

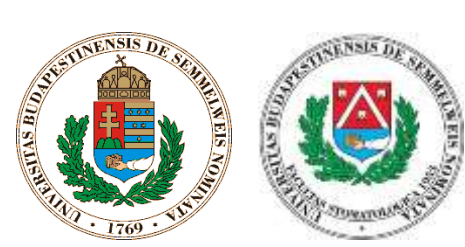


Biophysics of tooth movement

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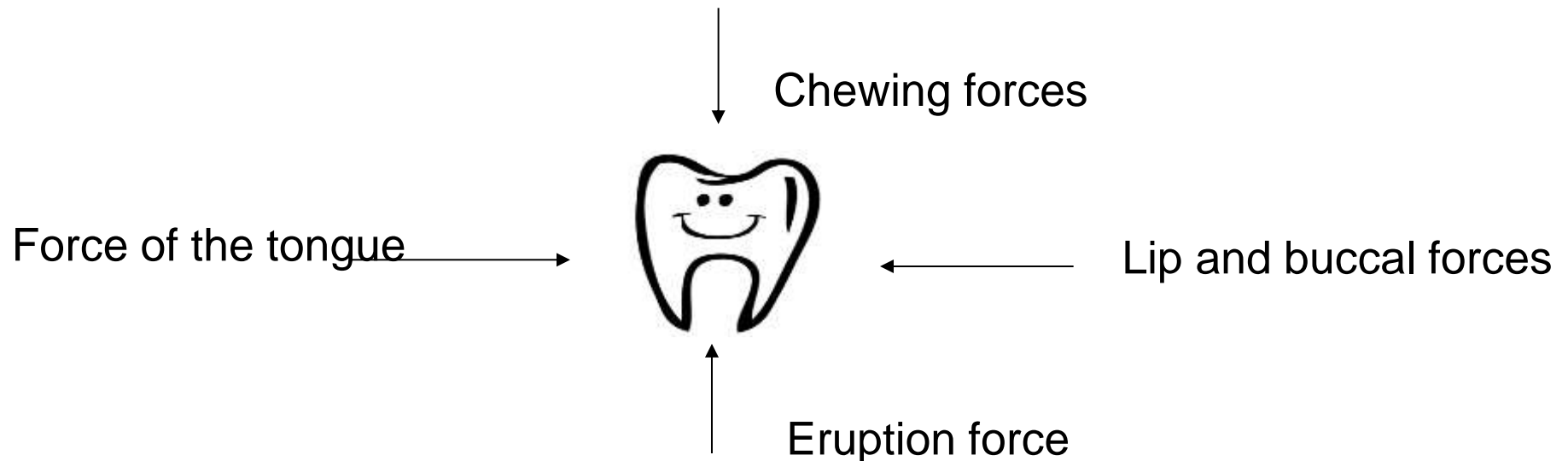
Department of Pedodontics and
Orthodontics

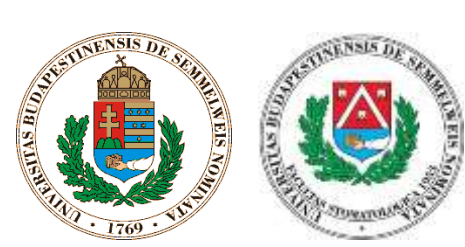


Tooth movement

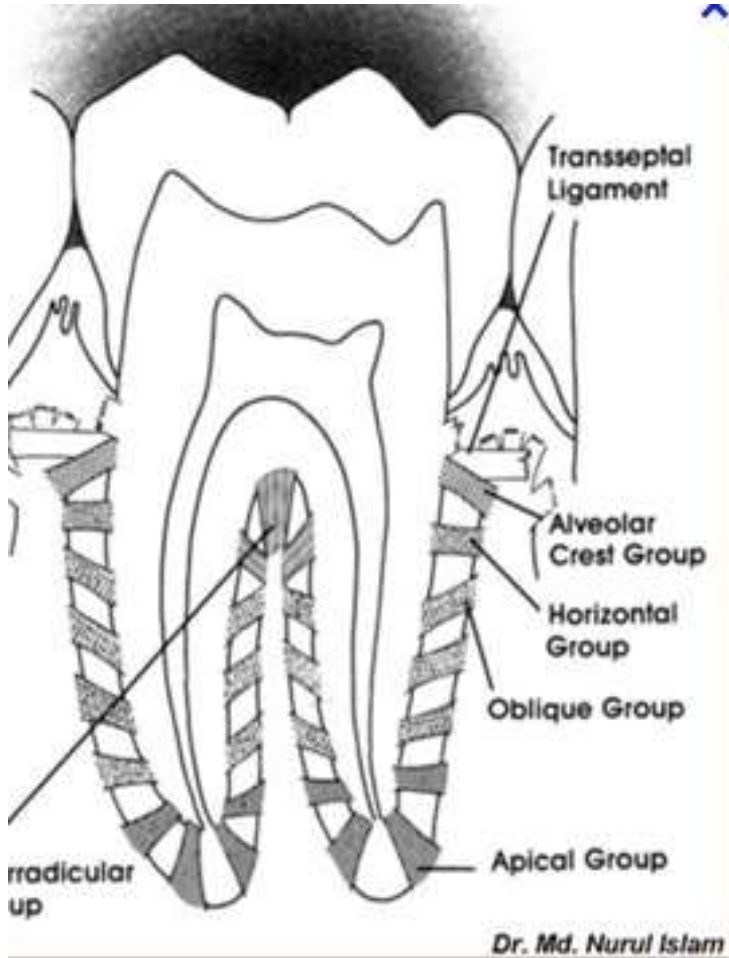
Equilibrium Theory:

The tooth does not move if the sum of forces acting to it, are zero. If the balance is changing, the tooth will start to move.

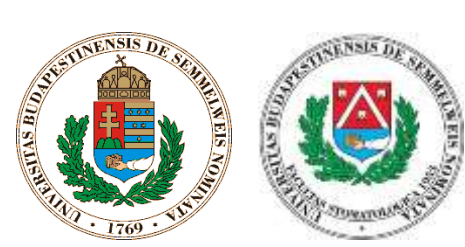




Light forces - Why?

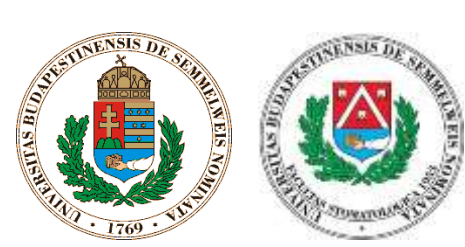


The capillaries of the periodontal room are compressed if too big forces are acting. This results in decrease of the bone-metabolism. Hyalinic change of the bone will appear, which to eliminate macrophages are needed. This takes more time and may damage the root surfaces.



Active tooth movement: Basic rules – I.

- On the tension side of the root, bone formation, on the pressure side bone resorption appears.
- Is the periodontal room overloaded, the capillaries are compressed. This will result in hyalinisation of the bone, and decreases the effectiveness of the tooth movement.
- Effective tooth movement is NOT right because of these facts proportional to the magnitude of the force. The force magnitude has to reach a limit, but must not be too high.

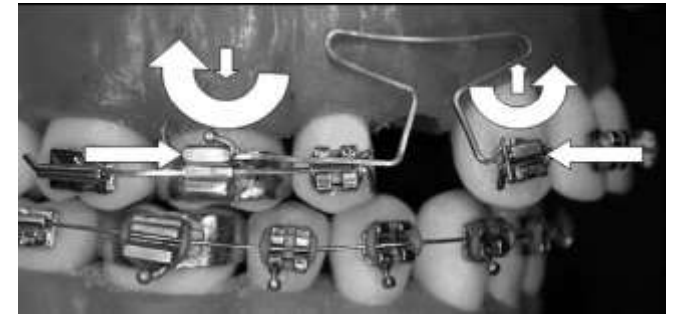


Active tooth movement: Basic rules – II.

The force loaded to the tooth must be in proportion with the root surface. (Note: periodontally affected teeth – smaller root surface)



III. Law of Newton: Action = Reaction.
Also the anchor-teeth move if they are loaded. (Skeletal anchorage is sometimes needed)



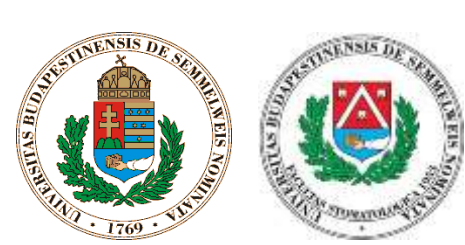
We can't load the teeth in their resistance-center, so we always have to count with moments acting, which result in tipping and rotation of the teeth.



Force magnitudes in orthodontics

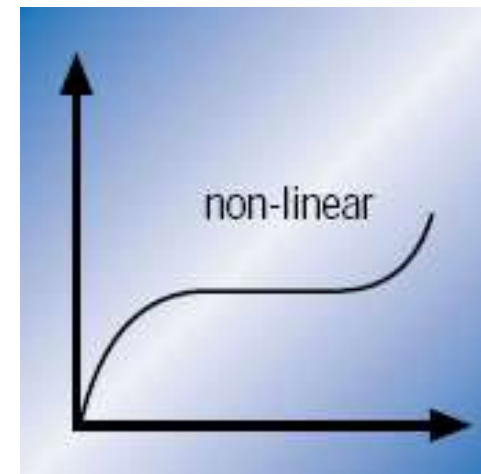
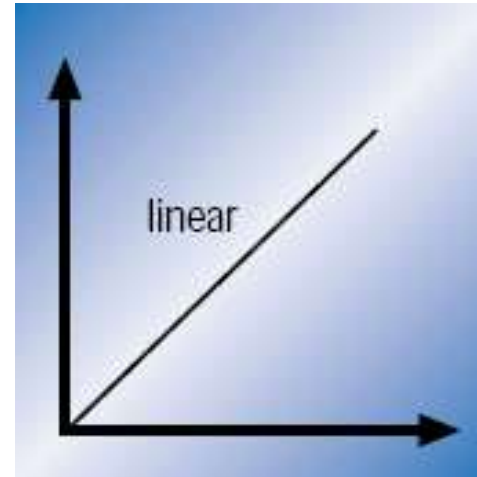
Numerical Force Values for Optimal Tooth Movements

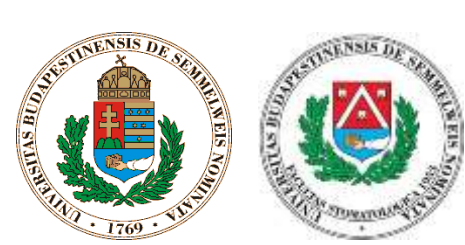
TEETH	SHORT ROOTS	MED. LENGTH ROOTS	LONG ROOTS
Mandibular Incisors	50-55 gm.	55-65 gm.	65-70gm.
Mandibular Canines	85-95 gm.	95-110 gm.	110-130 gm.
Mandibular Premolars	70-80 gm.	80-90 gm.	90-100 gm.
Maxillary First Molars	280-300 gm.	300-320 gm.	320-360 gm.
Maxillary Incisors	65-75 gm.	75-85 gm.	85-95 gm.
Maxillary Lateral Incisors	60-65 gm.	75-85 gm.	85-95 gm.
Maxillary Canines	105-115 gm.	115-130- gm.	130-170 gm.
Premolars, Single Roots	85-100 gm.	100-115 gm.	115-135 gm.
Premolars, Multiroots	100-110 gm.	120-130 gm.	130-140 gm.
Mandibular First Molars	230-250 gm.	250-270 gm.	270-320 gm.



Elasticity and material characters

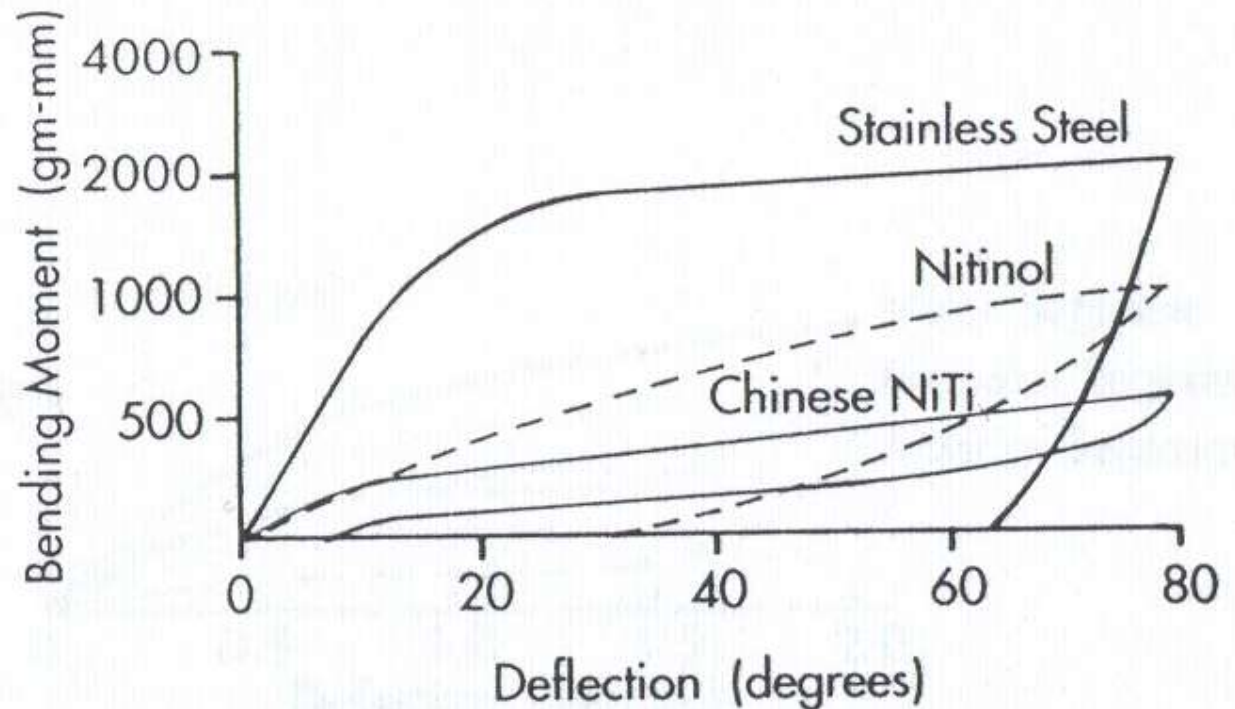
- Gold-alloys
- Steel-alloys
- Titanium-alloys

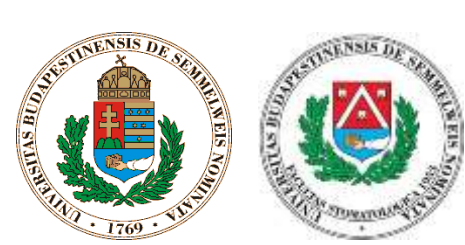




Steel-alloys

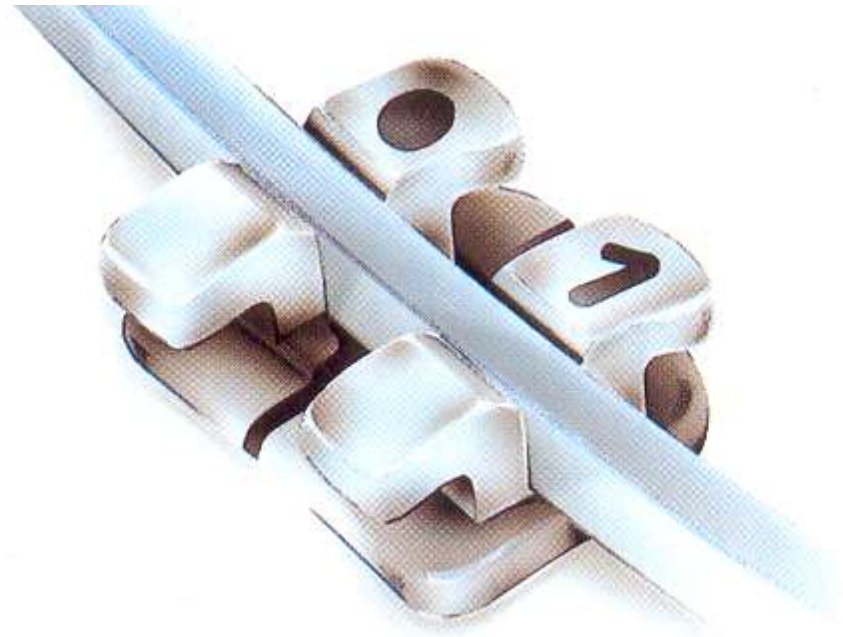
- Cr-Ni-Fe
- Co-Cr-Ni-Fe

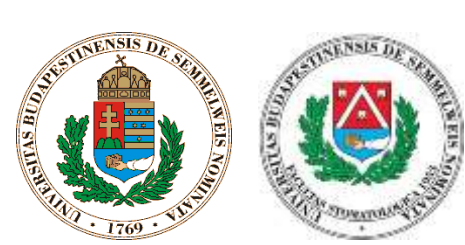




Co-Cr-Ni-Fe Elgiloy

- Ingredients:
 - Cobalt(40%)
 - Crom(20%)
 - Nikkel(0,15%),
 - Molibden(7%),
 - Mangan(2%),
 - Berillium(0,04%)
 - Carbon(15%)
 - Steel (15,81%)
- Heat-treatment



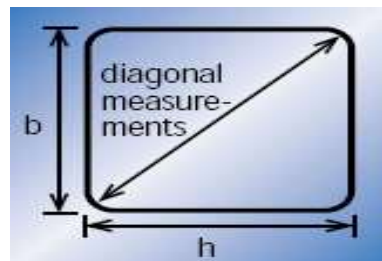
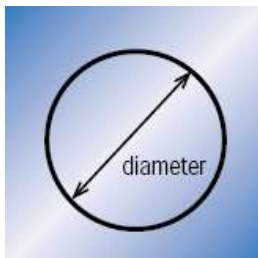


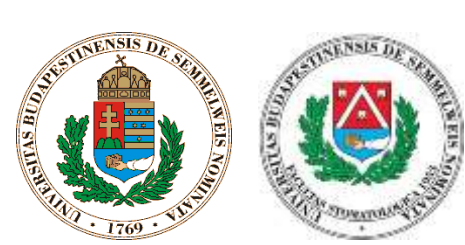
Physics of the spring

Force of the spring $\approx \frac{1}{\text{Length of the spring}}$



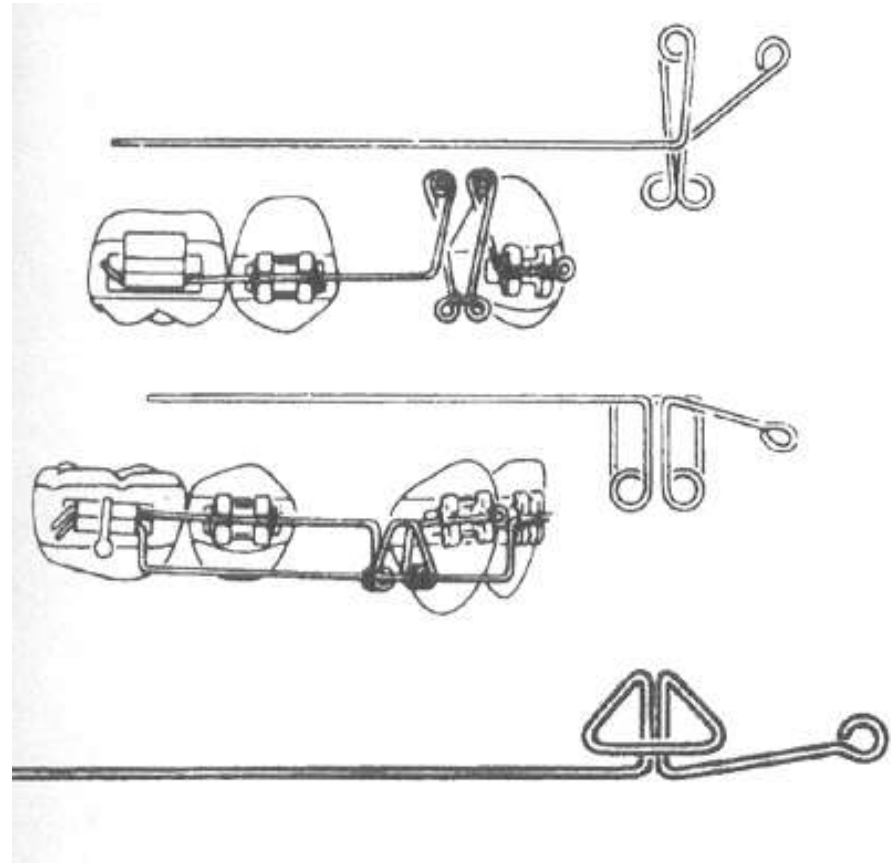
Crosssection of the spring





Loop Systems

- UJ-Retraktor (Triplehelix)
- LJ- Retraktor (Doublehelix)
- Doubledelta-Loop

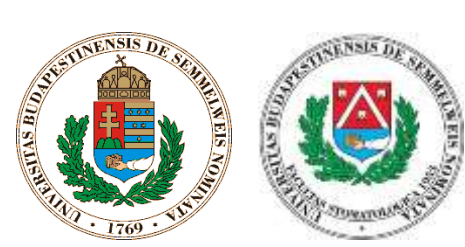




Transpalatal-arch (TPA)

Quadhelix





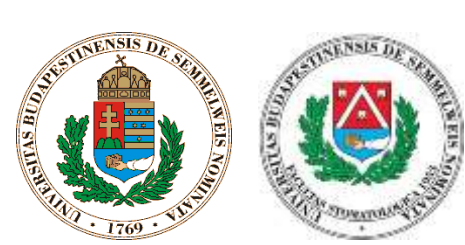
Leading the eruption of an impacted canine



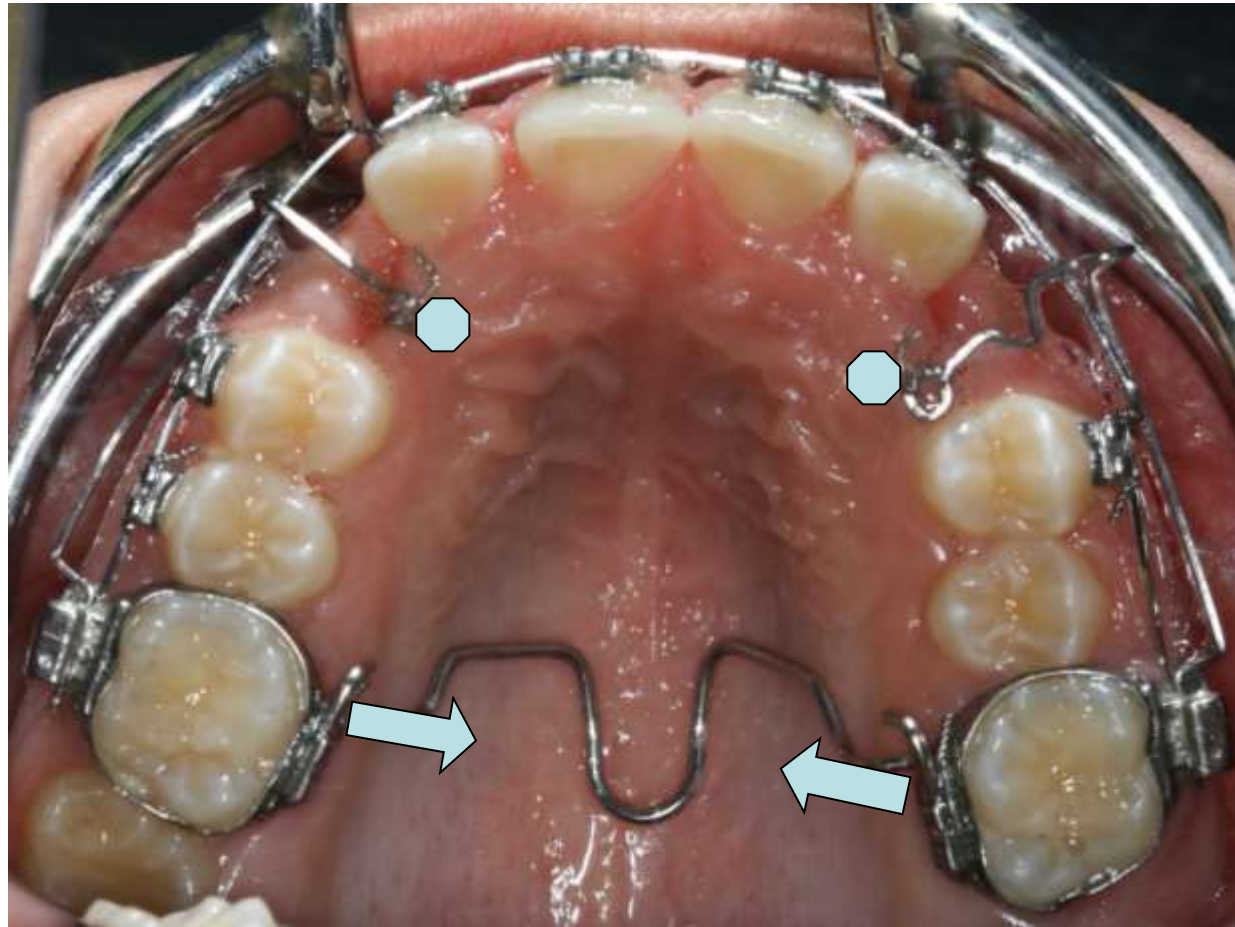
With the help of Lever arm spring



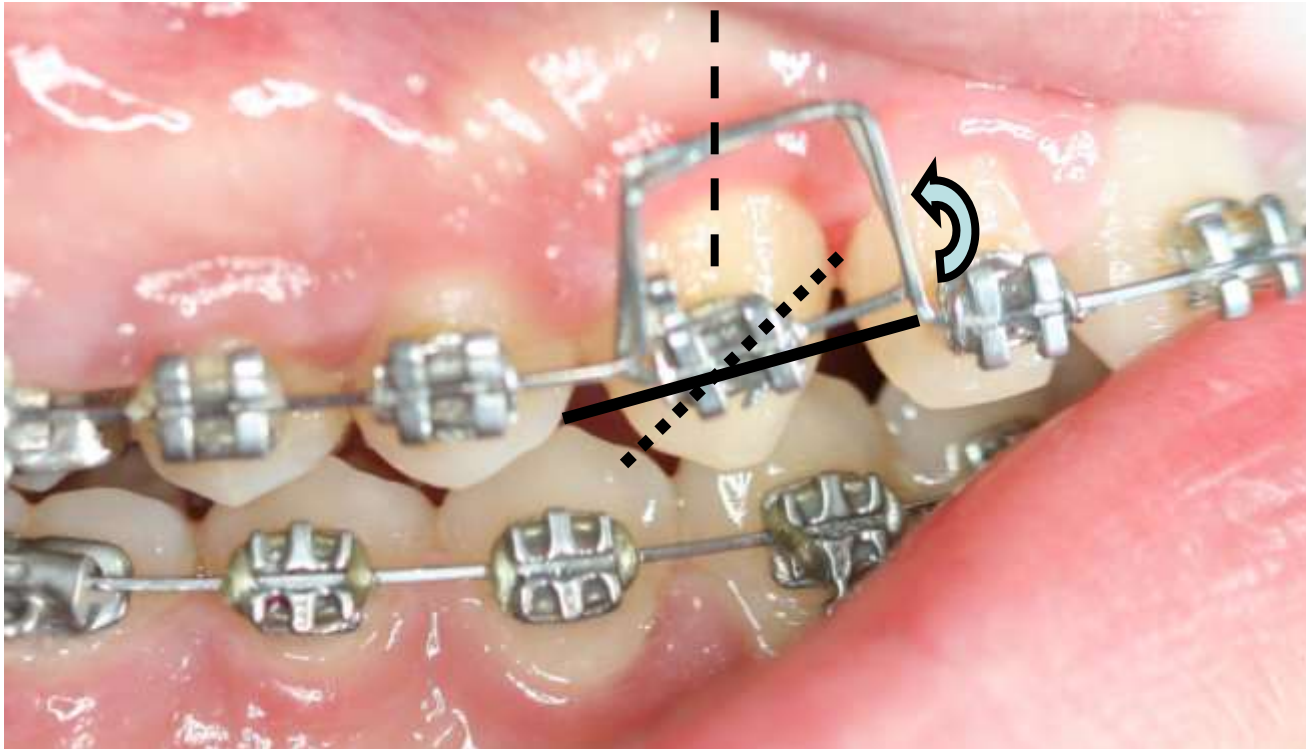
With the help of an elastic wire



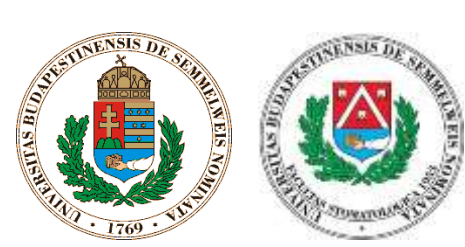
Impacted canines



Box-loop



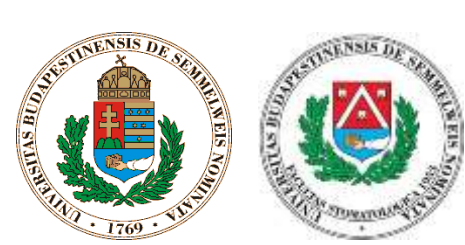
Angulation of a canine with a box-loop. The force loaded to the tooth is in upsidedown relation with the lenght of the wire/spring.



Tooth movement with skeletal anchorage: cervical headgear

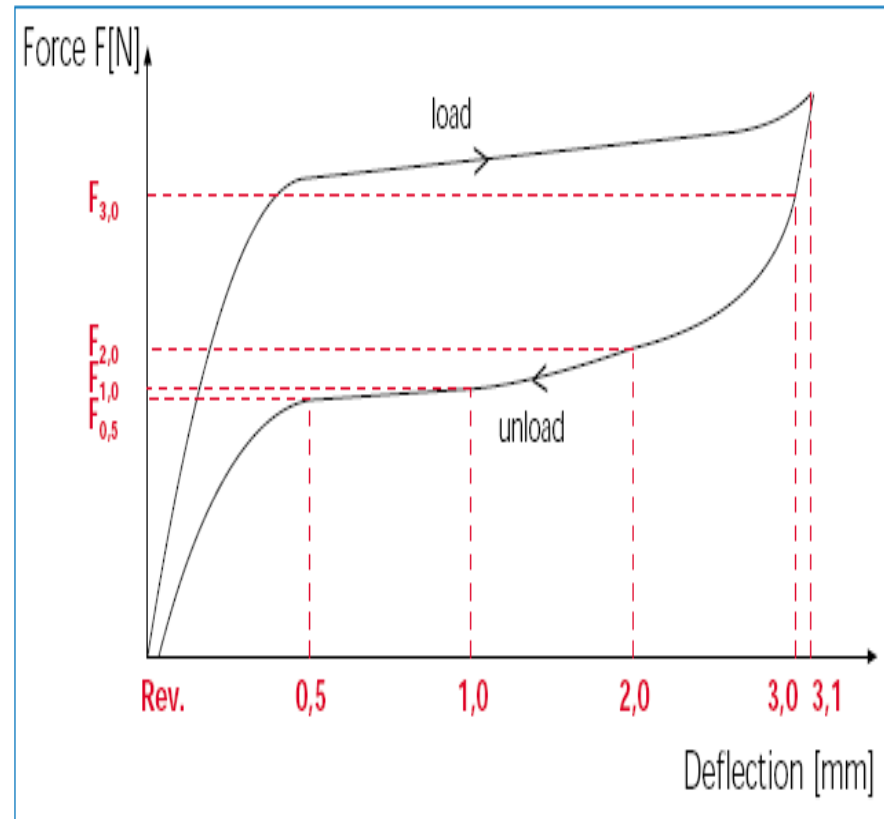


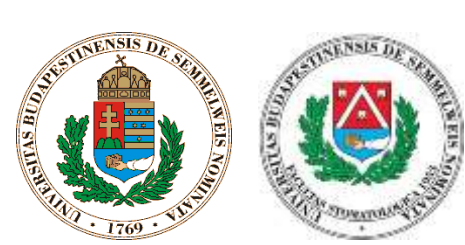
Distalisation of the molars with a cervical-pull headgear



Titanium alloys

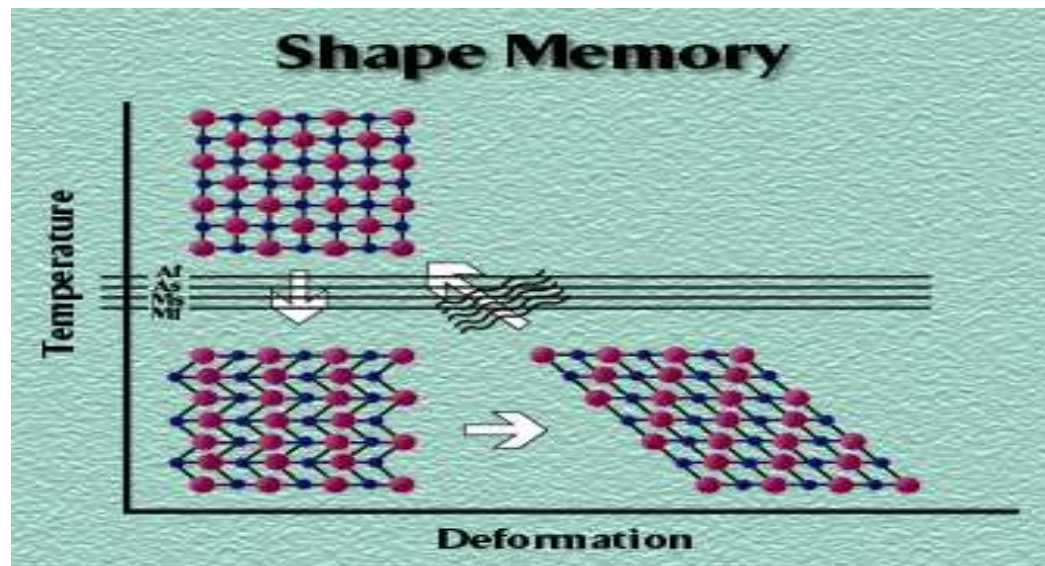
- Alloys stabilized in Martensit-Phase
- Alloy stabilized in Austenit Phase: TMA or β -titanium
- Super-elastic NiTi arches
- Cu-NiTi (Heat-activated)

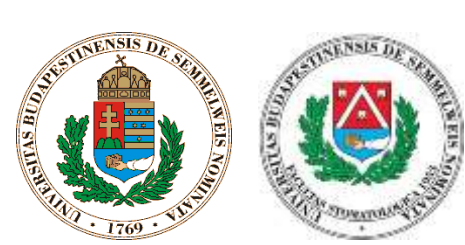




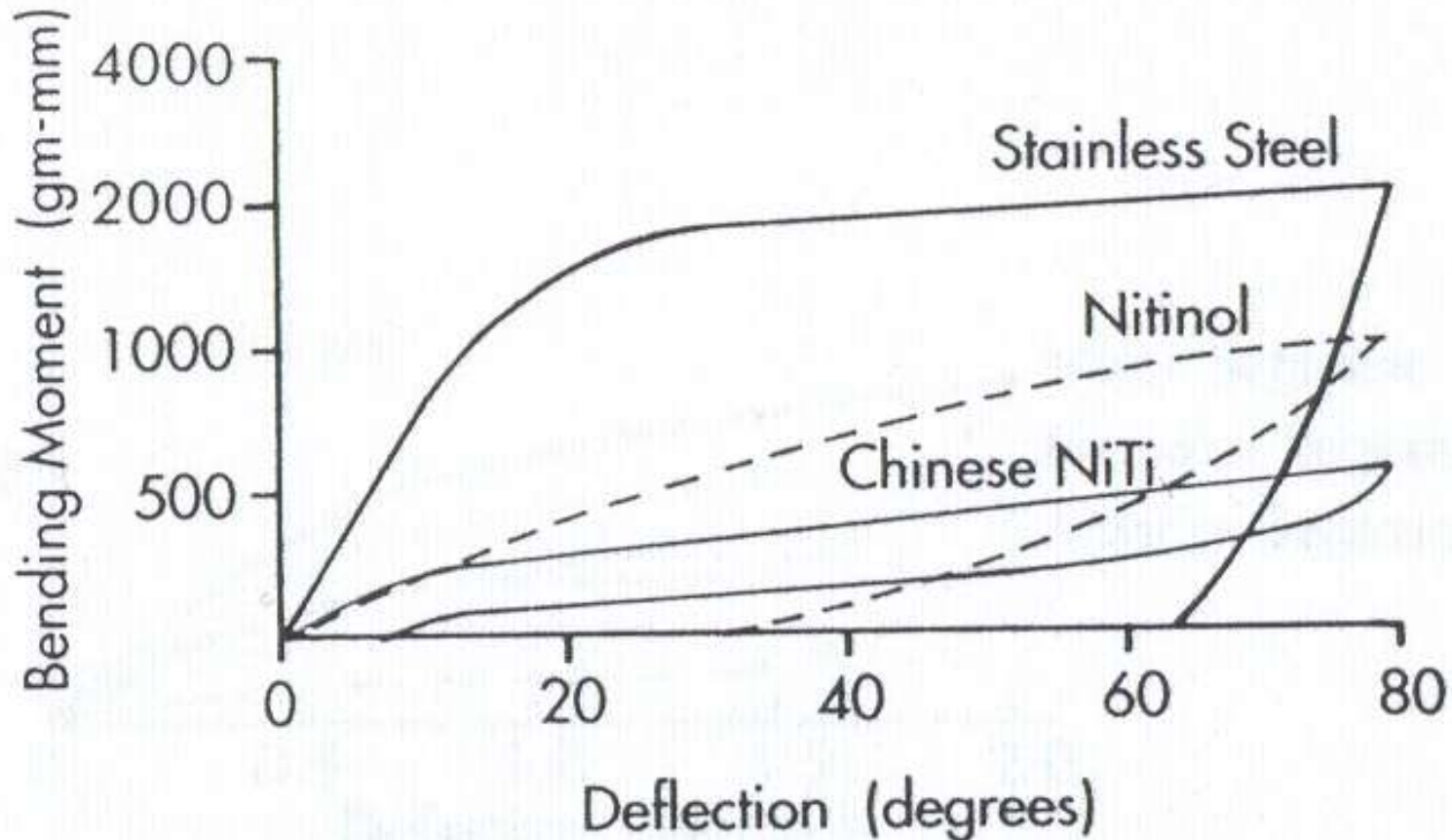
How NiTi arches work

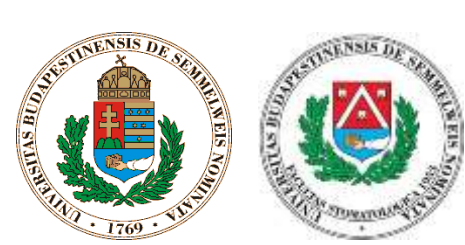
- By deforming martensite-phase NiTi arch the crystal-structure of the metal changes, so the Energie is stored in the Metals crystal-structure



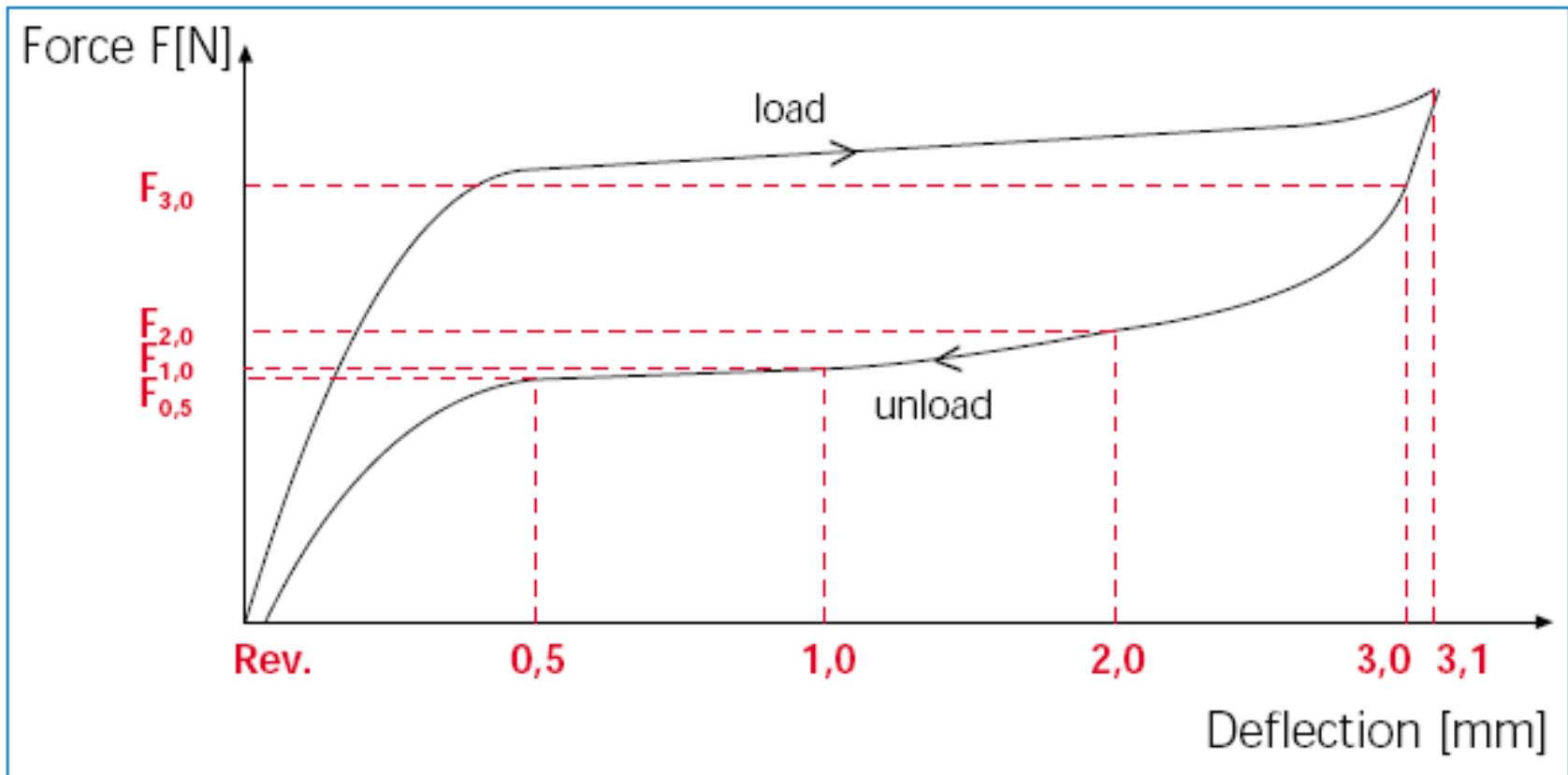


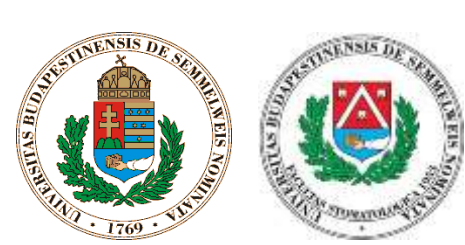
Alloys stabilized in Martensitic-Phase : Nitinol



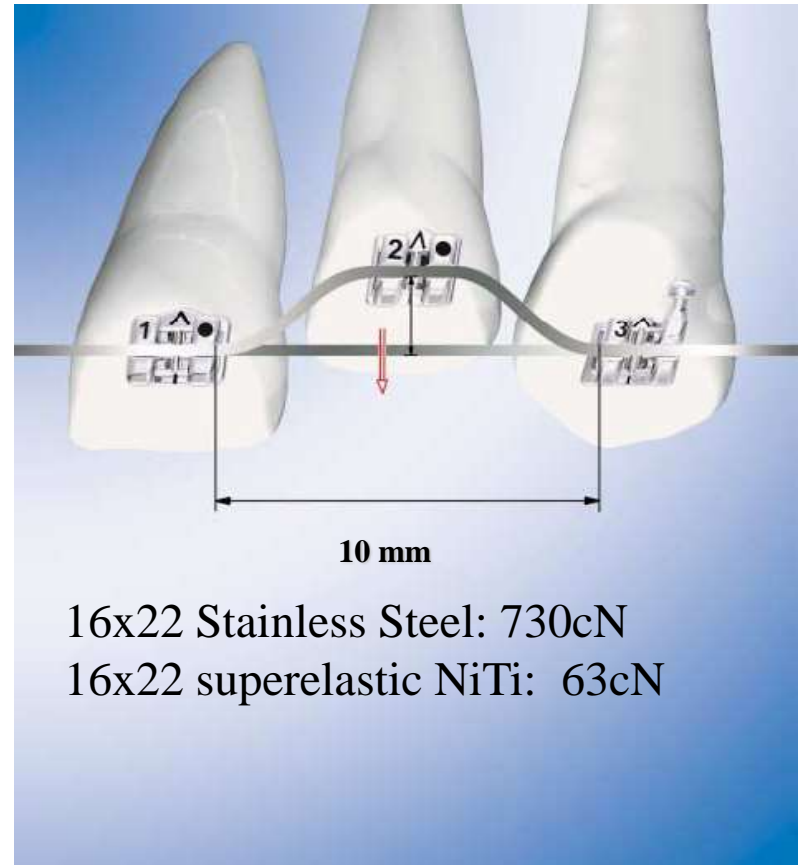


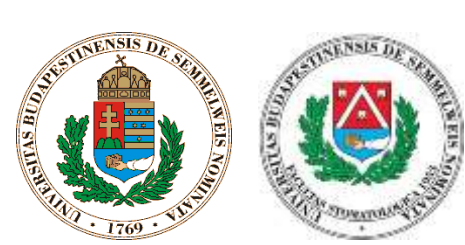
Force-Deflection diagram of superelastic arches



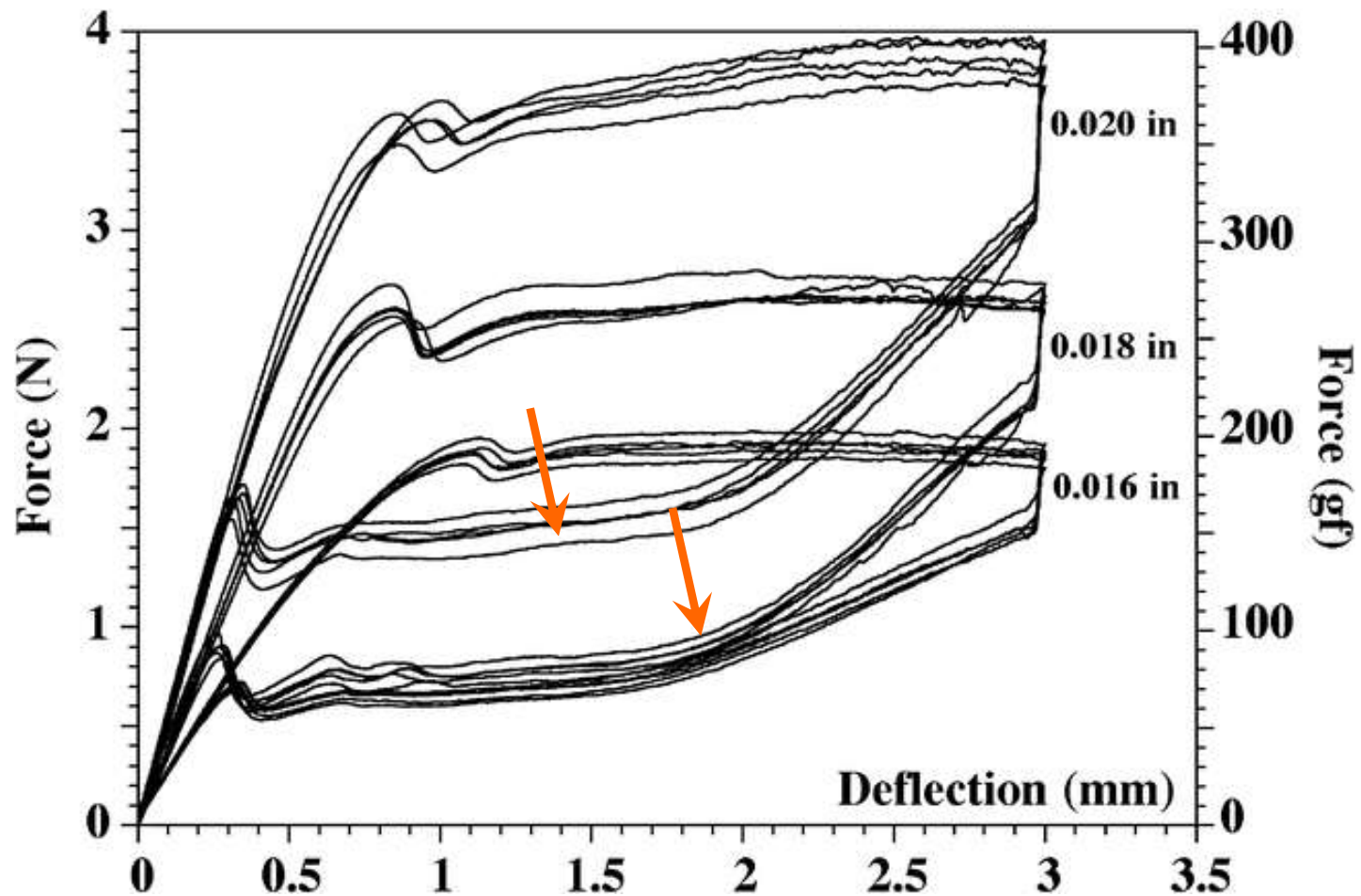


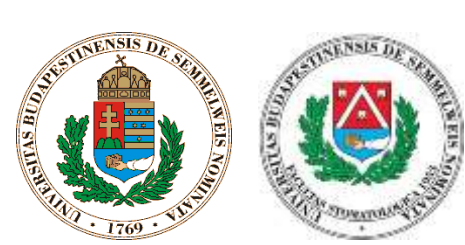
Leveling with superelastic NiTi arch



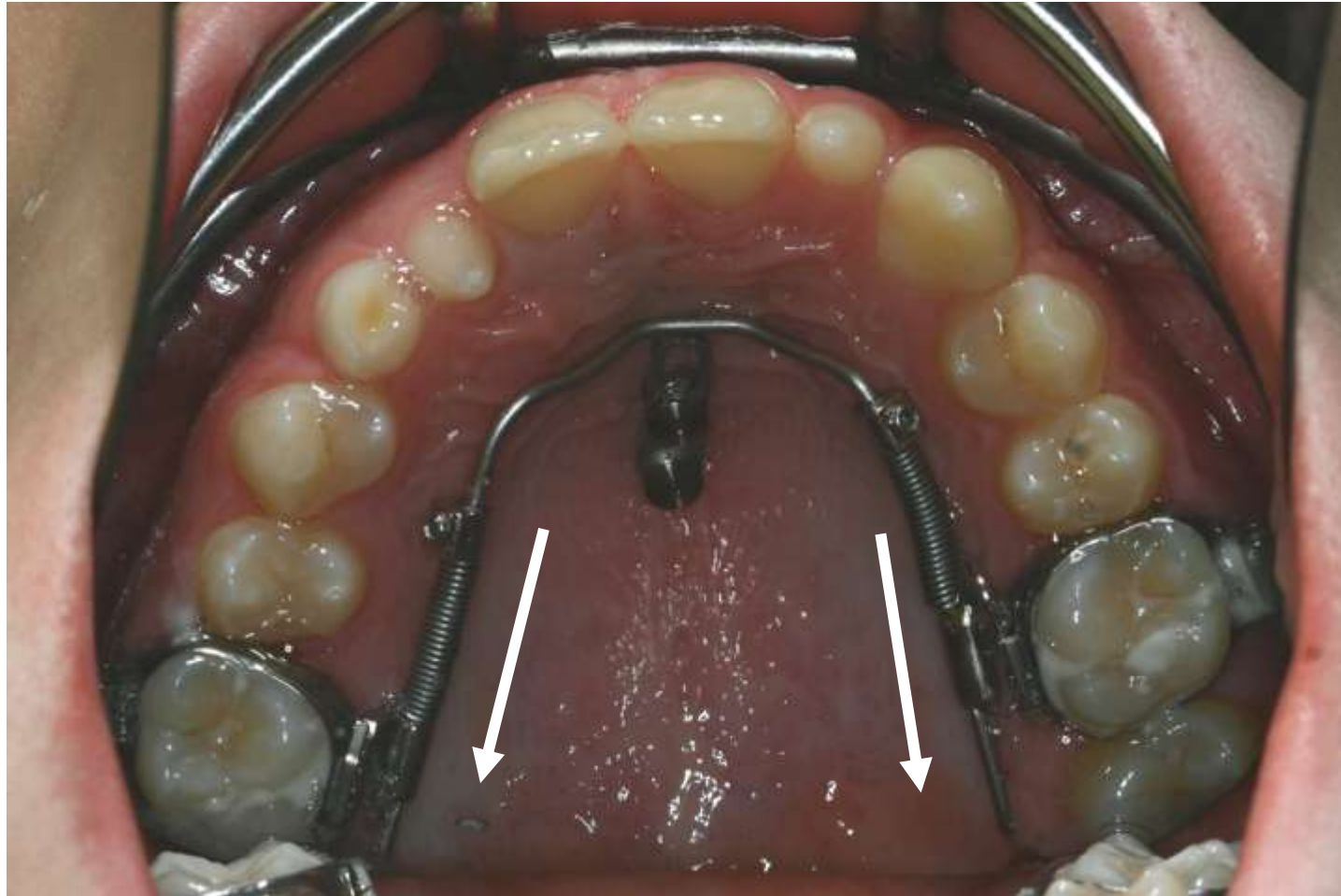


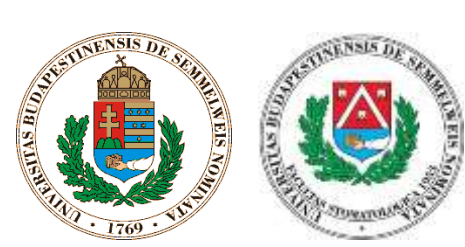
Force-Deflection diagram of superelastic arches





Distalising molars with two palatal miniscrews and opened coil springs





Mesialising of molars and premolars with palatal miniscrews and closed coil springs due to missing lateral incisors

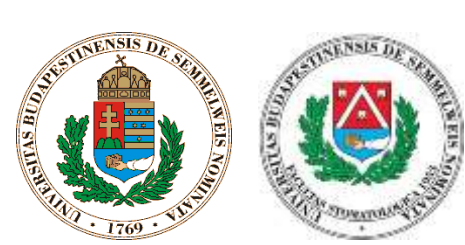




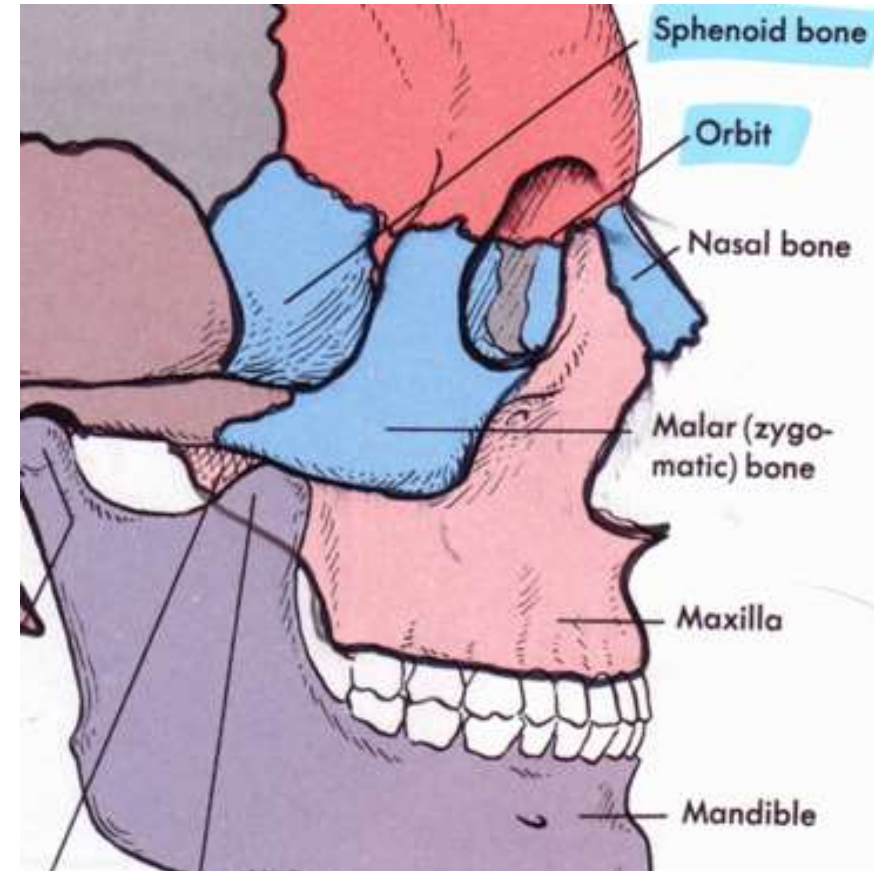
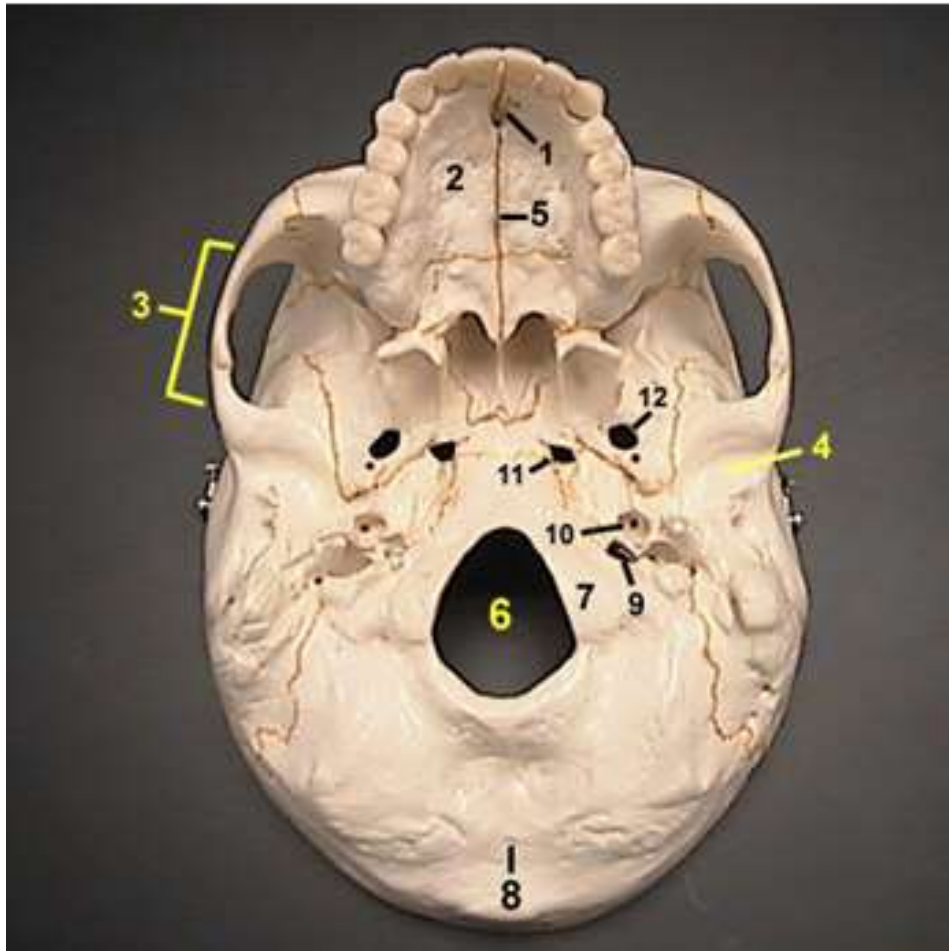
TABLE 11-4 **Material Stiffness Numbers (Ms)
of Orthodontic Alloys and
Braided Steel Wires***

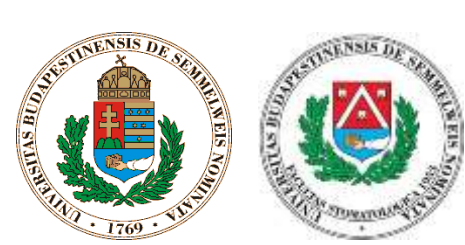
Material	M _s
Alloys	
Stainless steel (ss)	1.00
TMA	0.42
Nitinol	0.26
Elgiloy blue	1.19
Elgiloy blue (heat treated)	1.22
Braids	
Twist-flex	0.18 to 0.20
Force-9	0.14 to 0.16
D-rect	0.04 to 0.08
Respond	0.07 to 0.08

From Burstone CJ: *Am J Orthod* 80:1, 1981. With permission from the American Association of Orthodontists. *Based on $E = 25 \times 10^6$ psi.

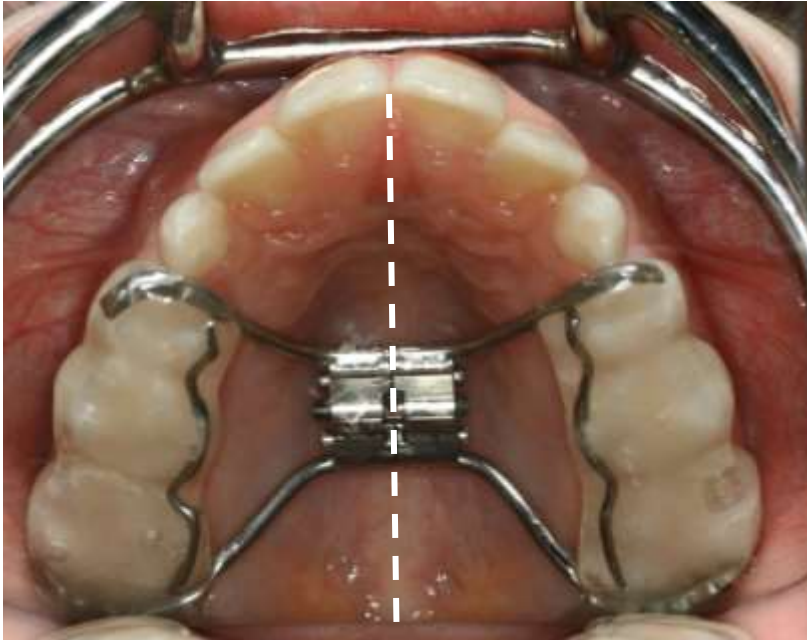


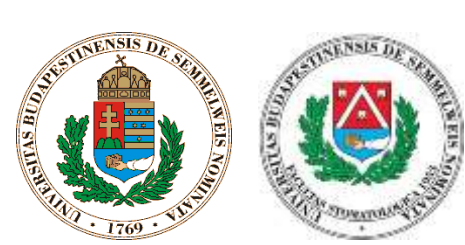
Big forces - Why?



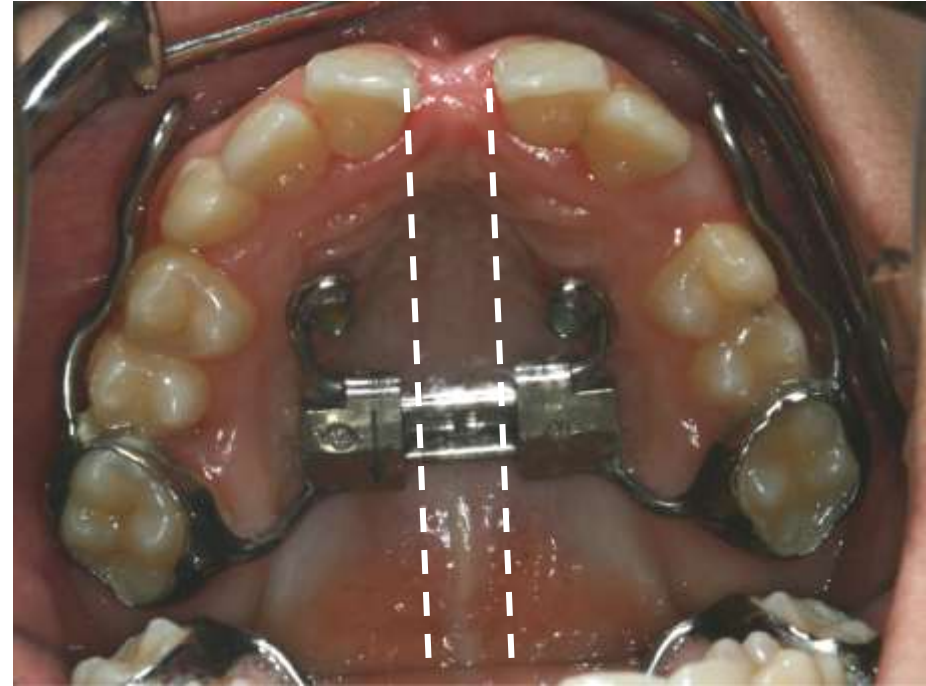


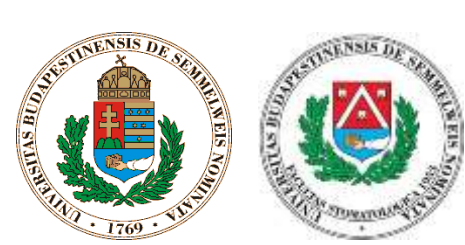
Rapid Maxillary Expansion RME





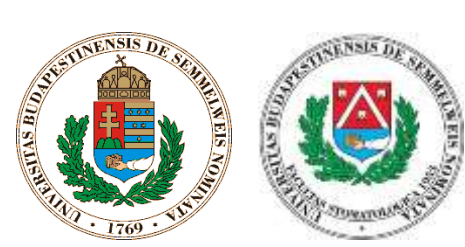
Rapid Maxillary Expansion with miniscrew anchorage





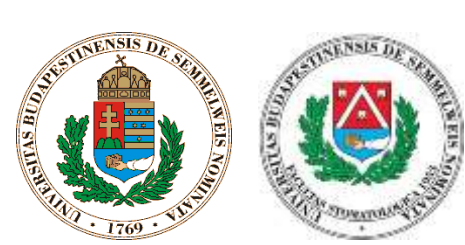
Transpalatal Distractor (TPD) a bone-born device





Frontal and unilateral crossbite due to hypoplastic upper jaw





Hyrax + Delaire-Mask

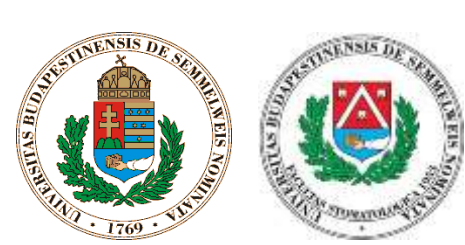


RME

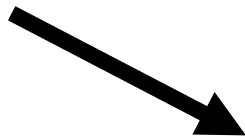


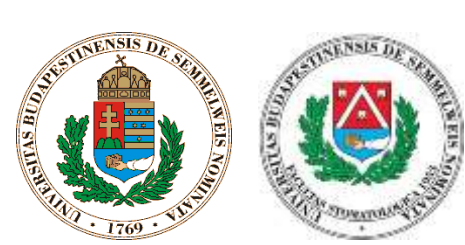
Maxillary
Protraction





Orthopedic traction of the upper jaw





Thank you for your kind attention!