e-MARA continued.

If a copier is being used, it should be set on the lightest setting in order to reduce the blackness when faxing later (Figures 3, 4). For greatest readability of occult details, a flat-bed scanner gives near-photo-quality results (Figure 5), but when the image is emailed there is more distortion (10-20% shrinkage) which is corrected by AOA using the embedded millimeter ruler in the template.

Which method of image capture is used, copying or scanning, a hard copy is obtained and then the blank can be filled out, including doctor and patient name, which MARA options are used, (copying or scanning), a hard copy/copies, once filled out, is/are then either faxed or scanned and returned to the lab tech, or fitted directly onto the patient (or lab tech) within a week, depending on the distance.

If the lab work arrives, the contents can be fitted to the working model by the lab tech, or fitted directly onto the patient who has been previously separated.

Additional MARA crowns of varying sizes, as well as inventory such as extra elbows and shims of varying sizes, as well as brackets, inappropriate selection of manufacturing tolerances of wires and brackets/band placement, limits in repositioning of brackets, placing detailing loops are incorporated. For TPA Wilson 3-D modular appliances, or they can be soldered by AOA if adjustment corrections may be marred by a lack of anticipation, production of an ideal occlusion and correction of any problem. If a patient's occlusion is nearly ideal and additional changes in the adjustment loop will allow for fine-tuning at delivery.

The Positioner is also a beneficial to consider the Positioner to harness while diminishing the amount of detailed tooth movement and may provide the means to produce a swifter completion of treatment." The Positioner is a natural conclusion for cases treated with a series of clear aligners such as with Invisalign or Red, White & Blue appliances. In other words, take a good approach and make it better. There would probably be little argument that the Positioner is one of the finest retention devices ever invented. In long-term compliance with this device is problematic as it is considered to be bulky and it interferes with function. The Positioner can, however, improve a patient's occlusion, producing small amounts of detailed tooth movement and condensing the gingival tissues, it would be a distinct advantage if this benefit were harnessed while diminishing the compliance demands.

With our ninth edition of the AOA piance publication we are featuring our publication image. We feel the new look will be more inviting to read and draw your attention to the pearls our authors are sharing with you, our readers.

With this new look we are delighted to feature Dr. Jim Eckhart and Dr. Jay Bowman. Both are well known presenters at many Orthodontic seminars and continuing education courses as well as authoring papers in a number of Dental Journals.

We invite our readers to share with us their ideas as they relate to the use of Orthodontic appliances. Thanks to those of you that have shared pearls. Our format is designed to be friendly and open and the authors easily accessible to your inquiries. We also invite our readers to suggest changes and additions to our format. Just contact me at any of the various phone numbers in this publication.

A gain thank you for your patronage, and I hope this issue has a pearl that will enhance your practice.

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Fine-Tuning Orthodontics with a Positioner

Completion of orthodontic treatment and refining occlusion often require the reapositioning of brackets, placing detailing bends in arch wires, and the wear of temporary anchor wires or “triangles” related to “lockin” the occlusion to proper interdigitation. These procedures occasionally produce adverse responses, for instance, the placement of bends to extrude one tooth may act to intrude the adjacent teeth, thereby, yielding another new problem. If a patient’s occlusion is nearly ideal and additional changes in wires or brackets may introduce other dilemmas if a patient’s interest and cooperation has run out, it might be beneficial to consider the Positioner to assist in finishing treatment.

New ProFlex Silicone Positioners AOA-Pro Laboratories have recently developed a new type of acrylic postioner, a more resilient and flexible material that will not distort from its original shape and continues to deliver the same force for an extended period of time. Silicone devices are more durable, more resistant to heat, and hypo-allergenic compared to appliances made in vinyl material.
**CASE 01**

Materials. In the past, however, all incisor positioners were plagued by some degree of inaccuracy arising from the fabrication process. Today, the new ProForm Positioner can be fabricated directly into a diagnostic wax-up model that is mounted in a plaster articulator to permit the technician to observe that there is proper compression and curing of the material. This improved and faster processing technique concludes with a special coating to cure and immobilize the composite device as well as the Model II. As a result, the ProForm Positioner can be used in a narrower range, which improves the visibility, clearer, and more resistant than past incisor positioners; making them more acceptable to patients.

**Clinical Procedures**

Impressions for a Positioner can be made with fixed appliances in place with arch wire. Due to the additional articulating postions being added to the archwire, the postioner will be a little longer than the impression. The technician will layout the wax bites to the models, create a wax-up, and produce the positioner per the doctor's prescription. The patient is informed that their braces will be removed at the next appointment and they will have their dental appliance to help correct their treatment to a high standard of excellence.

**Delivery of the Positioner**

Upon removal of the fixed appliances the positioner is delivered. The patient is informed that the positioner will be used to complete their treatment by retaining their smile, gingival tissues, and the fit of their teeth. They are instructed to wear the positioner as instructed at the next appointment and they will choose the size of the appliance to help correct their treatment to a high standard of excellence.

**ProForm positioner**

Finishing with the Positioner is not adequate for size. Therefore, the doctor forecasts there will be a final Crown. If the first molar crown widths and the extra-large cusp of the crown sizes from the table, and to order the necessary components via fax or e-mail, without having to send physical models or transmittning the occlusal images of the models. The size of crown can be chosen to the patient's needs, and the crown can be ordered to be one-half millimeter. If the measurement is fractional (e.g. 0.3 mm),

**References**

8. Wolvin, R. Correcting malocclusions as easily as one, two, three. Inside Orthodontic Appliances/Pro Laboratory, Sturtevant, WI, 1991.
9. Dr. James Eckhart

**NEW APPLICATIONS**

**e-MARA**

The e-MARA is a fixed edge anterior Class II corrector available from AOA which works in conjunction with the positioner. When it is placed correctly in the mouth it reproduces the mandible forward and downward, allowing for a more vertical occlusion. The device has been found to be exceptionally good, as the patients are non-compliant with the use of the positioner.

A. After use of full-time Positioner in the occlusal wear of the Positioner. Note: impression in the incisal and gingival flanges.

**CASE 02**

A. Patient with initial shapes of diagnostic slabs and photo attachments. Note the influenced gingiva, incisal edge, and mesial surfaces of the anterior orthodontic appliances.

B. After 8 days of full-time Positioner wear. Significant in the excision and gingival.

Prof le continued...

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A. Patient in the initial stages of orthodontic treatment.

B. After 8 days of full-time Positioner wear. Note: impression in the incisal and gingival flanges.

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