



LETTER FROM DR. HANG

Nobody Took Out More Teeth Than I Did

My biggest accomplishment as a young boy growing up in the Midwestern United States was becoming an Eagle Scout. I was a kid who believed in doing my very best and following the rules.

In High School, I studied hard and got good grades. When the time came for me to think about a career, I considered going into medicine, but didn't want the "life and death" responsibilities that came along with being a doctor. Dentistry seemed like the perfect alternative. I loved working with my hands and I could be a "Doctor" without the stress of "practicing medicine".

At the time, I could never have imagined how wrong my assumptions about dentistry, orthodontics and the healthcare profession would turn out to be.

After I graduated from the University of Illinois in 1970, I served as a general dentist in The United States Air Force for two years then went on to the University of Minnesota for my orthodontic training.

I taught Orthodontics at Minnesota for a year after graduating then opened a private practice in rural Vermont. My plan was to earn a comfortable living as the town orthodontist and live a quiet life "away from the world".

And for 6 years, everything went the way I thought it would. The practice was successful. Life was good.

I treated my patients exactly the way I had been taught in school. I waited for the permanent teeth to come in before I started treatment. I routinely ordered extractions to "make room" for the remaining teeth then used headgears and retractive mechanics to create "perfect occlusions".

Then, lunch with a colleague changed the course of my life and career forever.

One of my best referral sources at the time was a general dentist who was also a very good friend. When he asked me to lunch, I didn't think much of it. But, then he asked me a question that hit me like a ton of bricks.

"Bill" he said. "Why do you take out teeth in so many of your cases?"

I told him that I did it because that is what I was taught to do. But, the truth was that even before Michael confronted me, I had been noticing narrow smiles, long faces, flat cheeks and weak profiles in my patients...after I took the braces off.

At the time, I had no idea how these treatments were impacting my patients' joints and airways. But, I had to admit that, in many cases, I was definitely making their faces look worse.

I could see that traditional orthodontic techniques had serious functional and esthetic limitations, but I didn't know any other way to practice. So, I decided to embark on a continuing education journey.

I travelled to all 50 states and 30 foreign countries in search of answers. I tried every functional appliance on the market. Eventually, I stopped removing permanent teeth and using headgear. In 1990, I met John Mew. He offered me a new perspective on orthodontics and introduced me to Biobloc Orthotropics®.

John's cosmetic line measurement and facial growth guidance principles changed everything for me. Under his mentorship, I began treating young patients in ways that were helping them achieve forward facial growth. They were coming out of treatment with broad smiles complete to the corners of the mouth and strong profiles.

In 2004, I recognized that successful Orthotropics® outcomes often included improved airways. I wrote several articles on the subject that were subsequently published.

As I turned my attention to developing orthodontic techniques that never retract the teeth or reduce the airway/tongue space, I also began treating more adults who had received traditional orthodontic treatment as children or young adults.

These adult patients were usually suffering from pain and airway issues.

Over the next 10 years, reversing previous orthodontic treatments, re-opening extraction spaces and preparing patients for double jaw surgery became a large part of my practice.

I retired from clinical practice in 2022. I'm incredibly grateful for the success I had and the patients I was able to help. But, my work is not done. I want to do everything I can to make sure that people don't experience a lower quality of life because they suffer with undiagnosed breathing disorders.

According to the United States Center for Disease Control, "About 70 million Americans suffer from chronic sleep problems. Lack of sleep is associated with injuries, chronic diseases, mental illnesses, poor quality of life and well-being, increased health care costs, and lost work productivity. Sleep problems are major contributors to some chronic conditions, including obesity and depression but are rarely addressed."

My mission now is to help clinicians identify, diagnose and treat the millions of children and adults who have a breathing disorder.