

CONTINUING EDUCATION

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Learning Objectives

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

1. Compare a mandibular-advancement feature for clear aligners with other methods of treating skeletal Class II malocclusion in growing patients.
2. Follow a decision tree to evaluate the need for Phase I maxillary expansion.
3. Review current guidelines for Phase I treatment of patients with cleft lip and palate (CLP).
4. Discuss the key components of orthodontic diagnosis and treatment philosophy.

Article 1

Cremonini, F.; Pavan, F.; Cervinara, F.; Palone, M.; and Lombardo, L.: *A New Functional Approach to Class II Treatment with Clear Aligners in Growing Patients* (pp. 221-235)

1. The ideal time to achieve a Class II correction with functional appliances is:
 - a) before the pubertal growth peak
 - b) during the pubertal growth peak
 - c) after the pubertal growth peak
 - d) none of the above
2. This timing corresponds to cervical vertebral maturation stage:
 - a) CS 1
 - b) CS 2
 - c) CS 3
 - d) CS 4
3. The advancement block of the F22 Young clear aligner system:
 - a) is built into the upper aligner
 - b) is built into the lower aligner

- c) fits into the lingual incisal area of the lower aligner
 - d) both a and c
4. In the two cases shown here, the mandibular advancement was digitally planned to:
 - a) an edge-to-edge incisor relationship
 - b) a Class III incisor relationship
 - c) an overcorrected molar relationship
 - d) a half-step Class II molar relationship

Article 2

Tamburrino, R.K.: *Objective Criteria for Phase I Maxillary Expansion* (pp. 236-242)

5. The essential measurement for diagnosing a skeletal transverse discrepancy is the:
 - a) width of mandibular basal bone
 - b) maxillary intermolar distance
 - c) difference in width between the maxilla and mandible
 - d) maxillary transpalatal width
6. The Penn analysis uses measurements that are derived from:
 - a) cone-beam computed tomography
 - b) an intraoral scan
 - c) dental casts
 - d) either a or b
7. In “normal” patients with upright, well-intercusated posterior teeth centered in the alveolus, the difference between maxillary and mandibular skeletal base widths is about:
 - a) 1.5-2mm
 - b) 5mm
 - c) 7.5mm
 - d) 10mm

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8. If a patient measures skeletally narrow but has no dental, functional, or developmental issues, the decision tree would indicate:

- a) limited bracketing and occlusal adjustment in Phase I
- b) Phase I maxillary expansion
- c) selective extraction of deciduous teeth
- d) expansion during later comprehensive orthodontic treatment

Article 3

Lowe, K.M.; Schuster, L.; Oberoi, S.; and Zinn, I.M.: *Orthodontic Management of Patients with Cleft Lip and Palate: Phase I Treatment* (pp. 243-248)

9. The genetic syndrome most commonly associated with CLP is:

- a) Pierre Robin sequence
- b) Edwards syndrome
- c) Van der Woude syndrome
- d) Stickler syndrome

10. After initial procedures to repair a CLP during infancy, the next required surgery is often:

- a) palatoplasty
- b) alveolar bone graft
- c) definitive rhinoplasty and lip revision
- d) orthognathic surgery

11. Palatal expansion of a CLP patient should be initiated at age:

- a) 10-12 months
- b) 3-6 years
- c) 6-9 years
- d) 10-12 years

12. Attempting ideal alignment of a central incisor prior to an alveolar bone graft may:

- a) move the root of the incisor into the cleft

- b) compromise both the tooth and the graft
- c) enlarge a preexisting oronasal fistula
- d) both a and b

Article 4

Keim, R.G. and Sinclair, P.M.: *JCO Interviews Dr. Peter M. Sinclair on Orthodontic Treatment Philosophy* (pp. 249-255)

13. Pioneering orthodontic educators at the University of Washington include all of the following except:

- a) Alton Moore
- b) William Proffit
- c) Richard Riedel
- d) R. William McNeill

14. "KISS" is an acronym associated with:

- a) "Wick" Alexander's Vari-Simplex Discipline
- b) Thomas Mulligan's Common Sense Mechanics
- c) Lawrence Andrews's Straight Wire Appliance
- d) Robert Ricketts's Bioprogressive Therapy

15. The "Class II trap" involves:

- a) overlooking an anterior tooth-size/arch-length discrepancy
- b) extracting lower premolars in nongrowing Class II patients
- c) misdiagnosing a pseudo-Class III occlusion
- d) attempting to correct a Class II malocclusion without skeletal anchorage

16. Issues that would indicate Phase I treatment include all of the following except:

- a) traumatic occlusion
- b) gingival recession
- c) crowding that obstructs a tooth's eruption
- d) skeletal Class II malocclusion