Fall 2011

Southern Association of Orthodontists

SAO News

Alabama
Florida
Georgia
Kentucky
Louisiana
Mississippi
North Carolina
South Carolina
Tennessee
Virginia
West Virginia

SAO TRUSTEE'S REPORT

What Does the AAO Do for YOU?

DeWayne McCamish, DDS, MS
Chattanooga, TN

I hope that each of you have had an enjoyable summer and beautiful fall season. The AAO Board of Trustees meets bimonthly to address the many challenges that face our specialty. Mike Rogers is providing excellent, efficient leadership for our AAO Organization. This should be of no surprise to anyone that has ever worked with him. The SAO owes a big THANK YOU to Mike for all that he has done for so many years. He represents each of us extremely well. I will mention below some of the many issues discussed and actions taken since the 2011 AAO Annual Session.

BUILDING RENOVATION

The BOT approved, in concept, a building renovation plan (final costs/renovations to be determined over the next few months) and will engage a construction consultant to validate the project budget estimate with a final report and recommendation at the November 2011 meeting. The AAO central office building is the largest asset of the AAO. Other than the board room, no significant renovations have been completed since the building was purchased in 1991. There are duct, external and internal repairs that are needed to keep up the value of the building. Delegation chairs, constituent presidents, constituent EDs and other invitees were informed of this plan during a conference call on August 19, 2011.

AAO COMMUNICATION

AAO's public website www.braces.org is being revised and will be launched as www.yourlifeyoursmile.org which is the new tag line of the public awareness campaign. Launch date is October 1. The site will be more interactive and will include more videos and downloadable materials for the public. We strongly urge that members and constituents link their sites to www.yourlifeyoursmile.org. The public website will be translated into Spanish this year and in other languages over the next few years.

The AAO has increased its participation with its Facebook, YouTube and Twitter sites. As of this date, AAO's Facebook site has 4,000 followers. Additional videos, games and interactive items will be added over the next 12 months. AAO has also created a special site for orthodontic residents to participate within their own AAO sponsored community. AAO staff member Merlene Holman is the "host" of this site.

DOS

The Donated Orthodontic Services pilot program, tested in five states, has been successful. The BOT approved a new business plan which will allow other interested component organizations to use the "template" created by the pilot program to launch their own DOS programs if they so choose. The new business plan relies on a small fee for those patients participating to offset the administrative costs. For further information, please contact Ann Sebaugh.

AAO RELATIONSHIPS

The AAO officers and executive director meet annually with the ADA officers and executive director to discuss areas of mutual interest. This year's meeting was very productive and marks a continuing improvement in our relationship with the ADA. The participants reviewed advocacy issues including the fall Congressional agenda, barriers to care programs and upcoming items being proposed in the ADA House of Delegates. The AAO pre-

In This Issue

sented, with the support of the Dental Specialty Group (DSG), a resolution to the ADA HOD to remove the date from the new ADA specialty logo.

AAO trustees and officers metwith the AAPD, AAPHD, AAOMS and AGD officers and trustees during the recent ADA Annual Session to discuss areas of mutual interest.

PATIENT CENSUS SURVEY

The AAO recently completed its bi-annual patient census survey. This survey goes out to AAO members in order to track trends such as patient starts, staffing concerns and referral patterns. A committee of the Board will review this survey and assign various data to AAO councils for further study.

UPCOMING EVENTS

Professional Advocacy Conference

The AAO will host a Professional Advocacy Conference January 23-25, 2012 in Washington, DC. If you are interested in attending, please contact the SAO Office at (800) 261-5528 or Kevin Dillard in the AAO Office at (800) 424-2861.

AAO Annual Session

The AAO Annual Meeting will be May 4-8, 2012 in Honolulu, Hawaii. The SAO's own Mike Rogers is President of the AAO this year and we certainly want to support him at this meeting. Mike has tapped several well-known SAO members to serve on the committee to plan an exquisite experience for you. Helping Mike are Drs. Rick McClung, James Vaden, Mark Johnston, and Steve Tinsworth. Registration is now open.

On closing, I would encourage everyone to attend the Mid-Winter Conference to be held January 27 – 29, 2012 on Marco Island at the Marco Island Marriott Beach Resort, Florida The American Academy of Pediatric Dentistry will join the AAO for the 2012 Mid-Winter Scientific Meeting, "Age-Appropriate Treatment of the Developing Occlusion: Common Problems – Consensus Solutions." Make plans to join your fellow AAO members and members of the American Academy of Pediatric Dentistry for an outstanding learning experience with expert presenters in a series of panel discussions addressing:

Crowding and space management
Missing teeth
Treatment of the developing crossbite
Protection of teeth during orthodontic treatment
Adolescent patient motivation and learning issues
New technologies such as CBCT and lasers

I am honored to continue to serve as your Trustee to the AAO. I can assure you the Mike Rogers and I work hard to best represent each of you and your interest in our chosen profession.

Have an idea? Have a comment?
Want to make a suggestion?
Contact DeWayne McCamish at dbm@dbmortho.com.
(423) 622-4173, (423) 629-9889 fax
4610 Brainerd Rd., Ste. 3, Chattanooga, TN 37411

Calling all Photographers

If you have a favorite photo of a scene – landscape, flower, tree, animals, etc. that you think would look nice on the cover, please send it to saortho@bellsouth.net. Make sure that the photo is a high quality, 300 dpi photo (the "fine" settings of most digital cameras).

Submission is approval to print the picture with credit given.

Cover photo: The Grove Park Inn, site of our 2012 Annual Meeting.

HOW WOULD YOU TREAT THIS PATIENT?

The patient is a 13-year-old boy who has no significant medical history. The photographs of the face (Fig. 1) exhibit a reasonably good facial profile. The mandible has a slight retrognathic tendency. The casts (Fig. 2) exhibit a deep overbite with an Angle's Class II relationship on the right side. The curve of Spee is deep. There is minimal mandibular anterior crowding. The pretreatment panoramic radiograph (Fig.3) confirms that all teeth are present with no pathology. The pretreatment cephalogram and its tracing (Fig. 4) confirm a skeletal retrognathia with an ANB of 6º and an SNB of 75º. The Z angle is 74º.

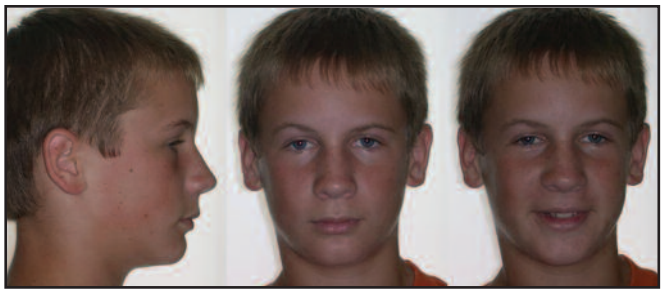


Figure 1 - Pretreatment Facial Photographs

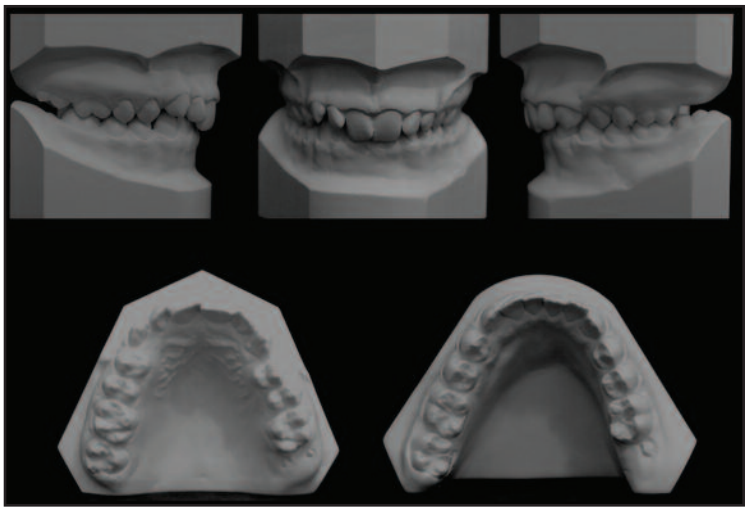


Figure 2 - Pretreatment Casts

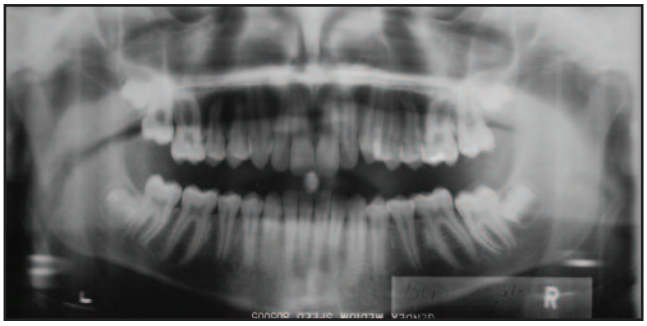


Figure 3 - Pretreatment Panoramic Radiograph

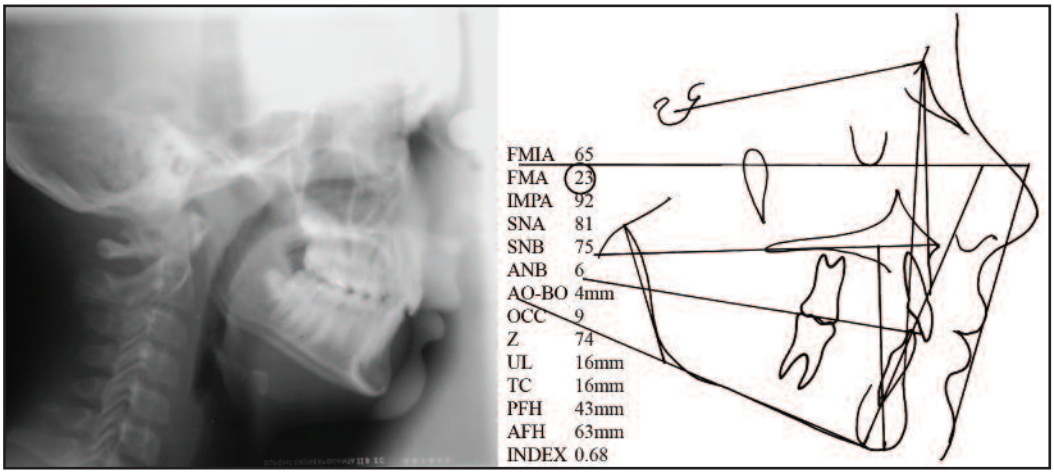


Figure 4 - Pretreatment Cephalogram and Tracing

To see the treatment plan that was utilized for this patient and the posttreatment records, please go to page 14.

SAO Membership Report : 2011

New Members

Dr. Christopher Canales
Birmingham, AL

Dr. Katherine Miller
Dothan, AL

Dr. Michael B. Wood
Selma, AL

Dr. Doraida Abramowitz
Lakeland, FL

Dr. Prathima Adusumilli
Plantation, FL

Dr. Marianela Cardenas
Doral, FL

Dr. Richard E. Donatelli
Gainesville, FL

Dr. Craig Hadgis
St. Petersburg, FL

Dr. Yolanda Kieser
Ft. Myers, FL

Dr. David Mansour
Orlando, FL

Dr. Michael Maruri
Plantation, FL

Dr. Nicole Mullally
Gainesville, FL

Dr. John Zhang
Jacksonville, FL

Dr. Timothy Collins
Evans, GA

Dr. John D. Iaculli
Atlanta, GA

Dr. Jacob Koch
Snellville, GA

Dr. Virginia McCune
Atlanta, GA

Dr. Stephanie Moore
Alpharetta, GA

Dr. Gerry Ahrens
Crestwood, KY

Dr. Jennifer A. Haskell
Louisville, KY

Dr. Jean Anne Jensen
Shelbyville, KY

Dr. Hannah Oliver
Louisville, KY

Dr. Kamran Shaikh
Louisville, KY

Dr. Jennifer Sullivan
Lexington, KY

Dr. John W. Turner
Lexington, KY

Dr. Anthony J. Basil
High Point, NC

Dr. Jeremy Bateman
Ft. Bragg, NC

Dr. Jeff Berndt
Carrboro, NC

Dr. Elizabeth Dowd
Cary, NC

Dr. Dan Grauer
Chapel Hill, NC

Dr. Kervin Mack
Raleigh, NC

Dr. J. Austin Rahaim
Wilson, NC

Dr. Russell Weaver
Aberdeen, NC

Dr. Erin N. Brophey
Hanahan, SC

Dr. Desmond Chapman
Charleston, SC

Dr. Glen Davis, Jr.
Greer, SC

Dr. Juan Faja-Fernandez
Florence, SC

Dr. Christopher Hall
Charleston, SC

Dr. J. Bradford Mokris
Ft. Mill, SC

Dr. James W. Raman
Columbia, SC

Dr. Damon Barbieri
Nashville, TN

Dr. Beau R. Myers
Knoxville, TN

Dr. Mark J. Owens
Knoxville, TN

Dr. Yugal Behl
Portsmouth, VA

Dr. Liliana L. Calkins
Great Falls, VA

Dr. Syed Kalim Hussaini
Woodbridge, VA

Dr. Sahira Kortam
Ashburn, VA

Dr. Robert Park
Roanoke, VA

Dr. Camille Rose
Alexandria, VA

Dr. Michael Weiler
Harrisonburg, VA

Dr. Maggie S. Adams
Huntington, WV

Dr. Andrew H. Thompson
Scott Depot, WV

Retired Members

Dr. Michael J. Aguirre
Gainesville, FL

Dr. Jack D. Bledsoe
Fairfax, VA

Dr. Steve L. Caudill
Merritt Is., FL

Dr. Lawrence J. Derbes
Metairie, LA

Dr. Lawrence B. Evans
Snellville, GA

Dr. Charles A. Frank
Jacksonville, FL

Dr. Edmond E. Jeansonne, Jr.
Luling, LA

Dr. S. Meredith Johnson, Jr.
Jeffersonville, IN

Dr. Thomas L. Klechak
Jacksonville, FL

Dr. Perry D. Mowbray, Jr.
Marion, VA

Dr. Franklin D. Pattishall
Charlotte, NC

Dr. Stephen M. Sawrie
Chattanooga, TN

Dr. Theodore S. Schwartz
Stuart, FL

Dr. Walter S. Vuchnich
Concord, NC

Dr. Donald L. Young, Jr.
Nashville, TN

Dr. Richard R. Zechini
Lynchburg, VA

Transferred to SAO

Dr. Ryan Wiesemann
KY to White House,TN

Dr. Armando Salazar
NESO to Miami, FL

Dr. Brian G. Chrzan
PCSO to Tucker, GA

Dr. Eliane Alvim John
GLAO to Sunny Isles, FL

Dr. Sarandeep Huja
GLAO to Lexington, KY

Dr. Ki Beom Kim
MSO to Davie, FL

Dr. Steven Zombek
NESO to Hollywood, FL

Dr. Stuart Josell
MASO to Greenville, NC

Dr. Cristiana Araujo
MSO to Jacksonville, FL

Dr. Kristen L. Benes
PCSO to Suffolk, VA

Dr. Christopher Rawle
PCSO to
Altamonte Sprgs., FL

Dr. William T. Anderson
SWSO to Orlando, FL

Dr. Rachel M. Hamilton
SCAO to Sanford, NC

Dr. Amy Smith Sawyer
GA to Covington, LA

Dr. Ana Decastro Benedetti
VA to Fort Lauderdale, FL

Transferred out of SAO

Dr. Lucia Cevidanes
FL to GLAO

Dr. Sung Shyn
FL to PCSO

Dr. John M. Doris
GA to RMSO

Dr. Marvin B. Ngwafon
GA to MASO

Dr. Lateefah Washington
GA to SWSO

Dr. Aaron J. White
GA to PCSO

Dr. Lance Miller
NC to NESO

Dr. Brian Leung
TN to MASO

Dr. Ben Neibaur
TN to RMO

Dr. Melissa L. Rudolph
TN to SWSO

Dr. David H. Seligman
TN to NESO

Dr. Mindy G. Streem
VA to MSO

Deceased Members

Dr. Glen N. Gill
Bowling Green, KY

Dr. Terry Tippin
Fernandina Beach, FL

Dr. Alvin J. Tight, II
Fort Lauderdale, FL

Dr. Jerry J. Long
Gallman, MS

Dr. Baird R. Faulkner
Hermitage, TN

Dr. Rolenzo A. Hanes
Naples, FL

Dr. Stephen F. Paige
Ocala, FL

Dr. Ralph A. White
Powell, TN

SAO NEWS

A publication of the Southern Association of Orthodontists

32 Lenox Pointe
Atlanta, GA 30324-3169
(404) 261-5528 or (800) 261-5528
Fax: (404) 261-6856

e-mail: saortho@Bellsouth.net
Web site: www.saortho.org

Founded in 1921
Fostering the Ethical Delivery of Quality Orthodontic Care

SAO News is published four times a year by the Southern Association of Orthodontists. The opinions expressed in articles and editorials are those of the authors and not necessarily those of the Association.

Part of the requirement of the Leadership Development Program is to identify an issue and make recommendations to the Board of Directors. The 2011 Leadership Class presented 3 reports to the Board for consideration. These reports are presented below and on the following pages.

AAOPAC Awareness Initiative

SAO Leadership Project 2011

by Thomas Baldwin, Gavin Heymann, Carolyn Jennings, Shreena Patel and Board Liaison, Rod Klima


Thomas Baldwin


Gavin Heymann


Carol Jennings


Shreena Patel


Rod Klima

INTRODUCTION

As healthcare providers and small business owners, orthodontists are subject to the decisions made at local, state, and federal levels of government. Surveys conducted by the SAO (among other organizations) consistently show that orthodontists value their membership in the association because it provides a voice in development of legislative and regulatory policy. As a nonprofit organization, the AAO/SAO cannot contribute to the campaigns of candidates. The AAOPAC is established under federal law to solicit funds from members of the AAO and make contributions to the campaigns of candidates for elected positions in federal government. Therefore, AAOPAC can magnify the influence of orthodontists on governance in ways that the AAO/SAO and individuals cannot.

PROBLEM/CHALLENGE

Financial contributions to the PAC do not reflect the strong value most orthodontists have on influencing governmental policy. There are approximately 10,000 AAO members, and contributions to the AAOPAC for 2010 totaled $267,000--far short of the goal of $500,000 per year. By comparison, the AAOMS has approximately 9,000 members and averages approximately $400,000 per year. Our current level of contribution places the AAOPAC as the 20th ranked healthcare-related PAC. The annual goal of $500,000 could be achieved with only a modest contribution of $50 per member, so it is clear that meeting such a goal is not dependent upon excessively high levels of individual giving. It is somewhat encouraging that among healthcare-related PACs, the American Dental Association is ranked second. While, many interests of the AAO will be aligned with those of the ADA, it is still important to attempt to increase advocacy on the behalf of our specialty. The percentage of eligible

contributors per region ranges from 14.2% (SWSO) to 4.6% (PCSO) with the SAO ranking third with 11.3%. There seems to be a significant "disconnect" between the need for advocacy and the contributions made to the AAOPAC.

Since the demographics of the SAO are constantly evolving, particularly with a recent increase in numbers of young members, it is important to have an accurate and current perspective of who we are as an organization so that we can best tailor our efforts to increase awareness about challenges facing our profession as well as provide meaningful member benefits.

POSSIBLE SOLUTIONS

As previously stated, it is the goal of the PAC to collect $1 million per election cycle (e.g. 2011-2012), or $500,000 per year. To attain this goal, the focus will be aimed at increasing both awareness and contributions. If members are aware of the importance of donating to the PAC, then they may be more likely to contribute.

ACTION PLAN TO SOLVE CHALLENGE

AAO:

- Improve AAOPAC website
  - –Increase ease of locating the AAOPAC webpage. Currently, a Google search of "AAOPAC" or "American Association of Orthodontists Political Action Committee" does not easily direct the viewer to the main site.
  - –Disseminate to SAO members the past successes of the AAOPAC, as well as current threats to the specialty and initiatives aimed at addressing these threats.
  - –Maintain a PAC website with up-to-date information
- Lunch/learns at graduate programs about the AAOPAC
- AAOPAC Facebook Page
  - –Monthly updates about donating, showing donation levels and updates on PAC's important issues.
- AAOPAC and CAPWIZ email updates.

Capwiz is a user-friendly grassroots legislative action center that lets you quickly and easily communicate your message on timely topics to your legislators and regulators. It can also be used to conveniently look up legislators, regulators and media contacts. If you opt in, you will receive a Legislative Action Request from the AAO/component organization asking you to respond to an important legislative or regulatory issue and including a link to Capwiz. By clicking on the link and providing your home zip code, you'll first be provided with information on officials that represent you. The Capwiz grassroots action center provides a list of talking points to use when contacting your legislator.

- Email or printed list of AAOPAC contributors
- Improved AAOPAC "fact sheet" to be included with annual AAO dues mailing

SAO:

- A new and younger members reception at component and constituent meetings that is a question and answer session and an update on important issues
- AAOPAC and CAPWIZ email updates

Component:

- Appoint three state captains of different ages from the membership
  - –Ages 55 and over; Ages 41-55; Ages 40 and under
- Component Captain duties are to include:
  - –Become an AAOPAC annual contributor (not an absolute criteria, but strongly recommended)
  - –Make at least four PAC solicitations each month from orthodontists in his/her state
  - –Maintain a "key contact list" of regular PAC c ontributors for the respective state
  - –If possible, attend fundraisers in member's state for a candidate supported by the AAOPAC
  - –Speak at residency programs and component meetings about the AAOPAC
  - –Attempt to make connections with the respective state legislature/legislators
- Offer a pledge card for a dollar amount over a defined time period
- Suggest a donation of $50 per each year out of school
- Increase the percentage of participants at any donation level
- Contact donors who regularly pledge $250 or more and ask them to increase their donation amount
- Have a competition among the component states in the constituency to see who can have the greatest $ amount donated per member. The reward will be a traveling trophy for "bragging rights" that will be given at the annual SAO meeting to the winning component.

All Levels:

- Focus on new and younger members

The Ideal Orthodontic Assistant "Best Practices" of Delegated Duties

by Max Couch, Brian O'Leary, Ed 'Chopper' Snyder, Al Vargas; Board Liaison, Henry Zaytoun


Max Couch


Brian O'Leary


Ed Snyder


Al Vargas


Henry Zaytoun

There are two things that can alter our ability to practice orthodontics with little or no notice. One is a medical event. For this we can purchase medical insurance, disability insurance etc. The second is a change in the law. For this we must remain vigilant of our legislatures, (think AAOPAC, and state PAC's), and be prepared to act quickly to help guide our legislators to enact laws which will protect our patients while allowing us to work in an efficient and effective manner.

Our leadership project 'The Ideal Orthodontic Assistant' has three goals:

1. Study and record state laws in the Southern Association of Orthodontists' (SAO) geographic area that covers the allowable/restricted duties of dental assistants.

2. Create a roster from the AAO's orthodontic assistant guidelines and the Dental Assistant National Board (DANKB) summary of state laws that govern assistant duties of 'Best Practices' from the list of duties allowed by each State.

3. Present a template to be distributed or made available to State components which might help guide their State Boards of Dentistry and State Legislatures to effect positive changes in the laws and regulations governing the use of dental/orthodontic assistants.

Boards of Dentistry in each state were developed in the early years of the 20th century to protect the public from unscrupulous individuals who advertised themselves as dentists. Over the years regulations were enacted to define the education necessary, the scope of practice, and guidelines on how an ethical person should practice as a dentist. As with any governmental pursuit, the scope of regulation has continued to expand and a recent development has been the regulation of what a dental assistant can and cannot do. Many states are now defining two levels of dental assistants. These individuals are divided by the education/experience/ state certification required to perform 'expanded' duties.

The individuals appointed to boards of dentistry are political appointments. The membership of most State Boards consists primarily of dentists, 1 or 2 hygienists and many times, non-dental members. Most States, even though they note the existence of the various specialties of dentistry, treat specialists the same as a general dentist. This is why every specialist has to take and pass a general dental clinical exam to practice. The exceptions in the SAO region are Kentucky, West Virginia and Tennessee.

The primary duty of a state board is to provide 'protection' to the public of that state. Each state has the duty and right to develop its own laws and regulations. A state board does not create law; its job is to interpret the law, develop rules and regulations, and enforce these rules and regulations. When it comes to defining and regulating dental assistants, most regulations are written with the needs of a general dentist in mind. Orthodontists need assistants with a different skill set. An orthodontic assistant must do more than simply hand back and forth instruments. The orthodontic assistant must be able to operate with greater independence than the traditional dental assistant.

When a state board develops regulations for a license or certificate, it reserves the act of diagnosis and development of a treatment plan to the licensed dentist. Actual treatment is usually divided into reversible and irreversible treatment procedures. This is a key point for orthodontic assistants since most of what they do is reversible. This reversibility of a procedure is what needs to be stressed

Continued on page 10

General/Clerical duties	Supervision Level	Education/Experience
Health Assessment	Indirect	In office/experience
Patient Instructions	Indirect	In office/experience
Perform mouth mirror inspect.	Indirect	In office/experience
Maintain Emergency Kit	General	OSHA trained/In office
Sterilization and Disinfect	General	OSHA/In office
Compliance with OSHA	Indirect	OSHA 'trained'
Lab forms	General	None/office trained
Prescription forms	General	None/office trained
Radiology/Photography		
Expose Radiographs	Indirect	8 hour Board approved
Mount and label radiographs	General	None/in office
Intraoral camera	None	None/in office
Intraoral scanner CAD/CAM	Indirect	None/in office
Clinical Procedures		
Apply acid etch	Direct	None/in office
Apply sealants	Direct	None/in office
Apply Fluoride	Direct	None/in office
Apply and cure bonding agents	Direct	None/in office
Take impressions for study models	General	None/in office
Take impressions for appliances	Direct	None/in office
Pour and trim models	General	None/in office
Take wax bite	Indirect	None/in office
Remove excess cement	Indirect	None/in office
Polish Teeth with rotary slow speed	Indirect	None/in office
Mix dental materials	General	None/in office
Polish and clean removable appliances	General	None/in office
Extra-oral adjustment of appliances	Indirect	None/in office
Place and remove separators	General	None/in office
Check for loose band/brackets	General	None/in office
Remove loose band/brackets	General	None/in office
Remove cemented band/brackets	Indirect	None/in office
Place and tie in arch wires	Direct	None/in office
Remove arch wires	Direct	None/in office
Form arch wires for placement by dentist	Direct	None/in office
Select and fit bands and brackets	Direct	None/in office
Final cementation of bands/brackets	Direct	I do not like
Recement loose bands/brackets	Direct	I do not like
Recement band/bracket post dentist review of area	Direct	Board approved course
Place attachments for elastics/chain	Direct	None/in office
Remove composite with slow speed	Direct	None/in office
Remove composite with High-speed		Do not like…chance for Permanent damage
Miscellaneous		
Use of a laser		Most states prohibit
Take impression for bleaching tray	Indirect	None/in office
Apply bleach/whitening agent	Indirect	None/in office
Apply topical anesthetic	Direct	None/in office

when approaching a state board about allowable duties for orthodontic assistants.

Template of Assistant duties, level of need supervision and education/experience suggested.

Direct supervision: The dentist determines the condition to be treated, is present and immediately available during the procedure, and examines the task at completion.

Indirect supervision: The dentist authorizes the procedure and at some point during the visit, monitors the patient's condition.

General supervision: The dentist authorizes the procedure and is responsible for the outcome, but does not have to immediately observe or be present during the procedure.

Future issues that need to be addresses

Listed below are some issues of which the specialty needs to be cognizant of as we progress further into the 21st century. Remember, we must be prepared to act when these questions come before our respective Boards of Dentistry!

1. The incorporation of 'Cone Beam' units into our practice. Who can take the radiograph? Who can interpret it? What education is required?

2. Digital images of the dental and skeletal structures vs. impressions as in the past. Who can take these 'images"? What can they be used for? Who can manipulate? Who can prescribe a treatment plan from these images?

3. Customized brackets from impressions or digital images with the fabrication of indirect trays. Who can take these images? Can they be made in a foreign country with high amounts of lead in the appliance and thus bypass State and Federal laws?

SAO Consumer Awareness Campaign Order Form

(allow 2 weeks for delivery)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP_____

100 cards per package @ $30 each plus postage SAO Members

$35 each package plus postage non-SAO Members

Number pkgs/Child _____ X $30/35 = $_____

Number pkgs/Adult _____ X $30/35 = $_____

Postage* (see below for amount to include) = $_____

TOTAL $_____

MAKE CHECK PAYABLE TO SAO AND MAIL TO:
SAO, 32 Lenox Pointe, Atlanta, GA 30324
To charge, complete the form and fax to the SAO at 404-261-6856.

CREDIT CARD INFORMATION:

Type Card: ____ AMEX ____ MC ___VISA

Expiration Date:_____ Vcode:_____

CARD #: _____

NAME ON CARD: _____
(please print)

CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP_____

I agree to pay the fees for the items ordered above.

SIGNATURE: _____

Cards may be purchased per package of 100 plus postage.

* Postage = 1-2 pkgs: $4.95 3 or more pkgs=$10.75

Minimum purchase of one package.

Membership Retention/Member Engagement

by Brian Hamby, Nathan Hamman, Roger Hennigh, Bill Layman, John Metz; Executive Committee Liaison, Brian Jacobus


Brian Hamby


Nathan Hamman


Roger Hennigh


Bill Layman


John Metz


Brian Jacobus

One of the main challenges for any professional organization or society is to not only to recruit members, but to retain them for the duration of their careers. It is a task that begins with engagement of new members. It continues by offering benefits to the members and by explaining those benefits in a clear and effective manner. Member retention is vital to the existence and well-being of an organization and should, therefore, be of top priority.

The American Association of Orthodontists is unique among professional organizations. It boasts a 93 percent membership of all orthodontic specialists in the United States. This level of membership is significantly greater than the level enjoyed by the majority of other professional organizations, even the ADA. However, there is currently a significant decrease in membership of orthodontists transitioning from residency to orthodontic practice. Each year, on average, 98 percent of dental students entering orthodontic programs join the AAO as student members. Approximately 10 percent of the graduating student members allow their membership to lapse after graduation. This drop-off does not appear to be due to a lack of perceived membership benefits. Some of the reported reasons for allowing their membership to lapse include: lost/misplaced instructions or orthodontic certificate when moving; so busy finding/starting a position they completely forgot; just got married, had a baby, etc. Fortunately, about half of these orthodontists reinstate their membership within a year. These statistics suggest that a higher initial level of engagement would decrease the number of recent graduates who allow their membership to lapse, especially since they are already aware of many of the benefits of continued membership.

To provide meetings where members can obtain valuable information, interaction, experiences, etc. is crucial to member engagement and retention. The AAO has an annual meeting which is generally well-attended. For example, the 2011 meeting in Chicago, IL had a record number of orthodontists in attendance (6,763). However, constituent and component meetings are usually not as well-attended, especially by orthodontists who have been in practice five years or less. The PCSO recently conducted a survey of this demographic group to discover how to better engage these members through varying avenues such as: assistance with practice success through mentoring, study clubs, advertising, etc.; more appealing annual regional meetings; and ways to provide opportunities for volunteer leadership. The majority of the practitioners surveyed agreed that personal outreach is an effective method of getting new orthodontists more involved in their regional organizations. Participating in a mentoring program with more experienced orthodontists and PCSO sponsored study clubs also appealed to those who were surveyed. When asked why they thought the PCSO annual meeting was not well attended by newer members, the most consistent answers included: considerable time and financial pressures with large student debts to repay; topics that do not appeal to new orthodontists because they review what was recently studied in residency; corporate sponsored meetings that cost little or nothing to attend; and timing of the conferences. Those surveyed reported lack of time as the biggest reason for not being involved with volunteer leadership.

The purpose of this project was to conduct a similar survey of a random sample of SAO members who have been in practice five years or less. Similar find-

ings to the PCSO survey were expected. Information from this survey, as well as information obtained from previous studies, was evaluated to determine possible methods of increasing/improving new member engagement that will lead to increased member retention in the SAO.

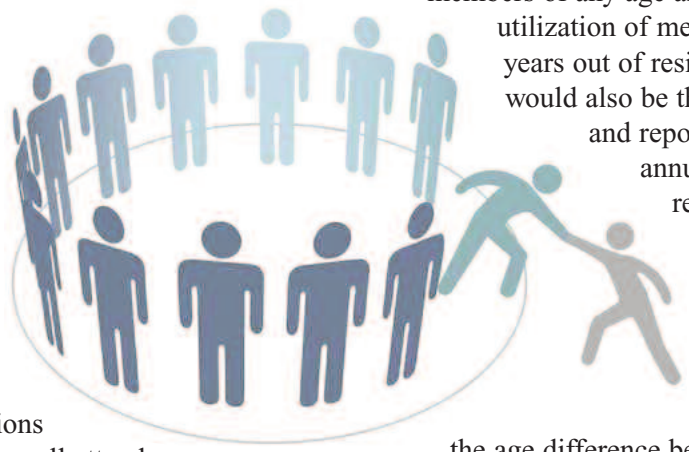
Our group contacted a random sample of 60 SAO members in our target demographic group. We hoped to achieve a 90 percent confidence interval in our results, but obtained approximately 50 percent response. The results were compiled into an executive summary. The majority of respondents answered that they joined the AAO during residency and have continued membership. Their understanding of the primary purpose of the AAO includes advocacy and providing continuing education.

When asked about their involvement with the SAO, most respondents cited family time and new practices as the reasons for little involvement in the SAO. Many do not attend the SAO annual session for a number of reasons. Some choose to attend the AAO annual session over the SAO annual session. In addition, the survey asked about other meetings that interested this population. Corporate presentations were cited as meetings that have been well attended. Respondents suggested offering higher profile speakers and practice management classes that do not conflict with the best clinical classes as ways to make the SAO annual session more appealing. We were interested to learn if distance learning would be a new way to engage these members; some respondents have tried distance learning a couple of times and cited convenience as the main reason for using this method of continuing education.

To improve SAO communications, many respondents recommended an "Orthotown" format with more business practice advice added. Many of the respondents reported infrequent visitation to the SAO website. Some have used it only to register for the SAO annual session. Most respondents are not aware of any programs the SAO sponsors to concentrate on new and younger members. When asked how the SAO could engage more of their peers, the majority of answers recommended using personal contact with SAO leadership and representatives as an effective method to increase involvement. Greater than 90% of respondents indicated that they would eventually like to be involved with SAO leadership. Many also reported that if a specific task was delegated to them, they would participate.

Although we recognize that our specialty has a high percentage of eligible orthodontists members. The leadership's main focus is to ensure that members continue to renew their membership. Our hope is to increase involvement on the SAO level. The most cited reason for membership or for people to become members was camaraderie during their residency. One of the "major findings" of the survey was how thankful our colleagues were for the phone call we provided to them. Therefore, the group resolved that personal contact is an integral component to both member engagement and member involvement.

Our group has recommended to the Board that a New Member Committee be formed. It should consist of 3 members of any age and would "oversee" the utilization of members who are four/eight years out of residency. This committee would also be the "think tank" for issues and report to the Board at the annual session. A written report would also be provided to the Board of Directors at the SAO annual session. Our research found that in the past the SAO had a similar committee, but the age difference between committee members and new members resulted in too many differences in the areas of financial status, lifestyle, and technology.



Ultimately, the new member committee would encourage the development of a specific engagement plan. The following are some examples of ways we feel would be effective.

1) The committee would direct the team of members four/eight years out of school to make a minimum of two to three phone calls to members that are one/three years out. The caller would utilize a script, developed and approved by the committee, which would provide talking points for conversation and consistency of message. One suggestion would be to use the SAO leadership class as the team of members. This would provide the future leadership of the SAO firsthand knowledge of the challenges facing our younger members.

A recommended timeline would be to conduct phone calls at the following intervals: an initial call three months after approval of membership, a second call six months after the initial call to follow up with the new member and a third call approximately nine months after the second call. This timeline would insure contact with the new member during the first year and a half out of residency.

2) We also recommend the development of support materials that would be mailed with the SAO membership certificate. These materials would make this mailing closely resemble a "welcome packet". One suggestion is to make high quality brochures or fliers that highlight the positive experiences our members have in the SAO. Examples could include mentor type relationships, friendships, or testimonials from an event that occurred at an SAO function.

3) We also feel that the new members should be able to attend the opening breakfast at the SAO annual meeting complimentary. This would encourage participation at the SAO meeting and provide an opportunity for leadership as well as an opportunity for the general membership to recognize and welcome our newest members. This small expense to SAO would help alleviate some of the financial burden of a new member's participating in events at the SAO annual session.

Summary at a Glance

Strategy: Development of a New Member Committee

Timeline:

6 months to organize the committee

18 months to engage new members

Budget:

Minimal if only phone calls are utilized

Moderate if voucher system and support materials are developed

($50 voucher multiplied by number of new members)

Overall, our leadership team was impressed to find such a high rate of membership in organized orthodontics. However, we recognize that there needs to be more engagement with our newest members in order to ensure member retention. Our plan of developing a New Member Committee will utilize personal contact to engage this new generation of orthodontists who will eventually mold the future of our organization.

How Would You Treat This Patient continued from page 5

TREATMENT PLAN

Due to the lack of mandibular anterior or midarch crowding, the relatively low mandibular plane angle, and the Z angle of 74º, the patient was started without the removal of premolars. The treatment plan was to start the patient and prepare mandibular anchorage after the removal of the mandibular third molars. The "prepared" mandibular arch could then support Class II elastics.

POSTTREATMENT

The posttreatment facial photographs (Fig. 5) exhibit a very pleasing face – one that exhibits no mandibular retrognathia. The posttreatment casts (Fig. 6) confirm correction of the Angle's Class II relationship on the right side as well as correction of the deep overbite. The mandibular curve of Spee has been leveled. The posttreatment panoramic radiograph (Fig. 7) exhibits upright teeth with parallel roots. All third molars have been removed. The posttreatment cephalogram and its tracing (Fig. 8) confirms the maintenance of mandibular incisor position and reduction of ANB from 6º to 2º. The posttreatment Z angle is 80º. The superimpositions (Fig. 9) confirm vertical control in the posterior area of the dentition and intrusion and retraction of the maxillary anterior teeth. Mandibular anterior teeth have been held in their pretreatment positions. What is noteworthy is the downward and forward change in mandibular position relative to maxillary position. This favorable change is desired during the correction of every Class II malocclusion. The pretreatment/posttreatment smiling photographs (Fig. 10) are testament to good vertical control.

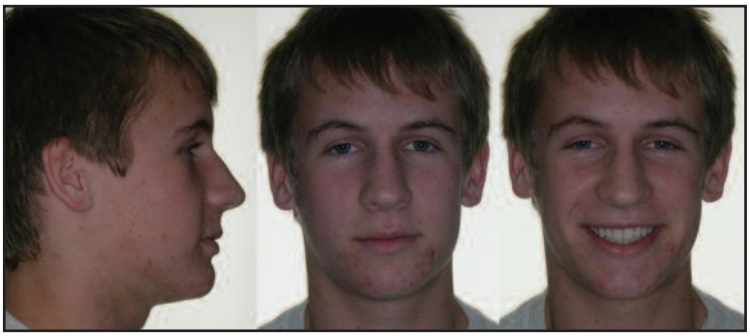


Figure 5 - Posttreatment Facial Photographs

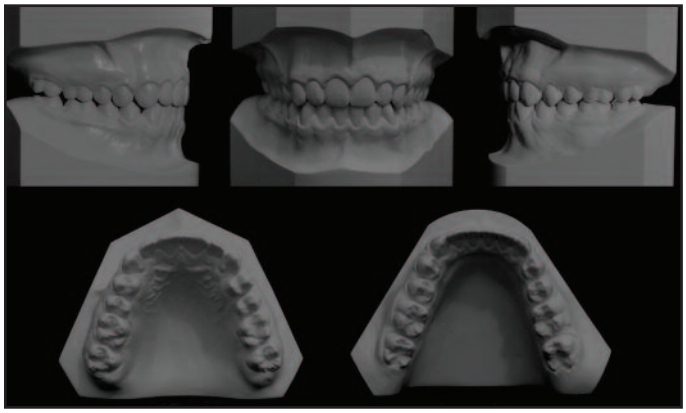


Figure 6 - Posttreatment Casts

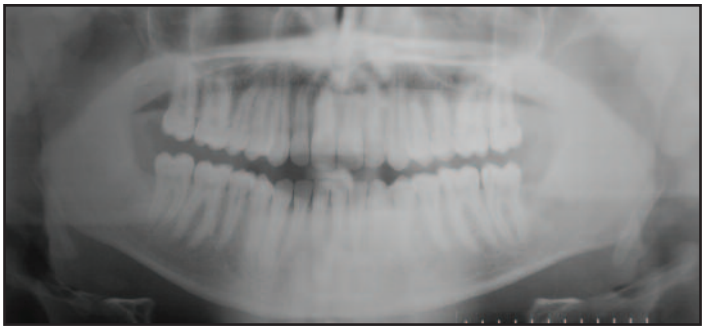


Figure 7 - Posttreatment Panoramic Radiograph

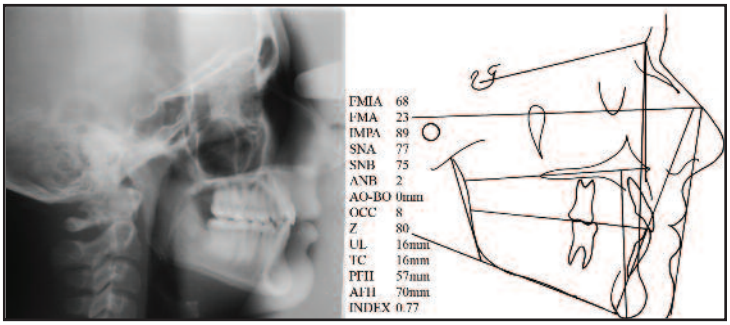


Figure 8 - Posttreatment Cephalogram and Tracing

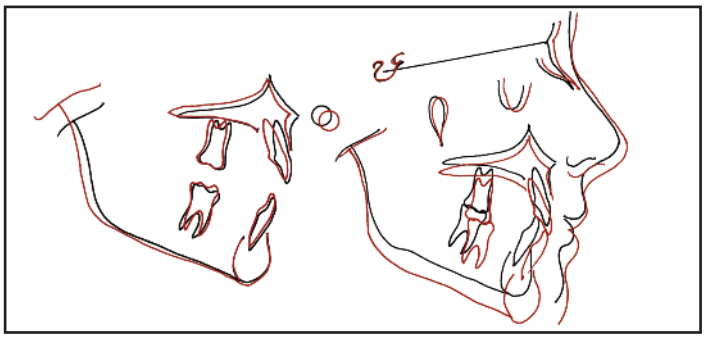


Figure 9 - Pretreatment\Posttreatment Superimpositions

Figure 10 - Pretreatment and Posttreatment Smiles

Contact Information for the Southern Association of Orthodontists and Components

If you would like to find out more about your constituent or component organization, we are providing a listing of officers to call with your questions or to volunteer to get involved.

SAO

President
Jay Whitley
541 Shadows Lane, Suite A
Baton Rouge, LA 70806
(225) 924-4384
jaywhitley@msn.com

President-Elect
Henry Zaytoun, Jr.
5041 Six Forks Road
Raleigh, NC 27609-4227
(919) 782-6911
drhenryjr@zaytoun
orthodontics.com

Secretary-Treasurer
Gregory Inman
520 North Miles St.
Elizabethtown, KY 42701
(270) 769-1349
drgreg14@aol.com

1st Senior Director
Brian Jacobus, Jr.
376 SW Prima Vista Blvd.
Port St. Lucie, FL 34983
(772) 340-0023
smylfxr1@aol.com

2nd Senior Director
Rodney Klima
5204-B Lyngate Ct.
Burke, VA 22015
(703) 425-5125
rodklima@hotmail.com

3rd Senior Director
Richard Williams
399 Southcret Ct., Suite B
Southaven, MS 38671
(662) 349-2196
rwbraces@bellsouth.net

ALAO

President
G. Mark Kingry
8101 Seaton Place, Suite A
Montgomery, AL 36116
(334) 272-4900
drkingry@kingryorthodontics.com

President-Elect
Deborah Sema
415 W. Oxmoor Rd.
Birmingham, AL 35209
(205) 942-2270
dsema@oxmoorvalley
orthodontics.com

Vice President
Will Chapman
1550 E. Trinity Blvd.
Montgomery, AL 36106
(334) 727-9448
willc@chapmanortho.com

Secretary-Treasurer
Paul Sproul
4001 Balmoral Dr.
Huntsville, AL 35801
(256) 539-7447
paulsproul@knology.net

DIRECTORS:
Amy Skelton
Scott Sprayberry
Kelly Page

MEETING:
June 15, 2012
Perdido Beach Resort

FAO

President
William Glenos, Jr.
107 Inlet Dr., S. Anasstasia Is.
St. Augustine, FL 32080
(904) 824-4886
jkglenos@bellsouth.net

President-Elect
Richard Mariani, Jr.
7741 SW 62nd Ave.
S. Miami, FL 33143
(305) 665-2402
dogrm@bellsouth.net

Secretary/Treasurer
Leigh Bayer Curtis
220 Hollywood Blvd SE
Fort Walton BEach, FL 32548
(850) 244-8602
curtis@braceteam.com

DIRECTORS:
Alberto Vargas
Jeremy Albert
James Wortham
John Richards

MEETING:
March 3-4, 2012
Renaissance Tampa Hotel
Tampa, FL

Speaker: Dr. Steve Tracey

GAO

President
Steven Ricci
10475 Medlock Bridge Rd. #114
Johns Creek, GA 30097
(678) 417-9848
drricci@ricciortho.com

President-Elect
James Paschal
153 W. Washington St., Suite B
Madison, GA 30650
(706) 342-7330
jepaschal@gmail.com

Vice-President
Anna Veilands
408 N. Westover Blvd.
Albany, GA 31707-2131
(229) 883-7793
veilands@bellsouth.net

Secretary-Treasurer
William Newell
1689 Old Pendergrass Rd. #195
Jefferson, GA 30549
(706) 387-0122
newellortho@gmail.com

DIRECTORS:
Don Spillers
Laurie Cavallaro
Mark Dusek
Meredith Dempsey
Jay Harris

MEETING:
February 17-18, 2012
Ritz Carlton Lodge
Lake Oconee, GA

Speaker: Dr. Colin Richman

KAO

President
Jonathan (Jay) Lawless
896 Wilkinson Trace
Bowling Green, KY 42103
(270) 781-1025
lawlessj@aol.com

President-Elect
Candyse Jeffries
1481 Cavalry Dr., Suite 100
Florence, KY 41042
(859) 282-8844
candyse@isoc.net

Secretary-Treasurer
Will Engilman
134 North Evergreen Rd., #100
Louisville, KY 40243
(502) 253-2201
wengilman@bluegrass.net

DIRECTORS:
Carrie Jennings
Thomas Baldwin

MEETING:
August 24, 2012
Louisville Marriott Downtown

Speaker: To be determined

LAO

President
Ricky Caples
2210 Forsythe Ave.
Monroe, LA 71201
(318) 325-9655
caplesrobinson@comcast.net

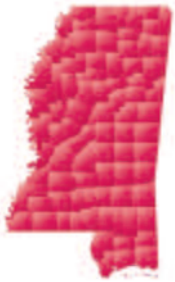
President-Elect
Kerwin (Buddy) Donaldson
519 North Lewis St.
New Iberia, LA 70563
(337) 367-8866
drbuddy@cox.net

Vice-President
Cory Turpin
4888 Cypress St.
West Monroe, LA 71291
(318) 396-6355
straight28@bellsouth.net

Secretary-Treasurer
James Seiberth
8170 Goodwood Blvd., Suite B
Baton Rouge, LA 70806
(225) 927-4717
jim@jamesfsieberth.com

MEETING:
April 14, 2012
Westin Canal Place
New Orleans, LA

Speaker: Dr. Peter Buschang



MAO

President
Juliana Henderson
704 South 28th Avenue North
Hattiesburg, MS 39402
(601) 450-2141
braces@megagate.com

Vice-President
Dennis Granberry
9 Professional Parkway
Hattiesburg, MS 39402
(610) 264-2200
dlgortho@aol.com

Secretary-Treasurer
James Henderson, III
9 Professional Parkway
Hattiesburg, MS 39402
(601) 264-2200
jshenderson@msn.com

MEETING:
February 11, 2012
Jackson, MS

Speaker: Steve McEvoy

NCAO

President
Todd Fischer
17 Office Park Dr.
Jacksonville, NC 28546
(910) 353-5234
braces@bizec.rr.com

President-Elect
Todd Rankin
608 McCarthy Blvd.
New Bern, NC 28562
(252)636-1900
thrank@aol.com

Secretary-Treasurer
Jeff Rickabaugh
1551 Westbrook Plaza Dr. #103
Winston-Salem, NC 27103
(336) 760-9229
jeffrick@triadbiz.rr.com

DIRECTORS:
Ernest Goodson
Todd Bovenizer
Kelly Mitchell

MEETING:
February 3-4, 2012
Sheraton Imperial Palace
Research Triangle Park, NC

Speaker: Dr. P. Emile Roussouw

SCAO

President
Jennifer Butler
608-B Main St.
Conway, SC 29526
(843) 488-2526
jbutlerdmd@gmail.com

President-Elect
Tommy Davant VI
101 Summit Parkway
Columbia, SC 29223
(803) 736-7333
drdavant@aol.com

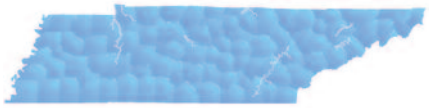
Vice-President
Roland Fulcher
1708 Old Trolley Rd., Suite 8
Summerville, SC 29485
(843) 871-7156
fulcherrk@bellsouth.net

Secretary
Edward Davis
143 Medical Circle
West Columbia, SC 29169
(830) 739-1600
wirebendr@yahoo.com

Treasurer
Brian O'Leary
1544 Old Tamah Road
Irmo, SC 29063
(803) 732-7223
boleary@sc.rr.com

DIRECTORS:
Tim Pierce
James Whitehead
Billy Coulter
Eric Nease

MEETING:
March 23-24, 2012



TAO

President
James McDaniel
1001 Carter St., Suite A
Chattanooga, TN 37402
(423) 266-8614
jwmdds@yahoo.com

President-Elect
Harry Legan
426 Cotton Lane
Franklin, TN 37069
(615) 790-1836
48indian@bellsouth.net

Vice President
James Hight, Jr.
1408 North Highland, Suite 200
Jackson, TN 38301
(731) 427-1696
wirebender@charter.net

Secretary-Treasurer
James Vaden
308 East First St.
Cookeville, TN 38501-3319
(931) 526-3717
jlvaden@frontiernet.net

DIRECTORS
Tom Flanagan
Shawn Lehman-Grimes
Preston Miller

MEETING:
February 10, 2012
Embassy Suites
Cool Springs, TN

Speaker: Dr. Glen Cowan

VAO

President
S. Russell Mullen
751 Miller Dr., Suite G-1
Leesburg, VA 20175
(703) 771-9887
mullen.russell@gmail.com

President-Elect
Beth Faber
PO Box 1686
Tappahannock, VA 22560
(804) 443-6419
bfaber@bracesbydrbeth.com

Secretary-Treasurer
William Horbaly
240 Hydraulic Rd, Suite 202
Charlottesville, VA 22901
(434) 973-6542
horbalyortho@embarqmail.com

DIRECTORS:
Herb Hughes
Rana Barakat

MEETING:
April 20-21, 2012
Kingsmill Resort
Williamsburg, VA

Speaker: Charlene White

WVAO

President
Amy Gerber-Smith
6 Rosemar Circle
Parkersburg, WV 26104
(304) 865-0000
dramy@dramyortho.com

President-Elect
Lindsay Jackfert
2102 Presidential Dr.
Charleston, WV 25314
(304) 744-6311
lindsay.jackfert@gmail.com

Secretary-Treasurer
Anissa Anderson
703 North Main St.
New Martinsville, WV 26155
(304) 455-4200
andersonortho@hotmail.com

MEETING:
July 21, 2012
The Greenbrier
White Sulphur Springs, WV

2012 SAO Directors and AAO Delegates

Component Directors

Alabama
Lew Sample

Florida
Patricia M. Tapley

Georgia
Jeff Jordan

Kentucky
Chris C. Howell

Louisiana
G. Bradley Gottsegen

Mississippi
John Hodge

North Carolina
Jeff L. Rickabaugh

South Carolina
R. Sims Tompkins

Tennessee
Mark S. Mappes

Virginia
George J. Sabol

West Virginia
Brett Eckley

Past President
Robert Calcote

Trustee
DeWayne McCamish
4610 Brainerd Rd., Suite 3
Chattanooga, TN 37411
(423) 622-4173
dbm@dbmortho.com

AAO Delegates

Alabama
James Donaghey, II

Florida
A. Page Jacobson, Chair
Robert S. Goldie

Georgia
Robert B. Moss, Jr., Co-Chair

Kentucky
Jeri L. Stull

Louisiana
Corbin Turpin

Mississippi
Michael O. Williams

North Carolina
N. Watt Cobb, Jr.

South Carolina
Richard F. Hewitt

Tennessee
J. Randall Smith

Virginia
John H. Coker, Jr.

West Virginia
Daniel I. Joseph

Delegate-at-Large
S. Russell Mullen

Scenes from SAO Annual Meeting 2011

Governance in Action

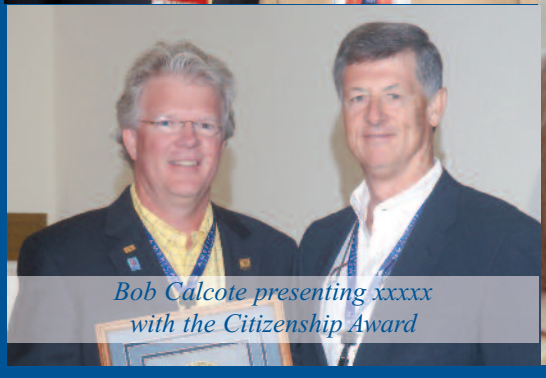
2011-2012 Executive Committee, Past President, and Trustee: l. to r. DeWayne McCamish, Greg Inman, Richard Williams, Robert Calcote, Jay Whitley, Henry Zaytoun Jr., Brian Jacobus, and Rod Klima

Awards

Bob Calcote presenting David Jones with the Citizenship Award

Bob Calcote presenting Greg Lacy with the Citizenship Award

DeWayne McCamish presenting Jim Vaden with the Distinguished Service Award



Bob Calcote presenting xxxxx with the Citizenship Award

Participants enjoy the Speakers

Scenes from SAO Annual Meeting 2011

Camaraderie

Nick Turner/UAB

Daniel Bass/UFL, Justin Chisari/UFL and Dafne Ellis/UFL

Table Clinics

Holly Eppard/WVU, Jung Mee Kim/WVU and Ronnie Sparks/WVU

Exhibits

Southern Association of Orthodontists
32 Lenox Pointe, NE
Atlanta, GA 30324-3169

Address service requested

SAO FUTURE MEETINGS

September 26-30, 2012	Grove Park Inn Asheville, NC
October 2-6, 2013	Marriott Hilton Head Resort Hilton Head Island, SC
October 8-12, 2014	Atlantis Paradise Island Nassau, Bahamas
September 30-October 4, 2015	Marriott World Center Orlando, FL