Chances, Challenges, Choices are three things you likely face on a daily basis, whether you are a clinician or a staff member. You’ll find more of all three when you head to Chicago for the AAO Annual Session, taking place May 13–17. With so many educational and social events to choose from, the challenge of even planning out a schedule might prove difficult.

The 2011 AAO Annual Session offers new educational and social events to add to your schedule.
A look at professionalism

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

What is the meaning of professionalism? Has it evolved? I would opine that professionalism is a set of values, behaviors and relationships underpinning the trust that the public has for doctors. Building and maintaining trust is the most important aim of professionalism. Our role must be defined by what is in the best interest of our patients as well as society. We must be capable of taking the ultimate responsibility for all decisions in situations of clinical uncertainty and complexity by drawing on our scientific knowledge and acute clinical judgment. Our role as clinicians continues to evolve alongside concepts of professionalism. This evolution is driven by changes in the practice of dentistry in regard to skills, discoveries and technology, as well as a more multidisciplinary approach to health-care delivery. It is also reflective of society’s consensus of what is expected and demanded from each of us.

Professionalism has several vital elements: (a) advocating a desire to improve what clinicians do; (b) accepting change as an asset rather than a threat; (c) using different approaches to develop and mobilize knowledge for improving care and to build formal evidence-based development; (d) accentuating the importance of working in multidisciplinary teams across organizational boundaries; (e) committing to expand the quality of patient care; (f) placing stronger emphasis on accountability; (g) recognizing the benefits of creating a diverse dynamic between patients and doctors; (h) assuming a stronger sense of responsibility for the wellbeing of patients and the health-care organizations. These basic fundamentals push us toward the gold standard of professionalism that has underpinned the delivery of health care.

Quality improvement (QI) has grown in academic recognition and clinical popularity. According to PubMed records, there were more than 360 published articles pertaining to the key words “quality improvement.” Jones (2006) indicated there was a new foundation in the U.K. for improving faculty responsibility toward patient safety and quality of care. It was an independent charity devoted to improving the quality of health-care throughout the U.K. and supporting hundreds of health-care projects.

On an international stage, the Institute for Healthcare Improvement (IHI) has pioneered improvement initiatives such as the 5 Million Lives Campaign here in the United States. IHI is now collaborating with tens of thousands of health-care organizations in countries including England, Scotland, Ghana, Malawi and South Africa. This global push for quality improvement created the momentum for this transition to the new model of professionalism presented. Further reinforcement for this model lies in the urgent need, due to the stringent financial conditions, for improved efficiency and productivity. It is widely acknowledged that to achieve this will require clinical leadership by those who understand quality improvement. Cameron (2010) pointed out that this renewed focus on clinicians developing and actively altering the services they provide will ensure better patient care and will lead to a new facet of the compact between the public and clinicians that centers on the nature of professionalism.

This does not detract from the doctor-patient relationship but rather is intended to help clinicians achieve a one-to-one interaction.

The public health community has recognized the importance of influencing the environment for achieving quality assurance for many years, but now it must be expanded as a core body of knowledge and skill for all clinicians.

The importance of quality improvement training and making it a part of everyday delivery of health care requires training commencing from the undergraduate dental school level on up. According to Friedson (1986), professional norms are adopted from role models in the workplace. Unfortunately, many senior clinicians are less familiar with the science of quality improvement and, ultimately, are unprepared to teach it; this is a challenge. The transmission of knowledge relies upon the traditional gradient of senior to junior. This transfer of knowledge regarding quality improvement as a core of the concept of professionalism may best be dispersed via formal and informal networks, online and in print. This concentration of knowledge and its application is required to extend beyond the traditional con-cepts of professionalism to include all aspects of dentistry and dental organizations.

Health care and its changing world are complex and often intimidating to resolute professional norms. Clinicians are encouraged to become actively involved in service improvement as part of their professional identity and responsibility; commitment to improving quality in health care is no longer a choice — it is a core value of professionalism.

This editorial was inspired by an article from Stanton, E., Lemer, C., and Marshall, M. (2011). Journal of the Royal Society of Medicine, 104:48-49.

References


Corrections

Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Kristine Colker at k.colker@dental-tribune.com.

Image courtesy of Dr. Earl Broker.

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technology, among much more. In addition, this year the program will feature the "Big Show" concept: pairing speakers who are recognized experts on the same topic. Each pair may speak in agreement on their topic or may take opposing positions on it. Some of the expert pairs have worked together previously; others have not. Each pair will present information interactively, rather than in back-to-back presentations. Each program will feature two orthodontic experts, two podiums and two perspectives on one topic.

For staff members, a separate program has been developed to address the most urgent and complex challenges facing today's orthodontic team members, both on the business side and on the clinical side.

Exhibitors forum
The 2011 Annual Session Exhibitors Forum, held Saturday from 8 a.m.–4 p.m. and Sunday from 1–4 p.m., will feature presentations by exhibitors about their latest innovations in products and services. A non-C.E.-credit series, the day-and-a-half-long forum will include in-depth information on new offerings for orthodontic practices.

Exhibit hall
More than 300 companies will show off their newest and best products in the exhibit hall from Saturday to Tuesday, and you don't have to skip class to go shopping. Each day, 11 a.m. to 1 p.m. has been set aside as dedicated time for clinicians to explore the exhibit hall without having to worry about classes or any other event. Each day, from noon to 2 p.m., has been set aside for staff members to do the same. Many companies are offering discounts, launching new products or providing entertainment in their booths. (For more on what you can see in the exhibit hall, turn to Page 8.)

Go wireless
Enjoy free Wi-Fi throughout the McCormick Place convention center, where the annual session is being held, including in public spaces, meeting rooms and the exhibit hall.

The 2011 annual session mobile Internet browser is now available and accessible to anyone using a smartphone, including an iPhone. The native application for the iPhone is available via iTunes. View session details, create your own agenda, network with other attendees, complete session evaluations, view exhibitor information and more. Any member wishing to use the mobile service, but who does not have a smart phone, will be able to rent an iPod Touch onsite at a kiosk that will also offer assistance with using the technology.

View complete instructions, or open the browser on your mobile device and type: mobile.aao2011.alliancetech.com. Click the “Add Bookmark” icon at the bottom left of the page. Choose the “First Time User — Click Here to Create an Account” option. When prompted, enter your annual session badge ID (confirmation) number to begin using the application and create your profile.

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ADA CERP
Orthodontists have always needed to predict the unpredictable, to see the crowns of the teeth in relationship to each other and to visualize the roots and how they influence tooth movement and adjacent teeth. Without enough detailed data, it feels like trying to maneuver through a dark attic filled with objects. If you don’t know what is up there, you will surely bump into something.

For an orthodontist, visualization is everything — to see is to know, and to know is to avoid problems. Among my many tools for orthodontic treatment, my CBCT scanner (i-CAT®) provides that precise information that has improved my diagnostic and treatment capability.

In the following case, having three-dimensional scans averted a very serious outcome. The patient was referred by her dentist who noted two impacted canines on his 2-D panoramic X-ray (Fig. 1).

Usually, the orthodontic assumption on 95 percent of cases of bilaterally impacted maxillary canines is that both are located on the lingual or palatal, or on the facial or buccal, or on the front or behind the incisors. Of course, knowing the buccal-lingual position of the tooth is critical, both from a surgical-planning perspective and an orthodontic planning perspective.

At the diagnostic session, we captured an i-CAT scan and sent it to Anatomage for production of an “Anatomodel” that highlights the teeth, produces a digital model from the scan and segments the teeth and the roots (Fig. 2). This interactive model improves visualization.

When the teeth are segmented digitally, I can move them around for virtual treatment planning purposes. This is why we no longer take impressions for study models on any of the cases in our practice.

To my surprise, this case defied the 95 percent rule of both canines being impacted on the same side. In this case, tooth #6, the upper right canine, was actually positioned facial-buccally on top of the upper, the maxillary left lateral incisor. Armed with the 3-D information, I was able to treatment plan this case for clear, predictable, concise movements. I simulated extractions of the premolars using the Anatomodel and was able to simulate placements of a temporary anchorage device (TAD), a microscrew that was placed in the upper right quadrant of the patient, to perform a virtual movement of the tooth. Precise tooth movement is critical because with the teeth in this position, using traditional mechanics to force-erupt the tooth would have caused significant problems.

Fig. 1: Impacted canines as seen on panoramic X-ray. Fig. 2: The Anatomodel produces a digital model from the scan. (Photos/Provided by Dr. Juan-Carlos Quintero)
I would have exposed the tooth and put a chain on it to bring it down against the archwire. However, with this treatment, the tooth would have moved slightly to the lingual on its way down and collided against the root of the lateral incisor, potentially resulting in root resorption on the lateral incisor and basically leading to the loss of this tooth later.

On a 3-D scan, it was easy to diagnose that a different plan of action was appropriate. I placed a TAD between the upper right first molar and upper right second premolar.

Understanding 3-D geometry and spatial relationships of teeth, the movements had to be instituted in two phases: the crown of the tooth had to be tipped distally away from the roots of the lateral incisor first, to allow the tooth to straighten, and after that, I would force-erupt the tooth and bring it down (Fig. 5). Moving the teeth in this manner avoided iatrogenics, collisions and damage to adjacent teeth.

Six months into treatment, we took a mini 4.8-second progress scan to evaluate root and tooth position to determine if the tooth had cleared the root of the lateral incisor, making it safe to force-erupt it into position. The tooth had moved perfectly, just as we had predicted, and it was now safe to change the vector of force and redirect the retraction of the canine. A potentially disastrous scenario was averted, and the patient achieved a safe and happy ending to orthodontic treatment (Fig. 4).

This is what makes orthodontists lose sleep at night. If we only had traditional 2-D imaging during treatment planning, I would have made an erroneous assumption in this case and probably established my mechanics thinking that the teeth were symmetrical. As a result, I would have been 100 percent wrong at least on one side, leading to incorrect diagnosis and treatment planning and probably to iatrogenic side effects.

With impacted canines, it is imperative to find out the position of the teeth in 3-D. CBCT also allows visualization of space considerations to determine whether there is enough room and, if not, how to create the space.

A panoramic radiograph, cephalometric analyses and CBCT are accurate ways to measure spaces or crowding, and with models, we can see only clinical crowns, not root information. That is critical in simple or complicated cases.

Cone beam helps the orthodontist to consider the biomechanical considerations of the case, the vectors of force needed to successfully retrieve the canines into position, to calculate the directions of movement that we want to produce, and determine the anchorage requirements. If we have all this data, even more complicated cases become quite simple.

CBCT has elevated patient care in my practice to previously unattained levels. We have better and more information for diagnostic and treatment-planning sessions, and we make fewer mistakes.'
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Education for a healthier future

By Chris Farrell, BDS (Sydney), founder and CEO Myofunctional Research Co.

Myofunctional Research Co. (MRC) has been developing innovative intra-oral appliances to treat the causes of malocclusion and TMJ disorder since 1989.

MRC developed these concepts of treating malocclusion into a range of appliance systems suitable for all ages of growing children. Although a significant number of clinicians around the world currently use these systems, many do not realize that MRC has developed more than just orthodontic appliances.

In 2009, MRC marked the launch of MRC Clinics®, a concept that provided the industry with a completely new way of treating myofunctional habits in growing children for better dental alignment and facial development. This concept also offered a profitable and more cost-effective solution to the worldwide problems orthodontists and dentists faced. Nearly every child has some form of malocclusion, and traditional treatment methods of fixed braces have shown many limitations and, arguably, failure in the long term.

Our fundamental philosophy at MRC differs from other international companies as we do not only develop orthodontic appliances, we also take a strong focus on advancing knowledge through developing educational materials on the importance of correcting myofunctional habits in children as early as possible. MRC’s main goal is not just straightening teeth without braces, but it is to make a lifelong positive impact on the development and health of children.

MRC has been able to achieve better health and development for patients through creating effective materials to directly educate clinicians, parents and patients. This dedication to delivering quality educational materials is a crucial part of our role as an active educational company.

The key to our approach is to educate at every level, from the growing child right through to the clinician. Providing proper education can empower clinicians to break out of the old, outdated orthodontic concepts and procedures, leading many to better and more profitable methods of delivering the right pediatric care for more children.

The AAO 2011 will allow MRC to demonstrate practical and cost-effective means of delivering advanced myofunctional correction for every child, along with showcasing our latest world-leading appliances.

Dr. Chris Farrell graduated from Sydney University in 1971 with a comprehensive knowledge of traditional orthodontics using the BEGG technique. Through clinical experience, he took an interest in TMJ/TMD disorder and, after further research, discovered the etiology of malocclusion and TMJ disorder was myofunctional, contradicting the current views of his profession. Farrell founded Myofunctional Research Co. in 1989 and has become a leading designer of intra-oral appliances for orthodontics, TMJ and sports mouthguards.
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Dear Customers, Colleagues and Friends,

DENTSPLY GAC operates according to a list of shared core values. We work hard to live up to them each and every day. Topping this list are Unquestionable Integrity and Mutual Respect. In the spirit of these two key core values, we would like to update you on the situation created by the crisis in Japan.

As you know by now, the tragedy in Japan has affected our major manufacturing partner. Thankfully we received word shortly after the earthquake and tsunami that their employees were safe. While the plant survived with minimal damage, it is located well within the evacuation zone of the damaged nuclear facility.

Since the day of the disaster, DENTSPLY GAC's focus has been on getting our customers through the supply disruption. We immediately implemented a fair share allocation plan to prevent panic buying and to ensure customers' immediate product needs are met as we move forward. We've been working on alternative suppliers in the event that supply disruptions from Japan are prolonged. And, as hard as it is, given our long term relationships with our orthodontists, our Sales Representatives have been advising customers to seek competitive suppliers as our inventories reach critical levels.

We'd also like to take a moment to set the record straight regarding certain rumors that have been circulating in the orthodontic community. First is the rumor that products shipped since the disaster are contaminated. This is not only false, but impossible as no shipments have left their facility from the moment of the earthquake. This simple fact aside, you can be sure we would scrap every bracket and wire in our warehouse before ever allowing dangerous materials to reach you and your patients.

In addition, some suppliers have been soliciting our customers by claiming to “be there to help GAC” implying some sort of cooperative arrangement. This is also untrue; we have not endorsed arrangements with anyone to supply our customers. We believe crisis has a way of revealing character. Our orthodontists value unquestioned integrity as we do, and ultimately we think they will reject those that seek to exploit this tragedy with falsehoods for personal gain.

Most often we find that extreme circumstances bring out the best in people. Long time customers have called expressing their concern and support. Several new strategic partners have insisted on going forward with DENTSPLY GAC despite being given the opportunity to exit in the wake of the situation. And in looking for alternative sources of supply, many manufacturers, including those who days earlier were strong competitors, have offered help. To all of you, while “Thank you” seems inadequate to express the way we at DENTSPLY GAC feel about your actions in this difficult time, we want you to know how much we appreciate the support we continue to receive daily. Clearly, the values of integrity and respect are shared by you as well.

We will continue to communicate with all of you openly and transparently as we work through this. As we do, it's important to us at DENTSPLY GAC, and our parent company DENTSPLY International that you know how strongly we value Unquestionable Integrity and Mutual Respect. It’s not only how we act, it is who we are. In the end, it’s why we know this period will not be the end of long standing relationships, but instead it will reaffirm why they existed in the first place.

Kindest Regards,
Your Friends, Colleagues and Business Partners at DENTSPLY GAC

800.645.5530 | www.gacintl.com
If you are going to the American Association of Orthodontists Annual Session in Chicago, you’ll want to stop by the OrthoBanc booth (No. 1204). OrthoBanc, a payment drafting and management company, works to create a buzz at the AAO with its city-themed booth activities.

Two years ago, OrthoBanc’s Boston Tea Parties were standing room only. Clever giveaways and attention to detail landed OrthoBanc’s Marla Merritt an All Star Award in Exhibitor Magazine, a national publication directed at the trade show industry.

Last year, OrthoBanc went for a patriotic theme with a political rally setting for the Washington, D.C., event.

This year, OrthoBanc is preparing its booth to look like US Cellular Field, the home of the Chicago White Sox. The company will offer several presentations on Saturday, Sunday and Monday.

During these sessions, there will be a variety of concessions available, including the staple of baseball games: hotdogs. There will also be giveaways and the opportunity to get tickets to a White Sox game being played on Monday night.

In addition, a Team OrthoBanc photographer will be in the booth snapping pictures of orthodontic teams. The photos can be used later on Facebook pages or a practice’s website at no charge to the practice or clinician.

“OrthoBanc can provide real change for a practice looking to become more efficient and profitable,” Merritt said.

“We love telling our story in a fun setting, and we have some great plans for Chicago.”

For a presentation schedule, see the ad on Page 17. To make reservations for any of the presentations, e-mail Marla Merritt at mmerritt@orthobanc.com or text her at (425) 718-0556. You will need to provide the name of the practice, the names of the people who will be attending and the date and time of the presentation you would like to attend. Each person who makes a reservation will be entered into a drawing for a $100 gift card to be given away at each session.

OrthoBanc aims to hit it out of the park

Look for a replica of US Cellular Field when you stop by the booth during the AAO Annual Session, held in Washington, D.C. (Photo/Provided by OrthoBanc)

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3Shape releases Dental System 2010

3Shape has released its next generation Dental System 2010. This software for dental CAD/CAM solutions brings new indications never before seen in the digital arena, offering productivity and business gains for dental laboratories.

According to the company, the new Dental System 2010 features include simultaneous modeling on the upper and lower jaw, Dynamic Virtual Articulation, the market's fastest digital design of removable partials, SmileComposer with mirror and clone functionality for designing esthetic full anatomy bridges, sophisticated design of implant bars, virtual addition of attachments for any indication and many more features.

Tais Clausen, CTO and 3Shape co-founder, has already demonstrated Dental System 2010 to hundreds of dental professionals at seven different locations in the United States. “Attendees were very impressed with the many new features,” Clausen said, “but they were also very happy to see that 3Shape has improved and strengthened Dental System’s basic engine functionalities, such as copings, bridges and abutment design, making these essential indications even faster and easier to design.”

Selected dental laboratories have been using Dental System 2010 and evaluating its performance with actual customer cases. Kurt Reichel, founder and owner of Kurt Reichel Dental Lab, is already providing restorations using the latest Dental System 2010 features. “It’s like driving a sleek vehicle with enormous engine power,” Reichel said. “Dental System 2010’s new SmileComposer and Dynamic Virtual Articulation have sped up our workflow significantly while ensuring new levels of esthetics and consistent results. The new partial design software has opened up a whole new profitable service area for my business.”

3Shape has released Dental System 2010 to its partners, who will be providing it to end-users in the course of the next few months.
Drs. Larry and Will Andrews team up with Ortho Organizers

Larry Andrews known as the ‘inventor of the straight-wire appliance’

Ortho Organizers, a leading global manufacturer of orthodontic products, laboratory services and continuing education programs, announced April 22 that it has entered into a long-term consulting and licensing agreement with Drs. Larry and Will Andrews.

Larry Andrews is the discoverer of the Six Keys™ to normal (optimal) occlusion and is recognized in the orthodontic industry as the “inventor of the straight-wire appliance.” Building upon the straight-wire appliance, which is the appliance concept used most by orthodontic professionals today, he and his son, Will Andrews, have dedicated the last 20 years to research, which has led to the finding of the Six Elements of Orofacial Harmony™. These are the characteristics found to be shared by individuals with both optimal occlusion and balanced faces. They are proposed as optimal treatment goals for orthodontic patients and serve as the basis for a new positionally correct classification system.

“Our shared goal is to provide optimal treatment goals that will benefit the patients and clinicians alike by offering superior esthetics, ideal occlusion, balanced faces and treatment efficiency, which is substantiated by independent university researchers.”

Larry and Will Andrews are the directors of the Andrews Foundation, which is the educational platform of their Six Elements of Orthodontic Philosophy. In addition to lecturing around the world, both clinicians maintain a private practice in San Diego.

About Ortho Organizers

Ortho Organizers, part of the orthodontic portfolio of Henry Schein, provides a wide range of orthodontic products to the worldwide dental market.

The company serves practitioners in the domestic and international markets.

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Ortho2 announces Edge 2.0

Ortho Computer Systems announces the release of Edge 2.0 enhancements. Ortho2 introduced the revolutionary Edge system, a comprehensive practice management, imaging and communication system that utilizes secure web-based data hosting and backup, one year ago.

Edge 2.0 features enhancements such as Edge Animations, Edge Reminders, HR Manager, Online Forms, Image Morphing and Collections Assistant, designed to optimize the efficiency of the practice. Edge Animations are a tool for enhancing patient education, compliance and case presentation.

Edge and ViewPoint include a set of patient compliance animations at no charge. An optional extended set of treatment-based animations is available for both Edge and ViewPoint, as well as with other management systems or by itself.

According to the company, the cutting-edge rendering techniques used produce videos that must be seen to fully appreciate their educational power. Features include powerful surgical animations, stereoscopic (3-D) animations, easy-to-use graphical interface, annotate and draw functionality, custom audio narration and more.

Edge Reminders, available for both Ortho2 ViewPoint and Edge users, is an easy-to-use system for automating patient reminders. Reminders can be sent via multiple message options, including phone, text message and/or e-mail, for any range of upcoming appointment dates, recall reminders, birthday greetings and more.

There are no minimum monthly charges and no long-term commitments required.

“Edge 2.0 showcases some exciting new enhancements,” said Dan Sargent, president and co-founder of Ortho2. “Every upgrade we make further demonstrates our focus and commitment to helping our orthodontic partners succeed. We're working hard to make certain Edge increases efficiency and profitability for orthodontic practices. It’s part of Ortho2’s proven track record of listening to our customers and providing innovative solutions for orthodontic practices.”

In addition to offering complete practice management, imaging and communication systems, Ortho2 also offers several independent modules: Edge Imaging, Premier Imaging and Edge Animations.
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3 pm – Hit a Home Run with OrthoBanc!

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Call 888-758-0585 ext 8304 with your reservation for one of the events listed above and you will be registered for a chance to Score Big with a $100 Visa Gift Card. Also, ask us how you can score free box seat tickets to a White Sox game at US Cellular Field while you are in Chicago. (Limited number of tickets available.)

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Align Technology announced May 2 that it has completed the acquisition of privately-held Cadent Holdings (Cadent), a leading provider of 3-D digital scanning solutions for orthodontics and dentistry and makers of the iTero™ and OrthoCAD® iOC™ scanning systems.

The acquisition of Cadent positions Align as a leader in one of the best growth opportunities in dentistry and medical devices today, according to Align. Intra-oral scanning is a critical part of enabling new digital technologies and procedures in dental practices, including CAD/CAM for restorative dentistry or in-office restorations. Cadent strengthens Align’s ability to drive adoption of Invisalign by integrating Invisalign treatment more fully with mainstream chairside tools and procedures in clinicians’ practices.

According to Align, the combination of the companies will help accelerate the use of intra-oral scanning in the dental industry by leveraging Align’s global sales reach, professional and consumer marketing capabilities and base of more than 55,000 ClinCheck® software users.

“Align is committed to supporting and building on the technology and products that have made Cadent one of the emerging leaders in intra-oral scanning,” said Thomas M. Prescott, Align Technology president and chief executive officer. “That commitment includes continued support of an open system approach that gives doctors and laboratories maximum flexibility and continued investment in tools that aid and improve restorative, implant and orthodontic procedures.

“We will continue to invest in Cadent products and look forward to combining our technology and expertise with Cadent’s to deliver innovative new tools to our customers.”

Cadent president and chief executive officer Timothy Mack has been appointed senior vice president of business development, reporting directly to Prescott. Mack is responsible for creating and developing business partnerships in dentistry and extending Align’s technology with distributors and lab partners.

Align plans to maintain all Cadent products and services, which include the iTero digital impression system, OrthoCAD iOC orthodontic digital impression system, OrthoCAD iCast™, OrthoCAD iQ™ and OrthoCAD iRecord™. As part of an ongoing program to evaluate interoperability of intra-oral scanning systems for future use with Invisalign treatment, Align is in final interoperability beta tests with Cadent’s intra-oral scanning systems and continues to expect to announce interoperability in the second quarter of 2011.

About Align Technology
Align Technology designs, manufactures and markets Invisalign, a proprietary method for treating malocclusion. Invisalign corrects malocclusion using a series of clear, nearly invisible, removable appliances that gently move teeth to a desired final position. Because it does not rely on the use of metal or ceramic brackets and wires, Invisalign significantly reduces the esthetic and other limitations associated with braces. Invisalign is appropriate for treating adults and teens.

Align Technology was founded in March 1997 and received FDA clearance to market Invisalign in 1998. The Invisalign product family includes Invisalign, Invisalign Teen, Invisalign Assist, Invisalign Express and Vivera Retainers.
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TAD User Forum takes education to a new level

There is only one meeting in the United States that offers attendees a weekend of 10 different speakers with lectures, workshops, round-tables, hands-on and even live clinical experience all purely dealing with the use of TADs in the orthodontic office. That meeting is the TAD User Forum, which is held annually in Las Vegas during the month of November and is hosted primarily by Dentaurum with the help of several co-sponsors.

The meeting is being moved to the WYNN Resort this year to accommodate the attendance from last year that completely sold out the event at the UNLV Dental School with more than 250 attendees. Why is there such a strong demand for this TAD User Forum when there are already so many other TAD lectures being offered by various companies and regional/national meetings?

“The thing that makes this venue so attractive is that it appeals to even the most advanced TAD users who have already sat through 10 other basic lectures that are being offered,” said Dentaurum General Manager Craig Beach.

“Most of the other lectures and meetings are being offered by the same ‘lecture-circuit speakers’ who have given a similar lecture for five or six years now with little variation. Also, many of these lectures are tailored to the beginner users, and many times, the advanced users walk away disappointed that more advanced and challenging treatment planning was not discussed.”

“The exciting part of this meeting is that each of the lectures is limited to only 1.5 hours, and they are offered on a simultaneous four-track schedule, which always ensures that there is a topic of interest being offered in that time segment for every attendee, regardless of their experience level with TADs.”

In addition to the lectures and workshops, the meeting offers attendees the opportunity to personally place a TAD on a live patient in a monitored clinical setting.

“In addition, we try very hard to provide speakers who are using TADs for groundbreaking and innovative treatment that is not typically being shown by most speakers,” Beach said.

“Topics being offered this year include such innovative concepts as TADs and Invisalign, TADs as temporary implants, Class III correction with TADs, full-arch intrusion, decentralization of full arch, molar protraction to avoid implants, etc. These are topics that might only be briefly discussed with one to two cases at a typical lecture, but at the TAD User Forum, we have speakers that focus on these topics for 1.5 hours with a great deal of insight on the pitfalls and successes that can be expected with this advanced TAD treatment.”

In order to ensure a first-class venue with even more capacity this year, the show was moved to the WYNN Resort, WYNN is also the host hotel for this meeting, and all registered attendees will qualify for a discounted group room rate of only $195 per night.

The TAD Users Forum offers attendees a chance to place a TAD on a live patient in a monitored clinical setting. (Photos/Provided by Dentaurum)

Canon's latest digital camera model is the EOS 60D. The 60D represents the greatest evolutionary step for the Canon xxD series.

The 60D is slightly smaller and lighter than the 50D and features an articulating LCD screen (the first Canon digital SLR to do so). Resolution is bumped from 15 to 18 megapixel and the 60D gets 1920p HD video capability.

PhotoMed offers the Canon 60D with your choice of four macro lenses and three macro flashes.

You can see the Canon 60D system in booth No. 3716 during the AAO, or you can get more information at www.photomed.net.

OT Register

Register by June 50 at www.tomasforum.com and you will receive a $100 “early registration” discount on tuition. Call (800) 525-5946, visit www.tomasforum.com or stop by booth No. 4215 during the AAO for more information.

The TAD Users Forum will take place at the WYNN Resort in Las Vegas.

The TAD Users Forum opening session will take place on Nov. 4.

‘We try very hard to provide speakers who are using TADs for groundbreaking and innovative treatment.’

The meeting is planned for Nov. 4-6, with all the lectures, workshops and round-table meetings being offered on Friday and Saturday at the WYNN. The optional hands-on and live TAD placements will be offered in a clinical setting at the UNLV Dental School on Sunday, Nov. 6.

According to Beach, whether you have been placing TADs as an expert for many years or even if you have not yet begun, this meeting will provide the necessary basics for successful TAD placement, make you more efficient with innovative and time-saving TAD mechanics and open your eyes to completely new treatment protocols for your progressive orthodontic office.

The four-track lecture format almost guarantees no attendee will walk away hearing the same old information and your only challenge for the weekend will be trying to decide which lecture you want to hear next and which SPF level of sunscreen you need for the pool.

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Who would have thought that an idea a few years ago to have some vendors share a vision for a meeting would spark and become OrthoVOICE? Well, last fall that is exactly what happened. OrthoVOICE 2010 had around 30 vendors and 160 total attendees, of which a little more than 80 were clinicians.

Now, meeting organizers are gearing up for the 2011 edition to be held Oct. 20–22 in Las Vegas. According to the organizers, attendees at last year’s event said they enjoyed the fresh ideas and collaboration with other clinicians and teams.

“I attended quite a few really good meetings in 2010 and took my team to a few; however, perhaps none gave me as much to take away as OrthoVOICE,” said one 2010 attendee. “Many of the most significant improvements I have made in my practice over the past few months are directly related to ideas I got at OrthoVOICE.”

Meeting organizers say they are planning for around 80 companies to participate this year and between 200–250 clinicians to attend. OrthoVOICE offers a few unique registration options that range from free to $299. With the exhibit hall-only access is one of the ways this can be achieved. In addition, because the meeting is focused on offering things for the entire team, it gives some flexibility for clinicians to bring more team members.

One word of caution: If you plan to attend with the exhibit hall-only pass and later decide to attend the lectures, you will have to pay the on-site price of $399.

Among the additions this year, OrthoVOICE will host its first charity golf tournament, which will benefit Smile for a Lifetime Foundation. Smile for a Lifetime (S4L) is a national organization dedicated to helping underserved children throughout the United States receive the benefits associated with orthodontic treatment. The national organization works with local chapters consisting of an orthodontist and his/her local board of advisors.

Some of the rooms in Planet Hollywood in Las Vegas, where this year’s OrthoVOICE will be held.

Organizers say one of the main goals for the meeting is to create an environment where collaboration and idea sharing will flourish. The exhibit hall-only access is one of the ways this can be achieved. In addition, because the meeting is focused on offering things for the entire team, it gives some flexibility for clinicians to bring more team members.

One word of caution: If you plan to attend with the exhibit hall-only pass and later decide to attend the lectures, you will have to pay the on-site price of $399.

New this year
If you attended the 2010 meeting, or even if you didn’t, you might recognize a few additions made to this year’s meeting based on attendee and vendor feedback. Organizers say that listening to the customers is the best way to create an event that is geared toward what they want. A few tweaks to the schedule, evening events and much more have been a direct result of feedback given in the post-meeting survey. Even a few of the speakers were asked to attend because of requests from the survey.

Among the additions this year, OrthoVOICE will host its first charity golf tournament, which will benefit Smile for a Lifetime Foundation. Smile for a Lifetime (S4L) is a national organization dedicated to helping underserved children throughout the United States receive the benefits associated with orthodontic treatment. The national organization works with local chapters consisting of an orthodontist and his/her local board of advisors.

The golf event will be held at Rio Secco Golf Club in Henderson, Nev., and will cost $250 per player. Registration includes green fee, shared golf cart, access to range and all practice facilities, bag handling, divot tool, yardage guide, bottled water, boxed lunch and round-trip transportation between Planet Hollywood Resort and Rio Secco Golf Club.
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