

# Volume 11 Issue 1

## *Why Do Some Doctors have 98-100% Success and Some Doctors 50% Success, Using The Same Treatment and Appliances In Orthodontics?*

### *The Ultimate in Continuing Education*



Dr. John Witzig

#### **Why Do Some Doctors have 98-100% Success and Some Doctors 50% Success, Using The Same Treatment and Appliances In Orthodontics?**

Why do some doctors (Orthodontists, Pedodontists and General Practitioners), have 98-100% success and some doctors 50% success, using the same appliances and treatment in orthodontics?

In orthodontics, PATIENT COOPERATION is the biggest factor which determines success of orthodontic treatment.

This is true for fixed orthodontics where headgear, upper arch to lower arch elastics and retainers are used.

The same is true when removable or functional appliances are used in treatment. Excellent cooperation gives excellent results for the patient.

#### **Who determines the patient cooperation?**

The answer to the above question will surprise those doctors who do not have good patient cooperation.

Patient cooperation is determined by the doctor and staff and it starts with the initial telephone call to the office for the first appointment.

From the first moment treatment is discussed, all appliances in our office are worn 24 hours a day, removable or fixed. There is no other way for treatment in our office. We instill this in the patient even before the consultation takes place.

In our office, we use both removable and fixed appliances.

For the routine orthodontic patient or case, we treat with six to twelve months with removable appliances and finish the case with six months of fixed appliances.

With the new techniques to correct crowding and taking the relapse pressures off of the teeth at the beginning of treatment, the cases are so stable that no retainers are needed in most cases.

For Class II, Division II cases and adult orthodontics, retainers are needed.

Your reputation will be known or become known for using the newer removable appliances and the traditional "braces."

The newer removable appliances which give superior orthodontic results, such as the new, powerful sagittal appliance, the new Witzig cross-bite correction appliance, or the traditional removable transverse appliance (Schwarz appliance), are some of the appliances used in treatment.

The functional appliances that we prefer are the simple and easy to use ORTHOPEDIC CORRECTOR appliances in the mixed dentition and the TWIN BLOCK in the permanent dentition.

Most cases need finishing with six months of STRAIGHT WIRE appliances. Some patients will tell us after the removable appliance treatment that their teeth look so nice that they do not want the STRAIGHT WIRE appliances.

Your reputation will become known in your community for the "newer appliances" and for not extracting bicuspid teeth, which results in more beautiful faces and smiles. In our office we speak of the removable and functional appliances as the "Newer Orthodontic Appliances", which give the prettiest smiles.

We have telephone calls coming into our office that will go something like this: "Is this the office that achieves the most beautiful faces?"

For the new patient, at the initial appointment, when we are explaining treatment or showing the patient the appliances, we let the patient know that all appliances, whether fixed or removable, are worn 24 hours a day. (The Bionator and Orthopedic Corrector Appliances are exceptions.)

We are very strong and motivating on wearing the removable appliances while eating. 30 MINUTES OF EATING WITH THE APPLIANCE IS MORE BENEFICIAL THAN 23 1/2 HOURS OF WEAR WHEN NOT EATING.

Eating is when the forces of chewing and biting are exerted by the appliance to the teeth. Wearing the appliance during eating is by far the most effective time for moving the teeth.

Other benefits of wearing the appliance during eating are these:

- 1) You won't have to hear. "I forgot to put it back in."

- 2) "I left it on the table."
- 3) "I forgot it and lost it."

On the insertion appointment of the removable appliance, I will often tighten the clasps so the patient cannot remove the appliance. With the new Wizard Wedges and the relatively new Clark clasps, the appliance can be fitted very tight. Some doctors cement in the appliance at the insertion appointment, so the patient becomes accustomed to eating with it.

I will schedule an appointment in 48 hours, or so, and remove the appliance for the first time. Some patients remark "I didn't know the appliance could be removed."

I then loosen the clasps slightly, so the patient can remove the appliance. I explain to them that when they clean their teeth, they should remove the appliance and brush it thoroughly.

**THE FIRST WEEK AFTER THE INSERTION APPOINTMENT IS OF CRITICAL IMPORTANCE FOR THE DOCTOR WHO GETS 100% SUCCESS.**

The first week pretty much determines the difference between the 100% successful doctor and the 50% successful doctor. **THE FOLLOWING PROCEDURE IS OF EXTREME IMPORTANCE AFTER THE INSERTION APPOINTMENT:**

1) **THE FIRST EVENING, EITHER AN EXPERIENCED STAFF MEMBER OR THE DOCTOR SHOULD CALL THE PATIENT AND INQUIRE HOW THEY ARE WITH THE NEW APPLIANCE.**

Ask "Do you have more saliva or water in your mouth?" Assure them that in three days, that will stop, and they won't have the problem.

Ask "How did you get along with eating with the appliance?" Suggest they stay with softer foods for a few days. In a week, you will be able to eat normally. Tough meat or hard candy can cause somewhat of a problem.

This phone call is of extreme importance, as the patient is making up their mind about the doctor and the staff. The patient is going through the most difficult time, with the saliva, chewing, etc., which will get better. The call from the doctor or staff member is very welcome by the patient and it lets the patient know the doctor and staff believe in the patient 100%, and they know he/she will do exactly as the doctor instructed.

2) **SCHEDULE THE NEXT APPOINTMENT IN 24 TO 48 HOURS.**

Let the patient's mother know this next appointment is of extreme importance, as their son/daughter is getting accustomed to the new appliance. This also shows the patient how much the doctor and staff care about him/her and that they want to get them off to an excellent start during these first days of adjusting to the appliance.

The doctor and staff should give the patient much praise for doing such an excellent job the first 24 hours, the most difficult time with this new appliance. 3) **SCHEDULE THE NEXT APPOINTMENT FOR 2 TO 3 DAYS LATER.**

Now the patient is over the difficult adjustment period. a. Give the patient "Praise" for doing such an excellent job. b. He will be eating with the appliance, so check the occlusion, to see that the chewing teeth are meeting the acrylic of the appliance properly. Now the critical first week is over and the doctor and staff have helped the patient over the extremely important adjustment period. Now the patient is wearing the appliance full time, so schedule the next appointment for one month out.

**ONE OF THE MANY MOST COSTLY MISTAKES A DOCTOR CAN MAKE IS TO INSERT A NEW APPLIANCE AND SCHEDULE THE PATIENT A MONTH AWAY.**

The patient is then left on his/her own during the critical adjustment period, with no help or support from the doctor and staff. The patient thinks I do not have to go back for a whole month, so I will wear the appliance part time and I will put it in my mouth just before the appointment.

After the first week, with everyone's help, support and encouragement, now wearing the appliance full time is easy, because the patient has done it for a week. Treatment now is like "Eating a piece of Cake!" The teeth move easily and rapidly.

Everyone is happy and the orthodontic results are very rapid with full time wear.

Other Benefits:

1. Patients don't lose their appliances wearing them in the mouth 24 hours a day.
2. Patients don't forget to put the appliance back in, which is often heard with part time wear.
3. No LOSS of appliances with full time wear.
4. The dog doesn't "chew" the appliance, when it is worn full time.
5. The appliance always inserts nicely when worn full time. (This is not so with part time wear.)
6. Appliances are hardly ever broken with full time wear.

Note: Appliances get broken when trying to force them back into the mouth, after being out of the mouth for a while.

Another very important point in 100% cooperation: You are treating the patient, you are not treating mother. Therefore, always talk directly to the patient, regardless if the age is 8, 12, or 16.

When giving important instructions, motivation, etc., have the mother in the treatment room, so she can hear the conversation between doctor or staff and the patient. The point is, you are treating the child or teenager, so talk directly to the patient, not mother.

The relationship is directly between the doctor and staff and patient. That relationship is "great," especially with "praise" for the patient and believing in the patient 100%, and with

excellent help and support the first week. When this relationship is started properly and built on honesty and trust, the patient feels and senses this and responds with excellent cooperation.

Just the opposite is placing a new appliance, no phone call, no help or support the first week, no seeing the patient in the extremely important adjustment period, letting the patient make up their own mind about wearing it when they feel like it, etc., and then scheduling them out a whole month away. You can see this type of doctor is less successful.

The doctor who makes "Costly Mistakes" with patients will almost always say "The patient wasn't good and wouldn't cooperate with me." In reality, the doctor did little or nothing to help or support the patient in the critical adjustment period.

You can see three removable appliance patients in the same amount of time as one fixed appliance patient. This is a great savings in valuable time for the doctor and staff.

For 98-100% success in your practice, carry out what I do in my practice, as I have outlined here. You will find you will have excellent success with your patients and a happy and successful relationship and treatment.

When ever you insert a removable appliance, these things immediately occur for the patient:

1) The saliva glands are stimulated. This causes the patient to have more saliva or water in the mouth. Assure the patient that in two or three days, the extra saliva will no longer be present in the mouth.

2) It is a new environment for the tongue, and the speech will possibly be affected the first few days. Be sure the appliance is very thin lingual to the upper centrals and laterals. The tip of the tongue goes in this area when we speak. If the appliance is thick, the speech will be affected and the patient will feel self conscious about their speech.

I will not use an appliance with an anterior bite plane in our office. I want all of our patients to have speech comfort.

I will not use three screw sagittal appliances in our office. The transverse screw in the front of the sagittal appliance, plus the thickness of acrylic needed to cover the screw, takes away too much tongue space for the tongue. Some patients will tolerate it, but several will not.

We provide all of our patients with removable appliances with the "Three C's":

1. "Comfort" (Aesthetic Comfort)
2. "Comfort" (Speech Comfort)
3. "Comfort" (Chewing Comfort)

Aesthetic Comfort - 90% of our removable appliances have no wires on the centrals or laterals.

Speech Comfort - No anterior bite plane, no three screw sagittal appliances, and no thick acrylic in upper anterior region.

Chewing Comfort - Grind in the anatomy in the posterior occlusal acrylic, for chewing comfort.

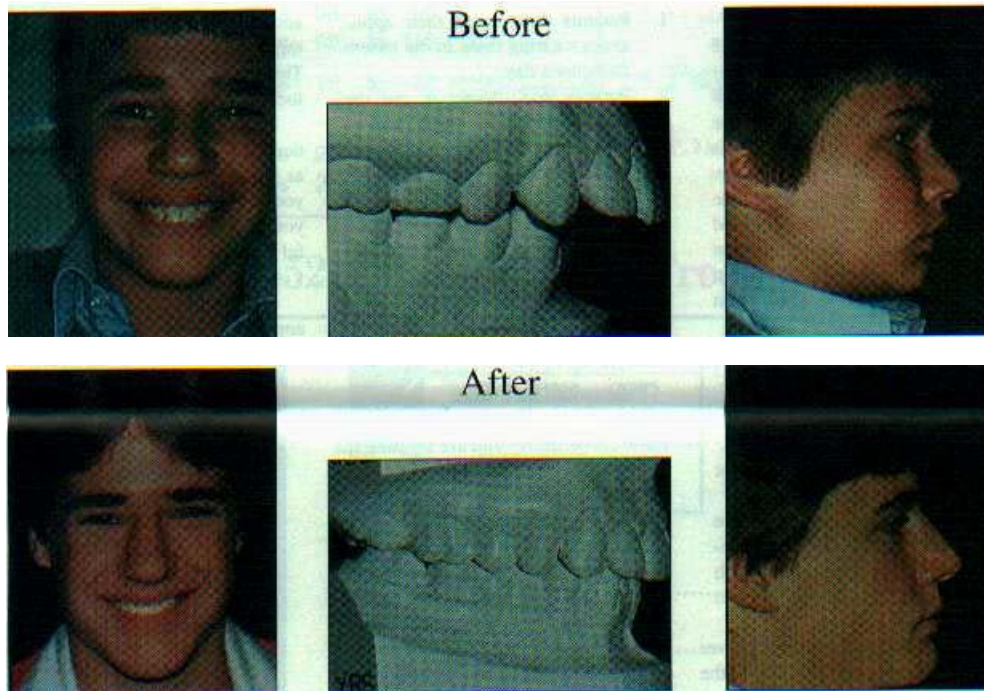
Summary of important points for 100% cooperation:

- 1) All fixed and removable appliances are worn 24 hours a day, and that is carried out by the staff and the doctor.
- 2) With removable appliances, the teeth move while eating.
- 3) With removable appliances, emphasize how 30 minutes of eating with the appliance is better than 23 1/2 hours of wearing without eating.
- 4) When you insert a new appliance, fixed or removable, always call the patient the first evening.
- 5) The first week after the insertion of a removable appliance:
  - a) Telephone call first evening
  - b) See patient one or two days later.
  - c) See patient again in two to four days.
- 6) Always talk to the patient directly, not to the mother.

By using both removable and fixed appliances in your orthodontic treatment, you will acquire for your patients:

- 1) The Most Beautiful Smiles
- 2) The Prettiest Faces
- 3) Shorter Treatment Time
- 4) Rapid Practice Growth

Dr. John Witzig



Dr. J.W. "Skip" Truitt, Jr.

### **The Ultimate in Continuing Education**

Everyone is looking for a rational way to stay updated in new Orthopedics, Orthodontics, and TMD Therapy. We think that we have the answers for you!

Beginning in June, in Dallas, I will be conducting a special seminar designed to meet the needs of the doctor who has a good understanding of the basic concepts of therapy, but lacks the ability to feel totally controllable in finishing his or her more difficult cases.

These seminars are a concentrated one day session that begins early and stays late to be sure that each doctor has their questions answered and their specific problems solved.

This one day meeting is limited to only twenty doctors. Reservations are on a first to apply basis with additional applicants given the opportunity to acquire priority registrations for future seminars to be conducted in Dallas.

Each doctor must bring five cases fully documented. These cases can be pre-treatment, in treatment, or post-treatment patients. Each patient's records will be evaluated by the study group via closed circuit T.V. with Dr. Truitt acting as the mediator. The doctor will receive a video tape of the five cases that are presented for analysis.

In addition, Dr. Truitt will present a two hour lecture in the most advanced diagnostic and treatment concepts for Orthopedics, Orthodontics and TMD patients.

If you would like to register for this special seminar or would like more information on this seminar, please call 1-800843-355 8.