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Big smiles in the Big Easy

The American Association of Orthodontists will host its 2014 annual session at the Ernest N. Morial Convention Center in New Orleans, featuring keynote speaker Peyton Manning and Opening Ceremonies' musical guest Kenny Loggins. Photo/*www.sxc.hu*

AAO Annual Session takes place April 25–29 in New Orleans

By Sierra Rendon, Managing Editor

The American Association of Orthodontists will host its 114th annual session in New Orleans April 25–29, featuring Big Easy-style fun and a cutting-edge education program.

AAO President Gayle Glenn, DDS, MSD, says the AAO team, "has been working extremely hard to develop outstanding doctors' and staff programs and finalizing arrangements for world-class entertainment."

To kick off the week, the AAO's Annual Session Opening Ceremonies will feature Kenny Loggins on Saturday, April 26. In addition, the AAO team expects many attendees will share in the excitement about the Excellence in Orthodontics Awards Luncheon keynote speaker, Denver Broncos Quarterback Peyton Manning.

With a Doctors Program reflecting the AAO's reputation for outstanding conferences and a host city equated with unparalleled fun, the 2014 annual session will be a meeting no orthodontist will want to miss, the AAO team asserts.

In addition to the extensive educational elements, the AAO will feature more than 300 companies exhibiting their newest products and services at the Ernest N. Morial Convention Center in New Orleans.

New Orleans was recently voted "Best American City to Visit" in a Travel + Leisure magazine readers' poll and also ranked No. 1 in 13 other categories. For music lovers, the news gets even better: The 2014 annual session is scheduled at the same time as the 2014 New Orleans Jazz & Heritage Festival (Jazz Fest). The world-renowned musical celebration takes place April 25–May 4 and features music in a variety of styles indigenous to Louisiana, including R&B, gospel, Cajun, zydeco, Afro-Caribbean, jazz, blues and bluegrass.

For sports lovers, also taking place at the same time as the AAO Annual Meeting is the Zurich Classic of New Orleans, in which golf fans will have a

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How to improve our diagnostic acumen: Teach it to our residents – Part II

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

To continue the discussion regarding what our residents are missing in his or her orthodontic training, nothing is a better teacher than personal experience(s) regarding what we do and how we do it in our practices. Expert training is a reflection on the educators and mentors in postgraduate residency programs. The following considerations are important subjects in the diagnostic process and examination; they are especially valuable and significant for the

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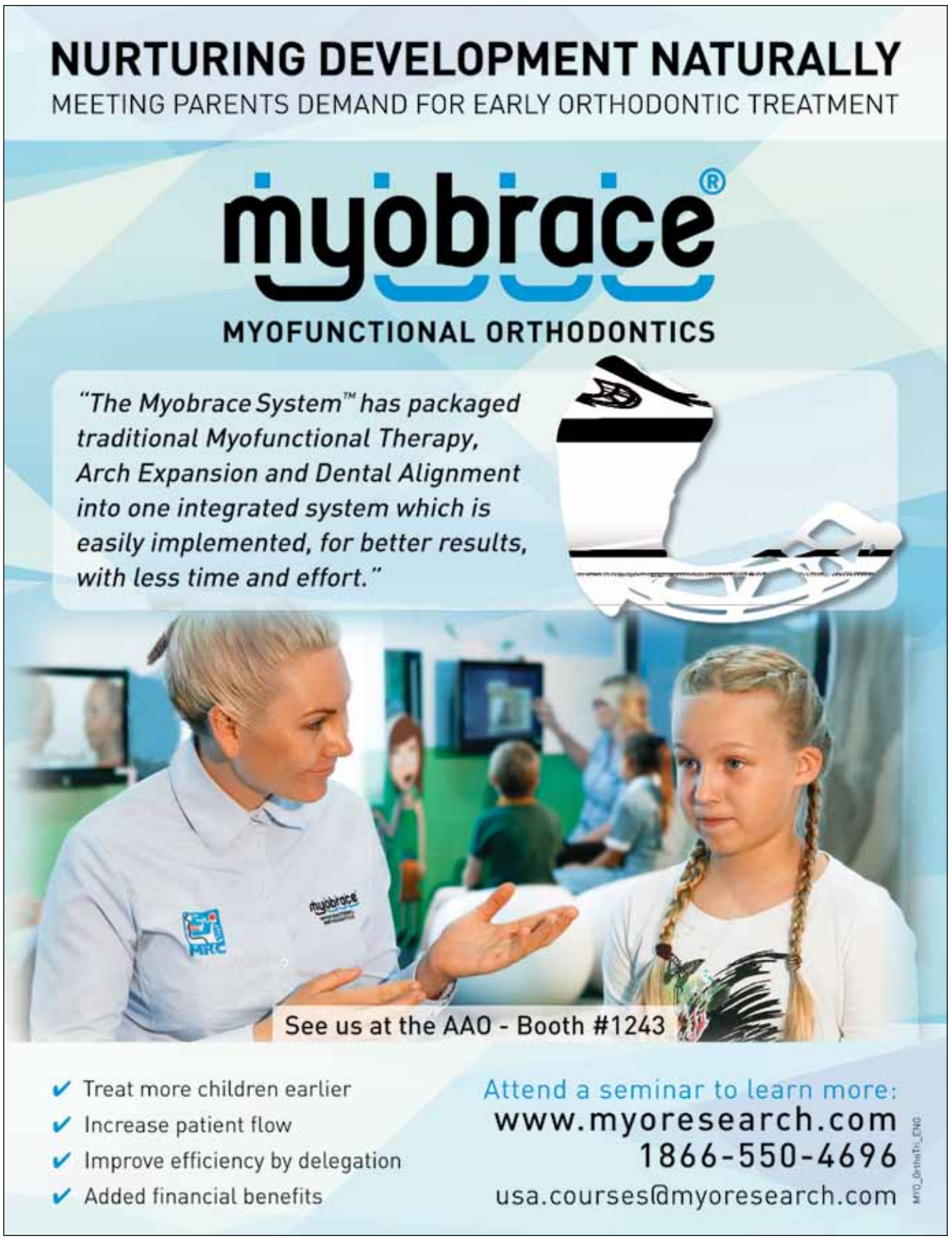

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Dr. Tomas Castellanos
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(Lecture in Spanish)

SUNDAY, APRIL 27TH
Dr. Duncan Brown
11:00 am – 11:30 am

Dr. Tom Pitts
12:30 pm – 1:00 pm

MONDAY, APRIL 28TH
Dr. John Pobanz
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Dr. Daniela Storino
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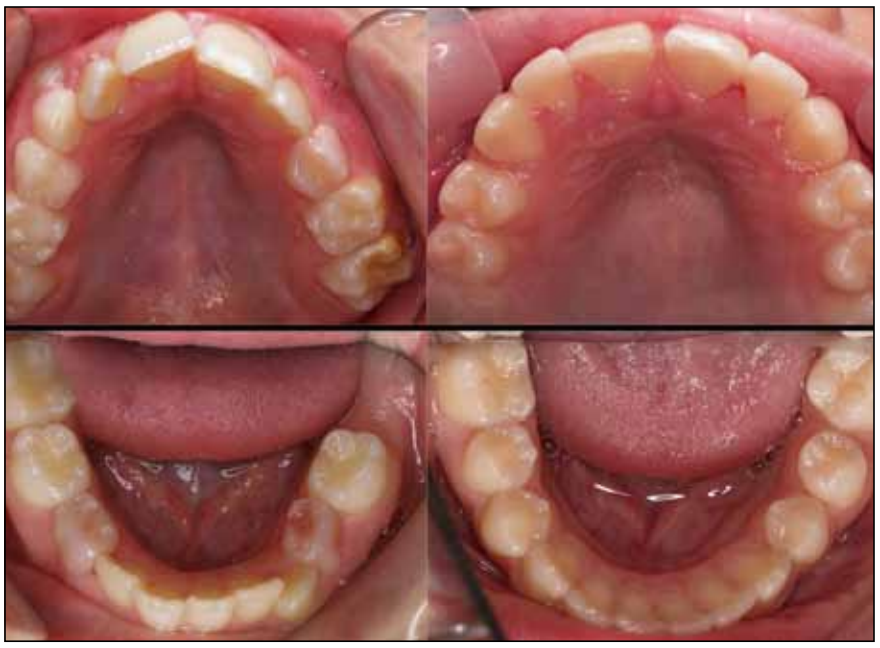

Fig. 1: A case study.
Photo/Provided by Myofunctional Orthodontics

Myobrace System: An evolution in orthodontics

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

Many have now accepted The Myobrace System™ is peerless in terms of the potential to cajole the orofacial muscles into widening arches and allowing good dental alignment.

There exists a common misconception amongst dentofacial orthopedists, however, that although The Myobrace System is proficient at straightening teeth, traditional functional appliance systems are better for facial development.

This was a belief to which even I subscribed before I began to actually use the system myself. Although I paid lip service to role of muscles in malocclusion, I had not truly appreciated the potential to correct malocclusion by re-training these muscles.

Indeed, most experienced Myobrace practitioners have come to regard traditional functional appliance therapy as simply another allotropic form of traditional orthodontics: Mechanical interventions that ignore the role of muscles.

To be fair, much of the skepticism leveled at The Myobrace System seems to be borne out of misgivings about myofunctional therapy.

Myofunctional therapy (MT) as a science has been extant for more than 100 years, enjoying great popularity, especially in the 1970s. Although it has been proven to be able to elicit impressive results, Smithpeter and Covell (2010)[1] have cited a number of reasons for a general lack of enthusiasm:

1. Limited office space for providing therapy.
2. Absence of MT providers.
3. Difficulty and amount of time required.[2]
4. Inadequate training.
5. Hope that function will follow form.
6. Belief that there is insufficient scientific evidence to support orofacial MT.[3]
7. Observations that not all MT providers have the same expertise, so successful results are unpredictable.[4]

The Myobrace System has managed to package traditional myofunctional therapy into a system that has ensured easily reproducible, better results, in less time, with less effort.[5]

The system, thus, represents a confluence and evolution of fixed appliance therapy, functional appliance therapy and myofunctional therapy.

The case (Fig. 1) is a prime example of treatment outcomes satisfying the goals of proper alignment, facial development and treating muscle dysfunction for a more stable result. She was treated with an upper Farrell Bent Wire System™, together with a K1 Myobrace®, followed by a K2 and the Myobrace T1 and T3 for final alignment.

From a dental perspective, of note is the space recovered for the upper right and lower left canine teeth. From a facial perspective, the naso-labial angle has improved significantly, while it is clear that the vertical clockwise direction of growth has been re-orientated to a more horizontal direction. These outcomes have been achieved by harnessing the power of the muscles with a system that is more time

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American Association of Orthodontists®

AAOF Advancing the Specialty®

The Mission of the AAO Foundation, the charitable arm of the American Association of Orthodontists, is to "advance the orthodontic specialty by supporting education and research".

Foundation funding ensures the future viability of the specialty by investing in the next generation of educators and researchers. Since 1994, the AAOF Awards Program has contributed $9.5 million in funding, primarily in support of Junior Faculty.

In addition to support of Junior Faculty, the Foundation has created the AAOF Craniofacial Growth Legacy Collection (www.aaoflegacycollection.org) designed to preserve representative materials from the participating orthodontic collections, improving orthodontic research in the U.S. and Canada.

The latest fundraising effort of the AAO Foundation's overall **Continued Commitment to the Specialty®** is the new *Research Initiative* focused on improving orthodontic research in the U.S. and Canada by bringing in $5 million in new pledges, so that overtime and calculated at an average rate of return of six percent, this will result in an additional $300,000 restricted for orthodontic research.

Please consider a pledge to support this new initiative!

For further information contact Robert Hazel, rhazel@aaortho.org, 800.424.2841, #546 or visit our website at www.aaofoundation.net

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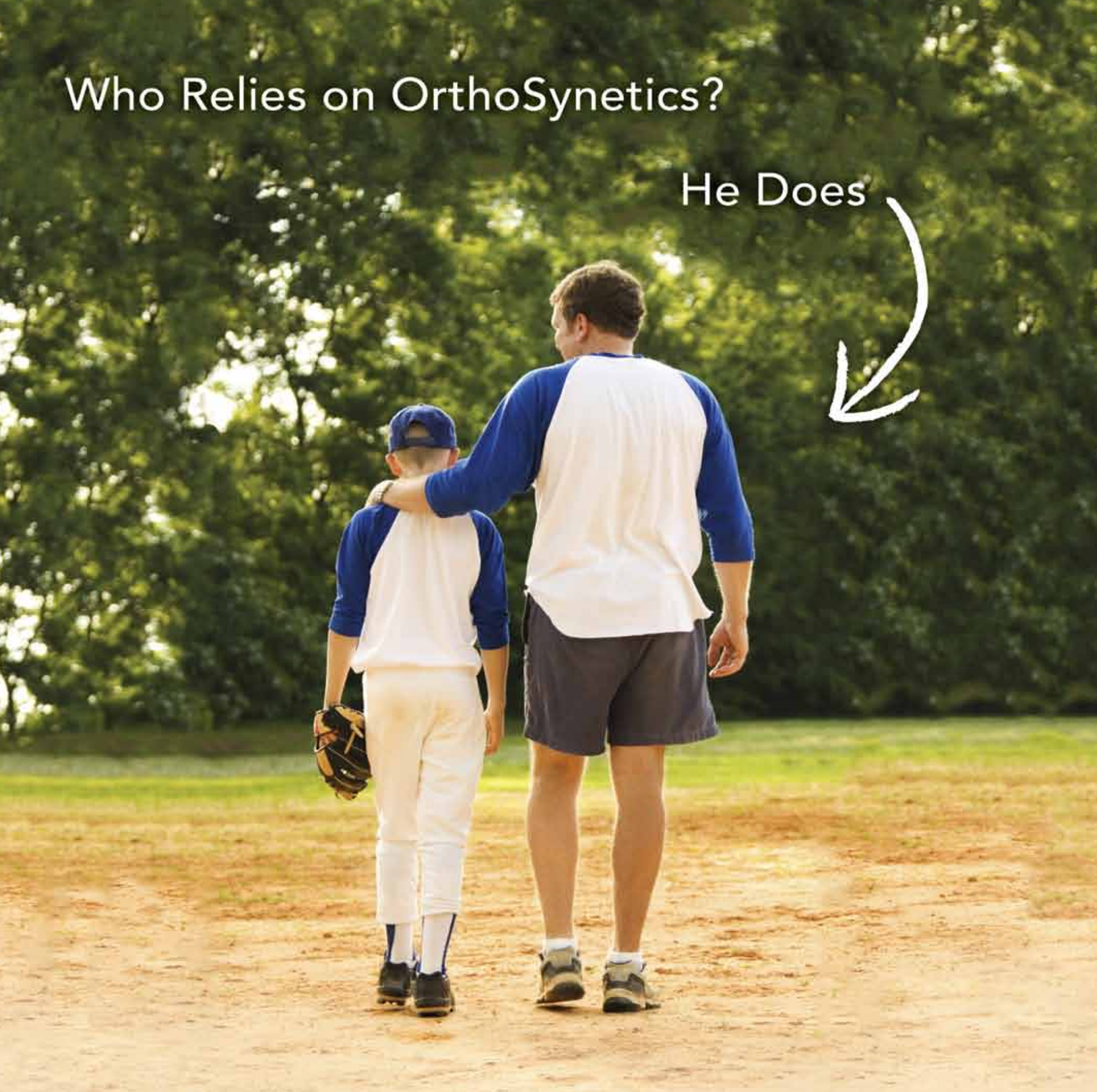

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Ormco Corporation offers its new Damon Clear2 bracket at the AAO

By Ormco Corporation Staff

A survey conducted by the American Association of Orthodontists (AAO) found that when meeting someone new, 37 percent of Americans notice a person's smile before anything else. This comes as little surprise to the orthodontic community, but it speaks directly to the growing importance of esthetically pleasing orthodontic solutions that deliver extraordinary results.

At the 2014 AAO Annual Session, Ormco™ Corporation's booth (No. 1805) will feature the newly announced, and now shipping, Damon™ Clear2 bracket. An enhancement to Ormco's popular Damon Clear product — the only 100 percent clear SL bracket on the market — Damon Clear2 provides clinicians with more rotational control.

Building upon its progressive line of Damon System products, Damon Clear2 features standard torque bracket enhancements and precision engineering for treatment efficiency and consistency. With a new ultra-precision slot, Damon Clear2 boasts two times the rotational control* for meticulous finishing and efficient treatment.

In addition to optimized standard torque brackets, Damon Clear2 features the same core design as the original Damon Clear passive self-ligating brackets, which are used with the Damon System's high-tech, light-force archwires and minimally invasive treatment protocols.

Damon Clear2 bracket offers an esthetically pleasing, completely clear and self-ligating option. Photo/Provided by Ormco Corporation

Completely esthetic with an unparalleled clear design, Damon Clear2 is the only self-ligating bracket manufactured with a completely clear body and door, according to Ormco. With polycrystalline alumina (PCA) material, the bracket is virtually invisible and resistant to staining.

Additionally, Damon Clear's optimized bond strength and innovative SpinTek™ slide ensure durability as well as comfortable and fast wire changes and adjustments. Damon Clear2 — an ideal solution for today's image-conscious adults and teens — provides the performance and control needed to treat a wide range of cases, including patients with crowding, flat profiles, open bites, cross bites and individuals in need of space closure and arch development.

Clinicians treating with Damon Clear2 may also be featured on the Damon Doctor Locator advertised on Ormco's consumer website, *www.damonbraces.com*. Designed to help drive new patients to Damon practices, the Damon Locator is a powerful online directory for patients to quickly and easily find their nearest Damon System orthodontist via the web, Facebook and other web-enabled devices.

More than 56 million consumers have been exposed to the Damon System through Ormco's outreach efforts, and during a four-year period, *damonbraces.com* has experienced a 113 percent increase in traffic, while the Damon Doctor Locator has experienced a 283 percent increase in searches. This translates to more patients for Damon practices.

Purchases of Damon Clear2 also contribute to Ormco Lifetime Rewards, a rewards program in which points never expire. With Ormco Lifetime Rewards, clinicians earn points on every dollar spent on Ormco appliances and redeem them for numerous high-quality products and supplies. Research indicates that, through the rewards program, the average doctor earns up to $25,000 in free products.

Additionally, doctors offering the Damon System benefit from Ormco's industry-leading educational events and a broad range of marketing assets and staff training tools available at *www.marketing.ormco.com*. This robust practice marketing website hosts a library of patient imagery, consultation tools, practice videos, press release templates, webpage assets and more.

For doctors seeking continued learning, Ormco provides world-class C.E. programs including the annual Damon Forum, regional education events, in-office courses, webinars, roadshows and more.

** As compared to Damon Clear, data on file. Standard torque, upper 3-3 brackets.*

DAMON CLEAR2

At the AAO

Damon Clear2 brackets are now shipping to doctors in North America and can be ordered through Ormco sales representatives at the AAO Annual Session or by completing the Damon Clear2 interest form at *www.ormco.com*. Stop by the Ormco AAO booth (No. 1805) to learn more about Damon Clear2.

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orthodontic resident to recognize.

• *Clinical photography* often demonstrates dermatological diseases, tumors and other pathology of the head and neck. We can diagnose important health issues by taking the time to look. Diagnosing diseases of the skin in our patients, e.g. squamous cell carcinoma, basal cell carcinoma, melanoma, etc., is an astute part of our responsibility and demonstrates good judgment as a doctor. Because orthodontists take so many clinical photographs, very little time is required to scan for such pathology prior to examining facial structures and the dentition. Accuracy and precision are extremely important; for example, in the intraoral photo (Fig.1), is this documentation of an aberrant occlusal plane cant or just sloppy photography?

Clinical photography can identify many diseases of facial expression or appearance. Facial diseases are often related to development or physiology and can affect facial structure, facial behavior or both. Through clinical photography, we can teach the resident how to recognize various signs in the face that indicate particular diseases. Signs of facial diseases include (a) changes in appearance, (b) alterations of muscular movement, and (c) behavioral expression. Facial signs are often used to diagnose the presence of certain diseases that can be diagnosed via clinical photography.

The most obvious relationships between facial signs and disease are for the genetic and congenital diseases. Specific genetic abnormalities cause such diseases as Lesch-Nyhan, Down syndrome and Cornelia DeLange syndrome, producing specific patterns of facial abnormality. Certain congenital diseases such as fetal alcohol syndrome, cretinism and hydrocephaly also produce specific facial signs and symptoms. Many infectious diseases can be diagnosed from facial signs, including Lyme disease, Fifth disease, shingles and HIV infections.

• *Articulated Models* are not as popular as hand-held models and most orthodontists never consider using an articulator except for surgical cases. However, they may be extremely helpful in diagnosis, treatment planning and for medical-legal protection. When documenting patients with asymmetry, such as when the cant of the occlusal plane is not level, hand-held models are often prepared inaccurately without demonstrating the exact degree of incongruity or anomaly (Fig. 2). Articulated models provide excellent representation of the patient's condition and are extremely accurate.

Fig. 1. Photo/Cobourne & DiBase, 2010, p. 25.

Fig. 2. Photo/Cobourne & DiBase, 2010, p. 16.

There is much to reveal as we appraise the past and contemplate the future. Learning can be defined as useful changes in behavior resulting from reflection and experience. How can we teach our students to become better practitioners and sharper diagnosticians? Will they learn to focus on the dental problems in the context of, and in concert with, a patient's general health issues?

As orthodontists, we are still responsible for diagnosing pathology in the head and neck, and treating or referring the patient to someone who can provide proper care. By example, we must demonstrate how to be the best orthodontist possible and the consummate expert in our field.

Reference

1) Cobourne, MT & DiBase, AT. (2010). Handbook of Orthodontics. Mosby Elsevier.

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*As compared to Damon Clear, data on file. Standard torque, upper 3-3 brackets.

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Ultradent introduces new Class II corrector, Esprit

By Opal Orthodontics Staff

Opal® Orthodontics recently introduced Esprit™, a revolutionary Class II corrector. This new corrector has been specifically designed to address the overwhelming demand for everything missing in other Class II correctors on the market today.

Developed with the innovative and cutting-edge technology Opal Orthodontics has consistently built its reputation on, Esprit finally answers the call for an easier-to-install, more comfortable, highly durable Class II corrector, the company asserts.

Esprit's innovative strength and comfort will provide your patients with a more pain-free orthodontic experience, reducing emergency appointments and frustration for clinicians and staff.

Esprit is the result of more than three years of design and development. Developed and tested by Opal Orthodontics — in collaboration with industry leaders such Dr. Richard McLaughlin, Dr. Terry McDonald and Dr. Robert Miller — Esprit is undoubtedly the most technologically advanced corrector on the market.

Esprit is a new Class II corrector offered by Opal Orthodontics. Photos/Provided by Opal Orthodontics

The mesial attachment for the Esprit prevents rolling into the occlusion.

On using Esprit, Dr. Miller said: "The Esprit has better patient acceptance and tolerance because the spring is nested or internal."

Esprit's unique features include a CNC-machined body that is smooth and durable and a new innovative, patented clip. This revolutionary clip is a breeze to install and remove, but stays in place without disengaging during treatment. Esprit also features a mesial hook that prevents rolling into the occlusion. The hook is smooth for patient comfort and can also be removed with ease — no cutting required.

Esprit's enclosed stainless-steel spring prevents painful pinching and unhygienic trapping of food. This unique enclosed spring also resists deformation and maintains consistent force throughout the patient's wear.

Esprit's dual-telescoping feature increases range of motion, and its distal body opening prevents bottoming out and allows liquid flow to keep it clean. The entire corrector is laser welded, allowing it to withstand even the toughest treatment from any patient — 100 percent guaranteed.

At the AAO

Visit the Opal Orthodontics booth, No. 1037, to learn more about Esprit. You may also visit the website at *opal-orthodontics.com/esprit* or call (888) 863-5883.

◂ BIG EASY, Page 1

chance to support regional children's charities while watching top PGA tour professionals. For more information on this exciting event, check out *www.zurichgolfclassic.com*.

In addition to its colorful music scene, New Orleans is noted for the variety and quality of its restaurants. Attendees can enjoy traditional favorites like jambalaya, crawfish etouffee or seafood gumbo, or choose from dozens of other types of cuisine.

The New Orleans Convention and Visitors Bureau has a website especially for AAO members. Visit *www.neworleanscvb.com/aaortho*.

Scientific program highlights

• Three of the world's top speakers, Drs. Wick Alexander, Patrick Turley and James McNamara, will be giving the latest information on three critical topics in the AAO's prestigious Salzmann, Mershon and Angle special awards lectures. This is an excellent opportunity to learn from these experienced reseachers and clinicians, the AAO asserts.

• When a referring dentist mentions an "abfraction lesion," do you know what it means or if it is real? What is the most contemporary thinking on periodontal grafting techniques? What are the options in cosmetic veneers, minimal preparations and materials? Moderated by Dr. David Sarver,the Interdisciplinary Esthetic Advances Symposium is a full day of the world's pre-eminent cosmetic dental clinicians put together to provide the latest current thinking in interdisciplinary dentistry.

• A comprehensive practice management track with 12 speakers will present three topics critical to today's orthodontic practice: "Marketing for Income," "Managing for Profit" and "Monitoring Your Money."

• Do you know what to do if you just found out you were given a bad review on Yelp? Is it really possible to eliminate impressions from your practice? If you are not sure, come to the one-day session, "Technology for the Orthodontic Office," for both doctors and staff, to find out the answers to these questions and many more!

• Continuing the popular "Asking the Expert" and "Point/Counterpoint" programs, this year's sessions will address topical questions, such as "Extraction vs Non-extraction," "Surgery First?" and "Modern Approaches to Mechanics."

• Eight master clinicians from around the world will conduct special lectures on transverse and vertical problems.

Event information

• *What:* The AAO's 114th Annual Session

• *When*: April 25-29

• *Where:* Ernest N. Morial Convention Center in New Orleans

• *More information:* www.aaoinfo.org

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The Myobrace System has managed to package traditional myofunctional therapy into a system that has ensured easily reproducible, better results, in less time, with less effort, the company says. Photo/Provided by Myofunctional Orthodontics

and cost-efficient than any other system in the history of orthodontics.

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