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Learning Objectives

After completion of this exercise, the participant will be able to:
1. Contrast a new miniscrew-supported rapid maxillary expander with similar devices.
2. Perform a differential diagnosis in a borderline skeletal Class II case.
3. Discuss treatment options for patients with congenitally missing upper lateral incisors.
4. Compare the amount of lower incisor intrusion produced by SmartTrack aligners with the amount of virtual tooth movement requested in a Clin-Check plan.

Article 1

Maino, B.G.; Paoletto, E.; Lombardo, L.; and Siciliani, G.: *From Planning to Delivery of a Bone-Borne Rapid Maxillary Expander in One Visit* (pp. 198-207)

1. In a comparison of three bone-supported palatal expanders, Lee and colleagues preferred the one supported by four miniscrews because:
   a) less stress was concentrated around the skeletal anchorage
   b) no buccal inclination of the teeth occurred
   c) the morphology of the palate varies from person to person
   d) both a and b
2. In the MAPA System, parallel placement of the palatal miniscrews:
   a) ensures stability
   b) facilitates fitting of a Bone-Borne Rapid Maxillary Expander (BBRME)
   c) makes it easier to pinpoint the most suitable locations for miniscrew placement
   d) all of the above
3. Positioning the expansion screw between the anterior and posterior miniscrews:
   a) makes placement easier
   b) improves stability
   c) allows a more symmetrical and comfortable opening
   d) prevents backtracking of the screw
4. The greatest advantage of the BBRME is its:
   a) complete bone-to-bone support
   b) ease of placement
   c) ability to withstand expansion forces
   d) compatibility with surgically assisted maxillary expansion

Article 2

Pinho, T. and Raposo, R.: *Orthodontic Camouflage vs. Surgical-Orthodontic Treatment of Skeletal Class II Malocclusions* (pp. 209-222)

5. In skeletal Class II cases, the goal of orthodontic camouflage treatment is to:
   a) correct the underlying skeletal deformity in the sagittal, vertical, and transverse dimensions
   b) correct the underlying skeletal deformity as much as possible before orthognathic surgery
   c) mask the underlying skeletal deformity
   d) avoid extractions by resolution of crowding or lower incisor proclination
6. If extractions are necessary in surgical-orthodontic treatment of a skeletal Class II, they usually involve:
   a) the lower first premolars and sometimes the upper second premolars

b) the upper first premolars and sometimes the lower second premolars
c) all four first premolars
d) all four second premolars

7. Intraoral factors involved in the decision between orthodontic camouflage and surgical-orthodontic treatment should include:
a) the extent of crowding
b) the severity of the overjet
c) the severity of the Class II molar relationship
d) both b and c

8. In a borderline skeletal Class II case involving a retrusive mandible and a significant difference between maximum intercuspation and centric occlusion, the most esthetic and stable results will undoubtedly be achieved by:
a) orthodontic camouflage treatment
b) surgical-orthodontic treatment
c) extraction treatment
d) nonextraction treatment

Article 3

Haryani, J.; Singh, G.P.; and Tandon, P.: *Orthodontic Space Closure for Management of Congenitally Missing Upper Lateral Incisors* (pp. 223-228)

9. In a case involving congenital agenesis of the upper lateral incisors, orthodontic space closure requires:
a) waiting at least five years to place osseointegrated implants
b) canine substitution
c) replacement with single-tooth implants
d) a fixed dental prosthesis

10. The treatment-planning decision may depend on any of the following except:
a) patient motivation
b) the size and shape of the teeth
c) the biological response of periodontal tissues
d) the type of malocclusion

11. A modified Nano biteplate is made of a 21-gauge stainless steel wire mesh covered with:
a) acrylic
b) baseplate wax
c) composite resin
d) thermoplastic resin

12. The space required for bilateral prosthetic replacement of lateral incisors is usually calculated based on:
a) the patient's age
b) the golden proportion
c) published normal values
d) either b or c

Article 4

Glassick, A.; Gluck, A.J.; Kotteman, W.; and Messersmith, M.: *Evaluating the Efficacy of Lower Incisor Intrusion with Clear Aligners* (pp. 233-239)

13. According to Burstone, the treatment of choice for deep-bite patients with vertical growth tendencies is:
a) relative incisor intrusion
b) absolute incisor intrusion
c) buccal-segment extrusion
d) a combination of the above

14. In the authors' study, compared to the mean amount of lower incisor intrusion requested in ClinCheck, the clear aligners achieved:
a) 41%
b) 49%
c) 73%
d) 79%

15. The differences between the requested and obtained amounts of incisor intrusion in individual patients ranged from –.04mm to:
a) .70mm
b) 1.49mm
c) 2.19mm
d) 3.10mm

16. The discrepancy between the authors' results and those of a previous study could be explained by the authors':
a) use of SmartTrack material
b) use of virtual models from pre- and post-treatment impressions
c) definition of the center of resistance
d) overcorrection built into ClinCheck prescriptions