SOUTHERN ASSOCIATION OF ORTHODONTISTS

SAO NEWS

IN THIS ISSUE

SAO CONTACT INFORMATION

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SAO President's Message

Dr. Debbie Sema

"School is out and excitement is in the air!"

What a great time of year, especially for orthodontists! Our teens and younger patients have no worries other than what time to meet up with friends at the pool, and our adult patients are happily looking forward to sitting by ANY water, as long as they can unplug for a while.

While our Amelia Island Meeting won't be in the heat of summer, our Committee on Annual Meeting Planning (CAMP) is excitedly finishing up the details for a fun and restful get-away for all of us. Online registration is officially open for our October Annual Session at Amelia Island! As always, our meeting promises engaging CE and a wonderful exhibit hall with time to visit our favorite vendors and their team members.

Since this year's meeting will be on the beautiful Florida coast, we have planned additional "down time" for us to relax, unwind, and enjoy our friends, family and office teams. With CE in the mornings and early afternoons, we will have time in the late afternoons to relax together at the pool or the beach, visit the spa, shop, play golf, play putt-putt golf, rent bikes, go kayaking, or take advantage of any other great resort activities that are offered. We are so excited to welcome Tim Tebow as our keynote speaker. He will inspire us on Thursday morning. Josh Mancuso will entertain and motivate us with his Friday keynote. We are looking forward to having meals together and having a fabulous luau party on Friday night. More details available in the meeting brochure.

We are excited to share our annual session with our SWSO friends and colleagues as we work through the details of our pending merger. Our goal is to have our merger finalized next year. Our respective Boards and several committees are working diligently to help us cover every detail so that our merger can be a success and an example for the other constituents that are watching us as we lead the way to offer more benefits to constituent members and volunteer leaders. Our merger can also serve as a template for the possible merger of other AAO constituents.

It is my pleasure to introduce you to the SWSO President, Dr. Joe Moon, and welcome him to be a part of our SAO News. Dr. Moon lives and practices in Overland Park, Kansas and has served many years as a volunteer leader for the SWSO. I am blessed to know Joe and am honored to work with him as we strive to get our merger over the finish line.

– Debbie Sema

Dear SAO Colleagues,

First, I express my gratitude to Dr. Debbie Sema for her warm introduction and for her invaluable support throughout this merger process. Her dedication and leadership have been instrumental in bringing us closer to our goal of finalizing the merger next year. As we approach the midway point of the year, I am thrilled to share some thoughts about the impending merger between the Southern Association of Orthodontists (SAO) and the Southwestern Society of Orthodontists (SWSO).

Our SWSO Board of Directors and various committees have been diligently working alongside our SAO counterparts to ensure a smooth and successful merger. We understand the importance of addressing every detail in order to guarantee the success of this union.

In the spirit of collaboration and inclusivity, I encourage all of you to stay informed and engaged in the merger process. Your input and feedback are vital as we navigate through this transformative period. Together, we have the opportunity to shape the future of our specialty and lay the groundwork for a unified orthodontic community!

Wishing you a fantastic summer filled with joy, relaxation, and professional growth!

Warm regards,

Dr. Joe Moon
President
Southwestern Society of Orthodontists
(SWSO)

SWSO
SOUTHWESTERN SOCIETY OF ORTHODONTISTS

The SAO and SWSO Board of Directors held a successful Ad Interim Meeting in March in Dallas, Texas

AAO Trustee's Message

Dr. Richard A. Williams

"Failing to plan is planning to fail!"

Another successful AAO meeting is in the books!

This was the first meeting that did not have its own unique Annual Session Planning Committee but was planned and executed by the Committee on Conferences or CCon for short. For those who attended, I think we can all agree that the new format had broad appeal because there were many "personas" one could choose that would make the appeal of the meeting more personal regardless of your preferences.

Attendance continues to be strong but a bit of a guessing game for what the new normal for meeting attendance will be post pandemic. We are learning that there is a segment of our membership that may prefer virtual attendance. In the future that will become a robust part of the planning process as we evolve. As for me, it was good to be in personal contact with all my fellow volunteers and friends. I think the perspectives gained from face to face conversations are vital to good decisions and policy for our association.

That brings me to a point of reflection and gratitude. I have had the privilege to serve in the SAO Boardroom with three Delegation Chairs during my tenure, Buddy Foy, Paige Jacobson, and Robert Moss. I can truly say we have been blessed to have solid, passionate leadership in this role to represent us, the SAO. Robert has been in the role during my time as Trustee and has been a wonderful partner with whom to craft the path forward for the AAO. He has always provided sound insight and wise counsel. He has lead with respect for others, always exuding dignity and class but also an innate ability to help you reason through the weeds and come to a sound conclusion, usually the one he was espousing. He has been a masterful Delegation Chair who will be greatly missed.

It is hard to fathom that this will be my sixth year to serve as your Trustee. It is also the "hump year" in the ten-year run of service to the AAO. I have been fortunate to be part of a board that certainly has not been content to manage the status quo. There is an old adage that says, "Failing to plan, is planning to fail". The Board of Trustees, during my tenure, has not been guilty of failing to plan. As evidenced and previously stated, CCon is now responsible for meetings. This change was due to planning! This is a major shift in the way we have always done things.

The biggest change, however, during my term has been the Trustee at Large position. The BOT spends time annually at a Board Planning Session specifically to be strategic and forward thinking. I look back to my first year as Trustee and remember that we were having discussions about governance and its structure. We were attempting to figure out how to get voices in the room that were missing. While it took several years to accomplish, the Trustee at Large position was created to bring different perspectives into the Board level discussion. We have now seen the first two individuals who served in that capacity complete their respective terms of service. Those first two individuals were Alex Pischke Thomas and Dale Ann Featheringham. They set the bar high for the Trustee at Large position.

Additional evidence surrounds all that we think of as Advocacy. The focus has shifted from a completely Federal focus to a more grassroots strategy. As a result, we are seeing great successes at the state and component level with an advocacy team which monitors activity in state legislatures and dental boards. We are much more proactive than in our recent past. We recently set a new record for contributions to the AAOPAC and are striving to build the National Advocacy Network (NAN) to be in front of critical issues.

As summer arrives, we are preparing to have more strategic discussions to advance the priorities of our members at our annual June Board Planning Retreat. I look forward to being a part of those discussions and to represent you! It is a privilege to be your voice. The AAO will not be guilty of failing to plan!

– Richard A. Williams

ABO Announces Newly Certified and Recertified Orthodontists

The American Board of Orthodontics (ABO) granted certification to 165 orthodontists during the first and second quarters of 2023, while another 26 orthodontists completed their 10-year certification renewal requirements.

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 subsequent Clinical Examination. Orthodontists who gain 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 61% 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.

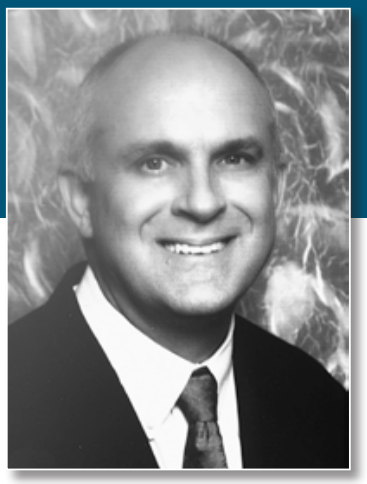
Congratulations to the following newly certified or recertified orthodontists from the Southern Association of Orthodontists:

Newly Board Certified

Dr. Mohamed Ahmed Anis Abouelnaga
Dr. Heba Alqarni
Dr. Taylor I. Bingham
Dr. Salvatore R. Cabassa
Dr. Gabrielle Coe
Dr. Spencer Coombs
Dr. Undine Melissa Davis
Dr. Thibault de Vernejoul
Dr. Jeffrey J. Eberting, Sr.
Dr. Alexandra Engel
Dr. Pedro Franco
Dr. Anish A. Gala
Dr. Julia Giardina
Dr. Carl D. Gioia
Dr. Justin Timothy Groody
Dr. Anne Miller Harper
Dr. Michael Karp
Dr. Ryan Thomas Kearney
Dr. Connor Kelley
Dr. Jordan Randy Lamb
Dr. John G. Lazzara
Dr. Tracy Miao Liang
Dr. Yi Ping Liu
Dr. Nicholas M. Lynch
Dr. Kurt McEuen
Dr. Megan Menashe
Dr. John William Michaelis
Dr. Zachary Neitzey
Dr. Rawan Oueis
Dr. Karan Sangiv Patel
Dr. Katelyn Cass Pizzo
Dr. Allen R. Rapolla, II
Dr. Mary Lauren Sharp
Dr. Neal Paul Singh
Dr. Leslie Marie Slowikowski
Dr. Heather Nicole Smith
Dr. Ishita Zem Taneja
Dr. Justin TenBrook
Dr. Donna L. Thomas
Dr. Patrick Oliver Young
Dr. Morgan Marion Zwickel

Recertified

Dr. Emanuel S. Alexandroni
Dr. Barry D. Cohen
Dr. Kyle D. Fagala
Dr. Jason W. Vassar



AAO Delegate Chair's Report

Dr. Robert B. Moss, Jr.
SAO Delegation Chair

American Association of Orthodontists
123rd Annual Session – Chicago
House of Delegates
April 21–24, 2023

The 123rd annual session of the AAO House of Delegates was gaveled in at noon on Friday, April 21, with a full slate of business. After the joy of getting together face to face in sunny Miami last May, we had snow flurries to enjoy during our time in Chicago. As usual, the SAO delegation arrived on Thursday ready for business to start at 7am Friday, typically the longest day for delegates.

The 2023 House considered, in addition to electing officers, approval of the budget and other routine formalities as well as 28 resolutions, some with multiple versions. The results this year were mixed for SAO. Three SAO resolutions were submitted. These involved a new reserve policy, an effort to amend the member billing statement, and creation of a new task force to, once again, look into our Consumer Awareness Program funding. The task force resolution was adopted, the related billing statement/ funding resolution was referred to the new task force, and the reserve policy resolution was defeated. So, mixed reviews, including several votes that simply didn't pass at the final hour after seeming to be a slam dunk during all prior discussions.

The resolution from the Board of Trustees to keep the Consumer Marketing Fund, which funds the Consumer Awareness Program, at $500 for the third year running, was defeated because some felt this to be a reduction. So, your statement will be $100 higher this year, though your SAO delegation fought hard to get the Board recommendation adopted. In the end, a budget of $20,894,784 was adopted with no dues increase.

We were excited to welcome Eric Nease, South Carolina, SAO senior director to a 3 year term as a new alternate delegate. Concluding 3 year terms are Debbie Sema, current SAO President, and Angie McNeight, who has served as our New and Younger Member delegate for 3 years. Angie finished her term by serving as a reference committee chair – great job Angie!!! She will continue to serve SAO as our new member on COMEJC, the Council On Membership, Ethics, and Judicial Concerns.

In closing, it has been a privilege, one of the greatest experiences of my life, to serve as the Georgia delegate for 22 years. The last ten years I have been honored to serve as delegation chair. The people I've met, with whom I have worked and with whom I have become friends have left a mark on my life. But the most amazing group, present and past, are the SAO folks.

There are so many, but I'll name 3 who had such a huge influence, and have passed on: Sharon Hunt, Watt Cobb and Buddy Foy. A courtesy resolution remembering Watt was presented during the closing session of this HOD. I appreciate the kind remarks shared by Jim Wortham, but believe me, I got far more in return than I could ever give. So, in this, my last delegate chair report, I feel like singing "Thanks for the memories" but I'll spare you that torture, and just say, THANK YOU!!!

Respectfully submitted:

– Robert B. Moss, Jr.
SAO Delegation Chair

In Recognition for Outstanding Service

Dr. Robert B. Moss, Jr.

"The SAO delegation stands together in recognition of Dr. Robert B. Moss, Jr., our long-time leader and the unquestioned face of our delegation."

Pictured left to right above:
Dr. Robert B. Moss, Jr. • Dr. Jim Wortham

Dr. Moss has served as a delegate to the AAO House of Delegates since 2004. He has led our delegation as Chair since 2013. He also served as Chairman of the delegation Chairs, taking that group to a new level of cooperative interaction among constituents, a legacy that has changed the way the HOD operates. He fostered within that group an attitude of open discussion on all resolutions which facilitated recognition of areas of perceived concern early, a practice which has greatly streamlined the proceedings of the AAO House of Delegates.

Robert has led our SAO delegation with remarkable thoroughness, devoting whatever time and work necessary to be prepared for any and all issues brought before it. He has served and led by using personal attributes of diligence, persistence, patience, and fairness. He has demonstrated a remarkable memory of the past workings of the House, mindful not to neglect considerations of previous actions when new concerns were raised. Through all his dealings within the delegation and within the workings of the HOD, his manner has been that of a Southern gentleman, always treating others with calm respect, though unafraid to present his position on any point of discussion.

The Southern delegation will look different next year without Robert as its leader. However, he has left us with a very clear model of how a delegation should be led, how a delegate should be prepared, and how to stand and articulate one's own beliefs while being respectfully open to the opinions and beliefs of others.

Robert, no words here can express fully our heartfelt gratitude for your many years of leadership. We wish you and Marianne all the best!

– Jim Wortham

American Association of Orthodontists Foundation

We invite all AAO members to support the foundation by making an annual donation.

The Resident Education Program was utilized by those orthodontic residents who attended the Chicago meeting. The AAOF saw over 400 orthodontic residents in the exhibit hall and will mail out the $400 checks over the summer to those who completed the process.

FOR MORE INFORMATION

If you should have any questions or concerns, please contact **Jackie Bode, AAOF Senior Vice President,** at **(314) 292-6546** or **jbode@aaortho.org.** We look forward to seeing you this fall on Amelia Island.

REMEMBER THE AAO FOUNDATION IN YOUR CHARITABLE GIVING

Did you know that the AAO Foundation can accept donations not only online, but via stock transfer as well? Please consider making a donation to the foundation in 2023. If you are interested in becoming a monthly donor, think about joining the Century Club. This is for donors who give a minimum of $100 a month. You can sign up for this option on our website or by calling the office directly.

Also keep the AAO Foundation in mind as you create your estate plans. If you have the AAOF in your will, as a beneficiary on your retirement plan or life insurance, mentioned in your trust, etc. please notify the AAOF staff office so we can properly steward your donation as a Keystone Society member.

AAOF COMMITS ADDITIONAL FUNDING TO CRANIOFACIAL GROWTH LEGACY PROJECT

The AAO Foundation committed an additional $540,000 to the Craniofacial Growth Legacy Collection project – a complimentary website and database of nine collections, from both U.S. and Canada, of longitudinal craniofacial growth records in untreated children and adolescents. Under the direction of the steering committee led by Dr. Heesoo Oh, Dr. Mark Hans, Dr. James McNamara and Sean Curry, Ph.D. the newly committed dollars will go to fund the next phase – making the project one of the most highly recognized resources for orthodontic research. "The collection has significantly contributed to expanding knowledge on human development by giving access to 842 subjects and over 18,900 radiographs of irreplaceable longitudinal growth records. Our committee is grateful for the AAOF's continued support of this historic project," said steering committee chair, Dr. Heesoo Oh.

AAOF AWARDS PROGRAM

Since the inception of the AAOF Awards Program, the AAOF has given back over $15 million to the orthodontic specialty through research and educational support.

Dr. Maysaa Oubaidin's proposal was chosen in 2022 for funding by the AAOF Board of Directors. Learn more about her project in the graphic below.

DONATED ORTHODONTIC SERVICES (DOS) IS LOOKING FOR VOLUNTEERS

DOS is looking for volunteers to participate in this program. To learn about this program, please visit our website. For more information, email us at **dos@aaortho.org**. Thank you to those who have already volunteered through the DOS program. We appreciate your continued support.

Dr. Timothy S. Trulove
Installed as President of The American Board of Orthodontics

The American Board of Orthodontics (ABO) installed Timothy S. Trulove, D.M.D., M.S., of Montgomery, Ala., as president for the year beginning April 23, 2023.

The ABO directors are responsible for establishing policy with regard to the board certification of specialists in orthodontics. Each ABO director represents one of the eight constituent organizations of the AAO and serves an eight-year term which culminates in the position of President. During his tenure as an ABO director, Dr. Trulove has represented the Southern Association of Orthodontists (SAO). As ABO President he also serves as chair of the ABO Finance and Executive committees and as the ABO liaison to numerous professional organizations, including the American Association of Orthodontists (AAO), the College of Diplomates of the ABO, the Graduate Orthodontic Resident Program (GORP), the World Federation of Orthodontists (WFO) and the Society of Educators (SOE).

Dr. Trulove has been in private practice in Montgomery since 1989. In addition, he is an adjunct professor of orthodontics at the University of Alabama School of Dentistry in Birmingham, Ala. Board certified by the ABO since 1996, he is a member of the College of Diplomates of the ABO.

Dr. Trulove is a past president of the following professional organizations: SAO (2008-2009), Midwest Component of the Edward H. Angle Society (2012-2013), Alabama Association of Orthodontists (1999-2000) and Alabama Second District Dental Society (1999-2000). He is a fellow of the American College of Dentists and the International College of Dentists.

Parliamentary Pearls

Dr. Jeff Rickabaugh

"We have bylaws, policies, standing rules and orders to govern our organizations and we have a manual or parliamentary authority to govern ourselves in these deliberations and meetings."

This column will introduce some basics in parliamentary procedure to our up-and-coming leaders as they begin their journey to lead and preside over state associations, committees, councils, constituents and beyond. As with any academic endeavor, a bit of history is in order.

For the purpose of simplicity, let's begin with the history of parliamentary authority in this country. One of the first, if not the first parliamentary procedure manuals written in this country was Thomas Jefferson's 1801 *Manual of Parliamentary Practice*. Jefferson, as George Washington's vice president, presided over the Senate. There was no real organization to this body as its members came from various states, cities and abroad. Members of the Senate attempted to impose their personal rules of meeting governance so it was undoubtedly difficult to accomplish legislative business. Jefferson's manual became the authority by which meetings in the Senate were conducted. Today, the *Jeffersonian Manual* is still available but the House and Senate have generated supplemental rules for their respective bodies.

When one considers parliamentary procedure or formal rules used to conduct meetings, *Robert's Rules of Order*, usually comes to mind. General Henry Martyn Robert was the son of an abolitionist Baptist minister and the first president of Morehouse College. Born in Robertville, SC in 1837, Henry graduated from West Point and became an assistant professor of practical military engineering at West Point. Later, as a lieutenant in the Union Army, he was tasked to preside over a meeting in New Bedford, Massachusetts. He plunged into the meeting – it did not go well. He reports "my embarrassment was supreme" and vowed not to run another meeting until he knew something about parliamentary procedure. He was unable to find resources that suited him so in 1875 he wrote *Robert's Rules of Order*. Unable to obtain a publisher, in 1876 he published it himself. General Robert died in 1923 and his body of work has continued with his son and grandson. The latest edition is the 12th and was released in 2020. *Robert's Rules of Order* is used by city and county governments, corporations, foundations and even home owners' associations. It is the most commonly used authority on parliamentary procedure.

Alice Sturgis was a nurse and parliamentarian who published her manual in 1950: *Sturgis Standard Code of Parliamentary Procedure*. Ms. Sturgis felt Roberts was too complicated and that it used obtuse and archaic language. Her book is much more readable and simplified, yet very complete. She taught at Stanford University and University of California. Ms. Sturgis passed away in 1974 and the American Institute of Parliamentarians took over the responsibility of making revisions and promoting her manual. In 2012 her manual was renamed the *American Institute of Parliamentarians Standard Code*. For short, it is referred to as *AIPSC* or just the *Standard Code*. This manual is used by the AAO, ADA, all dental state and specialty organizations, medical organizations and the United Auto Workers, to name a few.

Future contributions for this Newsletter will focus exclusively on the *Standard Code*.

– Dr. Jeff Rickabaugh

References:
The Presbyterian Outlook, Jim Slaughter, May 8, 2023.

American Institute of Parliamentarians Standard Code of Parliamentary Procedure, 2012 Edition

Dr. Jeff Rickabaugh practices in Winston-Salem, NC and is the program chair for the Dental Chapter of the American Institute of Parliamentarians.

American Association of Orthodontists Political Action Committee Update

Dr. Ed Davis

"Happy Summer to all SAO members!"

I know each of you is busy in your practice and, hopefully, enjoying some time off to be in the sun. Exciting news abounds from Advocacy and the AAOPAC.

The AAOPAC exceeded its goal of $400,000 during the past fiscal year. It raised $427,851! This "blew away" the last record of $373,775. The SAO continues its strong presence with 231 contributors who donated a total of $125,451 to the PAC. The average contribution was $543 per person. The SAO had 7.2% participation, the highest percentage of donors from any AAO constituent. We celebrated a successful year, but we have a long way to go.

The new fiscal year has begun. SAO members will soon hear from me and the PAC captains. AAOPAC needs your continued support. We will have match opportunities at the 2023 SAO annual meeting. I hope to reach a goal of 10% SAO member participation this year.

I am excited to announce that MSO member, Dr. Deborah Lien, has been selected as the new AAOPAC Chairman. I've worked with Dr. Lien on AAOPAC and in sub-committees. I assure everyone that she is an amazing person who is ready for the tasks at hand.

AAO Advocacy has been strong in our SAO. Florida has been working on SB 356 which concerns the practice of dentistry via teledentistry. This bill has passed all three Committees of Reference and the Florida Senate. There is similar legislation that is starting in Alabama where the advocacy team is currently working with a local lobbyist. If you are interested in being a part of your local advocacy, please reach out to me or Kim VanVeen who is with the advocacy team at the AAO. We can steer you in the right direction.

I appreciate all of your encouragement this last year and look forward to making our profession the best it can be with advocacy and political support.

– Ed Davis

SAO members joined fellow AAO members and the AAO PAC in Washington DC. Together, members advocated for the health and safety of our patients.

In Memoriam

On June 5, 2023 the Southern Association of Orthodontists lost a dear member and friend,

Dr. Randy Rigsby

Randy was a respected orthodontist, selfless leader and mentor. Throughout his career, he served as a dedicated and tireless proponent of organized dentistry and orthodontics. In 2018 he served as the president of the Southern Association of Orthodontists and was a past president of the Florida Association of Orthodontists. Additionally, he was the past president of the Florida Northwest District Dental Association and served as a delegate to the Florida Dental Association for many years.

Dr. Rigsby was recently recognized and honored by his peers as the 2023 recipient of the Florida Association of Orthodontists Distinguished Service Award winner.

The Southern Association of Orthodontists sends its heartfelt condolences to Randy's wife, Gloria, and their family.

Central Office Updates

Updates from our State Associations

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

Please note the upcoming Component meetings

Kentucky	August 25, 2023	The Brown Hotel, Louisville, KY

Louisiana, South Carolina, Virginia and West Virginia* have hosted their meetings.

**West Virginia photo unavailable at time of publication*.

SCAO Meeting

LAO Meeting

VAO Meeting

REFLECTIONS OF AN ORTHODONTIST

She Named Him Henry

The first time I laid eyes on him, the lady had the pup firmly nestled in her arms. She adored this dog, did not want him to get loose and run around in the parking lot. Coincidentally, the wind was picking up for a late-evening North Carolina thunderstorm. With the size of those ears, he possibly could have floated away like a kite. He was called Henry.

The saga began in late May with a cell phone call about supper time from a distraught mother of one of my recently completed orthodontic patients.

I had just taken the braces off the month before. Apparently, her daughter had been riding a horse and was struck just below the nose by a thick branch as her horse trotted underneath a tree. The girl tells Mom she woke up from the blow actually standing up which suggested to me that she may have sustained a concussion from being smacked in the head. I instructed Mom to take the daughter to the nearest hospital and be evaluated for head/neck injuries plus get a tetanus booster. Get that ruled out and I would do what I could in the morning. A cell phone picture revealed a lot of blood, bruising and the upper front six teeth pushed back so that she could not close her mouth and have her back teeth touch. The Mom was certain her daughter was going to lose her precious front teeth. By the way, the prom was in a few weeks.

They left the ER about 3:30 am the next morning, went home to take a nap and arrived at my office around 8:30 with a grainy x-ray from the ER. The attending physician suggested a fractured upper jaw and I confirmed with a panoramic film of my own. The upper front 6 teeth were jumbled somewhat and displaced backwards a quarter to half an inch. On the film I noted a fairly straight single fracture line just above the roots of the upper teeth and not multiple fracture lines. The roots of the teeth were intact and I figured it was a simple fracture of the upper jaw, sort of a Le Fort I, that I could manage myself. Other than bruised and swollen, the upper lip was fine with no cuts or lacerations.

I numbed her up, my staff cleaned the upper jaw and the rest of her mouth. Once she was fully numb, I stood behind her as she was seated in the chair, placed my thumbs behind her front teeth and rather forcibly pushed the fractured segment to place. I could feel and hear "the pop", not unlike setting a fractured arm or leg. The teeth were still a bit jumbled up which I wanted to realign along with stabilization of the fracture. Doing what orthodontists do, I placed braces back on her top teeth with a light wire tied in. Even for me it was pretty dramatic what we accomplished in about an hour.

Obviously, the mom and daughter were ecstatic, but were cautioned that we were certainly not out of the woods, yet. There was certainly a risk the teeth would become nonvital or die. This would be seen if the teeth changed color, small abscesses would form at the ends of the roots under the lip or intense pain to touch/hot/cold. I continued to see her every 2 weeks for about 4 months with her braces on. With a lot of luck, the teeth and bone started to get more and more firm in their position. No color changes were noted of the teeth, no abscess formations seen and no sensitivity. I was pretty confident her fracture was healed so at 16 weeks I took off her braces. The daughter brought in the upper retainer I fitted her back in April and so when the braces were removed, that old retainer fit like a glove. It was a gift from above that I was able to reset her upper teeth to their original position.

At a retainer checkup in late August, the Mom said she had a gift for me as a way of offering thanks. She was a single mom and I could not bring myself to charge her again for a quick set of braces. All of us write during our application process for professional school that we go into medicine or dentistry because "want to help people". If there ever was a case that needed help, this was one of them. As I have said to others; THIS IS WHY WE PLAY THE GAME.

I told Mom no gift was necessary and to see her daughter smiling from ear to ear was thanks enough for me. However, she persisted so I relented to the Mom as to the nature of the gift. It was a dog. My first impulse was NO in that

we already had 4 dogs at our home as it was. But then I thought about it. I thought about it some more. My wife and I had suffered through a tragic loss 5 years earlier and maybe this was some sort of omen. Having to struggle daily with such a loss and getting on in years, makes one become more melancholy, maybe spiritual and less practical. "What the heck" I said to myself, without conferring with my wife and arranged to pick him up.

Henry is a Maltese/schnauzer mix (Mauser, I am told) and now weighs 25 pounds. As with most terrier mixed breeds, he is highly intelligent, wants to please and is pretty obedient. He can't wait to see me in the mornings and especially in the evening when I come home. However, there are others he favors more, Butch and Waco, my 2 German Shorthairs. He squeals as he chases them around the backyard when I let them out of their pens to be fed at the end of the day. Given a choice to stay in the basement shop where the big dogs sleep or the kitchen, Henry loves to stay with his big brothers. Henry is always happy, never a dull moment with him.

Over the years, I have bought German Shorthairs that were pups or started dogs that were already named. I chose to rename them to suit myself. Todd became Whiskey, Hans became Sundance, Peanut became Butch. Yes, for a while I had Butch and Sundance at the same time. Waco was acquired soon after Sundance passed away from a stroke. I drove to Ashland City, TN on his 8th week birthday and before the breeder picked a name for him. In Henry's case, I saw no reason to change his name. The omen thing, again, I guess.

Well, a couple of years have passed since those events. I saw my patient a little over a year ago, she has fully healed, still wears that retainer and is on her way as an adult. You just never know what is in store when you answer the phone.

– Dr. Jeff Rickabaugh

Are you interested in learning more about leadership, networking with colleagues, becoming more involved in organized Orthodontics or in your community?

Apply to join the

SAO/SWSO 2024
Leadership Development Class

The SAO/SWSO Leadership Program is a great way to develop your leadership skills. Since its inception in 2007, the Leadership Program has helped more than 100 members gain confidence in their leadership skills. Many program graduates have gone on to leadership positions within their state component organizations, the SAO, SWSO, and the AAO. Participants will benefit from networking, presentations, educational guest speakers, leadership assignments and group projects.

The group meets both virtually and in-person. Meeting dates are held in conjunction with Board Meetings and at the Annual Session.

October 26-28, 2023
Optional Meet & Greet at Amelia Island Annual Session

January 17, 2024
Zoom Meeting

March 7-9, 2024
Meeting in Nashville

August 2024
Group Reports Due

September 25, 2024
Group Presentations at Orlando Annual Session

Interested candidates should us the QR code to complete the application form.

The SAO/SWSO Executive Committees will select a maximum of 20 individuals based on the application information and/or recommendations of component organizations. We ask that residents complete their program and graduate prior to applying. SAO/SWSO will cover two hotel nights, food and travel expenses to travel to Nashville in March 2024. Participants are expected to pay expenses to attend the final session in conjunction with the 2024 annual meeting in Orlando.

The application deadline is August 18, 2023 and is limited to 20 participants. Applicants will be notified by September 15, 2023 of the committee's decision.

Please contact **Lissette Zuknick** at **lzuknick@saortho.org** or call **(404) 261-5528** if you have any questions.

How Would YOU Treat This Patient?

Dr. Earnest Goodson

Introduction

Conventional treatment of dentofacial deformities usually involves (1) modification of growth, (2) camouflage (moving the dentition to obtain proper function despite the jaw deformity), which produces a dental compensation for the skeletal discrepancy, or (3) surgically repositioning of the jaws and/ or dentoalveolar segments to obtain proper positioning.

In adults, specific treatment of skeletal anterior open bite involves orthognathic surgery to reposition the posterior maxilla superiorly. This allows the mandible to rotate upward and forward, closing the anterior open bite, reducing lower anterior face height, and improving the pogonial projection. Similarly, an upward and forward rotation of the mandible has been achieved through intrusion of the maxillary posterior dentition using temporary anchorage devices (TADs), primarily miniscrews or miniplates. Intrusion with TADs is a less invasive procedure to correct skeletal anterior openbites of moderate severity while minimizing the risks and costs associated with orthognathic surgery.

What other treatment modalities are available when orthognathic surgery and /or the use of TADs are initially rejected?

Diagnosis and Treatment Plan

A 17- year, 9-month old male presented with a 4.0mm anterior open bite, a steep mandibular plane angle, severe dental crowding in both dental arches, a 4.0 mm overjet, and the left maxillary lateral incisor end-on with the mandibular left lateral incisor **(Figure 1).**

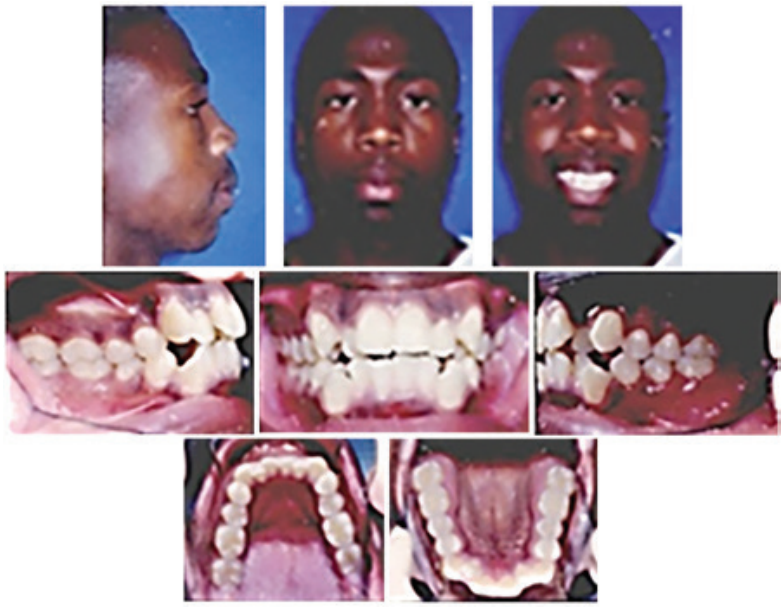


Figure 1:Initial facial and intraoral photographs

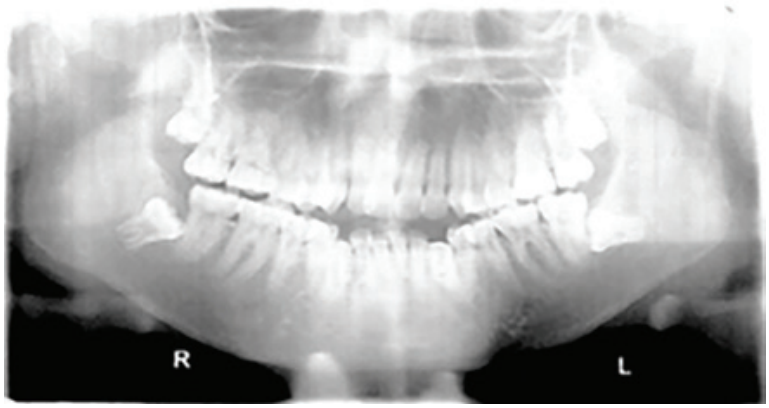


Figure 2: Initial panoramic radiograph

His medical history included hospitalization for Acute Lymphatic Leukemia at age 5. The patient underwent chemotherapy for 2-5 years at Duke University Hospital. As a result, a massive growth was excised from his soft palate and uvula. His tonsils and adenoids were also removed. He was successfully treated and follow-up was completed yearly for 15 years. At the beginning of his orthodontic treatment, the patient's height was 5 feet 7 inches.

The panoramic x-ray **(Figure 2)** revealed horizontally impacted mandibular third molars, vertically impacted maxillary third molars and severe dental crowding.

His cephalometric analysis **(Figure 3)** revealed a mild Class II skeletal discrepancy (ANB = 4.0), a long lower anterior face height (Na:ANS/ANS:Me=42%), a steep mandibular plane angle (SN:Go-Gn=40 degrees) and bimaxillary protrusion (1: NA=10mm) and (1: NB=14mm).

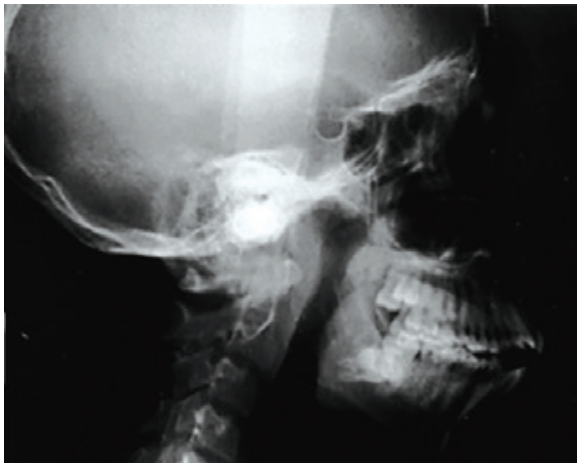


Figure 3: Initial cephalometric radiograph

Table 1
Cephalometric Analysis

	Norm	Pre-treatment	Post-Treatment
SNA	82	82	87
SNB	80	78	81
ANB	2	4	6
Mand: SN	32	40	36
Occl: SN	14.1	15	13
Interincisal	131	108	129
1: NA mm	4	10	3.0
1: NA	22	29	10
1: NB mm	4	14	10
1: NB	25	37.5	35
1: Mand	93	99	98
A-Po:1		13	7.0
Na:ANS/ANS:Me	45%	41%	41.6%

During the consultation, the following treatment options were discussed:

Option 1: Surgery
Treatment would involve the removal of 4 first bicuspids and all third molars in conjunction with a Le Fort 1 procedure (1 piece)
Retention: Upper Hawley and lower fixed 5-5.

Option 2: Non-Surgical treatment
Treatment would involve the removal of 4 first bicuspids, using a high-pull headgear, a Nance Appliance and a lingual arch.
Retention: Upper Hawley and lower fixed 5-5

Option 3: Non-Surgical Treatment
Treatment would involve the removal of 4 bicuspids and possible extraction of molars.

A lengthy consultation with both parents resulted in the selection of Option 2. Because of the patient's history of hospitalization and treatment with chemotherapy, the parents refused orthognathic surgery. Following the consultation, the 4 first bicuspids were extracted and complete fixed orthodontic appliances were placed on the patient's teeth including a Nance Appliance, lingual arch and a high-pull headgear.

Treatment Progress

After 3 months using .016 Sentalloy archwires the patient's anterior teeth were aligned. Once the anterior alignment was completed, .016 stainless steel archwires were placed in both arches and Class I mechanics were used to attempt to correct the overjet and overbite. Despite aligning the patient's anterior teeth and achieving a dental midline correction, a 3.0mm anterior open-bite remained. **(See Figure 4)**.

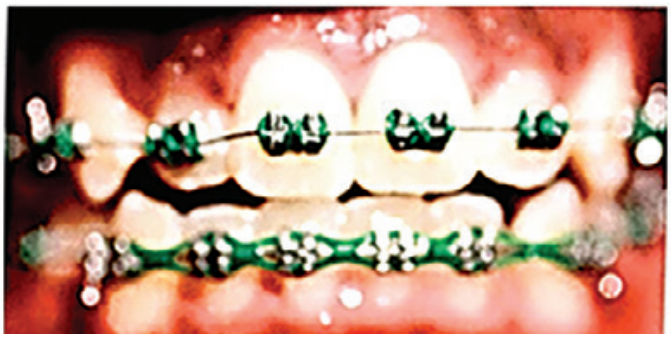


Figure 4: 3.0mm anterior open-bite

Unable to close the anterior openbite with headgear, a lingual arch and a Nance appliance, another consultation was held with the parents. Again, the orthognathic surgical option was discussed and rejected. During the second consultation, extraction of existing molars in the maxillary and mandibular arches to close the anterior openbite and poor cooperation with the headgear were discussed. At this time the patient had grown nearly three inches in height and his anterior openbite was difficult to close. **(See Figure 4)** Careful assessment of all third molars was done to evaluate the size, shape and their position. The maxillary third molars appeared to be erupting vertically and in a suitable position for alignment. However, the mandibular third molars were horizontal. A third option, an AOB Appliance using bone anchors to intrude the maxillary and mandibular posterior teeth was discussed. The parents saw this as a foreign idea and thought the procedure was too invasive. At the conclusion of the consultation, it was decided that extraction of the maxillary first molars would be done, the anterior openbite evaluated following the extractions, and if necessary mandibular second molars

would be removed to assist in closing the patient's anterior openbite. **(Figure 5)** One month after the maxillary first molars were removed, it was determined that the mandibular second molars needed to be removed to assist in closing the anterior openbite. The patient still continued to grow and a fixed appliance to hold the maxillary and mandibular growth of the posterior teeth was needed.

It was determined that an AOB appliance with bone anchors was suitable to assist with intrusion of the maxillary and mandibular molars. TADs were placed in the posterior area of the mandible to assist with uprighting the mandibular third molars.

An AOB appliance was placed with bone anchors on both sides of the maxilla and actual molar intrusion occurred. This appliance proved to be extremely beneficial as the patient continued to grow throughout the remainder of his treatment.

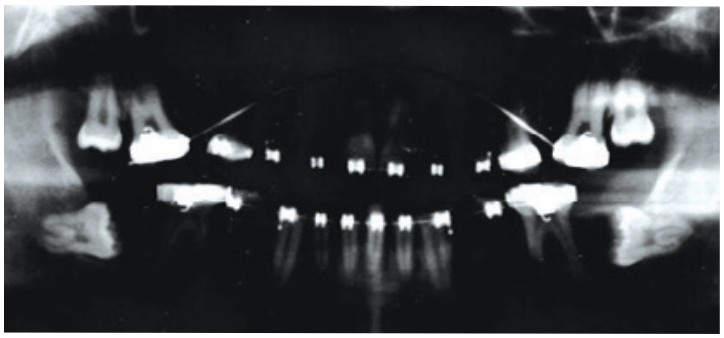


Figure 5: Post-upper first molar and lower second molar extractions

AOB Appliance

Since the patient experienced a significant growth spurt, 6.5 inches to be exact, and failed to comply with headgear wear, an orthognathic device was required to correct his anterior open bite in a less invasive, more stable manner. In **Figure 5**, an anterior open-bite splint was selected and proved to be very effective. This device applies a constant intrusive force through the use of coil springs that are connected to the splint and to the bone anchors. The appliance relies on intrusion of posterior teeth to close an anterior open-bite, rather than extrusion of anterior teeth.

The mandibular third molars were exposed and a second-molar bracket was placed on the buccal surface of each tooth. An attempt to upright the mandibular third molars using TADs failed. Fifteen months into treatment, a Halterman Appliance **(Figure 6)** was soldered to the mandibular first molar bands, a button was bonded to the mesio-occlusal surface of the impacted third molars and a series of elastic chains were attached to the loop of the Halterman Appliance and the bonded button. In 3 months, the third molars were upright. A .016 x .016 Nickel Titanium archwire was placed in the mandibular arch and coil springs (250 mg) were used to close the remaining space between the third molars and first molars.

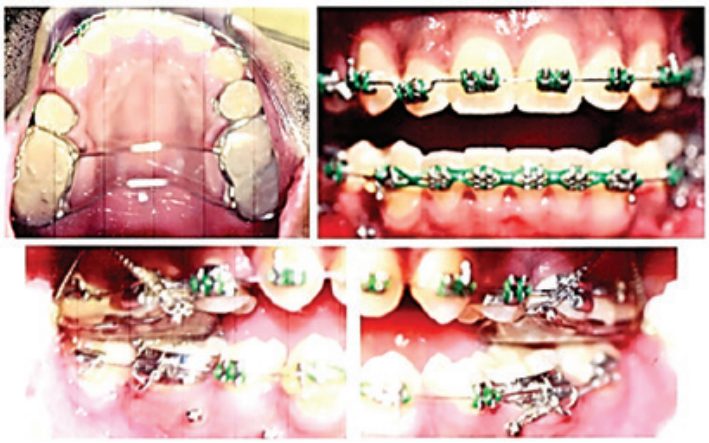


Figure 6: Halterman appliance applied

Halterman Appliance

The Halterman Appliance **(Figure 7a-c)** was designed to upright a tipped molar or bicuspid and, in the process, regain some lost space. In its simplest form it consists of a single band on the anchor tooth – in this case the mandibular first molar and a Halterman wire. The Halterman wire is soldered to the buccal of the band and ends with a hook that is positioned posterior and superior to the distal of the tipped (impacted) tooth.

To use the Halterman Appliance, an orthodontic button was bonded directly to the occlusal surface of the impacted tooth. The orthodontic button was placed as mesially as possible. The appliance worked by connecting the orthodontic button to the Halterman hook using a series of shortened elastic chains.

The AOB Appliance was removed after 3 months. Class I mechanics was used to correct the overjet, overbite and close all remaining spaces.

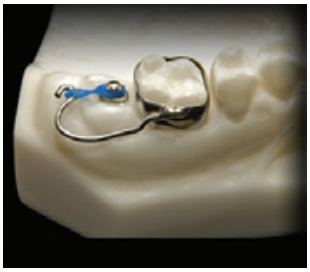


Figure 7a: Halterman appliance

After 26 months, the patient had to report to military duty. The orthodontic appliances were removed, a fixed retainer was placed in the mandibular arch, and a removable Hawley placed in the maxillary arch. **(Figure 8a-c)**. See final photos.

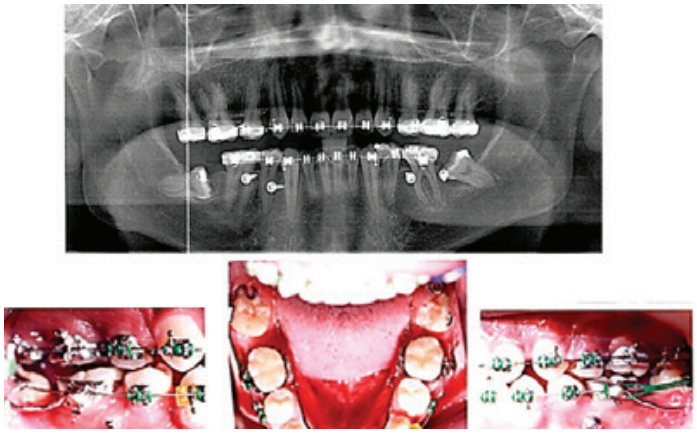


Figure 7b: Panoramic radiographic and intraoral photographs with Halterman appliance and button

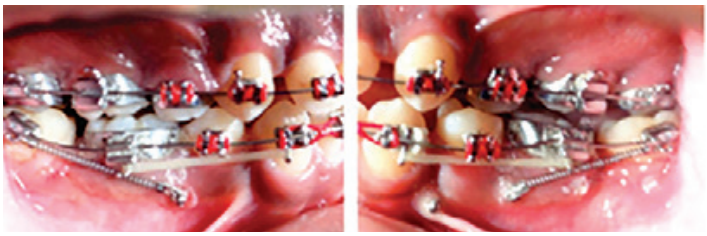


Figure 7c: 250g retraction coils to close the space between first and third molars

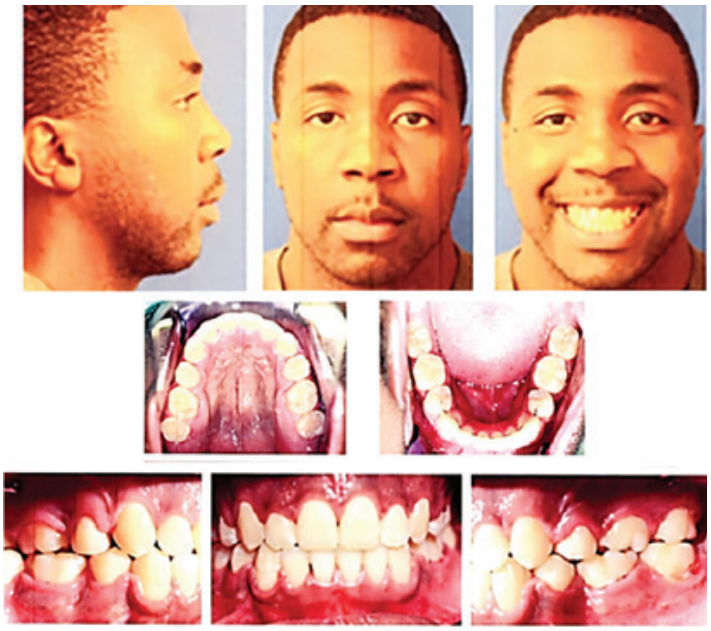


Figure 8a: Finial facial and intraoral photographs

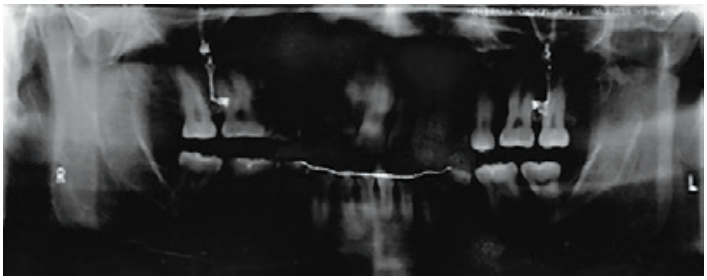


Figure 8b: Final panoramic radiograph

Discussion

Devices such as high-pull headgear, bite blocks, or vertical chin cups can produce a clockwise rotation of the mandible and an anterior open-bite correction. These procedures are generally effective in a growing patient and require excellent patient cooperation of 12-14 hours of daily wear. When they can hold the posterior dentition while the ramus continues to lengthen, posterior face height increases while the anterior dentition continues to erupt. For a male patient who is in his first year of college, the task of wearing any of these appliances while adjusting to a new environment can be a formidable challenge.

Extractions combined with high-pull headgear or bite closure with bonded magnets have also been used in growing and non-growing patients, but extractions may not always be indicated, and bonded magnets must be precisely aligned to be effective.

Surgical-orthodontic treatment has traditionally been the most effective way to close a moderate-to-severe anterior open bite. In this case study, any invasive procedure suggested was denied due to the health history of the patient. Relying on a newly enrolled student who is adjusting to college life to wear a headgear is probably not a wise treatment decision.

Utilizing fixed appliances (AOB, lingual arch and TADs), if the patient can tolerate the occlusal splint, as well as keep the area around the splint healthy, requires less cooperation from the patient. It is less invasive than orthognathic surgery and can be maintained if the patient is given proper instructions on how to maintain such appliances.

Perhaps the feature or highlight of this treatment is the use of the Halterman Appliance to upright the impacted third molars. After failure to upright the third molars utilizing the uprighting spring inserted in the TADs, the Halterman was used and worked effectively in 3 months. The TADs were then used to close the space created between the first molar and third molar by using retraction coil springs.

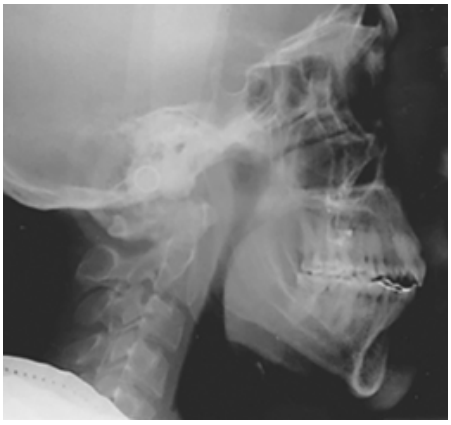


Figure 8c: Final cephalometric radiograph

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