

MANAGEMENT & MARKETING

(Editor's Note: Every few months, this JCO column presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

How many times have you heard the question: "How long will I have to wear my retainers?" My guess is that the answer equals the number of patients you have treated.

In this month's Management and Marketing column, Dr. David Kennedy describes his well-orchestrated post-retention dismissal procedure. The letter Dr. Kennedy sends his patients not only answers the question about how long to wear their retainers, but also includes an easy-to-understand summary of normal maturational changes in their dentition. I'd like to emphasize one point he makes: the post-treatment regimen should always be thoroughly discussed and documented in the initial consultation. That makes sure all bases are covered from a medicolegal standpoint.

Dr. Kennedy should be commended for his clear and concise communications with his patients and dental colleagues.

ROBERT S. HAEGER, DDS, MS



Dr. Haeger



Dr. Kennedy

Completion of a Retention Program

Maturational changes that normally occur between the teens and mid-20s, such as reductions in mandibular intercanine width and arch length, can eventually result in lower incisor crowding.¹ Such changes can be expected in both untreated individuals and treated patients, regardless of treatment or extraction procedures.² In recent years, the profession's awareness of the need for indefinite retention of orthodontically treated incisors has resulted in an increased use of fixed retainers.

During active treatment, the patient assumes responsibilities such as keeping appointments, maintaining adequate oral hygiene, and wearing elastics and headgear. Similarly, the patient is required to care for removable or bonded retainers as long as they are in place. Although problems with bonded lingual retainers are infrequent,³ they can still be troublesome for the orthodontist. Webb described a case in which a failed lingual retainer caused decay, with an anticipated lifetime restoration expense of \$5,600.⁴ This claim was settled in favor of the patient for a lower amount, because the orthodontist could not adequately document his supervision of the retainer program.

The issue facing the orthodontist is how long a retention patient can be monitored. Assuming an average active treatment time of two years, a practice that treats 200 active patients per year would have 2,000 retention patients to supervise after 12 years in operation. Keeping that number of patients under observation becomes impractical, even if many of them eventually drift out of touch. The orthodontist needs a

way to complete each patient's retention program and transfer the responsibility for retainer supervision to the patient, the general dentist, or both.

Post-Treatment Protocol

In a previous article, I described a post-treatment consultation in which the parents and patient are informed about the outcome of active treatment, the expected retention program, and the need for post-orthodontic procedures such as frenectomies, fiberotomies, third molar extractions, and restorative procedures.⁵ With written documentation, the post-treatment conference supports the initial consultation, where the same retention procedures are presented verbally and documented in writing to the parents and patient before treatment is begun.

The length of supervised retention will vary according to the pretreatment malocclusion and the individual orthodontist's retention philosophy. Whatever the duration, the transfer of responsibility for the retention program, whether to the patient or the general dentist or both, should be done at the final retention appointment.

At the last retention visit in my practice, the retainers are checked, and the occlusion, alignment, and TMJ status are documented. The patient is then given a form entitled "A Final Word About Retainers and Wisdom Teeth" (Fig. 1), with the appropriate third molar recommendations checked off. A clinical staff member or the treatment coordinator reviews the form with the graduating patient and parent (if present). To make sure the patient and parent understand the information, the staff member asks them questions such as, "What does it mean if your retainers feel tight?" "What should you do if your retainers feel tight?" "Who is going to supervise your bonded retainer from now on?" "What should be done with your wisdom teeth, and when?" "Will we schedule further orthodontic visits for you?"

Various areas of the form can be highlighted according to the individual patient's comprehension level and retention needs. A copy can also be sent to the general dentist, along with a

standardized cover letter advising the dentist that no further retainer visits will be scheduled and asking that the patient be referred back if any problems are noticed.

When a patient does not respond to our phone calls to schedule retention checks, we send a standard letter (Fig. 2) and a customized version of "A Final Word". If the patient still does not schedule a retainer visit within one month of receiving this letter, the record is inactivated.

By retaining copies of each patient's correspondence and "Final Word" forms, the orthodontist should have adequate documentation in case of retainer damage or post-treatment changes.

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REFERENCES

1. Sinclair, P.M. and Little, R.M.: Maturation of untreated normal occlusions, *Am. J. Orthod.* 83:114-123, 1983.
2. Little, R.M.: Stability and relapse: Early treatment of arch length deficiency, *Am. J. Orthod.* 121:578-581, 2002.
3. Rogers, M.B. and Andrews, L.J. II: Dependable techniques for bonding a 3 x 3 retainer, *Am. J. Orthod.* 126:231-233, 2004.
4. Webb, J.B.: Just record it! Letters to the Editor, *Am. J. Orthod.* 125:16A, 2004.
5. Kennedy, D.B.: The post-treatment consultation, *J. Clin. Orthod.* 26:460-462, 1992.

CORRECTION

In the Management & Marketing column by Dr. Jerry R. Clark, "Six Steps to Wealth and Financial Independence" (JCO, October 2005), Table 2 and Figure 2 were adapted from Dave Ramsey's course, "Financial Peace University", published by The Lampo Group, Inc., 1749 Mal-lory Lane, Suite 100, Brentwood, TN 37027.



A Final Word About Retainers and Wisdom Teeth

We do not advise our patients to discard their retainers. Rather they should wear them as “templates” to hold the orthodontic correction.

This is because normal age changes occur in the human body; in the mouth, these age changes show up as gum recession, increased lower front tooth crowding and increased turning of twisted or rotated teeth. Having orthodontic treatment, whether extractions have taken place or not, does not grant immunity to these normal age changes. These age changes vary in severity and age of onset, although for most people they occur between the teens and 20's.

We suggest you try the retainers in at least two times per week and wear them at least two nights per week. If the retainers do not feel tight, it means that the teeth are holding their position and, therefore, the retainers do not need to be worn as often. Conversely, when the retainers feel tight, it means the teeth are wanting to undergo these natural crowding tendencies – then the retainers should be worn more. By trying the retainers in twice a week and wearing them as needed (a minimum of twice per week) you can now be your own orthodontist.

If you have a bonded lower wire retainer, it can be left in place indefinitely provided your dentist checks it along with your six monthly recall visits. They do require more effort in cleaning as you know and the bonding material does not last a life time. If you have future problems, we would be glad to make necessary repairs. Since our financial agreement covers the orthodontic treatment and up to two years of retainer supervision, any future maintenance, repair or replacement of the retainers would be done at our regular office fee.

The following are recommendations regarding your wisdom tooth status:

- All wisdom teeth should be extracted now.
- All wisdom teeth should be extracted within the next 2-3 years.
- Lower wisdom teeth should be removed. Because of missing or extracted upper teeth, upper wisdom teeth may erupt satisfactorily.
- Wisdom teeth are in a very early stage of development and should be reassessed in about _____ years by your general dentist.
- Wisdom teeth are absent.
- Wisdom teeth appear to be in a favourable position and to have sufficient room to erupt.
- Other _____

No further orthodontic visits will be scheduled. Thank you for letting us look after your orthodontic care. It has been a pleasure working with you.

Name _____ Date _____

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Fig. 1 Information form on retainers and third molars.



September 22, 2005

Mr. & Mrs. Smith
3489 Hollaway Ave.
Vancouver, B.C.
V5Z 2P8

Re:Aidan Smith

Birthdate:9/17/86

Chart No.: V7889

Dear Mr. & Mrs. Smith,

We have tried without success to schedule a visit to check Aidan's retainers. Enclosed are some guidelines regarding retainer management and wisdom teeth for your information. Do call us if you would like clarification or if you would like for us to check your retainers. Otherwise, we will place your notes in our inactive file.

With thanks,

Sincerely,

David B. Kennedy Inc., M.S.D., F.R.C.D. (Can)
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DBK/kp
Encl. Final Word

Fig. 2 Standard letter to unresponsive patients.