

Quarterly

# Newsletter

TADs: Temporary Anchorage Devices

Provided by:

STRICKLAND ORTHODONTICS

improving life, one SMILE at a time

Quarterly

# Newsletter



Provided by: Strickland Orthodontics

### **Dear Baldwin County Dental Offices:**

Here at Strickland Orthodontics, we have decided to start doing a newsletter for our local dentists! We want to keep y'all up to date with any big news involving our practice and send over a couple of our most exciting finished cases. We also wanted to use this opportunity to summarize a few relevant articles to help us all care for our patients in a more evidence based way! We hope that you all enjoy this, and we look forward to serving the Eastern Shore community alongside you. We have included Dr. Stephen and Dr. Maggie's cell phone numbers at the bottom of the page. Please reach out to them directly with any concerns, questions, or to have treatment planning conversations.

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#### TREATMENT WITH TADS

This quarter we wanted to focus on some ways that we utilize Temporary Anchorage Devices (TADs) in our practice. We feel like being able to offer this sort of treatment for our patients is a huge service. It prevents surgical intervention for some open bite cases and allows us to close spaces from missing teeth. "A prevalence of 6.75% was observed for tooth agenesis. The mandibular second premolar was found to be the most affected tooth, followed by the maxillary lateral incisor and then maxillary second premolar" (Bozga, 2014).

#### **MORE ABOUT TADS**

TADs are used to help us achieve the proper anchorage to accomplish our orthodontic objectives. In other words, TADs are our source of resistance to unwanted tooth movement. The devices are placed and removed during orthodontic treatment and are fixed to the bone by mechanical stabilization. TADs do not osseointegrate and are ideally placed into attached gingiva. Possible maxillary insertion sites include: the area below the nasal spine, the palate, the alveolar process, the infrazygomatic crest, and the retromolar area; in the mandible: the alveolar process, the retromolar area, and the symphysis (Bansal, 2010).

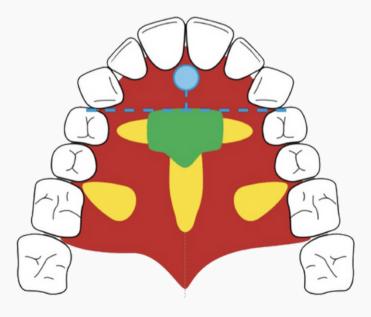
## **PLACEMENT OF TADS (LISSON, 2011)**

Protraction due to missing teeth in maxillary arch: place in anterior palate (green zone in image) about 2-3 mm paramedian of the mid-palatal suture.

Posterior intrusion of maxillary arch for open bite: place in posterior palate between second premolar and first molar bilaterally.

Full arch intrusion for gummy smile or vertical maxillary excess: place in posterior palate between second premolar and first molar bilaterally and between lateral incisor and canine bilaterally.

Protraction due to missing teeth in mandibular arch (typically lower second premolar): place between lower cuspid and first premolar.



# **Patient Examples**

Below you will find some cases related to the topic of TADs and why we choose to incorporate them into our treatment plans



URE (#A) was removed with no permanent successor and upper arch bonded. TAD placed to protract upper right posterior segment











Full maxillary arch intrusion for vertical maxillary excess





The photos above show before treatment (left) and after treatment (right). The photos to the right show TAD placement during treatment. Two TADs in the anterior maxilla and two in the posterior palate.





## Patient Examples cont.



#### Open bite closure



Missing L5s (20,29)



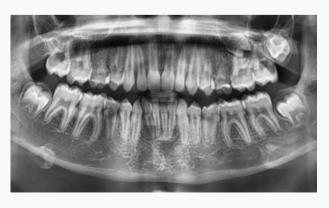






Missing UR5 (#4) and UL5 (#12) is severely impacted. Had both Es and #12 extracted for protraction







This patient is still in treatment and making great progress! We are very excited to see the end result - we'll keep you posted on social!

## Other cool cases we've been working on



This was a really cool case that we got to do. Patient was missing #8 and after orthodontic treatment, we made the patient a fixed appliance with a pontic tooth to give him a WOW smile!











This is an Invisalign case we're working on right now. We are planning treatment to be about 14-16 months, and this is our progress in just 6 months! It's so cool to see the change that can happen so quickly!

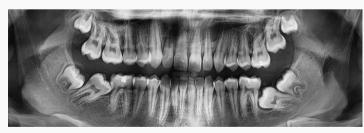


This case required extraction of the LL7 (#18) due to severe impaction. LR7 (#31) was also impacted, but we were able to upright it and bring it into occlusion after removal of lower wisdom teeth. Patient is aware that retention is VERY important to prevent supraeruption of #15.













#### **Doctor's Corner**

Hi everyone! I know that you are enjoying this cooler weather as much as I am! Summertime and the summer heat are in the rear view with football games and holiday preparation taking over! Lately we have been enjoying sunsets and playing tennis during the week when we can. We recently went on a day trip with Ben Raines to see the highlights of the Upper Delta. What an experience! We truly live in one of the most beautiful parts of our state and country. A variety of terrain with wildlife to go along with it. I recommend taking a trip with Ben if you have interest in the outdoors and learning more about this part of our county!

Marriage turned me from a neutral Iron Bowl watcher into an Auburn fan, but my Fighting Irish will always be #1! Go Irish and enjoy this beautiful fall that is upon us!

#### Dr. Maggie Grissom

Diplomate, American Board of Orthodontics



Some of my favorite recent reads!

Unbroken: A World War II Story of Survival, Resilience and Redemption

By: Laura Hillenbrand

The Road Back to
You: An Enneagram
Journey to Self
Discovery
By: Ian Morgan Cron
and Suzanne Stabile

One True Loves

By: Taylor Jenkins Reid

## **Strickland Happenings**





We had such a great time at our first cornhole tournament! We partnered with FEEF to help raise awareness for their new event/learning space - FEEF's The Pavilion at The Nest. For more information about this exciting addition to Fairhope, check out their Facebook page: https://www.facebook.com/profile.php?id=100093015318392

## Follow Us!



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