The need to establish an on-line cleft palate teaching program for orthodontic residents and practicing orthodontists

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Over the last few decades, orthodontists have become integral partners with other specialists on the craniofacial team; according to the American Cleft Palate-Craniofacial Association core curriculum, they are involved with virtually all treatment procedures. Orthodontists, like other specialists, require specialized training in their field to reach the treatment goals of good facial growth, dental occlusion, speech, and psychosocial development. Because the faces of cleft patients vary greatly in bone deficiency and facial growth patterns, treatment planning must be individualized and performed in stages as the children grow. The question, after decades of uncovering the biologic principles involved in attaining those goals, is how best to educate resident orthodontists and encourage more of them to seek positions and leadership roles in the cleft palate team.

The health and well-being of children with deformities depends on the clinical expertise of those who serve them. Society as a whole is affected by the quality of care because each patient’s potential for making positive contributions to the community is inevitably influenced by the adequacy of the treatment he or she receives.

Although the treatment of children with cleft lip and palate or other craniofacial anomalies in the United States has improved dramatically, many children still receive care that is substantially inferior to what can or should be provided. Inadequate care results from diagnostic errors, failure to recognize and treat the full spectrum of health problems associated with these anomalies, unnecessary or poorly timed treatment, and inappropriate or poorly performed procedures.

The American Cleft Palate-Craniofacial Association, with a broad basis of membership, is the center for ongoing treatment reviews and discussions. More effort is needed to improve education and training. Thanks to online teaching techniques, it is no longer necessary for students and clinical staff to travel offsite to seek training. An online lecture series, created by known leaders in the field and covering all available literature, will report on accepted treatment concepts. One such program has already been developed that brings together approved treatment concepts from orthodontic, surgical, and speech pathology clinicians in the United States, Asia, and Europe. Each contributor has been seeking answers to the multifaceted cleft palate problem: embryopathogenesis, craniofacial growth, maxillary orthopedics, surgery, protraction of the maxilla, dental prosthesis, primary and secondary alveolar bone grafting, speech, hearing, genetics, psychosocial development, and craniofacial surgery. The online series should be based on well-documented cases and controlled clinical research that has withstood the tests of review and reexamination. The teaching series will be upgraded as more information becomes available.

It is our hope that orthopedic graduate program chairmen and the American Association of Orthodontists will institute a structured online program so that more students and practicing orthodontists will gain a better understanding of the cleft palate defect and face, and will become involved in this field. We sorely need more knowledgeable orthodontists to be actively involved in craniofacial anomalies treatment clinics and to be active members of the American Cleft Palate-Craniofacial Association.