



# SEMMELWEIS UNIVERSITY

*Faculty for Dentistry  
Department for Paediatric Dentistry  
and Orthodontics*



## *REMOVABLE APPLIANCES*

*Assoc. Prof. Noémi Katinka Rózsa DMD, MSc, PhD*

*Lecturer: Dorottya Bányai DMD*



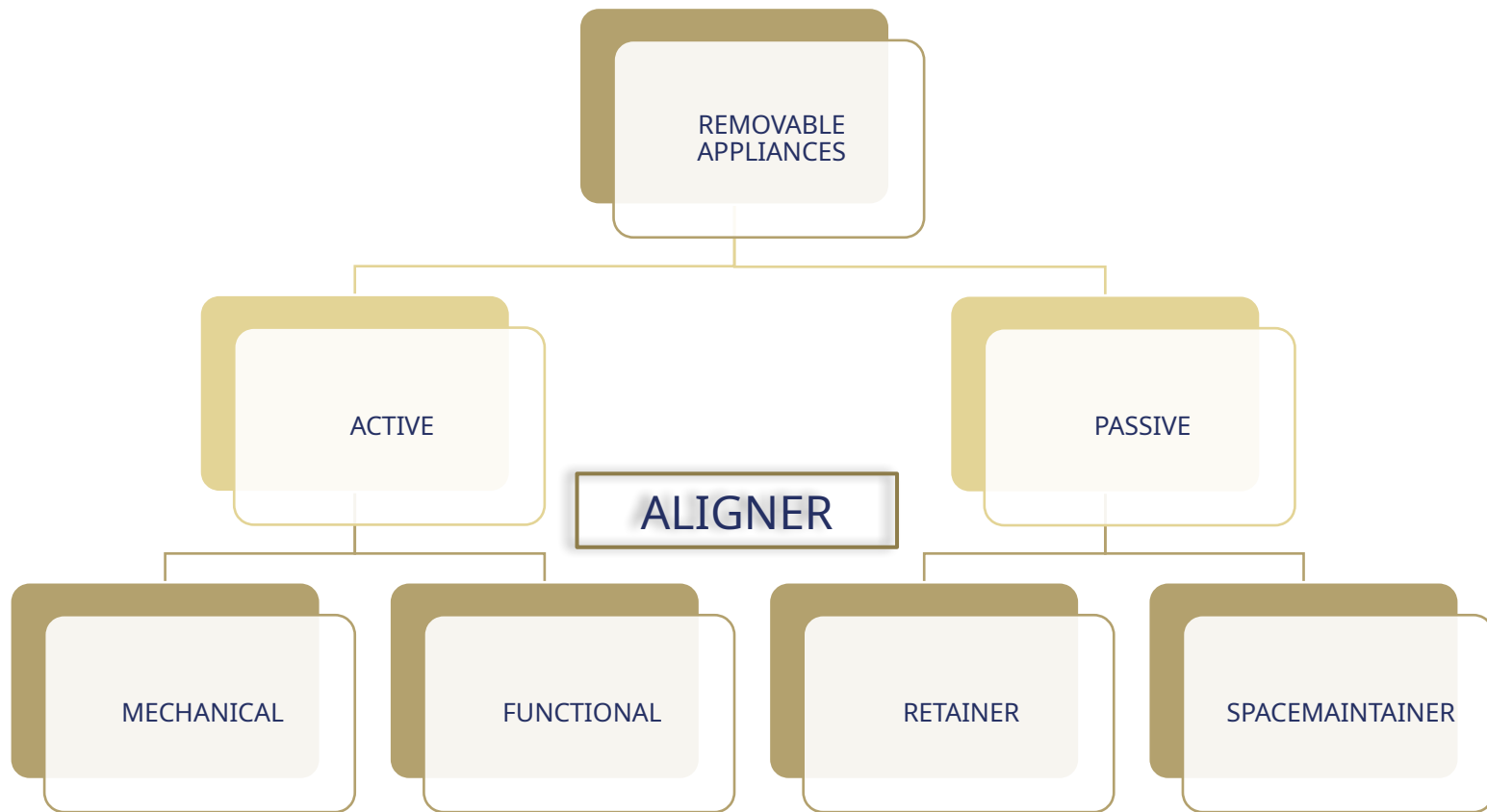
# REMOVABLE APPLIANCES ADVANTAGES

- It can be removed from the mouth for a better oral hygiene;
- It uses lighter forces for tooth movement and expansion than multibond type fixed appliances
- Removable appliances used mainly in mixed dentition.

# REMOVABLE APPLIANCES DISADVANTAGES

- Patients don't wear their appliances as much as it would be necessary;
- Longer treatment time;
- Weak (light) forces;
- Bodily movement and torque are not possible (only tilting);
- Patients sometimes get their appliances lost!
- May cause speech problems.

# REMOVABLE APPLIANCES CLASSIFICATION

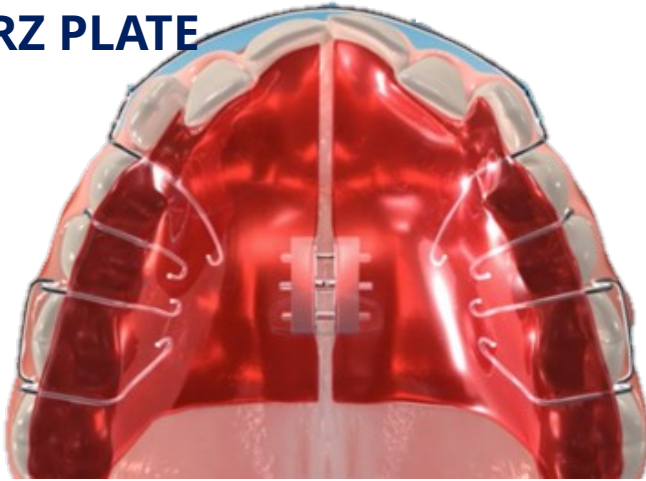


# MECHANICAL REMOVABLE APPLIANCES- COMPONENTS

- ACTIVE COMPONENTS: *springs, screws, bows*
- RETENTIVE COMPONENTS: *clasps – Adams', southend, ball hooks, arrow clasps, ball clasps etc.;*
- ANCHORAGE:
  - *Newton's 3rd law: „For every action there is an equal and opposite reaction”*
  - *Proffit (1993): „Resistance to unwanted tooth movement”*
  - *increasing anchorage by using extraoral appliances like Headgear, Delaire-facemask etc;*
- BASEPLATE: *acrylic base, anchorage!*

# MECHANICAL REMOVABLE APPLIANCE

## SCHWARZ PLATE





# REMOVABLE APPLIANCE COMPONENTS

- ACTIVE COMPONENTS: ***springs***, screws, bows



***COFFIN spring***: Walter Coffin, 1881;  
➤ an omega shaped spring for arch expansion.



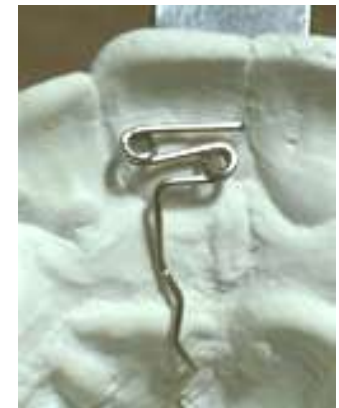
***Anterior finger springs***;

- incisors: 0.5 mm SS wire,
  - canine and premolars: 0.6 mm SS wire;
- for mesial or distal movement,  
➤ treatment of *diasthema medianum*.



***Z-spring***:

- incisors: 0.5 mm SS wire,
- proclination of one or two incisors.  
➤ to correct mild rotations if only one helix is activated





# REMOVABLE APPLIANCE COMPONENTS

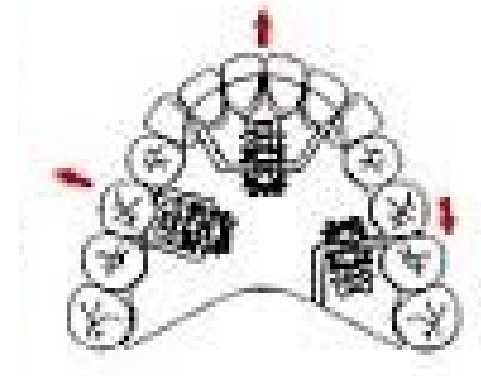
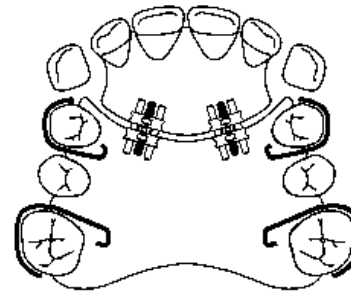
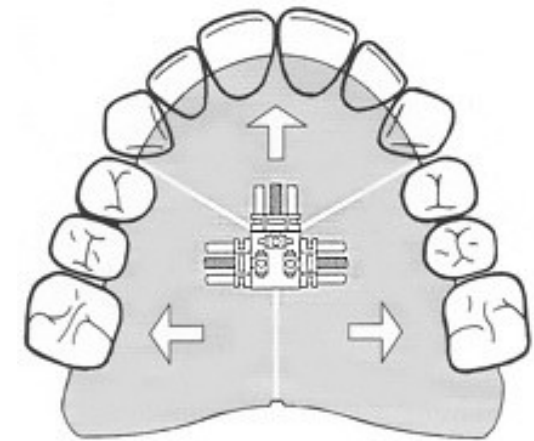


➤ ACTIVE COMPONENTS: *springs, screws, bows*



- *it is activated by the patient by using a key.*
- *assures mainly three types of movement:*

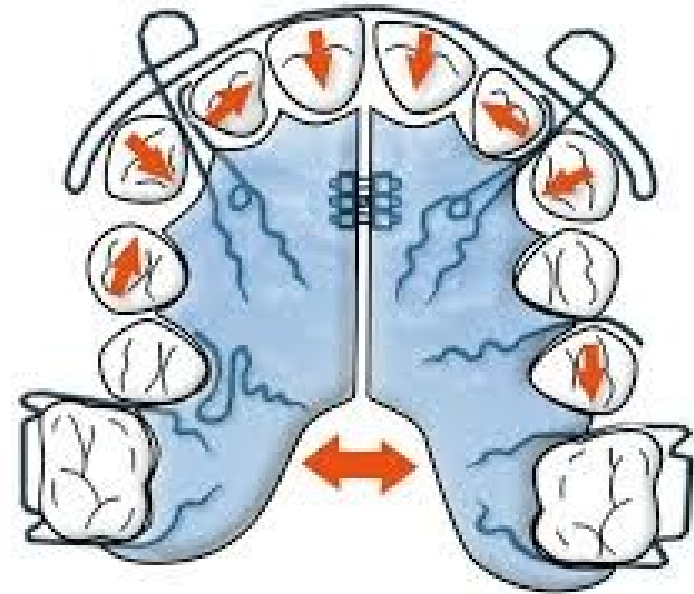
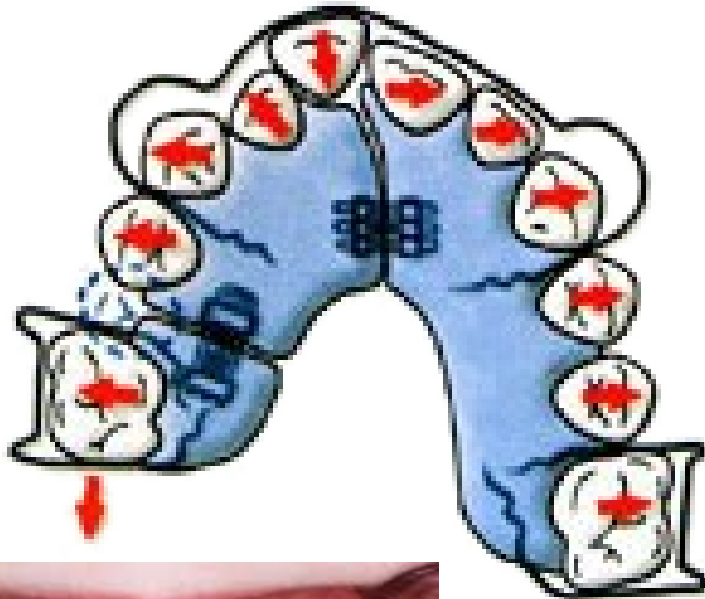
- *Expansion of the dental arch;*
- *Tooth movement to buccal or labial direction;*
- *Tooth movement to mesial or distal direction.*





# REMOVABLE APPLIANCE COMPONENTS

- ACTIVE COMPONENTS: *springs*, *screws*, *bows*



***Labial bow:*** mechanism of action

# LABIAL ARCH

- is able to tilt the incisors backwards (retrusion)
- „U-loops” – canines.





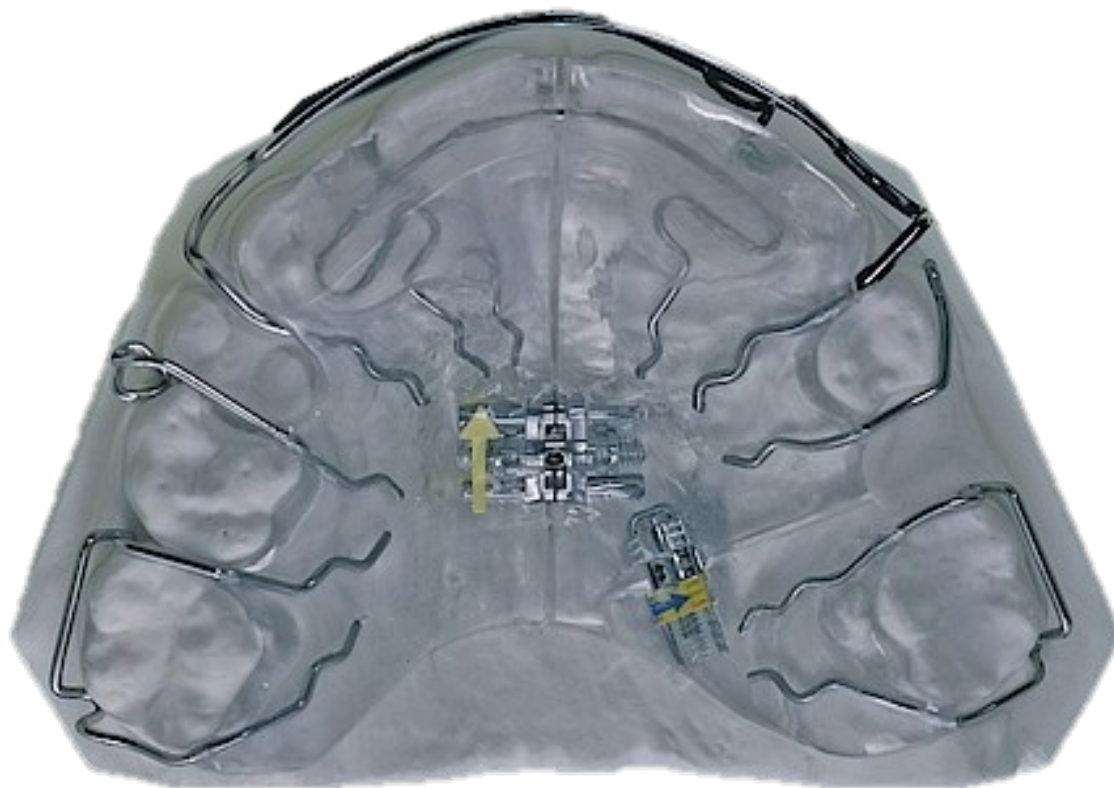


***Removable lower  
inclined plate***



***Removable upper  
inclined plate***

















***Distalizing device***



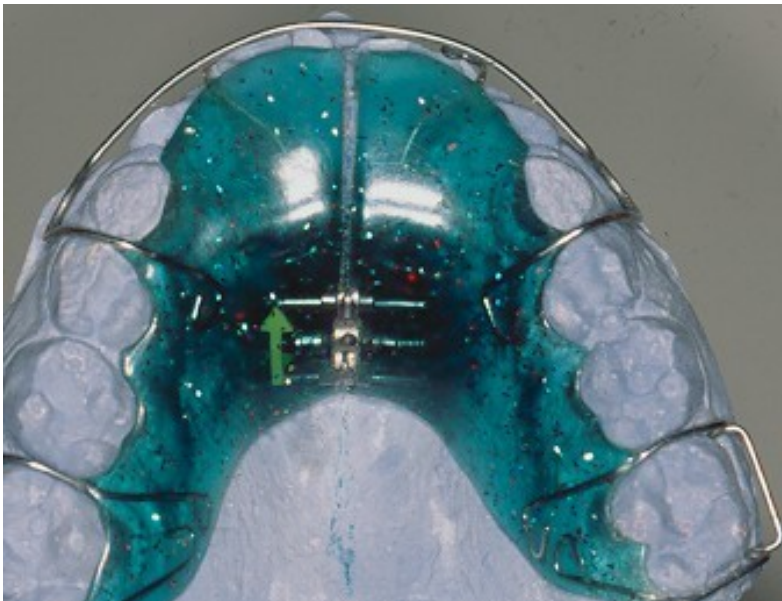
***Upper „Y” plate***



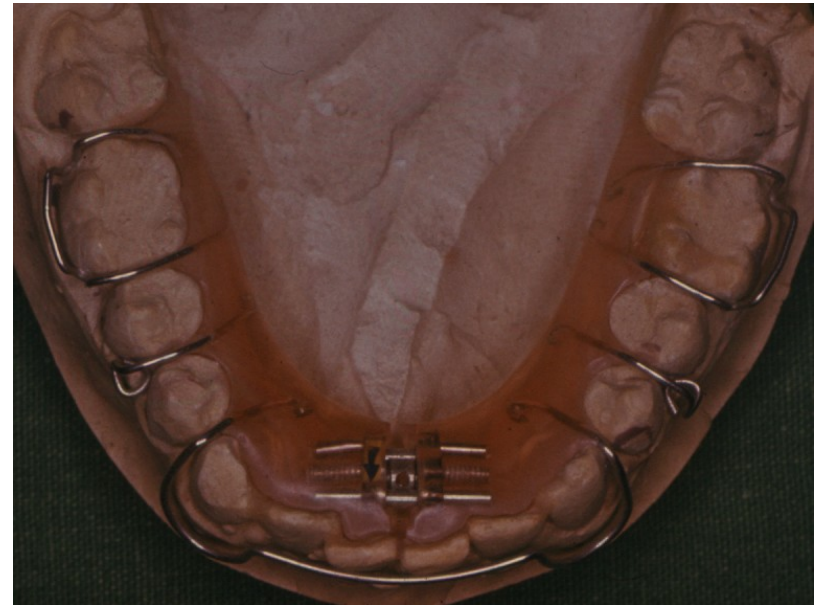
# ACTIVE PLATES

## Upper typical (symmetrical) active plate

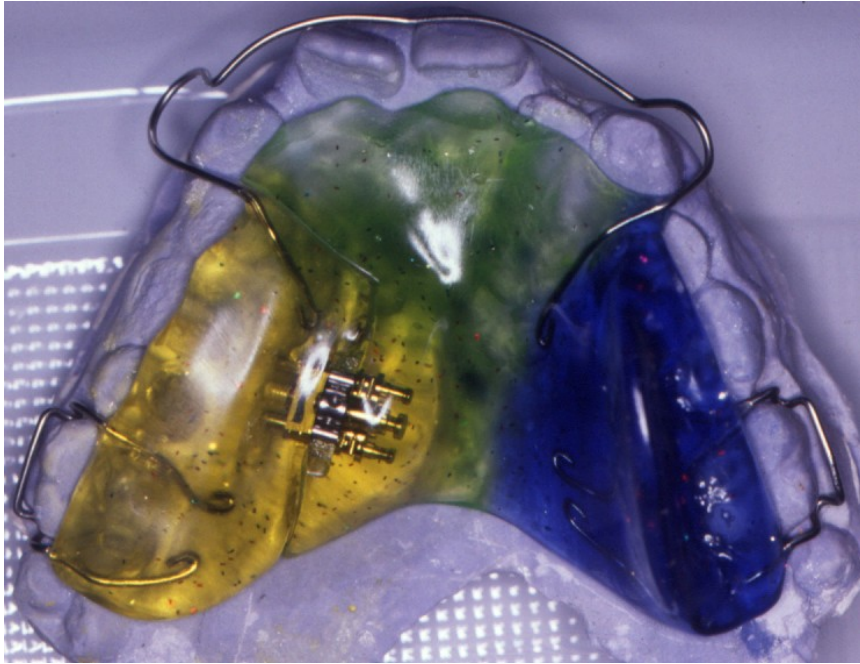
- the screw is in the middle of the appliance



## Lower typical active plate



# ATYPICAL ACTIVE PLATES



Upper atypical active plate with lateral bite raising

- for the treatment of the lateral crossbite



# ACTIVE PLATES

## Y-PLATE

Expansion: sagittally and transversally

- Kiterjesztése
- Feladatai elhorgonyzás aktív fogelmozdítás

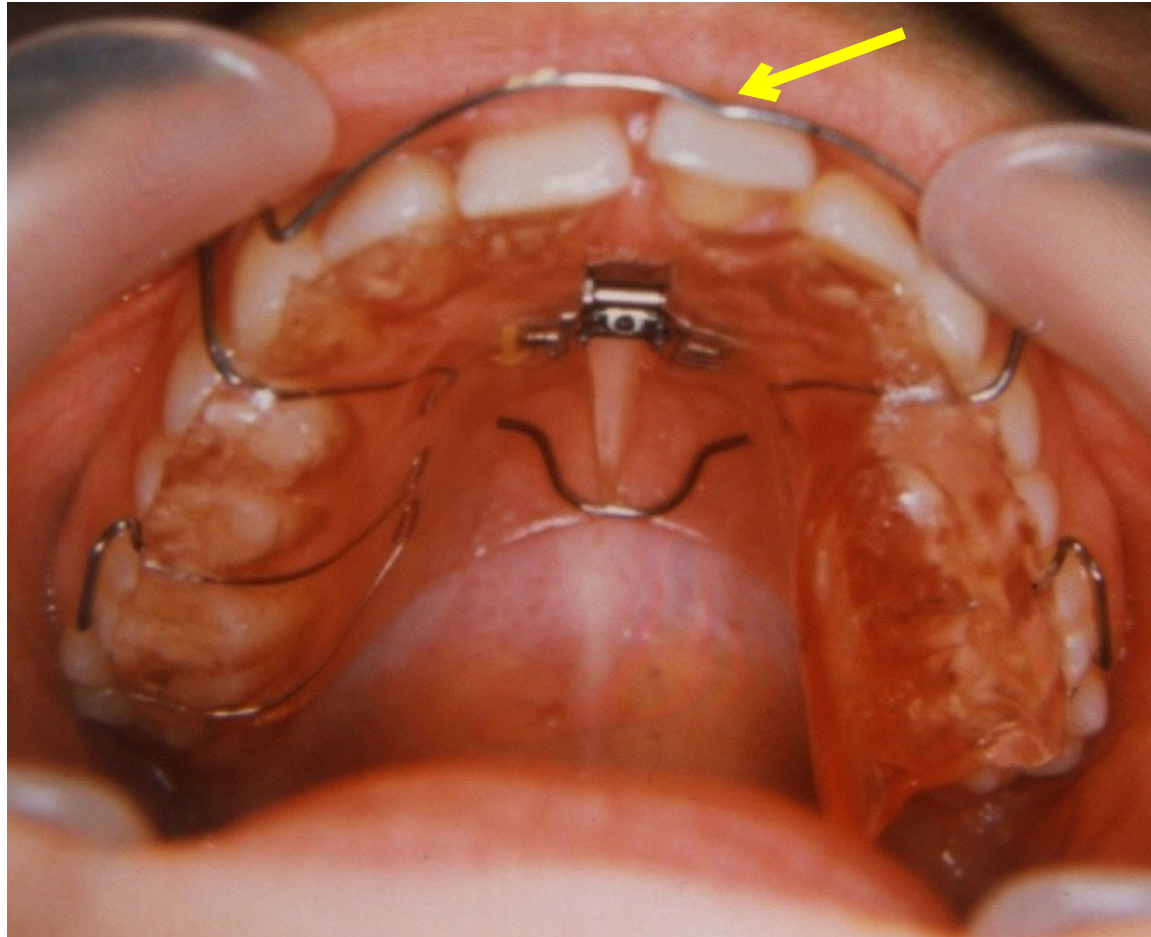


Upper Y-plate



Lower Y-plate

# ACTIVE PLATE FOR ANTERIOR EXPANSION



# ACTIVE PLATE WITH „TONGUE BARS”

- Speech therapist !

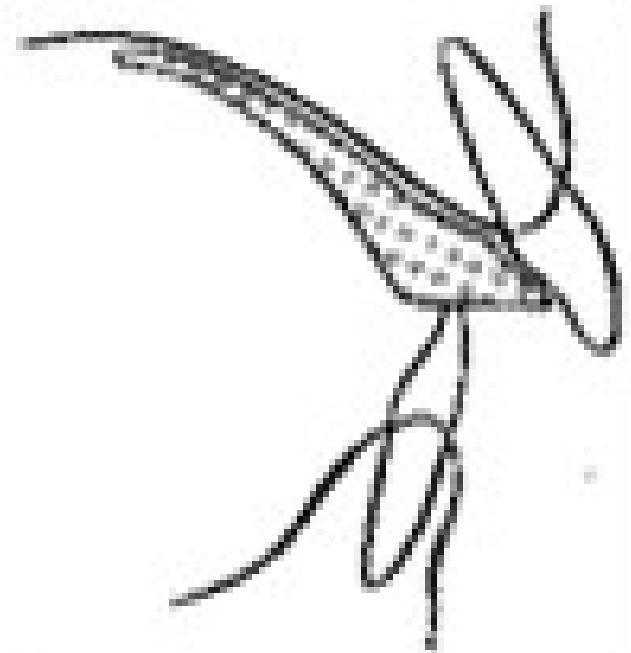
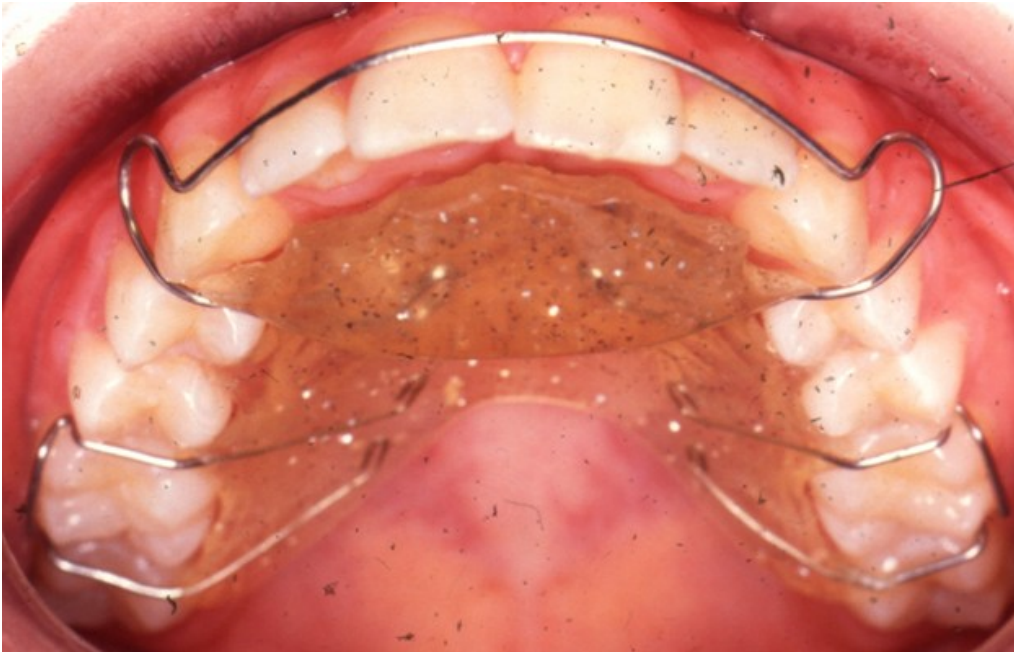




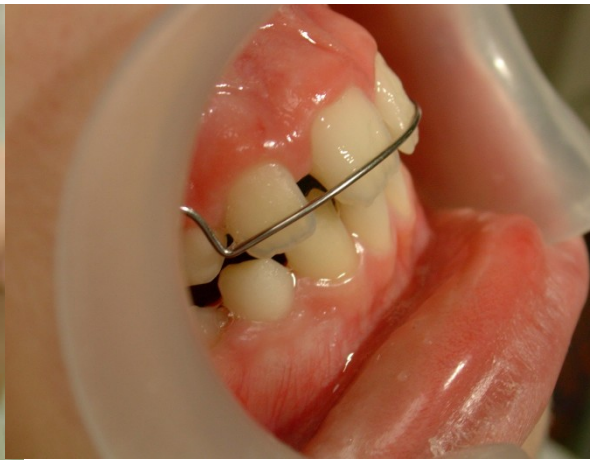
# ACTIVE PLATE WITH BITE (RAISING) PLANE

The anterior part of the upper plate is thicker and the continuous contact between the acrylic base and the lower incisors can cause the intrusion of the incisors. There is a gap between the molars which can cause the extrusion of the molar area.



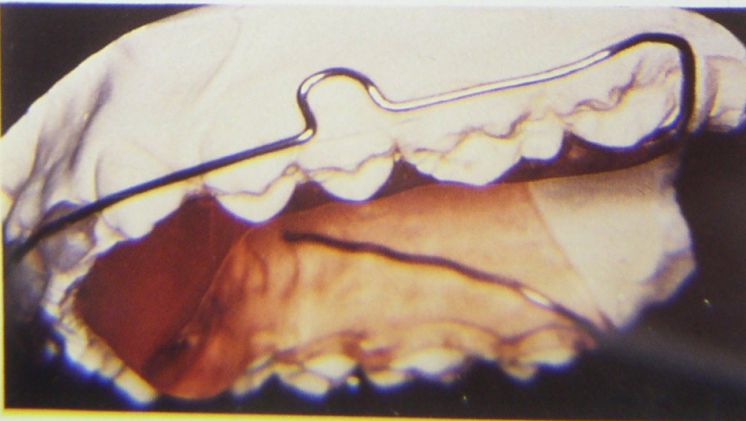
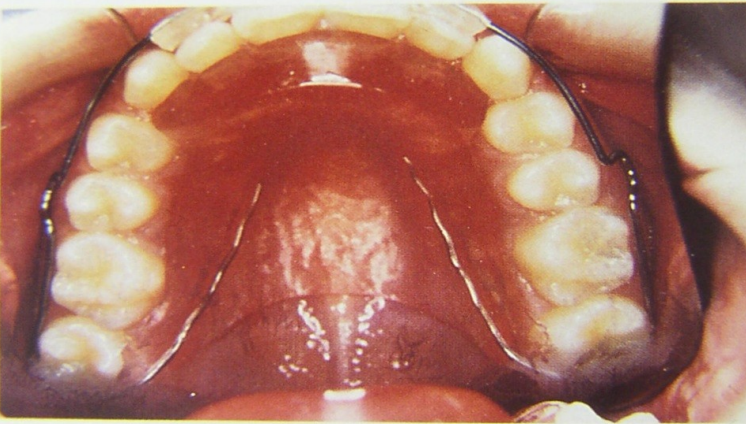
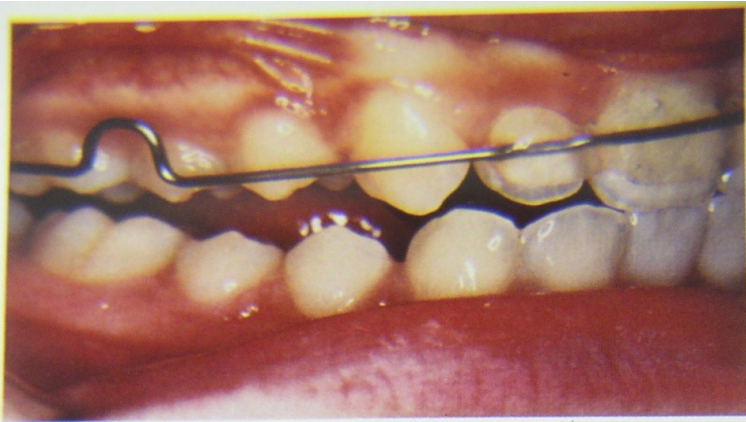


# UPPER REMOVABLE APPLIANCE WITH BITE PLANE



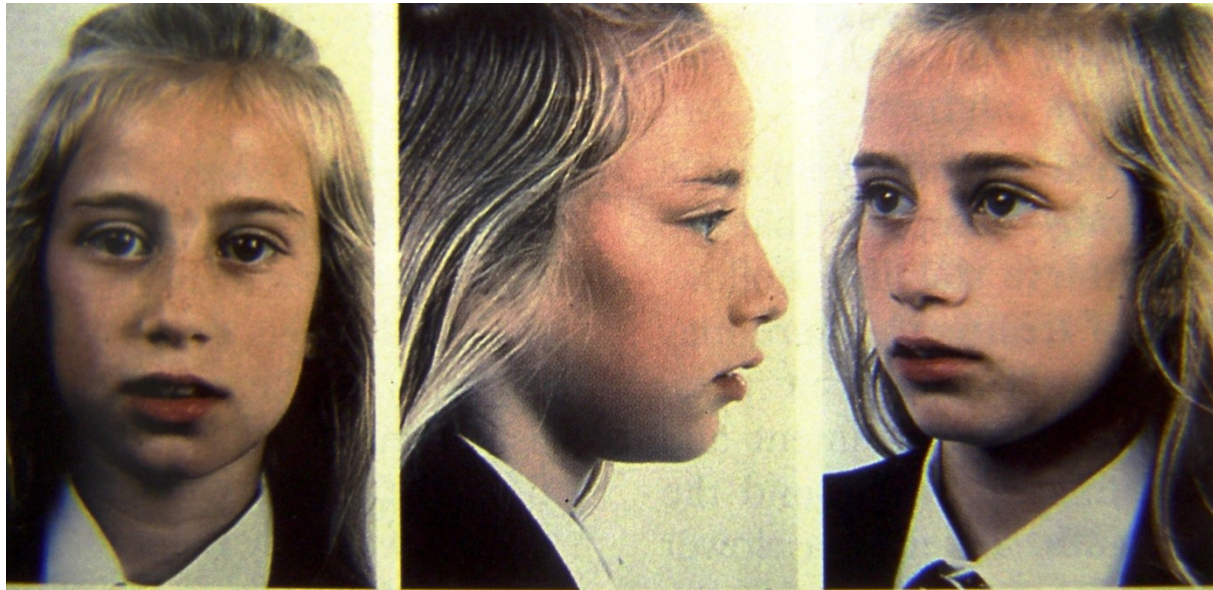


# REVERSED INCLINED PLANE





# REVERSED INCLINED PLANE for the correction of class II. anomalies





## REVERSED INCLINED PLANE



# FORCES FOR TOOTH MOVEMENT

- Single tooth movement: no more than 25-40 g per tooth;
- Applied to the cervical margin of the tooth to minimize the tipping tendency;
- Springs: 0.5 to 0.7 mm wire for single tooth movement or for a group of teeth;
  - *Constructed in 18/8 austenitic stainless steel (SS);*
  - *The more wire incorporated, the greater the range of the spring and the lighter the force exerted.*

## Force and deflection of stainless steel springs

$$F = k \cdot d \cdot r^4 / l^3$$

*k = stiffness of the wire (Young's Modulus)*

*d = deflection of the wire*

*r = radius of the wire*

*l = length of the spring*

# FORCES FOR TOOTH MOVEMENT

Force and deflection of stainless steel springs

$$F=k.d.r^4/l^3$$

*k = stiffness of the wire (Young's Modulus)*

*d = deflection of the wire*

*r = radius of the wire*

*l = length of the spring*

- Increasing the radius of the wire by 2 will result in the force applied increasing by 16 times;
- Increasing the length of the spring by 2 will reduce the force applied by 8 times;



# PASSIVE REMOVABLE APPLIANCES RETAINERS, PASSIVE SPACEMAINAINERS



SPLINT RETAINER



PASSIVE REMOVABLE  
RETAINER



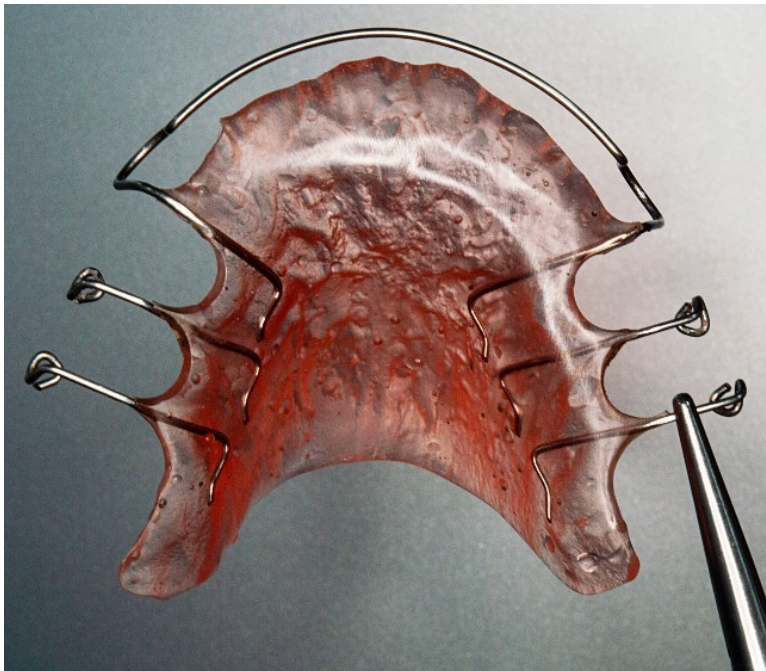
# THE „POSITIONER”



- Was developed by Kesling (USA): 1944;
- „rubber appliance”
- Introduced in 1945, as an auxiliary bimaxillary appliance;
- after MB-therapy for fine corrections, occlusal equilibration, **retention**, sport protector splint;
- Disadvantage: volume, discomfort for the patient, compliance;
- Silicon: Speed Positioner;
- thermoforming technique, 2-3 mm thick material

# Passive retention plates

Hawley -retainer



Barrere- retainer





# Thank You for Your kind attention!

Assoc. Prof. Rózsa Noémi Katinka,  
DMD, MSc, PhD



SEMMELWEIS  
UNIVERSITY 1769

