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Q(3) ⇒ Division '1' of class II malocclusion :-

The class II division 1 malocclusion is characterized by proclined upper incisors with a resultant 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 and 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 '1' referred to as "lip trap". The tongue occupies a lower posture

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thereby failing to counteract the buccinator activity. The unrestrained buccinator activity results in narrowing of the upper arch at the premolar and canine regions thereby producing a V-shaped upper arch.

Another muscle aberration is a hyperactive mentalis activity. The muscle imbalance is produced by a hyperactive buccinator and mentalis and an altered tongue position that accentuates the narrowing of the upper dental arch.

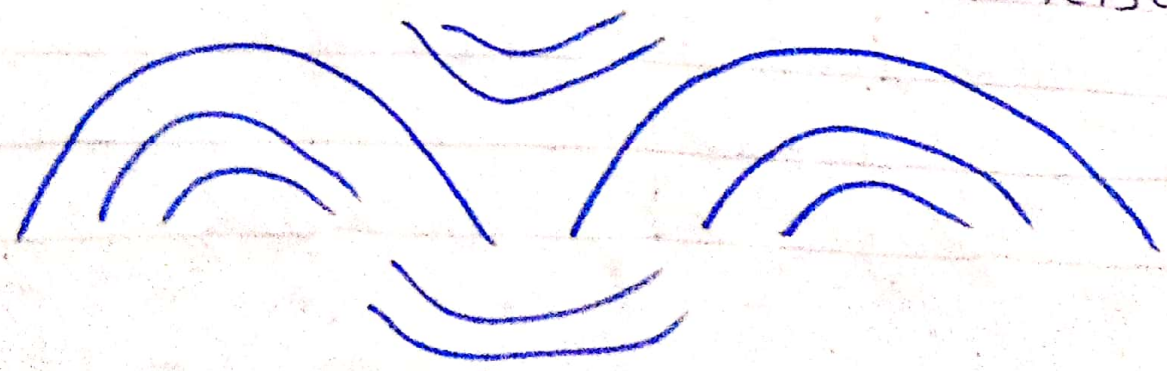
⇒ Class division 2:-

In the ~~cats~~ class II, division '1' malocclusion, the division 2 also exhibits a class II molar relationship. The classic feature of

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lingually inclined upper central incisors and labially tipped upper central incisors and labially tipped upper lateral incisors overlapping the central incisors. Variations of this form are lingually inclined in central and lateral incisors with the canines labially tipped. The patient exhibits a deep anterior overbite.

The lingually inclined upper centrals give the arch a squarish appearance, unlike the narrow V-shaped arch seen in deviation 1. The mandibular labial gingival tissue is often traumatized by the excessively tipped upper central incisors.



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Q(S) ⇒ Finger Spring:-

⇒ Finger springs 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 springs made from different types of wires. i.e. Those from different manufacturers are of different diameters and lengths.

⇒ It is also called single cantilever spring as one end is fixed in acrylic and the other end is free. It is constructed using 0.6 mm wire. It consists of active arm of 12-15 mm length. It is used for

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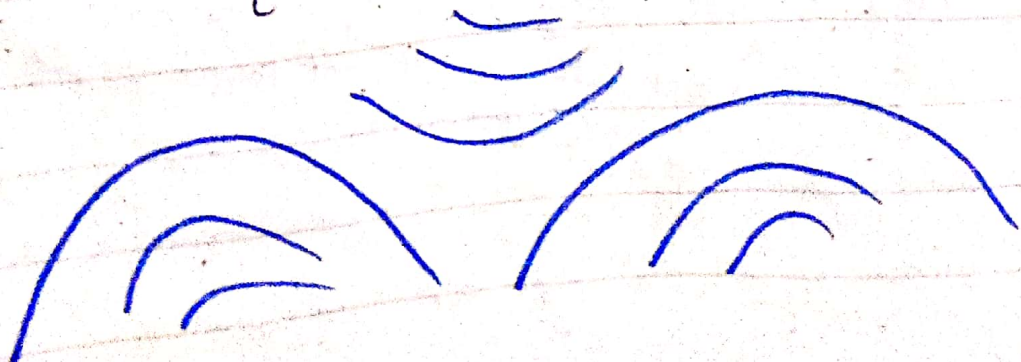
mesiodistal tooth movement when teeth are located correctly in buccolingual direction. It is activated by moving active arm toward the teeth intended to be moved.

⇒ Why Z spring is called double cantilever spring?

Z spring is also called double cantilever spring. It is made up of 0.5mm wire.

⇒ The spring consists of two coils of ~~wire~~ very small internal diameter.

⇒ It should be placed perpendicular to palatal surface of tooth.



Q(2)

Management of anterior cross bite:

⇒ 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.

(1) ⇒ skeletal:-

⇒ ~~The~~ The skeletal can be controlled during growth by growth modification appliances such as protraction facemasks.

⇒ protraction facemasks therapy has been advocated in the treatment of class III patients with maxillary deficiency.

⇒ If skeletal factors were not managed during the

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growth period, an orthognathic surgery will need to be the alternative treatment modality.

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⇒ Dental and functional :-

⇒ Removable acrylic appliances :-

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

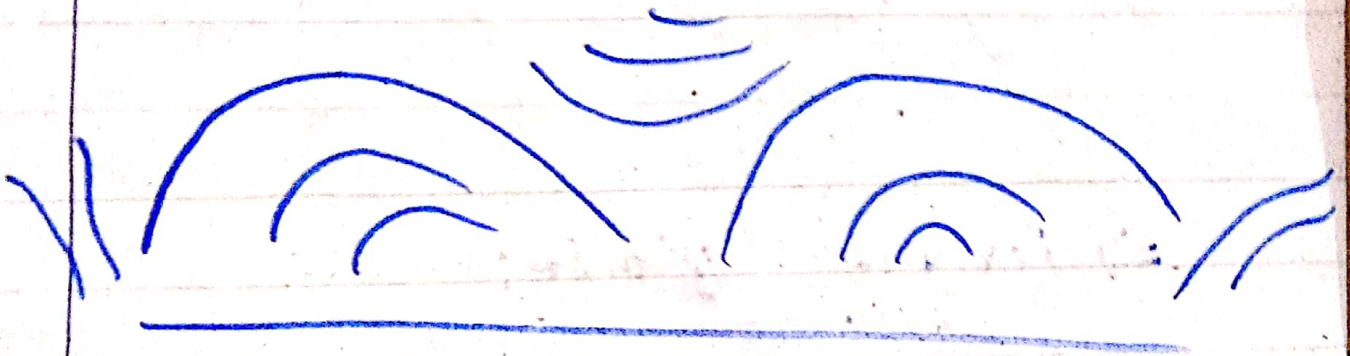
⇒ Tongue blade :

The tongue blade can also be an effective method of treatment during the early phase of eruption. It requires total cooperation from the patient which in most cases is difficult to obtain.

⇒ Lower acrylic inclined-bite plane :

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⇒ Lower acrylic inclined-bite-plane is another effective treatment method. It required a laboratory phase which increases the price of treatment and the cement used with this type of appliance may cause gingivitis.



Q(1) ⇒ Procedure for mandibular and maxilla with acrylic activator :-

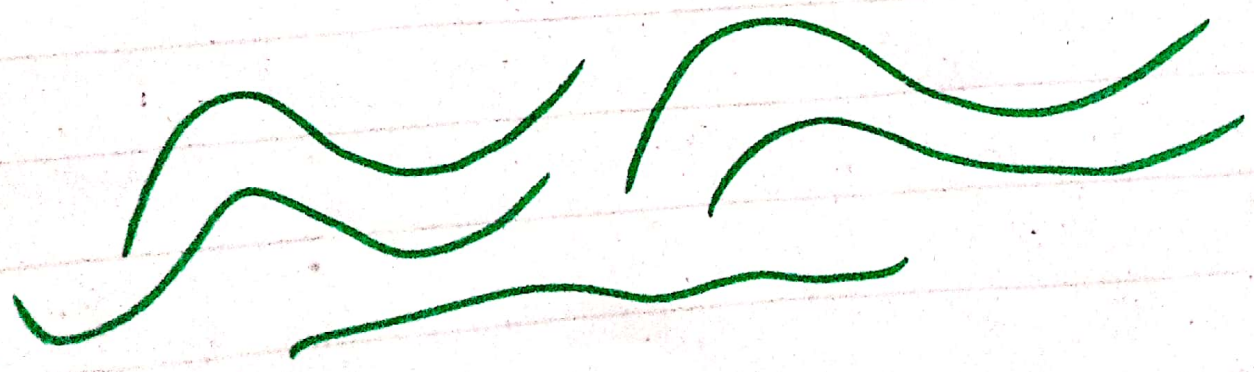
⇒ Activator appliance initially started out as one block of acrylic which fit in both maxillary and mandibular arch.

⇒ The lower arch would

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



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Q(4) ⇒ Modification of oral

Screen:-

⇒ The oral screen can be fabricated with metal ring projecting between the upper and lower lip.

⇒ This ring can be used to carry out various muscle exercise.

⇒ In the patient who have tongue, ~~thro~~ thrust bite and additional screen is attached to the vestibular screen should be by meant of a thick wire that runs through bite in the lateral incisor region.

⇒ In case of mouth breather the vestibular screen should

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be fabricated with a number of holes that are gradually closed in a phased manner.

⇒ Correction of mouth breathing

⇒ Correction of thumb sucking
tongue thrusting, lip biting
cheek biting.

⇒ mild protrusion of upper anterior with spacing and 1mm incomplete bite.

⇒ Disto-occlusion with pre-maxillary protrusion and open bite in deciduous and mixed dentition.

⇒ In the presence of flaccid hypotonic over-facial musculature as

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muscle exercise.

⇒ To correct mild anterior proclination.

