

CONTINUING EDUCATION

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Learning Objectives

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

1. Compare three options for selective corticotomy in the lower arch.
2. Utilize a new maxillary molar distalizer with skeletal anchorage.
3. Consider the oral-health aspects of Invisalign treatment in teenagers.
4. Discuss the use of modified Twin Blocks in the correction of facial asymmetry in a young patient.

Article 1

Kook, Y.A.; Lee, W.; Kim, S.H.; and Chung, K.R.: *Corticotomy-Assisted Space Closure in Adult Patients with Missing Lower Molars* (pp. 85-95)

1. When used in conjunction with lower-second-molar protraction in a narrow alveolar ridge, corticotomy procedures:
 - a) help to maintain root parallelism
 - b) avoid the need for skeletal anchorage
 - c) are recommended only in cases with thin bony root coverage
 - d) are not recommended in patients with long-standing edentulous sites
2. The best type of corticotomy to use in a patient with very thin bony root coverage is:
 - a) indented decortication
 - b) traditional corticotomy
 - c) triangular corticotomy
 - d) either a or b
3. Indented decortications use a round bur to make perforations on the cortical plate's:

- a) buccal, lingual, and occlusal surfaces
 - b) occlusal surface
 - c) buccal and lingual surfaces
 - d) buccal and occlusal surfaces
4. The authors have found the most efficient root movement with:
 - a) circumscribed corticotomy
 - b) triangular corticotomy
 - c) indented decortications
 - d) any of the above; all were equally efficient

Article 2

Winsauer, H.; Muchitsch, A.P.; Winsauer, C.; Milnes R.; Vlachojannis, J.; and Walter, A.: *The TopJet for Routine Bodily Molar Distalization* (pp. 96-107)

5. The M4 position used for insertion of the TopJet anchorage mini-implant is located:
 - a) in the midpalatal suture 6-8mm posterior to the incisive foramen
 - b) in the midpalatal suture along a line connecting the first-premolar palatal cusps
 - c) halfway across a line connecting the first-premolar palatal cusp to the midpalatal suture line
 - d) halfway across a line connecting the canine's lingual surface to the midpalatal suture line
6. The TopJet's distalization forces are applied by:
 - a) a single Nitinol open-coil spring in one of two twin tubes
 - b) two Nitinol coil springs in twin tubes
 - c) elastomeric chain between a transpalatal arch and a linguallly placed miniscrew
 - d) Nitinol coil springs between a transpalatal

arch and a lingually placed miniscrew

7. To avoid the possibility of anchorage loss or screw fracture, a palatal miniscrew should be:

- a) 6-8mm in length and 1.2mm in diameter
- b) 8-9mm in length and 1.6mm in diameter
- c) 8-9mm in length and 2mm in diameter
- d) 12-14mm in length and 2mm in diameter

8. Advantages of the TopJet distalizer include all of the following except:

- a) no need for laboratory work
- b) application of forces close to the center of resistance
- c) no need for reactivations
- d) no need for special patient cooperation

Article 3

Tuncay, O.; Bowman, S.J.; Amy, B.; and Nicozisis, J.: *Aligner Treatment in the Teenage Patient* (pp. 115-119)

9. To meet the special needs of teenage patients, Invisalign offers:

- a) Power Ridges for lingual root torque
- b) eruption compensation to accommodate erupting teeth
- c) wear-compliance indicators
- d) all of the above

10. In the authors' study, plaque-index scores from both the beginning and end of treatment were highest for the:

- a) mandibular molars
- b) maxillary molars
- c) mandibular incisors
- d) maxillary premolars

11. Pre- and post-treatment decalcification scores of 336 teeth showed no change in:

- a) .9% of the teeth
- b) 14.3% of the teeth
- c) 25.5% of the teeth
- d) 75.6% of the teeth

12. Compared to previous studies of orthodontic patients wearing fixed appliances, Invisalign Teen patients' scores were significantly better in terms of their:

- a) plaque levels
- b) gingival-bleeding levels
- c) decalcification levels
- d) all of the above

Article 4

Patel, D.; Bhattacharya, A.; and Goyal, R.: *Non-surgical Treatment of Facial Asymmetry in a Growing Patient* (pp. 121-128)

13. This patient's pubertal stage IV growth phase indicated that she had:

- a) 0-10% of growth remaining
- b) 10-20% of growth remaining
- c) 20-25% of growth remaining
- d) 25-35% of growth remaining

14. The patient's facial asymmetry was caused by:

- a) a short ramus on the right side
- b) a discrepancy between the vertical levels of the condyles
- c) deviation of the midsymphiseal and mid-sagittal planes
- d) all of the above

15. Twin Blocks were customized to guide the patient's mandible:

- a) anteroposteriorly
- b) anteroposteriorly and obliquely
- c) obliquely and transversely
- d) transversely and anteroposteriorly

16. After brackets were bonded, the functional correction was maintained:

- a) with light up-and-down elastics
- b) by leaving the trimmed Twin Blocks in place
- c) with an anterior bite plate
- d) with a tooth positioner worn at night