

OPEN WIDE(R)

**A GUIDE TO SMILE
AND FACIAL AESTHETICS
TO ENHANCE YOUR
CONFIDENCE,
APPEARANCE, AND
OVERALL HEALTH**

DR. LARRY ROSENTHAL

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Given the author and the title, you are probably thinking that this is a book about dentistry. You are wrong! Oh, to be sure, you will learn a great many things about dentistry and the explosion of innovation that has driven the dental profession for the past several decades. But *Open Wider* is really a book about possibilities.

Using dentistry as an engaging metaphor, Dr. Larry Rosenthal cleverly defines the approaches you can take to deepen your sense of worth, to improve your general health, to enhance your beauty, to grow your confidence, and most importantly, to enrich the fulfillment you derive from life itself.

Dr. Rosenthal is a baby boomer who came of age in the late 1960s, when just about everyone in the boomer generation thought he or she could change the world. No challenge was too great: end the war in Vietnam, improve race relations, and preserve the earth. Unlike many boomers who simply moved from rock concerts, to protest marches, to full-fledged participants in the status quo, Dr. Rosenthal really did change the world! He changed the world of dentistry, and he changed the individual worlds of the thousands of people whom he touched in his life—patients, colleagues, and students alike.

I am one of those people. No, I am not a patient of his, although I have been in his office many times as a visiting dentist; and I witnessed several of the amazing personal transformations he has orchestrated. Let's say I am more of a disciple of Dr. Rosenthal's can-do attitude. Let me explain. I became dean of the New York University College of Dentistry in 1998, when the school was struggling to regain some of its former luster. Alumni were disaffected, donations had fallen to abysmal levels, and research was moribund. Dr. Rosenthal was one of the first alums I encountered who took time to learn about the planned transformation, to advise on how best to achieve that transformation, and to make an extraordinary leadership gift. Most importantly, he had the courage to begin to speak out to his peers about the changes under way. Within eight years, a microsecond in the evolution of academic institutions, the NYU College of Dentistry—energized by terrific faculty, students, and staff—was back on top. Research went from 43rd to third in the country, donations increased tenfold, and student performance on national and regional exams improved dramatically. Such is the power of the can-do, all-things-are-possible attitude that Larry helped to imbue in me and in so many others at the school.

Open Wider dispels many myths about dentistry and reveals some interesting facts, too. For example, did you know that the simple act of smiling releases endorphins, and that baseball players who smiled for their baseball card picture lived longer than those who did not smile? Smiles are also catalysts of success and wonderful social lubricants. Are you happy with your smile? Or does your unhappiness with your teeth reduce your inclination to smile? If so, *Open Wider* goes to great lengths to explain all of the things you can do to enhance your smile, boost your self-confidence, and expand the opportunities in your life.

Open Wider is also about artistry, proportionality, and the science of beauty. For example, the most beautiful smile in a room full of people is rarely the one filled with snowy-white Chiclets of teeth in totally straight alignment like so many pasty-faced soldiers on parade. Such smiles scream, "Fake!" both to the trained and untrained eye. Instead, it is the smile that lifts the face, with teeth aligned to support the smile,

complement the shape of the head, fill the cheeks, and reflect the natural attractiveness of the patient. It neither overwhelms the face nor shocks the observer. Rather, it engages the observer: “What is so magnetic about that person? Is it her eyes, her hair, her personality?” Great smiles beguile, they do not overwhelm, and Dr. Rosenthal is a master of both producing them and explaining what makes them great.

Dr. Rosenthal is a very generous human being. I am not referring to his philanthropy, which I mentioned a few paragraphs ago, but to his generosity of spirit, and *Open Wider* certainly reflects that generosity of spirit. He has always desired to share his skills and success with others, whether the other is a new dean, a patient, or a colleague with an office around the corner or around the globe. Indeed, I have heard him speak to a room full of 1,000 dentists from all over the world, not to expand his busy practice, not to enhance his personal esteem, but to share the many things he has learned in a lifetime of practice, so that the dentists in the room can better serve their patients. This book is yet another example of this generosity, reaching out directly to the consumers to educate them about teeth, about health, and about life.

He includes a chapter about the importance of children’s teeth and provides parents with a primer on what to do to preserve and enhance their children’s smiles. There is another chapter on self-assessment, as well as chapters on the “smile lift,” the “trial smile,” and the “dream team.” In the dream team chapter, Dr. Rosenthal again shows his generosity by focusing attention on the many colleagues with whom he works, both in dentistry and in other health professions, and the importance of the services that they provide. He tops it all off with a compelling tour through some of the technologies that lie ahead for dentists and their patients.

When reading *Open Wider*, prepare to be challenged. Do you know the responsibilities of a good patient? Prepare to be mesmerized. Do you know what citizen sensing is, and how it might make dental products better? And, most importantly, prepare to be a better person—more knowledgeable, more confident, more positive, more likeable, and more successful.

Michael C. Alfano, DMD, PhD

**Professor, Dean, and Executive Vice President Emeritus
New York University, and Member, Santa Fe Group**

Students watch and learn during a live dental session at the New York University College of Dentistry.



A modern dental office with quiet rooms combines a welcoming, relaxing atmosphere with a comforting and open design as seen here at the Rosenthal Aesthetic Clinic at NYU.



CHAPTER 1

THE RENAISSANCE OF DENTISTRY

WHY I BECAME A
DENTIST, AND
WHY I'M EXCITED
AND OPTIMISTIC
FOR PATIENTS AND
DENTISTS
EVERYWHERE



It started for me in my first year of dental school, about the time of the War of 1812 (actually it was the Vietnam War, circa 1968). The world was crazy: North Vietnam launched the Tet Offensive. The Soviet Union invaded Czechoslovakia. Racial conflict grew more violent.

Martin Luther King Jr. was assassinated; riots broke out. Bobby Kennedy was assassinated. Antiwar sentiment grew more violent. Police stormed the campus of Columbia University to remove student protesters.

Baby boomers were trying to rule the world—what’s right? What’s wrong? If it was black, I’d say it’s white. If it was white, I’d say it’s black. Abbie Hoffman rallied the yippies to disrupt the Democratic Convention in Chicago. Arlo Guthrie was making the rounds with the long version of *Alice’s Restaurant*. Crazy.

I wanted to study music at Juilliard. My older brother had gone into dentistry, and so I decided to give dental school a try. I enrolled in New York University’s College of Dentistry. Walking into the main lecture hall my first day, I thought, “*Are you kidding?*” There was a cadaver. The lecturer went on and on about the physiology of the brain. What does this have to do with dentistry?

“I’ve got to get out of here!” The curriculum was pure science: pathology, microbiology, immunology, pharmacology, radiology, all the other *ologies*. It was technical: anatomy, laboratory, and preclinical work. And then there was the dread of dealing with the odor. Who wanted to spend all day in those odorous mouths? Not me.

Being a dentist seemed as bad as being a dentist’s patient. Both sides were so angry. It was all about pain, odor, and taste. I started to understand why people hated dentists, why dentists hated their patients, and why dentists hated themselves. It was ridiculous, absurd, and insane!

“I’ve got to get out of here,” I thought. “*Or I’ve got to change it.*” There had to be more to this profession—to this career—than what dental school was offering. There had to be more than just the oral cavity and the teeth. What about the smile? The face? The beauty? The artistry of dentistry? Was there such a thing?

Yes. But not then. Not there. Not that way. I had to reimagine my profession. It began with the visual. **Dentistry is a visual art.** It is an art informed by science and technology. It is an art that drives science and technology.

THINK “ARTISTRY,” NOT JUST “DENTISTRY.”

Fast-forward 13 years after dental school. OMG, I discovered what I could do with a small porcelain chip, a piece of glass like a baby’s fingernail. I could bond this porcelain on a woman’s tooth and strengthen her tooth considerably. In the process, I changed her whole smile and her self-image.

Imagine how a tiny porcelain *vener*, as we called it, could transform a patient’s feelings about herself! For my patient, this was a miracle. Would it work for others?

Yes. Sixty thousand veneers later, the whole profession is performing miracles. Patients are excited, dentists are excited. Everyone is excited about the possibilities of dentistry!

This is a book about the possibilities. It is a book of optimism. It's my story, a story of good fortune, tremendous drive, passion, and innovation that culminate in the renaissance of dentistry. It is a renaissance, a revival of the art and beauty in the practice of dentistry. And it is a renaissance accessible to all—to dentists and their patients alike. It puts health and beauty within everyone's reach.

IMAGINE THE POSSIBILITIES!

In this book, you'll find many reasons to be optimistic—even excited—about your next dental experience. You'll learn about the latest technology that makes each dental procedure less invasive, far less traumatic, and relatively pain-free. You'll discover ways to improve your diet, appearance, and oral hygiene. You'll find much to discuss with friends, health care professionals, and family members, especially your children, grandchildren, and parents. You'll get a glimpse of the not-so-distant future of dentistry, where the best care is not just curative or preventive but aesthetic—and available to you, no matter where you live. I'm a lucky man—and excited to tell this renaissance story with you.

BEFORE



AFTER



CHAPTER 2

MYTHS,
DECEPTIONS, AND
MISCONCEPTIONS

UPROOTING
DEEPLY HELD AND
VERY UNHEALTHY
BELIEFS ABOUT ORAL
HEALTH



Look around you. How many people are glued to their smartphones? How many of them are talking with each other while texting someone else? “Texting is my lifeline,” patients tell me as they text like crazy during a tooth-whitening session. With all due respect, I think they’re on the wrong track in life.

Looking into the eyes of the person sitting next to you, talking to that person from the heart—that’s the true lifeline. That’s what connects people. That’s what builds and strengthens relationships.

So please turn off your cell phone and focus here. I need you to help me root out these negative or outdated ideas about dentistry.

1. GOING TO THE DENTIST IS AN UNPLEASANT EXPERIENCE.

On the list of “least favorite things to do,” getting a dental procedure is right up there with prostate exams and colonoscopies.

But **a visit to the dentist is no longer torture.** Our space is like a spa for those who want to be pampered, and like a man cave for patients who like to watch sports on big- screen TVs during their procedures. Noise-canceling headphones block out upsetting sounds, and aromatherapy neutralizes offensive odors. Our reception area is also very connected, equipped with tablets and Wi-Fi for patients who want to catch up on their e-mail or make calls. And it’s very social and very exciting: you never know who you’re going to meet. **We have fun. That’s the essence of the Rosenthal experience.**

2. ANY TYPE OF DENTAL TREATMENT IS PAINFUL.

When I first started practicing dentistry, restorative procedures were fairly invasive: materials were relatively rudimentary, handpieces were noisy and vibrated a lot, and anesthesia injections were often painfully uncomfortable and made for tender gums and palate once the anesthesia wore off.

Today, many procedures require minimal tooth preparation. That means little removal of a tooth’s enamel. Prepless (i.e., little or no drilling) means painless. Materials and bonding techniques are so advanced that restorations can bond simply and permanently. And the handpieces can be electric, producing significantly less vibration and greatly reducing the sound, so that patients are less aware of a drill in their mouth. My point is that we have simplified many medical and technical procedures. The complex has become basic.

Consider the root canal. Dr. Jason Deblinger, a top endodontist in New York City, says, “A big myth is that root canals hurt and take a long time.”¹ At one time, they did hurt and they did take a long time because endodontists used to do them by hand. They had to feel their way to the apex (i.e., the end) of the root. All they had as a guide was a simple x-ray of the tooth structure.

Today, endodontists have technology that eliminates the guesswork and decreases the risk. Dr. Deblinger says, “With digital x-rays and an apex locator, we can create a three-dimensional diagram of the nerve and root structure. It’s like a global positioning system for your mouth. It helps me to guide this tiny rotary instrument to the end of the root. I also use a surgical microscope that magnifies my view 10 to 30 times.”²

Dr. Deblinger estimates that 95 percent of his patients take some form of local anesthesia as well as nitrous oxide (i.e., laughing gas), but he does have anesthesiologists on call if needed. In reality, a root canal has become very simple and painless.

3. MY TEETH ARE THE LEAST IMPORTANT FEATURE OF MY FACE.

People get their hair done. They get their noses done. They wear makeup to accent their eyes, their cheeks, their lips. Many have started using teeth whitening products. But they don't appreciate how their smile is the most active and expressive moving part of their face. It involves several muscles that, sometimes reflexively, create a wide range of expressions. Few people understand how their teeth—their bite and the structure and positioning of each tooth—support the lower third of their face, jawline, and their overall appearance! They don't realize how simple aesthetic dentistry can transform their whole appearance and enhance their self-esteem.

4. I DON'T NEED TO BRUSH THE TEETH THAT NO ONE ELSE SEES.

Patients come to me with visible white teeth: their top and bottom laterals, bicuspids, and premolars all look great! Then I look inside their mouths and am horrified by the stains, plaque, and tartar buildup on the backs of these teeth and all around their molars.

This is a very risky practice, brushing only the sides of the teeth that other people see. Bacteria are still feasting in your mouth, munching on the back sides and the spaces between. Not only are you putting nice-looking teeth and gums at risk for caries and gingivitis, but you are increasing the likelihood of bad breath because of spoiled food particles and a foul-smelling buildup of bacteria.

If you don't like brushing *all* your teeth, then get yourself a Sonicare/Ultrasonic toothbrush and let it do the work!

5. DENTAL RESTORATIONS SHOULD LAST THE REST OF MY LIFE.

"What?!" I thought my new smile was good for life!" The myth that restorations should last forever is understandable: who wants to redo what may have been uncomfortable to do the first time around? If you had a full-mouth rehabilitation because you were in great pain—say, your teeth had cavities, your gums were diseased, or your jaw or bite was out of alignment—the thought of going through the process again is intolerable.

The reality is that no medical reconstruction, from full-mouth rehabs to total joint replacements and even organ transplants, comes with a lifetime guarantee. New hips, for example, are expected to last between 15 and 20 years. The younger the patient's age at the time of the surgery, the more likely he'll need to undergo a replacement operation.³ The same is true for dental work. A clinical success is 10 to 15 years.

Part of the problem is poor maintenance: patients don't do what they need to do to maintain their mouths in general, let alone their restored teeth. The very habits that resulted in that first big toothache or painful infection, end up wreaking havoc on restorations and aesthetics later on. For example, if patients don't brush and floss regularly, the living parts of their mouth—the gums, the tooth pulp—can become