

TOM TALKS

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Early Stages of Fixed Treatment for Greater Efficiency

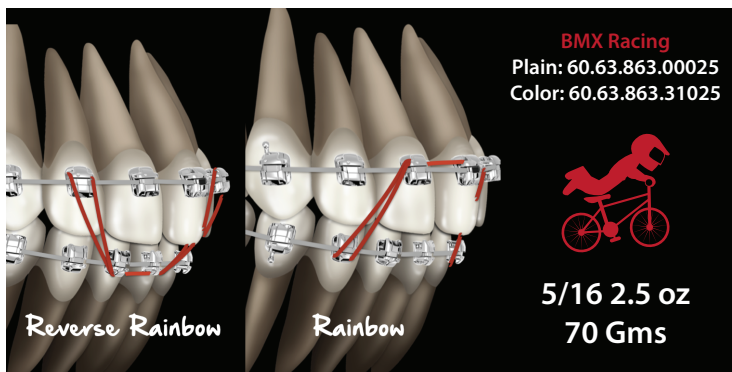
Anterior Elastics - Expanding Their Use

We have advocated Immediate, Light, Short, Elastics (ILSE) and disarticulation as vital to simultaneous mechanics for over 20 years. Our understanding of ILSE includes using anterior elastics as an effective means to simultaneously control posterior arch development and the anterior inclination of upper incisors.

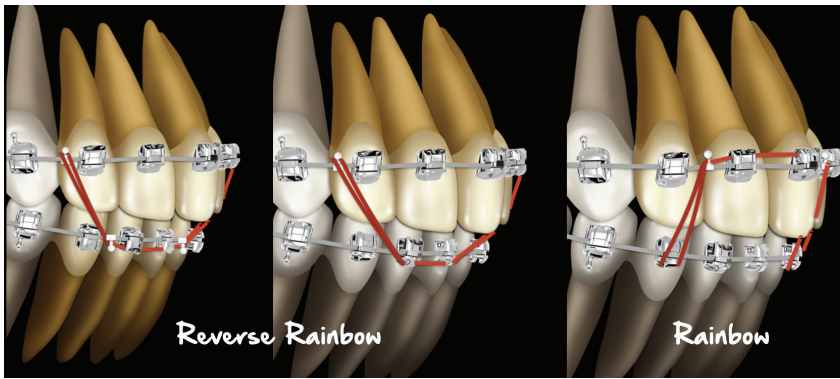
Many thanks to Dr. Wassim Bouzid, from Algeria, for providing this case demonstrating this refinement in the protocol so well.



Photo Courtesy of Dr. Wassim Bouzid



In the past, we taught two types of anterior elastics; “Rainbow” for class II force vectors and “Reverse Rainbow” for class III force vectors. The elastic forces on anterior teeth should never exceed 2.5 oz for either 5/16” or 3/16” elastics. The force vectors (force direction) are less critical since the elastic forces are so light. Early in treatment, it is essential to have some anterior force present to prevent unwanted proclination, while the force direction is less critical. Adjust the elastic position to the patient’s need, as in using “Reverse Rainbow” elastics to upright lateral incisors which have become flared during initial alignment. Generally, the anterior elastics are worn 12 hours per night, whereas the class II and class III elastics are worn full-time.



There is no reason to abandon anterior elastics when it is difficult to run them under the tie wings. Placing a crimpable hook on the wire allows placement of anterior elastics without comprising other mechanics.



Dr. Tom Pitts

For example, when using anterior elastics in combination with auxiliary “lace ties” or “C- chain” on anterior teeth, the placement of crimpable hooks on square wires provides a very effective solution. The 1mm Trillium hooks work brilliantly on .018 x .018 archwires. On .019 x .019 or .020 x .020 archwires, both the Trillium or MEM crimpable hooks work equally well.

Case Management Strategy	General Hint	Stage 1 Round Archwires	Stage 2 Square Nickel-Ti Archwires	Stage 3 Square Beta-Ti / SS Archwires
Rainbow Elastics	Early in treatment, elastic direction is less important than having some anterior force preventing unwanted proclination.	Use the tie wings	Use the tie wings/ crimpable hook	Use the tie wings/ crimpable hook
Reverse Rainbow Elastics		Use the tie wings	Use the tie wings/ crimpable hook	Use the tie wings/ crimpable hook

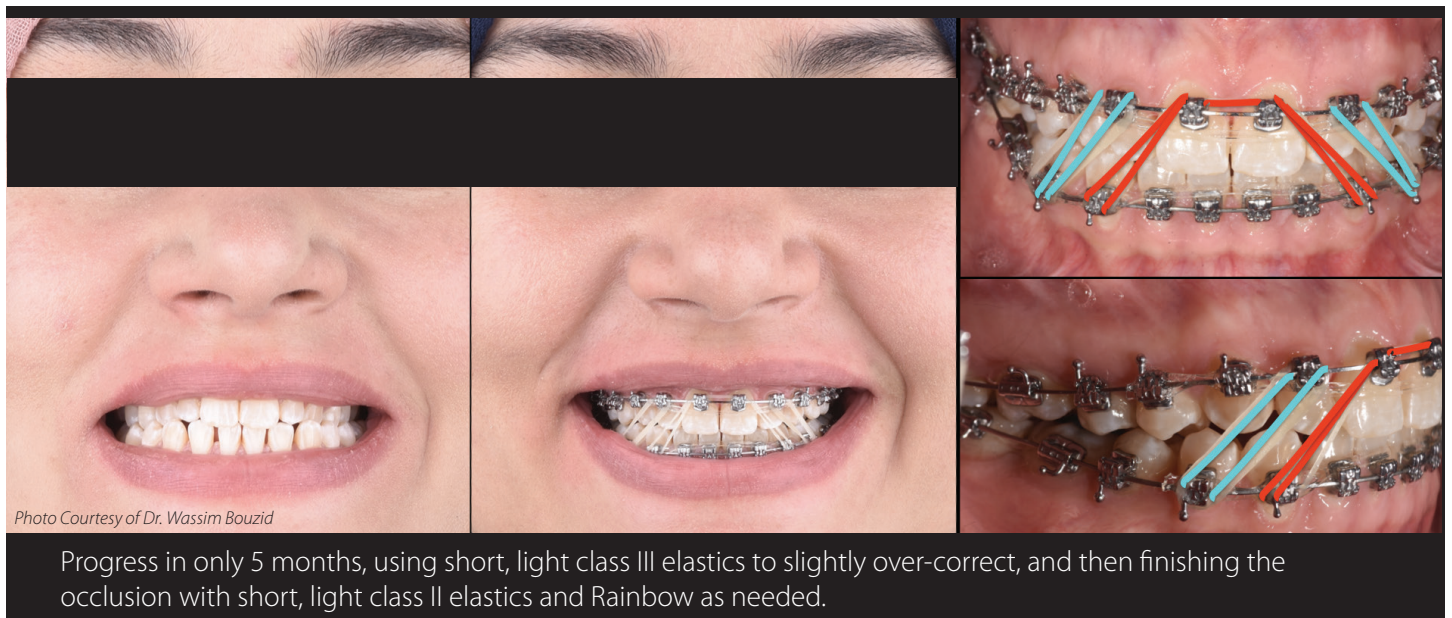


Photo Courtesy of Dr. Wassim Bouzid

Progress in only 5 months, using short, light class III elastics to slightly over-correct, and then finishing the occlusion with short, light class II elastics and Rainbow as needed.

We are continuing to innovate both the Protocols and the appliance design to make using elastics easier for the patient and more predictable for you.

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