The aim of orthodontic treatments

To treat esthetic complains

To solve the functional problems (chewing, speech, TMI)

Prevention

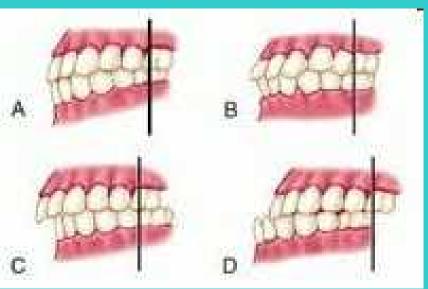
(Unreal expectations: improvement the quality of life: better job, new relationships, marriage etc.)







Skeletal and dental anomalies are treated



Angle classification (based on:anteroposterior relationship of the jaws))





Angle I. normocclusio



Angle II. - Distocclusio



Angle II/1





Angle II/2



Angle III – progenia - mesiocclusio



Sceletal and dental anomalies are treated

Vertical problems



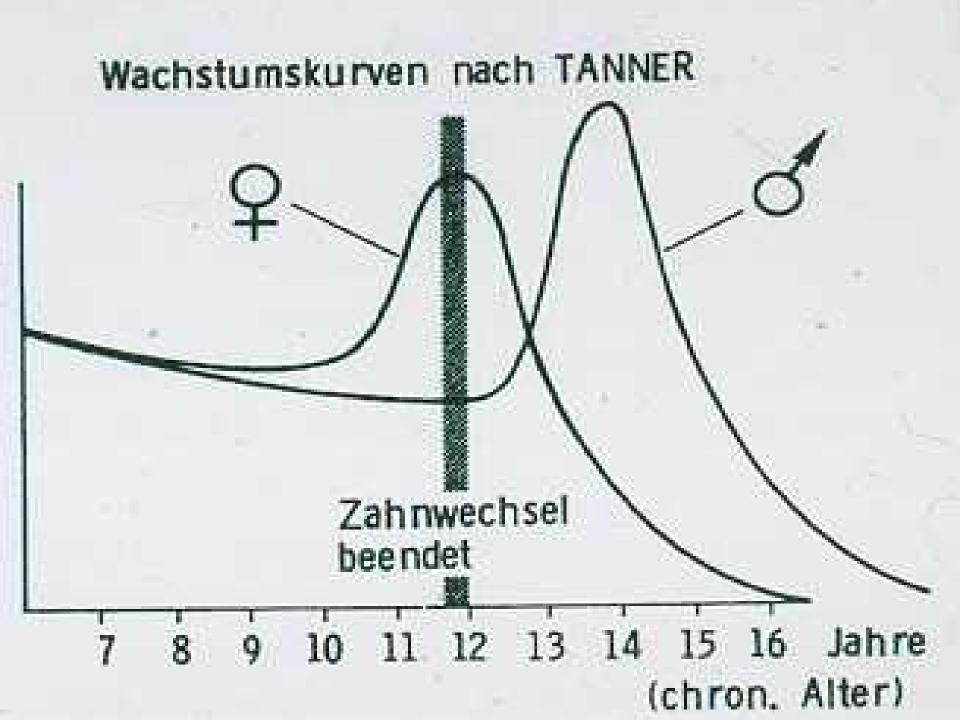


Transversal problem









Grouping of orthodontic anomalies

Removable appliances



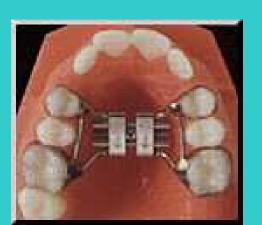




Fixed appliances







Removable appliances

- Active plates
 - Pasive plates
- Functional, bimaxillary appliances

(To improve the relationship between the upper an lower jaw) Frankel-appliance, Hansa-appliance, Bionator, Aktivator



Functional, bimaxillary appliances



Before After

Grouping of plates

Passive



Upper passive (retention) plates

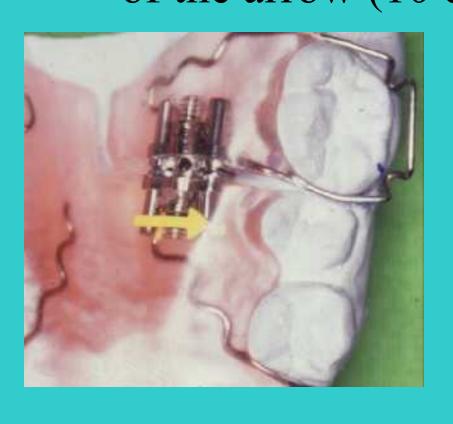
Active

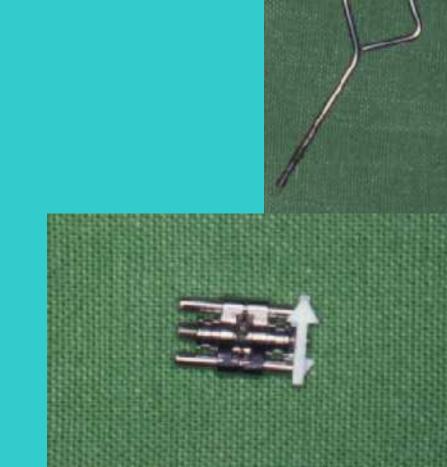


Upper active plate

Active plates screw !!!!!

The screw is activated in the direction of the arrow (10 days, 2 weeks)





Elements of removable appliances

- Acrylic base plate
- Labial bow
- Clasps
- Active element





(Hawley) retention plate

Elements of removable appliances

- Acrylic base plate
- Labial bow 0,7-0,9 mm stainless steele wire
- Clasps
- Active elements





Labial arch

Labial arch holds the appliance in the mouth and able to tilt the incisors backword (retrusion)



0,7-0,9 mm stainless steel alloy

Flat Nose Plier

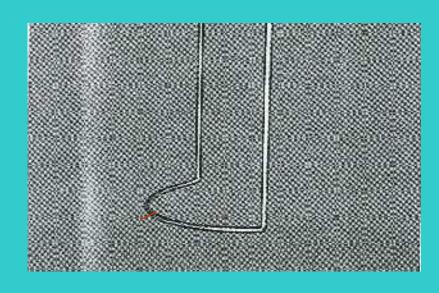
Flat Nose Plier

or

Classic Universal Plier

Labial arch

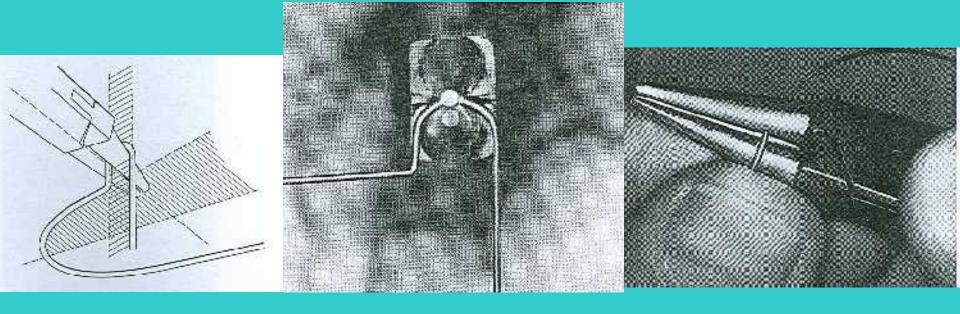
Vertical bending: right-angle 90' by one third of canine (mesial arm)





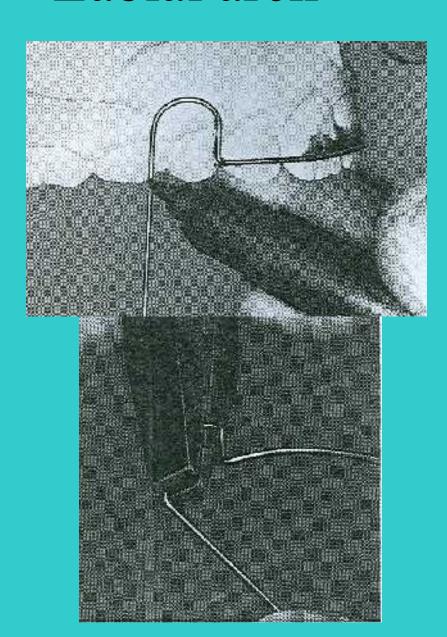
Labial arch

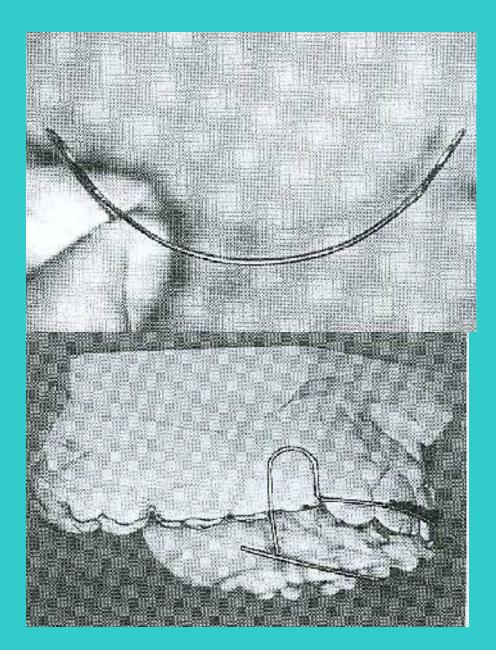
- Bend the loop (Wire bending plier.
 Round & Concave Plier
 or Double Rounded Jaw Plier
- The mesial and the distal branches of the loop have to be parallel



Labial arch

Bend the end of the wire palatinally





Elements of removable appliances

Acrylic base plate

Labial bow

Clasps

Aktív elemek

Adams clasp

Adams clasp







Elements of removable appliances

Acrylic base plate

Labial bow

Clasps

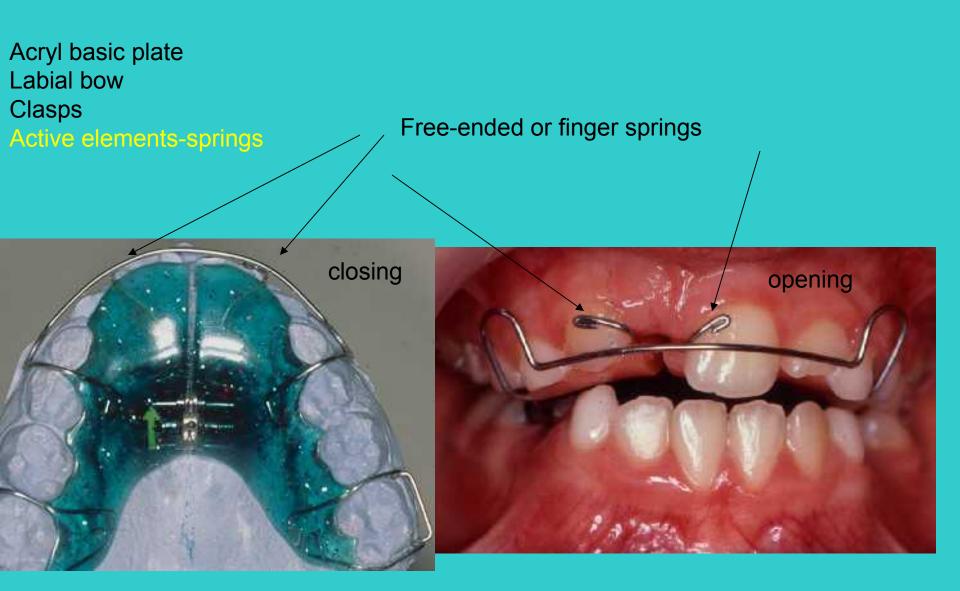
Active elements

Arrow clasp



Arrow clasp

The elements of the plates



The elements of the plates

Acryl basic plate Labial bow Clasps Active elements



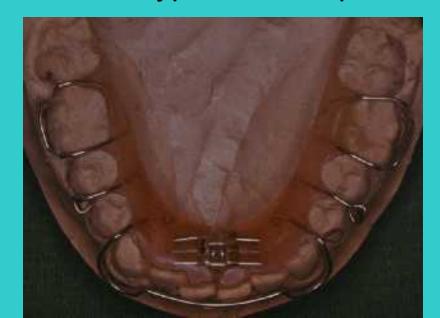
Active plates

• Upper typical active plate (the screw is in the

middle of the appliance



Lower typical active plate



Active plates

Upper atypical active plate (the screw is placed assimetrically)



Lower atypical active plate



Active plates



Upper atypical active plate with lateral bite raising (for the treatment of lateral crossbite)

Active plates Y-plate





Upper Y-plate

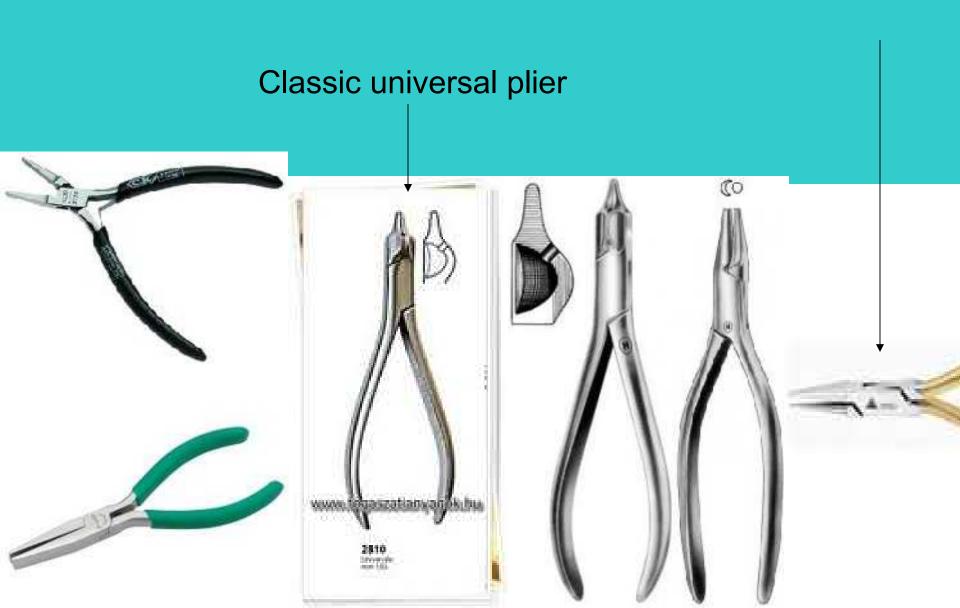
Lower Y-plate

Bertoni-screw (instead of Y-plate)



at nose plier

Wire bending plier



Oral screen



Grouping of orthodontic appliances

Intraoral appliances
Extraoral appliances
Intra-, extraoral appliances

Extraoral appliances:

Chin cap – in progenie (III. class)



Intra-,

extraoral appliance:

sagittális expansion of the maxilla

Reverse Headger Facemask





Inta -, extraoral appliance: headgear

- -Distalisation of upper jaw (or upper molars)
- Influence of vertical anomalies



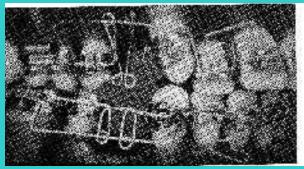


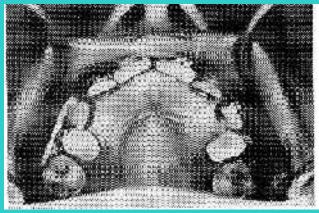
Elements of fixed appliances



Fixed appliances

- Multiband appliances
- Direct bonding technic Elements:
 - Brackets
 - Bands on the molars ??
 - Buccal tubes
 - Archwire
 - Ligatures





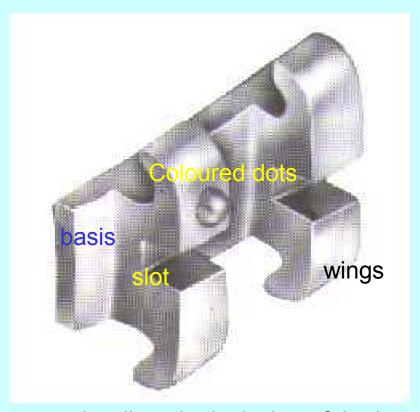


Elements of fixed appliances (multibond, multibracket appliances direkt bonding technic)



Components of the Multiband Appliance

- Rigid connectors, called molar tubes and brackets
- Archwires, and other elastic sources of force
- Auxiliaries
 (Everything else needed to get the job done.)



The dot is always on the distogingival wing of the bracket.

Elements of fixed appliances



Metal brackets

- Stainless steele
- Titan
- Gold





Ceramic or plastic brackets



Ceramic brackets

- Disadvantages:
 - expensive
 - it's no possible to renew
 - fragile
 - difficult to remove
 - more difficult to set the ligatures

Advantage:

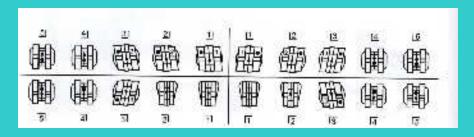
- esthetic

Signs on the brackets

- Arrow in the long-axis of the brackets
- The arrow shows the gingival part of the bracket
- Dot on the distogingival wing (by upper incisors and canines)





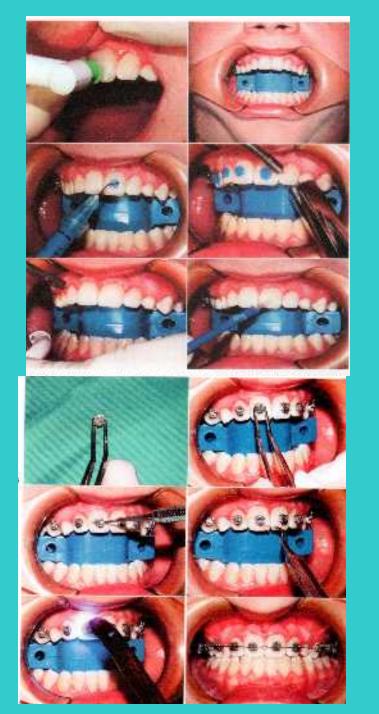


Bonding brackets

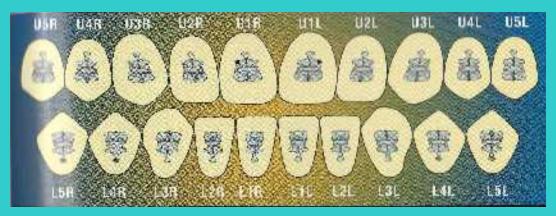
- Steps
- 1. Mechanical cleaning (metal burs, rubbers)
- 2. isolation: lip retractor, cotton rolls, saliva retractor
 - 3. Drying with bensin or alcohol



- 3. etching:
 - -- phosphoric acid
 - -- gel
 - -- 30 seconds
- 4. washing:
 - -- 30 seconds with water
 - -- isolation again
 - -- drying again
 - 5. Bonding (etch-bond)
- 6. Placing of brackets
- 7. remove of the overflown of bonding material
- 8. polymerisation



Positioning of the brackets



- In the middle of the crown
- -- vertically
- -- horizontally
- -- brackets positioners are used













Bonding materials

- composites
- glasionomer cements
- two components, mix
- Paste-paste
- Powder-liquid
- no-mix materials

- light curing komposite and glasionomer bonding materials
- self curing "glue"

Placing Orthodontic Bands

- Three major steps in banding:
 - separation of adjacent teeth
 - sizing and fitting the band to the tooth
 - cementation and cleanup



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Placing Orthodontic Bands

 Three major steps in banding:

- separation of adjacent teeth
- sizing and fitting the band to the tooth
- cementation and cleanup







Separator Plier:









Direct bonding tubes











Ligatures

- Elastic
- Metal













Single ligatures

Elastic ligature (sologumi)

Metal ligature (szöcske = grasshopper





Single elastic ligature





Needle holder

Single elastic ligature







Metal ligature



Metal ligatures





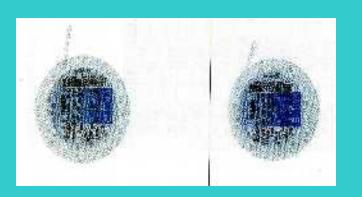




Self-ligating brackets







Continous elastic ligature (to close gaps)









Continous elastic ligature (to close diasthema)



Continous elastic ligature (to close gaps)



Elastic chain







Continous metal ligature















Indirekt bonding



Removing Fixed Appliances

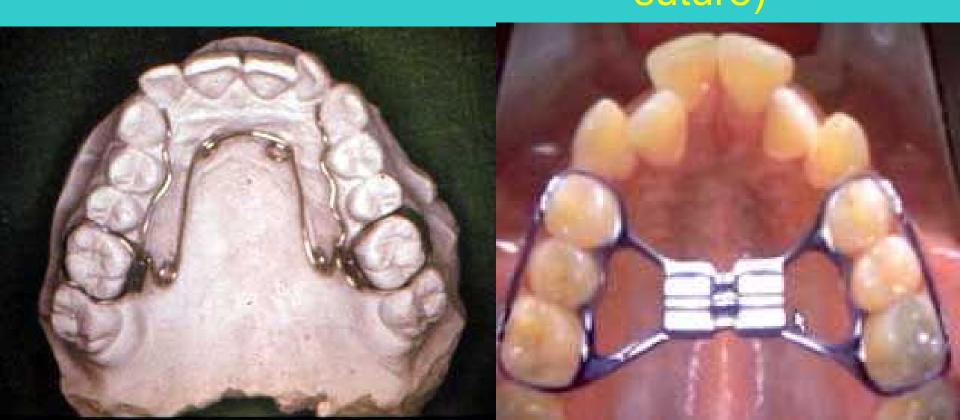
- Bands are lifted off the tooth with band removing pliers
- Metal brackets are easily removed by gently squeezing them with How pliers
- Ceramic brackets must be removed with great care to avoid enamel fracture.
- Residual cement and adhesive is removed with a scaler or metal finishing bur. or rubbers

Fixed expanders

Quad-helix

in mixed and permanent denture

Hyrax
rapid palatinal expansion
(ripping of midpalatal
suture)

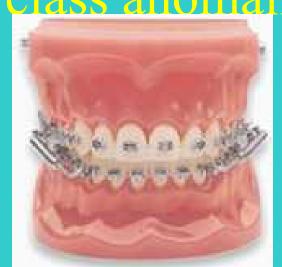


Hyrax (rapid palatinal expansion- 3 weeks)



Fixed appliances for the treatment of II. class anomalies

- Herbst-appliance
- Jusper Jumper
- Forsus spring stb.







Orthodontic Implants Anchorage





Orthodontic Implants Anchorage









Inclined plane against frontal crossbite

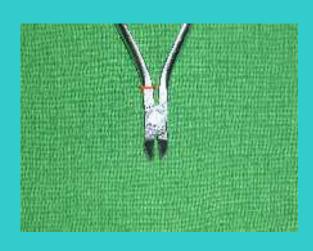


Weingart plier

Ligature Cutter







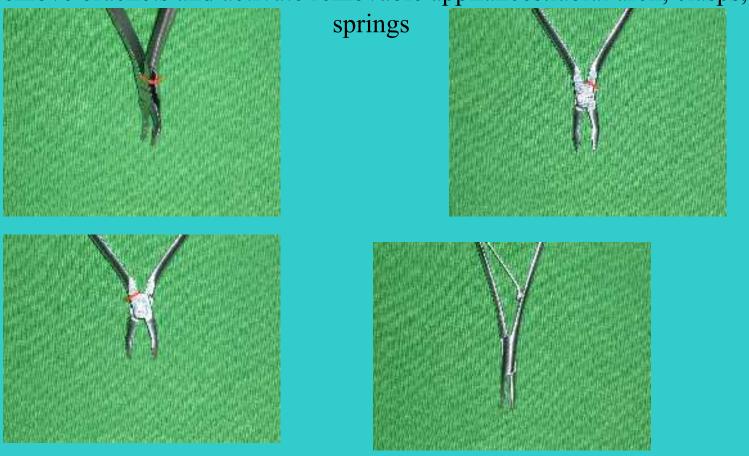


Laboratory Wire Cutter

Distalend Cutter

Weingart-Plier:

- universal plier: with it we set and take out the arhwires to 6from its place, activate MB appliances' accessorical appliances (QH, TP-arch...), remove brackets and activate removable appliances:labial arch, clasps,



Needle-holder

Nikkel-titanium wire

1. Leveling phase



Twist-flex or coaxial wire

1. Leveling phase



2. Leading phase—the movement of lateral teeth



Wire: quadrangular stainless steele wire

Force: rubbers. Ligatures, loops





Leading phase the movement of lateral teeth



Orthodontic implants Anchorage

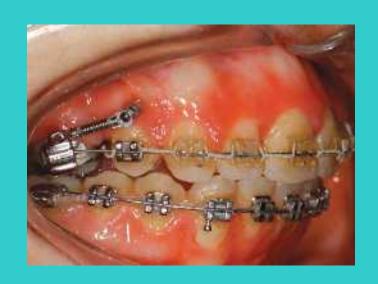




Orthodontic implants Anchorage







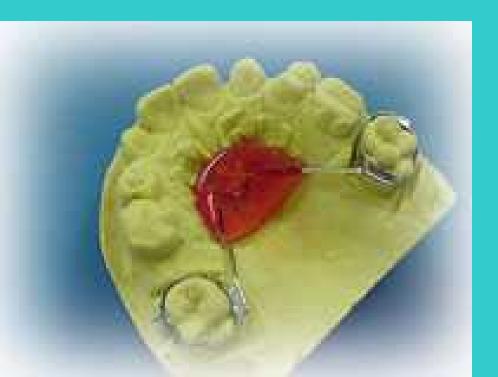


Transpalatinal arch Anchorage





Nance-appliance Anchorage





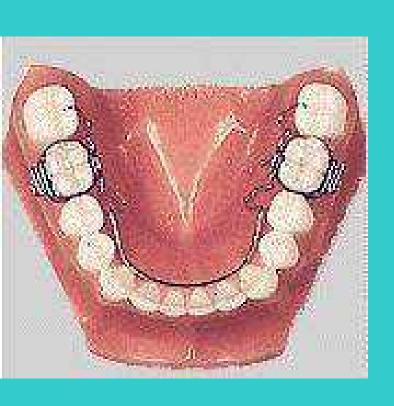
Headgear

Anchorage





Lingual-arch





Lipbumper Anchorage





3. Contraction phase for setting of incisors

Wire: stainless steele



Utility wire

- Connection between molars and incisors
- For the treatment of deep bite, open bite protrusion, retrusion

Utility wire (inactive)







Activation by deep bite







Activation by open bite





Activation for retrusion (tilting backward)







Activation for sagittal expansion of the front (tilting forward)











Steps of bending







- De La Rosa-Plier:
- for forming the archwires
- for ideal-arch forming

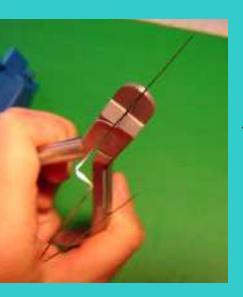
Steps of bending







Pliers bending utility wire



Tweed - plier

Nance -plier (steps on the nose)













4. Correction phase

- perfectioning of the occlusion
 - correction of teeth' axis
- treatment of remaining problems (gaps, rotation, tilting stb.)

5. Retention

• There is only one way to completely avoid relapse. At the end of treatment, remove the braces, polish the teeth, make study models and take photographs. And then take the patient out the back door of the office and shoot him. (Dr. Tom Graber DMD, South African Dental Congress. August 1992.)

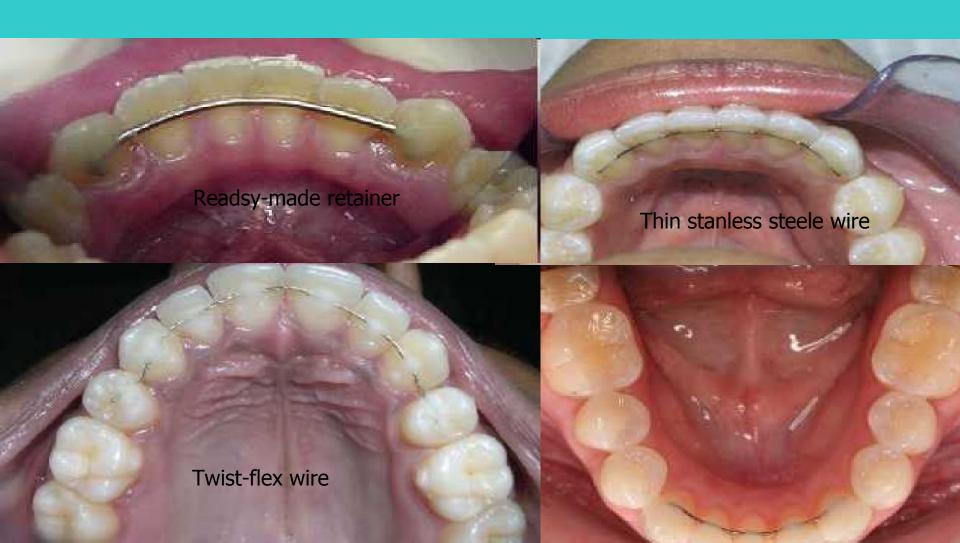
Length of retention

• Fixed appliance: 1-3 (4-5) years

• A retention should be twice longer than the active treatment

1 year > 2 years

Fixed retainers



Retainers Resins



Retainers— Essix retainer

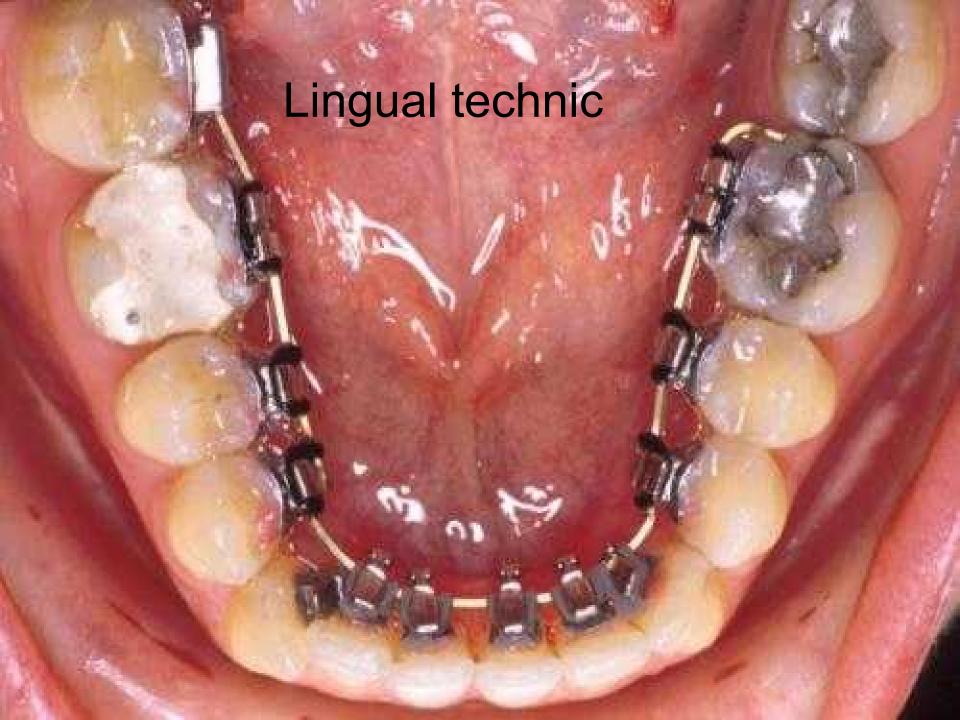


Retainers-Positioner



Retainers - Barrer-retainer













UPPER ARCH

LOWER ARCH





POST-TREATMENT

Purpose: I. class occlusion

Canines always have to be in normal occlusion!!

Purpose : canines I. class, molars II. class



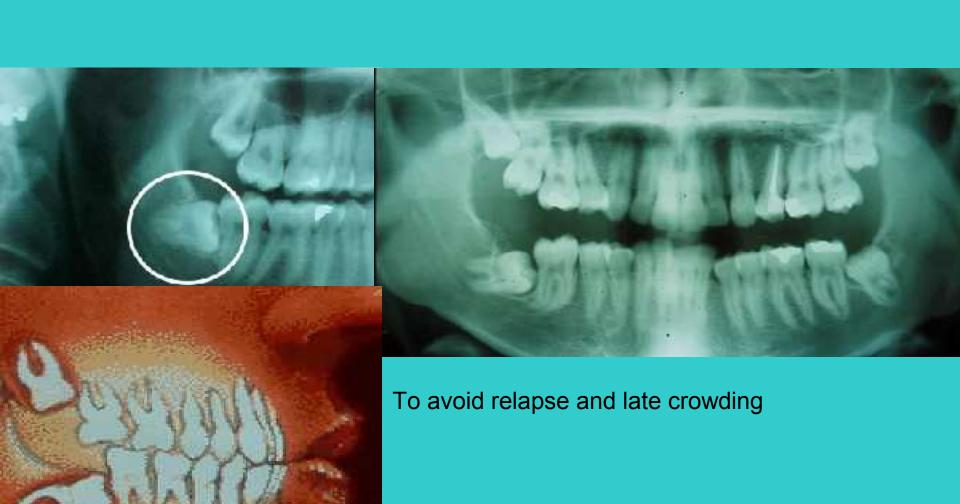
Extraction of 1 lower incisor



In lower crowding



Removing of wisdom teeth



Thank you for your attention!

