



**University “G. d’Annunzio” Chieti – Pescara**  
**Department of Medical , Oral and Biotechnological Science**  
**Director Prof. Sergio Caputi**



**Orthodontics Specialty School**  
**Director Prof. Felice Festa**

# **Dalla diagnosi clinica alla diagnosi 3D (Dolphin 3D e scanner intraorali)**

## **Prof. Felice Festa**



47<sup>th</sup> SIDO International Congress

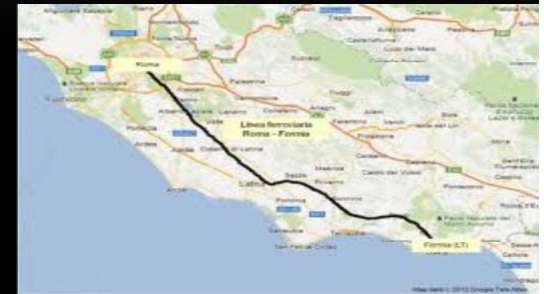
**“Patient-important outcomes  
in Orthodontics”**

Florence 13-15 October 2016

# FORMIA



Formia is on a little gulf (Gaeta Gulf) on seaside between Rome and Naples

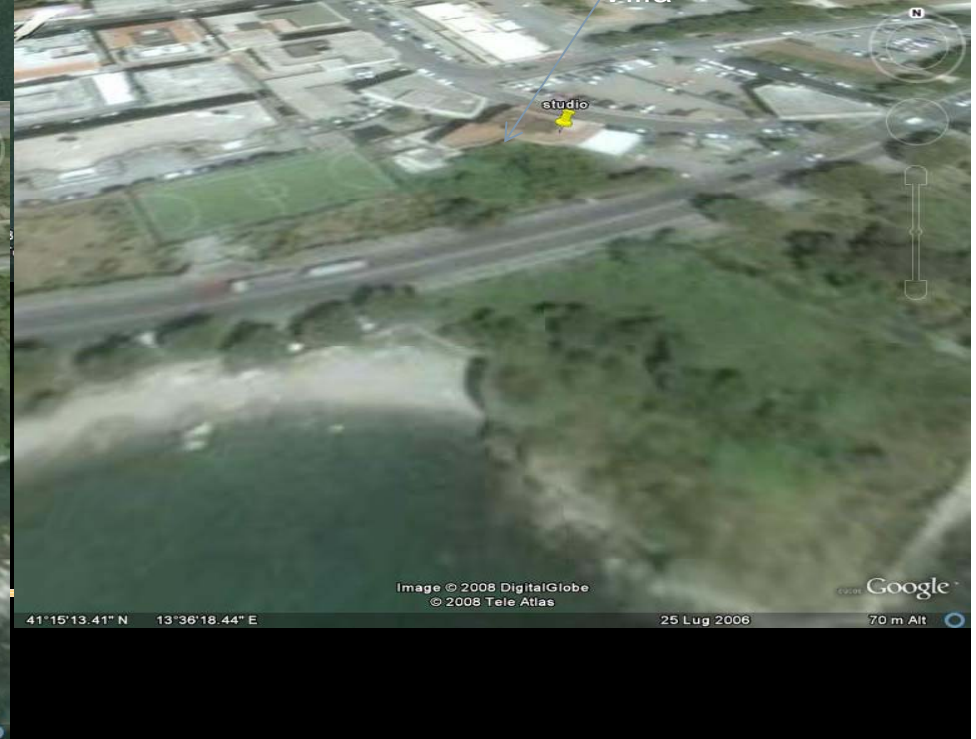


Home in Formia

Office in Formia

The wall of  
emperor Nerva  
Villa

Cicero's Villa







## A brief Nerva Biography

Bust of emperor Domitian. [Capitoline Museums, Rome](#).

On 18 September, 96, Domitian was assassinated in a palace conspiracy organised by court officials.<sup>[10]</sup> The *Fasti Ostienses*, the Ostian Calendar, records that the same day the Senate proclaimed Marcus Cocceius Nerva emperor.



Last remaining columns from the largely blind peristyle surrounding a temple to Minerva, located at the heart of the Forum of Nerva. The visible door frame is not an original element but rather one of the many modifications suffered during the Middle Ages.

The change of government was a breath of relief for the Roman Senate, whose senators had suffered under the terrors of Domitian's regime. As an immediate gesture of goodwill towards his supporters, Nerva publicly swore that no senators would be put to death as long as he remained in office.<sup>[24]</sup> He called an end to trials based on treason, released those who had been imprisoned under these charges, and granted amnesty to many who had been exiled.<sup>[21]</sup> All properties which had been confiscated by Domitian were returned to their respective families.<sup>[21]</sup> Nerva also sought to involve the Senate in his government, but this was not entirely successful. He continued to rely largely on friends and advisors that were known and trusted, and by maintaining friendly relations with the pro-Domitianic faction of the Senate, he incurred hostility which may have been the cause for at least one conspiracy against his life.<sup>[25][26]</sup>



Having been proclaimed emperor solely on the initiative of the Senate, a number of measures had to be introduced in order to gain support among the Roman populace. As was custom by this time, a change of emperor was expected to bring with it a generous payment of gifts and money to the people and the army. Accordingly, a *congiarium* of 75 *denarii* per head was bestowed upon the citizens, while the soldiers of the Praetorian Guard received a *donativum* which may have amounted to as much as 5000 *denarii* per person.<sup>[27]</sup> This was followed by a string of economic reforms intended to alleviate the burden of taxation from the most needy Romans.<sup>[28]</sup> To the poorest, Nerva granted allotments of land worth up to 60 million *sesterces*.<sup>[24]</sup> He exempted parents and their children from a 5% *inheritance tax*, and he made loans to Italian landowners on the condition that they pay *interest* of 5% to their municipality to support the children of needy families; alimentary schemes which were later expanded by Trajan, *Antoninus Pius*, and *Marcus Aurelius*.<sup>[29]</sup> Furthermore, numerous taxes were remitted and privileges granted to Roman provinces.<sup>[27]</sup>

Before long, Nerva's expenses strained the economy of Rome and, although perhaps not ruinous to the extent once suggested by Syme,<sup>[30]</sup> necessitated the



locally reduce expenditures.<sup>[31]</sup> The most superfluous religious sacrifices, *games* and *horse races* were discontinued. Nerva also gave up Domitian's former possessions, including the auctioning of ships, estates, and even furniture.<sup>[24]</sup> Large amounts of statues, and Nerva forbade that similar images be made in his honor.<sup>[21]</sup>

Because he reigned only briefly, Nerva's public works were few, instead completing projects which had been initiated under Flavian rule. This included extensive repairs to the *Roman road* system and the expansion of the *aqueducts*.<sup>[32]</sup> The latter program was headed by the former *consul* *Sextus Julius Frontinus*, who helped to put an end to abuses and later published a significant work on Rome's water supply, *De Aquis Urbis Romae*.<sup>[33]</sup> The only major landmarks constructed under Nerva were a *granary*, known as the *Horrea Nervae*,<sup>[34]</sup> and a small *Imperial Forum* begun by Domitian, which linked the *Forum of Augustus* to the *Temple of Peace*.<sup>[35]</sup> Little remains, partly because the *Via dei Fori Imperiali* cuts across it.

### [edit] Crisis of succession

Roman *aureus* struck under Nerva, c. 97. The reverse reads *Concordia Exercituum*, symbolizing the unity between the emperor and the *Roman army* with two clasped hands over an *army standard*.

### [edit] Death and legacy

Roman *aureus* struck under Trajan, c. 115. The reverse commemorates both Trajan's natural father, *Marcus Ulpius Traianus* (right), and his *adoptive* father, the Deified Nerva (left).

On 1 January, 98, at the start of his fourth consulship, Nerva suffered a *stroke* during a private audience.<sup>[48]</sup> Shortly thereafter he was struck by a fever and died at his villa in the Gardens of Sallust, on 27 January.<sup>[49][50]</sup> He was deified by the Senate,<sup>[49]</sup> and his ashes were laid to rest in the *Mausoleum of Augustus*.<sup>[44]</sup> Nerva was succeeded without incident by his adopted son Trajan, who was greeted by the Roman populace with much enthusiasm. According to *Pliny the Younger*, Trajan dedicated a temple in honour of Nerva,<sup>[52]</sup> yet no trace of it has ever been found; nor was a commemorative series of coins for the Deified Nerva issued until ten years after his death. According to Cassius Dio, however, the *Guard prefect* responsible for the mutiny against Nerva, Casperius Aelianus, was 'dismissed' upon Trajan's accession.

# NETWORK >MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

- Transition from 2D to 3D Orthodontics
- 1)Segmentation
- 2)Orientation
- 3)Virtual 2D X-Rays development (lateral>ortophantomography>TMJ>cross sections>postero-anterior>upper arch submento-vertex>lower arch submento-vertex
- 4)Cephalometrics >Transitipon to 3D cehalometrics4)Virtual 2D
- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

## >INTRAORAL SCANNERS



# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

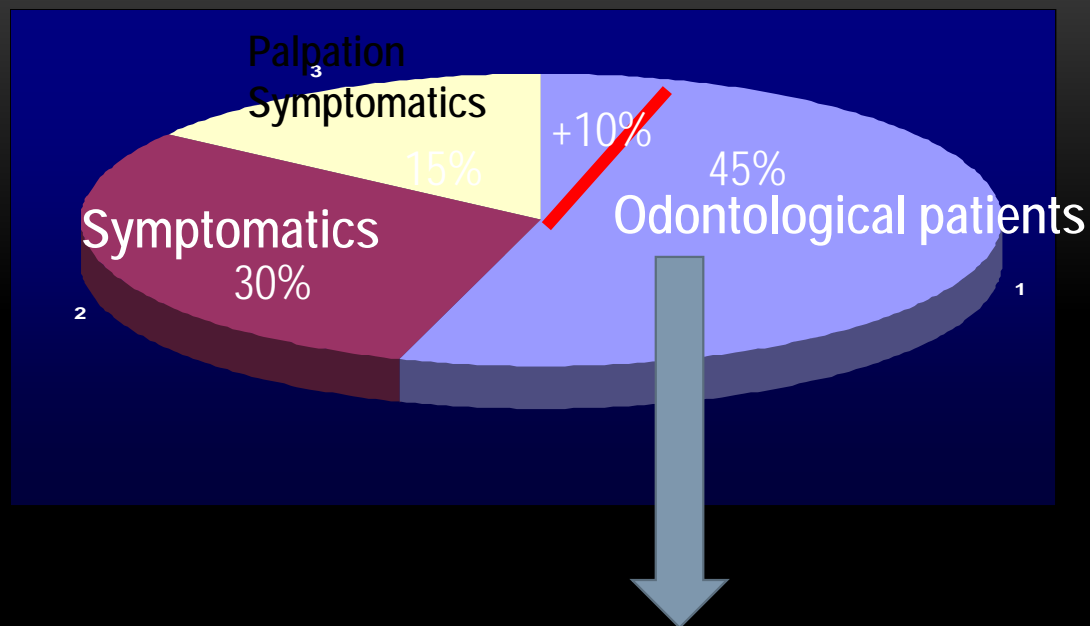
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## >INTRAORAL SCANNERS



[http://www.felicefesta.it/congressi/econgress\\_sido2016.html](http://www.felicefesta.it/congressi/econgress_sido2016.html)

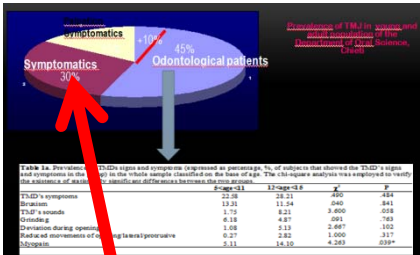




Prevalence of TMJ in young and adult population of the Department of Oral Science, Chieti

**Table 1a.** Prevalence of TMDs signs and symptoms (expressed as percentage, %, of subjects that showed the TMD's signs and symptoms in the group) in the whole sample classified on the base of age. The chi-square analysis was employed to verify the existence of statistically significant differences between the two groups.

	5<age<11	12<age<15	$\chi^2$	P
TMD's symptoms	22.58	28.21	.490	.484
Bruxism	13.31	11.54	.040	.841
TMD's sounds	1.75	8.21	3.600	.058
Grinding	6.18	4.87	.091	.763
Deviation during opening	1.08	5.13	2.667	.102
Reduced movements of opening/lateral/protrusive	0.27	2.82	1.000	.317
Myopain	5.11	14.10	4.263	.039*



# Case 12 TMJ Extrarticular: Muscular Occlusal Sense

Tension headache facial right, cervical spine, Upper Trapezius. Passive aligners for 2 months, tongue exercises, spine exercises powering-stretching contemporarely

- PZ M. P. monitoraggio per mezzo della VAS





# CHIETI-MOSCOW DIAGNOSTIC PROTOCOL

**ESAME CLINICO ORTODONTICO**

MOTIVO DELLA VISITA Ulcera Stafilococcica

**TIPO FACIALE**  
 Mesofacciale   
 Brachifacciale   
 Doliofacciale

**PROFILO TESSUTI MOLLI**  
 Normale   
 Dritto   
 Convesso   
 Concavo

**CROSS BITE**  
 Anteriore   
 Posteriore  SIN

**PARODONTO**  
 Buono   
 Infiammato   
 Ipertrofico   
 Generale   
 Locale (Denti)

**LINEA MEDIANA**  
 Normale   
 LMS  Dx  Sn \_\_\_\_\_ mm  
 LMI  Dx  Sn \_\_\_\_\_ mm

**RICHIESTA CONSULENZA**

**SIMMETRIA ARCATE**  
 a) SUPERIORE b) INFERIORE  
 Normale  Normale   
 Stretta  Stretta   
 Larga  Larga

**BRUXISMO**  
 Sì  
 No

**CURVA DI SPEE**  
 Normale   
 Piatta  DX  
 Profonda  SIN  
 Inversa

**SERRAMENTO**  
 Sì  
 No

**DISCREPANZA CO-CR**  
 Sì  
 No

**TONO LABIALE**

**INTRA-ARCATA**  
 a) SUPERIORE  
 Normale   
 Afollata  mm  
 Spaziata \_\_\_\_\_ mm  
 b) INFERIORE  
 Normale   
 Afollata  mm  
 Spaziata \_\_\_\_\_ mm

**NECESSITA' DI CARTE**

**FRENULI LABIALE**  
 Superiore   
 Inferiore

**LINGUALE**

**MOLARI**  
 Classe I  Dx  Sn   
 Classe II  Dx  Sn   
 Classe III  Dx  Sn

**CANINI**  
 Classe I  Dx  Sn   
 Classe II  Dx  Sn   
 Classe III  Dx  Sn

**ABITUDINI VIZiate**  
 Intersposizione labiale  
 Succhiamento del pollice  
 Deglutizione atipica  
 Chiazzeria

Nome \_\_\_\_\_ Tel. Casa \_\_\_\_\_ Tel. Off. \_\_\_\_\_ Età \_\_\_\_\_ Coll. \_\_\_\_\_

Si prega di scegliere una sola delle seguenti risposte:

Sesso \_\_\_\_\_ Razza \_\_\_\_\_ Stato civile \_\_\_\_\_ Occupazione \_\_\_\_\_  
 Uomo  Europeo  Nubila/Calibe  
 Donna  Africano  Contigato GIORGIANA  
 Asiatico  Divorziato  
 Altro  Vedovo

Qual'è la natura del suo dolore o problema? (tipi di testa, mal di denti, vertigini, cervicigo, schiena, gambe, ecc.)  
 a. Locali, da poco e severissimo da 10 ore circa  
 b. diffuso  
 c. da mattina

Descriva il suo dolore

Quando ha notato per la prima volta il problema o il dolore?  
 Data di inizio: 10 ore circa

È iniziato all'improvviso o gradualmente? gradualmente

Durata del problema \_\_\_\_\_  
 Si avverte costantemente? Sì Periodicamente? \_\_\_\_\_ Quando \_\_\_\_\_  
 Come si è evoluto il problema nel tempo? \_\_\_\_\_

Elencò i nomi di tutti i professionisti da lei contattati per risolvere il suo problema in ordine di tempo  
 Data \_\_\_\_\_ Nome \_\_\_\_\_ Specializzazione \_\_\_\_\_ Tel. \_\_\_\_\_  
Dr. FABIO PAPA ORTODONTO

Elencò tutti i tipi di apparecchiature e/o farmaci utilizzati o in uso per tale problema  
 Data \_\_\_\_\_ Tipo di terapia \_\_\_\_\_ Chi l'ha prescritta \_\_\_\_\_

Le sono mai state prescritte radiografie per questo tipo di problemi all'articolazione tempo-mandibola?  
 Sì  No

SI PREGA DI RISPONDERE SÌ O NO ALLE SEGUENTI DOMANDE:

SÌ	NO	DOMANDA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mai usato o usa attualmente una placca?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E' stata/o mai trattato per una "cattiva occlusione dentale"?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E' stata/o sottoposta/o a trattamento ortodontico?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E' portatore di estese ricostruzioni protesiche fisse (corone, ponte)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha perso denti nelle zone posteriori?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E' portatore di protesi parziale rimovibile?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mai ricevuto qualche trattamento per i suoi problemi dell'articolazione temporo-mandibolare?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Si sveglia mai con fastidi ai denti o alle mascelle?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Si rende mai conto di stringere forte i denti durante il giorno?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Qualcuno le ha mai detto che durante il sonno fa rumore coi denti?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Avverte dolore o fastidio intorno agli occhi, orecchi o altre parti del corpo?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha problemi di udito?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mal di testa i senso di "tensione"?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mal di testa occasionali?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soffre di emicrania?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sente bruciare tutta la bocca?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sente bruciare parti della bocca (lingua, gengiva, guance, palato)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha spesso fastidio ai muscoli del collo o mal di collo?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sente il dolore spostarsi da un punto all'altro della faccia, del collo, delle spalle o del dorso?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	I muscoli della mandibola si stancano facilmente?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha difficoltà ad aprire molto la bocca?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soffre o ha sofferto di artrite?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha qualche parente che soffre di artrite o gotta?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mai ricevuto un urto nella zona del collo o della mandibola? <u>GIORGIANA E RUSB</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mai avvertito dolore all'articolazione della mandibola?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mai avuto problemi alle orecchie tipo ronzii o abbassamento dell'udito?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha mai sentito rumori tipo scricchiolamento provenienti dalla articolazione della mandibola?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sente di non riuscire ad aprire la bocca quanto vorrebbe?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Avverte attualmente dolore proveniente dall'articolazione della mandibola o dai muscoli?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Il dolore o fastidio che proviene dall'articolazione della mandibola interferisce con il suo lavoro o con le altre attività?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ci sono momenti in cui sente che il problema o il dolore è minore o scomparso del tutto?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Si sente depressa/o?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E' mai stata/o visitata/o da uno psicologo?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ha problemi di insonnia?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Si trova attualmente in una particolare situazione di stress (lavoro, famiglia, studio, ecc.)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beve più di una bevanda alcolica al giorno?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fuma le sigarette, la pipa o il sigaro?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	E' solito mangiarsi le unghie, le labbra o la lingua?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pensa che il suo dolore possa essere collegato allo stress?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Secondo lei durante il giorno i denti sono a contatto (anche leggero) per: scegliere solo una delle seguenti voci <input type="checkbox"/> 2 minuti <input type="checkbox"/> 2 ore <input checked="" type="checkbox"/> 10 ore <input checked="" type="checkbox"/> 15 ore <input type="checkbox"/> 24 ore

Anamnestic chart: patients touch also slightly teeth each other from 10 to 24 hours/day

- E' solito mangiarsi le unghie, le labbra o la lingua?
- Pensa che il suo dolore possa essere collegato allo stress?
- Secondo lei durante il giorno i denti sono a contatto (anche leggero) per:  
scegliere solo una delle seguenti voci  
 2 minuti     2 ore     10 ore     15 ore     24 ore

# WHAT'S TMJ Therapy Goal?

Note di sopra clinica

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In two months this patient went from 15 hours occlusal contact to 2 minutes occlusal contact

A first Vas is performed (T0) where patient indicates pain areas

T0 (09-04-2013)

DISEGNI L'AREA DEL CORPO RAFFIGURATO DOVE LEI SENTE DOLORE

DX SN

CAPAZITÀ MUSCOLARE  
- Episodi di cervicaglia 1-2 volte al mese  
- Dolore quasi continuo soprattutto  
cotte tensione  
- NON ASSUME FARMACI  
- NO FORTISSIMA NO FORTISSIMA  
ATTIVITÀ SPORTIVA A SICUREZZA  
AZIENDA  
CAUSO DAVANTI AL COMPUTER  
CON POSTURA BRUZZA

Di quanto il suo problema interferisce sulla sua vita quotidiana?

0% 50% 100%

DATA 09, 04, 2013

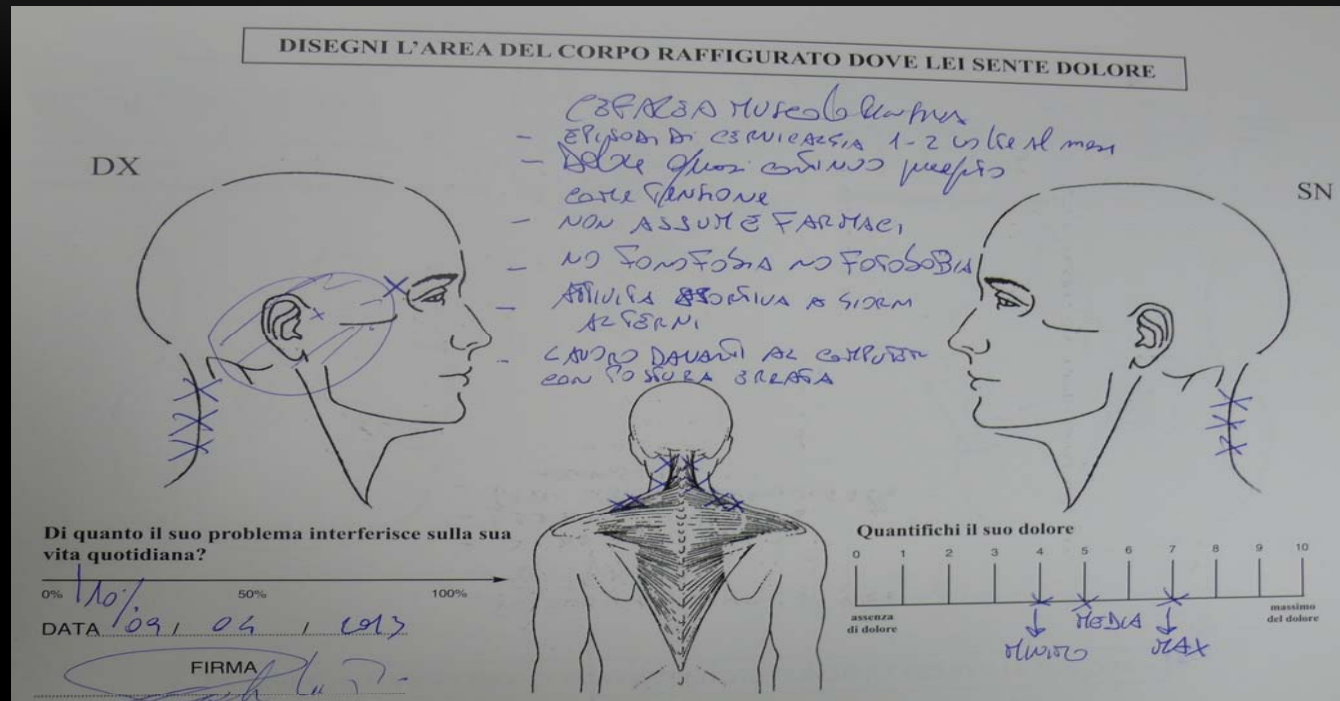
FIRMA

Quantifichi il suo dolore

0 1 2 3 4 5 6 7 8 9 10

assenza di dolore massimo del dolore

MINIMO MEDIA MAX



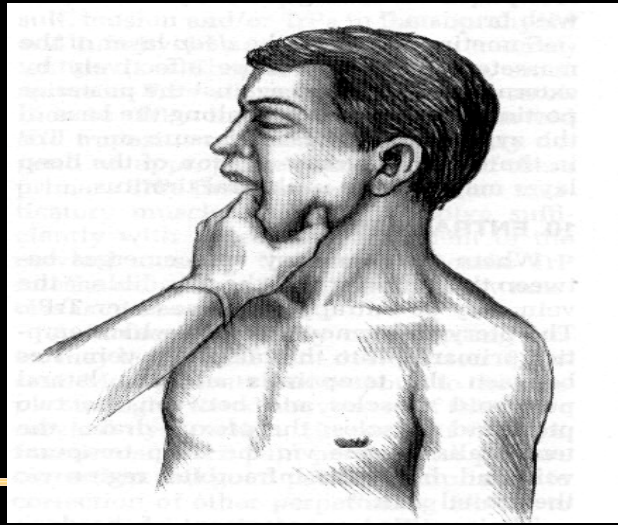
Patient indicates painful points and quantify the perceived pain



# Facial-spine muscle palpation shows high (XXX or XXXX) muscle soreness at palpation

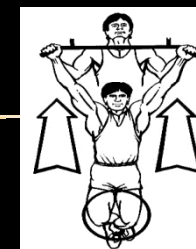
TO (09-04-2013)

ESAME CLINICO		del
Nome		
SI	NO	POSITIVITÀ TEST DEI NERVI CRANICI
		N. Sovraorbitario
		N. Sottorbitario
		N. Mandibolare
		RUMORI ARTICOLARI
		CLICK <i>click in chiusura</i>
		CLICK RECIPROCO
		SCHIOCCO
		CREPITIO
		END-FEEL MORBIDO
		END-FEEL RIGIDO
TENSIONE-DOLORE ALLA PALPAZIONE MUSCOLARE		
		TEMPORALE ANTERIORE
		TEMPORALE MEDIO
		TEMPORALE POSTERIORE
		SCM (capo cervicale)
		SCM (capo clavicolare)
		DIGASTRICO ANTERIORE
		DIGASTRICO POSTERIORE
		MASSETERO DEL CRANIO
		MASSETERO POSTERIORE DEL COLL
		PTERIGOIDEO ESTERNO - capo st
		MASSETERO SUPERFICIALE
		TRAPEZIO SUPERIORE
		TRAPEZIO INFERIORE
		MASSETERE PROFONDE
		FIBRE ANTERIORI MASSETERE
		TEMPORALIS TENDON
		PTERIGOIDEO ESTERNO - capo in
		PTERIGOIDEO INTERNO - capo in
		PTERIGOIDEO INTERNO - capo in
SI	NO	SERRAMENTO
		BRUXISMO
		FACCETTE DI USURA elementi dentari
		IRREGOLARITÀ BORDI DELLA LINGUA
		LINEA IPERCHERATOSICA MUCOSA ORALE
		DISCREPANZA CO/CR
		APERTURA
		DEVIAZIONE IN APERTURA
		LATERALITÀ
		PROTRUSIVA
		INTERFERENZE SUL LATO DI BILANCIAMENT
		INTERFERENZE SUL LATO LAVORANTE



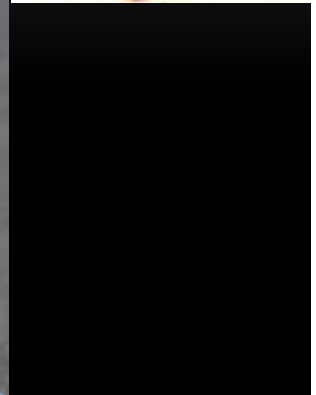
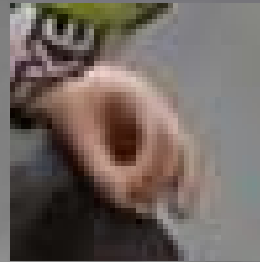
# TONGUE/SPINE THERAPY

- Day wear Lower essix passive aligner 0.3 mm
- Night wear Upper Essix passive aligner 0.3 mm.
- Patient is taught to utilize tongue to release facial-spine muscles and recorticalize brain occlusal sense reducing it from 10-24 hours to 2 min. per day occlusal contact. The result is got in 2 months.
- Patient signes every morning at awaking a pain analogic scale. If he has done the exercise the day before, because brain remember tongue exercises done the day before, the pain will go down day by day in two months.
- Patient is taught to perform spine postural powering-stretching exercises if there are'nt spine hernias/protrusion. The exercises can be performed in fitness center with a trainer.
- In case of severe diffuse spine pain are prescribed cervical ,dorsal, lombosacral RMN. If is completed a diagnosis of spine protrusions/hernias is necessary phisical therapy with light mobilization spine exercises.
- **Tongue/spine exercise protocol:**
- 1)Contract maximum bilateral masseter feeling with fingers bulging of muscles on face.
- 2)Release masseters without keeping teeth apart.
- 3)Keep little apart teeth releasing masseters again
- 4)Put tip of tongue on lingual surface of upper incisors feeling the masseters release more. Check in patient mouth if the distance between teeth is about 1.5 mm.
- Ask the patient to stay day time in this released muscle position(**Modified Mudra/Yoga**). The exercise could be repeated from the patient three times in a day to reinforce brain remembering exercise.











T2 11-09-2013

**DISEGNI L'AREA DEL CORPO RAFFIGURATO DOVE LEI SENTE DOLORE**

*IL PAZIENTE REFERE PER  
NON AVERE ALCUNA SINDROME MIOLOGICA  
- ASSENZA DI CEFALGIA MUSCOLO SCHEMICA*

DX SN

Di quanto il suo problema interferisce sulla sua vita quotidiana?

0% 50% 100%

DATA *11, 09, 2013*

FIRMA *[Signature]*

Quantifichi il suo dolore

X 1 2 3 4 5 6 7 8 9 10

assenza di dolore massimo del dolore

Pain is 0

Palpation is performed from same doctor. After 6 months pain at palpation is reduced of about 40-50%. It can't be reduced completely because the patient is a Class III and in any case mandible pushes back on retrofarigeal areas and muscles remain little tightened

T0 (09-04-2013)

**ESAME CLINICO**

Nome \_\_\_\_\_

SI	NO	POSITIVITÀ TEST DEI NERVI CRANICI
<input type="checkbox"/>	<input checked="" type="checkbox"/>	N. Sovraorbitario
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N. Sottorbitario
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N. Mandibolare
RUMORI ARTICOLARI		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CLICK <i>click in chiusura</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CLICK RECIPROCO
<input type="checkbox"/>	<input type="checkbox"/>	SCHIOCCO
<input type="checkbox"/>	<input type="checkbox"/>	CREPITIO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	END-FEEL MORBIDO
<input type="checkbox"/>	<input type="checkbox"/>	END-FEEL RIGIDO
TENSIONE-DOLORE ALLA PALPAZIONE MUSCOLARE		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TEMPORALE ANTERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TEMPORALE MEDIO
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE POSTERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCM (capo sternale)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCM (capo clavicolare)
<input type="checkbox"/>	<input type="checkbox"/>	DIGASTRICO ANTERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIGASTRICO POSTERIORE
<input type="checkbox"/>	<input type="checkbox"/>	BASE DEL CRANIO
<input type="checkbox"/>	<input type="checkbox"/>	PARTE POSTERIORE DEL COLLO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTERIGOIDEO ESTERNO - capo su
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MASSETERE SUPERFICIALE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TRAPEZIO SUPERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TRAPEZIO INFERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MASSETERE PROFONDE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FIBRE ANTERIORI MASSETERE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TEMPORALIS TENDON
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTERIGOIDEO ESTERNO - capo in
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTERIGOIDEO INTERNO - capo su
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTERIGOIDEO INTERNO - capo in

T2 11-09-2013

**ESAME CLINICO**

Nome *PAOLO*

SI	NO	POSITIVITÀ TEST DEI NERVI CRANICI
<input type="checkbox"/>	<input type="checkbox"/>	N. Sovraorbitario
<input type="checkbox"/>	<input type="checkbox"/>	N. Sottorbitario
<input type="checkbox"/>	<input type="checkbox"/>	N. Mandibolare
RUMORI ARTICOLARI		
<input type="checkbox"/>	<input type="checkbox"/>	CLICK
<input type="checkbox"/>	<input type="checkbox"/>	CLICK RECIPROCO
<input type="checkbox"/>	<input type="checkbox"/>	SCHIOCCO
<input type="checkbox"/>	<input type="checkbox"/>	CREPITIO
<input type="checkbox"/>	<input type="checkbox"/>	END-FEEL MORBIDO
<input type="checkbox"/>	<input type="checkbox"/>	END-FEEL RIGIDO
TENSIONE-DOLORE ALLA PALPAZIONE MUSCOLARE		
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE ANTERIORE
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE MEDIO
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE POSTERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCM (capo sternale)
<input type="checkbox"/>	<input type="checkbox"/>	SCM (capo clavicolare)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIGASTRICO ANTERIORE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DIGASTRICO POSTERIORE
<input type="checkbox"/>	<input type="checkbox"/>	BASE DEL CRANIO
<input type="checkbox"/>	<input type="checkbox"/>	PARTE POSTERIORE DEL COLLO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTERIGOIDEO ESTERNO - capo superiore
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TRAPEZIO SUPERIORE
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MASSETERE PROFONDE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FIBRE ANTERIORI MASSETERE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TEMPORALIS TENDON
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTERIGOIDEO ESTERNO - capo inferiore
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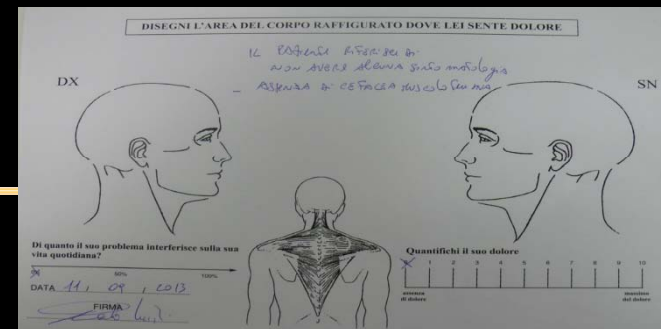
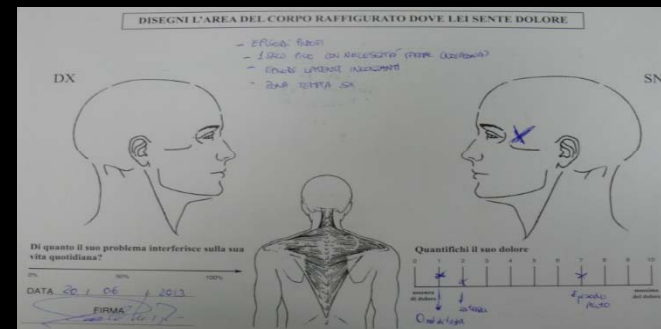
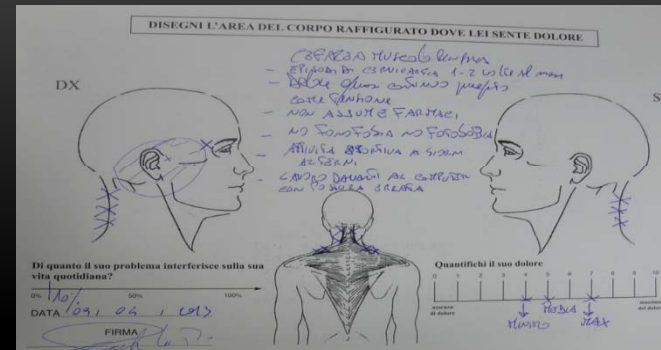
# VAS DURING THERAPY

T0 09-04-2013

Starting therapy

T1 20-06-2013

T2 11-09-2013

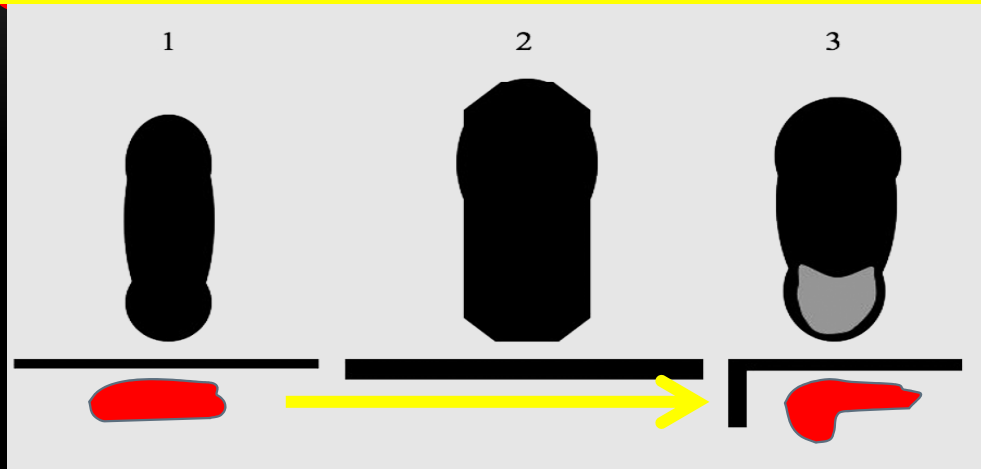


# WHY IT HAPPENED?

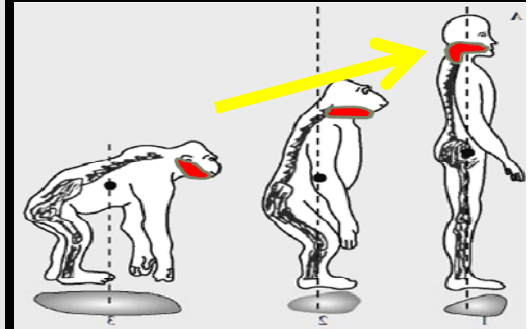
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# GENOMIC ANTHROPOLOGY: Progressive expression change of muscles/tongue

In six Millions  
years Tongue  
changed  
shape to 90°  
curvature to  
help a better  
upright  
posture

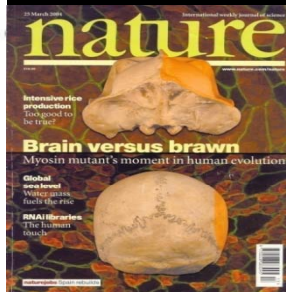
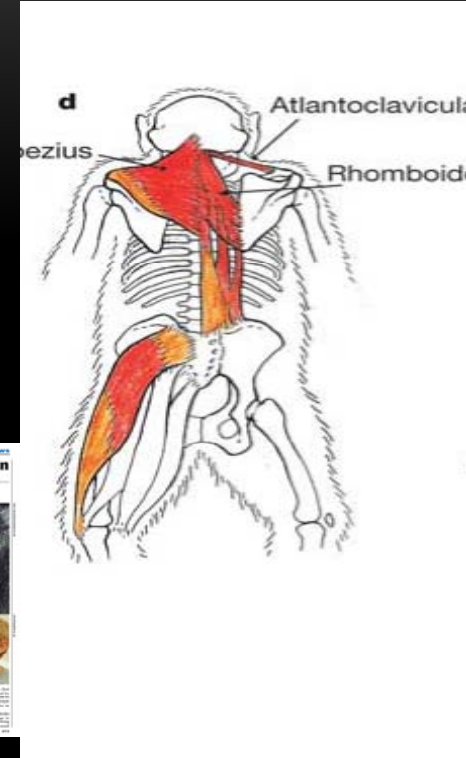
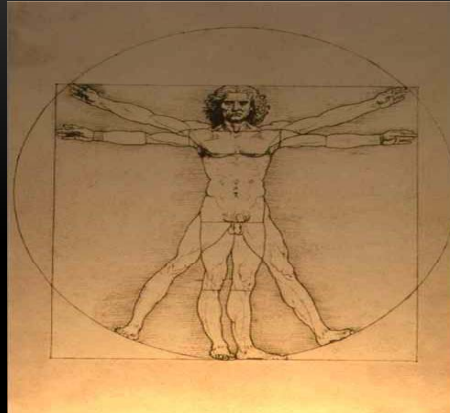
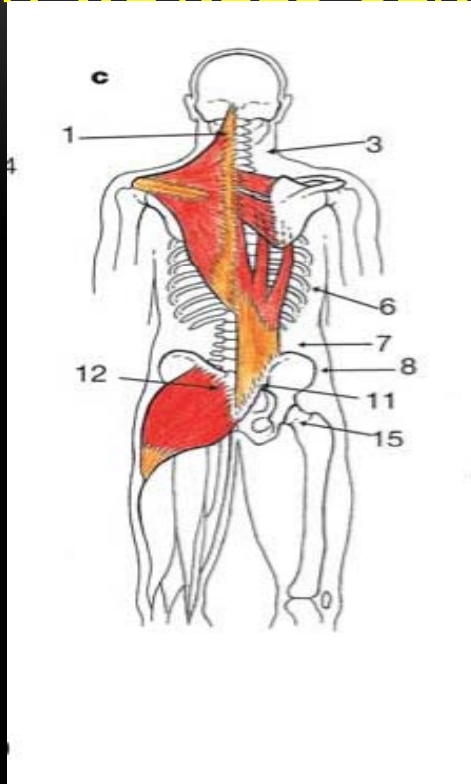


From deglutition only to  
deglutition and upright



Schematic representation of the tongue. The upper part shows its flat projection in great apes (1), in Neanderthal man (2), and in modern *Homo sapiens* (3). The vertical gray portion forms part of the anterior wall of the oropharynx. The tongue of *Homo erectus* (not shown) was similar to that of the modern human. The lower part shows a lateral view of the topographical position of the tongue in relation to the oral cavity and oropharynx: completely

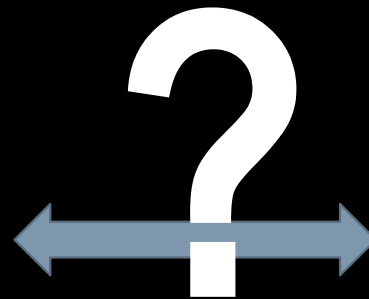
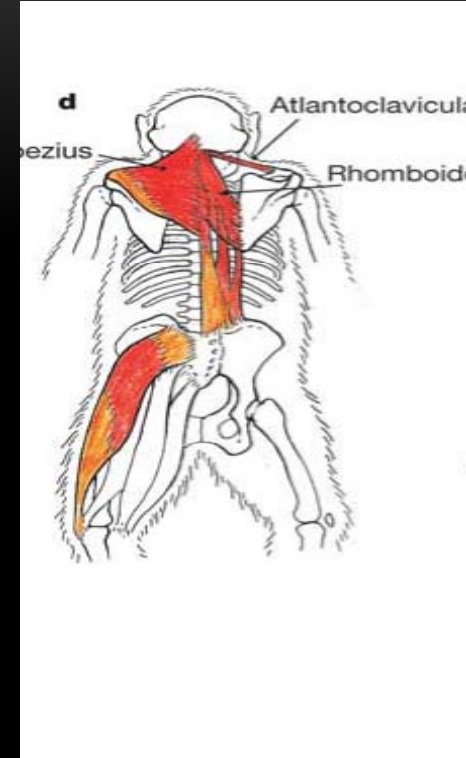
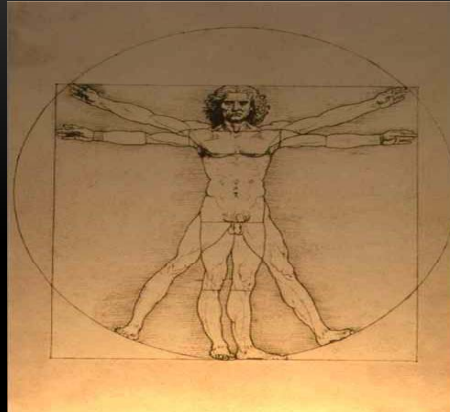
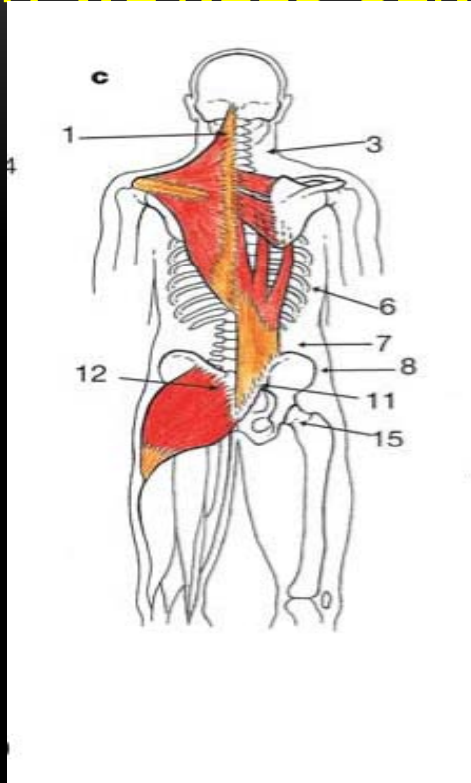
# WHY WE NEED GENOMIC ANTHROPOLOGY IN ORTHODONTICS?



BECAUSE WE HAVE A BAD ADAPTATION TO UPRIGHT POSTURE



# WHY WE NEED GENOMIC ANTHROPOLOGY IN ORTHODONTICS?



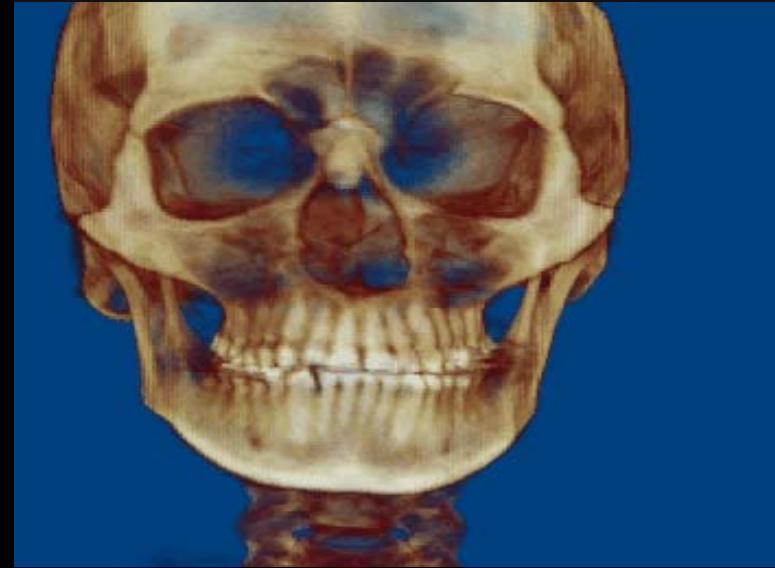
**BECAUSE WE HAVE A BAD ADAPTATION TO UPRIGHT POSTURE**

# ORTHODONTICS AND GENETICS EVOLUTION WORD WEBPORTAL

Sintetizzare il pensiero di Damasio sulle basi della genetica, dell'antropologia, dell'evoluzione e della terapia del dolore da disordine posturale di malati, a lungo ritenuti incurabili, e ritrovando nelle azioni dei nostri predecessori quei comportamenti innati che Spinoza aveva intuito, ma che sono stati a lungo il "primum movens" di ogni azione umana.

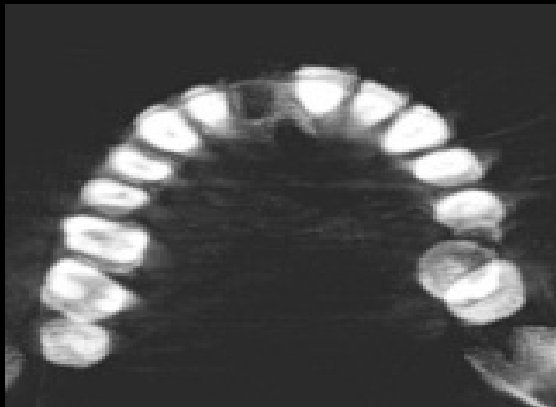
IN EVIDENCE





Confronto fra crani in area con forte imbriding. La distanza fra il cranio del vivente (dx) e quello del probabile antenato è di 4000 anni

# OPI ARCH FORM



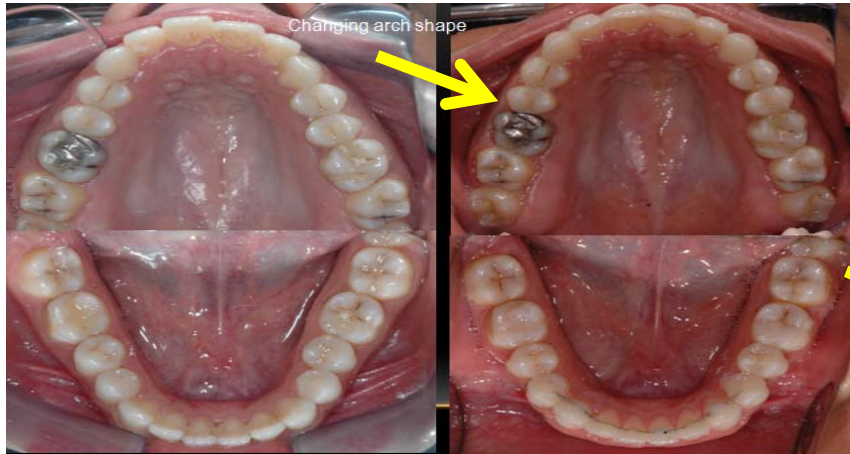
## 4000 YEARS



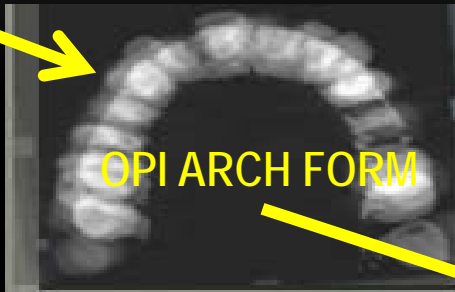
L'arcata superiore si è contratta soprattutto nella zona canina, premolare e del primo molare



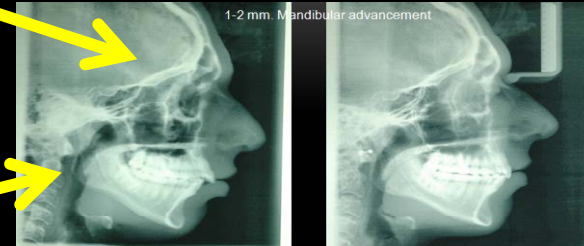
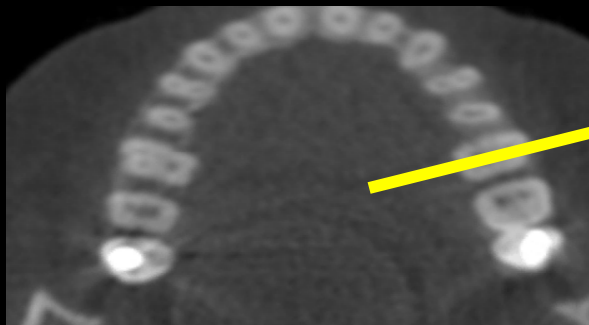




An answer from  
human evolution



IN YELLOW POSITIVE  
PASSIVE MANDIBULAR  
ADVANCEMENT



~~Straight-wire -- less gene adaptation~~      ~~Self-ligating low friction ++ better gene adaptation~~



# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

- Transition from 2D to 3D Orthodontics
- 1)Segmentation
- 2)Orientation
- 3)Virtual 2D X-Rays development (lateral>ortophantomography>TMJ>cross sections>postero-anterior>upper arch submento-vertex>lower arch submento-vertex
- 4)Cephalometrics >Transitipon to 3D cehalometrics4)Virtual 2D
- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

>INTRAORAL SCANNERS

Prenotazioni

localhost:8080/ProgettoPoltrone14d/ calendario

Login eseguito Logou

Legenda: Prima Visita Fisioterapia ATM Apparecchiatura Fissa Terapia Intercettiva Impianti Conservativa Protesi Chirurgia Terapia Parodontale Allineatori Contenzior

Oggi Calendario Prenotazioni Poltrone Operatori Sezione 1

Selezione Data: 20/10/2016 Vedi Poltrone Data selezionata: 20/10/2016 Stampa Esporta CSV

Orario	Poltrona 1	Poltrona 2	Poltrona 3	Poltrona 4
13.30 - 14.00	/	/	/	/
14.00 - 14.30	/	/	/	/
14.30 - 15.00	/	/	/	/
15.00 - 15.30	/	/	/	/
15.30 - 16.00	[blurred]	[blurred]	[blurred]	[blurred]
16.00 - 16.30	[blurred]	[blurred]	[blurred]	/
16.30 - 17.00	[blurred]	[blurred]	[blurred]	/
17.00 - 17.30	[blurred]	/	[blurred]	/
17.30 - 18.00	[blurred]	/	/	/
18.00 - 18.30	[blurred]	/	/	/

We thank Dr. V. Fiore  
<http://www.felicefesta.it/team.html>

Orthodontics and Genetic evolution world portal  
[www.felicefesta.it](http://www.felicefesta.it)

Management software developed by Simone Festa

# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

- Transition from 2D to 3D Orthodontics
- 1)Segmentation
- 2)Orientation
- 3)Virtual 2D X-Rays development (lateral>ortophantomography>TMJ>cross sections>postero-anterior>upper arch submento-vertex>lower arch submento-vertex
- 4)Cephalometrics >Transitipon to 3D cehalometrics4)Virtual 2D
- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

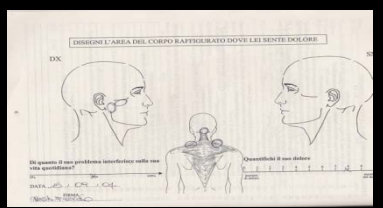
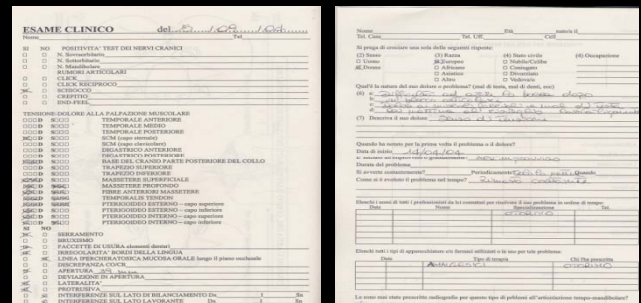
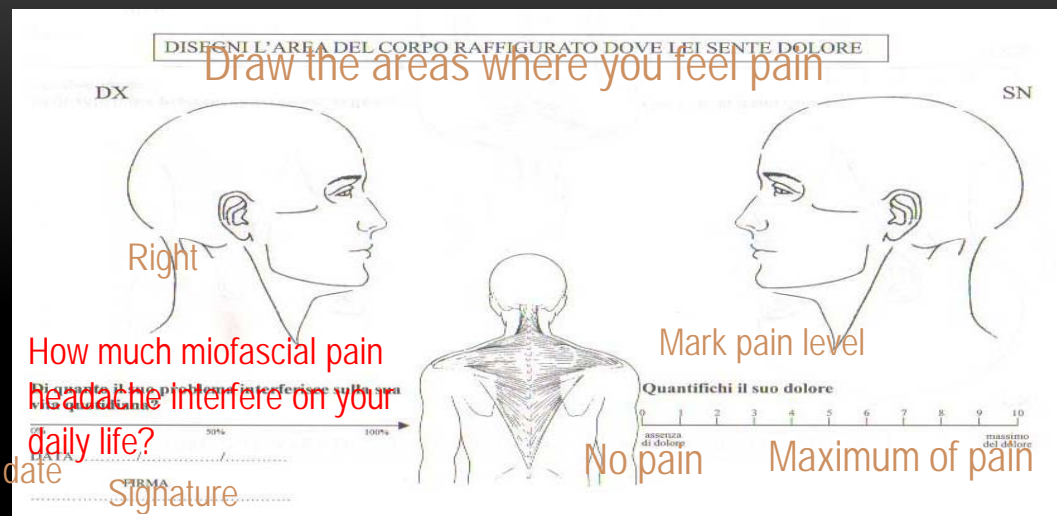
## >INTRAORAL SCANNERS

Article Title: **Reproducibility of Visual Analog Scale (VAS) Pain Scores to Mechanical Pressure**

Authors: **Greg Goddard, D.D.S.; Hiroyuki Karibe, D.D.S., Ph.D.; Charles McNeill, D.D.S.**

Volume: 22 | Journal Date: July 2004  
Issue: 3

**Abstract:** ABSTRACT: This study tested the reproducibility of visual analog scale (VAS) pain scores to measure changes in masseter muscle pain evoked by maximally tolerable mechanical stimulation over a short time period in healthy subjects. This study also evaluated gender differences in reproducibility of VAS scores to mechanical stimulation. Ten healthy female and eight healthy male individuals participated in this study. The recordings of VAS pain scores to an identical mechanical pressure on the masseter muscle were performed at three different sessions (T1, T2, and T3). The subjects rated their pain on a VAS to a maximally tolerable stimulus that was recorded on an algometer at the first session. The algometer pressure reading was recorded for each subject and then used to duplicate the same identical mechanical stimulus at each of the three sessions. This identical pressure was repeated in the same marked spot at six minutes and after 30 minutes. The subjects rated the pain on a VAS to this identical stimulus at each session. There was no significant difference in VAS pain scores of all subjects at T1, T2, and T3. There was no significant difference in reproducibility of VAS pain scores in females compared to males. Intraclass correlation coefficients were 0.811 on the right masseter and 0.844 on the left masseter. **VAS pain scores to mechanical stimulation were reproducible over a short time period.**



**The Tanaka-Chieti Clinical Chart**

# TMJ CLINICAL DIAGNOSIS: INTRAARTICULAR EXTRAARTICULAR

**ESAME CLINICO** del 10/10/10

Nome \_\_\_\_\_ Tel \_\_\_\_\_

SI	NO	POSITIVITA' TEST DEI NERVI CRANICI
<input type="checkbox"/>	<input type="checkbox"/>	N. Sovraorbitario
<input type="checkbox"/>	<input type="checkbox"/>	N. Sottorbitario
<input type="checkbox"/>	<input type="checkbox"/>	N. Mandibolare
<b>RUMORI ARTICOLARI</b>		
<input type="checkbox"/>	<input type="checkbox"/>	CLICK
<input type="checkbox"/>	<input type="checkbox"/>	CLICK RECIPROCO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCHIOCCO
<input type="checkbox"/>	<input type="checkbox"/>	CREPITIO
<input type="checkbox"/>	<input type="checkbox"/>	END-FEEL

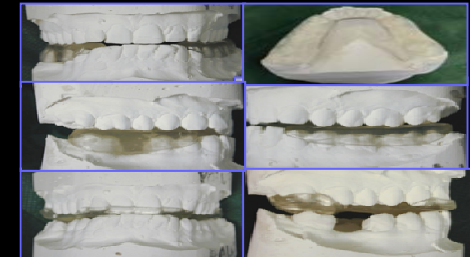
  

TENSIONE-DOLORE ALLA PALPAZIONE MUSCOLARE	SCOD	MUSCOLO
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE ANTERIORE
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE MEDIO
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE POSTERIORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCM (capo sternale)
<input type="checkbox"/>	<input type="checkbox"/>	SCM (capo clavicolare)
<input type="checkbox"/>	<input type="checkbox"/>	DIGASTRICO ANTERIORE
<input type="checkbox"/>	<input type="checkbox"/>	DIGASTRICO POSTERIORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BASE DEL CRANIO PARTE POSTERIORE DEL COLLO
<input type="checkbox"/>	<input type="checkbox"/>	TRAPEZIO SUPERIORE
<input type="checkbox"/>	<input type="checkbox"/>	TRAPEZIO INFERIORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASSETERE SUPERFICIALE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASSETERE PROFONDO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIBRE ANTERIORI MASSETERE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TEMPORALIS TENDON
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO ESTERNO - capo superiore
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO ESTERNO - capo inferiore
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO INTERNO - capo superiore
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO INTERNO - capo inferiore

NO	SINTOMO
<input checked="" type="checkbox"/>	SERRAMENTO
<input type="checkbox"/>	BRUXISMO
<input type="checkbox"/>	FACCETTE DI USURA elementi dentari
<input type="checkbox"/>	IRREGOLARITA' BORDI DELLA LINGUA
<input checked="" type="checkbox"/>	LINEA IPERCHERATOSICA MUCOSA ORALE lungo il piano oclusale
<input type="checkbox"/>	DISCREPANZA CO/CR
<input type="checkbox"/>	APERTURA <u>35</u>
<input type="checkbox"/>	DEVIAZIONE IN APERTURA
<input type="checkbox"/>	LATERALITA'
<input type="checkbox"/>	PROTRUSIVA
<input type="checkbox"/>	INTERFERENZE SUL LATO DI BILANCIAMENTO Dx _____ Sn _____
<input type="checkbox"/>	INTERFERENZE SUL LATO LAVORANTE Dx _____ Sn _____

**TMJ CLICKING** → **20%**  
**LOCKING**



*the splint therapy. These splints force the mandible to an anterior position for 24 hours a day. This therapy is associated to physical therapy, spray and stretch technique and biofeedback. Once the symptoms are reduced the clinician can go on to the second step.*

*Physical therapy. Tongue exercises+ spine exercises . 6 months*



# TMJ CLINICAL DIAGNOSIS: INTRAARTICULAR

# EXTRAARTICULAR

**ESAME CLINICO** del 10/10/2019

Nome \_\_\_\_\_ Tel \_\_\_\_\_

SI	NO	POSITIVITA' TEST DEI NERVI CRANICI
<input type="checkbox"/>	<input type="checkbox"/>	N. Sovraorbitario
<input type="checkbox"/>	<input type="checkbox"/>	N. Sottorbitario
<input type="checkbox"/>	<input type="checkbox"/>	N. Mandibolare
<b>RUMORI ARTICOLARI</b>		
<input type="checkbox"/>	<input type="checkbox"/>	CLICK
<input type="checkbox"/>	<input type="checkbox"/>	CLICK RECIPROCO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCHIOCCO
<input type="checkbox"/>	<input type="checkbox"/>	CREPITIO
<input type="checkbox"/>	<input type="checkbox"/>	END-FEEL

TENSIONE-DOLORE ALLA PALPAZIONE MUSCOLARE		
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE ANTERIORE
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE MEDIO
<input type="checkbox"/>	<input type="checkbox"/>	TEMPORALE POSTERIORE
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<input type="checkbox"/>	<input type="checkbox"/>	SCM (capo clavicolare)
<input type="checkbox"/>	<input type="checkbox"/>	DIGASTRICO ANTERIORE
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<input type="checkbox"/>	<input type="checkbox"/>	TRAPEZIO INFERIORE
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO ESTERNO - capo inferiore
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO INTERNO - capo superiore
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTERIGOIDEO INTERNO - capo inferiore

SI	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SERRAMENTO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRUXISMO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FACCETTE DI USURA elementi dentari
<input checked="" type="checkbox"/>	<input type="checkbox"/>	IRREGOLARITA' BORDI DELLA LINGUA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINEA IPERCHERATOSICA MUCOSA ORALE lungo il piano oclusale
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DISCREPANZA CO/CR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	APERTURA 35 mm
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEVIAZIONE IN APERTURA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LATERALITA'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PROTRUSIVA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INTERFERENZE SUL LATO DI BILANCIAMENTO Dx _____ Sn _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INTERFERENZE SUL LATO LAVORANTE Dx _____ Sn _____



**TMJ TPs/OCCLUSAL SENSE** → **80%**

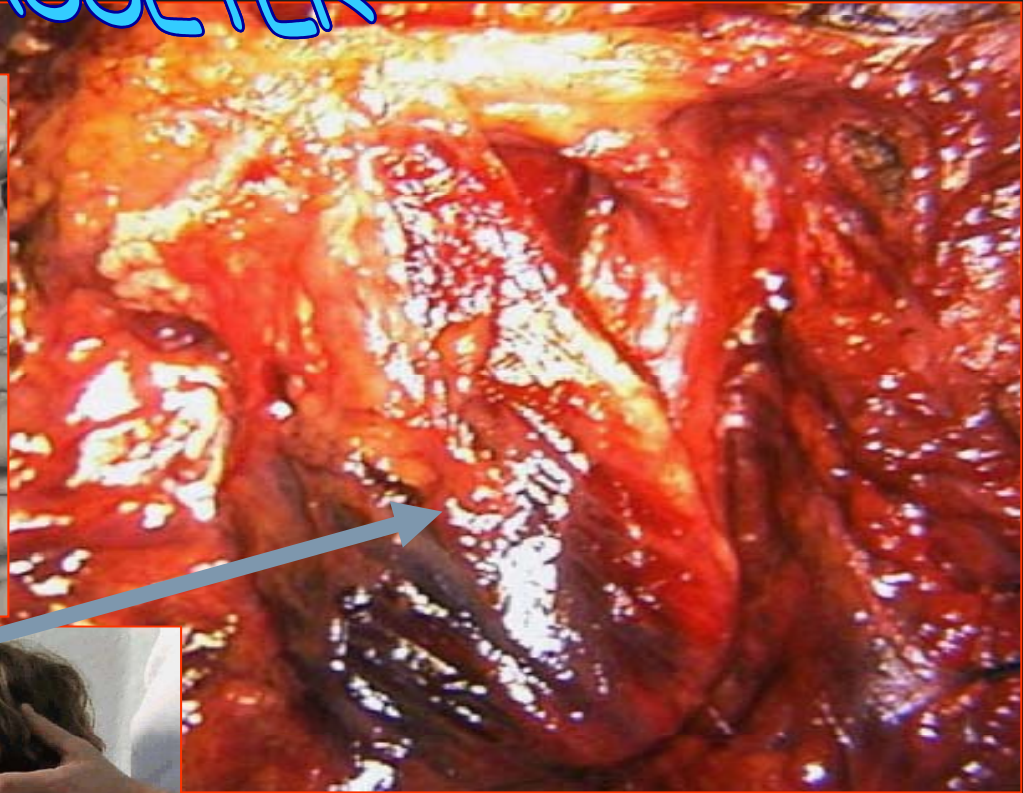
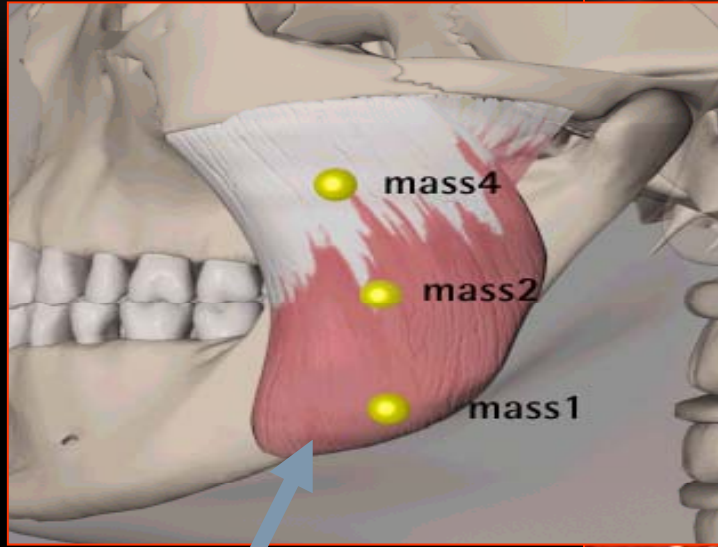
Upper passive aligner night wear  
Lower passive aligner day wear

*the aligners therapy. These aligners don't force the mandible to an anterior position for 24 hours a day. This therapy is associated with tongue exercises. Once the symptoms are reduced (2 months) the clinician can go on to the second step.*

*Physical therapy. Tongue exercises+ spine exercises. 2 months.*

*The finishing step. During this phase braces or aligners*

# SUPERFICIAL MASSETER



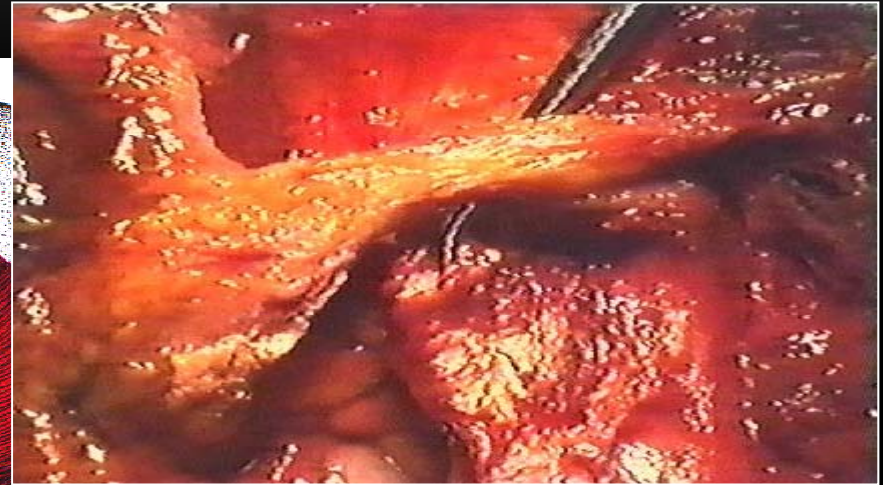
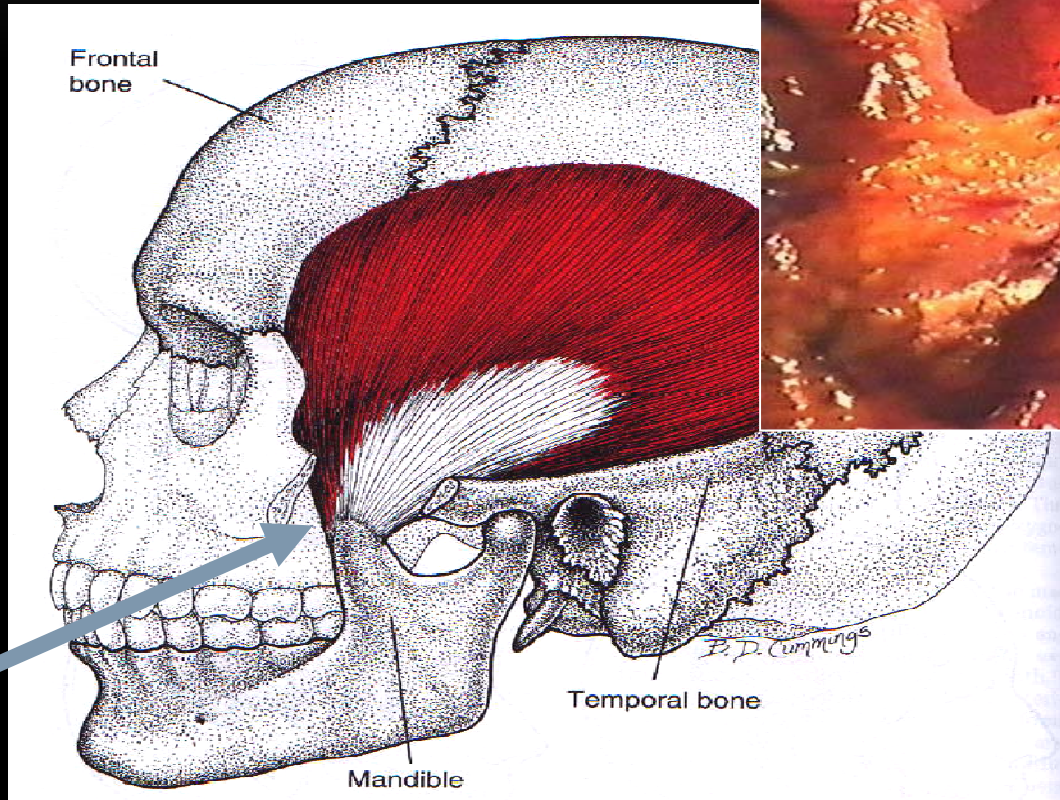
TENSIONE-DOLORE ALLA PALPAZIONE MUSCOLARE

0000	S000	TEMPORALE ANTERIORE
0000	S000	TEMPORALE MEDIORE
0000	S000	TEMPORALE POSTERIORE
X000	S000	SCM (capo sternale)
0000	S000	SCM (capo clavicolare)
0000	S000	DIGASTRICO ANTERIORE
0000	S000	DIGASTRICO POSTERIORE
0000	S000	BASE DEL CRANIO PART. SUPERIORE DEL COLL.
0000	S000	TRAPEZIO SUPERIORE
0000	S000	TRAPEZIO INFERIORE
X000	S000	MASSETERE SUPERFICIALE
0000	S000	MASSETERE PROFONDO
0000	S000	FIBRE ANTERIORI MASSETERE
0000	S000	TEMPORALIS TENDON
0000	S000	PTERIGOIDEO ESTERNO - capo superiore
0000	S000	PTERIGOIDEO ESTERNO - capo inferiore
0000	S000	PTERIGOIDEO INTERNO - capo superiore
0000	S000	PTERIGOIDEO INTERNO - capo inferiore





# TEMPORALIS TENDON



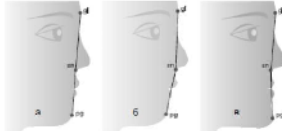


# ESAME CLINICO ORTODONTICO

MOTIVO DELLA VISITA \_\_\_\_\_



**TIPO FACIALE**  
 Mesiofaciale   
 Brachifaciale   
 Doliofaciale   
**Vista frontale**  
 Larghezza (zy-zy) \_\_\_\_\_ mm  
 Altezza (n-me) \_\_\_\_\_ mm, (n-sn) \_\_\_\_\_ mm, (sn-me) \_\_\_\_\_ mm  
 Simmetria ( Si,  No)  
 Deviazione mandibolare ( destra,  sinistra,  no)  
 Solco labio mentale ( Si,  No)  
 Competenza labiale ( Si,  No)  
 Sorriso gengivale ( Si,  No)



**Vista profilo**  
 dritto (a)  convesso (b)  concavo (c)  
**Posizione del labbro superiore**  
 protruso  retruso  normale  
**Posizione del labbro inferiore**  
 protruso  retruso  normale  
**Posizione del mento**  
 protruso  retruso  normale

**FRENULI:**  
**LABIALE**  
 Superiore   
 Inferiore   
**LINGUALE**

**POSTURA LINGUALE** \_\_\_\_\_

**TONO LABIALE** \_\_\_\_\_

**MOLARI**  
 Classe I  Dx  Sn  
 Classe II  Dx  Sn  
 Classe III  Dx  Sn  
 N.C.  Dx  Sn

**CANINI**  
 Classe I  Dx  Sn  
 Classe II  Dx  Sn  
 Classe III  Dx  Sn  
 N.C.  Dx  Sn

**LINEA MEDIANA**  
 Normale   
 LMS  Dx  Sn \_\_\_\_\_ mm  
 LMI  Dx  Sn \_\_\_\_\_ mm

**INCISIVI**  
 Divisione 1   
 Divisione 2

**OVERBITE**  
 Normale   
 Open \_\_\_\_\_ mm  
 Closed \_\_\_\_\_ mm  
**OVERJET** \_\_\_\_\_ mm

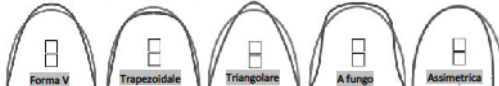
**CURVA DI SPEE**  
 Normale  Dx  Sn  
 Piatta  Dx  Sn  
 Profonda  Dx  Sn  
 Inversa  Dx  Sn

**CROSS BITE**  
 Nessuno   
 Anteriore  \_\_\_\_\_ mm  
 Posteriore  \_\_\_\_\_ mm  
 Elementi in Cross \_\_\_\_\_

**CROSS BITE**  
 Palatoversione dx  sn   
 Linguoversione dx  sn   
 Vestiboloversione dx  sn

**SIMMETRIA ARCADE**

a) SUPERIORE b) INFERIORE  
 Normale  Normale   
 Stretta  Stretta   
 Larga  Larga



Punti di contatto ( nella norma)

Diastema interincisivo superiore (\_\_\_\_ mm)  
 Diastema interincisivo inferiore (\_\_\_\_ mm)

Affollamento posizione

Trasposizione ( No)

Simmetria dentale: ( Si  No)

**INTRA-ARCATA**

a) SUPERIORE  
 Normale   
 Affollata \_\_\_\_\_ mm  
 Spaziata \_\_\_\_\_ mm  
 b) INFERIORE  
 Normale   
 Affollata \_\_\_\_\_ mm  
 Spaziata \_\_\_\_\_ mm

**ABITUDINI VIZIATE**

Interposizione labiale  
 Succhiamento del pollice  
 Deglutizione atipica  
 Onicofagia

**RESPIRAZIONE ORALE**

**PARODONTO**

Buono   
 Infiammato   
 Ipertrofico   
 Generale   
 Locale (Elementi) \_\_\_\_\_

**IGIENE**

Buona   
 Sufficiente   
 Insufficiente

**DEAMBIAMENTO**

Si  No

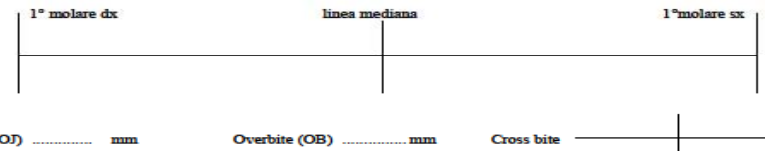
**DRUCOLINGUI**

Si  No

**Tipi di allungamento**

Naturale \_\_\_\_\_ mesi   
 Artificiale \_\_\_\_\_ mesi   
 Combinato \_\_\_\_\_ mesi

## POSIZIONE DEI MOLARI RISPETTO ALLA LINEA MEDIANA



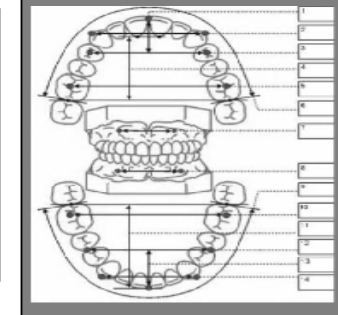
## DISCREPANZA DELL'ARCATA INFERIORE

Affollamento/Spazio  
 Curva di Spee  
 Linea mediana  
 Posizione dell'incisivo  
 Stripping  
 Espansione  
 Distalizzazione 6 | 6  
 Avanzamento mandibolare  
 Totale

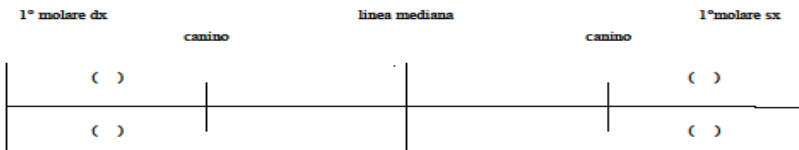
	3x3		7x7	
	Destra	Sinistra	Destra	Sinistra
Affollamento/Spazio				
Curva di Spee				
Linea mediana				
Posizione dell'incisivo				
Stripping				
Espansione				
Distalizzazione				
Avanzamento mandibolare				
Totale				

Dimensione delle arcate (1-3-5-6-9-10)

Dimensione dei mascellari (4-7-8-11)



## VTO DENTALE

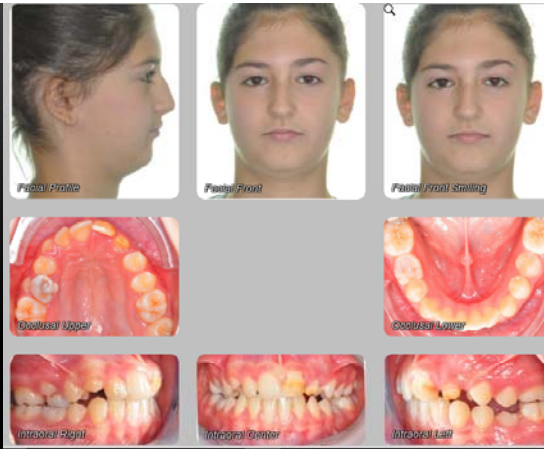
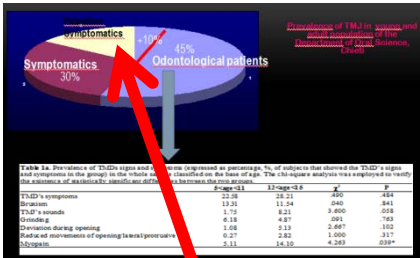


## Analisi dello spazio e VTO dentale

.....  
 .....







Orario	Poltrona 1	Poltrona 2	Poltrona 3	Poltrona 4
13.30 - 14.00	/	/	/	/
14.00 - 14.30	/	/	/	/
14.30 - 15.00	/	/	/	/
15.00 - 15.30	/	/	/	/
15.30 - 16.00	ht		sta	
16.00 - 16.30	Costanti-Fara		Costanti-Fara	
16.30 - 17.00	sta			
17.00 - 17.30	fo			
17.30 - 18.00	bra			
18.00 - 18.30	sta			

**Case 31 TMJ Palpation Sympt. Class II Dolicofacial, Mild Maxillary Contraction, Upper and Lower Mild Crowding, 23 Impacted, 21 Dilaceration, Passive Aligners, self ligating low friction + 21 Composite Crown + Passive Aligners Retention**

## **TMJ palpation Sympt.: Light pain Temporalis Tendon L, Right Upper Trapezius**

**Age:13 years Passive Aligners 2 Months,18 Months Self Ligating Low Friction, Composite 21 Crown,12 Months Passive Aligners Retention**



The case was treated by Dr. Antonios Filippakos

# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

- Transition from 2D to 3D Orthodontics
- 1)Segmentation
- 2)Orientation
- 3)Virtual 2D X-Rays development (lateral>ortophantomography>TMJ>cross sections>postero-anterior>upper arch submento-vertex>lower arch submento-vertex
- 4)Cephalometrics >Transitipon to 3D cehalometrics4)Virtual 2D
- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

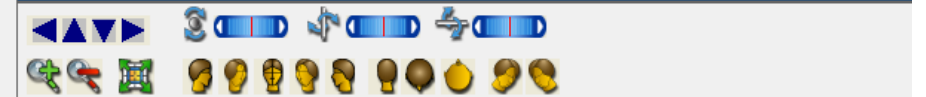
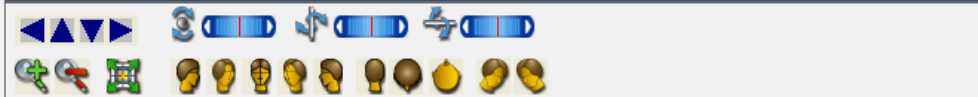
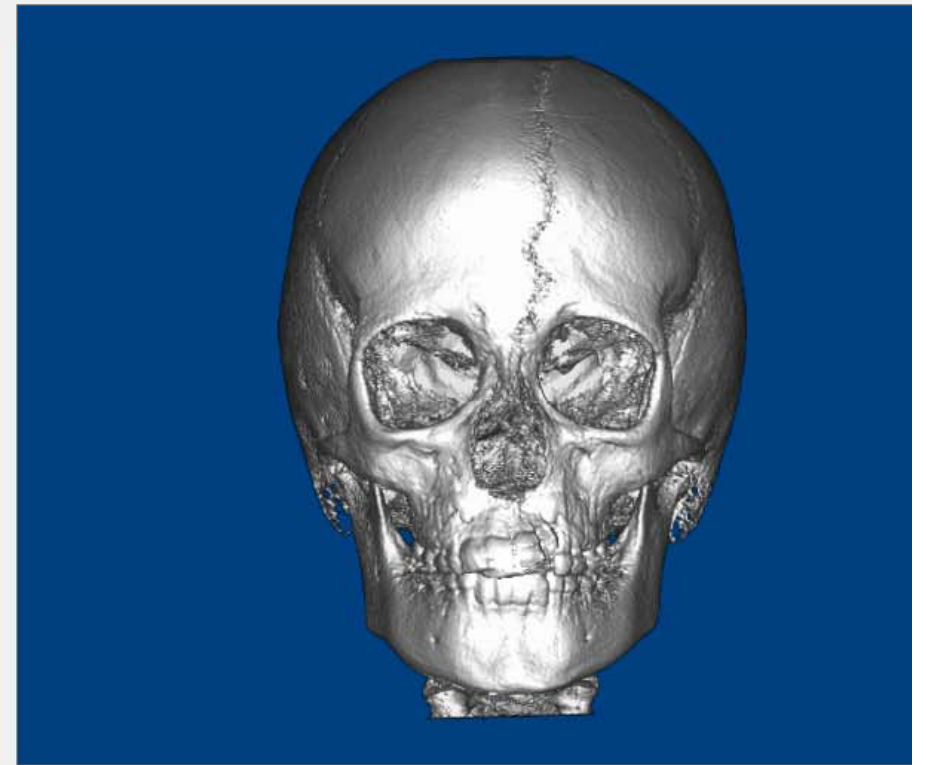
## >INTRAORAL SCANNERS

Quick Solids Segmentation

For optimal X-ray image, properly segment hard tissue and soft tissue here.

Soft Tissue Seg: <

> Hard Tissue Seg: <



OK

Cancel



# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

- Transition from 2D to 3D Orthodontics
- 1)Segmentation
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- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

## >INTRAORAL SCANNERS

### Orientation Calibration

Volume: Solid: Hard Tissue Translucent: Hard Tissue  
 Photos/Surfaces: Select/Display...

Use Clipping Slice: [Dropdown]  
[Icons]

Rotate Volume at Planes' Origin  
 Show Symmetry Caliper: 10.0 mm x 2  
 Show Angular Caliper: Make Horizontal Set 0.0 Deg

Auto Alignment Tool  
 None  
 Using 3-Point Plane: Make Horizontal Make Vertical  
 Using Line: Make Horizontal Make Vertical

Reset Orientation Undo Last Move

Rotational Changes from Initial Orientation:  
Pitch: 1.39 Roll: -1.50 Yaw: 0.53 Set...

Database Save/Restore:  
Save... Restore...

OK Cancel

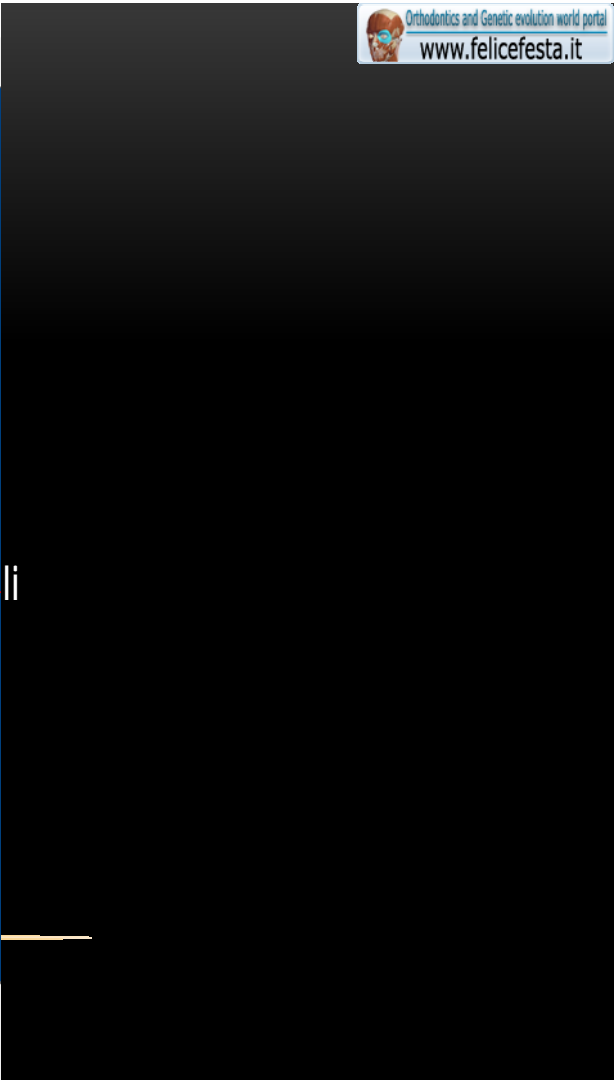
Orientation: Front Right Left Bottom (Facing Up) Top (Facing Down) Back Planes of Section (View Only)

Mid-Sagittal Plane

Axial Plane

So Dx

Apofisi Cristagalli



### Orientation Calibration

Volume:

Solid: Hard Tissue

Translucent: Hard Tissue

Photos/Surfaces: Select/Display...

Use Clipping Slice:

Rotate Volume at Planes' Origin

Show Symmetry Caliper

10.0 mm x 2

Show Angular Caliper: Make Horizontal

Set 0.0 Deg

Auto Alignment Tool

None

Using 3-Point Plane

Make Horizontal Make Vertical

Using Line

Make Horizontal Make Vertical

Reset Orientation Undo Last Move

Rotational Changes from Initial Orientation:

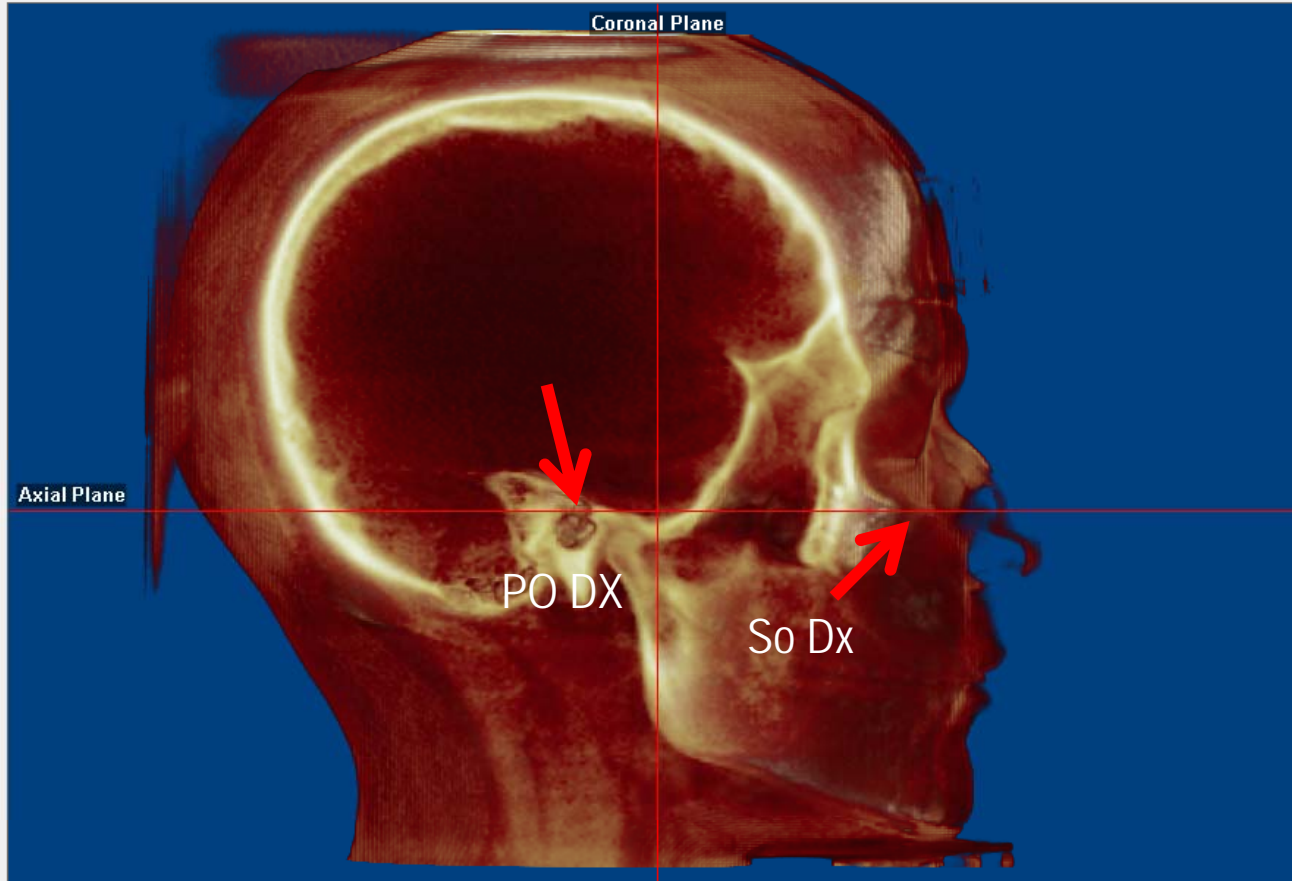
Pitch: 0.58 Roll: -1.49 Yaw: 0.55 Set...

Database Save/Restore:

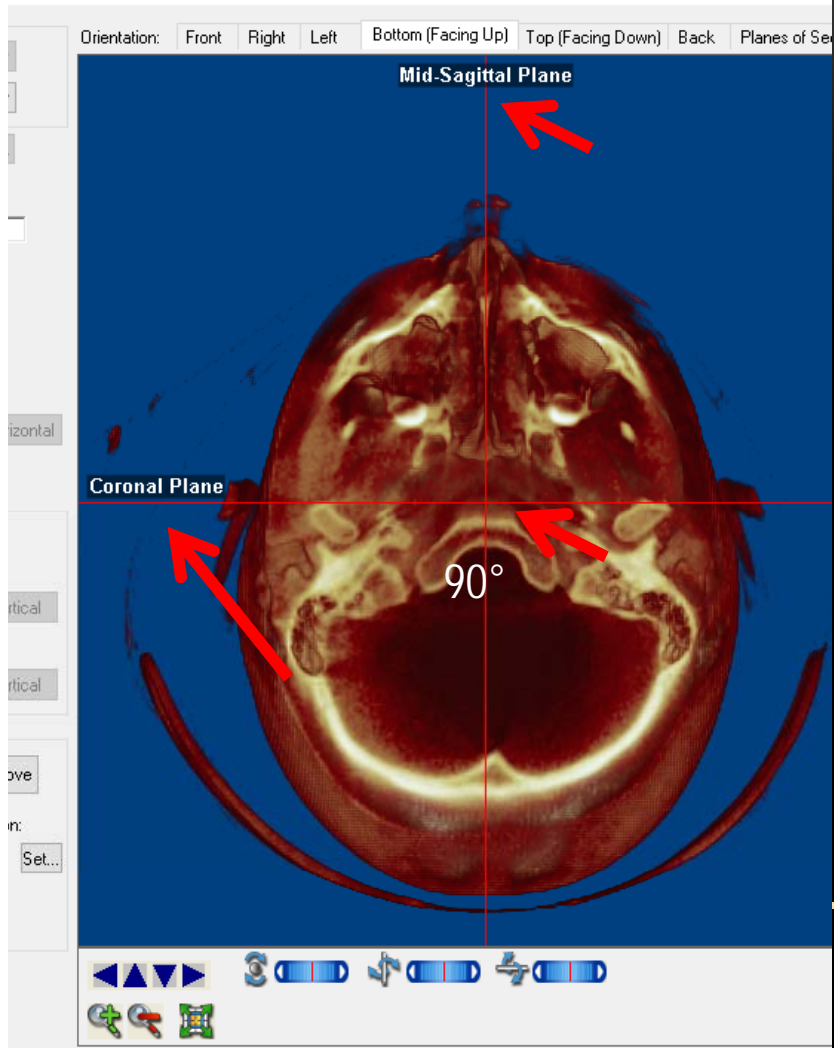
Save... Restore...

OK Cancel

Orientation: Front Right Left Bottom (Facing Up) Top (Facing Down) Back Planes of Section (View Only)



Navigation icons: Home, Previous, Next, Stop, Rotate, Translate, Scale, etc.



# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

- Transition from 2D to 3D Orthodontics
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- 4)Cephalometrics >Transitipon to 3D cehalometrics4)Virtual 2D
- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

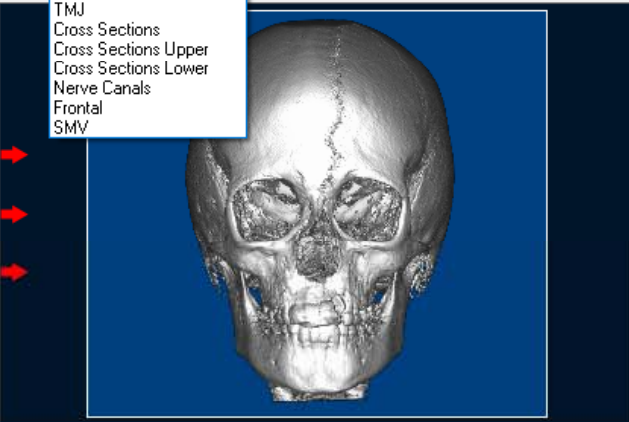
## >INTRAORAL SCANNERS



View: **Lateral**  Auto Apply

Half

- Lateral
- Panoramic
- TMJ
- Cross Sections
- Cross Sections Upper
- Cross Sections Lower
- Nerve Canals
- Frontal
- SMV




X-ray Type  
 Right Lateral  Left Lateral

Enhance...    Measure:   Show Landmarks

2 Pt Line  3 Pt Angle

Filters:         Include "Traced" Filter



Build X-Rays Tool (\*\* Patents Pending \*\*)

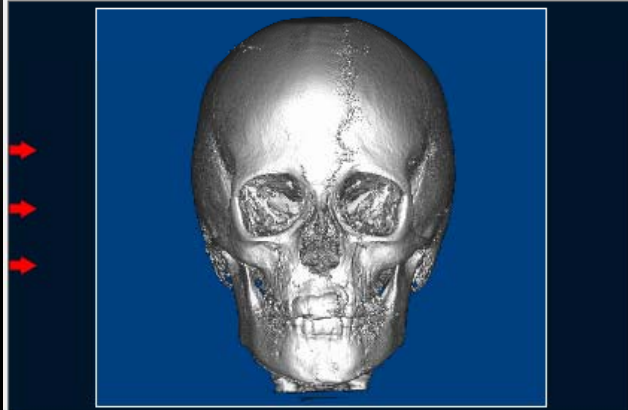
View: Lateral  Auto Apply Send Snapshot...

Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks

Hard-Tissue  Soft-Tissue Front Right

2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Half Other Half Both Reset Orientation

X-ray Type  
 Right Lateral  Left Lateral

Options... Apply

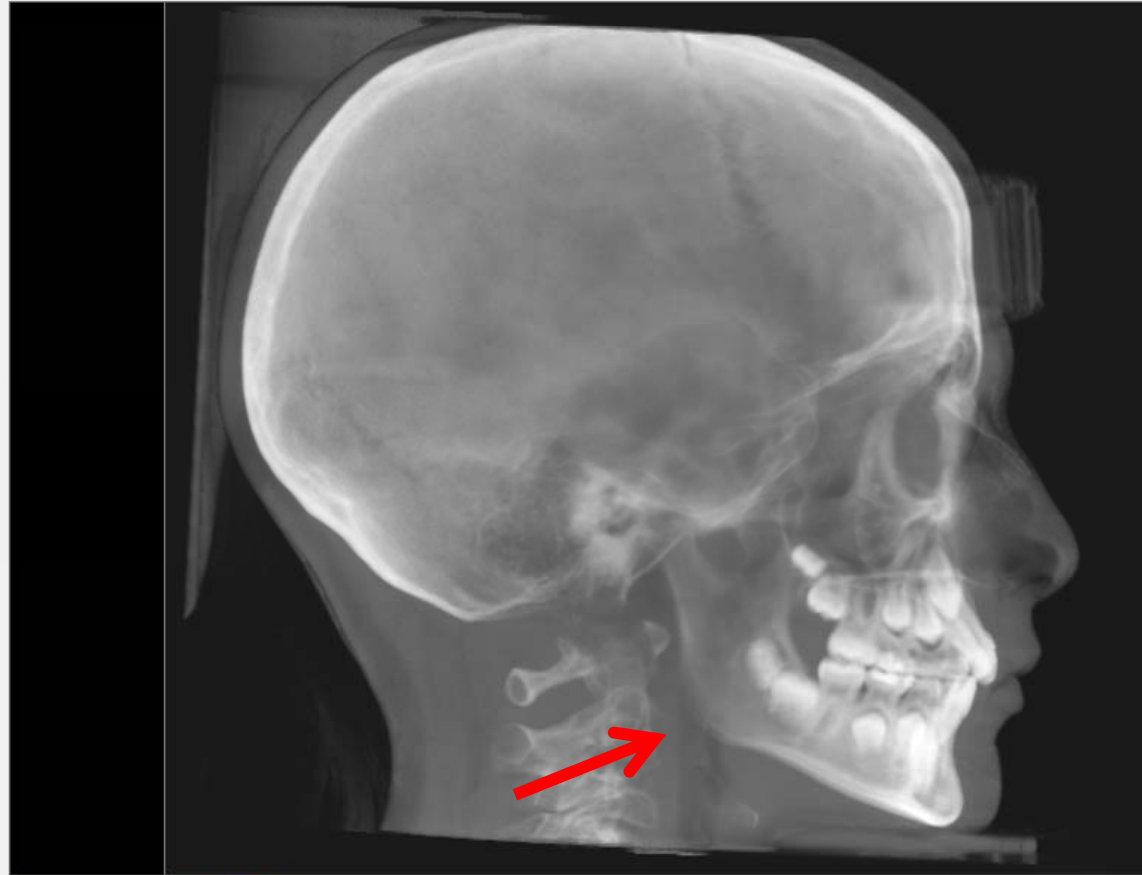
**Lateral Options** [X]

Projection Type  
 Orthogonal  Perspective Projection Center...

Ruler  
Type: None Location: Left

Add Margin to X-ray Image  
Image Left: 0 mm Image Right: 0 mm

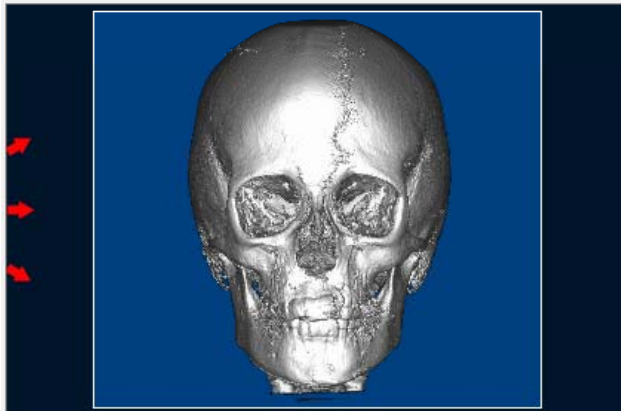
OK Cancel



Navigation icons Dolphin 1 Level: 0 Sharpen: <

View: Lateral  Auto Apply Send Snapshot... Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 Hard-Tissue  Soft-Tissue Front Right

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Half Other Half Both Reset Orientation

X-ray Type  
 Right Lateral  Left Lateral

Options... Apply

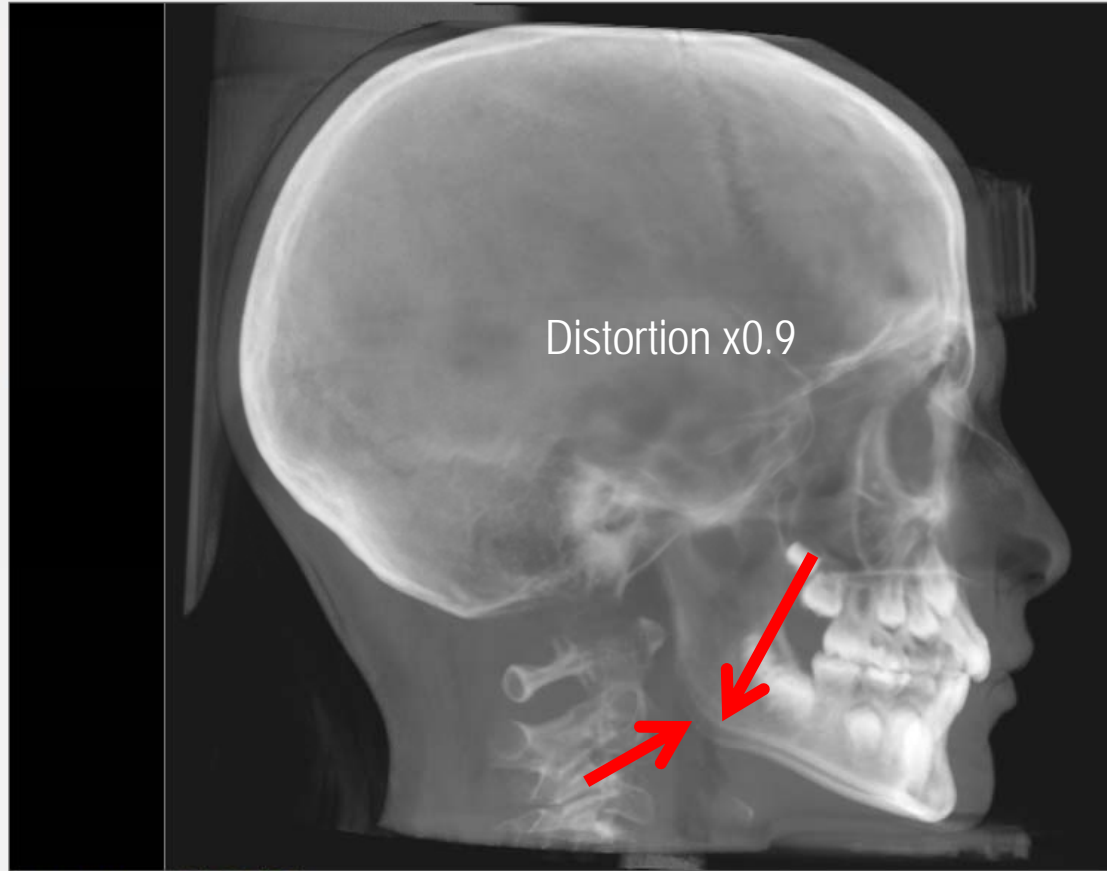
**Lateral Options** [X]

Projection Type  
 Orthogonal  Perspective Projection Center...

Ruler  
Type: None Location: Left

Add Margin to X-ray Image  
Image Left: 0 mm Image Right: 0 mm

OK Cancel



Navigation icons Dolphin 1 Level: 0 Sharpen: <

Build X-Rays Tool (\*\* Patents Pending \*\*)

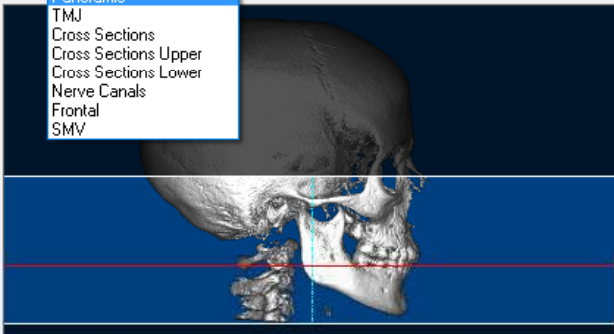
View: Panoramic  Auto Apply

Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks

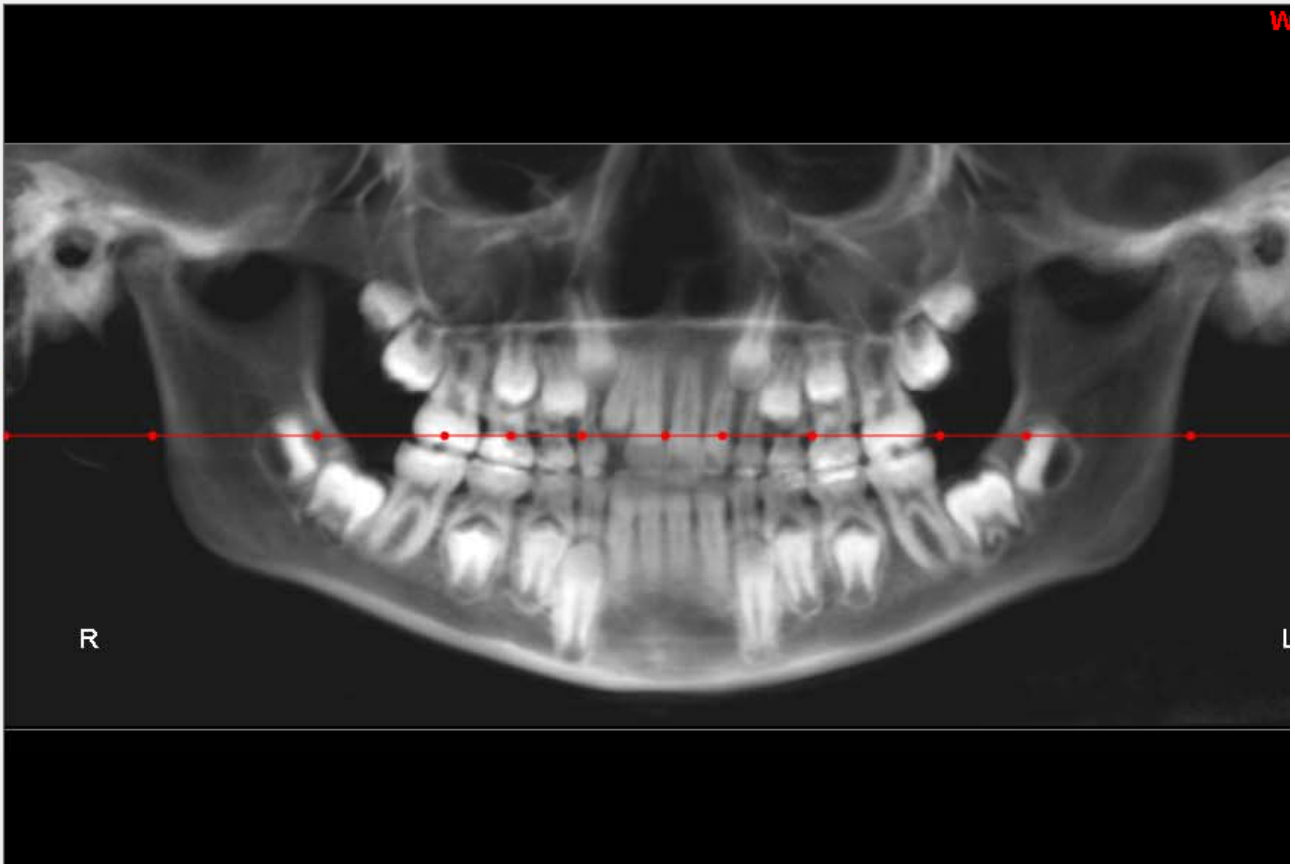
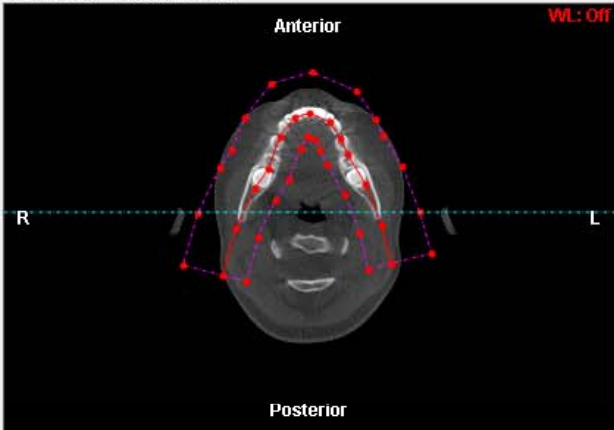
- Collim: Panoramic  
Lateral  
TMJ  
Cross Sections  
Cross Sections Upper  
Cross Sections Lower  
Nerve Canals  
Frontal  
SMV

2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Arch Path:  Translucent View



Anterior (Buccal) 14 mm Uniform Thickness: NA

Posterior (Lingual) 24 mm



Dolphin 1 Level:

0

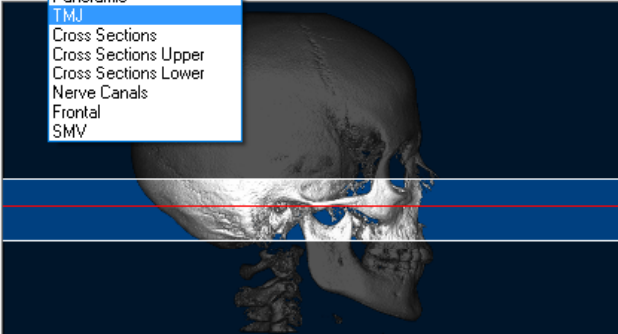
Sharpen:



Build X-Rays Tool (\*\* Patents Pending \*\*)

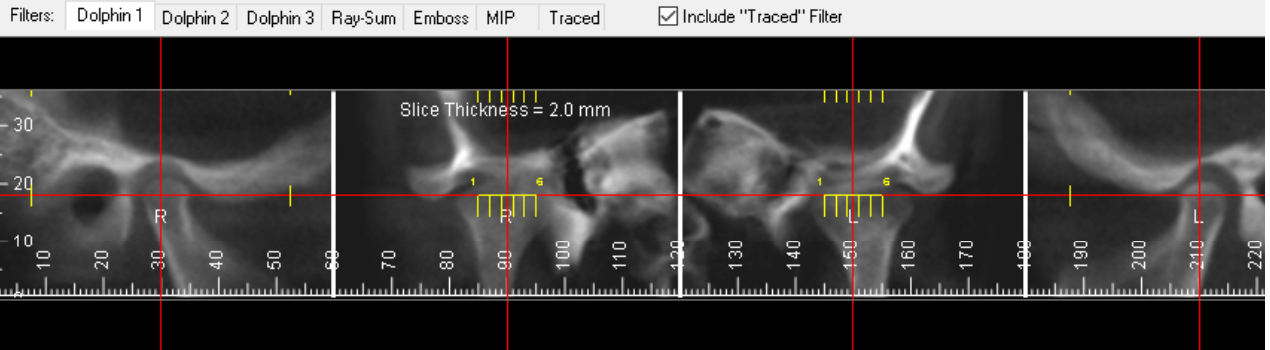
View: **TMJ**  Auto Apply

Collimate: Lateral, Panoramic, **TMJ**, Cross Sections, Cross Sections Upper, Cross Sections Lower, Nerve Canals, Frontal, SMV

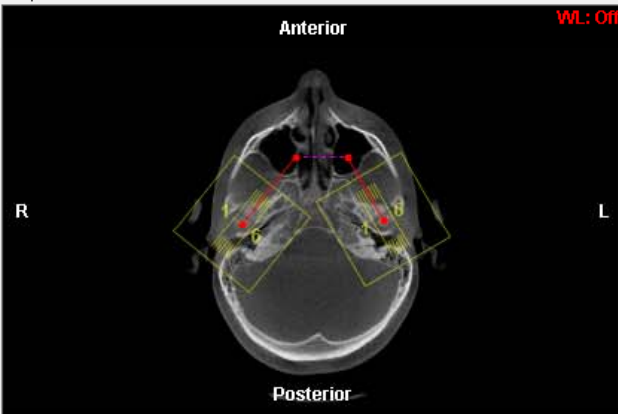


Measure: Remove All  Show Landmarks

2 Pt Line  3 Pt Angle



Projection Path:  WL: Off



Anterior  
Posterior  
R L

Slice Dimensions:

Thickness: 2.0 mm  Direction: Sagittal

Width: 45 mm  Cuts: 6

Slice Layout: All

Dolphin 1 Level: 0  Sharpen: <  >

R 1	R 2	R 3	L 1	L 2	L 3
R 4	R 5	R 6	L 4	L 5	L 6

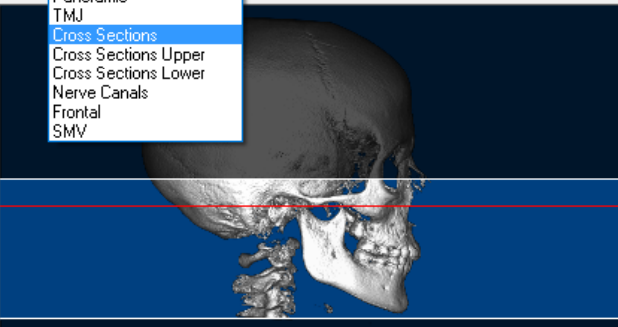
Rows 1-2/2 \* Double-Click to view image(s) in larger Sharpen: <  >



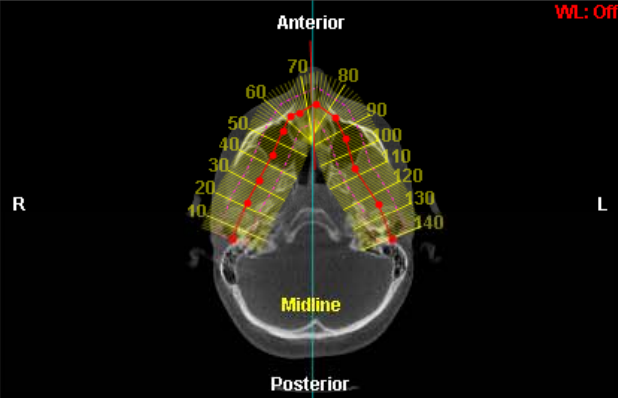
Build X-Rays Tool (\*\* Patents Pending \*\*)

View: **Cross Sections**  Auto Apply

Collim: Lateral, Panoramic, TMJ, **Cross Sections**, Cross Sections Upper, Cross Sections Lower, Nerve Canals, Frontal, SMV



Arch Path:  Translucent View



Pano Thickness: 20 mm

Slice Group Dimensions:  
 Thickness: 1.0 mm Spacing: 1.5 mm  
 Width: 40 mm Cuts: 144

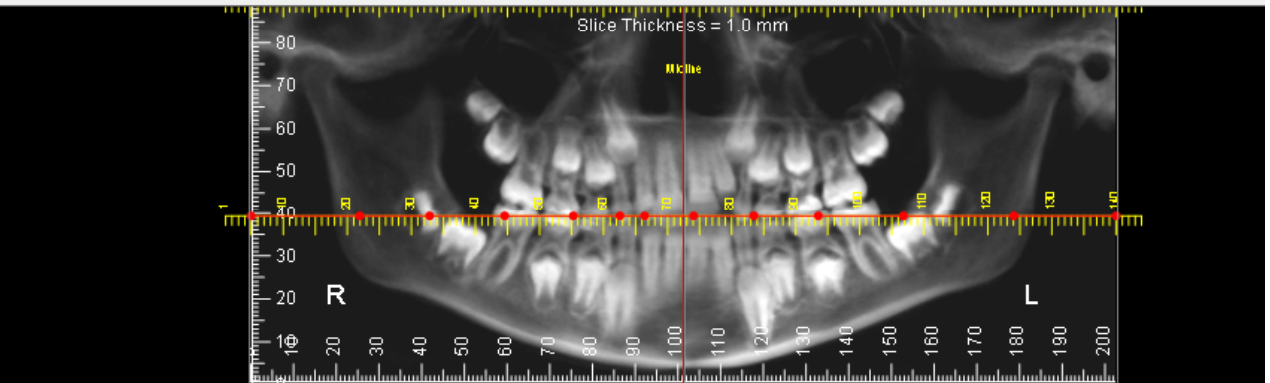
Groups: 1  All

Measure: Remove All  Show Landmarks

2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter

Slice Thickness = 1.0 mm



Dolphin 1 Level: 0



Rows 1-5/5 \* Double-Click to view image(s) in larger Sharpen:

Build X-Rays Tool (\*\* Patents Pending \*\*)

View: Frontal  
Lateral  
Panoramic  
TMJ  
Cross Sections  
Cross Sections Upper  
Cross Sections Lower  
Nerve Canals  
Frontal  
SMV

Auto Apply

Send Snapshot...

Enhance...

Seg...

Prefs...

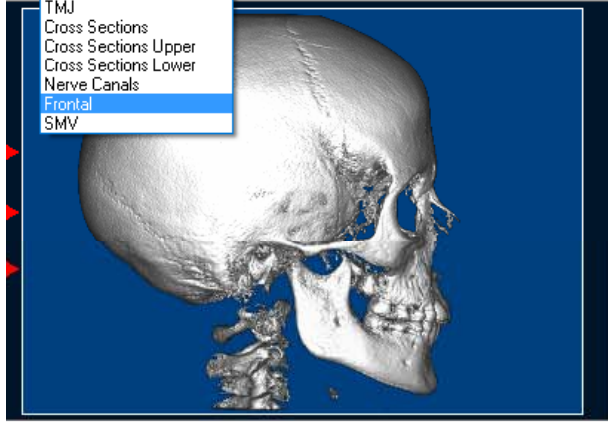
Measure: Remove All

Show Landmarks

2 Pt Line  3 Pt Angle

Right Front

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



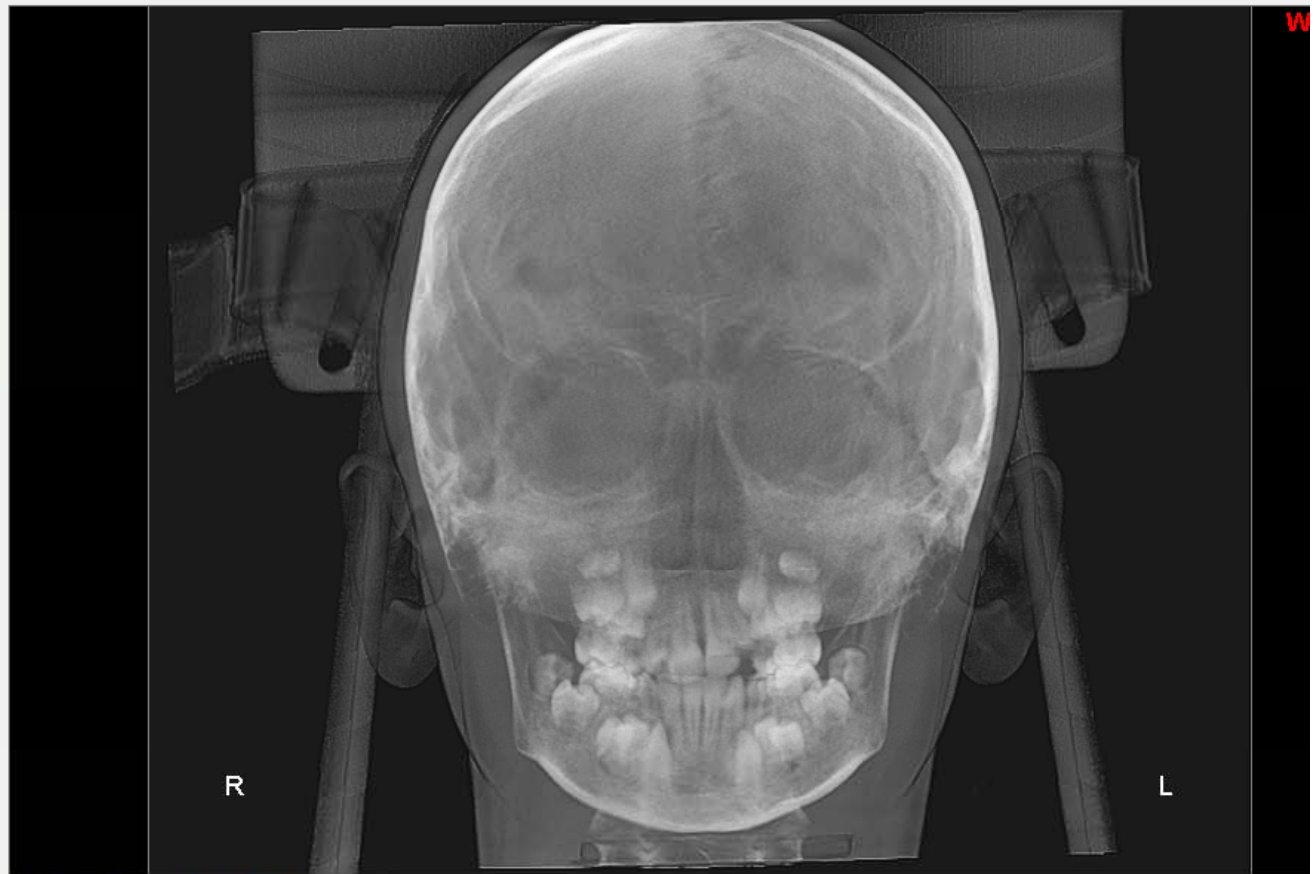
Reset Orientation

X-ray Type

Anterior-Posterior (AP)  Posterior-Anterior (PA)

Options...

Apply



Dolphin 1 Level:

0

Sharpen:

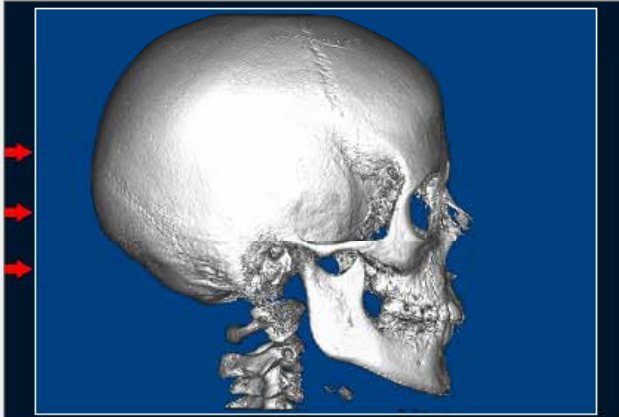


Res

View: Frontal  Auto Apply Send Snapshot...  
 Hard-Tissue  Soft-Tissue Right Front

Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Reset Orientation

X-ray Type  
 Anterior-Posterior (AP)  Posterior-Anterior (PA)

Options...

Apply

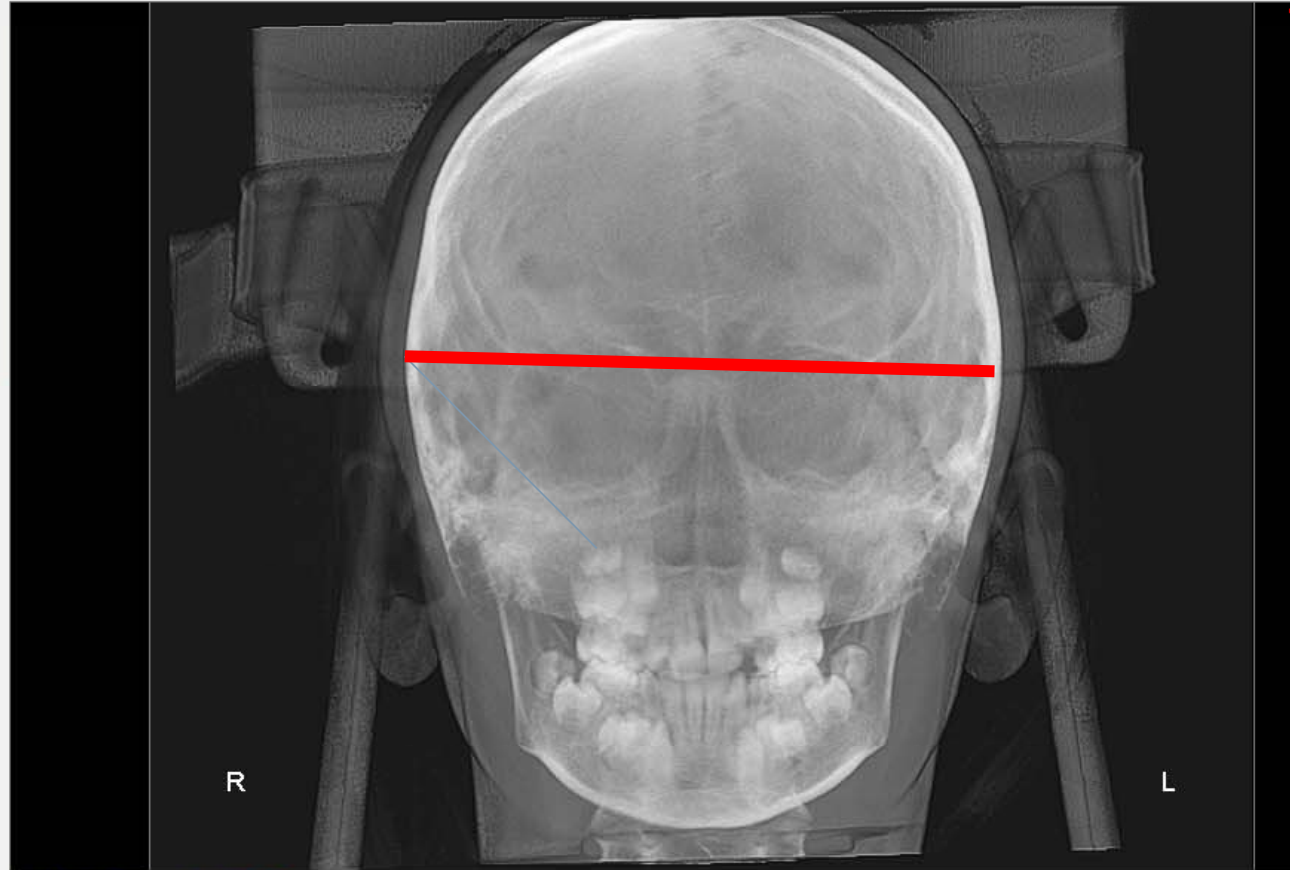
Frontal Options

Projection Type  
 Orthogonal  Perspective Projection Center...

Ruler  
Type: None Location: Left

Add Margin to X-ray Image  
Image Left: 0 mm Image Right: 0 mm

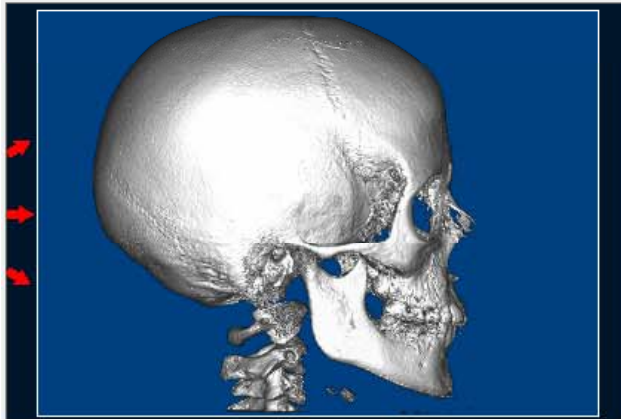
OK Cancel



Navigation icons: Left, Right, Home, Search, Refresh, Print, Zoom In, Zoom Out, Reset  
Dolphin 1 Level: 0 Sharpen: < >

View: Frontal  Auto Apply Send Snapshot... Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 Hard-Tissue  Soft-Tissue Right Front

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Reset Orientation

X-ray Type

Anterior-Posterior (AP)  Posterior-Anterior (PA)

Options...

Apply

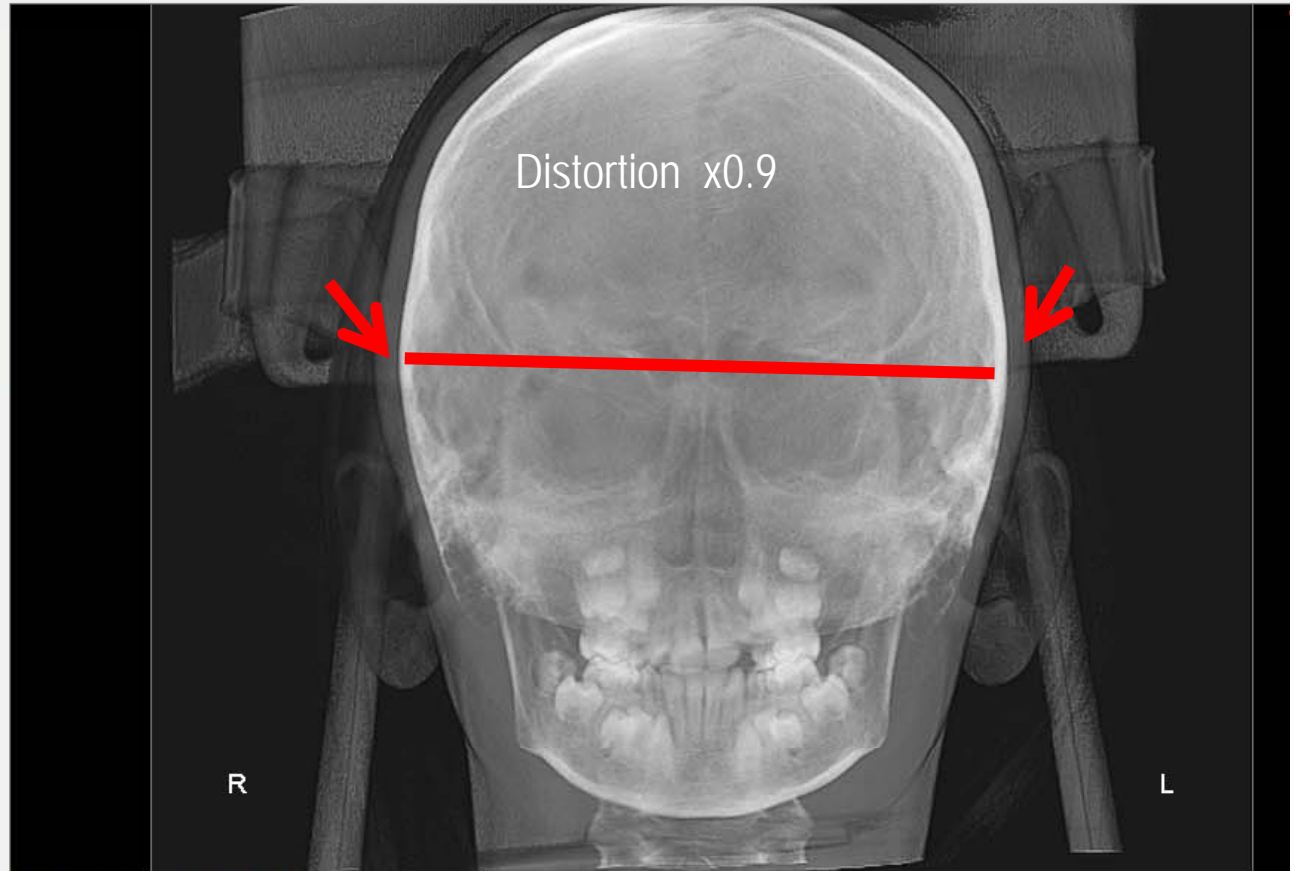
Frontal Options

Projection Type  
 Orthogonal  Perspective Projection Center...

Ruler  
Type: None Location: Left

Add Margin to X-ray Image  
Image Left: 0 mm Image Right: 0 mm

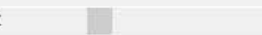
OK Cancel



Dolphin 1 Level:

0

Sharpen:

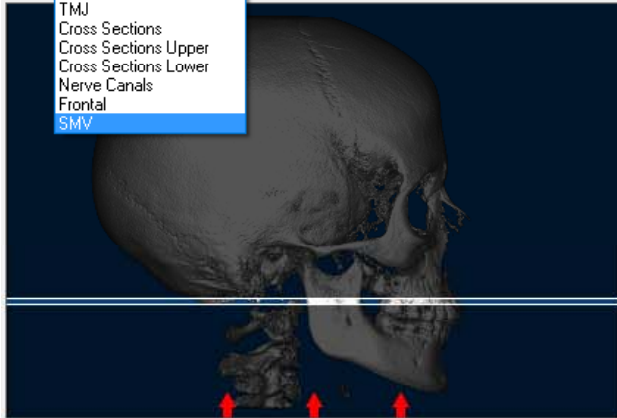




View: SMV  Auto Apply  Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 2 Pt Line  3 Pt Angle

- Ha
- Lateral
- Panoramic
- TMJ
- Cross Sections
- Cross Sections Upper
- Cross Sections Lower
- Nerve Canals
- Frontal
- SMV

Right Bottom

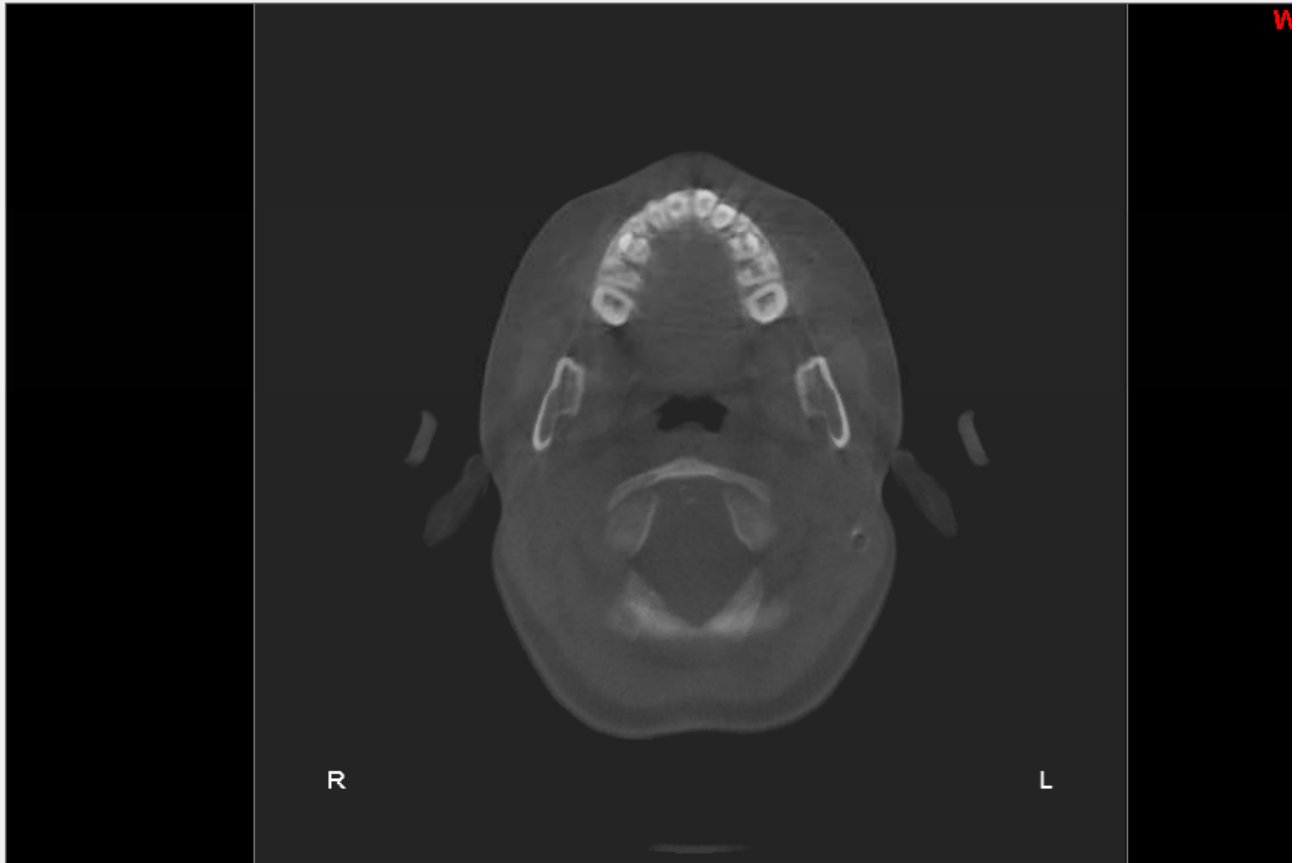


Options...

Reset Orientation

Apply

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Dolphin 1 Level:

0

Sharpen:



Res



Build X-Rays Tool (\*\* Patents Pending \*\*)

View: SMV

Auto Apply

Send Snapshot...

Enhance...

Seg...

Prefs...

Measure: Remove All

Show Landmarks

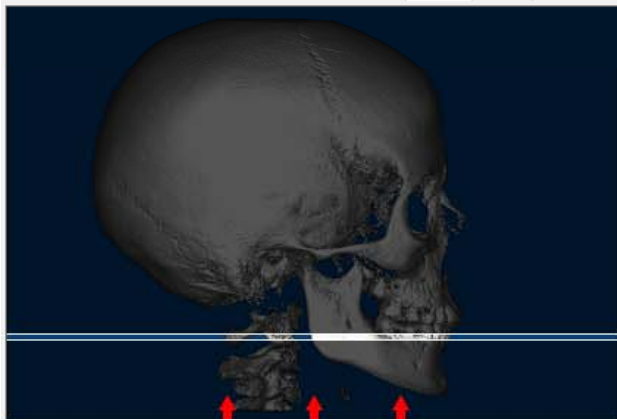
Hard-Tissue  Soft-Tissue

Right

Bottom

2 Pt Line  3 Pt Angle

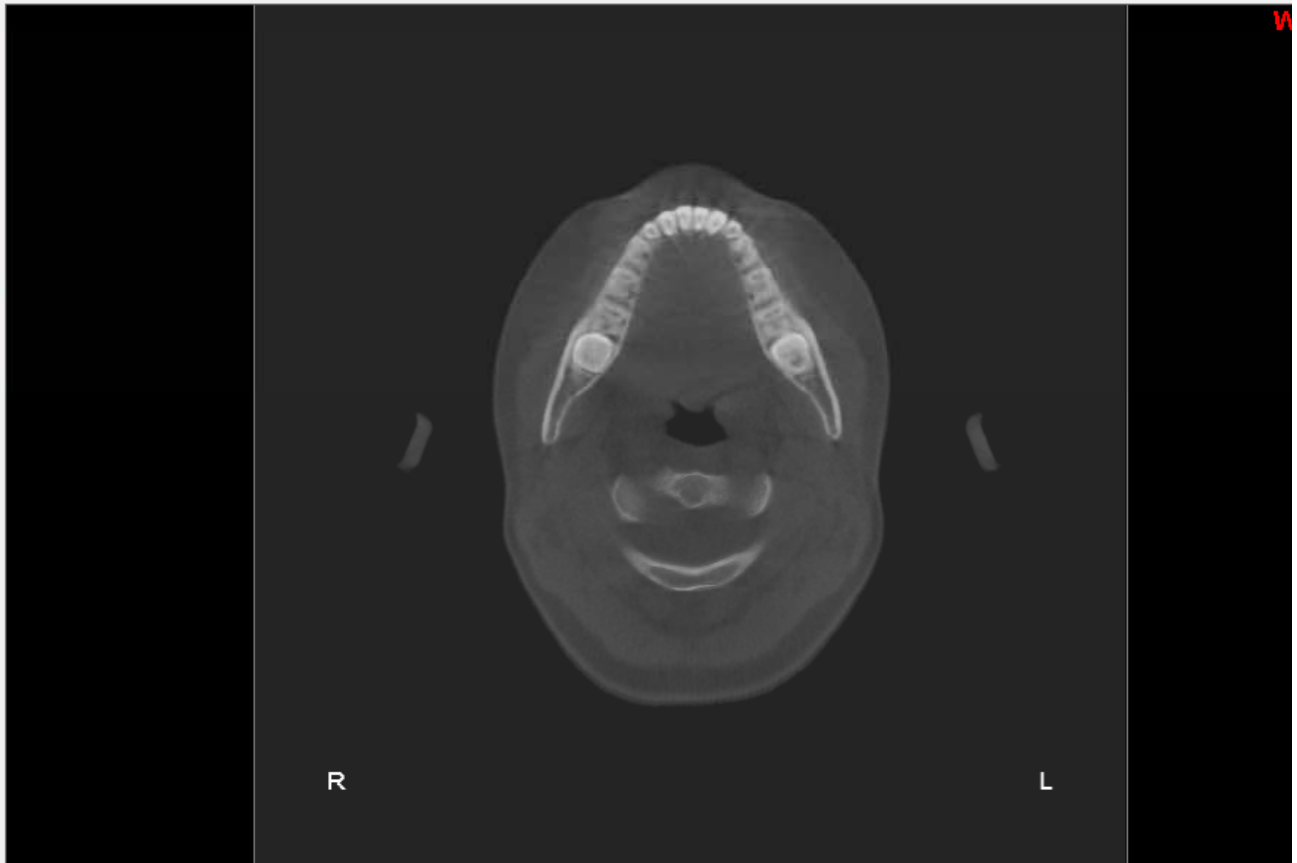
Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Options...

Reset Orientation

Apply



Dolphin 1 Level:

0

Sharpen:

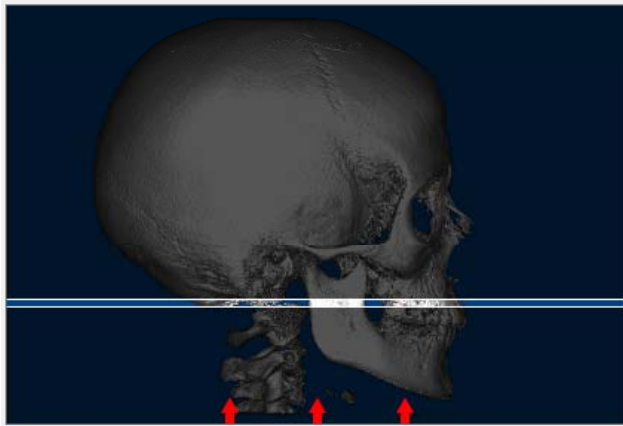


Res

View: SMV  Auto Apply Send Snapshot...  
 Hard-Tissue  Soft-Tissue Right Bottom

Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Options...

Reset Orientation

Apply

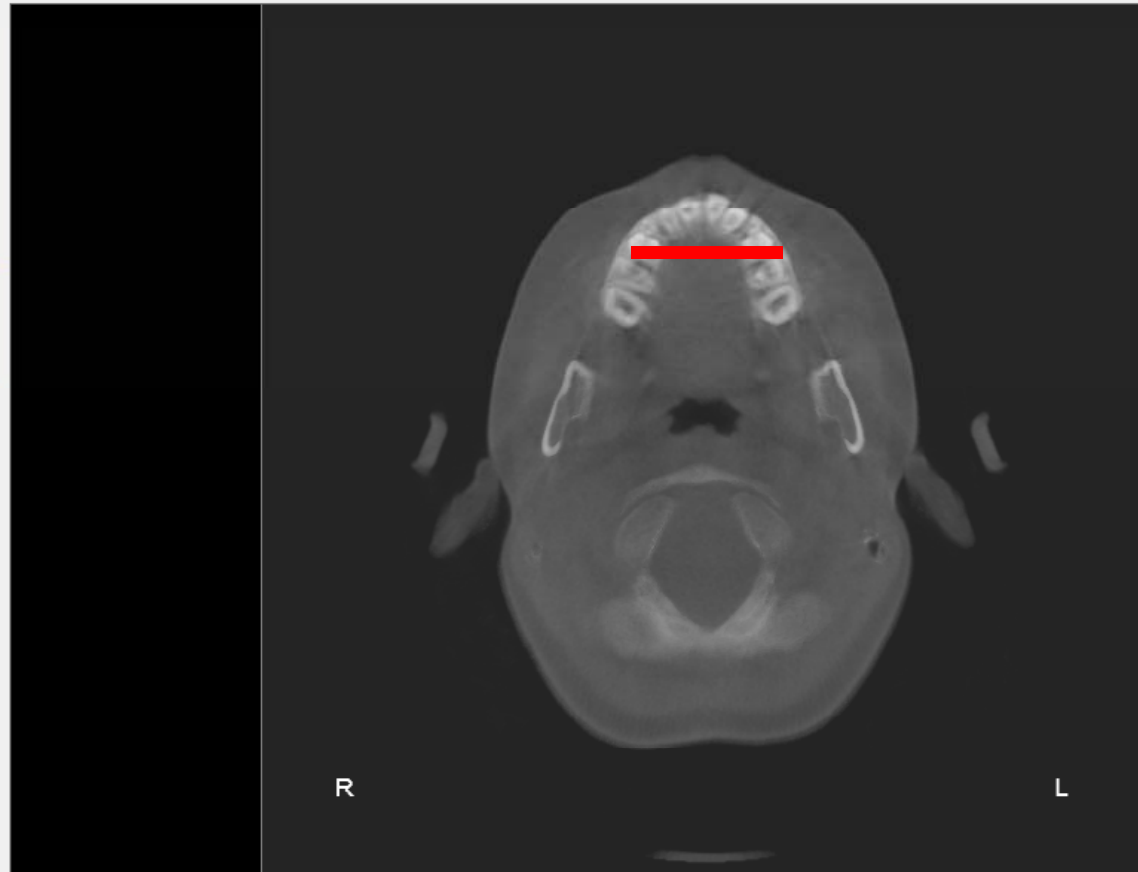
**SMV Options** [X]

Projection Type  
 Orthogonal  Perspective Projection Center...

Ruler  
Type: None Location: Left

Add Margin to X-ray Image  
Image Left: 0 mm Image Right: 0 mm

OK Cancel



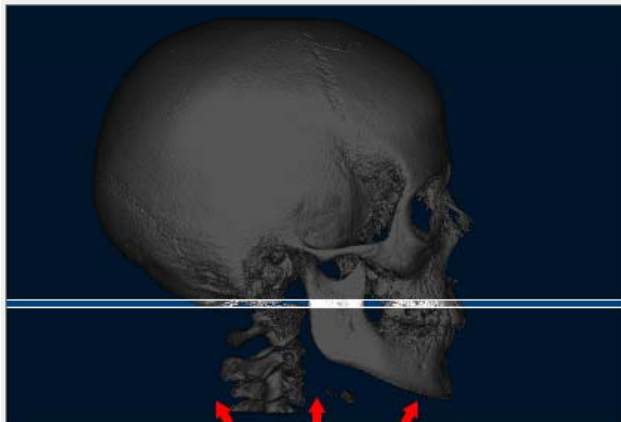
Dolphin 1 Level: 0

Sharpen: <

View: SMV  Auto Apply Send Snapshot...  
 Hard-Tissue  Soft-Tissue Right Bottom

Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Options...

Reset Orientation

Apply

SMV Options

Projection Type

Orthogonal  Perspective

Projection Center...

Ruler

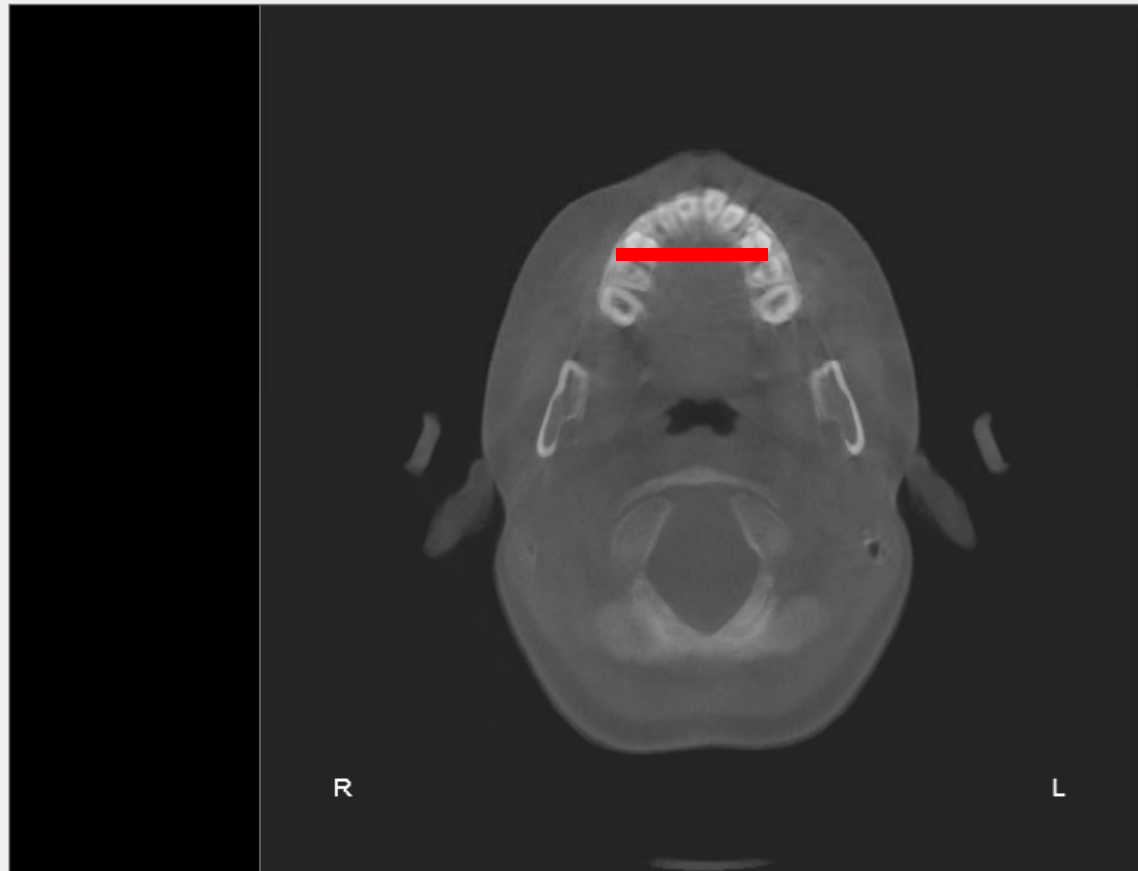
Type: None Location: Left

Add Margin to X-ray Image

Image Left: 0 mm Image Right: 0 mm

OK

Cancel



Dolphin 1 Level:

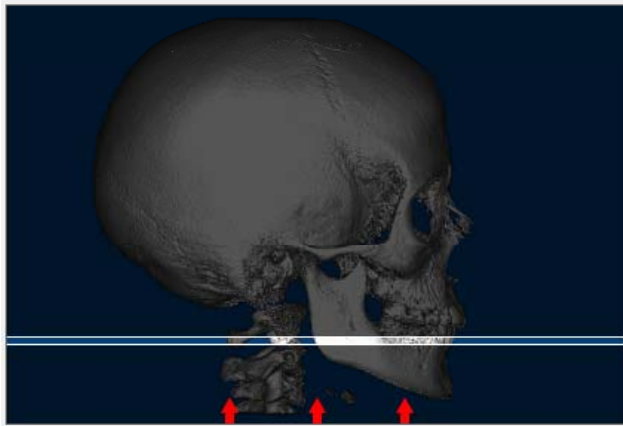
0

Sharpen: <

View: SMV  Auto Apply Send Snapshot...  
 Hard-Tissue  Soft-Tissue Right Bottom

Enhance... Seg... Prefs...  Measure: Remove All  Show Landmarks  
 2 Pt Line  3 Pt Angle

Filters: Dolphin 1 Dolphin 2 Dolphin 3 Ray-Sum Emboss MIP Traced  Include "Traced" Filter



Options...

Reset Orientation

Apply

SMV Options

Projection Type

Orthogonal  Perspective

Projection Center...

Ruler

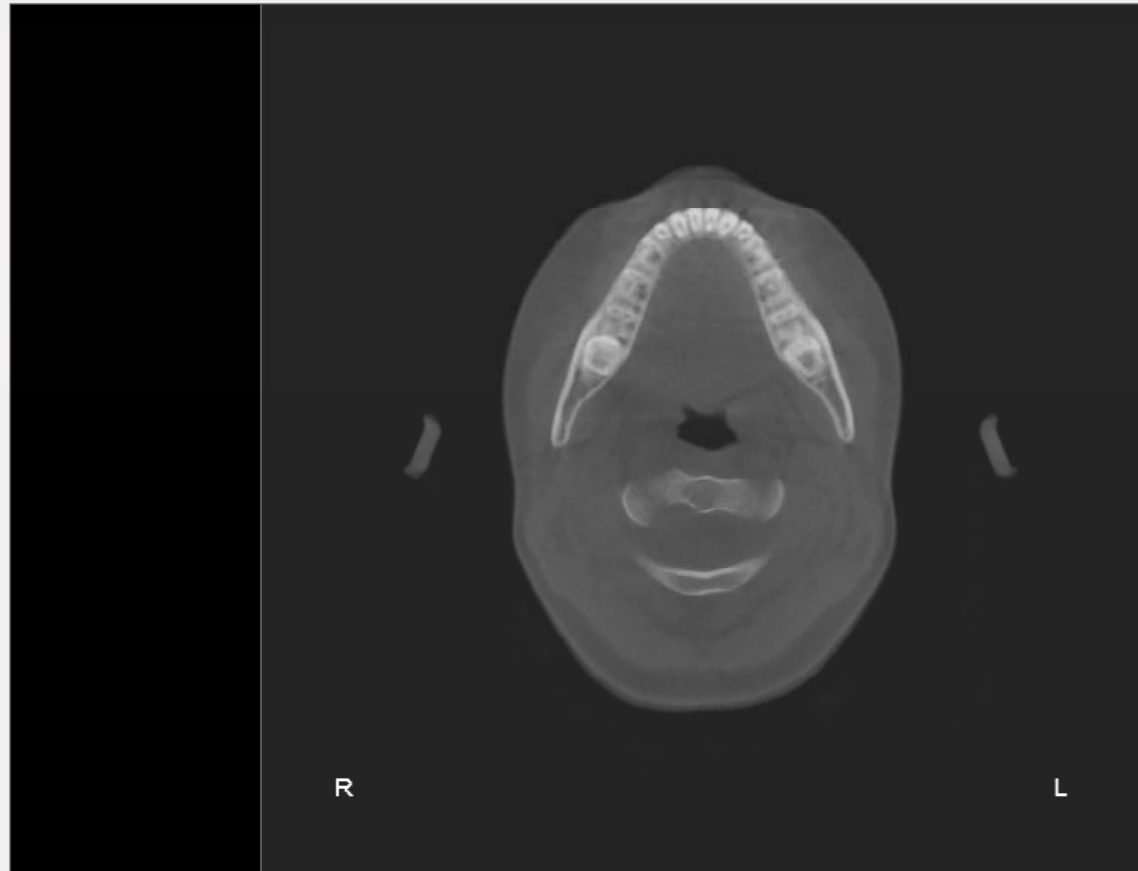
Type: None Location: Left

Add Margin to X-ray Image

Image Left: 0 mm Image Right: 0 mm

OK

Cancel



Dolphin 1 Level:

0

Sharpen:



# NETWORK>MANAGEMENT SOFTWARES> >TMJ/ORTHODONTICS CLINICAL CHART> >DOLPHIN 3D>

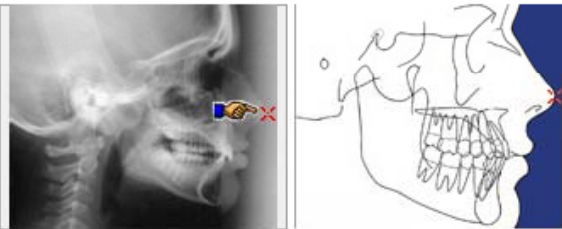
- Transition from 2D to 3D Orthodontics
- 1)Segmentation
- 2)Orientation
- 3)Virtual 2D X-Rays development (lateral>ortophantomography>TMJ>cross sections>postero-anterior>upper arch submento-vertex>lower arch submento-vertex
- 4)Cephalometrics >Transitipon to 3D cehalometrics4)Virtual 2D
- 5) Virtual 3D muscles Dissections: Right Masseter>Left Masseter

>INTRAORAL SCANNERS



### Digitize

Digitize Overlay <<




Locate: Tip of Nose

- \* Orbital rim (OR')
- \* Cheek bone (CB)
- \* Subpupil (SP)
- \* Alar base (AB)
- \* PT Point
- \* Sella
- \* Nasion
- \* Basion
- \* S.T. Glabella
- \* ST Nasion
- \* Bridge of Nose
- Tip of Nose**

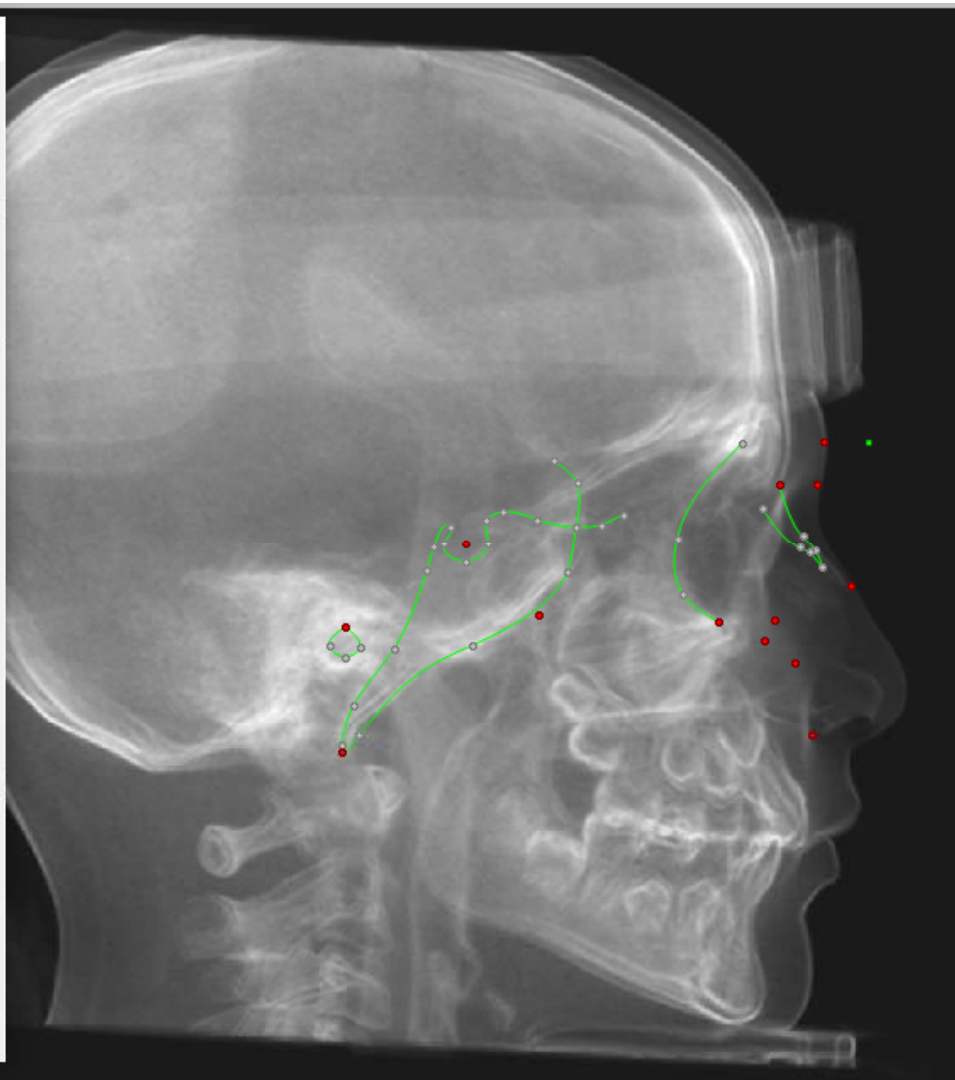
Pronasale. Point of the anterior curve of the nose.

Next  Show Overlay Tracing

Main Tracing Color: ■

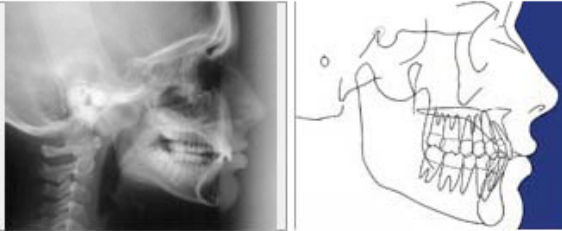


OK Cancel



### Digitize

Digitize Overlay <<



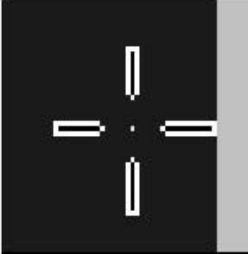

Locate: <End of List>

- \* Mesial U6
- \* Distal L6
- \* Mesial L6
- \* L1 Labial Gingival Border
- \* L1 Tip
- \* L1 Root
- \* L1 Lingual Gingival Border
- \* U1 Labial Gingival Border
- \* U1 Tip
- \* U1 Root
- \* U1 Lingual Gingival Border
- <End of List>

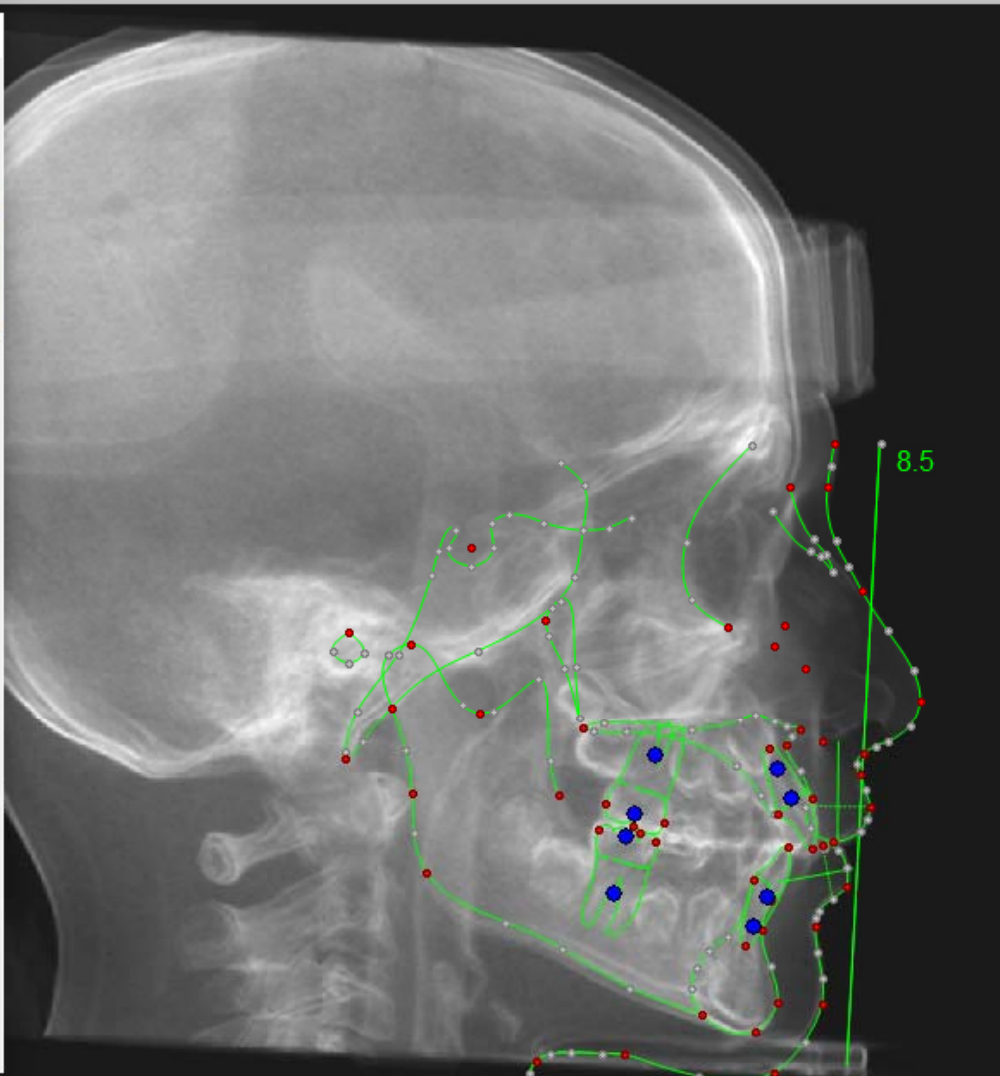
This is the end of the landmark list to digitize. If you are finished, simply hit "OK" now.

Next  Show Overlay Tracing

Main Tracing Color: ■



OK Cancel



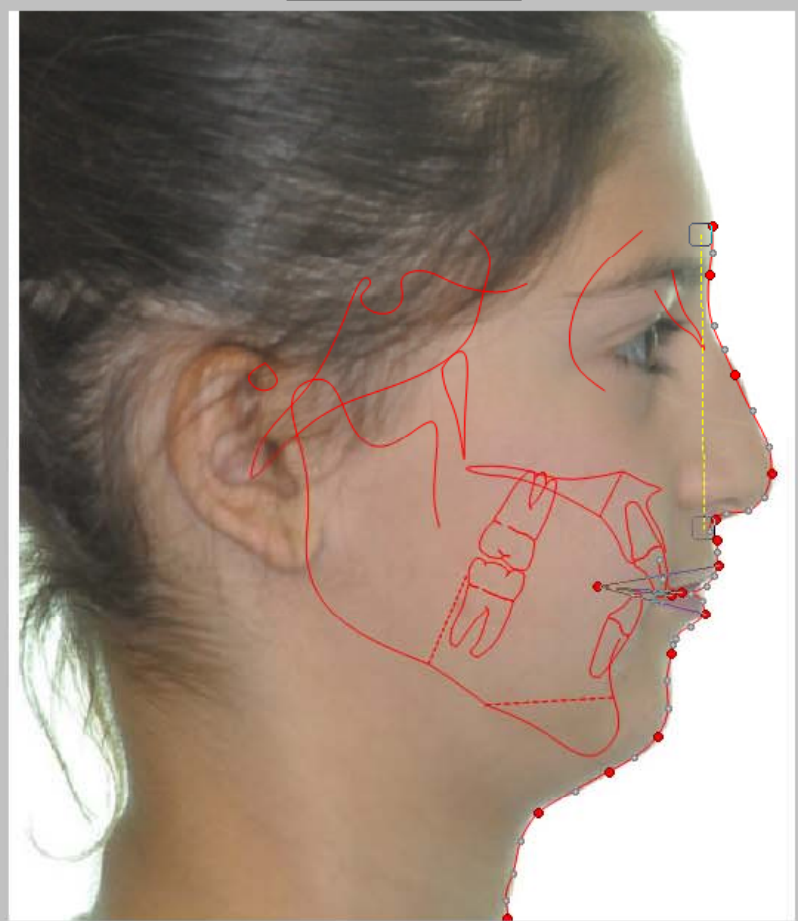
8.5



Link Tracing+Image

- 1. GENERAL fit**
  - Click-drag lower box to Subnasale.
  - Click-drag upper box to SIZE/ROTATE tracing to fit upper face. Reposition lower box if necessary.
- 2. DETAILED, soft tissue profile fit**

Click-drag profile landmarks. Pay special attention around lip outlines. Measurements based on repositioned soft tissue landmarks will be altered.
- 3. (Optional) Save a copy of the link**
- 4.**





Treatment Simulation (VTO)

CO-CR Growth TxPlan Goals << Less

	A-P	Vert
Maxilla		
ANS	0.0	0.0
PNS	0.0	0.0
Mx1 tip	0.0	0.0
Molar MB cusp tip	0.0	0.0
Mandible	A-P	Vert
Md1 tip	0.0	0.0
Molar MB cusp tip	0.0	0.0
B point	0.0	0.0
Pog	0.0	0.0
Genioplasty	0.0	0.0

Model Block Surgery

Soft Tissue Profile

Auto lip adjustment:  
 Profile touch-up V: < >  
 Lip reposturing A-P: < >

Superimpose... Procedures...

Undo List Prev Notes Delete Rest

- Original -

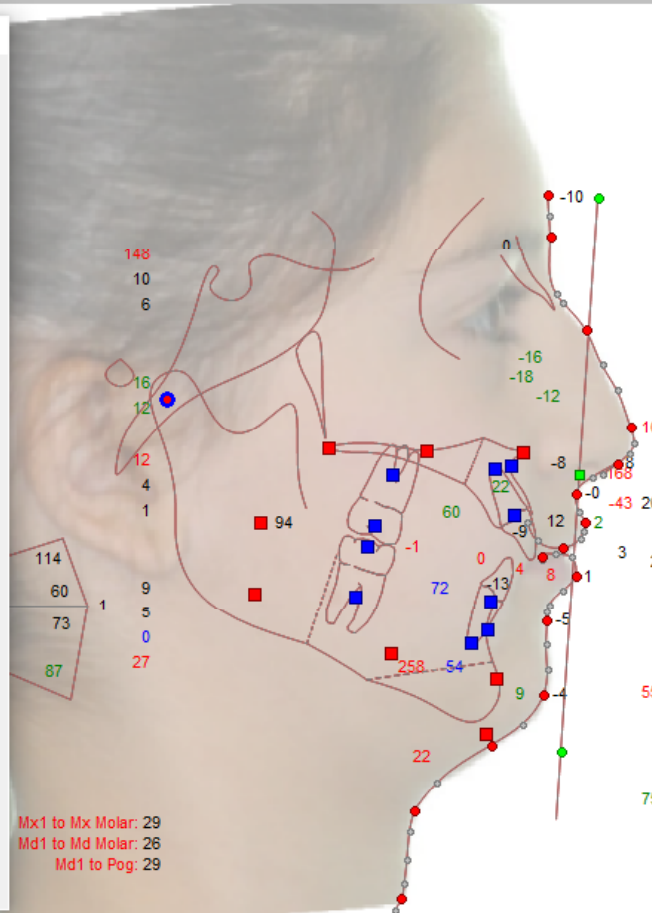
	mm	mm	°
Upper 1:	0.0	0.0	0.0
Lower 1:	0.0	0.0	0.0
Upper 6:	0.0	0.0	0.0
Lower 6:	0.0	0.0	0.0
A Point:	0.0	0.0	
B Point:	0.0	0.0	

Mx (LeFort):	0.0	0.0	0.0
Ant. Mx:	0.0	0.0	0.0
Post. Mx:	0.0	0.0	0.0
Mx+Md:	0.0	0.0	0.0
Md (BSSO):	0.0	0.0	0.0
Rotate Md @ Hinge Axis:	0.0		
Rotate Mx+Md @ Hinge Axis:	0.0		
Genioplasty:	0.0	0.0	

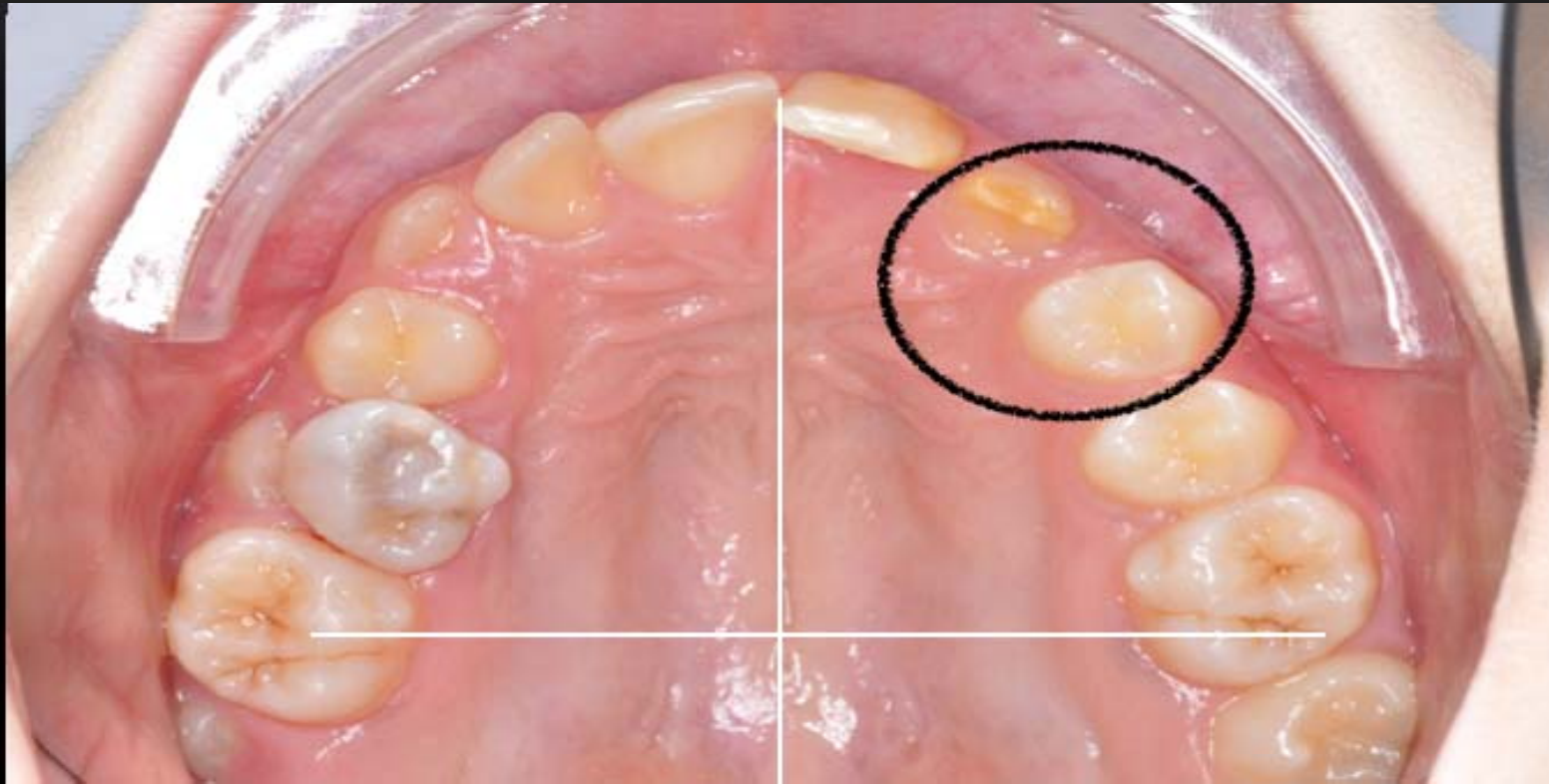
Others: (5) Post Md Rotate@Hinge

Autorotate mandible

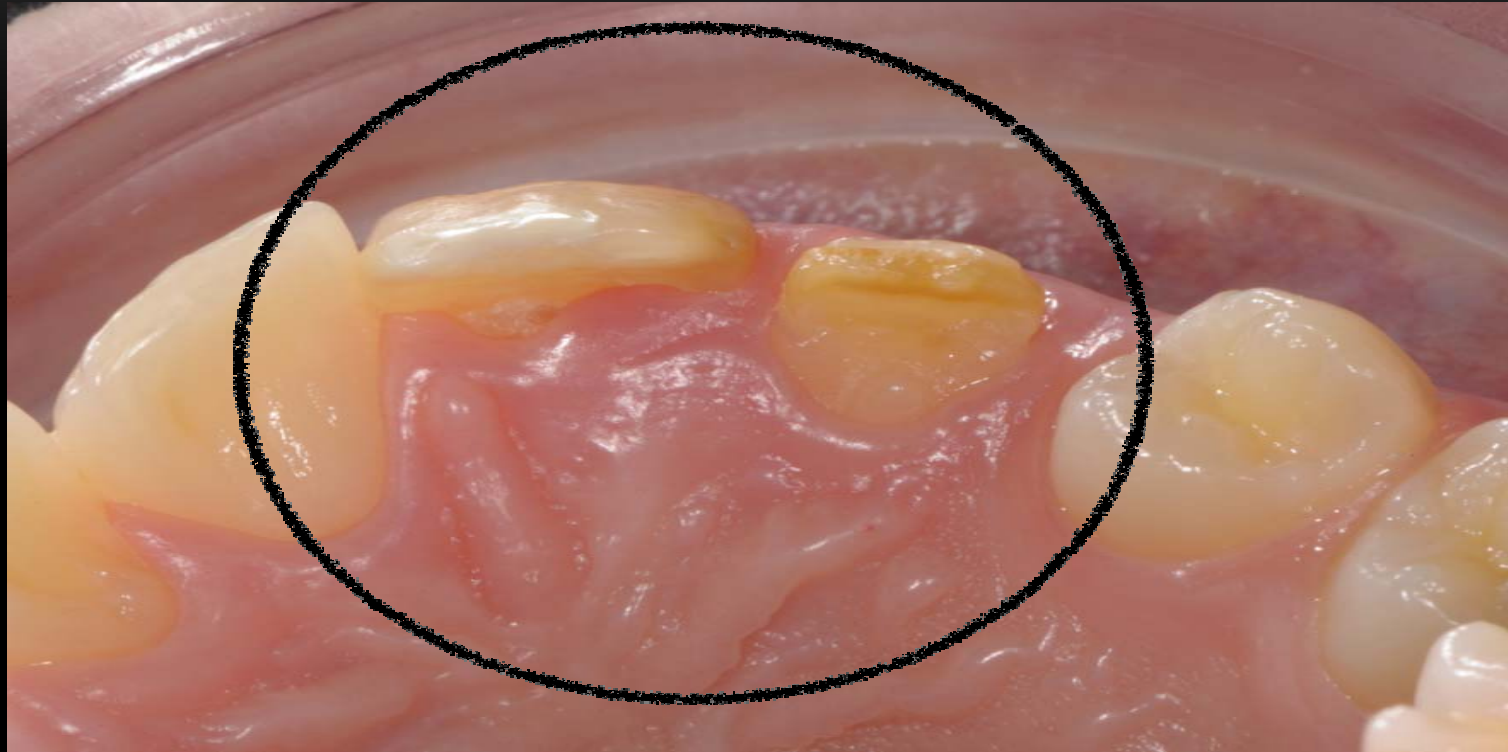
Arch Length Discrepancy  
 Mx: 0.0 mm Edit...  
 Md: 0.0 mm  
 Extract... Expand... Strip...



Mx1 to Mx Molar: 29  
 Md1 to Md Molar: 26  
 Md1 to Pog: 29

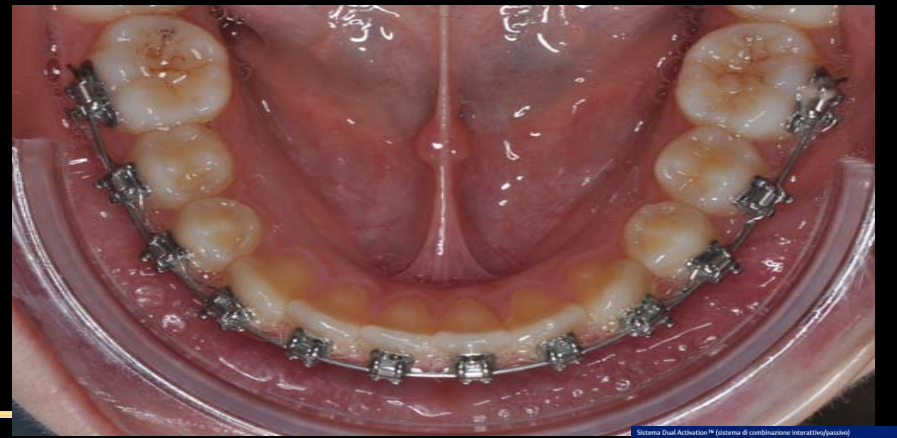
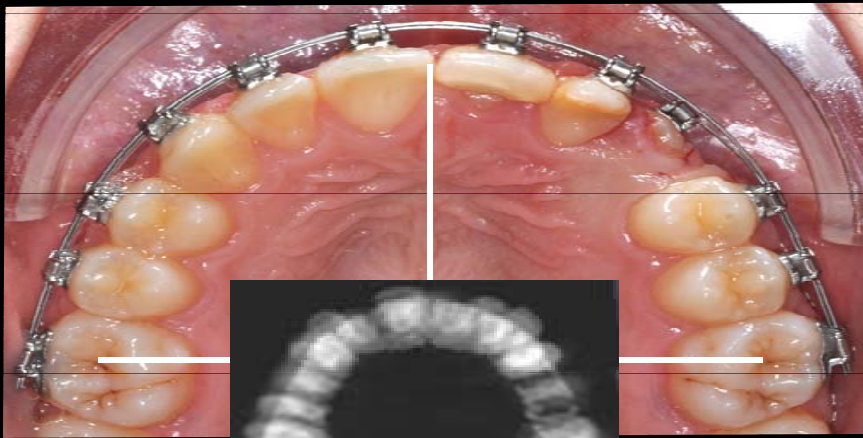
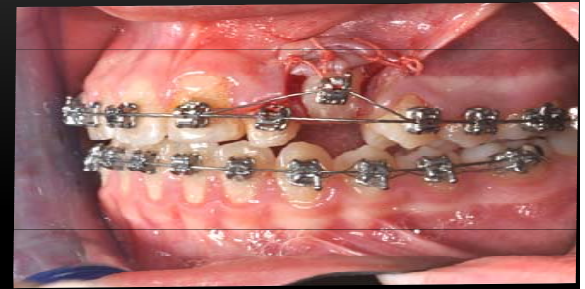










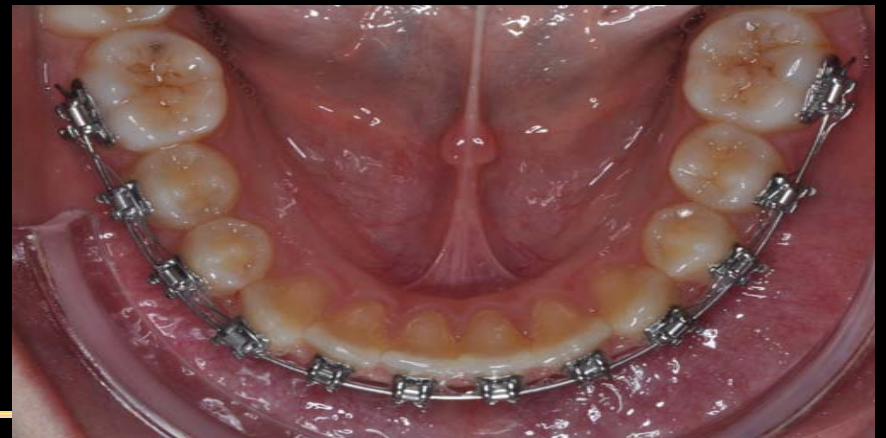
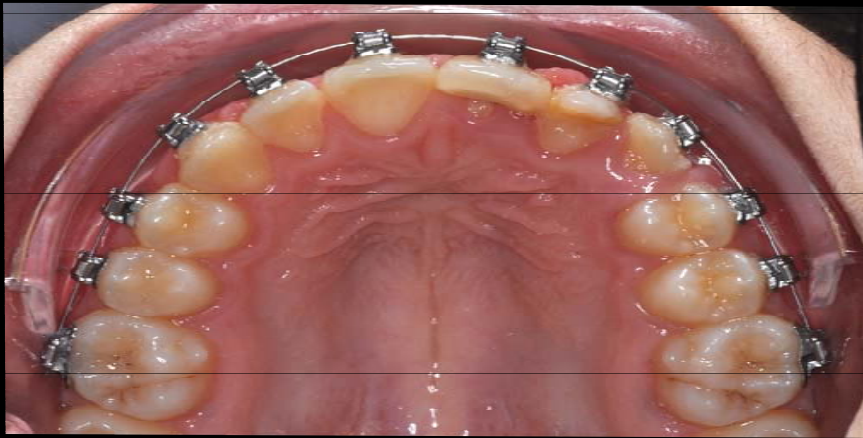
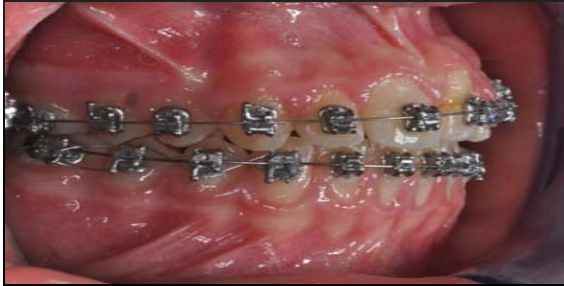


Systema Dual Activation™ (sistema di combinazione interattivo/passivo)

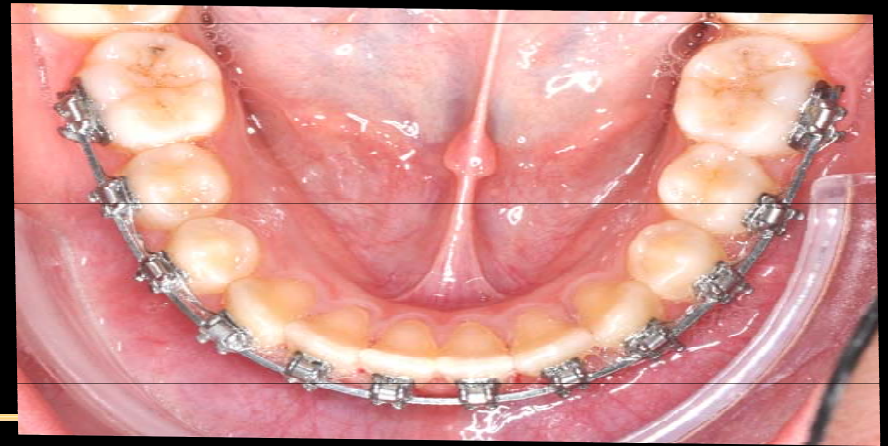
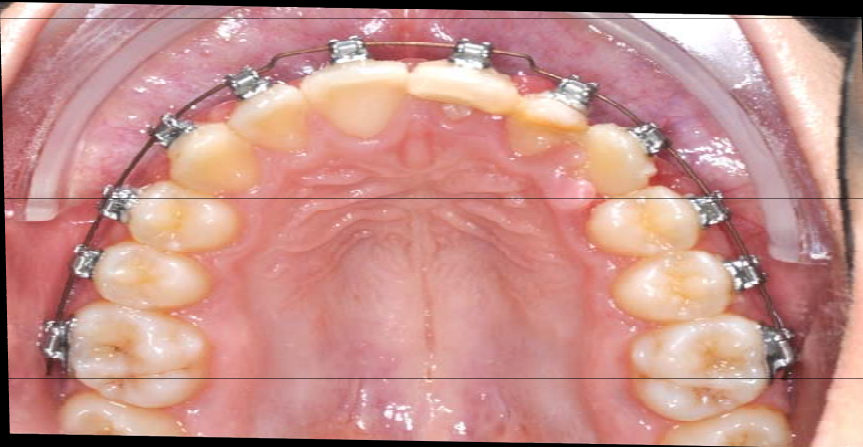
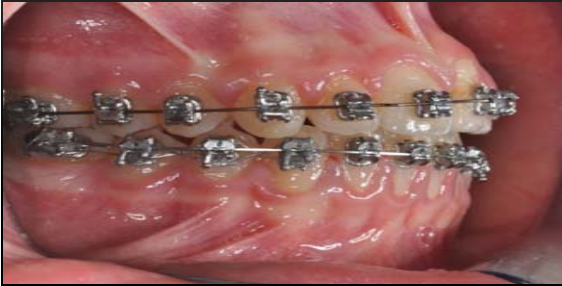


Dual Activation

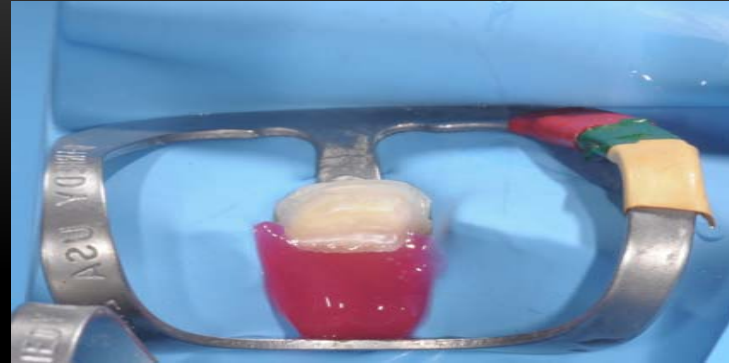
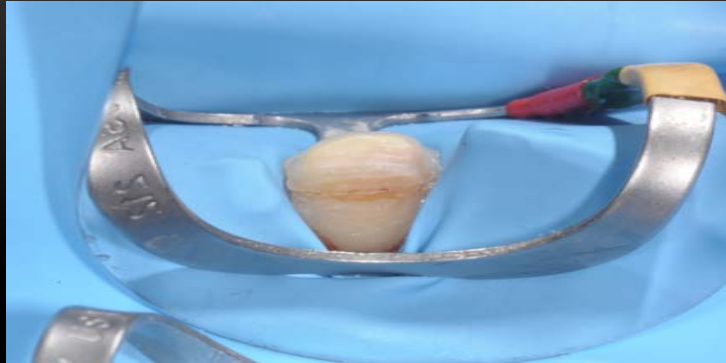






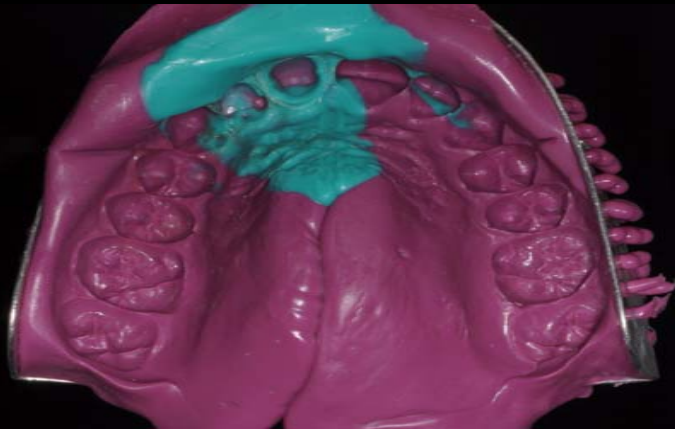


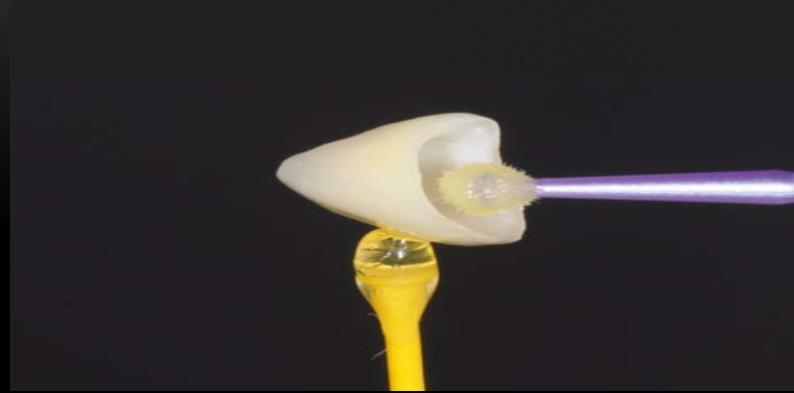




The composite restorations were performed by Dr. Francesco De Angelis



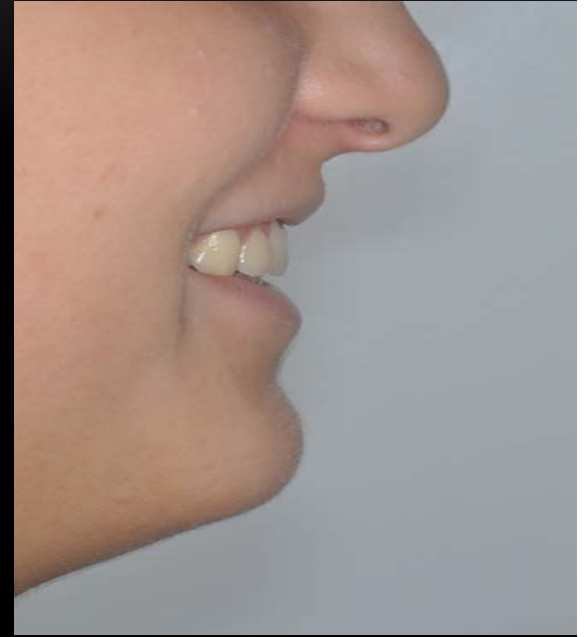
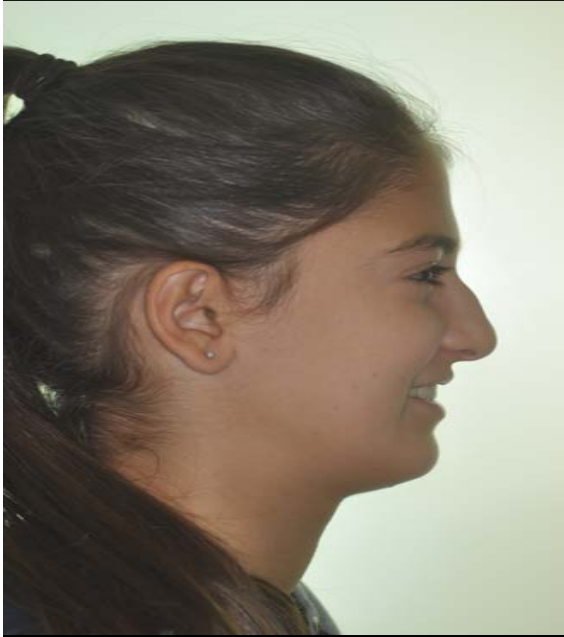














*Facial Profile*



*Facial Front*



*Facial Front Smiling*



*Occlusal Upper*



*Occlusal Lower*



*Intraoral Right*



*Intraoral Center*

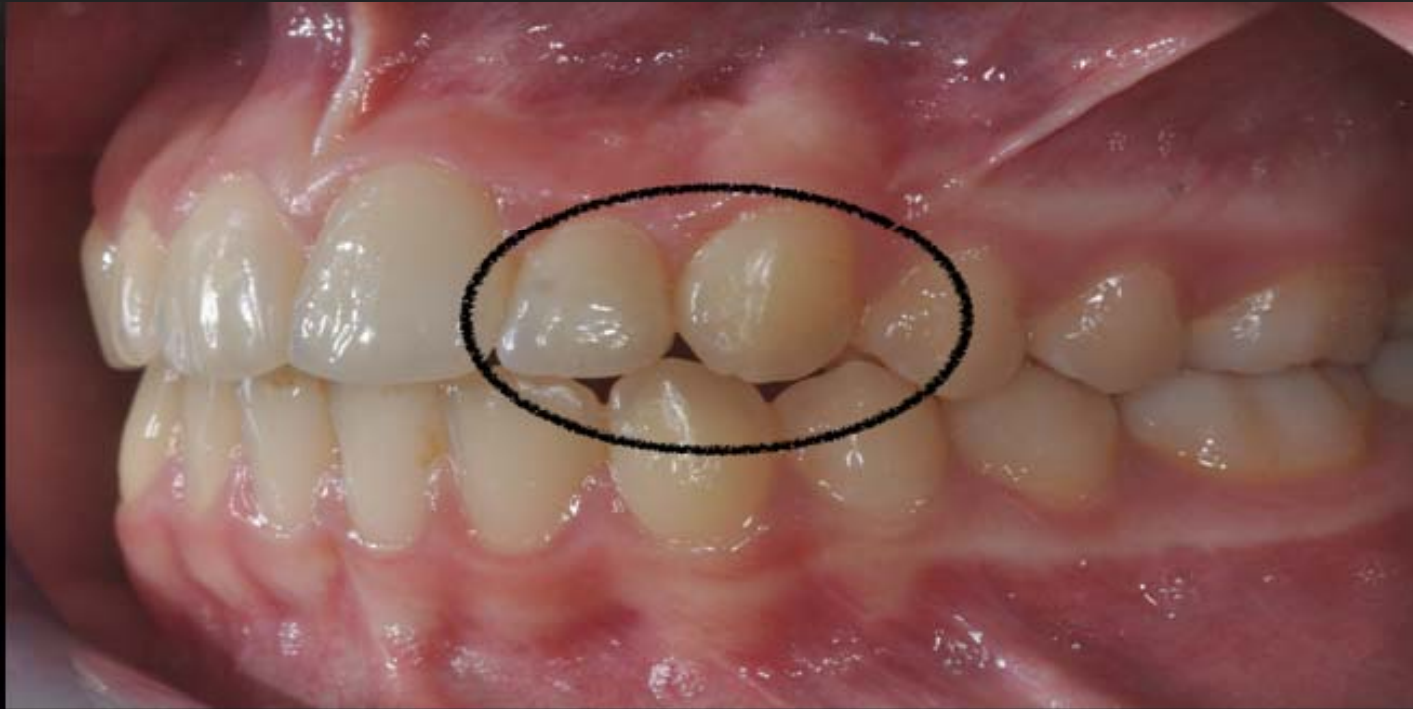


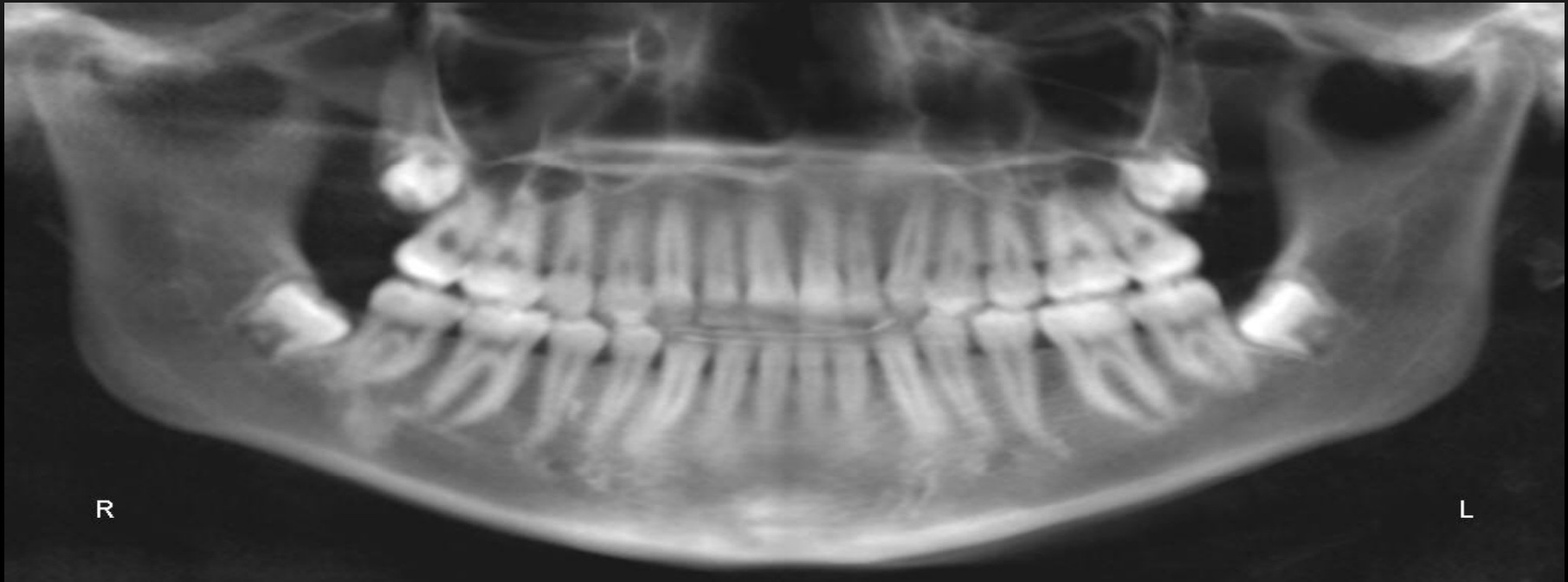
*Intraoral Left*



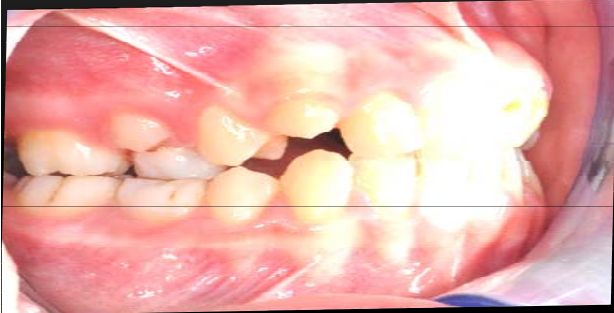


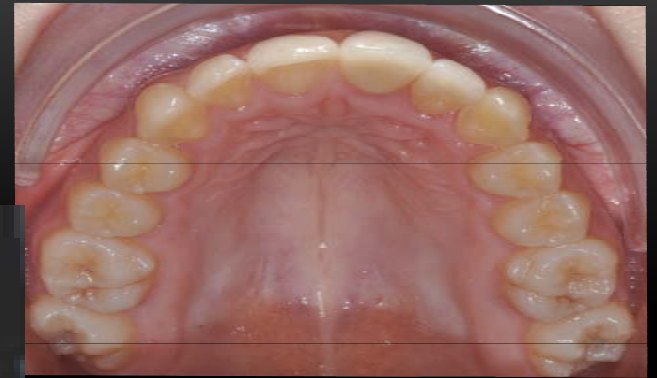
















Facial Profile



Facial Front



Facial Front Smiling



Facial Profile



Facial Front



Facial Front Smiling



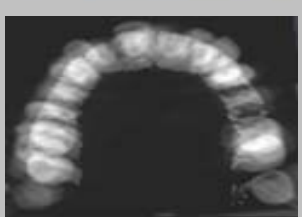
Occlusal Upper



Occlusal Lower



Occlusal Upper



Occlusal Lower



Intraoral Right



Intraoral Center



Intraoral Left



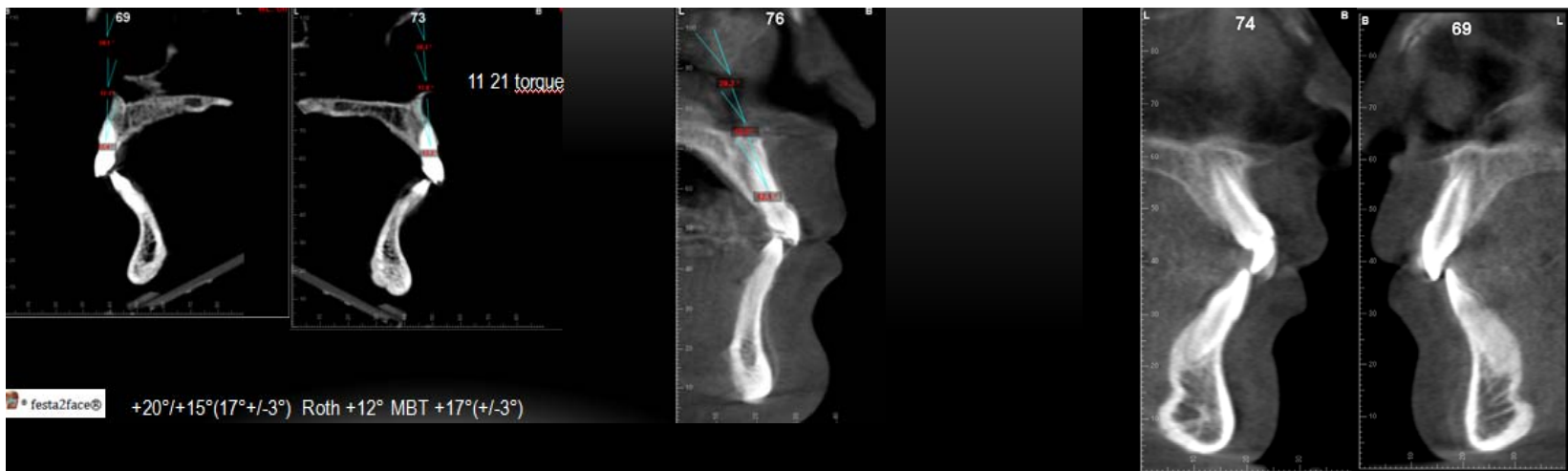
Intraoral Right



Intraoral Center



Intraoral Left



\* festa2face® +20°/+15°(17°+/-3°) Roth +12° MBT +17°(+/-3°)

**1. Mx Incisor Inclination**  
Correct Mx incisor inclination to Mx occlusal plane

Step 1 of 7 Profile: Touch-up Lips Auto Test

Amnett Wizard

CD-CR: Growth TuPlan Goals

Area	AP	Ver	Rot
Mandib	0.0	0.0	0.0
ANS	0.0	0.0	0.0
PGC	0.0	0.0	0.0
Mx tip	0.0	0.0	0.0
Molar MB cusp tip	0.0	0.0	0.0
Mandib	AP	Ver	Rot
Mx tip	0.0	0.0	0.0
Molar MB cusp tip	0.0	0.0	0.0
B point	0.0	0.0	0.0
PGC	0.0	0.0	0.0
Geniohyoid	0.0	0.0	0.0

Soft Tissue Profile

Auto lip adjustment

Rotate Mx @ Hinge Axis

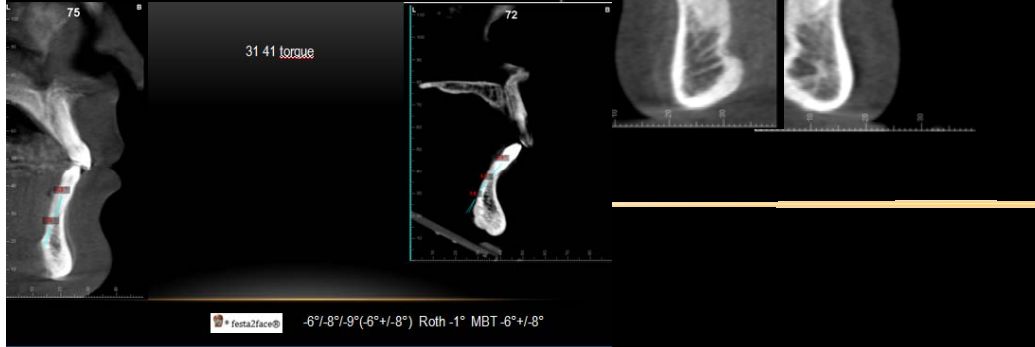
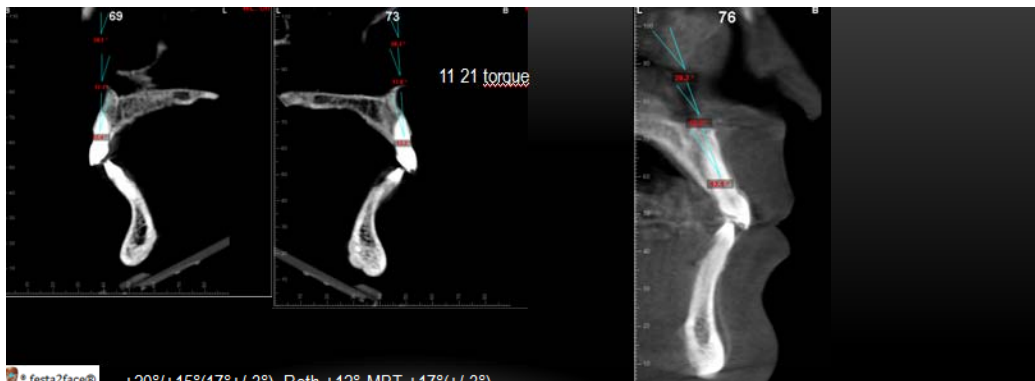
Rotate Mx-Md @ Hinge Axis

Geniohyoid

Arch Length Discrepancy

Mx: 0.1 mm Crowding

Md: 0.0 mm



Orthodontics and Genetic evolution world portal  
www.felicefesta.it

### 1. Mx Incisor Inclination

Correct Mx incisor inclination to Mx occlusal plane

Step 1 of 7 Profile: Touchup Lips Auto Test

Autolocate mandible

Arch Length Discrepancy  
Mx: 6.1 mm Spacing  
Md: 0.0 mm

Edt... Exit... Expand... Stop...

Dolphin Imaging 11.8 Premium - Scani, Francesca ID: SCARCF

Treatment Simulation (VTO)

DD-CR	Growth	TxPlan	Goals
Maxilla	A-P	Vert	
ANS	0.0	0.0	
PNS	0.0	0.0	
MdI ip	+3.0	-1.5	
MxMx MB cusp ip	0.0	0.0	
Mandible	A-P	Vert	
MdI ip	0.0	0.0	
MxMx MB cusp ip	0.0	0.0	
B point	+2.0	+2.9	
Pog	+3.1	+4.1	
Genioplasty	0.0	0.0	

Soft Tissue Profile  
 Profile touchup  
 Lip repositioning

Auto lip adjustment  
 V: < >  
 A-P: < >

Supersurface... Procedures...  
 Undo List Prev Notes Delete Post

Original  
 Step 1 Mx Incisor: +14.7 Deg

Autolocate mandible

Arch Length Discrepancy  
 Mx: 6.1 mm Spacing  
 Md: 0.0 mm

Edt... Exit... Expand... Stop...

Step 1 of 7 Profile: Touchup Lips Auto Test

Autolocate mandible

Ach Length Discrepancy  
 Mx: 6.1 mm Spacing  
 Md: 0.0 mm

Edt... Exit... Expand... Stop...

### 3. Overbite

Autolocate Md to proper overbite

Step 3 of 7 Profile: Touchup Lips Auto Test

Autolocate mandible

Ach Length Discrepancy  
 Mx: 6.1 mm Spacing  
 Md: 2.9 mm Crowding

Edt... Exit... Expand... Stop...

Dolphin Imaging 11.8 Premium - Scani, Francesca ID: SCARCF

Treatment Simulation (VTO)

DD-CR	Growth	TxPlan	Goals
Maxilla	A-P	Vert	
ANS	0.0	0.0	
PNS	0.0	0.0	
MdI ip	+3.0	-1.5	
MxMx MB cusp ip	0.0	0.0	
Mandible	A-P	Vert	
MdI ip	+0.6	+5.0	
MxMx MB cusp ip	+2.0	+2.9	
B point	+3.1	+4.1	
Pog	+3.9	+4.2	
Genioplasty	0.0	0.0	

Soft Tissue Profile  
 Profile touchup  
 Lip repositioning

Auto lip adjustment  
 V: < >  
 A-P: < >

Supersurface... Procedures...  
 Undo List Prev Notes Delete Post

Original  
 Step 1 Mx Incisor: +14.7 Deg  
 Step 2 MdI Incisor: +7.0 Deg  
 Step 3 Autolocate Md: 2.9 Deg

Autolocate mandible

Ach Length Discrepancy  
 Mx: 6.1 mm Spacing  
 Md: 2.9 mm Crowding

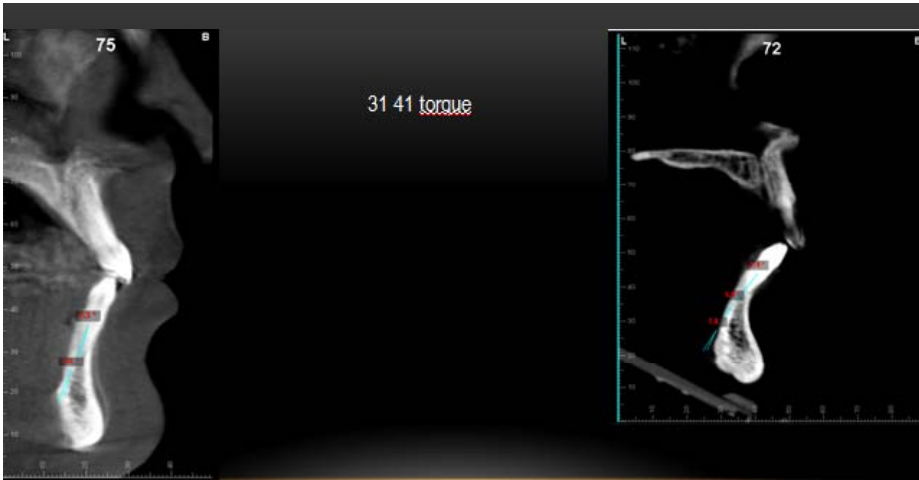
Edt... Exit... Expand... Stop...

Step 3 of 7 Profile: Touchup Lips Auto Test

Autolocate mandible

Ach Length Discrepancy  
 Mx: 6.1 mm Spacing  
 Md: 2.9 mm Crowding

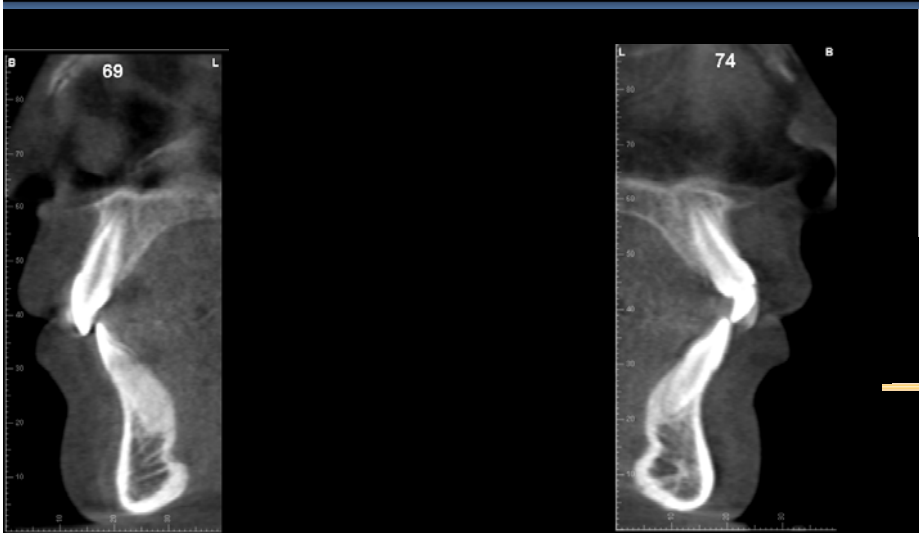
Edt... Exit... Expand... Stop...



31 41 torque



-6°/-8°/-9°(-6°+/-8°) Roth -1° MBT -6°+/-8°



Treatment Simulation (VTC)

CO-CR	Growth	TxPlan	Goals
Mandible	A-P	Vert	
ANS	0.0	0.0	
PNS	0.0	0.0	
Mdl tip	+3.0	-1.5	
Mole MB cusp to	0.0	0.0	
Mandible	A-P	Vert	
Mdl tip	0.0	0.0	
Mole MB cusp to	0.0	0.0	
B point	0.0	0.0	
Pog	0.0	0.0	
Genoplasty	0.0	0.0	

Soft Tissue Profile

Profile touch up

Lip repositioning

Auto lip adjustment:

V: < >

A-P: < >

Supereposition: Procedures...

Undo List: Prev Notes: Create Post

- Original
- Step 11: Mx1 Incisor +14.7 Deg

Arch Length Discrepancy

Mx: 6.1 mm Spacing

Md: 0.0 mm

Extract... Expand... Shp...

Step 1 of 7 Profile:  Touch-up  Lips Auto Treat

### 1. Mx Incisor Inclination

Correct Mx incisor inclination to Mx occlusal plane



