

9%

GROWTH OF U.S. POPULATION, 2002-2012  
Source: U.S. Census Bureau. Census and inter-census estimates of the U.S. residential population.

13%

GROWTH OF NUMBER OF U.S. DENTAL ESTABLISHMENTS (INDIVIDUAL LOCATIONS), 2002-2012  
Source: Very large dental practices seeing significant growth in market share. Health Policy Institute Research Brief. American Dental Association. August 2015.

16.4%

GROWTH OF NUMBER OF U.S. DENTAL EMPLOYEES, 2002-2012  
Source: Very large dental practices seeing significant growth in market share. Health Policy Institute Research Brief. American Dental Association. August 2015.

19,400,000

U.S. ADULTS WHO HAVE PRIVATE DENTAL BENEFITS, DO NOT VISIT A DENTIST IN A 12-MONTH PERIOD, BUT SEE A PHYSICIAN FOR A WELLNESS VISIT.  
Source: Vujicic, M. Solving dentistry's 'busyness' problem. JADA. 2015; 146(8):641-643.

2013 Median Annual Income



Source: ADA Health Policy Institute. 2013 results from the Survey of Dental Practice.

# Practice potential and profitability links to office design

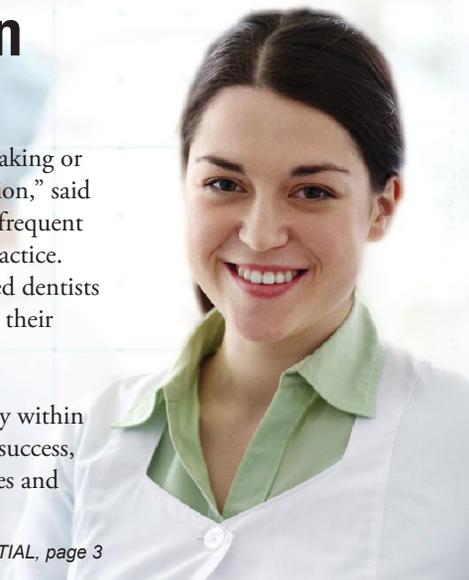
By Arlene Furlong

“Office design will go a long way toward making or breaking a dentist’s professional satisfaction,” said Jayme Amos, a practice consultant with frequent exposure to this critical stage of opening a new practice.

Mr. Amos aims to rescue both new and seasoned dentists from frustration and discomfort while promoting their individual clinical, financial and personal vision.

Design that enables the best care for patients while fostering efficiency and productivity within an attractive environment is critical to long-term success, said Mr. Amos. He noted four impactful categories and top-of-mind tips in each category:

See PRACTICE POTENTIAL, page 3



By Jordan Sarver

If constructing or remodeling a dental office is in your future, a broad range of legal issues may be involved, including but not limited to civil rights laws, zoning laws, building codes, construction contracts and dental regulations. Among issues that dentists should consider is accommodations for patients with disabilities.

The Americans with Disabilities Act of 1990 (AwDA) is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities, including dental services.

It is required that dental care providers provide individuals with disabilities:

- Full and equal access to their health care services and facilities.

See BUILDING, page 5

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# Connect

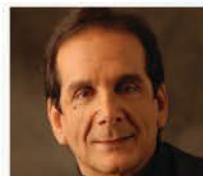
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## PRACTICE POTENTIAL

*Continued from page 1*

**Enabling** Because musculoskeletal disorders are among the most frequent reasons that dentists are forced into early retirement or report work-related musculoskeletal symptoms throughout their professional lives, design must lessen the risk of disability, pain and injury. Enabling ergonomically correct postures and positions helps enable a dentist to achieve personal vision about practice length, Mr. Amos said.

Create the ideal distance from the patient headrest to the cabinetry. “If everything is spaced out correctly, the doctor will need to perform fewer repetitive movements while performing procedures,” said Mr. Amos.

Build no more than 18 inches of depth into operatory cabinetry. (Kitchen cabinetry is typically 24 inches deep.) “Deeper cabinetry is more difficult to lean into, especially while sitting,” Mr. Amos advised. He noted inherent financial ramifications. “If the cabinets are six inches deeper than they should be, you’ve taken up an extra square foot of space. Multiply seven operatories by 12 square feet at \$34 a square foot to watch a dentist waste \$74,000 during the span of a 25-year career.”

**Profitable and efficient** The two go hand in hand. “An efficient design that enables the dentist to perform procedures with greater comfort in less time simultaneously promotes profitability,” said Mr. Amos. “Remember that any unnecessary distractions and movements interrupt the doctor’s flow, thereby wasting time.” Common design mistakes require the clinician or assisting dental team member to leave the operatory for equipment or create traffic patterns that cause distractions in the clinical area.

A sterilization room that serves five or more operatories must have separate doors — for exiting with clean instruments and the other for entering with used equipment. “That

usually means building it at the center of the practice, rather than off to one side,” said Mr. Amos. “The last thing you want is a bottleneck with people carrying dirty instruments.”

As a rule of thumb, Mr. Amos likes to use 400 to calculate the size of a practice. For example, if five operatories are needed, the optimal office size would be about 2,000



*Mr. Amos discusses “3 Top Floor Plan Rules for Your New Practice,” in a brief ADA video.*

to 2,500 square feet. He said, “Go under 400 feet and you start losing the benefit of advantageous ancillary spaces, which are low cost and high impact.”

An advocate for staff break rooms and lockers for scrubs and personal cell phones, he said: “When dental team members have to eat lunch around an operatory or sterilization center there isn’t enough room to promote the staff camaraderie that creates good practice energy.”

**Attractive** The low cost, high impact philosophy can also be applied to creating an attractive environment. “Just because your patients aren’t interior designers doesn’t mean they don’t have a concept about what’s out of date or what is attractive.” He recommended adding a complimentary color to create a

feature wall or to enhance the end of a long hallway. Four-foot high wall tile in a color complementary to the floor enhances a bathroom without substantially increasing the construction budget.

Such enhancements make the patient feel good, he said. “Help the patient transition from the sidewalk into the practice with nice artwork in the waiting area. Similarly, allow the patient to see his or her new dental work via a goodbye mirror positioned somewhere between the clinical zone and the check-out area. It all works

together to help patients recognize the value of your work. Watch the design process inside a startup practice in this case-study training video about floor plan design rules here. ♦

*Jayme Amos is a dental practice consultant specializing in opening new practices. This year he is giving away 1,000 copies of his best-selling book, “Choosing the Right Practice Location.” Mr. Amos is also the host of the Ideal Practice Weekly Podcast, found on iTunes. Products and service information is available at [www.howtoopenadentaloffice.com](http://www.howtoopenadentaloffice.com). Mr. Amos can be reached at [jayme@howtoopenadentaloffice.com](mailto:jayme@howtoopenadentaloffice.com).*

*Arlene Furlong is the consulting editor of Dental Practice Success and a Chicago-based freelance journalist specializing in practice and research news for dental and medical professionals. She can be reached at [furlonga@ada.org](mailto:furlonga@ada.org) or [artfurl@aol.com](mailto:artfurl@aol.com).*

