

# CONTINUING EDUCATION

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## Learning Objectives

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

1. Describe a method for correcting deep bites in patients with short faces.
2. Identify the key factors for determining when frenectomy is indicated in orthodontic cases.
3. Follow a digital workflow to produce appliances for nasoalveolar molding (NAM) in patients with cleft lip and palate.
4. Discuss the advantages of an “impacted tooth first” approach.

## Article 1

Lorente, T.; Perez-Vela, M.; Castro, G.W.; Lorente, P.; and Lorente, C.: *Two-Plane Technique for Improving Incisor Display and Facial Balance in Patients with Short Faces* (pp. 560-569)

1. Common cephalometric characteristics of patients with short faces include all of the following except:
  - a) deficient total and lower facial height
  - b) an excessive posterior-to-anterior facial-height ratio
  - c) decreased interincisal angle
  - d) retroclined maxillary incisors
2. When the anterior and posterior occlusal planes diverge and the upper incisor display and lower anterior facial height are deficient, the incisor display can be improved by using:
  - a) an anterior bite plane
  - b) headgear
  - c) a transpalatal bar

- d) Class II elastics
3. The first objective of the authors’ technique is to increase the divergence between the maxillary planes by adding:
    - a) an upper overlay wire
    - b) vertical steps in the upper archwire
    - c) a transpalatal bar
    - d) Class II elastics
  4. The curve of Spee is leveled primarily through:
    - a) backward rotation of the occlusal plane
    - b) mandibular incisor inclination
    - c) use of reverse-curve archwires
    - d) posterior extrusion

## Article 2

Kravitz, N.D. and Meru, M.C.: *Maxillary Labial and Mandibular Lingual Frenectomy* (pp. 570-577)

5. When a frenum is abnormally short and restricts normal function, it is said to be:
  - a) attached
  - b) tied
  - c) anchored
  - d) folded
6. To describe variations in frenal anatomy and their potential functional effects, orthodontists typically use the:
  - a) Kotlow classification
  - b) Coryllos scale
  - c) Placek classification
  - d) Hazelbaker scale
7. Before a frenectomy, the diode laser tip should be primed using:

- a) a wine cork
- b) blue articulating paper
- c) the tip of a black Sharpie marker
- d) any of the above

8. According to the American Academy of Pediatrics, the maxillary labial frenum is not associated with:

- a) breastfeeding difficulties
- b) ankyloglossia
- c) craniofacial development
- d) surgical complications

### Article 3

Abd-El-Ghafour, M. and Hegab, S.E.D.: *Digital Workflow for 3D-Printed Intraoral Plates with Attached Nasal Stents for Nasoalveolar Molding in Cleft Lip and Palate Patients* (pp. 580-586)

9. NAM typically begins in the:

- a) prenatal period
- b) perinatal period
- c) neonatal period
- d) deciduous dentition

10. In the authors' digital workflow, to attach the nasal stent to the intraoral plate, the digital model of the perioral structures is first superimposed on the digital model of the:

- a) maxillary arch
- b) intraoral plate
- c) nasal stent
- d) nasal correction

11. The stent is formed by extending a bar from the labial flange of the intraoral plate to the:

- a) modified nostril
- b) swan-neck curve
- c) upper labial segment
- d) acrylic handle

12. The main advantage of this technique is that it reserves in-person appointments primarily for:

- a) intraoral plate modifications
- b) nasal stent adjustments
- c) upper labial adjustments
- d) impression taking

### Article 4

Giuntoli, F.; Crescini, A.; De Mari, A.; and Migliorati, M.: *"Impacted Tooth First" Treatment of a Severely Displaced Upper Second Premolar in a Growing Patient* (pp. 587-594)

13. An impacted tooth is considered to have transmigrated when:

- a) it fails to erupt
- b) it contacts the root of the adjacent tooth
- c) more than half of its root is resorbed
- d) more than half the length of the tooth crosses the midline

14. In the "impacted tooth first" approach, traction of the impacted tooth begins before:

- a) surgery
- b) space preparation
- c) bonding of orthodontic appliances
- d) cone-beam computed tomography

15. In the case shown here, traction of the impacted tooth was supported by:

- a) direct skeletal anchorage
- b) indirect skeletal anchorage
- c) a transpalatal arch
- d) a palatal power arm

16. Advantages of this approach include:

- a) shorter treatment
- b) more efficient biomechanics
- c) reduced risk of iatrogenic damage
- d) all of the above