





# THE HOT SEAT

## Accelerated Orthodontics





Contributor	What is the primary modality for delivering accelerated orthodontics (AO) in your practice?	Do you offer AO as an option, or is it simply built into your treatment plans?	Are the patients who take advantage of AO in your practice primarily fixed-appliance patients, clear-aligner patients, or both?	Do you charge a premium for AO, or is the cost built into the overall treatment price?
 <p><b>Todd Dickerson,</b> DDS, MS Phoenix, AZ</p>	OrthoPulse and AcceleDent.	It's offered to everyone, but mandatory for difficult cases and patients with high-strung parents.	Both.	Patients do not value it unless there is an associated fee.
 <p><b>Jasmine Gorton,</b> DMD, MS Larkspur, CA</p>	AcceleDent is our "go to" for AO. We also use OrthoPulse when AO is restricted to one arch and microperforation with an electric driver for space closure when the extraction site is not fresh.	For adults and longer cases, it is only "technically optional"—like brushing your teeth!	Almost 100% of our clear-aligner patients and 15% of our fixed-appliance patients (cases requiring more than 18 months).	We charge a premium based on a "pass-through" model.
 <p><b>Marc S. Lemchen,</b> DMD New York, NY</p> <p>Investor in Biolux Research.</p>	We have been beta testing OrthoPulse for more than two years with very promising results. We also use AcceleDent, Propel, and accelerated osteogenic orthodontics in selected cases. Each modality has its place.	We offer AO as an option for patients who we think might see the value.	AO is used by about an equal number of fixed and aligner patients.	We have an extra charge for AO.
 <p><b>Mazyar Moshiri,</b> DMD, MS St. Louis, MO</p>	Our primary modality is AcceleDent, but we use Propel treatments as well for our patients.	Currently, the modality is optional for my patients and offered as a premium service.	Clear-aligner patients make up about 80% of our patients using AO.	We charge \$700 for AcceleDent and \$400 per Propel treatment.

*This regular column is compiled by JCO Contributing Editor John W. Graham, DDS, MD. Selected participants are asked for brief replies to a series of questions on a single topic. Your suggestions for future Hot Seat topics or participants are welcome.*



Do you feel that the cost of AO is justifiable?	What do you see as the primary benefit of AO?	What has been your overall patient response to AO?	How much, in percentage terms, do you feel AO reduces your treatment times?	Why do you think AO still isn't utilized in most U.S. orthodontic practices?
Yes, especially for patients who ask, "How much longer?"	Invisalign cases finish better and faster, with fewer refinements and fewer appointments.	Excellent.	35-60% at the moment.	Fear of higher fees and lack of experience.
Yes, but I would like to see it be less so and for it to become a "why not?" response from the patient instead of a "what?!?!?" response.	Adults: (1) acceleration and (2) improved comfort. Teens: (1) improved comfort and (2) acceleration.	AcceleDent: mostly great, some neutral. Microperforation: little to no enthusiasm, but most will tolerate it.	30-50%, depending on the technique and the patient.	Good question!
It depends on the patient's priorities. If the quickest possible treatment is the goal, then AO should be included in the treatment plan.	The primary benefits include accelerated treatment and, in the case of OrthoPulse and AcceleDent, increased patient comfort. It is likely that it improves aligner compliance, but compliance with the device itself is another story.	They are impressed that we are pushing the technology barriers to meet their desires for speedier treatment.	We would estimate about 30%. A good proportion of the time savings is in the initial alignment, and I think there is general agreement on that fact.	AO is a new technology, and there is not yet enough hard positive evidence. Cost is a factor as well. I think we will see costs decline as more vendors enter this market, while usage will increase.
AO is a premium service that people want—so, yes. Additionally, practices come out ahead on the costs with reduced chairtime.	Reduced treatment times mean increased cooperation, fewer hygiene issues, and an overall improved treatment experience for the doctor and patient.	Patients want more esthetic and faster treatment; thus, many have been intrigued by the offer, and some pursue it aggressively. Others may not wish to have the additional cost, as can be expected.	30-60%, depending on patient biology and cooperation.	I believe it may still be too soon for some doctors, pending the availability of strong studies and data supporting AO.

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 <p><b>Tito Norris,</b> DDS San Antonio, TX</p>	<p>We have been beta testing OrthoPulse a few years and have seen impressive results. We also offer microperforations, AcceleDent, and surgically facilitated orthodontic therapy to our patients. OrthoPulse has been the most widely accepted.</p>	<p>It's an option.</p>	<p>Both, although we prefer to pair this technology with clear aligners.</p>	<p>We charge a premium.</p>
 <p><b>Sharon Orton-Gibbs,</b> BDS, FDS, DOrth, MOrth, MSc Thames Ditton, Surrey, U.K.</p> <p>Adviser to and shareholder of AcceleDent.</p>	<p>AcceleDent—it's easy for patients and can save clinic time.</p>	<p>An option. What's paid for is valued and more likely used.</p>	<p>In my published sample of 117: 45% ceramic fixed, 16% lingual, 16% classic fixed, 14% Invisalign, and 9% first phase. Of these patients, 76% were adults.</p>	<p>AO costs are additional. Patients decide if the cost and commitment are worth faster treatment.</p>
 <p><b>Sonia Palleck,</b> DDS, MCID Woodstock, Ontario</p>	<p>Insignia custom appliances with AcceleDent.</p>	<p>It's the standard of care.</p>	<p>Both, but I treat more fixed than aligner cases (about 4:1).</p>	<p>It's built in.</p>
 <p><b>Timothy G. Shaughnessy,</b> DDS, MS Suwanee, GA</p>	<p>1. Well-positioned brackets at the initial bonding! 2. Appropriate diagnosis and treatment planning! AO device used: OrthoPulse.</p>	<p>Photobiomodulation with OrthoPulse is a must with aligner treatment.</p>	<p>Both, but my experience with fixed appliances is limited to clinical-trial testing of OrthoPulse.</p>	<p>OrthoPulse is provided and built into my aligner treatment fee.</p>
<p><b>Commentary by Dr. Graham</b></p>	<p>I'm pickin' up good vibrations.</p>	<p>Jasmine and Sonia for the win.</p>	<p>Both. Nearly all of my adults use AO, and the majority of my patients are adults.</p>	<p>It depends on the patients and how my treatment coordinator reads their financial situation.</p>

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Absolutely. I'd do it if I were treating myself or my children.	We can treat patients in fewer visits.	They're thrilled.	50%.	Most doctors don't realize that by utilizing accelerated treatment (and passing associated fees along to the patients), they can significantly increase profitability per visit.
It depends. It is offered to all patients with any of the following: a deadline, $\geq 18$ months of projected treatment, concerns about treatment duration or cosmetics, medical/dental reasons for AO, or a long distance from the office.	Faster treatment for all modalities, great tracking with Invisalign, and seven- to 10-day changes of aligners. For fixed-appliance patients, pain is reduced.	Very positive. Saving treatment time is obvious with Invisalign; fixed-appliance patients need positive feedback during treatment.	My research shows 33.5% faster for fixed appliances and 37% faster for Invisalign. Invisalign is now even quicker, as most patients change aligners weekly.	Perhaps they don't see the win-win situation. It is speedier for the patient, and chairtime is freed up for the clinician.
Every cost in orthodontic treatment is justifiable.	Quicker to the finish line.	Amazing! Love it!	25% as an average of fixed and aligner cases.	There is more AO treatment than there are accelerated orthodontists.
Yes, because the clear-aligner patients save measurable treatment time and the doctor saves chairtime.	I'm convinced that aligners can be changed more frequently and with less discomfort if OrthoPulse is faithfully worn for five minutes per arch per day.	Generally positive, but my experience with AO is entirely limited to OrthoPulse.	Aligner treatment time is often reduced by 50% vs. manufacturer recommendations. Fixed-appliance treatment time reduction is much more difficult to measure.	Randomized clinical trials are needed for evidence of treatment time reduction.
Almost everyone agrees with a resounding "yes"! Orthodontists need to stop stepping over dollars to pick up pennies.	Practice differentiation, with reduced treatment times and increased patient comfort.	Positively positive.	Tim summed it up well; my fixed-appliance time reduction seems to be around 40%.	Because they're orthodontists. #sorrynotsorry