

# TOM TALKS

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## Early Stages of Fixed Treatment for Greater Efficiency



### Class I, Severe Crowding

Everywhere I teach, I hear, "How can I relieve crowding in non-extraction crowded cases without the incisors becoming proclined?" There is nothing worse than having to recover proclined incisors when crowding is resolved.



Wassim Bouzid D.D.S., M.S.D.

A big thank you goes out to Dr. Wassim Bouzid for sharing this wonderful example of using the case management strategies of the Pitts21 bracket, SAP bracket placement, ILSE, disarticulation, "flipped" anterior brackets, and light force wire pairings to achieve remarkable esthetic and occlusal changes very quickly.



This young lady would benefit esthetically from increased smile arc, greater VIP (she has a full VID), and increased maxillary transverse development, improved dental proportions of the anterior teeth, improved soft tissue contours. Superb patient co-operation with elastics and hygiene would be required to attain a good result.

**TTB Short Class III**

**Reverse Rainbow**

● 3/16 2.5 oz / 70 Gms

● 5/16 2.5 oz / 70 Gms

Wire	Elastics	Direction	oz / gm	Duration
.014, 18X18 UltraSoft, 18X18 TA NiTi	TTB "Shorty" Class III	U5-Hk	2.5 / 70	24
	Reverse Rainbow	U2-L1's-U2	2.5 / 70	PM

In a counter intuitive way, we use through-the-bite Class III elastics (TTB) in the beginning. To widen arches and control anterior tooth inclination during relief of crowding is critical, so TTB Class III elastics and Reverse Rainbow elastics are used immediately. No open coiled springs were used for her crowded teeth; however, they can be used if necessary.



Case Management Strategy	Case Specific Modifications	Stage 1 Strategies	Stage 2 Strategies	Stage 3 Strategies
SAP bracket position	Moderate VIP, VID, and SAP Position	Pan/Repo Adjust Case Management (PRACM) Early, Invert Upper Anteriors (Not Lower)	PRACM brackets as needed	Tooth recontouring for aesthetics
Disarticulation	Posterior disarticulation until lower crowding is resolved	Remove posterior disarticulation		
ILSE	(Through-The-Bite) TTB Cl. III 2.5 oz. 3/16 Reverse Rainbow 2.5 oz. 5/16	Continue same elastics until arch is widened and lower anteriors are in position	Discontinue Cl. III and use short CL. II as necessary Use triangle elastics	Continue stage 2 strategy
Archwire Progressions - All Pitts Broad Arch Forms	.014 Thermal Activated (TA) Nickel Titanium (NiTi) Archwires	.018 x .018 UltraSoft TA NiTi	Continue .018 x .018 PRN UltraSoft as needed Move to .020 x .020 Niti	.020 x .020 Beta Titanium or .019 x .019 Stainless Steel for extra widening
White and Pink Recontouring	Positive or negative coronoplasty prior to bonding	Slenderize as crowding resolved	Laser contouring pink tissue as needed	Positive and negative coronoplasty, soft tissue revision



These remarkable esthetic/occlusal changes were attained in 4 months. Getting a beautiful finish from here does not require extended treatment times to get nice periodontal response.

In coming months, we will share more tips on case management that will make your lives easier, and improve results EARLIER for YOUR patients. Thanks again to Wassim for sharing!

**Ask your OC Sales Rep, where you can learn more, see you in a course soon!**