SPECIAL GORP EDITION

Ortho Tribune

The World's Orthodontic Newspaper · U.S. Edition

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Digital treatment

A look at two SureSmile cases — high quality, less time

By Mark Feinberg, DMD, and Adam Weiss, DMD

As we have discussed in the past two editions of Ortho Tribune, SureSmile 3-D diagnostic and treatment-planning software provides the basis for high-quality results because it is coupled with powerful, customized, prescriptive, super-elastic archwires.

Sophisticated treatment-planning and diagnostic software toolsets are employed using analytical and simulation modalities to assist in case diagnosis and treatment-strategy development.

Fig. 1a, 1b: Initial frontal view.

SureSmile patients begin orthodontic therapy with a routine full banding and bonding procedure. In many instances, after leveling and aligning with traditional archwires for a few months, the patient's mouth is scanned using an OraScanner, or a CBCT may be performed instead.

The OraScanner uses non-invasive white light to capture images of the teeth to create a 3-D model of them. This step is the only patient appointment that differs from conventionally treated patients and takes 20 to 30 minutes in the office.

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AAO elects Bray as next president

During its 109th Annual Session held in Boston, the American Association of Orthodontists elected Robert James Bray, DDS, MS, its next president.

Bray, who has a private practice near Atlantic City, N.J., has logged nine years of service on the AAO Board of Trustees, serving three years as vice chairman of AAO Services, the for-profit subsidiary of the AAO. Bray is a clinical associate professor in the Department of Orthodontics at Temple University School of Dentistry in Philadelphia.

"It is a great honor to serve the orthodontic specialty in this role," Bray said. "The AAO Board of Trustees and I will continue to examine and act upon the critical issues facing dentistry in general and orthodontics in particular. The issues include public education, the recruitment and retention of faculty members, development of international members and maintaining strong, effective relationships with all health care organizations." OT

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Ethical and moral scenario planning for orthodontics

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

Part 3 of 3

The purpose of developing the archipelago for each of the four quadrants is to gather and transform information of potential significance into new and novel insights for plausible scenario planning. These four archipelagos are examined by discussing the (a) visible elements, (b) connections and (c) underlying etiology. Thus perception and basic knowledge about plausible possibilities that might exist are depicted.

The development and distribution of informational technology (IT) around the world is a crucial component in creating further scientific advances.

Global economy, for example, or the restriction thereof (X-axis) will have a tremendous impact on the quality of life for all individuals, especially with IT development at every level. It is through creativity, modernization and distribution that all mankind will benefit and be observed in every aspect of life: health care, welfare, transportation and, especially, education (Y-axis).

The ability to make educated choices about our future and to increase our extensive knowledge base addresses responsibility, leadership, social justice and ethics, the power of which will hopefully be utilized constructively.

Depending upon the relative positioning of the global economy and education along the X/Y coordinates for each of the four quadrants, the associated plausible backdrops for education will vary considerably; from rising to falling, from death to a renaissance, to a large degree the future depends upon what happens today.

> **"Education is an ornament in prosperity and a refuge in adversity."**
> **— Aristotle**

The decisions that we make now will have a critical impact on our lives in the year 2020.

Education (Y-axis)

Orthodontic education, for example, is both a critical and uncertain factor in today's scenario plan; it requires both teachers and students to be an integral part of the future success for postgraduate programs and milieu.

Without one or the other, the future of our educational programs might not be successful. In addition, the successful future of our specialty also will rely on IT development for the next 10 years and beyond.

One of the most challenging objectives in macro- and micro-technology is the delivery of time-sensitive streams of data across packet-switched networks known today as the Internet.

Future IT platforms providing streamed-data will change exponentially, and delivery of postgraduate orthodontic programs as well as continuing education will more than likely be provided through distance-learning media centers. This will obviate the need for the high costs of tuition and bring new learning and knowledge to our homes or offices rather than travelling great distances to sit in classrooms as we do today.

Global economy (X-axis)

It is not only critical but also crucial for macro- and micro-technological advancement to be developed. In the past few years, the stock market fluctuations have been a seesaw ride, and for the past 18 months on a downward spiral, the housing market has virtually come to a halt, and our economy in general has been frozen, not to mention an all-time high in unemployment.

These problems have had a tremendous impact on education, new construction and business in general.

The economic crisis here in the United States has resonated globally. If the current crises continue at the present rate, where will the world be in 2020?

Worldwide cooperation is essential for technological advancement and interactions. Therefore, does the global economy improve/decline when education is high or low? Or does education improve/decline when the global economy is high or low?

Does the global economy promote education or does education promote the global economy? How would you answer these questions?

The word that comes to mind is "symbiosis," a state of living together for the mutual benefit of each faction. Scenario planning, therefore, is taking a peek into the future to see what tomorrow might bring.

Now try planning for your own personal and professional lives. You might be surprised how accurate and effective such planning can be for your home or office.

Try being caviler about the future but passionate about protecting the present! OT

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at ***feedback@dtamerica.com***. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at ***database@dtamerica.com*** and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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@dtamerica.com.

Image courtesy of Dr. Earl Broker.

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Ortho Tribune creates an online community specifically for orthodontists

Ortho study clubs help increase interaction, providing orthodontists with the opportunity to gain knowledge about products through their colleagues' experimentation and analysis, and to hear from respected opinion leaders directly. Focused study clubs provide an unparalleled opportunity for orthodontists to "meet with" other like-minded individuals and their team members and to learn in a friendly, non-threatening environment.

Ortho Tribune is taking this concept to the next level by bringing the study club online, extending the realm of interaction to a worldwide arena. This allows for a variety of fresh perspectives from different cultures to further enhance the educational mix, inspiring new possibilities and creating higher expectations in online learning.

OTStudyClub.com is solely focused on today's orthodontist and offers an exciting mix of possibilities, including:

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- Focused discussion forums that allow orthodontists to stay up to date.
- Ortho product reviews with recordings of opinion leaders' first impressions.
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- Networking possibilities that go beyond borders to create a global ortho village.
- Contests with chances to win free tuition for ADA/CERP C.E. accredited Webinars and much more!

Ortho Tribune is very excited about officially launching this initiative and would like to invite you to join us in breaking new ground in e-learning. On Aug. 15, from 9 a.m.–5 p.m., Ortho Tribune will introduce the Ortho Tribune Study Club via a full-day online symposium.

The OTSC Online C.E. Festival — V.I.P Launch Party will feature five one-hour Webinars in succession, followed by a 20-minute live Q&A session between the online audience and each speaker.

Participants will receive seven ADA/CERP C.E. credits, and attendance is free for the first 100 registrants. After the first 100 spaces are filled, the cost of the full-day symposium is $49, a mere fraction of what one would pay if traveling to an event. Attendees also have 30-day access to the recorded Webinars to review at their convenience. Additional details and registration can be found at *www.OTStudyClub.com*.

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Registering as a Study Club member is free and provides access to accredited C.E. Webinars and other beneficial tools that cater directly to orthodontics. For example, in today's world of orthodontics, new products, concepts and techniques are brought to light with amazing speed, so it's not surprising that many orthodontists are finding it difficult to stay up to date.

In an effort to make the most of practitioners' time, *www.OTStudyClub.com* will feature "First Impressions," a series of five-minute video vignettes. These will present various ortho products with the support of demo videos and will be archived in an online product library to be viewed at any time.

Please keep in mind that the site will be officially launched on Aug. 15. Register early, and mark the date on your calendar!

Please contact Julia for full details and for the OTSC launch registration by phone at (416) 907-9836 or by e-mail at j.wehkamp@otstudyclub.com. OT

← OT page 1

An orthodontic assistant trained by OraMetrix staff performs the scan.

From this 3-D model, the occlusion is treated in the virtual world (on the computer).

While the setup of the occlusion is performed in conjunction with the company's digital lab technicians, the orthodontist has total control over the final result. The teeth are moved in the virtual world on the computer screen to completion. This information drives the SureSmile robot located in Richardson, Texas. This robot bends wires made of CuNiTi shape memory alloy to a level of precision well beyond human abilities.

The robotically-bent wire is sent back to the orthodontist's office for placement in the patient's mouth as in a standard archwire change appointment. The gentle forces of the CuNiTi wire move the teeth precisely into the desired final position. This precision adds efficiency to the treatment, which, in most cases, results in shorter treatment time — typically by 30–40 percent.

Here is a closer look at two cases treated with SureSmile.

Case 1, by Dr. Adam Weiss

An adult female presented with a Class III skeletal pattern with a Class III malocclusion requiring surgically assisted orthodontic correction (Fig. 1a–1h).

The patient began treatment on Oct. 23, 2006, had her SureSmile scan on Nov. 30, 2006, and had her surgery in March 2007. Her braces were removed July 18, 2007.

Total treatment time from banding to debanding was nine months, whereas a conventional treatment time estimate would have been 18–24 months. Figures 2a–2h show the patient pre-surgery, and figures 3a–3h are the final.

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Fig. 1c: Initial lateral view.

Fig. 1d: Initial upper occlusal.

Fig. 1e: Initial lower occlusal.

Fig. 1f: Initial right occlusion.

Fig. 1g: Initial anterior occlusion.

Fig. 1h: Initial left occlusion.

Figs. 2a, 2b: Progress front view; Fig. 2c: Progress lateral view; Fig. 2d: Progress upper occlusal.

From left, Fig. 2e: Progress lower occlusal; Fig. 2f: Progress right occlusion; Fig. 2g: Progress anterior occlusion; Fig. 2h: Progress left occlusion.

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From left, Figs. 3a, 3b: Final front view; Fig. 3c: Final lateral view; Fig. 3d: Final upper occlusal.

From left, Fig. 3e: Final lower occlusal; Fig. 3f: Final right occlusion; Fig. 3g: Final anterior occlusion; Fig. 3h: Final left occlusion.

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Case 2, by Dr. Mark Feinberg

• ***Fig. 4:*** An adult female presented with a mild bimaxillary protrusion, minimal overbite and overjet with a partial anterior crossbite, mild open bite in the right canine area and mild-moderate upper and lower dental crowding.

The smile line characteristics were acceptable, and buccal occlusion was Class I with posterior dentition well-interdigitated and acceptable.

The patient's main complaint was, "I don't like my crooked teeth, and can you correct my smile?"

The original treatment plan involved a non-extraction, comprehensive approach involving both upper and lower arch treatment, aligning the upper and lower anterior segments and idealizing the posterior occlusion but limiting potential side effects through pre-treatment tooth planning strategy and precision wire-bending therapeutics.

The patient's records were scanned into the SureSmile system, and diagnostic software toolsets were employed to plan treatment. The most critical objectives were to maintain and enhance the overbite and overjet while aligning the dentition and correcting the right canine open bite.

In terms of soft tissues, pre-treatment structures would be maintained as they were deemed acceptable and regional focus would be on smile line improvements through dental alignment.

• ***Fig. 5:*** Class I bimaxillary protrusive with minimal overjet and partial anterior crossbite.

• ***Fig. 6:*** Initial cephalometric radiograph and tracing.

• ***Fig. 7:*** At the appointment for appliance placement, the patient inquired if she could change the treatment plan and treat the upper arch only.

Understanding and appreciating the power of SureSmile technology to titrate and control tooth movement to an unprecedented degree, the plan was seamlessly and efficiently modified. 0.022" pre-adjusted brackets were placed at that time, and a scan was performed.

• ***Fig. 8:*** Seven weeks after placement of the first wire, a 017" x .025" CuNiTi wires upper arch wire, the patient elected comprehensive orthodontic treatment involving upper and lower fixed appliances. At this time, lower brackets were placed and a therapeutic scan of the teeth with brackets was performed.

• ***Fig. 9:*** In this instance, at the bracket placement appointment, the patient's brackets also were scanned, and subsequently, two treatment plans were designed involving 3-D simulation software and 3-D diagnostic toolsets.

Based on minimal posterior tooth movements and focused strictly on anterior arch length dynamics, the first plan involved 3.9 mm of interproximal reduction (IPR) as a function of more retraction of the upper central incisor teeth.

• ***Fig. 10:*** The second plan involved more lateral incisor and left central incisor advancement and consequently less IPR as the arch length deficiency using this method was 0.2 mm. This would be more of a typical "straight wire" effect.

• ***Fig. 11:*** A comparison of plan 1 vs. plan 2 with respect to buccal/lingual movement of upper anterior teeth.

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Fig. 4

Fig. 5

Fig. 6

Fig. 7

Fig. 8

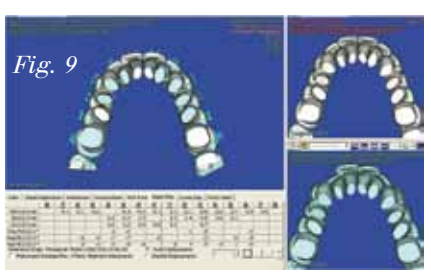

Fig. 9

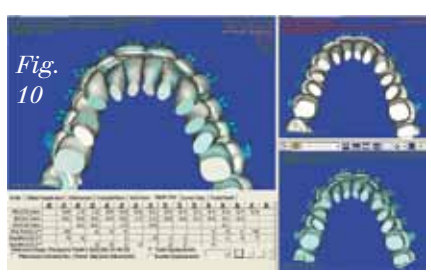

Fig. 10

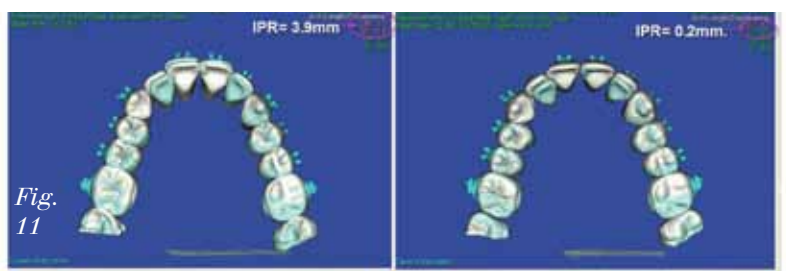

Fig. 11

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Fig. 12

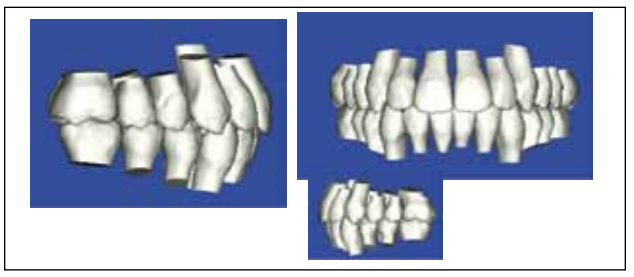
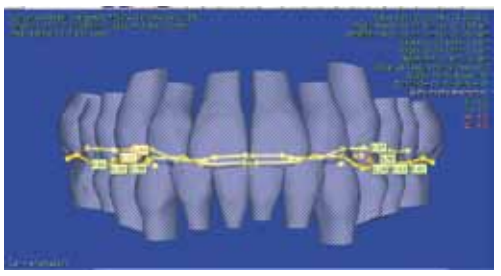


Fig. 13



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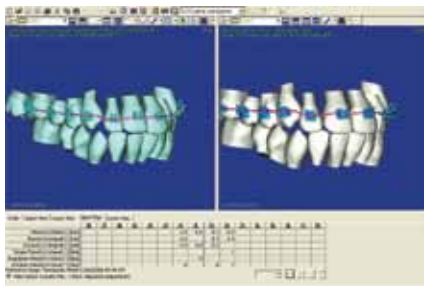

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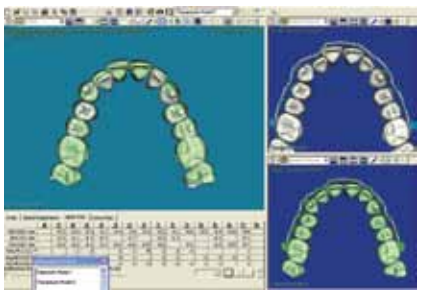

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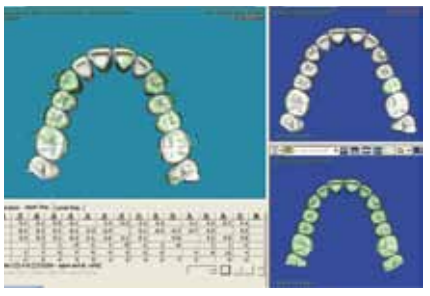

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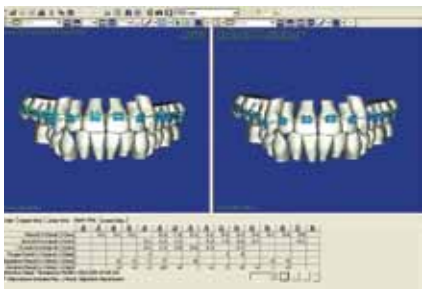

Fig. 18

Fig. 19

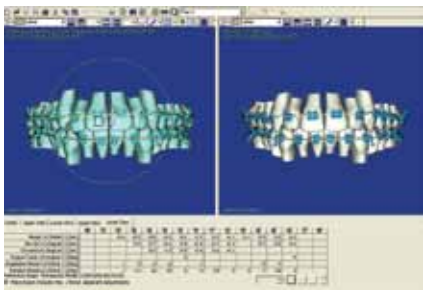

Fig. 20

Fig. 21

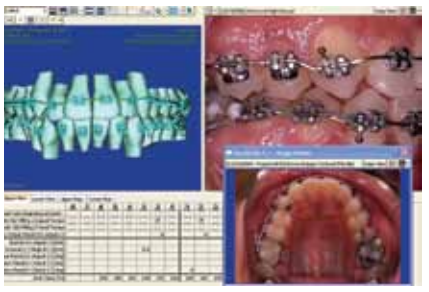

Fig. 22

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• ***Fig. 12:*** The occlusal contacts depicted in the final plan 2. Contacts are depicted by color coding — green, yellow and red, based on degree of contact.

• ***Fig. 13:*** Virtual setup based on clinician's prescription and detailing.

• ***Fig. 14:*** Computerized ABO-style score for quality check.

• ***Fig. 15:*** Based on the plan 2 setup and the clinician's therapeutic prescription, the lab manufactured a robotically-bent upper 0.017" x 0.025" CuNiTi archwire with passivity (no tooth movement bends) in the buccal segments and tooth movement bends limited to the upper incisor area only. The ability to titrate and optimize tooth movement in specific areas, as deemed appropriate based on individual circumstances, is one of the many core strengths of this therapeutic technology.

• ***Fig. 16:*** Comparison superimposition performed based on tooth movement, which occurred over a seven-week interval. The green teeth represent tooth position after the first archwire placement and the white teeth present tooth movement prior to the first archwire placement. The top right image shows the initial wire insertion, and the bottom right image shows six weeks post-wire insertion.

• ***Fig. 17:*** A comparative superimposition was performed, which revealed the fidelity of the tooth movement desired in plan 2 to the clinical reality of what occurred. The green modeled teeth represents our clinical tooth movement goals vs. the white modeled teeth, which reveal what occurred in clinical actuality.

Fig. 23a

Fig. 23c

Fig. 23b

Fig. 23d

Fig. 23a: July 2006; Fig, 23b: September 2006; Fig. 23c: December 2006; Fig. 23d, January 2007.

• ***Fig. 18:*** 100 percent activation.

• ***Fig. 19:*** Six weeks into treatment, the patient was so impressed with the rapid improvement in tooth appearance that she re-elected to treat both upper and lower arches.

An additional 15-minute therapeutic scan was performed after placement of lower fixed appliances, and additional treatment strategizing was undertaken. This would not only involve lower arch treatment/mechanics strategy but upper arch modifications as well. The flexibility and robust nature of SureSmile technology in this regard was critically valuable.

• ***Fig. 20:*** Comprehensive treatment/lower movements

• ***Fig. 21:*** Diagnostic software revealed 1.8 mm of lower arch length deficiency based on the treatment parameters established, and the requisite degree of IPR was performed in the lower arch.

Four and a half months into treatment, a .019" x .025" fully active CuNiTi wires was placed in the upper arch and a .017" x .025" copper nickel wire in the lower arch. Seven months into treatment, additional .019" x .025" CuNiTi upper and lower arch wires were placed. Triangular elastics were worn from month 4.5 through month 8.

• ***Fig. 22:*** Archwire prescription form representing the minor modification of the final 019" x 025" copper nickel titanium wire to enhance the upper right canine and upper left central incisor position. This necessitated 0.5 mm of upper right canine extrusion and -3 degrees mesial out rotation of the upper left central incisor tooth. All wire bending was performed virtually first on the computer screen and than implemented robotically.

Fig. 24

• ***Fig. 23a:*** The patient on July 25, 2006.

• ***Fig. 23b:*** Sept. 8, 2006.

• ***Fig. 23c:*** Dec. 14, 2006.

• ***Fig. 23d:*** January 2007.

• ***Fig. 24:*** Final treatment was completed in 11 months. OT

OT About the authors

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Total Ortho Success Practice Makeover — the road to growth

By Kevin Johnson & Emily Ely

After winning Levin Group's Total Ortho Success™ Practice Makeover in late 2008, Dr. Brian Hardy of Hardy Orthodontics and his team have hit the ground running in their year of management and marketing consulting. The practice kicked off its Levin Experience™ at our Advanced Learning Institute in Baltimore with flying colors and returned home in high spirits.

It was a good start, but there is much left to do.

Now, the goal is to start implementing practice systems to kickstart production. Key areas to be addressed first: scheduling and referral marketing.

Dealing with the schedule

Dr. Hardy had stated before beginning his consulting programs that his schedule "was approaching the point where hard and fast scheduling rules need to be implemented."

He was very upfront when he stated that he needed "more guidance." In fact, he had rated his scheduling and case acceptance as "fair."

Few other dental specialists see nearly as many patients in a day as an orthodontist does. As a result, no other specialist is as dependent on a highly efficient schedule.

To address a core practice issue, we introduced Hardy Orthodontics to Levin Group's Power Cell Scheduling™ system, which includes the following two key components:

- *A scheduling template must be designed.* Understanding how each day should operate for Hardy Orthodontics is the basis for creating the scheduling template. Levin Group recommends that mornings be reserved for more involved appointments such as records and banding appointments. Get the tough stuff out of the way first when everyone in the office is "fresh." Save the afternoon for more routine adjustments. Doing so goes a long way toward easing doctor and staff fatigue levels.
- *All scheduling interactions must be scripted.* To properly communicate with all their patients, team members are receiving verbal skills training. We have instituted scripting throughout Dr. Hardy's practice to build value for each appointment, confirm appointments two days in advance and communicate to patients that the schedule has been designed to serve not only their unique needs, but also the needs of all other patients.

Levin Group Senior Consultant Kevin Johnson, left, works with Dr. Brian Hardy during the Levin Experience in Baltimore.

Levin Group Total Ortho Success™ Practice MAKEOVER

A new start with referral marketing

We reviewed the practice's previous marketing endeavors. Dr. Hardy had told us that his referral marketing strategies were "given a lot of thought, but only some were followed through with over time."

In the past, he has regularly met with dentists for lunches and has felt comfortable doing so. However, he's disappointed that he hasn't seen greater success with these efforts. To generate the level of response he wants, we are constructing referral marketing strategies that begin with the creation of a marketing calendar for the year.

One example of a new marketing initiative is a patient party tentatively scheduled for the fall. This was actually an idea that Dr. Hardy had considered for several years but had never found time to make happen. With the help of his capable team, this effective marketing idea is becoming a reality.

The patient party is an excellent example of the need for taking some responsibility off Dr. Hardy's shoulders and placing it into the hands of the most critical person in referral marketing — the professional relations coordinator, or PRC. This new position in the practice drives the practice's referral marketing.

Dr. Hardy's future has a lot to do with the PRC

The PRC is key to running a successful orthodontic marketing program for Dr. Hardy's practice. This individual will conduct marketing activities at least 16 to 20 hours a week, instituting many activities the practice had considered but never moved forward on.

As already mentioned, Dr. Hardy doesn't have enough time to personally administer a marketing program and carry out all the required tasks. An estimated 95 percent of the practice's marketing efforts will be managed and carried out by Dr. Hardy's new PRC, Catherine.

The role of the PRC actually encompasses several jobs, all of which will bring a great deal of value to Dr. Hardy's practice. The main responsibilities include:

- Helping to design the marketing program by establishing and monitoring calendars, timelines and deadlines.
- Supporting relationship-management activities with key referring doctors by staying on top of Dr. Hardy's notes, phone calls, letters, social engagements, etc.
- Handling all the details for announcements, public relations, invitations, scheduling, etc.
- Serving as the doctor's coach — for example, by determining which lunches need to be set up and with which referring doctors.

PRC Catherine will seek out untapped revenue and add value to his practice by carrying out these and other critical marketing functions. By doing so, she takes pressure off Dr. Hardy.

The state of the practice

As Dr. Hardy's consulting programs unfold, everyone in the office has had to deal with a common issue — fear of change. This did not surprise us. It's perfectly natural to feel this way. Dr. Hardy's energetic and talented staff, however, was quick to step up to the plate.

"Although we might be apprehensive about some suggested changes," says Treatment Coordinator Lee Anne, "our consultants help us see the balance and work with us until we feel comfortable and can own it."

PRC Catherine sees the value of the effective feedback we at Levin Group provide, remarking that the team's concerns are answered "in a way that we can believe and practice." The assistant, Lindsey, concurs, stating, "The ideas and plans that were demonstrated to us will be very beneficial."

As Dr. Hardy's systems are implemented, things are going to really heat up at Hardy Orthodontics. "I look forward to seeing the results from Levin Group's systems," remarks Dr. Hardy.

Join us in our next installment when we explore case presentation and scripting in Dr. Hardy's practice. OT

OT About the authors

Levin Group Senior Consultant ***Kevin Johnson*** has spent the last eight years working as a Levin Group orthodontic management and marketing consultant. He manages a team of consultants and is a frequent lecturer at the Levin Advanced Learning Institute. Johnson earned his degree from Towson University in 1996.

With many years of marketing experience, Levin Group Consultant ***Emily Ely*** joined Levin Group in 2005. Ely uses her unique knowledge and experience to provide marketing solutions for orthodontic practices. She earned her degree in business from Towson University.

Both Ely and Johnson are members of the Ortho Expert Team, a specialized group of consultants who are trained in the needs of orthodontic practices.

For more than two decades, Levin Group has been dedicated to improving the lives of orthodontists. Visit Levin Group at *www.levingrouportho.com*. Levin Group also can be reached at (888) 973-0000 and by e-mail at customerservice@levingroup.com.