

# Damon vs In-Ovation R?

The Townies come together to discuss their opinions on two of the most popular self-ligating bracket systems on the market. Do you use either of these? What is your preference?

**drbecky**

Posted: 9/8/2008 ■ Post: 1 of 33  
Total Posts: 446

Is there anyone around that has had experience with both systems? I would like to get some opinions from someone who can compare the two. Thanks! ■

**kubirdie**

Posted: 9/9/2008  
Post: 4 of 33  
Total Posts: 7

In-Ovation R... IMO [in my opinion] is better. I like the difference in finishing cases between the two brackets because In-Ovation R becomes interactive with wire unlike the passive Damon system. Detail bends and torque expression seem more complicated with the Damon bracket. In addition the Damon lower brackets open to the gingival so if you or an assistant "slips" opening the Damon lower brackets you can gouge the patients' gingiva. ■

**fesdds**

Posted: 9/9/2008  
Post: 5 of 33  
Total Posts: 155

I was an In-Ovation user straight out of school and switched to Damon almost two years ago. I think they are both great brackets/systems. I am not married to any one bracket for life, but for now I am sticking with Damon. Like it more at this stage for the following reasons.

Hygiene is definitely better with the Damon bracket over the In-Ovation.

When hygiene is bad, In-Ovation stinks to open with the groove being at the gingiva.

From patients I have had them wear both; they think the Damon is smoother/more comfortable.

I have found the less friction in heavy wires beneficial in space closure as well as space opening.

On the average, patient opening is faster.

My staff prefers the Damon.

Damon's drop in hook is great.

I like the choice of variable torque in the anterior and the ease of color coding them.

Damon's marketing is way better and actually does help sell some cases.

On the other hand there are a few things I miss from In-Ovation.

In-Ovation is way cheaper and you get a lot more peripherals in the price of the bracket.

It can be easier to express torque in certain cases.

In certain situations In-Ovation is easier to engage wires due to the active nature of the clip.

You can be happy with either system. I will only use self-ligating brackets and we, become really dependent on the self-ligating six brackets. I have never tried GACs self-ligating six bracket. I think the Damon brackets fit the average person's teeth slightly better with its pad shapes. In the end, in my opinion it takes time to adjust to whatever bracket you are using. I had gotten really good with my GAC positioning and when I went to Damon I was spitting out some frustrating cases at first, but it was positioning not the bracket itself. As far as detailing with Damon after enough cases it's all the same. I do any first, second, third order bends with Damon just like I did with In-Ovation.

Good luck and feel free to ask any specific questions. ■

Fesdds,

I'm a Damon user with minimal experience using In-Ovation R. Did you find closing space difficult with In-Ovation R in a full sized wire? I did, it took me forever to close extraction spaces on an In-Ovation case a few years back. I chalked it up to the active clip vs. passive with Damon. I haven't heard this from anyone else, so maybe it was just the case on this one patient.

Personally, I feel that In-Ovation was developed to compete with Damon. Damon was developed in response to some limitations of traditional brackets. So In-Ovation R is kind of like the technology that comes out of Asia that copies the American creativity at a cheaper price. I like Damon because of the thought process behind the original development and continued improvements. ■

I had extraction spaces "with Damon" when I treated a patient I diagnosed as needing extractions. When I used Damon brackets (Damon SL originally, and later Damon 2) I had extraction treatment plans. Torque expression issues were handled with 19x25 TMA wires with third order bends and ligating the wire as I would with a twin bracket when needed. ■

I did not usually find it hard to close space with In-Ovation. I generally did not close on a full-sized AW though. I used .018 with In-Ovation and for the majority of patients closed on a 16x22 steel wire with curve.

Before I fully switched to Damon I did some cases head to head with .022 Damon and .022 In-Ovation. I did have a harder time closing space in the In-Ovation when trying to close space with NiTi closing springs or Damon type of tiebacks.

Other than the heftier price tag I am doing well with Damon and will continue with it as my bracket of choice, but will always watch for something better. ■

I have used the straight wire concept for many years, and switched to GAC when their version came out. I had tried self ligation earlier, but without an active clip, found almost impossible to finish a case. I have also used .022 slot for many years after starting with .018.

When In-Ovation came out, I was one of the early adopters, and along with others have found several things:

- 1) The initial alignment of the arches seems to occur more rapidly using small, alloyed wires.
- 2) When the clip is activated, as when the rotations are severe, the 30g force level applied by the clip deflection helps to align the arch.
- 3) The configuration of the base provides a generally good fit for most teeth.
- 4) The prescription (Roth) has many things built into it that help in the overall treatment of the case.
- 5) If one progresses through an arch wire sequence, then placing even a .0215x.028 steel should be relatively simple, and with that size, almost everything that is built into the bracket will be expressed.
- 6) As with any appliance, bracket placement is critical, but placing the compound/contour bracket base is easier for me than anything else I have tried.
- 7) Finally, what I have found is that the earlier stages of treatment progress more rapidly, which then allows more time for finishing in many cases. This is where I have seen the biggest difference in my cases.

**ellisjb**

Posted: 9/18/2008

Post: 7 of 33

Total Posts: 51

**martinfitz**

Posted: 9/18/2008

Post: 10 of 33

Total Posts: 323

**fesdds**

Posted: 9/20/2008

Post: 12 of 33

Total Posts: 155

**orthobob**

Posted: 9/22/2008

Post: 15 of 33

Total Posts: 35

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Other systems seem to me to be violating many of the principles orthodontics. If you have ever been involved with Crozat therapy, there are many similarities and many of the same claims. It is hard for me to accept that bone physiology changes because of a particular diameter of wire.

It seems to me that using sound principles and good techniques can result in favorable results no matter what appliance one uses. For myself, I find what I am using today to be the best for me. ■ [Bob](#)

**vvv**

Posted: 9/24/2008

Post: 16 of 33

Total Posts: 267

I've tried seven different self-ligating bracket types. I believe it's the self-ligation more than the "system." I like Damon second best. I laugh when I read about how the staff love them. My staff threatened to quit if I kept using them. The water must be different here because tartar jams the Damon doors worse than the other SLs in about 20 percent of my patients since the door is rigid. We can't open them after a while in treatment. Very embarrassing for adult patients.

The much more important issue is whether we should be dramatically altering our extraction/non-extraction decisions due to SL. That is the issue we need to tackle. I still treatment plan the traditional way, even though extreme non-extraction is possible with the SLs. I did a few cases where I told parents the patient was borderline for extraction (6-8mm crowding, class I). We leveled and aligned non-extraction and then asked what the parents thought (patient not present for their answer). "It's too toothy" or, "She looks like a monkey" were the responses. So we extracted four 5s and they still look like non-extraction smiles. I'll need to check but I still think we finished them around 28 months after changing course. ■

**tgruelle**

Posted: 11/2/2008

Post: 17 of 33

Total Posts: 7

I have been 31 years in practice. I used In-Ovation R exclusively when they first came out for three years. I had no problems with them except that I could not place them in the correct position to align the lower anteriors. I had to reposition many and bend a lot of wire. Needless to say that I no longer pay the high cost of the bracket when I can meet my treatment time estimates routinely with regular non-ligating brackets.

I did not see the advantage in chair or total treatment time that many report. ■

**drwo**

Posted: 11/2/2008

Post: 18 of 33

Total Posts: 147



Tgruelle,

Would you think the "smart clip" lower anterior bracket would be a good solution to your problem and still give you the SL feature – it is a twin bracket that you don't have to ligature tie? ■ [Dr. Wo](#)

**pnwortho**

Posted: 11/4/2008

Post: 19 of 33

Total Posts: 752



I know this question wasn't directed to me, but as a (basically) satisfied In-Ovation R user who has tinkered with SmartClip I would say, if you didn't like R, you'll dislike SmartClip, too. SmartClip is harder to engage/disengage, more painful for patient, and results in more frequent debonds in my experience. I love the concept of SmartClip being akin to a twin bracket, but I don't think they'll ever be able to resolve the problem with clip tension. To me, it's always going to either be too rigid to be comfortable or too loose to hold in a full-sized wire. Once they started introducing more re-designs and rounded edged wires, I knew that the bracket had some serious design flaws. ■

I have been using In-Ovation R for two years, (still have many cases in 3M Victory because I still have a large stock of these bonds). I have been happy with these brackets. I only see a few true advantages with self-ligation: the potential to go longer between visits in the initial stages of orthodontic treatment, and some adjustments might take less time. ■

**drjoop**

Posted: 11/12/2008

Post: 20 of 33

Total Posts: 9

I use the Damon system exclusively and I like the marketing. However, I agree that it is misleading for patients when Ormco claims that the brackets can reduce treatment time. Sure, if you don't include second molars, ignore the curve of spee, or CI II / CI III correction, it *will* be faster!

**njtxortho**

Posted: 11/18/2008

Post 24 of 33

Total Posts: 135

At my consultations, I focus on the fact that without o-rings the hygiene is better, and there are fewer visits: every eight to 10 weeks vs. every four to six weeks.

Patients who have low pain thresholds will complain about any bracket.

I still have extraction cases with the Damon system.

The clear bracket is *not* 100 percent clear, which is annoying.

That said, I have seen fantastic results, and will continue to use it. ■

I'm an orthodontist in Vancouver, Canada with two offices (one downtown, one suburbs) – two days a weeks each. I was taught 0.018 in school but bought an 0.022 practice and have been 0.022 ever since.

**str8wire**

Posted: 1/26/2009

Post: 28 of 33

Total Posts: 1,050

My downtown practice is about 75 percent adult ortho. My suburban practice is 50 percent adult ortho. I would also say that close to 50 percent of my patients are of Southeast Asian extraction. So right off the bat I would say I have a very different patient profile from the rest of you.

I am a 10-year Damon user. I use Damon 90 percent of the time. I also use In-Ovation C, SmartClip, ORTHOS and a lot of Invisalign. My business partner (who has been in practice more than 30 years) cost shares with me and uses GAC exclusively (he is in the GAC buying group) – I see a lot of his cases. My average treatment time right now is about 18-20 months. I see all of my cases two years post-retention.

Vancouver is a city that has never put fluoride in their drinking water ever. The masses are opposed to it and as such. Orthodontists around here have to worry more about decalcification and cavities. Thankfully the adult population are pretty healthy eaters and have very high dental IQs.

I like the Damon system mainly because I get excellent results in short treatment times with better hygiene and comfort.

Self-ligation has greatly reduced treatment times overall - but the main advantage to me is that you get the initial alignment and leveling done much sooner and can thus spend more time on your finishing. My staff chair time has been cut at least in half switching to SL. Every time I get a transfer case in standard brackets with elastics I am reminded of how much more time efficient SL brackets are.

I don't buy the argument over cost – that should be reflected into your treatment fees. If you are losing money using a more expensive bracket system then either raise your fees or keep using your cheap stuff and stop complaining.

I like Ormco wire better than any other wire on the market right now. I've tried them all and always go back to the Ormco 0.014 and 0.018 CuNiTi as my initial wires I also really like their TMA wires.

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I also stopped caring about what my colleagues are using as I now realize orthodontists are a very fickle bunch that don't like to be told what do do/use.

The main reason I switched to Damon is after personally interviewing about 10 board certified orthodontists that I met at various meetings that had already made the switch to Damon and never looked back. I got many different answers but they all made sense to me. At the time I made the switch (in 2000) Damon was the best organized and had the best courses. ■

**Ortho Optimist**

Posted: 8/10/2009

Post: 30 of 33

Total Posts: 4

I've used both systems. I've used In-Ovation R for about seven years and about a year and a half ago I switched to Damon. I've finished a few Damon cases but absolutely love using Damon over In-Ovation R hands down. My staff really like the ease of the Damon gates and so do I but I also like the variable torque options. I don't use Damon to avoid extractions or headgear, I use Damon for efficiency and a great outcome. Because the slot is a little further away from the tooth, rotation control would be my biggest issue but I'm still fairly a newbie with Damon and am learning all the time. I did not like how the gates on the In-Ovation R would break, it would be hard sometimes to find the little lip to open the gate and training new staff on them was extremely difficult (I've had plenty of staff that would 'avoid' the In-Ovation R patients). I really love the low profile Damon Q. I'm a happy Damon camper at this point but know that I still have a lot to learn. I love the more biologic tooth movement that the passive self-ligation offers too. Hope this helps! ■

**nysent**

Posted: 11/3/2009

Post: 31 of 33

Total Posts: 490

Any new opinions to add here? At one of my jobs, the office uses In-Ovation R and C exclusively. Patients love the aesthetics of the C. I feel like I save a ton of time inserting wires and de-rotating teeth with the self-ligating bracket. At another office, they have asked me select the most aesthetic bracket out there (In-Ovation C in my opinion) to stock the office; every consultation at this place begins with "doc, how about those Invisaligns?" But they were also wondering if Damon brackets were an option based on what they've heard about Damon from a neighboring office. ■

**fesdds**

Posted: 11/3/2009

Post: 32 of 33

Total Posts: 155

Both good brackets. Currently if a patient wants aesthetic brackets I place In-Ovation C U3-3 and use my Damon brackets everywhere else. Damon has their newest clear bracket coming out soon. It is more clear than "C," but not sure about durability yet. ■

**str8wire**

Posted: 11/10/2009

Post: 33 of 33

Total Posts: 1,050



The clear Damon Q bracket looks very good. It's only going to be offered for the upper teeth though.

Should be released officially at next year's AAO. ■

Find it online at [www.orthotown.com](http://www.orthotown.com)

Do you have a comment to share? There is more to read online. Visit [www.orthotown.com](http://www.orthotown.com), type in "Damon vs. In-Ovation" in the search box and click "Search." ■