

# CONTINUING EDUCATION

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## Learning Objectives

After completion of this exercise, the participant will be able to:

1. Describe the orthodontic philosophies and clinical techniques of Dr. Richard McLaughlin.
2. Discuss the benefits of sliding jigs for distalization and mesialization.
3. Compare various corticotomy procedures used to accelerate orthodontic treatment.
4. Review the details of the KommonBase lingual-bonding protocol.

## Article 1

McLaughlin, R.P. and Sinclair, P.M.: *Master Clinician: Richard P. McLaughlin, DDS* (pp. 15-30)

1. Dr. McLaughlin believes that most orthodontic errors are made:
  - a) in diagnosis and treatment planning
  - b) during the leveling and alignment stage
  - c) in the choice of mechanics for space closure
  - d) while settling the occlusion
2. Tying in crowded or blocked-out incisors on light wires before space has been created for them:
  - a) is recommended only in extraction cases
  - b) is recommended only in nonextraction cases
  - c) can cause canines to tip distally and extrude the incisors
  - d) can cause posterior teeth to tip mesially and intrude significantly
3. In patients with spaces that are difficult to close, Dr. McLaughlin uses:
  - a) 200g elastic tieback modules
  - b) 200-400g elastic chains
  - c) 150g nickel titanium coil springs

- d) a Hycon Device or closing-loop arches
4. A compromise treatment plan can be offered to a patient who refuses surgery if:
    - a) the occlusion is stable and can be maintained
    - b) the patient has no periodontal complications
    - c) there are no airway or TMD complications
    - d) all of the above

## Article 2

Komori, A.; Takemoto, K.; Shimoda, T.; Miyashita, W.; and Scuzzo, G.: *Precise Direct Lingual Bonding with the KommonBase* (pp. 42-49)

5. The KommonBase's large resin bonding base:
  - a) makes bracket positioning easier
  - b) enhances bond strength
  - c) makes bracket fit more precise
  - d) all of the above
6. The KommonBase system's reference jig consists of:
  - a) a resin-core tray customized for each tooth using a CAD/CAM technique
  - b) a stainless steel archwire and three fixing pads on the setup model
  - c) a stainless steel archwire and three fixing pads on the original model
  - d) an acrylic piece that fits into the bracket slot and over the incisal or occlusal edge of each tooth
7. KommonBase LV resin is used to extend the bracket base pads:
  - a) occlusally and anteroposteriorly
  - b) gingivally and occlusally
  - c) gingivally and anteroposteriorly
  - d) occlusally, gingivally, and anteroposteriorly
8. Advantages of the KommonBase system in-

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clude all of the following except:

- a) individual teeth can be rebonded using the reference jig
- b) the flexible KommonBase resins tend to remain on the tooth after debonding
- c) trial fitting of the bases at chairside is not necessary
- d) the same KommonBase resin is used to fabricate the bonding bases and cement the brackets to the teeth

### Article 3

Grenga, V. and Bovi, M.: *Corticotomy-Enhanced Intrusion of an Overerupted Molar Using Skeletal Anchorage and Ultrasonic Surgery* (pp. 50-55)

9. A previously introduced technique using a reinforced scalpel as a chisel to surgically separate the cortices transmucosally is called:

- a) piezocision
- b) corticision
- c) orthodontic microsurgery
- d) ultrasonic surgery

10. The inserts of the Mectron Piezosurgery unit vibrate linearly between:

- a) 10 and 50 microns
- b) 30 and 120 microns
- c) 60 and 120 microns
- d) 60 and 210 microns

11. Vertical movement of the patient's overerupted molar was made easier by:

- a) limiting the bone cuts to the cortical bone
- b) extending vertical bone cuts to a point 4mm beyond the root apex
- c) removing a small horizontal slice of cortical bone buccally and palatally
- d) removing a small vertical slice of cortical bone buccally and palatally

12. To correct the lingual inclination of the overerupted molar:

- a) no intrusive forces were applied to the palatal side of the molar throughout treatment
- b) a passive ligature was tied between the palatal miniscrew and the molar during the initial intrusion phase

c) the power chain was removed from the mesial buccal miniscrew before the completion of molar intrusion

- d) both b and c

### Article 4

Pithon, M.M.: *Correction of Dental Asymmetry Using Miniscrew-Supported Sliding Jigs* (pp. 57-62)

13. In treatment of asymmetry, undesirable side effects are:

- a) avoidable with implementation of a detailed, three-dimensional force analysis
- b) less likely with the use of skeletal anchorage
- c) inevitable with unilateral extraction
- d) both a and b

14. In the case shown here, a conventional treatment plan for correction of asymmetry proved difficult:

- a) because the patient did not want to undergo comprehensive treatment
- b) due to the patient's poor posterior bone levels and lower-incisor root resorption
- c) due to previous extraction of the patient's upper first premolars
- d) because the patient refused a permanent dental implant

15. The miniscrew in the upper arch was relocated during treatment:

- a) because of poor initial stability
- b) to provide an improved line of action for the sliding jig
- c) to provide anchorage for second-molar movement
- d) to allow distalization of the anterior teeth

16. Bodily tooth movement with sliding-jig mechanics is possible due to:

- a) the line of action approximating the center of resistance of the teeth
- b) the many options for placement of the jig on the archwire
- c) the use of power arms welded to the molar bands
- d) the use of lower forces throughout treatment