

Remaking the Orthodontic Specialty



Dr. Kai

Based upon information received from orthodontic product manufacturers and patients, as well as from the promotional material of general dentists themselves, it is clear that some general practitioners (GPs) and pediatric dentists are competing in the orthodontic marketplace and treating a significant number of patients. There are growing numbers of weekend courses in orthodontics for the GPs along with an increasing number of orthodontic associations for general dentists, which indicates that this is a growing trend.

Unfortunately, the public and some general dentists may believe that orthodontics is simply aligning teeth for an aesthetic smile. With the advent of aligners, which can be constructed simply by mailing away a set of impressions, and the introduction of robotics in orthodontic practices making it easier for indirect bracket placement and bending of the wires, it's no wonder dentists think orthodontic therapy is easy. This pathway of thinking must be corrected for the well being of patients.

As we know, it is not just aligning the six front teeth that must be addressed, but also the occlusion must be considered for the health of the masticatory complex to include the TMJ, the periodontium, and occlusal stability as well as facial aesthetics. Clarifying the role of an orthodontic specialist in each patient's

total dental care is critical to the success of our profession.

In some areas of our region, the different dental specialties are getting together because all are concerned about the increasing incursion of the general practitioner into areas of dentistry that have historically been regarded as areas of clinical care provided by trained specialist dentists.

This is a multifaceted problem. Lack of specific knowledge about our profession among the general public—combined with the trend of manufacturers advertising and selling their products and services directly to this public—has changed our professional landscape. Dr. John Trotter, the president of the California Association of Orthodontists, noted, “We must work with orthodontic supply companies, the media, and online sites that provide information regarding orthodontic treatment directly to the public to ensure an appropriate message.”

PCSO leadership recognizes the need for increased public awareness of orthodontists and their role in dental treatment. The PCSO board of directors and delegates are carrying the torch for the betterment of our orthodontic specialty. PCSO leadership is attacking this challenge on all fronts, from our Trustee, Dr. Bob Varner; to the chair of the PCSO Delegation to the AAO House of Delegates, Dr. Gary Baughman. In addition, PCSO member and past CAO President Dr. Richard Savage chairs an AAO committee that is addressing these issues on the national level. Dr. Savage, sending a very

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strong message about the nature and value of our training and emphasizing the importance of our “Specialty.”

The AAO national public awareness campaign is entering its fourth year. The key to the message of the campaign is that there is a difference between an orthodontic specialist and a general practitioner who does orthodontics. The objective of this campaign is to encourage the mothers of teenagers to seek a specialist for orthodontic care.

At the time this article was written, the PCSO Delegation was developing or following resolutions aimed at improving the image and branding of orthodontics to the general public. One such resolution suggests a tag line of “Orthodontic Specialist” added to the AAO logo. Another suggests developing a single ADA-recognized Specialty Organization logo/seal to distinguish dental specialties from organizations for general dentists. This would call attention to the fact that AAO is recognized under the auspices of the ADA. This would also educate the public that these specialties, like AAO, are the only “Specialty” organization in that field recognized by the ADA.

Another PCSO-developed resolution recommends that the AAO fund a professional consultant to analyze the relationship between the general dentists and the orthodontic specialists and make recommendations as to how to improve the relationship between the two. If, as PCSO

Director Bryan Williams has stated, “We may be entering an historic time when we are experiencing profound change in the relationship between the specialists and the general practitioners,” this may prove to be one of the most important projects the AAO undertakes.

The PCSO leadership would certainly like to hear from you, the members at large, on this issue. Your input on your thoughts about the problem and possible solutions will aid us tremendously. Please submit comments to me to be shared with PCSO leadership by emailing pcsbulletin@aaortho.org.

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