Midwestern Society of Orthodontists: Top 10 2013 annual session highlights

The Midwestern Society of Orthodontists (MSO) returned to MSO territory in Kansas City, Mo., for the 2013 MSO Annual Session from Sept. 20–22. More than 410 attended the meeting, featuring a doctor and staff continuing education program presented by Drs. Mark Berkman, Aaron Molien, Chung Kau, Sebastian Baumgaertel and Abraham Lifshitz, and Amy Eirsch, Cathy Sundwall and Mary Kay Miller.

The following new leaders were installed to serve the MSO membership in 2013-2014: Drs. John Crawford of Kenosha, Wis., as president; Deb Lien of Rochester, Minn., as president-elect; and Ara Goshgarian of Lake Forest, Ill., as secretary-treasurer. Dr. Ross Crist of Sioux Falls, S.D., successfully completed his term as the 2012-2013 president and will continue to serve on the MSO board as immediate past president. Dr. Brent Larson of Minneapolis continues to serve as the MSO Trustee to the American Association of Orthodontists Board of Trustees.

Dr. Jane Bentz of Wisconsin was recognized at the MSO Annual Business Meeting on Sept. 21 for her service as MSO component director as she retires. Dr. Scott Arbit of Wisconsin and Dr. D. Spencer Pope of Illinois were welcomed to service at the conclusion of the meeting as new incoming component directors. Dr. Brian Jesperson of North Dakota was recognized for his full eight-year term of service as the MSO representative to the Council on Orthodontic Practice.

These MSO Delegation members were elected to represent the MSO at the AAO 2014 House of Delegates: Drs. Ara Goshgarian — chairperson; Mike Durbin — vice chairperson, Ross Crist, Deb Lien, Ginny Mennemeyer, Dennis Sommers and Kim Stafford; alternates Steve Marshall, John Kanyusik and Ryan VanLaaken.

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For more general program information, visit www.maso.org/meetings/2013AS.cfm.
There are compelling advantages to both private practice and academics. For each graduating resident, career decisions come down to determining which environment is best suited to his or her personality with regard to orthodontics. Choosing a path that coincides with one’s beliefs, philosophy, personality and lifestyle is omnipotent. However, the process of education itself is changing. No longer can an orthodontist teach by the way he or she learned (show, tell, do).

* See CAREER, page 6
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Owing teeth with braces has long been considered a permanent "cure" to crowded teeth. However, we now know that this traditional approach is neither permanent nor a cure.

The literature now accepts that the only 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 long maintenance of permanent retainers, the burden of which is borne by both the patient and the dental practitioners.

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, 25-85 percent of our children have healthy teeth extracted in the name of orthodontics. 3

Despite Begg’s research, orthodontic extraction has been roundly refuted in the literature, not least because his own theory refutes his results. Both crowding and attrition increased with age.

Do premolar extractions lead to more stability?

No. Little’s definitive 1981 study showed that 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.5

Many other studies have corroborated this conclusion. Although hygienists, dentists and all other specialists strive to preserve teeth, this principle seems outside the orthodontic profession’s orbit of thinking.

**What causes malocclusion?**

“Whenever there is a struggle between muscle and bone, yield is written” Graber in his seminal 1963 manifesto on orthodontics to postgraduate students, teaching materials and completion of academic and professional instruction.8

A time for change?

The orthodontic tradition has been evolving from a clinical mind throughout its 100-year history, such as Angle, Frankel, Graber, Ricketts, Garfiner 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 re-lapse 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.

References


**Obituary: Orthodontist Dr. Earl ‘Buddy’ Broker**

Dr. Earl “Buddy” Broker passed away on August 13, 2013, following a brief illness. Broker was a founding faculty member of the orthodontic residency program at Einstein Medical Center Philadelphia. He continued in that capacity until his death.

In addition to teaching comprehensive orthodontics to postgraduate students, he also directed their education in temporomandibular disorders. Of note, he taught all graduates of the program including current residents in training.

Broker was born and raised in Philadelphia and graduated from West Philadelphia High School. Both his pre-dental and dental education occurred at Temple University, where he graduated with a DDS degree in 1961.

He then entered the orthodontic practice of Drs. Maxwell S. Fogel and Jack M. Magill as an orthodontic preceptee, completing his training in 1965. Pre-dating the official start of the orthodontic residency program, he joined the orthodontic staff at Einstein as an orthodontic fellow receiving a fellowship certificate, also in 1965.

He became a diplomate of the American Board of Orthodontics in 1995. He also served as a reserve dental officer in the U.S. Army Dental Corps from 1961 until 1968, receiving an honorable discharge as a captain.

Broker was a tireless supporter of Drs. Fogel and Magill in preparing for the start of the Einstein Medical Center Orthodontic Residency Program in the early 1960s. He assisted them in organizing program teaching materials and completion of accreditation application information.

For many years, Broker practiced both in Jenkintown, Pa., and Voorhees, N.J. More recently, he limited his practice activity to the Voorhees office.

In addition to caring for the orthodontic needs of his patients, his knowledge and expertise in treating temporomandibular disorders was highly regarded by patients who traveled great distances to seek his care.

Broker is survived by his wife, Joyce, sons Brian and Bradley and families, brother Gerald and sister Donna.
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We are moving toward an age where new academic skills, such as learning the methods of teaching and the process of course designing, have become new goals and standards of education. Yet as educational programs continue to be improved, old problems still linger in academics and have a direct bearing on who will direct our future and become our successors.

A new era of orthodontic education is dawning, and just how it will go is a conundrum — anyone’s guess. There are new creative programs in orthodontic education that address the reduction of “qualified” orthodontic faculty members. Historically, at least since the 1990s, issues regarding recruitment and retention of qualified orthodontic faculty members have been, and still are, important and challenging topics at many orthodontic conferences, as noted by Roberts in 1997.

When an environment for both academic and research can become a reasonable career choice for graduating residents, the future of orthodontics will be positive (Bednar, 2007; Turpin, 2007; Peck, 2003). In past years, many residents have solid interests in teaching and research as a career choice (Larson, 1998). However, those days are gone.

Orthodontic education has been in a state of flux — academics and research have not become competitive with full-time clinical practice as career options (Peck, 2003). Specifically, the problems associated with recruitment and retention of full-time orthodontic faculty members have been, and are still, on a spiraling decline (Turpin, 2007). The preservation of pedagogy in orthodontic education, the potential social justice implications and impact on the public are directly related to (a) education of well-trained orthodontists, (b) health-care delivery, (c) outreach programs, (d) welfare-agencies, and (e) public service communication.

When applicants are interviewed for a residency position, many speak about their aspirations of joining a faculty and becoming active in research after graduation. For an applicant holding a PhD, he or she often mentions full-time teaching in addition to becoming a researcher. However, by the end of his or her educational program, goals soon became more about clinical practice and making money rather than an academic career; no longer is teaching or research a priority. Bednar (2007) stated, “In 2004-2005 there were 250 funded yet unfilled full-time faculty positions at dental schools across the country, 19 of which were vacancies in orthodontic programs.”

According to Turpin (2007), two of the most urgent problems facing orthodontics were attracting more qualified individuals for careers in orthodontic education and replenishing the attrition of full-time postgraduate faculty positions at dental schools across the country. These workshops, led by recognized orthodontic teaching experts, included an interactive format with topics such as:

- Principles of course design starting with the end in mind
- Methods to encourage active learning in the classroom and clinic setting
- Methods for successfully incorporating technology into the classroom

Another related program for faculty members was the James L. Vaden Educational Leadership Conference, held on May 3. This conference emphasized excellence in orthodontic education, concentrating on graduate program standards. These programs will hopefully change the decline of “educated” orthodontic faculty members and the increased attrition of full-time postgraduate faculty positions.

However, at the present time, alea iacta est — the die has been cast. Why would a graduating resident forego the incentives of private practice and a decent starting salary, to accept low paying academic position with little hope of advancement and a mounting financial struggle, especially when the major focus of his or her education has been to treat patients? As noted 10 years ago by Johnston (2002), sadly, there is still no market for a career in academe as there was prior to the 21st century. If experience has taught us anything, it is that money talks! Most new graduates make decisions that are personal matters, i.e., supporting a family, paying back educational loans and living a decent lifestyle.

One measure of an individual is how well he or she can overcome adversity, the future of orthodontic education is also at the crossroad of adversity — the trying times associated with academic careers in education.

Until profitable career options in education become a reality, the supply of orthodontic educators and researchers will be limited. American-educated residents are blinded by future prospects of earning a living and may never regain their sight toward considering a career in academics. Until academe becomes a profitable career option, orthodontic education may experience a diminished or daunting outlook. For the new orthodontic graduates, regardless of whether their path leads to academics or private practice, aspirations should be concentrated on practicing to the best of his or her ability.

References are available upon request from the publisher.

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Following successful 2013 OrthoVOICE meeting, group looks ahead to 2014

By Davin Bickford
Advisory Board Member, OrthoVOICE

Mark down another great OrthoVOICE! This year’s meeting was host to more than 250 orthodontist, team members and exhibitors. Planet Hollywood Resort, in the heart of the Vegas Strip, is the perfect host venue for this progressive focused meeting.

Opening the lecture series was this year’s VOICE of Excellence” lecturer Dr. Kate Vig, past department chair of The Ohio State University Orthodontic Department. She was followed by a blend of well-established and new speakers. OrthoVOICE also hosted a special feature series highlighting three recent graduate board presentations.

Each resident gave a 15-minute presentation followed by a 10-minute Q&A from the meeting attendees. A list of the 2013 speakers and topics can be found on the OrthoVOICE website (orthovoice.com) until mid-November.

“Of all the meetings we attend each fall, OrthoVOICE consistently has the best speakers and topics available to attendees,” said one OrthoVOICE exhibitor. With its focus on creating a relaxing and fun environment, the OrthoVOICE meeting also offers a dynamic educational component that is hard to beat among annual fall meetings, organizers said.

Having hosted some of the industries top educators as part of the “VOICE of Excellence Series,” OrthoVOICE has kicked off its meeting with names like Dr. Bill Proffit, Dr. Lyle Johnston and Dr. Vig. Each has been followed by a creative mix of company-sponsored and OrthoVOICE-invited speakers, creating a well-rounded and progressive set of topics, organizers said.

“The takeaway from OrthoVOICE has made a tremendous impact on my practice,” said one of this year’s attendees. “Each year brings new ideas that cause me to think differently about growing my practice.”

OrthoVOICE is already focusing on the 2014 rendition of the meeting. Dr. Henry Fields was recently announced as next year’s “VOICE of Excellence” speaker, and OrthoVOICE will announce the rest of its 2014 speakers and topics in early 2014. OrthoVOICE also announced something new for next year’s meeting: two groups will be hosting seminars alongside OrthoVOICE, creating added value for OrthoVOICE attendees. Ortho Classic and Orthotown will be offering their own meetings the day before OrthoVOICE and will allow attendees greater variety beyond a traditional user meeting.

More information will be released in early 2014 about the full program. OrthoVOICE 2014 will be held Sept. 18-20 at the Planet Hollywood Resort in Las Vegas. Mark your calendar and check orthovoice.com in January for more information. Doctors and exhibitors can also call OrthoVOICE at (402) 932-1298.

OrthoVOICE speakers

Dr. Daniel Bills
Dr. Kate Vig
Dr. Neal D. Kravitz
Dr. Christopher E. Roncone