

## **DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS**

### **E-Teaching/Learning sessions For FINAL YEARS CLINICAL DISCUSSIONS**

<b>S.No</b>	<b>Date</b>	<b>Clinical discussion topic</b>	<b>Faculty</b>	<b>No of students participated</b>
1	04.05.2020	CASE DISCUSSION	Dr.Sushmitha	11
2	05.05.2020	CASE DISCUSSION	Dr Nivethitha	15
3	06.05.2020	CASE DISCUSSION	Dr. Prema	13
4.	06.05.2020	THEORY CLASS CLEFT LIP & PALATE	Dr. Prema	79
4	07.05.2020	CASE DISCUSSION	Dr. Annamalai	14
5	08.05.2020	CASE DISCUSSION	Dr. Saravana kumar	22
6	09.05.2020	CASE DISCUSSION	Dr. Yamini	22

**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS****E-Teaching/Learning sessions For FINAL YEARS  
REVISION TEST**

<b>S.No</b>	<b>Date</b>	<b>Revision test topic</b>	<b>No of students participated</b>
1.	05.05.2020	Classification of malocclusion	07
2.	06.05.2020	Etiology of malocclusion and biology of tooth movement	07
3.	07.05.2020	Introduction to orthodontics and model analysis	07
4.	08.05.2020	Myofunctional appliances	07
5.	09.05.2020	Preventive and interceptive orthodontics	07



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**E-Teaching/Learning sessions for  
FINAL YEAR STUDENTS**

**Clinical discussions**

<b>S.No</b>	<b>Date</b>	<b>Clinical discussion topic</b>	<b>Faculty</b>	<b>No of students participated</b>
1	04.05.2020	CASE DISCUSSION	Dr. SUSHMITHA	11

04.05.2020



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12:37 [VoIP] [LTE2] [Signal]

Close Participants (29)

Search

a	Ateeq Ahamed (me)	[Video] [Audio]
[Host Icon]	Vikraman J (host)	[Video] [Audio]
[Profile]	Chandhni Shanker	[Video] [Audio]
SR	SUSHMITHA RAM	[Video] [Audio]
[Profile]	Annamalai Orthodontist	[Video] [Audio]
B	Balaji's iPhone	[Video] [Audio]
[Profile]	Balan Edward	[Video] [Audio]
[Profile]	Deepika R M	[Video] [Audio]
D	Dharunya	[Video] [Audio]
GB	Gautham B	[Video] [Audio]
GP	Gowtham PD	[Video] [Audio]

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12:20 [VoIP] [LTE2] [Signal]

Close Participants (27)

[Profile]	Saravaniakumari Subramanian	[Video] [Audio]
[Profile]	Shanmugavelu S	[Video] [Audio]
SJ	Sonu Jain	[Video] [Audio]
[Profile]	Sowmya Natarajan	[Video] [Audio]
[Host Icon]	Sriharika Raavi	[Video] [Audio]
SS	Sruthi S	[Video] [Audio]
SK	Suba Keerthi	[Video] [Audio]
[Profile]	Subashini Natarajan	[Video] [Audio]
SR	Subhashini Raju	[Video] [Audio]
SV	Sureka Varatharaj	[Video] [Audio]
YJ	Yamini Jeyaraj	[Video] [Audio]
Y	Yuvarani Muthu Kumar	[Video] [Audio]

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GB	Gautham B			>
GP	Gowtham PD			>
HR	Harish Raghav			>
	Nivethitha Bhaskar			>
	P vishanth			>
PA	Prema Anbarasu			>
	Revanth Kumar			>
	Saravanakumar Subramanian			>
	Shanmugavelu S			>
SJ	Sonu Jain			>
	Sowmya Natarajan			>
SR	Sriharika Raavi			>

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Recording

SUSHMITHA RAM

Subashini Natarajan

Saravanakumar Subramanian

Harish Raghav

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Sureka Varatharaj

Nivethitha Bhaskar

Gowtham PD

Balan Edward

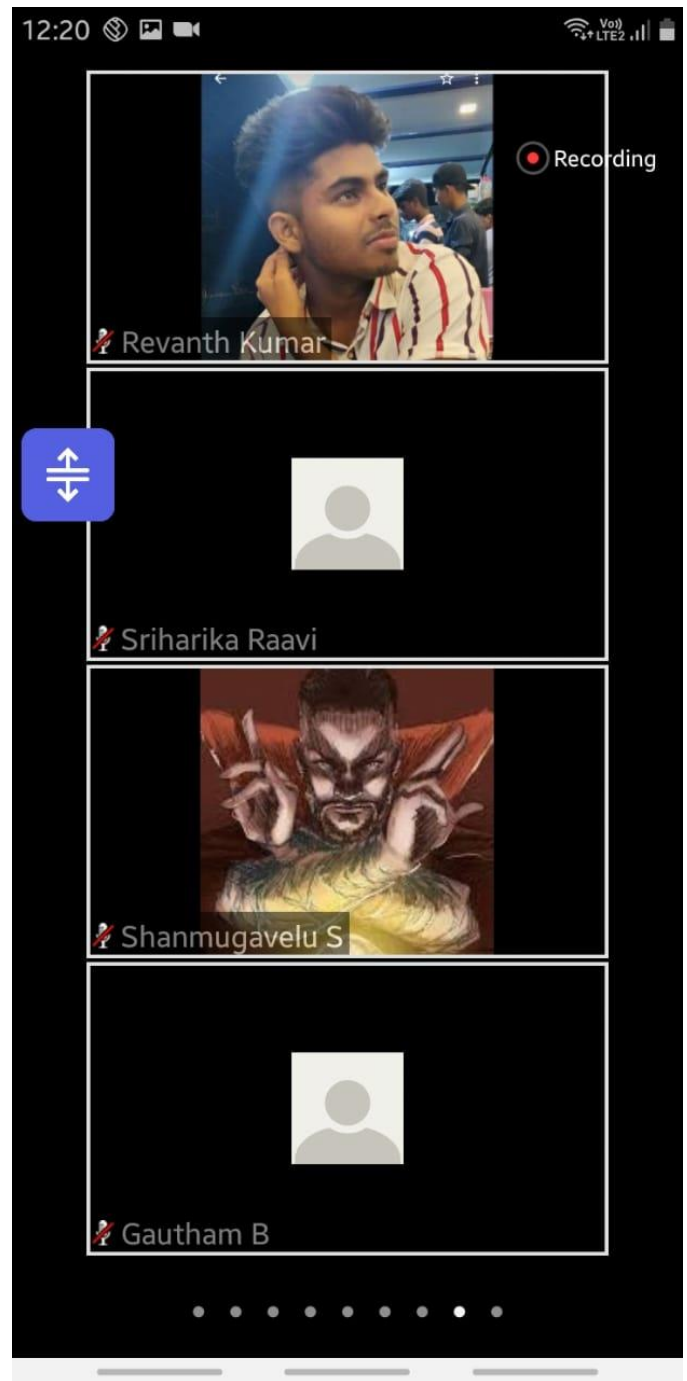
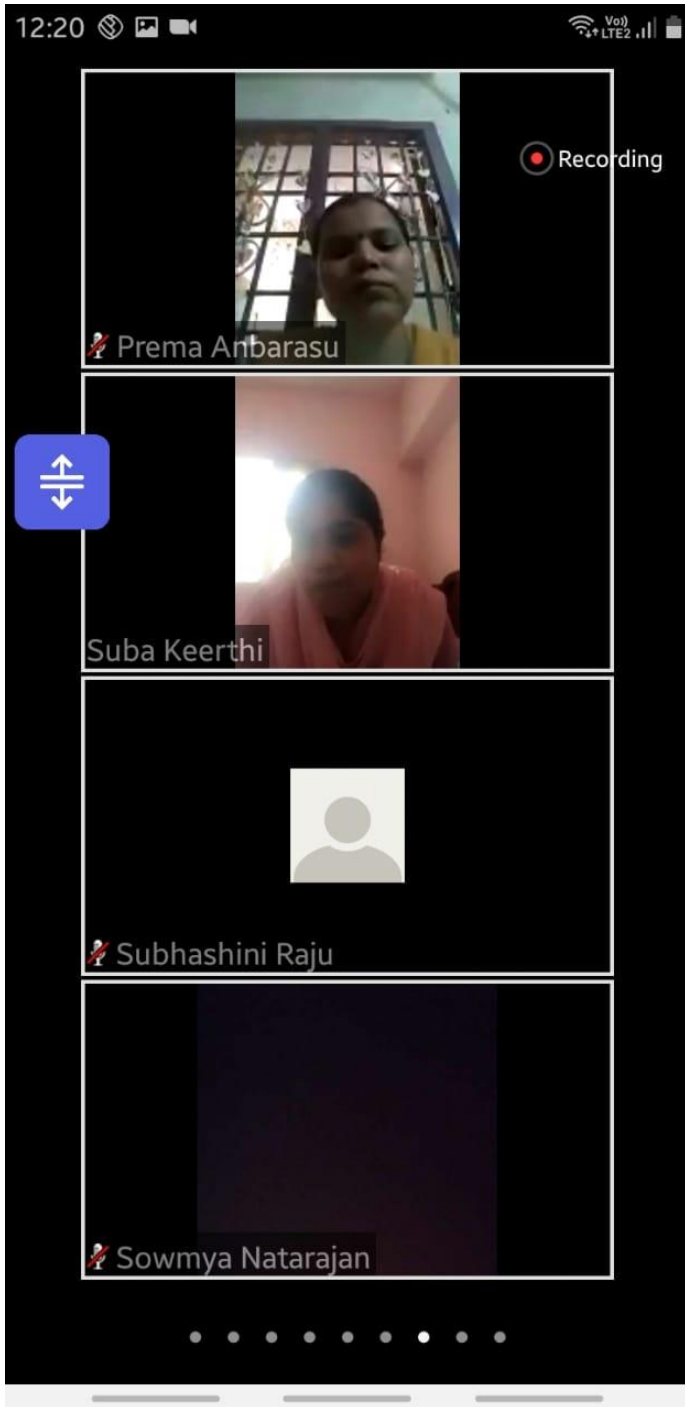
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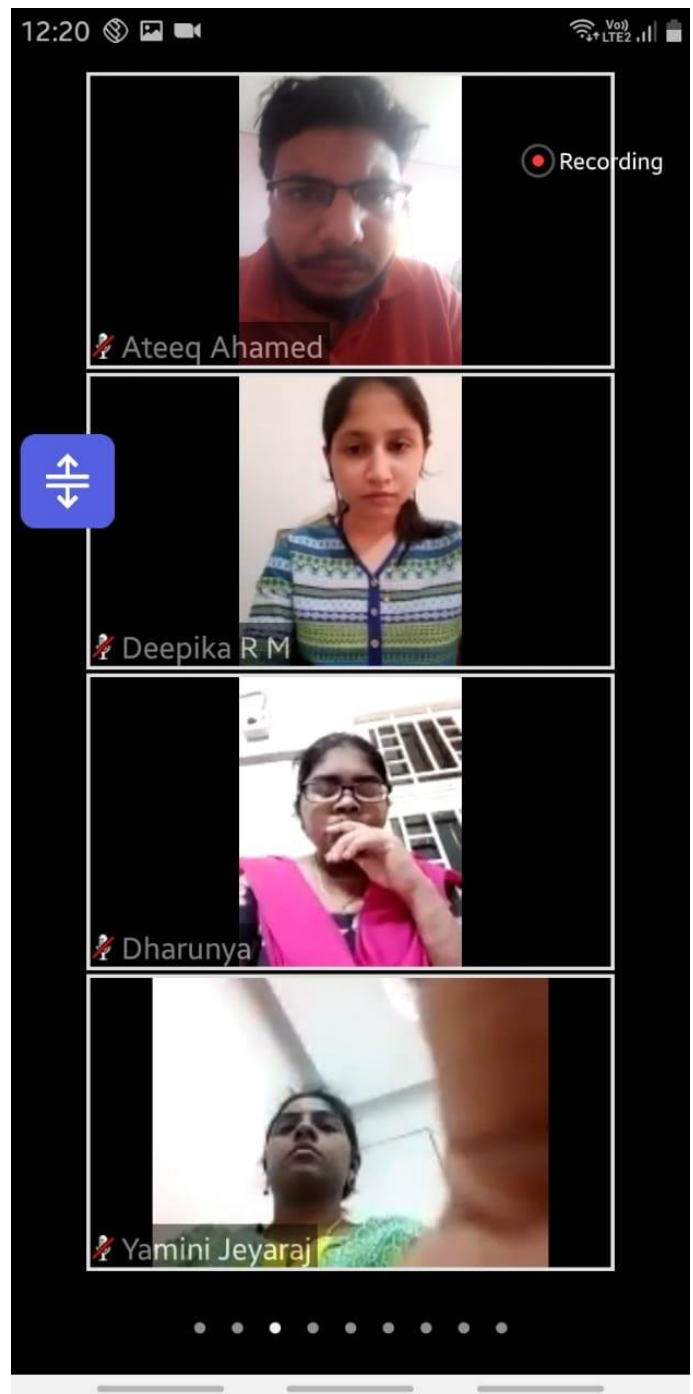
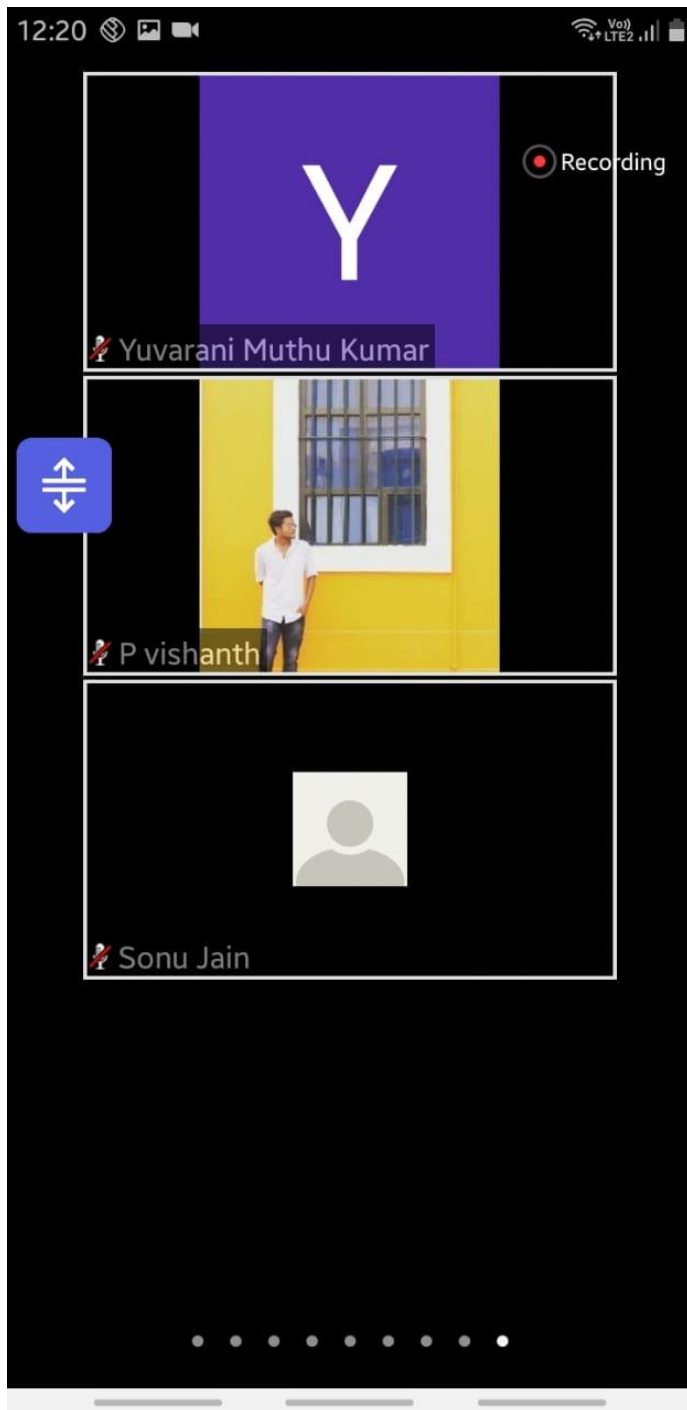
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**E-Teaching/Learning sessions for  
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**Clinical  
discussions**


<b>S.No</b>	<b>Date</b>	<b>Clinical discussion topic</b>	<b>Faculty</b>	<b>No of students participate d</b>
1	05.05.2020	CASE DISCUSSI ON	Dr. Nivethitha	15






































05.05.2020

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Close **Participants (25)**







 Search

VJ	Vikneshwari Jayabalan (me)	  >
VJ	Vikraman J (host)	   >
NB	Nivethitha Bhaskar	  >
TS	Tamil Selvan M D	  >
	Annamalai Orthodontist	  >
D	Dharunya	  >
HR	Harish Raghav	  >
	P vishanth	  >
PA	Prema Anbarasu	  >
	Revanth Kumar	  >
	Saravanakumar Subramanian	  >
	Shanmugavelu S	  >
SJ	Sonu Jain	  >
		  >

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Close **Participants (25)**

	Shanmugavelu S	  >
SJ	Sonu Jain	  >
	Sowmya Natarajan	  >
SR	Sriharika Raavi	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SR	Subhashini Raju	  >
	Surya Nandakumar	  >
SR	SUSHMITHA RAM	  >
VV	Varshini Venkat	  >
VM	Vishalini Mohan	  >
YJ	Yamini Jeyaraj	  >
Y	Yuvarani Muthu Kumar	  >
SS	Sruthi S	  >

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Vikneshwari Jayabalan



Vikraman J



Shanmugavelu S



Subashini Natarajan

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 Recording

Yamini Jeyaraj



Annamalai Orthodontist



Revanth Kumar



Dharunya

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**05.05.2020**



## Chettinad

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Tamil Selvan MD


 P vishanth

 Varshini Venkat


 Subhashini Raju

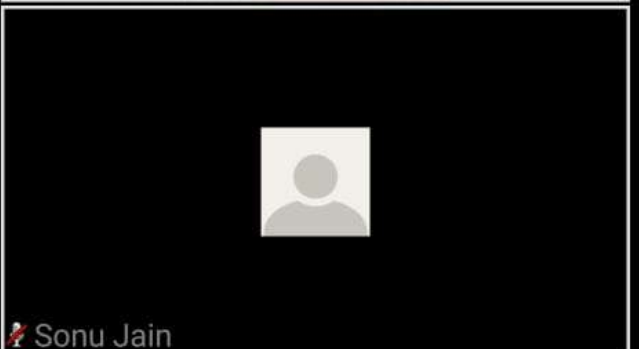
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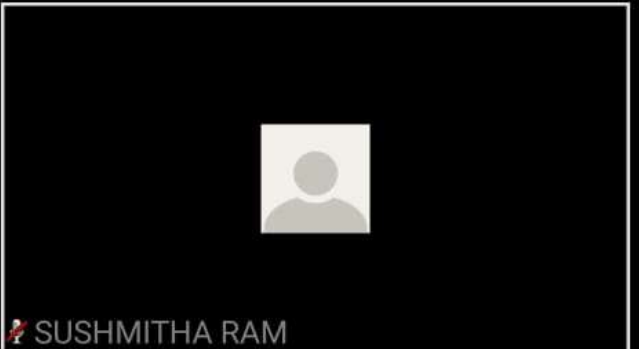
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Sowmya Natarajan

 Prema Anbarasu

 Sonu Jain

 SUSHMITHA RAM

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**05.05.202**  
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## **REVISION TEST CONDUCTED**

TOPIC	STUDENTS ATTENDED
ANCHORAGE AND MALOCCLUSION	07

5.5.20

## orthodontics

### Essay.

#### 1. Anchorage

According to Graber, Anchorage is defined as the nature and degree of resistance to displacement offered by an anatomic unit for effecting the tooth movement.

#### Types -

classification according to Moyers

\* According to the manner of force application

1. Simple
2. Stationary
3. Reciprocal

\* According to jaws involved

1. Intermaxillary
2. Intra-maxillary

\* According to site of anchorage

1. Intramaxillary

2. Extramaxillary -
  - \* Cervical
  - \* Occipital
  - \* Facial
  - \* Cranial



5/5/2020

ORTHODONTICS

TEST - 1

S. Chandini

10 BDS.

Short Notes

① Ackerman - Profit classification of malocclusion.

⇒ Diagrammatic classification of malocclusion put forth in an attempt to overcome limitations of Angle's classification of malocclusion.

According to this classification, 5 major characteristics are to be considered

STEP 1 - Alignment - (Teeth / arch form)

Involves assessment of alignment and symmetry of the dental arches. It may be

- ideal
- crowded
- spaced.

STEP 2: Profile. (Dentofacial appearance)

Facial profile is described as convex, concave or straight. Divergence should also be taken into consideration

- anterior or
- posterior.

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**THEORY  
CLASS**

<b>S.No</b>	<b>Date</b>	<b>Theory class topic</b>	<b>Faculty</b>	<b>No of students participat ed</b>
1	06.05.2020	Cleft lip and palate	Dr. Prema	79

06.05.2020

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Close Participants (85)







































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P	Prasanth (me)	  
VJ	Vikraman J (host)	  
PA	Prema Anbarasu	  
AM	Aakifa M	  
AA	Aamina Afra	  
	Achsah Evangelin	  
AK	Adithi Karthik	  
	Akshayaa Shankar	  
	Annamalai Orthodontist	  
AR	Anusha R	  

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





































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AR	Anusha R	  
A.	Archana . S	  
	Anunachalesh Anbazhagan	  
a	Ateeq Ahamed	  
B	Balaji's iPhone	  
	Balan Edward	  
	Chandhni Shanker	  
	Deepika R M	  
	Dhanesh Bala	  
D	Dharunya	  
GB	Gautham B	  

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GB	Gautham B	  
GP	Gowtham PD	  
	H. Pavithra	  
	Harini Prabha	  
	Harish P	  
HR	Harish Raghav	  
	Hema Suresh	  
J	Janani	  
	Jaya Kumar	  
	Jayabalan C	  
	Jineesh M	  

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9:39 AM 2020

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	Jineesh M	  
	Johnvee S	  
	Kadambari Ramaswamy	  
	Kanchana Mala	  
	Kauvya Karunanidhi	  
	Kishan Kumar	  
	Kudiarasi Rajendran	  
	Lakshika Sree	  
	Lalitha Choudhary	  
	Logesh Ram	  
	M.Lakshmi Priya	  

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Close Participants (85)

	M.Lakshmi Priya	  
	Madhu Bala Sermarajan	  
	Maha srinithi Selvaraj	  
	Meghana	  
	Munira Begam	  
	Naafia Fathima	  
	Namarrthaa Sree	  
	Neha Naomi	  
	Padmajaa Krishnan	  
	Padmajee Selvaraj	  
	Pavithra lakshmi N	  

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	M Abinandhan	  
	M.Lakshmi Priya	  
	Madhu Bala Sermarajan	  
	Maha srinithi Selvaraj	  
	Meghana	  
	Munira Begam	  
	Naafia Fathima	  
	Namarrthaa Sree	  
	Neha Naomi	  
	Nehrthika Kumaresan	  
	Nivethitha Bhaskar	  

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Padmajee Selvaraj	
PL Pavithra lakshmi N	
PR Pavithra Rajkumar	
Pavithra RathinaSwamy	
P Prabhavathi.s	
Priya Darshini	
P Priyanga.V	
Ragavi vijayan	
R Rakshanaa Jeevan	
Ram Prasath	
R Ramu Ganesan	

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Close Participants (85)

R Ramu Ganesan	
RS Ranjani Srinivasan	
Sai Aditiya	
S sanjana	
Santra Joseph	
SN Shindhuja N	
SS Shivani Sivaramakrishnan	
SR Shweta Ranjith	
Sneha D	
SS Sophia srinanth	
Sowmya Natarajan	

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9:52 \*2\* 46 01a

Close Participants (87)

Santra Joseph	
Saravanakumar Subramani...	
SN Shindhuja N	
SS Shivani Sivaramakrishnan	
shruthi priya	
SR Shweta Ranjith	
Sneha D	
SS Sophia srinanth	
Sowmya Natarajan	
SS Sruthi S	
SK Suba Keerthi	

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9:39 PM 4G LTE

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	Sowmya Natarajan			
	Sruthi S			
	Suba Keerthi			
	Subashini Natarajan			
	Sureka Varatharaj			
	Surya Nandakumar			
	SUSHMITHA RAM			
	Tamil Selvan M D			
	Thouseef Ahmed			
	Varshini Venkat			
	Vikneshwari Jayabalan			

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9:39 PM 4G LTE

Close Participants (85)

	Sureka Varatharaj			
	Surya Nandakumar			
	SUSHMITHA RAM			
	Tamil Selvan M D			
	Thouseef Ahmed			
	Varshini Venkat			
	Vikneshwari Jayabalan			
	Vishalini Mohan			
	Vishnu Kumar			
	Yamini Jeyaraj			
	Yuvarani Muthu Kumar			

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**CLINICAL  
DISCUSSIONS**

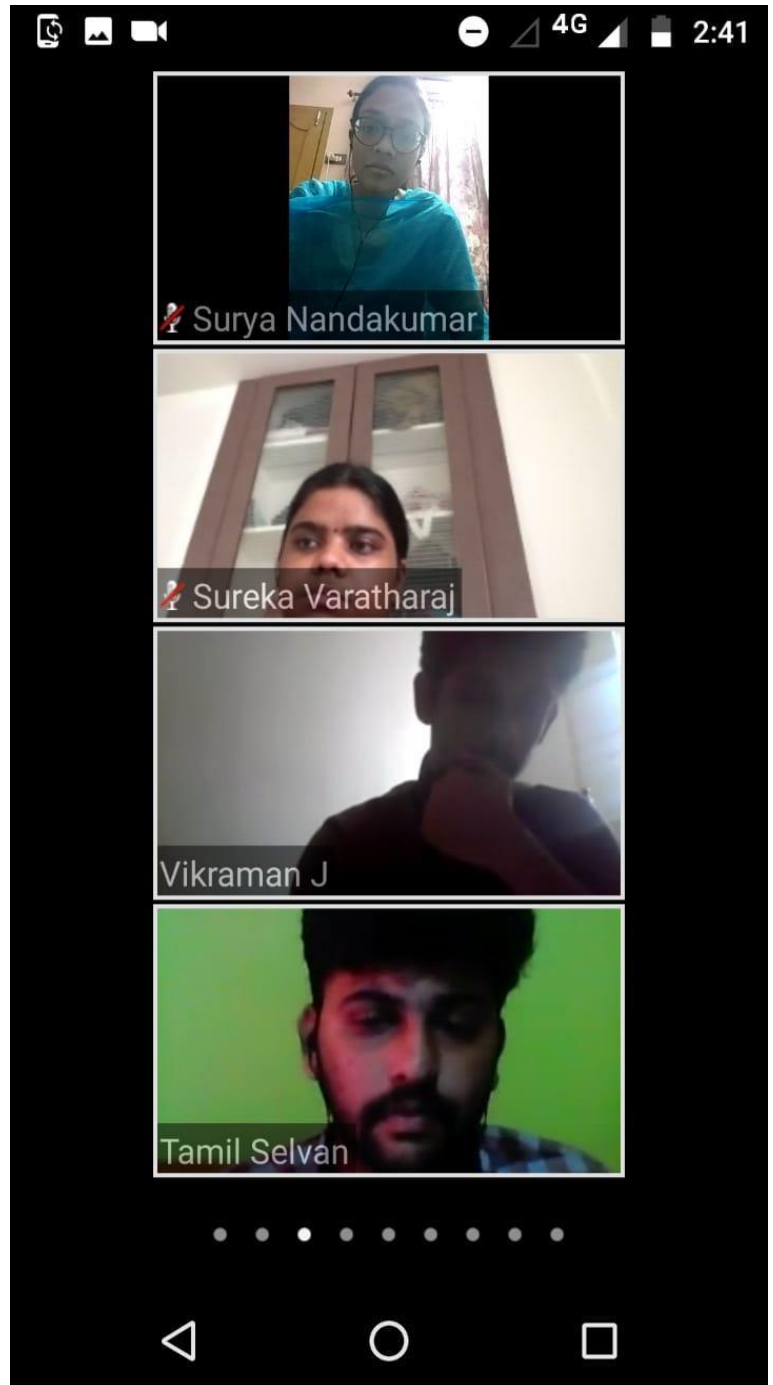
<b>S.No</b>	<b>Date</b>	<b>Clinical Discussion Topic</b>	<b>Faculty</b>	<b>No of students participate d</b>
1	06.05.2020	Case discus sion	Dr. Prema	13

06.05.2020

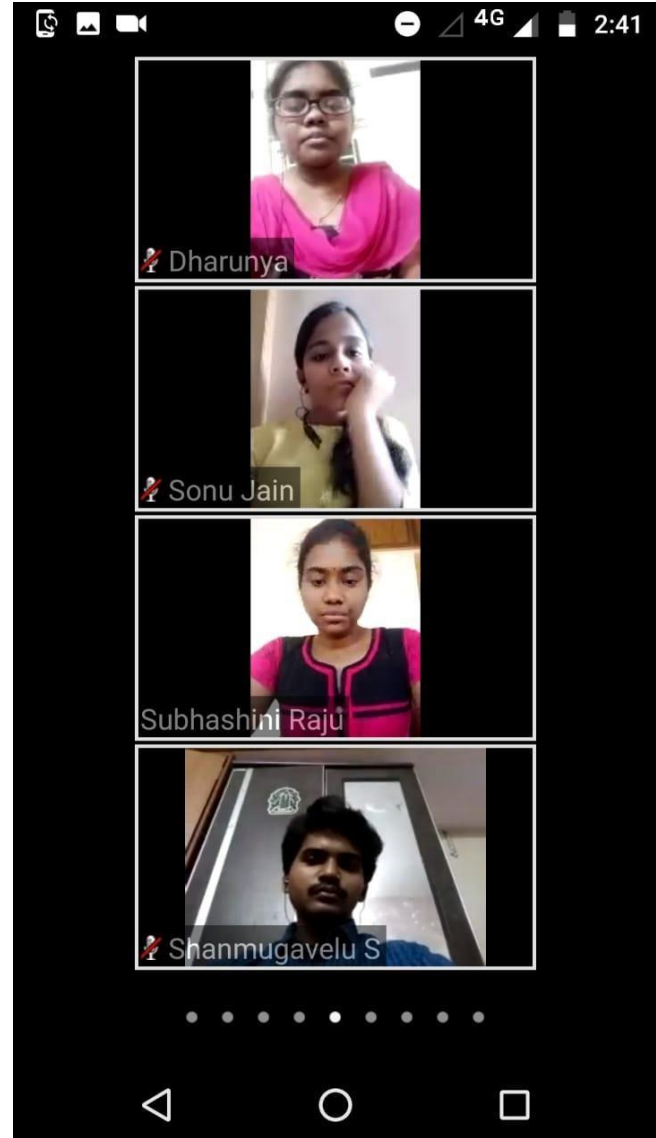
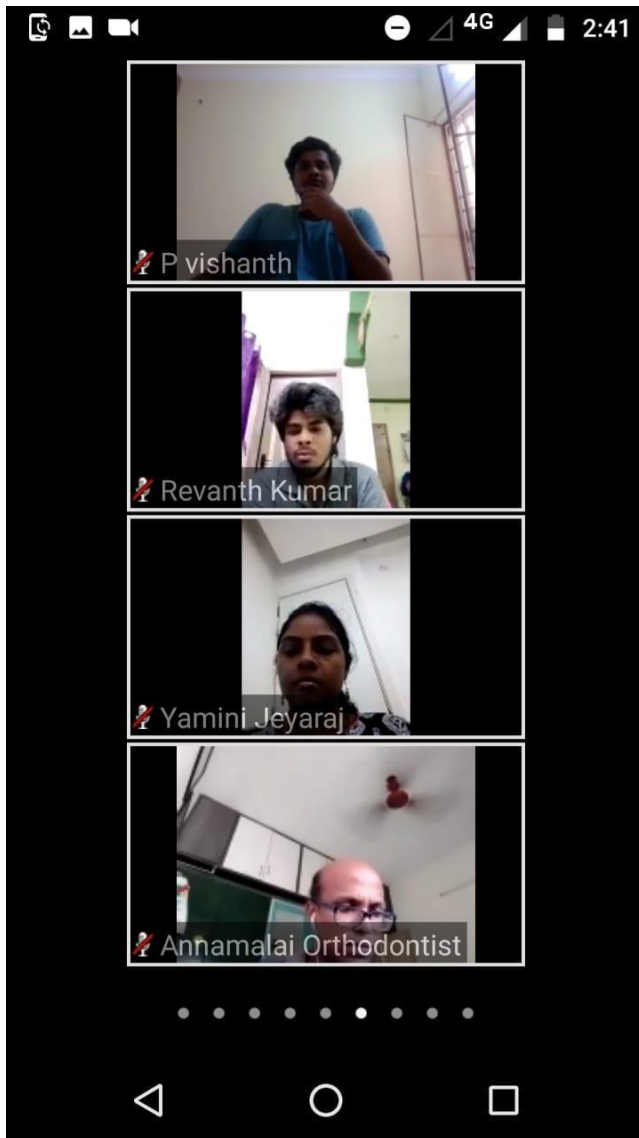


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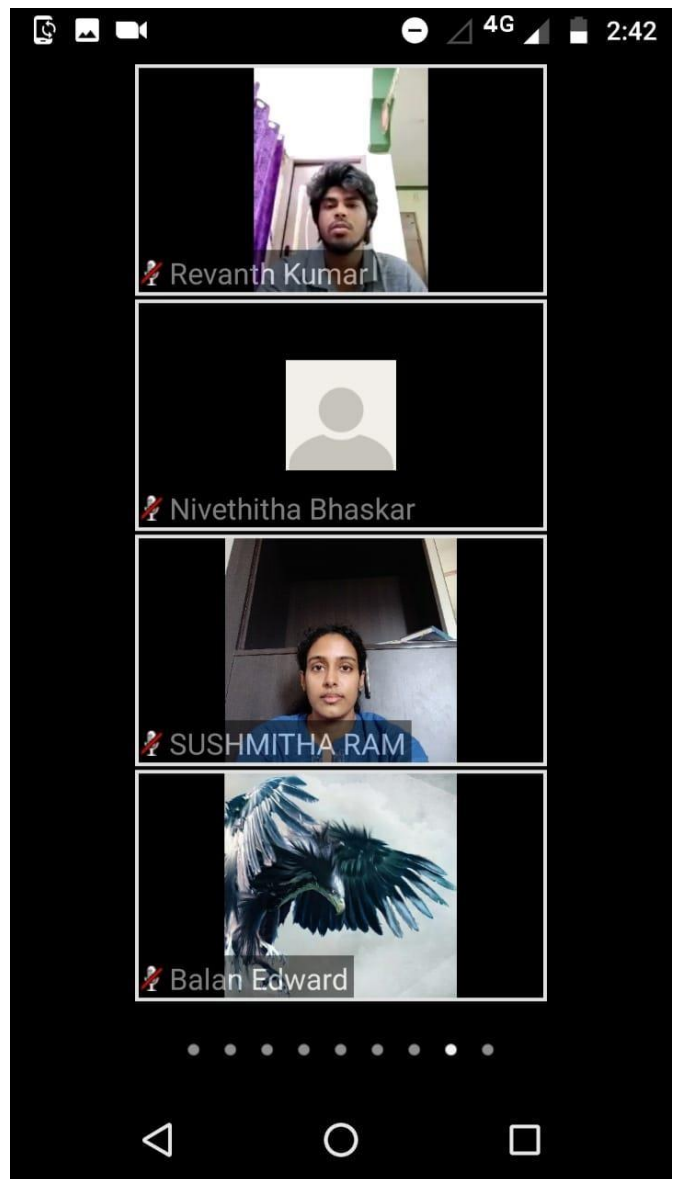
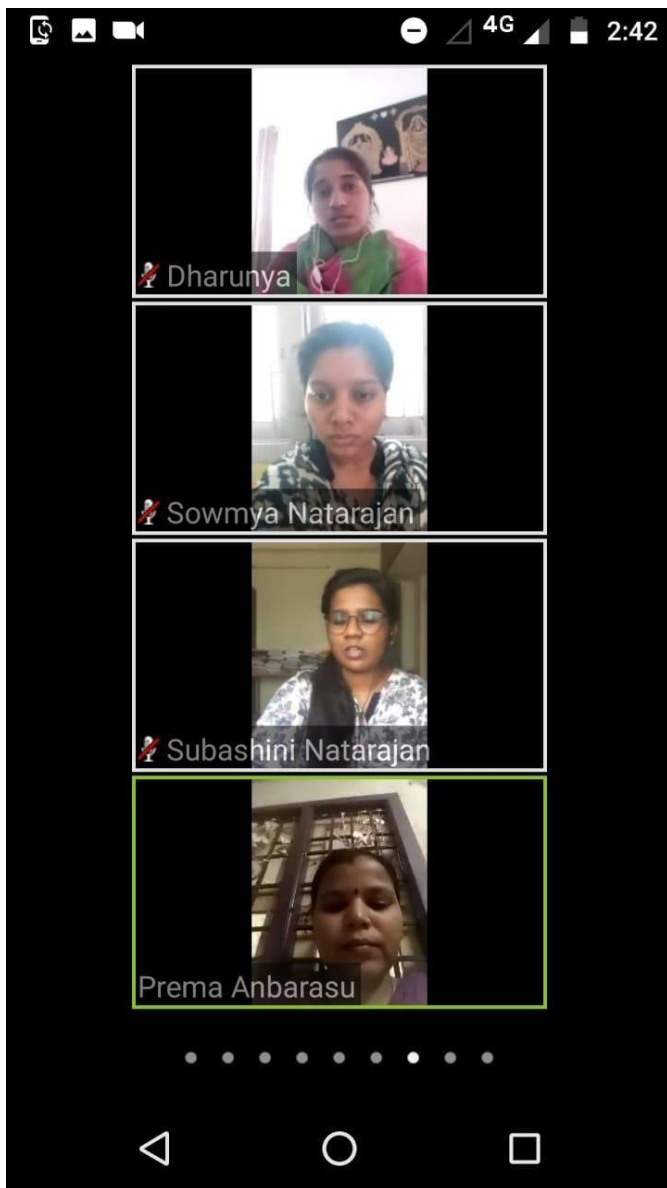
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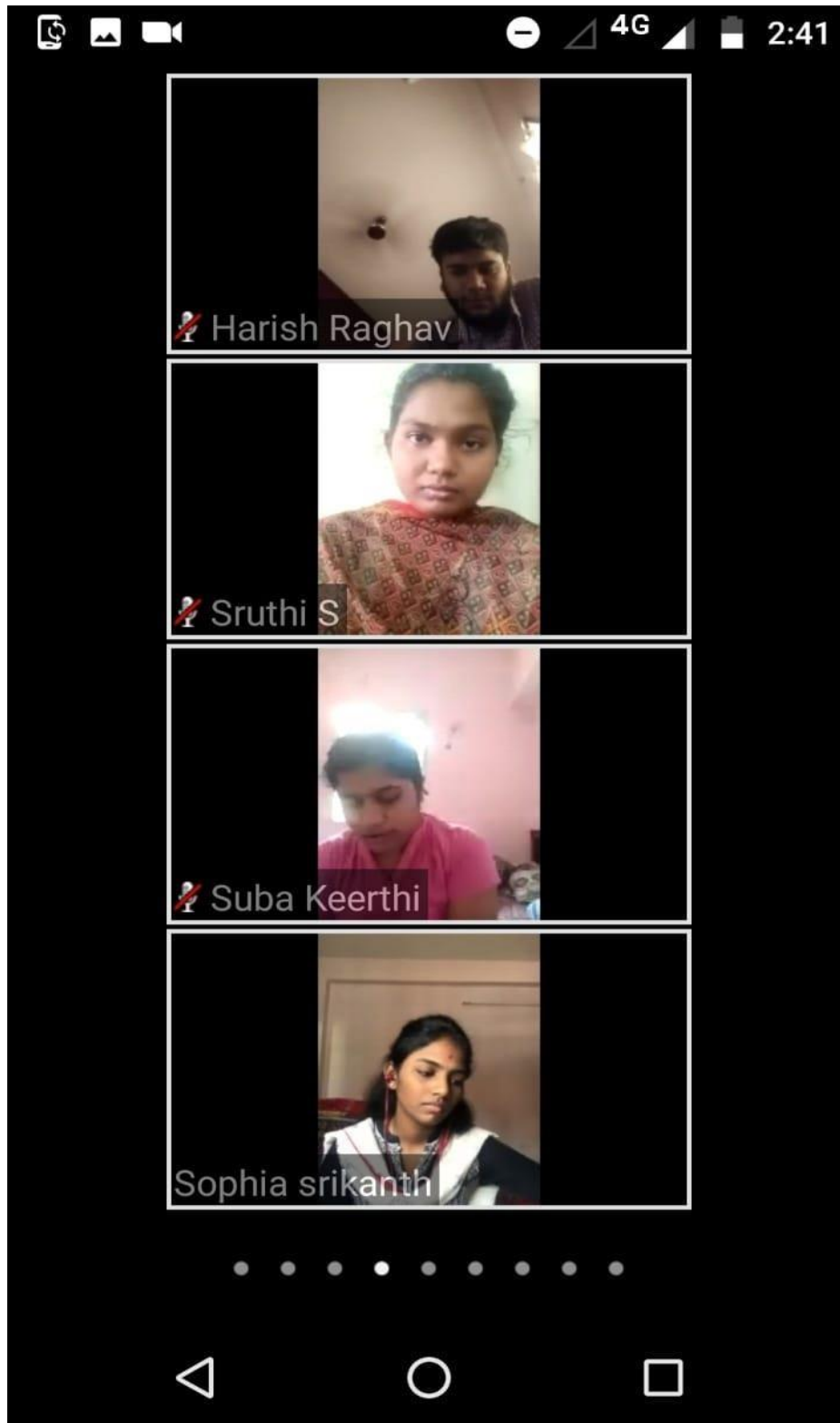
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**06.05.2020**

## **REVISION TEST CONDUCTED**

TOPIC	STUDENTS ATTENDED
Etiology of Malocclusion and biology of tooth movemont	07

# 1. Classification of Etiology of malocclusion

## Synopsis

- \* Classification
- ↓
- \* Proffit's classification
- \* Graber's classification
- \* Moyers' classification
- \* White & Gardner classification
- \* Salzmann's Classification.

## Proffit's classification:

- ↓
- Specific cause.
- Genetic influence
- Environmental influence

## Specific cause:

- \* Disturbance in embryologic development
- \* muscle dysfunction.
- \* Acromegaly & hemi-mandibular hypertrophy
- \* Disturbance in dental development
  - ↓
  - 1) Malformed teeth.
  - 2) Supernumerary teeth.
  - 3) Ectopic eruption.
  - 4) Early loss of Primary teeth.
  - 5) Congenitally missing teeth.



## Alignment

Orthodontic tooth movement is a unique process where a solid object (tooth) is made to move through a solid medium (bone).

Orthodontic treatment is possible due to the fact that whenever a prolonged force is applied on a tooth, bone remodelling occurs around the tooth resulting in its movement.

- \* Forms of tissue degeneration characterized by formation of clear, amorphous homogeneous substance.

- \* Denotes a compressed globally generated pressure.

- \* Reversible process.

Occurs in almost all forms of orthodontic tooth movement but the areas are wider when the force applied is extreme.

essay:

## 1. Etiology of malocclusion.

Etiology is the study of causes.

- Etiology of malocclusion means the study of causes of malocclusion.
- It helps in treatment plan.

## Graber's classification:

- Hereditary
- Congenital
- environmental
  - pre natal
  - post natal.
- Predisposing metabolic climate and disease
  - endocrine imbalance
  - metabolic disturbances.
  - Infectious disease
- Dietary Problems.
- Abnormal Pressure habits
- Trauma and accidents.
- These come under General Factors.



\* Genetic causes

\* Environmental causes

functional influence on dentofacial development

→ Masticatory function

→ sucking & other habits

→ tongue thrusting

→ respiratory pattern

Graeber's classification

General factors

Local factors

General factors

→ Hereditary

→ congenital

→ Environment

\* prenatal (trauma, maternal diet & metabolism, herman measles)

\* postnatal (birth injuries, TBI injury, cerebral palsy)

→ Dietary problems

→ Abnormal habits & functional aberrations

\* Abnormal sucking

\* Thumb & finger sucking

\* Tongue sucking & tongue thrust

\* Lip & nail biting

## 1) Etiology of Malocclusion.

Identifying possible ~~etiological~~ causative factors and attempting its elimination which is value in preventing & interceptive procedures

### General classification:-

#### i) General factors

#### Local factors

> Heredity

> Anomalies of Number

> Congenital Defects

> Supernumerary Teeth

> Enamel

> Missing teeth

> Bone Disposing Malocclusion  
Clinical Disease

> Congenital  
Absence of teeth

> Dietary problems

> Anomalies of <sup>Size</sup> teeth

> Abnormal pressure habits  
& functional observations.

> Abnormal labial pressure

> Premature loss

> Biologic Retention

> Delayed eruption  
of permanent teeth

> Abnormal eruption

> Ankylosis

> Dental Caries

> Improper Dental  
Restorations

## I. Essay:

- 1) Discuss etiology of malocclusion and enumerate grades & provide classification for the same.

## ii. Short notes:

- 1) Hyalinization
- 2) Equilibrium theory.

## I. Essay:

## \* Etiology of malocclusion:

\* Etiology of malocclusion is the study of its cause

\* Malocclusion can be caused by either genetic factors or environmental factors.

\* Development of normal dentition & occlusion depends on a number of interrelated factors that include the dental, skeletal and the neuromuscular factors.

\* The common cause are-

- i) Tooth size
- ii) Arch dimension
- iii) Abnormalities of tooth shape
- iv) Abnormalities of tooth number
- v) Overjet
- vi) Crowding / Spacing.



6/5/2020

## TEST -2

### I. Short Notes

#### ① Hyalinisation

- It is a type of tissue degeneration
- Characterised by homogenous, clear, eosinophilic matrix.
- It is conventionally an irreversible pathologic process occurring in organs such as bone, lungs, kidneys etc.
- In contrast to hyalinisation in other tissues, this process is REVERSIBLE in the PERIODONTAL soft tissue.
- It represents compressed and locally degenerated state of the periodontium.
- During Orthodontic tooth movement there is application of force on the crowns of teeth, hence this results in a
  - Pressure side

    - PDL compressed to  $\frac{1}{3}$ rd of original thickness.
    - osteoclasts → bone resorption  
frontal resorption ←
    - on the side of application of force.
  - Tension side

    - opposite to direction of force.
    - PDL membrane - stretched
    - osteoblasts → osteoid → calcify to form bone.

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1	07.05.2020	Case discus sion	Dr. Annamalai	14

07.05.2020

3:26 [social icons] [status icons]

Close **Participants (25)**

SJ	Sonu Jain	[video icon] [audio icon] >
SS	Sophia srikanth	[video icon] [audio icon] >
	Sowmya Natarajan	[video icon] [audio icon] >
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VM	Vishalini Mohan	[video icon] [audio icon] >
YJ	Yamini Jeyaraj	[video icon] [audio icon] >
Y	Yuvarani Muthu Kumar	[video icon] [audio icon] >

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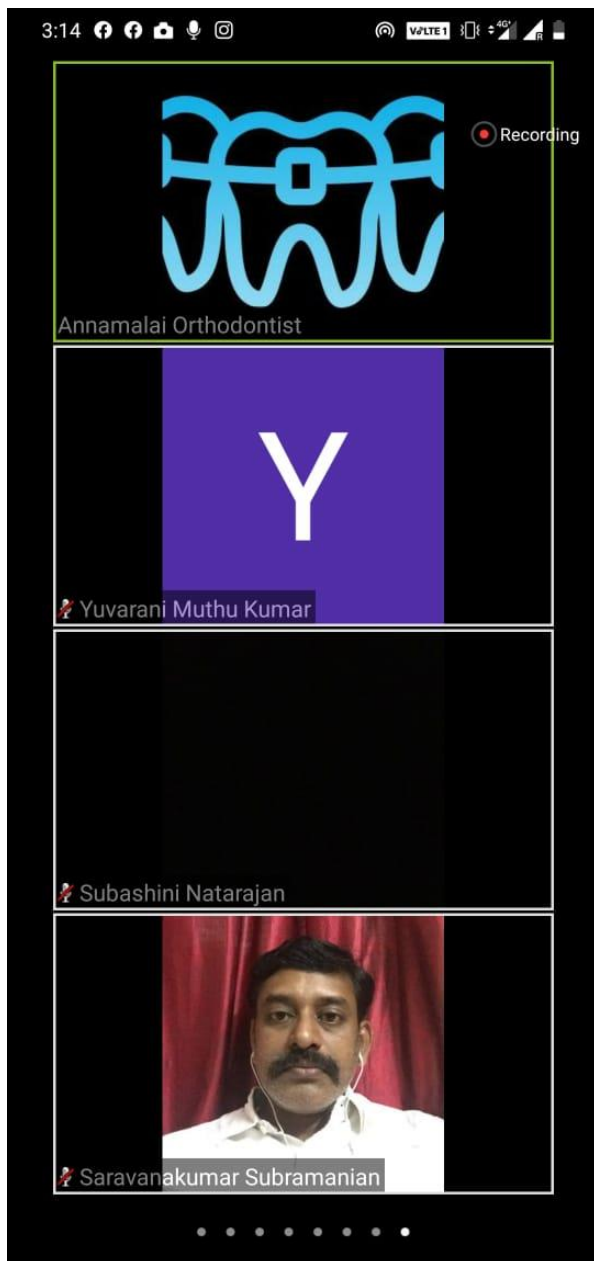
Close **Participants (25)**

[profile picture]	TamilSelvan M D (me)	[video icon] [audio icon] >
VJ	Vikraman J (host)	[video icon] [audio icon] >
[profile picture]	Annamalai Orthodontist	[video icon] [audio icon] >
D	Dharunya	[video icon] [audio icon] >
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[profile picture]	Nivethitha Bhaskar	[video icon] [audio icon] >
[profile picture]	P vishanth	[video icon] [audio icon] >
PA	Prema Anbarasu	[video icon] [audio icon] >
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	Sowmya Natarajan	[video icon] [audio icon] >

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07.05.2020



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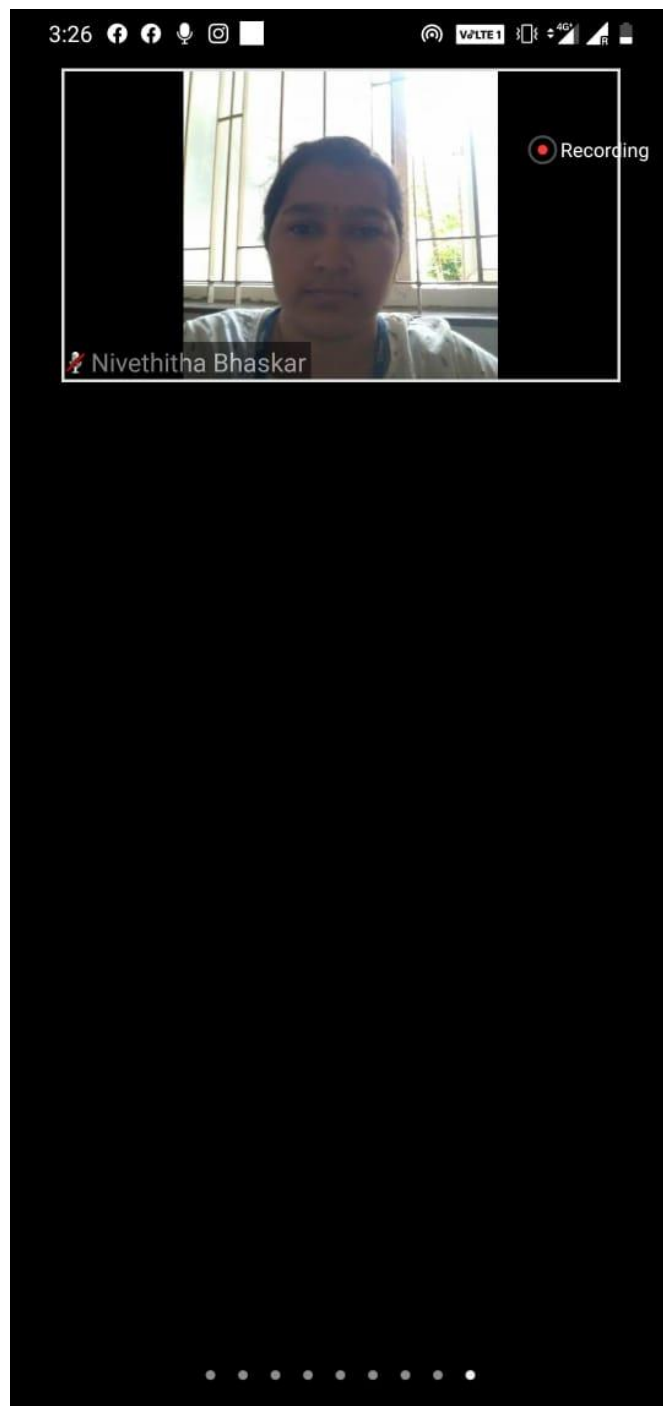
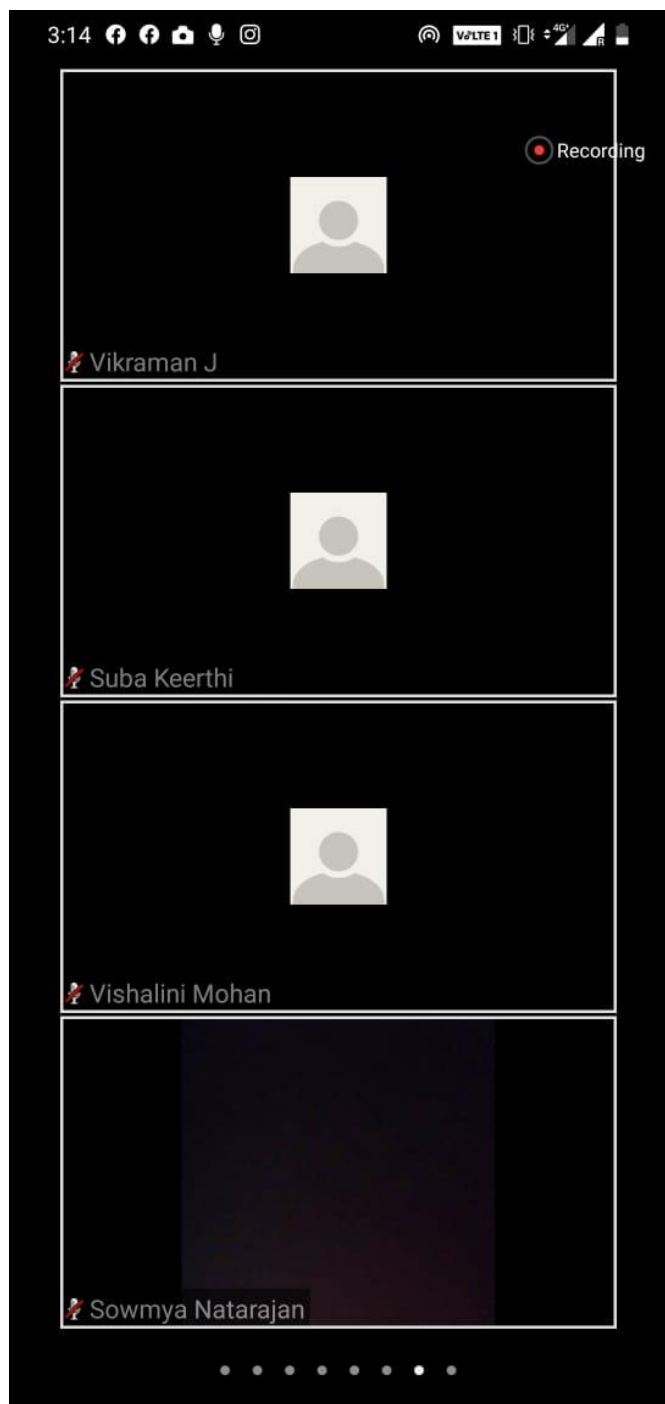
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**05.05.202**  
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## **REVISION TEST CONDUCTED**

<b>TOPIC</b>	<b>STUDENTS ATTENDED</b>
INTRODUCTION TO ORTHODONTICS AND MODEL ANALYSIS	07

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ORTHOPAEDICS**

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**CLINICAL  
DISCUSSIONS**

<b>S.No</b>	<b>Date</b>	<b>Clinical Discussion Topic</b>	<b>Faculty</b>	<b>No of students participate d</b>
1	08.05.2020	Case discus sion	Dr. Saravana kumar	22

08.05.2020

2:50 VoLTE 23


























Close **Participants (33)**

SJ	Sonu Jain	  >
SR	Sriharika Raavi	  >
SS	Sruthi S	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SR	Subhashini Raju	  >
	SUSHMITHA RAM	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
	Vishnu Kumar	  >

Invite

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Close **Participants (33)**

SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SR	Subhashini Raju	  >
	SUSHMITHA RAM	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
	Vishnu Kumar	  >
YJ	Yamini Jeyaraj	  >
	Munira Begam	  >
Y	Yuvarani Muthu Kumar	  >


























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Search

P	Prasanth (me)	  >
VJ	Vikraman J (host)	  >
P	PRIYADARSHINI	  >
	Saravanakumar Subramani...	  >
	Annamalai Orthodontist	  >
HR	Harish Raghav	  >
LC	Lalitha Choudhary	  >
	Logesh Ram	  >
	Madhu Bala Sermarajan	  >
	Maha Srinithi Selvaraj	  >

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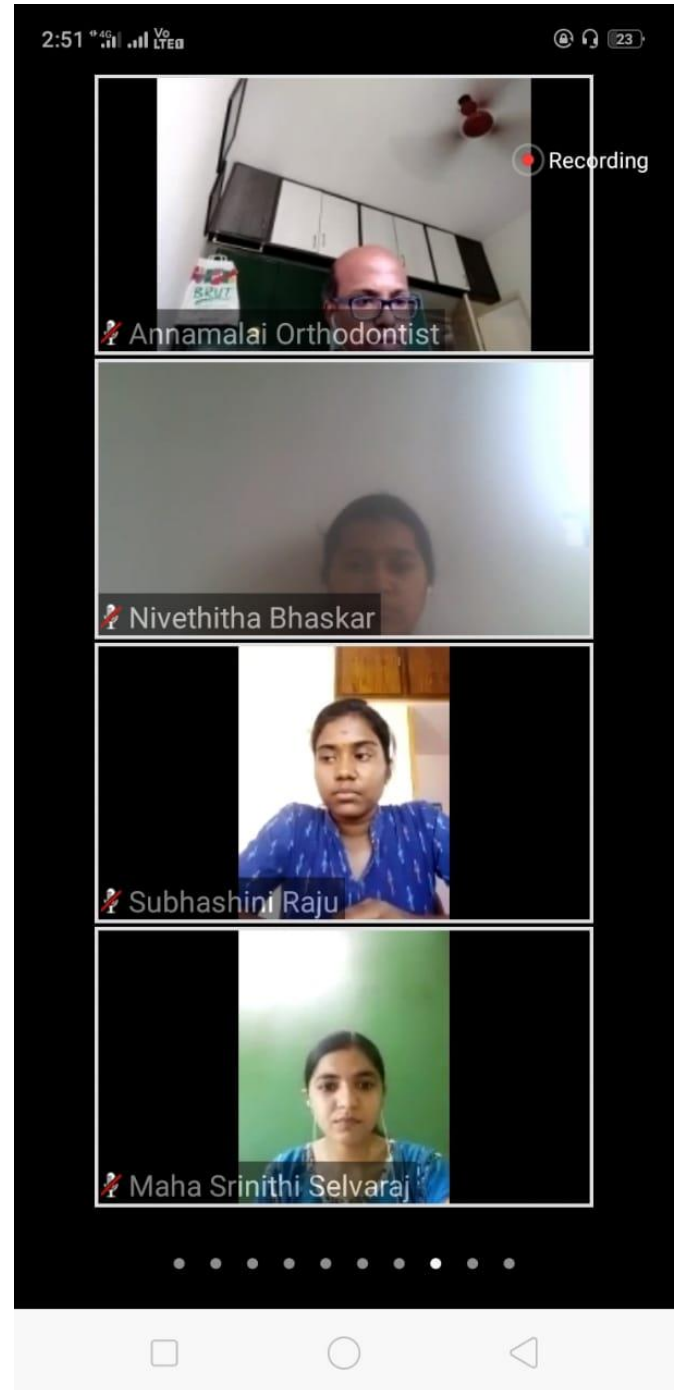
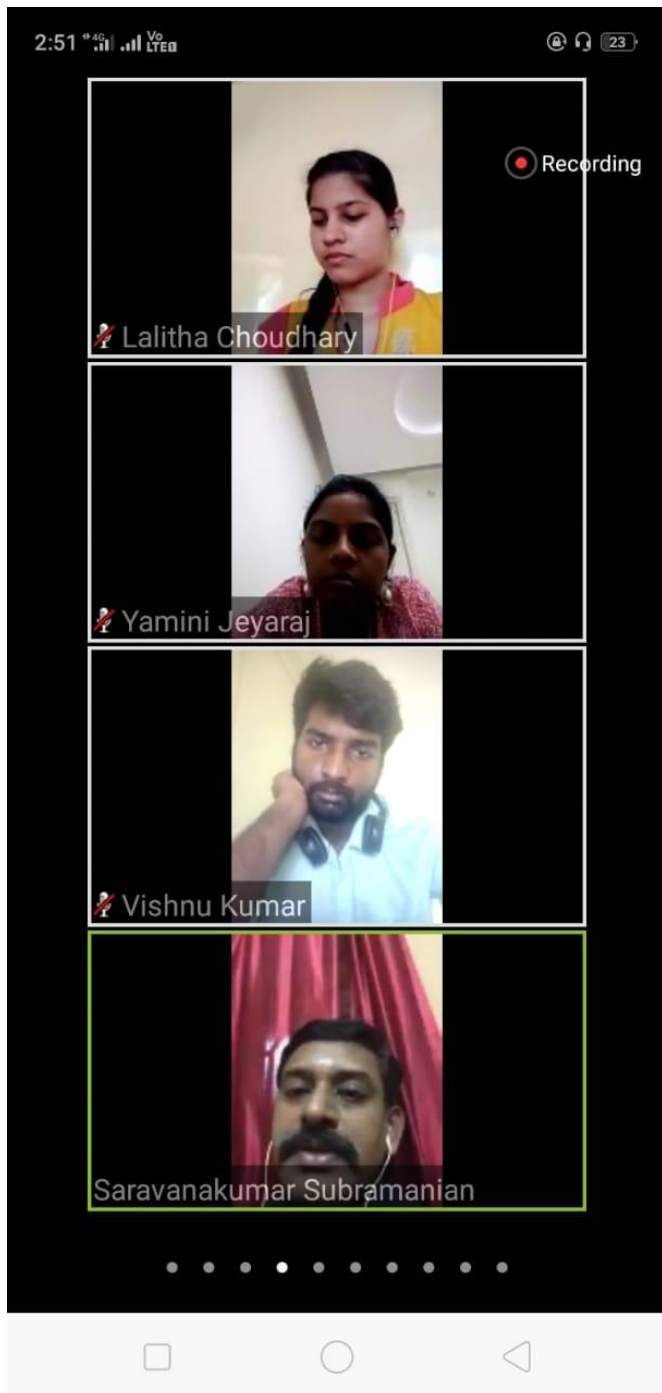
Close **Participants (33)**

	Maha Srinithi Selvaraj	  >
M	Meghana	  >
	Nivethitha Bhaskar	  >
	P vishanth	  >
PL	Pavithra lakshmi N	  >
PR	Pavithra Rajkumar	  >
R.P	Pavithra RathinaSwamy	  >
P	Prabhavathi.s	  >
	Revanth Kumar	  >
	Shanmugavelu S	  >
SJ	Sonu Jain	  >

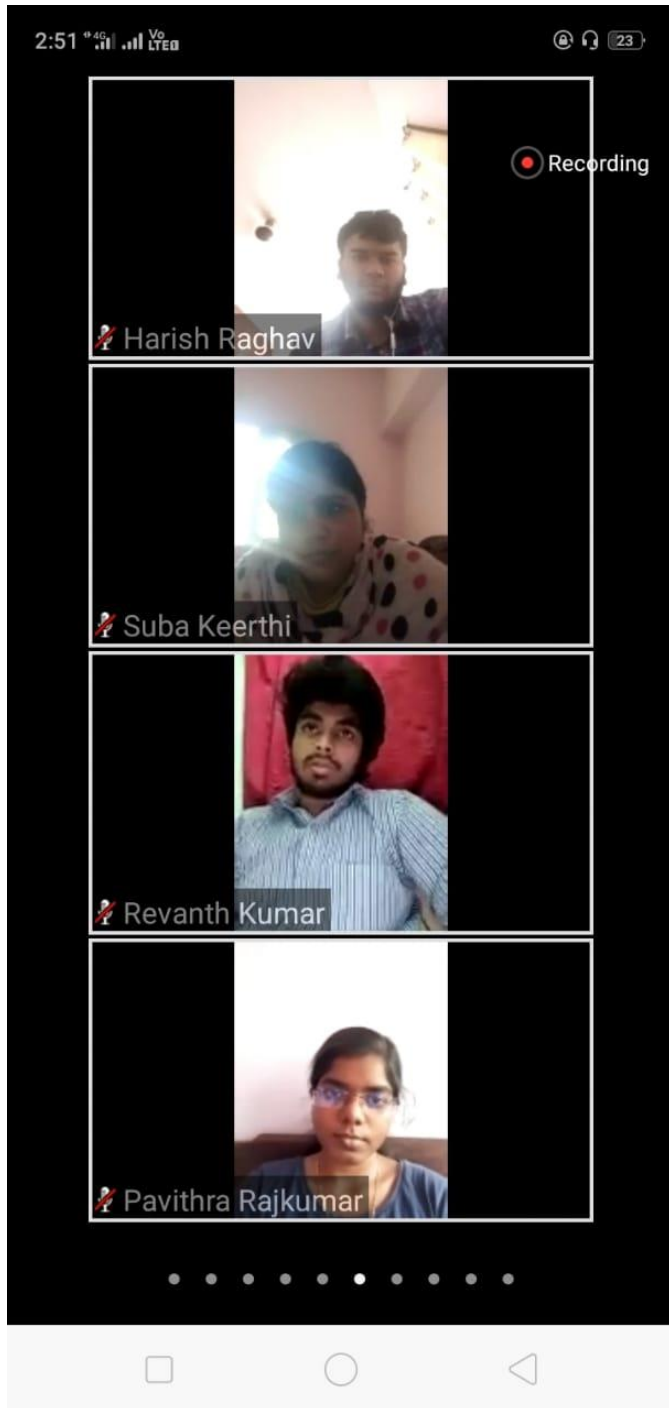
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Subashini Natarajan

Sruthi S

SUSHMITHA RAM

Pavithra lakshmi N

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Recording

Prasanth

Logesh Ram

Madhu Bala Sermarajan

PRIYADARSHINI

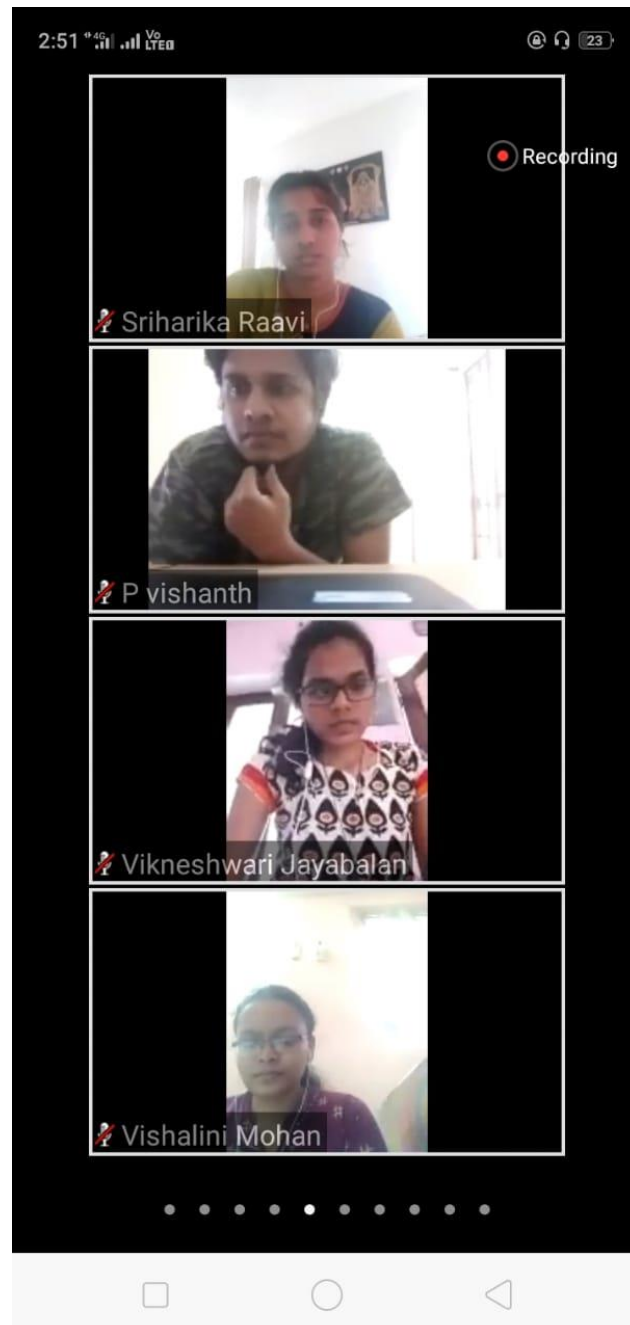
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## **REVISION TEST CONDUCTED**

TOPIC	STUDENTS ATTENDED
Myofunctional appliances	06

8/5/20

## ORTHO TEST-4

## I. ESSAY

1. Functional appliances:

\*

## SYNOPSIS

\*) Definition

\*) Principles

\*) Classification

\*) Modes of action.

\*) Twin block appliance

\*) Definition:

Functional appliance are active / passive appliance which harness natural forces of oro-facial musculature that are transmitted to the teeth & alveolar bone in predetermined direction.

Modes of action:

Functional appliance



Increased contractile activity of muscle of mastication.



Intensification of activity of retrodiscal pad.



Increase in Growth stimulating factor



Additional growth of condylar cartilage



Supplementary lengthening of mandible.



## Orthodontics

Essay:

### 1. Myofunctional Appliances

This is a loose fitting or passive Appliances, which harness natural force of the orofacial Musculature that constrains to teeth & Alveolar bone through mediating Appliance.

It is based on functional Matrix Theory.

New pattern of function  $\xrightarrow[\text{leads to}]{\text{Directed by appliance}}$  New Morphological pattern.

### Treatment Principles

Force Application

Force Elimination

It Compensates Stress & Strain on structure involved Resulting in Alteration of 1<sup>o</sup> form & with 2<sup>o</sup> Adaptation in function

3

Sunday

Abnormal Restraints Environmental influences are eliminated, allowing optimal development functions Rehabilitated & followed by 2<sup>o</sup> Adaptation in form.



# 1. Essay:

## Functional appliance:

Functional appliances are those which harness natural forces of the oro-facial musculature that are transmitted to teeth and alveolar bone in a predetermined direction.

They are used for growth modification procedures aimed at intercepting and treating jaw discrepancies.

They can bring about following changes.

- An increase and decrease in jaw size.
- A change in the spatial relationship of jaws.
- Change in direction of growth of jaws.
- Acceleration of growth in desired direction.



8/5/2020

TEST 4

S. Chandhini  
10/08/20

I Essay

1. Principles of Functional appliances and their modes operandi. Add a note on twin block appliance.

=> Introduction-

- \* Functional appliances, also referred to as myofunctional appliances are those in which the force component is derived from the orofacial musculature.
- \* They are used for growth modification procedures aimed at intercepting and treating jaw discrepancies.

=> Definition

Functional appliances are defined as loose fitting expansion appliances which harness natural forces of the orofacial-musculature that are transmitted to the teeth and alveolar bone through the medium of the appliance.

=> PRINCIPLE

As "form follows function" the theoretical basis

of functional appliance is

"new pattern of function" dictated by the appliance

\* leads to development of corresponding "new

## Essay.

Functional appliances are defined as loose fitting or passive appliances, which harness natural forces of the orofacial musculature that are transmitted to the teeth & alveolar bone through medium of appliance.

principles :

→ force application

→ force elimination

### Force application-

compressive stress and strain act on the structures involved and result in a primary alteration in form of secondary adaptation in function. Most of fixed and removable functional appliances work on this principle.

### Force elimination

This involves elimination of abnormal and restrictive environmental influences on dentition thereby allowing optimal development.

This function is rehabilitated with a secondary change in form. All functional appliances are assemblies of a few simple components. Each component has a defined function.



8/5/20.

## Orthodontic - test - ①

### I. Essay:

- 1). Principles of functional appliance and their mechanism ~~operation~~ write a note on twin block appliance.

#### \* Functional appliance:

A removable or fixed appliance which changes the position of mandible so as to transmit forces generated by the stretching of the muscles, fascia / periosteum, through the acrylic and wirework to the dentition & the underlying skeletal structures.

#### \* Principle of functional appliance:

\* Functional appliances are based on functional matrix theory given by melvin Moss.

\* Functional matrix theory proposes that functional matrices, tissues like muscles and glands influence skeletal unit such as jaw bones and ultimately control their growth.




































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




















**CLINICAL  
DISCUSSIONS**

<b>S.No</b>	<b>Date</b>	<b>Clinical Discussion Topic</b>	<b>Faculty</b>	<b>No of students participate d</b>
1	09.05.2020	Case discus sion	Dr. Yamini	22

09.05.2020

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	Sriharika Raavi	  >
	Sruthi S	  >
	Suba Keerthi	  >
	Subashini Natarajan	  >
	Subhashini Raju	  >
	SUSHMITHA RAM	  >
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













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	Subhashini Raju	  >
	SUSHMITHA RAM	  >
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



















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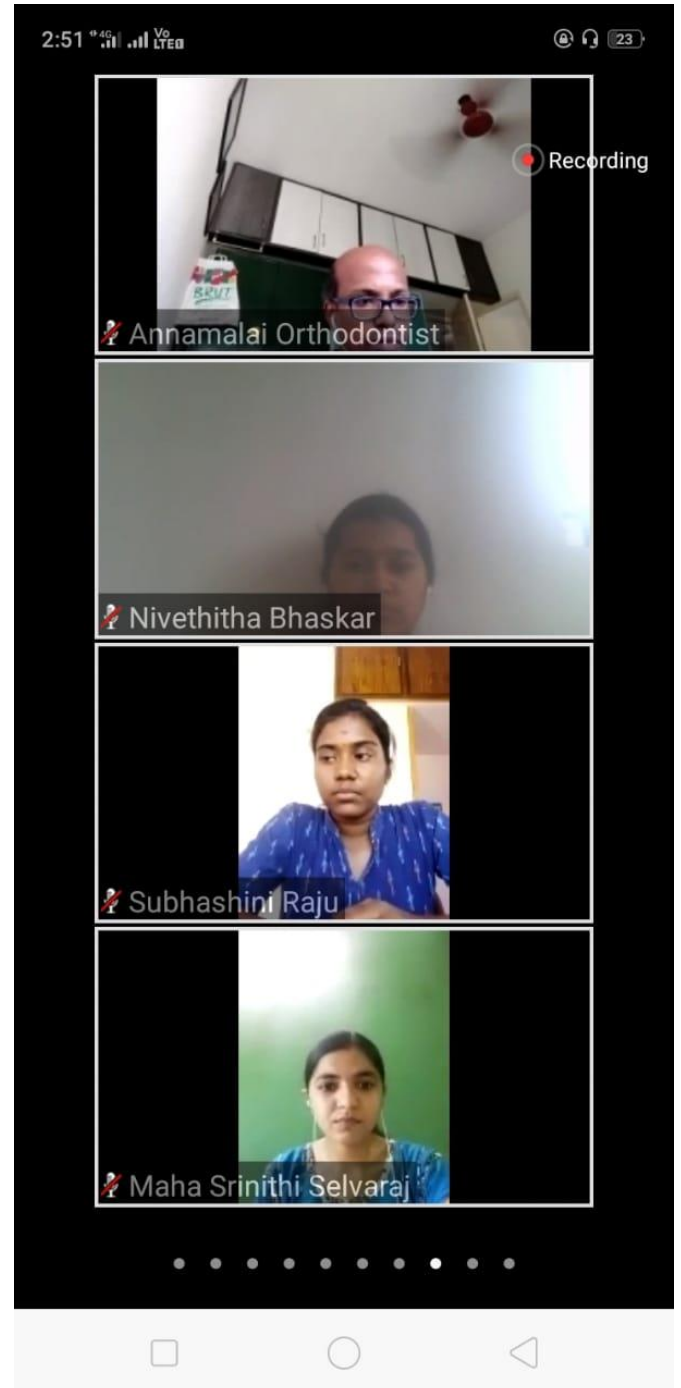
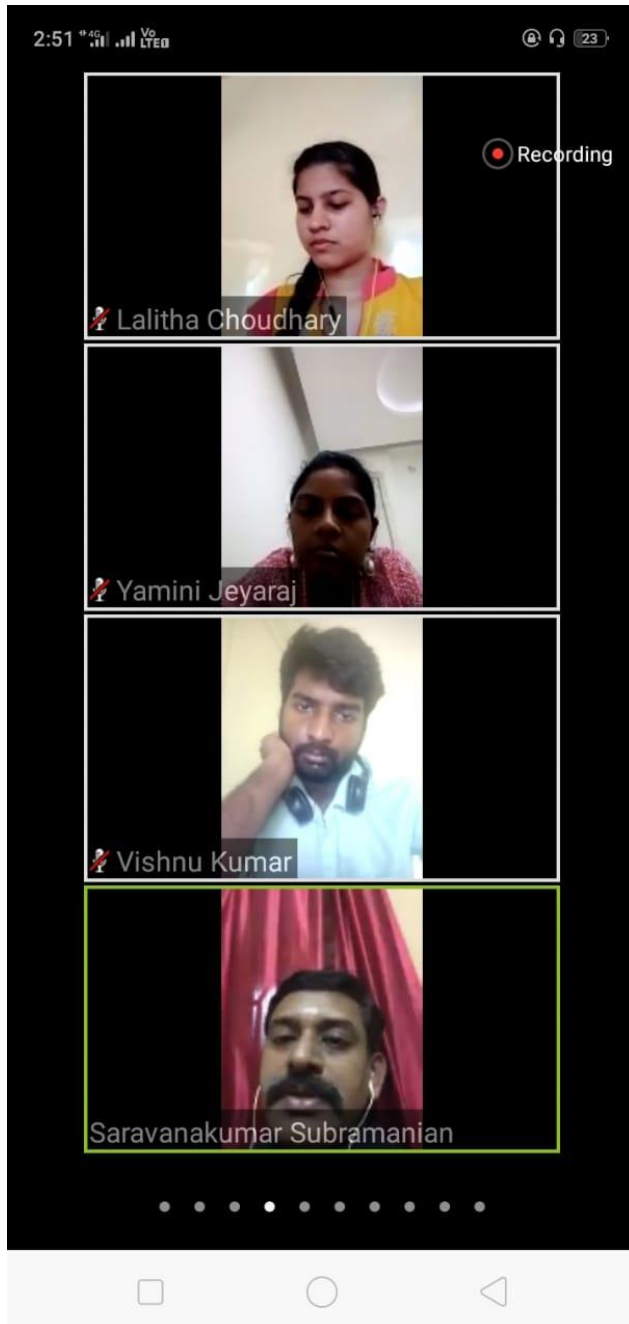
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-  Vikraman J (host)   >
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-  Saravanakumar Subramani...   >
-  Annamalai Orthodontist   >
-  Harish Raghav   >
-  Lalitha Choudhary   >
-  Logesh Ram   >
-  Madhu Bala Sermarajan   >
-  Maha Srinithi Selvaraj   >

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-  Maha Srinithi Selvaraj   >
-  Meghana   >
-  Nivethitha Bhaskar   >
-  P vishanth   >
-  Pavithra lakshmi N   >
-  Pavithra Rajkumar   >
-  Pavithra RathinaSwamy   >
-  Prabhavathi.s   >
-  Revanth Kumar   >
-  Shanmugavelu S   >
-  Sonu Jain   >

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Harish Raghav

Suba Keerthi

Revanth Kumar

Pavithra Rajkumar

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Subashini Natarajan

Sruthi S

SUSHMITHA RAM

Pavithra lakshmi N

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Varshini Venkat

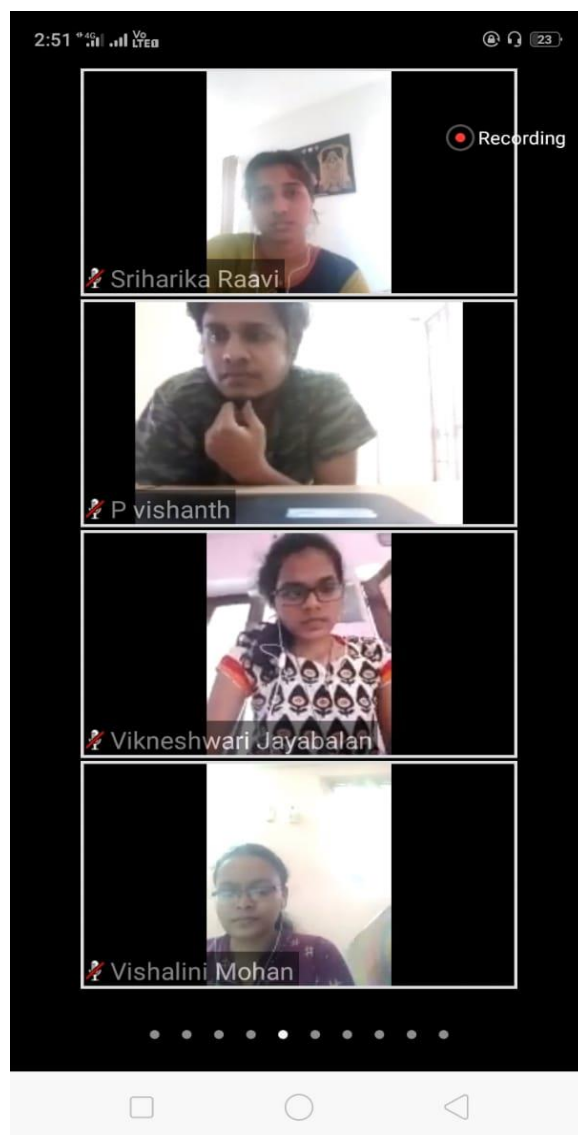
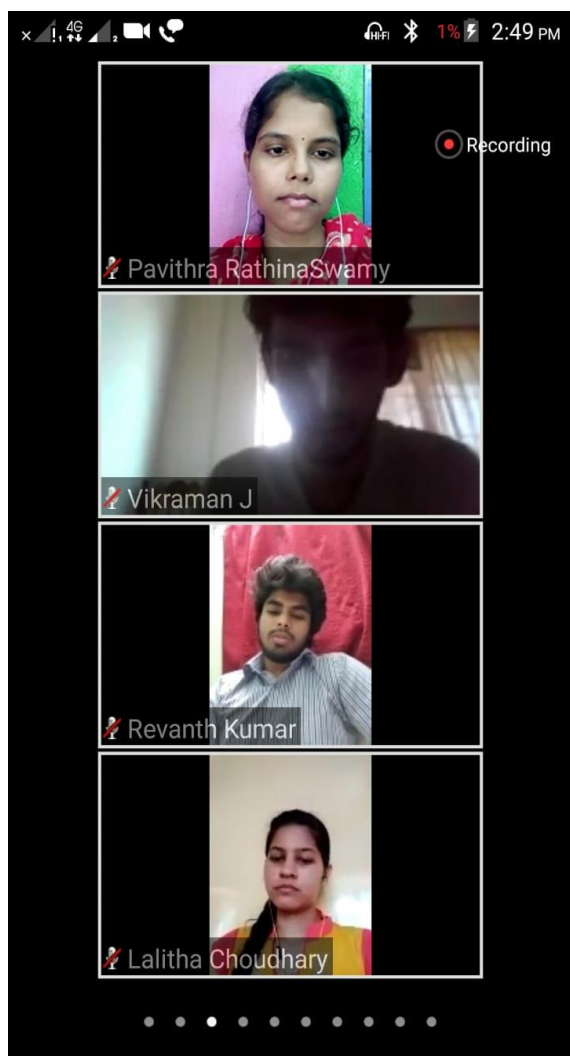
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Munira Begam

Pavithra RathinaSwamy

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**09.05.2020**

## **REVISION TEST CONDUCTED**

<b>TOPIC</b>	<b>STUDENTS ATTENDED</b>
Preventive and interceptive orthodontics	07

JULY							2018
W	S	M	T	W	T	F	S
27	1	2	3	4	5	6	7
28	8	9	10	11	12	13	14
29	15	16	17	18	19	20	21
30	22	23	24	25	26	27	28
31	29	30	31				

13 Wednesday  
JUNE



164-201 • Week 24 2018

## Orthodontics

### 1) Space Maintainers:-

It is a Device used to Maintain the Space created by loss of a Deciduous tooth.

It Should fulfill following Requirements.

i) Maintain Entire mesio-distal Space created by lost tooth.

ii) Must Restore function & Prevent over Eruption of opposing tooth.

iii) Simple in Construction.

iv) Strong Enough to Withstand functional forces.

v) Not Exert Excessive Stress on Adjoining Teeth.

vi) Must NOT Retard Normal Growth & Development.

\* when assessing the bite, only the lower  
occlusal features are recorded

## 1. Spaw maintainers

Spaw maintainers can be defined as  
the provision of an appliance (active or passive)  
which is concerned only with control of spawls  
without taking into consideration measures to  
supervise the development of dentition  
classification.

Acc. to Hitchcock.

- 1) Removable or fixed or semi-fixed
- 2) With bands or without bands
- 3) Functional or non-functional
- 4) Active or passive
- 5) Various combinations



1. Essay

Thumb sucking Habit

Synopsis:

Introduction.

Classification

Etiology

Clinical features

management

Introduction:

Thumb sucking is defined as the placement of thumb in varying depths into the mouth.

Classification:

Thumb sucking is classified as

1. Normal thumb sucking: It is normal in 1st + 2nd yr of life. It ceases after that there is no generation of malocclusion.

2. Abnormal thumb sucking: This persists beyond pre-school period. Produces effects on dento-facial structures, it's divided into,

Physiological - Habit can have deep rooted emotional factor and may be associated with insecurities.

Habitual - Persists due to out of habit.



9/5/2020

Test - 5

Arundhan S.  
10 BDS.

## I Essay

① Thumb sucking - etiology, classification, clinical features and management

### ⇒ Introduction

- \* Thumb sucking is one of the most frequently prevalent habits in children
- \* However this is capable of producing damaging effects on the dentoalveolar structures
- \* Up to  $2\frac{1}{2}$  - 3 years of age → it is considered to be normal
- \* Beyond  $3\frac{1}{2}$  - 4 years of age → can have damaging influence on dentoalveolar structures and must be intercepted.

### ⇒ etiology

Some theories to explain thumb sucking were put forth which include.

#### A. Freudian theory -

- Proposed by Sigmund Freud.
- This theory suggests that, a child passes through various distinct psychological phases of development.

short notes -

## 1. Space maintainers

Premature loss of deciduous teeth can cause drifting of the adjacent teeth into the space. It can result in abnormal axial inclination, spacing, shift of midline. If deciduous molars are lost prematurely, lateral shift of maxillary occurs. If deciduous 2nd molars occur, permanent molars migrate mesially leaving insufficient space for erupting premolars.

Space maintainers is a device used to maintain the space created by loss of a deciduous tooth. It should fulfil the following:

- It should maintain mesiodistal space created by a lost tooth.
- It must restore the function as far as possible & prevent over eruption of erupting teeth.
- It should be simple in construction.
- It should strong enough to withstand functional forces.
- It should not exert excessive stress on adjoining teeth.
- It should permit maintenance of oral hygiene.
- It must not restrict normal growth and development and natural adjustments that take place during transition from



9/5/22.

orthodontics - test-⑤.

### 3. Essay

- 1) Thumb sucking - etiology, clinical features, classification & management.

\* Thumb sucking is defined as placement of thumb or one or more fingers in varying depths into the mouth.

\* Thumb and digit sucking is one of the commonly seen habits that most children indulge in.

#### \* Etiology:

A number of theories have been put forward to explain the thumb sucking habit.

#### \* Freudian theory:

\* This theory was proposed by Sigmund Freud in the early part of this century.

\* He suggested that a child passes through various distinct phases of psychological development of which the oral & anal phases are seen in the first three years of life.

#### \* Oral drive theory:

\* Sears & Winn in 1950 proposed.

I. Essay1. Thumb Sucking.

Q.

SYNOPSIS

\*) Definition

\*) Causes

\*) C/F

\*) Management

Definition:

Placement of Thumb / One or more fingers in various depth into the mouth, oral cavity.

- Geller

Repeated & forceful sucks of thumb associated strong buccal & lip contraction

- Moyar

Classification.

- Normal thumb sucking

- Abnormal thumb sucking

- Sucking habit
  - Nutritive
  - Non-nutritive

Physiological

Habitual

Grade of thumb sucking.

Type - A - 50% of children whole digit is placed inside the mouth.

Type B - 13.24% of children where the thumb is placed without touching the vault of Palate.

Type C - 18% of children, the thumb is placed in the mouth & contact the palate.

Type D - 6% of children very little portion of thumb is placed in mouth.