©2026 JCO, Inc. www.jco-online.com. May not be reproduced without permission.

CONTINUING EDUCATION

The East Carolina School of Dental Medicine will award 3 hours of Continuing Education credit for reading this issue of JCO and answering at least 12 of the following 16 questions correctly. Take this test online at www.jco-online.com (click on Continuing Education); payment of $30 is required by VISA or MasterCard. The test may be retaken once if not passed on the first attempt. Correct answers will be supplied immediately, along with a printable certificate. Tests will be accessible on the JCO website for 12 months after publication. A subscription to JCO is not required to earn C.E. credits. For information, contact Dr. Neal Kravitz; e-mail: editor@jco-online.com. CER Code: JCO September 2026.

Learning Objectives

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

1. Combine clear aligners with a modified C-palatal plate (MCPP) and a palatal retraction arch (PRA) to produce en masse maxillary arch distalization.
2. Utilize an integrated artificial intelligence platform for diagnosis and treatment planning.
3. Discuss key findings and trends in the 2026 JCO Study of Orthodontic Diagnosis and Treatment Procedures.
4. Describe a transdisciplinary method of correcting severe anterior open bite in an adult patient.

Article 1

Lee NK, Kook YA, Hong C, Choi TC. *A hybrid approach to Class II correction: clear aligner therapy combined with temporary anchorage device-supported distalization* (pp. 570-581).

1. The reported efficacy of clear aligners in distalizing maxillary second molars has ranged from 41.9% to:
   a) 36.5%
   b) 72.2%
   c) 75.5%
   d) 88%
2. The combination of clear aligners with the MCPP/PRA for en masse maxillary arch distalization offers advantages including:
   a) efficiency
   b) anchorage
   c) esthetics
   d) all of the above
3. The ClinCheck setup for this technique involves:
   a) distalization of the entire maxillary dentition
   b) sequential distalization of the maxillary arch
   c) tip-back of the upper second molars
   d) both a and c
4. Class III elastics are worn to:
   a) procline the upper anterior teeth
   b) distalize the upper second molars
   c) tip back the lower posterior teeth
   d) refine the occlusion

Article 2

Elnagar MH, Sanchez F, Sambataro S, Sellke T, Kusnoto B. *An integrated AI platform for orthodontic diagnosis and treatment planning* (pp. 582-590).

5. In this article, DR ANNIE stands for:
   a) Data Research Artificial Neural Network Intelligence Expert
   b) Data Research Artificial Neural Networks in Engineering
   c) Doctor-Researched Application of Neural Networks for Industry in Europe
   d) Doctor Resuscitates A Nearly New Information Extraction
6. In diagnosis, the DR ANNIE system integrates specialized artificial intelligence (AI) modules for:
   a) landmark detection
   b) skeletal classification
   c) segmentation of both dental and skeletal structures
   d) all of the above
7. Verification by the clinician is required:

a) only after the acquisition of standardized digital orthodontic records
b) only after potential treatment options are presented by the system
c) only if a hybrid workflow is not used
d) at each critical stage of analysis

8. Comparison of alternative treatment strategies is facilitated by:
a) explainable AI inference engines
b) an AI-generated diagnostic review
c) AI-assisted simulations
d) a large language model-based narrative generation layer

Article 3

Kravitz ND, Vogels DS III, Vogels PB. *2026 JCO Study of Orthodontic Diagnosis and Treatment Procedures* (pp. 591-612).

9. The percentage of respondents using an eight-week appointment interval was:
a) less than the percentage using a six-week interval
b) more than the percentage using a four- or five-week interval
c) the highest ever reported in these surveys
d) all of the above

10. Every radiographic diagnostic method showed a decline in overall usage between 2020 and 2026 except for panoramic x-rays and:
a) full-series x-rays
b) periapical x-rays
c) cone-beam computed tomography
d) cervical radiography

11. The most commonly used bracket prescription was the:
a) MBT
b) Roth
c) Damon
d) Orthos

12. The preferred bonding method involved light-curing with a:
a) no-mix adhesive and LED curing light
b) precoated adhesive and LED curing light
c) precoated adhesive and halogen curing light
d) two-paste adhesive and halogen curing light

Article 4

Sousa RLDS, Sousa C, Sousa R, Medeiros R, Juliasse LER. *Transdisciplinary treatment in implant rehabilitation of an upper central incisor* (pp. 613-623).

13. Miniplate anchorage enables nonsurgical correction of anterior open bite in adult patients by means of:
a) clockwise mandibular rotation
b) posterior intrusion
c) anterior intrusion
d) molar tipping

14. Transdisciplinary management of this case involved all of the following professions except:
a) orthodontics
b) sleep medicine
c) periodontics
d) otorhinolaryngology

15. This patient required implant rehabilitation of the:
a) upper right central incisor
b) upper right lateral incisor
c) lower left canine
d) lower right canine

16. To minimize canine tipping during distalization, buttons were bonded to the cervical regions of the canines so that:
a) intermaxillary elastics could be attached from the first molars
b) the upper and lower incisors did not have to be bonded initially
c) the line of action of the attached elastic chain would fall closer to the center of resistance of the canines
d) miniplate placement could be delayed until the root positions were finalized