

TOM TALKS

Tom Pitts D.D.S., M.S.D.
with Duncan Brown B.Sc., D.D.S., D. Ortho

Early Stages of Fixed Treatment for Greater Efficiency

Class II, Proclined Incisors, Good Chin

As many of you know, I love using the fixed Herbst appliance (which I referred to as MARS - Mandibular Anterior Repositioning System), in cases where chin projection is not sufficient. One of the questions that comes up quite frequently, is how to deal with incisor proclination, when the chin is well positioned. Uprighting proclined teeth is very predictable in these types of cases.

I asked Dr. Duncan Brown to share a case to show the efficiency of the Pitts21[®] appliance, inverting anterior brackets, ILSE and disarticulation to make rapid changes in tooth position quickly and easily without having to resort to excessive use of "torquing chains".

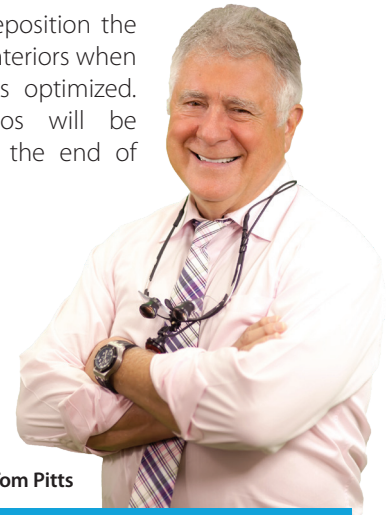


Photo Courtesy of Dr. Duncan Brown

The "Flipped" upper anterior brackets introduce lingual crown torsion as early as the .018 x .018 Ultra Soft Thermal Activated Nickel Titanium Archwire placed in this case at the second appointment. This **Early Engagement™** of the Pitts21[®] progressive slot produces effective lingual crown torsion to assist in uprighting proclined incisors, at force levels that are very light and comfortable for the patient. ILSE involving "shortly class II" may be supplemented by anterior rainbow elastics to improve VID and Smile arc.



It is important to reposition the bite turbos to the anteriors when upper incisor VID is optimized. The anterior turbos will be retained until near the end of treatment.



Dr. Tom Pitts

Case Management Strategy	Case Specific Modifications	Stage 1 Strategies	Stage 2 Strategies	Stage 3 Strategies
SAP ++ Disarticulation on either upper cuspids or molars	Flip upper anteriors	PRACM after overjet is reduced TO ASSESS VID	PRACM adjustment for Smile Arc	Tooth recontouring for esthetics Pink tissue revision for improved bracket position
Disarticulation	Upper bicuspid with bite ramp	Move the turbos anteriorly once proclination is reduced	Retain small turbos on the incisors to optimize OB	Remove turbos to finish
ILSE (Immediate Light Short Elastics)	FT "Shorty Class II" 2.5oz 3/16, supplement with Anterior rainbow 2.5 oz 5/16 pro	Shorty Class II	Shorty Class II elastics as needed to slightly over correct	Down and Under 3.5 oz. 5/16 (to sock in buccal occlusion)
Archwire Progressions - All Pitts Broad Arch Forms	.014 Thermal Activated Nickel Titanium	.018 x .018 Ultra Soft Thermal Activated Nickel Titanium	.020 x .020 Nickel Titanium	.019 x .019 Stainless Steel in both arches for finishing Widen arches as needed
PRACM	As required for esthetics	After .018 x .018 Ultra Soft Thermal Activated Nickel Titanium Reposition for esthetics	PRACM as needed	



Removing the anterior turbos allows finishing of the occlusion with "Down and Under" elastics. We usually keep wearing light "shorty Class II elastics" at night to avoid developing a slide in the occlusion.



Photo Courtesy of Dr. Duncan Brown

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