Sample Powerprox® Flowcharts
Sample Class 1 Crowded

Diagnostic Concerns
Moderate upper and lower crowding
Deep bite
Upper midline off from center of face 2 mm to patients left

Prioritize Concerns
Crowding
Upper midline to face
Deep bite

Develop Treatment Goals
Will Correct
Alleviate crowding
Open bite AMAP
May NOT Correct
Will attempt to center midline AMAP but may not correct 100%

Solutions to Concerns
Reprox and shape memory nickel-titanium archwires to alleviate crowding
Lingual composite build-ups to aid in bite opening
Reprox more on one side to shift midline

Treatment Plan
1. Bond upper and lower brackets. Place lingual composite build-ups 8 and 9. Reprox upper and lower arch. Reprox more on one side to help shift midline. Place upper and lower 014 nickel-titanium archwires.
2. Reprox if needed. Reprox more on one side to help shift midline if needed. Place upper and lower 016 nickel-titanium archwires.
3. Reprox if needed. Place upper and lower 018 nickel-titanium archwires. Evaluate for removal of build-ups. If bite has opened then remove. If not, then evaluate each following month and remove when bite has opened.
4. Reprox if needed. Evaluate for need of rectangular archwire for finishing. If needed place 16x22 nickel-titanium archwires. If not then continue with 018 nickel-titanium archwires.
5. Continue sequence of reprox and retying archwire as needed to case completion.
6. Impressions for retainers
7. Bracket removal and retainer placement
8. Retainer check appointments.

Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc.
Sample Class 1 Spaced

Diagnostic Concerns
Diastema 8/9
Moderate lower crowding
Deep bite
Frenum attachment
Upper midline off from center of face 2 mm to patients left

Prioritize Concerns
Upper spacing
Lower crowding
Center midline
Deep bite
Frenum

Develop Treatment Goals
Will Correct
Close upper spacing
Alleviate lower crowding
Open bite AMAP
May NOT Correct
Align upper midline to center of face. Will improve AMAP

Solutions to Concerns
Power chain to close upper spaces
Reprox and shape memory nickel-titanium archwires to alleviate lower crowding
Lingual composite build-ups to aid in bite opening
Center upper centrals to face while using powerchains to close spaces
Frenectomy to prevent relapse

Treatment Plan
1. Bond upper and lower brackets. Place lingual composite build-ups on 8 and 9. Reprox lower arch. Place upper and lower 014 nickel-titanium archwires.
2. Reprox lower arch if needed. Place upper and lower 016 nickel-titanium archwires.
3. Reprox lower arch if needed. Place upper and lower 018 nickel-titanium archwires.
   Powerchain 7 to 10. Evaluate for removal of build-ups. If bite has opened then remove. If not, then evaluate each following month and remove when bite has opened.
4. Reprox if needed. Evaluate for need of rectangular archwire for finishing. If needed place 16x22 nickel-titanium archwires. If not then place 018 stainless steel upper archwire (to prevent bowing) and continue lower 018 nickel-titanium archwire. Place powerchain 6 to 11 – full arch if necessary.
5. Continue sequence of reprox and retying archwire and replacing powerchain as needed to case completion. Powerchain full upper if needed to close all spaces.
6. Frenectomy once diastema 8/9 is closed.
7. Impressions for retainers
8. Bracket removal and retainer placement
9. Retainer check appointments.

Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc
Sample Class 1 Crowded Lower Incisor Extraction

Diagnostic Concerns
Moderate upper and severe lower crowding
Deep bite

Prioritize Concerns
Crowding
Deep bite

Develop Treatment Goals
Will Correct
Alleviate crowding
Open bite AMAP

May NOT Correct
Upper to lower midline will be off at the end of treatment d/t the lower incisor extraction
May get black triangle from lower incisor extraction.

Solutions to Concerns
Lower central incisor extraction, shape memory nickel-titanium archwires to alleviate lower arch crowding. Powerchain to close lower incisor extraction space.
Reprox and shape memory nickel-titanium archwires to alleviate upper arch crowding
Lingual composite build-ups to aid in bite opening.
Tilt brackets and reprox contact to reduce black triangle effect.

Treatment Plan
2. Reprox upper arch if needed. Place upper and lower 016 nickel-titanium archwires. Power chain 23 to 26 using an extra link in the chain to minimize force.
3. Reprox upper arch if needed. Place upper and lower 018 nickel-titanium archwires. Power chain 23 to 26. Evaluate for removal of build-ups. If bite has opened then remove. If not, then evaluate each following month and remove when bite has opened.
4. Reprox if needed. Evaluate for need of rectangular archwire for finishing. If needed place 16x22 nickel-titanium archwires. If not then continue with 018 nickel-titanium archwires. Place powerchain 22 to 27
5. Reprox if needed to reduce black triangle effect.
7. Reposition tilted brackets if needed for final finishing
8. Continue sequence of reprox and retying archwire, placing powerchains as needed to case completion.
9. Impressions for retainers
10. Bracket removal and retainer placement
11. Retainer check appointments.

Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc.
Sample Class 1 Open Bite Case

Diagnostic Concerns
Moderate upper and lower crowding
Anterior open bite
Tongue thrust
Upper to lower midline off by 3mm

Prioritize Concerns
Anterior open bite
Upper and lower crowding
Tongue thrust

Develop Treatment Goals
Will Correct
Close anterior open bite AMAP
Alleviate crowding
Control tongue thrust

May NOT Correct
Upper and lower midline may not be coincident

Solutions to Concerns
Reprox and shape memory nickel-titanium archwires to alleviate upper and lower crowding and start to close anterior open bite
Anterior box elastics and/or piggy back archwires to close anterior open bite
Myofunctional tongue bead to “retrain” tongue
Reprox more on one side to shift midline while maintaining upper midline to center of face

Treatment Plan
1. Bond upper and lower brackets. Reprox. Place upper and lower 014 nickel-titanium archwires.
2. Reprox if needed. Place upper and lower 016 nickel-titanium archwires.
3. Reprox if needed. Place upper and lower 018 nickel-titanium archwires.
4. Reprox if needed. Place kobie hooks on 8,9,24,25. Start anterior box elastics
5. If patient is non-compliant with anterior box elastics then place piggyback archwire.
6. Continue sequence of reprox and retying archwire, wearing of anterior box elastics/piggyback archwire as needed to case completion.
7. If using piggyback archwire brackets heights may need to be adjusted or archwire bends placed for final finishing wire.
8. Impressions for retainers.
10. Retainer check appointments.
Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc.
Sample Class 2 Division 1

Diagnostic Concerns
Flared upper teeth -- 125°
Upper spaces
Crowded lower teeth
Deep bite
Deep curve of Spee
6mm overjet
Class 2 molar/canine

Prioritize Concerns
Flared upper teeth
Upper spaces
6mm overjet
Crowded lower teeth
Deep bite
Deep curve of Spee
Class 2 molar/canine

Develop Treatment Goals
Will Correct:
Reduce flaring upper teeth
Close spaces upper teeth
Reduce overjet
Alleviate lower crowding
Open bite AMAP
Flatten curve of Spee

May NOT Correct:
Class 2 molar/canine
Completely correct overjet

Solutions to Concerns
Shape memory of nickel-titanium archwires in conjunction with powerchain will close spaces, reduce flaring, and reduce overjet.
Differential reprox on the upper teeth to reduce overjet further if needed.
Shape memory of nickel-titanium archwires in conjunction with minor reprox on the lower arch to alleviate crowding on the lower arch.
Lingual composite build-ups on 6 and 11 to open the bite. This coupled with shape memory of nickel-titanium archwires will help flatten curve of spee and open the bite.
Sample Class 2 Division 1 (continued)

Treatment Plan
1. Bond upper and lower brackets. Place lingual composite build-ups on 6 and 11. Reprox lower arch if needed. Place upper and lower 014 nickel-titanium archwires.
2. Reprox lower arch if needed. Place upper and lower 016 nickel-titanium archwires.
3. Reprox lower arch if needed. Place upper and lower 018 nickel-titanium archwires. Powerchain 7 to 10. Evaluate for removal of build-ups. If bite has opened then remove. If not, then evaluate each following month and remove when bite has opened.
4. Reprox lower arch if needed. Evaluate for need of rectangular archwire for finishing. If needed place 16x22 nickel-titanium archwires. If not continue 018 nickel-titanium archwire (unless a 018 stainless steel upper archwire is needed to prevent bowing) and continue lower 018 nickel-titanium archwire. Place powerchain 6 to 11.
5. Continue sequence of reprox and retying archwire and replacing powerchain as needed to case completion. Powerchain full upper if needed to close all spaces.
6. Differential reprox on the upper arch as needed to further reduce overjet.
7. Impressions for retainers
8. Bracket removal and retainer placement
9. Retainer check appointments.

Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc.
Class 2 Division 2

Diagnostic Concerns
Upper crowding
Retruded upper teeth -- 88°
Crowded lower teeth
Deep bite
Deep curve of Spee
Class 2 molar/canine
Uneven gingival levels upper anterior

Prioritize Concerns
Crowded upper teeth
Crowded lower teeth
Uneven gingival levels upper anterior
Deep bite
Deep curve of Spee
Class 2 molar/canine

Develop Treatment Goals
Will Correct:
Alleviate upper crowding
Alleviate lower crowding
Open bite AMAP
Flatten curve of Spee
Even out gingival levels

May NOT Correct:
Class 2 molar/canine
Will INCREASE overjet

Solutions to Concerns
Reprox and shape memory nickel-titanium archwires to alleviate crowding
Lingual composite build-ups on 6 and 11 to open the bite. This coupled with shape memory of nickel-titanium archwires will help flatten curve of spee and open the bite.
Bracket placement plus nickel-titanium archwires will even out gingival levels.
Differential reprox on the upper teeth to reduce overjet once upper anterior teeth move forward.

Treatment Plan
1. Bond upper and lower brackets. Place lingual composite build-ups on 6 and 11. Reprox lower arch if needed. Place upper and lower 014 nickel-titanium archwires.
2. Reprox upper and lower arch if needed. Place upper and lower 016 nickel-titanium archwires.
3. Reprox upper and lower arch if needed. Place upper and lower 018 nickel-titanium archwires. Evaluate for removal of build-ups. If bite has opened then remove. If not, then evaluate each following month and remove when bite has opened.
4. Reprox upper and lower arch if needed. Evaluate for need of rectangular archwire for finishing. If needed place 16x22 nickel-titanium archwires. If not then continue upper and lower 018 nickel-titanium archwires.
5. Differential reprox on the upper arch as needed to further reduce overjet. Powerchain can be used for space closure/retraction from differential reprox
6. Continue sequence of reprox and retying archwire and replacing powerchain as needed to case completion.
7. Impressions for retainers
8. Bracket removal and retainer placement
9. Retainer check appointments.

Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc
Sample Class 3

Diagnostic Concerns
Anterior crossbite
Moderate upper and lower crowding
Deep bite
Class 3 molar/canine

Prioritize Concerns
Anterior crossbite
Crowded upper teeth
Crowded lower teeth
Deep bite
Class 3 molar/canine

Develop Treatment Goals
Will Correct:
Correct anterior crossbite
Alleviate upper crowding
Alleviate lower crowding
Open bite AMAP
May NOT Correct:
Class 3 molar/canine

Solutions to Concerns
Reprox and shape memory nickel-titanium archwires to alleviate crowding and round out upper arch to alleviate anterior crossbite
Lingual composite build-ups on 22 and 27 to open the bite
Differential reprox on the lower teeth to increase overjet and thus further correct anterior crossbite

Treatment Plan
1. Bond upper and lower brackets. Place lingual composite build-ups on 22 and 27. Reprox. Place upper and lower 014 nickel-titanium archwires.
2. Reprox upper and lower arch if needed. Place upper and lower 016 nickel-titanium archwires.
3. Reprox upper and lower arch if needed. Place upper and lower 018 nickel-titanium archwires. Evaluate for removal of build-ups. If bite has opened then remove. If not, then evaluate each following month and remove when bite has opened.
4. Reprox upper and lower arch if needed. Evaluate for need of rectangular archwire for finishing. If needed place 16x22 nickel-titanium archwires. If not then continue upper and lower 018 nickel-titanium archwires.
5. Differential reprox on the lower arch as needed to further increase overjet. Powerchain can be used for space closure/retraction from differential reprox
6. Continue sequence of reprox and retying archwire and replacing powerchain as needed to case completion.
7. Impressions for retainers
8. Bracket removal and retainer placement
9. Retainer check appointments.

Please note: various ‘tricks’ may be employed during treatment to correct minor rotations, etc