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# Multidisciplinary Care with Orthodontics

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# What we are going to talk about

- 
- Treatment planning sequence and decision making process of multidisciplinary care for orthodontic patients

# Multidisciplinary dental care for orthodontic patients

- - You are the quarterback in multidisciplinary treatment plans
  - Consult with each of the specialists needed for accomplishing tx goals and come up with a sequenced plan that is given to all tx providers involved
    - Ensures that things are done efficiently and timely



# Multidisciplinary dental care for orthodontic patients

- As the quarterback in multidisciplinary treatment plans, you will often give the specialists ‘signals’ as to when to start their treatments and/or to end their treatments



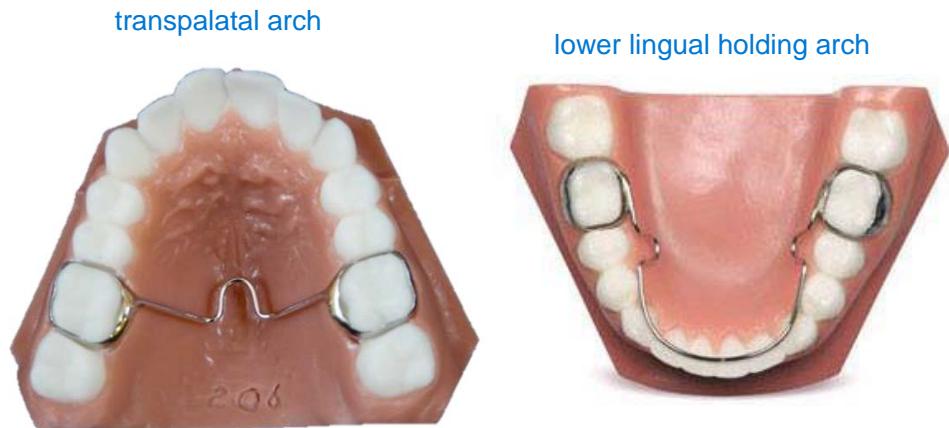
# Temporary Anchorage Devices (TADs)

mini screw



- Traditionally, teeth/dental implants, intraoral/extraoral appliances, and elastics were used to control anchorage

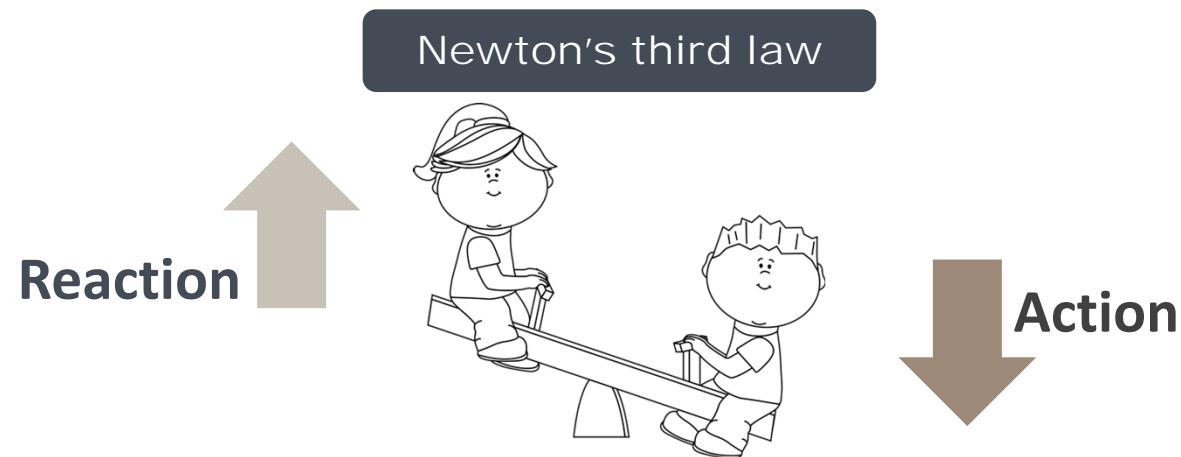
Head  
Neck  
Body



# Temporary Anchorage Devices (TADs)



- Anchorage: Minimizing movement of certain teeth while moving others



# Temporary Anchorage Devices (TADs)

- 
  - Temporarily fixed to bone: No osseointegration
  - Minimally invasive: Local infiltration or profound topical anesthetics
    - Teeth are not anesthetized

## POPULAR COMPOUNDED TOPICAL ANESTHETICS

Brand Name*	Active Ingredients
TAC 20% Alternate	20% lidocaine, 4% tetracaine, 2% phenylephrine
Profound	10% lidocaine, 10% prilocaine, 4% tetracaine
Profound PET/DēpBlu	10% lidocaine, 10% prilocaine, 4% tetracaine, 2% phenylephrine
Baddest Topical in Town	3% lidocaine, 12.5% prilocaine, 12.5% tetracaine, 3% phenylephrine
Best Topical Ever	12.5% lidocaine, 3% prilocaine, 12.5% tetracaine, 3% phenylephrine

\*Any compounding pharmacy can create any formulation with a prescription.

before TAD placements, ensure they are divergent so they wont perforate

# Temporary Anchorage Devices (TADs)



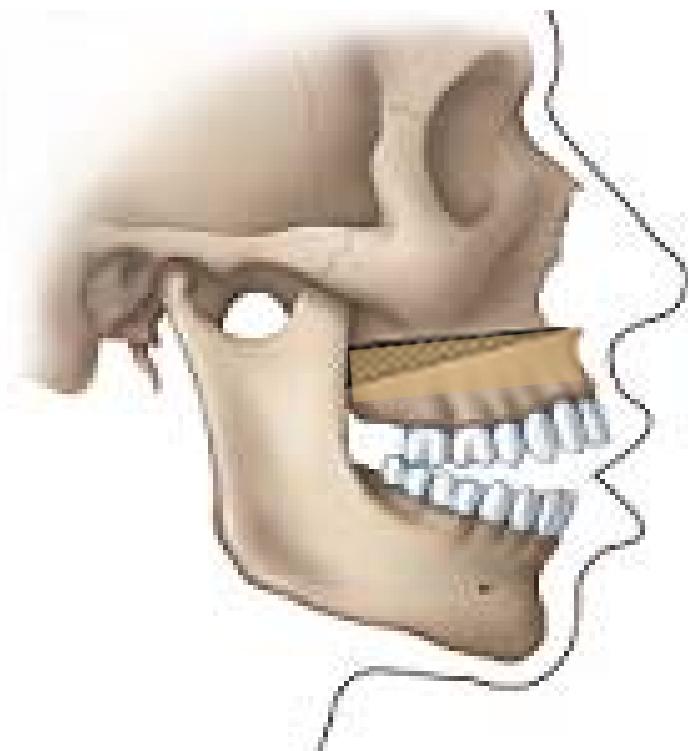
## Indications

- Maximum (skeletal) anchorage bc TAD does not move
- Asymmetric movements
- Intrusion
- Ridge preservation until pts get implant





# Anterior Open Bite



- **Skeletal** skeletal: open bite bc vertical axis of post mx. too long. can touch post teeth not ant teeth.
- **Dental**
- **Combination of the two** for this pt

# Intrusion / Extrusion

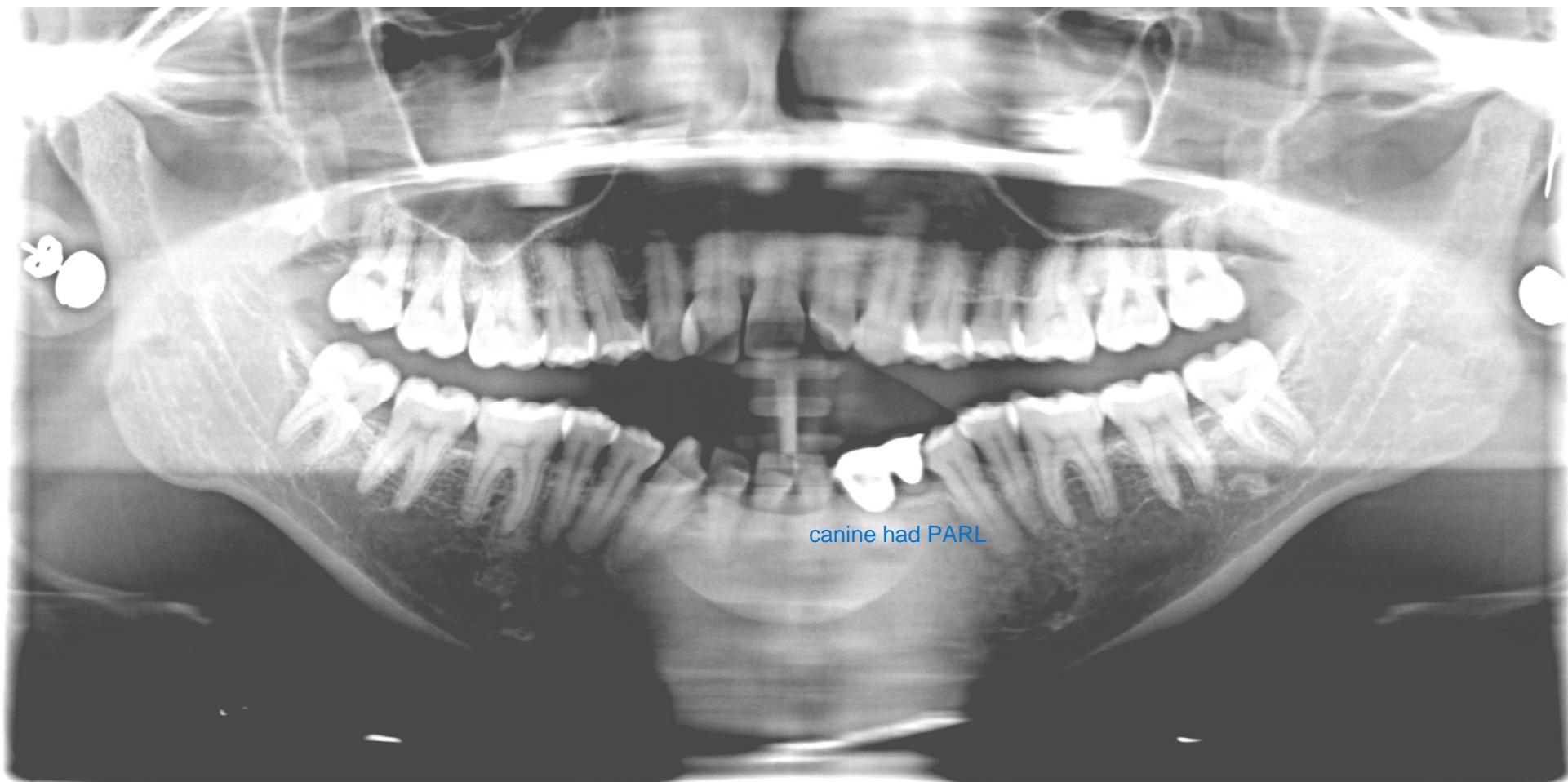


Intrusion



Extrusion





lower incisors proclined a lot so it looks short, but isn't short.

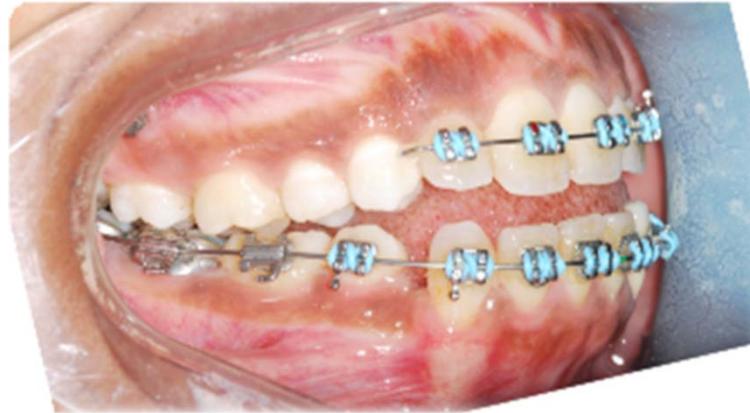


removed tooth to swing upper midline -->

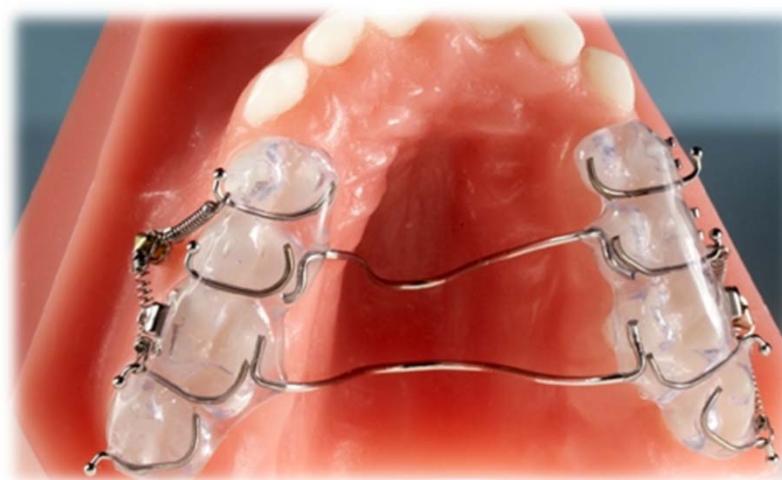


remove pontic. did xb to remove positive overjet and reduce lower incisor proclination





partial braces on top  
Use TADs for intrusion



## AOB (Anterior Open Bite) appliance



3 months into tx





8 months into tx





9 months into tx





11 months into tx





20 months into tx





21 months into tx





Initial



couldnt do TAD due to extensive tori



want to intrude post mn

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supra eruption mn post. general dentist wanted cc, but intrusion first so no rct exposure during cc prep. want to intrude mn post



used invisalign. know where to place invisalign attachment, correct size, etc.



7 months into tx



couldnt do TAD due to extensive tori





the class ii correction will be replased

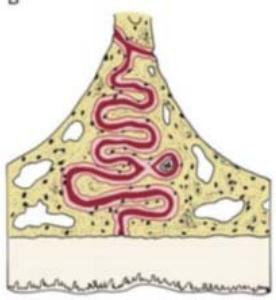
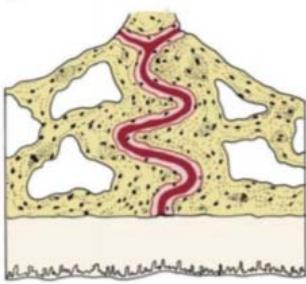
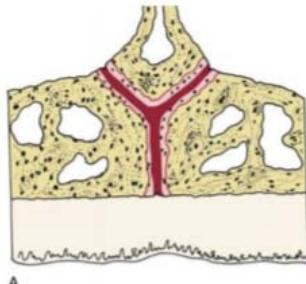
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# Miniscrew-Assisted Skeletal Expansion (MSE)

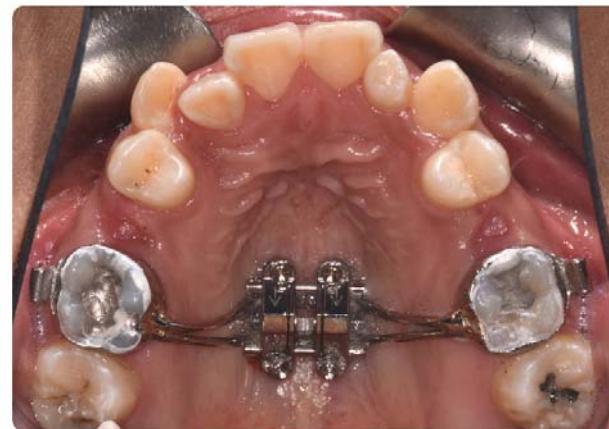
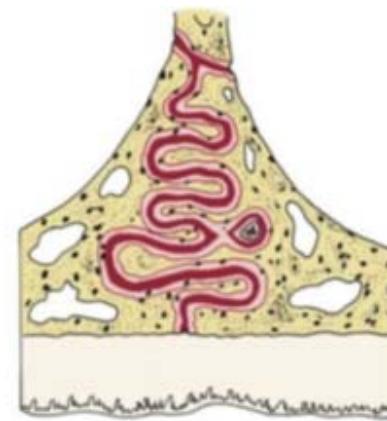
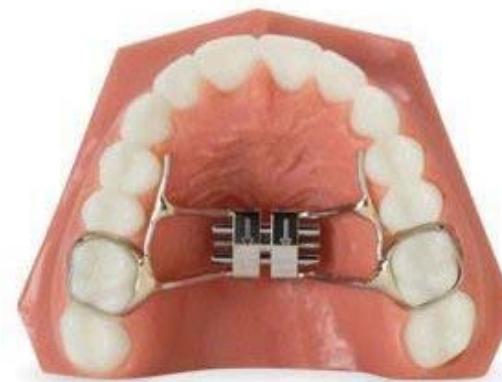
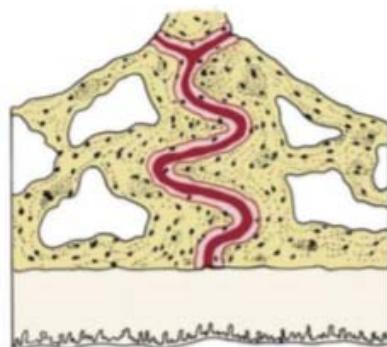


With increasing  
age

palat



# Miniscrew-Assisted Skeletal Expansion (MSE)



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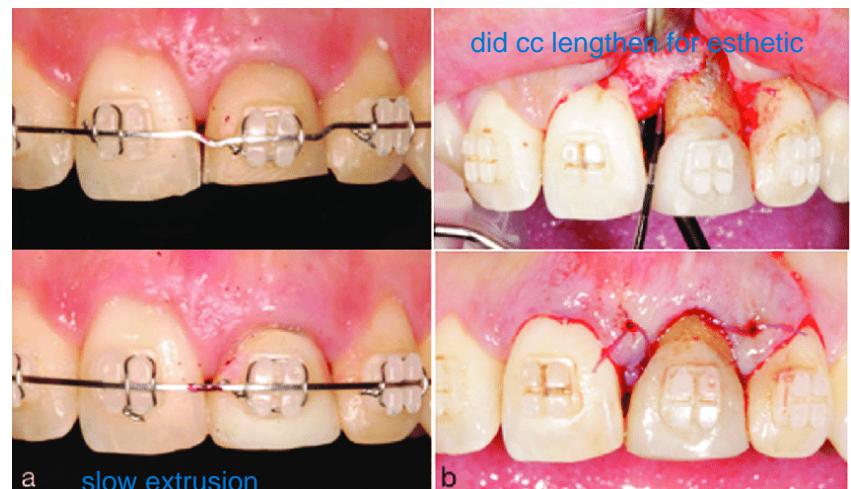
see diastema = skeletal expansion. over time, teeth migrate to midline.  
if it doesn't, you can close gap w braces and wires.



# Orthodontic Extrusion

- info icon
  - To facilitate gaining ferrule effect
  - To reduce esthetic concern about performing “crown lengthening only” in the anterior region
  - To reduce concern about compromising alveolar support with “crown lengthening only”

rapid and slow extrusion  
rapid -> tooth only  
slow -> periodontium follows tooth

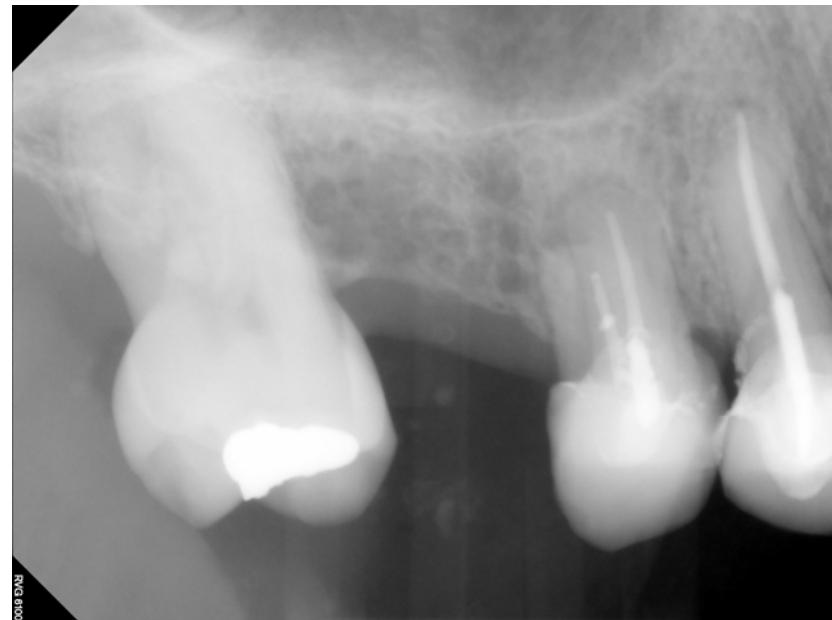






tri





worn mx and mn incisors  
pt wanted invisalign but not good bc deep overbite. invisalign tends to deepen bite

# Orthodontic Treatment to Facilitate Restorative Work



posterior crossbite on UR second molar

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intentional posterior overbite to  
correct cross bite so teeth can pass  
each other

nice intrusion bottom and top

cross elastic btw buttons to fix cross bite



fix post crossbite

bilateral class i occlusion  
existing mn crowding --> fixing wont help overjet  
tight overjet --> break incisors mx and mn



20mo. tx time



mx and mn midline discrepancy  
want to move toward each other



anterior ite turbos to intrude



want to extrude post teeth



intentionally open to extrude post teeth

midline getting fixed

maintained class i occlusion



pt wanted to remove mn

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# Thank You

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