2014 JCO ORTHODONTIC DIAGNOSIS AND TREATMENT STUDY

Thank you for participating in this nationwide survey of orthodontic diagnosis and treatment procedures. Please make every effort to complete all portions of the questionnaire. Complete and return this form only if you are in a private specialty orthodontic practice. If there is more than one orthodontist in your practice, file only one questionnaire for the practice. ***To fill out this questionnaire online,*** *see the instructions on p. 334 in this issue or on the JCO homepage at www.jco-online.com. The deadline for inclusion in the Study is Aug. 20, 2014.*

1. Your present age: _____

2. Gender: Male _____ Female _____

3. Number of years in orthodontic practice: _____

4. Your main office ZIP code: _____

5. Your practice's 2013 gross income (select one):
$500,000 or less
$500,001-900,000
$900,001-1,200,000
$1,200,001-1,500,000
$1,500,001-1,800,000
More than $1,800,000

6. Number of orthodontists in your practice (including yourself): _____

7. Number of patients currently in active treatment: _____

8. Age of youngest current patient: _____

9. Age of oldest current patient: _____

10. At what age do you normally recommend a first orthodontic examination? _____

11. At what age do you normally recommend beginning treatment? _____

12. What is the percentage of adult patients (18 or older) in your practice? _____ %

13. What is the percentage of two-phase treatment cases in your practice? _____ %

14. How often do you normally see patients in active treatment (please select one)?
4-week intervals ____ 8-week intervals ____
5-week intervals ____ 10-week intervals: ____
6-week intervals ____ 12-week intervals: ____
Other (please specify): _____ ____

DIAGNOSIS

Imaging

15. Select the box in **each pair of columns** that best describes how often you use the diagnostic method in each stage of treatment. Leave the item blank if you **never** use the method at that stage. Please consider your usage of each method for **all cases** (ages and types).

	Pretreatment		Progress		Post-Treatment	
	Occasionally	Routinely	Occasionally	Routinely	Occasionally	Routinely
Full series x-rays	❑	❑	❑	❑	❑	❑
Bite wing x-rays	❑	❑	❑	❑	❑	❑
Panoramic x-rays	❑	❑	❑	❑	❑	❑
Transcranial TMJ x-rays	❑	❑	❑	❑	❑	❑
Computed tomography	❑	❑	❑	❑	❑	❑
Cone-beam computed tomography	❑	❑	❑	❑	❑	❑
Intraoral digital scanning	❑	❑	❑	❑	❑	❑
Magnetic resonance imaging	❑	❑	❑	❑	❑	❑
Cervical radiography	❑	❑	❑	❑	❑	❑
Occlusograms	❑	❑	❑	❑	❑	❑
Periodontal charts	❑	❑	❑	❑	❑	❑

16. Do you use digital radiography? Yes _____ No _____

17. Select the box in **each pair of columns** that best describes how often you use the following **cephalometric x-rays** in each stage of treatment. Leave the item blank if you **never** use the diagnostic method at that stage. Please consider your usage of each method for **all cases** (ages and types).

	Pretreatment		Progress		Post-Treatment	
	Occasionally	Routinely	Occasionally	Routinely	Occasionally	Routinely
In centric occlusion	❑	❑	❑	❑	❑	❑
In centric relation	❑	❑	❑	❑	❑	❑
Cephalostat	❑	❑	❑	❑	❑	❑
Natural head position	❑	❑	❑	❑	❑	❑
Frontal	❑	❑	❑	❑	❑	❑
Submental vertex	❑	❑	❑	❑	❑	❑

18. Select the box in **each pair of columns** that best describes how often you use the diagnostic method in each stage of treatment. Leave the item blank if you **never** use the method at that stage. Please consider your usage of each method for **all cases** (ages and types).

	Pretreatment		Progress		Post-Treatment	
	Occasionally	Routinely	Occasionally	Routinely	Occasionally	Routinely
Intraoral photographs (film)	❑	❑	❑	❑	❑	❑
Extraoral photographs (film)	❑	❑	❑	❑	❑	❑
Intraoral photographs (digital)	❑	❑	❑	❑	❑	❑
Extraoral photographs (digital)	❑	❑	❑	❑	❑	❑
3D digital photographs	❑	❑	❑	❑	❑	❑
Video imaging	❑	❑	❑	❑	❑	❑
Other (please specify): _____	❑	❑	❑	❑	❑	❑

Study Casts

19. Select the box in **each pair of columns** that best describes how often you use the diagnostic method in each stage of treatment. Leave the item blank if you **never** use the method at that stage. Please consider your usage of each method for **all cases** (ages and types).

	Pretreatment		Progress		Post-Treatment	
	Occasionally	Routinely	Occasionally	Routinely	Occasionally	Routinely
Study casts in centric occlusion	❑	❑	❑	❑	❑	❑
Study casts in centric relation	❑	❑	❑	❑	❑	❑
Study casts mounted on articulator	❑	❑	❑	❑	❑	❑
Bite registration	❑	❑	❑	❑	❑	❑
Diagnostic setups	❑	❑	❑	❑	❑	❑
Digital models	❑	❑	❑	❑	❑	❑
Digital models from CBCT	❑	❑	❑	❑	❑	❑

Cephalometric Analysis

20. Select the column that best describes how often you use **any** cephalometric analysis in each stage. Leave the item blank if you **never** use cephalometric analysis in that stage. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Pretreatment	❑	❑
Progress	❑	❑
Post-treatment	❑	❑

21. Select the column that best describes how often you use **each analysis** that makes up your overall analysis. Leave the item blank if you **never** use the analysis. Please consider your usage of each analysis for **all cases** (ages and types).

	Occasionally	Routinely
Alexander	❑	❑
Burstone	❑	❑
Downs	❑	❑
Holdaway	❑	❑
Jarabak	❑	❑
Johnston	❑	❑
McNamara	❑	❑
Ricketts	❑	❑
Sassouni	❑	❑
Steiner	❑	❑
Tweed	❑	❑
Wits	❑	❑
“Eyeball”	❑	❑
Own analysis	❑	❑
Other (please specify): _____	❑	❑

22. Select the column that best describes how often you use each method. Leave the item blank if you **never** use the method. Please consider your usage of each method for **all cases** (ages and types).

	Occasionally	Routinely
Manual tracing	❑	❑
Computerized tracing	❑	❑
Computer imaging and analysis	❑	❑
Templates (Bolton, Jacobson, etc.)	❑	❑
VTO	❑	❑

Archform

23. Select the column that best describes how often you use **each analysis**. If you use a combination of analyses, check the appropriate column for **each analysis** that makes up your overall analysis. Leave the item blank if you **never** use that analysis. Please consider your usage of each analysis for **all cases** (ages and types).

	Pretreatment		Progress		Post-Treatment	
	Occasionally	Routinely	Occasionally	Routinely	Occasionally	Routinely
Tweed arch-length analysis	❑	❑	❑	❑	❑	❑
Bolton Index	❑	❑	❑	❑	❑	❑
Alexander	❑	❑	❑	❑	❑	❑
Andrews	❑	❑	❑	❑	❑	❑
Brader	❑	❑	❑	❑	❑	❑
Damon	❑	❑	❑	❑	❑	❑
Ricketts	❑	❑	❑	❑	❑	❑
Roth	❑	❑	❑	❑	❑	❑
Customized archform	❑	❑	❑	❑	❑	❑
Computer-generated archform	❑	❑	❑	❑	❑	❑
Own analysis	❑	❑	❑	❑	❑	❑
Other (please specify): _____	❑	❑	❑	❑	❑	❑

TREATMENT

Fixed Appliances

24. Select the column that best describes how often you use each **preadjusted prescription** fixed appliance. Leave the item blank if you **never** use the appliance. Please consider your usage of each appliance for **all cases** (ages and types).

	Occasionally	Routinely
Andrews	❑	❑
Butterfly	❑	❑
Damon	❑	❑
MBT	❑	❑
Orthos	❑	❑
Roth	❑	❑
Other preadjusted prescription fixed appliance (please specify): _____	❑	❑

25. Select the column that best describes how often you use each **self-ligating bracket.** Leave the item blank if you **never** use that appliance. Please consider your usage of each appliance for **all cases** (ages and types).

	Occasionally	Routinely
Carriere	❑	❑
Damon	❑	❑
In-Ovation	❑	❑
SmartClip	❑	❑
SPEED	❑	❑
Other self-ligating bracket (please specify): _____	❑	❑

26. Select the column that best describes how often you use each type of fixed appliance. Leave the item blank if you **never** use the appliance. Please consider your usage of each appliance for **all cases** (ages and types).

	Occasionally	Routinely
Begg	❑	❑
Bidimensional	❑	❑
Bioprogressive	❑	❑
Lingual	❑	❑
MEAW	❑	❑
Standard edgewise	❑	❑
Tip-Edge	❑	❑
Transpalatal arches	❑	❑
Other fixed appliance (please specify):_____	❑	❑

27. Select the column that best describes how often you use each **palatal expansion appliance.** Leave the item blank if you **never** use that appliance. Please consider your usage of each appliance for **growing patients only.**

	Occasionally	Routinely
Haas	❑	❑
Hyrax	❑	❑
Quad Helix	❑	❑
Miniscrew-supported	❑	❑
Other (please specify): _____	❑	❑

Brackets

28. Please indicate the percentage of each bracket material you place. Leave the item blank if you **never** use it. Please consider your usage for **all cases** (ages and types). All answers must add up to 100%.

Stainless steel _____ %
Gold _____ %
Titanium _____ %
Clear _____ %
Ceramic _____ %
Plastic _____ %
Combination _____ %
Other _____ %

29. Please indicate the percentage of brackets you place in each slot size. Leave the item blank if you **never** use that slot size. Please consider your usage for **all cases** (ages and types). All answers must add up to 100%.

.018" slot _____ %
.022" slot _____ %
Bidimensional _____ %
Other slot _____ %

30. Please indicate the percentage of brackets you place in each category. Leave the item blank if you **never** use that category. Please consider your usage for **all cases** (ages and types). All answers must add up to 100%.

Single _____ %
Twin _____ %
Other _____ %

31. Please indicate the percentage of brackets you place in each category. Leave the item blank if you **never** use that category. Please consider your usage for **all cases** (ages and types). All answers must add up to 100%.

Standard ligated _____ %
Miniaturized ligated _____ %
Active self-ligating _____ %
Passive self-ligating _____ %
Other _____ %

32. Please indicate the percentage of bracket base types you place in each category. Leave the item blank if you **never** use that base. Please consider your usage for **all cases** (ages and types).

Mesh base _____ %
Non-mesh base _____ %
Chemically enhanced base _____ %
Microetched base (laboratory) _____ %
Sandblasted base (in-office) _____ %

33. What percentage of your brackets do you recycle?

Metal _____ %
Clear/ceramic _____ %

Bonding and Banding

34. Select the column that best describes how often you use each method. Leave the item blank if you **never** use that method. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Direct bonding	❑	❑
Labial indirect bonding	❑	❑
Lingual indirect bonding	❑	❑
Two-part chemical-cure sealant	❑	❑
Light-cured flowable microfill	❑	❑
Glass ionomer for bonding	❑	❑

	Occasionally	Routinely
Enamel-protective sealant	❑	❑
Fluoride varnish	❑	❑
Adhesion booster	❑	❑
Phosphoric acid etchant	❑	❑
Self-etching primer	❑	❑

35. If you etch, for how long? _____ seconds

36. What percentage of your bonds fail? Leave the item blank if you **never** use that type of bonding. Enter 0 if you never have bond failures for that type of bonding.

Labial _____ % Lingual _____ %

37. Which teeth do you find have the highest bond failure rate (select one)?

Maxillary anterior ____ Maxillary posterior ____
Mandibular anterior ____ Mandibular posterior ____

38. How frequently do you bond the following molars? Leave the item blank if you **never** bond those molars. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Maxillary second molars	❑	❑
Maxillary first molars	❑	❑
Mandibular second molars	❑	❑
Mandibular first molars	❑	❑

39. Select the column that best describes how often you use each type of bonding adhesive. Leave the item blank if you **never** use that adhesive.

Chemically cured no-mix	❑	❑
Chemically cured two-paste	❑	❑
Light-cured no-mix	❑	❑
Light-cured two-paste (dual cure)	❑	❑
Light-cured precoated	❑	❑
Other (please specify): _____	❑	❑

40. If you use light-cured adhesive, what is the length of light exposure per tooth? _____ seconds.

41. If you use light-cured adhesive, what is your preferred type of curing light? Select only one answer.

Halogen (corded) ____ LED ____
Laser _____ Plasma arc _____

42. Select the column that best describes how often you band molars and premolars. Leave the item blank if you **never** band those teeth. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Maxillary second molars	❑	❑
Maxillary first molars	❑	❑
Maxillary second premolars	❑	❑
Maxillary first premolars	❑	❑
Mandibular second molars	❑	❑
Mandibular first molars	❑	❑
Mandibular second premolars	❑	❑
Mandibular first premolars	❑	❑

43. Select the column that best describes how often you use each type of banding cement. Leave the item blank if you **never** use that cement.

Glass ionomer	❑	❑
Light-cured glass ionomer	❑	❑
One-paste compomer (light-cured)	❑	❑
Two-paste compomer	❑	❑
Zinc phosphate	❑	❑
Other (please specify): _____	❑	❑

Wires

44. Select the box in **each pair of columns** that best describes how often you use **each wire** in both early and finishing stages of treatment. Leave the item blank if you **never** use the wire in that stage. Please consider your usage for **all cases** (ages and types).

	Early		Finishing	
	Occasionally	Routinely	Occasionally	Routinely
Stainless steel	❑	❑	❑	❑
Multistranded/braided stainless steel	❑	❑	❑	❑
Chrome cobalt nickel (Elgiloy, etc.)	❑	❑	❑	❑
Nickel titanium (including CuNiTi)	❑	❑	❑	❑
Multistranded/braided nickel titanium	❑	❑	❑	❑
Titanium molybdenum (TMA)	❑	❑	❑	❑
Thermally activated titanium	❑	❑	❑	❑
Coated	❑	❑	❑	❑
Computer-generated	❑	❑	❑	❑
Other (please specify): _____	❑	❑	❑	❑

45. How many archwires do you use in your typical **extraction** treatment sequence?

Maxillary _____ Mandibular _____

46. How many archwires do you use in your typical **non-extraction** treatment sequence?

Maxillary _____ Mandibular _____

Removable/Functional/Molar Distalizing Appliances

47. Select the column that best describes how often you use each appliance. Leave the item blank if you **never** use that appliance. Please consider your usage for **all cases** (ages and types).)

	Occasionally	Routinely
Biteplates	❑	❑
Bite blocks	❑	❑
Fränkel I	❑	❑
Fränkel II	❑	❑
Schwarz plates	❑	❑
Other multi-class appliance (please specify): _____	❑	❑

48. Select the box in **each pair of columns** that best describes how often you use each removable appliance for **each type of case.** Leave the set of columns blank if you **never** use the appliance for that case type. Leave the entire item blank if you never use the appliance for **any listed case type.**

	Class I		Class II		Class III		Space Closure		Extraction	
	Occa-sionally	Rou-tinely	Occa-sionally	Rou-tinely	Occa-sionally	Rou-tinely	Occa-sionally	Rou-tinely	Occa-sionally	Rou-tinely
Biteplates	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Bite blocks	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Fränkel I	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Fränkel II	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Schwarz plates	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Other multi-class appliance (please specify): _____	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

49. Select the column that best describes how often you use each appliance. Leave the item blank if you **never** use that appliance. Please consider your usage of each appliance **only** for the appropriate treatment type. For example, if you routinely use the Distal Jet for Class II cases, then select Routinely.

	Occasionally	Routinely
Activator	❑	❑
Bionator	❑	❑
Class II Corrector	❑	❑
Distal Jet	❑	❑
Forsus	❑	❑
Fränkel III	❑	❑
Fränkel IV	❑	❑
Banded Herbst	❑	❑
Bonded Herbst	❑	❑
Crown Herbst	❑	❑
Fixed/removable Herbst	❑	❑
Hilgers Pendulum	❑	❑
Jasper Jumper	❑	❑
MARA	❑	❑
Sagittal	❑	❑
Twin Block	❑	❑
Other appliance (please specify): _____	❑	❑

50. Select the column that best describes your **usual** fabrication method for each appliance. Leave the item blank if you **never** use that appliance.

	In-Office	Outside Lab
Activator	❑	❑
Bionator	❑	❑
Biteplates	❑	❑
Bite blocks	❑	❑
Forsus	❑	❑
Fränkel I	❑	❑
Fränkel II	❑	❑
Fränkel III	❑	❑
Fränkel IV	❑	❑
Banded Herbst	❑	❑
Bonded Herbst	❑	❑
Crown Herbst	❑	❑
Fixed/removable Herbst	❑	❑
Hilgers Pendulum	❑	❑
Jasper Jumper	❑	❑
MARA	❑	❑
Sagittal	❑	❑
Schwarz plates	❑	❑
Twin Block	❑	❑
Other appliance (please specify): _____	❑	❑

Headgear

51. Select the column that best describes how often you use each type of headgear. Leave the item blank if you **never** use that headgear. Please consider your usage of each headgear **only** for the appropriate treatment type. For example, if you routinely use the Kloehn facebow for Class II cases, then select Routinely.

	Occasionally	Routinely
Kloehn facebow	❑	❑
J-hook	❑	❑
Cervical-pull	❑	❑
Straight-pull	❑	❑
Variable straight-pull	❑	❑
High-pull	❑	❑
Combi	❑	❑
Chin cup	❑	❑
Facial mask	❑	❑
Safety/breakaway	❑	❑
Other (please specify): _____	❑	❑

Extraction

52. In what percentage of **all active cases** do you use...

Extraction? _____ %
Third molar enucleation? _____ %

53. In what percentage of **growing patients** do you use serial extraction? _____ %

54. In what percentage of **extraction cases** do you extract...

Upper first premolars only? _____ %
Lower first premolars only? _____ %
Upper **and** lower first premolars? _____ %
Upper **and** lower second premolars? _____ %
Upper first and lower second premolars? _____ %
Upper second and lower first premolars? _____ %
Upper and/or lower first molars? _____ %
Upper and/or lower second molars? _____ %
Upper and/or lower third molars? _____ %
Lower incisors? _____ %

Finishing Procedures

55. Select the column that best describes how often you use each finishing procedure. Leave the item blank if you **never** use that procedure. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Fiberotomy	❑	❑
Gingivectomy for gingival hyperplasia	❑	❑
Gingivectomy for esthetic recontouring	❑	❑
Frenectomy	❑	❑
Zig-zag (up-and-down) elastics	❑	❑
Equilibration	❑	❑
Positioner	❑	❑
Anterior stripping (slenderizing)	❑	❑
Posterior stripping	❑	❑
Soft-tissue laser procedures	❑	❑

56. Select the column that best describes how often you use each cosmetic finishing procedure. Leave the item blank if you **never** use that procedure. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Incisal adjustment	❑	❑
Shaping labial/lingual surface	❑	❑
Porcelain laminate veneer	❑	❑
Composite resin build-up	❑	❑
Full ceramic crowns	❑	❑

57. Select the column that best describes how often you use each **anterior stripping (slenderizing)** method. Leave the item blank if you **never** use that method. Please consider your usage only for cases when you use anterior stripping. If you **never** use anterior stripping, please skip the question.

	Occasionally	Routinely
Hand instruments	❑	❑
Low-speed handpiece	❑	❑
High-speed handpiece	❑	❑

58. Select the column that best describes how often you use each **posterior stripping** method. Leave the item blank if you **never** use that method. Please consider your usage **only** for cases when you use posterior stripping. If you **never** use posterior stripping, please skip the question.

	Occasionally	Routinely
Hand instruments	❑	❑
Low-speed handpiece	❑	❑
High-speed handpiece	❑	❑

59. Select the column that best describes how often you use each **soft-tissue laser procedure.** Leave the item blank if you **never** use that procedure. Please consider your usage **only** for cases when you use soft-tissue laser procedures. If you **never** use soft-tissue laser procedures, please skip the question.

	Occasionally	Routinely
Exposure of impacted teeth	❑	❑
Removal of opercula	❑	❑
Frenectomy	❑	❑
Gingivectomy	❑	❑
Ankyloglossia	❑	❑

Retention

60. Select the column that best describes how often you use each **removable** retainer. Leave the item blank if you **never** use that retainer. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Hawley	❑	❑
Spring retainer	❑	❑
Modified spring retainer	❑	❑
Essix	❑	❑
Invisalign/Vivera	❑	❑
Other (please specify): _____	❑	❑

61. Select the column that best describes how often you use each **fixed banded** retainer. Leave the item blank if you **never** use that retainer. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
3-3	❑	❑
4-4	❑	❑
5-5	❑	❑
6-6	❑	❑

62. Select the column that best describes how often you use each **fixed bonded** retainer. Leave the item blank if you **never** use that retainer. Please consider your usage for **all cases** (ages and types).

	Occasionally	Routinely
Maxillary 1-1	❑	❑
Maxillary 2-2	❑	❑
Maxillary 3-3	❑	❑
Maxillary 4-4	❑	❑
Mandibular 1-1	❑	❑
Mandibular 2-2	❑	❑
Mandibular 3-3	❑	❑
Mandibular 4-4	❑	❑

63. What is your average duration of retention? Please give the average for **all cases** (ages and types).

	Occasionally	Routinely
Permanent	❑	❑
Long-term (up to 10 years)	❑	❑
Short-term (please specify number of months): _____	❑	❑

64. What is your average number of retention visits? _____

Surgical-Orthodontic Treatment

65. How many surgical-orthodontic cases did you treat in 2013? Please enter 0 if you had no surgical-orthodontic cases in 2013. _____

66. If you treated surgical-orthodontic cases in 2013, what was the average length of treatment?

Presurgical: _____ months

Postsurgical: _____ months

67. How many patients did you treat with accelerated orthodontics in 2013? Please enter 0 if you did not treat any patients with accelerated orthodontics in 2013. _____

68. Select the column that best describes how often you use each accelerated treatment method. Leave the item blank if you **never** use that method. Please consider your usage **only** for patients you treated with accelerated orthodontics. If you **did not** use accelerated orthodontics in 2013, please skip the question.

	Occasionally	Routinely
Sugawara "surgery first"	❑	❑
Distraction osteogenesis	❑	❑
SureSmile	❑	❑
Insignia	❑	❑
Piezocision	❑	❑
Laser	❑	❑
Vibration (AcceleDent)	❑	❑
Alveocentesis (Propel)	❑	❑
Other (please specify): _____	❑	❑

TMJ Treatment

69. How many TMJ patients did you treat in 2013? Please enter 0 if you treated no TMJ patients in 2013. _____

70. Select the column that best describes how often you use each TMJ treatment method. Leave the item blank if you **never** use that method. Please consider your usage **only** for TMJ patients.

	Occasionally	Routinely
Orthotic splints		
NTI splints	❑	❑
Functional appliances	❑	❑
Fixed appliances	❑	❑
Equilibration	❑	❑
TENS unit	❑	❑
EGS unit	❑	❑
Ultrasonic heat	❑	❑
Fluoromethane spray and stretch	❑	❑
Biofeedback	❑	❑
Myofunctional therapy	❑	❑
Acupuncture	❑	❑
Palliative (reassurance, hot/cold, etc.)	❑	❑
Drug therapy	❑	❑
Physical therapy	❑	❑
Arthroscopy	❑	❑
Orthognathic surgery	❑	❑
Other (please specify): _____	❑	❑

71. Please indicate your percentage of **TMJ patients** in each category.

Combined with orthodontic treatment: _____ %

Referred to other specialist: _____ %

Successful (asymptomatic one year post-treatment): _____ %

Aligner Treatment

72. How many patients did you treat using sequential clear aligners (Invisalign, Smart Moves, etc.) in 2013? Please enter 0 if you did not treat any patients with clear aligners in 2013. _____

73. How many cases did you treat with **aligners only** in 2013? _____

74. How many cases did you treat with **aligners and fixed appliances** in 2013? _____

75. What is the average age of your aligner patients? _____

76. What is the average number of aligners you use per case? _____

77. What percentage of your aligner cases do you consider successful? _____ %

78. What percentage of your aligner cases relapse? _____ %

79. Select the column that best describes how often you use clear aligners to treat each type of case. Leave the item blank if you **never** use clear aligners for that type of case. Please consider your usage for **all ages.**

	Occasionally	Routinely
Class I, moderate crowding	❑	❑
Class I, severe crowding	❑	❑
Class II	❑	❑
Class III	❑	❑
Space closure	❑	❑
Upper premolar extraction	❑	❑
Lower premolar extraction	❑	❑
Four-premolar extraction	❑	❑
Lower incisor extraction	❑	❑
Finishing/positioner	❑	❑
Other (please specify): _____	❑	❑

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Skeletal Anchorage

80. How many patients did you treat with temporary anchorage devices (miniscrews) in 2013? Please enter 0 if you did not treat any patients with miniscrews in 2013. _____

81. In what **percentage** of these patients did you use...

Interradicular miniscrew sites? _____ %
Palatal miniscrew sites? _____ %
Other sites? _____ %
A combination of sites? _____ %

82. What is the average age of your skeletal anchorage patients? _____

83. Has the availability of skeletal anchorage reduced your number of surgical-orthodontic cases?

Yes ____ No ____ Unsure ____

84. Who usually places the miniscrews (select one)?

Orthodontist ____ Oral surgeon ____
Periodontist ____ General dentist ____

85. What is your percentage of...

Miniscrew failures? _____ %
Loose miniscrews? _____ %
Miniscrews causing inflammation at insertion site? _____ %

86. Where did you receive your training in skeletal anchorage treatment (select **all** that apply)?

❑ Dental school ❑ Postgraduate course
❑ Proprietary course ❑ Other (please specify):
_____

87. Select the column that best describes how often you use skeletal anchorage to treat each type of case. Leave the item blank if you **never** use skeletal anchorage for that type of case. Please consider your usage for **all ages.**

	Occasionally	Routinely
Class I, crowding	❑	❑
Class II	❑	❑
Class III	❑	❑
Bimaxillary protrusion	❑	❑
Premolar extraction	❑	❑
Open bite	❑	❑
Molar intrusion	❑	❑
Molar distalization	❑	❑
Molar uprighting	❑	❑
Incisor translation/inclination	❑	❑
Midline correction	❑	❑
Other (please specify): _____	❑	❑

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