

December 2022 Continuing Education

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DECEMBER 2022 LEARNING OBJECTIVES:

After completing this course, the participant will have:

1. An appreciation for the posttreatment changes observed in Class II malocclusions treated using either a Forsus fatigue-resistant device or a mandibular anterior repositioning appliance.
2. Familiarity with possible changes in the periodontal health of central incisors during surgical orthodontic treatment of patients with high-angle Class III malocclusions.
3. An understanding of the efficacy of the Clarity Aligners to acceptably treat mild to moderate malocclusions.
4. Awareness of the potential resolution of moderate-to-severe tooth size arch length discrepancies by distalizing molars with temporary anchorage devices.

Article 1: Effects of the Forsus fatigue-resistant device and mandibular anterior repositioning appliance in Class II malocclusion treatment, by Cinthya Quagliato Nogueira et al

1. This study aimed to compare the skeletal, dentoalveolar, and soft-tissue effects of the Forsus fatigue-resistant device (FRD) and the mandibular anterior repositioning appliance for Class II malocclusion correction.
 1. True
 2. False
2. To evaluate the experimental error, 30% of the radiographs used in the study's analysis were randomly selected, redigitized, retraced, and remeasured 1 month after the initial measurements by the same examiner.
 1. True
 2. False
3. The authors reported that the Forsus FRD and mandibular anterior repositioning appliance experimental groups showed significantly greater labial tipping of the mandibular incisors and extrusion of the mandibular molars in relation to the control group.
 1. True
 2. False
4. The authors concluded that the Forsus FRD showed greater maxillary growth restriction than the control group and greater maxillo-mandibular discrepancy decrease than the other groups.
 1. True
 2. False

Article 2: Three-dimensional measurement of periodontal support during surgical orthodontic treatment of high-angle skeletal Class III malocclusion: A retrospective study, by Hangmiao Lyu et al

5. This study aimed to quantify the periodontal health of incisors during surgical orthodontic treatment in patients with high-angle Class III malocclusion using a cone-beam computer tomography 3-dimensional reconstruction technique.
 1. True
 2. False
6. The authors measured the 3-dimensional tooth and alveolar bone models for the root surface area, periodontal ligament area, and vertical bone level around the maxillary and mandibular central and lateral incisor.
 1. True
 2. False
7. The authors reported that the periodontal support of the maxillary central incisors might be more vulnerable to dentoalveolar decompensation than the mandibular central incisors.
 1. True
 2. False
8. The authors concluded that in high-angle Class III malocclusion undergoing surgical orthodontic treatment, the periodontal support of the maxillary and mandibular central incisors decreased continuously during presurgical and postsurgical orthodontic treatment.
 1. True
 2. False

Article 3: Assessment of orthodontic treatment efficacy of Clarity Aligners using the Peer Assessment Rating index and the American Board of Orthodontics Cast-Radiograph Evaluation, by Thorsten Grünheid et al

9. The objective of this study was to use the Peer Assessment Rating index and the American Board of Orthodontics Cast-Radiograph Evaluation (CR-Eval) to assess the treatment efficacy of 3M Clarity Aligners to provide evidence regarding the clinical performance of the new clear aligner system.
 1. True
 2. False

10. The methodology for this study involved scoring each subject's records by 4 examiners with the CR-Eval and 4 other examiners with the Peer Assessment Rating index.
 1. True
 2. False
11. The authors reported that for the CR-Eval, the component with the greatest reduction was observed in the alignment or rotation, whereas the smallest reduction was observed in the buccolingual inclination.
 1. True
 2. False
12. The authors concluded that the Clarity Aligners could be an acceptable treatment modality for treating mild to moderate malocclusions.
 1. True
 2. False

Article 4: Cephalometric and model evaluations after molar distalization using modified C-palatal plates in patients with severe arch length discrepancy, by Hee Jin Lim et al

13. This study aimed to evaluate the dentoskeletal and soft-tissue changes and dental arch dimensions after molar distalization using modified C-Palatal plates in patients with severe arch length discrepancies.
 1. True
 2. False
14. The sample for this study comprised 24 patients who were consecutively treated with modified C-Palatal plates appliances for maxillary molar distalization.
 1. True
 2. False
15. The authors reported that in the maxillary dentition, the crowding was resolved by the average molar distalization of 2.2 mm, the use of interproximal reduction of 0.7 mm, and an increase in interpre-molar/intermolar width of 3.3 mm/2.1 mm respectively.
 1. True
 2. False
16. The authors concluded for this study's population that maxillary and mandibular tooth size arch length discrepancies of 12.4 mm and 6.7 mm were resolved by molar distalization, followed by arch expansion and interproximal reduction.
 1. True
 2. False