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THE EDITOR'S CORNER

The State of the Specialty

Every time I attend the AAO Annual Session or one of the regional orthodontic society meetings, I make a point of informally surveying JCO readers. While we do have more structured means of keeping our fingers on the pulse of subscribers, these one-on-one conversations give me a better feel not only for what's happening in the profession, but for what my colleagues would like to have happen. The two are not always the same. Although reader comments on our clinical articles are generally favorable, I always find that our surveys and interviews are our most popular features. In this issue of JCO, you will see one of each.

Everyone I have talked to recently, as I expected, has applauded the interview with Dr. Jim McNamara that began in our September edition. Dr. McNamara has long been recognized around the world as one of the leading practitioners and experts in the field of early orthodontic treatment. As I mentioned in last month's Editor's Corner, the interview is one of the highlights of my tenure as Editor of JCO. We conclude this month with a more detailed account of the protocols used by Dr. McNamara in the treatment of digital habits and Class I, II, and III malocclusions, along with his customary procedures for Phase II treatment, finishing, and retention.

JCO subscribers seem to appreciate our surveys primarily because they present the most in-depth, up-to-date analysis of the orthodontic specialty in the United States. Each survey provides readers with an overview of what and how—their colleagues are doing in terms of both economics and clinical procedures. Interestingly enough, when I look up the number of citations my papers have generated as part of my periodic faculty review, the various sections of the biennial JCO Orthodontic Practice Study are always my most frequently cited articles. They are not only referenced in orthodontic journals, but used as authoritative sources of nationwide data by practice-management consultants and teachers of management courses in orthodontic graduate programs. I know I and all my coauthors are honored to be mentioned so often in such varied contexts. Second only to the Practice Study as our most-cited repeating feature is the JCO Study of Orthodontic Diagnosis and Treatment Procedures. While the Practice Study keeps everyone informed on how the specialty is doing from a financial point of view, the Treatment Study provides a detailed analysis of how orthodontic care is being delivered in the United States. Since clinical techniques tend to change more slowly than economic measures do, this survey is conducted every six years instead of every two years. But both studies allow us to pinpoint significant trends in orthodontic practice.

Over the last decade of Practice Studies, we saw a relative slowdown followed by a rebound and recovery of the specialty, mirroring general economic trends in the country. In our report on the 2014 Study of Orthodontic Diagnosis and Treatment Procedures, beginning in this issue, we see a continuance of several trends. Perhaps the most noteworthy is the ongoing rise of computer-based technology in practically every facet of orthodontics. Intraoral scanners, once regarded as fantasy, are now rivaling the venerable technique of direct impressions. In fact, they already make it possible to operate a top-quality orthodontic practice without ever taking an impression. Likewise, we see rapid growth in the usage of digital radiography, cone-beam radiography, computerized imaging and analysis, and indirect bonding. Combining these results with those of the previous survey, which was conducted in 2008, we can now examine baseline data on the use of such relatively new procedures as accelerated treatment, clear aligners, and temporary anchorage devices.

In the past two years, both the Practice Study and the Treatment Study have been successfully conducted online, making them easier to complete and ensuring even more accurate results. Still, we must rely on the time and effort of hundreds of orthodontists and their staff members to respond (anonymously, of course) to these questionnaires and provide the information that eventually benefits the entire specialty.

As always, I look forward to receiving reader feedback on this issue of JCO. RGK