

today



Inside today

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Welcome to the 91st EOS congress in Venice

Ortho specialists from around the globe gather for annual meeting in Italy

■ The European Orthodontic Society (EOS), one of the oldest scientific associations, will be welcoming orthodontic professionals from all over the world to its annual congress over the next couple of days in Venice. From 13 to 18 June, the event, which has become a major platform for discussion of current trends in the field and establishment of orthodontic guidelines for the future, will attract more than 2,000 participants.

The EOS congress is targeted at dental professionals interested in orthodontics, including experts, trainees, and junior and senior specialists. As part of the programme, 11 keynote speakers and distinguished lecturers from Germany, Italy, the UK, the US and other countries will be presenting the latest scientific results on a number of interesting topics. These topics include early and late orthodontic treatment, scientifically based clinical decisions and justifications for orthodontic treatment, and integrated orthodontic care. Furthermore, experts will discuss whether there is still a need for extractions in orthodontics.

Through various pre-congress and postgraduate courses on orthodontic treatment and practice, participants will have the opportunity to acquire and deepen their knowledge in the field, and to discuss their clinical experiences with colleagues from other countries. For example, the pre-congress course titled "Treatment mechanics" will provide the necessary background information regarding the clinical use of current skeletal anchorage devices, including orthodontic implants, mini-plates, and mini-screw implants, which can be utilised to support orthodontic treatment of Class II malocclusions. It also aims to present and discuss the basic principles, benefits and drawbacks of these modalities, as well as to emphasise the scientific evidence available regarding their clinical efficacy in Class II treatment.

Over the past decades, the EOS congress has taken place in various European countries and been held in Italy five times. This year, the congress will take place at the Venice Convention centre, which is situated on the island of Lido. The centre is composed of the Palazzo del Cinema, Palazzo del Casinò and Palagalileo, two historic buildings



and a large indoor arena that can seat up to 4,000 people.

The congress in Venice is open to both EOS members and non-members.

More information can be found at www.eos2015.org.

In addition, new products and technologies will be presented at the congress exhibition. At the 2014 congress in Warsaw in Poland, more than 80 exhibitors showcased their innovations.

On 14 June, at 5 p.m., the congress and the trade exhibition will be officially opened at the Palazzo del Casinò, a nineteenth-century Austrian fortress. The ceremony is included for all registered participants and registered accompanying guests. The gala dinner on the evening of 17 June will take place at the Scuola Grande di San Giovanni Evangelista, a confraternity building that is usually not open to the public.

Alongside the scientific programme, participants will be offered a wide range of leisure activities, including various city tours. As the island of Lido is home to the famous annual Venice Film Festival, a special tour on 17 June, for instance, will take attendees to iconic places. They will see the church of San Barnaba, where Indiana Jones found catacombs, rats and dead crusaders under the floor and later emerged from a manhole in the Campo San Barnaba in *Indiana Jones and the Last Crusade*; the Campiello Barbaro square, where Woody Allen kissed Julia Roberts in *Everyone Says I Love You*; and Ca' Macana, which supplied the traditional Venetian carnival masks for Stanley Kubrick's *Eyes Wide Shut*.



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Editorial/ Administrative Office

Dental Tribune
International GmbH
Holbeinstr. 29
04229 Leipzig
Germany

Phone Fax Internet

+49 341 48474-302
+49 341 48474-173
www.dti-publishing.com
www.dental-tribune.com

Publisher

Torsten Oemus

Director of Finance and Controlling

Dan Wunderlich

Managing Editor

Claudia Duschek

Product Manager

Claudia Salwiczek

Production Executive

Gernot Meyer

Production

Franziska Dachselt

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EOS congress 2015: Driving orthodontic professionals to improve knowledge in their field

An interview with Prof. Antonio Maria Miotti, chair of EOS Venice 2015

■ For its 91st annual congress, the European Orthodontic Society (EOS) returns to Italy for the sixth time. Prof. Miotti, why was Venice chosen as this year's location, and what does this choice mean to you?

Venice was chosen by my sister Francesca Ada Miotti, professor and head of the Department of Orthodontics at the University of Padua, when she was elected as president of the 2015 EOS congress. Unfortunately, she died in 2013 and I was then chosen to complete her work—although I am a maxillofacial surgeon—as I have been a member of the EOS for more than 30 years, with a major interest in the treatment of skeletally based malocclusions.

The choice of Venice really means a great deal to me, apart from my being born in the Venetian region, first

of all because it was my sister's choice and the congress will be a tribute to her, but also because my father organised a memorable EOS congress as president in Venice in 1992.

dontists from all around the world to meet and discuss relevant themes, keep up to date, and get to know or become friends with colleagues from far-away countries. The benefit for

of whether there is still a need for extractions in orthodontics; scientifically based clinical decisions and justifications for orthodontic treatment; and integrated orthodontic care.

dentonic treatments. Equally important are studies on growth and tooth movement that are coming out with new findings. Congresses like EOS 2015 in Venice are an effective way to focus and share knowledge in this field from all points of view, epidemiological, experimental, clinical, etc.

“Orthodontics in Europe is a well-defined specialty of dental surgery.”

The main objective of the EOS is to advance all aspects of orthodontics and its relations with the collateral arts and sciences for public benefit. How important is the annual congress in achieving this overall aim?

The annual EOS congress is one of the main opportunities for ortho-

the public is obvious, as orthodontic knowledge and new discoveries or results become widespread.

What would you describe as the main focus of the 91st congress, and what topics will be discussed?

Main topics are early or late treatment in orthodontics; the question

The last two topics are really relevant for public and community health care in any national or regional health system. The first one is particularly useful to decide what kind of treatment should be delivered and when, for example during growth or at the end of it. The second aims to define collaborative paths between different specialties, such as oral and maxillofacial surgery, paediatrics, ENT surgery, and so on.

Aside from the scientific programme, what can participants look forward to in Venice?

Venice does not need any introduction and it is one of the cities to visit in the world. The whole lagoon is full of art and history, and a few days will certainly not be enough, but could be a starting point for another visit.

The social programme of the congress is very rich, starting with the opening reception at the grand Palazzo del Cinema, each year home to the annual Venice Film Festival, followed by a buffet supper around the exhibitors' stands at the Palazzo del Casinò, built in the 1930s.

There will also be the President's Reception at the beautiful Hotel Excelsior with terraces overlooking the world-renowned Lido di Venezia beach. The impressive hotel was built in the early 1900s and appeared in famous films.

The gala dinner will be held at the Scuola Grande di San Giovanni Evangelista, a wonderful palace built in the 13th century containing precious paintings of Jacopo Palma il Giovane, Giovanni Battista Tiepolo and Jacopo Tintoretto.

Could you please describe the current situation regarding orthodontics in Europe? Which factors have had the most influence over the past several years?

Orthodontics in Europe is a well-defined specialty of dental surgery. In most countries, university post-graduate courses have been developed to improve professional knowledge, ranging from true specialisation degrees to shorter master's degrees. Also many national societies give their support in organising courses and national congresses.

The development of new materials and technologies over the past several years has greatly improved and to some extent shortened ortho-

One of the topics of the congress, scientifically based clinical decisions and justifications for orthodontic treatment, is a real key issue, as in any other dental or medical surgical subject nowadays. Its ethical and financial implications are evident.

How does the EOS address these trends?

The EOS is one of the oldest dental and medical associations, as it was founded back in 1907 and since then has always driven orthodontic professionals to improve knowledge in their field.

The aim of the EOS is to advance all aspects of orthodontics for public benefit. Apart from organising a major congress each year in a different European nation, with up to 2,000 or more participants, the EOS organises courses and gives a range of important grants and awards, supporting research and fellowships to allow junior researchers to visit research departments. By doing this, the EOS directly influences the development of orthodontics in Europe, if not all over the world.



Thank you very much. ◀




Prof. Antonio Maria Miotti has a degree in medicine and surgery from the University of Padua in Italy and specialised in dental surgery at the same university. He was trained in orthodontics at the University of London in the UK and the University of Turin in Italy. He has always been involved and committed to orthognathic surgery and also specialised in maxillofacial surgery at the University of Milan in Italy.

For the last 23 years, Miotti has been head of the Department of Maxillofacial Surgery “Center for Diagnosis and Treatment of Skeletally Based Malocclusions” at the regional university hospital of Udine in Italy, and retained the position of Clinical Professor at the Department of Orthodontics of the University of Padua for more than 20 years. He is also the author of more than 200 scientific papers and more than 300 contributions to national and international meetings.

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The paradox of quality treatment

By Dennis J. Tartakow, DMD, MEd, EdD, PhD



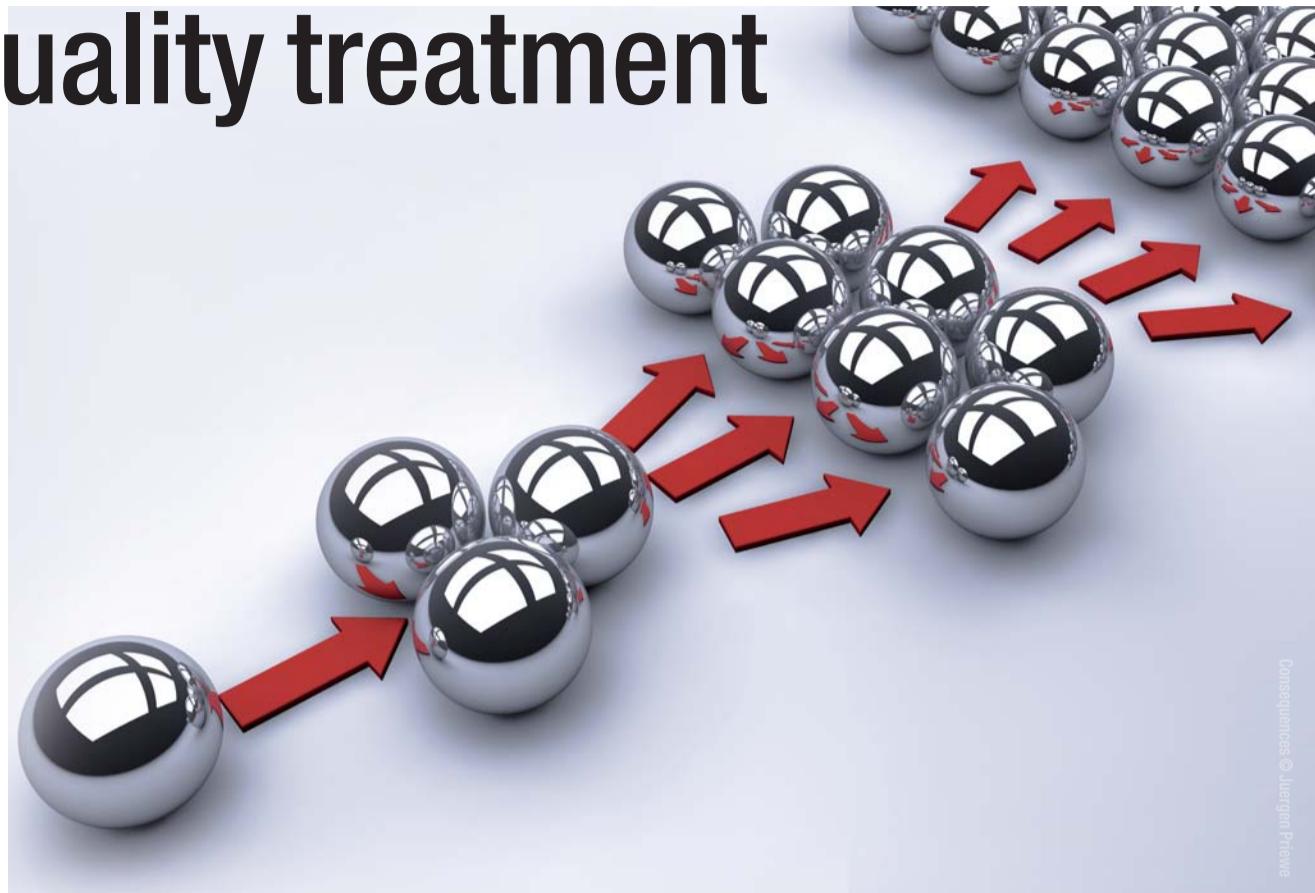
Dennis J. Tartakow

Doctors are taught to diagnose and treat health problems. Within these margins, most clinicians fulfill this role with their patients very successfully. However, the traditional role of the doctor is carried out within a broader, historical, political and social context where the diagnosis and treatment of system failures are as important as the clinical interactions with individual patients. A doctor's ability to improve health outcomes in an increasingly complex milieu will always be challenged. Therefore, the doctor must be willing to understand and influence this wider

framework. Such understanding can be achieved by engaging in the emerging science of quality improvement, where the approach to improve quality and assess this attitude has brought us, in spite of contradictions and paradoxes.

A paradox is a statement that apparently contradicts itself and yet might be true. Most logical paradoxes are known to be invalid arguments, but are still valuable in promoting critical thinking. More commonly, the word paradox often refers to statements that are unexpected or ironic, such as "the paradox that standing is more tiring than walking."

Examples of a paradoxical effect or reaction might be when: (1) people with unrelenting or ominous disabilities report experiencing good or excellent quality of life, but to many outside observers, these individuals seem to live an undesirable daily existence; (2) the effects of a certain drug are opposite to what is normally expected, such as allergy or even anaphylaxis; (3) pain-relief medication causes increased rather than decreased pain; (4) a surgical procedure produces a scar, such as



a keloid rather than perfect incision closure; and (5) an orthodontist expects his or her treatment to produce a certain reaction or tooth movement, but the resultant outcome is contrary to what is expected, for example relapse or resorption.

Paradoxical effects are the aberrant, abnormal consequences of

treatment rather than the normal, expected results, or rather the paradoxes of quality of treatment. They are the "scars" of medicine, dentistry and orthodontics. Can they be predicted? Does it mean that the treatment was improper? Sometimes yes, but most times no. It is up to the clinician to diagnose properly and even then, poor re-

sults can occur in spite of good judgment, proper treatment and excellent diagnosis. Unfortunately, our profession is not an exact science, which is not an excuse, but a fact! ❄

Editorial Note: This text was first published in the 01/2015 issue of the Ortho Tribune US Edition.

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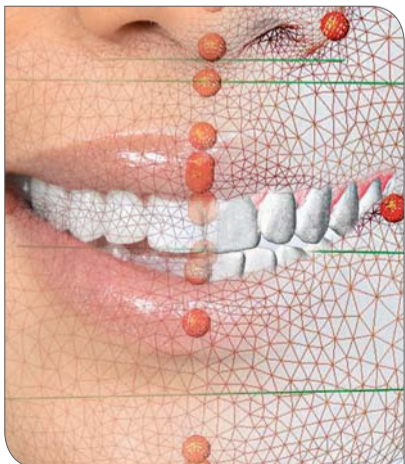
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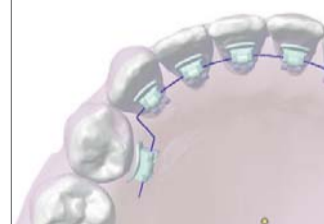
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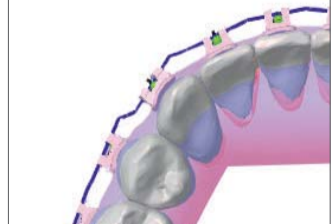
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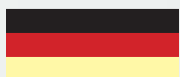


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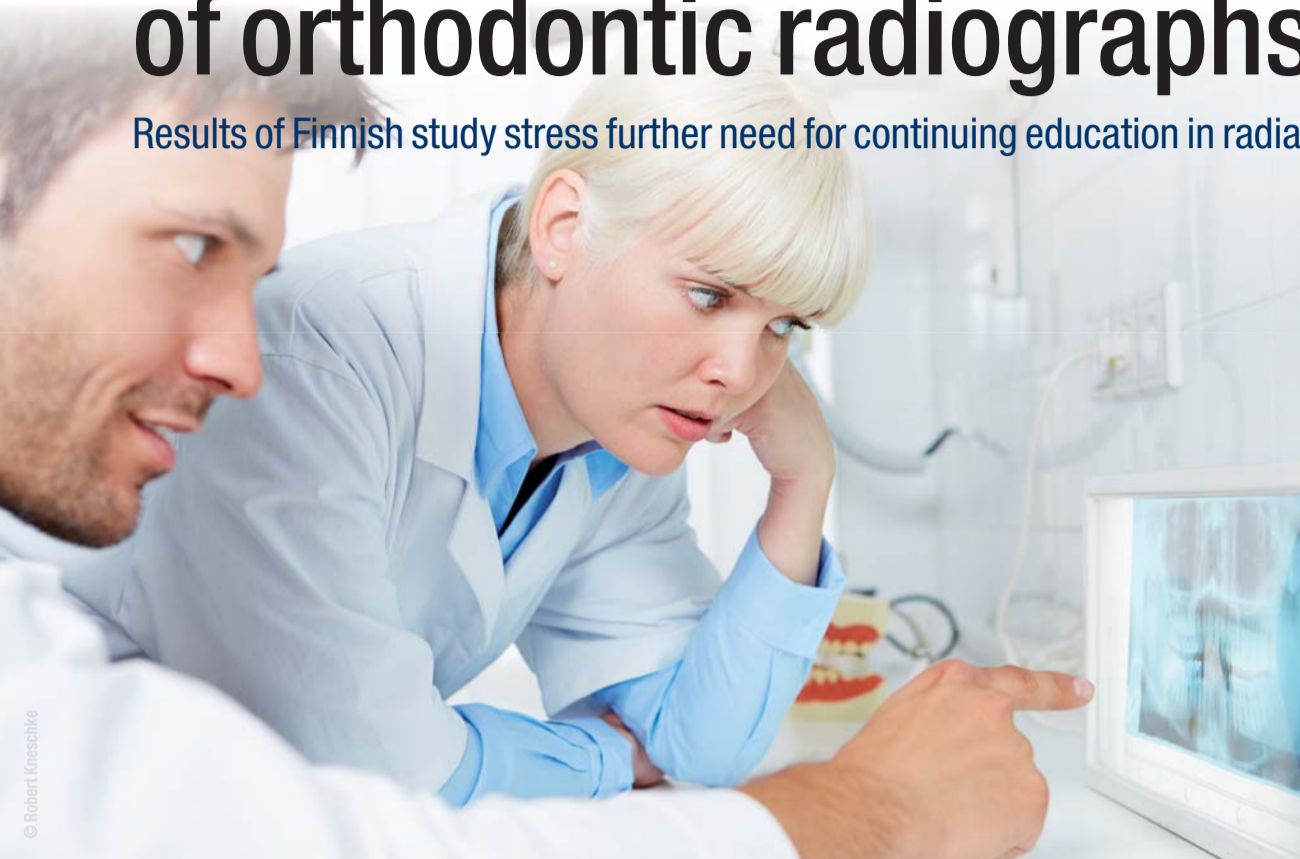
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Study finds significant deficiencies in quality of orthodontic radiographs of children

Results of Finnish study stress further need for continuing education in radiation protection in orthodontics



■ According to Finnish researchers, the number of dental panoramic tomographs (DPTs) and lateral cephalometric radiographs (LCRs) outweighs other radiographic examinations in 7- to 12-year-olds in Finland. However, only little information about the quality of orthodontic radiographs is available today. Therefore, researchers at the University of Helsinki assessed data of 250 patients in this age group and found that orthodontic radiography may not completely fulfil the criteria of good practice.

The analysis showed that 241 (96 per cent) of the children had undergone DPTs and 118 (47 per cent) LCRs. In 109 of the cases (44 per cent), both procedures had been performed.

About 95 per cent of the DPTs were ordered for orthodontic reasons; however, only 40 per cent of them were ordered by orthodontists and 60 per cent by general practitioners. All LCRs were ordered for orthodontic reasons, 64 per cent of which by orthodontists and the rest by general practitioners. The researchers found that 73 per cent of the referrals for LCRs were adequate.

With regard to the quality of radiographic practice, the researchers noted that about one-fourth of the DPTs and one-fifth of the LCRs lacked adequate referral. Overall, orthodontists were more often responsible for inadequate referrals than were general practitioners. This might be due to a lack of knowledge regarding the role and importance of the referral process, the researchers suggested. In addition, LCRs ordered by orthodontists lacked adequate referral more often than did DPTs, they stated.

The study team also reported that LCRs ordered by orthodontists were interpreted and analysed more frequently than those ordered by general practitioners. Notably, about one-third of the patients who underwent LCRs did not have any results of cephalometric analysis in their files. Another 31 per cent lacked both interpretation and cephalometric analysis. In addition, 20 per cent of the DPTs had not been interpreted at all.

In 2008, DPTs accounted for 27 per cent and LCRs for 16 per cent of extra-oral radiographic examinations of 7- to 12-year-olds. Despite these considerable numbers, Finland has no general national guidelines for ordering orthodontic radiography. In conclusion, however, the researchers said that radiographic practice in the current study was largely in line with international recommendations, as the number of repeated exposures for technical reasons or unjustified follow-up radiographs was relatively low. Nevertheless, they identified a clear need for improvement in the quality of orthodontic radiography and the adequacy of referrals and interpretations in particular.

Data for the study was obtained from the oral health care department of Helsinki, the largest city in Finland and the only public section that offers dental care free of charge, including orthodontic treatment, to citizens under the age of 18.

The study, titled "Quality assessment of orthodontic radiography in children", was published online on 14 May in the *European Journal of Orthodontics* ahead of print. ◀

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Congress organiser

Expo Venice S.p.A., OLTREX
Dorsoduro 1648, 30123 Venice, Italy
Tel.: +39 041 296 0840
Fax: +39 041 533 4870
E-mail: eos2015@oltrex.it

EOS office

European Orthodontic Society
Flat 20, 49 Hallam Street
London W1W 6JN, United Kingdom
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Pre-orthodontic options for 21st-century parents

By Daniel Elliott, Myofunctional Research

■ As a matter of routine, when accepting an orthodontic treatment plan, parents are required to acknowledge the risk that their children's teeth could be damaged during treatment. At best, unless they commit to permanent use of a retainer, patients can expect almost definite relapse and worst-case scenarios may include enamel damage, root resorption or in the case of corrective jaw surgery, painful lifelong complications.

Unfortunately, though, while parents are becoming more aware of the risks and limitations of traditional orthodontics and the generating impetus toward more stable, less invasive treatments, they are often not being informed of all the alternative options that are available.

Despite this increased recognition of the shortcomings of traditional orthodontic treatments and the escalating demand for contemporary options, the causes of mal-



• Fig. 1: Preventive, pre-orthodontic treatments can be undertaken and completed much sooner than or, if necessary, even in conjunction with, braces and can produce outcomes superior to those achieved using a single treatment method.—Fig. 2: 21st-century parents are increasingly enthusiastic about treatment systems which package myofunctional habit correction, arch expansion and dental alignment into one integrated system.

occlusion remain somewhat hidden from parents. In order to make an informed decision regarding their children's oral health and to decide which treatment is the most suit-

able, these causes of malocclusion must be highlighted.

Three in four 21st-century children will experience malocclusion

and parents, as well as the dental professionals advising them, have traditionally attributed this to hereditary factors. However, research shows that rather than genetics, the aetiology of malocclusion is predominately environmental.

The most recent evidence, which is often not presented to parents during orthodontic consultations, reveals that the majority of malocclusions are caused by incorrect jaw development.


This incorrect development restricts the space that is available for erupting teeth and prevents them from growing into their ideal natural position. For the best part of the last century, the easiest fix for this problem has been to extract healthy permanent teeth, then to


Once these myofunctional causes of malocclusion have been identified, the potential for natural growth is unlocked and myofunctional treatment methods, which can produce more stable results without relying on heavy mechanical forces, become possible. Additionally, these preventive, pre-orthodontic treatments can be undertaken and completed much sooner than, or even in conjunction with, braces if necessary.


In fact, combining pre-orthodontic preventive treatment with less invasive orthodontic techniques can produce outcomes far superior to those achieved using a single treatment philosophy.

As a result of improved awareness regarding their children's oral

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“Three in four 21st-century children will experience malocclusion...”

use braces to align the remaining teeth into underdeveloped jaws.

Unfortunately, for countless orthodontic patients, these mechanical treatments are focused on the symptoms of malocclusion, but fail to address the underlying causes of the condition, which is why relapse is the most predictable outcome.

An increasing number of dental professionals have accepted the necessity for new treatment methods that would address the causes, rather than just correcting the symptoms, of malocclusion.

These practitioners recognise that in addition to environmental factors (such as the modern diet) inhibited jaw development is being caused by poor myofunctional habits, including thumb sucking, reverse swallowing and mouth breathing.

health care, 21st-century parents have become increasingly enthusiastic about less invasive, more preventive treatment methods. Legally these parents should be presented with all the treatment options that are available.

Although patient compliance with functional appliances and myofunctional therapy techniques has historically restricted the widespread acceptance of these treatments, modern techniques have addressed these concerns. There are now treatment systems that package myofunctional habit correction, arch expansion and dental alignment into one integrated system that satisfies the parents' demand for modern, early pre-orthodontic techniques. ◀◀

Editorial Note: This text was first published in the 03/2014 issue of the Ortho Tribune US Edition.

From Venice to London

World Federation of Orthodontists holds next big orthodontic congress at the River Thames

■ The International Orthodontic Congress (IOC) is held once every five years and offers up to 10,000 orthodontists and allied professionals a unique platform to meet, network and exchange knowledge and ideas with their colleagues and peers from across the globe.

The World Federation of Orthodontists (WFO) and the British Orthodontic Society, the two largest dental specialist groups in the UK with over 1,800 members collectively, will be hosting the eighth edition of the congress in London, from 27 to 30 September. The event will be officially opened at 1 p.m. on 27 September at the ExCeL London Exhibition and Congress Centre. Situated in a stunning waterfront location, the centre is located in the heart of London's Royal Docks, with easy access to central London. The venue is part of a 100 acre site which includes three on-site aboveground rail stations and easy access to the underground network and London City Airport.

In order to cater for both orthodontists and other dental health professionals, such as dental technicians, hygienists, dental attendants and office staff, the WFO will be offering two scientific programmes that will run in parallel. In addition to these programmes, a World Village Day will take place, which will comprise of seven parallel, full-day programmes. To date, 19 distinguished speakers have already confirmed their participation.

The congress lectures and presentations will be held in English, however, simultaneous translation will be provided for some sessions. Alongside the scientific programme, attendees will have the opportunity to learn more about new products and technological developments at the adjoining exhibition that will run for the duration of the congress.

In addition, during the course of the congress, several social events are planned for the evenings, including an international reception at the famous Madame Tussauds wax museum and a gala dinner at the Old Billingsgate, an extraordinary and unique venue that is situated in a prime position on the River Thames which was once the world's largest fish market. Tickets for these events can be purchased upon registration.

According to the WFO, one of the reasons the congress is taking place in London is because of the city's heritage and its attractions on offer. As a city of history and culture, delegates will have numerous opportunities to enjoy many of the sights, including castles and palaces; historical buildings and monuments; theatres and opera houses and other well-known places that were described by famous authors, such as William Shakespeare and Charles Dickens.

Online registration for the event is open until 17 September 2015 at

www.wfo2015london.org but delegates can also register on-site at the registration desk on 27 September.

The WFO was formed at the 4th IOC in San Francisco, California, in the USA by 69 organisations from 62 countries on

15 May 1995. Today, it consists of 106 organisations from 106 countries and over 6,800 orthodontists have become WFO

fellows. The main aim of the organisation is to advance the art and science of orthodontics throughout the world. ◀

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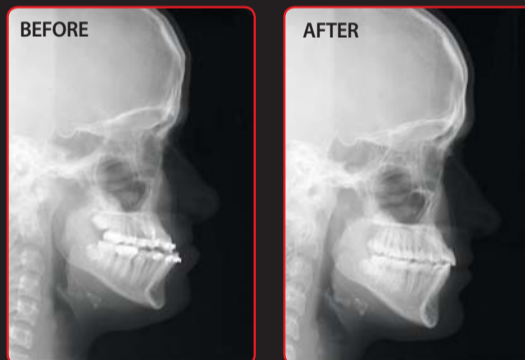


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"A new, no-compliance class II correction strategy using nickel-titanium coil-springs." Luca Lombardo, Antonella Carlucci, Francesca Cervinarac, Giuseppe Sicilianid.
Journal of the World Federation of Orthodontists. Volume 4, Issue 1, March 2015, pg. 40-49.

* For detailed information on Class III Correction, reference:

"Class III correction using an inter-arch spring loaded module". Robert VanLaecken, DDS M.S., West Virginia University, Department of Orthodontics.



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Among the products featured at the 2015 EOS congress will be new Multi line products, constant-force springs for temporary anchorage devices, constant-force elastomeric ligatures, our famous Morita Energy chain and the brand new TruForm model material for indirect bonding.



The TruForm model material is the ideal alternative solution to gypsum, offering fast preparation and set, accurate patient arch forms, and convenient chairside efficiency.

Benefits include

- » 3- to 5-minute drying time—same-visit applications
- » Quick chairside preparation—immediate use
- » Easy to mix and dispense
- » Reduced waste
- » No mess or mixing bowl required
- » No model trimming required
- » Smoother surface finish and consistency, and reduced bubbles and porosity
- » Less prone to breakage, chips and damage
- » Reusable—no need to recreate model for repeated use.

Please come and visit us during the show.

RMO EUROPE
www.rmoeurope.com
Palazzo del Casinò, Booth #7

UPCOMING EVENTS

Rotterdam, October 22nd - 23th 2015

ADVANCED DAMON DAYS

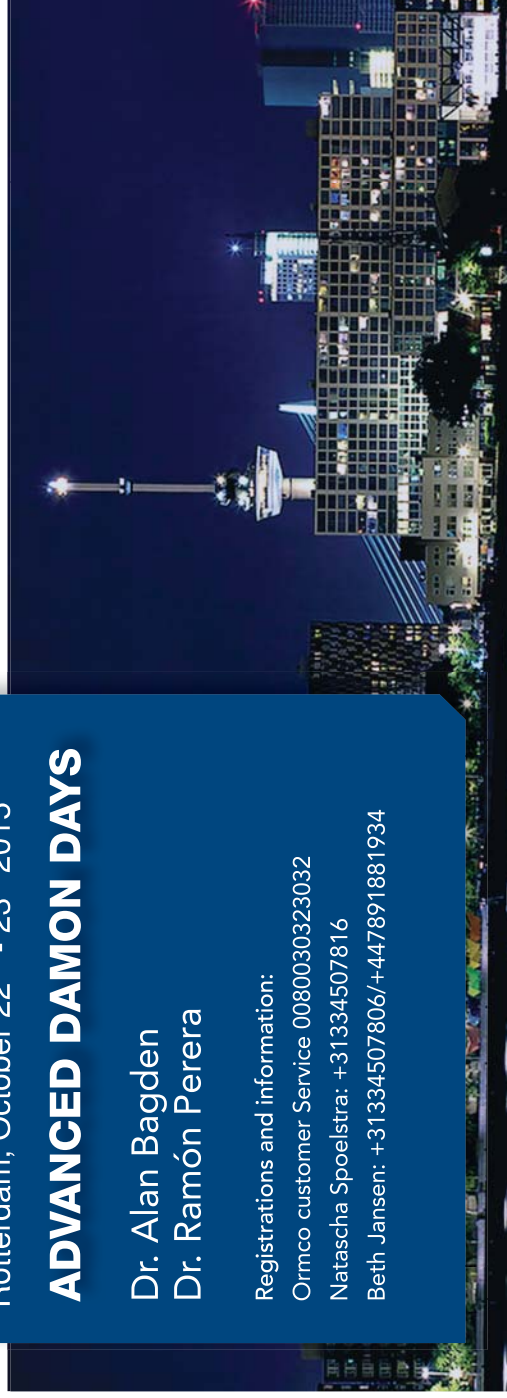
Dr. Alan Bagden
Dr. Ramón Perera

Registrations and information:

Ormco customer Service 0080030323032

Natascha Spoelstra: +31334507816

Beth Jansen: +31334507806/+447891881934



Milan, October 31st 2015

ORMCO DAY 46TH SIDO INTERNATIONAL CONGRESS

Dr. Giuseppe Scuzzo
Dr. Gualtiero Mandelli
Dr. David González Zamora

Registrations and information:

http://eventi.sido.it/milano_ottobre2015/iscrizioni.asp



Dubai, December 3rd - 5th 2015

2ND MENA SYMPOSIUM

Dr. Stuart Frost
Dr. Jeff Kozlowski
Dr. Philippe Van Steenberghe
Dr. Hans Seeholzer
Dr. Andrey Tikhonov
Dr. Zakaria Bentahar

Registrations and information:

www.ormcoeurope.com/ www.ormco.com



DAMON[™] SYSTEM



DAMON[™]
CLEAR2



The Damon System is a proven combination of passive self-ligating brackets, force calibrated archwires and minimally invasive treatment protocols that work together as a low-friction system.

The Damon System eliminates the need for traditional mechanics that may require more frequent tooth extractions. Because the Damon System employs a lower ligation force, frictional resistance is minimized, leading to less unwanted forces in magnitude and direction. This facilitates more efficient treatment modalities. As a result, you can provide your patients with fast, comfortable treatment and fewer appointments.



Insignia is an integrated system of 3-D digital orthodontics with custom appliances for a truly all-inclusive solution. Insignia allows you to combine your treatment strategy with the precision of computer-aided smile design to give every patient an optimal occlusion and smile arc specifically proportioned to their unique facial features. Insignia can make difficult cases more manageable and routine cases exceptional.

Insignia uses advanced algorithms in combination with PVS impressions to create a 3-D virtual model of the patient's anatomy. With Insignia, you have complete control of each case. Although an initial suggested course of treatment is provided through the Approver software, you are able to view each tooth in great detail - Multiple views and rotations allow you to perfect each case and make cosmetic adjustments to create a truly unique smile.



Lythos[™] Digital Impression System allows you to own, store, and send the scan to anyone that accepts STL files. Lythos is designed to integrate easily into any practice. A powder free scan is captured accurately with ease, while providing a comfortable experience for both staff and patients.



ALIAS
LINGUAL BRACKET SYSTEM

Alias, the world's first passive self-ligating lingual system. Developed in collaboration with world-renowned lingual leaders, Drs. Giuseppe Scuzzo and Kyoto Takemoto, Alias combines lingual straightwire mechanics with a square slot to simplify treatment and enhance torque and rotational control.

With patient comfort in mind, the Alias bracket features rounded contours and a low profile. Alias is designed to deliver the optimal results and ease of use that orthodontists expect and aesthetic treatment that patients demand. Simplicity, efficiency and patient comfort.