Orthodontists in Orlando

AAO attendees find lots to smile about at annual session

Orthodontists in Orlando during the AAO's 2016 Annual Session.

By Fred Michmershuizen, Ortho Tribune Staff

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

The American Dental Education Association (ADEA) and the American Association of Orthodontists established task forces to study this shortage, which they declared was at a crisis level and that academe was no longer an attractive career option (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 working. 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 Niccizzi, who uses the technology in clinical practice. “The contra-angle...
practicing completely by 2004, and 56 percent expected to stop practicing completely by 2014. 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 hindsight so often provides an un - Sibility for product names or statements made by errors. The publisher also does not assume responsi-
THE MAJORITY OF CHILDREN HAVE A MALOCCLUSION caused by incorrect breathing and myofunctional habits
Parents want treatment for these problems affecting the growth and development of their child as well as their health.

“Orthodontists can ask sleep-related questions in the health history to identify sleep breathing disorders. Treating these patients presents unique opportunities for orthodontists to collaborate with other medical specialties to improve a patient’s health and treatment outcome.”


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“Research presented in our journal in the next century may shed new light that will help us better identify the problem and aid the specialty [orthodontists] in developing more effective evidence based treatment. Additional efforts are needed to understand the physiology, neurology and genetics of sleep breathing disorders.” American Journal of Orthodontics 2015;148:740-7

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G&H Orthodontics’ 41st anniversary marks significant expansion

By G&H Orthodontics Staff

G&H Orthodontics, a leading U.S. full line orthodontic manufacturer, announced exciting news at this year’s American Association of Orthodontists conference in April in Orlando, Fla.

“Our 41st anniversary of serving the orthodontic community marks our biggest expansion in company history,” said G&H Orthodontics’ President and CEO Kevin McNulty. “This expansion demonstrates our dedication to deliver a great experience to our customers.”

Additionally, “due to increasing demand from G&H Orthodontics customers, we expanded our elastomeric manufacturing capacity by 60 percent, along with increasing production capabilities for brackets and wires,” said Brandon Bernacchi, G&H Orthodontics vice president of operations.

“The addition of our Warehouse Management System (WMS) fully integrated with our ERP has been a real game changer for G&H. The system provides us with better order traceability, improved quality service levels and faster, more complete shipping to our customers. This, so far, has led to a 200 percent improvement in orders shipped same or next day,” Bernacchi added.

To better understand customer needs, G&H did extensive research.

“We realized that to continue to deliver exceptional service in more than 90 countries, we needed to restructure our website and to add customer service staff,” said G&H Orthodontics’ Director of Marketing Emily Frische. “The changes will make doing business with us easier. Our goal is to be the brand of choice in the ortho community.”

At the beginning of 2016, Jim Aycock joined the G&H Orthodontics family as the vice president of sales. Also added was Riccardo Pini in New Zealand covering Asia Pacific. Elizabeth Young in Hong Kong covering Asia and Dennis Steward covering dental service organizations in the United States. Three new customer specialists joined the team, Viola Newman, Rudy Olivo and Tana Marshall, to serve international distributors and key accounts.

“GHOrthodontics.com, our new website, was built with customer convenience in mind. With the help of G&H customers, we’ve expanded the information available to include patient cases, videos and a quick reorder feature,” Frische said.

G&H Orthodontics stands out in the industry as a full line manufacturer of clinical orthodontic solutions. “We are helping orthodontists improve their profitability with direct-from-the-manufacturer pricing, the convenience of one stop shopping, and quick delivery. It’s an exciting time at G&H Orthodontics,” McNulty said.

About G&H Orthodontics

G&H Orthodontics is a leading provider of clinical solutions for the orthodontic community serving customers for more than 40 years in more than 90 countries. With 99.9 percent customer satisfaction for manufactured products, G&H asserts it is the best manufacturer of a full line made in the United States, including brackets, bands, tubes, wires, springs, elastomeric and other orthodontic supplies. G&H is compliant with the U.S. FDA, ISO 13485:2003, Medical Device Directives, 93/42 EEC and Canadian Medical Device Guidelines, which ensure availability of products worldwide. G&H Orthodontics is a privately held company headquartered in Franklin, Ind. G&H Orthodontics, G&H and the G&H Orthodontics logo are registered trademarks of G&H Orthodontics.

To learn more about G&H Orthodontics, please visit GHOrthodontics.com
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Easing chairside stress with the All Surface Kit

By Reliance Orthodontics Staff

One of Reliance’s flagship products, Assure®, has been the answer for so many difficult bonding situations for the past 15 years. Assure has created a foundation as the go-to primer for everyday enamel bonding thanks to its variable reducing properties, according to Reliance Orthodontics.

Recently, Assure Plus was introduced to bond to micro-etched porcelain without the use of hydrofluoric acid and zirconia. As you may know, Assure and Assure Plus bond to wet or dry healthy enamel. Furthermore, they bond to wet or dry atypical surfaces (hypocalcified, aprismatic, fluorosed, primary dentition and even dentin/cementum) without additional primers.

If you experience an enamel side bond failure (the composite pad debonds clean off the enamel), immediately contamination is blamed. If you are not using Assure or Assure Plus, this may not be the case. The enamel could have been aprismatic; no other primer will bond to this difficult surface, according to the company. The use of Assure or Assure Plus on the initial bonding appointment would eliminate this atypical variable.

As the demographics of orthodontic patients shift to include an increasingly larger number of adults, artificial substrate preparation becomes a major topic of discussion for clinicians. It is no secret that the foundation of artificial substrate bonding lies in a good mechanical preparation.

Traditional methods using a diamond bur, greenstone or disc to roughen metal or porcelain surfaces does not always produce adequate mechanical retention, however, microetching with aluminum oxide does. The SEM pictures (Figs. 1a, 1b) clearly illustrate the stark mechanical differences between utilizing a rotary instrument and an intraoral microetcher to prepare non-enamel surfaces.

Clinicians now can eliminate all other artificial surface primers as well as numerous different protocols, according to Reliance Orthodontics. With the All Surface Kit, all non-enamel substrates are handled with only two protocols:


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Screening for a new revenue source in your own practice

By Dr. Chris Farrell, BDS, CEO and founder of Myofunctional Research Co. (MRC)

Most dental professionals, by now, should be well aware of the rapid changes altering the dental playing field.

The market-driven changes, such as corporatization of the industry and oversupply of new dental graduates, have been well highlighted in professional publications, and despite an increase in the frequency of dental caries, particularly in young children, after decades of decreasing incidence, the dental profession, unlike its medical counterpart, relies on the ability to treat just a handful of diseases.

It could be argued that if tooth decay had not been present for the past century, neither would the dental profession. In fact, the primary training of 21st-century dental students is largely centered on the detection, long-term health effects and treatment of caries.

However, as a result of a focus on promoting greater public awareness and prevention rather than treatment, this source of income has been all but eliminated, and maintaining a healthy dentition for their entire lifetime has been a goal of the baby boomer generation, making implants and high-tech restorations, as well as regular check-ups, the norm.

While there is the occasional periodic patient who commands added attention, and if we start to step on the toes of our orthodontic specialist colleagues, it is easy enough to find teeth that can be straightened to an arbitrary alignment using rapid or conventional braces, modern dental practitioners are at risk of becoming routine providers of the “$99 all-you-can-eat check, X-ray, scale and clean.”

In previous articles, I wrote about the opportunities to widen our income base beyond the traditional that this changing dental landscape offers and explained how these opportunities are available now. Sleep Disordered Breathing (SDB) and the serious effect it can have on a patient’s health and well-being has recently gained attention and emerged as a new GP special interest. Because it is recognized as being a result of the same upper airway and neuromuscular dysfunction causing malocclusion, for dental practitioners willing to grasp new opportunities, the ability to treat SDB and TMJ disorder represents a new revenue source as well as alleviation from the monotony of “drill, fill and bill.”

The first step toward tapping into this new revenue source is to realize that each day more business walks out of your practice than is actually treated there. Virtually all growing children have a developing malocclusion and early treatment or, where possible, prevention is sought after by parents. Additionally, 35 percent of adults experience chronic pain as a result of TMJ disorder and treatment is rarely offered. Furthermore, there is a high incidence of SDB among both children and adults, which is 80 percent undiagnosed. The potential increase in practice capacity is significant if these patients could be recognized and offered treatment.

Therefore, the second step is developing the knowledge and ability to screen for these issues, which can be as simple as asking some questions. This can be achieved by setting aside one day each week to focus on consultations to identify these issues, which other dental practitioners have never evaluated.

For kids: Myofunctional orthodontic evaluation (MOE), 5-15 years

Malocclusion is evident in children from the time the primary dentition is present and onto the mixed dentition. The MOE identifies the causative factors of malocclusion, which, as is the case with mouth breathing, can lead to chronic health issues later in life.

Therefore, it is the duty of care of the dental profession to at least identify these developmental issues in children and offer treatment options to their parents when available. Even in a practice that predominately treats adult patients, if those adults are parents, they will naturally take an interest in any health issues concerning their children.

For adults: TMJ disorder screening procedure

Very few dental practitioners offer treatment for TMJ disorder among both children and adults is 80 percent undiagnosed, according to Myofunctional Research Company (MRC). Photos/Provided by MRC.
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By Highland Metals Staff

Highland Metals launches into cosmetic orthodontic market with tooth-colored wires

Highland Metals recently announced the worldwide release of its new esthetic wire. The new arch wire features tooth-colored, epoxy coating and is available in Highland Metals' Super Elastic NiTi and regular stainless-steel archwires.

Highland Metals' new cosmetic orthodontic wires go through a proprietary process to coat the wires in a tooth-colored epoxy solution, which creates the most durable tooth-colored finish in the industry, according to the company. The epoxy coating adds .002-inch in thickness to the wire dimensions, e.g., .016-inch coated has a .014-inch base wire with .014-inch applied forces. The tooth-colored wires are available in multipacks of round or rectangular natural arch forms.

"In celebration of our product launch into cosmetic orthodontic archwires, we have a 25 percent off special volume discounts that can be applied to orders based on quantity purchased," said Highland Metals' Marketing Manager Heidi Helms.

Highland Metals continues to develop great wires that can be offered at a great price, the company asserts.

About Highland Metals Inc.

For more than 28 years, Highland Metals has been providing orthodontists with high-quality wires at great prices. All the company’s products are proudly manufactured in the United States. Highland Metals is a privately held company headquartered in Franklin, Ind. For more information, visit www.highlandmetals.com.

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