

Patient Cooperation Program

To have an effective Patient Cooperation Program you need a **Patient Trainer (PT)** to do the patient training, a **Patient Training Program** to help the patient cooperate (see pages 1 through 21), and a **Program to Train the PT**, (see pages 22 & 23).

The Patient Cooperation Program helps to motivate the patient to cooperate in treatment. In order to do this, it is important that the Patient Trainer have the program to follow. Once the program is set-up for the Patient Trainer it can be tailored for any other staff that want to do patient education and motivation.

It is helpful to designate one team member as the Patient Trainer. The new Patient Trainer is taught both the concepts behind patient training and behavior modification in the step-by-step "Patient Training Program" below.

When separation is required, the Patient Trainer is responsible for the Patient Orientation Visit, which orients the patient to the practice and proper oral hygiene. When separation is not required, the chairside DA does the Pt Orientation as part of her appliance training.

Patient Training Program

Purpose of Patient Training:

The purpose of a thorough patient training program is to get the patient to cooperate in all of the following areas:

- Brushing their teeth, gums and appliances
- Avoiding foods that are detrimental to the appliances
- Wearing the removable appliances (head-gear, elastics, etc.) as required
- Arriving at every appointment, on time
- Any other special cooperation required for the treatment plan

If the patient doesn't cooperate in one of the above areas, his/her treatment may be delayed, compromised (less than the desired result obtained) or terminated. The reasons why a patient may not cooperate are as varied as the patients' personalities. There are, though, four general reasons why a patient doesn't cooperate:

- 1, He or she doesn't cooperate because he or she isn't sure **WHAT** to do.
- 2, He or she knows what to do, but can't actually do it because he or she hasn't been properly trained **HOW** to do it.
- 3, He or she knows **WHAT** to do and **HOW** to do it, but doesn't do it because he or she hasn't established a daily routine for **WHEN** to do it.
- 4, He or she knows what to do, how to do it, and when to do it, but doesn't cooperate because he or she is not psychologically adjusted to his or her treatment; he or she rejects both the treatment itself and the cooperation required.

In 1, 2, and 3, above, the orthodontic team may be of great help in motivating the patients to help themselves. For reason 4, which is rare, the only choice is to end the treatment or have the patient's parents assume the responsibility should treatment be compromised.

The purpose of the *patient trainer* is to help the patients learn how to help themselves, so as to get the best treatment possible with minimum delay and frustration for all. To do this the patient must know **WHAT** to do, **HOW** to do it and **WHEN** to do it.

There are also programs for controlling the patient's cooperation during active treatment, should it start varying off course. If the patient trainer is not capable of motivating and helping the patients cooperate during treatment, then the doctor and the Treatment Coordinator take over and work with the family to decide whether to terminate treatment or to, using the family as the control for making the patient do what he/she has to do. Use of the family to help the patient isn't the best way to get the patient's cooperation and motivation, but if all else fails, either use it or terminate treatment.

In general, the entire patient training concept is very positive, and is aimed at helping the patient, but if this doesn't work (in maybe 10% of the cases), then the patient trainer becomes less positive and more correctional in nature until the patient either gives up and cooperates or the family assumes the responsibility of the patient's cooperation. With this in mind, the next step is to understand the concepts of patient training, and how they may best be used to help the patients cooperate as much as possible.

Concepts of Patient Training:

Patient training, like any other educational process, involves the usual concepts of teaching, such as effective communication, effective positive motivation, and an understanding of what is or is not being learned. These teaching concepts will be briefly discussed below, but before introducing these concepts, you should know the 3 basic concepts upon which the entire Patient Training System is based:

- To have the patient understand **WHY** he is to cooperate in a specific manner
- To have the patient trained to know **HOW** to cooperate
- To have the patient establish, as part of his daily routine, the things he must do to cooperate and thus know **WHEN** to cooperate

If all of these areas are accounted for with all of the patients, then there will be little need for "correctional" training, as treatment progresses.

Why

The most difficult area to master and measure is teaching the patient about the importance of his/her cooperation. The procedures to teach the patient WHY he must cooperate (example: why he must brush, what happens when he puts on his removable appliance, etc.) are described in the sections below. By studying these sections and developing your own procedures you will eventually have the most effective method for teaching these concepts.

After you establish effective procedures for teaching patients these concepts, how do you know if they have learned what they are supposed to? The answer is simple: As you teach them, have him respond by "telling you what you taught them" in the manner that works best for you and them. This concept of "response" will be covered in more detail, under the "Concepts of Teaching" below and will probably be the most effective teaching tool you will have.

How

Now, let's assume that the patient has learned WHY he/she must cooperate. But knowing why isn't of much value unless the patient knows how to cooperate. So the next step is to help the patient learn the manual dexterity skills he/she needs (appliance removal and insertion, tooth-brushing, etc.). Thus, you must master the ability to train the patient in the manual dexterity required, and be able to evaluate why he may be unable to develop this manual dexterity. It is not easy to teach someone else how to do something with his/her hands, especially if you are adept at it and consider it natural.

Again, the road to success in teaching manual dexterity is to have a good understanding of other people's use of their hands and to be able to identify "spatially" what the patient is doing wrong and what he/she must do to correct it

When

Okay, let's now assume that the patient these knows WHY and HOW to cooperate. At this point, one would assume that the patient would just go ahead and cooperate. But this is not usually the case, since what he or she learned is probably not a part of his/her daily routine.

If the patient does not establish this as part of his daily routine and lifestyle, there is very little chance that he is going to remember consistently to do what he has to do to participate in his treatment. Thus, you must "follow up" on the patient in a stepwise manner, from the Patient Orientation Visit through all the initial appliance visits, until you and the doctor are sure that the patient is doing what he must do to keep the treatment on course.

Now that you are aware of the three main objectives of patient training: WHY, HOW and WHEN to cooperate, we will digress for a moment to discuss some basic principles of teaching that you should be aware of in order to achieve these three main objectives. Patient training should be done in a private Patient Training area with no distractions. This area may be a separate room or any private area you can work undisturbed and should have all the necessary equipment and materials for training. The patient training area is also a private place where the patient and patient trainer can talk and discuss problems that the patient is having, without the patient feeling embarrassed around others. This is where effective communication comes into play.

Effective Communication

Effective communication goes both ways between any two parties trying to communicate. In order to communicate effectively you must be an effective speaker and an effective listener, who does the following when communicating with others:

Effective SPEAKING

To be an effective speaker, do the following:

- Talk directly to them while maintaining eye contact and using their first name whenever you need to, to get their attention. Using a person's first name has an effect of shocking them to attention, but becomes distracting if you already have their attention.
- Avoid lecturing to them, which is talking down to them. Instead, speak in a pleasant conversational manner as you would to an adult .

- Speak in an "up-tempo" manner to hold the attention and give them the feeling that you believe in what you are saying. It also helps to go up in pitch (like asking a question) at the end of a sentence to emphasize it; if it seems that you are asking a question, people perk up and listen.
- Pronounce words clearly, avoiding fad or slang words, which the patient may not know or appreciate—be professional. Use technical terms sparingly, only after you have explained and shown the patient what you mean by them.
- Don't use distracting or annoying "filler words", such as "uh" or "OK" or "ya know" or "like", and don't gaze about the room while speaking to them.
- Be aware of the patient's mannerisms (which take time to know) and whether he/she is actually paying attention or not. Shock them out of these mannerisms, such as gazing about the room, fiddling with appliances or whatever, by using their first name.
- Know exactly what to say and how to say it.

Effective LISTENING

The other side of effective communication is effective listening. Listening to what *they* say tells you whether they understood what *you* said to them. Their response also tells you how well they understood what you said. To be an effective listener do the following:

- Give them your undivided attention when they speak and don't interrupt or speak until they have finished speaking—never interrupt them.
- Wait for a "natural pause" in the conversation before speaking or broaching the next subject. All conversations are episodic; they have high and low points. Use the low points (usually by a drop in the person's voice or a slowdown in what he is saying), as a queue to move on to the next subject without them interrupting them.
- Determine what the patient is enthusiastic about and use it to help them gain insight into a subject being discussed so that the patient better remembers. People think in terms relating it to *their* experiences, not yours, and when they explain it back to you accept it in their terms—never qualify it in your terms.
- Never make a "value judgment" or belittle what the patient says, but instead, try to understand the motivation behind what they said and uses that understanding to better describe the subject to the patient. After you practice listening to patients, you will develop a "listener's ear", which allows you to respond to the patient's *actual* needs.

Positive MOTIVATION

To be an effective motivator, do the following:

- Discuss things in terms of what the patient is interested in whenever possible.
- Be mildly enthusiastic about their interest as it relates to what you are trying to teach.
- Discuss how the subject will benefit them (and not necessarily the practice).
- Build on their increasing interest in the subject being taught.

If you believe in and are enthusiastic about what you are discussing, while projecting this belief in a positive, non-pretentious, non-lecturing, concerned manner, the patient *will* be motivated. The patient trainer is best chosen as someone with a positive, enthusiastic atti-

tude (moderate socializer). If not, it will be much more difficult for you to motivate the patient to do what is best for him. Also, if you love what you are doing, it will spill over into the conversation and motivate them. Some *other* aspects of motivation are helpful, and include:

- When the patient is interested in what the treatment is all about, from a semi-technical point of view and thus can be motivated to cooperate by showing him/her how his appliances are curing the malocclusion.
- The patient is concerned with his appearance and thus, things may be explained in aesthetic terms, by showing how his/her appearance will improved if he or she wears the headgear, elastics, etc.
- If the patient considers the treatment an annoyance; he/she needs to realize that treatment will last much longer if they don't cooperate.
- The patient may need a "friend" in the practice to guide them through treatment by taking a personal interest in them at each visit.
- The patient's chief concerns should be referred to if you feel that it will help.

IMPORTANT: NEVER use "negative motivation", such as fear of repercussions or anger expressed about their non-cooperation! Negative motivation never works and in general sets up a bad relationship between them and the practice. For example, you should not tell them that the headgear it will be tied so that he can't remove it if not worn. You should never belittle or "put down" the patient because he or she is not cooperating, making them a "bad person." They aren't bad, just unable to cooperate in *your* practice, based on *your* level of communication.

In general, if you use positive, enthusiastic motivation and really try to understand the patient and why he may or may not be cooperating, you will be accounting for about 95% of all your patients and will be a motivating force for improvement.

ELICITING a Response

And finally, a helpful teaching concept is to "elicit a response" from the patient—it determines whether you are an effective trainer or not. There are numerous responses, which tell you what the patient knows or doesn't know. The LEAST effective response is:

Trainer: "Do you understand?"

Patient: "Uh-huh."

A more meaningful response that tells you both what the patient learned is:

Trainer: "Now that you how to brush your appliances in this area, tell me how you will do it and how it will help you".

Patient: "After eating, I brush back and forth in this way over here, because..."

From this type of response you will know: how well the patient knows *what* to do, how well the patient knows *when* to do it, and how well the patient knows *how* to do it. Have your training "blocked" off in logical units, eliciting a response after each step.

As you train, ask the patient to summarize WHAT and WHY he/she is supposed to do it, e.g.:

Trainer: "Now, tell me what this plaque stuff is and why it must be removed from your teeth."

Patient: "Plaque is ... and it must be removed from my teeth because..."

Another example is:

Trainer: "Tell me what kinds of foods cause tooth decay and how they cause decay."

Patient: "Sweets are bad for my teeth because they eat away at my teeth and causes cavities."

MANUAL DEXTERITY Training

When training in manual tasks such as tooth brushing, headgears, cranking expanders, etc., keep the following in mind:

- Tell them what you will train them to do.
- *Clearly* explain every step in the procedure—if it isn't clear to you, it won't be to them.
- Use photographs, models, instruments, audio-visual aids, handouts, the patient, etc., to demonstrate everything you talk about, so that the patient has some visual image or hands-on object to attach to your words.
- Make sure you have the patient's attention at all times and if it wanders, ask questions to note how much he or she missed and then re-explain it.
- Repeat and re-emphasize important points as needed; raising the pitch of your voice (as if asking a question) to get their attention on important issues.
- Summarize the important points at the end of your talk and emphasize key words, which are important in eliciting his or her response and understanding.

In particular when training the patient, do the following:

- 1) Tell the patient what you are going to demonstrate and its value to him/her, for example:

Trainer: "Our next step is to learn how to brush these teeth in the back of your mouth. They are the molars, which grind your food and tend to get more cavities than your other teeth, so they need special attention. Do you see the ones I mean?" (Point out the teeth using a mirror.)

Patient: "Yes, the big ones over here." (Patient points to his molars).

- 2) Show the patient *how* and *why* to do the procedure, for example:

Trainer: "Hold the toothbrush this way BECAUSE it gives you a firm grip. Place the toothbrush here and brush back and forth with this type of motion (brushing the patient's teeth). This method has been shown to clean the teeth easiest and fastest."

Patient: The patient watches in mirror.

- 3) Elicit a response, ask the patient what has to be done and why, for example:

Trainer: "Now, tell me how to brush these back teeth and why it's important."

Patient: "I hold the toothbrush this way and brush back and forth this way, because it's fast and easy."

- 4) Have the patient do the procedure fully, for example:

Trainer: "Okay, now let's see how clean you can get those teeth."

Patient: The patient finishes brushing his teeth and rinsing his mouth.

- 5) If the procedure was *not* performed well, first compliment the patient on what he or she did well and then show them how to improve their technique, for example:

Trainer: "This area over here looks really good and the teeth are clean and shiny. This area over here, though, seems to be troublesome (pointing to the area and using a mirror) so why don't you try brushing this area over here a little harder to remove the debris from those pits. Do you see the place I mean? Show me."

NOTE: never do the procedure for the patient; although, you might guide his or her hand.

Patient: The patient points to the trouble area and brushes it until clean.

- 6) Once completed, congratulate the patient and move on to the next topic:

Trainer: "Now that really looks nice; see how all the debris is removed from that stubborn area?"

Patient: "Yes."

If working on just one side of the mouth, train on the other side as noted above.

Note: Use the “Oreo Cookie Technique” for tooth brushing training after an initial appliance insertion:

- After receiving new braces the patient’s braces and teeth are immaculate and require a little soiling to be cleaned. Thus, give the patient an Oreo cookie to mess them up and to give the patient a treat. Once done, have them take a drink and then wash out their mouth with water. The residue left is what needs to be cleaned.
- Give the patient a toothbrush and have them use their usual brushing technique (with toothpaste if desired), including rinsing. There will be areas that will now catch food now that didn’t before and they need to be identified.
- If totally clean, congratulate and tell him/her and move on to flossing training if done.
- If not totally clean, first compliment the patient on the areas he or she cleaned well and then show the patient how to clean those hard to get at places, possibly using a special brush.
- The patient finishes brushing his/her teeth and rinsing his mouth to your satisfaction.
- When done give the patient any paraphernalia to take home.

If training in inserting and removing headgear, retainers, cranking expanders, etc., teach them using a similar manual dexterity training procedure as noted above.

Bottom Line: If you treat the patient as an equal, with respect, and maximize your communication as described above, you will make them part of your team for completing their treatment on time and with the best possible results.

To help you with your Patient Cooperation Program a set of letters is provided below for the various stages of your patient training, which are also detailed.

Patient Cooperation Control Letter System

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Oral Hygiene Cooperation Control

At every active patient visit, the clinical team gives the patient a *ROUTINE HYGIENE CHECK* and depending on the outcome, processes the patient in a specific manner.

- ☺ If all checks out and the patient has healthy gums and clean teeth, he/she is given a good hygiene grade in the HYG section of the Tx Chart.
- ☹ If the patient does NOT have healthy gums and clean teeth, he/she is given a poor hygiene grade in the HYG section of the Tx Chart and is processed as follows:
 - ☐ **WITHIN the first six months of Active Tx**, if the patient gets **ONE** poor hygiene grade:
 - He/she is scheduled for tooth brushing training, that day if possible.
 - If it is not possible to retrain that day, the DA notes in the next Tx column on the Tx Chart that the patient needs tooth brushing retraining at the next visit, if not scheduled sooner.
 - ☐ **AFTER the first six months of Active Tx** and the patient gets *two or more* poor oral hygiene grades within a 6-month period:
 - Try to have the patient retrained that day.
 - If not possible, have him/her scheduled for retraining at the end of the next visit, if not sooner.

For *chronically poor* hygiene patients, the patient is put on a program where:

- ☺ He/she is scheduled for retraining after EVERY VISIT, until cooperation improves.
- ☹ If this fails, he/she is scheduled for retraining once EVERY WEEK.
- ☹ If this cannot work, or if he/she refuses to come in every week, the only alternative is to have the doctor, and possibly the TC, try to get the family to help motivate and remind the patient to cooperate by using cooperation letters as noted below. The doctor requests the letters, but the letters can be sent in the doctor's name or the TC's name; the TC is used in the examples below.
 - ☐ The doctor requests a "Poor Oral Hygiene, First Notice" letter (CODE-34) and notes it on the Tx Chart.
 - ☐ If the First Notice doesn't help improve the patient's poor hygiene by the next appointment, the doctor requests a "Poor Oral Hygiene, Final Notice" letter (CODE-35).
 - ☐ If the Final Notice doesn't help improve the patient's poor hygiene by the next appointment, the doctor requests a Correctional Conference with the TC (CODE-38).
 - ☐ The TC holds a correctional conference, notes the results on the Tx Chart and hopefully this will either help solve the problem or will generate a decision to terminate Tx. The TC has them sign a liability release (CODE-35LR) for possible oral damage due to the poor oral hygiene.
 - ☐ After the conference the TC requests a Correctional Conference follow-up letter (CODE-39) describing what was discussed and what decisions were made.
 - ☐ If treatment is terminated, the TC prepares and has signed a "Tx Terminated Liability Release" letter (CODE-40LR) and the patient is processed accordingly.

Code-34: Poor Oral Hygiene, *First Notice*

Dear :

We have been trying to improve (Pt's 1st Name) Oral Hygiene through positive encouragement and training, but we have not had the success we need. Poor Oral Hygiene could produce permanent damage to the teeth, the gums, and may also extend the Treatment Time, because the appliances are being inhibited by the debris and swollen gums.

We would greatly appreciate it if you would give (Pt's 1st Name) the kind of positive encouragement needed to help (him/her) remember to brush. We feel it is necessary to brush AT LEAST after breakfast, after school, and before going to bed.

Thank you for your understanding and assistance in this important matter. Please call me if you would like to discuss this further.

Sincerely,

Treatment Coordinator for Dr. Braceman

Code-35: Poor Oral Hygiene, *Final Notice*

Dear :

It has become apparent to us that we cannot encourage (Pt's 1st Name) improve his Oral Hygiene habits. We know that (he/she) knows how to brush properly, but (he/she) just has not established a routine which will automatically 'trigger' brushing after meals and snacks.

Thus, we are asking for your vital assistance in reminding (Pt's Full Name) every day to brush as soon as (he/she) finishes (his/her) meals, and before going to bed.

It is not easy to establish new worthwhile habits or routines, but we feel that with your help (Pt's Full Name) can establish an Oral Hygiene Program which will benefit (him/her) throughout treatment and throughout life.

Thank you for your very much appreciated assistance. Please call me so that I can help you achieve this very worthwhile routine.

Sincerely,

Treatment Coordinator for Dr. Braceman

Code-35LR: Liability Release for Poor Oral Hygiene

To William Braceman, D.D.S.:

Re: (Pt's FULL Name)

We, the parents and legal guardians of (Pt's Full Name), recognize that (Pt's 1st Name)'s oral hygiene (tooth brushing/flossing) is inadequate to maintain the health of (his/her) dentition and gums.

We hereby absolved Dr. Braceman of any liability for any tooth or gum damage cause by (Pt's 1st Name)'s poor oral hygiene.

Patient, Parent or Guardian's Signature: _____ Date: _____

Patient, Parent or Guardian's Name: _____ Date: _____

Dr Braceman's Signature: _____ Date: _____

Code-38: Patient/family; Request For A Corrective Conference

Dear :

We would appreciate it if you would call our office at your earliest convenience and make an appointment with me to discuss (Pt's 1st name) Orthodontic Treatment.

We are running into severe difficulty with his treatment due to (his/her)continued lack of cooperation, which we have indicated in previous communications to you.

It is important for us to discuss this problem, since it will determine whether a successful treatment is possible, or whether it is best to change or terminate treatment.

I will be waiting for your call; thank you for your understanding and time.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-39: Patient/family, Correction Conference Follow-up Letter

Dear :

We appreciate your time and concern, and thank you for the opportunity to discuss (Pt's 1st Name) Orthodontic Treatment.

As discussed at the conference, we felt that (TYPE IN DATA)

As you remember after our discussion, it was decided that (TYPE IN DATA)

Paragraph if Continue Treatment

We are hopeful with your help, that (Pt's 1st Name) will cooperate in the future, which will lead to a successful completion of the Orthodontic Treatment.

Paragraph if Discontinue Treatment

We are sorry that the best thing to do now is to discontinue treatment. It seems that under the circumstances, this is the best course of action to take.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-40LR: Treatment Terminated Liability Release

To William Braceman, D.D.S.:

Re: (Pt's FULL Name)

We, the parents and legal guardians of (Pt's Full Name), hereby approve the premature removal of all Orthodontic appliances and the conclusion of Active Treatment.

We also acknowledge that we have been informed that Active Treatment has not been completed.

DR. Braceman is hereby absolved of any and all professional responsibility and legal liability at any future date, with regards to possible failure or relapse associated with the dental structures of (Pt's Full Name) teeth and associated tissues, specifically related to alignment of occlusion.

Patient, Parent or Guardian's Signature: _____ Date: _____

Patient, Parent or Guardian's Name: _____ Date: _____

Dr Braceman's Signature: _____ Date: _____

Appliance Wear Cooperation Control

At every active visit appointment, the DA's and doctor check the patient's appliances and removable appliance wearing in the following manner:

- If the patient does not complain about discomfort, the DA asks the patient if his appliances are comfortable or not and notes any problems on the Tx Chart in the "Today's Tx" column.
- The DA tries to relieve the problem, or else the doctor relieves the problem and recommends aspirin or warm salt water if the patient is sensitive or chronically uncomfortable.
 - If a bracket, wire, or loop is irritating the patient, the DA or doctor recommend using wax to cover the area, show him/her how to apply it and then do whatever is necessary to help.
- The DA checks for broken or distorted archwires or loose bands and brackets, indicating whether the patient is eating the proper foods or not.
 - *NOTE:* non-consistent loose bands and brackets are not always the patient's fault.
- The DA notes any breakage with an "S" in the "F.C.E.S." column on the Tx Chart and tells the patient that in the future if he/she notices loose bands or broken archwires, he/she should call the office for an appointment to correct the problem immediately.
 - The DA tries to determine the cause of the broken or loose appliance and tries to get the patient to avoid doing the thing or eating the food that causes the problem.
- The doctor and DA check to make sure that the patient is wearing his removable appliance and if he/she isn't, places a "P" for poor in the appropriate appliance column in the "cooperation" section.
- If the Doctor or DA is not sure whether the patient is wearing the removable appliance or not, they put a "?" in the cooperation column until they are sure they can place a "P" in that column.
- ☺ If all checks out and the patient is wearing the appliances as directed, he/she is given a good grade in the HG, etc., section of the Tx Chart.
- ☹ If the patient is NOT wearing the appliances as directed, he/she is given a poor grade in the HG, etc., section of the Tx Chart and is processed as follows:
 - WITHIN the first six months of Active Tx***, if the patient gets **ONE** poor grade:
 - He/she is scheduled for appliance training/wearing, that day if possible.
 - If it is not possible to retrain that day, the DA notes in the next Tx column on the Tx Chart that the patient needs appliance retraining at the next visit, if not scheduled sooner.
 - AFTER the first six months of Active Tx*** and the patient gets *two or more* poor appliance grades within a 6-month period:
 - Try to have the patient retrained that day.
 - If not possible, have him/her scheduled for retraining at the end of the next visit, if not sooner.

For Chronically Poor Appliance Cooperation:

- If the patient cannot be convinced or motivated to cooperate and the doctor is fed up with the lack of cooperation, the doctor requests a "Poor Appliance Wear, First Notice" type letter (CODE-36XX) and notes it on the Tx Chart as a "36XX" in the "COM" column. The Code-36 letter can be

a 36HG (headgear), 36EL (elastics), a 36RA (removable appliance), or a 36EB (excessive breakage of appliances) letter.

- If the patient has had a few SOS's or poor appliance wear grades since the last request for a CODE-36 (HG, EL, etc.) letter, a "Poor Appliance Wear, Final Notice" letter (CODE-37) is requested and noted on the Tx Chart in the "COM" column.
- If there have been a few SOS's since the letter CODE-37 was requested, the doctor requests a correctional conference, and the TC calls the parents, or sends out a letter (CODE-38), to arrange a correctional conference to help solve the problem or terminate treatment.
- When training the patient to cooperate by wearing his appliance or controlling the kinds of foods he/she eats, the DA follows the same procedures she uses to train the patient initially and also tries to determine the reason for the patient's non-cooperation, by looking at it from the patient's point of view:
 - Try to find out why the patient is not wearing the appliance: usually because he/she forgets it, it falls out, or it is painful to wear, it doesn't fit, he/she doesn't know how to insert remove it, the wearing schedule is not good for him/her, and he/she may need to switch from day to night or from night to day wearing, the patient doesn't want to wear it at all and will not wear it.
 - If the patient cannot insert or remove it, or if it doesn't fit well or causes pain, the DA adjusts the appliance and retrains the patient so that he/she knows how to remove and insert it, using the same procedures as before.
 - If the patient needs a new appliance wearing program, the DA works out a program with him, makes out a new 5-month program card to try it out and the patient finalize it on the next visit, or there after.
 - When the DA has completed her training, she escorts the patient to the reception area where the *patient* summarize what he/she is to do between now and the next visit for the parent.

Specific Appliance Cooperation Letters:**Code-36RA: Poor Removable Appliance Wear *First* Notice**

Dear :

As we discussed at the Treatment Conference, the length of (Pt's 1st Name) Active Treatment time and the overall success of the treatment, are directly related to the degree of cooperation we receive from (him/her).

Paragraph for if A Positioner

As we had noted earlier, the final tooth positioning phase of the treatment can not be completed, unless (Pt's 1st Name) wears (his/her) positioner appliance the required 12 hours-per-day. It is very important to (his/her) overall treatment to wear the positioner the necessary 12 hours-per-day. If it is not worn, relapse and even possibly re-treatment may be necessary, to achieve a normal healthy occlusion.

Paragraph for if A Retainer

Our records indicate that (Pt's 1st Name) not wearing (his/her) retainer appliance the necessary 24 hours per day. If the retainer is not worn 24 hours per day until further notice, the teeth may relapse back to their original positions. If this occurs, bands will have to be reinserted and the teeth moved back to their proper positions. This would create an added expense to you and prolong treatment a few months or even years.

Paragraph for if Misc. Removable Appliance

Our records indicate that (Pt's 1st Name) is not wearing (his/her) (removable appliance type) as required. This is interfering with the treatment and unless it is corrected, it may be necessary to extend the length of the treatment.

Paragraph for All Removable Appliances

(Pt's Full Name) knows how to remove and insert (his/her) appliance, but needs POSITIVE encouragement to wear it the required hours a day. Please discuss this matter with (him/her) and call us if you would like to discuss how you can help. It is not easy to establish these new routines, but with your help we feel that (Pt's Full Name) will appreciate it and so will we.

Thank you for your understanding and assistance.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-37RA: Poor Removable Appliance Wear *Final* Notice

Dear :

It has become apparent to us that we cannot encourage (Pt's 1st Name) to wear (his/her) (removable appliance) the required 24 hours-per-day. (Pt's 1st Name) knows how to remove and insert this appliance properly; but (he/she) is not wearing it enough to produce the desired results.

Thus, we have no other recourse but to ask you for your vital assistance in reminding (him/her) to wear the appliance the required 24 hours per day.

It is not easy to establish new routines, but it is essential in order for treatment to progress, or even to be completed at all. You seem to be our last hope to help (him/her) to establish this routine. Please discuss (Pt's 1st Name) wearing program to see when you can REMIND (him/her) to wear the appliance as required.

We would appreciate your vital assistance very much, please call us if you would like to discuss this matter further.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-36HG: Poor HG Wear, *First Notice*

Dear :

As we discussed at the Treatment Conference, the length of (Pt's 1st Name) Active Treatment time and the overall success of the treatment, are directly related to the degree of cooperation we receive from (him/her).

Our records indicate that (Pt's 1st Name) is not wearing the headgear the required 14 hours-per-day, everyday. This is interfering with (his/her) treatment, and unless (he/she) wears the headgear this amount of time, it may be necessary to extend the length of the treatment program, or change our treatment plan.

(Pt's Full Name) knows how to remove and insert (his/her) headgear but needs positive encouragement to wear it the required hours-a-day. Please discuss this matter with (him/her) and call us if you would like to discuss how you can help. It is not easy to establish these new routines, but with your help we feel that (Pt's Full Name) will appreciate it and so will we.

Thank you for your understanding and assistance.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-37HG: Poor HG Wear, *Final Notice*

Dear :

It has become apparent to us that we cannot encourage (Pt's 1st Name) to wear (his/her) headgear the required 14 hours-per-day. (Pt's 1st Name) knows how to remove and insert the headgear properly; but (he/she) is not doing it according to a daily schedule which will produce the necessary tooth movements.

Thus, we have no other recourse but to ask you for your vital assistance in reminding (him/her) to wear the headgear the required 14 hours-per-day.

It isn't easy to establish new routines, but it is essential in order for treatment to progress or even to be completed at all. You seem to be our last hope to help (him/her) to establish this routine. Please discuss (his/her) wearing program with (him/her) to see when you can remind (him/her) to remove and insert (his/her) headgear until (he/she) has established a routine.

We would appreciate your vital assistance very much, please call us if you would like to discuss this matter further.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-36EL: Poor Elastics Wear, *First Notice*

Dear :

As we discussed at the Treatment Conference, the length of (Pt's 1st Name) Active Treatment time and the overall success of the treatment, are directly related to the degree of cooperation we receive from (him/her).

Our records indicate that (Pt's 1st Name) is not wearing the elastics as required. Daily replacement of the elastics is very important to successful completion of the treatment we started. Unless (he/she) wears his elastics every day as required it may be necessary to extend the length of the treatment.

(Pt's Full Name) knows how to remove and insert (his/her) appliance, but needs POSITIVE encouragement to wear it the required hours a day. Please discuss this matter with (him/her) and call us if you would like to discuss how you can help. It is not easy to establish these new routines, but with your help we feel that (Pt's Full Name) will appreciate it and so will we.

Thank you for your understanding and assistance.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-37EL: Poor Elastics Wear, *Final Notice*

Dear :

It has become apparent to us that we cannot encourage (Pt's 1st Name) to wear (his/her) elastics the required 24 hours per day. (Pt's 1st Name) knows how to remove and insert the elastics properly; but (he/she) is not wearing them in order to produce the necessary tooth movements.

Thus, we have no other recourse but to ask you for your vital assistance in reminding (him/her) to wear the elastics the required 24 hours-per-day.

It is not easy to establish new habits or routines, but it is essential in order for treatment to progress or even to be completed at all. You seem to be our last hope to help (him/her) to establish this routine. Please discuss (Pt's 1st Name) wearing program with (him/her) to see when you can REMIND (him/her) to remove and insert the elastics as required.

We would appreciate your vital assistance very much, please call us if you would like to discuss this matter further.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-36EB: Excessive Breakage, *First Notice*

Dear :

As we discussed at the Treatment Conference, the length of (Pt's 1st Name) Active Treatment time and the overall success of the treatment, are directly related to the degree of cooperation we receive from (him/her).

Every once-in-a-while, breakage of a patient's band, wire, or appliance occurs. However, during the course of (Pt's, 1st Name) treatment, we have noticed an excessive amount of appliance damage. We feel that this damage is due to failure to refrain from eating hard foods, and not properly caring for the appliances. This is interfering with the treatment and unless it is corrected, it may be necessary to extend the length of the treatment program.

Thank you for your understanding and assistance.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-37EB: Excessive Breakage, *Final Notice*

Dear :

It is apparent that we have not been able to impress (Pt's 1st name) with the importance of caring for (his/her) appliances. There continues to be an extremely large amount of appliance breakage. We do not feel that we will be able to treat (his/her) orthodontic problem successfully with this amount of breakage. We are thus asking you to monitor (his/her) eating habits, as much as possible, in order to have (him/her) refrain from eating hard and sticky foods which damage the appliances.

We appreciate your vital assistance very much, please call us if you would like to discuss this matter further.

Sincerely,

Treatment Coordinator for DR. Braceman

Corrective Conference & Follow-up:

- If the *Final Notice* doesn't help improve the patient's poor cooperation by the next appointment, the doctor requests a Correctional Conference with the TC (CODE-38).
- The TC holds a correctional conference, notes the results on the Tx Chart and hopefully this will either help solve the problem or will generate a decision to terminate Tx.
- After the conference the TC requests a Correctional Conference follow-up letter (CODE-39) describing what was discussed and what decisions were made.
- If treatment is terminated, the TC prepares and has signed a "Tx Terminated Liability Release" letter (CODE-40LR) and the patient is processed accordingly.

Code-38: Patient/family; Request For A Corrective Conference

Dear :

We would appreciate it if you would call our office at your earliest convenience and make an appointment with me to discuss (Pt's 1st name) Orthodontic Treatment.

We are running into severe difficulty with his treatment due to (his/her) continued lack of cooperation, which we have indicated in previous communications to you.

It is important for us to discuss this problem, since it will determine whether a successful treatment is possible, or whether it is best to change or terminate treatment.

I will be waiting for your call; thank you for your understanding and time.

Sincerely,

Treatment Coordinator for DR. Braceman

Code-39: Patient/family, Correction Conference Follow-up Letter

Dear :

We appreciate your time and concern, and thank you for the opportunity to discuss (Pt's 1st Name) Orthodontic Treatment.

As discussed at the conference, we felt that (TYPE IN DATA)

As you remember after our discussion, it was decided that (TYPE IN DATA)

If Continue Treatment

We are hopeful with your help, that (Pt's 1st Name) will cooperate in the future, which will lead to a successful completion of the Orthodontic Treatment.

If Discontinue Treatment

We are sorry that the best thing to do now is to discontinue treatment. It seems that under the circumstances, this is the best course of action to take.

Sincerely,

Treatment Coordinator for DR. Braceman

Termination of Treatment Letters

Code-40LR: Treatment Terminated Liability Release	
<p>To William Braceman, D.D.S.:</p> <p>Re: (Pt's FULL Name)</p> <p>We, the parents and legal guardians of (Pt's Full Name), hereby approve the premature removal of all Orthodontic appliances and the conclusion of Active Treatment.</p> <p>We also acknowledge that we have been informed that Active Treatment has not been completed.</p> <p>DR. Braceman is hereby absolved of any and all professional responsibility and legal liability at any future date, with regards to possible failure or relapse associated with the dental structures of (Pt's Full Name) teeth and associated tissues, specifically related to alignment of occlusion.</p> <p>Patient, Parent or Guardian's Signature: _____ Date: _____</p> <p>Patient, Parent or Guardian's Name: _____ Date: _____</p> <p>Dr Braceman's Signature: _____ Date: _____</p>	

If the terminated treatment is compromised, the patient's PCD must be notified using such letters shown below.

Code-41: P.C.D. Notification Of Compromised Treatment
<p>Dear Dr. :</p> <p>Due to (Pt's FULL name) continuing lack of cooperation, we must accept a compromised result for (his/her) Orthodontic Treatment. Although there has been considerable improvement, we and the family feel that it is best to just conclude treatment as soon as realistically possible.</p> <p>The parents have agreed to this compromise, and are aware of (Pt's 1st Name) lack of cooperation.</p> <p>Please call us if you have any questions, we would be most happy to discuss the treatment with you.</p> <p>Sincerely,</p> <p>DR. William Braceman</p>

If the treatment is terminated, the patient's PCD must be notified using such letters shown below.

Code-42: P.C.D., Notification of Terminated Treatment
<p>Dear Dr. : RE: (Pt's Full Name)</p> <p>Paragraph if PH-II Treatment Not Wanted By Patient/family We have successfully completed the first phase of (Pt's 1st Name) Orthodontic Treatment. The patient and family have decided not to proceed with the second phase of Orthodontic Treatment at this time. Should conditions change in the future, we will notify you of their decision.</p> <p>Paragraph if Termination of Treatment Wanted By Patient/family We have discussed (Pt's 1st Name) Orthodontic Treatment with (his/her) family, and we have all agreed that termination of Orthodontic Treatment is best at this time. It is apparent that (Pt's 1st Name) cooperation will not improve now or in the foreseeable future. Should these conditions change in the future and we restart treatment, we will notify you.</p>

Concluding Paragraphs for ALL

Active Orthodontic Treatment is being discontinued for (Pt's 1st Name) at (his/her) insistence, with his parents' understanding and consent. Everyone understands we have not brought the treatment to a satisfactory conclusion thus far, although to fully complete the treatment would have been preferred. Retaining appliances will be placed and (Pt's 1st Name) will be kept under observation for a reasonable period of time.

We have advised the patient to contact your office for a Dental Examination and Prophylaxis following appliance removal. Should there be any further questions, please call.

Sincerely,

DR. William Braceman

*** Have the patient/family sign CODE-41LR for Liability Release.**

Code-43: P.C.D., Change In Tx Plan Due To Poor Cooperation

Dear :

Due to (Pt's FULL Name) lack of cooperation and progress, we have made the following changes in (his/her) Treatment Plan:

(Note Changes In Treatment)

The parents have agreed to this change and are aware of (his/her) lack of progress due to poor cooperation.

Please call us if you have any questions, and we will be happy to discuss the treatment with you.

Sincerely,

Treatment Coordinator For DR. Braceman

If the treatment is CHANGED, due to biological problems, the patient's PCD must be notified using such letters shown below.

Code-44: P.C.D., Change In Tx Plan Due To Biological Problems

Dear :

Due to unforeseen biological problems, we are making the following changes in (Pt's FULL Name) Orthodontic Treatment:

(Note Changes)

The parents are aware of the need for this change and have agreed to it.

Please call us if you would like to discuss this treatment, and thank you for your time and understanding.

Sincerely,

DR. William Braceman

***FINANCIAL* Cooperation Control Letter**

Treatment Termination for Lack of *FINANCIAL* Cooperation

CODE-50: Poor Financial Cooperation, Termination of Tx

Dear :

Re: (Pt's Full Name)

This is to advise you that because of your nonpayment for the orthodontic treatment of the patient named above; I shall have to terminate this treatment in sixty days from the date of this letter. In my opinion, this patient can benefit from continuing orthodontic care and I urge you to seek the services of another orthodontist.

If you decide not have to another orthodontist take over treatment within the next 60 days, please contact our office to have the braces removed, since there may be health problems arising from wearing appliances without periodic maintenance and adjustment. These potential problems include decalcification of teeth, increased risk of cavities and the possibility of injury or sores gums from broken wires and brackets. Should you decide to have the appliances removed, please contact our office to schedule an appointment for this purpose.

We will remove the braces and place removable retainers. We will monitor the retainers if you so desire at a cost of \$____ per visit, due at the start of each visit.

I am sorry that we have to take this action, but you leave us no choice in this matter.

Sincerely,

Bookkeeper for Dr. Braceman

Patient Trainer, Training Program

The Patient Trainer is also and for Active Tx and Retention Tx Cooperation Control and behavior modification. The PT is not trained as such until she is an established clinical team member and understands all chairside procedures. Also, *all* clinical staff should study the Patient Training manual, since all clinical staff will be responsible for motivating and educating the patient when removable appliances are placed and for oral hygiene instruction.

The training is simple and comprises studying and roll playing, and working on patients; the training chronology is:

- The first day is a non-patient treatment day is used to learn about training and setting up a Patient Orientation that works best for the practice and the Pt. Trainer.
- The second day onward is used to have the PT perfect her Patient Orientation. The second day onward is also used to train the PT in specific areas of patient motivation and cooperation control (hygiene, wearing removable appliances, etc.).
- The second, third, etc. days of training do not flow day after day. There is probably a week between day one and day two training. There is probably a week between the other days of training also. This is to give the PT the time to practice and perfect her techniques.

1st Day of Patient Trainer, Training

The first day is a non-patient treatment day is used to learn about training and setting up a Patient Orientation that works best for the practice and the Pt. Trainer (PT).

Today's Staffing Schedule

- This should be done on a day when patients are not being seen, at least by the PT
- The rest of the clinical staff are on their own
- You can get the new PT started in the morning and you and the new PT will Role Play that afternoon to develop her program
- The new PT will not be scheduled any patients this day and it is best not to have any patients this day

Procedures for *Morning of Day-One Training*

Have the PT study the new Patient Training Manual to learn the concepts behind patient training and its procedures. When done, answer any questions the PT has on any of the material she read

If time permits, go through your usual Patient Orientation visit (separation, impression, visit), with you being the Patient Trainer and with the new PT acting as the patient, so that she can observe the training from the patient's point of view.

Next, it is the PT's turn to play the role of the patient trainer, and you the patient.

Next, critique her performance as the PT and then both of you finalize the Orientation Visit procedure to what you think is best.

Finalize all the little details, which will remove the awkwardness or ambiguities from her presentation. Write down anything that will help you remember the procedure.

Next, have one or two of the clinical staff act as patients, and have your new PT try her new program on them, to get some experience.

Patients should already have been scheduled for the next few patient Tx days, so the PT can get experience working with patients from then on.

2nd Day of Patient Trainer, Training

Today's Staffing Schedule

This may be done on a day when patients are not being seen or on a day when patients are being seen but you and the PT will have an hour or two to work together.

- The staff is scheduled patients as usual.
- You are scheduled patients for the first hour or so, and then work with the PT late morning.
- The PT is not scheduled patients except for an appliance training patient in the late morning, and for the usual afternoon schedule.

Procedures for *Morning* of Day-Two Training

Go through another role-playing session with the PT, to develop the procedures for Initial Appliance Training for your practice.

Once you and the PT have developed the Initial Appliance Training procedures, she can try them on the patient she already had scheduled for Initial Appliances.

The finalized procedures for Initial Appliance Insertion training should be typed and put in your Patient Trainer's Manual for reference in the future.

Procedures for *Morning* of Day-Two Onward Training

The PT studies the pages on Pt. Cooperation and Behavior .

Then go through another role playing session with the PT, to develop the procedures for Cooperation Training and Behavior Modification for your practice.

Once you and the PT have developed the Cooperation Training and Behavior Modification Training procedures, she can try them on the patient she already had scheduled for those kinds of problems.