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With the launch of his PSL bracket and wire system, the Norris 20/26 from DynaFlex, Texas-based orthodontist Robert "Tito" Norris, DDS, finally found a solution to a question posed during his residency

- 
- 12 Aligners, House Calls, & Teledentistry
- 22 10 Considerations for Your Aligner Setups
- 26 Why You Need to Take a Critical Look at Your TC Training



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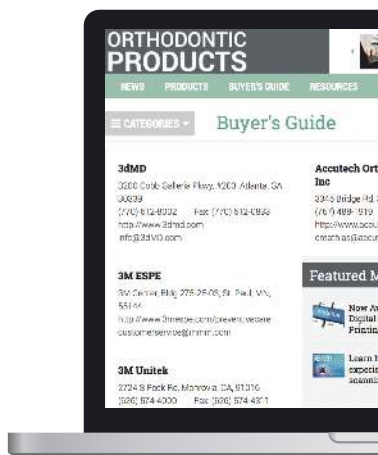
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August-September 2020, Vol 27, No 5

Features

16 Thinker, Tinkerer, Influencer

With the launch of his PSL bracket and wire system, the Norris 20/26 from DynaFlex, Texas-based orthodontist Robert “Tito” Norris, DDS, finally found a solution to a question posed during his residency.

By Alison Werner

Photography by Michele Papp

22 Top 10 Considerations when Performing Aligner Setups

Map out your aligner treatment plan and ensure efficient and cost-effective treatment

By Vincent Hansen, DMD, MSD

24 Addressing the Gender Gap Pay

Why employers may treat female providers differently

By Shannon Patterson, CPR, CMSR

26 Does TC Training Really Work?

Orthodontic competition is rising and the critical role of the TC needs to keep pace

By Roger P. Levin, DDS

28 The AAO Foundation: An Update

The president of the AAO Foundation Board of Directors provides a status report on the Foundation's initiatives and work for the specialty.

By Orhan C. Tuncay, DMD, FCPP

Departments

8 On the Market

12 Business Wired

Modernizing Orthodontics with House Calls and Teledentistry

30 Focus on Retainers

32 Focus on TADs

What You Love to Do

It has been wonderful to see how you have all been able to reopen your practices and get back to work. Yes, things have changed. Infection control and social distancing requirements have completely upended schedules and cash flow remains an issue. A lot of unknowns persist. But the fact is you have been able to get back to doing what you love to do.

In this issue, we profile Texas-based orthodontist Robert “Tito” Norris who loves what he does. Norris is the creator of the Norris 20/26 Bracket and Wire System recently unveiled by Dynaflex. Norris shares with us the question he asked in his residency and the answer that spurred him to devote his professional career to developing a bracket and wire system that gave orthodontists more control and fully engaged the bracket slot. Norris also shares with us, why orthodontics was the perfect career to marry his interest in mechanical engineering and working with people, and how he has followed through on his commitment to building a “green” practice.

We also talk to Ingrid Murra, DDS, founder of Two Front, a new concierge-style orthodontic practice that brings the orthodontist and aligner treatment to the patient's home. Murra developed Two Front as a way for new orthodontists, who are drowning in student debt, to get to work without taking on the financial burden of a brick-and-mortar practice. The “house-call” model also plays well to the times as COVID-19 is keeping some patients out of the office. It's always interesting to see how younger orthodontists are innovating the ways in which orthodontists provide care—especially as they pursue innovations that keep orthodontics in the hands of orthodontists.

Also in this issue, Vince Hansen, DMD, MSD, provides his top 10 tips for performing aligner setups and Roger P. Levin, DDS, writes about the importance of training treatment coordinators. We also have two articles that take a look at the state of the industry. Practice consultant Shannon Patterson, CPR, CMSR, writes about the gender pay gap in orthodontics and offers advice on how to advocate for better pay; while Orhan C. Tuncay, DMD, FCPP, president of the AAO Foundation Board of Directors, offers an update on the Foundation's initiatives over the last year and why the Foundation needs the industry's support to continue its work to keep orthodontics the specialty it is.

I hope you enjoy this issue. Stay safe and take care. **OP**



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Virtual Appointment Metrics

Gaidge LLC released an update to its software platform that now includes virtual consultation metrics and appointment tracking. The addition will be automatically available and included for all Gaidge accounts at no additional charge. The initial release has been mapped for Carestream/OrthoTrac and Dolphin Management software programs with the next release scheduled to include the company's remaining practice management system partners. With this update, Gaidge clients reportedly can now track their virtual consultations in the following areas: exams and new patients; origin of starts; pre-treatment observation; between phases observation; schedule statistics; repair detail; retention appointments.

For more information, visit gaidge.com.



NBA Themed Thermoformable Plastic Sheets

Dentagrafix, makers of FDA-compliant, decorated plastic sheets for removable plastic dental appliances, announced a partnership with the NBALAB to offer a collection of National Basketball Association (NBA) themed plastic sheets for use in fabricating orthodontic aligners and retainers. NBA-licensed logos and designs will be integrated into the Dentografix thermoformable plastic sheets. Logos available now include the Boston Celtics, Brooklyn Nets, Golden State Warriors, Houston Rockets, Los Angeles Clippers, Los Angeles Lakers, Milwaukee Bucks, New York Knicks, and Philadelphia 76ers. Working with the NBALAB, Dentagrafix plans to expand the collection over time to include additional teams.

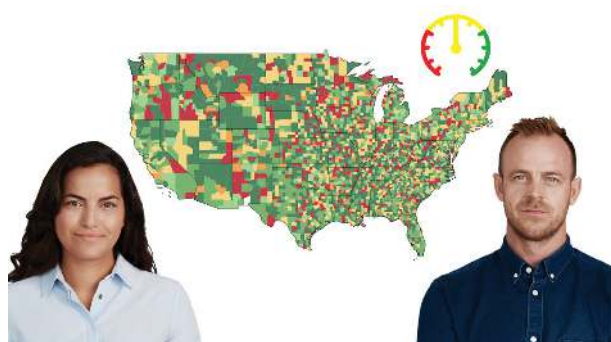
For more information, visit dentagrafix.com.



Handpiece Maintenance System

J. Morita USA released the Lubrina 2 handpiece maintenance system. According to the company, this updated model offers fully automatic cleaning, purging, and lubrication of a wide variety of equipment in less times with reduced operating cost. It is compatible with 4-hole, 5-hole, and 6-pin connections. Up to four e-type contra-angles, air driven handpieces, Morita endo contra angles, or air scalers may be cleaned at once with a programmed lubrication amount and service time. Air turbine maintenance can be performed in approximately 20 seconds per handpiece. In addition, with its dual lubrication system, one or two different brands of spray may be used in the same cycle.

For more information, visit morita.com/america/en/.



Practice Recovery Barometer

Dentsply Sirona has rolled out its Practice Recovery Barometer—a free to use tool that gives dental professionals the ability to estimate patient flow and get their practices on track for recovery. The Practice Recovery Barometer is designed to provide an overview of where their local area is in recovery compared to surrounding areas and the overall United States. Based on this information, the tool also provides personalized resources in support of practice recovery efforts. Users enter their zip code and other basic information and the Practice Recovery Barometer provides dental professionals an easy to understand practice recovery score based on consumer data from Apple, Google, and internal intelligence notifying them if patient mobility in their area is full, partial, or limited.

For more information, visit dentsplysirona.com.



Die & Model 2 3D Printing Resins

SprintRay Inc released three new 3D printing resins designed specifically for dental production. The new Die & Model 2 Gray, Die & Model 2 Tan, and Study Model White. The Die & Model 2 resins feature a reduced odor, improved mechanical properties, virtually no pigment settling, and improved color. As Die & Model resins are frequently used for the production of clear aligner devices, the material has been specifically designed to be easier to separate from thermoforming materials. Die & Model 2 resins are reportedly faster than the outgoing material, with increased print speeds of around 10% for most print jobs. Meanwhile, Study Model White reportedly draws on all of the same improvements as Die & Model 2 materials and provides a rapid, accurate option for 3D printing models for case presentation and education.

For more information, visit sprintray.com.



CS 8100 Evo Editions

Carestream Dental has rolled out the next evolution of the CS 8100 and CS 8100 3D product line—the Evo Editions. These compact panoramic and CBCT versions of the systems users are familiar with now feature advanced software updates that provide enhanced images and new tools for more confident diagnoses. The software updates include Tomosharp technology for enhanced images, providing greater tolerance to imperfect positioning and allowing for the entire jaw anatomy to be captured in a single acquisition. Algorithms analyze the area where the anatomy is the sharpest and reconstruct the best possible panoramic image automatically. Additionally, the CS Adapt Anatomic family of filters deliver a brand-new processing engine for outstanding panoramic and cephalometric images.

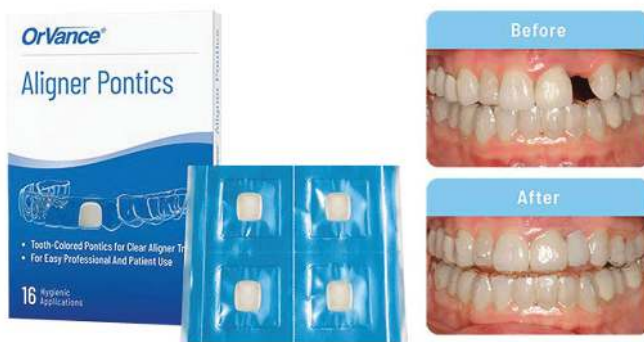
For more information, visit carestreamdental.com.



RhinoVideo

Cloud-based, HIPAA-compliant telehealth provider Rhinogram announced the availability of live video capabilities with the launch of RhinoVideo. This new feature enables providers using the Rhinogram platform to deliver virtual visits without patients having to download an app or log into a portal. Rhinogram's text-based patient engagement platform also gives access to patients with limited access—such as those living in rural communities without high-speed internet.

For more information, visit rhinogram.com.



Aligner Pontics

OrVance has launched OrVance Aligner Pontics. The product comes in hygienic single-use applications and is made from a permanently pliable medical grade silicone with food-safe colorants in the Vita Shade range of A2-D2. The material reportedly offers a realistic appearance in tooth color, texture, and translucence and is pliable for ease of patient use. The patient can apply the pontics in their aligners trays. The material sticks in the tray and self-molds against the gingival tissue and adjacent teeth.

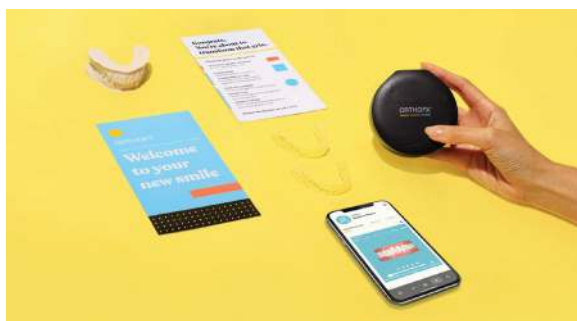
For more information, visit orvance.com.



Norris 20/26 Bracket & Wire System

DynaFlex partnered with Texas-based orthodontist Robert “Tito” Norris, DDS, to develop the Norris System—a passive self-ligating bracket and wire system. It features the Norris 20/26 Brackets, Norris Extra Broad Archwires, and Norris Educational Platform. The twin, passive self-ligating appliance system features a reduced slot dimension of .020 x .026, combined with an uncomplicated mechanism, and simplified wire sequence of extra broad arch form wires. In conjunction with the release of this passive self-ligating system, DynaFlex has developed an online educational platform. The informational web page—dynaflex.com/norris2026—features videos, tips and tricks, wire and elastic intervals, bracket positioning tips, access to a doctor Facebook group and announcements of upcoming CE accredited webinars and in-office courses.

For more information, visit dynaflex.com.



OrthoFX Aligner System

OrthoFX, a high-tech startup that partners with dentists and orthodontists, has unveiled a new clear aligner platform that includes advancements in clear aligner materials and remote treatment solutions, as well as a unique practice financial model. OrthoFX aligners are formulated with FXTetra technology combining a proprietary plastic formulation and an elastomeric middle layer. The company's model includes FXOnTrack, a smart platform which enables virtual consultations, remote treatment monitoring, concierge support from the OrthoFX clinical team, and sensor-based wear-time tracking. On the financial side, the company's model reportedly eliminates the lab bill associated with traditional clear aligner companies and pays the clinician within days of starting a case. In addition to expediting treatment fees, the company supports practices with billing services, financing and collections, insurance processing, and marketing.

For more information, visit orthofx.com.



3M Attest Mini Auto-Reader 490M

3M has released the 3M Attest Mini Auto-reader 490M, a sterilization monitoring system for dental offices that provides results in-house in 24 minutes. The Centers for Disease Control and Prevention recommends biological indicators, or spore tests, at least once a week to monitor the sterilization process. Current biological indicator testing of sterilizers in dental offices, via in-office monitoring or mail-in service, can take anywhere from 24 hours to 1 week for results. The 3M Attest Mini Auto-reader 490M features a small footprint and is designed to incubate and read 3M Attest Super Rapid Readout Biological Indicators 1491 and 1492V for a final fluorescent result in 24 minutes.

For more information, visit 3m.com.



Oral-B iO Rechargeable Toothbrush

Oral-B announced nationwide availability of the Oral-B iO—a rechargeable toothbrush. Oral-B iO, which has received the ADA seal of approval, maintains Oral-B's signature round brush head and adds oscillating, rotating movements with micro-vibrations. It also includes a bimodal smart pressure sensor—a first of its kind innovation, according to the company—that provides positive brushing feedback, identifying and guiding users to brush in the optimal pressure range. The Oral-B iO includes a smart display with personalized brushing modes. The intuitive interface greets users, while also providing coaching and motivation throughout the cleaning process. Meanwhile, artificial intelligence tracking via the Oral-B iO app provides real-time tracking and coaching.

For more information, visit oralb.com.



DIBS AI Software

OrthoSelect released its new DIBS AI software. The software uses standard STL files imported from virtually any intraoral scanner to rapidly clean images, segment teeth, and propose ideal bracket placement. Doctors can choose their preferred stock bracket or select customized options for treatment tailored to their patients' specific needs. Using advanced predictive modeling, the software will then determine and display the case outcome based on the chosen treatment plan. Practitioners will have the option to print bracket transfer trays themselves in-house for same-day starts or export to OrthoSelect for rapid turnaround in the company's lab facility. According to the company, orthodontists will soon be able to offer their patients the option of aligners, braces or a hybrid solution—all integrated within the DIBS AI platform. This additional aligner feature is planned for release in the fourth quarter of 2020.

For more information, visit myorthoselect.com.



Awake & Relax Whitening Toothpaste

Supersmile has rolled out its latest whitening toothpaste products. Its Awake whitening toothpaste features caffeine, matcha, B12, and other ingredients known to have "safe awakening and energizing effects," according to the company. Meanwhile, its Relax whitening toothpaste includes hemp seed oil, melatonin, valerian, and chamomile—ingredients known for their "calming effects." The Supersmile teeth whitening brand features the company's proprietary Calprox whitening technology which gently dissolves the protein layer that stains and plaque adheres to. Calprox is included in both the Awake and Relax products.

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Modernizing Orthodontics with House Calls and Teledentistry

Two Front enters the clear aligner market with a business model that allows orthodontists to avoid the financial burden of a brick-and-mortar practice.

BY GREG THOMPSON

By the time Ingrid Murra, DDS, completed her orthodontic residency in 2018, new possibilities in the realm of clear aligners were emerging for savvy practitioners. Dozens of Invisalign patents had expired and several venture-backed direct-to-consumer aligner companies had come onto the scene, offering clear aligners in the mail.

While many orthodontists contend that these companies were and are not able to offer patients high quality care, their large marketing budgets further raised the profile of orthodontic treatment—creating an opportunity for recent grads like Murra. With some new orthodontists carrying an

average of \$400,000+ in student loan debt, a brick-and-mortar, solo practice can be out of reach. Murra saw an opportunity as these market forces came together.

A newly minted orthodontist with credentials from NYU Dental School and Harvard for orthodontics, Murra went to New York venture capitalists with an idea: an orthodontist-led clear aligner company on a mission to modernize the orthodontic patient's experience and empower the experts, the orthodontists. Murra got seed funding for her venture, dubbed Two Front, which put orthodontists squarely in the clinical mix, in contrast to some of the more “consumerized” models.

In-Home Aligner Treatment

The Two Front model provides in-home aligner treatment from an orthodontist. It works like this: Over the course of two in-home visits, an orthodontist—and, when needed, an orthodontic assistant—will visit the home to capture a 3D scan using a portable intraoral scanner. A van comes equipped with the equipment to take panoramic or cephalometric radiographs. During these visits the orthodontist places any necessary buttons and patients receive their first 6 months of aligners. “From there,” explains Murra, “the experience is remote through Two Front’s telehealth platform. All visits are digital, and licensed orthodontists are

available around the clock to make sure patients stay on track.”

The Two Front model is a natural progression that builds on the past two decades, which by all accounts has seen nothing less than a revolution in the field of orthodontics. The legal maneuvers surrounding patents have opened up possibilities, particularly for young practitioners finishing up their extensive educational process.

In the Orthodontist's Hands

“When I was in residency, I realized, ‘Wow, we can actually do almost everything with clear aligners that we can with braces,’ Murra says. “However, there are so many companies out there claiming they can give you a beautiful smile who are not orthodontists. There’s a huge gap in consumer education around how clear aligners are an orthodontic appliance just like braces, which still require an orthodontist to give patients results and not cause any bite or TMJ problems.”

The American Association of Orthodontists (AAO) had similar concerns back in 2018, issuing a statement which warned people about direct-to-patient orthodontic companies, saying consumers should think twice before opting for a procedure “without an in-person, pre-treatment evaluation or ongoing in-person supervision from a medical professional.”

“Half of my passion is bringing orthodontics back into the hands of orthodontists,” Murra says. “I’m looking to empower them through an asset-less, concierge practice model, and give them back their patients with Two Front as the operating system.”

Competing with the so-called “tech companies” that have come into the field of orthodontics is no small undertaking, but Murra points out that these companies have undeniably expanded demand. “Something like 48% of the United States wants clear aligners,” Murra enthuses. “When they say they want clear aligners, it means they want orthodontics.”

Taking on the Non-Clinical Work

The Two Front operating system hopes to capitalize on that demand, particularly for orthodontists looking to start a practice but who are carrying almost a half million dollars in debt, and who aren’t looking to

take on additional debt to build or buy a practice.

Another segment of the industry that might find this model appealing, according to Murra, are those savvy practice owners who primarily do braces and want to slowly transition to seeing aligner patients under Two Front’s system. Murra says the system gives orthodontists a higher margin per patient than the average national overhead, while Two Front does all non-clinical work, and finds orthodontists their patients.

“I’M LOOKING TO EMPOWER
[ORTHODONTISTS] THROUGH AN
ASSET-LESS CONCIERGE PRACTICE
MODEL.”

“There’s nothing scarier than your third-year residency when you’re learning how to perfect your cases, but you don’t have a job,” Murra laments. “Orthodontic practices are not necessarily hiring right now at the same speed, especially given COVID-19. What we’re trying to do with Two Front is empower orthodontists. My whole mission here is to educate patients on why they need an orthodontist, even with clear aligners, and pair patients with orthodontists through a brand that moms and families can trust.”

A Orthodontist Brand

Two Front launched its in-home orthodontic services on August 3 in Los Angeles, where Murra lives. The young venture represents a new beginning for Murra, who traces her love of orthodontics to experiences as a 10-year-old with “a mouthful of teeth who was insecure about my smile.” Armed with a beautiful smile, she eventually took on leadership positions that matched her high level academic skills.

“Two Front should not be confused with a direct-to-consumer clear aligner company,” Murra clarifies. “While we are a brand, we are a brand of orthodontists. Our business model is that we are an operating system for orthodontists.

“We are modernizing the experience of orthodontics through house calls and telehealth,” she continues. “I’m on a mission to build this trusted brand so orthodontists

can get back into the clear aligner industry, because no one should be moving your teeth besides an orthodontist.”

No Need for Brick-and Mortar

At least at first, Murra envisioned a brick-and-mortar base of operations for Two Front in the heart of Manhattan. In the process of building the software, the customer experience, the EMR system, and HIPAA-compliant patient/doctor chat, it became clear that such an edifice was unnecessary, and she is able to help more orthodontists at a faster rate through an in-home model. The COVID pandemic only cemented that decision.

The “house-call” model of Two Front has allowed Murra to onboard orthodontists onto the platform and scale up quickly. From a patient perspective, educating the world about the value of orthodontists is part of the mission, “even if you’re pursuing orthodontics through clear aligners.” She calls it a “truth in education” movement and plans to continue advocating for the profession.

On the fabrication side, there are approximately 28 FDA-accredited manufacturing facilities in the United States making clear aligners. Murra looked into starting her own facility, but realized that these highly regulated operations were essentially living up to a consistent set of standards. From there, she says, “I basically chose a manufacturing facility that lived up to my standards, such as using the best materials and having machinery that is able to scallop at the gingival margins.”

With so many crucial pieces in place and a willingness to learn and evolve, Murra is confident about the future. “We hope to have hundreds of orthodontists on our platform, empowering them to see patients on their own schedule through this new practice model,” she says. “Best of all, this does not require you to take out a \$475K loan to open up a brick and mortar space. We are serving as the operating system for orthodontists, and helping them with all of these different components. We are providing the lead generation, software and EHR, scheduling, orthodontic assistants, and all the physical necessities to actually run this business as a trusted brand.” **OP**

Greg Thompson is a freelance writer for Orthodontic Products.

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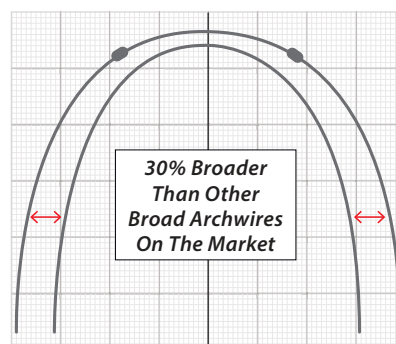
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Thinker, Tinkerer, Influencer

With the launch of his PSL bracket and wire system, the Norris 20/26 from DynaFlex, Texas-based orthodontist Robert “Tito” Norris, DDS, finally found a solution to a question posed during his residency

BY ALISON WERNER

PHOTOGRAPHY BY MICHELE PAPP

Robert “Tito” Norris, DDS, has been tinkering since he was a kid hanging out in the lab of his father’s optometry practice. When he got to college, he assumed a major in mechanical engineering would channel his curiosity and inventor’s spirit. His grades were good, but the pull wasn’t there. And then he had an aha moment common to many inventors.

While an undergrad, Norris, who had always wanted braces, finally had a job and the dental insurance that went along with it. As his treatment progressed, the epiphany came. He saw how orthodontics was, as he put it, “like engineering but in the mouth.” What’s more, orthodontics allowed you to own your own business and, more importantly for the self-described “social animal,” interact with people.







Norris, who has been in private practice in San Antonio since 1998, brought his decades of experience treating patients and mechanical engineering background together to design a bracket and wire system that provides both passive and active self-ligation.

Back to San Antonio, by Way of Japan

Norris switched his major to biology, minoring in mechanical engineering, and headed to dental school at the University of Texas Health Science Center San Antonio. Upon completion, the Texas native followed his wife to Washington, DC. She had gone through medical school in San Antonio on an Air Force scholarship and was sent to DC to complete her residency. Norris spent that time completing a general practice residency at the VA hospital in DC, and then an orthodontic residency at Howard University. With their residencies complete, Norris' wife was able to make a wish list of places she'd like to live to pay back her commitment to the Air Force. The couple's list focused solely on U.S. locations so Norris could take a state board and begin his work as an orthodontist. So of course, she was assigned to Misawa Air Base in Japan. In order to accompany her to Japan, however, Norris had to join the Air Force as well. That's how he found himself as the chief of orthodontics at the base.

"Which just means I was the only orthodontist there," Norris says. But the time provided invaluable experience and lessons he

could take into private practice in the future.

The patient population at the base in Japan was split between military members with severe orthodontic needs and transfer patients. For an active duty military to qualify for orthodontic treatment, they must require orthognathic surgery or be periodontally compromised. This gave Norris a unique opportunity to scrub in on all his orthognathic surgery cases—something that wouldn't be possible in a private practice. And with regard to those transfer cases, they were primarily the children of active duty service members who had braces placed in the United States before their parent was stationed in Japan. The experience gave Norris a huge insight into how orthodontists across the country practiced.

"I got to accept a lot of transfer cases from all over the US and quite frankly, most of them were not in very good shape in terms of the mechanics. Bracket positions weren't good. Hygiene wasn't good. So, it was a great learning experience for me because I got to see a microcosm of what was going on—the state of the union of orthodontics in the United States. It really inspired me to be better than that. I took it upon myself to

set up much higher standards of care for the patients I treated," he said.

When the couple completed their tour in Japan, they returned to San Antonio, where Norris went into private practice opening Stone Oak Orthodontics in 1998. As San Antonio is home to five military bases, he still sees a significant number of transfer patients and has a policy of never turning a transfer patient away and going the extra mile to help patients who need to transfer when moving away from San Antonio. Often, he turns to the network of friends he has built through various study clubs and speaking engagements to find his patients a new home. Norris also makes a point of ensuring his transfer patients are treated fairly when it comes to the financial cost of orthodontic treatment. "Transfer patients shouldn't have to carry additional financial burden just because they're moving and changing doctors. So, we try to always be very, very fair with patients financially as they move to a new office," he says.

Answering a Question

In August, DynaFlex unveiled the new Norris 20/26 passive self-ligating (PSL) bracket and wire system—Norris' brainchild.

The system is the result of Norris' decades of experience treating patients with the leading passive self-ligating systems and that background in mechanical engineering.

A self-described "thinker and tinkerer," Norris has spent much of his life trying to fix things or build the better mousetrap. Some ideas—like a heated toilet seat or a coffee mug that maintained the beverage's temperature—he'd later discover were already on the market; but in the field of orthodontics, he had found his niche.

The idea for what is today the Norris 20/26 PSL bracket and wire system grew out of a question he asked in his residency back in the 1990s: For the last 150 years, we've basically been using this one bracket slot system—a .022. Yet the largest wire in the building is an .019—.019 x .025. Why use that? Why don't we use a bigger wire?

The answer back, of course, was that a .021 wire was too thick and strong. It would burn the roots and lead to root resorption; plus, it would hurt the patient and break the brackets. When Norris pointed out that using the undersized .019 wire meant a loss of rotational and torque control, the reply was "that's what we have to work with and that's how it's always been."

Norris wasn't satisfied.

Once out of his residency, Norris went to the major orthodontic suppliers and asked about making the bracket slot slightly smaller to fit the wires. One company with a PSL system already on the market didn't see the need to invest in retooling its already successful product. Norris eventually found a partner in 2016 in MidAtlantic Ortho (MAO). A year later they released the FiT.20 system, which was rebranded as the FiT20/26 in 2018. The .020 x .026 slot size was designed to provide control throughout the working and finishing phases of treatment—exactly what Norris had envisioned. When MAO was sold to DynaFlex, the latter expressed interest in the 20/26 slot size and was willing to work with Norris on a new bracket system.

Tighter Control

As Norris worked on the design for the new bracket system, he used the opportunity to incorporate feedback from colleagues and his assistants who had worked with the FiT.20. The result: A true twin, PSL appliance. The Norris 20/26 features the best-in-class features orthodontists expect: four true tie-wings with undercuts that can accommodate ligature ties and elastic chain;



The Norris 20/26 Bracket from DynaFlex

cobalt-chromium composition for nickel-free use by allergy-sensitive patients; a door mechanism with a rounded leading edge to aid in seating archwires as the door is closed, and "glided" opening and closing; universal bicuspid hooks for reduced inventory; and a mechanical base for trouble-free bonding.

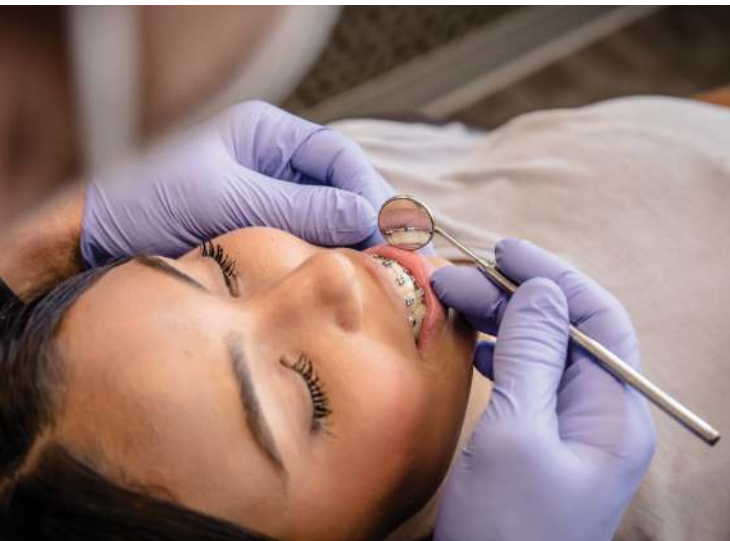
For Norris, the beauty of the Norris 20/26 comes down to the tightened tolerances. Whether you have an .025 wire in an .028 slot or an .019 wire in an .022 slot, you've got more slop and play and less control. But when you tighten those tolerances down, you have the control that is key in finishing. "That's where the rubber really meets the road—those end stages of treatment. And if you look statistically at what causes people to spend more time in treatment and what causes extra appointments during treatment, it's during finishing. It's not out of the gate. It's not the unraveling of the teeth that takes extra appointments. It's the finishing that takes more appointments because it's the detail, the control there that has been historically lacking in PSL systems. Those two dimensions are two really important features," Norris says.

Norris again broke from convention with the Norris Extra Broad archwires he designed to complement the 20/26 bracket. He took what he knew about expanded arches and aesthetic expression to create this extra broad arch form—a reported 30% broader than competitors. With a

non-coordinated arch, it's possible to treat both the upper and lower with the same form. Moreover, this extra broad arch achieves a number of efficiencies and effects. Not only does it afford maximum space as it expresses each tooth to its full outer-most potential, but it also gives teeth a greater range of motion, making leveling and aligning easier. In addition to reducing dark posterior buccal corridors, the rounded corners of the rectangular wires aid in wire seating as the PSL door is being closed.

"After using other broad arch forms, I said, 'Let's push it. Let's go even broader.' Not that you always achieve everything that you put in there in terms of the extra broad width, because less than 10 grams of lateral force is being applied, but at least it's going towards that dimension and you can maximize the amount of arch width that your jaw bones can withstand or tolerate," he says.

As a result of the bracket's reduced slot size, the extra broad arch forms, and additional control, most cases can be treated with as few as four wires, according to Norris and DynaFlex. And as Norris puts it, the Norris 20/26 is the first bracket and wire system to provide both passive and active self-ligation. "It's passive in the beginning when you want the freedom and the movement; yet, when you progress to the full-size wire, it becomes an active bracket during working and finishing stages of treatment," he says.



With the bracket's reduced slot size, extra broad arch forms, and additional control, most cases require as few as 4 wires.



Norris, who started his journey to a totally “green” practice with solar panels, now has an LEED-certified practice, signifying a commitment to sustainability.

The Business Side

Norris is a businessman as well as a clinician, which means the Norris 20/26 had to have a positive impact on the bottom line for him to be completely satisfied. To get a handle on how the system performed, his practice recently ran a controlled study, comparing the last 500 cases he finished with the Norris 20/26 system with the previous 500 cases he finished with another leading PSL bracket system on the market. The competitor's system averaged 19 appointments to finish a case—right in line with the national average. Meanwhile, the Norris 20/26 averaged 14, saving 5 appointments that could go towards starting another patient. Norris and his team are currently working to get the number between 10 and 12.

The fact is the Norris 20/26 is a premium bracket system. It costs more to manufacture and, thus, is more expensive. But Norris looks at that cost against the number of appointments he's saving. “Just saving one appointment would pay for the difference in the cost of the bracket,” Norris points out. “Your ROI would be enormous if you experience the same difference in appointments. The only thing I changed was the bracket system. I would think that other people would experience similar gains in efficiency if they made a change to this bracket system.”

Influencer

Early in Norris' career, a mentor said something that stuck. “Tito, when you become an orthodontist, you are going to be an influence on the patients and the parents you serve. It's going to be your decision as to what type of influence you want to be.”

For Norris, that influence translated into a commitment to environmental responsibility, mentorship, and community involvement.

Norris, a former Eagle Scout, grew up with the scouting tenant of stewardship—especially as it relates to the planet. As a small business owner, he committed to making his office completely “green,” starting with solar panels in 2007. Then when the space adjacent to his office became available, he took the opportunity to not only double the size of his practice, but to make it LEED-certified, becoming, in 2010, the first LEED-certified orthodontic office in the world.

LEED (Leadership in Energy and Environmental Design) certification goes beyond solar panels. It is an internationally recognized green building certification system, signifying sustainability achievement and leadership. It provides a third-party verification that a building or community was designed and built using strategies aimed at improving performance across a number of metrics, including energy savings, water efficiency, improved indoor environmental quality, and stewardship of resources and sensitivity to their impacts. For Norris' office, this translated into a design that, among other things, gave every room access to natural light to achieve energy efficiency, and materials choices like non-VOC paints and carpet made out of recycled fibers.

Norris has also taken “influence” to mean mentorship. Ray Caesar, DDS, joined Norris' practice 2 years ago, but the two go back much further. Caesar, who grew up in San Antonio, started interning with Norris 12 years ago during his summers home from

Duke University where he was an undergrad. Like Norris, Caesar completed dental school at the University of Texas Health Science Center San Antonio and went on to do his orthodontic residency at Howard University. Norris takes pride in their connection and the fact that they are now able to work together as colleagues.

He and Caesar see to a practice that has grown to two locations and a 22-member staff. Every quarter the practice closes so that the entire team can volunteer at a range of organizations, including the Humane Society, Habitat for Humanity, and Wounded Warriors. But more recently, the practice has been focused on what it can do for its community of patients during the COVID-19 pandemic.

Like most orthodontic practices nationwide, Stone Oak Orthodontics shut down for 6 weeks. Norris knew his long-established infection control protocols would keep staff and patients safe once they reopened. However, they did add a few new features to give everyone peace of mind, including hands-free handicapped door openers to allow for touch-free door opening. In addition, they adjusted their scheduling to allot time for cleaning and disinfecting between patients. As is true of many practices right now, the schedule isn't as efficient as before, but all these efforts translate into something more important.

“This morning I had this poor little girl who hadn't been out of her home in 4 months, but when she saw all the things that we'd put in place here she was very, very comfortable. She said, ‘Thank you so much for doing what you guys have done’,” Norris shares. **OP**

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Top 10 Considerations when Performing Aligner Setups

Map out your aligner treatment plan and ensure efficient and cost-effective treatment

BY VINCENT HANSEN, DMD, MSD

Aligner treatment is an integral and necessary part to the viability of an orthodontic practice. When time is taken to carefully map out aligner treatment, it can be an efficient and cost-effective treatment modality for any orthodontic practice. Since becoming a partner in my private practice 6 years ago, my practice partner Jeffery Biggs, DDS, MS, and I have dedicated a lot of time and energy to develop our aligner treatment methods and a digital workflow to best manage a variety of orthodontic cases. Below are a few aligner setup pearls we've learned along the way.

1. Use an aligner system that is comfortable to you

Since Invisalign's patents ran out, we have been hit with a barrage of different aligner companies offering their systems. Some perform the setups for you, allowing you to type in recommended revisions to the plan. Others offer a system that allows you to manipulate the setup yourself. Ultimately, it is important that you pick a system that helps you achieve your treatment goals effectively.

2. Consider a cost-effective aligner system

For complicated cases, it makes sense to send these cases out to an aligner company that offers unlimited aligners for a single case fee.



For simpler cases, requiring minor alignment correction, in-house aligners can be very cost-effective and provide a good result. There are various software choices that can be used in conjunction with your 3D printer to create such setups. For example, ULAB and Suresmile each offer software for fabricating in-office aligners.

3. Be critical of turnaround time

Some companies are better than others when creating revisions and

modifications to your plan. The benefit of in-house systems is that when a modification is made to your plan, it is done in real-time, as opposed to having to wait for a technician to modify the setup. This can stretch out the time from consultation to aligner delivery.

4. Remember your biomechanics

Braces and aligners are just different methods to achieve goals—the basic mechanics of tooth movement still apply. For example, if I want to correct a deep overbite, I need to level the Curve of Spee. With braces this can be done in various ways, stepping down lower incisors, adding reverse curve to archwires, intrusion arches etc. All methods aim to intrude incisors and extrude premolars and, sometimes, first molars to level the curve.

Attachments should be placed strategically within aligners to achieve a similar goal.



VINCE HANSEN, DMD, MSD, graduated from Temple University Kornberg School of Dentistry in 2010 and Indiana University in 2012 with a MSD and certificate in Orthodontics and Craniofacial Development. His areas of interest include digital workflow development and digital technology implementation for use in an orthodontic practice. He joined Jeffery Biggs, DDS, MS, in practice in 2014 and Biggs-Hansen Orthodontics was formed. Hansen, along with Biggs, are co-founders of the Orthodontic Details Marketplace.



Intrusive and extrusive movements are difficult movements with aligner treatment. Utilizing attachments with a significant undercut on the bicuspids—perhaps even the first molar—will allow the aligner to lock into position and apply an extrusive force on the bicusps while placing an intrusive force across the anterior teeth and first or second molars depending on attachment placement.

5. Overcorrection is important with aligners

Whether there is a significant rotation of a tooth or deep overbite, build in overcorrection. This is especially critical when leveling the Curve of Spee to correct a deep bite. Your ability to achieve Class II correction with elastics or closure of interdental spacing requires overbite correction; aligners will typically under-deliver with overbite correction.

6. Attachments are critical to achieve certain tooth movements

Attachments are important for leveling the Curve of Spee. However, they are also necessary to achieve single tooth extrusion or intrusion, or helping with a significant rotation. With a significantly

rotated bicuspid it is difficult for aligners to achieve a significant enough grip on a tooth to complete the rotation. A vertical attachment with a significant ledge towards the rotation will help drive the rotated tooth. Also consider placing an attachment on the lingual surface of the tooth to create a couple. When considering intruding a single tooth with a significant vertical discrepancy, incisally beveled attachments can be placed on adjacent teeth. This will allow the aligner to “lock” into the undercuts created by the attachments and put more direct intrusive force on the tooth in the middle.

7. Request a blank slate

There are times where the setup provided by the aligner technician does not achieve the goals you set out to accomplish and it is difficult to relay exactly what you are trying to achieve. In these situations, I will typically request a blank setup to control the tooth movement myself.

8. Use auxiliary mechanics

Sometimes it is necessary to vary the plan to help achieve treatment goals. Built-in bite turbos to aid in overbite correction are often useful to overcome

the posterior intrusion that is inherent to aligner treatment that is counter-productive in cases with deep overbites.

9. Have realistic expectations

Virtual setups can accomplish “any” result. It is your job to be critical of the treatment projections and explain to your patient potential limitations. If you have a good understanding of biomechanics, and plan your case out, you will achieve a realistic result.

10. Under-promise on timeline and over deliver

It’s important, especially when dealing with adult patients, to present an accurate treatment timeline; and they should understand that the initial number of trays may not be the total treatment time. Build into your total treatment time estimate, time for a refinement and the turnaround time it takes the company to get the refinement back to you. Often I will tell these patients to focus on the months of active treatment, not the number of actual aligners, because sometimes “fine-tuning” is needed at the end. Often, the refinement is not necessary and the patient is ecstatic that they’re done early. **OP**



Addressing the Gender Gap Pay

Why employers may treat female providers differently

BY SHANNON PATTERSON, CPR, CMSR

During the past few decades, there has been a significant increase in the number of women entering dentistry. While pediatric dentists continue to lead the charge with a whopping 52% of providers being female, the orthodontic industry is also making headway with females representing 31% of the workforce. According to the 2019-2020 Survey of Advanced Dental Education, females represent 69% of all pediatric dental residents and 52% of all orthodontic residents. And for the first time in history, more females (195) than males (193) graduated from orthodontic residency in the United States in 2019-2020.

While we expect the percentage of female providers in these specialties will increase in years to come, what effect has the growth had on gender gap earnings? The answer may surprise you.

The “Unexplained Difference”

According to a 2017 study from the ADA

Health Policy Institute, male dental providers earned as much as 54% more than women in 2010. Even after controlling for observable characteristics including age and hours worked, the difference would still be 36%, or what the study’s authors call the “unexplained difference.” The study also looked at wages in medicine and law over a 20-year period. It found that despite accounting for observable characteristics, a large, unaccountable earnings difference between men and women among all three of these professions remains.

Why would there be a gap in earnings between male and female dental providers with similar hours worked, experience, specialty, and practice ownership status? Would a potential employer compensate a female less for the exact same work schedule as her male counterpart? Let me put it this way, would a female provider enter into an associateship or partnership arrangement with less favorable terms than a male counterpart

willingly? The answer to these questions may very well be yes.

Same Hours, Same Gap

Studies show that female providers often accept lower compensation packages than their male counterparts especially in their first job post residency. Let’s look at some historical data. According to the ADA study, historically, male providers tended to be self-employed (80% compared to 45%) and worked about 4 hours more per week than their female counterparts did. However, the study also found that by 2010, men and women worked the same number of hours a week and the number of female owners was up to 50% while male owners had fallen to 73%. If that is indeed the case, why does the wage gap still exist?

The ADA commentary article also referenced the book *Lean In: Women, Work, and the Will to Lead* by Sheryl Sandberg, chief operating officer at Facebook, who writes how women approach work differently than men, particularly when it comes to salary negotiation. The reality is that female providers may simply be less aggressive during contract negotiations and just accept an offer given to them. Women may simply define success differently and money may not be their driving force.



SHANNON PATTERSON, CPR, CMSR, is the director of practice opportunities and a placement consultant at Bentson Copple & Associates. She joined BC&A in 2010 and became a partner in the firm in 2018. Patterson is a recruitment leader in the orthodontic industry specializing in placement and retention of doctors through comprehensive talent management, candidate sourcing, candidate lead generation, and strategic placement planning. Shannon has earned certifications in High Impact Recruiting (CPR), Certified Medical Staff Recruiting (CMSR), Certified Kolbe Consultant, and is a member of the American Academy of Medical Management (AAMM).

The Motherhood Penalty

There is, however, actual evidence of a wage penalty for motherhood in the workforce. With all else being equal, there is a negative relationship between a woman's wage and the number of children she has. According to OECD (Organization for Economic Co-operation and Development) data, the penalties average to about a 7% wage reduction per child. On the flip side there is also evidence of a fatherhood premium; a positive relationship between a man's wage and the number of children he has. When you compare men and women with the same educations, however, working full-time in the same capacity, the gender gap in earnings has largely disappeared. It is often several years after accepting a position and the arrival of children that the gender gap in earnings emerges. If a woman chooses to move to part-time employment in order to spend more time at home, it is when she returns to work full-time that she may accept a lower wage compared to the wage she would have earned had she stayed on full-time. It is important to

Tips for Advocating Better Pay

1. Remember you are always your best advocate. If you don't stand up for yourself, no one will! Remind your employer that you received the same education, work the same schedule, and you should receive the same pay.
2. Don't be afraid to negotiate for a higher salary before accepting a position.
3. If you have an income guarantee or daily rate, gently remind your employer that it should be the same for all candidates who have the same experience and work the same schedule. However, if you receive a production incentive, it will be up to you to produce and meet the pre-determined goals the employer/practice has set.
4. If you are in a group practice, be sure that you are seeing as many new patients as your male counterparts so that you can meet your production goals. Understand who schedules the new patient exams and how they are scheduled.
5. Know your worth! If you are active in the community and close to referring doctors, be sure your employer understands the goodwill and referrals you bring to the practice.
6. Also, be sure to study up or even consider contacting a career coach on how you can develop and understand negotiation techniques advocating for better pay. Understanding the gender gap in pay has never been more important because the tides are shifting ladies. **OP**

note that if you work less hours you may have less experience and therefore you will possibly see a wage difference.

It is important to remember that, if a female provider works less than her male

counterparts, it is reasonable to be paid less. However, if you find that you work the same number of days and hours and you still make less you might consider asking for a higher compensation rate. **OP**



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Does TC Training Really Work?

Orthodontic competition is rising and the critical role of the TC needs to keep pace

BY ROGER P. LEVIN, DDS

It has been widely stated and endorsed that the COVID-19 crisis is creating 5 years of change in under 5 months. One of those trends is increased competition in orthodontics. General dentists are becoming more involved in treatment using aligners and direct-to-consumer companies are expanding their marketing and outreach to patients. All of this means that orthodontic practices need to be better than ever before at the key function of sales—and sales is the primary objective of the treatment coordinator (TC).

A Quick History of the TC

Orthodontic practices have been using TCs for over 50 years. Over that period, increasing percentages of orthodontic practices employed staff members part-time or full-time to act as TCs with specific responsibility to meet with new patients and motivate those patients or parents to accept treatment in that office. According to the Levin Group Data Center, in 2019 over 70% of orthodontic practices employed a TC. It is arguable that the TC is the single most important position in the entire practice.

ROGER P. LEVIN, DDS, is the CEO and founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on orthodontic practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the United States and around the world. To contact Levin or to join the 40,000 dental professionals who receive his *Ortho Practice Production Tip of the Day*, visit levingroup.com or email rlevin@levingroup.com.



The major challenge facing all orthodontic practices over this entire history of using TCs (and this is information unknown to most orthodontists) is that 98% of TCs have no sales background or selling experience.

Peter Drucker, the brilliant management guru of the last century, made the statement that “Nothing happens in a business until a sale is made.” This emphatically true statement would indicate that the role of the TC is absolutely critical to creating starts, which equals production, in the orthodontic practice. It is even more critical in a crisis that contains both a serious health scare as well as a recession, as we are facing with COVID-19. Think back to the 2008-2009 recession and remember the impact that economic slowdown had on orthodontic production.

Fast forward to 2020 and the COVID-19 recovery era. TCs, in general, are not any better trained now than in the past. They do not have more sales background, education, or experience than in the past. Unfortunately, orthodontic competition is rising but the critical role of the TC has not been enhanced to keep pace.

TC Training

In a sense, TC training for many practices was a “do the best you can” scenario. This is not to suggest the practices have been irresponsible. Many practices furnished TCs with articles, webinars, seminars, and even 1-day consulting experiences. The problem is that they simply are not enough. TCs, like any high-level critical position, need comprehensive training and reinforcement.

We can assume that in most cases practices will not be hiring TCs that have a strong sales background from their previous positions in other businesses. Just like most successful companies (including Fortune 500s that spend millions of dollars per year on employee education), the orthodontic

practice will need to assume the role of training and education for the TC.

TCs typically work independently. If you question this statement simply ask yourself when the last time was that you sat in and reviewed the TC presenting a case, or meeting with parents and patients. In most cases that answer is either a long time or possibly never.

3 Components of Comprehensive TC Training

1. TC education. Education should be taught step-by-step and script-by-script on how to excel in the TC process. But be aware that the TC process involves more team members than only the treatment coordinator. It starts with the very first phone call from a potential new patient or parent. For example, good TC education should include teaching the front desk staff how to properly introduce the TC as the person they will meet when they arrive at the practice for the first time and endorse their expertise. It also includes scheduling, financial options, and how to build a bigger and more robust observation program, which is also a responsibility of the TC. If the TC oversees sales, then the observation program represents a pipeline for future sales.

2. Role-playing and live observation. TCs should practice intensely with other staff members or consultants to work on exactly how they will present and refine the process. One solitary instance of role-play doesn't even begin to start the process. The role-playing is repeated and refined, and then repeated and refined again, with critical positive feedback to help the TC excel. Think of this like the training of any elite athlete: That always starts with education, then training, and then continual feedback loops for improvement.

3. Reinforcement and refinement. A one-time exposure by the TC to training and

Five Key Components of TC Success

The success of the TC is directly responsible for orthodontic practice success. So, this is not an area to be trifled with. There are five key areas in which every TC needs to excel, in addition to those discussed in the associated article.

1. Interpersonal relations. It will come as no surprise that if the TC is likable, they will have better results. All the training, scripting and skill set development in the world will not matter if patients do not quickly embrace the personality of the TC. To make this happen we suggest that every TC, no matter how personable they are today, read the book *How to Win Friends and Influence People* by Dale Carnegie. In the opinion of many this is still the best book ever written on getting along with people and being able to quickly develop a positive feeling which is so essential when presenting orthodontic treatment.

2. Build relationships and build them fast. Most TCs have a 1-hour standard appointment with patients. They will not be very successful if they act “robotic” and simply follow a step-by-step script. It will not come across as natural and it does little to build relationships. The best TCs like dealing with other people, are interested in their stories and are generally curious. They also like to share information about themselves and search for commonalities. This is how you build a relationship and that must be done first, before presenting the case. The first part of the appointment should be spent getting to know the parent or patient.

3. Be accommodating. This has taken on a whole new meaning in the COVID-19 era. You are going to receive requests that you have not received in the past, or you would have rejected had a patient asked. Your practice is going to be more accommodating than ever before and the TC must be empowered with the authority to make decisions on their own. Maybe the patient needs a lower deposit. Perhaps the payment plan is too short. Maybe they need patient financing. Maybe they need 4:30 pm appointments. The TC, on behalf of the practice, needs to be accommodating or many patients will simply go elsewhere.

4. Increase collaboration. Increased collaboration between all team members will exponentially increase

Levin Group Program

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Levin Group has been the leading orthodontic management and marketing consulting firm since 1985, and has worked with thousands of orthodontic practices.

If you would like to have a 30-minute discussion about your unique practice situation and how the Levin Group Orthodontic Marketing Program can benefit you, please visit levingroup.com or contact Angela Pickett at apickett@levingroup.com.

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the effectiveness of your TC. The more information a TC has about a parent or patient before their first contact with the patient, the faster they will be able to advance the relationship with that patient. Front desk staff should try to learn as much as they can in the first phone call with a potential patient or parent. They need to communicate this information to the TC. Front desk staff should also build the reputation of the TC so that the parent looks forward to meeting that individual. The TC needs to share information with the doctor before the doctor enters the consult room. Once again, a 2-minute briefing can go a long way toward helping the doctor quickly advance the relationship. These are not minor factors, at least not today when parents and patients will be much more discriminating about which orthodontic offices they select.

5. Work out the money. Practices will need a broader range of financial options. The TC needs to be able to assess the financial questions, objections and concerns of potential parents and patients and identify the right financial option. Although every parent or patient should be exposed to all the financial options offered by the practice, the TC needs to become extremely adept at discerning which one makes the most sense in each case. **OP**

without reinforcement and refinement will have very little benefit. The TC may gain certain skill sets, but due to the lack of experience in the field of professional sales, they will most likely only be able to internalize 10% or 15% of the training. Each time they are exposed to training will add more to their skill set. Therefore, any TC training must include reinforcement and refinement. And to be most effective it must occur via live meetings

and observation to gain the proper result.

The TC is arguably the single most important position in the practice. They create “sales” with starts. The entire treatment process drives the financial engine. We have seen excellent clinical orthodontic practices that have below average financial results because they did not understand that the TC sales process is as critical as the level

and quality of clinical treatment. This is also why a daily measurement report should be put together and reviewed daily (in just a few minutes) with the doctor. Without measurement the TC will not know which areas are strong, which need to be improved and what the trends may be. Most TCs can be highly trained to excel. It simply requires understanding the reality of comprehensive training. **OP**



The AAO Foundation: An Update

The president of the AAO Foundation Board of Directors provides a status report on the Foundation's initiatives and work for the specialty.

BY ORHAN C. TUNCAY, DMD, FCPP

When asked to support a cause, the inevitable question is “What’s in it for me?” Indeed, justified. That’s why the American Association of Orthodontists (AAO) Foundation has been working with one purpose: Looking after the practicing orthodontist and their patients.

The AAO Foundation was created to preserve the specialty of orthodontics, based on the belief that orthodontists don’t want to relinquish their “specialist” status. The Foundation was set up to work with orthodontists as a group and to build an endowment fund where the interest accrued would support advances in the field. This model has subsequently been adopted by other specialties in dentistry with much success.

Today’s AAO Foundation is keen to fund AAO members’ research projects to create new knowledge, new materials, and novel technologies. The Foundation seeks out advances that are so special that they may only be employed by the orthodontic specialist. It is focused on securing the future of orthodontics for the orthodontist—and for the orthodontic manufacturers. I believe, it will be a sad day when orthodontists are

asked to call themselves dentists and not orthodontists.

As president of the AAO Foundation Board of Directors, I wanted to give you an update on the initiatives the Foundation has undertaken in the last year and their impact. The following initiatives are now part of the AAOF-Board of Directors mission.

Residents’ Inclusion. Among the most exciting is the inclusion of orthodontic residents as board members. Their presence has led to decisions that have been spectacularly successful. These resident directors are responsible for the distribution of the Fred A. Garrett Resident Gift awards to all orthodontic residents, which offsets their costs to attend the Annual Sessions. We, as a board, foresee how these gifts will yield stronger bonding and networking among all residents for the duration of their careers.

Also on the resident front, the Foundation has committed to an initiative aimed at finding a means to enable residents to start a retirement plan while in their residency. The Residents’ Retirement Plan (RRP) would allow residents to keep adding to their retirement portfolio over

the course of their career. Our hope is that through the RRP, residents will realize the importance of having started planning for retirement early and the power of compound interest. The Foundation aspires to support every orthodontist from residency to retirement.

Annual Session. As part of this year’s virtual Annual Session, the Foundation organized and sponsored “The Business of Orthodontics” virtual seminar series. These presentations were timely, powerful, and inspirational. We were pleased to see that these sessions connected with attendees. AAO Foundation Board Member and Gaidge CEO Ryan Moynihan’s session “Mastering the Patient Journey: Mapping Success and Profitability Using Business Intelligence and Data Visualization” had 3,694 attendees, while fellow Board Member and Partner at Bentson Copple & Associates Chris Bentson had 3,700 attendees at his session, “Trends for the Next Decade, Practice Modality Options, Valuation Norms.” And tax attorney, CPA, and MBA John McGill’s session, titled “Create the Synergy for Your Financial Success,” had 3,247 attendees.

Rapid Assessment of Evidence. We have seen a great response to our Rapid Assessment of Evidence (RAE) initiative. Through this program, any AAO member can submit a request to assess the evidence behind a new product before sinking money into it. To initiate an assessment, AAO members fill out a form on the AAO Foundation website and supply information on contacts and leads to aid the investigation's early stages. Findings from this collaboration between industry and academia are expected to help manufacturers improve products and to create accompanying products. Reports from the RAE review committees will be published in the *AJO-DO*.

Grants Applications for Business of Orthodontics and COVID-19 Research. PARC, the Planning and Awards Review Committee, is at the core of the AAO Foundation's activities. Recognizing the external forces that are trying to take over orthodontics, the committee announced its interest in receiving grant applications to

study the "business of orthodontics." PARC hopes this will be a rewarding opportunity for orthodontic faculty to collaborate with their counterparts in their universities' MBA programs. In addition, PARC recently announced its interest in receiving applications to study COVID-19 related topics. These proposals can be in biological sciences or practice management.

We Need Your Support

These novel initiatives join our existing programs such as GORP, PARC grants, and the like. And like our existing programs, these new initiatives are funded through donations from the AAO membership and orthodontic staff.

Board member Rosemary Bray has worked to inspire her colleagues and orthodontic staff members to donate and be part of the Foundation. There are so many ways to give.

As Bentson puts it, the work of the AAO Foundation is not just about funding grants.

"If the orthodontists and companies who have benefited from this great specialty do not give back, the future will not be the same. I see it as a responsibility. Also, it is an honor. I think we simply need to continue to evolve before we disappear. As I talk to doctors and have them remember back through their career why they chose the specialty, it was to change people's lives. Giving is a way to maintain the specialty so that we can continue to do what we do for years to come."

AAO Trustee John Callahan, and longtime member of the Keystone Society, echoes this sentiment. *"I am at a stage where I look back at what orthodontics has done for me personally and I certainly want to give back to my profession. As somebody writing my estate, I want to make sure my monies go directly to what is important to me. The one place I know for sure that is going to happen is with the Foundation, which is ensuring we have the best research and education possible. So family first, supporting the profession second—but definitely both are a part of my estate."* **OP**



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Product name		Vivera Retainers	ClearBow Retainers	Memotain	Defend Invisible Retainers	Twist and Round Retainer Wires
Type of retainer		Clear plastic	Clear plastic on labial; traditional Hawley on lingual	Bonded	Clear plastic	Bonded
Material		Plastic	Wire, acrylic, and plastic	Wire	Plastic	Wire
Turnaround time		Less than one business week	7 business days with on-time guarantee	Contact company	1 week in lab	N/A
Initial cost		Contact company	\$75.50, max or mand, either design	Contact company	\$100 for 2 U&L, plus digital model prints	N/A
Repair or remake cost		No-cost warranty replacement	None	Contact company	N/A	N/A
How long is it designed to last?		Twice as durable than other leading clear retainer materials	Forever. They do not break.	Designed for permanent retention	6 months per tray	N/A
Length of warranty		90 days	Life of retainer	3 months	90 days	N/A
Aesthetic options	Aesthetic wire					X
	Clear plastic	X			X	
	Labeling					
	Lingual wire placement			X		X
	Multiple colors					
	Personalized images		X			
Special features		Option to customize with addition of precision bite ramps to maintain deep bite correction and adjustable gingiva trim for enhanced patient comfort.	The ClearBow is adjustable with three-prong pliers, BPA free, gentle on tooth enamel, and anatomically designed for optimum tooth contact.	The Revolution in Retainer Technology Memotain Nitinol CAD/CAM Retainer. Using Memotain's cutting-edge technology, we're able to reduce the size of the lingual wire, creating optimal oral hygiene.	Sets of two, three, or four. Proprietary material provides outstanding clarity along with long-lasting durability.	24-carat gold-plated retainer wire.

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 smlglobal.com
 (800) 423-3270

Specialty Appliances
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 clearfusionortho.com
 (631) 642-1900
 retxpres@gmail.com

Tru-Tain Orthodontic & Dental Supply
 tru-tain.com
 (800) 843-0904

					
Extend LTR	Ribbon Fiber Reinforcement	EZ Bond	Guardian Invisible Retainers	Clear Fusion Hybrid Retainer	Tru-Tain DX Retainer & Aligner Plastic
Bonded	Bonded	Bonded	Clear plastic	Clear retainer	Clear plastic
Wire	Ultra-high molecular weight polyethylene fiber	Wire	Plastic	Plastic	Plastic
Chairside office procedure. No waiting.	Single office visit	6 working days in lab	10 business days	3 days in lab	Immediate
Kit w/12 preformed TMA wires: \$103	Contact company	\$71.70	Under \$50/arch; contact lab	\$65	\$1.35 per sheet
Individual preformed wires: \$9.40/ea	Contact company	Each case evaluated individually	Contact company	N/A	\$1.35
Semi-permanent	Bond of the composite to the teeth is the determining factor.	Years, if cared for properly	6 to 9 months per tray	N/A	6 months to 1 year
N/A	Contact company	90 days	9 months	45 days	No warranty
		X			
			X	X	X
				X	
X		X			
				X	
Extend LTR is bonded to the cuspids for easy and simple dental hygiene compared to a wire that is bonded to each tooth. Extend is fabricated from a small, stiff .027 nickel free TMA wire.	Fiber reinforced composite retainer.	The E-Z Bond Retainer is a .016 x .022 multi-strand, dead-soft flattened wire, carefully contoured to the lingual of the six anterior teeth using the lab fabricated indirect bonding tray for proper placement and light-cured in place with composite.	Sets of two, three, or four retainers. Price includes digital bracket removal and printed model. Add-on options: FLR, anterior refinement, embedded pontics.	Clear Rigid Retainer that can be personalized with choice of many Rainbow Colors. Accepts iTero scans for fabrication.	A durable and flexible plastic for retainers and aligners.

3M Oral Care
3m.com/ortho
(800) 423-4588

American Orthodontics
americanortho.com
(800) 558-7687

Comfort Solutions Inc
comfordsolutions.ca

DB Orthodontics
dbortho.com
(619) 892-7233



Product name	3M Unitek Temporary Anchorage Device System	The Aarhus System Mini-Implant Screws/TADs	TAD CAP/Part No. 4101	Infinitas Mini Implant/TAD
Made of what material	Titanium	Ti6AL4V surgical grade titanium alloy	Mouthguard material 2 mm	Grade 5 titanium
Diameter(s) available	1.8 mm	1.5 mm, 2 mm, 1.3 mm	N/A	1.5 mm, 2 mm
Length(s) available	6 mm, 8 mm, 10 mm	6 mm, 6.4 mm, 8 mm, 8.4 mm, 9.6 mm	N/A	6 mm, 9 mm
Head size(s) and shape(s) available	The O-Ball is rounded and 2.4 mm in height, which includes the grooved neck. It is followed by the squared head that is 1.5 mm in height.	Screw head designs available: Through Hole Head, Button Head, and Bracket Head (.022 slot)	Sized to fit the QUATTRO mini-screw available from PSM-North America and Dentsply Raintree Essix; are compatible with many other similarly shaped miniscrew head designs.	One universal head with internal and external undercuts for easy attachment of auxiliaries. Short and long neck options available.
Type of screw	Self-drilling; self-tapping (thread-forming)	Self-drilling	N/A	Self-drilling; self-tapping
Does it come with a kit?	No	Starter Kit includes: sterilization tray, screwdriver handle, screwdriver blade, screw release sleeve, and two five-pack miniscrew magazines of choice	N/A	Five TADs, screwdriver handle and insert, mucotome insert, bone punch insert, mini screwdriver handle and insert, mini mucotome insert, mini bone punch insert, sterilization tray
Custom auxiliaries	Unitek TAD Constant Force Coil Springs with a locking eyelet, three constant force levels, and four lengths; Unitek TAD O-Cap; Unitek TAD Straight Driver.	Cross tubes, piggyback tubes, uprighter auxiliary, crimpable stop bar, orientation pin, NiTi springs (bottle cap and pear end designs), force gauge, extrusion spring, and crimpable power hooks.	N/A	No custom auxiliaries are required. Unique head design allows attachment of all standard auxiliaries such as closed coil springs, chain, link modules, etc.
Does it come in a sterile container?	Yes	No	No	Yes
Is it FDA-approved?	Yes	Yes	Yes	Yes
Cost	Contact company	Contact company	\$37 per package of 20 pieces	Contact company
Special features	The ingenious O-Ball head makes the system universally adaptable; it serves as one component in a ball and socket joint. The O-Cap is a stainless steel cap with an internal O-Ring that locks in place around the O-Ball.	Pairing premium materials with optimal sizing, Aarhus miniscrews yield a perfect balance of strength and working diameter for maximum clinical application.	Comfort Solutions now offers a Comfort Cap designed specifically for orthodontic miniscrews.	Unique, low profile head for universal applications and improved patient comfort. Unique body design and angled transmucosal neck to maximize stability. Color coded for ease of use.

Dentaurum USA
dentaurum.com
(800) 523-3946

Forestadent USA
forestadentusa.com
(800) 721-4940



tomas TAD System	OrthoEasy Pal
Grade 5 titanium	Titanium (Ti-6Al-4V-Grade 5)
1.6 mm	1.7 mm
6 mm, 8 mm, 10 mm	8 mm
Cross-slot and our new tomas TAD System offers two head designs: The classic cross slot head design plus our new mushroom head design.	3 mm; 8 octagon
Self-drilling	Self-drilling; self-tapping
The tomas TAD System offers three kits: the tomas tool set, the tomas auxiliary kit, and the tomas abutment kit.	No
Not required. All auxiliaries and abutments are included in the tomas auxiliary kit and the tomas abutment kit.	No
Yes	No
Yes	Yes
Contact company	Contact company
The Dentaurum tomas TAD system is your complete TAD armamentarium to not only place tads, but the system includes all the auxiliaries and abutments to set up your TAD specific orthodontic mechanics.	Equipped with a practical inner thread so that the abutments can simply be attached with a retaining screw.

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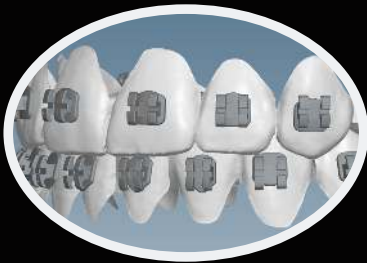
				
Orthodontic Mini Implants	VectorTAS	Spider Screw Temporary Anchorage Device System	BENEFit Palatal TAD	Dual-Top TAD System
Stainless steel	Titanium 6-4	Grade 5 titanium construction	Surgical grade Ti6Al4V	Titanium alloy
1.75 mm	1.4 mm, 2 mm	1.5 mm, 1.9 mm	1.5 mm, 2 mm, 2.3 mm	1.4 mm, 1.6 mm, 2 mm
8 mm, 10 mm, 12 mm	6 mm, 8 mm, 10 mm, 12 mm	6 mm, 6.5 mm, 7 mm, 8 mm, 9 mm, 10 mm, 11 mm	7 mm to 13 mm	6 mm, 8 mm, 10 mm
Closed Duel Slot (1.72); Grooved Slot (1.5 or 2)	Patented double-delta head for greater comfort and treatment flexibility.	2.6 mm pin-head, 3.4 mm bracket-head, 3.9 mm self-ligating-head. Bracket-head features two intersecting .022 slots. Under tie-wing can function as .022 x .025 slot with two intersecting .027 slots.	BENEFit TADs have an internal thread allowing many interchangeable abutments to be attached to it. Coupling with plates is possible.	Bottom top, bracket top (for .022 arch slot) and cross top with color (for .022 arch slot)
Self-drilling; self-tapping	Self-drilling; self-tapping	Self-drilling; self-tapping; Spider Pin pre-drilling style available	Self-drilling	Self-drilling, self-tapping
No: self-drilling. Yes: self-tapping.	Yes. The VectorTAS starter kit contains everything needed to treat 10 cases, including the placement Atlas. Contact company for specific content arrangements.	Three kits available specific to each screw head style. Screwdriver body, handle driver, contra angle pick-up driver, pick-up driver shaft, drills, and organizer. Self-ligating key included with self-ligating screw kit.	BENEFit Starter Kit with basic instruments	The Dual-Top TAD System comes with 14 common TAD types and sizes, a storage block, hand driver, and driver attachments
Handpiece adapter; screwdriver adapter	No	Round screwdriver body, torque screwdriver body, curved crimpable archwire hooks, TAD closed coil springs, crimpable cross and double tubes	Yes. Numerous auxiliaries available for palatal expansion, molar mesialization, and distalization, etc.	Orthonia battery-powered torque driver, TAD NiTi coil springs with eyelets and with oval eyelets, crimpable hooks, crimpable hook pliers, 3D maxillary distalizing arch
No	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Contact company	Contact company	Contact company	BENEFit Starter Kit at \$198	Contact company
Special design of the device makes the insertion possible without need of pre-drilling to prepare the implant site.	VectorTAS is a coordinated system of miniscrews, attachments, and instruments that provide clinicians a means to treat the full range of orthodontic cases.	Spider Screws self-ligating, pin, and bracket-like head styles are offered with starter kits and auxiliary items. Nickel-free for sensitive patients. Built-in millimeter scales on organizers ensure correct Spider Screw selection.	Most versatile system on the market with many optional auxiliaries for temporary pontic, molar intrusion, etc. Most successful palatal system on the market.	Dual-Top TAD System delivers efficient and secure anchorage, reducing treatment time, surgeries and extractions. Three head choices provide a wide range of options with wires, ligatures, springs, and other auxiliaries.

Information in this guide based on data submitted by product manufacturers. Orthodontic Products strives for accuracy in all data but cannot be held responsible for claims made by manufacturers.

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- More Profitability



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- Dr. Laura Milnor, Milnor Orthodontics

"I run a small, boutique-style practice and have always struggled with the issues of scaling and efficiency. The KLOWen system solves all of these issues. We are regularly seeing patients at their first 8 week adjustment with progress consistent with 6-8 months with traditional brackets."

- Dr. Jared Gianquinto, OrthoArts



"I made it a resolution to do everything I can to be more efficient in treatment for my patients, and that is when I stumbled on KLOWen. They walked our team through the first few cases, and it has been an easy transition with little learning curve."

- Dr. Melanie Wang, Dr. Melanie Orthodontics

6-Month Progress!

These cases were the first cases ever bonded by first-year residents!


Digital custom braces improves our clinical outcomes. Elevate your practice with KLOWen Braces!

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Case 1



*Photos courtesy of Dr. Al-Qawasmi, Orthodontic Program Director.

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Case 2



*Photos courtesy of Dr. Al-Qawasmi, Orthodontic Program Director.

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*Dr. Shalin Shah
Center for Orthodontic Excellence
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