

# CONTINUING EDUCATION

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## Learning Objectives

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

1. Discuss the issues involved with general dentists performing orthodontic treatment.
2. Compare methods of treating complications associated with the Advanced Lightwire Functional (ALF) appliance.
3. List potentially detrimental effects of the Anterior Growth Guidance Appliance (AGGA).
4. Describe the fallacy of “extraction regret syndrome” (ERS).

## Article 1

Kravitz, N.D.; Glenn, G.; Layman, B.; Ludwig, B.; Park, J.H.; and Raj, V.: *JCO Roundtable: Managing Erroneous Care* (pp. 7-26)

1. According to an AAO White Paper, maxillary expansion is appropriate only in cases involving:
  - a) anterior open bite
  - b) a transverse skeletal discrepancy
  - c) moderate to severe crowding
  - d) obstructive sleep apnea
2. Problems associated with “arch development” include all of the following except:
  - a) loss of anchorage
  - b) uncontrolled proclination
  - c) failure of eruption
  - d) gingival recession from poorly controlled tooth movement
3. As of late 2025, at least eight states had passed legislation requiring:
  - a) an in-person exam before a patient can begin clear aligner therapy

- b) supervision of clear aligner patients by licensed orthodontists
- c) the prescriber’s complete contact information on any container of direct-to-consumer aligners
- d) at least one specialty orthodontist on the state dental board

4. The AAO seeks to promote recognition of orthodontists as the trusted specialists for orthodontic care primarily through its:
  - a) CORE Business Training Program
  - b) Commission on Dental Accreditation
  - c) Political Action Committee
  - d) Consumer Awareness Campaign

## Article 2

Kim, S.H. and, Park, J.J.: *Treatment of Complications Associated with the Advanced Lightwire Functional Appliance in Adult Patients* (pp. 36-49)

5. Structurally, the ALF appliance resembles the:
  - a) Herbst appliance
  - b) Crozat appliance
  - c) distal jet appliance
  - d) Frankel appliance
6. The ALF appliance has been claimed by proponents to improve:
  - a) arch development
  - b) facial symmetry
  - c) overall oral function
  - d) all of the above
7. An OTP appliance is a:
  - a) multilayered mouthguard
  - b) lingual expansion wire
  - c) rapid palatal expander
  - d) molar distalizer

8. In the two cases shown, functional balance was at least partially reestablished through the use of:

- an ALF appliance
- a removable functional appliance
- a self-recovery stage
- multiloop-edgewise archwires

### Article 3

Kravitz, N.D.; Shults, C.; Miller, J.C.; and Stewart, K.T.: *Detrimental Effects Associated with the Anterior Growth Guidance Appliance* (pp. 50-55)

9. Structurally, the AGGA resembles the:

- Herbst appliance
- Crozat appliance
- distal jet appliance
- Frankel appliance

10. The original use of the AGGA was likely to:

- correct maxillary deficiency
- treat obstructive sleep apnea
- reopen premolar extraction spaces in adults prior to implant placement
- relieve TMJ pain

11. Indiscriminate use of the AGGA in an adult patient can lead to:

- alveolar bone loss
- gingival recession
- root resorption
- all of the above

12. AGGA proponents often misinterpret incisor advancement on cone-beam computed tomography imaging as:

- forward movement of A-point
- condylar repositioning
- palatal expansion
- airway restriction

### Article 4

Miller, J.C.; Hutchinson, G.E.; and Richman, C.: *The Fallacy of “Extraction Regret Syndrome”* (pp. 56-63)

13. ERS is a cultural and psychological phenomenon in which patients attribute dissatisfaction with their smile, facial appearance, or dental function to:

- premolar extractions performed during orthodontic treatment
- incisor extractions necessitated by trauma
- third molar extractions recommended by orthodontists
- treatment performed by general dentists

14. The ideas behind ERS can be traced back to:

- Galella's AGGA marketing
- Mew's “orthotropic” theories
- Nordstrom's ALF appliance
- orthopedic claims for functional appliances

15. The potential amount of buccolingual expansion and constriction is generally limited by the:

- lower anterior crowding
- buccal and lingual cortical plates
- coronoid process
- third molars

16. Avoiding extractions unnecessarily or attempting to reverse them decades later disregards:

- the stability of the periodontium
- the limits of alveolar bone
- the absence of long-term data supporting such approaches
- all of the above