CombinedOrthodontic
Restorative Treatment:

A CASE PRESENTATION

by Alan A. Curtis, DDS, MS, Clinical Director, Orthotown Magazine

One of the most frustrating parts of being an orthodontist is knowing that you did the very best to align the teeth for superior esthetics and function, but still come short due to improper tooth morphology (Bolton discrepancies, large marginal ridges, etc.).

I would imagine that restorative dentists feel the same—they would love to restore every case to the ideal form, but due to the position of the roots in the alveolus the ideal form can’t always be achieved. When a patient understands the importance of both treatments, truly magical things can occur.

The following case illustrates the point with synergistic treatments that combine to create amazing results.

Pretreatment

A 27-year-old male was referred by his dentist for pre-restorative orthodontics. His initial presentation included a diagnosis of mild Class III dental and skeletal malocclusion with accompanying incisal attrition. This patient lacked the anterior, posterior and interocclusal clearance to restore the teeth to their virgin morphology (Figs. 1A-1B & Fig. 2).

Our orthodontic treatment objectives were simple: 1. Intrude upper incisors while advancing them to create the needed overjet and final restorative overbite. 2. Align other teeth for mutually protected occlusion.

Due to the fact that the tooth is wider at the incisal area compared to the cervical region, the more attrition that occurred from the incisal, the less mesial distal arch length the patient had, further aggravating

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the edge-to-edge relationship. Open-coil springs were placed in order to restore the proper 3-3 Bolton relationship (Fig. 3).

**Retention protocol**

Patient is to use full-coverage occlusal retainers, upper and lower, to protect porcelain (Thin ACE 0.40 Essix material) during the day, with a thicker (1.5mm) biocryl flat plane worn at night.

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Total treatment time, including restorative provisionalization and prototyping, was less than one year! This treatment is extremely satisfying for both dentist and orthodontist (Figs. 4A-4C).

**Post-orthodontic treatment achieved**

Restorative treatment performed by Christopher Drew, DDS, of Tempe, Arizona (Fig. 5).

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**Author Bio**

**Dr. Alan Curtis** graduated from Brigham Young University with a Bachelor of Science degree. He completed his dental degree at the UCLA School of Dentistry. He then completed two additional years of specialty training in orthodontics at Baylor College of Dentistry, Texas A&M University, where he earned a Certificate in Orthodontics and a Master of Science degree in Oral Biology. Dr. Curtis is an active member of the American Association of Orthodontists, Arizona Orthodontic Study Group, the Pacific Coast Society of Orthodontists, American Dental Association and Arizona Dental Association. Dr. Curtis is an adjunct faculty member at the A.T. Still University postgraduate orthodontic residency program.