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Learning Objectives

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

1. Review the steps involved in hiring an associate.
2. Compare a fixed bite-jumping appliance to other Class II noncompliance devices.
3. Consider various treatment options for a growing patient with unilateral scissor bite.
4. Describe treatment of a severe reverse overbite in a young adult using a 2 × 4 appliance.

Article 1

Haeger, R.S. and White, C.: *Finding a Successful Associate to Fit Your Office* (pp. 71-79)

1. In the dental management organization model, an associate is employed by:
 - a) an orthodontist-owner
 - b) a management corporation
 - c) a general dental group practice
 - d) a specialty group practice
2. Most states view the requirement for an associate to provide notice of termination as:
 - a) an abridgement of labor laws
 - b) a standard practice that need not be spelled out in the contract
 - c) a quid pro quo with the employer
 - d) a promise of indefinite employment
3. If an equity partnership is discussed but not incorporated into the agreement, it is important that it should:
 - a) be formalized in writing
 - b) not be promised orally
 - c) not be promised in writing
 - d) both b and c
4. In most states, a “non-compete” clause must be:

- a) reasonable in terms of time and distance
- b) effective for less than a year
- c) approved by the proper government agency
- d) applied only to the main office location

Article 2

Gerxhani, R. and Luzi, C.: *The PowerScope System for Simplified Class II Treatment* (pp. 80-89)

5. The PowerScope is usually attached:
 - a) to the upper first molar bands and the lower archwire distal to the canines
 - b) to the upper first molar bands and lower anterior bracket tubes
 - c) to the archwires mesial to the upper first molars and distal to the lower canines
 - d) to the upper archwire mesial to the first molars and a lower buccal arch distal to the canines
6. The PowerScope is reactivated by:
 - a) crimping shims on the thinnest of the telescopic segments
 - b) replacing the internal nickel titanium spring
 - c) moving the middle telescopic rod to the next inscribed line
 - d) replacing the middle telescopic rod
7. The best time to apply the device is:
 - a) in Phase I of treatment
 - b) immediately after full bonding
 - c) after the leveling and alignment phase
 - d) during the finishing phase
8. With .018" bracket slots, the PowerScope should be attached to an:
 - a) .018" nickel titanium archwire
 - b) .017" × .025" stainless steel archwire
 - c) .019" × .025" stainless steel archwire
 - d) .022" × .028" stainless steel archwire

Article 3

Du, J.; Lin, S.; Ma, Q.L.; Wu, T.; and Li, H.: *Correction of Severe Unilateral Scissor Bite in Growing Class II Patients* (pp. 97-108)

9. For nonsurgical correction of scissor bite in a high-angle Class II patient, intermaxillary elastics should be avoided because they can:

- a) lengthen the posterior clinical crowns
- b) open the bite
- c) reduce lower facial height
- d) both a and c

10. The authors hypothesized that the patient developed a unilateral scissor bite because he:

- a) had a mentalis strain when closing the mouth
- b) chewed primarily on the left side to avoid pain from a decayed upper right first molar
- c) had buccally inclined right posterior teeth
- d) had a skeletal Class II jaw relationship

11. The authors chose the first premolars rather than the second premolars for extraction so that:

- a) the vertical height of the posterior teeth could be maintained
- b) the mandible could be advanced adequately
- c) the anterior teeth could be retracted as much as possible
- d) all of the above

12. Clinical indications for extraction of first permanent molars in orthodontic treatment include all of the following except:

- a) extensive caries
- b) apical pathosis or root-canal treatment
- c) heavy fillings compared to healthy premolars
- d) a low mandibular plane angle

Article 4

Takane, V.; Keluskar, K.; Jaisinghani, A.; Malagan, M.; and Jatti, R.: *Nonsurgical Management of Severe Reverse Overbite in a Young Adult* (pp. 109-114)

13. A pseudo-Class III malocclusion can be indicated by:

- a) a forward functional shift of the mandible
- b) an anterior crossbite
- c) a centric relation-centric occlusion (CR-CO) discrepancy
- d) any of the above

14. The pseudo-Class III patient may appear to have any of the following except:

- a) a normal mandibular appearance
- b) a straight profile
- c) a Class I molar relationship
- d) a Class III canine relationship

15. Orthodontic treatment of the pseudo-Class III should focus on:

- a) the inclination of the upper incisors
- b) the inclination of the lower incisors
- c) the CR-CO discrepancy
- d) the underlying skeletal discrepancy

16. Failure to correct a pseudo-Class III at an early age can result in:

- a) a forward functional shift of the mandible
- b) the establishment of a skeletal Class III malocclusion
- c) the establishment of a skeletal Class II malocclusion
- d) accelerated root resorption

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