Palm Springs will be the site of the 79th annual session of the PCSO from Oct. 22-25. Photo/www.freeimages.com

‘Rejuvenation & Innovation’

By Sierra Rendon, Managing Editor

The Pacific Coast Society of Orthodontists will host its 79th annual session at the Westin Mission Hills Resort & Spa in Palm Springs, Calif., from Oct. 22-25. The theme of this year’s event is ‘Rejuvenation & Innovation: Cutting-Edge Orthodontics at a Desert Retreat.’

Here’s just a sampling of the many speakers and topics on tap for the PCSO:
• “President’s Lecture: Orthodontics in an Era of Evidence-Based Clinical Practice,” with Dr. Katherine Vig
• “How to Achieve the Strongest Bond to All Enamel and Non-Enamel Surfaces,” with Paul Gange
• “Invisalign and Orthognathic Surgery,” with Dr. Sam Daher
• “Shortcomings of 2-D Cephalometric Analyses and Quantification of 3-D Images,” with Dr. Won Moon

In addition to the educational sessions, which offer more than 20 C.E. credits for clinicians and staff, the PCSO has many activities planned for interaction and camaraderie, such as the PCSO Welcome Party, which will take place at the Palm Springs Air Museum, and the PCSO Kickoff Party in the lobby of the Westin.

If you learn about a product that you can’t live without during an educational session, you just might be able to pick it up on site!

Make sure you schedule time to visit the PCSO’s exhibit hall, which will feature more than 100 vendors and show-only specials.

For more information on the 79th annual session or on other PCSO activities, visit www.pcosortho.org.
Association (ADA), American Board of Orthodontists (ABO), American Association of Orthodontists (AAO) and the U.S. Department of Education created these standards for all general dental and specialty programs for the protection of the public and the advancement of orthodontic health care for all human beings (American Dental Association, 2008).

To be continued...

Editor’s note: References will be included at the end of the final portion of this series.

‘...it was recognized that not only clinical expertise training was necessary but also the academic or scientific foundation of knowledge and information for orthodontic health care must be provided to the graduate student.’

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.

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Carrière explains facially driven treatment for Class II and Class III

A Q&A with the inventor of the Carrière Self-Ligating Bracket and the Carrière Motion Appliance, including the new Class III appliance

By Ortho Tribune Staff

Dr. Luis Carrière obtained his dental degree from the University of Complutense in Madrid (UCM), in 1991. He then attended the University of Barcelona (UB), where he completed his orthodontic training and received his master of science in orthodontics, cum laude, from the University of Barcelona.

Carrière is the inventor of the Carrière Self-Ligating Bracket and the Carrière Motion™ Appliance. He is a world-renowned lecturer on these products, in addition to many other topics.

How long has the Motion appliance for Class III malocclusions been on the market?
We just presented the appliance this year at the AAO annual meeting, but the approach is not new; we have been working on it for few years. The Class II appliance was invented for Class II cases. But after giving several courses on Class II, especially in Asia, many doctors were asking about the Class III possibility of using it. So one day we started to try and see if this was a good option, and it’s showed amazing results of using the Class II motion appliance in Class III cases.

So we realized, this appliance was really changing the relation in which the mandible interacts with the maxilla, harmonizing soft tissues and balancing the face of the case. We were amazed and totally surprised about the fantastic facial outcomes that we were having only with a minimal approach like this. We decided to create a special design according to the needs of the mandible: the Class III Motion appliance. So the approach is not new. But the appliance by itself, the real strictly Class III appliance, is brand new and officially presented at the 2015 AAO Annual Meeting.

Could you briefly describe the design features of the Motion Class III Appliance?
As you can see, it is very simple and minimalistic. It is very important to understand that the Motion Class III appliance is the way in which we start 95 percent or more of our fixed cases in our office. This means that Motion is not restricted only to Class II or Class III malocclusions but is also extremely useful for those cases in which we have small crowding, and we need to open limited space in between upper or lower incisors in order to align the upper teeth or the lower anterior teeth without protruding.

At the same time, this approach works amazingly well in simplifying the treatment and dramatically shortening the aligner period. So many complex cases of Class III treatments.

Now, what we have created is a design that is very clean and simple but has exactly the same features that we need. But, at the same time, we have adjusted it to the real needs of the Class III malocclusion. So we used Class II Motion appliances at the beginning in Class III patients, but we needed to create something that was really special and was really dedicated to the Class III cases. We did that by flattening the profile, that is now very slim, and it is a very clean appliance, completely dedicated and designed for Class III treatments.

It is very important to understand that the Carrière Motion appliance is the way in which we start 95 percent or more of our cases in our office. This means that the Motion is not restricted only to Class II or Class III malocclusions but is also extremely useful for those cases in which we have small crowding, and we need to open limited space in between upper or lower incisors in order to align the upper teeth or the lower anterior teeth without protruding.

At the same time, this approach works amazingly well in simplifying the treatment and dramatically shortening the aligner period. So many complex cases of Class III treatments.

Fig. 1: Carrière Class III Motion Appliance. Photos/Provided by Dr. Carrière

Fig. 2a: Carrière Class III Motion Appliance with new Pad-Lok Base.

Fig. 2b: Carrière Class III Motion Appliance with new Pad-Lok Base.

Fig. 3: Designed to be minimally invasive, the Motion Appliance is intended to treat Class III malocclusions without extractions, orthognathic surgery or facemasks.

Could you briefly describe the design features of the Motion Class III Appliance? Why does the Class III Motion only have a simple molar bonding pad with this little step in the arm? What is the function of this little step? Why did you give up on the joint design you have with the Class II Motion (rotation of the molar)?

If we take a look at occlusion of the lower arch in relation with the upper, normally there is an inclination of the posterior segments because the buccal side of the lower molars should fit in between the buccal and the lingual pad of the upper ones. This means that if we use the traditional Class II pad ball, its design is too bulky and, many times, it can interfere with the occlusion at the beginning of the bonding. We decided to create a flat surface on the posterior segment in order to avoid the unnecessary collisions on the Class III mandibular positioning of the appliance.

Regarding invisible systems such as Invisalign, this approach works amazingly well in simplifying the treatment and dramatically shortening the aligner period. So many complex cases of Class III treatments.
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How many cases have been treated with the appliance so far?

In our office, right now around 100 cases already have been treated with Class III Motion. It is astonishing to see the consistency of the extraordinary change to the face of the patient. Changes that you could imagine have been accomplished surgically are not even being treated with a single extraction. I think the reason for this effect is the balanced combination of distalization of the lower posterior segments, change of the posterior occlusal plane and counterclockwise rotation of the mandible, completely changing the relation of the maxilla with the mandible. Distalization in the mandible is extremely fast and efficient, mainly because we have an almost "empty" highway in between the external cortical bone and the internal cortical bone. That is the reason why we need very low force elastics in terms of traction. We only use 6 oz., and we normally never use 8 oz. in Class III as we would normally use in our Class II cases.

In relation to the occlusal planes, in Class III, we are going to see that we change the occlusal plane of the motion, and we extrude the canines. This extrusion of canines and intrusion of molars is welcome in Class III and is necessary to change the occlusal plane. We bring the mandible back in a better functional and more esthetic position. The change in between the maxilla and the mandible that happens in our Class II and Class III cases is the main reason why we changed the name of Distalizer to Motion.

So the Carriere Motion appliance will change the relation in between the maxilla and the mandible in some part by changing the posterior occlusal planes, bringing the mandible and the maxilla into a better functional position while balancing the face in our Class II and Class III cases.

In retrogнатic Class II patients, we are going to combine upper distalization, controlled upper molar distal rotation and uprighting with mandibular reposition in a better functional relation, giving stability to the case, balancing the position of TMJ anatomical structures and harmonizing the soft-tissue facial esthetics. In Class III patients, we are promoting the posterior mandible reposi- tion, changing the posterior occlusal planes and combining it with distalization of the posterior segments from canine to molars. Many times, this approach will be combined with a certain upper arch development with the Carriere SLX passive system to compensate for the typical premaxillary hypoplasia related to this type of malocclusion. Our main objective is to establish a stable and solid occlusion while balancing the face of the patient.

Were there also cases where the Class III occlusion could not been corrected? Did you notice any TMJ problems during the Class III treatment?

In Class III, we normally find two types of Class III patients: dental and skeletal. The Motion Class III is an option for both. The skeletal discrepancies have been treated normally with a combination of surgery together with orthodontics. But many patients reject the option of maxillofacial surgery. For many reasons, they reject the treatment, and they stay like they were.

At this point, with this new approach, we can provide another minimally invasive treatment alternative to change that. This is a treatment modality in which we can provide to the patient great facial changes while keeping the facial icon and family traits. The Motion appliance in Class III is for dental and skeletal Class III cases. It is a plan B for those surgical cases. That is a great plan B that will be keeping the family traits while balancing the structures in a harmonious position on the icon of the face of the patient.

We will not alter completely the structure of the patient’s face, but we will balance what features the patient has in a nicer position. And we will realign the patient’s features in a more harmonious way, so he can interact with others in his life with more self-confidence, compensated occlusion, facial improvement and spiritual equilibrium.

What forces of elastics do you recommend for children and adults, and what is the recommended wearing time?

Wearing time of elastics normally with the Motion appliance is 24 hours, except for eating, and with fresh elastics after each meal. In Class III in between the external cortical bone and the internal cortical bone in the sagittal direction, from mesial to distal, we have a highway. There is no resistance, so we don’t need that much force. We only use 6 oz.

In mixed dentition cases, in younger cases, such as a 7-year-old, in which we place a Class III Motion Appliance from the lower first molar to the lower temporary canine, what we are going to do is to slightly minimize the force. So we are going to go for 4 oz., or one quarter of an inch. That will be enough, and we can rise up to 6 oz. if we want, one half of an inch. With this technology, we will see huge changes on the face of the patient, beautiful balance of the face of the patient.

This happens in our Class II and Class III patients in mixed dentition. Why? Because we change the the posterior oc-
What degree of a dental Class III can be corrected with the appliance in children? We can completely change the scenario by controlling the posterior occlusal planes and change the relation between the maxilla and mandible. There are things that we can’t change today on our patients. What we can’t change is the genetic capacity of the patient to grow, we can’t affect at this point genetics, but what we can do is everything on our side to modify the direction of the growth, to modify the position of the structures and to bring structures into another position in order to try to modify the direction of things and to change completely the scenario in a way that we really desire.

Traditionally in orthodontics, we have been focusing a high percentage of our attention on dental interests, looking for good occlusion of the molars, good occlusion of the canines, if there is a midline correction, overbite, overjet and sometimes focusing too much on teeth. The patient is a human being with a face, with a position of bones, with teeth, and everything has to be correctly adjusted and balanced.

The patient has to have a nice face, a natural and balanced structure. And it is very important that we can balance that and bring this in a better position.

It’s amazing the change that we can do in adult cases. It’s a great alternative to surgery in adult cases, and it is something that is going to really establish a new scenario for the Class III patients.

You call your new series of lectures ‘Facially Driven Treatment For Class II and Class III’. What are your key facts in this matter and why should the factors facial, skeletal and dental not been isolated during the treatment?

We as orthodontists are fully responsible for the face of the patient, and this is very important to highlight.

Carrière system is about this and, together with Henry Schein Orthodontics worldwide, we are trying to spread this message. We, the orthodontists, are able to manage the soft tissues of the profile of the patient in a very good way. How do we do that? Instead of fulfilling with synthetic material as a cosmetic surgeon does, we use bone and teeth and bring the soft tissues in a better and natural position. We are able to balance the relation between the mandible and maxilla. We are balancing the face of the patient and behind that we are balancing the life of the patient. We’re giving self-confidence and returning happiness to them.

On the opposite, we can totally ruin the life of the patient. How? By extracting teeth that were not necessary to extract.

I am totally convinced that today we cannot look only at orthodontics. No more, never again, can we see it as just a set of teeth.

The patient is a human being with a face, with fears, with dreams, with projects, and we have to honor that.

With the Carrière system, with the Motion appliance, with the Carrière SLX bracket, with the wire sequence, with the respect for the tissues, for the physiology of the orthodontic movement, for the face of the patient, we try to bring benefit to our patients. Many profiles have been affected in the past, so our objective is to create tools to be added to the orthodontic armamentarium that help us in this direction.

To understand you correctly, the orthodontist should put much more emphasis on the patient’s facial harmony. Why? Orthodontics is facial. Orthodontics is facial. The orthodontist is responsible for the face of the patient. In my understanding of orthodontics, the orthodontist has to be an expert on repositioning teeth in the correct position, repositioning bones in the correct position and balancing profiles. He is responsible for harmonization of soft tissues and, if necessary, is also an expert who can sculpt the lips with dermal fillers, because nobody understands better than an orthodontist the anatomy and proportionality of a lip.

The orthodontist should also have expertise on the use of Botox for excessive gingival exposition on patients with gummy smiles.

So we are responsible for the face and not only that. I think we also have to educate people that if they want to have a beautiful face, instead of going to the cosmetic surgeon, they should start by going to an orthodontist.

The orthodontist will be able to give a nice face, a natural and elegant outcome, and if this is not enough change, then as a second option, go to the cosmetic surgeon. But the first choice should be the orthodontist.

If society understands the importance of orthodontics on the face, a big percentage of new patients will fall into orthodontics. We have to start upgrading our speciality. Orthodontics is all about esthetics, art and science.
Paquette joins Henry Schein Orthodontics

By Henry Schein Orthodontics Staff

Henry Schein Orthodontics® (HSO) is pleased to announce that Dr. Dave Paquette has joined its company as lead clinical advisor. Paquette will be working with the HSO’s research and development teams and leading the HSO clinical advisory boards in evaluating new products and procedures that advance the state of orthodontic treatment.

Paquette said he selected HSO as a working partner because of the high priority it places on clinician’s feedback and the organization’s long-standing commitment to developing innovative solutions that represent significant breakthroughs in patient care. “The industry has been in need of more clinical input for some time now, and I couldn’t be more pleased to join a forward thinking company like Henry Schein Orthodontics to help chart the future course of our profession,” he said. With a strong lineup of exciting new products in the late stages of development, HSO is thrilled to have Paquette join the organization.

According to Ted Dreifuss, vice president of global sales and marketing: “We are thrilled to have someone of Dave’s caliber on the HSO team. He possesses an enormous amount of experience and exceptional clinical skills, as well as vision and passion for the profession that aligns exceptionally well with the vision of Henry Schein Orthodontics.”

As a practitioner and teacher for more than 35 years, Paquette brings to HSO a long list of academic and professional qualifications, a keen interest in product innovations and a passion for improving patient care.

Easing chairside stress with Assure Plus

By Reliance Orthodontics Staff

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. One of Reliance Orthodontics’ flagship products — Assure® — has been the answer for so many difficult bonding situations for the past 15 years, the company asserts.

It is no secret that the foundation of artificial substrate bonding lies in a good mechanical preparation. Traditional methods included using a rotary instrument such as a diamond bur, greenstone or disc to roughen the tooth surface. Although these methods slightly changed the appearance of such non-enamel surfaces, the resulting mechanical retention was very poor. The SEM pictures (Figs. 1a, 1b) clearly illustrate the stark differences between utilizing a rotary instrument and an intraoral microetcher.

Reliance now offers a kit that will produce sufficient strength for chairside bonding, regardless of the substrate involved. The ASK™ (All Surface Kit) only includes three components: Assure Plus, Porcelain Conditioner and an Etchmaster® microetcher.

The Etchmaster is a small sleek design that allows easy access to the posterior and very little cleanup when used with a high-speed evacuation, according to Reliance. Simply unscrew your handpiece from a high- or low-speed air line, attach the Etchmaster sandblaster, insert the preloaded tips (filled with 50 microns) and begin sandblasting. Clinicians now can eliminate all other artificial surface primers as well as numerous different protocols. With the All Surface Kit, all non-enamel substrates are handled with only two protocols:

1) Porcelain — Sandblast, rinse and dry. Apply one coat of porcelain conditioner. Wait one minute. Apply Assure Plus, dry and light cure.

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Managing treatment with the Myobrace Activities app

Enjoyable activities help youth achieve better results

By Myofunctional Research Staff

In order to continue thriving in an increasingly competitive market, modern dental practices can no longer rely on standard, often outdated treatment methods and management. In addition to finding new niches in the health market to occupy, 21st-century practitioners must ensure their clinics are managed to be as efficient as possible. One of these niches, currently undergoing rapid expansion, can be found in pediatric dentistry and includes preventive myofunctional pre-orthodontics, as well as treatment for sleep disorder breathing.

While in the past this area of the profession has been difficult for doctors and demanding for staff, The Myobrace System™ packages pediatric pre-orthodontic care into one integrated treatment system that enables doctors to increase patient flow and improve practice efficiency, according to the company. The Myobrace System achieves impressive results, as well as lifelong health benefits, by assisting the patient in abolishing poor myofunctional habits and training them to rest the tongue in the correct position, breathe through the nose normally and swallow correctly.

Because the Myobrace System is focused on correcting the causes of crooked teeth as well as the symptoms, patient education and compliance also has an essential role to play in treatment, and regularly completing certain tongue, mouth and breathing activities is vital. These Myobrace Activities™ perform an integral role in the treatment system by stretching, strengthening and retraining the tongue, lip and cheek muscles, as well as improving the way the patient breathes.

In order to present these activities in the most user-friendly way and appeal to today’s tech-savvy youth, they have been developed into an advanced digital educational and instructional digital app. The use of animated audio-visual aids decreases the role trained auxiliaries must play, while presenting consistent educational information to the young patients, at their level.

While compliance has been a downside to pediatric treatment in the past, the app allows for the system to be presented in a child-friendly environment away from treatment areas, which saves staff time and maximizes the uptake of the information. This ensures the patient and parents are easily able to understand their treatment goals and how they can then play the required role in achieving positive treatment outcomes.

The fun, simple app, which is compatible with most devices and empowers children to play a highly active role in their own treatment, focuses on presenting Myobrace Activities as well as nutritional information in the most appealing way possible. By offering a sequence of videos that demonstrate each of the activities, then quizzing patients on how and why they should correctly complete the activity, the app encourages compliance and helps to make sure patients receive the maximum possible benefit from their Myobrace Activities program.

The app is designed from the ground up to engage and motivate the patient as well as provide an interactive educational tool, complete with individual goals and incentives.

However, while the Myobrace Activities app is a powerful tool for fostering compliance, the patient must still be prepared to put in the effort and remain active in his or her treatment. The bad habits that inhibit a child’s natural development do not develop overnight, so correcting them takes persistence. Therefore, in order to receive the maximum benefit from their treatment, a child should complete the activities two times a day for a minimum of two minutes and combine this with wearing his or her Myobrace®.

Using the Myobrace Activities app, which can be installed on multiple devices in the practice, engages growing patients and can provide them with the means to alter their own incorrect habits, as well as unlock their natural genetic potential for healthy growth. This can achieve astounding results as well as increase patient flow, improve treatment and improve practice efficiency, according to the company. To find out more, visit myoresearch.com.
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Learn more about the Motion Class III Appliance at 888.851.0533 or HenryScheinOrtho.com.

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