

→ BS (DT) FINAL EXAM:-

Names:-

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Paper:-

Orthodontics:-

Submitted to:-

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Both Semesters:-

Procedure:

MANDIBL & Maxilla

Uses of acrylic in activator.

In the Intra occlusal area the upper and lower bite block of the divided activator show a separation of almost one millimeter.

In the upper jaw the screw is entered and fixed with wax so that the retention of the screw sticks out into the lower jaw. Therefore the anterior region two notches have to be ground into the lower base palat - the fixator should be able to open and closed without interference. The area of retention in lower jaw is blocked out with wax.

## Acrylics:-

Activator appliances initially started out as one block of acrylic which fit in both Maxillary and mandibular arch. The lower arch would see the horse shoe shaped Lingual plate acrylic extending from distal of the last erupted molar in the upper arch. Initially the anterior portion is covered from Canine to Canine but that was later modified.

As seen with appliances such as Bionator Appliances which placed its emphasis on the tongue function

## Q2 Class II Malocclusion

A deep bite also known as Type II Malocclusion is a condition in which the upper teeth overlap the lower teeth which can result in hard and soft tissue trauma in addition to an effect on appearance. It has been found to occur in 15-20% of the US population.

The Mesio Buccal Cusp of the lower first permanent molar occludes distal to the Class I position.

## CLASS II DIVISION 1

Class II Division 1 is when the maxillary anterior teeth are proclined and large overjet is present. ~~Class II Division 2~~.

Condition when Class II molar Relationship is present with proclined upper central incisors there is an increase in overjet.

## Class II Division 2:-

Class II Division  
is where the maxillary anterior teeth are retroclined and a deep overbite exist Class II Malocclusion.

Condition when Class II molar relationship is present with retroclined upper Central incisor upper lateral incisor may proclined or normally inclined.  
• overjet is usually minimal or may be increased.

### Q3 Management of Anterior Cross Bite

- The <sup>mixed</sup> period of dentition offers the greatest opportunity for occlusal guidance and interception of malocclusion.
- If delayed to later stage of maturity, treatment may become more complicated.



## MANAGEMENT:-

### 1. Skeletal:-

Choice of treatment depends upon the cause:

Skeletal can be controlled

during growth by growth modification appliances such as protraction facemask. Protraction appliances facemask therapy has been advocated in the treatment of Class III patient with maxillary deficiency.

if skeletal factors were not managed during the growth period - an orthognathic surgery will need to be the alternative treatment modality

## 2) DENTAL & FUNCTIONAL

o Dental and Habitual acts.

Bonded resin - Composite Slopes.

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## DENTAL & F:

• Removable acrylic appliances with posterior bite opening platforms and anterior finger springs for labial tipping of maxillary teeth.

• Tongue Blade / Depressor

The Tongue blade can also be an effective method of treatment during the early phase of eruption, however it requires total cooperation from the patients.

• Lower acrylic inclined-bite-plane  
is another effective treatment  
method, however it requires is  
a laboratory phase, which  
increased the price of treatment  
and the cement used with this  
type of appliances may  
cause gingivitis.

- Conventional method orthodontic
- Screw Appliances
- Removal of occlusal discrepancy
- Extraction of supernumerary  
teeth.

## Q4 Modification of oral screenings-

Abnormal mass of tissue the growth of which exceeds and growth persist in same uncoordinated with neighbouring tissue and growth tissue and growth persist in same excessive manner even after the cessation of the stimuli which evoked the change.

Cancer occurring in any part of oral cavity is termed as oral cancer.

① The oral screening can be fabricated by a metal strip projection b/w the upper and lower lips. This strip can be use to carry out various muscles exercise.

② In patient who has tongue thrust habit an additional screen is placed to the lingual aspect of teeth.

③ In case of mouth breather the vestibular screen should be fabricated with a number of hole that are gradually closed in phased

## Qs finger Spring

finger Spring  
are often used in removable  
orthodontics appliances to tip  
teeth in a mesiodistal direction.  
The purpose of this report is the  
magnitude of R-Force for finger  
Spring made from different type of wires.

Z Spring also called Cantilever Spring.

Z Spring: The Z Spring is also called double Cantilever Spring. It is made up of 0.5mm wire. The Spring consist of two coil of very small internal diameter. It should be placed perpendicular to palatal surface of tooth. The Spring can be made for movement of single incisor or two incisor. It is activated by opening helices by about 2-3 mm at time.