

New Roads in Orthodontics

Thursday, September 4, 2008

7:00 – 8:00 PM Welcome Reception – Grand 4 Flowers of Opatija Hotel

Friday, September 5, 2008

8:00 a.m. Registration

9:00 – 9:15 a.m. **Zlatko Komadina** – Local Government Chairman
Welcome to Croatia

9:15– 10:15 a.m. **Dr. R.G. “Wick” Alexander** – USA
Welcome/Introduction
New Roads in Orthodontics...Is the destination changing?

Moderator: Dr. Marvin Stephens - USA

10:15 – 11:00 a.m. **Dr. Marko Perkovic** - Croatia
Simple Interdisciplinary Approach for Successfully Finishing Orthodontic Cases

Even though the Alexander Discipline produces excellent results, in some situations the help of another dental discipline is necessary. A simple approach is working with the restorative dentist on these unusual cases.

11:00 – 11:30 a.m. BREAK

11:30 – 12:15 p.m. **Dr. Haruya Ogawa** – Japan
New orthodontic system for the class II malocclusion

Recently, clinical application of Temporally Anchorage Device (TAD) has become more popular. I have already used more than 1,400 TAD screws in my office. A new force system, using the TAD, Anterior Bite Plate and correcting the “Postural Habit” (resting the chin on the palm, sleeping on stomach, tongue habit) can increase the cases that were treated without extracting premolars. This system is effective to hold the vertical dimension, arch width, the oral volume and ...good health.

12:15 – 1:00 p.m. **Dr. Claudia Cruz** – NYU – Colombia
Esthetic evaluation in patients of varied ethnic backgrounds

An important diagnostic factor that influences the decision to consider extractions during treatment planning is esthetics. Esthetic evaluation of extraction and non extraction cases will be presented in patients of varied ethnic backgrounds.

1:00 – 2:30 p.m. LUNCH

2:30 – 3:15 p.m. **Dr. Gabriella Borsos** - Hungary
The integration of the Palatal Implant (PI) in the orthodontic treatment using the Alexander appliance

Osseointegrated palatal implants (PI) have been used over the last two decades to establish stationary anchorage when maximal anchorage was required. They do not rely on patient cooperation. The presentation focuses on the clinical applications of the PI and shows the operative technique in detail. Some special reference will be provided - from the personal experience of the presenter - on how to integrate the palatal implant anchorage into the orthodontic treatment procedure with the Alexander fixed appliance.

3:15 – 4:00 p.m. **Dr. Yildiz Ozturk** - Turkey
Patient discomfort? Comparison of Kurz lingual and Alexander labial cases

This study is undertaken to determine the discomfort difference between the patients treated with lingual and labial brackets. The study sample consisted of two groups of adolescent patients. Group LI was treated with Kurz lingual brackets (n: 30) and Group LA was treated with Alexander labial brackets (n: 30). After 3 months of treatment each patient completed a 7 part survey with 12 questions. Chi-square tests were carried out for the comparison of the results. Maximum adaptation period was longer in group LI and significant differences were found between the groups.

4:00 – 4:45 p.m. **Dr. Ivan Gorylov** - Bulgaria
I Was “Off Track” 90% of the Time. So what?

This presentation is about the biggest mistakes I have made in my practice. I will present the treatments of the Class II and Class III cases. Why do I make mistakes? Finding the answer to this simple question will help me grow and become better. Choosing the right destination means effectiveness and no big mistakes. Choosing the right roads means efficiency and fewer small mistakes.

6:30 p.m. Dinner - Grand 4 Flowers of Opatija Hotel

Is the destination changing?

Saturday, September 6, 2008

Moderator: Dr. Marvin Stephens - USA

8:30 – 9:00 a.m. Meet and Greet

9:00 – 9:45 a.m. **Dr. Senka Mestrovic** - Croatia
Components of Skeletal III Malocclusions and Compensation Mechanism in Croatian Population

Although orthodontists often say that Class III malocclusion could be easily recognized but difficult to treat, Class III malocclusions do not form a single, homogeneous group or a single clinical entity and can exist with any number of combinations of skeletal and dental components. Identifying and understanding the etiology and expression of Class III malocclusion is crucial for its clinical correction. Skeletal and dental components of Class malocclusion will be discussed.

9:45 – 10:30 a.m. **Dr. Phil Corbin** - USA
Quality Class II Treatment Utilizing a Conventional Kloehn Cervical Headgear

Quality orthodontic treatment of various Class II malocclusions utilizing a traditional cervical Kloehn headgear. The Class II cases represent a variety of skeletal, dental, and open bite treatment results.

10:30 – 10:45 a.m. BREAK

10:45 – 11:30 a.m. **Dr. Song Wei** - China
Dental-alveolar bone changes at the initial stage of non-extraction treatment of Class I/Division/Malocclusion

Seven patients with permanent dentition (11.3–13.4 years) were selected. They were non-extraction treated with cervical headgear and the Alexander appliance. Treatment was initiated in the upper arch, consolidated upper arch and used cervical headgear for 3 months. During this stage, lower arch treatment had not begun. Cephalometric parameters were examined before treatment (T1) and after three months of headgear wear (T2). Data were correlated by means of paired t tests. Results and typical case will be presented.

11:30 – 12:15 p.m. **Dr. Teruhisa Utsu** - Japan
Use of SAS and Micro-implants in My Orthodontic Practice

The Skeletal Anchorage System (SAS), has been widely used in treating different types of malocclusions, and introduced to my practice since 6-7 years ago. SAS has various advantages as it serves as a reliable source of anchorage, offers a wide range of applications and does not interfere with tooth movement. However, the installation of SAS is a technique-sensitive procedure, a success rate of which depends on the surgical skill of the operator. While Micro-implants, also called mini-screws, provide advantages, the position of these implants is restricted by root position, which in turn limits tooth movement. In addition, their survival rates are not very favorable. The use of these orthodontic implants in my daily practice will be introduced, and how to deal with their disadvantages will be discussed.

12:15 – 12:30 p.m. Group picture

12:30 - 1:30 p.m. LUNCH

1:30 – 2:15 p.m. **Dr. Yasuko Kuroda** - Japan
Treatment of the non-growing skeletal open-bite malocclusion

Treatment of the anterior open-bite with skeletal vertical disharmony is a great challenge for orthodontists because of the remarkable difficulties of treatment and the instability of its results. In adult patients, treatment of severe skeletal anterior open-bite malocclusion was recommended by surgical repositioning. However, many patients do not like such surgical approach. I will present some conventional orthodontic treatment cases and, in addition, recent cases using mini screw implant

2:15 – 3:45 p.m. **Dr. Wick Alexander** - USA
DIFFICULT DECISIONS with MISSING TEETH: Consequences of opening or closing spaces

The eternal question when facing the issue of missing teeth in orthodontics is...Should we open or close the space created by these missing teeth?

3:45 - 4:30 p.m. **Dr. R. G. “Wick” Alexander** – Open Discussion
Closing Remarks