

2017 Eugene L. Gottlieb JCO Student of the Year: Dr. Moataz Elmahdy

The *Journal of Clinical Orthodontics* is proud to recognize Dr. Moataz Elmahdy from the Eastman Institute for Oral Health, University of Rochester, as the winner of the second Eugene L. Gottlieb JCO Student of the Year Award, presented by American Orthodontics. Dr. Elmahdy was selected over 16 other students from schools around the United States in a competition judged by members of the JCO editorial board. His prize includes more than \$8,000 worth of materials and travel from American Orthodontics, JCO, and Dolphin, as well as a presentation ceremony during the Residents Reception at the AAO annual conference in San Diego.

The Student of the Year Award is named to honor the legacy of JCO's founding editor, Dr. Gottlieb. The competition was held in two stages. First, any orthodontic department in the United States was allowed to nominate one current student. Each nominee submitted a complete case report, two letters of recommendation, and a personal essay. Three JCO editorial board members narrowed the 17 nominees down to 12 finalists in December. In the second stage, each of the finalists was given the materials from an unpublished case and asked to write a complete treatment plan, including all possible alternatives, within two weeks. Moderated by JCO's Editor, Dr. Robert Keim, the judging panel included Dr. Gayle Glenn of Dallas; Dr. Neal Kravitz of South Riding, Virginia; Dr. Sarah Shoaf of Winston-Salem, North Carolina; and Dr. Peter Sinclair of Los Angeles.

As was the case a year ago, the judges were extremely impressed with the quality of all the submissions. JCO will feature each finalist on our Facebook page (www.facebook.com/JournalofClinicalOrthodontics) in the coming months.



Left to right: Dr. Moataz Elmahdy; Dr. Stephanie Vinh, orthodontic classmate; Dr. Shaima Malik, orthodontic faculty, Eastman Institute for Oral Health (EIOH); Dr. P. Emile Rossouw, Chairman of Orthodontics and Dentofacial Orthopedics, EIOH; Dr. Robert Malloy, Clinical Director of Orthodontics and Dentofacial Orthopedics, EIOH; Dr. Holly Yuen, orthodontic classmate; and Dr. Alberto Bordonaba, orthodontic classmate.

Congratulations to Dr. Elmahdy and the Eastman Institute! Orthodontic students and faculty should anticipate the start of the 2018 nomination process in August.

PHILIP B. VOGELS
VP of Marketing and Business Development

Q&A with Dr. Moataz Elmahdy

Can you tell us a little about yourself?

I was born in Kuwait and raised in Cairo, Egypt. I graduated from Cairo University in 2007 with a bachelor's degree in dentistry. After working in Egypt for a few years, I moved to the United States to attend a one-year fellowship in

craniofacial biology at the University of Kentucky in Lexington. This was followed by my orthodontic residency at the University of Rochester's Eastman Institute for Oral Health in New York, where I am now.

I am passionate about playing and watching football (soccer). Go Al-Ahly! As for my family, I have an older brother who manages his pharmaceutical business, and a younger sister who works for Facebook in Ireland. My mom works for a bank in Kuwait. Many of my friends and family will be traveling from far away to attend my wedding this July.

Why are you pursuing a career in orthodontics?

I graduated from dental school with very minimal exposure to orthodontics. I was given an opportunity to work for an orthodontist in Cairo who later became my mentor and who taught me more than I could have ever asked for about life in general, as well as orthodontics. Dr. Alaa Osman made me love orthodontics through the way he practiced and his passion for the profession. He encouraged me to continue my education in the United States, and the idea excited me.

Can you describe the path that led you to the Eastman Institute?

When I was first applying to programs, I was doing so all over the United States. During my first application process, despite my lack of connections or recommendation letters, one school gave me a chance, and that was Eastman. I applied for three years and was finally accepted. I was determined to go to this school.

What has surprised you the most during your orthodontic education?

I have always viewed orthodontics from an outside perspective. I didn't see how intricate it was. Having studied the profession in depth over the last three years, I'm still amazed each day by the complexities I encounter.

What has been the most difficult part of becoming an orthodontist?

Orthodontics is a highly competitive field.

The most difficult part for me was the application process of getting into a school. I was rejected numerous times by numerous schools, but it made me stronger and a better candidate each time.

What, so far, has been your most rewarding orthodontic experience?

I love being around my co-residents. We learn a lot from each other, through good and tough times, and we still manage to have so much fun.

What has been your most difficult residential case?

The case was a very basic Class I malocclusion with minor crowding and a deep bite. The patient was autistic, so she had a hard time communicating and was quite anxious about starting treatment. It was challenging to figure out what she needed, but I comforted and reassured her the best I could. She taught me that our profession is much more than just moving teeth around.

Any research projects you'd like to briefly share with our readers?

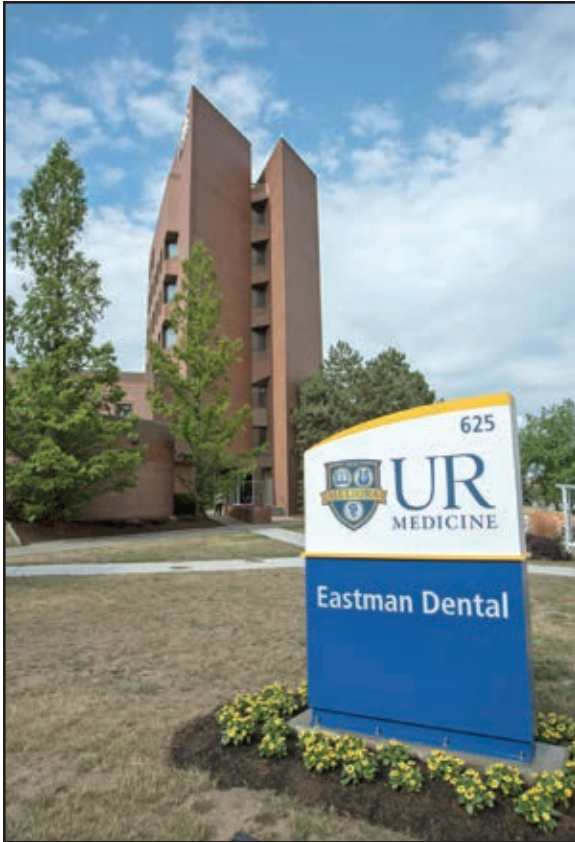
I have been involved in multiple research projects, but under the guidance of the Chairman of Orthodontics and Dentofacial Orthopedics at Eastman, Dr. P. Emile Rossouw, I am currently developing a finite element model for the oral cavity for the first time. We hope that one day we can stop the use of beagles in dental research.

What are your postgraduate plans?

I plan to start my own practice and ideally have a part-time faculty position to teach residents, as well as continue to learn from them.

What do you think orthodontics will look like in 10 years?

I think technology is evolving very fast. I can imagine alginate might not be a common material in an orthodontic practice with the continued development of intraoral scanners and cone-beam computed tomography. Indirect bonding will be evolving more, allowing for more precise bracket positioning, and there will be a huge shift in demand for clear aligners.



Eastman Institute for Oral Health, University of Rochester, New York (photo courtesy of University of Rochester).

Rapid-Fire Round

How can orthodontists thrive in today's competitive marketplace, particularly with the increase in dentists offering various forms of orthodontics?

I believe we can do this through patient education and how we market to patients, with emphasis on the difference between what a specialist and general dentist can offer, and the difference in education and expertise.

Social media: Should it be a major tool in an orthodontist's marketing arsenal?

100%. Even presidents communicate through social media these days. We shouldn't fall behind the times.

Clear aligners: What malocclusions should they be considered or not considered for?

I think clear aligners have proven that they can treat a wide range of malocclusions, and they should be a valid treatment option for any kind of malocclusion—as long as we continually appreciate the fact that diagnostic treatment planning remains in our hands and heads while using the plastic aligners as means to move the teeth.

Temporary anchorage devices (TADs): Are we moving toward too much TAD usage or will applications continue to increase?

I think we are now at the peak of TAD usage where we will see it reaching a plateau. I imagine TADs will exist in every practice, but will only be used when maximum anchorage is needed rather than in every case.

Extraction: Where do you stand on the debate?

I think this will always be debated for as long as human beings have teeth. I believe each case should be individualized, and we should do our best to avoid extractions, but in some cases they are necessary.

Retention: Should patients always be pushed toward permanent retention, and how long should we continue to see them on recall visits?

Patients should be provided with long-term permanent retention to ensure stability and prevent relapse, maybe two years post-extraction. If these patients relapse, however, they should be retreated.

Phase I treatment: Overused, underused, or properly used?

Overused. I truly think we put kids through a lot of unnecessary treatment when we treat so early for the sake of saving so little in the future. Unless we are preventing immediate trauma to the teeth or psychological stress, we shouldn't overuse early treatment.

Accelerated orthodontics: What does the future hold?

More and more innovations that will just make our jobs better and better. □