

Issue 8  
Oct. 2018

# THE PROTOCOL<sup>TM</sup> MAGAZINE

www.oc-orthodontics.com

THE WOW WORTHY  
**ESTHETICS**  
ISSUE



## **ESTHETICS** Not Just A BIG Thing

**Drs. Tom Pitts &  
Duncan Brown**

*Actual Patient of  
Dr. Tomás Castellanos  
Pitts 21 Patient, 11 Months*

**HUGE ISSUE**, with articles and clinicals by: Drs. Tomás Castellanos, Peter Csiki, Jim Morrish, Dwight Frey, Nimet Guiga, David Herman, and Tibaoui Ilies!



# "When the Student is ready, the Teacher will appear."

I learned something this week. In some recess of my mind, I was probably somewhat aware of it before and while preparing this release of the Protocol, it became fully present for me.

My journey as an Orthodontic student, began in dental school. The basic mechanics of general dentistry did not capture my imagination, but Orthodontics was quite another matter. When I entered the specialty in the University of Washington, the concepts of orthodontic treatment were restricted by many erroneous concepts. My goal was to become "competent". Fortunately, after graduation I met some Orthodontists along the way who fed my pursuit of excellence; Egil Harvold, Don Woodside, Robert Ricketts, Carl



Nishamura, Bob Chiappone, Ron Roth, Art Dugoni, to mention just a few. The best among them were continual students and kept

their minds available to ideas that improved overall outcomes, and the goal; became "excellence" a continual journey of improvement. After 50 years in practice in the Profession, I know quite a bit, but I also know I have still much to learn as well as ideas to expand upon.



I have been a clinical and management coach for at least 40 years. The opportunity to interact with new residents (firstly at the University of the Pacific, and more recently at the University of Nevada, Las Vegas) and touch minds before they are dogmatically polluted is something I cherish. Working with the "A" Company, Ormco, and now OC Orthodontics, I have met orthodontists from all over the world, and there is one thing



I know.....most want to achieve excellent orthodontic results for their patients. I continue to be committed to helping them do so.

The question that haunts both students and teachers alike is “How am I doing”. Management gurus, will apply phrases like; unacceptable, needs improvement, meets expectations, exceeds expectations, and far exceeds expectations, to assess performance of students and/or employees, but these don’t really apply to teachers.

What I learned this week, was a real measure of performance in an open-ended enterprise like teaching Orthodontics, and it can be quantified in three phases:

- Competence - the ability to do something effectively and /or efficiently.
- Excellence - the quality of being outstanding or extremely good.
- Mastery - to inspire others to perform noble deeds or wonderful feats.

Competence and Excellence both require skills or knowledge acquisition directed towards self-improvement. Mastery requires distribution of skills and knowledge outside oneself.

The fruits of Mastery appear in the efforts and work of others. Teachers,

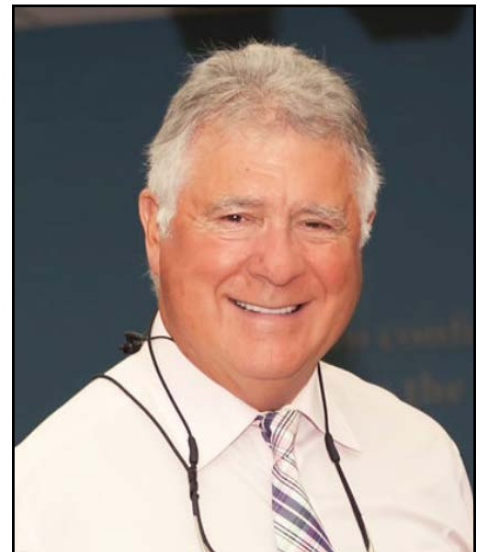


often times, don’t realize how well their students are doing until they generate “WOW” worthy results.

Service before self is one of the measures of Mastery. “Mastery” is my current goal to which I aspire, and I see that in many of you.

In reflecting on the contributors to the Protocol over the years, on those who have freely given their ideas so we could all improve, and those who give their time and effort to our colleagues so they can improve, I am truly grateful.

I am honored to be able to continually learn with you, and to help save the profession that I love so dearly!



Tom Pitts D.D.S., M.S.D.

*“Service before self is one of the measures of Mastery. “Mastery” is my current goal to which I aspire, and I see that in many of you.”*

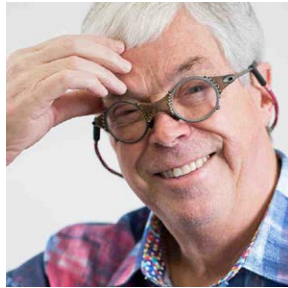


# CONTRIBUTORS

---



Thomas Pitts  
D.D.S., M.S.D.



Duncan Brown  
B.Sc., D.D.S., D. Ortho



Tomas Castellanos  
D.D.S., M.Sc.D.



Peter Csiki  
M.Sc.



Jim Morrish  
D.D.S.



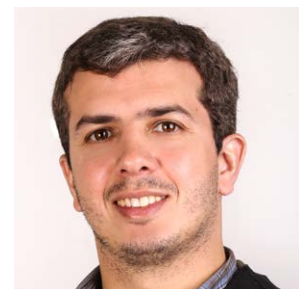
Dwight Frey  
D.D.S., M.S.



Nimet Guiga  
D.D.S., M.Sc., F.R.C.D.(C)



David Herman  
D.D.S., M.S., M.P.H.



Tibaoui Ilies  
D.D.S., M.S.D.



orthodontics

© 2018 OC Orthodontics. All rights reserved.  
No portion can be reproduced without the expressed  
written consent of OC Orthodontics



# THE PROTOCOL™

## TABLE OF CONTENTS

**2**

**When the Student is Ready,  
the Teacher will Appear**

Dr. Tom Pitts

**26**

**Esthetics is the Future of  
Orthodontics**

Dr. Dwight Frey

**6**

**The Power of the Smile**

Dr. Tomas Castellanos

**30**

**Tell Me What You Want to Do**

Dr. Nimet Guiga

**10**

**Esthetics Not Just A  
Big Thing**

Drs. Tom Pitts, Duncan Brown

**32**

**Pitts 21 and Results  
Based Marketing**

Dr. Dave Herman

**20**

**Pitts 21 is a Supercar in a  
Field of Bicycles**

Dr. Peter Csiki

**34**

**Marry Your Passion with  
Purpose**

Dr. Tibaoui Ilies

**22**

**From Good to Great**

Dr. Jim Morrish



# The Power Of The Smile.

BY TOMÁS CASTELLANOS



ThePowerOfTheSmile is a trademark registered for Dr. Tomas Castellanos

P.U. AGE: 28 treated

## CROWDING AND BIPROTRUSIVE LIPS CASE:

- Convex profile.
- Excessive labial prominence.
- Reverse Smile Arc.
- Rotations and versions.
- Overjet increased associated with proclinated incisors.
- Deep bite.
- Deep curve of SPEE.



### Extra-oral View

- Convex profile
- Excessive labial prominence
- Reverse Smile Arc



### Patient Consult

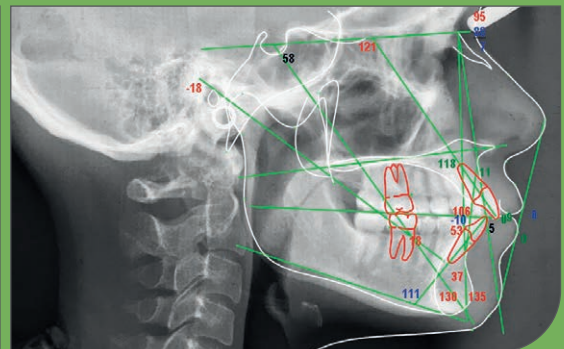
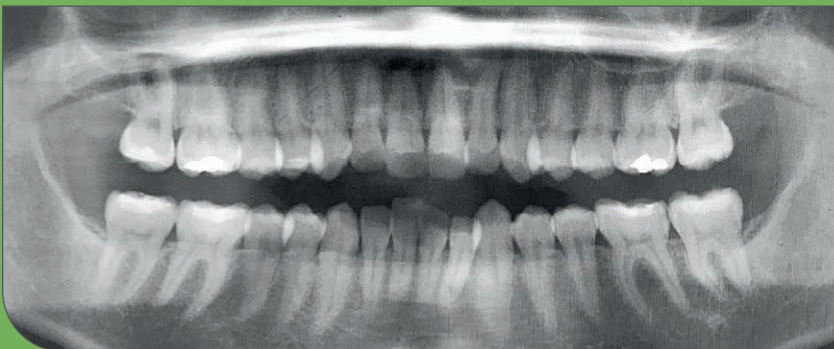
- Too Full Lips
- Reverse Smile Arc and "pointy cuspids"
- Enamel Hypoplasia Stains



### INTRAORAL VIEW PAN & PROFILE X-RAY



- Profile: Class II tendency proclinated upper incisors I-MAX: 118\*
- Proclined lower incisors IMPA: 111\*
- Reverse Smile Arc
- Upper and lower crowding
- Large Incisors
- Constricted arc form
- Interferences associated with lack of incisor or cuspid guidance
- Cross-bite between left lateral upper and lower





# STEP BY STEP Keypoints

## Step 1

### Analyse with Ortho-Digital Design

- Interdisciplinary treatment approach:
- "Begin with the end in mind"
- Tom Pitts-



Treatment Goal

## Step 2

### Muscle Balance

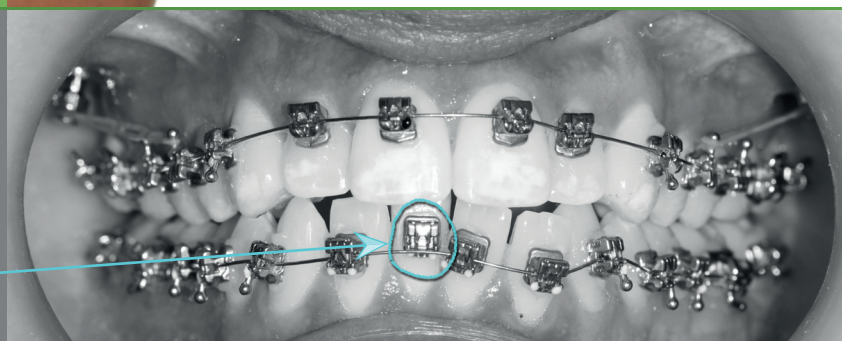
Dx: Labial Hypotonicity  
Tx: 1 month before bracket placement, begin with exercises training to get the ideal force.



## Training

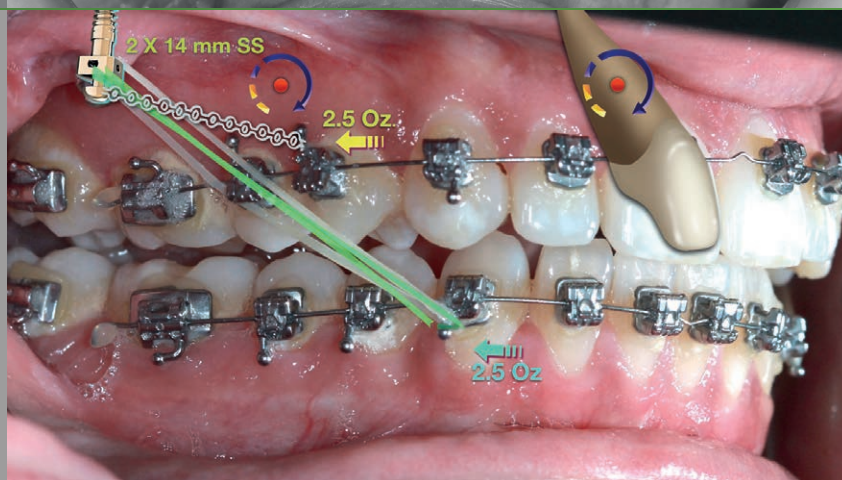
## Step 3

- SAP Bracket placement (Tom & Tom Table).
- Flip and flock upper 3 to 3 brackets.
- Don't engage teeth the first archwire if it's lingual to the dental arc.



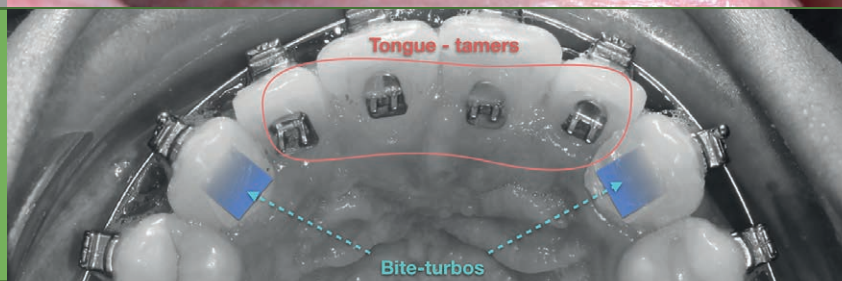
## Step 4

- 2 x 14 mm Mini-Screws (IZG).
- Class 1 and Class 2 ILSE / 2.5oz / 1/4"
- .014" NiTi TA Superelastic Pitts U-L arch.



## Step 5

- Dx: Anterior tongue posture
- Tx: Tongue reminders and functional myotherapy.
- Cupid Bite Turbos.





# Case Progress Month to Month



**Pitts21**  
Arc  
Sequence  
Suggested

NiTi T.A. .014"  
Pitts U-L

NiTi T.A. .018"  
Pitts U-L x .018"

NiTi T.A. .020"  
Pitts U-L x .020"

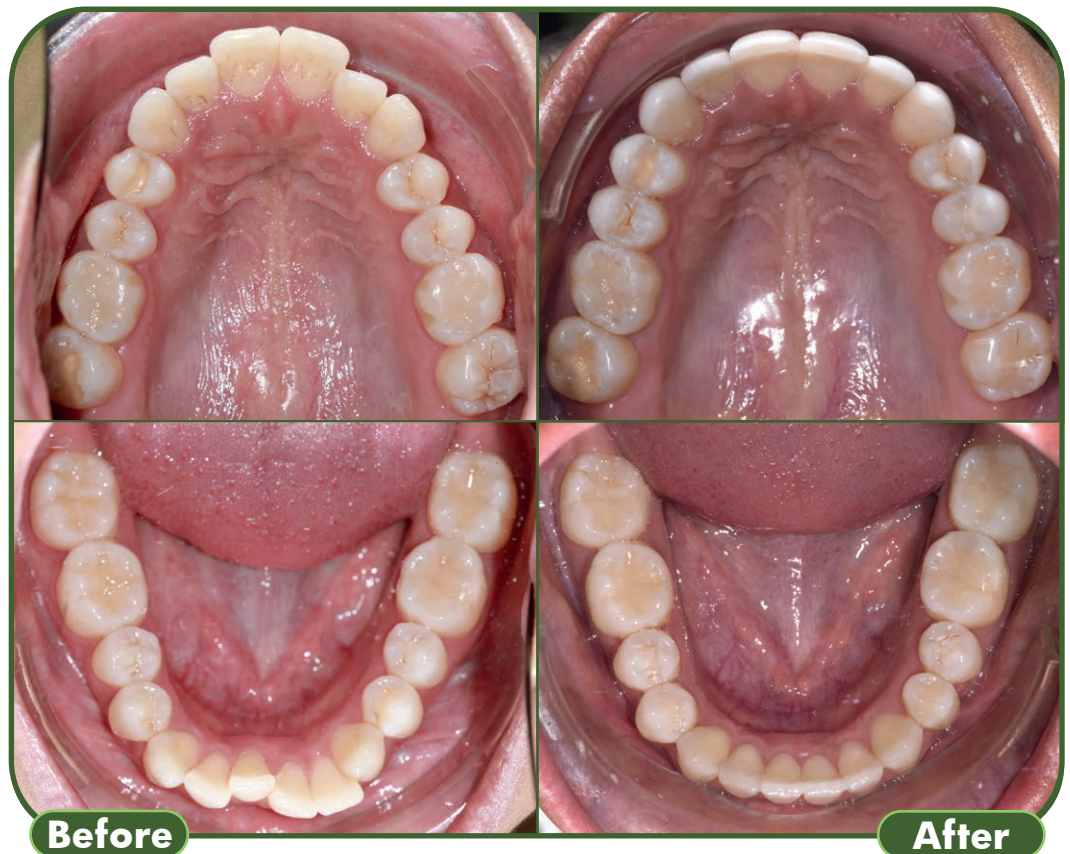
Individualized  
Beta Ti U-L  
.020" x .020"

Recontouring and  
build-ups to cover  
stains with  
composite



**Final Dynamic  
Occlusion  
Checked with  
occlusal adjustment**

**Torque Expression  
and Alignment**



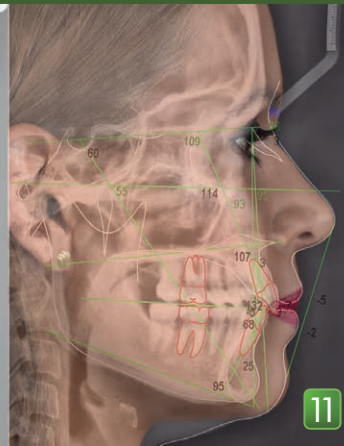
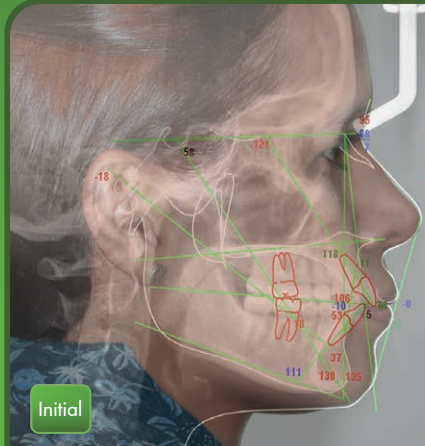
**Before**

**After**



# Macro, Mini and Micro Aesthetic Goals!

based on Subjective Evaluation - Dr. David Sarver

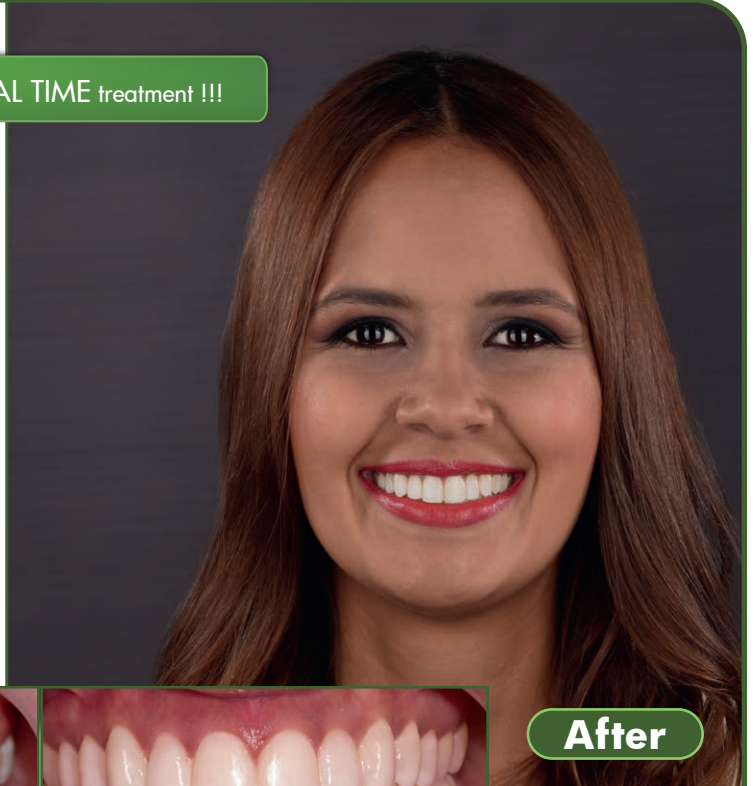


## Superimposition - Profile Initial and final

- I-MAX: 118\* to 107\*
- IMPA: 111\* to 95\*
- Smile Arc.
- Ideal Lips projection.
- Ideal Tooth Shape.
- Ideal Tooth color without Stains.
- Mutual Protected Occlusion with cuspid and incisor guidance.



11 Months TOTAL TIME treatment !!!







# ESTHETICS

## Not Just A

# BIG THING

Tom Pitts D.D.S., M.S.D.  
with Duncan Brown B.Sc., D.D.S., D. Ortho

### **Introduction:**

*Orthodontics is in “crisis”.*

Orthodontists from all over the world are experiencing pressures related to fewer patients seeking their services, increased pressure from Primary Care Dentist (PCD) providers in competing for patients within the existing markets, the “commoditization” of Orthodontics in the public’s imagination, the expansion of corporate practices, and attempt by companies that produce Aligners to establish themselves as the “gatekeepers” for orthodontic patients.

These pressures have been so significant as to cause many to question the “relevance” of fixed Orthodontics in today’s dental environment.

In this article, we hope to explore strategies that will allow a new generation of Orthodontists to thrive in an esthetically driven environment.





Red Oceans Strategy Focus on current customers	Blue Oceans Strategy Focus on noncustomers
Compete in existing markets	Create uncontested markets to serve
Beat the competition	Make the competition irrelevant
Exploit existing demand	Create and capture new demand
Make the value-cost trade-off	Break the value-cost trade-off
Align the whole system of a practice's activities with its strategic choice of differentiation	Align the whole system of a practice's activities in pursuit of differentiation

**D**ominate Blue Oceans rather surviving in a Red Ocean

The principles developed by Simon Senik are frequently adapted by Orthodontic leaders as a good starting point for discussion. We have promoted the WHY as creation of superior esthetics as a treatment goal. When Nimet Guiga applied the term “WOW” to orthodontic results, we adopted “WOW” worthy esthetics as a means of describing esthetically superior results.

In our view, the present challenges facing Orthodontics are analogous to those described in Blue Ocean Strategy.



# *“Creativity is seeing what others see and thinking what no one else has thought” - Einstein*

Most Orthodontists presently compete between each other and with PCDs for the patients who believe that they are candidates for Orthodontic treatment. This competition occurs in the readily understood arena of “lowering costs”, “expanding hours”, “flexible financing”, social media presence, office “games and giveaways”, and aligners. It carries the fallout of broadly “delegated” delivery, use of “cheaper” brackets systems”, and other practices that cut overhead without delivering an improved result. The ocean turns “red” as the competition heats up. We view this “conventional wisdom” approach as self-defeating for our profession.

We believe that a “Blue Ocean” strategy is better; first to create and then to dominate the uncontested market of “WOW” worthy esthetics. In this context, Orthodontists become the masters of their own fate, competition is far less relevant, the “rules of engagement” do not require a “Zero Sum” mentality, and Orthodontists’ position becomes highly “relevant” co-operating in a “trans-disciplinary” world of esthetic providers, each contributing to a life changing patient result. This is a bright future for our profession, and one we have chosen to participate in.

## **Create a Blue Ocean**

Dominating a “Blue Ocean” is relatively easy, because we create it, based on our known strengths and proven capabilities. But to dominate this environment, it must first be created.

## **Creating a “Blue Ocean” for Orthodontics has 4 great challenges:**

The conventional wisdom applied to Orthodontic diagnostic approaches and clinical treatment parameters often cloud our professional collective vision and restrict our possibilities. Orthodontists, in general, have much to “un-learn”, to allow them to “re-learn” far more effective approaches.

Failure to effectively educate and communicate to patients the aspects we know to be impactful in the creation of “WOW” worthy esthetics, in patient education, during the treatment process, and when celebrating the achieved goals. Fortunately, the vehicles that will effectively improve this situation are readily available, and easily adapted to serve us.

Before we can effectively educate, it is critical to “walk our talk”, producing life changing, “WOW” worthy esthetics, in effective, efficient, gentle manner. Driving towards improving optimal results, while simultaneously reducing consumption costs to the patient (shorter treatment times, less discomfort, fewer appointments), and delivery costs to the practice (fewer appointments, simplified training, less inventory) will be critical to changing the present situation. “WOW” worthy esthetics coupled with ultra-efficiency is the gold standard to which we should aspire. We have seen that patients eagerly accept fixed appliance therapy that predictably achieves spectacular results in shorter treatment times.







### **Abandoning “conventional wisdom”**

Even after we abandon the arbitrary restrictions imposed by orthodontic dogma (pursuit of stability, retraction of incisors, adoption of the original arch form as a treatment goal, the over reliance upon outdated straight wire concepts, etc), we still have much to “re-learn”. Acknowledging and enabling the patient as the “hero in their own story”, focusing treatment on patient’s expressed needs and concerns avoiding our preconceptions of esthetic goals, disconnecting treatment time from professional fees, and re-examing our views regarding what has been acceptable in terms of treatment times, complexity, and treatment comfort.

We view the practice of Orthodontics as an esthetic art, one that will become more effective as we adopt the communication strategies of the arts. However, we still respect occlusal concepts and healthy TMJ, and

periodontium, but do not make stability a restrictive part of our esthetic treatment.

### **Adopting a “broader role” in esthetics**

Some Orthodontist’s understanding of what constitutes good esthetics is actually quite limited. Research has confirmed that “Straight teeth does not mean Great Esthetics”, but conventional orthodontic thinking has not widely incorporated factors known to impact smile esthetics in treatment planning.

Adjustment of vertical position, upper incisor A/P position, axial inclination, and transverse arch development in anticipation of age-related changes are becoming better understood. Orthodontists are good at intruding upper incisors, but not so good at extruding them. Orthodontists are also good at flattening the smile line, but not so good at creating a curved smile line.

The incorporation of considerations of “white and pink” tissue esthetics is a recent development, with more Orthodontists using positive and negative coronoplasty, soft tissue refinement, and esthetic recontouring through bonding.

Refinement of the drape and quality of the soft tissue of the mid and lower face is a very recent entrant into the Orthodontic esthetic arena, and it definitely has a role.

Orthodontists seeking to dominate the esthetic marketplace have many new skills to acquire.

### **Embracing an “artistic visual” language**

We must learn to engage our audience in a language that is “native” to them to truly communicate effectively.

David Sarvers’ “macro, micro, and mini” esthetic concepts have been conceptually valuable but are foreign to most Dentists and don’t really guide planning well. We find the languaging suggested by Dwight Frey more useful in forming meaningful descriptions as it begins to quantify discrepancies where they exist. The visual “blue print for move” provided by DSD is similar tool that objectively quantifies movements towards esthetic goals.

### **Effectively communicating with Patients**

Patients, as a rule, do not understand factors about the smile that assist in making them look younger and more attractive. They must be educated with contrasting photos and videos.

Lay people naturally gravitate to attractive smiles and balanced harmonious faces. Imaging needs to be the



primary communications tool, and “speaking” with patients in a language they are capable of “hearing” is important. We have advocated “every patient, every appointment” imaging for many years. We have expanded this concept to include regular video as a part of the process to assess dynamic aspects of the smile and function. These videos are particularly valuable in marketing aspects of esthetic based treatment, presenting patients as they naturally appear, rather than a clinical setting.

### Re-Engaging the Dental Community

When communicating with Dentists, the visual images in communication must be formatted in a way that they regularly adopt, rather than “orthodontic standards”. We suggest that dental discussions involve the terms common to esthetic Dentistry, to describe esthetic needs of treatment, assessing treatment progress and appreciating treatment results. Many of our Pitts 21 esthetic teachers have explored using DSD derived visual representations quite effectively, and we expect this tendency to increase as “digital approaches” to smile design become more commonplace in the dental community.

### “Walking the talk” of anti-aging “WOW” worthy esthetics

In the esthetically driven environment, there are consistent age-related changes in the smile that can be positively influenced by orthodontics. Some of these age-related changes in the smile include :

- Reduced upper incisor display
- Flat upper incisal plane (smile line)
- Increased lower incisor display
- Decreased thickness of the upper lip
- Reduced upper vermilion display
- Increased lower lip thickness
- Lengthening of the philtrum and commissure heights

Profiles tend to flatten over time, due to soft tissue ptosis and osseous resorption in the midface. Changes in the distribution of fat in the aging face are leading to an increasing number of non-surgical treatments directed towards facial rejuvenation performed in the Orthodontic office using neuromodulators and soft tissue fillers.

Critically, maxillary incisors intruded in adolescent orthodontics may completely disappear from adult smiles as aging changes in lip form and support occur. It is important to keep this in mind and exercise caution in any treatment plan that advocate intrusion of maxillary incisors in adolescents.

### Increasing the “value of the result” - the role of case management

“Active Early” strategies for clinical management designed to anticipate or reverse the effects of normal aging on smile appearance is a key part of the esthetic based practice. SAP bracket placement technique facilitates increases in dental mass/skeletal volume, so the teeth are more prominent in the smile, forward in the face, and positioned vertically for full enamel display in anticipation of aging. To optimize SAP bracket placement and to increase treatment efficiency, the importance of pre-bonding coronoplasty cannot be stressed enough. The progression (the “WOW”) in SAP bracket placement anticipates the final position of the upper incisor in the smile design, as determined both by the Incisal edges and gingival margins, so it is important to visualize the incisor crown in an ideal proportion.

We are continuing to refine “Active Early” protocols in the light of the quantum leap made in appliance design, control, and efficiency made





with the Pitts 21 appliance, and Pitts Broad Arch Form suite, so keep up to date with the Protocol magazine, for the latest developments. Those Orthodontists who have enjoyed the control benefits of the H4 .022 x .026 slotted system, are now experiencing even better control, even earlier in treatment, with lighter forces in the Pitts 21 system.

#### **Reducing the “consumption cost” - the role of the Pitts 21 appliance system**

The Pitts 21 appliance system is the ‘biggest’ change in orthodontic technology since the development of straight wire, and is directed towards improving the value of the end result, while simultaneously reducing the costs of consumption to both patients and orthodontists.

In order to make fixed appliance treatment appealing to the broad range of patients, it has to deliver “WOW” worthy esthetics, **more predictably, much sooner, more**

**simply, and more gently than rectangular slotted systems.** The Pitts 21 progressive slot system provides exactly that opportunity.

Since the Pitts 21 appliance system was released 8 months ago, the initial response to the system by **Orthodontists** has been nothing short of amazing. Treatment times are shorter, appointment numbers are reduced, control is better, training is easier, and costs of delivery to the office are reduced.

#### **Conclusion:**

We believe in a future (universe) where Orthodontists thrive in an esthetically driven marketplace, working collaboratively with other providers to achieve the best esthetic and occlusal results for our patients. Orthodontics doesn't have to be in crisis for many of us!! Fixed appliances can still be relevant.

This vision will require a shift in Orthodontic thinking, improved use of visually based communication, re-engagement with the Dental profession at large, and employing ultra-efficient appliance systems and practices.

We are excited to be a part of that future!

Until next time...





# Pitts21<sup>®</sup>

Patient of Dr. Tom Pitts



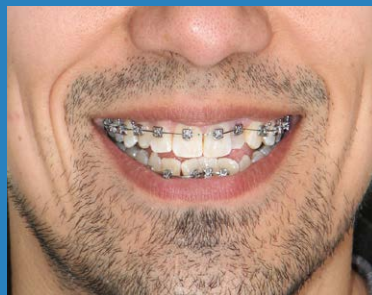
## INITIAL PHOTOS



- Skeletal Class III Malocclusion
- Anterior Open bite
- Inadequate Smile Arc
- VIP is "black 2"
- MTD is "black 2"
- Poor tooth shape







## 4 MONTHS



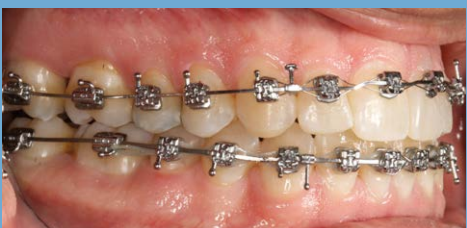
- TTB Class III 2.5 oz
- Posterior Disarticulation
- 014 NiTi, Pitts Broad Arch
- Form
- PT exercises



## 14 MONTHS



- .020 x .020 Beta Titanium Pitts Broad Arch Form
- Shorty Class III elastics, 3.5 oz





# Pitts21<sup>®</sup>

Patient of Dr. Tom Pitts



## FINISH PHOTOS

- Wonderful transformation





**INITIAL**



**BOND**



**FINISH**



**BEFORE**



**AFTER**



---

## Author's Comments

---



**Dr. Tom Pitts**



**Dr. Duncan Brown**

*"Thriving in today's highly competitive environment requires a new approach. By combining a contemporary view of esthetic possibilities, fully engaging the patient in imagining their future and participating in their care, and embracing the most modern orthodontic technologies available in the Pitts 21 appliance system and Active Early protocols, we can deliver our promise to the patients! The future of orthodontists producing WOW worthy esthetics is secure" - Tom Pitts*

## REFERENCES

- 01 Simon Senik - Start with Why - Random House Publishers, London, England, 1998
- 02 Kim, W and Mauborgne, R - Blue Ocean Strategy, Harvard Business School Press, New York, 2005
- 03 Schabel, B - The Relationship between Posttreatment Smile Esthetics and the ABO Objective Grading System, Angle Orthodontist, Vol 78 (4) 2008, pg 579-584
- 04 Brandao, R - Finishing procedures in Orthodontics: dental dimensions and proportions (microesthetics): Dental Press J Orthod 2013 Sept-Oct 18(5); 147-174
- 05 Frey, S - The Case for Soft Tissue Orthodontics; the use of neuromodulators and soft tissue filler to enhance orthodontics, Dental Town Dec 2015
- 06 Sarver, D - Soft Tissue Diagnosis and Treatment Planning, Clinical Impressions, Vol 14 (1), 2005, pg 21-26
- 07 Frey, D -SAP and VIP: making smiles great again, The Progressive Orthodontist Q3, 2017, pg 45-49
- 08 Coachman, C - Smile Design: from digital treatment planning to clinical reality, Interdisciplinary Treatment planning Vol 2, Quintessence, Chicago, 2012; 119-174
- 09 Sarver, D. Interactions of hard tissues, soft tissue, and growth over time, and their impact on orthodontic diagnosis and treatment planning. Am J Orthod Dentofacial Orthop 2015;148:380-386
- 10 Mamandras, A. Linear changes of the maxillary and mandibular lips: Am J Orthod Dentofacial Orthop; 1998;94:950:402-410
- 11 Sarver DM, Ackerman MB. Dynamic smile visualization and quantification: Part 2. Smile analysis and treatment strategies. Am J Orthod Dentofacial Orthop. 2003;124(2):116-27.
- 12 Coleman, S. Anatomy of the Aging Face: Volume Loss and Changes in 3-Dimensional Topography. Aesthetic Surg J 2006;26(suppl):s4-s9
- 13 Frey, S. Aesthetic Management using Dermal Fillers in a Patient with Deficient Dental Volume, Dental Town January 2013; 72-79
- 14 White L. Value of true horizontal in diagnosis and treatment planning [orthopracticeus.com/.../value-of-true-horizontal-in-diagnosis-and-treatment-planning](http://orthopracticeus.com/.../value-of-true-horizontal-in-diagnosis-and-treatment-planning). Sep 6, 2014
- 15 Pitts, T. Begin with the end in mind and finish with beauty: SIDO Published online: 29/05/2014, 39-46
- 16 Pitts, T and Brown D, The Protocol: Special Clinical Edition, OC Orthodontics 2018, pg 1-76
- 17 Pitts, T Brown, D, and Morrish, J - You can have it all, The Protocol Issue 7, Jan 2018, pg 12-25



# THE PITTS 21 IS A SUPERCAR IN A FIELD OF BICYCLES.

Peter Csiki M.S.C.

I became an orthodontist in 1994 and discovered passive self-ligation in 2004 when I was dissatisfied with the results I was able to produce using traditional bracket systems, considering both the esthetic and functional outcomes of my finished cases. After meeting Tom Pitts in 2008 and starting to use the esthetic driven Pitts Protocols in 2012 I hit a turning point towards being capable of producing gorgeous smiles and faces along with functional results and reduced treatment time.

I'm a huge fan of new technological advancements and I believe with the arrival of the Pitts 21 appliance system and "Active Early" protocols, we have entered into the 21st century of high-tech orthodontics. With the combination of the latest PSL appliance technology, Pitts archforms, "active early" archwire sequence (with the potential of just four archwires per arch), disarticulation and immediate light short elastics, we can resolve even the most difficult cases without bicuspid extractions AND in most cases without orthognathic surgery.

While many Orthodontists are mired deeply in functional considerations, Tom speaks of the dual importance of occlusion and esthetics. It means orthodontic treatment has to be planned and executed to have the best possible esthetic result for the patients, considering not just the actual result, but the aging process of the face as well. The worldwide problem in non-extraction therapy is that incisors are proclined, contrary to the best esthetic outcomes. From the "Active Early" approach to simplified Pitts torque selection, we use the same inventory needing to invert the brackets 180 degrees





(flipping or flocking) to upright the teeth, using disarticulation and ILSE to support the mechanics.

The Pitts 21 PSL bracket system is a supercar in a field of bicycles. The appliance is by far the most precise ever, the applied forces are gentler and therefore more biological, we have torque and rotational control, and in general the ability to move teeth like we have never seen before, while still finishing our cases faster.

I have been using the Pitts 21 appliance since last October and I have never ever seen my cases progress

this fast with such amazing control in my whole orthodontic career.

It's a great time to be both an Orthodontist, and a Patient!

**Dr. Peter Csiki graduated in 1994 at the Semmelweis Medical University of Budapest Faculty of Dentistry.**

**He took his orthodontic specialty in 2000.**

**From 1994 to 2002 he worked at the Semmelweis Medical University of Budapest Department of Orthodontics and Pedodontics as a junior assistant professor.**

**He practices in Budapest (Hungary) and in Milan (Italy).**





# FROM GOOD TO GREAT

## An Account of Achieving Esthetic Excellence

**W**e were all trained to believe that the standard for a well-treated orthodontic case was well aligned teeth and class I buccal occlusion. Alignment and occlusion is important but it is quite incomplete when considered in the context of truly exceptional orthodontics.

Patients seek orthodontic care primarily for esthetics, and today's Orthodontist must strive to provide outstanding esthetic outcomes as a primary focus.

Orthodontists that are able to provide consistent and outstanding esthetics and occlusal outcomes, accomplished more efficiently, more effectively, in less time while being less invasive will thrive. These factors will differentiate "run of the mill" orthodontics and contemporary esthetic orthodontics. This future of esthetic orthodontics is exciting and positive.

This case reflects this reality: this young woman had completed orthodontic treatment 6 months

ago, with a satisfactory occlusal result. The patient and her parents were quite unhappy with the esthetic outcome, so after being educated on the possibilities, and much sole searching, consented to be retreated using Pitts "Active Early" protocols, directed towards improving esthetics. The esthetic benefits attained with specifically targeted tooth movements, directed towards esthetic improvement, speak for themselves. The patient and her parents are delighted. Orthodontic treatment met their primary concern, which was esthetic.

The Pitts 21 appliance system in combination with "Active Early" case management strategies will make attaining superior esthetic and occlusal results more predictably, with simpler systems and biomechanics, in less time and greater patient comfort than ever before.

I am excited to be a part of that future.



### Jim Morrish D.D.S.

Dr. James (Jim) Morrish graduated from the University of Florida in 1983 and immediately began practicing in Bradenton, Florida. Over the years Dr. Morrish has been honored with many awards, including: American Association of Orthodontists Award, Emory University School of Dentistry, Omnicron Kappa Upsilon Dental Honor Society, and the "MAL" Award for Outstanding Teaching of the Post-Graduate Orthodontic Residents at Nova Southeastern Dental School where he served as an Adjunct Clinical Professor. He is now currently serving as an Adjunct Clinical Professor in the Department of Orthodontics at the University of Florida College of Dentistry.

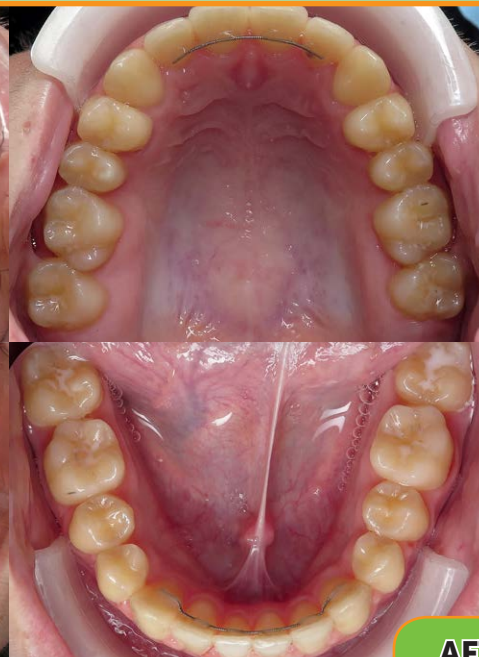
Dr. Morrish has been using passive self-ligation since 2003 and has been using H4 exclusively since its release and is a current user of Pitts 21.



**BEFORE**



**AFTER**



**BEFORE**

**AFTER**

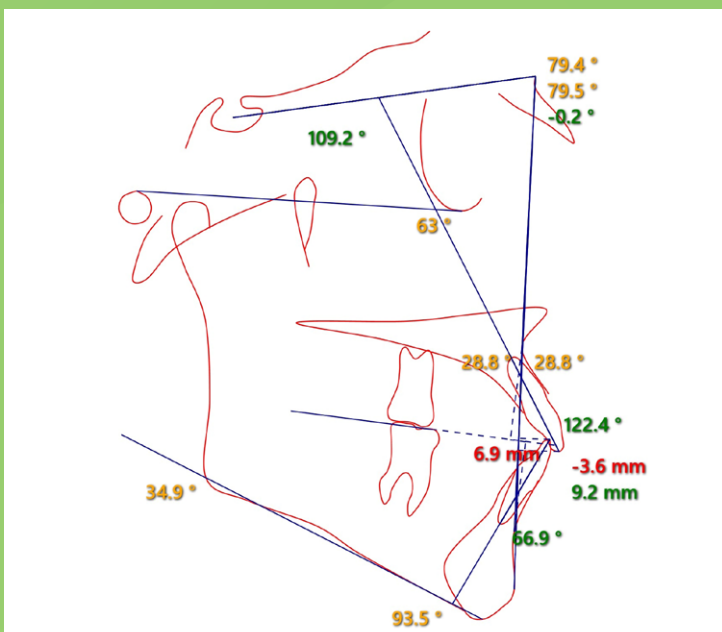




## INITIAL PHOTOS



- Post orthodontic treatment
- Class I occlusion, but proclined anteriors, flat smile arc

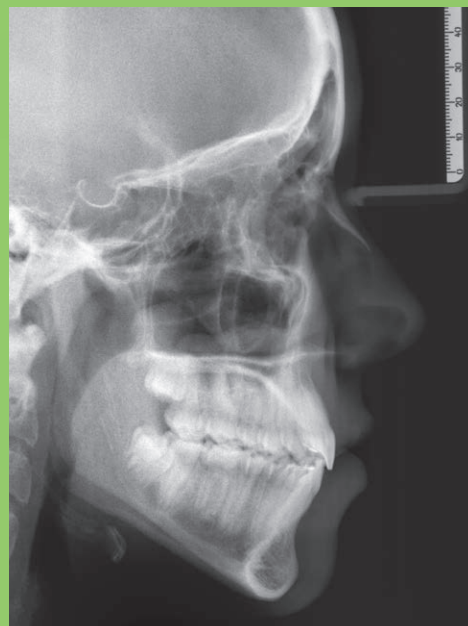






### FINAL PHOTOS

- Beautiful esthetic transformation
- Idealized smile arc
- Class I occlusion with idealized axial inclination of the anteriors





# Esthetics is the future of Orthodontics!

Dwight Frey D.D.S., M.S.

**E**sthetics is the future of Orthodontics! As the specialists entrusted to be experts in tooth positioning, we must learn to understand how our role in dentistry has changed. The public and the profession now expect more than simple alignment and bite correction. We are the smile makers, but are we making great smiles? Or, are we just straightening teeth? I believe, it is incumbent upon all who cherish this profession to elevate our skills and raise our standard of care to consistently provide patients with what they really care most about, outstanding smile esthetics!

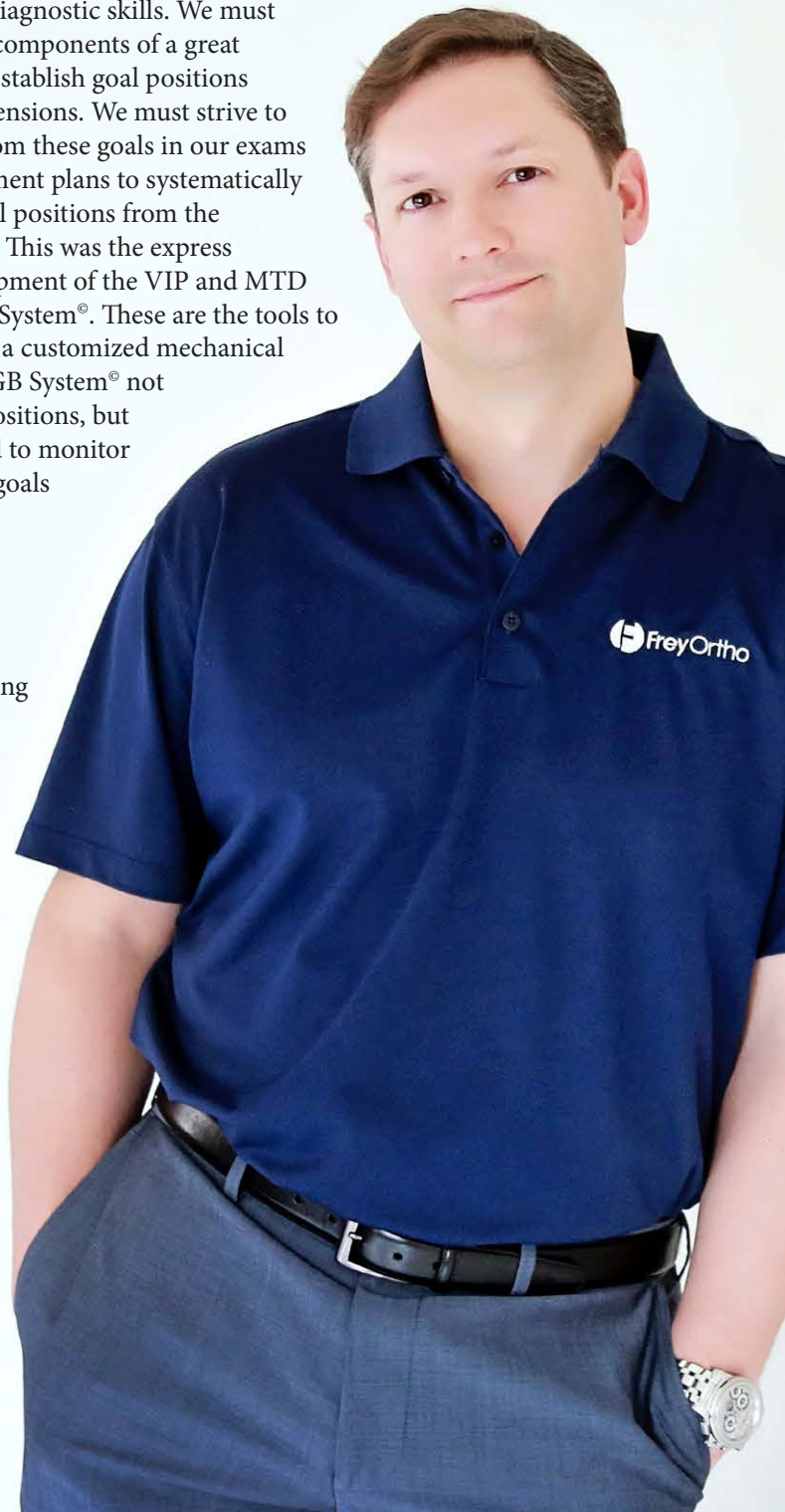
The Pitts 21 System along with the Pitts Protocols have set the standard for true 3D Control. We now have, for the first time, the ability for orthodontists to truly design smiles in three dimensions. SAP and Modified SAP bracket placement have allowed us to significantly improve the incisal display of our patients. In fact, we can now simultaneously and effectively alter the vertical, transverse, and AP dimensions from the very start of treatment. This level of control allows orthodontists to not only align teeth and correct bites, but to improve the position of the teeth relative to the face and smile.

Along with TAD's, these appliances and techniques have given us a level of control we have never seen before in orthodontics. I believe we are entering a new Golden Age of Orthodontics, driven by a revolution in Esthetics. However, achieving great esthetics requires that as a group we learn new skills. The ability to create normal dental proportion with composite bonding, and the ability

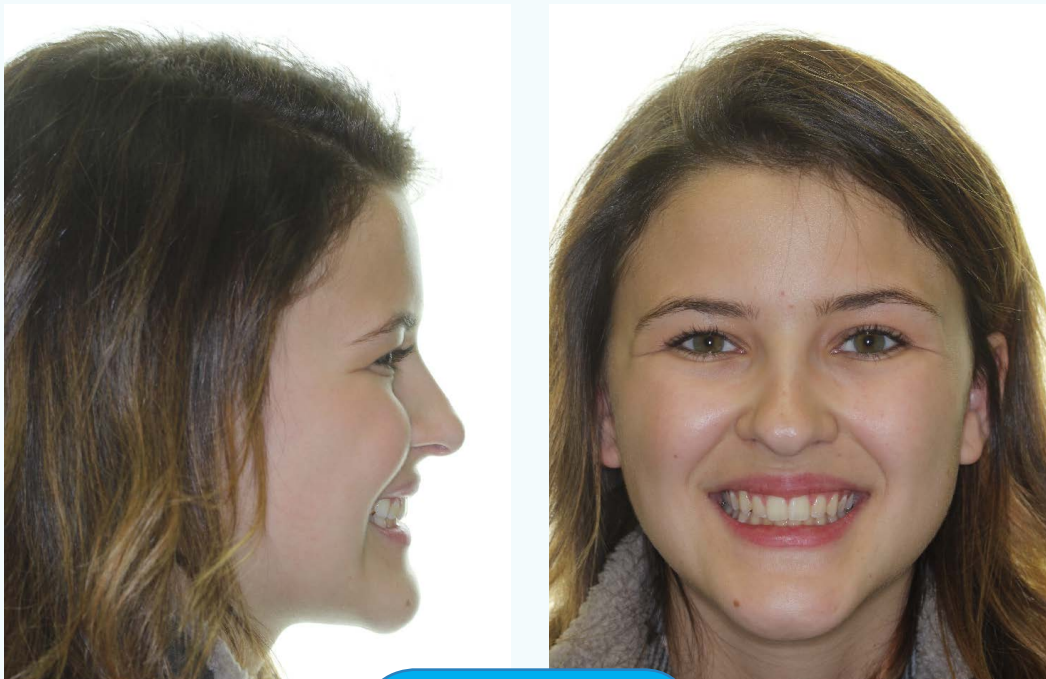
to create symmetric tooth and tissue shapes with re-contouring are essential to creating beautiful esthetics.

Along with these clinical skills, it is vital that we also strive to improve our diagnostic skills. We must learn to recognize the components of a great smile and collectively establish goal positions for the teeth in all dimensions. We must strive to diagnose deviations from these goals in our exams and put together treatment plans to systematically move toward these goal positions from the very start of treatment. This was the express purpose for the development of the VIP and MTD concepts and the RGB System®. These are the tools to implement and deliver a customized mechanical treatment plan. The RGB System® not only establishes goal positions, but also provides a method to monitor progress toward these goals during treatment.

While orthodontics is both Art and Science, without a systematic approach toward creating consistency in our outcomes, we cannot collectively achieve esthetic excellence. Without a systematic approach, our work becomes more art than science and more good fortune than consistent habit. It is only by elevating our skills and raising our collective standard of care that we can transform the public perception of "value" in the work of Orthodontic Specialists.







### INITIAL PHOTOS

- MTD Black 2
- VIP Black 1
- Class I malocclusion







## FINAL PHOTOS



- Beautiful Esthetics
- Beautiful Occlusion
- MTD Green
- VIP Green





Dr Dwight Frey  
ORTHODONTIST



# Tell Me What You Want To Do...

Nimet Guiga D.D.S., M.Sc., F.R.C.D. (C)

I want to change lives with  
**“WOW” Smiles.**

I love being an Orthodontist because I love to see that special smile on my patients faces!

**I love to hear them say:**

“I can’t believe my smile looks so good”

“I feel so happy and so confident”

“I’m a better student now, I have more drive I feel like I can do everything”

“I can’t stop smiling”

“My friends say there is this new light glowing on my face”

“I have a boyfriend/ girlfriend now...”

“I don’t hide my teeth anymore...I’m not ashamed. I’m not shy.”

It’s not about straightening teeth or fixing the occlusion anymore. It’s about changing a person’s life and helping them find happiness, find love, and finding purpose and power within themselves!

When I integrated Dr. Sarver’s Facial Based Diagnosis and Dr. Pitts Smile Arc Protection and Creation into my orthodontic

For the past year, I have used the Pitts 21 system and I have found that I am able to deliver beautiful results in less time. The system is



treatments through Dr. Tom Pitts and Dr. Duncan Brown’s mentoring, my patients smiles changed from “Good to Great”.

a real time saver, comfortable for the patient, reliable and very user friendly.

Give it a try! It’s a must in today’s practice!

I became obsessed with pink and white tissue esthetics, tooth proportions, color, shape and the contour of the gums, size of the papillae, position of zeniths, black triangles, and connectors. Each and every little detail really made a difference....and the smiles I produced went from “Great to WOW”!





**BEFORE**



**AFTER**



**INITIAL PHOTOS**



- VIP Black 2
- MTD Black 3
- Small lateral incisors
- Mild Crowding



**FINAL PHOTOS**



- VIP Green
- MTD Green
- Esthetic bonding to the upper anteriors
- Beautiful Esthetics
- Great Occlusion



# Pitts 21 and Results Based Marketing

A Combination that Differentiates Your Practice with the Public

David Herman D.D.S., M.S., M.P.H.

I have a large practice in a small town and draw patients from four states in the Four Corners region of the United States. I have used a passive self-ligation system of braces on all my patients since 2002, starting with the OC Orthodontics' H4 System in 2013 and then the Pitts 21 System in late 2017. With experience using passive self-ligation on thousands of patients, I consider myself well-trained in the use of these systems. They have had a winding road of supposed improvements over the 16 years that I have used them, but Pitts 21 is a different story. It is a huge change from the past, and that change is noticeable in the first three patient appointments.

The major feature that convinced me to convert to Pitts 21 was the significant amount of anterior torque control available with the system. I do not extract teeth for crowding reasons. Sometimes I have 16 mm of maxillary crowding and controlling torque while gaining transverse dimensional change has always been a huge challenge. Pitts 21 finally gave me a system that does a remarkable job in reducing this problem. A key to this remark-

able change is the use of transverse direction elastics from the very first appointment and a square torque-controlling wire at the second appointment.

Pictured here is the amount of change at week 14 (3rd patient visit). Please also note the importance of utilizing the Pitts Protocol Smile Arc Protection (SAP) bracket positioning and the use of lingual buttons for the use of "threw the bite" elastics.

Over the last 18 months, I have

concentrated on marketing with a results-based campaign. I am educating the public on what esthetic orthodontics should look like and letting them decide if they prefer my results over the results of orthodontists that I consider less esthetically oriented. Smile arc, incisor display, micro-esthetic recontouring of teeth and a 12-tooth wide smile are the four main differentiating components to the esthetic movement.

The public response to this campaign has been extraordinary. I have





included two of my before and after result postings in this article. However, it is the addition of a 10-15 second video to the before and after photos that has really captured the public's attention. The video gives the post a personality and shows a patient's smile in active animation. You can view my postings on my Facebook at Four Corners

The results-based posts are placed on Facebook, Instagram and YouTube. I also use the campaign in print and video ads. Since I believe that patients should be choosing an orthodontist based on results, I do not use contests and prizes to attract prospective patients. I do participate in community events, but these events allow my staff to inform

system and components of esthetic orthodontics. The key is to achieve these transformations, get the word out and let the prospective patient or parent choose the orthodontist that consistently produces results that are noticeably different.



Orthodontics. I post a new result every week and call it "Patient of the Week." The number of people reached and number of views using this results-based approach has grown exponentially and continues to do so.

prospective patients about how my results differ from that of other, more traditional orthodontists.

The public will notice when you are achieving amazing transformations like those of us using the Pitts 21

**To see examples of Dr. Herman's social media marketing, check out:**

-  **@FourCornersOrtho**
-  **@fourcornersorthodontal**
-  **@FourCornersOrtho**

# MARRY YOUR PASSION WITH PURPOSE

## Essential Elements To Achieving Excellence

Tibaoui Ilies D.D.S., M.S.D.

**M**y Orthodontic future changed when I met Tom Pitts in Cascais, Portugal. Tom exposed me to uncommon orthodontic concepts that resulted in beautifully treated cases using very efficient and simple mechanics. It was a completely natural progression that Dr. Wassim Bouzid, Dr. Fayçal Ziane, and I spent two years in the Pitts Masters in Finishing Program. The experience was transformational, elevating my orthodontic game to levels I had not believed possible centered on values of kindness, love, mutual support, and service to others before self.

Fully supported by Duncan and Tom, we are playing the Master experience forward by launching the Algerian Pitts Masters in Finishing Program, serving Orthodontists from Northern Africa. We cherish the development that my African colleagues have experienced in a very short period of time and look forward to introducing them to you when we can.

Tom's "Active Early" protocols and the Pitts 21 appliance system has been a game changer in my professional life:

- The system fits perfectly in my busy practice; reliable, efficient, and time saving. Treatment times are shorter, with less reliance of auxiliaries
- Achieving outstanding esthetic results, extracting fewer teeth, and using mechanics that are gentle to the patient serves the patients' needs perfectly

This combination enhances my ability to concentrate on 3 "life lessons" I have found to be valuable:

**Do less and Obsess:** By continually pursuing excellence, I am able to concentrate on



being exceptionally good at one thing, not average at many.

**Marry your Passion with Purpose:** Passion is about me, Purpose is about others. Both are essential elements to achieving excellence, so service to other matters.

**Be a perpetual Learner:** Masters never stop learning. Tom and Duncan are continually trying to up their game, and share that knowledge with others, at an age when many would be resting on their well-earned laurels. This facilitates a "growth mindset" where challenges are opportunities for growth not obstacles to it.

I believe that the future of Orthodontics is in esthetics. With Wassim and Duncan, we are working on developing a digital

workflow for orthodontists, using the visual esthetic language of DSD to clarify goals, empower patients to improve their lives, guide esthetically driven decisions, and share them broadly with prospective patients and the dental profession. This is the future.

The Orthodontic profession is under many threats. The only answer we see is to elevate our game and do what can't be done. I am excited to do that!







**INITIAL**



## PROGRESS



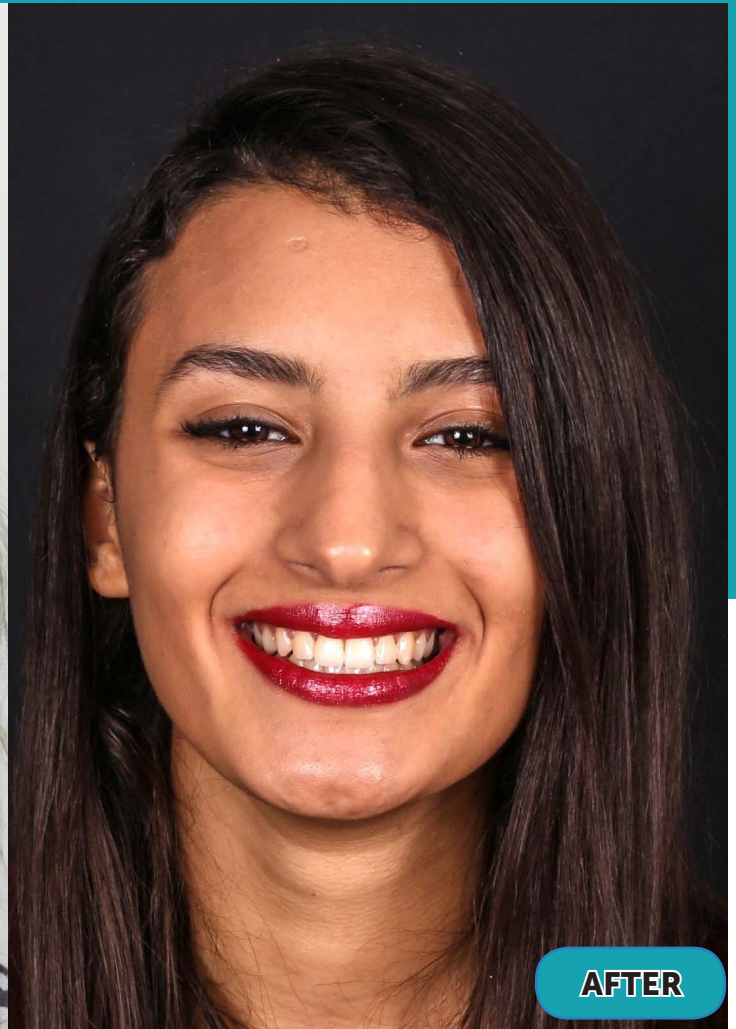
## FINAL







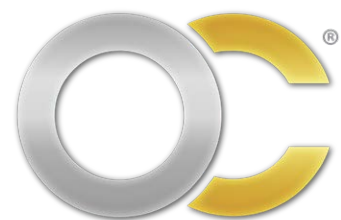
**BEFORE**



**AFTER**



# THE PROTOCOL™



orthodontics