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THE EDITOR'S CORNER

The New Golden Age

Recently, I spent the better part of an hour on the phone talking to a periodontist with whom I frequently discuss difficult cases. Somehow or other, we got off on a tangent regarding the current state of affairs in the practice of dentistry in general and of the specialties in particular. Both of us have children about to finish college. My oldest son and my friend's daughter are both trying to decide whether to apply to dental school and pursue orthodontics as a career, following in the footsteps of their fathers. I could not be happier with my son's career interest, while my friend is doing everything in his power to dissuade his daughter. I could not help but wonder why such a big difference between two such similar colleagues?

Both of us have private practices and academic positions. Both of us are located in the greater Los Angeles metropolitan area. Both of us work similar hours. Although our specialties are dissimilar, I seriously doubt that is at the root of our difference of opinion. My friend is an extraordinarily competent clinician with a wonderful practice. Pressed to explain his pessimism, he always goes back to reminiscing about "the good old days". When I listen to him, I seem to hear the voiceover introduction to the old Lone Ranger series: "... go back to the days of yesteryear . . ." Back to when there were no third-party carriers. Back to when there was no OSHA. Back to when there was no HIPAA. Back to when there were no capitation clinics. Back to when things were better. It seems my friend desperately misses the Golden Age.

Shortly after our rather depressing conversation, I attended one of Rick McLaughlin's "Orthodontic Summits" in Las Vegas. This is the third year in a row I've gone to this impressive affair, and the tone there could not have been more different from that of my periodontist friend. Rick's topic this year was "Going Digital". His focus was on the immediate present and the good things to come. Case after case of remarkable results was presented, all achieved by applying the most recent orthodontic technologies to age-old orthodontic problems. It

would be difficult to imagine any better results coming out of the so-called Golden Age. Everything from mixed-dentition transverse discrepancies to adult surgical Class IIIs were shown, each and every one of them addressed with technologies that enhanced patient acceptance, shortened treatment time, and finished cases to ABO standards.

In Dr. McLaughlin's presentations, digital imaging and computer-assisted diagnosis and treatment planning had pretty much replaced the old color slides and acetate tracings. Not only are the digital records easier and quicker to take than the records of the Golden Age, but their informational content is much more expansive. While a detailed, hand-traced cephalometric analysis has proven its diagnostic value, the digital analyses I saw in Las Vegas provide a much deeper understanding of the subtle nuances of cases in a fraction of the time required for a conventional case work-up. For many years, "putting the plaster on the table" has been the accepted means of displaying case starts and finishes in three dimensions. After a few years, however, the accumulated models occupy a significant portion of the doctor's storage room. Newer e-models now offer all the advantages of manipulable three-dimensional viewing with no need for office space. They also have the unique advantages of ease of duplication and immediate electronic transmittal to other interested parties.

Other technologies now available provide even further promise of better things to come. One-step etch-and-seal primers combined with photocured adhesives make direct bonding a 20-minute affair. Indirect bonding, requiring minimal doctor time, has finally come into its own—adding credence to Dr. McLaughlin's dictum that in the past, the best wire benders made the best orthodontists, but that the best bracket placers get the best results today. It is entirely possible at this point to treat a case completely from start to finish without ever having to bend a wire and still

achieve not only acceptable, but outstanding, results. The promise of in-office CAT scans is now a reality at an affordable price; the diagnostic and prognostic values of such 3D technology are immediately apparent. Wireless Internet access now allows the doctor to retrieve digital patient records from almost anywhere.

All of these advances apply to the practice of orthodontics, but similar remarkable technologies are available in all dental specialties. Although few would question their value in terms of bettering the lives of clinicians, some, like my periodontist colleague, still bemoan the current state of professional practice. There are certainly annoyances. Government intervention is always a concern. Third-party carriers and capitation clinics seem to make practice profitability more and more challenging in some locations. Yet even these nuisances have an upside. OSHA rules, while cumbersome, are in place to ensure a safer work environment; the mandated infection-control measures protect not only the staff, but the doctor and patients as well. No practitioners want the government telling them what to do, but every time I get annoyed with the threats posed by health-care portability and accountability, I remember that at times, I, too, am a patient. In today's orthodontics, more patients have access to safe and affordable care than ever before.

Many sources have pointed out that the number of retiring orthodontists now outpaces the number of new graduates each year. These graduates are entering the market at a time when there are numerous career tracks available to them: private solo practice, purchase of an existing practice, associateship, research, academics, military practice, multidisciplinary clinics—the list goes on and on. New technologies make each of these options interesting and exciting. How could I not encourage my son's desires to enter our profession? We are clearly at the dawn of a new Golden Age. The future is his.

RGK