

# SAO NEWS

#### **IN THIS ISSUE**

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#### President

Dr. Debbie Sema Birmingham, AL

#### **President-Elect**

Dr. Beth Faber Tappahannock, VA

First Senior Director
Dr. Eric Nease

Dr. Eric Nease Spartanburg, SC

#### **Second Senior Director**

Dr. Preston Miller Jackson, TN

#### Secretary-Treasurer

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#### **Immediate Past President**

Dr. Mark W. Dusek Savannah, GA

#### **AAO Trustee**

Dr. Richard Williams Southaven, MS

Director, The American Board of Orthodontics

Dr. Tim Trulove Montgomery, AL

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The views and opinions expressed in this newsletter are those of the authors and do not necessarily reflect the official policy or position of the association.

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In January, several SAO members traveled to Las Vegas to attend the AAO Leadership Development Conference.

This conference is held annually in conjunction with the AAO Winter Session. It provides a great opportunity to learn and network with colleagues.

#### **AAO Leadership Conference**





## **SAO President's Message**

**Dr. Debbie Sema** 

"I hope all of you had a wonderful holiday season with those you love."

The good news about staying busy in the early months of a year is you don't have time for post-holiday blues. And this has been a "Hap Happiest" Spring for me and our SAO Board.

As we continue working toward our goal to make 2024 the year we fully merge, the Executive Committees of the SAO and SWSO held a very productive joint Strategic Planning weekend in January. We came away very energized about our merger. For those of my generation who remember TV's the Bionic Man, we have plans to make our Constituent bionic - better, stronger and faster than we were before! We are committed to adding value for our members, not just through more amazing annual sessions that will continue to be standout meetings of the year, but through everyday tangible benefits that will be meaningful to all of you. As we merge, your SAO Board remains committed to preserving our culture of being visionary and innovative as we build strong relationships. We are working even harder to strengthen our sense of community. And, I am passionate about helping to increase advocacy efforts in every one of our states so that all of us feel the benefits in our practices. One of the best ways you can support our SAO community is to attend your component meeting. I am so excited to have started my visits to these meetings. Thanks to all of you for

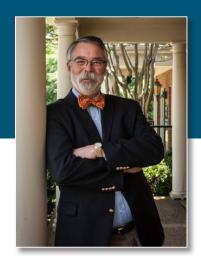
your true Southern hospitality. I love being able to see how all of your state organizations operate and am gleaning pearls from all of you. Most of all, I love meeting you and seeing everyone having such a great time while catching up.

A very important topic that is being discussed at our component meetings this year is the introduction of the AAO National Advocacy Network (NAN). This is AAO's effort to increase our grassroots advocacy effort. Please read the two page AAO explanation of this effort in this copy of your News! With the National Advocacy Network, the AAO is recruiting a person for a new "role" in each component, the Component Advocate Liaison, or CAL. This component liaison's role will be very important. His/her job will be to help foster communication with the AAO and other components about advocacy needs in each state. If your state has not already identified your CAL, please be sure to find that person and let our SAO team know who it is as soon as possible.

We can all learn more about the AAO's political advocacy efforts on the AAO website, but even better to hear it in person at the AAO Annual session in Chicago, April 21-24. Chicago is a great city and this meeting is going to be full of great CE and opportunities to have fun with each other, maybe even catch a Cubs or White Sox game! I hope to see all of you there!

Finally, I can't offer enough thanks to our newly formed Committee on Annual Meeting Planning, CAMP, for planning our upcoming Annual Session. It is going to one of our best meetings yet! Please be sure to mark your calendar for October 26-28 to enjoy the Amelia Island beach! This meeting is going to offer not just relevant CE with widely sought speakers, but great opportunities to relax and unwind with your SAO and SWSO friends, your office teams and your families. We can't wait to see you there in the sun and sand!

- Debbie Sema



### **AAO Trustee's Message**

**Dr. Richard A. Williams** 

I must preface these next comments by stating how privileged I am to serve as your Trustee to the AAO from "The Southern".

### The Borrowed Pillow — A Day (and Many Nights) in the Trustee's Life

I am in my fifth year as Trustee and now have a pretty good feel for the rhythm of the year. This season can be quite busy. Having served on various boards over the years, I have concluded that what is seen on the surface is never all that is happening in the organization. The perspective of the Trustee allows one to look behind the curtain and be able to see all of the activity in the association and how complex the work is that benefits you, the member. I will provide you with some insight into all of the events that a Trustee experiences to create the foundation used to make decisions on behalf of the AAO.

The time period between the beginning of the calendar year and until immediately post annual session consumes large amounts of time. The "givens" are the numerous conference calls and Zoom meetings to address liaison and committee assignments. The first example I mention is the Clinical Practice Guidelines Review. I had the privilege to Chair the Clinical Practice Guidelines Review committee for a third time. We finished our task early in January of this year. It took six Zoom meetings, two hours each, during the fall months and early January 2023 to engage and complete the task. It provided an opportunity to partner with a number of extremely talented

and passionate individuals for the betterment of our specialty. Trustees have multiple assignments such as this that frequently call for engagement with AAO staff, fellow Trustees, and/ or stakeholders from Councils and committees.

The second aspect is all of the inperson events for the components, constituents, and the AAO. While busy, it provides a chance to be physically in the moment with leaders and members (and future leaders) to gain various perspectives on members' points of view, as well as their needs. January always begins with an early SAO Executive Committee meeting and this year included the SWSO leadership for a multiday event in Savannah, Georgia for the purpose of having a strategic planning discussion, designing a map for the future of the merged organization, as well as conducting the business of the association. The Trustees of the two constituents were included in the fruitful discussions.

The next event was the AAO Leadership Development Conference that immediately preceded the AAO Winter Conference. There are a couple of Trustees who chair and plan the meeting on an annual basis. The purpose of the event is to allow

component and constituent presidentselect, as well as other emerging leaders, to engage in exercises that strengthen and enhance leadership skills as well as provide communication on current events relative to the AAO. Residents have been included for the past couple of cycles in order to identify and build future leaders. These young people are vital to the future of the association! The Trustees usually stay for and attend the Winter Conference. So as you can see, a few more nights on a borrowed pillow.

Personally, I feel a need to be with my fellow Mississippi orthodontists annually as my journey into leadership truly has grown out of these relationships. It was at the Mississippi orthodontic meeting that I first got involved with the SAO structure. It is always nice to be with close friends and colleagues in Jackson. As for component meetings, I also am committed to introducing the residents at Tennessee to organized orthodontics. Therefore, another trip to Nashville and the Tennessee Association of Orthodontists occurred the week after the Mississippi meeting. While the TAO meeting is not "required" of me, it is important for the future of the specialty of orthodontics to engage our new and younger members.

Continued...

#### **SPRING 2023**

The perspectives gained by being present with fellow orthodontists are of great value as I prepare for our AAO Board meetings. We attend six board meetings annually, four in St. Louis, and the two that bookend the annual session. I just returned a few days ago from a four-day Board meeting where the business of the AAO was conducted. As I have mentioned in previous messages, it pleases me to see the evolution of our Board to one that is very forward looking as we use the experiences of the past to help us prepare for our future. We spend more and more time at each meeting in generative discussions and less in conducting operational tasks. Our challenges and solutions are, in my opinion, in front of us, as are our best days.

Advocacy is important! You are either at the table or on the menu. Our focus has become more broad as we expand from a purely federal focus to

a much more appropriate local and state perspective. State Dental Boards, state legislatures and state regulatory bodies can have profound impact on the way we practice. The AAO is enjoying greater influence in these areas. You can learn more about this in The Advocate, a publication from AAO that focuses on advocacy at all levels. And while on the topic, I leave in a few days for the annual trek to Washington, D.C. for our Day on the Hill and a few more nights on a rented pillow.

An SAO/SWSO Ad Interim meeting in Dallas is the last opportunity for a face-to-face meeting with Constituent leadership as we prepare for the AAO Annual Session in Chicago where there will be many board meetings and the House of Delegates' sessions. Resolutions that will position our association for a bright future were developed at our recent Board meeting. The Trustees will meet for at least two days prior to the first HOD

session, then attend their respective caucuses, and on to the House meetings. As the meeting draws to a close, any actions of the House will be considered at the post annual session BOT. It is then time to go home for a bit of rest from a busy winter and spring.

Our association is very busy and complex, but so are the issues we face as orthodontic professionals. We/you are well represented by the staff and volunteer leadership as we prepare for our future. "More time in the windshield and less in the rear-view mirror" and that is a good thing for orthodontists! And if my count is accurate, I have described 26 nights on a borrowed or rented pillow! Thanks for the opportunity to represent you!

- Richard A. Williams

# In Memoriam



#### Dr. Bruce A. Gustafson

On November 15, 2022, at the age of 88, Dr. Bruce A Gustafson passed away. Dr. Gustafson was a devoted member of the Southern Association of Orthodontists. He served as North Carolina's former Director to the SAO. Dr. Gustafson practiced orthodontics for 41 years in Winston-Salem and Mount Airy, North Carolina.

The Southern Association of Orthodontists offers its heartfelt condolences to his wife, Jo Ann, and their family.

Scan the QR code to read Dr. Gustafson's obituary





# TIM TEBOW & JOSH MANCUSO ARE THE FIRST SPEAKERS IN OUR LINEUP We are thrilled to announce

We are thrilled to announce two fantastic keynote speakers

for the SAO & SWSO 2023 Annual Session. Two-time national champion TIM TEBOW will kick things off on Thursday. And actor, comedian and social media sensation JOSH MANCUSO will join us Friday in Amelia Island, Florida!



OPENING CEREMONY KEYNOTE SPEAKER

THURSDAY OCTOBER 26 10:30 AM





This year, our Opening Ceremony takes place Thursday morning. Plan to arrive at the resort on Wednesday so you don't miss this all-star!

# JOSH MANCUSO

FRIDAY KEYNOTE SPEAKER FRIDAY OCTOBER 27 8:00 AM

#### **JOIN US AT THE BEACH THIS OCTOBER!**

Mark your calendar, bring the team and the family too! Enjoy pristine beaches that once tempted pirates and adventurers alike. The Omni Amelia Island Resort offers luxurious oceanfront accommodations with unparalleled views of the Atlantic Ocean. Nestled on 1,350 acres at the tip of a barrier island off the Florida coast – the perfect destination for learning, networking, fun and relaxation.



AMELIA \*
ISLAND

SAO & SWSO 2023

The Omni Resort October 26-28, 2023



#### **MORE DETAILS COMING SOON**

For now, make plans for a fall getaway at the SAO & SWSO Annual Session. We recommend blocking Wednesday, October 25 through Sunday, October 29, to maximize your time and "Find Your Paradise" on Amelia Island.

# **AAO Political Action Committee**

Dr. Ed C. Davis



# Be a visionary for AAO ADVOCACY

Join as a Founder of the AAO National Advocacy Network!

#### What is the AAO National Advocacy Network?

In the fall of 2022, AAO's Council on Governmental Affairs (COGA) created the National Advocacy Network (NAN) to maximize AAO Member grassroots influence across the United States and Canada for offense and defense relating to our advocacy priorities. This inaugural class of NAN Founders will help chart the future for our success by enhancing the profession, and protecting patient health and safety through grassroots advocacy influence driving evidence-based policy the AAO can support.



The Voice of Orthodontists

AAOPAC.org

#### Who are the NAN Founders? YOU!

If you are a volunteer interested in advocacy and willing to learn, grow, and offer your talents, we want your leadership as a NAN representative. Candidates can be policy and political veterans or anyone with a can-do spirit and a passion for AAO's mission through advocacy.



#### What is Grassroots Advocacy?

It is the most effective way to influence our policy priorities by empowering AAO Members to use their voice to advocate on key issues and industry regulation through outreach to elected officials and other key decision makers.

#### **WHAT YOU'LL GET!**

- Leadership opportunities with AAO
- The opportunity to be part of an inaugural class of AAO Membership, which will lead the advocacy network in innovative ideas and grassroots opportunities
- Onboarding, Training, and Resources from the AAO Advocacy Team for your success
- Better understanding of your state and associated issues impacting your profession
- Networking and relationships with counterparts across the country as well as key stakeholders in your state
- Spokesperson training (if interested)
- Unique and exclusive AAO Advocacy and AAOPAC opportunities
- Cutting edge strategies for AAO Advocacy and AAOPAC that can also translate to benefitting your business
- Ability to make a difference for others through support for the orthodontic specialty + patient health and safety
- Better understanding of your state/province and associated issues impacting your profession
- Networking and relationships with counterparts across the country as well as key stakeholders in your state/province



# GRASSROOTS ADVOCACY: The SAO has always been a "pioneer" AAO advocacy leader and is the

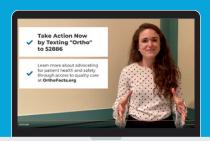
acknowledged model for PAC fund raising. Our SAO PAC Chairs have routinely encouraged individual state captains to reach out to their respective AAO members to insure a continued high percentage of giving from our SAO constituent. Many of the remaining constituents are starting to emulate the SAO model for PAC fund raising! Our AAO advocacy team is proud to introduce Kim VanVeen who will lead a new grassroots advocacy opportunity that will create new and distinct roles for two AAO members from each respective state, the Component Advocacy Liaison and the Political Action Committee Captain. These two people will be key components of our National Advocacy Network.

- Ed C. Davis

# Two immediate roles TO FILL IN EACH STATE ACROSS THE COUNTRY:

# Component Advocacy Liaison (CAL):

Working closely with COGA and the AAO Advocacy Team, Founding CALs will serve as their state's or province's chief point of contact for the National Advocacy Network. This role can include monitoring state/provincial regulation and legislation; recruitment of additional NAN leadership; representing AAO at key policy events; and working with counterparts throughout the nation to share lessons learned and insights to benefit Advocacy influence on AAO Member priorities.



# AAO Political Action Committee (AAOPAC) Captain:

Working closely with the AAOPAC Board and the AAO Advocacy Team, the Founding AAOPAC Captains will serve as their state's point of contact for AAOPAC fundraising that fuels AAO Advocacy priorities not only in Washington, DC but in states across the country. This is a key leadership role inside the National Advocacy Network that will also include recruitment and development of other leaders for AAOPAC growth and sustainability. Captains will also represent AAOPAC at key political events and work closely with counterparts throughout the nation to fully leverage resources and relationships for AAOPAC success.

\*Per FEC regulations, AAOPAC Captain must be a U.S. Citizen or permanent resident.

#### **COMMITMENTS, SKILLS & ABILITIES:**

- Willingness to participate in internal and external meetings for AAO (virtual and in-person)
- Strong attention to detail and organization
- Relationship building skills
- Ability to maintain levels of confidentiality
- Commitment to recruiting new NAN leaders for growth & sustainability
- Up to four hours monthly anticipated for success in this role
- Minimum 2-year commitment to service leadership role (volunteer)

If you are ready to join this NAN
Founding team and want to learn more,
please reach out to AAO's Grassroots
and Digital Advocacy Specialist Kim
VanVeen by sending an e-mail to
KVanVeen@aaortho.org
to share your interest. Candidates will

be considered and selected for service

beginning early in 2023.

We look forward to Founding NAN Leaders contributing to AAO's Advocacy and AAOPAC success!

## **ABO Announces Newly Certified** and Recertified Orthodontists

The American Board of Orthodontics (ABO) granted certification to 221 orthodontists during the third and fourth quarters of 2022, while another 245 orthodontists completed their 10-year certification renewal requirements during this time period.

ABO Board Certification is a voluntary credential that represents an orthodontist's personal and public commitment to the standards of specialty practice and lifelong learning. Attaining first-time ABO certification requires successful completion of the Written Examination and the Clinical Examination. Orthodontists gaining recertification must successfully complete the Recertification Examination and requirements.

On behalf of the Board, I congratulate all those who have completed the certification or certification renewal processes. The continued interest in pursuing certification sends to the public the message that excellent orthodontic care can be best delivered by the orthodontic specialist.

- Dr. Patrick F. Foley, ABO 2022-2023 President

#### The ABO currently represents 58% of AAO membership.

To learn more about ABO certification and the Scenario-Based Clinical Examination, scan the QR code or visit www.AmericanBoardOrtho.com. The website offers



information about the Clinical and Written Examinations, including study aids and registration information.

Congratulations to the following newly certified or recertified orthodontists from the Southern Association of Orthodontists:

#### **Newly Board Certified**

Dr. Augusta Acquaah

Dr. Mason Thomas Bates

Dr. Alli Beth Blanchard

Dr. Dana M. Busciglio Diaz

Dr. Imelda Crews

Dr. Isis El Ghannam

Dr. Mohammed A. Fathi

Dr. Carole Anne Gleich

Dr. Vincent M. Graves

Dr. Triny Gutierrez

Dr. Mehran Hassanzadeh

Dr. Mosaab Ahmed A. Hawsawi

Dr. Aisha Henry

Dr. Gustav D. Horsev

Dr. Cassandra Iglesias

Dr. Jeffrey Chad Johnson

Dr. Athina Karatzea

Dr. Camille Laird

Dr. Arlene Pimentel Lemoine

Dr. Mary L. Miller

Dr. James A. Morrish, Jr.

Dr. Pooja Patel

Dr. Kaitlin P. Polk

Dr. Britta S. Ristau

Dr. Megan G. Schuler

Dr. Alise R. Senderak

Dr. Anshuman Sethi

Dr. Shevin Sheikhmous

Dr. Skylar Steel

Dr. Michael Touloupas, Jr.

Dr. Ioanna B. Ulrich

Dr. Christopher James Von Bargen

Dr. Whitney Vrazel

#### Recertified

Dr. Jesse D. Arbon

Dr. Thomas M. Baldwin

Dr. Eric D. Bednar

Dr. Teresa K. Brigance

Dr. Thomas T. Britt

Dr. Robert B. Campbell

Dr. Christopher H. Canales

Dr. Jennifer N. Claiborne

Dr. William J. Cline

Dr. Jeril R. Cooper, IV

Dr. Ryan J. Cox

Dr. Leigh B. Curtis

Dr. Dan D. Dunwody, III

Dr. Cory B. Edwards

Dr. Sherif N. Elhady

Dr. Christopher P. Fogarty

Dr. John H. Foley

Dr. Oral C. R. Francis

Dr. James B. Fruge

Dr. David M. Gamotis

Dr. Mark A. Gray

Dr. Thomas M. Grisius

Dr. Jennifer A. Hamilton

Dr. Roger A. Hennigh

Dr. David R. Hughes

Dr. Kenneth R. Irigoyen

Dr. Eliane A. John

Dr. James E. Kelley, II

Dr. Lorne D. Koroluk

Dr. Maryann Kriger

Dr. Phu T. Le

Dr. Kervin B. Mack

Dr. Glynda R. McConville

Dr. Andrew B. McDaniel

Dr. Steven R. Mullen

Dr. Tung T. Nguyen

Dr. Jorge U. Parajon

Dr. Shawn M. Perce

Dr. S. Warren W. Phillips, Jr.

Dr. David C. Quast

Dr. Steven A. Reese

Dr. Alison C. Reid

Dr. Thomas L. Roberts, IV

Dr. Emma M. Rushing

Dr. Stephen T. Ruso

Dr. Lyndsey C. Sandifer

Dr. Amy S. Sawyer

Dr. Eric R. Shell

Dr. Glenn D. Sosebee

Dr. Leroy O. Venn

Dr. M. Dean Wakham

Dr. Dennis J. Weber, II

# A New Committee with Members from SAO and SWSO Brings Ideas and Continuity to Annual Session Planning Dr. John Metz



A new committee with members from the SAO and the SWSO was formed to provide planning oversight of our combined annual sessions. The SAO/SWSO Committee on Annual Meeting Planning (C.A.M.P.) is a group of seven volunteer SAO/SWSO orthodontists.

The committee's goal is to provide year after year continuity to the meeting planning process. Institutional knowledge will be built as the committee works simultaneously on current and future meetings. Each member is part of C.A.M.P. for three years but can serve for up to six years. Staggered committee terms will ensure that there will always be committee members who have the know-how and the networks to provide consistency and to make meeting planning easier.

To lead this new committee has given me deep insight into the enormous amount of work and thought that goes into planning a big meeting. Considering that C.A.M.P. is a brandnew committee, I am pleased with how well we were able to work together to make decisions, set the agenda and the overall "vibe" for this year's meeting in Amelia Island.

The group came together for our first in-person meeting in December 2022 at the 2023 site - The Omni Amelia Island Resort. As a result of that meeting, via phone calls and emails, we have been planning a meeting filled with learning, fun and the biggest-name keynote speaker our meeting has had to date - Tim Tebow.

To give some insight on the work this group does, please look at the list of C.A.M.P. Subcommittees of which each is a member. Here again, for consistency and development of knowledge bases, each member serves in multiple committees:

- Community Builders:
   John Metz, Theresa Coleman,
   Sundaralingam Premaraj,
   Kyla Swearingen
- Content: Eric Park, Don Wilcoxon, Sundaralingam Premaraj
- Exhibits & Sponsorship: Jim Martin, Eric Park, Don Wilcoxon
- Marketing: Jim Martin, John Metz, Theresa Coleman, Kyla Swearingen

The **Community Builders** will help build a culture of community at our annual sessions by planning the special events (like this year's luau!), identifying keynote speakers (Tim Tebow and Josh Mancuso) and staying current on meetings trends.

The **Content** committee sets the educational agenda for our meeting. It identifies areas of interest and finds experts to speak on those topics. At the meeting, its members will host our speakers and analyze meeting evaluations.

Our **Exhibits & Sponsorships** group will be the point of contact for the business partners that support our meeting in the exhibit hall and with sponsorships of the activities that make our meetings memorable. This year the team identified several new activities that will increase networking opportunities and create fun times around the resort for all attendees.

The **Marketing** committee establishes the meeting theme and works in step with an external marketing group to promote the meeting through mailings, emails and social media.

The C.A.M.P. group is having a wonderful time together as we work on the 2023 meeting. I can't wait to see it all come together this fall at the beachand by then we will have plans in the works for the 2024 meeting! If you are interested in getting more involved, we will be looking for volunteer doctors to help on-site at the meeting. Working together as volunteers is a great way to network and form stronger bonds and relationships.

Be sure and mark your calendar for October 26-28. Join us at the beautiful Omni Resort Amelia Island for the SAO & SWSO Annual Session.

- John Metz



The members of C.A.M.P. met in December 2022 at the location for this year's meeting - The Omni Amelia Island Resort, in Fernandina Beach, Florida. **Pictured left to right above:** 

Dr. Mark Dusek • Dr. Joe Moon Dr. Jim Martin • Dr. Debbie Sema Dr. Don Wilcoxon • Dr. Kyla Swearingen Dr. John Metz • Dr. Theresa Coleman Dr. Eric Park • Dr. Sundaralingam Premaraj SPRING 2023 In the mid 1980s, the leadership of the SSO, (We were the Southern Society of Orthodontists at that time), determined that it was appropriate for the organization to have an office in Atlanta. The Southern Society had a full time Executive Director, John Ottley, Jr., who was working out of rented quarters. Grady Price and Walter Sheffield began to search for a fitting office condominium. Dr. Sheffield found a suitable property at 32 Lenox Pointe NE in Buckhead.





### 32 Lenox Pointe NE: Looking Back | Moving Forward

Dr. James Vaden

Once the property was located, there had to be a way to pay for it. Drs. Price and Sheffield started a campaign to call every SSO member to ask for a \$1,000 voluntary contribution in order to purchase the property. The asking price was \$250,000. By 1986, the money had been raised, the property purchased and the SSO became the only constituent of all AAO constituents that had its own office with its own Executive Director (Figure 1). Mr. Ottley used the building until his retirement, at which time Sharon Hunt became the Executive Director. It was "home" for Sharon Hunt and Nancy Patat for almost 20 years. Upon Sharon's retirement, Heather Hunt became the Executive Director and continued to use the office at 32 Lenox Pointe NE.



1987 SSO President Ralph White presents THANK YOUs for making the SSO office possible to Walter Sheffield and Grady Price (Photo courtesy of Nancy Patat)

Fast forward a couple more years and big changes began to take place. The Southern Association of Orthodontists and the Southwest Society of Orthodontists started to talk merger. COVID came along and destroyed all personal interaction. An SAO leadership team was hired to run the "nuts and bolts" of the SAO when Heather departed. Because of all these

changes, the 2022 SAO Board determined that it was time to sell the property and move on with a different set of operating rules. The property was recently sold (with a very nice profit) and there is now a new owner of 32 Lenox Pointe NE.

The SAO office saga continues! When the Board decided that it was in the best interest of the SAO and its members to sell the office at 32 Lenox Pointe, the ZuBu team went to the office and removed all the SAO archives, documents, etc., etc. A large bronze "monolith" that listed the names of all who contributed to the original purchase of the property was left - due to its WEIGHT of 300 pounds! (Kelsey Bulnes estimated the weight). The property was sold quickly. New owners were to take possession in the middle of January 2023. The SAO Executive Committee was notified and was told that the huge bronze monolith was on the floor and that if the SAO ever wanted it, it must be moved. Dr. Dusek contacted DeWayne McCamish who assured him that it would

be moved prior to the new owners taking possession. Dr. McCamish contacted Jim Vaden and the two of them decided to travel to Atlanta to get the bronze monolith. The plan was for Vaden to transport it to the orthodontic clinic at the University of Tennessee for safe keeping until such time as it was appropriate to place it somewhere else. Drs. McCamish (Big Grin) and Vaden (Grumpy) headed to Atlanta on Saturday, January 14 to get the monolith. In the meantime, Dr. McCamish had been emailed specific instructions on how to secure the key to open the office. The Grin and Grumpy decided that nothing could hang on the wall that weighed 300 pounds; yes, they doubted Kelsey's estimate!

Fast forward to January 14. Grumpy drove from Cookeville to the base of Signal Mountain where he met Big Grin in a Walmart parking lot. Three days prior, The Grin had surgery on his leg and was to keep it elevated. Grumpy wanted to drive, but no dice - The Grin had to drive. The two old guys got in Marilyn's SUV and headed to Atlanta. The first order of business was for The Grin to find a "rabbit". (For those of you who don't know, a rabbit is a car that is speeding at Mach I!) After traveling about ten miles, a rabbit was located. The Grin could now set the cruise on 95! Closer to Atlanta, the traffic got heavier and the rabbit was lost.



Grin set his Google Maps to the address because neither he nor Grumpy could remember how to get to the office. Both the old guys had forgotten! They got lost a couple of times, but finally got to 32 Lenox Pointe. The Grin then pulled out his "unlock the door" directions but couldn't get into the building (Figure 2). The problem was that the realtor had given him specific instructions, but he hadn't printed out half of them! The realtor was called and

the two old men finally got into the office and located the monolith. When they tried to pick it up, you could hear the "pops" in their respective backs. There was no way they could lift the thing. Kelsey and her brother were correct. It might have weighed more than 300 pounds! Luckily, The Grin brought some towels, so the old men edged it onto towels, slid it to the back door and carefully tilted it

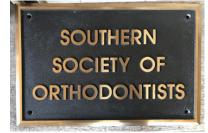
#### **SPRING 2023**

onto the tailgate in order to slide it into the back of Marilyn's SUV. About that time, a couple of men came along and took their picture (Figure3). They decided to go back into the office to make sure nothing else was left. At that time, Grumpy noticed a plaque on the wall (yes, it was also bronze) that stated: Southern Society of Orthodontists! He and The Grin decided that the SAO needed this plague



because the new owners would not want it. There were four screws in each of its corners on top of a little rosette medallion. No screwdrivers were available. Grumpy had a pocket knife, as all rednecks normally do, so the pocket knife was used to remove the screws. Under the little screws were great big screws that were, obviously, the screws that anchored the thing into the wall. The pocket knife wouldn't turn these screws well, so the next problem arose. Grumpy asked The Grin for a dime, but no dime could be found. Grumpy searched his pockets and found a penny. Lo and behold, the penny fit into the slot of the screws, so Grumpy turned the screw with the penny and The Grin used the knife to prize the screw outward as it turned. All four screws were removed so the old guys retrieved the bronze plaque that

used to be on the outside of the building before the name was changed to Southern Association of Orthodontists (Figure 4). They were really proud of themselves. They went outside to place the key back in the realtor lockbox and noticed that on the outside of the



building was a bronze plate that stated - Southern Association of Orthodontists. You guessed it! They decided they had to have this also. They used the pocket knife, but only got it out about an eighth of an inch. Luckily, Grumpy was able to wiggle it and move it so that all four hands were able to get under it and Grumpy and The Grin pulled it out of the brick mortar! All this bronze was loaded into the back of Marilyn's SUV and the two old guys headed to Chattanooga.

On the way back to Chattanooga Grumpy kept thinking about how in the world he was going to get that bronze monolith into his Honda Accord and to the UT clinic. After a lot of thought, he advised The Grin that the SUV needed to be backed up to the trunk of the Honda and the two of them might be able to slid it into the trunk. After careful measuring, they decided that two thirds of it would go into the trunk; hence, they slid it from Marilyn's SUV into the trunk of the Honda. Of course, the trunk lid would not close! Just remember that the Honda was parked in a Walmart parking lot. After twenty minutes in Walmart, Grumpy found a

rope rack and bought some rope. The trunk lid was tied down to the bumper with rope (Figure 5). The other two bronze plaques were loaded into the Honda and The Grin went back up the mountain and Grumpy headed toward

Cookeville with the car's front end high and the rear end low! The story does not end here.

Grumpy was supposed to borrow a truck from Eddie Gentry, a farmer friend, that he was to use on the afternoon of the following day to haul a big piece of John Deere equipment from Chapel Hill, Tennessee to Sparta, Tennessee. He was to



leave his car in his Sparta friend's garage/shop, pick up the truck and get the car the next night upon the return from Chapel Hill, Tennessee. This was done. The truck was borrowed, the John Deere roll bar and canopy was hauled back to Sparta and Grumpy got into his car to start it and take the monolith home. The key was turned and only a "thud" was heard. The battery was dead! At that time, it dawned on Grumpy that the trunk lid had been left up for approximately 30 hours and the trunk light had drained the battery. Luckily, Eddie came by and used jumper cables to start the car. But Grumpy knew he couldn't get the monolith out of the trunk by himself and the trunk had to be closed. So, Eddie used his tractor with a forklift



attachment and the monolith was unloaded (Figure 6) from the Honda and placed on a wooden pallet. In the meantime, Grumpy had called Richard Williams, Chair of Orthodontics at UT, and informed him that there was probably no way this monolith could be hung on the clinic wall due to the fact that the walls at the clinic were built with a metal framework underneath the sheetrock. It was too heavy to be attached

to the small metal bracing. So, the decision was made to keep the monolith in a safe place in Cookeville until a proper place of display could be determined. At present, it rests on a pallet in Eddie Gentry's shop/garage in Sparta, Tennessee and will be delivered to Grumpy's warm basement. Just know that your bronze monolith with all the names of original contributors to the Southern Association office is in a safe place and that it is being carefully maintained! The two other bronzes will be taken to the clinic at the University of Tennessee for safe keeping. We thought all SAO members would love this humorous story.

# **How Would YOU Treat This Patient?**

A healthy 13 year old young lady presented for orthodontic evaluation. She had been seen by two other orthodontists, each of whom suggested a different treatment plan. The parent was very aware of the problems of crowding, openbite and the congenitally missing mandibular left second premolar. Initial records were obtained so that a treatment plan could be formulated that would address the patient's needs, the parent's concerns and correct the malocclusion.

The initial facial photographs (Figure 1) exhibit an obtuse nasolabial angle and significant crowding upon smiling. The patient has very mild facial asymmetry with chin deviation to the left. Lower facial height is excessive. The pretreatment casts (Figure 2) confirm a Class II dental relationship, maxillary and mandibular crowding, small maxillary lateral incisors and an anterior openbite. The panoramic radiograph (Figure 3) highlights the missing mandibular left second premolar and exhibits blocked out maxillary canines as well as unerupted but developing maxillary third molars. Mandibular third molars appear to be absent. The cephalogram and its tracing (Figure 4a, 4b) confirm excessive vertical dimension. Even though an anterior openbite and a significant overjet exists, the patient has an ANB of only 3°. Both maxilla and mandible are slightly retruded to cranial base. Significantly, incisor mandibular plane angle is only 73°. For this reason, the patient has acceptable facial esthetics because the higher the mandibular plane angle, the more the mandibular incisors need to be upright in order for the patient to have good facial esthetics. The other significant finding was that the chin thickness is greater than normal. Total chin is 18 mm whereas upper lip is 15 mm. The upright mandibular incisors and the chin thickness camouflage the significant vertical problem as well as the Class II dental relationship.



Figure 1: Initial facial photographs



Figure 2: Pretreatment casts

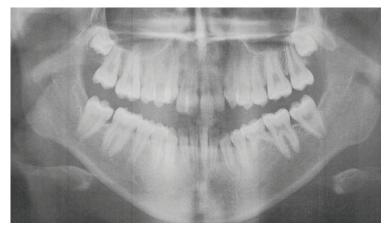
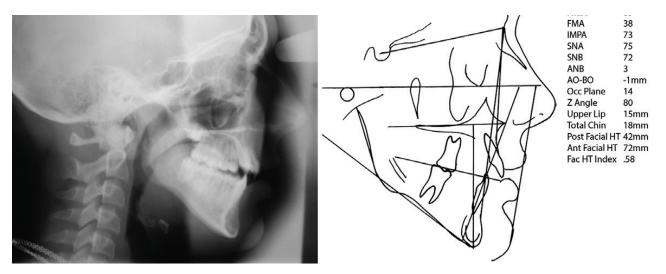


Figure 3: Pretreatment panoramic radiograph



Figures 4a and 4b: Pretreatment cephalogram and its tracing

#### **HOW WOULD YOU TREAT THIS PATIENT?**

The priority for the parents was to correct the dental malocclusion and close the anterior openbite. The parents had been given surgical options by the other practitioners whom they visited. Surgery was to consist of a mandibular osteotomy and a maxillary impaction to address the skeletal vertical discrepancy. The crowding was to be resolved by expansion and an implant by one practitioner

The teeth were extracted and the patient was bonded/banded with .022 conventional orthodontic appliances. The maxillary canines were retracted with headgear and elastic chain. The mandibular space was closed with power chain and mandibular crowding was resolved concurrently. The maxillary incisors were retracted with a closing loop archwire after maxillary canine retraction. A requirement during treatment was to hold mandibular incisors and the maxillary molars in their pretreatment positions.



The final facial photographs (Figure 5) confirm maintenance of the facial profile and of the vertical dimension. Nasolabial angle seems to be not quite as obtuse. The smile exhibits about 2 mm of gingiva, more than the pretreatment smile, but it must be noted that the posttreatment smile is much more of a smile! The posttreatment casts (Figure 6) confirm correction of the Angle's Class II occlusion, elimination of crowding and extraction space closure. Arch form and arch width were maintained. Mandibular canines were not expanded.

Figure 5: Final facial photographs

and with extractions by another practitioner, but both suggested surgery. After careful and thoughtful consideration of the records and the wishes of the parent, the treatment plan that was devised was to extract the maxillary right and left first premolars, the mandibular right second premolar and the mandibular left second deciduous molar and to treat without the surgical option. It was explained to the parent that this treatment plan would require excellent patient cooperation, many appliance adjustments and many archwire changes. The parent chose this plan for the child.



Figure 6: Posttreatment casts

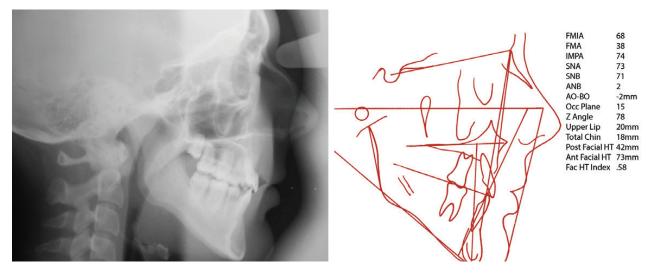


Figure 7: Posttreatment treatment panoramic radiograph

Mandibular second molars were left distally tipped so they can upright into a functional occlusion. The posttreatment panoramic radiograph (Figure 7) exhibits uprighting of teeth into the extraction spaces and correct long axial position of the teeth. The posttreatment cephalogram and its tracing (Figures 8a & 8b) confirm maintenance of mandibular incisor position and of vertical dimension. FMA did not open.

The ANB remained constant. Upper lip thickened due to retraction of the maxillary anterior teeth. Merrifield's Z angle changed only 2°. The goal of maintaining the face was achieved. The malocclusion was corrected. The pretreatment/posttreatment superimpositions (Figure 9) confirm maintenance of mandibular incisor position, protraction of mandibular posterior teeth, control of the vertical dimension with no maxillary molar extrusion and retraction of the maxillary anterior teeth. Treatment time was 26 months. The patient was retained with maxillary and mandibular Hawley retainers.

You may have treated this patient differently. Although the diagnosis among all practitioners who looked at the patient was Angle's Class II malocclusion with crowding and openbite, the practitioner's opinions differed on how to best treat the young lady.



Figures 8a and 8b: Posttreatment cephalogram and its tracing

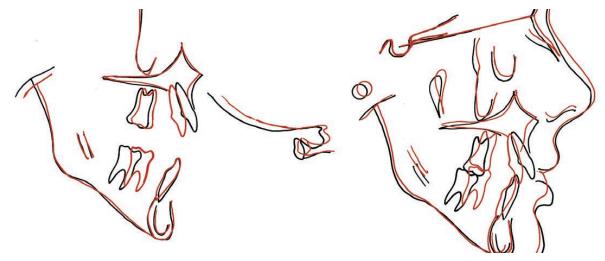


Figure 9: Pretreatment/posttreatment superimpositions

## **Central Office Updates**

#### **Updates from our State Associations**

This year has started with many successful Component (State) meetings. Members and exhibitors are enjoying their time together. We strongly encourage you to attend your component meetings.

Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina and Tennessee have hosted their meetings.

Kentucky	2023	Louisville, KY
Louisiana	March 31 - April 1, 2023	The Westin Canal Place, New Orleans, LA
Virginia	March 31 - April 1, 2023	The Greenbrier, White Sulpher Spring, WV
West Virginia	July 21 - 22, 2023	The Greenbrier, White Sulpher Spring, WV

The Brown Hotel.

Please note the upcoming Component meetings

August 25.



**ALAO Meeting** 



**FAO Meeting** 



**GAO** Meeting



**NCAO** Meeting

#### **SAO/SWSO Strategic Planning Session**

The Executive Committees of the SAO and the SWSO met in January in Savannah for a strategic planning session. In addition to a great meeting, the group enjoyed a fun time together. We're thankful for the time our volunteer leaders invest in improving our great specialty of orthodontics.

# **Resident Research Funding**

The SAO Scientific Committee will soon be accepting applications for resident research grant funding. Applications must be received by April 26. Award announcements will occur by July 12. Additional information will be emailed soon.

#### **SAO Central Office Contact Info**

The Central Office for the Southern Association of Orthodontists is available to assist our members.

Please let us know 404-261-5528

if there is anything SAOEvents@SAOrtho.org you need. PO Box 1154 Brandon, FL 33509

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KEYNOTE SPEAKER TIM TEBOW

