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Orthodontics: A Dying Specialty or Dentistry's Answer to Solving Many Health Problems?

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When I first began my orthodontic practice some 38 years ago, I thought of myself as a doctor who knew how to straighten teeth. I never imagined that I would influence the health of my patients far beyond giving them a good, functional bite to help them better digest their food. In my early years of practice, several of the patients I had previously treated came back to my office with clicking jaws and headaches. The limited training I had received during dental school and my orthodontic specialty program left me with no idea of how this TMJ dysfunction happened or what I could do for these people. My passion was ignited to find out answers and it drove me into much needed Continuing Education. I completed over 2000 CE hours in the next several years. I studied not only TMD, but also Dentofacial orthopedics, airway dysfunction and even spinal misalignment. I kept finding connections between many seemingly disparate parts of the body. I began to see that what I did with my patients' orthodontic treatment could have an effect on their body that went well beyond their mouth.

During these CE ventures I was continually surprised that I was virtually the only orthodontist present. In one such recent event I brought a fellow orthodontist to a sleep apnea lecture. The instructor thought it so unusual to see a couple of orthodontists at his lecture; he had us stand to be recognized. The response was thunderous applause by the 200+ dentists in the room. It seems that many of my orthodontic comrades shy away from CE courses given by a 'non-specialist'. They think, incorrectly so, that there is nothing to be learned from a general dentist. After all, a specialist has two or more years of formal education to be able to be called a specialist, so they must know more! This is a very big mistake many specialists make, as many generalists have a much more complete view of their patients. They have seen the impact of the specialist's treatment over the lifetime of the patient, not always with positive results. A case in point is the following: The orthodontic specialist sees the patient over the treatment course of a few years and typically does not follow the patient past the teen years. They don't see the problems of dental relapse that occur years later. More critical is that they don't see the TMJ dysfunction that could have happened as a result of their treatment. Even the aging Obstructive Sleep Apnea patient, or a person's poor spinal alignment may never be connected to previous orthodontic treatment. The family dentist, many times following the patient for the rest of their life, however, is privy to all the aftermaths of short sighted treatment, whether it is from a specialist or another generalist.

Orthodontics, as a specialty, must recognize that teeth and jaw structures are connected to other very important parts of the human body. The correction of malocclusions means more than just straightening teeth. To give the patient the appropriate treatment, the other areas affected must also be addressed. This certainly includes the TMJs and the upper airway, which need to be brought into physiologic balance when orthodontic treatment is performed. This also means that correct tongue and lip posture with normal swallowing and proper lip seal also has to be established or the results of all our efforts will not hold in the end.

It has been demonstrated that changing the shape and position of bone structures to ideal [1], referred to as Functional Facial Orthopedics (FFO), has solved such far-reaching health problems as Obstructive Sleep Apnea (OSA) and TMJ Dysfunction (TMD). OSA and TMD both have been linked to a myriad of serious health problems such as heart disease and neurologic disorders as Parkinson's disease and Tourette's syndrome. The enlightened orthodontist has the opportunity to go far beyond just creating beautiful smiles when they recognize this power.

In my book, STRAIGHT TALK about CROOKED TEETH, I presented Nine Keys to Lower Facial Harmony [2]. I believe all of these keys should be a goal of each orthodontic case treated. Sadly, today, only three of these nine keys are fully accepted and talked about as important by traditional orthodontists, the other six being partially or totally ignored. Each of these important Keys addresses different facets of treatment that relate to the whole person, and not just teeth.

Practitioners of orthodontics, whether in a specialty or as practiced within the family dental arena, need to recognize the connection of the teeth to the rest of the body. If they do so, then they will have great power to help mankind to live a better life. If they do not, their influence using their limited treatment philosophy will ultimately fade and orthodontics will become irrelevant as a specialty. The future of orthodontics as a specialty lies in the mass commitment to go beyond the limitations of much of the current traditional thinking, and reach to understand the possible positive influence orthodontics can have on total body health.

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