LED Medical Diagnostics and OrthoSynetics agreement offers clients exclusive solutions

LED Medical Diagnostics Inc. recently announced an agreement with OrthoSynetics, a leading provider of administrative, marketing and financial services to 350 orthodontic practices across the United States. The agreement designates LED Medical Diagnostics Inc.’s subsidiary LED Dental as the preferred imaging technology supplier for OrthoSynetics.

With the agreement, OrthoSynetics clients will have access to exclusive pricing on imaging solutions from LED Dental, including the Rayscan Alpha imaging system from RAY.

Dr. Jack Devereux and Dr. Phuong Nguyen of Devereux & Nguyen Orthodontics in Metairie, La., are two of the first OrthoSynetics clients to work with LED Dental to bring new imaging technology into their practice. Additionally, both doctors have become key opinion leaders for LED Dental.

“We are very proud to be working with the LED Dental team to provide clinical feedback on these imaging solutions,” Devereux said. “It’s great to be at the forefront of technological innovation, and it’s exciting to have input into current and future products.”

The OrthoSynetics team prides itself on helping clients achieve long-term growth and profitability for their practices. “Working with companies like LED Dental allows us to bring new technologies to our clients at a great value, which is what our company is all about,” said John O’Brien, vice president of procurement for OrthoSynetics. “In the end, we want our customers to continuously grow their practices and create successful businesses. Working with suppliers like LED Dental reinforces the value of being an OrthoSynetics client.”

Norman W. Kingsley (1829-1913) published the first all-inclusive textbook on orthodontics entitled “Oral Deformities” in 1880 and later served as the first dean of the New York University, College for Dentistry. According to Asbell, in 1886, John N. Farrar published the second textbook entitled “Irregularities of the Teeth,” which was a summation of his work as a practitioner and, in 1889, the National Association of Dental Faculties established and independent school for orthodontics entitled, “Oral Deformities” (Asbell, 1988).

Orthodontia and malocclusions were known as such” (Asbell, 1988, p. 176). Historically, orthodontia, and looking to the early and complete recognition of the branch as a distinct specialty to be taught and practiced as such” (Asbell, 1988, p. 176).

Asbell (1988) found that in 1886, Edward H. Angle (1855-1930), who later became known as the father of orthodontics, was appointed as the first chairman of the Department of Orthodontics at the University of Minnesota.

Angle became internationally known for his revolutionary principles and ideas regarding straightening teeth, which are currently still in vogue. In 1900, he founded the Angle School of Orthodontics, which was the first organized and independent school for orthodontics and attracted dentists throughout the United States. Angle recognized the importance of science as a foundation for moving teeth.

In 1887, Eugene S. Talbot suggested that hereditary influences were involved in orthodontic malocclusions. He emphasized the importance of etiology as a basic principle for treatment and was the first to recommend the importance of X-rays in diagnosing orthodontic problems (Asbell, 1988).

According to Asbell, dentistry in the 20th century had advanced on many fronts. There was continuing prominence in technological progress, a steady search for enduring relations with the biologic sciences, a continuing growth of professional literature, an awareness that dental health is part of the totality of health and a recognition of social responsibility in the practice of the profession (p. 175).

In 1906, the American Society of Orthodontists became an organized specialty of dentistry mainly as a result of Angle’s leadership; it was founded “for the promotion and exaltation of that branch of dental science known as orthodontia, and looking to the early and complete recognition of the branch as a distinct specialty to be taught and practiced as such” (Asbell, 1988, p. 176).

Currently, the American Society of Orthodontists is known as the American Association of Orthodontists (AAO). Asbell noted in 1929 that the AAO created the American Board of Orthodontics as the first specialty certifying agency in dentistry, which was also the third specialty in medicine.

To be continued...

Editor’s note: References will be included at the end of the final portion of this series.
Reliance introduces newest addition to its lingual retention line: Extend LTR

By Paul Gange Jr., President
Reliance Orthodontic Products

One of the many difficult decisions you will face on a daily basis is how to achieve long-term retention when the patient is out of your control. Reliance has two excellent options (Re-tainium and Ortho Flex Tech) when a case calls for a lingual retainer that is bonded on every tooth.

These wires provide a proven retention method that is far better than relying on patient compliance with a removable retainer. However, there’s one drawback: hygiene.

Dentists’ and dental hygienists’ biggest complaint about fixed retainers is neither they — nor the patient — can adequately cleanse around wires bonded to every tooth. They maintain, rightly so, that the wires bonded to every tooth are a catch-point for calculus and debris. The good news is not every case necessitates a retainer to be bonded on every tooth. In fact, a six bonding pad retainer would be overkill in many Class I ‘minor movement’ cases.

Reliance is proud to introduce our newest addition to our lingual retention line: Extend LTR.

We have improved a popular lab-generated retainer wire to allow for chairside wire selection and placement. No lab lead time and no lab costs. The ideal case where Extend will be utilized is in a patient who has little anterior crowding and no facial torquing.

Extend is fabricated from a nickel-free (.027) TMA wire. A bendable or shapeable super-elastic wire, TMA has some give or flexibility without changing the formed/shaped characteristics. This feature allows Extend a slight amount of flexion without deforming under mastication forces. Ideal for holding cusp width, Extend is not only flattened at the cusp segment of the wire but also incorporates 20-degree angulated bonding pads to allow the proper wire-lingual surface adaptation.

For the remaining anteriors, Extend must be adapted to the lingual sides of each tooth. A bird beak plier should be used for slight adaptation bends, while more extensive bends can be achieved with a three-prong plier without work hardening the wire. Available in five sizes: 18, 20, 22, 24 and 26 mm.

The Extend arch measuring device makes chairside size selection accurate and simple. With the numbered-side facing up, seat the contact groove of the measuring device at the midline. The first number to fully clear the distal edge of the lateral will be the number to correspond with the designated wire size.

Chairside steps are as follows: 1) adapt Extend on a study model, 2) prophesy the cuspids, 3) sandblast the cuspids, 4) etch the cuspids, 5) apply one coat of Assure and air dry, 6) place a small amount of LCR paste in the middle of the cuspids, place wire and light cure and 7) apply the final coat of LCR to fabricate a custom pad of composite, smooth with a resin-saturated sponge pellet as needed and light cure.

Extend will be available in single-size packs of five for $45 or a kit that includes: (1) measuring device, (6) EX18, (2) EX20, (4) EX22, (4) EX24, (8) EX26 at an introductory price of $99.
Planmeca ProMax 3D Mid offers wide realm of new possibilities

ProMax 3D Ultra-Low Dose protocol achieves about 77 percent reduction in radiation without compromising quality

By Planmeca Staff

The ProMax 3D Mid is a versatile and dynamic 2-D/3-D imaging system that brings new possibilities for diagnostics, treatment planning and patient counseling, asserts Planmeca.

Volumes ranging from the smallest specialized cases to larger fields of view accommodate a wide range of specialities, from general dentistry, endodontics, periodontics and orthodontics to dental and maxillofacial surgery. The smallest volume, 4 x 5 cm, is ideal for studies, such as molar areas and single implant sites, while the largest 20 x 17 cm volume captures the full facial region.

As with all Planmeca units, the ProMax 3D Mid complies with the best practices in dentistry by following the ALARA (As Low As Reasonably Achievable) radiation principle to minimize the patient’s exposure.

When compared with standard imaging protocols, the ProMax 3D Ultra-Low Dose protocol achieves an average of 77 percent reduction in radiation without compromising image quality.1

The unit is also designed with multi-bladed collimation, which provides unique horizontal and vertical segmentation that focuses radiation only to areas of anatomical interest, this minimizes any unnecessary exposure to the patient. Additionally, the ProMax 3D Mid offers various imaging modes, including pediatric mode, that allow the minimum dose to be administered based on clinical need.

For everyday diagnostic needs, the ProMax 3D Mid also offers full 2-D functionality, including panoramic, optional cephalometric and ProMax’s exclusive Anatomically Accurate Extraoral Bitemping Program. This program, possible only with patented SCARA (Selectively Compliant Articulated Robotic Arm) technology, is especially beneficial for periodontal patients, children, elderly patients, claustrophobic patients, patients with special needs, patients that gag or patients in pain.

Images show details from premolar to third molar areas, including parts of the maxilla, mandible and rami, with more clinical data (lateral to third molar) and a consistent opening of interproximal contacts that outdoes most intraoral methods. All of this comes without the challenges of sensor placement, the changing of sensor sizes, disinfection and equipment maintenance, greatly improving workflow and ideally suited to enhance overall patient experience.

The ProMax 3D Mid is delivered with open-architecture Planmeca Romexis software, which offers a complete, user-friendly solution for image acquiring, viewing and rendering in multiple dimensions. Planmeca Romexis software improves the diagnostic value of radiographs and supports different workflows, from routine 2-D imaging to advanced specialist treatment planning using 3-D imaging modules.

With simplicity as a leading design principle, Planmeca Romexis offers easy-to-use tools that allow the software to be used with minimal training. It also offers best-in-class integration, providing users with the freedom to use third-party products for a customizable workflow.

TWAIN protocol and DICOM compliance, as well as full support for Windows and Mac OS operating systems, guarantees that Planmeca Romexis can be used effortlessly in nearly any treatment environment, according to the company.

Available premium options for the ProMax 3D Mid include ProFace, the industry’s first CBCT unit-integrated facial scanner that uses a unique combination of 3-D images.

One scan generates a true 3-D photo of the patient’s facial anatomy as well as a CBCT volume, or if required, the 3-D facial photo can be acquired separately in a radiation-free process. This optional feature provides clinicians with the ability to visualize soft tissue in relation to dentin and facial bones, superimpose images to see treatment progress, and deviate images for an instant viewing of changes.

For more information, or to schedule a free in-office consultation, please call (855) 245-2908 or visit www.planmecausa.com.

References

1) According to “Dosimetry of Orthodontic Diagnostic FOVs Using Low Dose CBCT Protocol” by JB Ludlow and J Koivisto. For a copy of this study, please contact Planmeca USA.
Cloud, without the turbulence.

For nearly a decade, we have provided orthodontists with amazingly fast, easy, reliable cloud-based practice management systems. As a matter of fact, topsOrtho™ was built from the ground up to be cloud.

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Clarity ADVANCED Brackets and Forsus Correctors: A beautiful combination

By 3M Unitek Staff

At 3M Oral Care, our goal is to partner with you to create healthy, beautiful smiles that enhance your patients’ lives with treatment solutions that make your patients feel great about how they look — even during treatment.

Patients seeking esthetic treatment

Offering patients esthetic treatment used to be an option. In today’s competitive environment, it’s an expectation. Patients of all ages want to be able to choose among the appliances used for their treatment, and an esthetic appearance is one of the most important criteria in their selection.

Industry data proves this out. For instance, demand for ceramic brackets worldwide increased more than 12 percent between 2011 and 2014 (OMA data). Some orthodontic practices have even differentiated themselves by going completely esthetic, with great success.

3M Unitek has offered esthetic ceramic brackets since the early 1990s, well in advance of the current trend. Today, our Clarity™ ADVANCED Ceramic Brackets are a leading treatment choice, and a perfect balance of innovation and design. The translucent ceramic material blends with the color of a patient’s teeth and resists staining and discoloration, so anyone can smile with confidence during treatment (Fig. 1).

The bracket’s low profile and rounded corners also make them comfortable to wear. And if you have patients that want colored ligatures, Clarity ADVANCED Brackets make the colors “pop” (Fig. 2).

The brackets are made from a fine-grained ceramic material and created through a precise injection-molded process, for dependable strength and performance. Ample under tie-wing space enables flexible treatment and ligation options. And the proprietary stress concentrator on the base makes debonding simple and predictable (Fig. 3).

Clarity ADVANCED Brackets are available with APC™ Adhesive coating that simplifies the bonding process and reduces bonding steps. You can also choose APC Flash-Free Adhesive that removes the flash clean-up step, for unmatched efficiency in bonding (Fig. 4).

A better patient experience

Many patients need Class II correction at some point in treatment. The Forsus™ Fatigue Resistant Device is an esthetic, compliance-free alternative to headgear. It’s an out-of-the-box solution, requires no lab work and applies consistent force levels for predictable outcomes. What patient would choose headgear over a completely hidden, comfortable and efficient treatment option?

Proven worldwide in more than 1 million cases — and counting — the coaxial spring design of the Forsus Fatigue Resistant Device resists fatigue-caused failures, helping to save you and your patients from unscheduled office visits.

New Forsus Wire Mount

Now, installation of Forsus Correctors is even easier, mid-treatment — with the new Forsus™ Wire Mount. Using the Forsus Wire Mount, molar bands are no longer required, letting you conveniently include Forsus Correctors at an archwire change, even if not pre-planned (Fig. 5).

The unique T-hook design lets you secure the Forsus Wire Mount to the bondable tube using elastomeric ties. It is available in two sizes for .018 and .022 bracket systems, and it is universal for left and right use.

3M Science provides the foundation for esthetic, efficient and easy-to-use solutions that help you work smarter. But improving patient lives by helping them look great during treatment, spend less time on orthodontic appointments and have more time to enjoy their new smiles is the biggest benefit.

For more information, please visit 3MUnitek.com/ADVANCE or talk to your local 3M Unitek representative.

‘Clarity ADVANCED Ceramic Brackets are a leading treatment choice, and a perfect balance of innovation and design.’