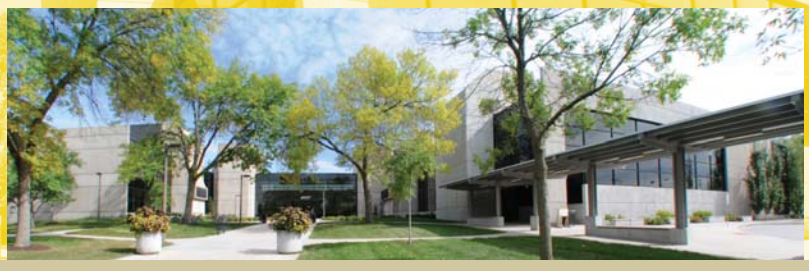
The University of Iowa
College of Dentistry & Dental Clinics

The University of Iowa Department of Orthodontics
"Advancing Orthodontics, One Smile at a Time"



Dear alumni and friends,

As you are aware, The University of Iowa has been a regional leader in providing care to craniofacial deformity patients for over 60 years. Dr. Bill Olin was a cornerstone of the UIHC craniofacial team for decades, and we are very proud of Dr. Olin's legacy. Dr. Jim Wheeler succeeded Dr. Olin when he retired. In June of 2009, orthodontic care of the craniofacial deformity patients was transferred from UIHC to The Department of Orthodontics. This was a significant additional responsibility for the Department and perhaps the most significant change the Department has undertaken in recent memory. Dr. Lina Moreno successfully, and singlehandedly, spearheaded this effort. All craniofacial patients previously seen at the hospital are now being seen in the Department. In 2012, Dr. Sath Allareddy joined the Department and the craniofacial anomalies team with Lina. Together, they oversee the orthodontic care provided to a variety of patients including those suffering from cleft lip and palate, Treacher Collins Syndrome, and hemifacial microsomia to name a few. Lina and Sath treat these patients in their own faculty practices, and they oversee the treatment of these patients in the resident clinic. Their plan, over time, is for graduating Iowa orthodontic residents to feel as comfortable treating craniofacial patients in their private practices as they do orthognathic surgery patients in their private practices. In this newsletter, we highlight Lina and Sath's efforts. If you have craniofacial patients in your area, Lina and Sath are happy to work with you as you care for these patients. We are here to serve. We are here to serve you, and Iowa.

Tom

FACULTY SPOTLIGHT

"Treatment of patients with craniofacial anomalies is one of the most rewarding of all care areas provided by an orthodontist."

We are often asked by Orthodontists in private practices "Can I treat these patients in my practice or do I need to refer them to the University?"

Our answer – "Yes to both approaches"

We are here to serve you and your patients' needs!

If you wish to treat the patients in your practice we can support you by working closely with you on treatment planning with the Cleft team at UIHC. We request that you first refer the patient to Cleft team at UIHC. The entire cleft team, consisting of craniofacial orthodontists, pediatric dentists, oral and maxillofacial surgeons, plastic surgeons, and speech pathologist/therapists will evaluate the patient and come up with a long term treatment plan. We will communicate this to you and help you in the continuum of cleft/craniofacial care. We will follow-up these patients on a yearly basis in the Cleft clinic at UIHC and keep you posted with updates from the Cleft team. If you wish to have us provide the orthodontic care, simply refer to the Orthodontic clinic at College of Dentistry & Dental Clinics. We will provide the orthodontic care and keep you posted with updates.

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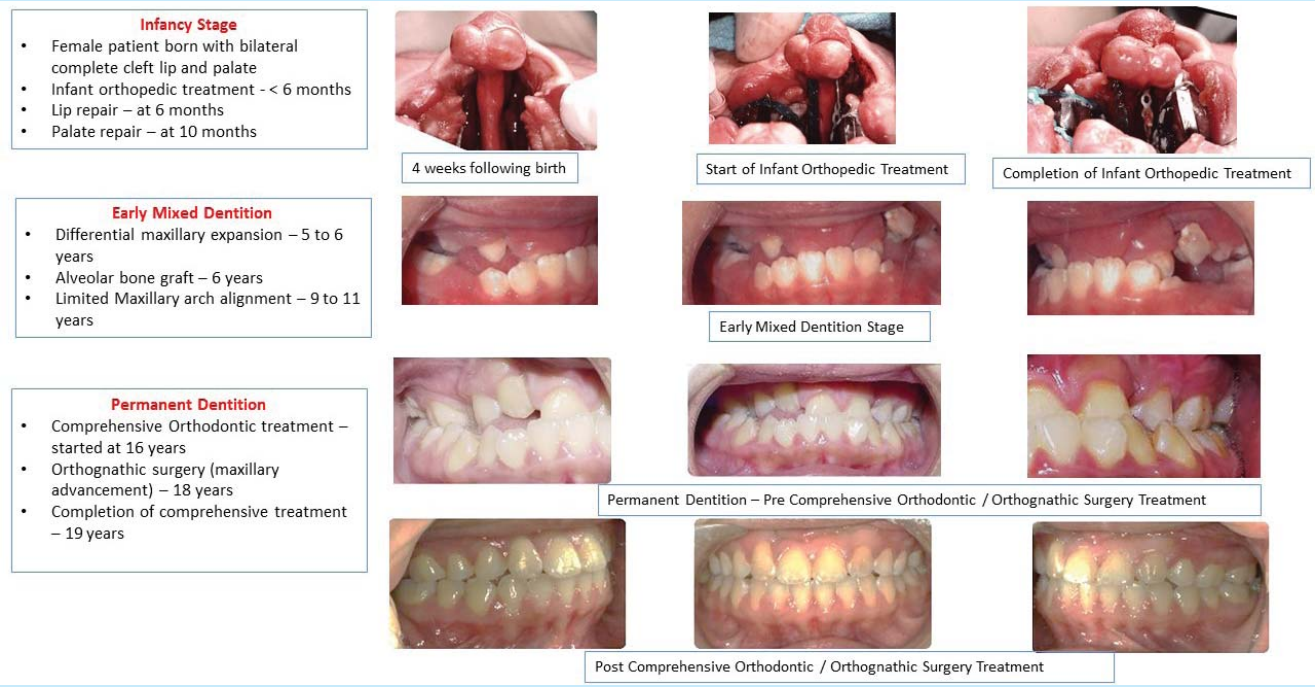
Infancy to Adulthood - The Change we Made!



In the following figure, is a brief overview of the timeline of interventions in the continuum of Cleft/Craniofacial care. The earliest intervention is the infant orthopedic treatment which is initiated during the first few weeks following birth. In our cleft program, the infant orthopedic treatment is provided by Dr. Matthew Geneser. The Naso-alveolar molding appliance technique is typically used. Following infant orthopedic treatment, cleft lip repair is done within the first 6 months followed by cleft palate repair within the first year of life. Our Cleft/Craniofacial anomalies patients are followed by the Cleft team on a yearly basis. Typically at the age of 4 to 5 years, we expose occlusal and periapical radiographs to determine the extent of alveolar defects. If a viable permanent lateral incisor is present or if the alveolar cleft is in close proximity to the root of maxillary central incisors, we recommend that patient undergoes Alveolar Bone Grafting by 6 years of age. Frequently, patients with unilateral or bilateral clefts present with constricted maxillary arches. We recommend that maxillary expansion be done prior to Alveolar Bone Grafting. Alveolar Bone Grafting can be done at a later time period (around 9 to 11 years) if no viable permanent lateral incisor is present and if the alveolar cleft is distant from root of permanent central incisors. In such situations, the development of root of permanent canines determines the timing of Alveolar Bone Grafting. Following Alveolar Bone Grafting, some patients may require a limited phase of Orthodontic treatment (usually in the maxillary arch only) to facilitate eruption of permanent teeth into the arch. A comprehensive phase of orthodontic treatment is recommended following eruption of all permanent teeth. Differential jaw growth usually dictates the need for Orthognathic surgeries to address the skeletal imbalances. We recommend that in patients who will need Orthognathic surgeries (Maxillary advancements), the comprehensive phase of orthodontic treatment be started close to completion of growth. In situations, where there is a large skeletal antero-posterior discrepancy which precludes single/two jaw surgeries, we recommend Maxillary distraction osteogenesis (this can be done after eruption of all permanent teeth). Our Oral Surgeons use both internal and external distractors. Final restorative treatment (implants/implant supported crowns as

<1 years

- Infant orthopedic treatment (DMA, ECPR, NAM, etc)
- Lip adhesion
- Lip Repair
- Palate Repair

5 - 6 years

- Maxillary expansion prior to Alveolar Bone Grafting (if viable maxillary permanent lateral incisor is present or if cleft is in close proximity of the roots of maxillary permanent central incisors) Alveolar Bone Grafting

7 - 10 years

- Maxillary expansion prior to Alveolar Bone Grafting (timing dependent on development of root of maxillary permanent canine and proximity of canine to the aveolar cleft)
- Alveolar Bone Grafting

9 - 12 years

- Limited orthodontic treatment (frequently in the maxillary arch only) following Alveolar Bone Grafting
- Orthopedic treatment (using functional appliances)

12 - 14 years

- Phase II – Comprehensive Orthodontic treatment (without Orthognathic surgery)
- Maxillary Distraction Osteogenesis (if large skeletal A/P discrepancy is present)

>15 years

- Phase II – Comprehensive Orthodontic treatment (without Orthognathic surgery)
- Phase III – Comprehensive Orthodontic treatment in conjunction with orthognathic surgery
- Orthognathic Surgery
- Final Restorative treatment

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needed) is recommended following comprehensive orthodontic treatment (as well as orthognathic surgery as required) and completion of growth.

If you have any questions, please do not hesitate to contact us. We are here to serve you!

Sincerely,

Lina and Sath

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Department of Orthodontics
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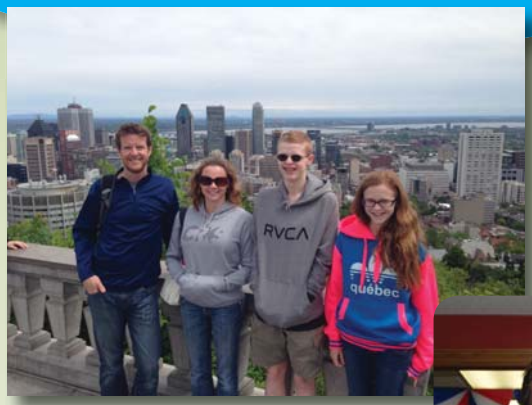
Alumni News

Aloha! I hope you've enjoyed your summer. This summer was a special one for me and my family. We went to an awe-inspiring birthday party for my grandmother who turned 100 years old in July!

Dr. Richard Hesby



Family – (left to right) Tod, Cindy, Austin, Ashleigh Curtis on vacation in Montreal, June 2015

Dr. Tod Curtis completed his M.S. in Orthodontics at the University of Iowa in June, 1999. Following graduation, he and his wife Cindy moved back to their hometown of Bedford, Indiana, where he started the first orthodontic practice in his county. He received his board certification from the American Board of Orthodontics in 2005. His practice has thrived, and his office features state-of-the-art technology and a patient-favorite arcade with a variety of video games.

His son, Austin, was born shortly after graduation and is now 15, and the family is rounded out by a daughter, Ashleigh, who is 13. Both have expressed interest in technology and orthodontics, and may someday follow in their father's footsteps.

In his spare time, Tod enjoys competitive sports and distance running, and board and video games. He credits his excellent training at the University of Iowa for both his clinical success and his ability to juggle multiple roles in life. He may be a Hoosier at heart, but has a Hawkeye solidly embedded inside.

As a "senior" member of our great profession, I'm still enjoying my practice. My wonderful staff, the satisfaction received from providing a good service and of course, the balance of life which work allows. I also keep busy with travel, hunting, golfing and chasing after my grandchildren. Giving back to the community is important for Jane and myself and we are blessed to have many opportunities. I really can't imagine not practicing so no end game is planned at this time. I have always been proud to claim the University of Iowa as my foundation and very fondly remember all of the fine folks that have shared their excitement of orthodontics.

Respectfully,

Brian "Dr J" Jesperson, '81

My family has decided to try and hike one 14er every year. This past summer we hiked Mt. Princeton. It was our 5th 14er. We started when Jack was 5 years old and have done 1 a year. The kids really like it. I swear they are half billy goat, half human. We love living in Colorado. We are always doing something outside. In the winter we go to our place in Breckenridge and the kids and David snowboard while I still ski.
Kim Batterson

Ready to go to yet another one of the boys' sporting events (top); Hiking near Palm Springs, CA (bottom)
Jason Schmit

We are currently enjoying life with a busy 9 year old, Zach and a very social 4 year old, Will. Kevin is extremely busy at Austin Orthodontics, Nixa, MO. What a blessing he is to our community. We are very grateful for the education he received at the Univ of Iowa School of Dentistry Ortho Dept. **Dr. Kevin Austin** stands out above his colleagues in the area because of his ortho skills. THANK YOU! Please tell everyone we said hello.
Hilary

This pretty much sums up my life. My favorite part is our dog, Lucy, under our feet, just trying to weather the storm.
Dr. Jesse Gray and family

If you have news you would like to share, then please contact Tom or Linda; tom-southard@uiowa.edu, linda-keller@uiowa.edu