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| Help 1 | Guidance Anterior segment starts from the mesial anatomical contact point of the canine on one side to the mesial anatomical contact point of the canine on the opposite side. |
| Help 2 | Guidance  * 1. The features recorded are crowding, spacing and impacted teeth.   2. Displacements are recorded at the shortest distance between contact points mesial to canines and parallel to the occlusal plane.   3. In case of potential crowding in the mixed dentition, average mesio-distal widths are used to calculate the space deficiency. Impacted teeth are recorded when the space available for the tooth is equal or less than 4 mm.   4. Displaced contact points due to poor restoration are not recorded and the same for contact points between deciduous teeth.   5. Orthodontic extraction spaces are not recorded.   6. Spacings in the anterior segment resulting from extraction, agenesis or avulsion of incisors or canines are recorded only if: * The treatment planning is to close spaces, or * The treatment planning is to open and restore spaces unless the available spaces are less than or equal to 4 mm. |
| Help 3 | Amount of contact points displacement is 0 mm – 1mm |
| Help 4 | Amount of contact points displacement is 1.1 mm – 2mm |
| Help 5 | Amount of contact points displacement is 2.1 mm – 4mm |
| Help 6 | Amount of contact points displacement is 4.1 mm- 8mm |
| Help 7 | Amount of contact points displacement is greater than 8mm |
| Help 8 | Presence of impacted teeth |
| Help 9 | This condition applies only if the canine in unerupted regardless if the premolars are missing or present (Mid or late mixed dentition). You need to measure the distance from the distal contact point of the permanent lateral incisor to the mesial contact point of the first permanent molar, which represents the space available. Assuming that the total mesio-distal dimensions of the permanent canine, first and second premolars is 21mm and 22mm in the upper and lower arches respectively. Therefore, if the space available is more than 18, then this domain should be scored (0) as there is a low chance for impaction and space for the erupting canine might be gained secondary to normal growth changes. |
| Help 10 | This condition applies only if the canine in unerupted regardless if the premolars are missing or present (Mid or late mixed dentition). You need to measure the distance from the distal contact point of the permanent lateral incisor to the mesial contact point of the first permanent molar, which represents the space available. Assuming that the total mesio-distal dimensions of the permanent canine, first and second premolars is 21mm and 22mm in the upper and lower arches respectively. Therefore, if the space available is equal or less than 18, then this domain should be scored (5) as there is a high chance for impaction. |
| Help 11 | * Buccal segments start from the mesial anatomical contact point of the first permanent molar to the distal anatomical contact point of the permanent or primary canines. * If first permanent molar is missing, then the recorded zone will extend to second permanent molar. * If both first and second permanent molars are missing, then the recorded zone will extend to third permanent molar. * Recorded both right and left sides in occlusion in three planes of space: anterior-posterior, vertical and transverse. * Temporary developmental stages and submerging deciduous teeth are excluded. |
| Help 12 | Good interdigitation (Cl I, Cl II or Cl III) |
| Help 13 | Less than ½ unit discrepancy |
| Help 14 | ½ a unit discrepancy (cusp to cusp) or more |
| Help 15 | No vertical discrepancy in intercuspation |
| Help 16 | Lateral open bite on at least 2 teeth greater than 2 mm |
| Help 17 | No crossbites is present |
| Help 18 | Crossbite tendency is present |
| Help 19 | Single tooth in crossbite is present |
| Help 20 | More than 1 tooth in crossbite is present |
| Help 21 | More than 1 tooth in scissor bite is present |
| Help 22 | * The recording zone starts from the distal anatomical contact point of the lateral incisor on one side to the distal anatomical contact point of the lateral incisor on the other side. * The most prominent aspect of any one incisor is recorded with a ruler held parallel to the occlusal plane. * Overjets (positive overjet) and anterior crossbites (termed negative overjet) are recorded. * The sum of the two scores (positive and negative overjet) is the total score for this component. For example, if there is a positive overjet and incisors or canines in an anterior crossbite the scores should be added together. |
| Help 23 | Positive overjet is 0-3 mm |
| Help 24 | Positive overjet is 3.1- 5mm |
| Help 25 | Positive overjet is 5.1- 7mm |
| Help 26 | Positive overjet is 7.1- 9mm |
| Help 27 | Positive overjet is greater than 9mm |
| Help 28 | No anterior crossbite discrepancy is present |
| Help 29 | One or more teeth is(are) edge to edge |
| Help 30 | One single tooth in anterior crossbite |
| Help 31 | Two teeth are in anterior crossbite |
| Help 32 | More than two teeth are in anterior crossbite |
| Help 33 | Overjets (positive overjet) and anterior crossbites (termed negative overjet) are recorded. |
| Help 34 | The sum of the two scores (positive and negative overjet) is the total score for this component. For example, if there is a positive overjet and incisors or canines in an anterior crossbite the scores should be added together. |
| Help 35 | * This domain measures the vertical overlap as positive or negative (open) overbite of the anterior teeth on occlusion. * Positive anterior overbite is considered when the upper incisor is covering the lower incisor vertically. * Negative anterior overbite (openbite) is considered when the one or all upper incisors is/ are not covering the lower incisor vertically. * The tooth with the greatest or lowest overlap is recorded. * If both positive and negative overbite are present, then they should be added. |
| Help 36 | Upper incisor is covering less than or equal to 1/3 of the lower incisor. |
| Help 37 | Upper incisor is covering greater than 1/3 but less than 2/3 of the lower incisor. |
| Help 38 | Upper incisor is covering greater than 2/3 of the lower incisor. |
| Help 39 | Upper incisor is covering fully the lower incisor. |
| Help 40 | No open bite (negative overbite) is present. |
| Help 41 | Openbite is equal or less than 1mm. |
| Help 42 | Openbite between 1.1 mm – 2 mm is present. |
| Help 43 | Openbite between 2.1 mm- 3 mm is present. |
| Help 44 | Openbite equal or greater than 4mm is present. |
| Help 45 | * Records the upper dental centerline (midline) discrepancy in relation to the lower dental centerline. * If a lower incisor has been extracted, then score this domain as (0). |
| Help 46 | Upper & lower dental centerlines are coincident or non-coincident by less than ¼ lower incisor width. |
| Help 47 | Upper & lower dental centerlines are non-coincident by ¼ to ½ lower incisor width. |
| Help 48 | Upper & lower dental centerlines are non-coincident by more than ½ lower incisor width. |
| Help 49 | * If both positive and negative overbite are present, then they should be added. |
| Help 50 | * Positive anterior overbite is measured depending on the maximum vertical coverage of one of upper incisors on lower incisors. |
| Help 51 | * Negative anterior overbite (openbite) is measured depending on the maximum lack of vertical coverage of one of upper incisors on lower incisors. |
| Help 52 | * Total pre-treatment PAR value is the sum of the values of domains 1-5, let us call it P1. * Total post-treatment PAR value is the sum of the values of domains 1-5, let us call it P2. |
| Help 53 | * The weighted overjet domain (domain No. 1) is equal to the total score of the domain multiplied by 6. * The weighted buccal occlusion domain (domain No. 2) is equal to the total score of the domain multiplied by 1. * The weighted anterior segment domain (domain No. 3) is equal to the total score of the domain multiplied by 1. * The weighted centerline domain (domain No. 4) is equal to the total score of the domain multiplied by 4. * The weighted overbite domain (domain No. 5) is equal to the total score of the domain multiplied by 2. |
| Help 53 | * Point based treatment changes: P1-P2. Change is more than 22 point indicates a great improvement secondary to the treatment. |
| Help 54 | * PAR percentage changes: P2-P1/P1. A ratio equal or more than 70%, 30%-70% and less than 30% indicate a great improvement, improvement, worse/no improvement secondary to the treatment respectively. |
| Help 55 | PAR nomogram: P1 and P2 scores is plotted on a PAR nomograph. |