



# SAO NEWS

## OFFICERS

### *President*

Randy Rigsby, DMD  
FL (850) 436-7788

### *President-Elect*

Anthony Savage, DDS  
VA (757) 428-1110

### *1st Senior Director*

Jeri Stull, DMD  
KY (854) 781-2662

### *2nd Senior Director*

Sims Tompkins, DDS  
SC (803) 738-9715

### *3rd Senior Director*

Mark Dusek, DDS  
GA (912) 355-7022

### *Secretary-Treasurer*

Deborah Sema, DMD  
AL (205) 942-2270

### *Past President*

Greg Inman, DMD  
KY (270) 769-1349

### *AAO Trustee*

Gary Inman  
KY (270) 769-1349

## EDITOR

James Vaden, DDS  
(931) 526-3717

## TABLE OF CONTENTS

Greetings From Your SAO Trustee ..... Page 2

House of Delegates 2017 Update ..... Page 3

Oren A. Oliver  
Distinguished Service Award ..... Page 4

2017 SAO Faculty Lecture Award ..... Page 4

2017 Resident Research Presenter ..... Page 4

2017 SAO Citizenship Award ..... Page 5

Proposed Changes to SAO Bylaws ..... Page 6

Summary of November  
Board of Trustees Meeting ..... Page 7

AAO Councils Overview -  
Meet Your Representatives ..... Page 8-9

How Would You Treat This Patient? ..... Pages 10-12

SAO18 New Orleans Preview ..... Page 13



## Greetings From Your SAO Trustee

### Gary O Inman, DMD AAO Secretary-Treasurer

When asked if I would submit an article that described AAO “happenings”, my first thought was, “Where will I stop?” I could write a book about all that is transpiring in St. Louis. I will attempt to be brief and cover several areas of interest and concern.

First and foremost, I give congratulatory kudos to the Immediate Past President of the AAO, and our Interim AAO Executive Director, SAO’s Dr DeWayne McCamish. He guided us superbly through a challenging year and represented the interests of orthodontists worldwide. He was the obvious choice to carry us through the Executive Director search process while reassuring the AAO’s hardworking and dedicated staff that the Association is moving forward. DeWayne had more than earned some much needed downtime but when called upon again to lead, he responded. His business and organizational skills are just what is needed to calm rough seas. Interim Director McCamish has hit the ground running since the departure of Chris Vranas. Currently, he spends weekdays in St. Louis at the AAO office and weekends coaching his grandsons’ baseball teams in Chattanooga.

AAO President, Nahid Maleki (MASO) has appointed an Executive Director Search Committee. President Elect, Brent Larson (MSO), is the Chair and I am a member. The first order of business is the selection of a search firm that will collect and conduct background checks on applicants. The committee will find the very best person possible to manage and help direct the AAO.

Congratulations are also in order for Dewayne and his Planning Committee for the highly successful AAO Annual Session in San Diego. More than 17,300 attended! This year, DeWayne and the Scientific Session Co-Chair, SAO’s Jim Vaden, reorganized a record number of lectures into shorter presentations, much like the popular TED Talks. Thirty minute time slots were allotted for speakers to give their message in a crisp and focused manner. The reviews have been very positive. Dr Vaden was quoted, “At least if you did not particularly care for a lecture, you knew that you would not be there long.” Again, thank you, DeWayne, for a great meeting. DeWayne and Jim have agreed to serve on my Annual Session Planning Committee for our 2020 Atlanta meeting.

Kudos are also in order to the entire SAO Delegation for another successful House of Delegates (HOD) session in San Diego. The delegation, led by Chair Robert Moss, who also serves as the Chair of the Delegation Chairs group, was organized and on top of all the issues. Thank you to this year’s Reference Committee members Robert Calcote, Beth Faber, and Chris Howell, for their service to the HOD. All in all, it was a team effort and the hard work and dedication are most appreciated.

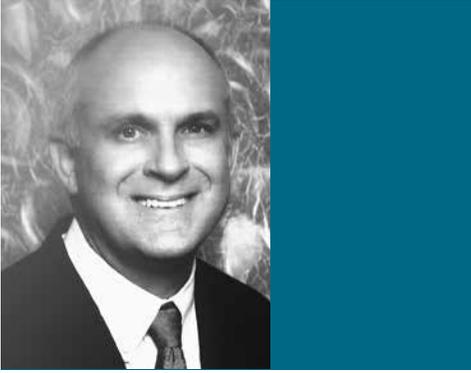
The 2017 HOD approved funding for an expanded strategic plan for the AAO. McKinley Advisers was selected to organize and conduct the plan. McKinley has a wealth of experience and the necessary resources to manage a strategic plan of this magnitude. This firm is presently identifying stakeholders and gathering data in preparation for the initial meeting of the Strategic Plan Committee. Each Constituent will provide members for the Committee. Because the AAO has typically created the Strategic Plan in-house, there has never been such an in-depth strategic plan for the AAO. The Plan comes at a perfect time due to the fact that the AAO will be hiring a new Executive Director.

The 2016 HOD directed the President to strengthen and improve the relationship between the AAO and its Components and Constituents. As a result, a Committee that consists of constituent EDs, Trustees, members, and staff was formed. From the SAO, Sharon Hunt (former SAO Executive Director), Allen Chance (SAO Director, Tennessee Association of Orthodontists), and I serve on the Committee. The Committee has been very proactive. It provides information on our AAO website to help Component and Constituent

leaders be more effective in their roles. To access this information, scroll to the bottom of the member home page and click on **Governance**. By next clicking on **Leadership Network**, interested members can find many resources to aid them when they become involved in Component or Constituent leadership. The Committee is continuing to explore ways to help Component and Constituent leaders be more informed. Your feedback and ideas are encouraged.

If you haven’t met the new AAO Director of Marketing, Katie Maassen, you will soon. Katie comes to the AAO with experience in the digital marketing industry. She and the marketing staff are currently redesigning and reshaping the AAO Consumer Advertising Campaign to bring it more in line with advances in digital media marketing and how today’s consumers receive messaging. All members will soon be able to see the improved messaging that Katie’s team has in store. Reaching more consumers than ever before with the message, **“Orthodontics by an AAO Orthodontist”** is the goal. And even with all these new initiatives, your HOD reduced the 2017-2018 CAP assessment 25%!!

As you may or may not know, I have “moved up the ladder” into the role of AAO Secretary-Treasurer. I accept this responsibility with humility and honor. I pledge to serve you to the best of my ability. I must thank my partners, Greg Inman, SAO President, and Thomas Baldwin, SAO Director, Kentucky Association of Orthodontists, for allowing me to step away from our busy practice to dedicate the time necessary to represent the SAO on the AAO Board of Trustees. In order to preserve and strengthen our profession and our specialty, we must have united and committed members. I am confident that recent changes within the AAO will make us stronger and better prepare our association to face the challenges that lie ahead. Perhaps now, more than at any other time, we face threats to our specialty and how care is delivered to the patients we serve. Please know that your AAO Board of Trustees members are committed to doing whatever it takes to protect and promote the specialty of orthodontics. Feel free to contact me with your questions and concerns.



## House of Delegates 2017 What a Year!!!

### Robert Moss, Delegation Chair

#### The 117th annual session of the American Association of Orthodontists convened in beautiful San Diego April 21 through 25.

The Southern delegation was in full force for the first day's caucus. Between sessions of the HOD, we enjoyed a special concert by Martina McBride, a gathering on the flight deck of the Midway which honored President DeWayne McCamish, and everyone enjoyed the beauty of San Diego, Coronado Island, and just up the road, La Jolla where special guests, seals and sea lions were featured.

As we arrived for the annual session, there were only 25 resolutions in hand. Several critical issues were among the resolutions and other agenda items. Your SAO delegation joined forces with the other constituencies to address the resolutions, which numbered 29 by the time we started Reference Committee hearings at 4:00 Friday afternoon. There was also non-resolution business that had to be discussed.

The major issues this year included, but were not limited to, a resolution about the American Board of Orthodontics, the future of the Consumer Awareness Program (CAP), a complete revision of our Principles of Ethics and Code of Conduct, and the definition of AAO active member. While these issues consumed a lot of time, probably more time and effort went into the Virtual House of Delegates. A resolution adopted in 2015 established a virtual HOD to be conducted in the fall. The purpose of a virtual HOD is to provide updates regarding ongoing issues, deal with carryover business from the previous HOD and hear reports from our Trustees. After the November 2016 Virtual House of Delegates (VHOD), President DeWayne McCamish appointed a special committee to research our bylaws and HOD policies for the purpose of having business presented for a vote during a VHOD session. I was appointed to serve on this committee, which met several times via conference call as well as multiple email and web communications. A resolution which was presented called for a trial run with limited resolutions presented for

consideration with a follow up review by the VHOD committee. This resolution was modified by your SAO delegation to more specifically define the parameters. With many delegates feeling that more specifics were needed, our resolution (slightly modified by reference committee 2) was referred back to the VHOD committee for further refinement.

Other issues of concern included a resolution that addressed the AAO Medically Necessary Orthodontic Care auto-qualifiers which was referred back to the Council on Orthodontic Health Care. Also, using their crystal ball, NESO submitted a resolution to begin researching Association Health Plans for our members - part of the repeal/replace of ACA. The biggest ticket item presented to the 2017 HOD, with a budgetary implication of \$165,000, was a new strategic planning process to begin in July. The consulting firm of McKinley Advisors that has many years experience in this area will be leading this effort. The concerns of new members, one being significant education costs, was addressed in a resolution to present the PCSO Financial Literacy Program to all accredited graduate orthodontic residency programs in North America.

The AAO Consumer Awareness Program, originally initiated by the HOD in 2006, will undergo many changes this year. We welcomed our new Director of Marketing, Katie Maassen, who had an exciting presentation on the new direction of the CAP, based on her many years of experience with major media outlets and social media. Reflecting an expectation that members will get "more bang for the buck" the House voted to change the CAP assessment for FY17-18 to \$600 - a \$200 reduction.

After all resolutions were addressed, the final budget for FY17-18 stands at \$23,909,989. Once again, the budget was adopted. It includes a small surplus and NO dues increase.

The SAO delegation had a distinct privilege this year. We presented the last item of business considered by the 2017 House, a Courtesy Resolution honoring DeWayne McCamish for his many years of service to the orthodontic specialty, including moving up the ladder on the AAO executive committee in order to serve as AAO President this past year. DeWayne's ability

to adapt to the needs of our association 3 years ago, and his remarkable ability to take on the many challenges which became evident this past year, clearly demonstrated that he was in the right place at the right time. Since the close of the annual session, he has once again demonstrated his willingness to serve our specialty and the AAO by assuming the position of Interim Executive Director. DeWayne, no words could ever adequately express our thanks to you!!!

The House of Delegates, before the resolution creating a Virtual House of Delegates meeting in the fall, had a break prior to initiating preparations for the next annual session. Not any more!!! The delegation chair subcommittee of the VHOD committee tweaked the VHOD resolution during the summer, and met with the full committee in September to put the finishing touches on the resolution to come back to the annual session HOD in DC. This resolution, and one to modify the meeting date requirements, was presented to delegates during the third annual VHOD on November 14. This VHOD was informational only, per the original resolution from 2015, with reports from our strategic planning consulting firm, McKinley, and an update from the committee working to create an online system to allow comments from our members to be considered by the HOD. Trustee Norm Nagel reported on where we are with an association health plan proposal, for which the AAO has advocated in DC for several years. We also heard comments from our recently appointed ED, Lynne Thomas Gordon. Ms. Gordon will take the helm on January 8, 2018.

The Trustees met the weekend after the VHOD, and are proposing 2 more resolutions, so there are already 4 resolutions on the agenda for Washington next May. There is a lot going on, and the AAO has been doing a great job keeping members informed on developing issues via eBulletin blasts. As we wrap up another busy year in the House of Delegates, 2018 promises to be just as busy!!!

# Oren A Oliver Distinguished Service Award Rodney J Klima



by **Anthony Savage**

**Dr Rodney J Klima is the 2017 recipient of the Southern Association of Orthodontists Oren A Oliver Distinguished Service Award. This is the highest honor bestowed upon a member of the SAO.**

To be nominated for this honor, the orthodontist's achievements must rise above the ordinary and be far beyond the expectations of leadership and service to the specialty.

After graduating from dental school and completing his orthodontic residency at Virginia Commonwealth University, Dr Klima served four years in the U.S. Army. After his Army tour, he opened his orthodontic practice in Burke, Virginia. Since that time, his involvement in organized dentistry has taken a dual path, one in orthodontics, the other in general dentistry. Because of his dedication and involvement in local and state dental organizations, he has served as President of the Virginia Dental Association and on numerous committees of the American Dental Association. Rod has been able to simultaneously represent the interests of orthodontics and general dentistry. He is trusted and respected by all his colleagues - both in general dentistry and in orthodontics.

He began his service in orthodontics as a board member and as president of the Medical College of Virginia Orthodontic Education and Research Foundation. He then became a board member and president of the Virginia Association of Orthodontists as well as Virginia's delegate to the AAO House of Delegates. He subsequently served as an SAO board member and was the 2015 President of the Southern Association of Orthodontists. Dr Klima leads by example. He is always quick to allow discussion and listens to all points of view. Rod's gentlemanly leadership will always be emulated on the SAO Board.

Dr Klima has also found time to volunteer for the 4-H Club and coach local athletic teams. He enjoys his farm and his forest projects. He recently received the Stewardship Forestry Award from the Virginia Department of Forestry.

Dr Klima credits his mentor and uncle, Dr Bruce Gustafson, an orthodontist from Winston-Salem, North Carolina for his interest in orthodontics. His wife, Carol, has always been at his side and has been a continual source of support and encouragement. Rod often says, "The best part of being involved is the friendships we make and the great people with whom you get to work."



The SAO would also like to congratulate **Dr Eric Bednar** of the University of Louisville for being selected for the **SAO 2017 Faculty Lecture Award**



Congratulations also to **Dr Felipe Porto, Resident at MUSC,** for being selected to present Resident research.

## Dr Dennis Ross named recipient of the 2017 SAO Citizenship Award



by Dr Brian Jacobus

Many orthodontists contribute to charity. We take out our checkbooks, donate a sum, and we are done. We have helped make the world a better place, we feel good about it, and it didn't take us much time or energy to accomplish.

Not so Dr Dennis Ross. Dennis gets on a bicycle and rides from Greenville, NC to Key West, FL or even further to San Diego, CA in the pursuit of raising monies for the Boys and Girls Club in his hometown. He donates not only his money but also an enormous amount of time and physical exertion in providing the much-needed budgetary support that "his kids" need.

From September 25 until October 4, 2013, Dennis cycled from Greenville, NC towards San Diego, CA, averaging 20 hours and 320 miles per day. His goals: to raise \$100,000 and possibly set the Guinness World Record for a 50 year-old to cross the United States by bicycle. This journey had taken 6 months of detailed planning with his chase team and intense daily training to attempt the trip. Unfortunately, on the seventh day of the trip on a flat, lonely stretch of Arizona highway, his support vehicle was rear-ended by a truck traveling greater than 70 mph. The Suburban protected its passengers and Dennis from injury but the ride was over. Never one to quit, Dennis and the team returned to the same spot in November of that year and finished the trip to San Diego where he dipped his tires in the Pacific Ocean.

But this journey was not the only marathon cycle trip Dennis has undertaken. You can add two trips from Greenville to Key West and another from Greenville to the Canadian border, all for the purpose of raising monies for the Boys and Girls Clubs.

A graduate of the UNC School of Dentistry for both his DDS (1983) and MS in Ortho (1991), Dennis is no stranger to giving of his time and efforts. Annual mission trips to Nicaragua and a trip to Kenya to provide dental care for underprivileged inhabitants have left an indelible mark on him. "You take out some teeth on people who are in severe pain and come back with a tiny bag of peanuts for you - you realize that's all they have. It touches you. You come back more blessed than the people you're helping."



The SAO is blessed to have members like Dr Dennis Ross making the world a better place by the giving of their time, talent, and treasure to those less fortunate. Congratulations on Dennis' endeavors and on being named this year's recipient of the SAO Citizenship Award.

To read more about Dennis Ross' charitable endeavors, or to contribute to his cause, visit his website, [riding4areason.org](http://riding4areason.org)

## PROPOSED CHANGES TO SAO BYLAWS

The SAO Board of Directors has approved some modifications to SAO Bylaws to be reviewed and voted upon by membership at the SAO General Assembly as follows:

### **Article VI OFFICERS**

In Article VI OFFICERS C. NOMINATION AND ELECTION 1. Nominating Committee, change 10 (ten) days to 60 (sixty) days. Article VI section C.1 would change to:

**1. Nominating Committee:** There shall be a Nominating Committee composed of the voting members of the Board of Directors. This Committee shall present one nomination for each vacancy for elective office. These nominations shall be provided to the membership in an SAO publication at least 30 days in advance of their presentation at the meeting of the General Assembly during the ensuing annual session. Other candidates may run for an office provided that a curriculum vitae, a conflict of interest statement, and a filing notice for the office one wishes to seek has been received in the SAO office a minimum of 60 (sixty) days prior to the Annual Meeting of the General Assembly.

### **Article VIII TRUSTEE TO AAO**

Add "The election process will follow the SAO Policy on Trustee Selection." So that Article VIII section A would change to:

#### **A. GENERAL:**

1. The General Assembly shall elect from the Active members a Trustee to represent the Association on the AAO Board of Trustees as provided in the AAO Bylaws.
2. The Trustee to the AAO shall be authorized to represent this Association in all matters pertaining to its affairs coming before the AAO Board of Trustees.
3. The AAO Trustee shall not serve in any other SAO or Component office during his or her tenure as AAO Trustee.
4. The election process will follow the SAO Policy on Trustee Selection.

### **Article IX ELECTION OF THE SPEAKER OF THE HOUSE OF THE AAO**

A proposed addition of a new article numbered IX and the subsequent renumbering of all succeeding articles would change Article IX to the following:

### **Article IX ELECTION OF THE SPEAKER OF THE HOUSE OF THE AAO**

- A. General
  - 1. The General Assembly shall elect from the active members an individual to serve as Speaker of the House of Delegates for the AAO.
  - 2. The election shall be held in accordance with SAO policy used for the selection of the Trustee.
  - 3. The Speaker of the House of the AAO shall not serve in any other SAO or component office during his or her tenure as AAO Speaker of the House.

#### B. Term of Office

- The Speaker of the House of the AAO shall be 3 (three) years beginning at the AAO Annual Session when installation occurs.

COMMITTEES would renumber from IX to X  
 RESIGNATION AND REMOVAL would renumber from X to XI  
 MEETINGS would renumber from XI to XII  
 FINANCES would renumber from XII to XIII  
 INDEMNIFICATION would renumber from XIII to XIV  
 PARLIAMENTARY AUTHORITY would renumber from XIV to XV  
 AMENDMENTS would renumber from XV to XVI  
 PRINCIPLES OF ETHICS would renumber from XVI to XVII  
 DISCIPLINARY PROCEEDINGS would renumber from XVII to XVIII  
 DISSOLUTION would renumber from XVIII to XIX  
 SEAL would renumber from XIX to XX

### **Article X COMMITTEES:**

(Note that with approval of previous measure, COMMITTEES is now renumbered to Article X from Article IX) Remove the Bylaws Committee and re-letter Scientific Affairs Committee to d. in A STANDING COMMITTEES 1. NAME. Remove BYLAWS COMMITTEE and renumber SCIENTIFIC AFFAIRS COMMITTEE to 1 in C COMMITTEES ELECTED BY THE MEMBERSHIP. Article X section A would change to:

#### **A. STANDING COMMITTEES:**

##### **1. NAME**

- a. Budget Committee.
- b. Ethics and Patient Relations Committee.
- c. Membership Committee.
- d. Scientific Affairs Committee.

Article X section C would change to:

#### **C. COMMITTEES ELECTED BY THE MEMBERSHIP:**

##### **1. SCIENTIFIC AFFAIRS COMMITTEE:**

**Please contact the SAO office at (404) 261-5528 with any questions regarding the proposed changes to SAO Bylaws.**



## Summary of November Board of Trustees (BOT) Meeting

**Gary O Inman, DMD**  
AAO Secretary-Treasurer

### BOT Actions Related to the House of Delegates (HOD)

The BOT gave preliminary approval to draft resolutions, which are referred to as 'drafts' until reviewed by our Parliamentarian, Roger Hanshaw.

- 1. Virtual HOD Meeting Procedures Resolution** - These procedures describe how the virtual HOD meeting would be conducted. Also, the resolution calls for a voting meeting of the HOD to be tested in 2018 and then evaluated to see whether and how to proceed in future years.
- 2. Date of Virtual HOD Meeting Resolution** - The BOT agreed to support a resolution that would revise the date of the annual Virtual HOD Meeting. Current policy requires that the meeting be held after the last constituent meeting and before the BOT meeting. The change would allow more flexibility by requiring only that the meeting be held after the last constituent meeting.
- 3. AAO International Referral Program Resolution** - The BOT agreed to support a resolution to amend Financial Policy to include certain tiered, dues discounts as incentives for the International Referral Program. At the suggestion of delegate chairs, this resolution will be presented to the Council on Membership, Ethics and Judicial Concerns (COMEJC) for review and discussion.

- 4. COE - Self-assessment of Standing Committees and Councils Resolution** - The BOT agreed to support a resolution that would amend the Council and Committee Manual and the Standing Rules & Orders to allow for all members of Councils and the Committees on Technology and Committee on Insurance to participate in annual self-assessments. Current verbiage is confusing and opens the possibility that the assessment should include only members transitioning off of the entities.
- 5. Update on Global Strategic Planning Committee** - The committee met in St. Louis to develop a strategy map. This document is a condensed, overarching view of the organization's mission, strategic goals, and values. For instance, one value is a statement that we believe "members come first." The map is intended to be concise but memorable. The committee will continue working over the next several months to refine the draft plan, which will be presented to the BOT in February and made available to delegations prior to ad interim meetings.

- 6. Results from Audit & Review of CAP** - RubinBrown representatives, Brent Stevens and Liz Arro, presented the BOT with the results of the audit for FY2016-2017. The AAO received a clean report again this year, which means the financial statements were free of material misstatements and were presented in accordance with Generally Accepted Accounting Principles. The auditors were also asked to analyze the CAP revenues and expense funds, in addition to vendor management procedures. Staff and the Budget and Finance Committee will review audit suggestions with a report due at the February BOT meeting.

### BOT Actions

- 1. Mechanism for Online Reporting of Non-Orthodontists** - The BOT approved a motion that the AAO create and implement an easy-to-use online mechanism for AAO members to report non-orthodontists who misrepresent themselves as orthodontists to the public.
- 2. Constituent Host Portal on AAO Website** - The BOT approved a motion that the AAO work with representatives from each constituent to explore the creation of a host portal on the AAO website that would include content for each constituent and component society.

- 3. Fact Sheet and the Value of Its Current Form to Constituent Leaders** - The BOT discussed the value of the constituent Fact Sheet in its current form and requested that staff explore options to re-design the report so that it is easily accessible, user-friendly and perhaps condensed like an executive summary or annual report.
- 4. American Academy of Pediatric Dentistry & Match Allowance** - The BOT approved a motion authorizing a request of the American Academy of Pediatric Dentistry (AAPD) to support the proposed National Match Service language standard to allow applicants to accept a Match offer even if they initially accept a non-Match offer. The AAO is considered the sponsor or representative of orthodontics with the National Match Service (NMS). With the mix of Match and non-Match accredited graduate orthodontic programs, COE recommended this motion to foster more Match participation among orthodontic applicants.
- 5. State Dental Board Complaints - Expenses** - The BOT approved an allocation of an additional \$75,000 from the Component Legal Support Fund to cover expenses related to state dental board complaints.
- 6. Nominations** - The BOT approved a motion nominating Dr Ken Dillehay (SWSO) as the 2019-2020 AAO Secretary-Treasurer.

### Council Chair Appointments

The Board approved the following council chair nominations:

COOP - Dr Mel Collazzo SWSO  
COGA - Dr Dean Jensen SWSO  
COE - Dr Tom Kluemper SAO  
CTECH - Dr Doug Depew SAO

**Council on Communications -  
Dr Herbert Hughes, Alexandria, VA**



- Public and patient education in orthodontics
- Assist members in their PR and make available services, materials, and benefits
- Improvement of the oral health of the public

**Council on Governmental Affairs -  
Dr Kevin Toms, Nokesville, VA**



- Legislation that may affect the practice of orthodontics
- Legislative and regulatory issues and to governmental agency programs
- Legislative and regulatory initiatives which may affect orthodontics

# Learn About AAO Councils and Meet Your Representatives

**Council on Health Care -  
Dr John Metz, Land O Lakes, FL**



- Providing or facilitating the delivery of orthodontic health care
- Third party reimbursement plans related to orthodontic care
- Improve public oral health by expanding access to quality orthodontic care

**Council on Membership, Ethics, and Judicial Concerns - Dr Edward Snyder, Martinsville, VA**



- Membership programs and the recruitment of all qualified orthodontists as members
- Study, maintain and promote Principles
- Hear disciplinary proceedings and appeals

**Council on New and Younger Members -  
Dr Christopher DeLeon, Savannah, GA**



- Interests of new/younger members and students to the AAO
- Communication, interaction, and services among new/younger members and students
- Promote the development of future AAO leaders

**Council on Orthodontic Education -  
Dr Tom Kluemper, Lexington, KY**



- All matters relating to orthodontic education
- Consult with all appropriate dental, educational and governmental organizations
- Establish and maintain a liaison between COE and the Society of Educators

# Learn About AAO Councils and Meet Your Representatives

**Council on Orthodontic Practice -  
Dr TJ Albert, Naples, FL**



- Educate on improved patient care, management, delivery systems for patient benefit, and regulatory requirements
- Data on orthodontic office designs, procedures, and practice arrangements; and associations, transitions, and dispositions
- Address clinical and management problems that might arise due to orthodontic materials, devices, equipment and/or systems

**Council on Scientific Affairs -  
Dr Sylvia Frazier-Bowers, Chapel Hill, NC**



- The advancement of orthodontic research
- Awards for achievement in the field of orthodontic research
- Organize and maintain a research section at the AAO Annual Session

# How Would You Treat This Patient?

The facial photographs (Figure 1) of this young lady exhibit protrusive lips. One can picture the mentalis strain and the strain of the lips if the lips were closed. The casts (Figure 2) exhibit a significant maxillary protrusion, a deep impinging overbite, some remaining deciduous teeth and an end-to-end occlusion. The mandibular right lateral incisor is rotated severely and pushed distally.

The panoramic radiograph (Figure 3) confirms that the mandibular lateral and canine have to be carefully managed in order to get the teeth into the right position. The cephalogram and its tracing (Figure 4a - 4b) exhibit the protrusion of the maxillary teeth, an end to end relationship of the posterior teeth, unerupted premolars and second molars. The ANB is 6°. The patient has a low mandibular plane angle of 12°.



Figure 1



Figure 2



Figure 3



Figure 4a

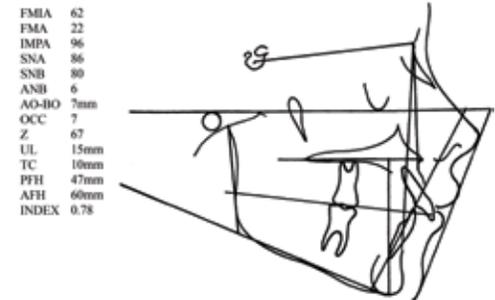


Figure 4b

## Treatment Choices

### 1) Non-premolar extraction

If this option were chosen, the mandibular teeth would have to be carefully maintained and the maxillary arch would have to be significantly distalized in order to achieve anterior coupling, closure of the maxillary anterior spaces and a Class I molar relationship.

### 2) Extraction of maxillary and mandibular right and left first premolars

This option would give the operator plenty of space in which to move the teeth, but because of the low mandibular plane angle, mandibular incisors probably do not need to be uprighted a significant amount. One could treat the patient with this plan, but mandibular incisor position would have to be carefully monitored.

### 3) Extraction of maxillary first premolars and mandibular second premolars

This treatment option might allow the operator to more easily maintain the position of the mandibular anterior teeth, bring the mandibular posterior teeth forward into a Class I occlusion and retract the maxillary anterior teeth.

## Treatment

After considering the options, the chosen treatment plan was to remove maxillary first premolars and mandibular second premolars. Mandibular incisor position was to be monitored carefully so that posttreatment facial balance was good. The problem with the mandibular right canine and mandibular right lateral incisor had to be carefully monitored so that the root of the mandibular right lateral incisor was in proper position. Treatment took 24 months. Hawley retainers were delivered after treatment and worn approximately two years.



Figure 5

## Posttreatment

The posttreatment facial photographs (Figure 5) exhibit good chin projection and balance and harmony of the lower face. The posttreatment casts (Figure 6) confirm correction of the occlusion. The canines and molars are in good position. The pretreatment arch form has been maintained. The mandibular right lateral/canine issue was successfully resolved. The posttreatment panoramic radiograph (Figure 7) exhibits good root uprighting into the extraction spaces as well as proper root angulation of the teeth.



Figure 6

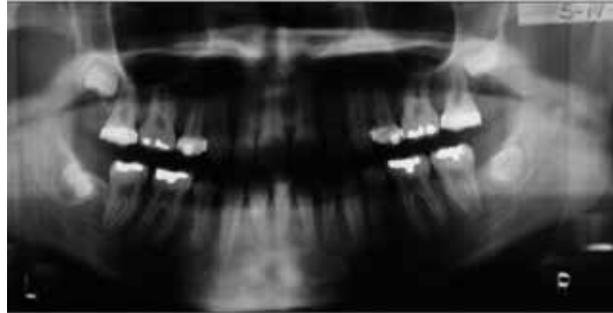


Figure 7

The posttreatment cephalogram and its tracing (Figure 8a - 8b) exhibit a small amount of mandibular incisor uprighting and maintenance of the vertical dimension. The pretreatment/posttreatment superimpositions (Figure 9) exhibit favorable mandibular change, retraction of the maxillary incisors, a small amount of uprighting of the mandibular incisors and a very nice change in the spatial relationship of the mandible to maxilla. Chin projection has been improved.



Figure 8a

FMIA	67
FMA	21
IMPA	92
SNA	88
SNB	83
ANB	5
AO-BO	4mm
OCC	8
Z	78
UL	16mm
TC	12mm
PFH	52mm
AFH	64mm
INDEX	0.81

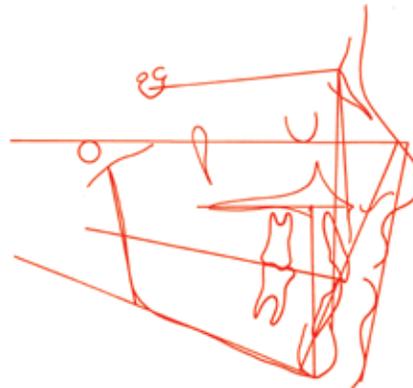
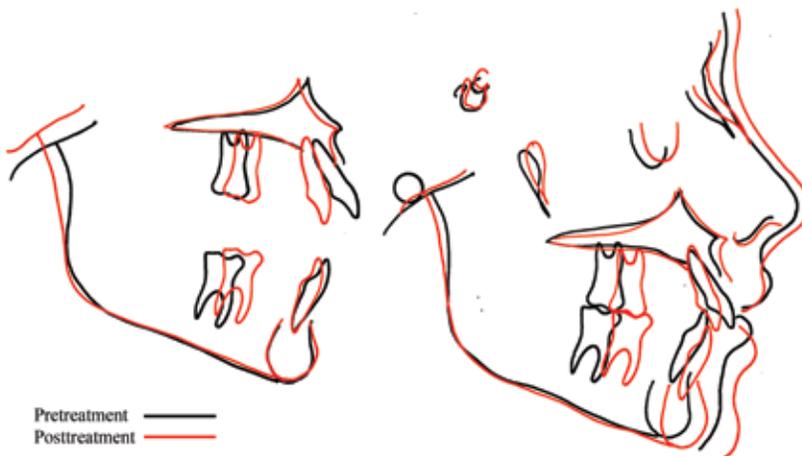


Figure 8b

Figure 9



Orthodontics is not just about what a patient looks like at the end of treatment. All orthodontists need to be very concerned with how the patient will look and how the teeth will look and function long term. Orthodontic treatment must have lasting benefit - lasting benefit without permanent retention. It was hoped, when this patient's treatment was finished in 1980, that she would receive lasting benefit. She was retained with maxillary and mandibular Hawley retainers for approximately two years.

### 30 Year Recall

Thirty year recall records were made. The patient has a balanced and harmonious face (Figure 10). There is a nice “curl” of the upper lip. The casts (Figure 11) reveal good interdigitation of the teeth, a small amount of spacing in the maxillary anterior area due to the small laterals and maintenance of the corrected impinging overbite. There is a very small amount of mandibular incisor crowding which was insignificant to the patient. The cephalogram and its tracing (Figure 12a - 12b) exhibit maintenance of the corrected malocclusion and reduction of the ANB to 4°. The pretreatment/posttreatment/30 year recall superimpositions (Figure 13) exhibit continued downward and forward mandibular change which improved the facial profile. The patient’s 30 year posttreatment smile reveals a patient for whom the benefit of orthodontics greatly outweighed the burden.



Figure 10

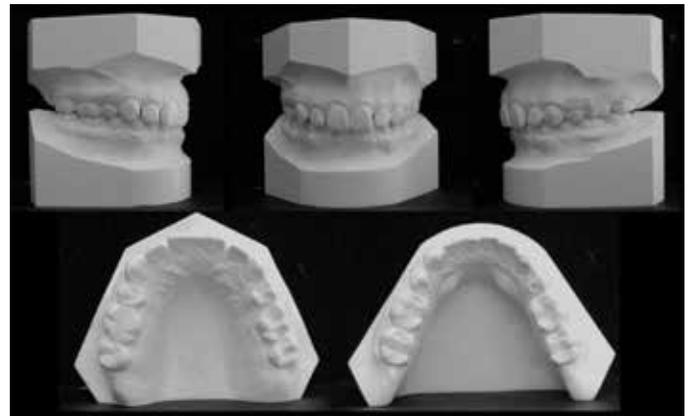


Figure 11



Figure 12a

FMA	69
FMA	19
IMPA	92
SNA	90
SNB	86
ANB	4
AG-BO	2mm
OCC	8
Z	84
UL	11mm
TC	11mm
PFH	53mm
AFH	65mm
INDEX	0.81

Figure 12b

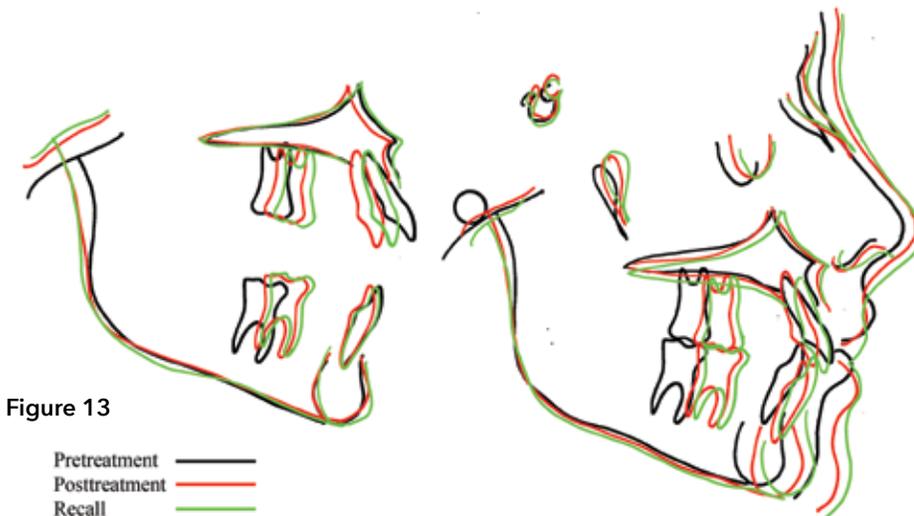
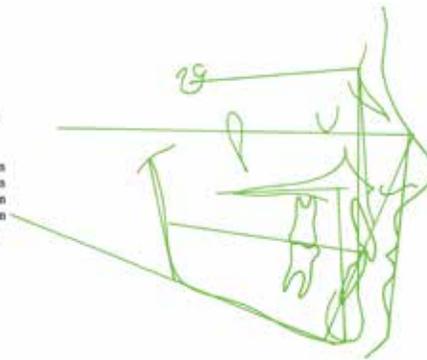


Figure 13

Pretreatment ———  
 Posttreatment ———  
 Recall ———

- Figure 1 - Pretreatment Facial Photographs
- Figure 2 - Pretreatment Casts
- Figure 3 - Pretreatment Panoramic
- Figure 4a - 4b - Pretreatment Ceph and Tracing
- Figure 5 - Posttreatment Facial Photos
- Figure 6 - Posttreatment Casts
- Figure 7 - Posttreatment Panoramic
- Figure 8a - 8b - Posttreatment Ceph and Tracing
- Figure 9 - Pretreatment/Posttreatment Superimpositions
- Figure 10 - 30 year Recall Facial Photos
- Figure 11 - 30 year Recall Casts
- Figure 12a - 12b - 30 year Ceph and Tracing
- Figure 13 - Pretreatment/Posttreatment Recall Superimpositions

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