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Lingual News

*Practical information on
adult and lingual
orthodontics*



Discussions

IBraces - are we loosing control?

The letter was presented in Lingualortho Yahoo discussion group moderated by **Amornpong Vachiramom DDS, DBA, MSc(OMS), MSc(Ortho)**

IBraces, personal thoughts

iBraces, hummmmm! A young orthodontist once said to me in Barcelona that what the designer of iBraces wanted was inept orthodontists so he could have a captive audience.

Orthodontic mechanics is quite interesting. I have yet to find a panacea. The straight wire appliance made many promises when it first started sometime back in 1974. Many cases were shown demonstrating the wonders of pretorqued preangulated appliances. Interesting, we are still bending wire. The Ormco 3D appliance offers simplicity, no wire bending and treatment with three wires (They must be talking about non extraction cases). With this technique all cases are treated the same, they only use one arch form for all and patients are placed on fixed retention before braces are removed, indefinitely. My assistants can do that: take impressions, send them to a lab for an indirect tray bracket set up and then place the brackets indirectly and change three wires with some elastic used here and there. This does not take much thinking. Over the years I have used many types of appliances and I have not found as I said earlier, a panacea. All appliances have their plus and minuses, somewhere along the line the piper get's paid.

The finished extraction case shown in the demonstration video of iBraces shows that the incisors still need torque control, the cuspids distal root tip, and the bicuspid molar spaces did not appear totally closed. From this point on I am curios to know how much mechanics will be needed to finish the case properly. I would like to see the before and after treatment superimpositions to see the vertical control. I will also like to see the results of 100 consecutively treated cases.

I run quite a busy practice and have time to directly bond my cases and bend the wires and play with the computer. With three clinical assistants we see 70 patients a day including lingual patients. My laboratory costs are at a minimum so my overhead is low in this respect. More in my pocket. One of my neighbor colleagues still uses primitive braces, no torque no angulation and has one of the busiest practice in the area, that office must grosses at least \$2 million a year. You have to make a decision whether to train yourself or

put your money in someone else's pocket. I have found over the years that I still have to do work set up or no set up. By the way are we are orthodontist or are we managers.

Another consideration. In today's world, entrepreneurs are looking for business ideas to bring something to the public at whatever price. Medicine in the USA is a sad issue. Physicians are controlled by insurance companies, they are no longer their boss. So far in dentistry we have not lost it all but are on the way. The bad side of power groups in the free world is that they threaten free enterprise. The mom and pop business that existed in the USA at one time are slowly disappearing, shopping mall's have taken over, and we see that pharmacists, physicians, architects, mechanics, you name it end up working for named companies that invest in marketing to control the buying public. We see that Europe is slowly going that way, McDonald's, and other fast food US named companies are slowly making an inroad to the fast type mentality. The new generation will someday end up working for someone else.

Many of these new orthodontic systems in the market are interesting, they offer some advantages but along also disadvantages. Like cars, you get used to one thing and then you're stuck, the oil companies control you. You now become someone else's nigger. Get the picture!!!!!!!

Dr. Fred Marconi, Miami, USA