The Future–It’s Already Here

by James C. Davis, D.M.D.
Morrow, Georgia

n the way to the AAO meeting in San Francisco, the airplane hit a pot-hole in the sky, bouncing Dr. Dave’s notebook computer against the seat in front of him, startling him. “A quick check of my E-mail and I’ll watch the movie,” he thought.

Dr. Dave’s radio mail connection was the end of a number of connections between the network in his office, other professionals’ offices, his home, and even corporate computers. (He had booked the flight from his computer at home.)

The core of the network was a set of hardware connected by cables in his orthodontic office. He had originally thought of it mainly as a way to manage his practice, but it had developed into a way to get his E-mail while on the road and link his home, his office and a whole world full of excitement. Its portability allowed him to perform virtually any function he chose no matter where he was – including 35,000 feet over mid-America.

The first item in his in-box was a message from home informing him that his youngest son’s Little League baseball team had won the championship game and that little Davy had two hits. His wife’s home video had ended with a picture of the final scoreboard, and he viewed it with pleasure as it scrolled across his notebook screen.

Next, his office had forwarded a note that, due to insurance coverage problems, the two consultations originally scheduled for next Friday had been moved to Monday morning – only hours after his return from the meeting. He exited the E-mail function temporarily and scheduled himself a reminder to dial in and retrieve the patients’ video records when he arrived at the hotel. He would develop his treatment plans before returning home, well before his first patients arrived on Monday morning.

Finally, there was a message from a patient’s mother that her son, an orthognathic surgery patient scheduled to begin treatment next week, was having second thoughts. Dr. Dave checked his treatment plan, original records, including models and radiographs, and the images of the patient and the mother. He grabbed the phone on the seat in front of him and placed a call to reassure them. After the call, he sent an E-mail reply to the oral surgeon signaling that everything was still on schedule.

While what you have just read may sound futuristic, all the technology to perform these tasks exists today. You can manage your business, play golf on a rainy day, learn more about music or the arts, or take a visual walk in space from a computer system. There are programs to help your children learn to express themselves in

Dr. Davis received his dental training at the University of Alabama, graduating in 1972, and completed his orthodontic residency at UCLA in 1974. As a practicing orthodontist, Dr. Davis made the decision to computerize his office, ultimately leading to his teaming with Reid Simmons to found OMS, Inc., in 1982. Dr. Davis maintains orthodontic practices in Morrow and Griffin, Georgia, in addition to serving as the chairman of the board of OMS.
words and pictures at an early age. Computers have become a lot more useful and enjoyable, both at the office and in the home. As it has always been, information was meant to be shared, and a little creativity can bring it all directly to you. Computers not only must facilitate the flow of good ideas, they also must allow themselves to be shared – communications is the key.

After the movie, Dr. Dave closed his eyes and began to daydream about his first experience with computers.

Way back in 1982, the AAO Annual Session was held in Atlanta. Several weeks before the meeting, he and his staff had spent all weekend manually aging their accounts receivable. It was far more difficult than he had imagined, and it turned out to be not very accurate anyway. His three front office people fought continuously over ownership of the appointment book – the making, changing, and canceling of appointments were the lifeblood of his practice. He thought he might need a computer system. IBM had just released something called a PC, supposedly to put the power of a computer system on your desktop. He went to the meeting with his checkbook in his pocket and the intention of “buying a computer.”

It was confusing at best. He knew nothing about computers, and it was obvious that some of the vendors didn’t either. He had developed a list of ten features the software must have to help him manage his practice. If he was going to install a computer system, he wanted it to do everything possible to help the front desk, not just perform billing and statement functions. He figured that if Delta Airlines could schedule thousands of passengers every day, indicating whether first class or cattle car, smoking (back in 1982) or not, window or aisle, and special or regular meals, surely he could efficiently schedule an orthodontic office. Surprisingly, not one of the vendors could do even five items on his “must have” list and none had a scheduling module.

Since the meeting would continue for several more days, he decided to contact a friend who had spent 12 years in the computer business to obtain his help in evaluating these systems more completely. After another round of reviewing everything on the floor and talking to salesmen, they decided that it would be possible to properly automate his front office, but that a new vendor with a different vision would be necessary. They would have to do it themselves. Thus, Orthotrac was formed. Today it is the most widely-used program for orthodontic offices.

The benefits derived from correctly billing and aging accounts, scheduling from multiple terminals, and proper handling of recalls allowed practices using Orthotrac to be very efficient. Automated letters and patient-tracking features allowed them to grow and prosper with the use of internal marketing and by tracking patients through all phases of treatment from the initial call to dismissal. The patient-tracking feature alone resulted in increased production and patient starts.

In the mid-1980s, the Orthotrac staff wanted to do for the treatment area what they had already done for the front office. In 1986 they developed an electronic treatment card module and, shortly thereafter, image record technology, thereby creating “the paperless office.” While completely functional, very different hardware and software platforms were needed. The largest amount of time and effort was spent getting these systems to communicate with each other. Something was missing.

Concurrently, in 1986, Microsoft, a small corporation in Washington state, released an operating system called “Windows” for PCs with icons to organize and launch programs and to organize files. It had moderate success. However, the real breakthrough came in 1990 with the advent of Windows 3.0. Either accidentally or intentionally, the addition of Solitaire to this version was one of the most savvy marketing moves ever made. Serious computer users who previously ridiculed the very concept of a mouse found themselves pausing at computer displays and playing Solitaire. Sure, it was a game, but it was a card game.

“Patients can check themselves into the office by merely touching their picture in the lobby—instantly giving notification to the treatment area, by name or picture, that the patient has arrived.”

continued on following page
Dr. Davis

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(an "adult" game), and it was fun! Almost single-handedly, Solitaire overcame the prejudice against the mouse and ushered in the era of GUI (graphical user interface) computing. Almost all computer hardware manufacturers started to bundle the Windows operating system with their shipments.

Windows’ growth was phenomenal, but not without some glitches. Version 3.0 was friendly and fun, but it had a habit of crashing unexpectedly. It was not until a major upgrade (3.1) came along that the business use of Windows became possible. In 1993 Microsoft released Windows For Workgroups 3.11 with its built-in networking capabilities, and the race for serious business development was on.

Also in 1993, Dr. Dave's computer company began their development under Windows. Later that year, Dr. Dave attended COMDEX, and the correctness of that decision was confirmed. For the novice computerites, COMDEX is the largest trade show in the world, where over 150,000 computer geeks get together every year to introduce new products and evaluate old ones. There are so many exhibits that it is said if you spent only one minute at each booth, it would take you two weeks to see them all. The change was unbelievable – almost all the vendors were showing Windows products, and many were showing only Windows applications. Other major players such as Apple and IBM OS/2 were almost nonexistent. Today, over 65,000 new copies of Windows are sold every day, and Windows has captured approximately 90% of the software market for non-mainframe computer applications. In fact, it is said that the measurement of the performance of other operating systems, like the Apple Mac, IBM OS/2, etc., is how well they run Windows applications.

It appears that Microsoft has won the war to dominate the microcomputer industry. The success of Windows software has forced applications companies to write more and better software. They are willing to adhere to Microsoft's strict standards in order to be awarded a sticker stating "Microsoft Windows Compatible" or, more recently, "Windows 95 Compatible." Even the test of a new chip is its Windows compatibility, not compatibility with any hardware leaders. Competitors see this dominance as a threat to innovation and competition, while many others see this ability to impose standards as a benefit which will lead to compatible, affordable, interchangeable, and easy-to-use software.

Windows programs are graphical, easy to use, and almost fun to operate. Windows development tools are unique in that you can easily create a model of systems and screens to test, although the work to handle the manipulation of
The data behind the screens takes far more time. The sum of the two, however, creates systems in substantially less time than the old programming methods. But the “big deal” is DDE and OLE, or the sharing of data between applications – communications! Applications written to the Microsoft Win32 standard are easily integrated and can communicate with each other.

Using different Windows applications, you can easily combine data on screens or on paper. An example is a Microsoft Excel spreadsheet and a Microsoft Word letter linked together. As you change the data in the spreadsheet, the contents of the letter change automatically. Lately it also has become popular to mix video and text together. You can create custom letters to patients and referring dentists with imbedded images in just seconds if the programs are integrated. With Windows programs, you can also capture and store 24-bit, 16-million-color pictures in a reasonable amount of disk space, as incredibly fast software compression programs are now available. A video letter with diagnostic findings from a Windows cephalometric package and images from a Windows imaging product can be automatically created and printed in near-photographic quality using common Windows printer drivers. These letters can be sent to referring doctors, patients, and parents in either professional or layman’s terms. Communications between referring doctors and one’s patients is greatly enhanced.

Today, everything is modular. An orthodontic office can start with just a front desk accounting station, an image capture station, a diagnostic treatment system, or all of the above. Other worksta-

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The Patient Information Screen is the patient chart of the future. In addition to the standard information, notice how it also includes the patient's SnapShot.
oday, we have an abundance of riches in archwires. The problem facing orthodontists is usually one of selection and sequence. When stainless steel was the predominant archwire material, we were limited to either varying wire cross sections or placing complicated loop configurations to reduce the stiffness of the arches. Now, with the introduction of new wires and techniques, a new clinical strategy offers the orthodontist the ability to control stresses imposed upon the dentition by using different and sophisticated wires.

My daily practice has been involved in the Alexander Discipline over the past seven years, and I have found that the goals of the technique are easily achieved by:

• Keeping the archwire sequence simple
• Having fewer archwire changes

The combination of greater interbracket width achieved with .018 x .025 Lewis and Lang brackets and new wires with improved resilience assists us in obtaining our treatment goals (Case 1).

My usual selection and sequence of archwires is the following:

A. Nonextraction Cases
1. .0155 Respond or .017 x .025 Turbo Ni-Ti™
2. .016 x .022 TMA® or .017 x .025 TMA
3. .017 x .025 SS or D-Rect®

Occasionally, I use:
1. .0155 Respond
2. .014 SS or .016 SS
3. .016 x .016 SS
4. .017 x .025 SS or TMA

B. Extraction Cases
Maxillary Arch
1. .0155 Respond, .017 x .025 Turbo Ni-Ti or D-Rect
2. .016 SS for retracting cuspids
3. .017 x .025 Teardrop Looped TMA
4. .017 x .025 SS or D-Rect

Mandibular Arch
1. .0155 Respond, .017 x .025 Turbo Ni-Ti or D-Rect
2. .016 x .022 Teardrop Looped TMA (Occasionally, I retract cuspids first on .016 SS)
3. .017 x .025 SS or D-Rect

I have the highest appreciation of early torque control. Consequently, I try to use rectangular wires as soon as possible to obtain full torque control and avoid unwanted flaring of incisors. Considering the long working range, torque control and low stiffness, I prefer to use .017 x .025 Turbo Ni-Ti to start the treatment or .016 x .022 D-Rect, if minimal tooth-to-tooth discrepancies are present.

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Sometimes I use stainless steel wires as working archwires, but TMA has performed well for me over the past years. It is excellent in leveling the curve of Spee and very efficient in the correction of deep bites. Furthermore, TMA used as the main archwire maintains torque control and is excellent for detailing and finishing bends because of its formability.

My final archwire placed is usually .017 x .025 stainless steel or .017 x .025 D-Rect.

This archwire selection and sequence (Case 2) allows me to stretch treatment intervals and meet the goals that Wick Alexander taught us:
• High quality result
• Ease and convenience for the patient
• Reduced chair time

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Copper Ni-Ti – The Rapid Tool with the Soft, Gentle Ride

by David W. Warren, D.D.S.
Miami, Florida

Superelastic nickel titanium wire with its great resiliency has been a major advance in orthodontics. The problem with this wire is that bracket engagement can be difficult in certain situations. To solve this problem, patients need to be brought in for reties two or three times, or the wire needs to be chilled on a slab or with cold material (ice, chemical super-coolants) applied directly to the archwire in the mouth.

Ormco has thoughtfully developed a new and better solution. We have all held copper wire in our hands and felt how soft and malleable it is. The problem with copper wire is its minimal resiliency. Today, by adding copper to the superelastic Ni-Ti® wires, Ormco has come up with the best of both worlds – a superelastic wire that is as soft and gentle as butter.

Case #1
Case #1 shows a female patient, age 13, with a Class I malocclusion, maxillary and mandibular crowding, and a narrow anterior portion of the palate. In order to gain arch width for a broader, fuller smile while maintaining healthy gingival tissues and promoting stability, a fixed palatal expansion appliance was placed; it was activated with three turns, then turned by the patient once a day. Immediately after fixation, an .016 x .022 Copper Ni-Ti 35° wire was ligated into place with a Ni-Ti coil-spring between the maxillary right cuspid and central incisor to create space for the lateral incisor. Note that the .018 x .025 edgewise buccal tubes have been moved forward to the first bicuspids, the most mesial teeth on the palate expander.

After space was created, the maxillary left lateral incisor was fully engaged into the .016 x .022 Copper Ni-Ti 35° archwire.

Case 1

Figure 1. A 14-year-old female patient with constricted dental arches and maxillary and mandibular crowding.

Figure 2. Palate expansion completed and initial .016 x .022 Copper Ni-Ti 35° archwire and coil spring in place.

Figure 3. Maxillary arch aligned with initial archwire and initial mandibular .016 Copper Ni-Ti 35° archwire in place with coil spring activated.

Figure 4. Maxillary and mandibular arches aligned with initial maxillary archwire and only one mandibular archwire change. Treatment time nine months. Upper archwire engaged for five months and lower archwire in place for three months.

Dr. David W. Warren is a Diplomate of the American Board of Orthodontists and a 1975 graduate of Tufts University School of Dental Medicine. He is currently in the private practice of orthodontics in Miami, Florida, where he is on staff at local teaching hospitals.
Note that the bracket has been placed upside down on the tooth so that the soft, gentle rectangular archwire will immediately begin to move the lateral incisor crown and root labially.

The mandibular arch was aligned using similar sliding mechanics on an .016 Copper Ni-Ti 35° archwire. In order to create some anchorage, the lingually placed mandibular right lateral incisor was tied to the archwire under the Ni-Ti coil spring. An .016 x .022 Copper Ni-Ti wire was then used to align the crowns and torque the roots. A special lower incisor bracket with 10° of labial root torque and 7° of distal root tip was used on the lingually placed incisor to provide labial crown and root movement without bending an archwire.

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Case #2
Case #2 shows a female patient, age 14, with a Class I malocclusion, constricted maxillary and mandibular arches, crowding and a severe overbite. In order to uncrowd the arches and improve facial esthetics in profile and smile, a palatal expansion appliance and a lip bumper were placed. The palatal appliance was activated and cross elastics from the expander were used to increase the effect of the lip bumper in the posterior area.

Two weeks after expansion was completed, a maxillary .016 x .022 Copper Ni-Ti 35° archwire was fully engaged in the maxillary arch. Elastic chain was later used to consolidate the incisors where spaces remained. The lip bumper is functioning in the mandibular arch where space will be gained by reshaping (i.e., stripping), since there is severe overbite and only a minimal anterior tooth size discrepancy.

I observed the following with the Copper Ni-Ti wire:
1. Complete engagement of the desired teeth is possible with the .016 x .022 Copper Ni-Ti 35° at the initial visit, due to the smaller loading forces necessary with this wire.
2. Minimal-to-no discomfort during initial wire engagement.
3. Rapid alignment of all teeth, with good initial torque control, which is related to more consistent unloading forces that are similar in force to that of conventional Ni-Ti archwires.
The Problem
I've literally tried them all. No, not diets, although that comes close, too. No, I've tried every bonus system ever proffered to mankind. The tied-to-collections bonus, the tied-to-starts bonus, the tied-to-gross bonus, even the nouveau tied-to-my-tie bonus. I've given them all a fair and parting shot. I'll never forget, however, the time when the subject of bonuses all made sense. We had what was commonly referred to as a Christmas bonus. It was intended to celebrate having a good year, a fair year or, for all that it mattered, a really crummy year. Round about the holiday season, we would go out for a celebratory dinner and I would, in my somewhat mellowed state, gush about each employee as I handed out the famed Christmas bonus. Of course, I would need a truckload of mistletoe to warrant all the thank-you's that came my way. Or, at least it seemed like I should.

Then, one year I saw one of my assistants standing outside sobbing up a storm. Must have some dust in her eye. Tears of joy and gratitude, no doubt. Yes, doubt. "Why dear assistant, are you crying on such a joyous occasion?" I queried. (All of my conversations start to sound a little like Chaucer during this time of the year.) She looked at me, mascara askew, and blurted out, "Well, two years ago," her lips quivered as she began, "you gave me a bonus of $100. Then last year you gave me a bonus of $175, so I, of course, assumed that my bonus for doing such a stupendous job this year would be $250. The problem is, you only gave me $200 and I've already spent the other $50 on presents for my kids. It's such a bummer." Well, talk about making me feel like a dope. It took a while for it all to settle into me, talk about making me feel like a dop. It took a while for it all to settle into my Chaucerized skull, but she had said the magic word, assumed. A bonus can never be a bonus when it's assumed. A gift, maybe, but not a bonus. It finally dawned on me that my distress was self-inflicted, that my assistant's inaccurate assumption was a perfectly normal human reaction.

The problem is, all of the magnificent pat-your-employee-on-the-back, massage-the-ego, happy-to-hand-you bonuses are tied to assumptions. My staff just assumed we were going to gross so much, net so much, start so many, and that they could just count on the extra shekels for their children. Any time you assume you will get the bonus, it is no longer a bonus. A bonus must be for efforts above and beyond the normal, expected work effort.

The Solution
Bonuses must be done in a manner that very clearly defines them as a bonus - no expectations, no assumptions, just manna from heaven. If the bonus in any way violates this rule, it will surely be counted on and at that time it is no longer a bonus, it's a part of salary. In In Search of Excellence, Peters and Waterman relate a story, "The Golden Banana," that sums up just about all about bonuses. The story goes this way: It seems that a major U.S. corporation had a monumental engineering problem that they could not solve which was costing the company millions in lost revenue. One day, down in the ranks, a bright young engineer came up to his supervisor and calmly stated, "Sir, you know that problem we've been having such a difficult time with? Well, last night the solution came to me." He proceeded to explain how the problem could be solved and the supervisor recognized immediately that this was, indeed, the answer. He grabbed the young engineer and took him over to the elevator that went up to the higher echelons of the company - directly to the office of the president of the company. He entered the president's suite (along with the young engineer) and exclaimed, "Sir, this bright young man has solved the problem that was costing our company so many millions of dollars." He then went on to explain the solution to the president. Well, as you can imagine, the president was beyond himself with joy. He looked at the young man and really didn't even have the words to thank him. In a moment of both consternation and appreciation, he pulled open his desk drawer and the only thing he had to give the young engineer as a thank-you was a banana. He called the engineer over, looked him in the eye, handed him the banana, and exclaimed, "Thanks for doing such a great job." From that time onward, bonuses in that company were given on the spur of the moment, unanticipated, for a job done above and beyond the call of duty.

Our Approach
Whenever I see or am told by one of my employees about a job well done, I go to my bookkeeper and have a check cut right then and there for excellence. I place it in a small envelope that says, "Thanks for doing such a great job." I write in my personal thanks and specify exactly what the employee did that was special. Then I stroll out and simply drop the envelope on that employee's desk or unit. Nothing said. Let the envelope do the talking. Everybody gets to see. It's simple, it's quick, it's to the point, and most of all, it's unexpected and unassumed.

The Key
You have to keep your ear to the rail. In order to notice something being done extremely well, you have to be alert. Since you cannot know all things (after all, you are not omnipresent), one or two of your trusted employees must help you with that. This employee (see Vignette: Indians and Chiefs) helps keep you aware of employees meriting special recognition. I believe that this simple note of appreciation is the best morale builder we have. Give the golden banana a try.
Increasing Patient Starts... Reaching the Absentee Decision Maker

by Ronald Redmond, D.D.S., M.S.
Laguna Niguel, California

f all the patients ready for orthodontic treatment, who are the toughest ones to start? In my experience, the most difficult are those who say, “I need to go home and talk with my husband,” “Let me think about it and get back to you,” or “We have an appointment scheduled with another orthodontist and we’ll make a decision after that.”

Hearing these words is particularly frustrating because most of the time my staff and I make every effort to give patients all the information they need to make a treatment decision at the first appointment. And since my typical exam/consultation involves only one parent, communicating with the decision maker not present at the appointment is critical.

These patients are difficult to start because once they leave the office, we are no longer involved in their decision-making process. Imagine the conversation that takes place around the dinner table after the consultation. We have to ask ourselves, “Did we give them enough information to convey the need for treatment to someone not at the appointment?” “Did we communicate our treatment plan in such a way that mom can clearly explain it to dad?”

Several months ago, I decided that the challenge of communicating with absentee decision makers was too important to ignore. I had been relying on a written description of the malocclusion and treatment options (via the questionnaire/letter provided by Orthotrac), but I found this method to be inadequate because so many lay people have a difficult time conceptualizing tooth movement and treatment techniques.

My first thought was to use an audiotape. Having dad hear me explain the need for orthodontics, I thought, would eliminate the need to rely on another family member to convey what we had discussed. Two problems quickly became apparent, however. First, dad couldn’t see where I was pointing when I explained that “these teeth should fit out and over the bottom teeth.” Second, I was imagining his reaction when he heard, “What we’d like to do is widen the upper jaw, put in a 2x4 and it’s going to cost you around $4,000.” Without the visual picture of what we were discussing, I was afraid the father’s reaction would be, “Say what?!? I have to pay four grand for the doctor to break his upper jaw and put lumber in his mouth?”

The answer to this dilemma came to me after I started using Ormco’s Interact-Consult CD-i disc. I bought the disc with its powerful animations that so clearly describe the treatment process because I was convinced of its educational benefits. And I was right. With its use, I immediately noticed a change in the level of understanding patients had about orthodontics. It was so effective that a parent would often say, “This is great. Can my husband come in so you can show it to him?” With these questions, I stumbled across the answer for reaching the absentee decision maker: Videotape the Consult presentation for the family to take home.

Videotaping the Consultation

Setting the system up is simple. I bought a combination TV/VCR (although a separate VCR connected to the TV works just as well). The CD-i player is, in turn, connected to the VCR. I bought a lapel micro-
phone and receiver with a belt-type transmitter at Radio Shack and connected this to the audio input jack on the VCR. I then put all the equipment on a rolling cart so I could bring it to each chair. The cost for the whole system was quite reasonable. The only difficulty was finding short videotapes. Most are available in 60-, 90- or 120-minute formats and that means a lot of unused tape, so I special-ordered 30-minute videos through Radio Shack.

[Editor's Note: 30-minute videotapes can also be purchased at a significant discount when you buy them in bulk through the American Videotape Warehouse – (800) 598-TAPE.]

I often use a customized sequence of treatment screens on the Interact-Consult CD-i prepared specifically for each patient. With a blank video tape in the VCR, I hit the record button as I begin to explain the patient's malocclusion and continue recording while I give the Consult CD-i presentation. My voice (and even my personality) is recorded while explaining the patient's treatment. The patient's comments and questions, along with my answers, are recorded as well. In fact, one mother told me that her husband decided to go forward with treatment in our office because he heard his little girl giggle during the consultation and figured that she would enjoy coming to our office.

**Testing the Technique**

To determine whether our new technique had merit, we conducted a three-month experiment to see if the use of Consult on videotape would have the impact on case starts I expected. The study took place during August – October 1994, in only one of my offices. During this period, we conducted 79 exams in that office.

Every second patient who left the initial appointment without making a commitment was given a videotape of the consultation, so 50% of my undecided patients left with a video and 50% left without one. Over the three months, 28 patients left without an appointment, 14 of these with videos. My staff and I prompted the use of the videotape in the patient's decision making by explaining its purpose: “Let me give you something that I think may help you decide on Jessica's orthodontic treatment. I've taped my explanation of her recommended treatment plan and you can review it at home with other members of your family. It should help them understand what orthodontics is all about.” During the appointment I attempted to keep all other aspects of the consultation consistent.

The results, quite frankly, surprised us all. Patient starts were 54% higher in the group that received the video than in the group that did not (see Table I). Although the results are extremely impressive, the sample size is small. We have, however, replicated this success each month since the experiment ended. Our policy now is that if they leave without an appointment, they leave with a video. Since October (when the experiment ended), we have experienced an increase in patient starts.

**Table I**

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overall increase of 15-17% in new patient starts.

The Next Step
One thing my staff could tell you about me (often to their frustration) is that I’m always looking for ways to change and improve what we do. So to capitalize on these results, there are two specific steps I’d like to undertake to make our consultation communications even better. For example, I’d like to start videotaping the examination itself with a video camera and then transfer the tape to the VCR to record the Interact-Consult CD-i presentation. Several friends and respected colleagues, like Drs. Mike McCombs (Vienna, VA) and Rich Dahar (Pittsburgh, PA), currently do this with a great deal of success. I’m also eager to use Ormco’s new Interact-Cases disc. This disc shows a variety of successfully treated patients with every type of malocclusion. Adding a segment to the video to show how a patient with the same problem as my current patient was helped by orthodontics will be very powerful.

With such an increase in case starts, I’m a ready advocate for videotaping the Interact-Consult CD-i system. It has made my job easier, shortened the time it takes me to explain treatment (I can explain a patient’s malocclusion and treatment plan in 8-9 minutes) and increased case starts. In addition, it helps overcome difficulties associated with second opinions.

The Interact Multimedia System truly helps patients better understand the complex subject of orthodontic treatment. Being able to transfer this information to a patient’s home makes the circle of communication complete. Giving patients a better understanding of their treatment begins the important process of building patient partnerships. Patients who understand their treatment will be better able to follow our recommendations and work with us to achieve optimal clinical results.

The Interact Multimedia System™

Interact-Consult™ 2.0
This disc creates a unique learning experience for your patients with powerful visuals and 3-D animations that graphically demonstrate the orthodontic process. Complete treatment plans can be explained for nonextraction, extraction, early treatment, surgery and many adjunctive procedures. The 84 available screens, each showing a different appliance or aspect of orthodontic treatment, include pictures, words, and animations that facilitate patient understanding and case acceptance. You can select any of the 36 preprogrammed treatment plans or develop a customized presentation by combining the screens in any way you like and saving them for future consultations. Available on CD-ROM and CD-i.

Interact-Intro™
Discover how a vibrant presentation of basic orthodontic procedures and proper hygiene can enhance your patients’ understanding of, and compliance with, the treatment process. Liberal use of animation, cartoons, interactive choices and a teenage narrator holds the attention of young patients while increasing their understanding and retention. Although playful in its approach, Interact-Intro conveys its information thoroughly so that patients and parents better comprehend the benefits of orthodontics, the banding/bonding appointment, and proper hygiene procedures. Interact-Intro saves valuable staff time because it is designed to be used without a staff member’s assistance. Available on CD-i.

Interact-Cases™ (NEW - just released)
Interact-Cases dramatically illustrates treatment results for a variety of malocclusion categories available in the Extraction-Class I Crowded category on Interact-Cases.
software, including RISC and CISC.

What else is on the immediate horizon? Both the central server and individual workstations will become faster and smaller. Flat screens, which take up less space chairside or on the front desk, are being marketed, but at over twenty times the cost of regular ones. That price will come down as a mass market is developed. Color laser printers to imbed images and text into the same letter will be less expensive and faster. There will be an easy way to download your data onto a notebook (or smaller) system, so you can take it home and develop your treatment plan. There is already a wristwatch which you can hold up to the screen and “download” your appointments onto for reminders. Your ancillary practitioners will be able to dial into your system, call up records, and discuss a case with you while both of you look at the same records and manipulate the same screens. There are several programs available that will automatically call your patients and remind them of their appointments. Just a few years ago, true networking was on the frontier. Now it can be in every home and even the computer novice can send E-mail.

A design feature of Windows 95 (Chicago) is the auto-recognition of new hardware and software installed in a machine. If you’ve ever tried to install a new hardware component inside a PC, you can appreciate what this means. No longer do you have to run the utility programs, select the IRQ, select the correct model, etc. Hardware which is manufactured to Windows standards will be automatically recognized and appropriate drivers installed the next time you turn on your computer after finishing the installation. Network installation and log-on has also been simplified to facilitate access and other on-line services.

Perhaps the most dynamic part of the computer industry is Internet, and new uses for this worldwide web are developing every day. It was an idea developed by the Pentagon 20 years ago, whereby diverse computers located around the globe could be linked together. Originally, it could be accessed only by arcane tools and cryptic codes known only to computer hackers. Today, Windows interfaces have been developed that allow even casual computer users to “surf the net.” One can tap into over 4,000 newsgroups for information retrieval or, with guest log-ins, operate distant computers as if sitting at their terminals. You can download files, programs, sounds, and images from distant databases. Some small businesses have even begun to advertise over the Internet, and several museums have “net” addresses to allow images of their most prized pieces to be viewed 24 hours per day in the comfort of one’s home.

With a jolt, Dr. Dave stopped dreaming – the wheels had touched down in the City by the Bay. Dr. Dave was looking forward to renewing old acquaintances, sleeping through lectures, and learning about new items which would help him in his practice. However, he was comfortable knowing that by using the power of his notebook computer, he was never “out of touch.” As the story goes, if the automobile industry had made the same advances in the last ten years that the computer industry has, you could buy a Rolls Royce for $25 and it would get 200 miles per gallon. As Dr. Dave witnessed himself, that could very well be true. Great leaps have also been taken in the usability and portability of systems, as demonstrated by all that he was able to accomplish on his coast-to-coast flight. Intraoffice communications was a key in 1982, but the key today is worldwide communications and information interchange.

Where do you want to go today? And tomorrow?

Orthotrac is owned by Dr. Davis and Reid Simmons. They can be reached at (800) 358-0112 or (404) 447-6766.
Dr. Saldarriaga
continued from page 7

The Alexander Discipline...
It Keeps on Growing and Growing!

Dr. Saldarriaga’s article on archwire sequencing clearly illustrates a guiding principle of the Alexander Discipline—Keep It Simple, Sir. Application of the Alexander Discipline has enabled Dr. Alexander to meet his career goals of producing high-quality results in a large practice, using a relatively simple appliance. Following the principles of the Alexander Discipline, orthodontists around the world have consistently achieved aesthetically pleasing results, a healthy, cuspid-protected occlusion and a remarkably stable dentition, with a comfortable and time-efficient treatment that promotes patient cooperation.

Contributing to the growth and vitality of the Discipline has been the influence of Alexander Discipline International Study Clubs around the world. They vary widely.
## Case 2. Treatment Sequence

<table>
<thead>
<tr>
<th>Maxillary Archwires</th>
<th>Mandibular Archwires</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. .0155 Respond</td>
<td>1. .017 x .025 Turbo Ni-Ti</td>
</tr>
<tr>
<td>2. .016 x .022 TMA</td>
<td>2. .016 x .022 TMA</td>
</tr>
<tr>
<td>3. .017 x .025 SS closing loop</td>
<td>3. .016 x .022 SS closing loop</td>
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<td>4. .017 x .025 TMA</td>
<td>4. .017 x .025 TMA</td>
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<td>Active treatment time</td>
<td>Active treatment time</td>
</tr>
<tr>
<td>21 mos</td>
<td>18 mos</td>
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</table>

### Pre-Treatment

- .0155 Respond
- .017 x .025 TMA / .017 x .025 TMA

### Post-Treatment

- Pre-Treatment
- .0155 Respond
- .017 x .025 TMA / .017 x .025 TMA
in size, scope and frequency of meetings. All, however, share a common dedication to increasing members' understanding of the Discipline's guiding principles and their clinical application and to contributing to the advancements in mechanics and materials that have kept the Alexander Discipline in the forefront of modern orthodontics. A quick look at three of the clubs reveals their diversity:

**South Africa:** Dr. Piet Botha heads this study club in Pretoria that was formed in 1991 and currently consists of seven members. The club meets every six weeks to discuss cases and journals and to host a guest speaker. The guest speaker might be an oral surgeon, periodontist, speech therapist, prosthodontist or, as the photograph reveals, Dr. Wick Alexander. Meetings are held at the houses of members, and once a year the families are brought along for a long weekend at a holiday resort.

**USA and Canada:** Dr. Tucker Haltom presides over this group of AAO member orthodontists that meets twice each year. Each meeting focuses on a theme for which Dr. Wick Alexander develops a featured presentation. Approximately four additional formal presentations are made on the same subject, e.g., previous themes have been open bite treatment and early Class II treatment. Members bring two cases to each meeting, ideally representing the meeting theme and consisting of a diamond (good) case and a stone (not so good) case.

**Japan:** The Alexander Discipline Study Club of Japan (ADSCJ) commemorated its 10th anniversary last summer by hosting a meeting in Osaka with the theme of long-term stability. Most of ADSCJ's members (over 250) were present, along with a large number of domestic and international guests — an attendance of over 350 doctors. Dr. Robert M. Little of the University of Washington Department of Orthodontics presented his findings in reviewing more than 700 sets of patient records collected over 40 years at the school; his conclusion was that post-treatment stability is unpredictable. Dr. Alexander presented a more optimistic viewpoint based on his 26 years of follow-up studies on postretention cases and on research findings at Baylor University.


**Profile of Orthodontic Excellence** demonstrates in 416 beautifully illustrated pages the excellent results attainable with the Alexander Discipline in treating Asian malocclusions. Fifty-eight Japanese cases which were evaluated by Dr. Wick Alexander as "well done" and having records of a minimum of two years' retention are presented. Detailed diagnosis and treatment plans are presented in English and Japanese for both extraction and nonextraction treatment of Class I, Class II, Class III and unusual cases. The book clarifies each treatment step with full-color photographs, drawings, cephalometrics and panoramic X rays, and provides helpful clinical tips. For order information, see Page H of the Center Section.

**Study Club Opportunities:** Orthodontists interested in joining an established club or in forming one in their area are encouraged to check with their Ormco representative or distributor for information and assistance.
4. Addition of copper to the Ni-Ti seems to enhance sliding mechanics on the archwire.

5. The initial lingual root torque on the maxillary left central incisor (Case #1) prevented further gingival recession during space-gaining mechanics.

In conclusion, I have found the new Copper Ni-Ti wire to reduce chairtime, increase the speed of patient treatment and increase patient comfort.

Copper Ni-Ti Insights

The addition of copper, the use of a more sophisticated manufacturing technique, and rigid quality control have resulted in a dramatic improvement in the performance of shape memory (thermally active) nickel titanium archwires. The most notable improvements of Copper Ni-Ti™ over existing shape memory wires are in consistency and predictability. The word spreads fast in the close-knit world of orthodontics, so Copper Ni-Ti is enjoying a rapidly growing acceptance and is engendering a multitude of questions about its proper application.

Since Copper Ni-Ti is available in a range of sizes in three different transition temperatures, selecting the best archwire for the indication at hand is not all that obvious a decision without the benefit of prior experience. We are, therefore, most appreciative of Dr. Warren's and previous authors' contributions in sharing their Copper Ni-Ti clinical insights. We will have additional articles in the future to demonstrate the range of applications and beneficial results attained with this remarkable new wire.

27°C Superelastic Copper Ni-Ti

Provides unloading (tooth-moving) force comparable to traditional superelastic nickel titanium wires, but is easier to engage because of the lower loading forces built into the copper alloy.

35°C Thermo-Active Copper Ni-Ti

The ideal wire when earlier engagement of full-size wires and sustained unloading forces at body temperature are desired.

40°C Thermo-Active Copper Ni-Ti

Provides intermittent forces (activated only when mouth temperature exceeds 40°C). Ideal for extremely malaligned teeth or for compromised cases requiring caution with force levels. Useful for patients scheduled for long intervals between visits when control of untoward tooth movement is a concern.

Availability: Copper Ni-Ti is available in both the popular Broad Arch Form and the new Orthos™ * Arch Form (both forms in small and large sizes of uppers and lowers).

27°C*: .014, .016, .018, .016 x .022, .017 x .025, .019 x .025
35°C: .016, .018, .016 x .022, .017 x .025, .019 x .025
40°C: .016 x .022, .017 x .025, .019 x .025

*The Orthos Arch Form is not available in 27° Copper Ni-Ti archwires, but is available in traditional superelastic Ni-Ti® archwires.

For order information on Copper Ni-Ti, see Page D of the Center Section.
How To Order: Phone (800) 854-1741, (818) 852-0921 or your Ormco representative. Fax (818) 852-0941. Or mail this form to: Ormco Corporation, 1332 South Lone Hill Avenue, Glendora, CA 91740-5339. Be sure to provide name and address.

**Accent™ Buccal Tubes w/integral mesial hooks**
Prewelded to Ormco Molar Bands - Assemblies discounted 35%  
Upper or Lower Sampler Kits - 200 assemblies distributed by usage  
Price of kit reflects 35% discount  
Indicate type of bands ordered:  
1st Molars: Trimline , Ultima , Washbon , Mark II  
2nd Molars: Trimline , Washbon  
Lingual Attachments - 35% off (no charge for seating lugs)  
Describe lingual attachment desired:  

Check appropriate spaces to order each sampler kit:

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<tr>
<td>Upper 2nd Single, Tq. -10°</td>
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**Accent™ Bondable Tubes w/integral mesial hooks**
Prices reflect 35% discount  
Shipped 1/2 rights and 1/2 lefts  
Indicate no. of Bondable Assemblies ordered in appropriate spaces:

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<tr>
<td>Upper 2nd Single, Tq. -10°</td>
<td></td>
<td></td>
<td>4.09</td>
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**Copper Ni-Ti™ Archwires** (10 Kleen Pak®/pk., min. 2 packs for discount)  
Reg. $49.44/pk., Now $32.14/pk.  
Check arch form and indicate quantities: Broad Arch , Orthos Arch |

<table>
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<th>.016</th>
<th>.018</th>
<th>.016 x .022</th>
<th>.017 x .025</th>
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<td>35°</td>
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<tr>
<td>Lower Arch Form</td>
<td>Small</td>
<td>Large</td>
<td></td>
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</table>

*Orthos arch form not available in 27° Copper Ni-Ti; it is available as Ni-Ti® archwires.

**Magneforce Kit**  
(Contains two universal magnet assemblies & instructions)  
Reg. $53.00, Now $34.45  
Indicate no. of kits: _____

**Profile of Orthodontic Excellence**  
$300 each. Indicate no. ordered: _____

**SpiritMB**  
Reg. $7.45/bkt. or $7.80/bkt. w/hook  
Now $4.47/bkt. or $4.68/bkt. w/hook  
Indicate selections: .018 , .022  
Hooks (check if desired): Cuspid , Bicuspid  
Case composition: U 3x3 , U/L 3x3 , U 4x4 , U/L 4x4  
U 5x5 , U/L 5x5  
Indicate quantities: 5 cases , 10 cases , 20 cases  

**PEP Products**
Indicate quantities ordered:  

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*Once any Interact disc in any format is purchased, all additional titles purchased, now or in the future, will be discounted 10%.

**Interact-Consult™ 2.0 CD-i**
Reg. $53.00, Now $34.45  
Indicate no. of kits: _____

Name ____________________________ Phone ____________________________
Address ____________________________
Ormco invites you to visit our beautiful new exhibit and exciting array of clinical and practice management innovations. We’ll be hard to miss since we’ll occupy 4,600 sq. ft. in Aisles 700 and 800. We’ve added an extra four pages to this Center Section in order to touch on as many of our latest product releases as possible:

**Orthos** Information Center - We’ve set aside a specific area to display the Orthos System and answer any questions you may have on this major advance in preadjusted appliances. See Page C for more on Orthos.

**Getting the Spirit** – SpiritMB™ adds mechanical-lock bonding to the distinguishing characteristics that have made Spirit a popular choice both for function and aesthetics (see Page B). And to present your patients with an “enlightening” option while creating a lot of attention for your practice, read about Wild Spirits™ on Page C.

**Wire Information Center** - As the unrivalled leader in orthodontic wire technology, Ormco will display its rapidly expanding line of unique archwires and auxiliary wire products. Copper Ni-Ti is now available in all transformation temperature settings in all sizes (see Page 19). Also featured will be several recently released TMA® improvements and configurations, including TMA Compression Springs, Low Friction TMA and TMA Colors (fun colors as well as lower friction).

**Practice Enhancement Partnership** (PEP) - New products include Interact Cases® (in both CD-I and CD-ROM, presenting a series of before and after photographs on each type of malocclusion which are morphed to dramatically demonstrate the changes that result from treatment), Interact-Consult® on CD-ROM, and the JCO on CD-ROM. PEP leaves nothing to chance (see Pages D and E) in resolving your practice management concerns.

**New Buccal Tubes** – Accent™ tubes present a new design concept that answers nagging buccal tube problems (see Page G). Also, non-torqued triple and double tubes have been added to the popular Peerless’ line.

**AEZ** Instrument Center - Many new and recent introductions will be displayed, including AEZ Titanium Bird Beak pliers.

**AEZ® Instrument Center** – AEZ® Instrument Center has brought forth more new products than we have space to present, so see them in San Francisco. They include: Alexander Discipline improvements – Mini Wick™/Mini Diamond™ lower incisors with built-in 2° and 4° angulation, gingivally offset bicuspid brackets, and Optimesh™ bonding bases, a colorful, convenient new Zoo Pack elastic dispensing system; beautiful Clear Typodonts, with or without brackets and hinges; a new dry-heat sterilizable bite stick and much, much more.

**Allesee Orthodontic Appliances...**

Well-Positioned to Serve You in Booths 782 and 784

AOA invites you to visit and discuss their full range of services, including specialized skills in manufacturing Roth/Gordon Positioners. AOA has assembled a veteran group of technicians experienced in constructing intelligent bench and gnathological set-ups. AOA provides a complete inventory of materials, including popular, transparent Flexiclear®, and a variety of colors and flavors to improve patient cooperation. Pre-paid, priority-mail bags are furnished for your convenience and cases are normally returned via UPS. Improved services are focused toward meeting your appointment schedules. Prices are competitive and volume discounts are available. See us in San Francisco!

**ETM®... Truly on the Cutting Edge**

The oldest and largest manufacturer of orthodontic instruments, ETM, first gained renown for the quality of its cutters. ETM continues to set the standards today, with a complete range of orthodontic instruments distributed by industry leaders around the world. ETM will occupy booths 683, 685 and 687, where you can purchase the instruments of choice from your choice of outstanding distributors.
Introducing SpiritMB™... Featuring Ormco’s Revolutionary Mechanical-Lock Polycarbonate Bonding Base

The aesthetic bracket of choice just made a major advance in function. Due to their inability to bond to contemporary orthodontic adhesives, composite brackets of the past required the application of a plastic primer prior to bonding. This time-consuming additional step often resulted in less than optimum retention. Variations such as the quantity of primer applied, heat, humidity and shelf life often led to reduced bond strengths and bond failure.

New SpiritMB (mechanical base) relies on mechanical retention for consistent, reliable bonding, not a chemical bond that is adhesive sensitive. SpiritMB bonding proved successful in tests with the industry's most popular two-paste, light-cure and no-mix adhesives. Additionally, no extra steps are required when bonding with SpiritMB, saving both chair time and money.

In the SpiritMB design, tiny posts are left projecting from the base of the formed bracket. These posts are then slightly flattened, creating a mushroom-like effect that allows adhesive to flow between and under the mushroom heads. This results in a reliable, mechanical bond (similar to that obtained with mesh-based metal brackets) with any of the popular adhesives. In fact, clinical evaluation has shown that the bracket drift often associated with composite brackets is minimized.

In rigorous testing with six of the most popular adhesives on the market, the SpiritMB bracket was found to be compatible with all, and bond strengths consistently exceeded the minimum strengths required for successful bonding. Clinical evaluation revealed that the bracket drift often associated with composite brackets and plastic primers is minimized with the use of mechanical-locking SpiritMB. In addition to conventional shear and tensile testing, SpiritMB brackets were tested with impact tests that more accurately simulate the type of force sustained by brackets in the oral environment. Because of the resilience of the mechanical bonding base, SpiritMB is able to absorb more energy than even a metal bracket. The ability of the plastic to absorb shock results in less adhesive failure between the enamel and the bonding base.

SpiritMB is available in Level Arch Modern (modified Roth) specifications in the popular Spirit Twin™ design (.018 and .022). This improvement in bonding reliability further establishes Spirit Twin’s position as the aesthetic bracket of choice. The Spirit bracket combines the strength of an advanced polymeric material with a stainless steel-reinforced slot to provide both the torque control and free sliding characteristics of stainless steel slots. Enamel wear and the debonding complications of ceramics are virtually eliminated. Function is enhanced by Ormco's patented Diamond™ shape and exclusive Face Paint™ system for accuracy and ease of placement. SpiritMB now, more than ever, provides an aesthetic bracket that closely matches the performance characteristics of metal. Order information is provided on Page H of this Center Section.
Using the latest CAD/CAM technology, Dr. Craig Andreiko and his Ormco team designed and developed Orthos, the first preadjusted appliance system of truly scientific origin. Orthos provides the ideal bracket and buccal tube geometries, archwire shapes and bracket placements that will consistently optimize occlusion. This higher level of refinement in a completely coordinated appliance system makes it possible to minimize many of the most common clinical problems experienced in day-to-day practice.

You know these "straight wire" design shortcomings all too well. Although significantly reduced from "standard appliance" days, wire bending has remained far too consistent a chore and arch coordination has posed a constant challenge. Widespread use of undersized archwires has been necessary to avoid the negative effects of appliance imprecision. Inadequate root paralleling, excessive lingual tipping of posterior segments, poor marginal ridge contacts, second bicuspid/first molar vertical discrepancies and other commonly encountered effects of appliance deficiencies have resulted in untold additional hours of chairside adjustments that severely limit practice efficiency.

The future is today – with Orthos the time and effort required to produce highest-quality results are greatly reduced by a refined “average appliance” that works more for you and less against you. The complete Orthos System is available today. Talk to experts on the system at the Orthos Information Center in the Ormco exhibit in San Francisco. Or call your Ormco representative or distributor for additional information or for assistance in ordering the Orthos Appliance System.

For the Adventurous Spirit... New Wild Spirits™

Now, for those adventurous adolescents and adults who want to defy predictability and set themselves apart - Wild Spirits*, the first “glow in the dark” brackets. Wild Spirits features a nontoxic luminescent additive that adds up to fun for patients of all ages. Brackets are virtually invisible during the day, but turn off the lights and watch them glow! Typically, brackets will continue to luminesce for up to 10 minutes after being exposed to ordinary incandescent light and can readily be recharged by simply exposing them to a light source.

Wild Spirits features Ormco’s patented MB (mechanical base) bonding pad (to ensure a reliable bond with any adhesive) as well as the other attributes that have established Spirit Twin™ as the ultimate in aesthetic appliances (see opposite page). Your patients will appreciate the Wild Spirits option to set themselves out of the ordinary. And what a great marketing opportunity for the contemporary orthodontist to position the practice beyond the ordinary! “Where did you get those?” and “Who’s your orthodontist?” - your personal marketing force will be on the job for you every night.

A few years back, who would have thought that colored ties and chain would be so popular – and especially so with aesthetic brackets? Why not add a new dash of excitement to your practice with Wild Spirits?

Ask about Wild Spirits in San Francisco. It is scheduled for release this summer in twin configuration, in Level Arch Modern (modified Roth) specifications in both .018 and .022 slots.

*Patent Pending

To Order Call Toll-Free 800-854-1741
The Perilous Game of Practice Management

Roll the die and take your chances. With more luck than skill, you can thwart the adversaries of effective practice management.

In your real world game, however, the dragons of competition, managed care and keeping a staff well-trained and motivated loom as large a threat as any medieval peril to the knights of old. Overcoming those perils should never be left to chance.

Let the Practice Enhancement Partnership line of products and services help you develop a game plan of proven tactics. Call us at 800-854-1741, Ext. 777, or visit the ORMCO booth at the AAO in San Francisco.

Come to ORMCO. Come to the source of creative solutions in practice management.
Ovation slide show maps out treatment strategies with Knights of Amalgam.

Referrals climb. Rappel 3 spaces forward.

Referrals are up, but drawbridge closes before case starts cross moat. Muster at Consultations That Convert Seminar.

Ill-timed referrals from Knights of Amalgam thwart treatment strategies.

Trek back 2 spaces.

Cases'™ powerful images of befores & afters conjure up the sorcery-like powers of your art. Vanish & reappear at The Consultation Joust.

The AJO-DO and JCO on CD-ROM puts you clinically a cut above other Knights of Orthos.

Move forward 1 space.

Advise™ nails patients' understanding of treatment cans & can'ts; Barristers quake.

Strut 1 space forward.

The Consultation Joust. Treatment presentation comes alive with Consult's dramatic animations; case starts soar. Rappel past Consultation Scourge to The Treatment Tournament.

Prospective patient’s eyes glaze over from torturous explanation of treatment mechanics. Case starts are lost in the abyss. START OVER.

Consultation runs amuck. The day’s march is 2 sundial shadows behind.

Lose 1 turn.

Dragons of Managed Care threaten to devour free trade; profits mired down. Reconnoiter at Marketing Plans Seminar.

Treasury’s depletion means only respite is in drafty castle with aging nymphs & garrulous gnomes. Lose 2 turns.

The “Ill-advised” wins TMD suit. Must sell best steed (560 SEL) and relinquish gold chains. Retreat 10 spaces to Advise™. The Treatment Tournament
Magneforce, a new generation of inexpensive, smaller (truly miniaturized), user-friendly magnets for molar distalization, has been developed. Unlike the bulky, awkward magnet systems of the past, Magneforce is streamlined to maximize ease-of-use and patient comfort.

**No Patient Compliance** - Molars are easily distalized without dependence on patient compliance for force application, reducing practice stress and patient confrontation.

**Simultaneous Maxillary and Mandibular Distalization** - Both maxillary and mandibular molars can be distalized bilaterally or unilaterally, simultaneously or individually.

**Eliminates Headgear** - In many instances, headgear usage for molar distalization can be eliminated, along with compliance problems, safety concerns and inadvertent undesirable pressure on the carotid sinus.

**Ease of Use** - Following the simple laboratory fabrication of a Nance-type palatal anchorage, cementation of this appliance in the mouth is straightforward and simple. Bilateral insertion and activation of the magnets should take less than five minutes. It requires removal of a restraining clip and tightening one steel ligature.

**Rapid Distalization** - One-to-two mm per month distalization can be anticipated. In a typical three-to-four month first-phase treatment, molars can be distalized five-to-six mm with no patient compliance required.

**Bodily Movement** - When the mesial end of the magnet sectional archwire is activated with an upward vector, bodily movement occurs.

**Predictable Treatment Time** - Since force is operator controlled, treatment time is more predictable.

**Acceptance** - Since the magnets are located posteriorly, are not readily visible, produce rapid distalization and are comfortable, patient acceptance is high.

**Approaches Ideal Orthodontic Force** - The magnet-generated forces approach an ideal orthodontic force in that rapid movement occurs with reduced force, minimizing local pathology, reactive anchorage loss and premature periodontal ligament aging.

**Reduced Mobility and Discomfort** - The ideal force range yields a significant reduction of mobility of the distalizing molars and resulting discomfort.

A clear, complete instruction booklet is available with the single-patient kits. See Page H of this Center Section for order information.

**AAO Table Clinic**
Drs. Chuck Alexander and Abraham Blechman will present the Magneforce™ molar distalization system on Sunday, May 14, 11:30-5:30.
Form should follow function, but the performance limitations of many current buccal tubes indicate that functional shortcomings do not always trigger design improvements. Now, Accent™ directly addresses these limitations, providing a dramatically reconfigured buccal tube anatomy... one truly designed with the end in mind.

Accent is nonconvertible, has no tie wings and features a greatly accentuated mesial opening. A growing number of clinicians, who are taking advantage of today's variable modulus mechanics and using flexible, highly resilient archwires, have rarely found it necessary to remove the convertible caps from first molar tubes when engaging archwires in 2nds. Now, the accentuated trumpeted mesial openings on Accent 1st and 2nd molar tubes greatly facilitate archwire introduction into both buccal tubes. Numerous other benefits result from this revolutionary design:

**No convertible caps** = No premature conversions and no conversion difficulties creating treatment headaches and delays.

**No tie wings** = Elimination of this common cause of interference with opposing teeth and tubes.

**Super low profile** = A major breakthrough in patient comfort.

Accent provides a direct answer to those traditional buccal tube vexations - interference, patient discomfort, conversion caps and difficult archwire insertion. Accent buccal tubes also feature Ormco's renowned smooth cast construction, integral mesial hooks and reduced welding flanges.

Accent is being introduced in single and double tube configurations for lower 1st molars and in single tube configurations for upper and lower 2nd molars. Accent is available as either weldable buccal tubes or as direct bonds (with Optimesh™ bases for superior retention) in popular prescriptions. Additional upper buccal tubes and other prescriptions will follow this summer. For order information on Accent, see Page H of this Center Section.
Order Information

Descriptions and catalog numbers of products introduced or discussed in this issue are provided to facilitate your ordering. Please contact your Ormco representative or distributor for additional information.

Accent™ Buccal Tubes
Available welded to any Ormco molar band
All w/mesial hooks & 5° distal offset

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SpiritMB™ - Twin, Level Arch Modern (Modified Roth) Technique

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Magneforce™ Kit - 671-0000
(Contains two universal magnet assemblies & instructions)

Copper Ni-Ti™ Archwires (Orthos™ Arch Form, Packs of 10)

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Copper Ni-Ti™ Archwires (Broad Arch Form, Packs of 10)

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Profile of Orthodontic Excellence - 700-0128

Interact-Consult™ 2.0
CD-i | 701-0100
CD-ROM for Mac | 701-0201
CD-ROM for Windows | 701-0203

Interact-Cases™
CD-i | 701-0160
CD-ROM for Mac | 701-0205
CD-ROM for Windows | 701-0207

Interact-Intro™ CD-i | 701-0101
### Lecture/Course Schedule at a Glance – Through November 1995

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<th>Date</th>
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<tr>
<td>6/2</td>
<td>Barbara Brunner</td>
<td>Pasadena, CA</td>
<td>PEP; Alise (800) 854-1741, Ext. 772; Marketing Plans Seminar</td>
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<tr>
<td>6/4-5</td>
<td>David Sarver</td>
<td>Paris, France</td>
<td>AOSM; Josiane (1) 48591617; Lecture – “Orthodontics and Esthetics”</td>
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<td>6/9-10</td>
<td>James Broadbent</td>
<td>Atlanta, GA</td>
<td>Broadbent Seminars; (703) 662-6691; The Broadbent Discipline</td>
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<td>6/25-27</td>
<td>Didier Fillion</td>
<td>Paris, France</td>
<td>Dr. Fillion; (33) 1-44059057; In Office Lingual Ortho., Typo. Lab. &amp; Clinic*</td>
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<td>6/27</td>
<td>Mike Swartz</td>
<td>Boulder, CO</td>
<td>Denver Sum. Mtg.; Dr. Youngquist (719) 593-7942; New Archw Technology</td>
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<td>7/6-7</td>
<td>Kyoto Takimoto</td>
<td>Matsudo-Shi, Japan</td>
<td>Dr. Takimoto &amp; Ormco/Sankin; Nakazawa 81-3-3836-2821; Lingual Ortho.*</td>
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<td>7/10-12</td>
<td>Stan Braun</td>
<td>Chicago, IL</td>
<td>U. of IL/Chi., Dr. Evans (312) 996-7138; Modern Adv. Edge. Mech., Hands-on, Typo.*</td>
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<td>7/14-16</td>
<td>James Hilgers</td>
<td>Myrtle Beach, SC</td>
<td>Progressive Concepts, C. White (800) 445-7805; Staff Training</td>
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<td>8/10-11</td>
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<td>8/25-27</td>
<td>Randall Moles</td>
<td>Racine, WI</td>
<td>Dr. Moles; Ms. Gladys (414) 884-7700; TMJ Tx in the Orthodontic Office*</td>
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<td>Rand Bennett</td>
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<td>James Hilgers</td>
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<td>Sirio Group; Dr. Arnone 02 204-7610; “The Essence of Practical Orthodontics”</td>
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<td>Wick Alexander</td>
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<td>Jerry Clark</td>
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<td>Great Lakes Soc.; Lecture – “It’s Not Business as Usual Anymore”</td>
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<td>Mario Paz</td>
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<td>Ormco &amp; Spec. Appl.; Shelly (310) 278-1681; Lingual Orthodontics*</td>
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<td>Dr. Fillion; (33) 1-44059057; In Office Lingual Ortho., Typo. Lab. &amp; Clinic*</td>
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*Typodonts and/or Participation

For sponsors’ addresses or other course information, call Ormco – Marilyn Van Deroef (800) 854-1741, Ext. 714 or (818) 852-0921. International doctors, please contact your Ormco distributor.