

Indiana Edition

PREMIERE ISSUE

# DOCTOR *of* DENTISTRY

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A BUSINESS AND LIFESTYLE MAGAZINE FOR DENTISTS



**Dr. Tim Adams**

Achieving Balance One Patient at a Time



# Dr. Tim Adams

## Achieving Balance One Patient at a Time

By Todd Lothery

The office park that houses the dental office of Dr. Timothy C. Adams does not leave a lasting impression. Located in Carmel, north of Indianapolis, it's a typical suburban office complex populated by medical offices and businesses. There are nondescript parks just like it all across America.

But when you step through the office door something immediately strikes you as different. There is no receptionist seated behind a glass partition. Instead, the greeting area is open and alluring. The calming sound of trickling water can be heard from a strategically positioned wall fountain. To the right sit a few comfortable chairs arranged around a TV. And then there's the fireplace.

A fireplace in a dentist's office?

"I wanted it to be warm and inviting, high-tech but not opulent, and to have a personalized feel," says Adams. "I didn't want it to feel

**On the cover: Dr. Adams has returned to Indiana and is redefining cosmetic dentistry through a personalized approach and cutting edge neuromuscular techniques.**

like a dentist's office. I wanted it to feel like a five-star resort where I could greet my patients around a warm fireplace."

Adams differs from most dentists in another respect: three days a week, he's the only one in the office. His dental hygienist assists him the other two days, but every Monday, Tuesday and Friday he flies solo — answering the phone, conferring with clients, doing a little bit of everything.

That's partly by accident, a result of simple economics. Adams is just starting anew.

But it's also, Adams says, by design. Having a hand in every part

**Dr. Adams personally greeting a patient — the dental concierge.**



PHOTO BY MIKE YOUNG





PHOTO BY MIKE YOUNG

A fireside chat “getting to know you” with a new patient.

of his business makes him very visible to his clients, and he prides himself on spending quality time with them, often devoting an entire day to a single patient.

“I want my practice to be value-driven, not insurance-driven,” he says. “I want them to know that I am giving them my undivided attention.”

What really makes Adams unusual, though, goes beyond mere appearances. He is one of a handful of dentists in the world who focuses on neuromuscular dentistry, a burgeoning field that considers the occlusion, or bite, from a holistic perspective. The primary aim of the neuromuscular dentist is to establish a “happy” jaw position based on a harmonious relationship among the four main factors that affect occlusion: teeth, muscles, jaw joints and the central nervous system, or what Adams playfully calls the Bermuda Occlusion Triangle.

“What most dentists don’t understand is that we’re mechanically trained to look at teeth,” he says. “We’re great reductionists, able to break things down and look at things individually. But we have tunnel vision. What we fail to do is put things back together and look at things holistically. You have to consider the body as a whole. One tooth can affect the rest of the body. It’s all interconnected and interrelated. As dentists, we don’t understand this connection, how a change in one tooth (bite) can affect the foot, the ankle, the hip, the back, the neck, the posture. So, in terms of the way we view things, I think there

needs to be a major paradigm shift.”

Because he has years of specialized training in neuromuscular dentistry, an abundance of enthusiasm for the subject and a humble, down-to-earth demeanor, Adams has become a highly successful and sought after lecturer, giving talks internationally to dentists on the subject of neuromuscular as well as aesthetic dentistry. Adams also lectures to study clubs in the United States and Canada on “managing the bite” and has been asked to provide mentorship in dental practices for not only the dentist but the team. And though the importance of the role muscles play in occlusion has become widely recognized by the dental profession in recent years, there are still plenty of skeptics, many of whom Adams encounters on the lecture circuit.

He says the nonbelievers in the audience are easy to spot by their body language — arms crossed tightly and tensely, impatient looks on their faces. But typically, about an hour and a half into his lecture, they loosen up and listen more intently. The proverbial light bulb is turned on, and they suddenly start to understand where Adams is coming from.

Adams had his own light bulb moment back in 1996, when he attended a seminar given by Dr. Ron Jackson.

“I like to think outside the box, to push the envelope a little, and I was always looking for something different,” he says. “So in the early 1990s I started going to lectures and seminars on these





**Hygienist Jamie Kingston utilizing technology to co-diagnose with patient.**

cutting-edge dental topics.”

Dr. Ron Jackson introduced Adams to a group of pioneers working in adhesive dentistry at Baylor University. One of the pioneers began running postgraduate training programs in Las Vegas, eventually founding the Las Vegas Institute for Advanced Dental Studies (LVI), a highly regarded training facility that focuses on neuromuscular and aesthetic dentistry.

LVI made a strong impression on Adams, and Adams made a strong impression on LVI. Adams was chosen out of thousands of dentists to become a clinical instructor, and in the ensuing years, he flew to Las Vegas several times annually to teach courses. In the year 2000, he helped facilitate the first international program at LVI, as 23 dentists came from Australia with their team members and patients to participate in a number of courses.

In 2002, LVI offered Adams the position as a full-time faculty member. In 2004, he became clinical director and achieved his LVIM status, which is a LVI master’s in full-mouth reconstruction awarded to less than 20 clinicians in the world.

Adams has now turned another page, returning to his home state of Indiana after an incredible three years of teaching with and learning from some of the brightest minds in the field. This next journey will allow him to share his expertise and passion with his patients and others in the health care field. He felt the calling of a

new challenge, a new adventure.

“Life is a journey, and we all know what happens at the end,” he says. “It’s about how many doors you can open along the way.”

The first door he opened was actually opened for him. As a boy growing up in Fort Wayne, he was hit in the mouth playing baseball and hockey, and the injuries required trips to the dentist.

“I had this great dentist and mentor (Dr. Robert Stetzel) who was so pumped up about what he was doing,” he says. “His team loved him, and he was having a really good time while he was working. And I thought to myself, ‘This is pretty cool. I want to do this.’”

Like many in his family, he did his undergraduate work at Indiana University in Bloomington. After his 1983 graduation from the IU School of Dentistry in Indianapolis, he taught there part-time for five years while maintaining a practice. He also wrote his first of over 17 articles while teaching at IU, including co-authoring a chapter in the prestigious *Dental Clinics of North America* in 2005. His latest article, on natural aesthetics, was published in *Quintessence International* (Germany, November 2005) with world-renowned ceramist Jergen Seger.

Adams has come a long way, but in a sense he has come full circle. His new practice in Carmel opened last November, so he is just getting his feet wet again. His office is outfitted with the latest high-tech equipment — sophisticated dentistry software and hardware including digital X-ray equipment, which, he notes, saves money, helps the environment,



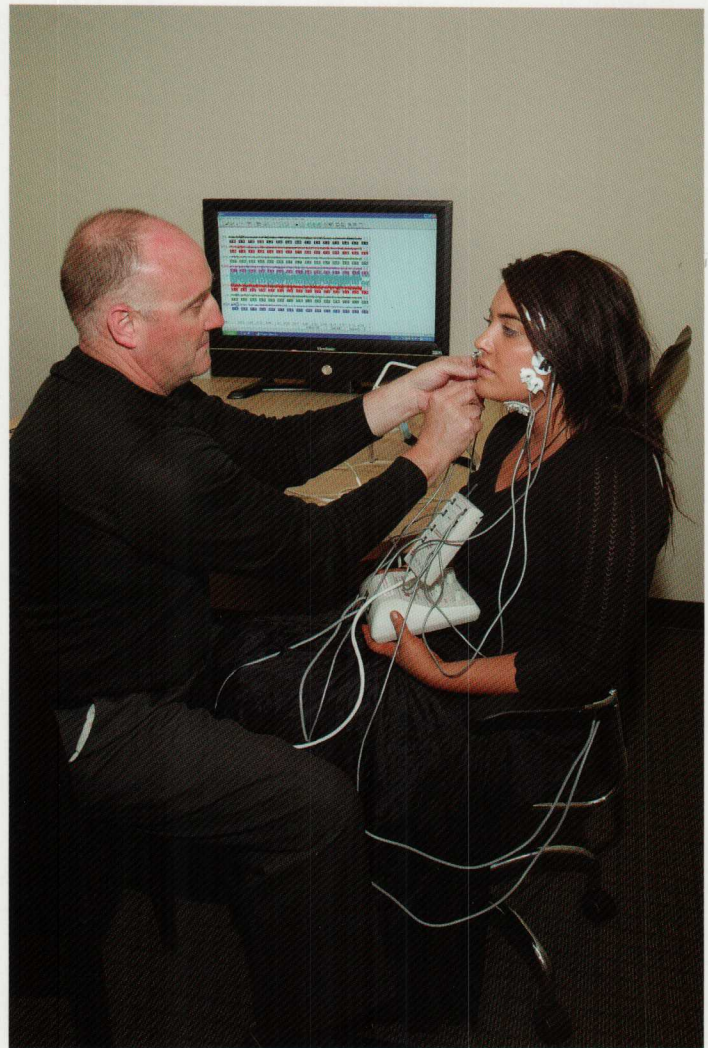
reduces radiation exposure and provides instantaneous results.

He sees the practice as two practices in one — an aesthetic restorative practice, offering teeth cleanings, bleaching, crowns and veneers, and a niche practice concentrating on neuromuscular aesthetic dentistry. For the latter, he uses a Myo-monitor, also known as a TENS device, and the K-7 software program. The K-7 is used to measure and record objective data for diagnostic interpretation and treatment implementation.

Most of the people who seek out Dr. Adams are either looking for an aesthetic smile makeover or suffer from temporomandibular disorder, or TMD (also called TMJ). The disorder is characterized by a variety of symptoms: headaches, limited jaw opening or the clicking or popping of a jaw joint, neck or shoulder pain, ringing of the ear, tingling of the fingers, postural or swallowing problems and excessive snoring or sleep apnea, to name a few. The most common symptom is the recurring headache, and Adams often treats patients who have gone to see several medical professionals, desperately seeking relief from these mysterious headaches, only to come up empty. One of his more recent patients in his new practice was on her way to the Mayo Clinic to try to find answers. After being TENSEd and having a removable anatomical orthosis fabricated by Adams in his office from a K-7 Myobite, she has been almost pain free for four months.

**Right: Placing duotrodes to begin post TENS evaluation utilizing the Myomonitor and K-7 software program to obtain objective documentation to aid in treatment utilization.**

**Below: Patient relaxing in a massage chair while being TENSEd. The sound of cascading water and soothing music can be heard to aid in total relaxation. Warming gloves are optional.**



PHOTOS BY MIKE YOUNG





PHOTO BY MIKE YOUNG

**Discussing the importance of neuromuscular aesthetics — fusing form (aesthetics) with function (neuromuscular occlusion).**

According to Adams, many patients immediately start feeling better after their initial TENS session. The device (J-5 Myomonitor) is an ultra-low frequency TENS unit that is neurally mediated to stimulate the fifth and seventh cranial nerves to relax the facial and masticatory muscles. This converts the muscles from an anaerobic, lactic acid, fatigued state to an aerobic, ATP energy-efficient state where the muscles are at a physiologic rest position on a neuromuscular trajectory without torque. This is now the starting point to take a K-7 Myobite and fabricate a removable anatomical orthosis. The patient's muscles are now starting at a physiologically natural position with no manipulation versus in a state of pathology (spastic muscle cycle).

“Although neuromuscular dentistry has its cosmetic or aesthetic side, the goal is to put the body in the most ideal position to heal itself,” he says. “So it can make your teeth look great, relieve discomfort, allow one to function physiologically and prolong longevity of restorations. It’s a combination of art and science, of form and function.”

Adams contends that the skepticism some dentists show toward neuromuscular dentistry is simply a matter of lack of education on the subject. He points out that Indiana requires dentists to take only 20 hours of continuing education every two years, which he says isn’t nearly enough. His motto, borrowed from one of his mentors, Dr. Robert Jankelson, is: “The less you know, the more normal your patient appears.”

“Dental schools do a phenomenal job of teaching us. I wouldn’t be here now without the great education I got at IU. But they are limited to four years of education and we need more than four years. As dentists, we go through all of this rigorous training to look at hard structure, not taking into account soft tissue like muscles, not to mention the central nervous system. But 90 percent of TMD pain can be traced to the muscles, and the majority of people who suffer from TMD also have cervical issues.”

While Adams firmly believes in education and is strongly dedicated to his profession, he also recognizes the importance of balance in his life. He enjoys spending free time with his family biking, hiking and playing golf.

His son Chris is studying management in college. His daughter Emily is an upper classman in high school and his youngest son Nick is in elementary school.

As for what the future holds, Adams, 49, is philosophical.

“There are so many patients out there that are begging for help, but the real source of the problems aren’t recognized because we are not trained to see them. The symptoms are swept under the rug with drugs and the patient is sent from specialist to specialist never really finding the cure. It’s a medical revolving door. The great news is that neuromuscular dentistry can help a number of these patients. I think neuromuscular dentistry is the wave of the future and the way dentistry is going to have to be practiced,” he says. “And I think there’s going to be more of a marriage and a close connection and a working relationship with the other parts of the health community, like chiropractors, craniosacral and massage therapists, AOs, ENTs, neurologists, family practice physicians, plastic surgeons, orthopedic surgeons and dental specialists. If we start to work together and start understanding what each of us is doing, there’s a much better chance that we’re going to help our patients heal and drastically improve their quality of life.” ■

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