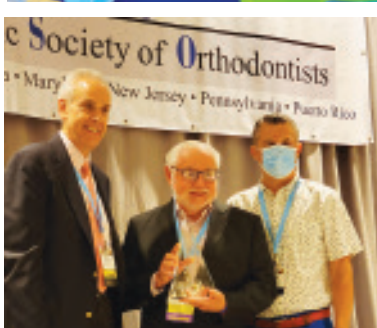


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# MASO Journal

Spring 2022

Middle Atlantic Society of Orthodontists



# 2022

MASO • NESO  
PHILADELPHIA

September 22-24, 2022  
Philadelphia Marriott Downtown

## Let's Get Together

The Mid-Atlantic Society of Orthodontics (MASO) and the Northeastern Society of Orthodontists (NESO) are joining forces in Philadelphia, Pennsylvania's largest "City of Brotherly Love," for the 2022 Annual Session. We can't think of a better place to celebrate both organizations' rich history than the home of the iconic Robert Indiana "Love" sculpture, the Liberty Bell, Independence Hall where the Declaration of Independence and Constitution were signed, and the home of Benjamin Franklin, a Founding Father and inventor, scientist, and diplomat.

Our educational program on Friday and Saturday will delight orthodontists and staff alike. Our exhibit hall and Digital Workflow Showcase will amaze you. Our networking opportunities will be over the top.

Mark your calendars now – you won't want to miss this Annual Session!



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# MASO Journal

## Middle Atlantic Society of Orthodontists

Spring 2022

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## PHILADELPHIA, PENNSYLVANIA

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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[at]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. Madeleine Goodman • madeleine.goodman[at]gmail.com

I am so excited and honored to be serving as MASO's president this year. I became involved with the organization right out of residency, serving for four years as our representative to the AAO's Council on New and Younger Members. I then became a member of the MASO Board where I have served for the past seven years. During that time, I've had the privilege of witnessing and contributing to the thought and intentionality put into creating the most optimal content and resources for our members. I hope to bring both experience and a fresh perspective to leading this year and look forward to connecting with all of you.

As a constituency, we will be addressing a number of important issues in the coming year. We are all re-thinking the future of meetings, both in terms of relevant content but also increasing accessibility via digital platforms while maintaining safe in-person options. Looming large is the prospect of the reorganization and combination of constituencies. Also we are considering the direction of advocacy with more focus on states versus nationally. Foremost in my mind also is the need for more diversity and exploring sustainability. My challenge to you as members is to contribute to changes in any or all of these areas. You can feel free to contact me directly at any time with questions, comments or ideas. ■



## TRUSTEE'S REPORT

Dr. Steven Siegel • ssiegel[at]aao.org

I recently had the pleasure of presenting a program called *Resident Vitals* to the University of Maryland orthodontic residents.

The program highlights the many ways in which the AAO helps residents and new and young members as they begin their journey in our profession. I believe that AAO membership is important to all of us and the future of our profession and was very pleased that all the residents were student members of the AAO. MASO supports and engages our residents in a variety of ways. We provide financial support to residents who attend the MASO Annual Session and the Graduate Orthodontic Resident Program (GORP). We also encourage residents to attend MASO's Spring CE program. It was wonderful to see many residents, friends, and colleagues at the recent MASO Annual Session in Puerto Rico. I would like to congratulate our immediate past-president, **Dr. Francis Picon**, for hosting an exceptional meeting and thank him for his hospitality. It was my honor to present MASO's Lifetime Achievement Award to my friend, **Dr. Mario Polo**, during the business meeting.

I would like to update information about AAO advocacy and our inclusion and engagement initiative. First, a brief review of our association.

The American Association of Orthodontists, founded in 1900, is the oldest dental specialty organization. In the United States and Canada there are more than 9,500 practicing members and more than 1,300 student members; with more than 17,000 orthodontists represented worldwide. The AAO has an 86.3% market share among all practicing U.S. orthodontists.

The AAO is a member-driven organization, created for orthodontists, by orthodontists. The AAO's mission is to advance members' success through education, advocacy and research that drive excellence in patient care. Please note that the AAO's reason for being is to benefit our members and our patients. The AAO accomplishes this through advocacy,

member benefits and resources, all designed to advance our strategic plan.

When surveyed, our members cite advocacy as the number-one member benefit. The AAO advocates on behalf of our members as orthodontists and small business owners; both at national and regional levels. One of the most important aspects of our advocacy effort is to protect the health and safety of our patients and the public.

The AAO has newly designed resources to communicate and substantiate concerns about mail-order, direct-to-consumer (DTC) orthodontic treatment and risks to patient health and safety. The resources have been compiled into a new, DTC Advocacy Toolkit that can be found at [www.OrthoFacts.org](http://www.OrthoFacts.org). It may also be accessed by clicking the "Advocacy Resources" tab at the top of the AAO member website, [www2.aaoinfo.org](http://www2.aaoinfo.org). It was noted in a recent eBulletin that the toolkit is also being made accessible to non-AAO members; primarily so that dental board members, federal and state legislators, and others besides AAO members may access the information. While it is intended to support political and regulatory advocacy for policies that help ensure patient safety, the information may also be helpful when preparing to communicate concerns about DTC treatment during treatment consultations, when speaking with referring dentists, etc. The new toolkit includes:

- Legal, ethical, and clinical concerns with common components of the DTC model, through a 25-page position paper which includes credible, peer-reviewed evidence and recognized authorities in the specialty to support the AAO's positions
- The AAO's position on in-person exams and radiographic images
- Information about the American Teledentistry Association
- Concerns regarding DTC treatment and the applicable standards of care

- The AAO's Teledentistry Parameters
- The AAO's Clinical Practice Guidelines

Resources in the DTC Advocacy Toolkit also include two double-sided handouts titled: "An in-person examination of the patient by a dentist or orthodontist is essential prior to beginning orthodontic treatment" and "Radiographic imaging (x-rays and other types) is an essential component of the evaluation and diagnosis that must occur prior to beginning orthodontic treatment." These hand-outs may be used to educate our patients, consumers and those that create and enforce laws and regulations.

Be sure to visit the AAO's added resources designed to communicate concerns about mail-order orthodontic treatment and risks to patient health and well-being found at [www.orthofacts.org](http://www.orthofacts.org).

The AAO's advocacy agenda is led by the Council on Governmental Affairs (COGA) which monitors laws that may affect the orthodontic specialty and helps to develop the AAO legislative priorities. I would like to thank **Dr. Doug Harte**, who has completed his term as MASO's representative to COGA and congratulate **Dr. Jean Asmar** who is MASO's new representative to COGA.

The AAO Political Action Committee (AAOPAC) raises money for our PAC and provides financial support to elected officials whose views align with that of the AAO. I would also like to thank **Dr. Massimo Verduci** for his service on PAC and congratulate **Dr. Doug Harte** on his new position as MASO's PAC representative. Please support the AAOPAC with your contribution. Our PAC dollars not only help us get a seat at the table on the debate of important legislative issues, but also help us gain access to regulatory agencies so we can express our position on critical issues related to our practices, our profession, and patient health and safety. You can make an online contribution by clicking [here](#). If you prefer to make the contribution over the phone, you may call Ms. Kathy DiPrimo at 314-292-6532.

The association holds an annual Professional Advocacy Conference in Washington, D.C., giving AAO members the opportunity to meet with lawmakers and discuss issues like student debt and healthcare reform. During the COVID-19 pandemic, the AAO has intensively engaged policymakers and regulatory agencies that produce guidelines impacting orthodontic practice in areas such as PPE and infection control.

The AAO has joined a broad coalition of national healthcare professional and patient advocacy organizations to support ELSA, the Ensuring Lasting Smiles Act; legislation that closes a coverage gap to ensure that health plans cover medically necessary services related to patients with cleft lip and palate and other craniofacial anomalies.

In recent years, the AAO has also placed more emphasis on advocating for members at the state and provincial level in the interest of public health and safety. That's because state legislatures and dental boards have control over many important laws and regulations that affect our practices such as

specialty advertising and recognition, teledentistry and others. The AAO's Component Legal Support Fund provides grants to component orthodontic organizations to assist with these state and regional level legal and legislative issues. AAO staff attorneys also regularly attend state dental board meetings to comment on pending legislation.

Since the inception of the Component Legal Support Fund in 2015, the AAO has provided financial support and representation to 40 states and two Canadian provinces.

### **Inclusion & Engagement Task Force**

Demographic analysis of our membership revealed that around 22% of our members are from minority groups. Data analysis showed that a smaller percent of orthodontists who identify from minority groups are members of the AAO than are non-minority orthodontists. The AAO wants to make all members feel welcome and represented. When the AAO developed its current strategic plan in 2018, "We are inclusive" was adopted as one of the AAO's core values.

In February 2021, the AAO Board of Trustees established an Inclusion and Engagement Task Force. The task force consists of eight diverse members who are working to support and inspire diversity within the AAO, identify obstacles for involvement, and identify the unique needs and issues facing diverse orthodontists. MASO's own **Dr. Dave Harmon** has been a leader on this task force, and along with sub-committee members, **Drs. Monica Schneider** and **Sana Augustus**, has been instrumental in creating a Toolkit which may be used at the constituent and component level to advance the work of this important task force. I have the privilege to serve as the Trustee liaison on this task force.

It is important to note that the AAO has not reduced focus or effort on the critical issues of advocacy, education, consumer awareness, etc. Inclusion and engagement efforts are intended to reach out to those orthodontists from underrepresented groups to make all feel welcome and create pathways to participation in the AAO. It should not be misconstrued as part of some political agenda and is certainly not intended to make any other of our members feel less valued or important to our association. There is strength in numbers and together our voices are amplified. Diversity of thought and diversity in representation will make us stronger and enhance our advocacy effort at all levels.

I would like to thank **Dr. Dina Sanchez** for her past service on the Council of Scientific Affairs (COSA) and congratulate **Dr. Jose Bosio**, Alumni and Friends Professor in Orthodontics, chief and postgraduate program director of UMSOD's Division of Orthodontics, for his new position as MASO's representative to COSA.

It is a great privilege serving and representing you as your Trustee. I am truly fortunate to work with an outstanding and dedicated group of volunteer leaders. I wish you all a happy and healthy New Year. ■



## EDITORIAL

Dr. Normand Boucher

nsjboucher[at]gmail.com

# Are we slowly losing control of our profession?

This provocative question was posed by Dr. Chris Riolo in a 2021 guest post on Dr. Kevin O'Brien's Orthodontic blog. I will summarize the content and opine on it's significance but recommend you read the entire post. Dr Riolo begins stating that CAD technology, combined with subtractive and additive technology, have the potential to be a transformational force for good in the care of our patients. He then, with disarming clarity, describes how this has not occurred for the good of our patients but to the benefit of corporations with a focus on profits. He argues that corporate strategies such as direct-to-consumer marketing, direct corporate referrals, tiered pricing, corporate education, and corporate propriety data, result in trends for a grim future for the orthodontic profession. The strength of Dr. Riolo's post lies not only with this "glass half empty" perspective but on the "glass half full" solutions he subsequently proffers as a means of regaining control of our profession. He provides two intriguing and thought-provoking steps that can be taken by our professional organizations.

The first is the development of cloud-based aligner staging software to any educationally qualified orthodontist. Hypothetically, a fee in the range of \$100 per month for unlimited use of the software would

be economically favorable, reduce corporate bias on treatment decisions, provide the orthodontist with the flexibility of hybrid aligner/fixed alliance tooth movement strategies, and would be "non-dues revenue opportunity" for organizations like the AAO, EOS, and WFO. A responsibility would lie with orthodontic programs to familiarize residents with the software and the workflow to produce house aligners rather than training them to outsource to aligner companies.

The second recommendation addresses the potential of the vast amount of digital data in our offices that can be collected and collated into an orthodontic registry thus providing invaluable information transforming our profession to evidence-based care. Dr. Rios states that in today's world, software and data are power, and our orthodontic organizations are uniquely positioned to leverage this power to the benefit of our patients and specialty. He finishes his post with the thought that his recommendations would add tremendous value to membership in our professional organizations.

Is it time to invest the financial reserves of the of our professional organizations and boldly implement these transformational initiatives? ■

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.

## AWARDS

### 2021 LIFETIME ACHIEVEMENT AWARD

#### Dr. Mario Polo



This Award is given to a MASO member who, in the opinion of the MASO Board of Directors, has made significant contributions to his or her community of patients. **Dr. Mario Polo** has served with distinction as a member of the American Association of Orthodontists at the national, constituent and/or component level;

has personally contributed to the betterment of the specialty of orthodontics; has taught in graduate or undergraduate orthodontic programs; has been associated with orthodontic research; and has been an orthodontic staff member and consultant on a hospital staff. The award was presented to Dr. Polo, who has practiced in San Juan, Puerto Rico for over 45 years, on Saturday, November 6, 2021 at the MASO Member/Business Meeting. ■

## AWARDS

### 2021 GERARD A. DEVLIN AWARD

**Dr. Thomas J. Cangialosi**



The MASO Gerard A. Devlin Award is presented to an individual who has been of service to MASO beyond his/her membership; has made significant contribution to the orthodontic health of children and adults; has conducted research that adds to current orthodontic knowledge and etiology; and/or has made significant contribution to other areas of dentistry.

The Middle Atlantic Society of Orthodontists is pleased to recognize **Dr. Thomas J. Cangialosi**, Chair of the Department of Orthodontics at Rutgers School of Dental Medicine as the recipient of this award. The Award was presented on Saturday, November 6, during the MASO Member/Business Meeting. ■

### 2021 WILLIAM S. KRESS AWARD

**Dr. Nishat Shahabuddin**



The Williams S. Kress Research Award is presented to the most outstanding research thesis by a post-doctoral resident within the Middle Atlantic Society of Orthodontics geographic area. The Award was presented to **Dr. Nishat Shahabuddin** of the University of Pennsylvania for her research paper titled "Predictability

of Clear Aligner Treatment in Deep Bite Cases". The Middle Atlantic Society of Orthodontists presented this Award to Dr. Shahabuddin on Saturday, November 6 during the MASO Member/Business Meeting. ■

## RESEARCH AWARDS

The AAO and AAOF has generously supported MASO junior faculty members. Historically, Rutgers University has received two awards totalling \$35,000, University of Maryland has received nine awards for \$150,000, University of Pennsylvania was the recipient of ten awards for \$140,000, and Temple University Received four awards for \$60,000. Orthodontic programs within MASO's geographic boundary benefited from \$385,000 to support teaching and research. In 2021, the AAOF granted \$771,171 which primarily benefited orthodontic residency programs. The following are among the MASO faculty and residents currently receiving financial support.

#### Orthodontic Faculty Development Fellowship Award 2021 Orhan C. Tuncay Teaching Fellowship Award

**DR. CHENSHUANG LI**  
University of Pennsylvania



#### *Biography*

Dr. Chenshuang Li is an Assistant Professor and the co-clinical director in the Department of Orthodontics at the University of Pennsylvania School of Dental Medicine. She completed her

Ph.D. training in Orthodontics at the School and Hospital of Stomatology at Peking University in collaboration with the UCLA Dental and Craniofacial Research Institute in 2016, and finished her orthodontic specialty training at UCLA School of Dentistry in 2019. Dr. Li's research primarily focuses on the functional investigation of molecules involved in craniofacial tissue development and regeneration, ligand-receptor binding, signaling transduction, and stem cell biology. Dr. Li has co-authored more than forty manuscripts published in top peer-reviewed journals such as The Journal of Clinical Investigations, Biomaterials, The Journal of Bone and Mineral Research, Stem Cells, and The Journal of Dental Research. Dr. Li is the 2018 AAO First place winner of the Charley Schultz Resident Scholar Award. She also received the 2019 AAO Thomas M. Graber Award of Special Merit. Dr. Li has a clear career goal and is eager to serve as a full-time faculty member who mentors the students and develops basic, translational, and clinical research as an educator and clinician-scientist.

#### *Project Description*

Cleft lip with or without cleft palate (CLP) is one of the most common congenital malformations. Normal craniofacial growth and excellent speech capacity by early

CONTINUED ON PAGE 6

surgical repair with fewer adverse effects have been the long-term goal of the CLP repair. This project intends to develop a proper small animal cleft lip and palate model with young rats to mimic the craniofacial growth and development pattern observed in patients.

## **The benefit to Orthodontic Education**

There is an urgent need to seek novel craniofacial tissue regenerative approached in early CLP revision. However, currently available animal models all have their own disadvantages that significantly disqualify them as a proper animal CLP model for outcome assessment. This study aims to set up the foundation for exploring and unbiasedly assessing the outcomes of new regenerative strategies for CLP treatment.

## **Research Aid Award**

### **2021 Charles J. Burstone Research Aid Award**



**DR. GRACE LEE**  
**University of Pennsylvania**

## **Biography**

Dr. Grace Lee is a second-year resident and Master of Science in Oral Biology candidate in the Department of Orthodontics at the University of Pennsylvania, School of Dental Medicine. She completed her training and received her D.D.S degree at Paris Descartes University in France. Five months into residency, she attended a lecture by Dr. Hyun-duck Nah on her current project to decrypt the genetical involvements in the development of cleft lip and palate (CLP). The scope and future perspectives of the project were extremely encouraging and exciting because of the life-changing impact that it would have on CLP patients. She joined Dr. Nah's team because she wanted to get involved in a basic science research project that has high clinical relevance for orthodontic patients.

## **Project Description**

This research project is part of a broader project for which the goal is to better understand the complex molecular processes of gene regulation, splicing programs, and signaling pathways involved in CLP physiopathology. Previous data from Dr. Nah's team has shown that cleft lip caused by the knockout of the *Esrp1* in mouse embryos is rescued by *Sox2* haploinsufficiency in a double transgenic mouse (*Esrp1* <sup>-/-</sup>; *Sox2* <sup>+/-</sup>). This rescue model provides a unique opportunity for narrowing down the field of *Esrp1* targets that are critical in the upper lip formation. With the *Esrp1* <sup>-/-</sup> model for CLP and double transgenic (*Esrp1* <sup>-/-</sup>; *Sox2* <sup>+/-</sup>) rescue model, the statto identify *Esrp1* targets in the developing facial prominences, which are potentially responsible for CLP formation. Outcomes of this study will form the basis for the future investigation into the individual candidate genes/RNAs for their roles in the Cl/P formation as well as their potential as therapeutic targets.

## **Importance of AAOF**

Most of the funding by the AAOF will be used to sequence RNA samples, which is costly. This will help identify potential target genes and lay the groundwork for developing innovative therapies for cleft patients. Dr. Lee thanks the AAOF for its support for this project and the development of her future academic career in orthodontics.

## **American Association of Orthodontists Foundation 2021 Research Aid Award**



**DR. PUTTIONG SRIPINU**  
**University of Pennsylvania**

Dr. Puttipong Sripinun is currently in his second year of the 5-year Orthodontics/ Doctor of Science in Dentistry program at the Department of Orthodontics, University of Pennsylvania, School of Dental Medicine. He completed his dental degree in 2017 from the Faculty of Dentistry, Chiang Mai University, Thailand.

His passion has always rested upon both translational sciences and clinical research, especially in the field of craniofacial syndromes, with a set career trajectory to pursue and excel in being both a clinician and researcher.

## **Project Description**

Cleft lip and palate (CLP) is among the most common of all birth defects while representing the craniofacial structure's most frequent congenital anomalies. Every cleft is unique; however, a prevailing multidisciplinary therapeutic protocol is frequently tailored from as early as the beginning of their life up to the end of adolescence. This protocol combines a series of surgical procedures, including secondary alveolar bone graft (SABG). SABG plays an integral part in the cleft lip and palate surgical treatment series as a standard of care among most cleft centers across the United States; however, this procedure's approaches are not standardized, including the precise timing to operate. Given the annotation of contradicting time points for therapeutic procedure, further study is needed for a definitive conclusion to compare outcomes of early versus immediate SABG.

The purposes of this study are to advance our understanding in choosing the most favorable time for alveolar bone grafting and to identify the relationship of appropriate dental age criteria for the timing of secondary alveolar bone graft in early and intermediate SABG in non-syndromic cleft lip and cleft palate that will provide the most favorable prognosis.

## **Importance of AAOF Funding**

With the generosity and support from the American Association of Orthodontists Foundation (AAOF) for their indispensable resources toward orthodontic residents, the project initiation is possible. This opportunity provided by the AAOF will play a pivotal role in helping me embark on my future academic career.

## RESEARCH AWARDS



### **WEI HUANG** **Assistant Professor**

My research focuses on how to translate molecular mechanisms of bone modeling and remodeling into applicable clinical models for accelerated orthodontics. Using animal models of orthodontic tooth movement, I investigate the effect of multiple molecular pathways on the rate of tooth movement. My clinical research interests include how to tackle challenging conditions such as tooth ankylosis and posterior open bite through new treatment modalities and the study of possible genetic etiology. In addition, I also lead projects on dental device technology innovations.

### **Education**

DMD, MA, Peking University, School of Stomatology  
MA, Indiana University  
PhD, Harvard University

### **Research Projects**

- Animal models and clinical applications of accelerated orthodontics through bone modeling and bone remodeling
- Clinical studies and treatment of ankylosis
- 3D printing in orthodontics
- Clinical and genetic studies of posterior open bite
- Dental device innovation and technology ■

## MEETINGS

### **2021 Spring CE Program**

### **Don't Ignore the Snore: Current OSA Research and the Orthodontist's Role**

**Friday, March 11, Nassau Inn, Princeton, NJ**

Join MASO and three Stanford University researchers for an in-depth study of obstructive sleep apnea, airway development, and related topics.

#### **IN-PERSON PROGRAM SCHEDULE**

*(Virtual participation via Zoom conference is also available – see Pricing & Registration on the MASO website)*

- 8:30-9:00 AM** Registration & Continental Breakfast
- 9:00-10:30 AM** Dr. Audrey Yoon *"The Role of Orthodontic Intervention in Sleep Disordered Breathing"*
- 10:45 AM-Noon** Dr. Audrey Yoon *"The Role of Orthodontic Intervention in Sleep Disordered Breathing"*
- 12:00-1:00 PM** Lunch
- 1:00-2:00 PM** Dr. Soroush Zaghi *"Sleep, Breathing, Tongue-Tie, and Maxillofacial Development"*
- 2:00-3:00 PM** Dr. Stanley Yung Liu *"Sleep Surgery: Restoring Bite, Breathing and Beauty"*
- 3:15-4:00 PM** Q&A with all three Doctors

#### **5.5 CE Credits Available.**

Early bird registration closes February 21. For more information and to register, visit the MASO website at [www.maso.org](http://www.maso.org).

#### **OVERNIGHT ACCOMMODATIONS**

##### **Nassau Inn**

10 Palmer Square • Princeton, NJ – 08542

**\$169/night + tax** – Reference MASO Room Block for discounted rate, call 609-921-7500

Newark Liberty International Airport is the closest airport to Princeton, and travelers can then take the train from Newark to Princeton; or travel via Amtrak to the Princeton Junction Station, which is an 11 minute Uber to the Nassau Inn; or travelers headed for downtown Princeton can catch the "dinky" train on a nearby platform at Princeton Junction.

**Room Block cut-off date February 7, 2022. ■**





## 2021 MASO Annual Session Recap November 4 – 7, 2021 Wyndham Grand Rio Mar Golf and Beach Resort Puerto Rico “Technology To Achieve Desired Results”

What a blast! The setting was perfect – the Wyndham was luxurious and the hotel staff attentive, the weather cooperated for all outdoor activities, the programs were thought provoking, the exhibits were most interesting – only COVID-19 was still around to remind us that we are still recovering from a worldwide pandemic that has affected all of our lives and practices since 2020.

The 2021 MASO Annual Session is history, but our Puerto Rican constituents – led by President **Dr. Francis Picon** – made sure everyone knew that they know how to hold a meeting and throw a party! There were 416 doctors, residents, staff, guests and exhibitors in Rio Grande for the Annual Session from November 4 – 7, 2021.

The meeting format was half-day education and half-day fun and relaxation. Starting Friday the doctor session featured Dr. Dan Bills and Dr. Regina Blevins; the staff session was a combination of English and Spanish sessions by Embrace Your Practice consultants Ms. Cathy Jugovic and Ms. Angie Menendez.

On Friday afternoon some attendees opted to take tours of Old San Juan, the Ron del Barrilito Distillery, and the El Yunque Rainforest Foothills, while others remained at the Wyndham and enjoyed the pool and beach time. On Friday evening the Welcome Reception, sponsored by Park Dental Research, in the Marbella Gardens featured a 30-minute performance of costumed musicians in a Batucada Parade.

The annual Fun Run/Walk started the day on Saturday with an exhilarating 5K along a challenging route with some of the most beautiful scenery in the resort. The MASO membership/business meeting was next. **Dr. Mario Polo** was awarded the 2021 Lifetime Achievement Award, **Dr. Thomas Cangialosi** was awarded the 2021 Gerard A. Devlin Award, and **Dr. Nishat Shahabuddin** was awarded the 2021 William S. Kress Award for the best resident research project. The 2021-22 Officers and Directors were sworn in by AAO Trustee **Dr. Steven Siegel**, and new President **Dr. Madeleine Goodman** began her term of office.

Saturday’s doctor session included Dr. Brandon Owen, Dr. Mehdi Peikar and Dr. Negaar Sagafi. Staff sessions were led by Mr. Paul Gange Jr., Ms. Chantel Dufor and Ms. Ashley Rondeau.

The afternoon featured a three-hour poolside “Fun in the Sun” party, with live music, exhibitor tables, a barbeque feast, local artisans, and a Happy Hour sponsored by Rums of Puerto Rico. A group of about 50 attendees took a relaxing Bioluminescent Bay kayaking tour at sunset at the fascinating lagoon at Las Cabezas de San Juan.

Sunday, the final day, the featured speaker was Dr. Jerry Teplitz on managing stress and building an effective team.

Thank you to the 31 exhibiting companies and to the sponsors, all of whom helped make the meeting a success.

### Thanks to our Sponsors:

*Gold Level* – Park Dental Research

*Silver Level* – Align Technology, BRIUS, Embrace Your Practice Consulting Service, KL Owen, Reliance Orthodontics, uLab Systems, Discover Puerto Rico

*Bronze Level* – Puerto Rico Society of Orthodontists, American Orthodontics, Rums of Puerto Rico

*Other Sponsors* – Ortho2, 3M, Red Spot Interactive, Pro Dental Equipment Sales, and **Dr. Ty Saini**

A huge thank you to the Annual Session planning committee members: **Dr. Francis Picon; Dr. Luis Toro, Jr.; Dr. Lynette Garcia; Dr. Dave Harmon; Dr. Alireza Omid Rajaei; and Dr. Jean Asmar.** ■



# MEETINGS



## NON-EXTRACTION TREATMENT APPROACH FOR AN ANTERIOR CROSS BITE DENTAL MALOCCLUSION

**Dr. Jose Bosio**  
**University of Maryland**

**Introduction:** An anterior cross bite can frequently be associated with Angle Class III malocclusion and/or constricted maxillary arch. The constriction can originate from an obstructed nasal airway due to septum deviation or increased size of lower nasal turbinates; which in turn, results in a lowered tongue posture, mouth breathing, and a reduction of the width of the palatal vault due to less stimulation from the forces of the tongue.<sup>1-4</sup> Furthermore, Angle Class III dento-skeletal malocclusions can have a genetic component, where members of the family might display the same traits.<sup>5-7</sup> This condition can impose permanent facial and dental damage if not addressed early.<sup>8</sup> Anterior cross bite can also simulate a “pseudo” Angle Class III dental malocclusion leading to facial deformities.<sup>9, 10</sup>

This case report shows the treatment of an 11-year-old female who presented to the orthodontic clinic at the University of Maryland Division of Orthodontics (UMSOD). She stated that “I do not like the appearance of my teeth and the way my bottom teeth are in front of the uppers. I want to have a pretty smile like my aunt who is an orthodontic clinic assistant at UMSOD”.



Fig. 1: Intra and extraoral initial composite photographs

**Diagnosis and Etiology:** The medical history was non-contributory. Upon clinical evaluation of this 11-year-old female (Fig. 1) it was noted that the patient had a convex facial profile, an acute nasolabial angle, obtuse mento-labial sulcus, short upper lip, mentalis strain, and potential lip incompetence. Intraorally patient presented with a molar Angle Class III, left subdivision, narrow maxillary arch; potentially associated with an enlarged lower turbinate on the right side as seen on the panoramic radiograph (Fig. 2). There was severe maxillary and moderate mandibular anterior crowding and anterior crossbite. The maxillary midline deviated toward the left side of the facial midline and mandibular midline deviated 3 mm toward

the right side from the maxillary midline. The patient also showed recession of mandibular left central and lateral incisors, bimaxillary dental protrusion, increased curve of Wilson, slightly increased curve of Spee, excessive mandibular growth, a small amount of tooth size discrepancy of the maxillary lateral incisors, and mandibular shift toward left side upon mouth opening. Maxillary left central incisor presented with wear on the incisal edge due to the anterior cross bite.

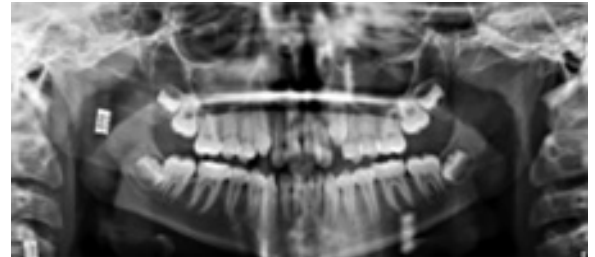


Fig. 2: Initial panoramic radiographic film

The initial panoramic radiograph (Fig. 2) revealed a buccally impacted maxillary left canine and the presence of all third molar teeth. The mandibular third molars were partially impacted. The cephalometric analysis (Fig. 3 and 4) indicated a skeletal Class III relationship with convex skeletal profile, and anterior cross bite.

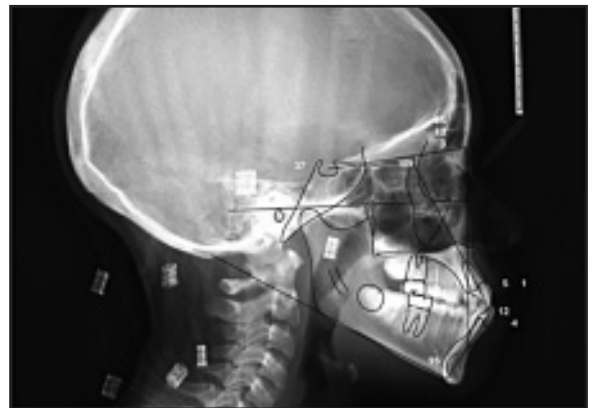


Fig. 3: Initial lateral cephalometric film and tracing



Fig. 4: Five-months intra and extraoral progress composite photographs

**Treatment objectives and alternatives:** The patient was referred to the pediatric clinic to receive guidance on how to improve oral hygiene. Due to the bimaxillary protrusion

nature of the malocclusion and crowding of the maxillary and mandibular arch, the four premolar extractions option was determined to be the best treatment approach. However, her aunt, the orthodontic dental assistant, inquired about the possibility to treat her niece without dental extractions. The authors stressed that proclination of maxillary and mandibular incisors, bimaxillary protrusiveness, facial convexity, lip incompetence, gingival recession would all increase and could long-term potentially be detrimental to the patient. Nevertheless, she insisted on non-extraction treatment.

An alternative treatment plan was then proposed involving expansion of the maxillary arch with a Hyrax rapid palatal expander (RPE) to relieve the crowding of the maxillary arch and the enhance the eruption of the maxillary left canine. Furthermore, the expansion on the maxillary arch would likely improve the curve of Wilson, which in turn, would permit buccal uprighting of the lower posterior teeth and resolve the moderate mandibular crowding.<sup>11</sup> Further space gain on the mandibular arch could be accomplished with interproximal enamel reduction (IPR) on the mandibular anterior teeth and mild proclination of mandibular incisors. It was understood that proclination of the lower incisors would increase the risk of further gingival recession. Additionally, reduction of the mandibular crowding could be gained by using Class III elastics; particularly on the left side, which in turn, would help with the correction of the anterior crossbite, better position the maxillary and mandibular midlines and achieve Angle Class I molar relationship.

This compromised treatment plan would likely result in increased bimaxillary protrusiveness, a condition usually treated with the extraction of four premolars. The patient was also advised that if mandibular growth exceeded expectation, mandibular set-back orthognathic surgery might be indicated. The risk of temporomandibular joint disorders was discussed with the understanding that the development of jaw joint pain during orthodontic treatment would be managed with a referral to a TMD specialist. Further monitoring of third molar teeth eruption would also be necessary.

**Treatment progress:** Patient was referred to the UMSOD pediatric clinic to learn how to improve her oral hygiene before initiating orthodontic treatment. Subsequently, a Hyrax RPE anchored on maxillary molars and premolars was inserted to expand the maxillary arch. The patient was instructed to activate the appliance twice a day for two weeks, then one activation per day for another two weeks with a total appliance activation of 42 turns (10.5 mm). On the third week of activation, the band from the maxillary left first molar broke, and the Hyrax appliance was removed, the band was detached, and the appliance was re-cemented on the three remaining bands, and the maxillary left first molar was attached with bonded composite. (Fig 5) The RPE was maintained in the mouth inactive for five months.

Meanwhile, after stopping RPE activation, treatment on the mandibular arch progressed with bonding of all mandibular



Fig. 5: Following full expansion, the RPE was maintained in the mouth for 5 months



Fig. 6: Nine-months intra and extraoral progress composite photographs

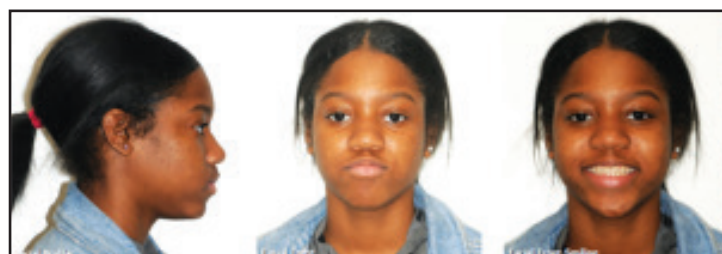


Fig. 7: Twenty-six-months intra and extraoral final composite photographs

permanent teeth except for the second molars which were not fully erupted. American Orthodontics 0.022 x 0.028-in slot size MBT prescription brackets were bonded with Transbond XT®. (Fig 5). After removing the RPE, all maxillary permanent teeth, except for the maxillary left canine, were bonded and an 0.014 NiTi arch wire was inserted. (Fig. 6). After maxillary left canine natural eruption, the arch wire progression continued and included 0.016-in (NiTi), 0.018-in NiTi, 0.017 x 0.025-in NiTi, and 0.017 x 0.025-in SS as finishing working wires.

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The anterior cross bite was resolved eighteen months into treatment by using bilateral Class III interdental elastics (size 3/16, 3.5 oz.) in association with small amount of interproximal enamel reduction (IPR) (Fig. 7). During treatment, the patient developed a tongue posture/thrust problem which was addressed by bonding a tongue spur on the lingual surface of the mandibular left lateral incisor.

The mandibular second molars were mesially rotated and lingually inclined; possibly due to the pressure on the root produced by the impaction of the third molars. The patient was referred to the oral surgeon for extraction of the impacted third molars. However, the oral surgeon decided to maintain them since the patient was still young and the roots were not fully formed.

**Treatment Results:** Given the choice of non-extraction treatment, the facial characteristics worsened as expected since upper and lower lip projected beyond the E-line. Furthermore lip incompetence increased. (Figs. 8, 10) However, the convexity of the face improved because of the mandibular growth.

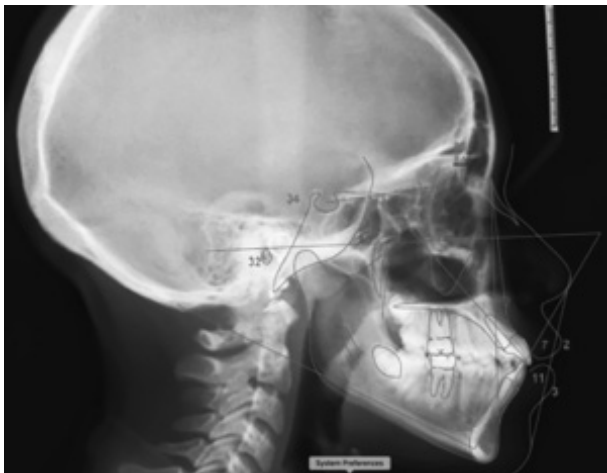


Fig. 8: Final panoramic radiographic film

Management of the transverse dimension with maxillary expansion possibly enhanced the upper airway since the patient reported an improvement in nasal breathing. The maxillary inter-canine and inter-molar width also increased, crowding was relieved, and mandibular curve of Wilson decreased. (Fig. 8) Mandibular incisors were slightly retroclined, while maxillary incisors were proclined significantly. The anterior cross bite was corrected. The maxillary molars were slightly moved mesially and extruded while mandibular molar remained in the same position. The dental intercuspation significantly improved and bilateral Angle Class I occlusion was achieved. The recession of the mandibular left central incisor did not worsen as a result of treatment. The mandibular second molars remained mesially rotated to avoid excessive pressure of their roots against the



Fig. 9: Final lateral cephalometric film and tracing

third molars. It would have been more appropriate to remove all third molars during treatment with bonding of second molars to achieve ideal alignment.

The patient was referred to her dentist for the composite buildup of the maxillary left central to address the incisal wear. Toward the completion of treatment the patient requested the braces be removed before addressing the marginal ridge leveling of mandibular second premolars and mandibular first molars, and maxillary first molars. Significant improvement on root parallelism could have been accomplished with a few more months in treatment (Fig 9). A radiolucent image appeared mesial to the root of the mandibular second molar and a radiopaque image appeared on the mesial of the mandibular first molar. The authors recommended new panoramic images in one year as follow up.

The retention protocol included the prescription of a mandibular fixed retainer bonded on the lingual of canines with a 0.036-in SS wire. Furthermore, maxillary and mandibular Essix retainers were prescribed for full-time wear for six months; then three months for eighteen hours per day, then night-time wear for another three months, and subsequently three nights a week for lifetime retention. The patient was also referred to a periodontist for evaluation of the gingival recession of the mandibular central incisor and the need for periodontal grafting. She was further reminded to return to the clinic for retention appointments and for a panoramic follow-up radiograph to verify radiolucent and radiopaque images on the mandibular posterior right segment.

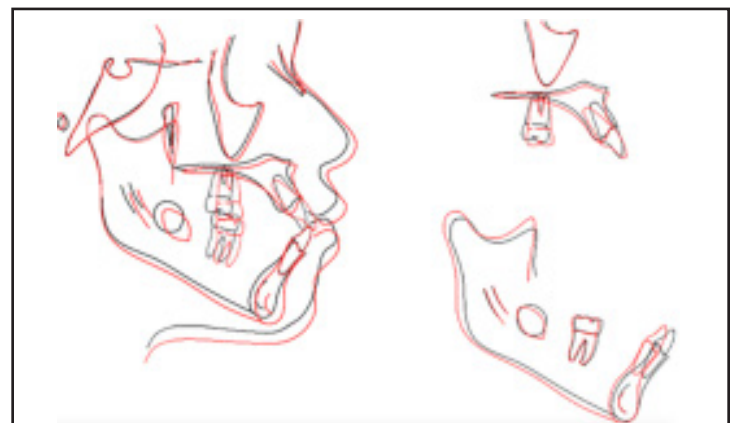


Fig. 10: Overall, maxillary and mandibular initial and final superimpositions

**Discussion:** This case reports on a compromised treatment plan proposed following requests from the patient's aunt. The struggles a professional faces when requested to perform a less ideal treatment plan are anchored on the patient's autonomy for treatment choices. A decision to execute a compromised treatment plan must include a viable option of further treatment if patient is unhappy with results.

The knowledge that a professional's name will be associated with a compromised result is sometimes disturbing. On occasion, it is sometimes necessary to refuse treatment if the compromise is not in the patient's best interests. The autonomy of patients ends where the autonomy of the professional begins. In this case, the treatment compromises were known from the start, and treatment ended quite well despite the lack of premolar extraction. If patient ever becomes unhappy with her lip incompetence, extractions of premolars can be executed as a new treatment plan.

**Conclusion:** Expansion and proclination of maxillary incisors helped to correct this patient's malocclusion. Extraction of maxillary and mandibular first premolars would have prevented bimaxillary protrusion and lip incompetence. Overall, the patient's satisfaction and good intercuspal relationships granted this case a positive result.

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## OCCLUSAL APPLIANCES TO MANAGE THE VERTICAL DIMENSION OF OCCLUSION: THE PERSPECTIVE OF AN ADVANCED RESTORATIVE DENTIST

**Dr. Craig Williams, Periodontal Prosthesis  
University of Pennsylvania**

The loss of vertical dimension is not an uncommon problem amongst patients that dentists see. Either as a result of tooth loss, retrograde wear or erosion of enamel surfaces, there are patients who seek dental care and present with a loss of vertical dimension. As with most dental findings the severity of the loss varies from patient to patient and in some cases it is insignificant enough that restoration of it is not critical to the restoration and maintenance of the affected dentition. However, in some cases, the loss can be quite disruptive to the dentition and its loss must be managed.

There are several factors to consider when a patient presents with loss of vertical dimension. One of the most obvious is the availability of restorative space. With the loss of teeth and/or the loss of enamel surfaces (without compensatory tooth eruption), inter-arch space is lost and the mandibular position changes, the tooth to tooth contacts change, and there is the loss of the original maximum intercuspal position. The sensory fibers within the periodontal ligaments, acting through the neuro-muscular control mechanism of the muscles of mastication, attempt to establish a new maximum intercuspal position resulting in off

axis tooth-to-tooth contacts. Bruxing patterns are initiated as the muscles attempt to eliminate the perceived interferences in their new envelope of function. All the while, the masticatory system attempts to accommodate or adapt to the changes.

With chronic parafunctional habits, increasing tooth sensitivity, especially to cold, is often reported as off-axis tooth to tooth contacts increase in number, frequency and duration. Tooth fracture of either previously restored teeth or even virgin teeth can occur. When these teeth are individually restored the contacting surface is now different, but so is the material. It is very likely that the material employed for the restoration will not wear in the same way as enamel or the previous surface. It, therefore, becomes another trigger point for the development of hyperactive muscle activity allowing the cycle of breakdown to continue, or perhaps at worst, accelerate it.

A fundamental requirement for the dentition to be considered physiologic is the complete seating of condyles within their fossae and their ability to accept load without pain. The loss of vertical dimension most often occurs with asymmetric tooth loss, tooth wear or tooth erosion. This necessarily means that the condyles will not be symmetrically nor fully seated within their fossae. Asymmetric positioning of the mandible as well as the presence of interferences within the envelope of function of the mandible may also lead to the development of myofascial pain.

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The requirement for patient care at this point is the development of a therapeutic occlusion which requires that we manage the joints, the muscles, the periodontium, and the teeth. This can be challenging if we are presented with a dento-skeletal malocclusion that does not allow for a mutually protected occlusion. As Morton Amsterdam stated, the malocclusion that he found that required periodontal prosthesis care more than any other was the Class II Division 1. As an example, I would like to discuss the following case.



Figure 1

The patient was aware that he had a bruxing habit and the referring dentist had fabricated multiple nightguards for him over the course of time. However, despite these efforts he felt the patient's dentition was continuing to deteriorate.

The initial photographs demonstrate what we would expect to see. Given the patient's habit of drinking lemon water along with his bruxing habit, enamel erosion and fracture is quite evident along with areas of arrested decay in several cervical areas. He presents with an overbite of approximately 80%.



Figure 2

The buccal corridor photographs show us much of the same. In addition to the arrested decay, there is active decay in the cervical areas of both mandibular first and second molars; the posterior overbite is particularly deep and the Curve of Spee is deepening on both sides. Additionally, changes in the position of the gingival margins are also evident suggestive of changes in tooth position. Of note are the heavy, thick bands of masticatory mucosa present in both arches.

On the patient's right side the teeth relate in a vertical or cusp-to-cusp relationship, suggestive of a Class II malocclusion; whereas on his left side, the teeth appear to be mesially inclined and fall into a Class I malocclusion.



Figure 3



Figure 4

An occlusal view of the Maxillary Arch reveals the extent of the erosion / retrograde wear that has occurred. It is quite clear that the supporting cusps, central fossae and guiding inclines have all been worn or eroded. The only tooth elements that remain intact are those that have been replaced by porcelain restorations. Keep in mind that this may or may not be advantageous as these teeth will not wear at the same rate as the non-restored teeth. This photograph also demonstrates that the axial positioning of the teeth is not the same on left and right sides.

An occlusal view of the lower arch demonstrates much the same. Erosion and wear of both enamel and composite resin surfaces is evident. Of particular note is that the dental midline of the patient's lower arch is shifted to his right side. Careful evaluation of the tooth position shows slightly more mesial inclination to the teeth on the left relative to the teeth on the right. This also causes the shape of the lower arch to be asymmetric. Furthermore, comparison of the shapes of the upper and lower arches shows a tendency for the upper arch to be a bit more 'U' shaped, whereas the lower arch has a tendency to be a bit more 'V' shaped. This difference in arch shape has implications on both the reason the dentition

## CASE REPORT

failed the way it did as well as what has to be addressed if a therapeutic occlusion is to be developed.



Figure 5

As indicated previously, bruxism is not necessarily a symmetric habit; it generally occurs in a latero-protrusive direction with preference given to either the left or right side. As the teeth wear, the occlusal surfaces change; a so-called 'new' intercuspal position is developed. As this happens, the mandible begins to rotate. Radiographically this can be seen as an asymmetric positioning of the condyles. In the image below, the left condyle appears to be anteriorly positioned relative to the right condyle.

A sagittal view of the TMJ indicates the condyles are not fully seated within their respective fossa.

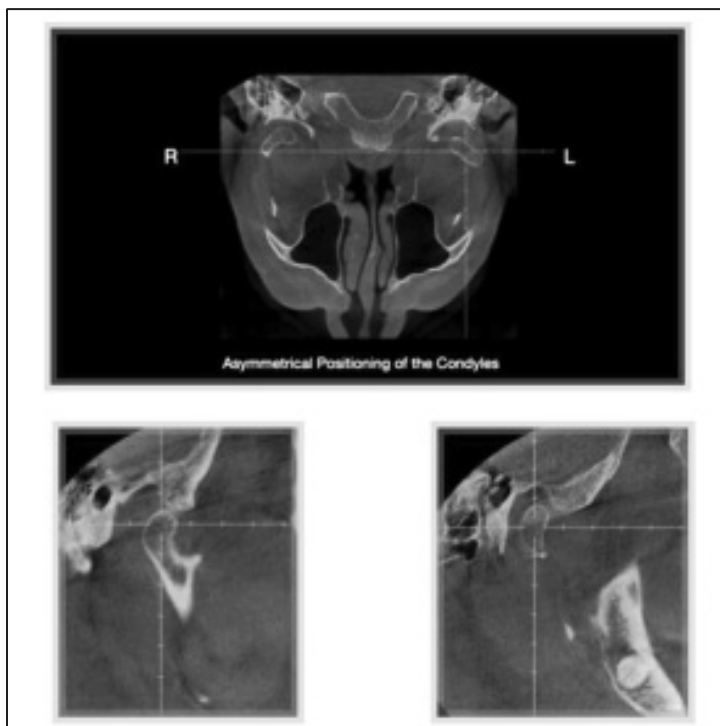


Figure 6

All occlusal therapy begins with establishing the health and stability of the condyles. To this end an occlusal appliance, a Maxillary Hawley Bite Plane, is used. The treatment objectives with this appliance include providing occlusal rest from occlusal trauma by eliminating tooth-to-tooth contact.



Figure 7

By eliminating this so-called intercuspal position, the muscles of mastication are able to begin to relax. The patient was instructed to wear the appliance 22 hours per day for a period of six months. The flat occlusal platform, provides shallow anterior guidance, disarticulates the posterior teeth resulting in an innocuous occlusal scheme. The appliance is conducive to the development of what Dr. Okesson describes as "musculo-skeletal stability", that for most patients will result in a decrease in TMD symptoms. At this point, occlusal rehabilitation frequently requiring multidisciplinary treatment, can be contemplated.

In some cases, full coverage occlusal splints can be used to accomplish this process rather than a Maxillary Hawley Bite Plane. In cases in which posterior eruption of teeth is not desired full coverage appliances are preferred. The requirements of the appliance are the same. It must provide an innocuous occlusal scheme with all teeth contacting with complete freedom of mandibular movement. While both types of appliances are effective, myographic studies by Vanarsdall and Greco have demonstrated that a properly adjusted Maxillary Hawley Bite Plane is the most effective appliance for achieving relaxation of the muscles of mastication.

In figure 8, the mandibular incisors have been adjusted by selective grinding to develop a level incisal plane. Adjustment of these teeth involves some clinical judgment and also the ability to visually perceive the final occlusal plane. At this point it should be noted that the Bite Plane is a diagnostic appliance to 'test' a new vertical dimension. Dr. John Kois has suggested that the vertical dimension may be adjusted by as much as 7mm before a patient, or more accurately, the muscles, cannot tolerate it. As vertical dimension is increased, the mandible will move downwards and backwards resulting in a decrease

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in anterior overbite and increase in overjet. Often times, the need to open the vertical dimension will take the anterior teeth out of contact, especially in cases involving a Class II malocclusion. Nevertheless, the creation of a therapeutic occlusion requires that there be mutual protection between the anterior and posterior teeth.



Figure 8

The images in Figure 8 demonstrate the discrepancy in posterior opening on the left and right sides. This is indicative of either a mandibular shift in position or the development of significantly more tooth wear on the patient's left side. Additionally, if we look carefully at the transverse relationship of the posterior teeth, especially on the patient's left side we see that the lower buccal cusps oppose the upper lingual cusps; there is almost a half tooth discrepancy. This discrepancy might become worse as the muscles relax and the condyles become fully seated. This relationship is further exaggerated by the discrepancy in shape of the upper and lower jaws. As the more 'V' shaped lower jaw moves posteriorly relative to the more 'U' shaped upper jaw the transverse relationship is made worse. This is one of the reasons that alteration of vertical dimension often requires restoration or tooth movement and/or orthodontic treatment of both arches. Following continued use of the Bite plane for a period of six months, lower provisional restorations were placed. The provisional restorations were placed with the intent of developing an optimal occlusal plane and the development of coronal contours that would allow for cusp to fossa articulation with the upper arch. The image in Figure 8 depicts the lower provisional restorations in place.



Figure 9

Notice that the posterior teeth have been reshaped to provide more contour on the buccal surfaces to allow for placement of the cusp tips in the upper central fossae. Additionally, the dual plane of occlusion has been eliminated. A balance

was achieved between further reduction of the mandibular anterior teeth and modest increase in posterior crown height. Crown lengthening procedures were performed to provide sound tooth structure for restorative purposes. This accounts for some of the perceived increased clinical crown height of the posterior teeth.

While not of critical concern with this particular patient, increasing clinical crown height should always be done judiciously to avoid adversely affect the clinical crown to root ratio. In the periodontally involved patient, this may create the need to splint the teeth rather than to fabricate them as single crown restorations. Additionally teeth can be orthodontically extruded and equilibrated to level the curve of Spee.

The management of loss of anterior guidance due to increase in vertical dimension often requires the re-shaping of the Maxillary teeth. In many cases, lingual platforms are placed on the maxillary canines in order to create contact and allow for anterior guidance.

The photograph below depicts the new occlusal scheme as developed with the provisional restorations. Notice that compromises have been made in the buccal contours of both Maxillary and Mandibular teeth to allow for the development of proper landmark relationships. Also, the plane of occlusion has been leveled and lingual platforms have been placed on the maxillary canines to provide lateral-protrusive guidance.



Figure 10

While immediate guidance is provided by the maxillary canine teeth, the maxillary anterior teeth are shaped in such a way that they provide function within a millimeter of the start of the slide.

In conclusion, management of the vertical dimension of occlusion is a multidisciplinary endeavor frequently requiring orthodontic intervention with either removable occlusal appliances, limited fixed appliances, or comprehensive orthodontic treatment. The outcome of our restorative and occlusal efforts must be a therapeutic occlusion. ■

## CASE REPORT



Figure 11

### Final Restoration



## AAO BUSINESS

### AAO COUNCIL REPORTS



#### COUNCIL ON COMMUNICATIONS

**Dr. Lawrence Wang**

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Best wishes for 2022 to the MASO Community. It has been and continues to be an exciting time to be on the Council of Communications. The council members and talented AAO staff are on multiple front lines; working hard to keep members informed of what is happening in the association and the profession across the country. Our responsibility is get the message of our AAO community to the general population. The council will be meeting face-to-face in St. Louis in February. Please feel free to reach out to me with any questions or ideas. (larwang[at]comcast.net)

#### AAO CAP and Member Communications Strides Forward in 2021

The AAO Council of Communications (COC) is pleased to share another year of communication successes with AAO

and MASO members. COC is responsible for supporting public and patient education, assisting members with public relations, informing members of available benefits and enhancing relations within our profession.

Every fall, Association TRENDS hosts the annual TRENDY Awards, to recognize unique marketing and communications programs for organizations and associations like the AAO. The AAO submitted three marketing campaigns for recognition in 2021. These entries included the submission for weekly communications through the AAO eBulletin, the convention promotion package for Annual Session 2020 – A Virtual Experience, and the membership promotion kit or campaign for 2020 member renewal campaign.

The AAO's weekly eBulletin (sent to members every Friday morning) was awarded the silver medal for Daily or Weekly Communications, the AAO's promotion of Annual Session 2020 was awarded the bronze medal for Convention Promotion Package, and the AAO's 2020 membership

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## AAO COUNCIL REPORTS

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renewals effort was recognized with a bronze medal for Membership Promotion Kit or Campaign.

As you may recall, the AAO also took home two GOLD ADDY's last year in recognition for excellence in marketing from the Adweek industry publication. The AAO received the top recognition in the category of Branded Content & Entertainment; one for single entry in its category and another for the full campaign. Our third finalist received a Silver ADDY in the single entry in the same category.

The AAO's "Almost Right" Consumer Awareness Program (CAP) campaign continues to reach prospective patients in the United States and Canada through various platforms. Through a series of unconventional videos featuring the "almost-right" person, the AAO is communicating to the public the importance of seeing an orthodontist – the "definitely-right" person to provide orthodontic treatment.

Since this campaign was launched in May of last year, these videos and other accompanying advertisements in the series have been well-received by our online audience, resulting in millions of impressions and engagement (the number of times and ad was commented on, liked, clicked or shared).

In total, this campaign has been viewed over 57 million times since May of this year, including nearly 18 million views of campaign videos. Perhaps most notably, these impressions and views have yielded over 2.8 million engagements so far. Additionally, nearly 1.4 million consumers visited the AAP consumer website after viewing an "Almost Right" advertisement online.

And finally, for the third year, the AAO encouraged members to join in on the #BullyingBites Anti-Bullying campaign and offered members various suggestions for how to get involved. For our anti-bullying effort, the AAO partnered with Stand for The Silent, one of the leading and most effective national anti-bullying organizations. COC shared information with AAO members on this important initiative through multiple eBulletin announcements, social media, and public relations efforts. As a result of this promotion and partnership, member involvement in the Anti-Bullying month doubled in 2021.

Please be sure to pay attention to AAO eBulletins, the Practice Management Bulletin, AAO socials and the member website, for more information on upcoming communications initiatives that benefit you, your colleagues, and your practice. And thank you, as always, for your membership in the American Association of Orthodontists and the Middle-Atlantic Society of Orthodontics. ■

COUNCIL ON  
GOVERNMENT AFFAIRS

**Dr. Jean Edouard Asmar**  
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The COGA virtual meeting was held on September 21. As stated in my last report, we had originally planned on an all-day meeting, starting with our virtual meeting followed by virtual advocacy meetings with members of Congress. We were only able to have the morning meeting and decided to find a more strategic time to conduct the virtual Capitol Hill meetings. As you know, Congress was knee-deep in the budget reconciliation debate, and we felt that it wasn't the best time for those meetings.

- We had our virtual meeting and here are the highlights covered during that meeting: Public

Policy Survey being created to ask Members about their rankings for Advocacy issues to prioritize (this survey was launched in November and closed in January 2022).

- Nathan Mick was introduced as the AAO Director of Advocacy and provided an update on strategic plans for Federal and State policy priorities.
- Dr. Featheringham provided updates on the work of the Advocacy task force, with recommendations on the future of the AAO advocacy program expected to be presented to the BOT in February 2022.
- Nathan provided COGA with updates on plans for the Professional Advocacy Conference in Washington, DC (dates set for April 5 and 6, 2022).

We just had another virtual meeting on January 24 and here are the highlights covered during that meeting:

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- Consensus feedback on planning for in-person Professional Advocacy Conference, April 5-6.

Updates on Federal and State Advocacy priorities.

- Dr. Featheringham shared a written report from the advocacy task force.

COGA members are still receiving timely reports on updated pertinent COVID-19 issues from Cozen O'Connor where we can find state-by-state information on individual states and the District of Columbia

information on COVID-19 policy, including legislation and Executive Orders on “Vaccine Passports,” Emergency Declarations, mask mandate, and unemployment program status as well as all 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**

drlatoro[at]gmail.com

The membership renewal deadline for the 2021-22 (FY22) membership year has passed as of November 15. Even with the shortened cycle, the AAO had a very successful renewal campaign this year. We have exceeded last year's pre-drop numbers for all significant member categories. The table below, for your reference, includes in addition to the 2021-22 renewal period the two previous years for comparison. The first column for each year shows the renewal percentage before drops were processed. The second column for each year shows the renewal percentage for the entire year (we still consider reinstatements as “renewals” if they join during this fiscal year). For 2021-22, we don't know the year-end numbers yet, but the numbers in parentheses are how many additional renewals we need by the end of May to equal last year. In a few cases, we have already surpassed those numbers! Here are a few other highlights: 1. Compared to last year, we have finished ahead of the pre-drop renewal percentages for all categories listed below. 2. We have already eclipsed renewal percentages for FY21 for the following categories: Canadian Active, International, and International Student. 3. 92.9% of

2020 grads have fully converted to active membership. This is compared to 93.5% of all grads of FY21, which we should have no problem exceeding this year. 4. We have met the same renewal percentage (92.8%) for all FY21 for the new and younger member 0–4-year group (primarily those who receive dues reductions). 5. We have renewed 79.6% of International Members in the 0–4-year group (again, primarily those who receive dues reductions), up significantly from last year at 61.9%. 6. We finished the renewal cycle with 95.7% of Active members renewed. The past two years, we did not reach that mark until late January or the beginning of February.

As of May 31, 2021, the AAO's US market share number of orthodontists is 86.3%. This is up from 86.0% in 2020. The market share for orthodontists in the MASO region is 84.1%, a .6% increase from 2020. However, this is the 2nd lowest market share among all Constituent organizations.

Female and male market share is separated by 1.2% (85.5% for female and 86.7 for male). Females now represent 30.9% of the entire market share, up from 29.7% in 2020 and 27.9% in 2019.

As of today, COMEJC is still planning on meeting in St. Louis on Saturday, January 8, 2022. We will see how COVID-19 and its variants affect our plans. Any ideas, questions or concerns please do not hesitate to contact me at drlatoro[at]gmail.com.

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### COUNCIL ON MEMBERSHIP, ETHICS & JUDICIAL CONCERNS

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	2021-22		2020-21		2019-20	
Category	% Renewed Pre-Drops	% Renewed FY End	% Renewed Pre-Drops	% Renewed FY End	% Renewed Pre-Drops	% Renewed FY End
Active - US/CAN	95.7%	TBD (-102)	94.3%	96.9%	94.2%	96.3%
Active - US	95.9%	TBD (-122)	94.7%	97.4%	94.7%	96.8%
Active - CAN	91.3%	TBD (+15)	86.0%	87.6%	85.1%	86.4%
Life - US/CAN	93.0%	TBD (-38)	92.6%	95.7%	93.5%	95.7%
Student - US/CAN	93.7%	TBD (-36)	92.8%	96.6%	91.6%	96.5%
International	88.6%	TBD (-268)	75.4%	78.4%	80.0%	82.6%
International Student	61.1%	TBD (+47)	42.6%	44.4%	51.6%	54.9%



### COUNCIL ON NEW AND YOUNGER MEMBERS

**Dr. Lauren Wiese**  
Lwiese01[at]gmail.com

The Council On New and Younger Members has been busy!

CONYM oversaw the summer launch of AAO Connections; the new and improved online AAO Mentoring Program to support the professional development of new and younger members. The program was suspended for one year in light of COVID-19 and saved a substantial sum of funds.

Members brainstormed new names for the program, participant titles, functional knowledge areas, and conversation topics to be used to search for and match participants. The emphasis is on peer-to-peer online mentoring, networking, and collaboration that connects

members with each other for one-on-one virtual sessions. All MASO and AAO members are encouraged to participate and to also urge colleagues and residents to become involved using the following link:

<https://connections.aaoinfo.org/>

Members continue to further the initiatives of the “four areas of focus” identified by the AAO Board of Trustees and also continued to support MASO and the AAO’s renewal efforts by conducting outreach to colleagues within their constituent regions who had not renewed their AAO membership.

CONYM recently contributed a response letter to the AAO eBulletin regarding an article that was published in the September 2021 issue of the AJO-DO, in which the authors expressed they felt younger orthodontists do not perceive as much value in the AAO membership compared to some of the online Facebook groups that exist. It was mentioned that there is a lack of communication with these orthodontists about the value of membership and that the AAO needs to develop ways to add value for the next generation of

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orthodontists. As a group, members contributed to this response letter detailing the ways in which CONYM feels the AAO is supportive of newer generations of orthodontists. The response letter can be viewed at the following link:

<https://www2.aaoinfo.org/for-new-orthodontists-value-of-aao-membership-is-unmatched/>

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 Ardeshta**

ardeshap[at]sdm.rutgers.edu

Greetings to all my dear friends and colleagues in MASO. It was so nice to see many of you at the MASO meeting in San Juan, Puerto Rico hosted by President **Dr. Francis Picon**. The Council on Orthodontic Education met in person for its annual meeting on November 1, 2021. This was a whole day event at the AAO headquarters in St. Louis. Dr. Kelton Stewart (GLAO) is the new chair.

The duties of the council are to study and make recommendations on all matters relating to orthodontic education. Our council consults with all appropriate dental, educational and governmental organizations concerning orthodontic education.

#### SUMMARY OF ACTIVITIES:

Our own **Dr. Steven Siegel**, the AAO Board of Trustee, provided a detailed report on the AAO governance overview for the upcoming year.

A new policy on duality and conflict of interest has been adopted by the AAO. The policy strongly encourages all volunteer leaders to disclose all non-AAO interests, or “dualities of interest” so there is enhanced transparency within all layers of leadership. This will mitigate any potential conflicts that could compromise the voice or effectiveness of our organization and its work. The AAO Advocacy update discussed COVID-19 concerns, Direct-to-Consumer treatment, the AAO PAC, Federal and State regulations, and Student loan debt.

The Inclusion and Engagement Task Force has created a toolkit to aid constituent and component associations in their diversity, engagement, and inclusion efforts. The AAO

Foundation changed its mission statement to reflect donated orthodontic services and the disaster relief fund moving to the foundation.

Two new programs have been introduced. The AAO TechSelect is an aligner learning and savings resource and details can be found at [TechSelect.aaoinfo.org](https://www2.aaoinfo.org/techselect). The Wharton-AAO MBO is an online course on mastering the business of orthodontics. The clinical companion to the AJO-DO will have the inaugural issue released in June 2022.

The AAO will continue its support of the Full-time Faculty Teaching Fellowship Award Program. This is gratifying as it displays the AAO’s commitment and ability to support Orthodontic programs. These awards advance the specialty by creating a pipeline of quality educators. The COE also recommended that support for the Craniofacial Anomalies Award be continued.

The SOE conference program at the AAO annual meeting in Miami will be held on Friday, May 19, 2022. The honoree will be Dr. Eugene Roberts. Additional presentations will be on bone regeneration and artificial intelligence in orthodontics.

Dr. Emile Rossouw, the ABO liaison provided updates on the ABO Written and Clinical examinations. ABO certified orthodontists now constitute 54% of the AAO membership. Dr. Rossouw also provided additional commentary about a recent desire expressed at the ABO educators conference in October 2021, to incorporate systemic reviews on the ABO reading list.

The American Dental Education Association (ADEA) plans to host its 2022 Annual Session, in-person, in Philadelphia, PA. The theme for the 2022 meeting remains “Lifting as We Rise” and the meeting dates will be March 19-22, 2022.

**Dr. Ardeshta** and Dr. Stewart (GLAO) reported on the Partners in Research process. There was discussion regarding

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### COUNCIL ON ORTHODONTIC EDUCATION

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potential sharing of the survey findings and/or abstracts with AAO and SOE. The team will evaluate level of interest, feasibility, and potential process of posting data next year.

Utilization of the new Program/Student Match violation policy was discussed by the committee and recommendations were made.

Our own **Dr. Lauren Wiese** who is on the Council on New and Younger Members (CONYM) provided an update on the council's work. Dr. Wiese is requesting recommendations or

topic ideas for her upcoming February 2022 CONYM article. Please feel free to reach out to her with suggestions.

The COE proposed budget for 2022 – 2023 was discussed and accepted. The next meeting will be on October 3, 2022, AAO Headquarters, St. Louis, Missouri.

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 attention. My email is ardeshap[at]sdm.rutgers.edu and telephone number is 973-972-1892.

I wish you all a healthy and joyous New Year, and look forward to seeing you at our next meeting. ■



### COUNCIL ON ORTHODONTIC HEALTH CARE

**Dr. Richa Dutta**

richadutta[at]gmail.com

COHC voted on some code changes that have left a lot of our members angry or perplexed about the reasons behind it. A survey sent out to AAO members in Dec 2020 showed that our members would like further clarity on how to code for limited versus Interceptive. Based on data, the council went on to merge the interceptive treatment and limited codes. It is important to remember that interceptive treatment codes have not been eliminated, they have merged under the limited treatment codes and the language in the CDT code book clearly states the same.

There are a number of questions that have been asked regarding the need for this and how should the staff code

at this time. There is a webinar on the AAO website by Dr. Markarian that can help understand and clarify some of the changes and how best to apply codes for insurance purposes.

AAO has provided a list of FAQ's that would be very helpful to any team that needs help with understanding how to proceed with codes in their practice to best serve their patient population. You can access the webinar, the CDT codes that are most relevant to an orthodontic practice, and other insurance related material on the AAO website.

COHC is also working on letters to send to State Medicaid departments as some did not previously pay anything for Limited Code and didn't update their policies to reflect the code change.

I urge everyone to read the ebulletins for the latest information and updates.

I hope everyone has a successful and healthy 2022 and I look forward to meeting many of you at the MASO or AAO



### COUNCIL ON ORTHODONTIC PRACTICE

**Dr. Lara Minahan**

minahan[at]hotmail.com

**GENERAL:** COOP hit the ground running this year with a successful F2F meeting in St. Louis November of 2021. In the spirit that it takes a village, we would like to express appreciation for the contributions of our 2021-22 Executive Board, BOT and AAO staff. We also warmly welcome the mentorship of our new BOT Liaison, Dr. Trista Felty.

**OFFICE DESIGN SERIES:** The on-going collaboration between COOP and CONYM resulted in an entirely new

approach to the AAO office design webpage. Its infrastructure will be supported by the professional contribution of orthodontic design and business field experts. The target date for the launch is the 2023 AAO Annual Session.

**AAO PRACTICE MANAGEMENT FORMS:** To best serve the membership and our patients, several new consent forms were discussed: social media consent for patients, social media consent for employees, bonded lingual retainer consent, IPR consent, maxillary skeletal anchorage consent. The addition of expanded gender and pronoun options on all relevant patient forms was discussed. Forms will request the documentation of natal sex in addition to patient gender identification. COOP welcomes all member recommendations in an effort to modernize AAO forms as

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well as share subject suggestions (e.g. consent forms used in your practice) perhaps not yet addressed by the AAO. Please note that the review of material or a new subject or modification does not confirm future use by the AAO.

**WORLD SLEEP SOCIETY JOINT TASK FORCE:** In collaboration with COSA and COE, COOP is evaluating a proposal by the World Sleep Society; potentially establishing a recorded lecture series with regards to sleep apnea and suitable interventions.

**HUMAN RESOURCES:** With the support of the AAO staff, COOP has recommended AAO website hyperlink access to relevant sites delineating state or province orthodontic assistant training centers, clinical practice limitations, and teledentistry parameters. In addition, supportive hyperlinks have been created on the AAO website linking to an interactive state-specific map noting dental licensure requirements (in addition to COVID-19 information). Of note, COOP has recommended with the approval of the BOT, that an HR workshop be instituted at an AAO Annual Session; the Committee on Conferences will assess the feasibility and structure of such a workshop for the 2023 Annual Session.

**STAFFING SHORTAGES:** Council is reviewing options (beyond the exceptional membership opportunities with CEDR HR Solutions and Trapezio), that may facilitate the orthodontic training of potential employees with varied backgrounds and experiences. The Board approved a motion from COOP that a novel Task Force generate a plan addressing staffing shortages as a member benefit.

**BUSINESS OF ORTHODONTIC RESOURCES:** A review of existing AAO orthodontic office design material has led to the BOT support of an on-line lecture series with downloadable handouts and guides. This is above and beyond engaging business resources for the AAO membership such as TechSelect and the Wharton-AAO Mastering the Business of Orthodontics certificate program (MBO).

**ORTHODONTIC STAFF CLUB (OSC):** Doctors are encouraged to continue the promotion of the Specialized Orthodontic Assistant program (website access, fee discounts, and the like). The OSC Facebook page has been transformed into a valuable education resource, encompassing topics such as team training, the development of member business acumen, clinical pearls, etc. Please join us: <https://www.facebook.com/groups/AAOstaffclub>

**ORTHODONTIC STAFF APPRECIATION DAY:** Please note that in recognition of our hard working team staff members, the AAO Staff Appreciation Day is the first Wednesday in June. Team celebrations may, of course, extend as long as your individual practice wishes!

**PRACTICE OPPORTUNITIES AND CAREERS PROGRAM (POC):** There is excellent participation and continued increase in use of the POC program. This confidential on-line program aims to match members searching for associateships, partnerships, sales, etc. Job posting upgrades are available, incorporating ZipRecruiter and the like; resume critique services are available. In addition, member and non-member employers may post orthodontic staff positions. Please, as you use the program and discover your perfect match, notify the AAO POC so that the site may remain current. Thank you!

**ORTHODONTIC STAFF CLUB (OSC):** Doctors are encouraged to promote the Specialized Orthodontic Assistant program and the benefits of membership on-line (website access, fee discounts). The AAO Orthodontic Facebook page enhances communication by both Doctors and Staff while posting information/ education opportunities relevant to all parties. Please join in!

The next **COOP F2F** meeting is scheduled to take place on **October 8, 2022**, at AAO Headquarters in St. Louis.

Please, as always, I welcome questions or comments for Council. In the interim, I genuinely thank you for the honor of serving MASO in this capacity and I hope we meet in Miami! ■



### COUNCIL ON SCIENTIFIC AFFAIRS

**Dr. Jose Bosio**

[jbosio\[at\]umaryland.edu](mailto:jbosio[at]umaryland.edu)

COSA committee members met online on January 7 to deliberate the committee's agenda. The following items were discussed:

- Dr. Behrents reported that the Board of Trustees (BOT) is working on a new AAO strategic plan which should be ready by the summer/2022.
- Twenty-seven applications were submitted for consideration for the Hellman, Sicher, and Graber Awards. Each COSA member independently ranked the applications. The results will be announced by AAO shortly; however, no awards were granted to MASO members.

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## COUNCIL ON SCIENTIFIC AFFAIRS

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- There were 366 applications received from the programs sponsored by COSA. From a pool of 67 Oral Research applications, 28 were accepted; all 29 Table Clinics were accepted; out of 270 E-Poster applications, 267 were accepted.
- COSA will form a subcommittee to review all COSA's Annual Session programs. Table Clinic and Oral Research presentations have not been well attended and since the AAO annual sessions will be shorter in the future, the subcommittee will be charged to evaluate how COSA sponsored programs can fit within the new meeting format.

- The Evidence Based Orthodontic Research (EBOR) Resource Center will likely migrate to the new AAO website under development.
- COSA members will continue serving during the AAO Annual session as room moderators for the Hellman, Sicher, and Graber lectures, Oral Research presentations, and the table clinic program. They will also judge the Residents Scholar Award Program.
- The Dr. William R. Proffit Resident Scholar Award online application and Invitation to Participate went live December 1, 2021 on the AAO website.

Please feel free to contact me regarding COSA related matters. ■



## AAOF UPDATE

Dr. Orhan Tuncay

otuncay[at]dental.temple.edu

- We invite all AAO members to support the foundation by making an annual [donation](#).
- The AAO Foundation was chosen as one of the [2022 ADEA Gies Award](#) Recipients within the Achievement category.
- The [Resident Education Program](#) is returning for the 2022 AAO Annual Session.

## 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 be involved. In 2021, the AAOF welcomed the Donated Orthodontic Services (DOS) program and the Disaster Relief Fund (DRF) to its philanthropic umbrella to engage all members at 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. The expanded mission statement and addition of two dynamic programs truly gives the Foundation new ways to move the specialty forward. Both programs, DOS and the DRF, promotes diversification within the Foundation by increased opportunities for volunteerism

and means to support our supporters, particularly during times of natural disasters.

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

## AAOF AWARDS PROGRAM

Since the inception of the AAOF Awards Program, the Foundation has given over \$14 million to the specialty through its support for orthodontic research and education. The process of grant applications is now moved to an online system. Our review committee PARC will soon start to review the 45 applications submitted for the 2022 funding cycle. Decisions will be shared in April.

## RESIDENT EDUCATION PROGRAM

The AAO Foundation recognizes the importance of residents' attendance to the AAO Annual Sessions. To facilitate such opportunity of experiencing an Annual Session, this program supports the residents with a one-time \$400 incentive stipend to offset their expenses. Because the 2020 and 2021 AAO Annual Sessions had to be moved to a virtual platform due to the COVID-19 pandemic, we had extended residents' eligibility for this program for the 2022 Miami Beach Annual Session. Not to leave out the new orthodontists who were residents during those virtual meetings, they will be included in the support. For more information about this program, please visit our [website](#).

## REMEMBER THE AAO FOUNDATION IN YOUR CHARITABLE GIVING

Did you know that the AAO Foundation can accept donations not only online, but via ACH as well as stock transfer? Please consider making a [donation](#) to the foundation in 2022.

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If you are interested in becoming a monthly donor, think about joining the **Century Club**. This is for donors who give a minimum of \$100 a month. You can sign up for this option on our [website](#) or by calling the office directly.

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

### FOLLOW US IN SOCIAL MEDIA

You can find the AAO Foundation in social media! If you have not already, please consider following us on Facebook, Twitter, and Instagram. This is the best way to stay up to date on the happenings of the AAOF.

### FOR MORE INFORMATION

If you should have any questions or concerns, please contact Jackie Bode, AAOF Senior Vice President, at 314-292-6546 or [jbode\[at\]aaortho.org](mailto:jbode[at]aaortho.org). ■



### AAO HOUSE OF DELEGATES

**Dr. Richa Dutta**  
[richadutta\[at\]gmail.com](mailto:richadutta[at]gmail.com)

We are back in person!!! I am really excited for Miami in May this year. Even though a virtual meeting has been convenient in so many ways (reading 3 lectures at the same time!), I am looking forward to the meeting other delegates and speaking to them in person this year.

MASO is represented by 7 delegates and 3 alternate delegates from our constituent states. This year, the delegates are:

#### Delegates:

- 1) Dr. Asmar (DC)
- 2) Dr. Saini (MD)
- 3) Dr. Albright (PA)
- 4) Dr. Dutta (MD)
- 5) Dr. Marshall (DC)
- 6) Dr. Harte (NJ)
- 7) Dr. Isaacson (NJ)

#### Alternate Delegates:

- 1) Dr. Goodman (MD)
- 2) Dr. Harmon (MD)
- 3) Dr. O'Day (PA)

The upcoming meetings are the 2022 Winter Conference January 28-30 at Loews Royal Pacific Resort, Orlando, FL and the 2022 Annual Session from May 21-24 in Miami Beach, FL

We look forward to seeing many of you at either or both of these meetings.

Wishing everyone a successful 2022! ■



### AAO PAC UPDATE

**Dr. Massimo Verduci**  
[mvfirenze\[at\]gmail.com](mailto:mvfirenze[at]gmail.com)

Hello everyone. As we all know 2021 has been a very trying year for all of us in our practices while trying to navigate the day-to-day consequences of the COVID-19 pandemic. Thankfully, the AAO as well as AAOPAC has been working diligently to serve our interests as orthodontists. Here are some overall highlights demonstrating the fruits of their labor:

The following are some new main AAOPAC highlights:

- New, easy way to contribute! Visit [www.AAOPAC.org](http://www.AAOPAC.org)
- Members of Congress Request Study from GAO on DTC Practices- In December, the AAO, in coordination with the AAO's advocacy firm Cozen O'Connor Public Strategies, secured a bipartisan group of twenty-one Members of Congress to sign a letter requesting the Government Accountability Office (GAO) to conduct a study of the

federal regulation of direct-to-consumer advertising practices for prescription medical products.

- Oral Health Literacy Act Passed the House, Moves to Senate - Through the Oral Health Literacy and Awareness Act, HRSA will develop and implement evidence-based oral health literacy strategies that will be measured based on effectiveness and outcomes Enactment of H.R. 4555 will positively contribute to more individuals seeking and obtaining regular dental care and becoming more aware of oral health needs, such as orthodontic treatment.

The following are our 2021 Federal Advocacy and AAOPAC Updates.

Please note the AAOPAC Website address: <https://www2.aaoinfo.org/advocacy/aaopac/>

Our Professional Advocacy Conference will be held in Washington, DC: April 4-6, 2022. Attendance for this conference will be by invitation only via AAOPAC.

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## AAO PAC UPDATE

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### 2021 Highlights

The hiring of the Director of Advocacy, Federal and State

- In May 2021, Nathan Mick joined the AAO as the Director of Advocacy, Federal and State. Nathan is also the staff liaison for the Council on Government Affairs (COGA) and will be working closely with Gianna Nawrocki in managing the AAOPAC. Nathan joins us from the American Heart Association, where he held the position of Vice President, Government Relations for the Southeast Region (nine states and Puerto Rico), overseeing advocacy and government relations for that region. Before that he worked in several other roles involving federal, state, and local government and politics.
- Contact: nmick[at]aaortho.org

### 2021 Professional Advocacy Conference

- The 2021 Professional Advocacy Conference was held virtually on February 22-23. Attendance this year totaled 84 of our members and included 37 orthodontic residents.
- The Advocacy Conference kicked-off Monday evening, February 22. Members from the AAO's federal lobbying firm, Cozen O'Connor Public Strategies, provided an overview of the political landscape of Washington, DC, the new Congress, and what to expect from the Biden Administration- Following an update from the team at Cozen O'Connor, special guest Rep. Ann Wagner (R-MO-2) addressed the group and answered questions from participants. Rep. Wagner is supportive of expanding FSA/HSAs and the RAISE Act. AAO headquarters is in the Congresswoman's district.
- Lastly, in a brief "Advocacy 101" session, participants learned what to expect during their virtual meetings with members of Congress.
- On Tuesday, February 23, AAO members participated in virtual meetings with ten members of Congress. Each meeting included 20-30 AAO members. Participants were provided with brief notes regarding each Representative, as well as a copy of the AAO's Legislative Priorities, providing background on some current issues that are important to orthodontists and the orthodontic field.

### What is the AAOPAC?

The AAO Political Action Committee (AAOPAC) was established in 1994 to amplify the voice of the specialty of orthodontics and profession of dentistry in the federal government. The AAOPAC allows the AAO to solicit funds from our members, and in turn contributes to candidates whose views are consistent with our goals. As a nonprofit organization, the AAO cannot contribute to the campaigns

of candidates. However, the AAOPAC can; which allows us to have tremendous influence on the government. The AAOPAC allows us to pool contributions from members like you, and then make significant contributions to candidates on behalf of the specialty. This approach assures we can have the greatest impact on the issues and candidates that matter most to our specialty. The AAOPAC also serves to reinforce the goals of the dental profession by supporting candidates to whom other PACs have already contributed the maximum amount allowed by law.

### Remember the Medical Device Tax?

On December 23, 2019, President Trump signed into law the Consolidated Appropriations Act, 2020 (H.R. 1158) and the Further Consolidated Appropriations Act, 2020 (H.R. 1865). Included in this appropriation bill was a permanent repeal of the 2.3% medical device tax, as well as a permanent repeal of the 40% tax on high-cost employer-sponsored health plans (Cadillac Tax). The AAO, through the AAOPAC, advocated tirelessly for this legislation for a decade, and because of continued AAOPAC support, we were able to create positive change for AAO members.

### AAO Advocacy Efforts

Cozen O'Connor Public Strategies, the AAO's federal lobbying firm, has been instrumental in providing access to the right people and developing strategies related to COVID-19 matters. As a result, the AAO has fostered relationships with the CDC, OSHA, and HHS, and has held multiple meetings with these regulatory agencies to address the impact that COVID-19 is having on AAO members as both healthcare professionals and small business owners.

- Advocated for small business relief, including the Paycheck Protection Program (PPP), and the various COVID-19 relief packages.
- Met with the CDC to receive updated guidance for clarification on dental settings during the COVID-19 response, and developed an open line of communication with them as questions or concerns arose on COVID-19 related issues.
- Advocated to HHS on Provider Relief Fund distributions targeted towards dental professionals, and provided members with information and updates on this fund.

### Legislative Issues/Priorities

*Reduce Student Loan Interest and Strengthen Repayment*

- 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.
- The Student Loan Refinancing Act would allow for borrowers to refinance their student loans when borrowing rates are reduced.

- The Student Loan Tax Elimination Act would eliminate origination fees on all federal Direct Loans.
- The Resident Education Deferred Interest (REDI) Act would provide interest-free deferment for all orthodontic students while in residency.

#### *Permit Unused Pell Grant Dollars for Graduate Education*

- The Expanding Access to Graduate Education Act of 2019 would permit the use of remaining Pell eligibility towards graduate programs.

#### *Protect the Teaching Profession*

- The Dental Loan Repayment Assistance Act would exclude certain federal loan repayments made to dental faculty from being included as gross income and prevent a potentially hefty tax bill on those federal loan repayments defined in the Public Health Service Act.

#### *Strengthen and Expand Consumer-Directed Healthcare Options*

- Flexible Spending Accounts (FSAs) allow pre-tax

income to be used for qualified medical care, including orthodontics, and are used by many orthodontic patients. Passing the RAISE Health Benefits Act would increase the cap on FSA contributions to \$5,000 per year (indexed for inflation moving forward); expand the FSA contribution cap to allow an additional \$500 per year for each dependent (after the first two dependents); and remove the “use-it-or-lose-it” rule to allow families to carry forward unused funds in perpetuity.

#### *Promote Patient Access*

- The Ensuring Lasting Smiles Act 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.

In conclusion, please continue to support our organization, as well as AAOPAC, so that we can continue to make progress toward advancing our profession during these ever changing times. ■



## ABO UPDATE

**Dr. Roberto Hernandez-Orsini**

hernandez-orsini[at]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 continues impacting the plans and protocols for the ABO, especially all in-person events.

### **Clinical Examination Update:**

- The ABO conducted Clinical Examination in February 2021, July 2021 and November 2021. A total of 655 examinees were certified during the 1st and 3rd quarters of 2021 after completing the Scenario-based Clinical Examination. A total of 253 examinees took the November 2021 Scenario-based Clinical Examination. At the time this report was submitted, the performance of this exam is under consideration by the psychometricians and results will be released in early 2022. Listings by constituency for all examinations are located on the [ABO website](#).

Additional examinations in 2022 will be administered on February 24-25 and October 6-7. The February 2022 registration is full. Registration for October closes on June 3 or when full.

Interest and demand in the Scenario-based Clinical Examination continues to be solid with most examinations reaching full capacity. Examinations in 2022 will take place at Pearson Vue 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 and the results are evaluated by sophisticated psychometric procedures.

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.

**Board certified orthodontists represent 54% of AAO membership. This number will be updated with 2021 results as the number of certified orthodontists have increased.**

### **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

CONTINUED ON PAGE 28

## ABO UPDATE

CONTINUED FROM PAGE 25

earlier than 36 months prior to the expiration date printed on the individual's certification document. Two options are available and include 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 this [motion graphic video](#) which briefly outlines the examination components and why renewal is important. Additional information may also be found on the [ABO website](#). Please be attentive to our notifications for the maintenance of your ABO status.

### 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 gladly announces that 94.6% of examinees passed ABO Written Examination. The ABO Written Examination is a comprehensive and well-balanced 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. Please be aware that once this examination is successfully completed, it does not expire. Therefore, all examinees 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 located on the [ABO website](#).

### Educational Update:

- The ABO conducted a July 2021 Item Writing Session in St. Louis where guest item writers, composed by ABO Directors, ABO Emeriti, academicians and well-respected clinicians had the task to build questions and answers for upcoming Scenario-based Clinical Examinations.
- In 2021, The ABO introduced 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 media channels, office lobby or patient waiting areas. The ABO's *It Takes a Specialist* video campaign has been expanded to include a digital toolkit for use by board certified orthodontists to inform the public of the importance of using an orthodontic specialist. By logging into their personal dashboard, the orthodontist can access the custom video along with digital images for use on websites, social media channels, and in office areas. The campaign video has also been shared with the WFO for placement on their website.
- Other resources available in the online Educational Toolkit include Brand Standards Guide, sample website

wording, press release, pathway graphic, window clings, consumer brochure, and patient/staff materials. Board certified orthodontists also have access to a personal, online dashboard with enhanced software that includes an orthodontist locator. It also provides the ability to list multiple offices, user-specific dashboard notifications, and the option to print a complimentary verification letter and track personal CE credit hours.

- The ABO website has been upgraded to improve functionality and overall user experience.
- ABO directors attended their individual Annual Constituency Meetings. Tabletop displays showcasing board certification materials were available. Additionally, ABO Directors and Advocates conducted orientations for Scenario-based Clinical Examination.
- The ABO distributed complimentary measuring gauges for incoming residents at the request of CODA-accredited orthodontic programs.
- The ABO and College continue to work together to ensure all CODA accredited orthodontic programs in the United States and Canada have at least one assigned volunteer advocate to promote board certification and to ensure all advocacy educational materials are current.

### Educators Symposium:

- The ABO Educators Symposium titled, *"The Change is Here – Are you on Board?"*, honoring Dr. Katherine Vig, was held in St. Louis, Missouri, October 30, 2021. A total of 75 guests physically attended the session with additional attendees participating via a virtual component. A welcome dinner took 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 were invited 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 participated in the 2021 GORP meeting in St. Louis, MO. The meeting was successful with positive feedback from all participants. ABO President, Dr. David Sabott, provided information on board certification to the residents and ABO staff were also present for questions.

### ABO Award Recognition:

Due to the cancellation of the 2020 and 2021 AAO Annual Session meetings, the 2020 ABO award recipients were not

formally acknowledged. Therefore, a ceremony to honor these deserving individuals will take place during the 2022 AAO Annual Session in Miami Beach during the ABO Awards Night.

The following 2020 ABO award recipients will be recognized in 2022. Congratulations!

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

Please visit the [ABO website](#) for information on all award honorees.

### 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. Anthony Puntillo, Director, representing the Great Lakes Association of Orthodontists.

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

## Inclusion and Engagement Toolkit For AAO Constituents and Components

### Inclusion and Engagement Toolkit

For AAO  
Constituents and  
Components



CONTINUED ON PAGE 30

## Why a toolkit?

- Recent data show that several minority groups are highly underrepresented within the orthodontic specialty.
- Underrepresented groups (**URG**) are even less represented in leadership.
- According to research from the AAO's Special Committee on Women Orthodontists, the strongest associations draw from various backgrounds, experience, expertise and current settings. Therefore, it is incumbent upon us to create and develop an environment of inclusion and diversity.

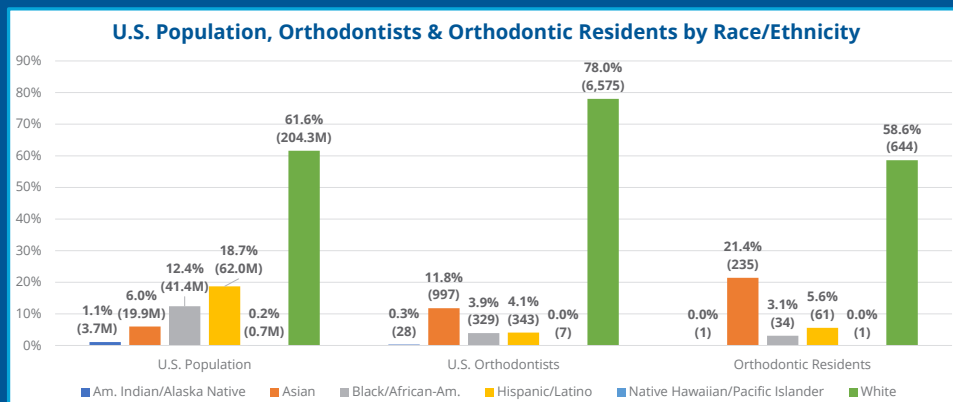
### Common terms used in this toolkit:

- URG** = underrepresented group/groups
- URM** = underrepresented minority/minorities

**Note:** see [appendix 1](#) for a glossary of terms.

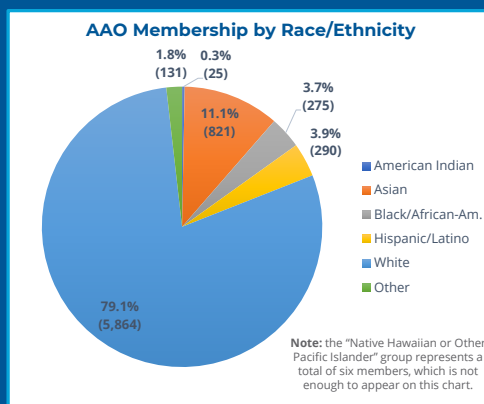


## UNDERREPRESENTATION IN ORTHODONTICS



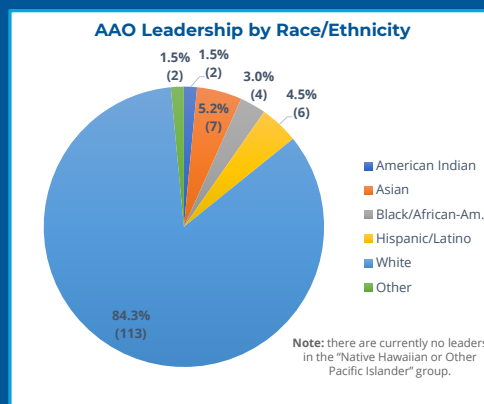
Sources: U.S. Census Bureau (2020), AAO U.S. Market Share Report (2021), ADA Health Policy Institute (2020). Numbers in parentheses represent the total number of people in each group.

## UNDERREPRESENTED GROUPS IN AAO MEMBERSHIP & LEADERSHIP



**Note:** the "Native Hawaiian or Other Pacific Islander" group represents a total of six members, which is not enough to appear on this chart.

Source: AAO U.S. Market Share Report (2021). Numbers in parentheses represent total number of members in each group.



**Note:** there are currently no leaders in the "Native Hawaiian or Other Pacific Islander" group.

Source: AAO Diversity Report (2021). Numbers in parentheses represent total number of members in each group.



## AAO Diversity, Inclusion & Engagement Statement (Mission)

We believe that diversity is a strength. Ensuring the involvement of our diverse membership will make the AAO stronger and more cohesive. We are committed to drawing on our differences in who we are, our experiences, and how we think to better serve and represent our organization, our members, our communities, and our patients.



## AAO Diversity, Inclusion & Engagement Vision

To create a place where all members feel valued and included by embracing the differences between people and creating an environment of involvement, respect, and connection—where the richness of ideas, backgrounds, and perspectives are celebrated.

## AAO CORE VALUES

All AAO strategic initiatives are guided by these core values:



Our members  
come first

We are  
inclusive

We are data-  
driven

We seek  
active  
engagement

We are ethical

CONTINUED ON PAGE 32



## Are members and leaders committed to diversity and inclusion?

The strongest associations and organizations are those which are diverse and draw from various backgrounds, levels of experience and expertise, and current settings.

They are united by a common mission for the association and organization.

## TOOLKIT CONTENTS

1. Measure engagement and assess member needs
2. Broaden the leadership team
3. Build and recruit membership at all levels
4. Quantify success of engagement and inclusion
5. Create structure for sustainability

## #1 MEASURE ENGAGEMENT & ASSESS MEMBER NEEDS

### WHY?

The foundation of any effective plan is having a thorough understanding of obstacles, opportunities and needs that need to be addressed.



### STEPS TO CONSIDER:

- Review association records for existing information.
  - Work with applicable leadership or staff to determine what information is available (e.g., member demographics, meeting attendee lists, prior research, etc.).
- Conduct a survey to assess member needs and include questions that are relevant to **URM and URG**.
  - Identify research objectives.
  - Create questionnaire (see [appendix 2](#) for sample).
  - Distribute and collect.
  - Analyze responses.
  - Create action plan based on analysis.

## #2 BROADEN THE LEADERSHIP TEAM

### WHY?

Having a diverse leadership that is representative of the association's members helps ensure decisions will be made in the best interest of all members.



### STEPS TO CONSIDER:

- Identify **URG** to be represented within leadership and what roles they will fill.
- Seek/Recruit new leaders from **URG** through broad member communication and open application period OR by soliciting volunteer nominations (or both).
- For broad member communication/open application:
  - Develop a communication plan and application/interest form.
  - Develop a target list of **URG** members to contact.
  - Distribute communication to **URG** and/or HBCU institutions.
  - Collect and review applications.
- For volunteer **URG** nomination solicitations:
  - Develop a communication to send to volunteers (see [appendix 3](#) for sample).
  - Collect and review nominations.

## #2 BROADEN THE LEADERSHIP TEAM (continued)

### WHY?

Having a diverse leadership that is representative of the association's members helps ensure decisions will be made in the best interest of all members.



### STEPS TO CONSIDER:

- Support the development of current and future **URG** leaders.
  - Identify leaders from **URG** as possible participants for the AAO Leadership Development Conference (formal invitations come from the LDC planning committee).
  - Recruit **URG** leaders to participate in AAO Connections (online mentoring program) as advisors.
  - Appoint a current leader to mentor new/incoming leaders (see [appendix 4](#) for tips).
  - Send a letter of appreciation to volunteer leaders as they conclude their term (see [appendix 5](#) for sample).
- Create an Inclusion Committee.
  - Appoint a current Board member to chair the committee (training to be available).
  - Seek volunteers from **URG** to serve on the committee.

## #2 BROADEN THE LEADERSHIP TEAM (continued)

### Inclusion Committee responsibilities:

- Send a welcome kit to all new members, including any information pertinent to **URM** (see [appendix 6](#) for sample).
- Invite new members to meetings and events, specifically including **URM/URG**.
- Ensure new members have contact information of the current leadership team.
- Provide information regarding opportunities to get **URM/URG** involved in your organization.



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## #3 BUILD & RECRUIT MEMBERSHIP AT ALL LEVELS

### WHY?

For most associations, members are the lifeblood of the organization and the reason they exist. Ongoing member recruitment and development are critical to maintain a steady pipeline of members to serve.



### STEPS TO CONSIDER:

#### Faculty and Residents:

- Connect with post graduate program directors to build relationships and enhance resident engagement.
- Encourage **URG** resident and member attendance at meetings.
- Ensure that the Resident Champion Program is utilized by every orthodontic program.
- Help maximize participation in AAO Resident Vitals and related programs.
- Provide names to inclusion or membership committee to engage residents at the component level.

## #3 BUILD & RECRUIT MEMBERSHIP (continued)

### WHY?

For most associations, members are the lifeblood of the organization and the reason they exist. Ongoing member recruitment and development are critical to maintain a steady pipeline of members to serve.



### STEPS TO CONSIDER:

#### Membership Engagement:

- Send a virtual (email) welcome packet to all new members at constituent and component levels consisting of (see [appendix 6](#) for sample):
  - Welcome letter from President or key leader that clearly states **URM/URG** are welcome and valued
  - Information on member benefits and resources
  - Key dates of upcoming conferences and events
  - Information on how to get involved
- Conduct a constituent or component survey to measure what members value. Include questions targeted **URM and URG** to solicit feedback on areas of interest.
- Evaluate communication methods and strategies to reach all orthodontists from all backgrounds.

## #4 QUANTIFY SUCCESS OF ENGAGEMENT & INCLUSION

### WHY?

Evaluating the outcomes of executed strategies is important to know whether changes are needed or new approaches should be considered.



### STEPS TO CONSIDER:

- Request to capture demographic information at all levels (AAO, constituent and component).
- Establish baseline attendance data to meetings and events at constituent and component levels.
  - Data should include self-identification of race and ethnicity.
- Analyze data to determine efficacy of new initiatives and participation of **URM/URG**.
- Determine whether and/or what changes are necessary.

## #5 CREATE STRUCTURE FOR SUSTAINABILITY

### WHY?

Having a structure in place allows current and future leaders to sustain practices already established, while leveraging existing tools and data.



### STEPS TO CONSIDER:

- Establish a process for onboarding new/incoming leaders to set expectations and carry diversity and inclusion initiatives forward.
- Where appropriate, create standard operating procedures (SOPs) to help ensure projects or tasks (including assessments) are implemented as ongoing processes.
- On a more practical note, consider informal check-ins with existing **URM** that are currently in leadership positions.

## #5 CREATE STRUCTURE FOR SUSTAINABILITY (continued)

### WHY?

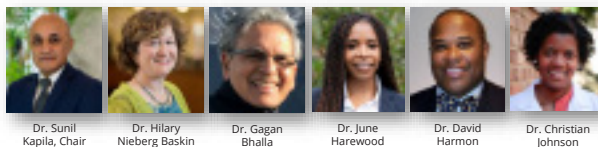
Having a structure in place allows current and future leaders to sustain practices already established, while leveraging existing tools and data.



### STEPS TO CONSIDER:

- Routinely monitor demographics of attendees at meetings and events at the constituent and component levels.
  - Seek volunteer “ambassadors” to invite and encourage local **URM** orthodontists to attend meetings and events.
  - Recognize barriers for not attending meetings.
  - Assess level of interest in attending meetings.
- Routinely monitor membership demographic data via the AAO’s annual membership and market share reports.

## AAO Inclusion & Engagement Task Force



Dr. Sunil Kapila, Chair

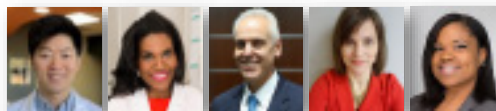
Dr. Hilary Nieberg Baskin

Dr. Gagan Bhalla

Dr. June Harewood

Dr. David Harmon

Dr. Christian Johnson



Dr. Nick Kim

Dr. Lauren Pass

Dr. Steven Siegel, Trustee Liaison

Ms. Aimee Snyder-Jackson, Staff Liaison

Ms. Kitty Castilleja-Cutts, Staff Liaison

### Toolkit Development Subcommittee



Dr. David Harmon, Chair

Dr. Sana P. Augustus

Dr. Christian Johnson

Dr. Monica Schneider

Dr. Steven Siegel, Trustee Liaison

Mr. Brandon Hackworth, Staff Liaison

## AAO Constituent Merger/Reorganization Task Force Report

Dr. Luis Toro • drlatoro[at]gmail.com

For several years now, the Southern Association of Orthodontists (SAO) and the Southwestern Society of Orthodontists (SWSO), and separately the Pacific Coast Society of Orthodontists (PCSO) and Rocky Mountain Society of Orthodontists (RMSO), have been in official high level merging Constituent negotiations. Those negotiations have resulted in conversations throughout the AAO of possible merging/reorganization of all current Constituents. As a direct result of the grassroots conversations, the following resolution was submitted and approved at the 2021 AAO House of Delegates:

### 27-21 RC -Substitute for AAO Constituent Merger Task Force

**RESOLVED**, that the Speaker of the American Association of Orthodontists (AAO) House of Delegates establish an **AAO Constituent Merger/Reorganization Task Force that will assist in identifying the best path forward for constituent mergers or reorganization to create equity and balance among constituent societies, and be it further RESOLVED, that the AAO Constituent Merger/Reorganization Task Force, in addition to the Speaker of the House of Delegates who will serve as a non-voting Board of Trustees liaison except to break a tie, and include one constituent member representative, selected by each Constituent, preferably with delegation experience, and an impartial professional consultant(s) to facilitate discussion, with the Chair of the Task Force to be selected from within the Task Force**, and be it further

RESOLVED, that the AAO Constituent Merger/Reorganization Task Force will report on their progress and findings by February 15, 2022, and be it further

RESOLVED, that the American Association of Orthodontists includes governance as a strategic plan priority.

The following AAO members were nominated by their Constituents and named to the task force by the AAO Speaker of the House:

RMSO: Dr. Ryan Frost—elected Chair by the task force members

GLAO: Dr. Aron Dellinger	PCSO: Dr. Kam Olfert
NESO: Dr. Sal Manente	SAO: Dr. Daniel Joseph
MASO: <b>Dr. Luis Toro</b>	SWSO: Dr. Kyle Shannon
MSO: Dr. Alison Fallgatter	

### Non-Voting Members:

Speaker of the House: Dr. Dennis Hiller

Consultant: Ms. Debbie Trueblood

Consultant: Mr. Mark Engle

Staff Liaison: Ms. Aimee Snyder-Jackson

The AAO hired the Association Management Center (AMC) as the project consultant, and the task force had its first meeting on June 15, 2021. Since that first meeting in June, the task force has met via Zoom conference calls at least once a month.

AMC conducted individual interviews of all task force members and other AAO members. The following themes were reported:

- While not all agree that reorganization is necessary, most do agree;
  - those who agree also agree that significant changes are needed.
- Some spoke of re-organizing related to vendor relationships and the declining viability and frequency of Constituent meetings; others focused on culture, geography, balance in the House of Delegates, and finances.
- The question of how to reorganize or merge while still creating balance in the House is the central issue at hand.
- Constituents are different culturally and have different ways of electing leaders.
- The last reorganization plan may have failed due to a lack of trust in the process and a prescriptive plan for the Constituents.
- Fear is that if a reorganization attempt fails a third time, this may be the “final chance.”
- There is a feeling that some Constituents are holding off on critical decisions until the task force completes their work.
- It was noted that the AAO does not have the authority to force Constituents to reorganize/merge. The AAO can only determine the HOD structure and make recommendations to the Constituents.
- Several noted the possibility of separating aspects of the structure vs. an “all or nothing” change.
  - For example, could we separate a HOD reorganization vs. joint meetings of Constituent groups?

- Several felt that Constituents should move to joint meetings; however, some attendees did not wish to travel further, while others see younger professionals preferring virtual meetings. Joint meetings could be achievable without reorganization.
- What about the people who have spent years “going up the line” (leadership) if there is a reorganization?
- Reorganization could negatively affect member connectedness, feels like “other people, far away”.
- Members in States with few members identify more at the Constituent level; Members in States with many members identify more at the State level. State components are essential for state advocacy efforts.
- Several noted a desire for more diversity of AAO leaders but the 10-year commitment to national AAO leadership is a barrier for many, especially those with young families.
- Concerns that Canada should stay split up, not combined into a singular Constituent.
- The initial merger talks between PCSO and RMSO did not result in a merger, but more joint meetings are happening.
- SAO and SWSO are in the process of merging.
- Some believe that if either of these two major Constituent mergers happens, the rest will follow suit with mergers to maintain a balance of power.
- If SAO and SWSO merge, it creates a concern related to the balance of delegates per Constituent in the House.

The following are the objectives/goals of the task force:

- Reducing the number of meetings for better support by vendors
- Creating more efficiencies in running a Constituency
- Creating/maintaining relevancy for Constituents
- Maintain some form of leadership/intellectual talent from each Constituent
- Standardization across Constituents
- Constituents remain fiscally solvent – after further discussion, items #F and #C together are considered the task force’s primary goals.

The task force has proposed several merging/reorganization options:

Option A – from the current 8 Constituents down to “5 Constituents” (without a triad, this would leave):

- PCSO: 12 delegates
- SAO/SWSO: 19 delegates
- MSO/RMSO: 11 delegates

and either:

- NESO/MASO: 15 delegates
- GLAO: 7 delegates

OR:

- GLAO/MASO: 14 delegates
- NESO: 8 delegates

**The delegate range would be from 7/8 to 19 - not balanced; this would reduce the number of Constituents but not create equity and balance in the House.**

Option B - “Mega-Mergers” (from 8 Constituents down to “3 Constituents”)

- PCSO (12 delegates)/RMSO (4 delegates)/MSO (7 delegates) total: 23 delegates
- SAO (12 delegates)/SWSO (7 delegates) totals: 19 delegates
- GLAO (7 delegates)/NESO (8 delegates)/MASO (7 delegates) total= 22 delegates

**Benefits:** Immediate meetings reduction from 8 to 3; larger meetings with more resources; balance of power.

**Negatives:** If merging/reorganizing two Constituents is difficult trying three will be even more.

On December 10, 2021, the task force celebrated an AAO Town Hall meeting with an extended and varied group of invited AAO members and leaders. The consensus is that the Constituent level (mid-level) of the AAO governance structure continues to be essential. Second, that “something” needs to be done to assure the future viability of all the Constituents. Third, that the principal obstacle ahead are the many cultural differences between Constituents (more standardization is absolutely necessary).

The following are the next steps for the task force:

- Reconvene for an update, as necessary, due to the December 10 Town Hall meeting results.
- Produce the task force report by February 15, 2022
- Final resolution submitted to House of Delegates
- Present findings and recommendations to the 2022 AAO House of Delegates

There’s still a lot of work to be done and it may take years of discussions and negotiations but the unescapable economic realities will continue to push the issue forward. When the dust settles a new, vibrant, and modern AAO and its Constituents will emerge from the baby steps we are taking today. ■

## Public Comment by Constituencies to the Federal Trade Commission

The MASO Board has enthusiastically supported the AAO's position regarding DTC orthodontic services and regulation of teledentistry. Please refer to the following correspondence from Nathan Mick, the AAO Director of Advocacy Federal and state to gain perspective of MASO's position on this important matter.

**From:** Mick, Nathan

**Sent:** Monday, November 8, 2021 10:31PM

**To:** Dunn, Kristen; Jane Treiber; Zuknick, Lissette; Debbie Nunner; Burmeister, Kristi; Metcalf, Cindy; Bennett, Jennifer; Castro, Callie

**Cc:** Lawrence, Trey; Nawrocki, Giana

**Subject:** Request to join AAO letter to FTC re Alabama Dental Board

**Dear Kristin, Jane, Lissette, Debbie, Kristi, Cindy, Jennifer, and Calli—**

Good evening, and I hope this note finds each of you well. I write to ask that your Constituent Association consider joining the attached with AAO to be submitted for public comment to the Federal Trade Commission (FTC) on Monday, November 15.

In connection with the SmileDirectClub lawsuits against the Alabama, Georgia, and California dental boards for trying to regulate within their state teledentistry environment, the FTC has been making arguments in favor of SmileDirectClub (essentially, regulating teledentistry allegedly harms competition). In particular, the FTC launched an investigation of the Alabama Dental Board and whether they committed antitrust violations by passing a rule that auxiliaries doing intraoral scanning for orthodontic appliances must be under direct supervision by the doctor (which is of course a delegation/scope of practice type of rule that exists in every state in the country).

We (AAO) have serious concerns because the proposed settlement in the matter significantly encroaches on the clinical jurisdiction of the Alabama Dental Board, prohibiting them from passing any regulations pertaining to teledentistry for the next 10 years, and requiring them to get the FTC's permission before taking any action (rulemaking or enforcement) that impacts teledentistry in any way. This could also create a chilling effect for dental boards considering teledentistry regulations in other states.

We are submitting public comment expressing a series of important concerns relating to the proposed settlement agreement. A copy of the draft letter and the draft settlement agreement are attached for your reference and review. We are hoping to get a broad coalition of stakeholders to co-sign with us and **we would be grateful if each Constituent Association would lend its name and join this letter with AAO.**

Please be in touch if you have any questions and we would appreciate you replying to this email no later than Friday, November 12 if your Constituent Association would be able to join this letter.

Thank you very much for your consideration of this request and do not hesitate to reach out on this matter or any other needs.

Respectfully,

-NM

**Nathan Mick**

Director of Advocacy, Federal and State

American Association of Orthodontists

office 314.292.6523 • mobile 859.339.1414



American  
Association of  
Orthodontists

**2022 Annual Session**  
Miami Beach, Florida ■ May 21-24, 2022

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Secretary-Treasurer



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**Lynne Thomas Gordon, CAE**  
CEO

314.292.6512  
lthomasgordon@aaortho.org

November 15, 2021

Federal Trade Commission  
Office of the Secretary  
600 Pennsylvania Avenue NW, Suite CC-5610 (Annex D)  
Washington, DC 20580

Via online submission at [www.regulations.gov](http://www.regulations.gov)

Re: Alabama Board of Dental Examiners, File No. 191 0153

To whom it may concern:

The undersigned group represents orthodontists, dentists, and other medical professionals. We write to express our serious concerns with the FTC's Proposed Order in the above referenced matter (the "Proposed Order").

When the Alabama Board of Dental Examiners (the "Alabama Board") originally passed the rule at issue in this case, it acted pursuant to its mandate, and addressed a subject frequently regulated by dental boards around the nation. In the rule at issue, the Alabama Board required that a certain level of supervision by a dentist (on-site supervision) be present when dental auxiliaries performed a certain task (digital intraoral scanning). These types of rules, known as "scope of practice" rules, are established in every state in the nation. State dental boards (whose members are appointed in reliance on their years of education and experience) seek to ensure that sufficient patient protections are in place when dental tasks are delegated to non-dentists.

The FTC's Proposed Order fails to properly account for the critical role that medical and dental boards play in ensuring patient safety. Second, its provisions go far beyond the issue at hand of on-site supervision by dentists for intraoral scanning. In effect, the Proposed Order significantly restricts the Alabama Board from undertaking *any* further regulation of teledentistry despite clear public health and policy reasons for doing so. In this respect, teledentistry will now be largely unregulated, which is bad for consumers who have come to expect that dental practices are, in fact, regulated. Finally, the Proposed Order does not account for the very real possibility that the structure of the Alabama Board may be changed such that its action may no longer be subject to the antitrust laws. The Proposed Order's failure to account for a potential change in the structure of the Alabama Board renders the Proposed Order directly in

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## TREASURER'S REPORT

**Dr. Sana Augustus**

sanap18[at]hotmail.com

CURRENT ASSETS AS OF DECEMBER 31, 2021

Savings/Cash	\$267,728.46
Reserve Account	660,306.38
Other Current Assets	65,905.93
<b>TOTAL ASSETS</b>	<b>\$994,939.77</b>

INCOME	Year-End 2021	2022 Budget
Dues-Active / Reinstatement	\$154,578.57	\$136,000.00
Newsletter Advertising	0.00	1,900.00
CE COURSE	0.00	24,120.00
CE Registration	19,410.00	0.00
NET ANNUAL CONVENTION	57,285.02	55,000.00
OTHER INCOME		
Prior Year Income	1,726.00	0.00
Interest Income	150.39	200.00
Dividends	17,256.68	7,000.00
Miscellaneous Income	662.40	0.00
<b>TOTAL INCOME</b>	<b>251,069.06</b>	<b>224,220.00</b>

EXPENSES	Year-End 2021	2022 Budget
<b>OPERATING EXPENSES</b>		
AAO Dues Billing Fee	2,933.70	2,900.00
President Honorarium	1,000.00	1,000.00
President Component Visits	0.00	1,500.00
AS Board Stipend (\$400 ea)	5,000.00	4,800.00
Management Fee	82,580.00	83,819.00
Office Supplies, Checks	1,200.00	1,400.00
Accounting	660.00	660.00
Subscriptns-formstack/cons cont	501.07	700.00
Stationary & Envelopes	0.00	200.00
Copying	256.75	400.00
Postage/Mailing House	298.20	240.00
Telephone/Fax	984.32	1,200.00
Office/File Storage	120.00	150.00
Journal Editor - Honorarium	1,000.00	1,000.00
AS Scholarships	27,600.00	30,000.00
Gifts and Awards	4,471.72	3,500.00
Website Development	207.79	1,300.00
Journal Publication/Mailing	12,177.68	10,000.00
BOD - Travel Del-Mar Caucus	113.52	3,000.00
BOD - Meals/Room/AV - Del Mar	453.95	3,700.00
BOD-Annual Session Bus Mtg (Sep)	0.00	200.00
BOD- AS Bd Mtgs (Sep)	2,616.12	1,500.00
Strategic Planning Mtg	0.00	2,000.00
Website-maint., network solutns	1,235.00	0.00
CE Course	0.00	20,400.00
Audiovisual/Equipment	3,950.00	0.00
Meals/Breaks	0.00	0.00
CE - Postage/Mailing House	0.00	0.00
CE - Printing	810.04	0.00
Speaker Expense	48.21	0.00
Staff/Board Expense	0.00	0.00
CE Board Dinner	0.00	2,500.00
<b>NATIONAL ANNUAL MEETING</b>		
Leadership/Gov Affairs Conf/EL	0.00	200.00
AAO-Del(7) Alt (3)Room & Misc	0.00	12,500.00
AAO-Delegates And Alt Airfare	0.00	2,500.00
AAO-Exc Dir Attendance	0.00	2,300.00
AAOF Contribution	5,000.00	5,000.00
Committee Expense	750.00	1,500.00
GORP Program	6,750.00	6,750.00
Credit Card Fee	4,252.62	1,200.00
Investment fees	713.33	1,000.00
Bank Service Charges	120.00	150.00
Prior Year Expense	389.20	0.00
Miscellaneous	206.00	200.00
Liability Insurance	1,169.00	1,200.00
Audit Expense	0.00	7,400.00
Tax Filing	1,310.00	1,000.00
<b>TOTAL EXPENSES</b>	<b>167,944.52</b>	<b>220,969.00</b>
NET OPERATING INCOME	83,124.54	3,251.00
Unrealized gain/loss	67,804.70	0.00
<b>NET INCOME</b>	<b>\$150,929.24</b>	<b>\$3,251.00</b>



## GOVERNMENT AFFAIRS COMMITTEE REPORT

**Dr. David Bonebreak**

davebonebreakdds[at]gmail.com

(AAO Legal and Advocacy summary contributions by **Dr. Kathy Marshall**)

Committee members:

- **Dr. Normand Boucher, PA**
- **Dr. Robert Mensah, MD**
- **Dr. Adrienne Perry, MD**
- **Dr. Chelesa Phillips, DC**
- **Dr. Milton L. Matos Roman, PR**
- 

### The Government Affairs Committee

The Committee reports on state and national legislative efforts of interest to orthodontics and dentistry and relays information regarding any legislation affecting orthodontic care within the component jurisdictions of MASO. Currently, the annual AAO Advocacy meeting in Washington DC is by invitation only. Orthodontists are encouraged to attend state dental association meetings for government affairs in: DC, DE, MD, NJ, PA, PR and VI.

**Dr. Jean Asmar** is appreciated for volunteering his continuing service to MASO as the COGA Representative. COGA was scheduled to meet virtually in September 2021.

### AAO and Dentistry Outlook

ADEA Trends in Dental Education reported the following information from the Health Resources and Service Administration in March 2021. "According to the Bureau of Labor Statistics, the demand for dentists is projected to grow 3% from 2019 to 2029. Even if the number of oral health providers grows, significant unmet need exists for vulnerable and underserved populations. Fifty-eight million people live in designated Dental Health Professional Shortage Areas (HPSA). During the pandemic, NIDCR used its funding to prioritize research designed to protect patients and the dental community by minimizing infection risk in dental environments. The NIDCR funded and participated in research on the effects of aerosolization and how it impacts the spread of the coronavirus infection."

An AAO Governance Taskforce Town Hall was held on December to gain further feedback on ways to improve participation in annual sessions, leadership and continuing education opportunities.

COVID-19 updates: The CDC no longer recommends quarantines for patients following a close contact with

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## GOVERNMENT AFFAIRS COMMITTEE

CONTINUED FROM PAGE 39

someone with COVID-19 infection for fully vaccinated patients and patients who have had COVID-19 infection in the prior 90 days. However, the CDC still recommends COVID-19 testing for people with any COVID-19 symptoms. Universal use of eye protection for all patient care encounters and the universal use of N95 (or equivalent or higher level) respirator for aerosol-generating procedures and surgical procedures that might pose higher risk for transmission if the patient has COVID-19 infection continues to be recommended.

The recommendation has become a mandate in certain federal facilities for health care practitioners, and administrative and clinical staff to be vaccinated and boosted as they become eligible.

### Supreme Court Rulings:

“On Thursday, January 13, the U.S. Supreme Court released simultaneous rulings in two separate cases regarding federal vaccine mandates, blocking one and upholding another.

In its first ruling, the Court blocked enforcement of an Occupational Safety and Health Administration (OSHA) emergency temporary standard that mandated employers with 100 or more employees require their workers be vaccinated, or submit weekly negative COVID-19 tests, in order to enter the workplace. Unvaccinated employees would also be required to wear masks indoors while working.

In the second ruling, a 5-4 majority of the Court sided with the Biden Administration in upholding a Centers for Medicare & Medicaid Services (CMS) Interim Final Rule which requires that staff at certain federally funded healthcare facilities be vaccinated against COVID-19 unless exempt for medical or religious reasons. This rule, which does not include a testing option, applies to both clinical and nonclinical staff at the applicable facilities.”

### HHS Announces the Availability of \$25.5 Billion in COVID-19 Provider Funding

In September, the Biden Administration announced that the U.S. Department of Health and Human Services (HHS) would be making an additional \$25.5 billion available for health care providers affected by the COVID-19 pandemic.

“Congress is debating whether the Medicare program should drastically expand its coverage of dental services. Currently, the Medicare program only covers certain hospital-based dental services under its Part A benefit, which tend to be emergency in nature. Congress is now debating whether to expand Medicare to cover more routine dental services

under its Part B benefit (including preventative and screening services) for beneficiaries.”

### Direct-to-Consumer Marketing and Teledentistry:

The AAO received word from the GAO [Government Accountability Office] that it will be investigating what the FDA and FTC are doing to regulate DTC [direct-to-consumer] products, including DTC orthodontic aligners. The AAO appreciates the GAO’s recognition of the importance of this issue in undertaking the investigation.

Previously, the AAO reported the FTC may have set a dangerous precedent for dictating clinical matters upon which dental and medical boards may seek to regulate regarding teledentistry or telehealth. Regarding SmileDirectClub’s suit against the Alabama Board, the Federal Trade Commission (FTC) concluded its investigation into whether the Alabama Board committed antitrust violations in passing the intraoral scanning rule. “The AAO has serious concerns that the terms of the settlement agreement exceed the boundaries of the FTC’s authority (limited to consumer protection and antitrust enforcement) and interfere in the clinical authority of the Alabama Board by prohibiting the Alabama Board from regulating in particular substantive clinical areas. The AAO strongly feels that the FTC’s involvement in this matter should have been limited to the issue of whether, as required by the U.S. Supreme Court in the North Carolina Bd. of Dental Examiners case, the Alabama Board was “actively supervised” by the state. The settlement agreement goes well beyond that limited issue and dictates to a state dental board that it cannot take any action in a particular clinical area (teledentistry, which is currently an active topic of consideration for many state dental boards).

### Oral Health Literacy and Awareness:

“On Wednesday, December 8, the Oral Health Literacy and Awareness Act (H.R. 4555) passed the U.S. House of Representatives with overwhelming bipartisan support. H.R.4555 was introduced in July 2021 by Representatives Tony Cárdenas (D-CA) and Gus Bilirakis (R-FL) to amend the Public Health Service Act and direct the Health Resources and Services Administration (HRSA) to increase oral health literacy and awareness in specific at-risk populations through a multi-year public health education campaign. The bill now moves to the Senate for consideration.”

### Residency Programs

Residency programs across MASO have dealt with a spectrum of disparity in patients served, PPE access, educational facility adaptations, and governmental regulation guidelines. The region has also experienced regional weather emergencies as well with seasonal ice and snow events. Alumni support for community and regional programs is invaluable as the crisis persists. ■

# MASO

Middle Atlantic Society of  
Orthodontists

# Save the Date!

## March 11, 2022

### for the MASO Spring CE Program!

March 11, 2022 • 8:30am-4:00pm

**Nassau Inn**

10 Palmer Square • Princeton, NJ 08542

**Program:**

**“Don’t Ignore the Snore:**

**Current OSA Research and the Orthodontist’s Role”**

Join MASO and three Stanford University researchers for an in-depth study of obstructive sleep apnea, airway development, and related topics.

Registration will open online at [MASO.org](https://www.maso.org) on December 1.

5.5 CE credits available.

## COMPONENT NEWS



### District of Columbia Society of Orthodontists

**Dr. Jean Edouard Asmar**  
[jeanasmar\[at\]aol.com](mailto:jeanasmar[at]aol.com)

The DC Component met for a luncheon at the MASO as in Puerto Rico. It was wonderful to meet in person again after a more than 2 years hiatus! Some pictures from the event are featured below.





## Maryland State Society of Orthodontists

**Dr. Brandon Hagan**

brandon.j.hagan[at] gmail.com

The MSSO successfully held our virtual Fall 2021 meeting on October 22, 2021.

Dr. Robin Yang, MD, DDS, Chief of Oral and Maxillofacial Surgery and Director of Pediatric Craniofacial Surgery in the Department of Plastic and Reconstructive Surgery at John's Hopkins University and Dr. Margaret Maclin, DMD, Assistant Professor of Pediatric Dentistry at Vanderbilt University delivered orthodontic educational content for MSSO members. Content included orthognathic and plastic reconstructive surgical procedures associated with craniofacial anomalies and nasoalveolar molding therapy and craniofacial syndromes

with orthodontic implications. 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 2022 executive board members are **Dr. Richa Dutta**, (President), Dr. Chris Scott (President-Elect), Dr. Monica Schneider (Secretary-Treasurer), and Dr. Moshe Stern (Director).

The executive board and MSSO members have chosen to continue having virtual meeting sessions at this time due to the pandemic and flexibility of participants being able to attend. We are hoping to begin meeting in person for the Fall 2022 meeting. The Spring 2022 virtual meeting will be held on April 1, 2022. We hope that everyone continues to be well, safe and we look forward to seeing everyone at an upcoming virtual meeting in April and in person at the annual AAO session in Miami in May 2022. ■



## New Jersey Association of Orthodontists

**Dr. Jennifer Morrison**

jmorrison3[at]hotmail.com

Happy New Year! I hope this update finds you well as we embark on a new year. For many, 2021 went by in a

flash even though we continue to navigate the pandemic and seemingly endless new variants.

Even though we have had to make a lot of adjustments as we continue to adapt to changing circumstances, The NJAO still managed to schedule a series of evening Virtual CE events. The first event was held in November with Dr. Sowmya Ananthan presenting to members an in-depth lecture on the temporomandibular joint and associated disorders. Then in December, Shira Kirsh, a speech language pathologist, gave an interesting lecture on orofacial myofunctional therapy and how this therapy may support orthodontists.

Our next evening lecture was held on January 11, 2022 featuring Dr. Christina Carter's lecture entitled,

"Airway Analysis in the Pediatric Population". The first in-person meeting was scheduled for February 2, 2022, at the NJDA headquarters with Dr. Luis Carriere giving a lecture on his Carriere appliance. For those members who were unable to attend we will also provided a live virtual option. Our Annual Session is scheduled to be held in person for Doctors and Staff on April 29, 2022 at the APA hotel in Woodbridge, New Jersey. Dr. Brandon Owen from KL/Owen will be giving a lecture on the successful implementation of digital technologies into the orthodontic practice from both the doctor and staff perspective.

Our current executive board members are as follows: **Dr. Jennifer Morrison** (President), **Dr. Michael Perillo** (President Elect), **Dr. Shalin Shah** (Treasurer) and Dana Foster-Williams (Executive Secretary).

I would like to add that it is with great sadness to report that we said farewell to our colleague, friend and mentor, **Dr. Robert Isaacson** this November. Dr. Isaacson was a former NJAO President and active member of our community. His contributions to Dentistry and Orthodontics will be sorely missed. ■



## Pennsylvania Association of Orthodontists

**Dr. Jacob Orozco**

jorozco77[at]gmail.com

The Pennsylvania Association of Orthodontists (PAO) Board Members met this past October at Skytop Lodge

in the Poconos. Due to the on-going impact of COVID-19 on planning and activities, the Board unanimously voted to extend all terms for an additional year with **Dr. Alfred de Prophetis** remaining as President, **Dr. Jacob Orozco** as President-Elect, Dr. Marian Wolford as Vice President, Dr. Brittany Franklin as Secretary, and Dr. Jeff Singer's swan song as Treasurer. The PAO would like to express its gratitude to Jeff for his longtime service. It is

our hope that he remains active for as long as he is willing and able since he is a great asset to organized dentistry.

The Board also made the difficult decision to defer CE from 2022 to Spring of 2023. The plan is to hold the 2023 membership CE meeting in the Philadelphia metro area with the hope of attracting residents and younger members. Similarly, a 2024 CE meeting is planned to be held in the Pittsburgh area.

As President Elect, I will be attending the AAO Leadership

Development Conference (LDC) and mid-winter meeting in Orlando, FL. As a group, the PAO would like to increase our social media presence. I look forward to meeting with other constituent groups and learning how we can better communicate and serve our membership.

A 2022 Fall Board meeting will be held in Hershey, PA with an October date TBD.

Wishing you all a healthy and prosperous year, I hope we can all gather together again soon. ■



### Puerto Rico Society of Orthodontists

**Dr. Jimmarie Ramos**  
jimmarie[at]yahoo.com

The Puerto Rico Society of Orthodontists (SEO) remains committed to professional and public education. Last September, our members had a virtual continuing education course titled “Stability must start with the treatment plan” by Dr. James L. Vaden, from the department of orthodontics at the University of Tennessee. In the same month, we offered a welcoming virtual orientation to recent members of our society titled “SEO 101” (Sociedad de Especialistas en Ortodoncia) in which members of the Board presented important information about our society. **Dr. Luis Toro** presented historic facts of the SEO and he explained the significance of MASO and AAO memberships. **Dr. Jaime De Jesús** provided an introduction on the fundamentals of the parliamentary system which we followed during SOE, MASO, and AAO meetings. In addition to the professional education, we continue to maintain an active public awareness campaign with our website at [www.seo-pr.org](http://www.seo-pr.org).

In November, we had the pleasure of having the MASO Annual Session at the Wyndham Grand Riomar Golf and Beach Resort in Río Grande, Puerto Rico. We are very proud of **Dr. Mario Polo**, who was chosen to be the recipient of the Life Time Achievement Award at the 2021 MASO Annual Session here in his native island. In addition, we want to share the AAO’s recognition of **Dr. Luis Toro** during the Hispanic Heritage Month (Sept.-Oct 2021). Our most sincere

congratulations to both, Dr. Mario Polo and Dr. Luis Toro, who have been past presidents of the Puerto Rico Society of Orthodontists and past presidents of the Middle Atlantic Society of Orthodontists for their hard work, commitment, and dedication to our profession for so many years. During this event, our society was able to celebrate the annual assembly as well as the SEO Caribbean Starlight Party and Alumni Reception. We are very thankful to **Dr. Francis Picón**, **Dr. Lynnette García** and all those involved to assure this event would be a complete success. The program and the organization were excellent in all aspects. It was great to see so many orthodontists, families and staff attend this meeting. We had a wonderful time and hope your stay in PR. was a delightful and unforgettable experience! ■



From left to right: Dr. Milton Matos, Dr. Bruni Ortiz, Dr. Mario Polo and his wife Maureen, Dr. Juan C. Vázquez and Dr. Jimmarie Ramos.



## ALBERT EINSTEIN MEDICAL CENTER

**Dr. Vanessa Morenzi**  
morenziv[at]einstein.edu

### Resident Activities

Our third-year residents, **Drs. Yee Seul Chun, Michael Kotecki** and **Gannon Van Allen** are doing quite well clinically, have submitted their research projects, and have passed their PGY3 December Mock Boards evaluations. Our second-year residents, **Drs. Mordechai (Mordy) Fried, Justin Middleberg** and **Madeline Pitz** have acclimated well to their clinical and academic studies, are diligently working on their research projects, have passed the first Mock Board evaluations for this academic year, and look forward to completion of the ABO Written Examination in April 2022.

### Current Resident Research Projects

Third-year residents, **Dr. Yee Seul Chun** and **Dr. Gannon Van Allen** have a combined research project to provide an “Investigation into The Predictive Value of the Salzmann Index and Medicaid Acceptance for Orthodontic Treatment”. The primary objective of this study was to investigate the correlation, if any, between the insurance approval rates for orthodontic treatment and the measured orthodontic need determined by the Salzmann index utilized by Medicaid services in several states. The secondary objective was to assess whether certain malocclusion characteristics are more likely to get approved than others by Medicaid services.

**Dr. Justin Middleberg**, PGY2 resident, is investigating the use of Temporary Anchorage Device supported expanders and the reasons for the success or their failure in the Albert Einstein Medical Center residency and patient population. The use of mini-implant and mini-screw retained expanders have gained increased clinical use in recent years due to their potential to provide practitioners an opportunity to expand the maxilla post-peak growth. The goal of this study is to investigate the failures of TAD expanders at Albert Einstein Medical Center and understand why some of these expansion devices fail. Consecutively treated patients will be evaluated retrospectively and information will be gathered to evaluate which cases failed, which were successful, and if there are identifiable reasons for each using descriptive statistics and frequency distributions.

**Dr. Madeline Pitz**, PGY2 resident, is conducting an “Investigation into the use of micro-osteoperforations for

accelerated orthodontic treatment”. She asserts that time and esthetics may be two of the reasons that adults are not as eager to begin their orthodontic treatment. However, with the addition of clear aligner therapy, the esthetic concern has been remedied, but length of treatment can still cause patient fatigue. While corticotomy has been an available orthodontic treatment adjunct since the 1950s –it has not been a popular choice due to the high degree of invasiveness. Today, there are multiple minimally invasive surgically accelerated orthodontic modalities available for use. The goal of her study is to determine how much the length of treatment can decrease by incorporating the use of micro-osteoperforations into clinical care.

A study of the “Sleep Disordered Breathing in the Pediatric Orthodontic Population” via questionnaire distribution and data analysis across all dental providers at Einstein (General Practice Residency program, Endodontic Residency program, Orthodontic Residency program and Dental Hygiene program) is being conducted by **Dr. Mordechai (Mordy) Fried**, PGY2 resident. He states that there are several anatomical features examined in the orthodontic population that are associated with sleep disorders in the pediatric population. Also, as pediatric sleep questionnaires have become more common in healthcare settings, he wants to examine the prevalence of sleep disorders in orthodontic population at the Einstein Orthodontic Clinic and track the referrals resulting from sleep disorders identified by dental care providers to see if questionnaires should become more routine in orthodontic/dental evaluations. Furthermore, the question of non-nutritive sucking habits, and their association with sleep disordered breathing may be evaluated. Future areas of interest would include the changes in sleep questionnaire responses from pre-orthodontic care through to post-orthodontic care within the pediatric population.

**Dr. Michael Kotecki**, PGY3 resident, chose to research the “Reliability of Invisalign’s Bolton Analysis Tool”. As part of Align Technology’s Invisalign Clincheck software, their Bolton analysis tool shows tooth width measurements from first molar to first molar and the resulting anterior and total Bolton ratios. He is determining the reliability of Invisalign’s Bolton Analysis tool when compared to OrthoCAD tooth width measurements.

### Application, Interview and Match Process

Our program was very fortunate to see a 20% increase in the number of applications submitted during this application cycle. We had a wonderful pool of candidates from which to choose to interview. The admissions committee was comprised of **Drs. Alan Borislow, Peter Greco, Vanessa Morenzi, Michael Roth, Courtney Rubin, Adam Weiss**, and the current residents. Our program

offers its gratitude to each of them for their time, efforts, and dedication to this vital process. After our virtual interviews, we matched with 3 superb incoming residents for the Class of 2025. They are **Dr. Jessica Azer**, who is currently a GP resident at Monmouth Medical Center; **Dr. Alison Novakovic**, who completed an AEGD at Walter Reed Medical Center and is currently serving our country as a Navy dentist; and, **Dr. Seyung (Hannah) Yu**, who completed a GPR at the Brooklyn VA Medical Center and is currently in private practice. We look forward to welcoming our new colleagues on June 24, 2022.

## Recent Graduate Activities

The November Scenario-based Certification examination given by the ABO saw two of our most recent graduates attain certification. We are pleased to announce that **Dr. Reem Abdulrahman** and **Dr. Juliana Zoga Demergis** are now Board Certified! Congratulations to them both for their accomplishments and to the ABO for their efforts to increase the ranks and numbers of specialty-trained, board-certified orthodontists providing care to the public.

## Continuing Education

In early October 2021, the residents and three faculty members were treated to a two-day continuing education series given by Dr. Timothy Tremont, Chair of Orthodontics at the Medical University of South Carolina. Dr. Tremont's topic was Diagnosis and Treatment Planning for Orthognathic Surgery. We were dazzled by Dr. Tremont's impressive discussion of diagnosis, treatment planning and surgical orthodontics as well as his digital surgical treatment planning process. His non-stop, 2 day presentation confirmed that he is a consummate teacher. This educational opportunity was made possible through the generosity of the **Einstein Orthodontic Alumni Society**.

At the November 2021 Dental Medicine Department Fall Grand Rounds, **Dr. Gannon Van Allen**, PGY3 resident,

presented an interdisciplinary case involving a female in her early transitional dentition who had experienced trauma to her maxillary incisors. In the intervening 12 months before the patient initiated orthodontic care with our program, external resorption of the maxillary centrals occurred which necessitated their decoronation. The resulting discussion between the Department residents (endodontic, general practice and orthodontic) and the respective faculty members involved the diagnosis and treatment planning for proper esthetics, phonetics, and function for the patient during her continued endodontic treatment, her orthodontic and retention treatment, as well as her future restorative needs.

## Faculty Activities

We thank each of our volunteer and part-time faculty for their invaluable support and dedication to our program and for the education of our residents. Without the valued commitment of the part-time faculty, it would be nearly impossible to provide a quality educational experience. Program leadership is indebted to the many community-based clinicians who give of their time to teach and mentor our residents.

We are also indebted to our orthodontic colleagues - near and far- for reaching out to our program to offer educational opportunities, virtual seminars, webinars, and other educational support during this time of ongoing travel challenges. These wonderful opportunities allow the residents to hear pre-eminent speakers. Please do not hesitate to reach out to me if you have additional ideas to enhance resident education.

All are welcome to come and visit us at Einstein Ortho - even virtually! We are celebrating the 101st anniversary of the establishment of our Dental Department, and its dedicated service to our community. We are proud of our legacy and of the residents that we are educating today who will become tomorrow's clinical and professional leaders. ■



## HOWARD UNIVERSITY

**Dr. Kathy L. Marshall**

[k\\_marshall\[at\]howard.edu](mailto:k_marshall[at]howard.edu)

We congratulate those matched to our program for entry in July 2022. We welcome:

**Alauna Martinez** from the University of Maryland;  
**Kristi Morris** from the University of Texas;  
**Dr. Sidalia Reed** from Meharry Medical College; and  
**Drs. Jennifer Franklin, Courtney Hollingsworth**

and **Mahsa Ziashakeri** from Howard University and Howard University Hospital GPR program.

Our Chief Resident **Dr. Donna Nichols**, Co-Chief Resident **Dr. John Bushrod**, and First Year Representative **Dr. Natasha Bharucha** have ensured communication between the residents and administration as COVID-19 protocols are modified and reinstated in the DC Area. Second Year Resident **Dr. Richard Byrd** attended the AAO and ADEA advocacy training opportunities. Residents were exposed to many more presentations within our

CONTINUED ON PAGE 46

# GRADUATE PROGRAM REPORTS

## HOWARD UNIVERSITY

CONTINUED FROM PAGE 46

24-month program thanks to the many courses which were virtual. Our continuing residents have attended the Tweed Course, GORP, MSSO and TAD courses, Wilkodontics, Invisalign, ABO Board Preparation course, and Health Disparities Symposiums by ADEA, Meharry Medical College and Howard University. The Howard University College of Dentistry 140th Anniversary Symposium on Healthcare Disparities was held September 2021.

MSSO President and Howard University Assistant Professor, **Dr. Brandon Hagan**, hosted many successful meetings for the society this year. **Dr. Sana Augustus** continues to serve on the MASO Board and recently on the AAO Inclusion & Engagement Task Force Toolkit Development Subcommittee which created the Diversity and Inclusion Toolkit for AAO Constituents and Components. Our Special

Committee on Women in Orthodontics member is **Dr. Kathy Marshall**. We welcome our wonderful new full time Patient Services Representative Katrina Wallace after our amazing PSR of twenty-six years Mrs. Tracey Sullivan Smith left to complete her training in dental hygiene. We are excited for both wonderful women!

Congratulations to our alumni who have achieved ABO Diplomate status and those who have recertified.

Lastly, our heart is broken by the passing of Dr. Wanda Flinn, guest lecturer to our program and wife of Howard University Assistant Professor Dr. Edwin Lee. For many years, Dr. Flinn gave craniofacial anomalies lectures to the orthodontic residents. She was an outstanding orthodontist, teacher, mentor, mother and friend whose contributions will always remain with the program.

Wishing a safe and prosperous 2022 to all. ■



## RUTGERS SCHOOL OF DENTAL MEDICINE

**Dr. Thomas Cangialosi**  
cangiatj[at]sdm.rutgers.edu

As everyone is aware, the past year has been complicated by the persistent presence of COVID-19. Nevertheless, it is my pleasure to announce that the following individuals have matched with our program to begin in July 2022: **Dr. Noah Falls** from The University of Texas Health Sciences at Houston, **Dr. Olivia Joseph** from Rutgers School of Dental Medicine, **Dr. Alia Khan** from Columbia University College of Dental Medicine, **Dr. Seo Hyun Park** from New York University School of Dental Medicine and **Dr. Kriya Patel** from the University of Pittsburgh School of

Dental Medicine. We are eagerly looking forward to have them join us in July.

**Dr. Wei Huang**, Assistant Professor, has been accepted into a special new program as a Clinical Research Scholar. This is a two year program sponsored by the Rutgers Biomedical Health Sciences which requires submission of an NIH grant application and leads to a Masters degree. These activities will temporarily reduce her teaching time so **Drs. Robert Montemurno** and **Anthony Suriano** have both expanded their time commitment to the department and we will be recruiting a new part time faculty member as well.

Our clinic has returned to normal activity this semester and all are looking forward to a brief Holiday break. ■



## TEMPLE UNIVERSITY

**Dr. Jeffrey H. Godel**  
jgodel[at]dental.temple.edu

Happy New Year's from the Temple University Kornberg School of Dentistry, Department of Orthodontics. We are very excited about our astounding achievements during these last few months. We were finally able to have an in-person graduation celebration for the Class of 2021.

The residents have all successfully spread their wings and left the nest. We look forward to seeing their contributions to their orthodontic profession, and communities. The graduating class included: **Zachary DiSpirito**, **Lori Herman**, **Lisa Jolly**, **Stephen McCown**, **Patrick Moran** and **Lauren Pinkus**.

Meanwhile, the Class of 2022 is eagerly working to complete their MS degree and the care of their patients in anticipation of graduation in August 2022. These young professionals are looking forward to their future

## GRADUATE PROGRAM REPORTS

as orthodontists. The class includes: **Ashtyn Goodreau, Ashima Sharma, Michael Karp, Rebecca Avigael Lerman, Justyn Park** and **Sara Zadmehr**.

The Class of 2023 joined us in July and started their journey in the exciting world of orthodontics. They include: **Daniel Chenman, James Henderson, Michael Kirshblum, John Nuveen, Carolyn Serio** and **Caroline Terry**. They are looking forward to meet all MASO members and attend upcoming meetings. They are currently enthusiastically preparing for the TWEED course in Arizona.

In addition, our residency program received well over 270 applications this year. We invited 33 candidates for an interview and matched 6 great residents, **Katie Alexander** and **Corey Moletsky** from University of Pittsburgh, **Nina Golojuch** from Rutgers University, **Jenna Herr** from University of Pennsylvania, **Amanda Noyek** from Nova Southeastern University and **Daniel Seebold**

from University of North Carolina. We are excited about this class and looking forward to their arrival next year.

Innovation and technology continues to be a strength of our program. The Podray Clinic has two 3-D Printers and seven digital intraoral scanners. We take special pride in our strong clinical focus and advanced technology. Our residents are excited and looking forward to their continued engagement into digital orthodontics.

Finally, our Department would like to express our appreciation to the outstanding group of adjunct faculty and alumni that helped make possible this year's graduation celebration for the Class of 2021. Their continued enthusiasm and dedication as they participate in the education of our residents and success of our program is remarkable.

We hope to see everyone at the 2022 AAO Annual Meeting in Miami. ■



### UNIVERSITY OF MARYLAND

**Dr. Jose Bosio**

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Happy 2022. We hope everyone is keeping safe and avoiding the new wave of the Omicron strain of the COVID-19 virus. At UMSOD we are focused on keeping our clinic open; while maintaining a safe environment for our residents, faculty, staff and patients. Our didactic education has gone back online for at least until the end of January.

We are pleased to report that given the generosity of our alumni, faculty, and the support from our chair **Dr. Vineet Dhar** and our Dean **Dr. Mark Reynolds**, all of our orthodontic residents were allowed to attend the MASO meeting in Puerto Rico. What a great bonding experience it was to see everyone attending the lectures, enjoying the sun, and sharing unforgettable moments in the island. **Dr. Saul Burk**, who has joined our program, has created the Wanda Flinn fund to honor his former orthodontic partner who recently passed away.

Our 2025 graduating class was matched in November and consists of **Alicia Briscoe, Christina DeGasperi, Tri Hong Le** and **Steven Zin**. We are

excited to have this great group of students begin their program on July 1, 2022

There are a few changes in our faculty roster since our last report. Our full-time faculty, **Dr. Monica Schneider** was promoted to the position of Assistant Dean of Admissions and will significantly reduce her role in our division. **Dr. Dina Sanchez** will become the new undergraduate Program Director and will be responsible for their orthodontic curriculum. **Dr. David Harmon** is the chair of the AAO Diversity and Inclusion task force and along with his group, has finished the AAO tool kit for increasing diversity and inclusion in leadership positions within components and constituents. He was also inducted as the MASO President-elect. **Dr. Ignacio Blasi** has published two scientific publications this past six months.

Our program has recruited to two new full-time faculty who shall be joining as soon as COVID-19 restrictions ease. Another part-time faculty shall be joining us soon. These are exciting times for UMSOD orthodontics.

Our third-year residents are finishing their master thesis and **Dr. Syed Hussain** already had his thesis accepted for publication at the AJODO.

We hope everyone remains healthy and strong. ■



## UNIVERSITY OF PENNSYLVANIA

**Dr. Chun-Hsi Chung**  
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Our comprehensive clinic and didactic Orientation Program began on July 6, 2021 as we welcomed our incoming Class of 2023, 26-Month Certificate Program – **Dr. Nicolette Almer, Dr. John Davies, Dr. Herta Granado, Dr. Grace Nguyen, Dr. Jamie Silverberg**; 3-year Certificate/MS Program, Class of 2024 – **Dr. Mary Cruz Contreras** and **Dr. Brianna Tucker**; 5-year DScD/Certificate Program, Class of 2026 – **Dr. Lina Baeesa**; Perio/Ortho Program, Class of 2024 – **Dr. Min Yang**.

This year our first and second year residents were able to participate in the GORP session held in St. Louis, MO from July 29 – August 1, 2021.

On August 27 a graduation ceremony took place for our graduates of the 26-month Postdoctoral Program in Orthodontics and Dentofacial Orthopedics. Receiving their Certificates were:

### Orthodontic 26-Month Certificate Program

Emily L. Funk, DDS  
Leanne Lin, DDS  
Justin C. Orr, DDS  
Mohamad Beshar Osman, DDS, DMD  
Abby L. Syverson, DMD  
Joyce D. Yin, DMD

### Three Year Masters/Certificate Program

Xuefeng Zhao, BDS, PhD, MS

### Four Year Perio/Ortho Certificate Program

Mohammad T. Qali, DDS, MS

Once again, our 68th J. Henry O'Hern annual Orthodontic Alumni Day was held virtually on October 27 and 28. Our speakers were Dr. Guy Coby and Dr. Nipul Tanna.

The Penn Dental Postdoctoral Orthodontic Class 2024 has been matched through the National Match Program and we are looking forward to welcoming our new residents this summer at our orientation course, which will run early July, 2022 through late August, 2022.

### 26 Month Certificate Program

- **Vivian Chen** – UCSF 2022
- **Jiahui Li** – Penn 2022
- **Min Kyung Shin** – Penn 2022
- **Sara Steinbaum** – Penn 2022
- **Jin Xu** – Univ Pittsburgh 2022

### 3-year MS/Ortho Program

- **Victoria Hu** – Penn 2022
- **Christie Shen** – USC 2022

### 5-year DScD/Ortho Program (Non-Match)

- **Jed Thussananutiyakul** – Chulalongkorn University, Thailand 2021

### 5-year Perio/Ortho/MS Program

- **Anas Baghareeb**, Riyadh Elm University 2020  
Entering Ortho July 2023

The Penn Ortho Department will continue with a series of virtual CE sessions. For more information and to register for these sessions please visit our Penn Department of Continuing Education <https://www.dental.upenn.edu/continuing-education/>

### Schedule of 2022 Virtual CE Courses

- January 17, Dr. Mandy Shui
- February 7, Dr. Chenshuang Li
- March 7, Dr. Joseph Ghafari
- April 4, Dr. Elisabeth Ute Moser
- May 2, Dr. David Musich
- June 6, Dr. Normand Boucher

Warm wishes for a Happy Holiday Season and as always, we would be honored to have you visit with us at UPENN! ■

# GRADUATE PROGRAM REPORTS



## UNIVERSITY OF PUERTO RICO

**Dr. Jose Morales-Diaz**  
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The first semester of 2021-2022 has been busy and challenging. To begin, we wish to welcome two extremely qualified dentists admitted to our residency: **Drs. Samuel Ramos**, and **Maria Teresa Rodriguez**. We look forward to have them with us on July 1, 2022. Congratulations to our recent graduates: **Dr. Ambar Mier** and **Dr. Eric Torres**. Dr. Mier will be joining a private practice in San Juan, PR and Dr. Torres will remain as a part-time faculty member in our school and will be joining a private practice. Our second-year residents,

**Drs. Natalia Llaurador** and **Christine Cushman** are the senior residents; **Drs. Antonia Alfonso** and **Angelica Herrera** were excited about their experiences at the Tweed Foundation Program in Tucson, Arizona. We want to recognize **Dr. Angelica Herrera** for her commitment as chief resident this first semester and welcome our new chief resident for the second semester, **Dr. Antonia Alfonso**. Last November, the MASO annual meeting was held in the beautiful Rio Mar Resort in Rio Grande, Puerto Rico. Our faculty participated in the meeting and our residents served as speaker moderators. Our faculty member and MASO President, **Dr. Francis Picón** provided the strong leadership for this excellent meeting. Congratulations Francis! Finally, as we look back to the past year, we appreciate how lucky we are to have a committed faculty, excellent residents, and hardworking staff. ■

## UPCOMING EVENTS



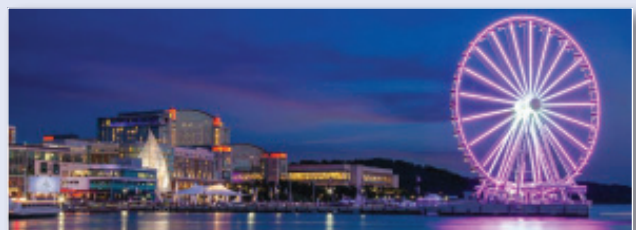
**May 21-24, 2022**  
**AAO Annual Session**  
MIAMI BEACH, FLORIDA



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



**APRIL 22-25, 2023**  
**AAO Annual Session**  
CHICAGO, IL



**SEPTEMBER 21-23, 2023**  
**MASO-GLAO Annual Session**  
NATIONAL HARBOR, MD

**Dr. Normand Boucher, Editor**

Ms. Jane Treiber, MASO Executive Director  
400 W. Wilson Bridge Rd, Ste 120  
Worthington, OH 43085



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