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Learning Objectives

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

1. Discuss the application of the ADA's "Return to Work Interim Guidance Toolkit" in orthodontic practices.
2. Describe a method of bracket positioning using the marginal ridge as a reference line for the posterior teeth.
3. Compare clear aligners to preadjusted edgewise appliances in premolar-extraction treatment of young adults.
4. Fabricate a new esthetic jig that can be attached to a miniscrew for molar distalization.

Article 1

Dorst, J.: *Back-to-Work Coronavirus Infection Control* (pp. 268-274)

1. Common symptoms of COVID-19 include all of the following except:
 - a) shortness of breath
 - b) elevated blood pressure
 - c) repeated shaking with chills
 - d) new loss of taste or smell
2. A patient or staff member should be sent home if he or she comes to the office with a temperature higher than:
 - a) 98.6°F
 - b) 99.8°F
 - c) 100.4°F
 - d) 102°F
3. The difference in ADA-recommended personal protective equipment between aerosol and non-aerosol procedures is that an aerosol procedure

requires:

- a) an N95 respirator mask
 - b) a Level 2 surgical mask
 - c) an isolation gown
 - d) a face shield
4. Scrubs should be protected against aerosol contamination by using:
 - a) a full protective suit
 - b) an isolation gown
 - c) a clinic jacket
 - d) either b or c

Article 2

Lima, D.V. and Freitas, K.M.S.: *Vertical Bracket Positioning Using the Marginal Ridge as Reference* (pp. 284-293)

5. The reference line proposed by Andrews for optimal bracket positioning was the:
 - a) vertical axis of the facial crown
 - b) facial axis of the clinical crown
 - c) marginal ridge
 - d) incisal edge
6. A vertical change of 3mm in bracket position results in a torque variation of about:
 - a) 3mm
 - b) 5°
 - c) 15°
 - d) 25°
7. To determine bracket heights for the anterior teeth, the authors normally refer to the:
 - a) vertical axis of the facial crown
 - b) marginal ridge
 - c) first molar brackets
 - d) first premolar brackets

8. If the line tangent to the contact points of the posterior teeth is used as a reference:
- the bracket slots will be misaligned
 - the brackets will be too gingivally positioned
 - the torque will be altered
 - both a and b

Article 3

Gaffuri, F.; Cossellu, G.; Lanteri, V.; Brotto, E.; and Farronato, M.: *Comparative Effectiveness of Invisalign and Fixed Appliances in First-Premolar Extraction Cases* (pp. 294-301)

9. The Invisalign G6 protocol was developed to address cases requiring:
- molar distalization
 - correction of dental flaring and tipping
 - premolar extractions
 - unusual patient cooperation
10. The ABO Objective Grading System (OGS) includes all of the following criteria except:
- marginal ridge height
 - smile arc
 - buccolingual inclination
 - occlusal relationship
11. In this study, the total OGS scores after treatment were:
- not significantly different between the Invisalign and fixed appliance groups
 - significantly lower in the Invisalign group
 - slightly lower in the fixed appliance group
 - higher than a typical passing score in both the Invisalign and fixed appliance groups
12. The Invisalign group took longer to treat on average because:
- refinement stages were needed

- patients did not change aligners as often as requested
- elastics could not be used
- vertical control was inadequate

Article 4

Bernd, G.; Fensterseifer, C.K.; Weissheimer, A.; and Menezes, L.M.: *A New Jig Design for Molar Distalization with Skeletal Anchorage* (pp. 302-308)

13. This jig is fabricated from .017" x .025":
- titanium molybdenum wire
 - beta titanium wire
 - stainless steel wire
 - either b or c
14. After activation, the jig should deliver a distalization force of:
- 50-100g
 - 150-200g
 - 200-250g
 - 275-300g
15. This jig is more comfortable than previous designs because it is tied to the miniscrew with:
- conventional elastics
 - elastomeric chain
 - stainless steel ligature wire
 - nickel titanium coil springs
16. If a non-growing patient's alveolar bone is narrower than the buccolingual dimension of the molar roots before treatment, the Class II malocclusion should be treated with:
- premolar extraction
 - molar distalization
 - orthognathic surgery
 - arch expansion