

Editorial

Orthodontics at Cross Roads

Orthodontics is one of the oldest and most gratifying specialties of medicine. Reason being that the kind of work you do and rewards you get are one of the best in the profession. In addition, the result of our work is appreciated by patient and public because they are very visible and admired by everyone (see pictures which shows pre- and posttreatment faces).

There have been tremendous advancements in the past, most important ones being progression of records and diagnosis going 3D from two-dimensions. It is almost impossible to find ancient study models/cephalometric films in any modern orthodontic clinic, keeping digital records have now become a norm.

Second advancement, which has impacted most in my view, is the use of titanium mini screws for anchorage. It has revolutionized our work and enabled us to treat cases faster and with less dependence on patient compliance. With these devices, more cases can be done nonextraction and many of those tough maximum discrepancy cases, which were candidates for orthognathic surgery, can now be dealt in orthodontic clinic.

I do not believe that there should be any orthodontic clinic today without mini implants in their armamentarium. Some parts of the world still continue to use outdated Begg technique, this bracket has a point contact does not give you 3D control of tooth movement. Begg did well in its time and served its purpose to transform our thinking regarding light forces and biomechanics. Now, it is the time to march ahead and it may not be improper to call it unethical to use Begg bracket anymore.

Has all this helped us to deliver better care to our patients? Are we imparting skills to orthodontic graduates in our programs which will make them leaders of tomorrow? It is time to answer some of these tough questions.

It is of great importance to monitor and implement quality protocols in the training of new orthodontic graduates and ensure that education delivered at the departments is of consistent and highest quality. This alone will ensure dignified survival of this great specialty and ensure the best care to our patients—the main goal of orthodontics.

We also need to rethink of our strategy with regards to general dentists doing orthodontics. What has been done in past has obviously not been the best way so far. The whole issue needs a fresh look and introspection that would ensure a healthy growth of this noble profession which can deliver the best possible care for the masses.



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