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Learning Objectives

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

1. Evaluate factors that appear to be related to practice success in terms of net income and case starts.
2. Describe the use of a palatally anchored device for unilateral molar distalization during clear aligner therapy.
3. Discuss the level of predoctoral instruction in clear aligner treatment at North American dental schools.
4. Contrast various methods of treating adult skeletal Class III patients.

Article 1

Keim, R.G.; Vogels, D.S. III; and Vogels, P.B.: *2021 JCO Orthodontic Practice Study* (pp. 657-674)

1. Respondents in the high net income category reported about:
 - a) twice the gross income as those in the low net income category
 - b) three times the net income as those in the low net income category
 - c) three and half times the active cases as those in the low net income category
 - d) four times the case starts as those in the low net income category
2. Among the management methods surveyed, statistically significant differences in mean case starts were found between users and non-users for measurement of staff productivity and:
 - a) in-depth analysis of practice activity
 - b) treatment flow control system

- c) cases beyond estimate report
 - d) measurement of case acceptance
3. High net income practices were more likely than low net income practices to routinely delegate every task except:
 - a) appliance insertion
 - b) appliance adjustment
 - c) case presentation
 - d) fee presentation
 4. The most effective practice-building category, as ranked by high net income respondents, was:
 - a) internal referrals
 - b) new-patient incentives
 - c) external referrals
 - d) expanded services

Article 2

Wilmes, B.; Schwarze, J.; Vasudavan, S.; and Drescher, D.: *Combination of Clear Aligners and Beneslider for Correction of Severe Midline Deviation* (pp. 675-683)

5. Most toothborne appliances for upper molar distalization produce the unwanted side effect of:
 - a) reciprocal movement of the opposing teeth
 - b) excessive lower incisor proclination
 - c) anchorage loss
 - d) all of the above
6. In the authors' technique, the connection areas between the Beneslider and the aligners are:
 - a) cut out of the aligners
 - b) reinforced with composite
 - c) maintained in a passive state with stainless steel ligature wire
 - d) attached to elastomeric chains

7. The Beneslider's active force is provided by:
 - a) elastomeric chain
 - b) nickel titanium coil springs
 - c) tieback wires
 - d) intramaxillary elastics
8. The palatal area posterior to the third rugae is preferred for mini-implant insertion to anchor upper molar distalization because it offers:
 - a) a stable reference landmark
 - b) good bone quality
 - c) thin attached mucosa
 - d) both b and c

Article 3

Park, J.J.; Duong, M.L.T.; Thayer, J.J.; and Park, J.H.: *Clear Aligner Treatment Education in Dental Schools in the United States and Canada* (pp. 684-693)

9. Among the responding institutions with post-doctoral orthodontic programs, all reported that predoctoral orthodontic courses were taught by:
 - a) general dentists
 - b) basic science faculty
 - c) manufacturer representatives
 - d) orthodontists
10. Among the predoctoral programs that did not offer instruction in clear aligner therapy (CAT), the most common reason was that:
 - a) students did not learn enough biomechanics to understand clear aligner mechanics
 - b) there was not enough time available in the curriculum
 - c) CAT was not an appropriate subject for predoctoral education
 - d) the institution did not have enough faculty members with experience in CAT
11. The five most common clinical topics in CAT instruction included all of the following except how to:
 - a) deliver attachments and aligners clinically
 - b) assess tracking and untracking of aligners
 - c) adjust aligners with heated pliers for better tracking

- d) determine when refinements are indicated
12. According to survey respondents, the most common indication for CAT by general dentists would be:
 - a) mild to moderate crowding or spacing
 - b) dental Class I malocclusion
 - c) anterior crossbite
 - d) need for orthognathic surgery

Article 4

Rahima, A.M.; El-Beialy, A.R.; and Mostafa, Y.A.: *Nonsurgical Treatment of an Adult Skeletal Class III Patient with Compensated Dentition* (pp. 701-709)

13. In this case, to maintain the lingual inclination of the compensated lower incisors while short Class III elastics were applied, the authors used a:
 - a) maxillary expander
 - b) heavy initial archwire
 - c) thermoformed lower retainer
 - d) lower lingual arch
14. A beneficial side effect of the maxillary expansion in this case was that the:
 - a) mandible hinged open
 - b) mandibular incisors were proclined
 - c) maxillary molars were tipped distally
 - d) maxillary molars were extruded
15. If intermaxillary elastics are applied to a flexible archwire, they may cause:
 - a) extrusion of the upper molars
 - b) a counterclockwise rotation of the occlusal plane
 - c) a clockwise rotation of the mandible
 - d) any of the above
16. The use of short Class III elastics in this case:
 - a) minimized downward and backward movement of the mandible
 - b) allowed early correction of the anteroposterior discrepancy
 - c) enhanced the extrusion of the lower posterior teeth
 - d) both a and b