Using the MARA to Correct Class II’s in Adults:

Most orthodontists acknowledge that Class II malocclusions can be stably corrected by holding the mandible forward for several months, and a wide variety of removable devices have been shown to be effective in this. However, the general evolution in orthodontics for the past fifteen years has been toward non-removable Class II correction devices because they are more reliable. There are many auxiliary springs and telescoping struts available to “permanently” attach to teeth or to braces to hold the mandible forward during this treatment time. Studies have shown that if the devices are worn long enough, the condyles are not abandoned in a postured-forward position, but are re-centered in the fossae.

Many orthodontists have even found adult Class II treatment has been effectively accomplished with non-removable posturing devices, not because the condible grows, nor because the mandible is left with the condyles forward of the fossae, but because the teeth migrate within the dentoalveolar tissues sufficiently to achieve the Class II correction. This migration involves the upper teeth moving distally and the lowers moving mesially.

The MARA is different than other fixed (cemented) Class II correctors in that it does not require connection between the jaws, employing instead two vertical surfaces abutting each other. Patients appreciate this reduced bulk and increase in jaw movement freedom. The use of the MARA to treat adults has been described elsewhere, including what differences in response were noted between adults and children. This article will present one adult case treatment.

An Adult Class II MARA Treatment:

A 38-year-old male, WS, presented with a bilateral Class II deep bite, with a telescope cross bite on the right, and crowding and rotations in both jaws. His roots were quite long, so slow tooth movement was expected.
A fiberotomy was done to relax the stretched gums, braces were removed, and nighttime retainers were given with instructions to wear them every night forever.

A lower lingual expanding arch was placed to widen the lower right quadrant. Upper edgewise brackets were placed to align the incisors.

After four months, a MARA was placed. The lower expanding arch was removed and replaced with a lingual arch to stabilize the MARA. The MARA was worn for eighteen months. Four months before the MARA was removed, brackets were placed in the lower right quadrant to further correct the telescope crossbite.

When the MARA was removed, the remainder of full edgewise brackets were placed and the teeth were leveled to large rectangular wires, taking ten months.

Class II elastics were begun in the midpoint of this leveling and continued for eighteen months, during which bracket repositioning and detailing also occurred.

### Conclusion:
Stable Class II correction can be achieved in some adults without extraction and without mandibular advancement surgery, even in severe cases. This case could have been treated faster had full brackets been placed sooner so that leveling was occurring concurrently with the MARA wear. Additional efficiency would have involved the use of Damon brackets, for faster leveling.
Wow! Thirty years! It is hard for me to believe I’ve had the privilege of serving the Orthodontic profession since 1974. So many memories and so many people to thank.

My first thought is of my uncle, the man who believed in me when I was a youngster and offered the opportunity to begin my career in orthodontics following graduation from Ball State University. That fellow, Dick Allesee, is and will always be my Number One mentor.

I joined PROfessional Positioners in 1974. That laboratory specialized in custom crafted Positioners and also offered an indirect banding service. Can you believe we were still pinching bands thirty years ago??

PROfessional Positioners allowed me the opportunity to travel the country visiting orthodontic residency programs, numerous continuing education and study club programs and an unlimited amount of component meetings and National AAO’s. This exposure granted me the privilege of meeting many of the finest men and women practitioners in the country. Their impact on me was substantial and the professional relationships and personal friendships continue. I thank you all for maintaining these relationships for over 30 years.

My very first Orthodontic component meeting was the Southwestern Society in Corpus Christi, Texas, in 1974. Dr. O.B. Vaughn, the president that year, walked up to the exhibit table and asked me to explain the different Positioner materials that were available. Dick and I had displayed a variety of choices and I responded to Dr. Vaughn by saying “they come in either white, black or pink;” however, I had no clue how they were manufactured.

Subsequently, PRO developed transparent Positioner materials and worked with Dr. Raymond Thurow on the development of the Hinge Axis Tracing concept. At about the same time, we began working with Dr. Eugene Williamson, who helped us develop the gnathological concepts of mounting Positioner Set-ups in an articulator – the Denar Phenomena began!! We also had the good fortune of knowing Mr. Woody Gordon who, through his collaboration with Dr. Ronald Roth, allowed us to process Positioners utilizing their gnathological principles.

I also remember when Dr. Harry Barrer brought us the cuspid to cuspid Spring Retainer design – he utilized this appliance to treat relapsed lower incisors. PRO was instrumental in modifying the design, with assistance from Dr. John Johnson, by combining the Hawley Appliance with Dr. Barrer’s design. The Modified Spring Retainer is now universally recognized as a proven appliance in treating relapsed cases.

I well remember being introduced to the Frankel Appliance in 1979. Orthopedic challenges in treatment philosophy were being expressed by Dr. Rolf Frankel, who convinced Dr.’s James McNamara, Mike Dierkes and Robert Scholz to visit him in what was then East Germany. The rest, as we say, is history!!

In the 80’s, we began the development of the Herbst Appliance and introduced a variety of anchorage systems: acrylic, casted, banded, crowns and combinations of the above. Creative clinicians throughout the world worked with us on additional design variations.

As we moved into the 1990’s, Hyrax Appliances were improved with molar only modifications (no longer four bands). A new relationship was established with
Dr. James Hilgers involving his Pendulum and Pendex distalization appliances. Dr. Joe Mayes offered modifications and a whole new Distalized Appliance design swept the market.

Continuing in the 1990’s the Herbst Appliance grew rapidly. We also had the pleasure of working with Drs. James Eckhart and Doug Toll in providing their MARA Appliances, which offered an additional, excellent alternative to the many other types of Functional Appliances.

Going forward into the new millennium, relationships with Drs. Steve Hanks, James Mah, David Carter, Dwight Damon, Terry and Bill Dischinger and others will keep us “fully engaged” on refinements and the development of new appliances.

I am so proud to have been in a position to “listen” and “take advantage of opportunities.” Thank you for making my past 30 years so enjoyable – I look forward to growing old with many of you for years to come!!

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Dr. James McNamara, Paula Allen and David Alleea, McNamara Course 1979

AAO Foundation Golf Tournament David Alleea, Floyd Pickrell, Dr. James Hilgers, Mark Clineff and Ernie Straub

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May 1-5  
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June 11-12  
Drs. Terry and Bill Dischinger In-Office  
Lake Oswego, OR

August 6-7  
Graduate Orthodontic Resident Program  
Ann Arbor, MI

August 20-21  
Dr. Alan Bagden In – Office  
Springfield, VA

August 25-27  
Charlene White Progressive Concepts  
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You can also find us at all of the AAO Fall Component Meetings. Make sure to stop by and see what’s new with the Herbst, MARA and Red, White & Blue cosmetic retainer system.