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While there are some occasional references to concern about the overuse of porcelain, many articles in dental trade publications show off before and after dental makeovers that from my perspective were quite satisfactory prior to expensive intervention. I will not argue that there are people who truly have dislocating smiles and they can benefit greatly from cosmetic dentistry, but all too often people who dare to bracket teeth are a general dentist and want to treat a high standard when the orthodontics is as polarised as the holy practice appears to be common place, there are orthodontists who would never use this technique on their own children or grandchildren. The studies always seem to conclude with a recommendation for long-term Orthognathic surgery may be vastly underutilised in some cases and overused in others. The use of TADS appears to offer some promise; while an oral surgeon may find it a nuisance to bother with placing them, a general dentist may be able to get them in place with little difficulty. Orthodontists often tremble at the thought of using a needle (like I did in dental school), so the price goes up as the patient heads to the oral surgeon.

Smilenxia” is the fanciful term I coined for this disorder, which appears to affect some young women more than others. If you open the pages of any journal published by the American Association of Cosmetic Dentistry, you will find no least one or two of these patients having extensive veneer treatment that could easily have been avoided with unbiased professional advice. The problem is that too many dentists have dedicated themselves to pure cosmetic dentistry, which is often based on using porcelain as a cure-all.

Sadly, many of the cosmetic dentists recognised as the top tier appear to use their standing as a licence to drill. It is time to adopt a significant change in philosophy if the dental profession wishes to maintain any level of integrity. Lip service to conservative cosmetic dentistry means nothing. To truly practise “un-cosmetic dentistry”, a dentist must back away from ceramics and make use of composite to restore worn edges in combination with orthodontics to correct alignment.

This style of treatment does not have to be unprofitable. It does not have to only be the simplest of cases either; actually, very complex cases can be treated to a high standard when multiple disciplines are employed together. The collaboration of specialists can be one alternative, but for patients on a budget or in areas with lower access, a general dentist trained in advanced therapies can offer comparable results for a fraction of the fee.

Biggest bang for the buck—The STO combo

Let’s cut to the chase: if you are a general dentist and want to knock your practice out of the park with new opportunities, look at venturing into the realm of advanced shorter-term braces. I specifically say “shorter” because your goal needs to be to alleviate trying to be faster because people hate being in braces, and aligners are often too slow or they do not give the dentist enough control of tooth movement.

There are a number of dentists who promote STO, but I developed my own system before I had heard of any others so I have some different ideas. Frankly, levelling and aligning simple orthodontic cases is easy and can be learned through just a short course, which these dentists (Dr Swain, Barr or Dr Paul) appear to teach very well. I would rather remain on the fringe of even these trend-setters, and offer my twisted perspective with less corporate influence.

As hugely popular as these STO courses are, there is however some potential for abuse by dentists who simply have a weekend course and no other training in orthodontics. While I would rather see a dentist do more orthodontics than veneering, orthodontists are partially justified for their concerns about GP orthodontics.

Taking courses alongside orthodontists and reading their journals, it is apparent that there is negative sentiment directed towards general practitioners who dare to bracket teeth. I do feel that a united profession is a concept but, having experienced extreme levels of sabotage in my local area, I now refer less than in the past. Some other general dentists have mentioned similar problems (on online forums) with turf protection that appears oddly focused on orthodontics.

An article recently used the term “soft science” to describe orthodontics, and I would certainly agree that it is difficult to claim that orthodontists know the “right way to straighten teeth”, since few of them agree on anything. The reality is that the schools of thought in orthodontics are as polarised as the holy war between the myo-centric doctors and the centric relation believers.

As an example, the use of the Herbst appliance forces the TMJ forward, in an attempt to correct a deficient mandible. This is like someone standing on the balls of her feet to be taller. While the data, but the device has been used for 108 years already. Mandibles are not stimulated to grow after all, and patients may be holding their jaw forward in a Sunday bite simply to get their uncomfortable braces off.

It is time to adopt a significant change in philosophy...”

Orthognathic surgery may be vastly underutilised in some cases and overused in others. The use of TADS appears to offer some promise; while an oral surgeon may find it a nuisance to bother with placing them, a general dentist may be able to get them in place with little difficulty. Orthodontists often tremble at the thought of using a needle (like I did in dental school), so the price goes up as the patient heads to the oral surgeon.

BIAS: A particular tendency or inclination, especially one that prevents unprejudiced consideration of a question; prejudice

So this article is obviously biased towards expanded skills for the general dentist, but I do respect the need to pick your battles in treatment and refer when the case demands it. I essentially do not believe in going along with any rubbish from specialists who want to dictate what a general dentist and cannot do. If you do not like my ideas, tough luck because the ones you have may not stand up under close scrutiny. I do not want to waste my time justifying anything I choose to do and if I am taking a course beside an orthodontist who is snivelling that he will start doing fillings and extractions, that is awesome; I may have an opening for an associate.

As excited as I am about STO, I think a two-day course is only a taste of what you need to know. It is like taking a two-day self defence class and then thinking you can enter mixed martial arts. The problem is not what you learn, but the cases that you attempt that are actually much more complex than you realise (you will be defeated!). You MUST take a full orthodontic course such as the one taught by Dr Richard Litt, and you are insane not to take a series of oral rehabilitation courses from Dr Frank Spear or Dr John Kois.

Adult orthodontics is full mouth reconstruction, and the treatment of worn dentition is...
Cosmetic dentists have a tendency to veneer everything. They veneer teeth straight because they claim they cannot be straightened in three to four years. They veneer teeth to get rid of wrinkles and blemishes. They veneer teeth to whiten and straighten them. They veneer teeth because the old ones wore out. Patients need in times in braces are often ones that need to be corrected as soon as possible to stop the abuse that is going on. Cosmetic dentists need to reprogramme to back off and get some air. And orthodontists need to give a little elbow room to their referring dentists who want to offer some orthodontics. The smart ones maintain a positive relationship and often see referrals from the primary care dentists. They claim, NOT ALL cosmetic dentists are Veneer Nazis, and NOT ALL orthodontists tell patients that GP orthodontics causes root resorption.

My suggestion for breaking an aesthetic obsession is “cosmetic angst”, which is a cultural influence if you have accepted your training on aesthetic dentistry. The easiest way to do this is to take porcelain veneers off the table in the treatment planning stage. Composite resin can be used conservatively with orthodontics to provide a near-complete medium-to-long term solution.

Any time you stick to a single series of training programmes, you start to pick up biases that warp your thinking. You will find that the ideas within the dental profession are as extreme as the religious and political beliefs around the world. You must learn the fundamentals of the various philosophies can be very convincing, but I think you need to find one that can make a step back and make up an individual philosophy that puts the patient first.

If you take the average patient, this means that you will offer fast, affordable, reversible and conservative treatment. Minimal

Dental Tribune Middle East & Africa in collaboration with STK introduces to the market the new project mcM - Self Instruction Program. mcM gives you the opportunity to have a quick and easy way to meet your continuing education. mcM offers you the flexibility to work at your own pace through the material from any location at any time. The content is professional, drawn from the upper echelon of dental medicine, but also presents a regional outlook in terms of perspective and subject matter. How can professionals enroll? They can either sign up for a one-year ($65) or two-year ($120) plan. After the payment, participants will receive their unique ID number and will be able to attend the program. When do the credits expire? Once the reader attends the distance-learning program, he/she can earn credits in three easy steps.

1. Read the articles. Take the examinations.
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Contact Info
Dr Michael Zuk is the author of the book Confessions of a Former Cosmetic Dentist. As a consultant to several marketing programmes, including Highspeed Braces.org and Killer Toothache.com, the dentist has cultivated unique niches as alternative to the veneer-based practice model. He can be contacted at drz@bowerdental.com.

...the market is shifting towards dentists who are ready to mix up their training.

I know, NOT ALL cosmetic dentists are Veneer Nazis, ...