The Importance of Functional Jaw Orthopedics
PRIOR to Fixed Brackets or Invisalign® type treatment

TORONTO - Friday, October 23 & Saturday, October 24, 2015

Location: Novotel Toronto Centre
45 The Esplanade, Toronto, ON M5E 1W2
(416) 367-8800 • www.novotel.com

Meeting Room: Conference Level 2 (Bordeau Room)

Sponsors: Bonarch Supply Canada Ltd.
www.orthodontic.ca

Emmett Griffiths has studied from and later promoted many of the pioneers of FJO along with his late father a “Functionally Oriented” Orthodontist from Montreal. Mr. Griffiths has organized post-graduate CE courses for more than 35 years and has lectured extensively at Orthopedic/Orthodontic Symposiums/Study Clubs. Mr. Griffiths will share his unique experience as an orthopedic/orthodontic laboratory owner outlining treatment and appliance techniques that work best for his clientele as well as revealing what does not and why! Mr. Griffiths currently provides several hundred general dentists throughout North America with a unique Case Evaluation service including cephalometric tracings and space shortage analysis. Diagnosis is the KEY to a successful treatment outcome.

Friday, October 23
Lecture: 8am - 5pm (8 hours)

• Functional Jaw Orthopedic (FJO) Appliance designs/adjustments
• Sagittal, Twin Block, Bionator, Rick-a-nator
• Tripping for Vertical
• Alternative Lightwire Functional (ALF)
• RPE/Fixed Appliances
• Splints, Anti-Snoring/Bruxing
• Retention - New LASER WELDED ClearBow
• Short video presentations on functional treatment
• Records required for Case Diagnosis
• Before & After Case Presentations

REGISTER TODAY BY CALLING 1-800-267-9225
A 50% registration refund if unable to attend after October 1, 2015

Saturday, October 24
Study Group/Case Studies: 8am - 3pm (6 hours)

• Case records will be projected for group review and discussion of treatment options
• New starts, ongoing and treatment challenges will be presented
• Please consider bringing 1 or 2 cases with complete records for group discussion. Physical records are most ideal
• The number of case presentations will be subject to available time

1-800-267-9225 • www.orthodontic.ca • orthodontic@orthodontic.ca

This program is eligible for 14 CE Credits (Category 2)

Bonarch Supply Canada Ltd.
71 Beckwith Street, North, Smiths Falls, ON K7A 2B6
Tel 613-283-7718 • Fax: 613-283-5386
orthodontic@orthodontic.ca

50% Discount on ALL Self-Study CE
Offer ends December 31, 2015

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Serving the dental profession since 1972

CAUTION: Sleep Apnea can be a life threatening condition. DO NOT attempt to treat a Sleep Apnea patient with any dental or orthodontic appliance without instructions by an MD in Sleep Disorders Medicine.

NEW ORTHOTIC TWIN BLOCK™
Anti-Snoring • Bruxing • Clenching • TMJD

✓ Effective
✓ Comfortable
✓ Affordable
✓ Discreet
✓ Freedom for Speech
✓ Jaw Movement during REM
✓ Does not alter the Occlusion
✓ Triangular Delta Clasps - optimum retention/minimal fracture

Construction Bite (with patient sitting or standing):
The patient’s comfort/balance is an important determining factor.

• An incisal opening of 2-3mm is required to accommodate the lower anterior capping of acrylic

Mandibular Advancement:
Dental/Skeletal Class I: Generally 3mm of mandibular advancement along with 6-8mm of vertical opening in the lower 2nd bicuspid region.
Dental/Skeletal Class II: Advancement of the mandible to an incisal edge to edge relationship along with 6-8mm of vertical opening in the lower 2nd bicuspid region.

• Comparison of a lateral cephal in CR to the construction bite position may allow you to document the improvement to the airway.
• The construction bite position may open the airway sufficiently while dropping the head of the condyles down/forward in their fossae providing healing space for the TM joint/disc. This position could eliminate/reduce SNORING, bruxing /clenching during sleep.

TWIN BLOCK® FUNCTIONAL THERAPY
Applications in Dentofacial Orthopaedics
by Dr. William J. Clark, Orthodontist
Professor Dr. T. M. Graber - Chapter 20
“Adult Treatment” Foreward

“ It is well known that forward positioning of the mandible has a beneficial effect in most TMD patients.”

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If there is one word that would best describe the enormous revolution that is currently playing in what we now know to be the often intertwined clinical sciences of orthodontics and its not so distant companion discipline of TMD therapies, it would be the word “neuroscience.” In these enlightened times it is neuroscience that provides the necessary foundational path of knowledge that finally exposes the quandary Ortho/TMD/migraine neurophysiopathologic continuum for the long elusive scientific specter that it has always been, and it does so to a totally disbeliefing world. This changes everything!

Instead of the old, traditional, time-honored methodology of fixed orthodontic appliances continuing to dominate the high therapeutic ground, a position which it has naturally dissociated recently from any relation to an intimate role in TMD Therapeutics, such customary wire and bracket operations are about to be relegated (for many types of ortho-TMD cases) to the level of an ancillary, tooth-oriented training technique. By clinical necessity, fixed appliances are now becoming beguilingly subversive to the newest and much broader discipline of Functional Orthopedics. Orthopedics, the current prime mover throughout the modern and more global concepts of total Craniofacial Health. Neurosensibility, especially the nimble and ecletic neurosensibility of chronic nociceptive processing within the various encephalic members of the peripheral and central trigeminal tree, provides the blinding academic bullshit that drives the entire movement. Traditional orthodontics, as a whole, has been ludicrously caught off guard and unaware by all this. Nature couldn't care less it is what it is.

Stilled orthodontic efforts at willfully trying to address the vagaries of severely deformed and/or orthodontically jaw-lowering misaligned malocclusions with mere fixed appliance techniques, which are essentially only capable of managing the tooth leg of the Teeth/Bone/Muscle Triangular model of malocclusion, have been proven by their own proponents to be decidedly ineffective in resolving cases of malocclusion exhibiting concurrent TMJ internal derangements of a level sufficient to generate supra-threshold, TMD-initiated, cephalalgic symptomatology. Fixed appliances generally cannot handle that. That is a world-renowned Dr. Spahl is a world-renowned managing that. As a result, the fixed appliance “little brother” occlusion then by default becomes a malocclusion, regardless of the neurovascular bundle at fully interdigitated dental occlusion. Such an occlusion is what it is.

“In questions of science the authority of a thousand is not worth the humble reasoning of a single individual.”

Galileo Galilei, Italian Astronomer, 1543-1643

Dr. Spahl is the principle author of a litany of textbooks on orthodontics, craniofacial orthopedics and TMD Therapeutics which is the Clinical Management of Basic Maxillofacial Orthopedic Appliances. Dr. Spahl is a well-renowned lecturer on the subject of orthodontics and TMD before both dental and medical groups. He has lectured for over three decades of seminars and dental conferences throughout the United States, Canada, Europe, South America, Australia and the Orient. Dr. Spahl is the primary author of Functional Jaw Orthopedics & TMD Treatment in North America.

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