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Learning Objectives

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

1. Evaluate facial esthetics based on the position of the upper incisor.
2. Apply digital technology to the treatment of impacted upper canines with a customized lingual appliance.
3. Describe a technique for replacement of an ectopic lower canine by autotransplantation.
4. Discuss the effect of a vibrating device on the rate of molar distalization using a common Class II appliance.

Article 1

Webb, M.A.; Cordray, F.E.; and Rossouw, P.E.: *Upper-Incisor Position as a Determinant of the Ideal Soft-Tissue Profile* (pp. 651-662)

1. Disadvantages of using traditional cephalometric analysis to evaluate facial esthetics include all of the following except:
 - a) difficulty of locating bony landmarks
 - b) variability of soft-tissue landmarks
 - c) inaccuracy of lip position
 - d) inaccuracy of natural head position
2. In this article, the authors' forehead midpoint plane is drawn from:
 - a) the forehead midpoint inferiorly and perpendicular to the horizontal reference plane
 - b) menton through gonion, extending distally until it intersects the cranial-base plane
 - c) the midpoint of a line from trichion to glabella, perpendicular to the soft-tissue forehead
 - d) soft-tissue glabella, perpendicular to the

horizontal reference plane and inferiorly past the upper central incisor

3. The concept of positioning the upper incisors as the first step in diagnosis was introduced by:
 - a) Ricketts
 - b) Sarver and Ackerman
 - c) Bergman
 - d) Holdaway
4. The authors attribute the difference between males and females in the mean distance from the forehead facial plane to the forehead midpoint plane to the difference in their:
 - a) lip position within the soft-tissue envelope
 - b) facial angle relative to Frankfort Horizontal
 - c) sulcus depth relative to soft-tissue pogonion
 - d) forehead shape and prominence of soft-tissue glabella

Article 2

Shetty, P.; Jain, M.; and Deshpande, T.: *Digital Technology for the Management of Impacted Canines in Lingual Orthodontics* (pp. 663-672)

5. Approximately one-third of upper-canine impactions are:
 - a) palatal
 - b) labial
 - c) bilateral
 - d) ectopic
6. The authors made a virtual setup to use in manufacturing a customized lingual bracket for an impacted canine by:
 - a) mirroring the contralateral canine
 - b) taking a new impression after the impacted tooth had been exposed

- c) incorporating the anatomy of the impacted tooth from cone-beam computed tomography
 - d) both a and c
7. The customized brackets were fabricated by:
- a) an outside laboratory
 - b) stereolithography
 - c) selective laser sintering
 - d) direct metal printing
8. Root torque was added to the customized bracket for the impacted canine by means of:
- a) the appliance software
 - b) rapid prototyping
 - c) selective laser sintering
 - d) finishing wire bends

Article 3

Kaur, J.; Pillai, S.A.K.; Shravan Kumar, H.K.; and Shetty, K.S.: *Management of an Ectopic Lower Canine by Autotransplantation and Orthodontic Treatment* (pp. 673-682)

9. Common indications for autotransplantation include all of the following except:
- a) traumatic tooth loss
 - b) incomplete root formation
 - c) atypical eruption
 - d) large endodontic lesions
10. A transplanted tooth with complete root formation will require:
- a) root-canal therapy
 - b) later replacement with an implant prosthesis
 - c) widening of the recipient socket
 - d) all of the above
11. Atraumatic extraction of the donor tooth is recommended to:
- a) avoid replacement resorption
 - b) minimize extraoral time during surgery
 - c) avoid injury to the periodontal ligament
 - d) avoid the need for orthodontic space opening

12. If the recipient space is too small mesio-distally for the donor tooth:
- a) root-canal therapy must be performed
 - b) the donor tooth must be resected
 - c) the space must be widened surgically
 - d) more space must be created orthodontically

Article 4

Bowman, S.J.: *The Effect of Vibration on Molar Distalization* (pp. 683-693)

13. The upper-molar-distalization device used in this study was the:
- a) Jones Jig
 - b) Distal Jet
 - c) Horseshoe Jet
 - d) modified Pendulum
14. Compliance data showed that the vibrating device was used an average:
- a) 10 days per month
 - b) 17 days per month
 - c) 25 days per month
 - d) 29 days per month
15. Compared to the control group, the patients using a vibrating device showed distal movement of the first-molar root apex that was:
- a) 27% less
 - b) about the same
 - c) 27% greater
 - d) 71% greater
16. Compared to the 20% least compliant patients with the vibrating device, the 20% most compliant patients showed a monthly distal molar movement that was:
- a) .34mm greater
 - b) 1.23mm greater
 - c) .89mm less
 - d) about the same