Elaine's Path Into Dental Hygiene

So I knew lasers were going to be the future. And because I had been around the block a little bit as a dental assistant, I knew that not every, you know, dental office and dental practice is the same, runs the same.

So I kind of got a good feel for like the type of dentist I wanted to work for. And I was fortunate enough to come out and find a doctor who also wanted to be on the growth path and bring laser technology in.

He just didn't have the hygienist that wanted to do it with him. So the opportunity came available, we talked, and he was like, let's do this, you're hired.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome to Oral Systemic Connections where I introduce you to amazing people.

Today I'm going to introduce you to a hygiene superstar, Elaine Rodriguez from Arizona. Good afternoon. Good afternoon. Thank you guys for having me. Our meeting in April was a little bit of a pivot.

Normally it's a training meeting going over all these amazing things that are going on in hygiene. But this time I brought amazing people together. And I brought some senators and a new dean of a dental school.

And the purpose was to get in front of some legislators who are going to be making decisions about prevention going forward. Okay. And it was, it really turned out nicely.

You represented the hygienists so well. So Senator Frommmeyer, invited me last week to speak to the legislature when I wasn't expecting that but so when they had their inaugural meeting in a couple weeks now I have my foot in the door to represent dentistry but what she saw was that wow there are a lot of accomplished people in dentistry right and you were one of them so I want to thank you for participating and you represented the hygienist like you killed it you know he really I really appreciate you having me.

And on behalf of the hygiene community, we are so grateful for doctors like you who really see our value, respect what we do, want to keep us and really take care of us and support what we do for the patients.

the dental community and for dentistry as a whole. Yeah, 100%. I was so happy how everything turned out. I was kind of nervous going in because it was very different, right?

But it accomplished what I wanted to, because I'm apolitical. I don't like politics. But I thought, well, if these people are going to be making decisions, and especially it's about prevention, right?

So RFK's mandate is shifting models to prevention. I said, you know, We got to get in that mix. Somebody does. So I got to put my hand up and say, you know, can I get my foot in the door to express my opinion around all these amazing people that I know?

Because if it's not me, who's it going to be? Right? Somebody else is going to make uninformed decisions. And we're going to talk about uninformed decisions in politics a little bit later.

But first, I want to start out like I do with everybody. I want to talk about your journey into dental hygiene. So at some point, you were inspired by someone to get into health care.

Can you kind of help me understand who that person was that you saw that said, hey, that looks cool. I want to be that person. So coming into dental, I initially wanted to just get into a professional space.

So I didn't think that professional, you know, university was going to be for me. So I was really just thinking, where can I get into a career path that is going to, you know, lead me to, you know, higher earnings, more

professionalism, grow, you know, personally.

And so I actually started off my dental career as a dental assistant and I was a dental assistant to a prosthodontist. And very quickly I realized, you know, there's some disease that's causing these young patients to lose their teeth.

So the personal drive is really just to seek, you know, a quote unquote career. But once I got into that space, I recognized, you know, the value of dental and what is dental disease and how does that impact the person in emotionally, physically and health wise.

And so seeing people as young as like in their thirties lose teeth and even being, you know, a young dental assistant, I didn't understand what periodontal disease was.

So that's actually what pushed me into going, you know, furthering my education. in dental hygiene because I wanted to work more closely with the patients and I wanted to focus on prevention.

Laser Training and Building an Education Platform

Like prevention was my purpose going in. So tell me about the, so become a hygienist, the shift into dental laser integrations. Cause this is, this is a big deal.

You've been on this path for a decade. Is it 10 years? Yeah, it's been a good while. So going into laser, so in school, I did my capstone project on laser technology and this was back in 2009. So I knew lasers were going to be the future and because I had been around the block a little bit as a dental assistant, I knew that not every dental office and dental practice is the same, runs the same.

So I kind of got a good feel for the type of dentist I wanted to work for and I was fortunate enough to come out and find a doctor who also wanted to be on the growth path and bring laser technology in.

He just didn't have, you know, the hygienist that wanted to do it with him. So the opportunity came available. We talked and he was like, let's do this.

You're hired. And I was very grateful to him that he invested in me, took me out to several certification courses through the world clinical laser Institute and paid for my paid for my travel.

And I mean, this is expensive education, right? So fast forward, coming back into our own practice, it really just started off as very self-serving. I wanted to be able to take days off, and I needed someone to be able to see my laser patients, see my patients, and take care of them to the same degree that I was getting them to.

And I needed other hygienists to be able to come in and work alongside me. And what I realized was, People would come in and say that they were laser certified, but they really truly, you know, didn't know what they were doing with the laser.

And you see it again and again, and, and this isn't the case where you want to fake it to make it, you know, like it's really not. So really what led me into be, uh, creating dental laser integrations and creating an education platform was to make the training affordable, accessible, but high quality.

so that everybody can learn and do what we do. Yeah, well, you've put in the work. It's very evident to me that you've put in the work, and I know how much work goes into learning platforms and stuff, and you're extremely detail-oriented, and you've put in the work.

So laser therapy and dental, how is it different than conventional therapy? Because everybody always asks me, unfortunately, and you know this too, there are still a few states that are you know, uncertified or you can't in the hygienist.

I don't know, big states like Florida, Texas, you know, like, you know, so, so that comes up. So, so when I'm doing

my training that people will say, you know, what does the laser add to it to conventional therapy?

And I, and I always look at it. It's like a, it's like a ladder of thoroughness, right? It's just one more step Some, some periodontal therapy, I guess you could look at as being redundant.

You know, you irrigate, but laser is different. Laser is an additional therapeutic value. Can you kind of explain what that is? Yeah. So I always want to start with what, you know, realm of treatment are we doing?

Is it restorative? Is it surgical? Is it perio? Is it preventative? So in terms of what we do for hygiene and in terms of using lasers that are soft tissue oriented, So soft tissue lasers for periodontal therapy and for preventative and therapeutic purposes.

So what does it do? Well, firstly, we have to look at the technology. It is a soft tissue instrument. So in terms of traditional modality, everything that we've done, you know, within the realms of periotherapy is scaling and root planing.

It's everything oriented to the hard tissue. So we have all these great cavatrons and piezos and you know, scalers that are treating the hard tissue. But what is it doing for the soft tissue?

Now, I know there's other treatments now like desiccation therapy. We have ozone therapy. All of those also lend to treating the oral environment. But what does laser do?

Laser, when it comes to periotherapy, there's two top treatments that a hygienist can do. The first one is photobio modulation. So in terms of the bile cell incidence in that area.

So that's what that does. But more importantly, I want to put more focus on the sulcular debridement. And so not to confuse, but this is primarily debridement of the soft tissue.

And that is buildup of scar tissue that forms on the inside of the gum pocket when there's injury or wound or infection and disease. To understand all that, we have to kind of really think, well, if I'm treating the teeth, you know, and I'm doing scaling and root cleaning, what am I removing?

I'm removing tartar, I'm removing calculus, hard deposits from the surface. When you use soft tissue lasers, the first thing I want to like touch upon when we start our classes is what are we treating?

What are we cleaning? We're cleaning dirty scar tissue that forms on the inside of the gum pocket. So there's a little bit more obviously that goes into it, but those are the top two treatments.

And when you combine them is when you get a regenerative effect. So Dr. Larkin, I'm seeing patients that are getting four or five, six millimeters of reattachment.

And you just do not get that when you're doing traditional scaling and root planing alone. You're just not gonna get that. Right, because you're approaching, you're looking at the biological, right?

You know, there's that whole thing that goes back many years that it was thought that periodontal disease was caused by calculus. Well, you know, the stuff that's going on.

So you're getting, it's a root cause. You're getting to the root cause and it's very efficient, right? When you take the dental teams through this process, your educational process, can you give me kind of a 30,000 foot layered level view of it?

You educate the whole team or, I mean, I know you do different types of things. Yes. So we want to be able to educate everybody, especially if you're coming from a practice like mine, which is private practice where it takes a village.

Everybody needs to have the proper training on whatever tools and services and modalities that we are implementing. So ideally everybody gets trained from the doctor.

The doctor has the fiduciary duty to oversee the hygienist and it's really important that the doctor understands what's going on, you know, in the hygiene chair from the clinical assessments all the way down to the treatment planning and the use of the laser itself.

And that's what the bylaws read. So it's kind of like, I love dental boards to, to require training, but I also like that they put in there. Usually the doctor has to have equal or more training than the hygienist.

And so when I go in to do training, it really helps bridge the connection between the doctor's treatment philosophy, and the hygienist. So then, of course, we train hygiene within their scope of practice to do all these treatments from period to pain management.

And it's important that the hygienist, of course, not only understand the laser as a tool, how it works as a device, the settings, the parameters, the techniques, and all those hands-on pieces, But more so Dr.

Larkin, which is why, you know, I even am grateful to be connected with you, is understanding the body, understanding the patient, understanding the disease that we're treating.

So what does that really look like? Understanding the patient's medical history. And now we're knocking back on the oral systemic connection discussion.

It's understanding how are we diagnosing periodontal disease and not just like being negligent and tiptoeing over it. And if you really look at it, there's a lot of perio that goes undiagnosed in practices.

And it's because, you know, it's because it's not an easy conversation.

How Laser Therapy Differs From Conventional Perio Care

It's a very delicate conversation that you have with somebody because they have an alive infection and it's often not caused by, oh, you don't floss or you don't brush properly.

Right. You know, it's more sophisticated conversation. So a hundred percent, a hundred percent. So for the most part, it's not covered by insurance. And you and I had done a, we had fun with a webinar called The Perfect Marriage and how I was explaining that, you know, my wheelhouse is showing the bacteria on the screen and then, hey, what's recommended treatment?

You know, I find my personal experience is just high, high level of acceptance for the laser therapy. I mean, people, for whatever reason, they don't push back on it, you know?

And so from a standpoint of, when we're talking about this shift, taking a practice that doesn't have a really strong perio and moving toward a more periocentric practice, these are all really solid tools that there's an ROI on it.

This is a business, you have to make money. That's not necessarily always my motivation, but I have to assure people that, yeah, this is going to work out.

People are going to accept it. And it's getting into that mindset of, We need to offer our patients the best. We can't practice a PPO in, uh, dentistry.

You know, it's, it's not working for people, right? That on a different level. So what has your experience been with case acceptance on, Hey, I need to do laser therapy.

Always great. Okay. So when I first started Implemenili and I'll speak for myself, when I was that two year out of school graduate, just still kind of learning and getting my, wrapping my mind around the piece of technology that I'm

using now.

So. because I didn't have yet a deep understanding of what the laser does, what its purpose is. So when I took my initial classes, they didn't do, maybe they did and it just was my learn ability and my coach ability.

But in any case, I didn't leave those first couple classes really understanding treatment planning and disease management and patient management. And I didn't really have an idea on predictability and what should I expect to see from this laser treatment.

So a lot of it was like me just going back implementing and just focusing on the science. And when I would see the results for myself is when I really got better at explaining and setting those expectations for the patient.

So in terms of case acceptance, once I, you know, under had a better understanding of the technology, is when I was able to speak more eloquently and come from the approach of I'm a clinical consultant, educating you on a best modality on a treatment that's going to be right for you and setting those clinical expectation and outcomes.

Now my case of segments is through the roof and it doesn't matter if I'm in, you know, a lower socio demographic of the city, or if I'm in the most affluent, you know, area, you can implement anywhere and it doesn't matter if you're in low income or not as long as the price is right and most importantly as long as the assessments are on point and as long as you have that understanding of what the laser is going to do for that patient.

So these are the thoughts that are rolling in my mind. All these things take time. So right now we have, and we're gonna talk about this later, this whole divide on the value of a hygienist and then trying to fit into these PPO models.

I just need people to understand that if you take the time and you train people up like you do, this works. People do not push back on this. They don't, if I can convince this.

So where do you see, lasers you know five to ten years out does this kind of to me it's a logical standard of care you know there are a lot of things to me that it's like self-evident don't you see us kind of moving toward that you know i don't think i do and i saw it in school you know like 15 years ago and i knew this was going to be the future And now we're in a day and age where offices like look you up before they even come in.

They're looking at our reviews, they're looking at your list of services, and they're treating it like a restaurant. You know, I want to see what is the ambiance, what are the reviews, what's on the menu.

And this is something that the 2025 dentists and hygienists need to take responsibility for these services because we are the provider of these services.

So it's really important that we really kind of take ownership of it. And the, the main reason being people are going to come and expecting it and wanting it.

And there's a big push right now in the community for red light therapy and people want more holistic, natural healing options. And we don't, we are gone are the days of just wanting a prescription, you know, a prescription and just an abandoned solution.

They want to get healthy. So I think in the future. There's going to be a bigger push for bringing in these holistic, you know, remedies and management options.

But the reason why we're having pushback requires some introspect and some self-evaluation. Like, why aren't I offering this? Why aren't, you know, why am I so concerned with what insurance will or will not cover?

You know, I want to say it's like the, it's the owner that really puts so much emphasis on what insurance will and will not cover because that doesn't matter.

So, so the reason why I was smiling is a minute ago. The reason why I was late for this podcast, you were very patient to wait for me. I know. I was on a previous call on photobiomodulation on new technology.

And I was, I was so, I was so engaged in this thing and I lost track of time. Like it's all I got to podcast with Elaine. I was like, but it was, it was on that.

And I was like, and, and it's like, yeah, this is, and you know, so my job is to meet amazing people like you help you get a platform, help these people get a platform.

Bring it all together. Let's have this amazing meeting and share in a real positive, uplifting way the future. I'm so impressed with you. 2009, you saw the future.

And I have a slide from a presentation that I made in 2009. I saw this. I saw all of this happening, right? Not everybody does. And that's one of the things I have, you know, a lot of respect for you.

We have a little commonality. He was like, I can invest all my time and effort in becoming an expert because the world will eventually come to me. And hopefully that's where, that's where you need to be right this minute.

So, but anyway, it's normal biomodulation. I have trouble with that word, you know, for whatever reason, but that's why I wait. And I apologize to you for, for being that.

No, that's cool. Red light therapy docs. Say red light therapy and people will know it better than that. I'm a big proponent of infrared sauna. I've done it for a lot of years and I bought a new unit this year that had red light therapy in it.

You know, cause that's like actual two birds with one stone. So these two really smart docs were saying, Oh, you know, can't do it at the same time. You have to do one.

And then the other, and they were explaining it to me. I was like, Oh my God. You know, so anyway, red light therapy is, you know, from what they talked about, it has to be on the radar.

We have to be equally as competent. and confident in the science and the understanding so that we can be the ones that are, you know, internally promoting.

And this is like another problem that I have where we think dental and then alongside me seeing the vision for the future is when this concept of dental marketing started becoming a bigger thing and wanting more Google presence and, you know, SEO and these like buzzwords that were using.

And really, truly I'm like, I don't have a brochure that I'm going to give you. I can give you, you know, some marketing material so that you can poster on your office and I can give you, I can meet with your IT guy one to one and tell them what to put on your website.

Yes, we do that, but it's a bandaid. I want to teach the team. one-to-one patient-to-patient interaction. How do we screen? How do we educate? How do we individualize the treatment?

Because not everybody thinks they want, people come in wanting a certain thing. So it's really important that each individual provider understand what the technology does and who it's meant for, so that we can have those individualized conversations because patients are not just going to want to come in and be sold the thing that everybody gets.

They still want that individualized, personalized care. Smiling again, you're making me smile today, which is an awesome thing. So you met Dr. Rachel Riley, and that's the practitioner here.

I helped her with her startup. You know, within five or six years, she's closed to new patients. There's a waiting list. One of the things that she started doing a few months ago, and she's kind of shared it with me, now patients apply

to become on the waiting list.

And I was like, who came up with that idea? She goes, you know, my team and I, we were talking. We said, let's just have them apply. So she shared with me these applications, and I said, I put some of this in my presentation.

I won't use any names. It is astounding to get into the minds of the person who's out on Google, on Dr. Google.

Team Training, Case Acceptance, and Practice Alignment

and I have all these quotes, dentists would be shocked to know that people are that savvy and they're saying, I'm applying to become a patient because I feel that the mouth is connected to the body and I want a dentist that understands that.

And I'm like, holy crap, you gotta be kidding me. And I have saving all these quotes because you and I know that there are people out there. The dental community doesn't know that.

They don't understand it. Yeah, a lot of offices are still hung up on, Oh, my patients only want when insurance isn't. It's all, it's all up here. Yeah.

Yeah. So from, and this leads me to my next question. What's the biggest challenge that, that hygienist faced in adopting lasers? Now I can tell you in any technology, whether it's a microscope or the laser, whatever, has a lot to do with the the dynamic between the owner dentist and the hygienist right so the hygiene might go to you know RDH under one roof which is mainly hygiene oriented and come back to the come back to the owner and say you know and I really want to do a laser or whatever so what what are the obstacles what's been your experience is it is it mainly the convincing the owner or I've seen it where the dentist owner calls me and says, would you please have us do them with the hygienist?

They're not on board, right? So tell me your experience. Is it a little bit of both or? So I'll say three things. It's the top three. One, it's let's start with, you know, we're dealing with living people like team, okay?

And you're dealing with a very insurance driven, you know, industry. Right. So it starts off with, you know, lack of education and training. So the person who's not using laser is the one who is not seeking that knowledge.

Like there's no one in today's in 2025, if you're looking at the research and really on. really unbiased looking at the research and the evidence. Lasers are highly effective.

Okay. So that being said, either you're a very complacent and you just don't want to accept something new because it does require you to put in additional work and effort and output to get that patient to say, yes, we're dealing with a very complacent individual if they're not wanting to move forward with bringing on this new modality.

Why is that person complacent? Well, could be, you know, that they've worked for a series of providers that unfortunately didn't build the trust, didn't feel it was necessary to invest in their people and their team and give them access to training.

And I really do believe it's a trust issue on the leadership, on the owner. And on the third slide, I've seen owners buy $50,000 worth of lasers and The hygiene team will not use it because it's additional work.

I don't have time. I mean, there's all these infrastructural operational issues and it truly is, you know, and every team that I work with, we build in bringing in an assistant for the hygiene team.

So if you have three or more hygienists in the practice. they need to have their own assistant. So why is somebody complacent? It's not always that they're complacent or unwilling.

It's just they're in a very high stress environment. And to do one more thing is like, it's asking a lot and it truly is, which is why I don't say lasers are for just everybody.

I think it needs to be brought on. with some really solid foundational clinical systems in place before you overwhelm and break the system because it can do that.

There needs to be education, leadership from the owner to set parameters, to set expectations, set goals. There's a lot of people that are externally motivated and what's the problem with offering your hygienist more money when they're producing hundreds of thousands of dollars for you with this treatment?

So it's those two things, not having the right infrastructure and clinical systems in place to support the hygienist's scalability, which is, you know, adding on new technology, new services, because one laser usually brings four different streams of services and income.

So, and that's a lot if you're already taking a busy, busy, you know, hygienist and stretching them even more thin. And then the lack of trust between the clinical protocols and assessing and co-diagnosing.

If you look at the dental board, a dental hygienist usually doesn't diagnose perio, they co-diagnose. So, that is a big issue too, not being on the right page with the diagnostic criteria.

I could go on and on doc, but really I would say those are the top, the top few that really get to it. What you've done is you in a very nice manner, you, you've described what I call alignment, you know, just kind of has to be a top to bottom alignment.

And if there isn't alignment, philosophically, clinically, systems wise, it just, it doesn't get glued together properly. Right. And when it does, it's a it's a beautiful thing but like you said it's not for everyone but what people need to know because we have these two you know we have this division in dentistry i don't think there's any question about it these people in this low reimbursement environment struggling and they're suffering and hygienists are Everybody's suffering there and they don't really know.

They don't really know what to do. Right. And so some of the things that you and I are so committed to it is pulling them, raising them up and saying, look, there is a different way to practice.

And I know a practice that has a waiting list and you have to apply and they would say you're. You're out of your mind. Okay, that's not possible. It is possible because I've said it for 10 years.

There are more people looking for this more thorough level of care than there are dentists trained to provide it. And that kind of takes me to the course that I kind of developed to kind of fill that void.

What does that look like? What does that practice look like? Salivary diagnostics, laser, ozone, all those pieces parts. Obviously, this has been a hot topic the last couple of months, meaning a couple of states have taken, because of the perceived shortage of dental hygienists, they've taken action for whatever reason to have a lesser trained individual to take on some hygiene duties.

I don't want to misquote anything, so can you explain those initiatives? Like there was one in Arizona, one in Nevada. Is it a preventive assistant or a preventive assistant?

I don't want to get the terminology wrong, but explain the name and what they are potentially being licensed to do. Yeah, so in response to the dental hygiene shortage, the local dentists in certain states and primarily Arizona, I'm from Arizona, so I'll speak for Arizona, have gotten in touch with the legislature to bring forth this oral preventative assistant.

So what is an oral preventative assistant and what can they do? So an OPA is one that can probe do supra marginal scaling and document findings of disease.

And so this is really in response to these practices that don't have a hygienist, can't keep a hygienist, can't find a hygienist. And really the way the legislation reads is it's for areas that are rural with a population of 250,000 or less.

They try to say, what is this person and what are their duties now looking out? What is their education and. where do they get trained is what's been recently on the docket.

So they have to be a certified dental assistant. So certified dental assistant is one that wasn't just off the street and on the job trained. They've gone through an accredited school to receive their designation as a dental assistant through the Dental Assisting National Board, which is DANB.

and they have gone through an x-ray certification program, so they are able to take x-rays, and they have also gone through a certified dental assisting program, which also requires additional hours to receive that CDA designation.

So they almost operate like an expanded functions assistant. And then if that person meets that criteria, they can then go into the OPA training program, which is through a CODA accredited school or institution.

And they have to have a minimum of X amount of hours. And I believe they settled on 120 hours of education that includes like, you know, And the current curricula is still being developed, but essentially it's going to be teaching them instrumentation, probing and supermanagement, super gingival management of calculus.

Okay. Yeah. And it's hygienists are outraged. Yeah. Well, it should be because, you know, from the very beginning, the premise is, is, is incorrect in that, you know, you're dividing this, this, I'm just thinking conceptually that, you know, it's, it's above the gum.

You can do this because you can't do any damage or with less training, but biologically, you can't separate the two areas. You can't separate the. the gum from below the gum, you know, and so what I, what I see, what I see, this is me looking out saying, okay, I see a fast paced PPO thing that this just becomes a standard, you know, Jippy Luke cleaning, right?

Everybody comes in and gets the same thing and above the gum, you know, and I just see from a health standpoint, just everything going down. I mean, I don't, I don't, I don't see the fit.

You know, you'd have to convince me where that fits. Well, it's a problem on many levels. Well, number one, you know, aside from my ego as a clinical hygienist, let's put that aside and let's put the patient first.

Is there actually a shortage of dentists who have the ability to get a patient in and get them treated. Like, are we meeting the need? Like, that's the first thing that people should ask.

And dental boards ask that, you know, are we able to provide services? What's the need? And then they also ask, what is the cost for us? So of course, they're going to look at costs, but all that to say now, if they're coming in, are they seeing a skilled, you know, professional provider and At that, are they going to be treated to an endpoint of health?

And truly, I, in all my years of dental hygiene and treating periodontal disease, I have yet to come across a case that does not seep below the gingival margin.

The Oral Preventative Assistant Debate

In all my years, you know, being in this dental field, I can already see who would need or who this would benefit, you know, or an OPA, who would hire an OPA.

And I could tell you it's no one listening to this podcast, you know, because your people and my people really value the oral systemic connection. They value quality diagnosis.

to the root cause and to the end point of health. And the doctors that I work with, they're just, you know, they're just not concerned with hiring an OPA or even more so they're not concerned with hiring somebody that isn't open and attuned to learning advanced modalities.

And I think everybody wants to like buy the new toy, the new, you know, the new technology, but they need to invest in their people first. And this is why, you know, looking at root cause, you know, pun intended, like the reason why we have this, this resignation crisis and the great resignation is because there were a lot of poor working conditions and hygienists were not wanting to come back to work.

So to really take a look in the mirror and see like, what kind of systems and working environment and vibes and energy am I bringing to my practice? And what kind of vision am I creating for myself and my patients so that I can find the right team to support that standard of care?

And so I believe there's a benefit for OPAs and Maybe this is the entrepreneur in me, maybe this is the unbiased operator in me, but my colleague and I were like, before they decided that there should be a CODA, it's only a CODA accredited institution, okay, because I'm a secondary clinical institution, but I'm not accredited at this time.

So that being said, we were like, well, let, should we create a program? Should we, you know, train assistants the right way? If they're going to do it, let's make sure they're doing it the right way.

And I would, I'm going to say, you know, I'm going to, you know, be a little blasphemous if you will, and say, I think assistants are very coachable, even more coachable than some dentists and hygienists that I've worked with because they don't have all the.

I mean, it's a double-edged sword. We want them to have all the skills and all the science and the acumen. They're just more inclined to execute and move forward and do it and just get it done.

I'm not saying they're not coachable. You know, they're not trainable. And if they are, God willing, they get the right training and the right education.

And on top of that, they work in a great environment that's going to support, you know, them and make it beneficial. Do I think it's, you know, I mean, it's here to stay.

It's going to happen. Why am I going to cry about, you know, spilled milk already? That's this in a positive. And if someone's going to use it, make sure they're using this person in the product way.

I couldn't agree with you more. I mean, I think there's a blend of this that could work, but I think, I think what you and I are cynical enough to know how it's going to be used.

Whereas it could be done. I would be like completely comfortable with you creating a course or me or the both of us, you know, training course of saying of an ancillary person doing stuff.

Yeah. But yeah, I agree. But I'll tell you what doc like periodontal disease is a billion dollar business. And I feel like not a lot of hygienic like there's so much undiagnosed period that I see the other side of it where I don't blame you know, dentists for wanting to go and find some type of solution.

But why not? invest in your hygienist. You know, there's many hygienists who reach out to me like I want to take your class, but it's, you know, big investment.

It's a big investment monetarily. It's a full day of learning. You know, you're missing a day of work. It's a big investment. And I learned it when I see a doctor paying for the hygienist to come.

But on the flip side of that doc, I've had hygienists come and like fall asleep in class because they binge Netflix the night before and they thought, Oh, I have a CE day tomorrow.

Let me just you know, show up like hungover, whatever, you know, whatever we do. And we're like, Oh, yeah, I just have a CE to go to. This is not that CE.

I'm telling you, I have to email when I put in the welcome letter, like, please get a good night rest. You know,

please, you know, sleep well, eat a good breakfast.

And of course, we offer like, you know, food and we we hydrate you we feed you we I try my best to be as entertaining and engaging and we have a ton of like interactive activities.

But I'm not here to entertain you. I'm not an edutainer. Like I'm here to show you the clinical business and get you on board like you have to come ready to learn like you really do.

That's a good segue, so I'm gonna jump into our April course, because you and I have talked about this. So, prior periodontal disease is a number one risk factor for failing implants.

And you and I have talked about this emerging, the placement of implants, the market is like vertical, but trailing that is failures, okay? And failures related to dysbiosis, okay?

So, if you wash your teeth to periol, a lot of maybe I don't know what percentage, but it's a high percentage. If you don't get your periole under control, you're going to lose your implants.

Okay. And so you and I kind of decided that, you know, that conversation, it doesn't affect necessarily the treatment. It's still the same oral systemic conversation.

It's the still the treatment of periodontal disease, but we need to, we need to make a little bit of a pivot. So let me show you the protocol for April.

Cause I'm opening the course up here in the next week and a little bit of the shift that I made. Okay. So this is our two-day event and I'm going to kind of show you a cool part.

So we're making what I call destination CE. All-in-ex care, you know, that's undefined. I see it on the message boards. What is all-in-ex care? Okay. There is, there is no standard.

The dentist don't want to unscrew it, take it off because it takes time and strip the screws. There is no organization. Well, we need to, we need to have that discussion.

Okay. When I went to FTBT, The operative word in everything that you and I talk about is biofilm disruption, okay? Meaning that biofilm, when it's left unattended, tends to become dysbiotic and diseased.

Well, for all on X prosthesis, according to ChatDBT, I said, how much of the surface area is accessible for biofilm disruption? And it's only like 20 or 30%, okay?

You can't get to the implants. You can't get to the antagonist surface at all. All right. Well, that's a problem. That's a problem. Years and years worth of biofilm buildup are going to be a problem.

Okay. So maintenance protocols, air polishing slash GBT. Salivary diagnostics. I was on a call yesterday. I'm having some great calls that I'm going to share with you.

Um, there's a brand new test for implants. Okay. For implant specific salivary test MMP eight. I learned about that from, from Victoria Sampson, who you met at our meeting in April.

This is a company in Germany, and this is an inflammatory biomarker that Pacific dental is now doing on all new patients. Right. And they were talking to me about the, and once again, I'm a student, you know, I'm a student on all this.

Zirconia and Mimplants, Chris Phelps is going to talk about that. Desiccation therapy, you mentioned it earlier. I did a couple of webinars attended.

Destination CE, Implant Maintenance, and the Future of Advanced Perio

I think that's an interesting, holistic, non-chemical thing. Desiccation therapy is cool, right? So it's for isolated areas, non-antibiotic, they'll standby microscope.

You're going to present on the dial laser therapy and on the clinical side when we have demonstrations on the second day, ozone water, beldonin, the arterial ultrasound and microbial therapy.

Now, something I learned, you missed out on a few things because you had to get back. Your daughter had something going on and your weekend was cut short and I hated it because we really had a very cool networking deal.

Yeah. And I've really seen this trend towards destination CE. And as you saw, well, actually, it's a cool city. The grass is green, and it's all about the horse racing.

So one of the things I did last year, which I learned a lot from, is that some of the presenters, Dr. Bale and a few people came in earlier, and we went to the races the day before.

And it was super fun, and it was super engaging. And so I want to open that up. to anyone who attends, if they want to come. So Thursday, the 23rd, I'm gonna include, you know, reserve seats at the races, and then I'm gonna have, the presenters will have a specific venue for that, right?

Friday is the conference at the hotel, and then Saturday is the clinical breakout. And then that's followed by a barbecue and networking event, because that was the part that you missed that was really, it was really super cool.

And then certainly, Sunday morning, people that were leading Sunday afternoon, as I think I told you, my neighbor is Sheikh Muhammad, the ruler of Dubai.

And we went to his horse farm Sunday morning, and this is a week before the Kentucky Derby. And they were talking about his horse that was going to be in the Derby the following Saturday, and he won the Derby.

So there were people that were on that tour. that bet on the Derby and paid for the whole week trip. And then we had a luncheon at the Thurgood club of America, cause you know, Victoria was staying over another day.

So I want to make that available to everyone. That's so it's of course, we're going to dive into where we need to be going. Because like I said, addressing oral dysbiosis.

and implants is an emerging conversation. And I appreciate all your help. So some of the things that you'll be doing helping me with are laser protocols around implants, right?

People want to know what does that look like? People are searching this, right? And so one of the things that I'm gonna do when this is all done is we're gonna assemble all this information for people And this is where they're going to be able to come away and say, oh, now I get it.

So this is where that division that we talk about, the practices that get it and the ones that are just mired in that hamster wheel model that's going to be there.

Because you're a lot like me. You're a very highly ethically motivated person to help people and help the profession. You know, this is, and, and we're just going to continue to take that high road and whoever wants to follow, you know, I know how hard you work and you'll do anything you can to help this conversation.

And, and I will too. So I'm thankful that we cross paths a couple of years ago is amazing. I highly endorse you and I'm, and I'm honored that you're kind of, you know, hitched your wagon to, to help me because this is what you do is really important.

Thank you, Doc. And likewise, I greatly appreciate you again, highlighting hygienists like myself, giving me a platform to speak on the various ways we can innovate in our op through the use of technology and the better

conversations with our patients.

And again, the purpose is not just to help offices grow profitably. But it's also to give purpose back to hygienists. Like I said, started off as an assistant to a cross, you know, seeing people lose teeth at 20, 30, 40 years old.

And I'm really grateful for the opportunity to be able to bring it back full circle because Advanced PROS is the future. And now it's up to us to kind of help educate on, on maintenance.

And I know there's other educators out there in the space, probably one or two. And now again, with the sole purpose of bringing more accessible, high quality education, not just to, to add it to your list of books that we have on the bookshelf, but to give you actionable information and clinical protocols that you can leave with so you can start using them immediately.

So that's what it is. So anybody who is coming to that, you saw the list there, get your rest and get your team, your entire team, because it's going to take a group effort to come in and get aligned on what all these protocols will be and be able to leave and take it back and start making changes immediately.

So how do people get ahold of you dental laser integrations is your email. It's Elaine at dental laser integration. Yep. Dental laser integrations.com Elaine dental laser integrations.com and my phone number is all over the website.

So yeah, send me a text, send me an email or head up a call. Well, thank you so much for, for helping me in my, my mission. Thank you, doc. Thank you.

I'm grateful to be a part of it and thank you everybody for listening. All right, thanks. Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks. from real doctors on the issues that matter to you most.