

# ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

## *Case Studies* *Volume 1*



Dr. David Forlano  
Elevating Your Expectations

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Thank you for considering us for your orthodontic needs.

Orthodontics is more than just straightening the teeth. It is correcting a bad bite (malocclusion). A bad bite is:

- the #1 most common dental disorder
- the #1 contributing factor to eventual tooth loss
- the #1 reason for needing extensive dentistry
- the #1 factor associated with discomfort within masticatory system structures
- the #1 reason for tooth soreness & hypersensitivity
- the #1 misdiagnosis leading to unnecessary endodontics
- the cause of many airway & breathing problems
- a contributing factor to periodontal disease and health problems such as cardiovascular disease, diabetes, stroke, and respiratory diseases

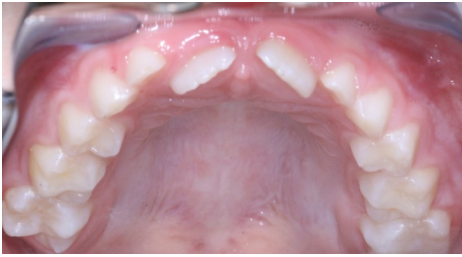
Most dentists ignore the bite, because they are not trained in the diagnosis and treatment of a malocclusion. This leads to a vicious cycle of patchwork dentistry.

Instead, we take an multi-disciplinary approach to opening collapsed bites, expanding narrow arches, opening airways, and establishing healthy bites for a balanced and functional masticatory system. This results in lifelong dental health, not lifelong dental treatment.

*Dr. David Forlano*

# Anterior Crossbite, Deep Bite & Crowding

1



2



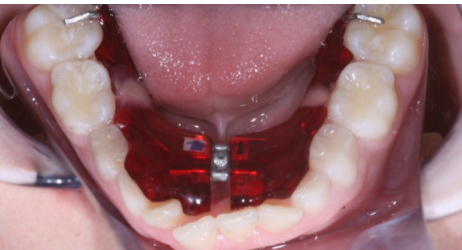
3



4



5



6



1,2,3: Nine year old female presented with anterior crossbite, reduced vertical dimension, rotations and moderate crowding.

4,5,6: Upper & lower functional appliances were placed to correct the anterior crossbite, open the vertical dimension and develop the alveolar arches to address the rotations and crowding.

These functional appliances corrected the skeletal problems (compare Figure 3 to Figure 6) allowing us to avoid extractions, establish a healthy jaw joint, minimize the time in braces and create a beautiful broad smile. This set the stage for successful straight wire orthodontics.

To see the completed case, please visit [www.drforlano.com](http://www.drforlano.com)





# Anterior Crossbite, Deep Bite

1



1: An anterior crossbite caused by a deficiency in the growth of the premaxilla.

2



2,3,4: A sagittal appliance was activated to expand the premaxilla to its proper anatomical shape and position. This appliance corrected the upper jaw in both a horizontal and vertical dimension.

3



5: Upon completion of the appliance, the front teeth displayed the appropriate overbite and overjet. The back teeth had space to erupt into their anatomically correct positions.

4



6: The finishing touches were completed with Straightwire orthodontics.

5



6



*Dr. David Forlano*





# Upper & Lower Crowding

1



2



3



4



5



6



1,2,3: Follow the expansion of the upper arch with this Schwartz appliance as we created space for the adult teeth.

4,5,6: Follow the expansion of the lower arch with this Bowbeer appliance as we created space for the adult teeth and eliminated the need to extract adult teeth

Straightwire orthodontics completed the case to perfection. A happy mom and a happy patient!

To see the completed case, please visit [www.drforlano.com](http://www.drforlano.com)

*by Dr. David Forlano*





# Inadequate Vertical Dimension

1



1: The teeth don't look too bad, but a skeletal analysis revealed a deficiency in the vertical dimension or lower face height. In patients with a short lower face height, the lower teeth often bite against the palate as the jaw over-closes...look close.

2



2,3,4,5: These bite opening appliances correct the problem and result in a very stable bite, ready for braces

6: The finished result!

*Dr. David Forlano*

3



4



5



6

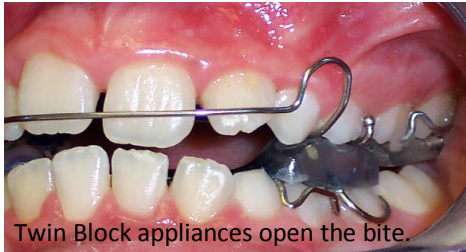


# Retruded Mandible & Constricted Airway

1



2



3



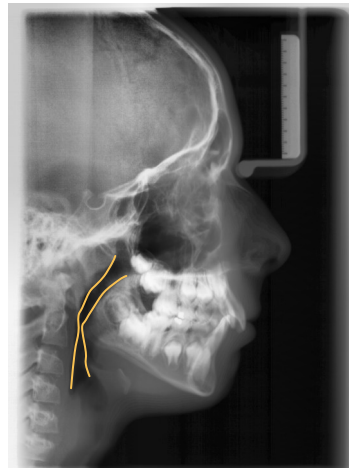
4



5



6



**Before:** Restricted airway, and retracted mandible.



**After:** Open airway and properly positioned mandible.



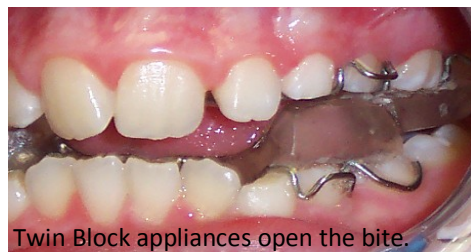


# Class II Skeleton & Constricted Airway

1



2



3



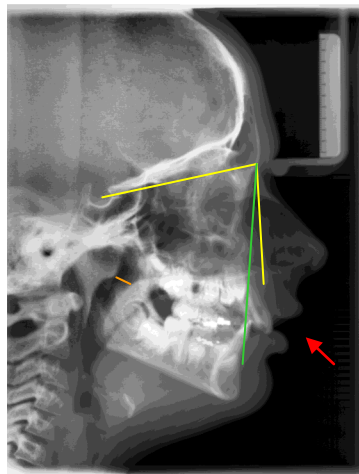
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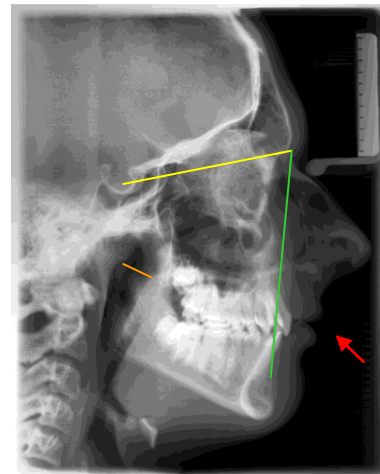
5



6



**Before:** Soft tissue facial profile folded, restricted airway, and retruded mandible.



**After:** Soft tissue facial profile straight, open airway and properly positioned mandible.

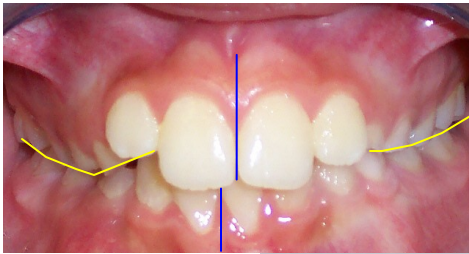


# Shifted & Canted Mandible

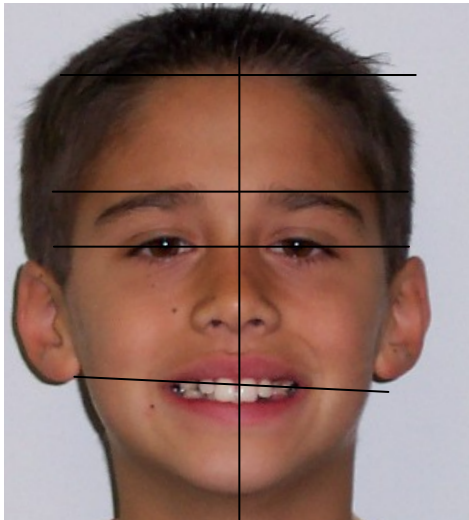
1



2



3



4



5



1,2: Analysis of this nine year old boy revealed distortion of the bite in all dimensions. In addition, the lower jaw was shifted to the right (see vertical lines in Figure 2)

3: Facial analysis displaying the canted occlusal plane and shifted lower jaw. If left untreated, degenerative joint disease in both jaw joints would be inevitable.

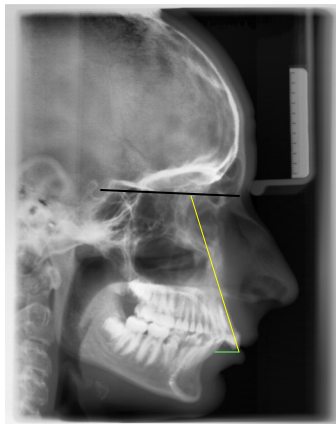
4: The bite was deprogrammed allowing the lower jaw to naturally find it's place and center itself. Skeletal and dental midlines were corrected with Tip-Edge orthodontics.

5: The completed case!

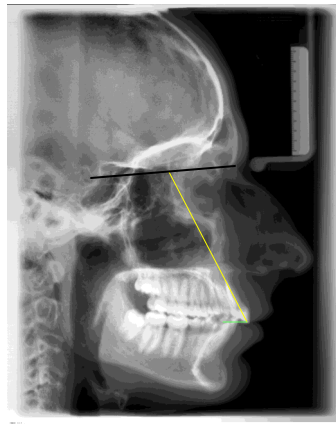




# Mara Appliance



**Before:** Retruded mandible.



**After:** Properly positioned mandible.



# Blocked-Out Cuspids

1



1,2: The jaws, molars and midlines are aligned properly, but there just isn't enough space to accommodate all of the teeth. The arches are narrow and the cuspids were blocked-out of the dental arches. After a thorough analysis and consultation with her parents, a non-extraction approach was taken.

2



3,4: The completed case! Braces or Clear Aligners are suitable to treat this type of case.

3



5,6: Hawley Retainers were fabricated to maintain the arch forms.

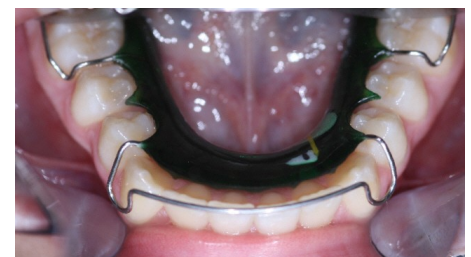
4



5



6



*Dr. David Forlano*





# Anterior Open Bite, Tongue Thrust & Spacing

1



1: An anterior open bite and spacing secondary to a tongue thrusting habit.

2



2: Orthodontics in the upper arch and a fixed tongue trainer on the lower arch.

3: Closing of the anterior spaces while creating spaces for the posterior adult teeth.

3



4: Orthodontics in the lower arch in conjunction with the tongue trainer.

4



5: The completed, beautiful case!

5



*Dr. David Forlano*



## Brothers & Sisters

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*Tom, Before & After*



*Christina, Before & After*





*Marianne, Before & After*



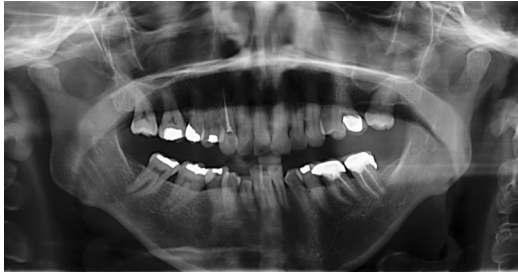
*Kevin, Before & After*



# Mother & Daughter

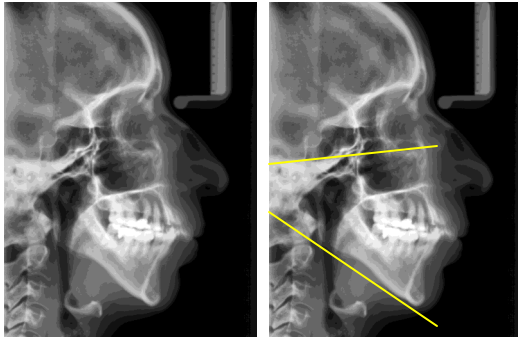
## Mother

1



Missing teeth led to crowding and a bad bite.

2



A very unique case: a high mandibular angle.

3



Before: Poor long term prognosis.

4



After: Straight teeth and a healthy bite.

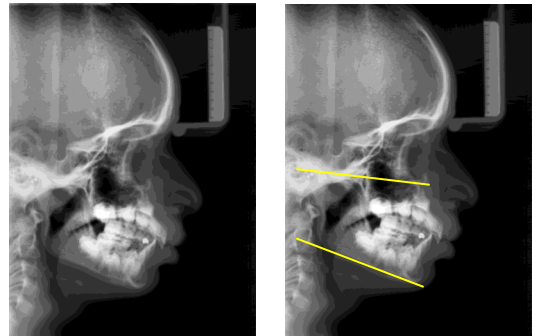
## Daughter

1



Too many teeth, and not enough room.  
Certainly not "like mother, like daughter".

2



A very low mandibular angle.  
Certainly not "like mother, like daughter".

3



Deep bite, deficient lower face height.

4



During: Opening the bite and expanding the dental arches with functional appliance to avoid extracting teeth. Ready for braces!

by Dr. David Forlano



## Adult Orthodontics

For an adult, there are numerous benefits to be gained from orthodontic treatment. Teeth that are correctly aligned are easier to maintain, are less likely to trap plaque and food, and are less likely to chip and wear irregularly. For those requiring bridge work or implants, correcting the bite first via orthodontics will provide a better prosthetic result. For those with TMJ symptoms, straightening the teeth, or correcting the bite, can significantly reduce or eliminate symptoms such as clicking, popping, headache and jaw pain....and also prevent further degenerative joint disease. ***It's never too late to straighten your teeth!***

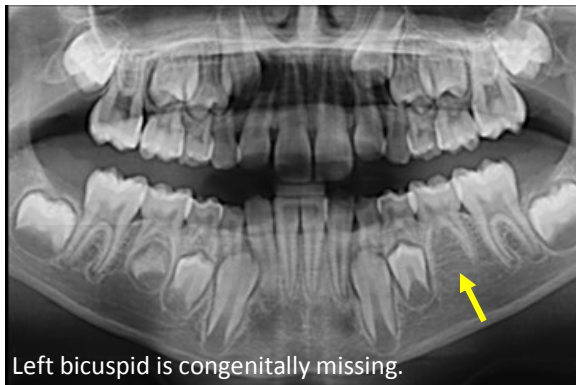
*Visit [www.drforlano.com](http://www.drforlano.com) to view Arianna's progress!*



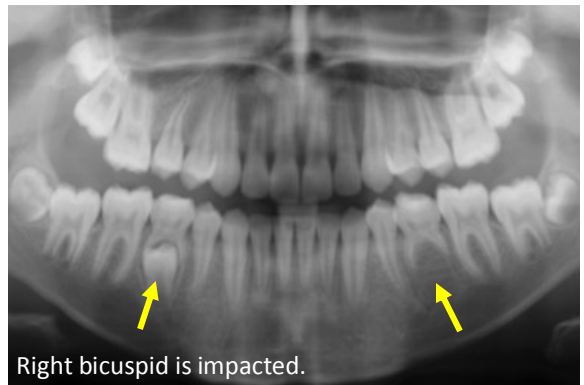
*Arianna & Evelyn*

# Hypodontia

*Before*



*After*



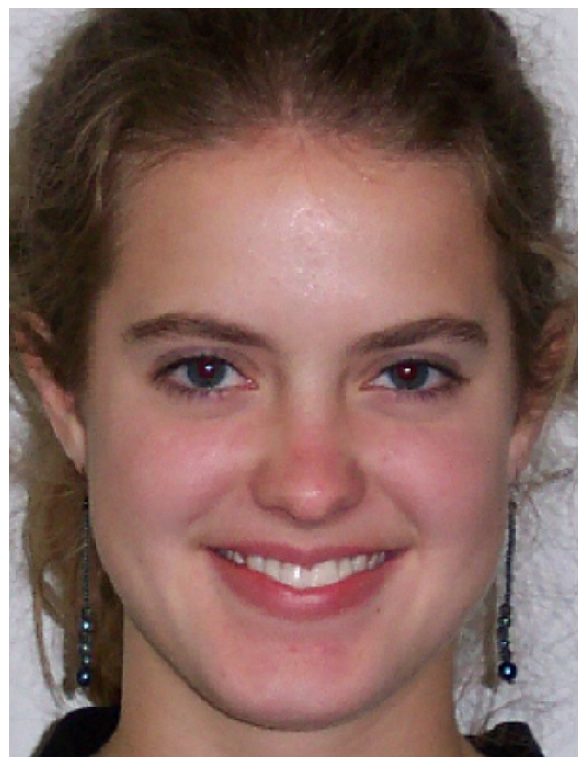
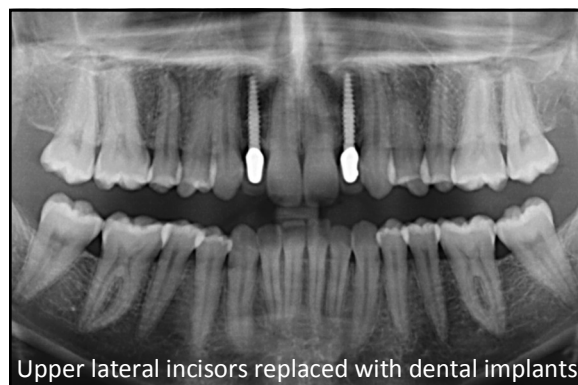
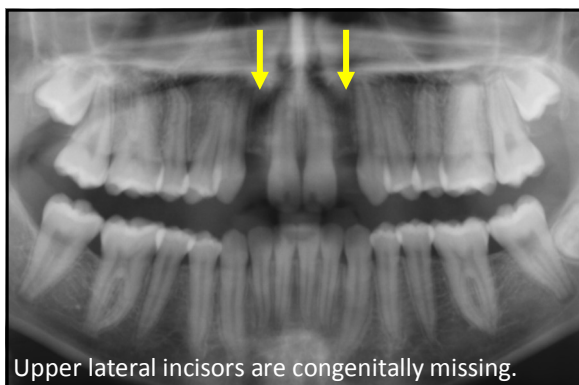
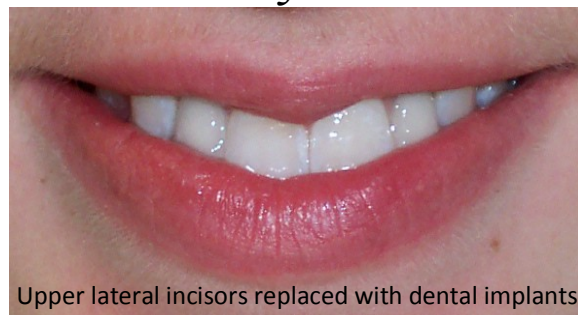


# Hypodontia

*Before*



*After*



# Oligodontia

Oligodontia is the genetic condition of missing more than six teeth at birth. The treatment of oligodontia in children is complex and should be undertaken by a clinician skilled in pediatric dentistry, orthodontics, oral surgery and prosthodontics. A multidisciplinary approach is necessary. Dr. Forlano's training and experience allows for a self-contained multidisciplinary approach to treating patients with oligodontia from childhood through adolescence. Early treatment decisions will affect the patient's health for a lifetime, correct decisions must be made at the appropriate time. Treatment considerations include facial growth, maintaining available bone, providing transitional prostheses, as well as the adolescent psyche.

Visit [www.drforlano.com](http://www.drforlano.com) to learn more about this case.

## *Before*

1



**Before:** A twelve year old female presented for routine dental treatment. Examination revealed eight missing adult teeth.



## *During*

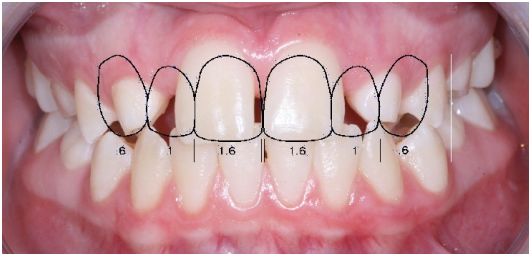
2



4



3



5



**During:** Proper diagnosis and planning led to removal of the retained deciduous teeth, alignment of the adult teeth with orthodontics and acrylic prostheses until growth of the jaw bones was complete.

## *After*

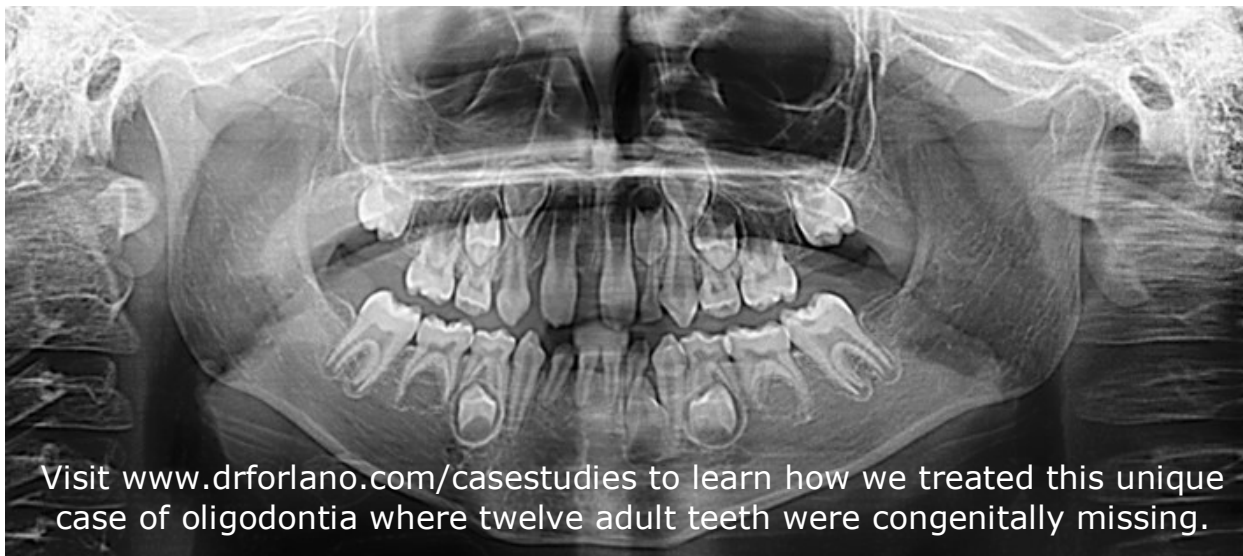
6



**After:** Successful treatment! A healthy twenty-eight tooth Class I occlusion, a beautiful smile, and a happy patient!

# Oligodontia

1



2



3



4



5



6





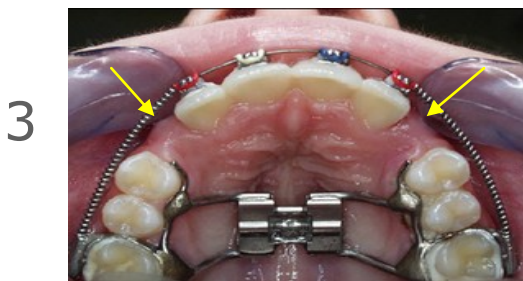
# Narrow Palate & Impacted Cusps



1: A 9 year old girl presented a narrow or v-shaped palate, preventing the eruption of her two cuspids.



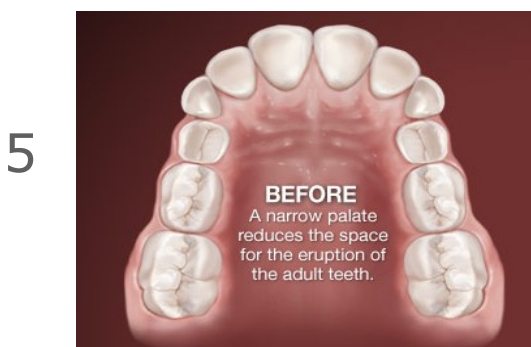
2: A rapid palatal expander was inserted to correct the narrow palate. Notice the space opening between the two front teeth, the rounding of the dental arch and the space opening for the cuspids as the appliance widens and shapes the palate.



3: An auxiliary wire with coil springs and braces were placed to round off the dental arch and to align the four incisors. Ample space was provided for natural eruption of her cuspids.



4: A photograph taken from the internet shows that narrow palates also cause crossbites. This photo demonstrates a patient a unilateral, posterior crossbite where the upper back teeth don't overlap the lower teeth properly.



5: A sketch of a problematic narrow palate with a square arch form. Similar to Figure 1.



6: A sketch of a healthy wide palate with a round arch form. Similar to Figure 3.

*Dr David Forlano*

# Invisalign

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*Before*



*After*





# Invisalign

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*Before*



*After*





# Pre-Prosthetic Orthodontics

1



1: The four upper incisors were decaying and chipping. They required porcelain crowns.

2



2: The bad bite caused by the lower incisors was an obstacle to restoring the upper incisors successfully.

3



3: Correction of the bite was accomplished with Invisalign. This provided a level plane of occlusion for restoration of the upper incisors.

4



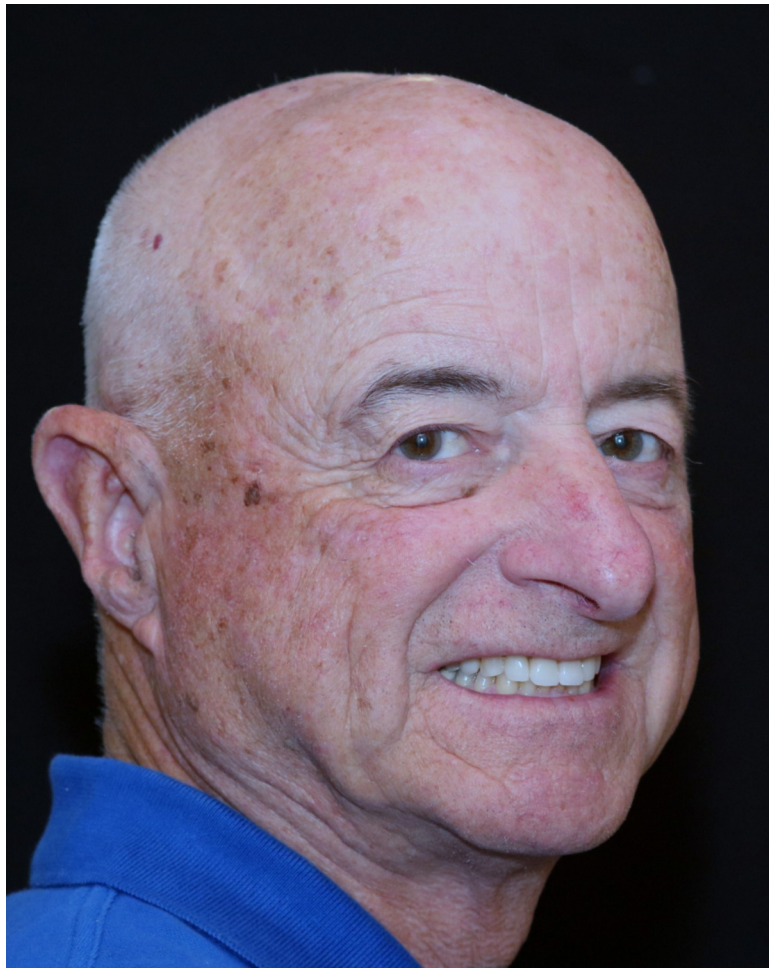
4: Compare images 2 and 4.

5



5: The completed case. A healthy bite and new upper crowns.

*Dr David Forlano*





# Pre-Prosthetic Orthodontics

1



1: Failing dental restorations.

2: Spacing, flaring and a palate of colors.

2



3: Before the restorative treatment, the teeth were aligned and the bite was corrected.

4: Completed restorations in the open position.

5: Completed restorations in the closed position. A perfect and healthy masticatory system! Magnificent!

*Dr David Forlano*

3



4



5





# Pre-Prosthetic Orthodontics

1



1: A deteriorating dentition in the open position displaying fractured teeth, crooked teeth and a reverse smile line, destined for disaster.

2



2: A deteriorating dentition in the closed position displaying an anterior edge-to-edge and crossbite

3: Correction began with traditional orthodontics

3



4: The uppers were transitioned into temporary restorations

4



5: The completed case! A healthy dentition destined for a lifetime.

5



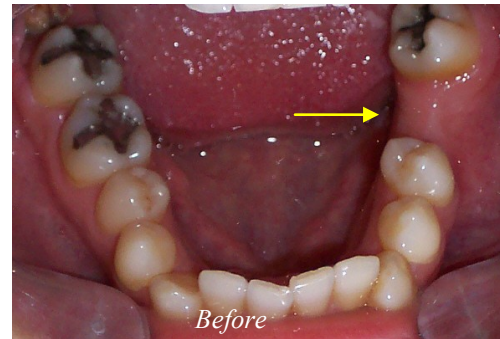
*Dr David Forlano*





# Pre-Prosthetic Orthodontics

1

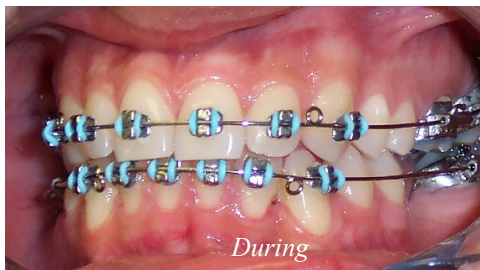


2



1,2: A 21 year old male presented with a missing molar, a bad bite and crooked teeth.

3



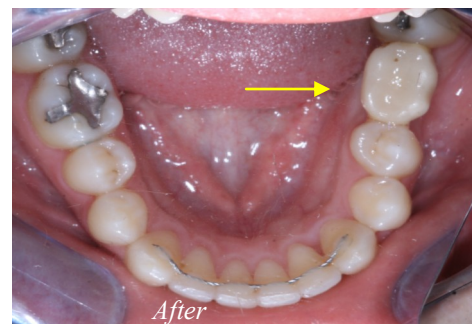
3: Prior to replacing the molar with a dental implant, the crooked teeth and bad bite were corrected with orthodontics so that the implant could be positioned properly.

4

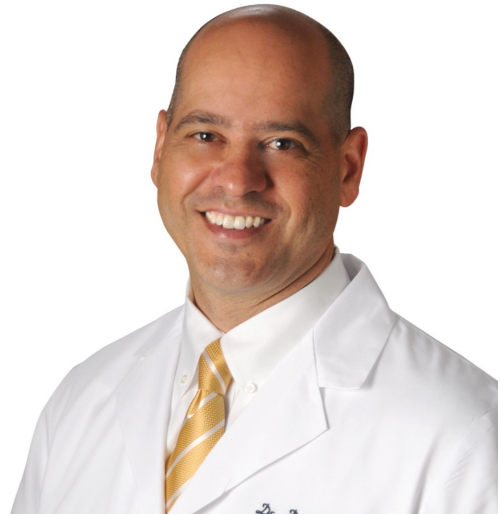


4,5: Teeth can always be moved, but implants can not. When considering dental implants, it is best to align the remaining teeth and correct the bite first, then place the implants for proper tooth form and function. This provides the best long term prognosis for dental health.

5



*Dr. David Forlano*



Dr. Forlano is a general dentist trained and certified in four different orthodontic techniques: Tip-Edge, Straight Wire, Functional Appliances and Clear Aligners. Why four different techniques? Because one technique isn't good enough for us, and may not be good enough for you.

Dr. Forlano has studied and presented occlusion and orthodontic principles nationally and internationally. He has achieved Fellowship status in the International Association for Orthodontics. Established in 1961, The IAO is the oldest and largest of the national and international non-specialty orthodontic groups. The association has a wide variety of programs in orthodontic training, education, professional support, clinical experience and literature. Today the IAO has approximately 4,200 member dentists, in over 50 different countries, who promote the establishment and maintenance of the highest ideals in orthodontic practice, research and development for the benefit of all orthodontic patients.

Incorporating orthodontics into his general practice has enabled better restorative, prosthetic and periodontal results. This has shifted his practice from typical patchwork-style care to comprehensive full-mouth care, or what we call "a self-contained, multi-disciplinary approach to treatment of the entire masticatory system". This has proven to produce results that last.







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All of the cases and clinical photographs presented here are of actual patients treated by Dr. David Forlano. Thank you for allowing us to display your cases. Thank you for the opportunity to treat so many interesting cases. I am grateful for your trust & confidence.