By Sierra Rendon, Ortho Tribune

If you have not yet attended the “great debate” at the Ormco booth (No. 1805), you should head there today for what has to be one of the liveliest — and funniest — booth presentations at this year’s AAO Annual Meeting.

When you first get to the booth, you’ll have your badge scanned and information entered at one of the many stations available. This will make sure you are eligible to win one of the great prizes to be given away today.

Then you’ll settle in for an old-fashioned — and highly entertaining — debate between Governor Cash and Senator Tailor. The debate? “Profitability vs. Personalization.”

When looking at 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 responds, “Why not!” However, in all seriousness, the business trend toward digital technology is one made to enhance efficiencies and reduce costs.

Here at the AAO
Visit and participate today in the debate at 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 today at the booth. In addition to a-show prizes, participants have a chance at winning a $20,000 Lythos Digital Impression System.

As Governor Cash points out, many clinicians have seen drastic increases in profitability with the use of the Ormco Custom suite, some have seen as much as a 50 percent increase in profitability.

Meanwhile, Senator Tailor argues the point that even more impressive than the profitability of Ormco is the personalization that the products allow. Insignia, for instance, allows orthodontists to give every patient an optimal occlusion and smile are specifically personalized to his or her unique facial features.

With the treatment designed specifically for each patient — and exactly to the doctors’ preferences — Insignia creates a more predictable treatment path, providing fewer adjustments and less time in the chair, Senator Tailor explains. Following the side-splitting debate, attendees have an opportunity to vote for which side they believe made the better argument.

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*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 today only at the AAO. Lythos winner will be announced at 4 p.m. (CT) today. Doctors and staff from Massachusetts and Vermont are not eligible to win the Lythos Digital Impression System, nor Insignia cases.

Habits that warrant correction prior to age 6

By Earl O. Bergersen, DDS, MSD

Traditionally in orthodontics, most habits are corrected after 6 years of age when the child starts school. The reason for this philosophy has been that most problems in the dentition, caused by habits such as thumb or finger sucking, become less severe and at least partially self-correct as the child matures. This is usually a result of the child stopping or at least slowing down a sucking habit while in school because of embarrassment.

However, recent research on sleep-related problems in young children has shown there are strong links between these habits and many behavioral and physiological problems, such as attention deficit, hyperactivity, mouth breathing, tooth grinding, daytime sleepiness and poor performance in school.

These associations are often the result of adverse problems in the early dentition, such as open bites, narrowed palates, receding mandibular and protrusion of the upper arch and front teeth.

For example, a receding mandible, frequently accompanying an active thumb habit, often is responsible for a narrowing of the oropharynx because a retractive mandible also is the cause of a retractive tongue, which narrows the airway and reduces the air and oxygen intake of a young child. This is thought to cause many behavior and physiological problems.

Other problems, in addition to those already named, are morning headaches, irritability, bed wetting, talking in sleep, nightmares, a desire to sleep with parents, restless sleep, aggressiveness toward peers and difficulty in school, particularly with mathematics and spelling.

Many of these problems can be the result of other causes, but the association with habitual snoring is so strong that serious consideration should be given to a child’s sleep pattern.

What should the doctor be looking for in a 3- or 4-year-old patient? The most important procedure is to simply ask a parent if his or her child snores rather regularly. Further questions involve the symptoms listed above.

Snoring, however, is a very meaningful diagnostic tool to ask about. Is there interrupted snoring involved where a child stops breathing for four seconds or more twice an hour or more? This is called sleep apnea and should be referred to the child’s pediatrician. Also of importance is labored, difficult and loud breathing, as though the child is having difficulty getting enough air into his or her lungs. This is called hypopnea and should also be referred to a pediatrician.

Enlarged tonsils or adenoids are also strong indications for a referral.

When these symptoms are ruled out, the child probably can be significantly helped by one of three pre-formed, easy-to-wear removable appliances: the Nite-Guide®, the Youth Habit Corrector and the Youth Snore Cure.

These appliances are generally used for various problems at this young age. The Nite-Guide is used to advance the mandible and tongue — or prevent them from slipping posteriorly while sleeping — and for cross-bites and occlusal problems as well as TMJ problems in the early decisional dentition.

The Youth Habit Corrector is to correct mouth breathing, open bites and sucking habits. It also is capable of advancing the mandible and tongue.

The third appliance is the Youth Snore Cure, which also advances the mandible and tongue.

All three appliances can greatly lessen snoring and can also often correct many of the behavior and physiological problems mentioned above.

Anything that can influence a child’s normal sleep pattern, such as sucking habits, open bites, narrow palates and mouth breathing, should be corrected at a young age. All of these things, when left uncorrected, can have a strong influence on normal sleep by restricting the nasal- and oropharyngeal airways, which can severely limit the amount of oxygen intake for a child.

AAO attendees learn more about the Lythos Digital Impression System at the Ormco booth, No. 1805.

Photo/Provided by Ormco