

Workshop

Thursday 12 October / 09.30 - 13.30

Sala 3

The preliminary treatments for the effectiveness of orthodontic treatment: BT2 and D-bar

09.30 - 10.00 Registration

10.00 - 12.00 DISCLUSION FIRST: SIMPLIFYING TREATMENT WITH BT2

Speaker: *Martina Carillo*

Contents:

- Features
- Innovative effects on clinical practice for the orthodontist
- Clinical evidence in the use of BT2

Abstract:

DISCLUSION FIRST: SIMPLIFYING TREATMENT BY USING BT2

The BT2 are metal devices designed by Dr. John Voudouris and manufactured by SIA ORTHODONTIC MANUFACTURER in Italy. They are primarily recommended for rapid bite opening in deep bite cases. They can be bonded on upper central incisors' palatal surfaces or alternatively on upper canines in case of increased overjet to create a gap between the arches. This gap allows the posterior sectors to extrude spontaneously; therefore, the overbite is rapidly reduced. The teeth disclusion produced by BT2 offers several other advantages.

When combined with fixed equipment, the BT2 speeds up tooth movements, so the leveling and alignment phases are much faster and, thus, the change to subsequent archwires. Furthermore, they correct asymmetrical malocclusions much more effortlessly, usually by facilitating a repositioning of the lower part.

12.00 - 12.15 *Coffee break*

12.00 - 13.30 D-bar: THE EVOLUTION OF THE DISTALIZING BAR

Speaker: *Gianluca Mampieri*

Contents:

- Design features of the device
- Innovative effects on clinical practice for the orthodontist
- The first clinical evidences in the use of D-bar

Abstract:

D-bar: THE EVOLUTION OF THE DISTALIZING BAR

SIA ORTHODONTIC MANUFACTURER has designed a distalization bar with an action similar to the well-known Carriere[®] Motion but with improvements that facilitate its use and increase its clinical efficacy. From a clinical point of view, the innovations that interest the orthodontist in daily practice are essentially two:

1. the two separate elements of the D-bar ;
2. the mechanical constraints system between the bar and its connection to the molar socket.

As regards the first point, the D-Bar is made up of two elements, the bar itself with one end positioned on the canine, and with the rear part similar to a cylinder-sphere which is inserted into an independent structure, the second element of the system, a molar socket to be placed on the maxillary molar.

The advantage of having the detachable structure makes the positioning process much more effortless in cases where the molar and canine are misaligned on the vertical plane, an eventuality often present in Class II.

The second point, the mechanical system of constraints, was designed to limit the vestibular tipping of the canine, which is often observed in the use of the classic bars for distalization.

D-bar use in the clinical trial phase has shown excellent performance in terms of efficacy, efficiency, ease of use, and robustness.

The purpose of this workshop within the SIDO International Congress is to present the D-Bar, highlighting its advantages through the previews of the clinical cases being treated.

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