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## Taking stock: assessing the present, planning the future

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The first question that we must ask ourselves as orthodontists as we consider our present condition and plan our future, is 'where are we?' Currently, there are over 9000 orthodontists in the USA and Canada. The American Association of Orthodontists is a strong and viable organization. The American Board of Orthodontics is developing a number of tracks for certification. Orthodontists as a group are in the top 2% of wage earners in the USA. On the surface, one would surmise that our future is bright and assured.

But as we look at ourselves carefully, there are some problems that are threatening to cause our specialty major turmoil.

- 1) Orthodontic education is in a crisis.
- 2) There are hundreds of different orthodontic appliances and all sorts of widgets, slot sizes, torques wires, etc.
- 3) Much of orthodontic treatment is now being done by auxiliaries. The 'orthodontist' does not do the treatment; a lady who has a high school diploma is doing the treatment.
- 4) All this leads to the fact that patient care, our responsibility, is becoming suspect. Who knows what kind of care we are giving to the population as a whole? In essence, there is no 'state of the art'.

As we consider these problems, it might be helpful to reflect back to see where we have been. Has dentistry always been so confused or is this current phenomenon new to our generation? Most of our forbearers were honorable and reputable people. Fauchard, Hunter, Black, and others set the standards for dentistry. Yet, interspersed with these icons in our

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profession was a long line of entrepreneurs and quacks. These people advertised everything from 'snake oil' to perfume to cure dental maladies.

As orthodontists, what is our lineage? Taken as a whole, our history has been honorable. We have had Kinsley and Farrar. We have had Edward Hartley Angle, and into recent times we have had Brodie, Ketcham, Hellman, Strang, Tweed and many others. During the 1940s, 1950s and 1960s, and even into the early 1970s, orthodontics was done by the orthodontist. Auxiliaries were exactly what the name implies – auxiliaries. Jim Brody single handedly ran the AAO. It was a simpler time. It was a good time to be an orthodontist, and more importantly, it was good to be an orthodontic patient. Preceptorship ended in the early 1970s. University programs began to proliferate. Things were good, or so they seemed to be.

In the early 1970s some major changes began to occur. Dental school enrollments were doubled by capitation. Graduate programs in orthodontics proliferated. Between 1964 and 1975, AAO membership increased from 3313 to 8606; it doubled in 11 years. In 1975, the AAO formed a special committee to determine what could be done to keep 350 new orthodontists/year busy. 'Straightwire' was born. At the time it was introduced, it was billed as the 'magic appliance' that eliminated wire bending. In 1974, two attorneys, John Bates and Van O'steen started to advertise 'legal services at very reasonable rates'. They were sued by the Arizona Bar Association. The case ultimately went to the US Supreme Court. In 1977, the court ruled that professionals could advertise. This ruling opened the floodgates and changed our specialty forever. But it did not do it alone; we changed it with a greater number of orthodontists and an AAO marketing plan to keep all these orthodontists busy. Public relations became a byword. Orthodontists in the 1970s, but more predominately in the 1980s and 1990s, began to align themselves with supply companies in order to market their particular appliance. Has any of this happened before? Yes, of course it has. Angle was the first

entrepreneur. He marketed his appliance for the SS White Manufacturing Company. Others marketed their appliances by publishing fliers peddling their services. So, none of this is really new. There are just more of us now than there were in the 1920s.

But what is new and different is the way auxiliaries have begun to treat patients instead of the doctor. We have seen the mushrooming of staffs. A doctor in the 1950s, 1960s and 1970s would have three or four auxiliaries who were highly trained to work in an orthodontic office. In the 1980s, 1990s and in the 2000s we have mega staffs of 10 ladies/doctor who, through delegation, do most of the work.

As we progress into the new millennium, where do we go from here? How do we take what we have and make it work for the public whom we serve? The problems we must solve are:

- 1) Education is in a crisis – read the literature about education. I must mention an article from the University of Virginia by Peck and Lindauer which summarizes our education problems quite succinctly.<sup>1</sup> The solution for education has to be found.
- 2) We have to have more alumni support for our programs and our graduates. We must stress professionalism and service to students in our graduate programs. In essence, we must make every effort to teach our students that the service rendered is infinitely more important than the remuneration received.
- 3) We must teach fundamentals. No practitioner can render a quality service to the public at large unless he/she knows the fundamentals.

Our patients must come first again, instead of our bottom line. Only if we rediscover ourselves and come back to our fundamental principles and treatment goals of esthetics, health, function, and stability can we truly survive as a specialty. How we solve the problems with our education, our professionalism, and the quality of care we render the patient will determine our destiny.

<sup>1</sup>Lindauer, S.J. et al., 'The crisis in orthodontic education: goals and perceptions'. *AJO/DO*, Vol. 124, 5, Nov. 2003, pp. 480–487.

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