

ClearCorrect guide

start-up information

These general recommendations - should always be assessed individually

Treatment setup is the expected result assuming that the patient uses his/her aligners 22 hours a day and chewies 3x5 minutes a day. For larger intrusions, up to 30 minutes of chewies per day is recommended.

Always inform the patient of the possible need for additional aligners. Especially for treatments with difficult orthodontic movements. This will ensure that the patient will not be disappointed by a slightly longer treatment time.

Please note which treatment package you order, as there is a big difference in how long or how many times you can order additional aligners.

If you are using AlignerService, you will receive guidance on the optimal choice.

Retention:

Before starting treatment, the patient **MUST** be informed about the need for lifelong retention. Remember to record that the information is given before starting treatment.

If the patient does not use retention the teeth will shift.

Our recommendation is the following:

1st-3rd month after completion of treatment: last stage aligner: 22 hours per day.

3rd-6th month: Aligner applied: 16 hours per day.

6th month and rest of life: 8 hours per day. Typically at night.

Consider combining a removable retainer with a bonded retainer (13 to 23/34 to 44) The need for bonded retainers of depends on the type of movements that are performed. If you use the AlignerService, you can get guidance on the ideal choice.

IPR:

Inform the patient that there may be a need to reshape the approximal space between the teeth and that this may feel a little uncomfortable. Sensitivity to cold may occur during and for a short period after IPR.

Make it easy on yourself. Use calibrated IPR polishing devices. We recommend Profin IPR from Dentatus. You can order both handpieces and IPR tips at AlignerService.com Remember to polish the surfaces after performing IPR. (Soflex or the 0,1 mm Dentatus IPR tip is recommended)

Then apply fluoride varnish.

Engagers (ClearCorrect attachments):

If the patient, against expectation, loses an engager, the current aligner is used as template.

Note the protocol for re-bonding the attachment with Invisalign, is significantly different and more time consuming. It is important to follow the protocol for re-bonding of attachments.

Endodontically treated teeth:

Teeth with root canal therapy can be moved with ClearCorrect. However, they are more porous and therefore have a marginally higher risk of fracture if there is a lot of force applied removing the aligners. Therefore, it may be beneficial to avoid engagers here, as engagers increase the risk of fractures. Avoiding engagers increases the risk of additional aligners. We do not consider the risk of damage to teeth treated with root canal therapy to be high, but the warning is included in the protocols of all aligner manufacturers, which is why we also draw your attention to it here.

Resorptions:

Make sure you have x-rays of all your teeth before and after treatment. Control x-rays should be taken 8 weeks after the start of treatment. In case of resorptions, stop giving the patient additional aligners. The patient is kept in the current



aligner for 6 months before treatment is restarted. Now without risk of further resorption. (Note that the biology should have about 4 weeks time, from the start of treatment, until the teeth start to move)

Retractions:

If retractions develop: stop treatment and ask ClearCorrect for a new setup and let AlignerService help you do the treatment planning. This may reduce the risk of further retractions, depending on the amount bone loss already induced.

Elastics:

Standard: 3/16 with 4 mm. diameter force: 4 02.

Change twice a day.

May vary depending on the type of anchorage required.

Starting treatment:

Remember it takes 4 weeks from the start of treatment for the teeth to start moving. We therefore recommend that ALL clear aligner treatments are started with a change of aligners every 2 weeks for the first 4 weeks. After that, the wear schedule MAY be changed to 7 days, depending on the planned tooth movements, the complexity of the treatment and the aligner system.

Bonding:

Our recommendation:

- Use of Ivoclar optragate for isolation and easier fitting of engagers.
- Sandblasting of ALL teeth to be bonded.
- Etch enamel for MINIMUM 30 seconds with 30% phosphoric acid (use stopwatch!)
- Bonding is applied for MINIMUM 30 seconds. (use stopwatch!) DO NOT allow moisture to reach the enamel at any time during the procedure after the acid has been rinsed away. Use a filler-containing compost, especially for treatments requiring more than 20 aligners. This will reduce wear, thereby extending the life of the engager and reducing treatment time.

Your template can be advantageously filled with composite before the patient arrives at the dental practice (remember to keep the template with composite in a light tight container) We have several experiences with dentists who have not followed the above bonding protocol and can guarantee that it almost ALWAYS causes problems. If you experience Engagers falling off, it is your bonding protocol that is the problem. For metal or porcelain surfaces, the bonding protocol for these must be followed.

Consent

Remember to have the patient sign the consent form before starting treatment.

Fit test

Checking the fit of aligners: there must be no air between aligners and teeth. However, please note that there may be air between the aligners and the teeth when changing aligners, as the planned movement of the teeth has not yet taken place at the time of delivery. Hard approximal contacts should be lightly polished with polishing strip until the dental floss slides easily.

At each delivery of new aligners:

- Check that the aligners fit the engagers.
- Also check that the engagers are intact between each check of the aligners.
- Check that floss slides easily between all aproximal surfaces throughout the dental arch.

Controls:

We recommend check-ups every 4 weeks until both the patient and you are completely familiar with treatment with ClearCorrect. After that, you typically start to get a feel for how long you can let patients go without being checked. It all depends on the complexity of the case, the actual movements to be performed and patient compliance.

