orthodontics
Finish with the Best

Pitts21®

TOM *TALKS*

Tom Pitts D.D.S., M.S.D.
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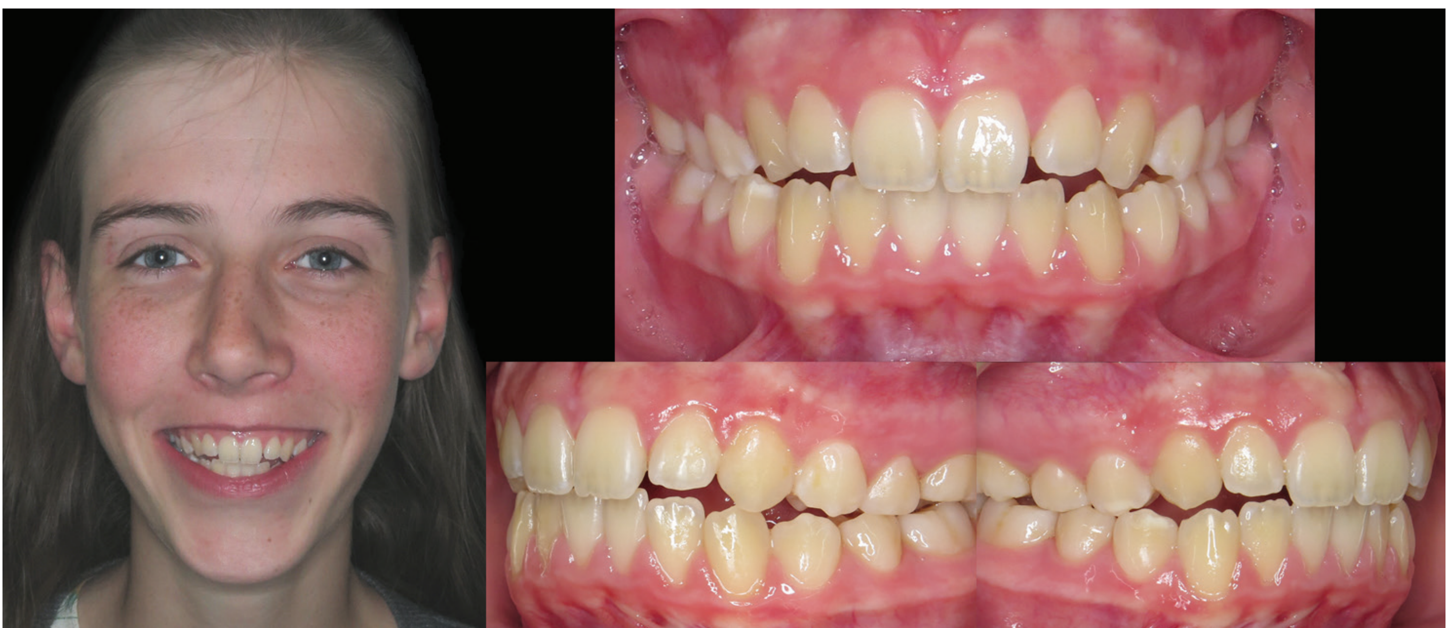
Early Stages of Fixed Treatment for Greater Efficiency

Class I, Anterior Open Bite (AOB), No Crowding

Historically, closure of Anterior Open Bite's (AOB's) commonly required either bicuspid extractions or impaction of the maxilla. In non-surgical cases, many have resorted to MEAW (Multi-Loop Edgewise Arch Wire) mechanics, and relatively heavy anterior elastics to close the bite. PSL changed all that, and Pitts21 improves it even further!

Thanks to Dr. Duncan Brown for sharing this example of using "Active Early" case management strategies, and Pitts21 bracket/wire system to effectively close an AOB quickly. Intruding posterior teeth is a key. Duncan placed molar composite bite buttons combined with Pitts P.T. (Posterior Temporalis) squeeze exercises in order to intrude the molars. This seems quite stable and makes a big difference in keeping the bite closed after active treatment.

Duncan Brown B.Sc., D.D.S., D. Ortho



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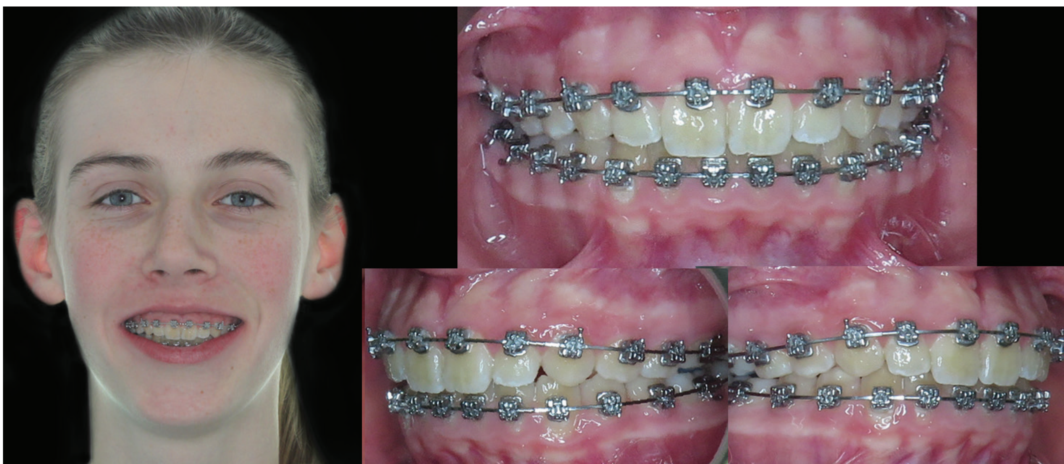
All patients benefit from a smile arc, even when they have gingival display. SAP+ bracket placement in the upper arch combined with a very gingival mandibular anterior bracket position is designed to assist closure the AOB. ILSE combinations and full-time wear of vertical triangle and part time anterior rainbow elastics (never more than 2.5 oz) encourage a clockwise rotation of the Mx COP which has a great esthetic benefit. Special swallowing exercises can be instituted after bite closure. We use Dr. Kondo's tongue position swallowing exercises with bubble gum on the roof of the mouth (reference Sabrina Huang *flower631018@gmail.com*). Tongue tamers on the lower anteriors encourage the tongue to stay more posterior/higher, and broader arch forms also help.

Case Management Strategy	Case Specific Modifications	Stage 1 Strategies	Stage 2 Strategies	Stage 3 Strategies
SAP+ for maxillary bracket position AOB placement of mandibular anteriors	Upper bracket position depends on smile arc desired, curve of the lower lip, and vertical incisal display	Repo early for esthetics Usually in the .018 x .018 UltraSoft TA NiTi	Pan/Repo as needed	Tooth recontouring for esthetics
Disarticulation	Posterior on 1st/2nd molars increased PRN (as needed)	Remove turbos when the AOB is closed	Begin adjusting occlusion	Treat to deeper overbite on open bite cases
ILSE Immediate	Vertical Triangle 2.5 oz 3/16 PM Rainbow 2.5 oz 5/16 (We never wear more than 2.5 oz. elastics in the anterior region)	Continue with triangle and rainbow PRN Rainbow 2.5 oz 5/16	Continune with triangle and rainbow PRN Rainbow 2.5 oz 5/16	Down and Under (upper 6, under lower bi's, to upper Hk on wire) 5/16 3.5 oz PRN Rainbow 2.5 oz 5/16
Archwire Progressions - All Pitts Broad Arch Forms	.014 Thermal Activated (TA) Nickel Titanium (NiTi) Archwires	.018 x .018 UltraSoft TA NiTi Move to .020 x .020 TA NiTI within 6 weeks	.020 x .020 Beta Titanium or .019 x .019 Stainless Steel (for extra width)	.020 x .020 Beta Titanium or .019 x .019 Stainless Steel (detailing)
NMI (Neuromuscular Incapacitation)	Pitts' P.T. Squeez Exercise Tongue tamers 60 squeezes (6 times per day)	Continue P.T. exercises and tongue tamers	Kondo swallowing exercise after the bite is closed	Leave tongue tamers into retention for 12 months



4 Months in Treatment

It's important to fine tune the occlusion with coronoplasty, finish to a deeper bite, and retain with upper and lower Essex with tongue tamers in place. In this case a diode laser will be applied to improve "pink" tissue contours, and reduce gingival display.

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

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