

Name : Sajjad Ahmad

ID 13638

Programme Bs (DI)

Submitted to: Miss Salma

Paper Orthodontics

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Q:3

Division 1 Of Class 2 Malocclusion:

The class II, division 1 is characterized by proclined upper incisor 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 from a lip seal. the lower

lip cushions the palatal aspect of the upper of the teeth. a feature typical of a class II division 1 referred to as 'lip trap'. the tongue

occupies the lower posture thereby failing to counteract the buccinator activity. the restrained

buccinator activity

activity result in narrowing of the upper arch at

the premolar and canine regions thereby producing

a V-shaped upper arch. Another muscle aberration is hyperactive mentalis activity. The muscle

imbalance is produced by a hyperactive mentalis activity, the muscle imbalance and an altered tongue

position that accentuates the narrowing of the upper dental arch.

→ Class II division 2:

As an class II, division 1 malocclusion, the division 2 also exhibit a

Class II molar relationship.

The ~~elastic~~ classic feature of

this malocclusion is the presence of lingual

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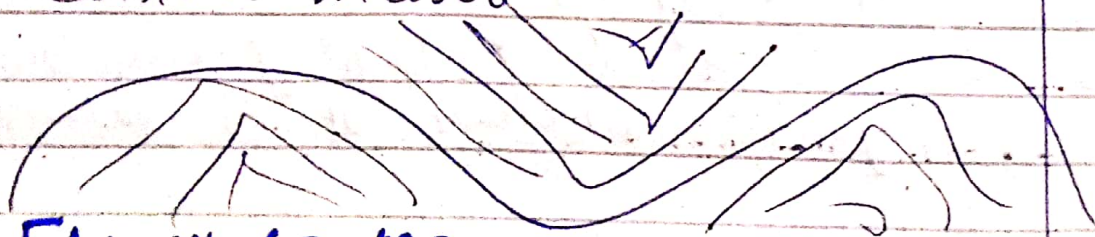
inclined upper central incisor and labially tipped upper

lateral incisor overlapping the central incisor.

The lingually inclined upper lateral central incisor gives

the arch a squarish appearance, unlike the narrow V-shaped arch seen in

division 1. The mandibular labial gingival tissue is often traumatized by the excessively tipped upper central incisor.



Q:5

Finger Spring.

Finger Spring are often used in removable orthodontic appliances to tip

teeth in a mesiodistal direction. The purpose of this report to establish

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The magnitude of forces for finger spring made from different types of diameters and lengths. Finger spring 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 consist of active arm of ~~10~~ 12-14 mm length. A helix

of 3 mm internal diameter and retentive arm 4-5 mm length. It is used for mesiodistal

tooth movement when teeth are located correctly in bucco lingual direction. It is activated

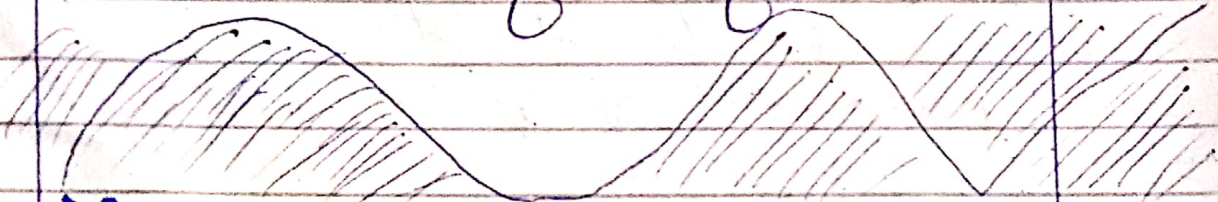
by moving active arm toward the teeth intended to be moved.

⇒ 'Z' Spring' Double Cantilever Spring :-

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Z spring is 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.



Q:2

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:

Dental and habitual acts:

- Bonded resin-composite slopes

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Choice of Treatment depends upon the cause:

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

→ Removable acrylic appliances with posterior bite opening platforms and anterior finger spring for labial tipping of maxillary teeth.

→ Tongue/Blade Depressor:

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the tongue blade can also be effective method of treatment during the early phase of eruption.

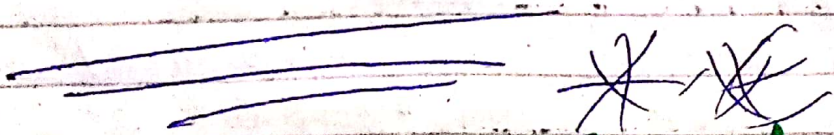
however it requires total cooperation from the patient which in most cases is difficult to obtain.

* Conventional orthodontics

* Screw appliance

* Removal of occlusal discrepancies

* Extraction of super
numbrary teeth.



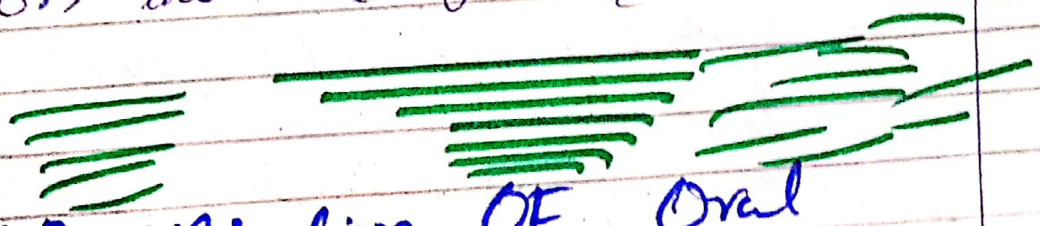
Q:1

Orthodontic procedure of Maxilla and mandible with acrylic activator.

→ Activator appliance initially started out as one block of acrylic which fit in

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both maxillary and mandibular arch. the lower arch would see the horseshoe shaped lingual palate appliance extending from distal of 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.



Q.4 Modification of Oral Screens.

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 thrust bite and

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

→ In case of mouth breather the vestibular screen should 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

(3) Mild protrusion of upper anterior with spacing and incomplete bite.

(4) disto-occlusion with premaxillary protrusion and open bite in deciduous and mixed dentition.

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(5) In the presence of fluid hypotonic orofacial musculature as muscle exercise.

(6) To correct mild anterior proclination.

