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Learning Objectives

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

1. Discuss the relationship of certain diagnostic and treatment methods to practice age, geographic region, and gross income level.
2. Describe an interdisciplinary approach to treating upper canine impactions associated with excessive gingival exposure.
3. Compare a skeletally anchored maxillary expander with other methods of correcting transverse deficiencies in non-growing patients.
4. Contrast various techniques for interceptive skeletal Class III treatment at different stages of tooth development.

Article 1

Keim, R.G.; Vogels, D.S. III; and Vogels, P.B.: *2020 JCO Study of Orthodontic Diagnosis and Treatment Procedures* (pp. 657-679)

1. Respondents at the highest gross income level were significantly more likely than others to report appointment intervals of:
 - a) four weeks
 - b) five weeks
 - c) six weeks
 - d) eight weeks
2. Intraoral scanners were used most by respondents in practice for:
 - a) one to 10 years
 - b) 11-20 years
 - c) 21-30 years
 - d) 31 or more years

3. Maxillary first molars were significantly more likely to be bonded rather than banded by respondents in the:

- a) Northeast region
- b) Midwest region
- c) West Central region
- d) Pacific region

4. The variables that correlated most significantly with aligner success or relapse rates were the aligner change interval and:

- a) aligner appointment interval
- b) percentage of cases treated only with aligners
- c) number of aligners used per case
- d) total number of aligner cases

Article 2

Manzo, P.; Posadino, M.; Romano, F.; Amato, I.; Silvestrini-Biavati, A.; and Migliorati, M.: *An Interdisciplinary Approach to Treating Impacted Canines Associated with Gummy Smiles* (pp. 680-689)

5. Local causes of maxillary canine impaction may include any of the following except:

- a) supernumerary teeth
- b) hypodontia
- c) retained primary teeth
- d) root dilaceration

6. The etiology of excessive gingival display may include:

- a) supernumerary teeth
- b) loss of arch space
- c) dentoalveolar extrusion
- d) any of the above

7. In modeling a new smile architecture for patients with maxillary canine impactions and tooth-size discrepancies or uneven crown exposure, the multidisciplinary team needs to consider:

- a) the upper lip position
- b) facial symmetry
- c) tooth display in smiling
- d) all of the above

8. Inadequate torque control of a palatally impacted canine can result in:

- a) excessive palatal root inclination
- b) dark buccal corridors
- c) a tooth-size discrepancy
- d) the need for periodontal plastic surgery

Article 3

Maino, B.G.; Paoletto, E.; Cremonini, F.; Liou, E.; and Lombardo, L.: *Tandem Skeletal Expander and MAPA Protocol for Palatal Expansion in Adults* (pp. 690-704)

9. The most common clinical finding associated with transverse maxillary deficiency is:

- a) anterior crossbite
- b) posterior crossbite
- c) tooth-size discrepancy
- d) midline deviation

10. Miniscrews in the paramedian anterior palate are recommended for supporting orthodontic expansion appliances because they:

- a) are easy to insert
- b) can be activated immediately
- c) have a low failure rate
- d) all of the above

11. The MAPA System is used to produce a:

- a) three-dimensional surgical guide
- b) rapid maxillary expander
- c) template for surgically assisted rapid palatal expansion

d) polyvinyl siloxane impression of the patient's upper arch

12. The Tandem Skeletal Expander is normally anchored by:

- a) four buccal miniscrews
- b) two buccal and two palatal miniscrews
- c) two palatal miniscrews
- d) four palatal miniscrews

Article 4

De Brito, G.M.; Simões, D.; Flores, P.S.; and Machado, A.W.: *An Effective Approach to Correcting Anterior Crossbite in a Class III Patient* (pp. 705-710)

13. Anterior crossbite has a reported prevalence between 2.2% and:

- a) 5.1%
- b) 7.2%
- c) 12%
- d) 15%

14. Interceptive skeletal Class III treatment in growing patients generally involves:

- a) maxillary protraction
- b) rapid maxillary expansion
- c) orthodontic tooth movement
- d) asymmetrical extractions

15. To temporarily open the anterior bite in this case, the authors used:

- a) a 2 × 4 appliance
- b) an acrylic biteplane
- c) anterior bite turbos
- d) a protraction facemask

16. Compensatory treatment in a Class III case generally involves:

- a) proclination of the upper anterior teeth
- b) retroclination of the lower anterior teeth
- c) asymmetrical extractions
- d) both a and b