



Orthodontic success in the Coming Post-Retraction World



A TWO DAY SEMINAR
IN SYDNEY WITH
**DR. WILLIAM
M. HANG DDS MSD**

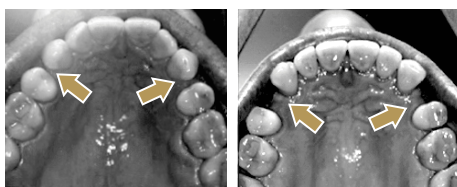
Who should attend

RESTORATIVE DENTISTS WHO...

- Realize that pretty porcelain may mask serious functional problems
- Have restored people who still require CPAP or an oral appliance to treat their OSA
- Have wondered why their successful cases don't have scalloped tongues and their failure cases often do



Learn to do this

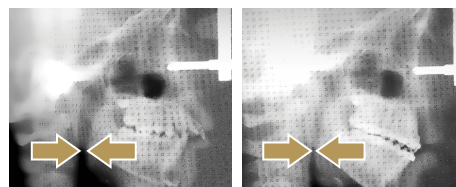


ORTHODONTISTS WHO...

- Have looked critically at the faces they are producing and think there might be a better way
- Have followed their patients well past high school and have regretted extraction/retraction
- Have taken TMJ and sleep courses and believe there has to be more they can do to help patients



Do not let this happen



INTERDISCIPLINARY TEAMS WHO...

- Understand that no one professional has all the answers and can provide all the solutions
- Understand the foundation of success is helping the patient to breathe and must be established before the handpiece is used
- Need to know about other modalities that can help them achieve the best for their patients

DDS'S DOING TMJ & ORTHO WHO...

- Intuitively know their patients need more tongue space/airway and they lack a way to create it
- Have expanded patients but have been disappointed in the lack of symptom relief
- Understand the intimate relationship of the bite and TMJ pain patterns (despite many in the profession saying there is none)

OCTOBER 30th & 31st 2015 • 8 AM TO 5 PM • SYDNEY EVENT



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Or call us on: **(03) 9650-5500** and we will register you over the phone

FULL PRICE REGISTRATION
\$2.490 plus GST

AUXILIARY STAFF
\$1.550 plus GST*

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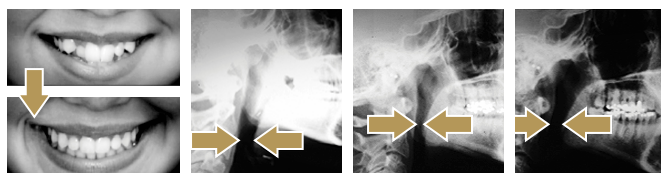
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YOU'LL LEARN THE PHILOSOPHY BEHIND IT ALL...

- How and why retraction makes the face longer and less attractive (with examples from the refereed literature and my own experience)
- Why - in one way or another - most orthodontic treatment is retractive in nature!
- Why everything in dentistry is related to the airway whether the "experts" want it to be or not... (if you don't believe me, ask someone conversant in heart rate variability)
- How and why Class II elastics, extraction/retraction, headgear & the so-called "functional appliances" all create a headgear effect
- How the profession accepts a "moderate mid-facial retrusion" as a typical orthodontic outcome (many physicians practicing in the sleep arena already know this and are not happy)
- Why TAD's should never be used to retract!
- Why alleviating pain is a payoff, the teeth are a bonus and the airway is all that really matters
- Why balanced faces have a better airway than faces that are not balanced
- If tongue space and airway health are related, why? And, how to treat your cases to create more tongue space
- Why many patients' tongues do not adapt to retraction and how the patient suffers as a result
- Why the 10 strong suggestions - some would say commandments - of Airway Focused® Dentistry are essential to success

DIAGNOSTICS & TREATMENT PLANNING FOR RE-OPENING EXTRACTION SPACES

- Easy to use diagnostic criteria that are critical to success
- How to look at faces and predict airway adequacy/inadequacy with a high degree of success
- Which cases are good for re-opening and... which are not (every restorative DDS needs to know this even if they are afraid to do ortho)
- A common sense approach to TMJ health which makes sense (not the same boring lecture that you've heard 1000 times and you don't believe anyway, and the lecturer didn't either!)
- Why compromising your principles to accommodate patient wishes may harm your sleep
- What to do when the entire mandible is back because the patient has been retracted, has no chin and either has confirmed or suspected sleep apnea... there is a solution!
- How to treat the cause of the problem instead of using the appliance of the week to chase symptoms and maybe create more problems!
- Why advancing teeth on the jaws even minutely may solve your problem and why big advancements will not cause the sky to fall in as you were taught it would (I'll give you articles from the refereed literature to help calm your nerves about this)
- Why a sleep study without an OSA diagnosis is not necessarily a sign of good airway health
- Why UARS can be every bit as bad for a patient as OSA
- The intimate relationship of tongue tie and clenching... and how the clenching machine can be turned off (this tidbit alone is worth the price of admission)
- Why many four bicuspid extraction treatments can entrap the mandible (PhD from MIT in Quantum Physics not required)



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HOW TO RE-OPEN EXTRACTION SPACES

- A "Paint by Numbers" re-opening protocol that works
- How to get cases started with removable appliance design, construction, and activation... have the spaces between the teeth completely open in two office visits
- How to keep the space you created open with the removable appliance while moving the roots apart with braces to facilitate implants (creative bracketing and creative space maintenance)... This is huge
- How the mandible may come forward massively in the process and minimize opening of spaces (how some four bicuspid extraction cases can be reversed by opening only in the maxilla and not leave an overjet!)
- How to create "smiles complete to the corners of the mouth" without expanders
- How to treat a woman who records "talking books" for a living and not have her miss a day at work as you re-open her spaces
- How creating a 5-7 mm. anterior open-bite in the process may be fine or make you regret you ever started (and how to prevent the latter)
- Why you will almost always have 7 mm. of space in the upper (bicuspid width), but frequently only 3-4 in the lower when you finish (unless you like producing an underbite for English bulldog owners)
- Why tomograms may help you predict spontaneous forward movement of the mandible in some cases, but why you may get it even if the condyles are not distalized... and why you cannot predict it

- Why happy patients must be your partner in the process and expect the unexpected
- The classic signs of a problem patient you will wish you never treated (ask me how I know!)
- How to re-open four extraction spaces in 8 office visits (for those who fly to you for treatment)
- How you can complete a full case in 363 days if you and your patient are playing your best game, but how you can treat almost any case in 18 months if you know what you are doing
- How to control tooth rotations and prevent many unwanted tooth movements which can be inherent in re-opening spaces
- The symptom patterns which may be eliminated in the process that you never suspected might be related
- Why re-opening is technically the hardest thing you may ever do... but the most rewarding

YOU'LL ALSO LEARN...

- How to treat non-extraction the patient who has been told that extractions are absolutely necessary and have a parent thrilled with the result in the short and long term without fattening the checkbook of your periodontist to fix the recession you were warned you would create (but won't)
- How and why closing missing lateral incisor spaces is never a good idea (if you care about the face and the airway) and how to time proper treatment of this problem
- How to reduce some Class II overjets non-surgically without retraction and increase the airway in the process (really!)
- Why orthognathic surgery may be the only solution to the problem your patient faces and why compromise may be the worst thing you can do for him/her and you
- How to understand the basics of orthognathic surgery and prepare a case for surgery



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