

today

93rd EOS Congress • Montreux, 5–10 June 2017



Programme

Dentist and EOS keynote presenter Dr Raffaele Spina from Italy provides a case for self-ligating systems and alveolar corticotomy in orthodontics.

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What's on in Montreux

Apart from its rich cultural and culinary scenes, Montreux offers something for everyone. Here are some tips how to spend your time off in the city.

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Satellite symposium

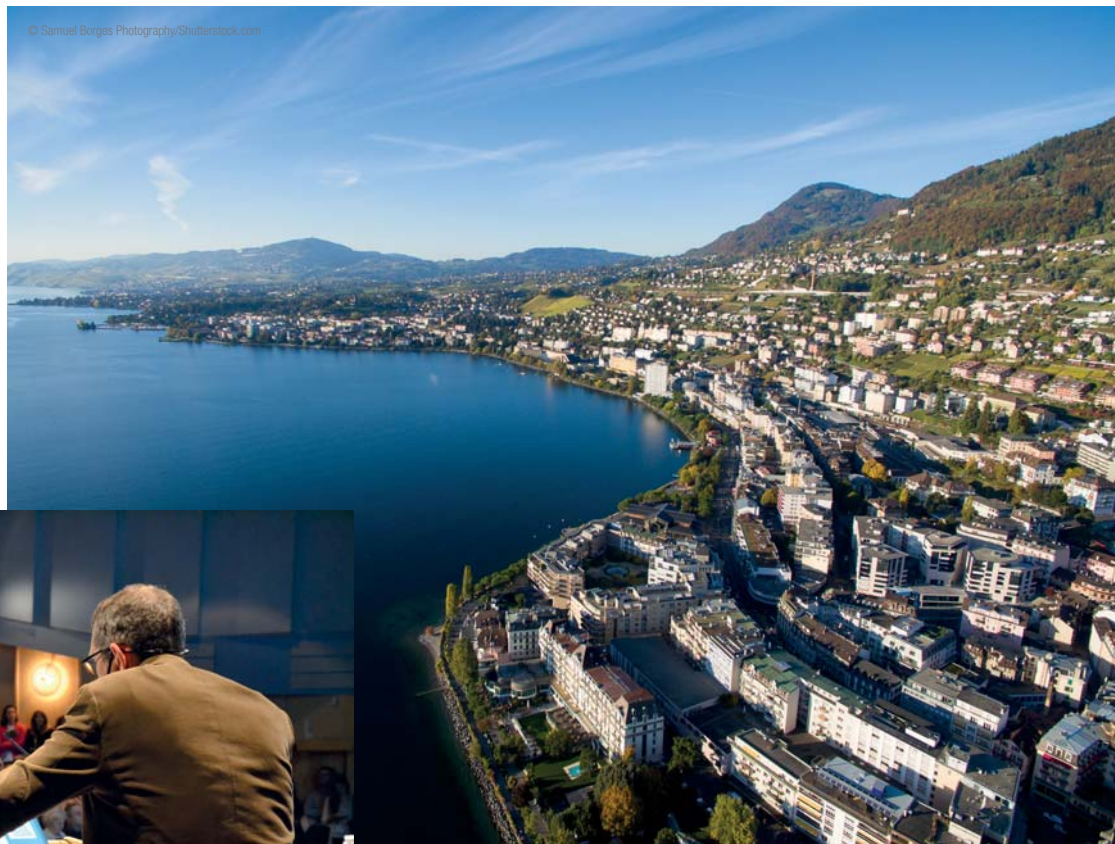
On Wednesday, Prof. Tarek El-Bialy will be presenting on the efficiency of orthodontic treatment with the latest Invisalign innovations.

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EOS Congress makes return to Switzerland

Specialist body holds next edition of international conference in Montreux

■ Idyllically situated between the blue waters of Lake Geneva, the majestic snow-covered Alps and the Lavaux Vineyard Terraces UNESCO World Heritage Site, Montreux is considered by many to be one of Switzerland's hidden gems. Every year, this medieval city, which over the course of its history has attracted artists and poets, draws visitors from around the world, most prominently for the annual Montreux Jazz Festival in July. This week, thousands of orthodontists will be able to enjoy everything that Montreux has to offer, during the 93rd Congress of the



© Samuel Borges Photography/Shutterstock.com

▲ Montreux waterfront



▲ Keynote presentation (© DTI)

European Orthodontic Society (EOS).

Being held from 5 to 10 June at the Montreux Music and Convention Centre, this year's edition marks the return of the prestigious event to Switzerland since the last

congress in the country was hosted in Geneva in 1983. Over the course of the next five days, it will bring together professionals from all over the globe to discuss the latest scientific and clinical developments in the field. According to the organiser, this year's extensive programme fo-

cuses on the alveolar envelope as the limit to orthodontic tooth movement and the different treatment strategies to expand the anatomical limits.

In a special session presented by the *European Journal of Orthodontics*, Prof. Martyn Cobourne and orthodontic consultant Dr Padhraig Fleming, both from the UK, as well as Forsyth Institute researcher Dr Alpdoğan Kantarci, from the US, will be debating accelerating tooth

movement and its rationale and effect with moderator and journal editor Prof. David Rice. Furthermore, presentations in the greater programme will cover the latest research on a variety of other important topics. Keynote speakers, all experts in their respective fields, will critically analyse these subjects, followed by short presentations of new research data, the organiser said.

The main programme is complemented by a number of special

meetings being held by orthodontic societies for students and teachers, among others. In addition to the programme, attendees can see and experience the latest innovations from some of the largest manufacturers of orthodontic products, including Align Technology and DW Lingual Systems. All in all, over 60 sponsors have their latest offerings on display. In the evenings, participants will be able to enjoy the best Montreux has to offer, with a lake cruise and gala dinner at the world-famous Chillon Castle as the highlight of this year's social programme.

"We are sure that the combination of an interesting scientific programme and an attractive social programme will make this meeting unforgettable," promised EOS President Prof. Christos Katsaros, head of the Department of Orthodontics at the University of Bern in Switzerland.

For more information about the conference and programme, visit the official website at www.eos2017.ch. Furthermore, Dental Tribune is providing the latest news, interviews and impressions from the event on its website, www.dental-tribune.com. ◀

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Report predicts substantial growth of global orthodontic supplies market

■ While North America and Europe are expected to have accounted for the largest share of the regional segments in the global orthodontic supplies market in 2016, the Asia-Pacific market is projected to register the highest growth rate over the next five years, a new report by market specialist MarketsandMarkets has found.

According to the research firm, the forces driving this development

are growing efforts to increase awareness of advanced orthodontic treatments in the region and a very large patient population with malocclusion and jaw disorders. In addition, growth is being stimulated through increasing disposable income, coupled with a growing middle class and the stronger focus of global orthodontic and dental companies on emerging Asia-Pacific countries.

Overall, the global orthodontic supplies market is expected to grow further at a compound annual growth rate of 8 per cent over the forecast period of 2016–2021 and is expected to reach US\$4.71 billion by 2021.

Among the three major product categories, fixed braces, removable braces and orthodontic adhesives, the fixed braces segment is expected to have gained the largest share in the global orthodontic supplies mar-

ket in 2016. According to the analysts, this is primarily attributed to the greater affordability (compared with removable braces) and increasing adoption of fixed braces among adolescents.

According to the market review, the major competitors in the orthodontic supplies segment are 3M, Align Technology, Danaher Corporation, Henry Schein, Dentsply Sirona, American Orthodontics, Rocky Moun-

tain Orthodontics, G&H Orthodontics, Dentaaurum and TP Orthodontics.

The full report, titled *Orthodontic Supplies Market by Removable & Fixed Braces (Brackets [Self Ligating, Lingual, Metal, Ceramic, Aesthetic], Archwire [Nickel Titanium, Stainless Steel], Ligature [Elastomeric, Wire], Anchorage Appliances, Adhesives), Patient-Forecast to 2021*, can be purchased at the MarketsandMarkets website. ◀

How do you desire tooth movement for your patients?

By EOS speaker Dr Raffaele Spena, Italy

■ As a clinician, I have always looked at ways to improve three major aspects of orthodontic tooth movements. There are the following:

1. Increase speed: reduce time in solving large malpositions, possibly reduce total treatment time.
2. Increase efficiency: improve anchorage control, reduce undesired side-effects, reduce complexity or risks of specific tooth movements.
3. Increase patient's comfort and acceptance: reduce pain, improve procedures, reduce invasivity

Very often, I found that these aspects go together; look for one and you get another. At the same time, it has always been very clear to me that this search was not at the expense of a quality result or optimal treatment outcome.

After three years of randomly using four different self-ligating brackets and one conventional bracket in my office, I decided in 2000 to convert my entire practice to an active self-ligating bracket system and its associated wires. I realised that this system provided me all the benefits I was looking for such as standardised chairside procedures, standardised wire seating and tying, as well as standardised light force application and friction on every

bracket. Simultaneously, my time spent at the chair was notably reduced. Emergencies were easily managed and, most of all, reduced in numbers and frequency. In several cases, I placed self-ligating brackets on one arch and conventional brackets on the other. The patient's response to the self-ligating systems was largely positive.

All these aspects were enough to convince me to convert. Bonding both arches at the beginning of treatment and the opportunity to provide patients with temporary occlusal build-ups added to my decision. Patient's acceptance increased while my management of cases improved.

Research on if and how it is possible to affect the biological response of the alveolar bone has always been another attractive and interesting field to me. The positive aspects of a controlled bone metabolism and healing can be used for several clinical applications from the reduction of the osseointegration healing period for implants, the acceleration of orthodontic movement, regeneration of bone in periodontal disease to enhanced healing of lacunae after surgical removal of pathological tissues or impacted teeth.

Back in 2001, a group of clinicians led by brothers William and



Dr Spena is a lecturer at the Department of Orthodontics of the University of Ferrara in Italy. On 8 June, he will be presenting an EOS lecture titled "Fast, efficient or comfortable: How do you desire tooth movement for your patients?" from 10:50 to 11:20.

Thomas Wilcko published a clinical report in which two cases had been treated with alveolar corticotomy and extensive grafting. The study revealed that after a surgical insult to the alveolar bone, the following rapid tooth movement could be explained with the RAP reaction described by Frost in 1983 more than the bony block movement previously described by Suya and Kole.

The paper stimulated an incredible volume of research and clinical works. Most of these however have been focusing on acceleration of tooth movement, reduction of treatment time and "expanding" non-extraction treatment possibilities. I had little interest in these aspects and soon developed a different perspective on alveolar corticotomy. From my experience, it is an effective and clinically applicable way to enhance tooth movement, reduce resistance to tooth movement and reduce anchorage needs thus improving anchorage control. Alveolar corticotomy is proposed to our patients as an adjunct to facilitate tooth movement in complex cases and risky clinical situations. It is not proposed as a way to reduce treatment time.

Alveolar corticotomy can be performed with open flap or flapless surgery. At the beginning, the open flap procedures were the only available choice. However, they required a good periodontist/oral surgeon. They were also expensive and sometimes too invasive compared to the advantages it provides. Nowadays, we limit the open flap corticotomies to those cases where a flap is raised to expose impacted teeth, when an orthognathic surgery is carried out or

when grafting is needed for periodontal reasons. For an increasing percentage of cases, the flapless corticotomy is preferred: small round osseoperforations around the teeth to move. The decortication can be performed in-office with help of the same procedure that is used to place miniscrews: anesthetic gel instead of needle, no sutures, no grafting. It is a fast, painless, relatively inexpensive procedure with incredibly high acceptance by the patients. Since it simplifies the biomechanics, it can make the difference in specific cases when combined with skeletal anchorage.

The literature is still very negative or, at least, divided over self-ligating systems and alveolar corticotomy. However, studies and randomized clinical trials, very often concluding that "further studies are needed to get a final answer", are necessarily looking at one or two aspects of the entire problem/topic/issue at a time. They are of great help to evaluate things, but necessarily lack completeness (and often real clinical evidence). A clinician, that honestly has to decide what appliance or procedure to use in his practice, has to look at so many things that are difficult to find or all concentrated in one study. ◀

Relationship between early orthodontic treatment and oral health-related quality of life confirmed

■ In Western countries like the UK, between 10 and 20 per cent of adolescents undergo orthodontic measures in some form. A recent meta-analysis conducted by researchers at the University of Sheffield's School of Clinical Dentistry has indicated that treatment in those younger years may have a measurable impact on a person's oral health-related quality of life (OHRQoL).

In their review, they found that levels of emotional and social well-being concerning OHRQoL improved moderately in patients who were

treated orthodontically before they were 18 years old. The findings are relevant, because, until now, there has been little evidence that treatment actually improves OHRQoL.

The researchers included data from over a dozen studies reporting outcomes before and after orthodontic treatment that were conducted within the last ten years in countries like Australia, Brazil, Canada, China, Italy, the UK and the US. Of these, four were finally selected for using similar questionnaires to measure what young people thought about their teeth and how

their dental appearance affected their life, before and after orthodontic treatment. All showed measurable and moderately large improvement in the areas of emotional and social well-being, according to the researchers.

"As practicing orthodontists we are constantly being told by our patients that they are pleased they had their teeth straightened and that they are no longer embarrassed to smile or to be photographed," explained co-author Prof. Philip Benson, who is also Director of Research at the British Orthodontic Society. "We wanted to find

all the research that has tried to measure this effect with young people."

While the findings are a first step to establishing a platform for exploring this issue further, Benson admitted that the number of participants included in the studies was small and that higher-quality data is needed to substantiate the conclusions. A follow-up study investigating OHRQoL in the under-18 age group under the supervision of co-author and student Hanieh Javidi as part of her doctoral research project is underway at the School of Clinical Dentistry.

The study, titled "Does orthodontic treatment before the age of 18 years improve oral health-related quality of life? A systematic review and meta-analysis," was published in the April issue of the *American Journal of Orthodontics and Dentofacial Orthopedics*. ◀



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today will appear at 93rd EOS Congress in Montreux, 5-10 June, 2017.

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ORTHORA: Each treatment is like a puzzle

By Dr Marije Jongsma, The Netherlands

I have been an orthodontist for almost four years and now work with my father in our orthodontic practice. I enjoy the challenge of giving our patients both a beautiful smile and good masticatory function with-

out restrictions. Each treatment is like a puzzle and various steps must be arranged to ensure the best possible treatment result for our patients. When I look at the happy faces of my patients when they see

their beautiful "new" teeth, it makes me happy too because aesthetics plays a significant role in orthodontics. I like to treat young patients because they are very honest and bring a burst of joy and energy into

our practice and that brightens my day as well.

In the Netherlands, treatments are often delegated. Each patient first goes to the orthodontist who oversees the treatment. Wire changing and

similar tasks are done by our professional assistants. I have heard that presumably the greatest difference to other orthodontic practices is treatment cost. In the Netherlands, the government has made a great effort to reduce these costs and thus enable treatment for many people. I think that there are fewer orthodontists per patient here, so we are already well positioned with our six dental units in our practice.

The evident choice

We completely renovated our practice last year and in doing so placed special emphasis on an open room design. The rationale was that patients should be able to see what we are doing; there is no secrecy. Furthermore, short paths facilitate a good flow of information. My father passed his love of the ORTHORA 200, which is a tailor-made orthodontic



treatment unit, on to me. Last year, we replaced everything, except for our 10-year-old ORTHORA 200 units. Most dentist chairs fulfil their functional purpose more or less, but really, they are just not as nice. I am not only an orthodontist but also an aesthetician. MIKRONA's dental chairs are simply beautiful. The unit has everything we need, no more, no less. It has a very clean look. I really like that. We have changed the upholstery only once, which shows that the upholstery is quite robust. I work with the ORTHORA every day, so it is very important for me that I can rely on the functionality.

Every year, our dentist chairs undergo technical inspection by an allocated association and so far we have only had to replace some worn parts, which is to be expected, since we use them constantly. The local distributor is always helpful and we have been very satisfied with the service to date. The ORTHORA is almost indestructible.

Ergonomics plays a significant role in orthodontics. The ORTHORA's height is easily adjustable to the needs of the patient and the practitioner. Default settings make life easier for us, so we can dedicate the time gained to treating our patients. I want our patients to feel comfortable during treatment. The ORTHORA guarantees a comfortable posture for the patient and for the practitioner. Our patients love our chairs and some have even joked that they would like to have a TV chair as comfortable for their home. «

More information about ORTHORA is available at booth 67.

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*Vanlaeckken et al.: Class III correction using an inter-arch spring-loaded module. Progress in Orthodontics 2014 15:32.

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Manager versus clinician

How to manage expectations of the management role and turn it into success. By Lina Craven, UK.

Practitioners' expectations of the kind of manager they want for their practice vary considerably in terms of experience and skills. How guilty are you of promoting a nurse or receptionist to a management role without determining the skills gap and providing the necessary training? It is a common scenario in our industry.

Practitioners have a responsibility to their teams and to the financial success of their practices to appoint someone who either has the necessary skills or has the capacity to learn them in the appropriate time frame. How realistic are your expectations and how can you ensure your management role results in success?

Creating and managing realistic expectations

Expectations are difficult to control and impossible to turn off. According to Brazos Consulting, "Expectations are deeper and broader than 'requirements'. Expectation is your vision of a future state or action, usually unstated but which is critical to your success." By learning to identify and influence what you expect, and by ensuring it is clearly communicated, understood and agreed with your manager, you can dramatically improve the quality, impact and effectiveness of your business.

Expectations are created by many different circumstances. It may be something you said or the way that you said it, something you or someone else did, or an expectation of your prospective manager based on his or her previous experience. The vital point here is that expecta-



tions, whether right or wrong, rational or otherwise, are not developed in a vacuum. You should consider instances when you were let down by your manager and ask yourself how

that expectation was derived. Was it based on an agreement with your manager after a discussion or was it based on something you said or thought in passing? In retrospect, you may wonder how realistic that expectation was and why you thought your manager was in the strongest possible position to fulfil it.

In my experience, the following scenarios are typical of how unrealistic expectations are created:

- The practitioner is busy and needs someone to take charge. He or she chooses the "best of the bunch", hoping he or she will learn on the job.
- The new manager has his or her expectations of the job and these are often unrealistic.
- No detailed job description or objectives are ever provided. No on-the-job or any other type of training is provided; the practitioner simply assumes the manager will learn as he or she goes along.
- The manager is excited about the new position. For some, the empowerment, the title and the kudos mean a great deal; for others, the challenge and the task at hand mean more. When reality hits, so does the realisation that the original motivating factors are no longer as important.
- Both practitioner and manager are reticent to discuss what is not working and often brush the issues under the carpet until it is too late.
- Resentment grows and what is at stake—the patients, the practice and the staff—outweighs the ac-

tual issue, which is poorly managed expectations.

Of course, there are many practices managed by very capable staff members. However, for all the well-functioning practitioner-manager relationships, there are more people in these roles who prefer not to talk about the problems inherent within and who are only too glad for someone else to address the issues.

One of my aims is to facilitate management teams to assess where they are at present, to plan for appropriate change and to implement that change. The outcome is that a weight is lifted from your shoulders and focus moves to a united partnership working towards the success of the practice. In order to move forward, however, you must recognise where you are now.

An alternative approach

The first step towards achieving a successful management partnership is to honestly appraise your current situation. If anything I have said so far has touched a nerve, if frustration exists between you and the manager, or if you simply think things could be better, then acknowledge the fact and take action. Knowing what action to take for the best is probably the most difficult thing to assess.

The following are tips on getting started: Vocalise your vision, agree that your vision is realistic and share it with your team. Create a job description with and a training plan for your manager, as well as identify skills gaps and create smart objec-

tives with and for her or him. Also agree and schedule regular one-to-one meetings and plan to assess and review with your manager. Most importantly, however, keep communicating.

Drive your success

Expectations always exist, even if we do not know what they are and despite them often being unrealistic. Managers have expectations of their roles and their employers have expectations of the person given responsibility for managing the practice. The problem is that mismatched expectations can lead to misunderstanding, frayed nerves and ruffled feathers. More seriously, they often lead to flawed systems, failed projects and a drain on resources.

There is nothing wrong with having expectations; the trick is to communicate them and to agree how they might be satisfied over time and with the right support. Managed expectations drive your success. ◀

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Lina Craven



is founder and Director of Dynamic Perceptions, an orthodontic management consultancy and training firm in Stone in Staffordshire, and has many years of practice-based experience. She can be contacted at info@linacraven.com.

Oral hygiene in orthodontics

■ During orthodontic treatment, many patients seek advice on how to clean their braces effectively and gently. Since ordinary toothbrushes and interdental brushes are not suitable for orthodontic appliances, Swiss oral care provider Curaden, under its CURAPROX brand, is now offering the new Ortho Kit. This specialised kit contains the CS ortho ultra soft toothbrush, the CS 1009 single brush, the CPS 07, CPS 14 and CPS 18 interdental brushes, and ortho wax. The Ortho Kit is a perfectly combined set of products and gives dental professionals the best option for improving orthodontic patients' oral hygiene.

When used correctly, the right toothbrush should dislodge and remove plaque through small circular movements along the gingival margin. Demonstrating the right balance between comfort and effectiveness, the CS ortho ultra soft toothbrush is specifically designed to clean both teeth and orthodontic appliances. With 5,460 filaments, the compact brush head allows for easy cleaning of the brackets' outer surfaces and its shape helps patients brush at the right angle. Each filament has a diameter of 0.1 mm, allowing the production of a head with many fine, though durable, bristles. The groove in the middle of the brush head accommodates the brackets and wires to allow the brush to clean the teeth better. In addition, the octagonal handle facilitates brushing at an angle of 45°. The CS ortho ultra soft toothbrush cleans efficiently and thoroughly and has gained an outstanding reputation among orthodontic practices and patients.

Patients wearing orthodontic appliances have to exercise particular care in their oral hygiene, since bacteria can accumulate more easily around the brackets and wire surfaces. A single-tufted toothbrush, the CS 1009 is particularly suited for use on wires and brackets. The brush adapts to the contours of the brackets, can easily be moved from the top to the bottom, and is gentle on the gingivae. The CS 1009 also adapts to the anatomy of the gingival margin, making it an indispensable expert tool that every orthodontist should use.

How to use interdental brushes in orthodontic care

Interdental brushes allow for effective prevention of dental caries and periodontal disease and should ideally be used before, during and after orthodontic treatment. To maximise the potential for atraumatic, effective and acceptable cleaning without harm to the papillae, CURAPROX offers ultra-fine bristles, extra thin wire cores and a durable system for all of its interdental brushing systems. Developed to suit the orthodontist's needs, the CPS 07, CPS 14 and CPS 18 interdental brushes are especially capable of cleaning wires and brackets. With an accessibility of 2 mm and an effectiveness of 8 mm, the CPS 18 allows for excellent cleaning of the outer wires, whereas the CPS 14 is especially suitable for the

inner wires. The CPS 07 allows for complete cleaning of the gaps between the teeth.

CURAPROX has placed special focus on the comfortable use of interdental brush holders for the specific needs of orthodontic patients. For example, the UHS 451 holder has a smart click system on which the CPS 07, CPS 14 and CPS 18 interdental brushes can easily be mounted. Patients can also use various other holders.

Another key element of the Ortho Kit, the ortho wax helps patients become used to their appliance and protects the oral mucosa from abrasion and injury by bracket edges. The transparent and tasteless wax can easily be placed on to the brackets once warmed and is available in a convenient carrying case. Finally, the Ortho Kit contains a brochure with tips and advice on how to clean teeth and appliances effectively. It provides specific oral hy-

giene instructions for each product, as well as information about proper nutrition.



More than just communication

In addition to offering innovative products, Curaden emphasises the need to motivate dental professionals and patients. Motivation is crucial for effective orthodontic treatment because it encourages patients to engage in positive behavioural change and helps to achieve an overall positive outcome. Through the iTOP (individually trained oral prophylaxis) educational system, dental professionals will learn to communicate more effectively with their patients, to listen to their questions and concerns, and to establish long-lasting good oral hygiene for their patients. Owing to the combination of high-quality products and effective communication, dental professionals can ensure that their patients act in accordance with their advice and practise good oral health habits.

Optimum orthodontics right from the start

Besides the new Ortho Kit, visitors to the EOS Congress will experience a revolution in paediatric dentistry: the new CURAPROX Baby soother. This soother promotes the proper development of the palate and jaws by preventing misaligned teeth, problems caused by mouth breathing and skin irritation. Its flat tip ensures sufficient space for the tongue, while the side wings guide the suction pressure in the optimal direction. ◀

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What's on at the 93rd EOS Congress in Montreux

Opening ceremony and get-together

Date & time: 6 June, 18:30-21:30

Venue: Montreux Music and Convention Centre

Held at the start of the meeting, the opening ceremony provides an opportunity for participants to meet and celebrate this year's success.

The dress code for the evening is smart casual.

President's Reception

Date & time: Wednesday, 7 June, 20:00

Venue: Montreux marketplace

The President's Reception provides an opportunity for participants to meet with colleagues and friends from around the world. The marketplace, one of the main attractions of the city, was built towards the end of the nineteenth century, came from the idea of Gustave Eiffel for the construction of his tower in Paris. Protected by a green space, participants will be able to enjoy great food and drinks.

The dress code for the evening is smart casual. Tickets can be booked through the organiser's office. It is recommended to book early.

Postgraduate Party

Date & time: Thursday, 8 June, 22:00

Venue: Montreux Music and Convention Centre

Free for all EOS postgraduate student members, the party takes place in the congress venue's basement. It is a special annual Montreux Jazz Festival.

The dress code for the evening is smart casual. Tickets can be booked through the organiser's office. It is recommended to book early.

Lake cruise and gala dinner

Date & time: Friday, 9 June, 19:00

Venue: Chillon Castle

Extending into the water on the shore of the lake, Chillon Castle has inspired less artists throughout history, including Victor Hugo. He used it as the setting for his 1816 narrative poem 'The Prisoner of Chillon'. Each year, thousands of visitors per year, it is one of the most popular castles in Switzerland. At the castle, participants will be able to enjoy an evening of music and dining. Geneva with breath-taking views of the Alps.

The dress code for the evening is black tie. Tickets can be booked through the organiser's office. It is recommended to book early.

Congress outing with Silver Mill competition

Date & time: Saturday, 10 June, 9:00

Location: Gruyères

Idyllically located on an isolated hill above the town, Silver Mill has retained its charming medieval character up to the present day. The event, a regular event at the EOS Congress, takes place at the Silver Mill. Afterwards, participants will enjoy a traditional lunch.

Tickets cost CHF120 + VAT per person and can be booked through the organiser's office.

Other than the lake cruise/gala dinner and congress outing, participants and registered accompanying persons. For more information on your stay in Montreux, go to www.montreuxriviera.ch or contact the Montreux Riviera de l'Eurovision.

93rd EOS Congress Montreux

ceremony and get-together is the first opportunity
EOS Congress.

portunity for EOS participants to meet and network
d. This year, it will take place at the Montreux mar-
The materials for the market, which was built to-
m the same workshop that supplied Gustave Eiffel
ted from bad weather in the completely covered
d and entertainment.

l. Tickets cost CHF120 + VAT per person and can
omended to book early, as space is limited.

ers, this is an event not to be missed. This year's
nt, where concerts are usually held during the an-

. Tickets cost CHF50 + VAT per person and can be
mended to book early, as space is limited.

ake, this 1,000-year-old monument inspired count-
ugo, Jean-Jacques Rousseau and Lord Byron, who
The Prisoner of Chillon. With more than 330,000
les in Switzerland and Europe today. Before dinner
hour-long cruise across the eastern part of Lake

ickets cost CHF250 + VAT per person and can be
mended to book early, as space is limited.

Competition

the Saane River, the little town of Gruyères has re-
present day. This year, the Silver Mill competition,
the Clos aux Cerfs next to the Church of Gruyères.
unch in a typical Swiss wine cellar vault.

can be booked through the organiser's office.

outing, all activities are included for all registered
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