THE EDITOR'S CORNER

Practice in the Pandemic

The COVID-19 global pandemic has been a phenomenon the likes of which no one alive today has ever experienced. Nothing has ever caused the issuance of global shelter-in-place orders and closure of the entire international economy, as we have seen over the past three months. As I write this, there are some positive signs, at last, that the occurrence of new coronavirus cases is declining in the United States.

It seems almost trivial to point out that this has also been a new experience for all health-care providers, including orthodontists. While we are not immediately involved in treatment of the disease, our patients have still needed orthodontic care throughout the pandemic. Since none of us has ever dealt with anything like this from a practice management perspective, we have had to think on the fly and invent new ways to deliver orthodontic care. That has raised the question: Just how much orthodontics can be done remotely?

I am reminded of the story that Dr. Raymond Begg used to tell about remote treatment. A student of E.H. Angle and one of the early pioneers of fixed-appliance orthodontics, Dr. Begg practiced in Adelaide, Australia. One of his young patients lived on a "station," a large ranch, in the Australian outback, so that she and her parents had to travel some distance just for the initial consultation and banding. Because the Begg technique relied heavily on light round archwires, various auxiliaries, and especially elastics, Dr. Begg supplied this patient with enough elastics to last several months. He stayed in contact with the family by shortwave radio—the patient would describe her status, and he would dictate how to proceed with the application of her elastics and other auxiliaries until the next "remote" visit. Dr. Begg saw the patient in person only three or four times throughout the entire course of treatment, until the appliances were removed and retainers delivered.

While few of us employ the Begg technique today, this case does serve to illustrate that when it becomes necessary, we can indeed deliver a great deal of our treatment remotely. Since the shutdown began, I have had several online "visits" with my primary-care physician, and I don't feel that the quality of care I have received is in any way diminished from actual office visits. Quite the contrary: the telemedicine is much more convenient than having to drive several miles to the office, sit in a crowded waiting room, and sit some more in the exam room until my doctor is able to see me. My last "visit" occurred while I was working in my garden, with no waiting involved at all.

So how much can we do remotely? As it turns out, quite a bit. The availability of videoconferencing technology such as FaceTime, Zoom, and Skype has greatly expanded our envelope of possibilities. Anything that does not require actual hands-on appliance application or manipulation can be done remotely. Parents can be taught fairly easily to act as our assistants, checking oral hygiene, changing elastics, and so on. Most of the orthodontists I know personally, from all over the world, are now offering video consults, including initial patient screening and examination of the face, teeth, and occlusion. Many are also performing mid-treatment progress checks and answering patient inquiries about concerns such as loose brackets and wire pokes.

In this issue of JCO, a plethora of well-known authors present excellent ideas on how to deliver orthodontic treatment during this global pandemic. Anyone in practice today will benefit tremendously from their ideas and suggestions. While the changes mandated by the virus may seem cumbersome and annoying at first, they actually present many opportunities to do things better and more efficiently that should, in the long run, prove advantageous to orthodontists. Our "new normal"—to use a phrase prominent in the media nowadays—may turn out to be better than our old normal.

Stay safe, healthy, and happy always. RGK