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## Learning Objectives

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

1. Review current protocols for the design and fabrication of direct-printed aligners.
2. Describe a temporary anchorage device (TAD)-supported system for nonsurgical correction of severe open bite.
3. Discuss current evidence-based protocols for the use of oral appliances in TMD treatment.
4. Compare transalveolar autotransplantation to other methods of treating transmigrated canines.

## Article 1

Ludwig, B.; Ojima, K.; Schmid, J.Q.; Knode, V.; and Nanda, R.: *Direct-Printed Aligners: A Clinical Status Report* (pp. 658-668)

1. The most prominent feature of Tera Harz TC-85 aligner material is its:
  - a) elasticity
  - b) shape memory
  - c) formability
  - d) thickness
2. TC-85 is a:
  - a) urethane dimethacrylate-based photopolymer
  - b) polymethyl methacrylate plastic
  - c) polyethylene terephthalate glycol
  - d) thermoplastic polyurethane-based polymer
3. The first post-processing step for direct-printed aligners is:
  - a) digital setup and staging
  - b) removal of support structures
  - c) giving them an ultraviolet light-cure in a nitrogen atmosphere

- d) centrifuging to remove residual adhesive
4. Final ultrasonic cleaning of the aligners takes a total of about:
    - a) one to two minutes
    - b) 10 minutes
    - c) 25 minutes
    - d) one to two hours

## Article 2

Azami, N.; Bashir, R.; Schiro, A.; and Uribe, F.: *Biomechanics of Severe Open-Bite Treatment with Temporary Anchorage Devices* (pp. 670-679)

5. When treating an open bite, if an intrusive force is applied distal to the center of resistance (CR) of the maxillary arch, the associated moment will tend to:
  - a) rotate the arch clockwise
  - b) rotate the arch counterclockwise
  - c) constrict the maxilla
  - d) expand the maxilla
6. The moment generated by an intrusive force can cause any of the following except:
  - a) changes in posterior tooth torque
  - b) a lingual posterior crossbite
  - c) an anterior crossbite
  - d) a buccal posterior crossbite
7. To prevent compensatory eruption of the lower molars during intrusion of the upper premolars, the authors:
  - a) intruded the lower premolars and canines
  - b) placed interradicular TADs in the mandible
  - c) attached power chains to the hooks on the palatal appliance
  - d) delayed bonding of the upper anterior teeth

8. A cantilever arm was used during the finishing stage to:
- a) achieve a symmetrical lower archform
  - b) correct the cant in the anterior region
  - c) reduce the buccal overjet at the right canine
  - d) all of the above

### Article 3

Greene, C.S. and Ditmarov, A.: *Clinical Consequences of Splint-Induced Malocclusions* (pp. 680-688)

9. The concept that the condyles can be accurately and predictably positioned in reproducible locations in relation to the fossae:
- a) has long been supported by most evidence-based studies
  - b) has been disputed by more recent evidence-based studies
  - c) could be valid, depending on the methods and instrumentation being used
  - d) could be valid, depending on an ideal position of the mandible
10. The mandibular orthopedic repositioning appliance (MORA) consists of:
- a) two lower advancement arms connected to upper elbows
  - b) two upper rods connected to molar tubes and canine pads
  - c) two posterior occlusal acrylic platforms connected by a metal lingual bar
  - d) a palatal expansion screw connected to molar and premolar bands
11. In arthrogenous TMD patients, the goal of splint treatment should be to:
- a) recapture an anteriorly displaced disc
  - b) center the condyles in the glenoid fossae
  - c) reduce pressure on the retrodiscal tissues and thus promote their fibrous adaptation
  - d) all of the above
12. Currently accepted TMD management is

based on the:

- a) biopsychosocial model
- b) sociometric model
- c) biomechanical model
- d) palliocognitive model

### Article 4

Lombardo, L.; Plakwicz, P.; Czochrowska, E.; and Cremonini, F.: *Autotransplantation of a Transmigrated Lower Canine in a Growing Patient* (pp. 697-709)

13. The incidence of impacted lower canines is:
- a) 0-.25%
  - b) .1-.31%
  - c) .92-5.1%
  - d) 1-6.5%
14. Conventional treatment options for transmigrated canines include all of the following except:
- a) observation
  - b) forced orthodontic eruption
  - c) extraction
  - d) surgical replacement
15. Teeth with the best chance of revascularization after transplantation exhibit:
- a) roots at one-half to three-quarters of their final length
  - b) fully developed roots
  - c) roots positioned labially to the roots of the adjacent teeth
  - d) a mesioangular position with the crown crossing the midline
16. Risks associated with the surgical exposure and orthodontic traction of a canine characterized by type 1 transmigration include:
- a) damage to the impacted tooth or to the adjacent teeth
  - b) injury to the blood vessels or nerves
  - c) jaw fracture
  - d) all of the above