

Survey of orthodontic services provided by pedodontists

Association of Pedodontic Diplomates

Abstract

There is little information available regarding the orthodontic services provided by pedodontists. The membership of the Association of Pedodontic Diplomates was surveyed in November, 1981, to determine educational background in orthodontics, trends in pedodontic practice, and types of orthodontic services provided by Diplomates. A 73% response was obtained as 287 of 383 members completed the survey. Ninety-nine per cent of the pedodontists report they provide some orthodontic services in their practice. The responses indicate pedodontists provide a wide range of preventive and interceptive orthodontic services. One-third of the respondents provide some comprehensive orthodontic treatment in their practice. Pedodontists are an important source of patient referrals for orthodontists as 87% of the Diplomates report they refer patients to orthodontists. Fifty-nine per cent of the pedodontists report a declining need for traditional pedodontic services in their practices.

Provision of orthodontic services by pedodontists is a topic of current interest to both pedodontists and orthodontists. Since there is little information available, the Polling Committee of the Association of Pedodontic Diplomates (Doctors David Myers, John Doykos, John Groper, Walter Doyle, and Arthur Nowak) surveyed the membership to determine their educational background in orthodontics, the trends occurring in a pedodontic practice, and the types of orthodontic services provided by Diplomates.

Method

A twenty-three question multiple-choice survey was mailed to the 383 members of the Association of Pedodontic Diplomates in November, 1981. Two hundred eighty-seven members completed the questionnaire (a 73% response).

Results

The data obtained from the survey was compiled and the results are presented in Figures 1-8.

Discussion and Conclusions

The information obtained from the survey is limited by the design of the questionnaire and the cooperation and interpretation of the respondents. The 73% response indicated that the Diplomates were interested in the topic and willing to provide information.

The Diplomates were asked to answer each question; however, in certain instances the response is less than

Age Group	
30 years of age or under	(2%)
31-40	(36%)
41-50	(42%)
51-60	(12%)
61 years of age or older	(8%)
Major Professional Activity	
Practice	(76%)
Teaching	(18%)
Other	(3%)
Administration	(2%)
Research	(1%)
Time Involved in the Speciality of Pedodontics	
11-15 years	(31%)
Over 20 years	(24%)
6-10 years	(22%)
16-20 years	(22%)
5 years or less	(1%)

Figure 1. Demographic data of pedodontic diplomates. (Per cent of respondents N = 287)

Pedodontic Education	
Master's Degree — University Program	(50%)
Certificate — University Program	(24%)
Certificate — Hospital Program	(18%)
"Grandfather" Pedodontist	(6%)
Orthodontic Education	
Orthodontic training as part of pedodontic program	(74%)
Short (1-2 day) C.E. courses in orthodontics	(50%)
Longer C.E. courses such as "straightwire" course	(26%)
Other	(12%)
Completed orthodontic program	(4%)

Figure 2. Educational background of Diplomates in pedodontics and orthodontics.

100% because not all diplomates answered every question. The total responses for other questions exceeds 100% because multiple responses were appropriate.

Several findings are apparent from the survey. Diplomates provide a broad range of preventive and interceptive orthodontic services and employ several types of appliances. One-third of the Diplomates provide some comprehensive orthodontic services. This number is considerably less than that estimated in the orthodontic literature,¹ but slightly higher than reported in a survey of the Southwestern Society of Pedodontists, which

Requirements For Traditional Pedodontic Services

During the Last Five Years

- Decreased (59%)
- Stayed about the same (28%)
- Increased (5%)
- Not in practice five years (4%)

Time Spent on Orthodontic Procedures Over the Past Five Years

- Increased (48%)
- Stayed about the same (36%)
- Decreased (12%)
- Not in practice five years (3%)

Projected Orthodontic Activity for the Next Five Years

- Increase (54%)
 - Stay about the same (34%)
 - No idea (6%)
 - Decrease (2%)
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Figure 3. Five-year trends in pedodontic practice.

Practice Time Devoted to Orthodontic Procedures

- Less than 10% (110)
- 10-25% (90)
- 25-50% (44)
- 50-75% (15)
- None (6)
- Over 75% (2)

Practice Income Derived from Orthodontic Procedures

- Less than 10% (125)
 - 11-25% (78)
 - 26-50% (35)
 - 50% or above (19)
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Figure 4. Estimates of current orthodontic involvement of respondents.

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- Not enough traditional pedodontic procedures (31%)
 - Increase the income derived from practice (30%)
 - Other (25%)
 - Orthodontic services more satisfying to perform (10%)
 - Tired of managing difficult children (6%)
 - Do not plan to expand orthodontic services (32%)
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Figure 5. Reasons cited by pedodontists for expanding orthodontic services in pedodontic practice.

reported approximately 25% of its members provide some comprehensive orthodontic services.² The orthodontic activity reported in this survey appears higher than in a survey of North Carolina pedodontists which reported that less than 8% of their practice time was devoted to any type of orthodontic procedure.³

Conditions Treated

- Anterior crossbites (96%)
 - Space maintenance (96%)
 - Ectopic eruption of first permanent molars (95%)
 - Posterior crossbites (94%)
 - Eruptive guidance (91%)
 - Thumb-sucking habits (90%)
 - Space regaining (79%)
 - Incisor alignment (74%)
 - Tongue-thrust habits (69%)
 - Serial extractions (59%)
 - Early treatment of skeletal malocclusions (41%)
 - Comprehensive orthodontic treatment (33%)
 - Other (9%)
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Figure 6. Percentage of respondents providing treatment for selected malocclusions, oral habits, and developmental conditions.

Appliances

- Lingual holding arch (91%)
 - Removable Hawley with auxiliary springs (84%)
 - Distal shoe (83%)
 - Band and loop (82%)
 - Arch expansion appliances (w-arch, quad-helix) (78%)
 - Crown and loop (75%)
 - Lingual arch with auxiliary springs (68%)
 - Arch expansion appliance (jackscrew) (67%)
 - Removable acrylic space maintainer (62%)
 - 2 x 4 banding (or brackets) (55%)
 - Headgear (52%)
 - Fixed sectional arch wire (51%)
 - Removable arch expansion appliance (jackscrew) (44%)
 - Functional appliances (33%)
 - Straight-wire technique (28%)
 - Comprehensive orthodontic treatment — edgewise technique (23%)
 - Comprehensive orthodontic treatment — Begg technique (5%)
 - Crozat appliance (5%)
 - Other (4%)
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Figure 7. Percentage of respondents using various types of appliances.

Relationship with Orthodontists

- Refer patients to several orthodontists (66%)
 - There is an orthodontist in my practice (13%)
 - I do the orthodontic treatment and seldom refer (12%)
 - Refer patients to one particular orthodontist (8%)
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Figure 8. Working relationship of pedodontists with orthodontists.

Pedodontists are an important source of patient referrals for orthodontists since 78% are of the Diplomates refer patients to orthodontists or have an orthodontist associated with their practice.

The character of pedodontic practice is changing. Most pedodontists report their patients require fewer traditional pedodontic procedures than they did five years ago. Only about one-third of the pedodontists report that their practices have grown in the past five years. These findings are in agreement with those reported in the North Carolina survey.³ The findings likely result from the interaction of the increased number of dental graduates, and the decline in the economy, birth rate, and caries incidence. The changing needs for traditional pedodontic services undoubtedly has encouraged some pedodontists

to look outside the traditional scope of pedodontic procedures to expand their practice. These trends have important implications for pedodontic advanced education programs, continuing education for practicing pedodontists, and the future role of the speciality of pedodontics.

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1. Gottlieb, E.L. How to understand and deal with the growing economic crisis in orthodontics. *J Clin Orthod* 11:590-609, 1977.
2. Miranda, F.L. Orthodontics in pedodontic practice: A survey of the Southwestern Society of Pedodontists. *Pediatr Dent* 2:217-20, 1980.
3. Dilley, G.J., Rozier, R.G., Machen, J.B. Pedodontic manpower and productivity in North Carolina — a pilot project. *Pediatr Dent* 4:115-18, 1982.



Sandcastles, 1982

Dr. Theodore P. Croll

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