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Q No 1,

* what ~~Purpose~~ articulator
is used and why? *

Activator appliance initially started out as one block of acrylic which fit in both maxillary and mandibular arch. The lower arch would see the horseshoe 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.

Con -

As seen with appliances such as bionator appliance which placed its emphasis on the tongue function.

wire:

The wire components of activator included a labial bow which was usually placed 1mm away from the front incisors and extended from canine to canine.

The bow would be 0.9-0.8mm thick additional wire element were later added to stabilize the appliance.

The construction bite of activator can consist of two types.
Horizontal (H) Activator and
Vertical (V) Activator.

Q No (2)

Illustrate the management of anterior cross bite.

Management :

The period of mixed dentition offers the greatest opportunity for occlusal guidance and interception of malocclusion

if delayed to a later stage of maturity treatment may become more complicated.

Skeletal :

Can be controlled during growth by growth modification appliances. Such as Protraction facemask.

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

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 patient which in most cases is difficult to obtain.

Q No 3,

Summarize the division 1 and division 2 of the class II malocclusion?

Ans. Class II Division 1:

As when the maxillary anterior teeth are proclined and a large overjet is present. Class II division 2 is where the maxillary anterior teeth are retroclined and a deep overbite exists class II malocclusion.

② Class II division 2:

Angle's class II division 2 malocclusion has a pronounced horizontal growth pattern with decreased lower anterior facial height, retroclined upper anteriors and significantly increased maxillary arch width parameters.

Q No (4)

Demonstrate the recent trend modification of oral Screening?

oral Screen is

oral Screen is a major functional appliance introduced by Newell in 1912. It is a thin sheet of acrylic base material which is fit in to the buccal of labial vestibule of the mouth which acts as a screen between the teeth and the surrounding musculature. It is also known as vestibular Screen.

Modification:

- 1) The oral Screening can be fabricated by a metal ring projecting between the upper and lower lip. This ring can be use to carry out various muscles exercises.

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② In Patient who has tongue thrust habit an additional Screen is placed 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 manner.

Q No (2), (5)

What is finger Spring? why Z Spring is called double Cantilever Spring?

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

(2) Z Spring the Z Spring is also called double Cantilever Spring. It made up of a single wire the Spring consist of two perpendicular to Palatal surface of tooth.