

General Orthodontic Principles

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*Review of some
general principles*

Top Ten List

- Rules to live by
- Good review of the basics



- Path to perfection



Rule 1

- The same brackets, bands, and wires may (and probably will) result in different treatment responses in different patients
- Most of the differences in response center on vertical changes
- It is possible (and, in fact necessary) to be able to predict the treatment response

Rule 2

- The worst mistake an orthodontic practitioner can make is to cause excessive bite opening in patients who already have an open bite
- Not treating open bite patients make it impossible to violate this rule
 - Case selection

Rule 3

- Every treatment decision you make is based on the vertical needs of the patient
 - Bracket position, what teeth are bracketed, what wires to use, extraction vs. non-extraction, mechanics used, and retainers used are all greatly influenced by a patient's vertical needs.

Rule 4

- Decalcification is the number one reason orthodontic practitioners get sued. Make sure all your patients have excellent oral hygiene. If hygiene is not up to par, consider early removal of the braces.

Rule 5

- Check your patient's molar relationship at every appointment. This is the first thing you do at every orthodontic appointment.
- If your patient does not have a Class I molar relationship, know how you are going to get there, or have a reason why the case will not finish with Class I molars.

Rule 6

- Before initiating orthodontic treatment, each patient should have a complete set of records and a signed informed consent.

Rule 7

- The most important mechanical considerations in all cases are proper bracket positioning and proper arch width control.

Rule 8

- Overbite correction precedes overjet correction.

Rule 9

- Make sure all teeth are aligned before progressing out of nickel titanium (nitanium) arch wires.

Rule 10

- Standard of care dictates that a panorex should be done on every patient 6-9 months into treatment. This x-ray is used to check for root resorption, which is the 2nd most common reason that orthodontic practitioners get sued.