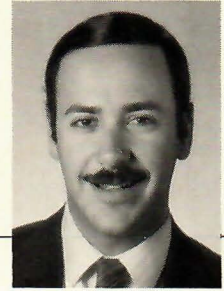


the readers' corner



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(Editor's Note: The Readers' Corner is a forum in which readers have an opportunity to share their experience and opinions about orthodontic treatment and management. Questions are sent to a number of JCO subscribers selected at random. Replies are collated and organized into a response that represents a consensus of the group.)



1. What procedures and devices do you use for x-ray safety? How many x-rays of a patient will you take routinely from beginning to end of treatment?

In general, practitioners reported using only a few techniques for ensuring radiation safety of their staffs and patients. High-speed films and rare-earth screens, along with lead-lined aprons, were often the only precautions mentioned.

Modern equipment with a rotating anode and annual state equipment checks were also cited by several readers. Lead-lined walls and radiation badges for staff members were only rarely mentioned. Some doctors stressed the importance of reducing the number of retakes

through good radiographic technique and maintenance of their autodevelopers.

The majority of readers reported that their routine radiographs consisted of pre- and post-treatment cephalograms and panorex. Progress cephalograms—particularly in patients undergoing skeletal-orthopedic correction—were mentioned, as were panorex before debanding to check root parallelism. A few respondents also listed frontal headfilms and radiographs (primarily transcranial) of the TMJ.



2. Compare the cooperation you get from children up to age 9, children age 9-13, children age 14-18, and adults.

The clinicians were quite clear in their opinions on the degree of cooperation from different age groups. Almost all said adults were

the most cooperative, with the 9-13 age group a close second.

Cooperation in the under-9 group was variously reported as fair to excellent, while 14-18-year-old children were almost universally described as the least cooperative.

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technique clinic

Comments included:

- "We don't ask too much of those under 9, but when we do they do very well. The 14-18 group are the no-show and hygiene challenges."
- "Children between the ages of 9 and 13 will cooperate really well if they are treated as individuals in whom we have great interest. They must be treated as little human beings."
- "As for functional appliances, the younger the better. Due to lack of socialization in the young child, cooperation can be achieved by making therapy an interesting and fun time."
- "I am totally honest with them—if something will hurt, I explain this to them prior to doing it. Because of this honesty, my patients usually do what is requested of them to complete their treatment in the shortest period of time."
- "The most difficult patients are the older teenagers who need orthopedic correction. Due to their growth, not only physically but also socially, there is a need to conform to their peers' ideals as well as a need of independence."



JCO wishes to thank the following participants in this month's column:

- Dr. Paul R. Duryea, Palm Harbor, FL
Dr. Randall Inouye, Lihue, HI
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Dr. Jimi Mehta, Fairfax, VA
Dr. William J. Turbyfill Jr., Asheville, NC
Dr. Stephen J. Vogel, Killeen, TX

INDIVIDUAL TOOTH AUXILIARIES

Two torquing auxiliaries, fabricated in the office from .014" Wilcock Special Plus or a similar wire, can be used in Begg Stage III treatment or in most fixed appliance techniques. I have been using them clinically for two years.

Individual Torquing Auxiliary

This spring (Fig. 1) provides lingual root torque for individual teeth. It consists of a body, two outer arms with coils, and two terminal hooks.

The auxiliary is secured by inserting the body into the bracket above the main archwire and either pinning or ligating. It is activated by extending the terminal hooks over the archwire. Activation can be increased by shortening the hooks, or by displacing the outer arms lingually relative to the body of the spring.

Uprighting Torquing Auxiliary

Although it is similar to a pin uprighting spring, this auxiliary (Fig. 2) provides root torque as well as uprighting. It consists of a spring pin and three armatures, the last of which ends in a hook.

The spring is engaged in the bracket above the main archwire, and it is activated by extending the hook over the archwire. This also helps lock the archwire in the bracket.

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