

Pediatric and Adult Orthodontics

A few weeks ago, the House of Delegates of the American Dental Association made a far-reaching decision on the terminology identifying dental specialties. At the request of the specialty of pedodontics, the name of that recognized specialty area was changed.

Henceforth, *pedodontics* and the parenthetical (*children's dentistry*) no longer designate a specialty area. The officially recognized term for that special area of practice is now *pediatric dentistry*, with *pediatric dentist* supplanting *pedodontist*.

The ramifications of this marked departure from the long-accepted pattern of dental specialty nomenclature go far beyond children's dentistry.

The last major changes in specialty nomenclature brought us a very well-founded and consistent terminology. The *-ics* (a science or system) ending, with *-ist* (one who does or practices) for practitioners, identified all but one of the primarily clinical areas of specialty practice. Such terms as *Orthodontia* have receded far into the past.

Endodontics and *endodontist*, *orthodontics* and *orthodontist*, *pedodontics* and *pedodontist*, *periodontics* and *periodontist*, *prosthodontics* and *prosthodontist*, have all followed that same pattern. The only exception has been *oral and maxillofacial surgery*, which uses an appropriately unique designation. The other two specialties, *dental public health* and *oral*

pathology, serve unique needs through different modes of practice that are also described well by their specialty designations.

Dentistry, on the other hand, has been generally understood to encompass the full breadth of our profession, as in *general dentistry*. In that light, this latest change is consistent with the overall pat-

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tern; *pediatric dentistry* is well-chosen to identify the practice of general dentistry for a limited segment of the population.

With appropriate integration into dental education and practice, this new terminology can serve to reduce some of the present confusion surrounding that specialty area which is defined by nondental patient parameters rather than by dental criteria. As in pediatric medicine, pediatric dentistry provides general dental health care during one period of life, whereas the other specialties serve special areas of dental need regardless of age.

Pediatricians typically care for healthy children and those with episodic illnesses, referring long-term and special problems to appropriate specialists who may or may not limit their practices to children. *Pediatric dentistry* and the other dental specialties serving children fit well into such a pattern.

Both general and pediatric dentistry are concerned primarily with problems arising from loss of tooth structure or other insult, providing diagnostic oversight and episodic preventive and restorative procedures intended to forestall the development of more serious conditions. Temporary prostheses designed to restore the space-holding function of missing deciduous teeth are a common service related to orthodontics.

On the other hand, the specialty of orthodontics deals with the lifelong continuum of growth, development, maturation and aging of the dentofacial complex and its functions. Treatment is serial rather than episodic. *Pediatric orthodontics* is but one phase of orthodontic care, not a discrete entity. It is separated from *adult orthodontics* only by the passage of time, because a patient must mature beyond the pediatric age range before childhood orthodontic intervention can be considered complete.

Renaming of educational departments to fit this pediatric model, as urged by the ADA House of Delegates, offers a new opportunity to re-examine broader relationships, particularly the relationship with orthodontics.

Detection and referral of orthodontic problems at an early age is an important part of dental health care during childhood, and education will best serve the public by clarifying the distinction between such a diagnostic episode and related long-term therapeutic management. Clinical education should not be compromised by arbitrary segregation by age, or by attempts to apply an episodic approach to the treatment of segments of the biologic continuum served by the orthodontic specialty.

Appropriate changes in terminology at the individual practice level can also help to distinguish these discrete specialty areas. With *pediatric* now the recognized adjective denoting specialty care for children, consistency requires its adoption for appropriate applications by all specialties involved in the treatment of children.

Many orthodontists have long used "orthodontics for children and adults," or similar terminology, to describe the range of their services. In keeping with this new official terminology, the most appropriate term is now ***Pediatric and Adult Orthodontics***.

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