

## **2019 JCO Orthodontic Practice Study**

Economics and Practice Administration

Thank you for participating in this comprehensive study of orthodontic practice. Please make every effort to complete all portions of this questionnaire. If there is more than one orthodontist in your practice, file only one questionnaire for the practice.

**NOTE: Only complete this questionnaire if you are in a private specialty practice of orthodontics in the United States.**

Please complete the questionnaire by **April 15, 2019**.

We are pleased to have the aid of [CS OrthoTrac](#), [Cloud9Ortho](#), [Dolphin](#), [Focus Ortho/IMS](#), [Ortho2](#), and [topsOrtho](#). **We highly recommend that you click on the name of your software provider to get instructions for completing the practice activity section of your questionnaire utilizing the software.**

- If you wish, download a PDF version of the questionnaire from the [JCO homepage](#) to see what information will be requested.
- You may partially complete the questionnaire and come back to it later as long as you use the same computer. To prevent accidental or intentional multiple responses, the questionnaire can be submitted only once from a single computer.
- At the end of the questionnaire, you will have a chance to make general comments or clarify a response. However, once you have hit the "Done!" button, you will not be able to go back into the questionnaire
- Paper forms are also available by request from [surveys@jco-online.com](mailto:surveys@jco-online.com). You will be able to mail the form back to us anonymously, and we will enter the data for you.

As with all previous JCO Practice Studies, your answers are completely confidential, whether submitted online or mailed to us. Results of the Study will be published in print and online later in 2019.

Thank you for participating in the 2019 JCO Orthodontic Practice Study. Send general questions to [surveys@jco-online.com](mailto:surveys@jco-online.com).

The Editors

Journal of Clinical Orthodontics

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## Demographic Information

\* 1. What is your present age?

\* 2. Sex:

Male

Female

\* 3. Number of years in orthodontic practice:

(Enter a whole number)

\* 4. What state is your main office located in? (If your practice is outside the United States, please stop now and save yourself the time! We do not analyze responses from outside the U.S.)

\* 5. Size of community where your main office is located:

Rural (under 20,000 population)

Small city (20,000-49,999 population)

Large city (50,000-500,000 population)

Metropolitan (over 500,000 population)

\* 6. Legal status of your practice:

Sole proprietorship

Partnership

Professional corporation

\* 7. Total number of orthodontist-owners in your practice (including yourself):

1

2

3

4 or more

\* 8. Number of satellite offices in 2018:

- 0
- 1
- 2
- 3
- 4 or more

9. Number of continuing education days in calendar year 2018:

Course days

Meeting/conference days



10. Please check each of the following that you currently use in your practice:

- Written philosophy of practice/mission statement
- Written practice objectives
- Written practice plan
- Written practice budget
- Office policy manual
- Office procedure manual
- Written job descriptions
- Written staff training program
- Staff meetings
- Individual performance appraisals
- Measurement of staff productivity (patients/staff hours, etc.)
- In-depth analysis of practice activity
- Practice promotion plan
- Dental management consultant
- Patient satisfaction surveys
- Employee with primary responsibility as communications supervisor
- Progress reports to patients
- Post-treatment consultations
- Pretreatment flow control system (referrals, consultations, starts)
- Treatment flow control system (monitoring steps in treatment)
- Cases beyond estimate report
- Profit and loss statement (at least quarterly)
- Delinquent account register
- Accounts-receivable reports (monthly)
- Contracts-written reports (monthly)
- Measurement of case acceptance rate
- Other / Comments:

## Administration and Management (continued)

11. Please check each of the following functions *routinely* performed by a computer in your practice:

- Inventory control
- Patient recall
- Treatment records
- Monitoring treatment progress
- Other (please specify):

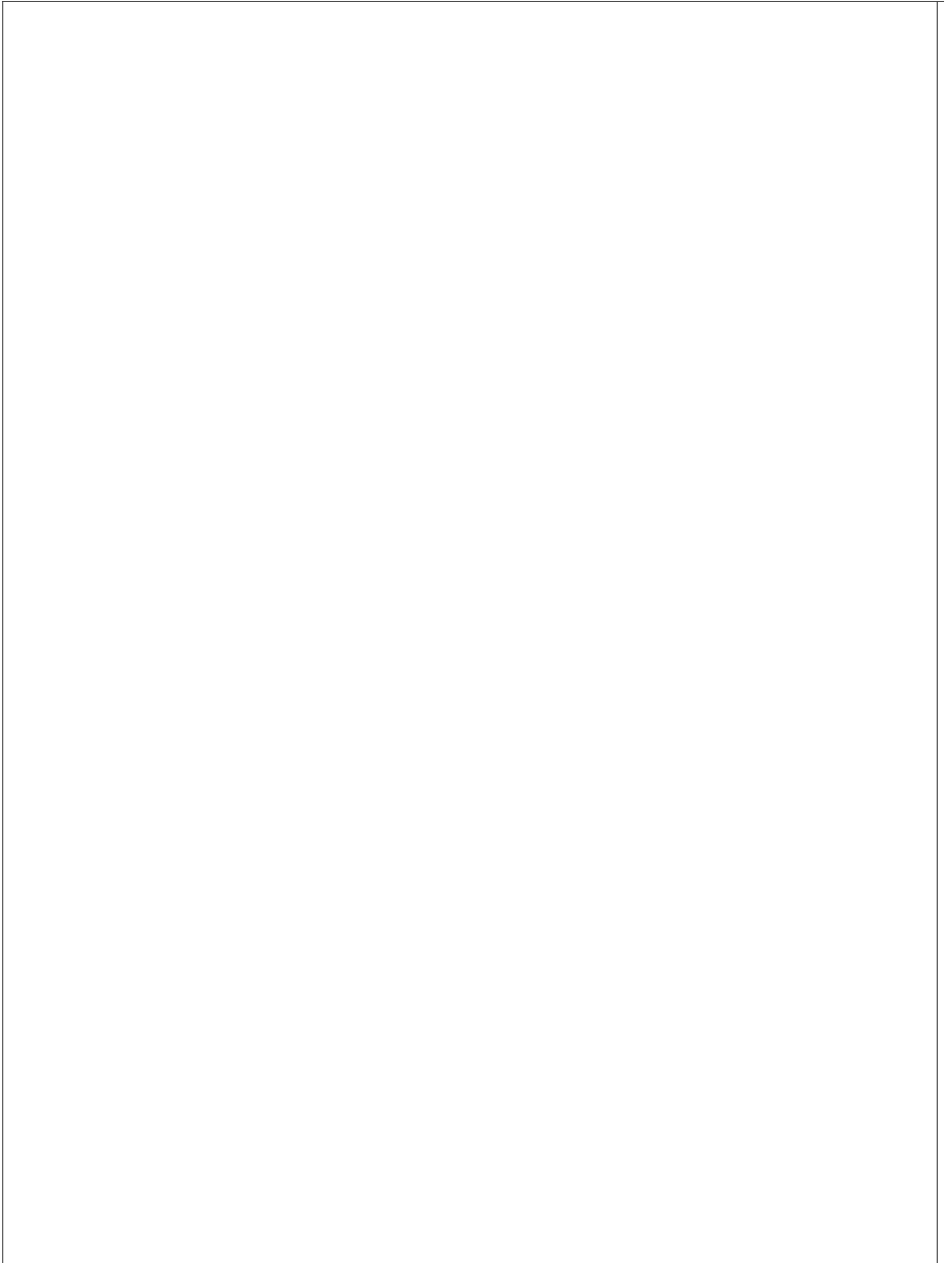
12. Which practice management software, if any, do you currently use?

- Cloud9Ortho
- Dolphin
- Focus Ortho/IMS
- MacBraces
- New Horizons Software
- OrthoTrac
- Oasys
- Ortho2
- topsOrtho
- WaveOrtho
- Do not use practice management software

Other (please specify)

13. Please check each of the following that you currently use in your practice:

- Patient digital access to own account and schedule
- Patient digital access to own records
- Remote digital access for orthodontist and staff
- Text messaging to patients
- Mobile device app



## Administration and Management (continued)

14. Please indicate the extent to which you delegate the following procedures to dental auxiliaries in your practice:

	Routinely delegated	Occasionally delegated	Never delegated
Impressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cephalometric tracings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitting of appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insertion of removable appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonding of fixed appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of residual adhesive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment of removable appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Archwire changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of fixed appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fee presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-treatment conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient instruction and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other / Comments:



## Practice Building

15. Rate the effectiveness of each action listed below in *increasing profit* in your practice. Please rate the action if you have ever used it. If you *have not* used the action, leave the row blank. If you have used *none* of the actions, please skip to the next question.

	Excellent	Good	Fair	Poor
Change practice location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open a satellite office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 16. Please indicate your usage of each method listed below:

	Currently use	Used in past but stopped	Never used
Expand practice hours (evenings/Saturdays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed care (such as HMO or PPO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affiliation with management service organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

17. Rate the effectiveness of each method listed below in *increasing profit* in your practice.

	Excellent	Good	Fair	Poor
Expand practice hours (evenings/Saturdays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed care (such as HMO or PPO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affiliation with management service organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 18. Please indicate your use of each expanded service listed below.

	Currently use	Used in past but stopped	Never used
Treat adult patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer lingual orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer surgical orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer cosmetic/laser treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer aligner treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

19. Rate the effectiveness of each method listed below in *increasing profit* in your practice.

	Excellent	Good	Fair	Poor
Treat adult patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer lingual orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer surgical orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer cosmetic/laser treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer aligner treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 20. Please indicate your use of each advertising method.

	Currently use	Used in past but stopped	Never used
Telephone yellow pages (paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local TV/radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online/Internet advertising (paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct-mail promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

21. Please rank the effectiveness in *improving profit* of each advertising method listed below against each other, where 1 is the most effective.

<input type="text"/>	Telephone yellow pages (paid)
<input type="text"/>	Local newspapers
<input type="text"/>	Local TV/radio
<input type="text"/>	Online/Internet advertising (paid)
<input type="text"/>	Direct-mail promotion

\* 22. Please indicate your use of the following marketing methods.

	Currently use	Used in past but stopped	Never used
Distribute practice newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solicit personal publicity in local media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Videos on website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

23. Please rank the effectiveness in *improving profit* of each marketing method listed below against each other, where 1 is the most effective.

<input type="text"/>	Distribute practice newsletter
<input type="text"/>	Solicit personal publicity in local media
<input type="text"/>	Facebook
<input type="text"/>	Instagram
<input type="text"/>	Twitter
<input type="text"/>	Other social media
<input type="text"/>	Blog
<input type="text"/>	Videos on website

\* 24. Please indicate your use of the following external referral methods.

	Currently use	Used in past but stopped	Never used
Participate in dental society activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letters of appreciation to general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gifts or entertainment to general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education of general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports to general dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek referrals from other professionals (non-dentists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

25. Please rank the effectiveness in *improving profit* of each external referral method listed below against each other, where 1 is the most effective.

<input type="text"/>	Participate in dental society activities
<input type="text"/>	Participate in community activities
<input type="text"/>	Letters of appreciation to general dentists
<input type="text"/>	Gifts or entertainment to general dentists
<input type="text"/>	Education of general dentists
<input type="text"/>	Reports to general dentists
<input type="text"/>	Seek referrals from other professionals (non-dentists)

\* 26. Please indicate your use of the following internal referral methods.

	Currently use	Used in past but stopped	Never used
Letters of appreciation to patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up calls to patients and parents after difficult appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral awards for patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment (parties, movie outings, etc.) for patients and parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek referrals from staff members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice Building (continued)

27. Please rank the effectiveness in *improving profit* of each internal referral method listed below against each other, where 1 is the most effective.

<input type="text"/>	Letters of appreciation to patients and parents
<input type="text"/>	Follow-up calls to patients and parents after difficult appointments
<input type="text"/>	Referral awards for patients and parents
<input type="text"/>	Entertainment (parties, movie outings, etc.) for patients and parents
<input type="text"/>	Seek referrals from staff members

\* 28. Please indicate your use of the following new-patient incentives.

	Currently use	Used in past but stopped	Never used
No-charge initial visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No-charge diagnostic records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No initial payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discount for up-front payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended payment period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide digital case presentation (visualization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide marketing videos in waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice Building (continued)

29. Please rank the effectiveness in *improving profit* of each new-patient incentive method listed below against each other, where 1 is the most effective.

<input type="text"/>	No-charge initial visit
<input type="text"/>	No-charge diagnostic records
<input type="text"/>	No initial payment
<input type="text"/>	Discount for up-front payment
<input type="text"/>	Extended payment period
<input type="text"/>	Provide digital case presentation (visualization)
<input type="text"/>	Provide marketing videos in waiting room

30. Please indicate in a few words what management changes you have made in your practice for each method below. If you have *not make any changes*, please leave that method *blank*.

Improve on-time rate for appointments	<input type="text"/>
Improve on-time case finishing	<input type="text"/>
Change case presentation	<input type="text"/>
Change staff management	<input type="text"/>
Change patient education (communications, audiovisuals, etc.)	<input type="text"/>



31. Please rank the effectiveness in *improving profit* of each management change listed below against each other, where 1 is the most effective. If you have never used the method, please check N/A.

<input type="text"/>	Improve on-time rate for appointments	<input type="checkbox"/> N/A
<input type="text"/>	Improve on-time case finishing	<input type="checkbox"/> N/A
<input type="text"/>	Change case presentation	<input type="checkbox"/> N/A
<input type="text"/>	Change staff management	<input type="checkbox"/> N/A
<input type="text"/>	Change patient education (communications, audiovisuals, etc.)	<input type="checkbox"/> N/A

32. Thinking about the methods you have actually used, please rank the effectiveness of *your actions* in *improving profit* for each practice-building *category* listed below, where 1 is the most effective.

<input type="text"/>	Expanded services (TMD, lingual, surgical, etc.)
<input type="text"/>	Paid advertising (direct-mail, online/Internet, newspapers, etc.)
<input type="text"/>	Other marketing (Facebook, Instagram, videos on website, etc.)
<input type="text"/>	External referrals (dental society activities, GP education, gifts/entertainment to GPs, etc.)
<input type="text"/>	Internal referrals (letters of appreciation, follow-up calls, entertainment)
<input type="text"/>	New-patient incentives (no-charge initial visit, no initial payment, digital case presentation, etc.)
<input type="text"/>	Management changes (improve on-time rate, change case presentation, change case presentation, etc.)

## Financial Policies and Fees

**Need help with this page? Dolphin and Ortho 2 users have specific instructions for finding some of the information required. Cloud9 and topsOrtho users can contact their company for aid.**

\* 33. Usual case fees:

(Enter whole numbers without dollar signs or commas.)

Child patients (permanent dentition) \$

Adult patients (18 and older) \$

\* 34. How often are fees increased in your practice?

- Every 6 months or more frequently
- Every 12 months
- Every 24 months
- Every 36 months or less frequently
- Not on a regular basis

\* 35. How do you determine the amount of fee increase? (please select **all** that apply)

- Arbitrary decision
- Based on fees charged by other orthodontists
- Based on patient feedback
- Fixed increase that does not vary
- Tied to consumer inflation rate
- Tied to practice income
- Based on newsletter or journal recommendation
- Other (please specify)

36. Please check whether you typically charge a separate fee for any of the following, or whether it is included in the case fee:

	Included in case fee	Not offered	Separate fee
Initial consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phase I treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended treatment time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broken appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occlusal equilibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skeletal anchorage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laser treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of TMD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repair of broken appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Financial Policies and Fees (continued)

**Need help with this page? Dolphin, Focus Ortho, and Ortho 2 users have specific instructions for finding some of the information required. Cloud9 and topsOrtho users can contact their company for aid.**

37. If you charge a separate fee, what is the typical amount?

Initial consultation

Diagnostic records

Phase I treatment

Extended treatment time

Broken appointment

Occlusal equilibration

Skeletal anchorage

Laser treatment

Treatment of TMD

Repair of broken appliances

Retention

38. What percentage of the case fee are patients asked to submit as an initial payment?

(Enter a whole number without a percentage symbol.)

39. How many months do patients usually have to pay the case fee?

\* 40. Is the case fee presented before diagnostic records are taken?

Yes

No

\* 41. Do you accept assignment of benefits from third-party plans?

Yes

No

\* 42. Do you offer third-party "bank plans" such as OrthoBanc?

Yes

No

43. Please estimate the percentage of gross revenue attributable to each of the following methods of payment in your practice in 2018:

(Enter whole numbers without percentage symbols. The column should total approximately 100!)

Cash and personal checks %

Credit cards %

Insurance %

Bank plans and third-party financing %

Medicaid and government plans %

Managed care (including prepaid or capitation plans) %

Other %

\* 44. Are patients routinely billed in your practice?

Yes

No

## Practice Activity

**Need help with this page? Dolphin, Focus Ortho, OrthoTrac, and Ortho 2 users have specific instructions for finding some of the information required. Cloud9 and topsOrtho users can contact their company for aid.**

45. Do you routinely track patient referral sources?

Yes

No

46. Please estimate the percentages of patients your practice obtained in 2018 from the sources listed:

(Enter whole numbers without percentage symbols. The column should total approximately 100!)

Dentists (GPs) %

Dentists (specialists) %

Patients and parents %

Personal contacts %

Transfer %

Staff %

Other professionals (MD, etc.) %

Direct-mail advertising %

Telephone yellow pages %

Internet (website, social media) %

Commercial advertising (newspapers, TV, etc.) %

Drive-by signage %

Other %

\* 47. Please specify your practice's activity (all cases) for the calendar year 2018. If you are in a practice with other orthodontists, please respond for the total practice. If you have a satellite offices, enter the total from all offices.

A. Number of new-patient consultations in 2018

B. Number of 2018 consultations who started active treatment in 2018 (should be less than A in almost all circumstances)

C. Number of other patients who started active treatment in 2018 (from observation pool or non-2018 consultation)

D. Number of patients placed on observation in 2018

E. Number of 2018 consultations for whom you recommended no treatment

F. Number of transfers who began treatment in your office in 2018

G. Number of 2018 consultations who did not enter practice (either as new patients or in observation pool). Note that your answer to A should roughly equal B+D+E+F+G (depending on how you count transfer patients).

H. Number of active treatment starts age 18 and older in 2018

I. Number of total patients in active treatment (should be more than B+C in almost all circumstances)

J. Number of total patients in active treatment age 18 and older

K. Number of total patients on observation (note that this should be higher than D in almost all circumstances)

48. Do you count a transfer...

Yes

No

As a new patient consultation?

As a new patient start?



## Practice Activity (continued)

**Need help with this page? Dolphin, Focus Ortho, OrthoTrac, and Ortho 2 users have specific instructions for finding some of the information required. Cloud9 and topsOrtho users can contact their company for aid.**

49. Please specify your practice's activity (all cases) for the calendar year 2018. If you are in a practice with other orthodontists, please respond for the total practice. If you have satellite offices, enter the total for all offices.

(For percentages, enter whole numbers without percentage symbols.)

Percentage of patients covered by third-party insurance (not managed care)

Percentage of patients covered by managed-care plans

Number of working office days in which patients were seen in 2018 (if you have satellite offices, add each one together; in this case, you may have more than 365)

Total patient appointments in 2018

Total patient emergencies in 2018

Total broken appointments in 2018

Total canceled appointments in 2018

\* 50. Please specify your practice's activity (all cases) for the calendar year 2018. If you are in a practice with other orthodontists, please respond for the total practice. If you have satellite offices, please enter the total for all offices.

Enter whole numbers without dollar signs or commas. Enter entire number (in other words, 1,000,000 should be entered as 1000000, not abbreviated into thousands or tens of thousands).

Gross income of practice \$

Total operating expense of practice (not including compensation of orthodontist-owners) \$

Current delinquent accounts (90+ days overdue) \$

## Practice Activity (continued)

\* 51. Check the statement that best describes your practice's schedule in 2018.

- Too busy to treat all persons who requested appointments.
- Provided care to all persons who requested appointments (but felt overworked).
- Provided care to all persons who requested appointments (and did not feel overworked).
- Not busy enough.

\* 52. Compared to 2017, did your practice increase, decrease, or stay the same in 2018 in terms of:

	Increase	Decrease	Same
Active treatment starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. If your practice did not increase in active treatment starts in 2018, please check your opinions regarding the degree of influence of the following factors (if your practice increased in active treatment starts, please skip this question):

	No influence	Some influence	High degree of influence
Advertising dentists in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declining number of children in the local population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of dentists doing orthodontics in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of dentists doing Invisalign treatment in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of orthodontists in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ineffective practice-building methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ineffective practice management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local economic conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of contact with younger dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-fee competition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managed-care (closed-panel) dental programs in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management service organization franchises in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal decision not to increase size of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

\* 54. In 2019, do you expect that your practice will increase, decrease, or stay the same in terms of:

	Increase	Decrease	Same
Active treatment starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Staff Information

\* 55. How many full-time employees worked at your practice in 2019?

56. Number of years the average full-time employee has been employed by your practice:

(Enter a whole number.)

\* 57. Average yearly salary and bonus you paid the following types of full-time employees in 2018:

Enter whole numbers without dollar signs or commas. Enter "0" if you have no employees in a category.  
Enter the entire number (30,000 should be entered as 30000 not abbreviated to 30 or something else).

Receptionist/secretary  
annual salary and bonus

Chairside assistant  
annual salary and bonus

Laboratory technician  
annual salary and bonus

\* 58. Please check the types of benefits provided to the typical full-time employee in your practice (check all that apply):

- Paid vacation/sick days
- Paid maternity/family leave
- Paid holidays
- Health insurance
- Retirement plan
- Uniform allowance
- Continuing education tuition
- Dental benefits
- Orthodontics (reduced fee or free)
- Cafeteria-style plan

Other (please specify):

59. How many part-time employees worked at your practice in 2018?

60. Number of hours per week the orthodontist-owner typically worked in 2018, including both patient and administrative hours:

## Staff Information (continued)

\* 61. Number and type of full-time employees in your practice:

If an employee works in more than one position, enter a fractional (decimal) number in each appropriate box. For example, if an employee works approximately equal time as a Chairside assistant, New-patient coordinator, and Treatment coordinator, enter ".33" in each box. Enter "0" if no employees fit the category.

Your answer should add up to {{ Q55 }} (answer you provided for number of full-time employees).

Receptionist/secretary

Chairside assistant

Laboratory technician

Dental hygienist

New-patient coordinator

Treatment coordinator

Business manager

Bookkeeper

Office manager

Non-owner orthodontist

62. Number and type of part-time employees in your practice:

For an employee with more than one position, split their number between categories. For example, if an employee covers three types, enter "0.33" in each box. Enter "0" if no employees fit the category. Your answers should add up to {{ Q59 }}

Receptionist/secretary

Chairside assistant

Laboratory technician

Dental hygienist

New-patient coordinator

Treatment coordinator

Business manager

Bookkeeper

Office manager

Non-owner orthodontist



## Thank You!

63. You have finished the Orthodontic Practice Study questionnaire. To send us general comments about the survey, please type them into the box below. If you wish to clarify specific responses, identify the Practice Study questions by number.

Do not include any personal information that would identify you in this box. Send an e-mail to [surveys@jco-online.com](mailto:surveys@jco-online.com) if you want a reply.

You can return to the questionnaire and make changes and additions as long as you use the same computer. Once you hit the "**Done!**" button, you will not be able to go back into the questionnaire.