According to myofunctional orthodontics, traditional orthodontics often operates as a compensation for misshapen jaws and, in the case of using extractions to relieve the crowding, is actually locking in the problem permanently by collapsing the dental arches to match the collapsed skeletal arches. Photo/Provided by Myofunctional Research

The career dilemma for graduating residents: Academe or private practice

By Dennis J. Tartakow, DMD, MSEd, EdD, PhD, Ortho Tribune U.S. Editor in Chief

There are compelling advantages to both private practice and academics. For each graduating resident, career decisions come down to determining which environment is best suited to his or her personality with regard to orthodontics.

Choosing a path that coincides with one’s beliefs, philosophy, personality and lifestyle is omnipotent. However, the process of education itself is changing. No longer can an orthodontist teach by the way he or she learned (show, tell, do).

We are moving toward an age where new academic skills, such as learning the methods of teaching and the process of course-designing, have become new goals and standards of education. Yet as educational programs continue to be improved, old problems still linger in academics and have a direct bearing on who will direct our future and become our successors.

A new era of orthodontic education is dawning, and just how it will go is a conundrum — anyone’s guess. There are new creative programs in orthodontic education that address the reduction of “qualified” orthodontic faculty members. Historically, at least since the 1990s, issues regarding recruitment and retention of qualified orthodontic faculty members have been and still are important and challenging topics at many orthodontic conferences, as noted by Roberts in 1997.

When an environment for both academic and research can become a reasonable career choice for graduating residents, the future of orthodontics will be positive (Bednar, 2007; Turpin, 2007; Peck, 2003). In past years, many residents had solid interests in teaching and research as a career choice (Larson, 1998). However, those days are gone.

Orthodontic education has been in a state of flux — academics and research have not become competitive with full-time clinical practice as career options (Peck, 2003). Specifically, the problems associated with recruitment and retention of full-time orthodontic faculty members have been and are still on a spiraling decline (Turpin, 2007). The preservation of pedagogy in orthodontic education, the potential social justice implications, and impact on the public are directly related to: (a) education of well-trained orthodontists, (b) health care delivery, (c) outreach programs, (d) welfare agencies, and (e) public service communication.

When applicants are interviewed for a residency position, many speak about their aspirations of joining a faculty and becoming active in research after graduation. For an applicant holding a PhD, he or she often mentions full-time teaching in addition to becoming a researcher. However, by the end of his or her educational program, goals soon became more about clinical practice and making money rather than an academic career, no longer is teaching or research a priority. Bednar (2007) stated, “In 2004-2005 there were 250 funded yet unfilled full-time faculty positions at dental schools across the country, 19 of which were vacancies in orthodontic programs.”

According to Turpin (2007), two of the most urgent problems facing orthodontics were attracting more qualified individuals for careers in orthodontic education and replenishing the attrition of full-time postgraduate faculty positions. Our leadership has addressed these educational issues but has not been able to reverse the declining number of well-trained, full-time faculty members. If faculty vacancies continue to rise, it would have a negative impact upon the (a) education of orthodontic residents, (b) future of the profession and (c) health care and educational resources for the public and society (Trotman et al., 2002).

On a different but related issue, most postgraduate orthodontic program faculty members have never had any formal training in the methodology of teaching or course design; they teach what they learned from their own clinical experiences. With this in mind, it is encouraging to see a few new and novel educational programs for junior and mid-career orthodontic faculty members to learn about such academic skills.

One of the first workshops on faculty career enrichment in orthodontics (FACE) occurred in October 2012. The second FACE workshop was held this year on March 7 at the University of Michigan School of Dentistry. These workshops, led by recognized orthodontic teaching experts, included an interactive format with topics such as:

- Principles of course design starting with the end in mind
- Methods to encourage active learning in the classroom and clinic setting
- Methods for successfully incorporating technology into the classroom

Another related program for faculty

By Barry Raphael, Clifton, N.J.

The nose knows: Big-picture look at myofunctional orthodontics

After three decades practicing orthodontics, including experience with the “muscle-centric” philosophy of orofacial development, I was recently asked to provide a summary of the “big picture” for a group of Buteyko practitioners who were not familiar with myofunctional orthodontics. Here is my response:

At issue is the head-on collision of the human face with the modern environment. Anthropology demonstrates how the human face has changed in the past several hundred years, presumably as a result of the many stressors that have
created the over-breathing that Buteyko addresses. The ensuing open mouth posture prevents the tongue from fulfilling its role as scaffolding for the developing maxilla (just as the eyes are the scaffold for the orbits and the brain for the cranium) and allows this bone to collapse downward and back into the face, severely restricting space for erupting teeth. As a result, the mandible is forced to cope with a distorted upper partner. It compensates in a variety of ways, all of which result in facial deviations from ideal.

The biggest concern is that this damage starts very early in life. So by the time a child’s teeth have crowded — and are considered ready for braces — it is too late to prevent it. Consequently, traditional orthodontics operates as a compensation for misshapen jaws (80 percent of the time to my estimation) and, in the case of using extractions to relieve the crowding, is actually locking in the problem permanently by collapsing the dental arches in order to match the collapsed skeletal arches.

In addition to the esthetic problems associated with profile and smile, a misshapen face can cause a variety of health issues. An elongated face is a risk factor for sleep breathing disorders because the airway is often more narrow in the throat. Stresses are placed on the jaw joints, often creating dysfunction or causing pain. A lowered tongue posture leads to muscular dysfunctions that place additional stress on the teeth, jaws, cranial bones, joints and airway. It is a messy situation, and it seems increasing in frequency and severity with each generation.

In my opinion, the best treatment approach is preventive. Even when orthodontists try to intercept the issues leading to open mouth posture (a dissertation in itself), the longer the delay in starting treatment the more damage that must be dealt with. By adulthood, not only is the original facial damage present, but so are all of the secondary effects these stresses have created, including wear and tear on the teeth and joints, long-standing muscle and breathing dysfunction, musculoskeletal issues and chronic inflammation in all parts of the body.

There are several treatment techniques designed to help the jaws grow to their full genetic potential. These, of course, work best in young, growing children, but can be beneficial at any age, albeit with varying degrees of success, since even a 5 percent positive change can have a large impact on an out-of-balance system. At the base of these efforts has to be the restoration of nasal breathing and correct breathing dynamics, without which all issues remain refractory.

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members was the James L. Vaden Educational Leadership Conference, held on May 3. This conference emphasized excellence in orthodontic education, concentrating on graduate program standards. These programs will hopefully change the decline of “educated” orthodontic faculty members and the increased attrition of full-time postgraduate faculty positions.

However, at the present time, olearia ext — the die has been cast. Why would a graduating resident forgo the incentives of private practice and a decent starting salary to accept a low-paying academic position with little hope of advancement and a mounting financial struggle, especially when the major focus of his or her education has been to treat patients?

As noted 10 years ago by Johnston (2002), sadly there is still no market for a career in academia as there was prior to the 21st century. If experience has taught us anything, it is that money talks. Most new graduates make decisions that are personal matters, i.e., supporting a family, paying back educational loans and living a decent lifestyle.

One measure of an individual is how well he or she can overcome adversity; the future of orthodontic education is also at the crossroad of adversity — the trying times associated with academic careers in education.

Until profitable career options in education become a reality, the supply of orthodontic educators and researchers will be limited. American-educated residents are blinded by future prospects of earning a living and may never regain their sight toward considering a career in academics.

Until academics become a profitable career option, orthodontic education may experience a diminished or daunting outlook. For the new orthodontic graduates, regardless of whether their path leads to academics or private practice, aspirations should be concentrated on practicing to the best of his or her ability.

References are available from the publisher upon request.

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Dr. Barry Raphael has practiced orthodontics for close to three decades. During this time he has benefitted from all the advances modern orthodontic treatment has to offer, including functional orthodontics and low-force, low-friction techniques. Although Raphael has been practicing orthodontics for nearly 30 years, he has only recently begun to recognize the benefits of myofunctional therapy in his practice. He also has first-hand experience with moving from a “tooth-centric” philosophy of orthodontic mechanotherapy to a “muscle-centric” philosophy of orofacial development. Raphael can offer clinical insights into the changes he has made in his own practice and where he thinks orthodontic practice and education are heading. He may be contacted at drbarry@alignmine.com.
OrthoVOICE group plans to expand its 2014 meeting

Two ancillary group meetings to be offered on the day before the OrthoVOICE event

By Davin Bickford, Advisory Board Member, OrthoVOICE

You can mark down another great OrthoVOICE! This year’s meeting was host to more than 250 orthodontist teams and exhibitors. Planet Hollywood Resort, in the heart of the Vegas Strip, is the perfect host venue for this progressive-focused meeting. Opening the lecture series was this year’s “VOICE of Excellence” lecturer, Dr. Kate Vig, past department chair of the Ohio State University orthodontic department. She was followed by a blend of well-established and new speakers. OrthoVOICE also hosted a special series highlighting three recent-graduate board presentations. Each resident gave a 15-minute presentation followed by a 10-minute question-and-answer session with the presentation attendees.

Educational offerings in a ‘relaxing, fun’ environment

“Of all the meetings we attend each fall, OrthoVOICE consistently has the best speakers and topics available to attendees,” said one OrthoVOICE exhibitor. With its focus on creating a relaxing and fun environment, the OrthoVOICE meeting also offers a dynamic educational component that is hard to beat among fall meetings, organizers said.

Having hosted some of the industry’s top educators as part of the “VOICE of Excellence Series,” OrthoVOICE has kicked off its meeting with names such as Dr. Bill Proffit, Dr. Lysle Johnston and Vig. Each has been followed by a creative mix of company-sponsored and OrthoVOICE-invited speakers, creating a well-rounded and progressive set of topics, organizers said.

“The takeaway from OrthoVOICE has made a tremendous impact on my practice,” said one of this year’s attendees. “Each year brings new ideas that cause me to think differently about growing my practice.”

2014 meeting VOICE of Excellence speaker announced

OrthoVOICE is already focusing on the 2014 rendition of the meeting. Dr. Henry Fields was recently announced as next year’s “VOICE of Excellence” speaker, and OrthoVOICE will announce the rest of its 2014 speakers and topics in early 2014. OrthoVOICE also announced something new for next year’s meeting. Two groups will be hosting seminars alongside OrthoVOICE, creating added value for OrthoVOICE attendees. OrthoClassic and Orthotown will be offering their own meetings the day before OrthoVOICE and will provide attendees greater variety beyond a traditional user meeting.

Sept. 18–20 at Planet Hollywood Resort in Las Vegas

More information will be released in early 2014 about the full program. OrthoVOICE 2014 will be held Sept. 18–20 at the Planet Hollywood Resort in Las Vegas. Mark your calendar and check www.orthovoice.com in January for more information. Dentists and exhibitors can also call OrthoVOICE at (402) 932-1298.