CLINICAL TIPS ON THE OCCLUS-O-GUIDE Volume II

Ways to retain rotation corrections

The simplest way to retain corrected rotations is to use the same Occlus-o-Guide® that was used to treat the case and leave the rotation cleats in place. If the rotations were more than minor, it is usually advisable to have the patient wear the appliance during the day with active exercise for about one hour per day. If this is not done, and if the mouth slightly opens at night while sleeping, the jaw with the corrections may slip out of the Occlus-o-Guide® with an increased risk of rotation relapse. The recommendation is to place a fixed canine-to-canine lingual (bonded on bonded) retainer for a couple of years to ensure stability. When a fixed lingual retainer is placed, the lingual cingulum area of the Occlus-o-Guide® appliance should be relieved with an acrylic flame-shaped bur or a hot wax spatula, otherwise the incisors might be displaced labially. A circumferential supracrestal fiberotomy¹ will help and is about % effective long term.²

Another alternative, especially for minor rotations, is to thicken the lower incisors lingually to increase their resistance to overlapping of contacts. This is particularly helpful in cases with excessively thin (labio-lingually) lower incisors. Specific teeth can be bonded lingually to decrease certain contacts from slipping (Fig. 1) rather than bonding all of the individual incisors.

Stripping is another alternative; however, it does remove valuable enamel from the interproximals, which may be a contraindication with excessively thin enamel on caries-prone teeth. In principle, the teeth being stripped will become positioned closer together and theoretically could narrow the interproximal alveolar bone with the possibility of lowering this bone and attachment but cannot be detected clinically.³ Stripping can be done in such a way as to increase the resistance to rotational relapse as seen in Fig. 2.

One of the best ways to prevent some of the long-term relapse of incisal crowding and rotations is to start the Occlus-o-Guide® treatment procedure while the posterior deciduous molars are still present and utilize the leeway space provided by the larger deciduous molars. This leeway space is provided for the corrected crowding (up to 4 mm. of incisal crowding) by stripping the deciduous lower canines on the upper or lower deciduous first molars at the start (first day of active wear of the Occlus-o-Guide®) of treatment to afford up to 4 mm. of space for the crowding correction. These cases exhibit the least long-term relapse of any other than multiple spaced cases.⁴

Advanced Tip:

One of the most promising ways to reduce rotational and crowding relapse is to straighten the rotations as the teeth erupt prior to collagenous fiber formation⁵,⁶ with the Nite-Guide[®] technique, while the permanent incisors first erupt into the mouth.

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<sup>1</sup> Edwards, J.
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⁴ Little, R. Personal communication

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