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Two Rapid Methods of Reactivating Open-Coil Springs

Occasionally an open-coil spring is not long enough to open the entire space needed for alignment of a displaced tooth, such as a lingually locked premolar or a canine in buccovercion. In such a case, the base archwire and coil spring are usually removed so that a new, longer spring can be placed.

This time-consuming process can be avoided simply by placing several 1½-2mm lengths of closed-coil spring, of the same wire dimension and lumen as the open-coil spring, over the base archwire in the interbracket space adjacent to the tooth being moved (A). The open-coil spring is reactivated by removing a single ligature tie and then sliding a section of closed-coil spring across the bracket, thus recompressing the open coil (B). The procedure can be repeated as many times as necessary by sliding additional lengths of closed-coil spring across the bracket, until adequate space is obtained. There is no need to remove the archwire (C).

Another simple method of recompressing an open-coil spring whose activation has been fully expressed is to spread the coils apart by squeezing the tips of a lightwire plier between adjacent helices. If this is done several times along the coil, the result is an effective increase in the resting length of the spring.



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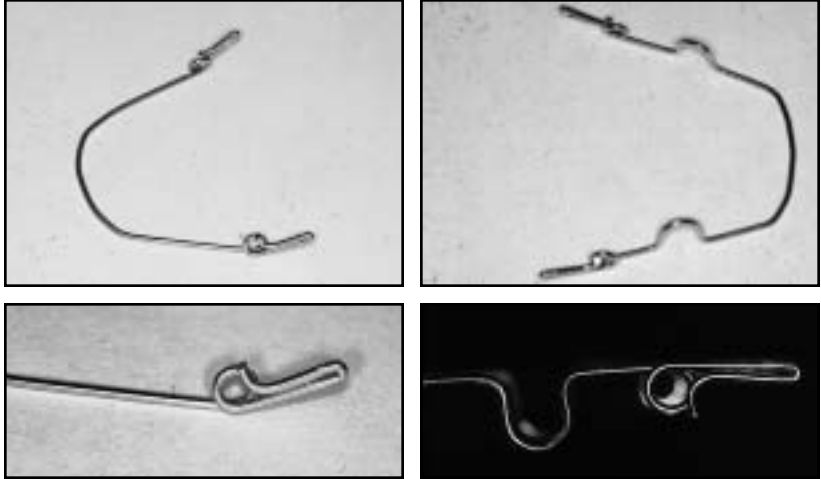
Preventing Accidental Removal of Lingual Arches

Making it difficult for the patient to accidentally dislodge a removable lingual arch usually results in an appliance that is difficult to remove for adjustments as well.

To circumvent this problem, I place 360° loops just anterior to the stopback bends in my individualized lingual arches, which are made of .030" or .032" stainless steel wire. The loops make the ends of the arches easy to insert into uncrimped .036" × .072" lingual tubes.*

Once inserted, the arch is tied in place with .010" ligature wire. For patient comfort, the ligature should be inserted through the loop from the lingual, in a gingivo-occlusal direction, and pulled across the occlusal surface of the tooth. The other end is then brought up in a gingival direction and hooked over the distal extension of the lingual arch, as it protrudes beyond the lingual tube. This end is brought forward over the occlusal surface of the tube to be tied with the other end of the ligature wire. After the ligature is clipped, the remainder is tucked gingivally between the loop and the mesiolingual surface of the tooth.

These simple modifications make the arch difficult to remove for the patient, but easy to remove for adjustments by the clinician.



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