

AOA appliances, etc.

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In this issue of AOAppliances, we are excited to offer a practical perspective on two aesthetic appliances that will fulfill the needs of the adult patients in your practices. As more and more adult patients are requesting an aesthetic option to labial braces, there continues to be an increased demand on the next generation in invisible orthodontics. In the featured article by Dr. Neal D. Kravitz from South Riding, VA, you will find how his office responds to these aesthetic demands by offering an express aligner and a Social 6 lingual system.

Although this approach does not replace the use of full orthodontic appliances in his office, it does compliment it by providing a quality aesthetic option for patients in need of moderate correction.

While Dr. Kravitz has found these options very valuable for his practice; we hope that you find this issue as helpful in implementing an aesthetic express appliance in your office.

If you have any questions or would like to get started, please feel free to call me or our technical team. We look forward to seeing you at the upcoming meetings.



David Allesee
President,
AOA Laboratory



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Dr. Kravitz currently maintains two thriving practices in White Plains, Maryland and South Riding, Virginia.

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STb™ Social 6 and Simpli5®:

The next generation in invisible orthodontic therapy

An increasing number of late adolescent and adult patients are seeking invisible orthodontic care to correct mild to moderate anterior malocclusions. Since 2000, Invisalign® has been the treatment alternative to patients seeking invisible orthodontics for minor tooth correction. Recently, there has been growing interest by orthodontists in alternative methods of invisible orthodontics to address limitations of the Invisalign® system.

This article will review two popular invisible orthodontic appliances provided byOrmco's AOA Laboratory: (1) Simpli5®, and (2) the STb™ Social 6 anterior lingual system.

Simpli5®

Simpli5® is a series of five sequential orthodontic aligners for correction of minor to moderate anterior malocclusions. Introduced in 2006, Simpli5® was an elaboration of AOA's previously available three-aligner system, Red White & Blue®. The additional two aligners allow for greater case complexity and improved finishing.

The DuraClear aligners are made of 0.030 in. polyurethane vacuum formed over a stone model set-up. Each aligner programs up to 0.5 mm of tooth movement, allowing for up to 2.5 mm of movement per arch.

Clinical Indications for Simpli5®

The ideal candidates for Simpli5® treatment are non-growing patients with Class I malocclusion with minor or moderate anterior crowding or spacing or who have experienced minor orthodontic relapse. Simpli5® is appropriate for the following conditions:

- 1) Crowding or spacing 2.5 mm or less;
- 2) midline correction 2 mm or less; and
- 3) rotations 10 degrees or less

Clinical studies have shown that the least predictable tooth movements with removable aligners are incisor extrusion, canine/premolar rotation, and root uprighting.^{1,2} Therefore, even a Class I malocclusion that requires extrusion of the maxillary lateral incisors, canine rotation, or bodily tooth movement to close a large diastema may be less suitable for removable orthodontic aligners and more appropriate for anterior lingual braces.

Getting Started

1). Call the AOA customer service phone number (800.262.5221) to ask for a Simpli5® starter kit, which includes: case selection examples and patient education pamphlets, prepaid mail packaging, and prescription forms.

2). Take upper and lower polyvinyl siloxane (PVS) impressions with bite registration. I prefer to use an Aquasil Easy Mix Putty® base lined with Aquasil Ultra XLV (Extra Low Viscosity) Fast Set® liner (DENTSPLY International, York, PA 17405). (Fig. 1)

3). Fill out the Simpli5® Rx form, which is also available on-line at: <http://www.aolab.com>. (Fig. 2) Select which teeth to reset; which teeth to reproximate, or whether to leave space for future restorations. Due to the limited number of aligners, clinicians should be conservative with reproximation. For more difficult cases or for highly-demanding patients, clinicians can also choose to receive a final diagnostic setup via express service to review with the patient.

Similar to Invisalign®, football-shaped tooth attachments or DuraClasps - invisible clasping insets, can be selected for greater tray retention. I do not recommend placing attachments

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on upper incisors, as many patients find attachments bulky and unsightly. For malrotated canines, the clinician may consider placing both buccal and lingual attachments or requesting for slight overcorrection. Lastly, I do not recommend placing attachments if the patient intends on bleaching during treatment (by using the aligner as a bleaching tray), as the composite buttons result in unbleached circles around the tooth. (Fig. 3)

The impressions and prescription form are packaged in an AOA Laboratory box and are sent via priority mail. The plaster-model setup technique allows for rapid turnaround time, typically 3 weeks – nearly half the time of competitor brands.

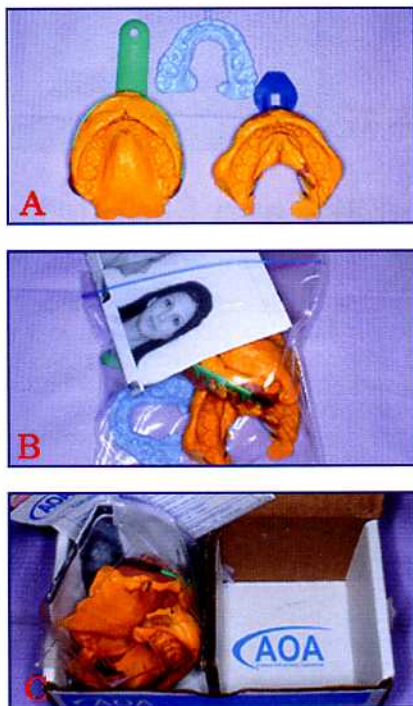


Figure 1. A. Upper and lower PVS impressions with bite registration. Stone-models are also acceptable, however PVS impressions are preferred. B. Packaging of impressions with composite photographs. C. Packing of the impressions and prescription sheet in AOA box. Similar steps are followed for the STB™ Social 6.

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 AOA California: 341 E. First Street, Calexico, CA 92231, Fax 760-357-9488
 International +262-886-1050

Simpli5 / Five Appliance System
 Upper Lower

RWB / Three Appliance System
 Upper Lower

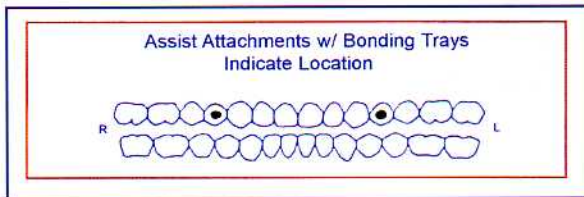
"X" Teeth to be Reset

Reset Ideal – call if not feasible
 Best overall result – (compromised correction)

Leave space:
 Mesial NO SPACE
 Distal _____

Position for future restoration
 Consultation / diagnostic set up (set up returned – no trays)
 Strip as necessary and record
 Strip as indicated on chart
 Contacts already stripped
 Do not strip **IF POSSIBLE**

NO IPR IF POSSIBLE



Dr. NEAL KRAVITZ Acct# _____
 Address 10665 STANHAVEN PLACE
 City St Zip WHITE PLAINS, MD
 Patient _____
 Tel: 201.682.5480 Fax _____
 E-Mail NEALKRAVITZ@EMAIL.COM
 Shipped 1.11.08 Placement Date 2.5.08
 (Placement date should be 1-2 days before the actual insertion date)

Special Instructions

• GOAL OF TMT IS TO IMPROVE TORQUE OF U 2112

• U 2.5 NEED RETROCLINATION AND IMPROVE ROTATION

Figure 2. A. Select Simpli5 and material choice. B. Instruct which teeth to reset. Note that no reproximation was requested. C. Add any special instructions. Written: "Goal of treatment is to improve torque of U2112. U2s need retroclination and improved rotation."

Treatment with Simpli5®

Included in the Simpli5® package are the five aligners sealed in individualized plastic bags and separated according to arch, and the reproximation form. The aligners are labeled (one-dot for aligner one, two-dots for aligner two, etc.) on the outside of the plastic bag and on the inner right posterior region of the tray. (Fig. 4)

When seating the first aligner, I encourage patients to bite edge-on to ensure full seating. Attachments should be placed at the first appointment using aligner one – there is no separate aligner for placing attachments. Finally, I choose to perform all reproximation at the second aligner visit, and never at the first appointment, which should be an enjoyable experience for the patient.

Sequencing Treatment

Each aligner is worn 22 hours per day, for 2 to 4 weeks, resulting in treatment duration of 10-20 weeks. AOA Laboratory literature suggests that checkup evaluations may be as infrequent as six to eight weeks, with the patient given the subsequent aligners to change on their own. In my office, we give one-aligner per office visit, with each aligner to be worn for a minimum of 3 weeks. Patients may assume a certain amount of chair time to justify the cost of treatment, which without, may cause frustration despite achieving high-quality results.

At each visit, reinforce patient compliance and check for aligner lag-space between the aligner and the tooth, an indication of poor tooth tracking. If lag is occurring, confirm patient compliance, and even consider removing tooth attachments to aid aligner seating. Instruct the patient to wear their current aligner for additional three weeks or step back into the previous aligner. At the completion of treatment I retain patients in a bonded U2112 and L321123 gold chain; however, the durable, crystal-clear aligners make for adequate retainers.



Figure 4. Simpli5 Package. (1) Upper and Lower Simpli5 boxes. Unlike Red-White-and-Blue, which can be used for a single arch, Simpli5 is a dual arch system. (2) Plastic package and Simpli5 aligner. Note the five dots on the plastic package and on the inside right posterior region of the aligner indicate aligner five. (3) Reproximation clinical guide form.

