Ortho Tribune

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Orthodontists in Orlando

The Orange County Convention Center is teeming with orthodontic professionals during the AAO's 2016 Annual Session. Photo/Fred Michmershuizen, Ortho Tribune Staff

AAO attendees find lots to smile about at annual session

By Fred Michmershuizen, Ortho Tribune

AAO annual session attendees found plenty to smile about at this year's big event in Orlando. Great weather. Lots of fun things to do with the whole family. Mickey. But at the Orange County Convention Center, site of this year's AAO event, the focus was all about ways to make your patients smile. In the classrooms, some of the world's top experts were on hand to share expertise and knowledge.

In the exhibit hall, aisle after aisle of companies were ready and available to share with meeting attendees the latest in technological advances. Whether attendees sought a more advanced imaging system, a better way to keep track of inventory or effective marketing ideas for individual practices, they were sure to find it.

Ortho Tribune combed the aisles of the show floor to highlight what was especially innovative at this year's meeting. There were many highlights, including:

• Propel showed off its new Excellerator PT (Power Tip), which marries Propel's proprietary tip design with a specially configured cordless torque driver. Components include a powered handpiece with charging station, a contra-angle head attachment and single application tips.

"The driver itself is easy to operate, smooth, comfortable ergonomically speaking and quiet," said Dr. Jonathan Nicozisis, who uses the technology in clinical practice. "The contra-angle

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FROM THE EDITOR

Historical overview of orthodontic education

From the year 2000: Part IV

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

In 2002, 300 full-time faculty positions were unfilled, and an additional 200 to 600 new faculty members would be needed every year thereafter (Trotman, Bennett, Scheffler and Tulloch, 2002).

The American Dental Education Association (ADEA) and the American Association of Orthodontists established task forces to study this shortage, which they declared was at a crisis level and that academe was no longer an attractive career option (Trotman et al., 2002; Peck, 2003). The Task Force included leading orthodontic educators, members of the AAO Board of Trustees, and dental school deans. Weaver, Chmar, Haden and Valachovic (2005a) found there was an estimated 241 vacant full-time and 55 part-time faculty positions at the 56 U.S. dental schools in 2003-2004.

Trotman et al. (2002) noted that the full-time faculty attrition problem would have a negative impact on dental education and health care in general. Several earlier small-scale studies reported similar findings, that postgraduate orthodontic education was facing serious consequences regarding the ability to attract qualified, full-time tenure track faculty members (Larson, 1998; Roberts, 1997; Valachovic Weaver, Sinkford and Haden, 2001).

The demand for orthodontic care by the public and in the number of clinicians willing to provide this care has reshaped the workforce dramatically in a short period of time. In 2000, the AAO hired an outside research and planning group to conduct a study of its members who were 50 years or older (Turpin, 2003a). They reported that 25 percent of respondents expected to stop

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practicing completely by 2004, and 56 percent expected to stop practicing completely by 2014.

Many of those clinicians have decided to delay their retirement for several years. Until recently, most new graduates could choose from many practice opportunities. Turpin reported that one student, ready to graduate after 10 years of scholarly pursuit, stated, "I would be happy to take a hygiene job for a while, if something doesn't break soon." Those graduates reported far fewer opportunities, according to Turpin.

Hindsight so often provides an unequivocal opportunity for reflection on successful and unsuccessful decisions. Such theoretical and empirical content could be summed up as the essence of a force for change by the following quotation from Larson (1998), "There is no doubt that dedicated orthodontic educators have been critical to the development of the specialty. The question is whether the faculty will be there in the future to continue this history of strong education."

All orthodontists and institutions must be proactive in preserving the specialty; academe must be perceived as an attractive alternative to private practice, and exposure to the academic world must begin in the dental school. The AAO and its foundation (AAOF) are in a position to make a difference. They must lobby for changing the way an academic orthodontist earns a living while providing an opportunity to advance the field academically.

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

As noted by Johnston (2002), sadly there is no market for a career in academe as there was prior to the 21st century.

As recent as 2016, according to Conley (2016), "Faculty recruitment and retention [still] remain significant challenges in orthodontics." If experience has taught us anything, it is that success in clinical practice is largely unrelated to science, evidentiary or theory applications, especially when most techniques work and nothing else really matters. A*lea iacta est*, the die has been cast: Why would a graduate forego the incentives of private practice to accept a position in an unrewarding existence and struggle, especially if there is no scholarly challenge, when he or she has been trained their entire educational career to treat the public? Until the specialty decides that there is profit in a scientific, evidence-based approach to clinical practice, the supply of teachers and researchers probably will not increase to levels of the past.

American-born residents may not glean the value that is required and necessary for considering a career in academe. Hopefully, the future will provide enhanced career opportunities for our graduates, but until academe is respected by the specialty as a whole, orthodontic education will continue to present a diminished and unfortunately a daunting outlook for its future.

References for all parts of this article are available upon request from the publisher.

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attachment provides convenient, full-mouth access. Performing MOP in the posterior regions is certainly facilitated by the contra-angle, which can be rotated for optimal orientation."

• DENTSPLY GAC introduced its new PLUS line of products, which the company says are designed to "grab the mantle of orthodontic leadership and take it to the next level." The PLUS line includes a new metal-injection-molded OmniArch PLUS bracket, which features precision-tuned angulation and torque for improved control; and nickel titanium BioForce PLUS archwires, which feature a graded thermodynamic formulation.

• G&H Orthodontics showcased its extensive line of products. The company was launched 40 years ago to create archwires but has since expended into brackets, bands, tubes, elastomerics and more — all made in the United States.

• Reliance Orthodontics offered a kit designed to reduce your inventory and produce maximum strength for chairside bonding, regardless of the substrate involved, enamel or non-enamel. The ASK (All Surface Kit) includes 6 cc Assure Plus All Surface Bonding Resin and 8 cc Porcelain Conditioner, plus an Etchmaster microetcher with 10 tips. According to the company, clinicians now can eliminate all other artificial surface primers.

• OrthoBanc, a professional payment management company, demonstrated its new treatment and fee presentation tool, AccepTx Pro. It's designed to help orthodontists offer flexible payment options to patients. Presentations can be viewed in the office or shared for viewing at home. Features include a Smile Adjuster payment calculator, which allows the responsible party to adjust the down payment and terms within ranges acceptable to the practice, until they have found a plan that fits.

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THE MAJORITY OF CHILDREN HAVE A MALOCCLUSION caused by incorrect breathing and myofunctional habits

Parents want treatment for these problems affecting the growth and development of their child as well as their health.

"Orthodontists can ask sleep-related questions in the health history to identify sleep breathing disorders. Treating these patients presents unique opportunities for orthodontists to collaborate with other medical specialties to improve a patient's health and treatment outcome."

Dr Ki Beom Kim. ***American Journal of Orthodontics*** *2015;148:740-7.*

WHAT QUESTIONS SHOULD I ASK AND WHAT TREATMENT DO I PROVIDE?

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"Research presented in our journal in the next century may shed new light that will help us better identify the problem and aid the specialty (orthodontists) in developing more effective evidence based treatment. Additional efforts are needed to understand the physiology, neurology and genetics of sleep breathing disorders." **American Journal of Orthodontics** *2015;148:740-7*

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MYOFUNCTIONAL ORTHODONTICS

G&H Orthodontics' 41st anniversary marks significant expansion

By G&H Orthodontics Staff

Photo/Provided by G&H Orthodontics

G&H® Orthodontics, a leading U.S. full line orthodontic manufacturer, announced exciting news at this year's American Association of Orthodontists conference in April in Orlando, Fla.

"Our 41st anniversary of serving the orthodontic community marks our biggest expansion in company history," said G&H Orthodontics' President and CEO Kevin McNulty. "This expansion demonstrates our dedication to deliver a great experience to our customers."

Additionally, "due to increasing demand from G&H Orthodontics customers, we expanded our elastomeric manufacturing capacity by 60 percent, along with increasing production capabilities for brackets and wires," said Brandon Bernacchi, G&H Orthodontics vice president of operations.

"The addition of our Warehouse Management System (WMS) fully integrated with our ERP has been a real game changer for G&H. The system provides us with better order traceability, improved quality service levels and faster, more complete shipping to our customers. This, so far, has led to a 200 percent improvement in orders shipped same or next day," Bernacchi added.

To better understand customer needs, G&H did extensive research.

"We realized that to continue to deliver exceptional service in more than 90 countries, we needed to restructure our website and to add customer service staff," said G&H Orthodontics' Director of Marketing Emily Frische. "The changes will make doing business with us easier. Our goal is to be the brand of choice in the ortho community."

At the beginning of 2016, Jim Aycock joined the G&H Orthodontics family as the vice president of sales. Also added was Riccardo Pini in New Zealand covering Asia Pacific, Elizabeth Young in Hong Kong covering Asia and Dennis Steward covering dental service organizations in the United States. Three new customer specialists joined the team, Viola Newman, Rudy Olivo and Tana Marshall, to serve international distributors and key accounts.

"*GHOrthodontics.com*, our new website, was built with customer convenience in mind. With the help of G&H customers, we've expanded the information available to include patient cases, videos and a quick reorder feature," Frische said.

G&H Orthodontics stands out in the industry as a full line manufacturer of clinical orthodontic solutions. "We are helping orthodontists improve their profitability with direct-from-the-manufacturer-pricing, the convenience of one stop shopping, and quick delivery. It's an exciting time at G&H Orthodontics," McNulty said.

About G&H Orthodontics

G&H Orthodontics is a leading provider of clinical solutions for the orthodontic community serving customers for more than 40 years in more than 90 countries. With 99.9 percent customer satisfaction for manufactured products, G&H asserts it is the best manufacturer of a full line made in the United States, including brackets, bands, tubes, wires, springs, elastomeric and other orthodontic supplies. G&H is compliant with the U.S. FDA, ISO 13485:2003, Medical Device Directives, 93/42 EEC and Canadian Medical Device Guidelines, which ensure availability of products worldwide. G&H Orthodontics is a privately held company headquartered in Franklin, Ind. G&H Orthodontics, G&H and the G&H Orthodontics logo are registered trademarks of G&H Orthodontics. To learn more about G&H Orthodontics breadth of products, please visit *GHOrthodontics.com*

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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, fluorosced, 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, according to the company. The use of Assure or Assure Plus on the initial bonding appointment would eliminate this atypical variable.

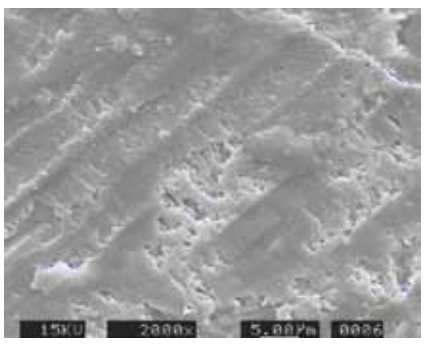

Fig. 1a: Medium diamond roughening.
Photos/Provided by Reliance Orthodontics

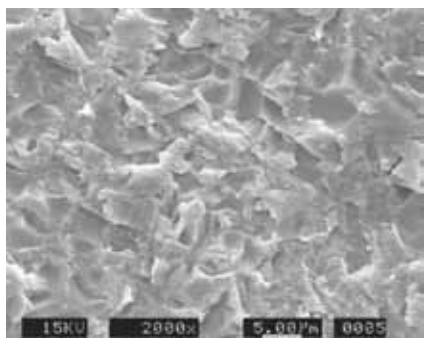

Fig. 1b: Sandblasted (50 micron aluminum oxide).

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) includes only three components: 6 cc 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, zrconia, gold, amalgam, stainless steel, acrylic, temporary, Pontic teeth: Sandblast, rinse and dry. Apply Assure Plus. Dry and light cure.

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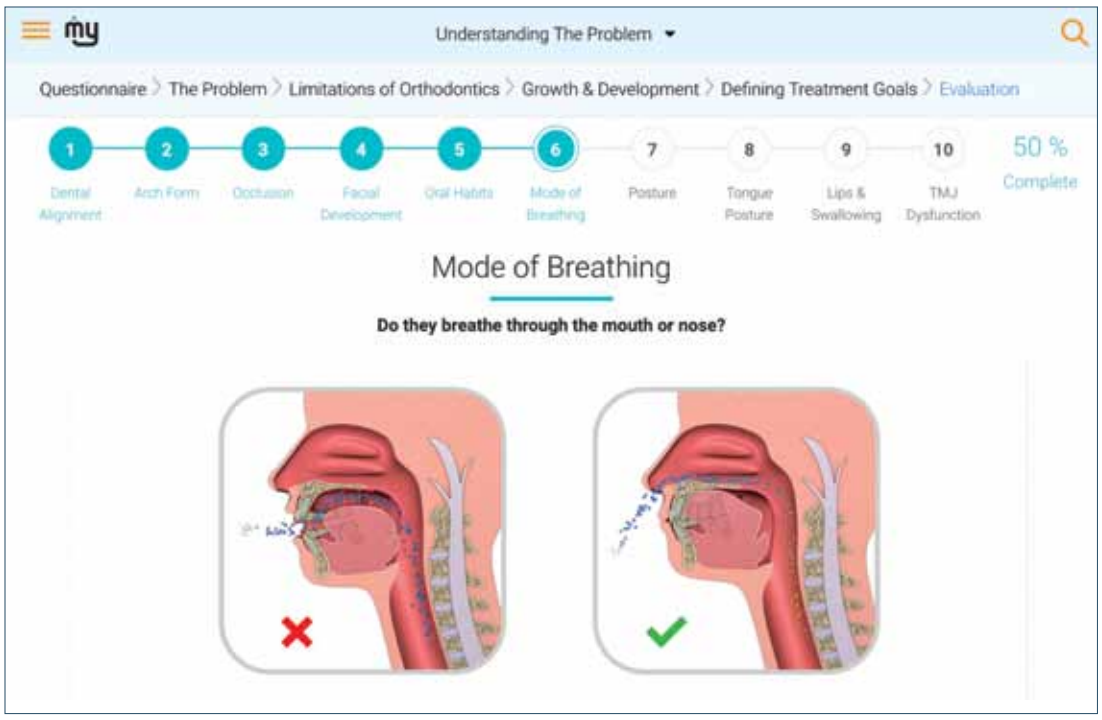
Screening for a new revenue source in your own practice

By Dr. Chris Farrell, BDS, CEO and founder of Myofunctional Research Co. (MRC)

Sleep Disordered Breathing among both children and adults is 80 percent undiagnosed, according to Myofunctional Research Company (MRC). Photos/Provided by MRC



Myofunctional Orthodontic Evaluation (MOE) identifies the causative factors of malocclusion.

Most dental professionals, by now, should be well aware of the rapid changes altering the dental playing field. The market-driven changes, such as corporatization of the industry and oversupply of new dental graduates, have been well highlighted in professional publications, and despite an increase in the frequency of dental caries, particularly in young children, after decades of decreasing incidence, the dental profession, unlike its medical counterpart, relies on the ability to treat just a handful of diseases.

It could be argued that if tooth decay had not been present for the past century, neither would the dental profession. In fact, the primary training of 21st-century dental students is largely centered on the detection, long-term health effects and treatment of caries.

However, as a result of a focus on promoting greater public awareness and prevention rather than treatment, this source of income has been all but eliminated, and maintaining a healthy dentition for their entire lifetime has been a goal of the baby boomer generation, making implants and high-tech restorations, as well as regular check-ups, the norm.

While there is the occasional perio patient who commands added attention, and if we start to step on the toes of our orthodontic specialist colleagues, it is easy enough to find teeth that can be straightened to an arbitrary alignment using rapid or conventional braces, modern dental practitioners are at risk of becoming routine providers of the "$99 all-you-can-eat check, X-ray, scale and clean."

In previous articles, I wrote about the opportunities to widen our income base beyond the traditional that this changing dental landscape offers and explained how these opportunities are available now. Sleep Disordered Breathing (SDB) and the serious effect it can have on a patient's health and well-being has recently gained attention and emerged as a new GP special interest. Because it is recognized as being a result of the same upper airway and neuromuscular dysfunction causing malocclusion, for dental practitioners willing to grasp new opportunities, the ability to treat SDB and TMJ disorder represents a new revenue source as well as alleviation from the monotony of "drill, fill and bill."

The first step toward tapping into this new revenue source is to realize that each day more business walks out of your practice than is actually treated there. Virtually all growing children have a developing malocclusion and early treatment or, where possible, prevention is sought after by parents. Additionally, 35 percent of adults experience chronic pain as a result of TMJ disorder and treatment is rarely offered. Furthermore, there is a high incidence of SDB among both children and adults, which is 80 percent undiagnosed. The potential increase in practice capacity is significant if these patients could be recognized and offered treatment.

Therefore, the second step is developing the knowledge and ability to screen for these issues, which can be as simple as asking some questions. This can be achieved by setting aside one day each week to focus on consultations to identify these issues, which other dental practitioners have never evaluated.

For kids: Myofunctional orthodontic evaluation (MOE), 5-15 years

Malocclusion is evident in children from the time the primary dentition is present and onto the mixed dentition. Rather than genetics, the causes of the malocclusion are incorrect growth and development. The MOE identifies the causative factors of malocclusion, which, as is the case with mouth breathing, can lead to chronic health issues later in life.

Therefore, it is the duty of care of the dental profession to at least identify these developmental issues in children and offer treatment options to their parents when available. Even in a practice that predominantly treats adult patients, if those adults are parents, they will naturally take an interest in any health issues concerning their children.

For adults: TMJ disorder screening procedure

Very few dental practitioners offer treat-

▸ See MRC, page 10

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