THE READERS' CORNER

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(Editor's Note: The Readers' Corner is a quarterly feature of JCO in which orthodontists share their experiences and opinions about treatment and practice management. Pairs of questions are mailed periodically to JCO subscribers selected at random, and the responses are summarized in this column.)

1. Do you routinely correct molar rotations?

The readers were unanimous in routinely correcting molar rotations. The most common technique involved preadjusted appliances that incorporated distal molar rotations into their prescriptions. Transpalatal or Goshgarian arches were nearly as popular. Headgears were used by about 20% of the respondents, as were lingual elastic chains from first molar cleats to buttons bonded on the lingual of the second premolars. Several clinicians said they used lip bumpers or lingual arches in addition to labial archwires to correct mandibular molar rotations.

What are the treatment implications?

The vast majority of respondents felt that the final occlusal interdigitation of the buccal segments was improved by correcting molar rotations. They also felt it aided in Class II correction and provided additional space for correction of arch-length deficiencies. Many noted that it would help in correcting crossbites and could provide additional anchorage.

One orthodontist said, "Almost every Class II relationship has mesially rotated molars. Just getting the molars rotated properly helps a lot in the Class II correction as well as increasing the arch length in space-discrepancy cases. If the molars are not properly rotated, a good, interdigitated occlusion is most difficult to achieve."

Do you routinely overcorrect, and if so, by how much?

Nearly two-thirds of the clinicians said they did not routinely overcorrect molar rotations. Several mentioned trying to seat the distobuccal cusp of the maxillary first molar to improve stability. Of those who did overcorrect, most used a range of 5-10° or an additional 10%.

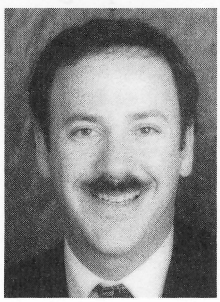
A specific comment: "I overcorrect when distalization of molars in true Class II cases will be followed by sequential retraction of the buccal segments."

How do you retain the correction?

The majority of respondents felt that adequate stability could be achieved by making the correction early in treatment, holding it with rectangular archwires for several months, and then using an ordinary Hawley retainer. Those who used transpalatal arches recommended keeping them in place for several months after the active rotation correction had been completed.

One reader noted, "Correction is done very early in fixed-appliance treatment and is effectively retained through the remainder of treatment. Nothing special is done at the time of appliance removal."

Do you believe corrections of molar rotations



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tend to relapse?

About 64% of the clinicians did not believe molar rotations were prone to relapse, while the rest were more pessimistic. The factor universally cited in favor of stability was the "locking in" of the first molar cusps by the occlusion.

One comment: "If properly rotated with good interdigitation of occlusion, the rotation usually maintains itself. However, there are exceptions to everything in orthodontics."

If the rotations do relapse, what side effects do you observe?

The most commonly mentioned side effect was the tendency of the buccal segments to return to an end-to-end Class II relationship, sometimes causing an increase in overjet. Also frequently listed were the potential for functional interferences and the possible return of crossbite tendencies.

2. Please list the books you find most useful in your practice and briefly give the reasons why.

More than half of the respondents did not cite any books as being particularly useful. Many of them felt that journals, such as the *Journal of Clinical Orthodontics,* the *American Journal of Orthodontics and Dentofacial Orthopedics,* and the *Angle Orthodontist,* were their best sources of clinical information.

When standard orthodontic textbooks were listed, the most popular were:

- *Contemporary Orthodontics* (Proffit)
- *Orthodontics: Current Principles and Techniques* (Graber and Swain/Vanarsdall)
- *Orthodontic and Orthopedic Treatment in the Mixed Dentition* (McNamara)
- *A Textbook of Orthodontics* (Moyers)

Texts by Tweed, Alexander, and Mulligan were also mentioned. Several respondents found that practice-management books were helpful, with a number of titles listed. It is interesting to note that a few practitioners said the *Physician's Desk Reference* was among the books they consulted most frequently.

Please list the audiovisual materials or CDs you find most useful in your practice and briefly give the reasons why.

Fewer than 20% of the clinicians reported using any audiovisual materials, and most of those focused primarily on audio tapes. Several offices used the *Practical Reviews in Orthodontics* cassette series, and some mentioned commercial practice-management tapes. Only a handful of respondents used CD-ROM or other technologies for patient education, either in the operatory or the consultation room. Although a few commercial patient-education programs were mentioned, none had strong support.

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