

Quarterly Newsletter

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The Newsletter for Members and Friends of Ortho2

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Ortho2 Perspective

You may have seen our recent social media post, "Our sincerest apologies." In fact, I hope you did! (See it on the next page.)

At Ortho2, we value the personal touch. From the initial sales contact and demo of the software through implementation and onboarding, we offer a tailored,

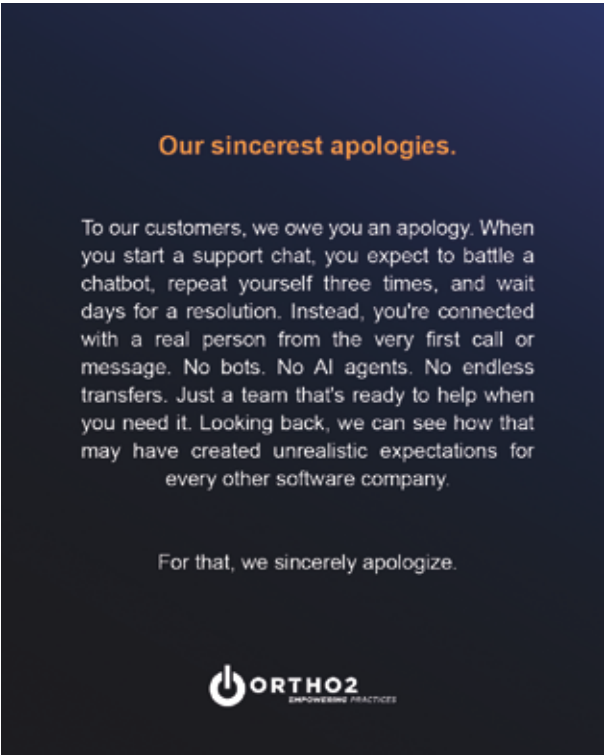
Ortho2 Perspective *continued on next page*

Ortho2 Perspective continued from previous page

human approach. Our Implementation Team brings more than 65 years of knowledge and professional experience to help make any transition as seamless as possible.

And it doesn't stop there. We continually hear that our Support Teams are the best in the biz – from both consultants and customers. Our Support Team is anything but average, as everyone brings an average of nearly a decade of wisdom and expertise.

When you need assistance, we want to meet you where you are. That means contacting us in the way that works best for you – calling, chatting, or even sending an email. And we don't keep you waiting for a response. Your average wait time for a call or chat is less than three minutes, and 99% of our calls are answered. Our priority is to get you an answer when you need it, not when someone eventually sees your support ticket.



We even see you building relationships with our Support Teams as you work with them throughout your career. And we love it! It's so fun to see you meeting face-to-face at Power Up events (be sure to see page 5 on how to register for the 2027 event) or at other meetings, including the annual AAO sessions. And we love receiving your Extra Mile acknowledgements when an Ortho2 team member goes above and beyond! It's all part of the human approach that makes Ortho2 unique.

Ortho2 offers fantastic software that is evolving all the time. But we're more than software. We're people who deeply care about your practice and your patients. We bring 45 years of stability and expertise to help your practice thrive, now and into the future.

In an ever-increasing digital world, let's not forget the value of this personal touch. After all, with Ortho2 you're connected with a real person from the very first call or message. ☺

Amy Schmidt
Amy Schmidt, Ortho2 President

Edge Reminders: Creating Messages and Setting Up Scheduled Jobs

In today's go-go world, it seems harder to keep track of all our obligations and appointments. People are more dependent on technology to keep track of their schedules. This is where automated texts and emails can be critical to ensuring patients keep their appointments. For many offices, the Edge Reminder system is just as important to their practice as any other function of the software. Understanding how to create messages and set up scheduled jobs can be a huge help to your practice and save you an immeasurable amount of time. Today we are going to dive into how to do just that.

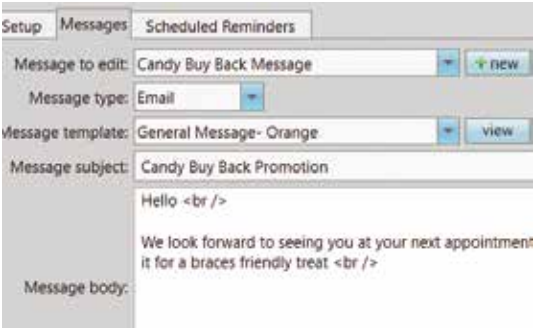
To get to the setup page, you will need to go to the Editors in the Home Ribbon bar. Then in the search box, type "reminder." You are looking for the one labeled Reminders, not Appointment Reminders.

There is an endless number of messages we can send to patients: everything from the standard appointment reminder to promo messages, candy buybacks, and holiday greetings. Within Edge Cloud, these messages can be broken down into two categories: appointment-based and responsible party-based. An appointment-based

message is a message that has appointment variables within it, i.e., @apptdate and @appttime. All other messages are responsible party-based. A good example of this is the candy buyback message. This is a message that normally goes out to the patients scheduled for the first week of November, talking about bringing in their Halloween candy to exchange it for something else. These messages typically do not contain appointment variables within them but are being sent to patients based on when an appointment is scheduled. So, this would be a responsible party-based

message, because it contains no appointment variables.

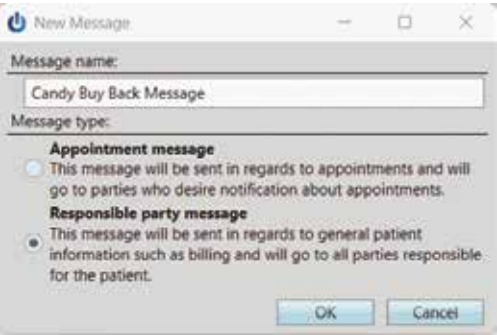
Before setting up your message, the first thing to remember is that emails are formatted in HTML; text messages are formatted in plain text. This doesn't affect how you create messages a lot, but there are some things to remember. When creating an email, adding a new paragraph is not just simply hitting the Enter key. You have to add
 to the end of your sentence.



This is the HTML marker for a line break. Now, this is not an article on HTML markers, and you can ask ChatGPT for anything else you may need. But the line break is the one I use in almost every message I make. Mass text messaging still uses SMS, not the MMS that you use when sending personal messages. This is a text-only service that does not allow the sending of images or videos. SMS also has a character limit of 160 characters. Keep your message short. Make the message too long, and people will just delete it. Short and to the point is key.

When creating your message, start at the top and work your way down. You need to name it (this name is only seen within Edge Cloud and isn't visible to patients). Then you must pick a message template; this is very commonly overlooked. If the message does not contain appointment variables, it's most likely going to use the general message template. Don't forget to add a subject line, as this is an email. Then type the message in the body. Update both the text and email versions of this message, so it's correct whichever format you end up sending.

To add the merge variables at the bottom, you have to click and drag them up into your message; you cannot type out @practicename and have it pull the practice name into the



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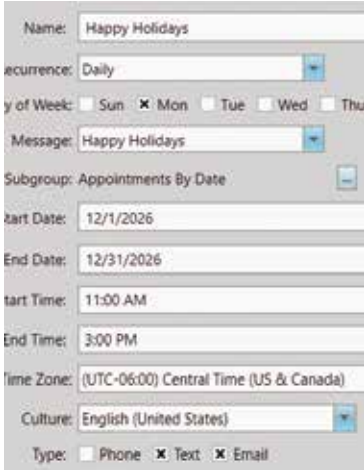
Contact your Regional Manager to learn more.

Reminders continued from previous page

message. These can be useful if you have multiple databases, as the reminder system is shared by your Ortho2 customer number. All databases under that customer number see the same list of messages. You can create one message using the variables and send it from each database. It will then pull the variable data from what you gave us when you first onboarded with the reminder system. This can save a lot of time by not having to create a unique message for every database you have.

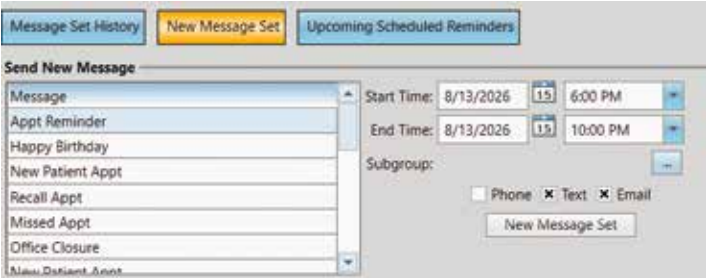
Once you have a message, you need to send it to patients. There are two ways you can do this: create a scheduled job set or manually send the message yourself. Scheduled job sets are messages that go out regularly; most of the time, this is going to be done so many days before a scheduled appointment. At this time, we cannot send reminders based on when the appointment was created, only when it is scheduled for. If you are sending a one-off message, like a promo or holiday message, these would be sent manually.

To create a scheduled reminder set, go to the Scheduled Reminders tab of the Reminder editor. Again, start at the top and work your way down. First, name it, then set the recurrence (how often the message should go out), and then check off the days of the week this message should go out.



Next, select the message from the drop-down and the subgroup (who this message will be sent to). The start time will default to today, and you can set a date that you want the message to stop going out with the end time. If, for example, you want a message to only go out every Monday in the month of December, you can set a start and end date of 12/1 to 12/31. This also gives you the opportunity to create these messages well in advance and schedule them to go out when you want. The start time and end time are when the message will go out. Set this for a four-hour window to give it plenty of time. Don't forget to set your local time zone and then select whether you are sending a text, an email, or both.

The other way to send a reminder is manually. Go to the Tasks tab in the Home Ribbon bar > Services > Reminders. Click New Message Set. Here, pick the message you want to send (the newest messages are at the bottom of the list). Then, set your start and end time. This is when the message set will go out, not the dates of scheduled appointments you want to reach. This gives you the opportunity to schedule a message to go out now or at a later date. Use the ... box to choose the subgroup, and check the box next to text and/or email. Finally, click the New Message Set button.



Reminders continued on page 11



Sean Gildersleeve

Sean has worked at Ortho2 for the last 15 years and has always enjoyed the ever-changing challenges that the software industry has to offer. When he's not working, Sean enjoys watching Iowa State football and basketball with his wife (who he met at Ortho2) and their three-year old daughter, Arlette.

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Viva Las Vegas!

The wait is over—Power Up 2027 registration is officially OPEN!

Get ready to join the Ortho2 community in Las Vegas, March 4–6, 2027, for an unforgettable experience packed with fresh ideas, valuable learning, meaningful connections, and plenty of fun. Whether you're looking to sharpen your skills, discover what's new, or connect with peers and industry experts, this is the event you won't want to miss.



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COME FOR THE EXPERIENCE.
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Power Up is your opportunity to step away from the day-to-day and invest in your practice, your team, and your future.

- ⚡ **Learn from the experts.** Discover practical ideas, insights, and strategies you can bring back to your practice.
- ⚡ **Connect with your community.** Meet and learn alongside fellow Ortho2 users, industry experts, consultants, and the Ortho2 Team.
- ⚡ **Discover what's next.** Get inspired by new ideas, fresh perspectives, and exciting opportunities to help your practice continue moving forward.
- ⚡ **Have some fun!** Because what would a trip to Las Vegas be without making a few unforgettable memories along the way?

REGISTER EARLY. SAVE BIG!

Early pricing is available for a limited time, so don't wait to lock in your spot!

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The Question Nobody in Your Practice is Asking

A few months ago, I sat down with a practice owner who was doing everything right. Great location, strong referral base, solid team, and a marketing firm she'd been paying \$5,000 a month for the better part of two years to help with website SEO, Google Ads, the whole package.

I asked her one question: "How are you showing up in AI search?"

She looked at me the way most people look at me when I ask that question. Slightly confused. Slightly defensive. Like she was waiting for me to explain what language I was speaking.

I pulled up a tool right there at her desk and ran a scan. Not her Google rankings. Her GEO (Generative Engine Optimization) score, meaning how often AI assistants like ChatGPT, Perplexity, and Google's AI Overview were recommending her practice when a potential patient typed something like "best orthodontist in [her city]."

She came up almost zero. Her SEO score, the thing she'd been paying \$5,000 a month to improve, was sitting at 60 out of 100. Which isn't terrible. But in a world where 27% of Google searches now return an AI-generated answer at

the top of the page before a single link appears, a 60 SEO score and zero GEO visibility means a growing percentage of the people who could have found her never did. They got a recommendation. It just wasn't her name.

She wasn't being failed by a bad marketing firm. She was being failed by a marketing firm that was optimizing for 2021 in 2026.

And she had no idea. I've been in the orthodontic space for more than 15 years. Most of you know me from culture work, from The Magnetic Culture Equation, from team trainings and keynotes. What a lot of you don't know is how deep I've gone into AI over the last two years and why I think it's the most significant shift I've seen in 20 years of working with practices.

Not because of the tools. The tools change every six months, and they'll keep changing. But because of what AI is doing to the game itself, and how few practice owners are even aware the game has changed.

I'm not talking about using ChatGPT to write your Instagram captions. That's fine. That's a

AI Search continued on page 10



Dino Watt

Dino Watt, CSP, is a keynote speaker, five-time author, and Team Transformation Specialist who works with orthodontic and specialty practices on team culture and AI adoption. His book "The AI S.H.I.F.T.: Magnify Your Team. Multiply Your Business." and a free AI Readiness Assessment are available at dinowattconsulting.com.

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The Leader in Your Practice Starts With You

Leadership is one of the most talked-about topics in business, yet I think it's one of the easiest to overcomplicate.

We read the books. We attend the conferences. We create core values, set goals, hold meetings, and build accountability systems. We spend countless hours thinking about how to develop our teams into stronger, more motivated, more accountable people.

But sometimes we skip the most important person in the equation:

Ourselves.

I've spent more than two decades in dentistry and orthodontics, and over the years, I've helped lead our practice through tremendous growth, from two locations to nine locations and \$25 million in annual production.

That growth has taught me a lot about systems, operations, numbers, culture, and people. But one of the most important lessons I've learned is this: Before you can lead your team well, you have to learn how to lead yourself.

Would I Want to Be Led by Me?

This is a question I come back to often: would I want to be led by me?

Not just on my best day. Would I want to be led by me when we're short-staffed, production is down, the schedule is behind, a patient is upset, and five people need an answer from me at the same time? Those are the moments that reveal who we really are as leaders.

I've learned that my team is constantly taking cues from me. My energy walks into the practice before my words do.

If I walk into a morning huddle overwhelmed, distracted, or frustrated, the team feels it. If I treat every inconvenience like an emergency, I can't be surprised when the people around me begin operating in emergency mode too.

The opposite is also true. When I remain consistent, communicate clearly, take ownership, and approach challenges looking for solutions instead of someone to blame, my team sees that too.

As leaders, we set the temperature of the room. I can't control

Leadership continued on page 13



Amanda Floyd

Amanda Floyd began her dental career in 1998, and joined Dr. Ben Fishbein in 2012, mastering every position within the practice before becoming Chief Operating Officer in 2015.

Today, Amanda serves as Co-Founder and CEO of Amanda Floyd Consulting. She brings decades of real-world experience to orthodontic practices across the country, helping leaders strengthen their teams, systems, culture, and operations to create sustainable long-term growth.

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A Financial Reality Check on Your Sales Strategies

The satisfaction of closing a sale, getting a start appointment scheduled (perhaps even the same day), and getting a down payment helps drive your practice to reach your production goals and ultimately keeps the practice running. Let's face it, the point of sale is where the excitement lies! However, if we peel back the curtain and take a look at the financial side of things, that's when the reality may set in...

Traditionally, a lot of recommendations given to practices seem to be looking at case acceptance in a vacuum. Three of the most prevalent tactics to boost conversions, and thus production, are having major impacts on practice cash flow. Let's take a closer look at these strategies and discuss a few tweaks that can not only keep the practice running but also thriving.

Strategy #1: Extending Contract Lengths to Lower Monthly Payments

Case Acceptance Theory: To combat any objections regarding cost or affordability, if we extend our financial contracts beyond treatment time, the monthly commitment will be easier for the patients to manage. Many practices are going three months past the estimated treatment time, with some practices extending payments 6-12 months beyond the estimated treatment completion date.

Financial Reality: There are other big-ticket items you may pay for over time after you've received them – a house, a car, a boat, or even a household appliance. Companies often grant credit for an extended period of time, and consumers are used to paying for things monthly that they cannot always afford up front. However, there are a few big differences when we compare this to orthodontics. First, most practices are not assessing a credit risk on a patient prior to or during treatment. So, we can't estimate the likelihood they will pay their balance. Second, most practices are not charging any sort of interest rate, and

many are not even charging a significant or consistent enough late fee for missed payments. So, we do not have any monetary compensation or recourse for accounts that need collection activity. Finally, consider that we have had face-to-face interactions over the course of 12-24 months in 6-12 week intervals. Upon treatment completion, we are at best seeing a patient in the practice every six months for a possible retainer check. Yet now, they are still expected to pay every month. The consumer psychology of tying payments to active treatment is gone; we have no recourse in terms of delaying treatment completion, and this patient may still have 30%+ of their balance left to pay.

Balanced Solutions: If we're extending interest-free financing to patients for \$4,000+, and we have a medical liability for that patient, having a very consistent, appropriate, ethical collection protocol is a must!

- Late fees in an amount greater than \$25 per month should be implemented to help prompt patients who can pay you on time to do so. You can also use these late fees as a bargaining chip when you're trying to get someone to catch up on a few missed payments, although they should not be written off unless that agreement is kept.
- Delinquent accounts should be worked consistently at a minimum of once per week, with a mixture of contact methods. Relying solely on text messages or emails will not usually get the results you need. Similarly, a protocol that has certain benchmarks every 30 days is not consistent enough to teach patients the importance of paying on time.
- While consistency is key, keep in mind all collection activity is governed by the Fair Debt Collection Practices Act, which must be followed. Contact that is too frequent, making threats, sending accounts to collections prematurely – all of these could mean you're breaking federal guidelines.
- Furthermore, you have to protect your medical liability and avoid things like prohibiting delinquent accounts from scheduling appointments, lengthy maintenance treatment patterns, or not following protocols to properly discontinue treatment.
- You can also implement a special consultation appointment, or at the very least a letter, when a patient is nearing the end of treatment to remind them of their ongoing responsibility to make payments. This

is also a great time to confirm contact information, possibly get a second form of payment, and maybe even get a signature to show they've acknowledged their remaining terms.

Strategy #2: Posting Production Prematurely

Case Acceptance Theory: If we can get a patient to schedule a start appointment, even if they don't seem completely certain, they are more likely to come in for that start appointment, so let's put it on the books! We also could post the production when they agree to start (rather than the start appointment) if we're looking to boost production goals in a particular month, or again looking to form some type of commitment, and worry about it later.

Financial Reality: All too often, we see production being overstated for contracts that are not definitive, have not even had a scan, nor any appliances placed. Practices are not setting a specific benchmark for when production should be counted in your practice, which skews your production figures, possibly production goals, and overstates your write-offs in instances where the patient does not follow through.

There are also implications here for wreaking havoc on your schedule with increased cancellations of start appointments and possible issues with insurance benefits depending on whether the initial claim is pulling from your contract date versus the actual date treatment begins.

Balanced Solutions: Production should be posted on the day of a scan or the day the appliances are placed. If you're

looking to accept a down payment or deposit toward treatment, you can post something to the ledger and let a credit balance sit on that account until they start treatment.

If you're hoping a start appointment will tie that patient to the practice, even if they don't seem fully committed, ask for a small deposit or a partial down payment so you can get a true sense of what that patient may ultimately decide, and again allow a credit balance to sit on their account.

The premature posting of production can lead to bonuses that weren't truly earned and case acceptance rates that are inflated, and in most instances, the aftereffects of patients not following through get hidden in your statistics.

Strategy #3: Emphasizing Same-Day Starts

Case Acceptance Theory: If we can avoid a patient walking out the door and get them to commit to start treatment today, we've captured the sale, eliminated someone going into our pending workload, and ensured they don't fall through the cracks! Some practices are incentivizing same-day starts with discounts ranging from 3%-5% of the treatment fee.

Financial Reality: There are two important questions to ask yourself:

- What percentage of my patients pay in full each month?
- What is my discount for patients who pay in full, and is it supporting my goal?

Balancing *continued on page 12*



Jackie Shoemaker

A dual entrepreneur with 40 years in the industry, Jackie founded JMShoemaker Consulting, Inc. to focus on maximizing cash flow and accurate orthodontic accounting, along with AccounTrac, Inc., a payment compliance company where

she and her team have been working delinquent patient accounts for practices, encountering the first-hand effects of patient delinquency, financial arrangements, and treatment-related concerns.

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Kayla Hoorelbeke

While spreadsheets and statistics may be her love language, Kayla combines that with her creative thinking and approachable style to bring balanced recommendations to improve upon the marketing and sales processes in a practice. In addition to working

on financial training via JMShoemaker Consulting, Inc., she is also the founder of Informed Image, LLC where she focuses on treatment coordinator training, sales analytics, and marketing guidance for practices.

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start. I’m talking about something that goes much further than that, and it starts with a single filter I use now before recommending any AI tool or strategy to a client.

Three questions. That’s all.

- Will this make the practice more effective? Meaning, will it generate more revenue or bring in more patients?
- Will this make the product better? Meaning, will it improve the patient experience, the treatment outcome, or the quality of what the practice delivers?
- Will this save hours inside the business? Meaning, will it give someone on the team their time back so they can do the work that only a human can do?

If a tool or strategy doesn’t move at least one of those three needles, I don’t recommend it regardless of how impressive the demo looked. If it moves two or all three, we build toward it immediately.

That marketing firm wasn’t passing any of those tests anymore. The practice owner cancelled the contract two weeks after our conversation, reinvested part of that \$5,000 into a real AI visibility strategy, and started showing up in the places where her future patients were looking.

Now let me tell you about the harder conversation. Because the marketing firm story is the easy one. The stakes are clear, the math is clean, and the decision, while uncomfortable, is mostly about money.

The harder conversation is about your team.

Within the same month I sat down with that practice owner, I had back-to-back conversations with two different office managers at two different practices. Both of them were adamantly against AI. Both of their doctors wanted to move forward. And both of these women had landed in the same place through completely different roads.

The first one was afraid of the liability. She’d read articles about data breaches, seen the headlines about AI doing things nobody authorized, and in her mind, bringing AI into a healthcare practice was one wrong click away from a HIPAA violation. Her fear wasn’t irrational. It was just built on incomplete information, and nobody had taken 30 minutes to give her the right information.

The second one wasn’t afraid of AI at all. She was exhausted. She was already managing the schedule, handling insurance, running the front desk, training new hires, and putting out fires before the doctor walked through the door most mornings. Adding a new technology to learn felt like one more rock in a backpack that was already too heavy. Her resistance wasn’t philosophical. It was survival.

Two completely different fears. Both completely understandable. And in both practices, AI adoption was sitting at zero because the person in the middle of everything hadn’t been brought along.

I want to be honest with you about this: the number one reason AI fails in a practice has nothing to do with the tools. It’s the team. Specifically, it’s what happens when AI gets introduced to a team without anyone taking the time to understand what that team is afraid of.

With both of those office managers, I did the same thing. I sat down with them, not to convince them, but to find out what they believed and where that belief came from. Then I showed them something small. Something non-threatening. Something that made their specific job easier in a way they could feel by the end of the same afternoon.

The woman worried about liability? We spent an hour on what AI can and cannot see, what a Business Associate Agreement does, and what the difference is between a public AI tool and an approved enterprise version. By the end of it, she wasn’t just less afraid. She was annoyed that nobody had explained it to her that way before.

The woman who was exhausted? I showed her one thing. One prompt, built specifically for the task that took her the most time every week. She used it. It worked. She looked up from her screen 20 minutes later and said something I’ve heard from people at this exact moment more times than I can count: “Why didn’t anyone show me this sooner?”

Both of them are advocates now. One runs her office’s weekly AI check-in. The other built a prompt library for her front desk team.

This is what the S.H.I.F.T. looks like in practice, for real. It’s not a software rollout. It’s not a policy memo. It’s a conversation that starts with understanding where your people are, meets them there, and builds from that specific point.

The practices that are going to win over the next three years aren’t the ones with the most tools. They’re the

ones that built a team culture where AI is something people reach for instead of something they’re afraid of or quietly working around on their personal phones because nobody gave them a better option.

If you’ve been meaning to figure out your AI strategy and keep putting it off because it feels overwhelming, I get it. I also want you to know it doesn’t have to be figured out all at

once. It starts with three honest questions about what would move the needle in your practice, a real look at where your team is, and probably one conversation that’s been waiting to happen for a while.

That’s usually enough to know what the first move is.

And the first move is always the one that matters. ☺



Free Cutting Edge Webinar Series

The Cutting Edge Webinar Series features industry-leading consultants and doctors presenting on their expertise in the field. These webinars are free and for anyone – from resident to experienced doctors and staff.



Scan the QR code for a full calendar of webinars and recordings. Webinar recordings can be found at the bottom of the page and will be available for three months after the webinar takes place.

Reminders continued from page 4

This will create a list of all the patients included in the subgroup. With this list, you can uncheck anyone you don’t want to get the message and then click Send. A message box will come up telling you how many texts and emails are going to be sent out. This is not the true number of messages that will go out. Once the list gets to the reminder system, it will strip out duplicates and phone numbers or emails that are not formatted correctly. You can see the true number that went out on the Message Set History tab. There

is a cap of 1,000 text messages and 5,000 emails that can go out in one message set. Message sets that you send to your whole practice will have to be broken up. This is normally done by creating multiple subgroups, organizing patients alphabetically or sometimes by age groups.

I hope this helps take some of the mystery out of creating reminder message sets. And as always, if you have any further questions on the topic, please reach out to the support team; they would be glad to help. ☺

Help Us Help You

Please be prepared to provide your customer number, practice name, and office location when you call our support teams for assistance. You can find your customer number in Edge Cloud by clicking File > About. If you use ViewPoint, you will find your customer number by clicking the Help menu and choosing About. Please be sure to provide this information—and repeat your phone number—when leaving a phone message requesting support.

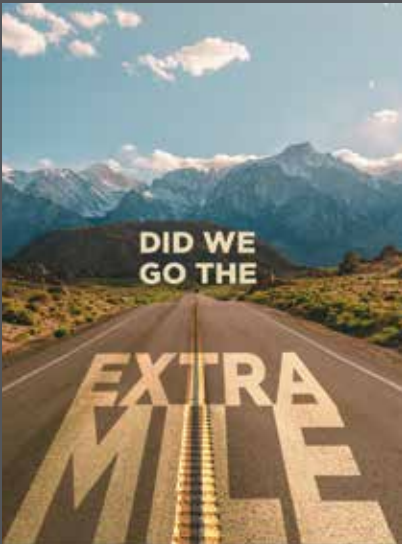
The goal is that 20% of your starts, on average each month, should pay in full, either by check, cash, or credit card. Paid-in-full accounts are an integral piece of your practice profitability picture, as they help cover your up-front expenses with treatment planning, supplies, and doctor time. Plus, meeting the paid-in-full goal of 20% of contracts really helps subsidize those patients who cannot pay in full to have more flexible financial arrangements.

The current trend we are seeing is that practices that are emphasizing same-day starts are having a harder time meeting their paid-in-full goal. Which makes sense when you think about the fact that a patient may have a harder time deciding if they can pay in full on the spot. A patient who is able to pay in full probably has the same likelihood of starting treatment the same day or a few days or weeks later, yet they are less likely to pay in full if they’re starting the same day simply because that is a larger financial decision that requires some additional thought. Not to mention the fact that they are receiving the same discount, or sometimes even more of a discount, for starting the same day as they would if they pay in full.

Balanced Solutions: If case acceptance is an issue, and thus you want to push for same-day starts, check on your paid-in-full discount rate. It should be equivalent to, if not higher, than your same-day start discount (relative to a percentage of the treatment fee).

Additionally, consider the option of bundling some discounts. While you may not want to give two full discounts (a same day plus a paid-in-full), if you offer abbreviated incentives for both, you may capture them as both!

We always talk about the fact that case acceptance and cash flow are like two sides of a scale. While your treatment coordinator may be on one side of that scale, and your financial coordinator may be on the other, the most successful, sustainable practices realize that their goal is to create a balance between these two areas of the practice. The way to make this work is by tracking your case acceptance and financial arranging statistics properly, having ongoing conversations regarding the outcomes, and a willingness to adjust policies as needed to help support this balance! ☺



Service Excellence

We invite you to recognize Ortho2 employees by submitting an Extra Mile form. The form is available online from the Contact Us page of our website. Our goal is to uphold our tradition of excellence in customer service, and with our Extra Mile program, you can let our employees know when you appreciate their extra effort. We encourage you to submit an Extra Mile form whenever an Ortho2 employee goes the extra mile for you. The recognition is valued by the recipient and is acknowledged by our management team. We continue to look for better ways to serve you. Thank you for helping us recognize excellence.

everything that is going to happen inside the practice today. But I can control the leader I bring into it.

My Habits Affect More Than Me

I used to think about leadership primarily in terms of what I said, how I communicated, and how I managed people.

Over time, I’ve realized that leadership has much more to do with what people consistently see me do.

My habits communicate my standards. Am I prepared for the meeting? Do I follow through when I tell someone I’ll get back to them? Do I know our numbers? Do I arrive with solutions or only point out problems? Am I continuing to learn? Am I taking care of myself so I have the energy to lead other people well? Am I expecting my team to grow while allowing myself to stay comfortable?

The strongest leaders I’ve worked with aren’t necessarily doing extraordinary things every day. They’re doing ordinary things extraordinarily consistently.

They read. They listen. They ask questions. They move their bodies. They review their goals. They know their numbers. They seek feedback. They protect their energy. They make time to think. And when they say they’re going to do something, they do it.

Those habits seem small, but over time, they become anything but small.

Small Disciplines Create Big Results

People often look at successful practices and want to know the one thing that created the growth. I’ve never found the one thing.

What I’ve seen instead is hundreds of small decisions, improvements, conversations, and disciplines that compound over time.

Leadership works the same way. Reading 10 pages of a book today probably won’t transform the way I lead tomorrow.

One workout won’t transform my health. One great morning huddle won’t transform our culture. One difficult conversation won’t create accountability. One leadership meeting won’t create alignment. But what happens when I repeat those things consistently for a year? That’s where transformation happens. We love big goals, but big goals are usually accomplished through very ordinary daily disciplines.

Success is built on what we repeatedly do, especially when nobody is watching.

I Have to Go First

This is probably one of the most uncomfortable lessons I’ve learned in leadership. It’s really easy to identify what everyone else needs to change.

“My team needs to communicate better.” “They need to be more accountable.” “They need to have a better attitude.” “They need to take more ownership.” “They need to embrace change.”

Maybe they do. But before I ask my team to change, I have to be willing to ask myself: What do I need to do differently first?

If I want better communication, am I communicating my expectations clearly? If I want more accountability, am I consistently following up? If I want people prepared for meetings, are my meetings organized, purposeful, and worth preparing for? If I want my team to embrace change, how do I respond when change is uncomfortable for me? If I want a positive culture, what energy am I contributing to it?

This doesn’t remove responsibility from the team. Every person has to own their performance. But I believe leadership requires me to look inward before I immediately point outward.

I’ve learned that I can’t ask my team to consistently operate at a standard that I’m unwilling to model myself.

My Daily Disciplines

Personal growth doesn’t have to mean completely changing your life tomorrow morning. In fact, I think we often fail because we try to change too much at once. I believe in starting small and building habits you can actually maintain.

Read. Even if it’s 10 pages a day. Leadership, communication, business, psychology, or personal development. I want to continually expose myself to ideas that challenge the way I think.

Move. Walk, work out, hike, or get outside. I’ve learned that my physical energy directly affects the energy I have available for everyone else.

Protect your mornings. I don’t want everyone else’s needs to determine the tone of my entire day before it even begins.

Know your numbers. I can't lead a business I don't understand. Numbers tell a story, and as a leader, it's my responsibility to know what they're saying.

Choose your priorities. Everything cannot be important at the same time. I have to know what truly moves the business forward.

Ask for feedback. If I'm constantly evaluating everyone else but never evaluating myself, eventually I'm going to stop growing.

Follow through. If I say I'm going to do something, I need to do it. Trust is built through consistency.

Make time to think. A completely full calendar can make me feel productive, but some of my most valuable time as a leader is spent stepping away from the day-to-day long enough to think about where we're going next.

You don't have to start with all of these. Pick one.

Get consistent.

Then build from there.

Growth Requires the Leader to Grow Too

I've had the opportunity to experience what happens when an orthodontic practice grows quickly.

Growth is exciting. But growth also exposes everything. More patients

create more opportunities.

More locations create more complexity.

More team members require more communication. More production creates more responsibility.

What worked when we had two offices wasn't always going to work when we had nine. I had to grow too.

My leadership had to change. Our systems had to change. Our expectations had to become clearer. I had to learn when to step in, when to step back, when to delegate, when to hold someone accountable, and when to recognize that I might be the person standing in the way.

Now, through Amanda Floyd Consulting, I get to walk into orthodontic practices across the country and see this same thing play out in completely different environments.

The practice may be different. The doctor may be different. The goals may be different. But one thing remains incredibly consistent:

Sustainable growth requires leaders who are willing to grow before asking their organizations to grow.

You can implement better systems.

You can improve your new patient process. You can hire more people.

You can change your schedule. You can

track more KPIs.

You can build accountability systems. You can open another location.

But those strategies are only as strong as the people responsible for leading them.

Go First

Before asking what your practice needs to do differently, ask what you need to do differently. What habit would make you a stronger leader?

Where have you become inconsistent? What discipline have you been avoiding? What do you need to learn next?

And maybe the most important question of all: Who do you need to become to lead the practice you're trying to build?

After more than two decades in this industry, I still don't believe I've arrived at some final destination as a leader.

I'm still learning. I'm still growing. I'm still challenging myself. Because leadership isn't something you accomplish; it's something you practice every single day.

And sometimes, the next level of your practice doesn't begin with a new strategy, a new system, another location, or another hire.

Sometimes it begins with you. ☺

Visit Us at These Fall Meetings	Southern Society of Orthodontists and Midwestern Society of Orthodontists	October 15-17, 2026
	Mother of Pearls Conference	November 6-7, 2026
	Northeastern Society of Orthodontists	November 6-7, 2026

Ortho2 Named Provider for Two OSOs

Ortho2 has become the exclusive practice management software provider for both EPIC4 Specialty Partners and Phase 1 Equity. With the exponential rise in OSO growth, Ortho2 has heavily invested in its enterprise-level technology and services over the last several years.

“We are thrilled to provide our Edge Cloud platform and services to these two elite groups of orthodontists,” said Craig Scholz, Vice President of Emerging Technologies at Ortho2.

“As Phase 1 Equity continues to redefine the OSO landscape, partnering with Ortho2 gives us a trusted, enterprise-grade platform that aligns with our growth ambitions and our doctors’ commitment to excellence,” said Mike Rice, CEO of Phase 1 Equity. “Ortho2’s Edge Cloud provides the robust, flexible backbone that maintains the highest standards of clinical efficiency and patient experience. Together, we’ll deliver consistent, state-of-the-art practice management that enhances outcomes for patients and practices alike.”

“Partnering with Ortho2 marks an exciting step forward for EPIC4 as we continue to expand our organization and elevate the support we provide to our affiliated practices,” said Sami Webb, CEO of EPIC4. “Ortho2’s enterprise technology and deep orthodontic expertise make them an ideal partner. Together, we’re building a stronger foundation for growth while delivering greater value to the practices we serve.”

Celebrating Ortho2 Anniversaries

Congratulations to these Ortho2 team members who celebrated anniversaries during the third quarter of 2026.

Twenty-One Years Michelle Kinnaman	Thirteen Years Wesley DeShaw	Six Years Jeff Brockway Marley Probasco
Eighteen Years Cal Rebhuhn	Twelve Years Nathan Hemmings Jorge Rios	Four Years Samantha Armstrong Jasmine Snell
Seventeen Years Judy Denny	Eight Years Darcy Dakovich	One Year Jacob Earley
Fifteen Years Brent Jacobsen Steve Mahan		



Referral Rewards

You can earn a \$500 credit for each referral that results in an Ortho2 system purchase within six months. You can apply the credit toward any current or future charge or purchase — it never expires. We frequently hear from doctors that they wish we had contacted them before they purchased their current system. We wish we had too, but we didn't know they were looking. You can help us help your colleagues by letting us know when they are considering a change in systems. Enter referrals online at www.ortho2.com > Our Company > Referral Rewards, or call 800.678.4644.

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