

## Chapter 10

# Frequently Asked Questions

## 1. What are the benefits of first bicuspid installation?

- A. Some Forsus™ Class II Corrector users have noted the following advantages of lower first bicuspid installation:
- i. Improved Patient Comfort. Because of the curve of the lower mandible and the straight length of the push rod, a push rod installed distal to the lower first bicuspid may extend less toward the patient's cheek compared to a push rod installed distal to the lower cuspid.
  - ii. More Aesthetic. Installed one tooth further to the posterior, the device is even less noticeable.
  - iii. Reduced Interference. As a more compact installation, there is less space available for hard objects to be caught between the mandibular teeth and the Forsus Corrector modules.

## 2. Can the Forsus Corrector be used in Phase I or early Class II treatment?

- A. Yes. Please refer to the Free On Demand webinars for more information and example cases.

## 3. Can a rapid palatal expander (RPE) be used in conjunction with the Forsus Device?

- A. Yes, an RPE can be used in conjunction with the Forsus Device during Phase 1 treatment. However, if the Forsus Device is to be used with full appliances, the RPE should be removed prior to placement of the brackets and bands.

## 4. Is there an athletic mouth guard that works with the Forsus Device?

- A. Dr. Alvetro and Dr. Vogt recommend a mouth guard from TotalGard® that is designed to fit Class II appliances.

## 5. Can the Forsus Device be used for Class III malocclusions?

- A. Currently there is no clinical data to support its use in Class III Correction.

## 6. Can the Forsus Appliance be used in adult cases?

- A. Yes. The Forsus Appliance can be used to treat adult patients. Please refer to Cases 9 and 10 for examples.

## 7. To reposition the push rod, is there a way to open the loop on the push rod?

- A. Disengage the spring module from the push rod. Using a pin and ligature cutter, place the tips between where the end of the push rod is cinched and squeeze to separate.

## 8. What if the bracket mesial to the push rod comes off?

- A. Dr. Alvetro recommends adding a Gurin lock to the archwire in place of the bracket to finish correction.

## 9. Is using power chain an option instead of cinching the wire?

- A. Over time, the push rod moving along the mandibular archwire will wear at the power chain. Also, using power chain may interfere with the push rod sliding on the archwire. Cinching the wire distal to the molar is more effective.

**10. With self-ligating brackets, is it necessary to use a steel tie on the bracket mesial to the push rod?**

A. Yes. A steel tie is required for both self-ligating and ligated brackets.

**11. How is the 22 mm push rod different than the other push rod lengths?**

A. The 22 mm push rod does not have a stop on it, so the spring of the module rests on the curve of the push rod. At this shorter length, the spring needs the full length of the push rod to allow enough space for the spring flexibility in most cases.

**12. How is the 22 mm push rod reactivated?**

A. Because there is no stop on the 22 mm push rod, it is not recommended to add a crimpable stop for reactivation. Use the 22 mm push rod to do the initial advancement, and then replace it with a 25 mm push rod when there is adequate space.

**13. What if breakage occurs with the EZ2 module?**

A. In the unlikely case of breakage with the EZ2 Module Clip, the spring assembly can still be used along with an L-pin. Remove the EZ2 clip from the spring assembly to expose the eyelet. Then, thread the L-pin, distal to mesial, through the spring assembly and attached to the headgear tube per the Installation Instructions on Page 19.

**14. Can a push rod be customized to a specific length?**

A. Yes. The 38 mm push rod is designed to be customized. Trim the push rod at its distal end to the desired length. A stop must be soldered to the push rod before installation.

**15. If, during Forsus™ Corrector treatment, the patient exhibits too much upper first molar intrusion, can this effect be lessened?**

A. Yes. Lace first and second molar buccal tubes with a steel tie to create one stable unit as an anchor.

**16. Should Forsus Correctors be used on both sides or can they be used unilaterally?**

A. The Forsus Corrector can be used unilaterally for short periods of time (1-2 visits). However, most of the time, it is recommended that Forsus Correctors be used bilaterally to avoid canting of the occlusal plane and skewing of the arches. The side needing correction should be placed with ideal activation, while a non-activated Forsus Corrector is placed on the opposite side. For minor midline corrections, Forsus Correctors can be used unilaterally.

**17. What are the steps to determine if the spring is non-activated?**

A. “Non-activated” means that the Forsus Spring Module is not compressed by the push rod as the patient bites down. Have the patient bite in centric occlusion. Check to watch if the spring is being compressed against the stop on the push rod. The length of the spring should not change when the patient opens and closes the mouth.

**18. The Forsus Appliance has been installed; however there has not been any progress. What steps should be taken?**

A. First, it is important to check the activation of the Forsus Appliance. Proper activation allows the Forsus Appliance to consistently apply light force. Remeasure both slides and select the appropriate push rod lengths to provide the ideal level of activation (see Page 17 Push Rod Selection).