What motivated you to become an orthodontist?
I grew up thinking I would either be a family physician, like my father, or a rock musician. When I was a senior in high school, my dad pulled me aside and suggested that I consider orthodontics. He had a lot of foresight, predicting managed care and potential socialization of medicine.

It was not until I was in my third year of dental school that my attention did turn to orthodontics. Years later, I was having dinner with Buzz Behrens, chairman of Saint Louis University, and it suddenly struck me that it was because of Buzz that I had the seed of an orthodontic career planted in my head.

Buzz’s father and my dad were physicians at the same hospital in Galesburg, Ill. Although, Buzz and I had never previously met, our two fathers must have been talking about their sons’ future plans. Behrens told my dad that his son was entering into an orthodontic career; later I was advised to do the same. As if by design (or just plain coincidence), we were both accepted by the same chairman, Lysle Johnston: Buzz at Case Western and me at Saint Louis University, 10 years apart.

When and how did you open your orthodontic practice?
During my orthodontic residency, my wife and I were looking for a place to settle “somewhere in the Midwest.” We’re both from the same rural area, and although we enjoyed our time in St. Louis, we were anxious to return to a smaller community. Consequently, we looked at a variety of practices that were for sale in many different states. We finally settled on a small practice in Kalamazoo, Mich.

Lysle Johnston’s influence was felt again as he is the one who suggested the community would be an excellent fit for us, and he was, as usual, correct.

What special areas of education, research or clinical activities are you most interested in and why?
I had never originally intended on ever standing up in front of an audience to speak, or to invent anything, or to write any papers. It seems that all of this happened by accident to some degree. My wife and I never imagined that we would have the unique opportunities to travel the world or that anyone would be interested in anything I would have to say about orthodontics.

My first lectures involved the controversial issues of extraction/nonextraction treatment and a critique of Phase I treatments. I also had been combining methods of molar distalization with fixed functionals from a very early stage in my practice to deal with patient compliance issues. I decided I would document these methods, especially because many of the dentists in my area were not familiar with the devices I was using. Consequently, the first papers I wrote were descriptions of these mechanisms and reviews of controversial and contentious issues in our specialty.

I’ve been involved in research examining the effects of molar distalization and reducing enamel demineralization, and I am one of four doctors on the Invisalign Teen Research Team.

About 1996, I was asked by the president of American Orthodontics to develop a low-profile v-slot bracket system with associated auxiliaries (the Butterfly System), and that lead to creation of numerous devices, including the Monkey Hook and Kilroy Springs for impacted canines; the TAD Bite Opener, Ulysses Spring and Propeller Arm for mini-screw applications; the patented Bowman Modification Distal Jet and Horseshoe Jet (supported by mini-screws); Aligner Chewies and RetainerRetrieveis for Invisalign, and several other simple solutions to everyday clinical problems.

In your opinion, is there a need to change the way higher educational programs in this country educate their orthodontic residents?
I don’t think the majority of orthodontic programs are specifically a concern, although we are experiencing the accelerated loss of some of our most influential leaders in recent years. More importantly, practitioners do have a choice to make. We read that there is an emphasis on evidence-based care; however, in the same breath, we flipantly ignore the evidence as seemingly unimportant when it doesn’t square with what we have often chosen to provide as “treatments” for patients. There appears to be more concern for the appliance than the science.

So, unless orthodontists choose to value the “products” generated by academia (namely, research), over the unsubstantiated claims of those selling something (often, whose only duty is to their shareholders), then the specialty will likely devolve into simply a “trade,” as the impetus to teach/research is lost.

To paraphrase my mentor, Lysle Johnston, “Scientific evidence is not just a theoretical nicety, it is a necessity,” the life-blood of a learned calling.

As an educator and clinician, what orthodontic techniques do you teach?
At the University of Michigan, I was fortunate to have been asked to teach a straightwire typodont...
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course that includes the application of vertical slot auxiliaries, molar distalization and fixed functionals. I intend for students to expand their “tackle box” armamentarium and consider a “loose-leaf” reference manual, rather than a cookbook philosophy.

Specifically, I’d like them to consider at least three options for most any clinical situation. I hope to instill an interest in exploring all aspects of our specialty with an open but critical and skeptical mind — perhaps less cynical than mine.

What hobbies do you enjoy? I’m fortunate that my avocation is also my vocation. I have enjoyed teaching, creating lectures, sharing experiences and travels around the world with family while making new friends and all-the-while thinking about problems and creating simple inventions to help to solve them.

On another note, I was recently able to reunite our rock band from high school to play two shows for our class reunion, 35 years after our last performance — at the very same venue. We worked for three years to pull this off, and it was very satisfying to be able to perform the same three sets of music again with the same guys from back-in-the-day. As rock musician Pete Townshend said, “I may be old, but I ain’t borin’”!

Looking back at your career, would you do anything differently? I suppose I might have made things easier by simply following the path of least resistance: flavor-of-the-month orthodontic fads and popular gurus during the past 25 years. But I didn’t jump on routine functional appliances, early aggressive treatments, slippery braces, the avoidance of extraction-at-all-costs, the selling out of my practice to some management group or the adoption of hard-sell marketing.

I decided to become immersed in research-based concepts and focus on looking for innovative solutions. As a result, I was able to design my own orthodontic offices, develop my own line of braces and create a system of devices to complement treatment that I feel comfortable and proud to provide for the people who seek our advice and assistance.

In the process, I grew an orthodontic practice by creating relationships built on trust. So, I guess there aren’t too many things I would have done differently.

Do you have any final comments for our readers? Orthodontics is a life-long learning process, and there always appears to be more and more to learn. It’s sometimes overwhelming to consider.

As Alexander Pope wrote: “A little learnin’ is a dangerous thing, Drink deep or taste not the Pierian Spring.”

Or to paraphrase the mathematician Alfred North Whitehead: “How much orthodontics do you need to know? Enough not to be taken in by it.”

I’m fortunate to have found a career that I’ve embraced — pun intended — completely, and I enjoy being involved in so many aspects.