From finances to accelerated tooth movement, it’s all here

By Sierra Rendon, Ortho Tribune

A bevy of educational sessions are on tap today to make sure you leave the AAO Annual Meeting with knowledge and techniques to take back to your practice. Here is just a sampling of the day’s topics:

- Dr. R.G. “Wick” Alexander explores “Long-term Stability...Can it Stand the Test of Time?” from 8-9:30 a.m. in Ballroom B.
- Ellen M. Grady will help you learn the “Top 10 Financial Mistakes” and how to avoid them from 9:35-11 a.m. in Ballroom C.
- Dr. Earl S. Johnson offers “Earl’s Pearls’ and a Few 49er Nuggets,” clinical ideas you can use every day, from 1-2:30 p.m. in Room 249.
- Drs. William M. Wilcko and Donald Ferguson offer tips and techniques on the “Accelerated Osteogenic Orthodontics” Procedure from 1-2:30 p.m. in Ballroom B.
- Dr. Flavio Uribe speaks on “The Evidence in Localized Bone Injury to Accelerate Tooth Movement” from 2:35-4:05 p.m. in Ballroom B.

For the thousands of orthodontists and support staff who came to New Orleans this week, Saturday was a day of great excitement, challenges and opportunities.

For those who came intent to learn, Saturday’s wide variety of educational sessions ranged from “Interceptive Treatment of Impacted Teeth Utilizing CBCT and the Frontal Analysis” to “Diagnosis and Treatment of Impacted Maxillary Canines Using CBCT” to “Will Custom-Made Appliances Replace Traditional Braces?”


Attendees stream into the Ernest N. Morial Convention Center on Saturday for the AAO’s 114th Annual Session in New Orleans.

Photo/Sierra Rendon, Ortho Tribune

Something for everyone
For those who came for excitement, the AAO’s Opening Ceremonies, featuring a concert by soft-rock singer and songwriter Kenny Loggins, fit the bill for Saturday afternoon.

And finally, for those orthodontists and support staff who came to check out the entire annual meeting, of which remain available throughout the latest technologies and products, all the exhibit hall was teeming with hundreds of booths featuring the orthodontic alumni from dozens of colleges and universities, ranging from Boston College to USC to NYU.

In addition to featuring the industry’s newest products, the exhibit hall also offers lots of fun activities — some of which could result in attendees heading home with a great prize!

- At the Ormco booth, No. 1805, for example, attendees can visit and participate in a debate if attendees select that day’s winning side, they’ll be eligible for prizes valued at $800 and professional headshots to be taken at the booth. In addition to at-show prizes, participants have a chance at winning a $30,000 Lythos Digital Impression System.
- At the tops Software booth, No. 2819, attendees who watch a theater demonstration on the company’s Try Matrix can enter to win an iPad. Demonstrations will take place at 11:35 a.m., 11:45 a.m. and 12:15 p.m. Sunday and Monday and at 11:15 a.m. and 11:45 a.m. Tuesday.
- At the Ortho Classic booth, No. 2225, you can spin the “Big Wheel of Prizes” and stay for a clinical lecture (11 a.m. and 12:30 p.m. Sunday and Monday).

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Stop by the Sesame Communications booth, No. 1937, to learn how to accelerate new patient acquisition, build patient loyalty and transform the patient experience. While there, grab a latte at the free coffee bar.

Photo/Provided by Sesame Communications

The Mission of the AAO Foundation, the charitable arm of the American Association of Orthodontists, is to “advance the orthodontic specialty by supporting education and research”.

Foundation funding ensures the future viability of the specialty by investing in the next generation of educators and researchers. Since 1994, the AAOF Awards Program has contributed $9.5 million in funding, primarily in support of Junior Faculty.

In addition to support of Junior Faculty, the Foundation has created the AAOF Craniofacial Growth Legacy Collection (www.aaoflagregistry.org) designed to preserve representative materials from the participating orthodontic collections, improving orthodontic research in the U.S. and Canada.

The latest fundraising effort of the AAO Foundation’s overall Continued Commitment to the Specialty® is the new Research Initiative focused on improving orthodontic research in the U.S. and Canada by bringing in $5 million in new pledges, so that overtime and calculated at an average rate of return of six percent, this will result in an additional $300,000 restricted for orthodontic research.

Please consider a pledge to support this new initiative!

For further information contact Robert Hazel, rhazel@aaotho.org, 800.424.2841, #546 or visit our website at www.aaofoundation.net

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For a free in-office consultation, please call 1-855-245-2908 or visit us on the web at www.planmecausa.com
AAO product scrapbook

Here is a look at some of the products you’ll want to check out in the exhibit hall

**ClearCorrect’s next-generation treatment setup**
ClearCorrect recently finished beta-testing its new and improved treatment setup, which includes improved features such as virtual models for every step of treatment, 3-D representations of IPR and engagers, instructions for every step of treatment, a full-length treatment animation, embedded links to an online doctor’s portal, improved Mac support and an overall improved interface.

ClearCorrect, booth No. 237

**Anatomage Collage**
Anatomage offers Collage: comprehensive image-management software, seamless 2-D and 3-D image integration, local database, server or cloud, supports .JPG, DCM, OBJ, .PLY and more.

Anatomage Inc., booth No. 2129

**Victory Series Active Self-Ligating Brackets**
The Victory Series™ brand family of orthodontic brackets from 3M Unitek is known by industry professionals worldwide for its quality. Now, this renowned family has expanded into the self-ligating bracket category, with the introduction of new Victory Series Active Self-Ligating Brackets. Victory Series Active SL Brackets bring active door appliances to a higher level of performance, featuring a ligating mechanism that provides durability and ease of operation. A full slot-width size door allows optimal rotational control, and no special instrument is necessary to open or close the door, so orthodontists can incorporate the brackets into their practice without changing their technique.

3M Unitek, booth No. 903

**Icon**
Icon by DMG removes post-ortho white spots in one patient visit without any drilling.

DMG, booth No. 1225

**Planmeca Romexis 3-D Ortho Studio**
Planmeca Romexis® is a comprehensive software suite used by dental professionals for acquiring, viewing and processing 2-D and 3-D images. Planmeca now offers Planmeca Romexis® 3-D Ortho Studio module, bringing innovative 3-D tools to orthodontists and dental laboratories. The new module is designed for examination and analysis of digital dental models scanned with Planmeca ProMax® 3-D X-ray units and for planning orthodontic treatments in 3-D.

Planmeca, booth No. 1953
Instrumentarium Dental unveils OP300 Maxio Pan/Ceph/3D, its most advanced imaging system. The latest addition to the extra-oral product line introduces new and larger fields-of-view for dental and maxillofacial imaging and a revolutionary low dose technology (LDT) delivering quality-optimized cone-beam 3-D scans with very low radiation dose, up to five times lower than traditional 2-D panoramic images.

Instrumentarium Dental, booth No. 1653

WildSmiles Braces
WildSmiles are the only braces that turn correction into expression. According to the company, WildSmiles offers a proven treatment option that has been trusted by orthodontists for a decade. Brackets with patented shaped designer pads allow patients to express their individuality during treatment. A clinical study recently published in the AJD-OO finds WildSmiles are selected by 70 percent of young patients.

WildSmiles, booth No. 1053

GumChucks’ ORTHOgami
Flossing braces just got faster. GumChucks’ ORTHOgami offers effective ortho flossing in less than two minutes. ORTHOgami’s two handles and revolutionary tip make flossing braces a snap. No more threading, no more excuses. View a video demo at www.GumChucks.com.

GumChucks, booth No. 957

CS 3500 Intraoral Scanner
Eliminate external heaters, powders and trolleys while easily capturing true color, 2-D and 3-D images with the CS 3500 intraoral scanner. This digital scanner features high-angulation scanning of up to 45 degrees and to a depth from -2 to +13 mm, while a unique light guidance system aids in capturing images during the acquisition process.

Carestream Dental, booth No. 1605

PhotoMed G15 Digital Dental Camera
The PhotoMed G15 Digital Dental Camera is specifically designed to allow you to take all of the standard clinical views with frame-and-focus simplicity. The built-in color monitor allows you to precisely frame your subject. Then, focus and shoot. Proper exposure and balanced, even lighting are assured. By using the camera’s built-in flash, the amount of light necessary for a proper exposure is practically guaranteed.

PhotoMed, booth No. 630
Great Lakes’ 3-D solutions
Great Lakes Orthodontics is the only distributor to offer a full line of 3-D solutions for orthodontic practices and labs. Digital solutions include the 3Shape TRIOS Intraoral Scanner with Ortho Analyzer software, Stratasys Objet30 OrthoDesk 3-D Printer and netfabb software, and 3Shape R700 and Maestro desktop scanners. Hands-on demonstrations are taking place at the booth.

Great Lakes Orthodontics, booth No. 2218

LED Imaging’s RAYSCAN Alpha – Expert
LED Imaging’s first digital extraoral imaging system, the RAYSCAN Alpha – Expert, offers CBCT, panoramic and cephalometric capabilities. Developed by Ray Co., Ltd., a subsidiary of Samsung, the system’s CMOS and Direct Deposition CsI Detector ensure practitioners can quickly capture high-quality, 16-bit DICOM images at a low radiation dose, and its focal trough is optimized and controlled through adaptive moving focus technology. Demo the RAYSCAN Alpha – Expert at LED Imaging’s booth, No. 754.

LED Imaging, booth No. 754

Dexta for orthodontists
Dexta offers a complete selection of stools, lights and custom-made cabinets. The company aims to provide ‘the perfect combination of elegance and function.’

Dexta, booth No. 2337

Kaleidoscope Custom Layouts
Kaleidoscope, a fully customizable, in-office marketing tool, announces its new Custom Layouts feature. Enjoy the freedom to mix and match backgrounds and templates, giving you even more creative flexibility. Each quarter, the company adds new content or introduces new product enhancements to keep Kaleidoscope fresh and exciting.

Kaleidoscope, booth No. 1324

i-CAT FLX
The i-CAT FLX is the newest system in the i-CAT family of cone-beam 3-D imaging products, offering 3-D planning and treatment tools for orthodontics. Features of the i-CAT FLX include: full-dentition 3-D imaging at a dose lower than a 2-D panoramic X-ray with QuickScan; Visual IQuity™ advanced image technology to deliver i-CAT’s clearest 3-D and 2-D images; an easy-to-use, guided workflow with the SmartScan STUDIO™ touchscreen interface; ability to capture traditional 2-D panoramic images with the i-PAN™ feature; and an Ergonomic Stability System to minimize patient movement and maximize the accuracy of the scanning process.

i-CAT Imaging Sciences, booth No. 2437

SCRAPBOOK
Running an orthodontic practice is a time-consuming endeavor, but who says it has to take away from the time you spend with your family?

OrthoSynetics provides every service you could need for a successful practice by integrating the business and administrative aspects of your practice. Everything from Marketing and Human Resources to Practice Financial Services.

With OrthoSynetics on your side, you’ll be there. Stop by AAO Booth #2537 to find out how our services may be cost neutral.
Ormco Custom — It's all about profitability

By Ormco Staff

You’ve likely seen the Ormco™ Custom Suite of digital products—Insignia™ Advanced Smile Design®, Lythos™ Digital Impression System, and AOA Labs—the core drivers behind the innovative 3-D diagnostics, treatment planning and customized appliances are practice profitability and treatment personalization.

You may ask, why profitability? Governor Cash would respond, "Why not?" However, in all seriousness, the business trend toward digital technology is one made to enhance efficiencies and reduce costs.

In fact, according to Harvard Business Journal, 87 percent of companies surveyed plan to increase their investments in research and development—with a significant portion of this investment devoted to digital technologies.

Furthermore, 68 percent said their investments in digital technologies are primarily focused on process efficiencies and cost reduction. This same concept is infiltrating the orthodontic practice environment, and increased efficiency leads to profitability.

As you weigh the benefits of both profitability and personalization, the below offers a look at profitability features of today’s leading digital solutions.

Insignia Advanced Smile Design

Insignia’s software and application system that combines 3-D diagnostic technology and interactive treatment planning is the result of three decades of intensive research and development.

After years of exploration, the Insignia Advanced Smile Design platform is proven to reduce treatment time by 37 percent with seven fewer patient visits. Through advanced technology, Insignia allows clinicians to deliver a completely customized treatment experience from initial smile design to fabrication of patient-specific aligners, brackets and wires.

With the treatment designed specifically for each patient—and exactly to doctors’ preferences—insignia creates a more predictable treatment path, providing fewer adjustments and less time in the chair. Additionally, Insignia offers software enhancements this year to make the platform more intuitive and integrate added support elements for ease of use. The new interface, Insignia Ai, is now available for download.

Lythos Digital Impression System

Specifically engineered to integrate easily into any practice, Lythos allows users to own, store and send treatment scans to anyone who accepts .stl files—at no cost. In terms of profitability, professional teams are able to quickly transition to digital impressions while keeping chair time to a minimum.

Even more appealing for the bottom line, Lythos is backed by Ormco’s unique open platform format and rebate program. Lythos’ open system allows data to be easily integrated with orthodontic labs and manufacturers to produce a variety of custom appliances and/or study models. In addition, the rebate-per-click program, where customers are credited for every Insignia and/or Insignia Clear Guide Express case submitted with a Lythos digital impression, reduces overhead and creates more opportunity for revenue generation.

AOA Labs

With Ormco Custom comes integration of a full-service, digital orthodontic laboratory serving dental professionals worldwide, AOA Lab. The laboratory fabricates customized appliances, including Class II Correctors, aligners, splints, retainers and more.

To help streamline the practice workflow, AOA Lab accepts .stl digital impression files, including scans from Lythos. The connectivity— and end-to-end structure—of Ormco Custom allows for streamlined operations.

Ormco Lifetime Rewards

Never before has the industry seen a program structured like Ormco Life-time Rewards—a loyalty program available to Ormco Custom customers—where points never expire and can be redeemed for a variety of products and services.

The concept is simple: Earn points on every dollar spent on Ormco’s selection of orthodontic appliances, and redeem them whenever from an easy-to-use website for a number of orthodontic products and services. Research indicates that, through the rewards program, the average doctor earns up to 30 percent back in lifetime rewards points. Now, that’s profitability!

Now that you have the head-to-toe profitability story, participate in the debate at the Ormco booth, No. 1805. If you select today’s winning side, you’ll be eligible for prizes of free Insignia cases, valued at $800*, and professional headshots—to be photographed at the booth. In addition to at-show prizes, participants have a chance at winning a $20,000 Lythos Digital Impression System.

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Photos/Provided by Ormco


** Only AAO 2014 North American doctors are eligible to win. Participants must vote and be present to win any prize. Winners announced daily at the end of each debate and custom portraits will be photographed at AAO, today through Monday at the AAO only, and winners will be announced 9 p.m. (CT) Monday. Doctors and staff from Massachusetts and Vermont are not eligible to win the Lythos Digital Impression System, nor Insignia cases.
I’m Governor Cash, and I’m here to ask for your vote. Yes, the Ormco® Custom Suite of products and services also offers Personalization - but what do we really care about? Profit! Orthodontists uniting with Ormco Custom experience:

» Faster Treatment & Reduced Chair Times
» Lifetime Loyalty Rewards
» $0 Storage Fees for Digital Impressions

VOTE Profitability for a chance to win prizes at BOOTH #1805

REGISTER TO VOTE and watch the debate at Ormco Booth #1805 for your chance to win a FREE $20,000 Lythos® Digital Impression System!


Only AAO 2014 North American doctors are eligible to win. Participants must vote and be present to win any prize. Winners announced daily at the end of each debate and custom portraits will be photographed at AAO, April 26th through April 28th, 2014 during booth hours only. Lythos winners will be announced Monday, April 28th, at 4:00 pm. Doctors and staff from Massachusetts and Vermont are not eligible to win the Lythos Digital Impression System nor Insignia cases."
Most orthodontic practices have a well-established and growing set of reports that look at their business from multiple angles. With every software update, orthodontists may get better at capturing and reporting on patient schedules, billing cycles, treatment length, new starts, pending care, capital expenditures, office leasing and patient communications.

But the dirty little secret, said Mark S. Sanchez, DDS, founder, CEO and chief developer of tops Software, is that there is no fast, easy way to connect the dots between those reports to draw out the good stuff: the insights.

“I’d guess that you — or your overworked treatment coordinator — have logged countless hours compiling statistics on those reports,” Sanchez said. “Sadly, by the time you finish your analysis, the data is already stale and incomplete, and the insights have lost their potency.”

Sanchez said the profit potential of real-time insight is actually a game changer for orthodontic practices.

For example, test yourself to see how many of the following seven profitable insights you can put your fingers on — right now:

- **Profitability:** Profitability, by patient or procedure.
- **Treatment time:** Actual length of treatment versus the estimated range by doctor.
- **Understanding the unplanned:** Impact of emergency visits on the overall cost of treatment.
- **Demographics:** Correlation between patient age and average office-visit length.
- **Setting fees:** Whether you are undercompensated for any of the types of treatment you offer.
- **Multi-specialty tracking:** Ability to monitor patients efficiently through multispecialty treatment.
- **“What if” drill downs:** Answer questions — on the fly — about the impacts of the mix of patient load, treatment type, age and local team on each of your satellite offices.

In truth, gaining real insight into how your practice works requires a matrix of patient data in many dimensions.

“We need analytics and not just reports,” Sanchez said. “Our business systems need to properly handle this multi-dimensional matrix in real time to show us how to chart our way to profitability.”

To that end, the newly released topsOrtho 6.0 includes the first analytic engine available in orthodontics: D7 Matrix™. It’s not mere “reporting;” it’s analytics. And it enables you to see — quickly and easily — the profit drivers (and crashers) in your practice, Sanchez said.

Most practice-management reporting systems provide nothing in the way of actionable insights, according to tops Software. Treatment coordinators could spend huge amounts of time gathering information from reports and attempting to synthesize the data into something coherent.

topsOrtho D7 Matrix fixes all that. It’s multi-dimensional, interactive and instantaneous with real-time data, Sanchez said.

Here’s what orthodontic practice consultant Char Eash, CEO of Profit Marketing Systems South, said after experiencing D7 Matrix:

“Today’s orthodontist should be tracking every patient and every penny on a daily basis. The D7 Matrix is the only thing on the market that can do both well. It actually creates profit.”
Comfor &

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Innovative clip design allows easy placement

Smooth CNC-machined body for patient comfort and durability

Enclosed spring prevents painful pinching

Comfortable mesial hook is easy to install and remove

Laser-welded components hold up to the toughest conditions

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Photos courtesy of Dr. Robert Miller
Class II to Class I in 4.5 months

Innovative machined clip design allows easy placement with predictable locking

Comfortable machined mesial hook enables smooth gliding, prevents rolling, and reduces the need for push-out bends

When we asked doctors what they wanted in a Class II corrector, the response was clear: More comfort. More durability. Easier placement.

So we developed Esprit. The breakthrough appliance that offers everything your Class II corrector is missing.
Changing the game in bonding with APC Flash-Free Adhesive

By Armineh Khachatoorian, Global Brand Manager, JM Unitek

For almost the entire history of orthodontics, the bonding process has been a “given.” It’s a long and variable-filled process, including numerous steps and, of course, adhesive flash cleanup. Throughout the years, there have been advances in the individual components involved, such as light cure vs. chemical cure adhesive, selfetching primer and pre-coated appliances, which have increased bonding efficiency and convenience. But now, and once again, JM Unitek is changing the bonding landscape with the introduction of APC™ Flash-Free Adhesive.

With APC Flash-Free Adhesive, there is no need to remove adhesive flash after placing the bracket. The implications of this advancement are not limited to the substantial increase in bonding cleanup. This new formulation is also showing additional benefits for both the patient and clinician, with a low bond failure rate and easier cleanup at debonding.

“Having tried APC Flash-Free Adhesive on several patients... the product appears to take pre-coated technology not just one, but two or three steps further,” said Dr. Lars Christensen, United Kingdom. “We quickly noticed that patient chair time in our office was reduced significantly. This time savings will allow us to reduce the allotted time for a full direct upper and lower bond procedure from 90 minutes to about 70 minutes,” said Dr. Mohammad Razavi of Ottawa, Ontario, Canada.

Bond failure rates have also been reported to be extremely low. Among early users of APC Flash-Free Adhesive, reported bond failures were less than 2 percent.

“APC Flash-Free Adhesive is currently available on Clarity™ ADVANCED Ceramic Brackets and Clarity SL Self-Ligating Brackets. Visit 3MUnitek.com/FlashFree for more information.”

In a recent in vitro university study, users reported that APC Flash-Free Adhesive enables more consistent and predictable debonding compared to traditional paste adhesive systems, and the adhesive remnant is easier to clean up.

“APC Flash-Free Adhesive is currently available on Clarity™ ADVANCED Ceramic Brackets and Clarity SL Self-Ligating Brackets. Visit 3MUnitek.com/FlashFree for more information.”

Complete articles by Dr. Razavi on his experience with APC Flash-Free Adhesive, as well as additional technical information, can be found in the Orthodontic Perspectives Innovations available online at www.3MUnitek.com.

Sesame Communications helps AAO expand ‘My Life. My Smile.’ brand

AAO members can now leverage the power of a premium Sesame-designed website along with AAO web pages and video to educate prospective patients and drive more case starts. For almost the entire history of orthodontics, the bonding process has been a “given.” It’s a long and variable-filled process, including numerous steps and, of course, adhesive flash cleanup. Throughout the years, there have been advances in the individual components involved, such as light cure vs. chemical cure adhesive, self-etching primer and pre-coated appliances, which have increased bonding efficiency and convenience. But now, and once again, JM Unitek is changing the bonding landscape with the introduction of APC™ Flash-Free Adhesive.

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A REVOLUTION IN BONDING AND CERAMIC TECHNOLOGY

APC™ Flash-Free
Adhesive Coated Appliance System

A Game Changer in Orthodontic Bonding
- No flash clean-up
- Saves bonding time for doctor, staff and patient
- Improved patient bonding experience
- Proven APC™ Adhesive family performance
- Available on Clarity™ ADVANCED Ceramic Brackets

NOW on Clarity™ SL Self-Ligating Brackets

CLARITY™ ADVANCED
advanced ceramic brackets

A New Generation of Beauty
- Brilliant Aesthetics
- Trusted Strength and Small Bracket Design
- Predictable, Consistent Debonding
- Enhanced Patient Comfort
- MBT™ Appliance System and Roth™ Prescriptions

Visit us at Booth #903
Assure Plus All Surface Bonding Resin: advancing orthodontic bonding

By Reliance Orthodontics Staff

One of the most frustrating aspects of orthodontic bonding has been the process of consistently bonding to non-enamel and atypical enamel surfaces with adequate strength. Over time, products have been developed to allow bonding to various substrates, such as atypical enamel, porcelain, metal, plastic and even dentin. Unfortunately, these products were specific to one surface. For example, 4-META was used as a metal conditioner. Plastic surfaces were treated with a combination of methacrylate, amine and resin. Porcelain crowns required a silane treatment in addition to a caustic hydrofluoric acid etching agent.

Confusion often arose as to the various products and protocols needed for each individual substrate. This confusion was due to a lack of frequent repetition with these special bonding procedures. In 1998, Reliance Orthodontic Products introduced Assure™ Universal Bond Resin to the orthodontic profession. Assure allowed clinicians to successfully bond to metal, composite and enamel (wet or dry, normal or atypical) with no additional primers. Furthermore, Assure is compatible with any light cure, dual cure or chemical cure paste — regardless of manufacturer. Finally, Assure’s hydrophilic properties bond very well to contaminated surfaces, making it a solid fixture in most orthodontic practices.

This year, Reliance Orthodontic Products introduced Assure Plus All Surface Bonding Resin. It is now possible to bond directly to every intraoral surface using one bonding primer and any bonding paste — chemical or light cured. Proper preparation of the surfaces is still imperative to achieve maximum shear bond strength. For example, metal, zirconia and porcelain* should be micro-etched (sandblasted) prior to the application of Assure Plus. Composite restorations and acrylic temporary pontic teeth should be roughened with a medium diamond bur. Next, simply apply one generous coat of Assure Plus, air dry and proceed with the bracket placement.

Bonding to enamel? Assure Plus has the same adhesion improvement properties as the original Assure. Simply acid etch the enamel surface, apply one coat of Assure Plus, air dry and proceed with bracket placement.

If the enamel is atypical in any way (fluorosed, hypocalcified, aprismatic, etc.) or has been contaminated, using Assure Plus as your primer will eliminate those variables and negate any damage done by contamination. The treatment of adults creates a need to bond to dentin. Assure Plus is an excellent dentin bonding agent. Simply acid etch the dentin for 30 seconds, then rinse and dry. Do not desiccate, leave the dentin moist. Then apply two coats of Assure Plus, lightly dry, light cure and place bracket with the adhesive of your choice.

There is finally one primer that will bond to any surface, every time, with a significant reduction in chair time. Assure Plus offers innovation and a product of bonding excellence, according to Reliance Orthodontic Products.

For more information, please visit www.RelianceOrthodontics.com or call (800) 323-4348.

* Porcelain benefits from the addition of silane before the application of Assure Plus for highest strength.
dentronix - Iconic orthodontic instruments hand crafted in the USA for over 40 years.

Times change. People change. Isn’t it great when you can count on something to stay the same.

dentronix pliers are still built in the USA using all American raw materials and homegrown labor. We pride ourselves on our quality, our craftsmanship and our line of Royal instruments specifically made for steam autoclaving. Combine with our sterilization and ultrasonic cleaning equipment for a patient care system that works and lasts.

Stop by our booth at the AAO in New Orleans and feel the difference old-school quality makes.
AAO Booth #1945

235 Ascot Parkway
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www.dentronix.com
800.523.5944
Orthognathic surgery: The definitive answer?

By Rohan Wijey, B Oral H (Dent. Sci.), Grad. Dip. Dent. (Griffith), OM

More than any other specialty, general dentists refer their patients to specialists for orthodontic treatment. In Australia, the options given to these patients usually do not involve early intervention, tend to be symptomatic treatments in nature and can also involve orthognathic surgery as a "final resort" for severe cases.

Although it is an intuitive opinion amongst the dental profession that surgery is the final, definitive answer to a skeletal malocclusion, research has shown it to be an almost definitively unstable modality.

The first recorded orthognathic surgical procedure was performed in 1849 by dentist and surgeon Simon Halihilren from West Virginia. His notebooks reveal he performed surgery "for making underjaws about 10 times." As in 1849, mandibular advancement, or "making underjaws," remains the most prevalent orthognathic procedure to this day.

Modern orthodontics has made a concerted effort to evolve into a more evidence-based science, however, some particularly large blind spots remain. One of these is shaped like orthognathic surgery.

Professor William Bell, known as the "Godfather of orthognathic surgery" and recipient of the AAO's Research Award and William J. Gies Award for major contributions to oral and maxillofacial surgery, who published 150 papers and edited two three-volume textbooks on the subject, described it as "too complicated, too invasive, too time-consuming, too expensive and too unpredictable."

Despite this, there seems to exist an almost blithe inattention amongst the profession to the "surprisingly large" rates of instability and the "many possible complications" thereof.

Stability of orthognathic surgery

Proffit's 2007 review incorporated more than 100 research papers and approxi- mately 50 invited contributions and book chapters, which has yielded data on 2364 orthognathic surgery patients.

Only mandibular advancement of less than 10 mm overjet and superior reposi- tioning of the maxilla during the first year is considered highly stable. How- ever, after this first year, 20 percent of mandibular advancement patients experience decrease in mandibular length, while after superior repositioning of the maxilla, 33 percent of patients experi- enced a significant change.

In their systematic review, Joss et al. (2010) found that 60 percent may experience relapse in the long-term and oth- er studies put the figure at 100 percent. "Problematic" describes mandibular setback, downward movement of the maxilla and widening of the maxilla in the first post-surgical year, with mandibul- lar setback and downward movement of the maxilla without rigid fixation showing 67 percent to have moderate relapse and 20 percent having a highly significant change.

Meanwhile, widening of the maxilla results in a significant or highly significant change in 30 percent. Moharak's treatment of 61 consecutive mandibular advancement cases yielded a consider- able relapse rate of 46 percent.

Proffit states, a "surprisingly large number of patients experience changes from one to five years post-surgery." In terms of causes, he attributes relapse of mandibular setback surgery to the musculature returning the ramus to its original orientation. Chang et al. (2006) also regarded muscular forces as the principle factor in relapse of mandibu- lar setback. In his review of open bite treatment, Shapiro (2002) suggests the high rate of instability with or without surgery, is most likely because of "non-adaption of the tongue."

Graher wrote in his seminal 1963 pa- per on the influence of muscles on malocclusion, "whenever there is a struggle between muscle and bone, bone yields." Counter-intuitive though it was at the time, the concept is now well accepted in the literature.

Complications from orthognathic surgery

Sousa and Turriani (2012) have amassed the most authoritative body of data in their comprehensive review, with the total study population encompassing 8390 patients.

They described orthognathic surgery as having "many possible complica- tions," with a staggering 27 percent of patients experiencing complications from nerve damage to blindness. Per- haps more concerning is the fact that this review did not involve complica- tions related to surgical planning, which no doubt would inflate the figures fur- ther.

Nerve damage is the most common complication following the surgery, a study performed at the University of North Carolina reported 98 percent of patients suffered "altered sensitivity of the chin" one month post bilateral sagittal ramus osteotomy surgery, with no improvement in 81 percent six months later.

Infections after orthognathic surger- ies can affect up to 10 percent of pa- tients, despite the use of prophylactic antibiotics. These infections may lead to obstruction of the airway, loss of bone or teeth, osteomyelitis, cavernous sinus thrombosis and/or meningitis.

Surgical complications can also in- clude undue fractures, such as deviation of the nasal septum after LeFort I, perfo- ration of the endotracheal canal causing hypoxia after maxillary segmental osteotomy and fractures of the condyle and coronoid process during bilateral sagit- tal ramus osteotomy.

In South Korea alone, a study found 20 reported deaths after orthognathic sur- gery caused by obstruction of the airway because of edema, bleeding and hypo- tension. Staff in a South Korean hospital were also investigated for accidental ho- micide, when a woman died in July 2003 after she fell into a coma during surgery.

Disturbing also is the literature on patient information about the possible complications. Because it is the practi- tioners who propose the operations, it is a moral and legal imperative to disclose all the associated risks. One study found that 20-45 percent of patients were not properly informed about even basic con- siderations, such as the need for general anesthesia, postoperative diet and also, the most common complication, loss of sensibility.

Another substantial study found a similar 42 percent were not properly in- formed about postoperative complica- tions, with up to 60 percent reporting numbness worse than they had antici- pated.

Several studies on orthognathic sur- gery patients (who mostly present due to dissatisfaction with facial appear- ance) have indicated that psychological distress symptoms are common. Pre- existing psychological conditions must be closely evaluated, especially in light of a recent attempted suicide because of "constant and serious jaw pain" after or- thognathic surgery.

Toward a better answer?

The potential for relapse and complica- tions in orthognathic surgery continue to make it the least desirable treatment modality at our disposal. Despite this, it remains the only available treatment op- tion once malocclusions reach a certain severity and patients a certain age.

If surgery is absolutely necessary, there is evidence to suggest the role of muscles in relapse is not something to be relativiz- ed. The Australian Society of Orthodont- ists (ASO), however, states it best: "Early treatment may prevent more serious problems from developing or make treatment at a later stage shorter and less complicated. Early treatment may also achieve results that are not possible once the face and jaws have stopped growing." Early orthodontic treatment has been relegated to a low priority within most orthodontic practices for allegedly being less efficient than traditional treatment methods. However, with orthognathic surgery and traditional fixed orthodontics limited by almost certain relapse, parents are forcing the agenda and gen- erating increased momentum for early pre-orthodontic options.

Muscle-centric myofunctional pre- orthodontic treatment offers patients, who may otherwise require surgery, ex- ceptional prospects for healthy, correct facial development and may prevent the need for more extreme treatment mo- dalities. Furthermore, even if traditional orthodontics is unavoidable, treatment may become less complex and more stable if a myofunctional orthodontic el- ement is incorporated.

The science is clear. The center of grav- ity in our clinical practice must shift toward earlier, more preventative inter- ventions to at least attempt to avoid the prospect of surgery.

It also seems as if some practitioners are holding this truth at arm’s length, because if they acknowledge it, then the legal and moral imperative for sweeping reform will be inescapable.

That time is now.
The DENTSPLY GAC Orthodontic World Congress is dedicated to bringing top quality professional and clinical development to further the advancement and discussion within the orthodontic community.

This year’s meeting will feature sessions on a range of topics from Contagious Marketing to Contemporary Transverse Diagnosis. The conference will include notable speakers, workshops tailored for orthodontists and staff, group discussions, and a half day tactical session on implementation of practice differentiators for your staff.

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Introducing the new Class II corrector Esprit

By Opal Orthodontics Staff

Opal® Orthodontics recently introduced Esprit™, a revolutionary Class II corrector. This new corrector has been specifically designed to address the overwhelming demand and for everything missing in other Class II correctors on the market today.

Developed with the innovative and cutting-edge technology Opal Orthodontics has consistently built its reputation on, Esprit finally answers the call for a more pain-free orthodontic experience, and provides your patients with a highly durable Class II corrector.

Esprit is the result of more than three years of design and development. Developed and tested by Opal Orthodontics well as frustration for clinicians and staff.

chlorides can also present problems with the 400-series stainless steels used in the manufacture of dental and orthodontic instruments, especially with pivot pin materials that may be less hard than plier materials.

When Dentronix’s MPUS ultrasonic cleaning solution was originally developed in the late 1980s as a companion product to dry heat sterilization, the correct chemical balance to afford efficient cleaning and instrument protection was a primary goal.

The learning curve with acidic and alkaline disinfectants used at that time gave us a knowledge base on what to avoid. The MPUS solution was formulated to be as chemically neutral as possible. A non-ionic base with a neutral pH was selected and phosphate-free surfactants integrated. Because this was a “no-rinse” solution, enzymatic agents were left out to avoid the potential of chemical reactions with the dry-heat sterilization process and offensive odors during evaporation.

A powerful rust inhibitor was also included to protect instruments through the entire cleaning and sterilization process. Dentronix still manufactures and sells an updated version of this concentrated formula for use in ultrasonic cleaners of all types.

Conversely, many cleaning solutions for washer/disinfectors are not specifically designed to overcome the challenges of processing orthodontic pliers. They have been formulated to remove blood and organic debris by the sole action of pressurized, sprayed water, rather than a more aggressive and complex method such as ultrasonic cleaning. Without the assist of other mechanical means, these solutions must be more aggressive to be effective.

A very popular European solution uses an alkaline cleaning agent so powerful that it requires an acid rinse as a neutralizer. This can be a “double whammy” to the materials used in your ortho pliers and sterilizing racks. Alkaline detergents are available for disinfector washers with pH as high as 13. Typical formulations run between 11 and 12 pH. These solutions are very effective at removing organic debris, however, the level of organic debris on typical orthodontic pliers is arguably minimal.

Without question, cleaning is the most important phase of the disinfecting/sterilization process. No other mechanical or chemical material on the instruments and pliers is saliva — a substance not requiring particularly aggressive cleaning agents.

The bottom line in assessing any cleaning protocol is not so much the equipment selected, but the chemistry associated with it. Get MSDS sheets, check the ingredients in the formula and ask your peers about the experiences they have had with a specific product. When in doubt, call the manufacturer of your instruments for advice before you commit to a chemical cleaning agent that could potentially damage your instrument inventory.

The cleaning and sterilization process puts enough stress on your pliers and instruments under ideal conditions without introducing damaging chemicals that weren’t designed for your protocol.

The Esprit, bottom, and mesial attachment. Photos/Provided by Opal Orthodontics

In the recent past, there has been lots of interest in implementing the use of instrument washer/disinfectors in orthodontic offices.

The convenience of using a dishwasher-type device for cleaning instruments has become more attractive for offices wishing to clear up counter space and not recycle cleaning fluids.

Our Dentronix repair department has received numerous inquiries regarding the compatibility of various washer units with dry heat sterilization and inserted-type orthodontic pliers.

The sterilization aspect isn’t nearly as important as the chemical exposure to instruments in the process. Remember that these types of cleaners and solutions were originally developed for medical instrument sterilization in large central hospital sterilization facilities. These instruments could be potentially contaminated with a significant amount of bio-burden.

This technology was transferred to the dental office in the late 1990s, still being used on basically non-hinged stainless-steel instruments.

Orthodontic instruments present special challenges as they are particularly susceptible to chemical corrosion.

Because of these instruments’ multi-metal construction (often featuring non-stainless materials) and hinged joints, care must be taken in the selection of cleaning agents.

Aluminum sterilizer racks and their protective anodized coatings are attacked by alkalines; tungsten carbides are attacked by even mildly acidic solutions.

With the introduction of DuPont™ Tyvek®, a highly resistant, tissue-like material, there was a growing need to find a compatible solution for cleaning stainless-steel orthodontic tools.

Two trends in this area have emerged.

First, it has become obvious that acidic solutions, when used for cleaning purposes, can attack the protective anodized coatings that are often found on orthodontic instrument handles. While a change in the acid concentration can slow the reaction rate, it doesn’t always result in total protection.

Second, it has been possible to find an array of products that successfully clean orthodontic instruments without the use of chlorine to avoid the problems associated with it, such as weakening of the metal and discoloration.

In the recent past, there has been lots of interest in implementing the use of instrument washer/disinfectors in orthodontic offices.
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Dr. Duncan Brown
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Sirona announces CEREC software for orthodontics

Get the first glimpse of new ortho software module here in New Orleans

As a technology leader in the dental industry with more than 50 years of experience in orthodontics, Sirona was the first to bring digital imaging to the practice with the very first OPG and CEPH X-ray units.

Based on this experience, as well as on more than 30 years of success as a market leader in dental CAD/CAM technology, Sirona is now expanding its orthodontic product line with the new CEREC Ortho software for orthodontic scanning, shown as a work in progress here at the AAO.

The software will be made available to CEREC Omnicam users near the end of the year, once it has regulatory clearance in the United States and Europe.

Digital models
The new CEREC Ortho software allows orthodontists to prepare a digital model of the entire dental arch using a continuous imaging technique. The program guides users through every step of the patent-pending guided scanning process to ensure that the intraoral camera captures all of the required information quickly and easily.

Acoustic signals, images and brief on-screen explanations assist users with the camera work.

The data can be easily exported for orthodontic treatment planning and the production of the required appliances. A Dolphin 3-D interface aids diagnostics and patient education, while a dedicated file transfer to ClearCorrect allows for the production of clear aligners.

Classic appliances can be ordered from any orthodontic laboratory in the Sirona Connect network.

"Our orthodontic software opens a completely new treatment field for our CEREC customers," said Roddy MacLeod, vice president CAD/CAM Systems at Sirona. "CEREC digital impressions are being developed for all orthodontic applications and the production of any kind of orthodontic appliance."

Saving time
The CEREC-supported process accelerates treatments and reduces costs because it does away with the cumbersome production, shipping and storage of plaster models, according to the company. Patients do not have to wait as long for their orthodontic appliances.

In addition, the company asserts, ease of use facilitates the delegation of tasks to other members of the practice team.

"Creating accurate digital models with CEREC is much more comfortable for the patient. The seamless export to Dolphin and our preferred lab makes delivery of appliances to the patient quick and smooth," said Dr. Marc Lemchen, a CEREC Ortho tester.
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By Earl O. Bergersen, DDS, MSD

Snoring in a child should be analyzed carefully and is often closely associated with other major health and behavioral problems.

Several important questions should be asked of the parent of a young child of 3 to 10 years of age. The following questions are the important ones to ask a parent:

• Does the child snore?
• Does the snoring occur two to four nights a week (moderate snoring)?
• Or does it occur five to seven nights a week (habitual snoring)?

Snoring symptoms in a young child

• Is it interrupted snoring where the child stops breathing?
• Does this interrupted snoring last four seconds or more at least twice per hour?
• Is your child hyperactive?
• Does your child lack attention (attention deficit)?
• Does the child have headaches in the morning?
• Does the child sweat profusely while sleeping?
• Is your child fidgety?
• Do you have trouble understanding the child’s speech?
• Does your child have trouble pronouncing consonants like P, B, V, T, etc?
• Is the child a restless sleeper?
• Does the child look sleepy during the day?
• Does the child do poorly in school, particularly in mathematics and spelling?
• Does the child breathe through the mouth?
• Does the child often wet the bed at night?
• Does the child grind his or her teeth?

Most of these problems, and many more, occur about twice as frequently in habitual snorers than in children who don’t snore. In fact, reviewing data (from Sahin, Eitner and Guenther, 2004) indicates that ADD, ADHD, daytime sleepiness, restless sleep, daytime mouth breathing, bed wetting, tooth grinding, poor school performance and morning headaches are 207 percent more prevalent in the habitual snorers than in non-snorers.

Because these characteristics are twice as frequent in habitual snorers, obviously it becomes extremely worthwhile to analyze a young child’s risk of a serious sleep problem.

What is the best way to proceed?

The first priority is to get more information from the parent by having them fill out a questionnaire. If there is an indication that the child has any of the following symptoms — interruptions in the breathing while sleeping for four seconds or more; labored, difficult or loud breathing while asleep; cessation of breathing more than two times per hour while sleeping — the child should be suspected of having apnea or hypopnea and should have a home night sleep study and then possible referral to a sleep specialist.

One of the most common causes of sleep problems is unusual swelling of the tonsils and/or adenoids. If this is suspected, the child should be referred to his or her pediatrician.

However, if the child does not have any of the following symptoms — interruptions in the breathing while sleeping for four seconds or more; labored, difficult or loud breathing while asleep; cessation of breathing more than two times per hour while sleeping — the child should be suspected of having apnea or hypopnea and should have a home night sleep study and then possible referral to a sleep specialist.

Such an analysis for sleep-related problems in your young patients should become part of the patient examination in your office.

From left, the Nite-Guide, the Youth Snore Cure and the Youth Habit Corrector. Photo/Provided by Ortho-Tain

Here at the AAO

To learn more about the Youth Habit Corrector, the Nite-Guide appliance and the Youth Snore Cure, attend a seminar given by the inventor, Earl O. Bergersen, DDS, MSD, at booth No. 1205 during the AAO.

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Seminars given by Dr. Bergersen during the show Booth #1205

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