Orthodontist-patient relationships and treatment satisfaction

Part two of two

By Angelica Chaghouri, Herman Ostrow School of Dentistry, University of Southern California

Methodology

Given the social/psychological nature of this research question, a qualitative methodology was chosen because it is best suited to explore dynamic human behaviors rather than a quantitative method (Seidman, 2006). This research study pursued an empirical phenomenological methodology because it “... involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essence of the experience.” (Moustakas, 1994, p. 13)

The variables associated with understanding patient-doctor relationships were not easily quantifiable and required understanding a patient’s experiences with his/her orthodontists because feelings are not discrete, numeric or constant; they evolve over the course of a relationship and may manifest differently at various times. The best way to understand patients’ experience was to allow them to express themselves through a survey as the instrument of choice.

Three different populations were surveyed. The first two participant groups were randomly selected from two orthodontic clinics and the third population was a self-selected peer group. Surveys were printed and distributed in March 2018 and collected in October 2018. The two clinics included a private practice in Irvine, Calif., (Group 1-A) and the Herman

Coming up

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Here is a sampling of new products and technology you can learn about while here at the AAO:

- Ormco unleashes innovative product lineup: In addition to previewing its Spark Clear Aligner System, a new entry to the clear aligner category, Ormco is featuring its most innovative product lineup in years, introducing SmartArch, an archwire designed to enable clinicians to move into a finishing wire after just two wires; Symetri Clear, an advanced esthetic ceramic bracket designed for refined strength, patient comfort and easy debonding without fracturing; and Damon Q2, a leading passive self-ligating (PSL) bracket, with 2x rotation control for optimal precision, predictability and efficiency.

With nearly 60 years of research and product innovation and more than 1,000 patents, Ormco has helped doctors with more than 20 million cases in more than 130 countries. To learn more about any of these products or technology, visit Ormco at booth No. 1101.

- A toothbrush that flosses? Waterpik (booth No. 2447) is launching the “world’s first flossing toothbrush,” the Sonic-Fusion. This new product is clinically proven to be twice as effective as traditional brushing and flossing, according to the company. Stop by and ask about the special show price.

- Continuing care that starts in your chair. New Crest Gum & Sensitivity kills plaque bacteria and occludes tubules where 80 percent of sensitivity starts: the gumline. This product is proven, according to the company, to start working immediately to relieve sensitivity. For more information, visit Crest + OralB at booth No. 911.

- Not too young for Invisalign: Launched within the past year, Invisalign First clear aligners are specifically designed for growing patients requiring early interceptive treatment. Additional new features include improved retention on short clinical crowns and improved and expanded eruption compensation features, making it possible to treat patients in early to late mixed dentition. To learn more, visit booth No. 2001.
Scenes from Saturday

Head over to the Dolphin booth (Nos. 1025/1125) and try out the software where you can see what you'll look like with braces or with perfect teeth post-treatment!

Bonnie Cady and Scott Hudson of Reliance Orthodontics can offer ‘Assure PLUS’ at booth No. 1239 among other items!

Visit the team of the Myofunctional Research booth (No. 811) to learn about appliances to correct malocclusion.

Stop by the Platypus booth, No. 839, for deals on a variety of orthodontic products.

Visit Allure at booth No. 525 for top-quality brackets and pliers at affordable prices.

Be sure to spend time at the Planmeca booth (No. 1547), like these attendees, to get a glimpse of the company’s full line of 2-D and 3-D imaging and scanning products.

Norma Luna of Shofu Dental (booth No. 281) helps attendees make sure they go home with the products they need.

Attendees keep things busy at the G&H booth, No. 2219.

All photos courtesy of the companies depicted.
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Best Orthodontic Practice Management Software: Your choice for a fifth straight year!
Joe Belbie of Healthy Start (booth No. 1819) talks to attendees about an appliance used to treat sleep-related breathing disorder symptoms.

You can’t miss the stunning entrance to the ClearCorrect booth, No. 1825. Be sure to head inside for a special presentation.

Patrick Toal, territory manager for PROPEL Orthodontics, introduces attendees to the company’s devices at booth No. 2601.

At right, GC Orthodontics America officials take time out for a photo op with attendees Saturday morning at booth No. 2247.

Above, Dr. John Graham speaks on “SLX 3D: Self-Ligation Perfected” at the Henry Schein Orthodontics booth, No. 1925. The booth has speakers between 11 a.m. and 2 p.m. each day.

AAO attendees get ready to enter the Los Angeles Convention Center Saturday morning.

Dentsply Sirona Orthodontics (booth No. 1301), including GAC and Raintree Essix, keeps things running smoothly with digital treatment planning.

Rick Matty, VP and GM of Digital Solutions for Ormco (booth No. 1101), offers attendees a preview of Spark, its new clear aligner system.

You can’t miss the stunning entrance to the ClearCorrect booth, No. 1825. Be sure to head inside for a special presentation.

Brian Ganey at Carbon (booth No. 2063) talks to attendees about the company’s ground-breaking printers.

You can’t miss the stunning entrance to the ClearCorrect booth, No. 1825. Be sure to head inside for a special presentation.
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Ostrow School of Dentistry at USC Advanced Orthodontic Clinic (Group 1-B). The final group was chosen from current Herman Ostrow School of Dentistry students (Group 2-A) who had completed orthodontic treatment in the past. In soliciting participants for the study, the attending orthodontist and this researcher attained permission from patients before administering the survey. Study participants from the two clinics (i.e., Group 1-A and Group 1-B) received the survey from their orthodontists and were asked to return the completed survey to the front desk staff.

Because survey participants from Group 2-A were current Herman Ostrow School of Dentistry students, they were asked to complete the survey directly by this researcher.

The survey was administered to 27 adults, 19 females and eight males. Requirements for participant selection were individuals who (a) completed full treatment fixed maxillary and mandibular orthodontic brackets for at least 12 months, (b) were older than age 18 and (c) resided in the greater Los Angeles area.

The survey instrument was designed with questions identifying age, gender and race in the first section. It was important to include and emphasize age and gender because dentofacial appearance has a negative correlation with age (i.e., as an individual ages, dental appearance satisfaction decreases), this correlation was especially true among women (Al-Omiri & Abu Alhaija, 2006). According to Al-Omiri and Abu Alhaija, personal identifiers were important because gender identity and age affect initial perceptions of appearance.

In the second section of the survey, a list of 14 questions was asked and measured on a Likert scale (i.e., 1 to 5) (Likert, 1932). The Likert scale was used because it is a common form of measurement for an individual’s attitudes on a given topic. Participants were asked to rate how much they agreed with a question or how satisfied they were with a scenario on a scale of 1 to 5 — one represented very dissatisfied or very disagreeable response and five represented very satisfied or very agreeable. The data were collected, recorded and analyzed in an Excel spreadsheet in October 2018. The survey data results are available in Figure 1.

Survey instructions

The following instructions were presented at the top of the survey.

Please complete the two sections below. The first section is strictly biographical. The second section asks you to reflect on your orthodontic treatment. Please respond to all 14 questions to the best of your ability. All of the questions in this section are based on a 1 through 5 (e.g., 1=Very Dissatisfied to 5=Very Satisfied). Please note that your responses will remain anonymous and none of this information will be shared beyond the scope of this research.

Survey questions

- How satisfied are you with the result of your orthodontic treatment?
- Were your initial expectations for your smile met by the orthodontic treatment you received?
- How satisfied were you with your personal relationship with your orthodontist?
- How big of a role did your personal relationship with your orthodontist play in meeting those expectations?
- How much did your orthodontist make you feel like you were his/her priority?
- How important of a role did the orthodontist’s technical attributes play in meeting the expectations of your treatment?
- Did you feel like your orthodontist spent enough time with you during each visit over the course of your treatment?
- How involved did you feel throughout the process of your orthodontic treatment?
- How comfortable were you in expressing your concerns to your orthodontist during treatment?
- Was your orthodontist interested in listening to you?
- How satisfied were you with the overall result of your teeth after completing your orthodontic treatment?
- Are you satisfied with the esthetics and function of your teeth?
- Are you satisfied with the esthetics of your teeth?
- How would you rate your overall experience with your orthodontist?

Data collection and limitations

There were two noticeable challenges during the data-collection phase. First, the patients who satisfied the participant criteria was limited. Also, patients returned to their orthodontists’ offices after completing treatment infrequently, slowing down data collection. In addition, patients who had braces in the past may not remember the nature of the relationship with their orthodontist. This was especially true for current Herman Ostrow School of Dentistry students — many of whom had full appliance therapy more than 10 years prior to this research study.

Asking orthodontists to allocate extra time to recruit survey participants was an additional burden on patients. This may have affected survey results from both the private practice and USC’s Advanced Orthodontics Clinic. This researcher was not present in the private practice nor in the USC clinic when the surveys were distributed. If the surveys were distributed by the orthodontists, participants may have felt less pressure to input favorable responses and might have been more critical about their relationship with the orthodontist.

Organization

The survey questionnaire offered respondents the opportunity to rate questions on a 1 through 5 scale. In the data analysis phase, responses were grouped into three categories — satisfied (4 and 5), neutral (3), and dissatisfied (1 and 2) to order, analyze and interpret data from the 27 respondents.

Data analysis

Participant responses were generally consistent for most questions. When participants were asked how satisfied they were with treatment, all responded that they were satisfied (4 and 5). Most participants responded that they were “very satisfied” (3). All of the participants were satisfied (4 and 5) with the “overall experience” with their orthodontist. Twenty-five of 27 respondents said they were also satisfied (4 and 5) with the personal relationship with their orthodontist (see Figure 1).

Survey results suggested patients who were satisfied with their orthodontic treatment also had positive relationships with the orthodontist, suggesting that some relationship exists between patient-orthodontist relationships and patient satisfaction. Responses to questions eight and nine suggested respondents were comfortable talking with their orthodontist about their treatment and expressing concerns.

The most variable response was how big a role a patient’s personal relationship with the orthodontist played in meeting expectations for their smile. Participants as a whole were unsure about how much any personal relationships with the orthodontist may have impacted their treatment.

Variability of this response did not imply that patients who were satisfied with their orthodontic treatment also had positive relationships with the orthodontist. Patient expectations about his/her smile throughout treatment seemed to evolve over time, so the effect of the doctor-patient relationship on meeting expectations or falling short suggested little about the quality of that relationship.

There was also variability to question 7: “Did you feel like your orthodontist spent enough time with you during each visit over the course of your treatment?” Data suggested the amount of time a doctor spends with his/her patient may vary and spending more time with a patient may not mean the patient will have a better (or worse) doctor-patient relationship. The data also suggested the quality of the interactions may be more important.

Conclusion

The study sought to explore a pathway for improving patients’ orthodontic outcomes. The literature pointed out that quality of care was an important factor in achieving high-quality outcomes. One facet of addressing “quality of care” was patient-doctor relationships, and...
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To Knockout Bond Failure!
Dolphin: A single software system for the ortho-pedo practice

By Dewitt Blankenship,
Manager of Dolphin Management,
Mobile and Web Software Products

Since introducing our specialty — pedo software module within Dolphin Management three years ago, Dolphin has been adding pediatric features and tools to appropriate areas throughout the rest of our product line, including 45 (and growing) pediatric-specific movies in Aquarium, our patient-education software.

The result is a comprehensive system that allows orthodontists and pediatric dentists to work in concert and with a single patient database.

Newly designed enhancements include tools for viewing and analyzing radiographs, plus dedicated features for financials, scheduling, charting, treatment planning and insurance. All new features work great in an orthodontic, pediatric or multi-specialty pediatric-orthodontic practice.

Dolphin Management specialty — pedo

- The first fully-fledged pedo/ortho, single-point practice management solution.
- Manage scheduling and patient treatment for pedo and ortho in one place.
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- Employer plan changes to support dental.
- Policy benefit summary to support dental.
- Patient dental location/provider tracking.
- Revamped post charge screen, which allows user to choose billing and treating dentist/location at time of posting charge and offers the ability to see insurance worksheet to determine breakdown of money.
- Ability to create charges from codes setup screen for easier setup.
- Systems to handle when insurances will pay for charges that are limited by a period.
- Ability to assign a discount type and discount percentage by billing party. This can also be adjusted as needed at time of posting.

Scheduling features

- Assign pediatric dentist to appointments.
- Assign charges to appointment types.

The pedo software module within Dolphin Management. Photo/Provided by Dolphin

References


This study examined whether such relationships impacted patient satisfaction.

Through a qualitative research methodology, implementing the use of surveys, data were gathered on patient-doctor relationships among three sample populations. The conclusions drawn from the data suggested patient-orthodontist relationships do matter for patient satisfaction and orthodontists who pay attention to the relationship with each patient can often achieve a higher quality of care.

Here in Los Angeles

For information on Dolphin’s full product line, stop by the booth, No. 1025, or visit www.dolphinpedo.com.

- The charge abbreviations tied to the appointment will display on scheduled appointments.
- Create dental treatment plans.
- Ability to print dental treatment plans.
- Submit pre-determination claims from the treatment planning table.
- Schedule appointments from treatment planning screen.

Dental tooth chart features

- Chart existing dental conditions.
- Chart dental procedures performed per visit.
- Chart proposed procedures from dental treatment planning.
- Dental tooth chart field, to chart dental conditions, per visit.

Dolphin Imaging features

- Magnify and spotlight toolbar tools.
- Pediatric/dental FMX layouts.

Aquarium features

- Pediatric library category containing 45 pedo-specific animated patient education movies.
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Integrating Propel into Everyday Practice

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DR. MAZ MOSHIRI
2pm | May 5th
Propel: Your Clear Aligner Outcomes

DR. THOMAS SHIPLEY
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Look beyond malocclusion to evaluate child’s airway

Orthodontics is no longer just about teeth but is about the overall health of our patients. There are many patients out there who are struggling to breathe and sleep. The role of the orthodontist is expanding to not only look at a patient’s malocclusion, but rather looking at the whole child and his or her overall health.

Orthodontists should be screening for sleep, evaluating airways and identifying improper growth and development of the oral cavity. Understanding how to eliminate improper habits and instill proper habits can assist in long-term benefits.

It is imperative to understand sleep disordered breathing (SDB), its outward symptoms, the underlying root causes and the tools available to evaluate and, most importantly, treat. These underlying root causes include narrow arches or constriction of the maxilla, vaulted palate, tongue posture, improper swallow, mouth breathing, poor jaw relations, and the underdeveloped mandible and/or maxilla, which all can contribute to an unhealthy airway.

Incorporating the evaluation of the outward symptoms of SDB begins with the HealthyStart sleep questionnaire, which identifies 27 outward symptoms of SDB, that a parent fills out, indicating the degree of severity. It is important for parents to spend the time to fill out the form and, if necessary, take time to evaluate their child’s sleep habits by videotaping them sleeping or just spending 30 minutes sitting in the bedroom to listen to their child breathe.

Mouth breathing is the most serious of the habits and represents approximately 46.7 percent in a study of 501 children. Frequently, a parent will not recognize nighttime mouth breathing in their child. Snoring is an easier symptom to identify, but not all mouth breathers will snore. Snoring should be more accurately described as heavy breathing or breathing that can be heard. Research shows that if a child mouth breathes, seven other outward symptoms will also be seen.

Children with habitual snoring in primary school show prevalence and association with sleep-related disorders and poor school performance. Additional research shows that snoring is associated with behavioral issues and is statistically significant for hyperactive behavior, concentration deficits, daytime tiredness, falling asleep while watching television and falling asleep in school. Tooth grinding also shows a significant and independent association with poor school performance.

Other evaluation tools available include a cephalometric radiograph and/or a CBCT scan. These records provide additional information on airway size and volume. Drawbacks to the cephalometric and the CBCT scans are that the view of the airway is only observable in the upright position and not being able to provide imaging of the airway in a reclined position during sleep.

Statistics have shown that 21 percent of the population will show a compromised airway in this vertical position, with 79 percent showing a normal airway. This can lead one to believe that these patients experiencing breathing and airway issues during sleep could be a result of habitual issues present during sleep, such as mouth breathing and nasal airway problems.

Sleep testing is also available for patients. There are home sleep tests, clinical sleep tests and CPC monitoring. It is important to understand the benefits and drawbacks of each of these tests and who will prescribe, read and determine treatment options. This is an area in which a collaborative effort can occur with a sleep physician and the orthodontist.

Additional collaboration occurring between the medical professional, sleep physician, ENT, pediatrician, neurologist, nutritionist, psychiatrist and the orthodontist is critical when evaluating underlying root causes to address these underlying root causes that contribute to sleep and breathing issues.

A severe breathing issue with a patient, with tonsils almost or touching each other, should be referred to the ENT. If a parent indicates on the sleep questionnaire that a stoppage of breathing occurs during sleep or interrupted snoring, this should indicate that a referral to a sleep MD is necessary. Keeping a patient’s pediatrician involved in the treatment is extremely important and builds a referral basis.

It is apparent the orthodontic profession is changing and broadening its scope of evaluation and treatment. Research shows that nine out of 10 children exhibit one or more outward symptoms of SDB. The growing epidemic of sleep issues appear to go largely undiagnosed, misdiagnosed or frequently treated with medication.

By creating open airway orthodontics, an orthodontist is able to identify airway issues and address improper growth and development as well as orthodontic conditions that are associated with sleep difficulties. Maloccluded teeth can often indicate a narrow palate. Overjet can indicate a deficiency in growth in both the upper and lower jaw. A maxillary posterior or crossbite can indicate a sleep issue and deficiency in growth of the nasal cavity and can indicate a compromised upper (nasopharynx) airway.

The HealthyStart® treatment is able to address these underlying root causes that can contribute to sleep and breathing issues. The conditions addressed with the HealthyStart’s treatment protocol expands the upper arch, corrects any overjet, any overbite, crossbite, open-bite, gummy smile and the Class II and III condition. It can also address the habitual issues, including mouth breathing, teeth grinding, thumb or finger sucking, tongue thrust and improper resting tongue position, open-bite and an improper swallow.

The HealthyStart appliance is designed with active myofunctional therapy built into every appliance, providing repetitive correction of proper swallow, proper tongue placement, nasal breathing and expansion of the arches.

A child sleeps one time a minute during sleep, and, therefore, by wearing the HealthyStart Habit Corrector while the child sleeps, the myofunctional therapy will be repeated more than 500 times per night.

The HealthyStart treatment is non-invasive and non-pharmaceutical, and oral appliances are worn primarily passively at night for the younger patients and two hours per day for the older patient to guide and promote the growth and development as well as address the habits and the orthodontic conditions that are present requiring correction.

The Habit Corrector is effective for all ages, from infants to adults, and can be worn during sleep and even during the day if needed.

Research on the HealthyStart System shows that 82.8 percent of patients show significant improvements in breathing and oral posture.

An orthodontist should consider the HealthyStart System as part of their practice, with the wide variety of referrals they can make to improve the overall health of their patients.

Here in Los Angeles

To learn more about the HealthyStart System, visit the HealthyStart booth No. 189, go online to www.thehealthystart.com, email info@thehealthystart.com or call (844) KID-HEALTHY.
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iTero Element Flex is a mobile optical impression system (CAD/CAM) used to record the topographical images of teeth and oral tissue. To use the iTero Element Flex scanner, the user must purchase it separately. To see a list of certified laptops, please visit the iTero.com website.

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Increase production, reduce expenses and improve the patient experience

By Shofu Dental Staff

Dentists who strive to increase the effectiveness of clear aligner therapies in their practice seek products that can engage their team members and improve the experience of a patient. Digital photography plays a key role in documenting treatments. With the right camera, team members can help increase the patient’s understanding of the clear aligner treatment for easy case acceptance.

The EyeSpecial C-III camera from Shofu enables staff to take images for case documentation, diagnosis and treatment planning, and patient communication and education. This digital dental camera has eight pre-programmed shooting modes that clinicians and their team members can use to complete their photo series with ease and consistency, according to the company.

For every step of orthodontic photography, the EyeSpecial C-III will automatically set the appropriate F-stop, aperture and focal length to deliver consistent ideal photographs, leaving the camera’s operator to simply select a suitable mode. Incorporating intuitive functions tailored specifically for dentistry, the EyeSpecial C-III is designed to handle all clinical applications regardless of who is taking the photos.

Combining the photos with a draw/edit function, which allows for making notes directly on images, is a unique attribute for effective treatment evaluation or a discussion about the progress or challenges associated with the modality. Engineered to provide functionality, the ultralight (weighing ca 1 lb) EyeSpecial C-III complies with infection control protocols. The camera’s body is water-, chemical- and scratch-resistant, and it can be disinfected with a sterilizing wipe, reducing the possibility of cross-contamination.

In clear aligner therapy, proper tooth positioning and the desired tooth movement require composite resin attachments (buttons) in a combination with the aligners. For optimal results for the creation of composite attachments, select Shofu’s bioactive Giomer composite, Beautiﬁll II (packable) or Beautiﬁll Flow Plus (X) F00 (zero ﬂow, ﬂowable), which demonstrates excellent physical properties and esthetics, according to the company, and has the clinical beneﬁts to sustainably release and recharge ﬂuoride, neutralize acids and inhibit plaque build-up.

Both Beautiﬁll II and Beautiﬁll Flow Plus (X) F00 have a full shade range allowing for invisible buttons during treatment. Prior to the placement of the composite, the tooth surface will need to be prepared for the application of the adhesive system. BeautiBond is recommended for enamel bonding and Cerasein Bond for porcelain, zirconia or gold restorations. Both can be easily removed at the end of a modality using appropriate ﬁnishing and polishing tools.

Designed to aid the safe removal of orthodontic attachments created with direct composites, the Kit Attachment Removal for Clear Aligners from Shofu will help clinicians and their team members detach the composite buttons and restore the tooth to a highly esthetic look, without marring the surface, according to the company.

The removal technique associated with Shofu’s kit supports minimally invasive dentistry. In a quick and simple procedure, according to the company, the bulk of a composite can be removed with either a Super-Snap black disk or a Robot Carbide Finisher bur. The remaining prominence of an attachment can be reduced with either OneGloss PS or a Super-Snap violet disk. With a Super-Snap X-Treme green and red disks, the tooth surface can be efﬁciently prepared for the ﬁnal polishing conducted with a directed Dia Polishing Paste and a Super-Snap SuperBuff disk.

Finishing and polishing after the attachment removal are vital to the clinical success of a clear aligner therapy. However, selecting the proper system can be challenging and, perhaps, overwhelming. According to the company, the Attachment Removal Kit for Clear Aligners delivers proven instruments and protocols to help team members safely remove orthodontic attachments and restore teeth to a highly esthetic look in an efﬁcient and predictable manner.

Change your workflow with digital technology

By Mark S. Sanchez, DDS, founder, CEO and chief developer at tops Software

Digital technology has rapidly changed the orthodontic profession. Innovation is leading the way. Today, many practices are discovering the beneﬁts of digital workflow.

• Flexibility. All orthodontists have speciﬁc needs within their practice. Inhouse labs can choose to make their own 3-D models and aligners or can work with a vendor to fabricate them.
• Reliability is another beneﬁt. Digital ﬁles don’t get lost in shipping. They’re instantly reproducible and can be easily and safely accessed by everyone on your team.
• Digital workflow can also reduce start-to-ﬁnish times in your processes. With good organization and workflow, lab cases can be produced faster in-house. That’s a beneﬁt the patients really love — less time waiting to get their appliances.

To get started, let’s begin with a working deﬁnition of digital workflow. This is the means by which hardware and software create models of the hard and soft tissues of the mouth and face. It’s electronic documentation of the current state of the patient’s mouth. At most practices, a patient’s record includes photos of the face and teeth, intraoral scans, a cephalometric analysis and a 3-D CBCT scan.

The digital models are then manipulated to create the tooth positions as they will be after treatment.

3-D printing

This is the Apple iPod of orthodontic technology — we didn’t know how much we’d like it until we had it.

Initial costs for setting up a 3-D printer can seem daunting, but time savings and the money it generates for your bottom line makes it worth it. Whether you send a case out or have it made in a lab in your ofﬁce, the lab techs will take the digital ﬁles from the treatment-planning software and import them into the printer software.

Once printing is done, the lab tech cuts away excess aligner material and smooths the edges. A full set of staged treatment aligners can be produced at once to save both time and money. Auxiliary appliances will require other steps.

In case you’re considering getting a 3-D printer, keep these things in mind. First, dependent upon how much printing you plan to do, consider hiring a new staff member who can become totally devoted to it.

You’ll need space for a lab. Storage shouldn’t be as big a problem as it is for stone models. It’s great to have digital ﬁles that are immediately available instead of digging through paperwork, X-rays and model boxes trying to ﬁnd a case for review. For 3-D printing, you’ll need: an intraoral scanner, camera, 3-D printer, thermoformer and 3-D imaging software.

Today, we’re experiencing faster and better results and witnessing ﬁnancial gain as a result of digital workflow. 3-D printing done in-house is faster, gives you more control and raises your bottom line.
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A portion of the proceeds from the sale of certain products during these promotions will be donated to the Henry Schein Cares Foundation to assist nonprofits whose work aligns with each focus area. Thank you for your partnership and for helping to make a difference in the world we share.

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Please visit www.hsciousesfoundation.org to make a donation or learn more about our programs.
If I Don’t Sleep No One Sleeps

Snoring  Sleep Issues
Nightmares Restless Sleep
Bed Wetting Crowded Teeth
Sleep Issues Delayed Growth
ADD / ADHD Mouth Breathing
Difficulty in School Overbite / Overjet
Dark Circles Under Eyes Aggressive Behavior
Swollen Adenoids / Tonsils Daytime Drowsiness

9 Out of 10 Children Exhibit Sleep-related Breathing Disorder Symptoms

HealthyStart Addresses Sleep-related Breathing Disorders and Straightens Teeth Without Braces