The American Association of Orthodontists will host its annual meeting April 29-May 3 at the Orange County Convention Center in Orlando, Fla., with the goal of “Bringing Us Together.”

“When you’re curious, you find lots of interesting things to do,” a quote attributed to the late Walt Disney, is also applicable to the AAO 2016 Annual Session, said AAO President Morris Poole. Orthodontists display great intellectual curiosity about both the discipline of orthodontics as well as myriad other subjects, he said. Poole noted the Disney quote also expressed what he believes the AAO annual meeting will be.

The AAO’s 2016 Doctors Scientific Program will offer a wealth of clinical and scientific information in application to orthodontic practice, as well as in-depth information about every aspect of effective practice management.

In addition to the typical events and educational sessions you might expect at these types of events, the AAO has some special activities and highlights for attendees, including:

- Opening Ceremonies at Sea World on Saturday, April 30.
- The Excellence in Orthodontics Awards Ceremony and Luncheon, featuring an address by 2012 Republican presidential nominee Mitt Romney, on Sunday, May 1.
- The International Members Reception at the Hilton Orlando Promenade Lawn on Sunday, May 1.

Feed your curiosity at 2016 annual session

Historical overview of orthodontic education

From 1961-2000: Part III

Orthodontic education accreditation for all undergraduate and postgraduate educational programs in the United States and Canada was initiated in the early 1970s. The creation of the Commission of Dental Accreditation occurred in the 1990s, operating under the auspices of the ADA, in order to standardize the accreditation process for all postgraduate orthodontic programs (American Dental Association, 2008).

This was a peer review mechanism that included orthodontic specialists, educational institutions, practitioners, the dental licensing community, as well as public representatives. Their responsibility was to ensure the quality of each orthodontic education program. The Joint Commission on National Board of Dental Examiners established Test Construction Committees in order to examine all undergraduate and graduate dental students for knowledge and proficiency.

Since 1990, the issue regarding recruitment and retention of qualified orthodontic faculty members had been the most important and challenging topic of discussion at every orthodontic conference (Roberts, 1997). Since 1994, the AAO Council on Orthodontic Education (COE) has sponsored conferences for the chairs of orthodontic departments to share common challenges and solutions (Larson, 1998). According to Larson, the Orthodontic Section of the American Association of Dental Schools (AADS) also recognized this critical challenge.

In 1990, the faculty vacancy rate was six percent. At the time of the 1993 survey, 171 full-time faculty positions were funded at the programs that returned the survey and of these, 20 positions were unfilled for
HISTORY, Page 1

A vacancy rate of 12 percent. In 1997, the vacancy rate increased to 42 percent. If orthodontics can provide an environment that makes education and research a reasonable choice through which one can make a decent living, the specialty will maintain its high standards and continue to flourish (Peck, 2000). Typically, the best dental students are attracted to orthodontics, and a large number of them do have an interest in teaching and research (Larson, 1998).

According to Noble, Hechter, Karakos and Wiltshire (2009), there are more than 700 orthodontic residents enrolled in the 65 postgraduate orthodontic programs in the United States. Approximately 400 new residents per year are accepted in 69 postgraduate orthodontic programs in the United States and Canada (Johnson, 2008). All postgraduate orthodontic programs range from two to four years in duration, some offer certificates in orthodontics and others offer M.Sc. and/or Ph.D. degrees. The total number of residents averages 800 to 1,200 per year.

By 1997, these issues were finally brought to the surface by an important landmark survey of all orthodontic department chairs. The COE and AADS surveyed all orthodontic programs in the United States and Canada in order to visualize the problem and develop greater understanding for the negative trends of orthodontic faculty recruitment and retention (Larson, 1998). Larson noted that two orthodontic educators, Storey (Department of Orthodontics, University of Toronto, Faculty of Dentistry, Ontario, Canada) and Biggerstaff (University of Texas, Department of Orthodontics, Health Science Center, San Antonio, Texas), constructed a survey instrument in order to reassess previous data from similar projects that were completed in 1990 and 1993. This survey instrument was modified to allow for comparison with those earlier results regarding faculty retention. Those results confirmed that there was an increase in unfilled faculty positions.

To be continued...

Editor’s note: References will be included at the end of the final portion of this series.
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Why digital marketing?
See how Kaleidoscope can make a difference for your practice

By Kaleidoscope Staff

It’s time to have a digital marketing presence in your practice that sets you apart from the competition. The competitive differences of Kaleidoscope, a digital marketing tool, can have a huge impact in your lobby and reception areas.

Digital marketing is important because:
- It builds and strengthens relationships.
- New products and services will be discovered.
- Sixty-five percent of people are visual learners.

You want to make sure your digital marketing is providing fresh content and including what’s important to your practice. Kaleidoscope is doing just that! Kaleidoscope, a digital marketing tool, is offering an exciting new feature called “Automatic Updates.”

Many Kaleidoscope clients have shared with us that they would prefer to handle information about their office for their display but would like everything else to change automatically for categories such as Trivia, Life Tips, Nature and Travel. Now Kaleidoscope offers both full customization features, as well as automatic updates.

When choosing a digital marketing tool, consider what Kaleidoscope offers:
- Excellent customer service.
- Superior quality layouts, templates, backgrounds, and photos.
- Wide variety of designed layouts and templates to choose from.
- A way to subtly market and display your personalized content.
- Fast and easy setup, with the initial customization being completed for you by the Kaleidoscope team.
- An opportunity where your input is valued and often integrated in product enhancements.

Kaleidoscope asserts it leads the way in patient experience. It provides poignant visual bytes and information that captures the attention of both parents and patients. The visual graphics and photos draw people in and engage them in learning more about the practice.

Then there’s the added value of having Kaleidoscope Founder and President Charis Santillie help you and your understanding of the orthodontic/dental market. Her 25 years of business accomplishments in consulting, marketing and product launches encompass a variety of industries. She chose to launch her own marketing company, which has helped hundreds of orthodontic and dental practices achieve greater success.

AcceleDent attributes its success to both a growing body of clinical evidence, high patient satisfaction

By AcceleDent Staff

Now available in more than 3,000 orthodontic locations in North America, AcceleDent® is being integrated into orthodontic practices in the United States and internationally as standard of care for accelerated orthodontic treatment.

AcceleDent is an FDA-cleared, Class II medical device that speeds up orthodontic treatment by as much as 50 percent and relieves pain often associated with treatment. Patients simply bite down on AcceleDent’s gently pulsating mouthpiece for 20 minutes daily, and the hands-free, noninvasive device employs patented SoftPulse Technology™ that accelerates bone remodeling and tooth movement at the cellular level.

Many respected orthodontists, including Dr. Sam Daher, Dr. Sonia Palleck, Dr. Jay Bowman and Dr. John Graham, chose AcceleDent as the preferred accelerated treatment modality because it has been clinically proven to address the two most common barriers to treatment—length of treatment and discomfort.

Manufactured by OrthoAccel Technologies, AcceleDent’s rapid adoption by orthodontists is credited to both a growing body of clinical evidence supporting the device’s safety and effectiveness, as well as high patient satisfaction among AcceleDent users.

In September 2015, a peer-reviewed article published in Angle Orthodontist titled “Pain Control in Orthodontics Using a Micro-pulse Vibration Device: A Randomized Clinical Trial” reported that micropulse vibration, as used in AcceleDent, significantly lowers biting pain and overall pain during orthodontic treatment. Orthodontists such as Dr. Katie Gruber, who practices in Illinois, say the reduction in discomfort is a huge benefit of treating patients with AcceleDent. “This study clearly demonstrates that, in addition to faster tooth movement, AcceleDent provides ‘pure’ pain management for orthodontic patients who frequently report discomfort during treatment.”

Another clinical trial appeared in the September 2015 issue of Seminars in Orthodontics, and the results revealed that pulsatile forces, which AcceleDent employs, significantly accelerate tooth movement. This prospective, double-blind, randomized, controlled trial, demonstrates that gentle, non-invasive vibration increases the rate of tooth movement. This scientific evidence reinforces the clinical results that AcceleDent providers have been achieving with this medical device for the past several years. The evidence is underscored by consistently positive patient reviews. In an independent survey, 100 percent of patients surveyed report they are satisfied with their experience using AcceleDent.

The strong support from orthodontists and consumers is how we know that AcceleDent is such a game changer for the orthodontic industry,” said Michael Lowe, president and CIO of OrthoAccel. “Orthodontists understand the science that makes AcceleDent work, and patients are eager to receive the benefits of accelerated orthodontic treatment with AcceleDent.”

OrthoAccel captured No. 69 on the 2015 Deloitte Fast 500 ranking of the fastest growing technology companies in North America, with more than 200 companies ranked on the prestigious list are some of this era’s most dynamic and respected technology brands such as Tesla, Fitbit and Twitter.

“The fact that OrthoAccel is the only orthodontic company ranked on the 2015 Deloitte Fast 500 shows the wealth of industry experience that our team has,” Lowe said. “As an innovation company, we remain laser-focused on revolutionizing the orthodontic industry by enhancing the patient treatment experience.”
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Easing chairside stress with the All Surface Kit

By Reliance Orthodontics Staff

One of Reliance’s flagship products, Assure®, has been the answer for so many difficult bonding situations for the past 15 years. Assure has created a foundation as the go-to primer for everyday enamel bonding thanks to its variable reducing properties, according to Reliance Orthodontics.

Recently, Assure Plus was introduced to bond to micro-etched porcelain without the use of hydrofluoric acid and zirconia. As you may know, Assure and Assure Plus bond to wet or dry healthy enamel. Furthermore, they bond to wet or dry atypical surfaces (hypocalcified, aprismatic, fluorosed, primary dentition and even dentin/cementum) without additional primers.

If you experience an enamel side bond failure (the composite pad debonds clean off the enamel), immediately contamination is blamed. If you are not using Assure or Assure Plus, this may not be the case.

The enamel could have been aprismatic; no other primer will bond to this difficult surface. The use of Assure or Assure Plus on the initial bonding appointment would eliminate this atypical variable.

As the demographics of orthodontic patients shift to include an increasingly larger number of adults, artificial substrate preparation becomes a major topic of discussion for clinicians. It is no secret that the foundation of artificial substrate bonding lies in a good mechanical preparation.

Traditional methods using a diamond bur, greenstone or disc to roughen metal or porcelain surfaces does not always produce adequate mechanical retention; however, microetching with aluminum oxide does. The SEM pictures (Figs. 1a, 1b) clearly illustrate the stark mechanical differences between utilizing a rotary instrument and an intraoral microetcher to prepare non-enamel surfaces.

Reliance now offers a kit that will reduce your inventory and produce maximum strength for chairside bonding, regardless of the substrate involved — enamel or non-enamel. The ASK (All Surface Kit) only includes three components: 6cc Assure Plus*, All Surface Bonding Resin, 8 cc Porcelain Conditioner and an Etchmaster microetcher with 10 tips.

The Etchmaster is a small sleek design that allows easy access to the posterior and very little clean up when used with high-speed evacuation. Simply unscrew your handpiece from a high- or low-speed air line, attach the Etchmaster sandblaster, insert the preloaded tips (filled with 50 micron aluminum oxide) and begin sandblasting.

Clinicians now can eliminate all other artificial surface primers as well as numerous different protocols, according to Reliance Orthodontics. With the All Surface Kit, all non-enamel substrates are handled with only two protocols:


Reduce inventory, reduce failures, reduce costs and simplify procedures with Reliance Orthodontics.

* Assure Plus Unidose 50 pack can be substituted for an additional $10.
“When our local basketball team won the state championship for the 3rd year in a row, the next day we had a picture of the team, our patients, on Kaleidoscope congratulating them. It’s a great display that keeps things current and interesting.”

- Dr. Tim Poser, Orthodontist

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It seems logical that if the goal is international success, one of the steps toward growing a prosperous company would be to establish a strong presence in the domestic market. Compared to overseas, though, the Australian dental industry is quite small, and international companies, such as Henry Schein and DENTSPLY, dominate in the local market. However, there are industry innovators in Australia bucking this trend and becoming significant players on the international stage.

By offering modern treatment options along with the systems necessary to deliver them effectively and efficiently, Myofunctional Research Co. (MRC) has grown to become established internationally as a frontrunner in a 21st-century niche of the market. While the head office is based in Australia, the company’s earliest inroads were in Europe, and while MRC is becoming well-known as dental innovators domestically, since 1995 when distribution started, MRC Europe has grown a significant business footprint from its base in Holland.

MRC Founder Dr. Chris Farrell said the company’s European origins grew from the acceptance of an idea. “Twenty-five years ago, we were less globally connected;” he said. “At that time, Australian dentists and orthodontists could not see the importance or potential of our Trainer and Myobrace® systems, whereas the European orthodontists were able to.”

MRC Europe’s first distribution contract was signed more than 20 years ago for France, where the distributor sold exclusively to orthodontists. Farrell said these orthodontists quickly recognized the potential for MRC’s treatment systems and continue to be enthusiastic about what MRC offers today.

“They were more educated in certain areas and understood about function and early treatment, so they immediately took our pre-trainer on board,” he said. “France remains one of our best markets, and when I lecture there these days, they want to learn everything they can about new appliances as well as how we have developed the integrated Myofunctional Activity System and practice management systems to optimize efficiency and patient compliance.

“Our Myofunctional Activity production, which includes an educational service focused on nutrition and diet, is now available in French.”

While it was the French willingness to accept an idea that helped MRC establish a foothold in Europe, a regular presence at the International Dental Show (IDS) in Cologne increased awareness and the fading of a 20th century superpower opened access to new European markets.

“We have had a presence at every IDS since 1997 and now have distributors in every European country,” Farrell said. “When the former Soviet Union changed, we found that orthodontists in Eastern European countries were already learning about mouth breathing and poor myofunctional habits causing malocclusion, so when MRC came along with a better way to treat, the acceptance was quite high.”

Nowadays, the European headquarters naturally includes the standard corporate sales and distribution departments, but Farrell said continuing to educate European dental professionals regarding myofunctional dysfunction and modern pre-orthodontic preventive treatment was an integral part of MRC Europe’s operation.

“The European HQ includes a substantial training center with a fully equipped training clinic to show European dental professionals and their staff how to deliver cost-effective pediatric pre-orthodontic care for millions of growing children all over Europe,” he said. “Nowadays, we have training sessions almost every week for doctors from all over Europe, and Holland is an excellent hub for this.”

The acceptance MRC received in Europe was not always the norm, though, and spreading beyond European borders, particularly into the United States, provided a fair share of challenges.

Farrell said establishing MRC in the United States caused more of a struggle, as it required a change in thinking for those U.S. dental professionals.

“Linking malocclusion to myofunctional disorder, which can be more difficult to see was a different way of thinking,” he said. “We simplified our education and training process to return to basics and show how you must treat the dysfunction first, then the teeth.”

“The Myobrace System is more about health, growth and development in younger children rather than a novel way to straighten teeth. To begin with, braces-oriented orthodontists had trouble believing that the system can straighten teeth while only being used for one hour per day and at night. Once they realized, they were amazed at the results, and so during the last two years, all our USA courses have been at capacity and sales of Myobrace were up 51 percent for North America in 2015.”

Farrell said that when it came to recognizing the potential of MRC’s treatment systems, European dental professionals initially had a slight advantage but their American counterparts had caught on.

“Europeans have always used functional appliances so there was already basic foundation of knowledge to build on,” he
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said. “Establishing MRC in America took longer than in Europe because the basics of our system were not taught in North American universities. Now there are several taking on MRC post-grad courses so pediatric and orthodontic specialists can work together to resolve health and orthodontic issues in growing children.”

With awareness and acceptance established internationally, in 2015, MRC brought focus back to the Australian market. Farrell said that, just like in Europe and the U.S., education was a central part of MRC’s operation in Australia.

“2015 was a watershed year for MRC in Australia,” he said. “In November 2014, we opened our new training facility at our Queensland office. The first delegates to come for training were orthodontists and their staff from China, but I am pleased all our Australian courses have also been well accepted by local dentists. All the Australian courses have been at capacity with special courses being put on for dentists and orthodontists from Japan, Taiwan, Korea and Singapore.”

Farrell said MRC’s success demonstrated how a willingness to be innovative and recognize opportunity as well as persistence and dedication could enable 21st-century dental professionals to adapt to a changing profession.

“We have to understand that a niche market has a global reach, and you no longer need a lot of products to be successful,” he said. “One thing I’m certain of is that education is the key to a healthier and more prosperous future. It took us 20 years to figure out. It was all about education and get that message out globally.”

To learn more about Myobrace Activities in the French and MRC Europe Training Facility, visit booth No. 1667.
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Clear aligner therapy: Begin with the end in mind

**Digitally reshaping treatment setups for orthodontists**

By Ken Fischer, DDS

F orty-one years ago, when I began my journey as an orthodontist, I was fortunate to have been invited to associate with Dr. Robert Ricketts and Dr. Ruel Bench in their Pacific Palisades, Calif., practice.

During those 11 years of working closely with them, I learned many valuable lessons, but the one I call upon every day in my practice is to “begin with the end in mind.” In other words, visualize the treatment objectives before starting the treatment. Ricketts and Bench developed and promoted the Visual Treatment Objective, or VTO, as a technique to create that visualization.

Today, the emergence of clear aligners as an accepted modality for orthodontic treatment has brought us the digital VTO in the form of a treatment setup. Once the software technician has manipulated the original digital models to represent a satisfactory treatment goal, not only is the new visualization utilized but the sequential pathway from beginning to end animates how the teeth will move to arrive at their destination.

Anyone who has moved teeth with clear aligners understands just how important it is for the clinician to master the nuances of the treatment setup. This mastery begins with the information and direction the clinician provides the technician before the software moves a single tooth.

The technicians’ skill set grows with their experience in creating the setups; however, it is much better when they understand clearly what objectives and preferences the doctor wants to achieve with the treatment. Remember the adage, “garbage in, garbage out”? Well, it can be very aptly applied here.

For example, ClearCorrect provides forms in its online portal for the doctor to submit the information the technicians will need to reset the teeth, and additionally, areas where the doctor can provide further directions to aid the technician in staging, engaging placement, etc. Therefore, ClearCorrect allows for greater doctor control over the treatment plan and offers more flexibility to reach the desired goals.

Once the original treatment setup is completed, the doctor must scrutinize it, starting with the final result: Does it meet the clinician’s objectives for occlusion, interdigitation, appropriate overbite and overjet, rotation correction, staging or treatment time and facial esthetics? If the criteria are met, the setup is approved and the fabrication of the aligners begins. If the doctor rejects any part of the setup, the doctor submits his objections and instructions for correcting or improving the identified issues and the setup is revisited. Within a couple of days, the review process is repeated.

ClearCorrect does not charge a fee for preparing the treatment setup or even multiple setups in case the doctor would like to visualize alternative treatment plans, e.g., in borderline cases where extraction may result in a more favorable result than non-extraction.

Setups can be prepared for each scenario, giving the clinician the opportunity to analyze both results and approve the one that would best meet the treatment objectives. Additionally, ClearCorrect works with most intraoral scanners, making it easy for clinicians to submit cases and allows for more precise treatment setup plans.

Even after the final approval of the original setup, the value of the digital VTO lives on. It offers the doctor an opportunity to demonstrate the treatment goals to the patient visually. Although not required to do so, showing the setup to patients stimulates their anticipation to begin treatment and raises their confidence in the clinician’s competence.

The setup can also be an important tool for monitoring progress throughout the treatment. When aligners are not “tracking” adequately, often the reason why can be determined by analyzing the staging amounts in the setup.

The technology that has made orthodontic treatment with clear aligners possible has also digitally re-shaped the appearance of Ricketts’ and Bench’s VTO and made it a much more powerful and valuable tool, now known as the treatment setup.

Rearranging teeth on digital models, sequential staging of tooth movement, enhanced graphics, online communication between clinician and technician, and competitive pricing all combine to make the utilization of this valuable tool available to any who are willing to learn how to properly apply it.

Where Invisalign once held the commanding industry position, it is only the clinicians’ experience and training that determines the quality of their orthodontic treatment. ClearCorrect does, however, offer a subset of unique benefits:

- An aligner trim line research-proven to be optimally effective;
- A simplified, efficient online case submission portal;
- Aligners delivered in phases for doctor convenience;
- The opportunity for the clinician to choose one-, two- or three-week wear schedules;
- Acceptance of a large number of various scanners for submitting digital models; and
- A $25 discount if digital scans are submitted in lieu of PVS impressions.

**About the author**

During his 41 years as an orthodontic specialist and after treating nearly 1,500 clear aligner cases, Dr. Ken Fischer enthusiastically offers clear aligner treatment to most of his patients, including those needing four bicuspid extractions. He frequently lectures and has published a number of articles on clear aligner treatment.
## IN-BOOTH LECTURES

### SATURDAY, APRIL 30TH
- **Mission Possible – 3d Control Early**  
  10:00 am – 10:30 am  
  Dr. Duncan Brown
- **Reduced Treatment Time and Improved Smile Arc Esthetics Using H4 and the Pitts Protocols**  
  11:00 am – 11:30 am  
  Dr. Peter Csiki
- **Utilizing the H4 System to Differentiate Your Practice**  
  12:30 pm – 1:00 pm  
  Dr. Michael McLaughlin

### SUNDAY, MAY 1ST
- **Saving Treatment Time with Excellence**  
  10:00 am – 10:30 am  
  Dr. Tom Pitts
- **Simple Mechanics for Fabulous Results - H4 & Pitts Protocols**  
  11:00 am – 11:30 am  
  Dr. Nimet Guiga
- **Excellence, Esthetics, and Efficiency**  
  12:30 pm – 1:00 pm  
  Dr. Matthew Bruner

### MONDAY, MAY 2ND
- **Save Time with Effective Bodily Movements, from Initial Light Round Wires**  
  10:00 am – 10:30 am  
  Dr. Tomas Castellanos
- **Saving Treatment Time with Excellence**  
  11:00 am – 11:30 am  
  Dr. Tom Pitts
- **Case Management and Clinical Biomechanics Using the H4 System**  
  12:30 pm – 1:00 pm  
  Dr. Gustavo Ibañez Rumi
How to hire the right staff

Four keys to choosing and retaining the right employees

By Dr. Mark Sanchez
Founder and CEO of tops Software

It surprises me how often I meet orthodontists who bring up the challenges of hiring great employees for their practice. Finding and retaining good people can be hard. In fact, mis-hiring is far more costly than most of us realize.

For example, you hire someone who leaves after only four months on the job, you may think that your loss is the four months of salary for that employee. Actually, once you factor in your time looking for this employee, training time and time spent by other staff members to cover for them while you start the search all over again, you could find yourself spending 10 to 15 times that four-month salary. My hope is to give you a few ideas on how to hire and retain a great staff while saving money and time building your team.

What I’d like to do here is offer up my “Reader’s Digest” version of the course I teach on hiring the right staff. There are “Four Keys to Hiring and Retaining The Right Employees.” I usually expand more in the class, but for our purposes, we’ll touch the high points:

• Make a checklist — Identify the skills, characteristics and goals you expect of a potential employee. If a candidate does not meet those criteria at a high level, move on to the next.

• Develop a hiring process — Start by developing a phone screening process, followed by the interviewing process. From there, you’ll need to develop a character reference process. Don’t just talk to acquaintances/friends. Talk to all of their past managers/employers for the last 10 to 15 years.

• Build a bench — Create a list of possible future employees. NEVER hire in an emergency. Have people in mind before you actually need them. Stay on top of who’s available. Ask trusted staff members to be on the lookout for new team members. You never know where a great potential candidate might pop up.

• Create a culture — This is important, and it starts with you. You set up and create the kind of work environment you want. Then help build it by hiring staff that add to that culture. Do you want to work with smart and happy people? (That’s what I’ve created with “team tops.”) We want hard working people who want to have fun. You might want a more formal workplace? That leads us further into the culture. What practice characteristics lend themselves to a great office environment? These are characteristics we nurture at tops.

• We’re a team. We fit together and share goals.
• We’re a family. We spend more awake time with each other than our family. Make it count.
• Sense of freedom. Hire people you can delegate work to, trust them to do a great job.
• Fun. My personal favorite. If you’re not enjoying it, why do it? We take orthodontics and practice management very seriously and we have a good time doing it.

That’s just a glimpse into my secrets for hiring and retaining a great staff.

For most American businesses, there is a hiring success rate of only 40 percent. That’s largely due to ignoring many of the key steps listed above. If you follow them, you can easily set a goal for a 90 percent hiring success rate. I always have a really good idea about someone before I ever meet him or her for the first time.

And finally, I’ll close with a friendly warning. If you ever bring in someone for an interview and your gut gives you any doubt, remember that it’s better not to hire a good candidate than it is to hire a bad one. The good candidate that may have gotten away can automatically be sent to your bench for a future opportunity.

Good luck building your perfect team!
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Power-driven acceleration with Propel’s new Excellerator PT

By Jonathan Nicozisis, DMD, MS

The patient goal of shortening orthodontic treatment time is not new. It has only been in the last several years that orthodontists have had practical, cost-efficient options to meet this long-held patient desire. I view offering accelerated treatment as critical to the future success of my practice, particularly at a time when adult starts are outpacing slow growth in overall treatment starts.

I have tried several devices designed to accelerate treatment in my practice. When considering control, predictability, ability to be used with both braces and aligners, cost efficiency and case outcomes, I consider the gold standard to be Propel’s Excellerator drivers.

The Propel drivers are used to perform a procedure developed at NYU, called micro-osteoperforation (MOP) which stimulates the patient’s own biological inflammatory response resulting in faster bone remodeling and accelerated tooth movement.

Micro-osteoperforation is typically applied once or twice during treatment, with each application consisting of multiple perforations as dictated by the dentition and treatment plan. The procedure is performed chairside, and after a minimal learning curve, a single application takes literally minutes. Anesthesia can be administered via compound topical or local infiltration, with patients experiencing little to no discomfort and returning to normal activities immediately post appointment.

The results of this simple procedure are profound. My clear aligner patients have had practical, cost-efficient options to meet this long-held patient desire. Propel gets cases finished much faster than would otherwise be expected.

Adding power to ‘excelleration’

The heart of Propel’s technology is the patented tips, which are made from surgical stainless steel and have a unique thread pitch designed specifically for the MOP procedure. I had been getting great results with the Excellerator RT, which combines replaceable tips with a reusable driver (Fig. 2).

Late last year, I had the opportunity to try the Excellerator PT (Power Tip), which marries Propel’s proprietary tip design with a specially configured cordless torque driver. During this pre-launch trial, I saw immediate advantages to this latest addition to the Excellerator Driver family.

The components of the Excellerator PT system include: a powered handpiece with charging station, a contra-angle head attachment and single-application tips (Fig. 3).

The handpiece itself has a simple intuitive interface and digital display. It has clearly marked buttons for:
- Power (on/off)
- Torque
- RPM
- Forward/reverse
- Start/stop

The digital display indicates settings for when the device is in reverse mode, battery power, settings for torque (from 10 to 30 N-cm) and speed in RPM’s (low, med, high). It should be noted that the speed of the Excellerator PT handpiece is higher than that of other standard cordless torque drivers.

I always use the power driver offered by Propel at the highest RPM setting. Typical MOP applications involve multiple perforations, so that extra speed is very important for efficiency.

The driver itself is easy to operate, smooth, comfortable ergonomically speaking and quiet. The contra-angle attachment provides convenient full-mouth access. Performing MOP in the posterior regions is certainly facilitated by the contra-angle, which can be rotated for optimal orientation.

Another compelling argument for the Excellerator PT is that its smooth fluid operation provides increased patient comfort during the procedure. Once the gingiva is penetrated, the rotational speed gently draws the tip forward to create the perforation in the cortical plate eliminating the need for manual perpendicular force. While the device is very quiet, I have found that leaving suction running in the patient’s mouth further enhances the patient experience by completely covering the motor noise.

Based on my experience with the Excellerator PT, Propel is continuing to advance the gold standard in acceleration, by expanding clinician choices within its Excellerator Driver offering.

References

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Orthodontists are choosing to get board certified by the American Board of Orthodontics (www.americanboardortho.com) at an earlier point in their career than ever before — thanks to support from graduate programs equipping students with preparatory exercises, instructional courses and, in some cases, financial backing.

In 2007, the ABO implemented a new certification pathway to engage more new orthodontists to participate in the certification process. The revised criterion allows new orthodontists to sit for the boards earlier in their careers, and many graduate programs and residents are taking advantage of this opportunity.

In 2014, the Pay It Forward Program was introduced at the LSU Department of Orthodontics. Through this program, the Dr. J.M. Chadha Orthodontic Educational Foundation, which is supported by alumni donations, reimburses recent LSU graduates for the fees associated with the Clinical Examination. “We only ask that they (the graduates) consider donating at least a like amount over their careers back to the foundation so that future graduates have the same opportunity,” said Hector Maldonado, DDS, clinical associate professor of orthodontics.

The Pay It Forward Program is designed to streamline the reimbursement process. “Through the cooperation of the staff at the ABO, we even have an agreement where the ABO will bill the foundation for the exam fees automatically and not the registrant,” said Maldonado, who is the secretary-treasurer of the foundation.

When the foundation introduced the program, it extended the offer not only to the 2014 graduating class but also to the 2013 graduates who were still eligible to take the clinical examination. This was good news for Merrell Irby, DDS, who graduated in 2013. Irby wanted to take the clinical examination immediately after graduation, but she could not afford the exam fees at that time. Later, when she had the financial means, the examination coincided with her wedding. She then registered for the September 2015 exam, her last opportunity to present residency cases. Soon after, the foundation informed her that she qualified for the Pay It Forward program, a welcome turn of events. “All and all, it’s a great change,” Irby said. “I encourage (the residents) to go as soon as possible.”

Each graduating class has four residents, and, to date, three recent graduates have used the program. “Dr. J.M. Chadha, the founder of the department, and Dr. Paul Armbruster, the current chair, have always been adamant about pursuing board certification,” Maldonado said. “It’s the culture around the orthodontic department. We’re trying to make it as easy as possible. This new program encourages them to get it done before they get caught up in their lives post-graduation.”

Ortho programs incentivize the board exam as the ‘Gold Standard’ with preparatory support
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Last year, all five residents succeeded in achieving this distinction thanks to board certified full-time and part-time faculty members. “They are ‘in-house’ promoters of the certification process and do an excellent job of helping residents prepare their cases,” said John Grubb, DDS, an ABO past president, who is a part of the program’s adjunct faculty and is an invaluable resource for preparing residents for the clinical exam.

“Residency is the time for exposure to numerous materials, methods and philosophies, but there must be a filtering process to ensure that the techniques we teach are sound, evidence-based and not subject to individual bias,” said Jae Hyun Park, DMD, MSD, MS, PhD, diplomate, American Board of Orthodontics, professor and chair, postgraduate orthodontic program at the Arizona School of Dentistry & Oral Health.

“Many programs require that the written ABO exam be taken during residency, with some requiring a passing grade,” Park said. “The process of preparing board cases allows for self-reflection and a discussion of alternative treatment plans. This self-analysis helps residents to become better clinicians, which will likely be evidenced in the cases presented at recertification.”

Jacksonville University

Jacksonville University, Brooks Rehabilitation College of Healthcare Sciences, School of Orthodontics, stresses the educational value of taking the board exam, and bolsters that value with financial help to give all residents the opportunity to take the exam.

Toward the end of the JU Orthodontics residency, the program offers financial and logistical support for all residents so they may finish at least six cases that meet the criteria of the ABO Initial Certification Examination.

The program also absorbs the written exam registration fee for all 15 residents each year. All new JU ABO certified graduates are celebrated through a campus-wide press release and recognition on the school’s alumni social media outlets.

From early on, ABO certification is emphasized to our residents,” said Mark Alarbi, DDS, MS, CAGS, diplomate of ABO, associate dean and program director. “Thanks to the meticulous and dedicated effort of faculty and graduating residents to present the cases, the consistent support and validation of quality of records, weekly treatment progress seminars, and end of year audits and oral exams, the residents at JU have enjoyed a tremendous success in the past five years in acquiring the status of ABO Diplomate through the initial certification process (ICS).”

Saint Louis University

(www.slu.edu/collegeofdentistry)

Like many orthodontic graduate programs, Saint Louis University (SLU) offers a series of review sessions to go over the many topics on the ABO-provided reading list as well as special courses for additional support for students. SLU encourages students to take the board exam by reimbursing the cost of the written exam for those students who pass.

When asked about the value of taking the board, Rolf G. Behrents, DDS, MS, PhD, orthodontic program director of the Center for Advanced Dental Education keeps it simple: “It monitors quality,” he said. “Like the Good Housekeeping Seal of Approval, it shows doctors have engaged in a personal quest to demonstrate the quality of the work they do.”

Seton Hill University for Orthodontics (www.setonhill.edu/shumsmiles/index.php)

“We started a unique program at Seton Hill to enhance the ability of our residents to become ABO certified,” said Dan Rinchouse, DMD, MS, MDS, PhD, professor and program director of the graduate program in orthodontics. “Our program is 30 months, but we developed an ‘ABO Case Completion Course’ which is free for our new graduates that allows them to return as needed for eight more months to complete their resident board cases. So this gives them 38 months to work on board cases. This has been embraced by our residents.”

University of Iowa (www.dentistry.uiowa.edu)

Tom Southard, MS, DDS, professor and head of the department of orthodontics says all orthodontic programs need a chairman who is passionate about the value of the board, and dedicated faculty to accompany and instruct residents on how to master the exams.

“I look upon the board as an educational experience,” he said. The program makes certification optional, although close to 90 percent of residents opt in.

Southard names two faculty. Steve Marshall, DDS, MS, and Clay Parks, DDS, MS, as instrumental in taking the lead to oversee the program’s residents through the certification process, including individual instruction in the identification of potential ABO-qualifying cases, preparatory exercises for the clinical and written exams and a mock board exam.

“I’ve read that 70 percent of what you’re ever going to learn as an orthodontist you will learn during your residency. I think another 10 percent of what you will ever learn you will learn while preparing for the board.”

About the ABO

Founded in 1929 as the first specialty board in dentistry, the American Board of Orthodontics is the only orthodontic specialty board recognized by the American Dental Association and in affiliation with the American Association of Orthodontists. The ABO sets the standard for the highest level of patient care and promotes excellence in orthodontics for all of its certified orthodontists. ABO serves to protect the orthodontic specialty and encourage orthodontists to achieve certification, demonstrating their commitment to lifelong learning and excellent care.
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By Mark Duncan, DDS, LVIF, FAGD, FICCMO

Another one of those days. All morning long you were struggling to keep on track with the schedule. Your team is frustrated because they haven’t had their full lunch hour more than one day a week in as long as they can remember.

You walked by the sterilization room 15 minutes ago, and it sure sounded like they were complaining to each other because you said to work in that emergency and they were trying to figure out how to pick up their child at daycare on time. Again.

You want them to enjoy working here, but you have to be able to pay the bills. And your best assistant asked you again if she can have that raise you have been promising her. Don’t they understand?!

It feels like half of your patients are crankier than you are, and your team isn’t really talking to you today, and when you get home all you want to do is go to sleep and wake up on Saturday — except it’s still Tuesday! It doesn’t make sense.

You have taken C.E. courses every time they come to town. The new insurance plan was supposed to make things easier. You bought a bunch of new equipment to save money on taxes — of course, now you have to pay for it every month — but why does it seem like the harder you work the further behind you get? There has to be a simple reason.

Well, it turns out there actually is — and it’s something you learned when you were about 5. Do unto others. More specifically, build systems in your office so that you can treat your patients the way you would want to be treated — comprehensively and with exceptional information to make good decisions — and with a system that produces a consistent experience time after time.

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