Providing Orthodontic Jaw Wiring (OJW™) for Weight Control

A new health service provided by Dental Professionals for weight control
The Dental Professional’s Role

Ted Rothstein, DDS PhD
Brooklyn, New York
drted35@aol.com
www.drted.com
Copyright October 19, 2013

Introduction to Orthodontic Jaw Wiring (OJW™) for the Dental Professional*

http://www.freeconferencecall.com/wall/121212

Webinar: Sunday July 19 2015
Dial-in-Number: (641) 715-3580
Access Code: 777840#

** Q&A Code: *6, 1 (to “raise your hand” w/questions) **

Ted Rothstein, DDS PhD Orthodontist
Atlantic Medical-Dental Center
Brooklyn NY 11201
www.drted.com drted35@aol.com (718) 852-1551

*Full version: Orthodontic Jaw Wiring (OJW™): The Dental Professional’s Role in Weight Control Issues

Dedicated to My Mentor

• Who set the standard for all future research in child growth and development
• Who made major contributions to the study of mankind from birth to maturity
• Who was known worldwide

Wilton M. Krogman
(1903-1987)
Professor Emeritus, U. Pa
Department of Physical Anthropology

...And to my passionate, dedicated OJW Patients without whose encouragement I would not be here singing my song.

Special Thanks

to
Chris Piehler, Ed.
Orthodontic Products Magazine
for publishing
“Orthodontic Jaw Wiring- A roundtable on a controversial weight-loss procedure”
Feb. 2005; V. 12, N. 1, pp. 36, 37&38

and to
Jon Rothstein
for Power Point editing and design
Meet Your Host

Ted Rothstein
DDS, PhD

Sunday, July 19, 2015

Dr. Ted Rothstein

My Hats

Meet OJW™
(Orthodontic Jaw Wiring)

The Significance & Benefits of OJW

• For the first time, Dental Professionals have a means of integrating themselves into the "Healthcare team" that begins with patient’s physician -- who is the sole person who can "Diagnose" the DISEASE OBESITY.

The Significance & Benefits of OJW

• A safe and effective method especially for patients who have found previous weight loss methods ineffective and who arguably reject weight loss methods that include pharmaceutical and surgical interventions.
The Significance & Benefits of OJW

- Obesity is legion and epidemic and recognized as a precursor to a host of serious illnesses and other co-morbidities which attend it — many of which have oral manifestations and consequences.

- OJW is a fixed appliance and method we dental practitioners can provide that can help selected patients **regain control over their excessive eating habits.**

Fallibility of OJW

- Were it not for the fact that I have been abundantly thanked and praised by OJW patients, I would have ceased providing the service.

- I have read critical remarks that OJW patients regain all their weight when the appliance is removed: This may be true in some cases.

- Nevertheless, I have treated patients whose efforts were rewarded by a sense of having regained a measure of control over their weight-control issues.

- Finally, I would challenge the critics to name a single weight-control method in which recidivism is not an overarching issue.
**Biography**

- Private Practice thirty six years
- Specialist in Orthodontics & DentoFacial Orthopedics
- “Life-active-member” status in the AAO having practiced Orthodontics for 36 years
- Doctorate in Physical Anthropology (U.Pa.) resulting in a set of normal templates to describe “deviation from normal” in size, position and shape of the jaws (AJODO 1972)
- Inventor of Orthodontic Jaw Wiring and sole provider of the service more than ten years

**Orthodontic Jaw Wiring**

**Table Clinics Presented:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-08-05</td>
<td>ADA — Philadelphia, PA</td>
</tr>
<tr>
<td>09-12-05</td>
<td>6th Int’l Ortho. Congress Paris, FR</td>
</tr>
<tr>
<td>05-22-05</td>
<td>AAO — San Francisco, CA</td>
</tr>
<tr>
<td>05-07-05</td>
<td>AAO — Las Vegas, NV</td>
</tr>
<tr>
<td>11-29-04</td>
<td>Greater NY Dental Meeting NY, NY</td>
</tr>
</tbody>
</table>

**Webinar: July 19**

Presented at the 110th meeting

**American Association of Orthodontists**

Washington, DC May 3, 2010

**Webinar**

July 19, 2015

National and International attendees

**The Evolution of Homo Sapiens**

Subspecies: *Hyperphagimus Compulsivus*

**Advanced Course in OJW: 1-On-1**

- Contacting the patient for the first time: Info to gather
- Your best friend: the OJW Informed Consent
- Choosing passionate dedicated patients who are likely to succeed
- When patient cannot provide the PCP release note
- The first and last visit: Doing it Right
- Avoiding surprises from the get-go
- The Panic Attack
- OJW in the scope of dentistry and liability issues
- Obtaining a certificate of OJW expertise
- Bonding brackets and methods of wiring
- Avoidance and trouble-shooting problems that may arise
- Getting the required documents
- Promoting OJW in your office, town and city
- Obtaining a customized OJW poster for your office
**OJW: a new role for the dental professional**

Ted Rothstein DDS PhD

---

**The Appliance: Two Steps**

**STEP 1**
Brackets are bonded bilaterally to the canines and premolars

**STEP 2**
Jaws methodically wired apart: (Rothstein’s OJW position of mandibular weightlessness) 2.0 mm to 4.0 mm using .014” dead soft stainless steel wire

---

**30 Diseases & Side Effects of Obesity**

1. Type 2 diabetes (afflicts one in three Americans)
2. Hypertension: A shorter life
3. Depression: Very common
4. Sleep apnea (snoring)
5. Stroke
6. Knee and hip joint dysfunction
7. Coronary heart disease
8. Gall bladder disease
9. Liver disease
10. Osteoarthritis
11. Psychosocial problems
12. Menstrual irregularities
13. Polycystic ovary syndrome
14. Infertility
15. Pulmonary dysfunction

---

**We can provide a service to help the obese**

As caretakers of the mouth, we are uniquely empowered with skills and mechano-therapies to provide services to the overweight.

Indeed, it is our responsibility as part of a health care team to provide our expertise to the overweight heading towards obesity: Orthodontic Jaw Wiring (OJW).

---

**Why should you provide OJW?**

You feel comfortable bonding and removing a bracket and...

1. You believe that OJW is effective and safe.
2. You believe dentists are professional health providers who should be helping the overweight.
3. You feel strongly that OJW is relatively safe to provide and puts you at no greater risk liability-wise than you are already.
4. You know your dental license is not in jeopardy. Why should it be?
Why should you provide OJW?

5. You believe that providing this service as part of a “health care team” would enhance your image in the community where you practice.

6. You are a dental professional who believes that the “risk / benefit” ratio of OJW would be well within your comfort zone.

7. You are not overweight or obese, nor are your staff members, and therefore offering OJW in your office would not bring undesirable and embarrassing attention to you or your staff.

8. Your state does not expressly prohibit providing OJW.

Interpretation of Article 133 § 6601: Dr. M.L.

“If the condition is properly diagnosed and a lawful treatment plan is prescribed by a professional authorized to do so (long-term, low-calorie liquid diet), the fitting and attaching of appliances could very well have dental health implications and a dentist may be involved in those services.”

Interpretation of Article 133 § 6601: Dr. Milton Lawney, the Executive Secretary of the State Board of Dentistry--2004

“It is not within the scope of dentistry to diagnose and treat independently the condition of obesity. Dental appliances aimed at weight loss may be prescribed if the condition is diagnosed by the proper authority.”

OJW is...

A treatment modality for a serious, widespread social, psychological and physiologic problem.

That can help carefully selected patients who are obese, or who are heading towards obesity, to start regaining control over their compulsive eating habits, with their potentially grave consequences.

Rationale for OJW

When safety, effectiveness, side effects and mortality rate are taken into consideration, OJW will be seen as a non-invasive, conservative approach to weight control.

My experience providing OJW has shown that it is a safe and effective method to help selected patients regain control of their weight.
Why do patients choose OJW?

Compulsive overeaters begin to fear they have lost all control of their ability to eat sensibly. In their minds, they have failed at all methods of losing weight they have tried, and they are depressed.

They see OJW as a safe and effective approach, which is more aggressive than fad diets and less menacing than weight control using pharmaceuticals, with their sometimes unpredictable side-effects.

Moreover, the thought of surgical intervention — be it liposuction, lap-band or bariatric surgery — horrifies them. Finally, the mortality rate for these invasive procedures is not insignificant (2/1000).

Orthodontic Jaw Wiring refers to the entire domain of the OJW provider’s responsibility for:

- Selecting patients according to specific criteria
- Obtaining their informed consent so that they are aware of the risks and limitations of OJW.
- Wiring their jaws in “Rothstein’s OJW position of mandibular weightlessness”

The Scope of OJW

Click FAQs

Or copy and paste in browser:
http://www.drted.com/OrthodonticJawWiringFAQs.htm

The Scope of OJW

- Transmitting that know-how if they are not able to return to your office and can not find a professional level provider.
- Re-examining them and rewiring them periodically after examination has shown that their dentition, gingiva and TMJ have remained healthy during the period of time that they have elected to receive OJW (typically 3-9 Months; representing a weight loss of 25-75 pounds).
Laying the Foundation for OJW

- Obesity is a disease and when diagnosed by the PCP we are at liberty to provide OJW to those patients who meet our definition of being "good candidates" i.e. patients who are likely to "succeed".
- Dental professionals are preeminently suited to offer such appliances. Indeed I am certain that my invention will soon give way to more ingenious methods to help people with weight-control issues.

Laying the Foundation for OJW

- The dental professional becomes part of the “healthcare team” when the patient provides him with an Rx from the patient’s PCP stating that the patient may begin a long-term low calorie diet. The dental professional is consequently at liberty to apply the OJW appliance using the protocol described herein.

Laying the Foundation for OJW

- Adlai Stevenson said “All progress has come from people who took unpopular positions.”

The Diagnosis of Obesity

Can be made only by the patient’s physician. It is the patient’s physician who must give the OJW provider the Medical Clearance to begin a liquid diet when the patient opts for this method of weight control. Only then can an OJW appliance be “fitted”.

What does the Medical Clearance consist of?

A note from the patient’s PCP that says:

“Jane Overwhate can begin a long-term, low-calorie, liquid diet.”

Optional: “She has a BMI of 34 with a diagnosis of obesity (ICD code of 783.1).”

A new service for Dental Professionals...

Members of the dental profession are uniquely positioned to work as part of a team with other health care providers to help the overweight obese to achieve a healthier weight — by providing OJW using the protocol & Informed Consent presented herein.

The health care team includes: weight control hospital clinics, GP physicians, bariatric surgeons, nurses, registered dieticians and psycho-therapeutic counselors.
Let The Evidence Speak for Itself: The jury is out

- **Jay Freeman:** Attorney, CO
  “Once the wires were on, I had a great feeling of freedom from the constant craving for food...no pain...unwired many times...carry snips in car...Lost 30 pounds. I taught his dentist how to do OJW.

- **Dr. Laurence Jerrold:** Orthodontist, Dir. Orthodontic Dept. Lutheran Medical Hospital, Legal Expert
  “Obesity is the number 1 health risk in our society today...If there is anything we (Dental Professionals) can do to help address the issue we should take part in the treatment process...eating habits must be addressed via psychological counseling...psychologists, endocrinologists, primary care physician, dietician, orthodontist (dentists professionals) should be “Team Members”.

- **Jake Graham:** Patient, ardent supporter lost 30 pounds (email on request)
  “Seriously Dr. Ted, I believe in what you are doing! Plain and simple: I am proof that it works!

- **Natalie M.:** Ardent supporter patient—lost 60 pounds
  Documented her OJW experience—see YT video (photo montage and voice over).
  [https://www.youtube.com/watch?v=ijIPeKzRdGs](https://www.youtube.com/watch?v=ijIPeKzRdGs)

- **Kristie Alexandras:** Current patient, ardent supporter of OJW
  Proposed, promulgated and co-founded “OJW Patients” A private Facebook Group page for past, current and would-be OJW patients to “sing their song”. (lost 60 pounds, Email on request). See: [https://www.facebook.com/groups/62889403877919/](https://www.facebook.com/groups/62889403877919/)

---

**Q&A Email Website**

Have a Q. Enter 6 on your telephone or the "VOIP" dialpad and ask Q. during Q&A
drtes35@aol.com

---

**The Provider’s Responsibility**

The Provider’s responsibility is **limited to**:

- Maintaining the health of the patient’s teeth, gums and TMJ
- That it is clearly understood the patient must provide medical clearance to the OJW Provider from a physician to begin a 3-9 month liquid diet for the purpose of weight-control

The provider of OJW **bears no responsibility** as to whether the patient actually loses the weight or meets the weight goal they set out to achieve.
The Appliance: Two Steps

STEP 1
Brackets are bonded bilaterally to the canines and premolars

STEP 2
Jaws methodically wired apart: 2.0 mm to 4.0 mm using .014" dead soft stainless steel wire

The Overweight will applaud your efforts

Most of the compulsively overweight will applaud your efforts to help them, and they will not hold it against you if they regain the weight.

How does OJW work?

- **Heightens Resolve** by acting as a persistent reminder that you have decided and are determined to lose weight and paid a sizable fee to achieve that end.
- **Prevents eating solids** by making it impossible for you to eat all/most of the very worst food: bread cake, candy cookies, pastries, pasta, pizza, French fries, burgers/other meats that contain excessive fat.
- **Minimizes Snacking** because preparing a snack to eat with wired jaws takes special time and effort to liquify/puree and most people are less inclined to do so.
- **Focuses you on nutrition** by making you think more about the nutritional value of food such as fat and salt content.
- **Helps Control Calories** by limiting you to a liquid diet (SlimFast, Ensure), whose known caloric values and content enable dieters to more easily their daily caloric intake. Recommended: F 900Cal./day; M 1100Cal./day
- **Shrinks your Stomach** after 1-2 weeks, which diminishes the intensity of your need/desire for food.

The BMI of those who we can best serve

**BMI: 28-37**

**BMI of 33 F:** 5’4” 190

**BMI of 33 M:** 5’10” 230

URL to calculate BMI: http://www.bmi3d.com/calculator.html

Yindiere A.  
Age 31, Ht. 5’5” 185 lbs  BMI 32

Dawna Self-Wiring

https://www.youtube.com/watch?v=_feQ3qs0lIc
Safety of Jaw Wiring / OJW

- Conservatively speaking more than 35,000 people have their jaws wired for trauma or pathology annually.
- I have not been able to unearth a single case of harm coming to any patient whose jaws were wired by an oral surgeon.

Rothstein’s OJW Position of Mandibular Weightlessness

The Lower jaw is wired to/suspended from the Upper jaw in a position which is commonly known as the “normal postural/rest position” of the lower jaw.

Consequently, the teeth NEVER pull on each other.

In OJW it is Rothstein’s OJW Position of Mandibular Weightlessness (RPM)

Safety of Jaw Wiring / OJW

- The protocol I formulated for OJW, further enhances the safety of providing the OJW service to overweight / obese persons.

Rothstein’s OJW Position of Physiologic Rest

This position is as natural as the position of your eyelids at rest.
- This position does not impede normal speech.
- Permits the mandible to move vertically and laterally 2.0–4.0mm. In this position the mandible is weightless.
- In this position, the mandible puts no extrusive forces on the upper or lower teeth.
- Have the patient say “momma” or “Emma” to demonstrate the position.
- At first patients may try to “find” the position, however, you must remind them it is their natural rest position in most cases.

Clarity/Quality of Speech in OJW

Listen to Gina:

https://www.youtube.com/watch?v=j6O9GNXIBC0

Conclusion: a milestone waiting to be achieved

- The leaders of the AAO and ADA must be obliged to clearly define the dental professional’s role in providing this service, just as they did when problems of snoring and sleep apnea first came to the attention of dental professionals.
Conclusion: a milestone waiting to be achieved

• If members of the dental profession step forward and recognize their right and responsibility to care for selected patients who meet the criteria of being overweight or obese, based on the diagnosis of the patient’s physician, we can begin to achieve this milestone.

Issues that need to be addressed

• Get every state to include OJW in their “Scope of Dentistry” Laws
• Make it widely known that dental professionals are able and willing to provide the service.
• Get malpractice insurers (private and organizational esp. ADA and AAO) to explicitly cover it.
• Get insurance companies to create a treatment code for OJW and provide coverage for the service.
• Get the CDT to assign OJW a Diagnosis and Treatment Code
• Get OJW approved by the FDA

To my Colleagues:

Offer the service.
Select your patients carefully. Do the OJW methodically and be responsive to your patient’s needs.

It is my fondest hope that OJW patients will reach the goals they set out for themselves when they signed the Informed Consent. If they do, they can expect to lose 1.5 – 2.0 lbs each week and even more if they exercise.

To my Colleagues:

Providers, you have to tell them to keep in mind, above all, that their goal is to modify their eating behavior forever.

OJW Takes Wing: MUST READ

“Orthodontic Jaw Wiring: A roundtable on a controversial weight-loss procedure”

Click on Link below:
Feb. 2005, Orthodontic Products Magazine
Advanced Course in OJW: 1-On-1

- Contacting the patient for the first time: Info to gather
- Your best friend: the OJW Informed Consent
- Choosing passionate dedicated patients who are likely to succeed
- When patient cannot provide the PCP release note
- The first and last visit: Doing it Right
- Avoiding surprises from the get-go
- OJW in the scope of dentistry and liability issues
- Obtaining a certificate of OJW expertise
- Avoiding and trouble-shooting problems that may arise
- Getting the required documents
- Promoting OJW in your office, town and city
- Obtaining a customized OJW poster for your office

Orthodontic Jaw Wiring the Newest Health Service in the Dental Professional’s Office

Become an (OJW™) Provider

Providing Orthodontic Jaw Wiring (OJW™) for Weight Control

Q&A Email Website

Have a Q.? Enter #6 on your telephone or the "VOip" dialpad and ask Q. during Q&A
drte35@aol.com