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Learning Objectives

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

1. Compare the skeletally anchored Mesial-Distalslider to other devices used for the correction of upper midline deviations.
2. Modify the Class III Carriere Motion appliance for use with clear aligners in Class II treatment.
3. Discuss the orthodontic management of patients with cemento-osseous dysplasia (COD).
4. Describe the use of miniscrew anchorage in the recovery of partially impacted lower second molars.

Article 1

De Felice, M.E.; Caruso, S.; Drescher, D.; and Wilmes, B.: *Correction of Upper Midline Deviations with the Mesial-Distalslider* (pp. 425-431)

1. An upper dental midline deviation is considered esthetically detrimental when it is at least:
 - a) 1mm
 - b) 4mm
 - c) 6mm
 - d) 8mm
2. The Mesial-Distalslider combines the mechanics of the Mesialslider with those of the:
 - a) Distalslider
 - b) Carriere Motion appliance
 - c) Beneslider
 - d) Distal Jet
3. The distalization force is delivered by a:
 - a) 240g nickel titanium open-coil spring
 - b) 240g nickel titanium closed-coil spring

- c) 200g nickel titanium open-coil spring
 - d) 200g nickel titanium closed-coil spring
4. Temporary anchorage devices can anchor orthodontic forces immediately after placement because they are:
 - a) osseointegrated
 - b) well tolerated by both children and adults
 - c) combined with intermaxillary elastics
 - d) initially stabilized by mechanical retention

Article 2

Martinetti, F.; Di Gioia, M.; and Granatiero, L.: *Modified Class III Carriere Motion Appliance and Aligners for the Treatment of Class II Malocclusion* (pp. 432-438)

5. In the authors' technique, the Class III Carriere Motion appliance is modified by:
 - a) omitting the ball-and-socket joint
 - b) bonding it on the labial side
 - c) adding a piston assembly
 - d) all of the above
6. Class II elastics are worn from hooks on the upper first premolar Carriere Motion pads to:
 - a) hooks on the lower aligners
 - b) hooks on the lower first premolar pads
 - c) buttons on the lower first molars
 - d) the main lower archwire
7. If the Carriere Motion appliance is bonded to the second molars rather than the first molars, the:
 - a) second molars can be de-impacted
 - b) first molars can be derotated
 - c) upper canines can be intruded
 - d) first premolars can be extruded

8. An advantage of this technique is that the:
- a) maxillary arch can be expanded during the sagittal correction
 - b) adverse effects of conventional Class II treatment are avoided
 - c) need for transitional appliances is eliminated
 - d) all of the above

Article 3

Cruz Walma, D.A.; Kravitz, N.D.; Weissheimer, A.; and Akyalçın, S.: *Cemento-Osseous Dysplasia* (pp. 439-441)

9. COD is a benign dysplasia in which normal bone in tooth-bearing areas is replaced by:
- a) fibrous tissue and cementum-like deposits
 - b) fibro-osseous neoplasms
 - c) mesenchymal stem cells from the periodontal ligament
 - d) a band of sclerotic bone
10. COD lesions are most often located in the:
- a) anterior maxilla
 - b) posterior maxilla
 - c) anterior mandible
 - d) posterior mandible
11. The centers of early-stage COD lesions are mostly composed of:
- a) abnormal calcified tissue
 - b) radiolucent fibrous tissue
 - c) radiopaque lamina dura
 - d) a band of sclerotic bone
12. A mature COD lesion can be distinguished from a cementoblastoma in that cementoblastomas:
- a) are attached to the root surfaces

- b) tend to be better defined
- c) lack the radiolucent border
- d) both a and b

Article 4

Palone, M.; Averta, F.; Poma, G.; Cremonini, F.; and Lombardo, L.: *Miniscrew-Supported Recovery of Partially Impacted Lower Second Molars* (pp. 452-459)

13. The most common etiology for the impaction of a lower second molar is:
- a) posterior crowding
 - b) early eruption of the third molar
 - c) excessive mesial angulation of the tooth
 - d) the use of mandibular distalizing appliances
14. Potential ramifications of delayed treatment include all of the following except:
- a) resorption of the lower first molar roots
 - b) intrusion of the antagonist teeth
 - c) follicular cysts
 - d) distalization of the adjacent first molar
15. Treatment is more likely to succeed when:
- a) root development is incomplete
 - b) root development is complete
 - c) the adjacent third molar has erupted
 - d) the impaction is unilateral
16. Simultaneous effects of the authors' "distal-screw system" on an impacted lower second molar include:
- a) distalization
 - b) distal inclination
 - c) uprighting
 - d) all of the above