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Learning Objectives

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

1. Fabricate a sliding jig to move an upper incisor across the midline in a patient with agenesis.
2. Discuss the use of rapid palatal expansion prior to clear aligner therapy in growing patients with anterior open bites.
3. Use miniscrew anchorage for en-masse mandibular distalization in Class III treatment.
4. Describe a nonsurgical option for treating a patient with severe open bite associated with degenerative disease of the TMJ.

Article 1

Pithon, M.M.; Vieira, I.M.; Souza, R.A.; and Freitas, L.M.A.: *A Sliding Jig for Movement of a Central Incisor Across the Midline in a Class II Patient with Agenesis and Multiple Impactions* (pp. 567-579)

1. Next to third molars, the most frequently impacted teeth are the:
 - a) second molars
 - b) upper canines
 - c) lower canines
 - d) upper incisors
2. Advantages of overlay wires for erupting impacted teeth include all of the following except:
 - a) ability to support heavy forces
 - b) simplicity
 - c) ability to apply constant forces
 - d) adaptability to different needs
3. The sliding jig promotes lateral excursion instead of tipping because it:

- a) uses an overlay wire
 - b) avoids loss of anchorage
 - c) allows the line of force to pass through the center of resistance of the teeth
 - d) all of the above
4. Replacement of a canine by a first premolar results in:
 - a) canine guidance without contact of the remaining teeth
 - b) lateral discusion through group function
 - c) functional contact of the incisal edges in protrusive movement
 - d) long-term periodontal problems

Article 2

Lombardo, L.; Carlucci, A.; Albertini, P.; Cremonini, F.; and Siciliani, G.: *Hybrid Aligner Therapy for Growing Patients with Anterior Open Bites* (pp. 580-591)

5. Early interception of oral and mouthbreathing habits is important to:
 - a) avoid the development of anterior open bite
 - b) prevent worsening of a malocclusion
 - c) promote optimal development of the masticatory system
 - d) all of the above
6. In the first case shown here, a posterior bite block was added because of the patient's:
 - a) hyperdivergent growth pattern
 - b) tongue-thrust habit
 - c) severe anterior open bite
 - d) stage of skeletal development
7. In each of these cases, a fixed tongue crib was used to:

- a) satisfy the patient's esthetic demands
 - b) promote patient comfort
 - c) permit normal eruption of the incisors
 - d) shorten the second phase of treatment
8. The aligner phase of treatment was used to:
- a) level and align the arches
 - b) correct dental rotations
 - c) permit normal eruption of the incisors
 - d) both a and b

Article 3

Vieira, C.A.M.; Damis Rodrigues, R.; Gomes Cardoso, T.; Garcia-Júnior, M.A.; and Zanetta-Barbosa, D.: *En-Masse Retraction of the Mandibular Arch with Skeletal Anchorage in the Buccal Shelf* (pp. 597-603)

9. Skeletal anchorage has been widely used in Class III treatment because it:
- a) does not allow movement of the reaction unit
 - b) can be applied in severe cases
 - c) can be left in place for intermaxillary fixation
 - d) all of the above
10. The applicability of passive self-ligating brackets for en-masse mandibular distalization depends on all of the following except the:
- a) magnitude of skeletal and dental discrepancy
 - b) initial positions of the teeth
 - c) capacity for early activation
 - d) orthodontic mechanics to be used
11. Unlike interradicular miniscrews, extra-alveolar miniscrews:
- a) require less torque for insertion
 - b) allow the teeth to move freely during distalization
 - c) will need to be relocated as distalization progresses
 - d) allow immediate force application
12. In this case, the lower third molars were extracted to:
- a) allow the insertion of miniscrews in the buccal shelf

- b) allow the use of passive self-ligating brackets
- c) provide greater occlusal stability
- d) provide adequate space for the mandibular retraction

Article 4

Choi, J.Y.; Kim, S.H.; Chung, K.R.; Hong, J.P.; and Nelson, G.: *Biocreative Reverse-Curve Technique for Nonsurgical Resolution of Severe Open Bite Associated with Condylar Disease* (pp. 604-618)

13. Nonpharmacological modalities for treatment of degenerative joint disease include all of the following except:
- a) physical therapy
 - b) myofunctional therapy
 - c) splint therapy
 - d) full-mouth rehabilitation
14. A patient with degenerative disease of the TMJ typically exhibits:
- a) clockwise rotation of the mandible
 - b) anterior open bite
 - c) mesially tipped molars
 - d) all of the above
15. The first step in the authors' recommended technique is to:
- a) fabricate a full-coverage splint in centric relation
 - b) insert an I-type C-tube miniplate in the symphyseal area
 - c) bond a lower lingual arch from first premolar to first premolar
 - d) start intrusion of the upper molars to close the anterior open bite
16. The use of Class III elastics:
- a) allows simultaneous deprogramming with occlusal splint therapy
 - b) allows spontaneous recovery of the condyles
 - c) should be avoided in TMD patients
 - d) requires skeletal anchorage in TMD patients