The age of digital imaging

by Adam Weiss, DMD

Part 1 of 3

Orthodontics is moving into the 21st century with digital and 3-D imaging. However, advancing one’s mindset and practice into the 21st century can be a daunting process.

Selecting a technology to incorporate into your practice and deciding when and how to implement it are not simple decisions. One must select a company that can bring these new technologies to patients in useful, meaningful ways. Choosing the right provider is similar to choosing the right financial planner — it can be extremely rewarding or financially devastating.

This orthodontic practitioner of 18 years who has not yet placed a TAD, exposed a canine or gone completely paperless wanted to move toward the future. In October 2006, SureSmile was chosen to lead the practice into the 21st century and thus, as the first orthodontist in Pennsylvania to do so, instantly created a cutting-edge practice persona for our patients and community. Part I of this article will elucidate the reasons for making this choice.

Dr. Mark Feinberg, an early user and pioneer of SureSmile, will present Part II of this article, in which he will present more in-depth technical aspects of the SureSmile software. Along with the two parts of the article, cases treated with SureSmile will be presented (Figs. 1–17).
Ethical and moral scenario planning for orthodontics

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

As such, we must work to remove all ethnic, racial and cultural barriers with regard to education and community services. Today, more than ever before, it is important for all of us to recognize these facts of life as they affect all of us.

Reaching social justice goals

Social justice in education requires powerful societal support that concerns the values, mission and authentic leadership for transforming society. Educational leadership requires ethical, moral and transformative attitudes and direction.

Some of these objectives have been realized while others have not yet been achieved. However, to reach such goals, we must demonstrate (a) authentic leadership, by questioning policies that shape institutions as a result of social inequities (ethnic, racial, gender and cultural barriers); (b) moral transformation, by addressing the use and misuse of power, advancing education and supporting activities that bring about revitalization of society and health care; and (c) social justice praxis, by encouraging research, scholarship and pedagogical methods to articulate a broader discourse for ethical and moral transformative leadership, which links the principles of democracy and the practice of equality.

Next month we will explore scenario planning, its intricacies, and how it works.
Ortho study clubs help increase interaction, providing orthodontists with the opportunity to gain knowledge about products through their colleagues’ experimentation and analysis and to hear from respected opinion leaders directly. Focused study clubs provide an unparalleled opportunity for orthodontists to “meet with” other like-minded individuals and their team members and to learn in a friendly, non-threatening environment.

Ortho Tribune is taking this concept to the next level by bringing the study club online, extending the realm of interaction to a worldwide arena. This allows for a variety of fresh perspectives from different cultures to further enhance the educational mix, inspiring new possibilities and creating higher expectations in online learning.

OTStudyClub.com is solely focused on today’s orthodontist and offers an exciting mix of possibilities, including:

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Ortho Tribune is very excited about officially launching this initiative and would like to invite you to join us in breaking new ground in e-learning. On July 11, from 9 a.m.–5 p.m., Ortho Tribune will introduce the Ortho Tribune Study Club via a full-day online symposium.

The OTSC Online C.E. Festival — V.I.P Launch Party will feature five one-hour Webinars in succession, followed by a 20-minute live Q&A session between the online audience and each speaker.

Participants will receive seven ADA/CERP C.E. credits, and attendance is free for the first 100 registrants. After the first 100 spaces are filled, the cost of the full day symposium is only $49, a mere fraction of what one would pay if traveling to an event. Live attendees also have 30-day access to the recorded Webinars to review at their convenience.

Further details and registration can be found at www.OTStudyClub.com.

Registering as a Study Club member is free and provides access to accredited C.E. Webinars and other beneficial tools catering directly to orthodontics. For example, in today’s world of orthodontics, new products, concepts and techniques are brought to light with amazing speed, so it’s not surprising that many orthodontists are finding it difficult to stay up to date.

In an effort to make the most of practitioners’ time, www.OTStudyClub.com will feature “First Impressions,” a series of five-minute video vignettes. These will present various ortho products with support of demo videos and will be archived in an online product library to be viewed at any time.

Please keep in mind that the site will be officially launched on July 11! Register early and mark the date on your calendars!

Please contact Julia for full details and for the OTSC launch registration by phone at (416) 907-9836 or by e-mail at j.wehkamp@otstudyclub.com.

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Cone beam technology has changed the face of dental treatment, literally adding depth to the art of diagnosis. Benefits to both the doctor and the patient include detailed 3-D images of patients’ entire jaw and skull structures, shorter scan and appointment times and less radiation exposure than traditional 2-D scans. For orthodontists, the 3-D scans improve diagnostic accuracy, treatment precision and patient satisfaction — right in the office.

While most of cone beam’s diagnostic and treatment-planning capabilities are apparent, three orthodontists share their insights into some additional benefits.

Adding to the toolbox
— Edward Y. Lin, DDS, MS

Using cone beam imaging, orthodontists can add more high-tech tools that streamline efficiency and increase productivity. For example, SureSmile® technology, an original method of orthodontic movement, has become an integral part of our practice. Because the i-CAT® is the only cone beam unit that is certified by SureSmile, we were able to integrate its technology with our existing cone beam 3-D system.

To be able to combine these two technologies means that we can utilize the second active therapeutic application developed in dentistry thus far (the first being surgical guides).

Orthodontists use SureSmile software to determine the teeth’s final position and treatment plan, combining tools such as 3-D imaging and CAD/CAM. This reduces the required 3-D CAD model, shortens appointment time from 24 months to about 14 months.

One method of using SureSmile involves a handheld digital intraoral camera, which takes hundreds of images of a patient’s teeth and renders them into a 3-D model on a computer screen. We use our i-CAT scans instead of the camera images, we typically shorten an appointment time by at least 50 minutes, saving about $510 in the process. Multiplied by 1,000 possible new appointments for braces yearly, that means up to $510,000 in savings.

Shorter appointments have resulted in higher productivity. Using Cone Beam 3-D scans, we see the same number of patients, about 75 per day, depending on my clinical schedule, in a three-day clinical week rather than in four days, which reduces our staff requirements. It’s definitely a tool that benefits our patients and our practice.

Clinical and captivating
— Richard L. Brigham, DDS

Our investment in a cone beam machine keeps us ahead of the curve in treatment applications and builds our reputation as technology leaders. While the clinical implications of having 3-D technology in our office were obvious, before we chose a system we reflected on how it would blend into our total design and aesthetic considerations, how it would be perceived by our patients and how it fit in to our space requirements.

While the trend in dental design leans toward opulent reception rooms, many of us still prefer to evoke a calming ambiance in our treatment areas. In design and equipment choice, we wanted to consider the patient’s view with a broader perspective than just color and style.

While the main determinant for this investment was improving my practice’s diagnostic and treatment capabilities, appearance did enter into my rationale for choosing my particular machine, the i-CAT by Imaging Sciences International. Its design is not imposing, and it performs scan functions quickly.

By contemplating both the functionality and the looks of this unit, we can retain our high-tech advantage yet offer equipment with a pleasant non-threatening appearance and streamlined non-intimidating function for our patients (Fig. 6). Lowering the patients’ stress also means reduced stress for practitioners and their teams.

Size constitutes another consideration for 3-D cone beam systems and other large-scale units. Because each square foot of our offices is valuable real estate, choosing a system with a small footprint makes for better use of this space. My i-CAT fits into a 4-foot by 4-foot area. It’s a true 3-D system with a traditional 2-D pan option that additionally allows dentists to trade out their 2-D pan units while still preserving this lower-radiation option along with 3-D scans.

For practitioners who are considering adding 3-D technology, I recommend the following: The new unit should be a good fit in many ways — with the clinical needs of your particular practice, with your financial considerations and with the size and physical blueprint of your office. For those with tight budgets, check with your local dealer on pan trade-in options as this may let you make this practice-changing investment sooner, so you can begin to gain the benefits of this technology.

Building patient trust and case cooperation
— William (Bill) Harrell, Jr., DMD

The benefits of obtaining 3-D images from the i-CAT are clear — the virtual, rotating model replicates the human jaw and face for greater accuracy, precision and efficiency. These scans expose pathologies that were previously undetectable with traditional methods; we all appreciate discovering what was expected well in advance of a procedure. Thanks to the insights we gain from cone beam imaging, we also achieve better patient peace of mind that our diagnosis and build trust in our treatment plans.

The more precise we are during diagnosis and treatment planning, the more direct and efficient the process can become — which has the potential to eliminate costly or dangerous errors and reduce adjust- ments. Three-dimensional imaging has revealed anatomically true conditions that are indiscernible with traditional 2-D X-rays.

For example, in one case, a tradi- tional panoramic projection showed mal-alignment and malformation of the patient’s maxillary left bicuspid (Figs. 7, 8); the most obvious treatment seemed to entail uprighting the crown mesially.

However, an i-CAT scan revealed that the tooth’s root was dilacerated and actually positioned 90 degrees to the crown. After viewing the i-CATVision software’s cross-sectional and 3-D rendered views (Fig. 9), it became apparent that uprighting this tooth’s crown to the mesial would move the root into the
of the data that can be discerned on traditional panoramic or cephalometric imaging. In such cases, it is more advantageous for us to recognize such issues as clearly as possible and be a part of the solution.

This technology builds patient trust, improving the doctor-patient relationship. With 3-D scans, patients and parents can reach a new level of understanding their treatment because I can point out the details of the situation.

When I show them the rendered volume, and I am able to rotate and cross-section the model, it helps them to understand the impact of their condition — that we can predict problems in repositioning the teeth, impactions, thin alveolar bone and other conditions. Besides the clear case presented by the 3-D image, they are aware that we are ahead of the curve in taking care of their oral health.

Cone beam technology increases patient trust because we are able to predict treatment outcomes better than with other imaging methods. While the dentist’s decision is important, patient cooperation is a huge factor. You can devise the greatest treatment plan, but unless the patient understands and is ready to cooperate with what you are trying to accomplish, you may not have the success you’re trying to attain.

If patients can better visualize their problems and truly understand the reasons for the treatment because of the 3-D scan, they will be ready and willing and, best of all, cooperative.

The more complete diagnostic information and knowledge you gain from your imaging, the better you can relay that information to the patient. A patient’s trust and confidence in your decisions can make or break case acceptance. Three-dimensional radiography gives the orthodontist another avenue on which to build a more successful practice.

In yet another case, an i-CAT scan showed some suspicious calcifications around a patient’s neck. While this doesn’t affect our treatment, we were able to refer the patient to a radiologist and cardiologist for evaluation.

These areas turned out to be carotid artery calcifications and required treatment, even though the patient was not experiencing any symptoms.

Other areas such as airway problems or TMJ degenerative changes may affect our overall treatment plan. Some of these issues are not discernable on traditional panoramic or cephalometric imaging. In such cases, it is more advantageous for us to recognize such issues as clearly as possible and be a part of the solution.

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What is SureSmile?

SureSmile is the first and only system to integrate digital imaging, computer modeling, robotic technology and high-tech materials into a start-to-finish orthodontic treatment process. This new system is the brainchild of Rohit C. L. Sachdeva, BDS, M Dent Sc, who serves as the chief clinical officer at OraMetrix, the company that provides SureSmile technology and the accompanying services. Dr. Sachdeva is a pioneer in copper NiTi (Ormco) alloys, and it is his vision that has made SureSmile what it has become today.

SureSmile patients begin orthodontic therapy with a routine full banding procedure. After three to four months of leveling and aligning, the patient’s mouth is scanned using an OraScanner.

The OraScanner uses non-invasive white light to capture images of the teeth to create a 3-D model of them. This step is the only patient appointment that differs from conventionally treated patients and takes 20 to 30 minutes in the office. An orthodontic assistant trained by OraMetrix staff performs the scan.

From this 3-D model, the occlusion is treated in the virtual world (on the computer). The software developed by OraMetrix to simulate comprehensive orthodontic treatment is a marvel and will be presented in greater detail by Dr. Feinberg.

While the setup of the occlusion is performed in conjunction with the company’s digital lab technicians, the orthodontist has total control of the final result. The teeth are moved in the virtual world on the computer screen to completion. This information drives the SureSmile robot located in Richardson, Texas. This robot bends wires made of CuNiTi shape memory alloy to a level of precision well beyond human abilities.

The prescribed robotically bent wire is sent back to the orthodontist’s office for placement in the patient’s mouth as in a standard archwire change appointment. The gentle forces of the CuNiTi wire move the teeth precisely into the desired final position. This precision adds efficiency to the treatment, which, in most cases, results in shorter treatment time — typically by 50–40 percent.

My attraction to SureSmile

I was first introduced to SureSmile at a national meeting six or seven years ago. The intricate bends in the robotically bent wires appeared to be technically accurate. Few cases are ever completed in pure straight wire form, and it is not humanly possible to bend a wire as demonstrated — especially a NiTi wire.

Initially, the technology was fantastic, but I did not know any orthodontists who were using it. In the summer of 2006, OraMetrix invited me to visit its headquarters in Richardson. The company was in full operation with its digital lab, staff and orthodontist training facilities and fully operational robots. It was proved to me that OraMetrix planned to be around for a long time and was completely committed to the future of our profession.
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This high-tech system was consistent with my long-time belief that moving teeth was not about the bracket but about the wire. This does not imply that the technology is not an excellent choice for practitioners using modern self-ligating brackets because it is. For me, however, the bracket has always been a handle for the tooth, so the fact that SureSmile works with any bracket system was very appealing.

The idea of incorporating technology that can complete the treatment process in a shorter period of time also was very appealing to me. Shorter treatment time can translate into less oral hygiene risks, less overall discomfort for the patient and fewer visits to the office.

Another valuable selling point was the ability of the software to quality score my treatment decisions with a virtual grading system. Instead of wondering whether treatment would meet quality standards after completion, I could now order a robotically bent wire designed to finish the case with high quality at the beginning of treatment. While this has not been put to the test to date, I plan on using SureSmile-treated cases during my personal recertification process.

Another factor in my decision to choose this technology was that I needed new challenges in my career, and this software fulfilled that desire. While there was a learning curve, the staff at OraMetrix was readily available in the training process. In partnering with SureSmile, I have the support of a company who has as a vested interest in my success with its product.

The staff and management team at OraMetrix are committed to the success of this technology. Dr. Sachdeva is inspirational and a true visionary in our profession. He is currently crossing the country offering free C.E.-qualified lectures on SureSmile technology. I encourage everyone to take advantage of spending a day with Dr. Sachdeva. My interaction with him and the...
input and shared experiences of other SureSmile users made my decision to implement SureSmile into my practice an easy one.

What about cost?

This seems to be a big hurdle for many colleagues if they only consider the costs — the expense of the equipment, a three-year commitment, the cost per patient, patients’ willingness to spend more. SureSmile is an investment, not an expense.

The cost of a dental education is staggering today; the cost of the three-year commitment to OraMetrix is less than one year of tuition in some orthodontic programs. Learning to treat patients in the digital world with this system will serve an orthodontist for the remainder of his or her clinical orthodontic career, making the investment in SureSmile a bargain investment.

The cost of the equipment includes installation and training; the cost per patient can be passed on in the treatment fee. Many patients understand that new technology costs more. Plus, partnering with OraMetrix will keep you current with the latest and best technology in our profession. The latest upgrade of the SureSmile software introduced CBCT integration for the purpose of creating 3-D virtual models for treatment planning and appliance customization.

SureSmile by OraMetrix is definitely leading our profession into the 21st century.

Adam J. Weiss, DMD, is a 1988 graduate of Temple University School of Dentistry and received his certificate in orthodontics in 1990 from the University of Medicine and Dentistry of New Jersey. He is a diplomate of the American Board of Orthodontics and a member of the AAO and the Middle Atlantic Society of Orthodontists. Weiss is in private practice with offices in King of Prussia and Collegeville, Pa.
Dr. Arthur Wool reflects on his career and why he loves it more today than when he started

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

What is your educational background?


Please expound upon your military career.

I joined the Navy after graduation from dental school in 1954. After indoctrination at the Bainbridge Naval Training Center in Maryland, I was assigned to Mobile Construction Battalion No. 5, a Seabee outfit, located in Subic Bay, Luzon, Philippine Islands, and was the only dental officer in a battalion of about 1,000.

Being the only dentist present, I had to do it all, including many surgical procedures I had never performed before. Being a construction battalion, the outfit was working on making the Subic Bay Naval Station the home port of the entire U.S. 7th Fleet.

I was at this location for 10 months, whereupon the battalion was returned to its home port, Port Hueneme in Southern California near Oxnard.

The battalion shipped out four months later for Adak, Alaska, located near the end of the Aleutian Chain. It is an island that had been held by the Japanese during World War II. The battalion was working on refurbishing a large portion of the docks, as well as working on an air strip.

During the time the battalion was located in Adak, I was able to use the base hospital dental quarters to care for the battalion personnel. Adak was a very desolate island — too cold for trees or vegetation.

We arrived during the spring salmon run, and that, to a fisherman, was like being in heaven. We caught and smoked the salmon and also built a shrimp trap that we hung on one of the dock pilings.

I finished my tour at the Seattle Navy Base, being discharged from active duty on Sept. 9, 1956, and immediately rushed back to Philadelphia to enroll in the postgraduate orthodontic program at the University of Pennsylvania.

Three days after arriving in Philadelphia, on Sept. 10, 1956, my first daughter was born.

What hobbies have you enjoyed?

The hobbies and sports I have enjoyed most of my life are golf, fishing, bowling, skiing and sailing.

What motivated you to become an orthodontist?

I chose orthodontics as a career because the thought of practicing general dentistry for my life’s vocation was too upsetting. In fact, if it were not for discovering orthodontics during the later part of my second year at Penn Dental, I was planning to drop out.

Orthodontics gave me the career opportunity that I was looking for.

When, where and how did you open your orthodontic practice?

I completed the orthodontic training at Penn in January 1958 and immediately opened a private practice in Reading, Pa., which was a town of about 100,000 and located about an hour west of Philadelphia. Money was scarce, and I borrowed from a bank to buy a single unit, X-ray and chair.

Orthodontic fees were not much to speak of in the late 1950s, and it was all I could do to keep up with payments on my indebtedness.

It was tough going as my second daughter had arrived in 1958.

What special areas of orthodontics are you interested in and why?

I enjoy all aspects of orthodontics, especially the very difficult Class II division I deep bite cases, as well as pronounced bi-maxillary protrusion cases — both types that require extractions.

It was always a thrill to complete one of these cases and be rewarded with the transformation of a poor face and poor dentition into one of beauty. I do not see how any pleasure could surpass this.

In your opinion, is there a need to change the methods of how postgraduate orthodontic programs educate their residents?

During the course of 24 years, I have been able to converse with many hundreds of orthodontists during national and regional AAO meetings as I exhibited for Wonder Wire and later Modern Arch, two separate orthodontic supply companies that I had started.

Both businesses sell orthodontic supplies and were started immediately after the issuing of two different arch patents.

Both arches impacted directly on treatment know-how and appliance procedure.

I was surprised by the seemingly closed minds on the part of both recent graduates of many different orthodontic programs, as well as by orthodontists who had graduated programs 20, 30 and 40 years ago.

I believe this state of affairs to be a carryover from the teaching they received during their graduate programs. The old-timers knew where they were headed but used different methods to achieve their end results.

Recent graduates had been instilled with one treatment approach, and all cases were fit into this regimen.

It is my opinion that today’s students would benefit greatly from treating a few cases with the 1950s hardware.

I would enjoy watching recent graduates spot-weld standard edge-wise brackets on the steel strips to make bands, solder buccal tubes, bend all arches from straight wire and make a 21-by-25 steel arch with first, second and third order bends.
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Because of the great advances in appliance hardware, the introduction of palatal splitting devices, micro-screws, etc., today’s orthodontic graduates are turning out commendable results.

In spite of the shortcomings in the appliance approach because of a narrowed teaching program, whose dictates are the distillation of the department head’s own personal preferences, overall, orthodontic end results are better today than yesterday.

I feel this is mostly due to multibanding, the takeover by edgewise brackets and the miniscule reliance on techniques such as labio-lingual, Crozat and Johnson Twin Wire.

What changes in orthodontic education have you observed during your career, which you consider to be either positive and/or negative?

I would like to see a greater emphasis in orthodontic teaching placed upon open-minded exploration, both didactic and practical, of various approaches to treatment procedure. The old saying that “there are many ways to skin a cat” applies particularly well to orthodontic treatment.

Given a tough orthodontic problem, there are literally dozens of approaches that would finish with a good end result, not just one. Unfortunately, today’s graduates are taught essentially one approach, and the different sequences in case progress must follow one another from beginning to end.

Regarding the subject of sliding mechanics, I have heard too many orthodontists state that they do not do any of that. That is a pity. I also have heard many condemn the use of Class II elastics. That is also a pity; both are valuable treatment aids when used with care and discrimination and a good helping of common sense.

What changes in orthodontic education would you like to see made and why?

I think a greater emphasis ought to be placed on force mechanics as it relates to tooth movement. Teeth want to move, just like birds want to fly, but a bird will not get off the ground with an anvil around its neck.

Modern appliances afford new ways to move teeth, open bites and retract profound protrusions, all with a surprising minimum of auxiliary aids. The elastics and springs I have been selling for many years in the two distributorships I have owned are skewed to a far higher number of those that exert more force on the teeth than is required.

Aside of a headgear, I never applied more than three ounces of force via any device I placed in the mouth. More often than not, I used forces in the one-and-one-half-ounce to two-ounce range. The greater the force used in the mouth, the more capacity for damage. I try to convince customers of mine to lighten up on heavier coil springs and elastics, but it is far too often a futile endeavor.

Please recount the most interesting part of your personal journey in orthodontics.

The most interesting period of my practice years started when I completed my orthodontic training and was let loose upon the public. In any one mouth could be found a gold lingual arch, some lower edgewise bands and an upper Johnson Twin Wire Appliance. In short, I was fumbling. Cases took longer than they should have, but I was cautious and did not want to make mistakes.

As time went on, I was using more and more edgewise brackets and less and less lingual arches and twin arches. My approach was becoming more multi-handed.

Tackling a large protrusion was a constant battle with posterior friction. There is not a single gram of tooth-moving capacity available until you have first overcome all friction. So, create an atmosphere of low-friction mechanics for all cases.

There also are several other factors that I believe can contribute to what I call better service to the patient and also a service that is more thoughtful and humane.

Besides as low as possible in applied forces, all appliances should be as aesthetic as possible, as comfortable as possible, easy to brush and clean, as minimal an amount of hardware placed in the mouth as required to do the job and should let you get in and out of the mouth as fast as you can.

I was constantly searching during my early years for better and easier ways to guide my patients through their appliance therapy and to produce better and better end results in an easier fashion for both myself and the patients. I found myself enrolled in a Begg Light Wire course being taught by Milton Simms, an associate of Raymond Begg in Adelaide, Australia.

I started about 25 cases with Begg brackets, but I was not happy trying to produce torque correction with round wires. But my time with light wire proved to me at least that the major parts of tooth movement in most cases ought to be done with light round wires, saving the light fit of rectangular wires for the time when this fit was needed.

It seemed logical that bite opening and tooth movement along an arch ought to be done by sliding mechanics.

With the correct and insightful use of arches and their bending, coupled with light elastic forces, most of all the need for supplemental anchorage in maximum anchorage type cases — such as headgear, sectionals, lingual arches, palatal buttons, canine retraction, etc. — is unneeded.

Over the course of about eight years evolved a most happy blending of Begg mechanics with that of edgewise.

What closing remarks would you like to make?

I have been practicing orthodontics for 50 years, and as time passes, I love it even more.

As the years rolled on, I reduced my patient load because my type of practicing was very tiring in many aspects.

I work standing up and do essentially all the work on patients: taking X-rays, impressions, fitting and cementing bands (and now brackets), placing all arch wires and essentially doing everything on all patients.

The only procedures I allowed the assistants to do were helping me cement bands, bond brackets and to remove arch wires.

Unfortunately this mindset kept me in a very, very modest-sized practice environment, never starting more than 90 to 100 cases per year, but allowing me the time to experiment and form an inquisitive mind to practice better and better appliance therapy.

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How has the economy affected your orthodontic practice?

By Roger P. Levin, DDS

In this economy it is easy to be pessimistic. But forget the gloom and doom. Orthodontists are well positioned to grow now and down the road as the economy improves.

Where does your ortho practice stand? To get the most accurate snapshot of your practice in the midst of the current economy, it is necessary to examine your 2008 numbers against those from 2007.

What is happening in your practice?

Levin Group has encountered many ortho practices with declines of 5 percent, 10 percent or more when comparing 2008 to 2007 production numbers. Some practices are flat, and their owners consider themselves lucky.

While the economy is clearly a factor in these disappointing numbers, it's not the only factor. In a good economy, many ortho practices can get by with outdated systems because, despite bottlenecks and high stress, the office continues to grow. However, a slow economy takes a particularly high toll on practices with outdated systems. Often, production declines further than necessary and overhead increases as well, simply due to ineffective systems.

Remarkably, offices that have excellent systems in place can actually grow. Practices enrolled in Levin Group’s Total Ortho Success™ management and marketing programs are among those increasing production at this very moment.

How are your starts?

If you are like most practices, your 2008 starts went down from 2007. Your treatment closure rates probably declined as well. According to the “2009 Levin Group Ortho Trends Advisor,” GP production is down because hygiene appointments are being cancelled by patients looking to cut back on spending. GPs who normally would be more than happy to refer ortho patients are doing more ortho treatment as a way to make up for lost production.

In a down economy, many practices are encountering an increasing number of patients/parents who are resisting ortho treatment. For these patients, there is a prevailing attitude of, “I’ll wait until things get better before I agree to treatment.”

How can you combat the issue of fewer starts? Levin Group recommends:

• Quantify your referral marketing efforts.
• Strengthen relationships with referring GPs.
• Develop new case presentation techniques for your treatment coordinator.
• Offer flexible payment options with a 99 percent collection rate.
Documentation in the digital age

By Pat Rosenzweig

In discussing documentation in our modern digital offices, let me be very clear that I’m a huge fan of the “paperless office.” I was a proponent of replacing the paper charts and X-ray chemicals with digital versions from the first time I saw the possibilities. However, as with every new tool in our office, we need to enjoy our exciting new products while maintaining our boring old standards of quality.

One of those old standards of quality is good solid documentation, and it’s beginning to slip in a serious way in many digital offices. Going to a “paperless office” is a big time saver and an excellent marketing tool, but it’s also become a way for sloppy documentation to creep into our office habits. Aside from making the office seem scattered and disorganized, a lack of documentation can be a severe legal ramifications.

Let’s look at the places where we need to examine documentation in our offices.

The initial phone call

I think we can all agree that this initial contact with our office is vital to the success and rapport with our patients and parents. We hire people with excellent phone skills, and we train them to get all the preliminary information we need while creating a good first impression. Yet even when they do all this, a lack of documentation can trip us up.

It’s the receptionist who found out who the patient saw for a first opinion and what patient and parental concerns exist regarding treatment — but when our receptionist “keeps it all in her head,” we frequently never learn what could be doing to wow this family.

We need to instruct our front desk staff to document anything interesting or informative from that initial conversation. We need to be sure they know how and where to make those notes. Documenting those comments for future reference gives us valuable insight into the concerns of a new patient and also lets our patients know we really care about what they have to say.

The health history

We sometimes tend not to consider the health history when discussing our shortcomings in documentation, but we should. Although the patient or parent fills it out (thus doing the documenting), the doctor needs to review it, discuss any pertinent health information and then sign or annotate it, showing that it has been reviewed.

With our new digital technologies, some forms are sent right from the patient’s desktop to our software, some are filled out on a tablet PC and all the rest get immediately scanned into the patient’s record. Whether the doctor sits and reviews the form before it’s scanned or brings it up and reviews it on a monitor, then signs off electronically, this signed or annotated documentation is essential to our patient record. A history that’s transmitted to us digitally and goes directly into the patient’s record is merely an existing history, not a history.

The initial exam

This is one area where good documentation is absolutely vital. We have great software that sets up a very detailed questionnaire for the treatment coordinator to populate as the doctor measures and diagnoses. This has proven to be a wonderful timesaver, especially appreciated by those of us who once worked strictly on paper.

However, all those little checked boxes don’t cover everything that gets discussed in the initial exam. The doctor may discuss extraction versus non-extraction and the benefits of each; jaw growth and its potential to help or hinder; need for a two-phase treatment; and any number of other issues relating to care or treatment options. If the treatment coordinator isn’t taking notes and maintaining a record of that conversation, it may as well have never happened.

The follow-up

Good patient follow-up is also an integral part of good documentation, and my advice is to continue documenting to the very end of your relationship with the patient.

There’s a tendency after “X” number of calls or recall cards to just let patients slip out of the system. A better format (after all other options have been exhausted) is to send an old-fashioned letter thanking them for coming in and letting them know you will de-activate their records in 30 days if you don’t hear from them. This not only provides you with an office archiving protocol, but it also gives you documentation when talking with the patients’ dentist that you did everything possible to get orthodontic treatment started.

Economy

“B” doctors — strong referrals: “B” doctors are your single highest potential growth group.

“C” doctors — occasional referrer: “C” doctors refer haphazardly and their patients often turn down treatment.

“D” doctors — not currently referring: Don’t write off “D” referrers as unreachable. Make contact as a chance to further a relationship.

Once your referring doctors have been segmented, you need to create strategies for each of them. Levin Group’s Total Ortho Success — Referral Marketing” program uses a statistically defined points system to ensure the right number of strategies is applied to the different segments of the referral base.

Conclusion

Despite the slow economy, ortho practices can still grow by 15-20 percent. While some practices have sustained losses, others continue to do well. Updated systems in all areas of the practice are one of the best defenses against a down economy. They allow your practice to grow by reducing inefficiency and unnecessary expenses.

Remember, the economy goes through up-and-down cycles. While this down period may be rougher and longer than previous ones, the good news is that improving your ortho practice management and marketing will stimulate growth.
By Faisal Naveed

Pick up any newspaper, magazine or even a social tabloid and you can get an earful of how the slowing economy and the worst recession in decades is impacting companies, business owners and employees across the world. The doom-and-gloom picture that’s painted by the media and fueled by our inner fears makes it harder than ever to have an upbeat outlook on things. But believe it or not, there is a positive side to all this chaos.

Economic recessions are cyclic, and they tend to serve the same function in business that geological and environmental events serve in nature. Just like a forest fire thins out overgrown vegetation and creates fuel and fertile ground for new growth, an economic recession can make businesses more efficient and effective as they come out of it. A recessionary economy, as it forces companies, business owners and managers to rethink their strategy, helps uncover profit opportunities that are often overlooked due to the abundance of resources when things are on the up and up.

Let’s face it. When the top line revenue is growing, we tend to spend less time thinking about the actual return on investment from a new marketing campaign or evaluating the decision of hiring a new employee versus cross-training a current team member to keep the costs in check.

All across the country, smart managers are using the recession to become more efficient and find new opportunities. Companies are loaning employees to other businesses to keep their payroll costs balanced without losing skilled staff members to layoffs. High-end retailers such as Neiman Marcus are diversifying their product lines to attract new customers that have traditionally shopped at other stores. Some expensive restaurants are introducing new lunch menus to bring in the clientele they once ignored, now accounting for as much as 40 percent of their lunch business.

Lately, there has been way too much emphasis on the role of government to help put the economy back on a solid footing. Most of us are guilty of having a victim mindset, wanting to be rescued, when in fact the solution lies within us. What we need desperately is not a political bailout but a change at the business and psychological level to help move things in the right direction.

At a time like this, it is our social and business responsibility to be the agents of change and a positive reinforcement in the lives of people around us. I can’t help but think of the following story in the context of our current situation:

During a walk, a man was seen wandering through the waves on the sand. Every now and then he would pick up a starfish and toss it back into the ocean. An observer asked the man why. He said, “The tide is going out; if I do not throw them in, they will die.” The observer looked around and said, “There are so many starfish lying on the beach; you cannot possibly make a difference.” Bending over and picking up another starfish, the man stated, “It made a difference for that one.”

If we all pick up one starfish and throw it into the ocean, an enormous social, psychological and economic change will occur, putting us back on the path of economic growth. For some of us, that starfish may be going out and buying that new laptop for our son or daughter; for others it may be creating a new bonus opportunity for that employee who has been working so hard for months. In a time like this, it is more important than ever to stay positive and confident about the future. The lessons learned during the difficult times will only help us create better, more profitable and financially viable businesses tomorrow.
Are you conquering the challenge of Internet marketing by driving new patients to your Web site to build your practice in a tough economic climate? There is no better marketing tool to deliver your personal localized marketing message than the Internet platform. Prospective new patients are never more than a click or two away. Even though the economy is obviously affecting the buying decisions of consumers as a whole, discriminating new patients with disposable income are researching 24/7 on the Internet — and looking for you! Today, tech-savvy audiences rely on their friends, family and the Internet to guide them through all the marketing clutter and noise found daily in newspaper ads, TV, radio and direct mailing promotions. Traditional marketing campaigns are no longer effective in a skeptical world that is immune to sales-type and broken promises found in outdated marketing formats. Your niche target market, adult patients and parents ages 30–50, are the most overstressed generations to date. They look to the Internet as a quick-fix solution to gather and research information on products and services at their convenience. The Internet has revolutionized marketing for the small business owner who is willing to venture outside his or her comfort zone and meet the challenge of the learning curve. The Internet not only delivers your message to prospective new patients at the exact time they are looking for you, it is less expensive than traditional marketing strategies of old, especially compared to yellow page ads and TV/radio promotions, it reaches a much larger local patient demographic than ever before — if set up correctly on the search engines with search engine optimization (SEO), it allows you to deliver your content, exactly the way you want it delivered, over and over again without additional cost, it is available 24/7, for convenience of the consumer — whether you are working, sleeping, enjoying your family, playing golf or on vacation. Internet marketing tactics are much easier to change and update when keeping up with the latest trends, and it levels the playing field of the competition. Size and experience level are no longer the deciding factor when driving new patients to contact your office. PR no longer means "public relations" — it means "perception and reality." Buying decisions by today's consumers are based on emotion and their personal perception of who you are and what you are all about. Patients aren't buying orthodontic treatment; they are buying about. Patients aren't buying orthodontic treatment provider who you are and what you are all about — they are buying "perception and reality." Buying decisions by today's generations are based on emotion and their personal perception of who you are and what you are all about. Patients aren't buying orthodontic treatment; they are buying about. Patients aren't buying orthodontic treatment provider who you are and what you are all about — they are buying "perception and reality."
ChaseHealthAdvance, part of Chase Card Services, a division of JP Morgan Chase & Co., provides innovative patient financing solutions with personal service and advanced business management tools.

As there have been recent market developments in the patient financing business, ChaseHealthAdvance realizes that these developments may put doctors and their practices in need of a strong patient financing partner. As part of Chase, ChaseHealthAdvance benefits from the strength and stability of more than 200 years of financial experience.

“I think everyone is feeling the strain in the economy and is being careful in terms of how they are managing their financial situation,” said Barry Trexler, senior vice president, ChaseHealthAdvance.

“Now more than ever is when financing can play a positive role in enabling patients to get orthodontic treatment. Instead of being confronted with a bill that requires them to pay all of it upfront, patients have the opportunity to pay with low-cost financing over 12, 18 or 24 months with $0 down-payment required.”

ChaseHealthAdvance has pioneered the most extensive online fee presentation and financing tools for orthodontic practices. Real-time activity reports are available 24/7 for each enrolled location. An easy-to-use electronic process for submitting credit applications with instant credit decisions and transactions and customized fee presentation tools help orthodontists and their staff increase productivity.

Provider enrollment is free and you can learn more at www.chasehealthadvance.com or by calling (888) 388-7633.

DentalSenders provides orthodontists and dentists with a free patient communications package that utilizes e-mail and text messaging to remind patients of upcoming appointments and helps reduce no-shows. DentalSenders is able to offer this service with the support of sponsors. The newest sponsor is ChaseHealthAdvance.

Orthodontic and dental offices traditionally use many types of patient reminders, such as phone calls, business card-sized appointment reminders and postcards, to help ensure patients are aware of their upcoming appointments. In the fast-paced Internet age, e-mail and text messaging are proving to be a more engaging way of reaching busy patients, many of whom receive those communications via cell phones.

DentalSenders integrates fully with existing practice management software and automatically delivers e-mail and text messages to the right patient, at the right time, without any effort from the doctor or staff, along with personalized birthday and holiday wishes, practice promotions, dormant patient reactivation messages, electronic surveys and monthly newsletters that keep patients informed of the doctor’s services and new dental technologies.

Dental practices can benefit from the arrangement with ChaseHealthAdvance as the service is provided free of charge. For more information, please visit www.DentalSenders.com.

AAO attendees are invited to visit the ChaseHealthAdvance Booth, No. 2815, to receive a free copy of “A Quick Guide to Hearing ‘YES’ More Often in Your Orthodontic Practice” while supplies last. Attendees can also try putting for prizes while visiting the booth. ChaseHealthAdvance will hold a raffle giving attendees a chance to win Golf Digest’s No. 1 rated putter, the Nike 20-10. This putter is designed to be the simple yet innovative solution to improving your short game.
MD LASERS™, the company that builds some of the world’s most affordable dental laser technology, announces the launch of the Picasso soft tissue diode laser to the U.S. dental industry. With its sleek and compact design, ease of use, comprehensive clinical results and a broad spectrum of applications, Picasso sets itself apart as a high-quality laser with distinctive features such as a multiple-language menu and a lower price point than other lasers available on the market.

“I am excited to be the first company to give dentists and patients the laser technology they have been waiting for. AMD LASERS is committed to bringing lasers to every dental office and to every operatory around the world. Dental patients need laser technology now more than ever” said Alan Miller, president of AMD LASERS.

“Picasso represents a breakthrough in technology and affordability. We are taking a leadership and pioneering role in dental lasers that no other company has — our mission is to place lasers in the hands of dentists and hygienists around the world. Our multi-language laser truly represents our commitment to dentists and patients. The Picasso is ideal for a wide range of endodontic, periodontic and dental surgery procedures. It allows for clean cutting and hemostasis in a wide range of soft tissue procedures and cuts gum tissue with precision, thereby eliminating bleeding at the site and reducing healing time.

Picasso also is being used to help sterilize canals in endodontics, treat periodontal disease and aid in tooth whitening.

Highlights of the new laser include: a touch-screen interface, continuous and pulse modes, eight customizable presets, adjustable aiming beam, U.S. and international power compatibility and a three-year warranty.

As for its multi-language menu, this laser provides multiple options including English, Spanish, Portuguese, Russian, Chinese, Korean and Japanese along with most European languages.

The Picasso introduces a new era in laser dentistry by providing an affordable and technologically sound device that every dentist could integrate into his or her practice. In line with its ongoing mission, AMD LASERS has set the price point low so as many dentists as possible can afford to experience its versatility in treatment care.

“We are proud to offer dentists three Picassos for less than one of what the other companies charge. As other companies continue to increase their prices, we have taken the leadership role in making the technology available for every dental practice,” Miller said.

This laser package includes a transportation case, three pairs of protective goggles, one fiber and handpiece, foot switch, scribe and stripper, world power adapter and a basic training DVD, quick-start guide, manual and three-year warranty.

For more information on AMD LASERS, stop by the booth, No. 2072, during the AAO Annual Session.

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Exhibitors rate a successful show

I t has been 20 years since the founding of Myofunctional Research Co. (MRC) by Dr. Chris Farrell. During this time, MRC has changed the way orthodontic treatment has been performed and has made a difference to hundreds of thousands of children all over the world. This year at the International Dental Show (IDS), MRC took orthodontic treatment to yet another level.

MRC headed to Europe’s IDS for the first time in 1993 with its first appliance, the Orthotrainner. Farrell received immediate success with orders from France, Holland and Belgium after doctors were shown the new innovation in dental appliances. Its function was to correct myofunctional habits, align erupting teeth and allow for more stable orthodontics. Just one size was required for all children in the mixed dentition for all malocclusion. MRC has developed appliances that uniquely target the needs of this large number of growing children from ages 5 to 15 who have a developing malocclusion. Simultaneous treatment of myofunctional habits and dental alignment in the growing child has proven an effective new way of orthodontic treatment. Better faces with less braces. MRC Clinics accommodates the needs of all children ages 5 to 15, not just those of orthodontic age. The MRC Clinics System

The topic of conversation at the MRC booth was the introduction of MRC Clinics, an evolutionary concept in myofunctional orthodontic treatment and practice management. This complete system allows trained professionals to commence a very viable and profitable practice entity, which can return benefits to the community. The system allows doctors to allocate a practice module to the MRC Clinics philosophy and appearances.

According to MRC: “The fact is, 60 to 70 percent of all growing children in any population will show signs of malocclusion. MRC has developed appliances that uniquely target the needs of this large number of growing children from ages 5 to 15 who have a developing malocclusion. Simultaneous treatment of myofunctional habits and dental alignment in the growing child has proven an effective new way of orthodontic treatment. Better faces with less braces. MRC Clinics accommodates the needs of all children ages 5 to 15, not just those of orthodontic age.”

New appliances — the i-2

As you would expect, MRC has new appliances to satisfy the growing number of children with malocclusion. First seen at the IDS is the latest appliance, the i-2™ for interceptive Class III correction. The i-2 follows the success of the i-3™ appliance for Class III correction. Receiving an overwhelming response, the i-2 may break new ground in dental appliances. The specifications and applications for the i-2 will be discussed in future articles.

Attending IDS can be an amazing launching pad for those who seek international exposure, and this year was no exception. If you didn’t know there was a global financial crisis, you would assume nothing was wrong in the world at IDS 2009. It was a great opportunity to see and discuss new technologies and innovations with other industry professionals worldwide. MRC looks forward to IDS 2011.

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Zap Lasers wins Medical Design Excellence Award

Industry leader Zap Lasers announced April 7 that its StyloOrtho MicroLaser was selected one of the year’s best-designed medical devices and is the winner of a 2009 Medical Design Excellence Award. Dentistry’s first microlaser, StyloOrtho boasts a revolutionary compact and wire-free design, which was judged as one of the year’s best by an independent, multidisciplinary panel with expertise in biomedical engineering, human factors, industrial design, medicine and diagnostics.

“The thought that a pen-sized, wire-free, portable microlaser would be performing soft-tissue laser procedures in orthodontists’ offices seemed unreal as little as a year ago,” but, in fact, our work on StyloOrtho began long before then,” noted Zap Vice President Sales and Marketing Alex Di Sessa.

Since its introduction in May 2008, StyloOrtho has quickly become one of the industry’s most sought after technologies. Only 6.9 inches long and 1.9 ounces, it shatters perceptions about lasers being cumbersome and complicated to use. Approved by the FDA to perform more than 25 soft-tissue laser procedures, its diode laser technology means patients require minimal anesthetic during surgery and experience faster healing times than traditional dentistry patients.
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F or more than 20 years, Summit Dental Systems (SDS) has been an internationally recognized manufacturer of high quality, low-price dental equipment, including orthodontic chairs, operating lights and delivery cabinets. If you are looking for versatility and reliability in your products, SDS has what you need. Stop by the booth, No. 2925, during the AAO to take a look.

**Biscayne Orthodontic Chair**

For SDS, the orthodontic chair is all about performance and refinement. Because orthodontics is an ever-changing field, attracting a growing number of adult patients, you need a chair that will accommodate a wider range of patients and place them in an ideal working position.

The Biscayne is the only orthodontic chair that offers a hydraulic system. This delivers a more stable, fluid movement with a heavier lifting capacity and provides more flexibility and comfort than traditional fixed-base chairs.

Its six-function foot control provides hands-free operation and offers an automatic return position for patient entry and exit. The double-articulating headrest is comfortable and provides virtually unlimited positioning.

Like all of SDS’ products, the Biscayne chair is built for reliability and long-lasting endurance. The frame, base plate and structural surfaces are made from rolled steel and are protected on both sides with a powder-coated finish to ensure the highest corrosion resistance. The footprint is designed for maximum stability and prevents sliding on uneven floors, and its seamless upholstery is made from tear-resistant vinyl.

**900 Series Delivery Cabinet**

SDS orthodontic cabinets are crafted with a blend of style, function and innovation. The 900 series cabinet offers a pullout breadboard, two instrument drawers, one medium drawer and two large storage drawers for materials and supplies. In addition, these cabinets provide a large open space for accessories with convenient access from the front.

The oversized, dual-caster wheels, combined with three stationary handles, make positioning of the cabinet simple and easy on all floor surfaces, including carpet. A removable plastic surface tray, which is sectioned for instrument and accessory placement, protects the countertop against stains and scratching. In addition, a vertical-mount control panel is positioned out of the way from the instrument holder bar for more convenient access to the delivery controls.

**Biscayne 1335 Light**

To go along with the Biscayne Orthodontic Chair, the Biscayne 1335 Light, available in a post-mount, is the best way to ensure proper lighting. The light has an operating field of 3-by-5 ½-inches at a 27-inch focal distance with a Kelvin intensity of 15,000 lumens (low-setting) to 20,000 lumens (high-setting). The light is available in 110 or 220 volts.

**At the AAO**

Dental professionals who purchase the Summit Dental Biscayne Stimulus Package at the AAO Annual Session will qualify for a 5 percent stimulus check. All you need to do is make your purchase commitment at the AAO and send Summit Dental a copy of the dealer invoice completing your commitment, including the serial/model numbers. Stop by the booth, No. 2925, for more information.

**All the dental equipment you could want**

**Check out Summit Dental’s products and stimulus package during the AAO**
Waterpik® dental water jets are clinically proven to be an easier and more effective alternative to dental floss for orthodontic patients.

A study published in the April 2008 issue of the American Journal of Orthodontics and Dentofacial Orthopedics compared the Waterpik dental water jet with the orthodontic tip to flossing.

In this single, blind, parallel, randomized four-week clinical trial, the group that used the Waterpik dental water jet plus the orthodontic tip removed three times the amount of plaque and reduced 26 percent more bleeding compared to the flossing group.

Additionally, 94 percent of the Waterpik dental water jet group indicated that using the dental water jet was “very easy” or “some-what easy,” compared to 53 percent for the floss group.

The Waterpik orthodontic tip features a tapered brush on the end, which allows for simultaneous irrigating and brushing around the teeth, brackets and arch wires. The tip is included with the Waterpik Ultra dental water jet or the Waterpik Ultra Cordless dental water jet.

Further evidence of Waterpik’s effectiveness for orthodontic patients can be found in a study conducted at the University of Southern California School of Dentistry with renowned biofilm expert Dr. Bill Costerton. This study evaluated the removal of plaque biofilm with a Waterpik dental water jet using a scanning electron microscope.

Periodontally involved teeth with existing plaque were extracted and then processed to accelerate biofilm growth. The teeth were then subjected to a three-second treatment with the Waterpik dental water jet.

Viewing the teeth under the highly sensitive microscope, the researchers were able to see far more than with traditional measures. The microscope revealed that more than 99 percent of the plaque biofilm was removed by the Waterpik dental water jet treatment using either the standard jet tip or the orthodontic tip. The researchers also reported that “treatment of in vivo biofilm with the orthodontic tip removed significant amounts of this calcified biofilm.”

“The results were almost impossible for me to believe the first time through,” said Dr. Costerton, founding director of the USC Center for Biofilms. “One of the difficulties with plaque biofilm is that you really can’t see it; it’s clear. So we didn’t have visual evidence of complete removal. But now with these direct methods, the scanning electron microscopy, you apply the Waterpik to plaque on a surface of a tooth and you look with a scanning scope, and it’s gone. It’s simply gone. And that’s unequivocal and unarguable.”

Additional information on these and other clinical studies on Waterpik dental water jets can be found at www.waterpik.com at the dental professionals link.

References

Visit Waterpik at booth 2112 during the AAO Annual Session for specials on all Waterpik Dental Water Jets, or contact Waterpik at 1790 E. Prospect Road, Fort Collins, Colo. 80555, online at www.waterpik.com, by e-mail at professional@waterpik.com or by phone at (800) 525-2020.
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An evolution in ortho appliances

By Jeffrey D. Smith, Marketing Manager, Opal Orthodontics

“W hat’s new?” Over the years, responses to this common question on the AAO floor have ranged from minor to momentous. We at Opal Orthodontics look forward to answering this question this year because after two years of development, we are launching our new Avex™ Suite, which features Computer Numerical Controlled (CNC) precision-milled metal brackets, ceramic brackets and low profile buccal tubes. At the same time, because Opal Orthodontics is a division of Ultradent Products, Inc., we are able to leverage its 50 years of innovation and expertise with dental resins to develop revolutionary adhesives for orthodontic bonding, some of which also will debut at the AAO.

Our story

In 2006, Ultradent began the process of creating a new orthodontic company. We consulted orthodontists from around the world to help us build a company with refreshingly different products and services. As we listened, we learned that orthodontists wanted more than just another supply company — they wanted a company that would treat them fairly and honestly.

Some doctors were unhappy with how they were treated by large orthodontic companies — often vastly different than the close, personal treatment they received from their sales representatives. Others expressed concerns about supply companies releasing products without fully testing them, which, rather than benefiting doctors, negatively affected their practices and patients.

At the end, our mission became clear: We needed to be different. We needed to build our company around the way orthodontists wanted to be treated. We needed to fully test and qualify our products — not rush them to market. We knew Opal Orthodontics could be that kind of company. Ultradent is founded upon the same principles.

As a division of Ultradent, Opal Orthodontics benefits from a 200,000 square foot state-of-the-art manufacturing facility that is FDA approved and ISO certified. Within these walls, we have assembled a team of industry veterans in sales, marketing and continuing education. Each of our customer service team members has many years of orthodontic experience, which enables them to diagnose problems, answer technical questions and efficiently process orders.

Looking at our business model, one might call us a doctor’s company, and Dr. Dan Fischer, the founder and owner of Ultradent, would certainly agree. Even after Ultradent’s 50 years of dental innovation and multi-national expansion, Dr. Fischer still treats patients, many of whom he knew since his early years as a dentist. It is this kind of personal connection that Opal Orthodontics hopes to create with orthodontists and their staffs.

The Avex Suite — an evolution in orthodontics

In the last 50 years, technology has improved orthodontic appliances. Early standard edgewise brackets were manufactured on milling equipment, which had many design limitations but allowed appliance adjustments that improved treatment outcomes. The emergence of lost wax casting led to the modern straightwire appliance and the smooth shapes of today’s buccal tubes.

In the last two decades, the development of metal injection molding (MIM) reduced costs and limitations of casting parts, but the higher expense of MIM molds and high-volume requirements have challenged improvements to bracket systems, even as evidence of their design imperfections has come to light.

Using a proprietary CNC (Computer Numerical Controlled) precision milling process, Opal Orthodontics has developed the perfect combination of appliance design flexibility and manufacturing efficiency. The Avex Suite consists of Avex MX metal brackets and Avex BX buccal tubes, which are precision milled from high tensile, 17-4 stainless steel bar stock, creating parts that are small, low profile, strong and accurate (unlike MIM parts, which suffer from porous surfaces and size variations due to 20-25 percent shrinkage rates during the sintering stage of MIM manufacturing).

The Avex Suite offers the industry’s first CNC precision-milled buccal tubes — the smallest and lowest profile buccal tubes ever manufactured. Their unique design features simplify direct bonding, and their highly anatomical bond pad ensures accurate placement on molars.

Avex CXi ceramic brackets with metal inserts also benefit from CNC precision milling. Their inner dimensions are compatible with Avex MX metal brackets — another industry first — which eliminates the need for creating compensating bends in the archwire when using both appliances on one patient.

Special “pockets” increase interbracket distance, reducing force moments and increasing patient comfort. A beveled edge on the metal insert reduces the saving effect on archwires in early treatment.

CNC precision milling gives Opal Orthodontics the complete freedom to design appliances according to clinical evidence, and to alter designs instantaneously when necessary. We are thrilled to introduce the Avex Suite, an evolution in orthodontic appliances.

Make the clear choice for your practice

Align Technology, Inc. recently marked the 10th anniversary of the Invisalign® system, and with more than 940,000 patients worldwide, it has a track record of effectiveness and reliability. During the past two years, Align has expanded its product line to include new treatment options for doctors and their patients. We spoke to three of the orthodontists who share their views on the Align products they use in their practice.

Mark Lowe, DDS, Fresno, Calif.

“I have been using Invisalign in my practice since 2000. When Invisalign Teen™ was introduced last year, I was eager to try it. I had previously used Invisalign to treat teenagers, but was limited to older teenagers who had completed eruption of their second molars. With Invisalign Teen’s new eruption tab feature, I feel more confident about using it with younger patients.

“Invisalign Teen also offers compliance indicators, which let parents gauge whether their child is in the aligners for the prescribed amount of time. Parents like the fact that the product comes with six free individual replacement aligners. After treating more than 50 Invisalign Teen cases, I have not had any issues with compliance due to a lack of wear or lost aligners. Another key feature of Invisalign Teen is the Power Ridge® technology, which improves the torque delivered to the incisors.”

“For retention, I’ve been using Vivera. Patients want to retain the beautiful smile they just spent several months waiting for, and Vivera allows me to esthetically maintain their results without placing a large burden on my practice; one impression is all that is needed for lifetime retention. We even use the product on patients who were successfully treated with fixed appliances.”

“Overall, Invisalign products give me the most patient-friendly appliances to successfully treat my patients and maintain their results — and their satisfaction.”

Sam Dobber, DDS, MSc, FCOD, West Vancouver, BC

“In 1998, Dr. Hawley stated that he would give half of his fee to anyone who would be responsible for the retention of his results when the active appliance was removed.”

Clear
OrthoCAD creates the perfect byte

A look at some of Cadent’s products you can find on the AAO Exhibit Hall floor

OrthoCAD iCast

With more than a decade of digital experience and 1.6 million cases handled, OrthoCAD iCast is the gold standard in digital orthodontic storage. With iCast digital study models, you can easily store, retrieve and communicate about cases with point-and-click efficiency. iCast digital storage frees up valuable office space, while it frees your staff from the hassles associated with storing, indexing and maintaining plaster casts. iCast puts all your client files at your fingertips 24 hours a day, 365 days a year.

Visit OrthoCAD during the AAO to sign up for the iCast AAO 30 for 30 promotion and receive a free sample package of Premium Dental Materials Bite Registration Material.

OrthoCAD iQ Express

Experience accuracy and efficiency with OrthoCAD iQ, an innovative computer-guided system for orthodontic treatment planning and advanced bracket placement. The cutting-edge software of OrthoCAD iQ uses the straight wire technique to calculate the optimal bracket positioning for your prescription. OrthoCAD iQ ensures you achieve the results you want by giving you the ability to see post-treatment results onscreen before treatment begins.

Accurate bracket positioning from the start means greater efficiency throughout the entire treatment process. Patients love the end result of orthodontic work. It’s the long bonding appointment, the adjustment visits and the overall disruption to their day-to-day lives they could do without.

Now with OrthoCAD iQ Express, you can receive your customized iQ Bracket Placement Trays in five days. Delegating to your staff is now easier and more reliable than ever.

Cadent iTero Digital Impressions for orthodontics

During the AAO Annual Session, Cadent iTero will demonstrate the new orthodontic software package for the iTero digital impression-taking system. Hear from current users how iTero orthodontic digital impressions are changing their practice. iTero offers the capability to capture a digital orthodontic impression in six to eight minutes or less for a complete arch and bite registration. A 3-D model is available for consultation with the patient within just minutes. Moreover, patients are wowed by the technology that allows them to instantly see their teeth in 3-D and eliminate the goop and gagging of traditional impressions. Cadent iTero orthodontic digital impressions will be demonstrated at the OrthoCAD booth, No. 1705.

ORThODONTISTS TALK HYGIENE ’TIL THEY’RE BLUE IN THE FACE
BUT KIDS LISTEN BETTER IF YOU’RE GREEN

ADVANCE PRACTICE #2:
DR. TRAED HARTER
ATHENS, GA

KIDS PREFER FROGS TO ORTHODONTISTS. As an orthodontist, Dr. Traed Harter knows the best time to begin monitoring a child’s smile is around second grade. Unfortunately, getting 7-year-olds to sit and listen about brushing and flossing can be trickier than getting them to eat their vegetables. That’s why he and his team find it’s better to let a frog do all the talking. It’s part of Classic City Advance your practice. One way is to use advanced financing.

Orthodontics’ Club Tiapopé – a rewards program for kids who are destined for braces, but just aren’t quite ready for them. This way, kids not only get healthier smiles for practicing good hygiene, they get prizes. Dr. Harter and his team work every day to create beautiful smiles and make dental hygiene fun for kids, which is why their practice is an Advance Practice. Managing the financing process easier than ever, including our customized payment options, worksheet, instant credit decisions, a fast in-office practice, reporting system, and a direct call center to answer all your questions. With the security and flexibility of Chase, not only can you offer more to your patients, you can remove them of. Call 1-888-388-7633 or visit chasehealthadvance.com.

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Information about the server provider and cost for patient distribution:
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CHAHE0205
Kidzspace Edge

The ultra-modern Edge by Kidzspace has kids lining up! Entertaining them with the Edge is a great way to be sure they won’t be late for an appointment. The Edge can be enjoyed by one or two players and is available with today’s popular games. Patients will be talking about how cool it is. Make your waiting area a hit.

For more information on Kidzspace and its games, stop by booth 2659 during the AAO Annual Session.

Kidzspace Interactive Inc.
AAO Booth 2659
Phone: (800) 668-0206
E-mail: kidzpace@kidzpace.com
www.kidzpace.com

Crosstex Ultra Sensitive No-Fog Masks

Crosstex introduces its ultra sensitive no-fog masks, available with or without shields. The outer layer is fluid resistant while the inner layer is made of white, extra soft, hypoallergenic cellulose. The masks are void of all inks, dyes and chemicals, are latex-free and will not lint, tear or shred. Ultra sensitive masks exceed American Society for Testing and Materials High Barrier performance class specifications and are recommended for procedures involving moist aerosols, where fluid resistance is important. The filtration PFE equals 99.75 percent at 0.1 um.

The masks are sold worldwide through dental dealers.

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Forestudent QuickKlear

Forestudent QuickKlear® is the new ceramic version of the QuicKlear®-20ª self-ligating bracket system. Forestudent based the development of the new QuickKlear brackets on nature. A newly developed ceramic mixture provides these translucent self-ligating brackets with great aesthetics and high stability. They match the patient’s natural tooth shade perfectly to ensure they are camouflaged well in the mouth.

The QuickKlear is an active, twin-winged ceramic bracket. It is rounded optimally and features the proven closing mechanism of the QuicKlear system. Two integrated mechanisms guarantee easy and gentle opening of the clip toward the occlusal aspect.

The clip is made of highly elastic chromium-cobalt alloy and is virtually invisible due to its small dimensions. The clip is opened easily from the vestibular or gingival aspects. The new guidance channels and a special, easily seen funnel facilitate opening with a probe from the gingival aspect. The clip is closed by exerting gentle finger pressure.

The inverse-formed hook-style base with diametrically offset retaining holes and beveled mesiodistal edges not only provides for perfect bonding between the bracket and tooth, but also allows it to be debonded without splitting. Enamel chipping is prevented as most of the adhesive remains on the tooth. An occluso-gingival edge on the bracket base prevents excessive flowing into the clip mechanism. This edge also simplifies the removal of excessive adhesive.

Rounded slot edges and a four-contact point slot provide controlled force transmission at minimal friction and guarantee precise results.

Whereas tooth-shaded, coated archwires have not been indicated for metal and ceramic slots to date, these can be used with QuickKlear brackets. Forestudent Titanof® Cosmeti-archwires are recommended for perfect aesthetics. For more information, stop by the Forestudent booth, No. 2535, at the AAO.

Forestudent USA
2315 Weldon Parkway, St. Louis, Mo. 63146
Phone: (800) 721-4940 or (314) 878-5985
E-mail: info@forestudentusa.com
www.forestudentusa.com

Fairfield Orthodontics’ Clear Connections

Clear Connections® defines the latest orthodontic products to achieve maximum aesthetics in orthodontic treatment. Clear Connections brackets, arches and Hawley retainers with a clear labial bow have “no metal look” whatsoever, thus providing a treatment option that eliminates metal. The brackets are made from mono crystalline ceramic, which is clear, strong and stain free.

The latest technological breakthrough in wire now provides clear translucent arch wires, made from combing polymers with a fiber composite. These arches are non-staining and have proven to be an excellent choice in leveling and aligning teeth. University studies have shown the force levels of these new innovative arches to be comparable to nickel titanium wires, but they do not have the “metal tin grin” look that discourages patients from seeking orthodontic treatment.

The Clear Connections choice eliminates the many impressions needed for clear aligner treatment and eliminates lab fees. Nickel titanium arches, which may produce nickel sensitivity, can also be eliminated. These advances in orthodontic treatment will be featured during the AAO Annual Session. To find out more, visit Fairfield Orthodontics at booth No. 1250.

Fairfield Orthodontics
AAO booth 1250
(800) 321-0331

PhotoMed ClearMatch

ClearMatch® is a shade analysis and communication tool for dentists and dental laboratories. It is a software-only system that allows users to select the digital camera of their choosing and use their existing PC to perform highly accurate analysis of shade, value and anatomical features of teeth.

Simply take a photo with a shade tab and the included ClearMatch black-and-white reference target. Load the image into the ClearMatch software and follow the simple, step-by-step instructions. The software will then calibrate the image and give you a shade map and a value map that you can send to your lab.

ClearMatch is now available in a 45-day trial version for only $99. You can process as many cases as you would like within those 45 days, and PhotoMed will credit the $99 toward the purchase of a full copy when you decide to upgrade. Complete ClearMatch details and a self-running presentation can be found at www.photomed.net/clearmatch.htm or stop by the PhotoMed booth, No. 1904, during the AAO Annual Session for more information.

PhotoMed
AAO booth 1904
(800) 998-7765
www.photomed.net
AAO: what you should know

When
Friday, May 1–Tuesday, May 5

Where
Boston Convention & Exhibition Center (BCEC), 415 Summer St., Boston

Business Meeting Hotel
Westin Boston Waterfront, 425 Summer St., Boston

Attire
The official dress is business casual, which includes slacks, skirts, city shorts, etc.

Shuttle service
Daily shuttle service will be provided to and from the convention center and AAO-designated hotels. Boston rush hour traffic is heavy, so make certain you allow ample commute time.

Online
www.AAOmembers.org

C.E. Hours Pavilion
East Lobby, Exhibit Hall Level, BCEC. Record the lectures you attend and print your C.E. hours report. Also available online at www.AAOmembers.org under the “Manage Your C.E. Credits” link on the login page.

Audio-recorded lectures
Most of the general scientific lectures will be audio-recorded and made available for purchase as DVD-ROM in MP3 format.

Exhibit Hall
Located on Level 0, BCEC. Hours: 9:30 a.m.–5 p.m. Saturday–Monday, 9:30 a.m.–3 p.m. Tuesday. Dedicated hours (no lecture conflicts) are 11:15 a.m.–1:15 p.m. Saturday–Tuesday.

Camp AAO
Children ages 6 months to 12 years are welcome to participate. The Activity Center will be located at the BCEC from Saturday–Tuesday. Children ages 6 to 17 can participate in educational youth tours. Tours depart and return to the onsite activity center each day. An hourly rate will apply. Call (504) 524-0188 or go online to www.accentoca.com for more information.

Opening Ceremonies
Takes place from 4:30–6:30 p.m. Saturday at the John B. Hynes Veterans Memorial Convention Center and features a performance by the Boston Pops. Tickets are $50 and are available on a first-come, first-served basis.

International Attendee Meet/Greet
Takes place from 6:45–8:45 p.m. Saturday. $65 at the BCEC. Meet and interact with attendees from around the world. Appetizers and cocktails will be available.

Fun Run and Walk
Takes place from 6:30–8 a.m. Sunday. Take in the city of Boston as you enjoy an early morning 5K walk or run. Tickets are $35. A complimentary T-shirt and light refreshments are included, and transportation will be provided.

Excellence in Orthodontics Awards Ceremony
Takes place from 1:15–2:45 p.m. Sunday at the Renaissance Boston Waterfront Hotel. An optional lunch begins at 12:50 p.m. Tickets that include the luncheon are $60. Tickets that do not include the luncheon are $20. The event will feature entertainment by Jason Alexander, best known as George Costanza in “Seinfeld.”

Women in Orthodontics Luncheon
Takes place from 11:30 a.m.–1 p.m. Monday. Cost is $50. This program will feature a panel of women orthodontists who combine private practice with education, leadership and community service. The panelists, Carol Summe, Virginia Mennemeier, and Cecile Yoon-Tarlie, will discuss their experiences and also the opportunities available to serve beyond their orthodontic practices.

AAO Gala
Takes place from 7:50–9:30 p.m. Monday. The Beach Boys will perform. A cocktail reception begins at 7:50 p.m. The concert begins at 8:15 p.m. Tickets are $40 and include two drink tickets. A cash bar will also be available.
Goals with Predictable Mechanics” on Sunday, Dr. Steven Jay Bowman on “Miniscrows: Be Careful What You Wish For!” and Dr. Flavio A. Uribe on “Enhancing the Speed of Tooth Movement: Can We Alter the Biology?” on Monday, and Dr. Frank Celenza on “Seeking Interdisciplinary Excellence” on Tuesday.

Sessions are broken down into courses for doctors as well as courses for staff. On the staff side, topics include everything from first impressions you make on your prospective patients to infection control to surviving in the new world of 3-D imaging.

New to the AAO this year are the clinical simulcasts. Three sessions featuring presentations on TAD placement, laser surgery and lingual indirect bonding will have a presenting doctor and dental assistant working live on a patient. These sessions will be offered Sunday and Tuesday.

On the exhibit floor
A huge part of attending the AAO is walking around the exhibit hall and getting a feel for what products are out there. This year, many exhibitors are pulling out all the stops. Some, such as Summit Dental, are offering special pricing deals. Some have games, such as ChaseHealthAdvance where you can put for prizes. Still others are offering their own speakers.

At Ortho Organizers, Dr. Pablo Echarri will discuss a variety of topics related to temporary orthodontic anchorage devices while Dr. R. Bruce McFarlane addresses “Aesthetic Treatment Options and the Neola-cent” Ceramic Bracket System.

Masel is another exhibitor with its own speaker lineup. There, Rita Bauer will speak on “Case Photos Made Easy,” Dr. Changok Oh will discuss “Advances of the Orlux Mini Implant” and Dr. Drew Lombardi will detail his own Lombardi Bionator Bite Appliance.

Time to socialize
Of course, it wouldn’t be the AAO without a few special events to cap off the week. On Saturday, the Boston Pops will perform a special opening concert, while on Sunday, the Excellence in Orthodontics Awards Ceremony will feature entertainment by Jason Alexander, best known as George Costanza in “Seinfeld.” Finally, the Beach Boys wrap things up Monday when they perform at the AAO Gala event.

For more details on events, including times and cost, see Page 29.

Out and about
Sure, you came to Boston to learn about the new technologies in the field, to stock up on your C.E. credits and to help educate your staff, but that doesn’t mean you have to sit inside the convention center all day. Why not take a few hours and explore the city? Here are three places that are well worth the trip.

Fenway Park Tour
The Red Sox might be in New York playing the Yankees this week, but you can still check out their fabled home. The park offers “Building Fenway,” a historical presentation detailing the building. The video highlights Fenway Park, the game of baseball and Red Sox players and the club.

Where: Yawkey Way, Boston
Take the T: Green Line to Kenmore Square stop
Cost: $12
Phone: (617) 226-6666
www.redsox.com/tours

Samuel Adams Brewery Tour
Samuel Adams played a vital role in the American Revolution. In addition, he was a brewer, and his namesake brewery put American craft brewing on the map in the 1980s.

Where: 30 Germania St., Boston
Phone: (617) 525-6676
www.oldnorth.com

Old North Church
Old North Church, built in 1723, is the oldest church building in Boston and has a thriving Episcopalian congregation. The church also houses the oldest church bells in North America. But of course, it is best known for the event that earned it a place in history: On the night of April 18, 1775, Robert Newman climbed the steeple and briefly hung two lanterns as a signal from Paul Revere that the British were marching to Lexington and Concord by sea and not by land. This small act touched off the American Revolution.

Where: 193 Salem St., Boston
Take the T: Orange Line or Green Line to Haymarket stop
Cost: Free, though donations are accepted
Phone: (617) 226-6666
www.samadams.com

Clear
“Clearly, retention in orthodontics is a challenge that is as old as the discipline itself, yet contemporary orthodontics still falls short of finding a ‘cure’ for relapse, and retention remains an essential step.”

“Vivera retainers have helped me overcome many of the shortcomings associated with in-house-made vacuum-formed retainers or Hawley-type retainers. For one, Vivera retainers’ snug and accurate fit is due to using PVS impression material rather than the dimensionally less-stable alginate material. Patients appreciate the more aesthetic appearance of Vivera, thereby improving their compliance.”

“I offer Vivera retainers at cost because I believe in them. I hate relapse; it’s costly, time consuming and makes everyone involved unhappy. It is hard for the doctor to charge a fee because patients always assume that it should be part of the treatment. If relapse occurs after four sets of Vivera retainers, then patient compliance is undoubtedly the reason, and at that point, I have no problem telling the patient that they will be a fee for retreatment.”

“More importantly, the chance of relapse if a patient is given four retainers is almost zero. No more, ‘I lost my retainer and forgot to call you,’ or ‘I was traveling and forgot it in the hotel.’ There are three duplicates, strong, back-up retainers.”

Linda Crawford, DDS, MS, PC, Dallas

“If you had asked me about the advantages of clear aligners years ago, I would have said they are great for patients who refused fixed appliance treatment, adding that the result would not be as satisfactory as what I could provide with fixed braces.

“However, ask me today — after dedicating myself to a better understanding of the technology — and I will say my preferred treatment appliance is Invisalign.”

“Using a virtual model to apply different treatment plans is very helpful in many complicated multi-discipline and borderline extraction cases. A few advantages of Invisalign include: 1) the reduction of chair time; 2) much more positive overall periodontal health because the aligners are removable; and 3) Invisalign appliances are particularly good with intrusion, anterior open bite correction and mild open bite closure.

“For those who say, ‘It doesn’t work,’ I say, ‘Since when do we blame an appliance for our orthodontic failures?’ Like any other aspect of orthodontics, the more you study and gain experience applying your skills, the more you can do.”
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- Gingivoplasty
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- Hemostasis and coagulation
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- Exposure of unerupted teeth
- Fibroma removal
- Frenectomy
- Frenotomy
- Implant recovery
- Incision and drainage of abscess
- Leukoplakia
- Osteoplasty
- Oral papillotomies
- Pulpotomy
- Pulpotomy as an adjunct to root canal therapy
- Reduction of gingival hypertrophy
- Soft Tissue crown lengthening
- Retreatment of canker sores, herpetic and aphthous ulcers of the oral mucosa
- Vestibuloplasty

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- TRAINING DVD
- QUICK START MANUAL

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