AOA offers express aligner options for every practice’s needs

By Kevin Rattle
AOA sales and marketing manager

Every practice is unique and each office provides a different offering of products or treatments. The decision to choose certain treatment options is usually based on what best represents both the practice’s and the patient’s needs. Allesee Orthodontic Appliances (AOA) recognizes the luxury that each one of us enjoys in having choices. That is why we offer several aligner options for the growing express market uniquely designed to best fit your individual practice’s needs, including Clearguide Express and Simplij.

Clearguide Express represents the increased desire to have a digital user interface with a complete approver process to allow both the orthodontist and the patients the ability to view where the final teeth positions will be. It also provides the clinician complete control over movements as they can manipulate the tooth positioning as they see fit, rather than relying on a design technician to make the movements. Simplij is designed for the office that may not have the time, or want to take the time, to make corrections or approve final setups. These offices may recognize the simplicity of express cases and trust that a company such as AOA, who has been doing aligner cases for more than 12 years, can use its knowledge and experience to position teeth according to the clinician’s prescription, without the need for a viewer. Simplij becomes a very simple solution that can be returned to the office faster than most express systems because it does not require the additional steps of the approver process.

Each option also differs in the number of aligners available. Clearguide Express offers up to 10 per each arch, while Simplij offers five per arch (for cases needing three or less, we offer “Red, White and Blue”). Because Clearguide Express offers up to 10, AOA offers a free mid-course correction process in which the clinician uses a “Heat & Bite” to capture the patient’s treatment progress and sends it to the lab. This step is designed to aid in the predictability of both the treatment time and objectives. AOA will evaluate the “Heat & Bite,” make any adjustments necessary to the setup and proceed with the next stage of treatment. While both Clearguide Express and Simplij may be dual-arch cases, each system also offers a discounted single-arch option. We have always felt that if you are only treating one arch, you should not have to pay as if you were treating both.

At the AAO
Stop by AOA booth No. 1009 to learn more about its express aligner options. You can also call (800) 262-5221 or visit www.aoalab.com.

Allesee Orthodontic Appliances (AOA) offers several aligner options for the growing express market.
Photo/Provided by AOA
Orthodontic Strategies for Sleep Apnea
A comprehensive airway management and sleep apnea program

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Did you know that up to 20% of adults suffer from sleep apnea?*

This course will provide you and your team with an understanding of the physiology of sleep apnea and the current diagnostic and treatment options, as well as a new orthodontic approach and its protocols. This approach is intended to provide patients with immediate relief from Obstructive Sleep Apnea, as well as changes to the airway that may address an underlying cause. This program is the first of its kind in the orthodontic industry, and includes a complete, evidence-based system to implement and grow your practice now.

“Treatment for Obstructive Sleep Apnea should be a standard of care in all orthodontic practices.”

Dr. Ron Redmond

Space is Limited. Register Today at 877.448.8606, or OrthoSleepApnea.com.

* Data on file.
Results for Nite-Guide preventive and interceptive procedure

By Earl O. Bergersen, DDS, MDS

The largest of several studies on the Nite-Guide® technique was done under the auspices of Turku University in Turku, Finland, by Keski-Nisula et al (from 2001-2008). The results of this study were reported in two peer-reviewed articles published in 2008.

Four towns in Finland were selected, with three of them as the treatment sample of 167 cohorts, and one town served as the control sample of 104 individuals. Several occlusal dimensions were measured initially at 5.1 years of age and again at the termination of the study at 8.4 years.

The most important of these dimensions were crowding of the mandible and maxilla, overbite, overjet, open-bite, mandibular length (condylion-grat煌ion) and the need for treatment at the end of the study (as a percentage).

All of the initial measures had no statistical differences, while both groups at the termination of treatment exhibited significant differences at the 0.001 level of significance.

Mandibular crowding had a 98 percent correction from 48 percent to a 1 percent incidence. The maxillary crowding improved 82 percent from 11 percent to 2 percent while the control increased 236 percent (9 to 32 percent incidence).

Both overbite and overjet were treated optimally to 2.1 mm and 1.9 mm. Two millimeters is the ideal recommended measure at this early age (8.4 years) in order to accommodate future jaw growth (Bergersen, 1990, 1995).

Open-bite had a 98 percent correction while the control sample had a 20 percent increase. The Class II canine relation had an 87.5 percent improvement while the control sample had a 20 percent increase.

The need for further treatment for overbite and open-bite at the end of Nite-Guide use was 2 percent compared to 74 percent for the control sample. Mandibular crowding was 1 percent (treated) versus 47 percent (control), and maxillary crowding was 2 percent (treated) versus 32 percent (control).

The conclusion of these results at the termination of the study were expressed as “… little treatment need was left in the treatment group compared with the control group…” (Keski-Nisula et al, 2008).

In a second report from the same study (Keski-Nisula et al, 2008), the most meaningful conclusion was that the mandibular length (condylion-grat煌ion) grew 54.2 percent greater than the control sample (11.1 mm vs. 7.2 mm) or 3.9 mm greater during a three-year period (5.1 to 8.4 years). This represents a very large orthopedic growth factor in correcting overjets and proper intercuspation and also results in little or no overjet relapse in these cases (Bergersen, unpublished research).

Open-bite and overjet were treated optimally to 2.1 mm and 1.9 mm. Two millimeters is the ideal recommended measure at this early age (8.4 years) in order to accommodate future jaw growth (Bergersen, 1990, 1995).

Research shows that the mean lower arch increase as a result of the incisal eruption is 3.21 mm (Lewis & Lehman, 1929, Korkhaus & Lehmann, 1931, Baume, 1950, Moorrees, 1959).

The mean maximum lower arch enlargement was 5.1 mm (Lewis & Lehman, 1932, 1932, 5.5 mm, Baume, 1950, 4.6 mm). The mean maximum upper arch increase was 8.8 mm (Lewis & Lehman, 1932, 7.0 mm, Baume, 1950, 6.5 mm).

The maximum arch increase in a study of 43 individuals using the Nite-Guide technique (Methenitou et al, 1990) was 6.9 mm in the lower and 8.9 mm in the upper arch.

This is a 35 percent increase in the mandible and 30.9 percent increase in the maxilla over the above maximum in the literature. This is the approximate mean widths of an upper lateral and central incisor respectively (G.V. Black, 1902).

The PhotoMed G15 Digital Dental Camera is specifically designed to allow you take all of the standard clinical views with “frame and focus” simplicity. The built-in color monitor allows you to pre-frame your subject. Focus and shoot.

Proper exposure and balanced even lighting are assured. By using the camera’s built-in flash, the amount of light necessary for a proper exposure is guaranteed, and PhotoMed’s custom close-up lighting attachment redirects the light from the camera’s flash to create balanced, even lighting across the field.
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Anatomage
The outcome is simulated but the wow is genuine

iTero and Invisalign together can still impress even your most jaded clients

By Align staff

Technology is progressing so fast these days that it can be hard to still wow people. This is especially true when it comes to younger patients, who have been born and grown up knowing nothing but the connected life. This is why the new iTero 2.9 intra-oral scanner is so impressive. Not only does it offer a set of features that will wow the most gadget-oriented orthodontist (you know who you are), but it has some unique features that will make even the hardest-to-impress-patients (we’re talking to you, teenagers) offer a begrudging, “That’s pretty cool.”

The crown jewel of the iTero 2.9 is the Invisalign Outcome Simulator, which we’ll get to shortly. But, first things first: the iTero 2.9 is the latest iteration of the intraoral scanner from Align Technology. This next generation iTero has upped the performance while shrinking the physical footprint of the entire system, including the imaging wand. Like its predecessors, the 2.9 is all about accuracy. It captures a level of detail that simply isn’t possible using a traditional impression.

If you think this accuracy is overkill, think again. A recent study suggested that up to 40 percent of all the PVS impressions taken show some type of physiologic deformity such as a tear, void or pull. Impressions taken with the iTero 2.9 intra-oral scanner have a remake rate of just 0.0015 percent. A number that small can seem abstract, so think of it this way, that means that many practices will go a year or more without ever having to impress a patient.

Still, this kind of accuracy is now expected when it comes to digital processes. It’s once you pair up the iTero 2.9 with Invisalign treatment that the scanner will begin to wow the orthodontist. That’s because iTero is the only intra-oral imaging device that offers 100 percent inter-operability with the Invisalign procedure.

Tim Mack, Align Technology vice president and general manager of iTero says: “iTero is the only intraoral scanner that is currently certified with Invisalign. The process for validating intraoral scanning with Invisalign production is extensive. To date, only the iTero system has proven to consistently meet the requirements for providing the orthodontic full-arch scan data required for Invisalign.”

Capturing a scan for Invisalign treatment is easy. But it’s the inclusion of the Invisalign Outcome Simulator that’s really captured the imagination of the orthodontic community.

The Invisalign Outcome Simulator is a standard part of the latest generation iTero software. The chairside application is specifically designed to enhance patient acceptance by helping them visualize how their teeth will look at the end of treatment.

Simulated outcomes make it easy to show patients the benefits of Invisalign treatment, rather than just telling them. The Invisalign Outcome Simulator’s dual-view layout shows the patient’s current dentition alongside his or her final outcome.

Dr. Jonny Feldman is a second-generation orthodontist in Feldman Orthodontics (along with his father and brother) in Cheshire, Conn. He says that his family’s practice was one of the first three or four practices in the country to adopt the iTero technology in 2009. He believes so strongly in the technology that his daughter was one of the first Invisalign cases started with an iTero scanner.

“One of the historically difficult things to do with Invisalign was the PVS impressions,” Feldman said. “I love iTero. Quicker turnaround for us getting the aligners. I can scan a patient, and it goes directly to Invisalign. I get my ClinCheck® back in days as opposed to a week. The turnaround time to just get my patient in aligners is greatly reduced. Now we don’t have to rely on the U.S. mail much.”

While the technology is state-of-the-art, iTero has followed the lead set forth by Apple with the revolutionary iPhone product line and opted to make the process as intuitive as possible. According to Feldman, the company has succeeded.

“It’s not a hard thing to master at all,” he said. “The software talks you through the scan process.” He says that even his more tenured assistants didn’t have much trouble integrating the process into their skill repertoire.

When it comes to the Invisalign Outcome Simulator, it seems that both Feldman and his patients are impressed.

“It helps establish a beginning and an end,” he said. “Showing them a simulation of the end result is a powerful tool. I can say ‘I want to close a space here’ but a picture is worth a thousand words. ‘I’ll never go back to not having a scanner in my office. To me, it’s a must-have for any practice that does Invisalign. The bottom line is that it’s stress-free for your patients, and it’s stress-free for your staff,” Feldman concluded.

References
1) Review by Arrowhead Dental Lab and published in Aesthetic Dentistry, Summer 2007
2) Review by Arrowhead Dental Lab and published in Aesthetic Dentistry Summer 2007

At the AAO
Those who would like to give the Invisalign Outcome Simulator technology a test drive and sample the iTero 2.9 intraoral scanner can do so at AAO booth No. 1601.

Invisalign Outcome Simulator samples. Photos/Provided by Align Technology