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THE EDITOR'S CORNER

Keep It Simple

I recently received a copy of Dr. R.G. "Wick" Alexander's new book, *The 20 Principles of the Alexander Discipline*. Dr. Alexander has been a familiar face on the orthodontic lecture circuit for many years; he has also been one of JCO's Contributing Editors since the early days of the journal. Everyone in the specialty knows Dr. Alexander as a down-to-earth practitioner with the ability to produce outstanding results using the most basic methods. His entire battery of treatment modalities consists of little more than braces, elastics, Kloechn-type headgear, and removable bite plates. The new book, which is reviewed elsewhere in this issue, presents an abundance of cases ranging from the relatively straightforward to the notably complex, yet he is able to produce enviable results time and time again. His KISS motto—"Keep It Simple, Stupid"—governs his treatment decisions, while his credo of "Effort = Results" serves as a guiding light. The end result of his application of these principles is a legacy of excellence.

As I read through the book and looked over case after case of remarkable results, it struck me that all these high-quality treatments were achieved without relying on many of the newer developments in our field. In this day and age of high technology, it is refreshing to remind ourselves of what can be accomplished with a basic approach and a minimal armamentarium. For example, I did not see three-dimensional cone-beam technology being used for diagnosis; instead, I saw conventional lateral cephalometric tracings with only seven variables measured. All the records were meticulous, and each treatment plan was as simple as possible. It's obvious that considerable thought went into both the diagnosis of each case and the overall delivery of care.

Since I have always had a difficult time getting my patients to wear any sort of headgear, I envy Dr. Alexander's ability to convince his young patients to comply with such programs. No esoteric orthopedic appliances, no fancy mandibular propulsors, no fixed correctors, no miniscrews with nickel titanium coil springs—just good, old-fashioned

headgear, producing consistent Class II orthopedic corrections and full, beautiful smiles. Bite opening is achieved not with intrusion using miniscrew anchorage, but with simple, removable acrylic bite plates that are applied after establishment of the maxillary archform. For closure of extraction spaces, Dr. Alexander falls back on the time-tested closing-loop archwire that Tweed promoted so effectively. Mild-to-moderate growing Class IIIs are effectively treated with reverse-pull headgear, without the need for skeletal anchorage. Interarch relationships and midlines are corrected, and occlusions are settled, by the judicious use of ordinary elastics. Skeletal cross-bites are dealt with using the time-tested technique of rapid palatal expansion.

When I look back at the accomplishments of orthodontists like Dr. Alexander, who were trained prior to all the modern technological developments that we see throughout the literature and in clinical presentations, I can't help but

notice that the results they achieved were not only equal to what we produce nowadays, but perhaps even better and more stable. I do not mean to imply that the myriad technological developments of the last 20 or so years are useless—they have made treatment a little easier and more efficient for all of us—but an overreliance on advanced radiographic techniques, superelastic archwires, and on-demand skeletal anchorage can result in a diminution of the skills and acumen of the individual clinician, who, in the final analysis, is responsible for the outcome of each treated case.

It behooves us all not only to stay abreast of scientific and technological developments in our field, but to continually rededicate ourselves to honing our basic skills. Technology is no substitute for high personal standards and mastery of proven techniques. Dr. Alexander's work stands as an extraordinary testament to this principle.

RGK