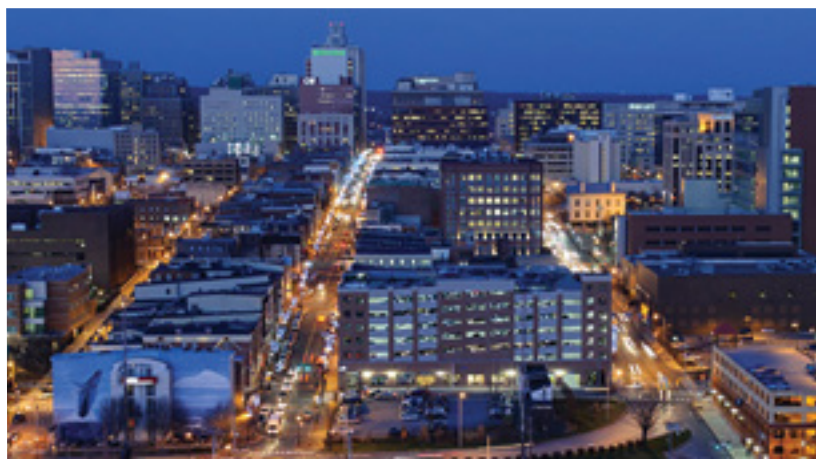


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Spring 2020

MASO Journal

Middle Atlantic Society of Orthodontists



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2020 MASO Annual Session

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Middle Atlantic Society of Orthodontists

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MISSION STATEMENT

The Middle Atlantic Society of Orthodontists, a constituent of the American Association of Orthodontists, shall promote ethical and quality orthodontic care while advocating and providing a voice for our members, components and educational institutions.



PRESIDENT'S MESSAGE

Dr. Tarun (Ty) Saini • tysaini@yahoo.com

It is with a deep sense of gratitude and responsibility that I serve as the President of MASO for 2019-20. While I enjoy writing and speaking about the many values of being a part of organized orthodontics, my greatest joy comes from meeting each of you and learning from

our conversations. It is the diverse opinions and experiences of our membership that continues to build upon my education and challenges me to imagine the possibilities. As a result, I am committed to making this year as beneficial and productive as possible for our association.

Your MASO Board has initiated a multi-year Strategic Plan process that will reflect the growing needs and new perspectives of our membership and the health care profession. While this has just begun to take shape, you may be involved in its development

in subtle ways—perhaps through a short electronic survey, focus group, or interactive exercise at upcoming meetings. We may even collaborate with professional resources outside of MASO to be certain we find the right solutions where needed.

When I reflect upon the term “active member” I believe it goes well past paying one’s dues. To me, an active member is an engaged individual. Someone who seeks out opportunities to attend meetings, provides feedback/solutions, and volunteers for a committee, council, or other leadership role. I ask that you learn more about the many opportunities within MASO and the AAO. I am certain that you will find a great deal of fulfillment and pleasure as you help our wonderful specialty and meet terrific colleagues in the process. If you are not sure where to start, please do not hesitate to contact me directly at any time. My year as MASO President will be more meaningful if I know I did something to positively impact your experience. ■



TRUSTEE'S REPORT

Dr. Steven Siegel • ssiegel@aao.org

One of the most important functions of our association, and benefits to our members, is our federal, state, and local advocacy. As teledentistry rules and regulations are being developed at state and local levels, and direct to consumer companies provide aligners to their customers, it is important, now more than ever, that we effectively advocate on behalf of our patients and our profession to ensure that quality orthodontic care is provided in a safe and effective manner.

I recently chaired the Global Advocacy Task Force (GATF) which was formed to review AAO advocacy at all levels, to ensure that our federal advocacy program was cost effective and that adequate resources were directed to our state and local advocacy effort. Members of the task force included representatives from the Council on Governmental Affairs (COGA), AAOPAC and the Board of Trustees (BOT), and AAO legal counsel. The task force recommended, and the BOT approved, a motion for the AAO’s legislative priorities and Washington, D.C. fly-in schedules to be shared with the other dental specialty organizations and members of the Organized Dentistry Coalition.

AAO attorney, Sean Murphy, notes, “The AAO’s work on state and federal advocacy has taken a broad approach, as part of our strategic initiative to promote the orthodontic specialty and protect patient health and safety. In recent months there has been significant activity in this area as we strive to protect the health and safety of orthodontic patients, both current and prospective. The focus of AAO advocacy relies heavily on state and provincial level advocacy around the United States and Canada, as well as federal activity in Washington, D.C.”

The Global Advocacy Task Force has charged COGA with creating a network of members to assist with state advocacy efforts. The Council discussed the following ideas to accomplish this task:

- Create a leadership development team to recruit and train younger members.
- Record a podcast to spark member interest.
- Continue using VoterVoice to encourage AAO members to send messages to their state officials.
- COGA members are to reach out to orthodontists in their respective constituencies to encourage attendance at state dental board meetings, and send names of involved members to AAO to form a database of AAO advocates.

Please let our COGA representative, **Dr. Doug Harte**, drbraces@msn.com, know if you are active in your state and local dental societies, in state legislative activity, and/or have an interest in becoming involved in advocacy. We need our members to be involved in state and local advocacy in order to provide the most effective advocacy program. Your help is essential to our success!

The AAO’s 2020 Professional Advocacy Conference is scheduled for February 25-26 in Washington, DC.

The AAO has endorsed several legislative initiatives in Congress this year:

H.R. 4674, the College Affordability Act, includes many AAO priorities, such as repealing loan origination fees and creating the ability to refinance student loans, including private loans.

H.R. 1418, the Competitive Health Insurance Reform Act (McCarran-Ferguson) restores the application of federal antitrust laws to the business of health insurance (including dental insurance).

H.R. 1379, the Ensuring Lasting Smiles Act (ELSA), requires that group health plans cover medically necessary services related to the diagnosis or treatment of a congenital anomaly or birth defect.

CONTINUED ON PAGE 3

Teledentistry

On October 13, 2019, California Governor Gavin Newsom signed Assembly Bill 1519 into law, granting the California Dental Board continued authority to oversee and regulate dental services in the state. The bill passed the California legislature unanimously. As Governor Newsom noted in his signing statement, "The bill includes significant policy changes related to the regulation of self-applied orthodontic treatments administered via telehealth and other technological platforms."

These changes include:

- Requiring an electronic notice for patients receiving dental services through telehealth including a provision that the California Dental Board is the entity that regulates dentists and dental assistants and provides the telephone number and internet website of the California Dental Board. See Section 1611.3.
- Defining [un]professional conduct" to include a treating dentist's failure, prior to the initial use of orthodontic appliances, to review the patient's most recent radiographs (e.g. x-rays) or equivalent bone imaging. See Section 1680 (ah).
- Requiring individuals and entities providing dental services through telehealth to make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in providing services to a patient prior to the rendering of services and when requested by a patient. See Section 1683.1.

- Prohibiting dental service providers from requiring patients to sign an agreement that limits the patient's ability to file a complaint with the California Dental Board. See Section 1683.2.
- Requiring that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall also apply to that health care provider while providing telehealth services. See Section 2290.5.

The American Association of Orthodontists (AAO) was a registered supporter of the bill and advocated for the bill's passage, believing it addresses several patient health and safety issues that may arise when orthodontic care is delivered through telehealth.

Future of Orthodontic Profession Study

As part of the AAO effort to provide advocacy and services that meet the needs of our members and our patients, the BOT approved a motion for the AAO to commission and fund a study to project the future of the orthodontic profession. The start of the study will coincide with planning needs of the next global strategic planning initiative.

It is our hope and desire that this study will help guide the AAO as we plan strategic initiatives, programs, and services that add value to membership and prepare our profession for the increasingly fast pace of change ahead.

It continues to be an honor to serve as your Trustee representative to the AAO Board of Trustees. Please let me know if you have any questions or concerns or would like to share any recommendations you may have for me or our association. ■

**EDITORIAL****Dr. Normand Boucher**nsjboucher@gmail.com*"How dare you!"*

Greta Thunberg (Time Magazine's Person of the Year, United Nations speech)

"Nature never forgives."

Pope Francis

"I have been struck by how new generations have brought a similar sense of purpose to issues such as redirecting our environment and our climate."

Queen Elizabeth

These influential world leaders have all delivered inspiring messages related to the same theme of galvanizing meaningful change to address the world's existential crisis.

There are signs of change. All S&P 500 corporations have sustainability practices. There are examples of corporate commitments to sustainable growth and net-zero emissions.

The AAO leadership has taken a step forward to address the issue of good sustainability practice by directing Dr. Lara Wollenman, the chair of the committee on Orthodontic Practice, to form a subcommittee titled "Green Office Infrastructure Protocols". The next *MASO Journal* issue will report on their work progress and recommendations.

Please note the "MASO Green Line" column titled "How to reduce overall energy in any office." Collectively the

thousands of orthodontic offices can have an impact on the big picture. The orthodontic community can project a favorable image by being responsible citizens when it comes to environmental practices. Should we dare to take a leadership role for all of dentistry and possibly for all of healthcare?

Besides COOP, what other councils and committees can address the issue of sustainability practices for the orthodontist? Certainly COGA could promote small business subsidies including grants, low interest loans, and favorable tax treatment. AAOF and COSA could support research related to sustainable practices for the orthodontist. Since this issue possibly resonates more strongly with millennials, CONYM should be considered at all levels.

So, MASO leadership, what is our next step? ■

Editorials represent the opinions of the author(s) and do not necessarily reflect the views of the Middle Atlantic Society of Orthodontists or the American Association of Orthodontists.

MASO extends its congratulations to **Dr. Normand Boucher** on being the recipient of the Gerald A. Devlin Award. Dr. Boucher was a guest of honor at the 2019 MASO Annual Session and recognized at the General Business Meeting.

GERALD A. DEVLIN AWARD Dr. Normand S. Boucher



Forty-five years ago, **Dr. Normand S. Boucher** embarked upon a career that has been a rewarding balancing act between the practice of orthodontics, teaching, volunteer work, and a never-ending commitment to learning. Supported by his wife, Lynda, and daughters Anne-Marie and Patrice, he has also found time for a fulfilling family life.

Dr. Boucher is a graduate of McGill University in Montreal, Quebec, with a Bachelor of Science degree and a Doctor of Dental Surgery (DDS). In 1980, he accepted a teaching fellowship with the University of Pennsylvania School of Dental Medicine in the Department of Orthodontics and Periodontics. Following his fellowship, he was Chief of Orthodontics at Thomas Jefferson University, and a Clinical Associate Professor at the University of Pennsylvania Department of Orthodontics. He also established a full-time private practice.

From 1982 to present, he has served as a Clinical Associate Professor at the University of Pennsylvania. He was assigned a lecturing responsibility focused on adult orthodontic treatment for the first year residents in the graduate orthodontic program and continues to fulfill that function today. His teaching responsibilities with the orthodontic department at the University of Pennsylvania reflect the values of his private practice and include teaching diagnosis and treatment planning for multiple complex issues.

Dr. Boucher served in the Canadian Armed Forces from 1974 – 1979 and was the Dental Service School Course Director at the Canadian Forces Base Borden.

He is a diplomat of the American Board of Orthodontics, an active member of the Angle Society, a member of the American Association of Orthodontics, and the Middle

Atlantic Society of Orthodontics. He is a member of the Spear Faculty Club.

Dr. Boucher served as a delegate to the AAO for eight years and then as a MASO Director from 2007 to the present. He was president of MASO from 2017 – 2018 and part of the planning committee for the Staff Program for the 2018 AAO annual meeting. He volunteered to step in as Journal editor and Chair of Communications upon the passing of longtime editor Dr. Bob Williams. He served as chair of the AAO Committee on Insurance for the AAO for eight years.

One of Dr. Boucher's objectives during his year as MASO President was to visit all of MASO's residency programs, to provide new and younger members with insight on the significance of our state, regional, and national orthodontic organizations in protecting the interests of our patients and profession.

He has served as president of the following local societies: the Pennsylvania Society of Orthodontics, the Main Line Dental Society, The Academy of Stomatology, the Stomatologic Club, and the Philadelphia Dental Club.

He served as a Board Member of the French International School of Philadelphia and was chairman of a successful Capital Campaign which enabled the school to purchase its first permanent home in Bala Cynwyd, PA.

Dr. Boucher has been an invited lecturer at society meetings across the US and Canada and has published in the AJO-DO.

During his spare time, Dr. Boucher is committed to rigorous physical exercise, which includes occasional local road races. He is also a blissfully happy high handicap golfer and a low key bridge player. ■

Congratulations to Dr. Boucher!

SHEAR BOND STRENGTH OF A NOVEL PORCELAIN BONDING PROTOCOL

Anthony Albert

Abstract: This research project is testing the shear bond strength of a bracket to porcelain using a novel bonding protocol based onOrmco “Reliable Porcelain Bonding”. The bonding protocol uses phosphoric acid instead of hydrofluoric acid, which aids in patient safety and ease of use for the practitioner. Bonding orthodontic brackets to porcelain is notoriously difficult, and if successful, this will help clinicians.

CRANIAL FACIAL INFLUENCE ON THIRD MOLAR IMPACTION

Laura St. Bernard, DMD, John Atere
Howard University

This thesis is submitted in partial fulfillment of the requirements for the Certificate of Proficiency in the Department of Orthodontics, Howard University, College of Dentistry Washington, DC.

Abstract: Third molar impaction is a frequent phenomenon, most commonly seen in the mandible. Therefore, the aim of this investigation is to explore the relationship between craniofacial shape and third molar impaction. Previous work has failed to address whether there is a true correlation between impacted thirds and craniofacial skeletal patterns due to lack of sample size. I hypothesize that there is a correlation between dolichocephalic facial shapes and incidence of third molar impaction; that dolichocephalic heads experience greater rates of third molar impaction. Patient mandibular plane angle will be measured using cephalometric analysis for each of the qualifying patient records. Knowing whether people with certain facial shapes are more likely to have impacted third molars can help clinicians and patients decide whether to engage in procedures like prophylactic extraction, thereby removing third molars which are likely to become impacted, and avoiding clinically significant sequelae (or issues) that arise from impacted third molars.

EVALUATING THE DOSE-DEPENDENT ANTIBACTERIAL EFFECTS OF NIGELLA SATIVA EXTRACT ON STREPTOCOCCUS MUTANS

Katrina K. Foster, DDS

Objective: Nigella sativa extract has antibacterial activity against Streptococcus mutans. Nigella Sativa plant, commonly known as Black Seed Oil, has been marketed to have widespread health benefits. It has been referred to as one of the greatest forms of healing medicine. Many active compounds have been isolated from the seeds of the plant. The most important active compounds include thymoquinone, thymohydroquinone which aid in the oils antibacterial, antifungal, anti-schistosomiasis, antioxidant,

antidiabetic, anticancer and anti-inflammatory activity. Ultimately, Black seed oil improves the body’s defense system when ingested. The antibacterial effects of Black seed oil have been investigated in recent years. In this study, we have evaluated the half maximal inhibitory concentration, (IC₅₀), of Black seed oil inhibiting intraoral Streptococcus mutans. It will provide valuable information for future applications.

Methods: Streptococcus mutans were grown in a 96-well plate with tryptic soy broth (TSB). Different concentrations of Black seed oil were administered from 0.175% to 11% overnight. The density of Streptococcus mutans was measured by FilterMax F5 Multi-mode microplate reader at a wavelength of 590 nm.

Results: The results indicated that Black seed oil inhibits Streptococcus mutans in a dose dependent manner and approximately 1.67% concentration of Black seed oil is able to inhibit 50% of Streptococcus mutans.

Conclusion: The significant results support recommendations of a previous study that stated “Black seed oil would serve as an important addition to oral health care products.” Further research can be utilized to determine which mechanism of action that specifically provides the antibacterial effects of Black Seed Oil.

A CBCT COMPARISON OF THE OUTCOME OF TOOTH-TISSUE BORNE VERSUS TOOTH-BORNE PALATAL EXPANDERS

Michael Hayes

Abstract: CBCT imaging has demonstrated the effects of maxillary expansion on the dentition and skeleton. The effects of maxillary expansion on the nasal cavity have been shown to be stable long-term. Tooth-tissue borne (haas-type) expanders have been shown in some studies to differ from tooth-borne (hydrax) expanders in terms of dental inclination, skeletal effects and palatal morphology. However, the differences in 3 dimensions between tooth-borne and tooth-tissue borne expanders have yet to be fully elucidated. The purpose of this study is to compare bonded tooth tissue borne to banded tooth-borne expanders, with a particular emphasis on skeletal effects and nasal airway volume using CBCT imaging.

STRATEGIES TO IMPROVE INTER-PROFESSIONAL EDUCATION AND COLLABORATION AMONGST SPEECH PATHOLOGISTS AND ORTHODONTISTS

Jordan Jones, DDS
Howard University

This thesis is submitted in partial fulfillment of the requirements for the Certificate of Proficiency in the Department of Orthodontics Howard University, College of Dentistry Washington, DC.

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RESEARCH ABSTRACTS

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Abstract: Enhancing inter-professional collaboration between orthodontists and speech pathologists by increasing inter-professional education.

Elie, M., Kolwaski, K., Williamson, D., Augustus S., & Quarterman, C. (November 2016). IPP/IPE: Making the case for collaborative care between speech-language pathologists and orthodontists. Poster presented at the 2016 annual convention of the American Speech-Language-Hearing Association. Philadelphia, PA.

Objective: Purpose of this study is to assess pre- and post-knowledge/ease of referral upon completing clinical didactic training modules that will focus on the scope of practice, areas of overlap, as well as, referral tips.

Methods: Each respective group will participate in an hour-long training module presented by the other respective group during a didactic class time. The lectures will consist of an introduction to the basics of their specialty, during which live polling would occur. A pre- and post-assessment will be distributed to the participants to assess: their knowledge pre-training, knowledge post-training, understanding of each other's discipline, understanding of the need to refer across discipline, and understanding of the types of cases to refer.

Expected Results: It is anticipated that upon completion of the didactic lecture, both specialties will have a better understanding of the each specialty and a greater comfort in identifying abnormalities requiring referral across discipline. It is further anticipated, based on the understanding of the overlap in services required for clients in need, that a referral form will be developed that can be used to refer clients across discipline.

Conclusion: The module will serve to increase collaborative care and education ventures between Speech Language Pathologists and Orthodontists, thus improving their quality of treatment and client care.

A COMPARISON OF EARLY VS. LATE SECONDARY ALVEOLAR BOND GRAFT (ABG) OUTCOMES IN PATIENTS WITH CLEFTS

Catherine H. Lowery, Ross E. Long, Lexi Weaver

Objective: To compare outcomes between 2 groups of patients with complete clefts treated with early secondary ABG at 2 Centers (5-7 years, before orthodontic intervention) as well as to a third group of patients treated at one of those Centers (Center 1) who had received later secondary ABG (8-10 years, after pre-grafting orthodontic intervention).

Design: Blind retrospective analysis of cleft site radiographs using Americleft's Standardized Way to Assess Grafts (SWAG) scale.

Patients: A total of 99 patients with complete clefts from two North American cleft/craniofacial Centers, treated either with early secondary alveolar bone grafting prior to initiation of orthodontic treatment (29 patients from Center 1, 40 patients from Center 2) or later secondary alveolar bone grafting after pre-grafting orthodontic treatment (a second group of 30 patients from Center 1).

Interventions: Secondary alveolar bone grafting representing the 2 protocols: early grafting at a mean age of 6.6 years prior to any orthodontic intervention, and later grafting at a mean age of 10.2 years following pre-grafting orthodontic intervention.

Main Outcome Measures: Using occlusal radiographs, the SWAG scale from 0 (failed graft) to 6 (ideal) was used to rate graft outcome at a mean of 15.5 months after graft placement. Six trained and calibrated raters scored each radiograph twice, with the average of the two ratings being used as the final score for each patient. Reliability was assessed using the Kruskal-Wallis test and Dunn's test for Pairwise Comparisons.

Results: Inter-rater reliability of the SWAG method was good (0.631). Intra-rater reliability was excellent (0.817). There was a tendency for improved total graft outcome in the early grafted group from Center 1 compared to the later grafted group with the improvement being significantly different in only the coronal third of the early, pre-orthodontic grafted group. However, the difference was not statistically significant for the graft as a whole. Outcomes from both Center 1 groups however were significantly poorer than the early grafted group from Center 2.

MALALIGNED TEETH: THE IMPACT ON PERCEIVED EDUCATION AND OCCUPATION

Adrienne L. Perry, DDS
Howard University

This thesis is submitted in partial fulfillment of the requirements for the Certificate of Proficiency in the Department of Orthodontics, Howard University, College of Dentistry Washington, DC.

Abstract: The purpose of this study is to demonstrate the need to include esthetics in the Orthodontic metrics for state-based Medicaid coverage. As many recipients of Orthodontics may admit, an improved smile can be the key to social upward mobility. 51 participants were given a Qualtex survey where they presumed the educational level of 6 African-American males and female faces based on their appearance. The severity of malocclusion was varied to extract a correlation between an esthetic smile and presumed education. The results revealed a Spearman correlation coefficient of .316 between what a lay person would

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RESEARCH ABSTRACTS

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consider a “great smile” and the highest level of education. The results of this study imply that dental esthetics play a key role in how a person is perceived, and therefore should be considered as part of the criteria for treatment acceptance for managed care insurances.

INVESTIGATING THE ROLE OF OSTEOPONTIN (OPN) IN THE DEVELOPMENT OF HIV-ASSOCIATED NEUROCOGNITIVE DISORDERS (HAND)

Mohammad Qali

Hypothesis: Osteopontin promotes synaptodendritic deficits induced by HIV-related insults. The aim of it is:

1. The effect OPN on the glial activation in the CNS
2. The effects of OPN on Neuron number
3. The effect of OPN on the Dendritic/Synaptic Integrity

We would look into the role of OPN in HAND to provide insight into the mechanism involved in neurodegeneration. It will contribute to the clinical screening and prognosis of these diseases and provide new ideas for the development of therapeutic drugs.

EFFICIENCY OF INVISALIGN IN DEEP BITE CASES

Nishat Shahabuddin

Abstract: Deep bites may be challenging to treat using clear aligner therapy. Improvement in overbite is thought to occur primarily as a combination of posterior extrusion, anterior intrusion, and anterior proclination, but predicted movements are not always achieved at the correct magnitude. This retrospective study aims to investigate deep bite cases treated with Invisalign and identify specific orthodontic movements that lead to reduction in overbite. By comparing digital models before and after aligner treatment, it will be possible to evaluate the efficacy of various aligner prescriptions. Furthermore, identifying the movements that successfully decrease overbite will increase predictability of treatment.

FACTORS INFLUENCING SOFT TISSUE FACIAL PROFILE PREFERENCE

Angelique Teasley, DDS
Howard University

This thesis is submitted in partial fulfillment of the requirements for the Certificate of Proficiency in the Department of Orthodontics, Howard University, College of Dentistry Washington, DC.

Abstract: Over the years, there has been a varied change in the esthetic standards for the African American soft tissue facial profile. The purpose of the study is to

determine the influence of factors such as age, gender, race, and media exposure on the soft tissue facial profile preference of dental students and residents. Two hundred participants completed a 20-item survey evaluating their soft tissue profile preference. Additionally, they were asked to indicate the amount of media exposure that they have on a weekly basis and their desire to resemble the celebrities seen in the media. The results indicate that race and mass media exposure have a significant impact on facial profile preference. The results of this study will bridge the gap between clinician-patient perceptions and potentially result in improved patient satisfaction, as the treatment plan may be customized with consideration of culture, preference, and personal perception of facial esthetics.

RELATIONSHIP OF DENTAL MARGINAL RIDGES AND ROOT ANGULATION: A RETROSPECTIVE RADIOGRAPHIC REVIEW

Yoonhee Ahn Wang

Abstract: Levelled marginal ridges and proper root angulations of dentition are two of the eight factors included in Cast-Radiograph Evaluation, published by the American Board of Orthodontics (ABO). It has been assumed by many clinicians that levelled marginal ridges and root parallelism are correlated and ABO evaluates these two factors separately on Cast-Radiograph Evaluation. However, there has not been a study that shows how closely levelled marginal ridges are related to dental root parallelism. Also, it should be remembered that panoramic radiographs, which are used to evaluate root angulations, have inherent distortions on each projected image, as it is a 2-dimensional representation of a 3-dimensional object. Therefore, this study attempts to evaluate the root angulations shown on a post-treatment panoramic radiograph and their relationship to the level of marginal ridges measured on digital dental models taken at the completion of orthodontic treatment.

STUDY OF MESENCHYMAL STEM CELL BEHAVIOR IN RESPONSE TO MAXILLARY EXPANSION

Xuefeng Zhao

Abstract: Mechanical force communicating between stem cells and extracellular matrix (ECM) regulates cell fate and cell behavior and guides both the embryonic development process and adult tissue regeneration. Understanding how mechanical forces regulate stem cell behavior facilitates the application of tissue engineering and regenerative therapies. Maxillary expansion is commonly used to address skeletal transverse discrepancy. However, little is known about the cellular response to expansion force of the mesenchymal stem cell which resides within mid-palatal suture. This study examines how mechanical stress affects mesenchymal stem cell behavior using a genetically engineered mouse model with maxillary expansion. ■

TAD-SUPPORTED EXPANSION VARIATIONS AND OPTIMIZING APPLIANCE SELECTION

Dr. Ryan K. Tamburrino

Introduction

Mini-screw, or temporary anchorage device (TAD), supported devices for maxillary expansion have greatly increased in popularity among orthodontists in the recent years. With more and more practitioners incorporating these devices into their treatment armamentarium, the case reports documenting the effectiveness of these appliances to produce sutural opening in adolescents and adults are also increasing¹. Additionally, as our profession advances and the interest in these devices grows, new designs for achieving TAD-supported expansion are beginning to appear. While all of these appliances have been shown to be effective at producing sutural change, the choice of appliance type should not be limited to one appliance type over another. Instead, understanding the nuances of the designs gives the orthodontist many options that should be considered when deciding which appliance type to use. This article will aim to review the designs of several of the popular TAD-supported appliances, points to consider as advantages and disadvantages to using each, and how to properly choose the appliance design to get the most effective sutural expansion possible.

Advantages of TAD-Supported Expansion

The increased interest in TAD-supported expansion has stemmed from the desire of orthodontists to continue to search for a predictable and consistent non-surgical expansion alternatives for suturally mature adolescents and adults. While having a non-surgical sutural expansion option guaranteed to be effective for every patient over a surgical method would be the ideal goal, a definitive, reproducible methodology for determining this possibility has yet to be determined. As previously mentioned, case reports have clearly shown non-surgical sutural change is possible on patients that are considered skeletally mature, or “adults”. However, there are still patients with the same sex/age/morphology as successfully expanded cases where non-surgical sutural expansion was not successful². Therefore, while there is progress being made in this arena, a method to predict the success of this procedure with high accuracy is still not available.

In addition to the possibility of providing sutural change for skeletally mature individuals, TAD-supported expansion has several other advantages that warrant consideration for routine use in everyday practice.

For one, several of the TAD-supported expander designs have a reduced bulk of material over conventional bonded or banded Hyrax or Haas expanders. For socially conscious

adolescents and adults, the smaller volume of appliance framework in the mouth can be more comfortable and have less speech interference.

Also, since most of the TAD-supported expansion appliances have minimal reliance on attaching to the teeth, the dentition is free to bond nearly a full case of brackets as soon as the expansion is completed (Figure 1). There is no need to wait several months for the suture to stabilize and remove the expander before placing fixed appliances. Therefore, treatment efficiency for cases needing expansion is increased and overall treatment time for expander + braces cases can be reduced from typically longer to more conventional braces-only treatment times.

Finally, in cases where it would be impossible to attach a conventional banded/bonded expander to the dentition due to tooth anomalies or dental mutilation, using a TAD-supported appliance provides the ability to incorporate maxillary expansion into the overall treatment plan, such as in the case example of amelogenesis imperfecta shown in Figure 2.

Variations of TAD-Supported Expander Designs

Multiple designs of TAD-Supported expansion are possible and available. An exhaustive list and coverage of every type is not possible within the scope of this paper. However, the most widely used appliances and variation possibilities are pictured below in Figure 3:

1. 4 TAD-Supported Acrylic Expander (“Haas”-type, C-expander)
2. 2-Banded + 2 TAD-Supported Expander (“Ludwig” design)³
3. 2-Banded + 4 TAD-Supported Expander (MSE Type 1 and Type II, KBE Expander)⁴
4. Bonded 4 TAD-Supported Expander (variation of the MSE appliance)

Pros and Cons of Each Expander Design

While each expander design is effective, each design has its advantages and disadvantages with respect to initial cost, efficiency in fabrication, and efficiency in removal. No “perfect” design is available that fulfills the ideal criteria of low initial cost, one-step fabrication, and simple removal. Instead, there are trade-offs for each design, and it is the practitioner’s decision to realize these when choosing an expander for a given situation. Table 1 highlights these features.

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ARTICLE OF INTEREST

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| 4 TAD- Supported Acrylic Expander (Type 1) | |
|--|---|
| Advantages | Disadvantages |
| <ul style="list-style-type: none"> • Cost effective fabrication • Time efficient fabrication • Can be easily fabricated in-house • One step fabrication • One piece fabrication • One appointment process • Small size • Efficient insertion • TADs placed at insertion visit • TADs can be left in place for other uses • Ease of refabrication and reinsertion for cases where multiple rounds of expansion is needed | <ul style="list-style-type: none"> • Inefficient removal • Potential for food entrapment • TAD placement is technique sensitive |
| 2-Banded + 2 TAD-Supported Expander (Type 2) | |
| Advantages | Disadvantages |
| <ul style="list-style-type: none"> • Efficient insertion • Efficient removal • Easy TAD placement technique • Reduced inventory/cost of TADs needed | <ul style="list-style-type: none"> • High cost of fabrication • High cost of components • Multiple appointment process • Requires TAD placement prior to fabrication • Multiple piece fabrication • Lab soldering needed • Larger size |
| 2 Banded + 4 TAD-Supported Expander (Type 3) | |
| Advantages | Disadvantages |
| <ul style="list-style-type: none"> • Efficient insertion • Efficient removal • Easy TAD placement technique • Small size • TADs placed at insertion visit | <ul style="list-style-type: none"> • High cost of fabrication • High cost of components • Multiple appointment process • Lab soldering needed |
| Bonded 4 TAD-Supported Expander (Type 4) | |
| Advantages | Disadvantages |
| <ul style="list-style-type: none"> • Time efficient fabrication • One step fabrication • One piece fabrication • One appointment process • Efficient insertion • Efficient removal • TADs placed at insertion visit • Easy TAD placement technique | <ul style="list-style-type: none"> • High cost of components • High cost of fabrication • Larger size |

Understanding How the Jackscrew Position Will Affect Expansion

Cost, fabrication efficiency, and removal efficiency, while important, should not be the first consideration given to choosing the desired appliance, whether TAD-supported or not. Instead, the practitioner should first consider the morphology of the palate and which expander design will allow for the optimal placement of the jackscrew. Once it

is determined which designs will facilitate the desired screw placement, then the practitioner can consider which of the available options would be preferred.

The most desired position of the jackscrew is to have it placed as high in the palatal vault as possible^{5,6} with the line of action of jackscrew force directed through second

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premolars or between the second premolars and first molars⁷. This is the critical step to ensuring the most skeletal expansion/jackscrew activation amount will occur.

Due to the triangular nature of skeletal expansion in the coronal plane, for which expansion occurs around an apex above the suture, the closer the expansion screw (base of the triangle) is placed vertically to the suture, the more sutural change for a given jackscrew activation amount will occur (Figure 4). The farther the jackscrew is placed vertically from the greatest depth of the palatal vault, the sutural expansion amount achieved for the same jackscrew activation will decay rapidly. Additionally, if the line of action of the jackscrew force drops below the center of resistance of the maxillary molars, the potential for dental tipping or dentoalveolar bending (ineffective skeletal

expansion) instead of sutural expansion greatly increases (Figure 5). Finally, as more of the expansion force is absorbed by dental tipping or dentoalveolar bending, the less force remains to produce an orthopedic suture split, and will often result in “failure” of expansion or device “failure” due to the TADs rotating and loosening (Figure 6).

Placing the jackscrew through the level of the 2nd premolar will roughly center its position antero-posteriorly in the maxilla for even force distribution throughout the entire suture length (Figure 7). Since the common mistake when the jackscrew will not fit at the 2nd premolar level is just to move the screw posteriorly vs. using a smaller screw in the correct position, this skews the force concentration more in the posterior region and can result in “failure” by incomplete suture split/resistance in the anterior region.

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Figure 1 – The acrylic TAD-RPE showing ability to place all brackets immediately post-expansion.



Figure 2 – A TAD-RPE has advantages when expansion is desired, but there is minimal tooth structure for bonding a conventional tooth-borne appliance.



Figure 3 – TAD-RPE variations (Top Row: 4 TAD Acrylic Expander; 2-Banded + 2 TAD-Supported Expander. Bottom Row: 2-Banded + 4 TAD-Supported Expander; Bonded 4 TAD-Supported Expander).

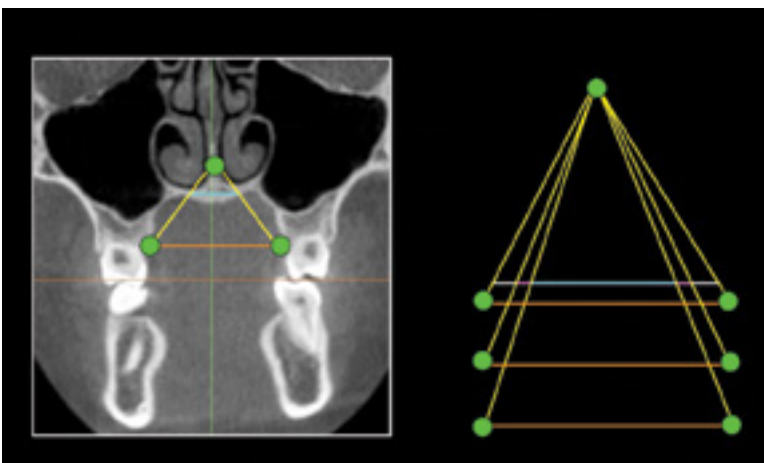


Figure 4 – Opening of the suture in the coronal plane. Note the closer the jackscrew line of action is placed to the suture, the more suture opening for the same jackscrew opening occurs.

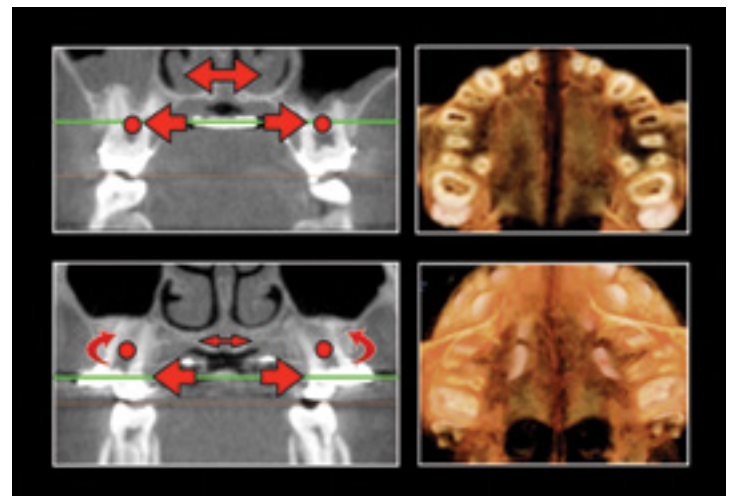


Figure 5 – Difference in sutural opening and molar inclination changes for jackscrews placed vertically at the center of the resistance of the maxillary molars vs. inferiorly.

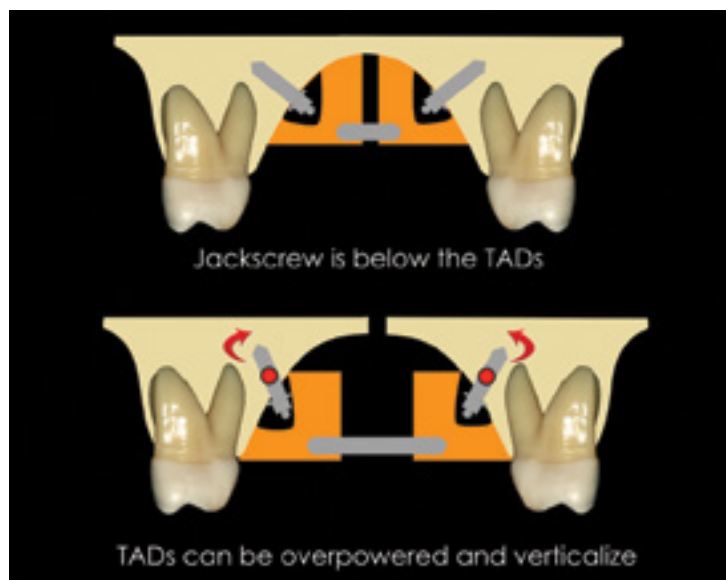


Figure 6 – Cartoon showing verticalization of TADs of an acrylic TAD-RPE when the jackcrew is not placed at the level of the center of resistance of the TADs (high in the palate).

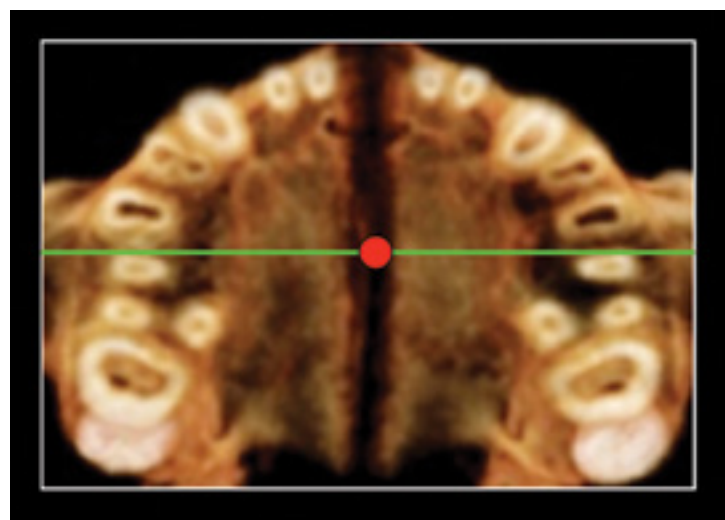


Figure 7 – The approximate location of the A/P center of resistance of the maxilla.



Figure 8 – Illustration of having different jackcrew sizes and types in a lab armamentarium to ensure proper vertical and A/P placement of the jackcrew.

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Choosing the Correct Expander Type for Effective Expansion

Due to the designs of the various jackcrews and variations of palatal morphology many times it is not possible to place the jackcrew deep in the vault at this position (Figure 8). Fortunately, jackcrews and appliances can be purchased in multiple sizes. However, the bulkier design of several of the options will prevent optimal placement in narrow palates. Therefore, it is important to become familiar with all of the designs, to understand their nuances, and to keep them all in your toolbox of treatment options.

By nature of the device and how the appliance is inserted, the Type 3 and Type 4 appliance designs will place the jackcrew as high as possible in the palatal vault (if they can be fit correctly) since the TADs are inserted directly into the jackcrew housing. The Type 2 appliance will be limited in vertical placement on very narrow or high-vaulted palates, but will be effective on normal or broad-shaped palatal vaults. The Type 1 appliance, because it is fabricated from a loose jackcrew with the plastic housing removed, can be placed correctly with all palatal morphologies, especially if small, narrow jackcrews of <8mm are available for use.

Conclusion

TAD-supported expansion is a viable tool for expansion in both adolescents and adults. Many appliance designs are currently available and all are effective at producing sutural expansion. The critical portion to effective expansion is having the jackcrew being placed correctly in order to deliver the forces to the maxillary sutures. Familiarizing oneself with the advantages and disadvantages of the different appliance designs is critical for the practitioner to choose the type which allows for ideal jackcrew placement as well as be the most cost and clinically efficient for a given patient. ■

REFERENCES

1. Carlson C, Sung J, McComb RW, Machado, AW, Moon W. Microimplant-assisted rapid palatal expansion appliance to orthopedically correct maxillary transverse deficiency in an adult. AJO-DO. 2016;149 (5):716-728.
2. Author's personal cases from private practice.
3. Ludwig B, Baumgaertel S, Zorkun B, Bonitz L, Glasi B, Wilmes B, Lisson J. Application of a new viscoelastic finite element method model and analysis of miniscrew-supported hybrid hyrax treatment. AJO-DO. 2013;143 (3):426-435.
4. MacGinnis M, Chu H, Youssef G, Wu KW, Machado AW, moon W. The effects of microsew-assisted rapid palatal expansion (MARPE) on the nasomaxillary complex - a finite element method (FEM) analysis. Prog in Ortho. 2014;15(1):52.
5. Araugio RM, Landre J Jr, Silva Dde I, Pacheco W, Pithon MM, Oliveira DD. Influence of expansion screw height on the dental effects of the Hyrax expander: A finite elements study. Am J Orthod Dentofacial Orthop 2013;143(2):221-7.
6. Drane HB, Tamburrino RK, Shah SR. Influence of vertical position of jackcrew on bonded palatal expansion effectiveness. Unpublished Thesis. 2014.
7. Author's calculation.

ORTHODONTIC CONSIDERATIONS FOR THE IMPLANT PATIENT

Dr. Craig Williams

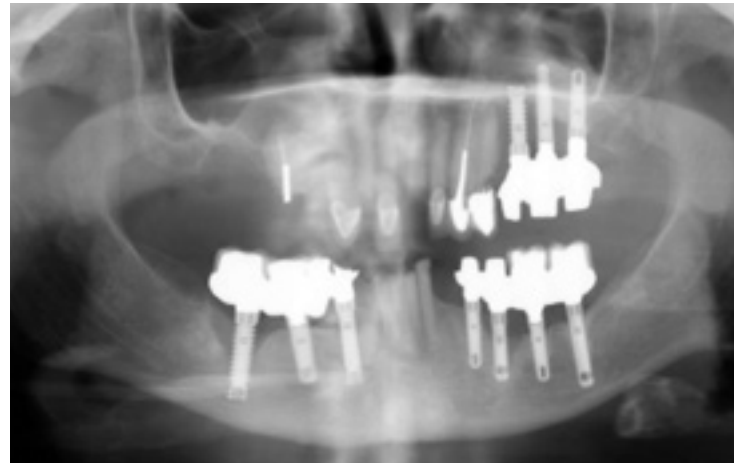
There are occlusal concepts that are particularly important when an orthodontic patient is to receive implant therapy. It is critical to recognize that the response to force application is not the same for teeth and implants. The difference in acceptance of force application is due to their different modes of attachment to the alveolar bone. With the presence of the periodontal ligament, teeth are able to move slightly with occlusal load. In fact, teeth can move in all three planes of space and as such can accommodate the application of parafunction (clenching/grinding) and orthodontic forces, to a point. As force is applied to the natural tooth, the periodontal ligament compresses. If the force applied to the tooth exceeds the compressive ability of the ligament, frontal resorption begins to become evident in the lamina dura to which the ligament is attached by way of the Sharpey's Fibers. Zones of compression and tension can be created based upon the direction of the parafunction. Zones of compression eventually show bone resorption while areas of tension begin to show signs of bone apposition. As this process occurs, the tooth slowly moves. The movement of the tooth away from the force application allows it to accommodate. This is all true as long as the periodontal condition is maintained in a state of health. If periodontal disease is superimposed over orthodontic or parafunctional forces, increased breakdown will be seen in the alveolar bone and in the extreme, the tooth is ultimately lost. The ability to accommodate to orthodontic or parafunctional forces does not exist for the implant fixture.

The implant fixture tolerates force application best in a vertical direction. In this direction there is symmetrical loading of the surrounding bone. If excessive force in a vertical direction or if the horizontal component of force is increased, the bone begins to elastically deform. Unlike a natural tooth, excessive force applied to an implant is concentrated at the crestal bone-implant interface. If the applied force exceeds the elastic limit of the bone, crestal bone loss begins to occur.

Slowly, bone loss leads to implant thread exposure. Plaque accumulation in these areas can cause a mucositis lesion to develop. Bone lost in the crestal area surrounding the implant is never regained.

While it is possible to treat peri-implantitis, the result of care is often the exposure of more implant threads, which can easily accumulate plaque if a patient is not meticulous with their home care in these areas.

The use of occlusal appliances is important in controlling the horizontal force application to the implant fixtures. This being said, the appliances are generally worn only part-time, therefore, care must be taken to place implants only in dentitions that have either a physiologic or therapeutic occlusal scheme. This is the orthodontist's responsibility. Every effort must be made to ensure abutment distribution allows for support of the vertical dimension by the remaining natural teeth. Active orthodontic treatment is followed by retention, which is better described as



an occlusal maintenance phase. During occlusal maintenance the ability of the natural teeth to move, whether due to increasing bone loss or parafunctional forces, must be eliminated; if not, the teeth will adapt, but the implants could fail. This is particularly true when posterior teeth have been replaced by implant-borne restorations. If, for any reason, the anterior teeth become mobile or develop fremitus in excursive movements, the guidance they provide may become diminished. Loss of this guidance component results in more horizontal force placed on the posterior teeth. Generally, this means that the implant restorations will begin to receive more horizontal force as a result of the loss of guidance from the anterior teeth. Further, if the anterior teeth have developed fremitus or mobility, then, typically, proper posterior support has been lost as well. In these circumstances, the implants can begin to receive increased force in both a vertical and horizontal

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direction and be placed into a situation of primary occlusal trauma. These are situations in which peri-implantitis is likely to develop.

One of the ways that we attempt to protect implants from being overloaded is to adjust the occlusion on the particular restoration so that the implant restoration is only in full contact when the patient clenches their teeth. In this way, the natural teeth are able to intrude slightly due to the compression of the periodontal ligament and the elastic limit of the bone supporting the implants is not exceeded. However, what happens as the number of implant units increase in a dentition? The dentition suddenly has fewer and fewer teeth supporting the occlusion. In particular, if a quadrant of natural teeth is lost and subsequently replaced with implant restoration, how is the occlusion addressed? If the implant restoration is left out of contact, a posterior bite collapse situation may be created. Additionally, loss of proprioception unilaterally may trigger clenching habits as the closing muscles of the mandible attempt to gain bilateral contact. In either case, the result is an increase in parafunction which would threaten the occlusal scheme. In all of these cases, occlusal appliances are important instruments for the control of parafunctional forces and the dissipation of those forces to either the palate or the other dental units in the arch. As a general rule, traditional retainers are replaced by full coverage night guards or Hawley retainers with anterior platforms for the post-orthodontic patient with implant supported prosthesis. ■

REFERENCES

- Kim Y, Oh T, Misch C, Wang H. Occlusal considerations in implant therapy: Clinical guidelines with biomechanical rationale. *Clin Oral Impl Res* 2005;16:26-35.
- Misch CE. Early crestal bone loss etiology and its effect on treatment planning for implants. *Postgrad Dent*. 1995;3:3-17.
- Schulte W. Implants and the periodontium. *Int Dent J*. 1995 Feb;45(1):16-26.
- Jacobs R, van Steenberghe D. Comparison between implant-supported prosthesis and teeth regarding passive threshold level. *Int J Oral Maxillofac Impl* 1993;8:549-554.
- Misch C. *Contemporary Implant Dentistry*. St. Louis, US: Mosby; 2008.
- Rungsiyakull P, Rungsiyakull C, Appleyard R, Li Q, Swain M, Klineberg I. Loading of single implant in simulated bone. *Int J Prosthodont*. 2011;24:140-143.
- Misch CE. Occlusal considerations for implant-supported prostheses: Implant-protected occlusion. *Dental Implant Prosthetics* (2nd ed) (pp. 874-912). Misch CE. 2015. Mosby, Int.
- Schwarz MS. Mechanical complications of dental implants. *Clin Oral Impl Res* 2000;11 (Suppl.):156-158.

Chia-Chun Yuan J, Sukotjo C. Occlusion for implant-supported fixed dental prostheses in partially edentulous patients: A literature review and current concepts. *J Periodontal Implants Sci*. 2013 Apr;43(2):51-57.

Isidor F. Loss of osseointegration caused by occlusal load of oral implants. A clinical and radiographic study in monkeys. *Clin Oral Impl Res* 1996;7:143.

Chen YY, Kuan CL, Wang YB. Implant occlusion: biomechanical considerations. *J Dent Sci* 2008;3(2):65-74.

Dario LJ. How occlusal forces change in implant patients: a clinical research report. *J Am Dent Assoc* 1995 Aug;126(8):1130-1133.

Madani AS, Nakhaei M, Alami M, Haghi HR, Moazzami SM. Post-insertion posterior single-implant occlusion changes at different intervals: A T-Scan computerized occlusal analysis. *J Contemp Dent Pract* 2017;18(10):927-932.

Weinberg LA, Kruger B. A comparison of implant/prosthesis loading with four clinical variables. *Int J Prosthodont* 1995; 8:421-433.

Rangert B, Sennerby L, Meredith N, Brunski J. Design, maintenance and biomechanical considerations in implant placement. *Dent Update* 1997; 24:416-420.

Rangert BR, Sullivan RM, Jemt TM. Load factor control for implants in the posterior partially edentulous segment. *Int J Oral Maxillofac Implants* 1997; 12:360-370.

Morneburg T, Proeschel P. In vivo horizontal forces on implants depending on the type of occlusion. *Journal of Oral Rehabilitation* October 2002.

Klingberg IJ, Trulsson M, Murray, GM. Occlusion on implants – is there a problem? *Journal of Oral Rehabilitation* 2012; 39:522-537.

Gross, MD. Occlusion in implant dentistry. 2008 Australian Dental Association.

AUTHOR'S NOTES:

The patient was a 54-year-old male who had come to Temple for restoration of his posterior teeth. His posterior teeth were deemed non-restorable. The teeth were extracted and implants were placed. He was subsequently restored, but his front teeth were never addressed. He had presented with a deep bite and lack of anterior guidance.

While I was there he presented again having just lost the implant in site #3 as well as the crown on tooth #5. In addition, he had developed (or it was never treated properly initially) rampant decay in his anterior teeth. In addition to his loss of implant and anterior teeth he had a chief complaint of 'I can't feel my teeth when I bite down. They don't touch.'

From the panoramic you can see what has happened to the posterior restorations. The occlusal scheme was never managed properly. He was restored without anterior guidance. There had been no thought of prescribing an occlusal appliance or even frequent recall visits.

HOW TO REDUCE OVERALL ENERGY CONSUMPTION IN ANY OFFICE

Marina Morton

For some of us, the start of a new year means setting goals. Next time you are sitting at your desk, take a good look around the room. What do you see? How many devices are powered on? Are they in use often? What temperature is the room? What appliances and equipment are there? Are the lights on?

An energy audit is the first step in reducing total energy consumption. This process reveals the largest energy

consumers, or hot spots, and creates a baseline for the new goals and strategies. Initial data collection is essential to drive new energy conservation goals and action plans.

How To Conduct An Internal Energy Audit

Involve as many team members in the process as you can. Consider facilitating an internal energy task force to conduct the audit. First, learn what it is you are looking for before you conduct the energy audit. For a free printable energy audit checklist, visit energy.gov/eere/femp/office-energy-checklist. Next, conduct a room-by-room examination

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of the entire office. Take note of high energy consumption and inefficiencies, such as items blocking vents, old lightbulbs, appliances without power management features, and many more (refer to the checklist above). These observations will inspire immediate action items for energy conservation. Note the different energy types (i.e. electric, natural gas, etc.) as you review your list of hot spots. Then, take a look at a few recent energy bills and identify total energy consumption on each of the bills. Also, note other energy trends on your bills (e.g. total monthly usage). The data collected from recent energy bills serves as a baseline and should inform the new

goals. Now you are ready to create your energy conservation goals and draft an action plan!

Do you have an office energy conservation story to share? We'd love to hear from you! [Contact Dr. Normand Boucher at nsjboucher@gmail.com.]

For more information about energy conservation, visit: energy.gov/eere/femp/federal-energy-management-information-resources.

Office Energy Checklist, U.S. Department of Energy: energy.gov/eere/femp/office-energy-checklist. ■

CUOZZO'S CORNER EFFICIENCY: YOU TALKIN' TO ME?

Judy Dawes, R.D.A., Clinical Manager and Alison Slavick, R.D.A.

Let's face it, a high-volume practice is a successful practice. But how do you see 140 patients per day, stay on time, and provide superior customer service, all while appearing calm, cool, and collected? There are 6 major components that, once implemented, will enable your practice to run like a well-oiled machine:

- Unique language
- A realistic schedule
- Specialized systems
- Detailed scripts
- Proper staffing
- Detailed, well-documented treatment plans

Upon successfully implementing each of these six components, you will find that chaos has been eliminated, staff communication has improved, and the practice is able to handle a higher daily patient volume while still continuing to run efficiently. In this series of articles, we will discuss each of these components, why they are important to your practice, and how you can implement them.

This brings us to our first topic: language. In any well-run business, you will hear a common language spoken. Say, for example, you go into Starbucks and order a tall skinny vanilla latte, double foam, no whip. Imagine that instead of repeating your order exactly as you said it, the cashier yells out to the barista "small coffee, skim milk, sugar free syrup, extra foam, no whipped cream." It would be pretty obvious that the cashier does not know the "Starbucks language," right? This would leave the barista confused and in need of clarification, ultimately leading to a back-up in service and causing the staff to appear inexperienced. Plus, as the customer, you would probably be left wondering what kind of coffee you're about to end up with.

This same kind of situation can arise in your practice, but can be avoided by investing time into creating clear communication pathways within the office. Consistent language in an orthodontic practice is the first major step in achieving

efficiency and cohesiveness. In order to do this, start by creating a "practice dictionary" of the orthodontic vocabulary that you will use regularly, and identify what each word or phrase means. Also include images of each instrument and the name that you will be using to refer to it. Once you have compiled all of this information, you can have your employees read and refer to it, until it is memorized. Make sure that all employees use this common language when speaking to fellow team members and when writing up patient charts, to ensure that both intra-office communication and execution of treatment are effective. It is also extremely important that learning the "office language" is a part of the training process for new hires, especially if they are coming from another practice. Keep your "practice dictionary" somewhere safe and accessible, so that it can be used at any time, and make sure to update it regularly.

Consistency in the way team members speak with one another will save time and limit confusion. Take, for instance, a new orthodontist who has recently joined an established practice, but has not yet been taught the "office language." He or she may ask the assistant for a "ribbon arch," though the technical name for the plier is a 442, and the rest of the team usually refers to it as an "edgewise plier." The assistant will have no idea what the doctor wants, and will end up wasting valuable time searching for a "ribbon arch." If the new doctor had learned the practice's common language, he or she would have known to call for an "edgewise plier," and the assistant would know exactly where to locate it and be able to immediately deliver it to the doctor.

Although it is best to use common English when communicating with patients and parents, once you have successfully created your unique "office language" and put it to use in the treatment room, you will find that intra-office communication becomes clearer. If you and your team can effortlessly communicate regarding procedures and treatment plans, you will also be able to effectively communicate the same information to associates with more clarity and ease. Not only does this lead to a more professional and highly-educated team, it also takes some of the pressure off of the doctor, as he or she can trust that every member of the team is well-trained and has got it covered. ■

2019 MASO Annual Session

A Great Mix of Education and Fun in the Sun!

Thank you to all attendees, exhibitors, and sponsors who participated in the MASO Annual Session September 12-15, 2019 at the beautiful **Fort Lauderdale Marriott Harbor Beach Resort and Spa**. It was an excellent meeting with a superb lineup of speakers including: Dr. Doug Depew, Dr. Christian Groth, Dr. Mark Hans, Dr. Neil Kravitz, Dr. J. Martin Palomo, Mr. Craig Feinberg, and Mr. Steve McEvoy. MASO also welcomed 50 residents and their respective chairmen to the meeting. We thank the exhibitors and the sponsors for participating and sharing with us all the newest and latest in orthodontics. This meeting was one of fun, camaraderie, and friendship!

MASO honored outgoing President, **Dr. Russell Sandman**, for his years of service to our Society. We also honored Devlin Award recipient **Dr. Normand Boucher** and the William S. Kress Research Award recipient **Dr. Samanah Mojarrad**. MASO announced that the Lifetime Achievement Award would be presented posthumously to **Dr. Robert Williams** at a separate ceremony at the University of Maryland.

At our Member/Business Meeting the new Board was installed: President **Dr. Ty Saini**, President-Elect **Dr. Francis Picon**, Secretary **Dr. Madeleine Goodman**, Treasurer **Dr. Dave Harmon**, Immediate Past President **Dr. Russell Sandman**, Editor **Dr. Normand Boucher**, Delegation Chair **Dr. Luis Toro, Jr.**, AAO Trustee **Dr.**

Steve Siegel, and Directors **Dr. Alireza Omid Rajaei**, **Dr. Sana Augustus**, **Dr. Paul F. Batastini** and **Dr. Lynette Garcia**.

The Opening Reception and Saturday's Beach Barbecue featured fantastic musicians at both events, and belly dancers on Saturday. The MASO 2019 Annual Session was an unforgettable experience for all who participated!

Thank you to our Annual Session Sponsors – you made it possible!

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2020 MASO Spring CE Event

Friday, March 13, 2020 • Hotel du Pont • 11th & Market Streets • Wilmington, DE 19801

“Orthodontic Pearls to Improve Your Clinic, Business, and Life”

As classmates and administrators of the largest and most active orthodontist-exclusive Facebook study group known as Orthodontic Pearls, Drs. Brian Anderson, Salt Lake City, UT and Chris Teeters, Glendale/Peoria, AZ will distill the most revered content from the last four years of actionable pearls into a one-day seminar. Attendees can expect to leave the conference with many tips and tricks designed to be implemented into practice the following week. With an arsenal of posts from a group comprised of over 5,200 orthodontists, they will present novel clinical techniques, business strategies, and life enhancement pearls, with a focus on bridging the gap between content and implementation.

6 CE Credits Available!



MEETING INFORMATION

Register online at www.MASO.org for \$295, after February 22 for \$320, or on-site for \$345. MASO residents receive a special rate of \$130, if registered before February 22. **Early bird registration ends February 22, 2020.**

Hotel Information:



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3125 or 800-441-9019.

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The hotel is two hours from New York and Washington, DC, 60 minutes from Baltimore, and 25 minutes from the Philadelphia International Airport. Arriving and departing guests enjoy courtesy Hotel Car service to and from the Wilmington Amtrak station.

Educational Objectives:

After this course, the attending doctor should be able to:

- (1) describe various scripting techniques designed to improve patient comprehension, doctor-patient relationships, and case/treatment acceptance;

- (2) have a clear understanding of how to employ various clinical pearls to improve treatment efficiency and outcomes; and
- (3) describe various retention designs and protocols.

Schedule

8:30AM – 9:00AM

Registration and Continental Breakfast

9:00AM – NOON

Dr. Christopher Teeters – “Orthodontic Pearls to Improve Your Clinic, Business, and Life” Part 1

NOON – 1:00PM

Lunch (provided)

1:00PM – 1:30PM

Angela Weber, Chief Marketing Officer, OrthoSynthetics – “Marketing Pearls”

1:30PM – 4:30PM

Dr. Brian Anderson – “Orthodontic Pearls to Improve Your Clinic, Business, and Life” Part 2

Speaker sponsors are **Orthosynthetics, American Orthodontics, and Reliance.**

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Dr. Chris Teeters is an orthodontist full of passion and energy, born and raised in San Francisco, CA. He has a genuine love for people and the orthodontic profession, working tirelessly on multiple orthodontic-related endeavors to help render optimal treatment for his patients in Peoria, Arizona and help bring the orthodontic community together.

Dr. Teeters is an administrator of the Orthodontic Pearls Facebook forum, which is now the world's largest and most active online study group with over 5,400 orthodontists worldwide. He has presented at multiple conferences delivering many applicable pearls and is known for his publication on the Hyrax-Halterman appliance for simultaneous expansion and correction of ectopic molars. He is

the lead guitarist and background vocalist of the world's only all-orthodontist band, RELAPSE, with his good friends and colleagues Drs. Cole Johnson, Kyle Fagala, Brian Anderson, and Christopher Cetta. He is no stranger to the stage, serving as a lead guitar worship leader twice a month for the 4th largest Christian church in America.

In his presentations, Dr. Teeters aims to deliver many applicable pearls in such a way that listeners can apply the information in practice the day they return to the office. Rather than diving into just a few pearls in depth, his presentation aims to distill the last 3 years and over 50,000 pearl posts down to the 100+ most revered pearls from the Orthodontic Pearls forum. Be ready to buckle up! He will deliver a densely-packed, note-taking frenzy exploration of tips and tricks on how to better your clinic, business, and life.



Dr. Brian Anderson graduated Summa Cum Laude from Brigham Young University, after which he attended dental school at the University of Iowa. As a dental student, he scored in the 97th percentile nationwide on both the National Board Dental Exam Parts I and II. He earned his orthodontic specialty training at the University of Minnesota.

Dr. Anderson is in private practice in Utah and Nevada. He loves orthodontics because he feels “flow”—a feeling of “energized focus, full involvement, and enjoyment in the process”—every day at work. His passion for orthodontics led him to create the Facebook group Orthodontic Pearls, where he enjoys learning and interacting with colleagues and friends. His personal interests include sports, exercise, art (he's a gallery-featured sculptor), travel, community service, and spending time with friends and family. ■





MEETINGS

2020 MASO Annual Session

September 10-13, 2020

Renaissance Baltimore Harborplace Hotel • Baltimore, Maryland



Join us in Baltimore where MASO will be ***“Navigating the Changing Tides” of Science, Technology and Personal Connections.***

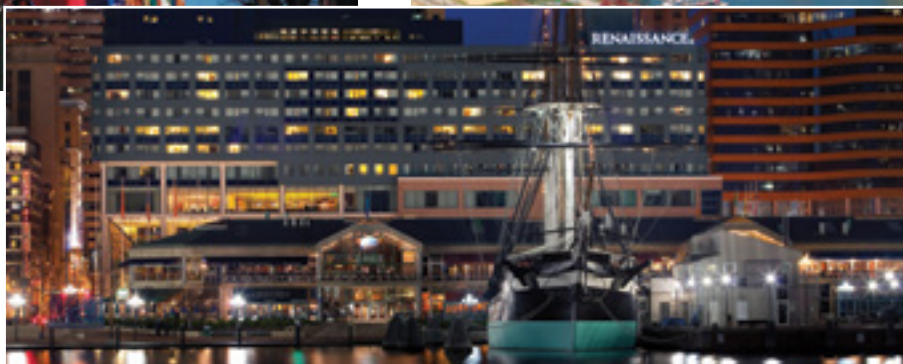
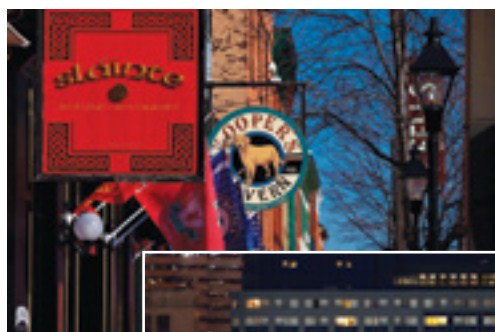
The MASO Annual Session Planning Committee is working hard to deliver the best line-up of speakers and events for all MASO doctors, residents, and staff. More than **10** hours of CEU’s for doctors and staff will be offered! Members of the planning committee are: President and General Arrangements Chair: **Dr. Ty Saini**; Speaker Co-Chairs: **Dr. Madeleine**

Goodman and **Dr. Ty Saini**; Sponsor/Exhibitor Co-chairs: **Dr. David Harmon** and **Dr. Omid Rajaei**; and Executive Director: **Jane Treiber**.

The program will feature special events, including a Welcome Reception and a Saturday night dinner cruise on Spirit Cruise out of the Inner Harbor, and cruising beyond Key Bridge and Fort Carroll.

The venue for the Annual Session is the Renaissance Baltimore Harborplace Hotel. Located in “Charm City” along the waterfront in the Inner Harbor, the newly revitalized Renaissance Baltimore Harborplace Hotel is a convenient walk to attractions including the Gallery Mall, National Aquarium and Oriole Park at Camden Yards. The renovated accommodations feature high-end, innovative amenities, with some rooms featuring delightful views of the Inner Harbor.

Join your colleagues at the beautiful Renaissance Baltimore Harborplace Hotel and experience ***“Navigating the Changing Tides.”*** Additional information, including housing and online registration, will be available soon at www.MASO.org. Please mark your calendars and join us September 10 – 13, 2020. Bring your family and staff for a fun and exciting atmosphere. ■



AAO COUNCIL REPORTS

**COUNCIL ON COMMUNICATIONS****Dr. Jean McGill**jsmcgilldds@aol.com

It is hard to believe that I am writing my last update as MASO liaison to the Council on Communications (COC). It has been a great run and I have been blessed to serve as Chair of the Council during this current year. When I started on the Council, a majority of the work product was produced by our outside advertising and public relations (PR) agencies. We primarily utilized a combination of print and TV ads and PR placements to get the word out on our Consumer Awareness Program (CAP). In 2017, we completely overhauled the Communications department, adding new leadership and an all-digital format. The digital platform enabled us to be nimble and to more quickly react to market changes. Our reach has increased exponentially and we now get a bigger “bang for our buck.”

The goal of our CAP is to educate the public on both the benefits of receiving orthodontic treatment and the importance of being treated by an orthodontic specialist. CAP ads drive consumers to our consumer website (AAOinfo.org). During the past year, the website has been overhauled and updated. The Web Content Committee has worked tirelessly to refresh our blog posts with interesting and relevant information. Our most recent blog post: “Athletes are more likely to have poor oral health” did very well in Google rankings and also helped drive organic traffic to our site. Our Adult and Parent Guides to Orthodontics not only keep visitors on our site for an extended time, but also help to drive organic (unpaid) traffic to the consumer site. While on our site, consumers can locate

an orthodontist near them through our “Find an Orthodontist” service. When you log onto your AAO account, you can see the number of times that your name has been given to consumers seeking a local provider. Be sure to check your listing on the AAO website to make sure that all pertinent information is correct, and reach out to the AAO if it needs to be updated.

During the past year, we have increased our outreach to our member doctors. You should have received an email from me in the fall updating you with CAP statistics. Our member website has been refreshed and we have been increasing member engagement via the production of our “member stories.” The AAO has also hired Brecht Mulvihill to serve as our Member Marketing Specialist. Brecht has been instrumental with helping us to better communicate with our members.

A recent new addition was our Anti-Bullying initiative that we launched during the month of October (National Bullying Prevention Month). We partnered with the nonprofit Stand for the Silent to increase awareness on bullying. Did you know that children are most often bullied on the appearance of their teeth? Although we created content for the entire month of October, many of our member offices observed “Wear Orange Day” on October 23rd. This initiative was very successful. Look for more to come on this.

Our team is currently updating and refreshing brochures that can be purchased or downloaded from the AAO. We recently started a social influencer program, with outreach specifically to millennial moms with orthodontic-aged children. Our creative committee is adding new video content and animations to the consumer website. It has been my pleasure to represent MASO on the COC. Please feel free to reach out to me with any questions.

Council on Communications (COC)

The duties of this Council shall be to:

- Encourage and support public and patient education in orthodontics;
- Assist members in their public relations programs;
- Enhance intra-professional relations for the improvement of the oral health of the public; and
- Inform members of available Association services/materials/benefits.

The term of office of members of the Council on Communications shall be two (2) years. The consecutive tenure of a member of the council shall not exceed six (6) years.

COUNCIL MEMBER RESPONSIBILITIES AND DUTIES

Because the council member is the direct personal source of representation and information between the constituency and the national organization, it is expected that:

- The council member will attend regularly scheduled council meetings, conference calls, and extra meetings and actively participate in the day-to-day operations of the council. A council member must make every reasonable effort to attend scheduled council meetings. If he/she cannot attend, an appropriate substitute should be appointed by the President, as provided for in the AAO Bylaws. If an emergency arises on short notice and it is too late to obtain a substitute (such as illness, severe weather, or cancellation of a flight), telephone or videoconferencing to the council meeting will be permissible provided the chairman of the council and board liaison agree. All other requests for telephone or videoconferencing will be handled individually and must be approved by the President.
- The council member should attend the annual meeting of his/her constituency and make a report to the constituent Board of Directors.

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AAO COUNCIL REPORTS

COUNCIL ON COMMUNICATIONS

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- C. The council member should attend the ad interim meeting of his/her constituency and make a report to those attending the ad interim meeting.
- D. The council member should attend the AAO annual session, attend reference committee hearings, and observe the House of Delegates.
- E. Following meetings of the council, a written report is to be submitted to the home constituency. This report should include the proceedings of the council with special emphasis on items that may pertain to the constituency region (transcribed draft minutes of the meeting are not an acceptable substitute).
- F. In the case of a planned absence (or resignation), it shall be the responsibility of the trustee to ensure that the council member is replaced and that the constituency is properly represented on the council and at the meetings.

**Note: Upon approval of the House of Delegates, each new council member is to be sent a copy of these guidelines.*

NOMINATIONS AND ELECTIONS

The Trustee report, with recommendations to the House of Delegates for nominations, shall be submitted to the Board of Trustees at the February meeting. If unable to secure a nomination in time for the February BOT meeting, it may be submitted at the pre-annual session meeting of the Board of Trustees.

Desired Qualifications of Council Members

When seeking qualified candidates, the following should be strongly considered by the constituent organizations:

1. That potential council members have a demonstrated ability and possess the following basic skills:
 - a. A demonstrated expertise or interest in the content area of the Council.
 - b. Maintains outside relationships that can enhance their service to the AAO.
 - c. 3-5 year horizon in their thinking; should have strategic thinking skills.
 - d. Work within a team setting by looking to the future with a shared vision.
 - e. Build teamwork among peers with different needs and interests.
2. Ability to guide the Association in the future through a shared vision.
3. Councils are advisory to the Board of Trustees in developing programs and policy.
4. Demonstrated leadership commitment through past or current involvement with orthodontic, dental, and other nonprofit entities, including local community organizations.
5. Possesses sufficient technological expertise, including the use of social networks, file sharing programs, email, text, video conferencing, and other electronic communication tools.
6. Supports routine performance feedback from leadership and reports of performance to constituent organization.
7. Understands expected time commitment, including one to two meetings per year in St. Louis (two days, one night), occasional evening and/or daytime conference calls, ongoing subcommittee work using electronic communication tools, and attendance at the Annual Session (if chair of council). ■

COUNCIL ON
GOVERNMENTAL AFFAIRS

Dr. Doug Harte
drbraces@msn.com

COGA met in Washington, DC on October 22 and 23 to discuss our advocacy and

federal legislative priorities which include:

1. Continuing legislative efforts at the federal level to:
2. Ease the burden of student debt
3. Strengthen and expand consumer-directed healthcare options
4. Remove the Medical Device Tax
5. Support small business

The House Rules Committee released the text of the Further Consolidated Appropriations Act, 2020 ([H.R. 1865](#)). The year-end appropriations package includes three major health-related tax repeals: (1) a full medical device tax repeal, (2) a full Cadillac tax repeal, and (3) a full health insurance tax repeal. Additionally, the package includes appropriations for Certified Community Behavioral Health Clinics (CCBHC).

A description of all three tax repeals are included below:

- **Medical Device Tax Repeal.** The medical device tax is a 2.3% excise tax on medical device manufacturers and has been intermittently implemented since being

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AAO COUNCIL REPORTS

COUNCIL ON GOVERNMENT AFFAIRS

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introduced in the Affordable Care Act. Today's appropriations legislation proposes a full permanent medical device tax repeal that shall apply to all sales after December 31, 2019.

- **Cadillac Tax Repeal.** The Cadillac tax is a 40% excise levy on high-cost employer-sponsored health plans that was intended to lower employer insurance plan spending. Today's appropriations legislation proposes a full permanent Cadillac tax repeal applying to taxable years beginning after December 31, 2019.
- **Health Insurance Tax (HIT) Repeal.** The Affordable Care Act imposed an annual fee on health insurance providers based on a covered entity's net premiums. Today's appropriations legislation proposes a full permanent repeal of the HIT annual fee applying to calendar years beginning after December 31, 2020.

The package appropriates \$200 million toward grants to communities and community organizations that meet certain criteria as Certified Community Behavioral Health Clinics (CCBHC) through September 30, 2022. COGA. The AAO was instrumental in advocating for the medical device tax repeal consistently over the years, building bipartisan support for today's permanent repeal.

The President signed the appropriations bills into law.

Since the passage of the Affordable Care Act, the association has advocated for a full repeal of the medical device tax, with hundreds of AAO Members directly lobbying their Representatives and Senators. **This represents a**

significant victory for the AAO and the patients you serve.

The AAO has endorsed several legislative initiatives in Congress this year.

HR 4674, the **College Affordability Act**, includes many AAO priorities, including repealing loan origination fees and creating the ability to refinance student loans; expanding Pell Grant eligibility to graduate students; preserving undergraduate subsidized loans; and preserving Grad PLUS loans.

HR 1418, the **Competitive Health Insurance Reform Act (McCarran-Ferguson)**, restores the application of federal antitrust laws to the business of health insurance (including dental insurance).

HR 1379, the **Ensuring Lasting Smiles Act (ELSA)** requires that group health plans cover medically necessary services related to the diagnosis or treatment of a congenital anomaly or birth defect.

COGA members spent the week advocating for the AAO's priorities with many key congressional members, including meeting all the dentists who serve in congress.

As always, we continue to monitor and provide updates. On a side note, Sean Murphy, Vice President of Advocacy and General Counsel to the AAO, resigned his position to become the Executive Director of the Arizona Dental Association. No replacement has been named at this time.

COGA's next meeting will be in conjunction with the Professional Advocacy Conference which will take place in Washington, DC on Tuesday, February 25 through Wednesday, February 26, 2020. ■

COMMITTEE ON INSURANCE

The Committee on Insurance met twice in 2019; a face to face meeting in St. Louis on June 22, as well as a phone conference on December 13. In attendance were the AAO Board of Trustees liaison, Dr. John Callahan; the CONYM member, Dr. Todd Wright; the Committee on Insurance members, and staff from Pearl and New York Life.

The effects of the changes made in the plan starting in October 2018 were discussed and some solid results were shared. The plans will continue to be monitored closely

by the Committee on Insurance, understanding that significant positive results will take time.

The meetings focused on long term growth through technology changes, product refinement and new underwriting technology presented by New York Life. Coming soon you will see an easy online sign up for new student members as well as a quick, decision-automated underwriting tool.

The Committee is also working with New York Life to ensure our Term Life plans and rates stay competitive in today's market for current and new subscribers—more to come! ■

AAO COUNCIL REPORTS



COUNCIL ON MEMBERSHIP, ETHICS & JUDICIAL CONCERNS

Dr. Luis Toro

drlatoro@gmail.com

Following recommendations from COMEJC, the 2019 House of Delegates passed resolutions to:

- Increase Life Active Member dues and assessments from 50% to 60%.
- Amend the Senior Limited Practice waiver to eliminate the age requirement. Now, any member with at least 30 cumulative years of membership (excluding student membership), who practices no more than 350 hours per year, may apply for the waiver of 50% of full active member dues and assessments.
- Adopt a new primary caregiver dues waiver for members who significantly reduce practice time to care for an immediate family member.

Following a recommendation from COMEJC, in May 2019, the Board of Trustees passed a motion to discontinue sending print copies of the AJO-DO to International Student Members. Those members will continue having online access and may purchase a print subscription for \$56 (AAO's cost).

COMEJC continues to monitor membership trends, including recruitment and retention. As of March 2019, the total AAO membership is now at 19,332, a net increase of 377 since last year. Active membership (U.S. and Canada) is now at 8,279, a net increase of 23 since last year. A total of 147 former

members reinstated as Active Members, up from 115 last year, and active member retention improved from 97.1% to 97.5%. As of April 2019, the AAO's updated U.S. Market Share is 84.9%. From now on, the market share calculations will be made on an annual basis in conjunction with the timing of the AAO Secretary's Report (late March).

Programs and Benefits

- COMEJC recently approved a change to the Find an Orthodontist Locator (via aaoinfo.org) that will allow Student Members to have a listing if they are past their graduation date and have submitted proof of graduation.
- The council now oversees two programs delivered at orthodontic residency programs on an ongoing basis: Resident Vitals and Financial Management for Residents. These programs reach hundreds of orthodontic residents each year, and invitations to participate are being sent to program chairs and directors in early August.

Transition from Residency to Practice

Active membership discount scale for recent graduates:

- Year 1: 90% discount – students who graduate between January and May 31 and elect to extend their Student Member eligibility the extra year they have available will transition directly to year 2 after Student Member eligibility ends.
- Year 2: 75% discount
- Year 3: 50% discount
- Year 4: 25% discount

The council's next face-to-face meeting was Friday, January 10, 2020 at AAO. Any questions or concerns please do not hesitate to contact me. ■



COUNCIL ON ORTHODONTIC EDUCATION

Dr. Anil Ardeshta

ardeshap@sdm.rutgers.edu

The Council on Orthodontic Education met at the AAO Central Office in St. Louis, Missouri on October 21, 2019.

Duties of the Council are to study and make recommendations on all matters relating to orthodontic education, consulting with all appropriate dental, educational and governmental organizations concerning orthodontic education.

SUMMARY OF ACTIVITIES:

Dr. Guymon, the AAO Trustee, provided a presentation on AAO's Strategy & Governance. The purpose of the COE council, responsibilities as a council member, and the five strategic goals of the AAO were discussed. Additionally, the COE Assessment Survey was discussed. Dr. Guymon discussed member awareness of the role of the AAO and its importance to the membership.

The SOE program for the 2020 Carla A. Evans Educational Leadership Conference, May 1, 2020 in Atlanta was reviewed. Registration opened November 14, 2019. There was discussion on lack of content for full day and concern with afternoon sessions overlapping with Annual Session.

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AAO COUNCIL REPORTS

COUNCIL ON ORTHODONTIC EDUCATION

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Question was raised of potentially moving to a half-day session in future. Currently the SOE has 840 members.

Dr. Foley of the ABO reported on the evolution of the clinical exam. In February 2019, 450 members recertified. The next ABO Educator Symposium meeting is in April 2020 in Saint Louis.

The ADEA Section on Orthodontics met on March 17, 2019. Details of the application for the ADEA Orthodontics Student Travel Awards Program were discussed.

AAO Faculty Fellowship Award's current process was discussed, including the need for assistance in vetting applicants. Concern was raised over missed opportunities with allowing recent graduates to apply for the award in hopes of bringing new talent into the education field. The 2019 Cycle had 14 applications from 12 different institutions. A resolution was made that the AAO Full-Time Faculty Fellowship Award program recipient criteria be modified for two of the three awards as follows: For two award recipients the eligibility requirement would change to, "the Resident or junior faculty (defined as those with two or fewer years post completion of the orthodontic program) in good standing at a U.S. or Canadian ADA-accredited orthodontic graduate program."

For one of the three awards, the eligibility timing would follow current eligibility rules and read, "Resident or junior faculty (defined as those with five or fewer years post completion of the orthodontic program) in good standing at a U.S. or Canadian ADA-accredited orthodontic graduate program."

Dr. Ardeschna and Dr. Stewart (GLAO) reported on the Partners In Research process. These included policy updates, increase in processing fee to \$275, the need to create a rubric for students, a required sign-off by program chair and another university resource, and results to be shared with AAO upon completion of research. A motion was approved to ask the AAO to create an online portal for the Partners In Research Program.

There was a general discussion on "Crushing loan debt and what the AAO could do to help." Rising tuition cost is the driver, and the question of how tuition costs can be impacted was posed to the council. The council was in agreement that the programs do not set the tuition and have no influence on tuition. They suggested that building debt management acumen among residents and possibly among dental students would be of value. The AAO Education Department will review existing AAO resources and explore developing new resources as needed.

The COE proposed budget for 2020 – 2021 was discussed and accepted. The next meeting will be on October 26, 2020 at AAO Headquarters, St. Louis, MO. ■

COUNCIL ON
ORTHODONTIC PRACTICE

Dr. Lara Minahan

minahanl@hotmail.com

GENERAL: I would like to thank Dr. Michael Sherman, Trustee Liaison to COOP, for all of his kindness and support of our team. Please also welcome our new AAO Director of Education, Ms. Kay Pinner; she joins us with great enthusiasm.

PRACTICE TRANSITION SEMINAR: Given the AAO Annual Session shift to commence on Friday, May 1 in Atlanta, we are excited to introduce a modified approach to this historically successful seminar. It will include an impressive mixture of online content and traditional face-to-face interaction to accommodate this year's half-day, in-person seminar at the Annual Session.

Online component: will be available to attendees about one month prior to Annual Session. This will allow attendees to clarify their transition plans and prepare questions before the in-person seminar. They can also return to the content later as they begin any transition process. A password-protected website will reveal:

- Introduction and links to five transition categories (i.e., learning tracks): practice sales, practice startups, partnerships, associateships, and dental support organizations.
- A discussion board or comment feature for attendees to post questions for the in-person panel discussion and share their transition plans, contact information, resumes/CVs or open opportunities.
- An appointment scheduler for attendees to schedule 10-minute one-on-one sessions with speakers during the in-person seminar.

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AAO COUNCIL REPORTS

COUNCIL ON ORTHODONTIC PRACTICE

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The noteworthy speakers for each transition category:

- **Practice sales:** *Charles Loretto* (Cain Watters & Associates)
- **Practice startups:** *Jill Allen* (Jill Allen & Associates)
- **Partnerships:** *Brandon Collier* (Collier & Associates)
- **Associateships:** *Shannon Patterson* (Bentson Copple & Associates)
- **Dental support organizations:** *Dr. Eric Ploumis* (Dental Practice Lawyers)

In-person component: the half-day event on Friday May 1 focuses on tips and strategies before and after the transition is complete.

- A keynote presentation given by *Ken Alexander* and his two sons/business associates, *Ryan and Steven* (Alexander & Sons), that highlights the buying process, from valuation through the transition after the sale.
- A panel discussion featuring *Ken Alexander, Charles Loretto, Jill Allen, Brandon Collier, and Shannon Patterson.*
- A networking luncheon for attendees to interact with speakers or meet with other attendees.
- An open period for attendees for pre-scheduled 10-minute one-on-one sessions with their chosen speakers.

This promises to be a Seminar to remember!

PRACTICE OPPORTUNITIES AND CAREERS PROGRAM (POC):

Excellent participation and dramatic increase in the use of the POC program was seen overall in 2019. This confidential online program aims to match members searching for associateships, partnerships, sales, etc. Job posting upgrades are available, incorporating ZipRecruiter and the like; resume critique is offered if desired. In addition, member and non-member employers may further post orthodontic staff positions. As you use the program and hopefully achieve the match of your dreams, please do notify the AAO POC so that the site may remain current. Thank you!

ALIGNER TREATMENT PROGRAMS: A concerted effort is being made to establish novel educational programs via webinars, podcasts, and/or videos that may help our members become proficient at aligner therapy—no matter the system. Additional recommendations include in-house aligner fabrication.

EDUCATIONAL PROGRAMS: The current AAO webinar series began in October and is set to span through March 2020.

Relevant topics embrace the business of orthodontics, doctor-specific webinars, as well as staff-specific webinars. We are attempting to promote these opportunities to members as best possible, without flooding members' email/ chat groups.

ORTHODONTIC STAFF CLUB (OSC): Doctors are encouraged to promote the Specialized Orthodontic Assistant program, as well as clarify the benefits of membership online (website access, fee discounts, and the like). Another fun Orthodontic Staff Appreciation Week will be observed June 1-5, 2020 and the Orthodontic Staff Facebook page proudly supports a range of relevant team questions and over 240 members. Please note the annual AAO Orthodontic Staff Achievement Award opportunity; at this time, nominations are due by mid-November in a given year. For complete information: aaoinfo.org/education/orthodontic-staff-achievement-award/.

Please be on the lookout for a very brief, 5-minute, AAO survey regarding your interests in the OSC. There is no doubt that our practices are reinforced by a successful and knowledgeable staff team. Please help us discern how to best enhance this program for you.

OFFICE DESIGN MANUAL: A subcommittee has been developed to reexamine the existing AAO recommendations, and include novel ones, such as 3D printing, adult care stations, and 'green' office infrastructure/ protocols.

MILLENNIAL PARENT COOP/COC JOINT COMMITTEE: This joint effort has been established in hopes of creating member marketing resources that will effectively educate and motivate millennial parents. Your suggestions are welcome!

VIRTUAL CONSULTATIONS: In a world where the web beckons incessantly, a subcommittee has been established to further investigate this topic.

The next COOP F2F meeting is scheduled to take place on October 9-10, 2020, at AAO Headquarters in St. Louis.

I welcome you to reach out at any time with questions or comments that I may share with the Council throughout the year. In the meantime, may we'll meet in Atlanta! Thank you for your interest and support! ■



AAOF UPDATE

Dr. Orhan Tuncay

otuncay@dental.temple.edu

- We invite all AAO members to support the AAOF by making an annual donation.
- The AAOF Awards Program will announce 2020 winners in March.
- The 2020 Jarabak Award winner is Dr. Greg Huang of PCSO.
- The AAOF will offer the resident gift again in at the AAO Annual Session in Atlanta.

2020 AAOF AWARDS PROGRAM

The Planned Awards Review Committee (PARC) will be meeting in St. Louis in January of 2020 to review the proposals for grant funding that were received in November. In March, the award winners will be notified. We look forward to telling all AAO members about the exciting research that will be funded by the AAOF in the coming year.

UPDATE ON NEW INITIATIVES

Thank you to everyone who visited the AAOF Booth at

the MASO meeting in Ft. Lauderdale. It was a wonderful meeting in a beautiful destination. Thank you for allowing us to be a part of it.

The AAO Foundation Board of Directors has decided to offer the Resident Gift Program again at the upcoming AAO Annual Session in Atlanta. The AAOF believes in education and research and the annual session is a wonderful way for residents to be exposed to some of the best current orthodontic research and education that is available. Thank you to our donors who helped make this program possible. To learn more about this program, please visit the Resident Gift Program.

REMEMBER THE AAO FOUNDATION IN YOUR CHARITABLE GIVING

The AAOF website can now accept online donations! Please consider making an online donation to the foundation in 2020 by visiting our website. To learn more about the AAO Foundation and how you can personally support this specialty by giving back to the AAOF, please visit our newly redesigned website, aaofoundation.net, like us on Facebook or follow us on Twitter.

FOR MORE INFORMATION

If you should have any questions or concerns, please call Jackie Bode, AAOF Executive Director, at 314-292-6546 or by email jbode@aaortho.org. We look forward to seeing you at the upcoming AAO Winter Conference in Austin, Texas! ■



AAO HOUSE OF DELEGATES

Dr. Luis Toro

drlatoro@gmail.com

The 2020 AAO House of Delegates season is just around the corner. We encourage all active MASO members to participate in our association's legislative process. All valid concerns, questions, ideas, etc. can be studied and moved forward as resolutions submitted to the AAO House of Delegates.

All possible, reasonable, and viable MASO resolutions must be submitted on or before March 8, 2020. MASO's Delegation has its March Ad Interim meeting scheduled for Saturday, March 14. It is at the Constituent Ad Interim meetings that all possible Constituent resolutions are studied and prepared for submission to the AAO Speaker

of the House who will make the final approval before it is presented to the AAO House of Delegates.

Please contact any of your MASO Delegates to the 2020 AAO Atlanta annual session House of Delegates:

- **Dr. Tarun "Ty" Saini** (MD) – MASO President
- **Dr. Francis Picón** (PR) – MASO President Elect
francis.picon1@upr.edu
- **Dr. Lawrence "Larry" Wang** (MD)
larwang@comcast.net
- **Dr. Kathy Marshall** (DC)
marshall@howard.edu
- **Dr. Richa Dutta** (MD)
richadutta@gmail.com
- **Dr. Douglas Harte** (NJ)
drbraces@msn.com

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AAO HOUSE OF DELEGATES

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- **Dr. Jean E. Asmar** (DC)
jeanasmar@aol.com
- **Dr. Richard Albright III** (PA)
rick_albrightiii@yahoo.com
- **Dr. Richard Isaacson** (NJ)
drstr8n@aol.com

- **Dr. Luis A. Toro** (PR) – Delegation Chair
dlatoro@gmail.com

The AAO House of Delegates is scheduled to meet in Atlanta on May 1 and May 4, 2020. All AAO members are invited to participate in the online Reference committee hearings (AAO website members site) and, of course, in the face-to-face Reference Committee Hearing on May 1, 2020 usually around 5 PM. ■



AAO PAC UPDATE

Dr. Massimo Verduci
mvfirenze@gmail.com

AAOPAC Significant Accomplishments and Events, 2018-2019:

- AAOPAC's 2019 Professional Advocacy Conference in February 2019 was attended by over 100 AAO members. Members participated in 86 House meetings and 60 Senate meetings, where AAO members discussed AAO legislative priorities including expanding the RAISE Act (expanding limits on flex spending accounts), making permanent the repeal of the medical device tax, providing student loan debt relief, and other small business issues.
- The Congressional meetings during AAOPAC's 2019 Professional Advocacy Conference had direct, measurable results. For instance, shortly after the conference, legislation was introduced in both the Senate and House to permanently repeal the medical device tax. Rep. Steve Watkins (R-KS) co-sponsored the House version of the bill, specifically referencing his staff's meeting with AAO members during the Advocacy Conference.
- Following the 2018 elections, members of both the House and Senate reintroduced bills that would adopt the RAISE act. This included the AAO's legislative counsel's efforts to obtain, for the first time, bipartisan sponsorship for the bills.
- The AAO's legislative counsel pursued and successfully secured several of the AAO's education priorities in the House Democrats' HEA reauthorization bill, the Aim Higher Act, including: (1) the elimination of origination fees;

(2) preservation of Grad PLUS loans; (3) simplified repayment plans; and (4) federal student loan refinancing.

- Representatives of the AAO and/or its legislative counsel attended a number of high-profile political dinners and events, providing direct access to members of Congress to discuss the AAO's legislative priorities. These events included a Democratic Congressional Campaign Committee dinner, a national Republican Congressional Committee dinner, the Senate Classic golf tournament, and others.
- 2018 was a record-breaking year for AAOPAC with respect to donations and contributions. AAOPAC received over \$353,000 in contributions from over 790 AAO members in 2018.
- Seventy-eight percent of candidates who received contributions from AAOPAC during the 2018 election cycle won their races, a very high percentage for PAC contributions and participation.
- The United States House of Representatives Small Business Committee asked the AAO to provide a member to testify at a hearing titled, "The Doctor is Out. Rising Student Loan Debt and the Decline of the Small Medical Practice." On June 12, AAO member and third-year orthodontic resident Lauren Wiese testified before the congressional committee on her own student loan debt, as well as that of colleagues, and how it has negatively affected her plans to practice, restricting her options both geographically and as to type of practice (e.g., purchasing a practice vs. working in a more corporate setting). The staff of Rep. Nydia Velazquez, Chairwoman of the Committee, stated

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AAO PAC UPDATE

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that Dr. Wiese “knocked it out of the park” during her testimony, effectively raising awareness about the student loan debt challenges faced by young medical practitioners.

- In late 2018, then-president-elect Dr. Gary Inman participated in the first-ever U.S. Surgeon General’s Listening Session on Oral Health; a two-day event. There, he represented the concerns and interests of the orthodontic specialty among other dentists,

dental specialists, physicians and public health experts.

- The AAO, either through its legislative counsel or its own members, attended dozens of fundraisers for legislators of both parties, giving opportunity for in-person interaction and the chance to ask questions regarding the AAO’s policy objectives.
- These federal legislative accomplishments are in addition to numerous advocacy successes at the state level. ■



SOCIETY OF EDUCATORS

Dr. Vanessa Morenzi

morenziv@einstein.edu

The Society of Orthodontic Educators will meet on Friday, May 1, 2020 for the Carla Evans Educational Leadership Conference. I urge all educators—full-

time, part-time, and volunteer—to make time to come and support orthodontic resident education. This is an educators’ forum which will focus on curriculum and best practice updates in orthodontic education. There is no fee to attend this symposium. *It is open to members of the Society of Educators.* CE credits are provided to those in attendance. Additional details are available on the AAO website. ■

AAO Seeks Candidates for Up to Three at-Large Trustee Positions

As announced in a recent eBulletin, to help expand the perspectives and expertise of those in senior AAO leadership, members are invited to apply for up to three positions proposed for addition to the Board of Trustees. The timeline for the selection process has now been extended, with applications to be submitted by **March 31, 2020**.

A bylaws resolution to expand the Board to include up to three “at-large” positions will be presented to the 2020 House of Delegates in Atlanta during the Annual Session (May 1-4). During this fall’s constituent meetings, Board members presented the resolution and received very positive feedback.

- Review the position job description as soon as possible.
 - View the job description.
- Submit your CV and completed application by March 31, 2020.
 - Access the application and submission information.



ABO UPDATE

Dr. Roberto Hernandez-Orsini

hernandez-orsini@americanboardortho.com

ABO Mission:

The mission of The American Board of Orthodontics is to elevate the quality of orthodontic care for the public by promoting excellence through certification, education and professional collaboration.

ABO Vision:

The American Board of Orthodontics is the global leader in orthodontic board certification and sets the standards of care for excellence in orthodontics and dentofacial orthopedics.

ABO Yearly Update:

Clinical Exam Update: The ABO conducted Clinical Examinations in February, June and November of 2019. To-date, results from the November examination have not been released. However, a total of 247 examinees were certified or recertified during the February and June 2019 examinations. A complete listing of newly certified or recertified orthodontists by constituency is located on the ABO website and included at the end of this report. The ABO currently represents 46 percent of AAO membership.

ABO Director School Visits: Dr. Hernandez-Orsini visited three graduate programs in November, providing orientation to residents and Faculty members on Scenario-based certification. For the first time, we used a WebEx system to have three Schools attending at the same time. Thanks to the hospitality of **Dr. Jose Bocio**, the orientation took place at The University of Maryland with active participation of MedStar Hospital Center and Howard University. The next day of the presentation, **Dr. Hernandez-Orsini** visited MedStar Hospital Center and Howard University and spend time with residents as well as faculty members, clarifying Scenario-based exam protocols. Visits to the rest of the Schools will be programmed for the Spring of 2020.

Written Examination Update: The ABO Written Examination was administered April 10, 2019, at Pearson-Vue Testing Centers throughout the United States and Canada to 422 examinees. The reliability of the examination was 90%, with a 96% pass rate. The next Written Examination will be offered April 7, 2020. As a reminder, once the Written Examination is successfully completed, it never expires.

The College: The ABO and the College (CDABO) continue to work together to support orthodontic programs in their preparation for the ABO Clinical Examination through the advocacy program. To date, all 73 orthodontic programs have at least one advocate assigned to their school. The College offers examination preparatory courses for examinees to

help prepare for the Clinical Examination. These courses were offered during the 2019 AAO Annual Session, at select constituency meetings, and the CDABO Summer Meeting. CDABO also hosted the College of Diplomates Luncheon during Annual Session where 2019 ABO award recipients were recognized.

GORP: The ABO attended the 2019 GORP meeting held in St. Louis, MO. Dr. Nicholas Barone, ABO president, gave a presentation to the residents and answered questions on board certification.

Educational Update:

The transition to the ABO Scenario-based Oral Clinical Examination is now complete with the first exam successfully administered in February 2019. Due to anticipated demand, a third examination has been added in 2020 to include February, July and November. Dates for 2021 examinations will be posted on the ABO website in May 2020. To accommodate the new examination format, additional examination rooms were constructed at the ABO testing center in St. Louis. Additional guest examiners have also been invited to increase the pool of qualified examiners for future examinations.

The final Traditional Case Based Clinical Examination occurred June 2019.

For insight into the development of the Scenario-based Clinical Examination, a motion graphic video was developed and is located on the ABO website. An AAO/ABO Podcast, "The Business of Orthodontics" was released in December 2018 to provide an update on the status of the new examination. Additionally, the ABO directors authored an article entitled "American Board of Orthodontics Update on the New Scenario-based Clinical Examination" which was included in the June 2019 edition of the AJODO.

The ABO will again offer an Educators Symposium in April 2020. Department Chairs, Program Directors and/or Faculty of accredited orthodontic programs in the United States and Canada have been invited to attend, along with ABO-appointed Advocates, ABO Emeriti, AAO Trustees and CDABO Councilors.

The ABO continues to review and improve materials offered on the ABO website to assist in preparing for the Scenario-based Clinical Examination, including a Study Guide with sample cases. Orthodontic programs interested in hosting case-based mock board exams are encouraged to contact ABO examiners listed on the ABO website to schedule a school visit. ABO advocates have been identified for each orthodontic program and upon request are available for school advocacy visits on board certification.

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AAO PAC UPDATE

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Certification Renewal is an important part of the board certification process and requires ongoing proficiency in orthodontics and a commitment to life-long learning. This examination may be taken 2 years prior to your certification expiration date. Examination criteria is available on the ABO website.

An Educator/Advocate Workshop along with an ABO Open House/Info Session were held during the 2019 AAO Annual Session meeting in Los Angeles and will also occur during the 2020 meeting in Atlanta, GA. Both sessions provide opportunities for different audiences to obtain updates and information on board certification requirements. In addition, the ABO mans a booth in the Convention Center to answer questions and provide information on the board certification process.

For orthodontists who have achieved board certification status, the ABO offers online educational materials including an Educational Toolkit, Brand Standards Guide, sample website wording, press release, pathway graphic, consumer brochure, seal and logos. Enhanced software allows for improved functionality on the ABO website including enhanced orthodontist locator.

Complimentary ABO measuring gauges were distributed to first year residents at requesting CODA accredited orthodontic programs, along with a pathway graphic poster on board certification.

ABO Directors 2019-2020:

The ABO Directors for the 2019-2020 year are as follows:

- Dr. Nicholas Barone, President, representing the Northeastern Society of Orthodontists
- Dr. Valmy Kulbersh, President-Elect, representing the Great Lakes Association of Orthodontists
- Dr. David Sabott, Secretary/Treasurer, representing the Rocky Mountain Society of Orthodontists
- Dr. Patrick Foley, Director, representing the Midwestern Society of Orthodontists
- Dr. Timothy Trulove, Director, representing the Southern Association of Orthodontists
- Dr. Jae H. Park, Director, representing the Pacific Coast Society of Orthodontists
- **Dr. Roberto Hernandez-Orsini**, representing the Middle Atlantic Society of Orthodontists
- Dr. Stephen McCullough, Director, representing the Southwestern Society of Orthodontists
- Dr. Larry Tadlock, Immediate Past President, representing the Southwestern Society of Orthodontists

The AAO House of Delegates confirmed Dr. Stephen McCullough as the ABO new director representing the Southwestern Society of Orthodontists.

ABO Award Recognition

The ABO presented the following recognition awards during the 2019 Annual Session meeting:

- Albert H. Ketcham Memorial Award: Dr. Michael Riolo
- Dale B. Wade Award of Excellence in Orthodontics: Dr. Eustaquio Araujo
- Earl E. and Wilma S. Shepard Distinguished Service Award: Dr. Barry Briss
- O.B. Vaughan Special Recognition Award: Dr. Garland Hershey

The ABO is pleased to announce the following award recipients who will be recognized during the 2020 Annual Session meeting:

- Albert H. Ketcham Memorial Award: Dr. Rolf Behrents
- Dale B. Wade Award of Excellence in Orthodontics: Dr. Carla Evans
- Earl E. and Wilma S. Shepard Distinguished Service Award: Dr. Perry Opin
- O.B. Vaughan Special Recognition Award: Dr. John Kanyusik

New certified and re-certified Orthodontists from MASO:

September 2018

Matthew S. Campbell
James Cavallancia
Jake M. Dorfman
Omar A. Elnabawi
Andrea J. González
Rebekah L. Goforth
Wei Huang
Peter F. Jackson
Vincent A. Labruna
Nancy L. O'Neill
Andrew D. Pedersen
Eliana Sarit
Sheldon R. Seidel

February 2019

Amrita Bhan
Jarrett O. Caldwell
Ki Yoon Chung
Jordan S. Cogan
Michelle L. Espina
Lynette García-Pérez
Erin A. Mahoney
Grace J. Pagán Collazo
Kathleen M. Pale
Michelle A. Scott
Sennay M. Stefanos
Sonia R. Talley
Robert J. Tarby

June 2019

Jeff A. Alba
Daniel Díaz-Rubayo
Marni E. Farahi
Zahra Heidari Zadi
Jinah Kang
Audra R. Kiefer
Kensuke Matsumoto
Juyoung Park
Kaitlyn M. Schiels
Dana Silagi ■



Navigating the Changing Tides: Science, Technology and Personal Connections

2020 MASO Annual Session

September 10 – 13, 2020

**Renaissance Baltimore Harborplace Hotel
Baltimore, Maryland**



MASO BOARD APPROVES NEW STRATEGIC PLAN

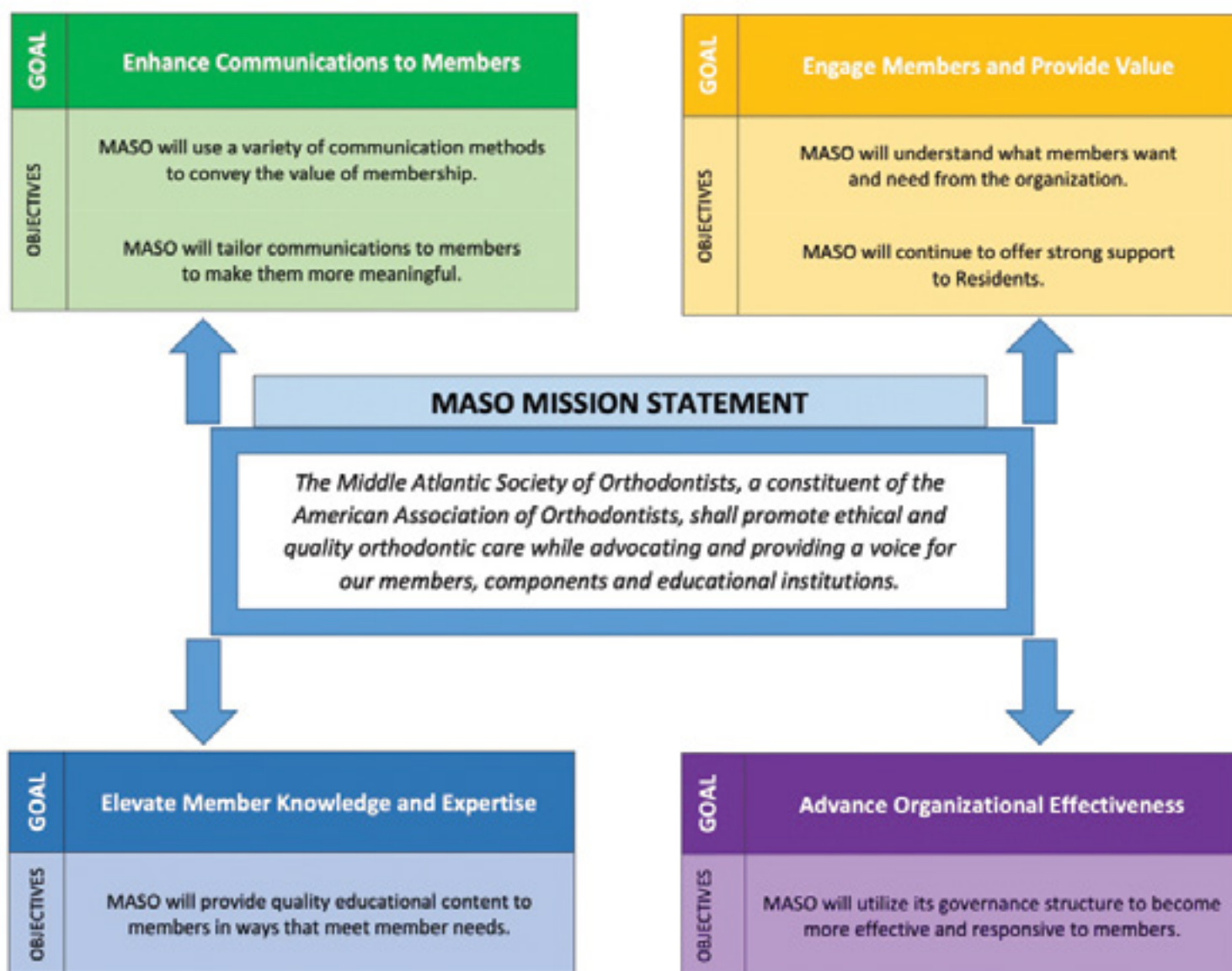
At its January 2020 Board Conference Call, the MASO Board of Directors voted to approve a new Strategic Plan for 2020 – 2023. The plan began with a survey completed by all Board members in the summer 2019 on their perception of MASO's strengths, weaknesses, threats and opportunities. A strategic plan working session then took place in September at the first Board and Delegate meeting of the Annual Session with Kate Brunswick, CEO of Accent on Management, facilitating. The plan took shape in October and was presented to President Ty Saini, then to the entire Board during a conference call in December. The Board voted to approve a new mission statement, seen in the plan below. *(The Mission Statement will be presented at the Annual Membership Meeting in September in Baltimore for official ratification.)*

In January the plan was approved and Champions for each of the goals were assigned. Objectives to accomplish the goals were established in the planning sessions, and will now be reviewed - in some cases modified- and then put into action for implementation by the Champions and their committees.

Reporting on progress made on the Strategic Plan will occur during each Board meeting. More reports will be given to members as the year progresses.

As approved by the MASO Board of Directors, see below for the 2020 – 2023 MASO Strategic Plan. ■

MASO Strategic Plan 2020-2023





TREASURER'S REPORT

Dr. Dave Harmon

hyrax3@aol.com

CURRENT ASSETS AS OF DECEMBER 31, 2019

| | |
|----------------------|---------------------|
| Savings/Cash | \$228,590.86 |
| Reserve Account | 468,557.27 |
| Other Current Assets | 24,494.38 |
| TOTAL ASSETS | \$721,642.51 |

| INCOME | Year-End 2019 | 2020 Budget |
|--|---------------------|---------------------|
| Dues-Active / Reinstatement | \$140,790.28 | \$151,000.00 |
| Newsletter Advertising | 0.00 | 1,900.00 |
| CE Course | 29,730.00 | 30,000.00 |
| Annual Session ('19 Ft. Lauderdale w/GLAO) | 33,311.36 | 0.00 |
| Annual Session ('20 Baltimore) | 0.00 | 23,000.00 |
| OTHER INCOME | | |
| Interest/Dividends | 7,625.59 | 7,500.00 |
| Contribution from Reserves | 0.00 | 0.00 |
| Unrealized gain/loss | 86,531.61 | 42,000.00 |
| TOTAL INCOME | \$297,988.84 | \$255,400.00 |

| EXPENSES | Year-End 2019 | 2020 Budget |
|---------------------------------------|--------------------|--------------------|
| OPERATING EXPENSES | | |
| AAO Dues Billing Fee | \$1,013.00 | \$1,020.00 |
| President Honorarium | 1,000.00 | 1,000.00 |
| President Component Vists | 0.00 | 1,500.00 |
| AS Board Stipend (\$400 ea) | 4,000.00 | |
| Management Fee | 80,000.00 | 81,280.00 |
| Office Supplies | 1,655.66 | 1,400.00 |
| Accounting | 660.00 | 660.00 |
| Subscriptions | 512.24 | 550.00 |
| Stationary & Envelopes | 42.89 | 200.00 |
| Copying | 439.74 | 400.00 |
| Postage/Mailing House | 340.44 | 240.00 |
| Telephone/Fax | 1,388.61 | 2,000.00 |
| Office/File Storage | 360.00 | 360.00 |
| Journal Editor - Honorarium | 2,152.05 | 1,000.00 |
| AS Scholarships | 34,200.00 | 30,000.00 |
| Awards | 2,293.18 | 3,500.00 |
| Website Development | 39.99 | 500.00 |
| Journal Publication/Mailing | 15,817.63 | 16,000.00 |
| BOD - Travel Del-Mar Caucus | 2,935.01 | 3,000.00 |
| BOD - Meals/Room/AV - Del Mar | 3,634.10 | 3,700.00 |
| BOD-AS Bus Mtg (Sep) | 161.10 | 200.00 |
| BOD- AS Bd Mtgs (Sep) | 0.00 | 1,500.00 |
| BOD -Strategic Planning Mtg | 1,344.16 | 4,000.00 |
| Website-maint, network solutns | 815.24 | 500.00 |
| CE Course | 22,497.99 | 23,000.00 |
| CE Board Dinner | 2,636.34 | 2,500.00 |
| Annual Session 2018-Toronto | 0.00 | 0.00 |
| Annual Session 2019-Ft. Lauderdale | 1,366.35 | 0.00 |
| Annual Session 2020-Baltimore | 0.00 | 0.00 |
| NATIONAL ANNUAL MEETING INCOME | | |
| Leadership/Gov Affairs Conf/EL | 522.50 | 85.00 |
| AAO-Caucus Mtg Meals | 0.00 | 0.00 |
| AAO-President Expense/Gift | 0.00 | 0.00 |
| AAO-Del(7) Alt (3)Room & Misc | 15,484.09 | 12,500.00 |
| AAO-Delegates And Alt Airfare | 3,373.95 | 3,000.00 |
| AAO-Exc Dir Attendance | 2,992.63 | 2,900.00 |
| AAOF Contribution | 5,000.00 | 5,000.00 |
| AAO - Travel Expense | 0.00 | 0.00 |
| GORP Program | 6,700.00 | 4,200.00 |
| OTHER EXPENSES | | |
| Credit Card Fee | 928.03 | 900.00 |
| Bank Service Charges | 120.00 | 150.00 |
| Disaster Relief Fund | 0.00 | 0.00 |
| Prior Year Expense | (1,008.96) | 0.00 |
| Miscellaneous | 97.00 | 200.00 |
| Liability Insurance | 1,099.00 | 1,000.00 |
| Audit Expense | 0.00 | 7,400.00 |
| Tax Filing | 1,390.00 | 1,400.00 |
| TOTAL EXPENSES | 218,003.96 | 218,745.00 |
| NET REVENUE/EXPENSE | \$79,984.88 | \$36,655.00 |



EDUCATION/RESEARCH COMMITTEE REPORT

Dr. Padma Mukherjee

pmmukherjee@yahoo.com

KRESS AWARD

Deadline: March 31, 2020

The Committee encourages all 2019-2020 graduates to apply for the 2020 Kress Award which will be granted to the most outstanding research thesis by a graduating resident within MASO's geographical area. The Award will be presented during the MASO Annual Session, September 10-13, 2020 at the Renaissance Baltimore Harborplace Hotel, Baltimore, Maryland. The recipient will receive a \$1,000 check, an Award plaque, complimentary registration to the Annual Session, overnight accommodations at the Renaissance, and a 30-day advance coach airfare reimbursement.

Submissions must be received in the MASO office by March 31, 2020 to be considered for the award. The abstract of the award-winning thesis will be published in the *MASO Journal*.

To qualify, residents are required to submit an application, thesis, and publication manuscripts (in Word or PDF format) by choosing one of the following options:

- Online at: aom.formstack.com/forms/masokress
- By E-mail: maso1@assnoffices.com
- Or you may mail a CD or flash drive to: MASO – Kress Award, 400 W. Wilson Bridge Rd, Ste 120, Worthington, OH 43085. No photos need to be included of the person submitting the application.

GORP SCHOLARSHIP

Deadline: August 31, 2020

A \$100 MASO Scholarship is available for each orthodontic resident attending the 2020 GORP conference. If a program's residents participate in GORP, the department chair or program director should fax the attendee's names (on school letterhead) to (614) 221-1989, or scan and send them to maso@assnoffices.com after the conference. Individual checks will be mailed directly to the school in care of your office for all those received in the MASO office by August 31, 2020.

MASO ANNUAL SESSION

MASO will award a \$600 Robert L. Vanarsdall, Jr. scholarship for registration and travel expenses to the post-graduate chair or program director, plus one full-

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EDUCATION/RESEARCH COMMITTEE

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time faculty member of a MASO area university, all of whom must be AAO members and attend MASO's 2020 Annual Session in Baltimore September 10-13, 2020. In addition, MASO will provide a \$600 scholarship to each MASO resident who is an AAO member from the MASO region. These recipients must attend MASO's 2020 Member/Business Meeting, sign the registration form outside the meeting room, and attend all scientific sessions. Chairs of Program Directors, and full-time faculty, must participate in the scheduled Educations Meeting and the Member/Business Meeting to receive the reimbursement. Checks will be issued following the Annual Session. For 2020, \$30,000 has been budgeted for these scholarships.

All residents must be a Student Member of the AAO, and chairs/faculty must be members of the AAO. We will confirm AAO membership and deny the scholarship to any individual who is not an AAO member. You may contact Ms. Sherry Nappier at snappier@aaortho.org or join the AAO online at aaoinfo.org/join if you are not currently a member.

If there are any questions, please feel free to contact the MASO office at maso@assnoffices.com or call (877)748-6276. ■



NOMINATING COMMITTEE REPORT

Dr. Normand Boucher
nsjboucher@gmail.com

VOLUNTEER TODAY!

Your MASO Nominating Committee will meet via telephone conference call in early 2020 to nominate candidates for the 2020-2021 year.

A final committee report will be submitted to the MASO Board of Directors during their June meeting. If you are interested in participating in your chosen profession's leadership, there's no better time than right now. MASO's committees are: Communications and Publications, Education/Research Government Affairs, and Member Services. Any active member of MASO, who is interested in serving as a Committee member, Board member, or as a Delegate/Alternate Delegate to the AAO House of Delegates, should contact his or her state Component President by March 25, 2020. We strive to have each component represented in MASO's leadership positions. If you have any questions, please contact me at nsjboucher@gmail.com or call me at (610)688-3355. You can also call the MASO office at (866)748-6276 and speak to our Executive Director, Ms. Jane Treiber. MASO is only as strong at its membership and volunteer leaders! Serving on a Committee, as a Delegate, or on our Board of Directors with your peers will be a very rewarding experience! We look forward to hearing from YOU by March 15, 2020. ■

COMPONENT NEWS



Delaware State Society of Orthodontists

Dr. Ali Husain
fstr8nsmile@aol.com

Our annual Delaware State Orthodontic Society meeting was held on October 29th. It was a great opportunity for us to reconnect with our members. We discussed the upcoming changes to our state, including the impact of corporate dental practices, at home orthodontic care, and the tightening job market.

We are excited to host the spring MASO seminar at the Hotel DuPont in Wilmington, Delaware. Drs. Brian Anderson and Chris Teeters will present four years of actionable pearls into a one-day seminar. We expect this event to be well attended. Please register early!

As I end my tenure as DSSO president, I would like to thank the officers and members of the board for their continued support of our wonderful profession. Our new President is Dr. Brienne Flagg (2020-2022) and our Vice President/Treasurer is Dr. Hilda Oweisy.

See you at the spring CE event!

Have a great year! ■



Maryland State Society of Orthodontists

Dr. Lobat Zainali
kafashndar@comcast.net

The MSSO fall meeting was held on Friday, November 8, 2019 at the Columbia Sheraton. **Dr. Ryan**

Tamburrino spoke to approximately 80 MSSO members and local orthodontic residents from the University of Maryland, Washington Hospital Center, and Howard University. Dr. Tamburrino's presentation, "CCO Treatment Design - the easiest 5 minutes or less of your day" was very

well received. **Dr. Robert Williams** was presented the Lifetime Achievement award posthumously to honor his contributions to the profession throughout his life. Dr. Byron Bonebreak reflected on Dr. Williams' life and the award was presented to Mrs. Williams.

Dr. Gordon Groisser, outgoing president, concluded the meeting thanking the fellow board members for their service. The MSSO board is currently organizing the spring meeting, which will be focused on the diagnosis, treatment, and management of TMD. The 2020 board members are **Dr. Anna Muench** (President), **Dr. Brandon Hagan** (President Elect), **Dr. Ejiro Esi** (Treasurer/Secretary), and **Dr. Richa Dutta** (Director). ■



New Jersey Association of Orthodontists

Dr. Christopher Overcash
covercas@comcast.net

The New Jersey Association of Orthodontists held its first lecture of the 2019/2020 CE series on November 22 at the Delta Woodbridge Hotel in Iselin, NJ. Dr. Nick Salome presented the topic of *Clear Aligner*

Therapy Using 3M's New Aligner System during the morning session and representatives from 3M discussed *How to Design and Digitally Treat Using the 3M Software* in the afternoon. A business meeting for board members was held during lunch. The lecture series will continue Wednesday, February 26 at the National Conference Center in East Windsor, NJ where Dr. Rooz Khosravi will present *How Digital Orthodontics Can Change your Daily Practice*. The series will conclude with our annual general meeting for doctors and their staff on Friday, April 24 at the Renaissance Woodbridge Hotel in Iselin, NJ. Dr. Joan Monaco, director of dental benefits at the NJDA, will present *Economics of Dentistry and the Impact of Dental Benefits*.

The NJAO is thrilled to announce that all full-day continuing education lectures are now being provided to NJAO members at no cost, lunch included! Registration is required for all events and fees apply to non-NJAO attendees and staff. Please visit our website, njbraces.org for more details regarding CE opportunities.

The Donated Orthodontic Services program continues to be a success in New Jersey, with 213 patients benefiting since the service was started. Currently, approximately \$1.2 million in services have been provided to patients in New Jersey alone. The NJAO looks forward to continued support of this program within our state. The NJAO will also be encouraging its members to participate in "Give Kids a Smile Day" on February 7.

In other happenings, our next New and Active Members event is being planned for this spring. This year's event will take the form of a job fair, with the goal of providing established doctors and practices within the state an opportunity to commingle with potential associates, partners, etc. Details regarding the event will be provided shortly. ■



Pennsylvania Association of Orthodontists

Dr. Tejj M. Thomas
tejjyt@gmail.com

Happy New Year!

The Pennsylvania Association of Orthodontists (PAO) have welcomed **Dr. Ryan Tamburrino** and **Dr. Dan Fishel** to our PAO board. In 2020,

we are acknowledging many of the advocacy issues the AAO has undertaken and coordinating efforts to be able to address them at a state level.

We are also using this year to bridge the gaps and build closer ties with our Orthodontic residency programs in the state. We do feel that the residents should be exposed to the different levels of our organized groups and be able to attend our meetings as we groom the future leaders of our profession. We have stressed the

importance of this with the various program directors and hope things will move in that direction.

We are excited for '2020 OrthoVISION' our Annual meeting which will be held at the historic 'Liberty View' in downtown Philadelphia on April 17, 2020.

Dr. Antonino Secchi, Dr. Anil Idiculla, Dr. Ryan Tamburino and will be presenting topics ranging from digital workflow, 3D printing, predictable transverse and airway issues and practice management. Registration and details are currently available at paorthodontists.org.

In these changing times, let us keep moving forward with education, collaboration and bringing value to our profession.

Looking forward to seeing you in Philadelphia for 2020 OrthoVision! ■



ALBERT EINSTEIN MEDICAL CENTER

Dr. Vanessa Morenzi

[moreniv@einstein.edu](mailto:morenziv@einstein.edu)

Resident Activities

Our third-year residents, **Drs. Reem Abdulrahman, Catherine Lowry, and Juliana Zoga** are doing very well clinically, while tweaking their research presentations for: Greater New York Dental Meeting 2019, American Cleft Palate Association Annual meeting 2020, AAO 2020, and our institution-based research competitions, as well as prepping for their upcoming Mock Boards evaluations. They are looking forward to their anticipated graduation in late June 2020. Our first-year residents, **Drs. Yee Seul Chun, Michael Kotecki, and Gannon Van Allen** have acclimated well to their clinical and academic studies and have presented their research proposals to the faculty leadership. As soon-to-be second year residents, they are ready to welcome those resident applicants who have matched to enter our program on June 25, 2020. Out of 183 applicants, of whom 18 were interviewed, the following individuals will soon join us. They are:

- **Mr. Mordechai Fried** completed his BS and MS in engineering from the University of Pennsylvania prior to entering dental school at the University of Pennsylvania. Mordechai anticipates graduation in May 2019.
- **Mr. Justin Middleberg** completed his Bachelor of Science in Biology degree from the Pennsylvania State University. Justin is completing his dental education from the Temple University Kornberg School of Dentistry in May 2019.
- **Dr. Madeline Pitz** is a graduate of St. John's University. She received her DDS and certificate in Public Health from the New York University College of Dentistry. Madeline is currently a general practice resident at Montefiore Medical Center in New York.

I thank **Drs. Alan Borislow, Peter Greco, Mark McDonough, Michael Roth, Courtney Rubin, and Justin Silvestre**, and all members of our faculty, our residents, and selection committee, for their efforts and participation in a successful application-interview-match outcome. The revamped interview and selection process

presented the program to the interviewees, and as a result, incoming residents will enter with a strong idea and understanding of our program's tradition of excellence. We thank each of our volunteer and part-time faculty for their invaluable support and dedication to our program and for the education of our residents. Without the valued commitment of the part-time faculty, it would be almost impossible to provide a quality educational experience. Program leadership is indebted to the many community-based clinicians who give of their time to teach and mentor our residents.

Faculty Activities

We are very pleased that **Dr. Adam Weiss** has joined our volunteer faculty this academic year. In addition to his clinical teaching, he is also a faculty participant in our bimonthly Case Conference. Dr. Weiss graduated from Franklin and Marshall College where he earned a Bachelor of Arts degree in Physics. Dr. Weiss went on to receive his Doctor of Dental Medicine degree from Temple University School of Dentistry. Upon graduation, Dr. Weiss attended the University of Medicine and Dentistry of New Jersey for his residency training in Orthodontics. Dr. Weiss has been in private practice for close to 30 years, with offices in Collegeville and Havertown, PA.

We are pleased to welcome **Dr. Chirag Patel** back to the Department as a volunteer faculty member. Dr. Patel is a graduate of the Kornberg School of Dentistry at Temple University. He then completed his General Practice Residency at Einstein and practiced general dentistry for several years before returning to Einstein for his orthodontic residency. In addition to his clinical teaching, Dr. Patel presents a seminar on Forced Eruption to Facilitate Restorative Dentistry to our General Practice Residents. Dr. Patel has a private practice in Warrington Township, Bucks County, PA.

Dr. Matthew Etter recently completed his term as President of the Greater Philadelphia Society of Orthodontists (GPSO). The incoming GPSO President, **Dr. Paul Adams**, will serve on the Board of Directors with fellow Einstein faculty members **Drs. Steven Cohen, Mark McDonough, and Matthew Etter**.

All are welcome to come and visit us at Einstein Ortho. We are proud of our legacy and the residents that we are educating today who will become tomorrow's clinical and professional leaders. ■

GRADUATE PROGRAM REPORTS



HOWARD UNIVERSITY

Dr. Kathy L. Marshall

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While our graduates uphold the mission of our institution: to provide opportunities for exemplary education, service, and research that promotes patient-centered, collaborative care and advocacy for the elimination of health care disparities, the current residents prepare for ABO Board examinations and attend our local MSSO conferences. The residents took part in a three-residency program web conference by our ABO Director for MASO, **Dr. Roberto Hernandez-Orsini**. Regional private practitioners were also invited to attend the event, which reviewed the new ABO Examination format and garnered enthusiasm for achieving board certification. Additionally, our second-year residents were excited about their experiences at GORP and in the Tweed program.

The Program matched all slots for July 2020, with exceptional applicants from Washington, DC, Maryland, Virginia, Michigan, North Carolina, and Florida.

Faculty was expanded to include **Dr. Brandon Hagan** from Kentucky and **Dr. Patrick Larosiliere** from Maryland. We thank **Dr. Vivian Rejebian** for her dedicated service for almost a decade and wish her great success in her new venture.

RESIDENT ACHIEVEMENTS:

Congratulations to our awarded graduates **Dr. Angelique Teasley**, for her dedication as Chief Resident and high academic honors; **Dr. Katrina Foster**, for earning the Orthodontic Research Award; and **Dr. Laura St. Bernard**, for the Dr. Jerry Thomas Biomechanics Award.

Finally, we would like to thank the Howard University Orthodontic Alumni Association for its donations this past year, including renovations in our conference room, special supplies for the clinics, and resident assistance with meetings and special functions.

Wishing a blessed year to all! ■



RUTGERS SCHOOL OF DENTAL MEDICINE

Dr. Thomas Cangialosi

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I am pleased to announce that the following students have matched with our program for the next class, which will begin on July 1, 2020:

Dr. Yasmeen Abboud from Rutgers School of Dental Medicine, **Dr. Benjamin Anders** from the University of North Carolina-Chapel Hill, **Dr. William Buchbinder** from the University of Pennsylvania, **Dr. Suhina Kapoor** from Boston University and **Dr. Brandon Smith** from Rutgers School of Dental Medicine. We look forward to having them join our program.

Assistant Professor, **Dr. Wei Huang**, has been awarded an AAO Foundation grant in support of her research into bone

mechanotransduction and enhancement of tooth movement. **Dr. Anil Ardeschna**, our Postgraduate Program Director, continues his service on the Council on Orthodontic Education and as a site visit consultant for CODA. We are proud of his excellent work on both of these endeavors. Our second year residents are busily preparing for the ABO written exam, while the third-year group is working to put the finishing touches on their thesis and their thesis defense. All are planning to take the ABO Scenario-Based Clinical Exam in the coming year to become Board Certified.

The Department is planning a major Orthodontic Symposium with a number of World Class speakers in early June. Look for announcements coming soon. We also look forward to meeting many of our alumni and friends at our Department Reception at the AAO Meeting in Atlanta. ■



TEMPLE UNIVERSITY

Dr. Jeffrey H. Godel

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Happy New Year from Temple University Kornberg School of Dentistry Department of Orthodontics. We are very excited about our astounding achievements during these

last months. The Class of 2019 held their graduation at the Pyramid Club this past August. They were honored

to have **Dr. Katherine Vig** speak at this amazing event. The residents have all successfully spread their wings and left the nest. We look forward to seeing their contributions back to orthodontic profession, and their communities. They were: **Steven Britton, Andrea Campoli, Holly Gray, Jennifer Mirman, Michelle Schrader** and **Nicholas Terrana**.

Meanwhile, the Class of 2020 is eagerly working to complete their MS degree and their patients in

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TEMPLE UNIVERSITY

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anticipation of their graduation in August 2020. These young professionals are looking forward to their future as orthodontists and to carry on our wonderful profession. They are: **Fred Arino**, **David Carpinello**, **Allison Clark**, **Alex Rosner**, **Noor Tarazi** and **Brandon Zipper**.

In addition, our residency program received well over 200 applications this year. We invited 42 candidates for an interview and matched 6 great residents: **Ashtyn Goodreau** and **Ashima Sharma** from Temple, **Avigael R. Lerman** and **Justyn Park** from UCSF, **Michael Karp** from NSU and **Sara Zadmehr** from UCLA. In addition, **Caroline Terry** who is also Temple Made will participate in our one-year internship. We are extremely thrilled of our success and looking forward to the arrival of Class of 2022 next year.

Temple Orthodontics continues to have a presence in orthodontic research. Five senior residents will be representing Temple Orthodontics at the 2020 AADR meeting in Fort Washington, DC. Each will be presenting their original research at the meeting. We thank each faculty member who has dedicated their time and efforts into working with the residents on their research studies. The following are the resident's names and their research titles:

Fred Arino, *Efficacy of SureSmile® Archwires in Implementing Predicted Clinical Outcomes*

David Carpinello, *Prevalence and Patient Self-Awareness of Malocclusions in African Americans*

Alex Rosner, *Assessing Reliability of Salzmann Index Scoring Amongst Orthodontists in Pennsylvania*

Noor Tarazi, *Pre-Doctoral Orthodontic Online Learning Effects on Clinical Decision Making*

Brandon Zipper, *Contemporary Dimensional Analysis of Dentitions using Intraoral Scans*

Furthermore, we continued with our focus on innovation and technology. The Podray Clinic has two 3-D Printers and five digital intraoral scanners, with two more on the way. We take special pride in our strong clinical focus and advanced technology. Our residents are excited and looking forward to their continued engagement into digital orthodontics.

Finally, our department would like to express our appreciation to the outstanding group of adjunct faculty and alumni who have helped make this year possible. Their continued enthusiasm and dedication to participate in the education of our residents and success of our program is remarkable.

We hope to see you during the 2020 AAO Annual Meeting again this year. We will be hosting our Alumni Reception on Saturday, May 2, 2020 at the Atlanta Marriott Marquis in Atlanta, GA. ■



UNIVERSITY OF MARYLAND

Dr. Jose Bosio

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Hello from University of Maryland School of Dentistry (UMSOD)!

What a phenomenal 2019 University of Maryland had. **Drs. Akinwale Akinwande**, **Eric Kim**, **Surya Joseph**, and **Lauren Wiese** graduated in June, and we received the following new residents in July: **Drs. Kelsea Ashton** (Southern Illinois University), **Syed (Rassal) Hussain** (Tufts University), **Elise Tigani** (UMSOD), and **Matthew Vumback** (Boston University). We also received four new students to attend the Advance Orthodontic Program for Internationally Trained Dentists: **Drs. Abrar Bakhsh**, **Maha Asiri**, and **Farah Aldawood** (from Saudi Arabia), and **Dr. Tin Kiaw Latt** (from Myanmar).

The first-year residents, along with a few 2nd years, had the opportunity to attend the GORP meeting in St. Louis, and most of the residents attended the combined MASO/GLAO meeting in Fort Lauderdale, FL in September. Residents also attended the MSSO meeting in Columbia, MD in October.

Our program received a visit and lectures from Sean J. Murphy, AAO lawyer. Residents from MedStar and Howard University visited our school to attend this lecture sponsored by AAO. **Dr. Roberto Hernandez-Orsini**, ABO Director, visited UMSOD in November, and we hosted the first ever ABO WEBEX online meeting along with residents from MedStar and Howard University. Residents from those programs were happy to not face the traffic in the Washington, DC area. The meeting innovation opened online opportunities for future cooperation among different institutions. We also had a visiting lecturer, **Dr. Antonio Cecchi**, in November.

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UNIVERSITY OF MARYLAND

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Our part-time faculty were also active. **Dr. Tarun “Ty” Saini** was inducted as MASO President, and joined our faculty roster in September, and along with **Drs. Jeff Jarvis, Ed Morris, Paul Thomopoulos, and Ignacio Blasi** form a great group of new minds at UMSOD. In September, we hosted the first ever online WEBEX faculty meeting, which was well-attended. And

the recently generous donation of a JUEL 3-D printer and resin donations by **Drs. David Harmon, Steve Siegel, Frederic Pries** and **Byron Bonebreak** will help to enhance our residents’ knowledge of digital flow and fabrication of in-house clear aligners. We are very excited about the new technology.

To all MASO region colleagues, we wish you a wonderful 2020. ■



UNIVERSITY OF PENNSYLVANIA

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Our comprehensive clinic and didactic Orientation Program began on July 8th, 2019, as we welcomed our incoming Class of 2021: **Dr. Emily Funk, Dr. Leanne Lin, Dr. Justin Orr, Dr. Mohamad Osman, Dr. Abby Syverson** and **Dr. Joyce Yin** (26-month Certificate Program); **Dr. Grace Lee**, (3-yr. MSOB program), **Dr. Puttipong Sripinun**, (5-yr. DScD program) and **Dr. Joseph Formosa**, (2nd year Perio-Ortho combined program).

Our residents participated in the 31st Annual Graduate Orthodontic Residents Program (GORP), which took place July 25-28, in St. Louis, MO.

Orthodontic residents attended the 2019 - GLAO/MASO meeting – September 12-15, 2019 at the Fort Lauderdale Marriott, Fort Lauderdale, Florida. During the meeting, the 2019 William S. Kress Research Award was granted to the most Outstanding Research Thesis by a graduate resident within MASO’s geographical area. Penn Ortho’s resident **Dr. Samaneh Mojarad**, Class of 2018, was the recipient of the award for her research project *Effect of Expansive Force on Mesenchymal Stem Cells Isolated from the Mid-Palatal Suture of Mice*, which she presented during the meeting. The Kress Award consists of a plaque, a \$1,000 check, complimentary registration to the Annual Session, and three nights’ complimentary hotel accommodations at the Marriott Resort Fort Lauderdale Harbor Beach.

The 66th Annual Alumni Meeting of the Department of Orthodontics of the University of Pennsylvania was held on Friday, October 18, 2019. Our Alumni President, Dr. Daniel Chen, Class of 2005, presided. The J. Henry O’Hern Jr. Alumni Day presentation was delivered by speakers Dr. Ute Schneider-Moser and Dr. Lorenz Moser of

Bari, Italy presenting their topic: Uncommon Solutions in Adolescents and Complex Interdisciplinary Treatments in Adult Patients.

During this meeting, **Dr. Peter M. Greco** was presented with an award in recognition of his outstanding dedication and support of the Penn Orthodontic Alumni.

The Penn Dental Postdoctoral Orthodontic Class 2022 was selected through the National Match Program and we are looking forward to welcoming our new residents this summer to the 26-month program which will run early July 2020 through late August 2022.

26-month Certificate, Class of 2022

- **Nicholas Batastini**, Temple University, 2020
- **Stephanie Chen**, University of Pennsylvania, 2020
- **Marie-Elena Cronin**, University of Pennsylvania, 2020
- **Olivia Griswold**, Columbia University, 2020
- **Jingyi Wang**, University of Pennsylvania, 2020
- **Erica Weinberg**, University of Pennsylvania, 2020

3-year Certificate/Masters Residents, Class of 2023

- **Jia Hong Lin**, National Taiwan University, 2017

5-year DScD/Certificate Program, Class of 2024

- **Wenjing Yu**, West China School of Stomatology, 2012

Perio/Ortho Resident, Class of 2024

- **Min Yang**, UCLA, 2019

If you are planning to attend the AAO 2020 Annual Session May 1-4, 2020 in Atlanta, Georgia, we hope you will consider stopping by to visit with old friends and future alumni as we participate in the AAO Alumni Reception – Saturday, May 2 from 5:30 to 7:30PM at the Atlanta Marriott Marquis. (Information on location forthcoming.)

We would be honored to have you visit with us at UPENN! ■



UNIVERSITY OF PUERTO RICO

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The first semester of our 2019-2020 academic year has been exciting, productive, and busy. During the past summer, our second-year residents, **Drs. Eric Torres** and **Ambar Mier**, traveled to Tucson, Arizona to participate in The Tweed Foundation Course. **Drs. Paula Ortiz, Carina Perez-Cisneros, Antonia Alfonso, and Ambar Mier** took part in The American Orthodontics Summit. Last August, all residents lectured on: "Different Innovations in Orthodontics Technology" to our local orthodontic society (SEO-PR) assistant personnel and staff. In September, the residents attended the MASO Annual Meeting in Fort Lauderdale, Florida. Mid-semester, **Drs. Angelica Herrera, Antonia Alfonso, Eric Torres, Ambar Mier, Paula Ortiz, and Carina Perez-Cisneros** offered an outstanding Grand Round about Early Treatment and Mixed Dentition. I am pleased to inform all that **Dr. Natalia Llaurador** and **Dr. Cristina Cushmam** will be our new residents for the next academic year. Finally, I

wish to congratulate and recognize **Dr. Paula Ortiz** for her commitment as chief resident this semester, and also welcome our new chief resident for the second semester, **Dr. Carina Perez-Cisneros**.

The research projects in the Post-Graduate Orthodontic Program, University of Puerto Rico are the following :

Dr. Ambar Mier, *Association of Body Mass Index with Skeletal Maxillo-Mandibular Antero-Posterior Classification.*

Dr. Carina Perez-Cisneros, *Comparison of the Effect of Corticotomy and Micro-osteo Perforations on Patients with Extractions of Maxillary First Premolars-A Split Mouth Design Randomized Clinical Trial.*

Dr. Paula Ortiz, *Predicted versus Actual Invisalign Orthodontic Treatment Time: A Stage Determine Retrospective Study.*

Dr. Eric Torres, *Gingival Cleft Formation after Corticotomy and Micro-osteo Perforations on Patients With Extraction of Maxillary First Premolars. ■*

MASO 2020 SPRING CE EVENT

Plan to Attend

March 13, 2020 • 8:30AM – 4:00PM

Hotel DuPont • 11th & Market Streets • Wilmington, DE - 19801

Program: "Orthodontic Pearls to Improve Your Clinic, Business, and Life"

UPCOMING EVENTS



MARCH 13, 2020
MASO Spring CE Meeting
HOTEL DU PONT • WILMINGTON, DE



MAY 1-4, 2020
AAO Annual Session
ATLANTA, GA



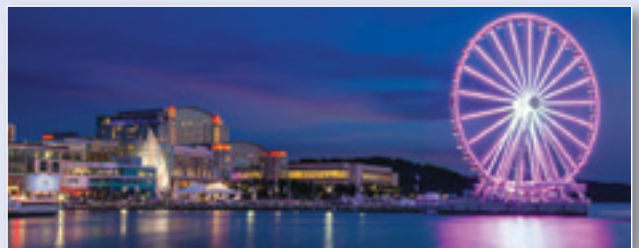
September 10-13, 2020
MASO Annual Session
RENAISSANCE HARBORPLACE HOTEL • BALTIMORE, MD



November 4-7, 2021
MASO Annual Session
WYNDHAM GRAND RIO MAR • PUERTO RICO



September 22-24, 2022
MASO /NESO Annual Session
MARRIOTT PHILADELPHIA • PHILADELPHIA, PA



November 9-12, 2-23
MASO Annual Session
TBD

Dr. Normand Boucher, Editor

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