From straightforward to complex cases

The new NimrodAligner and why it can be the ultimate orthodontic removable aligning system

By Nimrod Tal & Lauren Flannery

As a dental practitioner helping your patient look to improve their smile by undergoing orthodontic treatment with one of the many aligning systems available can be a very daunting decision to make when it comes to choosing the right system. Whatever their lifestyle, the attributes most commonly sought after are typically comfort, discreetness and for the treatment time to be as speedy as possible. Depending on the case, it can sometimes be quite difficult to achieve all of these aims within one single aligning system, as each are designed to achieve very specific and individual movements, and not all are designed to do this with the whole arch.

As an orthodontic laboratory, we are introduced to hundreds of very individual cases on a weekly basis, where more often than not patients will have specified that the above attributes are key to their decision making process when we assess for the appliances that will be best suited to their particular case. After having been faced so regularly with the task of assisting our clients to make the decision that will benefit their patients in as many aspects as they can, we had a thought—what if the advantages of each of these aligning systems were combined into one single aligning system, as each are designed to achieve very specific and individual movements, and not all are designed to do this with the whole arch.

Designed to move from 5.5 in all directions, and widen the molars (Fig. 1), the NimrodAligner comprises of lingual and labial arch wires attached to individual cups that seat on each tooth with the aid of a composite anchor, and a connecting bar to seat on the palatal or the lingual area, that are attached to molar cups. After having spent four years researching the most effective components and combining them using prototypes with 3-D printers, we have combined the biomechanics of straight wire, with 3-D printers, we have combined the most effective components and attributes are key to their decision making process when we assess for the appliances that will be best suited to their particular case. As each are designed to achieve very specific and individual movements, and not all are designed to do this with the whole arch.

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In some instances, a separate expansion appliance may be required prior to treatment, which essentially boosts costs and adds time onto treatment overall. We have reduced this concern by offering this stage for such cases within the NimrodAligner singularly.

The arch can gain molar width by pre-setting the molars in a wider position when it comes to making the movements on our 3-D system, and the connecting bar can act as a spring thanks to its flexibility. The rest of the teeth will continue to be aligned during this process.

In more complex cases however whereby a separate expansion appliance is unavoidable, two Nimrod-Aligners will be provided. The caps will not fit on the teeth that are blocked in otherwise, so the initial appliance will create space for the blocked teeth. Once they have been exposed, the second appliance would be provided to sit on all of the teeth.

During our research and production stages, we aimed to create the ultimate orthodontic removable aligning system that could potentially be the answer to the prayers of dentists and patients alike. We have reduced clinical time dramatically by removing the time-consuming hassle of fitting appliances such as fixed brackets by providing a bespoke pre-aligned appliance that simply needs to be placed on the teeth. We have taken into consideration the fact that multiple appliances can sometimes be necessary to achieve the desired result, and have eliminated the need for this by designing the Nimrod-Aligner in a way that allows the entire arch to move in any direction. In case expansion is also required, we have this incorporated (Fig. 1).

We have adapted the force and pressure of the movement to be effective for just sixteen hours a day, allowing the patients to remove the appliance for an entire eight hour working day if they wish, to grant the roots a sufficient amount of time to recover.

By combining all of the positive aspects of the orthodontic appliances mentioned above, the Nimrod-Aligner can be suitable for most cases from straightforward to complex.
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“We will be able to treat pretty much everything in the future”
An interview with Dr Graham Gardner, UK, President of the European Aligner Society

The European Aligner Society is an international organisation established in 2013 that aims to promote education and research in aligner therapy. Trained in South Africa and with 22 years of clinical experience, Dr Graham Gardner has been running his own private practices in the UK since 2008. In an interview with Dental Tribune, the EAS President shares his ideas and views about the importance of aligners in orthodontics and about the EAS, which he believes will become the society for aligner therapy.

Dental Tribune: Dr Gardner, you have been working with aligners for more than a decade now. What convinced you initially of this treatment method and what are the main advantages in your experience?

Dr Gardner: From the beginning of my career in the early 1990s, a time when ceramic brackets and lingual braces became available, I was certainly aware of the fact that aesthetic appliances were going to be the future of orthodontics.

In 2001, I was fortunate to attend a certification course for Invisalign, which was truly a watershed moment in my orthodontic career because I saw the value and potential of aligner therapy for both dental professionals and patients. In my opinion, aligner therapy opened the door for a huge cohort of patients who would not have considered orthodontic therapy in the past...

How have developments in the past decade changed the perception of orthodontics?

At the moment, however, aligner therapy is still a fairly expensive form of orthodontics. Thus, I hope that improvements in materials and 3D printing will render manufacture and the product itself more cost-effective. For example, 3D printers could allow individual practices to print their own aligners in the future.

Overall, with technological advancements and increasing patient acceptance, we will be able to treat pretty much everything in the future in my view.

How have developments in the European and the overseas market differed?

In recent years, clear aligners have become mainstream orthodontics and about the EAS, which we can treat the majority of malocclusions. At the moment, however, aligner therapy is still a fairly expensive form of orthodontics. Thus, I hope that improvements in materials and 3D printing will render manufacture and the product itself more cost-effective. For example, 3D printers could allow individual practices to print their own aligners in the future.

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How do the advancements in Europe will match those in America and Asia?

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Individuals play the game, but teams win championships

What it takes to build the ultimate practice unit

By Lina Craven, UK

It is said that all teams are groups, but not all groups are teams. What separates the two is interdependence. A true team is focused on a common purpose; team members support one another and enhance each other's work and contribution. Andrew Carnegie captured this accurately when he said, "Teamwork is the ability to work together toward a common vision. It is the fuel that allows common people to attain uncommon results."

I know that achieving the ultimate team is possible, because when I was a dental nurse many years ago in America, I was part of an ultimate team. What made us great was our leader, Dr Derick Tagawa. He and his partner had a very clear vision and they knew exactly what was needed from each one of us to ensure the practice achieved its desired results. In turn, each one of us knew that every challenge we faced was an opportunity for personal, professional and practice growth.

Practices with a motivated, focused and empowered team produce excellent results; consequently, patient satisfaction is high and practitioners realise increased financial rewards. Achieving such a team isnot pie in thesky, but it does require complete commitment from the whole team. Based on my own experience of being a part of a high-performing team and my observations as a consultant to practices, here are my key principles for the creation of an ultimate team.

Do not confuse being the boss with being a leader. Leaders set the tone for the practice. They lead by positive example. Successful teamwork starts at the top with leaders who provide strategic vision and establish team goals. Effective leaders clearly define their vision and share it with their team to establish a common purpose.

Any successful relationship can only survive if values are shared, believed and agreed upon, values like honesty, respect, integrity, commitment to each other, commitment to the practice success. Shared values help to build an effective team and to set its culture, conduct, rules and policies. The key is to ensure the entire team agrees on the same values and is prepared to work by them. According to the world's finest flight demonstration team (the Blue Angels, US Navy), "without shared values, peak performance isn't possible." and "a team's values must align with its purpose, mission, and actions."

Every team member, from the leader to the cleaner, must learn to communicate clearly and effectively. Successful relationships are built on positive, honest and open feedback. Is information shared openly and honestly in your team? Does gossip or negative chatter exist in your practice? Team members must learn to address concerns, deal with conflict and accept responsibility for the success of other team members. When conflict occurs, it must be dealt with honestly, directly and openly as soon as possible and in line with the team's adopted values. Foster positive attitudes and creative thinking—attitudes can either make or break the team dynamics, so there is no place for negative people.

Do all your team members have clear and up-to-date job descriptions? Are they all qualified to undertake their roles? Are there written procedures for every area of the practice? Often, team members say they are not sure who is responsible for something, or they do not have a job description, or they were promised training when they started, but have not yet received any owing to the practice being too busy. Cross-training increases efficiency and makes each person more productive and valuable to the team.

Each team member is a cog in the practice’s wheel of success. However, many are often under-utilised to his or her full potential and thus become bored or complacent. Dr Tagawa believed in providing the best training for his staff. He also recognised that he may lose some individuals who desired greater career progression than the practice could offer. He knew nevertheless that those who remained would perform at their peak and more than justify his investment.

Every morning in Dr Tagawa’s practice as part of our commitment to the team, we would meet at 10 minutes prior to the start of the day to prepare for the show. The head receptionist had a simple but effective system for updating us with vital information, including how many patients we would see, special recognitions (like patients’ birthdays), identifying difficult patients, and thus become bored or complacent. Dr Tagawa believed in providing the best training for his staff. He also recognised that he may lose some individuals who desired greater career progression than the practice could offer. He knew nevertheless that those who remained would perform at their peak and more than justify his investment.

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Consistency is critical to creating the ultimate team; it fosters credibility and trust. Ken Blanchard and Sheldon Bowles wrote in their book Raving Fans, ‘customers allow themselves to be seduced into becoming raving fans only when they know they can count on you time and time again.’ This is also true for teams—just replace the word ‘customers’ with ‘team members.’ I often hear people say things like ‘one day we’re instructed to do thing and the next day it becomes something else’. If you want to be part of the ultimate team, be consistent.

It is said that what motivates individuals the most is recognition—a pat on the back or a word of praise here and there for a job well done. Embrace this principle and, although it may feel awkward at first, if it is done often enough it becomes a habit. Sam Walton, founder of Wal-Mart Stores, said: ‘Appreciate everything your associates do for the business. Nothing else can quite substitute for a few well-considered, well-timed, sincere words of praise. They’re absolutely free and worth a fortune!’

Building the ultimate team does represent a challenge, but once achieved it is hugely rewarding. There is no point implementing one principle in isolation. It is like baking a cake without the eggs.
Conservative smile design for the general dentist

By Dr Rami Chayah, Lebanon

Abstract

This article discusses the advantages of short-term anterior tooth alignment using the Inman Aligner system, particularly for general dentists. The article will give a brief description of the Inman Aligner appliance and its use in short-term orthodontics, and it will answer three major questions. The general dentist should ask himself or herself during the treatment planning process. In support of this treatment modality, three case scenarios general dentists see daily will be given as examples.

Introduction

General dentists face the daily challenge of performing instant veneers for patients with misaligned anterior teeth who refuse orthodontic treatment, many of whom regard fixed orthodontic treatment as too long a commitment for achieving their desired aesthetic results. In today’s fast-paced life, some patients are not prepared to wait or to go through lengthy treatments. One of the greatest benefits of short-term anterior alignment is that many people who would refuse comprehensive orthodontic treatment may accept short-term removable alignment techniques such as the Inman Aligner system.

The Inman Aligner is a simple removable appliance, a modification of the removable spring retainer. It uses super-elastic wire springs to apply highly efficient light and consistent forces on both the labial and lingual surfaces of the anterior teeth. The appliance is fabricated on a cast, based on a surgical model, the anterior teeth needing correction have been removed and reset in the ideal position in wax on the working cast. When the patient wears the appliance, the built-in forces generated by the spring coils will correct the misaligned anterior teeth.

What distinguishes the Inman Aligner appliance from other short-term orthodontic systems such as Invisalign (Align Technology) and Six Month Smiles is its low cost, low risk and short learning curve for general practitioners. Only one appliance is used from the start to the end of the treatment. Sometimes, several clear aligners may be used to de-rotate resistant canines. The system is well received by patients because it is fast and relatively cheap. It also accommodates today’s active lifestyle. Usually, most cases take from six to 16 weeks. Patients can take the appliance out during meals or work meetings.

As with any other treatment technique, the Inman Aligner has its limitations. Hence, case selection is imperative, as the Inman Aligner is not suitable for posterior orthodontic treatment or Class II or III treatment. Only certain types of movements are possible and some patients will still need conventional orthodontic treatment or Class II or III treatment. Certain criteria should be met before treatment proceeds. At consultation, other orthodontic alternatives should be offered. The dentist must quote for the long-term retention maintenance and should look for any skeletal discrepancies. Compromises must be signed off.

Treatment concept and case presentation

Dentists need to consider three questions about treatment during the treatment planning process. The first question: can the patient’s teeth be treated safely? The second question: what is the best treatment planning approach? The third question: how long is treatment likely to take? This article will answer the first question: can the patient’s teeth be treated safely? After a patient is established as a candidate, the alignment treatment proceeds. At consultation, other orthodontic alternatives should be offered. The dentist must quote for the long-term retention maintenance and should look for any skeletal discrepancies. Compromises must be signed off.

Fig. 1: Inman Aligner appliance.—Fig. 2: Illustration of the Inman Aligner showing the appliance components.—Fig. 3: Inman Aligner appliance in the mouth. Case 1.—Fig. 4: Frontal view with the teeth in occlusion before treatment.—Fig. 5: Frontal view with slightly open bite showing the status of the teeth before treatment.—Fig. 6: Full face showing the patient’s natural smile before treatment.—Fig. 7: Occlusal view showing the patient’s natural smile before treatment.—Fig. 8: Frontal view showing the patient’s natural smile before treatment.—Fig. 9: Occlusal view showing the patient’s natural smile before treatment.—Fig. 10: Occlusal view showing the patient’s natural smile after treatment.—Fig. 11: Full face showing the patient’s natural smile after treatment.—Fig. 12: Right side view of the maxillary teeth before ABB.—Fig. 13: Left side view of the maxillary teeth before ABB.—Fig. 14: Frontal view showing the maxillary teeth after ABB.—Fig. 15: Occlusal view showing the maxillary teeth after ABB.—Fig. 16: Full face showing the patient’s natural smile after treatment.—Fig. 17: Full face showing the patient’s natural smile after treatment.—Fig. 18: Frontal view showing the patient’s natural smile after treatment.—Fig. 19: Occlusal view showing the maxillary arch before treatment.—Fig. 20: Occlusal view showing the maxillary arch after treatment.
fixed without orthodontic treatment in a very short period? In order to get a general answer to this question, he or she should first establish whether the patient does not wish to pursue orthodontic treatment because of the time commitment and cost. Would he or she also refuse short-term anterior tooth alignment? Would the occlusion be improved even through a Class I molar or Class I canine relationship may not be achieved? Patients may prefer short-term alignment techniques because of the shorter treatment time and lower cost. 

Case 1

The first case presented is a good example of a scenario relevant to the question above. The patient was a young woman at college who presented at my office requesting a full smile makeover of 20 veneers, she desired a “Hollywood smile” as expressed in her own words. Her complaint was the extracted maxillary right and left central incisors, the incisal edge wear on the maxillary central incisors and mandibular anterior teeth, the patchy shape of the maxillary and mandibular canines, and the yellow colour of her teeth overall (Figs. 4 & 5). It could be argued that it would be highly unethical to prepare the sound enamel, transforming her teeth to be maxillary incisors into stubs for the rest of her life, especially at this young age. After long discussion and explanation of the advantages of the shortcut route of preparing her teeth for ceramic veneers, this option was excluded. Several other options were available and discussed with her, but because she wanted a smile enhancement in a short period of time, conventional fixed orthodontic treatment was also excluded. After checking her bite, it was observed that there was insufficient interocclusal space to shift the maxillary central incisors forwards without opening the bite. However, the patient accepted use of the Inman Aligner system owing to its flexibility in that the wearer is able to remove the appliance for several hours a day and because of its short treatment time. The maxillary left central incisor would have been aggressively prepared had it been treated restoratively. By using a simple anterior alignment technique, the treatment took only eight weeks to straighten the teeth and a great deal of sound enamel tissue was preserved by conservatively resolving the unesthetic appearance of the maxillary teeth (Figs. 22 & 23).

The treatment plan was to follow the ARR protocol (alignment, bleaching and bonding). This concept still constitutes a smile make-over but in a very conservative manner. Taking into consideration her age and her sound enamel tissue, this was agreed to be the most progressive means of carrying out her smile enhancement. First, her maxillary teeth were aligned using the Inman Aligner with an expander for nine weeks. Two extra-expansion of the Inman Aligner with an expander for nine weeks. Two extra-clear aligners were used in the last two weeks of treatment to de-rotate the maxillary left lateral. Once the maxillary teeth had been aligned and in the two-weeks of treatment, the teeth were bleached with custom-fitted super-sterile trays (Fig. 6). Now that the maxillary had been straightened and whitened, the patient became more aware of the differential wear on the incisal edges of her anterior maxillary and mandibular teeth. Incisal edge bonding using composite was deferred using a simple direct technique. The patient was very happy with the final result (Figs. 7–9).

Case 2

The second question to be considered regarding treatment would some of the teeth be aggressively prepared or end up with root canal treatment if treated with restorative dentistry without alignment and would the overall outcome be better with alignment rather than without? This question addresses the ethical dilemma general dentists face every day. We often have cases with overlapping anterior incisors in our office.

The patient presented in this case was bothered by the look of his overlapping maxillary central incisors (Figs. 20 & 21). His mandibular teeth were also crowded, but for some reason, his concern was only with his maxillary teeth. He had started to hide his smile in front of his friends, feeling embarrassed to show his maxillary teeth. After the full orthodontic examination and discussion about all of the treatment options, including comprehensive orthodontic treatment, the patient chose the removable Inman Aligner system owing to its flexibility in that the wearer is able to remove the appliance for several hours a day and because of its short treatment time. The maxillary left central incisor would have been aggressively prepared had it been treated restoratively. By using a simple anterior alignment technique, the treatment took only eight weeks to straighten the teeth and a great deal of sound enamel tissue was preserved by conservatively resolving the unesthetic appearance of the maxillary teeth (Figs. 22 & 23).

The treatment plan was to align the teeth first and then to reassess the restorative work needed (Fig. 25). The appliance was used for 12 weeks and only worn for 8 to 10 hours a day. During the last three weeks of alignment, the patient began to bleach his teeth. By week 12, the teeth were straight and borderline in the incisal edges (Fig. 25). The patient initially resisted resistant to using his own smile, but after mocking up the design directly in his mouth, he was encouraged to pursue this option owing to the amount of tissue that would be lost. The aggressive preparation of dentine of the incisal edges (Fig. 25). The patient initially resisted resistant to using his own smile, but after mocking up the design directly in his mouth, he was encouraged to pursue this option owing to the amount of tissue that would be lost. The aggressive preparation of dentine of the incisal edges (Fig. 25).

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