

# CONTINUING EDUCATION

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## Learning Objectives

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

1. Describe a standardized palatal-crib design and protocol for treatment of open bite.
2. Discuss the controversies surrounding self-ligating vs. conventional brackets.
3. Fabricate an esthetic appliance for extrusion of an anterior tooth.
4. Evaluate alternative miniscrew anchorage sites for uprighting mesially tipped second molars.

## Article 1

Feu, D.; Menezes, L.M.; Quintão, A.P.A.; and Quintão, C.C.A.: *A Customized Method for Palatal Crib Fabrication* (pp. 406-412)

1. Widely differing results from studies of tongue-crib therapy may be attributed to:
  - a) individual variation in the adaptive capacity of the tongue
  - b) variations in crib design and dimensions
  - c) variations in duration of crib use
  - d) all of the above
2. Fink suggested that the effectiveness of crib therapy is:
  - a) due to a dynamic restraint of the tongue
  - b) due to a redirection of the tongue's resting position
  - c) dependent on treatment of enlarged tonsils, adenoids, or allergies
  - d) both a and c
3. Studies of crib therapy show that resting tongue pressures remain lower after:
  - a) two months of wear

- b) six months of wear
  - c) 12 months of wear
  - d) 16 months of wear
4. The authors' standardized palatal crib:
    - a) extends to the lingual gingival margin of the lower incisors to prevent the tongue from positioning itself below the crib
    - b) extends transversely from first premolar to first premolar
    - c) is removable for improved oral hygiene
    - d) all of the above

## Article 2

Burrow, S.J. and Proffit, W.R.: *JCO Interviews Drs. S.J. "Jack" Burrow and William R. Proffit on the Efficacy of Self-Ligating Brackets* (pp. 413-418)

5. Kusy and Whitley described resistance to sliding (RS) as a combination of all of the following factors except:
  - a) static or kinetic friction (FR)
  - b) binding (BI) of a wire against the corners of the bracket
  - c) bracket geometry
  - d) notching or deformation of the wire at the wire-bracket interface
6. Articolo and Kusy found that the effect of BI on RS in brackets that are allowed to tip:
  - a) is negligible
  - b) is similar to the effect of FR
  - c) is much greater than the effect of FR
  - d) decreases as the bracket is tipped
7. Bracket geometry affects the amount of force at the corner of the bracket, so that a wider bracket:
  - a) results in a lower bracket-wire contact angle

- b) results in a higher bracket-wire contact angle
  - c) results in higher RS
  - d) both a and c
8. Studies by Pandis and colleagues showed a difference between self-ligating and conventional brackets in terms of:
- a) rotation correction
  - b) torque expression
  - c) force generation
  - d) all of the above

**Article 3**

Pithon, M.M.; Santos, M.G.; and Gusmão, J.M.R.: *Orthodontic Extrusion with a Thermoformed Appliance* (pp. 428-432)

9. Moving teeth in the same direction as that of eruption causes:
- a) gingival inflammation
  - b) elongation of the periodontal fibers
  - c) bone loss in the alveolar crest
  - d) both b and c
10. Orthodontic extrusion can be effective in restoring teeth with:
- a) horizontal or basal fractures
  - b) carious lesions
  - c) endodontic perforations
  - d) all of the above
11. In the authors' technique, palatal tipping of the incisor during extrusion is prevented by:
- a) placing a bonded button more gingivally on the tooth to be extruded
  - b) placing a bonded button more incisally on the tooth to be extruded
  - c) using a light extrusive force of 20-30g
  - d) contouring the thermoformed plate to stay in contact with the cingulum
12. Splinting of the teeth after extrusion:
- a) is important to avoid relapse due to distension of the periodontal fibers
  - b) is necessary for 16-18 weeks
  - c) is necessary for only two to four weeks

- d) is not necessary if light extrusive force is used

**Article 4**

Nienkemper, M.; Pauls, A.; Ludwig, B.; Wilmes, B.; and Drescher, D.: *Preprosthetic Molar Uprighting Using Skeletal Anchorage* (pp. 433-437)

13. Tipping of a second molar into the space of a missing first molar:
- a) may result in eccentric occlusal loading of the second molar
  - b) requires application of a statically indeterminate force system
  - c) requires application of a statically determined force system
  - d) both a and b
14. Under the classification of Burstone and Koenig, simultaneous application of intrusive and uprighting forces to a mesially tipped second molar produces:
- a) Class II geometry
  - b) Class III geometry
  - c) Class IV geometry
  - d) Class V geometry
15. To anchor the second-molar uprighting spring, the authors recommend using:
- a) two mini-implants inserted buccally
  - b) two mini-implants in the edentulous first-molar space
  - c) a single mini-implant in the edentulous first-molar space
  - d) a single, large-diameter mini-implant for indirect anchorage from the adjacent premolars
16. To insert a mini-implant in an atrophied alveolar ridge without lateral slippage of the driver:
- a) a surgical flap should be raised for direct access to the bone
  - b) the bone surface should be flattened before screw placement
  - c) the insertion site should be predrilled before screw placement
  - d) the screw should be inserted at an angle to the gingival surface