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Paper = orthodontic.

Q1 = Describe the procedure for mandibular and maxilla uses of acrylic in activator?

Procedure for mandibular and maxilla uses of acrylic in activator:-

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 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 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 elements were later added to stabilize the appliance. The construction bite of activator can consist of two types. Horizontal (H) Activator and vertical (V) activator.

2 = Illustrate the management of anterior cross bite?

Definition: Anterior crossbite is defined as a malocclusion resulting from the lingual positioning of the maxillary anterior teeth in relationship to the mandibular anterior teeth.

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.

Management

1 - Skeletal: can be controlled during growth by growth modification appliances.

such as protraction facemasks.

Protraction facemask therapy has been advocated in the treatment of class III patients with maxillary deficiency.

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

Management:

2. Dental and Functional:-

- Removable ~~fixed~~ acrylic appliances:-
with posterior bite opening platforms
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.

- Lower acrylic inclined-bite-plane:-

is another effective treatment method. however, it requires a laboratory phase - which increases the price of treatment, and the cement used with this type of appliance may cause gingivitis.

- Conventional orthodontics.

- screw appliances

- Removal of occlusal discrepancies

- Extraction of supernumerary teeth.

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Q3: Summarize the division 1 and 2 of the Class II malocclusion.

Malocclusion:

A condition in which there is a deflection from the normal relation of the teeth to other teeth in the same arch and/or to teeth in the opposing arch.

Class II Malocclusion:-

The mesiobuccal cusp of the lower first permanent molar occludes distal to the class I position.

Class II Division 1

Condition when class II molar relationship is present with

proclined upper central incisors

• There is an increase in overjet.

Class II Division 2

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Condition when class II molar relationship is present with retroclined upper central incisors, upper lateral incisor may be proclined or normally inclined.

-overjet is usually minimal or may be increased.

CLASS II - SUB-DIVISION:-

Condition when the class II molar relationship exists on only one side with normal molar relationship on the other side.

Q4: Demonstrate the recent trend modification of oral screening?

Modification:-

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 muscles exercise.

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

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

Q5 = what is finger spring? why Z spring is called double cantilever spring?

Finger Spring:-
Palatal 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.

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for finger springs made from different types of wires (i.e. those from different manufactures and of different diameter and length.

Z - Spring :

Z spring called double cantilever spring. because it is made up of 0.5mm wire. The spring consist of two coil of very small internal diameter. It should be placed perpendicular to palatal surface of tooth. The spring can be made for movement of single incisor or two incisor. It is activated by opening helices by about 2.3 mm at a time.