Honolulu welcomes orthodontists

It’s sun, sand and syllabi at AAO annual meeting

By Sierra Rendon, Managing Editor

Between the top-notch educational program and the ortho-focused exhibit hall, the American Association of Orthodontists’ annual meeting in Honolulu provided orthodontists with knowledge, products and services aimed specifically to them, unlike most other large conventions.

More than 300 companies brought their newest, most popular and most innovative products and services to the May show, which took place at the Honolulu Convention Center, and many offered discounts and special offers.

In addition to the variety-filled exhibit hall, education was a top priority at the annual convention. Nary an orthodontic topic was missed at this show. From extractions to Class II treatment to periodontal considerations, the program was extensive and varied.

In addition to the official scientific program, many exhibitors offered educational events on the exhibit hall floor.

See Page 6 for a special photo scrapbook from the annual meeting.

Study: Will the NBDE Part I pass/fail grading format affect student preparation?

By Hamid Barkhordar, Pooyan Nasibi
Advisor: Dennis J. Tartakow, DMD, MS, EdD, PhD

Abstract
The aim of this study was to assess how pass/fail scoring format of the NBDE Part I exam will influence Ostrow School of Dentistry of USC student motivation with regard to preparation for the exam. A multiple-choice, 11-item, web-based survey was administered through the Ostrow School of Dentistry student list.
By Dennis J. Tartakow, DMD, MEd, EdD, PhD, Editor in Chief

Fallen heroes of orthodontics

‘In order for any of us to know where we are going, we must know where we came from.’

There are many outstanding clinicians, researchers, teachers, mentors and leaders who have been referred to as the pillars of modern-day orthodontics. Many of these individuals are like fallen heroes of other walks of life — gone and forgotten, and that is a shame. Quite possibly it is because of the digital generation, where the literature has not been able to cite these men and women, but why is that? Could it be that our educational programs are not providing residents with the historical and evolutionary data necessary to recognize these individuals who were really the pioneers of modern-day orthodontics? That is really too bad and too sad.

In order for any of us to know where we are going, we must know where we came from.

As an example, numerous articles on self-ligating orthodontic brackets can be found in the literature (self-ligating brackets, 2012).

Since the early 1990s, there have been more than 20 patents for self-ligating brackets, some have come and some have gone, and some have lasted the test of time. It is interesting, and yet so sad, that many orthodontists have referred to self-ligating brackets as the ‘new buzzword’ in orthodontic treatment when, in reality, the self-ligating bracket has prevailed since the 1960s.

Case in point: it has been more than 50 years since Drs. Maxwell Fogel and Jack Magill first introduced their original “Combination Technique” and yet they are hardly ever cited in any article, reference or bibliographic list on self-ligating bracket systems. No one is an island unto himself or herself. “We are [all] merely pigmies on the shoulders of giants” (Dr. Maxwell S. Fogel, 1974).

Hindsight provides us with an unequalled opportunity to review and reflect upon our own experiences. “It is at the beginning,” (“The Prince and Me,” 2004, Paramount Pictures).

As John F. Kennedy (2012) so adroitly stated, “A man may die, nations may rise and fall, but an idea lives on. . . We must find time to stop and thank the people who make a difference in our lives.”

References

Image courtesy of Dr. Earl Broker.

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 the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Ortho Tribune? Let us know by sending feedback to orthovoice.com. We look forward to hearing from you! If you would like to make any change to your subscription form, address or to opt out, please send us an email at dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.
serv to individuals of the junior and senior classes. The questionnaire addressed the following: a) start date of studying, b) hours of average study, c) amount of monetary investment and d) the number of times participants went through or planned on going through Dental Decks® (the flashcard company). The survey results showed that student motivation is expected to decline with pass/fail scoring. Participants reported beginning their studies at later times in their dental student careers in addition to lower average study hours. Monetary investment for resources showed to be independent of grading format.

Introduction
On Jan. 1, a highly anticipated change occurred to the National Board of Dental Examiners Part I test. From then on, student performance on the exam would be reported as pass/fail as opposed to percentile grading. Historically, pass/fail grading systems were implemented in medical and dental programs to reduce student stress and promote group learning. It was believed that this system would allow students to focus on learning as opposed to simply memorizing to score well in courses. A variety of studies throughout the past 50 years have demonstrated that pass/fail pedagogies do, in fact, enhance student well-being, while decreasing anxiety and depression (Spring 2006). However, there is conflicting data on the effects of pass/fail grading in regards to academic achievement and student motivation. Thus, a study was conducted at the Herman Ostrow School of Dentistry of USC to analyze the influence of pass/fail grading on NDBE Part I examinees in regards to student preparation and effort.

Materials and methods
Data was gathered by administering a multiple-choice, 11-item, web-based survey to students of the junior (2013) and senior (2012) classes at the Ostrow School of Dentistry via the student list-serv (See appendix for survey). Juniors and seniors (how many students were surveyed, how many students in each class) were targeted as the population sample because they completed the NBDE Part I exam scored on a percentile basis. Respondents were first asked about their actual exam preparation tactics and efforts. In addition, the questionnaire enquired about respondent gender and future specialization plans. Next, the same variables were tested had the participants’ exam been reported as pass/fail, taken on the exact same date of their actual test, and of equal difficulty. The following topics were addressed in the survey to measure and compare student motivation, preparation and study tactics: a) start date of studying, b) hours of average daily study, c) amount of monetary investment, and d) the number times the Dental Decks were reviewed. IRB guidelines were respected via informed consent, secure transmission and anonymity. Participation was voluntary, and all students were assured of confidentiality. The data was gathered, scored, charted, cross-tabulated and analyzed statistically for mean and distribution patterns. Data analysis was performed using MedCalc software.

Results
The survey was successfully completed by 207 of the 279 junior and senior students at the Ostrow School of Dentistry. Of the 207 participants, 73 reported future plans of attending a residency program in a particular field of dentistry. Start date of studying and average daily study hours were the most impacted variables with pass/fail grading. However, monetary investment for resources proved to be independent from grading format. Both respondents who reported future plans of applying for residency programs and those who reported no plans of specializing showed no significant difference in the degree of decline in NBDE-I study preparation and effort.

Student, Page 1
Start date of studying

The data indicates that 57 percent of subjects began their studies for the NBDE Part I examination in February of their second year or earlier. This decreased to 41 percent when participants were asked when they would begin studying if their exam performance was reported on a pass/fail basis. In addition, scoring of the responses associated with this variable reveals a mean of 3.7 with percentile grading and a mean of 4.2 with pass/fail. The smaller values represent an earlier NBDE-I start date of studying. The results suggest that pass/fail grading on a board examination eliminates a sense of urgency in which scored exams inevitably create.

Average daily study hours

When assessing average daily study hours, the data illustrates another distinct drop in student motivation and preparatory tactics (Fig. 2). The survey results showed that 49 percent of the participants were studying an average of nine or more hours/day during their latter half of NBDE Part I studies. On the other hand, when asked the same question in regard to an exam that would be reported as pass/fail, only 27 percent of students would study nine or more hours/day. These same responses were scored from 1-5, in which 1 represents less than six hours of average study hours and 5 represents greater than 14 hours of average daily studying. Analysis of this data demonstrates a mean of 2.3 with percentile grading and a mean of 1.9 with pass/fail grading. The data suggests that students are willing to work harder and aim for greater achievement when national board examinations are graded competitively on a percentile basis.

Review of Dental Decks

Although not as dramatic, similar results were reported in regard to the number of times the Dental Decks were to be reviewed (Fig. 3). Thirty-nine respondents, who reported reviewing the Dental Decks three times for their actual exam, stated they would only go through them once or twice with pass/fail grading. The results to this question were also scored from 1-3 and analyzed for mean. Respondents who reviewed or would plan on reviewing the decks once received a score of 1, and respondents who said they reviewed or would plan on reviewing the decks three times received a score of 3.

Analysis of the responses shows a mean of 2.3 with scored grading, and a mean of 1.9 with pass/fail grading. This data indicates that pass/fail grading results in a decline in student study effort. It is also important to note that of the 207 respondents, 168 reported unchanged responses in regard to this variable with the transition from scored grading to pass/fail.

Monetary investment for resources

The variable that proved to be independent of grading format was monetary investment and preparatory tactics (Fig. 2). The survey results showed that 49 percent of the participants were willing to spend less time and effort studying for a national board exam that is reported as pass/fail, they are still willing to make monetary sacrifices to purchase the required study materials.

Cross-tabulation analysis of prospective residency applicants

The third item of the survey assessed each respondent’s future plans of attending dental residency programs. Of the 207 respondents, 73 reported plans of applying for a dental residency program. Through cross-tabulation and distribution pattern analysis, our team calculated and compared the results of the respondents who wanted to specialize to those who didn’t. In addition, the responses were scored and further analyzed for mean and standard deviation.

Dental residency applicants

Individuals who reported future plans of attending residency programs reported beginning their NBDE-I studying earlier in their dental student careers, as well as greater average daily study hours (compared to non-residency applicants). Most (68 percent) respondents in this subgroup reported beginning their studies in February or earlier with scored grading. In addition, 39 percent of respondents from this subgroup reported planning on studying nine or more hours/day with pass/fail grading.

In addition, analysis of the distribution patterns shows a curve that is skewed to the left, indicating earlier starting times of studying. When considering average daily study hours, 78 percent of respondents in this subgroup (residency applicants) reported nine or more hours with scored grading. The shape of the distribution curve is bell-shaped with the center of the curve located at nine to 11 hours. However, analysis of the same subgroup across the same variables under pass/fail grading demonstrates the influence grading can have on student preparation and motivation.

With pass/fail grading, the shape of the bar graph curve shifts from skewed right to a uniform distribution. In addition, only 49 percent of this subgroup reported planning on studying in February or earlier with pass/fail grading. In addition, 39 percent of respondents from this subgroup reported planning on studying nine or more hours a day had their exam been evaluated on a pass/fail basis.

Non-residency applicants

In comparison to the respondents who reported plans of specializing, participants who did not plan on applying for residencies reported starting their NBDE-I studies at a later time, and with lower daily study hours. Of the 134 respondents in this subgroup, 51 percent reported beginning their NBDE-I studies in February or earlier with scored grading. The results suggest that pass/fail grading suggests that this subgroup is also influenced by changes in grading format. With pass/fail grading, 64 percent of the participants associated in this subgroup reported plans of initiating their NBDE-I studies in the months of March or later. The distribution curve associated with this subgroup and variable under pass/fail grading is uniform — as opposed to the skewed left shape seen in scored grading, therefore, illustrating that both residency applicants and non-residency applicants are expected to study a shorter period of time for the NBDE-I exam with pass/fail grading.

Analysis of the non-residency applicants across the same variables under pass/fail grading suggests that this subgroup is also influenced by changes in grading format. With pass/fail grading, 64 percent of the participants associated in this subgroup reported plans of initiating their NBDE-I studies in the months of March or later. The distribution curve associated with this subgroup and variable under pass/fail grading is uniform — as opposed to the skewed left shape seen in scored grading, therefore, illustrating that both residency applicants and non-residency applicants are expected to study a shorter period of time for the NBDE-I exam with pass/fail grading.

Evaluation of average daily study hours reveals that with pass/fail grading only 20 percent of participants reported planning to study more than nine hours/day on average. However, the shape of the responses skewed to the right with even with pass/fail grading.

Discussion

Many argue that if students aren’t driven by their own intrinsic motivation to learn, they shouldn’t be in that particular field. Professor Tim Wilkinson, associate dean of medical education at the University of Ottawa, states “Do we want to graduate doctors who will only learn if someone pats them on the back and rewards them?”

It is clear that the goal of health professional educators is to train individuals who possess enough desire and interest in that particular field so that grades will not become one’s study tactics and motivation. Although competition and percentile scores shouldn’t drive students, psychological educational studies have determined this to be the case.

A study by Harackiewicz et al. [4], found learning goals to predict greater intrinsic motivation and performance, a goal directed learning approach goals predicted better (letter grade) achievement.”

Again, this demonstrates that although students are motivated by earning, their driving force for academic achievement can’t be money.
achievement is a “pat in (on) the back.” Our results demonstrate that percentile grading, in regards to national boards exams, serves to drive students for greater achievement and superior preparatory tactics.

Although there is an apparent decline in student motivation in regards to an NBDE Part I exam graded on a pass/fail system, not all students were equally affected by this change. Many respondents reported minimal or no change at all in preparation and motivation with pass/fail grading.

Conclusion
The benefits of pass/fail grading may include “reduced stress, enhanced well-being, a less competitive learning environment and a greater focus on learning rather than on studying minutia purely for higher grade achievement,” (Spring, 2011). Historically, problems related to the effectiveness of pass/fail grading refer to a decline in class participation, and an overall decline in academic performance and effort.

Although past studies have reported conflicting results in regard to the influence of pass/fail grading on academic performance, our study found that student preparation is expected to decline slightly. Scoring creates a competitive nature that pass/fail grading systems were designed to reduce.

Are we eliminating this driving force of academic performance and effort with pass/fail grading? The final outcome is unknown until performances are measured throughout the next few years of NBDE testing utilizing the pass/fail method of grading. This preliminary study demonstrates that many students are expected to show a decline in NBDE-I study motivation and preparatory effort.

Respondents reported later start date of studying, a decline in average daily study hours and no changes in monetary investment for resources.

Although the data suggests a decline in student motivation in regards to an NBDE Part I exam graded on a pass/fail system, many respondents reported minimal or no change at all in preparatory tactics and study motivation with the transition from scored to pass/fail grading.

A major limitation of this study was the sample population. Our data was limited to the population of Ostrow School of Dentistry juniors and seniors. Future studies should focus on a greater sample of dental students, including participants from other dental schools and those who took the pass/fail NBDE-I examination.

Finally, the data gathered in this study may explain future trends and changes in NBDE Part I national averages, study tactics and pass rates.

References


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Scenes from the AAO

Group holds its 112th annual session in Honolulu in May 2012

Attendees of the 112th American Association of Orthodontists’ Annual Meeting head May 5 into the Honolulu Convention Center.

AAO attendees enjoy lunch in the balmy outdoors in the front of the convention center.

Attendees arrive by shuttle from the various Honolulu hotels for another exciting day of learning.

Attendees take a break and enjoy the sunny weather at the base of a statue in front of the Honolulu Convention Center.

Elvis (Steve Connolly of Las Vegas) brightened the view at the OrthoInsight 3D booth along with Ana May, left, and Lindsay Davis.

The Solomon Orthodontic Systems booth offered pictures taken with ‘Smeethy.’

Suzanne Wilson, brand manager, shows off the new VALO Ortho Cordless curing light, which could be found at the Opal Orthodontics by Ultradent booth.

Attendees who traveled through the AAO exhibit hall to seek out the services of the 300 exhibiting companies were likely to collect an array of generous samples and freebies along the way.

Photos/Sierra Rendon, Managing Editor
OrthoVOICE 2012 on slate for October

Enhanced social events and a focus on presenting outstanding clinical and entrepreneurial ideas in a fresh environment have attendees and the event organizers preparing for another dynamic "social meeting" experience at the OrthoVOICE 2012, which takes place Oct. 11–13 at Paris & Bally’s Resort in Las Vegas.

Leading off with an entertaining and educational talk with Dr. Lysle Johnston, OrthoVOICE attendees are in for a wild ride of mind-stretching ideas for practice growth, according to organizers.

With a unique take on building the speaker lineup and creative social events, OrthoVOICE is set to be orthodontics most innovative and socially interactive meeting of the year, its organizers say. "For OrthoVOICE, it’s about education, fun and giving back," according to the event organizers.

Plan to attend the meeting’s second charity golf event on Thursday morning, Oct. 11. This year’s event will be held at Desert Pines Golf Club to benefit Smile for a Lifetime Foundation ($41).

The $229 registration is open online at www.orthovoice.com and includes donation to $41, breakfast and lunch, round-trip transportation, green fees, carts and range balls.

To learn more about the full range of events and lectures at OrthoVOICE 2012, visit www.orthovoice.com.

12 C.E. credits are offered and doctor/team registration is only $299 per person until July 31 (then $399). Registration is open now at www.orthovoice.com.

24th annual GORP takes place in August

The 24th annual Graduate Orthodontic Residents Program (GORP) will be held from Aug. 2–5.

For the first time, the group will host a welcome reception at the University of Michigan Stadium on Aug. 2. Please plan your schedules accordingly to arrive early for this event.

Once again, GORP welcomes all orthodontic residents from the United States and Canada to attend this meeting, which will be held this year in Ann Arbor on the University of Michigan campus.

GORP began in 1989 as a means of bringing the orthodontists of the future together for a summer meeting, creating an environment to foster professional growth and interpersonal relationships among colleagues and representatives of orthodontic manufacturers.

During the past 20-plus years, the meeting has grown to an event that involves more than 400 orthodontic residents from the United States and Canada. The meeting is held every other year at the University of Michigan, with the alternate years at other institutions.

Past meetings have been held at Harvard University, the University of Texas at Houston, the University of Illinois at Chicago, Ohio State University, the University of Toronto, the University of Kentucky, the University of North Carolina, the University of Washington, the University of Minnesota and Saint Louis University.

This program is unique in that it is the first meeting to bring together residents in a dental or medical specialty program. The meeting is sponsored by donations from orthodontic exhibitors and by the American Association of Orthodontics and its constituent associations and American Association of Orthodontists Foundation.

For more information, visit www.gorportho.com.
VALO’s curing light goes cordless

By Sierra Rendon, Ortho Tribune

If you’ve had the opportunity to experience the durability and fast curing of the VALO Ortho curing light, you know what a revolutionary product it is. At the AAO’s annual meeting in Honolulu, Oral Orthodontics previewed its new VALO Ortho Cordless, now available for pre-order.

“It’s the same powerful and durable curing light as before, but now orthodontists have the choice,” said brand manager Suzanne Wilson. “It’s just another option for the orthodontist.”

The VALO Ortho Cordless offers:
- Unique Xtra Power Quadrant Mode that quickly and efficiently cures five teeth with one touch of the button.
- A powerful, optimally collimated beam that delivers consistent, even cures directly over the labial face of the bracket.
- A slim, low-profile design that allows unprecedented access anywhere in the mouth.
- Intuitive, user-friendly timer controls.
- Highly efficient LEDs that keep the wand body cool to the touch.

“Orthodontists benefit from the easier curing and the power of it,” Wilson said.

To show just how durable the product is, Wilson says she’s even purposely dropped the curing light on the floor to test its durability. “It’s really common for curing lights to fall or get knocked to the ground, and with other lights, you’d be out of commission,” she said. “But the VALO is very durable and can even withstand being dropped on the floor.”

 Goaard Suzanne Wilson, brand manager, showed off the new VALO Ortho Cordless curing light at the AAO annual meeting in Honolulu. Photo/Sierra Rendon, Ortho Tribune

More information
For more information on the VALO Ortho Cordless curing light, visit www.valo-led.com or www.opalorthodontics.com.

VALO Ortho Cordless is designed for the orthodontist performing direct and indirect orthodontic procedures, who is seeking the quality, durability and power of VALO, now with the convenience of a cordless curing light.

The light features custom, multi-wavelength light-emitting diodes (LEDs) to produce high-intensity light at 395 to 480 nm — capable of polymerizing all light-cured dental materials quickly and efficiently.

VALO Ortho Cordless comes with VALO rechargeable batteries and a battery charger suitable for power outlets from 100 to 240 volts. The standard lithium iron phosphate rechargeable batteries are safe, inexpensive and optimized for power and longevity.

The new handpiece is designed to rest in a standard dental unit bracket, or it can be custom-mounted using the bracket included in the kit. It offers consistent curing intensity and output in a durable, aerospace aluminum body with Teflon coating and a sleek, ergonomic design.

Incognito Lite Appliance System: simplified system realigns the ‘social six’ teeth

3M Unitek introduces Incognito** Lite Appliance System, a new lingual brace system that is placed on the inside of the teeth, making it virtually unnoticeable to others. Incognito Lite System realigns the “social six” teeth — those in view when smiling or talking — and is used as a treatment method for mild to moderate misalignment cases that do not require the full Incognito Appliance System.

The only 100 percent customized lingual fixed bracket system on the market today, Incognito Lite System is an ideal treatment option for adult patients, especially relapse cases. The product has been awarded the international design prize, The Red Dot Award: Product Design 2012. It received the globally sought-after Red Dot for its fine design in the healthcare-products category.

Incognito Lite Appliance System uses the same advanced technology as the original Incognito Appliance System, featuring completely customized brackets and robotically bent wires. However, the Incognito Lite System requires fewer brackets and only three pre-selected archwires, mounted exclusively on the inside of the teeth, which allow for an efficient, yet targeted treatment.

Orthodontists benefit from the easier accessibility to the area behind patients’ teeth during system placement, and fewer wires are used than with the original Incognito System. Another key differentiator is that it is the first Incognito Braces product to be digitally set up using proprietary software.

Patients can expect the same precise treatment results found with the original Incognito System. In addition, patients may experience shorter treatment time compared to other “invisible” solutions on the market because Incognito Lite Appliances are worn all day, every day.

“We are thrilled to make this simple and completely esthetic treatment option available to our customers. Our focus was on creating a treatment option that was simple for our orthodontists,” said Gabrielle Minkus, U.S. marketing manager for the Incognito brand at 3M Unitek. “This product offers great ease-of-use for their staff, thanks to simple bonding and simple wire changes, and it’s a simple treatment for patients because it requires much less treatment time. We want to help our orthodontists give their patients what they want: straight teeth with hidden braces.”

Dr. Adam Schulhof, one of the leading orthodontists at Incognito Lite Braces in the minimal chair time involved. The initial bonding is very easy and the wire changes are simple and quick. My assistants love it almost as much as the patients do. There is no need for ‘reboots’ or multiple ‘finishing’ appointments.”

Due to simplified handling, Incognito Lite Appliances perfectly complement the Incognito Appliance System and offer ease-of-use for orthodontists, especially those who want to enter into the world of lingual orthodontics.

According to trial users, patients benefited from quick acclimation and high comfort while wearing Incognito Lite Appliances. Thanks to the unique production process of the system, precise treatment results can be achieved.

For more information, please visit www.3munitek.com/lite.
YOUR DESIRE, CURED.

VALO
ORTHOCORDLESS
broadband LED curing light

• Powerful, broad-spectrum output for rapid, complete curing
• Slim wand and large headprint designed for easy and effective polymer curing
• Durable wand body crafted of aerospace aluminum
• Operates on common, low-cost, rechargeable batteries for affordability and convenience

Call 888.863.5883 today to request a free demo.
And see how VALO Ortho Cordless will cure your desire.

www.valo-led.com
3Shape, a user-acclaimed world-wide leader in 3-D scanners and CAD/CAM software solutions, presented its Ortho System™ and TRIOS®, its new intra-oral digital impression solution, at the 2012 AAO Annual Session in Honolulu.

3Shape Ortho System: a complete CAD/CAM solution for orthodontics

Ortho System brings together accurate 3-D scanning, intuitive treatment planning and analysis, efficient patient management, communication tools and appliance design, all providing streamlined workflows that increase efficiency and productivity. Some of the features are:

- **Link between orthodontic clinics and labs**: The clinic can take a digital impression with TRIOS and immediately perform treatment planning with Ortho Analyzer™, while the lab will load the case into 3Shape’s Appliance Designer™ to design the customized product. Additionally, labs can receive digital impressions directly from the clinic and immediately send feedback or questions.

- **OrthoAnalyzer**: Provides complete insight into patient cases by simulating treatment plans and applying familiar analyses in a highly efficient and systematic manner.

- **Appliance Designer**: Users can design modified study models or appliances for output using all types of 3-D driven machines and materials. Easily create nightguards, retainers, splints, surgical bites and much more.

- **Open formats**: The Ortho System allows users to create high-quality digital study models and appliances in the standard STL file format, allowing labs and practices to choose their service partners.

TRIOS: next-generation impressions

3Shape also showcased its TRIOS digital-impression solution, including a wide range of new features.

TRIOS enables dentists to rapidly capture the complete intraoral situation and send the 3-D model directly to the lab. Unlike many other scanners, 3Shape’s TRIOS does not require pre-spraying of the teeth. The system clinically validates the impression and includes flexible tools allowing dentists to edit their scans, and even “delete-and-rescan” specific areas where needed. Some key features are:

- **Ultra Fast Optical Sectioning™ technology** for high speed
- **Spray-free for optimal accuracy and patient comfort**
- **Accurate scanning with up to 1,000 3-D pictures, for true geometries**
- **Automatable scanner tip with easy to flip tip for scanning upper and lower jaw**
- **Easy to use with complete motion and positioning freedom**
- **Smart-Touch screen with line 3-D visualization**
- **Instant Impression Validation**
- **Online communication with the lab**

Sesame Communications, a leading provider of online patient communication and engagement tools for the orthodontic industry, and Ortho2, the largest independently owned provider of comprehensive orthodontic practice management and imaging systems, announced a data-sharing partnership.

Sesame Communications will obtain patient data from Ortho2’s Edge™ system to bring the full suite of Sesame services to Ortho2 cloud-based customers. Sesame has a long history of providing patient communications to customers on other Ortho2 platforms and the addition of the Edge system to that list ensures customers can stay current with the latest Ortho2 technology while still utilizing all the Sesame services they are accustomed to.

“We are thrilled to be expanding our collaboration with Ortho2,” said Thana Friedman, chief executive officer of Sesame Communications. “This partnership allows us to bring convenience and reliability to our shared customers, ensuring they always have the latest technologies without constant hardware upgrades.”

Sesame’s patient connection platform features a robust patient portal with integrated automated reminders, surveys, online payment options, interactive treatment imagery, health history forms, and more. Orthodontists can access their Sesame 24/7™ centralized dashboard to view the performance of their digital marketing efforts and real-time patient analytics, enabling clinicians to monitor the health and performance of their practice to make informed decisions to help boost profitability, increase patient satisfaction, multiply referrals and improve productivity.

For more information about Sesame, visit www.sesamecommunications.com or call (877) 633-5393. For more information about Ortho2, visit www.ortho2.com or call (800) 678-4644.
Increasing awareness of WildSmiles Designer braces among kids and parents is leading many orthodontists to go wild for WildSmiles. “WildSmiles is a great differentiator,” said Dr. Ben Burris, a WildSmiles provider located in Jonesboro, Ark. “In a sea of providers offering braces and aligners, WildSmiles lets me stand out. WildSmiles makes patients decide to choose me — mostly because kids demand them.”

After being “tested” in the marketing for more than a decade, many of the clinical and detailed questions orthodontists often present have been shown to not be real concerns, said a WildSmiles representative.

WildSmiles Braces provides brackets with patented shaped pad designs. The designer brackets are placed on the maxillary arch only and can be mixed and matched with color elastics for added patient individuality.

Many patients find information about WildSmiles when doing Google searches about the braces process before getting braces. In fact, Dr. Neal Kravitz, an orthodontist with practices in northern Virginia, says many of his “new patients come to our offices specifically asking for WildSmiles.”

He goes on to say, “Many kids hold up the WildSmiles typodont and their faces light up! Entire teams have come to our office for WildSmiles and choose the team colors. We create raving fans who show off their braces.”

Patients seem to identify with the shape they choose in a personal way. They love to talk about their shaped brace. Because other esthetic options are geared toward hiding your braces, it’s natural the WildSmiles option is a fun thing for patients to focus on.

Since 2002, WildSmiles has grown to service orthodontists all across the United States and into more than 30 different countries. Company representatives tell us many of their clients love the added community marketing benefits.

One representative tells a story of new patients visiting an orthodontist, a WildSmiles customer, because they were talking about the cool diamond-shaped braces at soccer practice. “It has definitely been the practice builder I wanted,” said Dr. Jeff Haskins in Denver.

The company says many clinicians are eager to share how easy they find WildSmiles to be to integrate into their practices. It does not seem to matter if you use self-ligating or twin brackets; WildSmiles customers use them all.

One thing WildSmiles customers seem to have in common is a willingness to offer options for their patients.

Dr. David Sarver, a practicing orthodontist in Vestavia Hills, Ala., puts it this way, “Orthodontics is and should be fun. WildSmiles gives us an option that allows us to be playful but serious at the same time.” And that’s what it’s all about for WildSmiles, helping to make the experience of having braces more enjoyable for the patient.”

More information
More information about WildSmiles Braces can be found at www.wildsmilesbraces.com or call (402) 334-7171.

Rock your smile.

Order our esthetic designer brackets online at wildsmilesbraces.com or call 402-334-7171.
Edge combines management, imaging and communication

Edge from Ortho2 delivers an all-encompassing practice management, imaging and communication software with plenty of features, high capability and integrated programs — all supported by a customer service team. Edge features private Cloud Computing with off-site data hosting options, innovative imaging, reminders, patient-education animations and more. With private, secure Cloud Computing from Ortho2, your practice can eliminate the cost, complexity and risk associated with in-house servers and backups. This feature allows you to fully access the secure web-based data infrastructure from anywhere, even your smart phone.

- 35 percent to 44 percent cost savings with lower initial and ongoing hardware costs
- Secure data protected by world-class firewalls

The design inside Edge uses the latest user interface innovations, such as navigation elements that present meaningful options, hover view and use of drag-and-drop, and Edge is backed by an industry-leading customer-support team.

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Myofunctional orthodontics and myofunctional therapy

By Chris Farrell, BDS, Sydney

A brief history of orthodontics
More than 100 years ago, and before Edward Angle, dentists realized they could move teeth into a more aesthetic position by applying various mechanical devices to the teeth. This, in turn, caused apposition and deposition of bone in areas where forces were increased or decreased. Teeth could be moved into a more aesthetic position, and so the orthodontic profession was born. Angle clearly stated his view that it was unethical to extract teeth for orthodontic purposes and proved that, with his complex fixed appliances, he was able to expand the arches and align the teeth. The problem at this stage was that a lot of these cases (possibly most of them) relapsed.

So Tweed, who was Angle’s student, suggested that the extraction of teeth was the only way to get stability. In the 1950s, extraction orthodontics became the normal practice after the Australian orthodontist Percy Raymond Begg developed the first straight wire appliance, which required less wire bending skills than previous methods.

Today, orthodontists reverse self-ligating brackets as the key to non-extraction orthodontics. Angle would be amused if he were around today. Has the stability of orthodontics changed? No. The orthodontic profession has accepted that to expect case stability using fixed appliances without fitting permanent retainers is both impractical and unrealistic.

Progress in orthodontic stability is achieved by advances in flowable composite, rather than advances in orthodontic technique. The Australian Society of Orthodontists (ASO) website is an example of the widespread acceptance that stability is not possible with tooth-centered orthodontics.

Teeth may have a tendency to change their positions after treatment. The long-term, faithful wearing of retainers should reduce this tendency. (Source: www.aso.org.au/Docs/Orthodontics/Risks.htm)

Myofunctional therapy
Understanding how the oral muscles and the tongue influence the jaws and dental arches predates Angle by a long way. The history of myofunctional therapy dates back to the 15th century in Italy. In 1906, American orthodontist Alfred Rodgers experimented with facial muscle exercises and, in 1918, wrote a paper titled “Living Orthodontic Appliances” in which he cited that muscle function alone would correct malocclusion. In 1907, renowned orthodontist Edward H. Angle’s textbook “Malocclusion of the Teeth” detailed the effects of oral habits on occlusion.

Angle stated that in his view, every malocclusion has a myofunctional cause. Myofunctional orthodontics became the popular “adjunct to orthodontics” in the 1960s and 1970s, when Daniel Garliner created the Myofunctional Institute in Florida.

Garliner trained thousands of myofunctional therapists and wrote multiple books on the subject. The new etiology of malocclusion was confirmed by rapid success in treating malocclusion with greater stability. Angle clearly stated his view that it was not evident in 100 percent of cases. Arguably, the ensuing decades saw myofunctional therapy diminish in popularity because of the then time-consuming treatment being seen as only an option rather than a necessity for cases where the patient exhibited tongue thrusting. Tooth-centered orthodontics with direct bonded brackets and super-elastic wires no longer warranted the “tongue thrust therapist” in all but the occasional case.

Myofunctional orthodontics
Myofunctional orthodontics put forward the idea that malocclusion was muscle dysfunction. From an early age, mouth breathing, thumb sucking, tongue thrusting or swallowing incorrect muscles can be observed in most children. All will have a developing malocclusion. The correction of these dysfunctional habits not only corrects the malocclusion (if treated early enough), it also has the potential to improve facial growth. The problem with treating myofunctional habits early is that the compliant patient will no longer need braces. This is one of the biggest dilemmas of treating an orthodontist today. Correct the causes early and the market for braces can be drastically decreased. However, treating children earlier at their optimal growth stage (between ages 8-10 years) using myofunctional orthodontic techniques can make orthodontic treatment easier and more stable.

Once a practitioner can see the causes of a child’s malocclusion, the problem of the patient’s bone development is only possible if the patient accepts wire and glue for life. Occasionally, the patient does accept this, and so sometimes retainers are fitted under the direction of the patient or parent. This occurs for only a minority of cases.

The potential to improve facial growth.

Benefits of myofunctional orthodontics
Myofunctional orthodontics produces healthier patients who are able to grow without the detrimental habits that limit facial growth. Patients who stop mouth breathing are healthier and get less allergies and infections because of breathing through their nose. Fixing incorrect swallowing patterns and improving poor nutrition allow correct downward and forward facial growth and development.

Case after case using myofunctional orthodontics produces stable maxillary arch development and resolves lower anterior crowding with little mechanical effort. No braces are needed, and for most cases, no permanent retainers are required.

Reference

About the clinician
Chris Farrell, BDS, graduated from Sydney University in 1971 with a comprehensive knowledge of traditional orthodontics using the Begg technique. Through clinical experience, he has an interest in trismus/TMD disorder and, after further research, Farrell discovered that the etiology of malocclusion and TMD disorder was myofunctional, contradicting the established views of his profession. Farrell founded Myofunctional Research Co. (MRC) in 1989 and has become the leading designer of intra-oral appliances for orthodontics, TMD disorder and sports mouthguards.
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