ISSN 2372-0808 (Print); ISSN 2372-0816 (Online)

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Editorial

A Pretty Safe Bet

If you are one of the over 1,000 people who have already registered for the Reingage Convention, you do not need to read the rest of this editorial.

For those who have not yet signed up for the July 26-28, 2018, conference at the Wynn Hotels in Las Vegas, do not gamble on there being many spots left by the time you decide to attend.

The conference will feature a flood of educational material on the latest and greatest new technologies for Clear Aligner orthodontic practitioners. Over 40 speakers and exhibitors are all focused on providing the latest continuing education information to attendees, over the course of 3 days and 2 nights.

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We look forward to seeing you there.

Dr. Jeffrey Galler
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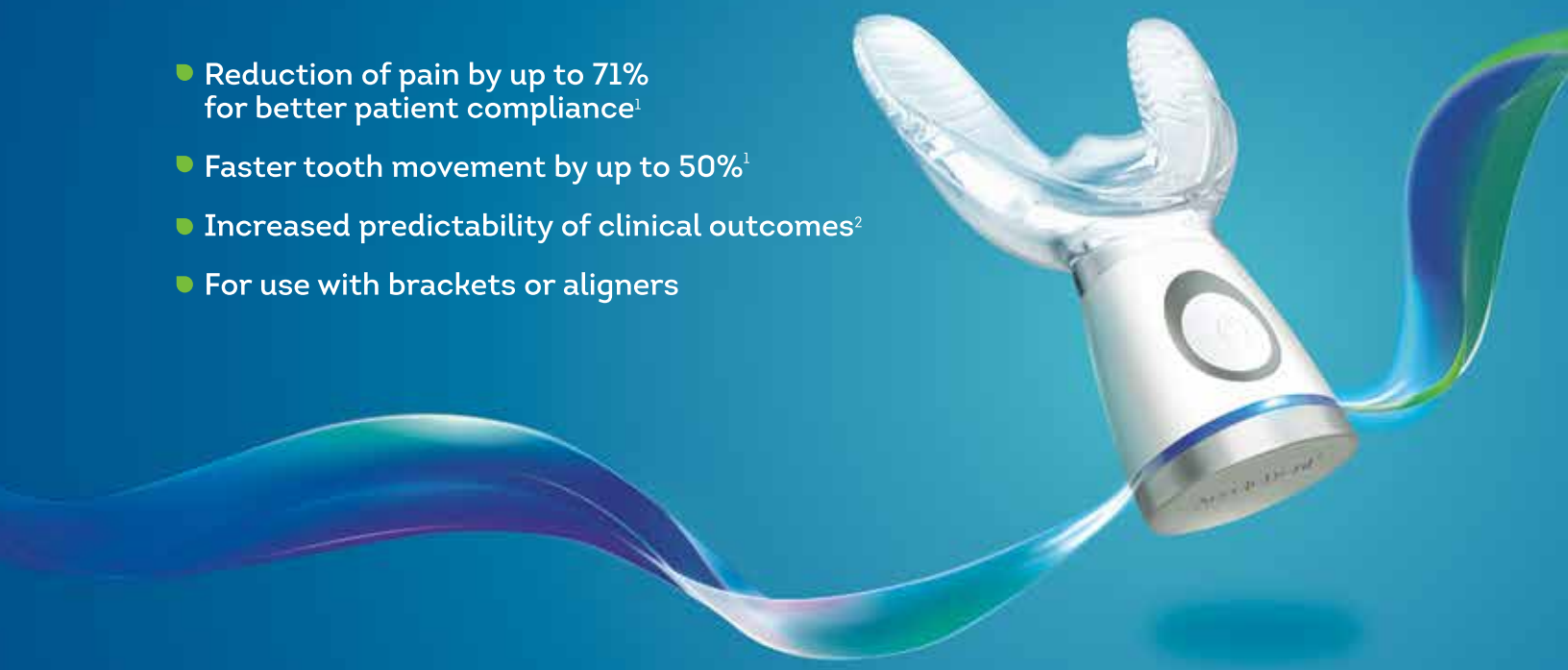

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Case Reports

Orthodontic Induced Bone Generation: Good to the Bone

by Richard Schmidt, BSc, DDS

Dr. Richard Schmidt practices general dentistry in Brampton, Ontario. He has been in practice with his wife, Dr. Tamara Sosath, for 29 years. He has always had an interest in orthodontics and recently introduced Clear Aligner Therapy (Invisalign) as a treatment option for his patients to establish a sound occlusion. In addition to treating teens with Invisalign, he is utilizing it to align teeth conservatively for rehabilitative restorative treatment.

Introduction

The alveolar bone that supports teeth is root dependent. When a tooth is lost, the supporting alveolar bone resorbs, creating a bony defect. Prior to implant dentistry, clinicians paid little attention to the implications of this bone loss; rather, it was considered a normal sequence of events associated with tooth loss.

With the advent of implant dentistry, the attitude has changed. We now place the focus on socket preservation at the time of extraction. However, if the desired site is a result of a long-ago extraction, surgical bone grafting to regenerate bone is indicated. Clinicians have been performing bone grafts for many years in such cases, with the goal of developing an edentulous site suitable for implant treatment.

Oral surgeons have introduced a variety of techniques of surgical grafting over the years, using a variety of materials. If planning for a simple, single implant, the materials used to provide the scaffolding for the bone regeneration may include autograft, allograft, xenograft, and synthetic graft materials. If the site in question is too large for particulate grafting material, then the graft may require a larger block of bone or titanium mesh. The surgeon will commonly harvest bone for an autogenous block bone graft from the mandibular ramus or

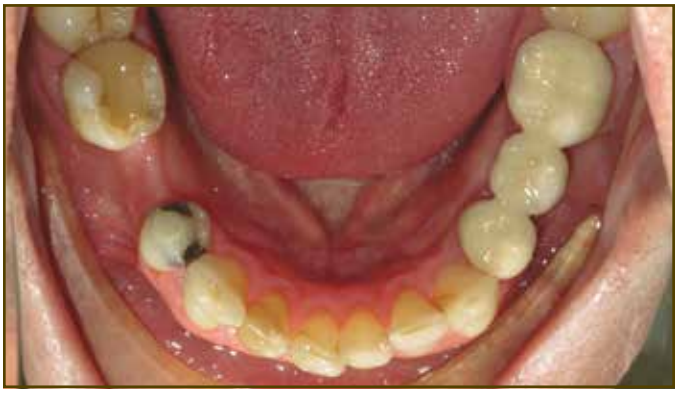

Figure 1: lower left quadrant restored with a conventional fixed bridge.

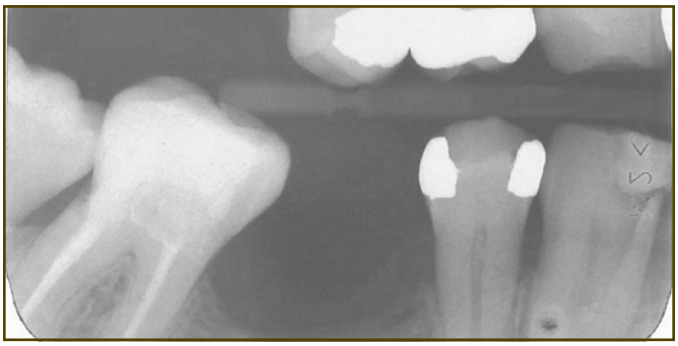

Figure 2: photo and radiograph depicting the knife-edge alveolar ridge and the lack of supporting bone for an implant.

Figure 3: distal crown tipping is a natural sequela to aligner tooth movement, unless enough distal root tipping is engineered into the ClinCheck as compensation.

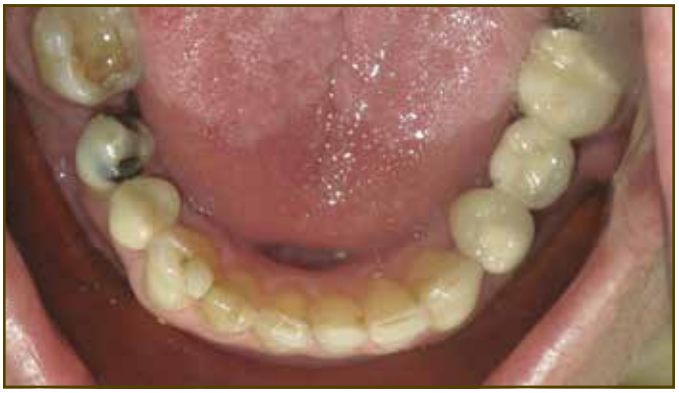

Figure 4: the first premolar (tooth #28) has been distalized and an implant placed in the first premolar site.

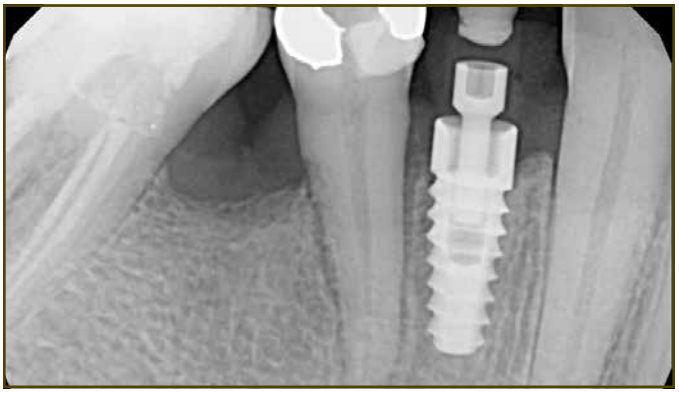

Figure 5: the patient is in the midst of completing the restorative treatment.

chin; if a larger section is needed, it can be taken from the hip or tibia.

But no matter how simple or complex the grafting procedure is, it remains a surgical approach. In contrast, this case will demonstrate a unique, nonsurgical method of bone generation at an edentulous site for implant placement.

Case presentation

The patient presented requesting that his mandibular edentulous posterior spaces be restored. The author first restored the lower left quadrant with a conventional fixed bridge (**Figure 1**).

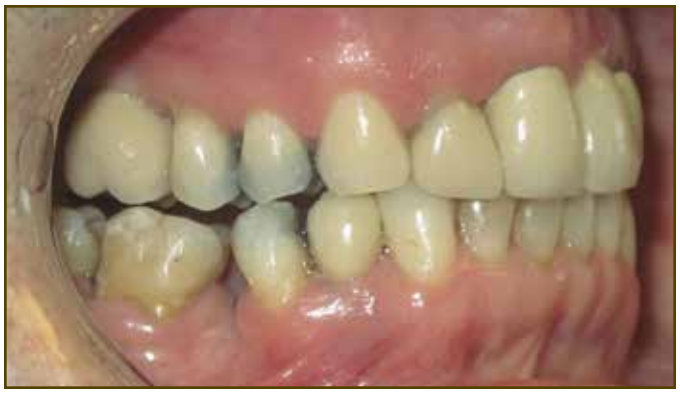

Figure 6: the first premolar (tooth #28) was distalized 6.0 mm. The completed treatment demonstrates acceptable root parallelism and minimal root resorption. Note that the major objective of the treatment was to generate bone for an implant. Additional orthodontic treatment to upright the adjacent tipped molar was presented to the patient. He was very pleased with the initial treatment and decided against pursuing any further treatment.

The next year, the patient was ready to have his lower right quadrant restored (**Figure 2**); however, he preferred a treatment option involving single-tooth dentistry, possibly an implant-supported crown. He had found it challenging to clean underneath the bridge and did not want to risk losing an abutment, and thus the entire bridge.

The missing tooth was the second lower right premolar (tooth #29), extracted decades before. The patient lacked enough supporting bone for a stable implant at the site of the missing tooth, which displayed a knife-edge alveolar ridge.

The author had just returned from attending the 40th Moyers Symposium at the University of Michigan in 2013, where Dr. Kokich Sr. had presented a case very similar to the one in question. The treatment involved orthodontic tooth movement to induce bone generation. Inspired by this example, the author proposed a treatment plan: use Clear Aligner Therapy to distalize tooth #28 enough to move it into the location of tooth #29. This would generate new bone sufficient to anchor an implant in the old location of tooth #28.

The patient was very anxious about any surgical procedures and, knowing the bone grafting proposed for his case would be complex, he welcomed this nonsurgical treatment option.

The differences between the two cases were nontrivial:

- **Age of patient:** Dr. Kokich's patient was 14 years of age; the present patient was 55.
- **Time of orthodontic treatment after tooth extraction:** Dr. Kokich began preparing his patient for the implant immediately after extraction, while this patient was approximately 40 years post-extraction.

And there was one more difference: Dr. Kokich accomplished the treatment goals using conventional fixed brackets and wires, whereas the author would be using Invisalign.

The mechanics of using Invisalign are complex when attempting to bodily move a root. One must design the ClinCheck with a root-first movement of the tooth. The author requested distal root tipping of 15 degrees throughout the treatment. When the bone resists the orthodontic tooth movement, and insufficient distal root tipping is prescribed, the undesired distal crown tipping occurs (**Figure 3**).

The treatment involved the use of a number of additional aligners while the author was refining his skills for this challenging undertaking. In the end, the patient was pleased with the results as they manifested in his dentition (**Figures 4-6**), and the author was pleased with having expanded the horizons of what Clear Aligner Therapy can accomplish.

Results

Hard tissues: We achieved a bodily distal root movement of tooth #28 totaling 6.0 mm with minimal root resorption. Bone studies have shown that the vertical height of new bone, in cases such as this, is determined by the pre-treatment bone height interproximal to the surfaces of the teeth adjacent to the site.

The oral surgeon who subsequently placed the implant expressed the clinical opinion that no bone grafting was needed. To the contrary, the surgeon said, the implant site could actually have benefitted from some bone removal, to provide more space for a longer crown with an optimal, aesthetically pleasing emergence profile.

Soft Tissues: The generation of new bone was accompanied by development of new gum tissue. The mucogingival junction continued at a level consistent with that beneath the adjacent teeth.

Additionally, we saw the development of keratinized gingival tissue in sufficient quantity that no grafting was even considered.

Discussion

An autogenous graft, or autograft, is bone harvested from the same patient the graft will be used on. A typical site for autograft harvesting is the hip. Autograft harvesting increases surgery time, creates a second operative site, and can cause complications and morbidity.

Instead, the techniques used in this case achieved what is known in the orthodontic community as orthodontic induced bone generation. Since this case was treated without surgery, the author has coined the term "minimally invasive implant site development" (MIISD) for the procedures used. The results mimicked those of 3-dimensional bone grafting.

The advantages of this method include:

- no anaesthetic
- no surgical intervention
- no analgesics
- no antibiotics
- no swelling
- no sutures
- 0% likelihood of rejection

Many of these make the method easier for the clinician, and all of them make it more pleasant for the patient!

The factors that made this case unique, so that we were wading into uncharted waters, were (1) the age of the patient, and (2) the length of time the tooth had been missing, and thus the time the bone defect had been present. Typically, the literature states that approximately 30% of the supporting alveolar bone is resorbed within 8 to 12 weeks after an extraction and 40% to 60% in 2-3 years;[1] thus, our patient had been missing that bone for at least 39 years.

Drs. V.G. Kokich and V.O. Kokich[2] have demonstrated bone generation using conventional orthodontic tooth movement. The patient was a young girl, 14½ years old, with a congenitally missing second premolar and lack of bone for implant placement. Complicating the situation, the primary second molar had ankylosed and had to be extracted, leaving a narrow bony ridge. The first premolar was orthodontically pushed distally into the second premolar site, followed by implant placement in the first premolar site.

The present treatment is the first time the author has attempted this degree of tooth movement into a narrow ridge of bone. Drs. Kokich and Kokich discuss this issue in their article, and conclude that the narrowness of the bony ridge does not significantly affect the orthodontic tooth movement and the generation of new bone when this method is used.

The result of the treatment, using Clear Aligner Therapy, was very satisfying for both the patient and the author.

Lessons learned from this case:

1) Perform only **one** miracle at a time.
2) Difficult orthodontic tooth movements are **difficult**.
3) Be patient, with the right patient.

And most importantly:

4) Wear a smile, no matter how pear-shaped things go.

Conclusion

This case provides yet another example of the capabilities of the body to heal and regenerate tissues when provided with the ideal environment. MIISD is a concept which many patients will accept as a viable alternative to surgical grafting.

Further discussion relating to this topic will be presented in the next edition of the *Journal*, when the author continues his series, now titled "Orthodontic Dentistry." ■

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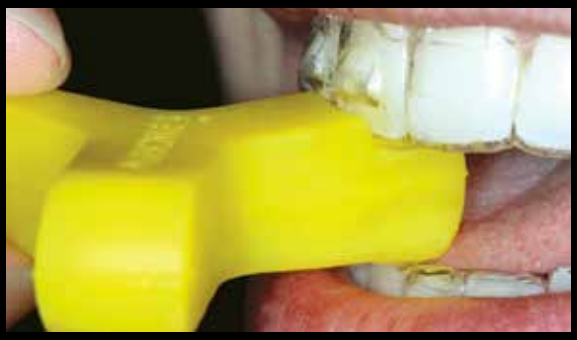

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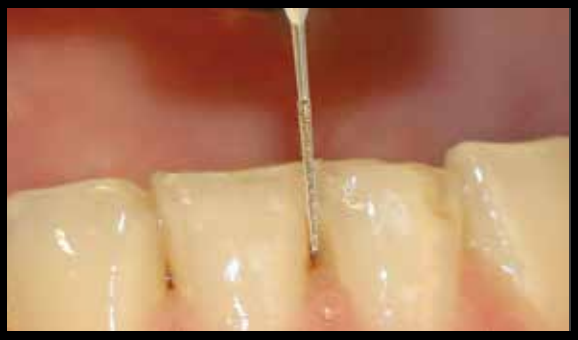

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Using Propel and Elastics on a Severely Rotated Canine

by Steven Glassman, DDS; co-authored by Vali Gasimov, BA

Introduction

We are often presented with a malocclusion case in which the final treatment plan will vary according to the patient's chief complaint, the time available to achieve the treatment goals, and the length of the different treatment options. Oftentimes the treating dentist can "preventify" (a term the author has coined) and eliminate difficult or unrealistic results from the treatment goals. The typical movements that we can thus eliminate from the treatment goals include anterior-posterior (A-P) changes in an adult when the patient is only looking for an esthetic solution; second-molar crossbites; and lower bicuspid rotations of over 50 degrees.

Dr. Steven Glassman has been a highly respected and world-renowned dentist for over 30 years. He practices with his wife, Dr. Debra Glassman, at their own private practice, Glassman Dental Care, in Manhattan, New York City, providing unsurpassed general dentistry, cosmetic dentistry and restorative dentistry. Dr. Glassman is proud to be a leading provider of the Invisalign process.

Dr. Steven Glassman is an internationally recognized speaker on the Invisalign process since2004, and on digital scanning since 2005. He has traveled the world educating other dental professionals in the newest technologies in cosmetic dentistry, and has published numerous articles on esthetic dentistry techniques.

Vali Gasimov is a 2017 graduate from New York University with a BA in psychology. He's been working with Dr. Steven Glassman on various projects throughout the past year, including contributing to Dr. Glassman's Greater New York Dental Meeting 2017 presentation. Vali is currently part of a 4-year DDS program at New York University College of Dentistry, graduating in 2022.

In the case depicted in this report, the chief complaint of the patient was the rotated canine tooth #27 with an anterior crossbite. The rotational multiplane movement, involving root torque, needed to correct this, had shown up in the Tooth Movement Assessment (TMA) as a "black movement" because it involved a rotation of 64 degrees (any rotation over 55 degrees is considered a black movement). Typically, treating a black movement such as rotation will indicate the use of auxiliaries in conjunction with Clear Aligner Therapy.

We have used Propel™ in our practice since 2013. The reason for incorporating micro-osteoperforation was to increase the tracking of difficult movements and to shorten treatment time. Many well-known studies support this technique:

"The rate that bone remodels determines the speed of tooth movement and a patient's treatment time."[1,2]

"Micro-osteoperforations significantly increased the rate of tooth movement by 2.3-fold; this was accompanied by a significant increase in the levels of inflammatory markers."[3]

"Each osteo perforation has a radius of effect [6 mm–10 mm] and a duration of activity…most pronounced immediately post osteo perforation."[4]

Together, the use of both Propel and auxiliaries led to a very acceptable result in a relatively short treatment time.

Clinical examination

A healthy 46-year-old male with noncontributory medical history presented for dental examination and treatment for smile improvement. Specifically, he hated his crowded teeth, with emphasis on the rotated lower right canine. We completed a comprehensive exam and took diagnostic records. These included a panoramic x-ray and an iRecord scan done with the iTero Element. Our practice has made this a mandatory diagnostic on all new patients and as part of our hygiene appointments. The value will be discussed later in the article.

Diagnostic findings

Periodontal: The patient has his own dentist from whom he has been receiving general dental care. Periodontal screening revealed a normal healthy gingiva.

Dental: All teeth were present except tooth #17.

Restorative: No restorations were present. There was mild to moderate wear on most of the anterior teeth. Black triangles were present between teeth #8 and #9, and between teeth #9 and #10.

Temporomandibular joint/muscles of mastication: Examination revealed an apparently healthy TMJ with no pain on palpation, full range of motion, and no joint pain or noise. The patient denied bruxism, clenching, or grinding.

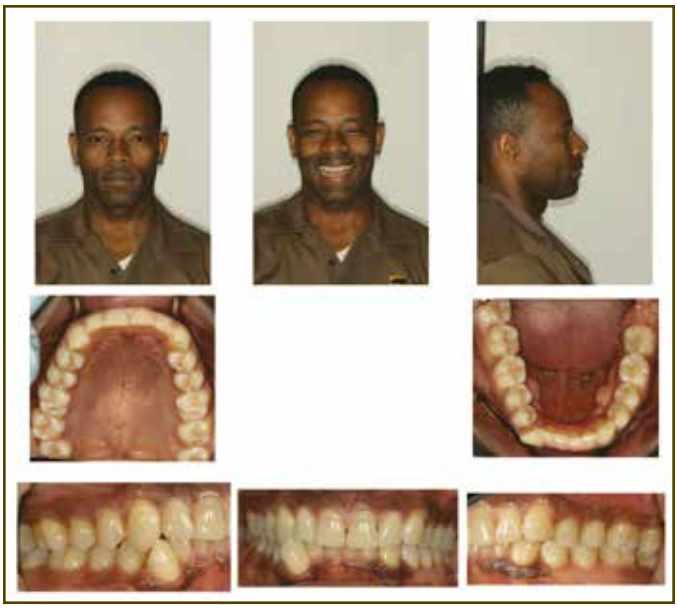

Figure 1: photo template.

Figure 2: iTero Element with Outcome Simulator.

Occlusion: The patient presented with mild crowding on the maxillary arch and moderate crowding on the mandibular arch. The right side was Class I and the left side was end-to-end Class II. There was an anterior crossbite on the lower right canine and a deep bite. The right side third molars were in crossbite. There was a midline discrepancy of less than 2 mm. There was a posterior buccolingual inclination.

Summary of orthodontic data:
2D panoramic x-ray
Photo template (**Figure 1**)
iTero Element with Outcome Simulator (**Figure 2**)

Figure 3: Propel instrument.

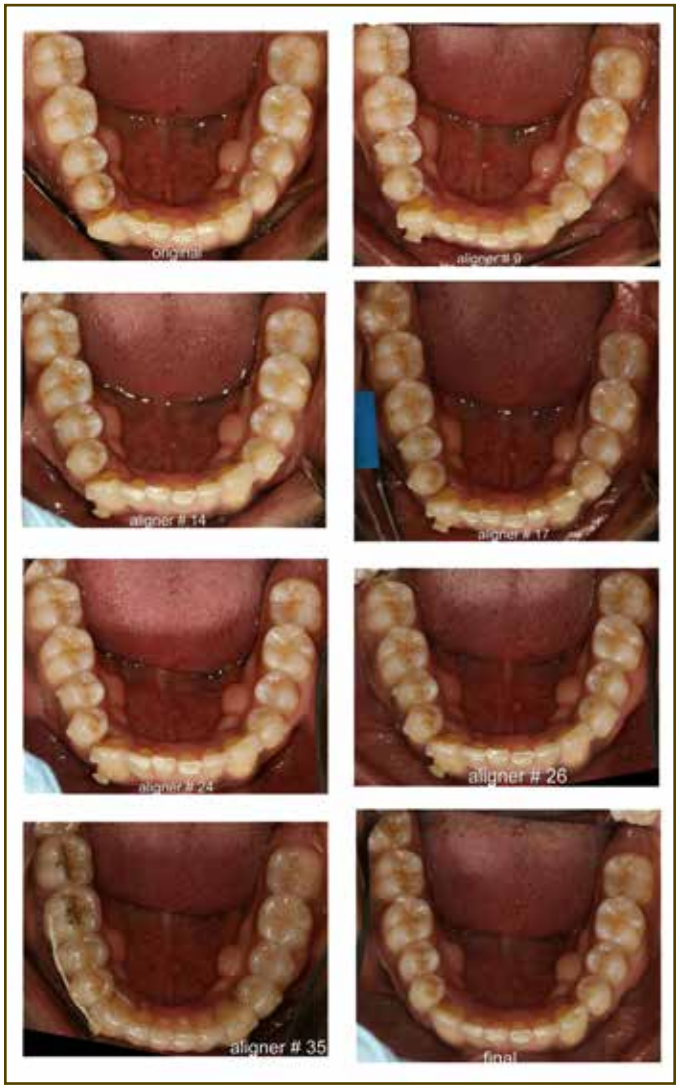

Figure 4: progress of the aligners over the course of the treatment.

Treatment objectives:

- Resolve maxillary and mandibular crowding through expansion, proclination, and IPR (especially around the lower right canine)
- Improve deep bite through uprighting of posterior molars, and proclination and relative intrusion of mandibular incisors

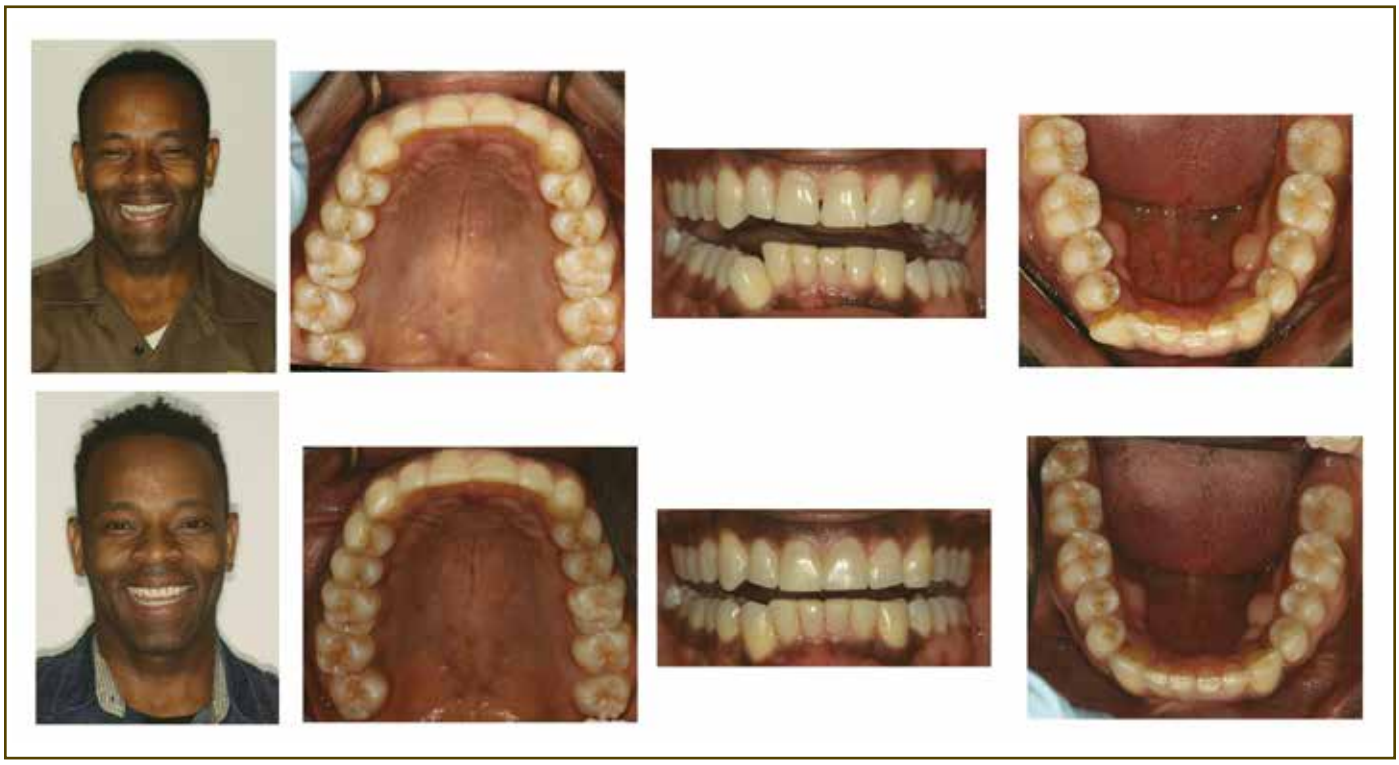

Figure 5: before (top) and after (bottom) photos. The patient declined improving the mesial root torque of tooth #27. He was happy with the final position.

- Improve midline through IPR and bringing the lower right canine into the arch
- Resolve rotation of tooth #27 through use of auxiliary composite button with elastics used on slit on tooth #30, and use of Propel in teeth adjacent to #27 every 12 weeks
- Maintain A-P relationships

Clinical treatment

An experienced operator can perform a full-mouth iRecord scan and outcome simulation for Invisalign in less than 3 minutes. The operator can then adjust the simulation in front of the dentist to accommodate the patient's vision of the outcome, and the technician can view the adjusted version to set up the ClinCheck that represents this vision. We have found that this procedure produces a setup that closely approximates the doctor's request, and modifications needed afterward are minimal.

We placed attachments on the patient's teeth using the Invisalign template. The attachments consisted of a composite button, bonded in place on the gingival one-third of tooth #27, and a slit on the distal surface of tooth #30. We showed the patient how to prestretch the elastic, and instructed him to place a new one after each meal. The elastics used in this case were 3M Extra-heavy 6.4 mm ("Fran"). We performed the indicated IPR during the same visit.

During the same visit, we also performed osteoperforation, in order to accelerate the rotational and root torque movement of tooth #27. Prior to the perforation, we applied a chlorhexidine rinse, followed by a strong topical gel (lidocaine 12.5%; tetracaine 12.5%; prilocaine 3%; phenylephrine 3%) applied for 3 minutes. After this strong topical procedure, patients report that the infiltration with local anesthesia (2% septocaine with 1:100,000 epinephrine) is relatively pain free.

We used the Propel technique to perform the osteoperforation. Using the Propel Excellerator instrument (**Figure 3**), we placed micro-osteoperforations through the gingiva into the periosteum, to the prescribed depth as indicated by the markings on the instrument.

The ClinCheck indicated 35 aligners would be needed, not including overcorrection aligners. The patient would undergo 2 more osteoperforation procedures at intervals of 12 weeks. We told him to wear the aligners 22 hours a day and change every 10 days.

Discussion

Because the patient worked for the UPS delivery system, which made deliveries to our office 3 times a week, we were able to monitor compliance. We would visually check the fit of the aligners as well as the use of the elastic. **Figure 4** shows the progress of the aligners over the course of the treatment.

Progress assessment is a feature of the iTero Element that, after scanning the full mouth at a particular stage, will show how closely the current position of the teeth compares to what the ClinCheck predicted for that stage. An unfavorable result from the progress assessment tool could lead the practitioner to emphasize more compliance, or even to stop treatment and request additional aligners to get the treatment back on track. The progress assessment at stage 26 out of 35 showed that

the rotation of tooth #27 was proceeding as planned. The only discrepancies from the original ClinCheck were on teeth #24, #25, and #26, which were not part of the patient's original chief complaint and which had negligible effect on the esthetics and functionality of the patient's definition.

The planned movement was complete after the 35th aligner. We offered the patient the option of wearing additional aligners to improve the mesial root torque of tooth #27, which he declined. The patient was happy with the final position of his teeth. Final restorative treatment involved composite resin bonding on teeth #8 and #9 to hide the black triangles and replace some of the incisal worn enamel (**Figure 5**). We scanned the patient once more with the iTero Element to have Vivera retainers made for retention.

Conclusion

The case demonstrated the benefits of adding an auxiliary at the beginning of treatment when the TMA shows a "black movement" to be necessary as part of the correction of the patient's chief complaint. We used Propel to increase the rate of remodeling of the bone around the extremely rotated lower right incisor. The iTero progress assessment tool verified that the treatment was on schedule. Thus, even difficult tooth movements can be accomplished with correct planning and use of the appropriate tools. ■

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Feature Article

My Journey From PVS Impressions to iTero Scanning

by Geetha J. Damodaran, DDS

Dr. Geetha J. Damodaran obtained her BS from Emory University, and her DDS from the University of Minnesota School of Dentistry in 1995. Her dental practice, Birch Lake Dental in White Bear Lake, Minn., focuses on both comprehensive restorative and cosmetic dentistry. In the past, she has taught at her Minnesota alma mater, and she continues to participate in education courses to further her knowledge of dentistry. Additionally, she serves as President-elect of the St. Paul District Dental Society.

Last year I wrote an article about PVS impression techniques for Clear Aligner Therapy such as Invisalign (*AACA Journal,* Fall 2017). Impressioning is still an effective option, but I wanted to share with you my journey into purchasing an iTero scanner for Clear Aligner orthodontic records.

One of the reasons for my hesitancy in purchasing a scanner was its relative high cost. Would the scanner pay for itself? Would it be profitable?

Along with the price tag, I was concerned about the constant changes in technology. Are scanners here to stay? Is this new technology really going to replace PVS impressions?

Criteria for purchase

I began researching different scanner brands, and came up with a basic checklist of things I wanted from my scanner:

- Ease of use
- Compatibility with other software and labs
- Reasonable cost
- Multipurpose capabilities
- Usability in patient education

Since I was predominantly going to use this scanner to replace PVS impressioning for Invisalign records, I focused on the iTero scanner, which is designed and marketed especially for this purpose.

My main interest in purchasing the iTero scanner was in being able to instantly view a simulated Invisalign outcome for patients. Other scanners did not have this feature. Following my scanner checklist, the iTero demonstrated the following:

PROS:

- The ease of use was comparable to that of other brands.
- Cost was midrange.
- The machine provided multiple uses, including digital impressioning of crowns.
- The software had nice features for patient education.

Sales reps suggested that the scanner could increase Invisalign case acceptance by 60% to 70%.

CONS:

- Scans are sent to Align Technology before they can go to other parties, such as labs. This creates delays in extracting a direct STL file.
- Monthly maintenance fees apply after a year.

Integrating the iTero into the practice

After purchasing the iTero, training was essential. My staff was excited but apprehensive about using this new technology. We practiced on each other, friends, and family. With staff input, we created an office protocol to facilitate integrating the scanner into the practice's operations.

At first, we agreed to scan potential Invisalign patients at their hygiene recall visits. Honestly, it was a very rocky start, primarily because of the scanner's learning curve. The staff was getting frustrated, patients were reluctant to have a scan, and I was still trying to get a feel for how best to use all these scans. It was taking a lot of time out of the practice's schedule and was not productive.

Figure 1: a staff member practices taking a scan on Dr. Damodaran. Dual arch scans now take less than 6 minutes.

Gradually, as my staff became confident with the scanning procedure, a better digital flow began to develop. As the team realized the benefits of the scan, they wanted to share with patients this valuable tool. We now use it not only to inform patients of malocclusions, but also to show wear, tooth size discrepancies, restorative possibilities, etc. Our excitement in educating patients to recognize potential dental issues has been contagious.

A tool of many uses

At first, we were digitally scanning only select patients, at their hygiene appointments, who we felt would benefit from aligner therapy. But my approach regarding the use of scans has evolved. The iTero's new time-lapse feature allows me to digitally track dental problems like wear, recession, and occlusion over the years. Consequently, we are now trying to scan all patients during their restorative visits. Every new patient gets a scan as part of his or her dental record.

Scanning is relatively easy and patient friendly. It has become a valuable tool to document recall patients and track dental changes over time. It has also made me view the mouth differently. I can now educate my patients about comprehensive dentistry. The scan allows me to navigate a predictable dental outcome. The digital record of the mouth adds value to the patient's appointment time.

After seeing the scan and the current situation of their teeth, patients want to know what to do to correct these oral problems. Now when patients start to ask for solutions to correct their dental problems, we can have the iTero generate an Invisalign simulation in minutes.

Quick response and patient involvement

Having patients recognize their dental problems, and understand the possible solutions through the before-and-after simulation, creates an emotional tie to possible treatment options. This has helped increase case acceptance. The quick simulation creates a "wow" factor with the patient. It saves time and makes the process of case acceptance more efficient.

With the scanner, I no longer have to take impressions, wait for all the records to be received, and then try to bring the patient back to review the treatment. I don't have to wait, only to be told an impression has been rejected. In some instances, the scan has also ruled out Clear Aligner Treatment. After seeing the scan blown up on the screen, I have caught problems I could not see with my visual exam. All of this occurs in 20 minutes or less, creating instant gratification for myself, my staff, and my patients.

Another advantage of the scanner is that the aligners fit better. I did not expect this, but I have found that there is a difference. Better-fitting aligners result in a better orthodontic outcome. Also, if aligners are not tracking, it is quick and easy to take a new scan rather than re-impressioning.

As I have become more confident in my skills, I've started to push the capabilities of the scanner. I've even used it to fabricate an immediate denture for a patient whose teeth were so loose that if I had taken an alginate impression, his teeth would have been extracted in the impression! This patient was so happy with this that he referred other family members to the clinic. I also now use the scanner for a majority of my fixed prosthodontics.

Scanners are still evolving and are not perfect. We have had scanning issues, such as missing scans and problems with labs receiving the image. But overall it has been an acceptable transition. Patients are excited with the new technique and enjoy participating in the scanning process. This makes for a great patient experience.

Although I did not achieve a 60%-70% increase in case acceptance for Invisalign after the scanner purchase, I have planted the seed for future Invisalign cases and comprehensive dentistry. Better yet, I see things in the scan that I might not otherwise recognize in an exam. Showing patients their scans has been a great way to educate them on existing issues and impending problems.

The future of digital dentistry is now. I am satisfied with my iTero scanner and feel that it is one of the best purchases I have made as a clinician. ■

Editor's note: in a recent press release, Align Technologies announced that it has terminated its Invisalign interoperability contract with 3Shape and will no longer be able to accept digital scans for new Invisalign treatment and/or retention cases from TRIOS scanners in the United States, effective January 31, 2018.

Compliance Corner

Keeping Compliance in the Picture

by Michelle DeBarge and Jody Erdfarb

In the ever-changing landscape of health-care laws and regulations, it has become increasingly difficult for dental providers to keep pace with requirements. Our regular column, "Compliance Corner," offers AACA members an opportunity to ask our legal counsel questions and learn from the questions of others.

Michelle DeBarge and Jody Erdfarb are attorneys at Wiggin and Dana LLP, the AACA's regulatory and compliance counsel. Wiggin and Dana's health-care compliance team regularly counsels clients on compliance with HIPAA and other federal and state statutes and regulations, as well as contractual, corporate, and transactional matters. Wiggin and Dana LLP is currently offering AACA members a discounted rate for model HIPAA policies and individual counseling sessions. Please contact Jody Erdfarb at JErdfarb@wiggin.com for more information.

Dear Compliance Corner,

Before-and-after pictures are the cornerstone of our marketing strategy. We always take pictures of our patients before using Clear Aligner Therapy and after the course of therapy is complete—and we use those photos in a variety of ways to market our practice. We post them on a bulletin board in our office, we use them on our website, and we post them on Instagram. We want everyone to see our patients' wonderful results! Unfortunately, a patient recently complained about the use of her photos in an Instagram post and threatened us with legal action. She looks gorgeous! What's the problem? Could I actually get into trouble for posting these pictures?

From,
Not So Picture Perfect

Dear Not So Picture Perfect,

Given the increasing use of social media, your question is especially relevant to dentists that rely on before-and-after pictures to market their practices. Over the last several years, not only has government enforcement increased in the area of patient privacy, but also, patients themselves have become highly sensitive to these issues. While you might have been surprised that a patient complained about her picture being posted on your Instagram account without her consent, it does not surprise us at all.

Understanding the risks

Managing an unhappy patient is difficult, but handling a privacy-based lawsuit could be a nightmare, resulting in a huge jury verdict for what might seem like a minor infraction. In 2013, a jury in Indiana awarded $1.4 million to a plaintiff who alleged that her privacy was violated when a Walgreens pharmacist inappropriately shared the plaintiff's prescription history with her ex-boyfriend.

Moreover, many patients now understand that they can report privacy issues to state and federal government agencies, leading to timely, costly, and aggravating government investigations. In 2016, Complete P.T. Pool & Land Physical Therapy, Inc., a physical therapy practice in California, agreed to pay $25,000 and adopt a corrective action plan requiring regular monitoring and reporting to the government, to settle an allegation that the practice violated HIPAA by posting patient testimonials, including names and photographs, to its website without obtaining valid, HIPAA-compliant authorizations. The government investigation was triggered by a patient complaint in 2012.

Implementing the solution

Given these risks, in order to adequately protect your practice, it is essential to obtain legally compliant authorization forms from patients before disclosing their photos. Even obtaining verbal permission will not suffice; neither will a hastily scribbled consent form. In order to be considered legally valid, the authorization form must include all the elements required by HIPAA and any other applicable state and federal laws. Many of these laws mandate the inclusion of exact language, without which the authorization is not considered valid. For example, HIPAA requires that the form include, in part, a "specific and meaningful" description of the information to be disclosed, a statement notifying the individual of his/her right to revoke the authorization in writing, and a date on which the consent expires.

Dispelling the myths

The following are 5 common myths regarding the use of before-and-after pictures for marketing your dental practice:

Myth #1: Only medical record information/information about the patient's diagnosis is legally required to be protected; photographs are fair game.

This is not correct. It is a common misconception that only sensitive medical information or diagnoses are protected, but in reality, HIPAA applies to protected health information (PHI), which is defined as "individually identifiable health information." Since photographs could reasonably identify an individual, they constitute PHI. Other similar federal and state laws would also consider photographs protected information. Furthermore, a patient can definitely allege an invasion-of-privacy claim in a lawsuit based on disclosure of a photograph. In many ways, a photograph is much more identifiable than the patient's name.

Myth #2: Pictures showing just the patient's teeth are always OK.

Even pictures showing only the patient's teeth—and not the patient's other facial features—are risky. From a HIPAA perspective, only information that could reasonably identify the individual is protected, but that standard is very broad. In order to get full immunity from HIPAA, PHI must be de-identified in accordance with HIPAA's requirements; this requires, in part, removing "full face photographic images and any comparable images." What counts as a comparable image is an open question, and one can easily imagine a patient or government agent arguing that there is a reasonable basis to identify an individual with distinctive teeth—even if only from an image of the patient's mouth. The safest route still is getting a legally compliant authorization from the patient.

Myth #3: If the patient told me it was OK to use his/her picture, then I have no problem.

We have heard many variations of this myth, including "If she posed for the picture, then we could assume that she consented to the photo being used to market the practice." Or, our personal favorite, "I can't be penalized for posting the patient's photo without her permission because she looks so great in the photo!" Unfortunately for those who rely on this defense, the privacy protection afforded to patients applies regardless of whether the patient willingly posed for the picture and regardless of how great he/she might look in the shot.

Myth #4: If I only post the picture on a bulletin board in my office and not on social media, then I don't have to worry.

While social media posting presents its own unique risks, paper health information is still subject to federal and state laws protecting health information. For example, HIPAA applies to disclosures of PHI in any form or medium, including paper. Therefore, posting a picture on a bulletin board in a dental office requires legally compliant authorization from the patient as well.

Myth #5: Everyone posts before-and-after pictures and no one obtains authorizations. There's no way my small practice would become a target of a government investigation or lawsuit.

Not everyone who speeds gets a speeding ticket, but the "everyone was speeding" defense never works. Disgruntled patients and employees do not necessarily care about the size of your practice when they file a lawsuit against you or report you to the government. And the government has made a point of pursuing small providers, to emphasize that size does not matter when it comes to HIPAA compliance.

The lesson is clear: when it comes to using those before-and-after pictures, always obtain legally valid patient authorization first. Given the high risk of failing to get authorization and the low cost to your practice of getting it, this one is a no-brainer. No amount of marketing value can cover the potential liability of being sued or investigated and dealing with the resulting reputational harm. In this case, an ounce of prevention is worth far more than a pound of cure. ■

Please contact Jody Erdfarb at JErdfarb@wiggin.com for more information.

Financial Management

How Does the Tax Cuts and Jobs Act (TCJA) Affect You and Your Practice?

by Allen M. Schiff, CPA, CFE

Allen M. Schiff is the current president of the Academy of Dental CPAs (www.adcpa.org). The ADCPA is currently made up of 26 dental CPA firms representing in excess of 9,000 dental practices. Allen enjoys lecturing on all subjects relating to dental practice management, especially those revolving around taxation, practice transitions, profitability, overhead, wealth accumulation, and cash flows and budgeting.

On December 22, 2017, Congress passed new tax legislation, the Tax Cuts and Jobs Act (TCJA). This new tax bill will impact you in 2018 and beyond, through 2025. This article will address individual as well as business tax provisions.

Individuals

The individual tax changes passed as part of TCJA are set to expire on December 31, 2025, unless extended by Congress. Effective 2018, the new tax bill reduces individual income tax rates, while otherwise retaining the existing system of 7 tax brackets.

Tax Rates—Individuals (2018 to 2025)

Single taxpayers

Taxable income over	But not over	Is taxed at
$0	$9,525	10%
$9,525	$38,700	12%
$38,700	$82,500	22%
$82,500	$157,500	24%
$157,500	$200,000	32%
$200,000	$500,000	35%
$500,000		37%

Heads of households

Taxable income over	But not over	Is taxed at
$0	$13,600	10%
$13,600	$51,800	12%
$51,800	$82,500	22%
$82,500	$157,500	24%
$157,500	$200,000	32%
$200,000	$500,000	35%
$500,000		37%

Married taxpayers filing joint returns and surviving spouses

Taxable income over	But not over	Is taxed at
$0	$19,050	10%
$19,050	$77,400	12%
$77,400	$165,000	22%
$165,000	$315,000	24%
$315,000	$400,000	32%
$400,000	$600,000	35%
$600,000		37%

Standard deduction

Under TCJA we will now have a new standard deduction that combines the old standard deduction and personal exemptions. The new standard deduction has grown to $12,000 for single filers, to $18,000 for head of household, and to $24,000 for married filing joint returns.

In 2017, the personal exemption equated to $4,050 per family member. For example, a husband and wife with 2 children could claim $16,200 in personal exemptions. The 2017 standard deduction for married filing joint was $12,700. So for 2017, this

family's combined exemption and deduction was $28,900. But for 2018, the standard deduction will be limited to $24,000 regardless of the number of exemptions. You may still be able to claim a greater deduction, if you itemize your deductions and if they are greater than the new standard deduction.

Itemized deductions

Many taxpayers will benefit from the increase in the standard deduction, as mentioned above. Under the new legislation, it has been forecast that only 30% of those Americans filing a tax return in 2018 and beyond will itemize their deductions, because of the increase in the new standard deduction.

State and local tax deduction

For 2018 and beyond, the state and local tax deduction will be limited to $10,000. You will be able to deduct your combined state and local income taxes, real estate taxes, and personal property taxes only up to $10,000 a year between 2018 and 2025.

Mortgage interest limitation

$1 million limitation: Up to now, the IRS has permitted individuals to deduct mortgage interest in mortgages totaling up to $1 million. That limit will continue to apply to any mortgages taken out prior to December 15, 2017. However—

$750,000 limitation: For new mortgages taken out subsequent to December 15, 2017, mortgage interest can only be deducted on indebtedness up to $750,000.

Also, subsequent to December 31, 2017, you can no longer deduct interest on a home equity loan. (There is a minor exception to this rule whereby the interest will still be deductible if certain criteria are met. Please consult with your dental CPA for technical criteria.)

Medical expenses

TCJA provides that if you itemize deductions, medical expenses can be deducted only to the extent that they exceed 7.5% of your adjusted gross income (AGI). This threshold will increase to 10% of AGI from 2019 through 2025.

Other miscellaneous itemized deductions

TCJA has eliminated the miscellaneous itemized deductions, such as tax preparation fees, investment advisory fees, unreimbursed employee business expenses, and safe deposit box fees.

The Pease 3% limitation repeal

The so-called Pease limitation placed limits on the itemized deductions of individuals at higher income levels—deductions were reduced by 3% of a taxpayer's adjusted gross income above a certain threshold. TCJA repeals this limitation, allowing higher-income earners to take more deductions and pay less tax.

Alternative minimum tax (AMT)

The number of dentists subject to AMT in the future will dramatically decrease, as a result of the AMT exemption increase. For 2018 and continuing through 2025, the AMT exemption has been increased from $55,400 to $70,300 (single filers) and from $86,200 to $109,400 (joint return).

Child tax credit

TCJA has increased the child tax credit to $2,000 per qualifying child. This is up from $1,000 in 2017. Up to $1,400 of the child tax credit can be refundable, if your net tax liability is reduced to zero by the child tax credit. The income limits to qualify for the credit have been increased significantly, to $200,000 for individuals and $400,000 for married couples.

It is hoped that the increased child tax credit will help offset some of the effective tax increases engendered by the elimination of the personal exemption.

529 college savings plans

Under TCJA, distributions under a 529 plan can now be used to pay for up to $10,000 (per student per year) for private elementary and secondary school expenses (grades K-12).

This is only a state tax deduction, not a federal deduction.

For year-end tax planning, if your state limits you to a deduction of $2,500 per year, per plan, you may want to consider opening several 529 investment plans per child in order to maximize the 529 deduction. Please consult with your dental CPA for further guidance.

Future year-end planning techniques

For 2018 and beyond, as noted above, you may lose the benefit of itemizing your deductions, owing to the increased standard deduction. If you find yourself in this predicament, you may want to choose to bunch charitable deductions together in one year, rather than spread them out over a few years; this may generate a higher itemized deduction in excess of the standard deduction for that one year.

Under TCJA and for 2018 and beyond, you may lose itemized deductions, subject to the 2% of AGI floor. If this is the case, please consider paying your investment advisory fees directly out of your dental practice or your business retirement accounts. Please consult with your dental CPA to determine what, if any, strategy is best for you.

Business

The individual tax changes included in TCJA are effective only through December 31, 2025. However, the business tax cuts, described below, have been made permanent.

Corporate tax rate

Under TCJA, for 2018 and beyond, the corporate income tax rate (on C corporations) has been reduced from 35% to 21%. But despite this "tax cut," I would not consider making a dental practice into a C corporation taxing entity, because of the resulting double taxation.

Why double taxation? When you leave profits in a C corporation, you can only take them out via (1) a bonus in the form of a salary check or (2) a dividend. If you do either of these, first your practice will pay taxes on the profits at the C corporation level (21%), and then when you take the monies

out, you as an individual will be taxed again at your individual income tax rate.

The new 20% "pass-through income deduction"

Under TCJA, dentists will be allowed to deduct 20% of qualified business income (QBI) from a pass-through entity: a partnership, S corporation, or sole proprietorship. These pass-through entities will be allowed to deduct 20% of QBI before computing their tax liability. What this means is that pass-through entities will only be taxed on 80% of their pass-through income.

Here is how this works:

Example: You are married, file a joint income tax return, and operate your dental practice as a sole proprietorship. In 2018 you have taxable income of $260,000. Your dental practice earned $305,000.

You calculate your new pass-through income deduction by taking the lesser of:

$61,000 ($305,000 practice income × 20% rate) or

$52,000 ($260,000 taxable income × 20% rate).

Your new 20% pass-through income deduction is $52,000 (the lesser of $61,000 or $52,000). This is a new deduction, not a tax credit.

Please Note: If your taxable income is between $157,500 and $207,500 (single) and/or $315,000 and $415,000 (married filing joint), there are additional limitations on how you arrive at the 20% deduction. Please consult your dental CPA for further guidance.

Business depreciation—section 179 expensing

Under TCJA, IRS Code Section 179 depreciation limits have been raised to $1 million (up from $500,000) per year.

Business depreciation—50% bonus depreciation is now 100%

Subsequent to September 27, 2017, bonus depreciation for both new and used property acquired will increase from 50% to 100%. You must take bonus depreciation. However, by making a tax election on your tax return each year that you file, you can opt out of bonus depreciation for that year. Please consult with your dental CPA.

Automobile depreciation

Under TCJA, the annual business vehicle depreciation has increased from what it was in the recent past. The maximum amount of allowable depreciation has increased to:

$10,000 for the year in which the vehicle is placed in service (was $3,160),

$16,000 for the second year (was $5,100),

$9,600 for the third year (was $3,050), and

$5,760 for the fourth and later years in the recovery period (was $1,875).

Business entertainment expenses

Under TCJA, entertainment expenses incurred for recreation or amusement, including tickets for sporting events, will be disallowed. Business entertainment such as food and beverage expenses will still be allowed, but subject to the current 50% deduction limitation.

Domestic production activity deduction (DPAD)

If you are using CAD/CAM dentistry within your dental office, you were allowed to take a deduction for domestic production costs. No more: the DPAD is repealed effective January 1, 2018. Please be sure to consult with your dental CPA, so you can determine if you are eligible for the DPAD for the 2017 tax filing season.

TCJA is very complex. We are awaiting additional regulations from the IRS, so we can all gain a better understanding of this major new tax law. The dental CPAs within the Academy of Dental CPAs (ADCPA) are currently studying all aspects of the new tax law. In order to locate a dental CPA near you, please go to www.adcpa.org and click on "find a member." ■

Allen M. Schiff is currently the Managing Member of Schiff Dental CPAs (www.schiffcpa.com) and can be reached at ASchiff@Schiff-cpa.com or 410-321-7707.

Do you have an idea, treatment, or review that you feel your peers would benefit from? Contact editor@aacaligners.com to find out how to author articles in future issues of the Journal.

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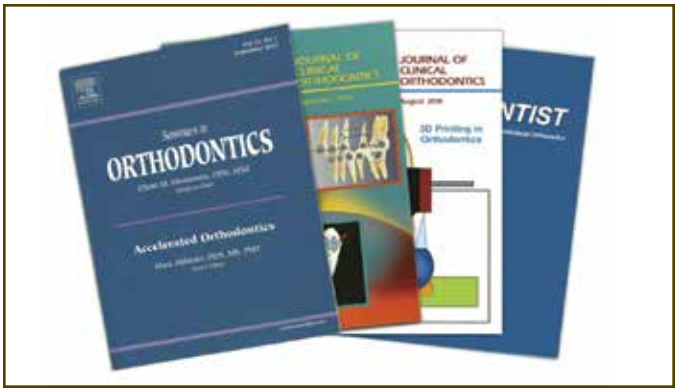
Product Review

AcceleDent

by Patti Panucci, DMD, MS

Dr. Patti Panucci is the owner of Beach Braces in Manhattan Beach, California. An Invisalign VIP Platinum provider, Panucci has chosen AcceleDent as her preferred accelerated orthodontic treatment solution. She is a member of the prestigious Schulman Study Group, the Pacific Coast Society of Orthodontics, the Western Los Angeles Dental Society, the California Dental Association, and the American Association of Orthodontics. An active member of her community, Panucci is involved in the Rotary Club of Manhattan Beach and is an avid volunteer. When she is not creating beautiful smiles, Panucci is a frequent marathon runner, having completed three marathons and several 5K and 10K races.

Panucci received a BS in biology from Ball State University and went to the University of Louisville for dentistry school. She completed a three-year orthodontic residency at the University of Southern California and also earned a master's degree in craniofacial biology.



As an Invisalign VIP Platinum provider, I treat a high volume of clear aligner cases at my Manhattan Beach, California, practice. Patients come to me because I've become known as the orthodontist who uses technology, such as AcceleDent®, to offer fast, comfortable, and quality orthodontic treatment. AcceleDent enables me to deliver a better orthodontic experience to patients while also achieving improved predictability and better aligner tracking.

AcceleDent, which is manufactured by OrthoAccel® Technologies, Inc., employs a patented SoftPulse Technology® that has been clinically shown in randomized controlled trials to speed up tooth movement during orthodontic treatment by as much as 50 percent while reducing discomfort by up to 71 percent.[1,2] An FDA-cleared, prescription-only medical device, AcceleDent works in conjunction with both traditional braces and clear aligners, and I've experienced the greatest clinical benefits of AcceleDent when I've integrated it into my Clear Aligner Therapy cases.

Clinical and practical benefits

When I initially became an AcceleDent provider three years ago, it was because of the benefits to the patient—faster orthodontic treatment with less discomfort. My motive evolved when I began to observe how AcceleDent produced a better clinical outcome with clear aligner cases. This technology allows me to accomplish difficult movements more effectively.

Movements such as rotations, as well as pushing or pulling movements related to leveling, are very difficult and sometimes not feasible with aligners. When AcceleDent is used, these

movements are feasible because of the way in which low pulsatile forces work at the cellular level to speed up bone remodeling. Additionally, I find that AcceleDent's gentle pulsations create an optimal fit for the clear aligners around the teeth, helping the teeth track according to the predicted programmed movements. From a clinical standpoint, I know AcceleDent ensures a better outcome.

The benefits of AcceleDent have also positively impacted my bottom line. With accelerated treatment, I have more chair time available for new patients and I'm able to better manage my patients' expectations in giving them reliable treatment-time estimates and predicted outcomes. This results in an increase in patient referrals and new case starts.

Managing patient expectations has always been difficult. I never want to be the orthodontist who tells a patient treatment is going to take a year—and then 15 months later, we're still not complete. Even if the patient is doing everything right, sometimes biology or the complexity of the tooth movements can prevent treatment from staying on track; however, that variability is almost eliminated with AcceleDent. When AcceleDent is incorporated into my treatment plan, I'm much more confident in the treatment-time estimates and planned outcomes I share with patients.

Practice integration

I offer AcceleDent to all of my adult patients and some of my teen patients. There are actually some cases that I will not treat if the patient does not accept AcceleDent, because I know I will not be able to achieve a quality, predictable result.

Patients use AcceleDent for 20 minutes daily by gently biting on the device's mouthpiece that employs gentle vibrations. Based on the research that shows AcceleDent speeds tooth movement by 30 to 50 percent, I instruct patients to change their aligners every 4 days when using AcceleDent. My standard aligner change protocol is 7 days when AcceleDent is not incorporated. While doctors vary on the tray change protocol, I've found that if patients are wearing their aligners and using AcceleDent as they should, when it gets to the fourth day, they're going to feel ready to advance to the next aligner.

Compliance with AcceleDent has not been an issue in my practice, because it actually enhances patient motivation. That's another important advantage of offering AcceleDent. Patients and doctors have always had a shared responsibility during orthodontic treatment in order to achieve a successful outcome, so any increase in cooperation or compliance is a bonus.

While compliance has not been an issue, there are some patients who, from the onset of treatment, will not commit to wearing clear aligners for the recommended 22 hours per day. They still prefer the esthetic appeal of clear aligners instead of traditional brackets, but want treatment to be accommodating to their lifestyles. Typically, these patients are only willing to wear their aligners after work or school and while they're sleeping, so they're getting about 15 hours of aligner wear per day. I'll have these patients use AcceleDent so that even though they've modified the treatment plan to fit their lifestyle, their teeth will still move and track predictably in the aligners and we're still able to achieve the desired results in a timely manner.

Clinical evidence

With the introduction of any new technology, it's important to review clinical research and case studies. I appreciate that OrthoAccel has placed a high value on making this clinical evidence easily accessible to doctors. OrthoAccel's comprehensive clinical evidence includes 14 peer-reviewed studies, including 2 randomized controlled trials, that support AcceleDent. Additionally, the AcceleDent case gallery is one of the most comprehensive in the industry, with over 40 cases from more than 20 doctors. The cases show the expanding range of clinical situations in which AcceleDent can enhance outcomes and patient experience.

OrthoAccel also hosts several webinars about accelerated orthodontic treatment that are facilitated by some of the industry's most respected orthodontists. The webinars cover topics such as boosting clinical efficiency and practice economics, aligner precision, case management principles, and the science behind pulsatile forces.

Conclusion

The clinical, practical and anecdotal evidence is quite clear to me: AcceleDent is a win-win for practices and patients. I encourage doctors who are considering accelerated orthodontic treatment to review the clinical resources, discuss it with peers who have used the technology, and try AcceleDent with a few patients to get a sense of the benefits. It's important to note that fully experiencing the benefits as I have is dependent on continuous integration of AcceleDent and updating your treatment protocols to reflect the accelerated tooth movement. Having consistently integrated AcceleDent into my treatment protocol, I've realized all of the benefits of AcceleDent, and so have my patients. AcceleDent has allowed me to differentiate myself as the local orthodontist who provides fast, comfortable, and quality orthodontic treatment. ■

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The comprehensive clinical evidence and case gallery are available at AcceleDent.com.

OrthoAccel's on-demand webinars can be viewed at OrthoAccelLearning.com. Participants who complete the complimentary webinar and the subsequent exam will receive one hour of CE credit accredited by the American Dental Association Continuing Education Recognition Program.

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NEXT LEVEL PRACTICES

CBCT: The New Standard in General Dentistry:
Dr. Perry Jones

Sleep Apnea Therapy in General Practice:
Dr. Tarun Agarwal

In-House Membership Plans Made Easy:
Dave Monahan/Kleer

Funding Your Treatment Plans $$$:
Dennis Kelly/Greensky

HYGIENE

Come for a Cleaning, Leave With Invisalign®:
Lina Dawli, RDH

What They Didn't Teach You in Hygiene School:
Lina Dawli, RDH

How Dental Hygienists Need to Practice Nowadays:
Tia Medeiros, RDH

Hygienists Can Save Teeth Too!:
Annette Doogan, RDH

SOCIAL MEDIA & MARKETING

The Facebook Playbook for the Invisalign® Practice:
Dr. Geoffrey Skinner

Instagram Your Invisalign® to the Top in an Instant:
Dr. Peggy Bown

DAMN—Dental Authority Marketing Now:
Dr. Nathan Jeal

Attracting New Patients Using Social Proof:
Dr. Len Tau/Birdeye

Digital Marketing and Website Solutions to Fuel Practice Growth:
Korey R. Korfiatis/Legwork

PRACTICE MANAGEMENT

Dollars and Sense of Invisalign®:
Dr. Oleg A. Shvartsur

Work Hard, Play Harder—The 3-Day Invisalign® Work Week:
Dr. Mike Huguet

Catch Us If You Can :
Dr. Andrea Dernisky/Kylee Barnett

Unlocking Your Dream Invisalign® Practice:
Dr. Toussaint Crawford

DIGITAL SCANNING WITH ITERO

iTero and Milling Crowns with Glidewell:
Dr. Justin Chi

iTero and Scan Bodies for Implants:
Dr. Kyle Stanley

3-D Printing Your Own Retainers:
Dr. Perry Jones

STAFF

Invisalign® Staff Protocol A-Z:
Lauren Fewell, CDA

The Invisalign® Closer:
Teresa Brown, CDA

Pearls of Orthodontic Insurance Coding:
Nikkie Reulecke, CDA

All Hands on Deck for Case Acceptance:
Nikkie Reulecke, CDA

Reingage News

Reingage Chapter Highlights

Compiled by Dr. Jack Von Bulow, Reingage News Co-ordinator

ALIGNER EMPIRE

The Empire is about to strike again with our third semiannual group meeting, called GoBIG—now enlarged to include the MetroAligners and our sister group the Empire Too. We are thrilled to welcome 8 power-packed lecturers focused on producing MORE Invisalign, 80 Gallerites, and 16 presidents, representing 23 of David's 31 groups. What a great way to start our run-up to GRC! Pictured is the Empire's GRC exclusive pin.

The Empire has also started a Leaders Group, where we report to one another our own detailed Invisalign practice numbers each week, with conversation focused on marketing ideas and our weekly business experiences. This has enabled participants to objectively evaluate what is happening in their own practices and measure their results, while gaining perspective from their trusted colleagues. It has served as an eye-opener for those involved.

Finally, all in the Empire have been saddened by the unexpected loss of our dear friend, valued colleague, and fellow Empire member, Carl Cazalet. We will all remember Carl for his warm unassuming demeanor and his continuous quest to expand his dental knowledge. Cheers, Carl.

ARCH MADNESS

Major props to Dr. Bao-Tran Nguyen from Winnipeg, who is feeling the love from her patients on social media! Three-quarters of her Invisalign patients come directly to her from ads on Facebook and Instagram, and many of them record their journey for all to see. Recently, Dr. Nguyen treated a young foreign exchange student who was suffering from severe crowding. Treatment was carried out with a solid AACA-supported treatment protocol and elastic techniques. To say her patient is now ecstatic with her new smile is an understatement. With all the social media frenzy and hype around appearance, more and more of her patients are coming in, strictly looking for the perfect smile.

BOTEX

The Botex group had the unique opportunity to listen to Dr. David Galler, Dr. Anna Berik, and Mr. Sal Rodas at an all-day course in Grapevine on January 26. Dr. Galler presented his rainbow lecture for talking to patients about Invisalign. Dr. Berik presented the Berik acceleration method with Propel, and Mr. Rodas discussed the business of dental sleep medicine. Approximately 50 Gallerites were in attendance from all over the country. It was a great reunion for the Botex group.

As we start the new year, we are looking to defend our Galler Cup, and we are off to a strong start! Last year's cup is slowly making its way around to all our offices, so we can share accomplishments with our patients. Big congratulations to Shane on his recent move to a beautiful new house. We are all looking forward to our many chances to get together and learn over the next year! See everyone soon.

Spread throughout the North American Midwest, the members of Chicago Style Deep Bite experienced a Rockwellian winter and enjoyed the holiday season with family and friends. The new year brought a flurry of dental excitement with the CDS Midwinter Meeting. This year, many of us were treated to a healthy dose of perspective from a groundbreaking lecture all about mental health and life balance from none other than our fearless leader, Dr. David Galler. In March, eight members of Deep Bite audited the Reingage course and helped welcome the first class of 2018 into the Reingage family. Welcome to the course (and now the organization) that changed everything!

The Cartel is alive and well, with many of its members contributing to the Galler revolution cause. One of the Cartel in particular, Dr. Karla Soto, has really been stellar. Dr. Soto was invited to lecture about Digital Smile Dentistry alongside Dr. Galler in Costa Rica in December and February. Dr. Soto is one of the first 50 dentists in the world to beta-test the Digital Smile Design–Invisalign collaboration. Align Technology has joined forces with DSD to deliver an incredible patient experience and a system for comprehensive, facially driven dentistry in a seamless way. The concept takes modern dentistry to a different level by allowing the patients to "test drive" their smile before treatment begins, while transforming the patient's consultation experience. Dr. Soto is very excited to share the DSD-Invisalign collaboration with the Reingage family and states, "The future is full of exciting things to come, and I can't wait to share it with all."

Congratulations to Karla on her tremendous contribution to the Cartel and to the entire Galler nation.

The Corkscrewers finished strong in 2017 and have proven themselves contenders for the coveted Cup being awarded at the Gallerite Reingage Convention this summer; we've been rocking case starts, over 100 in the first couple of months of 2018! Our youngest member, Dr. Sadaf Fazel of Ironwood Dental in Richmond, British Columbia, flew down to attend the Galler Costa Rica course to improve her ability to set up quality ClinChecks with efficient, predictable movements, and to improve communication with her Invisalign patients. Dr. Fazel was awarded a silver medal for the immense success she has achieved since taking Dr. Galler's Reingage course last February; her passion for growth as a cosmetic dentist through consistent learning is admirable and inspiring to us all! Keep it up, Sadaf!

The Empire Too has much to celebrate. While reuniting in the city of San Jose and ziplining through the jungles of Costa Rica, Drs. Jeffrey Falduto, Myriam Feldman, Nishita Gandhi, Ali Modiri, and Bari Posner received Reingage Top Doc recognition. As the weeks turn into months, we become an even stronger family, celebrating one another's successes. And speaking of celebrating: we will be celebrating our 1-year anniversary together at the GoBIG CE event in Hoboken, New Jersey.

Ghosts of POB was created during the Reingage course in August 2017 at LeMéridien Hotel in Tampa (one of the most haunted places in the United States). Unfortunately, in September, just after the class was created, two major hurricanes devastated the island of Puerto Rico, with one striking South Florida as well—areas where many of the Ghosts have their practices. Despite the limitations imposed on our fellow dentists by the lack of electricity, water, and logistics in the affected areas, all of these doctors kept an optimistic spirit during and after the tragedy, and most of them are getting back on their feet. Four months after our class started, Ghosts of POB has closed 363 cases (and still counting). Go Ghosts!

The last three months have been an amazing time for the Ghosts of POB. And even though our Ghosts from Puerto Rico are still suffering the devastation of Hurricane Maria, they've maintained a good spirit and kept closing cases, helping us to finish 2017 as one of the top groups in our class within the Gallerite family.

Costa Rica was the best time for us; we visited in December and our experience was outstanding! We learned; we had fun; but above all, we now have memories shared with a great group of people. Our time in Costa Rica helped inspire the Ghosts to finish a close second place in December, competing for the Freshman Class Gallerite Cup. Lastly, we want to wish the best for Gulia, one of our most lovely and active Ghosts; Gulia is expecting a baby girl in February. Go Ghosts!

Hells Aligners have been super-busy this first quarter of 2018. We actually started comparing notes on ClinChecks accepted as early as January 2.

The second week of the year, Scott Methven and Ryan Oakley attended a strategic meeting with the presidents and twenty Key Opinion Leaders in Nassau, Bahamas; the experience was amazing and inspiring. John Bunkers was supposed to be there in his new role as vice president of AACA (congratulations, John), but his biological family needed him to help celebrate a joyous occasion; John has been working tirelessly ever since his appointment.

John and Michael Huguet made the trip to Costa Rica in February and represented us very well. Thanks, guys; maybe we can all go down to CR for a Hells Aligners reunion some time...especially if we win that Sophomore Cup! We were surprised to be in third place mid-quarter, but at last count we are sneaking ahead of Aligner Empire... Michael, don't you think you need a nice vacation?

I've spoken to most of our group during the first 2 months of the year, and everyone is excited about GRC. Like many other Hells Aligners, I'm bringing my staff. We cannot wait for July 26-28. Go HAs!

The hallmark of the Atlanta chapter of the Reingage family is striving to complete the best, top-notch CE and training, so as to be able to offer our patients the most beneficial adjuncts to Clear Aligner Therapy. We are all committed to spending hours upon hours out of the office to learn new techniques and stay on the cutting edge of technology. We believe that if we aren't doing that, we fail to give our patients the best options for staying at their optimal best. From Clear Aligner Therapies, implants, and Botox to the everyday restorative excellence we provide, we are making a difference in people's lives—and we love it. That being said, we are currently planning the spring and summer CE opportunities that each of us will participate in. Many of us will be attending July's AACA GRC conference in Las Vegas. We are so excited to learn more, grow together as a class and with our fellow AACA family, and, as usual, have fun! Come along and meet the Hotlanta Stripperz!

We are very proud to be Houston Drillers. We were a group of strangers who came to a Reingage course in November 2016. We are now a family, providing one another with daily inspiration, motivation, and support that exist in this group, and we are thankful for them.

2017 was a successful year for the Houston Drillers. We grew together as a group and as providers, and received significant recognition at the GP summit for our efforts. We are excited to make 2018 even better. As we become a closer unit, we are now looking to support each other in all aspects of our practices beyond Clear Aligner Therapy. We are currently planning a mastermind panel in Austin, Texas, in early 2018 to begin the journey of enhancing our personal and practice lives through our collective experience and expertise.

All of the Houston Drillers would like to thank Dr. David Galler and the AACA for giving us the opportunity to be a part of this family and forum. We are thriving in this environment, and we all plan to keep running with this torch for years and years to come.

Invisalandia is off to a great start. The group was formed in November 2017, and our case numbers increased by 95% in only 60 days! We've enjoyed our new comradery, and the passion for Invisalign continues to grow. Invisalandia began in Portland, Oregon. And while most of our members are from the Pacific Northwest, we have a few from other areas, including California, Texas, and New Jersey. Dr. Alaleh Moazami, Dr. Madhuri Vanama, Dr. Negin Badr, and Dr. Lindsey Papac attended the Costa Rica Reingage course this February, met with Invisalign technicians, and toured the Align facility. Many other Invisalandians participated in the Bioclear learning event in Tacoma. As a new group, we're really looking forward to meeting fellow Gallerites at the Gallerite Reingage Convention in July.

Los Aligners really lives the spirit of the AACA; we are friends and family serving friends and family. We appreciate Terri Pukanich's sharing her experiences that have helped her become a top producer as well as an Employer of the Year award winner. We're also super grateful for Murray Knebel's recovery and his generosity in being a willing source of experience and wisdom.

We're also really grateful for having another shot at the Galler Cup and reeling in Capitaligners; we closed fast last time around but fell a little short. It might be different in 2018.

And major congrats to Docs Tant, Altalibi, Jones, Andrew, Lee, and Pukanich (35 cases in January and February) on their great starts for 2018!

Mass Spikes was formed in October 2017, when 33 doctors came together in Springfield, Massachusetts, for a course that changed everything. We, as a class, went on to achieve 27% growth in the first 60 days! We then reconvened in Waltham, Massachusetts, in February, for a 12-hour day of incredible learning opportunity: Berik Acceleration Method using Propel with Dr. Anna Berik, Class II Motion 3D Carriere Distalizer with Dr. R. Bruce McFarlane, and the most inspiring motivational talk by our own Dr. David Galler. With the incredible support of all of Galler nation, we strive to have the best growth yet in 2018!

This is a very exciting time for the Metroligners. We were the third Reingage group created and are more active now that ever. Amazing things are going on with our members. Frank Visintini, Brian Marino, and Brian Wilk have recently completed office remodels. Jerry Matt sought our counsel on how to manage a difficult situation with his team. We gave opinions. Jerry used his great understanding of human nature, went against our opinions, and taught us all something about managing people. Keith Nguyen had his best month ever. Eric and Drew had great family ski vacations.

We're looking forward to our great turnout for GoBIG and the Gallerite Reunion in Vegas.

We have had our best quarter ever as a group. Watch out, Str8Up and Botex: here we come!

The Mile High Munchies have hit the ground running to start out 2018 with a bang. Several of the Munchies got together in January to hear the legendary Dr. Galler speak in Dallas, alongside the beloved Dr. Anna Berik. Dr. Cindy Schmidt even drove all the way from Amarillo to be at the Dallas meeting. That's miles and miles across Texas, showing dedication that we love! We are all looking forward to the Gallerite Reingage Convention in July, and are pushing every day to Win That Cup!

The Montréal Wolfpack is a very tight and active group. More and more of us are using Propel (congrats to Dr. Jim). We are lucky to have Dr. Kevin Bougher on the strategic team. Go go Kevin! Thanks for getting us deals and being our best motivator this fall.

We are all excited to welcome Dr. Vitaly Gantman's first-born very soon. Congrats! We are all looking forward to seeing each other in July. Our president, Dr. Larose, will be sharing her knowledge of the Bioclear method for all Gallerites. Howwwwwwl!

Motor City Movers are coming off our November Reingage class in Novi, Michigan, pumped and motivated. We are looking to crush some Invisalign cases and move up in the Freshman rankings. We have an AMAZINGLY humble, team-oriented and talented class. 2018 is going to be an amazing year for us! We are loving the tips in WhatsApp from Dr. G. Several of us are registered for GRC and will be taking team members (yeah, baby). Shari, her husband Sulbha, her son, and Faline made it to Costa Rica in February, and it was a game changer. Lora made it to the Chicago Midwinter Meeting and got to sit in Dr. Galler's lecture there and loved it. We have team members getting iTero scanners, and we have team members hitting GOLD. We are off to a good start in 2018!

The Northern Bites have continued to grow as a team, and we lead our communities in providing the highest standard of Invisalign treatment. The Northern Bites had a dozen members traveling to Costa Rica this past year to personally see the Invisalign facilities and grow their skills with one-on-one interaction with the Invisalign technicians. Even though the team has been around for less than a year, we are passionate to learn more and grow in our skills.

While winter was casting its dark, cold, and rainy net over the Pacific Northwest, the docs of NWA have been anything but in hibernation. Many of our docs recently implemented the new Galler engine, resulting in more fluid and streamlined ClinChecks, while several of our offices and doctors have had personal-best numbers in ClinChecks accepted and treatments rendered. As we gear up for the most innovative clear aligner training, developed by GPs for GPs, we're really looking forward to the first GRC convention in Las Vegas, July 26–28. The NWA president, Dr. Arvind Petrie, will be looking to start local round-table discussions on varying Invisalign treatment modalities in 2018. Petrie urges, "Don't forget Invisalign, world... you were made to move!"

Puerto Rico Dentistas: After the holidays, on January 25, 2018, we enjoyed an awesome study club meeting. The study club topic was "How to Incorporate Propel Micro-osteoperforations and Vibration Techniques Into Our Invisalign Practice"; it was presented by our president, Dr. Luis Camacho. We invited several other non-Reingage dentists to the meeting; it was refreshing and fulfilling sharing the knowledge and expertise we've gained through Dr. Galler and the Reingage program.

Winter featured many memorable moments for the Richmond Re-Aligners. Many Re-Aligners started off winter with holiday parties. Toussaint Crawford and Rimple Singh-Crawford celebrated in hilarious style with a *Coming to America*–themed event. Lisa Browning rocked her family Christmas with exceptional elf costumes. Robin Pigeon went skiing. And then he went again. And again! Many Re-Aligners brought in the new year with buckets of champagne. Even more joined Dr. Galler in Costa Rica to deepen their knowledge of Invisalign. There was some sad news, as both Toussaint and Wes Kendare lost their fathers, but both got to see the healing power of our family. And of course, the Richmond Re-Aligners led the way with astounding numbers of teeth straightened.

Rockin' Cavaligners' beloved member Sunil Kashyap has had an exciting start to his year! In February, he completed a 7-day dental implant training course in Guadalajara, Mexico, placing 42 implants in 5 days, and completing his first extractions/immediate implant–supported hybrid placement case. In March, Sunil celebrated his first day of providing care for patients as the new owner of Triad Smile Center in Greensboro, North Carolina. Sunil is most excited about the potential for providing Invisalign care in his new practice. In April, look for Sunil to be gaining knowledge while hanging out with Gallerites at the GoBIG New York meeting!

The Shift Happens in Vegas group is composed of members across 10 states and Canada. Distance is clearly no obstacle, as they have traveled all over the country to spread their knowledge. Shifters have been seen at CE events in Pasadena, Vancouver, Tacoma, St. Louis, Dallas, New York City, and most excitingly, Costa Rica! Almost one-third of our group had a fantastic learning and fun experience in Costa Rica this year. We want to give special recognition to Dr. Angel Zamora, who was selected to be a Key Opinion Leader for the Gallerites. Also, a round of applause for Dr. Rahul Kulshrestha, who has been busy with a new office and incredibly successful with Invisalign!

Str8up is just a couple of months away from reaching its fourth anniversary! It's hard to believe that that much time has gone by. Although we don't meet up regularly, when we do hang out it feels as if very little time has passed. The friendships and the continued learning opportunities have been priceless. Several of our members were able to have a mini-reunion at the Pacific Dental Conference in early March. It was great catching up, and we all look forward to meeting up with more of our group and fellow Gallerites at GRC.

On March 14, several Straight Outta Brackets team members got together at the Flappers Comedy Club for a fun night out to watch the one and only Dr. David Galler perform stand-up comedy. Dr. Galler, of course, had the crowd doubled over as he always does, even in his Reingage courses. We each went to work the next day with sore cheeks and six-pack abs from laughing so hard the night before. If you ever get the chance to watch David Galler perform stand-up comedy, we highly recommend it!

The SuperCarlsBad family started off 2018 hungry for Invisalign! Dr. Erin Cherry represented our class at Dr. Galler's course in Costa Rica. Dr. Jon Reagan recorded his first Facebook live session, speaking for over an hour about the benefits of Invisalign treatment. And several members hosted special Invisalign events in their offices, including Dr. Sophia Polymeneas, who started 10 cases in one evening. Way to go, team!

This past fall was a time of both adversity and triumph for Sweet Caralign. After weeks without power in his home and office because of Hurricane Maria, our founding president Dr. Luis Camacho slowly got back in the swing of things, not only providing great dental care for the people in his area, but starting more Invisalign cases in one quarter than most orthodontists start in a year. In what has to be the marketing move of the year, Dr. Chris Angelopulos has purchased a fire truck and customized the exterior to add his practice logo. With his iTero Element in the back of the truck, he will be marching in several local Christmas parades, spreading the word of malocclusion to the masses and correcting many along the way. This diverse group of grizzled vets and young up-and-comers is becoming a force to be reckoned with in Galler Nation.

The Toronto Blue Trays are real CE junkies and have been attending many ortho-related courses together. Many in our group now regularly use other techniques, such as Carriere, Invisalign Teen, and Propel, and are enhancing their enjoyment of providing Invisalign in their practices by incorporating these techniques. A lot of CE tips and tricks are being shared on WhatsApp, and our close-knit team is always willing to share, helping one another no matter what the issue. We are all looking forward to seeing everyone at GRC in July. It should be great!

VanWow has some exciting new announcements. Dr. Katy Shayesteh (seen here with Dr. Moji Motamedian and Dr. Sheena Sood, all of VanWow, at the Pacific Dental Convention in early March) is finishing a major office renovation; we're all really excited to see the finished product. Dr. Bradley Gee is expecting a son in July, right around GRC; we may miss him in Las Vegas this year, but we're very excited for the arrival of his second baby. Dr. Raj Dhiman will be attending GRC with his family, where he will celebrate his son's 10th birthday; we're hoping to join the celebration!

The Wicked Straight team has reenergized for the new year 2018! In Boston on February 8, we had a chance to catch up and soak up some amazing continuing ed. We heard Dr. Bruce McFarlane speak on Carriere appliance therapy; our prez Dr. Anna Berik presented BAM, and Dr. Galler closed the evening with a hilarious talk on dentistry and rainbows. An added bonus: we met some of our brothers/sisters from Mass Spikes, one of the latest Reingage classes from Massachusetts.

Wicked doctors have signed up for the Vegas GRC, and many of us are bringing team members. The Wynn is a class move, and there is a buzz regarding how excellent the CE is going to be. What a new and exciting vibe, compared to other dental conferences.

Viewpoint

Dentistry in a New Era

by Richard Schmidt, BSc, DDS

Let me introduce myself. I have been a general dentist for 30 years. During this time, I have seen the spectrum of the public's dental needs change. Consider comprehensive exam on a 25-year-old patient. The exam will commonly reveal an individual with minimal or no previous restorative treatment and a healthy, complete dentition. If one is living near an urban center, on average, these findings are quite consistent.

The world of dentistry, and the demands of dental treatment, have changed and are continuing to change. General dentists have had to expand their knowledge base and skills to meet the evolving dental needs of the patient base.

The dental profession has done an amazing job in educating the general public on the importance of one's oral hygiene. This education and the public's desire to maintain their teeth for as long as possible (unlike those of their elders) have resulted in a decline in caries, periodontal disease, and edentulous spaces, and thus in the need for the high-speed handpiece.

Newer dentistry for older patients

The United States Census Bureau has forecast a population of 330,000,000 for 2019. The estimated population over the age of 55 years, representing approximately 29% of the population, will be 95,700,000. It is in this segment of the population of Americans, those over the age of 55, that the demand for dental services exists today. Many of them have mutilated, worn dentitions and have a desire to maintain their remaining teeth. The general dentist, with proper education and training, can provide exceptional dental treatment for these patients.

Many years ago, all dentistry was extraction dentistry. Over time, restorative dentistry came on the scene to restore and preserve teeth. As dentistry evolved, forensic, preventive, paediatric, periodontic, orthodontic, endodontic, and prosthodontic (rehabilitation) disciplines were developed. In the last 10 to 15 years, cosmetic and general dentistry became terms the general public is familiar with; and most recently, implant dentistry has become an important discipline in a patient's dental treatment. The one area of dentistry that has not been discussed, on a consistent basis, is *orthodontic dentistry*.

What is orthodontic dentistry?

Orthodontic dentistry denotes achieving the best possible outcome dentistry can offer when the teeth are positioned in their optimal locations. These results can be realized *periodontally, restoratively, functionally*, and *aesthetically.*

On March 8, 2013, Dr. Vincent Kokich Sr., one of the pioneers of adult interdisciplinary dental treatment, gave the keynote presentation at the 40th Moyers Symposium. The topic was "Evolution of Adult Orthodontics: The Importance of a Realistic Approach." His goal was to *"explain and document how adjunctive orthodontics, managed in an interdisciplinary manner, can help the general dentist to produce exceptional restorative outcomes for their adult patients."*

Dr. Kokich remarked that the *"majority of pre-doctoral dental students are unaware of the benefits of pre-restorative orthodontics. We should recognize this deficiency in pre-doctoral dental education."* He spoke these words, or their like, 15 times. Dr. Kokich was emphasizing the need for further education in this area. This dentist wants this journey to continue.

Collaboration and cooperation

I feel there is a perfect opportunity for collaboration between the orthodontic community and the general dentists, to embrace the changing dental needs of the general public. In order for our dental profession "to provide our patients the best possible dental treatment with the most favourable and predictable long-term prognosis in a minimally invasive manner," we should foster greater cooperation, through education and dialogue.

When we assess the need for orthodontic treatment as the initial step in the interdisciplinary approach to treatment planning, the patient will greatly benefit. I feel orthodontic dentistry has a vital place, not only in the current orthodontic practice, but also in the future. ■

Dr. Schmidt is currently writing a series of articles on "Pre-restorative Orthodontics" for the AACA Journal. *His next article in this series will appear in the summer edition.*

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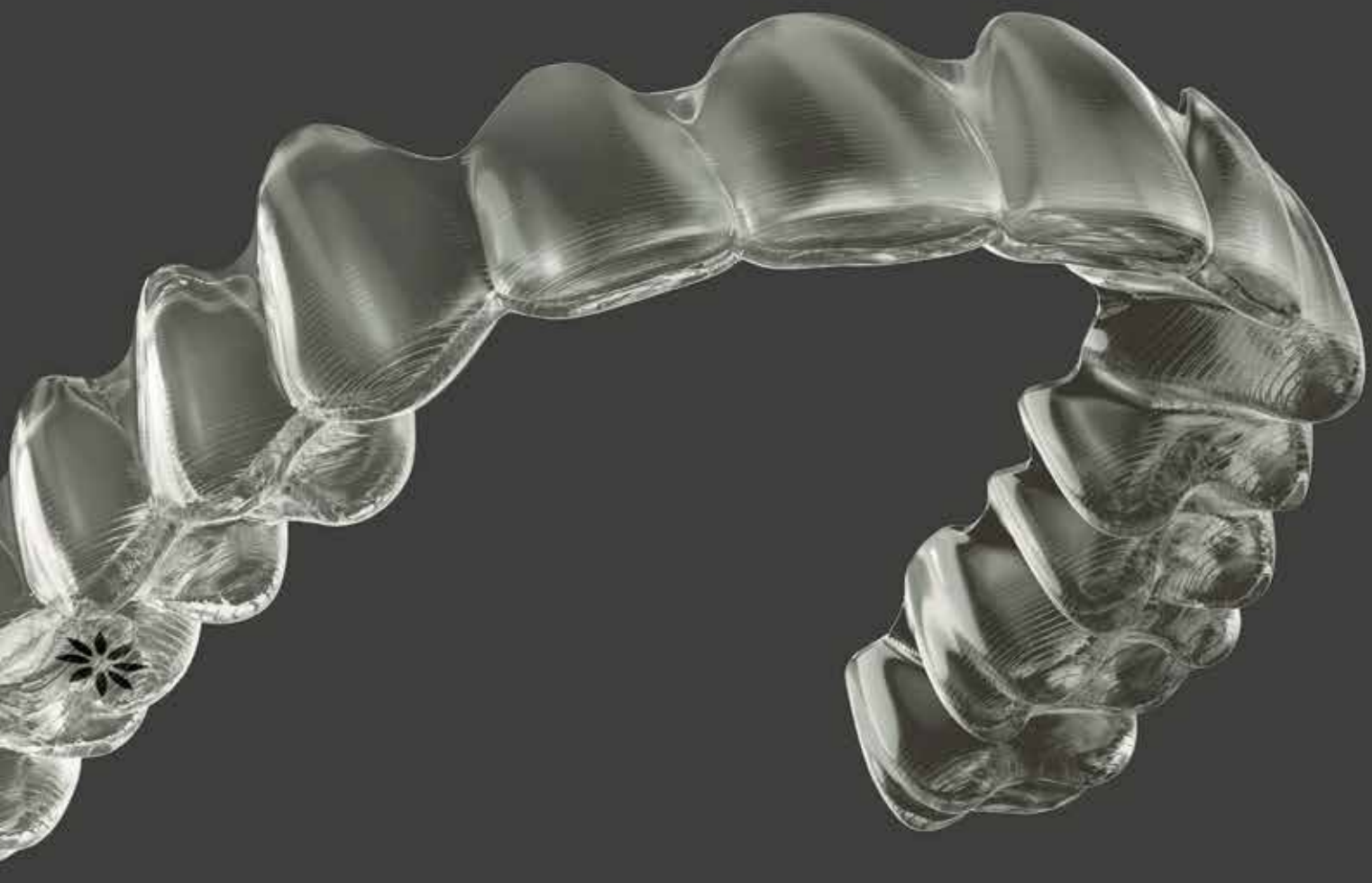

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