AAO takes Chicago

New products top the must-see list at annual session

By Kristine Colker and Fred Michmershuizen, Ortho Tribune

If you needed to brush up on your knowledge of esthetics, find out more about recent advances in anchorage control, get information on installing a vending machine for your ortho products or learn about how you can take a 3-D scan in just 4.8 seconds, then the place to be was the AAO Annual Session, held in Chicago from May 14–17.

For four days, orthodontists from Study examines use of retainers

Little has been written about retainer usage and subsequent patient compliance. For this reason, Prof. Manish Valiathan, assistant professor of orthodontics at Case Western Reserve University School of Dental Medicine in Cleveland and a member of the American Board of Orthodontics, led an investigation into which types of retainers orthodontists are prescribing, how patients are using them and what happens when patients do not use one following orthodontic work.

In an initial study, researchers conducted a survey of 2,000 randomly selected orthodontists throughout the country to investigate the kinds of retainers they prescribed. The majority (58.2 percent) of the 658 respondents prescribed removable retainers while about 40 percent opted for fixed lingual retainers.

Post-braces, the majority of orthodontists said they required their patients to wear removable retainers full-time for the first nine months and then part-time after that. They also encouraged part-time retainer use throughout life.
Criteria for future dental student applicants

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

I n the last few years, dental ethics and communication skills have increasingly been recognized as essential parts of the undergraduate curriculum, something that is laudable and significant but not enough. It has its dangers.

If we recognize “ethics” as a separate, scrutinized academic subject, we might take from it that there is a time when one practices ethics and a time when one does not. Ethics does not exist in a box that we pack with us when examining our patients and remove when needed. To some, this might imply that ethics are something intrinsic to everything that a doctor does nor should they apply to all human beings as well.

To individuals who do not know why or what they believe, teaching ethics and communication skills is like teaching pathology to those who haven’t learned the basics. Such students may be able to recite treatment protocols by listing signs and symptoms, but they’d be perilously unsafe in practice. They would not understand the why’s of practice and may not be able to modify treatments to circumstances. Teaching undergraduate ethics is not necessarily the only answer.

Teaching ethics and social justice principles would undoubtedly be helpful at the undergraduate level but perhaps could begin at the stage when dental students are selected for admission.

When our students graduate, they should know about ethics of individual choice and justice for (a) procedural fairness, (b) community obligation, (c) attentiveness to others and (d) social transformation. Just because all serious dental school candidates have high grades— or sometimes the determining admission criterion might be record-breaking athletics, an illustrious career on the stage, a mincing admission criterion might not necessarily the only answer.

Teaching undergraduate ethics is not an assertion that dentists who can’t understand the whys of practice principles would undoubtedly be helpful at the undergraduate level because it is but a tiny part of the whole patient.

The Socratic reflection is a type of pedagogy in which questions are asked not only to depict individual answers but also to encourage fundamental insight into relevant issues. Plato’s Socrates made important and lastingly contributions to the fields of epistemology and logic, and the influence of Plato’s ideas and approach remains strong in providing a foundation for much of western philosophy.

Humanity students are another ascending group from which we may want to consider future dental student candidates. This group is in the realm of thought-provoking questions. Sometimes students, doctors, and scientists are not something intrinsic to everyone; anatomy and pathology majors.

Re-accreditation of dental schools should demand that besides clinical skills, doctors must also know the difference between right and wrong, ethical and non-ethical and good judgment and bad judgment. Dental boards should insist that all clinicians demonstrate their awareness of identifying non-dental concerns such as social justice and human rights issues as they relate to the patient.

Having taught pre- and post-graduate medical and dental students for almost 40 years, it is appalling to realize that some of our students cannot put two sentences together with any semblance of English dexterity or proficiency. Most lack the ability to use proper verbs, tenses or punctuation, demonstrating a total lack of any knowledge and understanding of the English language. This is a plea for a more scholarly and intellectual dental culture. This is not an assertion that dentists who listen to Bach and Beethoven, read Chaucer and Gervantes or are interested in the arts are better people than those who are serious about continuing education seminars. This might be a contentious issue, and we might disagree. However, this is a strong suggestion that greater knowledge of communication skills and aptitude for the English language is ultimately an inflex that dentists are really on a doctoral level of sophistication and are thus appropriately capable of keeping up with the holistic subject matter involving their profession as it relates to the human beings they treat.

Somerset Maugham wrote, “I do not know a better training for a writer than to spend some years in the medical profession” (Foster, 2009). The opposing side is also true: Doctors might better appreciate the scope of their own professional milieu by keeping up with the artists, writers, musicians and philosophers who have fought to recognize and comprehend the moniker of human beings.

Real evidence-based dentistry involves consideration for all available evidence about human beings and their place in the community and society. ❑

This editorial was inspired by the following articles:


Corrections

Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report it to Managing Editor Kristine Colker at k.colker@dental-tribune.com.

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around the world gathered to further their knowledge and expertise. Educational topics ran the gamut from craniofacial growth and tissue engineering to the appropriate use and value of aligners. In the exhibit hall, many companies brought their own experts who gave presentations right there. Dr. Larry Andrews and his son, Dr. Will Andrews, spoke about their Six Elements of Orthodontic Philosophy at the Ortho Organizers booth while other clinicians taught attendees about such things as treatment of the complex patient, Class II and Class III treatment and orthodontic technology.

Of course, one of the highlights of every AAO annual session is walking the exhibit hall floor. This year, exhibitors went all out to make attendees comfortable. Booths such as Happy Feet offered relief for aching feet while Ormco and DENTSPLY GAC had comfortable couches for attendees to relax upon. As always, there was no shortage of new products. Ortho Classic launched OrthoVend, a “vending machine” for your practice that offers automated inventory tracking, secure storage and purchasing and standardized organization. The system can hold a month’s worth to a year’s worth of inventory and automatically reorders product once it reaches a pre-designated reorder point that you set. Using touch-screen technology and fail-safe sensors, the pay-as-you-go system is designed to take the headache and expense out of inventory control.

Accutech Orthodontic Lab offered its Orthodontic Appliance Design Manual, which includes diagrams of each appliance, indicating wire, acrylic and component specifications. The manual includes more than 200 full-color photos with multiple views of 70 orthodontic appliances and features a glossary of lab terms, appliance accessories, basic dental anatomy and an “understanding appliance types” section. It can be used as a communication tool with patients, colleagues, laboratories, staff members and lab technicians.

Imaging Sciences International showed off QuickScan, a feature on the i-CAT that lets clinicians capture initial workups and progress scans in 4.8 seconds — a short enough time period that most people, including wriggly children, are able to keep still. Philips Sonicare debuted a new way to motivate patients to practice effective oral health-care habits at home. The Sonicare AirFloss is a new tool to provide patients with a gentle, easier way to clean between teeth. Philips’ microburst technology removes plaque from in between teeth with a burst of air and micro-water droplets, allowing patients to get rid of the floss for good.

For more from the AAO Annual Session, turn to Page 4.

According to the researchers, specific prior conditions may return without retainers. However, no definitive research has been conducted on the conditions that require ongoing retainer use. In another study focused on patient compliance, Vailathan and colleagues found that 60 percent of the 1,200 surveyed patients wore retainers more than 10 hours a day in the first three months and 69 percent wore them every night. By the time retainer users reached 19 to 24 months, 19 percent had stopped wearing their retainers, while 81 percent were still wearing their retainers, even if it was only one night a week. About 4 percent never wore their retainers at all. Furthermore, the study indicated that age, gender and the type of retainer did not affect compliance.

A third study examined the ramifications of no retainer use within the first four weeks after braces removal. Researchers measured patients’ teeth before and after for spacing issues, overbites, underbites and tooth crowding. Thirty patients had the wires removed from their braces, but the appliances were kept affixed to the teeth to monitor any changes without a retainer. Nearly half of the participants showed no movement, and many showed positive settling of the posterior teeth, including the molars. Some, however, required additional orthodontic treatment at the end of the four weeks. Further studies on a larger study population are necessary, Vailathan concluded.
Scenes from the AAO

A look at some of the happenings from the exhibit hall and beyond during the AAO Annual Session in Chicago

Photographs by Fred Michmershuizen, Ortho Tribune (unless credited otherwise)
Dentaurum, a long-time exhibitor at the AAO, offers a series of TOMAS mini-lectures in its booth. This year marks a special milestone for Dentaurum as it celebrates its 125th anniversary. (Photo/Provided by Dentaurum)

Normand Desforges and Julie E. LeMon at the HuFriedy booth. (Photo/Kristine Colker, Ortho Tribune)

Barry Larson of DMG is ready to share the benefits of Icon, a treatment for incipient caries and white-spot lesions that is done without drilling. (Photo/Kristine Colker, Ortho Tribune)

Meeting attendees get more information about cameras at the PhotoMed International booth.

Patrick Hess of Sirona.

Anthony Gianni of Medidenta.com.

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OrthoBanc’s team helps practices ‘score’ during the AAO. OrthoBanc, a payment drafting and management company, set up its booth to look like US Cellular Field, the home of the Chicago White Sox. From left are Amy Evans, Jayme Cross, Jaime Kilgore, Marla Merritt and Carly Russell. (Photo/Provided by OrthoBanc)

Dr. Christy Fortney offers a presentation on treatment mechanics at the Opal Orthodontics by Ultradent booth.

Meeting attendees learn more about products at the Danville Materials and Engineering booth.

Attendees are never too far from e-mail. Internet access was available at the Cyber Café.

Dr. Chris Farrell, from left, Nakia Wright, Damien O’Brien and Kassandra Solis of Myofunctional Research Co.

Susan Richardson of ChaseHealthAdvance.

Blaine Atwater of Planmeca.

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Just when orthodontists thought that cone-beam technology had changed the face of orthodontics as much as possible, Imaging Sciences International announced enhanced diagnosis and planning through the flexibility of the i-CAT and Invivo5 software applications. These new tools go hand-in-hand with i-CAT’s flexibility in dose management, especially with the QuickScan — the 4.8-second, lowered-dose scan that closely compares in exposure to 2-D pan-ceph sets.

The new software takes the precise three-dimensional information provided by the CBCT scan itself and delivers easy-to-use and informative tools specifically designed with the orthodontist in mind:

• **The Cephalometric Analysis Tool** allows the clinician to take measurements and establish norm data statistics with one easy click. This option also yields full traditional 2-D analysis. The latest version of the software features an updated anchor pin library for virtual TAD placement and virtual TMJ visualization, a study model and a simulation tool.

• **The Airway Analysis Tool** facilitates quick airway tracing and automatic calculations, instant measurement of total airway volume, localization and area measurement of maximum constriction and automatic color-coded constriction values of the airway volume.

• **Virtual study models make orthodontic patient education and treatment planning easier and more productive. The AnatoModel module allows the orthodontist to create virtual study models that contain crowns, roots, developing teeth, impactions and alveolar bone. This impressionless model is created from CBCT data. Patients will not miss the impression-taking part of their visit, and the practice will save on time and materials used in taking traditional study models.**

• **To keep organized and improve communications between colleagues and patients, the software system contains Advanced Annotation Capabilities, such as custom labeling on 3-D volume renderings and layout display options.**

• **Customer support for the Invivo software is now available through the company’s customer care department, and a variety of training programs are available to help maximize the productivity that can be achieved by using the Invivo5 Software with i-CAT.**

The software also contains an expanded implant library for restoration-based implant planning, as well as applications for virtual modeling and surgical guides for guided surgery.

In orthodontics, it is very beneficial to have a complete 3-D picture of the dentition and face. i-CAT scans already provide an undistorted view of impacted supernumerary teeth and unusual anatomical variations, as well as the location of teeth in relation to roots and sinuses. Now, orthodontists can calculate more efficiently and plan more effectively with the virtual wealth of information possible from i-CAT and Invivo5.
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Moving teeth with braces has long been considered a permanent cure to crowded teeth. However, we now know this traditional approach is neither permanent nor a cure.

The literature accepts that the only way to ensure satisfactory alignment is by use of fixed or removable retention for life. Orthodontics has thus proven its reliance on these interventions.

When we graduate as dentists or specialists, we are all implicitly bound to honor the trust placed in us as medical professionals. Despite this, traditional orthodontics may cause root resorption or enamel damage, exacerbate periodontal disease, increase the chance of caries and devitalize teeth. After this begins the need for lifelong maintenance of permanent retainers, the burden of which is borne by both the patient and the practitioner.

Despite our status as medical professionals, has the orthodontic profession veered away from being a health science and moved toward the realm of cosmetics?

Premolar extractions

There is no better example than the prevalence of premolar extractions in private practice. Epidemiological data is sparse, but according to the most contemporary survey conducted of U.S. private practices, 25 percent to 85 percent of our children have healthy teeth extracted in the name of orthodontics.

The justification and rationale behind premolar extractions today rests with P.R. Begg’s 1954 assertion that the low incidence of malocclusion in primitive dentitions was because of gritty diets causing interproximal attrition; Begg suggested that this amounted to a premolar’s width in each quadrant. Begg’s research has been roundly refuted in the literature, not least because his own theory refutes his results: both crowding and attrition increased with age.

Extractions lead to stability?

Do premolar extractions lead to more stability? No. R. M. Little’s definitive 1981 study showed satisfactory mandibular anterior alignment in less than 30 percent of extraction cases 10 years post-retention, and in less than 10 percent of cases 20 years post-retention. Many other studies have corroborated this conclusion.

What causes malocclusion?

“No matter what the cause, it is always malocclusion,” wrote T. M. Graber in his seminal 1963 manifesto on the influence of muscles on malformation and malocclusion. In their review of the orthodontic influence of mandibular muscles, Pepicelli et al. (2005) corroborated this by saying it is “well accepted” that the position and function of the facial muscles...
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Align Technology announced May 13 that a total of $165,000 in scientific research funding is being awarded to three universities in North America and to three universities internationally for one- and two-year projects seeking to better understand orthodontic treatment with clear aligners.

“We are extremely pleased to see a growing level of scientific interest in orthodontic treatment with clear aligners and excited that we can help support leading researchers seeking to gain greater insight into the science behind Invisalign treatment,” said Dr. Eric Kuo, Align Technology vice president of clinical technology.

“This is also the first year where participation in Align’s research award program also includes universities outside of North America, which reflects strong adoption of Invisalign treatment worldwide,” said Dr. Mitra Derakhshan, Align Technology director of clinical international.

The North America research award recipients for 2011 are:
- Dr. Sheldon Baumrind and Dr. Heesoo Oh at the University of the Pacific (San Francisco): $50,000 over two years;
- Dr. Peter Buschang, Dr. Phillip Campbell and Dr. Doug Crosby at Baylor College of Dentistry (Dallas): $25,000 over one year;
- Dr. Madhur Upadhyay and Dr. Sumit Yadav at the University of Connecticut (Farmington, Conn.): $50,000 over two years.

The International research award recipients for 2011 are:
- Prof. Dr. Athanasios Athanasiou and Dr. Andreas Karamouzos at Aristotle University of Thessaloniki (Greece): $10,000 over one year;
- Prof. Dr. Christoph Bourauel, Dr. Ludger Kelig, Dr. J. Schwarze and Mareike Simon at the University of Bonn (Germany): $20,000 over two years;
- Prof. Dr. Luca Levini, Prof. Dr. Gian Marco Abbate, Dr. Federico Migliori and Silvia Margherini at the University of Insutria, Varese (Italy): $10,000 over one year.

Study proposals approved for funding this year include a periodontal health evaluation of teenagers treated with Invisalign aligners, an analysis of treatment changes in adolescent clear aligner patients, a biomechanical evaluation of clear aligners, an assessment of the efficiency and effectiveness of clear aligner treatment, an evaluation of root resorption and periodontal status of patients treated with Invisalign aligners and a color evaluation of Vivera® orthodontic retainers.

Program details and instructions for prospective applicants are available at www.aligntechinstitute.com/researchawards (for North America) and www.aligntechinstitute.com/internationalresearch (for international).

A time for change?
Throughout its 100-year history, the orthodontic tradition has been evolved by great minds, such as Angle, Frankel, Graber, Rickets, Garliner and Little. However, if we aspire to be considered a scientific medical profession, orthodontics must continue to evolve with the research. This means re-orientation toward a more evidence- and health-based approach.

Are we going to continue to accept relapse or retention until the death of the patient or the orthodontist? The science is there: The cause is muscle function, and the solution is myofunctional orthodontics.

The weight of the literature rests with the fact that muscle function and posture (the way patients swallow and posture their tongue) is the most significant cause of malocclusion.

A time for change?

(References are available from the publisher.)
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OrthoVOICE steps up its game

Meeting organizers promise collaboration, new ideas, growth strategies, team vision, time-tested principals, emerging technology and clinical concepts.

Who would have thought that an idea a few years ago to have some vendors share a vision for a meeting would spark and become OrthoVOICE? Well, last fall that is exactly what happened. OrthoVOICE 2010 had around 50 vendors and 160 total attendees, of which a few more than 80 were clinicians.

Now, meeting organizers are gearing up for the 2011 edition, to be held Oct. 20–22 in Las Vegas. According to the organizers, attendees at last year’s event said they enjoyed the fresh ideas and collaboration with other clinicians and teams.

“I attended quite a few really good meetings in 2010 and took my team to a few; however, perhaps none gave me as much to take away as OrthoVOICE,” said one 2010 attendee. “Many of the most significant improvements I have made in my practice over the past few months are directly related to ideas I got at OrthoVOICE.”

Meeting organizers say they are planning for around 80 companies to participate this year and between 200 and 250 clinicians to attend.

OrthoVOICE offers a few unique registration options that range from free to $299. With the exhibit hall-only access one of the ways this can be achieved.

In addition, because the meeting is geared toward what they want. A few tweaks to the schedule, evening events and much more have been a direct result of feedback given in the post-meeting survey. Even a few of the speakers were asked to attend because of requests from the survey.

Among the additions this year, OrthoVOICE will host its first charity golf tournament, which will benefit Smile for a Lifetime Foundation. Smile for a Lifetime (SFL) is a national organization dedicated to helping underserved children throughout the United States receive the benefits associated with orthodontic treatment. The national organization works with local chapters consisting of an orthodontist and his/her local board of advisors.

The golf event will be held at Rio Secco Golf Club in Henderson, Nev., and will cost $250 per player. Registration includes greens fee, shared golf cart, access to range and all practice facilities, bag handling, divot tool, yardage guide, bottled water, boxed lunch and round-trip transportation between Planet Hollywood Resort and Rio Secco Golf Club.

A letter from Prof. Dr. Ralf J. Radlanski of the International Orthodontic Symposium

Dear colleagues,

The International Orthodontic Symposium in Prague, taking place Nov. 25 and 26, has become a regular institution, and 2011 marks the ninth International Orthodontic Symposium in Prague.

I invite you to come to Prague to learn and to share knowledge with the outstanding invited speakers.

In addition to the presentations that will give us an international overview of the cutting edge of our clinical standards, we will have ample opportunity to discuss the subject in depth.

On Thursday, Nov. 24, we will have a pre-congress course given by Prof. Dr. Tiziano Baccetti of Florence on “New Frontiers in Dento-facial Orthopedics: How to Improve Clinical Results.”

The location will be the Kaisersteinbuck palace.

In addition to this outstanding scientific program, we will have an enjoyable reception/party on Friday.

The IOS organization team has done an excellent job in organizing this meeting and bringing us all together again in Prague.

I look forward to meeting you all in Prague from Nov. 24–26. I wonder if we will again have more than 250 participants from more than 20 countries like we had last year?

Please also save the date for our 10th anniversary International Orthodontic Symposium, Nov. 29-Dec. 1, 2012.

Prof. Dr. Ralf J. Radlanski, Berlin President

Attend OrthoVOICE

More details about the OrthoVOICE meeting and the golf tournament can be found online at orthovoice.com or facebook.com/orthovoice. You can also call (402) 952-1298 or fax (402) 554-5620.

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