

Occlusal Planning – Outline

I. Introduction

- A. two occlusal correction patients
- B. malocclusion components
 - 1. dental components
 - 2. skeletal components
 - 3. important information

II. ideal occlusal correction

- A. orthodontics only
- B. ideal mandibular surgery
 - 1. Why not use ortho only? magnitude
 - 2. indications mandibular surgery
 - 3. Why use mandibular surgery?
 - 4. ideal orthodontic preparation – mandibular surgery
 - 5. BSSO with or without midline split
- C. ideal maxillary surgery
 - 1. Why not use ortho only? magnitude
 - 2. indications maxillary surgery
 - 3. Why use maxillary surgery?
 - 4. ideal orthodontic preparation - maxillary surgery
 - 5. Mx segmental osteotomy
 - a. avascular necrosis
 - b. interdental osteotomy location
 - c. interdental osteotomy technique
 - d. palatal osteotomy
 - 6. Mx expansion stability
 - a. stable orthodontic preparation
 - b. maximizing dental intercuspatation
 - c. 2 palatal osteotomies
 - d. full transverse mobilization
 - e. maximize osteotomy contact
 - f. use plate fixation
 - g. posterior IMF
 - h. post surgical transverse support
 - intentional expansion relapse
 - 7. overbite stability
 - a. stable orthodontic preparation
 - b. surgical transverse stability

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- c. use multisegment LFI
- d. avoid surgical incisor extrusion
- e. postoperative anterior skeletal traction
- f. avoid condylar sag
- g. avoid condylar resorption
 - intentional open bite relapse

D. ideal bimaxillary surgery

1. Why not use ortho only? magnitude
2. bimaxillary surgery indications
3. Why use bimaxillary surgery?
4. orthodontic preparation - same
5. ideal mandibular surgery - same
6. ideal maxillary surgery – same
7. aesthetic occlusal plane change

III. pretreatment occlusal examination - form

1. extraction decision
2. orthodontic preparation stability
3. surgical decision

IV. occlusal planning summary

- A. purpose
- B. components of occlusion - dental
- C. components of occlusion – skeletal
- D. Which specialty should correct which components?
 - How to avoid orthodontic relapse within surgical cases

V. patient examples