Dr. Janet Stoess-Allen talks to Ortho Tribune about her love of orthodontics and why she thinks all residents should learn about neuromuscular dentistry

By Dennis J. Tartakow
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Please introduce yourself to our readers and tell us about your background in orthodontics.

I went to the University of Louisville Dental School and completed my orthodontic residency program at New York University. After finishing my residency, I moved to Florida and purchased my first practice in Delray Beach where I practiced until 1995. After getting married, I moved back to New York where I have practiced for the past 15 years. My current solo practice is on Park Avenue in New York City, where I have been for the past 10 years.

What motivated you to become an orthodontist?

As a teen, I was treated by an orthodontist in Louisville, Ky., where I was born and raised. I always looked forward to my appointments with my orthodontist, Dr. Robert Coomer, for several reasons. He always appeared very happy doing his job, which I found very comforting and positive. I found the whole process of tooth movement fascinating and wanted to understand how it was possible to move teeth without damaging them and the bone around them. There was also a very nice lab technician who worked in the practice where I was treated; I used to watch him make appliances, which I found interesting. The whole atmosphere was always pleasant and inviting, and everyone there seemed happy.

When and how did you open your orthodontic practice?

I purchased my first practice from a retiring orthodontist in Florida. When I moved back to New York, I worked as an associate in a few practices outside of Manhattan for a few years. I always dreamed of having a practice on Park Avenue, and ultimately that dream became a reality. In 1999, I purchased my cooperative space on Park Avenue, renovated it and the rest is history.

What special areas of education, research or clinical activities are you most interested in and why?

As an orthodontic resident and in my early years of practice, I struggled with mandibular positioning — in the vertical and horizontal planes. I never agreed with forcing a patient’s jaw into centric relation and treating to that position simply because it was “reproducible.” After searching unsuccessfully for some time, and seeing many patients in my practice who had been orthodontically treated and were subsequently having symptoms of TMD, I was very fortunate to stumble upon a very brilliant neuromuscular dentist by the name of Dr. Jay Gerber. I studied under Dr. Gerber and actually spent time shadowing him in his practice in West Virginia. He answered many of the questions I had and ultimately changed my life as an orthodontist. I felt I finally had some answers to questions that would help me tremendously in my career as a practitioner. Very simply, it taught me to work with the natural positioning of the mandible with the condyles symmetrical and centric in the glenoid fossa — in a physiological rest position. As it was explained to me, by attaining this position, it allowed the muscles to rest with minimal electrical activity and to perform their functional activities with a strong bilateral symmetrical activity, which is healthy.

As an educator, what are your most important educational responsibilities to your postgraduate orthodontic residents?

I am not currently affiliated with a teaching institution. I do, on occasion, lecture with my friend and colleague, Dr. Neil Zane, who practices neuromuscular dentistry. We currently treat many patients who are suffering from TMD, following the guidelines of neuromuscular positioning. Our methods of treatment are constantly changing and evolving in response to each individual patient’s needs. In our lectures, we share the treatment plans and results of our mutual patients.

In your opinion, is there a need to change the way higher educational programs in this country educate their orthodontic residents?

I would like to see more emphasis, especially in two areas. First, there should be a very strong focus on mandibular/condylar placement in orthodontic treatment and the beneficial effects on the relationships of the head, neck and facial muscles. Second, there should be a much stronger focus on each individual patient and his or her overall dental needs. In most cases, a team of dental specialists and general dentists should be spending treatment planning each case together so that all the dental needs of the patient are met and in the proper sequencing.

What changes would you make if you could and why?

In all orthodontic residency programs, and even in the undergraduate dental school programs, I believe that neuromuscular dentistry should be introduced so that students have a better understanding of the whole patient, taking into consideration the relationship of the jaw, teeth and muscles and how they work together optimally at their most relaxed, efficient state.

In your opinion, what changes do you foresee in orthodontic education in the near future?

I feel that change is very slow coming and that the changes I would like to see in the area of neuromuscular positioning from an orthodontic standpoint is very misunderstood or often unknown. I hope the field will be investigated by orthodontic educators and, in time, change will come. It is a very gratifying area as we help people feel better with an improved quality of life.

Looking back at your career, would you do anything differently?

For the sake of my patients in the past, I wish that I had known then what I know now with respect to neuromuscular positioning. However, I feel that you can’t look back and regret but rather be grateful for the knowledge you now possess. I would really do nothing differently as the evolution that I have been so fortunate to enjoy has been such a true learning experience and positive addition to my life.

Do you have any final comments for our readers?

My greatest words of wisdom are to keep your mind open to learning and change. The fields of medicine and dentistry are ever changing and improving. It is very sad for me to hear from colleagues that they are practicing the very same way that they always did simply because it is easy and it works for them. It may work for them but still be wrong for their patients or, even if it isn’t wrong, it might be better. We can always improve and provide better patient care if we are willing to listen, be open-minded and take chances. If we don’t listen and really hear our patients, we will never adequately treat them appropriately.

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About the doctor
Dr. Janet Stoess-Allen received her BS with honors from the University of Kentucky, her DMD from the University of Louisville and her postdoctoral certificate of orthodontics from New York University. She has practiced orthodontics in Delray Beach, Fla., Hauppauge, N.Y., Southampton, N.Y., and New York City. Dr. Stoess-Allen has received a grant and the Iris Award for “Cleft Palate — TMD Dysfunction” as well as a first place award for her table clinic on “Oral Cancer — Soft Tissue exam.” Her hospital appointments include Mount Sinai Hospital, New York, N.Y., and Bethesda Hospital in Boynton Beach, Fla. She resides with her husband, Lowell, and their son, Zachery.