



Treatment plan recommendations for aligner users with limited experience

The treatment plan includes situations or movements that are challenging for aligners. These are listed in the appliance selection recommendations in the Warnings section of the Treatment Plan Creation module. The mechanics are not detailed here, as this type of treatment is not recommended for beginners in aligner therapy. If you believe you can manage these tasks, provide the technician with your own recommendations manually. If in doubt, consider using brackets and/or having the case supervised by an experienced specialist

If technically possible when placing an aligner order, if the treatment plan includes distalization, extractions, expansion, intrusion, or extrusion, upload a PDF or screenshot of the visual treatment plan to the system when ordering the aligners. In addition to the text description, this will help the technician better visualize the key required movements

Upper anterior teeth

Absolute extrusion of the maxillary anterior teeth is likely required. This is a challenging movement for aligners. Place attachments on the anterior teeth, apply overcorrection in the setup, and consider the use of elastics to facilitate the movement

Lower anterior teeth

Upper left

Upper left distalization is planned. A sequential 50% protocol is typically used. It is advisable to first upright the molars within the cancellous bone in terms of torque. Check the direction and type of molar movement on the setup and CBCT. Attachments are usually placed on all teeth from 3 to 7. Given the clinical conditions, it is preferable not to use Class II elastics for anchorage and instead choose indirect anchorage via a miniscrew with ligature

Lower left

Lower left distalization is planned. A sequential 50% protocol is usually used. Check the direction and type of molar movement on the setup and CBCT. Attachments are typically placed on all teeth from 3 to 7. Given the clinical conditions, it is preferable not to use Class III elastics for anchorage and instead choose indirect anchorage via a miniscrew with ligature

Lower right

Lower right distalization is planned. A sequential 50% protocol is usually used. Check the direction and type of molar movement on the setup and CBCT. Attachments are typically placed on all teeth from 3 to 7. Given the clinical conditions, it is preferable not to use Class III elastics for anchorage and instead choose indirect anchorage via a miniscrew with ligature

Change in tooth size

The treatment plan includes an increase in the crown width of individual teeth. Check on the setup whether the technician has accounted for this. If necessary, adjust the size of the opened spaces yourself, taking into account esthetics, occlusion, and space balance