Many have now accepted that The Myobrace System™ is peerless in terms of the potential to cajole the orofacial muscles into widening arches and allowing good dental alignment. There exists a common misconception amongst dentofacial orthopedists, however, that although The Myobrace System is proficient at straightening teeth, traditional functional appliance systems are better for facial development. This was a belief to which even I subscribed before I began to actually use the system myself. Although I paid lip service to the role of muscles in malocclusion, I had not truly appreciated the potential to correct malocclusion by re-training these muscles.

Indeed, most experienced Myobrace practitioners have come to regard traditional functional appliance therapy as simply another allotropic form of traditional orthodontics: Mechanical interventions that ignore the role of muscles.

To be fair, much of the skepticism leveled at The Myobrace System seems to be borne out of misgivings about myofunctional therapy.

Myofunctional therapy (MT) as a science has been extant for more than 100 years, enjoying great popularity, especially in the 1970s. Although it has been proven to be able to elicit impressive results, Smith-Peter and Covell (2010) have cited a number of reasons for a general lack of enthusiasm:

1. Limited office space for providing therapy.
2. Absence of MT providers.
3. Difficulty and amount of time required.
4. Inadequate training.
5. Hope that function will follow form.
6. Belief that there is insufficient scientific evidence to support orofacial MT.
7. Observations that not all MT providers have the same expertise, so successful results are unpredictable.

The Myobrace System has managed to package traditional myofunctional therapy into a system that has ensured easily reproducible, better results, in less time, with less effort.

The system, thus, represents a confluence and evolution of fixed appliance therapy, functional appliance therapy and myofunctional therapy.

The case (Fig. 1) is a prime example of treatment outcomes satisfying the goals of proper alignment, facial development, and treating muscle dysfunction for a more stable result. She was treated with an upper Farrell Bent Wire System™, together with a K1 Myobrace®, followed by a K2 and the Myobrace T1 and T3 for final alignment.

From a dental perspective, of note is the space recovered for the upper right and lower left canine teeth. From a facial perspective, the naso-labial angle has improved significantly, while it is clear that the vertical clockwise direction of growth has been re-oriented to a more horizontal direction. These outcomes have been achieved by harnessing the power of the muscles with a system that is more time efficient.
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Ormco Corporation offers its new Damon Clear2 bracket at the AAO

By Ormco Corporation Staff

A survey conducted by the American Association of Orthodontists (AAO) found that when meeting someone new, 37 percent of Americans notice a person’s smile before anything else. This comes as little surprise to the orthodontic community, but it speaks directly to the growing importance of esthetically pleasing orthodontic solutions that deliver extraordinary results.

At the 2014 AAO Annual Session, Ormco’s Damon System’s high-tech, light-force archwires and Damon Clear2 bracket will feature the newly announced, and now shipping, Damon Clear2 bracket. An enhancement to Ormco’s popular Damon Clear bracket — only 0.005 percent clear SL bracket on the market — Damon Clear2 provides orthodontists with more rotational control.

Building upon its progressive line of Damon System products, Damon Clear2 features standard torque bracket enhancements and precision engineering for treatment efficiency and consistency. With a new ultra-precision slot, Damon Clear2 boasts two times the rotational control for meticulous finishing and efficient treatment.

In addition to optimized standard torque brackets, Damon Clear2 features the same core design as the original Damon Clear passive self-ligating brackets, which are used with the Damon System’s high-tech, light-force archwires and minimally invasive treatment protocols.

Purchases of Damon Clear2 also contribute to Ormco Lifetime Rewards, a rewards program in which points never expire. With Ormco Lifetime Rewards, clinicians earn points on every dollar spent on Ormco appliances and redeem them for numerous high-quality products and supplies. Research indicates that, through the rewards program, the average doctor earns up to $25,000 in free products.

Additionally, doctors offering the Damon System benefit from Ormco’s industry-leading marketing efforts and a broad range of marketing assets and staff training tools available at www.marketing.ormco.com. This robust practice marketing website hosts a library of patient imagery, consultation tools, practice videos, press release templates, webpage assets and more.

For doctors seeking continued learning, Ormco provides world-class C.E. programs including the annual Damon Forum, regional education events, in-office courses, webinars, roadshows and more.

As compared to Damon Clear, data on file. Standard torque, upper 3-3 brackets.

Fig. 1. Photo/Cobourne & DiBase, 2010, p. 25.

Fig. 2. Photo/Cobourne & DiBase, 2010, p. 16.

As orthodontists, we are still responsible for diagnosing pathology in the head and neck, and treating or referring the patient to someone who can provide proper care. By example, we must demonstrate how to be the best orthodontist possible and the consummate expert in our field.

Reference

Variations in the face that indicate particular diseases. Signs of facial diseases include (a) changes in appearance, (b) alterations of muscular movement, and (c) behavioral expression. Facial signs are often used to diagnose the presence of certain diseases that can be diagnosed via clinical photography.

The most obvious relationships between facial signs and disease are for the genetic and congenital diseases. Specific genetic abnormalities cause such diseases as Lesch-Nyhan, Down syndrome and Cornelia DeLange syndrome, producing specific patterns of facial abnormality. Certain congenital diseases such as fetal alcohol syndrome, cretinism and hydrocephalus also produce specific facial signs and symptoms. Many infectious diseases can be diagnosed from facial signs, including Lyme disease, fifth disease, shingles and HIV infections.

Articulated Models are not as popular as hand-held models and most orthodontists never consider using an articulator except for surgical cases. However, they may be extremely helpful in diagnosis, treatment planning and for medical-legal protection. When documenting patients with asymmetry, such as when the cant of the occlusal plane is not level, hand-held models are often prepared inaccurately without demonstrating the exact degree of incongruity or anomaly (Fig. 2). Articulated models provide excellent representation of the patient’s condition and are extremely accurate.

There is much to reveal as we appraise the past and contemplate the future. Learning can be defined as useful changes in behavior resulting from reflection and experience. How can we teach our students to become better practitioners and sharper diagnosticians? Will they learn to focus on the dental problems in the context of, and in concert with, a patient’s general health issues?

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orthodontic resident to recognize.

Clinical photography often demonstrates dermatological diseases, tumors and other pathology of the head and neck. We can diagnose important health issues by taking the time to look. Diagnosing diseases of the skin in our patients, e.g. squamous cell carcinoma, basal cell carcinoma, melanoma, etc. is an astute part of our responsibility and demonstrates good judgment as a doctor. Because orthodontists take so many clinical photographs, very little time is required to scan for such pathology prior to examining facial structures and the dentition. Accuracy and precision are extremely important, for example, in the intraoral photo (Fig. 1). This is documentation of an aberrant occlusal plane cant or just sloppy photography?

Clinical photography can identify many diseases of facial expression or appearance. Facial diseases are often related to development or physiology and can affect facial structure, facial behavior or both. Through clinical photography, we can teach the resident how to recognize
Can You See  
Who’s Wearing Braces?  
(Your patients can’t see them either)

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*As compared to Damon Clear, data on file. Standard torque, upper 3-3 brackets.
Ultradent introduces new Class II corrector, Esprit

By Opal Orthodontics Staff

Opal Orthodontics recently introduced Esprit™, a revolutionary Class II corrector. This new corrector has been specifically designed to address the overwhelming demand for everything missing in other Class II correctors on the market today.

Developed with the innovative and cutting-edge technology Opal Orthodontics has consistently built its reputation on, Esprit finally answers the call for an easier-to-install, more comfortable, highly-durable Class II corrector, the company asserts.

Esprit’s innovative strength and comfort will provide your patients with a more pain-free orthodontic experience, reducing emergency appointments and more pain-free orthodontic experience, thereby increasing range of motion, and its distal tolerance because the spring is nested without disengaging during treatment.

Esprit is undoubtedly the most technically advanced corrector on the market.

On using Esprit, Dr. Miller said: “The Esprit has better patient acceptance and tolerance because the spring is nested — Esprit’s unique features include a CNC-machined body that is smooth and durable and a new innovative, patented clip. This revolutionary clip is a breeze to install and remove, but stays in place without disengaging during treatment. Esprit also features a mesial hook that prevents rolling into the occlusion.”

Esprit is a new Class II corrector offered by Opal Orthodontics. Photos/Provided by Opal Orthodontics

The mesial attachment for the Esprit prevents rolling into the occlusion.

The Myobrace System has managed to package traditional myofunctional therapy into a system that has ensured easy reproducible, better results, in less time, with less effort, the company says. Photo/Provided by Myobrace Orthodontics

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Scientific program highlights

• Three of the world’s top speakers, Drs. Wick Alexander, Patrick Turley and James McNamara, will be giving the latest information on three critical topics in the AAO’s prestigious Salzmann, Mer- shon and Angle special awards lectures. This is an excellent opportunity to learn from these experienced researchers and clinicians, the AAO asserts.

• When a referring dentist mentions “abfraction lesion,” do you know what it means or if it is real? What is the most contemporary thinking on periodontal grafting techniques? What are the options in cosmetic veneers, mini-pyramid preparations and materials? Moderated by Dr. David Sarver, the Interdiscipli- nary Esthetic Advances Symposium is a full day of the world’s pre-eminent cosmetic dental clinicians put together to provide the latest current thinking in interdisciplinary dentistry.

• A comprehensive practice management track with 12 speakers will present three topics critical to today’s orthodontic practice: “Marketing for Income,” “Managing for Profit” and “Monitoring Your Money.”

• Do you know what to do if you just found out you were given a bad review on Yelp? Is it really possible to eliminate impressions from your practice? If you are not sure, come to the one-day session, “Technology for the Orthodontic Office,” for both doctors and staff, to find out the answers to these questions and many more!

• Continuing the popular “Asking the Expert” and “Point/Counterpoint” programs, this year’s sessions will address topical questions, such as “Extraction vs Non-extraction,” “Surgery First?” and “Modern Approaches to Mechanics.”

• Eight master clinicians from around the world will conduct special lectures on transverse and vertical problems.

Event information

• What: The AAO’s 114th Annual Session
• When: April 25-29
• Where: Ernest N. Morial Convention Center in New Orleans

More information: www.aainfo.org

References

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