



AAO in review
Pictures from the
annual session

►Page 4



Next step in 3-D
New software expands
on imaging capabilities

►Page 8



Where to now?
Educational events in
Las Vegas and Prague

►Page 14

AAO takes Chicago

*New products top
the must-see list
at annual session*

By Kristine Colker and Fred Michmershuizen,
Ortho Tribune

If you needed to brush up on your knowledge of esthetics, find out more about recent advances in anchorage control, get information on installing a vending machine for your ortho products or learn about how you can take a 3-D scan in just 4.8 seconds, then the place to be was the AAO Annual Session, held in Chicago from May 14–17.

For four days, orthodontists from

→OT AAO, page 3



*The exhibit
hall floor is
alive with
activity on
May 14,
opening day
of the 2011 AAO
Annual Session.
(Photos/Fred
Michmershuizen,
Ortho Tribune)*

Study examines use of retainers

Little has been written about retainer usage and subsequent patient compliance. For this reason, Prof. Manish Valiathan, assistant professor of orthodontics at Case Western Reserve University School of Dental Medicine in Cleveland and a member of the American Board of Orthodontics, led an investigation into which types of retainers

orthodontists are prescribing, how patients are using them and what happens when patients do not use one following orthodontic work.

In an initial study, researchers conducted a survey of 2,000 randomly selected orthodontists throughout the country to investigate the kinds of retainers they prescribed. The majority (58.2 percent) of the 658

respondents prescribed removable retainers while about 40 percent opted for fixed lingual retainers. Post-braces, the majority of orthodontists said they required their patients to wear removable retain-

ers full-time for the first nine months and then part-time after that. They also encouraged part-time retainer use throughout life.

→OT Retainers, page 3

AD

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Criteria for future dental student applicants

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



In the last few years, dental ethics and communication skills have increasingly been recognized as essential parts of the undergraduate curriculum, something that is laudable and significant but not enough. It has its dangers.

If we recognize "ethics" as a separate, scrutinized academic subject, we might take from it that there is a time when one practices ethically and a time when one does not. Ethics does not exist in a box that we bring with us when examining our patients and remove when needed. To some, this might imply that ethics are not something intrinsic to everything that a doctor does nor should they apply to all human beings as well.

To individuals who do not know why or what they believe, teaching ethics and communication skills is like teaching pathology to those who haven't learned basic sciences. Such students may be able to recite treatment protocols by listing signs and symptoms, but they'd be perilously unsafe in practice. They would not understand the whys of practice and may not be able to modify treatment to circumstances. Teaching undergraduate ethics is not necessarily the only answer.

Teaching ethics and social justice principles would undoubtedly be helpful at the undergraduate level but perhaps could begin at the stage when dental students are selected for admission.

When our students graduate, they should know about ethics of individual choice and justice for (a) procedural fairness, (b) community obligation, (c) attentiveness to others and (d) social transformation. Just because all serious dental school candidates have high grades — or sometimes the determining admission criterion might be record-breaking athletics, an illustrious career on the stage, a dazzling presence at an interview — there could be more decisive factors to base their acceptance.

There is no question that our current dental students have been

'Re-accreditation of dental schools should demand that ... clinicians must also know the difference between right and wrong, ethical and non-ethical'

excellent choices and have the intelligence and skills for a career in dentistry. However, perhaps we might consider also focusing on attracting future candidates with different expertise or proficiency. Possibly an additional criterion may be to consider humanity majors who aspire to understand human beings from the Socratic reflection and only want to understand the Krebs' Cycle because it is but a tiny part of the whole patient.

The Socratic reflection is a type of pedagogy in which questions are asked not only to depict individual answers but also to encourage fundamental insight into relevant issues. Plato's Socrates made important and lasting contributions to the fields of epistemology and logic, and the influence of Plato's ideas and approach remains strong in providing a foundation for much of western philosophy.

Humanity students are another ascending group from which we may want to consider future dental student candidates. This group is in the realm of thought-provoking English majors; perhaps these candidates should receive equal tribute and acknowledgment for admission to dental school as do our science, anatomy and pathology majors.

Re-accreditation of dental schools should demand that besides clinical skills, doctors must also know the difference between right and wrong, ethical and non-ethical and good judgment and bad judgment. Dental boards should insist that all clinicians demonstrate their awareness for identifying non-dental concerns such as social justice and human rights issues as they relate to the patient.

Having taught pre- and post-graduate medical and dental students for almost 40 years, it is appalling to realize most of our students cannot put two sentences together with any semblance of English dexterity or proficiency. Most lack the ability to use proper verbs, tenses or punctuation, demonstrating a total lack of any knowledge and understanding of the English language.

This is a plea for a more scholarly and intellectual dental culture. This is not an assertion that dentists who listen to Bach and Beethoven, read

Chaucer and Cervantes or are interested in the arts are better people than those who are serious about continuing education seminars.

This might be a contentious issue, and we might disagree. However, this is a strong suggestion that greater knowledge of communication skills and aptitude for the English language is ultimately an index that dentists are really on a doctoral level of sophistication and are thus appropriately capable of keeping up with the holistic subject matter involving their profession as it relates to the human beings they treat.

Somerset Maugham wrote, "I do not know a better training for a writer than to spend some years in the medical profession" (Foster, 2009). The opposing side is also true: Doctors might better appreciate the scope of their own professional milieu by keeping up with the artists, writers, musicians and philosophers who have fought to recognize and comprehend the moniker of human beings.

Real evidence-based dentistry involves consideration for all available evidence about human beings and their place in the community and society. [OT](#)

This editorial was inspired by the following articles:

- Foster, C. (2009). *Why doctors should get a life. Journal of the Royal Society of Medicine*, 102, pp. 518-520.
- Savulescu, J. (2005). *Conscientious objection in medicine. British Medical Journal*, 332, pp.294-297.

OT Corrections

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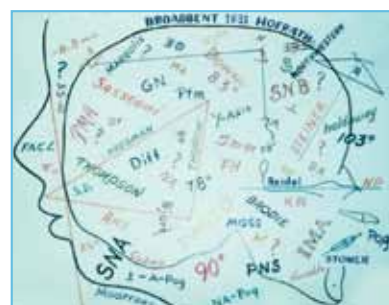


Image courtesy of Dr. Earl Broker.

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& Ortho Tribune Associate Editor

← OT AAO, page 1

around the world gathered to further their knowledge and expertise. Educational topics ran the gamut from craniofacial growth and tissue engineering to the appropriate use and value of aligners.

In the exhibit hall, many companies brought their own experts who gave presentations right there. Dr. Larry Andrews and his son, Dr. Will Andrews, spoke about their Six Elements of Orthodontic Philosophy at the Ortho Organizers booth while other clinicians taught attendees about such things as treatment of the complex patient, Class II and Class III treatment and orthodontic technology.

Of course, one of the highlights of every AAO annual session is walking the exhibit hall floor. This year, exhibitors went all out to make attendees comfortable. Booths such as Happy Feet offered relief for aching feet while Ormco and DENTSPLY GAC had comfortable couches for attendees to relax upon.

As always, there was no shortage of new products.

Ortho Classic launched OrthoVend, a “vending machine” for your practice that offers automated inventory tracking, secure



Gary Thornton of Ortho Classic, with the new OrthoVend machine, which is designed to make inventory control easier and less costly.

storage and purchasing and standardized organization. The system

can hold a month’s worth to a year’s worth of inventory and automatically reorders product once it reaches a pre-designated reorder point that you set. Using touch-screen technology and fail-safe sensors, the pay-as-you-go system is designed to take the headache and expense out of inventory control.

Accutech Orthodontic Lab offered its Orthodontic Appliance Design Manual, which includes diagrams of each appliance, indicating wire, acrylic and component specifications. The manual includes more than 200 full-color photos with multiple views of 70 orthodontic appliances and features a glossary of lab terms, appliance accessories, basic dental anatomy and an “understanding appliance types” section. It can be used as a communication tool with patients, colleagues,

laboratories, staff members and lab technicians.

Imaging Sciences International showed off QuickScan, a feature on the i-CAT that lets clinicians capture initial workups and progress scans in 4.8 seconds — a short enough time period that most people, including wriggly children, are able to keep still.

Philips Sonicare debuted a new way to motivate patients to practice effective oral health-care habits at home. The Sonicare AirFloss is a new tool to provide patients with a gentle, easier way to clean between teeth. Philips’ microburst technology removes plaque from in between teeth with a burst of air and micro-water droplets, allowing patients to get rid of the floss for good.

For more from the AAO Annual Session, turn to Page 4. OT

← OT Retainers, Page 1

According to the researchers, specific prior conditions may return without retainers. However, no definitive research has been conducted on the conditions that require ongoing retainer use.

In another study focused on patient compliance, Valiathan and colleagues found that 60 percent of the 1,200 surveyed patients wore retainers more than 10 hours a day in the first three months and 69 percent wore them every night. By the time retainer users reached 19 to 24 months, 19 percent had stopped wearing their retainers, while 81 percent were still wearing their retainers, even if it was only one night a week. About 4 percent never wore their retainers at all. Furthermore, the study indicated that age, gender and the type of retainer did not affect compliance.

A third study examined the ramifications of no retainer use within the first four weeks after braces removal. Researchers measured patients’ teeth before and after for spacing issues, overbites, underbites and tooth crowding. Thirty patients had the wires removed from their braces, but the appliances were kept affixed to the teeth to monitor any changes without a retainer.

Nearly half of the participants showed no movement, and many showed positive settling of the posterior teeth, including the molars. Some, however, required additional orthodontic treatment at the end of the four weeks.

Further studies on a larger study population are necessary, Valiathan concluded. OT

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Scenes from the AAO

A look at some of the happenings from the exhibit hall and beyond during the AAO Annual Session in Chicago



Don Jackson, left, and Scott Donnelly with the Suni3D cone-beam imaging machine at the Suni booth. (Photo/Kristine Colker, Ortho Tribune)



Daryl Mathias, left, and Dr. John King at the Accutech Orthodontic Lab booth.



Meeting attendees take advantage of an exhibit hall educational opportunity at the Invisalign booth.

Photographs by
Fred Michmershuizen,
Ortho Tribune
(unless credited otherwise)



Meeting attendees gather at the Ortho2 booth to learn about the new features to the Edge system, a comprehensive practice management, imaging and communication system that utilizes secure web-based data hosting and back up.



Artwork at the Amazing Animation booth.



Chicago rolls out the welcome carpet for AAO 2011.



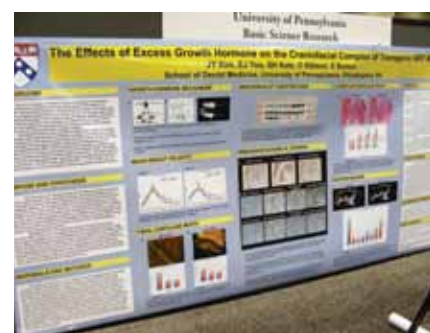
There are archwires aplenty at the Highland Metals booth.



The Forestadent booth.



Tony Richt, from left, Ryan Fry and Michael Arbataitis of Ortho Tees.



Results of recent research are shared in poster presentations.



Dentaaurum, a long-time exhibitor at the AAO, offers a series of TOMAS mini-lectures in its booth. This year marks a special milestone for Dentaaurum as it celebrates its 125th anniversary. (Photo/Provided by Dentaaurum)



Meeting attendees get more information about cameras at the PhotoMed International booth.



Barry Larson of DMG is ready to share the benefits of Icon, a treatment for incipient caries and white-spot lesions that is done without drilling. (Photo/Kristine Colker, Ortho Tribune)



Normand Desforges and Julie E. LeMon at the HuFriedy booth. (Photo/Kristine Colker, Ortho Tribune)



Patrick Hess of Sirona.



Anthony Gianni of Medidenta.com.

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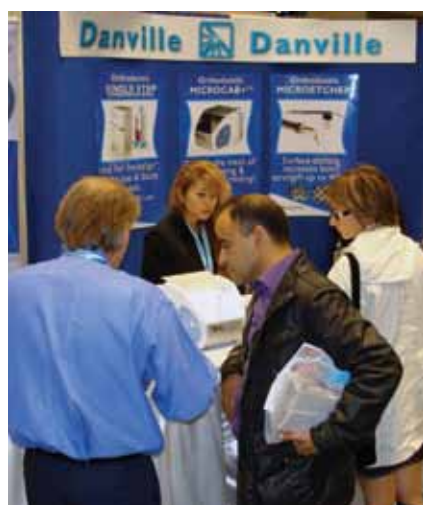
OrthoBanc's team helps practices 'score' during the AAO. OrthoBanc, a payment drafting and management company, set up its booth to look like US Cellular Field, the home of the Chicago White Sox. From left are Amy Evans, Jayme Cross, Jaime Kilgore, Marla Merritt and Carly Russell. (Photo/Provided by OrthoBanc)



Grover Knight of AMD LASERS holds a Picasso soft-tissue laser.



Dr. Christy Fortney offers a presentation on treatment mechanics at the Opal Orthodontics by Ultradent booth.



Meeting attendees learn more about products at the Danville Materials and Engineering booth.



Attendees are never too far from e-mail. Internet access was available at the Cyber Café.



Susan Richardson of ChaseHealthAdvance.



Dr. Chris Farrell, from left, Nakia Wright, Damien O'Brien and Cassandra Solis of Myofunctional Research Co.



Blaine Atwater of Planmeca.



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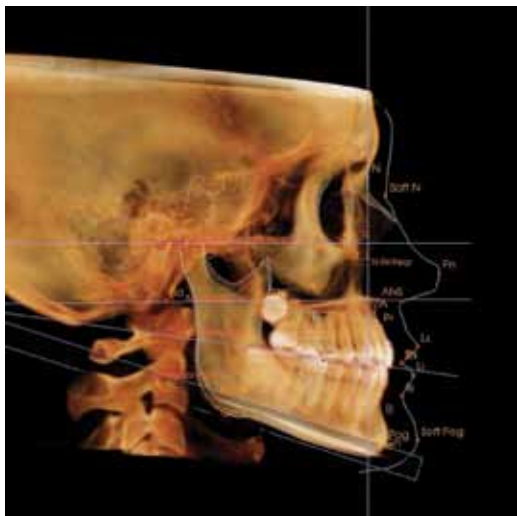
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An orthodontic advantage



(Photos/Provided by
Juan-Carlos Quintero,
DMD, MS)



QuickScan and new software available with i-CAT

Just when orthodontists thought that cone-beam technology had changed the face of orthodontics as much as possible, Imaging Sciences International announced enhanced diagnosis and planning through the flexibility of the i-CAT and Invivo5 software applications.

These new tools go hand-in-hand with i-CAT's flexibility in dose management, especially with the Quick-

Scan — the 4.8-second, lowered-dose scan that closely compares in exposure to 2-D pan-ceph sets.

The new software takes the precise three-dimensional information provided by the CBCT scan itself and delivers easy-to-use and informative tools specifically designed with the orthodontist in mind:

- *The Cephalometric Analysis Tool* option allows the clinician to take measurements and establish norm data statistics with one easy click. This option also yields full traditional 2-D analysis. The latest version of the software features an updated anchor pin library for virtual TAD placement and virtual TMJ visualization, a study model and a simulation tool.
- *The Airway Analysis Tool* facilitates quick airway tracing and automatic calculations, instant measurement of total airway volume, localization and area measurement of maximum constriction and automatic color-coded constriction values of the airway volume.
- Virtual study models make orthodontic patient education and treatment planning easier and more productive. *The AnatoModel module* allows the orthodontist to create virtual study models that contain crowns, roots, developing teeth, impactions and alveolar bone. This impressionless model is created from CBCT data. Patients will not miss the impression-taking part of their visit, and the practice will save on time and materials used in taking traditional study models.
- To keep organized and improve communications between colleagues and patients, the software system contains *Advanced Annotation Capabilities*, such as custom labeling on 3-D volume renderings and layout display options.
- *Customer support for the Invivo software* is now available through the company's customer care department, and a variety of training programs are available to help maximize the productivity that can be achieved by using the InVivo5 Software with i-CAT.

The software also contains an expanded implant library for restoration-based implant planning, as well as applications for virtual modeling and surgical guides for guided surgery.

In orthodontics, it is very beneficial to have a complete 3-D picture of the dentition and face. i-CAT scans already provide an undistorted view of impacted supernumerary teeth and unusual anatomical variations, as well as the location of teeth in relation to roots and sinuses. Now, orthodontists can calculate more efficiently and plan more effectively with the virtual wealth of information possible from i-CAT and Invivo5. [01](#)

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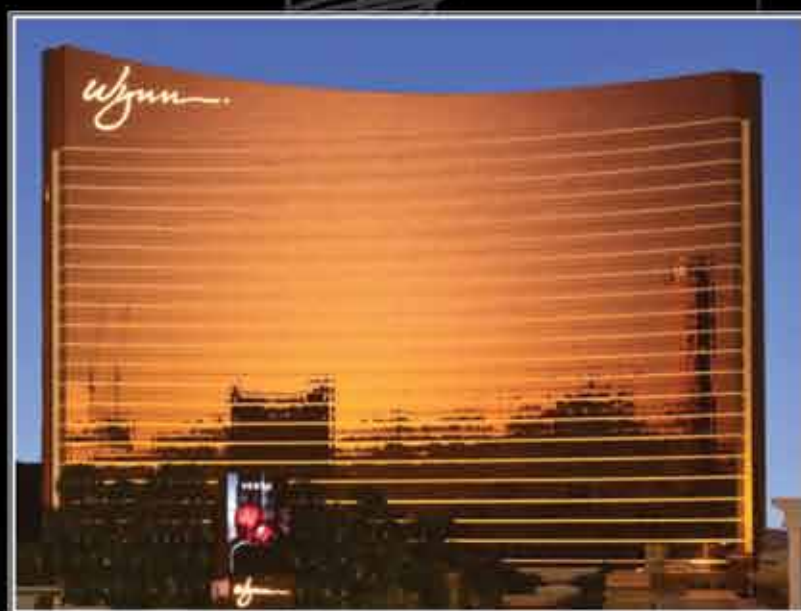
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