Put the Typodont in water bath for ten minutes to imitating the teeth moving, when changed or ligated arch-wire. It is necessary to put Typodont in cold bath when taking it from the hot water bath before the arch wire adjustment. Make sure do not touch the wax form in the whole process.

1. leveling and aligning

1) 0.014NiTi round wire of upper and lower jaw

The frontal teeth are ligated with a powerchain reverse overtie. The premolars and molars are ligated by 0.008 inch steel ligature or powerchain. There are two ways to handle the distal-end: distal-end bends or paralleling the distal-end and figure-eight ligating in molar teeth.

2) 0.016 NiTi round wire of upper jaw

In order to close the space of the upper frontal teeth, upper lateral incisor to lateral incisor (2-2) are ligated with steel ligature. The wire are not inserted into the slot of canines. Using 6 modules elastic chain to ligate the canine to canine (3-3). Closing the space in canine to canine after water bath, and reverse double overtie by powerchain in canine to canine. Premolar and molar teeth are normal tied by steel ligature or powerchain. Distal-end bends as the last step. 0.016 NiTi round wire is normally no needed for Lower Jaw. If need, follow the same step as above.

3) 0.016*0.022NiTi square wire

In order to close the space of the upper frontal teeth, upper lateral incisor to lateral incisor (2-2) are ligated with steel ligature. The wire are not inserted into the slot of canines. Using 6 modules elastic chain to ligate the canine to canine (3-3). Closing the space in canine to canine after water bath, and reverse double overtie by powerchain in canine to canine. Premolar and molar teeth are normal tied by steel ligature or powerchain. Distal-end bends as the last step. This is good for stainless steel wire of next step. Make sure the wire inserted into all teeth slot completely.

0.016 NiTi round wire is normally no needed for Lower Jaw. If need, follow the same step as above.
2. Close the space phase
When all the teeth are leveling, no space in the upper and lower incisors and Niti square wire can be inserted into the slot completely, it can enter into the phase of closing the space.

- **0.016"0.022 stainless steel square wire for upper and lower jaw:**
- Use a figure-eight steel ligature from canine to canine (3-3) of upper and lower jaw;
- Use normal overtie by steel ligature from lateral incisor to lateral incisor (2-2);
- Use reserve double overtie for canines;
- Second premolar and first molar (5-6) are ligated using normal overtie;
- In order to close space, 5 modules elastic chain is placed on canine and second molar (3-7). The elastic chain will pass 5-6.
- The elastic is attached on the UR canine and LR second molar (13-47, 23-37), on the UL canine and LL second molar to correct the Class II relationship.
- The distal-ends are cut to parallel.

4) **0.016"0.022 SS square wire of upper and lower**

31. **Figure-eight steel ligature in frontal teeth**
32. **Figure-eight steel ligature in lower frontal teeth**

33. **Before water bath (Class II elastic)**
34. **Before water bath (Class II elastic)**

36. **After water bath**

Notice:
- It is easy to cause the canine distal tipping in the process of closing space and the arch form reaction, this would lead to the open bite in both canines. It’s normal biomechanics effect but more obvious in Typodont than in clinical. It can help to solve this problem by tightening the reserve double overtie in canines, properly prolong the water bath time, and properly add the power arm to the archwire.
- If it is not successfully close the space in one of the 4 area, take out the archwire and check whether it is deformation. Then ligate the wire again.
- Get through the next phase as the space has been closed in the upper and lower arch

3. Finishing phase
**0.018"0.025TMA square wire for upper and lower jaw**

Use a figure-eight steel ligature from second molar to second molar (7-7) on upper and lower jaw
Use reserve double overtie by elastomeric chain from canine to canine (3-3) on upper and lower jaw
Second premolar and first molar (5-6) are ligated using normal overtie on upper and lower jaw
The distal-ends are cut to parallel.
1. Can eBrace customized lingual bracket system reach the same effect as the traditional brackets?
Clinical practice proves that eBrace definitely can achieve the same effect with the traditional bracket while ensuring beauty and comfort. Certainly it is also related to doctor’s clinical experience and patient’s cooperation.

2. Is it easy to talk wearing the eBrace lingual brackets?
Sometimes, lingual bracket can affect you speech too. Some people develop a slight lisp or struggle forming particular words, but they soon adapt. Once again, it isn’t normally a big issue; it simply means giving your mouth time to adjust. In fact, because a good smile is so important for a television career, celebrities such as newsreaders and presenters have worn Lingual Brace on air. That shows how invisible they are and also individuals can quickly adapt to their new braces.

3. Who can use eBrace customized lingual bracket system?
eBrace is a high-tech appliance for patients with all kinds of different malocclusions. Normally they can be divided into ideal cases, difficult cases.

4. Is eBrace customized lingual bracket easy to bond as a comparison with the standard lingual brackets?
eBrace system is quick and easy handing and offers a great variety of treatment options for orthodontists, the resulting short chair time as well as the highest patient comfort is technically possible at present.

5. Can eBrace lingual brackets be worn in combination with standard brackets?
Lingual brackets can be worn for both the upper and lower teeth. However, since the lower teeth are less visible, one can go for a combination of lingual brackets on the upper teeth and standard brackets for the lower teeth.

6. How long does the orthodontic treatment need?
The treatment time depends on the complexity of the case and the appliances used. Therefore it varies from patients. The average treatment time for a fixed appliance is 18 – 24 months.

7. The front teeth retraction is necessary for some extraction cases. Do they have enough strength when use molars as anchorage?
Normally it used #6 #7 as anchorage, or you can use micro-screw implant when it’s necessary.
10. Does eBrace have any difference in dealing with the extraction case?

Different from the labial treatment, in lingual treatment the anterior point of application is located in the lingual side of center of resistance. For the extraction cases that the anterior axis is vertical if not controlled well, the anterior will be further upright and even lingual tipped during the space closure process. eBrace would compensate for this situation by the design. Normally, eBrace adds 7 degrees extra-torque at the anterior(2-2) bracket slot. But in all cases it is strongly recommended for the doctor to add his specific requirement (extra torque or tip & the specific degrees, if need the over correction on the setup model) and closely monitor at all phases in order to have excellent control on results. eBrace is providing very good service.

9. Almost all clinical cases need some adjustment for final perfect finishing. How can eBrace correct this problem?

The problem is solved by the following ways:
- eBrace is providing a specific prescription to each bracket by the set up & the specific malocclusion. The need for much detailing is very low.
- All prescription is in the bracket - no torque, tip bends are in the wire. Only in-out.
- Additional brackets are provided in cases of severe crowding & rotation to allow best bracket positioning in the 2nd stage to gain best results.
- A set of 3-3 jigs are provided with some cases to allow accurate repositioning in case of bracket bonding failure.

8. Is it complicated when eBrace is bonded?

No, it's not complicated. Because of the extended individualized base, which permits precise positioning on the tooth, the brackets can then even be directly bonded by the orthodontist. Optionally, indirect bonding is possible after fabrication of a two-phase bonding tray. For this purpose the brackets are first fixed on the malocclusion model with water-soluble bonding agent. The bonding tray is made of an inner, softer tray and an outer, extremely hard tray. Prior to bonding, the individualized bracket bases are sandblasted to improve their bond strength and coated with a silan. Because of the exact fit and the size of the bases, bonding with unfilled adhesive offers adequate bond strength.
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