

# 2024 一年一度 Damon Master Program



全新改版的 2024 年貝多芬高效 Damon 矯正大師系列課程，是由國際知名講師張慧男醫師親自規劃及授課，課程特色強調由臨床病例帶動診斷、分析、治療計畫擬定與執行技巧，本年度亦特別加入最新的**數位矯正與隱形牙套**的內容，並邀請了貝多芬牙科集團各院院長演講特別矯正專題。

此外，透過數位影片反覆觀看，結合矯正與電腦教學，課堂助教協助操作，讓學員在短時間能快速上手，感染「熱愛矯正學，熱愛學矯正」的熱情。

名額有限，一年僅有一次機會在台完整體驗 Damon 矯正大師課程，錯過只能等明年囉！

## Module 1 - 3/28

1. Selecting your ideal first case
2. Bonding position
3. Bonding + BT + ceph tracing
4. TADs + space closing + hook + spring
5. Finishing bending & fixed retainer

Practice: Clinical photography (黃亭雅, 陳韻如醫師)

## Module 2 - 4/11

1. Four stages of efficient orthodontic treatment
2. Simple and effective anchorage system
3. Extraction vs. non-extraction analysis

Practice: Patient photo management (金牛頓工程師)

## Module 3 - 4/25

1. Soft & hard tissue diagnostic analysis
2. Big overjet correction
3. Damon diagnosis & fine-tuning

Practice: Ceph tracing (金牛頓工程師)

## Module 4 - 5/16

1. Excellent finishing
2. Retention & relapse

Practice: Ceph superimposition & measurement (金牛頓工程師)

## Module 5 - 5/30

1. Simplify your system
2. Extraction vs. non-extraction

Practice: Case report demo (陳俊宏醫師)

▲ Computer training (Mac): 1:30-3:00 pm

## Module 6 - 6/20

1. Class III correction
2. Class II correction

Topic: Early orthodontic treatment (曾淑萍醫師)

## Module 7 - 6/27

1. Upper impaction
2. Lower impaction
3. Gummy smile correction

Topic: Modified VISTA (蘇笠瑋醫師)

## Module 8 - 7/11

1. ABO DI, CRE workshop (林彥君醫師)
2. Open bite

Topic: Ortho-viewed interdisciplinary treatment (徐重興醫師)

## Module 9 - 7/25

1. Implant-ortho combined treatment
2. Asymmetry

Topic: Impacted cuspid treatment (張譚文, 張瑜珍, 黃亭雅, 陳韻如醫師)

## Module 10 - 8/29

1. Minor surgeries in orthodontics
2. Digital orthodontics

Topic: Modified 2X4 appliance in ortho treatment (李亮賢醫師)

## Module 11 - 9/19

1. Aligner design
2. Comprehensive aligner treatment
3. Aligner & its challenges

Topic: Pre-aligner treatment (林詩詠醫師)

▲ Special lecture: 1:30-2:30 pm

時間：週四全天 (9 am - 5 pm)

地點：金牛頓藝術科技 (新竹市建中一路 25 號 2 樓)

費用含課程視訊\*、iPad、課程電子書與材料。

\*贈送之課程視訊提供兩年時間串流觀看。

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# NEW DESIGN Stainless Steel Mirror 2.0

全新不鏽鋼口鏡曲線設計更舒適亦方便握持，一支即可拍攝全口照片，提供照相最廣可視範圍。

專利設計

咬合面拍攝



鏡面改良

側面拍攝



成像清晰

加倍舒適

無鍍膜的**不鏽鋼拋光鏡面**，可增加影像清晰度、色澤穩定度。**多道修邊工序**，可適應不同大小的口腔環境，增加患者口腔舒適感。

圓滑邊角

新品上市特惠價，詳情請洽金牛頓



這個鏡子最厲害的是頰側鏡的長度，拍頰側面不會因為鏡面長度不夠，切到前牙的影像（坊間其他這種一邊頰側鏡一邊咬合鏡的拍照鏡大多都有這個問題）。



桃園 宗醫師



它牌口鏡



不鏽鋼口鏡2.0



# Dr. Marius Steigmann Hands-On Courses in Taiwan

## Module 1

2024 MAY.31(Fri) - JUN.02(Sun)

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## Module 2

2024 JUN.05(Wed) - JUN.07(Fri)

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## Module 3 + Module 4

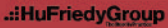
2024 NOV.01(Fri) - NOV.03(Sun)



Organized and Curated by

 YONG CHIEH

Together with

 HuFriedyGroup

 STEIGMANN

ARCLINE  
THE  
MASTER  
SERIES



# Non-Extraction Treatment and Correction of Generalized Interdental Spacing and Protrusive Anterior Teeth in an Adolescent

## Abstract

**Introduction:** A 10-year-11-month-old female was brought by her mother to seek orthodontic consultation, with a chief complaint of a protrusive lower lip.

**Diagnosis:** Cephalometric analysis revealed a skeletal Class I relationship (SNA, 83°; SNB, 81°, ANB, 2°), protrusive lower lip, as well as proclined upper and lower incisors. An intraoral assessment revealed mild Class II canine relation on the right side. There were slight generalized spaces in the upper and lower dentition. The Discrepancy Index (DI) was 10.

**Treatment:** The treatment plan was a non-extraction treatment using Damon® brackets anchored with infrazygomatic crest (IZC) bone screws bilaterally to retract the upper and lower dentitions. The active treatment time was 23 months.

**Results:** Improved dentofacial esthetics and a better occlusal function were achieved after treatment. The Cast-Radiograph Evaluation (CRE) was 13, and Pink and White esthetics score was 9. The patient was well satisfied with the final outcome.

**Conclusions:** IZC bone screw serve as an excellent anchorage in the treatment which molar protraction is undesirable. (*J Digital Orthod* 2024;74:18-30)

**Key words:**

lower lip protrusion, generalized spacing, IZC screws, anchorage

## Introduction

This 10-year-old girl was brought to the clinic seeking a solution to fix her profile problem, the flared upper and lower incisors, and protrusive lower lip (Fig. 1).

- Smile: *acceptable*
- Symmetry: *WNL*

## Diagnosis

### Facial

- Lower lip protrusive to E-line (Fig. 1)
- Facial convexity: *profile* ( $G-Sn-Pg'=10^\circ$ ) was within normal limits (*WNL*)

### Skeletal

- Intermaxillary relationship: *Skeletal Class I relationship* (SNA, 83°; SNB, 81°; ANB 2°) (Fig. 2; Table 1)
- Mandibular Plane: *WNL*
- Symmetry: *WNL*

Ping-Hsuan Yeh,  
Training Resident, Beethoven Orthodontic Center (Left)  
Chris H. Chang,  
Founder, Beethoven Orthodontic Center  
Publisher, Journal of Digital Orthodontics (Center)  
W. Eugene Roberts,  
Editor-in-Chief, Journal of Digital Orthodontics (Right)



■ Fig. 1: Pre-treatment facial and intra-oral photographs

Dental

- Classification: Class I molar relationship bilaterally, Canine relationship mild Class II on the right and Class I on the left (Fig. 1)
- Overbite: 2 mm
- Overjet: 3 mm
- Missing: none



■ **Fig. 2:** Pre-treatment cephalometric radiograph



■ **Fig. 3:** Pre-treatment panoramic film

- Spacing: 8 mm in the maxillary arch from bicuspid to bicuspid, and 8 mm in the mandibular arch from bicuspid to bicuspid.

The ABO Discrepancy Index (DI)<sup>1,2</sup> was 13 as shown in Worksheet 1 at the end of this report.

### Treatment Objectives

The treatment objectives were to:

CEPHALOMETRIC SUMMARY			
	PRE-TX	POST-TX	DIFF.
<b>SKELETAL ANALYSIS</b>			
SNA° (82° ±4)	83°	84°	1°
SNB° (80° ±4)	81°	81°	0°
ANB° (2° ±4)	2°	3°	1°
SN-MP° (32° ±6)	28°	27°	1°
FMA° (25° ±6)	23°	22°	1°
<b>DENTAL ANALYSIS</b>			
U1 TO NA mm (4mm ±3)	9	2	7
U1 TO SN° (104° ±4)	121°	104°	17°
L1 TO NB mm (4mm ±3)	8	5	3
L1 TO MP° (90° ±4)	103°	94°	9°
<b>FACIAL ANALYSIS</b>			
E-LINE UL (-1mm ±2)	0	-2	2
E-LINE LL (0mm ±2)	2	-2	4
%FH: Na-ANS-Gn (53% ±3)	53%	55%	2%
Convexity:G-Sn-Pg' (13°)	6°	10°	4°

■ **Table 1:** Cephalometric Summary

1. Correct the flared upper incisors and lower incisors.
2. Close space between bilateral bicuspid.
3. Coincide the upper and lower dental midlines to the facial midline.

#### Maxilla (all three planes):

- A-P: *Maintain.*

- Vertical: *Maintain.*
- Transverse: *Maintain.*

#### **Mandible** (all three planes):

- A-P: *Maintain.*
- Vertical: *Maintain.*
- Transverse: *Maintain.*

#### **Maxillary Dentition:**

- A-P: *Retract incisors, and maintain molars.*
- Vertical: *Intrude incisors.*
- Transverse: *Maintain.*

#### **Mandibular Dentition:**

- A-P: *Retract the incisors.*
- Vertical: *Maintain.*
- Transverse: *Maintain.*

#### **Facial Esthetics:**

- Improve lower lip position, and reduce dentoalveolar protrusion.

### **Treatment Alternatives**

To correct the protrusiveness of the dentition and the lower lip, retracting the anteriors in both arches was necessary. Possible treatment options are listed below.

Option A: Retraction by extracting both upper and lower first premolars.

Option B: Non-extraction treatment with the use of OrthoBoneScrew® (OBS) (2x12-mm, iNewton dental Inc., Hsinchu, Taiwan) on the buccal surface of each upper first molar as anchorage and retract both arches.

The patient and her family were informed about the pros and cons of each approach, and Option B was selected.

### **Treatment Progress**

A set of 0.022" slot Damon Q low torque brackets (U1, +2°; U2, -5°; U3, -9°) were selected and bonded on the maxillary and mandibular permanent teeth. The initial archwires were 0.014 CuNiTi. The patient was instructed to practice "lip seal exercise" to help correct the flaring of the anterior teeth.

During the 6<sup>th</sup> month of treatment, two bite turbos were bonded on the palatal side of both upper central incisors (Fig. 4). Spaces were redistributed to locate between canines and first premolars in both arches using power chain and figure-eight ligation. Class II elastics (Parrot 5/16-in, 2 oz, Ormco,



■ **Fig. 4:**

*In the 6<sup>th</sup> month, palatal bite turbos were bonded on the maxillary central incisors.*



■ **Fig.5** : Intraoral photographs taken in the 12<sup>th</sup> month

Glendora,CA) were used to correct the A-P discrepancy. The sequence for the upper and lower archwires were 0.014-in CuNiTi, 0.014x0.025-in CuNiTi, 0.017x0.025-in TMA, and 0.016x0.025-in SS.

In the 10<sup>th</sup> month of treatment, two OBSs (2x12-mm) were installed buccal to the upper first molars in the infrazygomatic crest (IZC) bilaterally (Fig. 5). Upper arch retraction was initiated by a chain of elastic from both maxillary OBSs to the corresponding lower canine; while lower arch retraction was initiated by elastics (Monkey, 3/8", 3.5 oz, Ormco, Glendora,CA) from the OBS miniscrews to the lower canines.

After 8 months of retraction, the spaces were nearly closed (Fig. 6). However, as the lower dental midline was shifted to the left about 1 mm, the patient was instructed to wear only one elastic on the right side to correct the discrepancy.

After 21 months of treatment, Class I canine and molar relationships were achieved bilaterally, and the upper and lower dental midlines were coincided. After another two months for stabilizing, all brackets were debonded, and retainers were provided for retention (Fig. 7).

## Results achieved

### Maxilla (all three planes):

- A-P: *Maintained*
- Vertical: *Maintained*
- Transverse: *Maintained*

### Mandible (all three planes):

- A-P: *Maintained*
- Vertical: *Maintained*
- Transverse: *Maintained*

### Maxillary Dentition:

- A-P: *Retracted*
- Vertical: *Maintained*
- Transverse: *slightly increased*

### Mandibular Dentition:

- A-P: *Retracted*





■ **Fig. 6:** In the 18<sup>th</sup> month, spaces were closed. Lower midline shifted to the left about 1 mm.

- Vertical: *Maintained*
- Transverse: *slightly increased*

#### Facial Esthetics:

- Both upper and lower lips were retracted to improve facial balance.
- Marked improvement in overall facial esthetics

#### Retention

Fixed lingual retainers were bonded on the mandibular anteriors. The patient was instructed to wear the upper and lower clear overlay retainers full time for the first 3 months and nights only thereafter. Home care and retainer maintenance instructions were provided.

#### Final Evaluation of Treatment

Superimposition of the cephalometric tracings before and after treatment reveals excellent anchorage provided by the OBS miniscrews. The upper and lower molars had little protraction during the retraction of both arches (Fig. 10). The inclination of upper and lower incisors had improved by 17° and 9° respectively (Fig. 8; Table 1). Overjet and overbite were ideal. The protrusive lips were reduced, improving facial convexity. The patient and her mother were both very satisfied with the outcome. The final Cast-Radiograph Evaluation (CRE) score was 13 points. The major discrepancies are alignment/rotations (1 point), buccal/lingual inclination (3 points), occlusal contacts (3 points), and occlusal relationship (6 points).



■ **Fig.7** : Posttreatment intra-oral photographs immediately after all appliances were removed

## Discussion

### 1. Spacing

Interproximal spacing is an arch length discrepancy characterized by interdental spaces and lack of contact points between teeth. When spacing involves both anterior and posterior teeth it is generalized while localized spacing usually involves only two or four teeth. The causes of generalized

spacing may be inherited, developmental, or even functional, whereas localized spacing is usually associated with local factors, such as missing, supernumerary or small teeth, sucking habits, over-retained primary teeth, periodontal disease and/or hypertrophic upper lip frenum. Furthermore, a dentition with generalized spaces may be considered a normal occlusion with a prevalence of about 50% in a reported sample.<sup>3</sup> According to the present patient, who had generalized spacing, she



■ **Fig. 8 :** Posttreatment cephalometric radiograph



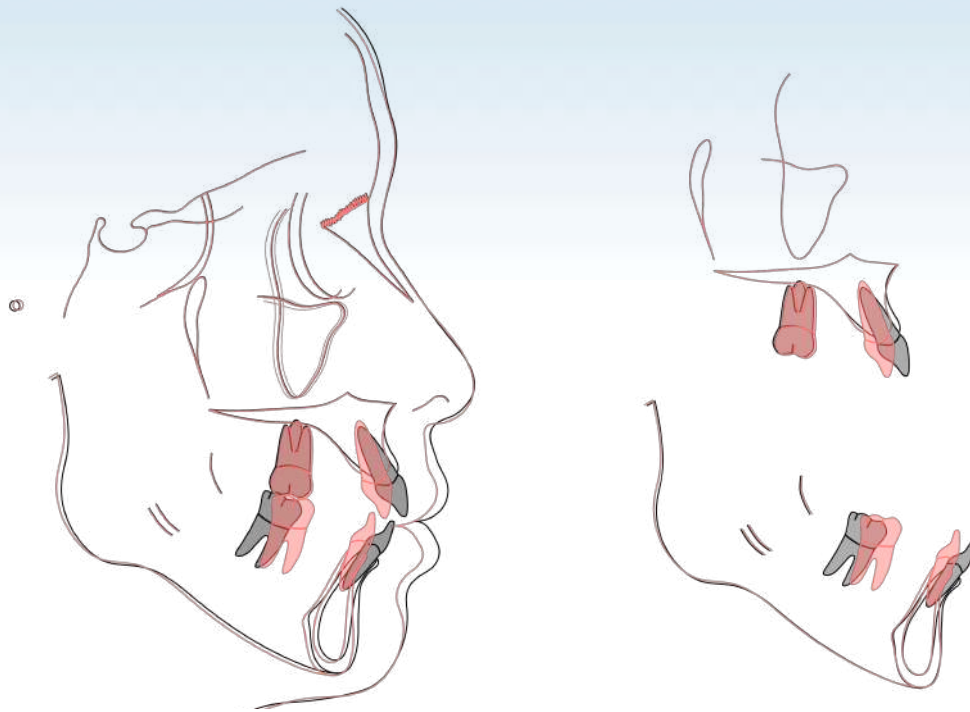
■ **Fig. 9 :** Posttreatment panoramic radiograph

had none of the contributing habits nor other factors described above. Therefore, in this case, her dentition with spaces and malocclusion was considered normal. Orthodontic treatment is suitable for space closure in the permanent dentition period. As for retention, the safest way to ensure satisfactory arch alignment and to prevent

relapse is to use fixed or removable retainer for a long time, most likely for life.<sup>4</sup>

## 2. IZC screws for anchorage and retraction

To improve dental-facial profile of a Class I occlusion with protrusion using conservative method has been challenging to orthodontists. The strategy here is to retract the anteriors without protracting the molars. Hence, anchorage control is the key. The introduction of skeletal anchorage in orthodontics using a fixture (temporary skeletal anchorage devices (TSADs) that is installed in the bone may serve as an absolute anchorage and has extended the possibilities of orthodontic tooth movement.<sup>5</sup> It has been demonstrated that skeletal anchorage can be a substitution for extraoral anchorage with headgear, and its greatest strength is incisor retraction as a non-compliant alternative.<sup>6</sup> Furthermore, placing TSADs extra-alveolarly, for instance, in the infrazygomatic crest (IZC) may facilitate maxillary retraction without interfering with tooth movement.<sup>7</sup> The TSADs used in this case are 2 OrthoBoneScrews® (OBS, 2.0x12-mm, iNewton Dental, Inc., Hsinchu City, Taiwan), which have a much higher survival rate compared to previous interradicular and IZC titanium alloy miniscrews (< 1.6 mm diameter) (~95 vs <80%).<sup>8</sup> Although our patient (age 10) had thinner buccal plate of cortical bone in the posterior maxillary region compared to those aged 19-27 years, the prevalence of sinus perforation is directly related to sinus volume. Additionally, the success rate for IZC TSADs in adults is not compromised by sinus perforation whereas the bone quality compensates for the decreased quantity at the TSAD interface.<sup>8</sup> In this case, power



■ **Fig.10 :**

*Superimposed pretreatment (black) and posttreatment (red) cephalometric tracings show that the occlusion was finished at Class I and both maxillary and mandibular incisors were retracted. Little to no movement of upper molars was noted.*

chains were applied from TSADs to upper canines, and elastics were applied from TSADs to lower canines to retract upper and lower anteriors (Fig. 6). As a result, cephalometric superimpositions reveal absolute anchorage provided by OBS miniscrews, and the incisors in both arches were retracted. The upper molars had little to no protraction during the retraction of both arches.

### 3. Lip seal exercise

Lip incompetence may have negative impacts such as articulation defects, periodontal issues, and development of different malocclusion types, for example, open bite or maxillary protrusion. Lip competence plays an important role in craniofacial complex growth and development. Hence, there are

many different lip training methods or apparatuses aiming to establish normal function and health in orofacial musculature, as well as to facilitate the development and growth of the normal occlusion.<sup>9</sup> In this case, lip seal exercises were introduced to help control maxillary incisor flaring. The belief that exercise of the muscle involved in lip closure could help establish muscular balance, and also indicates that the closing force of the upper lip has great influence on maxillary incisor angulation.<sup>10</sup>

### Conclusions

Dentists treat patient with protrusive profile or large overjet on a daily basis. For the present case, anterior-posterior correction without bicuspid

extraction is challenging. Without extraction, absolute anchorage must be applied. With the help of OrthoBoneScrew®, anchorage control is simpler and the mechanics are straightforward.

## References

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# Discrepancy Index Worksheet

**TOTAL D.I. SCORE** 13

**OVERJET**

- 0 mm. (edge-to-edge) =
- 1 - 3 mm. = 0 pts.
- 3.1 - 5 mm. = 2 pts.
- 5.1 - 7 mm. = 3 pts.
- 7.1 - 9 mm. = 4 pts.
- > 9 mm. = 5 pts.

Negative OJ (x-bite) 1 pt. per mm. Per tooth =

Total = 0

**OVERBITE**

- 0 - 3 mm. = 0 pts.
- 3.1 - 5 mm. = 2 pts.
- 5.1 - 7 mm. = 3 pts.
- Impinging (100%) = 5 pts.

Total = 0

**ANTERIOR OPEN BITE**

0 mm. (Edge-to-edge), 1 pt. per tooth  
Then 1 pt. per additional full mm. Per tooth

Total = 0

**LATERAL OPEN BITE**

2 pts. per mm. Per tooth

Total = 0

**CROWDING** (only one arch)

- 1 - 3 mm. = 1 pt.
- 3.1 - 5 mm. = 2 pts.
- 5.1 - 7 mm. = 4 pts.
- > 7 mm. = 7 pts.

Total = 0

**OCCLUSION**

- Class I to end on = 0 pts.
- End on Class II or III = 2 pts. per side \_\_\_\_\_ pts.
- Full Class II or III = 4 pts. per side \_\_\_\_\_ pts.
- Beyond Class II or III = 1 pt. per mm. \_\_\_\_\_ pts.  
additional

Total = 0

**LINGUAL POSTERIOR X-BITE**

1 pt. per tooth Total = 0

**BUCCAL POSTERIOR X-BITE**

2 pts. Per tooth Total = 0

**CEPHALOMETRICS** (See Instructions)

ANB  $\geq 6^\circ$  or  $\leq -2^\circ$  = 4 pts.

Each degree  $< -2^\circ$  \_\_\_\_\_ x 1 pt. = \_\_\_\_\_

Each degree  $> 6^\circ$  \_\_\_\_\_ x 1 pt. = \_\_\_\_\_

SN-MP

$\geq 38^\circ$  = 2 pts.

Each degree  $> 38^\circ$  \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

$\leq 26^\circ$  = 1 pt.

Each degree  $< 26^\circ$  \_\_\_\_\_ x 1 pt. = \_\_\_\_\_

1 to MP  $\geq 99^\circ$  = 1 pt.

Each degree  $> 99^\circ$  4 x 1 pt. = 4

Total = 5

**OTHER** (See Instructions)

Supernumerary teeth \_\_\_\_\_ x 1 pt. = \_\_\_\_\_

Ankylosis of perm. Teeth \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

Anomalous morphology \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

Impaction (except 3<sup>rd</sup> molars) \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

Midline discrepancy ( $\geq 3\text{mm}$ ) @ 2 pts. = 2

Missing teeth (except 3<sup>rd</sup> molars) \_\_\_\_\_ x 1 pt. = \_\_\_\_\_

Missing teeth, congenital \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

Spacing (4 or more, per arch) 2 x 2 pts. = 4

Spacing (Mx cent. diastema  $\geq 2\text{mm}$ ) @ 2 pts. = 2

Tooth transposition \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

Skeletal asymmetry (nonsurgical tx) @ 3 pts. = \_\_\_\_\_

Addl. treatment complexities \_\_\_\_\_ x 2 pts. = \_\_\_\_\_

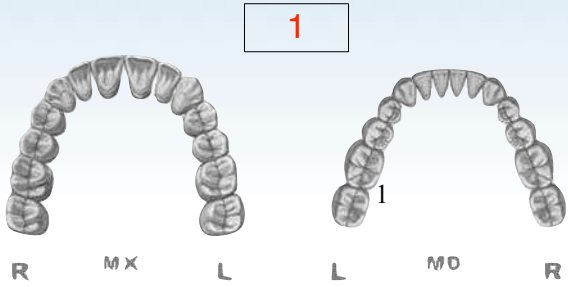
Identify:

Total = 8

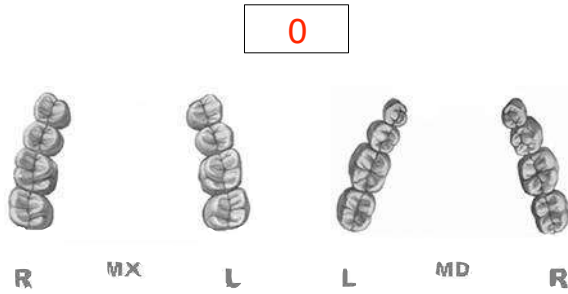
# Cast-Radiograph Evaluation

Total Score: 13

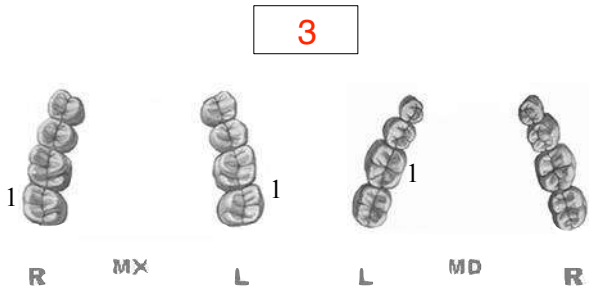
## Alignment/Rotations



## Marginal Ridges



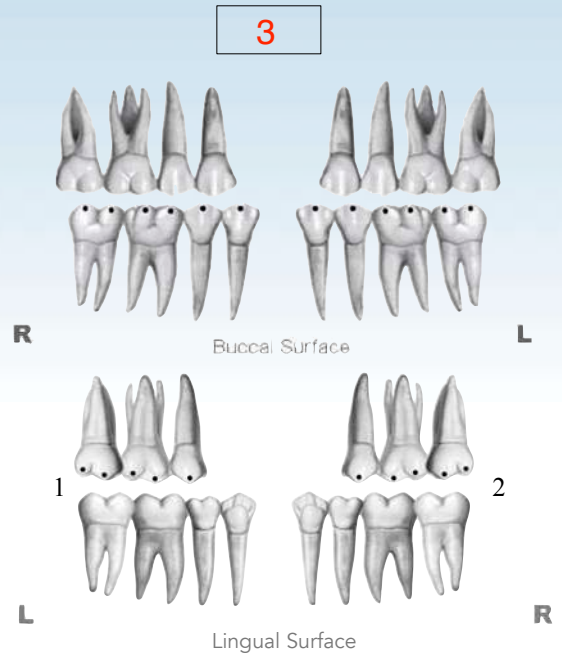
## Buccolingual Inclination



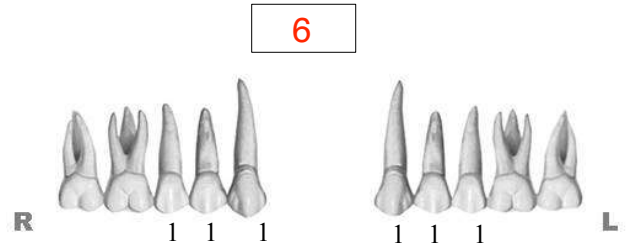
## Overjet



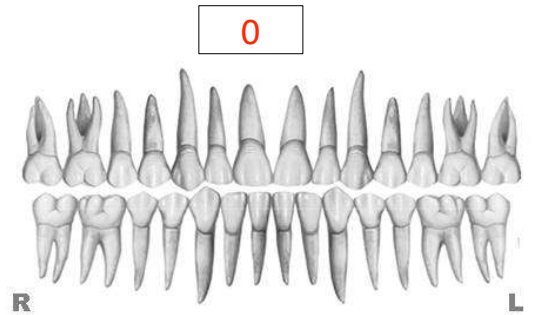
## Occlusal Contacts



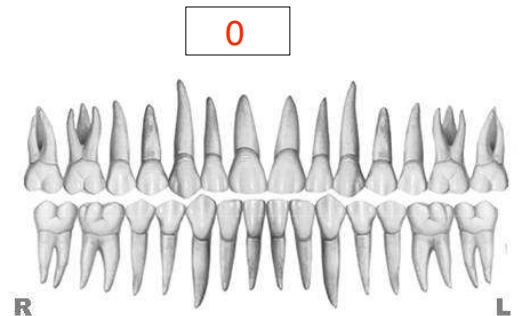
## Occlusal Relationships



## Interproximal Contacts



## Root Angulation

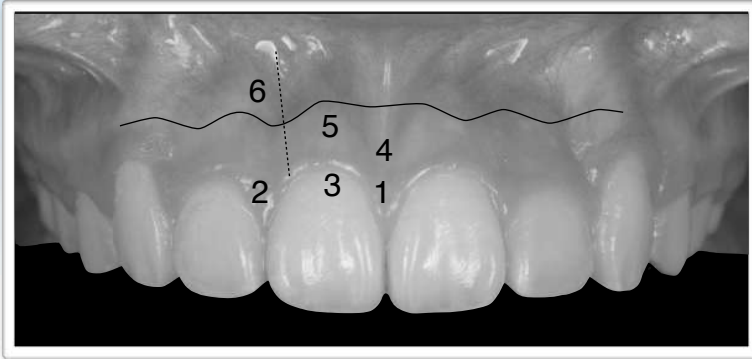


**INSTRUCTIONS:** Place score beside each deficient tooth and enter total score for each parameter in the white box. Mark extracted teeth with "X". Second molars should be in occlusion.

# IBOI Pink & White Esthetic Score

Total Score = 9

## 1. Pink Esthetic Score

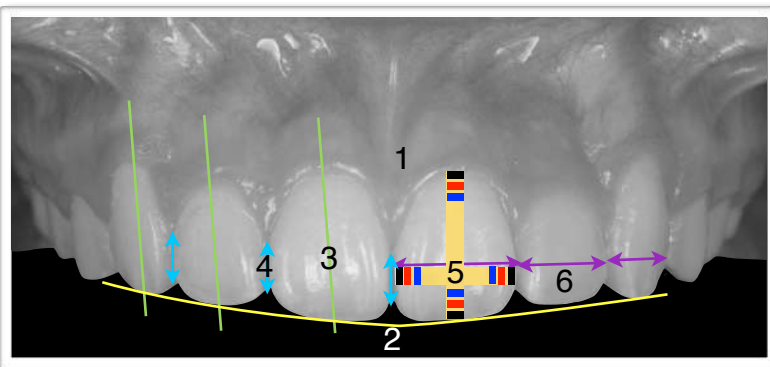


1. M & D Papillae	0	1	2
2. Keratinized Gingiva	0	1	2
3. Curvature of Gingival Margin	0	1	2
4. Level of Gingival Margin	0	1	2
5. Root Convexity ( Torque )	0	1	2
6. Scar Formation	0	1	2

Total = 7

1. M & D Papillae	0	1	2
2. Keratinized Gingiva	0	1	2
3. Curvature of Gingival Margin	0	1	2
4. Level of Gingival Margin	0	1	2
5. Root Convexity ( Torque )	0	1	2
6. Scar Formation	0	1	2

## 2. White Esthetic Score (for Micro-esthetic)



1. Midline	0	1	2
2. Incisor Curve	0	1	2
3. Axial Inclination (5°, 8°, 10°)	0	1	2
4. Contact Area (50%, 40%, 30%)	0	1	2
5. Tooth Proportion	0	1	2
6. Tooth to Tooth Proportion	0	1	2

Total = 2

1. Midline	0	1	2
2. Incisor Curve	0	1	2
3. Axial Inclination (5°, 8°, 10°)	0	1	2
4. Contact Area (50%, 40%, 30%)	0	1	2
5. Tooth Proportion	0	1	2
6. Tooth to Tooth Proportion	0	1	2



# 2024-2025 第十六年度 貝多芬 矯正精修班

時間：週二上午 09:00-12:00

地點：金牛頓教育中心（新竹市建中一路 25 號 2 樓）



## 上課日期：

2024 4/16、5/21、6/18、7/9、8/13、9/10、10/22、11/5、12/10

2025 1/14、2/18

- ▶ 09:00 ~ 10:00 精選文獻分析
- ▶ 10:00 ~ 10:30 精緻完工案例
- ▶ 10:50 ~ 12:00 臨床技巧及常犯錯誤分享

全新的第十五年度 2024-25 貝多芬精修班，是由國際知名講師張慧男醫師主持，並偕同貝多芬牙醫團隊住院醫師群共同主講。

每月一次的課程之中，包含了：

1. 精選矯正權威期刊 AJODO 的文章做文獻分析與評讀。
2. 精緻完工 ABO 案例報告，其中因應數位矯正的世界趨勢，Insignia 與 Invisalign 病例為課程探討的主要內容之一。
3. 分享臨床上常犯的錯誤以及解決方法。

2024-25 貝多芬精修班內容豐富精彩，讓您經由每個月一次的課程，在面對各式的臨床案例時，更能游刃有餘、得心應手。

## 學習目的：

研讀最新趨勢文章可以窺知世界文獻公認的治療方式，而藉由評論文章的優缺點不僅能夠訓練判斷與思考能力，更可以清楚比較作法上的不同，達到完整理解治療方向、內容與穩定性的目標。



報名專線：03-5735676 #218 陳小姐



International Association for Orthodontists & Implantologists

# Join the **iAOI** the future of dentistry!

## About our association-iAOI

International Association of Orthodontists and Implantologists (iAOI) is the world's first professional association dedicated specifically for orthodontists and implantologists. The Association aims to promote the collaboration between these two specialties and encourage the combined treatment of orthodontic and implant therapy in order to provide better care for our patients.

## How to join iAOI?

Certified members of the Association are expected to complete the following three stages of requirements.

### 1. Member

Doctors can go to <http://iaoi.pro> to apply for membership to join iAOI. Registered members will have the right to purchase a workbook in preparation for the entry exam.

### 2. Board eligible

All registered members can take the entry exam. Members will have an exclusive right to purchase a copy of iAOI workbook containing preparation materials for the certification exam. The examinees are expected to answer 100 randomly selected questions out of the 400 ones from the iAOI workbook. Those who score 70 points or above can become board eligible.

### 3. Diplomate

Board eligible members are required to present three written case reports, one of which has to be deliberated verbally. Members successfully passing both written and verbal examination will then be certified as Diplomate of iAOI.

### 4. Ambassador

Diplomates will have the opportunity to be invited to present six ortho-implant combined cases in the iAOI annual meeting. Afterwards, they become Ambassador of iAOI and will be awarded with a special golden plaque as the highest level of recognition in appreciation for their special contribution.



For more information on benefits and requirements of iAOI members, please visit our official website: <http://iaoi.pro>.

# iAOI Ambassador & Diplomat

國際矯正植牙大使與院士



## Ambassadors

Dr. Kenji Ojima



Dr. 林詩詠  
Joshua Lin



44 pts

Dr. Diego  
Peydro Herrero



Dr. 陳俊宏  
Chun-Hung Chen



21 pts

Dr. 張銘珍  
Ming-Jen Chang



18 pts

Dr. 曾令怡  
Linda Tseng



16 pts

Ambassador (大使):

\* One who has published 9+ case reports in JDO.

◆ Keynote speakers for iAOI annual workshops

▲ Case report(s) published at least once in referral journals.

● Referral journals/Research paper - 3 points  
ABO case report - 2 points  
Clinical tip - 1 point

## Diplomates

Dr. 徐玉玲  
Lynn Hsu



29 pts

Dr. 李雙安  
Angle Lee



26 pts

Dr. 蘇釜璋  
Bill Su



24 pts

Dr. 葉信吟  
Hsin-Yin Yeh



20 pts

Dr. 徐重興  
Eric Hsu



20 pts

Dr. 黃育新  
Yu-Hsin Huang



18 pts

Dr. 黃祈  
Richie Huang



16 pts

Dr. 邱上珍  
Grace Chiu



13 pts

Dr. 黃瓊嬋  
Sabrina Huang



13 pts

Dr. 鄭惠文  
Joy Cheng



13 pts

Dr. 林彥君  
Lexie Lin



13 pts

Dr. 曾淑萍  
Shu-Ping Tseng



12 pts

Dr. 林曉鈴  
Sheau-Ling Lin



10 pts

Dr. 張倩瑜  
Charlene Chang



10 pts

Dr. 林佳宏  
Alex Lin



10 pts

Dr. 林森田  
Chris Lin



7 pts

Dr. 黃登楷  
Kevin Huang



6 pts

Dr. 張馨文  
Sara Chang



6 pts

Dr. 李名振  
Major Lee



6 pts

Dr. 陳惠華  
Judy Chen



6 pts

Dr. 魏明偉  
Ming-Wei Wei



6 pts

Dr. 黃荷薰  
Ashley Huang



6 pts

Dr. 李彥峰  
Yen-Feng Lee



6 pts

Dr. 張銘津  
Ariel Chang



5 pts

Dr. 彭緯綸  
Wei-Lun Peng



4 pts

Dr. 呂詩薇  
Julie Lu



4 pts