



Chettinad

Dental College & Research Institute

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
01.06.2020	Inappropriateness in cephalometrics	Dr.Balagopal	13
01.06.2020	Vertical control in orthodontics- Guest lecture	Dr.Bhadrinath	16

Zoom Meeting 40-Minutes

Baala Gopal's Zoom Meeting

Meeting ID: 716 5899 6956

Host: Baala Gopal

Password: 12345

Invite Link: <https://us04web.zoom.us/j/71658996956?pwd=bWNHek4wcklSQ0pDM0twT09KMUJtdz09>

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Participant ID: 129776

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"A scientific study of the me



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Participants (13)

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- Navin N (Me)
- BG Baala Gopal (Host)
- AN Anitha Nallusamy
- Nivethitha Bhaskar
- PA Prema Anbarasu
- Priya Darshini
- Priyanga Ravi
- RG R Gokul raj
- SM Sagaya Mary
- Saravanakumar Subramanian
- Somya Wilson
- SUSHMITHA RAM
- Yamini Jeyaraj

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ENG IN 10:03 AM 6/1/2020

Zoom Meeting 40-Minutes

00:30:39 Speaker View

Anitha Nallusamy	Navin N	Sagaya Mary	R Gokul raj	Nivethitha Bhaskar
Somya Wilson	Baala Gopal	Priya Darshini	Yamini Jeyaraj	Saravanakumar Subramanian
SUSHMITHA RAM	Prema Anbarasu	Priyanga Ravi		

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Participants Chat Share Screen Record Reactions

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ENG IN 10:13 AM 6/1/2020



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Zoom Meeting 40-Minutes You are viewing Baala Gopal's screen View Options

Prema Anbarasu and SUSHMITHA RAM have been invited.

INAPPROPRIATENESS OF CEPHALOMETRICS

-S BAALAGOPAL
PG 1 YEAR
DEPT OF ORTHODONTICS

Participants: 11 Chat Share Screen Record Reactions Leave

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ENG IN 9:59 AM 6/1/2020

Participants: Saravanakum..., Navin N, R Gokul raj, Baala Gopal, Yamini Jeyaraj, Anitha Nallus..., Priyanga Ravi, Sagaya Mary, Nivethitha Bh..., Somya Wilson

Zoom Meeting 40-Minutes You are viewing Baala Gopal's screen View Options

00:17:13 Speaker View

WHAT IS CEPHALOMETRICS?

- "The scientific measurement of the bones of the cranium and face,utilizing a fixed,reproducible position for lateral radiographic exposure of skull and facial bones"—Moyers
- "A scientific study of the measurements of the head with relation to specific reference points;used for evaluation of facial growth and development,including soft tissue profile"-- Grabers

Participants: 12 Chat Share Screen Record Reactions Leave

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ENG IN 10:00 AM 6/1/2020

Participants: Saravanakum..., Navin N, R Gokul raj, Baala Gopal, Yamini Jeyaraj, Anitha Nallus..., SUSHMITHA ..., Priyanga Ravi, Sagaya Mary, Nivethitha Bh...



Zoom Meeting 40-Minutes

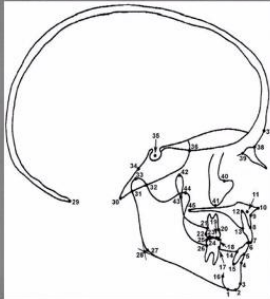
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00:22:29

Speaker View

45 LANDMARK SCHEME



Anitha Nallusamy



Navin N

Priyanga Ravi

Sagaya Mary

R Gokul raj

Nivethitha Bh...



Baala Gopal



Somya Wilson

Priya Darshini



Yamini Jeyaraj

Saravanakum...

SUSHMITHA ...

Prema Anbarasu

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Participants 13

Chat

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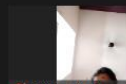
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MOYERS 4 TERMS

- ✓ Fabrication
- ✓ Camouflage
- ✓ Confusion
- ✓ Subtraction

These are Moyers' terms for 4 of the systematic ways in which the conventional cephalometrics of his day would "misinform," would mismanage the data even after the images had been (inappropriately) reduced to landmark point locations already.



Anitha Nallus...

Navin N

Priyanga Ravi

Sagaya Mary

R Gokul raj

Nivethitha Bh...

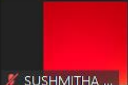


Baala Gopal



Somya Wilson

Priya Darshini



Yamini Jeyaraj

Saravanakum...

SUSHMITHA ...

Prema Anbarasu

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Zoom Meeting

00:23:27

MOYERS 4 TERMS

- Fabrication
- Camouflage
- Confusion
- Subtraction

These are Moyers' terms for 4 of the systematic ways in which the conventional cephalometrics of his day would "misinform," would mismanage the data even after the images had been (inappropriately) reduced to landmark point locations already.



Anitha Nallusamy	Navin N	Priyanga Ravi
Sagaya Mary	R Gokul raj	Nivethitha Bh...
Somya Wilson	Baala Gopal	Priya Darshini
Yamini Jeyaraj	Saravanakum...	SUSHMITHA ...
Prema Anbarasu		

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ENG 10:06 AM
IN 6/1/2020

Zoom Meeting

00:25:03

CONCLUSION

- In this modern time, with bioinformatic face recognition operating via digital cameras all around, it is high time we renewed our attention to this imbalance. If clinical orthodontics needs new tools of high-dimensional pattern recognition, now, is an excellent time to construct the new data structures and analytic approaches that would move us closer to that end.
- We hope that the new cephalometrics will spur craniofacial science to a much-needed sophistication of measurement for the most stubborn outstanding problems.



Anitha Nallusamy	Navin N	Priyanga Ravi
Sagaya Mary	R Gokul raj	Nivethitha Bhaskar
Somya Wilson	Baala Gopal	Priya Darshini
Yamini Jeyaraj	Saravanakumar ...	SUSHMITHA RAM

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ENG 10:08 AM
IN 6/1/2020



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 Zoom Meeting



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Navin N's Personal Meeting Room


Meeting ID 942 393 2361

Host Navin N (You)

Password ortho

Numeric Password 770993
(Telephone/Room Systems)

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- Annamalai Orthodontist
- BS Baalagopal S
- Dr. Varu
- Nivethitha Bhaskar
- PA Prema Anbarasu
- Priya Darshini
- Priyanga Ravi
- RG R Gokul raj
- SM Sagaya Mary
- Saravanakumar Subramanian
- Somya Wilson
- SUSHMITHA RAM
- Yamini Jeyaraj

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Participants (16)

Find a participant

- Navin N (Host, me)
- BS Bhadrinath Srinivasan
- AN Anitha Nallusamy
- Annamalai Orthodontist
- BS Baalagopal S
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- Saravanakumar Subramanian
- Somya Wilson
- SUSHMITHA RAM

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Zoom Meeting 40-Minutes You are viewing Bhadrinath Srinivasan's screen View Options

00:10:16 Speaker View

Vertical Control in High angle cases

Dr.S. Bhadrinath
Associate Professor
Dept. of Orthodontics
SRIHER (DU)

Bhadrinath Srin... Navin N Anitha Nallus...
Baalagopal S R. Gokul raj Somya Wilson
Nivethitha Bhask... Premia Anbar... SUSHMITHA ...
Annamalai O... Saravanakumar ... Priya Darshini
Sagaya Mary Yamini Jeyaraj Dr. Ivaru

Mute Stop Video Security Participants 15 Chat Share Screen Record Reactions End

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ENG IN 12:05 PM 6/1/2020

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Recording... 00:13:38 Speaker View

The long face syndrome which includes many types of presentations like hyperdivergent face, maxillary alveolar hyperplasia, maxillary vertical excess, anterior vertical excess of the lower face level, high angle facial type.

Bhadrinath Srin... Navin N Anitha Nallusamy
Premia Anbarasu Baalagopal S Somya Wilson Nivethitha Bh...
SUSHMITHA ... Annamalai O... Saravanakumar... Sagaya Mary
Yamini Jeyaraj Dr. Ivaru Priyanga Ravi Priya Darshini

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ENG IN 12:08 PM 6/1/2020



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Zoom Meeting 40-Minutes

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00:14:49

Speaker View

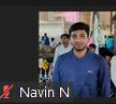


Steep Mandibular plane with
Prognathic maxilla and retrognathic mandible
Maxillary and mandibular dental/valar protrusion
Open bite
Incompetent lip relationship
A long sloping forehead, heavy glabella and supraorbital rim
Nose that is long and thin
A flattened recessive chin exhibiting muscle tension
Dolicocephalic head form and leptoprognathic facial form
Large gonial angle,
Short ramus
Small coronoid process
Antegonial notching
Long anterior face height, Short posterior face height
Long lower face height relative to the upper face height
Large cranial base angle
Steep Occlusal plane
Increased curve of occlusion
Microgenia
Narrow and long symphysis
High and narrow palate
Tooth size arch length discrepancy caused by large teeth,
Impacted teeth
Small interincisal angle

Characteristics features of
hyperdivergent growth pattern.



Bhadrinath Srin...

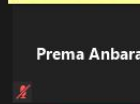


Navin N



R Gokul raj

Anitha Nallusamy



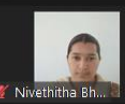
Prema Anbarasu



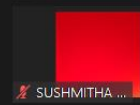
Baalagopal S



Somya Wilson



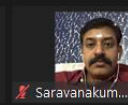
Nivethitha Bh...



SUSHMITHA ...



Annamalai O...



Saravanakum...



Sagaya Mary



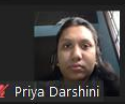
Yamihi Jeyaraj



Dr. Varu



Priyanga Ravi



Priya Darshini

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Participants 16

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Prevalence

Prevalence of long face pattern was approximately 22% of the population

Second most common reason for seeking combined orthodontic surgical treatment in United States.

The prevalence of the vertical malocclusion was highest in class III (35%)

The highest prevalence of VME occurred in the Angle Class I (50%) and Class II malocclusions (48%), followed by the Class III group (10%).

Bailey LJ, Habirvanger LH, Blakey GH, et al. Who seeks surgical- orthodontic treatment: a current review. *Int J Adult Orthodon Orthognath Surg.* 2001;14(4):280-292.

Proffit WR, Phillips C, Dunn CT. Who seeks surgical-orthodontic treatment? *Int J Adult Orthodon Orthognath Surg.* 1990;5(3):153-160.

Willems G, De Bruyne I, Verdonck A, et al. Prevalence of dentofacial characteristics in a Belgian orthodontic population. *Clin Oral Investig.* 2001;5(4):220-226.

Chew MT. Spectrum and management of dentofacial deformities in a multiethnic Asian population. *Angle Orthod.* 2006;76(5):806-809.



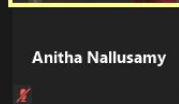
Bhadrinath Srin...



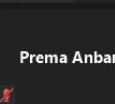
Navin N



R Gokul raj



Anitha Nallusamy



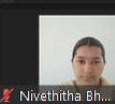
Prema Anbarasu



Baalagopal S



Somya Wilson



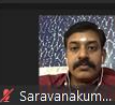
Nivethitha Bh...



SUSHMITHA ...



Annamalai O...



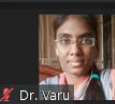
Saravanakum...



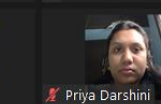
Sagaya Mary



Yamihi Jeyaraj



Dr. Varu



Priya Darshini

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Speaker View

Characteristic features in Vertical Excess Face.

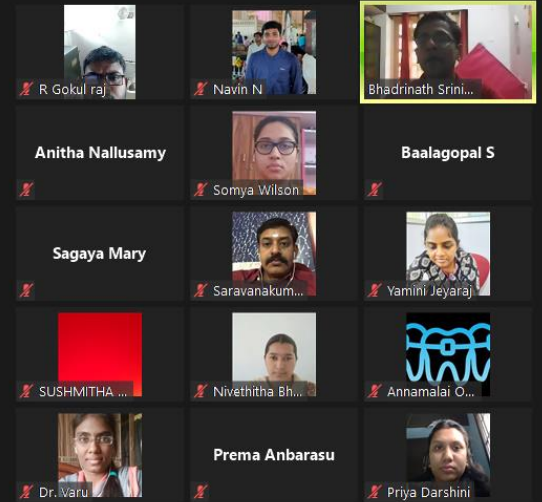
Clinical Assessment
Cephalometric Assessment

- Increased facial proportions
- Lower third of the face
- Within the lower third - evaluation of the upper part (sn-stm) and the lower part (stm-menton).
- Large interlabial gap.
- Excessive Gingival Display - not mainly because of vertical maxillary excess.

Clinical assessment

Frontal

Profile



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End

Facial pattern differences in long-faced children and adults

Henry W. Fields, D.D.S., M.S., M.S.D., William R. Proffit, D.D.S., Ph.D., W. L. Nixon, D.D.S., M.S., Ceib Phillips, Ph.D., and Ed Stanek, B.S., M.S. Chapel Hill, N. C.

Vertical facial morphology has traditionally been studied by examining subjects chosen because of open bite/overbite or mandibular plane angle. The underlying skeletal and dental morphology associated with clinical facial appearance of normal and vertically dysplastic children and adults has not been well documented. The purposes of this study were to (1) describe vertical facial morphology in long-, normal-, and short-faced children and long-faced and normal adults, and (2) identify morphologic factors associated with the clinical evaluation of long-faced and normal subjects. Forty-two children, 6 to 12 years old, and forty-two young adults with varied vertical facial types were examined clinically and separated into three vertical classifications: long, normal, or short face. Lateral cephalometric radiographs were obtained in natural head position and seven angular, eighteen linear, and six ratio measurements were made. Descriptive statistics were used to characterize all groups, and intergroup differences were compared using analysis of variance for the three child groups and the t test for the two adult groups. For both long-faced children and adults, anterior total face height, mandibular plane angle, gonial angle, and mandibuloalveolar plane angle were significantly greater than normal. Ramus height was not significantly different from normal in the children, but there was a tendency for long-faced adults to have short ramus. Excessive dentoalveolar development was evident in long-faced children but not in adults. Factors associated with the clinical identification of vertical dysplastic subjects were identified by a principal component analysis. For each component, a variable highly correlated with that component was selected. These variables were then included in a stepwise discriminant analysis. The analysis selected three variables—SN/mandibular plane angle, anterior total face height, and the ratio of anterior upper to anterior total face height. Although related, multiple morphologic factors were most helpful in explaining the clinical vertical evaluation of facial patterns.

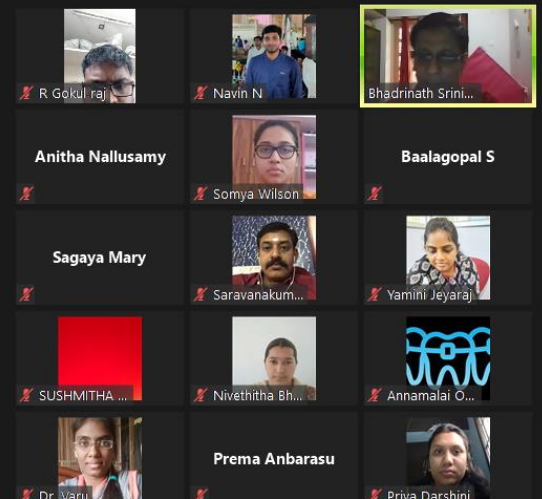
Key words: Cephalometry, facial bones, maxillofacial development, vertical dimension

Children

1. Increased posterior Dental height
2. Increased lower dental height.
3. Increased lower face height
4. Increased Gonial Angle.

Adults

1. Long face adults tend to be more retrognathic.
2. Tendency towards short ramus in adults compared to children.
3. Tendency towards excessive eruption of posterior teeth.



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00:25:15 Speaker View

Line of force should pass through the cres of molar perpendicular to occlusal plane

TAD should be placed apical to the molar.

If placed buccally , tendency towards buccal tipping due to moment of the intrusive force or Tip lingually when placed palatally.

How to counteract the rotational forces created when buccal TADs are placed.

1. By adding a palatal implant interdentally
2. By adding a palatal implant in midpalatal raphae and attaching echain from the TPA to implant
3. By adding a TPA with the arm attached gingivally on the intruding side and on contralateral side.
4. Another important method is using a hyrax frame work in the palatal side and constricting the screw slowly to counteract the buccal tipping.

Participants: Bhadrinath Srinivasan, Navin N, R. Gokul raj, SUSHMITHA ..., Yamini Jeyaraj, Priya Darshini, Sagaya Mary, Baalagopal S, Somya Wilson, Priyanga Ravi, Anitha Nallusamy, Dr. Varu, Saravanakum..., Nivethitha Bh...

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Zoom Meeting

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00:33:12

Effects of molar intrusion

Local

- 1.No changes in healthy tissues
2. Crown root ratio of teeth are not altered
3. But alveolar bone may be angulated or parallel to CEJ
4. If proper PDL health is not maintained during treatment pocket formation can occur.
5. No negative effects on maxillary sinus or mandibular canal.
6. There can be periodontal problems where there is reduced width of attached gingiva especially in the mandibular second molar region.

Skeletal effects

1. Autorotation
2. Decrease in facial height
3. Decrease in mandibular plane angle
4. Reduction in lower gonial angle.

Participants: Bhadrinath Srinivasan, Navin N, R. Gokul raj, SUSHMITHA ..., Yamini Jeyaraj, Priya Darshini, Sagaya Mary, Baalagopal S, Somya Wilson, Priyanga Ravi, Anitha Nallusamy, Dr. Varu, Saravanakum..., Nivethitha Bh...

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00:31:20 Speaker View

Q: If you want to intrude the molars, which side should you intrude?

A > Usually, Maxilla
because of the stability & convenience of the miniscrew fixation

B-1 > Steep Occlusal Plane Angle; Mandible
steepening the the occlusal plane further, it might interfere the balance among the incisal, cuspal and condylar guidance

B-2 - Lack of Incisor showing; Mandible
better to intrude lower molars to preserve upper incisor display in the patients with insufficient amount of upper incisor showing

B-3 > Lack of sufficient overjet; Mandible
for the simultaneous retraction of the lower dentition and intrusion of lower molars subsequent to counter-clockwise rotation of the mandible

C > Severe cases where maximal closure of the mandibular plane angle is needed; Double intrusion

Best outcome with significant reduction of mandibular angle - molar intrusion + extraction of posteriors + mesial migration of posteriors.

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00:01:49 Speaker View Exit Full Screen

Maxillary Impaction

Orthognathic surgery effects on maxillary growth in patients with vertical maxillary excess

Frank J. Moysa, DDS, MS, Peter H. Buschang, MA, PhD, and Larry M. Wolford, DDS
Jello, Texas

This study assesses the effects of superior repositioning of the maxilla by LeFort I osteotomy on adolescent maxillary growth. A total of 48 patients, 23 who were stabilized with rigid fixation (RF) and 25 stabilized with wire fixation (WF), were compared with closely matched unoperated controls. Comparisons were made for the pre-surgical intervals (2.3 years for RF and 1.3 years for WF group) and post-surgical intervals (1.8 years for RF and 2.3 years for the WF group). Lateral cephalograms were evaluated to describe the pre-surgical and post-surgical spatial changes of the maxilla. During the pre-surgical interval, there were no significant differences in vertical or horizontal maxillary growth between the WF group and their controls. Although vertical growth changes were similar, the RF group showed slightly more than expected posterior movement of the upper incisor during the pre-surgical interval. During surgery, the maxilla was advanced approximately 2 mm and impacted approximately 2 mm. After surgery, there were no statistically significant differences in vertical maxillary growth between the two surgical and control groups. Horizontally, the RF group showed maxillary stability, whereas the WF groups showed posterior movement. It is concluded that multiple piece LeFort I osteotomy has little or no effect on vertical maxillary growth; rigid fixation provides superior long-term anteroposterior stability compared with wire fixation. (Am J Orthod Dentofac Orthop 1997;111:288-96.)

1. Multiple piece, LeFort I osteotomy has little or no effect on post-surgical vertical maxillary growth.
2. Rigid fixation appears to provide superior long-term anteroposterior stability compared with skeletal wire fixation.
3. Patients and families anticipating adolescent surgery to correct VME should be informed that future surgery could be necessary to correct problems that may develop.

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E-Teaching/Learning sessions for Post Graduate


Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
02.06.2020	Importance of history taking	Dr.Sagaya marry	16

 Zoom Meeting 40-Minutes

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Mary's Zoom Meeting

Meeting ID	775 9965 2370
Host	Sagaya Mary
Password	12345
Invite Link	https://us04web.zoom.us/j/77599652370?pwd=aURxbTJ1dU50Qm0yay9KM3BjTmZtUT09  Copy Link
Participant ID	169255

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Find a participant

SM	Sagaya Mary (Host)		
AN	Anitha Nallusamy		
	Annamalai Orthodontist		
BS	Baalagopal S		
	Dr. Varu		
	Joshua Stalin		
	Nivethitha Bhaskar		
PA	Prema Anbarasu		
PD	Priya Darshini		
	Priyanga Ravi		
RG	R Gokul raj		
	Saravanakumar Subramanian		
	Sriman Vishnu		
	SUSHMITHA RAM		
	Yamini Jeyaraj		

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78 Ps 2 ENG IN 9:43 AM 6/2/2020 32

Participants (16)

Find a participant

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SM	Sagaya Mary (Host)		
AN	Anitha Nallusamy		
	Annamalai Orthodontist		
BS	Baalagopal S		
	Dr. Varu		
	Joshua Stalin		
	Nivethitha Bhaskar		
PA	Prema Anbarasu		
PD	Priya Darshini		
	Priyanga Ravi		
RG	R Gokul raj		
	Saravanakumar Subramanian		
	Sriman Vishnu		
	SUSHMITHA RAM		

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78 Ps 2 ENG IN 9:43 AM 6/2/2020 32














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Zoom Meeting 40-Minutes

Remaining Meeting Time: 09:27

00:28:00

Speaker View

 Sriman Vishnu	 Navin N	 R Gokul raj	 Dr. Varu
Anitha Nallusamy	Sagaya Mary	Baalagopal S	 SUSHMITHA RAM
Priya Darshini	 Priyanga Ravi	 Nivethitha Bhaskar	 Joshua Stalin
 Annamalai Orthodontist	 Yamini Jeyaraj	 Saravanakumar Subra...	Prema Anbarasu

Unmute Start Video Participants Chat Share Screen Record Reactions

Leave

Zoom Meeting 40-Minutes

You are viewing Sagaya Mary's screen

View Options












00:10:10

Speaker View

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IMPORTANCE OF CASE HISTORY

Dr. Sagaya Mary
Dept of orthodontics
CDCDRI

 Sriman Vishnu	 Navin N	 Sagaya Mary
Baalagopal S	Anitha Nallusamy	 SUSHMITHA ...
R Gokul raj	Priya Darshini	 Dr. Varu
 Priyanga Ravi	 Nivethitha Bh...	 Joshua Stalin
 Annamalai O...	 Yamini Jeyaraj	 Saravanakum...

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ENG IN 9:42 AM 6/2/2020



Zoom Meeting 40-Minutes

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View Options

00:11:19

Speaker View

INTRODUCTION

- ▶ In orthodontic diagnosis it is important not only to assess the patients dental health condition also to concentrate on the overall status of the patient to arrive at a better diagnosis and proper treatment planning
- ▶ Requires a broad overview of patients situation and must take into consideration both objective and subjective findings
- ▶ Practice of problem oriented approach

Sriman Vishnu	Navin N	R Gokul raj	Sagaya Mary
Baalagopal S	Anitha Nallusamy	SUSHMITHA ...	Priya Darshini
Dr. Varu	Priyanga Ravi	Nivethitha Bh...	Joshua Stalin
Annamalai O...	Yamini Jeyaraj	Saravanakum...	Prema Anbarasu

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00:13:09

Speaker View

HISTORY TAKING

It is the eliciting and recording all the relevant information from the patient and the parents that might be necessary for examination, diagnosis and treatment planning

- Chief concern
- Medical and dental history
- Physical growth status
- Motivation and behavioral factors

Sriman Vishnu	Navin N	R Gokul raj	Anitha Nallus...
Sagaya Mary	Baalagopal S	SUSHMITHA ...	Priya Darshini
Dr. Varu	Priyanga Ravi	Nivethitha Bh...	Joshua Stalin
Annamalai O...	Yamini Jeyaraj	Saravanakum...	Prema Anbarasu

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Zoom Meeting

Recording

00:14:15

To obtain patient's chief concern..

Patient Name: _____ Date: _____

Are you interested in: (Please indicate all that apply)

Treatment at this time
(Consideration of previously received or conflicting information)

If your child's teeth were to be changed, how would you like them changed?

Upper teeth: ☐ Forward/Backward
Lower teeth: ☐ Forward/Backward
Space: ☐ Open up because gaps show too much
Crowd: ☐ Straighten crowded teeth
Shape: ☐ Upper/Lower
Improves the appearance of shaped/crowned/stained/dark-pointed teeth

Do you realize that growth has a strong influence on the success of orthodontic treatment?

Yes: ☐ No: ☐ Yes

Is it likely that your son or daughter will be an early maturer or late maturer?

Early: ☐ Late: ☐ Yes

How tall do you think this child will be when growth is completed? _____ inches

Are you aware that orthodontic treatment can to some extent alter facial appearance?

Yes: ☐ No: ☐ Yes

If any features of the face could be changed, what would you like to see:

Upper lip: ☐ Forward/Backward
Lower lip: ☐ Forward/Backward
Upper jaw: ☐ Forward/Backward
Lower jaw: ☐ Forward/Backward
Teeth: ☐ Larger/Smaller/Different Shape
Nose: ☐


Would you prefer that facial appearance NOT be discussed in front of your child?


Yes: ☐ No: ☐ Yes


Is there any significant family history of jaw or teeth problems?

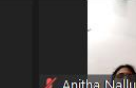
Are you interested in improving the appearance of the teeth at this time even if more treatment will be needed later? Yes: ☐ No: ☐ Yes


Signature: _____ Relationship to Patient: _____

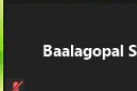

Sriman Vishnu

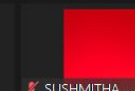

Navin N

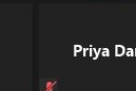

R Gokul raj



Anitha Nallus...



Sagaya Mary



Baalagopal S



SUSHMITHA ...

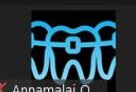

Priya Darshini



Dr. Varu



Priyanga Ravi

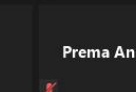

Nivethitha Bh...


Joshua Stalin


Annamalai O...


Yamini Jeyaraj


Saravanakum...


Prema Anbarasu

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

Present health status



Previous health problems



Recent hospitalization


Allergies - To drugs or materials



Long term medications



Immunizations

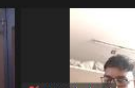

H/o blood transmission

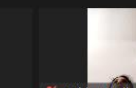

Recent rapid growth

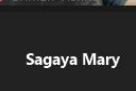
	Yes	No	?
a. Problems at birth			
b. Heart murmur			
c. Heart disease			
d. Pneumonia			
e. Asthma			
f. Sickle cell anemia			
g. Bleeding/hemophilia			
h. Blood transfusion			
i. Hepatitis			
j. AIDS or HIV+			
k. Tuberculosis			
l. Liver disease			
m. Kidney disease			
n. Diabetes			
o. Arthritis			
p. Cancer			
q. Cerebral palsy			
r. Scurvy			
s. Asthma			
t. Chert lip/palate			
u. Speech or hearing problems			
v. Eye problems/contact lenses			
w. Skin problems/contact lenses			
x. Translucency/denture problems			
y. Sleep problems			
z. Emotional/behavior problems			
aa. Radiation therapy			
bb. Growth problems			
cc. Attention deficit disorders			
dd. Osteoporosis/bisphosphonates			

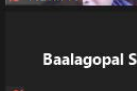

Sriman Vishnu

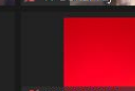

Navin N

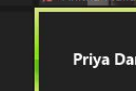

R Gokul raj



Anitha Nallus...

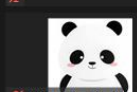

Sagaya Mary

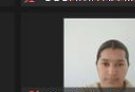

Baalagopal S



SUSHMITHA ...



Priya Darshini

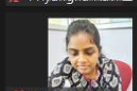

Dr. Varu



Priyanga Ravi

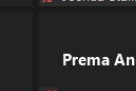

Nivethitha Bh...


Joshua Stalin


Annamalai O...


Yamini Jeyaraj


Saravanakum...


Prema Anbarasu

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BODY DYSMORPHIC DISORDER

Intensely negative emotional response to a minimal or non-existent defect in patients appearance

CHARACTERISTICS :

- Multiple consultations
- Anxiety
- Socially isolated
- Emotional volatility

COMPLICATIONS :

- Unnecessary treatment / surgeries
- Suicide

TREATMENT :

- Behavioral therapy
- SSRI's

Sriman Vishnu	Navin N	R Gokul raj	Anitha Nallusamy
Sagaya Mary	Baalagopal S	SUSHMITHA ...	Priya Darshini
Dr. Varu	Priyanga Ravi	Nivethitha Bh...	Joshua Stalin
Annamalai O...	Yamini Jeyaraj	Saravanakum...	Prema Anbarasu

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Participants 16

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BEHAVIORAL EVALUATION

MOTIVATION

- MOTIVATION
- COOPERATION
- EXPECTATION

INTERNAL

Internal motivation comes from within the individual and is based on his or her own assessment of the situation and desire for treatment

EXTERNAL

External motivation by pressure from other individuals as parent or friends

Sriman Vishnu	Navin N	R Gokul raj	Anitha Nallusamy
Sagaya Mary	Baalagopal S	SUSHMITHA ...	Priya Darshini
Dr. Varu	Priyanga Ravi	Nivethitha Bh...	Joshua Stalin
Annamalai O...	Yamini Jeyaraj	Saravanakum...	Prema Anbarasu

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Participants 16

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Dental College & Research Institute

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS


E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
03.06.2020	Boltons analysis	Dr.Navin.N	15



Navin N's Personal Meeting Room

Meeting ID	942 393 2361
Host	Navin N
Password	55555
Invite Link	https://us04web.zoom.us/j/9423932361?pwd=a1pEeTQwU3RrOEVmOUNHWWE83Rk0wQT09  Copy URL
Participant ID	340220

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Participants (15)

Find a participant

SM Sagaya Mary (Me)

Navin N (Host)

AN Anitha Nallusamy

Annamalai Orthodontist

BS Baalagopal S

Dr. Varu

Nivethitha Bhaskar

PA Prema Anbarasu

PD Priya Darshini

Priyanga Ravi

RG R Gokul raj

Saravanakumar Subramanian

Sriman Vishnu

SUSHMITHA RAM

Invite

Unmute Me

Raise Hand

Participants (15)

Find a participant

Navin N (Host)

AN Anitha Nallusamy

Annamalai Orthodontist

BS Baalagopal S

Dr. Varu

Nivethitha Bhaskar

PA Prema Anbarasu

PD Priya Darshini

Priyanga Ravi

RG R Gokul raj

Saravanakumar Subramanian

Sriman Vishnu

SUSHMITHA RAM

Yamini Jeyaraj

Invite

Unmute Me

Raise Hand



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Zoom Meeting 40-Minutes

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BOLTONS ANALYSIS

BY NAVIN.N
DEPT.OF ORTHODONTICS
CDCRI

Navin N

Sagaya Mary

R Gokul raj

Priya Darshini

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ENG 11:00 03-06-2020

Zoom Meeting

 Joshua Stalin	Sagaya Mary	 Navin N	R Gokul raj	Priya Darshini
Baalagopal S	 Piyangha Ravi	Anitha Nallusamy	 Nivethitha Bhaskar	 Sriman Vishnu
 Yamini Jeyaraj	 SUSHMITHA RAM	 Annamalai Orthodontist	 Saravanakumar Subramani...	 Dr. Varu

Type here to search

ENG 11:10 03-06-2020



Recording

- Over the years, to account and be aware of this proportion, several methods have been suggested to assess the interarch tooth size relationship (Bolton, 1968, 1962; Kesling, 1945; Neff, 1949, 1957), but Bolton's ratios have become widely applied in orthodontics research.

A systematic review and meta-analysis on Bolton's ratio: Normal occlusion and malocclusion, Valeria Machado, João Botelho, Paulo Mascarenhas, José João Mendes and Ana Delgado, Journal of Orthodontics 1-23, 2019.

Prema Anbarasu

Sagaya Mary

Anitha Nallusamy

R Gokul raj

Priya Darshini

Baalagopal S



Priyanga Ravi



Nivethitha Bhas...



Sriman Vishnu



Yamini Jeyaraj



SUSHMITHA RA...



Annamalai Orth...



Saravanakumar...



Dr. Varu



Navin N

Recording

ANTERIOR TOOTH RATIO

- The ratio of the percentage relationship of mandibular anterior width to the maxillary anterior width.

The anterior ratio is determined using the following formula:

$$\text{Anterior ratio} = \frac{\text{Sum of mandibular 6}}{\text{Sum of maxillary 6}} \times 100 = 77.2$$

Bolton WA. Disharmony in tooth size and its relation to the analysis and treatment [2] of malocclusion. Angle Orthod. 1968;28:113-30.

Prema Anbarasu

Sagaya Mary

Anitha Nallusamy

R Gokul raj

Priya Darshini

Baalagopal S



Priyanga Ravi



Nivethitha Bhas...



Sriman Vishnu



Yamini Jeyaraj



SUSHMITHA RA...



Annamalai Orth...



Saravanakumar...



Dr. Varu



Navin N



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DRAWBACKS OF BOLTON'S ANALYSIS

- First, these studies had a potential selection bias since the population was not specified, particularly concerning race, ethnicity and gender.
- Second, although the author has stated that his ratios were based on 55 cases 'where excellent occlusions existed', 44 models were from patients who underwent orthodontic treatment and only 11 were untreated (Bolton, 1958).

A systematic review and meta-analysis on Bolton's ratios: Normal occlusion and malocclusion, Vanessa Machado, João Botelho, Paulo Mascarenhas, José João Mendes and Ana Delgado, Journal of Orthodontics 1-23, 2019



Prema Anbarasu

Sagaya Mary

Anitha Nallusamy

R Gokul raj

Priya Darshini

Baalagopal S



Priyanga Ravi



Nivethitha Bh...



Sriman Vishnu



Yamini Jeyaraj



SUSHMITHA ...



Annamalai Or...



Saravanakum...



Dr. Varu



Navin N

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CLINICAL RELEVANCE OF BOLTON'S ANALYSIS

Disharmony between the width of upper and lower teeth can be improved by

1. Extractions
2. Inter proximal stripping
3. Expansion procedures, if it can be performed, in selective cases, depending on the cortical plate thickness and age
4. In some cases, by increasing the mesio distal tooth size of the disproportionate tooth



Prema Anbarasu

Sagaya Mary

Anitha Nallusamy

R Gokul raj

Priya Darshini

Baalagopal S



Priyanga Ravi



Nivethitha Bh...



Sriman Vishnu



Yamini Jeyaraj



SUSHMITHA ...



Annamalai Or...



Saravanakum...



Dr. Varu



Navin N



Recording

EXCESSIVE MESIODISTAL TOOTH MATERIAL



MAXILLARY ARCH-Causes

1. Increased overjet
2. Increased overbite
3. Crowding in the maxillary arch
4. Spacing in the mandibular arch
5. Linguo version/Retroclination of upper incisor
6. Labio version/Proclination of Lower incisor

Prema Anbarasu

Sagaya Mary

Anitha Nallusamy

R Gokul raj

Priya Darshini

Baalagopal S



Priyanga Ravi



Nivethitha Bh...



Sriman Vishnu



Yamini Jeyaraj



SUSHMITHA ...



Annamalai Or...



Saravanakum...



Dr. Varu



Navin N

Recording

MANDIBULAR ARCH-Causes



1. Reduced overjet
2. Reduced overbite
3. Crowding in the mandibular arch
4. Spacing in the maxillary arch
5. Linguo version/Retroclination of lower incisor
6. Labio version/Proclination of upper incisor

Prema Anbarasu

Sagaya Mary

Anitha Nallusamy

R Gokul raj

Priya Darshini

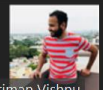
Baalagopal S



Priyanga Ravi



Nivethitha Bh...



Sriman Vishnu



Yamini Jeyaraj



SUSHMITHA ...



Annamalai Or...



Saravanakum...



Dr. Varu



Navin N



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ACTIVATOR

Viggo Andreasson (1908; Denmark)

- ❖ Biomechanical working retainer
- ❖ Norwegian appliance
- ❖ Functional Jaw orthopaedics

Participants: 84 Chat: 2 Share Screen Pause/Stop Recording Reactions Leave

Grid of participants:

Priyanga Ravi	Sagaya Mary	Neha Naomi	Prema Anbarasu
Tamil Selvan	Harish P.	Kishan Kumar	Priyanga.V
Sruthi S	Ragavi vijayan	Prasanth	M. Thouseef ...
Hema Suresh	Priya Darshini	Pavithra laksh...	Yuvarani Mut...
Sureka Varath...	Balah Edward	Achsah Evang...	Sowmya Nata...

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CLASS III APPLIANCE

❖ Bionator III / Reverse Bionator

Participants: 83 Chat: 2 Share Screen Pause/Stop Recording Reactions Leave

Grid of participants:

Jaya Kumar	Shivani Sivaram...	Sureka Varatharaj	Vikraman J
Achsah Evang...	Pavithra lakshm...	Gautham B	Meghana Jayad...
Akshayaa Sha...	Namarrathaa ...	Aamina Afra	Harish Raghav
Balaji Ragavan	M Aakifa	shruthi priya	Adithi Karthik
SUSHMITHA ...	Yamini Jeyaraj...	Annamalai Orth...	Saravanakum...



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E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
04.06.2020	Royal dental spacing-Part 1	Dr.Anitha	16
04.06.2020	Royal dental spacing-Part 2	Dr.Varalakshmi	16

Zoom Meeting 40-Minutes



Recording

Anitha Nallusamy's Personal Meeting Room

Meeting ID 622 465 6491

Host Anitha Nallusamy

Password 12345

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Participants (22)

Find a participant

	Joshua Stalin		
	Kokila S K		
	Naresh Boobalan		
	Nivethitha Bhaskar		
	Priya Darshini		
	Priyanga Ravi		
	R Gokul raj		
	Raghul maran Manimaran		
	Rinshi Fasal		
	Sagaya Mary		
	Saravanakumar Subramanian		
	Somya Wilson		
	Sriman Vishnu		
	SUSHMITHA RAM		
	Yamini Jeyaraj		

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99+

ENG IN 9:41 AM 6/4/2020

Participants (22)

Find a participant

	Navin N (Me)		
	varalakshmi Dr (Host)		
	Anitha Nallusamy		
	Akshaya Narayanan		
	Baalagopal S		
	Deepika L		
	Iswarya srinivasan		
	Joshua Stalin		
	Kokila S K		
	Naresh Boobalan		
	Nivethitha Bhaskar		
	Priya Darshini		
	Priyanga Ravi		
	R Gokul raj		
	Raghul maran Manimaran		

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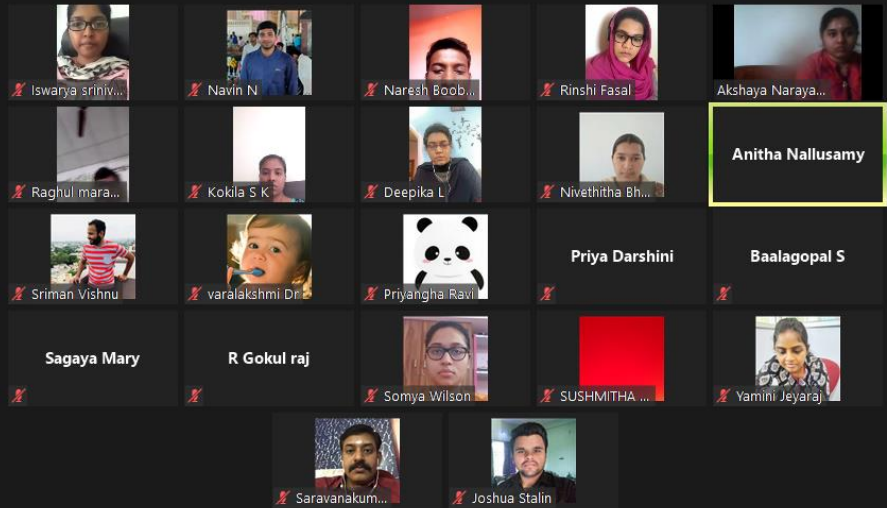
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Participants 22

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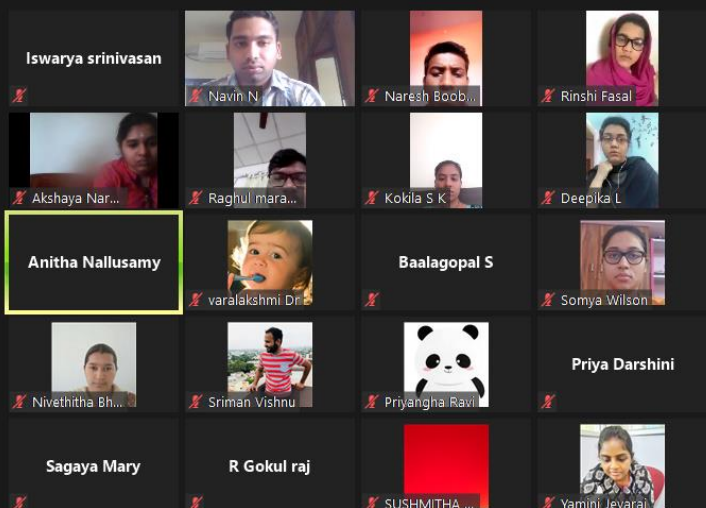
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00:12:57

Objective of space planning

- 1) To ensure a disciplined approach to treatment planning
- 2) To define whether the objectives are attainable and modify them if necessary
- 3) To anticipate a shortage of anchorage or excess of space
- 4) To decide the need for extractions and choice of extractions
- 5) To plan the mechanics of anchorage control
- 6) To plan the mechanics of correction of arch relationship
- 7) To improve permanent patient information
- 8) To obtain valid informed consent



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00:19:12

Leveling Occlusal Curves

- ▶ The Wood-Johnson Wax Planing describes occlusal curves in relation to a plane from the distal cusp of the first molar to the second edge.
- ▶ Assume the depth of curve from premolar cusps to a flat plane on distal cusp of first molar and incisor.
- ▶ Allow 1 mm space for 3 mm depth of curve, 1.5 mm for 4 mm depth, and 2 mm space for a 5 mm curve (usually no allowance is necessary). If more than parallel-sided occlusal table, an equal amount is required when leveling an occlusal curve. Where the teeth are bunched, the space implications are greater.



Narash Boob...	Navin N	Rinshi Fasal	Kokila S K	Deepika L
Akshaya Nar...	Raghul mara...	Iswarya srinivasan	Nivethitha Bh...	Anitha Nallusamy
Sriman Vishnu	varalakshmi Dr	Priyanga Ravi	Priya Darshini	Baalagopal S
Sagaya Mary	R Gokul raj	Somya Wilson	SUSHMITHA ...	Yamini Jeyaraj
Saravanakum...	Joshua Stalin	Annamalai O...		

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00:24:44

Inclination (Torque)

- ▶ 1 mm space required if all 4 maxillary incisors are impacted by 1° and 0.5 mm space if only 2 teeth are affected.
- ▶ This principle does not generally apply to the lower incisors because incisors there are particularly precluded the contact points are closer to the incisal edges.



Rinshi Fasal	Navin N	Kokila S K	Akshaya Nar...	Deepika L
Raghul mara...	Narash Boob...	Iswarya srinivasan	Nivethitha Bh...	Anitha Nallusamy
Sriman Vishnu	varalakshmi Dr	Priyanga Ravi	Priya Darshini	Sagaya Mary
R Gokul raj	Somya Wilson	SUSHMITHA ...	Yamini Jeyaraj	Saravanakum...
		Annamalai O...		

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Orthodontic treatment planning should follow a detailed and accurate assessment of space requirement and anchorage needs.

Ideally, there should be a uniform, universally accepted method of measuring these components. Space assessment varies between a visual evaluation of patient records to the detailed application of measurements that apply scores to the various components of the malocclusion which either provide space or require space for their correction

Participants: 19 Chat Share Screen Record Reactions Leave

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Recording 00:11:16

ORIGINAL ARTICLE

The Royal London Space Planning: An integration of space analysis and treatment planning

Part II: The effect of other treatment procedures on space

Robert H. Kirschen, BDS, FDSRCS, MSc, MOrthRCS,* Elizabeth A. O'Higgins, BDS, FDSRCS, MSc, MOrthRCS,* and Robert T. Lee, BDS, FDSRCS, MOrthRCS*
London, UK

The Royal London Space Planning process is carried out in 2 stages. The first stage, assessing the space required to attain the treatment objectives, was described in Part I of this report, published earlier. In Part II, the process of integrating space analysis with treatment planning continues with consideration of the effects other treatment procedures have on space. These procedures include tooth enlargement or reduction, tooth extraction, the creation of space for prosthetic replacement, and mesial and distal molar movement. The effects of favorable and unfavorable growth are also considered. A brief case report is presented to demonstrate use of the Royal London Space Planning. (Am J Orthod Dentofacial Orthop 2000;118:456-61)

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Recording 00:23:13

Differential Maxillary/Mandibular Growth

Space planning requires an assessment of the difference in A/P growth between the maxilla and mandible. In the majority of cases in the permanent dentition, there will be little quantifiable difference between upper and lower anteroposterior growth during the period of treatment. The most relevant are Class II and Class III malocclusions, particularly in boys, with normal lower face heights or with forward mandibular growth rotations, and where there is a significant horizontal component of growth. In such cases, untreated Class II mandibles are observed to catch up a little during the mid to late teen years,² whereas Class III cases may become more severe.

The effect of favorable mandibular growth in some Class II patients is to reduce the overjet. However, in space planning terms, there is a paradox as the additional mandibular growth is equivalent to reducing upper arch space requirements, and a +2 mm upper arch score (1 mm per side) might be given in appropriate cases, in addition to the changes anticipated from treatment.

Conversely, the deterioration in Class III cases has no impact on the upper arch but can significantly increase the space requirement in the lower arch. Space for additional lower incisor compensation should thus be planned, (eg, -2 mm to -4 mm).

Participants: Rinshi Fasal, Navin N, Akshaya Nar..., Naresh Boob..., Kokila S K, Deepika L, Raghu mara..., Iswarya srinivasan, Nivethitha Bh..., Anitha Nallusamy, Priyangha Ravi, SUSHMITHA ..., R Gokul raj, Sagaya Mary, Srman Vishnu, varalakshmi Dr, Yamini Jeyaraj, Somya Wilson

Recording 00:28:17

Space creation/use

Tooth reduction: Record the total mesiodistal enamel reduction for each arch. This may be to reshape an individual tooth or to relieve small amounts of crowding.

Tooth enlargement: Record the space to be used by building up teeth pre-treatment, or to be created if the build up is to be undertaken post-treatment.

Extractions: Record the mesiodistal width of the permanent teeth to be extracted (excluding second and third molars). The extraction of primary teeth is not recorded except if the permanent successors are absent.

Space opening: Record any space to be created or kept in the arches for prostheses.

Molar distal change: Estimate the amount of distal movement required from molars during treatment. This frequently has to be adjusted in order to achieve a zero residue at the end of space planning. It is then necessary to assess whether the anticipated molar movements are realistic.

Molar mesial change: Estimate the anticipated forward migration of molars, either due to active appliance treatment or anchorage loss.

Differential growth: Estimate the A/P growth differences between the maxilla and mandible during treatment (not necessary for most patients). A positive upper space assessment applies to forward growing Class II cases, but a negative lower assessment applies for the creation of additional space in Class III cases where a deterioration in arch relationship is anticipated during and after treatment.

The residue should be zero in both arches. It may be necessary to adjust the treatment objectives to achieve this, but these must remain attainable and not simply manipulated in order to achieve the zero residue.

Participants: Rinshi Fasal, Navin N, Akshaya Nar..., Naresh Boob..., Deepika L, Iswarya srinivasan, Kokila S K, Raghu mara..., Nivethitha Bh..., Anitha Nallusamy, Priyangha Ravi, SUSHMITHA ..., R Gokul raj, Sagaya Mary, Srman Vishnu, varalakshmi Dr, Yamini Jeyaraj, Somya Wilson, Priya Darshini



Recording Remaining Meeting Time: 07:35 00:32:06

Table II. Guidance notes on the completion of the space planning form

Space requirements	Measure in relation to the line of arch that reflects the majority of teeth.
Crowding and spacing	Assess the depth of curve from perpendicular cusps to a flat plane on distal cusps of first molars and incisors. Only one value is given for the arch, and only if the premolars have not been assessed separately as crowded. Allow 1 mm space for 3 mm depth of curve, 1.5 mm for 4 mm depth, and 2 mm space for a 5 mm curve (usually an allowance is necessary).
Level occlusal curve	Allow 0.5 mm space for each mm posterior arch width change. An increased amount of space creation can be recorded in cases of rapid palatal expansion.
Arch width change	Allow 2 mm space for each mm change. Assess the lower arch first and then correct the upper incisors to overjet 2 mm. Applies only to auxiliary incisors. Allow 0.5 mm space for correction of each parallel sided vertical tooth (usually an allowance is necessary).
Increase A/P change	Applies only to auxiliary incisors. Allow 1 mm space for every 2° change affecting all 4 incisors, and 0.5 mm space if only 2 teeth are affected. As the space requirements are relatively small, the angulation and inclination scores are combined on the space planning form.
Angulation change	
Inclination change	

The difference between the upper and lower space requirements reflects the molar relationship unless there is an upper/lower Bolton discrepancy.

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Fig 1. Case 1, pretreatment clinical photographs.

Fig 2. Case 1, pretreatment cephalometric tracing.

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Table 1 Completed space planning form for case 1

Royal London Hospital - ORTHODONTIC SPACE PLANNING

Patient's name: _____ Date: _____

Treatment objectives:

1. Class 2 molar relationship
2. Dental alignment
3. Overbite reduction
4. Correction of molar inclination
5. Class 2 molar relationship

Space requirements:


- = = Space available or gained
- = = Space required or lost

	LOWER	UPPER
Crowding and spacing	-15 mm	-5 mm
Limiting incisor rotation	-10 mm	-10 mm
Arch width change	0 mm	15 mm
Second A-P change	10 mm	10 mm
Angle/line inclination change	0 mm	10 mm
TOTAL	0 mm	-5 mm

Space constraints/limitations in addition to any planned above

Study reduction/interference (+ or -)

	LOWER	UPPER
Extraction 30mm	+ mm	+ mm
Space opening for possible replacement	- mm	- mm
Incisor dental movement	- mm	10 mm
Molar dental movement	- mm	10 mm
Differential U/L growth (+ or -)	0 mm	10 mm
RENDER (total = 0)	0 mm	0 mm



Participants:

- Rinshi Fasal
- Navin N
- Akshaya Nar...
- Narash Boob...
- Kokila S K
- Deepika L
- Iswarya srinivasan
- Anitha Nallusamy
- Sagaya Mary
- Priya Darshini
- varalakshmi Dr
- SUSHMITHA ...
- Nivethitha Bh...
- Yamini Jeyaraj
- Priyanga Ravi
- R Gokul raj
- Raghul mara...
- Somya Wilson

Recording 00:08:14

CONCLUSION

The Royal London Space Planning process integrates space analysis with treatment planning.

The first stage quantifies the space required in each dental arch to attain the treatment objectives.

The second stage combines this information with the space implications of planned treatment procedures.

The outcome is an ability to identify whether the treatment objectives are attainable and whether the planned treatment mechanics are appropriate.

One of the strengths of the Royal London Space Planning is that it is not linked to any particular treatment philosophy or appliance technique.

Participants:

- Rinshi Fasal
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- Priyanga Ravi
- R Gokul raj
- Raghul mara...
- Somya Wilson

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DATE	TOPIC	PRESENTER	PARTIPANTS
05.06.2020	Arnett Analysis	Dr.Priyadharshini	17



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Participants (15)

Find a participant

- Navin N (Me)
- Priya Darshini (Host)
- AN Anitha Nallusamy
- BS Baalagopal S
- Dr. Varu
- Gokul Dpm
- Joshua Stalin
- PA Prema Anbarasu
- Priyanga Ravi
- SM Sagaya Mary
- Saravanakumar Subramanian
- Somya Wilson
- Sriman Vishnu
- SUSHMITHA RAM
- Yamini Jeyaraj

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00:03:06

Facial keys to orthodontic diagnosis and treatment planning

G. William Arnett, DD and Robert T. Bergman, DDS, MS.

American Journal of ORTHODONTICS and DENTOFACIAL ORTHOPEDICS
Founded in 1915 Volume 103 Number 4 April 1993

Presented by- Priyadarshini S



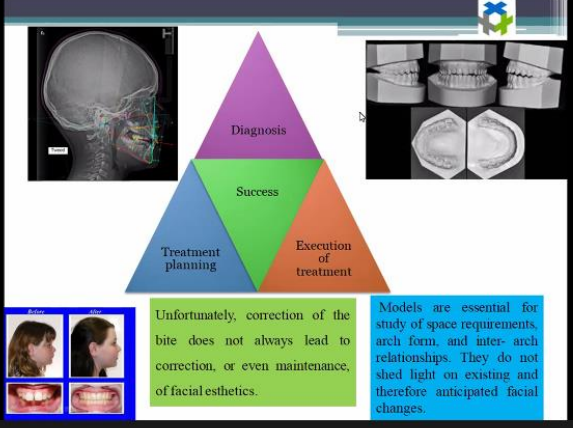
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- Priya Darshini
- Navin N
- Saravanakum...
- SUSHMITHA ...
- Annamalai O...
- Yamini Jeyaraj
- Sagaya Mary
- Dr. Varu
- Joshua Stalin
- Sriman Vishnu
- Baalagopal S
- Gokul Dpm
- Priyanga Ravi
- Anitha Nallusamy

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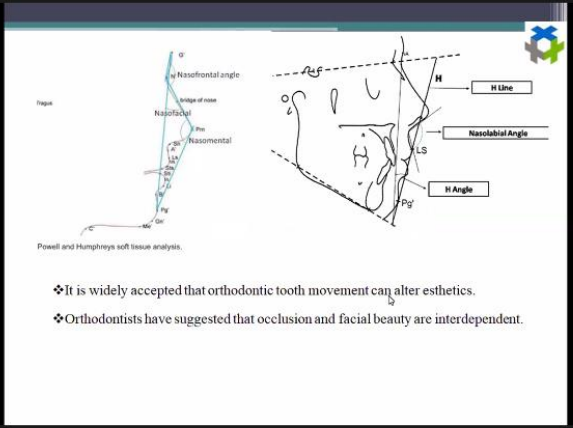


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- Annamalai Ortho...
- Yamini Jeyaraj
- Sagaya Mary
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- Dr. Varu
- Joshua Stalin
- Sriman Vishnu
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- Somya Wilson
- Anitha Nallusamy

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- Yamini Jeyaraj
- Sagaya Mary
- SUSHMITHA RAM
- Dr. Varu
- Joshua Stalin
- Sriman Vishnu
- Baalagopal S
- Gokul Dpm
- Priyanga Ravi
- Somya Wilson
- Anitha Nallusamy



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As a standard, lateral cephalometric headfilms have been used to diagnose, treatment plan and predict hard tissue and soft tissue responses to orthodontic treatment.

- Heavy reliance on cephalometry in all aspects of orthodontic treatment.
- Clinical facial examination has been subordinate to cephalometric examination in treatment planning.
- The cephalometric analysis has been used as the standard because of the ease of procuring, measuring, and comparing (superimposition) hard tissue structures and the belief that treating to cephalometric hard tissue norms results in a pleasing face.

Different views

ANGLE TWEED CASE

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00:06:55 Speaker View

Unfortunately, reliance on cephalometric analysis and treatment planning sometimes leads to esthetic problems.

- When there is an imbalance in the lip tissue thickness, facial disharmonies may be observed in the absence of dentoskeletal disharmonies.

facial curtain is more than just the underlying bone. it is also made up of muscles, fatty tissue, nerves, and blood vessels.-Hambelton

Burstone presented the idea that correcting the dental discrepancy does not necessarily treat the facial imbalance and may even cause facial disharmonies.

Drobocky studied 160 four first premolar extraction patients and concluded that "Ten to 15 percent of cases could be defined as excessively flat (dished-in) after treatment"

Participants: 14

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00:09:04 Speaker View

This article presents analyses of 19 key facial traits as an adjunctive treatment planning tool used to produce improved facial and dental results.

This method provides a tool for organization, understanding, and communication between the orthodontist, maxillofacial surgeon, and patient.

Correcting Jaw and Teeth Alignment with Orthognathic Surgery

Cosmetic problems can be optimally corrected and orthodontic tooth movements that produce esthetic decline can be avoided.

The predictability of facial results should be much better than just with cephalometric treatment and/or model guidelines.

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00:11:01 Speaker View

Important aspects of examining a patient clinically

Natural head position

Centric relation

Relaxed lip posture

Centric relation can be established as follows:

1. Patient in a 45° degree sitting position.
2. Use a warmed, double-thickness piece of pink base plate wax.
3. Guide the opening and closing to first tooth contact, nondeflected position.
4. Trim the wax bite to the buccal surfaces of the teeth.
5. Repeat step three.
6. Wash the wax bite in cold water.
7. Repeat step 3.

The relaxed lip position is obtained while the patient is in centric relation by the following methods:

1. Ask the patient to relax.
2. Stroke the lips gently.
3. Take multiple measurements on different occasions.
4. Use casual observation while the patient is unaware of being observed

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00:17:43 Speaker View

Outline form and symmetry

❖ The bigonial width is approximately 30% less than the bizygomatic dimension. Farkas " has estab-lished normal values for height and width. Tile height to width proportion is 1.3:1 for females and 1.35:1 for males.

Fig. 1: Facial height: Maxilla (H) to soft tissue menton (MR). Facial width: Bizygomatic width (BZ) to bizygomatic width (BZ). Gonion (GR) to gonion (GR).

Participants: Anitha Nallusamy, Navin N, Priya Darshini, Saravanakum..., Yamini Jeyaraj, Sagaya Mary, SUSHMITHA..., Dr. Varu, Joshua Stalin, Sriman Vishnu, Baalagopal S, Gokul Dpm, Priyanga Ravi, Somya Wilson, Prema Anbarasu

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❖ By asking the following three questions, the best treatment plan becomes apparent:

1. What is the quality (good or bad) of the existing facial traits?
2. How will the orthodontic tooth movement to correct the bite affect the existing traits (positively or nega- tively)? If orthodontic tooth movement necessary for bite correction results in unacceptable facial balance decline, surgery is indicated to avoid this negative - facial outcome (i.e., opening the nasolabial angle with upper premolar extractions, headgear and Class II elastics).
3. When surgery is necessary, which surgery (maxilla, mandible, or both) will be

Participants: Anitha Nallusamy, Navin N, Priya Darshini, Saravanakum..., Yamini Jeyaraj, Sagaya Mary, SUSHMITHA..., Dr. Varu, Joshua Stalin, Sriman Vishnu, Baalagopal S, Gokul Dpm, Priyanga Ravi, Somya Wilson

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Facial one thirds

The thirds are within a range of 55 to 65 mm, vertically.

Fig. 6. Face is divided into thirds by drawing lines through hairline (Hi), midrow (Mb), subnasale (Sn), and soft tissue menton (Me).

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00:30:55 Speaker View

Fig. 20. Throat length (TL) is assessed from neck-throat point (NTP) to soft tissue menton (Me). This distance is subjectively described as either normal, long or short length, and with or without sag.

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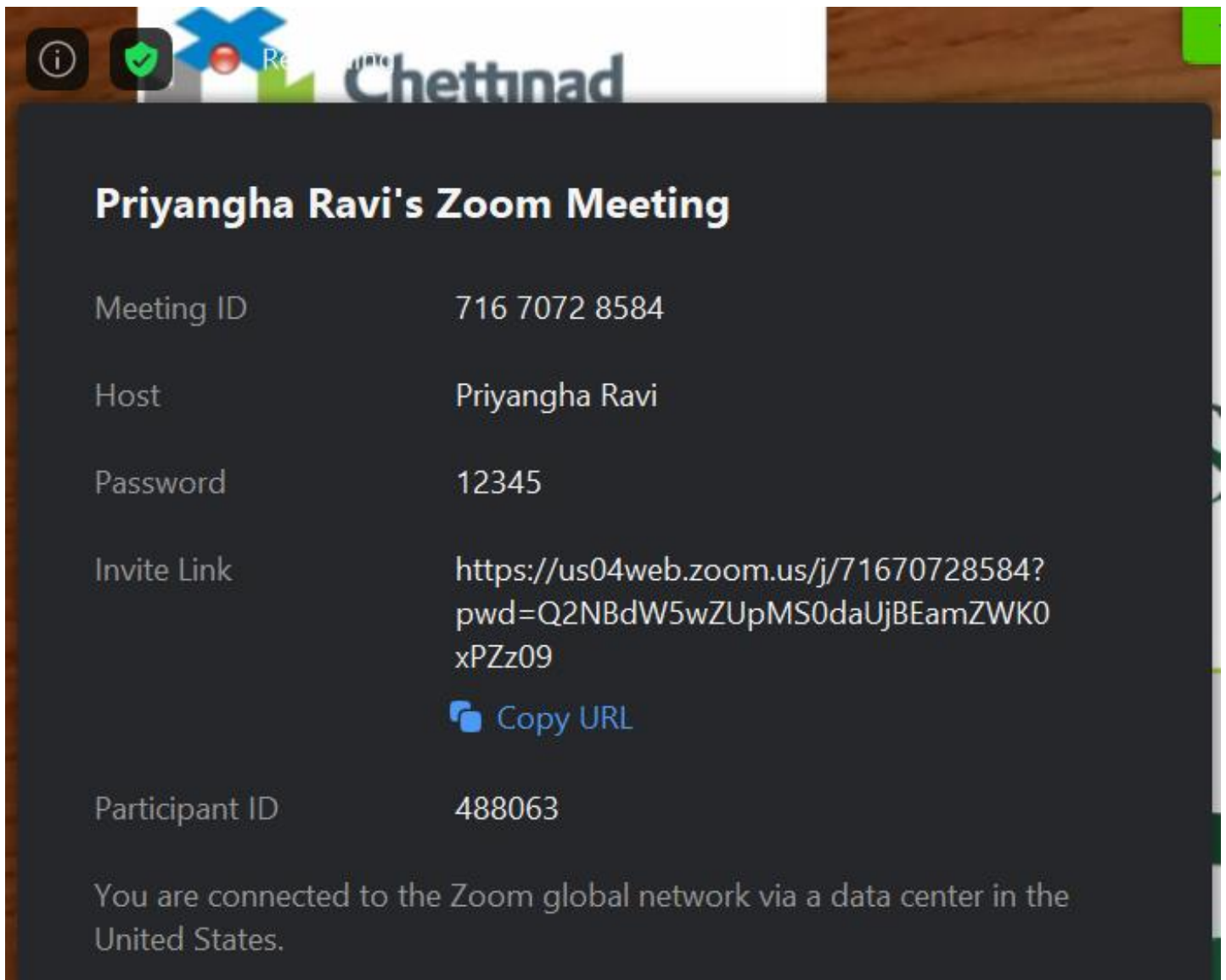
Participants: Anitha Nallusamy, Navin N, Priya Darshini, Sagaya Mary, Saravanakum..., Yamini Jeyaraj, SUSHMITHA ..., Dr. Varu, Joshua Stalin, Sriman Vishnu, Baalagopal S, Gokul Dpm, Priyanga Ravi, Somya Wilson, Prema Anbarasu

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

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DATE	TOPIC	PRESENTER	PARTIPANTS
06.06.2020	Facial keys	Dr.Priyanga	17




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Participants (15)

Find a participant

SM

Sagaya Mary (Me)

Priyanga Ravi (Host)

↑

🔊

🗑️

AN

Anitha Nallusamy

BS

Baalagopal S

Dr. Varu

Gokul Dpm

Joshua Stalin

Navin N

Nivethitha Bhaskar

P

priyadarshini

Saravanakumar Subramanian

Somya Wilson

Sriman Vishnu

SR

SUSHMITHA RAM

Invite

Unmute Me

Raise Hand

DR PRIYANGHA R



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SMILE ANALYSIS

PRIYANGHA R
DEPT OF ORTHODONTICS,
CDCRI



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3) UPPER LIP CURVATURE

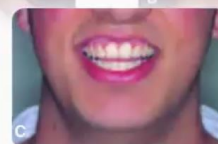
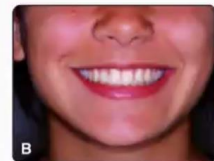
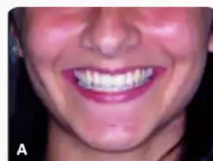
❖ Central position to the corner of the mouth in smiling.

❖ Cannot be altered by orthodontic treatment.

A. Upward : 12%

B. Straight : 45%

C. Downward : 43%



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7) DENTAL COMPONENT

- ❖ Size
- ❖ Shape
- ❖ Color
- ❖ Alignment
- ❖ Crown angulation
- ❖ Midline

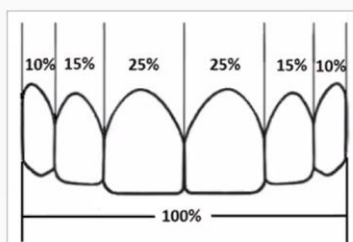
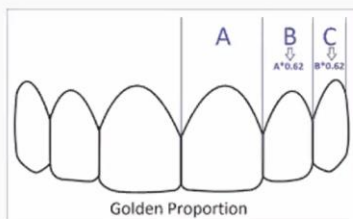


DR PRIYANGHA R

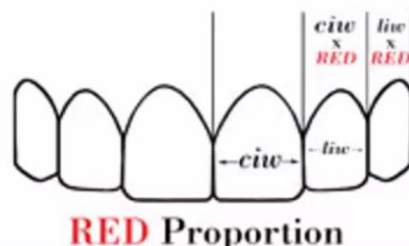


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- ❖ The golden proportion : The smaller tooth is 62% the size of the larger tooth
- ❖ The golden percentage : If the values from canine to canine were 10, 15, 25, 25, 15, and 10%, it indicates that the six maxillary anterior teeth are in golden percentage



DR PRIYANGHA R



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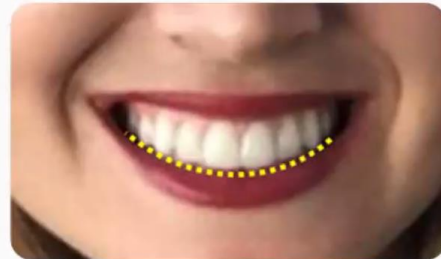


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2) SMILE ARC

Relationship between a hypothetical curve drawn along the edges of the maxillary anterior teeth and the inner contour of the lower lip in the posed smile.

- ❖ More pronounced for women
- ❖ Flattens with age.
- ❖ More pronounced in younger smiles



DR PRIYANGHA R



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View Options

INCISOR INCLINATION

- ❖ Proclined maxillary incisors
- ❖ Reduce the incisor display.
- ❖ Uprighted or retroclined maxillary incisors
- ❖ Increase the incisor display



Fig. 7 A. Lip line with reduced incisor display due to proclined maxillary incisors. B. Normal incisor display after orthodontic uprighting of maxillary incisors.

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