

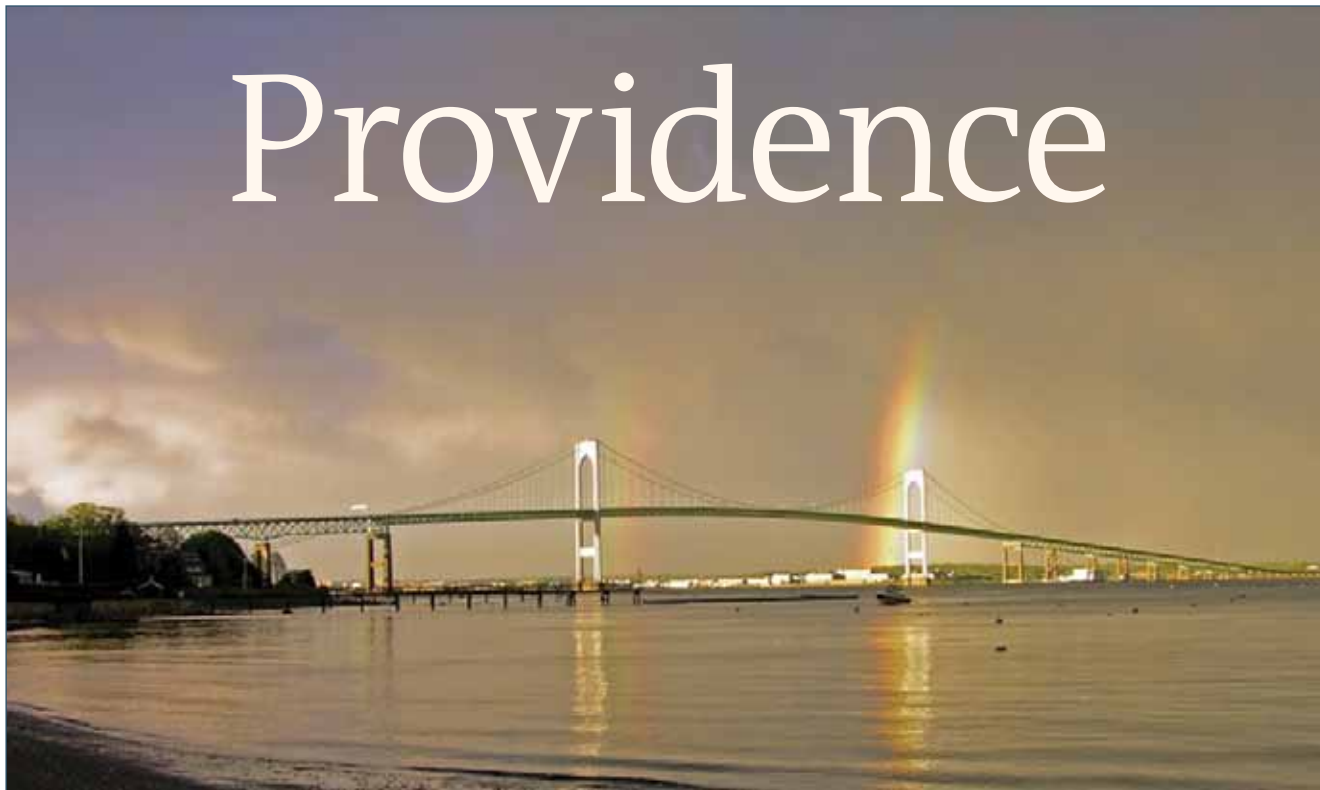
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NESO in Providence



The Northeastern Society of Orthodontists' 94th Annual Meeting will take place Sept. 10–13 in Providence, R.I. Photo/www.freeimages.com



Dr. Chris Lundberg, NESO President

By Sierra Rendon, Managing Editor

Get ready to “Spark Ideas & Fuel Success” at the 94th Annual Meeting of the Northeastern Society of Orthodontists. NESO’s annual meeting will return this year to Providence, R.I., from Sept. 10–13 at the Rhode Island Convention Center and Omni Hotel.

This year’s NESO meeting promises to provide an exceptional experience, including cutting-edge clinical and business information, hands-on staff training and interactive social events for your entire orthodontic team and family,

according to NESO President Dr. Chris Lundberg.

This year’s scientific speakers include Drs. Marco Rosa, Ravi Nanda, Jack Fisher and Peter Ngan, among many others, who will provide the most up-to-date and relevant clinical information orthodontists today are seeking.

John McGill will share critical insights to keep orthodontic practices growing and profitable while a special session with David Harris will help orthodontists protect their practices from contemporary threats of the digital age.

Dedicated staff sessions will feature engaging speakers, including Landy Chase, Mary Kay Miller and Char Eash to educate and inspire the entire clinical and administrative team.

Additionally, hands-on staff sessions with Rita Bauer and Dr. Neil Warshawsky will provide practical training to sharpen your team’s clinical skills.

A special Saturday program promises to help NESO’s new and younger members “Future Proof” their practices.

NESO organizers say that Providence is a wonderful and affordable host city featuring fine dining and cultural experiences, and this year NESO is proud to be a key sponsor of the city’s legendary Waterfire festival. Waterfire is one of the most popular city art and cultural festivals in the Northeast, and the 2015 NESO President’s Reception will allow your entire office team and family members to experience this unique event.

For more information on the NESO meeting, visit www.neso.org.

FROM THE EDITOR

Historical overview of orthodontic education

From the beginning up through the 21st century: Part I

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

O orthodontics dates back to 1000 B.C. (Proffit, Fields, & Sarver, 2007). Proffit et al. (2007) stated: “Crowded, irregular, and protruding teeth have been a problem for some individuals since antiquity, and attempts to correct this disorder go back at least to 1000 BC. Primitive orthodontic appliances ... have been found in both Greek and Etruscan materials.”

Historians from the American Association of Orthodontists indicated that people in prehistoric times wanted straight teeth (American Association of Orthodontists). Mummified ancients have been found by archaeologists with crude metal bands wrapped around individual teeth. Hippocrates and Aristotle (400-500 BC) both considered ways to fix various dental conditions and straighten teeth.

In the Golden Age of Greek history the Etruscans (precursors of the Romans) buried their dead with dental devices that prevented collapse of teeth and maintained space for the dentition (Wahl, 2006).

According to Wahl (2006), while excavating in a Roman tomb in Egypt, an archeologist found a mummy who had a number of teeth bound with a gold wire; this was considered to be the first documented orthodontic ligature wire. Aurelius Cornelius Celsus first recorded the treatment of teeth by finger pressure at the time of Christ. Despite all this evidence, significant events in orthodontics did not occur until the 1700s.

Background of orthodontic education from 1728-1900

In 1728, Pierre Fauchard (1690-1761)

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published "The Surgeon Dentist" in which he devoted an entire chapter on straightening teeth, and in 1757 the French dentist Joachim Bourdet published "The Dentist's Art" that also had a chapter on moving teeth. These books are considered to be the first important references to orthodontics. In 1841, Lafoulon created the term orthodontia (Wahl, 2006).

The first dental school in the United States was the Baltimore College of Dental Surgery in Baltimore, M.D., in 1840 (Asbell, 1988, p. 215). According to Asbell, "Irregularity of the teeth had been recognized by surgeon-dentists early in the nineteenth century" (p. 141). During this century, treatment of misaligned teeth was perfunctory; dental practitioners devised their own method for correcting orthodontic problems. Orthodontia was originally included within the field



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

of prosthetic dentistry.

In the 1850s, several practicing dentists realized that orthodontics

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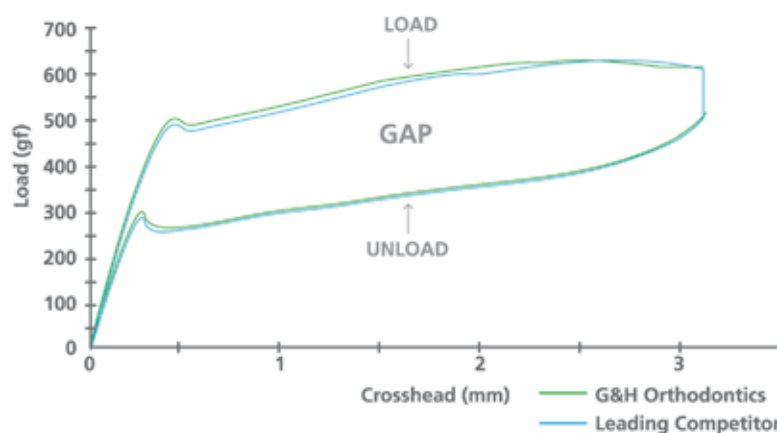


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Managing treatment with the Myobrace Activities app

Enjoyable activities help youth achieve better results

By Myofunctional Research Staff

In order to continue thriving in an increasingly competitive market, modern dental practices can no longer rely on standard, often outdated treatment methods and management.

In addition to finding new niches in the health market to occupy, 21st-century practitioners must ensure their clinics are managed to be as efficient as possible. One of these niches, currently undergoing rapid expansion, can be found in pediatric dentistry and includes preventive myofunctional pre-orthodontics, as well as treatment for sleep disorder breathing.

While in the past this area of the profession has been difficult for doctors and demanding for staff, The Myobrace System™ packages pediatric pre-orthodontic care into one integrated treatment system that enables doctors to increase patient flow and improve practice efficiency, according to the company.

The Myobrace System achieves impressive results, as well as lifelong health benefits, by assisting the patient in abolishing poor myofunctional habits and training them to rest the tongue in the correct position, breathe through the nose normally and swallow correctly.

Because the Myobrace System is focused on correcting the causes of crooked teeth as well as the symptoms, patient education and compliance also has an essential role to play in treatment and regularly completing certain tongue, mouth and breathing activities is vital. These Myobrace Activities™ perform an integral role in the treatment system by stretching, strengthening and retraining the tongue, lip and cheek muscles, as well as improving the way the patient breathes.

In order to present these activities in the most user-friendly way and appeal to today's tech-savvy youth, they have been developed into an advanced digital educational and instructional digital app. The use of animated audio-visual aids decreases the role trained auxiliaries must play, while presenting consistent educational information to the young patients, at their level.

While compliance has been a downside to pediatric treatment in the past, the app allows for the system to be presented in a child-friendly environment away from treatment areas, which saves staff time and maximizes the uptake of the information. This ensures the patient and parents are easily able to understand their treatment goals and how they can then play the required role in achieving positive treatment outcomes.

The fun, simple app, which is compati-



The Myobrace Activities app is a great way to help children learn lifelong health habits. (Photos/Provided by Myofunctional Research)



ble with most devices and empowers children to play a highly active role in their own treatment, focuses on presenting Myobrace Activities as well as nutritional information in the most appealing way possible.

By offering a sequence of videos that demonstrate each of the activities, then quizzing patients on how and why they should correctly complete the activity, the app encourages compliance and helps to make sure patients receive the maximum possible benefit from their Myobrace Activities program.

The app is designed from the ground

up to engage and motivate the patient as well as provide an interactive educational tool, complete with individual goals and incentives.

However, while the Myobrace Activities app is a powerful tool for fostering compliance, the patient must still be prepared to put in the effort and remain active in his or her treatment.

The bad habits that inhibit a child's natural development do not develop overnight, so correcting them takes persistence. Therefore, in order to receive the maximum benefit from their treatment, a child should complete the activities two

times a day for a minimum of two minutes and combine this with wearing his or her Myobrace®.

Using the Myobrace Activities app, which can be installed on multiple devices in the practice, engages growing patients and can provide them with the means to alter their own incorrect habits, as well as unlock their natural genetic potential for healthy growth. This can achieve astounding results as well as increase patient flow, improve treatment and improve practice efficiency, according to the company. To find out more, visit myobrace.com.

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LED Medical Diagnostics and OrthoSynetics agreement offers clients exclusive solutions

LED Medical Diagnostics Inc. recently announced an agreement with OrthoSynetics, a leading provider of administrative, marketing and financial services to 350 orthodontic practices across the United States. The agreement designates LED Medical Diagnostics Inc.'s subsidiary LED Dental as the preferred imaging technology supplier for OrthoSynetics.

With the agreement, OrthoSynetics clients will have access to exclusive pricing on imaging solutions from LED Dental, including the Rayscan Alpha imaging system from RAY.

Dr. Jack Devereux and Dr. Phuong Nguyen of Devereux & Nguyen Orthodontics in Metairie, La., are two of the first OrthoSynetics clients to work with LED Dental to bring new imaging technology into their practice. Additionally, both doctors have become key opinion leaders for LED Dental.

"We are very proud to be working with the LED Dental team to provide clinical feedback on these imaging solutions," Devereux said. "It's great to be at the forefront of technological innovation, and it's exciting to have input into current and future products."

The OrthoSynetics team prides itself on helping clients achieve long-term growth and profitability for their practices.

"Working with companies like LED Dental allows us to bring new technologies to our clients at a great value, which is what our company is all about," said John O'Brien, vice president of procurement for OrthoSynetics. "In the end, we want our customers to continuously grow their practices and create successful businesses. Working with suppliers like LED Dental reinforces the value of being an OrthoSynetics client."

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required (a) special mechanical skills and knowledge, and (b) additional scientific education in anatomy, physiology and pathology of the dento-facial complex of a patient (Asbell, 1988).

Norman W. Kingsley (1829-1913) published the first all-inclusive textbook on orthodontics entitled "Oral Deformities" in 1880 and later served as the first dean of the New York University, College for Dentistry. According to Asbell, in 1886, John N. Farrar published the second textbook entitled "Irregularities of the Teeth," which was a summation of his work as a practitioner and, in 1889, the National Association of Dental Faculties requested Simeon H. Guilford to publish a textbook for students and practitioners alike entitled, "Orthodontia or Malposition of Human Teeth: Its Prevention and Remedy."

Asbell (1988) found that in 1886, Edward H. Angle (1855-1930), who later became known as the father of orthodontics, was appointed as the first chairman of the Department of Orthodontics at the University of Minnesota.

Angle became internationally known for his revolutionary principles and ideas regarding straightening teeth, which are currently still in vogue. In 1900, he founded the Angle School of Orthodontics, which was the first organized and independent school for orthodontics and attracted dentists throughout the United States. Angle recognized the importance of science as a foundation for moving teeth.

In 1887, Eugene S. Talbot suggested that hereditary influences were involved in orthodontic malocclusions.

He emphasized the importance of etiology as a basic principle for treatment and was the first to recommend the importance of X-rays in diagnosing orthodontic problems (Asbell, 1988).

According to Asbell, dentistry in the 20th century had advanced on many fronts. There was continuing preeminence in technological progress, a steady search for enduring relations with the biologic sciences, a continuing growth of professional literature, an awareness that dental health is part of the totality of health and a recognition of social responsibility in the practice of the profession (p. 175).

In 1900, the American Society of Orthodontics became an organized specialty of dentistry mainly as a result of Angle's leadership; it was founded "for the promotion and exaltation of that branch of dental science known as orthodontia, and looking to the early and complete recognition of the branch as a distinct specialty to be taught and practiced as such" (Asbell, 1988, p. 176).

Currently, the American Society of Orthodontics is known as the American Association of Orthodontics (AAO). Asbell noted in 1929 that the AAO created the American Board of Orthodontics as the first specialty certifying agency in dentistry, which was also the third specialty in medicine.

To be continued ...

Editor's note: References will be included at the end of the final portion of this series.

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Reliance introduces newest addition to its lingual retention line: Extend LTR

By Paul Gange Jr., President
Reliance Orthodontic Products

One of the many difficult decisions you will face on a daily basis is how to achieve long-term retention when the patient is out of your control. Reliance has two excellent options (Retainium and Ortho Flex Tech) when a case calls for a lingual retainer that is bonded on every tooth.

These wires provide a proven retention method that is far better than relying on patient compliance with a removable retainer. However, there's one drawback: hygiene.

Dentists' and dental hygienists' biggest complaint about fixed retainers is neither they — nor the patient — can adequately cleanse around wires bonded to every tooth. They maintain, rightly so, that the wires bonded to every tooth are a catch-point for calculus and debris. The good news is not every case necessitates a retainer to be bonded on every tooth. In fact, a six bonding pad retainer would

be overkill in many Class I "minor movement" cases.

Reliance is proud to introduce our newest addition to our lingual retention line: Extend LTR.

We have improved a popular lab-generated retainer wire to allow for chair-side wire selection and placement. No lab lead time and no lab costs. The ideal case where Extend will be utilized is in a patient who has little anterior crowding and no facial torquing.

Extend is fabricated from a nickel-free (.027) TMA wire. A bendable or shapeable super-elastic wire, TMA has some give or flexibility without changing the formed/shaped characteristics. This feature allows Extend a slight amount of flexion without deforming under mastication forces. Ideal for holding cuspid width, Extend is not only flattened at the cuspid segment of the wire but also incorporates 20-degree angulated bonding pads to allow the proper wire-lingual surface adaptation.

For the remaining anteriors, Extend must be adapted to the lingual sides of each tooth. A bird beak plier should be used for slight adaptation bends, while more extensive bends can be achieved



Extend in mouth.

Photos/Provided by Reliance Orthodontic Products



Extend measuring device.

with a three-prong plier without work hardening the wire. Available in five sizes: 18, 20, 22, 24 and 26 mm.

The Extend arch measuring device makes chairside size selection accurate and simple. With the numbered-side facing up, seat the contact groove of the measuring device at the midline. The first number to fully clear the distal edge of the lateral will be the number to correspond with the designated wire size.

Chairside steps are as follows: 1) adapt Extend on a study model, 2) prophyl the

cuspid, 3) sandblast the cuspid, 4) etch the cuspid, 5) apply one coat of Assure and air dry, 6) place a small amount of LCR paste in the middle of the cuspid, place wire and light cure and 7) apply the final coat of LCR to fabricate a custom pad of composite, smooth with a resin-saturated sponge pellet as needed and light cure.

Extend will be available in single-size packs of five for \$45 or a kit that includes: (12) measuring device, (1) EX18, (2) EX20, (4) EX22, (4) EX24, (1) EX26 at an introductory price of \$99.

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- Happy Hour

Friday, January 29, 2016

- Clinical Insights General Session
- Breakout Sessions
- Closing Reception and Dinner at Marlins Stadium

This year's list of world-class keynote speakers include John DiJulius, Mark Jeffries and Jim Abbott.



Planmeca ProMax 3D Mid offers wide realm of new possibilities

ProMax 3D Ultra-Low Dose protocol achieves about 77 percent reduction in radiation without compromising quality

By Planmeca Staff

The ProMax 3D Mid is a versatile and dynamic 2-D/3-D imaging system that brings new possibilities for diagnostics, treatment planning and patient counseling, asserts Planmeca.

Volumes ranging from the smallest specialized cases to larger fields of view accommodate a wide range of specialties, from general dentistry, endodontics, periodontics and orthodontics to dental and maxillofacial surgery. The smallest volume, 4 x 5 cm, is ideal for studies, such as molar areas and single implant sites, while the largest 20 x 17 cm volume captures the full facial region.

As with all Planmeca units, the ProMax 3D Mid complies with the best practices in dentistry by following the ALARA (As Low As Reasonably Achievable) radiation principle to minimize the patient's exposure.

When compared with standard imaging protocols, the ProMax 3D Ultra-Low Dose protocol achieves an average of 77 percent reduction in radiation without compromising image quality.¹

The unit is also designed with multi-bladed collimation, which provides unique horizontal and vertical segmentation that focuses radiation only to areas of anatomical interest; this minimizes any unnecessary exposure to the patient. Additionally, the ProMax 3D Mid offers various imaging modes, including pediatric mode, that allow the minimum dose to be administered based on clinical need.

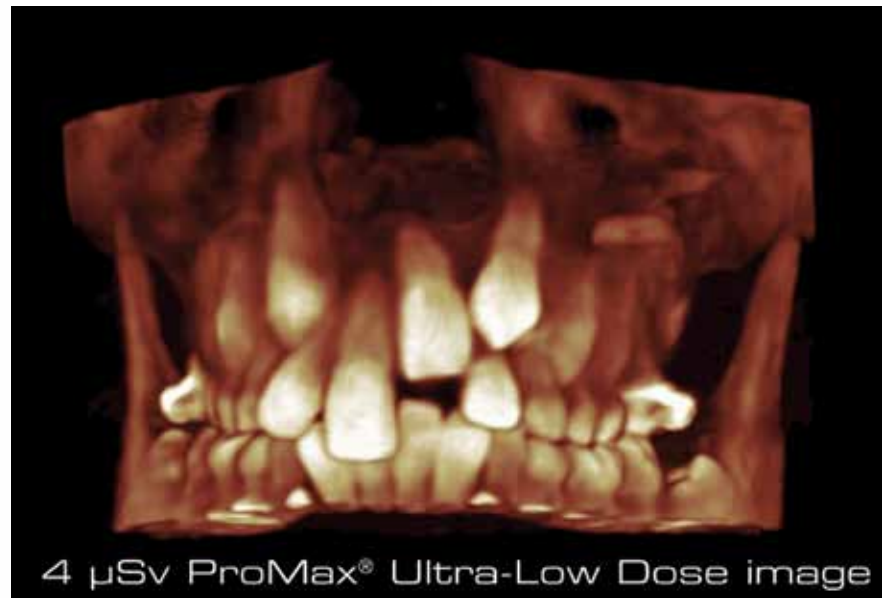
For everyday diagnostic needs, the ProMax 3D Mid also offers full 2-D functionality, including panoramic, optional cephalometric and ProMax's exclusive Anatomically Accurate Extraoral Biting Program. This program, possible only with patented SCARA (Selectively Compliant Articulated Robotic Arm) technology, is especially beneficial for periodontal patients, children, elderly patients, claustrophobic patients, patients with special needs, patients that gag or patients in pain.

Images show details from premolar to third molar areas, including parts of the maxilla, mandible and rami, with more clinical data (lateral to third molar) and a consistent opening of interproximal contacts that outdoes most intraoral methods. All of this comes without the challenges of sensor placement, the changing of sensor sizes, disinfection and equipment maintenance, greatly improving workflow and ideally suited

to enhance overall patient experience.

The ProMax 3D Mid is delivered with open-architecture Planmeca Romexis software, which offers a complete, user-friendly solution for image acquiring, viewing and rendering in multiple dimensions. Planmeca Romexis software improves the diagnostic value of radiographs and supports different workflows, from routine 2-D imaging to advanced specialist treatment planning using 3-D imaging modules.

With simplicity as a leading design principle, Planmeca Romexis offers easy-to-use tools that allow the software to be used with minimal training. It also offers best-in-class integration, providing users with the freedom to use third-party products for a customizable workflow.



Photos/Provided by Planmeca

TWAIN protocol and DICOM compliance, as well as full support for Windows and Mac OS operating systems, guarantees that Planmeca Romexis can be used effortlessly in nearly any treatment environment, according to the company.

Built on a fully upgradable platform, the ProMax 3D Mid allows clinicians to make a one-time capital equipment investment that is equipped to handle any future innovations in dentistry.

Available premium options for the ProMax 3D Mid include ProFace, the industry's first CBCT unit-integrated facial scanner that uses a unique combination of 3-D images.

One scan generates a true 3-D photo of the patient's facial anatomy as well as a CBCT volume, or if required, the 3-D fa-

cial photo can be acquired separately in a radiation-free process. This optional feature provides clinicians with the ability to visualize soft tissue in relation to dentin and facial bones, superimpose images to see treatment progress, and deviate images for an instant viewing of changes.

For more information, or to schedule a free in-office consultation, please call (855) 245-2908 or visit www.planmecausa.com.

References

- 1) According to "Dosimetry of Orthodontic Diagnostic FOVs Using Low Dose CBCT Protocol" by JB Ludlow and J Koivisto. For a copy of this study, please contact Planmeca USA.



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