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Midwestern Society of Orthodontists: Top 10 2013 annual session highlights



The MSO 2013-2014 Board of Directors, from left front row, Drs. Deb Lien, John Crawford, Ara Goshgarian and Brent Larson. From left back row, Drs. Ginny Mennemeyer, Kim Stafford, Alison Fallgatter, Kevin Denis, Scott Arbit, Ross Crist, Ryan VanLaecken, David Gehring and Conny Athanasopoulos. Photos/Provided by MSO

New leaders installed, budget and bylaws approved, top clinicians honored

1 The Midwestern Society of Orthodontists (MSO) returned to MSO territory in Kansas City, Mo., for the 2013 MSO Annual Session from Sept. 20-22. More than 410 attended the

meeting, featuring a doctor and staff continuing education program presented by Drs. Mark Berkman, Aaron Mollen, Chung Kau, Sebastian Baumgaertel and Abraham Lifshitz, and Amy Kirsch, Cathy Sundvall and Mary Kay Miller.

2 The following new leaders were installed to serve the MSO membership in 2013-2014: Drs. John Crawford of Kenosha, Wis., as president; Deb Lien of Rochester, Minn., as president-elect; and Ara Gos-

hgarian of Lake Forest, Ill., as secretary-treasurer. Dr. Ross Crist of Sioux Falls, S.D., successfully completed his term as the 2012-2013 president and will continue to serve on the MSO board as immediate past president. Dr. Brent Larson of Minneapolis continues to serve as the MSO Trustee to the American Association of Orthodontists Board of Trustees.

3 Dr. Jane Bentz of Wisconsin was recognized at the MSO Annual Business Meeting on Sept. 21 for her service as MSO component director as she retires. Dr. Scott Arbit of Wisconsin and Dr. D. Spencer Pope of Illinois were welcomed to service at the conclusion of the meeting as new incoming component directors. Dr. Brian Jespersen of North Dakota was recognized for his full eight-year term of service as the MSO representative to the Council on Orthodontic Practice.

4 These MSO Delegation members were elected to represent the MSO at the AAO 2014 House of Delegates: Drs. Ara Goshgarian — chairperson; Mike Durbin — vice chairperson, Ross Crist, Deb Lien, Ginny Mennemeyer, Dennis Sommers and Kim Stafford; alternates Steve Marshall, John Kanyusik and Ryan VanLaecken.

• See MSO, page 8

NESO and MASO join up for Puerto Rico meeting

By Sierra Rendon, Managing Editor

The Northeastern Society of Orthodontists (NESO) and Middle Atlantic Society of Orthodontists (MASO) will host a joint meeting from Nov. 14-17 in Rio Grande, Puerto Rico.

Event planners say attendees will benefit from the clinical presentations by Drs. Silvia Allegrini, Lysle Johnston, Brent Larson, Jim Vaden, Rolf Behrens, Lisa Alvetto, Jay Bowman and Gerald Samson as well as Andrea Cook and Rosemary Bray.

Some topic sessions include "How to Treat Class IIs — Both Dental Class IIs and Skeletal Class IIs," "Band Aid — When, Where and Why Teeth Should be Banded Rather than Bonded," "Everything You Need to Know About Taking Perfect Impressions," "How to Communicate More Effectively," "What I Can Do to Run a More Efficient Office" and much more.

To make your reservations online, go to <https://resweb.passkey.com/go/NESOMASO2013>. You may also call the Wyndham Rio Mar Beach Resort toll-free at (800) 474-6627.

For more general program information, visit www.maso.org/meetings/2013AS.cfm.



Puerto Rico will be the site of the NESO/MASO joint meeting this November.
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The career dilemma for graduating residents: academe or private practice

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

There are compelling advantages to both private practice and academics. For each graduating resident, career decisions come down to determining which environment is best suited to his or her per-

sonality with regard to orthodontics.

Choosing a path that coincides with one's beliefs, philosophy, personality and lifestyle is omnipotent. However, the process of education itself is changing. No longer can an orthodontist teach by the way he or she learned (show, tell, do).

► See CAREER, page 6



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Tooth movement: Health science or unhealthy cosmetics?

By Rohan Wijey B Oral H (Dent. Sci.),
Grad. Dip. Dent. (Griffith), O.M.

Moving teeth with braces has long been considered a permanent “cure” to crowded teeth. However, we now know that this traditional approach is neither permanent nor a cure.

The literature now accepts that the only way to ensure satisfactory alignment is by use of fixed or removable retention for life.¹ Orthodontics has thus proven its reliance on these interventions.

When we graduate as dentists or specialists, we are all implicitly bound to honor the trust placed in us as medical professionals.

Despite this, traditional orthodontics may cause root resorption or enamel damage, exacerbate periodontal disease, increase the chance of caries and devitalize teeth.² After this begins the need for life-long maintenance of permanent retainers, the burden of which is borne by both the patient and the dental practitioner.

Despite our status as medical professionals, has the orthodontic profession veered away from being a health science and moved toward the realm of cosmetics?

Premolar extractions

There is no better example than the prevalence of premolar extractions in private practice. Epidemiological data is sparse, but according to the most contemporary survey conducted of U.S. private practices, 25-85 percent of our children have healthy teeth extracted in the name of orthodontics.³

The justification and rationale behind premolar extractions today rests with P.R. Begg's 1954 assertion that the low incidence of malocclusion in primitive dentitions was due to gritty diets causing

‘If we aspire to be considered a scientific medical profession, orthodontics must continue to evolve with the research. This means re-orientation toward a more evidence- and health-based approach.’

interproximal attrition; Begg suggested that this amounted to a premolar's width in each quadrant.⁴

Begg's research has been roundly refuted in the literature,⁵ not least because his own theory refutes his results: both crowding and attrition increased with age.

Do premolar extractions lead to more stability?

No. Little's definitive 1981 study showed satisfactory mandibular anterior alignment in less than 30 percent of extraction cases 10 years post-retention,⁶ and in less than 10 percent of cases 20 years post-retention.⁷

Many other studies have corroborated this conclusion.

Although hygienists, dentists and all other specialists strive to preserve teeth, this principle seems outside the orthodontic profession's orbit of thinking.

What causes malocclusion?

“Whenever there is a struggle between muscle and bone, bone yields,” wrote Graber in his seminal 1963 manifesto on the influence of muscles on malformation and malocclusion.⁸

In their review of the orthodontic influence of mandibular muscles, Pepicelli et al. (2005) corroborate it is “well accepted” that the position and function of the facial and mandibular muscles are “critical influences” on alignment and stability.⁹

The weight of the literature rests with the fact that muscle function and posture (the way patients swallow and posture their tongue) is the most significant cause of malocclusion.¹⁰

A time for change?

The orthodontic tradition has been evolved by great minds throughout its 100-year history, such as Angle, Frankel, Graber, Rickets, Garliner and Little.

However, if we aspire to be considered a scientific medical profession, orthodontics must continue to evolve with the research. This means re-orientation toward a more evidence- and health-based approach.

Are we going to continue to accept relapse or retention until the death of the patient or the orthodontist? The science is there: the cause is muscle function and the solution is Myofunctional Orthodontics.

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About the author

DR. ROHAN WIJEY works and lives in Australia on the Gold Coast. He practices at MRC's clinical arm, MRC Clinics, and teaches dentists and orthodontists from around the world about early intervention and myofunctional orthodontic appliances.

Obituary: Orthodontist Dr. Earl ‘Buddy’ Broker

Dr. Earl “Buddy” Broker passed away on Aug. 15, 2013, following a brief illness.

Broker was a founding faculty member of the orthodontic residency program at Einstein Medical Center Philadelphia. He continued in this capacity until his death.

In addition to teaching comprehensive orthodontics to postgraduate students, he also directed their education in temporomandibular disorders. Of note, he taught all graduates of the program including current residents in training.

Broker was born and raised in Philadelphia and graduated from West Philadelphia High School. Both his pre-dental and dental education occurred at Temple University, where he graduated with a

DDS degree in 1961.

He then entered the orthodontic practice of Drs. Maxwell S. Fogel and Jack M. Magill as an orthodontic preceptee, completing his training in 1965. Pre-dating the official start of the orthodontic residency program, he joined the orthodontic staff at Einstein as an orthodontic fellow receiving a fellowship certificate, also in 1965.

He became a diplomate of the American Board of Orthodontics in 1995. He also served as a reserve dental officer in the U.S. Army Dental Corp from 1961 until 1968, receiving an honorable discharge as a captain.

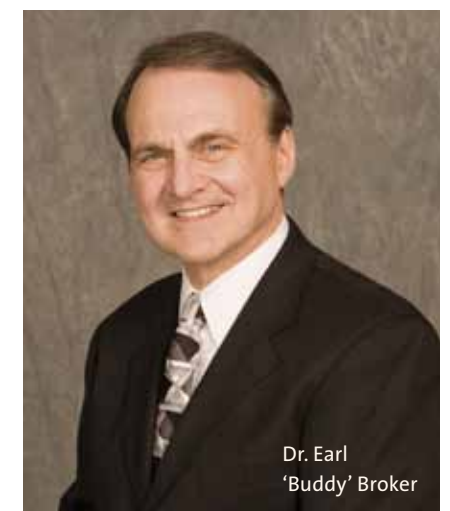
Broker was a tireless supporter of Drs. Fogel and Magill in preparing for the start

of the Einstein Medical Center Orthodontic Residency Program in the early 1960s. He assisted them in organizing program teaching materials and completion of accreditation application information.

For many years, Broker practiced both in Jenkintown, Pa., and Voorhees, N.J. More recently, he limited his practice activity to the Voorhees office.

In addition to caring for the orthodontic needs of his patients, his knowledge and expertise in treating temporomandibular disorders was highly regarded by patients who traveled great distances to seek his care.

Broker is survived by his wife, Joyce, sons Brian and Bradley and families, brother Gerald and sister Donna.



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◀ CAREER, Page 2

We are moving toward an age where new academic skills, such as learning the *methods* of teaching and the *process* of course designing, have become new goals and standards of education. Yet as educational programs continue to be improved, old problems still linger in academics and have a direct bearing on who will direct our future and become our successors.

A new era of orthodontic education is dawning, and just how it will go is a conundrum — anyone's guess. There are new creative programs in orthodontic education that address the reduction of "qualified" orthodontic faculty members. Historically, at least since the 1990s, issues regarding recruitment and retention of qualified orthodontic faculty members have been, and still are, important and challenging topics at many orthodontic conferences, as noted by Roberts in 1997.

When an environment for both academe and research can become a reasonable career choice for graduating residents, the future of orthodontics will be positive (Bednar, 2007; Turpin, 2007; Peck, 2003). In past years, many residents had solid interests in teaching and research as a career choice (Larson, 1998). However, those days are gone.

Orthodontic education has been in a state of flux — academics and research have not become competitive with full-time clinical practice as career options (Peck, 2003). Specifically, the problems associated with recruitment and retention of full-time orthodontic faculty members

have been, and are still, on a spiraling decline (Turpin, 2007). The preservation of pedagogy in orthodontic education, the potential social justice implications and impact on the public are directly related to: (a) education of well-trained orthodontists, (b) health-care delivery, (c) outreach programs, (d) welfare agencies, and (e) public service communication.

When applicants are interviewed for a residency position, many speak about their aspirations of joining a faculty and becoming active in research after graduation. For an applicant holding a PhD, he or she often mentions full-time teaching in addition to becoming a researcher. However, by the end of his or her educational program, goals soon became more about clinical practice and making money rather than an academic career; no longer is teaching or research a priority. Bednar (2007) stated, "In 2004-2005 there were 250 funded yet unfilled full-time faculty positions at dental schools across the country, 19 of which were vacancies in orthodontic programs."

According to Turpin (2007), two of the most urgent problems facing orthodontics were attracting more qualified individuals for careers in orthodontic education and replenishing the attrition of full-time postgraduate faculty positions. Our leadership has addressed these educational issues but has not been able to reverse the declining number of well-trained, full-time faculty members. If faculty vacancies continue to rise, it would have a negative impact upon the (a) education of orthodontic residents, (b) future of the profession, and (c) health-

care and educational resources for the public and society (Trotman et al., 2002).

On a different but related issue, most postgraduate orthodontic program faculty members have never had any formal training in the methodology of teaching or course design; they teach what they learned from their own clinical experiences. With this in mind, it is encouraging to see a few new and novel educational programs for junior and mid-career orthodontic faculty members to learn about such academic skills.

One of the first workshops on faculty career enrichment in orthodontics (FACE) occurred in October 2012. The second FACE workshop was held this year on March 7 at the University of Michigan School of Dentistry. These workshops, led by recognized orthodontic teaching experts, included an interactive format with topics such as:

- Principles of course design starting with the end in mind
- Methods to encourage active learning in the classroom and clinic setting
- Methods for successfully incorporating technology into the classroom

Another related program for faculty members was the James L. Vaden Educational Leadership Conference, held on May 3. This conference emphasized excellence in orthodontic education, concentrating on graduate program standards. These programs will hopefully change the decline of "educated" orthodontic faculty members and the increased attrition of full-time postgraduate faculty positions.

However, at the present time, *alea iacta est* — the die has been cast. Why would a

graduating resident forego the incentives of private practice and a decent starting salary, to accept low paying academic position with little hope of advancement and a mounting financial struggle, especially when the major focus of his or her education has been to treat patients? As noted 10 years ago by Johnston (2002), sadly there is still no market for a career in academe as there was prior to the 21st century. If experience has taught us anything, it is that money talks! Most new graduates make decisions that are personal matters, i.e., supporting a family, paying back educational loans and living a decent lifestyle.

One measure of an individual is how well he or she can overcome adversity; the future of orthodontic education is also at the crossroad of adversity — the trying times associated with academic careers in education.

Until profitable career options in education become a reality, the supply of orthodontic educators and researchers will be limited. American-educated residents are blinded by future prospects of earning a living and may never regain their sight toward considering a career in academics.

Until academe becomes a profitable career option, orthodontic education may experience a diminished or daunting outlook. For the new orthodontic graduates, regardless of whether their path leads to academics or private practice, aspirations should be concentrated on practicing to the best of his or her ability.

References are available upon request from the publisher.

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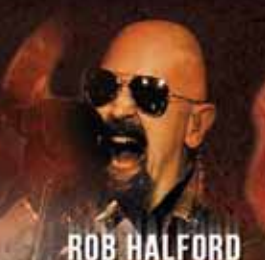
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MSO, Page 1

5 MSO members approved the 2014 MSO Budget and a MSO Bylaws revision based on changes to the AAO Bylaws regarding membership dues, assessment and waivers that were approved at AAO 2013 House of Delegates. Components are encouraged to also update their bylaws accordingly.

6 The 2013 MSO Earl E. Shepard Distinguished Service Award was presented to Dr. Keith Levin, Winnipeg, Manitoba, at the MSO Annual Member Business Meeting. Levin is an MSO past-president and was elected speaker of the AAO House of Delegates, and he served on the AAO Board of Trustees from 2010-2012 inclusive.

7 The MSO Board will be reducing printed communication costs in the future by moving toward more electronic communication to members via the MSO website and member email blasts. Concise printed information will be mailed as needed in the future in lieu of a traditional twice-a-year printed



Dr. John Crawford, president

newsletter. Members are encouraged to keep their email address up-to-date with the AAO as MSO will be utilizing this email address in the future for electronic communication.

8 Please congratulate these MSO leaders being recognized with awards presented at the AAO Annual Session in 2014: Dr. Vance Dykhous of Missouri will receive the ABO Dale B. Wade Award of



Dr. Deb Lien, president-elect

Excellence in Orthodontics. Dr. John Casco of Iowa will receive the ABO Albert H. Ketcham Memorial Award.

9 MSO President-Elect Deb Lien encourages MSO members to contact her at drdlieni@juno.com if interested in being selected for the MSO nominee list to be submitted to the American Board of Orthodontics by fall 2014 for the next MSO representative on the ABO Board. Refer to the MSO website



Dr. Ara Goshgarian, secretary /treasurer

for more details.

10 Reserve Sept. 11-13 for the 2014 combined Great Lakes Association of Orthodontists and Midwestern Society of Orthodontists Annual Session to be held at the Sheraton Chicago Hilton. Dr. Arnie Hill of Minnesota will be presented the 2014 MSO Earl E. Shepard Distinguished Service Award.

Following successful 2013 OrthoVOICE meeting, group looks ahead to 2014

By Davin Bickford
Advisory Board Member, OrthoVOICE

Mark down another great OrthoVOICE! This year's meeting was host to more than 250 orthodontist, team members and exhibitors. Planet Hollywood Resort, in the heart of the Vegas Strip, is the perfect host venue for this progressive focused meeting.

Opening the lecture series was this year's "VOICE of Excellence" lecturer, Dr. Kate Vig, past department chair of The Ohio State University Orthodontic Department. She was followed by a blend of well-established and new speakers. OrthoVOICE also hosted a special feature series highlighting three recent graduate board presentations.

Each resident gave a 15-minute presentation followed by a 10-minute Q&A from the meeting attendees. A list of the 2013 speakers and topics can be found on the OrthoVOICE website (orthovoice.com) until mid-November.

"Of all the meetings we attend each fall, OrthoVOICE consistently has the best speakers and topics available to attendees," said one OrthoVOICE exhibitor. With its focus on creating a relaxing and fun environment, the OrthoVOICE meeting also offers a dynamic educational component that is hard to beat among fall meetings, organizers said.

Having hosted some of the industries top educators as part of the "VOICE of Ex-

cellence Series," OrthoVOICE has kicked off its meeting with names like Dr. Bill Proffit, Dr. Lysle Johnston and Dr. Vig. Each has been followed by a creative mix of company-sponsored and OrthoVOICE-invited speakers, creating a well-rounded and progressive set of topics, organizers said.

"The takeaway from OrthoVOICE has made a tremendous impact on my practice," said one of this year's attendees. "Each year brings new ideas that cause me to think differently about growing my practice."

OrthoVOICE is already focusing on the 2014 rendition of the meeting. Dr. Henry Fields was recently announced as next year's "VOICE of Excellence" speaker, and OrthoVOICE will announce the rest of its 2014 speakers and topics in early 2014.

OrthoVOICE also announced something new for next year's meeting: two groups will be hosting seminars alongside OrthoVOICE, creating added value for OrthoVOICE attendees. Ortho Classic and Orthotown will be offering their own meetings the day before OrthoVOICE and will allow attendees greater variety beyond a traditional user meeting.

More information will be released in early 2014 about the full program. OrthoVOICE 2014 will be held Sept. 18-20 at the Planet Hollywood Resort in Las Vegas.

Mark your calendar and check orthovoice.com in January for more information. Doctors and exhibitors can also call OrthoVOICE at (402) 932-1298.

OrthoVOICE speakers



Dr. Daniel Bills



Dr. Kate Vig



Dr. Neal D. Kravitz



Dr. Christopher E. Roncone

Photos/Provided by OrthoVOICE

Healthgrades: where prospective patients go to find a new dental care provider

When consumers fire up their web browsers, the vast majority of them start at a search engine. According to research from Pew Internet, 93 percent of online activities begin with a search.¹ Health is a popular topic: 72 percent of Internet users looked online for health information within the last year.²

As you may expect, Google dominates searches with a market share of about 65 percent³. However, health care-specific search portals are growing in popularity as tools for helping prospective patients find a new dental care provider in their local area. Today, the No. 1 source for new patients searching and scheduling appointments with health-care providers in the United States is Healthgrades.

Healthgrades: a popular way to search for an orthodontist

Healthgrades is a leading online resource for consumers seeking comprehensive health-care information. Each year, more than 225 million visitors use *Healthgrades.com* to search, evaluate and connect with health-care providers that best meet their treatment needs. *Healthgrades.com* visitors represent the ideal demographic for orthodontists – they are overwhelmingly female (72 percent), highly educated (84 percent have some post-secondary education) and affluent (52 percent have annual household incomes greater than \$75,000).

Healthgrades offers orthodontic practices a large, highly focused audience of prospective patients. Interestingly, the third most searched category on the site is for dental service providers.

During the past 12 months, Healthgrades tracked more than 20 million searches for dental care providers. Most importantly, Healthgrades users don't just search – they schedule appointments. More than half (54 percent) of Healthgrades visitors will schedule an appointment. Among those who schedule, 95 percent make an appointment within the first week they search, and 38 percent schedule the same day.

Healthgrades visitors can be considered an ideal target audience for growth-minded dental care providers. So what should your practice do to harness this traffic and fill your schedule?

Optimize visibility and new patient conversion with a Healthgrades enhanced profile

Healthgrades offers a basic profile that practitioners can "claim" for free. It includes limited information about your practice, such as name and address. However, it also includes third-party ads and competitive practice advertisements. Most critically, it does not provide visitors with a way to schedule an appointment with your practice. Healthgrades visitors can submit a review of your practice, but they are not verified as your patients. While a basic profile is better than no profile, the ability to gain top ranking or convert visitors into patients is severely limited.

Healthgrades has established a partnership with Sesame Communications and, as of October 2013, orthodontists will be

able to secure an enhanced profile, which will offer several strategic advantages over a standard profile and will give your practice better access and exposure to prospective patients seeking a new orthodontist, according to the companies. A Healthgrades Enhanced Profile from Sesame provides practices with:

- *Priority placement in searches:* A Healthgrades enhanced profile gives your practice higher placement and greater visibility to patients searching for an orthodontist in your area. It provides premium positioning in its "featured listing" section at the top of the page as well as organic

searches. On average, a visitor to *Healthgrades.com* will visit 1.9 profiles during the visit, so it is imperative your practice be featured at the top of the search results.

- *Click-to-request appointments:* Enhanced profiles allow patients to request an appointment with your practice by simply clicking a button on your Healthgrades profile. This quick, automated process removes a potential barrier for patients looking to make an appointment.
- *Complete, practice-branded profile:* Enhanced profiles offer comprehensive doctor and practice branding, including full bio, address, procedures, location di-

rections and detailed contact information. Healthgrades research shows that visitors to a complete enhanced profile will spend four times longer on your profile, which, again, will drive new patient conversions.

While you can claim a basic profile at www.healthgrades.com, today Healthgrades enhanced profiles are only available from Sesame Communications. To get more information on Healthgrades' enhanced profiles, visit www.sesamecommunications.com/healthgrades.

References available upon request from the publisher.

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GETTING NEW PATIENTS JUST GOT A WHOLE LOT EASIER

Healthgrades® Enhanced Profiles from Sesame

Get priority access to more than 20 million prospective patients looking to schedule an appointment.



Enhanced Profiles Give Your Practice:

- Preferred profile placement in Healthgrades.com search results in your local area
- Click-to-request appointments
- High-quality, verified patient reviews
- Doctor and practice-branded profiles

Get More New Appointments

54%

will schedule an appointment

Target Your Ideal Demographic

38%

schedule the same day they search

72%

of users are female

52%

have annual household incomes of greater than \$75,000

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