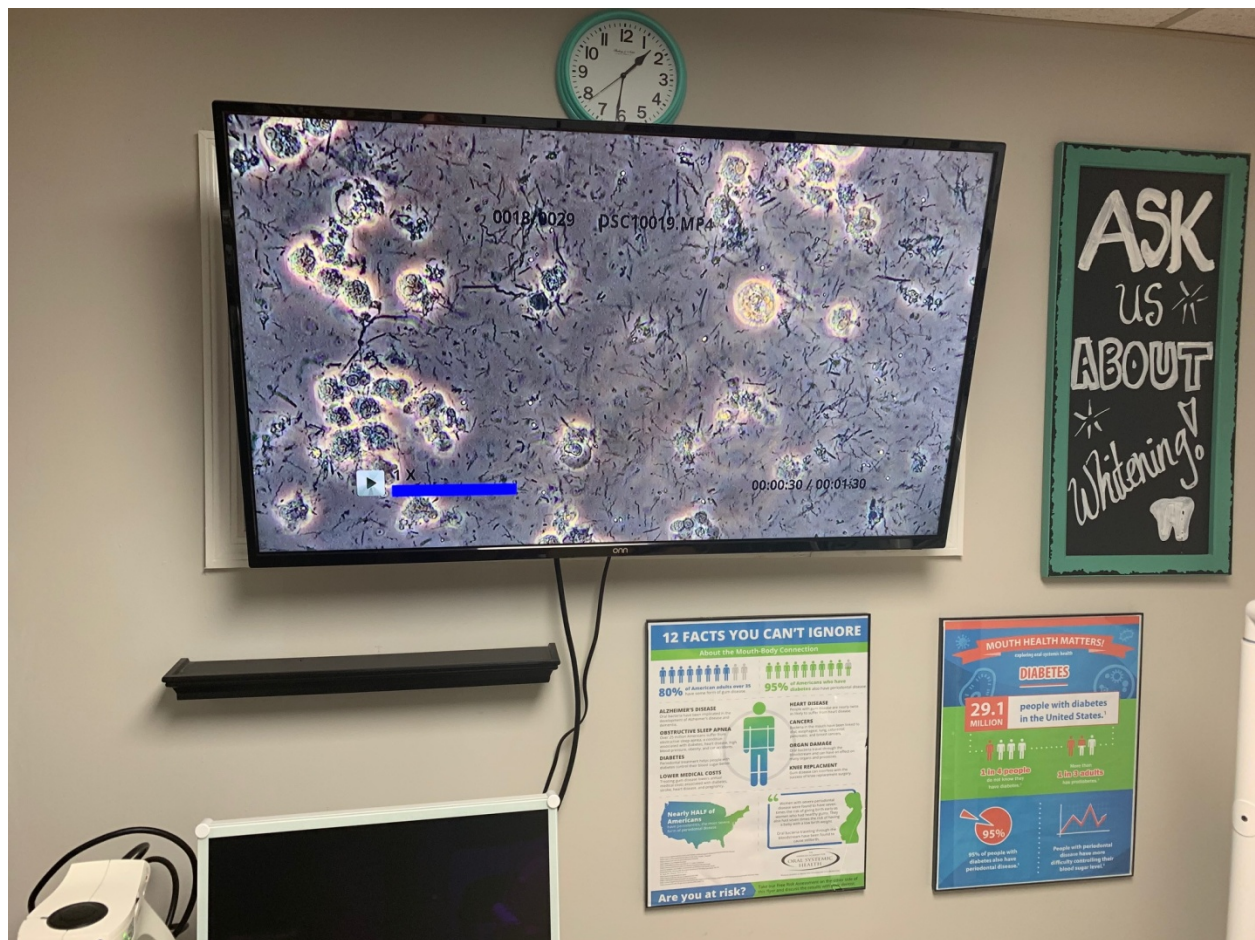
A cover slips next to the sample drop at a 45-degree angle and gently let the cover drop onto the slide. This will lessen the chance of trapping air bubbles than if you dropped the cover slip directly over the droplet.

A video of this procedure is at

<https://www.powhygiene.com/instructional-videos>

We also recently purchased a PreXion CBCT scanner for advanced radiology and 3d imaging. The impact that it has had on our case presentations has been additive.





The combination of 3D imaging and Video Microscopy of a 50" monitor, talk about a "problem identification session" as described by Barkley over 50 years ago. The most common reaction of patients when presented with such compelling facts are "What are we going to do about this and when can we get started."

So, I now have the ultimate tools that I need to complete a state-of-the-art presentation. The ultimate in visual storytelling. Photography, 3D imaging, and Video Microscopy. There is no salesmanship required here. This is "Bob Barkley 101" co-discovery. I have jokingly said in a recent presentation that if you do these three things for case presentation and you fail to engage a patient in a conversation about their health, you need to place your dental license in an envelope and mail it back to the state board.

The Birth of POWhygiene

This all has come together as a program I called POWhygiene.com. POW stand for proactive oral wellness. I want to be able to coach the dentist and teams in a simple and affordable manner to be at the forefront of the wellness conversation. Supplying the tools and tactics to best educate patients on how to be proactive about their health. With a microscope that takes minutes to assemble out of the box, and an

online training platform, a zoom meeting platform and nearly every detailed resource about prevention, POWhygiene.com is launched.

I want to introduce you to some amazing people having significant impacts that I have had the honor of working with in the past year or so. I guess this is a subset of “emotional dentistry.” Me, working with dentists that make it joyful for me to get up every day to create and serve.

Dr Scott Cairns was a student of mine at Creighton University in 1995. He contacted me this year and told me he remembered a presentation on video microscopy I did nearly twenty-five years ago. He was very familiar with the BaleDoneen method and had already deployed oral DNA testing and laser therapy but could not figure out the microscope part. It was very excited to travel to Colorado and see a student from my very first year as a professor. It showed me what a lasting impression an educator can make and that is truly special. He significantly changed the direction of his hygiene program. In one day!

Scott Cairns DDS

In His Own Words

“Dentistry used to be about teeth and gums. When dentistry was about teeth and gums, there were dozens of rational lifestyle justifications for dentistry. It is hard to argue against the lifestyle improvement that good teeth in good repair and function offer individuals. But now dentistry is about much more than teeth and gums, it is about health. Twenty years ago, we didn’t have all the evidence that the chronic inflammation from periodontal infection, periapical infections, and obstructive sleep apnea were shortening millions of lives, debilitating thousands and even ending others. When almost all dentistry was elective, it was easy to minimize dentistry, but now that we know that dentistry to eliminate inflammation is no longer optional for those seeking health, we as a profession are forced to take a stand. Unless you are lucky enough to be a member of the “cult of personality club” you must focus your attention on becoming a better coach.

There is good news for those dentists who have a desire to become a better coach. There is a “new” old tool available to help us with our most troublesome dilemma—periodontal disease case presentation. I am and have long been a believer and proponent of “Co-Discovery” in periodontal disease. There is power in showing a person in a mirror the periodontal probe goes 5-6mm deep in some areas, and 1-2mm deep in others. In showing the presence of bleeding in some areas and not in others, the red swollen gums in this part of the mouth and the pink stippled gums in another part. Until recently this mirror technique, good intraoral photographs, and Saliva testing were all I had. Still, I struggled to get above 50% case acceptance and worse I would get the occasional 1-star yelp “I went in for a cleaning, and they wanted to do a \$1,000 scaling thing—stay away!” Ugh!

The solution is actually simple and fits in well with the philosophy of co-discovery. Allow your patients to see for themselves the pathogens that are affecting their health. I say this is a “new” old technology because there is nothing new about taking a biofilm sample and looking at pathogens on a phase contrast microscope. The new part is how much easier it is to display the findings to the patient and the knowledge

of the effect of those pathogens on systemic health. Today we can use video cameras mounted on microscopes and present images on large screen displays. The evidence of pathogens swimming and swirling around in full color directly in front of a patient has had the most significant emotional impact I have ever seen in patients.

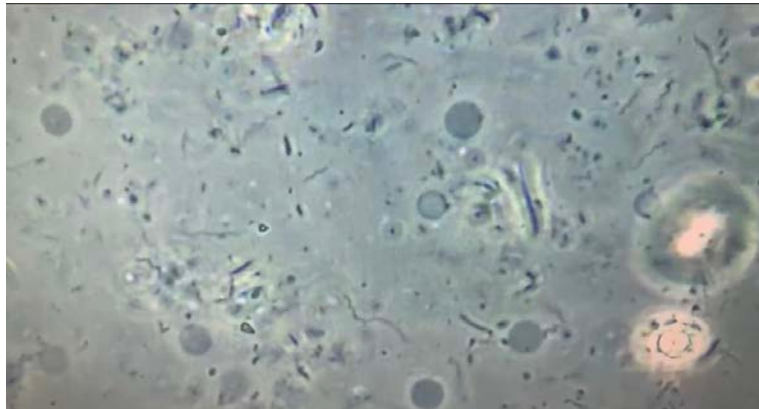


Image of Oral Pathogens taken from intraoral biofilm

This emotional response has not only been seen within my patient population, but instead, I have experienced it firsthand. I discovered a single spirochete on a sample of my own biofilm, and that image shook me in a way I did not expect. This discovery, along with the knowledge of the literature that spirochetes pass the blood-brain barrier and develop slow forming biofilms in the brain concerned me. Knowing that spirochete biofilms in the brain are associated with Alzheimer's has dramatically changed my home care. I now have a desire to use interdental stimulators, antibacterial irrigants in an oral irrigator and laser gingival disinfection, where I was used to be somewhat indifferent about using those in my own mouth. Before seeing that spirochete and tying its existence to a condition that I never want to experience, I would never have changed from brushing and flossing alone. I have only had the technology in my office for a month, and now I can't imagine practicing without it. The video microscope replaces minutes upon minutes of periodontal monolog with a dialog about how we can help them get the pathogens under control. Almost no time is spent any longer convincing them they have a problem and now they are asking me what we can do.

Learning Ladder



With a video microscope case, acceptance is no longer dependent on my communication skills, it is now a result of the patients desires to change. Going back to the teachings of L.D. Pankey's Learning Ladder I am now aware that my failure was in transitioning from patient's awareness to acknowledged self-interest. I used to operate under the assumption that the patient seeing bleeding gums and or deep pockets with their own eyes and my explaining how healthy gums do not bleed was enough to move them from awareness to attitude change, to commitment, and onto the action. I now realize they were mostly tuning me out as I tried to educate them about something, they didn't seem too interested in. Seeing bleeding gums does not get our patients attention. Seeing swimming pathogens does get their attention, and they sprint from awareness to commitment to action.

I used to wonder when a patient would not go forward with treatment if the reason were financial or if they didn't quite believe they had a problem. Now I am much more confident that when a patient refuses treatment, it is because they can't afford it or in some rare instances just don't care about their health, but I never leave thinking they don't believe me."

Following my visit to Dr Cairns office, his parent company, Pacific Dental Services did a follow-up 90-day pilot program to evaluate my approach. They have the capability to evaluate the metrics in a meaningful manner and know what to do about it. Guess what, they are looking for additional offices to deploy video microscopy and my Perio-Max protocol...

Dr Michelle Jorgenson is one of the top Holistic Dentists in the business. She has had a remarkable personal health journey that has shaped her career and life. She talks about it in her newest book, ***Healthy Mouth, Healthy You***, The holistic dental guide. When she approached me about training her lead hygienists about microscopy and getting them laser certified, I was really excited to meet such top tier clinicians. We had a great weekend together.

Wendy Cullum RDH

In Her Own Words

"I would describe my desire to focus on a more health centered approach to dental hygiene as all-encompassing. I've been a dental hygienist for so long that I include the importance of total body health relating to teeth and gums in each patient visit. If gums are bleeding, then I ask what is going on with the health of the patient. Do they need more vitamin C perhaps? If they are cavity prone, I might ask the patient about their digestion? Maybe there is something stopping them from absorbing minerals. It's not just about teeth! Oral hygiene care, diet, stress, hormones, sleep, etc. can all affect the overall health of the patient's teeth."

Jilene Mecham RDH

In Her Own Words

“As our office has changed to a more health centered dental office, we are forming partnerships with other health practitioners. We are gaining knowledge from them, which has been most beneficial for the patients that have come to our office.

As you know, as a hygienist I see people regularly. I recently had an experience where I have been seeing this lady for over 5 years. I noticed that her gums were bleeding more than normal for her. I asked her what is going on in her life. She started explaining some stresses in her life. I listened and recommended that she decompress and take some long baths. She came back 6 months later and her gums were better. I asked her what she did to help with her gums. She said, "Jilene. While I was driving home from my last appointment, I realized that I was stressed. I realized that I was taking upon myself other people's problems. I let it go." Tom, of course this is when we both started singing "Let it go." haha...

This is an example about looking at the whole body and total health. When there is inflammation, decay or something abnormal in someone's mouth, I ask, what could be the reason? What factors could be causing this abnormal sign or symptom? I begin to ask the patient what they think could be causing this abnormal reaction? What is happening in their life? Could their diet, sleep or others habits be causing this abnormal reaction? Before being a more health centered dental office, we used to fix the sign and/or symptom without looking at or taking into consideration the overall health of the patient.”

Dr Daniel Dela Cruz

Dr Daniel Dela Cruz is one of those students that reward you for being an educator. Teachers in general are underpaid and unappreciated for extremely hard work. Teaching at the graduate level in dental school is no different. In every class one or two students stand out that make it all worthwhile. They have the unique combination of natural gifts that it takes to excel in dentistry. Dr Dela Cruz is one of those. From him purchasing two dental practices while he was in dental school, he has been a outlier from the jump and massively impacts everyone around him. I am happy to now be working in those practices creating and polishing my programs.

In His Own Words

“As a recent dental graduate, I feel like I was educated in the most modern technology and evidence-based treatment for specific diseases. Little did I know that was far from the truth. Reality does set in once you learn that you know little to nothing coming out of school. The four years of information they cram into your head is just the very basic and, in some cases, it is old and outdated. Fortuitously, I heard a talk given by Dr. Tom Larkin during a lunch and learn. He

talked about the future of dentistry and how to use technology to educate your patients. He showed a picture of a computer screen that was attached to a microscope. The computer monitor looked like a petri dish of bacteria. Essentially, he was “showing” the patient what was causing periodontal disease and why they have bone loss. Fast forward 7 years later, that single lecture changed the course of my dental career.

Today, I am three years out from dental school. I have not only learned the impact of educating your patients but using technology as a tool to simplify that education process. I own two dental offices and I am proud to say that both are very focused on providing not only the best dental care but helping the public learn the “true” connection between Oral and Systemic health. One of the most difficult things to explain to a patient is periodontal disease and how it leads to bone loss, tooth loss, and most importantly systemic diseases. We use a far more advanced microscope today than what Dr. Larkin used but the concept is still the same. I cannot emphasize the tremendous and jaw dropping impact showing a patient live aggressive periodontal bacteria on a 60in monitor in color. The most common comment is, “Wow, that is in my mouth!” followed by, “How do we get rid of it?!” Rather than spending precious time explaining what disease they have, our patients are pointing things out on the screen and truly becoming involved and engaged in their overall health. As a result, a large majority of our patients, willingly, schedule for treatment for periodontitis or dental treatment. Regularly, our patients who has gone through our treatment recommendation has reported that their mouth feel healthier and their overall health has improved.

In the short time I have been a dental provider, I have learned that our standard dental conversation must evolve and keep up with our research and technology. The old method telling our patients that they have a dental problem is just not enough. In my opinion, we as health providers are not getting to a true solution for our patients by this method. By utilizing Dr. Larkin’s Perio Max program, myself and my team, feel like we are making an impact in our community by truly involving our patient’s in their own overall health.

I am grateful that we have leaders, like Dr. Tom Larkin, in our industry who push the boundaries and question norm and advocate for the betterment of our community. As a friend and Mentor, Tom Larkin continues to inspire me and my staff to be better, Thank You! “

Marley Zetter RDH

Marley Zetter RDH was a relatively new graduate from hygiene school when the opportunity came to work for Dr Dela Cruz. Imagine being a recent grad going to work for someone who is still in dental school. Talk about a leap of faith. When I met her, I told her to be patient. She was going to be a part of something special.

In Her Own Words

“Oral health doesn’t just start or stop with the mouth. We as dental professionals know and understand this statement but getting your patients to completely understand this concept can sometimes be a challenge. When you as a hygienist take a step further and connect with a patient about their systemic health, letting them know you not only care about their teeth, but every part of them, begins to open a whole new system of building rapport. Implementing the oral-systemic connection with a health based dental hygiene program in our office was a huge change for the better. When I started using biofilm slides and a microscope chair side, I witnessed the light bulb going off in patients’ heads. When your patient can physically see the bacteria that is affecting not only their teeth, but can be affecting their whole body, they truly want to start treatment to improve their health. Seeing is truly believing. When your patient experiences the change in their bacteria, they feel pride and accomplishment, and you as their hygienist feel true gratification in the fact that not only are you helping improve your patient’s oral health, but their overall health.”

Brittany Thompson RDH

Brittany Thompson RDH was a classmate of Marley Zetters and heard about this unusual practice owned by a dental student. More importantly what intrigued her was the use of the video microscope to educate and motivate patients. It was natural fit for her to integrate this tool into her daily work. She is now lead hygienist in De Dela Cruz’s second office.

In Her Own Words

“Patients have been taught for a long time that regular dental cleanings are just something insurance covers twice a year and “makes their teeth feel smooth” Explaining periodontal disease and the need for scaling and root planning is one of the hardest conversations to have with a patient and for the most part they leave not understanding the need for treatment. Being able to show the bacteria and give a cause for their bone loss, inflamed bleeding gums and bad breath has been so eye opening to the patient. This also opens the conversation about overall health. Most patients don’t know how much oral health is correlated with systemic health. When I explain to the patient that the bacteria in their mouth could put them at risk for cardiovascular disease etc., they really feel like we care about them and only want their mouth to be healthy along with the rest of the body. This is where we gain life time patients who change their mindset about the dental office. Patients who are more proactive in their dental health and more likely to get preventive treatment, which will lead to less oral disease and decreased risk of systemic disease.”

Dr Scott Drake

Dr Scott Drake is a new graduate who has obtained about as many five-star Google reviews that I have ever seen. It normally takes a fresh grad a while to get their feet underneath but not in this case. With the proper training and a deeper level of understanding of dentistry's potential, very rapid growth can occur. Here is a Google review that he obtained while working with Brittany. That's why I say, this can be done FROM DAY 1!



In His Own Words

The reason I love getting to work in a health centered dental practice is the impact I get to make in my patients. I have really gotten to see how unaware patients are to the impact the mouth has to the rest of the body and what they place in it. I have had many conversations discussing how diet impacts their teeth and how teeth impact their body. Being able to teach patients is something I enjoy the most.

Dr Rachel Riley

Dr Rachel Riley was about a year or so out of dental school when she approached me about helping her with her startup, a very different startup. I had known that she was interested in the health centered approach because I had seen her at an AAOSH meeting right after she graduated But I truly wasn't prepared for the firm stake she would place in the ground. Rachel was an outstanding Division I athlete in college and what I learned very quickly was her self-awareness, discipline, and fearlessness. She had been preparing for this moment a long time. She wanted to approach dentistry from the standpoint of discovering root causes of disease and was open to a full-on holistic approach. Startups by their very nature are fraught with inherent risk but to commit to a very small niche was beyond bold. She has executed to perfection and I probably refer to her more than anyone I have been involved with as to the power of following one's own convictions and not following the crowd. Something that is nearly impossible to do with our social media, influence driven society.

In Her Own Words

As Dr Larkin was writing this book, he asked me why I chose to focus on a health centered approach to dentistry. It has taken some reflection and deep thought to truly understand what drove me to this discipline.

I've always had a passion for health in general. I remember being a little kid in Barnes and Noble and strolling through the health section. I saw a book title about healing cancer through the foods we eat. Even as a young person without the slightest understanding of medicine, this was a profound moment in my life. I truly believed that if it was the title of a book, it must be possible! We can heal from diseases that were thought to be a death sentence.

As I got older, I spent my adolescence and early adulthood perfecting the game of softball. Ultimate health and performance were always a constant theme in my life. I had strength coaches helping me to gain muscle and power, physical therapists to increase performance and speed, others who taught me to what to eat for optimal health...you get the picture. This dedication to health and performance ultimately led to the opportunity to pitch for the University of Kentucky.

Many times, pitchers have a stereotype of being self-centered and egocentric. I mean, they are in the center of the field with all eyes on them in big moments. They love the spotlight, to be the hero, to have the ball when the game is on the line. While all these things can be true, the best pitchers understand the bigger picture of a game of softball. As good as a pitcher may be, they, alone, cannot win a softball game. And at the end of the day, winning is the only thing that matters. I could get 20 strikeouts in a game, pitch a no-hitter, even throw 90 MPH, but if we did not play well as a team, we could still lose a game. Coming from a very competitive family, I understood this from a very early age.... winning, not individual success, was the ultimate goal.

Once softball was over, I began pursuing my new passion of dentistry. However, my competitive drive didn't dwindle, and soon, I began questioning what the big picture of dentistry was. I wondered what it would mean to "win" in dentistry.

I knew I was seeing sick patients.... patients who had cavities, broken teeth, gum disease, and other problems. And I knew I could fix these superficial problems. But to me, this was like getting the quick strikeout in a game. I could feed my ego for individual success with these quick fixes. But if someone came back in year with new broken teeth or new cavities this was ultimately a loss. So, what would it mean to ultimately win?

To me, winning is helping people get to the root of why they are sick, why they have disease. It means working with them to teach them how to heal their bodies to be free of disease for life. This is my goal and passion, and I know my competitive nature always striving for a win will continue to push for true health of my patients as long as I'm practicing dentistry.

Dr Candace Flener

Dr Candace Flener is someone I greatly admire. To become a practice owner later in your career because of a desire to do it your own way and the right way is to be massively respected. She first heard me on a podcast years ago, drove several hours to have coffee with me and two years later I am helping her buy a practice. Wow.

In Her Own Words.

“I had lost my passion for dentistry after taking a break from it to stay home with my young children. I couldn’t explain it at the time but I think it was exhausting mentally always feeling like I was coming behind after disease had already wreaked havoc and doing the cleanup work. I realize now that it was my reactive approach that I was trained in that was so draining. I had become proactive with my own health but was practicing reactively in my profession and the two were colliding. It was after I heard Dr Larkin in a podcast explaining the mouth body connection and how dentists play a key role with affecting our patient’s over-all health that I had a paradigm shift in my thinking. I got excited to realize I could practice not only proactively but will also be making a big impact on my patients systemically. The shift in thinking not only got me excited to get back to practicing dentistry, but I also bought my practice at the age of 50. With Dr Larkin’s guidance and mentorship, I am now practicing and have a mission to making a big impact on my patients health and soon my entire community.”

Rachel Adams

Rachel Adams is a hygienist with 3 years’ experience working for Dr. Flener. I helped with the acquisition of an older outdated practice and Rachel was central in the buy in of the new health centered approach that Dr. Flener desired. Within minutes of the initial training with the microscope, her enthusiasm and energy for taking on the huge challenge of changing an outdated practice culture was apparent and she was off to the races as we say in Kentucky.

In Her Own Words

“As a dental hygienist, I believe it is very important to practice with a health centered approach because as clinicians we are not only striving to keep our patient’s teeth and gums healthy, but are also striving to make our patient’s overall healthier. At the end of the day, I care about my patient as a whole person. Knowing what we know about the Oral Systemic connection, it is our duty to not only treat, but to educate all of our patients in this manner.”

Dr Taylor Cox

Dr Taylor Cox approached me while in his residency to ask if I would assist him with his startup. He would be returning to his hometown. An outstanding student and natural leader, Taylor was personally one of the easiest persons I have ever worked with. Scratch starts have plenty of stressful moments built into them but he was a cool customer throughout. He was very focused and desirous on making an impact in his community in a big way with a health centered model. Familiar with the BaleDonnen Method, he went thru the workup himself at an event that I hosted and has really created an exemplary life for himself, his family and his patients.

In His Own Words

“Most people feel about a dental visit like they do a trip to their mechanic: cross your fingers and hope there's nothing wrong, and if there is, that it won't blow your budget to get it fixed. There is a better way. We have the knowledge, the tools and techniques to serve our patients better. A healthy mouth and a healthy body go hand-in-hand. By showing our patients how simple it is to maintain their oral health through proper diet, basic home care, and preventive techniques, we are not just avoiding "cavities" and "tartar", we are introducing them to the steps to develop systemic wellness. We can no longer ignore the bodies that are attached to the mouths we treat.”

Dr David and Dr. Joseph Sutton

Dr David and Dr. Joseph Sutton are a father son team. Joe was a student of mine about 5 years ago and we had communicated off and on. When he emailed me one day and said “I’m ready” , I thought I knew what he meant. What I wasn’t prepared for was walking into this incredibly advanced preventive oriented practice located in rural Tennessee. It was the practice I was describing in my presentation of 2009 where I mentioned minimally invasive dentistry. Dr David was also a patient in the BaleDoneen Method so this was tying the final pieces of prevention together for them. Four hygienists and a practice that utilizes the Biomimetric conservative restorative approach. They are the dentists that a dentist would choose to go to.

In His Own Words

“Dentistry is like all actions we do in life. Our actions must be focused around a set of values. Without this focus our human nature will have us chasing whatever is the shiniest object at the time. Everything we do for patients needs to be focused around improving the patient’s overall health. If we focus on health, all patient outcomes from surgery to restorative will be improved in our dental practice. It is the right thing to do!”

Where Do We Find the Time to Do A Better Job?

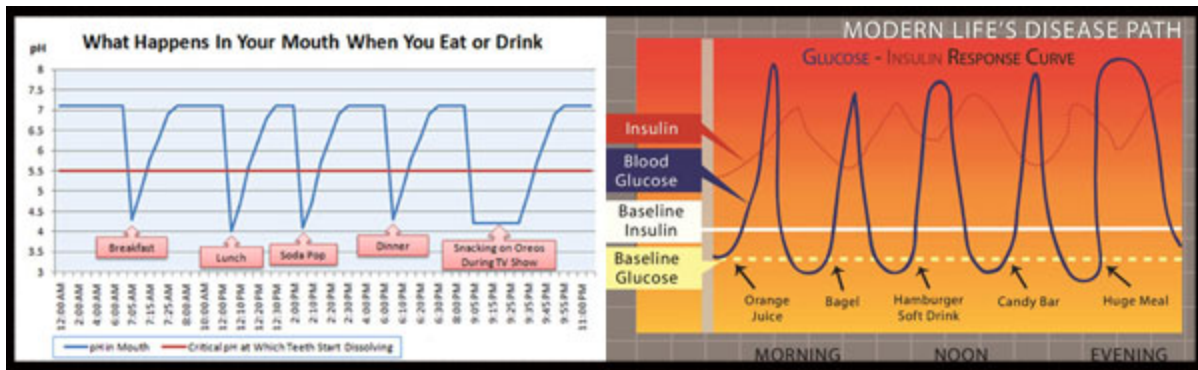
One of the issues that surfaces nearly immediately when you speak of changing any procedures or policies in the hygiene depart is time. Dental hygienists, like all clinicians are creatures of habit and have a routine that they develop over time to accomplish their set tasks in a designated period of time. Any change in approach, in order to be successful and implementation cannot be additive. Meaning it cannot be an additional task that is asked of a person to cram into a set time frame. With the biggest shift in “Changing patients’ Lives” being having the time to educate. We need to find additional minutes to do that. Without question, proven across many offices, the Video microscope can save 10 minutes in time by short circuiting the learning cycle. You are now

You have now given yourself the precious time to teach. There is nothing more difficult than the traditional approach of trying to explain to a patient whose gums bleed or who has periodontal pockets what the meaning of that is and the implications and need for treatment. It is exhaustive and redundant for sure. Conversely, when you place a wet mount sample under the microscope and put in onto a 50” monitor. The response is immediate and compelling. The patient is immediately drawn into a very curious conversation as to what they are seeing. Almost without exception patients when seeing an unhealthy biofilm for the first time will say “what are you going to do about this” they are immediately drawn to the more solution-oriented conversations.

Having the Time to Change Lives

Here is perfect example of how we can take the time we have saved procedurally and change it into life changing information. This is a very simple approach for patients with a high soft drink consumption issue. Addiction to sugar laced drinks is epidemic. One thing is for certain, asking a patient to discontinue a habit, whether it’s tobacco usage or soft drinks is a very steep hill to climb with mixed results. A better approach is utilizing facilitative learning is to approach a small incremental change with massive results on the other side. A change that is minimal in inconvenience and discomfort.

I want hygienists well versed on the acid attack response and insulin response curve charts. We have a flip chart laminate that we use. And we use it as follows. We show that patient that modifying consumption of their favorite soft drink can have a dramatic effect on the health of the mouth. If a soft drink is consumed in a short period of time and that is followed up with some xylitol gum, the overlap damaging effects of the acid attack are contained. What has to be corrected is the habit of taking a few sips over a long period of time which coats the teeth repeatedly .one acid attack after another.



This will yield tens of thousands of dollars in long term healthcare cost saving by reducing or eliminating diabetic risk or insulin resistance. Even pushing it down the road five to ten years is a gigantic win. It will also delay the onset of the many inflammatory based issues rooted in insulin resistance and blood sugar dysfunction.

With everyone on the dental team being conscious that very small, incremental changes in behavior can transform an individual's entire health in a significant way, we have created a value proposition far exceeding the current standards in dentistry today.

In Conclusion

One thing I have observed about the individuals and teams I have had the privilege of working with is that they are consistently looking for better ways to SERVE their patients. They are not looking for quick ways to make money. They are professionally and personally happier because they are making a profound difference in the lives of their patients and team members. The very definition of “Emotional Dentistry” as described earlier. They have discovered that service leads to prosperity in a more holistic manner and they all have the courage to blaze their own trail, *The Road Less Traveled*.

What’s Next

As of this writing, I am launching oralsystemicmastery.com It will be a live event that will serve as an overview of the technologies that will define dental hygiene as we move into the integrated medical/dental era.

Micriological Testing - Laser Therapy - Guided Biofilm Therapy (GBT).

A second season of hygiene superstar is underway and I will continue to advocate for practice autonomy and enhanced career satisfaction.

I can be reached at tom@tomlarkin.com and my websites are www.powhygiene.com and www.oralsystemicmastery.com if you would like more information

My best to you, *Tom*

Dr. Larkin is a native of Omaha Nebraska and a graduate of Creighton University School Of Dentistry. Having worked both as a clinician in private practice and as a professor at two Universities,



Dr. Larkin brings a unique blend of common sense and practicality to his work. He has written two books on dental practice management and two on oral wellness. After attending the BaleDoneen preceptorship in 2013, he set out to develop a curriculum to help dentists incorporate advanced preventive protocols centered around the science of the oral-systemic connection. He is a popular podcast guest and co-host of a new podcast, Hygiene Superstars along with Dr Mike Czubiak. Founder of Proactive Oral Wellness (powhygiene.com), a coaching and implementation website to assist dentists and their teams make the shift to a wellness centered practice, It is the first and only online training course for phase contrast microscopy use in dental hygiene. He is currently managing partner in two local startups perfecting his oral-systemic practice protocol and helping develop innovative strategies to promote sustained practice growth and independence.