THE READERS' CORNER

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(Editor's Note: The Readers' Corner is a quarterly feature of JCO in which orthodontists share their experiences and opinions about treatment and practice management. Pairs of questions are mailed periodically to JCO subscribers selected at random, and the responses are summarized in this column.)

1. Do you believe that tongue thrust is the major cause of open bite, or that open bite is the major cause of tongue thrust?

Two-thirds of the respondents felt that tongue thrust was the etiologic factor in creating open bite, and the remainder felt it was the other way around. Some specific comments were:

• "Nasopharyngeal obstruction, allergy, turbinates, and septum problems are the key to maxillary constriction, tongue thrust, mouthbreathing, open bite, high angle, and vertical excess."

• "We're back to the same old enigma—which came first, the chicken or the egg?"

• "Tongue thrust cannot generate sufficient force over a long enough period to result in open bite. The bite is initially opened with thumbsucking and maintained by the tongue to establish the seal necessary to swallow."

Do you believe that myofunctional therapy is an effective cure for tongue thrust?

Only 28% of the orthodontists thought that it was. Some individual comments were:

• "I have used myofunctional therapy for many years with very limited success."

• "I am not aware of any scientific studies that demonstrate the efficacy of myofunctional therapy."

• "I routinely see anterior bites close with the use of tongue spikes. This simple fixed device keeps the tongue out of the open bite, and it routinely, and spontaneously, resolves or reduces greatly."

Do you believe that thumbsucking can cause an open bite?

The vast majority of clinicians (94%) believed that thumbsucking was an etiologic factor in creating open bite. Responses included:

• "Thumbsucking can open the bite, but it has to be pernicious."

• "Once the thumb has created a significant open bite, the tongue will thrust into the space and maintain it."

Do you believe that sleep posture influences malocclusion?

Forty-two percent thought that it did, 51% believed it did not, and 6% said they didn't know. A pertinent comment was:

• "It can be related, but probably on an age-related curve. For instance, head shape in infants can be affected if they constantly sleep on one side. However, this might, and probably does, become less of an influence as the patient matures."

Do you believe that mouthbreathing is a cause of long-face syndrome?

More than twice as many (66%) thought it was a cause as thought it was not (29%). Some individual remarks:

• "I believe it is a contributing factor in the mul-

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tifactorial process that will ultimately create a long-face syndrome."
• "Most definitely. Research supports this contention, and it just makes sense."
• "I don't believe it's the cause of long-face syndrome; it's a symptom."
• "If it's true that muscles influence bone, and not the reverse, then the muscular changes induced by mouthbreathing seem to be a definite factor in the development of long-face syndrome."

2. Do you prefer to hire employees with experience in orthodontic offices?

Previous experience in an orthodontic environment did not appear to be a prime criterion in hiring. The majority of respondents (56%) said "not necessarily".

Do you prefer to hire employees who are 18-24 years old, or older than 24?

The substantial majority looked for a modicum of maturity in their employees: 82% preferred employees who were older than 24, 12% preferred to hire help in the 18-24-year-old bracket, and 7% had no particular preference.

What is your primary source of applicants?

By far the most clinicians used newspaper ads (62%). The next most common sources were recommendations from present staff (29%) and from professional colleagues (12%). Most respondents used more than one source—usually a combination of newspaper ads and recommendations of present staff. About 12% sought out graduates of other assistants' schools, but only a few looked for past patients or relatives of patients.

Do you ask for applications to be made by phone, fax, or mail?

Nearly half of the clinicians asked for applications by mail. About a third preferred phone contact, and 16% asked for contact by fax. Several respondents required that application be made in person.

Describe your screening process.

The majority of screenings involved, in varying orders, the following elements: reviewing resumes, contacting reference sources, narrowing the field to promising candidates, interviewing by the receptionist or business manager, interviewing by the doctor, and half a day spent in the office with staff. Speaking ability, often evaluated during an initial phone contact, was another factor that was sometimes considered.

Do you check references by mail or by phone?

The substantial majority (87%) checked references by phone, while a few checked by both mail and phone. Only one respondent verified the references by mail alone.

What kind of references are you particularly interested in?

Most of the respondents leaned toward references from previous employers (38%), and particularly dental employers (19%). Little emphasis was given to references from coworkers (2%) or former teachers (3%).

Do you test applicants for dexterity, general intelligence, or emotional stability?

Thirty-four percent of the respondents tested for dexterity, 34% for general intelligence, and 19% for emotional stability. Tests for general intelligence and emotional stability were given using preprinted questionnaires.

Describe your final selection process. Are staff members involved in making the final decision? If so, how?

One-third of the practices said the final selection was made by the doctor alone. Another 59% of the clinicians used input from the staff or office manager before making the final call. Six percent let the office manager make the final selection after staff input.

Do you have an office policy manual? If so, does the successful applicant read it before or after being hired?

More than three-fourths of the clinicians said they had office policy manuals; 4% reported that their manuals were outdated, and 4% were in the process of writing manuals. Of those who had manuals, about two-thirds said they were read after employees were hired.

Does the applicant sign a statement indicating that the manual has been read?

Only a little more than half of those who answered this question said they had new employees sign statements after reading the policy manuals.

Do you have a trial period for new employees?

Nearly all of the respondents did have trial periods, with the majority of these (53%) opting for 90-day trials. The remainder were fairly evenly divided among trial periods of 30 days, six weeks, and six months. Some clinicians reported that benefits were suspended for new employees until they became part of the permanent staff.

Do you have a structured training program for new employees? If so, please describe.

Despite the relatively structured interview and selection processes of most practices, only 28% reported having structured training programs, while another 13% said they had "somewhat" structured programs. Many clinicians reported placing new employees under the tutelage of experienced employees for training. Some individual comments were:

- "Yes, we have an extensive office manual that describes all functions with complete job descriptions. Still, with all the safeguards, it's hard to find competent staff."
- "All duties are listed on a long list with 'date trained' for each item. It's posted on the lab door for all to see and add to as training proceeds. The most needed duties are listed first—e.g., archwire placement and removal, bonding, repair of loose brackets, etc. It still takes a good six months before a new assistant is fast and knowledgeable."
- "Part-time employees take longer to train."

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