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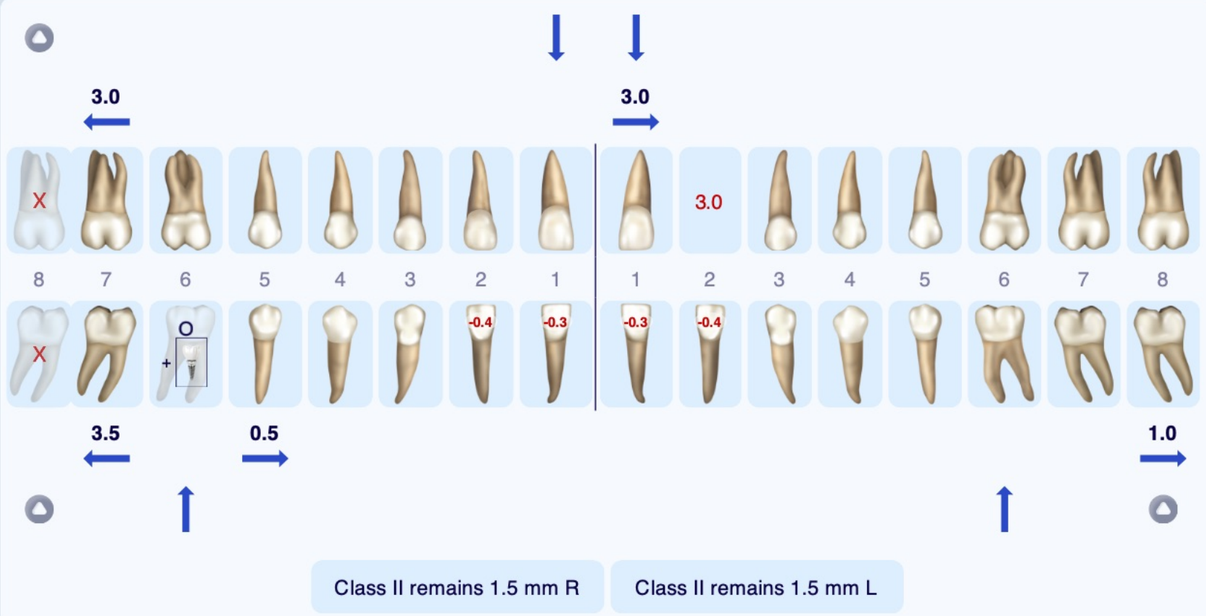
ORTHOPLANNER

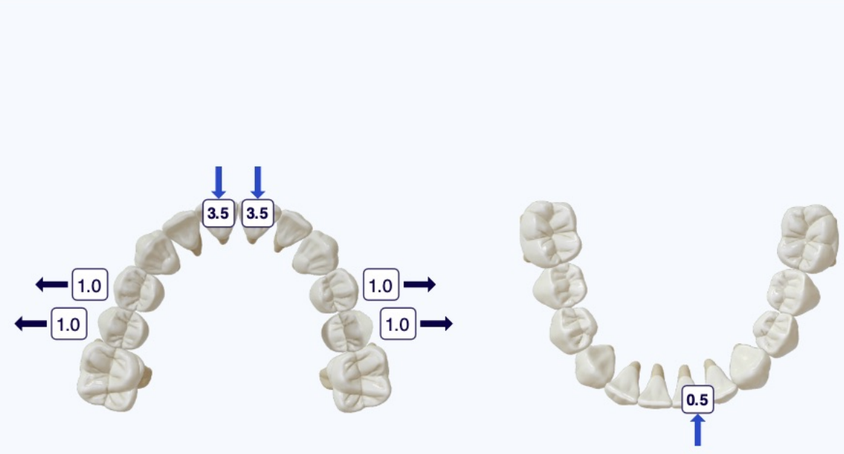
Your Ideal OrthoPlan

Optimal plan

Doctor’s working plan

Briefly outline the treatment plan:





Primary mechanics

1 segment (Upper right)

On the upper right, Mechanics #1 is likely needed: low mini-implant with a low hook, plus box elastics in the molar region if a disocclusion develops, continuing distalization

If the vertical step between 17 and 16 is significant, it’s more reliable to first engage 16 and the teeth mesial to it, connecting 17 to the arch only afterward if the 17 bracket isn’t passively leveled relative to 16. If the step is minor and musculature is strong, you can rely on an occlusal build-up on 17 when engaging the archwire (preferably no thicker than .016)

2 segment (Upper left)

If the vertical step between 27 and 26 is significant, it’s safer to first engage 26 and the teeth mesial to it, adding 27 to the arch only afterward, if the 27 bracket is not passively positioned relative to 26. If the step is minor and musculature is strong, you can rely on an occlusal build-up on 27 when engaging it with the archwire (preferably no stronger than .016)

3 segment (Lower left)

Lower left likely requires stepwise bodily distalization using indirect anchorage. Check on the CBCT that bodily distalization is feasible; if not, consider separation and a slight molar uprighting

4 segment (Lower right)

Molar uprighting in lower right segment is needed to create space for an implant. Usually it's better to use coil-spring and TAD in position of missing tooth to manage anchorage and possible over-expansion

Non-standard solutions and compromises in the treatment plan

We’ll leave a Class II on the right by 1.5 mm

We’ll leave a Class II on the left by 1.5 mm

Bracket positioning or setup considerations	
Upper centrals tip (angulation) overcorrection is recommended: 11 (-), 21 (+) because of maxillary midline cant	☐
It may be necessary to position the upper incisor brackets higher or plan extrusion on the setup	☐
Better to consider GO brackets with an increased base on the premolars, and larger composite pads on the molars due to potential bruxism	☐
It might make sense to position the 17 and 27 brackets slightly more occlusally or not fully level them in height on the setup to prevent bite opening, especially if miniscrews aren't planned for posterior anchorage	☐
Keep in mind that 23 becomes 22, and 24 becomes 23. Often, the 21 bracket with high torque for the future 22 is placed slightly distal to center, and the 23 bracket for the future 23 is positioned more distal than usual. The smile line is low, so trying to adjust the gingival level probably isn't necessary; measure height from the incisal edges. The canine may require selective grinding to match the lateral's height, restoration with addition of the mesial angle, and possibly whitening	☐
On the left, finish with a Class II molar relationship. It usually makes sense to give 26 slight negative angulation and more mesial rotation. Bond the bracket more distally, slightly higher mesially than distally, or pay attention on the setup to the contact of the left first molars	☐

Features of interdisciplinary collaboration
Pay attention to the TMJ during treatment. Caution: heavy elastics, anterior bite turbos