

Orthodontics in pedodontic practice: a survey of the Southwestern Society of Pedodontists

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Abstract

A survey of the Southwestern Society of Pedodontists, membership 150, was made in order to obtain information concerning the orthodontic phase of pedodontic practice. The pedodontists were asked to select the type of orthodontics they performed in their practice, and then to select the phase of orthodontics in which they would like more information. The responses showed that most (94 percent) of the pedodontists are actively involved in orthodontic treatment more complex than space maintenance. That a minority (25 percent) are involved in comprehensive orthodontic treatment. The majority of the pedodontists are working in the preventive-interceptive area of orthodontics (60 percent). Contrary to the opinion of most orthodontists, only a small percentage of pedodontists are interested in comprehensive orthodontic treatment.

Introduction

The conference of the joint committees from the American Association of Orthodontists and the American Academy of Pedodontists met in November, 1972.

They prepared a listing of orthodontic activities that the pedodontists could perform.¹ The organization of the list was based on the chronological development of the dentition. It did not distinguish the area or the severity of the individual problem. It used the Angle classification as the basis for segregation.

Ackerman² developed the concept of combining the two specialities into a single program. Ackerman's opinion is based on the academic realization that many graduate courses are duplicated in each program. Several viewpoints can be found in response to these remarks.^{3,4,5} However, existence of this program demonstrates that there is a place in pedodontic practice for orthodontic treatment.

The orthodontists recognize that there is a definite increase in the amount of orthodontic treatment being provided by pedodontists.⁶

The estimates of orthodontic cases started by pedodontists in 1976 is 30 per year by 1000 practicing pedodontists, accounting for 0.75 percent of total orthodontic cases started for the year. The estimated number case starts expected in 1986 is 40 per year by 1500 pedodontists, accounting for 2.0 percent of the orthodontic case starts for the year.⁷

These estimates have been made in the orthodontic literature, and the basis for these estimates was not revealed.

The question of who is doing how much orthodontics could be resolved by knowing the volume of orthodontic supplies being sold to each group by the manufacturers. This would provide a direct year-by-year estimate of the relative level of orthodontic treatment being provided.

There is no information published that relates the type of orthodontic treatment being provided by the pedodontist, or what type of orthodontic treatment the pedodontist desires to provide his patients.

The membership of the Southwestern Society of Pedodontists was surveyed to obtain information concerning the type of orthodontics being practiced, and the future intentions of the pedodontists in relation to orthodontic treatment for patients.

Methodology

The survey questionnaire (Figure 1) was mailed to 150 pedodontists in the southwest area of the United States. They were requested to answer two questions: 1) What type of orthodontic treatment do you presently provide, and 2) Do you desire continuing education, and if so, in what area of orthodontics. There were 120 completed forms returned, giving an 80 percent return. This provided a valid basis for interpretation.

Results

The response to the first question (Figure 2) shows that 94 percent of the pedodontists are actively involved in orthodontic diagnosis and treatment more complex than space maintenance.

Approximately 60 percent are providing treatment in the preventive-interceptive area.

The other 40 percent are involved in the two groups classified as partial treatment and comprehensive treatment. The questionnaire showed that 25 percent are involved in comprehensive orthodontic treatment at this time.

The responses to the second question in the survey, "Preference for Continuing Education," shows a trend for more orthodontic information.

The first two categories remain approximately the same. The third category, Preventive-Interceptive, received 37 responses, a drop from the 68 responses in the first question. Thus, many pedodontists still desire information in this area (31 percent).

The next category, Modified and/or Partial Treatment, the area in which the most pedodontists desired more information, showed the greatest change.

The category of Full, Comprehensive Treatment received 30 responses for continuing education. It is the area of deepest concern to the orthodontists, yet only 25 percent of the pedodontists indicate they are planning on practicing some comprehensive orthodontics.

If we assume that the pedodontists not responding to the questionnaire are in fact part of the survey, then the percentages should be evaluated in Figure 3,

A. Level of Orthodontics: (Select one that best describes your practice).

- None
- Space Maintenance only
- Preventive and Interceptive Orthodontics

Example: Anterior crossbite correction

Posterior crossbite correction

Lingual arches

Habit appliances

- Modified and/or Partial Treatment

Example: Bimblers

Crozats

Bionators

Partial Banding (bonding)

Headgears

- Full Banded Comprehensive Treatment

B. Preference for Continuing Education

- None
 - Space Maintenance only
 - Preventive and Interceptive Orthodontics
 - Modified and/or Partial Orthodontic Treatment
 - Full Banded Comprehensive Treatment
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Figure 1. Sample of Survey Questionnaire

using 150 as the number of responses. All the percentages are smaller than in Figure 2 and should give a feeling for the minimum of pedodontists in these categories.

Discussion

The survey gives a substantially lowered profile of the amount of orthodontics that is being practiced by pedodontists. The orthodontists were led to believe that in 1976, 1000 pedodontists were treating 30,000

	Responses	Percentage of total Responses (120)
A. Level of Orthodontics		
None	4	3
Space Maintenance only	3	2
Preventive-Interceptive Orthodontics	68	57
Modified and/or Partial Treatment	21	18
Full or Comprehensive Treatment	24	20
B. Preference for Continuing Education		
None	4	3
Space Maintenance only	0	0
Preventive-Interceptive	37	31
Modified and/or Partial	49	41
Full Banded Comprehensive Treatment	30	25

Figure 2. Responses of Survey Participants

cases per year.⁷ This survey provides firm evidence that 200 pedodontists are starting approximately 10,000 cases per year or about 33.33 percent of the 1976 estimate by an orthodontic editor.

This survey also provides evidence that there is an increasing participation in orthodontics by the pedodontist, and that this trend will continue, especially in the areas of preventive-interceptive orthodontics and partial- or modified-treatment orthodontics.

This survey shows that pedodontists are gradually delivering more sophisticated orthodontic treatment in their practices. Only a small percentage of the pedodontists appear to be involved in complete treatment as opposed to the published estimates in orthodontic journals.

Conclusion

1) The estimates of pedodontic participation in orthodontics by the orthodontic literature is not accurate.

	Responses	Percentage of Potential responses (150)
A. Level of Orthodontics		
None	4	3
Space Maintenance only	3	2
Preventive-Interceptive Orthodontics	68	45
Modified and/or Partial Treatment	21	14
Full Banded Comprehensive Treatment	24	16
B. Preference for Continuing Education		
None	4	3
Space Maintenance only	0	0
Preventive-Interceptive Orthodontics	37	25
Modified and/or Partial Treatment	49	33
Full Banded Comprehensive Treatment	30	20

Figure 3. Responses Relative to Potential Pedodontists

2) The majority of practicing pedodontists are increasing their orthodontic involvement as a function of the total dental treatment of children.

3) Orthodontic diagnosis and limited treatment is becoming a routine portion of pedodontic practice.

4) Pedodontists are planning to expand the areas of orthodontic diagnosis and partial treatment more often than they are planning comprehensive treatment.

5) Pedodontic graduate education in the area of orthodontic treatment should be evaluated for changes or additions that may need to be made to reflect the realities of private practice.

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