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Program Bs DT

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1)
Q: Describe the Procedure for mandibular and maxilla uses of acrylic in activator?

Ans: Acrylic:

Activator appliance initially started out as one block acrylic which fit in both maxillary an mandibular arch.

The lower arch would see the horseshoe shaped lingual plate acrylic extending form distal of the last erupted molar.

In the upper arch, initially the anterior portion is covered form canine to canine, but was later modified, as seen with appliances such as Bionator Appliance which placed its emphasis on the tongue function

2)
Q: illustrate the management of anterior cross bite?

Ans: ANTERIOR CROSS BITE:

Anterior Cross bite is a type of malocclusion or misligment of teeth which upper teeth fit inside the lower teeth.

→ An abnormal Lib labiolingual relationship b/w one or more maxillary and mandible inscor teeth. The cause of the anterior cross bite

including a lingual eruption path of maxillary anterior incisor trauma to primary incisors resulting in a lingual displacement of the permenant tooth germs.

→ Managment :-*

The methods to treat the anterior cross bite will depends on the aetiology of cross bite. Their eruption stages of teeth, patients age depended, space problems

and also depended on the treatiment affordability. on the other side the patients, requirment coperation and laboratity prosedures is incomportblem are cosidered its disadvantage.

In Angle class I type 3 patient There is habitual established cross bite of anterior teeth resulting in function formed of mandible. when mouth is closed when mandible

anteriorly their condyle position will not remain in the centric position of their sleroid fossa.

→ Treatment Methods:

To correct the Anterior Cross bite by various treatment Methods.

Such as tongue blades reversed b stainless steel crown. fixed acrylic planes bounded resion composite and removable acrylic appliance with finger spring Bite plane very uncomfortable to patients.

Q: 3 Summarize the division 1 and division 2 of the class II malocchusion?

Ans: Class II Malocchusion:
Division 1:

Low to moderate quality evidence suggests that providing early orthodontic treatment for children with prominent upper front teeth (class II division)

is more effective for reducing the incidence of incisal trauma than providing one course of orthodontic treatment in adolescence. There do not appear to be any other advantages of providing early treatment when compared to late treatment.

Low-quality evidence suggests that, compared to no treatment, late treatment in adolescence is effective for reducing the prominences of upper front teeth.

→ Division: 2

Treatment can be undertaken using orthodontic treatment using dental braces.

While treatment is carried out. There is no evidence from clinical trials to recommend or discourage any type of orthodontic treatment in children. A 2018 Cochrane systematic review

anticipated that the evidence base supporting treatment approaches is not likely to improve occlusion due to the low prevalence of the condition and the ethical difficulties in recruiting people to participate in recruiting people to participate in a randomized controlled trials for treating this condition.

4) Q. Demonstrate the recent trend modification of oral screening?

Ans: ⇒ Modification:

01 The oral screening can be fabricated by a metal ring projecting between the upper and the lower lip.

This ring can be use to carry out various musles exercises.

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

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

5) Q:- What is finger spring? why 2 spring is called double cantilever spring?

Ans:- * Palatal finger springs are often used in removable orthodontic appliance to tip teeth in a mesiodistal direction. The purpose of this report is establish the magnitude of force for finger springs made form different types of wires (i.e) those form different manufactures of different diameters and lengths.)

* 2 spring The '2' spring is also called double cantilever spring. It is made of 0.5mm wire.

The spring consist of two coil of very small

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internal diameter. It should be placed perpendicular to palatal surface of tooth.