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Q = (1) :

Ans: Activator Definition:

- Activator is a loose fitting appliance which was designed by Andrews and Haupl to correct retrognathic mandible.
- The appliance opens the bite and the mandible is advanced for class II.

Acrylic Portion

- This can be fabricated in cold cure acrylic directly on the models or a wax matrix can be made first and then invested in the flask.

→ The acrylic base as the same as in Type II-1 From. The mesial part of the canine to the distal end of the molars both acrylic parts of the upper and lower jaw are connected.

→ Activator appliances as initially started out as one block of acrylic which fits in both.

→ maxillary and mandibular arch. The lower arch would see to the horseshoe shaped lingual.

→ The anterior portion is covered with canine to canine but that was later modified.

→ The acrylic plate is extending from the last erupted molar. In the upper arch initially.

- A Labial bow fits anterior to the maxillary incisors and carries "U shaped" for adjustment.
- The acrylic body of the anclsesen activator covers to the part of the palate and the lingual aspect of the palate mandibular alveolar ridge.
- On the palatal aspects of the maxillary incisors, the acrylic is believed to allow their retraction.
- These appliance position the mandible forward, promoting a new mandibular postural position.
- These appliance such as Bionator's Appliance which placed its emphasis on the Tongue Functions.

Q-2:

Ans: Definition of Cross bite:

→ cross bite is a condition that describe a malposed labiolingual relationship b/w one or more maxillary and mandibular teeth.

Anterior Cross bite:

Defn:

→ Anterior cross bite is defined as a malocclusion resulting from the lingual positioning of the maxillary anterior teeth in relationship to the mandibular anterior teeth.

→ A crossbite that affects the front teeth is known as an anterior cross bite or perhaps more commonly as an Under bite.

The condition is also referred to as "Underbite" or "Reverse overjet".

→ Management of Anterior Cross bites.

→ 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.

•• Management:

(1) ~~Choice~~ choice of treatment depends upon the cause.

(1) Skeletal: which can be controlled during growth by growth modification appliances such as protractors Face mask.

→ Protraction Face mask has been in a treatment of class III patient with maxillary deficiency.

(2) Dental and Functional Management

Reversed stainless steel crown

The chief disadvantages of this method is the difficulty is adapting a a preformed crown to can be fit the tooth in cross bite.

The reversed stainless steel crown is an unaesthetic treatment that is often rejected by a children and their relatives.

Lower acrylic Inclined-bite-plane

This is another affective treatment Method. They require a laboratory phase, which increase the price of treatment. and The cement used with this Types of appliances may cause gingivitis.

Removable acrylic appliances

The posterior bite opening platform 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 patient which in most cases is difficult to obtain.

Screw appliances

Removal of occlusal discrepancy

Extraction of supernumerary teeth

8-(3):

Ans: Division 1 of class II malocclusion

•• Class II Division 1:

→ Condition when class II molar relationship is present with proclined upper central incisors.

→ There is an increase in overjet.

•• Features:

• Proclined upper incisors.

• increased overjet.

• Class II canine and molar relationship

• Convex Facial Profile

• Acute Nasolabial angles

• Protrudent upper lip.

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Treatment objectives:

- Achieve ideal overjet and overbite.
- improve Nasolabial angles.
- Retract upper incisors and correct their inclination.
- Achieve class I incisors and canine relationship.
- improve upper lip procumbency.
- If space present close them.
- Use class II esthetic as required.
- correct deepbite early in treatment.

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Class II Division "2"

- Condition when class II molar relationship is present with retroclined upper central incisors, upper lateral incisors, may be proclined or normally inclined.
- overjet is usually minimal or may be decreased.

~~Q. 17~~

Q-4: 1

Ans: Modification of Oral Screening:

Oral Screening:

Oral screening is a myofunctional appliances introduced by Newell in 1912. It is a thin sheet of acrylic base material which is fit into the buccal or labial vestibule of the mouth which acts as a screen b/w the teeth and the surrounding musculature. It is also known as vestibular screen.

~~Modifi~~

Modification of Oral Screening:

1 The Oral screen

Modification of Oral Screening.

(1): The oral screening can be fabricated by a metal ring projecting b/w the upper and lower lip. This ring can be use to carry out various muscle exercise.

(2) In patient who has Tongue Thrust habits and additional screen is placed on the Lingual aspect of teeth.

The additional is attached to the vestibular screen by means of a thick wire that runs through the bite in the lateral incisor region.

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

Q₃ = (5):

Ans: Finger Spring

Defⁿ: Finger spring are also called single cantilever spring is one end is fixed and the other end is free.

→ It is constructed using 0.6 mm wire. It consist of distal active arm of "12-15" mm length. A Helix of "3mm" internal diameter and retentive arm of "4-5 mm" length.

→ It is used for mesiodistal tooth movement when teeth are located correctly in buccolingual direction. It is activated by moving active arm forward the teeth intended to be moved.

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What is Finger Spring?

Ans: Palatal Finger Spring are often used in a removable orthodontic appliances. The purpose of this report is to establish the magnitude of forces for finger spring made from different types of wires, i.e. - (those from different manufacturers and of different diameters and lengths).

"Z Springs"

The Z spring is also called double cantilever spring. It is made of 0.5 mm wire. The spring consist of two coil of very small internal diameter. It should be placed perpendicular to palatal surface of teeth. The spring can be made for movement of single incisor or two incisor.

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→ It is activated by opening helices by about 2-3 mm at a time.

What is Finger spring?

Why Z spring is called double cantilever spring?

→ Z spring The Z spring is also also called double cantilever spring. It is made up of 0.5 mm wire. The spring consist of two coil of very small internal diameter. It should be placed perpendicular to palatal surface of tooth.

THE END
THANK YOU