Patient name: Age/sex: Date: Registration no.:

# MIXED DENTITION ANALYSES

While it must not be supposed that variations from normal occlusion can be measured accurately and that orthodontic diagnosis can be based upon mathematical calculations, nevertheless, the ability to predetermine arch size, within limits is a useful diagnostic aid.

.....JOHN STIFTER; Angle Orthodontist, 28(4):1958

Instructions: -The format is prepared for the mobile app "Ortho Assistant"

- -Fill in the values in millimeters only.
- Huckaba analysis needs apparent width of teeth from IOPA X rays.
- Cephalometric mixed dentition analyses and Bolton anterior ratio use width of the unerupted teeth according to Huckaba's method
- Vernier caliper is preferable for measurements on cast or radiographs.

#### 1. Cast measurements:

Tooth		Maxillary		Mandibular
Permanent Central incisor	Left	Right	Left	Right
Permanent Lateral incisor	Left	Right	Left	Right
Permanent 1st molar	Left	Right	Left	Right
Primary canine	Left	Right	Left	Right
Primary 1st molar	Left	Right	Left	Right
Primary 2 <sup>nd</sup> molar	Left	Right	Left	Right
Maxillary Space available				
From mesiobuccal line angle of the				
permanent 1st molar to the mesiobuccal line				
angle of the opposite permanent 1st molar				
along the buccal cusps of posterior teeth and				
incisal edges of anterior teeth on the basal				
bone (if incisors are proclined- from cingulum;				8
retroclined- from labial surface)				
Mandibular Space available				
From mesiobuccal line angle of the				(業) (業)
permanent 1st molar to the mesiobuccal line				
angle of the opposite permanent 1st molar				
along the buccal cusps of posterior teeth and				
incisal edges of anterior teeth on the basal				
bone				
Distance between cusp tip of mesio-buccal	Left	Right		
cusp of maxillary permanent first molar to				
bucco- developemental groove of mandibular				
first permanent molar				
(in case of flush terminal plane only, for late				
mesial shift OR to move mandibular 1st				The Designation of the Control of th
permanent molar into class I relation)				

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Available space Maxilla (SEGMENTAL) Incisor space	Maxillary Left	Right	Total	
Between midline to mesial point of primary canidistal point of permanent lateral incisor (includir interdental spaces and primate spaces if any)  Available space Maxilla (SEGMENTAL)  Buccal segment  Between the mesial point of primary canine/ dis	ne/	rigiit	Total	
point of permanent lateral incisor (should be the same as chosen for incisor space available) to mesial of the permanent first molar				
Available space Mandible (SEGMENTAL)	Mandibular	Pt. In	T. ( )	
Incisor space  Between midline to mesial point of primary canidistal point of permanent lateral incisor (includir interdental spaces if any)  Available space Mandible (SEGMENTAL)	· ·	Right	Total	
Buccal segment  Between the mesial point of primary canine/ dispoint of permanent lateral incisor (should be the same as chosen for incisor space available; include primate space if any)		Right	< Y	

# 2. Space available measurements on MANDIBULAR arch for Total Space Analysis:

Ant	terior segment		
Space available: Arch length from MB cusp of mandibular primary 1 <sup>st</sup> molar to the MB cusp of opposite mandibular primary 1 <sup>st</sup> molar			
Midd	lle segment		
Space available: Arch length from MB cusp of the primary 1st molar to the DB cusp of permanent 1st molar	Right	Left	
Curve of spee:  Maximum perpendicular distance between the buccal cusp tips of the mandibular teeth and a measurement plane described by the central incisor and the distal cusp tip of the most posterior tooth in the mandibular arch	Right	Left	
Posto	erior segment		
Presently available space: Distal surface of the permanent 1 <sup>st</sup> molar to the anterior border of the ramus on occlusal plane on lat. Ceph <b>or</b> on the cast optionally)	Right	Left	AVAILABLE

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# 3. Radiographic (apparent) measurement for Huckaba's analysis:

Tooth	Maxillary				Mandibular
Permanent Canine	Left	Right		Left	Right
1 <sup>st</sup> Premolar	Left	Right		Left	Right
2 <sup>nd</sup> Premolar	Left	Right		Left	Right
Primary 2 <sup>nd</sup> molar	Left	Right		Left	Right
Permanent 1 <sup>st</sup> molar	Left	Right		Left	Right
Permanent 2 <sup>nd</sup> molar	Mandib	ular only	Left		Right
Permanent 3 <sup>rd</sup> molar	Mandibular only		Left		Right
(Wheeler's value for if not visible					
in radiographs- 10mm)					

## 4. Transverse arch measurements:

P	PONT'S ANALYSIS
Measu	ured premolar value (MPV)
Width of the arch in the premolar region from the distal pit of the maxillary 1 <sup>st</sup> premolar/ primary 1 <sup>st</sup> molar to the distal pit of the opposite 1 <sup>st</sup> premolar/ primary 1 <sup>st</sup> molar	
Width of the arch in the premolar region between the distobuccal occlusal point angle of the right and left mandibular 1 <sup>st</sup> premolars/ primary 1 <sup>st</sup> molars	
Meas	sured molar value (MMV)
Width of the arch in the molar region between the mesial pit of the maxillary right and left permanent 1 <sup>st</sup> molars	
Width of the arch in the molar region between the cusp tips of middle buccal cusp of right and left mandibular permanent 1st molars	

Patient name: Age/sex: Date: Registration no.:

Measured premolar v	alue (MPV)
Width of the arch in the premolar region between the distal pit of the left and right maxillary 1 <sup>st</sup> premolars/ primary 1 <sup>st</sup> molars	
Width of the arch in the premolar region from the interproximal contact between mandibular 1 <sup>st</sup> & 2 <sup>nd</sup> premolars/ primary 1 <sup>st</sup> & 2 <sup>nd</sup> molars on the left to the right side	
Measured molar value	(MMV)
Width of the arch in the molar region between the central fossa of maxillary right and left permanent 1 <sup>st</sup> molars	
Width of the arch in the molar region between the Distal Buccal Cusp tip of right and left mandibular 1st molars	

## 5. Palatal Height/ Maxillary depth

# Measured molar value (MMV) Width of the arch in the molar region between the mesial pit of the maxillary right and left permanent 1st molars Korkhaus Palatal height (1939)- Palatal height is measured as a vertical line perpendicular to the midpalatal raphe runs from the surface of the palate to the level of palatal plane, measured between the reference point of the Pont's index for posterior arch width. The vertical distance between depth of palate and occlusal surface at first molar region was measured using metallic scale and depth rod of digital Vernier caliper. The vertical distance between depth of first molar fissure and height of palatal cusp of first molar was subtracted from this distance to obtain the palatal height as described by Korkhaus. Maxillary depth Measured from a line which connects the occlusal plane up to the greatest palatal depth.

# **RESULT PAGES**

## **Descriptive Arch Analysis**

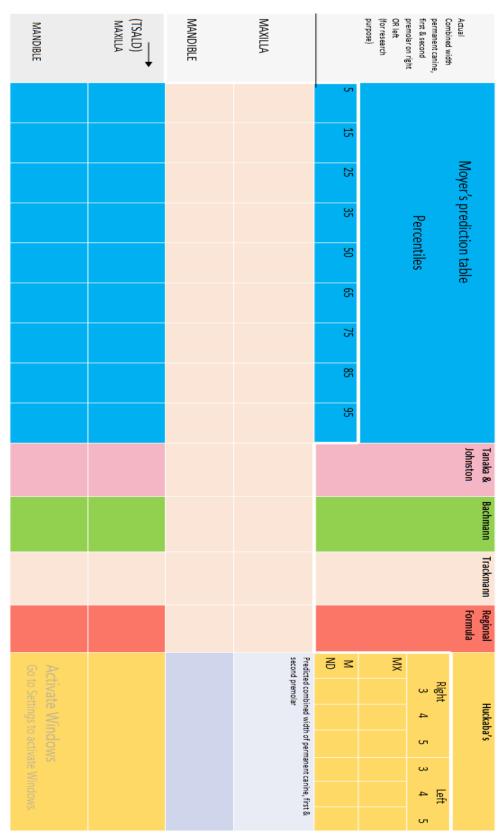
Always assess Maxillo-mandibular midline alignment and B/L symmetry of
posterior occlusion. In case of midline not coinciding and B/L post. occlusion
asymmetry, rule out functional mandibular shift first. If it is not, causes may be
dental (tooth shift due to proximal caries) or skeletal (bone anomalies).

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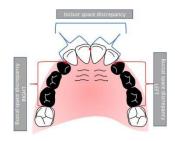
Patient name: Age/sex: Date: Registration no.:

# 1. Comprehensive table for Mixed dentition analysis Tooth size arch length discrepancy

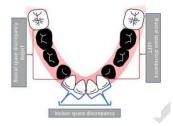


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## 2. SEGMENTAL ARCH ANALYSIS



Predicted combined widt cuspid and bicuspids (MAXILLA)	h of mandibular p	ermanent	Buccal space dis	screpancy	Incisor space discrepancy	All total discrepancy
According to	right	left	right	left		
Moyer's (%)						
Tanaka & Johnston						
Huckaba's						
Fauda's						
Bachmann's						
Trankmann's						
Regional						



Predicted combined w permanent cuspid and (MANDIBLE)		lar	Buccal space (	discrepancy	Incisor space discrepancy	All total discrepancy
According to	right	left	right	left		
Moyer's (%)						
Tanaka & Johnston						
Huckaba's						
Fauda's						
Bachmann's						
Trankmann's						
Regional						

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# 3. Space available Vs Space need for erupting individual permanent in buccal segment

Max	illary right		Maxillary left		
E space	D space	C space	C space	D space	E space
2 <sup>nd</sup> PM	1 <sup>st</sup> PM	Perm Canine	Perm Canine	1 <sup>st</sup> PM	2 <sup>nd</sup> PM
Mand	ibular right		Mandibular left		
E space	D space	C space	C space	D space	E space
2 <sup>nd</sup> PM	1 <sup>st</sup> PM	Perm Canine	Perm Canine	1 <sup>st</sup> PM	2 <sup>nd</sup> PM

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## 4. TRANSVERSE ARCH ANALYSIS

	Pont's analysis					
	Maxilla	Mandible	Inference			
Measured premolar value (MPV)						
Calculated premolar value (CPV)			If the MPV/ MMV is less than CPV/ CMV, it indicates expansion is needed			
Discrepancy						
Measured molar value (MMV)						
Calculated molar value (CMV)						
Discrepancy						

S	chwarz analysis		
	Maxilla	Mandible	Inference
Measured premolar value (MPV) (Actual)			1. Discrepancy <4mm: Straight wire may be adequate enough to develop the arches without the need for expansion appliances. If the Discrepancy >4mm: consider starting the case with expanders to quickly create Ideal Arch Forms and then finishing the case with Straight wire to simply align the teeth. When the Discrepancy >10mm: second expansion appliance per arch may be needed to gain
Calculated premolar value (CPV) (Should be)			all of the space required. These arches are severely constricted and treatment time is longer and more complex.  The discrepancy can also help determine which arch needs expansion or if both arches need it. In many posterior crossbite cases the upper arch will be deficient and the lower arch will be close to ideal, so you may only need to expand the upper arch.
Discrepancy			Schwarz Model analysis. Technical Bulletin. Ohlendorf appliance laboratory  2. Discrepancy <4mm: No extraction, space supervision, arch development Discrepancy 5-9mm: arch development, extraction of some teeth Discrepancy >10mm: almost always require extraction of premalars or 2 <sup>nd</sup> molars
Measured molar value (MMV) (Actual)			The Schwarz Model Analysis. The practice building bulletin. Vol IV, Issue XX.
Calculated molar value (CMV) (Should be)			
Discrepancy			

Patient name: Age/sex: Date: Registration no.:

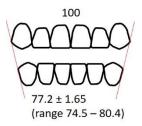
# 5. Palatal Height Index; Palatal/ Maxillary - Height/ Depth

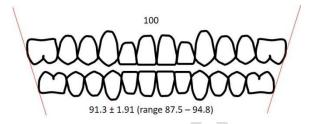
Palatal height index		
Patient's	Inference	
	Korkhaus >42% = High Palate <42% = Shallow Palate  Low palate: if the values were ≤27.9%. Medium palate: if the values ranged between 28.0 and 39.9%. High palate: if the values were greater than 40.0% (Maria, C.M.; Silva, A.M.; Busanello-Stella, A.R.; Bolzan, G.P.; Berwig, L.C. Avaliação da profundidad do palato duro: Correlação entre método quantitativo e qualitativo. Rev. CEFAC 2013, 15, 1292−1299. [Google Scholar] [CrossRef][Green Version]  Iran (5-18 yrs) korkhaus compass digital caliper Primary: 27.53 ± 3.0 38.9 ± 5.11 Mixed: 24.48 ± 3.79 33.38 ± 6.28 Perm.: 33.00 ± 5.51 41.50 ± 6.44	

Palatal/ Maxillary - Height/ Depth			
Patient's Average values (mm) in class I subjects			
	India (adults) Perm.: 20.75 13-16 yrs- Class II 5.0; Class II Div 1 13.90; Class II Div 2 13.30; Class III 12.6875 Bibilia Licente Ms. Kumar P, Databas S, radiu A. Palatal dimension correlation in maleculation for mixed indian population. J Dent Res Rev 2014;1:137-42 Brazil (9-12yrs), from a line which connects the occlusal plane up to the greatest palatal depth.) male female 9 years - 11.0 9.40 10 years - 11.71 9.72 11 years - 12.00 10.84 12 years - 12.00 10.87 12 years - 12.0		

Patient name: Age/sex: Date: Registration no.:

# 6. BOLTON'S OVERALL AND ANTERIOR RATIO

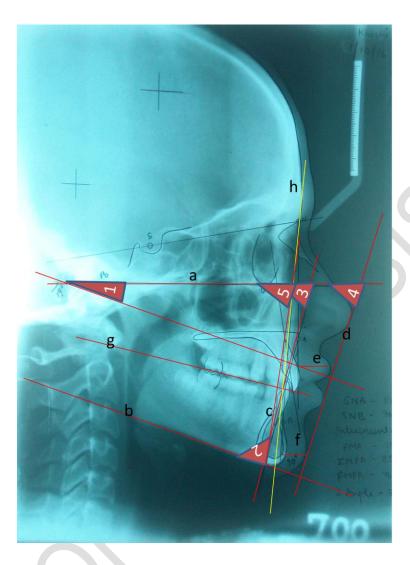




Bolton's anterior ratio (Huckaba's analysis is needed in mixed dentition)	>77.2 ± 1.65 - mandibular excess <77.2 ± 1.65 - maxillary excess	Amount of mandibular/ maxillary excess
Bolton's overall ratio	>91.3 ± 1.91- mandibular excess <91.3 ± 1.91- maxillary excess	Amount of mandibular/ maxillary excess

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# 7. Cephalometric analyses



Guide to draw lines and angles for TWEED'S and TOTAL SPACE ANALYSES

#### Lines:

- a. Frankfurt horizontal plane
- b. Mandibular plane
- c. Incisor mandibular plane
- d. Merrifeild profile line
- e. Lip thickness
- f. Chin thickness
- g. Occlusal plane
- h. N-B line

## **Angles:**

- 1. Frankfurt mandibular plane angle (FMA)
- 2. Incisor mandibular plane angle (IMPA)
- 3. Frankfurt mandibular incisor angle (FMIA)
- 4. 'Z' angle of Merrifeild
- 5. Objective FMIA

(can be drawn as new IMPA angle. 180 – objective FMIA + FMA)

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Patient name:		Age/sex:	Date:	Registration no.:
Additional a	ngles:			
SNA:	SNB:	ANB:		
Inter-incisal angle:				

Z angle of Merrifield:

# A. Tweed's analysis:

		Actual Value	Objective value
•	Frankfort mandibular plane angle [FMA]:		
•	Incisor mandibular plane angle [IMPA] :		
•	Frankfort mandibular incisor angle [FMIA]:		

To draw objective FMIA on cephalogram, calculate objective IMPA= 180 – (FMA+ objective FMIA). Then draw corrected mandibular incisor position

## > Cephalometric correction (D):

Distance between actual and objective line on the occlusal plane:

## Objective of FMIA after correction (Tweed foundation):

FMA	FMIA	
21° - 29°	68°	
<i>30° - &gt;30°</i>	65°	
20° - <20°	<b>IMPA</b> should not ex	ceed 92°

Patient name: Age/sex: Date: Registration no.:

## A. Total space analysis:

#### **ANTERIOR**

- Cephalometric correction (difference b/w actual and objective FMIA angle in degrees):
- Soft tissue modification:
   (z- angle Merrifield + Cephalometric correction in degrees ):
- Upper lip (vermilion border to greatest curvature of central incisor):
   Chin thickness (soft tissue chin to the N-B line) [U C]:

#### **Soft tissue modification guideline:**

If corrected Z angle of Merrifield is-

>80°: IMPA modified up to approximately 92°

<75°: additional upright positioning of mandibular incisors is needed

75° to 80°: no modification

# If lip thickness > chin thickness:

Lip thickness – chin thickness= value × 2, added to Space required (SR)

If lip thickness is = or < chin thickness= no modification required

#### All total deficit: (Sum of anterior, middle & posterior)

#### Treatment plan

- Extraction of 1<sup>st</sup>/2<sup>nd</sup> premolars:
- New Deficit:
- Extraction of 3<sup>rd</sup> molars:

#### **Final Discrepancy**