Learning Objectives

After completion of this exercise, the participant will be able to:
1. Describe an upper-molar distalizer that is anchored by palatal miniscrews.
2. Discuss the etiology and interdisciplinary treatment of severe gingival recession in orthodontic patients.
3. Compare various methods of correcting transposed impacted canines.
4. Contrast the action of a vestibular rapid palatal expander with that of conventional maxillary expansion devices.

Article 1

Suzuki, E.Y. and Suzuki, B.: The Indirect Palatal Miniscrew Anchorage and Distalization Appliance (pp. 80-96)
1. To ensure stability of this appliance, the authors advise placing the two palatal miniscrews about:
   a) 6mm apart
   b) 10mm apart
   c) 16mm apart
   d) 30mm apart
2. Advantages of the appliance’s self-locking system include:
   a) three-dimensional stabilization
   b) avoidance of soft-tissue impingement
   c) prevention of accidental dislodgement of the palatal bar
   d) all of the above
3. For simultaneous distalization of the first and second molars, the authors recommend using nickel titanium closed-coil springs with a force of:
   a) 35g
   b) 100g
   c) 200-300g
   d) 350-400g
4. After active distalization, the appliance can be left in place to provide:
   a) indirect anchorage for anterior retraction
   b) direct anchorage for unilateral molar distalization
   c) stability for contraction-loop mechanics
   d) flexibility for the addition of lever arms

Article 2

Midtbø, M.; Daehlin, M.S.; Hage, K.; Bunaes, D.F.; Berg, E.; and Leknes, K.N.: Interdisciplinary Treatment of Gingival Recession (pp. 97-102)
5. Predisposing primary factors involved in gingival recession include all of the following except:
   a) traumatic toothbrushing
   b) smoking
   c) plaque-induced periodontal inflammation
   d) generalized forms of destructive periodontal disease
6. The risk of dehiscence of alveolar bone in an orthodontic patient increases if:
   a) teeth are moved to positions outside the alveolar process
   b) oral hygiene is inadequate in the presence of fixed appliances
   c) a bonded retainer is improperly designed
   d) any of the above
7. In one study of orthodontic patients, 93% of those who developed gingival recession had:
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a) gingival thickness of less than .5mm
b) Class II malocclusion
c) severe labial root torque
d) plaque-induced periodontal inflammation
8. In a patient with labial gingival recession and irregular lower incisors, mucogingival surgery should be attempted only after:
   a) completion of growth
   b) orthodontic correction of the tooth positions
   c) removal of fixed appliances
   d) both a and b

Article 3

Wen, J. and Li, H.: Orthodontic Correction of Impacted and Transposed Upper Canines (pp. 103-109)
9. The most common type of dental transposition involves:
   a) first and second premolars
   b) central and lateral incisors
   c) a canine and a first premolar
   d) a canine and a lateral incisor
10. The etiology of transposed impacted canines may involve any of the following except:
    a) root resorption of the adjacent lateral incisor
    b) interchanged positions of the developing tooth buds
    c) retention of the deciduous canines
    d) mechanical interferences to permanent-canine eruption
11. Esthetically and functionally, the most desirable treatment option for dental transpositions is:
    a) extraction of one of the transposed teeth
    b) extraction of both transposed teeth
    c) orthodontic movement of the teeth to their normal positions
    d) alignment of the teeth in the transposed positions
12. Root interference during orthodontic movement of transposed teeth can lead to:
    a) root resorption
    b) thinning of the labial alveolus and mucosa
    c) clefting and recession of the gingiva
    d) any of the above

Article 4

Porseo, M.; Monaco, B.; Festa, F.; and Fiorillo, G.: A Vestibular Rapid Palatal Expander (pp. 110-117)
13. In the authors’ Changing-P appliance, the buccal arms are covered with acrylic bumpers to:
    a) maintain proper contact with the mucous membranes
    b) perform a significant pressure-relieving and muscle-shielding action
    c) make the appliance more flexible during activation
    d) all of the above
14. The Changing-P is activated more rapidly than a conventional rapid palatal expander because:
    a) its activation system is farther from the point of force application
    b) its expansion screw is more difficult to turn
    c) its orthopedic forces are widely distributed over the apical bases
    d) it is more comfortable for the patient
15. The Changing-P promotes transverse expansion more than conventional expanders because it:
    a) changes the balance in favor of centripetal forces
    b) changes the balance in favor of the perioral musculature
    c) allows the tongue to contact the hard palate
    d) does not allow the tongue to rise in the palatal direction
16. Overcorrection is unnecessary when using the Changing-P because the:
    a) expansion system is covered by the upper lip
    b) superior maxilla is expanded without tipping
    c) appliance has limited dental support
    d) major effects occur at the dentoalveolar level