

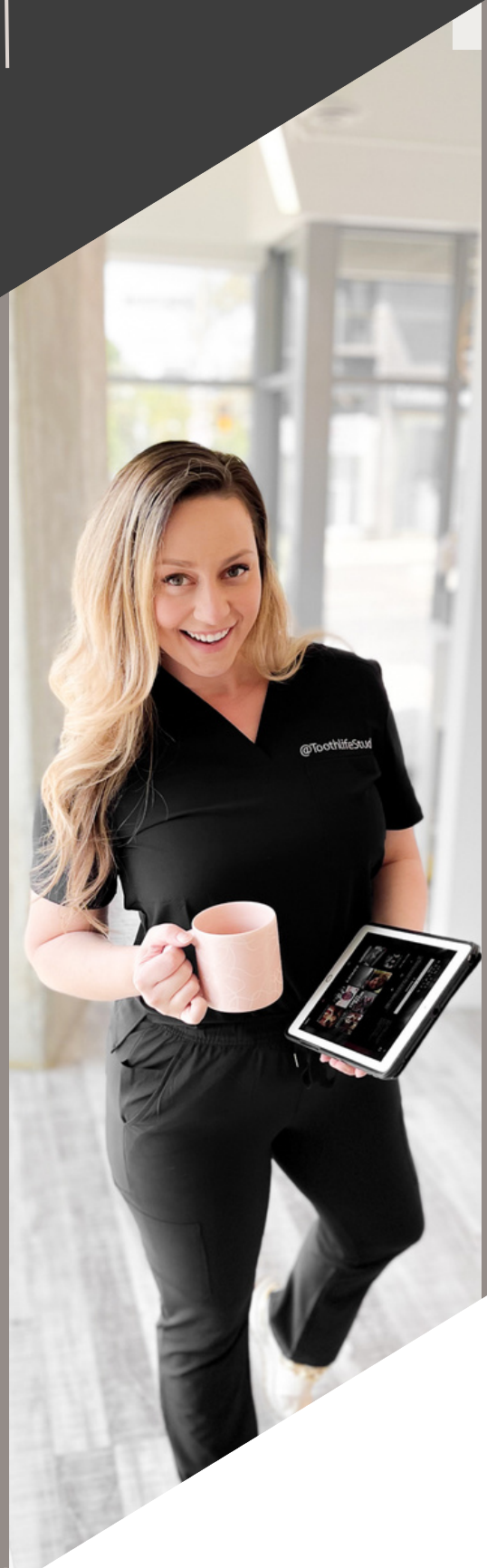
TOOTHLIFE MEDIA
TOOTHLIFE STUDIO
TOOTH OR DARE PODCAST
@TOOTHLIFE.IRENE

IRENE IANCU

BSC, RRDH, CTD, OM

Key opinion leader,
Content Creator,
Author, Podcaster,
Restorative Dental Hygienist,
Clinical Educator,
Practice Owner

2024 SPEAKER
PACKAGE



TOOTHLIFE.IRENE.COM

ABOUT

Irene Iancu is a Canadian RRDH and entrepreneur.

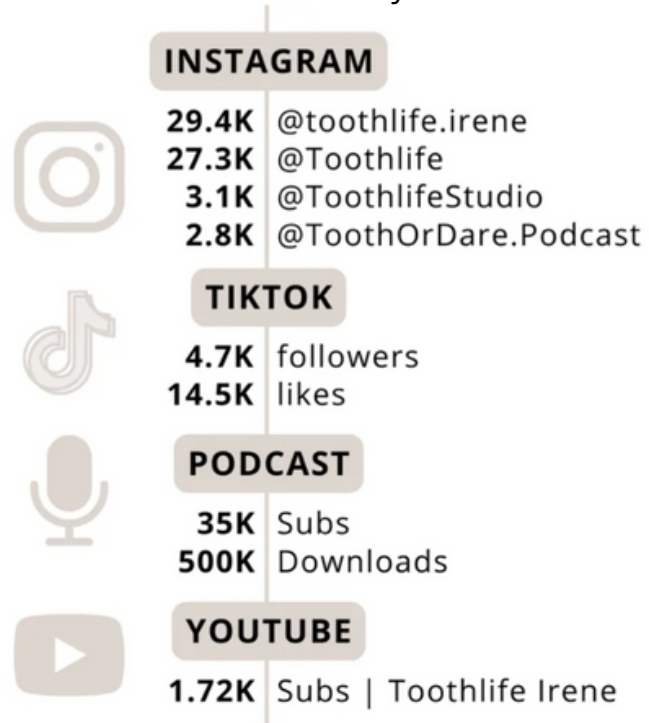
With experience in various specialties like Pediatrics, Orthodontics, and Periodontics, she has combined all these elements in her start-up dental practice in Toronto, Toothlife Studio. Through her diverse passions and dental hygiene expertise, she has been able to carve out a unique paths in the field.

Apart from being an Independent Dental Hygienist and practice owner, Irene is an international speaker, key opinion leader, host of the Tooth or Dare podcast and creates educational content on all social platforms under the handle @toothlife.irene. Over the years, it has grown into a vibrant community of like-minded clinicians, all eager to learn, share and grow.

Irene has served as a Clinical & Theoretical Instructor Instructor at Oxford College. Quality Assurance and Peer Mentor for the College of Dental Hygienists of Ontario and Item Writer for Canadian Nation Dental Hygiene Boards.

These positions have allowed her to advance her mission of sharing new industry insight with other professionals.

Irene has pursued educational opportunities like Harvard HMX's program offered by Harvard Medical School, which provided valuable knowledge on genetics/immune response related to oral health issues. She graduated with honours from George Brown College's Restorative Program in 2021 now affording her the opportunity to practice restorative dentistry.



A vertical graphic showing social media statistics for Irene Iancu. It features icons for Instagram, TikTok, Podcast, and YouTube on the left, and corresponding text on the right. The text is organized into four sections: Instagram, TikTok, Podcast, and YouTube. Each section lists follower counts, likes, or subscriptions.

Platform	Followers	Likes	Subs	Downloads
Instagram	29.4K			
		27.3K		
			3.1K	
				2.8K
TikTok	4.7K			
		14.5K		
Podcast			35K	
				500K
YouTube				
	1.72K			



CONTACT CARD

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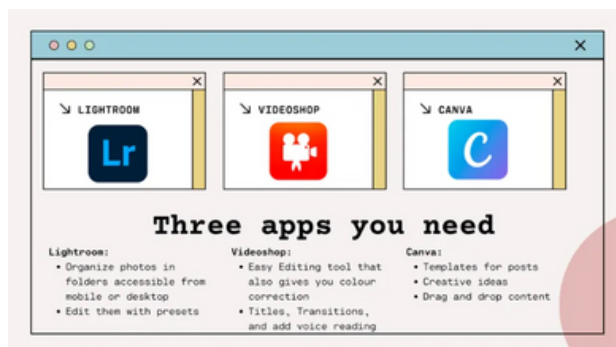
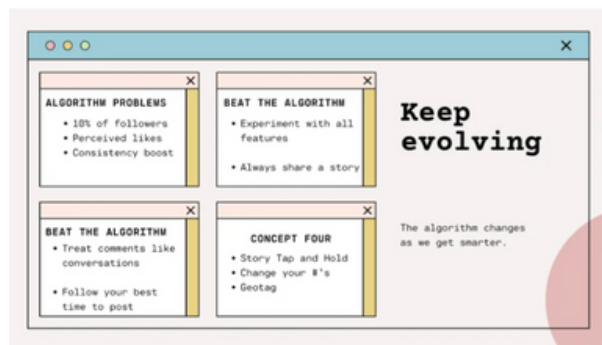
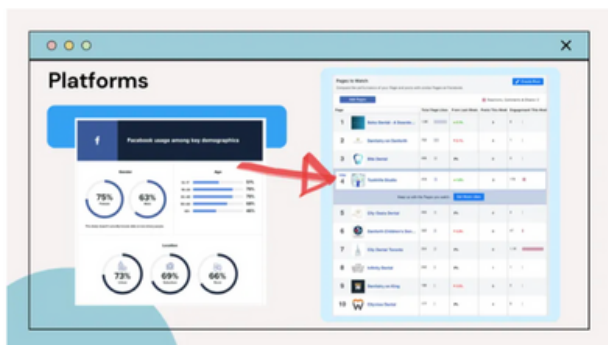
Dear Dental Influencers; Navigating Ethical and Legal Aspects of Paid Partnerships

In this comprehensive two-hour lecture, designed exclusively for dental professionals who engage in or intend to explore paid content creation as dental influencers, we will review the intricate world of ethical and legal considerations. Learning from Irene aka @Toothlife.Irene, as arguably the first dental hygienist to venture into the realm of dental influencer marketing, you will gain unique insights from a trailblazer in the industry.

Expect to gain a deep understanding of the ethical foundations that underscore successful influencer marketing, emphasizing the principles of transparency, authenticity, and professionalism. We will examine real-world case studies to uncover best practices and pitfalls, allowing you to refine your approach to ethical content creation without sacrificing your licence to practice.

Learning Objectives:

1. Understanding the Foundations of Ethical Paid Content
2. Legal Compliance in Dental Influencer Marketing
3. Crafting Effective and Responsible Paid Content



Bacteria gone WILD!- How to Master Oral-Systemic Integration for Advanced Patient Care

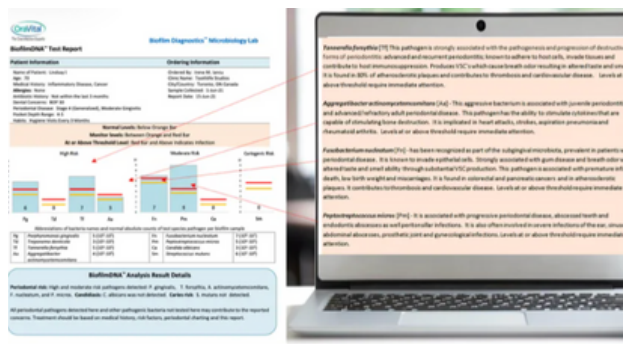
As a dental hygiene speaker and practitioner, I've explored the vital link between oral health and overall well-being. Evaluating patients has revealed connections between oral issues and systemic diseases. These insights, backed by research, drive me to enhance patient care by addressing systemic health in dental hygiene.

I explain how pathogens drive conditions like cardiovascular disease, where Porphyromonas

gingivalis triggers inflammation, affecting heart health. Oral pathogens can lead to pneumonia when aspirated, causing respiratory issues. Diabetes links to oral health, with high blood sugar encouraging oral pathogens and chronic inflammation affecting diabetes management. An emerging connection is between oral infections and Alzheimer's, where pathogens contribute to brain inflammation and cognitive decline.

Learning Objectives:

1. Understand the Interplay Between Oral and Systemic Health
2. Recognize the Impact of Nutrition on Oral and Systemic Well-Being
3. Utilize Technology for Effective Nutritional Assessment
4. Develop Personalized Dental Hygiene Programs
5. Enhance Clinical Proficiency for Systemic Condition Identification



How to Win Against White Spot Lesions: From Basics to Advanced Solutions

Prepare to triumph over white spot lesions with this enlightening presentation! In this engaging event, you'll dive into a comprehensive journey covering prevention, management, and sustained solutions for white spot lesions. From establishing a rock-solid foundation to exploring cutting-edge techniques and products, Irene has you covered.

Discover how to conduct thorough white spot lesion risk assessments, ensuring you have a tailored approach for each patient's needs. Irene will guide you through the intricacies of identifying risk factors and formulating strategic plans for lifelong oral health which may include the use of Glass Ionomers, Resin Infiltration, SDF and more.

Learning Objectives:

1. Grasp the underlying causes of white spot lesions and caries, recognizing their significance in maintaining oral well-being through preventive measures.
2. Acquire proficiency in the conventional application of fluoride varnish, comprehending its advantages in thwarting caries development.
3. Discover innovative approaches to avert white spot lesions and caries, encompassing natural remedies and self-administered oral care routines.



Contraindications for Icon Resin

Indications for Icon Resin Infiltration

1. White spot on anterior, labial and vestibular surfaces of teeth
2. white marks
3. white streaks lines
4. white defects and patches in the teeth
5. opaque white lesions
6. diffuse lesions
7. orthodontic demineralisation
8. early white spot lesions buccal labial surface



f@



Unlocking Systemic Health Clues: The How-To of Integrating Head and Neck Exams

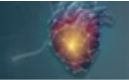
An extraoral examination possesses the potential to be a lifeline for patients. As dedicated clinicians, our paramount objective revolves around the timely assessment and detection of all pathologies. Historically, dental hygienists have concentrated primarily on oral pathology. Yet, as allied healthcare professionals, there exists a realm within the extraoral examination that remains largely unexplored and under-documented.

This enlightening lecture is meticulously crafted to empower dental hygienists to recognize and respond to specific dermatological indicators that serve as telltale signs of systemic ailments. Employing a blend of compelling case studies and illustrative condition imagery, attendees will gain the insight to discern early manifestations of cardiovascular disorders, diabetes, and pre-diabetic conditions.

Learning Objectives:


1. Demonstrate the ability to recognize and interpret signs and symptoms indicative of cardiovascular diseases, pre-cardiovascular diseases, diabetes, and insulin resistance during extraoral examinations.
2. Execute a comprehensive extraoral examination, documenting potential warning signs that could indicate underlying systemic health issues.
3. Analyze blood work metrics such as HDL/LDL cholesterol levels and glucose levels, and comprehend their associations with systemic health conditions.
4. Formulate personalized periodontal strategies tailored to clients with cardiovascular conditions and diabetic precursors, integrating the insights gained from extraoral examinations.

Frank's Sign



A diagonal crease in the ear lobe extending from the tragus across the lobule to the rear edge of the auricle.

Founded by Dr. Sanders T. Frank, who noticed this common anatomical similarity in his young patients with angina.



Theory:

In a study of 800 people, 77% of those who had suffered an attack had the crease, compared to 40% of a group of non-heart attack victims.

¼ of study group that included people who have had a stroke tested positive for this sign.

It is thought that clogging of the arteries, which increase the risk of a stroke, also led to poor blood supply to the ear lobes. This would cause a loss of elasticity and, in turn the visible creasing.

CardioRisk Scan Patient Results

Patient Name: JANCU, IRINA
Gender: F
Date of Exam: 6/10/2017
Date of Birth: 10/06/1985
Referring Physician: CARDIORISK LABORATORIES

Patient Age	31	Patient IMT	0.33 mm
Arterial Age	34	Normal IMT	< 0.3 mm

CV Event Risk All measurements in mm

Test Criteria	Normal	Moderate	High	Last Visit	Alert Value*
Early Event Risk**	0.7				1.3
Average CCA Mean IMT	0.80				0.75
Average CCA Max Plaque	0.71				0.75
Plaque Burden**	10.5%				

Comments: *The following values are the upper limits for the respective IMT measurements based on each vessel artery segment. **The measurement alert is in 1.3 mm as defined in the report. ***The measurement alert is in 10.5% as defined in the report. ****The measurement alert is in 0.75 mm as defined in the report. *****The measurement alert is in 10.5% as defined in the report. *****The measurement alert is in 10.5% as defined in the report.

Right CCA: 6, Bulb: 7, Internal Carotid: 8
Left CCA: 7, Bulb: 8, Internal Carotid: 9

More Than a Coating: Dental Sealants Explored - Understanding Material Choices and Clinical Significance

As dental professionals you know the struggle with making recommendations that get overlooked by your patients. You often see them a few months later with the same issues or worse, recurrent decay and perhaps the beginning of a larger more concerning issue. Early intervention is important and the struggle to either place, recommend or decide what materials should be used when placing sealants.

This workshop discusses the caries process, treatment offerings that assist in preventing future lesions and how to have these tough conversations with the patient chair-side. You will use caries assessment tools to identify early signs of carious lesions. Oral pH and acidity of foods to determine the need for preventative measures for caries prevention.

Learning Objectives:

1. Explain the role of dental sealants in preventing caries development, highlighting the unique attributes that contribute to their effectiveness.
2. Compare and contrast different types of dental sealant materials, evaluating their composition and how they address patient-specific risk factors for caries.
3. Formulate and execute an evidence-based treatment protocol for applying composite resin sealants, considering factors such as tooth morphology and patient age.
4. Construct and implement a comprehensive glass ionomer sealant treatment protocol, emphasizing its benefits and suitability for specific clinical scenarios.
5. Design and recommend personalized at-home fluoride treatment regimens, considering individual patient risk profiles and optimizing caries prevention in conjunction with sealants.



Synergy of Therapies in Advanced Periodontal Treatment Planning: Integrating Probiotics, Lasers, and DNA Testing

Embark on a transformative journey into the world of probiotics and their integration into elevated periodontal therapies. This course empowers dental hygienists with a practical blueprint for crafting comprehensive treatment plans that incorporate probiotics among other therapies that have become standard of care in our industry like laser therapy, ultrasonic therapy, medicinal interventions, bacterial testing and so forth.

Explore probiotics' impact on oral health and their potential to prevent oral diseases. Learn about specific strains' effects, enhancing patient engagement. Integrate probiotics seamlessly into treatment plans, from scaling to advanced technologies. Ethical considerations and evidence-based decision-making are highlighted. Elevate your expertise and guide patients towards healthier smiles through the fusion of probiotics and advanced dental techniques.

Learning Objectives:

1. Understand the Basics of Probiotics
2. Examine the Oral Microbiome and Imbalance
3. Evaluate the Impact of Oral Probiotics
4. Explore Systemic Probiotics and Their Oral Benefits
5. Integrate Probiotics into Dental Hygiene Practices
6. Ethical and Evidence-Based Considerations



The RDH Checklist for Implant Maintenance and Identifying Failure

In the dynamic landscape of implant dentistry, achieving enduring success with dental implants hinges on a profound comprehension of failure recognition and meticulous maintenance protocols. Join Irene for a comprehensive lecture designed to provide the checklist you didn't know you needed to bring back to practice with you and spice up your maintenance protocols. This session will furnish you with the knowledge and proficiency required to optimize patient outcomes.

We explore identifying implant failures, implications and prevalence of implant failures, and factors that can precipitate complications.

We'll navigate into clinical signs of implant failure, shedding light on the significance of pain, inflammation, and mobility. Real-world case studies will illustrate the array of manifestations of implant complications. Radiographic assessment, pivotal in implant care, will be scrutinized, emphasizing its role in detecting early bone loss and issues.

Learning Objectives:

1. Identify Clinical Indicators of Implant Complications
2. Apply Evidence-Based Diagnostic Techniques
3. Formulate Effective Peri-Implantitis Management Strategies
4. Implement Specialized Maintenance Protocols
5. Establish Structured Follow-Up Regimens

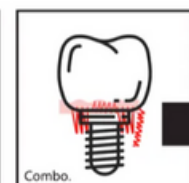
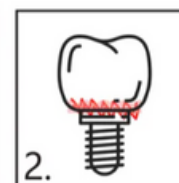
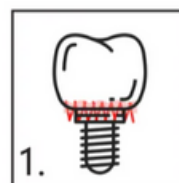


LASER AROUND AN IMPLANT

f @Toothlife

RULE #1- KEEP MOVING!

Ensure you are not touching the titanium threads angled towards the implant. Maintain parallel



Transforming Dental Hygienists into Content Creators to Increase Earning Potential

In an ever-evolving digital landscape, the dental profession is presented with unique opportunities to connect with patients, bolster practice growth, and establish a robust online presence. As traditional marketing methods give way to the power of social media, dental hygienists find themselves at the forefront of this transformation. This dynamic lecture aims to empower dental hygienists with the skills and knowledge needed to harness the potential of social media marketing for their dental practices. Perhaps increasing their earning potential.

The lecture begins by unravelling the distinctions between traditional and social media marketing, emphasizing the unprecedented reach and engagement that social media platforms offer. Attendees will learn to evaluate the myriad social media options available, identifying the platforms best aligned with their practice goals and target demographics.

Crafting a strong foundation, participants will then delve into the art of setting specific, measurable, and achievable marketing goals, ensuring their social media endeavours are purpose-driven.

Learning Objectives:

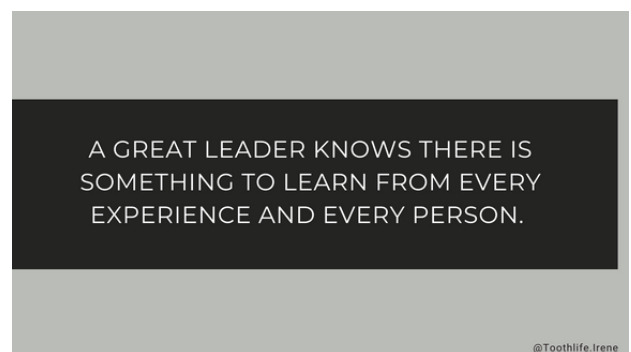
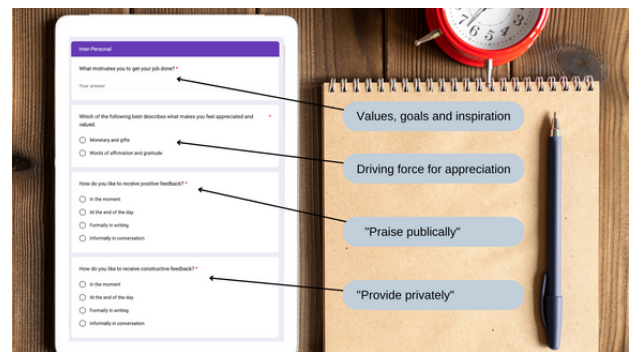
1. Distinguishing Traditional vs. Social Media Marketing
2. Selecting Effective Social Media Platforms
3. Crafting Clear Marketing Goals
4. Implementing Management Tools
5. Ethical Patient Photo Usage
6. Creating Engaging Patient-Centric Content

Managing Expectations vs. Managing People

Building the dream dental team is #goals and finding a unicorn hygiene team is something dreams are made of. We all want perfect humans, kind, thoughtful, understanding, compassionate, hard-working, driven but not too savage. An exemplary clinician, brilliant booker and exceptional at knowing those billing codes. Does this person exist? Sure. Can they also be taught, incentivised and motivated? You bet! Here are a few tricks to get your hygiene team on point and read the minds of what your hygienists really want.

Learning Objectives:

1. Demonstrate the ability to read your team to discover their professional wants and needs.
2. Identify how to provide verbal feedback and communication to ensure your team is on the same page.
3. Execute leadership skills and compassion in the workplace.



5 Things Every RDH Should Know About Myofunctional Therapy

This sought-after specialty is growing, as awareness for the connection between breathing, eating and sleep disorders becomes spotlighted in dentistry. Dental hygienists provide valuable time with patients which can give us a greater opportunity to assess the oral cavity, habits and changes in the dentition. Have you wondered why anterior open bite cases post orthodontic treatment relapse, or

why the oral cavity poses an increased risk for gingivitis and periodontal disease with mouth breathers? Those answers are in this course along with some solutions. This course will discuss 5 of MANY important things you as a dental hygienist can look for and help with related to orofacial myofunctional disorders (OMDs) and orofacial myofunctional therapy (OMT).

Learning Objectives:

1. Define OMT (Orofacial Myofunctional Therapy) and OMDs (Orofacial Myofunctional Disorders).
2. Describe 5 common symptoms of Orofacial Myofunctional Disorders and their root causes.
3. Describe assessment tools for the RDH while chairside with patients.
4. Discuss common consequences for patients with orofacial disorders.
5. Review further continuing education opportunities for RDH's interested in OMT and OMD's.

PROBLEM-SOLVING STARTS WITH RECOGNITION

- Between 4% and 11% of babies are born with a tongue-tie
- 1 in 12 have a lip tie
- Between 3-12% of children snore
- Bruxism affects between 14 to 17% of kids
- On average, 15% of adults grind or clench at night
- 30% of children suck their thumb at age 1
- Most children spontaneously give up the habit between age 2 and age 4
- 12% of children still suck their thumbs at age 4

4

01 INTENT
Define oral (Orofacial Myofunctional Therapy) and OMDs (Orofacial Myofunctional Disorders)

#GOALS
COURSE DESCRIPTION

This sought-after specialty is growing, as awareness for the connection between breathing, eating and sleep disorders becomes spotlighted in dentistry. Dental hygienists provide valuable time with patients which can give us a greater opportunity to assess the oral cavity, habits and changes in the dentition.

02 INTENT
Describe 5 common symptoms of Orofacial Myofunctional Disorders and their root causes.

03 INTENT
Describe assessment tools for the RDH while chairside with patients.

04 INTENT
Discuss common consequences for patients with orofacial disorders.

05 INTENT
Review further continuing education opportunities for RDH's interested in OMT and OMD's.

5

01 INTENT
OMDs (Orofacial Myofunctional Disorders)

Orofacial Myofunctional Disorders (OMDs) are disorders of the muscles and functions of the face (21) that OMDs may affect, directly and/or indirectly, breathing, facial orofacial growth and development, chewing, swallowing, speech, orofacial myofunctional joint movement, oral hygiene, quantity of orofacial movement, facial orofacial, and more. Most OMDs originate with insufficient habitual nasal breathing or with oral breathing. The subsequent adaptation of the muscles and the orofacial OMDs as a functional breathing pattern create very OMDs. Orofacial Myofunctional Disorders may impact treatments by orthodontists, dentists, dental hygienists, speech language pathologists, and other professionals working in the orofacial area.

Closest relationship depends on a proper relationship between the muscles of the face, mouth and throat. The act of swallowing is one function that depends on the body's vital balance. To swallow properly, muscles and nerves in the tongue, cheeks and throat must work together harmoniously when a person swallows normally, the tip of the tongue presses being against the roof of the mouth or hard palate, located slightly behind the front teeth. The tongue acts in concert with all the other muscles involved in swallowing. The hard palate, respectively, anchors the base attached to the tongue.

Because a person swallows 100-1200 times a day, improper swallowing can cause a variety of problems. But it is actually the resting position of the tongue that does the most damage because it is more constant.

6

02 INTENT
So what is the correct tongue posture, here?

Correct tongue posture:

1. The tip of the tongue should touch the incisive papilla (not the teeth)
2. The middle of the palatal suture
3. The soft palate.

10

02 INTENT
So what is the correct tongue posture, here?

Correct tongue posture:

1. The tip of the tongue should touch the incisive papilla (not the teeth)
2. The middle of the palatal suture
3. The soft palate.

1. "DND" - "Stop at the tip, then roll the tongue forward"

2. Sugar free gum technique - chew a few pieces of gum and flatten them the span of the arch. Stick the gum to the roof, starting from the backward. Do this throughout the day. No chewing, use all parts of the tongue to roll it out, not just the tip. Swallow with the gum in place, ensuring an archer engaging any facial muscles.

once up there hold in place for 20 seconds taking deep breaths in through the nose and exhaling.

11

02 INTENT
So what is the correct lip posture, here?

The lips should:

1. Touch naturally across the mouth.
2. Should naturally curve upward in a "Cupid's bow."
3. Should not engage the facial muscles.

12

03 INTENT
Describe assessment tools for the RDH while chairside with patients.

03 KIDS WITH:

1. Tongue Tie
2. Ear Infections
3. Allergies
4. Adenoid Issues

OFTEN ARE MOUTH BREATHING

03 TONGUE TIE (VISUAL)

1. Deep groove down the center of the tongue.
2. Heart-shaped tip of the tongue.
3. Tethered tissue (Eifel Tower)

@Toothlife.Irene was born out of my own, never-ending pursuit of education. It is from this passion that I aim to encourage other clinicians to inspire change in our clinical practice by shedding light on new product solutions, resources and technology. By working alongside my patients, we can not only improve clinical outcomes but the overall evolution of our dental community.

Irene Iancu

BSC RRDH CTDP OM

Rate Card

*All rates are in USD

Speaking Engagement <i>Standard speaking fee - may exclude travel and accommodations.</i>	\$4,500
Partial Speaking Sponsorship <i>Partial sponsorship for speaking engagements - may exclude travel and accommodations.</i>	\$2,500
Lecture Content Creation <i>Includes content of 0-3 hours duration (content owned by client).</i>	\$5,500
Webinar Lecture <i>Duration of 0-3 hours.</i>	\$3,500
Article & Blog Writing <i>Includes research, copy, editing and images.</i>	\$1,500