CS OrthoTrac and the CS 9300C: Testimonial from Dr. John Dorsch

My first product from Carestream Dental was OrthoTrac practice management software. Back in 1991, computers weren't all that prevalent; and when I was in dental school, they were cost prohibitive and inaccessible. When I graduated from residency in Orthodontics, computers were still very expensive and software development was just in its infancy. I started looking into purchasing software for my orthodontic practice, and the software and computer people would always ask "what do you want it to do for you?" Well my first answer was "I don't know ,what it can do?" So after being educated on the different types of software, I knew in my head that:

1. I did not want a general business program like QuickBooks;
2. I didn't want a general dental program that I would have to make work for orthodontists (I wanted dedicated ortho software); and
3. 3. I wanted a program from someone who had been in the business for awhile

Not very many companies fell into those criteria, as there weren't many that had been in the business for long. By luck, one comment I heard about OrthoTrac at our national meeting of the American Association of Orthodontists (AAO) was that several people had thrown away their software and started all over from scratch with OrthoTrac. Well, that's probably one of the biggest recommendations someone can give. So I decided to go with OrthoTrac and Data for imaging.

After I purchased my software, there were tons of people who came out with Apple and DOS-based programs and I worried maybe I made a mistake. However, through the years, I realized I made the right choice.

I teach part time at the dental school in the Orthodontics department and—of course—questions come up about which software is the best, which they should use, as there's Dolphin and a number of good ones out there. A lot of software companies have come and gone, and I always tell the residents that OrthoTrac may not be the cheapest one, but they have a great entrance program for new graduates that makes it easier to ease into. The main difference—in my opinion—is that OrthoTrac is the leader in the industry. It may be cheaper with somebody else, but if you have to continually change things and modify it, it costs much more money in the long-run. It has also been my experience that their programs are on the leading edge of our profession's needs.

Before we had digital x-rays with Carestream Dental, we had their digital ceph unit. We could take a conventional ceph from a non-Carestream Dental x-ray unit on conventional lateral head film and we had their initial digitizing and cephalometric program that would also project orthognathic surgery—that was close to 20 years ago, at the same time we installed OrthoTrac.

Around nine to ten years ago, my office purchased one of the first 8000 units in the country; in fact, it was so new that the executives came to my practice in Kansas City to see it. I was also using the European version, so all of the wiring was backwards. During the eight to nine years

we has the 8000 in our office, we took over 90,000 films on it before the head finally went—which was a record for Carestream Dental or OrthoTrac.

I decided to switch to CBCT when it was first available in the United States with Carestream Dental. The reason I didn't switch to ICAT or other cone beam units available sooner was, first, that this system integrated with OrthoTrac software and, second, the American Board of Orthodontics—I'm board certified—did not accept computer-generated models before that time; thus, we had to prove their wasn't a need to save models and that we could have them reproduced with plastic.

I've had the CS 9300C for a year now—previously, I owned the CS 9000C for six months before upgrading to this system. What I like the most about it is that it takes a true ceph—not a composite of mid-saggital cuts on a cone beam that is called a ceph—in 0.4 seconds instead of 10 seconds due to mini sensors and also recaculates full size. The ceph unit is nice, because after 30 years of practicing, I can pretty well look at a ceph see the things I'm interested in without measuring it, but it's convenient to have the measurements there confirming what you're thinking. As far as superimpositions and comparing growth x-rays, sometimes I don't fully trust any program, but the literature does say that the computer-generated growth projections are just as accurate as hand-traced ones—I like having the option to do it both ways.

Within the first week we had the CS 9300C, we found tumors in two children who were not aware that they had tumors that had gone undiagnosed.

We were able to see on a transfer case specifically how the teeth had been moved completely through the lingual plate of bone on the lower anterior.

On borderline cases where we were concerned if we had enough labial bone on teeth to treat a case of non-extraction, it was clear when we did not have sufficient bone, thus preventing us from either changing the treatment plan midstream or utilizing elastics—which would have caused embarrassment to us and anguish to the patient in an even a more severe scenario treating a patient non-extraction with periodontal loss or periodontal problems and bone or tooth loss.

Using 3D has definitely helped with patient communication. We used to use our fingers and general models to explain the problem and treatment recommendations to patients. People are much more visual in today's society than they were 20 years ago, and if I can show a 3D image and move their child's head around to show the parents what I'm visualizing—rather than an average picture of another child—they can better understand how treatment is going to affect them and the limitations of what I can do. It's extremely powerful.

Patients are shocked that we don't advertise or promote our 3D imaging more to the people in our area and general dental practitioners. In fact, that's a common comment we get during new patient consults.

Right now, we're in the process of marketing our CS 9300 and making it available to area dentists in conjunction with an oral radiologist. We're just starting to promote the use of our machine for referring doctors, so we're seeing one or two referred patients a month.

One of the concerns I think most orthodontists have with going to cone beam technology is that is shows areas of the head and neck that we're not trained to have sufficient knowledge to diagnose pathologies. And one of my largest concerns would be that there could be a potential cancer in the head/neck area that's not related to orthodontic or dental care, but is present on the radiograph and— left undiagnosed—could potentially leave us or the practitioner in a liability situation of not diagnosing a disease. Thus, we felt the need to hire an oral radiologist not only for a further diagnostic capability for our patients, but from a liability standpoint as well. This makes it more secure for our office as well as for our referring doctors. The radiologist can also simulate an implantation on the market and fabricate a surgical stint with Carestream Dental's enclosed free library.

Using the CS 9300C is as easy as taking a panoramic film virtually. There may be a few extra computer steps, and certainly the software is much more sophisticated and may require a little more learning time, but as far as ease of use for the staff, it only takes about 10 seconds to take a full head CT.

-Dr. John Dorsch
Creekwood Orthodontics

Practice Background:

We have three offices—Kansas City, Missouri is our main one. And I've been in practice since July of 83. Six years later, we opened an office in Liberty, Missouri and then a year ago we bought post office in Cameron and converted it into a dental clinic.

Recommending Digital Technology to Peers:

Federal mandates requiring digital record keeping its going to be a must. And if you're not doing it through the state-of-the-art technology that Carestream Dental has, you'll have to scan your conventional films—losing a lot of their diagnostic capabilities in the process as well as dealing with the removal of heavy metals left from conventional radiograph processors.

Also, when you process radiographic film with chemicals in some states, you have to worry about EPA guidelines on disposing those chemicals. But with digital radiography, the images download directly into your computer without any loss of resolution, there are no chemicals, and the images are easily duplicated and sent to referring doctors or insurance companies.