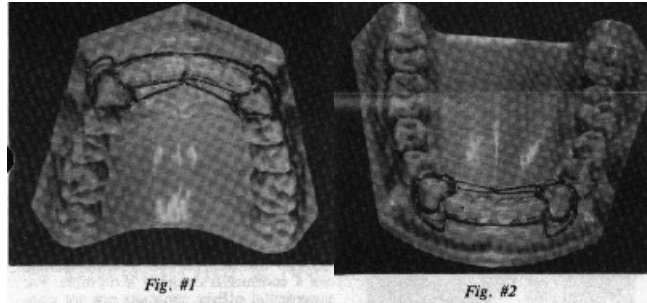


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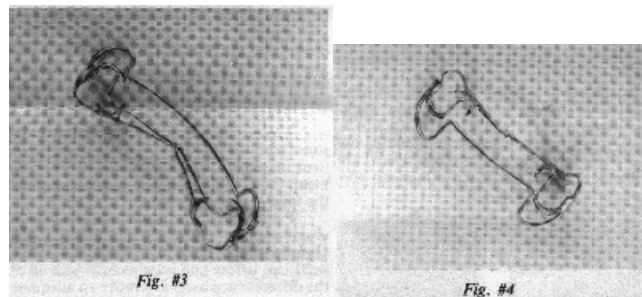
The Ker-Ant Appliance *The Voice of Experience* *How to Sell an Orthodontic Case*

The Ker-Ant Appliance

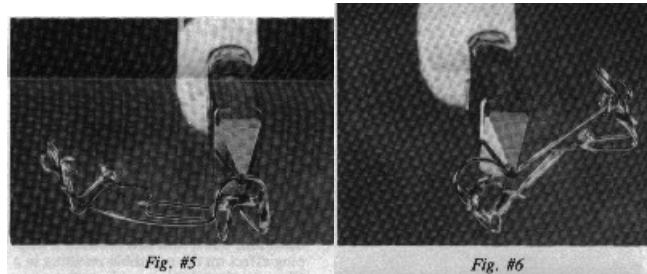
The Ker-Ant appliance was originally conceived by Dr. Robert Kernot of Solvang, California. It was designed as an anterior crozat in order to gain control of the cuspids and the anterior teeth in much the same fashion that the standard crozat controls the posterior segments. (See fig. #1 & #2)



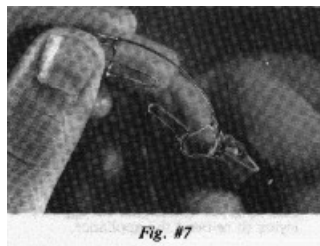
The appliance is constructed from .028 wire. It has a crib assembly that clasps the left and right cuspids, and uses both facial and lingual crescent wires for retention. The maxillary appliance has elastic hooks that can be used in much the same manner that the kobie hook is used on the cuspid during fixed mechanics. Both the upper and lower Ker-Ant have recurve lingual springs to the incisors. A labial bow, much like that on the Hawley retainer, connects the left and right cribs. (See fig. #3 & #4)



The labial bow is adjusted by using the flat on flat pliers on the superior loop (See fig. #5), and the inferior loop (See fig. #6) to increase the volume of wire between the two cuspid cribs. This has the net effect of increasing the cuspid width. However, unlike the labial bow adjustment on other appliances, this activation is made on one side at a time. The adjustment is repeated every four weeks alternating side to side.



The recurve lingual springs are activated against the lingual prominence of the incisors to move these teeth facially and to correct rotations. The lingual springs are also used as a reference to keep the cribs parallel during adjustment at the labial bow.



The cuspid cribs can be rotated in much the same fashion as the molar cribs on the standard crozat appliance. The large occlusal pliers is used as a vise to grip the solder joint between the labial bow and the cuspid crib. The clinician then grasps the labial bow with the fingers and moves the bow away from the pliers. (See fig. #7)

While there are a number of different uses for both the upper and lower Ker-Ant, the lower is more commonly employed due to the importance of developing and maintaining the lower inter canine width. Frequently the operator will discover the need for additional development in this area during fixed appliance therapy. Should this occur simply remove the two cuspid brackets only, place the Ker-Ant and develop the area, then rebracket the cuspids and con-

tinue fixed mechanics.

Post orthodontic relapse of the lower anteriors is another excellent place to use a Ker-Ant. One can develop the (inter canine) width creating the needed space to align the incisors. The teeth are then reset and correctly maintained using a Spring-Hawley retainer. This technique frequently reduces the need for severe tooth reduction and major re-treatment.

Ker-Ant appliances are fabricated by N.A.O.L. Should you have any questions regarding their use or adjustment please feel free to give us a call.

The Voice of Experience

Q. What is the single most common orthopedic problem seen in children?

A. There is not a simple answer to this question. A narrow maxillary arch not only causes obvious crowding of the upper dentition, but it also can produce a trapping effect on the mandible resulting in a Class II. In addition, unless there is a habit involved such as a tongue thrust, this will also result in a closed vertical dimension.

Since most children have a narrow maxillary arch it is usually wise to develop the arch to its normal width as early in the growth cycle as possible. A maxillary Schwarz appliance works well for this treatment.

Q. I know that I can open the vertical dimension with either fixed appliance therapy or with an orthopedic appliance like a Bionator. Which should I choose and why?

A. In order to make the proper choice one must first understand what occurs when the vertical dimension is simply opened. The more that the vertical is opened, the more that the mandible is flexed backwards. If the patients' skeletal base can accommodate this change in mandibular flexion towards a Class II position, the fixed appliance therapy is acceptable. If not then the vertical should be opened with an appliance like a Bionator. In this situation the vertical is opened, but the mandible is returned forward to a Class I relationship. The operator can thus compensate for the change in mandibular flexation.

Q. I have difficulty adjusting a Jackson appliance. What am I doing incorrectly?

A. The most common error in Jackson appliance adjustment occurs when the appliance is being rotated. If the clinician allows the acrylic flanges to "torque" on the body wire, then irritation will occur in the lingual inferior alveolar undercut. You must keep the appliance parallel left and right when rotating. Should you accidentally engage the lingual undercut it is best to grind the acrylic as opposed to trying to re-bend the appliance.

How to Sell an Orthodontic Case

Some doctors are “born salesmen”. These doctors could sell ice boxes to Eskimos and make the Eskimos think that he was getting the deal of a lifetime. Contrary to public belief this ability to sell one’s self or services is not a gift. It is an acquired skill!

That person who appears to be a “born salesman” has in reality developed personal marketing tools. Sometimes these tools are acquired without the doctor even being aware that he or she is learning them. However, more often than not it requires a conscious effort to master a good selling technique. This is especially true when it comes to an orthodontics case presentation. There are four basic rules that should always be followed. Let’s examine these one by one.

The first rule in marketing is to explain the need of the product or service to the consumer. Sometimes a product or a service automatically explains itself, such as a new car or an appointment at the beauty parlor. This is not usually the case with orthodontics. Unless the patient is suffering from some form of discomfort, or unless the patient or parent is aware of an esthetic problem, then the doctor’s first task is to explain the need for orthodontics.

Professional salespeople usually rely on visual aids to enhance their presentation. Unfortunately, most doctors do not have sufficient before and after records with all of the different appliances to make an adequate presentation. One method of solving this problem is the use of the new “Orthodontics and You Flip Chart”, (See fig. #1) This chart is in full color and shows before and after cases using Crozat, Schwarz, Jackson, Sagittal, Bionator to Open, Bionator to Close, Frankel and Fixed Appliances including the new porcelain brackets. These flip-charts are available from The North American Orthodontic Laboratory.



Fig. #1

The second rule in marketing is to discuss solutions to the problem. From an orthodontic standpoint this entails explaining the different types of appliances to be used, what they look like and how they work. Again visual aids are usually best. Demonstration appliances that are fabricated on the appropriate models are available to assist the doctor in this task. (See fig. #2) This is now the time to give the patient or parent an approximate estimate of the cost of treatment.



Fig. #2

The third rule in marketing is to establish a sense of urgency. Certainly no one in the office staff should attempt to frighten a patient parent. By the same token, time and prompt action is frequently important to a successful treatment. In addition, delaying therapy can often increase the overall cost treatment. The patient’s insurance coverage could terminate, or they

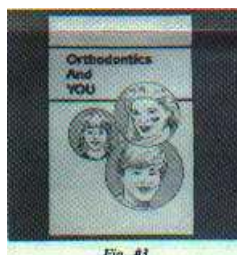


Fig. #3

might change carriers which could create a new life time orthodontic coverage. All of these points can be made very professionally to encourage acceptance of the treatment plan.

The final marketing rule is to close the sale on a positive note. The patient or parent should be placed in a position of declining therapy as opposed to accepting therapy. Together we can solve you or your child's' problem. We can work out a payment plan that will meet your needs. We can start the treatment today!

It is at this point that the salesman confirms the sale in writing. This could take the form of a contract and if it is standard office policy to contract for other dental services then a contract is certainly acceptable. For many dental offices contracts are not standard procedure. In these situations the "Orthodontics and You" pamphlets that accompanies the flip-chart works quite well. (See fig. #3)

As you become more comfortable with these four basic rules of marketing you will develop your own unique style. Some doctors depend heavily upon their office staff to market their dentistry while others prefer a W "one man show". No matter what method you may choose, always keep these four basic rules in mind. You will be amazed at the number of patients that will gratefully accept your treatment plan.