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(1)

Q No: (1)

Ans: →

Procedure of mandible & maxilla  
of acrylic activator:

→ Activator appliance initially started out as one block of acrylic which fit in these both maxillary & mandibular arch.

→ the lower arch would see the horse shaped lingual plate acrylic extending from distal of the last erupted molars.

→ In the upper arch initially the anterior portion is covered from Canine to Canine, but that was later modified as seen with appliance such as bionator which placed it emphasis on the tongue function.

→ A labial bow fits anterior to the maxillary incisors & carries U-loops for adjustment.



(2)

Q No 2

Ans

### Management of Anterior Cross bite.

- The period of fixed dentition ~~offer~~ offers the greatest opportunity for occlusal guidance & interception of malocclusion
- if delayed to a latter stage mandibular treatment may come more complicated.

### Management:-

- Management of dental cross bite.
- management of skeletal cross bite
- management of Dental cross bite in primary dentition
- Early mixed dentition
- late mixed dentition
- permanent dentition.

### Skeletal cross bite management

- In pre adolescent children
- primary & early mixed dentition

→ 2 palate expansion in late mixed dentition



③

→ Adult.

→ Surgical Correction.

Management in the primary dentition.

→ Anterior Cross bite.

Removing the interference by occlusal grinding or extracting the primary incisor.

→ posterior Cross bite.

if the inter molar width is satisfactory, grinding primary Canines to contact if both molar & canine with are narrow, expansion of the upper arch is indicated.



(4)

Q No (3)

Ans

### Division of Class I & Class II malocclusion.

The class II division in malocclusion is characterized by proclined upper incisor with a mesotend increase in overjet.

⇒ A deep incisor overbite can occur in the anterior region. A characteristic feature of this malocclusion is the presence of abnormal muscle activity.

⇒ The upper lip is usually hypotonic, short & fails to form a lip seal.

⇒ The lower lip cushions the palatal aspect of the upper teeth a feature typical of a class II division I referred to as lip trap.

⇒ The tongue occupies a lower posture thereby failing to counteract the buccinator activity.



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## Class II division 2 :->

Class II division 1 malocclusion  
the division 2 also exhibit  
a class II molar relation  
ship.

-> the class II feature feature  
of this malocclusion is  
the presence of lingually  
inclined upper central incisor  
& labially tipped upper  
lateral incisor overlapping the  
central incisor.

-> variation of this form is  
lingually inclined central  
& lateral incisor with the  
canines labially tipped.

-> the patient exhibit a  
deep anterior over bite

-> the lingually inclined  
upper central give  
the arch a squarish  
appearance unlike the  
narrow V-shaped arch  
seen in division 1

-> the mandibular labial gingival  
tissue is often traumatized by the  
excessively tipped upper central incisors



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Q No (4)

Ans: =

### modification of oral screening

oral screening ~~is a~~ ~~maxifunctional~~ maxifunctional appliance introduced by Newell in 1912. It is a thin acrylic base material which is fit in to the buccal or labial vestibule of the mouth which acts as a screen b/w the teeth & surrounding musculature. It is also known as vestibular screen.

### modification:

The oral screening can be fabricated by a metal ring projecting b/w the upper & the lower lip. This ring can be used to carry out various muscle exercises.

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

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In case of mouth breather the  
vestibular screen should be fabricated  
with a number of holes that  
are gradually closed in a  
~~phased~~ phased manner.



Q NO 5

8

Ans

Finger Spring:-

Parallel finger spring are often used in removable orthodontic appliances to tip teeth in a mesiodistal direction. The purpose of this report is to establish the magnitude of forces for finger spring made from different types of wire i.e. those from different manufacturers & to diff diameters & length. Finger spring are also called single Controversial spring as one end is fixed in acrylic.

Activation of Parallel finger Spring

Activation is achieved by the pulley spring away from the base plate at an angle of approximately  $45^\circ$  which will tend to displace the appliance away from the palate. Good activation retention is there for important.



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\* Why Z Spring is called double Cantilever spring?

\* Z Spring:-

The 'Z' Spring are also called double Cantilever spring. It is made up of 0.5mm wide the spring consist of two coil of very small internal diameter, it should be placed perpendicular to parallel surface of the tooth.

the end.