

August 18, 2002

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Dear Dean Alfano:

I would like to thank you for the time and courtesy you extended to me on Tuesday last. At the time of our breakfast discussion, I mentioned having left material I thought to be germane, on the Jersey shore; I include it now without comment. "Angela Fraley's Quest for a Relaxed Face". Also enclosed are photos of the dramatic but not unique case of a 49-year-old patient (in which the Levy Lingual Shelf was utilized as part of the treatment.) The elimination of all T.M.J. symptoms except for a slight residual joint noise was obtained. The cosmetic facial, dentitional, and functional improvements have obviously changed this woman's life in no small measure. Dr. Alfano, please take note especially of the radiographic adaptive changes that have taken place in the temporomandibular articulation from 9/83 (the start), 6/21/84(condyle displacement in mid treatment), 3/87 (two years post treatment)

T.M.J., the long neglected stepchild, lost between the medical and dental professions has been treated (by default) by almost every shade of health practitioner and has thus been mistakenly characterized, as multifactorial (a cop out). The treatment for TMJ dysfunction belongs in its rightful place, as an integral part of orthodontics; however this long overdue step cannot realistically be accomplished until the orthodontic community, (as well as all of dentistry) eliminates its mechanical approach to diagnosis and treatment of dental problems. Cephalometrics, face bow and all manner of man-made determinations that precludes and denies a respect for, and an adherence to physiology, the stomatognathic system and the interrelation of form and function, must be abandoned.

Cosmetic changes, or the inclusion of functional treatment into the modus operandi of existing clinical teaching concepts simply will not work. A revolution in thought is required. The re-education of embedded deadwood teachers, or more realistically, their replacement is a must. The profession is deserving of and must have instructors who teach students in the third and fourth years, clinical care that conforms to the basic sciences they learned in their first two years of dental school. The task is monumental but imperative, in order to save our profession from the wastebasket of history.

Dr. Alfano imagine if you will, the rewards of healthier, more stable, cosmetically

superior orthodontic results with minimal or no root resorption as well as definitive help for the multitudes of TMJ sufferers. Of equal importance, dentistry has escaped for the most part, the stigma of iatrogenically contributing to those multitudes, but for how much longer will that be true?

In the light of present knowledge, why be a legitimate target at all?

Articles by Drs. Melvin Moss, James McNamara, Cleber Pereira, Egil Harvold, Elsdon Storey, Harold Gelb, this writer, and others in the July 1975 issue of *The Dental Clinics of North America* are worthy of your attention, and are no less valid science, despite the passage of time since its publication.

In the words of Dr. Moss:

"The Clinician is urged not to convert the articulator into another Procrustean bed."

Sincerely

Philip H. Levy DDS