For each of these goals, the origina-
• Stability
(smile design)
• Optimal dento-gingival esthetics
• Facial balance
quality orthodontic care:
elements that form the basis of com-
measurable treatment goals for six
dontics treatment that establishes
The FACE Tx teaching staff builds on
principles to their practices.
doctors who have adapted FACE Tx
learning forum for thousands of
curriculum. The associated FACE Tx
practitioners convey this unique
team of established ducators and
series of 5 to 7 one-week sessions, a
hands-on experience. Through a
provides didactic instruction and

FACE Tx offers one of the world’s
of Instruction
Douglas Knight, USA

By Dr. Straty Righellis, USA & L.
Functional & Cosmetic Excellence:
Functional and Cosmetic Excellence
(FACE Tx™) is an approach to ortho-
discipline have
defined specific elements that create
a framework for the systematic eval-
uation of the esthetic and functional
needs of each patient and a method
to assess treatment results. These
treatment goals are supported by
reputable studies published in well-
respected, peerreviewed journals.
Sharing these goals and the means
to achieve them with an interdisci-
plinary team—the orthodontist, the
dentist and/or other specialists)—
provides you, the orthodontist, an
opportunity to work with esteemed
colleagues to create outstanding re-
sults for beauty, health and function.
Building successful practices is an
important side benefit of this ap-
proach. Developing the skills
required to manage and function
within FACE Tx interdisciplinary
treatment teams increases the com-
plexity of cases one can treat. The
 collaborative interaction with ex-
perts in their respective fields (pros-
thodontists, periodontists, cosmetic
and general dentists and surgeons),
who ascribe to the same principles of
tooth positioning and jaw function,
creates a knowledge base to treat to
predictable, on-time, optimal results
while meeting and/or exceeding pa-
tients’ expectations. As a result, one’s
referal net-work expands with re-
sultant practice growth.

Worldwide Program
of Instruction
FACE Tx offers one of the world’s
only postgraduate interdisciplinary
continuing educational programs.
Offered in numerous countries to
university-trained orthodontists, it
provides didactic instruction and
hands-on experience. Through a
series of 5 to 7 one-week sessions, a
team of established educators and
practitioners convey this unique
curriculum. The associated FACE Tx
fraternity incorporates a lifetime
learning forum for thousands of
doctors who have adopted FACE Tx
principles to their practices.

The FACE Tx teaching staff builds on
each participating clinician’s knowl-
edge base. The full-time faculty—
Dr. Jorge Ayala (Santiago, Chile),
Jeffrey McLendon (New York, USA),
L. Douglas Knight (Kentucky, USA), Do-
miguel Martin (San Sebastian, Spain),
Renato Cocconi (Parma, Italy), Dr.
Douglas Knight (Kentucky, USA), Do-
miguel Martin (San Sebastian, Spain)
and STO-based orthodontic and or-
thognathic surgery treatment
planning and execution. Dr. Renato Cocconi and
surgeon, Dr. Micro Raffaniz, have ana-
lyzed the standards for optimal facial
balance and dento-gingival esthetics
and have quantified the rela-
tionship of the inclination of the upper
incisors with the alar base and the
pedestal of the nose. These elements
are important diagnostic findings for
the development of specific treat-
ment goals and metrics to assess the
esthetic quality of treatment results.
Dr. Jorge Ayala has quantified the
range of optimal facial balancing el-
ments of various ethnicities, which
is essential to strengthening our abil-
ity to apply the highest standards of
care across various cultures. From
this data, he developed the first VTO
and STO-based orthodontic and
orthognathic surgery treatment
planning systems that incorporate soft
tissue. From this research and those
practicing orthodontists, along with
the other clinicians in the group,
comes a refreshing approach to life-
long learning that is not only didac-
tic, but clinically realistic. It can be
readily applied to one’s day-to-day
practice.

What the FACE Tx
Course Teaches
During the comprehensive one- to
two-year FACE Tx program instruc-
tion, participants develop a solid
foundation of knowledge and skills
in the following areas that is clini-
cally practical:
• In-depth evaluation of joint func-
tion and occlusion
• Mounting models with the most
up-to-date instrumentation in simu-
lating patients’ jaw movements
• Latest analytical techniques to as-
sess facial balance and esthetic smile
design
• Multidisciplinary case diagnosis
and computer assisted treatment
planning (VTO)
• Efficient and simple treatment me-
chanics with self-ligating appliances
• Establishing one’s own interdisci-
plinary treatment team
• Treatment and practice manage-
ment strategies and marketing tech-
niques to enhance one’s interdisci-
plinary network, and
• Knowledge of the type patients one
can treat successfully and language
to use that will offer patients choices
The FACE Tx teaching faculty shares
practical techniques about how to
adapt course instruction to clinical
practice. There are several keys to
successful treatment outcomes:
1) See everything before you begin

Figure 1a-d. The elements of a mutually protected occlusion: (a) optimal overjet and overbite in centric occlusion; (b) right working
excursion; (c) right balancing excursion; (d) right protrusive excursion

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Functional & Cosmetic Excellence:
Revitalization of a Proven Treatment Philosophy

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By Dr. Straty Righellis, USA & L. Douglas Knight, USA

1) See everything before you begin.

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Avoiding common problems in tooth extractions

By Dr Kamis Gaballah, UAE

The last two decades have seen significant advances in restorative techniques and materials for dentistry. The latter, along with community-based preventive measures that aim to reduce the incidence of caries, have resulted in many patients living with functional teeth for a longer period. Yet, extraction of teeth forms the considerable bulk of the workload in oral surgeries owing to several factors, including the late presentation of patients with advanced dental disease, the presence of symptomatic impacted teeth, such as third molars, and the need to extract teeth for orthodontic or orthognathic treatment.

The extraction of teeth varies greatly based on the type of patient who is undergoing the procedure. For example, elderly patients with significant co-morbidities and on a complex combination of medications as compared with young healthy individuals render the procedure complicated and require much more preparation with modifications during and after patient management. Additionally, extractions can range from a single, fully erupted tooth with favourable morphology to multiple misaligned, impacted teeth or teeth with challenging morphology. Local anatomy, such as tooth proximity to the nerve, maxillary sinus and tuberosity, also plays a significant role. These variations usually dictate who is to perform the extraction, as many general practitioners deal with less complicated cases of dental extraction in individuals regarded as healthy patients and may not feel comfortable operating on medically complex patients.

Complex extraction cases have been linked to a higher rate of postoperative complications; therefore, a cautious and systematic approach should be adopted that includes a detailed preoperative assessment to predict the potential difficulties that might arise during extraction. The documentation of all complicating risk factors along with their potential consequences has become crucial and should be included in the informed consent. In the following article, other useful tips will be provided that are not usually included in traditional textbooks or lecture notes to help general practitioners to perform safer extractions.

Conclusion

The FACE Tx philosophy incorporates comprehensive diagnostic and treatment planning, efficient treatment mechanics and the latest orthodontic advancements for treating each patient’s dental, facial and gnathological systems. Its aim is a collaboration between the goals of orthodontics and comprehensive dentistry that incorporates interdisciplinary coordination. This approach expands the network of professionals who share principles of tooth positioning and jaw function. Such collaboration greatly strengthens one’s referral base as these colleagues understand the value of the orthodontic specialty and the specific value of FACE Tx. It promotes the viability of the orthodontic specialty through the development and maintenance of viable practices that combine function with beauty. The ultimate aim of FACE Tx is to foster excellence in orthodontic patient care and treatment through education, research and collaboration.

Studying Righellis, DDS, Oakland

Dr. Righellis graduated from UCLA Dental School and received his orthodontic specialty certification from University of California, San Francisco. He maintains a private practice and serves as an associate clinical professor at the University of the Pacific and University of California, San Francisco. Dr. Righellis is a diplomate of the American Board of Orthodontics and is on the editorial review board for the American Journal of Orthodontics and dentistry.

Dr. Righellis is on the editorial review board for the American Board of Orthodontics, a fellow of the Academy of General Dentistry, and a member of the American Association of Orthodontists, the American Academy of Orthodontics, and the American College of Dentists. He maintains a private practice and serves as an associate clinical professor at the University of California, San Francisco. Dr. Righellis is a diplomate of the American Board of Orthodontics and is on the editorial review board for the American Journal of Orthodontics and dentistry.

L. Douglas Knight, DMD, Louisville, KY

Dr. Knight received his dental degree from the University of Kentucky and was awarded a certificate in orthodontics and dentofacial orthopedics from New York University. Dr. Knight completed a comprehensive two-year clinical program in occlusion and orthodontics at the Roth-Wilkins Center for Functional Occlusion. In private practice, Dr. Knight is a diplomate of the American Board of Orthodontics, a fellow of the Academy of General Dentistry, and a member of the American Association of Orthodontists, and lectures domestically and internationally on new orthodontic techniques and interdisciplinary dentistry.
The resistance of hard tissue should be expected, particularly if maxillar- y impacted molars are to be extracted. Force being applied to the tooth, roots with dental luxatomes instead of traditional elevators or forceps, which are known to deliver much higher force to the alveolar bone.

The indications for the extraction of impacted lower third molars (LM3) have been the subject of long-standing debate. Surgical procedures for the extraction of unerupted LM3 are associated with a high frequency of nerve injury. The complications may include intra-oral images, radiographic investigation, and the lingual nerve. It should be emphasised that any attempt to avoid or minimise the risk of injury to the nerve, therefore intentional retention of the deep lingual nerve should be considered with caution.

The preservation of alveolar bone for future implant placement may be achieved by avoiding unnecessary bone removal and stripping of the periosteum during surgery, as well as performing a surgical alveolar bone preservation procedure. Bone removal can be largely avoided or minimised through modifications of the traditional technique.

The first such modification is the use of dental periotomes and luxato- nomes to gently strip the periodontal attachment fibres and widen the socket without causing cracks or fracture of the cortical plates, as commonly encountered when using dental forceps or the bulky elevators. The use of such gentle instruments also eliminates the need for elevation of mucoperiosteal tissue. However, it should be noted that the safe use of these instruments requires adequate training and should be encouraged during undergraduate clinical. Cort stabilisation through light packing of the socket with collagen sponges may help to minimise clot dislodgment, as well as accelerate the healing process and bone regeneration.

The second strategy is the alveolar bone preservation procedure. This includes packing the extraction socket with different fillers, such as antibiotic or anti-inflammatory drugs in most dental periotomes and luxatomes. Both should include an explanation of the healing process and potential symptoms encountered after such procedures.

The prescription of medications should be limited to non-steroidal anti-inflammatory drugs in most cases and imprudent use of antibiotic or anti-inflammatory drugs in most cases and imprudent use of antibiotic or anti-inflammatory drugs.
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