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Learning Objectives

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

1. Outline trends in orthodontic diagnostic and treatment procedures since 1986.

2. Discuss the possibility of treating unilateral condylar hyperplasia (UCH) with proportional condylectomy followed by orthodontic aligner therapy.

3. Describe a method of intrusion supported by palatal skeletal anchorage for maxillary vertical control in hyperdivergent patients.

4. Combine the Carriere Motion Appliance with skeletal anchorage in treatment of a Class II, division 1 malocclusion.

Article 1

Keim, R.G.; Vogels, D.S. III; and Vogels, P.B.: 2020 JCO Study of Orthodontic Diagnosis and Treatment Procedures (pp. 581-610)

1. Between the 2014 and 2020 JCO studies, routine pretreatment usage of digital intraoral scanners changed from 12% to:

- a) 10%
- b) 20%
- c) 36%
- d) 56%

2. The most popular type of palatal expander in the current Study was the:

- a) Hyrax
- b) Quad Helix
- c) Haas
- d) W arch

3. The percentage of respondents who reported

using more than one type of initial archwire was: a) 14%

- b) 63%
- c) 77%
- d) 84%

4. Temporary anchorage devices were used most routinely for:

- a) molar distalization
- b) molar intrusion
- c) molar protraction
- d) correction of occlusal-plane cant

Article 2

Cascone, P.; Cicero, B.; Ramieri, V.; Germanò, F.; and Vellone, V.: *Treatment of Unilateral Condylar Hyperplasia with Proportional Condylectomy and Orthodontic Aligners* (p. 611-619)

5. In cases involving UCH, single-photon emission computed tomography scans are especially useful in evaluating:

- a) pathological bone metabolism
- b) facial asymmetry
- c) arthrosis
- d) hemimandibular elongation

6. In this study, aligner treatment was initiated seven days after the proportional condylectomy to take advantage of the:

- a) patient's remaining growth
- b) regional acceleratory phenomenon
- c) postsurgical healing process
- d) alveolar support for intermaxillary elastics

7. After orthodontic aligner treatment, canted oc-

clusal planes had been corrected in:

a) six of 14 patients

b) six of eight patients

c) eight of 11 patients

d) 11 of 14 patients

8. Compared with traditional postsurgical orthodontic treatment of UCH patients, aligners have the advantage of:

a) being more esthetic

b) maintaining free space to allow lateral and protrusive movements toward the affected side

c) enabling different approaches in individual arch segments without involving other teeth

d) all of the above

Article 3

Azami, N.; Nanda, R.; and Uribe, F.: *Effective Vertical Control of the Entire Maxillary Arch with a Palatal TAD-Supported Appliance* (pp. 620-629) 9. In a patient with a hyperdivergent growth pattern, leveling a steep occlusal plane with preadjusted brackets can result in:

a) reduced masticatory muscle volume

b) counterclockwise rotation of the mandible

c) extrusion of the molars

d) intrusion of the anterior segments

10. For balanced intrusion, the line of force application should:

a) pass through the center of rotation of the unit being intruded

b) pass through the center of resistance of the unit being intruded

c) be applied at the level of the first-molar tubes

d) generate differential moments

11. The customized splint presented by the authors is attached to:

a) a palatal C-tube miniplate

b) two mini-implants in the palatal shelves

c) three mini-implants aligned anteroposteriorly in the midpalatal suture

d) four mini-implants in the palatal shelves12. In the case shown here, intrusion of the entire maxillary arch was designed to:

a) promote forward mandibular autorotation

b) address the patient's lip incompetency

c) correct an excessive gingival display

d) all of the above

Article 4

Fouda, A.S.; Aboulfotouh, M.H.; Attia, K.H.; and Abouelezz, A.M.: *Carriere Motion Appliance with Miniscrew Anchorage for Treatment of Class II*, *Division 1 Malocclusion* (pp. 633-641)

13. The Carriere Motion Appliance is designed to be used in Class II treatment:

a) before fixed appliances are placed

b) in combination with fixed appliances

c) in combination with clear aligners

d) in conjunction with premolar extractions

14. The authors used skeletal anchorage to:

- a) promote mandibular autorotation
- b) distalize the upper posterior segments

c) limit the side effects of Class II elastics in the lower arch

d) avoid the need for premolar extractions

15. The lower second molars were banded instead of the first molars to:

a) increase the horizontal force component of the Class II elastics

b) reduce the vertical force component of the Class II elastics

c) avoid mesial movement of the lower first molars

d) both a and b

16. After leveling and alignment, the miniscrews were removed and reinserted between the upper second premolars and first molars to:

a) avoid overloading the upper posterior segments during anterior retraction

b) avoid flaring of the lower incisors

c) limit the side effects of Class II elastics in the upper arch

d) all of the above