Showing off at AAO

109th annual session unveils new insights, new technology, new products

By Kristine Colker, Managing Editor

By the time the attendees of the American Association of Orthodontists’ 109th Annual Session, held May 1-5 in Boston, headed home, they were leaving with more than they had come with. Some carried products — everything from wires and brackets to toothpaste and floss. Some carried souvenirs of Boston — Red Sox hats and “Cheers” pint glasses, to name a few.

One man, Dr. Paul McAllister of Lincoln, Neb., had a brand new Mini Cooper he won from Dentsply GAC.

A view of the exhibit hall floor during the AAO Annual Session. (Ortho Tribune photo/Fred Michmershuizen)

Elevating the standard of our care

How using 3-D treatment planning software put one doctor back in control

By Mark Feinberg, DMD

Part 2 of 3

The fundamental basis of medical/dental practice is predicated on treatment strategies that are derived from an accurate diagnosis.

With the exception of recent innovations in the realm of 3-D cone beam CT radiography, and to a lesser extent digital cephalometric analysis and static 3-D models, the diagnostic landscape in orthodontics has not yielded much in the way of innovation during the past 100 years.

Orametrix Inc., as the provider of SureSmile technology, has proven an anomaly in this regard. Under the guiding influence of its visionary founder, Dr. Rohit Sachdeva, the company has established itself as a patient-centric technology leader dedicated to enhancing the quality of patient care.

Its pioneering convergent technology not only advances diagnostics but connects this information directly to the design of therapeutic devices.
Part 2 of 5

Let us continue looking into our imaginary crystal ball from last month to find a glimpse of the future. Now that we have explored scenario-planning dimensions by explaining their background and reasoning, let’s review their intricacies and how they work.

In order to begin, we will examine five arbitrary, but timely, critical issues and how they work.

- Greenhouse effect/global economy
- Education/insecurity
- Faculty/greenhouse effect
- Faculty/global economy

Of these 10 possible two-dimensional views of the world, let us consider the five highlighted two-dimensional X/Y matrices:

1. Education/faculty
2. Education/global economy
3. Education/insecurity
4. Faculty/global economy
5. Faculty/insecurity
6. Faculty=greenhouse effect
7. Greenhouse effect/global economy
8. Greenhouse effect/insecurity
9. Education/faculty
10. Education/global economy

Of these 10 possible two-dimensional views of the world, let us consider one two-dimensional X/Y matrix considered to be arbitrarily the most important one: education/global economy.

This matrix was chosen as the most important scenario logic in 2009 in order to predict what effects the global economy will have on the future of education, possibly 10 years from now.

Education is by far the most important trend for human existence and survival. The world economy is the other most critical issue, supporting growth and development of almost everything that man touches. This may or may not be a pretty picture for the future, but it will certainly play out.

Question: “How do we protect our future generations to exist in a happy and healthy environment?”

By ensuring that both these factors remain stable and strong, and that the future of mankind will be positive for a happy and healthy existence.

To plot the X/Y coordinates, education (+) is placed at the top and (-) at the bottom of the Y-axis. Global economy (+) is placed on the right side of the X-axis and (-) at the left side of the X-axis. Thus, our four named quadrants are:

- Upper right — rise of education: Both education and global economy are strong and thriving.
- Upper left — decline of education: Education is strong and global economy is weak.
- Lower right — renaissance of education: Education is high and global economy is weak and in trouble.
- Lower left — death of education: Both education and global economy are weak and bleak.

The scenario narratives

Scenario planning helps provide plausible futures that are the strategic technological decisions linked to an institution’s goals for utilizing IT in an innovative fashion.

By using inductive and abductive abilities, we can imagine future scenarios that our technology decision may have to play out by choosing global economy and education as the X- and Y-axis, respectively.

With the creation of an archipelago, some very interesting futures might be suggested; these trends will explore beginning, mid-

‘Education is by far the most important thread for human existence and survival. The world economy is the other most critical issue.’

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.
Ortho Tribune creates an online community specifically for orthodontists

Ortho Tribune 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:

• C.E. lectures that are live and interactive, as well as archived, bringing local events to national audiences.
• Focused discussion forums that allow orthodontists to stay up to date.
• Ortho product reviews with recordings of opinion leaders’ first impressions.
• A growing database of case studies and articles featuring topics that are important to today’s orthodontists.
• Networking possibilities that go beyond borders to create a global ortho village.
• Contests with chances to win free tuition for ADA/CERP C.E. accredited Webinars; and much more!

Registering as a Study Club member is free and provides access to accredited C.E. Webinars and other beneficial tools catering directly to orthodontists. 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 the 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 calendar!

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.

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.
OHSU School of Dentistry finds some self-ligating brackets retain less plaque

Researchers at the Oregon Health & Science University School of Dentistry (www.ohsu.edu/sod) have found the majority of patients with self-ligating orthodontic brackets retain fewer bacteria in plaque than patients with elastomeric orthodontic brackets.

The OHSU team also found that a biochemical technique measuring adenosine triphosphate (ATP) driven bioluminescence could be a useful chairside tool in the rapid quantification of oral bacteria and in the assessment of oral hygiene during orthodontic treatment.

The findings are published in the April 2009 issue of the American Journal of Orthodontics and Dentofacial Orthopedics, one of the leading peer-reviewed orthodontia journals.

Acid-producing bacteria that surround orthodontic appliances are a common orthodontic problem. Such bacteria can lead to tooth enamel breakdown and potential discoloration of the tooth surface, and these esthetic changes can persist for many years after orthodontic treatment.

While the newer bonded brackets have many advantages over the old metal bands that were fitted around each tooth, they do impede good oral hygiene, resulting in plaque accumulation and increased tooth enamel breakdown.

Although several studies have investigated the effects of fixed orthodontic appliances on bacterial flora, few studies have compared the effects of bracket architecture — specifically the archwire ligation method — or have evaluated the accumulation of bacteria that occurs with the bonding of fixed appliances.

The OHSU study also was different from other studies in that it was a randomized clinical study, comparing the numbers of oral bacteria in plaque surrounding two distinct orthodontic appliances — self-ligating versus elastomeric ligating, using a split-mouth design.

The OHSU study examined 14 patients ages 11 to 17 — each patient containing both self-ligating and elastomeric orthodontic brackets on opposing sides of the mouth — at both one week and five weeks after bonding. The numbers of oral bacteria in plaque surrounding the brackets were evaluated at both appointments, in addition to a pre-bonding appointment, using both conventional plating techniques enumerating bacterial colony number and the ATP-driven bioluminescence technique.

More bacteria, including oral streptococci, were retained at tooth surfaces in plaque in patients with elastomeric orthodontic brackets at both the one- and five-week post-bonding appointments, and bacterial levels were particularly high at the one-week visit. Higher ATP-driven bioluminescence levels also were observed in plaque surrounding the elastomeric orthodontic appliances.

“We were surprised that the manner of ligation promoted differences in the levels of plaque bacteria surrounding the bonded tooth surfaces,” noted Curt Machida, PhD, OHSU professor of integrative biosciences and principal investigator, whose lab was host for the study. “Our results suggest that the use of the self-ligating appliances promote reduced retention of plaque bacteria on tooth surfaces surrounding the appliances.”

New treatment for TMJ dislocation

A recent study in the journal Anesthesia Progress presents a new technique for treating dislocation of the TMJ (temporomandibular joint) using a deep temporal nerve block.

Traditional treatment has been limited to the application of force, where the jaw is forced back and down into the joint, and in severe cases, general anesthesia alone or combined with surgery is required.

For the new treatment, lidocaine and epinephrine are combined and administered to the deep temporal nerve, which reduces both the sensation of pain and muscle spasms.
The Organization for Safety and Asepsis Procedures (OSAP) is providing special online resources to help dental professionals protect themselves and their patients from Influenza A (H1N1), previously referred to as “swine flu.” The Swine Flu Resources section of the OSAP Web site, www.osap.org, includes an overview of the disease, up-to-the-minute reports on the current outbreak, tips for prevention and links to additional in-depth information.

The site provides a quick and easy way to stay current, as it is constantly being updated as new information is received. Links to reports and updates from the Centers for Disease Control, American Dental Association, Pan American Health Organization, World Health Organization and even the White House Briefing Room are available for instant access to critically important information and advisories.

Symposium content added
OSAP has added bonus content to its 2009 Symposium, “Infection Prevention: Spread the Word,” to be held June 11-14 at the Marriott at Legacy Town Center in Plano, Texas. The OSAP Symposium will now include up-to-the-minute information on Influenza A (H1N1) and on its potential impact now and in the future.

The recent flu outbreak is a reminder of how important proper infection control procedures are for keeping dental professionals and their patients safe. The OSAP Symposium is a must for anyone concerned with infection control and safety in dentistry. Internationally known experts will teach attendees how to make infection control practices “stick” and help professionals do things right the first time.

The 2009 OSAP Symposium will give attendees essential information on current and emerging diseases, disease prevention, “never” events in dentistry, legal issues to understand, “green” infection control, new infection control guidelines and more. Educators, speakers and consultants can participate in special workshops and breakout sessions. A new series, “Infobites,” will provide information on four popular and pragmatic asepsis topics in digestible segments. Technical posters and product exhibits will inform attendees of the latest advances and newest products. Up to 20 hours of C.E. credit are available.

The symposium provides many opportunities for networking and peer support. The agenda also includes social events, such as the John Molinari Charity Golf Tournament at the Tribute Golf Links in The Colony.

The OSAP auction offers an array of vacation packages, gourmet baskets, artwork, apparel, jewelry, sporting goods and more.

Details of the symposium, as well as a reservation form, are available online at www.osap.org or can be requested by calling (800) 298-OSAP (6727).
Scenes from the AAO

With camera in hand, Ortho Tribune set out to capture all the little moments you didn’t see

Right, John Lytle (from left), John Bergman and Cesar Coral of Summit Dental Systems.

Below, Lindsay Sinclair, left, and Stacey Marsden of Kidzpace.

Nicole Simpson, right, of Cadent OrthoCad talks about the iTero digital impression system.

Dr. Chantal Gauthier of the University of Montreal presents the results of her research on the periodontal effects of SARPE.

Barke Spielmann, left, Karen Trumbo and Jim Reed of Ortho Organizers.

Dr. Mark Sanchez and Jonathan Saggau of tops.

Above, attendees check their e-mail with the free Internet access offered at 3M’s Cyber Cafe.

Left, Paul Revere is on hand to give away tote bags and cash prizes at the OrthoTees booth. From left are Tony Richt, Paul Revere (also known as Mike Beck), Kelly Loneman, Mike Arbataitis and Ryan Fry.

Ortho Tribune photos/Kristine Colker & Fred Michmershuizen
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But one thing most everyone left with was more knowledge and insight than they had started with.

For four days, attendees — from specialists to staff to students — attended a myriad of lectures on topics as wide ranging as communication with your patients to discussions of root resorption. Other popular topics during the event included Dr. Anthony A. Gianelly on “Evidence-based Orthodontics: Friends or Foes,” Ravindra Nanda on “Achieving Treatment Goals with Predictable Mechanics: A 40-year Perspective,” Dr. Steven Jay Bowman on “Mini-crews: Be Careful What You Wish For!” Dr. Flavio A. Uribe on “Enhancing the Speed of Tooth Movement: Can We Alter the Biology?” Dr. Frank Celenza on “Seeking Interdisciplinary Excellence,” Dr. Franco Mangini on "TMJ and Craniofacial Pain: Legend and Reality” and W. Eugene Roberts on “Early Treatments and Clinical Outcomes.”

Sessions were divided into courses for doctors as well as courses for staff. On the staff side, topics included everything from the first impressions you get from prospective patients to infection control to surviving in the new world of 3-D imaging. There were even a number of hands-on courses including such topics as orthodontic photography, PVS impressions and wire bending.

One new feature this year was the clinical simulcasts where a doctor and dental assistant worked live on a patient. During Dr. Mark Yanosky’s May 5 presentation on laser surgery, there was as packed as attendees watched him demonstrate three laser procedures right in front of them.

On the exhibit hall floor

When attendees weren’t busy acquiring knowledge in the various sessions, many of them could be found over in the exhibit hall, where brightly colored tote bags hung from shoulders as a representation of products purchased — black and pink for Opal Orthodontics, blue for Forestadent, red for 3M.

At OrthoSynetics, participating in a practice challenge got you entered in a drawing to win a trip for two to anywhere. At ChaseHealthAdvance, attendees could put for prizes, including the Golf Digest rated No. 1 putter, the Nike 20-10. At GAC, where six different stations offered attendees a chance to learn more about products to help promote efficiency in their practices, a visit to the booth earned visitors a scratch-off card with a chance to become one of 10 finalists. On Monday afternoon, those 10 finalists gathered around a new Mini Cooper and were given a key to put in a panel. Dr. Paul McAllister’s key fit the lock, and he was on one car richer.

Many of the exhibiting companies unveiled new products.

ClassOne Orthodontics, based in Lubbock, Texas, unveiled SeLECT Defense orthodontic products that are designed to offer added protection against bacteria for patients with fixed appliances. According to Dr. Julian E. Spallholz, a member of the educational team at Texas Tech University where SeLECT Defense was developed, the products use the element selenium to inhibit bacterial growth. As Spallholz explained to Ortho Tribune, the plaque barrier lasts for a patient’s entire treatment and does not leach into the environment. Most importantly, he said, SeLECT Defense reduces the occurrence of decalcification and white spots.

Another company unveiling a product to offer protection against bacteria was Opal Orthodontics by Ultradent, with its Opal Seal recharging orthodontic bonding. Opal Seal is a 38 percent filled primer that releases and recharges fluoride. Jeff Smith, marketing manager at Opal Orthodontics, said that Opal Seal releases fluoride throughout a patient’s treatment, thereby fighting bacteria along the way.

Ortho Technology unveiled its new Lotus passive self-ligating bracket system. Dr. Alex Lopes said the system was designed for maximum patient comfort and hygiene, and archwire changes are fast and economical. Lotus features a unique, patented clip made of wear-resistant, high-quality nickel titanium designed for flexibility throughout a patient’s treatment. Perhaps best of all, Lopes said, is the passive design of the Lotus clip, which eliminates friction and ultimately results in fast and effective tooth movement.

Cadent OrthoCAD showed off its new software package for the iTero, the iTero Digital Impressions. The iTero is capable of capturing a digital orthodontic impression in six to eight minutes, or less, for a completed arch and bite registration. A 5-D model is available in minutes for consultation with the patient.

Over at the tops booth, the company — which was handing out bright pink buttons that had such witty sayings as “Touch my app” — was proudly showing off its new topsEcho iPhone application, which with just a touch can provide up-to-the-minute access to patient information and images, schedules, referrals, treatment notes and more. And because the application requires a secure password and is only accessing information from a server, rather than storing it on a user’s cell phone, there is never any worry about someone else falsely gaining such private information.

“One of the great things about the iPhone app is the live connectivity — the connection is direct and speedy,” said tops founder and CEO Dr. Mark Sanchez. “As an orthodontist to me, it’s a nice follow-up tool — I can call patients, I can check the schedule. If something changes on the schedule, I can see it with topsEcho, I know everything.”

For For Pro & Generals, just launching its new Ortho Essentials program wasn’t enough. The company hosted a reception the night of May 3 to discuss the idea behind the three-step oral hygiene program. Ortho Essentials is a program designed to help orthodontists streamline and standardize oral hygiene control procedures by standardizing their check-ups, consistently reporting their results and making sure patients improve their oral hygiene at home. This is accomplished by the use of the Oral-B Triumph toothbrush with SmartGuard, Crest PRO-HEALTH toothpaste and rinse, a rating system, an assessment card and a contract for both orthodontists and patients to sign.

“I saw patients in my practice not ending up the way we wanted them to in regards to hygiene,” said Dr. Duncan Brown, the orthodontist behind the Ortho Essentials program. “Hygiene is a great untapped resource for orthodontists.”

Next year’s AAO Annual Session will be held April 29 through May 4 in Washington, D.C. For more on this year’s AAO, including photos and interviews, pick up the June issue of Ortho Tribune or go online to www.ortho-tribune.com.

Additional reporting and photos by Fred Michmershuizen, Online Editor
How can you keep her as committed to her oral health as you are?

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Dr. Timothy Wheeler presented a session, “Understanding Aligner Treatment,” during the AAO Annual Session in Boston. He took some time to sit down with Ortho Tribune and talk about that session as well as to discuss the research he has been doing with aligners.

Please tell us a little about yourself, including your background and what motivated you to become an orthodontist.

It’s a little bit non-traditional, and I tell this story often, because being a program director and a chair of a program, I hear of people having the dream of always wanting to be a dentist or an orthodontist, but that wasn’t true of me.

I actually was involved in research out of college, and the area of research I was working in was immunology. But when I got to graduate school, you have to choose a mentor in order to oversee your dissertation. The person I ended up working with was Bill Clark, who was a periodontist who graduated from Forsyth/Harvard and had just started down at University of Florida. He was a periodontist, so my research ended up being in the area of periodontology.

He convinced me to go to dental school because I would be more marketable, and I would probably end up with a better career.

But when I was in dental school, I worked with Greg King, who was chairman of the department of orthodontics at Florida at that time, and I did some research for him.

And the only area of dentistry I enjoyed working in was orthodontics.

They maintained a position open for me there at Florida. I went to the ortho program, went on to the faculty and then in five years, I was program director and then later became assistant dean for Advanced and Graduate Education. Dr. King left University of Florida back in 1996, and I became chair then.

Are there any special areas of orthodontics you are interested in?

Yes. That is another thing — as opportunities have arisen, they kind of lead you. I was a basic scientist by training, as an immunologist, so I did a lot of work on root resorption in orthodontics. We had some funding for that in my earlier years. Then Dr. King, Dr. Steve Keeling and myself got involved in Class II clinical trials, and that ran for 15 years. Dr. King left during that time and Dr. Keeling passed away, so it was left with me for the last 10 years or so to really be involved in that trial and run it. I really turned then to clinical research rather than basic science research.

What that has led me to now is to do other clinical-type research in different areas such as with Invisalign. In particular, my interest now is in looking at tooth movement itself, the variability of it, not just with Invisalign but with any appliance.

The AAO session that you presented dealt with understanding aligner treatment. How did you become interested in aligners and start to use them?

Basically, what happened is that around 2000, because we had been involved in clinical research, Align Technology had came to me because they were interested in doing some clinical trial work, looking at tooth movement with aligners, particularly using different types of attachments. So we devised a clinical trial with about 100 patients, and I really learned a lot about Invisalign during that treatment period when we were working with those patients.

Since then, I have done a number of trials with them, looking at different things. One study was on early treatment of aligners. We did another study with Bas Medical, using a hormone called relaxin to try to facilitate tooth movement. We developed at that time the model I’m currently using, which is just moving one individual tooth at a time to study that movement.

The purpose of the relaxin was two-fold: one to see if we could speed up tooth movement and the second to see if it helped with retention. The result of that trial was that neither of those things happened.

But what we did do is develop this very nice tooth movement model, as
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- Dr. Jay Gerber
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do a lot of complicated cases with them now. 

There are a lot of different methods out there in order to move teeth, but this is just a different way. There’s a demand for this, but I feel the role I’m playing is just to get a better understanding of this treatment and of tooth movement and how we can then improve the outcomes for our patients, because I don’t think aligners are going to go away.

In your session, you talked about issues to consider in order to improve the outcomes of tooth movements with aligners. Please expand on those a little.

Most orthodontists treatment plan their patients independent of what they’re using to move the teeth. Based on what we were taught in school, which is physical movement of teeth and then certain parameters we work around, such as impact on the facial profile and then the bony confines and soft tissue confines of the jaw, we use that information to treatment plan.

When you have a wire and a bracket in somebody’s mouth, we are not really concerned on how fast the tooth is moving in one patient as compared to another.

If it’s not moving as fast, well, it’s just going to take longer, and you’ll eventually get there.

But when you’re dealing with aligners or something that’s programmed to move at a set rate of time, it is important, because the aligner is programmed to move a tooth at a certain rate.

What we found is there are huge differences and individual variation in rate of tooth movement, and so the things I’m looking at are things we need to think about when we’re diagnosing, treatment planning and staging our cases with aligners in order to have better outcomes.

The easiest thing to think of is age. The one thing we know is teeth move slower with age, so when we’re treating them with traditional appliances and we put braces on a patient and move the teeth, it’s just going to take longer. But when you have aligners, you need to know that so you can stretch out your treatment or program things a little slower in order for your outcome to be better.
ORTHO TRIBUNE STUDY CLUB
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The OT Study Club makes all of this possible from the comfort of your own computer and without travel expenses. In other words, welcome to the community!

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Appliance-driven therapy

Traditionally, the major orthodontic manufacturers have influenced and driven the direction of advancements in patient care. Not surprisingly, the emphasis has focused on appliances (fixed or shrink wrapped), with anchorage devices as the latest example to flood the marketplace.

Selecting from the myriad of anchorage devices can be both daunting and bewildering. The current, trendiest treatment approaches are predicated on expensive designer brackets bundled with lofty treatment philosophies that purport to perform magical tooth gymnastics.

To observe “handle/bracket” worship first hand, one need only witness the exhibitors’ floor at an AAO convention. There you will find a predominance of the handles with a sprinkling of practice management and novelty items thrown into the mix. This is to be expected as they are a major source of revenue, and we are a profit-driven economy.

Unfortunately, the DR, or “Do Right,” component to this equation has been relegated to a minor role. My intent is not to diminish these products, but rather to encourage a de-emphasis in their importance relative to the value of tools that aid in proper diagnosis and treatment planning.

Diagnostically driven therapy

Therefore, it is refreshing that OraMetrix provides through SureSmile technology a comprehensive digital decision support system that squarely puts the doctor in the command and control position where he/she rightfully belongs.

Incremental improvements in specific areas of orthodontic practice have been achieved through paperless practice management systems, digital cephalometrics, photography and radiography, but one key piece has been missing—a system to integrate diagnostics with therapeutics.

The SureSmile 3-D diagnostic and treatment planning software provides the basis for high-quality results because it is coupled with powerful, customized, prescriptive, superelastic wire archwires.

An end-to-end solution

Early on in the records-taking process, 3-D diagnostic SureSmile models are created from impressions or scanned from study models. Sophisticated treatment planning and diagnostic software toolsets are employed using analytical and simulation modalities to assist in case diagnosis and treatment strategy development.

Mind’s eye orthodontics, based on best guess, is supplanted by incredibly realistic treatment simulations. The software is extremely versatile and can be applied to all types of cases: surgical, orthopedic, asymmetric, extraction and non-extraction, from the ordinary to the most complex and involved.

This 3-D visual treatment objective (VTO) is created by virtually moving teeth in three planes of space and testing various approaches as deemed necessary. Significant information can be gleaned from this process, and numerous outcomes can be made available for comparison. “What if?” scenarios can be examined and problems anticipated, delineated and defined.

Using this medium to collaborate with patients and fellow professionals can be extremely helpful in gaining consensus on treatment options and minimizing misunderstandings that arise from mere discussion.

An additional computerized 3-D model is created at a point during the patient care cycle when the patient is in active treatment (brackets placed). Treatment planning strategies can then be refined on this model, and ultimately, a “targeted” setup is created.

The personalized wire prescription is reverse-engineered based on this clinician prescribed setup. Prior to establishing the prescription for the 3-D target setup, it is instructive to perform a quick diagnostic re-analysis by superimposing the pretreatment diagnostic model over the mid-treatment therapeutic model. This allows the clinician to determine if the patient’s biological limits (quantitatively) have been managed and to assess how treatment has progressed in order to initiate any course adjustments.

Tables in the software indicate information can be gleaned from this process, and numerous outcomes can be made available for comparison. “What if?” scenarios can be examined and problems anticipated, delineated and defined.

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The personalized wire prescription is reverse-engineered based on this clinician prescribed setup. Prior to establishing the prescription for the 3-D target setup, it is instructive to perform a quick diagnostic re-analysis by superimposing the pretreatment diagnostic model over the mid-treatment therapeutic model. This allows the clinician to determine if the patient’s biological limits (quantitatively) have been managed and to assess how treatment has progressed in order to initiate any course adjustments.

Tables in the software indicate the nature and magnitude of individual tooth movement designed in the setup. This process allows one to easily make determinations about whether that movement is appropriate and feasible (Fig. 5).

For example, SureSmile software allows planning to identify the constraints of tooth movement and specifies where and how much interproximal reduction to perform as well as other space management approaches. Once the boundary positions have been established for the anterior and posterior teeth, the software aligns the teeth virtually and determines how much IPR will be required.

Based on the clinician’s parameters, if too much reduction is specified, one can modify the torque, arch form or other conditions, as deemed appropriate, with a couple of keystrokes and have the software modify the setup (Fig. 6).

Clearly, this approach to treatment, which is proactive vs. reactive, has several major benefits, foremost of which is the ability to view patients “holistically” rather than incrementally from visit to visit and, therefore, avoiding continually rediagnosing cases through-out treatment. The benefits to this approach are greater control over the tooth movement and significantly greater treatment efficiency as teeth are moved more directly and more concurrently by the customized appliance.

Elevating my standard of care

Our practice credo is to leverage technology to elevate the standard of care for our patients. The SureSmile 3-D diagnostic software toolsets have enhanced my ability to make better, informed treatment decisions that can be reliably delivered via the customized appliances and, in turn, have enhanced my ability to “do right.”
Strength and Aesthetics

Invisible and fast –
a new quality of attractiveness

The QuickClear® bracket is a self-ligating, translucent, ceramic bracket which complements the Quick>>2.0™ bracket system as an aesthetic alternative. The QuickClear® is an active bracket featuring the proven and familiar closing mechanism of the Quick>>2.0™ bracket system. Its outstanding aesthetics and stability promise a natural smile and short chairside times. Ideal conditions for satisfied patients.

NEW! Available for use on upper teeth 5 to 5!

QuickClear® Brackets
Credit crisis, property value crash — what they each us

By Paul Hanks

2009 is a difficult year for every- one, not just from the viewpoint of an investor. Whether you invested in the stock market or in real estate, everyone has been affected by the happenings on Wall Street, and we will all suffer for it. Just before Christmas, as if the collapse of some of the world’s relatively honest financial institutions had not already been unsettling enough, hedge fund boss Bernard Madoff was accused of swindling the world’s smartest investors out of a grand total of $50 billion.

How, it was asked, could the world’s smartest investors have fallen for this? The answer, surely, is they were all like him. They thought they had found a way of making money out of nothing.

Unfortunately for them, the ineffable Madoff appeared to have found a way of making money out of nothing. But most of them had got their money the same way — by persuading other people to try to make money out of nothing.

You cannot get something for nothing. Surprised?

Now, reality has returned. One hundred percent mortgages are gone; 20 percent down payment is the norm and a minimum require- ment — as is the need to be able to financially afford to invest. Gone are the days, thankfully, when I would be contacted by a potential buyer or he or she had $5,000 and wanted to build a real estate portfolio.

Realism

I remember graduating from dental school and preparing to embark on a career that would make me finan- cially independent. Indeed, I knew I was in the big league when the next day a financial advisor took every- one in my class out and “educated us” on investments.

“Dentists are some of the highest paid professionals. Invest and you will be able to retire in 10 years,” was the opening gambit. How many dentists feel they can retire now? Where are the financial advisors now?

Oh, I know. They will be knock- ing at my door soon, saying stocks are low, invest now and you can retire in 10 years!

“It is disappointing that, for so many of us having worked hard to prepare for our future, we see all our plans and gains reduced through no fault of our own.”

So wrote one client of mine. He had become an orthodontic special- ist and spent years building up his practice. He had two practices and was preparing for a fruitful retire- ment — looking at his 401(k) and investments with pride.

Now, however, not only with the economy in recession and his retirement funds decimated, he also has seen the attendance at his office fall (as a result of the economy). Currently, he has to work on a daily rate for a corporate body just to keep afloat.

You will appreciate how his invest- ments are looking. Understandably, he is bitter about having saved for so many years, invested financially to prepare for a comfortable retire- ment, only to find himself back on the treadmill. The disillusionment that you can work hard for so many years just to have it taken away is found not only in those who are near the end of their careers, but also from those recently qualified.

How many of you have bought your own office because it seemed the thing to do (financially) and it will be a profitable nest egg to sell later?

Why bother?

For the majority of us, investing is about establishing security for our- selves and our families when we no longer choose to work and actively bring in an income. What this year has showed is that this conservative philosophy was replaced by greed — get rich quick.

People were blinded by making obscene amounts of money. They lost sight of the objective, which was to become financially inde- pendent. How much money is too much? It’s too much when you’ve already got all you could possibly need, and there’s nothing to do with it any more except count it.

What investing is about

Investing now is about cash flow!

Whatever medium you choose to invest in, you need to think about what annual return you are getting — not the end profit with nothing until then. Would you work in a dental office every day if you did not expect any income until a point 10 years down the road?

Now is not about a return in five or 10 years; it is about immediate cash flow. Future profit is an addi- tional bonus. Doing nothing and hoping that over the next few years you will recover lost ground is not beneficial.

Take static funds (any funds that are not generating a good return — this could be your 401(k), your home equity, your savings) and con- sider putting them to use. Of course, everything has to be part of an overall financial assessment, and you don’t want to over commit. But investments or 401(k)s that are los- ing money can be put to better use.

Now is the time to invest in qual- ity, income-producing real estate where you can choose the prime income property and acquire it at beneficial prices. Commercial apart- ment buildings should give annual returns of around 7 percent.

This annual return translates into a monthly or annual cash flow — something I think will benefit every doctor who has seen a decline in attendance at his office.

I do not just mean go out and buy real estate. It needs to be sourced, and the rubbish removed. There is a tremendous amount of poor quality real estate out there. Sellers or their agents may not always represent the building financially correctly. I recently spent six months assem- bling a portfolio of four buildings for a client after reviewing and analyz- ing more than 50 buildings.

In addition, pooling resources adds to your armamentarium. I am now working with groups of doctors who want to pool resources with colleagues they know and ones they do not know. The advantages are they have greater buying power, can spread their investment funds over several properties and, by working together, are not over-exposed to unforeseen expenses or problems.

Real estate market is not dead

You may have read many nega- tive issues regarding mortgages and real estate lately. The real estate market is not dead. Yes, there has been a major correction to many of our nation’s markets, but that is just the way that cycles work. The ques- tion becomes: Do you want to take advantage of the buying opportuni- ties or sit on the sideline and wait for prices to head back up?

Investors who have cash are making huge buys right now and picking up some great deals. They recognize good deals when they see them and aren’t being frightened by the media. You make money in real estate when you buy it right. Buy low and sell high, not the other way around.

Remember, there is money out there. Credit is still very much avail- able, but lenders are just a lot pickier about who can get it. A good credit rating matters. To get an affordable loan, you will probably need a FICO credit-rating score of at least 700 — but most likely higher.

Lenders today want to see sub- stantial down payments on big-ticket items such as cars and homes. The days when you could buy a house on a whim with “zero money down” and mediocre credit are over. Be prepared to put down 20 percent for mortgages. The poorer your credit rating, the larger the down payment you’ll need.

So rather than let your invest- ments or funds languish with little gain for several years, now is a per- fect opportunity to gain a better return.

About the author

Dr. Paul Hanks, president of Portfo- lio Development Services, began his professional career as an orthodon- tist. His knowledge and experience with real estate was utilized on an increasing scale by colleagues. He became a real estate professional and is a real estate broker in Californ- ia and Washington, offering cli- nicians a trustworthy and safe way to invest in real estate.

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Investing ORTHO TRIBUNE | MAY 2009
Casual “love ya” tossed at your spouse in the morning, without a warm hug and a loving look, can feel like nothing more than an empty gesture. But when you say it like you mean it, the other person can really feel the love, warmth and a genuine sense of care.

Patients are no different. They, too, can feel if you really care or not. Genuine concern for their well-being and happiness can help you win their hearts and their business. When it comes to people, you really have to show that you care by your actions and behavior, not just words. A kind and caring demeanor goes a long way in establishing strong bonds and relationships.

Often it’s the simplest things that matter. Here are some suggestions that can make a world of difference in how you are perceived by your patients.

• Take the time to sit down in a chair during the exam process. I have observed many offices over the years where doctors will stand during the entire exam. Guess what message you are giving out when you do that? “I’m in a hurry and I don’t have time for you.”

• Carefully review the health history form. It validates the patients’ time and effort in filling it out and shows you are really concerned about their well-being.

• Call out the clinical findings to your treatment coordinator in front of the patient. Don’t just view the X-rays in the clinic and then go into the exam room ready to give your treatment recommendations within the first few seconds. It is more about how you present the treatment plan than what your actual recommendations are. Remember, you have to sell it before you can do the treatment.

• Give ample time to the patients and/or parents to express their thoughts and concerns. Listen actively and really try to understand what they are saying and feeling instead of projecting your own ideas or recommendations. Forget about the task of diagnosing and treatment planning for a moment and think about the person.

If you go to the doctor because you have a stomach ache, you don’t care if he’s seen 5,000 other people with stomach aches during the course of his career. The last thing you want is for him to rush in the room, look you up and down, mumble some technical phrase you’ve never heard before and scratch something on a prescription pad, before hustling away again.

Asking the questions, even if you know the answers, establishes rapport. The patients want to know you care and that you are willing to take the time to understand what brought them into your office. When a practitioner gives patients undivided attention, he not only makes the patients feel comfortable and relaxed at the moment but also gains their loyalty and trust for the long term.

Another key element is patient involvement. You should make an effort to include the patient in your diagnosis and treatment planning. Doing so not only makes for a better atmosphere, but it also increases the likelihood that your patients will have the positive attitude that becomes the driving force behind your case acceptance and the growth of the practice.

To learn more about improving case acceptance and the clinician’s role during the new patient exam process, you are invited to attend one of Orthodontic Management Solutions’ Webinars. As a participant, you can ask questions and get answers in real time. Course materials are provided via e-mail, and participants are able to view a PowerPoint presentation during the course, using a Web conferencing tool. Webinars offer convenience and are very cost effective.

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Opal Seal is a 38% filled primer that releases and recharges fluoride.

Opal Seal is a 38% filled primer that releases and recharges fluoride.
Early breakthoughs for ortho makeover winner

By Kevin Johnson & Emily Ely

Dr. Hardy had two concerns about having meetings. He felt somewhat apprehensive about our request of turning over organizational responsibilities to one of his staff members. In fact, without being the one “in charge,” he wasn’t sure what he was going to do with himself.

Our advice was this — if you find yourself having free time, then you have time to contact a referring doctor or two. Dr. Hardy and his staff laughed, appreciating the message we were trying to convey.

Conclusion

Much was accomplished in this first in-depth discussion with Dr. Hardy and his staff. As Hardy Orthodontics’ experience at the Advanced Learning Institute drew to a close, an exhilarated Dr. Hardy admitted to being slightly overwhelmed but very upbeat and optimistic. As his team prepared to leave, he looked around the room at his team and us and said, “This is a lot to digest! But to achieve the end result, it’s well worth it. This is definitely better than just doing what we’ve been doing and getting the usual result.”

As consultants, we couldn’t agree more. His path toward becoming a Levin Practice™ is now firmly rooted. Join us next time when Dr. Hardy starts putting what he learned into practice!

To jumpstart your own Total Ortho Success Practice Makeover, come experience Dr. Roger Levin’s next Total Ortho Success™ Seminar, July 24-25 in Las Vegas. Ortho Tribune readers are entitled to receive a 20 percent courtesy; call (888) 923-0000 and mention “Ortho Tribune” or e-mail customerservice@levingroup.com with “Ortho Tribune Courtesy” in the subject line. For more information, go to www.levingrouportho.com.

Levin Group Senior Consultant Kevin Johnson has spent the last eight years working as a Levin Group orthodontic management and marketing consultant. He manages a team of consultants and is a frequent lecturer at the Levin Advanced Learning Institute. Johnson earned his degree from Towson University in 1996.

With many years of marketing experience, Levin Group Consultant Emily Ely joined Levin Group in 2005. Ely uses her unique knowledge and experience to provide marketing solutions for orthodontic practices. She earned her degree in business from Towson University.

Both Ely and Johnson are members of the Ortho Expert Team, a specialized group of consultants who are trained in the needs of orthodontic practices.

For more than two decades, Levin Group has been dedicated to improving the lives of orthodontists. Visit Levin Group at www.levingrouportho.com. Levin Group also can be reached at (888) 923-0000 and by e-mail at customerservice@levingroup.com.
A breakthrough new orthodontic product line — SeLECT Defense™ — with implications for improved oral hygiene was released by ClassOne Orthodontics during the AAO Annual Session in Boston, with an international launch scheduled for July 1.

Product development — Texas teamwork
In close collaboration with ClassOne Orthodontics, the revolutionary product line was developed and patented by researchers at Texas Tech University and Texas Tech University Health Sciences Center in Lubbock, Texas, through licensing and co-development with Selenium, Ltd., and is now marketed exclusively by ClassOne Orthodontics.

“SeLECT Defense is the next big advance in orthodontic treatment,” said Kenny Gallagher, president of ClassOne Orthodontics. “Research shows that parents and their children are concerned about oral hygiene during orthodontic treatment. This product is going to virtually alleviate that concern.”

Product performance
SeLECT Defense technology is used in orthodontic treatment to enhance brackets, ligature ties and closing chain to help reduce plaque buildup and improve oral hygiene.

The patented formula also is mixed in with adhesives, cements and primer to prevent tooth demineralization or demineralization. SeLECT Defense products do not require the doctor or staff to perform any special steps when applying them to patients — they are used exactly as standard orthodontic products.

In laboratory tests, SeLECT Defense technology has proven to dramatically reduce microbial development, commonly known as plaque, and eliminate the appearance of white spots, which can form during orthodontic treatment.

University of Texas Health Science Center study
Researchers at the University of Texas Health Science Center at San Antonio, Texas, conducted a 28-day mouth-simulation study of products with SeLECT Defense to determine the effectiveness of preventing microbial formation on teeth.

The results were extraordinary. SeLECT Defense technology offered 100 percent prevention of the development of clinically visible white spot lesions around orthodontic brackets with elastomeric rings, while 40 percent chlorhexidine varnish, a commonly used coating, offered limited protection.

Microscopic examination of the teeth surfaces showed that SeLECT Defense technology reduced enamel demineralization (or white spot formation) around orthodontic brackets by 86 percent when the tooth is brushed twice daily and by 80 percent when the tooth is not brushed.

By comparison, the application of 40 percent chlorhexidine reduced demineralization only by 60 percent even when the teeth are brushed and by 66 percent without brushing. Furthermore, SeLECT Defense technology was not removed by tooth brushing within the period of the study.

Regulation
ClassOne received FDA clearance in July 2008 to market SeLECT Defense.

Leading orthodontists participation
In developing the product, ClassOne invited some of the country’s leading orthodontists to take part in a SeLECT Society Advisory Committee to provide expert opinion and direction.

“As an orthodontist, you are always looking for ways to improve the patient experience and outcome,” said Dr. Robert “Tito” Norris, DDS, of San Antonio. “I am very excited about the potential this product has to improve oral hygiene in my patients during orthodontic treatment.”

For more information, call (800) 343-5291 or visit www.selectdefense.com.

A slide from Dr. Julian E. Spallholz’s presentation during the AAO Annual Session in Boston shows a sample of survey questions about the SeLECT Defense product line.
Myofunctional Research Co. turns to Class II interceptive appliance

One would think there is little left to accomplish for Myofunctional Research Co. (MRC), after having produced a wide range of myofunctional orthodontic appliances and changing the way orthodontic treatment is performed. MRC appliances, including the T4K®, the TRAINER System®, the 4-Braces Series® and the MYOBRACE®, cater to children of all ages.

The Japanese Journal of Clinical Dentistry for Children recently ran an 18-page article on the T4K appliance. The study showed the appliance can treat many different malocclusions without the use of fixed appliances. The common results in the cases published showed anterior arch development, opening of a deep bite, Class II correction and improved anterior dental alignment. This concurs with the articles published by Dr. German O. Ramirez-Yañez, DDS, MDSc, PhD, on cases from other ethnic groups.

What about Class III?
For many years, Dr. Chris Farrell, BDS (Sydney), founder and CEO of MRC, had been asked by dentists and orthodontists to develop a Class III appliance. The T4K and Infant Trainer had proven to be effective in very early Class III correction, but the maxillary development and anterior cross-bite correction was not quite complete — usually requiring further maxillary expansion to obtain a positive anterior overjet.

In 2007, Dr. Farrell responded to this demand with the development of the appliance for interceptive Class III correction, or “i-3.” This incorporated the well-known principles of the Frankel appliance as well as unique design elements for ease of use.

Two design aspects were included — a Frankel cage using MRC’s patented inner frame technology and a tongue raiser to force the tongue into the maxilla. The primary cause of most Class III is a lowered tongue position, which drives excessive mandibular growth.

Two years ago, the i-3 was released, and practitioners were instantly reporting delight at how well it corrected a Class III malocclusion in the late primary to early mixed dentition. This confirmed the primary etiology of Class III is not genetic mandibular overgrowth, but lowered tongue posture — a theory already understood by a minority.

CDEO Arturo Alvarado Rossano, specialist and professor in orthodontics and prosthetics craniofacial orthopedics in the faculty of dentistry, Universidad Nacional Autónoma de México, was the first to research the i-3, and he published the first case study in 2008.

Dr. Alvarado and others started using the i-3 on secluded Class II cases with deficient maxillary development. They experienced successful results in treating Class II correction as well as Class III.

This discovery then precipitated the development of the new i-2™ appliance.

Interceptive treatment for Class II — the i-2
The INTERCEPTION SERIES™ appliances by MRC are designed to be used around the time of a child’s most rapid growth spurt — described by Dr. Robert Ricketts as being ages 5–8.

The i-2 features high sides and a Frankel inner frame, which actively expands the maxillary arch form. The tongue raiser, a feature shared with the i-3, actively raises tongue posture in conjunction with the tongue tag, which is common to all MRC appliances incorporating the Myofunctional Effect™.

For more extreme Class II malocclusion, there is the extended lower flange and lip bumper. This is an improved feature to exploit another of Frankel’s ideas from the FR-II. This bumper extends further into the sulcus than the TRAINER appliances to deactivate the lower fibres of the orbicularis oris. Class II malocclusions typically have strong overactive musculature in the mandibular area. The i-2 targets this with the extended lip bumper.

Farrell notes: “It is always interesting developing appliances for more specific goals such as Class III and Class II. Finding that sound understanding and role of the oral musculature, tongue and mode of breathing allows for a very effective appliance when combined with the world-leading CAD design technology MRC has pioneered during the last 20 years.”

An increasing demand from orthodontists and dentists worldwide for more effective and easier to use (myo)functional appliances has driven MRC to lead the way with a comprehensive range of appliances for all ages and all malocclusions. MRC has recently shifted its focus into practice management systems based on this newer “no braces” approach.

While the increasing demand for “no braces” treatment in the adult market is being satisfied by Invisalign®, the focus for MRC is on the early and conventional orthodontic-age markets.

The way orthodontic treatment is delivered will change over the next two decades, just as the trend toward less extractions has come about. The era of less time in braces is already here. Future generations may not even know what “braces” are.

MRC’s appliances with their emphasis on early myofunctional habit correction are already proving the trend in many practices around the world.

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pal Orthodontics, a division of Ultradent Products, Inc., announced that world-renowned orthodontist Dr. Richard P. McLaughlin has recently joined the company as an advocate and consultant. McLaughlin will lead the global orthodontic education program and will begin contributing to new product development and design.

McLaughlin, who graduated from Georgetown University Dental School and received his orthodontic degree from the University of Southern California, has lectured all across the world and is recognized for his advancements in the pre-adjusted appliance prescription. As Dr. Larry Andrews’ (inventor of the “straight-wire” appliance) associate, McLaughlin learned the intricacies of design and performance of the pre-adjusted system.

Later in his career, McLaughlin opened a private practice in San Diego and leveraged the knowledge and teachings of Dr. Ron Roth to refine his approach; this, along with his collaboration with Dr. Jon Bennett and Dr. Hugo Trevisi, resulted in what is widely accepted today as the most advanced pre-adjusted prescription in the history of orthodontics.

McLaughlin’s passion for continuous improvement of the pre-adjusted appliance is what has drawn him to Ultradent and Dr. Dan Fischer, its president and founder. Ultradent has a trusted reputation in the dental community and a 30-year history of progressive improvements in the field of dentistry. The addition of the orthodontic division has created the opportunity for extraordinary synergies in oral health care.

McLaughlin’s history of excellence in treating patients with superior esthetics, optimal occlusion and treatment efficiency complement Fischer’s reputation for industry advancement, innovation and preservation of healthy, natural tooth anatomy.

Additionally, the environment at Opal Orthodontics fosters a forum to improve the level of care for patients and clinicians, which coincides with McLaughlin’s personal philosophy.

With the support of McLaughlin, Opal Orthodontics is poised to service the orthodontic market with experienced professionals in sales, marketing and continuing education.

For more information about Opal Orthodontics, please contact Dwight Schnaitter at (801) 555-4450 or visit at www.opalorthodontics.com.
Congress on 3-D Dental Imaging features interdisciplinary approach

Imaging Sciences, Gendex sponsor third annual event

The third International Congress on 3-D Dental Imaging, sponsored by Imaging Sciences International and Gendex Dental Systems and held this year in Chicago on June 19-20, features a variety of clinicians and professionals from nearly all dental specialties. These 11 leaders in education offer their expertise on practical applications of this technology as well as an interdisciplinary teamwork approach to 3-D treatment that can benefit both patients and practices.

“Born of a vision to help clinicians better understand patient anatomy in three dimensions, 1-CAT technology changed the landscape of treatment planning in dentistry,” said Scott D. Ganz, DMD, a two-year veteran of the congress and a recognized expert in the field. “The congress carries on the vision this year as it showcases interdisciplinary relationships involving 3-D.”

As general dentists and specialists, novices and experts, continue to explore the evolving world of 3-D imaging, they seek guidance on how to utilize it for a wide variety of treatment modalities, including implants, bone grafting, oral surgery, orthodontics and endodontics.

“It is clear that this state-of-the-art imaging method acts as the bridge between specialties, enhances communication among clinicians and provides the finest diagnostic foundation for defining treatment alternatives for our patients,” said Ganz.

As the interest in cone beam escalated, the International Congress on 3-D Dental Imaging was instituted in response to the demand for peer-to-peer education.

“The adoption of 3-D radiography continues to grow at an astounding pace. Dentists are eager to learn about its benefits and how to apply it to their practices,” said Chuck Ravetto, vice president of marketing for Imaging Sciences and Gendex.

“We are proud to offer such a powerfully informative program that provides real-world clinical and practical advice.”

This two-day course utilizes not only lectures but discussion formats as well.

“One of the most appreciated aspects of the congress is the chance for lecturers and attendees to participate in an open exchange of ideas,” said Steven Guttenberg, DDS, MD, a returning featured speaker.

Participants also have the opportunity to interact with a variety of vendors that offer 3-D supportive products, including imaging and implant systems as well as 3-D treatment planning software.

For more information on the third International Congress on 3-D Dental Imaging, including the agenda, speakers and lecture topics, please visit www.i-CAT3D.com.

Le Petit Masque

Finally, there is a mask that fits small faces! It’s ½ of an inch shorter to eliminate gapping for a more comfortable, protective fit. The masks are “Priority Pink,” which means Crosstex donates 5 percent of the proceeds to fund women’s cancer research at Memorial Sloan-Kettering Cancer Center.

The outer layer is fluid resistant and the inside is soft, white spunbond. The masks meet American Society for Testing and Materials F2101-07 standard as a low (primary) barrier face mask based on fluid resistance, filtration value, breathability and flammability.

They are available at dealers worldwide.

SureGrip Universal Photographic Mirror Handle

G&H introduces a new mirror handle design that is clinically functional and user friendly.

The SureGrip universal photographic mirror handle engages mirrors quickly and easily with a twist of the handle. SureGrip is fully adjustable, allowing the mirror to be adjusted and locked at any angle.

One design fits all glass mirrors (3 mm thick), and one design fits all stainless steel mirrors (1 mm thick) — simply specify which design you prefer.

The SureGrip handle is constructed of heavy-duty anodized aluminum for long life, and is easy to clean and sterilize. It also is fully autoclavable.

**Lotus Passive Self-Ligating Bracket System**

Ortho Technology, Inc., introduces the Lotus™ Passive Self-Ligating Bracket System. The Lotus bracket is designed to provide passive engagement while reducing friction and improving sliding mechanics.

It features a patented, convertible clip that allows for easy opening with an explorer and secure closing with a tweezer or utility plier. No special instruments are required.

The clip is made of high quality nickel titanium for flexibility and long life and can be removed if ligature ties are desired during the finishing phase.

The Lotus bracket features a rhomboid shape and contoured tie wings for maximum patient comfort.

The 80-gauge, foil, mesh-contoured base ensures maximum bond strength and simplified, accurate placement. The Lotus bracket comes in the .022-inch slot Roth Prescription.

Other features and benefits include:

- Design provides passive engagement to reduce friction and improve sliding mechanics.
- It has a low-profile, mini-twin design with a rhomboid shape for easy placement.
- The mandibular arch clips open gingivally to minimize occlusal interference while the maxillary arch clips open occlusally.

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About Scarlett
Scarlett Thomas is an orthodontic practice consultant who has been in the orthodontic field for over 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, Scarlett has an exceptional talent to inform, motivate and excite.

After implementation of her concepts into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well organized practice.

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