Army Dentistry

Vol. 9 | No. 2

The Dental Corps Bulletin

Useful Links

- National Defense Strategy

Dental Corps

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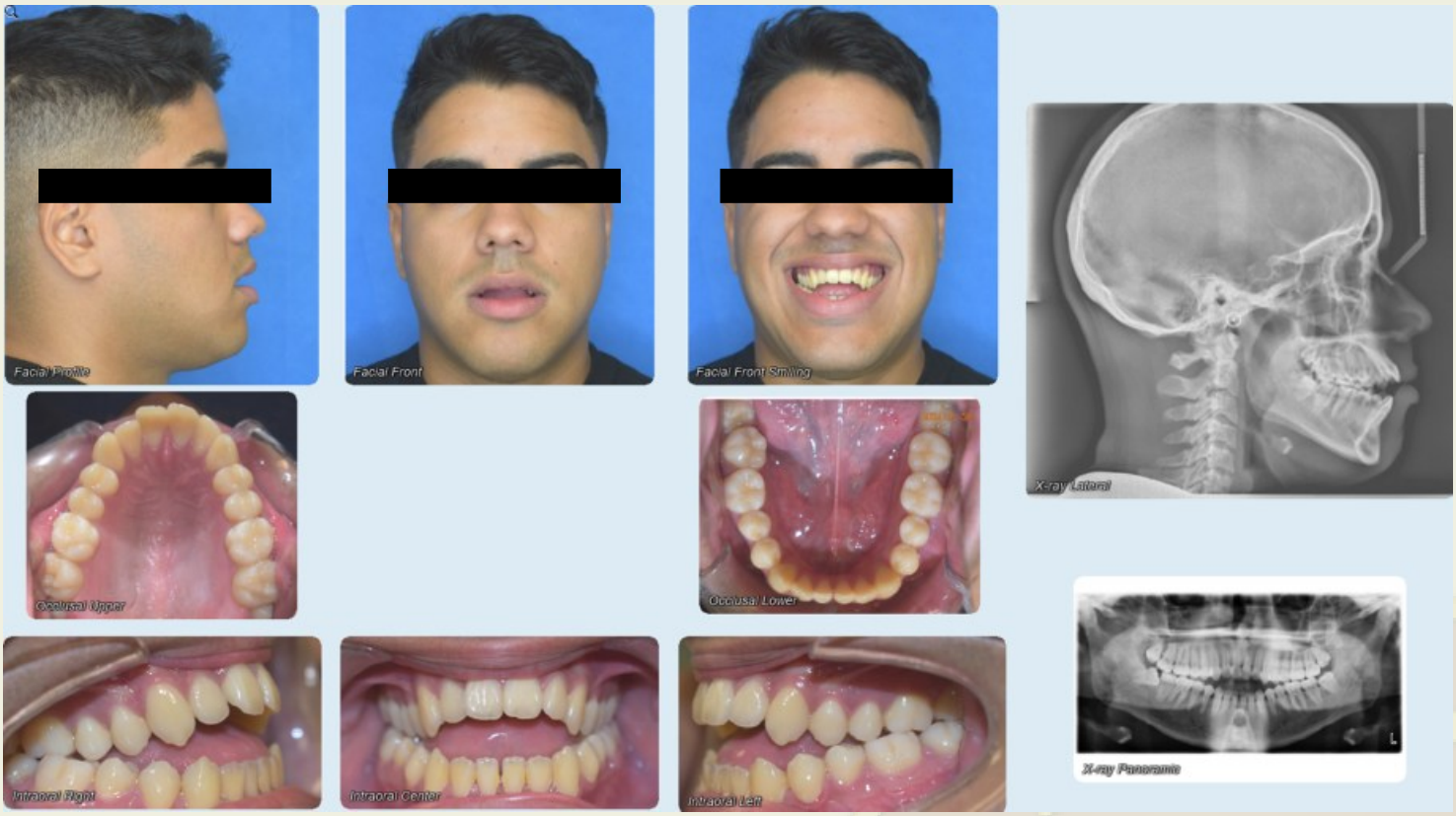
Military Orthodontics– More Than Meets the Eye

Written by: LTC Rachel Lewin, Chief of Surgical Orthodontics, Fort Bragg

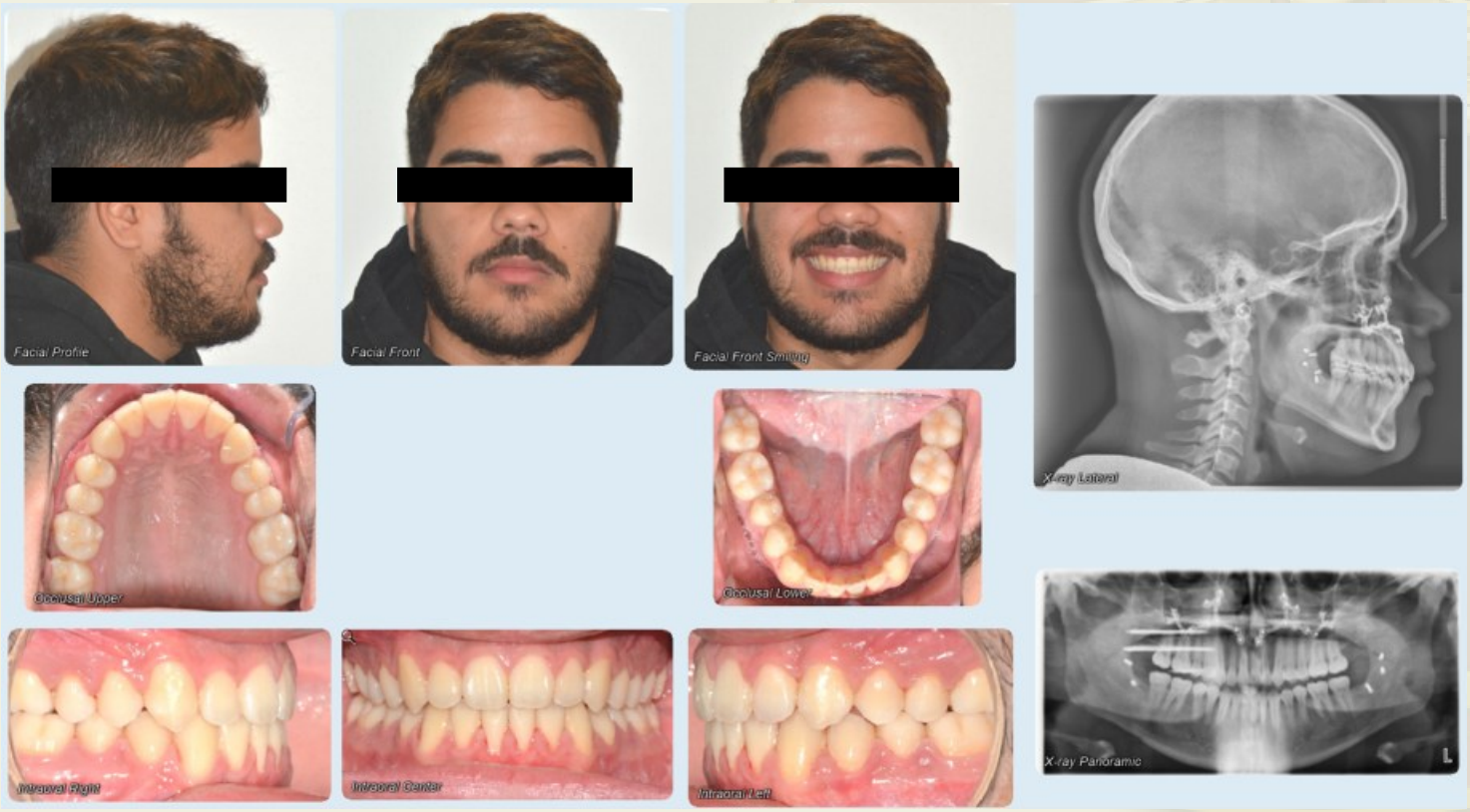
Orthodontists are known to straighten teeth, so why do we need them in the military? How do they impact the fighting force? Great smiles don't increase our fighting strength nor do braces make our soldiers more fit for deployment, yet they are integral to the military and enhance our Soldiers lives. In this article I'll explain the roles and purpose of the military orthodontist, how the 63M fits in the Dental Corps mission, and how they do more than just straighten teeth.

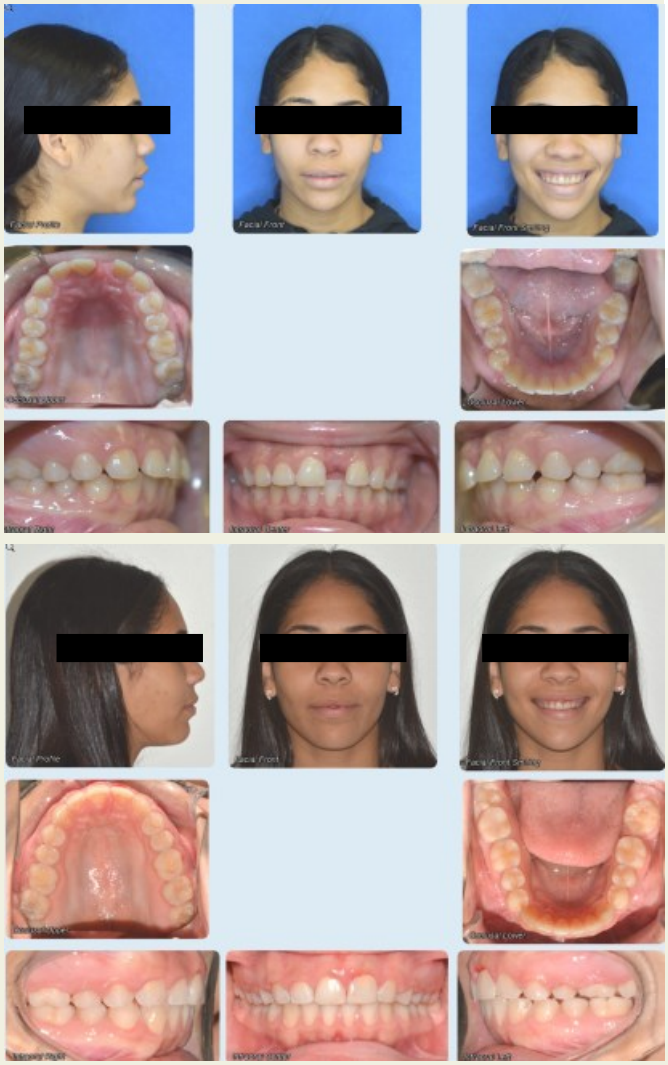
Within the Army Dental Corps, the job of the CONUS orthodontists is to teach, serving as mentors for oral surgery residents, AEGD-2 residents, and orthodontic residents. Some AEGD-1 programs may also reap the benefit from their co-located orthodontist. If you find a CONUS orthodontist at a location without a residency program, they are in command or an executive billet. OCONUS orthodontists exist for both active duty and their child dependents for continuity of care and interceptive care of growing children. Severity of malocclusion will usually dictate whether treatment is rendered on an adult patient, which means that jaw surgeries are also performed overseas.

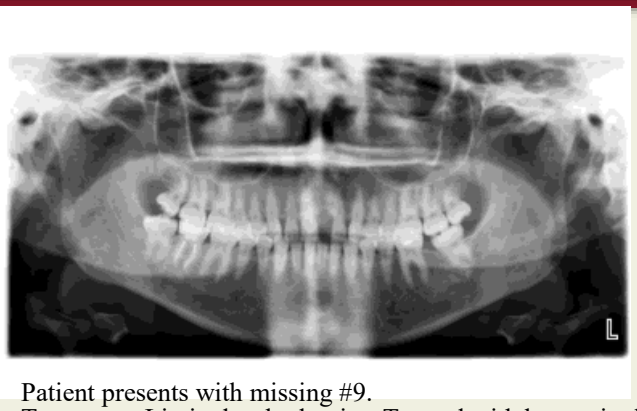
If you have ever questioned, "Why is so difficult to get a referral approved by the orthodontist?", understand that their patient selection is dictated by their mission. For example, an orthodontist serving as an oral surgery residency mentor may only screen for patients who are jaw surgery candidates, so that our surgeons-in-training can be fully prepared for repairing facial trauma in their wartime role. On the other hand, an orthodontist for an AEGD-2 residency may instead be looking for other complexities in a patient's malocclusion, such as unfavorably tipped teeth requiring restorations, to meet the multidisciplinary needs of the AEGD-2 program. Since orthodontists can influence growing jaws to potentially mitigate future extractions or surgery, it may mean that the overseas the orthodontist will prioritize a child's care over an adult who has finished growing.



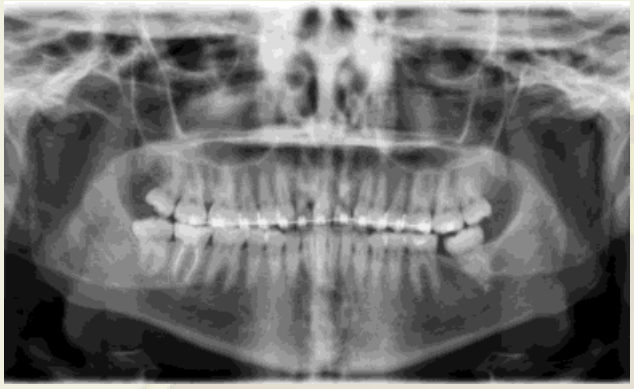
Patient presents with an anterior open bite with posterior vertical maxillary excess (VME) and maxillary transverse deficiency Treated in braces with a surgically assisted rapid palatal expansion (SARPE), then a 3-piece Lefort with bilateral sagittal split osteotomy (BSSO).







Patient presents with missing #9.
Treatment: Limited orthodontics: Treated with braces in the maxillary arch only with protraction of left quadrant. Composite buildup (to size of a central incisor) and gingivectomy/recontouring for #10 and enamel-oplasty #11 (to appear as lateral incisor).



Most patients are drawn to orthodontic treatment because of the undeniable benefit of improving patients' self-confidence. In certain circumstances though, braces can be instrumental in avoiding future dental treatment. In more extreme cases where surgical intervention is advised, orthodontists are often critical to the life-changing process. Here are just a few examples of how orthodontists contribute to the Army Dental Corps' mission to improve the readiness and dental health of the fighting force: 1) motivate and hold patients accountable for their oral hygiene, 2) align the teeth enabling greater efficiency for hygienists and predictability for examining and restorative dentists, 3) move teeth via tilting, flaring, and intrusion for improved prognosis of restorations, 4) move teeth bodily through bone or extrude root canaled teeth to develop the periodontium for implants, 5) pre- and post-surgical tooth movements to facilitate jaw surgeries for severely handicapping malocclusions, some of which may aid and improve the airway.

Orthodontics in the military is a win-win-win for soldiers, the Army Dental Corps, and orthodontists. Soldiers who receive orthodontic care in the military are exceptionally grateful for their new smiles and the money they did not have to spend, which corelates with improved quality of life and enhanced confidence. Additionally, our warfighters overseas are less stressed knowing their orthodontic care is uninterrupted by a PCS and their families care is unaffected by a language barrier with may limit their access to care. Orthodontics improves quality of life for child dependents, boosts war fighter morale, and improves the family military experience abroad. The Dental Corps' mission is enhanced, and dentists of all specialties enjoy the benefits of collaborating and providing exceptional care. Moreover, residents from our top-notch training programs learn on a seemingly endless supply of willing and eager participants, empowering them for success in their follow-on clinic or deployment. Army orthodontists have the opportunity to practice on a variety of high acuity cases and treat the most deserving patients that our nation has to offer.

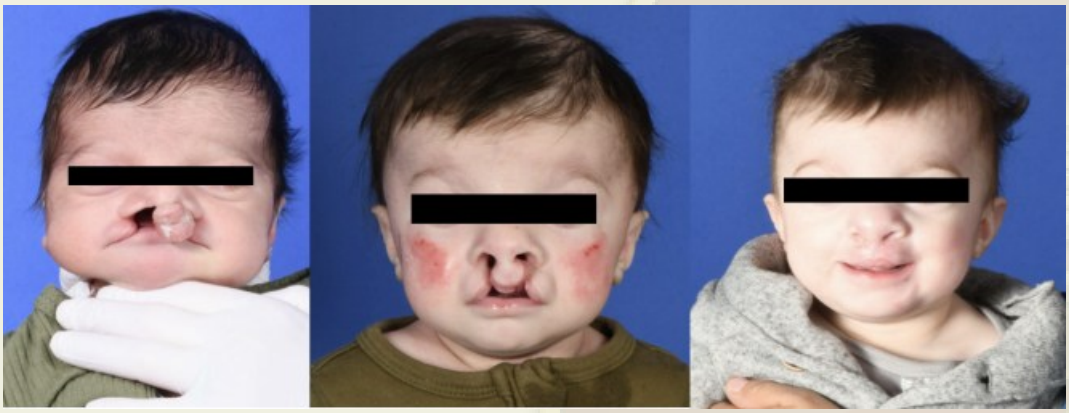
Beyond the Smile: The Impact of Craniofacial Fellowship Training

Written by: MAJ Jameson Hoffman, Chief, Department of Orthodontics, William Beaumont Army Medical Center

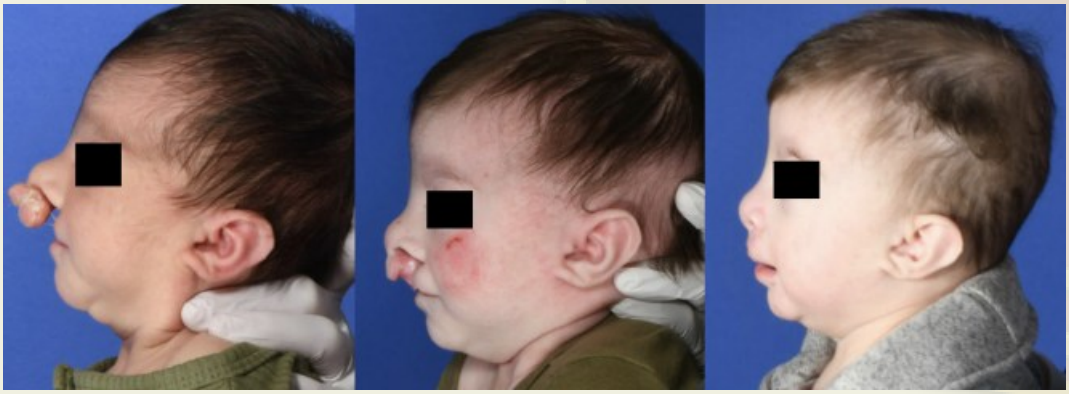
Craniofacial orthodontics is a unique discipline in dentistry that focuses on treating individuals affected by various syndromes and craniofacial anomalies. This can include, but is not limited to, patients with trisomy 21, hemifacial microsomia, craniosynostosis, and cleft lip and palate. Complex craniofacial cases are best treated by an interdisciplinary team of providers. The American Cleft Palate Craniofacial Association (ACPA) has suggested that an ideal "craniofacial team" is comprised of a plastic surgeon, OMFS, orthodontist, speech pathologist, pediatric dentist, psychologist, and social worker. Orthodontic treatment is typically rendered at, or in coordination with, a children's hospital.

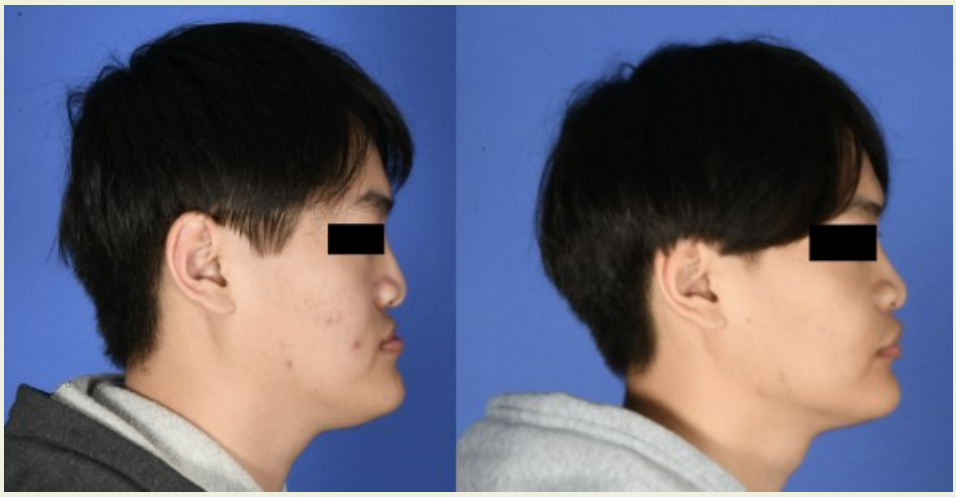
Over the past year, I had the opportunity to complete an Army-sponsored fellowship in craniofacial orthodontics at Children's Medical Center in Dallas, TX. It was an amazing experience that allowed me to work one-on-one with my program director as we treated a wide variety of cases. Among the highlights was the opportunity to design, fabricate, and use orthopedic appliances to prepare infants with cleft lip and palate for lip repair.

I would routinely communicate and collaborate with all the members of the craniofacial team. This provided invaluable insight to holistic care. I learned the procedures, goals, and challenges that each discipline faces when treating this unique patient population. I would frequently visit the OR to observe and assist with surgical procedures. Additionally, the fellowship provides opportunities to explore innovative approaches to treatment. Prior to entering the fellowship, I visited a craniofacial team in Germany to observe a unique oral appliance to treat infants affected by Pierre Robin Sequence. The information obtained during this visit helped establish a treatment workflow for the Tuebingen Palatal Plate at Children's Medical Center.



Treatment progression of bilateral cleft lip/palate infant treated by nasoalveolar molding (NAM) orthopedic appliance and subsequent cheiloplasty. (Top Photo: Frontal view) (Bottom Photo: Lateral view)

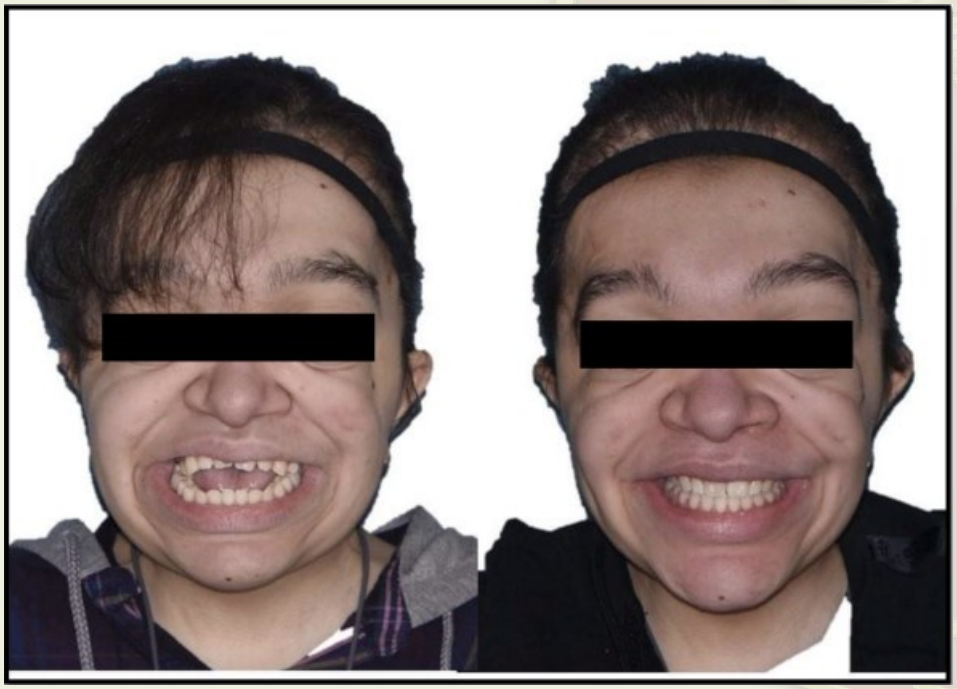




Before and after images of a unilateral cleft lip and palate patient treated with orthognathic surgery

Aside from patient care, the fellowship is an opportunity to mentor residents and network with providers. Residents from Texas A&M orthodontic and pediatric dentistry programs would frequently rotate to the orthodontic clinic. This allowed us to discuss treatment concepts and specific cases. The fellowship also gives you the chance to teach. I provided craniofacial lectures to residents and staff at University of the Pacific and UTHSCSA. The field of craniofacial care is rich in research opportunities. I participated in several research projects during my time at Children's Health.

If you enjoy complex treatment planning, interdisciplinary care, and innovative treatment approaches, I would highly recommend the fellowship program. Above all, the privilege of treating these patients and interacting with their families is the most rewarding aspect of craniofacial orthodontics. This is a population that truly needs orthodontic care. If you are interested, feel free to reach out with any questions.



Before and after image of a patient with Pfeiffer Syndrome that was treated at the Tri-Service Orthodontic Residency Program.

Treatment included comprehensive orthodontics and orthognathic surgery.

Research. The Final Frontier

Written by: COL Jacob Kitsen, Tri-Service Orthodontic Residency Program

Front row: COL Jacob Kitson
Back row left to right: MAJ Racheal Long & CPT(P) Nicole Eckrich

The thought of organizing and completing a research project during a Graduate Dental Education Residency Program often elicits a mixture of confusion, despair, and concern in docs starting their residency journeys. From the mentor's side of the fence, I find research both enlightening and time-consuming. When considering a project, I think of a scene from Indiana Jones and the Last Crusade: "Choose wisely."

This article is based on interviews with MAJ Racheal Long and CPT(P) Nicole Eckrich, both senior residents at the Tri-Service Orthodontic Residency Program (TORP) at Lackland Air Force Base, TX. Hopefully, it helps readers understand what research looks like from a resident's perspective.

People are always interested in the research requirement for residency. What has the process been like for you?

"The research requirement can feel daunting at first, especially with the demands of residency, but the process becomes manageable once you know your resources. Most of us come in with limited research experience, so leaning on mentors and senior residents is key. Their guidance helps streamline the process and makes the experience much more rewarding." - Dr. Long

"Overall, the research process has been smooth for me. I am currently in my second year of residency and have completed my data collection, so I am now transitioning into writing the manuscript. I do not have much of a background in research, so there were some hurdles along the way. Piloting the project took more time and resources than I expected, but once it was underway, everything ran smoothly." - Dr. Eckrich

How did you go about choosing a topic?

"I chose a topic that was both personally meaningful and relevant to military dentistry. My project focuses on clear aligner compliance in military populations—an area not as widely studied compared to the civilian sector. I hope the results highlight the need for broader access and even support future DHA/DOD contracts to expand clear aligner therapy for service members." - Dr. Long

"With all the digital advancements in orthodontics, I knew I wanted to focus on something current and evolving. I decided to evaluate the accuracy of thermoplastic retainers versus 3D-printed retainers after applying stress. My class had the privilege of working with Dr. Kraig Vandewalle, a well-known research expert in Air Force dentistry. He helped us take our ideas and shape them into projects that could be both interesting and feasible within a two-year program. He also introduced us to a wide range of research equipment available to us." - Dr. Eckrich

Is there time allotted to work on your research project?

"Yes, we have a few hours built into the weekly schedule, but it's not nearly enough to complete a project. Research definitely requires a lot of 'after-hours' commitment, but the extra effort is worth it when you see your work come together. It's all part of the learning process and adds to the sense of accomplishment at the end." -Dr. Long

"Yes, we have designated research hours each week. That said, as with most aspects of residency, additional time outside of those hours is necessary to stay on schedule. I found that the second semester is an ideal time to focus on research, since most patients are already treatment planned and bonded by then." -Dr. Eckrich

It seems like it requires a lot of technical expertise. Have you had the necessary support for your project?

"Coming in with limited research experience, I quickly realized the importance of surrounding myself with the right support. I've been fortunate to have guidance not only from mentors and senior residents, but also from resources like the Institute of Surgical Research (ISR) and Dental Research and Consultation Services (DRCS). With that support, I've been able to approach the process with more confidence and direction." -Dr. Long

"Yes. I came in with minimal research experience, but there is a strong support system in place. I have been able to lean on the expertise of our researchers at BAMC, our mentors here at TORP, statisticians, and even a stereolithographer. Everyone has been incredibly helpful and invested in the success of our projects." -Dr. Eckrich

For a doc applying to the residency, what advice would you give when it comes to research?

"My advice is to choose a topic that genuinely interests you and has a real impact on the patients you serve. Don't worry if you have limited research experience. What matters most is curiosity and persistence. With the right mentor and a willingness to put in the effort, you'll be surprised at how much you can accomplish." -Dr. Long

"Residency is fast-paced, especially in a two-year program. My advice is to choose a topic that genuinely interests you but is also manageable within the program's timeline. Projects involving direct patient interaction typically require IRB approval, which can add time, so plan accordingly." -Dr. Eckrich

I would like to thank MAJ Long and CPT Eckrich for sharing their insights into research. They are right in the thick of residency, and their perspective is both fresh and relevant.

I'd also like to highlight TORP. TORP is one of the premier orthodontic residencies in the country. We are looking for the best and brightest to train at TORP and encourage interested Officers to reach out if they have any questions about the program!

More than Miles: Building Resilience Through the Norwegian Foot March

Written by: CPT Nathan Payne, General Dentist, Fort Hood DENTAC

On February 13th, I laced up for the Norwegian Foot March at Fort Hood. The event traces back to Norway's military in 1915 and challenges participants to cover 18.6 miles with a 25-pound ruck in a set time. And if there's one thing the Army loves, it's rucking, so I knew I had to give it a shot.

In the months leading up to the event, I trained with two fellow Soldiers. We met in the early mornings before clinic and on weekends, logging miles when most people were still asleep. Those rucks weren't always easy—cold mornings, heavy packs, and sore legs—but we kept each other going. Training with buddies turned the grind into something we could actually look forward to.

The day of the march was cold enough to freeze my water source, and the trail was muddy from rain earlier that week. Cramping set in, and there were moments I felt completely worn out. Still, one foot went in front of the other until the finish line came into view. Crossing that line was tough, but it was also incredibly rewarding. The effort made the accomplishment that much sweeter, and it left me hungry for more. My next goal is to earn the silver badge next year, and I know the journey will be worth every step.

Even better, in April, I had the chance to give back by acting as a pacer alongside other DENTAC personnel, helping more Soldiers complete their own Norwegian Foot March. Watching others push through and succeed reminded me why these events matter. It's not just about earning a badge—it's about resilience, camaraderie, and proving to yourself that you can do hard things.

If you ever get the chance to take on the Norwegian Foot March, don't pass it up—you just might surprise yourself!

Excellence in Action: Recognizing Our Outstanding Leaders

COL Min C. Kim recently completed the Army War College Fellowship Program. His fellowship was with the US Department of Health and Human Services (Office of the Assistant Secretary for Preparedness and Response), COL Kim's research project was "In Case of Emergency: Planning for a Health Care Draft."

Congratulations COL Kim!

COL Min C. Kim and Dr. Michael Lynch (AWC Advisor)

Promotion Update: Alternate Promotion Authority (APA)

Written by: COL Jeffery Hambrice, Dental Corps Personnel Proponent Officer

Beginning in FY26, the Medical Corps (MC) and Dental Corps (DC) will adopt a promotion system known as the Alternate Promotion Authority (APA). Our legacy promotion system is based on the needs of an Army coming out of the Viet Nam era and trying to adjust to a different set of missions than it has today. This new system is supported by TSG and Army G-1 to help ensure that we can promote *all* best qualified CPTs to MAJ to serve as critical healthcare providers for the Army while also allowing more flexibility in promotion for the LTC/COL ranks. APA will allow the MC and DC more flexibility on how we promote our officers to meet requirements of the Army. APA allows a wider window of consideration than the legacy system. In the legacy system, the promotion objectives were based on the size of the primary zone year group that was entering the board. APA, instead, considers up to five-year groups in a single window of consideration. This shift offers increased flexibility on when it can promote MC and DC officers. Because we are not constrained by one primary zone year group, we can promote our critical medical and dental providers on a timeline best suited for each Corps and for the officers' career development. Furthermore, APA allows medical/dental providers time to pursue skills in specialized training while maintaining competitiveness for promotion. Finally, because the APA zone of consideration is larger, we can promote to consistent objectives in future years rather than being constrained by the size of the primary zone. APA shapes the ability to create a more flexible career path and model for these medical/dental providers who are critical to the overall Army mission.

Under APA, the terms "below zone", "primary zone" and "above zone" are not used. Instead, the term "look" is used. For Major, there will be three (3) looks. For Lieutenant Colonel/Colonel, there will be five (5) looks. In the legacy system, the Dental Corps did not offer "opt in" or "below zone" at MAJ. With APA, the 1st look for MAJ will be equivalent to the legacy "primary zone". In the legacy system, "opt in" or "below zone" was offered at LTC/COL. Under APA, the 1st look for LTC/COL will be equivalent to the legacy "below zone". As with legacy, this look will be constrained to 5% of total promotions.

The zones of considerations for FY26 promotion boards are as shown below:

FY26 Dental Corps MAJ Board			
APA	1st Look	2nd Look	3rd Look
Legacy	Primary Zone	Above Zone	Above Zone (SELCON[1] Officers)
Year Group	2017	2016	2015 and earlier
Window of Consider-ation	1 Oct 20 – 30 Sep 21	1 Oct 19 – 30 Sep 20	30 Sep 19 and earlier

FY26 Dental Corps LTC Board					
APA	1st Look	2nd Look	3rd Look	4th Look	5th Look
Legacy	Below Zone	Primary Zone	Above Zone	Above Zone (SELCON[1] Officers)	
Year Group	2012	2011	2010	2009	2008 and earlier
Window of Con-sideration	1 Oct 21 – 30 Sep 22	1 Oct 20 – 30 Sep 21	1 Oct 19 – 30 Sep 20	1 Oct 18 – 30 Sep 19	30 Sep 18 and earlier

FY26 Dental Corps COL Board					
APA	1st Look	2nd Look	3rd Look	4th Look	5th Look
Legacy	Below Zone	Primary Zone	Above Zone		
Year Group	2006	2005	2004	2003	2002 and earlier
Window of Con-sideration	1 Oct 21 – 30 Sep 22	1 Oct 20 – 30 Sep 21	1 Oct 19 – 30 Sep 20	1 Oct 18 – 30 Sep 19	30 Sep 18 and earlier

[1] Officers selected for selective continuation (SELCON). Under APA, SELCON is offered following an officer's final promotion opportunity—specifically, the third look to Major and the fifth look to Lieutenant Colonel. Once placed on SELCON, officers no longer compete for promotion. They will remain on SELCON for a period of three years, or until they complete their ADSO, reach their MRD, or attain the AFS limit for their current rank. Officers may be further continued on SELCON under APA, as appropriate. Officers already serving on SELCON will receive one promotion look under APA.

The FY26 MC/DC Major board will convene 12-16 January 2026. Under APA, each MC/DC Captain will receive up to three opportunities (looks) for promotion pursuant to 10 U.S.C. § 649. The FY26 MC/DC Lieutenant Colonel and Colonel boards will convene 3-11 December 2025. Under APA, each MC/DC Major and Lieutenant Colonel will receive up to five opportunities (looks) for promotion. In FY26, APA first look promotions (LTC/COL only) will be constrained to 5% of the total promotions in a board. Constraining first look promotions ensures that talented officers are identified while maintaining the appropriate distribution of Majors and Lieutenant Colonels. The cap is essential to maintaining fairness for the 2nd look officers (PZ equivalent) officers during FY26 and subsequent years. Promoting approximately 5% of officers from the first look is expected to continue in subsequent boards but is subject to Corps Chief discretion.

Some key points about APA:

- Officers who have received their maximum number of considerations for promotion under the legacy system will receive one final look under APA.
- If an officer is not selected for promotion after the maximum number of looks, then that officer is no longer eligible for promotion.
- The Corps Chief has the authority to constrain, or limit, the percentage of officers selected for promotion in each look. For example, the 1st look for LTC/COL (previously known as "below zone") will be constrained to 5%. All looks may also be constrained, if approved by the Corps Chief.
- Merit-based promotions will continue under APA; the promotion board may select up to the top 20% of the OML.
- There will be no opt-in or opt-out under APA.

PROFESSIONAL MILITARY EDUCATION

Discuss these opportunities with your Command and Professional Development Officer.
For convenience, all websites are hyperlinked to the section title.

Captain Career Course (CCC)

Phase 1 is no longer required. Submit signed DA3838 to HRC, DC Professional Development Officer.

MedXellence Course

USU's MedXellence Course provides current and aspiring Military Health System (MHS) leaders 40 hours of continuing education credits and an unparalleled opportunity to expand their leadership and management skill sets, through its robust curriculum consisting of both lecture and hands-on small group exercises that are based on real-world MHS scenarios

Click for the dates, POCs and registration links.

Intermediate Level Education (ILE)

The primary method of completion is distance learning. Submit signed DA3838 to HRC, DC Professional development Officer.

Expert Field Medical Badge (EFMB)

Testing is conducted annually at multiple sites across the Army.

Army Training Requirements and Resources System (ATRRS)

Brigade Health Care Team Course

Tactical Combat Medical Course

Defense Medical Readiness Training Institute (DMRTI)

Combat Casualty Care Course (C4)

Joint Medical Executive Skills Program

Click for information on the following courses: Healthcare Management Course, JMESI Intermediate Executive Skills, Capstone Course for Military Health System Leaders.

Joint Senior Medical Leader Course

Defense Strategy Course

Army Ignited

Army Credentialing Assistance

Army Dentistry at Work Podcast:

iTunes Spotify

Upcoming Continuing Education Conferences:

30-31OCT2025: Quad Service CE Event: POC: CPT Annemarie LaBarca at annemarie.r.labarca.mil@health.mil

3-6NOV2025: 38th Parallel

13-14NOV2025: Fort Drum DENTAC's International CE Event: POC: fortdrumiceevent@gmail.com

Upcoming Leader Professional Development:

23OCT2025: How to understand pay, ADSOs and Retention Bonuses with LTC Eric Setter

20NOV2025: Familiarization with 68E training and approaches to effective train with MAJ Carolina Wentworth, MAJ John Fleischmann, and CPT Lara Powell

Dental Corps in the News:

Read about Dental Readiness Classification and Treatment Provided for Dental Emergencies

Read about Intratheater Dental Evacuation Trend within U.S CENTCOM: from GWOT to the Era of LSCO

Read about Transforming Dental Support to the U.S Army Special Operations Center of Excellence

Read about Presidio of Monterey Dental Clinic Ensuring Readiness with Modern Technology

Questions regarding specialty LTHET residency programs:

Contact MAJ Eric Hu (eric.c.hu.mil@health.mil) of the GDE Ambassadors

General Questions to the Army Dental Corps:

usarmy.jbsa.medical-coe.mbx.dental-corps@army.mil