



Chettinad

Dental College & Research Institute

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for

FINAL YEARS

(18.05.2020- 23.05.2020)

THEORY CLASS

S.NO	DATE	SEMINAR TOPIC	PRESENTER	FACULTY	STUDENTS ATTENDED
1.	18.05.20	Supernumerary teeth	Dr. Revanth kumar	Department of orthodontics	07
2.	19.05.20	Ectopic eruption	Dr. Vishanth		07
3.	20.05.20	Ankylosed primary teeth	Dr. Subashini		06
4.	21.05.20	Premature primary tooth loss and space analysis	Dr. Sonu jain		06
5.	22.05.20	Space maintainers	Dr. Raavisri harika		07
6.	23.05.20	Mild to moderate crowding	Dr. Shanmugavelu		08

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






























**Theory
Class**

S.No	Date	Seminar topic	Presenter	Faculty	No of students participated
1	18.05. 2020	Supernu merary tooth	Dr. Revanth kumar	Dept of Orthodontics	07

18.05.2020

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










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	Johnvee S	  >
	P vishanth	  >
	Prema Anbarasu	  >
	Priyanga.V	  >
	Saravanakumar Subramani...	  >
	Shanmugavelu S	  >
	Sonu jain	  >
	Sriharika Raavi	  >
	Yamini Jeyaraj	  >
	SUSHMITHA RAM	 >

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Close Participants (19)

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	Subhashini Raju (me)	  >
	Nivethitha Bhaskar (host)	  >
	Revanth Kumar	  >
	Annamalai Orthodontist	  >
	Harish P	  >
	Hema Suresh	  >
	Jaya Kumar	  >
	Jayabalan C	  >
	Jineesh M	  >
	Johnvee S	  >
	P vishanth	  >

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18.05.2020



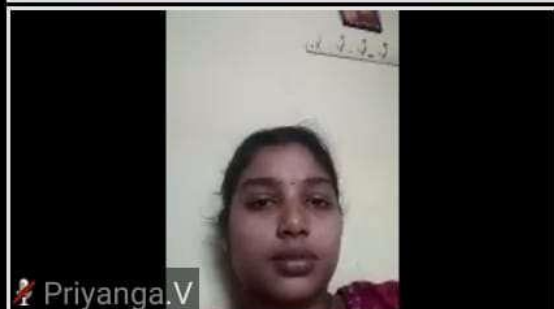
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18.05.2020

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TOPIC	STUDENTS ATTENDED
Preventive and Interceptive orthodontics	07

18/5/20

Orthodontics

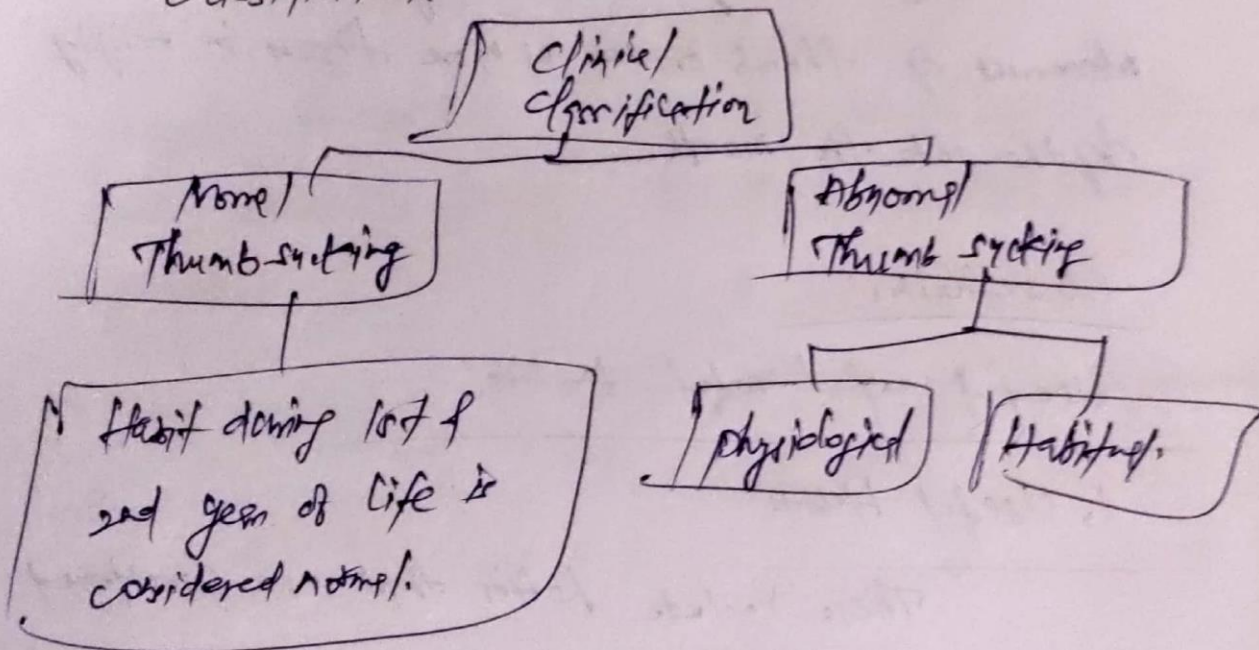
Essay:

Thumb sucking.

Definition:

It is defined as placement of thumb or one or more fingers in varying depths into the mouth.

Classification:



Etiology:

* Socioeconomic status is poor.

* Working mother

* Number of siblings (more)

* Order of Birth of child. (Younger child).

18/5/20

Test

1. Thumb sucking:-

- Digit sucking is defined as placement of thumb or one or more fingers in various depths into mouth.
- Presence of habit is considered quite normal till age of $3\frac{1}{2}$ - 4 years.

* Etiology:-

→ Freudian theory:-

- Proposed by Sigmund Freud.
- child passes through various distinct phases of psychological development of which oral and anal phases are seen in first three years of life.
- Oral phase, mouth believed to be an oro-erotic zone.
child has tendency to place fingers or any other objects into oral cavity.
- Prevention of such act is believed to result in emotional insecurity and poses the risk of child diversifying into other habits.

→ Oral drive theory of Sears and Wise:-

Sears and Wise proposed that prolonged suckling could lead to thumb sucking.

Essay 1

1) Thumb Sucking:

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

* It is one of the non-nutritive sucking.

When these habits persist, a number of factors affect the potential for the development of dental problems:

- The frequency of habit
- the duration of habit
- The intensity of sucking

Classification:

Acc. to Cook:

- 1) A group: Thumb pushes the palate in a vertical direction & displays only little buccal wall contractions
- 2) B group: Strong buccal wall contractions are seen and a negative pressure is created resulting in posterior crossbite
- 3) S group: Alternate positive & negative pressure is created

Acc. to Subtelny:

- 1) Group 1: Thumb is inserted beyond the first joint pressing against the palatal mucosa & alveolar tissue

Essay

1. Thumb Sucking

- It is defined as placement of the thumb or one or more fingers in early depths into the mouth.

ETIOLOGY

- * Freudian Theory: He suggests that orally in the infant is related to pregenital organization & thus the object of thumb sucking is nursing.

- Abrupt ~~stop~~ interference in such basic mechanism will lead to substitution of stuttering.

* Oral drive theory:

- It is not the frustration of hunger but, inner oral drive which has been strengthened by prolongation of nursing.

* Bergum's theory: He proposed 2 theories

- Thumb sucking is an expression of a need to suck to calmness because of association of sucking with primary respiratory aspects of feeding.
- Thumb sucking arises from the rooting & plucking reflexes common to all mammalian infants.

Smacks.

Orthodontics:

I. Space maintainers:

Premature loss of deciduous teeth can cause drifting of the adjacent teeth into the space. It can result in abnormal axial inclination of teeth, spacing between teeth and shift in the dental midline.

Classification of space maintainers:

I According 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. Certain combination of the Above.

II According to Raymond C. Threlow:

1. Removable.
2. Complete arch.
Lingual arch.
extra-oral anchorage.
3. Individual tooth.

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**Theory
Class**











































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1	19.05.2020	Ectopic eruption	Dr. Vishanth	Dept of Orthodontics	07

19.05.2020

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Close Participants (22)







































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	Hema Suresh	  
	Jaya Kumar	  
	Jayabalan C	  
	Jineesh M	  
	Jhovee S	  

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S	S.Baalagopal	  
	Saravanakumar Subramani...	  
	Shanmugavelu S	  
SJ	Sonu Jain	  
SR	Sriharika Raavi	  
	SUSHMITHA RAM	  
YJ	Yamini Jeyaraj	  

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19.05.2020



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REVISION TEST CONDUCTED

TOPIC	STUDENTS ATTENDED
Extraction and expansion in orthodontics	07

19/5/20

ESSAY

EXTRACTION IN ORTHODONTICS.

Introduction:

Painless removal of teeth from its socket is termed as Extraction. It is one of the most common method of gaining space in the Arch.

Need for Extraction

- Arch length - tooth material discrepancy
- Correction of sagittal interarch relationship.
- Extraction for the relief of crowding

Condition of the teeth

Position of the crowding

Position of the teeth



Orthodontics.

Short Note:

Rapid Maxillary Expansion:

Rapid maxillary expansion is also known as split palate. It is a skeletal type of expansion that involves the separation of the mid-palatal suture and movement of the maxillary arches away from each other.

Emerson L. Angell is considered father of rapid maxillary expansion.

Applied Anatomy: RME should be initiated prior to the ossification of the mid-palatal suture.

Indication for R.M.E:

- * It is carried out both for dental and medical purpose.
- * It is mainly used for posterior cross with real or relative maxillary deficiency is the prime indication for Rapid maxillary expansion.

- * Also used in cleft palatal patient who have collapsed maxillary arch.

1. Extraction in orthodontics:-

- Extraction is one of frequently resorted method to gain space for orthodontic purposes.
- Extraction that is undertaken as part of orthodontic treatment is called as therapeutic extraction.

* Need for extraction :-

- i. Arch length - tooth material discrepancy
- ii. Correction of sagittal inter arch relationship.
 - Angle's class 1 - advisable to extract in both the arches so that growth pattern of jaws is maintained.
 - Angle's class 2 - upper arch extraction help in discouraging forward growth of maxilla
 - Angle's class 3 - lower arch extraction.
- iii. Abnormal size & form of teeth.
- iv. Skeletal jaw malrelations.

* Indications of extraction of different teeth:-

- Maxillary incisors:-

Short Notes1) Rapid Maxillary expansion

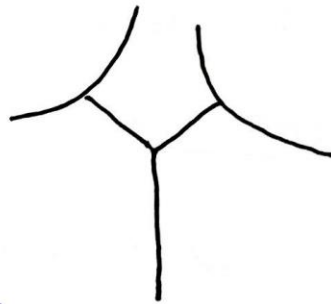
- It is also known as rapid palatal expansion or split palate.

- It is a skeletal type of expansion that involves the separation of the mid-palatal suture and movement of the maxillary shelves away from each other.

Applied anatomy:

→ There are three stages i.e.

→ stage A. (Infantile stage)



- Wedging of the umbone between the two abutting palatal shelves, which gives the mid-palatal suture a 'Y' shape.

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1	20.05. 2020	Ankylosed primary teeth	Dr. Subashini	Dept of Orthodontics	06

20.05.2020



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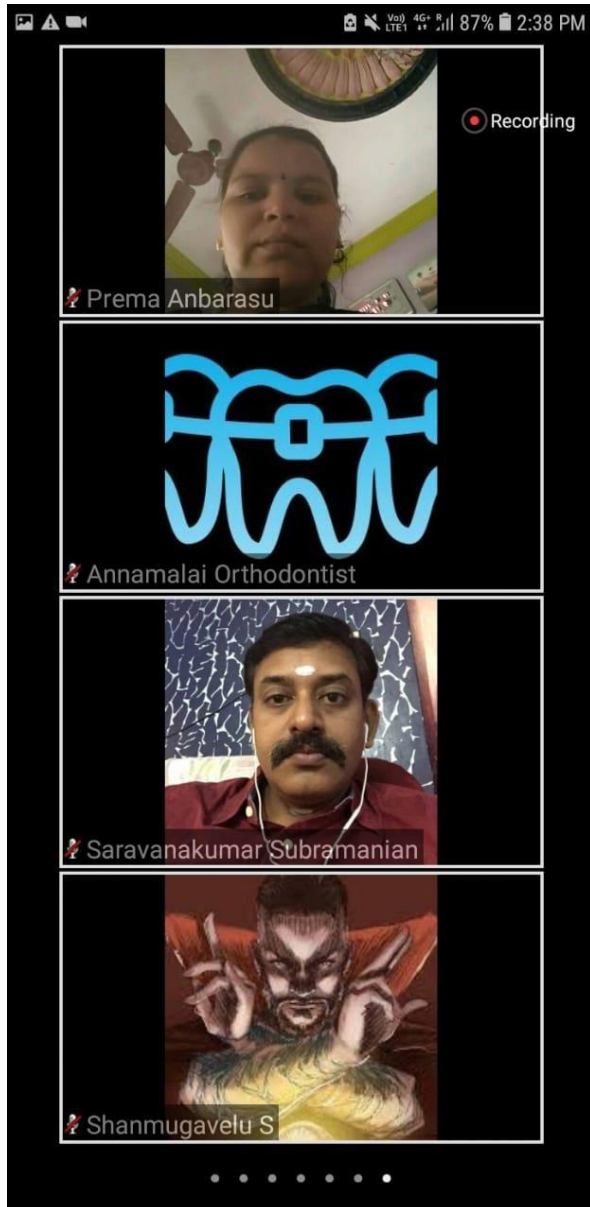
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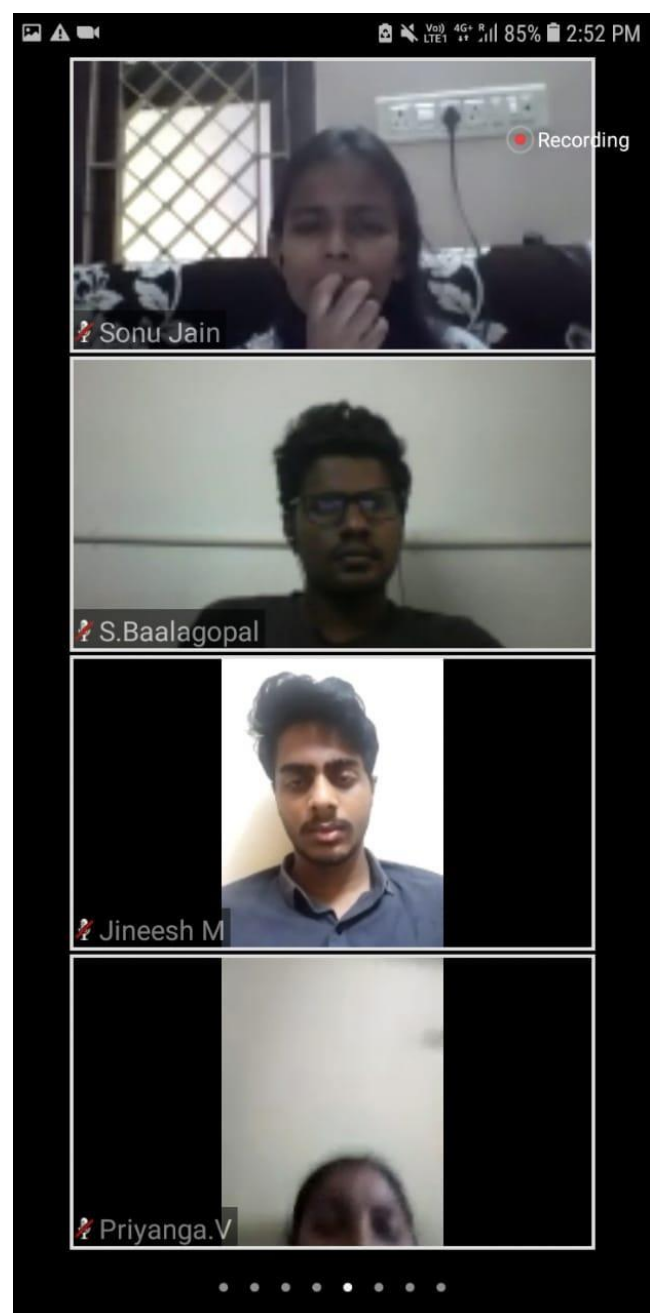
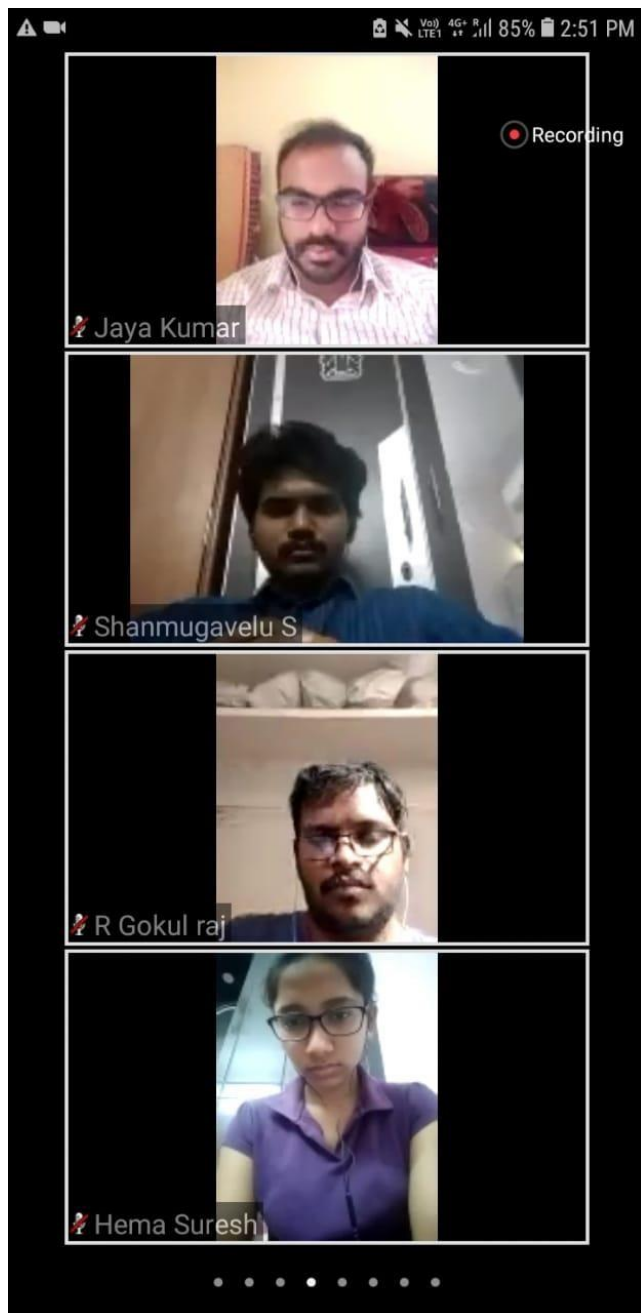
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	SUSHMITHA RAM			>
YJ	Yamini Jeyaraj			>

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REVISION TEST CONDUCTED

TOPIC	STUDENTS ATTENDED
1. Cleft and lip palate 2. Surgical orthodontics	07

20/5/20

1. Etiology of left lip & palate:

* They are Congenital defects that forms at time of birth

* Genetic Heridity Cause

→ TFEB, AP2, MSK1 are genes that have been identified as having a major role in development of left lip and left palate

→ They affect Morphing process of ~~permanence~~ by altering factors, or growth factors.

→ Identification of potential genes that are responsible for left lip & palate are done by 3 techniques:

- Linkage
- Association
- Animal models

* Environment:

- Factors divided into :-
 - womb environment
 - External environment
 - Nutrition drugs.

may:-

1) Define surgical orthodontics, classify the major & minor procedures. Describe one major & minor each in detail.

Surgical orthodontics refers to surgical procedures carried out as an adjunct to or in conjunction with orthodontic treatment.

Classification:-

Major procedures:-

* orthognathic surgeries.

* Cosmetic surgeries.

* Surgical corrections in cleft lip & palate.

Minor procedures:-

* Extractions:-

→ Therapeutic extraction.

→ Serial extraction.

→ Carious teeth.

→ Malformed teeth.

→ Supernumerary teeth.

→ Impacted teeth.

* Surgical uncovering of teeth.

* Frenectomy.

* Pericision.

* Corticotomy.

ASSIGNMENT

* Path of closure :-

- Is movement of mandible from rest position to habitual occlusion.

Evaluate :-

• Forward path of closure :-

→ occurs in patient with ^{mild} skeletal and premolar edge to edge incisor contact.

→ Such patients, mandible is guided to a more forward position to allow mandibular incisors to go labial to upper incisor.

• Backward path of closure :-

→ class II, div. 2 exhibit premature incisor contact due to retroclined maxillary incisors.

→ Thus, mandible guided posteriorly to establish occlusion.

• Lateral path of closure :-

→ Lateral deviation of mandible to left or right side is associated with occlusal prematurities and a narrow maxillary arch.

Orthodontics:

Short Note:

1. Etiology of cleft lip and palate:

Cleft lip and palate are believed to occur due to genetic and environmental factors. Many reasons

1. Heredity

Heredity has long been considered an important etiologic factor for cleft lip and palate.

Transforming growth factor alpha (TGFA), transforming growth factor beta 3 (TGFB₃), AP₂ and MSX, are genes that have been identified as having a major role in the development of cleft lip and cleft palate.

Potential genes that are responsible for cleft lip and palate are done by three techniques. They are.

1. Linkage.
2. Association
3. Animal model.

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S.No	Date	Clinical discussion topic	Faculty	No of students participated
1	21.05.2020	Premature primary tooth loss and space analysis	Dr. Sonu jain	06

21.05.2020

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























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	R Gokul raj	  >
	Revanth Kumar	  >
	Saravanakumar Subramani...	  >
	Shanmugavelu S	  >
	Sriharika Raavi	  >
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	Yamini Jeyaraj	  >

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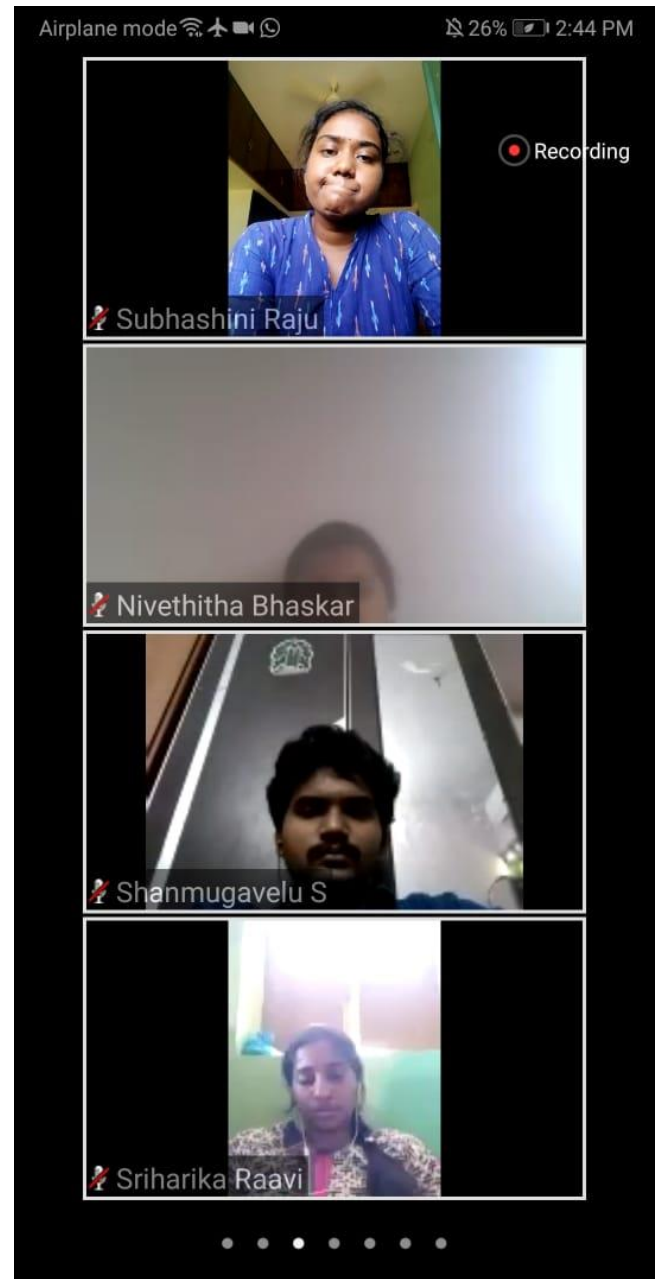
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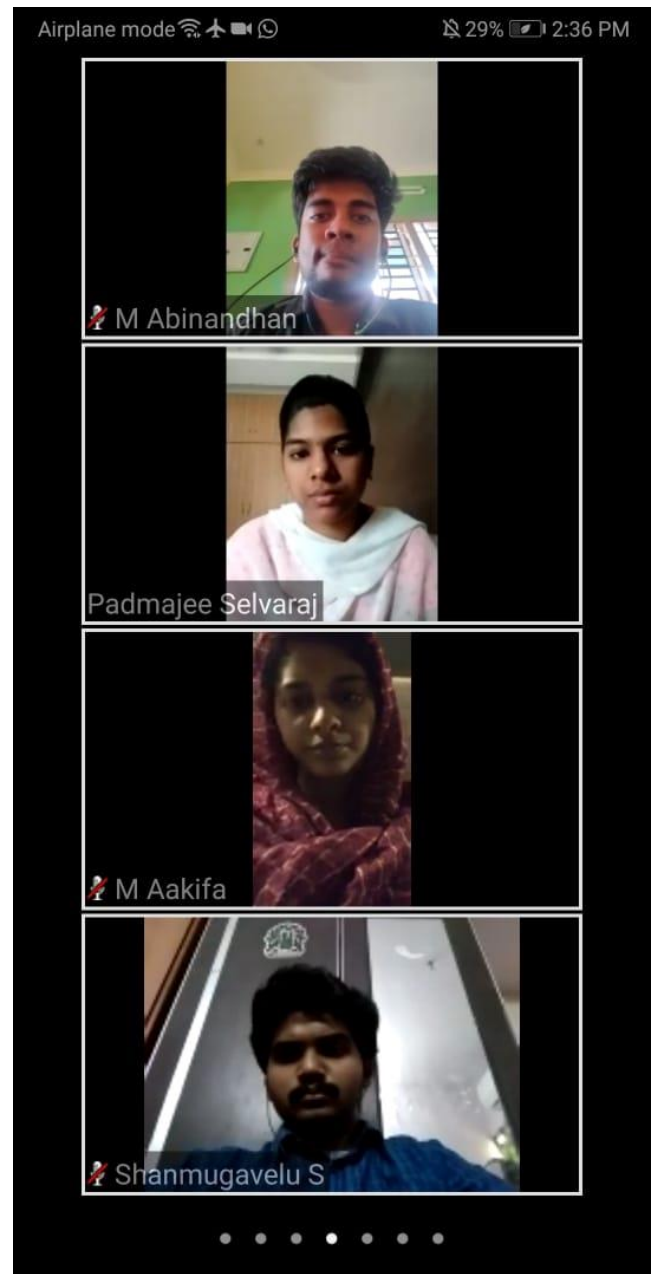
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	Sonu Jain	  >
	Aamina Afra	  >
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	M Abinandhan	  >
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Yamini Jeyaraj

R Gokul raj

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Subhashini Raju

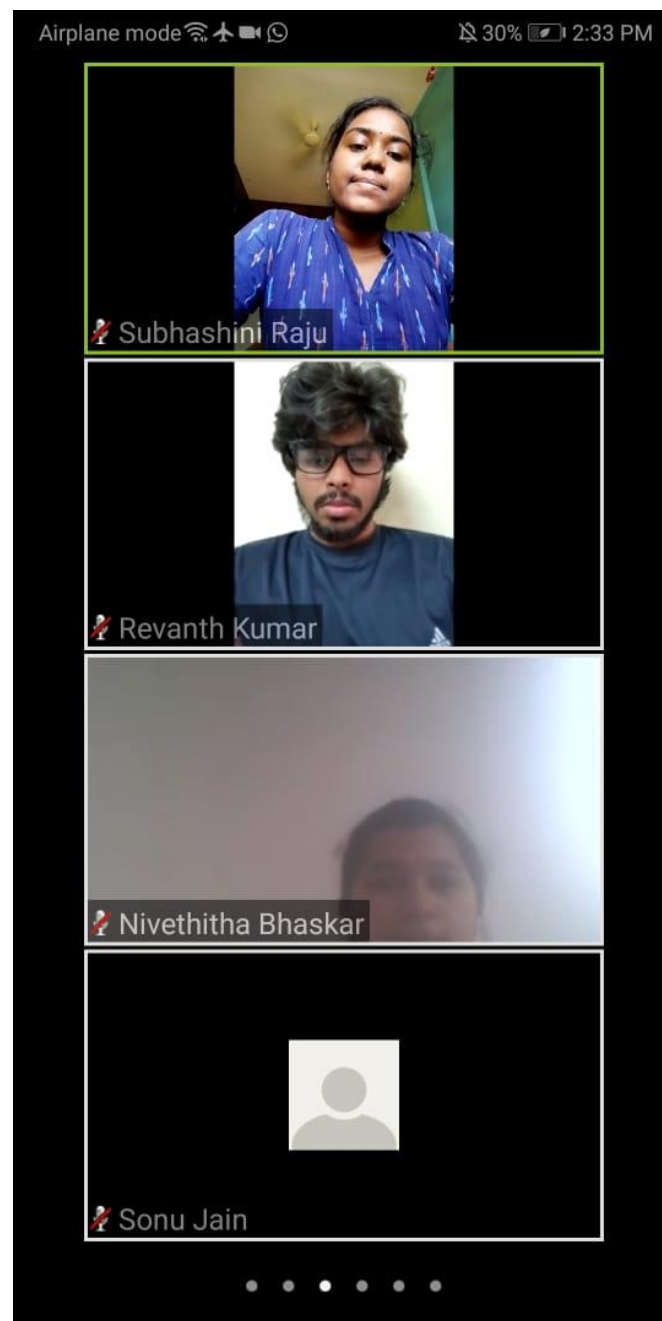
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21.05.2020

REVISION TEST CONDUCTED

TOPIC	STUDENTS ATTENDED
Classification of Malocclusion and etiology of malocclusion	06

ESSAY.

1.) Etiology of Malocclusion.

Definition Malocclusion:

An occlusion in which there is mal-relationship between the arches in any of the planes of space or in which there are anomalies in tooth position beyond the limits of normal.

Classification of etiology of Malocclusion:

- 1.) Meyer's classification
- 2.) White and Gardner's classification
- 3.) Proffit's classification
- 4.) Graber's classification -

⇒ Meyer's classification

- Heredity
- Trauma
- Physical Agents
- Habits
- Diseases
- Malnutrition
- Developmental Defects of unknown

ETIOLOGY OF MALOCCLUSION:-

SYNOPSIS

Definition of malocclusion

Classification

- Moyer's

- White & Gordiner's

- Graber's
 ↳ Genetic factors
 ↳ Local factors.

Definition:

Malocclusion is defined as any deviation from the ideal occlusion.

Ideal occlusion: It is a pre-conceived theoretical concept of occlusal structural & functional relationship that include idealized principles & characteristics that an occlusion should have.

MOYER'S CLASSIFICATION OF ETIOLOGY OF MALOCCLUSION.

1. Heredity:

Neuromuscular system

Bone

teeth

soft parts.

2. Developmental defects of unknown origin.

3. Trauma

Prenatal trauma and birth injuries.

Postnatal trauma.

21/5/20

Orthodontics

1) Drawbacks of Angle's Classification:

- * Angle considered malocclusion only in the antero-posterior plane. He did not consider malocclusion in the transverse and vertical planes.

- * Angle considered the first permanent molars as fixed points in the skull. But this is not found to be so.

- * The classification cannot be applied if the first permanent molars are extracted or missing.

- * The classification cannot be applied to the deciduous dentition.

- * The classification does not differentiate between skeletal and dental malocclusion.

- * The classification does not highlight the etiology of the malocclusion.

- * Individual tooth malpositions have not been considered by Angle.

21/5/20

Topic: Classification of Malocclusion
and etiology of Malocclusion.

Short Notes:

① Drawbacks of Angle's classification of malocclusion?

- 1 * Angle has classified the malocclusion only on the basis of Antero-posterior plane and not in transverse / vertical planes.
- 2 * He determined the maxillary 1st molar as a fixed key point.
- 3 * When the 1st permanent molars are extracted, this classification is not applicable.
- 4 * This classification is given only for the permanent dentition and cannot be applied to deciduous dentition.
- 5 * It does not tell about the etiology of malocclusion.
- 6 * It does not differentiate skeletal and dental malocclusion.

Essay:-

① Etiology of Malocclusion.

Malocclusion:

An occlusion in which there is mal-relationship between the arches in any of the space (or) in which there are anomalies in tooth position beyond the limits of normal.

Classification of Etiology of Malocclusion

- * Moyer's classification.
- * White & Gardner's classification.
- * Proffit's classification.
- * Graber's classification.

① Moyer's classification.

- * Heredity
- * Trauma
- * Physical Agents
- * Habits
- * Disease
- * Malnutrition
- * Developmental defects of unknown origin.

21/5/2020

ORTHODONTICS

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Short Note

1. Drawbacks of Angle's classification.

- Angle considered malocclusion only in the antero posterior plane. He did not consider malocclusions in the transverse & vertical plane.
- Angle considered the first permanent molars as fixed point in the skull. But this is not found to be so.
- The classification cannot be applied to the deciduous dentition.
- The classification cannot be applied if the permanent 1st molars are extracted (or) missing.
- This classification does not differentiate between skelatal & dental malocclusion.
- Individual tooth malpositions have not been considered by Angle.
- The classification does not highlight the etiology of malocclusion.

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**Theory
Class**




























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1	22.05.2020	Space maintainers	Dr. Raavisri harika	Dept of Orthodontics	07

22.05.2020

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Close **Participants (20)**
































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AA	Aamina Afra	  >
AE	ACHSAH EVANGELIN	  >
	Annamalai Orthodontist	  >
J	Janani	  >
MA	M Aakifa	  >
	M Abinandhan	  >
	P vishanth	  >
	Padmaiee Selvarai	  >

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	Revanth Kumar	  >
	Saravanakumar Subramani...	  >
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SJ	Sonu Jain	   >
	SUSHMITHA RAM	  >
	Thouseef Ahmed	  >
YJ	Yamini Jeyaraj	  >

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22.05.2020

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SUSHMITHA RAM

Saravanakumar Subramanian

Prema Anbarasu

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Sonu Jain

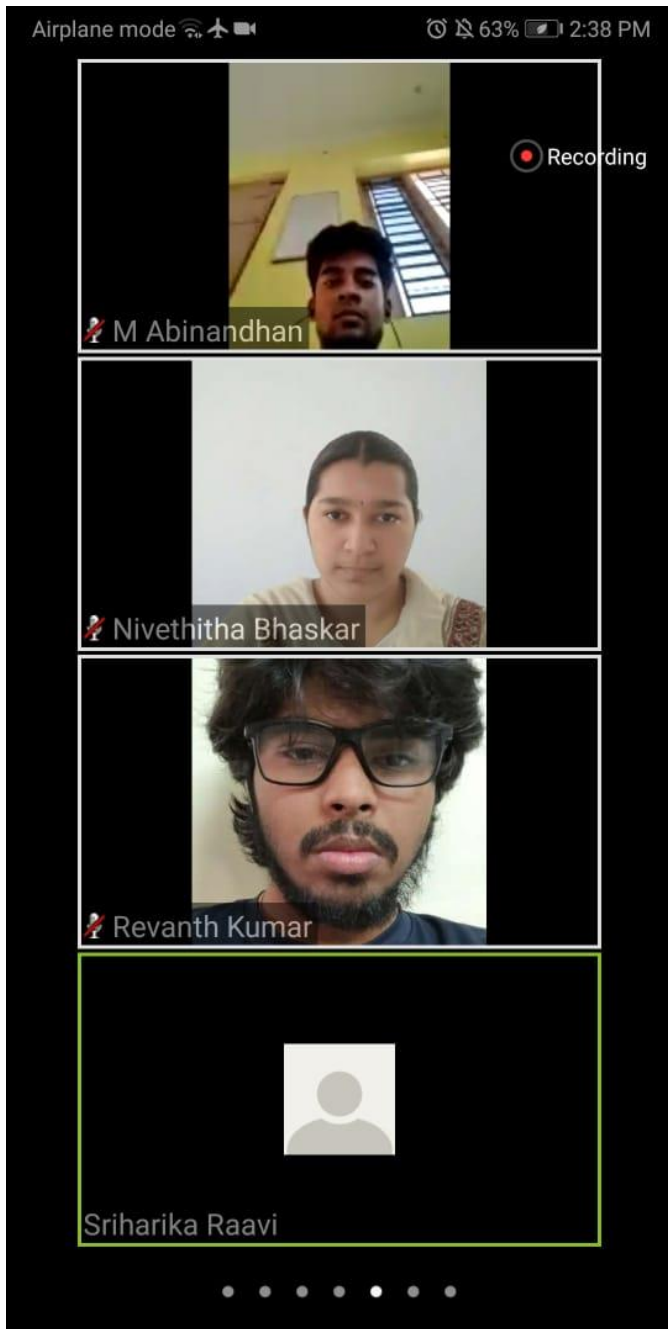
Nivethitha Bhaskar

ACHSAH EVANGELIN

Annamalai Orthodontist

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22.05.2020



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Shanmugavelu S

Aamina Afra

Yamini Jeyaraj

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Sriharika Raavi

SUSHMITHA RAM

R Gokul raj

Prema Anbarasu

22.05.2020

REVISION TEST CONDUCTED

TOPIC	STUDENTS ATTENDED
Biology of tooth movement and fixed appliances	06

17 Orthodontic; Tooth Movement:

Synopsis

- * Introduction
- * Orthodontic tooth movement
 - Def.
 - various movements
- * Pressure tension theory
- * Conclusion.

* Introduction:

* The nature of orthodontic tooth movement, it has a bio-mechanic nature; Solely based upon stress - strain occurs in the PDL.

* Orthodontic tooth movement:

* Orthodontic tooth movement is a biological response to interference in the physiological equilibrium of the dento-facial complex by an externally applied force.

22/4/20

Topic Biology of tooth movement and
fixed appliances

② Short Notes

① Piezoelectricity

This is 1st observed by Jansen.
He is the one who suggested that bending
of bone can be cause of tooth movement.

Piezoelectric phenomenon

This states that when the

crystalline structures
deformed



electric charge is
produced.



transformation of electrons
from one crystal lattice
to other.

Source

① Collagen

② Hydroxyapatite

③ Collagen-hydroxyapatite
interface

Orthodontic Tooth movement.

It is a biological response to interference in the physiological equilibrium of the dentofacial complex by externally applied force.

Stimulus:-

Force applied to teeth for purpose causing tooth movement.

Optimum orthodontic force:

- Produces rapid tooth movement
- Minimal patient discomfort.
- The lag phase is minimum
- No marked mobility should be

- The vitality of PDL & other structures should be maintained

- Initiates maximum cellular response

- Produces frontal resorption

1. Parts of fixed appliances.

Appliance that are fixed or fitted onto the teeth by the operator and cannot be removed by patient is known as fixed appliance.

Components :

Active : Expansion

Stretch wire

Elastics

Springs

Passive : Bands

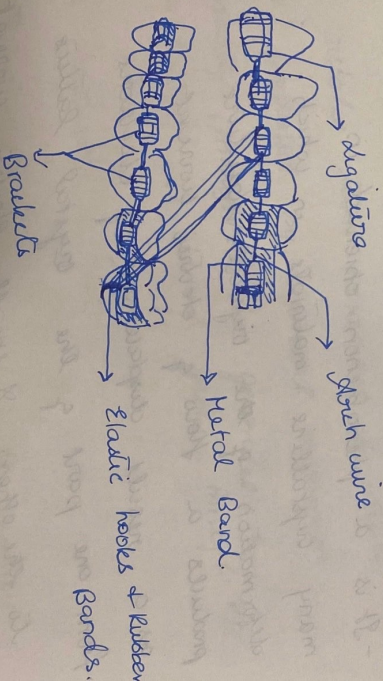
Brackets

Holder tubes

Accessories

Lock pins

— ligature wire



22/5/2020:

Short Note

1. Parts of fixed appliances.

- Orthodontic brackets.

Molar bands.

Archwires.

Elastomeric

Power chain.

Active coil

Intermaxillary elastics.

Active components.

Arch wire

Springs

Elastics

Separators

Passive components.

Brackets

Bands

Buccal tubes

Lingual attachments

Ligature wire



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

ories of Tooth movement.

Mechanism of movement of a tooth by an orthodontic force.

Theories such as:

Pressure tension theory by Schwarz.

Blood flow theory by Bain

Bone bending piezoelectric theory.

Pressure tension theory.

Tissue changes in the bone incident to orthodontic tooth movement.

According to Schwarz whenever a tooth is subjected to an orthodontic force, it results in areas of pressure & tension.

**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL
ORTHOPAEDICS**

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

**Theory
Class**




























S.No	Date	Seminar topic	Presenter	Faculty	No of students participated
1	23.05.2020	Mild to moderate crowding	Dr. Shanmugavelu	Dept of Orthodontics	08

23.05.2020

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Close **Participants (21)**






























Search

SR	Subhashini Raju (me)	  >
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	Shanmugavelu S	  >
	Aamina Afra	  >
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	Annamalai Orthodontist	  >
D	Dharunya	  >
J	Janani	  >
MA	M Aakifa	  >
	M Abinandhan	  >
PV	P vishanth	  >

Chats Invite

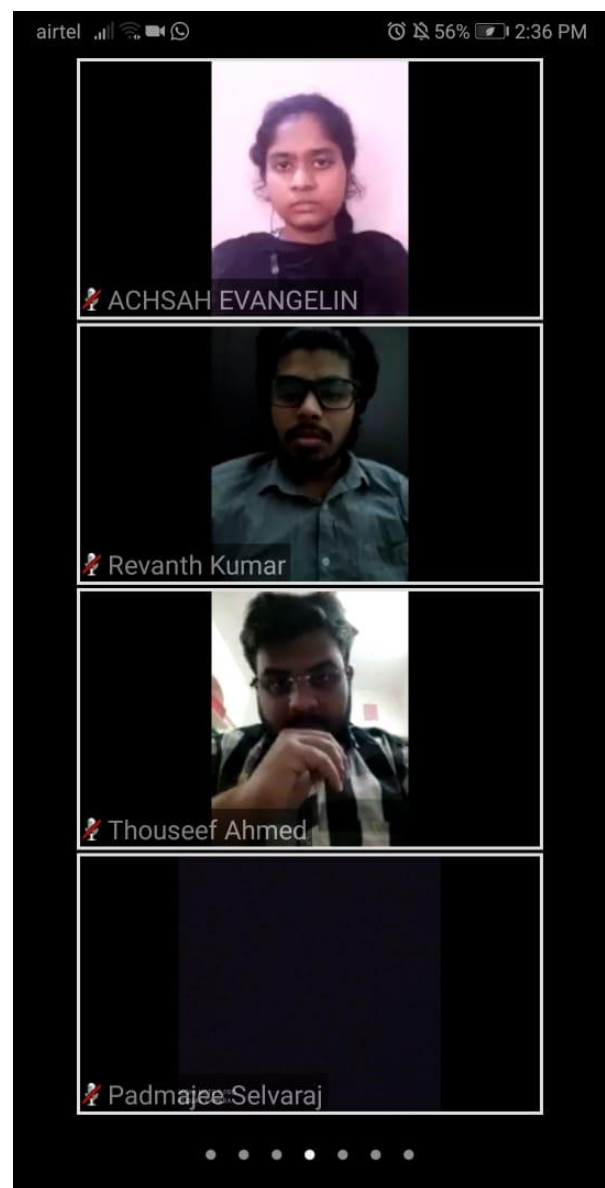
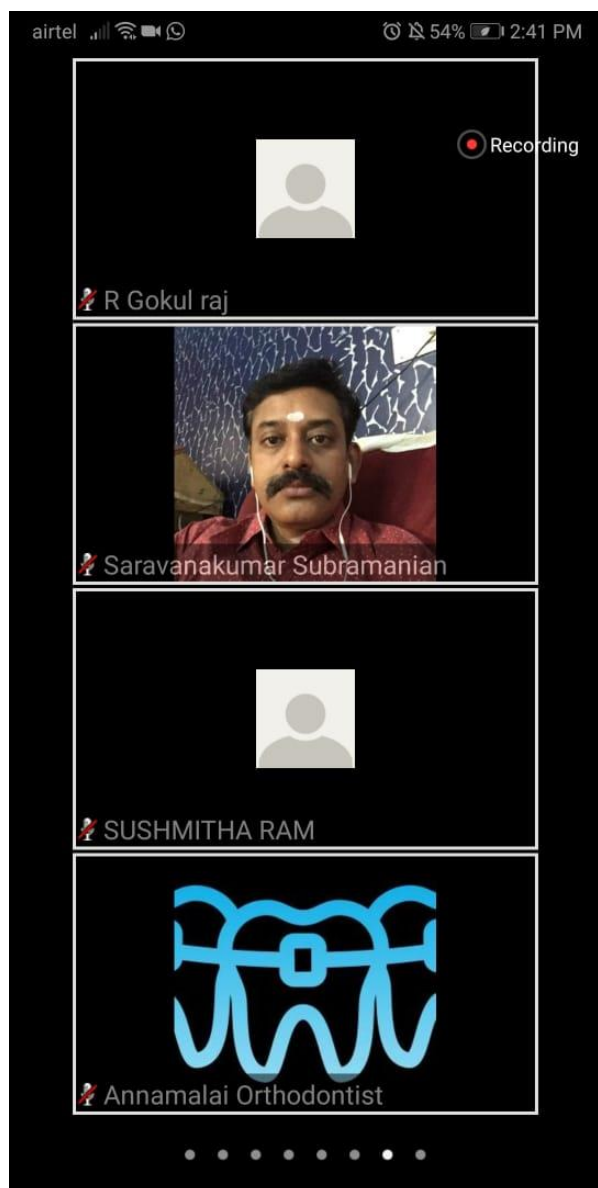
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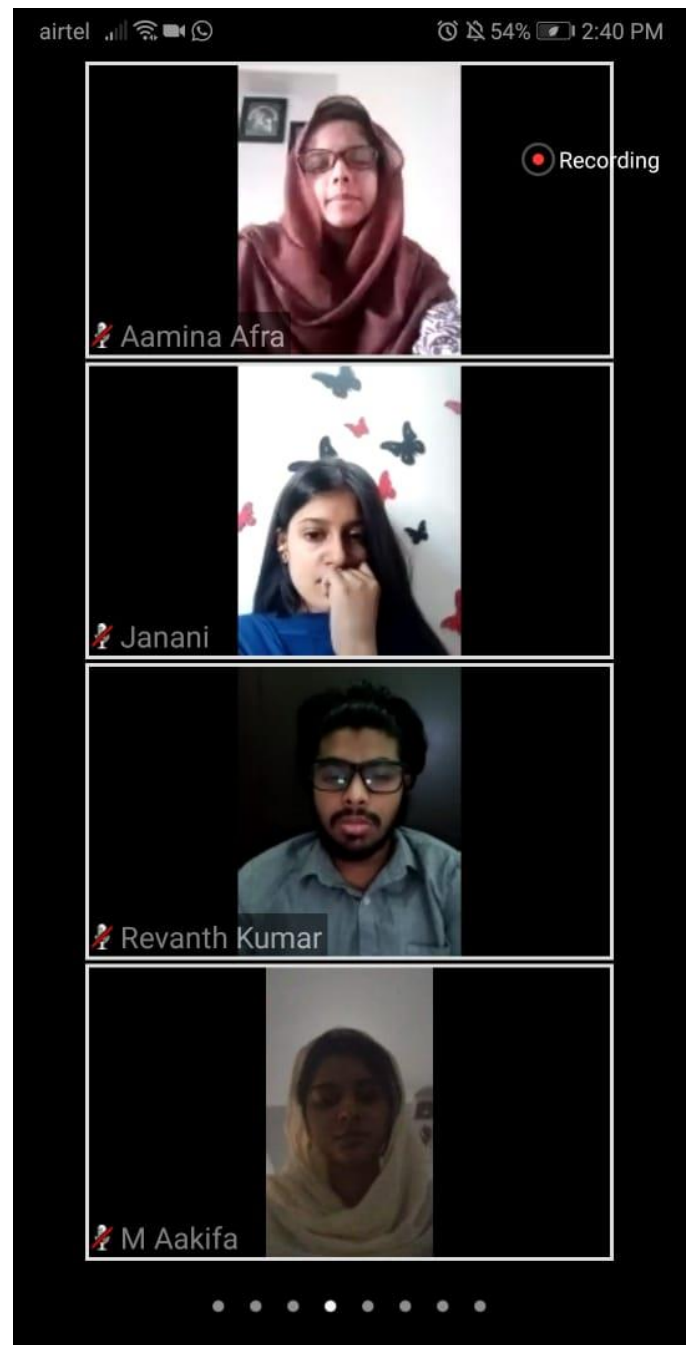
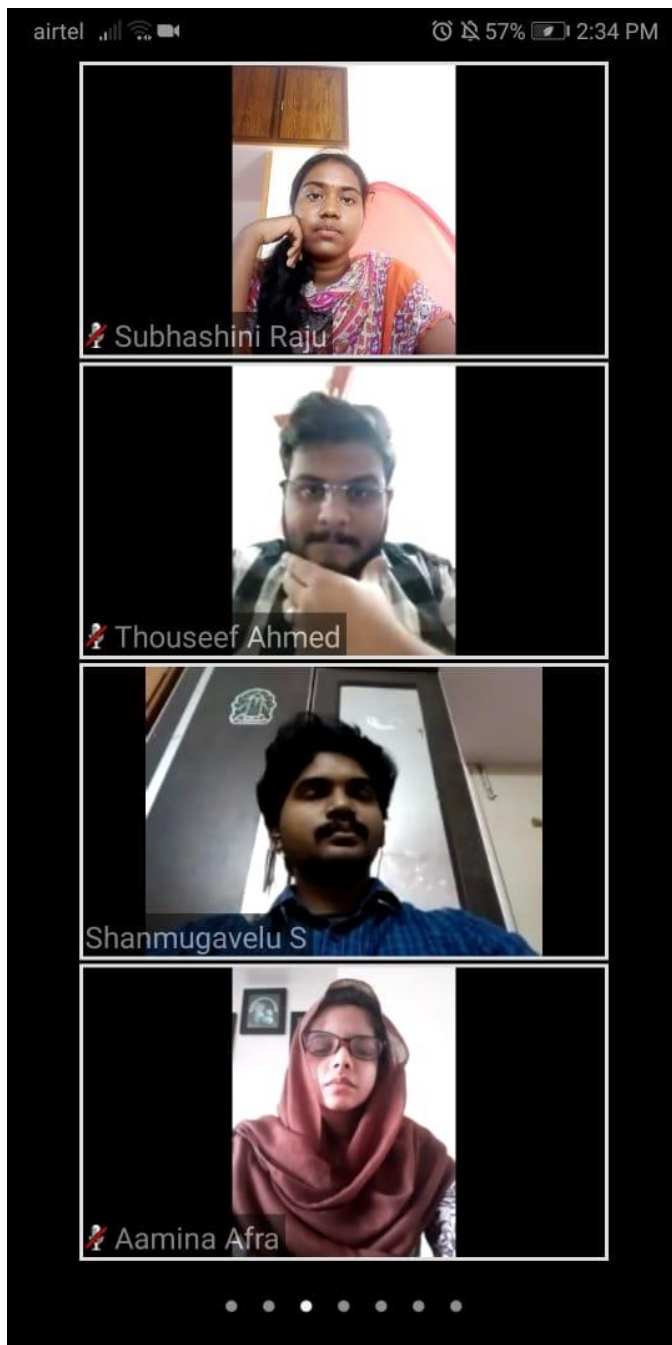
	P vishanth	  >
	Padmajee Selvaraj	  >
	Prema Anbarasu	  >
RG	R Gokul raj	  >
	Revanth Kumar	  >
	Saravanakumar Subramani...	  >
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YJ	Yamini Jeyaraj	  >

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23.05.2020



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23.05.2020

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Recording

Sonu Jain

Yamini Jeyaraj

Dharunya

ACHSAH EVANGELIN

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Recording

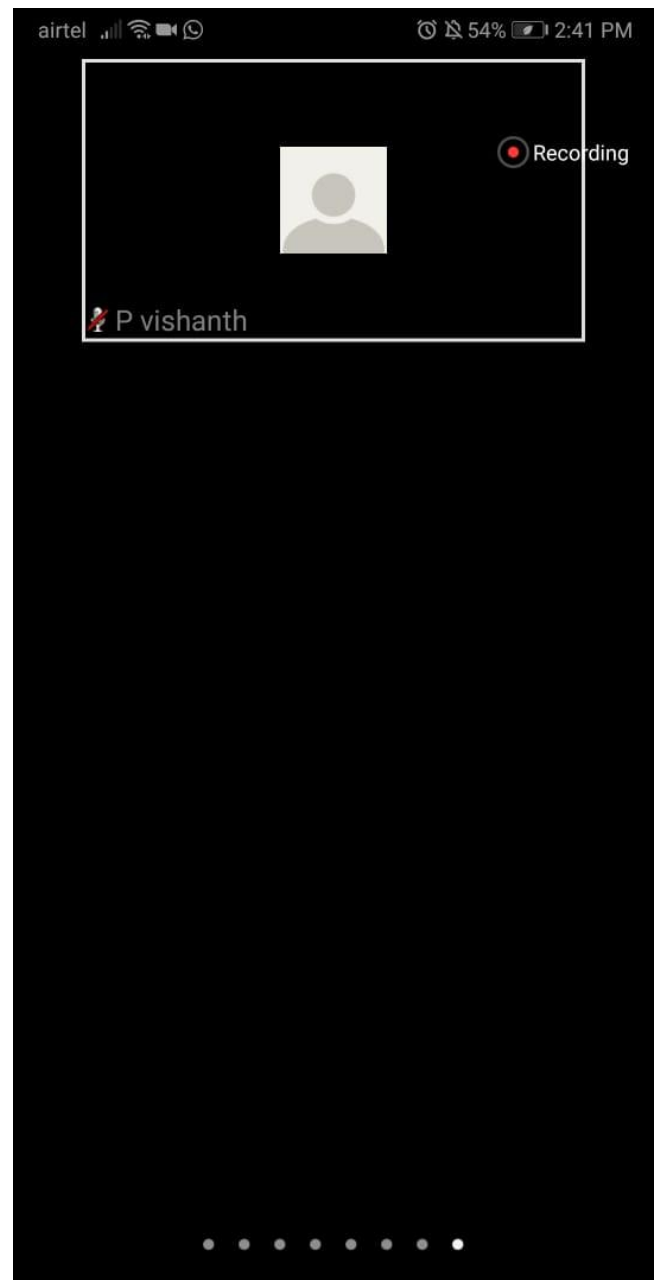
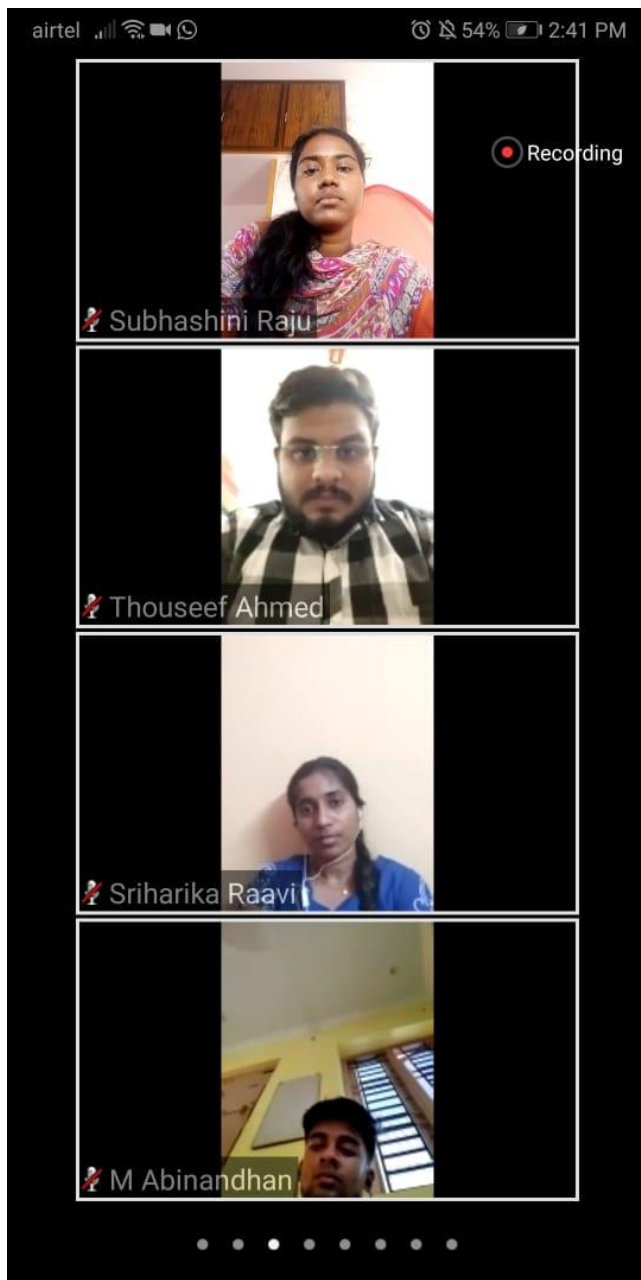
Padmajee Selvaraj

Nivethitha Bhaskar

Shanmugavelu S

Prema Anbarasu

23.05.2020



23.05.2020

REVISION TEST CONDUCTED

TOPIC	STUDENTS ATTENDED
Removable appliance and Biomechanics	06

1. Essay.

1. Removable Appliance :-

Removable appliance is the one that can be inserted and removed from the oral cavity according to the patients will.

Parts.

* Active Component.

* Springs Bows retainers Elastic

Retentive components.

↓
Various clasps.

* Base plate.

Removable appliances

↓
Single force

↓
Crown

↓
Hence tipping of the tooth around its centre of resistance

Contra indicated :-

* Bodily translation

* Derotation

* Uprighting of teeth.

Uses - Many also used along with the fixed appliance.

- Retention after fixed appliance treatment

23/3/20

Orthodontics Assignment-3

1) Removable appliance:

Synopsis

- * Introduction
- * Removable appliance - Def.
- * Parts of Removable appliance.
- * Principles of designing a removable appliance.
- * Conclusion.

* Introduction:

* The removable nature of the appliance makes it possible for the patient to maintain good oral hygiene during orthodontic therapy. In addition, the appliance can be kept clean by the patient.

* Removable appliance - Def.

* Removable appliances are orthodontic devices which can be taken out by the patient for cleaning and which are designed to apply forces

23/5/20

Topic: Biomechanics and
Removable appliance

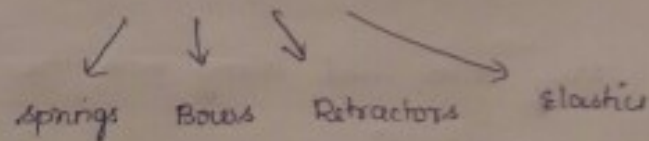
I Essay:

① Removable appliance:

Removable appliance is the one that can be inserted and removed from the oral cavity according to patient's will.

Parts:

* Active component



* Retentive component

↓
various clasps

* Base plate

Ortho Test

I Essay :-

list parts of a removable appliance and write in detail about principles of designing a removable appliance?

Components of Removable Appliance :-

- * Active Components.
- * Retentive Components.
- * Acrylic Base plate.
- * Anchorage.

→ Active Component :

— Spring, screw, elastics.....

→ Retentive Components :

— Clasp (Adam's, C-clasp, Ball & Clasp, Lingual extension clasp.)

→ Acrylic base plate.

* Active Component :-

• Screws

- Uni-dimensional screws
- Bi-dimensional screws.

• Wire Springs

- Finger spring.
- Z-spring.
- Canine retractor,
- Short Labial arch.

23/10/21
I. Essay.

1. List part of a removable appliance & write in detail about principle of designing a removable appliance.

Classification of orthodontic appliances.

Mechanical appliance.

- Removable appliance.
- Fixed appliance.

Myofunctional appliance.

- Removable appliance.
- Fixed appliance.

The term removable appliances means functional appliances that use the orofacial musculature.

Components

1. Active components.

- Bows
- Springs
- Retractors
- Elastics
- Screws.

