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Crowds wait for the evening fireworks at Disney World in Orlando, Fla. The AAO 2016 Annual Session will take place in Orlando from April 29–May 3. Photos/www.freeimages.com

Feed your curiosity at 2016 annual session

By Sierra Rendon, Managing Editor

The American Association of Orthodontists will host its annual meeting April 29–May 3 at the Orange County Convention Center in Orlando, Fla., with the goal of “Bringing Us Together.”

“When you’re curious, you find lots of interesting things to do,” a quote at-

tributed to the late Walt Disney, is also applicable to the AAO 2016 Annual Session, said AAO President Morris Poole. Orthodontists display great intellectual curiosity about both the discipline of orthodontics as well as myriad other subjects, he said. Poole noted the Disney quote also expressed what he believes the AAO annual meeting will be.

The AAO’s 2016 Doctors Scientific Program will offer a wealth of clinical and scientific information in application to orthodontic practice, as well as in-depth information about every aspect of effective practice management.

In addition to the typical events and educational sessions you might expect at these types of events, the AAO has some special activities and highlights for attendees, including:

- Opening Ceremonies at Sea World on Saturday, April 30.
- The Excellence in Orthodontics Awards Ceremony and Luncheon, featuring an address by 2012 Republican presidential nominee Mitt Romney, on Sunday, May 1.
- The International Members Reception at the Hilton Orlando Promenade Lawn on Sunday, May 1.

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FROM THE EDITOR

Historical overview of orthodontic education

From 1961-2000: Part III

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

Orthodontic education accreditation for all undergraduate and postgraduate educational programs in the United States and Canada was initiated in the early 1970s. The creation of the Commission of Dental Accreditation occurred in the 1990s, operating under the auspices of the ADA, in order to standardize the accreditation process for all postgraduate orthodontic programs (American Dental Association, 2008).

This was a peer review mechanism that included orthodontic specialists, educational institutions, practitioners, the dental licensing community, as well as public representatives. Their responsibility was to ensure the quality of each orthodontic education program. The Joint Commission on National Board of Dental Examiners established Test Construction Committees in order to examine all undergraduate and graduate dental students for knowledge and proficiency.

Since 1990, the issue regarding recruitment and retention of qualified orthodontic faculty members had been the most important and challenging topic of discussion at every orthodontic conference (Roberts, 1997). Since 1994, the AAO Council on Orthodontic Education (COE) has sponsored conferences for the chairs of orthodontic departments to share common challenges and solutions (Larson, 1998). According to Larson, the Orthodontic Section of the American Association of Dental Schools (AADS) also recognized this critical challenge.

In 1990, the faculty vacancy rate was six percent. At the time of the 1993 survey, 171 full-time faculty positions were funded at the programs that returned the survey and of these, 20 positions were unfilled for

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a vacancy rate of 12 percent. In 1997, the vacancy rate increased to 42 percent.

If orthodontics can provide an environment that makes education and research a reasonable choice through which one can make a decent living, the specialty will maintain its high standards and continue to flourish (Peck, 2003). Typically, the best dental students are attracted to orthodontics, and a large number of them do have an interest in teaching and research (Larson, 1998).

According to Noble, Hechter, Karaiskos and Wiltshire (2009), there are more than 700 orthodontic residents enrolled in the 65 postgraduate orthodontic programs in the United States. Approximately 400 new residents per year are accepted in 69 postgraduate orthodontic programs in the United States and Canada (Johnson, 2008). All postgraduate orthodontic programs range from two to four years in duration; some offer certificates in orthodontics and others offer M.Sc. and/or Ph.D. degrees. The to-



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

tal number of residents averages 800 to 1,200 per year.

By 1997, these issues were finally brought to the surface by an important and landmark survey of all orthodontic department chairs. The COE and AADS

surveyed all orthodontic programs in the United States and Canada in order to visualize the problem and develop greater understanding for the negative trends of orthodontic faculty recruitment and retention (Larson, 1998).

Larson noted that two orthodontic educators, Storey (Department of Orthodontics, University of Toronto, Faculty of Dentistry, Ontario, Canada) and Biggerstaff (University of Texas, Department of Orthodontics, Health Science Center, San Antonio, Texas), constructed a survey instrument in order to reassess previous data from similar projects that were completed in 1990 and 1993. This survey instrument was modified to allow for comparison with those earlier results regarding faculty retention. Those results confirmed that there was an increase in unfilled faculty positions.

To be continued ...

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

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- The AAO Gala at Universal Studios, Orlando, on Monday, May 2.

- The Featured Speaker series with leaders in the field including Lou Mongello, Dick Hoyt, Bruce Christopher and Brad Barton.

The AAO 2016 Annual Session named lecture speakers will be:

- *Jacob A. Salzman Lecture: Dr. Larry Andrews.* Andrews, founder of the Six Keys™ to Optimal Occlusion and the Six Elements of Orofacial Harmony™, is a clinical professor in the orthodontic residency program at the University of California at San Francisco. He authored the textbook "Straight Wire, The Concept and Appliance."

- *Edward H. Angle Lecture: Dr. Birte Melsen.* Melsen served for many years as a professor and head of the Department of Orthodontics at The School of Dentistry, Aarhus University, Denmark. She has a private practice in Lübeck, Germany, that focuses exclusively on adult orthodontics. She continues to lecture and conduct research.

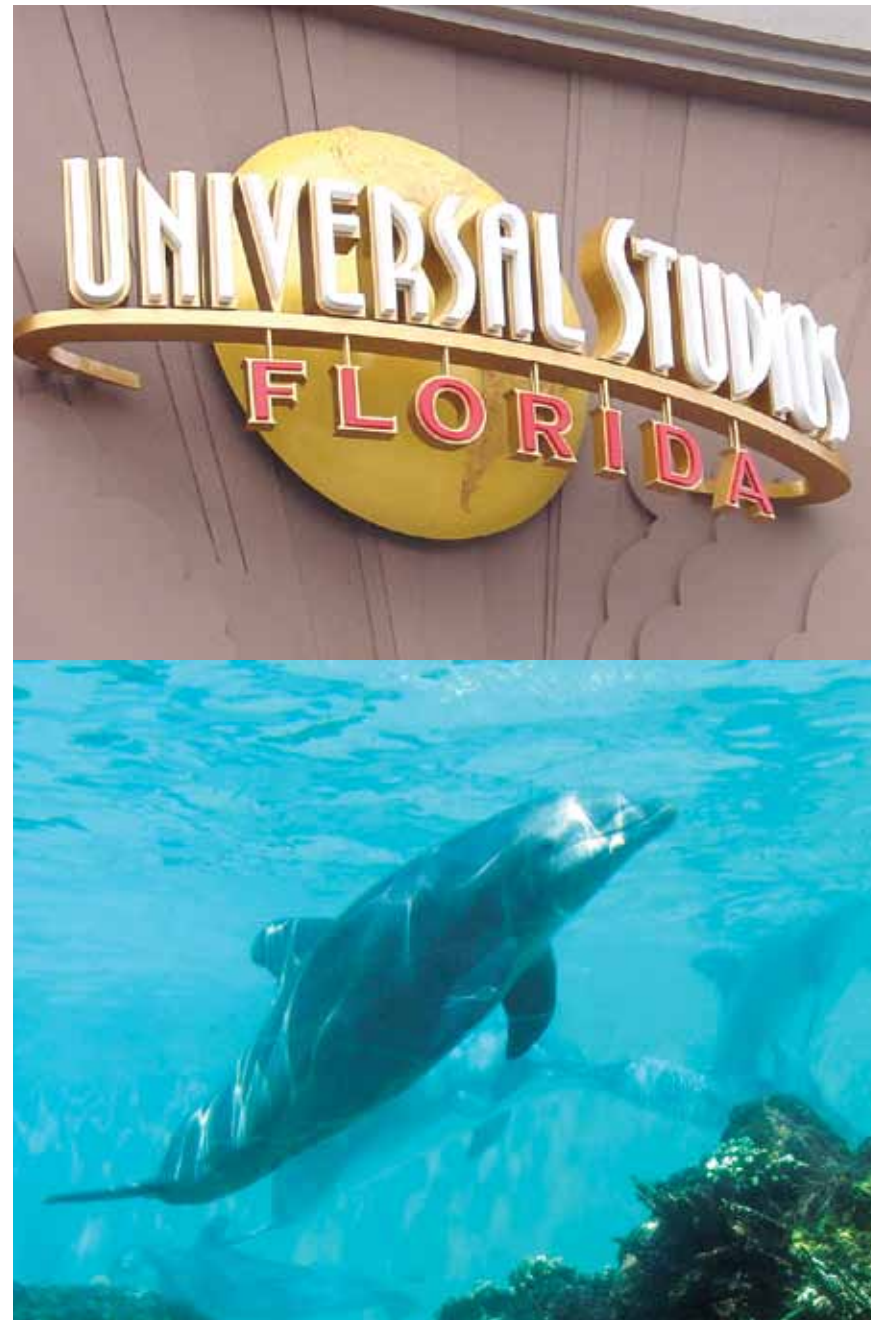
- *John Valentine Mereshon Lecture: Dr. Sheldon Peck.* Peck previously was a clinical professor of developmental biology at the Harvard School of Dental Medicine. He is now an adjunct professor of orthodontics at the University of North Carolina at Chapel Hill and an associate editor of The Angle Orthodontist.

In addition to the bountiful educational opportunities, the AAO 2016 Annual Session offers a great chance to learn about new products and technology in the orthodontic industry.

More than 300 companies will exhibit the latest and greatest products and services available to orthodontists throughout the Orange County Convention Center.

Nicknamed "The City Beautiful," and known worldwide for its theme parks, Orlando offers AAO 2016 Annual Session attendees a perfect setting in which to relax, have fun and learn, according to the AAO Annual Session planning committee.

To make it easier for attendees and



Both Universal Studios and Sea World will host AAO 2016 Annual Session Events. Check the AAO guide to make sure you don't miss anything.

their families to enjoy Orlando, annual session lectures will end daily at 2:45 p.m. (with the exception of Saturday, April 30, when lectures will end at 3:15 p.m.). AAO Tours of Orlando may be

booked during registration.

For more information and a complete guide to the AAO 2016 Annual Session, please visit www.aaoinfo.org/meetings/2016-annual-session.

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Why digital marketing?

See how Kaleidoscope can make a difference for your practice

By Kaleidoscope Staff

It's time to have a digital marketing presence in your practice that sets you apart from the competition. The competitive differences of Kaleidoscope, a digital marketing tool, can have a huge impact in your lobby and reception areas.

Digital marketing is important because:

- It builds and strengthens relationships.
- New products and services will be discovered.
- Sixty-five percent of people are visual learners.

You want to make sure your digital marketing is providing fresh content and including what's important to your practice. Kaleidoscope is doing just that! Kaleidoscope, a digital marketing tool, is offering an exciting new feature called "Automatic Updates."

Many Kaleidoscope clients have shared with us that they would prefer to handle information about their office for their display but would like everything else

to change automatically for categories such as Trivia, Life Tips, Nature and Travel. Now Kaleidoscope offers both full customization features, as well as automatic updates.

When choosing a digital marketing tool, consider what Kaleidoscope offers:

- excellent customer service
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- fast and easy setup, with the initial customization being completed for you by the Kaleidoscope team
- an opportunity where your input is valued and often integrated in product

enhancements

Kaleidoscope asserts it leads the way in patient experience. It provides poignant visual bytes and information that captures the attention of both parents and patients. The visual graphics and photos draw people in and engage them in learning more about the practice.

Then there's the added value of having Kaleidoscope Founder and President Charis Santillie help you and your understanding of the orthodontic/dental market. Her 25 years of business accomplishments in consulting, marketing and product launches encompass a variety of industries. She chose to launch her own marketing company, which has helped hundreds of orthodontic and dental practices achieve greater success.

At the AAO

To learn more about Kaleidoscope and how it can help you with digital marketing, visit booth No. 340 or request a brief online demo. You may also visit its website at www.theKaleidoscope.com.



AcceleDent attributes its success to both a growing body of clinical evidence, high patient satisfaction

By AcceleDent Staff

Now available in more than 3,000 orthodontic locations in North America, AcceleDent® is being integrated into orthodontic practices in the United States and internationally as standard of care for accelerated orthodontic treatment.

AcceleDent is an FDA-cleared, Class II medical device that speeds up orthodontic treatment by as much as 50 percent and relieves pain often associated with treatment. Patients simply bite down on AcceleDent's gently pulsating mouthpiece for 20 minutes daily, and the hands-free, noninvasive device employs patented SoftPulse Technology® that accelerates bone remodeling and tooth movement at the cellular level.

Many respected orthodontists, including Dr. Sam Daher, Dr. Sonia Pallick, Dr. Jay Bowman and Dr. John Graham, choose AcceleDent as the preferred accelerated treatment modality because it has been clinically proven to address the two most common barriers to treatment: length of treatment and discomfort.

Manufactured by OrthoAccel Technologies, AcceleDent's rapid adoption by orthodontists is credited to both a growing body of clinical evidence supporting the device's safety and effectiveness, as well as high patient satisfaction among AcceleDent users.

In September 2015, a peer-reviewed article published in Angle Orthodontist titled "Pain Control in Orthodontics Using a Micropulse Vibration Device: A Randomized Clinical Trial" reported that micropulse vibration, as used in AcceleDent, significantly lowers biting pain and overall pain during orthodontic treatment.

Orthodontists such as Dr. Katie Graber, who practices in Illinois, say the reduction in discomfort is a huge benefit of treating patients with AcceleDent.

"This study clearly demonstrates that, in addition to faster tooth movement, AcceleDent provides 'pure' pain management for orthodontic patients who frequently report discomfort during treatment," Graber said. "I've found that patients and parents appreciate AcceleDent's reduction in discomfort because it eliminates the need for over-the-counter or prescription pain medication."

Another clinical trial appeared in the September 2015 issue of Seminars in Orthodontics, and the results revealed that pulsatile forces, which AcceleDent employs, significantly accelerate tooth movement. This prospective, double-blind, randomized, controlled trial, demonstrates that gentle, non-invasive vibration increases the rate of tooth movement.

This scientific evidence reinforces the clinical results that AcceleDent providers have been achieving with this medical device for the past several years. The evidence is underscored by consistently positive patient reviews. In an independent survey, 100 percent of patients surveyed report they are satisfied with their experience using AcceleDent.

"The strong support from orthodontists and consumers is how we know that AcceleDent is such a game changer for the orthodontic industry," said Michael K.

Lowe, president and CEO of OrthoAccel. "Orthodontists understand the science that makes AcceleDent work, and patients are eager to receive the benefits of accelerated orthodontic treatment with AcceleDent."

OrthoAccel captured No. 69 on the 2015 Deloitte Fast 500 ranking of the fastest growing technology companies in North America. Among the top 100 companies ranked on the prestigious list are some of this era's most dynamic and respected technology brands such as Tesla, Fitbit and Twitter.

"The fact that OrthoAccel is the only orthodontic company ranked on the 2015 Deloitte Fast 500 shows the wealth of industry experience that our team has," Lowe said. "As an innovation company, we remain laser-focused on revolutionizing the orthodontic industry by enhancing the patient treatment experience."



At the AAO

To learn more about AcceleDent and how to offer the leading accelerated orthodontic treatment device at your practice, schedule a one-on-one consultation with an OrthoAccel representative by visiting www.booknow.so/AcceleDentConsult. Orthodontists, treatment coordinators and staff members are invited to visit the OrthoAccel booth, No. 1141.

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Easing chairside stress with the All Surface Kit

By Reliance Orthodontics Staff

One of Reliance's flagship products, Assure®, has been the answer for so many difficult bonding situations for the past 15 years. Assure has created a foundation as the go-to primer for everyday enamel bonding thanks to its variable reducing properties, according to Reliance Orthodontics.

Recently, Assure Plus was introduced to bond to micro-etched porcelain without the use of hydrofluoric acid and zirconia. As you may know, Assure and Assure Plus bond to wet or dry healthy enamel. Furthermore, they bond to wet or dry atypical surfaces (hypocalcified, aprismatic,

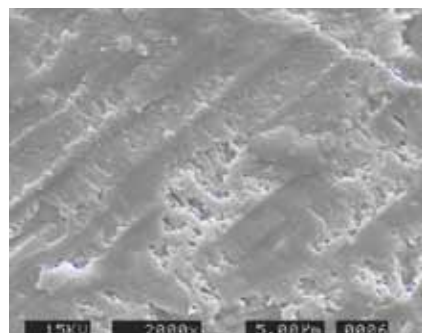


Fig. 1a: Medium diamond roughening.
Photos/Provided by Reliance Orthodontics

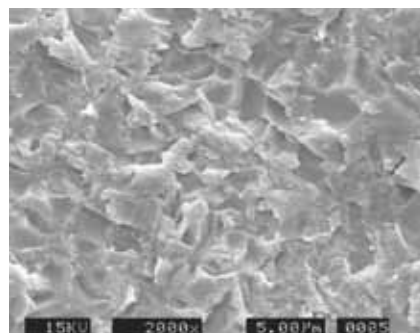


Fig. 1b: Sandblasted (50 micron aluminum oxide).

fluorosed, primary dentition and even dentin/cementum) without additional primers.

If you experience an enamel side bond

failure (the composite pad debonds clean off the enamel), immediately contamination is blamed. If you are not using Assure or Assure Plus, this may not be the case.

The enamel could have been aprismatic; no other primer will bond to this difficult surface. The use of Assure or Assure Plus on the initial bonding appointment would eliminate this atypical variable.

As the demographics of orthodontic patients shift to include an increasingly larger number of adults, artificial substrate preparation becomes a major topic of discussion for clinicians. It is no secret that the foundation of artificial substrate bonding lies in a good mechanical preparation.

Traditional methods using a diamond bur, greenstone or disc to roughen metal or porcelain surfaces does not always produce adequate mechanical retention; however, microetching with aluminum oxide does. The SEM pictures (Figs. 1a, 1b) clearly illustrate the stark mechanical differences between utilizing a rotary instrument and an intraoral microetcher to prepare non-enamel surfaces.

Reliance now offers a kit that will reduce your inventory and produce maximum strength for chairside bonding, regardless of the substrate involved — enamel or non-enamel. The ASK (All Surface Kit) only includes three components: 6cc Assure Plus®, All Surface Bonding Resin, 8 cc Porcelain Conditioner and an Etchmaster microetcher with 10 tips.

The Etchmaster is a small sleek design that allows easy access to the posterior and very little clean up when used with high-speed evacuation. Simply unscrew your handpiece from a high- or low-speed air line, attach the Etchmaster sandblaster, insert the preloaded tips (filled with 50 micron aluminum oxide) and begin sandblasting.

Clinicians now can eliminate all other artificial surface primers as well as numerous different protocols, according to Reliance Orthodontics. With the All Surface Kit, all non-enamel substrates are handled with only two protocols:

1) Porcelain: Sandblast, rinse and dry. Apply one coat of porcelain conditioner. Wait one minute. Apply Assure Plus. Dry and light cure.

2) Composite, zirconia, gold, amalgam, stainless steel, acrylic, temporary, Pontic teeth: Sandblast, rinse and dry. Apply Assure Plus. Dry and light cure.

Reduce inventory, reduce failures, reduce costs and simplify procedures with Reliance Orthodontics.

* Assure Plus Unidose 50 pack can be substituted for an additional \$10.



At the AAO

The All Surface Kit is available at the AAO for an exclusive price of \$245. To learn more, visit booth No. 929.

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A toehold in Europe leads to a global footprint

By MRC Staff

It seems logical that if the goal is international success, one of the steps toward growing a prosperous company would be to establish a strong presence in the domestic market. Compared to overseas, though, the Australian dental industry is quite small, and international companies, such as Henry Schein and DENTSPLY, dominate in the local market. However, there are industry innovators in Australia bucking this trend and becoming significant players on the international stage.

By offering modern treatment options along with the systems necessary to deliver them effectively and efficiently, Myofunctional Research Co. (MRC) has grown to become established internationally as a frontrunner in a 21st-century niche of the market. While the head office is based in Australia, the company's earliest inroads were in Europe, and while MRC is becoming well-known as dental innovators domestically, since 1995 when distribution started, MRC Europe has grown a significant business footprint from its base in Holland.

MRC Founder Dr. Chris Farrell said the company's European origins grew from the acceptance of an idea. "Twenty-five years ago, we were less globally connected," he said. "At that time, Australian dentists and orthodontists could not see the importance or potential of our Trainer and Myobrace® systems, whereas the European orthodontists were able to."

MRC Europe's first distribution contract was signed more than 20 years ago for France, where the distributor sold exclusively to orthodontists. Farrell said these orthodontists quickly recognized the potential for MRC's treatment systems and continue to be enthusiastic about what MRC offers today.

"They were more educated in certain areas and understood about function and early treatment, so they immediately took our pre-trainer on board," he said. "France remains one of our best markets, and when I lecture there these days, they want to learn everything they can about new appliances as well as how we have developed the integrated Myofunctional Activity System and practice management systems to optimize efficiency and patient compliance."

"Our Myofunctional Activity production, which includes an educational series focused on nutrition and diet is now available in French."

While it was the French willingness to accept an idea that helped MRC establish a toehold in Europe, a regular presence at the International Dental Show (IDS) in Cologne increased awareness and the fading of a 20th century superpower opened access to new European markets.



Myofunctional Research Co. headquarters in Europe. Photos/Provided by MRC



MRC's booth at IDS in Cologne, Germany, 2015.



MRC International Training Facility in Australia.

"We have had a presence at every IDS since 1997 and now have distributors in every European country," Farrell said. "When the former Soviet Union changed, we found that orthodontists in Eastern European countries were already learning about mouth breathing and poor myofunctional habits causing malocclusion, so when MRC came along with a better way to treat, the acceptance was quite high."

Nowadays, the European headquarters naturally includes the standard corporate sales and distribution departments, but Farrell said continuing to educate European dental professionals regarding myofunctional dysfunction and modern pre-orthodontic preventive treatment was an integral part of MRC Europe's operation.

"The European HQ includes a substantial training center with a fully equipped training clinic to show European dental

professionals and their staff how to deliver cost-effective pediatric pre-orthodontic care for millions of growing children all over Europe," he said. "Nowadays, we have training sessions almost every week for doctors from all over Europe, and Holland is an excellent hub for this."

The acceptance MRC received in Europe was not always the norm, though, and spreading beyond European borders, particularly into the United States, provided a fair share of challenges.

Farrell said establishing MRC in the United States caused more of a struggle, as it required a change in thinking for those U.S. dental professionals.

"Linking malocclusion to myofunctional disorder, which can be more difficult to see was a different way of thinking," he said. "We simplified our education and training process to return to basics and show how you must treat the dysfunction first, then the teeth."

"The Myobrace System is more about health, growth and development in younger children rather than a novel way to straighten teeth. To begin with, braces-oriented orthodontists had trouble believing that the system can straighten teeth while only being used for one hour per day and at night. Once they realized, they were amazed at the results, and so during the last two years, all our USA courses have been at capacity and sales of Myobrace were up 51 percent for North America in 2015."

Farrell said that when it came to recognizing the potential of MRC's treatment systems, European dental professionals initially had a slight advantage but their American counterparts had caught on.

"Europeans have always used functional appliances so there was already basic foundation of knowledge to build on," he

► See MRC, page 10

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