

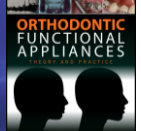
## Evidence-based efficiency in Class II treatment

Peter Miles

### Evidence-Based Clinical Orthodontics

Quintessence  
2009;37:1-10  
DOI: 10.1002/qj.10000  
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## Resources



- Evidence-Based Clinical Orthodontics - Quintessence
- [Amazon](#) or [Download on iTunes](#)
- Orthodontic Functional Appliances: Theory and Practice - Wiley
- [Newwaveorthodontics.blogspot.com.au](http://Newwaveorthodontics.blogspot.com.au)

Peter Miles

## Expansion stimulates growth?

- Guest, McNamara et al. AJODO 2010;138:582-91
- 50 Class II subjects with RME. Some also had partial braces or a lower Schwarz expander.
- Compared with literature control group
- "The protocol ... can help to improve the Class II malocclusion as a side-effect."
- "The results of this study show that the improvements are far more pervasive than anticipated."

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## Expansion stimulates growth?

- Molar 6/6
- Co-Gn
- Overjet
- 1.7mm
- 1.3mm
- 1mm

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## Expansion stimulates growth?

- Historical control so less valid comparison
- No blinding so risk of bias

CVM stage	RME group (19 boys, 31 girls) Subjects at T2 (n)	Control group (28 boys, 22 girls) Subjects at T2 (n)
1	5	3
2	14	10
3	13	11
4	7	17
5	9	9
6	2	0

RME group have more potential for growth

## Systematic review

- Lagravere et al. Angle 2005;75:1046–1052
- No significant alterations in A-P were found in any of the studies reviewed.
- After the posttreatment and postretention, the maxilla and mandible of the treated groups presented **no statistical or clinical significance**.

Peter Miles

## Expansion stimulates growth?

- Volk et al. AJODO 2010;137:310-5
- Small retrospective study of 13 Class II subjects who underwent expansion and then observation
- 7 of the 13 subjects underwent improvement
- 5 of the remaining subjects actually got worse
- The authors concluded their **results do not support the 'foot in the shoe' theory** and that maxillary expansion does not predictably improve Class II dental relationships.

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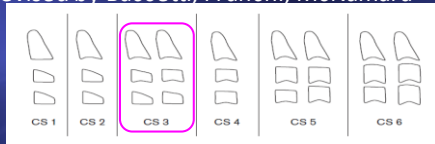
## Timing of Class II treatment

- Initially many felt that functional appliance therapy should be initiated at ~9-10 yo
- Cochrane Review showed early treatment made no difference in the final outcome
- Others have suggested timing to peak growth spurt for the greatest skeletal effect (~12-13)

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## Timing of treatment

- CVM – Cervical Vertebral Maturation method
- Based on Don Lamparski's thesis from U Pitt
- Revised by Baccetti, Franchi, McNamara



## CVM method

- The age closest to this stage varies greatly, from 8½ - 11y 5m in girls and 10-14 in boys
- This **large variability makes it more difficult to determine the ideal timing** for treatment for an individual, and multiple radiographs may be required to determine this

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## Is the CVM method reliable?

- AJODO 2009;136:478.e1–478.e7
- 10 orthodontists assessing radiographs
- Inter-observer agreement <50%
- Intra-observer agreement = 62%
- AJODO 2011;139:e455–e461
- **The CVM method cannot predict the onset of peak mandibular growth**

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## CVM and skeletal growth

- AJODO 2013;144:838-47. Beit et al.
- 730 subjects from a growth study had radiographs analysed by CVM, hand-wrist films graded and chronological age
- **CVM offers no advantage over chronological age in assessing or predicting the pubertal growth spurt**

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## CVM and mandibular growth

- AJODO 2016;149:92-8.
- Gray et al.
- **"Morphometric changes of the cervical vertebrae and the CVM method could not accurately identify the mandibular growth peak."**

Peter Miles

## The title says it all!

- Eur J Orthod 2016;38 (1): 1-7
- Engel et al.
- **"The cervical vertebrae maturation (CVM) method cannot predict craniofacial growth in girls with Class II malocclusion"**

Peter Miles

## Herbst and CVM

- A Herbst used at the ideal time according to the CVM method resulted in **1.9mm** advancement of Pogonion AJODO 2009;135:698.e1–698.e10
- A Herbst used in non-growing adult patients resulted in a **1.3mm** advancement of Pogonion AJODO 2004;126:140–152
- Is it worth **0.6mm**?



CS 3

## Herbst vs. elastics

- Class II correction in patients treated with CI2 elastics and with fixed functional appliances: ....
- Nelson et al. AJODO 2000;118:142-9.
- 18 Begg/elastics for 1.3 years
- 18 Herbst only for 0.5 years
- Skeletal improvement in Herbst 2mm better
- OJ improvement in Begg was 2mm better
- Skeletal contribution 4% in Begg, 51% in Herbst

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## Herbst vs. Elastics – long term?

- Nelson et al. AJODO 2007;132:499-503.
- 15 from each group returned ~6-8 years later
- During the total observation period many of the changes reversed and the differences did not last
- **The final outcome may be similar regardless**

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## Systematic review of elastics

- Janson et al. AJODO 2013;143:383-92.
- Class II elastics are effective in correcting Class II malocclusions and their effects are primarily dentoalveolar
- Therefore, they are similar to functional appliances in the long-term.

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## What is a functional appliance?

- “One that engages both dental arches and acts principally by holding the mandible away from its normal resting position” (Isaacson et al. 1990)
- “An appliance aimed at modifying growth” (Proffit 2007)

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## Fixed Class II correctors

- The current convention is Fixed Functional Appliances (FFA)
- The more appropriate description is Fixed Class II Correctors

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## Popularity of FC2C - USA

APPLIANCE	2002	2014
Pendulum	13%	5%
Distal-jet	2%	2%
Herbst	35%	23%
MARA	3%	5%
Forsus	2%	26%

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## Popularity of FC2C - Australia

APPLIANCE	2013
Twin Block	70%
Pendulum, Distal-jet	11%
Herbst	33%
Forsus, Jasper Jumper	61%
MARA	0%

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## Forsus FRD vs. elastics

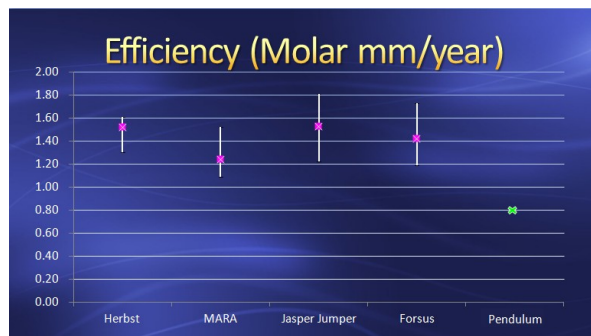
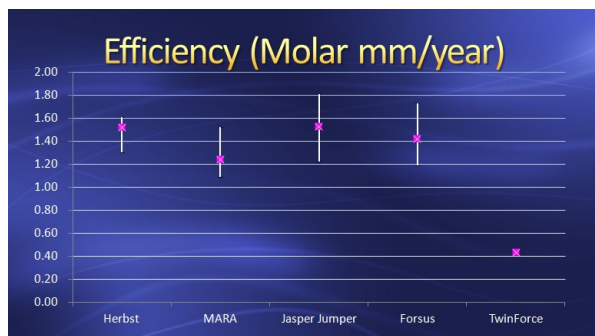
- Class II Non-Extraction Patients Treated with the Forsus Fatigue Resistant Device Versus Intermaxillary Elastics.
- Jones G et al. Angle Orthod 2008;78:332–338.
- With the exception of lower molar mesial movements and total molar correction, which were significantly ( $P < .05$ ) greater in the Forsus group, there were no statistically significant group differences in the treatment changes. (retro/matched)

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## Forsus success

- Effectiveness of comprehensive fixed appliance Tx used with the Forsus FRD in C12 patients
- Franchi, Alvetto et al. Angle 2011;81:678-683
- 32 subjects compared with matched control
- 87.5% success rate with Tx over 2.4 yrs ( $\pm 0.4$ )
- Overjet reduced  $\sim 5.5$ mm, molar relationship 3.4mm, lower incisors flared  $\sim 5^\circ$

Peter Miles



## Summation

- Treatment times and molar effects are similar except for Twinforce and distalisers
- However, this does not factor in the number of appointments, appointment duration, or appliance cost which influence the cost effectiveness
- Ideally this would be the subject of future high quality RCT's

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## Survey of extractions

- JCO 2014 – USA

TABLE 14  
EXTRACTIONS

	2014	2008	1996	1986
Treated at least one extraction case	99%	95%	92%	95%
Percentage of active cases (median)	15	18	22	35

- Australian Orthodontic Journal – 2013
- 23%

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## Borderline extraction cases

- Paquette et al. AJODO 1992;102:1-14
- 33 xtn and 30 non-xtn matched 'Borderline' cases
- Cases treated between 1969 – 1980 when the extraction rate was significantly higher
- Irregularity index of 5-6.5mm
- The extraction patients proved as likely to view their outcome as an improvement as did their non-extraction cohorts

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## Effect of xtn upper 1<sup>st</sup> Bi's on the lip

- Aust Orthod J. 2006;22:31-7. Bokas, Collett
- 35 Class II div 1 patients OJ ≥ 5 mm (12 ≥ 9mm)
- Upper first premolar extractions only
- Upper lip was 0.5 mm less protrusive
- OJ ≥ 9mm - upper lip was ~1 mm less protrusive

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## Class II – extraction vs. non

- Class II treatment efficiency in maxillary premolar extraction and nonextraction protocols
- G Janson et al. AJODO 2007;132:490-498
- The 2-maxillary-premolar-extraction protocol has greater treatment efficiency than the non-extraction protocol of complete Class II malocclusion.

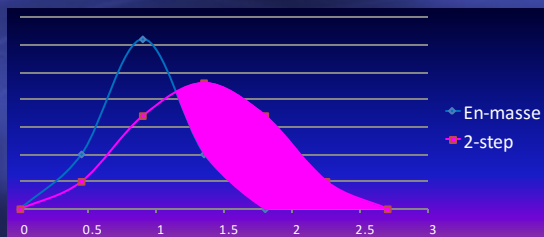
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## Canine vs. en masse retraction?

- Heo W et al. Angle Orthod. 2007;77:973-8
- 30 Women – 2 groups of 15 matched cases
- Approximately 4 mm of the retraction of the upper incisal edges resulted from 1 mm of anchorage loss in the upper molars in both groups.
- Conclusion: No significant differences existed in the degree of anchorage loss.

Peter Miles

## Rate of space closure

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## En-Masse sliding mechanics

- P Miles. AJODO 2007;132:223-5
- Split mouth study comparing SmartClip with CB using en-masse retraction on a posted 0.016" x 0.022" ss wire in 0.018" slot with SS ligatures used on CB
- Results: no difference in the rate of space closure  $p=0.86$
- CB = 1.2mm/mth, SC 1.1mm/mth

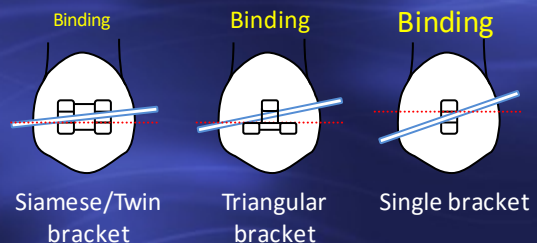
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## Canine retraction

- S Burrow. Angle Orthod 2010;80:626-633.
- Split mouth study on 43 subjects comparing SmartClip & Damon3 with a CB during canine retraction on a 0.018" ss wire in 0.022" slot using 150g springs
- Results: Statistically significant difference in the rate of retraction (SC  $p<0.0043$ ; D3  $p<0.0001$ )
- CB = 1.2mm/mth, SC = 1.1mm/mth, D3 = 0.9mm/mth

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## Bracket width, tip control & binding



## Tipping vs. bodily retraction

- Shpack N et al. Angle Orthod 2008;78:95-100
- 14 subjects, 22 slot, split mouth, xtn Mx 1<sup>st</sup> Bi's
- **Bodily retraction was faster than tipping due to less time root uprighting.**
- Anchorage loss was similar for both groups (17-20% or 1.2-1.4mm)

Peter Miles

## En-masse vs. Canine

- |                  |                  |
|------------------|------------------|
| • Miles          | • Burrow         |
| • CB = 1.2mm/mth | • CB = 1.2mm/mth |
| • SC = 1.1mm/mth | • SC = 1.1mm/mth |

Peter Miles

## TADs/En-masse vs. TPA/2-step

- Eur J Orth 2014;36:275-283.
- RCT of TADs & en-masse vs. TPA & 2-step
- 56 Class II Div 1 randomised to each group

Group	Molars (mm)	Tx Time (mths)
TAD/En-masse	-0.89	12.9
TPA/2-step	1.5	17.0

Peter Miles

## Burstone on retraction

- Burstone CJ. Am J Orthod 1982;82:361-378.
- Separating the retraction of canines from that of the incisors makes little sense because all six teeth can be retracted at once with relatively low forces
- **The only patients for whom separate canine retraction is appropriate are those with anterior crowding as a result of archlength problems.**

Peter Miles

## Ligatures, modules, SL brackets?

- Wong et al. J Orth 2013;40:155-162.
- 45 subjects with 1<sup>st</sup> Bi's xtn - 0.022" slot - RCT
  - Conventional elastomeric modules
  - SuperSlick 'low-friction' elastomeric ligatures
  - Damon 3MX®
- **No difference in rate of closure (p=0.72)**
- 1mm per 28 days but a lot of variation

Peter Miles

## AcceleDent during space closure

- Peter Miles, Liz Fisher
- RCT of 40 Class II upper bicuspid extraction cases
- 37 of 40 with data (power analysis only need 7)
- Space closure
  - Expt = 0.32mm/wk
  - Control = 0.30mm/wk (P=0.74)

Peter Miles