

CONTINUING EDUCATION

The East Carolina School of Dental Medicine will award 3 hours of Continuing Education credit for reading this issue of JCO and answering at least 12 of the following 16 questions correctly. Take this test online at www.jco-online.com (click on Continuing Education); payment of \$25 is required by VISA or MasterCard. The test may be retaken once if not passed on the first attempt. Correct answers will be supplied immediately, along with a printable certificate. Tests will be accessible on the JCO website for 12 months after publication. A subscription to JCO is not required to earn C.E. credits. For information, contact Dr. Robert Keim, (213) 740-0410; e-mail: editor@jco-online.com. CER Code: JCO February 2021.

Learning Objectives

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

1. Contrast orthodontic diagnostic and treatment methods in France with those in the United States.
2. Compare results in interceptive facemask treatment of dizygotic twin sisters with and without slow maxillary expansion.
3. Prescribe an upper expansion appliance that can also be used to correct molar rotations, distalize molars, or open the bite.
4. Describe a technique for quickly uprighting a horizontally impacted lower second molar.

Article 1

Balteau, M.; Lefebvre, F.; Kanter, D.; Wagner, D.; and Bolender, Y.: *Diagnosis and Treatment Procedures in French Orthodontic Practices* (pp. 83-100)

1. On average, compared with American orthodontists, French practitioners recommended starting treatment:
 - a) two years earlier
 - b) a year earlier
 - c) at the same age
 - d) a year later
2. Intraoral digital scanning was used routinely by:
 - a) 8% of French orthodontists
 - b) 23% of French orthodontists
 - c) 31% of French orthodontists
 - d) 56% of French orthodontists
3. The preferred material for finishing archwires in both countries was:

- a) titanium molybdenum
 - b) chrome cobalt nickel
 - c) nickel titanium
 - d) stainless steel
4. The lingual appliance system used most routinely in France was:
 - a) Harmony
 - b) Win
 - c) Incognito
 - d) Forestadent 2D

Article 2

Uslu-Akcam, O.; Yuksel, G.; and Akcam, M.O.: *Facemask Treatment With and Without Maxillary Expansion in Dizygotic Twins* (pp. 107-117)

5. In this comparative study of twin sisters, one twin was treated without maxillary expansion, and the other with a:
 - a) Schwarz maxillary expander
 - b) Haas-type maxillary expander
 - c) Quad Helix expander
 - d) non-helix expander
6. The main objective of early facemask treatment is to:
 - a) expand the maxillary arch
 - b) eliminate the forward functional shift of the mandible
 - c) stimulate forward growth of the maxilla through sutural growth
 - d) stimulate condylar growth
7. The optimal time to treat a skeletal Class III malocclusion is:
 - a) in the deciduous dentition

- b) immediately after the eruption of the maxillary incisors
 - c) in the late mixed dentition
 - d) in the permanent dentition, before eruption of the third molars
8. A study by Carel and colleagues found that genetic factors exerted more control over vertical variables than:
- a) horizontal variables
 - b) angular variables
 - c) soft-tissue variables
 - d) both a and b

Article 3

Spencer, G.W.: *The Non-Helix Appliance: An Alternative to the Quad Helix* (pp. 122-128)

9. The “W” arch was a modification of the:
- a) Kesling appliance
 - b) Coffin appliance
 - c) Haas expander
 - d) Quad Helix
10. The “non-helix” is made from:
- a) .030" round stainless steel wire
 - b) .036" round stainless steel wire
 - c) .036" round beta titanium wire
 - d) .019" × .025" nickel titanium wire
11. To correct any mesial rotation of the upper first molars, the non-helix is:
- a) “fan expanded”
 - b) converted to a V-shape
 - c) removed from the lingual sheaths
 - d) adjusted to produce a distal force on the contralateral molar
12. An anterior biteplane can be incorporated in the non-helix by adding:
- a) anterior expansion arms
 - b) a Nance button
 - c) cold-cure acrylic
 - d) light-cured Triad Gel

Article 4

Palukunnu, B.; Hariprasad A.; Madhav M.P., M.; and Shaji A.P.: *A Segmental Molar Uprighting Technique* (pp. 131-133)

13. If a patient’s lower second molar is horizontally impacted:
- a) it must be moved distally to create space for uprighting
 - b) an intrusive and uprighting force vector is required to prevent excessive contact with the opposing tooth
 - c) it must be surgically removed
 - d) both a and b
14. In the authors’ technique, the impacted second molar is bonded with a:
- a) single-wing bracket
 - b) twin bracket
 - c) single tube
 - d) double tube
15. To create an extrusive force vector, the sectional nickel titanium wire is:
- a) engaged from the distal of the bracket
 - b) passed distally around and above the bracket and inserted from the mesial
 - c) moved above the bracket and along the mesial side to be inserted from below
 - d) replaced with a continuous .017" × .025" nickel titanium archwire
16. To move the force vector in a distal direction, with an intrusive component to avoid interference from the opposing tooth, the sectional nickel titanium wire is:
- a) engaged from the distal of the bracket
 - b) passed distally around and above the bracket and inserted from the mesial
 - c) moved above the bracket and along the mesial side to be inserted from below
 - d) replaced with a continuous .017" × .025" nickel titanium archwire