

Richard Riedel

Richard Riedel was born and raised in Milwaukie, Wisconsin and later attended Marquette Dental School. He was a World War II veteran of the US Navy Dental Corps and served with a Marine battalion in China for two years. When he returned home he began his orthodontic training under Jack Thompson at Northwestern University and immediately made a name for himself with his master's thesis that established one of the most widely accepted diagnostic cephalometric measurements, the ANB angle. Upon graduation Dick joined Northwestern's Orthodontic faculty and worked with Jack Thompson in his private practice. This was short lived because when Al Moore, the chairman of the new orthodontic program at the University of Washington, began looking for a "right hand man" he turned to his mentor and close friend, Jack Thompson, for advice. The answer was obvious except for one small detail. Dick had intentions of eventually practicing in California having already acquired his California Boards. But Dick said he would give it one year. Al, desperately in need of help, accepted this condition. Fortunately for everyone involved, Dick never made it to California. He remained with the UW Orthodontic Department for 45 years and was to contribute immensely to orthodontic education and research and would leave behind a very rich legacy.

Dick rose through the academic ranks to Professor over a short period of time eventually becoming Chairman of the Department from 1966-75. He served as Associate Dean for several years and became Acting dean of the School of Dentistry in 1980-81. Upon retirement he was appointed Professor Emeritus of Orthodontics and continued to actively participate in the Department's teaching and research program until shortly before he died.

Dick was a member and leader of numerous professional societies that included the NW Component of the Angle Orthodontic Society and the American Board of Orthodontics. As president of the ABO he was responsible for instituting major changes to Board operations. He also received many national awards during his career culminating in the highest award given by the AAO, the Albert Ketcham Award in 1983. Dick lectured all over the world, but his most enjoyable experience may have been the 3 months he spent lecturing in Japan. He also spent 6 months in Brazil on the S.S. Hope volunteering dental care to area residents. He authored many scientific articles in the orthodontic literature and edited and contributed chapters to several orthodontic textbooks.

Anyone who knew Dick Riedel would have to agree that he was a special individual, a unique character that was admired and beloved by all his students. But what was it about Dick that distinguished him from the rest? Was it his humble, gentle nature? Was it his kind face with an easy half smile? Was it his generosity? Was it

his ability to patiently listen to other people's problems and then give sage, non-judgmental advice all with an economy of words so as to avoid dominating the conversation? Was it his distinctive, easy to listen to voice that also commanded attention and respect? Was it his dedication and commitment to his profession and his ability to pass that on to his students? Or was it his high level of personal values, integrity and honesty. I think it was all of these perhaps in combination with an extra heavy dose of passion for life and everything he did.

I feel very fortunate to have been able to witness all of these traits first hand. Our families spent a lot of time together when I was growing up. Later he was my instructor in school and finally I joined him in practice during the first 5 years of my career. On occasion I would observe Dick in the office, but only with his wife, Marie's consent. She was the receptionist, there was no assistant, so Dick would do almost everything for himself. I would marvel at how meticulous he was and how efficiently he worked. He would take impressions, pour them up and then trim and stone the models in just a few minutes time and the results would be superb. I had to be careful not to interfere with the flow of patients because they were scheduled every 15 minutes. Dick was still banding every tooth, molar tubes were individually welded, and he didn't use pre-adjusted brackets so bends were placed in the arch wire for nearly every tooth. He would remove the arch wires, make a few quick bends, tie them back in and send them on their way. It was a treat to watch because Dick was a master clinician. Apparently, as the story goes, Dick had thoroughly impressed the ABO examiners with the cases he presented for certification. In fact they were so impressive that Dick made acrylic replicas of the plaster models from each of his 15 board cases to show as examples to his patients.

I will always remember one afternoon that I arrived at the office and found Dick doing a composite tracing on a recently completed patient to determine the effects of his treatment. I was surprised because I thought that with all his experience the answer would be obvious and the tracing exercise unnecessary. But I was wrong and it proved that Dick was the consummate professional, that he practiced what he preached, that he had an inquisitive mind and he didn't take anything for granted. It was a good example of the passion he possessed and a good example for me. And ever since then I made a point to review every one of my finished cases.

After my father died I was looking through his files and came across a manila folder that he had acquired from Dick. It was an eclectic collection of items that I would have to assume was most important to Dick. There were some photos of the old clinic and of some of the earlier graduation classes. There were a number of profound quotations, some typed, most hand written, a long list of books titles, perhaps a reading list, covering a wide variety of topics, an article from *Psychology Today* about "Commitment in America" and two notepads with his handwritten notes. One notepad tells an interesting and humorous anecdote involving his chance encounter with Hayes Nance. You can almost hear Dick's voice telling the story. The moral of the story, which didn't surprise me, was that you could not permanently increase arch length. The other notepad had some of his thoughts written in 1993,

the year before he died. It is included because I believe it is a classic example of Dick's critical thinking process, his focus and his passion.

There have been many tributes paid to Dick, but I think the following says it best. "Dr. Riedel was the consummate orthodontic clinician whose practical, straightforward approach to patient care served as a paradigm for his many admiring students. He was critical of dogma, suspicious of teaching based on anecdotal information, and tirelessly supportive of the scientific method in documenting orthodontic treatment results. His particular interest in long-term treatment outcomes led to the accumulation of extensive archives of patient records. The study of these records has had a major impact on orthodontic theory and practice. These archives continue to grow and to provide fuel for student and faculty research projects at the University of Washington. Dr. Riedel's ability to effectively combine clinical practice with a productive academic career has served as a model for generations of his students. His extraordinary skills as a teacher, critical thinker, researcher and clinician were surpassed only by his high level of personal values, integrity and honesty.

Colt - 45

A **C**ollection of **O**rdodontic **L**iberal **T**houghts reflecting on the past **45** years of function of the Orthodontic Department at the University of Washington School of Dentistry (1948-1993)

1. The present Orthodontic faculty constitute a "dream team" of five of the most outstanding, most highly regarded, most sought after lecturers, not only in the U.S., but in the world at large. I believe that we presently have the most prestigious group of 5 ever assembled plus an "in depth bench".
2. This group may have reached its zenith and may be moving from an orthodontic perigee to apogee. You may be on the top of a Bell curve with a marvelous blend of still young vigor and adult wisdom. Unfortunately I can't see the bright stars lighting up the horizon so let's do something with the dream team now, something more powerful than lectures, seminars, table clinics, principal speakers at various places.
3. a) In 1948 the first 4 graduate orthodontic students were accepted with Al Moore as chairman and Bishop, Fraser, Lewis and McGovern as clinical staff. Al is still mentally alert and able to assist particularly in detailing historical perspectives.
b) Drs. Fraser and Lewis are still with us as well.
4. a) You have all spoken on numerous occasions (and more to come soon) on many diverse subjects. It would be a shame not to collate and record your thoughts, not to share your unwritten wisdom and knowledge with all of the orthodontic world.
b) Yes, you have had papers and chapters written and published, but you have so much more in reserve, revisions which should be made, creative thoughts to puzzle over.

Therefore

Can we construct a monograph of your orthodontic liberal thoughts? Let any and each of you

write a position paper(s) on any subject of your choice. Where two or more have opinions, (whether in agreement or opposition) let them be coordinated and recorded.... collaboration and debate.

Let references be minimal, but perhaps based chiefly on previous UW research.

Suggested areas are potentially infinite, but for starters how about present views of:

1. Headgear therapy-
when; how; with what expectations?
effects on teeth; skeletal effects;
variations in direction, force, duration, combinations with other appliances- chin
cup effects
Inferences from animal studies, implant studies
2. Maxillary expansion- type, stability
3. Various extraction therapies-
a) first premolar, 2)second premolar, c) one mandibular incisor,
d) two mandibular incisor, e) second molar, f) third molar, etc
4. T.M.J. Therapies
5. Analysis of airway and related problems
6. Surgical orthodontic approaches, results, stability
7. Use of implant techniques
8. Periodontal conditions and the potential for future therapies

The future of orthodontics in general

- a) Clinical- computerized analysis, treatment planning and prognosis
- b) Research- subject areas, paths of approach

The potential is infinite. Perhaps the future holds the opportunity for revision, addition and deletion in another 4 or 5 years. I think it is time to take a position.

My starting five are - Artun

Joondeph

Kokich

Little

Shapiro

The bench holds powerful and interchangeable players –

Herring

Moffett

Turpin

Ramsay

Wallen

And anyone else who is interested in firing the **COLT 45**.

