

The best continuing education

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How much time and money do you invest in continuing education annually to keep abreast of developments in orthodontics? In what venues do you find the most productive continuing educational experiences? As orthodontists, we have many opportunities to avail ourselves of new information. For example, you could read the *AJO-DO* monthly and advance your understanding of new findings in orthodontic research. Some clinicians prefer to attend state or constituent meetings to hear the latest speakers and visit with constituent colleagues. Still others attend the AAO Annual Session on a regular basis to be exposed to a wide variety of speakers from around the world. Or you could participate in one of the webinars that the AAO sponsors on a monthly basis on topics of interest to doctors and staff.

Whatever your choice of venues, in all of these situations, you are the attendee and as such are trusting that the journal article that you read, the presentation that you hear, the webinar that you attend, or the clinical tip that a colleague shares with you is accurate and worth using to treat your patients. Should you trust all speakers at meetings? Or do you sometimes have the feeling that what is presented is too good to believe? How do you verify what is and is not worthwhile information? The only method of assessing the true value of new techniques or appliances or treatment systems is to test them on your patients. But how do you determine the effect of the treatment you render? You need to compare pretreatment and posttreatment records. Do you do this regularly?

All orthodontists routinely take pretreatment records, including facial and intraoral photographs, dental casts (digital or stone), intraoral radiographs, and cephalometric radiographs. And nearly all orthodontists charge a fee for these pretreatment records, which they justify as necessary to properly diagnose the clinical problems and prescribe the appropriate solutions. But do you routinely take final records when you have completed the orthodontic treatment? Most orthodontists do not charge a fee for final records. After all, of what use are

these records to the patient? They're taken after the completion of tooth movement. But if you are trying to assess the impact of a particular treatment regimen, or assess a patient's level of cooperation, or determine whether the occlusal correction was due to tooth movement or skeletal growth, or ascertain whether the arch was expanded substantially, you would need to compare the appropriate pretreatment and posttreatment records.

Personally, I believe that the final records are of equal importance to me as the pretreatment records. After all, if I am planning to reuse a treatment strategy on subsequent patients, I first need to know how it worked on former patients. Yes, perhaps I could hear that information presented by a speaker at a meeting, but I would have to place my trust in a speaker's interpretation of the data and honest sharing of that information. On the other hand, if I have the pretreatment and posttreatment dental casts as well as the intraoral photographs and radiographs, I can measure the arch widths of the dental casts to determine whether I expanded the arch. I can ascertain by superimposing cephalometric tracings whether the patient grew or whether I simply corrected the occlusion through tooth movement. In fact, I can use the comparison of pretreatment and posttreatment records to my advantage to plan for retention, since the comparison will show me what changes occurred and what I need to retain.

In reality, the comparison of pretreatment and posttreatment records is an ideal method of learning. After all, you treated the patient, you know the treatment plan, you could tell whether the patient cooperated, and the comparison of the records will provide you valuable information you will need when you apply what you have learned to your future patients. Take final records and compare them with the patient's pretreatment records. It is perhaps your best continuing education.

