

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. Neal Kravitz; e-mail: editor@jco-online.com. CER Code: JCO November 2022.

Learning Objectives

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

1. Discuss nonsurgical options for resolving severe vertical skeletal dysplasia.
2. Prescribe sectional maxillary aligners for Phase I treatment of Class II malocclusions.
3. Describe a device used for simultaneous posterior intrusion and anterior extrusion in open-bite treatment.
4. Use a digital workflow to add expansion capacity to a boneborne rapid palatal expander.

Article 1

Chamberland, S.: *Noninvasive Management of Severe Vertical Skeletal Dysplasia* (pp. 633-648)

1. Long-face syndrome is characterized by any of the following except:
 - a) excessive lower anterior facial height
 - b) a steep mandibular plane
 - c) a vertical proportion of about $\frac{1}{3}:\frac{2}{3}$
 - d) anterior open bite
2. In patients with severe vertical skeletal dysplasia, double-arch molar intrusion produces results similar to those of:
 - a) superior repositioning of the maxilla by Le Fort I osteotomy
 - b) bilateral sagittal split osteotomy
 - c) Le Fort II osteotomy for treatment of nasomaxillary hyperplasia
 - d) craniofacial distraction osteogenesis
3. Active intrusion of the anterior teeth is often required during double-arch molar intrusion to avoid:

- a) counterclockwise mandibular rotation
 - b) extrusion of the upper incisors
 - c) reduction of lower anterior facial height
 - d) all of the above
4. If a retrusive chin persists, the vertical relationship can be improved with minimally invasive:
 - a) bimaxillary surgery
 - b) camouflage orthodontics
 - c) bonded composite posterior bite blocks
 - d) functional genioplasty

Article 2

Ferris, A. and Rungcharassaeng, K.: *Class II Correction Using Sectional Clear Aligners* (pp. 658-665)

5. The Carriere Motion 3D Class II appliance obtains mandibular anchorage from:
 - a) a passive lingual arch
 - b) mandibular fixed appliances
 - c) a full-coverage thermoplastic appliance
 - d) any of the above
6. In the authors' Invisalign protocol, the short initial phase of treatment is used to:
 - a) achieve upper first-molar distalization and rotation
 - b) close spaces mesial to the upper canines
 - c) close an anterior open bite
 - d) refine the upper alignment
7. Between phases, the initial correction is maintained with:
 - a) the last set of aligners
 - b) an Essix-type retainer
 - c) a transpalatal arch
 - d) upper and lower fixed lingual retainers

8. Although the Class II correction achieved with this protocol is mainly dental, some skeletal improvement can be expected in:

- a) facial depth
- b) interincisal angle
- c) Point A
- d) IMPA

Article 3

Barros, S.E.; Chiqueto, K.; Janson, G.; and Janson, M.: *Dual Action Vertical Intra-Arch Technique* (pp. 666-676)

9. Dental open bite is usually associated with any of the following except:

- a) balanced facial pattern
- b) clockwise mandibular rotation
- c) normal or slightly excessive molar height
- d) sucking habits

10. A davit is a:

- a) small crane-like device for suspending or lowering loads on ships
- b) lifeboat carried on the side of a ship
- c) claw for lifting prizes in arcade games
- d) screening test for presumptive identification of opioids

11. The horizontal anchorage segment of the authors' device is attached to the:

- a) vertical slots of orthodontic cross-tubes
- b) continuous stainless steel archwire
- c) slot of a bracket-head mini-implant
- d) midpalatal miniplate

12. The main difference between the Dual Action Vertical Intra-Arch Technique (DAVIT) and the multiloop edgewise archwire (MEAW) technique is that the DAVIT:

- a) can be activated to produce maximum posterior intrusion

- b) can be used in both arches simultaneously
- c) can be used in the late mixed or early permanent dentition
- d) does not require anterior vertical elastics

Article 4

Campobasso, A.; Annarumma, F.; Lorusso, M.; Manni, A.; and Battista, G.: *New Intraoral Scanning Technique for a Replacement Miniscrew-Assisted Appliance* (pp. 678-682)

13. Miniscrew-assisted rapid palatal expansion (MARPE) is used primarily in:

- a) young children
- b) the mixed dentition
- c) older adolescents and adults
- d) adults who cannot tolerate other devices

14. An initial MARPE appliance may need additional expansion capacity because of:

- a) the severity of palatal constriction
- b) mini-implant tipping during activation
- c) the need to use a small expansion screw due to space limitations
- d) any of the above

15. In the authors' technique, a new intraoral scan is taken with the original MARPE appliance and:

- a) the new MARPE appliance
- b) three-dimensionally printed scan bodies
- c) virtual miniscrews
- d) split models

16. The software used to design the replacement MARPE is:

- a) Appliance Design
- b) Trios 3
- c) Rhinoceros
- d) Romexis