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MASO Journal

AUTUMN 2026

Middle Atlantic Society of Orthodontists



2026 AAO Orlando Memories - Dr. Steve Siegel ends his year as AAO President and Dr. Roberto Hernandez-Orsini steps down as President of the ABO.



The MASO Delegates - working hard for the AAO and also celebrating Dr. Siegel.



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SEPTEMBER 17-19, 2026

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Middle Atlantic Society of Orthodontists

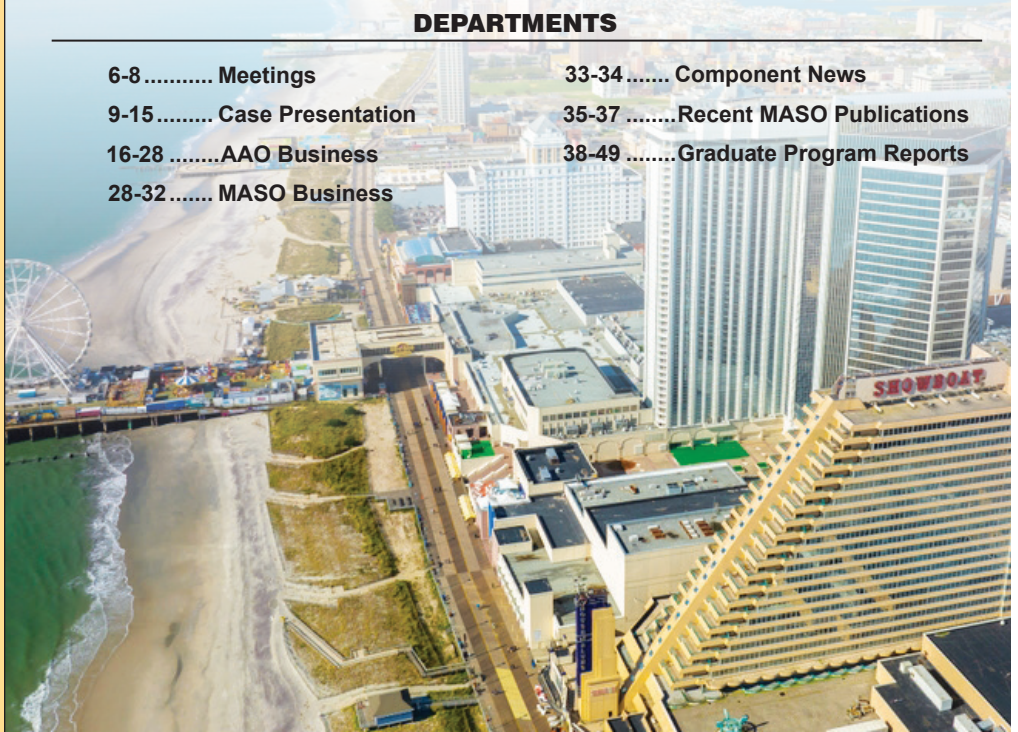
Autumn 2026

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CAESAR'S HOTEL, ATLANTIC CITY, NEW JERSEY

The MASO Journal is the official publication of the Middle Atlantic Society of Orthodontists, 400 W. Wilson Bridge Rd, Ste 120, Worthington, OH 43085, phone 1.866.748.MASO(6276), e-mail MASO@AssnOffices.com, and web-site www.MASO.org.

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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. Jose A. Bosio at maso@assnoffices.com. If an item must be mailed, send it to Dr. Bosio at 650 W. Baltimore St, Room #3221, Baltimore, MD 21201, or contact him by phone at 410.706.2974.

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.

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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.

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PRESIDENT'S MESSAGE

Dr. Paul F. Batastini

Dear Members of MASO,

As I conclude my term as President of MASO, I want to express my sincere gratitude for the opportunity to serve this organization and work alongside such dedicated members. It has been a privilege to contribute to our mission and help strengthen the sense of community that makes MASO special.

During my presidency, I focused on creating opportunities that recognized and rewarded excellence among our residents. One of the accomplishments, with the help of **Dr. Padma Mukherjee**, was establishing the Residents' case presentation and introducing financial prizes for the winners. This initiative not only encouraged participation and creativity, but also provided tangible recognition for the hard work and talent of our residents. I encourage everyone to stop by to see the cases at our annual meeting in Atlantic City!

Another important goal was increasing the value that MASO provides to recent graduates by reducing their registration fees to our meetings. By creating stronger connections, professional opportunities, and continued engagement, we worked to ensure that new graduates view MASO as a valuable resource and an organization they are proud to be part of throughout their careers.

While no accomplishment is achieved alone, I am grateful for the support, collaboration, and dedication of our members and officers. Together, we have continued to build an organization that supports professional growth, celebrates achievement, and fosters lasting relationships.

As I step down from this role, I am confident that MASO's future is bright. I look forward to working with **Dr. Lynette Garcia**, our next President, seeing the organization continue to grow, innovate, and serve its members for years to come.

Thank you for the trust you placed in me and for allowing me to serve as your President. It truly has been an honor. ■



TRUSTEE'S REPORT

Dr. Lawrence Wang

Best wishes to all for a happy and healthy start to the fall season. As I enter my second year as your Trustee, one word I hear repeatedly among AAO leadership and staff is **value**. Simply put: How do we create value for our members? Within the pages of this journal, you will find excellent examples of that value. Take a moment to scan the council and committee reports from your MASO representatives. You will be hard-pressed to find an issue affecting your professional career that is not being actively addressed by the AAO.

One major multi-year initiative underway behind the scenes that many members may not be aware of is the AAO's **Technology Transformation**. Now why should you care that the AAO is investing in this?

Today's members, both new and seasoned, are having seamless experiences using technology every day, as consumers. Consequently, in a world that counts nanoseconds, they have little patience for AAO's time intensive processes. Some of you may have experienced this firsthand while navigating the AAO website or accessing member resources.

Currently AAO is challenged to engage and delight our members due to:

- Outdated and underperforming technology capabilities lacking integration.
- Business processes not optimized to create, deliver, and capture greater member value.
- Data difficult to mine and secure.
- Not keeping pace with investing in and applying technological developments.

This is why tech transformation is important to the AAO. If we can turn these situations around, we can deliver a member experience that truly engages and delights. Members will now have a frictionless AAO experience that is easy, fast, and relevant. An experience that is now customized to what matters most to them.

This will be accomplished through the following:

- A modern membership experience
- AI powered universal search
- A refreshed and more intuitive member website
- Modern learning and CE experience

CONTINUED ON PAGE 3

- Improved event experiences
- Simpler and more secure member access
- Next-generation business intelligence
- A fully integrated technology ecosystem

In practical terms, the AAO has begun transforming how members access education and information from AAO as well as the content itself. AAO staff is creating a unified data platform that brings information from across all AAO systems into a single, secure environment that can be easily mined. This along with leveraging artificial intelligence (AI) and putting in place the most effective technology ecosystem throughout the association.

Most of these changes will be realized in 2027. However, one success story is already available today. TINA (Tool for Navigating Insurance Assistance), launched in September 2025 in partnership with the AAO Council on Benefits, uses AI to help members with common dental and medical insurance questions, coding guidance, and claim issues. Member feedback has been overwhelmingly positive. One member shared, *"TINA was straightforward. It went beyond my initial question and even provided instructions on how to resubmit and follow up. I've been waiting a long time for TINA. Thanks!"*

AAO's Technology Transformation is about more than technology. It is about ensuring that AAO remains the profession's premier resource for learning, professional development, and member support while delivering the seamless, personalized experience members increasingly expect and deserve. ■

**EDITORIAL****Dr. Jose A. Bosio**

Dental Extractions, and Sleep-Disordered Breathing / Oral Sleep Apnea: What Do We Really Know?

Over the last few years, I have noticed a growing number of conversations—within our profession, in the scientific literature and on social media—suggesting that orthodontic extractions may increase the risk for obstructive sleep apnea (OSA) / sleep-disordered breathing (SDB). As clinicians committed to evidence-based care, it is worth asking a simple question: "what does the science actually tell us?"

What was once a relatively limited scientific discussion has expanded into social media campaigns, online testimonials, and, increasingly, medicolegal allegations claiming that orthodontic premolar extractions caused or contributed to sleep-disordered breathing later in life.

As orthodontists, we should neither dismiss these concerns nor accept them without careful examination of the evidence. Our responsibility is to evaluate claims through the lens of science rather than anecdote.

The biological argument linking extractions to OSA appears straightforward. Premolar extractions are

often associated with retraction of the anterior dentition. Theoretical concerns suggest that reducing dental arch perimeter could decrease tongue space, alter tongue posture by pushing the tongue back, and potentially reduce upper airway dimensions. This hypothesis is intuitively appealing and has been cited repeatedly by critics of extraction therapy. However, plausible biological mechanisms do not automatically establish clinical causation.

The challenge lies in distinguishing anatomical changes from functional outcomes. Numerous studies have demonstrated that orthodontic treatment, whether extraction or non-extraction, may influence airway dimensions measured on cephalometric radiographs or cone-beam computed tomography. Yet changes in airway size do not necessarily translate into changes in airway function. More importantly, OSA is not diagnosed from radiographs, airway volume measurements, or minimum cross-sectional area. OSA is a medical disorder diagnosed through objective sleep testing and clinical evaluation by medical providers.

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EDITORIAL REPORT

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The current body of evidence does not support a causal relationship between orthodontic premolar extractions and the development of OSA. A large electronic health records study by Larsen and colleagues found no association between premolar extraction therapy and the presence of OSA.¹ Likewise, a recent systematic review and meta-analysis by Konstantonis et al. concluded that premolar extractions during orthodontic treatment have little to no effect on upper airway volume or minimum cross-sectional area on average.²

It is important to recognize that these findings should not be interpreted as proof that extraction therapy can never influence airway characteristics in an individual patient. On the contrary, they indicate that the available evidence does not demonstrate that extraction treatment is a significant etiologic factor in the development of OSA/SBD across populations. OSA is a multifactorial disorder influenced by obesity, age, sex, craniofacial morphology, neuromuscular control, genetic predisposition, and numerous environmental factors. Attempting to attribute such a complex condition to the extraction of four premolars performed years or decades earlier oversimplifies the disease process.

At the same time, orthodontists should resist the temptation to embrace the opposite extreme. In recent years, airway-focused treatment philosophies have promoted the concept that arch expansion, especially rapid maxillary expansion, can prevent, improve, or even cure OSA. While maxillary expansion may have benefits in selected growing patients and may improve nasal airway dimensions, the current evidence does not support the routine use of orthodontic expansion as a universal treatment for OSA. The recently updated American Association of Orthodontists white paper

concluded that current evidence does not support the claim that orthodontic procedures either cause sleep-disordered breathing or reliably prevent its development.

This places our profession in a challenging but important position. Orthodontists should remain aware of airway health, screen for potential sleep-disordered breathing, and collaborate with sleep physicians, otolaryngologists, and other healthcare providers when appropriate. However, we must also recognize the limits of our current knowledge. Neither extraction therapy nor expansion therapy should be presented to patients as having proven effects on future OSA risk when such evidence does not presently exist.

The extraction versus airway debate is unlikely to disappear soon. Future studies using objective sleep outcomes instead of surrogate anatomical measurements may provide clearer answers. Until then, our profession should remain guided by evidence, intellectual humility, and sound clinical judgment. The best treatment plan remains the one that addresses the patient's malocclusion, facial balance, periodontal health, stability, and overall well-being while acknowledging both what we know—and what we still do not know.

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1. Larsen AJ, Rindal DB, Hatch JP, et al. *Evidence Supports No Relationship between Obstructive Sleep Apnea and Premolar Extraction: An Electronic Health Records Review*. J Clin Sleep Med 2015;11(12):1443-8.
2. Konstantonis D, Vasileiou D, Papageorgiou SN, Eliades T. *Soft tissue changes following extraction vs. nonextraction orthodontic fixed appliance treatment: a systematic review and meta-analysis*. Eur J Oral Sci 2018;126(3):167-79. ■

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.

Congratulations to Dr. Steven Siegel - 2026 Gerard A. Devlin Award

The Devlin Award, MASO's highest recognition, is presented annually to one of its members in recognition of his or her outstanding contributions to MASO and the specialty of orthodontics.

2026 GERARD A. DEVLIN AWARD

Dr. Steven Siegel



Dr. Steven M. Siegel received his Bachelor of Arts degree from Brooklyn College and earned his Doctor of Dental Medicine (DMD) degree from Tufts University School of Dental Medicine in 1980. He subsequently completed his orthodontic specialty training at the University of Medicine and Dentistry of New Jersey.

Following dental school, Dr. Siegel served as a commissioned officer in the United States Public Health Service. Before specializing in orthodontics, he practiced general dentistry alongside his wife, Mindy Siegel, who is also a dentist.

For more than 35 years, Dr. Siegel has served as an Assistant Clinical Professor in the postgraduate orthodontics department at the University of Maryland School of Dentistry. He has also been a member of the Johns Hopkins Craniofacial and Cleft Palate Rehabilitation Team for over 30 years and

previously directed the Expanded Function Orthodontic Assistants Program at Howard Community College.

He has served as President of both the Maryland State Society of Orthodontists and the Middle Atlantic Society of Orthodontists (MASO). Since the early 2000s, Dr. Siegel has been a steadfast presence at MASO Board meetings, where his leadership, vision, and dedication have played a pivotal role in shaping policy and developing innovative programs that reflect and support the needs of the membership.

In recognition of his outstanding contributions to the profession and to MASO, Dr. Siegel will receive the prestigious Devlin Award at the MASO Annual Session, held at Caesars Atlantic City Hotel & Casino in Atlantic City, New Jersey. The award presentation will take place during the Wild Wild West Reception on Saturday, September 19, at 6:00 p.m.

We hope you will join us in celebrating Dr. Siegel's remarkable achievements and lasting impact on our profession. ■

WILLIAM S. KRESS RESIDENT RESEARCH AWARD

Dr. Justin Mack



Dr. Justin Mack is the recipient of the 2026 William S. Kress Research Award for the most outstanding Research Thesis by a graduate resident within MASO's geographical area, as juried by the MASO Education/Research Committee. His thesis is entitled "*Comparative Evaluation of Deep Learning Based Automatic Segmentation Accuracy and Three-Dimensional Mor-*

phology of Impacted Maxillary Canines on CBCT". The principal investigator and mentor for his research was Dr. Jose A. Bosio. Significant contributors were Drs. Ty Saini, Flavio Copello, Mohammed Elnagar, and student doctor Trevor Scott Johnston working on the statistical analysis

He will receive a \$1,000 check and an award plaque. The Award will be presented during the MASO Membership/Business meeting at the MASO Annual Session, on Saturday, September 19 at 1:00 PM.

Dr. Mack is a recent graduate of the University of Maryland, Baltimore, where he earned his Certificate in Orthodontics and Master of Science in Biomedical Sciences. He received his Doctor of Dental Surgery degree from Meharry Medical College, where his perspective as a dental provider was profoundly shaped. During his time there, he embraced the institution's guiding principle, "Worship of God Through Service to Mankind," a philosophy that continues to influence his approach to patient care and service. Additionally, Dr. Mack holds a bachelor's degree in Food Sciences & Technology from the University of Tennessee, Knoxville.

Dr. Mack is driven by a desire to gain a deeper understanding of the underlying causes of orthodontic conditions. More recently, he has developed a strong interest in exploring how artificial intelligence can be applied within orthodontics to optimize treatment outcomes.

Congratulations Dr. Mack! ■



Join us in Atlantic City in September!

Bring your entire team to Atlantic City to experience two days of education to enhance your practice and to lift your spirits !

The MASO Annual Session is September 17 – 19 and promises to be an engaging educational experience with lots of time built in for fun and camaraderie.

From our young practitioners to our seasoned professionals, the program will appeal to all. Thursday evening starts with a Resident Lecture and Reception in Caesar's Seven Stars Lounge. Newer members one to five years out are also invited to attend.

Then buckle up for two days of back-to-back doctor and team sessions, featuring well known speakers from across the country. Speaker bios, presentation titles and learning objectives can be found on the MASO conference website at www.MASO2026.com.

Registration information is on the website also – register by August 21 to take advantage of Early Bird rates.

Registration rates have been rolled back as an incentive to increase participation. Also, a bigger discount is applied to those who register four or more Staff members from the same office.

Friday night's welcome reception is in the Wild, Wild West at Caesars AC. Enjoy a BBQ-style dinner, a DJ entertainment – and even a mechanical bull! There will be a brief program during the reception where the **Devlin Award** will be presented to **Dr. Steve Siegel**, and welcome reception sponsors **Align** and **Eckard Enterprises** will introduce themselves.

Caesars AC hotel is very affordable for those requiring overnight accommodations. Come in on Wednesday for a \$78/night rate! Thursday night rates are \$99, and Friday and Saturday night rates are \$199/night. If you do stay over Saturday night, MASO has a 50 percent discount on tickets to *The Hook* show, Atlantic City's #1 variety show. Information on how you can obtain tickets is on the Activities page of the conference website.

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The Speakers



Dr. Sercan Akyalcin



Dr. Dan Bills



Dr. Michelle Cantwell



Dr. Lucia Cevidanes



Dr. Chun-Hsi Chung



Nicholas Freda
Industry Speaker



Dr. Cathy Jugovic



Wes Lyon



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Industry Speaker



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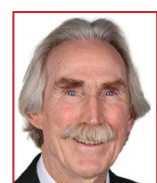
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Industry Speaker



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Download the conference brochure from the MASO conference website. Still have questions? Contact MASO at MASO@assnoffices.com or 866-748-6276. Hope to see you in Atlantic City! ■



2026 MASO Spring CE Recap

One hundred forty doctors and residents attended MASO's Spring CE Program at The Union League in Philadelphia on March 13 to hear five speakers on the role of orthodontists in the treatment of obstructive sleep apnea and upper airway disorders. The morning sessions were led by **Dr. Marianna Evans** on *"Skeletal Therapies for Patients with Upper Airway Disorders: The Role of the Orthodontist"* and **Dr. Richard Schwab** on *"MRI Studies of Adolescents' Tonsils, Adenoid and Craniofacial Syndromes as Risk Factors for OSA"*.



Dr. Marianna Evans



Dr. David Harmon

In the afternoon, **Dr. David Harmon** presented *"Choosing Wisely: Laser, Electrosurgery, or Bur? Well, it Depends"*. Dr. Nipul Tanna presented *"Hard and Soft Tissue Periodontal Procedures For Orthodontic Patients"* and **Dr. Paul Batastini** discussed *"Does One Size Wire Fit All?"*.

Thanks to American Orthodontics for sponsoring the Smoothie refreshment break in the morning.

Presentation to Dr. Steven Siegel

Dr. Paul Batastini, President, had the privilege of recognizing **Dr. Steve Siegel** for his 17 years of service on the MASO Board of Directors and for his recent term as President of the American Association of Orthodontists. In appreciation of his dedication and leadership, MASO presented Dr. Siegel with two gifts designed to help him relax and enjoy some well-deserved downtime: a gift certificate for a Viking European River Cruise and a bourbon smoker kit. Dr. Siegel graciously accepted the gifts and expressed his appreciation for the recognition.



Dr. Steve Siegel being recognized with a special presentation.

Save the Date for the Spring CE

Mark your calendars and plan to join us for the MASO 2027 Spring CE in Baltimore, Maryland – the City of Charm! The meeting will be held at the Renaissance Baltimore Harborplace Hotel on Friday, March 5, 2027. ■

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MEETINGS

MASO SPRING RECAP

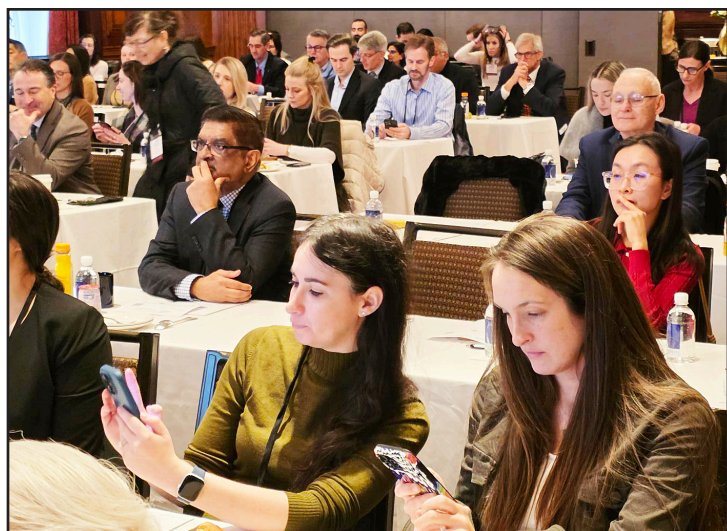
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American Orthodontics Display at the Spring CE meeting.



Attendees at the Spring CE meeting.



Attendees at the Spring CE meeting.



Steven Siegel receiving his trophy at the MASO board dinner.



Board Meeting

BREAKING BOUNDARIES IN ADULT OPEN BITE CORRECTION: MAXILLARY EXPANSION AND CTOR INTRUSION PLATE

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Keywords: Anterior Open Bite, CTOR Intrusion Plate, Non-surgical Correction, Temporomandibular Disorder, Case Report

Abstract

Maxillary expansion in adults has been a controversial topic in Orthodontics and Dentofacial Orthopedics. This controversy reaches a higher level when the patient presents with a skeletal open bite, as expansion can significantly worsen it. Therefore, it is understandable why orthognathic surgery remains the gold standard for treating patients with maxillary constriction and skeletal open bite. However, considering the possible side effects and the fact that the long-term stability of these orthognathic surgeries is poor, many adult patients seek alternative treatments. Due to the high prevalence of maxillary constriction with a shallow bite that may progress to open bite, and common TMJ-related discomfort associated with this type of malocclusion, clinicians face the dilemma of how to treat this vast number of patients non-surgically. In this article, we examine the biology and biomechanics challenges that clinicians should consider when deciding to provide non-surgical treatment for these patients. These considerations are discussed in the context of the treatment of an adult patient who presented with a severe skeletal open bite, constricted maxilla, and skeletal Class III malocclusion, accompanied by headaches, temporomandibular joint (TMJ) pain, difficulty biting into food, and the patient's desire to be treated non-surgically.

Introduction

Skeletal open bite is characterized by a narrow maxillary arch, posterior tooth extrusion, clockwise mandibular rotation, increased lower facial height, and anterior vertical discrepancies ranging from reduced overbite to open bite, and is frequently associated with airway obstruction and oral habits.¹⁻⁵ Depending on mandibular adaptation, patients may present with either a Class II or a Class III skeletal relationship.^{6,7} Beyond esthetic concerns, skeletal open bite is associated with higher rates of temporomandibular joint dysfunction,

particularly when combined with parafunctional habits, as well as speech and functional difficulties that negatively affect quality of life.⁸⁻¹⁴ The main treatment challenges are correcting maxillary constriction and controlling posterior tooth eruption.

Although orthognathic surgery has been considered the standard treatment,^{15,16} its long-term stability, functional benefits, and TMJ effects are questionable, and the high cost and morbidity reduce patient acceptance.¹⁶⁻²¹ Non-surgical treatment is also challenging due to controversies surrounding adult maxillary expansion, difficulty controlling posterior tooth height, and the risk of dental tipping and gingival recession.^{22,23} Recent advances in suture biology and skeletal anchorage, including CTOR external plates, enable posterior tooth intrusion and mandibular autorotation without surgery,²⁴⁻²⁶ suggesting that stable non-surgical correction may be possible in selected adult cases, as presented in this case report.

Diagnosis and Etiology

A 37-year-old male presented to the CTOR clinic with the chief complaint of an anterior open bite. The patient reported associated headaches, temporomandibular joint discomfort, and difficulty chewing. He also expressed dissatisfaction with the esthetics of his smile. His medical history was noncontributory, with no history of trauma or parafunctional habits reported; however, a lisp was noted when he spoke

Extraoral examination and facial photographs (*Figure 1*) revealed a dolichofacial pattern with a mandibular deviation to the right. The left side of the face exhibited increased lip tone, while the maxillary dental midline was coincident with the facial midline. At rest, the patient demonstrated adequate lip competence without mentalis strain. On smiling, approximately 85% of the maxillary incisors were displayed, accompanied by increased buccal corridors and a reverse smile line. The lateral facial profile (*Figure 1, Table I*) demonstrated a straight facial pattern with an obtuse labiomental angle.

Intraoral examination (*Figure 1*) showed fair oral hygiene and normal frenum attachments, with a 6-mm anterior open bite extending from the maxillary right first molar to the maxillary left first molar. The patient exhibited a high-arched palate, transverse constriction of both maxillary and mandibular arches, and a full Class III molar and canine relationship bilaterally. The overjet ranged from 0 to -1 mm, and moderate crowding was present in both arches, with arch length discrepancies of 8.6 mm in the maxilla and 6.7 mm in the mandible. The marginal gingiva displayed uneven heights of contour, and an occlusal cant was present, with the maxillary right side positioned inferiorly relative to the left. Both arches demonstrated a reverse curve of Spee, and the mandible had a deep curve of Wilson. A Bolton discrepancy of 3.7 mm was identified due to anterior maxillary deficiency, marginal ridge

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CASE PRESENTATION



Figure 1: Pre-treatment extra- and intra-oral photographs.

Lateral profile photograph shows a dolichofacial, straight profile with an obtuse labio-mental angle. Frontal portrait demonstrates an asymmetric pattern, a more defined lip tone on the patient's left side, the maxillary dental midline coinciding with the facial midline, large buccal corridors, a straight smile line, and an 85% incisal display upon smiling. Intraoral photographs reveal fair oral hygiene, mild-moderate marginal gingival inflammation, normal frenum attachments, and an anterior open bite (6 mm) extending from the maxillary right first molar to the maxillary left first molar, a high vaulted palate, constricted maxillary and mandibular arches, reverse curve of Spee in the maxillary and mandibular arches, deep Curve of Wilson, mandibular dental midline deviated to the right 4 mm, and full Class III molar and canine relationship. The gingival contour is not properly positioned, and an occlusal cant is evident. Bilateral, lingual mandibular tori were observed in the premolar region.

Measurement	Initial Value	Final Value	Norm
SNA (deg)	79°	84.8°	81.4 ± 4.4°
SNB (deg)	78.2°	82.2°	78.2 ± 3.9°
ANB (deg)	0.8°	2.6°	3.2 ± 2.3°
WITS Appraisal (mm)	-7.4 mm	1.3 mm	
FMA (deg)	27.9°	22.6°	28.7 ± 5.2°
SN-MP (deg)	39.8°	35.1°	32.9 ± 5.2°
Maxillary Incisor to SN (deg)	103.9°	99.7°	102.4 ± 5.5°
IMPA (deg)	95.4°	85.5°	95.3 ± 6.6°
Maxillary Incisor to NA (mm)	7.7 mm	3.6 mm	5.5 ± 2.7 mm
Mandibular Incisor to NB (mm)	8.3 mm	5.2 mm	6.1 ± 2.9 mm
Maxillary Lip to E-Plane (mm)	-3.9 mm	-2.1 mm	-2 ± 2 mm
Mandibular Lip to E-Plane (mm)	-3.1 mm	-2.4 mm	-2 ± 2 mm
Labio-mental Angle (deg)	147°	143°	120 ± 10°

Table 1: Pre- and Post-treatment Cephalometric Analysis.

Angular and linear measurements were completed on pre- and post-treatment lateral cephalograms for craniofacial skeletal, dental, and soft-tissue landmarks (° - degrees, mm - millimeters). The table shows the Initial Value (pre-treatment) and Final Value (post-treatment) in comparison with the expected Norm values for a Caucasian patient.

discrepancies were present in both arches, and the mandibular midline was deviated 4 mm to the right relative to the maxillary midline. Bilateral lingual mandibular tori were observed in the premolar region.



Figure 2: Pre-treatment panoramic radiograph. Panoramic radiograph showed a complete dentition with the maxillary left third molar impacted. Some dental roots were shorter and showed a rounded anatomy. A restoration was visible on the left mandibular first molar. Mandibular morphology showed prominent gonial angles, with bilateral remodeling. Bilateral condylar remodeling and asymmetry were also observed.

Panoramic radiographic evaluation (Figure 2) revealed a complete permanent dentition, with an impacted maxillary left third molar. Condylar asymmetry with evidence of remodeling was noted bilaterally. Prominent gonial angles are also present, suggesting significant adaptive mandibular remodeling. Lateral cephalometric analysis (Figure 3, Table I) confirmed a skeletal Class III relationship, with a Wits appraisal of -7.4 mm and a hyperdivergent skeletal pattern, as indicated by an SN-MP plane angle of 39.8°. Maxillary and mandibular incisor inclinations were within normal limits, with a U1-SN angle of 103.9° and an IMPA of 95.4°.

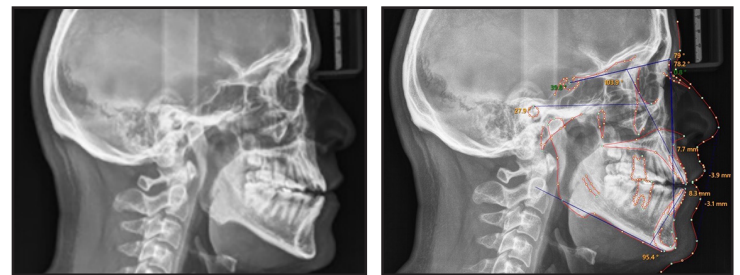


Figure 3: Pre-treatment lateral cephalogram and cephalometric analysis. Pre-treatment cephalometric measurements showed a skeletal Class III jaw relation (Wits -7.4 mm, ANB 0.8°), hyperdivergent mandible (39.8°), and a skeletal and dental open bite of 6 mm. Incisor inclinations were within normal limits (U1-SN = 103.9° and IMPA = 95.4°).

Treatment Objectives

The primary objective of treatment was to achieve a functional, stable occlusion while improving facial harmony and dental esthetics within 20-24 months. The specific treatment objectives were as follows:

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I. Facial Esthetics Objectives

- Enhance smile esthetics and increase maxillary incisor display
- Reduce excessive buccal corridors
- Improve facial symmetry

II. Dental Objectives

- Expand, develop, and coordinate the maxillary and mandibular dental arches
- Intrude the maxillary and mandibular posterior teeth to close the open bite and establish an appropriate overbite
- Retract the mandibular anterior teeth to establish an ideal overjet
- Resolve crowding in both arches and align all permanent teeth into a functional occlusion
- Establish Class I canine and molar relationship
- Level the curve of Spee and curve of Wilson
- Level the gingival margins and improve the gingival contour height

III. Skeletal Objectives

- Correct transverse skeletal discrepancy
- Improve the skeletal Class III relation toward a Class I skeletal pattern
- Reduce the lower facial third height
- Improve condylar position

IV. Quality of Life Objectives

- Eliminate TMJ discomfort
- Eliminate headaches
- Establish functional occlusion to allow normal chewing

Treatment Options

Two treatment options were presented and discussed in detail with the patient. The first option was orthognathic surgery combined with orthodontic treatment to correct the skeletal discrepancy and anterior open bite. The second option was non-surgical orthodontic treatment without extractions using fixed appliances. After reviewing the advantages, disadvantages, and limitations of both approaches, the patient elected to proceed with non-extraction orthodontic treatment using fixed appliances.

Treatment Progress

Treatment was initiated with maxillary expansion using a fixed hyrax palatal expander in conjunction with a mandibular posterior bite plate. The posterior bite plate was prescribed to reduce masticatory muscle hyperactivity, alleviate temporomandibular joint loading, and facilitate vertical control during the initial phase of treatment. The expander was

activated at a rate of 1 turn (0.25 mm) every 3 days to achieve slow maxillary expansion.

Approximately 3 months into treatment, fixed appliances were placed in the posterior teeth of both arches. In the maxillary arch, bands were placed on the first molars, and brackets (0.022 slot MBT metal brackets) were bonded to the second molars, second premolars, first premolars, and canines. In the mandibular arch, bands were placed on the second molars, and brackets were bonded to the first molars, premolars, and canines. Posterior sectional mechanics were used to establish control of the posterior segments and initiate leveling and alignment while minimizing unwanted anterior vertical changes.²⁷

Six months into treatment, continuous archwires were introduced in both arches while intentionally bypassing the anterior teeth to maintain vertical control and stabilize the posterior segments. This approach allowed correction of transverse and vertical discrepancies before engaging the anterior teeth.²⁷

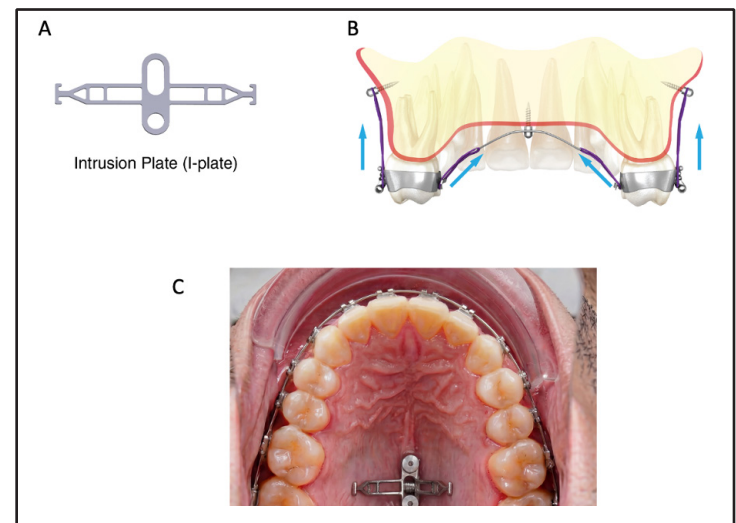


Figure 4: Intrusion Plate (I-Plate) Design. The I-Plate (psm-medical.com) has been specifically designed for the intrusion of maxillary posterior teeth (A). This design can be used in conjunction with buccal Temporary Anchorage Devices (TADs), depending on the patient's individual needs (B). The intrusion forces are indicated by blue arrows. I-Plates can be connected to the posterior teeth using either a power chain or elastic thread to facilitate the simultaneous intrusion of multiple posterior teeth. I-Plate is depicted in the photo after the buttons were removed for power chain activation (C).

After 7 months of treatment, temporary anchorage devices (TADs, 1.5 × 7 mm, psm-medical.com) were placed bilaterally in the buccal alveolar bone of both the maxillary and mandibular arches between the maxillary first molar and second molars to facilitate controlled posterior tooth intrusion. In addition, two palatal TADs (2 × 7 mm, psm-medical.com) were placed and connected to a CTOR intrusion plate (Figure 4) to enable predictable intrusion of the maxillary posterior teeth and promote mandibular autorotation. Following stabilization of

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the posterior segments and achievement of vertical control, the maxillary anterior segment was bonded. A one-couple anterior V-bend system was subsequently incorporated to protract and extrude the maxillary anterior teeth using free-object mechanics.²⁸

By 8 months into treatment, full fixed appliances were placed in both arches. Space closure and controlled retraction of the mandibular anterior teeth using TADs were subsequently carried out to improve overjet, establish appropriate overbite, and refine interarch relationships while maintaining the achieved transverse and vertical corrections.

Treatment Results

This personalized biomechanics approach by stages was able to address vertical, transverse, and sagittal discrepancies while optimizing functional occlusal and facial esthetic outcomes for this patient.

The treatment progressed as planned and was completed in 19 months, successfully achieving all predefined objectives.



Figure 5: Post-treatment extra- and intra-oral photographs. Portrait photographs demonstrated improved smile esthetics with reduced buccal corridors, coincident midlines, and increased incisal display upon smiling. Intra-oral photographs demonstrated the transverse development of the maxillary and mandibular arches, well-aligned dentition in a Class I molar and canine relation. The Curve of Spee and Curve of Wilson were corrected. Gingival margins and heights of contour improved around the anterior teeth. The occlusal cant was corrected. Lingual fixed retainers are shown extending from canine to canine on both arches. Most importantly, ideal overjet and overbite were achieved, allowing the patient to function properly.

I. Facial Esthetics Outcomes

Post-treatment evaluation demonstrated marked improvement in facial and soft-tissue esthetics, directly

addressing the patient's primary concerns about smile appearance. The smile arc and maxillary incisor display were enhanced, resulting in a more harmonious and youthful smile (Figure 5). Buccal corridors were reduced, resulting in a broader smile. Facial asymmetry improved as a result of corrected dental and skeletal relationships. Additionally, the gingival margins were leveled and the height of contour optimized, producing a more balanced gingival display and improved smile esthetics. Most importantly, the patient's anterior open bite was fully corrected, with a final overbite of 2.2 mm.

II. Dental Outcomes

Post-treatment intra-oral photo evaluation (Figure 5) revealed significant improvements in dental alignment and occlusal relationships:

1. Transverse Development

- o Maxillary arch: The intermolar width increased by 3.7 mm and the intercanine width by 4.1 mm.
- o Mandibular arch: The intermolar width increased by 2.6 mm and the intercanine width by 2.3 mm.

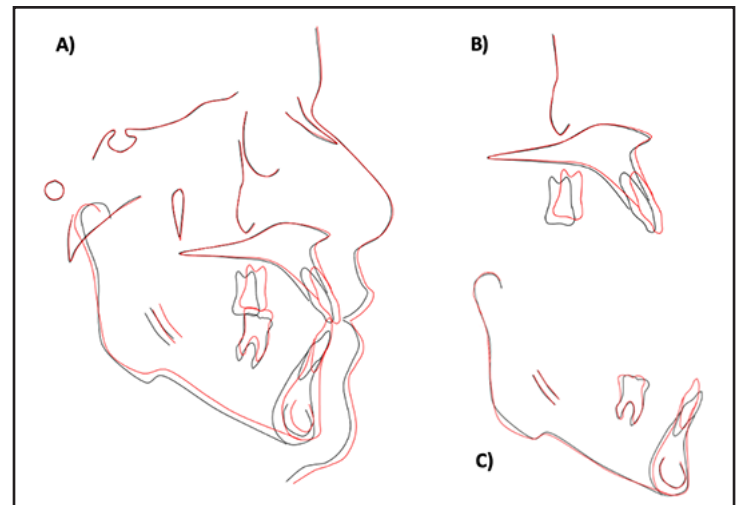


Figure 6: Superimposition of pre- and post-treatment cephalometric tracings. Cephalometric superimposition of pre-treatment (black tracing) and post-treatment (red tracing) on the anterior cranial base shows protrusion with slight extrusion of the maxillary incisors, Class I jaw relation, and counterclockwise rotation of the mandible (A). Superimposition on the body of the maxilla shows slight maxillary incisor extrusion and protrusion with intrusion of the maxillary molar (B). Superimposition based on the inferior-alveolar nerve and inner profile of the mandibular symphysis reveals uprighting of the lower molar and extrusion and uprighting of the incisors (C).

2. Sagittal Correction

- o The Class III malocclusion was corrected to a Class I canine and molar relationship following 2.0 mm of mandibular dentition distalization, with a final overjet of 2.0 mm (Figure 6).

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- o Control of mandibular autorotation was achieved through anterior maxillary protraction and cortical drifting, resulting in an increase in SNA from 79° to 84.8° (Figure 7).

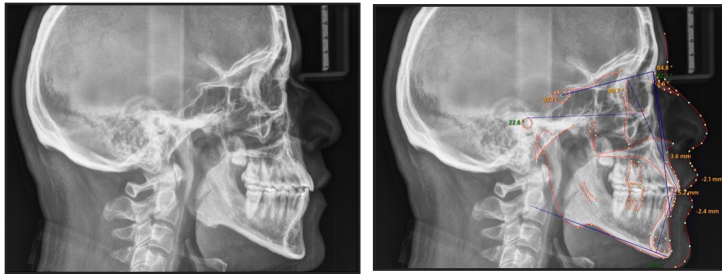


Figure 7: Post-treatment lateral cephalogram and cephalometric analysis. Post-treatment cephalometric analysis shows an ideal overjet and overbite relation, improvements of the sagittal skeletal discrepancy ($Wits = 1.3^\circ$, $ANB = 2.6^\circ$), improvement in the mandibular plane angle ($SN-MP = 35.1^\circ$), and retroclination of the maxillary and mandibular incisors (99.7° and 85.5° , respectively).

3. Midline and Symmetry
 - o Maxillary and mandibular dental midlines were coincident.
4. Alignment
 - o Crowding in both arches was entirely resolved, and all teeth were aligned.
5. Vertical Relationships
 - o The anterior open bite was closed, achieving a normal overbite of 2.2 mm.
 - o The maxillary molars were intruded by 2 mm, and the mandibular molars were intruded by 1 mm (Figure 6).
6. Occlusal Plane
 - o The occlusal cant was corrected, resulting in a level and balanced occlusal plane.
7. Curve of Spee and Curve of Wilson
 - o The curve of Spee and the curve of Wilson were both corrected.
8. Marginal Ridges
 - o Marginal ridge discrepancies were corrected, enhancing inter-arch coordination and occlusal stability.

III. Skeletal Outcomes

• Panoramic Radiographic Outcomes

The post-treatment panoramic radiograph (Figure 8) shows well-aligned roots with appropriate parallelism and no evidence of root resorption. All third molars were extracted except for the maxillary left third molar, which was retained due to patient preference. Its extraction was not included in the orthodontic

treatment objectives and was deferred to a post-treatment decision by the patient.

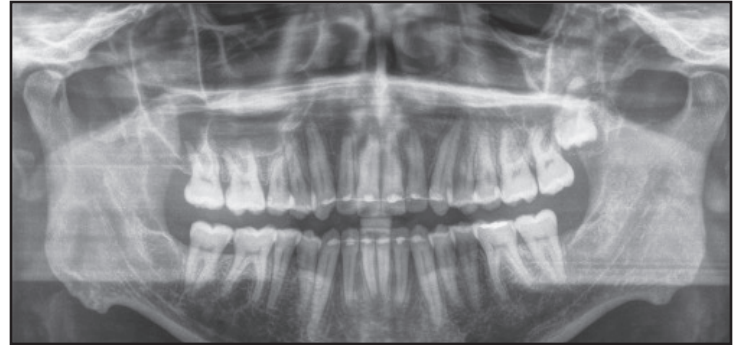


Figure 8: Post-treatment panoramic radiograph. Post-treatment panoramic radiograph showed proper root alignment, with no evidence of additional root resorption. Condylar remodeling observed.

VI. Quality of Life Outcomes

Following treatment, the patient reported complete resolution of temporomandibular joint discomfort and cessation of his headaches. He also reported that he enjoyed biting into and chewing his food for the first time in many years.

VII. Retention Phase

For long-term stabilization, fixed lingual retainers were bonded in both arches, and removable retainers were prescribed for nighttime wear. Follow-up evaluations during the retention phase demonstrated a stable occlusion with no clinical signs of relapse.

Discussion

Among the many challenges associated with treating skeletal open bite cases, two problems stand out. First, the treatment of constriction in adults, and second, the intrusion of the posterior teeth. While the first challenge is biological, the second is mechanical.

While sutures in adults are not closed, can we open them to achieve maxillary expansion? And is that the only way to expand the maxilla in adults? Recent studies have redefined adult maxillary expansion by showing that sutural separation is a biologically mediated cellular process involving osteoclast activity rather than a purely physical phenomenon.^{29,30} This understanding has critical implications for both the magnitude and rate of force application. Instead of using high forces to overcome sutural resistance, expansion forces should be optimized to stimulate a favorable biological response, as excessive or rapidly applied forces have been associated with craniofacial damage and skeletal fractures.^{31,32} Experimental and clinical evidence further indicates that gradual, incremental force application allows *in vivo* stresses

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to dissipate and prevents harmful stress accumulation.³³ Consequently, because skeletal changes follow a biological remodeling process similar to orthodontic tooth movement, slow activation protocols are recommended in adults to allow adequate osteoclast activation and bone remodeling, with a rate of approximately one turn every three days or slower until transverse correction is achieved.^{29,30}

A second important biological discovery is that the buccal cortical plate of the alveolar bone can remodel and drift in response to static forces, even in adults. Static loading induces a transient inflammatory response in the periosteum and endosteum, followed by osteoclastic resorption and later osteoblastic bone formation in a new position.²⁶ This demonstrates that the buccal cortical plate is not a fixed boundary and that adult expansion, or significant incisor advancement as reported in this case, does not necessarily push teeth outside the alveolar housing, as previously feared. Instead, when slow static forces are applied, the alveolar bone relocates along with the teeth in both transverse and sagittal dimensions. The treatment outcome in this case supports these biological principles, demonstrating that slow maxillary expansion in adults can achieve stable, predictable transverse correction through a combination of sutural separation and cortical drifting.^{29,30} Cortical drift is also responsible for the alveolar changes observed in the anterior part of the maxilla (Figure 6) that contributed to the improvement of the patient's overjet.

Another major challenge in skeletal open-bite treatment is posterior tooth intrusion. Expansion procedures can worsen an open bite by causing posterior tooth tipping and premature contacts. Application of intrusive forces from the palatal side can counteract this effect. Temporary anchorage devices (TADs) have simplified posterior intrusion and have been widely reported as effective in treating severe open-bite cases without orthognathic surgery.³⁴ Consequently, TADs are now considered a viable alternative for patients who decline surgical treatment. However, their clinical use is limited by bone quality, mechanical accessibility, and their ability to withstand higher forces, particularly when multiple teeth are intruded simultaneously. TAD stability depends on cortical bone, and failure is primarily due to bone resorption around the implant under excessive load.^{35,36} To improve stability, surgical plates secured with multiple screws have been proposed, but these require flap surgery and specialist involvement, increasing cost and patient morbidity.³⁷

To overcome these limitations, newer TAD-anchored external systems such as CTOR plates have been introduced.²⁴ These devices can be placed flap-free, are easily inserted and removed, and provide improved stability by engaging more favorable cortical bone while maintaining mechanical accessibility. CTOR plates allow predictable application of intrusion forces without the disadvantages associated with traditional miniplates or individual TADs. The present case demonstrates successful

correction of a severe open bite using this system, highlighting its clinical practicality and biomechanical advantages.²⁴

An additional complication in this patient was intermittent temporomandibular joint discomfort and masticatory muscle tenderness, which was resolved after treatment. This finding supports previous reports indicating that open bite malocclusion may contribute to temporomandibular joint symptoms.³⁸ When malocclusion is a contributing factor, correcting the open bite may be essential for symptom resolution and preventing further joint damage. In contrast, systematic reviews of orthognathic surgery in patients with anterior open bite suggest that TMJ symptoms may persist or recur postoperatively.³⁹ Although further research is needed, these findings suggest that biologically based, non-surgical treatment approaches may offer functional advantages in selected cases of skeletal open bite.

Conclusion

Skeletal anterior open bite is a challenging malocclusion with significant functional, esthetic, and psychosocial consequences. This case demonstrates that recent advances in understanding maxillary sutures and cortical drifting can significantly impact the treatment of maxillary constriction in adults. Slow expansion in adults can provide a safe, non-invasive treatment option for the large proportion of adults with maxillary constriction. In addition, advances in anchorage devices, such as CTOR Plates, can achieve effective non-surgical correction, providing posterior intrusion, mandibular autorotation, and stable bite closure, alleviating headaches and TMJ discomfort. Here, we demonstrated the successful application of these scientific advances to redefine the standard of care for adult skeletal open bite, delivering stable, functional, and esthetic outcomes without invasive intervention.

Funding Source: This work did not receive any grants from public, commercial, or not-for-profit funding agencies.

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AAO COUNCIL REPORTS


COUNCIL ON COMMUNICATIONS
Dr. Richard H Albright III

The goal of the Council on Communications (COC) is to encourage and support public and patient education in orthodontics and inform AAO members of available services, materials and benefits. The COC is busy with initiatives focused on providing AAO members with a variety of valuable resources and educating the public on the importance of visiting an orthodontic specialist for their treatment. COC initiatives for 2026 include; continuation of the CAP or Consumer Awareness Program, Social Media Campaigns, the Straight Answers, Bright Smiles campaign, Influencer partnerships, Smiles at 7, Member Communications, promotion of continuing education and the Bullying Bites campaign.

The Consumer Awareness Program is the largest advertising campaign promoting “orthodontists as specialists”. It is a longstanding program that educates the AAO members and the public on the value of visiting an AAO member orthodontist for orthodontic treatment. The CAP drives the public seeking orthodontic treatment to the AAO website, which is a valuable source for dependable and accurate information about Orthodontics.

The Straight Answers, Bright Smiles campaign launched in August 2025 and will continue through Fall of 2026. The campaign addresses frequently asked consumer questions through a series of educational animated videos. It has performed strongly across paid digital channels with new videos released each month.

The “Smiles at 7” is an awareness campaign celebrated on July Seventh. This celebration is focused on promoting initial orthodontic visits at age 7. The AAO has a variety of materials available to AAO members who want to participate in this fun promotional event. Materials for AAO members include in-office products such as T-shirts and posters, community advertisements, and social media posts.

Member communication remains an important part of the COC’s work. The AAO annual session and constituent meeting are great places to witness the value of AAO membership. The AAO has a variety of resources for the AAO members to use in their office and new initiatives and events are continually being added. October is Orthodontic Health Month and June 3rd is Orthodontic Staff Appreciation Day. The AAO member site is the best launching pad for access material for these events and many other programs the AAO provides to members.

For the eighth consecutive year, the AAO will recognize October as National Bullying Prevention Month with its “Bullying Bites” program. October is also National Orthodontic Health Month. Please join the AAO and other AAO orthodontic offices in promoting healthy children and anti-bullying by participating in these important national campaigns.

The Council on Communications (COC) is focused on promoting orthodontists as specialists and providing the public with a trusted source for information about orthodontics. We look forward to the continued success of the AAO and its members. Please reach out to your member representatives with questions or suggestions. ■


COUNCIL ON EDUCATION
Dr. Padma Mukherjee

Hello MASO Members,

I hope you are enjoying the beautiful colors of the season and that the academic year is off to a successful start.

The Council on Orthodontic Education (COE) is responsible for evaluating and making recommendations on matters related to orthodontic education. The Council works closely with dental, educational, and governmental organizations to advance and support excellence in orthodontic education.

The COE met in person on November 3, 2025, followed by a virtual meeting on January 5, 2026. During this transition

period, Dr. Sercan Akyalcin stepped down as Chair and completed his service on the Council. We extend our sincere gratitude for his leadership and dedication. The Council elected Dr. Martin J. Palomo as Chair and Dr. Xingzhong (John) Zhang as Vice-Chair.

Trustee Update

COMJEC will be submitting a motion to the AAO Board of Trustees regarding the creation of Faculty Champions. If approved, each orthodontic program will identify a faculty representative to serve as the program's primary point of contact and liaison.

AAO Technology and Educational Initiatives

The AAO continues to invest in a comprehensive technology transformation, including significant enhancements to its

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AAO COUNCIL REPORTS

educational platforms. Beginning in early March, a strategic audit of recorded lectures will be conducted to ensure that all educational content within the AAO Learning Management System remains current, evidence-based, and peer reviewed.

In addition, the AAO will establish a unified approach to educational content development. A dedicated committee will meet quarterly to oversee content quality, identify educational gaps, and coordinate future content initiatives. This effort presents an excellent opportunity for junior faculty members interested in contributing to national educational programming. Please contact me if you would like to volunteer.

The AAO will also host monthly educational webinars designed to support residents' continuing education and professional development. These webinars will further strengthen the Council's role as a key resource for learning, collaboration, and networking before and after the Annual Session.

AAO Educational Clinical Guidelines Initiative

Dr. Kaitrin Kramer and I are collaborating on the development of AAO Educational Clinical Guidelines, envisioned as a living document to assist residency programs in structuring and strengthening their curricula. At the last COE meeting, we presented a draft framework that complements existing AAO Clinical Practice Guidelines while focusing specifically on educational objectives and curriculum development.

The proposed guidelines address:

- Diagnostic standards and treatment planning
- Timing of orthodontic treatment

- Management of common malocclusions
- Craniofacial and special care conditions
- Interdisciplinary patient care

The goal is to provide residency programs with practical, focused guidance that promotes consistency and educational excellence across institutions. These guidelines are intended to evolve and may also serve as valuable resources for program self-studies, accreditation preparation, and board examination review. I encourage all MASO members, especially educators, to reach out to me if you have any suggestions. I will be happy to take your feedback to the Council.

Upcoming COE Meetings

Summer Virtual Meeting

- July 2026

Fall In-Person Meeting

- November 15–16, 2026

We Want to Hear from You

The COE is committed to serving our educators, residents, and members by continuously improving orthodontic education. We welcome your ideas, feedback, and suggestions regarding topics that should be addressed by the Council.

Please feel free to contact me at padma.mukherjee@rutgers.edu with any questions or recommendations.

I look forward to seeing many of you at the upcoming MASO Annual Meeting in Atlantic City. ■



**COUNCIL ON
GOVERNMENT ADVOCACY**
Dr. Jean Edouard Asmar

The year of 2026 continues to build on the Council on Government Advocacy's (COGA) growth and influence for AAO member advocacy priorities. We continue to make data-driven strategic decisions in coordination with AAO staff to determine AAO policy opportunities in Washington, DC, and nationwide at the state level. Our key issues include workforce challenges, small business issues, student loan debt, specialty advertising and patient health and safety relating to mail-order orthodontics.

We had an incredible 2026 Professional Advocacy Conference at the Capital Hilton Hotel and on Capitol Hill in Washington, D.C March 17-18. During the annual AAOPAC Reception on Tuesday night, AAO members were joined by several U.S. Senators and House members from both sides of the aisle who met with their constituents and connected informally with AAO members and residents attending the conference.

On Monday, March, 16, Prior to the meeting, an AAO delegation, including COGA and AAOPAC leaders met at the Eisenhower Executive Office Building in the White House complex with Grace Bruno from the White House office of management and budget (OMB). Grace is one

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AAO COUNCIL REPORTS

of fewer than eight political staff at the White House focused primarily on healthcare.

On Wednesday, several AAO members, representing all eight constituencies attended over 60 meetings with Congressional offices on Capitol Hill where AAO federal policy priorities were discussed and advanced, including the need for an in-person visit to precede mail-order Orthodontic treatment models, Orthodontic staff shortages, solutions to ease the burden of student loan debt (REDI Act), and specialty advertising.

Congratulations to AAOPAC for another all-time, record-breaking fundraising year! THANK YOU for your incredible support of AAOPAC that helps to fuel our advocacy success not only in Washington, DC but also in states throughout the country.

For the third consecutive year, we had AAOPAC contributors from all 50 states plus the District of Columbia and Puerto Rico! (go MASO!) Consider making a contribution now at AAOPAC.org!

With your help, and those dollars help fuel our advocacy priorities at the Federal level and in states across the country. Your grassroots engagement continues to be the key to our advocacy success, and our National Advocacy Network provides opportunities to play even more of a

volunteer leadership role in collaboration with COGA.

Advocacy continues to be the number one issue for AAO Members, and we appreciate your interest and engagement on those issues and your essential contributions at AAOPAC. ■



Drs. Doug Harte and Jean Asmar.



Dr. Jean Asmar, Rep. Brian Babin (R-TX) and Dr. Doug Harte.



COUNCIL ON MEMBERSHIP, ETHICS & JUDICIAL CONCERNS

Dr. Tarun "Ty" Saini

For those of you able to attend the AAO Annual Session in Orlando, I sincerely hope you enjoyed yourselves connecting with colleagues, seeing friends, learning something new and of course, celebrating **Dr. Steven Siegel** as our President. He has truly contributed to the greater good of our specialty in so many ways and I consider him a mentor in the MASO family.

House of Delegates

- COMEJC submitted resolutions to the 2026 AAO HOD to propose the following:

- o Amend Financial Policies to add dues amounts (percentages) for Life Active Academic members. This is intended to put practice into policy, as Life Active Academic dues are not formally documented currently. -- **ADOPTED**
- o Amend Financial Policies to make Service member dues a percentage of Active dues, rather than a flat dollar amount. This will ensure Service dues are adjusted automatically along with Active dues, which is how other member categories (e.g., Life Active and International) are handled. -- **ADOPTED**

Membership Trends

- COMEJC continues to monitor membership data and trends, including 2025-26 membership renewals. Through January 2026, 93.8% of Active members have renewed, down from 95.6% at the same time in 2025. There are several key drivers of the decline, including

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AAO COUNCIL REPORTS

new and younger members (0-9 years in practice), mid-career members (10-19 years), both men and women, and members in OSOs. Post-drop renewals/rejoins have also slowed significantly during December and January.

- Despite a renewal decline among Active members, most other prominent member categories have improved year over year:
 - o Life Active Members – 95.5% renewed, up from 95.1% year-over-year.
 - o Student Members – 95.8% renewed, compared to 93.4% year-over-year.
 - o International Members – 88.1% renewed, compared to 84.9% year-over-year.
 - o International Student Members – 47.5% renewed, compared to 46.9% year-over-year.
- COMEJC has formed a subcommittee to investigate whether changes are needed to the current dues/assessment amounts paid by Canadian members. Currently, Canadian members receive a 20% reduction on dues and assessments compared their U.S. counterparts.

Member Programs

- COMEJC continues to oversee the Resident Vitals and Financial Management for Residents presentations that are offered to residency programs annually (either in-person or virtually).
- In response to growing membership challenges, COMEJC submitted a motion to the Board of Trustees to establish the Membership Ambassador Program (MAP). The purpose of the MAP is to drive grassroots engagement, and ultimately recruitment and retention, among volunteer leaders through a defined structure and roles. Now adopted as proposed, the program will launch as a pilot with two AAO constituents for the 2026-27 membership year. We just held our first planning meeting and I look forward to updating you as it proceeds.

The next in-person COMEJC meeting will be Friday, January 8, 2027 at AAO headquarters in St. Louis, Missouri.

Thanks for taking the time to read and please know that I am available for any questions or suggestions! ■



COUNCIL ON NEW AND YOUNGER MEMBERS

Dr. Natalie Miller

CONYM members convened for an in-person meeting in St. Louis on February 7, 2026.

A key priority/effort of CONYM each year is strategizing how to retain members throughout their careers, with particular emphasis on engaging and supporting early-career orthodontists who represent the future of both the organization and the profession. AAO is experiencing a slight decline in renewal rates among orthodontists with fewer than 10 years in practice. While overall market share remains strong, there's still a downward trend. Currently, the marketshare of orthodontists in the U.S. is 84.6% (which is down from 85.8% the year prior) and the marketshare of orthodontists in Canada is 48.4%, which is also down slightly. To address engagement challenges, AAO is working on:

- 1) Developing a Membership Ambassador Program to reach out to fellow members who may not have renewed their membership.
- 2) Developing strategic relationships with DSO/OSOs by aligning incentives with AAO membership engagement.
- 3) Strengthening the “Moments That Matter” initiative by engaging residents and early-career orthodontists at

key professional milestones, such as welcoming newly matched residents to the profession with an AAO gift package and message.

- 4) Raising awareness of its benefits through residency programs. A major focus is increasing participation of residency programs in the Resident Vital Presentations. Participation has increased from 15% last year to 55% currently and the goal is to reach 60% participation across 76 residency programs. CONYM members continue to represent the AAO at the GORP meeting as well as the ASDA Leadership Conference.

CONYM once again helped to program the Resident Conference at the 2026 AAO Annual Session in Orlando, which was well-attended. CONYM also helped to launch the inaugural New Orthodontist Conference, designed for orthodontists who are less than 10 years out of residency. Previously, residents and new/younger orthodontists participated in a combined conference, but this year marked the first time the programs were separated to better address the unique needs and interests of each group. We look forward to further enhancing the New Orthodontist Conference by incorporating insights from the inaugural event and refining the Resident Conference experience. I will continue to represent MASO on CONYM, and will be serving as the council chair for 2026-2027, with Dr. Richard Williams and Kaitrin Kramer serving as our trustee liaisons. Please feel free to reach out at any time with questions, comments, or suggestions. ■

AAO COUNCIL REPORTS


**COUNCIL ON
ORTHODONTIC BENEFITS**
Dr. Chris Liang

The Council most recently met on June 6, 2026. In the past year, the Council helped the AAO launch an insurance chatbot called TINA that can assist offices by answering questions about insurance coding. The easiest way to find TINA is by logging onto the AAO website and searching for TINA.

This year, the Council successfully lobbied the ADA's Code Maintenance Committee to modify codes D8210 and

D8220. These changes will allow providers to code for adjunctive removable and adjunctive fixed appliances that are used in conjunction with comprehensive orthodontic treatment. These changes will take effect on January 1, 2027.

While insurance companies may not cover these codes, they will allow offices to bill separately for additional appliances used in combination with comprehensive treatment appliances. Please check the AAO website for a more comprehensive explanation, and look for additional communication from the AAO as we get closer to the January 2027 implementation date. ■


**COUNCIL ON
ORTHODONTIC PRACTICE**
Dr. Madeleine Goodman
GENERAL:

Below is a recap of our ongoing programs as well as some initiatives we have in the works.

AAO PRACTICE MANAGEMENT FORMS:

To best serve the membership and their clients, informed consent forms of varied topics are available to you on the AAO website. I am confident that there is something there that you may not have considered for your practice – please take the time to visit. COOP welcomes all member recommendations in an effort to modernize AAO forms as well as share subject suggestions (or example consent forms used in your practice) perhaps not yet broached by the AAO. Please note: review of material or a new subject or modification does not confirm future use by the AAO. Needless to say, significant vetting and legal review is required; however, we thank you for any contribution to the membership.

AAO-SPONSORED WEBINARS:

COOP embraces the coordination of topics for AAO webinars throughout the year. We are proud to promote

our new monthly lecture series, Thinking Tuesdays. Please visit the AAO website for a comprehensive listing.

ALL THINGS STAFFING:

The Specialized Orthodontic Assistant certification program has been sunsetted. COOP has been working on finding new products and services our members can use for staff training, recruiting and retention.

TECH TRANSFORMATION:

This year, COOP will be helping to prepare educational material for the new learning website.

PRACTICE TRANSITION PORTAL:

This committee aims to review, improve, and update the Practice Transition Portal as needed.

SUSTAINABILITY SUBCOMMITTEE:

COOP's resolution to the House of Delegates that the AAO sponsor the Tiny Changes Recycling Program to help cover the cost for residency programs was defeated. We will be working on other sustainability initiatives this year - stay tuned!

Our in-person meeting is scheduled for Saturday, September 26th in St. Louis. I welcome you to reach out at any time with questions, comments, or suggestions that I may share with the Council throughout the year. Thank you for your trust and support! ■

AAO COUNCIL REPORTS

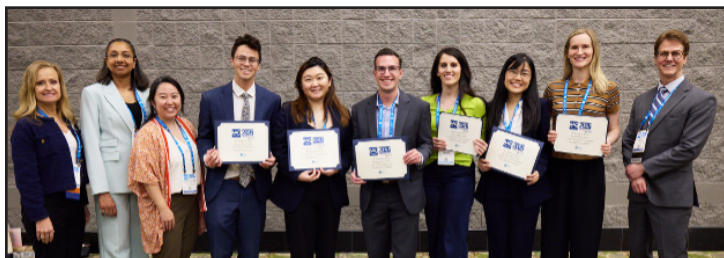


COUNCIL ON SCIENTIFIC AFFAIRS

Dr. Jose A. Bosio

During Annual Session 2026 in Orlando, Florida, COSA members judged 32 William R. Proffit Resident Scholar Award presentations and 17 Table Clinic presentations. COSA members moderated 17 Oral Research presentations and the Hellman, Sicher, Graber lectures. 315 E-Posters were available for viewing during Annual Session.

The 2026 William R. Proffit Resident Scholar Award winners are:



From left to right: COSA member Denise Prugh; COSA Vice-Chair Thikriat Al-Jewair; Tyler Starley; Catherine Chou; Mitchell Piacsek; Amanda Nikho; Siew Leng Tan; Lucy Leon; COSA chair Helder Jacob

Basic Science Research

FIRST PLACE: Tyler Starley – University of the Pacific
Research title: *MTHFR and RFC1 gene polymorphisms affect multiplication of human PDL stem cells*

SECOND PLACE: Catherine Chou – University of Connecticut
Research title: *Effects of i-PRF Injections in Buccal Bone following Maxillary Expansion in Rats*

THIRD PLACE: Mitchell Piacsek – Medical University of South Carolina
Research title: *Differential Role of Kinin Receptors on Bone Cell Differentiation and Function*

Clinical Research

FIRST PLACE: Lucy Leon – University of British Columbia
Research title: *Validation of a Screening Tool for Pediatric Obstructive Sleep Apnea*

SECOND PLACE: Amanda Nikho – University of Illinois, Chicago
Research title: *A Unified Deep Learning Approach for Skeletal Maturity Assessment from CBCT Scans*

THIRD PLACE: Siew Leng Tan – Eastman Institute of Oral Health
Research title: *Childhood Cancer and Orthodontic Treatment: A cross-sectional study*

The 2026 Joseph E. Johnson Clinical Award for Table Clinics winners are:



From left to right: COSA members Sath Allareddy; Denise Prugh; Lizbeth Ortiz Luna; Ginny Hsu; Arjun Kumar; COSA member Marilia Yatabe

FIRST PLACE: Arjun Kumar – Stony Brook School of Dental Medicine
Research title: *Morphologic Analysis of Metal Particle Release Following TAD Insertion*

SECOND PLACE: Ginny Hsu – Oregon Health & Science University
Research title: *Optical Biomarkers of Tooth Eruption*

THIRD PLACE: Lizbeth Ortiz Luna – Universidad Nacional Autónoma de México
Research title: *3D Direct Printing Aligners with Green Synthesized Antimicrobial ZnO Nanoparticles Coatings*

The 2026 Hellman, Sicher, Graber award winners received their award plaques prior to their lectures at Annual Session:



From left to right: COSA Chair Helder Jacob, Hellman award winner Ashley Kmentt; Graber winner Christine Esposito; Graber winner Elizabeth Celani; Sicher award winner Emilee Dudley; Graber award winner Bethany Cook

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Applications are being accepted for the 2027 Milo Hellman Research Award, the Harry Sicher Research Award and the Thomas M. Graber Awards of Special Merit. Applications for these awards can be found on the 2027 Annual Session website - [Hellman, Sicher, Graber Research Awards](#). Only the online application will be accepted. The application deadline is 5:00pm CST on October 1, 2026.

COSA will be accepting online applications to present Oral Research, Table Clinics and E-Posters at the 2027 AAO Annual Session starting the first week of June 2026. The application deadline is 5:00pm CST on October 15, 2026.

COSA will be accepting online applications for the William R. Proffit Resident Scholar Award presentations for the 2027 AAO Annual Session starting the first week of December 2026. The first forty residents who apply for the program will be accepted. The application deadline is 6:00pm EST on February 3, 2025.

The 2026-2027 members of COSA are:

Dr. Helder Jacob-Chair (SWSO)
 Dr. Thikriat Al-Jewair-Vice -chair (NESO)
Dr. Jose A. Bosio (MASO)
 Dr. Burcu Bayirli (PCSO)
 Dr. Denise Prugh (RMSO)
 Dr. Sheela Premaraj (SAO)
 Dr. Sath Allareddy (MSO)
 Dr. Marilia Yatabe Ioshida (GLAO)
 Dr. Steven Marshall, Member at large
 Dr. Jeffrey Nickel, Member at large
 Dr. Jae Park (Trustee Liaison)

COSA's next meeting is January 8, 2027 via Zoom. ■

Two Ways to Save Money by Being an AAO Member

AAO Endorsed Partners give you savings and peace of mind.

Orthazone, the AAO's endorsed e-commerce supplies solution, can provide you with discounts of up to 10 percent off supply purchases sitewide every day, helping your practice reduce overhead and improve efficiency via supply sourcing and inventory management solutions.

And **Panacea Financial** offers AAO members an exclusive 0.25% rate discount for practice and private loans. Built by doctors for doctors, Panacea can help you accelerate your practice through specialized credit structures, competitive pricing, and experienced advice as you start, buy, or grow your practice.

Take advantage of your exclusive savings today!

The graphic is a promotional poster with a blue header and white body. At the top left is the AAC logo with the text 'Endorsed by American Association of Orthodontists'. The main title 'Two Ways to Save Money by Being an AAO Member' is in large white font. Below the title are three overlapping colored circles (blue, orange, green). At the bottom are the logos for 'orthazone' (with tagline 'supply marketplace & software solutions') and 'panacea FINANCIAL'.



Dr. Normand Boucher
MASO Director



Scenes from Annual Session in *Orlando*



Louise Ada Jarabak Award

Dr. Thomas Cangialosi was presented with the 2026 Jarabak Award during the AAO Leadership Reception. Dr. Cangialosi was nominated by his constituency (MASO) to receive the award for his dedication and accomplishments in orthodontic teaching and research..



Salzmann Lecture

Dr. Maria Costanza Meazzini, *Research Director, Cleft Lip and Palate Center in Milan, Italy* presented the 2026 Salzmann Lecture during AAO Annual Session.



Eugene & Pauline Blair

Distinguished Service Award

Dr. Richard Williams was presented with the Blair Award for his outstanding contributions to advancing the mission and vision of the AAO Foundation.



Front row (L to R): Frank Quinn, Tyler James, Sapna Nath, James Klarsch, Lili Horton, Mark Berkman, Christina Bonebreak Jackson, Cami Tussie

Back row (L to R): Brett Schott, John Carter, Normand Boucher, Sarandeep Huja, J. Martin Palomo, Navi Bharj, Frank Hemm, Kenneth Webb, Trey Lawrence

Not pictured: Robert Bray, Kaitrin Kramer, Anil Idiculla, Mark Olivieri

New Leadership at AAO Foundation



Dr. James Klarsch, President

The American Association of Orthodontists Foundation is pleased to announce Dr. James Klarsch as the new President of the Board of Directors. A respected leader in orthodontics and longtime supporter of education and research, Dr. Klarsch brings decades of clinical, academic, and volunteer experience to the role.



Dr. Mark Berkman, President-Elect

Dr. Mark Berkman has been named President-elect of the American Association of Orthodontists Foundation Board of Directors. With a strong history of leadership and service within the orthodontic community, Dr. Berkman will play a key role in advancing the Foundation's efforts to support innovative research, education, and the next generation of orthodontic professionals.

AAO FOUNDATION'S NEW LOOK



2026-2027 Resident Directors

Welcome **Dr. Tyler James** from the **University of Florida** as a new resident director on the Foundation's Board of Directors. Dr. James brings a fresh perspective and a strong commitment to the advancement of orthodontic education and research as she begins her service on the Board.

Also welcome **Dr. Cami Tussie** from **Harvard University** to our Board of Directors as a new resident director. As an emerging leader in the orthodontic profession, Dr. Tussie brings valuable perspective and enthusiasm to the Foundation's mission of supporting education, research, and the future of orthodontics.

AAO Foundation Grant Awards

AAO Foundation awarded more than **\$925,000** in grant funding for the next academic year. MASO institutions were awarded \$6,000!



MASO 2026 GRANTS \$6,000 AWARDED

- University of Pennsylvania - \$6,000

VIRTUAL WORKSHOP JUNE 26 11am-1pm CT

AAO Foundation is hosting a virtual workshop for anyone intending to apply for a 2027 grant. Registration required.



***2027 Applications will be accepted starting on July 1, 2026**



GIFTED SMILES FOCUS AREAS

Gifted Smiles is looking to strengthen its impact in the MASO community.

- Areas of **New Jersey** have strong volunteer commitments, but we are looking for more patients, especially in **Essex County, Union County, and Mercer County.**
- **Pennsylvania** is looking for more patients in the **Philadelphia** area.

If you are interested in learning more, please contact Tabitha Smith at TSmith@aaortho.org.

*Contact our office for brochures about this program.

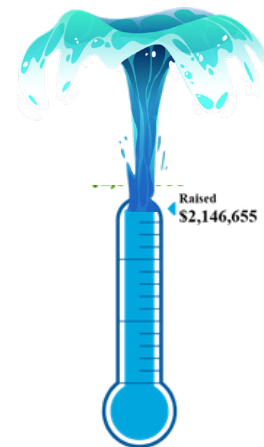
For the Future Campaign

The AAO Foundation's efforts to fund the Full-Time Faculty Fellowship is our way of ensuring that the future of orthodontics is led by the most qualified and passionate professionals.

The goal to raise \$1.8 million in 3 years continues through May 2027.

We are excited to announce that we are surpassing our goal and have raised nearly **\$2.15M** in two years!

You can continue to help us!



Courses for Orthodontic Resident Empowerment (CORE)



Residents - Register Today

Dr. Bill Layman leads residents through a six-module virtual course on business fundamentals. The AAO Foundation proudly sponsors this series.





AAO PAC UPDATE

Dr. Doug Harte

As we close the books on the 2025–2026 AAOPAC fiscal year, I want to personally thank each of our supporters for your commitment of AAOPAC.

Together, we achieved something worth celebrating.

During fiscal year 2025-2026, **AAOPAC raised \$467,024, surpassing our AAOPAC Board fiscal year goal of \$460,000 and reaching 102% of our fundraising target.** This accomplishment reflects the dedication of AAOPAC supporters across U.S.

We should all take pride in what we achieved together. In fact, we had contributors from every state along with Puerto Rico and the District of Columbia for the second year in a row. This serves as a tremendous testament to all parts of the country, pitching in to support the future of our specialty.

This year's success was especially evident during Annual Session. The energy in the AAOPAC Lounge, the strong attendance at our events, and the many contributions made throughout the meeting demonstrated what is possible when our members come together around a shared purpose. Those conversations, connections, and contributions helped push us across the finish line and beyond our goal.

I want to offer special thanks to our PAC Captains, constituent leaders, AAO Advocacy/AAOPAC staff, and every member who chose to invest in the future of orthodontics through AAOPAC. This success belongs to all of us.

I'm equally encouraged by another important measure of success: participation. As seen on the Goals Slide attached, we finished the fiscal year with 844 contributors, representing a 1% increase

over last year. While we did not reach our aspirational goal of 1,303 contributors, we are moving in the right direction, and every new contributor strengthens AAOPAC's voice on behalf of our members and patients.

Our Constituent Regions made important strides this year, with participation rates reaching:

- GLAO – 8.1%
- SAO – 7.6%
- MASO – 7.2%
- MSO – 5.9%
- RMSO – 5.6%
- SWSO – 4.9%
- PCSO – 3.9%
- NESO – 3.7%

I am very proud to see the MASO participation rate greatly increased over past years and in the top three. Each of these numbers represents the members who stepped forward to support advocacy and strengthen our collective voice. Thank you to each and everyone for your efforts and commitment.

Advocacy isn't someone else's responsibility—it's ours.

As we look ahead, our focus remains clear: growing participation. That's why I am excited about the AAOPAC Board's new **Race to 10** Challenge. This initiative challenges each Constituent Region to achieve at least 10%-member participation in AAOPAC giving. The goal isn't simply raising dollars; it's strengthening our collective voice by engaging more members in advocacy. Every contribution matter, and every contributor helps ensure orthodontics has a strong seat at the table when decisions affecting our specialty are made in Washington, DC and in states all across the country. We are already at over 7% so the 10% goal is in reach for us. Let's show the rest of the AAO what MASO is made of.

Most importantly, visit AAOPAC.org to make a contribution in this new AAOPAC fiscal year and encourage your friends and colleagues to do the same! ■

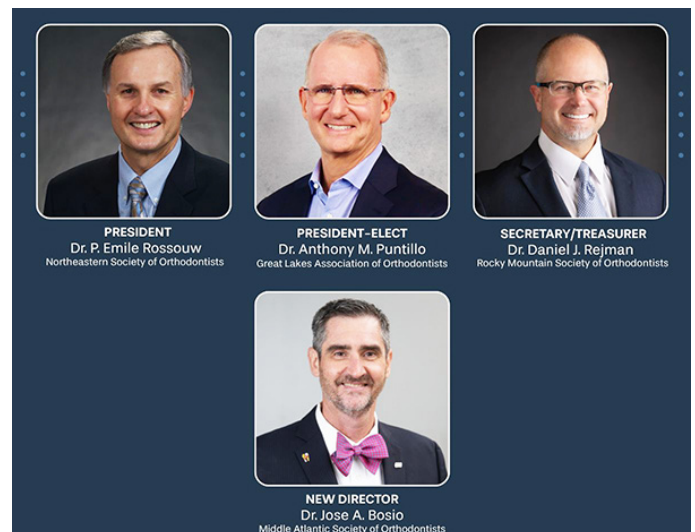


ABO CONSTITUENCY REPORT

Dr. Roberto Hernandez-Orsini

Please join us in congratulating Dr. P. Emile Rossouw, Dr. Anthony M. Puntillo, and Dr. Daniel J. Rejman on their newly appointed roles as President, President-Elect, and Secretary/Treasurer, respectively, for the 2026–27 term.

We are also very pleased to welcome **Dr. Jose A. Bosio**, our newly elected Director representing the Middle Atlantic Society of Orthodontists. ■





AAO HOUSE OF DELEGATES

Dr. Jean McGill

MASO was well represented during the 2026 AAO Annual Session in Orlando with House of Delegates (HOD) sessions held on April 30 and May 3, 2026.

Delegates were **Drs. Jean McGill,**

Jean Asmar, Ty Saini, Rick Isaacson, Edmund Khoo and **Lara Minahan**. Our Alternate Delegates were **Drs. Paul Batastini, Lynette Garcia** and **Monica Schneider**. We would like to recognize **Drs. Rick Isaacson** and **Ty Saini** as they leave the Delegation. Thank you for all of your hard work and dedication to our team throughout the past six years.

These are a few highlights of the legislation passed during this year's HOD session:

Dues will increase for the 2026/27 year for full active members from \$840 to \$870. This is a 3.5% increase.

We approved emergency bylaws in case we experience a catastrophic event.

Dr. Dale Anne Featheringham will succeed our own **Dr. Luis Toro** as the Speaker of the House. She will shadow Dr. Toro now and her term is 2027-30.

The HOD adopted a resolution regarding policy to refund the Innovation and Transformation Fund. This fund was created in 2019 and established to create a non-dues revenue stream for the AAO.

The Specialized Orthodontic Assistant (SOA) Program will sunset.

You can see additional details for action taken during this year's HOD on the AAO website under the Governance section.

Drs. McGill and Toro will serve on the newly established AAO Budget Task Force. Reach out to Dr. McGill with concerns or matters to be considered by the HOD. ■



SOCIETY OF ORTHODONTIC EDUCATION

Dr. Anil Ardeshta

The Society of Orthodontic Educators (SOE) provides a unique forum for orthodontic educators to exchange ideas, address common challenges, and develop strategies that ultimately enhance orthodontic education.

A highlight of the year was the 2026 G. Frans Currier Educational Leadership Conference, held on April 30, 2026, in Orlando immediately preceding the AAO Annual Session. The conference attracted orthodontic educators from all MASO residency programs, demonstrating the strong commitment of MASO educators to supporting orthodontic education through the SOE.

The meeting opened with welcoming remarks by **Dr. Steven Siegel**, President of the American Association of Orthodontists, who emphasized the critical role of educators in preparing the next generation of orthodontic specialists and advancing the specialty through excellence in education.

The morning educational session focused on one of the fastest-growing interdisciplinary areas in orthodontics—the

orthodontic management of obstructive sleep apnea (OSA). Dr. Mitchell Levine presented *From White Paper to Clinic: Teaching Orthodontic Management of Sleep Apnea*, providing educators with practical strategies for incorporating current evidence and clinical guidelines into graduate orthodontic education. This was followed by the expert panel, "How to Teach Discernment & Innovation in Residents with OSA as a Case Study", moderated by Dr. Laura Jacox. **Dr. Vanessa Morenzi** from Albert Einstein served as one of the distinguished panelists, sharing valuable perspectives on fostering critical thinking, evidence-based decision-making, and innovation in resident education.

The afternoon program addressed another critical challenge facing academic orthodontics—the recruitment, development, and retention of qualified faculty. Following Dr. Dimitrios Michelogiannakis's presentation on international faculty recruitment, attendees participated in the panel discussion, "Faculty at the Crossroads: Navigating the Orthodontic Workforce Today", moderated by Dr. Monica Li from U Penn. **Dr. Jose Bosio** from the University of Maryland was among the distinguished panelists, contributing his expertise on workforce trends, faculty recruitment, and strategies for strengthening orthodontic educational programs in an increasingly competitive academic environment.

CONTINUED ON PAGE 28

AAO BUSINESS

The conference concluded with the distinguished G. Frans Currier Lecture, The Dynamics and Challenges for Orthodontic Educators in Our Country's Semi-Quincentennial Period, presented by Dr. G. Frans Currier. His thought-provoking presentation encouraged educators to reflect on the evolving role of academic leadership and the opportunities available to shape the future of orthodontic education.

In addition to the annual conference, SOE continued to provide value to its members through complimentary educational webinars, including a faculty development program on Preparing Faculty Evaluations. These programs allow faculty members to continually improve their teaching, assessment, and mentoring skills while fostering collaboration among residency programs.

The educational programming offered by SOE directly benefits MASO members by equipping orthodontic

educators with current evidence, innovative teaching strategies, and practical solutions to many of the challenges facing graduate orthodontic education. Participants returned to their institutions with new ideas for curriculum development, resident assessment, faculty recruitment, interdisciplinary patient care, and leadership development. MASO was very well represented in this annual session.

The conference concluded with a well-attended networking reception, providing attendees an opportunity to reconnect with colleagues, establish new collaborations, and continue discussions from the day's educational sessions in an informal setting. These interactions are one of the hallmarks of the SOE meeting and reinforce the collaborative spirit that continues to advance orthodontic education throughout the MASO region. ■

MASO BUSINESS



The graphic features a blue background with a white vertical line separating the AAO logo on the left from the MASO logo on the right. Below the logos are several overlapping circles in green, orange, and purple. The text "Empowering Your Today. Defending Our Tomorrow." is written in white, and a purple button with the text "Renew Today" is at the bottom.

AAO

MASO
Middle Atlantic Society of Orthodontists

**Empowering Your Today.
Defending Our Tomorrow.**

Renew Today



NOMINATING COMMITTEE REPORT

Dr. Alireza Omid Rajaei

The slate was presented to the Board by the Nominating Committee Co-Chair, Dr. Sana Augustus during a MASO Board Meeting Conference Call on June 10, and was approved by the Board.

President Paul Batastini will confirm appointments to be posted in the MASO Journal prior to approval by membership during the Annual Session MASO Member/Business Meeting Saturday, September 19, 2026.

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

MASO Strategic Plan:

- Enhance Member Engagement
- Strengthen Connections
- Elevate the Organization

Nominating Committee Members for 2025-26

1. Dr. Omid Rajaei, Immediate Past President
2. Dr. Sana Augustus, Immediate Past President
3. Dr. Jean Asmar, representing DC
4. Dr. Ariana Feizi, President MD
5. Dr. Mark Fiss, President DE
6. Dr. Cassandra Kahn, President NJ
7. Dr. Eric Torres, President PR
8. Dr. Brittany Franklin, President PAO, represented by Dr. Sarah LaRue

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

EXECUTIVE COMMITTEE

Term:

PRESIDENT: Dr. Lynette Garcia (PR) 2026-27
PRESIDENT ELECT: Dr. Tejjy Thomas (PA) 2026-27

NOMINATE

SECRETARY: Dr. Mark McDonough (NJ) *(nominated by the Board)* ... 2026-28
TREASURER: Dr. Brienne Flagg (DE) 2025-27
IMMEDIATE PAST PRESIDENT: Dr. Paul Batastini (NJ) 2026-27
TRUSTEE: Dr. Lawrence Wang (MD) 2025-27
Will be serving the 2nd year of his 1st term
(Dr. Wang started his 1st two-year term in April 2025)
Trustee term limit: (max 4 two-year terms) (re-nominate in odd# years)

DIRECTORS

As a result of the newly adopted Bylaws, Directors now serve two three-year terms:

Term:

1. Dr. Jose Bosio (MD) 2026-29
Will be starting the 1st year of his second 3-year term
2. Dr. Carmen Doumit (PA) 2024-27
Will be starting the 3rd year of his first 3-year term
3. Dr. Padma Mukherjee (NJ) 2025-28
Will be starting the 2nd year of her first 3-year term
4. Dr. Richard Albright (PA)) 2026-29

NOMINATE

DELEGATES (6)

Six (6) delegates are elected to the AAO for a two-year term; no more than three (3) consecutive terms may be served; past delegates are required to wait one (1) year before being re-nominated.

1. Dr. Jean McGill (PA) 2026-28
Dr. McGill will be starting her 1st year of her 3rd two-year term
RENOMINATE FOR 3RD TERM
2. Dr. Lara Minahan (MD) 2026-28
Dr. Minahan will be starting her 1st year of her 2nd two-year term
RE-NOMINATE FOR 2ND TERM
3. Dr. Jean Asmar (DC) 2026-28
Dr. Asmar will be starting his 1st year of his 2nd two-year term
RE-NOMINATE FOR 2ND TERM
4. Dr. Edmund Khoo (DC) 2025-27
Dr. Khoo will be starting his 2nd year of his 1st two-year term
5. Dr. Anil Ardeshna (NJ) 2026-28

NOMINATE

6. Dr. Paul Batastini (NJ) 2026-28

NOMINATE

ALTERNATE DELEGATES (3)

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

1. Dr. Lynette Garcia (PR) (*As required by MASO MOP*) 2026-27
(MASO President)
2. Dr. Tejjy Thomas (PA) (*As required by MASO MOP*) 2026-27
(MASO President Elect)
3. Dr. Marianne Siewe (MD) 2027-28

NOMINATE

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NOMINATING COMMITTEE REPORT CONTINUED FROM PAGE 29

MASO COMMITTEES

I. Communications/Publications

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

1. Dr. Jose Bosio (MD) **Chair/Editor**.....2025-28
2. Dr. Billy Buckbinder (NJ)2024-27
3. Dr. Tara Sheehan (MD)2025-28
4. Dr. Maria Doughan (MD).....2026-29

NOMINATE

II. Education/Research *(Should be a full- or part-time educator)*

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

1. Dr. Anil Ardeshta (NJ)2024-27
2. Dr. Flavio Copello (MD).....2025-28
3. 3. Dr. Carmen Doumit (PA).....2026-29

NOMINATE

III. Government Affairs

Consists of six (6) members, two to be elected each year, for a 3-year term.

NOTE: Chair to be elected by the Nominating Committee

1. Dr. Mark Fiss (DE)2024-27
2. Dr. David Harmon (MD)2024-27
3. Dr. Maya Oliver2026-29
4. Dr. Natasha Bharucha (MD)2026-29
5. Dr. Doug Harte (NJ) - **Chair**.....2026-29
6. Dr. Deborah Michael (MD)2025-28

NOMINATE

IV. Member Services: Membership/Ethics/Practice Transition

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

1. Dr. Natalie Miller (MD))2022-27
2. Dr. Catherine Campbell Worthington (MD)2022-27
3. Dr. Anthony Suriano (NJ)2023-28
4. Dr. Su Lee (DC).....2025-30
4. 5. Dr. Omosede Osagiede (MD)2026-31

NOMINATE

2025-27 STRATEGIC PLAN

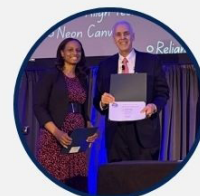
Mission: The Middle Atlantic Society of Orthodontists, a constituent of the American Association of Orthodontists, shall promote ethical and quality orthodontic care while advocating and providing a voice for our members, components, and educational institutions.

ENHANCE MEMBER ENGAGEMENT

A. **Communications** - Broaden efforts to meaningfully reach every member.

B. **Networking** - Meet members where they are, providing them with compelling programs and resources for meaningful connections.

C. **Annual Session** - Through the Annual Session, become an unfailing resource for professionals of all career stages serving as a platform for them to acquire valuable professional and business skills.



STRENGTHEN CONNECTIONS

A. **AAO** - Establish MASO as the bridge between AAO and members.

B. **State Components** - Engage with state components to strengthen the profession and identify future leaders.

ELEVATE THE ORGANIZATION

A. **Communicate** - Ensure that MASO reviews and updates internal and external communications.

B. **Govern** - Establish best practices for non-profit governance models.

C. **Mentor** - Develop a formalized mentorship program, providing opportunities for professional growth and engagement.



IMPLEMENTATION

The 2025-2027 Strategic Plan is both aspirational and inspirational; as such, it serves as an active guide for MASO leadership and staff team members in the coming three-year time horizon.



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2025 - 2027 STRATEGIC PLAN

Prepared by Kate Brunswick, CAE President, Accent on Management

STRATEGIC PLANNING PROCESS

This Strategic Plan sets forth a set of goals, strategies, and tactics to propel MASO toward a more vibrant future as a regional constituent of the American Association of Orthodontists.

The 2025-2027 Strategic Plan was developed in four broad steps:

1. Strategic planning facilitator Kate Brunswick conducted an evaluation survey of the MASO Board to examine progress and successes from the 2020-2023 Strategic Plan.
2. Brunswick conducted a member assessment survey that went to all 1,400 MASO members, identifying the association's strengths, weaknesses, opportunities, and threats.
3. A working session with the MASO Board fleshed out association goals and accompanying strategies for accomplishing them.
4. Based on key themes from the Member Survey and the working session outcomes, Brunswick prepared a draft strategic plan and sent it to the Board of Directors for input and adoption.

IMPLEMENTATION OF THE 2025-2027 STRATEGIC PLAN

The 2025-2027 Strategic Plan is both aspirational and inspirational; as such, it serves as an active guide for MASO leadership and staff team members in the coming three-year time horizon.

This 2025-2027 Strategic Plan continues a three-year cycle of planning exercises and documents. The plan offers a high-level overview of goals, strategies, and tactics that form a call to action for which MASO leadership, the staff team, and members of MASO should work together toward implementation. Tactics within the plan may be considered the framework for a three-year Action Plan as well as an annual Operating Plan, which becomes the foundation for metrics and measurements of success.

MASO'S MISSION AND GOALS

MASO Mission: 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.

MASO Strategic Goals:

- ✧ Enhance Member Engagement
- ✧ Strengthen Connections
- ✧ Elevate the Organization

GOAL I. ENHANCE MEMBER ENGAGEMENT – Increase member knowledge and engagement through targeted programs and communication strategies that foster connection, participation, and community.

A. Communications. Broaden efforts to meaningfully reach every member.

1. Consider alternate ways to communicate with members, outside of email. Be deliberate in communicating via alternate methods.

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2. Strive to continually improve the quality of content delivered to members through the MASO Journal.
3. Using content from the MASO Journal, develop an e-news brief to provide more frequent communications to members.

B. Networking. Meet members where they are, providing them with compelling programs and resources for meaningful connections.

1. Offer area-specific networking social events for residents and active members (even retired members) to provide opportunities for connection.
2. Use networking events (in different formats, including virtual) to connect opportunities with orthodontists in underserved areas.
3. To provide continuous support to residents after graduation, create a Young Graduate Program based on the MASO Resident Program.

C. Annual Session. Through the Annual Session, become an unfailing resource for professionals of all career stages serving as a platform for them to acquire valuable professional and business skills.

1. Develop CE programs based on member needs. Regularly survey members on most pressing issues for CE programs.
2. Use CE sessions to provide training for staff certifications.
3. Provide CE offerings beyond clinical, including soft skills training focused on time management, succession planning, financial management, recruiting and retaining staff.

GOAL II. STRENGTHEN CONNECTIONS – Establish MASO as the connector between AAO, the state components, and MASO members by serving as the conduit for information and resources.

A. AAO. Establish MASO as the bridge between AAO and members.

1. Provide access to AAO resources through programs at the MASO Annual Session and articles in the *MASO Journal*.
2. Communicate with other AAO constituent organizations, peer-to-peer via each organization's president-elect.
3. Continue to shape the future of the profession by engaging and supporting MASO representatives to the AAO House of Delegates annual meeting.

B. State components. Engage with state components to strengthen the profession and identify future leaders.

1. Re-establish the practice of the MASO president attending at least one meeting of each of the state components. Use these opportunities for two-way communication.
2. Establish a calendar of each state component's meetings throughout the year. Advertise these meetings to MASO members.
3. Connect regularly with component presidents by inviting them to MASO board meetings. Develop mutually agreed upon expectations for participation and outcomes.

GOAL III. ELEVATE THE ORGANIZATION – Develop current and future leaders through programs, mentoring, and establishment of best practices in association management.

A. Communicate. Ensure that MASO reviews and updates internal and external communications.

1. Establish the practice of regularly updating the MASO website to remove dated information and add current information.
2. Update and keep current the MASO Manual of Procedures.

B. Govern. Establish best practices for non-profit governance models.

1. Establish an annual Board Orientation program for new and returning members of the MASO Board of Directors. Include information on MASO leadership opportunities, policies and procedures, and non-profit governance.
2. Implement an annual Board self-evaluation for members of the MASO Board to communicate their experience serving in leadership.
3. Review relevancy and purpose of MASO standing committees and update committee charters to align with MASO's mission and goals.

C. Mentor. Develop a formalized mentorship program, providing opportunities for professional growth and engagement.

1. Formalize mentorship opportunities for residents and be a resource to them.
2. Facilitate mentorship of first time attendees at the MASO Annual Session by members of the MASO Board of Directors.



District of Columbia Society of Orthodontists

Dr. Jean Edouard Asmar

The DC component was very well represented at the Annual Session of the AAO in Orlando. It was wonderful to meet up with so many friends and colleagues. As usual, our next in-person meeting will be at a luncheon scheduled at our MASO annual session meeting at Caesars AC, Atlantic City, New Jersey.

Thank you, District of Columbia Society of Orthodontists. ■



Maryland Society of Orthodontists

Dr. Ariana Feizi

The Maryland State Society of Orthodontists (MSSO) had another successful year in 2026, continuing its commitment to providing high-quality continuing education tailored to the interests of our members. Throughout the year, we hosted three virtual seminars featuring nationally recognized speakers on topics relevant to contemporary orthodontic practice.

Our first webinar featured Dr. Lisa Alvetro, who presented “*Optimizing Your Orthodontic Practice: Technology for Clinical, Operational, and Patient-Centered Success*”. The second seminar was led by Dr. Marianna Evans,

who shared her expertise in “*Airway and Periodontal Rational for Orthopedic Jaw Development in the Primary and Early Mixed Dentition*”. Our final webinar featured Dr. Tara Gostovich, who presented “*Early Interceptive Orthodontics with Clear Aligner Therapy and Removable Expansion: Clinical Applications, Case Selection, and Outcome Optimization*”.

The 2027 MSSO Board includes: **Dr. Ariana Feizi** (President), **Dr. Omar Elnabawi** (President-Elect), **Dr. Flavio Copello** (Secretary-Treasurer), **Dr. Michael Powers** (Director), **Dr. Maria Doughan** (Director), and **Dr. Lawrence Wang** (MASO Trustee).

We look forward to another exciting year of educational programming in 2026, with plans to continue our virtual webinar series while bringing members together once again for an in-person event this fall. ■



New Jersey Association of Orthodontists

Dr. Cassandra Kahn

Spring of 2026 brought about some changes in the Executive Board of the New Jersey Association of Orthodontists (NJAO). Dr. Shalin Shah completed his term as our motivational and inspirational president, and will be now serving the membership as a Member-at-Large. I had the privilege of stepping into the role of President of our great organization, Dr. Khushali Shah moved up to Vice President, and we welcomed Dr. Purvy Shah as Treasurer of our organization. This new Executive Board plans to continue promoting professional development and member engagement through our annual CE series, as well as addressing statewide issues such as the dental assistant shortage.

Since New Jersey has two orthodontic residency programs (Rutgers, and CTOR) and is a stone's throw from the

New York City and Philadelphia residency programs (NYU, Columbia, St. Barnabas, Maimonides, Montefiore, Bronxcare, UPenn, Temple, Albert Einstein), we plan to reestablish connections with the young doctors in these programs in order to introduce and promote the benefits of orthodontic organizations and their participation in them.

This spring we hosted a full day CE event for doctors and staff in Woodbridge, NJ with an enlightening lecture by Tina Byrne entitled “*The New Ortho Playbook: Adapt, Empower, Scale*”. The Exec Board along with our CE guru Dr. Sal Carcara are currently working on the plans for our 2026-2027 CE series, with our next lecture scheduled for October 23, 2026 in East Windsor, NJ. Stay tuned for more information!

This fall, New Jersey will be proudly hosting the MASO Annual Session in Atlantic City September 17-19 and we look forward to seeing members from all of the constituent organizations in attendance! ■



Pennsylvania Association of Orthodontists **Dr. Daniel Fishel**

We are now six years post-COVID, and the way we pursue and obtain continuing education as orthodontists has evolved significantly. In 2026, the Pennsylvania Association of Orthodontists (PAO) Board set out to provide Pennsylvania orthodontists, their teams, and residents with a meaningful in-person event focused on the latest technological advancements shaping our profession.

On Friday, April 10, 2026, we were fortunate to welcome Dr. Lisa Alvetto to The Westin Pittsburgh, where she spent the day with 55 attendees presenting “*Optimizing Your Orthodontic Practice: Technology for Clinical, Operational, and Patient-Centered Success*”. Dr. Alvetto

has a remarkable gift for presenting the most exciting innovations in orthodontics in a humble, practical, and easily digestible manner. It was an exceptionally informative day, and we all left with countless pearls to implement in our practices.

The PAO Board looks forward to continuing our outreach and awareness efforts with the five orthodontic residency programs in our state—Penn, Temple, Einstein, Seton Hill, and Pitt—through ongoing lunch-and-learn sessions. Additionally, we encourage residents to apply for the David Hamilton Award for Outstanding Resident Research, which is open to all orthodontic residents in Pennsylvania.

We have tentatively scheduled our next continuing education meeting for Friday, April 16, 2027 in Pittsburgh, as we continue building meaningful in-person events that strengthen and advance our profession across Pennsylvania. Stay tuned for additional details! ■



Puerto Rico Society of Orthodontists **Dr. Eric X. Torres**

During the first half of 2026, the Sociedad de Especialistas en Ortodoncia de Puerto Rico (SEO) continued to promote professional development and member engagement through educational and social activities that strengthen both the professional and collegial bonds among its members.

On January 10, 2026, SEO celebrated its traditional Christmas Gathering, an event that had not been held for the previous two years. Members enjoyed an afternoon of fellowship in a beautiful countryside setting in Puerto Rico, providing an excellent opportunity to reconnect and strengthen relationships within the organization.

On May 28, 2026, SEO offered the virtual course Operational Excellence in an Orthodontic Practice, presented by engineer Rolando Águila. The objective of the

course was to provide strategies to improve operational efficiency and financial sustainability in orthodontic practices. More than 50% of SEO members participated in this continuing education activity.

During the June 2026, SEO hosted a special roundtable discussion for members who have been part of the Society for ten years or less. The purpose of this initiative was to introduce newer members to the mission and objectives of the organization while fostering closer interaction and engagement.

In August 2026, SEO will offer an in-person continuing education course in collaboration with InSmile. Participants will learn about orthodontic treatment options designed for patients seeking more esthetic bracket alternatives.

SEO will also hold its Mini Convention on October 16–18, 2026, at the Hyatt Regency Grand Reserve Puerto Rico. During this event, the Society will celebrate its Annual Assembly and welcome Dr. Sebastian Baumgaertel, who will present a continuing education course on Temporary Anchorage Devices (TADs). ■

CTOR ACADEMY

Comparative Evaluation of Bovine- and Porcine-Deproteinized Grafts for Guided Bone Regeneration: An In Vivo Study
Slavin BV, Nayak VV, Parra M, Spielman RD, Torquati MS, Iglesias NJ, Coelho PG, Witek L.

Bioengineering (Basel). 2025 Apr 26;12(5):459. doi: 10.3390/bioengineering12050459.

(Please see additional CTOR publications on page 43.)

HOWARD UNIVERSITY, COLLEGE OF DENTISTRY

Students, staff, faculty, and administrators' cultural competence and satisfaction: Results of the 2022 American Dental Education Association climate study

Gamble RF, Marshall KL, Wong KN, Inglehart MR.

J Dent Educ. 2025 May;89(5):658-671. doi: 10.1002/jdd.13716.

RUTGERS SCHOOL OF DENTAL MEDICINE

Unintended Orthodontic Movements With Long-Term Fixed Retainers

Celenza F.

Compend Contin Educ Dent. 2025 Jan;46(1):30-34.

The Impact of pH on the Piezoelectric Properties of Dentin in Root Canal Treated Teeth: Implications for Dental Materials and Oral Health

Saghiri MA, Shekarian M, Samadi F, Briss DS, Napoli S, Conte M.

J Endod. 2025 Feb;51(2):195-199. doi: 10.1016/j.joen.2024.11.001. Epub 2024 Nov 19.

Maxillary Canine Substitution for a Central Incisor With Severe Root Resorption: A Case Report

Rahimi H, Ardeshtna AP.

Case Rep Dent. 2025 Nov 14;2025:4904301. doi: 10.1155/crid/4904301. eCollection 2025.

Evaluating SWAG and Its Validity When Compared to 3D Imagery of Secondarily Grafted Cleft Sites

Briss DS, Long RE Jr, Peterman JB 3rd, Doucet JC, Daskalogiannakis J, Hathaway RR, Mercado AM, Russell K, Stauffer L.

Cleft Palate Craniofac J. 2025 Mar;62(3):430-438. doi: 10.1177/10556656231207570. Epub 2023 Oct 16.

UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY

Nociceptor Neurons Facilitate Orthodontic Tooth Movement via Piezo2 in Mice

Wang S, Nie X, Parastooei G, Kumari S, Abbasi Y, Elnabawi O, Pae EK, Ko CC, Chung MK.

J Dent Res. 2025 Jul;104(8):890-899. doi:

10.1177/00220345251317429. Epub 2025 Mar 12.

Effect of cigarette smoke on the optical properties of clear orthodontic aligners: an in-vitro study

Galisteu-Luiz K, Copello FM, Lira LF, Barreto LSDC, da Costa ICP, Elias CN, de Souza MMG.

J Orthod. 2025 Dec;52(4):378-385. doi:

10.1177/14653125251391212. Epub 2025 Nov 11.

Comparison of self-perception in relation to the normative need for orthodontic treatment in a population of dental students in Brazil: A cross-sectional study

Rougemont Squeff L, Copello F, Artemio Marañón-Vásquez G, Raggio Luiz R, Nojima L, da Cunha Gonçalves Nojima M.

Int Orthod. 2025 Jun;23(2):100963. doi: 10.1016/j.ortho.2024.100963. Epub 2024 Dec 27.

Comparison of feldspathic veneer surface treatments on colour stability after debonding of orthodontic brackets: An in vitro study
Copello F, Barnes K, Leao CS, Hariri J, Ahmed P, Arossi GA, Sant'Anna EF.

Int Orthod. 2025 Dec;23(4):101011. doi: 10.1016/j.ortho.2025.101011. Epub 2025 Apr 28.

A pilot study comparing virtual treatment setups among clear aligner companies

Telles V, Mattos CT, Copello F, Doughan MB.

Dental Press J Orthod. 2025 Oct 20;30(3):e2524243. doi: 10.1590/2177-6709.30.3.e2524243.oar. eCollection 2025.

Shear bond strength of orthodontic metal brackets using Assure® Plus with and without Pr o Seal®: An in vitro study
Doughan M, Greene D, Copello F, Stappert D.

Int Orthod. 2025 Dec 5;24(2):101103. doi: 10.1016/j.ortho.2025.101103. Online ahead of print.

Orthodontic Management of Severe Crowding 14 Years Post-Premolar Extractions: A Case Report

Copello F, Grace C, Rubenstein R, Bosio JA

J World Fed Orth - Dec-2025-14(6)518. DOI:10.1016/j.ejwf.2025.07.366

Optimal Antero-Posterior Position of the Maxillary Central Incisors & its Relationship to the Forehead in Adult Asian Males.
Doughan MB, Kocan Itani J, Tremont T, Sanchez D.

AJODO - February 2025. DOI: 10.1016/j.ajodo.2024.12.008

Orthodontic treatment for a compromised 69-year-old female dentition

Bosio JA, Rothback HG, Patel A, Masri R, Oates T.

MASO Journal, (Spring) 2025; 09-15

Innovative Orthodontic-Restorative Treatment With Customized CAD/CAM Smartwires.

Weissheimer A, Kravitz ND, Pham J, Tong H, Akyalcin S.

J Esthet Restor Dent. 2025 Jan;37(1):288-300. doi: 10.1111/jerd.13385. Epub 2024 Dec 13. PMID: 39668753.

Placing an anterior root-torquing spring.

Kravitz ND

J Clin Orthod. 2025 Nov;59(11):1000. PMID: 41453765.

2025 JCO orthodontic practice study: Part 2 practice success.

Kravitz ND, Vogels D, Vogels P

J Clin Orthod. 2025 Nov;59(11):711-727. PMID: 41453759.

CONTINUED ON PAGE 36

Understanding "flip, don't switch"

Kravitz ND, Miller S, Valverde Montalva SH, Weissheimer A, Akyalçin S.

J Clin Orthod. 2025 Oct;59(10):674-677. PMID: 41453412.

2025 JCO orthodontic practice study: Part 1 trends.

Kravitz ND, Vogels D, Vogels P.

J Clin Orthod. 2025 Oct;59(10):625-643. PMID: 41453407.

Maxillary labial and mandibular lingual frenectomy.

Kravitz ND, Meru MC.

J Clin Orthod. 2025 Sep;59(9):570-577. PMID: 41114608.

Selecting which tooth to extract in mandibular incisor extraction cases.

Kravitz ND, Miller S.

J Clin Orthod. 2025 Aug;59(8):527-528. PMID: 41109858.

Cemento-osseous dysplasia.

Cruz Walma DA, Kravitz ND, Weissheimer A, Akyalçin S.

J Clin Orthod. 2025 Jul;59(7):439-441. PMID: 40889492.

W-shaped transpalatal arch for retention after segmented Le Fort I osteotomy.

Kravitz ND, Vandervort GA.

J Clin Orthod. 2025 Jun;59(6):389-390. PMID: 40629751.

Brandon Owen on custom labial braces.

Owen B, Kravitz ND.

J Clin Orthod. 2025 Jun;59(6):374-379. PMID: 40629749.

Inverted elastomeric ligatures with guards for lower-lip hypertonicity.

Kravitz ND, Anderson C.

J Clin Orthod. 2025 Apr;59(4):249-250. PMID: 40296742.

Carotid aneurysm associated with likely Ehlers-Danlos syndrome.

Kravitz ND, Noble J, Grimsley BR.

J Clin Orthod. 2025 Mar;59(3):206-208. PMID: 40296526.

Fitted Temporomandibular Joint Reconstruction Prosthesis System: Results from a Food and Drug Administration Post Market Surveillance Prospective Cohort Study.

Kaban LB, Posnick JC, Keith DA.

Journal of Oral & Maxillofacial Surgery. 83:507-509, 2025

Timing a Surgeon's Retirement: Balancing Experience With Age-Related Decline

Posnick JC, Kaban LB

Journal of Oral & Maxillofacial Surgery. 83:267-268, 2025

In Patient Care, Words Matter

Kaban LB, Padwa BL, Posnick JC

Journal of Oral & Maxillofacial Surgery. 83:132-133, 2025

Responsibility of a Consultant Who Recommends Particular Procedure

Kaban LB, Posnick JC

Journal of Oral & Maxillofacial Surgery. 83:6-7, 2025

UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE

Fibromodulin selectively accelerates myofibroblast apoptosis in cutaneous wounds by enhancing interleukin 1 β signaling

Jiang W, Pang X, Ha P, Li C, Chang GX, Zhang Y, Bossong LA, Ting K, Soo C, Zheng Z.

Nat Commun. 2025 Apr 12;16(1):3499. doi: 10.1038/s41467-025-58906-z.

Usage of Silver Nanoparticles in Orthodontic Bonding Reagents

Lee JJ, Niu M, Shakir Z, Hwang G, Chung CH, Wolff MS, Zheng Z, Li C.

J Funct Biomater. 2025 Jul 3;16(7):244. doi: 10.3390/jfb16070244.

Clear aligner orthodontic treatment: An international modified Delphi consensus study

Arveda N, Calza M, Castroflorio T, Garino F, Giancotti A, Varela JC, Dolce C, Ludwig B, Manzo P, Nanda R, Teresa O, Arregghini A, Cremonini F, Mirabella D, Pepe F, Laspos C, Boyd RL, Theodoridis G, Mir CF, Pinho T, Palma S, Schwarze J, Ojima K, Vlaskalic V, Roman M, Moser US, Cozzani M, Revenaz M, Riatti R, Fiorillo G, Tai S, El Zoghbi A, Molinari C, Pasciuti E, D'Anto V, Lombardo L, Siciliani G.

Am J Orthod Dentofacial Orthop. 2025

Nov;168(5):620-638. doi: 10.1016/j.ajodo.2025.07.012.

Epub 2025 Sep 19.

Orthodontic-orthognathic combined case management in postgraduate orthodontic and oral maxillofacial surgery programs

Xu J, Wang S, Yu W, Chung CH, Le AD, Wolff MS, Li C.

J Dent Educ. 2025 Jun;89(6):834-844. doi: 10.1002/jdd.13773. Epub 2024 Nov 11.

Transverse dentoalveolar development in Chinese children and adolescents: A cross-sectional study using revised Andrews' Element III analysis

Shen J, Liu Z, Shuai J, Yin Y, Wang Z, Ding W, Chung CH, Chen Q, Zhao X.

Am J Orthod Dentofacial Orthop. 2025

Feb;167(2):144-153. doi: 10.1016/j.ajodo.2024.08.015.

Epub 2024 Oct 24.

Robotic Microcapsule Assemblies with Adaptive Mobility for Targeted Treatment of Rugged Biological Microenvironments

Tran HH, Xiang Z, Oh MJ, Liu Y, Ren Z, Chen C, Jaruchotiratanasakul N, Kikkawa JM, Lee D, Koo H, Steager E.

ACS Nano. 2025 Jan 28;19(3):3265-3281. doi: 10.1021/acsnano.4c11686. Epub 2025 Jan 13.

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Comparison of the bone remodeling in the midpalatal suture during maxillary expansion between young and middle-aged mice
Jeon HH, Salas MCC, Park K, Fisher L, Ha S, Palmer C, Chan F, Graves DT.

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**ALBERT EINSTEIN
MEDICAL CENTER**
Dr. Vanessa Morenzi

Resident Activities

Our rising second year residents, **Drs. Michelle Haykin, Jordan Jackson, and Haley Lockstein** enthusiastically welcomed those who entered our program on June 25, 2026. They are:

- **Dr. Elaine Bruhn** received her DDS from Ohio State University. She completed an AEGD through the Air Force. Dr. Bruhn has separated from the military and is currently in private practice.
- **Dr. Anthony Doss** received his DMD through Rutgers University – NJ Dental School. Dr. Doss then completed a GPR at the Morristown Medical Center. He is currently practicing in NJ.
- **Dr. Adrienne Kim** graduated from the University of Pennsylvania School of Dental Medicine, and she completed her GPR at Jefferson Einstein Philadelphia Hospital.

We extend our gratitude to the members of the New Resident Recruitment Committees – **Drs. Alex Apple, Steve Cohen, Chuck Gemmi, Peter Greco, Audra Kiefer, Mike Kotecki, Susan Lempert, Mark McDonough, Justin Middleberg, Kathleen Pale, Michael Roth, Courtney Rubin** and **Adam Weiss**, plus the current residents, for graciously serving on the various Resident Recruitment committees.

Thanks to generous Einstein Ortho Alumni support, the Jefferson Einstein Ortho Class of 2028, **Drs. Haykin, Jackson** and **Lockstein**, were happy to participate in the Tweed Foundation Course in Tucson, Arizona in April 2026. Based on their feedback to program leadership, this experience was very beneficial. They gained a tremendous boost in their clinical confidence because of their greatly enhanced ability to manipulate archwires. These reinforced wire-manipulation skills were clinically relevant as these residents assumed the transfer of patient care from their graduated partners.

Program Most Recent Graduate Activities – Jefferson Einstein Ortho Class of 2026

As a 3rd year resident, **Dr. Ana Maria Gonzalez Male**, presented her research at the Jefferson Einstein Philadelphia Hospital's Research Recognition Week in May 2026 alongside the other medical disciplines within the hospital. Her research was entitled "Comparison of AI and Human Accuracy in Identifying Landmarks using Posteroanterior Cephalograms (PA): A Validation Study of accuracy and timing of OrthoDx automatic tracing and manual tracing". Dr. Male also

presented her research to the Dental Department as part of Fogel Grand Rounds in May 2026. Dr. Male's research efforts were mentored by **Dr. Adam Weiss**. In February 2026, Dr. Male submitted a clinical case report, that spanned many disciplines and departments within the hospital, entitled "Correction of a Class III Malocclusion non surgically with an anterior crossbite and dental asymmetry due to one impacted premolar" to the Jefferson Einstein Philadelphia Hospital Case Report Competition. **Dr. Courtney Rubin** was the attending faculty on this case. Dr. Male will be practicing in Texas.

During his time as a 3rd year resident, **Dr. Alexander Stanco** presented his research in poster form as part of the Jefferson Einstein Philadelphia Hospital's Research Recognition Week in May 2026. His research was titled "Comparing Artificial Intelligence and Orthodontist Scoring of the Salzmann Index Form". Dr. Stanco's research was one of 5 research projects chosen by a panel of hospital clinicians as a finalist for the entire research competition. Dr. Stanco also presented his research to the Dental Department as part of Fogel Grand Rounds in May 2026. Dr. Stanco's research mentor was **Dr. Adam Weiss**. In February 2026, Dr. Stanco submitted a clinical case report that involved the participation of multiple dental specialties and disciplines to the Jefferson Einstein Medical Center Case Report Competition. Dr. Stanco's Case Report was entitled "Management of Anterior Crossbite and Unerupted Maxillary Second Molar Due to Impacted Maxillary Third Molar in an Adolescent Patient". **Dr. Justin Silvestre** was the attending faculty on this case. Dr. Stanco has moved to Kansas City, KS where he is in private practice.

Dr. Nicoletta Venturini submitted her case report as part of the Jefferson Einstein Philadelphia Hospital Case Report Competition in February 2026. Her submitted case treatment involved multiple dental specialties and disciplines and was entitled "Orthodontic Treatment of a Class II Division II growing patient using a MARA (Mandibular Anterior Repositioning Appliance) functional appliance". **Dr. Michael Roth** was the attending faculty on this case. Dr. Venturini's research project was generously mentored by **Dr. Helen Jeon** from the University of Pennsylvania comparing customized RPE and MARPE complications. She presented her research in poster form as part of the Jefferson Einstein Philadelphia Hospital's Research Recognition Week in May 2026. Dr. Venturini also presented her research to the Dental Department in celebration of The Maxwell S. and Anna K. Fogel Memorial Conference on Dental Medicine in May 2026. Dr. Venturini has moved to North Carolina where she is in private practice.

Faculty Activities

We extend our gratitude to the members of the New Resident Orientation and Integration Committees – **Drs. Alex Apple, Steve Cohen, Chuck Gemmi, Peter Greco, Audra Kiefer, Mike Kotecki, Susan Lempert, Mark McDonough, Justin Middleberg, Kathleen Pale, Michael Roth, Courtney Rubin** and **Adam Weiss**, plus

CONTINUED ON PAGE 39

the current residents, for graciously serving on the various Resident Orientation and Integration committees.

Our Jefferson Einstein Ortho Resident Loop Camp is new and improved this year! We offer our sincere thanks to **Dr. Susan Lempert** for jumping in to revamp our Banding and Bonding didactics, lab exercises, and practicums for the benefit of all residents. Also, **Dr. Elizabeth Soulas Anderson** has reimaged a significant portion of the Loop Camp didactics, practicums, and lab experiences for wire bending, soldering, and appliance fabrication. We are certain that these important changes to the curriculum will lead to short and long-term benefits for the current residents, their patients treated during their residency, and their patients for years to come. Our gratitude and thanks to all faculty and friends of the Department who mentor, guide, instruct, and support the program during Loop Camp and beyond to help our residents learn and improve on these important clinical skills.

We also sincerely thank each of our **volunteer and part-time faculty** for their invaluable support and dedication to the program and for the education of our residents. Without the valued commitment of the part-time faculty, it would

be almost impossible to provide a quality educational experience. We are indebted to each of our community-based clinicians who give of their time to teach and mentor our residents.

Personally, at the end of October 2026, I am stepping down from my gratifying and wonderful position as Chair of the Division of Orthodontics and Program Director of the Orthodontic Residency Program after 13 years in this position. We extend our heartfelt gratitude to **Dr. Michael Roth** for his loyalty and willingness to step into the role of Interim Program Director and Divisional Chair of Orthodontics while a nationwide search to fill this position is conducted. All interested parties, please contact Michael Roth at Michael.Roth@jefferson.edu for more information and check the Jefferson Health job website.

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



Comparison of Effects on the Periodontium after the use of customized MARPE (microimplant assisted rapid palatal expansion) vs SARPE (surgically assisted rapid palatal expansion).

Nicoletta Venturini, DMD; Vanessa Morenzi, DMD; Hyeran Helen Jeon, DMD
Jefferson Einstein Medical Center Philadelphia
Maxwell S. Fogel Department of Dental Medicine
Alan J. Borislow Division of Orthodontics

Background

Maxillary transverse deficiency (MTD) is a common skeletal malocclusion in which the upper jaw is too narrow, often presenting as unilateral or bilateral posterior crossbites, and affects roughly 4–23% of the population. In growing patients, rapid maxillary expansion (RME) is effective because the midpalatal suture has not fully fused, allowing true skeletal widening. However, in skeletally mature adolescents and adults, the midpalatal and circummaxillary sutures are more resistant, making conventional RME less effective. Attempted expansion in these patients often results in dentoalveolar changes, such as buccal tipping of teeth, rather than actual skeletal widening of the maxilla.

To manage transverse maxillary deficiency in adults, two techniques are commonly used: surgically assisted rapid palatal expansion (SARPE) and miniscrew-assisted rapid palatal expansion (MARPE). SARPE combines surgical osteotomies of the midpalatal and surrounding bones with activation of an expansion device, allowing skeletal widening when the midpalatal suture is fused. MARPE uses palatal miniscrews to apply expansion forces directly to the bone, enabling skeletal expansion without surgery. Both techniques aim to correct maxillary transverse deficiencies that conventional RME cannot address.

Alveolar bone thickness and morphology limit how much expansion can safely occur, and exceeding these limits may cause periodontal complications, including buccal tipping, alveolar bone loss, dehiscences, and fenestrations. While many studies have examined alveolar bone changes during tooth movement, fewer have focused on the periodontal effects of SARPE and MARPE. Preservation of alveolar bone height and thickness is essential for long-term dental stability and periodontal health.

Cone-beam computed tomography (CBCT) has enhanced evaluation of both skeletal and dentoalveolar structures by providing accurate three-dimensional imaging. CBCT can reliably measure buccal and palatal alveolar bone thickness and detect periodontal changes, although very thin cortical bone (<0.3 mm) may be slightly underestimated. This imaging technology allows clinicians to assess the effects of maxillary expansion on the periodontium and plan treatments that maintain both skeletal and dental health.

Objectives

Limited research exists on the periodontal effects of skeletal maxillary expansion using customized microimplant-assisted rapid palatal expansion (MARPE) and surgically assisted rapid palatal expansion (SARPE). This study aimed to evaluate and compare the impact of these two techniques on the surrounding periodontium in skeletally mature patients. Specifically, it examined the effects of buccal expansion on periodontal structures by measuring changes in buccal and palatal alveolar bone thickness, buccal alveolar bone height, and the occurrence of dehiscences and fenestrations. The goal was to provide insights into how MARPE and SARPE influence periodontal tissues following maxillary expansion.

Methods

A retrospective study was conducted using CBCT records of adult patients diagnosed with maxillary transverse deficiency who were treated with either surgically assisted rapid palatal expansion (SARPE) or customized microimplant-assisted rapid palatal expansion (MARPE). After initial screening of 144 patients treated between June 2017 and November 2024 at a private orthodontic practice in Newtown Square, Pennsylvania, 59 male patients with a mean age of 42.83 ± 9.13 years met the inclusion criteria of age ≥ 30 years, confirmed MTD, complete pre- and post-expansion CBCT scans, and no prior orthodontic or orthopedic treatment. Exclusion criteria included prior orthognathic surgery, craniofacial anomalies, facial trauma, systemic conditions affecting bone, or absence of paired CBCT records. For MARPE, customized 3D-printed appliances were designed based on CBCT and intraoral scans, incorporating 6–8 miniscrews placed along the midpalatal suture without osteotomy, with activation beginning four days after insertion and continued until the desired expansion was achieved. SARPE involved surgical osteotomies of the midpalatal and circummaxillary bones followed by activation of an expansion device to achieve skeletal widening. CBCT scans were acquired at baseline (T0) and within one-month post-expansion (T1) using an i-CAT Next Generation system with a limited field of view to reduce radiation exposure.

Scans were processed and oriented using Dolphin Imaging 3D software, with pre- and post-expansion datasets superimposed using stable craniofacial landmarks to ensure accurate measurements. Evaluations included buccal and palatal alveolar bone thickness at multiple levels, buccal alveolar bone height, dental tipping, alveolar bone inclination, and the presence of periodontal defects such as dehiscences and fenestrations. Expansion at the midpalatal suture and dental expansion of the first molars were also recorded. These comprehensive measurements allowed assessment of both skeletal and dentoalveolar changes, providing detailed insight into the effects of MARPE and SARPE on periodontal structures and overall maxillary expansion outcomes.

Results

All measurements were conducted by a single blinded examiner (N.V.) to ensure consistency and minimize bias. Intra-examiner reliability was evaluated by re-measuring CBCT images from five randomly selected subjects in each group, confirming the reproducibility of the measurements. All recorded data have been compiled and sent to a statistician for analysis, and the study is currently awaiting the statistical results to determine the effects of MARPE and SARPE on alveolar bone and periodontal structures.

Discussion

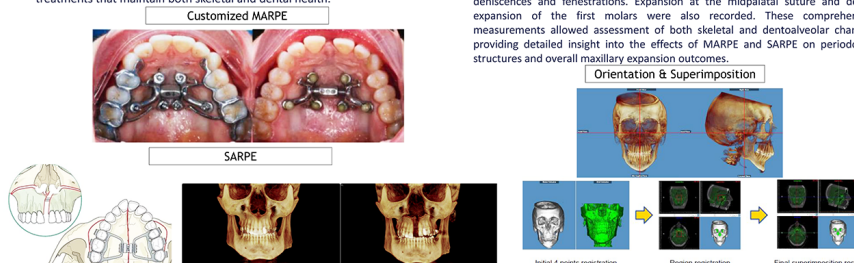
CBCT scan accuracy for bone measurements has been previously reported, with strong agreement observed between CBCT images and direct hand measurements of buccal bone height and thickness in cadaver skulls. CBCT has been found to be more accurate for measuring buccal bone height than bone thickness. However, studies indicate a tendency for CBCT to overestimate the presence of fenestrations and dehiscences. Additionally, bone thickness of up to 1 mm may be missed depending on voxel size, and very thin bone can be difficult to distinguish from adjacent cementum. Bone thinner than 0.3 mm is unlikely to be visible on CBCT and may instead be misidentified as a fenestration or dehiscence. Further research is needed to determine the clinical relevance of bone measuring less than 0.3 mm in thickness.

Conclusions

This study provides a direct comparison between customized MARPE and SARPE and their effects on the periodontium following skeletal expansion in adult patients. The primary goal is to assess changes in buccal/palatal alveolar bone thickness during expansion, helping to determine the transverse limits of the periodontal envelope of treatment. It also evaluates which technique achieves greater skeletal expansion while minimizing adverse effects on the periodontium. Additionally, the study aims to identify the most effective and safest treatment option for adults over 30 years old who require maxillary skeletal expansion. Overall, the findings contribute to improved patient outcomes, more precise treatment planning, and enhanced clinical decision-making in adult orthodontics.

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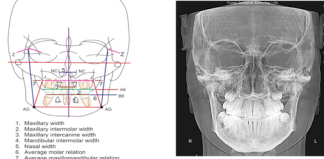
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Background

- Cephalometric analysis is fundamental to orthodontic diagnosis and treatment planning.
- PA cephalograms are critical for evaluating transverse discrepancies, and facial and skeletal symmetry yet remain underutilized compared with lateral cephalograms.
- Accurate identification of PA landmarks is essential for diagnosing asymmetries, guiding orthopedic or surgical treatment and assessing outcomes.
- Interpretation of PA cephalograms is challenging due to structural superimpositions, image distortion, and landmark ambiguity, leading to increased tracing time and reduced reproducibility.
- Manual tracing is the reference standard but is time-consuming and subject to intra-examiner variability, even among experienced orthodontists.
- AI-driven cephalometric analysis may improve efficiency and standardization; however, evidence supporting its accuracy for PA cephalograms—particularly CBCT-derived PA images—remains limited.



Objectives

- Primary Objective:** To compare landmark tracing accuracy among manual, automatic (AI), and AI-assisted with manual correction methods.
- Secondary Objective:** To assess and compare the time required for manual tracing, automatic tracing, and AI-assisted corrected manual tracing workflows using OrthoDx.

Methods

- Design:** Quantitative, cross-sectional validation study
- Sample:** 40 de-identified CBCT-derived PA cephalograms (mean age 15 years; 20 males / 20 females)
- Image Generation:** Standardized PA cephalograms created in Dolphin Imaging using orthogonal projection
- Landmark Standardization:** Single orthodontist developed a reference guide for PA landmark identification
- Software:** PA cephalograms exported to OrthoDx (AI-based cephalometric analysis software)
- Tracing Conditions:**
 - Manual orthodontist tracing, Automated AI tracing, AI tracing with orthodontist correction
- Landmarks:** 19 total landmarks identified; 12 selected for analysis to calculate 7 clinically relevant transverse and symmetry parameters (Figures A-C)
- Accuracy Assessment:** Linear discrepancy (mm) between AI-identified landmarks and orthodontist reference positions
- Time Analysis:** Tracing time recorded for all 19 landmarks using a standardized stopwatch protocol
- Examiner Control:** All manual tracings performed by a single orthodontist to eliminate inter-examiner variability

Figure A.

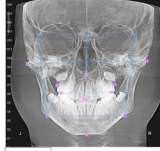


Figure B.



Figure C.

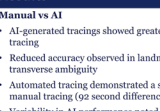


Figure D.

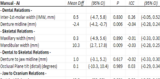


Figure E.

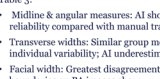


Figure F.

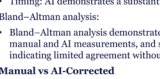


Figure G.

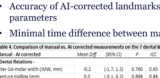


Figure H.

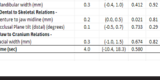


Figure I.



Figure J.

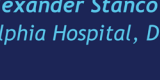


Figure K.



Figure L.

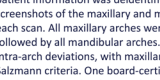


Figure M.



Figure N.



Figure O.



Figure P.

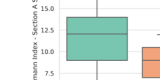


Figure Q.



Figure R.

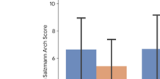


Figure S.

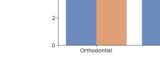


Table 4:

- Manual and AI-corrected measurements show near-equivalent means
- Minor difference for denture-to-jaw midline (~0.2 mm)
- No significant difference in tracing time
- Bland-Altman analysis:
 - Bland-Altman analysis showed close agreement between manual and AI-corrected measurements, with mean differences near zero and most observations within the limits of agreement.

Discussion

- AI-assisted PA landmarking provides significant efficiency gains but shows notable discrepancies compared with manual orthodontist tracing
- Statistically significant differences observed for denture midline, mandibular width, and facial width
- AI performance is limited for landmarks involving CBCT sliced PA cephs with Ortho DX software.
- AI may serve as a screening or preliminary tool, but orthodontist review and correction remain essential, especially for transverse assessments
- AI auto tracing reduced tracing time by ~92 seconds vs manual tracing
- AI + manual correction saved only ~4 seconds vs manual tracing alone, a difference likely not clinically meaningful

Study Limitations:

- Single examiner design; inter-operator reliability could not be assessed due to OrthoDx upload restrictions
- Manual PA tracing in Dolphin Imaging not supported, requiring use of OrthoDx for all tracing conditions
- Measurements were not cross-validated with another software platform
- OrthoDx AI was trained on conventional PA cephalograms, not CBCT-derived sliced PA cephalograms, potentially affecting accuracy
- Access to conventional PA cephalograms for comparison was not available

Conclusion

- Manual and AI-corrected measurements showed substantially improved agreement compared with AI alone
- When combined with orthodontist review and correction, AI may serve as an effective workflow-enhancing adjunct
- Evaluation time was comparable between manual and AI-corrected methods (~4-second difference), a reduction that may not be clinically meaningful or justify the financial investment in AI software solely for time efficiency
- Fully automated AI analysis remains limited for transverse and symmetry assessments
- Clinician oversight remains essential for accurate orthodontic diagnosis using AI tools

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Background

The Salzmann Index (Figure 1) form was created in 1968, and it is used to determine the medical necessity for orthodontic treatment. It is used by several states to assess if a patient qualifies for state insurance coverage for orthodontic treatment. Typically, the treating orthodontist completes the form, submits it to the state, and final determination on coverage is made by a licensed dentist who also scores the form. The Salzmann Index scores for the following parameters: crowding, spacing, rotations, missing teeth, with emphasis placed on the maxillary anterior teeth. Artificial intelligence (AI) has come to the forefront of technological and software advancement in the last several years. Current uses for AI in healthcare include radiology (tumor detection), pathology (cell classification), and genomics. In dentistry, AI can detect caries on bitewing radiographs, aid in cephalometric landmark tracking, and create treatment simulations. Three major AI platforms are ChatGPT (OpenAI), Gemini (Google), and Claude (Anthropic). Given the capabilities of AI, it can be harnessed to evaluate a dentition in the context of the Salzmann form.

Objectives

This project's goal was to compare the accuracy of AI versus orthodontist scoring of the Salzmann Index form, specifically Section A. It is a pilot study to determine where any difference in scoring existed between AI and orthodontists.

The specific objectives of this study were as follows:

- To evaluate the accuracy of three distinct AI models (ChatGPT, Gemini, Claude) in scoring Section A of the Salzmann Index from 2D intra-oral photographs
- To compare AI-generated scores against a gold-standard, orthodontist group, to identify any biases
- To assess inter-model reliability and determine if any specific AI platform tracks clinical severity better than its peers

Figure 1. Salzmann Index form. Note that Section A (Intra Arch Deviation) was evaluated for this study.

Methods

The Salzmann Index form was uploaded to three AI platforms (ChatGPT, Gemini, Claude). The platforms were given identical prompts, including predefined tie-breaker rules, to score Section A of the Salzmann Index. Fifty (50) Tero cases were randomly selected from the Jefferson Einstein Philadelphia Hospital database. All patient information was deidentified prior to analysis. Two-dimensional screenshots of the maxillary and mandibular arches (Figure 2) were obtained for each case. All maxillary arches were uploaded and scored by the AI platforms, followed by all mandibular arches. Section A scoring included anterior and posterior intra-arch deviations, with maxillary anterior scores doubled in accordance with Salzmann criteria. One board-certified orthodontist and one third-year orthodontic resident independently scored all cases. AI-generated Section A scores were compared to orthodontist scoring to evaluate agreement and relative accuracy.

Figure 2. 2D Screenshot of a maxillary (left) and mandibular (right) arch

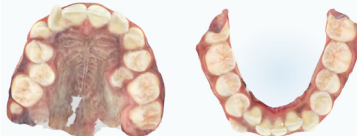


Figure 3.

Distribution of Section A Total Scores by Rater

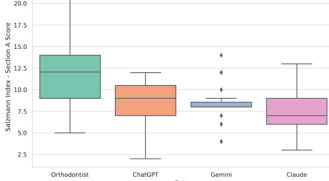
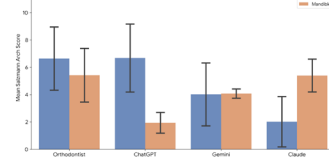


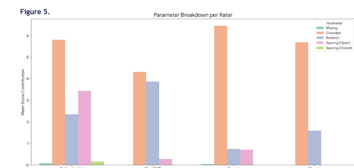
Figure 4.

Maxilla vs. Mandible Scores by Rater



Results

All fifty (50) maxillary and all fifty (50) mandibular arches were successfully scored by the three AI models and the orthodontist group. The statistical analysis of the Salzmann Index Section A scores revealed that artificial intelligence models struggle to accurately replicate the diagnostic capabilities of the orthodontist group. Overall, all three AI models—ChatGPT, Gemini, and Claude—showed bias by consistently underestimating the severity of malocclusions compared to the orthodontist group. While the orthodontist group recorded a mean score of 12.06, the AI averages ranged significantly lower, from 7.42 to 8.62 (Figure 3). A breakdown by arch type revealed inconsistent biases among the models. ChatGPT successfully matched the orthodontist's maxillary scores but failed on the mandible, whereas Claude exhibited the opposite trend (Figure 4). When looking at the various parameters, the AI demonstrated blind spots in detection. While all AI models detected "crowding," they were almost entirely incapable of identifying "open spacing," a parameter the orthodontist group successfully identified (Figure 5). Additionally, variance existed between the AI models, confirming that they do not use a standard for evaluating 2D intra-oral photographs. Ultimately, these findings show that, while AI shows promising capabilities, it lacks the spatial reasoning required to reliably replace human scoring without further training. Additional analysis and results will be provided by Constantine Daskalakis, ScD.



Conclusions

- Current AI models (ChatGPT, Gemini, Claude) are not yet accurate or reliable enough to replace human orthodontists in independently scoring Section A of the Salzmann Index
- All tested models exhibited a significant bias toward underestimating malocclusion severity
- Future development should focus on training specialized AI models using 3D data (e.g., STL files from intraoral scans), rather than 2D clinical photographs, to improve diagnostic accuracy

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CTOR ACADEMY Dr. Mani Alikhani

As another academic year draws to a close, we look forward to graduating the Class of 2026, which includes our first two Advanced Standing students. We congratulate them all for their success and wish them the best as they begin their careers!

THE CLASS OF 2026

Our Class of 2026 students are:

- **Bassam Butto, DDS** – University of California, Los Angeles
- **Vincent De Maio, DDS** – Columbia University
- **Chie Hung (Alain) Hu, DMD** – Midwestern University-Illinois
- **Jenna Heitzler, DDS** – State University of New York at Buffalo
- **Maxwell Hertzage, DDS** – Columbia University
- **Leelah Weitz, DDS** – Columbia University
- **Raj Agarwal, DMD** – Boston University
- **Marcilene Pinheiro, DDS** – Paulista University UNIP, Brazil



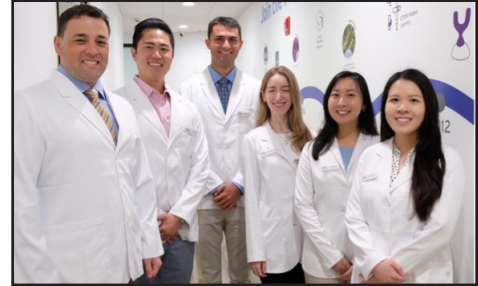
THE CLASS OF 2027

The Class of 2027 continues to progress through the program and completing important milestones, such as taking the ABO Written Examination. We welcomed three Advanced Standing students to this class and enjoy discussing their approaches to treating orthodontics and dentofacial orthopedics.

Our Class of 2027 students are:

- **Robert Spielman, DDS** – New York University
- **Bill Kim, DDS** – New York University
- **Jacob Gussert, DDS** – Indiana University-Purdue University
- **Samantha Schnall, DMD** – Columbia University
- **Vivian Duong, DDS, MS** – University of the Pacific
- **Ivana Newen, DDS** – New York University

- **Rogério Armando, DDS** – Methodist University of Sao Paulo – Brazil
- **Bita Kiaee, DDS** – Azad University of Medical Science – Iran
- **Mohammadamin Narimani, DDS** – Mashhad University of Medical Sciences - Iran



THE CLASS OF 2028

The Class of 2028 is wrapping up their first year of total immersion Orthodontics and Dentofacial Orthopedics and their fluency is remarkable! They are keeping very busy with their full patient rosters, case presentations, classes and research projects. Their second year schedule promises to be just as full as they prepare for the ABO Written Exam.

Our Class of 2028 students are:

- **Aaron Benlolo, DDS** – Columbia University
- **Vita Davydov, DDS** – University of California, Los Angeles
- **Emily Dillon, DMD, MS** – Boston University
- **Michael Kim, DMD** – Boston University; Pediatric Dentistry Certificate – University of Alabama
- **Ghassan Nemeh, DMD** – Tufts University; AEGD Certificate – Tufts University
- **Uriel Waldman, DDS** – Touro College



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GRADUATE PROGRAM REPORTS

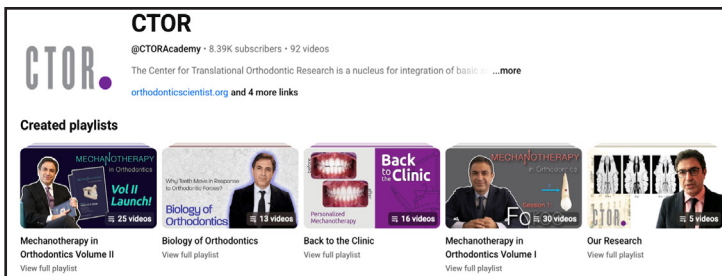
“THE FACE” COURSE

Every year, Dr. Cristina Teixeira chairs a course called “The Face” for the PG1 students. This unique experience gives the students a new perspective on craniofacial structure through lectures from faculty and hands-on sculpting in ceramics. Each sculpture is on display at CTOR Academy’s Annual Holiday Party, where everyone can appreciate the artistic side of our students!



CTOR YouTube Channel

We're thrilled to share with you that the CTOR YouTube Channel is reaching 8400 subscribers this year. Dr. Mani Alikhani and a remarkably talented team of faculty and staff producers periodically release clinic, biomechanics and craniofacial biology videos. This channel makes our specialty accessible to everyone interested in understanding and treating the dental and skeletal malocclusions. Our deepest thanks our subscribers who support our channel and promote Orthodontics & Dentofacial Orthopedics education. We invite you to visit the CTOR YouTube Channel and watch all of our nearly 100 videos!



AAO ANNUAL MEETING IN ORLANDO

CTOR Academy Faculty, Students and Staff had an enjoyable and educational visit to Orlando for the AAO General Session on May 1-3, 2026. We also hosted our fourth annual Alumni Reception on May 1. The Alumni Association is deeply committed to our specialty and our colleagues.



ORTHODONTICS RESEARCH GROUP (ORG) AT THE IADR

CTOR was very well represented at this year’s IADR General Session in San Diego (March 25-28, 2026). Dr. Cristina Teixeira served as Vice-President and Dr. Chinapa Sangsuwon served as Secretary/Treasurer of the Orthodontics Research Group (ORG). Their continued commitment to orthodontics and craniofacial research is the foundation for ORG’s success in uniting our fellow researchers and clinicians from around the world.

ORG AWARDS COMPETITION AT THE IADR

CTOR continues to sponsor two ORG awards competitions at IADR. Students are encouraged to enter the **IADR CTOR Award for Student Excellence in Orthodontics**. This is open to ORG dental students, residents and graduate students who have conducted research in Orthodontics. This year’s winner was Andrew Tran, from UCLA, for his presentation on “Nisin-loaded solid lipid nanoparticles effect on orthodontic white spot lesions.”

CTOR also sponsors the **INNOVATION Award for Excellence in Orthodontics Research**. This competition is open to ORG researchers at any level who are pushing the boundaries of innovative research in Orthodontics. This year, Daniel Lapinski, from Tufts University, won for his work on “Periodontal ligament biomechanics through orthodontic tooth movement and relapse.”

For those of you looking for additional ORG awards competitions to enter, you should also consider the **Growth and Development Research Award**, which is open all ORG members and is sponsored by Wiley-Blackwell. ORG also sponsors a **Travel Award** to help ORG attendees defray some of their costs.

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CTOR ACADEMY FACULTY PUBLICATIONS

In the last year we have published several articles in peer-reviewed journals.

1. Abdullah F, Alikhani M, Teixeira CC, Weitz L, Sangsuwon C, Nervina JM, Alikhani M. Navigating functional and skeletal challenges in a nemaline rod myopathy orthodontics patient. **Innovation**. 2025;3(5):1-11. doi:10.30771/2025.4.
2. Alikhani M, Chou MY, Alikhani M, Sangsuwon C, Abdullah F, Teixeira CC. Saturation of biological response and magnitude of tooth movement among adolescents and adults: A clinical study. **Innovation**. 2025;3(4):1-12. doi:10.30771/2025.3.
3. Abdullah F, Teixeira CC, Alikhani M. When splinting becomes a risk: anterior dento-alveolar trauma and the perils of prolonged fixation. **Innovation**. 2025. 3(1)e4. doi:10.30771/2025.2
4. Alikhani M, Alikhani M, Sangsuwon C, Abdullah F, Nervina JM, Teixeira CC. Age-dependent saturation of the biological response to different orthodontic forces. **J World Fed Ortho**. 2026. Mar 9:S2212-4438(26)00014-7.

5. Sangsuwon C, DeMaio V, Teixeira CC, Alikhani M. Side effects of occlusal guides and challenges during orthodontic treatment. **Innovation** 2026 (in press)
6. Teixeira C, Uribe-Querol E, Garzón DL, Sangsuwon C, Nervina J, Abdullah F, Alikhani M, Galindo-Solano N, Serrano-Bello J, Pérez-Sánchez L, Witek L, Villagómez-Olea G, Marichi-Rodríguez FJ, Alikhani M. Mechanical constriction of the maxilla alters nasal architecture. **J Clin Med** (in press)
7. Abdulla F, Diaz S, Nervina J, Teixeira CC, Alikhani M. Breaking boundaries in adult open bite correction: maxillary expansion and CTOR intrusion plates. **Innovation** 2026 (in press)

We have also published the **2nd Edition of our Clinical Guide to Accelerated Orthodontics**, which provides clinicians with an in-depth review of the biology of tooth movement and a step-by-step guide for performing micro-osteoperforations (MOPs) in the clinic. (Alikhani M and Teixeira CC (Eds.) Clinical Guide to Accelerated Orthodontics. **Springer Nature Switzerland**. 115pp.) <https://link.springer.com/book/10.1007/978-3-032-18794-9>. ■



HOWARD UNIVERSITY

Dr. Kathy L. Marshall

Congratulations to our graduates: **Drs. Nour Abou-Abdou, Tinashe Chapfika-Johnson, Christian Foster, Tiffani Drew Knight-Lynch, Oreoluwa Lanlokun** and **Samiyra Ojo**. Our program is grateful for their strong work ethic and being active stewards of the Howard University mission to serve.

Their outstanding research thesis titles are:

Dr. Abou-Abdou, “Comparison Of Commercial Aligners To Direct And Indirect In-Office Designed And Fabricated Aligner”

Dr. Chapfika-Johnson, “Association Between Asthma Severity And Nasal Fossa Width In Pediatric Dental Patients: A Retrospective Pilot Study”

Dr. Foster, “Usage Of Video Gaming In The Manual Dexterity Training Of Dental Professionals”

Dr. Knight-Lynch, “The Therapeutic Effects of Orchestral Music on Patient Anxiety During Dental Treatment in the Adult Population”

Dr. Lanlokun, “Cultural Variations in the Perception of Maxillary Midline Diastemas”

Dr. Ojo, “In Vitro Evaluation Of Whitening And Enamel Remineralization Performances Using A Clear Aligner Plastic Delivery System With Ai-Assisted Whitening Detection”

Thank you to Resident **Dr. Christian Foster** for his significant contributions in creating and constructing the HUCD Student Success and Wellness Center. Thanks to the key staff of the Orthodontics Department who built and serviced the Wellness Center: **Ms. Tamela Price Carter, Ms. Zandra Smith, Mr. Michael Walker** and **Ms. Betti Muleta**. Thank you to **Dr. Eithan Lue Chee Lip** and **Mr. Shaun Cross** in absentia.

The program welcomes six exceptional candidates in the entering class of July 2026:

Dr. Christopher Hudson-Boyd (Washington, DC) **Dr. Faithfulness Oboh** (Maryland), **Indira Geoffrey** (Barbados), **Kierra Banks** (Tennessee/Georgia), **Mckayla Butler** (Georgia), and **Kendall Rollin** (California).

Our new 2nd year class continuing in the program, **Drs. Kyle Alfred, Kandis Carter, Chelsea Elokobi, Gianna Muse, Ourai Olanipekun** and **Yonathan Yosef**, continue to participate in community service events when on break from their research, didactic, clinic and laboratory requirements. They enjoyed the 2025 AAO Annual Session and will attend Tweed, GORP, CDABO Meeting upcoming.

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GRADUATE PROGRAM REPORTS

We again thank our alumni, residents, faculty and staff. **Dr. Sana Augustus** for her pioneering service to MASO representing Howard University. **Dr. Mohamed Masoud**, we are grateful to have faculty members, alumni and residents as speakers for organized dentistry.

Dr. Robert “Tito” Norris has completed his service as the HUOAA President and is now President Emeritus. This global entrepreneur made sure that the alumni association was an anchor and lifeline for the residents of the program for the past 30 years. We honor him for nearly a half century of selfless service. Please join our program in saluting him and his outstanding legacy. **Dr. Christian Davillier** and

Dr. Robert Caesar will be the new leadership team as President and Treasurer.

Howard Orthodontics continues to uphold the mission of our institution: to provide an exemplary education and opportunities for community service and research that promotes patient centered, collaborative care and advocacy for the elimination of health care disparities. As always, we would like to thank the Howard University Orthodontic Alumni Association for their contributions to the program over this past year. ■



MEDSTAR WASHINGTON HOSPITAL CENTER Dr. Sheira Ramos Vélez

MedStar Washington Hospital Center Orthodontic Residency Program is pleased to share several exciting updates and accomplishments from the past academic year.

We are proud to congratulate our graduating residents, **Dr. Sherlly Dolmuz** and **Dr. Héctor Hernández Villalvazo**, on successfully passing the written portion of the American Board of Orthodontics examination. We also congratulate them on the successful completion of their orthodontic residency training. Over the past two years, both residents have demonstrated exceptional clinical growth, professionalism, dedication to patient care, and a commitment to lifelong learning. Their accomplishments reflect the hard work, perseverance, and excellence they have brought to the program, and we are confident they will continue to represent MedStar with distinction throughout their careers.

At our annual Alumni Day, we were delighted to bring together faculty, alumni, residents, and guests to

celebrate the graduation of Drs. Dolmuz and Hernández Villalvazo. During the event, we also presented **Dr. Ted Berkinshaw** with the MOAG Faculty Achievement Award in recognition of his three decades of dedicated service, outstanding mentorship, and enduring contributions to the education and training of generations of orthodontic residents. We extend our sincere gratitude for his lasting impact on our program and the orthodontic profession.

We are also excited to welcome our incoming first-year residents, who began their orthodontic training in June 2026. Dr. Bin Chen recently completed a General Practice Residency at NYU Langone Hospital–Brooklyn, and Dr. Aryas Safaie earned his dental degree from Columbia University. We look forward to supporting them as they begin their journey through our program and become valued members of the MedStar Orthodontics family.

As we conclude another successful academic year, we remain committed to advancing resident education, providing exceptional patient care, and serving our community through excellence in orthodontic training. We thank our faculty, residents, staff, alumni, and supporters for their continued dedication to the success of our program. ■



RUTGERS SCHOOL OF DENTAL MEDICINE Dr. David S Briss

Greetings from Rutgers Orthodontics! Our new academic year has begun, and we're pleased to welcome five new first year residents, **Drs. Jacqueline Cuccurullo, Laurel Yan, Elliott Pereira, Lanvi Lu** and **Anisha Shah**, as well as our clinical preceptor **Dr. Gokce**

Sinyakova to the Rutgers team. We're confident that they'll become excellent orthodontists over their residency. We're also happy to report that all five of our second year-residents, **Drs. Blaze Fraser, Sara Marciano, Thomas DeGasperis, Hoda Rahimi** and **Soyoung Shin** have passed the ABO written exam.

We had five residents graduate this year, **Drs. Kellie Lee, Ashley Tran, Romyana Lazarova, Athena**

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GRADUATE PROGRAM REPORTS

Fu and **Hyori Kim**, all off to various parts of the country to begin private practice. All presented and defended their research, and earned their Masters of Science in Dentistry degree prior to graduation, and we look forward to seeing some of their work in print.

On the faculty side, **Dr. Thomas Cangialosi** has decided to retire as of June 30 this year. Dr. Cangialosi has a long and storied career, graduating from Georgetown School of Dental Medicine in 1959, serving in the U.S. Air Force and Air Force Reserve from 1961 to 1975, and earning his orthodontic certificate from Columbia in 1975, when he also was appointed to the Columbia Orthodontics faculty, becoming its first full-time faculty member in 1980. Dr. Cangialosi also served on the American Board of Orthodontics between 1996 and 2004, and has also been instrumental in developing predoctoral orthodontic education through AAO committees, and served on the orthodontic section of CODA. For many years Dr. Cangialosi has also been an active member of Angle East, the north-east component of the Edward H.

Angle Society of Orthodontists. Dr. Cangialosi came to Rutgers (then UMDNJ) in 2012 as Chair of the Department of Orthodontics, and oversaw many changes to the program, including adding clinical fellowships, instituting a requirement for the Master's of Dental Science degree for Orthodontic residents, and the introduction of 3D technologies to the department. Dr. Cangialosi has had a distinguished academic career, having authored 55 publications in referred journals, 50 abstracts, 5 textbook chapters, and six teaching manuals. He has been on the editorial boards of scientific journals including *The Angle Orthodontist*, *American Journal of Orthodontics and Dentofacial Orthopedics*, and *World Journal of Orthodontics*. Dr. Cangialosi has contributed to the orthodontic education of hundreds residents throughout his career, and we wish him all the best in his retirement.

Our full-time faculty member, **Dr. Wei Huang**, is again the recipient of an NIH LRP Award for 2026-2027, our congratulations to her. ■



TEMPLE UNIVERSITY
Dr. Jeffrey H. Godel

Temple University Kornberg School of Dentistry Department of Orthodontics continues to enjoy the excitement and terrific achievements of the past several months.

Meanwhile, the **Class of 2026** completed their MS degree and are eagerly working on completing their patients in anticipation of their graduation in August 2026. These young professionals are looking forward to their future as orthodontists and to carrying on our wonderful profession. They are **Colton Brown, Marielisa Otero-Henao, Paige Hodges, Elizabeth Noel, Anwar Radwan** and **Eamon Whelan**.

Also, the **Class of 2027** is excited and thrilled to fulfill their role as second year residents. They are **Diana "Tucker" DeSanctis, James Martinez, Sean Scott, Anthony Sulvetta, Christine Schiller** and **Grace Shei**. They are looking forward to embracing their roles as: big "sibs" and guiding the new class of 2028.

In addition, our residency program received over 300 applications this year. We invited 33 candidates for an interview and matched six great residents for the **Class**

of 2028: Macheala Murdock from University of Connecticut, **Lydia Cho, Anna Zalepa** and **Joseph Brigidi** from Temple University, **Gracie Abdalla** from Boston University, and **Eva Cutler** from Rutgers University. We are extremely thrilled with our success. The **Class of 2028** is looking forward to attending and meeting all MASO members at the upcoming meetings and are enthusiastically preparing for the TWEED course next year in Arizona.

In addition, we maintain a strong commitment to innovation and technological advancement. Alongside our robust clinical and didactic training, we continue to integrate cutting-edge digital technologies into our educational experience. Our residents look forward to further developing their skills in digital orthodontics through hands-on exposure to these evolving tools and techniques.

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 2026**. Their continued enthusiasm and dedication to participate in the education of our residents and success of our program is remarkable.

We hope to see everyone at the 2026 MASO meeting in Atlantic City. ■



UNIVERSITY OF MARYLAND

Dr. Jose A. Bosio

Greeting from the Division of Orthodontics at the University of Maryland School of Dentistry (UMSOD). The division is proud to state that we passed the CODA site visit accreditation this past May without recommendations or suggestions. This was an effort from everyone in the division: the associates, residents, and faculty. Special thanks to **Drs. Dina Stappert, Flavio Copello** (responsible for the undergraduate program), **Drs. Maria Doughan** and **Steven Siegel**, who were interviewed by our orthodontic site visitor, **Dr. Edmund Khoo**. The following report highlights key developments and achievements from the past year.

We are happy to report that our 2026 AAO UMSOD Alumni reception was heavily attended by many alumni members. We thank all who took the time to see friends and share their news during the alumni reception. Everyone is already invited for the alumni reception during the 2027 AAO Annual Session in Vancouver, Canada.

Resident Education and Academic Milestones

Through the generous support of alumni, faculty, and a MASO grant, all residents attended the 2026 MASO Spring Meeting at the Union, in Philadelphia. The generosity of the alumni and faculty also helped to support in part the travel expenses to attend the 2026 AAO Annual meeting in Orlando, Florida. All residents presented an e-poster at the meeting.



Dr. Jose Bosio with graduating students.

All 3rd year residents defended and passed on her master thesis presentation in March.

- **Dr. Elizabeth Crowe**' project title was "*Mechanical retention and patient comfort of vacuum-formed retainers*

fabricated using virtual and clinical bracket removal workflows: A clinical and laboratory study". Liz will likely stay working in Maryland.

- **Dr. Jessica Jiang**'s thesis title was "*Evaluating the Impact of Anterior Bite Ramps on the Leveling of the Curve of Spee in Invisalign Treatment: A Comparative Study*". Jessica will join the orthodontic group of Dr. Amanda Galagher.
- **Dr. Justin Mack**'s thesis title was "*Comparative Evaluation of Deep Learning Based Automatic Segmentation Accuracy and Three-Dimensional Morphology of Impacted Maxillary Canines on CBCT*". Justin will move to the Atlanta, GA area.
- **Dr. Iman Shirmohammadi**'s thesis title was: "*Mechanical retention of thermoplastic orthodontic retainers fabricated after virtual and clinical attachment removal: An in Vitro and Clinical study*". Iman will be relocating to Las Vegas area.

Again, the generosity of our alumni has provided resources to sponsor the registration for our students to take the ABO exam with frequently exceptional performance from the students. And once again thank to **Drs. Phil Markin, Steven Siegel, Maria Doughan, and Flavio Copello** for their help during the final Oral Examination. All residents passed this exam.

Second-year residents, **Drs. Anjali Patel, Shannan Walker** and **Tori Wallace**, successfully passed the ABO Written Examination. Dr. Rebeca Steinfeld could not take it as she had a baby on the same day of the examination. She will take the exam next year. **Dr. Shannan Walker** was appointed as the next New and Young Members Committee member as MASO representative.

First-year residents, **Drs. Morgan Anderson, Emmanuel Engerrmann, Sydney Gladfelter** and **Kayla Tinio**, have started their master's theses, and were truly impressed by the grandiosity of the AAO meeting in Orlando. Each one has initiated nearly 80 patients, well in progress with their program goals.

Incoming residents, **Dillion Joie, Marina Fileva, Joseph Higgins**, and **Ryan Rubenstein** started their journey on July 1, and have already gone to the GORP meeting in St. Louis.

Professional Engagement and Faculty Recognition

We lost a dear faculty this year. **Dr. Monica Schneider**, after 21 years of services to the Orthodontic Division and

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to UMSOD as assistant dean for admissions. She decided to follow her husband and take a new position at The Ohio State University in Columbus, OH. We thank her for all the years committed to the program and wish her good luck in her new endeavors.

Our faculty members continue to demonstrate exceptional leadership at regional and national levels. **Dr. Steven Siegel**, completed his AAO Presidency tenure with a wonderful meeting in Orlando. He will become more focused on the orthodontic program in the coming years.

Dr. David Harmon led the AAO committee of inclusion and engagement through a great online session called “AAO Virtual Open House for Prospective Orthodontic Residents”. This session was planned by his committee, which had three representatives from the whole USA, UCLA, Jacobi Medical Center, and UMSOD (represented by **Drs. Jose A. Bosio** and **Flavio Copello**) They presented to more than 150 prospective orthodontic residents from everywhere in the US and Canada.

Dr. Ty Saini was heavily involved with the COMEJC and MASO delegation on Dental Day in Annapolis. **Dr. Chris Liang** continues his tenures as delegate to the American Dental Association’s House of Delegates, representing the Maryland State Dental Association and the MASO Council of Orthodontic Benefits. While Viney Saini continue lecturing at Marquette University, and he attended the Angle Session in Tucson Arizona. **Dr. Saul Burk** continues traveling from Florida to teach didactically and clinically and remains deeply committed to the Wanda Flinn Memorial Scholarship Endowment, which this year was awarded to **Dr. Iman Shirmohammadi** and Shannan Walker.

Dr. Jeff Jarvis, Erin Mahoney, Scott Jenkins, Richard Chang, Steven Tigani, Byron Bonebreak, Curtis Hayden, Fred Preis, Ignacio Blasi, Jeffrey Posnick, and James Tong, Stuart Sheer, and Neal Kravtiz continue to support our residents both clinically and didactically helping out with clinical coverage and lectures.

We also had a phenomenal full-day program with **Dr. Timothy Tremont**. This program was sponsored by **Dr. Steven Siegel**, Dr. Tremont spoke about *Sleep Breathing Disorders*.



Drs. Jose Bosio, Steven Siegel, Maria Doughan and Timothy Tremont

Full-Time Faculty Achievements

Dr. Maria Doughan continues to lead the orthodontic clerkship program, which this year had significantly more applicants than previous years. She also became Associate Editor for the *MASO Journal* and started her tenure as MSSO board member. **Dr. Flavio Copello** received the AAO Full-time Faculty Fellowship Award from AAOF, ascended as the secretary-treasurer for MSSO, and also became associate editor for the *MASO Journal*. The whole orthodontic program and the UMSOD is proud of his achievement. **Dr. Eung Pae** is working on NIH/ AAOF grants to study sleep apnea in the laboratory. We wish him luck with this application. **Dr. Dina Stappert** continues to direct the undergraduate program helped by Flavio, as co-director.

Program Leadership Activities and Service Contributions

The Division Chief was elected for the next American Board of Orthodontists Director. We are proud and humbled by the honor and trust the ABO places on our capacity to deliver results and represent MASO substituting **Dr. Roberto Hernandez Orsini**, ABO immediate past president. We further represented UMSOD at the virtual “AAO Virtual Open House for Prospective Orthodontic Residents,” and the “Faculty at the Crossroads: Navigating the Orthodontic Workforce Today” during the 2026 Society of Orthodontic Educators Forum.

The Division of Orthodontics continues to advance its mission through excellence in education, patient care, research, and service. The accomplishments of the past six months reflect the dedication of our faculty, residents, staff, and alumni, and position the program for continued success as we pursue new opportunities for growth, innovation, and collaboration. ■



**UNIVERSITY OF
PENNSYLVANIA**
Dr. Chun-Hsi Chung

Department Updates:

We are happy to announce the following changes for the Department of Orthodontics at Penn.

- May 1, 2026, **Dr. Chenshuang Li** was named Program Director for Orthodontics at the University of Pennsylvania.
- Beginning July 1, **Dr. Mildred Embree** will be the newly appointed Chair of the Department of Orthodontics at Penn.

We extend our sincere gratitude to **Dr. Chun-Hsi Chung** for his dedicated leadership, contributions to education, and commitment to advancing the program for his years of service as Department Chair of Orthodontics since 2012 and as Program Director 2010-2015 and 2017-2026.

Faculty Awards:

Dr. Wenjing Yu

- 2025 Mentored Clinical Scientist Development Awards (K08), NIDCR/NIH
- 2025 Finalist of INNOVATION Award for Excellence in Orthodontics Research competition, Orthodontics Research Group (ORG) of 2025 IADR/PER General Session
- 2026 Full-time Faculty Teaching Fellowship, American Association of Orthodontists

Dr. Hyeran Helen Jeon

- 2026 Finalist of Growth and Development Research Award competition, Orthodontics Research Group (ORG) of 2026 IADR/AADOCR/CADR General Session & Exhibition

Dr. Chenshuang Li

- 2025 Fred F. Schudy Memorial Research Award, Biomedical Research Award, American Association of Orthodontists Foundation
- 2025 ADA Evidence-Based Dentistry Mid-Career Faculty Award
- 2026 Young Investigator Award for the 2026 IADR Distinguished Scientist Awards, in recognition of significant contributions to the field of oral health research.

Postgraduate Awards:

- 2025-**Christie Shen**, Finalist of Dr. William R. Proffit Resident Scholar Award, American Association of Orthodontists
- 2025-**Jiahui Li**, Finalist of the International Association for Dental Research (IADR) Orthodontic Research Group, Growth & Development Research Award
- 2025-**Christie Shen**, Pennsylvania Association of Orthodontists' 2025 Hamilton Award

- 2026-**Mohammad Mohammad**, Charles J. Burststone Research Aid Award, American Association of Orthodontists Foundation

On May 1st, we were extremely happy to welcome so many of our alumni/faculty/residents to the 2026 AAO Penn Alumni Reception.

Our comprehensive clinic and didactic Orientation Program will begin on July 6, 2026 as we welcome our new incoming class of 2028.

26 Month Certificate Program

- **Julie Hong**, Penn
- **Jacqueline Hsiao**, McGill University
- **Jonathan Im**, Tufts
- **Chloe Johnson**, Penn
- **Christy Qian**, Penn

3-year MSOB/Ortho Program

- **Fatema Hosseini**, Shahib Beheshti University
- **Jessica Mele**, UCLA

5-year DScD/Ortho Program

- **Nujud Saber**, King Abdulaziz University

Perio/Ortho Program (Non-Match)

- **Timothy Roehm**, University of Pittsburgh

This year we have two graduates who will be completing the combined dual specialty degree and Certificate in Orthodontics programs this year.

- **Dr. Lina Baeesa** – Combined DScD/Orthodontics
- **Dr. In-Won Chang** – Combined MSOB/Orthodontics

On July 24 our orthodontic certificate program graduates will present their research to the faculty:

New PG II Class - 2025-2026

Dr. Azizat Adediran

Knowledge and prevalence of Molar Incisor Mineralization (MIH) among Orthodontists

Faculty Advisors: **Drs. Jessica Greenberg, Dr. Wenjing Yu**

Dr. Elizabeth Espy

Skeletodental/Dentoalveolar Effects of RPE and Protraction Headgear

Faculty Advisor: **Dr. Normand Boucher**

Dr. MinJung Kim

The Role of NF- κ B in Mesenchymal Stem Cells in Orthodontic Bone Remodeling

Faculty Advisor: **Dr. Hyeran Helen Jeon**

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Dr. Sapna Nath

Comparative Assessment of Temporomandibular Joint Spaces in Class I, Class II, and Class III Patients.

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

Dr. Gloria Wan

Glenoid Fossa Remodeling after Herbst Appliance, a CBCT study

Faculty Advisor: *Dr. Hyeran Helen Jeon*

Dr. Nikki Wei

Effect of full-time occlusal appliance on the TMJ

Faculty Advisors: **Dr. Normand Boucher and Dr. Wenjing Yu**

The second-year resident Mock Board Exam will take place on Tuesday, August 4. This will be an in-person exam with each resident examined with both old and new ABO format (case written up submission, and Scenario-based clinical examination). Examiners will be **Dr. Chun-Hsi Chung, Dr. Guy Coby, Dr. Michael Perillo, and Dr. Chenshuang Li.**

The 2026 graduation ceremony for our 26-month postdoctoral certificate program in Orthodontics and Dentofacial Orthopedics, will take place on August 21, 2026.

Orthodontic 26-Month Certificate Program

- **Dr. Azizat Adediran**
- **Dr. Elizabeth Espy**
- **Dr. Min Jung Kim**

- **Dr. Sapna Nath**
- **Dr. Anqi Wan**
- **Dr. Nikki Wei**

Special Recognition

Five-Year DScD Program

- **Dr. Hala Allawama**

Three-Year Ortho Master Program

- **Dr. Mohammad Mohammad**

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

The 73rd Annual J. Henry O'Hern Alumni and Friends Meeting of the Department of Orthodontics will be held in person on Friday, October 2nd at Penn Dental Medicine

Speaker: **Dr. Donna Galante**

Topic: *Clear Aligner Mastery: Expanding the Boundaries of Invisalign in Orthodontic Practice*

CEU credits will be available.

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

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



UNIVERSITY OF PUERTO RICO

Dr. Jose Morales-Diaz

Greetings from the University of Puerto Rico Orthodontic Graduate Program. Our six residents and many faculty members attended the AAO Annual Session in Orlando, Florida, where **Dr. Roberto Hernandez-Orsini**, faculty member and distinguished past president of the ABO, presented the John Valentine Mershon Memorial Lecture entitled, *"Outcome Assessment and Long-Term Stability of Orthodontic Cases Treated with Adjunct Periodontal Procedures: 15 Years' Experience"*. We also enjoyed a memorable program alumni reception.

During the third weekend of May, our senior residents, **Drs. Osmell Gonzalez and Clarimar Soto**, participated in the American Orthodontic Summit in Michigan. In June, first-year residents **Drs. Keila de Leon and Antonella Rodriguez** will travel to Tucson, Arizona, to attend and enjoy a week of learning at the Tweed Foundation Course.

This summer, we also welcomed guest speaker **Dr. Jonny Burga**, dentist and PhD in Pharmacology, who presented the

lecture *"The Impact of Systemic Medications on Orthodontic Treatment"*.

In April, we welcomed **Dr. Marielena Layuno-Matos** to our craniofacial clinic faculty. She completed her dental degree at the University of Puerto Rico, her orthodontic residency at Augusta Health Sciences University, and her craniofacial fellowship at Washington State University in Seattle.

We would like to congratulate our 2026 graduates for successfully completing the program and defending their theses. The titles of their research projects are:

- **Dr. Clarimar Soto:** *Lip Position Relative to Ricketts' Cephalometric Norms in Puerto Ricans*
- **Dr. Osmell Gonzalez:** *Accuracy of Digital vs. Analog Impressions on Unilateral Cleft Palate Newborn Models: An In Vitro Experimental Study*

We would also like to thank **Drs. Ian Soto and Valeria Rivera**, who will serve as chief residents for the next academic year.

Finally, I would like to welcome our highly qualified incoming residents, **Drs. Jose Echeandia and Eduardo Rivera.** ■

Dr. Jose A. Bosio, Editor
Ms. Jane Treiber, MASO Executive Director
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UPCOMING EVENTS



JANUARY 22-24, 2027
AAO Winter Conference
SAN ANTONIO, TX - HILL COUNTRY



JUNE 4-6, 2027
AAO Annual Session
VANCOUVER, BRITISH COLUMBIA



OCTOBER 29-31, 2027
MASO Annual Session
WYNDHAM GRAND RIO MAR, PUERTO RICO



MARCH 5, 2027
MASO Spring CE
BALTIMORE, MARYLAND



JANUARY 21-23, 2028
AAO Winter Conference
PALM DESERT, CALIFORNIA



MAY 19-21, 2028
AAO Annual Session
WASHINGTON, DC