



SAO NEWS

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SAO LEADERSHIP

President

Dr. Debbie Sema
Birmingham, AL

President-Elect

Dr. Beth Faber
Tappahannock, VA

First Senior Director

Dr. Eric Nease
Spartanburg, SC

Second Senior Director

Dr. Preston Miller
Jackson, TN

Secretary-Treasurer

Dr. Donald B. Balhoff
Lafayette, LA

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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SAO President's Update

Dr. Debbie Sema

“Going to the Chapel...”

First, a huge thank you must be given to our past-President, Dr. Mark Dusek, for his impressive, strong leadership. He was not afraid to make tough decisions. The SAO has been blessed with many great leaders. I am humbled to follow all of them.

I count my blessings as I think about all the mentors, friends, and fun experiences I have had while serving on the SAO Board. While I am forever grateful for the personal connections I have made through the years, I am also in awe of the amazing leaders who have given so much time and talent to help the Southern Association of Orthodontists be the best it can be.

Over the years our great leaders have enabled our SAO constituent to lead by example in so many different ways. The challenge of navigating this merger with the Southwestern Society of Orthodontists is another opportunity to lead and grow. We firmly believe that a reorganization of the AAO is inevitable and the SAO wants to do what is best to continue to honor and preserve our past by protecting our future. We know that SAO and SWSO share a similar culture. We even joke that we have been “dating” the SWSO for the last four years. The vote to accept our new combined bylaws at our General

Assembly in Austin was the next big step in getting us down the aisle to say, “We Do”, and make this vision of merged constituents a reality.

My goal for 2023 is for our SAO Board and our SAO Executive Director Team to continue to work with the SWSO on our combined mission to merge our two constituents. While we are doing this, I am excited to see us work to help strengthen our sense of community. Another important goal is to increase our advocacy awareness and its efforts at the grassroots level. I believe as a merged constituent we can draw on our combined resources to have an even stronger presence in

our effort to protect our patients and the way we practice. I truly believe this is the greatest benefit we can offer as an Association to each other and our patients.

Thank you for this opportunity to serve you, my colleagues in the SAO. Know that your Board is committed to our mission to support you, our member. We need you and we want you to be involved with our great Association. Please share with me or any Board member your ideas and any interest you have in service to our specialty.

- **Debbie Sema**

SAO Board of Directors Executive Committee



*Pictured left to right:
Dr. Balhoff
Dr. Miller
Dr Nease
Dr. Faber
Dr. Sema
Dr. Dusek*



SAO Past-President's Message

Dr. Mark W. Dusek

“It has been a tremendous year for the SAO.”

I am honored to have served as your President and to participate in building our organization for the future.

I sincerely thank all of our member states for welcoming me to annual meetings and encouraging me throughout my term as President.

At the beginning of my term, I set a few goals that I thought would improve the organization. With the help of our executive committee and the outstanding staff at ZuBu, we were able to achieve those goals. Our organization is on a good path. I am excited to see where it goes from here. Dr. Debbie Sema is an outstanding leader who has some great ideas that will provide even more value to the individual members of our organization.

This year we completed another successful leadership program. Typically, the leadership program is offered every other year, but we postponed the program for a year due to the pandemic. We had 18 members complete the program. They were divided into four groups. Each group was asked to complete a “project” it

identified as an issue in orthodontics that needs improvement. Solutions to these issues were then presented to the whole group at the Austin annual session. The AAO President and President-elect were so impressed with the ideas that were presented that multiple points from the presentations are now to be added to the AAO's Board of Trustees agenda for discussion and possible implementation at the national level. Congratulations to this year's leadership class participants on a job well done!

We had an outstanding meeting in Austin, TX. There were over 1,600 attendees, a new SAO record. We made some changes to the meeting to improve both the quality of the meeting and the attendee's experience. The feedback from the doctors and staff has been incredibly positive. Attendees were able to see how working together with the SWSO, we can become stronger.

The combined SAO/SWSO bylaws were approved by both organizations' general assemblies. The executive committees of both groups will continue to work to move forward with the merger. Our goal is to be fully merged by January 2024. A special THANK YOU to Dr. Dan Joseph for his work to make this merger successful!

I would like to thank the executive committee for its help throughout the year. We have an outstanding group of individuals that volunteer their time to help our specialty. I also want to thank our Executive team at ZuBu. They rose to every challenge I threw at them, and I threw a lot! I would like to thank Dr. Jim Vaden for being the editor of our journal, a thankless job that would not happen if he did not do it. Finally, I would like to thank Dr. Richard Williams, our SAO Trustee, who has guided and supported me throughout my orthodontic leadership journey. We are very fortunate to have him represent us at the national level.

- Mark W. Dusek



SAO Secretary/Treasurer Report

Dr. Donald B. Balhoff

The Leadership Journey

I was recently at a continuing education meeting, and I met a well-known orthodontist and speaker for the first time. He was fantastic, as expected, and I felt lucky to be able to informally chat with him after his lecture as we discussed practicing orthodontics, hobbies outside of our practices, and our families.

I happened to run into him again at another large continuing education meeting where he was lecturing, and knowing that I was involved in SAO and AAO leadership, he asked me a question. To paraphrase, he asked,

“I feel like I have done so much in orthodontics, but I feel like I need to give back more and get involved more at the AAO component or AAO national level. How can I do that? Who can I talk to about my desire to do this?”

It was wonderful for me to hear this from him. However, it struck me that someone so well-known and plugged into orthodontics was asking me, a relative nobody, how to accomplish this. He wanted to know how one gets started on the organized orthodontics leadership journey.

For me, I have always had an interest to be involved in school/community service and governing organizations. From student councils, service clubs, and sports teams in high school and college to community, civic, and charitable organizations in my adult life, I have always felt the need to be involved and take more of a leadership role in whatever I participate in. That’s how most of us orthodontists are. We tend to be intelligent, innovative, natural leaders and entrepreneurs. But there are times that we are just content with making good money, having a successful practice, and heading home.

To prevent becoming too complacent, the question that I have always tried to pose to myself is this - “Do I want to not be involved and have things happen to me, or do I want to be involved and make positive things happen for me.”

From an organized dentistry standpoint, my leadership journey began 15 years ago in the city where I practice, which is Lafayette, Louisiana. After giving myself enough time to settle into life after residency, start up my own solo orthodontics practice, and start a family, I was asked to become Treasurer and Executive Board member of my state’s ADA regional component organization. During my time on this board, my local government attempted to improperly impose and collect a sales tax on medical/dental devices on all dentists in my city for one year.

This was a wake-up call for me about what government and outside forces can attempt to do to negatively affect our profession and livelihood. Our ADA component group banded together and used the collective power of organized dentistry, the Louisiana Dental Association. After several initial legal actions by the LDA and media appearances by myself, the local government realized that they were on uncertain legal ground and backed down, no longer imposing and collecting the medical/dental device tax. It was a great feeling knowing me and my colleagues’ efforts made a difference for the dental professionals in my area.

In 2014 I felt the need to become more involved for my orthodontics specialty. I was asked by Louisiana's delegate to the AAO House of Delegates at the time to become the new delegate for Louisiana in the SAO delegation. I didn't exactly know what I was getting myself into, but I accepted. The same year the SAO asked me to become the AAOPAC Political Outreach Captain for Louisiana, and I accepted. Through these positions I knew that my voice and those of my fellow Louisiana orthodontists would be heard. In 2021 I was asked to take another step and join the SAO Executive Committee, where I will eventually have the privilege of becoming the President of the SAO.

These leadership positions have been extremely eye-opening and rewarding. I have been involved in policy making with the AAO and House of Delegates that makes a difference for all orthodontists. I have visited Washington, DC, with the AAO's annual Professional Advocacy Conference on multiple occasions where I have met with United States congressional members in the House of Representatives and Senate discussing and promoting policies that are in the best interests of orthodontists in the AAO. By volunteering and being involved with the SAO and the AAO, I have clearly seen the efforts of organized

dentistry standing strong against direct-to-consumer orthodontics, unfavorable legislation, and poor financial/tax policies, that are not in the best interests of our practices and the patients that we all see across the country. Organized dentistry and orthodontics are protecting the future of our wonderful profession. Regarding volunteerism and involvement, I'm frequently reminded of President Ronald Reagan's famous quote that "freedom is never more than one generation from extinction". This quote can be extrapolated to anything that we hold dear, like our profession of orthodontics. Things we cherish can be lost or irreversibly altered if we take them for granted, are not vigilant, and don't stay engaged.

However, the best part of this whole leadership journey are the people and orthodontists that I have met along the way. From our SAO trustee Dr. Richard Williams, our SAO House of Delegates Chairman Dr. Robert Moss, the Executive Committee members of the SAO, our SAO delegates, to everyone in between, these people are inspiring to me, set a fantastic example for our orthodontic profession, and help me be a better person, leader, and orthodontist. Through my participation I have gained friendships

and a true sense of fulfillment that I would not have gotten if I had just remained in my own practice in Lafayette, Louisiana.

So, if you have that nagging feeling that you need to give back or do more for your orthodontics profession, just do it. Contact anyone in your state constituent organization or the SAO, and they will get you on your own leadership journey. You won't regret it.

- *Donald B. Balhoff*



AAO Trustee's Message

Dr. Richard A. Williams

“Greetings fellow members!”

By the time this article goes to press and you are reading it, our fall meeting in Austin will be a wonderful memory. I am writing this as I prepare to travel to Austin. All indications are that we will see many friends and colleagues while enjoying high quality continuing education and exciting social events.

I am pleased to report that the AAO is healthy and growing – not just in member metrics, but growing also in programs and services for our members.

For the first time in a decade, our member renewal rate reached 98.1%. Member recruitment continues to grow as well. Our market share for the past year is 86.5%, up from 86.3% in 2021 and 86% in 2020. By comparison, the ADA market share was 58.5% in 2021. Kudos to Brandon Hackworth and the AAO team for developing the outreach to retain and grow our membership. This fact is extremely important so that we can speak with a unified voice in our advocacy efforts at all levels of engagement.

Our advocacy team continues to grow in size and influence. I can never catch Trey Lawrence in St. Louis because he is all over the country representing the AAO. If he is not in a dental board hearing, he is at one of the programs delivering the Legal Course to our residents. COGA/PAC has been undergoing “self reviews” led by

Mike Durbin (MSO Trustee) and Dale Ann Featheringham (Trustee at Large). The consensus is that advocacy is much more than a single focus at the federal level and, as such, the priorities will be redirected to meet the needs of our association and members. The buildout of a more local network at the component level is underway. This is the place that YOU can be engaged to push our message forward. Please consider being a volunteer in this endeavor.

The AAO's Consumer Awareness Program, or the CAP, is the only mass-market campaign that promotes orthodontists and specialists, and educates the public to visit an orthodontist, in person, for orthodontic needs. We annually survey all AAO members to determine what AAO does that each finds valuable. The CAP is one of the three most valuable resources we provide to our members. Based on this feedback, the House of Delegates approved a \$5 million CAP campaign for our current fiscal year. It is what our members want. The digitally focused effort uses a

wide range of free and paid tactics to drive traffic to AAO's consumer-facing website, www.aaoinfo.org. We continue to post informative, entertaining and engaging content on a regular basis to major social media channels. The all-digital campaign is targeting people who have an interest in learning more. The Campaign budget of \$5 million is modest compared to that of other entities that advertise to potential orthodontic patients. During the membership year June 1, 2021 – May 31, 2022 the AAO CAP campaign was viewed over 180 MILLION times across Facebook, Instagram, YouTube and Google search. It also drove 4.7 million consumers to the AAO consumer website. People are seeing the campaign and reacting positively to it. **We can be very proud of the quality of the productions and how each engages the public.**

During the past year, the AAO has been recognized by the advertising industry with several advertising awards relative to our short videos.

American Advertising Awards (x5)

BEST OF ADDY

Best of Elements of Advertising:
"The Almost-Right Person"

GOLD ADDY

Film, Video, & Sound |
Regional/National Commercial:
"The Almost-Right Person"

GOLD ADDY

Elements of Advertising |
Art Direction Single:
"The Almost-Right Person"

GOLD ADDY

Elements of Advertising |
Cinematography:
"The Almost-Right Person"

GOLD ADDY

Elements of Advertising |
Video Editing:
"The Almost-Right Person"

There are many other benefits for our members due to innovative programs such as the AAO Wharton MBO.

This program launched in the Fall of 2021 with several sold out cohorts. It is proving to be a valuable resource for our members. Evidence is the following quote from Dr. Jesse Teng:

“I would highly recommend this program to my peers. This program will give new perspective on how you run your practice. You will see the ‘big picture’ and understand ‘why’ and ‘how’ you may need to make changes or improve the operations and management of your orthodontic practice.”

The Wharton MBO is also being recognized as exceptional by the American Society of Association Executives (ASAE) with two recognitions, ASAE Power of Associations - Gold Award for Best Professional Development program and Association Forum TRENDY - Gold Award for Best New Product Launch. There are 4 cohorts planned for FY 2023. If you are keeping up with the eBulletin, you will note that office managers are now eligible to register for the course.

The old Office Design Manual was revamped to be relevant today. It was relaunched in May 2022 as the **Office Design Series**. It is a comprehensive and modern resource for remodeling an existing practice or designing and building a new office. The AAO has teamed up with experts in office design and layout, planning, financing, site location and equipment selection to make this a great member resource.

Member Interest groups are now online in four categories, Craniofacial and Special Care Orthodontics, Financial Freedom, HR Management, and Leadership Development. Member Interest groups are designed to address relevant member needs and identify resources that can support each group for the good of all AAO members. Group members are supported through both virtual and in-person collaboration, networking and education. Learn and join the group that's right for you at aaoinfo.org/collaborate.

Immediately prior to the Winter Conference, our next Leadership Development Conference will be held. The LDC is designed to assist component officers to execute the duties of their respective office as well as to prepare and equip the next generation of leaders. Please make plans to attend the 2023 Winter Conference in Las Vegas and learn all about 3D printing and In-house aligners. It will be a very informative program. And then on to Chicago in late April for the AAO. Our members find the annual session to be of high member value. Miami last year was a nice restart to the in-person event.

Once again, thank you for the trust placed in me to be your representative to the AAO. It is humbling to be in this position and I am personally grateful. See you soon at one of our events!

- Richard A. Williams



AAO Political Action Committee

Dr. Ed C. Davis



AAO leadership, along with our AAO PAC leaders, has been working hard to redefine the purpose and operations of our AAOPAC.

The SAO has always been a leader in donations and support of the PAC. The monies collected are used to help support political campaigns for Congressional members and candidates for office whose policies align with the AAO's goals for the betterment of our specialty and our patients.

We have been working with Member Marketing Services (MMR) to reach out to prior donors who gave regularly but have not recently done so. This has been done by phone, email, and fax campaigns. The first round of the campaign produced a 605% return in investment. We are looking into further campaigns with MMR to help achieve a collective \$400,000 revenue goal by the end of fiscal year 2023.

Recent By-Laws revisions have been completed that clarify who can donate to the AAOPAC, how donations can be received, and how funds can be used. For example, if permitted by law, AAOPAC funds may be used for

direct contributions to state or local candidates. This is important because it allows PAC dollars to be used in our growing grassroots campaign to have an impact within our members' respective communities.

The AAO has hired Kim VanVeen to lead its grassroots advocacy division. Ms. VanVeen will be working with members to create an impact on local levels. This effort will include informing members of legal/political issues that affect their state or community, advise the member on how he/she can help with advocating for the AAO or by arranging for members to meet political candidates in order to promote AAO issues. The AAO will be looking to identify members in the coming months who can do these things. If you are interested in being a contact point in your community, please contact me, and I will get you connected.

On the national level, the Government Accountability Office (GAO) is currently focusing on FTC and FDA oversight of prescription medical devices, particularly those that are marketed directly to the consumer. On the state level, AAO Advocacy is working on workforce shortage issues in states like Michigan and New York and is working with other states on licensure policies. AAO Advocacy has had great success because of the team of Trey Lawrence, Nathan Mick and Gianna Nawrocki.

AAOPAC received 30% more contributions in the first quarter of FY22 than the same period for FY21. The team is planning for the Advocacy Conference February 28 - March 1. Members who have contributed \$250 or more since June 1, 2022, are eligible to attend. Registration is now open.

As always, I appreciate your interest in the AAOPAC. Donations can be made through [aaopac.org](https://www.aaopac.org) and information regarding AAOPAC can be found at [orthofacts.org](https://www.orthofacts.org).

- Ed Davis

American Association of Orthodontists Foundation



FALL 2022 REPORT

THE RESIDENT EDUCATION PROGRAM was utilized by those orthodontic residents who attended the Miami meeting. The AAOF supported 750 residents through this program in 2022. 157 Residents from SAO received this incentive after attending the Miami meeting.

THE AAOF AWARDS PROGRAM approved 26 grant applications for funding equaling \$409,425 in 2022. The deadline for 2023 funding is October 28, 2022, and the application can be found on our website. In 2022, three grant proposals from SAO were funded by the AAO Foundation.

THE AAO FOUNDATION committed \$540,000 to the Craniofacial Growth Legacy Collection Project - a complimentary web site 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.”

- Dr. Heesoo Oh, Steering Committee Chair

DONATED ORTHODONTIC SERVICES IS LOOKING FOR VOLUNTEERS in the SAO constituent to participate in this program. To learn about this program please visit our website. If you decide you are interested in volunteering or have additional questions, email us at dos@aaortho.org.

Thank you to our current DOS Volunteers from SAO!

Kentucky

- Dr. Evan Zeh

Virginia

- Dr. Azita Abbasi-Hafshejani
- Dr. Rana Barakat
- Dr. Bill Crutchfield
- Dr. Damon De Arment
- Dr. Thomas Grisius
- Dr. David Hughes
- Dr. Syed Hussaini
- Dr. Darin Iverson
- Dr. Russell Mullen
- Dr. Denise Nguyen
- Dr. George Sabol
- Dr. Edward Snyder
- Dr. Melanie Spears
- Dr. Britt Visser

Tennessee

- Dr. Mary Ellen Dobbs
- Dr. Andrew McDaniel
- Dr. James Vaden

North Carolina

- Dr. Jess Arbon
- Dr. L'Tanya Bailey
- Dr. James Buckthal
- Dr. Bruce Burns
- Dr. Steven Davis
- Dr. Kristen Fritz
- Dr. Jeffrey Goldberg
- Dr. Ernest Goodson
- Dr. Leonard Haltiwanger
- Dr. Jason Herring
- Dr. Bryan Lockhart
- Dr. Randall Macon

- Dr. Julie Mol
- Dr. Warren S. Phillips
- Dr. Joseph Pittman
- Dr. Gregory Richardson
- Dr. Jeffery Rickabaugh
- Dr. Ernest Rider
- Dr. Luke Roberts
- Dr. Paul Rudnicke
- Dr. Stephen Saks
- Dr. Robert Selden
- Dr. Brian Smith
- Dr. Gary Taylor
- Dr. Colin Webb
- Dr. Sal Zammiti

Mississippi

- Dr. Nathan Hamman
- Dr. Jared Moffett
- Dr. Jason Vassar

Alabama

- Dr. David Sarver

Georgia

- Dr. William Cline
- Dr. Laura Davis

South Carolina

- Dr. Ed Davis
- MUSC
- Nth Degree Orthodontics

Louisiana

- Dr. Heather Moylan

Florida

- Dr. Christopher Escott
- Dr. William Kochenour
- Dr. John Metz
- Dr. John Yarbrough

In case you didn't know, the AAO Foundation can accept donations not only online, but via stock transfer as well. Please consider making a donation to the foundation in 2022. 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. **Scan the QR code to donate:**



To best stay up to date on the happenings of the AAOF follow us on Facebook, Twitter and Instagram.

Dr. Shivam Mehta Marquette University



Dr. Mehta is full-time faculty – assistant professor in the department of Developmental Sciences/Orthodontics at Marquette University School of Dentistry. He is a dental graduate from India. He also obtained his master’s degree and certificate in orthodontics from India. In 2018 he completed a 1-year fellowship program on Recent Advances in Orthodontics at University of Illinois, Chicago. Following his fellowship, he was invited to join University of Connecticut for a dual degree/certificate program (Master of Dental Science and certificate in orthodontics). He completed his orthodontic residency at the University of Connecticut in 2021 and joined academia after graduation as a full-time faculty at Marquette University.

2022 JAMES L. VADEN TEACHING FELLOWSHIP AWARD

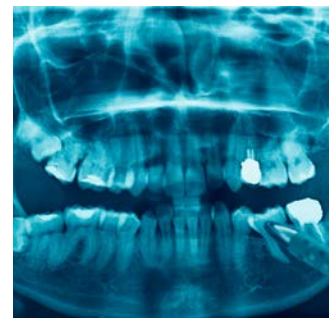


Project Description

The current research proposal entails the development of a user-friendly artificial intelligence (AI) based decision making for orthodontic diagnosis. It will utilize more than 14,000 cephalometric radiographs and a multicomponent model using the deep learning technique – Regression convolutional neural networks (RCNN). The first aspect of the project entails the automated identification of landmarks on lateral cephalograms. The accuracy of AI based landmark identification will also be compared with human examiners with different levels of experience. The second part of the project includes the interpretation and automated diagnosis from the feature variables of the datasets including cephalometric radiographs, panoramic radiographs, and photographs. It will work by 1) receiving inputs in the form of specific data (feature variables) obtained from patient radiographs; 2) automatically applying its multicomponent model & RCNN to analyze data & provide diagnosis; and 3) recommend a primary and alternate treatment option out of 14 possible options. The RCNN model proposes to optimally combine safety, accuracy, and interpretability, allowing the clinician to understand why an extraction (or non-extraction) decision was taken. It will also continuously update itself with new information from patients, literature, and research.

Importance of AAOF Funding

Dr. Mehta is very thankful to AAOF for funding the project. The support and generous funding from AAOF Orthodontic Faculty Development Fellowship (OFDFA) will play a key role in conducting his research. Dr. Mehta’s desire is to excel in academia. The completion of this research will serve as a key professional steppingstone to advance his career goals in academia combining his interests in clinical excellence, teaching, personal development, and research.





Dr. Mike Rogers

DeWayne McCamish Lifetime Achievement Award



Pictured left to right:
Dr. Dusek, Dr. Rogers, Dr. McCamish, and Dr. Inman

Dr. DeWayne McCamish nominated Dr. Mike Rogers for the DeWayne B. McCamish Lifetime Achievement Award. The letter from Dr. McCamish that describes the award and outlines the service given by Mike Rogers, the 2022 recipient, follows:

It is my sincere and distinct privilege to nominate Dr. Michael B. Rogers for the DeWayne B. McCamish Lifetime Achievement Award. I know of no other individual who has given more lifetime commitment, dedication, and service to our specialty of orthodontics than Dr. Rogers. The description of this award, stated below, describes the commitment and service that the award recipient must have given to orthodontics.

The DeWayne B. McCamish Lifetime Achievement Award established in 2008, is presented to honor orthodontists and/or non-orthodontists who have contributed outstanding lifetime service to the specialty of Orthodontics. Those who receive this award must have made contributions to the specialty of Orthodontics which "arise above the ordinary and are far beyond the expectation of service and leadership".

The award is intended to be a "Recognition for Extraordinary Contributions Throughout a Lifetime of Commitment to the Specialty of Orthodontics". The individual chosen for this award must have advanced the mission of Orthodontics, which is quality patient care, and have shown a dedication and commitment to orthodontics over a significant part of their professional life.

Dr. Rogers should receive the DeWayne B. McCamish Lifetime Achievement Award for the following reasons. Many more can be found in his resume. The following highlight his "lifelong commitment":

- **AAO President | 2011-2012**
- **Trustee to the AAO and Member of the Board of Trustees | 2002-2013**
- **Speaker of the AAO House of Delegates | 1996-1997**
- **American Association of Orthodontists Foundation Board of Directors | 2008-2010**
- **World Federation of Orthodontists, Fellow | 1995 - Present**
- **Southern Association of Orthodontists President | 1999-2000**
- **Georgia Association of Orthodontists President | 1984-1985**
- **Delegate to the Georgia Dental Association House of Delegates | 1982-1992**
- **President of the Georgia Dental Association | 2006-2007**

“Congratulations Dr. Rogers, thank you for your commitment and dedication to our specialty.”

- DeWayne B. McCamish



Dr. Eladio DeLeon, Jr. Legend Award

The Orthodontic Legend Award, established in 2008, is presented with Board approval, at the discretion of the President of the SAO and his/her advisors. The award is reserved for special recognition of an orthodontic educator when it is deemed justified by the SAO President.

The recipient of this award should have made significant contributions to the body of orthodontic knowledge. Additionally, the recipient should have made contributions to the education of members of the specialty through his/her teaching responsibilities.

Dr. Eladio DeLeon, Jr., the 2022 recipient, received his DMD from the University of Kentucky. He completed his orthodontic residency training and received his orthodontic certificate and M.S. degree at the University of Missouri, Kansas City. Dr. DeLeon served twenty two years in the U.S. Army Dental Corps and retired in 1998 as a Colonel. Immediately upon retirement from his military service, he joined the orthodontic faculty at the Dental College of Georgia, Augusta University, (formerly MCG). In 1999, he was designated the program director of the post-graduate orthodontic program and in 2000, he was appointed as the Marvin C. Goldstein Chair of Orthodontics. For the past 24 years he has provided mentorship and leadership for the DCG orthodontic department, both as the Program Director and as the Chair.

Dr. DeLeon is a Past President of the American Board of Orthodontics (ABO). His term as the Southern ABO director started in 2008. He officially completed his term in 2019 as immediate Past-President. He continues to serve on the ABO Written Examination Committee and as an examiner for the clinical portion of the ABO certification examination. Dr. DeLeon served as Commissioner for Orthodontics for the Commission of Dental Accreditation from 2019 - 2020. He also is a Diplomate of the American College of Dentists, and the International College of Dentists.

Dr. DeLeon has been loyally supported for the past 46 years by his wife, Dottie, their three children and their respective spouses; Cara (Board certified Pediatric Dentist), Derek (Regional Director, Campos EPC, LLC) and Christopher (Board certified orthodontist), and 5 grandchildren.



Dr. Jeri Stull Oren Oliver Distinguished Service Award

The Oren Oliver Distinguished Service Award, established in 1978, is presented to recognize a member of the Southern Association of Orthodontists who has given "above and beyond" the normal commitment to the SAO and has helped the Association to accomplish its mission.

Dr. Stull graduated from the University of Kentucky College of Dentistry in 1995 and completed her Orthodontic Residency at the University of Kentucky in 1998. She has since practiced in Fort Thomas, Kentucky.

Dr. Stull has been active in organized dentistry and orthodontics for many years. She served as the President of The Southern Association of Orthodontists in 2019-2020. This was the "COVID" year! Dr. Stull planned an SAO meeting in Nashville but had to

scramble and worry in order to cancel the meeting and present a virtual meeting for our members. Her hard work paid off - the virtual meeting was a raging success. Dr. Stull has served on many committees for both the SAO and AAO and was appointed to the AAO's Special Committee of Women Orthodontists in 2019-2021. She has also served as the President of the Kentucky Association of Orthodontists and President of the Northern Kentucky Dental Society.



Dr. Arghavan Welch

The Sharon Hunt Emerging Leader Award

The Sharon Hunt Emerging Leader Award is presented to honor an emerging leader who has significantly advanced the mission of the SAO, component organizations, and/or the AAO. The recipient must be an orthodontist and member of the SAO in good standing. The recipient must have ten years or less of experience in volunteer leadership and service to the Southern Association of Orthodontics, component associations and/or The American Association of Orthodontics.

The achievements of the recipient should rise above normal expectations of volunteer leadership. The recipient must be a model of outstanding volunteer service and leadership and serve as a role model for future leaders of our associations. The individual should have been a successful participant in the SAO Leadership Program. This year we honor and recognize Dr. Arghavan Welch for her exceptional leadership.

Dr. Welch's commitment to orthodontics draws from her engineering background and desire to achieve a bright, healthy, and confident smile for her patients. Dr. Welch obtained her dual undergraduate degrees in civil engineering and micro & molecular biology from the University of Central Florida. She earned her Doctor of Dental Medicine degree

from Nova Southeastern University and subsequently completed an orthodontic fellowship at the University of Florida. She completed an orthodontic residency at Jacksonville University where she served as chief resident and president of her class of fifteen residents, as well as a member of the faculty/student selection committee. Dr. Welch is Board Certified by the American Board of Orthodontics.

Dr. Welch is passionate about organized dentistry and orthodontics and proudly serves on the executive board of the Florida Association of Orthodontists. She will be the President of FAO in 2024-2025. She also serves on various committees for the Southern Association of Orthodontists. She enjoys volunteering locally and being part of the positive change in her community.

Congratulations to Our 2022 Award Winners



Pictured left to right:
Dr. Dusek, Dr. DeLeon, Jr.



Pictured left to right:
Dr. Dusek, Dr. Stull



Pictured left to right:
Dr. Dusek, Dr. Welch

OH, THE FUN WE

Thanks Y'all! The **2022 MSO | SAO | SWSO ANNUAL SESSION** was a Rip-Roaring Success!



HAD IN AUSTIN!



How Would YOU Treat This Patient?

Dr. Timothy Shaughnessy

A healthy 52-year-old man presented for an orthodontic evaluation. He was referred by his general dentist, who noted inadequate maxillary tooth display when smiling. The patient had long been aware of this, and his openbite, and was admittedly self-conscious. The patient was certain that he never was a thumb sucker. He did however, remember that he had teeth removed growing up but never had coordinated orthodontic treatment.

INITIAL records were obtained for comprehensive treatment planning, and most importantly, to quantify the characteristics of the openbite. Specifically, is the open bite dental only? Or is there an underlying skeletal component? Which arch is responsible for the openbite? Or is it both? How will these characteristics affect the treatment plan chosen? If surgery is considered, how do the openbite characteristics affect tooth movement in the pre-surgical phase of treatment?

The INITIAL facial photographs (**Figure 1**) demonstrate lip competence in both frontal and profile views. The lower anterior facial third is visually greater than the upper and middle facial thirds. The upper lip length appears to be longer than average. The profile view is Class I with the slightest hint of maxillary deficiency. Upon smiling, there is only 1-2mm of incisor display. The maxillary dental midline nearly coincides with the center of the philtrum. However, the nose is deviated to the left, making it a poor reference in this patient.

The INITIAL intraoral photographs (**Figure 2**) reveal a missing premolar in all quadrants except the mandibular right. There is significant crowding in the mandibular arch only. The mandibular dental midline is 2.5mm to the left of the maxillary dental midline. Tooth #20 is in buccal crossbite and rotated approximately 90 degrees. The molar relationship is Class I bilaterally, however, the canine relationship is Class III on the right side only. The mandibular right crowding, midline deviation, and right canine Class III relationship are all the result of having two premolars in the mandibular right quadrant only. In retrospect, it would have been better for this patient to have had four premolars removed as a child, one in each quadrant. Finally, there is the obvious openbite from



Figure 1: INITIAL facial photographs



Figure 2: INITIAL intraoral photographs

premolar to premolar and mildly inadequate overjet. It is worth noting that this adult patient presents with bilateral asymptomatic mandibular posterior buccal exostoses at the outset of treatment.

The panoramic radiograph (**Figure 3**) highlights the three missing premolars and absence of all third molars. Root length is excellent and periodontal support is good. The patient's restorative index is low, a reflection of his history of regular dental care and good oral hygiene. The cephalometric radiograph, and analysis (**Figure 4a and 4b**) suggest a near-Class I skeletal relationship with mildly increased skeletal vertical dimension (MPA 35.8). Mandibular incisor angulation is significantly below average (IMPA 84.7), relative to the steeper than average mandibular plane. Visually, incisor angulation appears to be normal.

HOW WOULD YOU TREAT THIS PATIENT?

TREATMENT PLANNING CONSIDERATIONS

The greatest priority is to correct the dental openbite and increase the amount of maxillary incisor display when smiling. Can this be accomplished with orthodontics only? Or, will it be necessary to include a surgical component for preferential extrusion of the maxillary incisors and increased stability of openbite correction? Goals of treatment also include the alignment of the mandibular teeth, midline correction, and right canine classification. Extraction of tooth #28 will obviously be required for mandibular arch symmetry as part of any comprehensive treatment plan.

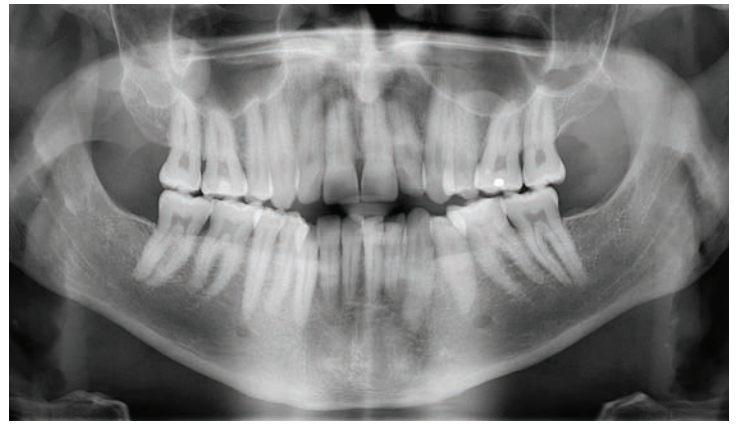
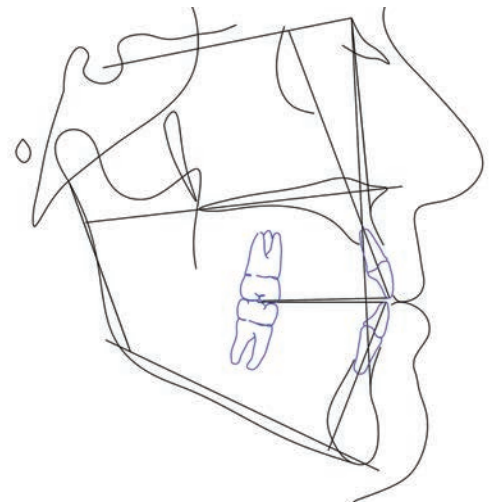


Figure 3: INITIAL panoramic radiograph



Patient: C B, ID: 2778E, Male, Age: 52y 0m
10/17/2022 Initial Analysis: Shaughnessy Norm: N/A

	Value	Norm	Std Dev	Dev Nor
SNA (*)	84.2	82.0	3.5	0.6
SNB (*)	81.6	79.0	3.5	0.7
ANB (*)	2.6	3.0	2.5	-0.1
UI - SN (*)	99.3	102.8	5.5	-0.6
IMPA (LI-MP) (*)	84.7	95.0	7.0	-1.5 *
SN - MP (*)	35.8	32.9	5.2	0.5



Figures 4a and 4b: Initial cephalometric radiograph and analysis

OPTION 1: Non-surgical, orthodontic tooth movement only with continuous arch wires and anterior vertical elastics. Differential arch wire stiffness between the mandible and maxilla may be helpful when using elastics for preferential extrusion of the maxillary incisors. Predictability and stability would be concerning, but the treatment, least invasive.

OPTION 2: Temporary anchorage devices (TADs) could be strategically placed in the mandibular anterior segment for selective extrusion of the maxillary incisors. Ideally, it would be better to apply force against TADs than the opposing mandibular incisors to prevent their extrusion. However, stability still remains a concern as a result of the magnitude of orthodontic maxillary extrusion.

OPTION 3: Combined orthodontic and surgical correction of the openbite. This most invasive option is arguably the most predictable way to move the maxillary incisors downward, to both close the bite and maximize the esthetic change. Stability should be greatest, as a result of moving the entire dentoalveolar complex.

THE TREATMENT PLAN CHOSEN

.018 inch ceramic brackets were placed on all of the anterior teeth and the maxillary second premolars. An individualized combination of metal brackets were placed on the remaining posterior teeth. For example, a single self-ligating bracket was used to de-rotate tooth #20, whereas, #29 received a traditional twin bracket.

The combined orthodontic and surgical option was chosen due to my concern with the stability of openbite correction and desire to selectively extrude the maxillary incisors. The patient was set-up orthodontically for a 3-piece maxillary procedure, with the osteotomies between the canine and lateral incisor bilaterally. This was the location of the greatest vertical step in the maxillary arch and offered the advantage of pre-existing root divergence. At no time was a continuous arch wire placed in the maxilla, which could have resulted in extrusion of the maxillary incisors prior to surgical correction. This would have violated the rule: "Do not move teeth pre-surgically in the same direction of surgical correction." The risk of doing so is relapse.

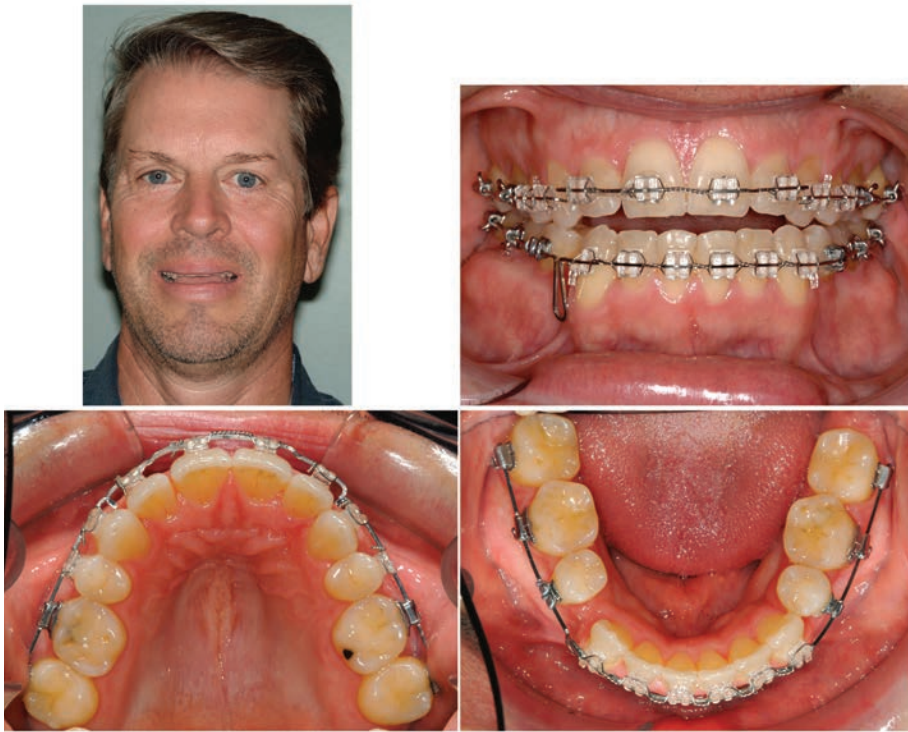


Figure 5: PROGRESS photographs

Square segmental nickel titanium arch wires were initially placed in the maxillary arch and next replaced by rectangular arch wires of the same material. Ultimately, large rectangular stainless steel arch wire placement was achieved. In the mandibular arch, the #28 extraction space facilitated efficient alignment of the anterior teeth with round nickel titanium arch wires. De-rotation of tooth #28 occurred with a .016 inch multi-stranded nickel titanium wire (SPEED Supercable). Arch wire size and stiffness gradually increased and permitted fabrication of a customized unilateral right 16 x 22 stainless steel closing loop arch wire. PROGRESS photographs (Figure 5) were obtained at this time, approximately one year into pre-surgical orthodontic treatment. The extraction space was closed completely four months later in preparation for segmental maxilla surgery. Six weeks after surgery, a 16 x 22 nickel titanium continuous arch wire was placed in the maxilla for the first time. A 16 x 22 stainless steel arch was retained in the mandibular arch. Finishing and detailing were accomplished over the next five months. Total time in treatment was just under two years.

The FINAL facial photographs (Figure 6) illustrate no obvious difference in skeletal vertical dimension. Lip outline in the profile view suggests a subtle increase in

facial convexity. The smiling photograph shows that the maxillary incisor display is more esthetically pleasing, as is the vertical harmony between the anterior and posterior teeth. The FINAL intraoral photographs (Figure 7) show well aligned teeth in both arches. The mandibular arch form appears symmetrical, and this is reflected in the final occlusion. The canine relationship is Class I bilaterally and the midlines nearly coincident. The openbite and inadequate overjet have been corrected.

The post-treatment panoramic radiograph (Figure 8) highlights the maxillary surgical fixation hardware used to stabilize the three segments. Root angulation of tooth #19 appears imperfect but is similar to its pre-treatment position and not reflected in the left posterior occlusion. Overall periodontal support and root length is largely unchanged following comprehensive orthodontic and surgical treatment.

The post-treatment cephalogram, its tracing and the cephalometric values (Figure 9a and 9b) demonstrate a slight increase in the SNA value and a corresponding increase in the ANB value with anterior movement of A-point. There were no other significant changes in the cephalometric measurements, including mandibular incisor position. It remained the same after the resolution of crowding and controlled space closure.



Figure 6: FINAL facial photographs

The pre-treatment/post-treatment superimposition (Figure 10) confirms that maxillary incisor skeletal extrusion contributed most to openbite correction.



Figure 7: FINAL intraoral photographs

YOU may have treated this patient differently. Although the diagnosis should be the same between practitioners, there can and will be acceptable differences of opinion regarding choice of treatment. I chose the surgical option because of my comfort level with the oral surgeon, my desire to correct the openbite by moving the maxillary incisors primarily, and my concern for stability. Could this result have been achieved non-surgically? Would it have been less stable to rely on orthodontic tooth movement alone? The predictability of surgical correction, and the expectation for greater stability caused me to prefer the chosen treatment plan. More importantly, the patient agreed and consented to this treatment option.

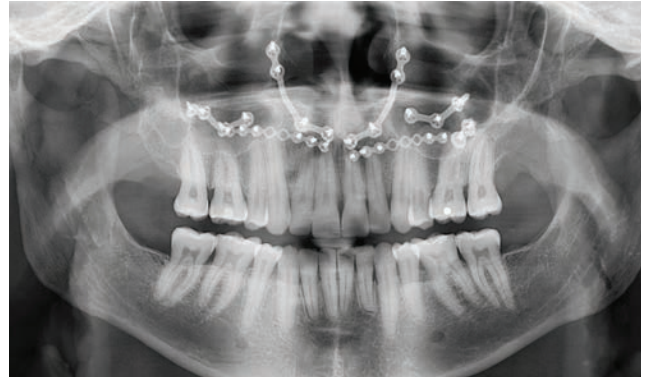
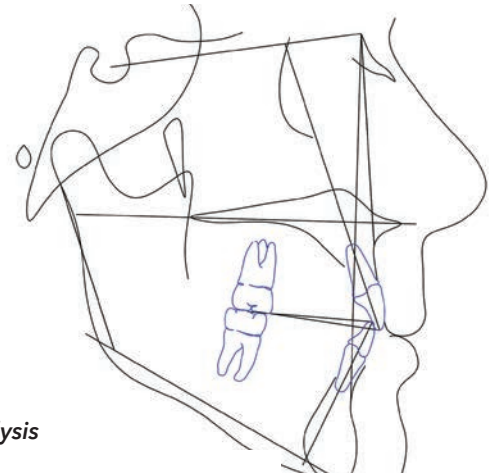


Figure 8: Post-treatment panoramic radiograph



Patient: C B, ID: 2778E, Male, Age: 54y 0m
 10/17/2022 Final Analysis: Shaughnessy Norm: N/A

	Value	Norm	Std Dev	Dev Nor
SNA (°)	86.0	82.0	3.5	1.1 *
SNB (°)	80.8	79.0	3.5	0.5
ANB (°)	5.2	3.0	2.5	0.9
UI - SN (°)	100.8	102.8	5.5	-0.4
IMPA (LL-HP) (°)	94.7	95.0	7.0	-1.5 *
SN - MP (°)	36.2	32.9	5.2	0.6



Figures 9a and 9b: Post-Treatment cephalometric radiograph and analysis

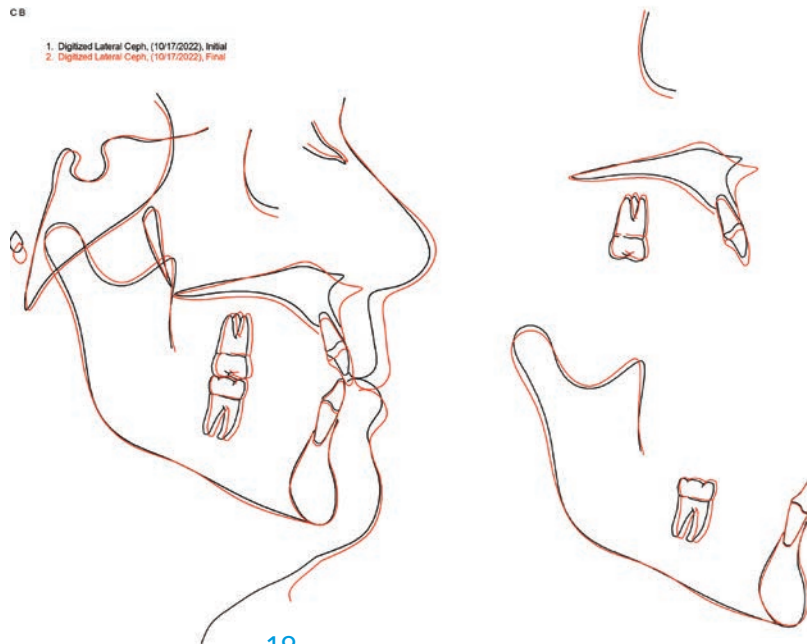


Figure 10: Pre-treatment/post-treatment superimposition



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