



Forget that stud
Tongue piercings may
lead to gaps in teeth

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Ride the waves
Surfing and other fun
things to do in Hawaii

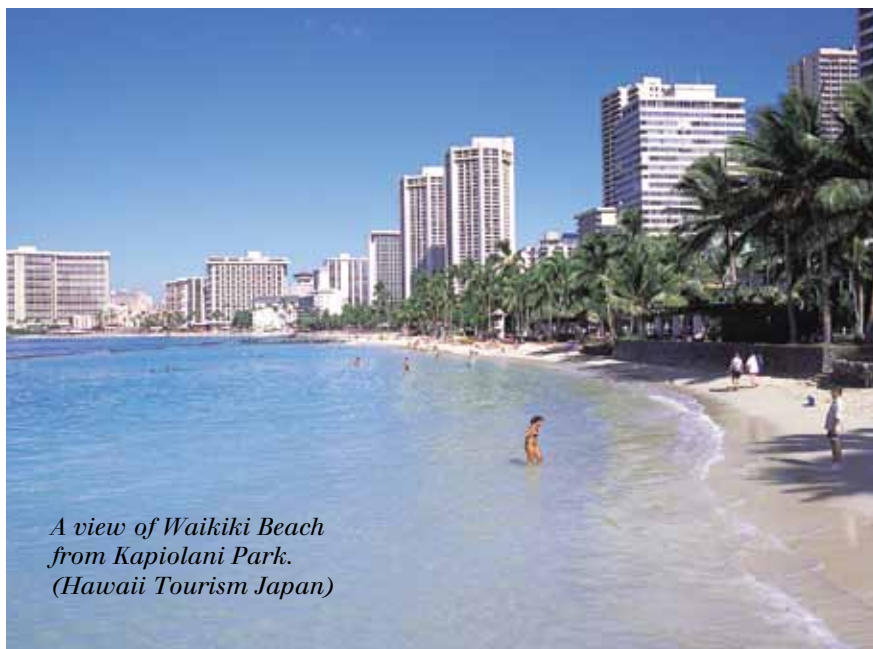
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Making headway
Our 2010 makeover
winners show progress

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PCSO goes tropical



*A view of Waikiki Beach
from Kapiolani Park.
(Hawaii Tourism Japan)*

*Annual session
offers continuing
education, social
activities and more*

By Kristine Colker, Managing Editor

Going to Hawaii is normally considered a treat. But going to Hawaii and having access to a myriad of continuing education sessions, a slew of companies showing off their newest wares and an array of social and networking events is even better.

This year, the Pacific Coast Society of Orthodontists is taking its 74th annual session to the shores of

Oahu and the Hilton Hawaiian Village Beach Resort & Spa. The festivities are set to begin Saturday, Oct. 9, and last until Tuesday, Oct. 12.

According to organizers, some changes have been implemented to attract more PCSO members and their staffs. For instance, the doctor program will begin with a president's lecture from Past AAO and PCSO President Dr. Don Joondeph and will continue with a lineup of U.S. and international speakers, most of whom are new to PCSO meetings.

In addition, the staff program has been changed to introduce new speakers to PCSO and to provide more useful information for experienced staff.

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'I'm fortunate to have found a career that I've embraced'

Dr. S. Jay Bowman talks about how he got started (blame his father), where he's been in his career and why he feels so lucky

By Dennis J. Tartakow, DMD, MEd, PhD, Editor in Chief

Please introduce yourself to our readers and tell us about your background in orthodontics.

I grew up in a very small town (Abingdon) in the middle of the cornfields in the western half of Illinois, attended Illinois Wesleyan University and then Southern Illinois University, School of Dental Medicine. I was accepted by Lysle Johnston into the orthodontic residency at Saint Louis University in 1983 and bought the first of three orthodontic practices in Kalamazoo, Mich., in 1985.

Primarily, I am a clinician, but, I am honored to have been asked to teach at three universities: adjunct associate professor at Saint Louis University, clinical associate professor at Case Western Reserve University and an instructor at the University of Michigan, where I developed a straightwire course that I've taught for 10 years.

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Ethics in ortho

By Dennis J. Tartakow, DMD, MEd, PhD,
Editor in Chief



According to Thomas Moore (1779–1852), “One of the greatest problems of our time is that many are schooled but few are educated” (Howe, 2003, p. 268).

Although we do not recite any type of Hippocratic oath — an oath that is required of all newly graduated physicians in the United States — asking future dentists to allege not to do harm is rather ludicrous.

“Do no harm” is assumed and is an ethic that is expected.

In general, there are at least two ways to do harm: sins of commission and sins of omission. A dentist can harm a patient with the knowledge that he knows and with what he does not know.

The words excellence, ethics, professionalism and leadership are just a few of the terms emphasized by the American College of Dentists in its mission statement that applies to every dentist.

This mission statement is a great start for each of us to consider, reflecting the purpose of the services that we provide to our patients and staff; it should guide our actions, spell out our goals, provide a sense of direction and guide our ultimate decision-making.

It should provide the framework or context within which our objectives are formulated, proposed and performed.

A fundamental and basic aim of orthodontic education is to explain and demonstrate comprehensive approaches to communicating, diagnosing and treatment planning.

An interdisciplinary approach to learning involves psychology, sociology and other behavioral sciences, all of which must be considered in order to provide our students with an enhanced and enigmatic knowledge base.

This requires the cognizance of pragmatic realities for time/motion constraints, insurance limitations and all other office issues that are central to treating our patients.

Orthodontic educators and administrators must also have a fundamental understanding of human behavior and motivation and present these human rights issues and relationships to our residents.

This will help the students develop greater understanding of the cultural differences and boundaries of our diverse patient population.

A chain is as strong as its weakest link, and in order to provide optimal health care for our patients, the orthodontist and staff must strive to work in concert with each other. However, the heart of our concerns should be focused on compassion, understanding and empathy for the patient’s comfort, health and best interest.

Only through thoughtful supervision, planning, congruity and focus can these needs and objectives of the orthodontist be achieved at the highest level. **OT**

Reference

- Moore, T. (2005). In R. Howe (Ed.), *The quotable teacher* (p. 268). The Lyons Press: Guilford Connecticut.

OT Corrections

Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Kristine Colker at k.colker@dental-tribune.com.

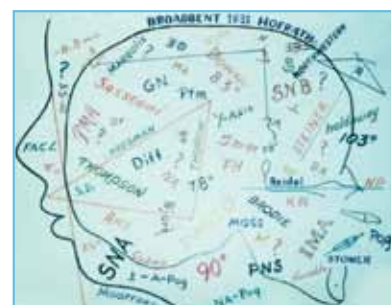


Image courtesy of Dr. Earl Broker.

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Keep your tongue free from piercings and your teeth free from gaps. (Photo/Sergei Starus, Dreamstime)

Tongue piercings linked to teeth gap

Playing with a pierced tongue stud could lead to a gap between front teeth, according to a new study. The research, which was carried out at the University at Buffalo in New York, suggested tongue piercings could be a major cause of unnecessary orthodontic issues.

The report claimed those with tongue piercings were likely to push the metal stud up against their teeth and consequently cause gaps and other problems to arise.

Dr. Nigel Carter, chief executive of the British Dental Health Foundation, said the study highlighted the risks that tongue piercings have on oral health. "As well as causing an apparent gap, oral piercings can also lead to chipped teeth and infection," Carter said.

Lead author of the study, Sawsan Tabbaa, said that "force, over time, moves teeth" and that the effects of people playing with their studs crop up in a "very high percent of the cases."

A professor of orthodontics at the University at Buffalo School of Dental Medicine, Tabbaa explained that tooth damage was common in both past and current case studies.

The study featured a 26-year-old female patient and showed that a space between the upper front teeth had appeared during a period of seven years, during which the metal bar was pushed against and between the teeth.

The patient provided researchers with photographs to show she had no diastema before having her tongue pierced. It was strongly thought that positioning the tongue stud between the maxillary central incisors caused the midline space between the front teeth.

The results of the study were published in the Journal of Clinical Orthodontics. **OT**

(Source: British Dental Health Foundation)

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Out and about in Oahu

Welcome to Hawaii! Now that most of us have flown here, from across the country or even from across the world, you don't want to miss this opportunity to see the best of what Hawaii and Oahu have to offer.

With Waikiki as a central hub, you can explore the legendary North Shore one day and spend the next on the east side snorkeling at Hanauma Bay, a protected marine sanctuary with tons of colorful fish. Thrill seekers can skydive at Moku-leia while daydreamers can relax peacefully on the beach.

Here is a closer look at some

activities you'll want to be sure you check out.

The North Shore

If there is such a thing as a perfect wave, you'll likely find it on the North Shore. The big, glassy winter waves of this legendary surf mecca attract the best surfers in the world. Stretching for more than seven miles, the beaches of the North Shore host the world's premier surfing competitions including the Super Bowl of wave-riding, the Vans Triple Crown of Surfing.

To get to the North Shore, drive along northwestern Kamehameha



A surfer takes on Oahu's North Shore. (Hawaii Tourism Authority/Kirk Lee Aeder)

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Highway (Highway 83) from Haleiwa to Sunset Beach. From Waikiki, it takes about 45 minutes to get to Haleiwa and an hour to get to the beaches. Some places to visit:

- **Waimea Bay:** Waimea Bay is the birthplace of big wave surfing and is the venue for the Quicksilver in Memory of Eddie Aikau Big Wave Memorial. This surf competition pays homage to legendary surfer Eddie Aikau and only takes place when the epic Waimea waves are at least 20 feet high.
- **Banzai Pipeline (Ehukai Beach):** The merciless waves of Pipeline break just 50 to 100 yards off the beach over a shallow reef, making this one of the most dangerous surf spots in the world.
- **Sunset Beach:** The northernmost surf spot on the North Shore is Sunset Beach. The long wave-breaks here are the setting for the O'Neill World Cup of Surfing, the second contest in the Vans Triple Crown of surfing.
- **Haleiwa:** This laid-back surf town with a country feel is the gateway to the North Shore, filled with great restaurants and shops.

Waikiki

World-famous Waikiki was once a playground for Hawaiian royalty. Known in Hawaiian as "spouting waters," Waikiki was introduced to the world when its first hotel, the Moana Surfrider, was built on its shores in 1901.

Today, Waikiki is a gathering place for visitors from around the world. Along the main strip of Kalakaua Avenue you'll find shopping, dining and entertainment.

At Waikiki Beach, a statue of Hawaiian hero Duke Kahanamoku welcomes you with open arms. Regarded as the "Father of Modern Surfing," Duke grew up and surfed in Waikiki during the turn of the century. Discovered as a swimming sensation, he won Olympic gold medals in the 100-meter freestyle in 1912 and 1920, then went on to act in Hollywood and use his fame to spread the popularity of surfing.

Waikiki has a variety of beaches. The main stretches include:

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An aerial view of Hanauma Bay.
(Hawaii Tourism Authority/Heather Titus)

- **Waikiki Beach:** This is the classic shoreline behind the Sheraton Waikiki, the Royal Hawaiian Hotel and the Moana Surfrider.
- **Kuhio Beach:** When the world thinks of Waikiki, this golden stretch of sand along Kalakaua Avenue is what comes to mind. To the east, Kapahulu Pier extends into the Pacific, giving you a view of the Waikiki shoreline. The rock "Wall" shelters the beach, providing a tranquil spot to swim.
- **Queens Surf Beach:** Past the volleyball nets at the Diamond Head end of Waikiki, the beaches get less crowded and grassy areas spring up, offering spots for picnicking.

To learn more about Waikiki's history, take a stroll along the Waikiki Historic Trail, which highlights 23 historic sites, 19 of which are marked by bronze surfboards with a wealth of historical information.

The trail begins at the Royal Hawaiian Center in the heart of Waikiki. The Royal Grove in historic Helumoa was once home to 10,000 coconut trees. The trail continues to the sacred Wizard stones off of Kuhio Beach; King's Village, a shopping center that was once the residence of King Kalakaua; and the Duke Kahanamoku statue.

Pearl Harbor

Pearl Harbor, named for the pearl oysters once harvested there, is the largest natural harbor in Hawaii and the only naval base in the United States to be designated a National Historical Landmark. The aerial attack on Pearl Harbor resulted in 2,390 dead and hundreds wounded, and drove the United States into World War II. Today, these attacks are honored by memorial sites.

- **USS Arizona Memorial:** At 8:06 a.m. on Dec. 7, 1941, the USS Arizona was hit by a 1,760-pound armor-piercing bomb, which ignited its forward ammunition magazine. The catastrophic explosion that resulted sank this massive battleship in nine minutes, killing 1,177 crewmen. Begin your tour at the Visitor Center where you can view a film about the attack and view plaques honoring lives lost on that fateful day. You'll then take a boat shuttle to the USS Arizona Memorial, a floating memorial built over the sunken hull of the Battleship USS Arizona, the final resting place for many of the ship's crew. In the shrine room, a marble wall exhibits the names of the men who lost their lives on the Arizona.

- **Battleship Missouri Memorial:** General MacArthur accepted the unconditional Japanese surrender that ended WWII on Sept. 2, 1945, on the Surrender Deck of the Battleship Missouri Memorial. Today the massive "Mighty Mo" is a living museum, with exhibits spanning three wars and five decades of service. Explore the decks of this 60,000-ton battleship, three football fields long and 20 stories tall. Stand on the Surrender Deck and view the documents that ended the war. Take a tour and get special access to restricted areas. And don't miss the ship's most stunning feature: towering 16-inch guns that could fire a 2,700-pound shell 23 miles. [OT](#)

(Source: Hawaii Visitors and Convention Bureau)

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Topics for doctors include advances in cleft and craniofacial surgery, evidence-based approaches and, geared for those new to practice, becoming a 3-D practitioner. For staff, topics include such things as harnessing the power of the Internet, financial considerations and case acceptance.

Throughout the weekend, there will be numerous events, such as:

- **Welcome reception, Oct. 9:** This kick-off event takes place on the Grand Lawn of the Hilton Hawaiian Village. Grab a cocktail and a bite to eat while listening to music and participating in activities.
- **Component breakfasts for California, Nevada, Oregon and Washington, Oct. 10:** Network with colleagues and catch up with what's

happening in your component society.

- **President's lecture, Oct. 10:** Joondeph will speak on "Traverse the Transverse."
- **PCSO awards and opening luncheon, Oct. 10:** Dennis Snow, an alumni of Walt Disney, will speak on "Lessons From the Mouse — A Guide for Applying Disney World's Secrets to Your Organization, Your Career and Your Life."
- **AAOF reception, Oct. 11:** Sponsored by Ultradent, this event celebrates the foundation programs that support continuing research in the orthodontic profession.
- **Alumni receptions, Oct. 11:** Receptions will be held for those from the University of Alberta, UCLA, UCSF, University of the Pacific, Loma Linda University and the University of Washington. [OT](#)

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ORTHO2

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What motivated you to become an orthodontist?

I grew up thinking I would either be a family physician, like my father, or a rock musician. When I was a senior in high school, my dad pulled me aside and suggested that I consider orthodontics. He had a lot of foresight, predicting managed care and potential socialization of medicine.

It was not until I was in my third year of dental school that my attention did turn to orthodontics. Years later, I was having dinner with Buzz Behrents, chairman of Saint Louis University, and it suddenly struck me that it was because of Buzz that I had the seed of an orthodontic career planted in my head.

Buzz's father and my dad were physicians at the same hospital in Galesburg, Ill. Although, Buzz and I had never previously met, our two fathers must have been talking about their sons' future plans. Behrents told my dad that his son was entering into an orthodontic career; later I was advised to do the same.

As if by design (or just plain coincidence), we were both accepted by the same chairman, Lysle Johnston: Buzz at Case Western and me at Saint Louis University, 10 years apart.

When and how did you open your orthodontic practice?

During my orthodontic residency, my wife and I were looking for a place to settle "somewhere in the Midwest." We're both from the same rural area, and although we enjoyed our time in St. Louis, we were anxious to return to a smaller community. Consequently, we looked at a variety of practices that were for sale in many different states. We finally settled on a small practice in Kalamazoo, Mich.

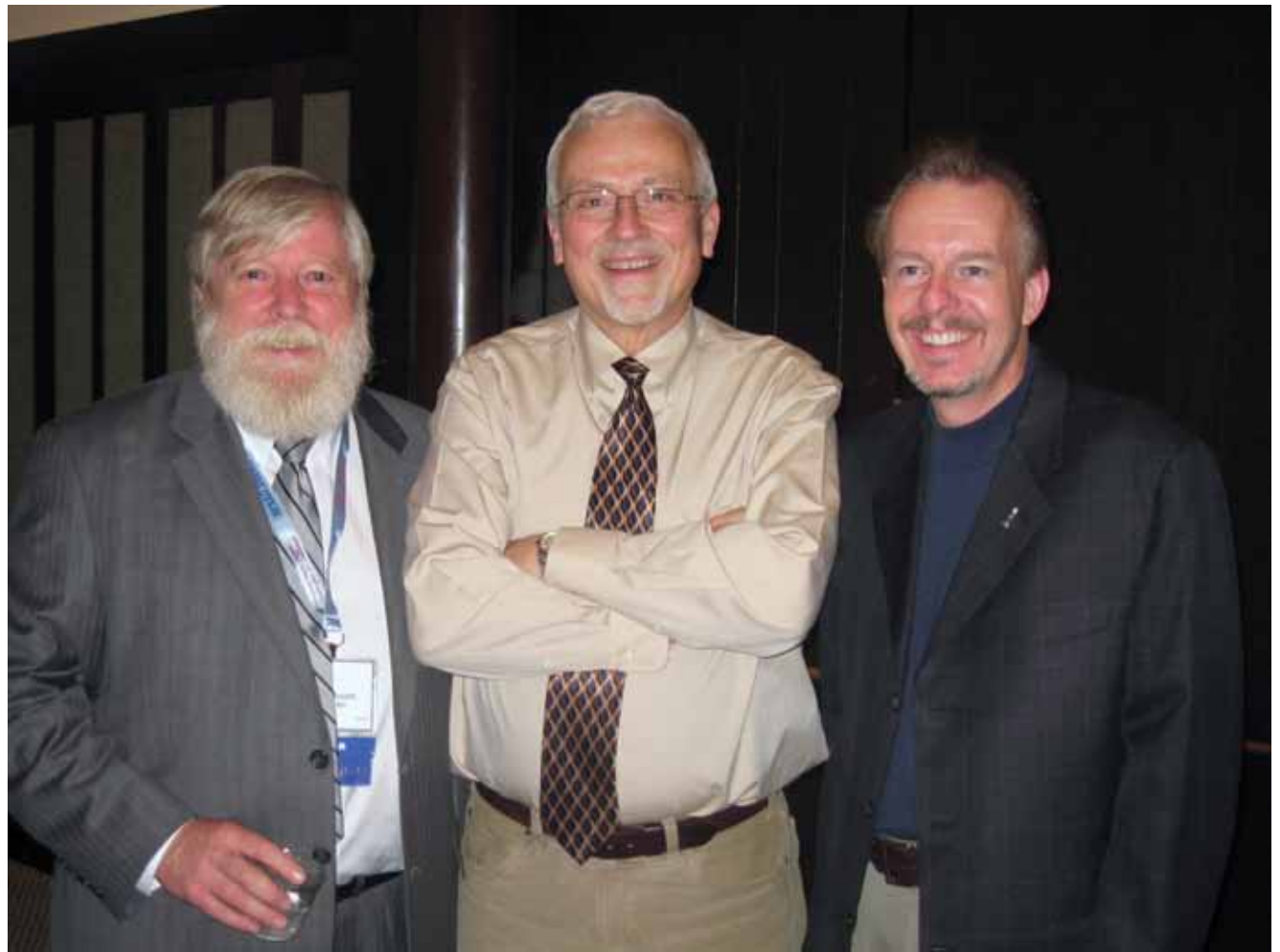
Lysle Johnston's influence was felt again as he is the one who suggested the community would be an excellent fit for us, and he was, as usual, correct.

What special areas of education, research or clinical activities are you most interested in and why?

I had never originally intended on ever standing up in front of an audience to speak, or to invent anything, or to write any papers. It seems that all of this happened by accident to some degree. My wife and I never imagined that we would have the unique opportunities to travel the world or that anyone would be interested in anything I would have to say about orthodontics.

My first lectures involved the controversial issues of extraction/nonextraction treatment and a critique of Phase I treatments. I also had been combining methods of molar distalization with fixed functionals from a very early stage in my practice to deal with patient compliance issues.

I decided I would document these methods, especially because many of the dentists in my area were not familiar with the devices



Dr. Jay Bowman with Buzz Behrents and Lysle Johnston at the AAO in Washington, D.C. (Photos/Provided by Dr. Jay Bowman)



Dr. Jay Bowman rocks the keyboards at his 35th class reunion with his old band, Shiver.

I was using. Consequently, the first papers I wrote were descriptions of these mechanisms and reviews of controversial and contentious issues in our specialty.

I've been involved in research examining the effects of molar distalization and reducing enamel demineralization, and I am one of four doctors on the Invisalign Teen Research Team.

About 1996, I was asked by the president of American Orthodontics to develop a low-profile v-slot bracket system with associated auxiliaries (the Butterfly System), and that led to creation of numerous devices, including the Monkey Hook and Kilroy Springs for impacted canines; the TAD Bite Opener, Ulysses Spring and Propeller Arm for mini-screw applications; the patented Bowman Modification Distal Jet and Horseshoe Jet (supported by mini-screws); Aligner Chewies and Retainer Retrievers for Invisalign, and several other simple solutions to everyday clinical problems.

How did you get involved in teaching at orthodontic residencies?

More than 10 years ago, I received a call from Lysle Johnston at the Uni-



Dr. Jay Bowman works on lecture presentations with Ramesh Sabhlok of Dubai.

versity of Michigan. He said, "Doc, I'd like you to create a straightwire typodont course for the troops."

After I pulled my jaw off the floor, I did what most folks do when Lysle asks for something: I simply said "Yes — but how much time do I have?"

He told me "a couple months," so I dropped everything and created a manual and typodonts, and I've been giving this course for first-year residents ever since.

Lysle always impressed upon us as students to "give a little something back to the specialty." It could be donations of money, time and expertise in the form of teaching, writing, inventing or being part of organized orthodontics. It just turned out I have done a little of each of them.

In your opinion, is there a need to change the way higher educational programs in this country educate their orthodontic residents?

I don't think the majority of orthodontic programs are specifically a concern, although we are experiencing the accelerated loss of some of our most influential leaders in recent years. More importantly,

practitioners do have a choice to make. We read that there is an emphasis on evidence-based care; however, in the same breath, we flippantly ignore the evidence as seemingly unimportant when it doesn't square with what we have often chosen to provide as "treatments" for patients. There appears to be more concern for the appliance than the science.

So, unless orthodontists choose to value the "products" generated by academia (namely, research), over the unsubstantiated claims of those selling something (often, whose only duty is to their shareholders), then the specialty will likely devolve into simply a "trade," as the impetus to teach/research is lost.

To paraphrase my mentor, Lysle Johnston, "Scientific evidence is not just a theoretical nicety, it is a necessity," the life-blood of a learned calling.

As an educator and clinician, what orthodontic techniques do you teach? At the University of Michigan, I was fortunate to have been asked to teach a straightwire typodont

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About Scarlett

Scarlett Thomas is an orthodontic practice consultant who has been in the orthodontic field for over 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, Scarlett has an exceptional talent to inform, motivate and excite!

After implementation of her concepts into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well organized practice.



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course that includes the application of vertical slot auxiliaries, molar distalization and fixed functionals. I intend for students to expand their "tackle box" armamentarium and consider a "loose-leaf" reference manual, rather than a cookbook philosophy.

Specifically, I'd like them to consider at least three options for most any clinical situation. I hope to instill an interest in exploring all aspects of our specialty with an open but critical and skeptical mind — perhaps less cynical than mine.

What hobbies do you enjoy?

I'm fortunate that my avocation is also my vocation. I have enjoyed teaching, creating lectures, sharing experiences and travels around



Dr. Jay Bowman and his wife of 31 years, Sherry, visit Snoqualmie Falls in Washington.

the world with family while making new friends and all-the-while thinking about problems and creating simple inventions to help to solve them.

On another note, I was recently

able to reunite our rock band from high school to play two shows for our class reunion, 35 years after our last performance — at the very same venue. We worked for about three years to pull this off, and it was very satisfying to be able to perform the same three sets of music again with the same guys from back-in-the-day. As rock musician Pete Townsend said, "I may be old, but I ain't borin'!"

Looking back at your career, would you do anything differently?

I suppose I might have made things easier by simply following the path of least resistance: flavor-of-the-month orthodontic fads and popular gurus during the past 25 years. But I didn't jump on routine functional appliances, early aggressive treatments, slippery braces, the avoid-

ance of extraction-at-all-costs, the selling out of my practice to some management group or the adoption of hard-sell marketing.

I decided to become immersed in research-based concepts and focus on looking for innovative solutions. As a result, I was able to design my own orthodontic offices, develop my own line of braces and create a system of devices to compliment treatment that I feel comfortable and proud to provide for the people who seek our advice and assistance.

In the process, I grew an orthodontic practice by creating relationships built on trust. So, I guess there aren't too many things I would have done differently.

Do you have any final comments for our readers?

Orthodontics is a life-long learning process, and there always appears to be more and more to learn. It's sometimes overwhelming to consider.

As Alexander Pope wrote: "A little learnin' is a dangerous thing, Drink deep or taste not the Pierian Spring."

Or to paraphrase the mathematician Alfred North Whitehead: "How much orthodontics do you need to know? Enough not to be taken in by it."

I'm fortunate to have found a career that I've embraced — pun intended — completely, and I enjoy being involved in so many aspects. OT



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OT About the author



Dr. Bowman is a diplomate of the American Board of Orthodontics, a member of the Edward H. Angle Society of Orthodontists, a fellow of the American

College of Dentists, fellow of the Pierre Fauchard Academy International Honor Organization, a charter member of the World Federation of Orthodontists and is a regent of the American Association of Orthodontists Foundation. He developed and teaches the Straightwire course at the University of Michigan, is an adjunct associate professor at Saint Louis University and is a clinical assistant professor at Case Western Reserve University. He received the Angle Research Award in 2000 and the Alumni Merit Award from Saint Louis University in 2005.

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