

Commentaries bring out the best in reviewers

David L Turpin, DDS, MSD

Occasionally I like to enlarge a reviewer's sphere of influence by expanding his or her critique of a paper into a full commentary, which is then published in conjunction with the original research article. In this issue of *The Angle Orthodontist*, four experienced clinicians/teachers/writers are honored with the publication of their commentaries. Although some of our favorite myths are still out there when it comes to dealing with TMD symptomatology, root resorption, and facial change with extractions, I think you will enjoy reading what four of our reviewers have to say about some of the new research in these areas. Their years of experience help shed light on the original authors' findings.

The first two papers in this edition deal with the complex issues of condylar axis position, temporomandibular dysfunction, and the use of a specific type of deprogramming appliance to obtain centric relation records. It is therefore a treat to read what two of the more experienced clinicians in our specialty have to say about these papers. Commentary authors Straty Righellis and Rick McLaughlin both have routinely mounted cases to assist in the diagnosis and treatment of patients for years. They are painfully aware of what can happen when you either are unaware of where the mandible is comfortable functioning or inadvertently move it too far from its original relationship. The first paper, authored by Stanley Crawford (*Angle Orthod* 1999;69(2):103-116), attempts to relate condylar axis position to signs and symptoms of temporomandibular dysfunction. Take time to study the two samples being compared before deciding whether or not these findings will stand up in the long run. The second paper is written by Karl and Foley (*Angle Orthod* 1999;69(2):117-125) and suggests using an anterior deprogramming appliance prior to taking a cen-

tric relation registration for a patient whose mandible is not easy to manipulate. The commentaries will help place both these papers in perspective.

On another subject, despite the prevalence of root resorption in orthodontic treatment, most would argue that in most cases, the problem is minimal and has few consequences. However, about 10% of patients seem to be susceptible to extensive root resorption. Greg King, professor and chair of the Orthodontic Department at the University of Washington, is the author of our commentary on a paper by Acar (*Angle Orthod* 1999;69(2):159-164) that attempts to shed some light on this subject. Take time to look at the challenges posed by those who use clinical research to answer the big questions. In this paper Acar asks: What are the effects of continuous and intermittent force application on root resorption? This is a great question, but according to King's reasoning in the commentary on page 163, it is also one that is very difficult to answer satisfactorily.

The fourth commentary in this issue is authored by Robert Isaacson, professor and head of the department of orthodontics at the University of Virginia and a long-term student of tooth movement. The question addressed in the original research by Jacqueline Wilson et al. (*Angle Orthod* 1999;69(2):165-174) is this: When treating a patient with an arch-length deficiency, does it make any difference in the resulting soft tissue profile if selected premolars are extracted early (traditional serial extraction) or late (following the eruption of all permanent teeth)? Being an astute clinician, you might already know the answer to this question...as Isaacson claims in his thorough commentary on page 173.

Enjoy reading the commentaries in this issue, and you might just find yourself thinking like the critical reviewer you already are.

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