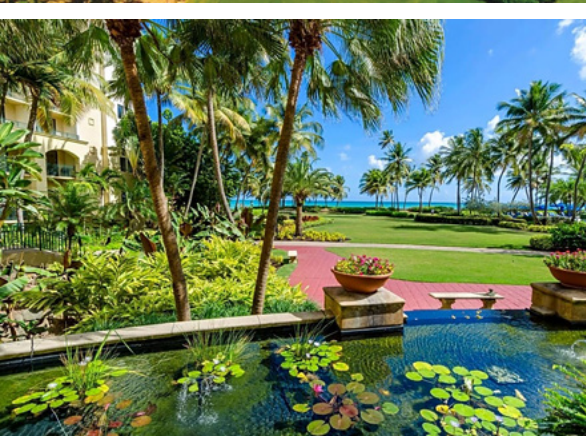


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Autumn 2021

MASO Journal

Middle Atlantic Society of Orthodontists





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2021 MASO Annual Session

November 4-7, 2021

**Wyndham Grand Rio Mar Puerto Rico
Golf & Beach Resort**

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MASO Journal

Middle Atlantic Society of Orthodontists

Autumn 2021

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RIO GRANDE, PUERTO RICO

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E-mail is preferred for receipt of items submitted for publication in the MASO Journal. Articles and photos may be e-mailed directly to Dr. Normand Boucher at nsjboucher@gmail.com. If an item must be mailed, send it to Dr. Boucher at 333 W Lancaster Ave., Wayne, PA 19087-3904 or contact him by phone at 610.688.3355.

The Journal is published two times a year, Spring and Autumn. Reports, articles and ads are due June 15 and December 15. The opinions expressed in the Journal are those of the authors and do not necessarily reflect those of the Association, nor does the presence of an advertisement imply endorsement by the Association.

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. Francis Picon • francis.picon1@upr.edu

Hello everyone! As I set eyes on the beautiful shoreline of the north coast of Puerto Rico, I wonder how much things have changed throughout these times of the COVID-19 Pandemic?

Change is inevitable in MASO. Since March of 2020, many things in our lives have changed. The way we conduct business, our gatherings, and our social lives is no longer the same. At times it is uncomfortable to see things changing all around us, but it is the only constant in life. Rather than be fearful, we need to embrace difficult times and turn them into a learning experience. This is our time to collectively rise up and move forward... at MASO we are up to the challenge!

John F. Kennedy once said, "change is the law of life, and those who look only to the past or present are certain to miss the future." We have clearly recognized that our journey through the *Pandemic* changed our future and

continues to do so. Therefore, I encourage each of you to choose courage over comfort, chose your journey, and grow along the way.

Fortunately, today in the USA more than 50% of the population is fully vaccinated for the COVID-19 Virus and new confirmed infected cases have diminished significantly. By the same token, Americans are reporting a range of positive upsides to the pandemic onset, including increased family time, work flexibility and a calmer pace of life – there is always a brighter side.

In 2021, I challenge all to change your mindset. We know how to adapt. Together we will transition from our past to a hopeful and enlightened future. Do not wait for change to come – BE THE CHANGE! So, let's cheer up and get ready for this year's Annual Session from November 4-7 in the *Shining Star of the Caribbean – Puerto Rico*. It is a "must go to enjoy", flip-flops meeting and remember... NO PASSPORT IS REQUIRED! ■



TRUSTEE'S REPORT

Dr. Steven Siegel • ssiegel@aaortho.org

As summer approaches, most orthodontists are fully vaccinated, more and more Americans have received the vaccine, and COVID infection rates are at their lowest level in a year. People are once again traveling; businesses are rebounding and the demand for orthodontic services appears robust. There is much to be thankful for and the future looks bright.

This past year has been quite challenging for us, as orthodontists and as Americans. I eagerly await the resumption of in person orthodontic meetings at the national, regional, and local levels and look forward to once again seeing you, my friends, and colleagues.

I have outlined below some recent Board actions and activities of the AAO.

AAO Annual Session

In May the State of Hawaii informed the AAO that a significant amount of space inside the Hawaii Convention Center would not be available through the end of 2022. We know that many of our members and their teams were looking forward to the trip to Hawaii but we felt that Honolulu would be unable to deliver the experience that our attendees expect under these restrictions.

AAO Leadership had to make the difficult decision to relocate the AAO Annual Session from Hawaii to a venue that could accommodate our doctors, staff, families, and vendors. AAO Annual Sessions are planned five to ten years in advance, so moving the meeting on relatively short notice is no easy task. AAO staff worked tirelessly and were able to secure an excellent new location in Miami Beach that meets our requirements.

AAO President Dr. Ken Dillehay reported in June that "**Miami Beach has rolled out the red carpet** and stands ready to greet AAO members May 21-24, 2022. With a rich history, a culture of hospitality, and beautiful white sandy beaches, Miami Beach is sure to deliver an extraordinary meeting experience."

COGA/AAOPAC Task Force

The Board of Trustees passed a motion directing that the president, in consultation with the president elect, form a task force to review COGA and AAOPAC from a cost-to-benefit perspective. The Task Force is to recommend to the Board any changes deemed necessary to most effectively address our advocacy needs. I have been appointed to this Task Force.

CONTINUED ON PAGE 3

TRUSTEE'S REPORT

CONTINUED FROM PAGE 2

AAO advocacy has evolved to focus heavily on state advocacy and federal regulatory issues. Our current COGA and AAOPAC efforts focus most heavily on federal legislative initiatives. Though these issues are important, they parallel efforts by the ADA with little unique AAO perspective.

The AAO needs to develop a plan for advocacy oversight that would allow the Association to respond to current environmental factors, prioritize areas of focus, and identify a sustainable and vibrant path forward at the state and federal regulatory levels.

Conflict of Interest Policy

The Board approved a motion that a Conflict of Interest Task Force be created to review processes and procedures.

Review would include the conflict of interest process, who has access to the information, a definition of COI, Constituent and Component vetting options, who should complete the COI disclosure, and current and future policy for actions when conflicts of interest arise.

Policy on conflict of interest will be added to Council and Committee and new Delegate orientation presentations.

Strategic Planning

The AAO Strategic Plan is being reviewed and reassessed this year. I have been serving on the Strategic Plan Steering Committee. A presentation was given by Mr. Jay Younger and Mr. Daniel Grainger of McKinley Advisors, Inc during the April BOT meeting, sharing their timeline and expectations in revising of the AAO Strategic Plan. McKinley Advisors Inc. who served as our consulting firm and facilitated the last strategic planning process, is again working with the AAO.

The next step is to convene four focus groups consisting of Young Professionals, Private Practitioners, OSO/DSO members and Underrepresented Groups.

TechSelect and The Wharton Business Program

AAO TechSelect is a comprehensive, unbiased resource for in-house fabrication of aligners. Through this program, members can learn about the process, research products, and save money by locking in the best prices from trusted partners.

AAO TechSelect is the first of many programs from the AAO's Innovation & Transformation Fund established by the 2019 House of Delegates. For more information, visit: <https://techselect.aaoinfo.org/>.

The Wharton Business Program (Private Practice Accelerator) is scheduled to debut this summer. The BOT passed a motion that the AAO allocate funds from the Innovation & Transformation Fund to develop the Private Practice Accelerator in partnership with the Wharton Business School.

Most AAO members do not receive formal business training. The AAO Practice Accelerator was conceptualized to provide the training, motivation, and support to help practice owners grow revenue and reduce cost to improve practice profitability. It is envisioned that the course will be an Asynchronous-Self Guided program that and can be completed on a mobile device, tablet, or computer. It will be 8 weeks in length and require no more than 3 hours of weekly study.

Match Program Task Force

The BOT approved a motion from the National Match Services Task Force that Match Program Sanctions be adopted by the AAO National Match Service Sponsoring Organization (the Council on Orthodontic Education) for the purpose of evaluating potential program violations in accordance with the AAO's contract with the National Match Service.

Inclusion & Engagement Task Force Update

Dr. David Harmon, as chair of the Sub-Committee for Resident Engagement, has been developing a Toolkit which may be used by Constituents and Components. **MASO's Drs. Sana Augustus** and **Monica Schneider** are serving on this sub-committee. A member survey is being developed to gauge member's perception of issues of inclusion, engagement, and diversity within our association. Data is being compiled to help elucidate the demographics of our members and leaders of underrepresented groups and minorities. A website page has been developed. I will continue to serve as the Trustee liaison to this Task Force.

Consumer Tracking Study

The BOT adopted a motion that the AAO commission an orthodontic landscape consumer tracking study. The study will provide data to support future strategic planning. The results will be presented at the November BOT meeting. This initial study will be funded out of excess liquid reserves with future studies funded from the operations budget.

Future AAO Meetings

AAO Virtual Annual Session June 25-27, 2021

AAO Leadership Development Conference (LDC), January 27, 2022, Orlando, Florida. *(I will be serving as the chairman of the LDC Planning Committee.)*

AAO Winter Meeting, January 28-30, 2022, Orlando, Florida

AAO Annual Session, May 21-24, 2022, Miami Beach, Florida

Thank you for the opportunity to serve as your AAO Trustee. As always, I encourage you to contact me should you have any questions, concerns, or suggestions. ■



EDITORIAL

Dr. Normand Boucher

nsjboucher@gmail.com

“A Call to All Components”

The MASO Board recently decided to invite (with a subsidy) the MASO component Presidents to the board meeting at our upcoming annual session in Puerto Rico. In part, this decision was based on the developing consensus that the flow of information and expertise from the AAO to the constituents does not trickle down as well as it might to our components.

The MASO Board meeting will be an opportunity for the component leaders to meet our Trustee and Directors to develop a better understanding of critical issues that can be addressed at the state level.

The importance of advocacy at state legislatures has become abundantly clear over the last few years. The decision of the AAO to commit to a one million dollar legal defense fund for components willing to challenge the legality of direct to consumer orthodontic services speaks to the significance of component contributions to the future of our specialty.

There are many examples of the important role of our components; for instance, the need for strong leadership at the state level was clear when considering the response of state dental societies to the mix of mandates from Governors during the COVID19 crisis. On a different front, in spite of at least a decade of the multimillion dollar annual investment by the AAO to develop the tremendous content by the Council on Communications promoting our orthodontic specialty, there is little evidence that MASO components have taken advantage of this resource to magnify the powerful messages at the local level. These professionally developed products are available for customized use for

every component but are ignored by some and used very effectively by others.

The Leadership Conference was created to groom component leaders as they progress from service to their respective components, to contributions to their constituencies, and eventually to be of service at the national level as delegates, on councils, and for a select few to serve on the AAO Board of Trustees.

At this point, it seems that additional strategies are in order since there many critical issues requiring strong, seasoned leadership that can only be addressed at the state level. The following anecdote illustrates this point. As I served as a director on the PAO board, the presence of Dr Ron Gross, former president of the AAO as a welcomed guest to our Board meetings was invaluable as he gently provided substantive advice related to many issues on our agenda. We repeatedly and instinctively sought his council. Is it time to consider a mechanism where the volunteer freshmen on Component Boards are balanced with the incoming “seasoned veterans”? In the same way that we have always had the MASO Trustee at our board meetings to provide an update of the work by the AAO board, it might be time for MASO board members to reach out to components for the opportunity to attend their board meeting with the obligation of communicating the work of our constituency and when requested, to provide support for their initiatives.

In closing, we look forward to the presence of the component presidents to meet the challenge of effectively serving their members. ■

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.

A Letter to the Editor

A teenage orthodontic patient's viewpoint that was published in the *Town Crier* was included under MASO Business in the Journal, Spring 2021 edition. Her concerns were not about school, not about her orthodontic treatment, but about the recent global climate strikes from September 2020 and opinions their importance. Kudos to the patient on getting her message published in the *Town Crier*, as she exercises her first amendment rights. But I disagree with including this commentary, and its political messaging, in the MASO Journal under MASO Business.

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

The Editor and the Board do not own MASO: Are political statements promoted by MASO in violation of its 501-c6 status? I only ask to better understand and support the stated Mission Statement.

The MASO Journal includes semi-annual reports from the leadership, research abstracts, and reports from regions and graduate programs. Orthodontic treatment is scientifically based therapy. Innovations in treatment and education occur with research, scientific design, treatment implementation and review. Orthodontists and patients did not say "the government is not doing enough to improve orthodontic treatment."

The patient's anxiety and climate change is evident. The impression is "we're not being listened to" and "if you listened you would be convinced." I read her commentary, and listened. I feel for her and those "Young people who want to see a greener community." Unfortunately, her ideas are not well-informed, and are irrational. They appear to be based on exaggerated exaggerations made by reporters and repeated over and over. See "The Uninhabitable Earth", see "Extinction Rebellion" for samples.

As an orthodontist, not an environmental scientist, I've spent the better part of my career listening to my patients to achieve better outcomes and I enjoyed it immensely. I was fortunate enough to speak with David Stevenson, Director Center for Energy and Environment of the Caesar Rodney Institute, and read Michael Shellenberger's book "Apocalypse Never." He is also Time Magazine's "Hero of the Environment" and Green Book Award winner.

Do any of the following facts sound like the end of the world to you?

- The planet is greening- plants grow faster as a result of higher carbon dioxide.
- 92% fewer people have died from natural disasters since the 1920's (5.4 million) vs 0.4 million the 2010's with a quadrupling of the population.
- Sea level rise estimates- if predictions are correct-are so slow it gives local communities time to adapt. See Lewes, DE, see the Netherlands and their successes
- We produce enough food to feed 10 billion people. With more innovation we'll produce more despite climate change. Innovate with technology and infrastructure and we'll be able to support this population and more.
- In Delaware, our Green policies are adding about \$150 a year to electric bill- some people cannot afford to pay both their electric bills and buy food and medicine. These Green policies are hurting poor people more. There are better approaches than this.

I challenge the patient, and her peers, to read Michael Shellenberger's book, and read David Stevenson at www.caesarrodney.org to broaden her understanding of this topic. In doing so, I hope it will help her, and her peers, sleep a little better at night.

Sincerely,

Dr. Stephanie Steckel

Dear Stephanie,

Thank you for your comments regarding the sustainability column in the recent Spring edition of the MASO Journal. Sustainability issues are part of contemporary business reality, and as such, promoting good business practices supports the MASO mission of promoting ethical and quality orthodontic care.

A MASO Task Force on Sustainability has been charged with developing recommendations that can best serve our members with their business decisions related to this issue.

Sincerely,

Dr. Normand Boucher

Chair, Communications Committee

Editor, *MASO Journal* ■

AWARDS

WILLIAM S. KRESS RESIDENT RESEARCH AWARD Dr. Nishat Shahabuddin



MASO is pleased to announce that **Dr. Nishat Shahabuddin**, of the University of Pennsylvania Department of Orthodontics, is the 2021 winner of the William S. Kress Resident Research Award. The MASO Education and Research Committee selected her thesis, entitled *Predictability of*

Clear Aligner Treatment in Deep Bite Cases as the most outstanding paper.

Dr. Shahabuddin will receive a \$1,000 prize and her expenses will be paid by MASO to the 2021 MASO Annual Session in Puerto Rico in November.

Congratulations to Dr. Shahabuddin! ■

MEETINGS



MASO Annual Session **November 4 – 7, 2021** **Wyndham Grand Rio Mar Golf and Beach Resort Puerto Rico**

MASO's Annual Session Presents “Technology To Achieve Desired Results”

Join us in enchanted Puerto Rico from November 4 – 7 at the 2021 MASO Annual Session at the Wyndham Grand Rio Mar Golf and Beach Resort. Compete in the **MASO Golf Outing** on Thursday afternoon at the Wyndham's championship Ocean Course before buckling down for three mornings of outstanding speakers on the industry's most talked about topics on Friday, Saturday and Sunday.

Have breakfast and lunch with exhibitors, then enjoy tours and excursions around San Juan, the Yunque Rainforest and the Caribbean Sea on Friday. Return to the hotel for the **Welcome Reception** that evening, **sponsored by Park Dental Research**. Start Saturday off with a **Fun Run/Walk** around the resort and along the beach before the MASO Annual Business Meeting.

Following more doctor and staff courses on Saturday, join the exhibitors and the fun at a **Fun in the Sun Party** at the Seabreeze Terrace and Tent Pavillion (around the lagoon-style swimming pool), which will feature live entertainment, games, lots of food, beach cabana parties with sponsors, and MASO exhibitors and local artisans. Flip-flops required.

That evening you are free to explore the resort's two-mile stretch of golden beach, its restaurants and casino, or sign up now for the *Bio Bay Kayaking Tour*, which takes place at dusk. You will experience excellent conditions with a five percent crescent moon that evening!

Sunday brings two combined doctor/staff sessions with Dr. Jerry Teplitz, speaker extraordinaire, more time with MASO exhibitors, then dismissal at noon to either return home or stay on for a few more days of enchantment!

Flip-flops and casual resort attire required for a most relaxing Annual Session!



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MEETINGS - MASO Annual Session

CONTINUED FROM PAGE 6

Bring your family; bring your staff! There are so many good reasons to attend...

Reason #1

The Wyndham Grand Rio Mar Golf and Beach Resort

Brimming with natural beauty and endless opportunities for adventure, the east coast of Puerto Rico, where the Wyndham is located, is a thrilling destination with something exciting for everyone. Discover historic sites, enchanting rainforests, stunning beaches, inspiring architecture, world-class shopping, and incredible guided tours.

The MASO rate is a very favorable \$199/night, plus taxes, plus a daily resort fee and a daily housekeeping gratuity. This room rate is good for three days prior to and after the MASO meeting. The deadline for reservations is **October 5**, or until the room block is full. Visit the MASO website at www.MASO.org, under room reservations for a direct link to the personalized site for MASO.

Reason #2

Our program line-up!

Friday, November 4, 2021

Doctor Sessions: Dr. Dan Bills on *Is Virtual Our New Reality? Efficient and Effective Virtual Visits in the Orthodontic Office*; and Dr. Regina Blevins on *Maximizing Success Treating Growing Patients with Invisalign Clear Aligners: Practice Growth and Scale and Keys to Successful Treatment Outcomes*

Staff Sessions: Ms. Cathy Jugovic, Yessi Rodriguez and Angie Menendez on *Proper Scripting when Talking Finances/Financial Options and Understanding How The Office Team Needs To Be The Doctor's Second Pair of Eyes (sessions in both English and Spanish)*

Saturday, November 5, 2021

Doctor Sessions: Dr. Brandon Owen on *Digital Custom Braces: Unlocking The Digital Workflow For More Than Just Aligner Patients*; and Drs. Mehdi Peikar and Negaar Sagafi on *Brius: The Orthodontic System Combining Advantages of Aligners and Braces*

Staff Sessions: Mr. Paul Gange Jr. on *Buckle Up For a Crash Course in Bonding*; and Chantel Dufor and Ashley Rondeau on *An Orthodontist's Secret Weapon: The Digital Assistant*

Sunday, November 6, 2021

Doctor/Staff Sessions: Dr. Jerry Teplitz on *Managing Your Stress in These Difficult Times and Working Together: Effective Ways to Build Successful Teams*

Doctor CE = 9.5 hours
Staff CE = 9.5 hours

Learn more about these exceptional speakers and their presentations at www.MASO.org.



Dr. Dan Bills



Dr. Regina Blevins



Ms. Chantel Dufor



Mr. Paul Gange Jr.



Ms. Cathy Jugovic



Ms. Angie Menendez



Dr. Brandon Owen



Dr. Mehdi Peikar



Ms. Yessi Rodriguez



Ms. Ashley Rondeau



Dr. Negaar Sagafi



Dr. Jerry Teplitz

Reason # 3

Our Sponsors and Exhibitors

Thank you to the many sponsors and exhibitors who make this meeting possible:

SPONSORS

Gold Level

Park Dental Research

Silver Level

Align Technology

BRIUS

Embrace Your Practice

KLOwen

Reliance Orthodontics

uLab Systems

Bronze Level

Puerto Rico Society of Orthodontists



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MEETINGS

MEETINGS - MASO Annual Session

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The Exhibit Hall will be open on Friday, Saturday and Sunday, featuring the latest state-of-the-art products and services. This year's hall will also feature a Product Showcase. Doctors and staff are encouraged to take advantage of this opportunity to meet with company representatives and purchase products in a relaxed environment where you will receive personalized attention.

A listing of current exhibitors can be found on the MASO website at www.MASO.org.

Exhibit Hours:

Friday 7:30 am – 2:30 pm
Saturday 7:30 am – 11:00 am and 12:00 N – 4:00 pm
Sunday 7:30 am – 11:30 am

Reason #4

Tour/Activity Options Galore

When you register for the meeting, there are several tour/activity options for you to select. Tours are not included in the main registration fee; they are a separate fee. Some of the tours are limited in space, so register early to assure your spot!

Friday afternoon tours (most tours begin at 1:30 pm and will take the entire afternoon, bringing you back to the Wyndham in time for the **Welcome Reception**)

Descriptions of all the tours, their schedules, and requirements are posted on the MASO website at www.MASO.org.

Old San Juan
El Yunque Rainforest
El Barrilito Rum Tasting
Barrilito Tour & Old San Juan Walking Tour
Catamaran

Saturday Evening Tour

Bioluminescent Bay Kayaking

Reason # 5

Schedule-at-a-Glance

Thursday, November 4

7:00 am – 11:00 am
MASO Board / Delegates Meeting

11:30 am
Golf Outing – Ocean Course @ Wyndham

12:00 pm – 5:30 pm
Registration Open / Exhibitor Set Up

Friday, November 5

7:30 am – 2:30 pm
Registration / Exhibits Open

7:30 am – 8:30 am
Continental Breakfast in Exhibit Hall

8:00 am – Noon

Doctor Sessions

8:30 am – Noon

Staff Sessions

9:30 am – 10:30 am

Networking & Beverage Breaks in Exhibit Hall

Noon – 1:30 pm

Networking & Lunch in Exhibit Hall

12:15 pm – 1:00 pm

ABO Information Meeting

12:15 pm – 1:00 pm

Component Meetings

1:00 pm – 2:00 pm

Educators Meeting

1:30 pm – 5:30 pm

Optional Tours & Activities (Separate Registration Required)

7:00 pm – 8:00 pm

Welcome Reception – Marbella Garden

Sponsored by Park Dental Research

Saturday, November 6

6:30 am – 7:30 am

Fun Run/Walk

7:30 am – 3:30 pm

Registration / Exhibits Open

7:30 am – 10:30 am

Continental Breakfast in Exhibit Hall

8:00 am – 9:00 am

MASO Member/Business Meeting

9:00 am – Noon

Doctor Sessions

8:30 am – 12:00 pm

Staff Sessions

Noon – 3:30 pm

Fun in the Sun – Flip Flops Required!

Special Event – Seabreeze Terrace, Tent Pavilion

5:45 pm – 9:45 pm

Night Kayaking in the Bioluminescent Bay
(Separate Registration Required)

Evening Free

Sunday, November 7

7:00 am – 8:00 am

MASO Board Meeting

7:30 am – 9:00 am

Registration / Exhibits Open

7:30 am – 10:30 am

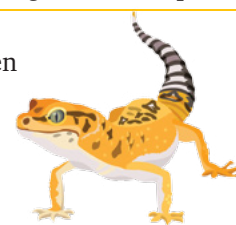
Continental Breakfast in Exhibit Hall

8:00 am – 11:30 pm

Doctor & Staff Sessions

11:30 pm -2:30 pm

Exhibits Teardown



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MEETINGS - MASO Annual Session

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*Travel Arrangements

Fully vaccinated travelers entering on domestic flights must present their vaccination card instead of a negative test. COVID-19 PRC tests are required for passengers arriving on international flights and those who have not been fully vaccinated. Visit the Discover Puerto Rico Travel Guidelines for up-to-date information as you prepare to attend the MASO Annual Session. For your convenience,

there is a link to the guidelines on the MASO website at www.MASO.org.

We hope to see you in Puerto Rico! ■

ADA CERP®

Continuing Education
Recognition Program

MASO is an ADA CERP Recognized Provider, approved by the AAO. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The Middle Atlantic Society of Orthodontists designates this activity for up to 9.5 continuing education credits.

MASO Participates in the AAO 2021 Leadership Development Conference

Held over several nights in January, February and March, the Leadership Development Conference (LDC) was a virtual conference this year, giving busy leaders and future leaders the ability to attend from the comfort of their homes, while still picking up valuable information.

The conference, aimed at Emerging Professionals and component leaders who are on track for key leadership roles in constituent organizations and the AAO, started with two virtual sessions on leadership strategies. Vernice ‘FlyGirl’ Amour, America’s First African American Female Combat Pilot, presented an energetic presentation “One Mission, One Team, One Goal,” and industry consultant Chris Bentson shared insights and inspiration during his presentation on “Post Pandemic Orthodontics: A Short & Long Term View of the Future of the Specialty.”

In February and March, the LDC provided resources on The Importance of Volunteer Leadership, Governance 101,

Meeting Facilitation, and How to Enact a Motion – a six-step process that applies to all meeting scenarios.

Small interactive leadership sessions were part of the mix, which allowed participants to respond to the following questions:

- What excites you the most and what scares you the most, about the future of our profession? What opportunities do you see in the future?
- What must the AAO do better than anyone else in supporting orthodontists?

MASO attendees to the 2021 LDC included: Trustee **Dr. Steve Siegel**; **Dr. Paul Batastini** for PA; **Dr. Padma Mukherjee** for NJ; **Dr. Bruni Ortiz** for PR; Emerging Leaders **Drs. Michael Perillo** and **Lauren Wiese**; **Dr. Richa Dutta**, Group Facilitator; **Dr. Maddy Goodman**, Constituent Rep; and **Jane Treiber**, Executive Director.

The 2022 LDC will be held in January in Orlando, Florida. ■

2021 Spring CE Program a Virtual Event

With the pandemic still in full force, the March Spring CE seminar was held virtually. **“Clear Aligners and Adjunctive Treatment for Increased Predictability, Acceleration and Practice Growth”** featured **Gary P. Brigham, DDS MSD**, Scottsdale, AZ, and was attended by more than 100 MASO members.

MASO has made its Spring CE Event part of its on-demand library through the summer. If you missed the March 12 virtual presentation, you may now register for the 6-hour course, view it at your leisure, and earn 6 CE credits upon successful completion of a post-test.

Here are some of the comments from the seminar:

- Terrific meeting. Enjoyed every minute. Dr. Brigham is quite

accomplished and did a wonderful job.

- Great presentation/speaker. Very convenient and easy to sign up and participate. Great job!
- Great course content, very timely and informative
- Dr. Brigham’s lecture was the 4th time I have attended a Propel CE event. His presentation. was by a wide margin the BEST I have heard.
- Best speaker I have heard on Invisalign treatment ever and his cases look great, also.

To register for the seminar and for more information, go to the MASO website at www.MASO.org, scroll past the President’s Message on the home page, and click on the “MASO Online CE Catalog.” ■

CURRENT RETENTION PROTOCOL FOLLOWED BY ORTHODONTISTS IN THE UNITED STATES

Dr. Monique Heron-Carmignani
Howard University

Abstract: The objective of this study was to evaluate if there is a retention protocol followed by orthodontists in the United States. This research project was conducted at Howard University's Orthodontic Department. Seventy-two surveys via Survey Monkey were sent out by email and text with 10 multiple choice questions to randomly selected orthodontists. The survey asked questions regarding: gender, type of retainer used, year graduated from residency, recall schedule, duration of retention, how the protocol was learned, and patient compliance. The overall response rate was 72.22%. All orthodontists prescribed fixed or removable retainers after orthodontic therapy. More than 70% used removable retainers and about 30% used fixed retention only. The majority of the participants were males (69.23%) and graduated between 2011-2020 (44.23%) and learned their retention protocol during their residency (65.39%). The most chosen recall schedule was 1 month, 3-4 months, 6 months and 1 year (54.35%) followed by 2 months, 3-5 months, and 11-16 months (19.57%). The majority (57.14%) agreed on the duration of full-time vs. part-time which was: full-time for 6 months and then part-time for 1 year then a few times a week for the rest of the patient's life. Compliance seemed to decrease at the 1-year mark (50%) and education at the recall appointments was the most popular way to improve compliance (86.54%). After the 1-year mark, 73.08% agreed that orthodontists need to check the retainer going forward and 48.08% of the participants believed that it was the patients' responsibility to call and make recall appointments as needed. Therefore, there is a universal retention protocol followed by orthodontists in the United States for typical orthodontic cases.

TONGUE ASYMMETRY AND MUSCLE SHORTENING DURING SPEECH IN PARTIAL GLOSSECTOMY PATIENTS AND CONTROLS

Natalie Miller, D.D.S., Maureen Stone, Ph.D.
University of Maryland

Abstract: Tumors of the tongue are routinely removed by partial glossectomy surgery. This study examines the extent of anatomical asymmetries caused by the glossectomy surgery and its effects on the tongue's resting position and motor symmetry. Magnetic resonance imaging (MRI) data of ten control subjects and ten glossectomy patients were obtained. 3D tongue volumes were extracted from high-resolution MRI data using Matlab. Using cine- and tagged-MRI data, shortening of the genioglossus, transverse, and verticalis muscles were calculated during a speech task involving /f/ and /l/. Anatomical asymmetries were observed in the control subjects, although they were generally small and less than in glossectomy patients.

Glossectomy patients aimed to distribute their tongue volume evenly in the oral cavity, irrespective of anatomical asymmetry, by posturing their tongue towards the resected side. Glossectomy patients shortened more muscles when executing the speech task. Muscle shortening asymmetry was observed in both control and patient groups

OPTIMAL ANTERO-POSTERIOR POSITION OF THE MAXILLARY CENTRAL INCISORS AND ITS RELATIONSHIP TO THE FOREHEAD IN ADULT ASIAN MALES

Jessica Kocan Itani, DDS, MS
University of Maryland

Objective: To determine an optimal antero-posterior (AP) position of the maxillary central incisors (CI) and its relationship to the forehead in Asian males.

Methods: Smiling profile photographs of 60 Asian males were obtained and divided into three groups based on the judged AP position of CI ("just about right," "too far forward," "too far back"), as evaluated by orthodontists and laypersons. CI position and forehead inclination (FI) were measured relative to glabella vertical (GV). Statistical analysis tested for differences among groups, differences between orthodontists and laypersons, and the relationship between CI position and FI.

Results: Optimal CI position was 0.86mm anterior to GV. There were statistical differences between orthodontists and laypersons in the study groups. CI position and FI showed moderate positive correlation.

Conclusions: In Asian males, the AP position of the CI can be evaluated relative to the forehead, to plan for optimized CI position and maximized facial harmony.

MANDIBULAR TRANSVERSE CHANGES ASSOCIATED WITH LIP BUMPER AND RAPID MAXILLARY EXPANSION: A RETROSPECTIVE CBCT STUDY

Justin Orr
University of Pennsylvania

Introduction: Rapid maxillary expansion is a common treatment used by orthodontists to correct transverse discrepancies between the maxilla and mandible. Currently there is little consensus regarding the ability of the mandibular dentoalveolar complex to spontaneously upright in response to maxillary expansion. The aim of this study was to evaluate the effects of maxillary expansion on the mandibular first molars and the alveolar and basal bone surrounding these areas.

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Methods: The sample was divided into three groups: control group with no upper or lower treatment (23 total patients, 14F and 9M); expansion with lip bumper (23 total patients, 16F and 7M); and expansion with no lower treatment (12 patients). Thirteen dentoalveolar measurements were taken on all patients at T1 and T2, and the changes compared between them.

Results: When comparing both the negative control group with no treatment and the experimental group with maxillary expansion and no lower treatment to the positive control group with expansion and lip bumper, intermandibular width measured at the lingual cortex, alveolar bone angulation, first molar inclination, and intermolar width were all significantly greater in the lip bumper group. Changes in the basal bone and intermandibular widths at the buccal cortex were similar between the groups.

Conclusions: Dental changes and alveolar bone changes were significantly greater in the lip bumper group compared to the other two groups. Basal bone changes were not significantly different amongst the three groups. Although the dental and alveolar changes in the expansion with no lower treatment group were slightly greater than the untreated control group, the differences were not statistically significant. Thus, even though some spontaneous uprighting of the lower molars may occur with maxillary expansion and no lower treatment, the changes are likely not clinically significant based upon this study.

EVALUATING SWAG AND ITS VALIDITY WHEN COMPARED TO 3D IMAGERY OF SECONDARILY GRAFTED CLEFT SITES

J.B. Peterman III
Rutgers University

Objectives: The aim is to determine the validity of 2D images analyzed via SWAG (Standardized Way to Assess Grafts) when compared to calculated 3D volumes of the same grafted cleft sites.

Materials and Methods: 46 patients with 51 cleft sites (17 females, 39 males; mean age 9 years, 3 months) were treated at one cleft center between February 1, 2006 and December 1, 2019. Inclusion criteria: patients with non-syndromic complete clefts of alveolus with records including a post-graft PA or occlusal radiograph and coincident CBCT. Mean age at CBCT and 2D films was 14 years (4 years 9 months post ABG). Records were analyzed twice using SWAG by 6 calibrated Americleft raters. CBCT analysis was completed by 1 orthodontic postgraduate resident using ITK-SNAP. Total bone-fill as a percentage of the graft site was calculated. Weighted Kappa test was used

to determine reliability of the SWAG ratings. 15 random cleft sites were remeasured for ICC for the 3D measures. 2D versus 3D ratings were compared using paired and independent samples t-tests, Bland-Altman analysis and Linear Regression.

Results: Weighted Kappa showed “good” intra-rater reliability (0.724) and “fair” inter-rater reliability (0.546) at a 95% confidence interval. ICC was “excellent” on 3D calculations (0.987). Bland-Altman test comparing 2D SWAG to 3D volume calculations showed for 51 graft-site evaluations, 48 were within 2 standard deviations. The mean difference between them was -7%, systematic and non-random. Paired t-test showed a significant difference between the two methods; $p = 0.0104$ (CI: 95%). Independent-samples t-test showed no significant differences between 2D and 3D methods when group means were compared ($p = 0.152$). The regression statistics showed statistical significance between the two methods ($r = 0.73$; $p = 0.001$).

Conclusion: The mean difference between 2D and 3D ratings was -7%; SWAG method underestimates bone-fill post-graft compared to 3D volumetric measurements. The results suggest for treatment purposes of individual patients, the SWAG 2D method cannot be used as a proxy for 3D images. The non-significance of the independent samples t-test and the strength of the regression correlation suggests that SWAG is warranted for group comparisons of bone grafting outcomes.

MEDICAID FUNDING FOR ORTHODONTIC TREATMENT; AAO AUTO-QUALIFIERS

Zachary DiSpirito
Temple University

Objectives: Various indices exist to determine priority for orthodontic treatment need. The American Association of Orthodontists (AAO) Auto-Qualifiers (AQs) are proposed criteria to standardize treatment priority. We investigated how the AAO Auto-Qualifier criteria compares to the Salzmann Index (SI) for determining treatment need, and thus Medicaid funding for orthodontic treatment.

Methods: 81 subjects were previously screened, with completed SI scores, at Temple University Kornberg School of Dentistry (TUKSoD) between December 2019 and February 2020. Records were analyzed using the AAO Auto-Qualifier criteria. AQ results were compared to funding decisions by Insurance Company A, one of the primary Medicaid insurance companies for patients seeking treatment at TUKSoD. Malocclusion characteristics for transverse (presence of posterior crossbite), vertical (presence of open bite or deep bite) and sagittal (Class I,

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II, or III or presence of anterior crossbite) dimensions were recorded when funding decisions were discrepant between Insurance Company A and the AQs.

Results: Funding approval by Insurance Company A and potential approval based on the AAO AQs was found to be 37.04% and 44.44%, respectively. Funding agreement between the two assessments was 77.7% (Cohen's kappa = 0.56). Disagreement occurred with malocclusion characteristics identified in all three dimensions, most often sagittal. Crowding or spacing $\geq 10\text{mm}$ (in either arch) and impinging overbite with evidence of occlusal

contact into the opposing soft tissue were the two most common Auto-Qualifiers that resulted in funding approval. Crowding or spacing $\geq 10\text{mm}$ (in either arch) and anterior and/or posterior crossbite of ≥ 3 teeth per arch were the most common AAO AQs that disagreed with SI scores.

Conclusions: There is a moderate level of agreement for determining Medicaid funding for orthodontic treatment between Insurance Company A (based on SI scores) and the proposed AAO AQs. Adopting the proposed AAO Auto-Qualifiers nationally may result in a greater number of approvals for Medicaid funding for patients seeking orthodontic treatment in states that utilize Salzmann Index scores for determining funding decisions. ■

ARTICLE OF INTEREST

THE APPLICATIONS OF TELEDENTISTRY IN ORTHODONTICS (TELEORTHO)

Jose A. Bosio, BDS, MS^a

Whitney Richards, DDS candidate^b

Teledentistry

Teledentistry is one of the new technologies to deliver virtual dental health information and decisions, and to provide patient education services when it is not possible or practical to see patients in person.¹ During COVID-19 pandemic and currently, teledentistry, also called telehealth, has become an important vector to deliver care to dental patients in most dental settings, including private practices, hospitals and university dental facilities.²⁻³ According to the ADA's Comprehensive Policy Statement, teledentistry can include patient care and education delivery using various modalities, such as: 1) Live video, called synchronous, on a two-way communication between patient and provider using audiovisual telecommunication technology; 2) Store-and-forward, called asynchronous, where recorded health data (i.e. video, photographs, radiographs, and digital impressions) is stored on a secure electronic communication device; and/or cloud services; 3) Remote patient monitoring, where information is collected at one time and place, and then transmitted to a care provider at another time and place.⁴

Teledentistry became popular among all dental clinicians and patients since the delivery of dental care and dental knowledge under secure digital technology grew exponentially during the COVID-19 pandemic. State governments relaxed rules and regulations to adapt to the technology that changes constantly to facilitate communication during and post-pandemic. Thus, teledentistry has become a safer, more practical and efficient way to provide certain dental/orthodontic services, as well as a tool to educate students and patients.⁵

While the ADA guides and educates dentists with new teledentistry practice standards, HIPAA rules and regulations still must be followed. The "Office of Civil Rights (OCR) during

the pandemic waived penalties for HIPAA violations against healthcare providers that serve patients in good faith through certain non-public facing applications", such as, but not limited to, Webex, Zoom, FaceTime, WhatsApp, Messenger, Google Meeting, Doxi-me and Skype, during the COVID-19 crisis. While Teledentistry serviced orthodontics and the entire dental professional during the pandemic, it is certain that this practice will continue for years to come. Newer regulations have been approved by different states stipulating new rules for online patient contact.

As new ways of delivering health information are presented, patients must be informed in writing about security breaches potentially occurring while using these types of communications. Practitioners should attempt to use only encrypted applications, and not those with open source such as Facebook live, Twitch, TikTok, and others.

Emails and texting can certainly continue to be used regularly, even though the most indicated way to display patient information is to create "Portals". Portals provide the ability of patient accessing their personal health information (PHI) at their most convenient time, and to find all history of their exams posted on that page. It is usually protected with unique login and password, and it offers the convenience of being accessed when the patients want, sparing them from receiving emails about their health information while connected on work related Wi-Fi networks. However, patients must still be informed about the risks for breach of confidentiality via these portals. Orthodontic practitioners who can create, develop and maintain portals for their practice may lead the way to deliver orthodontic care in the future.

Teledentistry for Orthodontics (TeleOrtho)

Orthodontics is unique as a dental specialty regarding the use of teledentistry. A variety of procedures can be done efficiently

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and quite effectively using this technology, starting with orthodontic screening, discussion of diagnosis and treatment plan and even emergencies can be checked via this method.

Patients still expect orthodontic services to be delivered via TeleOrtho, to be of high quality, in the same manner and with the same “attention to detail” as it would be for an in-person service. Services rendered must be reported in the patient’s chart/electronic record. Patients must be informed of the costs associated with these services and as to what insurance companies will pay and what they might be responsible to pay out of pocket.

It is recommended that a consent form be emailed to each patient to download, read, sign and email back to the practice. Signing can also be digital if the recipient patient possesses software to execute the process. Providers should then download the signed document, print, or save in a .PDF format, and attach the copy to the patient electronic chart, which in turn becomes part of the patient’s chart/electronic record. Once these preliminary steps are achieved, providers should send Webex or Zoom or Google Meet or Skype or any other HIPAA compliant secure software invitation to conduct online screening appointments and also to schedule diagnosis and treatment plan discussions. Care providers should verbally acknowledge the patients’ permission to discuss their case online. It is suggested that no recordings be done by any of the parts, as this wording should be part of the written consent form.

Checklist considerations for conducting TeleOrthodontics (TeleOrtho):

- A) Determine which HIPAA compliant software will be used to provide your practice service.
- B) Services should be provided to patients of record only and/or in the state where the dental practitioner is licensed in the United States of America. For new patients crossing state borders, special consent should be developed to request patients’ commitment to coming to the physical office for treatment.
- C) Prepare informed consent in at least two different languages, or more, depending on the area and the population provider serves. No consultation should take place without patients signing the online consent form. Furthermore, medical and dental history forms could also be emailed along with the online consent form.⁶
- D) Providers could develop specific time, and/or days where this online consultation could take place since patients and/or parents might be in different locations. Patient care coordinator could handle further questioning, minimizing professional exposure time.
- E) Systems and software utilized for the online consultation should be fully loaded to explain procedures while screen sharing with patients on designated computers.
- F) Email reminders can be sent automatically to remind patients of their online appointments (possibly 15 minutes in advance).

- G) Development of new filing procedures will be required.
- H) When meeting for the first time for patient screenings, if it is necessary to take photos of their dentition, patients should use the front lens cameras on their phone instead of the “selfie” mode, since image quality is better. Also, the flashlight should be turned on, and either a spoon or a tongue blade could be used to facilitate looking inside the mouth.⁷

In consideration of practice implementation, we compiled a list of possible procedures to be executed by TeleOrtho:

1. Screening initial patients (initiated by provider with procedure described previously).
2. Discussion of diagnosis, treatment plan, and financial arrangements;
3. Delivery of oral hygiene instructions and oral hygiene monitoring;
4. Monitor long-acting nickel titanium alloy or heat activated wires;
5. Monitor aligner treatment;
6. Monitor elastic wear;
7. Monitor retainers and treatment results.

In summary, “TeleOrtho” is a viable modality of treatment worth considering by orthodontists. Although the appropriate protocols are initially time consuming, once implemented, patient outreach and profitability will likely be enhanced.

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MANAGEMENT OF END-ON CLASS II CASE WITH A DEEP OVERBITE

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Introduction

The timing for treating Angle class II malocclusions has been a controversial topic in orthodontics. Three options are considered for an adolescent with an Angle Class II malocclusion: 1) intervene early with phase I and perform phase II treatment, if necessary, once the permanent dentition is present; 2) intervene early and perform phase I and phase II as a single phased treatment, and 3) wait to start one-phase treatment until permanent dentition is present, hoping that “good growers,” naturally self-correct the class II skeletal relationship. Some data suggests there is no advantage for early treatment of class II.¹⁻⁴ Other studies offer some advantages of early treatment such as reduced incisal trauma.⁵ Studies have also suggested that when class II malocclusion is treated early with functional appliances including headgear, a temporary skeletal change may occur. However, there is no detectable skeletal difference between 1-phased and 2-phased treatment of class II malocclusion.⁶

This case report shows an early orthodontic intervention to correct a deep bite and Angle class II malocclusion. Headgear appliance was recommended during initial treatment planning, but was ultimately rejected by the patient. Treatment extended for a 28-month single phased treatment. The outcome was favorable, despite a change in the treatment protocol.

Case Report

A 10-year-old male presented to the University of Maryland orthodontic clinic with a chief concern of asymmetrically losing mandibular deciduous teeth. The patient was in mixed dentition and a comprehensive orthodontic treatment plan was offered as treatment of choice. The clinical examination revealed an end-on class II malocclusion with a deep overbite. There was also maxillary constriction as evident from lingual tipping of the posterior teeth (Figure 1). The patient had a slightly convex facial profile, a class II skeletal growth pattern due to a deficient mandible, and large adenoid tissues based on the initial cephalometric analysis (Figure 2, Table 1). The panoramic radiograph showed the presence of all developing permanent teeth including third molars, normal temporomandibular joint anatomy, and increased size of the left lower turbinate (Figure 3).

Treatment Objective

An orthodontic intervention at this stage was planned for several reasons: 1) Expanding maxillary arch could aid in normal eruption of succedaneous teeth and improve nasal breathing; 2) primary second maxillary molars had roots long enough to sustain forces from a palatal expander anchored on them; 3) The patient’s skeletal age was ideal for effectively attempting to slow down maxillary growth and allow the retrognathic mandible to catch up with the maxilla. This goal could be accomplished using a functional appliance, such as a high-pull headgear, which would have favored mandibular development and could have reduced overbite.

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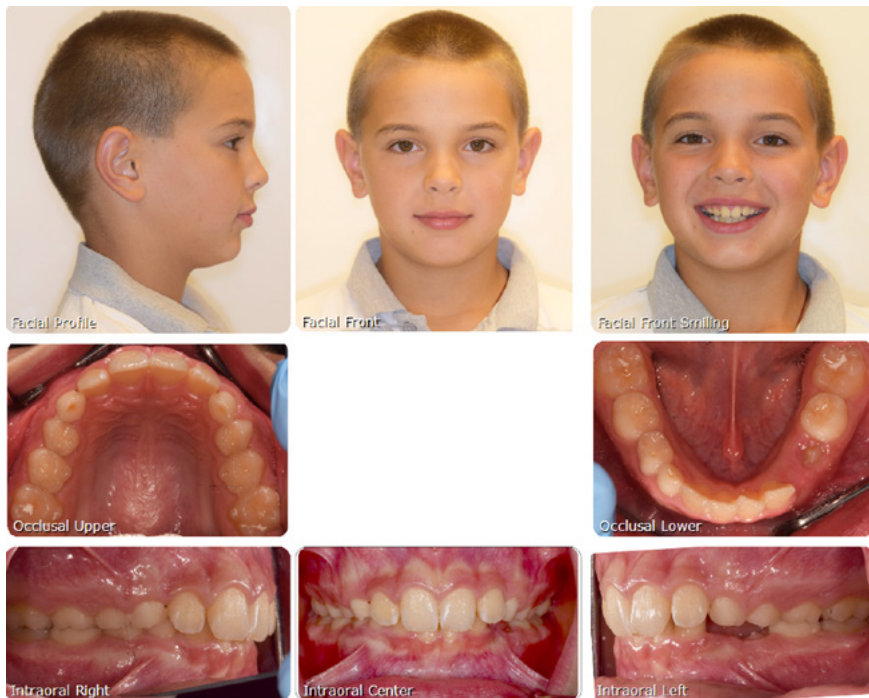


Figure 1. Intraoral and extraoral photos showing end-on class II malocclusion, deep bite, maxillary constriction, and facial convexity.



Figure 2: Pretreatment lateral cephalogram showing class II skeletal relationship and a fairly hypodivergent mandible. Maxillary and mandibular incisor inclinations were within normal limits.

Table 1: Cephalometric measurements pre and post-treatment.

Measurements	Unit	Norm	S-D	Pre-treatment	Post-treatment
SNA	(deg)	82	3.5	81.7	78.7
SNB	(deg)	80.9	3.4	77.1	75.8
ANB	(deg)	1.6	1.5	4.6	2.9
Wits	mm	-1.0	1.0	4.5	1.9
SN – GoGn	(deg)	32.9	5.2	34	38.2
FMA	(deg)	25.3	4.5	25.6	28.9
U1-SN	(deg)	102.4	5.5	96.2	103.3
IMPA (L1-MP)	(deg)	95.0	7.0	93.2	97.2

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Therefore, the treatment plan consisted of expanding the maxillary arch to increase the transverse dimension. After waiting four to six months for the mid-palatal bone to regenerate, a high-pull headgear was planned to be delivered. A 2x4 appliance with a Rickets utility arch was also planned to eliminate crowding and reduce overbite. The third molars were to be monitored throughout the treatment. Due to the presence of ten deciduous teeth at the time of initial consult, the patient was given an estimate of 30 months for completion of treatment.

Treatment Progress

A hyrax expander anchored on the maxillary second primary molars was inserted and expansion was achieved within four

weeks (Figure 4). Expansion was initially retained with the palatal expander which was later replaced with a trans-palatal arch. Deciduous teeth were allowed to naturally exfoliate over the next six months. Once most of the primary teeth exfoliated, a 2x4 appliance was bonded on the maxillary arch, and a 0.016x0.016 Blue Elgiloy Rickets utility arch was inserted, to intrude maxillary incisors and reduce overbite (Figure 5).

At this stage, a high-pull headgear was to be delivered for correction of class II malocclusion. However, at the patient's request, the class II relationship was corrected using interdental elastics at a later stage rather than with headgear. Upon complete eruption of the remaining maxillary and mandibular permanent dentition, orthodontic brackets were bonded. Levelling and aligning were accomplished with 0.014 followed by 0.018 Nickel/Titanium (NiTi) alloy arch wires. After levelling and aligning, initial torque correction was obtained with 0.017x0.025 NiTi wires followed by 0.017x0.025 Stainless Steel (SS) wires. Once the patient was in 0.017x0.025 SS wires, space closure was obtained using elastomeric chains, while anteroposterior dental relationships were corrected with class II interdental rubber bands (Figure 6).

Treatment Result

Due to the initial dental development stage, the patient finished his treatment in 28 months with Angle Class I molars and canines and good interdentalation. Normal overbite and overjet were established and skeletal class II pattern improved with favorable natural growth and elastic wear (Figure 7). The facial profile improved from convex to straight. A small amount of gingival recession on the facial surfaces of the mandibular

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Figure 3: Pretreatment panoramic showing all the permanent teeth are normally developing with possibly mild crowding. All four third molar developing tooth buds can also be seen.

CASE REPORT



Figure 4: Hyrax expander to address maxillary constriction and allow normal eruption of permanent teeth.

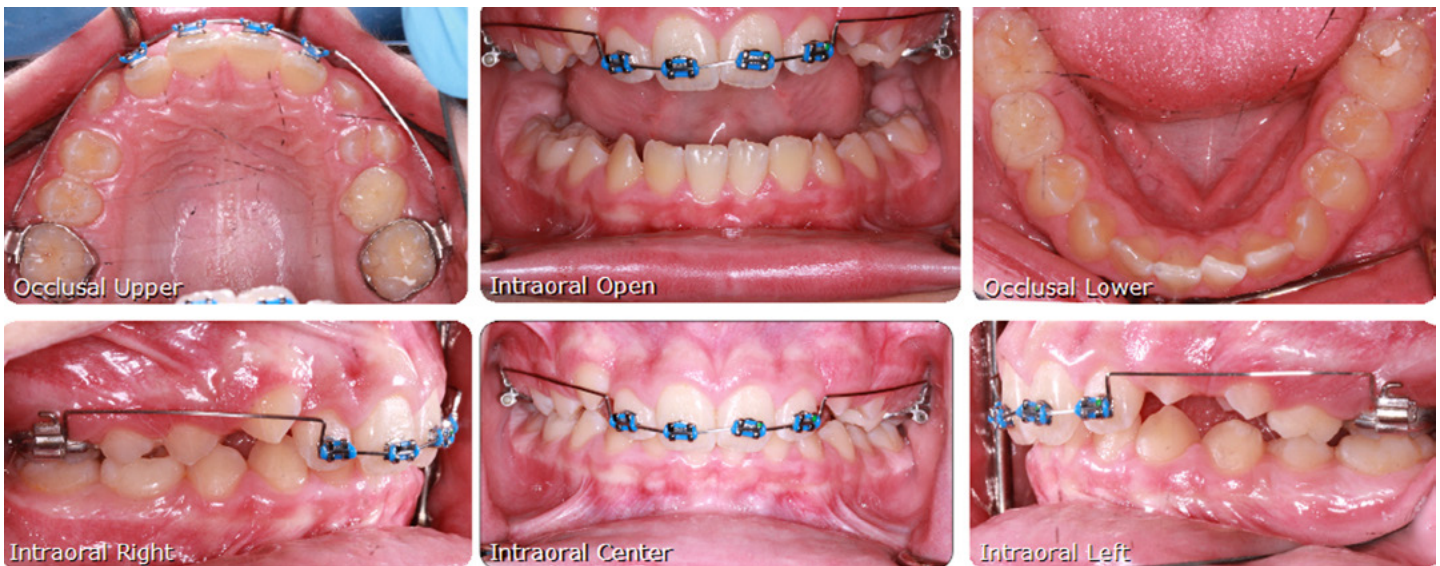


Figure 5: A 2x4 appliance with a utility arch bent using 16x16 blue elgiloy wire for intrusion of maxillary incisors to aid in the correction of deep bite.

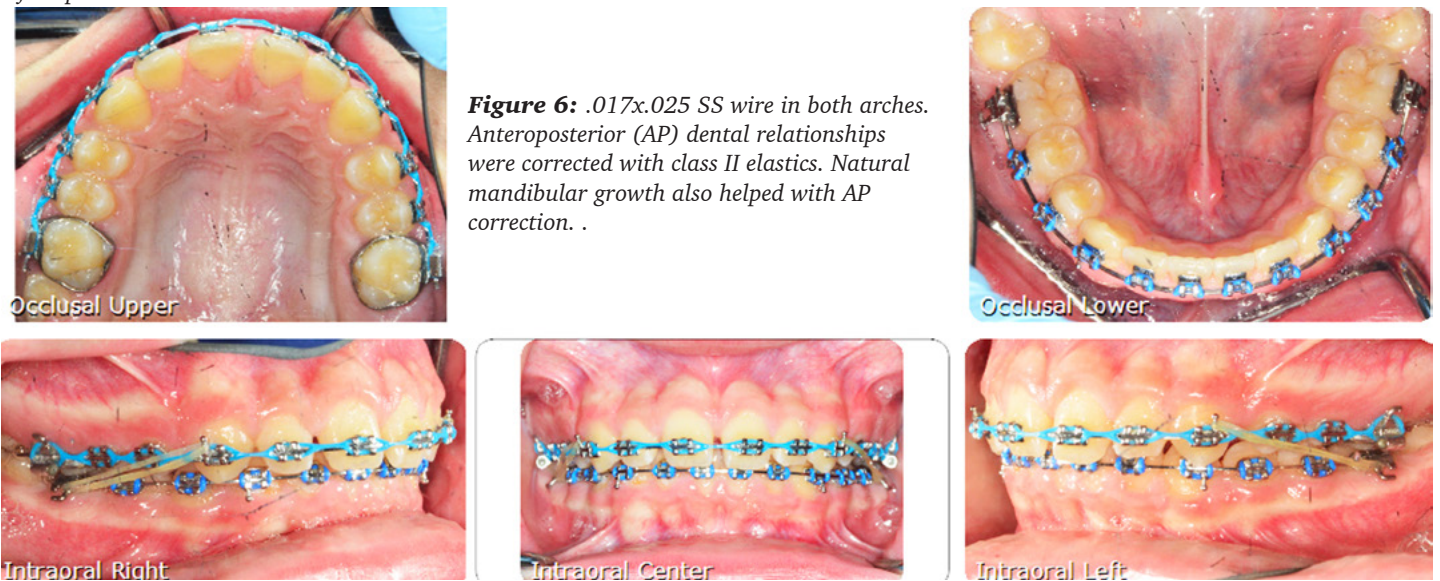


Figure 6: .017x.025 SS wire in both arches. Anteroposterior (AP) dental relationships were corrected with class II elastics. Natural mandibular growth also helped with AP correction. .

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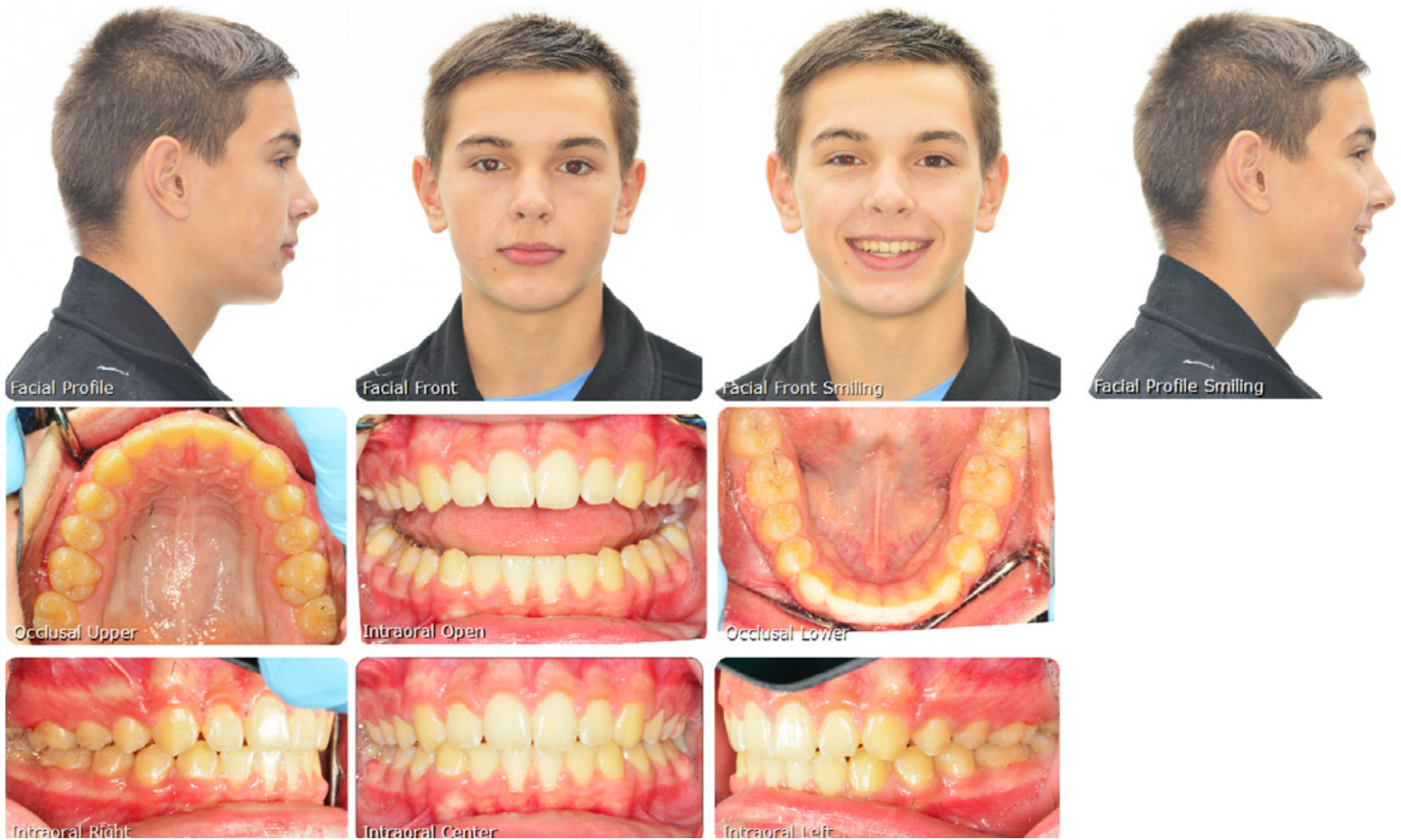


Figure 7: Final intraoral and extraoral photographs demonstrate normal overbite and overjet, improved smile and facial esthetics, class I molar and canine relationships, and well interdental.

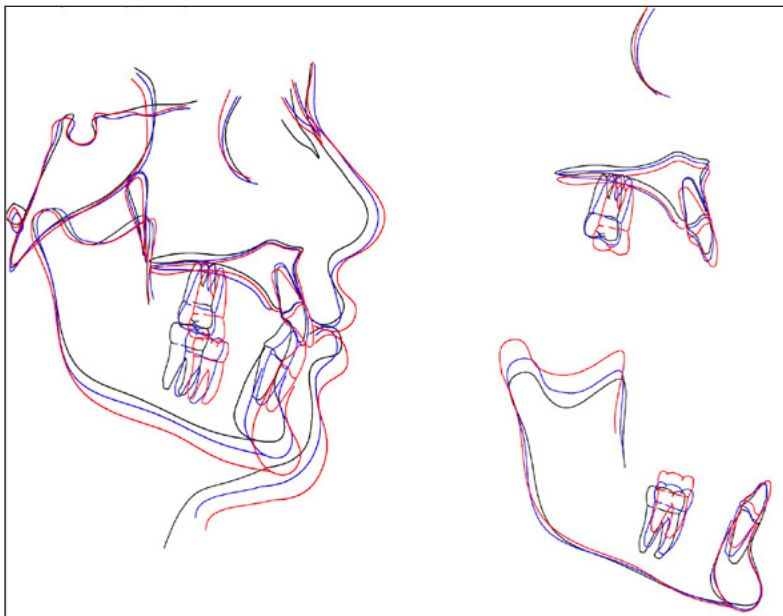


Figure 8: Cephalometric superimposition showing favorable natural mandibular growth in the absence of a functional appliance treatment.

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central incisors was observed in Figure 7, which could have been a result of class II elastic wear.

Cephalometric superimpositions demonstrated that the patient's mandibular growth was significant and favorable at the condylar level. Extrusion of mandibular molars likely occurred due to Class II elastic wear (Figure 8). The patient was extremely pleased with the esthetic and functional results. Final panoramic and lateral cephalometric radiographs are shown in figures 9 and 10. The third molars continue to develop. Maxillary and mandibular Essix retainers were prescribed to the patient.

Discussion

Although the initial treatment plan involved using a high-pull headgear, the patient decided otherwise. The end result was still favorable due to excellent mandibular growth. This case is a good representation of why early versus late treatment of class II malocclusion is a controversial topic. The variation

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Figure 9: Final panoramic radiograph

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among individuals with respect to how the mandible would grow naturally makes the decision of treating early versus late a tricky one. Mandibular growth was favorable in this case, and the patient was compliant with class II interdental elastics, which aided in the correction of class II malocclusion. The effects of class II elastics are mainly dentoalveolar, however, some authors have suggested that their effects are similar to those of the functional appliances in long-term.⁷

Conclusion

Good patient cooperation with elastics wear and favorable mandibular growth resulted in improved smile and facial esthetics with a good functional occlusion.

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- ⁷ Janson G, Sathler R, Fernandes TM, Branco NC, Freitas MR. Correction of Class II malocclusion with Class II elastics: a systematic review. *Am J Orthod Dentofacial Orthop* 2013;143(3):383-92.

^a Orthodontic Resident – Class of 2022, Division of Orthodontics, Department of Orthodontics and Pediatric Dentistry, University of Maryland School of Dentistry, Baltimore, MD

^b Private Practice – Class of 2021, Division of Orthodontics, Department of Orthodontics and Pediatric Dentistry, University of Maryland School of Dentistry, Ashburn, VA

^c Clinical Associate Professor, Division Chief and Orthodontic Program Director, Division of Orthodontics, Department of Orthodontics and Pediatric Dentistry, University of Maryland School of Dentistry, Baltimore, MD

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Figure 10: Final lateral cephalogram

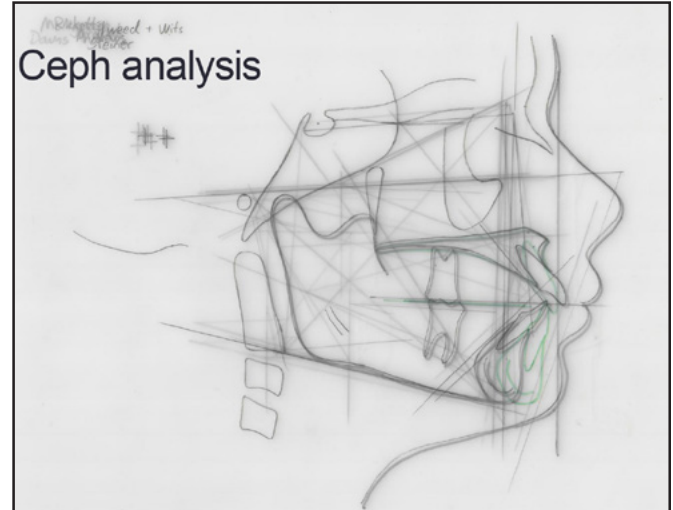
CASE REPORT

WHAT IS THE CORRECT DIAGNOSIS?

Dr. Xuefeng Zhao

Age: 13 years 3 months

Chief Complaint: "I have overbite and my bottom teeth that stick out are bothering me."



CEPHLOMETRIC ANALYSIS

Steiner	Value	Diagnosis
SNA	88.4	Prognathic Mx
SNB	82.2	Prognathic Md

Ricketts	Value	Diagnosis
Mx depth	94.9	Retrognathic Mx
Facial depth	88.6	Orthognathic Md

McNamara	Value	Diagnosis
Mx skeletal	4.7	Prognathic Mx
Md skeletal	-2.5	Retronathic Md

Downs	Value	Diagnosis
Angle of Convexity	13.2	Orthognathic Mx
Facial angle	88.6	Orthognathic Md

WHICH ONE WOULD YOU GO BY?

Although treatment mechanics may vary from clinician to clinician and produce similar results, there is always **one correct diagnosis** for every patient.

With this patient the intracranial landmarks associated with several frequently used cephalometric analyses resulted in conflicting diagnostic conclusions. The diagnosis based on Steiner was prognathic maxilla and

mandible, with McNamara the mandible is retrognathic, with Ricketts the maxilla is retrognathic, and with Downs the maxilla and mandible are orthognathic.

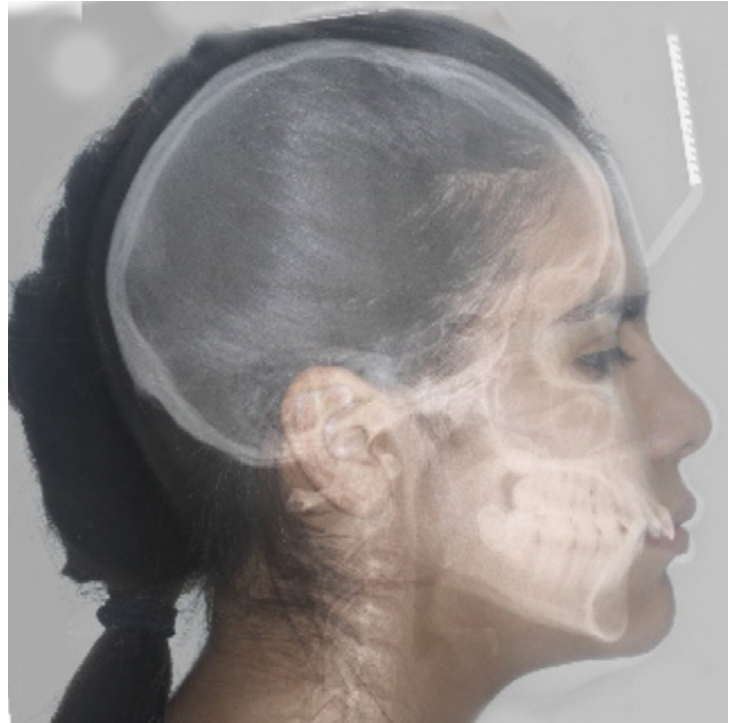
To resolve this dilemma, I elected to begin by orienting the lateral cephalometric radiograph to adjusted natural head position.

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CEPHALOMETRIC ANALYSIS Lateral Ceph



CEPHALOMETRIC ANALYSIS Lateral Ceph - reoriented



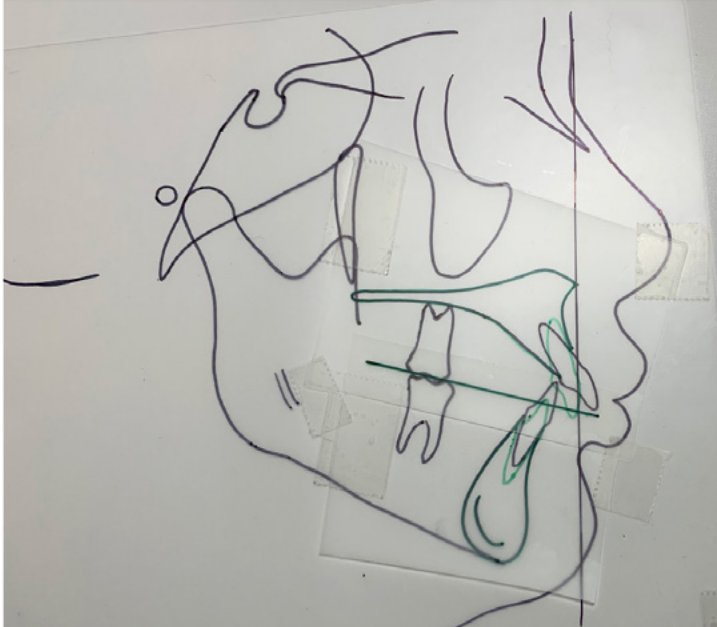
CEPHALOMETRIC ANALYSIS Lateral Ceph - reoriented



Following guidelines of the Andrews analysis (**Six Elements of Orofacial Diagnosis**) I approached diagnosis from the soft tissue profile inwards.

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Andrews analysis: “Element I” Mx/Md incisors



RESEARCH ABSTRACTS

CONTINUED FROM PAGE 20

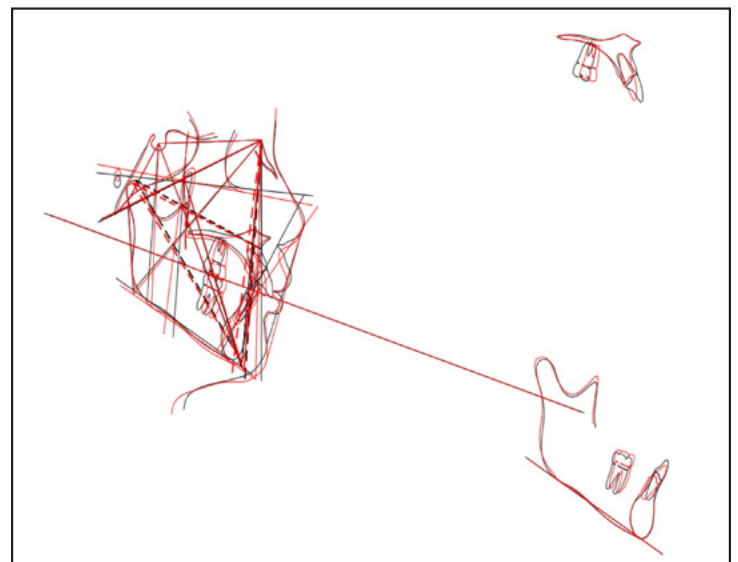
Following guidelines of the Andrews “Six Elements of Orofacial Diagnosis”, with the lateral cephalometric radiograph oriented to adjusted natural head position, a true vertical line was extended from Glabella (the most prominent point on the forehead) down beyond soft tissue menton. The Andrews template was used to trace the outline of the optimally inclined upper and lower incisors with roots centered in their respective alveolar processes. According to Andrews the center of the facial surface of the optimally inclined upper incisor should be tangent to the true vertical line from Glabella. The optimal sagittal relationship of the mandible according to the Andrews Six Elements has the optimally inclined lower incisor contacting the palatal aspect of the optimally positioned upper incisor with 2-3 mm of overbite.

The diagnosis from this simple tracing is an orthognathic maxilla with proclined upper incisors that need to be uprighted and retracted 4 mm to be ideally positioned. The mandible is retrognathic by 4 mm. A clear option is to camouflage the retrognathic mandible by proclination of the lower incisors. The treatment plan was extraction of upper first premolars to provide space for retraction of the upper anterior teeth. The lower first premolars were extracted to allow levelling of the curve of Spee and resolution of the severe crowding. The lower incisors were tipped forward to camouflage the mandibular deficiency.

Conclusion

With the Andrews analysis the maxillary central incisor drives the diagnosis and eventual treatment plan.

For more detailed information regarding the Andrews Six Elements of Orofacial Diagnosis, please visit the Andrews Foundation website. ■



AAO COUNCIL REPORTS



COUNCIL ON COMMUNICATIONS

Dr. Lawrence B. Wang

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Just as we work hard every day to distinguish our practices, the Council on Communications (COC) and our dedicated staff are constantly striving to strengthen the AAO brand among the general public and our membership. Throughout the year, COC is working to ensure the AAO message is communicated in the most effective and cost efficient way; cutting through all the noise and clutter. We also work to make sure that important and up-to-date information affecting the specialty is reaching our members in a timely and convenient manner.

In short, the Council walks the line between wanting orthodontists to understand the value of being a member of the AAO and wanting our patients to understand the value of being treated by a member of the AAO. Here are some of the highlights and metrics for the projects and campaigns the Council is working on:

AAO CAP Makes Strides with Reduced Budget

In 2020, the House of Delegates voted to reduce the AAO member Consumer Awareness Program (CAP) assessment from \$600 to \$300 to provide relief from the effect of pandemic-related office closures. Nonetheless, the AAO continued to show strong results in consumer awareness, powered by award-winning campaigns and innovative concepts.

In total, the CAP drove over 4.8 million visitors to the consumer website and 2.2 million views of the Find an Orthodontist Locator – a 150% increase year-over-year – in fiscal year 2020-2021.

In 2020-21, the AAO also unveiled several consumer campaigns that garnered attention from marketing professionals around the United States. This includes being featured in AdWeek, calling the AAO's Happy Mouth Now campaign our "most significant foray into content marketing" and taking home two Gold

ADDYs for Branded Entertainment at the American Advertising Awards in St. Louis.

As you may know, AAO members have full access to the AAO's digital library for use in your own practice. Member practices can download and customize these materials for your own practice, and share them in posts, ads, and more. **Access materials, view state-by-state CAP statistics, and learn more at aaoinfo.org/CAP.**

COC Remains Busy Spreading the AAO Message

COC continues its work of ensuring members are well-informed. The weekly AAO member eBulletins reach thousands of members each week with updates on advocacy, consumer awareness, education, practice management, and more. Last year's eBulletin redesign has allowed the AAO to increase the content and relevance of the weekly messages, and the results speak for themselves.

As a result of the eBulletin redesign, member recruitment and resubscribe campaigns, the AAO has brought thousands of members back to AAO communications over the past 12 months with nearly 16,000 subscribers. Email analytics indicate that a majority of AAO members (65%) regularly view these messages, and member engagement with advocacy initiatives, news items and AAO education resources have consistently grown over the past 18 months. Average email open rates range from 38-42%, and click rates often reach as high as 15-20%.

AAOTV is now available to all AAO members for use in their practices with entertaining, engaging, and award-winning orthodontic content. The AAO also has hundreds of members who opted into a voluntary SMS text messaging service for breaking news, time sensitive updates, and event engagement. Lastly, COC has already begun work for this year's Anti-Bullying public relations initiative, set for October.

*The COC will be meeting in St. Louis in September. Please feel free to email me with any questions or concerns that you would like for the Council to consider. Have a wonderful fall season! ■

AAO COUNCIL REPORTS



COUNCIL ON GOVERNMENT AFFAIRS

Dr. Jean Edouard Asmar
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The next COGA meeting will be an all-day virtual meeting on Tuesday, September 21. Originally, during the meeting this past March, COGA had agreed to hold its fall meeting on September 20-21 2021 as a tentative in-person meeting in Washington, DC; however, Dr. Frank Beglin (chair) made the decision to instead meet virtually. The morning will be devoted to business and the afternoon will be spent in meetings with members of congress.

COGA members have been receiving timely reports on updated state-by-state COVID-19 reopening measures. Cozen O'Connor trackers provide information on COVID-19 policy from individual states and the District of Columbia. This includes legislation and executive orders on vaccine passports, emergency declarations, mask mandates, unemployment program status, as well as updates on OSHA ETS and final rulemaking.

COGA has been working tirelessly on tracking and actively participating in ongoing regulatory reforms, student loan reforms, and rules and legislations regulating direct-to-consumer orthodontic treatment. ■



COUNCIL ON MEMBERSHIP, ETHICS & JUDICIAL CONCERNS

Dr. Luis Toro
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COMEJC welcomes the 2021-22 council year! Even though the COVID-19 Pandemic is still among us, the introduction of vaccines has helped humanity finally curb this deadly virus. Our lives and practices are still not back to what we considered standard back in January and February 2020, but I believe we are very close to our new workable normal.

The AAO, in addition to all the help and education they offered during the height of the pandemic, also delayed its membership dues invoicing for the year 2020-21 by two months. It also lowered the Consumer Awareness Program assessment by \$500 for full dues-paying members. We (the AAO) had a 92.2% total member renewal rate last year; an improvement from 91.4% the previous year.

We are happy to report that the AAO's active membership (U.S. and Canada) is now 8,212. The Active member's retention rate improved from 96.7% to 96.9%. Our total AAO membership is now 18,132; a decline from the previous year mainly due to a sharp drop in our International and International Student members.

COMEJC submitted several resolutions to the 2021 Virtual House of Delegates. Please refer to the summary of the outcomes of each resolution listed:

06-21 COMEJC (S1-MASO) (a carryover 2020 resolution) – Bylaws – the creation of a non-orthodontist educator member category – **REFERRED BACK TO COMEJC**

- At the House of Delegates morning Constituent Caucus, a possible unintended consequence of the resolution was presented. The HOD decided that 06-21 COMEJC (S1-MASO) needs further study before a final decision.
- ♦ The resolution's resolve is to create a new "non-orthodontist" educator membership category. There are many dedicated "non-orthodontist" educators throughout our residencies. Unfortunately, whenever any of these professors wish to participate in our annual sessions or any other continuing education events, they have to pay top non-member fees. Also, they are not allowed to participate in the Council of Orthodontic Educators.
- ♦ The concept and intentions of the resolution are laudable, but what would happen if a "non-orthodontist" dentist educator who teaches full time at any of our residencies would apply for AAO membership by using the proposed new membership category? Here's the possible unintended consequence – we might be creating a membership loophole.

14-21 COMEJC – Bylaws – restrict members with the "senior limited practice" waiver from serving in elected positions – REJECTED

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AAO COUNCIL REPORTS

COUNCIL ON MEMBERSHIP, ETHICS & JUDICIAL CONCERNS

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23-21 COMEJC (S1-PCSO) (S2-NESO) – Financial Policy – amendment to renewal deadline – **ADOPTED**

- Result: The deadline for members to renew will now be November 15 of each year, rather than December 31.

24-21 COMEJC (S1-GLAO) – Financial Policy – amendment to assessment policy – **ADOPTED**

- Result: The policy on assessments was simplified to indicate that academic and service members will not pay assessments.

25-21 COMEJC – Financial Policy – amendment to senior limited practice waiver policy – **ADOPTED**

- Result: The policy was updated to remove the word “senior” and specify that only Active/Life members could apply for the limited practice waiver.

The Council’s next conference call is on July 20, and we have also scheduled an in-person meeting in St. Louis on Saturday, January 8, 2022. Please do not hesitate to contact me at any time with questions, ideas, or concerns.■



COUNCIL ON NEW AND YOUNGER MEMBERS

Dr. Lauren Wiese
Lwiese01@gmail.com

The Council On New and Younger Members is encouraged by the potential for in-person meetings this year!

First, we welcome our newest members: AAO Trustee and Board Liaison Dr. Alex Thomas, Dr. Kevin Kurtzner (RMSO representative from Denver, CO), Dr. Christos Papadopoulos (NESO representative from Quispamsis, New Brunswick), Dr. Emily Willett (MSO representative from Lincoln, NE), Dr. Abbey Janssen (resident representative from Texas A&M), and Dr. Kyla Swearingen (resident representative from the University of Tennessee). Special congratulations to our new council Chair, Dr. Brandon Shoukri.

CONYM members convened virtually for our annual meeting on Saturday February 6, 2021. At this meeting, members of the council discussed the following undertakings, and considered new and upcoming endeavors.

Of the “four areas of focus” identified by the Board of Trustees, CONYM is primarily focusing on the areas of practice and financial management for new and younger members. CONYM members discussed the following initiatives:

1. Practice Management – The development of a potential practice owner toolkit was discussed, which could provide comprehensive guidance for running a practice as either a solo practitioner or partner in a group. There is potential for a joint COOP/CONYM subcommittee to develop an online lecture series for orthodontic office design, business planning, and additional content relative to new practice owners.
2. Practice Management – CONYM hopes to collaborate with COOP and the Special Committee on Women Orthodontists to develop resources for women preparing for and transitioning back from maternity leave.
3. Financial Management – The Council’s presentation at GORP was focused around financial management and provided a synopsis of the Financial Management for Residents program. It concentrated on tips around student loan refinancing, initial investment decisions, and saving goals. Content was inspired by the book, *The White Coat Investor: A Doctor’s Guide to Personal Finance and Investing*.

CONYM is excited to announce that the new mentoring program was launched this summer using a new platform, InstaViser. Council members discussed new names for the program, the participant titles, and conversation topics to be used to search for and match participants. The emphasis is on peer-to-peer mentoring and information sharing. It features a more short-term and streamlined approach. Mentees are able to book individual sessions with mentors on a given topic and

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AAO COUNCIL REPORTS

COUNCIL ON NEW AND YOUNGER MEMBERS

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meet through the platform via one-on-one video or phone conversations.

Members of CONYM continue to publish articles for new and younger members. These are published in eBulletins in the new and younger member column as well as news items on the AAO member homepage. One article is published each season and members take turns contributing content on various topics. Should any MASO member have recommendations for topics, please do not hesitate to reach out.

In past years, CONYM has had representation at the GORP and ASDA meetings. During GORP, a member

presents the CONYM initiatives and how the council represents their interests. Once again, the presentation at GORP this year was centered around financial management and was held in St. Louis, MO at the end of July. At the ASDA Annual Session, a council member represents the AAO at an exhibit booth with an AAO staff member. While the 2021 ASDA Annual Session was cancelled this year due to the pandemic, CONYM is looking forward to continuing this at the 2022 session.

CONYM members are looking forward to our next annual meeting which will be held in-person at the 2022 Winter conference in Orlando, Florida in January 2022. We welcome your outreach at any time with any questions, comments, or suggestions. ■

**COUNCIL ON ORTHODONTIC EDUCATION****Dr. Anil Ardesbina**

ardeshap@sdm.rutgers.edu

Greetings to all. I hope this finds you well and finally enjoying the beautiful summer weather in a social setting as our COVID-19 restrictions are lifted. The pandemic continued to be a challenge to orthodontic educational institutions. They had to adjust and adopt new strategies to comply with CODA standards and ensure the residents were still getting a proper education and clinical training. The Council on Orthodontic Education (COE) has been extremely active and dynamic during this time by working on several issues. Our last meeting was held virtually on May 15, 2021. Some of the highlights are presented in this report.

The American Board of Orthodontics exam was on April 6 and converted to a completely online format. This has increased the number of members who are pursuing Board certification. It is estimated that over 50% of AAO membership will be Board Certified. This increase is attributed to the convenience of online testing. It is far more convenient and cost effective for members to test online versus testing on site at the ABO offices.

The COE had lobbied CODA to postpone all 2020 site visits until they could be conducted in a traditional format in

2021. This will serve the best interests of both the programs scheduled for review and the consultants who were to conduct the program assessments.

The CODA Orthodontic Review Committee accepted revisions to the standard. Especially of note were the revisions that called for the program requirement to insure: 1.) a ratio of 4 to 1 resident-to-faculty for the entire program (clinical, didactic, administration and research components), and 2.) a ratio of 8 to 1 resident-to-faculty for clinical coverage. The Program Director shall be a full-time position as defined by the institution. Also of interest is that residents are expected to be competent to identify patients with sleep-related breathing disorders/sleep apnea. These changes will go into effect in July 2022.

There have been several infractions of Match Program. This has been a concern to both the AAO board of trustees and the COE. There was a discussion of implementing sanctions including AAOF awards. If the BOT ratifies sanctions, COE will utilize these sanctions to evaluate potential program violations. The Council suggested that it would be appropriate to report violations to deans, SOE, and other organizations. The COE will remain focused on how to "level the playing field" and the BOT will be consulted for their input.

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COUNCIL ON ORTHODONTIC EDUCATION

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The AAO established the Partners in Research (PIR) program to support the distribution of surveys to AAO members on behalf of faculty and/or postgraduate students of orthodontic programs accredited by CODA. This year approximately 26 surveys from various universities were disseminated. There was adoption of a standard rubric to objectively evaluate the surveys and the addition of additional PIR reviewers to help with the work load.

The COE evaluated the value and feasibility of a proposal on creating a speaker clearing house. Discussion centered around the appropriateness based on CODA requirements, resources required to implement, and Council constraints. Members expressed a possible need to connect residents and orthodontic

programs to additional technology and practice management resources that could be offered through the AAO.

The COE Annual meeting will be in person at the AAO offices on November 1, 2021.

Lastly, I encourage MASO educators to attend the Educators' Meeting during the 2021 MASO Annual Session in Rio Grande in November.

Please feel free to contact me If you have any questions related to orthodontic education that you would like to bring to the council's notice. My email is ardeshap@sdm.rutgers.edu and telephone number is 973-972-1892.

Best regards - stay well and be safe. ■



COUNCIL ON ORTHODONTIC HEALTH CARE

Dr. Richa Dutta
richadutta@gmail.com

I'm often asked what exactly the Council on Health Care does and what value does it add to our members?

In a nutshell, COHC is tasked with:

- Consulting with the appropriate organizations that provide or facilitate the delivery of orthodontic health care.
- Studying and making recommendations on all matters concerning third party reimbursement plans that are related to orthodontic care.
- Studying and making recommendations to improve the oral health care of the public by expanding access to quality orthodontic care.

Did you know that AAO has a helpline that you or a team member can access to get quick answers to insurance billing and coding questions? These questions help COHC understand what some of the

bigger challenges are for our members so that they can work toward a solution.

For example, this year COHC members worked with the Code Maintenance Committee (CMC) based on the last 2 years of feedback from our members. Starting Jan 2022, the code revisions will be as follows:

- Interceptive Orthodontic Treatment subcategory nomenclature, descriptor, and codes D8050 and D8060 will no longer be in the code book. For all interceptive treatment, providers can use the Limited orthodontic treatment codes or the Comprehensive treatment for adolescent dentition codes.
- Limited Orthodontic Treatment will have better descriptors to allow for the interceptive codes being removed.
- D8690 "orthodontic treatment (alternative billing to a contract fee)" will be deleted.

If you have questions or suggestions, I would love to hear from you to see how we can help our MASO members.

You can reach me via email at richadutta@gmail.com. Have an amazing, successful and rewarding second half of 2021! ■

AAO COUNCIL REPORTS



COUNCIL ON ORTHODONTIC PRACTICE

Dr. Lara Minahan
minahanl@hotmail.com

GENERAL: It was a pleasure to welcome BOT Liaison **Dr. Trista Felty** to support COOP team members Kay Pinner, Michelle Ritterskamp, Melissa McCulloch, Brandon Hackworth and Lauren Carr during our recent meeting at AAO Headquarters.

PRACTICE TRANSITION PORTAL and AAO CAREER FAIR: <https://www1.aaoinfo.org/careers/practice-transition-portal/> This Portal will provide on-going education and resources throughout the year. It includes topics related to practice sales, start-ups, partnerships, associateships, DSO involvement, and beyond. Convenient in-person resources will also be available at the 2022 Annual Session.

OFFICE DESIGN SERIES: A collaborative effort between COOP and CONYM is under way to review the current AAO office design webpage. A new platform to include business of orthodontics webinars with downloadable handouts/guides will provide yet another membership asset.

ORTHODONTIC STAFF CLUB (OSC): Doctors are encouraged to promote the benefits of the Specialized Orthodontic Assistant program (website access, fee discounts, etc.). The OSC Facebook page is being transformed into a valuable education resource, encompassing topics such as team training, the business of orthodontics, and clinical pearls. Please join us at: <https://www.facebook.com/groups/AAOstaffclub>

TRANSFER PATIENT RECOMMENDATIONS/ ORAL SURGERY RECOMMENDATIONS: In conjunction with

COMEJC and the AAO legal team, a COOP subcommittee is evaluating the benefit of recommendations that could aid both the practitioner and the patient should a transfer of orthodontic care be required. In addition, an informed consent document for the recommendation of orthognathic surgery will soon be available for the membership. A request for informed consent form templates on additional topics was extended to the membership and review is underway. Such forms are a testament to the AAO membership's ongoing effort to remain as transparent and patient-centric as possible.

ORTHODONTIC STAFF APPRECIATION DAY: Based on feedback in a 2019 AAO membership survey and approved by the Board of Trustees, the AAO Staff Appreciation Day was celebrated on June 2 in honor of our hard-working team members. Team celebrations may, of course, extend as long as your individual practice wishes!

PRACTICE OPPORTUNITIES AND CAREERS PROGRAM (POC): This confidential on-line program aims to match members searching for associateships, partnerships, sales, etc. The site includes job postings with ZipRecruiter. Resume critiques are available. In addition, member and non-member employers may post orthodontic staff positions. Please, as you use the program and hopefully achieve the match of your dreams, notify the AAO POC so that the site may remain current. Thank you!

Next COOP F2F MEETING scheduled: November 6, 2021

Please reach out to me any time with questions or comments that I may share with the Council throughout the year. Thank you again for this opportunity to share and serve. Stay well and may we meet soon in Miami! ■



COUNCIL ON SCIENTIFIC AFFAIRS

Dr. Dina Sanchez
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At the January 8, 2021 COSA meeting, the Council decided they would hold their Annual Session programs virtually or in a pre-recorded format.

The 2021 Hellman, Sicher, Graber award winners pre-recorded their lectures. These lectures can be found on the

2021 Annual Session webpage. Three of the 2020 winners, who did not have an opportunity to present last year, also pre-recorded a lecture and their lectures are posted on the 2021 Annual Session webpage.

Several of the 2020 and 2021 Oral Research participants pre-recorded their presentations. These presentations can be found on the 2021 Annual Session webpage.

The 2021 E-Posters are available for viewing until July 31, 2021.

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AAO COUNCIL REPORTS

COUNCIL ON SCIENTIFIC AFFAIRS

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On May 22, 2021, COSA held the judging part of the William R. Proffit Resident Scholar Award via Zoom. The 2021 William R. Proffit Resident Scholar Award winners are:



Chen



Jiang



Crawford



Abufarwa



Sheeran



Virji



Kobewka

Basic Science Research

1st place: Po-Jung Chen - University of Connecticut: *Senolytics alleviate the degenerative disorders of temporomandibular joint in old age*

2nd place: Wenlu Jiang - University of California, Los Angeles: *Fibromodulin promotes myofibroblast clearance in high-mechanical-loading induced postoperative scars after cleft lip repair*

3rd place: Derrick Crawford - University of Michigan: *Injection of nitric oxide nanoparticles inhibits orthodontic tooth movement*

Clinical Research

1st place: Moufida Abufarwa - University at Buffalo School of Dental Medicine: *The effect of acid etching the enamel prior to CPP-ACP-fluoride varnish application*

2nd place: Shelby Sheeran - University of Kentucky: *The validity of a user-friendly three-dimensional voxel-based maxillary superimposition*

3rd place: Insia Virji - University of Illinois – Chicago: *Translucency changes of two retainer materials after staining and destaining*

3rd place: Marissa Kobewka - University of Alberta: *Periodontal changes associated with orthodontic expansion - Hyrax vs. Damon*

On May 14, 2021, COSA determined the Joseph E. Johnson Clinical Award for Table Clinics. Table Clinic participants were

asked to convert their table clinic into a E-Poster. The 2021 winners are:



Keyser



Murillo



DeVeaux

Mary Morgan Bitler Keyser - University of North Carolina - Chapel Hill: *Orthognathic speech pathology: impacts of anterior open bite on speech*

Guiselle Murillo - UCLA School of Dentistry: *Comparing changes in plaque, gingival inflammation, and the oral microbiome in orthodontic patients treated with fixed appliances vs. clear aligners*

Sarah DeVeaux - Tri-Service Orthodontic Residency Program - JBSA Lackland: *In vitro aging of resin microinfiltrant restoration effect on shear bond strength of orthodontic bracket adhesive*

Applications are currently being accepted for the 2022 Milo Hellman Research Award, the Harry Sicher Research Award, and the Thomas M. Graber Awards of Special Merit. Applications for these awards can be found on the 2022 Annual Session website. Only the online application will be accepted for these awards. The application deadline is 6:00pm EDT on October 1, 2021.

COSA will be accepting online applications to present Oral Research, Table Clinics and E-Posters at the 2022 AAO Annual Session starting the first week of August 2021. The application deadline is 6:00pm EDT on October 15, 2021.

COSA will be accepting online applications for the William R. Proffit Resident Scholar Award at the 2022 AAO Annual Session starting the first week of December 2021. The first forty residents who apply for the program are accepted. The application deadline is February 1, 2022.

The 2021-2022 members of COSA are:

Dr. Steven Marshall, chair (MSO)
 Dr. Michael Duryea (RMSO)
 Dr. Onur Kadioglu (SWSO)
 Dr. J. Martin Palomo (GLAO)
 Dr. Emile Rossouw (NESO)
 Dr. Dina Stappert (MASO)
 Currently vacant (PCSO)
 Dr. Eser Tufekci (SAO)
 Dr. Greg Huang (Member at Large)
 Dr. Kelton Stewart (Member at Large)
 Dr. Rolf Behrents (Trustee Liaison)

COSA's next meeting is January 7, 2022 via video conferencing. ■



AAOF UPDATE

Dr. Orhan Tuncay

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- We invite all AAO members to support the foundation by making an annual donation.
- The AAOF has a new expanded mission to support all our recently acquired programs and initiatives in 2021.
- The 2021 Jarabak Award winner is Dr. Laura Iwasaki of PCSO.
- The Awards Program approved the funding of 33 grant proposals. We received 45 applications requesting funding from the AAO Foundation.

ONE PLACE, MORE OPPORTUNITIES FOR MEMBERS

Along with a new mission, the American Association of Orthodontists Foundation is now offering more opportunities for AAO members to get involved. In 2021, the AAOF welcomed the Donated Orthodontic Services (DOS) program and the Disaster Relief Fund (DRF) to its philanthropic umbrella so members can engage on multiple levels, all in one place.

The new mission, *"The AAO Foundation is to advance the orthodontic specialty by supporting quality education and research that leads to excellence in patient care, and by promoting orthodontic charitable giving."*

The AAOF's passion for education and research, will always be at the forefront of what it does. Expanding the mission statement and gaining two dynamic programs truly gives the Foundation new ways to move the specialty forward. Both programs, DOS and the DRF will bring diversification

to the Foundation by adding volunteerism and a way of supporting our supporters, especially during times of natural disaster.

To learn more, please visit: <http://www.aaofoundation.net/charitable-giving>.

2021 AAOF AWARDS PROGRAM

The Planned Awards Review Committee (PARC) met in St. Louis in January of 2021 to review the proposals for grant funding that were received in November. 45 applications were received and 33 were approved for funding in 2021. In total the AAO Foundation will be awarding approximately \$772,000 in award funding in 2021. For 2022 funding, the applications will be moved to an online system which will be available for viewing in July of 2021. Applications will be due November 12, 2021. If you have questions, please contact the AAO Foundation office.

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 2021 by visiting our website. If you are interested in becoming a monthly donor, please consider joining the Century Club. This is for donors who give a minimum of \$100 a month to the AAO Foundation. You can sign up for this option on our website.

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

FOR MORE INFORMATION

If you should have any questions or concerns, please call Jackie Bode, AAOF Senior Vice President, at 314-292-6546 or by email jbode@aaortho.org. ■



AAO HOUSE OF DELEGATES

Dr. Richa Dutta

richadutta@gmail.com

As I write this report, I look back on all the changes that AAO had to make in the last 6 months for the annual meeting and I marvel at how well they pulled everything off! From planning an in-person House of Delegates and Annual session to moving it virtual, then moving the entire annual session to a virtual platform and then moving a meeting from one State to another for next year!! It took me 2 weeks to just get all my facts together to write this one page report!

Key Resolutions adopted by the HOD include:

1) Extended, Automatic Funding for the Component Legal Support Fund

Since its inception in 2015, the Component Legal Support Fund (CLSF) has provided funding to assist with advocacy issues in 40 states and two Canadian provinces. Historically, the CLSF has been set at \$1 million and required an updated HOD vote every year. This year's HOD action ensures that the CLSF will automatically be restored to \$1 million at the beginning of each fiscal year, and will be funded out of the AAO's excess liquid reserves.

2) Approval of the Southern Association of Orthodontists/ Southwestern Society of Orthodontists Merger

The HOD approved the proposed merger of the Southern

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AAO HOUSE OF DELEGATES

CONTINUED FROM PAGE 29

Association of Orthodontists and the Southwestern Society of Orthodontists to become one AAO constituent organization. Long-term processes related to the merger will be completed before the change takes effect.

In recent years, AAO governance task forces have recommended the merger of constituencies to generate economics of scale, facilitate professional management, and improve efficiency for larger meetings.

3) Setting of Member Dues

Dues rates for 2020-21 will be:

- Active (US): \$793.00 (unchanged since 2013)
- Active (Canada): \$634.40 (80% of U.S. active member dues)
- International: \$396.50 (50% of U.S. active member dues)
- Student: \$30

4) Consumer Awareness Program Assessment

As approved by the HOD in April 2020, the CAP budget for

FY20-21, FY21-22 and FY22-23 is \$5 million per year. In 2020 the member CAP assessment was reduced from \$600 to \$300 to provide some relief from the effect of pandemic-related office closures.

Rather than restoring the \$600 level for 2021-22, the HOD approved the \$400 assessment in recognition of members' continued need for financial relief due to COVID-19 closures. The remaining CAP funding for FY21-22 (an estimated \$1.9 million) will come from excess liquid reserves.

You can also learn more about the resolutions discussed and approved at the AAO website.

Working with the MASO delegation has been a humbling experience. Our delegates took time out of their lives and their families lives to spend a weekend in April and many hours of zoom calls and meetings to achieve a successful 2021 HOD.

Have a wonderful rest of the year and I look forward to seeing everyone in Miami next year! ■



AAO PAC UPDATE

Dr. Massimo Verduci

mvfirenze@gmail.com

The 2021 Advocacy Conference was held virtually, with four MASO members and four residents participating.

Federal level advocacy is made possible by the AAOPAC. Over the past year, the AAO has worked with its federal lobbying team at Cozen O'Connor Public Strategies to achieve many victories, including:

- Successfully advocated for small business relief, including for the Paycheck Protection Program (PPP) and the Economic Injury Disaster Loan (EIDL) program, in the various COVID relief packages.
- Lobbying the Department of Health and Human Services (HHS) on the Provider Relief Fund (PRF) to ensure orthodontists were among the providers eligible for COVID funding. AAO advocated on behalf of orthodontists to HHS, and allies on Capitol Hill to ensure orthodontists could be eligible for these funds as well.
- Engaging with various regulatory agencies on obtaining guidance and clarification for COVID-19 safety protocols.

- Working with leadership from the Occupational Safety and Health Administration (OSHA) and Department of Labor (DOL) to share best practices for keeping dental staff safe, as well as to obtain safety guidance for dentistry.
- Developing a relationship with the Centers for Disease Control and Prevention (CDC) to receive updated guidance on dental setting safety during COVID-19 and maintained an open line of communication with CDC policy leaders as questions or concerns arose on COVID-19 guidance and issues.
- Collaborating with the American Dental Association (ADA) and the Federal Emergency Management Agency (FEMA) to secure PPE for dentists across the country.

Legislative Updates

- In March 2021, Representative Steve Stivers reintroduced the **RAISE Health Benefits Act**
 - ✦ Rep. Stivers resigned to return to OH government
 - ✦ Looking at a new lead for RAISE Act and Senate lead as well

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AAO PAC UPDATE

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- ✦ RAISE Act would:
 - Increase the cap on FSA contributions to \$5,000 per year (an index for inflation moving forward), which would allow patients to save more for their own healthcare needs and actively plan for major expenses that exceed annual contributions.
 - Expand the FSA contribution cap to allow an additional \$500 per year for each dependent, after the first two dependents, to give larger families the same purchasing power a family of four has under the law.
 - Remove the “use-it-or-lose-it” rule to allow families to carry forward unused funds in perpetuity. Families should be encouraged to build reserves that will help them manage major medical expenses in the future without fear of forfeiting or wasting funds.
- **Ensuring Last Smiles Act (ELSA)** was reintroduced in March as well
 - ✦ Currently 230 co-sponsors in the House and 36 in the Senate!
 - ✦ ELSA would:
 - Require all group and individual health plans to cover medically necessary services related to the diagnosis or treatment of a congenital anomaly or birth defect.
 - Address coverage denials and ensure that all patients receive the treatment they need for these birth defects or anomalies.
- **Student Loan Relief and Student Debt Relief** continue to be a main priority for the AAO. The Biden administration has indicated its interest in taking the student loan issue as well. While there are several student loan reform bills, the AAO, as well as other dental organizations, are working to prioritize a bill that gains steam this year. Some examples of the student loan reform bills are:
 - ✦ The Student Loan Refinancing and Recalculation Act would preserve the in-school interest subsidy, reduce origination fees and borrowing rates, provide for federal student loan refinancing, and allow for residency deferments.

- Orthodontists must complete 10 to 11 years of post-secondary education before practicing their specialty. The average graduating orthodontic resident today owes approximately \$428,150 in student loan debt. Current federal student loan policy does not really account for a professional’s ability to repay student loans, resulting in policies that compound the student loan crisis and undermine a federal goal to expand the number of medical professionals in the United States. The AAO is concerned about the burden of such large amounts of debt on its current members, in addition to discouraging future members – particularly those from underserved communities – from entering the profession.

- ✦ As Congress focuses on reauthorizing the **Higher Education Act (HEA)**, policy solutions are essential to provide a fair and equitable loan system for future borrowers and also to maintain a strong economy. The House bill to reauthorize HEA, the **College Affordability Act (CAA)** (H.R. 4674), addresses many of the AAO’s priorities, including: (1) the repeal of origination fees; (2) federal refinancing of student loans; (3) preservation of the undergraduate and reinstatement of the graduate interest subsidy; and (4) strengthening the Pell Grant program.
- ✦ **The Student Loan Refinancing Act (H.R. 2186)** also would allow for borrowers to refinance their student loans when borrowing rates are reduced. The Student Loan Tax Elimination Act (S. 1696) also would eliminate origination fees on all federal Direct Loans. The Resident Education Deferred Interest (REDI) Act (H.R. 1554) would provide interest-free deferment for all orthodontic students while in residency.

The AAO continues to work with our federal lobbying team at Cozen O’Connor Public Strategies to advocate for issues that are important to you as an orthodontist. The AAO will continue to work with members of Congress and regulatory agencies to advance our priorities, including the COVID-19 response, student loan reform, flexible spending arrangements for financing health care expenses, and consumer protections. ■



ABO UPDATE

Dr. Roberto Hernandez-Orsini

hernandez-orsini@americanboardortho.com

The ABO is committed to upholding our mission to elevate the quality of orthodontic care for the public by promoting excellence through certification, education and professional collaboration.

ABO Yearly Update:

COVID-19 Pandemic has impacted the plans and protocols for the ABO, especially all in-person events.

Clinical Examination Update:

- The ABO conducted Clinical Examinations in February and November 2020 and February 2021. The originally scheduled July 2020 Clinical Examination was cancelled due to COVID-19 with examinees having the opportunity to transfer to future examination dates. A total of 503 examinees were certified or recertified during the 3rd and 4th quarters of 2020 and the 1st quarter of 2021, including the November 2020 Scenario-based Clinical Examination. A total of 288 examinees were certified or recertified during the 1st and 2nd quarters of 2021, including the February 2021 Scenario-based Clinical Examination. Listings by constituency for all examinations are located on the ABO website.

Additional examinations in 2021 will be administered in July and November. Registration for both the February and October 2022 Clinical Examinations opened on June 2, 2021.

Interest and demand in the Scenario-based Clinical Examination continues to be solid with most examinations reaching full capacity. Examinations take place at specific testing centers worldwide with travel to St. Louis no longer required. Examination components and testing criteria have not changed with the only accommodation made on how answers are submitted. The examinations continue to be scored blindly by multiple ABO examiners.

Study guides, sample cases and preparation materials are continuously updated as valuable resources for those wanting to take the examination and are located on the ABO website. Complete details on how to register for upcoming exams can also be found on the website.

The ABO is proud to announce that board certified orthodontists now represent 54% of AAO membership.

Certification Renewal:

- The ABO continues to focus on board certified orthodontists whose certification is scheduled to expire within the next 3 years. Emails, letters and creative mailed pieces will be distributed throughout the year as a reminder to recertify. Certification Renewal is required every 10 years to maintain an active board certification

status and may be started no earlier than 36 months prior to the expiration date printed on the individual's certification document. Two options are available: completion of one online Board Case Examination or a Mail-In Case Report Examination; both alternatives also require the completion of continuing education credits from four online AJODO examinations. Please view the video which briefly outlines the examination components and why renewal is important. Additional information may also be found on the ABO website.

Written Examination Update:

- The ABO Written Examination was administered to 408 examinees on April 6, 2021 at Scantron testing centers in the United States and Canada. The ABO Written Examination is a comprehensive exam that assesses the examinee's knowledge of basic sciences and clinical concepts based on criterion-referenced testing. The examination is composed of 240 multiple-choice questions on subject areas outlined by CODA and divided into four modules. The four domains are equally balanced through the exam content. An important reminder once this examination is successfully completed, it does not expire. Therefore, all those that successfully pass the written exam can sign up for clinical examination to complete the process for board certification. Requirements, eligibility and examination resources are all located on the ABO website.

Educational Update:

- The ABO will conduct a July 2021 Item Writing Session in St. Louis where guest item writers will be tasked to build questions and answers for upcoming Scenario-based Clinical Examinations.
- The ABO is pleased to introduce a new video, *It Takes A Specialist*, on the importance of using a specialist. This resource was designed exclusively for use by board certified orthodontists for placement on their website, social channels, office lobby or patient waiting areas. We are working to expand this campaign with additional materials to compliment the video and its' message. We are also honored to share the video with the World Federation of Orthodontists (WFO) for inclusion on their website.
- ABO educational toolkit materials are updated as needed as an online resource for board certified orthodontists. A convenient link is now located on personalized dashboards for easier access.
- The ABO is working to upgrade their website to improve functionality and overall user experience.
- The ABO has again requested an unmanned tabletop display for board certification materials at the individual constituency Annual Session meetings.
- Complimentary ABO measuring gauges for incoming residents will be provided to requesting CODA-accredited orthodontic programs.

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ABO UPDATE

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Educators Symposium:

- The ABO Educators Symposium, *"The Change is Here – Are you on Board?"* honoring Dr. Katherine Vig, originally scheduled on April 18, 2020, has been rescheduled. The symposium will now take place on Saturday, October 30, 2021, in St. Louis, Missouri. A welcome dinner will take place the evening of Friday, October 29. Orthodontic department chairs, program directors and ABO-appointed advocates along with AAO trustees, CDABO council and ABO emeriti will be invited to attend. In-person spaces are limited, however, a virtual component of the event will be available to invited guests unable to attend.

The College:

- The College of Diplomates (CDABO) continues to offer prep courses on how to prepare for the ABO Scenario-based Clinical Examination. For information on these courses, please contact the College. In addition, the College continues to oversee the administrative organization of the ABO advocacy program to encourage certification at orthodontic residency programs.

GORP:

- The ABO looks forward to participating in the 2021 GORP meeting in St. Louis, MO. Dr. David Sabott will provide information on board certification to the residents and ABO staff will also be on hand for questions.

2020-2021 ABO Directors:

- The ABO Directors for the 2021-2022 year are as follows:
Dr. David Sabott, President, representing the Rocky Mountain Society of Orthodontists

Dr. Patrick Foley, President-Elect, representing the Midwestern Society of Orthodontists

Dr. Timothy Trulove, Secretary-Treasurer, representing the Southern Association of Orthodontists

Dr. Jae Hyun Park, Director, representing the Pacific Coast Society of Orthodontists

Dr. Roberto Hernandez-Orsini, Director, representing the Middle Atlantic Society of Orthodontists

Dr. Stephen McCullough, Director, representing the Southwestern Society of Orthodontists

Dr. P. Emile Rossouw, Director, representing the Northeastern Society of Orthodontists

Dr. Valmy Kulbersh, Immediate Past-President, representing the Great Lakes Association of Orthodontists

The AAO House of Delegates confirmed Dr. Anthony Puntillo as the new 2021-2022 ABO Director representing the Great Lakes Association of Orthodontists.

- The ABO proudly recognize 2020-2021 award recipients:

Dr. Rolf G. Behrents – Albert H. Ketcham Memorial Award

Dr. Carla Evans - Dale B. Wade Award of Excellence in Orthodontics

Dr. Perry Opin - Earl E. and Wilma S. Shepard Distinguished Service Award

Dr. John Kanyusik - O.B. Vaughan Special Recognition Award

Due to the multiple cancellations as the result of COVID-19 World Pandemic to recognize the ABO 2020-2021 award recipients, the ABO is working to appropriately recognize these special individuals.

Please visit the ABO website for information on all award honorees. ■

AAO Advocacy Conference Held on February 22-23, 2021



Dr. Kathy L. Marshall
k_marshall@howard.edu

The AAO Advocacy Conference was a two-day event to permit orthodontists, residents and AAO officials to meet with legislators to advocate on issues of importance for the orthodontic community.

The major topics of discussion were as follows: the priorities of the Biden administration; COVID's

disproportionate effect on dentistry and orthodontics; OSHA guidelines; the dangers of direct to consumer orthodontic products; the cost of education. The major focus dealt with how these matters affect our profession.

The enormous cost of an orthodontic education astonished many legislators and led to discussion of the amount of average student loan debt for orthodontic residents and practicing orthodontists. Loan reform was discussed to assist the orthodontist with payment of exorbitant student loans. ■

Strategic Plan Update

The MASO board has been hard at work continuing our multi-year Strategic Plan update. Our ultimate goal is to evolve in such a way as to reflect the changing landscape of the profession and needs of our members. Our Strategic Plan is comprised of four main objectives. A team of two board members has been tasked with developing and carrying out action items for each of these objectives. At both our March and June 2021 Board Zoom meetings, each team outlined both their plans and actions taken so far. Please find the highlights of our discussion below:

Objective 1: Enhance Communication to Members

- We are increasing digital content - the Spring journal will be hard copy and the Fall journal will be digital.
- A number of MASO residency program heads have committed to submitting content for our journal.
- A Motion was passed approving the engagement of MaxExposure, a social media firm that is to provide and handle our social media content. The approved content will be handled by our communications committee.

Objective 2: Engage Members and Provide Value

- We plan to involve residents in our 2021 Annual Session by having representatives from various MASO residencies host/introduce each program speaker.
- A survey was circulated in June via email to all MASO members. The results of the survey will be used to inform the future of our meetings in order to make them more meaningful to our members.

Objective 3: Elevate Member Knowledge and Expertise

- Online case presentations from various MASO residency programs will be available for members to learn from.
- We would like the presidents of the state orthodontic associations to join our board and/or delegate meetings.
- We have proposed that a scientific chair be assigned to help with our annual meetings (literature reviews, posting information on our social media channels, etc).
- We are considering having more joint meetings with other constituencies so that effort and cost are lessened.

Objective 4: Advance Organizational Effectiveness

- We have proposed a more grassroots-level effort to attract future leaders at the local component level.
- We plan to offer support to component societies. This will involve promoting their meetings on our social media.
- We would also invite the component societies to help plan/inform our meetings as well.
- A vote was passed to subsidize the presence of a senior representative of the local components to join the Board meeting and MASO Business Meeting (as a non-voting member and guest) at the Annual Session with a \$600 stipend + dinner. Registration to be paid by the individuals.
- We plan to discuss reorganization/mergers of constituencies in the near future.

Each team will provide a report on progress made on their Strategic Plan objective during each Board meeting. An update will be provided to members following the November 2021 Annual Session Board meeting. ■



TREASURER'S REPORT

Dr. Dave Harmon
hyrax3@aol.com

At the September 11, 2020 MASO Board meeting, a motion was approved that the MASO Finance Committee conduct an investment portfolio review and report its findings to the Board in January 2021. While MASO's investments have yielded an impressive 11 percent return over the past decade, changes in the internal structure of the investment company over the last few years turned MASO's managed account into a self-directed one.

MASO contacted several companies, including DiMeo Schneider, the same firm utilized by the AAO, most of the AAO constituents, and other related organizations, and after several interviews via Zoom, recommended to the MASO Board in January 2021 to move our portfolio over to DiMeo Schneider, now called Fiducient Advisors.

MASO members, the Board is very happy with the mix of investments now employed to manage MASO's hard earned money, and is looking forward to the future of serving members for years to come. ■



NOMINATING COMMITTEE REPORT

Dr. Russell Sandman
doctorbrace@yahoo.com

The slate was presented to the Board by the Nominating Committee Chair, **Dr. Russ Sandman**, during the MASO Board Meeting Conference Call June 3, 2021 and was approved by the Board. Dr. Sandman will confirm appointments to be posted in the MASO Journal/mailed to the membership, prior to approval by membership during the MASO Annual Session Member/Business Meeting on Saturday, November 6, 2021 in Puerto Rico.

MASO Strategic Plan:

- Enhance Communications to Members and the Public
- Elevate Knowledge and Expertise
- Advance Organizational Effectiveness
- Engage Members and Provide Value

The Nominating Committee consists of eight (8) members: The Immediate Past President, the prior immediate past president, and six members, one from each MASO component. The President of each MASO component, or a designee, is given preference for this position. The senior Past President is Chairperson of the Committee. Each is to serve for one year.

Nominating Committee Members for 2022

1. Dr. Russell Sandman (NJ), Prior (senior) Immediate Past President, Chair
2. Dr. Ty Saini, Immediate Past President
3. Dr. Jean Asmar, representing DC
4. Dr. Brandon Hagan, President MD
5. Dr. Brianne Flagg, President DE - Absent
6. Dr. Michael Perillo, Vice President NJ – Substitute for Dr. Jennifer Morrison
7. Dr. Jimmarie Ramos, President PR
8. Dr. Alfred de Prophetis, President PA - Absent

Elections are held at the Annual Session during the General Membership meeting. (Term year: Annual Session to Annual Session) Directors, in general, will serve for a total of six years (two three-year terms) before becoming eligible for the position of President-Elect. Under special circumstances, a Director/Officer may continue on the Board for one additional year to maintain the order of succession.

EXECUTIVE COMMITTEE

PRESIDENT: Dr. Madeline Goodman (MD)..... 2021-22
 PRESIDENT ELECT: Dr. Dave Harmon (MD) 2021-22
 SECRETARY: Dr. Alireza Omid Rajaei (MD) 2020-22
 TREASURER: Dr. Sana Augustus (DC) 2021-23
 IMMEDIATE PAST PRESIDENT: Dr. Francis Picon (PR) 2021-22
 TRUSTEE: Dr. Steven Siegel (MD) 2022-24
(Dr. Siegel started his 1st two-year term in May 2016)
Trustee term limit: (max 4 two-year terms)

NOMINEE

DIRECTORS

Per the Bylaws, Directors now serve two three-year terms.

1. Dr. Paul Batastini (NJ) 2021-24
(Will be starting the 1st year of his second 3-year term)
2. Dr. Lynette Garcia (PR) 2019-22
(Will be starting the 3rd year of her first 3-year term)
3. Dr. Tejy Thomas (PA) 2020-23
(Will be starting the 2nd year of his first 3-year term)
4. Dr. Brienne Flagg (DE) 2021-24

NOMINEE

DELEGATES (7)

Seven (7) delegates are elected to the AAO for a two-year term; no more than three (3) consecutive terms may be served; past delegates are required to wait one (1) year before being re-nominated.

1. Dr. Richa Dutta (MD) 2020-22
Dr. Dutta is currently completing her 1st year of her 3rd two-year term.
2. Dr. Richard Albright III (PA) 2020-22
Dr. Albright is completing his 1st year of his 2nd two-year term.
3. Dr. Douglas Harte (NJ) 2020-22
Dr. Harte is completing his 1st year of his 2nd two-year term.
4. Dr. Jean E. Asmar (DC) 2021-23
Dr. Asmar is completing his 2nd year of his 2nd two-year term.

NOMINEE

5. Dr. Kathy Marshall (DC) 2021-23
Dr. Marshall is completing her 2nd year of her 1st two-year term.

NOMINEE

6. Dr. Richard Isaacson (NJ) 2020-22
Dr. Isaacson is completing his 1st year of his 1st two-year term.
7. Dr. Ty Saini (MD)..... 2020-22
Dr. Saini is completing his 1st year of his 1st two-year term.

ALTERNATE DELEGATES (3)

Alternate delegates are elected to serve a one-year term; no more than two consecutive terms may be served before an individual is either elected as a Delegate or removed from the delegation. The MASO President will serve as the First Alternate and the MASO President-Elect as Second Alternate

1. Dr. Madelaine Goodman (MD) *(As required by MASO MOP)* 2021-22
(MASO President)
2. Dr. Dave Harmon (MD) *(As required by MASO MOP)* 2021-22
(MASO President Elect)
3. Dr. Anne O'Day (PA) 2021-22
Dr. O'Day is completing her 1st year of a one-year term.

NOMINEE

MASO COMMITTEES

I. Communications/Publications

Consists of the MASO Editor and three (3) at-large members elected for a 3-year term.

1. Dr. Normand Boucher (PA) **Chair/Editor**..... 2019-22
2. Dr. Nancy Pancko (DE) 2019-22
3. Dr. Ryan Tamburrino (PA) 2020 -23
4. Dr. Robert Laraway (MD) 2021 -24

NOMINEE

II. Education/Research

Consists of three (3) members elected for a 3-year term.

1. Dr. Hyeran Helen Jeon (PA) **Chair** 2019-22
2. Dr. Jeff Godel (PA) 2020-23
3. Dr. Jose Bosio (MD) 2021 -24

NOMINEE

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NOMINATING COMMITTEE REPORT

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III. Government Affairs

Consists of six (6) members, two to be elected each year, for a 3-year term. Encouraged to attend the AAO Advocacy Conference in D.C.

NOTE: Chair to be elected by the Nominating Committee

1. Dr. Kathy Marshall (DC) **Chair** 2019-22
2. Dr. Milton Matos (PR) 2020-23
3. Dr. Daniel Diaz Rubayo (PR) 2021 -24

NOMINEE

IV. Member Services: Membership/Ethics/ Practice Transition

Consists of five (5) members elected to a 5-year term

1. Dr. David Bonebreak (MD) 410-799-8220 **Chair** 2017-22
2. Dr. Jose Vincens (PR) 787-633-6847 2018-23
3. Dr. Courtney Rubin (PA) 516-428-5173 2020-25
4. Ambar Mier Lopez (PR) 2021-26

NOMINEE ■

In Memorium

MASO wishes to recognize the following members who have passed away.

Dr. Donald Rosenbloom, Hackensack, NJ

Dr. Henry A. Hillebrand, Brookhaven, PA

Dr. James Baldwin, Indianapolis, IN

Dr. Herbert R. Gordon, North Caldwell, NJ

COMPONENT NEWS



Delaware State Orthodontic Society

Dr. Brienne M. Flagg
brienneflagg@gmail.com

The Delaware State Society of Orthodontists is looking forward to having our first meeting since the onset of the pandemic this fall. In light of the current state of affairs, we are still unsure of whether this meeting will be in person or virtual. We are excited for the opportunity to discuss the many changes within our state and the practice of orthodontics since our last meeting.

We would like to express our sincerest thanks to the current president of the Delaware State Dental Society, Dr. Vincent Daniels, and all of the board members for their efforts in organizing efficient vaccination events for all dental professionals in our state. We appreciate all of your hard work to help ensure our safety as well as that of your staff and patients.

It has been my honor to serve as DSSO President and I would like to thank all members of the DSSO for their continued support of our amazing profession. Under the guidance of our amazing President, Dr. Hilda Oweisy, we will continue to collaborate and advance our profession. ■



**Maryland State
Society of Orthodontists**
Dr. Brandon Hagan
brandon.j.hagan@gmail.com

The MSSO successfully held our virtual Spring 2021 meeting on May 21. Dr. Bryan Lockhart, junior director of the North Carolina Association of Orthodontics and Dr. Alfred C. Griffin, III, co-founder and CEO of Lightforce Orthodontics presented on the topics of in-house aligner fabrication/marketing, 3D customizable printed bracketing systems, and clinical orthodontic treatment. Discussions of office implementation, aligner and customizable bracket workflow, and clinical results were discussed. A business meeting for the state members was held at the lunchtime hour where new executive board members and directors were voted upon. Our current 2021

executive board members are **Dr. Brandon Hagan**, (President), **Dr. Richa Dutta** (President Elect), **Dr. Chris Scott** (Treasurer/Secretary), **Dr. Monica Schneider** (Director), and **Dr. Moshe Stern** (Director).

Despite the many challenges of being able to hold our annual meetings in person, the virtual meetings and continuing education sessions have provided an easy and efficient way for our members across the state to be able to attend in a safe and unchallenging manner. Our Fall 2021 meeting will be held in October with topics focused on practice transitioning, lease negotiations, marketing for the orthodontic practitioner. As most orthodontists have resumed practice, we hope that everyone continues to be well and safe. We look forward to seeing everyone at an upcoming virtual meeting and in person at the MASO annual session in November. ■



**New Jersey
Association of Orthodontists**
Dr. Jennifer Morrison
jmorrison3@hotmail.com

Earlier this year, the NJAO had the pleasure of hosting two zoom meetings. First in March, we welcomed ULab's Jean Morrison and Dr. Curtis Daily, who discussed the various updates to their digital treatment planning software and aligner ordering process.

Then in April, we hosted an outstanding lecture by Oral Maxillofacial Surgeon Dr. Mark Park, who discussed the

evolution and advancements in orthognathic surgery. He also outlined best practices for the surgical management of patients and coordination with the orthodontist.

We are also pleased to announce our 2021-2022 NJAO board members: **Dr. Jennifer Morrison** (President), **Dr. Michael Perillo** (Vice-President), **Dr. Shalin Shah** (Treasurer) and Dana Foster- Williams (Executive Secretary).

I am certain we all eagerly look forward to seeing our friends and colleagues again. Thus, our board members are working hard on plans for safe in person CE events in the near future. ■



**Pennsylvania
Association of Orthodontists**
Dr. Alfred de Prophetis
AlfredDDS@aol.com

The Pennsylvania Association of Orthodontics Fall Board meeting is scheduled for Friday October 22 to 24 at Skytop Lodge in the Poconos. **Dr. Jacob Orozco** will be sworn in as President and topics of discussion will include the planning of the continuing education

program for the coming year. Although **Dr. Tejjy Thomas'** plans for this past year's program were torpedoed by COVID, his expertise will be invaluable to the planning. Committees will be populated under the guidance of Dr. Tom Howley out Executive Director and the need for new Board Members will be discussed. Committee reports will be presented.

We are looking forward to the camaraderie we always share at these events; especially now that we are rising out of such a dark period. The future is bright. ■



**Puerto Rico
Society of Orthodontists**
Dr. Jimmarie Ramos

The Board of the Puerto Rico Society of Orthodontists continued providing tangible benefits to its members despite the limitations imposed by COVID-19. This year we were able to reduce the local annual dues and host several virtual continuing education courses.

This January, Dr. Lydia Guerrero, Chair of the Oral and Maxillofacial Residency at the University of P.R. School of Dentistry, provided us with a virtual CE course on the latest updates regarding the management of impacted third molars and associated pathology. In addition, Dr. Carlos Flores-Mir, Professor and Interim Orthodontic Graduate Program Director and Associate Chair at the University of Alberta School of Dentistry, gave us an excellent presentation concerning maxillary canine impaction prevention and management in February. These virtual meetings kept our association up to date while keeping our members engaged.

During these trying times, we were able to maintain an active public awareness campaign with our website www.seo-pr.org which has gained quite a large number of viewers recently. It seems that despite the use of masks, people's concerns about their smile have increased as the demands for orthodontic treatment has surged.

We want to congratulate our colleague **Dr. Mario Polo** on his recent appointment as Associate Editor of the *American Journal of Orthodontics* and we wish him success in his new assignment.

Our association has planned the biannual orthodontic assistant course for August. The course title is "The delight of exceptional service to the client" and it will be hosted by Dr. Chamir Highley who is a prominent business consultant. This time we are expecting lots of participants from all over the island since it will be held virtually.

We are very excited to have the 2021 MASO Annual Session at the Wyndham Grand Rio Mar Golf and Beach Resort, Puerto Rico. We are looking forward to meeting new friends and to give you a warm welcome as you visit our beautiful island! Hope to see all of you here! ■

GRADUATE PROGRAM REPORTS



**ALBERT EINSTEIN
MEDICAL CENTER**
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Resident Activities

We are very pleased that our rising third year residents, **Drs. Yee Seul Chun, Michael Kotecki** and **Gannon Van Allen** passed the American Board of Orthodontics written exam. In addition, they performed quite well in our demanding end of 2nd year Mock Board Exam.

Our second year residents are actively engaged in research projects. **Dr. Mordechai (Mordy) Fried's** project is "Analysis of Sleep Questionnaires in an Orthodontic Population". **Dr. Justin Middleberg's** is "Investigation of Temporary Anchorage Device Use and Its Predisposition to Failures". **Dr. Madeline Pitz's** research topic is "Investigation Into The Use of Micro-osteoperforations For Accelerated Orthodontic Treatment."

The 3rd year residents are also involved in productive research. **Dr. Yee Seul Chun** and **Dr. Gannon Van**

Allen have a combined research project to provide an "Investigation Into the Predictive Value of Malocclusion Indices and Insurance Acceptance for Orthodontic Treatment." The purpose of the study is to investigate the correlation, if any, between the insurance approval rates for orthodontic treatment and the measured orthodontic need determined by various indices such as the Salzmann, Avesis, AAO-MNOC, and IOTN for patients seeking care in Philadelphia, Pennsylvania. **Dr. Michael Kotecki** will be investigating the "Reliability of Invisalign's Bolton Analysis" and will be evaluating the accuracy of the Bolton ratios provided on the Invisalign ClinCheck. We are comparing physical study models and 3D scans with Invisalign's measurements of tooth size discrepancy.

Program leadership sincerely appreciates the residents' and faculty's commitment to the educational process during the difficult experience of the pandemic. They "carried on" with our robust clinical and academic components. Resiliency was clearly evident. We thank all!

As noted in a previous journal edition, we instituted a complement change in the program. Beginning with the last academic year, we will always have six total residents in our

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GRADUATE PROGRAM REPORTS

ALBERT EINSTEIN MEDICAL CENTER

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3 year program. During the current academic year, there are 3 second and 3 third year residents. In October we will be interviewing program applicants with 3 candidates ultimately entering at the end of June 2022. At that time there will be 3 first year and 3 second year residents. The next selection process will be in the Fall of 2023 with 3 residents entering in 2024. At the beginning of this changeover there was some anxiety and apprehension as to “will it work?”. With positive adjustments in our academic and clinical courses, we can now say that the modifications are working.

Faculty Activities

Other faculty continue to donate their time and talents to our profession. Due to the pandemic, **Dr. Paul Adams** continues to serve as President of the Greater Philadelphia Society of Orthodontists (GPSO). In addition, **Drs. Steven Cohen, Matthew Etter,** and **Mark McDonough** also continue to serve as GPSO board members.

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



RUTGERS SCHOOL OF DENTAL MEDICINE

Dr. Thomas Cangialosi
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I wish to congratulate **Drs. Daniel McLaughlin, Michael Pagan, John Peterman, Eric Strouse** and **Britteny Zito** who graduated from our

Program with both the certificate and Master of Dental Science degree. I also want to thank Dr. McLaughlin who served as our Chief Resident during the past year for representing his fellow residents so well and also for his help with resolving technological issues as we continue to incorporate digital technology in our department. I am also pleased to announce that the following students have matched with our program for the 2021-2022 academic year: **Drs. Peter Chyun** from Columbia University, **Dr. Brennan Feldman** from New York University, **Dr. Kayleigh Friedman** from Boston University, **Dr. Kumpal Patel** from Rutgers University and **Dr. Priyanka Srivastava** from the University of California, San Francisco. They will soon be busy with record gathering, diagnosis and treatment Planning and

(yes) some wire bending as they embark on their careers in our great specialty.

We have recently installed a new CBCT machine for the exclusive use of the Orthodontic Department and are using Ultra Low Dose radiation technology for our scans and for generating Cephalometric, Panoramic and other images. After some initial challenges, it is going quite well and we are very pleased with the results.

Our clinic is almost back to normal. Plastic partitions have been installed between each of our units and all faculty and students have been vaccinated for COVID 19. Our Postgraduate students, faculty and staff did a phenomenal job this past year in managing patient care, their research, and the didactic components of our program in spite of the restrictions caused by the pandemic. I wish to express my appreciation to all who made this possible.

That we were able to graduate our class in May on time and continue the educational process is only because of the extreme cooperation and dedication of our faculty and students. We are now in the process of getting our students and faculty vaccinated and are hoping for a great 2021.



TEMPLE UNIVERSITY

Dr. Jeffrey H. Godel
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Temple University Kornberg School of Dentistry, Department of Orthodontics continues to enjoy the excitement and terrific achievements of the past several months. Our residents, faculty, and staff worked very hard to maintain our clinic operations during the pandemic. We began seeing patients on a limited basis last May and we returned to full capacity in January.

The Class of 2022, consisting of **Ashtyn Goodreau, Michael Karp, Aviagel R. Lerman, Justyn Park** and **Sara Zadmehr**, are busy preparing to receive the baton becoming the “big sibs” for the incoming class of 2023.

The Class of 2021 was able to attend the TWEED course in June and the Class of 2022 will be attending in September.

The Class of 2021 will graduate in August. We wish them success and long careers in our wonderful profession. We also look forward to them contributing back to the orthodontic profession. They are: **Zachary DiSpirito,**

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GRADUATE PROGRAM REPORTS

TEMPLE UNIVERSITY

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Lori Herman, Lisa Jolly, Stephen McCown, Patrick Moran, and Lauren Pinkus. They have successfully defended their Master Thesis in June and will be presenting their research at the IADR meeting in July.

Thesis Titles

Zachary DiSpirito: *Medicaid funding for orthodontic treatment; AAO auto-qualifiers compared to Salzman. Temple University Department of Orthodontics.*

Lisa Jolly: *Correlation between Mallampati tongue score with variations in craniofacial posture in a lateral cephalogram. Temple University Department of Orthodontics.*

Lori Herman: *Stability of temporary anchorage devices in varying porcine bone densities. Temple University Department of Orthodontics.*

Stephen McCown: *Malocclusion prevalence in a north Philadelphia orthodontic population. Temple University Department of Orthodontics.*

Patrick Moran: *The variance between eligibility and funding for Medicaid patients seeking orthodontic treatment in Pennsylvania. Temple University Department of Orthodontics.*

Lauren Pinkus: *Differences in TAD stability from hand vs. electronic driven insertion following orthodontic force. Temple University Department of Orthodontics.*

The Class of 2023 arrived in July to begin their journey into the world of orthodontics. The new class is comprised of three Temple graduates: **James Henderson, John Nuveen** and **Caroline Terry**. In addition, we have one graduate from Rutgers University: **Daniel Chenman**, a graduate from the University of Pittsburgh: **Carolyn Serio**, and a graduate from the University of Pennsylvania: **Michael Kirshblum**.

We would like to thank Dr. Bryon Viechnicki for being an essential part of our residency and clinic success throughout the years. We wish him best of luck as he moves on to continue developing his practice and spending time with his family.

Finally, the Department would like to express our appreciation to the outstanding group of adjunct faculty and alumni. ■



MEDSTAR WASHINGTON HOSPITAL CENTER

Dr. Linda Hallman

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The Medstar Washington Hospital Center Orthodontic Department is pleased to submit a departmental update. Thank you for the opportunity. We have had another exciting and successful year at WHC.

We will say goodbye to our Chief residents, **Drs. Wakas Abdulrazzaq** and **Sheira Ramos**. Dr. Abdulrazzaq will remain in the Washington, DC metro area where he will join a private practice. Dr. Ramos is leaving her home country of Puerto Rico, and will also remain in the Washington DC metro area where she will join our full time faculty. We are proud to send these two outstanding orthodontists into the community to practice and teach our future orthodontists. We are thrilled that they will be staying in the area.

As our Chief Residents graduated, we were pleased to promote our PGY1 residents to PGY2 residents where they will assume the responsibilities of Chief Residents. **Dr. Page Collymore** received her dental degree from Southern Illinois University School of Dental Medicine. She also served as an officer in the US Navy. **Dr. Cintia Junqueira** completed her dental degree at the University of Sao Paulo School of Dentistry, where she also completed her orthodontic training, Masters, and PhD degrees. She

also served as Director of the Orthodontic Residency Program at the Prev Odonto Studies and Research Center.

We welcomed our incoming class of residents in July 2021. **Dr. Marshall Carroll** attended Dental School at Medical University of South Carolina, Charleston, SC. He also completed a General Practice Residency at East Carolina University. **Dr. Jeremy Vistica** received his dental degree from the Oregon Health Sciences University. He served as Lieutenant, and Dental officer with the US Navy. Most recently, he has served as Dental Director at the Siletz Indian Community Health Center in Newport, Oregon. We were very excited to welcome both of these outstanding individuals to join our staff. We continue to be blessed with outstanding residents, who will be an asset for the future of the profession.

We are proud to announce the expansion of our resident training experience. In July 2020, we opened a MedStar Affiliate site in Northern Virginia. Our opening had been delayed due to the COVID pandemic. This community site provides a training experience for our residents that compliments our current hospital-based experience. We are very excited to be able to enhance our resident training experience.

And as always, as we look back on the past year, we appreciate how fortunate we are at MWHC to work together with excellent and committed faculty, outstanding residents, and a strong commitment from our institution, Medstar Washington Hospital Center, as well as Children's National Medical Center. ■



UNIVERSITY OF MARYLAND

Dr. Jose Bosio

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Greetings from the University of Maryland School of Dentistry (UMSOD). UMSOD has survived COVID pandemic and has graduated with an in-person graduation celebration for **Drs. Anh Q. Dao, Ariana G. Feizi, Jessica C. Kocan, and Natalie N. Miller** on June 30. Dr. Dao and Kocan will work in Northern Virginia, Dr. Miller MD/DC area, and Feizi will work in Virginia Beach. They are all pursuing their ABO certification in July.

Our 1st year residents. **Drs. Kevin Barnes** (UMSOD), **Lindsay Diaz** (UMSOD), **Xuan Emily Wu** (Harvard), and **Vicente Telles da Silva** (UPitt) started on July 1 and are eager to learn.

Unfortunately three great educators retired from UMSOD orthodontics: **Drs. Edwin Morris, Paul Thomopoulos and Maureen Stone**. On the other hand, three new part-time faculty have joined: **Drs. Stephen Tigani, Saul Burk, and Neil Kravitz**. Our institution is honored to have these great practitioners teach our residents.

Drs. David Harmon (Chair) and **Monica Schneider** (Committee member) have joined the AAO Subcommittee on Constituent/Component Development Inclusion and Engagement Task Force from AAO. Dr. Schneider has also become a director for the Maryland State Society of Orthodontists.

Our Division of orthodontics is also hiring a full-time assistant professor and we have had quite a few applicants. We are hopeful that we can announce the new faculty member soon.

Dr. José A. Bosio received the award "UMSOD Alumni and Friends Professorship in Orthodontics" in May.

We hope everyone remains healthy and strong. ■



UNIVERSITY OF PENNSYLVANIA

Dr. Chun-Hsi Chung

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We are happy to announce the following awards which were presented to faculty and residents:

Congratulations –

Dr. Chenshuang Li, Assistant Professor of Orthodontics, was the recipient of the 2021 AAOF Orhan C. Tuncay Teaching Fellowship Award, the 2021 AAO Full Time Faculty Fellowship Award, and the 2021 Penn Dental Medicine Josephine and Joseph Rabinowitz award.

The following residents received the AAOF Research Aid Award:

- **Dr. Grace Lee** (Mentor – Dr. Hyun-Duck Nah)
- **Dr. Puttipong Sripinun** (Mentor – Dr. Michelle Scott)

Our comprehensive clinic and didactic Orientation Program will begin on July 6, 2021 as we welcome our new incoming class of 2023.

26-Month Certificate Program:

- **Nicolette Almer** – Penn '21
- **John Davies** – Penn '17
- **Herta Granado** – Penn '21

- **Grace Nguyen** – Penn '21
- **Jamie Silverberg** – Penn '21

3-year MS/Ortho Program:

- **Mary Contreras** – Virginia Commonwealth University '21, Universidad Nacional San Luis Gonzaga De ICA '08
- **Brianna Tucker** – Meharry Medical College '20

5-year DScD/Ortho Program:

- **Leena Baeesa** – King Abdul Aziz University '17

Perio/Ortho Program:

- **Min (Sherry) Yang** will finish her 1st year in Perio and enroll Ortho in 2021.

Dr. Xuefeng Zhao has completed the 3-year MS/Certificate in Orthodontics program and **Dr. Mohammad Qali** has completed the 4-year MS/Perio/Ortho program in June.

In June, our 26-month graduates presented their final research presentations to the faculty:

Dr. Emily Funk

Reliability and repeatability of a proposed gold standard for segmentation and quantification of the nasal cavity

Faculty Advisors: **Dr. Normand Boucher, Dr. Mel Mupparapu**

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GRADUATE PROGRAM REPORTS

TEMPLE UNIVERSITY

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Dr. Leanne Lin

Mandibular growth in untreated children: a longitudinal CBCT study

Faculty Advisors: **Dr. Normand Boucher, Dr. Chenshuang Li, Dr. Chun-Hsi Chung**

Dr. Justin Orr

Mandibular changes associated with rapid maxillary expansion: A retrospective CBCT Study

Faculty Advisors: **Dr. Normand Boucher, Dr. Chenshuang Li**

Dr. Beshar Osman

The relation between the changes of frontal sinus volume and the vertical, anterior posterior skeletal growth: Longitudinal CBCT study

Faculty Advisor: **Dr. Chun-Hsi Chung, Dr. Normand Boucher, Dr. Hellen Teixeira**

Dr. Abby Syverson

The relationship of posterior teeth to the maxillary sinus in different skeletal patterns

Faculty Advisor: **Dr. Chenshuang Li**

Dr. Joyce Yin

Nasal airway changes in children: A longitudinal CBCT study

Faculty Advisors: **Dr. Hellen Teixeira, Dr. Chun-Hsi Chung, Dr. Normand Boucher**

The resident Mock ABO Board Exam will take place on August 3. Examiners are- **Dr. Guy Coby, Dr. Chenshuang Li, Dr. Michael Perillo** and **Dr. Hellen Teixeira**.

On August 27 the 2021 graduation ceremony for our postdoctoral certificate program in Orthodontics and Dentofacial Orthopedics will take place.

ORTHODONTIC 26-Month CERTIFICATE PROGRAM

Emily Funk, DDS

Leanne Lin, DDS

Justin Orr, DDS

Mohamad Osman, DDS, DMD

Abby Syverson, DMD

Joyce D. Yin, DMD

THREE YEAR MASTERS/CERTIFICATE PROGRAM

Xuefeng Zhao, BDS, MS, PhD

PERIO/ORTHO CERTIFICATE PROGRAM

Mohammad T. Qali, DDS, MS

We wish them all the very best and continued success in their future endeavors.

Our J. Henry O'Hern annual Orthodontic Alumni Day will be held on Friday, October 29 at The Union League of Philadelphia. This year's speakers will be Dr. Daniel Bills and Dr. Nipul Tanna, CEU credits will be available.

Additional program information and registration will be available online sometime soon. Keep checking the PDM Alumni website <https://www.dental.upenn.edu/alumni/> for more information regarding Penn Dental Medicine.

As always, we would be privileged to have you visit with us at UPENN! ■



UNIVERSITY OF PUERTO RICO

Dr. Jose Morales-Diaz

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The second semester of 2020-2021 academic year at the Orthodontic Graduate Program, University of Puerto Rico, has been productive and busy despite the challenges of this difficult time. Our Program has returned to full operation. **Dr. Angelica Herrera** and **Dr. Antonia Alfonso** (second year residents) took and approved the ABO written Examination.

Both residents presented the following thesis proposals successfully; *Association of BMI with Vertical Dimensions:*

Cross-sectional Study and Maxillary Canines Impaction Among 14 years old Subjects UPRSDM 2016-2020; Cross-sectional Study. The residents recently went to Sheboygan, Wisconsin to the American Orthodontics Resident Summit.

During the last weeks of June 2021, our first year residents, **Dr. Natalia Llaurador** and **Dr. Christina Cushman** traveled to Tucson, Arizona to participate in the Tweed Foundation Course.

We wish to congratulate our most recent graduates: **Dr. Eric Torres** and **Dr. Ambar Mier**. The faculty, staff and co-residents wish them very successful professional and personal careers.

Lastly, we are proud to announce and welcome the incoming residents: **Dr. Nicolle Reyes** and **Dr. Nikaury Guzman**. ■

Dr. Normand Boucher, Editor

Ms. Jane Treiber, MASO Executive Director

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UPCOMING EVENTS



November 4-7, 2021

MASO Annual Session

WYNDHAM GRAND RIO MAR • PUERTO RICO



March 11, 2022

MASO Spring CE

NASSAU INN • PRINCETON, NJ



May 21-24, 2022

AAO Annual Session

MIAMI, FL



September 22-24, 2022

MASO / NESO Annual Session

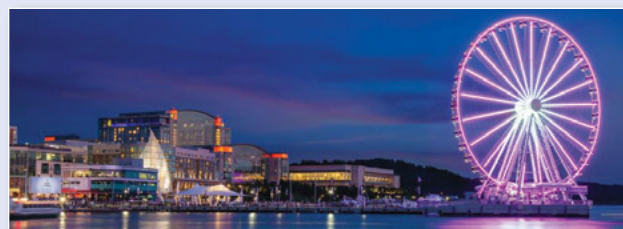
MARRIOTT PHILADELPHIA • PHILADELPHIA, PA



APRIL 22-25, 2023

AAO Annual Session

CHICAGO, IL



2023

MASO Annual Session

WASHINGTON, D.C.