SPECIAL AAO PREVIEW

ORTHO TRIBUNE

The World's Orthodontic Newspaper · U.S. Edition

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AAO says 'Aloha' to Honolulu

About 10,000 orthodontists and staff are expected to head to Hawaii for group's annual meeting

By Sierra Rendon, Managing Editor

It's always nice when you can combine business and pleasure, and what better place to do that than the Hawaiian islands?

The American Association of Orthodontists will host its 112th annual meeting at the Honolulu Convention Center from May 4-8.

"We think that the exciting slate of speakers presenting during the next few days will satisfy your thirst for knowledge, while the relaxing environment will help you unwind and absorb the positive culture that permeates Hawaii," said Michael B. Rogers, DDS, AAO president, in a program guide.

The Honolulu Convention Center is the site of the American Association of Orthodontists' annual meeting in May.
Photo/www.sxu.com

Education

Scientific lectures at the AAO will run the gamut from risk management to fundamentals to surgical considerations.

Here is just a small sampling of the extensive list of programs you may attend at the AAO:

• "The Role of Micropimplants in Surgical Orthodontics," with Hyo-Sang Park (8 a.m. Sunday)

• "Case Report: A Class II Malocclusion with TMD Symptoms," with Marissa Chu Keesler (1:55 p.m. Sunday)

• "The Enigma, Evidence, Efficacy, Efficiency and Clinical Outcomes of Class II Growth Modification in Modern Day Orthodontics: Is There Consensus?" with William A. Wiltshire (8:35 a.m. Monday)

• "Generalized Use of CBCT in Orthodontic Practice: Is This a Dream?" with Sercan Akyalcin (12:30 p.m. Mon-

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At the AAO

Spend a little time at the beach

Sand and smoothies await you at the OrthoBanc booth

By Kristine Colker, Dental Tribune

If you are going to the American Association of Orthodontists (AAO) Annual Session in Hawaii, one booth you'll want to stop at is OrthoBanc (booth No. 435).

OrthoBanc, a payment drafting and management company, uses city-themed booth activities to try and stand out from the crowd.

A few years ago, OrthoBanc won an Exhibitor Magazine All Star Award for its booth theme in Boston. There, attendees were invited to in-booth tea parties, where they were taught how they could "Join the OrthoBanc Revolution" and revolt against the typical way of managing office payment plans.

Next came the "Choose OrthoBanc" campaign in Washington, D.C., and the "Score Big with OrthoBanc" campaign last year in Chicago. This year, OrthoBanc's Director of Marketing Marla Merritt said the company is again going all out.

"You really don't want to miss us in Hawaii," Merritt said. "OrthoBanc Beach will be one of the most unique booth spaces you have ever seen —

▸ See OrthoBanc, page 3

AD

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Will right-brainers be the future leaders of orthodontics?

Part 2

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

The past few years have been challenging times for everyone, and we are all ready for a fresh start now. It is time for looking outside of the box and opening up to new ideas for our growth, the growth of our practices and the growth of our specialty's leadership.

The problems facing orthodontic education are mounting, and we seem to be at a turning point. The world is increasingly interconnected, employment is changing rapidly, the economic upheavals roll on, and again we must ask ourselves: (a) Have we as educators kept up with this evolution of global consciousness? (b) Have we considered the possibility that the status quo no longer meets the challenges of today's world? (c) If necessary, are we prepared to transform an entire system of pedagogy and administrative infrastructures?

Our left-brain is linear, logical and by-the-numbers; the right side is artistic, creative and empathetic. Daniel Pink (2005) stated that right-brain thinkers are better wired for 21st-century success, and anyone can tap into the right-brain mind-set. We are entering a new era labeled *The Conceptual Age,* during which right-brained skills (i.e., storytelling and design) will become far more crucial than traditional left-brained skills (i.e., computer programming). While left-brained skills mandate the ability to change with regard to creativity and empathy, right-brained skills are crucial for serving the public.

Ultimately, the right-brain is finally being taken seriously. Scientists such as Dr. Jill Bolte Taylor (a Harvard-trained brain researcher) who has incredible street-cred in neuroscience are offering their personal stories regarding right-brain thinking. She chronicled the cerebrovascular accident (CVA or stroke) that she suffered from in her book "My Stroke of Insight."

> *People who are right-brain dominant and those who are left-brain dominant process information and respond in different ways.*

Taylor explained her stroke of genius, suggesting that ultimately it is about following your intrinsic motivation by asking yourself: (a) What are you here to do? (b) What are you uniquely good at? (c) How can you be a better leader?

According to Decosterd (2008), some leaders are intuitive, some are compelling and some are great at visualizing a situation through from the start to the finish.

Some leaders are better at driving for results, while others are better at leading people. Leaders typically are strong in purpose, capability and conviction. Some leaders have developed methods and tactics that work for them in certain situations while constricting their impact in others.

However, when leaders are challenged, many tend to do more of what they are comfortable doing, rather than looking for better ways of solving a problem. I believe that as a rule, our leaders should be challenged to extend beyond his or her preferences and partialities by seeking to develop new concepts to their catalogue of reactions.

Our brains are organized to go beyond constricted preferences and although we are all creatures of habit, with a little effort our leaders can alter their personal preferences and widen their intellectual behavior; this implies looking at right brain and left-brain skills.

Researchers have explored theories about the two hemispheres of the brain and the ways that they differ in function and control of the body. People who are right-brain dominant and those who are left-brain dominant process information and respond in different ways. Most theories suggest that right-brainers are guided by the more emotional, intuitive right hemisphere while left-brainers respond in sequential, logical ways, guided by the left hemisphere.

Ultimately personality is shaped by brain type. Dominant brain types have a significant affect on skills, habits, emotion and behavior.

By understanding dominant brain type, leaders may be able to adjust their work habits, perhaps alter their schedules and workload to better suit their personality type.

Orthodontic leaders would be well advised to examine themselves with regard to whether they are right brain or left-brain dominant, and I urge our leaders to take a deeper, inward look at themselves ... they may find a greater arsenal of services for interaction and communication; they may ultimately become better leaders.

References

Decosterd, ML. (2008). Right brain/left-brain leadership; Shifting style for maximum impact. Praeger Publishers: Westport, Conn.

Pink, D. (2005). A whole new mind. The Berkley Publishing Group: New York, N.Y.

Image courtesy of Dr. Earl Broker.

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ORTHO TRIBUNE

PUBLISHER & CHAIRMAN
Torsten Oemus *t.oemus@dental-tribune.com*

CHIEF OPERATING OFFICER
Eric Seid *e.seid@dental-tribune.com*

GROUP EDITOR
Robin Goodman *r.goodman@dental-tribune.com*

EDITOR IN CHIEF ORTHO TRIBUNE
Prof. Dennis Tartakow
d.tartakow@dental-tribune.com

INTERNATIONAL EDITOR ORTHO TRIBUNE
Dr. Reiner Oemus *r.oemus@dental-tribune.com*

MANAGING EDITOR ORTHO TRIBUNE
Sierra Rendon *s.rendon@dental-tribune.com*

MANAGING EDITOR SHOW DAILIES
Kristine Colker *k.colker@dental-tribune.com*

MANAGING EDITOR
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

MANAGING EDITOR
Robert Selleck, *r.selleck@dental-tribune.com*

ACCOUNT MANAGER
Gina Davison *g.davison@dental-tribune.com*

ACCOUNT MANAGER
Humberto Estrada *h.estrada@dental-tribune.com*

ACCOUNT MANAGER
Mark Eisen *m.eisen@dental-tribune.com*

MARKETING MANAGER
Anna Wlodarczyk-Kataoka
a.wlodarczyk@dental-tribune.com

MARKETING & SALES ASSISTANT
Lorrie Young *l.young@dental-tribune.com*

DIRECTOR OF INTERNATIONAL EDUCATION
Christiane Ferret *c.ferret@dtstudyclub.com*

Dental Tribune America, LLC
116 West 23rd Street, Suite 500
New York, NY 10011
Phone (212) 244-7181
Fax (212) 244-7185

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complete with pseudo-sand flooring, a tiki hut and traditional beach smells. We will also have smoothies and a $100 drawing for those who register to attend one of our events."

Merritt said the idea for the theme came from the fact that OrthoBanc provides a complete set of products that are intended to make office life easier.

"Almost like a day at the beach!" she said.

Since 2001, OrthoBanc's payment drafting and management services have helped practices eliminate mailing statements and make those awkward phone calls about missed payments. In recent years, the company has also added products such as the Zuelke Automated Credit Coach (ZACC), which helps a practice assess risk to determine payment options, and OrthoMetrics, which gives orthodontists the ability to see key practice information displayed via graphs and charts and allows them to compare their practice to others on a regional or national level.

During the AAO, OrthoBanc will hold four presentations a day — two for existing OrthoBanc customers and two for those who aren't. Merritt will conduct these presentations at the tiki hut bar, where attendees can pull up a stool and enjoy a smoothie.

To register to attend one of these events (see schedule at right), email *marketing@orthobanc.com* or call (888) 758-0585, option 2. Everyone who pre-registers will be included in a drawing for a $100 gift card that will be given away at each presentation.

If you aren't able to attend one of the presentations, you can still stop by and check out OrthoBanc beach. Representatives will be available throughout the meeting to discuss how OrthoBanc's management tools can help a practice become more efficient, profitable and informed.

At the AAO

Be sure to check out OrthoBanc's beach-themed booth (No. 435) during the AAO and learn about how its management tools can help you. For a complete schedule of presentations, see the chart at right.

All Presentations

Saturday, Sunday and Monday

9:00 OrthoBanc... Catch the Wave
Learn about all of OrthoBanc's Professional Payment Management Services.

10:00 OrthoBanc... Ride the Wave
For existing OrthoBanc clients, learn how to take complete advantage of OrthoBanc's services.

11:00 OrthoBanc... Catch the Wave
Learn about all of OrthoBanc's Professional Payment Management Services.

12:00 OrthoBanc... Ride the Wave
For existing OrthoBanc clients, learn how to take complete advantage of OrthoBanc's services.

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day)

• "Biomechanics of Root Resorption: Genetic Predisposition and Physiologic Balance," with Eugene Roberts (9:40 a.m. Tuesday)

In addition to the extensive schedule of scientific lectures for doctors, there is also a complete schedule for attending orthodontic staff each day.

Additionally, when the annual meeting ends on Tuesday, there are "post-conferences" Wednesday and Thursday available in Maui, Oahu and Kauai. For more information, check with the registration desk for availability.

Shuttle schedule

The AAO shuttles will operate at 15-minute intervals in the mornings from 6 to 9 a.m. and late afternoon from 1 to 3:30 p.m.; and at 30-minute intervals during mid-day from 9 a.m. to 1 p.m. every day Friday, May 4, through Tuesday, May 8, at the HCC.

Please refer to the shuttle signage that will be posted in each shuttle hotel for hours of operation and special event details. Routing and pickup locations are subject to change.

Mobile technology

The 2012 Annual Session iPhone application and mobile Internet browser for other smart phones is available. View session details, create your own agenda, network with other attendees, complete session evaluations, view exhibitor information and more.

First-time users will be asked to log in with their annual session registration confirmation numbers *, create profiles and select new passwords.

• To view the application on your phone, type in http://mobile.aao2012.alliancetech.com (Click on "My Agenda" to log into an existing account or create a new account.)

• iPhone users should visit the app store via their phones and search for AAO 2012.

* Your registration confirmation number and attendee service center log-in password can be found in your registration confirmation e-mail. The subject line of the confirmation is: Registration Confirmation — 2012 AAO Annual Session. Attendees who wish to use the mobile service but do not have a smart

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Many adults have poorly aligned teeth and would like orthodontic treatment. The majority of these patients do not want to wear braces.

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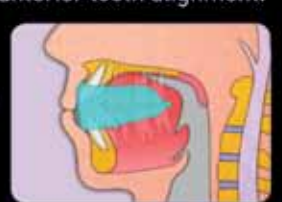

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Myofunctional orthodontics and myofunctional therapy

By Chris Farrell, BDS, Sydney

A brief history of orthodontics

More than 100 years ago, and before Edward Angle, dentists realized they could move teeth into a more esthetic position by applying various mechanical devices to the teeth. This, in turn, caused apposition and deposition of bone in areas where forces were increased or decreased. Teeth could be moved into a more esthetic position, and so the orthodontic profession was born.

Angle clearly stated his view that it was unethical to extract teeth for orthodontic purposes and proved that, with his complex fixed appliances, he was able to expand the arches and align the teeth. The problem at this stage was that a lot of these cases (possibly most of them) relapsed.

So Tweed, who was Angle's student, suggested that the extraction of teeth was the only way to get stability. In the 1950s, extraction orthodontics became the normal practice after the Australian Orthodontist Percy Raymond Begg developed the first straight wire appliance, which required less wire bending skills than previous methods.

Today, orthodontists revere self-ligating brackets as the key to non-extraction orthodontics. Angle would be amused if he were around today. Has the stability of orthodontics changed? No. The orthodontic profession has accepted that to expect case stability using fixed appliances without fitting permanent retainers is both impractical and unrealistic.

Progress in orthodontic stability is achieved by advances in flowable composite, rather than advances in orthodontic technique. The Australian Society of Orthodontists (ASO) website is an example of the widespread acceptance that stability is not possible with tooth-centred orthodontics.[1]

"Teeth may have a tendency to change their positions after treatment. The long term, faithful wearing of retainers *should* reduce this tendency." (Source: *www.aso.org.au/Docs/Orthodontics/Risks.htm*)

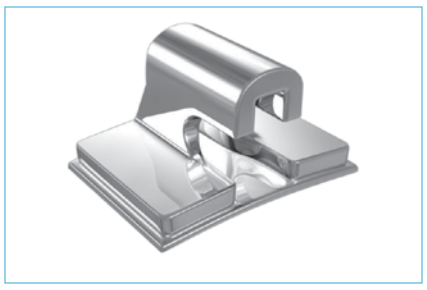
Myofunctional therapy

Understanding how the oral muscles and the tongue influence the jaws and dental arches predates Angle by a long way. The history of myofunctional therapy dates back to the 15th century in Italy. In 1906, American Orthodontist Alfred Rodgers experimented with facial muscle exercises and, in 1918, wrote a paper titled "Living Orthodontic Appliances," in which he cited that muscle function alone would correct malocclusion. In 1907, renowned orthodontist Edward H. Angle's textbook "Malocclusion of the Teeth" detailed the effects of oral habits on occlusion.

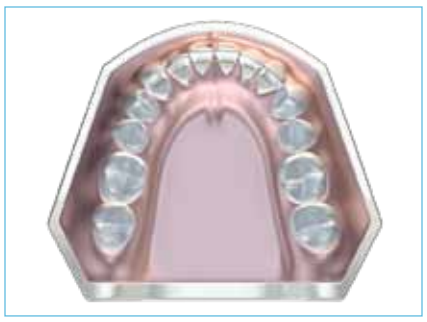
Angle stated that in his view, *every* malocclusion has a myofunctional cause. Myofunctional therapy became the popular "adjunct to orthodontics" in the 1960s and 1970s, when Daniel Garliner created the Myofunctional Institute in Florida.

Garliner trained thousands of myofunctional therapists and wrote multiple books on the subject. The new etiology of malocclusion was confirmed by rapid success in treating malocclusion with greater stability. Unfortunately,

▸ See Myofunctional, page 6



Begg bracket.
(Photos/Provided by Dr. Chris Farrell)



Bonded retainer.

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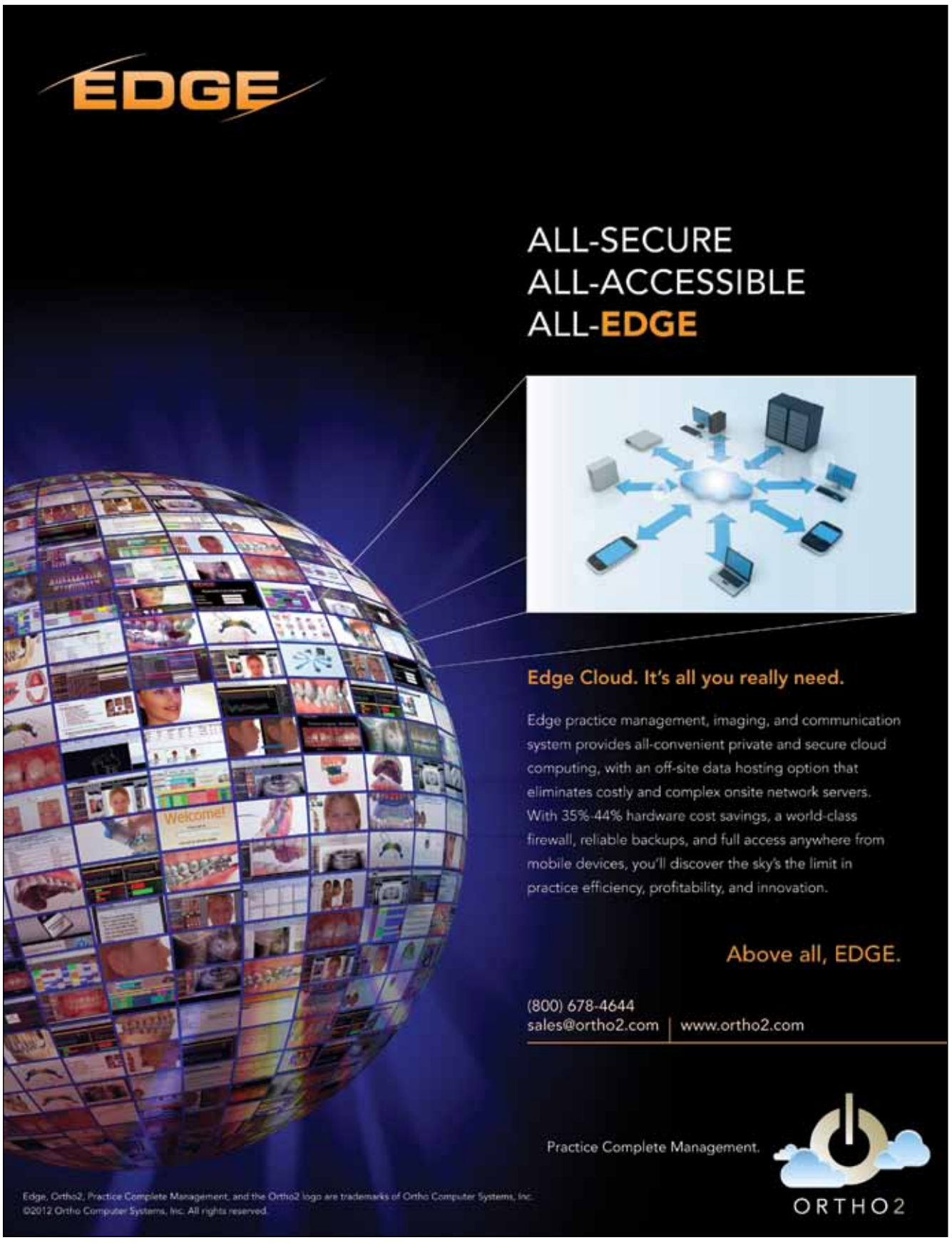
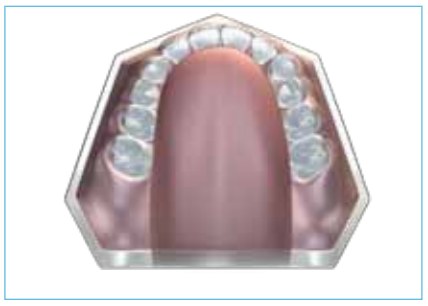


◂ Myofunctional, Page 5

this success was not evident in 100 percent of cases. Arguably, the ensuing decades saw myofunctional therapy diminish in popularity due to the then time consuming treatment being seen as only an optional little adjunct for cases where the patient exhibited tongue thrusting. Tooth-centered orthodontics with direct bonded brackets and superelastic wires no longer warranted the "tongue thrust therapist" in all but the occasional cases.

Myofunctional orthodontics

Myofunctional orthodontics put forward that the cause of malocclusion was muscle dysfunction. From an early age, mouth breathing, thumb sucking, tongue thrusting or swallowing incorrectly can be observed in most children. All will have a developing malocclusion.



The tongue supports upper-arch development.

Lower-crowding caused by poor myofunctional habits.

The correction of these dysfunctional habits not only corrects the malocclusion (if treated early enough), it also has the potential to improve facial growth.

The problem with treating myofunctional habits early is that the compliant patient will no longer need braces. This is one of the biggest dilemmas facing an orthodontist today. Correct the causes early and the market for braces can be drastically decreased. However, treating children earlier at their optimal growth stage (between ages 5-8 years) using myofunctional orthodontic techniques can make orthodontic treatment later easier and more stable.

Once a practitioner can see the causes of a child's malocclusion, it is possible to serve the growing demand from parents who do not want to delay treatment for their children.

We also now know that tooth-centered orthodontic treatment can only achieve short-term results unless fixed or removable retainers are used in the long-term.[1] Parents must be made aware of this if they are to make an informed decision for their children. Should the problems be treated now, or should the patient wait?

Myofunctional orthodontics is not just about moving teeth. The first objective of myofunctional orthodontics is to have enough space for the tongue to sit in the maxilla. The second objective is to have the patient breathing through their nose with their lips together.

If the patient is not breathing through their nose, then correct arch development and correct dental alignment cannot be achieved.

For patients unwilling or unable to correct their own dysfunctional habits (chronic mouth breathers, for example), correct dental alignment and arch development is only possible if the patient accepts wire and glue for life. Occasionally patients do accept this, and so sometimes retainers are fitted under the direction of the patient or parent. This occurs for only a minority of cases.

Once you can diagnose the causes of the malocclusion, you are capable of resolving the malocclusion, rather than just treating its symptoms.

Treating the causes of the malocclusion, rather than just relying on mechanical forces to align teeth has great benefits for both patients and parents. If you'd like to learn more, MRC offers Myofunctional Orthodontic training.

Benefits of myofunctional orthodontics

Myofunctional orthodontics produces healthier patients who are able to grow without the detrimental habits that limit facial growth. Patients who stop mouth breathing are healthier and get less allergies and infections because of breathing through their nose. Fixing incorrect swallowing patterns and improving poor nutrition allows correct downward and forward facial growth and development.

Case after case using myofunctional orthodontics produces stable maxillary arch development and resolves lower anterior crowding with little mechanical effort. No braces are needed, and for the majority, no permanent retainers are required.

References

1. http://www.aso.org.au/Docs/Orthodontics/Risks.htm

About the clinician

Dr. Chris Farrell graduated from Sydney University in 1971 with a comprehensive knowledge of traditional orthodontics using the BEGG technique. Through clinical experience, he took an interest in TMJ/TMD disorder and, after further research, Farrell discovered that the etiology of malocclusion and TMJ Disorder was myofunctional; contradicting the established views of his profession. Farrell founded Myofunctional Research Co. (MRC) in 1989 and has become the leading designer of intra-oral appliances for orthodontics, TMJ disorder and sports mouthguards.

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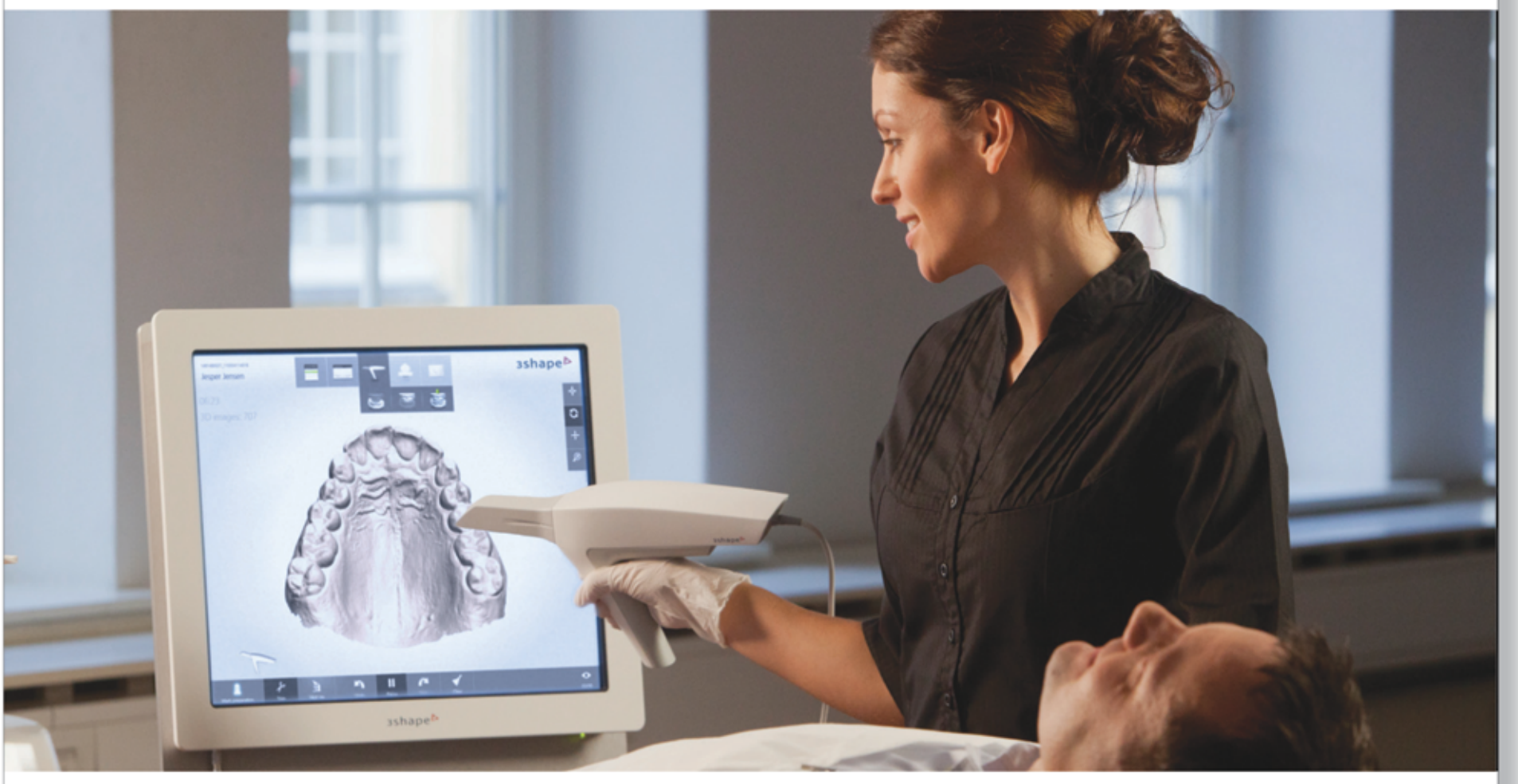

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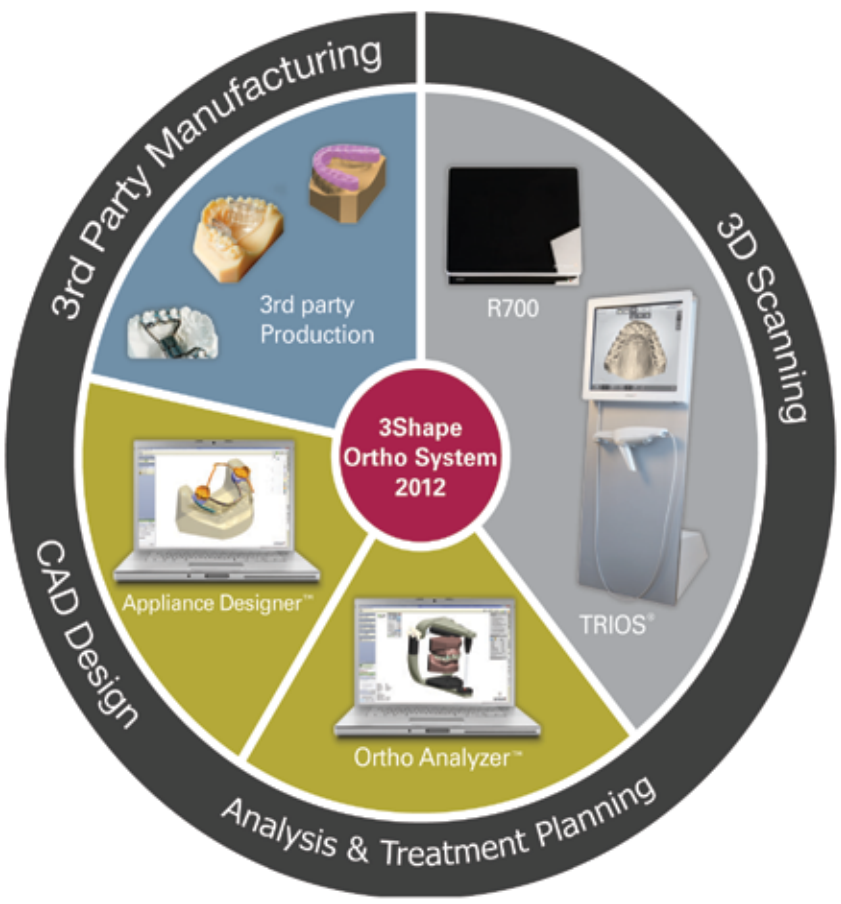

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Motivating your employees

When many employees leave a job, they most often do so to get away from their manager, not necessarily the practice in general. Many managers enter their position with little or no experience in their job duties, which include goal-setting, work planning, delegation, coaching, hiring, managing performance, promotions, giving feedback, managing conflict and, more importantly, motivation.

Managers who take on these extremely important jobs, which will have a huge impact on the success of the practice and the people who work for them, must quickly become adept at skills they've never practiced and may not have been trained to do.

Managers who truly know how to motivate their staff to superior performance excel at the so-called "soft skills" that make people feel good and self-fulfilled in their position to the point that they push themselves to levels they hadn't even believed themselves capable of. The true motivators, when used correctly by managers, cost little or no money, but therefore are even more valuable.

Being a good manager or supervisor isn't just a popularity contest. It's the opposite. The supervisor, who wants to be an employee's buddy, overlooks failings or minor offenses and is afraid to lose the friendship of the people whose leadership has been entrusted to him or her soon loses the respect of the very people he or she is trying to win over. Just being "nice" doesn't make anyone the manager everyone wants to work for.

Nothing is more frustrating to employees as having a manager who will not or cannot clearly communicate goals and expectations. When people can be heard to exclaim: "I don't know what my boss wants from me anymore!" the team is usually in trouble. People will feel most well-adjusted at work when they understand clearly what tasks are to be accomplished, what each person's expected role is and when those expectations are seen as reasonable (i.e., not too easy and not impossible, either).

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For more information

To learn more about employee motivation and many other related topics, visit *orthoconsulting.com*, where you will find upcoming webinars and training workshops.

Some inexperienced managers, usually out of sense of insecurity, keep changing the rules of the game on their employees to keep them constantly off-guard. They usually learn the hard way that such a practice only creates frustrated staff who will soon start doing the minimum possible — or they'll just leave. To convey the message that "you have violated one of my rules but I won't tell you what that rule is" puts employees in a world that good people will not tolerate.

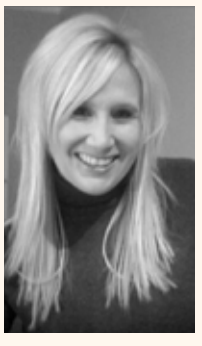
Motivation is mostly about positive reinforcement, such as recognition, rewards, praise, appreciation, caring and making it fun. Of course, managers need to give corrective feedback from time to time to change behavior harmful to the practice and the team. It is generally best to keep such feedback in terms of coaching rather than punishment. Managers may be angry at the person for displaying the behavior that needs to be corrected, but a display of anger usually results in escalation. It is better to cool off for a moment, consider what a desirable outcome is and approach the employee in a calmer state of mind.

Corrective feedback should always be given in a private place — no one likes to receive criticism in public-and should be specific, related only to the behavior that needs change. Corrective feedback should also focus on things that the employee can actually change, such as behavior and events. Never generalize or make it about character traits: "You're always too argumentative, and you're too slow, too."

If a manager plays favorites with his or her subordinates, basing that favoritism on whom he or she likes rather than on who produces, people can be expected to lie and present false faces so the manager will like them, too, rather than judge them on the merits of their work. To remain a viable practice, each practice must apply as much time, energy and person-power to the business it conducts. It must spend resources maintaining an environment where people feel authentically motivated to produce, sell or whatever it is they were hired to do.

About the clinician

Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 23 years, specializing in case acceptance, team building, office management and marketing. You may contact her at (858) 435-2149, e-mail *scarlett@orthoconsulting.com* or visit *www.orthoconsulting.com*.



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