I am in my last year of residency and when I graduate I am lucky to have $100,000 in student loans. All I hear from my young colleagues is how difficult it is to find a job, and don’t expect much. I love orthodontics, much more than general dentistry, but at the end of the day most of us went into this profession to increase our earning potential and have a nice comfortable lifestyle. I feel like ortho will continue to get worse due to oversaturation, economy, etc. My general practice friends are making more than offers that I or my colleagues have seen. I think the future for my generation of orthodontists will be paved with lower fees and lower pay. I would be more than willing to hire a GP or two to offset referrals, make money off of them and market for my patients. With each ortho having multiple practices the pie is getting smaller and smaller for patients. Even in rural areas I look at, there are orthos there already, so now I would have to step on their toes. Was residency worth it?

Times have definitely changed but in any field that changes, there is always room for innovation and hard work. Take the best associateship or clinic job out of residency that you can find, be frugal with what you make, save everything you can, be patient, get some experience and a feel for what the market is actually like, then come up with a smart long-term strategy in regards to locating or starting a practice. If the game becomes chess don’t keep playing checkers. The man who thinks he can and the man who thinks he can’t are both right.

There is plenty of ortho to go around. We are feeling the pinch because of these venture-capital-funded corporate chains. When those go away (already in NC), the GPs will have enough work that they won’t have to get into ortho. As far as saturated areas, that problem will fix itself. If there are five orthos in an area that can only handle three, nobody else will move there. The in-house associate jobs aren’t the answer either unless you plan to put three or four of those jobs together. I see jobs all the time, but they are in Wisconsin, Indiana and other places in the Midwest.

The word definitely has got out that ortho isn’t as attractive. In my graduating class those with competitive stats applied to oral surgery or pedo, while people with average stats had matched to ortho. Give it time though. Pedo programs have literally exploded in recent years so they will be very saturated I would think.

I hate to say it but the reality is we are in a dying profession. I think in time we will be fine, still earn a good living, but there isn’t any way I would recommend ortho as a specialty to my kids. I hate the fact the AAO does nothing to crush the general practitioners’ ortho
Related Message Boards

TriathleteDDS
Member Since: 01/09/12
Post: 11 of 268

I just feel like differentiating ourselves is a long-term strategy, and considering how many more GPs, how much headway will it make? There will never be anything limiting GPs doing ortho because there are so many more of them. The economy is going to continue to hurt, and with people racking up student loans, I’m sure the fertility rate is going to tank. GPs doing ortho is a huge problem, but it’s so much more than that too. Corporations driving pay down, people wanting to spend less, everyone wanting Invisalign, etc. This job just wasn’t what it seemed it would be.

Golfalldy1994
Member Since: 09/15/14
Post: 12 of 268

You do have the perfect attitude to rise above that amount of debt. I stress to all college-age kids asking me about dentistry or ortho to pay attention to the cost of the schools they look at. Thankfully, Texas is still affordable education wise but we need fewer GPs and orthos moving here from out of state.

fesdds
Member Since: 05/22/08
Post: 16 of 268

Expecting traditional orthodontics to provide for us may be shortsighted and disastrous. Why we as a profession have not taken over the short-term orthodontics trend is befuddling to me. Let’s advertise it and own it.

flybywire
Member Since: 06/28/04
Post: 18 of 268

Everyone wants to live in the city, on the coast or in the college town. Find somewhere that can use you and you’ll be very successful. Go open up where there is one ortho for every 10,000 people and yes, you’ll probably struggle.

locust
Member Since: 03/11/08
Post: 23 of 268

There may be a surplus of orthodontists in America. However, I think there is still a shortage of orthodontists who are willing to accept medicaid, low-pay HMO plans and treat low-income patients. That’s why the chains’ ortho departments continue to do very well. The chains target the population that most private ortho practices ignore. My younger brother’s orthodontist charged my parents $2,600 for a two-year ortho and RPE case. To my dad, who only made $13 an hour, $2,600 was still a lot, but with the affordable payment plan, he was able to pay my younger brother’s ortho treatment. He could only afford to pay for my brother. I had to pay for...
my own ortho treatment. My orthodontist charged me $2,400 for a two-year, four bite extraction case. At that time, my orthodontist was a UCLA faculty and he offered me a discount for being a UCLA dental student. Neither my brother nor I could have gotten braces if the fee was like $5,000–$6,000 a case. If the fee wasn’t so reasonable, I’d probably have had to wait to get braces in five more years … when I finished my ortho residency.

In my opinion, $100,000 a year is not enough, given the loans and additional training it takes to be an orthodontist. If this continues, orthodontic residency will become a thing of the past.

I think a lot of these problems are cyclical. We are still in a prolonged recession. Once things improve again, a lot of GPs will bail on ortho. Also, some of the older orthodontists who are hanging on a little longer will retire. The longer the recession continues and the more that dental education increases in cost, there will be less interest in dental students going into ortho. We may see more programs close and that will set things up nicely in the future. I think we tend to be shortsighted. When things are bad they seem like they will never improve. When things are good, we tend to think they will be great forever. Realistically, things will go through periods of great growth and then come crashing down and repeat. I don’t mean this happens in every practice, but in the profession as a whole.

This is an interesting thread. I’m glad you posted! I am excited to see several of you suggesting that we should aggressively educate the public as to why orthodontists are the experts when it comes to braces. I’m a big fan of this and have put out some PSAs that you’re welcome to use if you like. There are groups of orthodontists getting together to put the PSAs out as a group to advocate for all orthodontists (something I think the AAO should be doing). Jeff Behan at VisionTrust can help you with this if you so desire. Here is the latest PSA:

The AAO is paralyzed by the size, committee mindset and the leadership who benefit from the status quo. They are afraid of the ADA and the PCDs, plus the leadership is almost all 60 plus years old and their reality is different from the rest of us. They may be able to ride declining referral patterns out and make it into retirement while maintaining the traditional model, but the rest of us cannot take that path. The trail that was blazed by the prosthodontists that leads to irrelevance.

We can make a difference if we put our minds to it. Just the other day I had a rep tell me that one of our local primary care dentists (PCD) said that he was no longer doing comprehensive braces because, “Burris has brought too much scrutiny on them and patients are asking about their qualifications and even class rank in dental school. Burris has patients thinking that dentists who are doing braces are just greedy.” I was shocked and delighted when I heard this! We have aggressively discussed the difference between PCDs and orthodontists and I’m currently suing the state of Arkansas over the speciality restriction. The AAO has a $25 million annual budget. Imagine what we could do if we cut out all the BS and cushy, self-adulating positions and just did media campaign after media campaign to the tune of $20 million a year and we didn’t shy away from clearly stating how to tell the difference in a PCD and an orthodontic specialist and why that is important. The AAO is 501 (c)(6), not a practice, and not governed by state boards and can say pretty much whatever they want if they had the guts to do so. They say they don’t want to offend PCDs or the ADA because of referrals and because they might get sued. Well getting sued and being able to publicly talk about the issues would be a PR coup for orthodontists, and referrals are headed in the tank anyway! That being said, odds are the
AAO will continue on the current path and nothing new will never happen so we have to do it ourselves.

As to the questions of whether orthodontics is a viable profession now and in the future, that depends wholly on you and how you choose to practice. The world has changed. This is not some post-recession dip from which we will return to the golden age. It is a permanent change in the way the world works. People want great service, great results and affordability. They also want braces. It is a right of passage these days. In the past we have catered only to the top 10 percent of the socio-economic strata and that is how we think it should be in our collective wisdom. We need to expand the possible patient pool by making braces affordable as this is good for business and good for access to care. I don’t want to reduce fees, I want to extend financing. I can hear all the reasons it won’t work now but trust me, this is the present and will be more so the future. Also, people do not want the cheapest product, they want the nicest one they can afford. Not to mention, price is not really the issue. It is far more important to the average patient how much down and how much a month to get braces. Think about cell phones and cars (everyone has these and pays for them). Customers don’t walk in the store or on the lot and say, “let me have the cheapest model you have for my child.” They want the nicest phone or car they can afford. It is a point of pride. So make your awesome office and awesome product more affordable! I know, I know, you got screwed one time and you don’t extend financing because people won’t pay . . . OK, let me know how that works out long term for you. People are used to paying for big-ticket items over time. People don’t have a ton of cash on hand. People want what you have. You have excess capacity and time so why not? Is playing Candy Crush that much fun? So fun that you would rather do nothing for nothing than something for something? You are not loaning $6,000 as collective orthodontist wisdom suggests, you are betting a couple hundred dollars (cost of brackets and wires) that you will get paid $6,000. Because if you aren’t at capacity, adding one more patient only costs you that.

Corporate dentistry has no idea how to do braces effectively or efficiently. They will not spell the end of us. Maybe for PCDs but not for us. If we die, we will die slowly, rotting from within, and that will happen if we don’t claim our authority over PCDs loudly and proudly. But that is us letting it happen, not others doing it to us. Again, great discussion. Let’s decide for ourselves what will happen to our profession instead of leaving it to outside forces!

I appreciate the AAO, but Ben’s assessment of their overly conservative politically correct nature in regards to the need to educate the public about orthodontists vs PCDs is spot on. Our specialty’s future depends on it; time to throw political correctness out the window. It should be the AAOs primary if not only purpose at this point.

Ben Burris is the voice of reason and someday our profession will look to him as the guy who finally got the AAO and the old boys club to
pull our collective heads out of our butts and wake up and see the writing on the wall. We are all partially responsible for the lack of action from the AAO since we either don’t put enough pressure on our leadership or we choose not to serve in leadership positions. I agree with at least 90 percent of what Ben says and it’s time we started speaking up and properly educating the public and challenging our local and national dental governing bodies. Graduating with $500,000 debt and fighting for crumbs is a recipe for disaster. Thanks Ben for fighting the battle. I would suggest we all watch closely his battle with his state society because the outcome of that case will spread to every state and will potentially benefit all of us.

I also agree with Ben Burris’s approach to educating the public. Even looking at this objectively (especially after reading the post on Dentaltown last week with the dentist experimenting on a patient after watching a YouTube video) it is clear the public is not being treated fairly or ethically. It seems it is our moral and ethical responsibility to at least educate the public so that they can at least make an informed decision. The AAO should be taking a strong stance on this subject, not only for the orthodontists sake, but for the sake of the patients being mistreated by dentists.

I’m just spit balling, but if you did a non-scientific study I bet nine out of 10 young orthodontists would not recommend a career in orthodontics. I also don’t agree that this is just a cyclical blip. I truly believe the entire field is at a turning point.

After following this thread for a few days, I’d like to offer a slightly more optimistic perspective. If you love what we do, and are willing to put in the work, it can make for a great career. It’s our job to keep the public informed as to why we’re better able to do the work we’re doing. Don’t waste your energy regretting your decision to go into this field. Instead focus on what you can do to build a great career doing what you love. There’s plenty of opportunity out there. We just need to adapt to an ever-changing market and make sure that the work we’re doing stays far better than what our non-ortho neighbors are selling. People will always want straight teeth, and truly informed consumers will go with those who can do it best. Maybe I’m naive, but I don’t think our skill set is becoming irrelevant anytime soon.

I am optimistic that orthodontics will still be around; there will be people who understand that they should be treated by a specialist. I think there was quite a bit of turmoil when the straight wire appliance showed up 40 years ago. Certainly all the GPs would be doing ortho if all you have to do is stick a straight wire in there! But the ortho profession didn’t collapse. I think it’s easy to underestimate the difficulty of what we do and also the lack of interest in ortho that most GPs have. But that doesn’t mean we should be asleep at the wheel and I would be a fan of going outside the AAO to better educate the public if necessary.

I’m just reading this entire thread now. I agree that GPs are doing more ortho, but they are doing ortho and other specialty work because they are also in a bad way financially. Therefore, I don’t think it’s worth it to start planning how to incorporate more general dentistry or GPs into our lives. It’s a great idea to distinguish ourselves from GPs, but in my area, most patients know the difference and aren’t willing to risk it. Also, the GPs whom I’m aware of, who are

continued on page 16
doing ortho, are trying everything: six-month smiles, retainers for patients who went to an orthodontist for active treatment, Invisalign, etc., and nothing is sticking. They are even getting disgruntled with Invisalign.

The only bit of optimism I can think of at the moment is the cynical consolation I receive knowing that pedo is quickly becoming over-saturated too. Five years ago, there was only one pediatric dentist in my two-mile radius to 10 orthodontists. We orthodontists were beholden to that pedo office. Now, however, there are four pedo offices and 11 orthodontists, and the sucking-up is starting to go both ways.

The focus needs to be on the corporations. They can graduate all the ortho residents they want but without a place to go after residency, that will end fast. The corporations see the cheap labor and have no problem adding ortho since the facilities and marketing is already in place. Deem the corporations as illegal and there is more work for the GPs, ortho becomes less desirable, people stop applying to programs. Supply and demand. Those currently in an established private practice are very lucky. It’s next to impossible to get a foothold into that world these days. Most new grads have too much debt, not enough business experience to open a private office and effectively compete with established, well-funded, well-managed offices.

My Idea for AAO to exert its influence over corporations.

Assumptions:
1. Practices owned by AAO members (orthodontists) serve the public better than large non-orthodontist-owned corporations.
2. Patients value practices where they are served to a higher standard. And the doctor has more control over treatment decisions.

Idea: AAO creates an ad or public relations campaign where the public is informed about the fact that there are large corporations that own dental practices and the doctors in these practices don’t have complete control over treatment decisions. The next step would be to create branding where the front door of the practice states something along these lines: “This practice is owned by a licensed orthodontist. There is a difference.”

My assumptions may be wrong. Patients may not care. Care in large non-orthodontist-owned corps may treat to a higher standard. Those at the AAO who I’ve talked with about my idea stated that it would alienate AAO members who work for large non-orthodontist corporations. I’ve worked for these corporations before and personally would have loved this idea. By attacking these non-orthodontist-owned corps you’re not attacking the orthodontist employee. All private-practice orthodontic offices are corporations or small businesses. An orthodontist who owns eight offices and hires four associates should, in my opinion, qualify for this orthodontist-owned status.

This status is voluntary... AAO members who don’t want to participate don’t have to participate. The AAO needs not be afraid of tackling its threats head on. Yes we need to be aware of FTC anti trust, but informing the public of issues in their interests should be priority. The biggest threats to our profession are the large non-orthodontist-owned corporate practices, and dentists doing orthodontics.

So we agree the future of our specialty is at risk of being diluted by non-specialists, but how do we change this path? What can we do individually and as a group? Who will lead us? We need to brainstorm some ideas and organize a plan of action rather than ignore the problem and hope it goes away, or we will end up like poor Hem.
So the threats to orthodontists in some order are:
1. Dentists doing ortho
2. High student debt
3. Too many new orthos
4. Corporate ortho chains

I agree to all of these to some degree but don’t you think we’ve caused our own problems as well? With the advances in technology and allowing so many procedures to be delegated, we have the ability to treat so many more patients. I’m currently looking at buying out a retiring ortho. He came out of school when they still pinched a band on every tooth and he ties in all of his own wires. How many patients do you think he could see a year? Maybe 100? Now we have single-doctor practices with 800 patients a year. I’m not sure anyone would advocate for a campaign to limit the patients an orthodontist can see in a year. I don’t have a fix for this problem but if we are going to cast blame around lets not forget to look at ourselves.

1. It’s classic protectionism to try and block others from doing what we do and it puts you on the wrong side of the access-to-care issue. Not to mention there isn’t a damn thing to be done to prevent more orthos from graduating, so it’s a waste of time to pursue.
2. If corporate chains and pedos and primary-care dentists are hiring orthodontic specialists to do their ortho, we can’t really complain and have a leg to stand on.
3. Student debt is a matter of personal choice. I was on my own for college, was an out-of-state student for dental school (oh and it took me five years because I broke my hand in my third year and had to repeat a year) and I went to a residency that didn’t charge tuition (but there were substantial costs for equipment and living and I lived extremely conservative, (like, a single-wide trailer in a sketchy trailer park conservative), and I came out with almost $300,000 in debt 10 years ago. At that time that was huge debt. It hasn’t been an issue for me because I was scared and went to a place that needed an ortho instead of going back home to the coast like I wanted to. It can be done today as well but people have to decide and choose for themselves and live with their choices.
4. Primary-care dentists doing ortho (as well as declining referrals, active watering down of what we do with BS degrees from orthodontic institutes and our inability or unwillingness to speak up about why patients should see a specialist) is the main issue here and the only one upon which we can have an impact. Don’t lose focus or get off track. Don’t fall into negativity or a scarcity mindset, especially if you are already in the business or in residency. Just make smart choices on where and how to practice and you’ll be fine. Orthodontics is an awesome profession but it’s about the doctor and the patient and getting a great result. Go back to basics; don’t waste your time and money on a bunch of expensive technology that comes between you and the patient, and have fun while making people smile!
Another resource is the practice-management communities page AAOinfo.org/communities/practice-management. Yes, times are challenging, especially in large city markets. But I still feel there are opportunities out there for an unbelievably rewarding career.

Thank you Dr. Roberts for your efforts at the AAO, I always enjoy speaking with Dr. Varner. I believe he is very aware of the problems facing us.

“According to the American Dental Education Association, the average dental student graduates with upwards of $241,000 of student loan debt (2013)—an increase of more than 66 percent in the last decade and an amount vastly exceeding the national average.”

After reading all the comments, which are greatly appreciated, I can offer a bright side from a resident. I have never made money as an orthodontist so I have no lifestyle to match that. As long as I can service my debt and provide for my family, would I be happy making $150,000? Absolutely. I’ve never made that much money before after living like a student for these years. Now, if I can’t find a job or can’t provide for my family then I’d would be upset.

Initially, I need to thank you for your attempt to reply on behalf of the AAO to the many questions that have cropped up in this forum. Your reply alone is more helpful than you may realize. What you may also not realize is the desperation that many of our members feel as a whole. There is no question that primary care dentists are doing more orthodontics than orthodontists are, and their number is growing stronger with each Six-Month Smiles or Invisalign seminar. For the nation as a whole, the future of our specialty looks bleak and I believe it is a natural response to turn to our association for help. Repeatedly, the AAO has responded with words and not actions, with marshmallows when we need bullets. To this jaded orthodontist, the marketing campaigns are weak at best and the dessert buffet at the ADA meetings (sponsored by our fine AAO) is a slap in the face to members. My largest competitors are no longer other orthodontists. My competitors are now the primary-care dentists practicing orthodontics who steal patients whenever they can, and who undermine my own work with the attitude that they can do better. The tide will not turn on its own until we take this by the horns and put a stop to it. Strong. Hard. Fast. Now. Where is the AAO in this? Do they feel our pain? Don’t they want to help? And most importantly, do you really think it is fair to the naive public? Should orthodontic care really be “let the buyer beware?” As a whole, we either need to stand up or lay down to get stepped upon.

Will it be more effective if the campaigns are emphasizing the difference of dental specialists vs. general dentists instead of just orthodontists? To ultimately fix this problem the public and the ADA need to recognize that general dentists are doing shoddy work to make a buck. This is more about ethics and greed than it is about dentistry.