

CONTINUING EDUCATION

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Learning Objectives

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

1. Describe a method of bracket positioning based on smile esthetics.
2. Create a budget for new office construction or a remodeling project.
3. Compare methods of treating Class II patients with unilateral transpositions.
4. Discuss the complicating factors involved in treatment of adult cleft patients.

Article 1

Balut, N.; Sarver, D.M.; and Popnikolov, P.: *Strategies for Bracket Placement Based on Smile Esthetics* (pp. 326-333)

1. As people age, the overall vertical dimension of the smile:
 - a) increases by 1.5-2mm
 - b) remains essentially unchanged
 - c) diminishes by 1.5-2mm
 - d) diminishes by 4.5-5mm
2. The common focus on extrusion of the maxillary canines for canine guidance results in:
 - a) intrusion of the maxillary incisors
 - b) intrusion of the mandibular posterior teeth
 - c) a broader smile arc
 - d) all of the above
3. In a patient with low smile height, the lateral incisor bracket should generally be placed:
 - a) 4.5mm from the incisal edge
 - b) 5mm from the incisal edge
 - c) 6mm from the incisal edge
 - d) 6.5mm from the incisal edge

4. In the mandibular arch, the authors recommend bonding:

- a) the canines first
- b) from the molars to the anterior teeth
- c) from anterior to posterior
- d) in any convenient order

Article 2

Haeger, R.S.: *Organizing an Office Construction Project* (pp. 335-344)

5. A PC will be needed wherever there is a:
 - a) dedicated scanner
 - b) photo-capture workstation
 - c) thin client
 - d) both a and b
6. The Designer Items worksheet contains all of the following columns except:
 - a) patient chairs
 - b) parent chairs
 - c) break room chairs
 - d) wall mirrors
7. The Contractor Checklist includes bids and estimates from the:
 - a) interior designer
 - b) architect
 - c) contractor
 - d) all of the above
8. The author recommends basing the sterilization room setup on:
 - a) your applicable state law
 - b) California state law
 - c) OSHA regulations
 - d) FDA regulations

Article 3

Mendigeri, V.B.; Ganeshkar, S.V.; and Gogineni, R.: *Orthodontic Management of Class II Malocclusion with Unilateral Transposition* (pp. 345-354)

9. The most common transposition involves the:
 - a) upper lateral incisor and canine
 - b) lower lateral incisor and canine
 - c) upper canine and first premolar
 - d) lower canine and first premolar
10. Attempting to reposition the transposed teeth carries the risk of:
 - a) damaging the supporting tissues
 - b) creating a vertical discrepancy in the anterior gingival levels
 - c) deepening the overbite
 - d) increasing the midline deviation
11. Substituting a premolar for a canine can worsen smile esthetics because:
 - a) occlusal adjustments will be needed
 - b) the premolar is wider than the canine
 - c) the premolar is shorter than the canine
 - d) the palatal cusps of the premolar will interfere with group function
12. Both dentists and lay persons are esthetically disturbed by:
 - a) a 4mm midline deviation
 - b) a 2mm deviation in incisor angulation
 - c) a 4mm vertical discrepancy in gingival levels
 - d) all of the above

Article 4

Ribeiro, A.A.; Lurentt, K.; Pary, A.; and Suedam, I.K.T.: *Comprehensive Treatment of Severe Cleft Lip and Palate* (pp. 357-367)

13. A combined cleft lip and palate has a greater impact on the face and occlusion than most other anomalies because of its effect on:
 - a) mandibular growth
 - b) the sagittal suture
 - c) hypertonicity of the mentalis muscle
 - d) maxillomandibular equilibrium
14. Mandibular characteristics commonly found in cleft patients include all of the following except:
 - a) an obtuse gonial angle
 - b) a vertical growth pattern
 - c) a reverse curve of Spee
 - d) excessive lower facial height
15. In the case shown here, the decision to use a Hyrax expander during presurgical orthodontics was based on the:
 - a) palatal inclination of the upper premolars
 - b) patient's desire to avoid surgery
 - c) need to extract only an ectopic upper second premolar
 - d) patient's developmental stage
16. The residual alveolar cleft was grafted with:
 - a) bone tissue from the medullary iliac crest
 - b) bone tissue from the distal femur
 - c) freeze-dried bone allograft
 - d) bone morphogenetic protein