

The American Board of Orthodontics and specialty certification: The first 50 years

Thomas J. Cangialosi, DDS,^a Michael L. Riolo, DDS, MS,^b S. Ed Owens, Jr, DDS, MSD,^c Vance J. Dykhouse, DDS, MS,^d Allen H. Moffitt, DMD, MSD,^d John E. Grubb, DDS, MSD,^d Peter M. Greco, DMD,^d Jeryl D. English, DDS, MS,^d and R. Don James, DDS, MSD^e

New York, NY, Grand Haven, Mich, Jackson, Wyo, Blue Springs, Mo, Murray, Ky, Chula Vista, Calif, Philadelphia, Pa, Houston, Tex, and Oklahoma City, Okla

The growth of specialty practice in the health professions is directly linked to advancements in medical science during the early 1900s. Although these advancements resulted in improved delivery of care, there was not yet a system in place to assure the public, not to mention the medical profession, that someone claiming to be a specialist was indeed qualified.¹

The concept of a specialty board was first proposed in 1908 by Dr Derrick T. Vail in his presidential address to the American Academy of Ophthalmology and Otolaryngology. Soon after this proposal, the Flexner Report, published in 1910, addressed the quality of the nation's undergraduate medical education. This report influenced all areas of thought concerning medical education as well as the quality and competence of medical training at every level. This influence certainly impacted the development of the specialty boards.²

The American Ophthalmologic Society recommended the development of an examining board as early as 1915. Soon after, a joint committee from the 3 major organizations representing ophthalmologists drafted a report that was subsequently approved by all 3 groups. The first meeting of the newly formed American Board for Ophthalmic Examinations, the first specialty board, was held on May 8, 1916. The second specialty board, the American Board of Otolaryngology, was founded and incorporated in 1924 and was developed along the same lines.²

Dr Albert H. Ketcham, the eventual leader of the

specialty board movement in orthodontics, was living in Denver during the early 20th century, while these medical boards were forming. Ketcham, born on a farm near Whitwig, Vt, in 1870, chopped wood to pay for his education at the Brandon School and the Vermont Academy. He attended Boston Dental College and received his DDS degree in 1892, becoming a clinical instructor after graduation. In 1895, Dr Ketcham contracted tuberculosis and was admitted to the hospital in Saranac, NY. When his condition worsened, he was moved on a stretcher by train to Colorado and was expected to die there. However, the outdoor environment revived him, and he regained his health. He began his practice in Meeker and the next year moved it to Denver. Despite his poor physical condition because of the tuberculosis, limited eyesight, and the loss of the thumb on his right hand, he became successful. In 1901, he became head of the infirmary at Denver Dental College. In 1902, he studied orthodontia (as the specialty was then known) under Edward H. Angle in Saint Louis. In 1907, while practicing in Denver, he became a special lecturer on tissue response and the use of radiographs and photography in the Angle School of Orthodontia, joining such eminent teachers as Frederick B. Noyes and Edmond Wuerpel.³

While living in Denver, Dr Ketcham became close friends with 2 other dedicated professionals—Dr Thomas Carmody, a director of the first certifying board in otolaryngology, and Dr Edward Jackson, a director of the American Board of Ophthalmology. Dr Carmody was also a dentist and had once shared an office with Dr Ketcham. From these men, Dr Ketcham received his inspiration, and he had the intelligence and wisdom to foresee the possibilities for a certifying board in orthodontics.⁴

The exact sequence of events is lost to history, but it is not difficult to imagine them in retrospect. Ketcham was a friendly person who quite naturally attracted an equally friendly response from everyone he met. It is easy to imagine his luncheons with Carmody

^aPresident of the ABO.

^bPresident-elect of the ABO.

^cSecretary-treasurer of the ABO.

^dDirector of the ABO.

^ePast president of the ABO.

Reprint requests to: S. Ed Owens, Jr, PO Box 628, Jackson, WY 83001; e-mail, eowens@bresnan.net.

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and Jackson, delving into the aims and objectives of this new board concept. Very likely, at dinners in their various homes, Ketcham continued to pursue this fascinating subject. Perhaps their tolerant wives were left to pursue their own interests, while these typical American husbands discussed every angle of their professional and public responsibilities.⁵

Ketcham occupied many positions in dentistry and orthodontia, and, in 1928, he was elected president of the American Society of Orthodontia (as the American Association of Orthodontists was then known). With that election came an opportunity to encourage the specialty to fulfill the need for a certifying agency. By September of that year, Ketcham actively started to secure support for his objective. Unfortunately, members of the society did not universally recognize the need for a certifying agency. In the December issue of the *International Journal of Orthodontia*, Martin Dewey penned an editorial, "Licensing Specialists," in which he called attention to a proposed law in California concerning the licensing of orthodontists. Many of those involved with the California issue viewed it as the most objectionable piece of legislation that had ever been suggested for the dental profession. In the January 1929 issue of the *Journal*, the preliminary proposal for an American Board of Obstetrics and Gynecology was published. The April issue contained Dewey's most persuasive editorial yet, entitled "Why Not An American Board of Orthodontia?" Dewey argued that such an examining board would do more to improve orthodontia as a special branch of dentistry than any legislation passed by a state or any plan of education advocated by certain schools, universities, deans, or professors. Although not an easy task, the convincing evidence in Dewey's editorials enabled Ketcham to gain the support of past presidents and many others.⁴⁻⁷

Those who supported this idea believed that the first board of American orthodontists should be created at the summer meeting of the American Society of Orthodontia. They believed that, because local and national orthodontic organizations were represented in the society, members would be present representing various sections of the country. So, with Martin Dewey's parliamentary skill, a resolution was brought before the society. The American Board of Orthodontia (ABO) was founded at the 28th annual meeting of the American Society of Orthodontia, July 16-19, 1929, at the Stanley Hotel in Estes Park, Colo (Fig).⁸

The ABO's first official announcement was published in the October 1929 issue of the *International Journal of Orthodontics*. The official statement of its "origins, aims and purposes" in its application for charter was published in the January 1930 issue, after

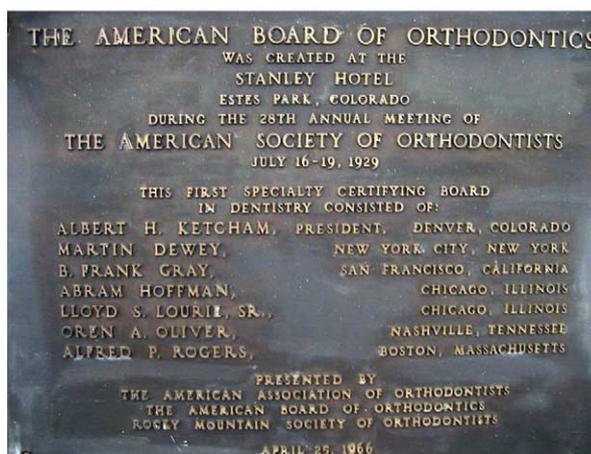
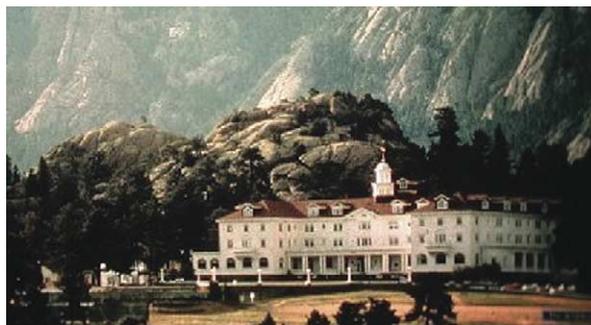


Fig. Stanley Hotel, Estes Park, Colo, where the ABO was founded, July 1929.

the board's second meeting in Chicago. That 5-page statement shows that the organizers had an intuitive grasp of the board concept as it is known and practiced today in all medical and dental specialties. The aims and purposes as stated in the application for charter were:

To elevate the standard of the practice of orthodontia; to familiarize the public with its aims and ideals; to protect the public against irresponsible and unqualified practitioners; to receive applications for examination of such applicants who are graduates in dentistry and legally licensed to practice; and to perform such other duties as will advance the cause of orthodontia. That the corporation shall be composed of persons interested in orthodontia and dentistry and elected by the American Society of Orthodontia.⁵

The first 7 directors elected to the ABO by the executive committee of the American Society of Orthodontists were Albert H. Ketcham, Denver; Alfred P. Rodgers, Boston; Lloyd E. Lourie, Chicago; B. Frank Gray, San Francisco; Martin Dewey, New York; Abram Hoffman, Chicago; and Oren A. Oliver, Nash-

ville. The ABO's first office was at 10 S LaSalle St, Room 901, Chicago.⁹

In a letter dated March 24, 1930, just before the first meeting for candidate examination on April 7, 1930, at the Noel Hotel in Nashville, Dr Ketcham wrote to the other board members that "We must keep in mind that the object of the Board is to elevate the practice of orthodontia. We should not make our requirements for examination so high that the average orthodontist may not aspire to perfect himself so that he may pass the Board's examination. We must remember that our function is different from that of the faculty of an orthodontic school, which gives examinations to students who have all received the same lecture courses and techniques. We must adapt our examination to the applicant, try to discover if he is safe, whether he has the technical skill and scientific knowledge, coupled with good common sense, good personality and honesty of purpose, to insure that he is a good moral risk. A complete and perfect plan for our examinations cannot be worked out except through long experience in giving examinations to men of varied training, caliber and experience."¹⁰

By 1935, the year of Dr Ketcham's premature death from bronchial pneumonia, the ABO had certified 103 orthodontists. After his death, the board created the Albert H. Ketcham Award in his memory. The first recipient was John V. Mershon, considered by many to be the best clinician of the times and the originator of the labiolingual technique.

During the last years of Ketcham's life, the creation of an examining board for orthodontics gave the specialty the first certifying agency in dentistry and the third in the health professions. Of particular interest is that the first 3 specialty boards were concerned with craniofacial structures.⁵

In 1937, the American Society of Orthodontists became the American Association of Orthodontists (AAO), and, in 1939, the American Board of Orthodontia became the American Board of Orthodontics. The granting of certificates to practitioners who had practiced ethically for 15 years, without case presentations, was discontinued in 1940, and the requirements for certification became a thesis, 5 case reports, and a set of casts with appliances on them.⁹

The ABO did not examine candidates for 7 years during early 1940s because of World War II. However, this was a decade of expansion for new dental boards, with periodontics in 1940, pedodontics in 1942, oral surgery and prosthodontics in 1946, oral pathology in 1948, and dental public health in 1950. Also during this decade, an experimental written

examination was given to preceptors, the *American Journal of Orthodontics* became the official journal of the ABO, and case reports were shown at the annual AAO meeting.

In May 1950, the ABO was recognized by the American Dental Association's newly formed Council on Dental Education as the official certifying body in orthodontics. Through this council, all specialty boards in dentistry took their direction. They reported directly to the Council on Dental Education with regard to their activities, methods of examination, registration of diplomates, requirements for certification, election of directors, and general administration.¹¹

During the 1960s and early 1970s, the ABO made many changes that positively impacted board functions. The number of directors was expanded to provide representation from each constituent society. The first written examination was offered in 1965 instead of the thesis. This change brought an increase in the number of applicants and consequently the number of diplomates. The thesis requirement continued as an alternate part of the examination until 1978, when it was discontinued. Preceptorships were discontinued in 1967. Case categories were introduced, specifying the type of case to be presented for examination. In 1971, the board moved its executive offices to Saint Louis and hired its first executive director, Dr Earl Shepard. At the request of many orthodontic educators, the board considered whether to allow a recent graduate to take the written examination immediately after graduate training. The 1974 examination was the first in which this was permitted. In 1976, a record number of 321 candidates completed the written examination.¹¹

The method of selecting directors was changed as the result of inquiries from both the Council on Dental Education and individual members of the AAO. A special committee was appointed to study the method of selecting directors and to make a recommendation in accordance with the policies of the Council on Dental Education. This committee recommended that there should be a director from each constituent society of the AAO when possible. New directors were to be chosen from a list submitted by each constituency.¹¹

The board also revised the selection process for the Albert H. Ketcham Memorial Award, which had been given annually to an orthodontist or other person who, in the awards committee's judgment, had made a significant contribution to the art and science of orthodontics. Under the new format, each constituent society and the directors of the ABO could make nominations. This process allowed all

members of the AAO to participate in the nomination process.¹¹

At the end of the ABO's first half century of existence, the College of Diplomates of the American Board of Orthodontics (CDABO) was founded. Its purpose was to extend the search for continuing excellence and to encourage all orthodontic colleagues to pursue certification. The CDABO is committed to the specialty of orthodontics and has done much to help advance the ABO's mission.¹² In 2003, the *American Journal of Orthodontics and Dentofacial Orthopedics* became the official journal of the CDABO.

In the beginning, many regarded orthodontics as a topic of interest but doubted its future development. By 1980, it was apparent that orthodontics had become a major component of dental health care. This was accomplished through the hard work, dedication, and conscientiousness of the board directors. Throughout its first 50 years, the ABO has acted with wisdom, justice, and prudence. The result has been the fulfillment of 2 very important obligations: the advancement of orthodontic services to the public and complete fairness to every candidate examined.

REFERENCES

1. Little DM. The founding of the specialty boards. *Anesthesiology* 1981;55:317-21.
2. American Board of Medical Specialties—history of the ABMS—the forerunners. Available from: URL: <http://www.abms.org/history.asp>. Accessed November 28, 2003.
3. Shepard EE. The American Board of Orthodontics—then and now. *Am J Orthod* 1986;89:67-9.
4. Dewel BF. American Board of Orthodontics to celebrate golden anniversary at AAO Washington meeting. *Am J Orthod* 1978;74:331-3.
5. Dewel BF. The American Board of Orthodontics: past, present and future. *Am J Orthod* 1962;48:568-78.
6. Dewey M. Licensing specialists. *Int J Orthod* 1929;15:91-3.
7. Dewey M. Why not an American Board of Orthodontia? *Int J Orthod* 1929;15:391-5.
8. Dewel BF. The American Board of Orthodontics: a major association accomplishment. *Am J Orthod* 1975;68:90-3.
9. American Board of Orthodontics—past, present and future. *Am J Orthod Dentofacial Orthop* 1996;110:108-10.
10. Ketcham AH. Personal communication to the American Board of Orthodontia. March 24, 1930.
11. Rathbone JS. The American Board of Orthodontics: today and the future. *Am J Orthod* 1976;69:185-93.
12. Vaden JL, Kokich VG. The American Board of Orthodontics: past, present, and future. *Am J Orthod Dentofacial Orthop* 2000;117:530-2.