

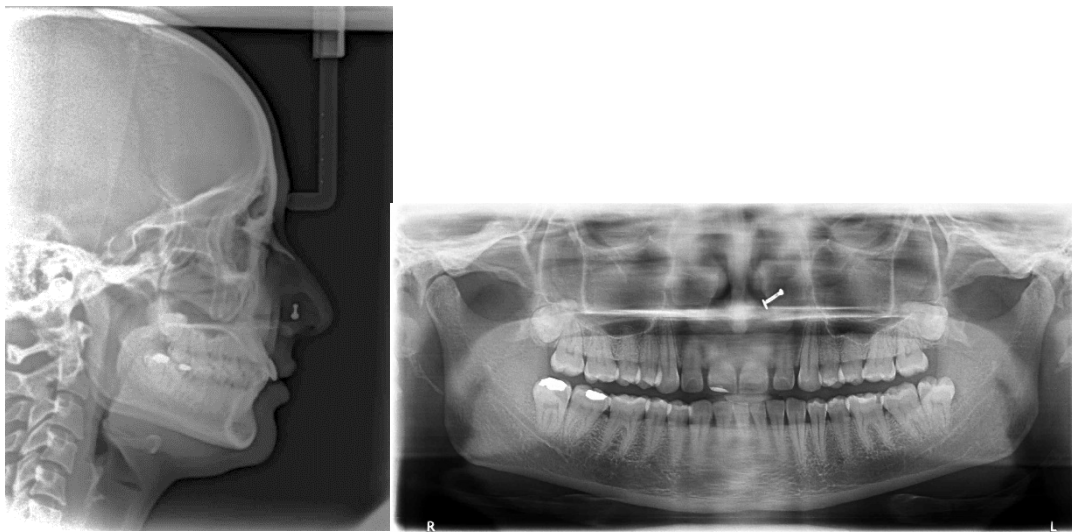








**FIGURE 2 -EXTRAORAL PHOTOGRAPH**



**FIGURE 3 -RADIOGRAPH**





**FIGURE 4- ATTACHMENTS w.r.t 11,13,14,16,23,24,26,31,33,34,36,43,44,46**

### **BIOMECHANICS WITH ALIGNER SYSTEM**

- With a typical fixed appliance, the wire is engaged in a bracket with the adhesive retaining the bracket on the tooth. The active archwire is elastically deformed and moves the tooth to a determined position as it returns to its original shape.
- With an aligner, the plastic encapsulates the tooth and in doing so must provide both retention and activation to move the teeth. The natural undercuts of the teeth provide the retention and the active component to move teeth is provided by the elastic deformation of the aligner.
- Because there is very limited ability for such elasticity within the plastic itself, these movements must be divided into very small increments and are considered difficult. Some of these difficult movements include controlling torque, root parallelism, rotations and extrusions.

### **CONCLUSION**

- With aligners a new system for orthodontic tooth movement using the established methods for minor correction to achieve greater magnitudes of correction has been introduced.
- The major advantage of the system is the aesthetic, hygienic, low discomfort, and removable nature of the appliance.
- There are currently limitations to this appliance in terms of case selection, increased cost, experience required for computer treatment planning, difficulty obtaining certain tooth movements, and the lack of potential in cases involving mixed dentition or impacted teeth.

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