Address all other communications to *Journal of Clinical Orthodontics,* 1828 Pearl St., Boulder, CO 80302. Phone: (303) 443-1720; fax: (303) 443-9356; e-mail: info@jco-online.com. Subscription rates: INDIVIDUALS—U.S.A.: $235 for one year, $420 for two years; Canada: $280 for one year, $500 for two years; all other countries: $340 for one year, $585 for two years. INSTITUTIONS—U.S.A.: $335 for one year, $580 for two years; Canada: $370 for one year, $670 for two years; all other countries: $420 for one year, $760 for two years. STUDENTS—U.S.A.: $118 for one year. SINGLE COPY—$25 U.S.A.; $35 all other countries. All orders must be accompanied by payment in full, in U.S. Funds drawn on a major U.S. bank only.

THE EDITOR'S CORNER

Team, Team, Team

As an orthodontist in a multidisciplinary, university-based group practice, I am frequently asked to consult on adult patients requiring complex, full-mouth reconstruction. Unlike the typical adolescent patients we see, many of these cases begin with periodontal therapy, disease control, and perhaps endodontics, followed by preliminary restorative work such as core build-ups and other simple fillings, and finally by definitive fixed prosthetic treatment. Each of these situations presents a new and unique challenge—no two are ever the same. My appreciation of the interdisciplinary nature of comprehensive dental care has grown along with the knowledge that I've had to acquire over the years to render the appropriate orthodontic treatment in such cases. Like many other orthodontists I know, I spent several years as a practicing general dentist before entering a graduate orthodontic program, and I have no doubt that my experiences as a general dentist have contributed greatly to my understanding of the complexities of comprehensive dental rehabilitation.

During one of the many outstanding lectures by Dr. Vince Kokich that I've attended, he made a statement that has stuck with me ever since. He said that of all his professional accomplishments, the one he was most proud of was that he was, and is, and always will be, a dentist. I still remember overhearing a prominent prosthodontic faculty member chastising a gifted senior dental student for applying to an orthodontic specialty program because he would be "leaving dentistry". Nothing could be further from the truth. In fact, I've found that Dr. Kokich's pride in being a dentist is endorsed by everyone in our specialty. Orthodontics is an integral component of the dental profession, and the orthodontist is unquestionably an indispensable member of any interdisciplinary dental-care team.

Every time I'm faced with a comprehensive case involving other disciplines, I am stunned to learn how much things have changed since my dental-school days in the '70s. Many, if not most, of the techniques I learned—such as the gold-foil technique, "extension for prevention" cavity preparation, and various types of inlays—are now

virtually extinct. Back then, we were lectured, in no uncertain terms, that to use any of the dental implants of the time would be tantamount to committing malpractice. Brånemark changed all that; I've even heard it argued that implants are now the state of the art and that old-fashioned bridges are below the standard of care. A year or two ago here on the West Coast, a row developed between the endodontists and the prosthodontists when a leading prosthodontic faculty member published an article contending that, in this day of implant dentistry, endodontics should no longer be performed, and any tooth with a necrotic pulp should be extracted and replaced with a dental implant. Had I practiced nothing but traditional orthodontics on adolescents, I would probably not even have been aware of this debate.

Today, it is a basic responsibility of any orthodontist who expects to be part of a multidisciplinary team to remain at least conversant in all fields of dentistry. And given our role in preparing patients for final, definitive restorations, it's especially important for us to stay abreast of developments in oral surgery, prosthodontics, and periodontics. One of the best ways to keep up is to read as much as we can about the treatment of interdisciplinary cases. For example, a quick search of the JCO Online Archive using the term "interdisciplinary" calls up 31 papers published since 1967.

In this issue, we add another pair of significant articles, both from Italy, to the interdisciplinary literature. Having been a guest speaker in the country several times, I have come to admire (and even, I confess, envy) the breadth of overall dental knowledge possessed by Italian orthodontists. This month, Drs. Daniele Modoni, Michele Modoni, Allessandro Verdino, and Roberto Deli present a case illustrating the role of the orthodontist in treating periodontal cases with isolated vertical defects. In years past, teeth such as these would have been destined for extraction. The authors demonstrate convincingly how a well-orchestrated interdisciplinary effort can save a tooth with an infrabony defect and contribute to a healthy, natural dentition. Also in this issue, Drs. Giorgio Iodice, Sergio Paduano, Iacopo Cioffi, Aniello Ingenito, and Roberto Martina cover the "Multidisciplinary Management of Double-Tooth Anomalies". After reviewing the four categories of double teeth, these authors show what can be accomplished in turning a disfiguring developmental condition into an attractive, healthy, functional tooth. Again, this comprehensive rehabilitative treatment would have been impossible if not for the coordination of a good orthodontic treatment plan with several other dental disciplines.

More and more these days, orthodontists are called on to play their part in multidisciplinary dental teams. Cases such as the ones presented in this issue can help keep us informed of developments in the other disciplines, allowing us to continue in our integral role. RGK