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SUBJECT = ORTHODONTICS

PROGRAMME = BS DENTAL TECHNOLOGY (6TH SEMESTER)

QNO 4)

ANSWER:

ORAL SCREENING

Oral screen is mayofunctional appliance 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 act as a screen between the teeth and the surrounding musculature. It is also known as vestibular screen.

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 exercises.
- 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.

QNO 5)

ANSWER:

FINGER SPRING

Palatal finger spring are often used in removable orthodontics 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 manufactures and of different diameters and lengths)

WHY Z SPRING IS CALLED DOUBLE CONTILEVER SPRING

Z spring the z spring is also called double contilever spring. It is made up of 0.5mm wire. The spring consist of two perpendicular to palatal surface of tooth.

QNO 3)

ANSWER:

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

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 increased.

QNO 2)

ANSWER:

ANTERIOR CROSS BITE

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

This condition also reffered to as ``under- bite `` or ``reversed overjet``

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

Choice of treatment depend upon the cause:

1. 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 patient with maxillary deficiency.

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

2) DENTAL AND FUNCTIONAL

- Removable acrylic appliances with posterior bite opening platform and anterior finger spring 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 require total cooperation from the patient. Which in most cases in difficult to obtain.
- Lower acrylic inclined-bite-plane is another effective treatment method; however, it require a laboratory phase, which increase the price of treatment, and cement used with this type of appliance may cause gingivitis.

- Conventional orthodontics
- Screw appliances
- Removal of occlusal discrepancies
- Extraction of supernumerary teeth

QNO 1)

ANSWER:

ACRYLIC

Activator appliances 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,

Now a days acrylic are used for wire stability, retention and appliance stability.

