

# CONTINUING EDUCATION

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## Learning Objectives

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

1. Discuss the advantages of using passive self-ligating brackets with a “surgery first” approach.
2. Describe the formulation and application of compounded topical anesthetics.
3. Adapt the mechanics of the Forsus Fatigue Resistant Device to enhance vertical control in Class II cases.
4. Compare miniplate anchorage with other methods of correcting skeletal open bite.

## Article 1

Aristizábal, J.F.; Martínez Smit, R.; and Villegas, C.: *The “Surgery First” Approach with Passive Self-Ligating Brackets for Expedited Treatment of Skeletal Class III Malocclusion* (pp. 361-370)

1. Advantages of the “surgery first” approach include all of the following except:
  - a) no need to perform dental compensation
  - b) immediate improvement in esthetics and function
  - c) no need for rigid fixation after surgery
  - d) reduction in overall treatment time
2. The regional acceleratory phenomenon (RAP) is defined as:
  - a) a transitory increase in localized bone resorption and subsequent remodeling
  - b) a physiological process that allows accelerated tooth movement after surgery
  - c) an acceleration of tissue reorganization and healing
  - d) all of the above

3. The RAP reaches its peak:
  - a) within days after surgery
  - b) one or two months after surgery
  - c) seven to 12 months after surgery
  - d) at least 24 months after surgery
4. A passive self-ligating system and high-tech archwires will control the transverse dimension during postsurgical orthodontics as long as:
  - a) correct torque values are selected
  - b) the RAP has not begun to decline
  - c) arch expansion has been performed before surgery
  - d) the malocclusion is dental rather than skeletal

## Article 2

Kravitz, N.D.; Graham, J.W.; Nicozisis, J.L.; and Gill, J.: *Compounded Topical Anesthetics in Orthodontics* (pp. 371-377)

5. Compounded topical anesthetics are:
  - a) regulated by the U.S. Food and Drug Administration (FDA)
  - b) unregulated by the FDA
  - c) covered by section 503A of the FDA Modernization Act of 1997
  - d) none of the above
6. Profound is a topical anesthetic gel compounded from:
  - a) lidocaine and tetracaine
  - b) lidocaine, prilocaine, and tetracaine
  - c) lidocaine, epinephrine, and tetracaine
  - d) epinephrine and tetracaine
7. A good compounding pharmacy should:
  - a) be licensed and in good standing with its state pharmacy board

- b) purchase ingredients from FDA-registered suppliers
  - c) strictly follow U.S. Pharmacopeia-National Formulary guidelines
  - d) all of the above
8. A compounded topical anesthetic should be:
- a) applied to a single patient per prescription
  - b) applied with a syringe in a single-patient dosage
  - c) stored in the laboratory refrigerator
  - d) all of the above

### Article 3

Jung, M.H.: *Effective Mechanics for Vertical Control with the Forsus Fatigue Resistant Device* (pp. 378-387)

9. The Forsus Fatigue Resistant Device (FRD) is:
- a) a rigid fixed Class II appliance
  - b) a semirigid fixed Class II appliance
  - c) a removable functional appliance
  - d) a system of preadjusted brackets
10. The main difference between the FRD and intermaxillary elastics is that:
- a) the FRD uses a pushing force rather than a pulling force
  - b) the FRD uses a pulling force rather than a pushing force
  - c) the main treatment effect of the FRD is anteroposterior correction
  - d) the main treatment effect of the FRD is vertical correction
11. In FRD treatment, the most horizontal force vector is produced by:
- a) the EZ module with the rod attached between the lower canine and first premolar
  - b) the L-pin module with the rod attached between the lower canine and first premolar
  - c) the L-pin module connected to the occlusal molar tube, with the rod attached between the lower premolars
  - d) the L-pin module connected to the gingival molar tube, with the rod attached between the lower premolars
12. The most vertical force vector is produced by:
- a) the EZ module with the rod attached

- between the lower canine and first premolar
- b) the L-pin module with the rod attached between the lower canine and first premolar
- c) the L-pin module connected to the occlusal molar tube, with the rod attached between the lower premolars
- d) the L-pin module connected to the gingival molar tube, with the rod attached between the lower premolars

### Article 4

Park, J.H.; Tai, K.; and Takagi, M.: *Open-Bite Treatment Using Maxillary and Mandibular Miniplates* (pp. 398-408)

13. Advantages of miniplates over miniscrews include all of the following except:
- a) less tendency to loosen when orthodontic force is applied
  - b) ability to anchor en masse distalization without removal and reinstallation
  - c) ease of insertion and removal under local anesthesia
  - d) ability to withstand higher orthodontic forces
14. Unlike a dental anterior open bite, a skeletal anterior open bite is generally associated with:
- a) deficient posterior facial height
  - b) a steep mandibular plane angle
  - c) normally or overly erupted anterior teeth
  - d) all of the above
15. Treatment of a skeletal open bite often requires:
- a) extrusion of molars and premolars
  - b) extrusion of the anterior segments
  - c) alignment of two occlusal planes
  - d) downward and backward rotation of the mandible
16. Open-bite correction is reportedly:
- a) stable in only 30% of the cases treated non-surgically
  - b) most likely to relapse during the first year of retention
  - c) most stable when miniplates are used to anchor lower-molar intrusion
  - d) stable in 80% of the cases where oral habits are controlled