Orthodontists in Orlando

AAO attendees find lots to smile about at annual session

The Orange County Convention Center is teeming with orthodontic professionals during the AAO’s 2016 Annual Session. Photo/Fred Michmershuizen, Ortho Tribune Staff

Orthodontists in Orlando

By Fred Michmershuizen, Ortho Tribune

AAO annual session attendees found plenty to smile about at this year’s big event in Orlando. Great weather. Lots of fun things to do with the whole family. Mickey. But at the Orange County Convention Center, site of this year’s AAO event, the focus was all about ways to make your patients smile. In the classrooms, some of the world’s top experts were on hand to share expertise and knowledge.

In the exhibit hall, aisle after aisle of companies were ready and available to share with meeting attendees the latest in technological advances. Whether attendees sought a more advanced imaging system, a better way to keep track of inventory or effective marketing ideas for individual practices, they were sure to find it.

Ortho Tribune combed the aisles of the show floor to highlight what was especially innovative at this year’s meeting. There were many highlights, including:

- Propel showed off its new Excellerator PT (Power Tip), which marries Propel’s proprietary tip design with a specially configured cordless torque driver. Components include a powered handpiece with charging station, a contra-angle head attachment and single application tips.

“The driver itself is easy to operate, smooth, comfortable ergonomically speaking and quiet,” said Dr. Jonathan Nicozisis, who uses the technology in clinical practice. “The contra-angle

FROM THE EDITOR

Historical overview of orthodontic education

From the year 2000: Part IV

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

In 2002, 300 full-time faculty positions were unfilled, and an additional 200 to 600 new faculty members would be needed every year thereafter (Trotman et al., 2002; Peck, 2003). The Task Force included leading orthodontic educators, members of the AAO Board of Trustees, and dental school deans. Weaver, Chmar, Haden and Valachovic (2005a) found there was an estimated 241 vacant full-time and 55 part-time faculty positions at the 56 U.S. dental schools in 2003-2004.

Trotman et al. (2002) noted that the full-time faculty attrition problem would have a negative impact on dental education and health care in general. Several earlier small-scale studies reported similar findings, that postgraduate orthodontic education was facing serious consequences regarding the ability to attract qualified, full-time tenure track faculty members (Larson, 1998; Roberts, 1997; Valachovic Weaver, Sinkford and Haden, 2001).

The demand for orthodontic care by the public and in the number of clinicians willing to provide this care has reshaped the workforce dramatically in a short period of time. In 2000, the AAO hired an outside research and planning group to conduct a study of its members who were 50 years or older (Turpin, 2003a). They reported that 25 percent of respondents expected to stop
practicing completely by 2024, and 56 percent expected to stop practicing completely by 2024.

Many of those clinicians have decided to delay their retirement for several years. Until recently, most new graduates could choose from many practice opportunities. Turpin reported that one student, ready to graduate after 10 years of scholarly pursuit, stated, "I would be happy to take a hygiene job for a while, if something doesn’t break soon." Those graduates reported far fewer opportunities, according to Turpin.

Hindsight so often provides an unequivocal opportunity for reflection on successful and unsuccessful decisions. Such theoretical and empirical content could be summed up as the essence of a force for change by the following quotation from Larson (1998), "There is no doubt that dedicated orthodontic educators have been critical to the development of the specialty. The question is whether the faculty will be there in the future to continue this history of strong education."

All orthodontists and institutions must be proactive in preserving the specialty, education must be proactive in preserving the specialty, according to Larson (1998), "There is no doubt that dedicated orthodontic educators have been critical to the development of the specialty. The question is whether the faculty will be there in the future to continue this history of strong education."

As noted by Johnston (2002), sadly there is no market for a career in academia as there was prior to the 21st century. As recent as 2016, according to Conley (2016), "Academic orthodontists say they have no interest in carrying out the tradition of the specialty; academe must be perceived as an attractive alternative to private practice, especially if there is no scholarly challenge, and academic orthodontic education will continue to present a diminished and unfortunately a daunting outlook for its future."

References for all parts of this article are available upon request from the publisher.

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attachment provides convenient, full-mouth access. Performing MOP in the posterior regions is certainly facilitated by the contra-angle, which can be rotated posteriorly to facilitate mouth access. Performing MOP in the posterior regions is certainly facilitated by the contra-angle, which can be rotated posteriorly to facilitate mouth access."

• DENTSPLY GAC introduced its new PLUS line of products, which the company says are designed to "grab the mantle of orthodontic leadership and take it to the next level." The PLUS line includes a new metal-injection-molded OmniArch PLUS bracket, which features precision-cut angulation and torque for improved control, and nickel titanium BioForce PLUS archwires, which feature a graded thermodynamic formulation.

Clinical practice is largely unrelated to science, evidentiary or theory applications, especially when most techniques work and nothing else really matters. Alea iacta est, the die has been cast: Why would a graduate forego the incentives of private practice to accept a position in an area of clinical practice and struggle, especially if there is no scholarly challenge, when he or she has been trained in their entire educational career to treat the public? Until the specialty decides that there is profit in a scientific, evidence-based approach to clinical practice, the supply of teachers and researchers probably will not increase to levels of the past. American-born residents may not glean the value that is required and necessary for considering a career in academia. Hopefully, the future will provide enhanced career opportunities for our graduates, but until academia is respected by the specialty as a whole, orthodontic education will continue to present a diminished and unfortunately a daunting outlook for its future.

• G&H Orthodontics showcased its extensive line of products. The company was launched 40 years ago to create archwires but has since expanded into brackets, bands, tubes, elastomers and more — all made in the United States. Reliance Orthodontics offered a kit designed to reduce your inventory and produce maximum strength for chairside bending, regardless of the substrate involved, enamel or non-enamel. The ASK (All Surface Kit) includes 6 cal Assure Plus All Surface Bonding Resin and 8 cal Porcelain Conditioner, plus an Etchmaster microetcher with 10 tips. According to the company, clinicians now can eliminate all other artificial surface primers.

Orthobanc, a professional payment management company, demonstrated its new treatment and fee presentation tool, Accepi Pro. It’s designed to help orthodontists offer flexible payment options to patients. Presentations can be viewed in the office or shared for viewing at home. Features include a Smile Adjuster payment calculator, which allows the responsible party to adjust the down payment and terms within ranges acceptable to the practice, until they have found a plan that fits.

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