



ORTHO2

New Technology and the Clinical Assistant

by **Andrea Cook**

Yesterday's clinical assistant used to seat the patient, take out the archwires, and then wait for the doctor to come to the chair. The doctor would evaluate the patient and their progress, make adjustments in the archwires, and prescribe how they would like the archwire tied in. The assistant would then tie in the archwire and release the patient.

Today's clinical assistant is performing a very different role in the clinical area of the orthodontic office. The clinical assistant is now expected to follow treatment plans, evaluate the appropriateness of moving ahead with today's appointment based on cooperation and growth, evaluate patient progress, and move through the appointment prior to the doctor coming to the chair.

Treatment Chart and Treatment Plan, digital imaging, and photography are all tools the assistants should be using on a daily basis. These tools can help keep treatment on track, assist with the patient flow, expedite appointments, and improve patient and parent education.

The use of today's advanced wires along with self-ligating brackets has changed treatment, treatment times, and appointments as well as appointment intervals. Patients and parents are enjoying the 10–12 week intervals that this technology suggests.

Keeping the patients' treatment on track requires that the assistant monitor progress at each appointment. Implementing Treatment Chart & Plan can also help treatment and appointments stay on track. Prior to the doctor coming to the chair, the assistant checks oral hygiene, compliance with appliances and elastics, as well as tooth movement.

Assistants evaluate the scheduled procedure and whether they will be able to accomplish it at today's appointment. Has the archwire done all it can and is the patient ready to move to the next archwire as indicated in the treatment plan? Has the tooth erupted enough to bond as planned?

If there is breakage, will the repair be done at today's appointment or rescheduled? The decisions are based on either where the patient is in their treatment plan or how much time is remaining in today's appointment. These decisions are critical as they may effect the patient's estimated completion date. If the patient misses appointments or if procedures cannot be completed as indicated in the treatment plan, weeks and sometimes months may need to be added to the total treatment time. A key factor to keeping the patients treatment time on track is accomplishing as much as possible at each appointment.

To make the most efficient use of electronic treatment charting, treatment plans should be developed by the doctor and input for each patient. The number of visits, intervals between appointments, procedure—including wire size—will all be indicated in the treatment plan. Once these plans are developed and placed into the computer, each patient will have a specific plan to guide their treatment.

Tx. Plan for (Cheryl) Cheryl Dowling (AF - D01)

Age: 15 yrs, 7 mos - 11/13/1991
 Start Date: 04/03/2007
 Expected Removal: 11/03/2008
 Month 2 of 19
 Next Appt:

Res. Party: Mr. James Dowling (Father) James Dowling (Mother) Carley Jamison
 Dentist: Dr. Howard Dunaway
 Referral: Dr. Howard Dunaway
 Orthodontist: Dr. Carl Jones
 Family: Dave
 Patient Photo:

Allergic to penicillin

Diagnosis	TX	Months	Diagnosis	Visits	Fee
06/13/2007	2	18.84	Damon Class I Severe Crowding	12	\$4,600.00
					\$ 390.00/visit

Plan	Visit	[Mks]	[Buck]	Procedure	Wires
06/13/2007				INITIAL ALIGN AND LEVEL
	1	200		Full Bond	013D / 014D
	2	10	602	Simple Wire (2)	018D
	3	10	602	Simple Wire (2)	14x25DU
	4	8	230	Pan and Repo.	018D / 14x25D / 18x25D
	5	8	602	Simple Wire (2)	18x25DU
				BITE CORRECTION FOLLOWED BY DETAIL
	6	8	604	Complex Wire (2), With Posts, Start Elastics	19x25 PP TMA Upper & 17x25 PP TMA Lower
	7	8	509	Check Elastics	
	8	8	509	Check Elastics	
	9	6	604	Complex Wire (2), With Posts, Check Elastics ?	
	10	6	604	Complex Wire (2), With Posts, Check Elastics ?	
				DEBOND
	11	6	504	Check to Deband, Impress	Possible Zig Zag Elastics
	12	3	700	Deband Full/Phase II, Del Ret	
				RETENTION
	13	16	501	Retainer Check 4 mos.	
	14	34	502	Retainer Check 8 mos. (final)	

Reprinted from
The Newsletter for Members and Friends of Ortho2
July 2007 - Volume 25 Issue 3

Treatment plans will also give the doctor information regarding the total number of appointments necessary to complete treatment. If the fee is divided by the anticipated treatment visit, one can determine the doctor's fee per visit. When building treatment plans, carefully evaluate your appointments, archwires, procedures, brackets, and bonding strategy to make sure your fee per visit is where you would like it to be. ☺

About the Author



Andrea Cook is a clinical orthodontic specialist with over 20 years of clinical chairside and management experience. Since effectively training clinical team members is a critical portion to the advancement of clinical productivity and profitability Andrea works with orthodontic offices across the country to increase their efficiency, decrease emergencies, implement indirect bonding, and improve communication.