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OF AIRWAY, GNATHOLOGIC ORTHOPEDICS AND FACIAL ORTHOTROPICS

DEDICATED TO ADVANCING AIRWAY ORTHODONTICS, CROZAT/ALF ORTHOPEDICS, AND FACIAL ORTHOTROPICS

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## Early Intervention with Crozat and Reverse Pull Facemask



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Simple Early Intervention with Crozat  
and Reverse Pull Facemask to Lessen  
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*Darin Ward, DDS*

this milestone meeting as it has been a natural progression by taking the simplicity and minimal invasiveness of its predecessor, the Crozat appliance, to a subtle yet profound new level.

Furthermore, the “Collaboration Cures” theme of the annual meeting dovetails nicely with the “Team Approach” that is key to the ALF philosophy as it entails treating the whole person - yes, including the “human being attached to the teeth and jaws”!

Depending on the training and skill level of the clinician, treatment can include collaboration between the dentist, cranial osteopath, myofunctional therapist, Naturopath, nutritionist, physical therapist, chiropractor, nutritionist, breathing therapist, and others. Many of these subjects are in the “Collaboration Cures” program; see the information in this Journal on accessing them.

In a letter from Dr. Harvey Stallard, (Edward Angle trained orthodontist considered the “Author of Gnathology”) to Dr. B.B. McCollum (The “Father of Gnathology” and proponent of dentists being “Physicians of the Stomatognathic System”), Dr. Stallard described what he

## AAGO PRESIDENT’S MESSAGE

### *Collaboration Cures: The Team Makes the Dream!*

I am writing this president’s letter just days before the AAGO/AAPMD “Collaboration Cures” virtual meeting which is also the 50th anniversary meeting of the AAGO. I believe it is fitting that the AAGO’s theme of the meeting is the ALF philosophy and treatment at



*Aloha from snowy  
Houghton, MI, Our fearless  
watch-dog Guinness!*

*AAGO President’s Message continued on page 4*

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## **EDITOR'S MESSAGE**

### ***“Diagnosis and Orthodontic Records”***

*Jack L. Hockel, DDS*

Cases that were published in the book *Orthopedic Gnathology* in 1983 included full galley photos, Pont's



*Kevin Adair, DDS, MS*

## **NAAFO PRESIDENT'S MESSAGE**

### ***Good Riddance 2020!***

**W**hat a Weird year! Who else is ready for 2020 to just end already? From COVID to politics to wildfires this will have to go down as one of my strangest years on planet earth. As we continue our march towards 2021, I hope you are all doing well. Unfortunately, it appears that we will not have much physical contact this year and possibly into 2021. Social interaction is so vital for our small group.

Orthotropics is hard and being able to share and learn is part of the glue that keeps us together. Whether it is sharing the euphoria of a successful case or the tragedies of a failed result, we bond over the process. As much of our national future is still murky, the same is true for Orthotropics. There are only a select handful of us crazy enough to provide these services and being unified is a key to our legacy. I would strongly encourage all of you to search out your friends, mentors and colleagues to at least connect, especially during this time of isolation.

As remedies and solutions to COVID start to increase it will be interesting to watch how everything develops. Will we be forced to take a vaccine? Will they have nasal sprays that help reduce infections? Or will other modalities propagate? Or perhaps combinations? In the end, while pharmaceutical intervention is inevitable, I do hope most of you appreciate that the best defense starts with a strong immune system. This is comprised of good nutrition and good breathing. This is not only important for us and our families but also for our patients.

And there can be not a better platform to integrate so many of these ideas than at the upcoming AAPMD meeting. I do hope to 'see' many of you at the virtual AAPMD meeting that will be starting in the middle of November. There is an exciting line up of speakers in what is sure to be a powerful symposium. This is another opportunity for you to gain tremendous knowledge in sleep, nutrition, orthodontic options, physical therapy and much more. Sharing your knowledge and skill with your patients and community can and likely will save lives. As for me, I will have the unique situation of trying to lock myself away from my 4 year old daughter so I can concentrate on the meeting. But hey, I get to eat popcorn and wear my pajamas while attending, so win-win!

I want to wish all of you a happy and safe holidays and please feel free to reach out to me or the NAAFO and let us know how we can help you.

**W**hen Dr. Wiebrecht started teaching in 1963, he was using hand-held casts, periapical x-rays and Pont's Index for records. The color photos in his book were taken for the publication; before and after galley photos were absent. I introduced mounted casts into the curriculum at the 1979 Vail meeting and cephalometrics at the 1981 George Mason course. But records were hit or miss in the AAGO at that time.

measurements, mounted casts and cephalometrics, but no diagnostic workups or x-rays. The book gave me creds as an "expert" witness, defending many Crozat operators in court cases. As a result, I learned that good records are an excellent defense and I was exposed to the records of many orthodontic specialists. As a result, I developed the AAGO Exam form, the successor of which is presented in this issue. It is a tool that will guide you through a thorough exam and diagnosis in your case workups.

When I took over as editor in 1996, I was determined to have our case reports match or exceed other publications. The AAGO Exam Form, which is the substance of AAGO Session I, is the diagnostic tool that has been used to facilitate this, and our many excellent case reports are testimony to that. We now have the finest exam form in the profession, thanks to the efforts of Dr. Brian Hockel, the instructor of Session I. It makes case reporting as easy as ABC.



## In Memoriam - John Stepanovich, DDS

February 12, 1930 - September 8, 2020

John J. Stepanovich D.D.S. age 89, of Grand Rapids went to be with his Lord on Tuesday September 8, 2020.



John was born in Grand Rapids, MI to Lithuanian immigrant parents. In 1958, he graduated from Marquette University Dental School. He joined the Air Force his senior year and reported to Pease A.F.B in Portsmouth, New Hampshire for a three-year tour of duty. Rank of Captain USAF Dental Service. John had a quest as a lifelong learner. He attended a multitude of Continuing

Education courses throughout his career, including the Pankey Institute, AAGO as a long-time member, the NAAFO, and was instrumental in bringing John Mew to Grand Rapids; creating disciples of John Mew and Orthotropics. Always

*AAGO President's Message continued from page 2*

called "The future super dentist" when elaborating to Dr. McCollum what he had seen Dr. Bert Wiebrecht present with his Crozat cases at the 1964 Chicago Midwinter meeting.

*The clinic was being given by Albert T. Wiebrecht of Milwaukee. He had models, alveolar X-ray records, and the patients. ...*

*I looked first at his models. They were slicked up, handheld casts unrelated by any interocclusal records. I told him that I didn't like his models because they were too pretty...*

*I examined the patients. Every one of them had been finished and could close the mandible in centric relation. Every occlusion had been cleared of deflective malocclusion. The arches, upper and lower, matched so that proper occlusion had been attained...*

*I looked at the faces of the patients when they were not being watched or examined. They all could button their lips without effort. They all had had their teeth put well within the acceptable gnathic range. Their teeth were not out on the front porch to make them look like hippopotamuses, nor were any of them sky riders of broomsticks (witch-faced from loss of eight teeth). Their gnathic system was tranquil.*

In the context of the treatment goals of members of organizations such as the AAGO and NAAFO and others that teach the ALF appliance, Stallard's descriptions of what he saw at that table clinic in Chicago almost 60 years ago resonate with treatment outcomes that include parasympathetic coherence, nasal diaphragmatic breathing, and proper rest oral posture with a full complement of teeth sans extractions.

learning, always caring, and always serving. Dentistry was the conduit through which John's love of people flowed. John practiced dentistry in Grand Rapids for 53 years. He was the recipient of the WMDDS 2006 Silent Bell Award along with numerous awards and recognitions for his service to others. To love what you do and do it well was truly his gift. He was a faithful servant of the Catholic Church, a longstanding member of Serra Club International, St. Lazare's Retreat House and St. Thomas the Apostle Church.

On the fun side, John enjoyed sailing, gardening, woodcarving, golf, and was an avid angler. John and Mary also loved traveling the world, experiencing cultures and sharing memories. John's legacy and greatest joy was his family; wife Mary and 6 children. Mary, his wife of 58 years, passed away 5 years ago after a battle with cancer. He touched many lives creating smiles, instilling confidence and leading the example of serving others.

Stallard left Dr. Wiebrecht after commenting (likely tongue and cheek) "Doctor, you have violated everything the university-employed orthodontists have 'learned' in the last 30 years."(!)

Stallard continues in his description of Dr. Wiebrecht:

*Here is a general practitioner of dentistry who loves the dentition of man. He has set out to keep it in order and health. He is a general dentist, a good dentist, one who has never specialized. He makes total restorations. He does everything well. Would you not say that he is the prototype of what the future dentist should be?*

Today's "dentist of the future" not only understands the importance of properly fitting restorations and straight teeth without extractions, but also the importance of the behavioral aspects of treatment to address the overall stress in the system of the individual and allow for maximization of genetic expression and a sustainable treatment outcome!

What we do in orthodontics can be SO much more than moving teeth efficiently and effectively (form) when we focus on the other side of the form/posture & function coin! The limitation is how far down the rabbit hole of treating the whole person does the clinician want to go, and the collaborative team approach opens doors of treatment possibility that were not even on the radar of our predecessors!

The power of this is what puts organizations like the AAGO on the forefront of our profession and what makes NOW the most exciting time in dentistry and orthodontics!

U.P.Wards and Onwards!

*Darin J. Ward, DDS, MSD, FAGD, FRDC®, BAMF  
Orthodontist and Head Cheerleader of U.P.Ward  
Orthodontics in Houghton, MI!*



## CASE REPORT

### *Simple Early Intervention with Crozat and Reverse Pull Facemask to Lessen Developing Class III*

**Karl L. Hoffman, B.A., D.D.S**  
Lacey, WA,

*Dr. Hoffman graduated from the University of Washington School of Dentistry, in 1990. After 4 years in the Commissioned Corps of the USPHS, he went into private practice in 1995. He immediately started in a gnathology study club (PNGSC, Seattle, Dr. Olin Loomis, Dr. Robert Nishikawa, mentors) and an ortho study club (NOGS, Seattle, Dr. Berne Howard, Dr. Frank Marasa, mentors). After taking the first three AAGO courses, he took a 24-day straight wire course with Dr. Walt Brehm, in Encinitas, CA.*

*He is an active member of the AARD, IAG, AAGO and AOD. He is an affiliate instructor in the Dept. of Rest. Dentistry at UW, and is active in study clubs, including RV Tucker #3 gold (Dr. Richard Tucker, mentor). Dr. Hoffman practices in Lacey, WA, and focuses on general and restorative dentistry, and early intervention orthopedics. He and his wife Adilia have been married 28 years and have two children, Walther and Kathalina.*

#### HISTORY

**Chief complaint:** Mom said she is worried about his “underbite”. Patient is a healthy 5.6-year-old, good oral hygiene, does well in school, no history of decay, no other problems.

#### ETIOLOGY

No known airway problems or habits. Closed mouth, teeth together swallowing pattern. Neither parent class III.

#### DIAGNOSIS

Class III, small hit and slide (less than 1 mm) but full crossbite in the anterior and on the left side.

Skeletal cross-bite. (Fig. 1)

**Other findings:** Healthy/normal. A ceph is nice but I rarely take or use them.

#### GOALS OF TREATMENT

Minimize the effects of the current crossbite contributing to the skeletal system worsening as he grows by correcting the crossbite.

#### APPLIANCES AND TREATMENT PLAN

Crozat appliance to develop us upper arch and a reverse pull facemask which pulled on hooks on the Crozat to move the maxilla forward. Started with a lighter force on the hooks, 5/16 3.5 oz then moved up to a heavier force ¼ 6 oz.

#### PROGRESS OF TREATMENT

Treatment took 6 months of him wearing it from the time his mom picked him up from school until she dropped him off again in the morning, same hours on the weekends. He wore it 16 to 17 hours per day and I believe he was very compliant. (Fig.2)

#### RESULTS ACHIEVED

After we achieved acceptable arch development and he was no longer in class III, the patient wore the appliance at night for 6 months and the Crozat for another year. An arm was added to the Crozat to move the upper first molars out of cross-bite. (Fig. 3) When he was age 12, we did a free gingival graft in the lower anterior region.

#### RETENTION

No other retention was used.

#### FINAL EVALUATION

I explained to his mother that with class III on males, they can continue to grow into their 20's and we may just be lessening the severity of the case before he ultimately develops into a surgical case. I think so far, we have really lucked out. He is a 17.7-year-old 4.0 student athlete entering his senior year in high school. His profile looks good and his occlusion appears stable. He has been out of retention since he lost his e's. (Fig. 4).



*Figure 1 - Pre-tx 5.6 years*



*Figure 2 - 6.2 years initial arch development*





*Figure 3 - Lingual springs added to the upper first molars*



*Figure 4 - 17.7 yrs*

## The 2020 AAGO Exam Form

Dr. Brian Hockel

The AAGO Exam Form is taught in detail in the hands-on AAGO Session I educational course. It has been taught continuously in the AAGO since 1983. The Form was adapted from the AAGO-accredited course taught by Jack Hockel and Jim McInaney as “GOOD Seminars” (Gnathologic Orthopedics and Orthodontics in Dentistry). As the understanding of the relationship of orthopedics and orthodontics to airway health has developed, a greater emphasis on the diagnostics and treatment of airway considerations has found its way into the AAGO curriculum. Darin Ward and Brian Hockel began this process more formally in 2011 with a re-working of the presentations used in Sessions I (Exam, Diagnostics & Records), II (Intro to Crozats) and V (Fixed Appliances). The AAGO Exam Form itself has also undergone revisions to reflect the emphasis. As the Academy of Airway and Gnathologic Orthopedics, the inclusion of a broader myofunctional and airway examination is especially appropriate.

The current version of the AAGO Exam Form is available to AAGO members on the AAGO website, under “Forms and Resources.” Follow the link to “Download the 2020 AAGO Exam Form Here.” For convenience, you may use the following QR code as well. You will need your login information for the AAGO website in order to access the form, as it is only available as a member benefit.



### CLINICAL EXAM

Use pages 1-3 for your clinical exam. This includes:

1. Facial and Esthetic Exam (can also mostly be done from photographic survey)
2. Muscle Exam
3. Dental and Intraoral Exam
4. Myofunctional Exam
5. Airway Exam

This can take between 5 and 20 minutes, depending on the complexity of the case, after getting used to the sequence. To view an actual exam being done in real time, follow the link on the page above, where you can download the form, or go straight to the video using this QR code:



### RADIOGRAPHIC EXAM

The examination of 2D radiographs such as a full-mouth x-ray series, a panoramic image, or a 2D ceph can be documented on page 4 of the 2020 AAGO Exam Form, as

well as the findings from a CBCT scan. This part of the exam can be done without the patient present.

### GNATHOLOGIC EXAM

For cases diagnosed using casts mounted in centric relation, use page 5 to quantify symmetry and occlusal findings from these casts. This is also generally done without the patient present.

### ASSESSMENT AND PLAN

The Assessment part of the last page is a place to summarize the important findings from the comprehensive exam. Most of it has already been filled in in the previous summary sections.

The Plan part of the last page is to document planned Treatment Objectives, Probable Appliances, Treatment Plan Sequence, and any Comments specific to the case.

### DOLPHIN SOFTWARE

The Dolphin orthodontic management software is great for orthodontic specialty offices, but Dolphin also now sells a stand-alone “Treatment Card” software module which can be customized to document orthodontic treatment in the context of a general practice. (No, I have no interest in promoting Dolphin products.) Our office schedules, posts, and bills for treatment on Dentrix practice management software, for example, but we document the details of the orthodontic visits in the customizable Dolphin Treatment Card. A page can be set up, for example, to allow documentation of Pont’s Index and the Crozat appliance adjustments. (Fig. 1) The Treatment Card can be integrated with Dolphin Imaging for convenient viewing of all your patient images during an appointment, and it can be integrated with a feature called the Super Questionnaire.

The AAGO Comprehensive Exam has been formatted in the Super Questionnaire to make documentation of the exam findings possible on the computer. The data can then be used to write reports to patients (Fig. 2) or other offices, as well as to allow easy access to exam findings during appointments using the Treatment Card.

Of course, the paper forms can be used to document during the exams, and then scanned into the patient record for digital access. We recommend printing pages 1-4 on double-sided 11” x 17” paper to open like a folded leaflet. Pages 5 and 6 can be printed as individual pages to be used as necessary, Page 5 with mounted cases, and Page 6 (Assessment and Plan) with all cases.

Please feel free to email [brian@hockel.com](mailto:brian@hockel.com) if you have any questions about the use of the 2020 AAGO Exam Form.

*Dr. Hockel is an AAGO instructor for Session I – The Orthodontic Exam, Diagnosis and Documentation*




	Date	E	U Rests In	U Rests Out	U Rests New	U Arms In	U Arms Out	U Arms New	L Rests In	L Rests Out	L Rests New	L Arms In	L Arms Out	L Arms New	Ponts	M	W	B	P
Ortho	08/29/18	V		43.3			27.7			40			21.5						
	09/27/18	V																	
	11/28/18	V																	
Crostate	12/20/18	V	43	43.5		28	28.5		39	40		21	22						
	01/21/19	V	44	44		28	29		39	40		21.5	22						
ALL	08/08/19	V	43			27													
	10/23/19	V	46			29.5			41		44	22		22					

Figure 1 - An example of documentation for Pont's Index

October 7, 2020

Jane Doe  
2651 Oak Grove Road  
Lafayette, CA 94598 |



Dear Jane:

Welcome to our office! This letter is a review of the diagnosis and treatment plan we discussed during your recent orthodontic consultation.

We understand your chief concern to be:

Pain, sleep or airway concerns: TMJ shifting teeth and lots of TMD pain.

**Diagnoses and Summary**

**Growth Direction**  
The Cosmetic Line (Mew Indicator Line) is 42mm. In this case, the "normal" would be 36-38mm. This is a measurement of vertical growth. Adult females are normally 36-38mm. The larger the number, the more the downward and backward is, or has been, the growth of the upper jaw.

**Oral Posture**

- Rest oral posture is: the tongue may be posturing between the teeth at times
- Rest oral posture is the main cause of adverse (vertical) facial growth and dental malocclusion.

**Dental and Skeletal**

- Adult (Non-Growing) Dentition
- Skeletal classification: Skeletal Class I
- Dental classification:
  - Molars Class II Tendency
  - Subdivision Right
  - Canines Class III

Figure 2 - Report Sample using Dolphin Letters and Super Questionnaire

## AAGO COMPREHENSIVE EXAM - 2020

Page 1

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

## CHIEF CONCERN(S)

Ortho Concerns	_____
Pain, Sleep or Airway Concerns	_____
Cosmetic, Restorative or Other Concerns	_____

 Cosmetic (Indicator) Line \_\_\_\_\_ Norm \_\_\_\_\_  
 Inter-Molar Width \_\_\_\_\_ (6-6 L. Ging. Margin - Ideal 42-44mm)

020

## FACIAL AND ESTHETIC EVALUATION

<b>Development</b> 1 <input type="checkbox"/> Symmetric 2 <input type="checkbox"/> Asymmetric:  <b>Cephalic Index</b> 3 <input type="checkbox"/> Meso 4 <input type="checkbox"/> Brachy 5 <input type="checkbox"/> Dolicho	<b>Face Height</b> 6 <input type="checkbox"/> WNL Short 7 <input type="checkbox"/> U 8 <input type="checkbox"/> L Long 9 <input type="checkbox"/> U 10 <input type="checkbox"/> L  <b>Lip Length</b> 11 <input type="checkbox"/> WNL <b>Upper</b> 12 <input type="checkbox"/> Short 13 <input type="checkbox"/> Long <b>Lower</b> 14 <input type="checkbox"/> Short 15 <input type="checkbox"/> Long	<b>Face From Front</b> <b>Eyes-Pupils Level</b> 16 <input type="checkbox"/> WNL Right 17 <input type="checkbox"/> High 18 <input type="checkbox"/> Low Left 19 <input type="checkbox"/> High 20 <input type="checkbox"/> Low <b>Canthous Levels</b> 21 <input type="checkbox"/> WNL Inner: R L Outer: R L High 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> Low 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/>	<b>Eyes</b> 30 <input type="checkbox"/> WNL Allergic shiners 31 <input type="checkbox"/> Long eyelashes 32 <input type="checkbox"/> Sclera showing 33 <input type="checkbox"/> R 34 <input type="checkbox"/> L Ptosis 35 <input type="checkbox"/> R 36 <input type="checkbox"/> L <b>Cheeks</b> 37 <input type="checkbox"/> WNL Enlarged buccinators 38 <input type="checkbox"/>
<b>Smile From Front</b> <b>Gingival Display</b> 39 <input type="checkbox"/> WNL 40 <input type="checkbox"/> Deficient 41 <input type="checkbox"/> Excessive _____mm  <b>Buccal Corridor</b> 42 <input type="checkbox"/> WNL 43 <input type="checkbox"/> Deficient  <b>Smile Line</b> 44 <input type="checkbox"/> WNL 45 <input type="checkbox"/> Flat 46 <input type="checkbox"/> Reverse	<b>Occ. Plane to Eyes</b> 47 <input type="checkbox"/> WNL 48 <input type="checkbox"/> Rt High 49 <input type="checkbox"/> Left High  <b>Upper Midline</b> 50 <input type="checkbox"/> WNL 51 <input type="checkbox"/> Right _____mm 52 <input type="checkbox"/> Left _____mm 53 <input type="checkbox"/> CW 54 <input type="checkbox"/> CCW	<b>Profile</b> <b>Head Posture</b> 55 <input type="checkbox"/> WNL 56 <input type="checkbox"/> Left Tilt 57 <input type="checkbox"/> Right Tilt 58 <input type="checkbox"/> Rotated 59 <input type="checkbox"/> Forward 60 <input type="checkbox"/> Backward <b>Neck</b> 61 <input type="checkbox"/> WNL 62 <input type="checkbox"/> Curved <b>Cheek Line</b> 63 <input type="checkbox"/> Parallel to nose 64 <input type="checkbox"/> Mild-Mod Flat 65 <input type="checkbox"/> Very Flat	<b>Forehead</b> 66 <input type="checkbox"/> WNL 67 <input type="checkbox"/> Sloped <b>Facial Contour Angle</b> (Gb'-Sn-Pg') 68 <input type="checkbox"/> WNL (-11deg ±4) 69 <input type="checkbox"/> Convex (>15deg) 70 <input type="checkbox"/> Flat (<7deg) <b>Naso-Labial Angle</b> 71 <input type="checkbox"/> WNL 72 <input type="checkbox"/> Obtuse 73 <input type="checkbox"/> Acute <b>Lip Outline</b> 74 <input type="checkbox"/> WNL Retrusive 75 <input type="checkbox"/> U 76 <input type="checkbox"/> L Protrusive 77 <input type="checkbox"/> U 78 <input type="checkbox"/> L


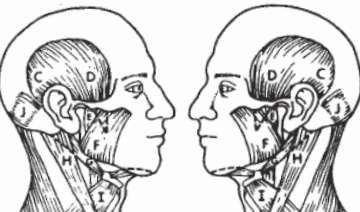

## SUMMARY

<b>Face Profile:</b>	79 <input type="checkbox"/> WNL	80 <input type="checkbox"/> Concave	81 <input type="checkbox"/> Convex	82 <input type="checkbox"/> Straight
<b>Face Growth:</b>	Excessive Vertical (Downward) Growth		83 <input type="checkbox"/> Maxillary	84 <input type="checkbox"/> Mandibular
	Insufficient Horizontal (Forward) Growth		85 <input type="checkbox"/> Maxillary	86 <input type="checkbox"/> Mandibular
<b>Skeletal:</b>	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Tendency <input type="checkbox"/> Open Bite <input type="checkbox"/> Deep Bite <input type="checkbox"/>

## 021 EXTRAORAL AND INTRAORAL MUSCLE EXAMINATION

Right	Left	Extraoral
mild mod severe	mild mod severe	
<input type="checkbox"/>	<input type="checkbox"/>	Anterior Temporalis(D)
<input type="checkbox"/>	<input type="checkbox"/>	Posterior Temporalis (C)
<input type="checkbox"/>	<input type="checkbox"/>	Superficial Masseter (F)
<input type="checkbox"/>	<input type="checkbox"/>	Deep Masseter (E)
<input type="checkbox"/>	<input type="checkbox"/>	Medial Pterygoid (B)
<input type="checkbox"/>	<input type="checkbox"/>	Occipital Area (J)
<input type="checkbox"/>	<input type="checkbox"/>	Sternomastoid (H)
<input type="checkbox"/>	<input type="checkbox"/>	Cervical (ant)
<input type="checkbox"/>	<input type="checkbox"/>	Cervical (post)
<input type="checkbox"/>	<input type="checkbox"/>	Hyoid Area (I)
<input type="checkbox"/>	<input type="checkbox"/>	Digastric (G)
<input type="checkbox"/>	<input type="checkbox"/>	Trapezius (neck) (K)
<input type="checkbox"/>	<input type="checkbox"/>	Trapezius (shoulder)

1 ☐ Muscles Negative  
2 ☐ Muscles Positive

Right	Left	Intraoral
mild mod severe	mild mod severe	
<input type="checkbox"/>	<input type="checkbox"/>	Lateral Pterygoid (A)
<input type="checkbox"/>	<input type="checkbox"/>	Temporalis Tendon Insertion

BJH 20201114

**022**  
**TMJ EXAMINATION**

**Palpation** 1 ☐ WNL  
Tender R TMJ L TMJ  
2 ☐ Lateral 3 ☐ Lateral  
4 ☐ Post 5 ☐ Post.

**ROM** 6 ☐ WNL 7 ☐ Restricted Opening  
**Max Opening:** 8 Unstrained \_\_\_\_mm 9 Strained \_\_\_\_mm  
**Rt Lat** \_\_\_\_mm **Left Lat** \_\_\_\_mm **Protrusive** \_\_\_\_mm  
10 ☐ Restricted 11 ☐ Restricted 12 ☐ Restricted

**Click/Pop:** 13 ☐ Negative 14 ☐ Relieved with \_\_\_\_mm protrusion 15 ☐ Unable to relieve with protrusion  
**Opening** **Closing** **R Lateral** **L Lateral** **Protrusive**  
R 16 ☐ R at \_\_\_\_mm (☐Early ☐Mid ☐Late) 17 ☐ R at \_\_\_\_mm (☐Early ☐Mid ☐Late) 18 ☐ R TMJ 19 ☐ R TMJ 20 ☐ R TMJ  
L 21 ☐ L at \_\_\_\_mm (☐Early ☐Mid ☐Late) 22 ☐ L at \_\_\_\_mm (☐Early ☐Mid ☐Late) 23 ☐ L TMJ 24 ☐ L TMJ 25 ☐ L TMJ

**Deflection:** 26 ☐ Negative  
27 ☐ Right \_\_\_\_mm  
28 ☐ Left \_\_\_\_mm

**Deviation:** 29 ☐ Negative  
30 ☐ Opening to R \_\_\_\_mm (☐Early ☐Mid ☐Late) 31 ☐ Opening to L \_\_\_\_mm (☐Early ☐Mid ☐Late)  
32 ☐ Closing to R \_\_\_\_mm (☐Early ☐Mid ☐Late) 33 ☐ Closing to L \_\_\_\_mm (☐Early ☐Mid ☐Late)

**TMJ Summary**

34 ☐ WNL  
35 ☐ Symptomatic  
36 ☐ Compromised  
37 ☐ Internal Derangement w/ reduction  
38 ☐ Internal Derangement w/o reduction

**023**  
**DENTAL, PERIODONTAL, SOFT TISSUE EXAM**

**Stage of Dentition:** ☐ Primary ☐ Trans ☐ Adol ☐ Adult  
**Caries:** 1 ☐ None 2 ☐ \_\_\_\_\_ 3 ☐ Decalcification / Stain \_\_\_\_\_ 4 ☐ Ankylosed \_\_\_\_\_  
**Dental:** 5 ☐ WNL 6 ☐ Missing \_\_\_\_\_ 7 ☐ Def Rest'ns \_\_\_\_\_ 8 ☐ Excessive wear \_\_\_\_\_ 9 ☐ Fx'd \_\_\_\_\_  
**Oral Hygiene:** 10 ☐ E 11 ☐ G 12 ☐ F 13 ☐ P 14 ☐ VP  
**Periodontal:** 15 ☐ WNL 16 ☐ Gingivitis: \_\_\_\_\_ 17 ☐ 3-4mm: \_\_\_\_\_  
18 ☐ 4-6mm: \_\_\_\_\_ 19 ☐ 6+mm: \_\_\_\_\_  
20 ☐ Bleeding: \_\_\_\_\_ 21 ☐ Recession: \_\_\_\_\_ 22 ☐ Mobility: \_\_\_\_\_  
23 ☐ Mucogingival Prob: \_\_\_\_\_ 24 ☐ Thin labial tissue: \_\_\_\_\_  
**Tori:** 25 ☐ None 26 ☐ Mandibular Lingual 27 ☐ Palatal 28 ☐ Mandibular Facial 29 ☐ Maxillary Facial  
**Intra-oral / Extra-oral / Head & Neck Soft Tissue Exam:** 30 ☐ WNL 31 ☐ Soft tissue lesions/changes: \_\_\_\_\_

**Molars:** ☐ Class I ☐ Class II ☐ Class III ☐ Tendency ☐ Subdivision Right ☐ Subdivision Left  
**Canines:** ☐ Class I ☐ Class II ☐ Class III ☐ Tendency ☐ Subdivision Right ☐ Subdivision Left  
**Overbite:** ☐ WNL ☐ Open ☐ Deep ☐ Edge-to-edge ☐ Division 1 ☐ Division 2  
**Overjet:** ☐ WNL/Mild ☐ Moderate ☐ Severe ☐ Edge-to-Edge ☐ Negative (CI III) \_\_\_\_mm  
**Crossbite:** ☐ None **Anterior:** ☐ U ☐ L **Posterior:** ☐ R ☐ L ☐ B ☐ Skeletal ☐ Dental  
**Buccal Crossbite:** ☐ None ☐ Rt. Posterior # \_\_\_\_\_ ☐ Left Posterior # \_\_\_\_\_ ☐ Bilat. Posterior  
**Midlines:** ☐ Coincident **Upper:** ☐ Right \_\_\_\_mm ☐ Left \_\_\_\_mm **Lower:** ☐ Right \_\_\_\_mm ☐ Left \_\_\_\_mm  
**Alignment:** ☐ Space WNL ☐ Crowded ☐ Spaced ☐ Need Spaces Created / Re-Opened

**Tooth Size Discrepancy:** ☐ Large Teeth # \_\_\_\_\_ ☐ Small Teeth # \_\_\_\_\_  
**Curve of Spee:** ☐ WNL ☐ Flat ☐ Moderate ☐ Excessive ☐ Stepped ☐ Reverse  
**Additional Text:** \_\_\_\_\_



### Extraoral

**Rest Oral Posture:** 1 ☐ WNL

2 ☐ Altered

3 ☐ Mouth hangs open

4 ☐ Tongue shows

**Lip Posture:** 5 ☐ WNL (Closed)

6 ☐ Open some

7 ☐ Open constantly

8 ☐ Lower behind upper incisor

9 ☐ Dry, crusty lips

### Intraoral

Tongue Posture		10	<input type="checkbox"/> WNL
11	<input type="checkbox"/> Low	11P	<input type="checkbox"/> Low Posterior
12	<input type="checkbox"/> Between Teeth		
13	<input type="checkbox"/> Against upper/lower Teeth		
Hard Palate		14	<input type="checkbox"/> WNL
15	<input type="checkbox"/> High/vaulted		
16	<input type="checkbox"/> Low and Flat		
17	<input type="checkbox"/> Asymmetric		
Tongue		18	<input type="checkbox"/> WNL
19	<input type="checkbox"/> Scalloped		
20	<input type="checkbox"/> Large		
21	<input type="checkbox"/> Restricted Lingual Frenum		
	TRMR_____%		<input type="checkbox"/> Compensating
22	<input type="checkbox"/> Posterior Restriction		
Lip Frena:		23	<input type="checkbox"/> WNL
24	<input type="checkbox"/> Short Upper Labial Frenum		
25	<input type="checkbox"/> Short Lower Labial Frenum		





## Muscle Function

<b>Tongue Function</b>	26 <input type="checkbox"/> WNL (No Thrust observed)	<b>Masseter Contraction</b>
Tongue Thrust	27 <input type="checkbox"/> Anterior	35 <input type="checkbox"/> WNL   36 <input type="checkbox"/> Weak   37 <input type="checkbox"/> Strong
	28 <input type="checkbox"/> Bilateral	
Unilateral	29 <input type="checkbox"/> R   30 <input type="checkbox"/> L	<b>Lips</b>
<b>Mentalis</b>	31 <input type="checkbox"/> WNL	38 <input type="checkbox"/> WNL
32 <input type="checkbox"/> Hypertonic (dimpled)		39 <input type="checkbox"/> Hypertonic
33 <input type="checkbox"/> Pronounced size and sulcus		40 <input type="checkbox"/> Flaccid
34 <input type="checkbox"/> Swallow facial grimace		41 <input type="checkbox"/> Short

**Oral Posture Summary:** 42 ☐ WNL      43 ☐ Altered      44 ☐ Lips-apart posture      45 ☐ Low Tongue Posture  
46 ☐ Low Posterior Tongue Posture      47 ☐ Restricted lingual frenum      48 ☐

## AIRWAY EXAM

**Tongue Level:** 1 ☐ I - Low (at occ. plane) 2 ☐ II - Median (mod. above occ. plane) 3 ☐ III - High (markedly above occ. plane)

**Mallampati Scale:** 4 ☐ Class I  5 ☐ Class II  6 ☐ Class III  7 ☐ Class IV 

**Tonsils:** 8 ☐ Grade 0 (absent) 9 ☐ Grade 1 (within tons. fossae) 10 ☐ Grade 2 (beyond tons. pillar) 11 ☐ Grade 3 (hypertrophic) 12 ☐ Grade 4 (hypertrophic & touching)

**Uvula:** 13 ☐ WNL 14 ☐ Elongated 15 ☐ Enlarged 16 ☐ Absent 17 ☐ Obstructs airway

**Soft Palate:** 18 ☐ WNL 19 ☐ Firm 20 ☐ Loss of tone 21 ☐ Narrow Pharyngeal Opening

**Nasal Passages:** 22 ☐ WNL 23 ☐ Small Nares 24 ☐ Large Nares 25 ☐ Obstructed nasal breathing 26 ☐ Septum deviated right 27 ☐ Septum deviated left 28 ☐ Previous nasal surgery

**Turbinates:** 29 ☐ WNL Enlarged: 30 ☐ Left 31 ☐ Right 32 ☐ Both

**Gag reflex:** 33 ☐ WNL 34 ☐ Exaggerated

**Neck Circumference:** 35 \_\_\_\_\_ inches 36 ☐ WNL 37 ☐ At risk for OSA (men>17, women >16) 38 ☐ Refer to MD for ENT Evaluation

<b>Airway Summary:</b>	<input type="checkbox"/> 39 WNL	<input type="checkbox"/> 40 Suspected Compromise	<input type="checkbox"/> 41 Suspected Sleep Disorder
	<input type="checkbox"/> 42 MD Diagnosed OSA	<input type="checkbox"/> 43 Refer for Sleep Study & Dx	<input type="checkbox"/> 44 Refer for Airway Eval by MD
	<input type="checkbox"/> 45		

026

## RADIOGRAPHIC FINDINGS

### FMX or PANO

<b>Roots:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Short	<input type="checkbox"/> Dilacerated	<input type="checkbox"/> Conical
		<input type="checkbox"/> Resorption	<input type="checkbox"/> Pulpal Calcification	<input type="checkbox"/> Osteosclerosis
		<input type="checkbox"/> Apical Lesions	<input type="checkbox"/> Root Canal Tx	<input type="checkbox"/> Pulpotomies
<b>Alveolar Bone Loss:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
		<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Furcation
<b>Widened PDL:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>Miscellaneous:</b>				
<input type="checkbox"/> Caries		<input type="checkbox"/> Missing Teeth	<input type="checkbox"/> Supernumerary Teeth	
<input type="checkbox"/> Impacted		<input type="checkbox"/> Irregular Eruption Pattern	<input type="checkbox"/> Overhangs	
<input type="checkbox"/> Poor Contacts		<input type="checkbox"/> Open Margins	<input type="checkbox"/> Extruded	
<b>Eruption Timing:</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Early	<input type="checkbox"/> Late	

### CONE BEAM CT or TOMO

<b>TMJ:</b>	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> WNL	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	
	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Osteoarthritic Change	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Lipping of condyle head
	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dislocation	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Anterior Displacement
	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Flattened Condyle	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Posterior Displacement
	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Flattened Eminence	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Superior Displacement
	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Subluxation	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Degenerative Joint Disease
<b>Airway:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Restricted	<b>OSA Probability:</b>	<input type="checkbox"/> Low (>110mm <sup>2</sup> ) <input type="checkbox"/> Med (52-110mm <sup>2</sup> ) <input type="checkbox"/> High (<52mm <sup>2</sup> )
		<input type="checkbox"/> Enlarged tonsils	<input type="checkbox"/> Enlarged adenoids	
		<input type="checkbox"/> Low tongue posture	<input type="checkbox"/> Nasal Obstructions	<input type="checkbox"/> Deviated Septum
		<input type="checkbox"/> Other		
<b>Sinuses:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/>		
<b>Soft Tissues:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/>		
<b>Hard Tissues:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/>		

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## CEPHALOMETRIC FINDINGS

<b>Airway:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Restricted	<input type="checkbox"/> Narrow posterior airway space (<10-12mm)
	<input type="checkbox"/> Enlarged Adenoids (space <6mm)	<input type="checkbox"/> Enlarged Tonsils (space >10mm)	
<b>Horizontal Skeletal Pattern:</b>	Chin Button: (Po-NB 2-5mm)	<input type="checkbox"/> Avg	<input type="checkbox"/> Large <input type="checkbox"/> Small
	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II (T)	<input type="checkbox"/> Class III (T)
<b>Vertical Skeletal Pattern:</b>	<input type="checkbox"/> Neutral	<input type="checkbox"/> Open Bite (T)	<input type="checkbox"/> Deep Bite (T)
<b>Growth Direction:</b>	<input type="checkbox"/> Neutral	<input type="checkbox"/> Clockwise	<input type="checkbox"/> Counterclockwise
<b>Maxilla:</b>	<b>Length:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Long <input type="checkbox"/> Short
	<b>Relative to Cranium:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior
<b>Mandible:</b>	<b>Length:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Long <input type="checkbox"/> Short
	<b>Relative to Cranium:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior
<b>Incisor Angulation:</b>	<b>Upper:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Procumbent <input type="checkbox"/> Upright <input type="checkbox"/> Ling inclined
	<b>Lower:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> Procumbent <input type="checkbox"/> Upright <input type="checkbox"/> Ling inclined
<b>Incisor Vert. Position:</b>	<b>Upper:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> High <input type="checkbox"/> Low
	<b>Lower:</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> High <input type="checkbox"/> Low

### GNATHOLOGIC FINDINGS (OPTIONAL)

#### FINDINGS FROM MOUNTED CASTS

- C.R. Coincidence: ☐ Yes ☐ No
- Displacement: ☐ Vertically \_\_\_\_\_ mm ☐ Anteriorly \_\_\_\_\_ mm ☐ Left \_\_\_\_\_ mm ☐ Right \_\_\_\_\_ mm
- Centric Prematurities: ☐ None ☐ Teeth # \_\_\_\_\_
- R. Lat. Prematurities: ☐ None ☐ Teeth # \_\_\_\_\_
- L. Lat. Prematurities: ☐ None ☐ Teeth # \_\_\_\_\_
- Asymmetries (Kernott): ☐ None
- Inner canthous to centered nose-piece (clinical finding) ☐ Centered ☐ Right \_\_\_\_\_ mm ☐ Left \_\_\_\_\_ mm
- Occlusal Plane Slope: (F1-F6, R&L) ☐ Right Side High \_\_\_\_\_ mm ☐ Left Side High \_\_\_\_\_ mm
- Occlusal Plane Cant: (F3-F3, F6-F6) ☐ Right Side Low \_\_\_\_\_ mm ☐ Left Side High \_\_\_\_\_ mm
- Forward Slant: (A3-A3, A6-A6) ☐ Upper Right Side \_\_\_\_\_ mm ☐ Upper Left Side \_\_\_\_\_ mm
- ☐ Lower Right Side \_\_\_\_\_ mm ☐ Lower Left Side \_\_\_\_\_ mm
- Shift (Collapse): (S6, S3 and Pont's) ☐ Maxilla Left \_\_\_\_\_ mm ☐ Maxilla Right \_\_\_\_\_ mm
- ☐ Mandible Left \_\_\_\_\_ mm ☐ Mandible Right \_\_\_\_\_ mm

## *Session I Exam, Diagnosis and Documentation*

### *February 19-20, 2021 • Walnut Creek, CA • Brian Hockel, DDS*

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### ASSESSMENT & PLAN

030

#### DIAGNOSIS / SUMMARY

Cosmetic Line \_\_\_\_\_ (norm \_\_\_\_\_)

**Dentition:** ☐ Primary ☐ Transitional (Mixed) ☐ Adolescent (Growing) ☐ Adult (Non-Growing)

**Skeletal:** ☐ Class I ☐ Class II ☐ Class III ☐ Tendency ☐ Open Bite ☐ Deep Bite ☐ Tend.

**Dental:** **Molar:** ☐ Class I ☐ Class II ☐ Class III ☐ Tendency Subdivision: ☐ R ☐ L

**Canine:** ☐ Class I ☐ Class II ☐ Class III ☐ Tendency Subdivision: ☐ R ☐ L

**Overbite/Div:** ☐ WNL ☐ Open Bite ☐ Deep Bite ☐ Edge-to-edge ☐ Div 1 ☐ Div 2

**Overjet:** ☐ WNL/Mild ☐ Moderate ☐ Severe ☐ Edge-to-edge ☐ Negative (CI III)

**Crossbite:** ☐ None **Anterior:** ☐ U ☐ L **Posterior:** ☐ R ☐ L ☐ B ☐ Skeletal ☐ Dental

**Alignment:** ☐ Space WNL ☐ Crowded ☐ Spaced ☐ Need Spaces Created / Re-Opened

**Oral Posture:** ☐ WNL ☐ Altered ☐ Low Tongue Posture ☐ \_\_\_\_\_

**TMJ:** ☐ WNL ☐ Symptomatic ☐ Compromised ☐ \_\_\_\_\_

☐ Refer for Eval by \_\_\_\_\_

**Airway:** ☐ WNL ☐ Suspected Compromise ☐ Suspected Sleep Disorder ☐ MD Diagnosed OSA

☐ Refer for Sleep Study & Dx ☐ Refer for Airway Eval by MD ☐ \_\_\_\_\_

**Face:** **Profile:** ☐ WNL ☐ Concave ☐ Convex ☐ Straight

Excessive Vertical (Downward) Growth ☐ Maxillary ☐ Mandibular

Insufficient Horizontal (Forward) Growth ☐ Maxillary ☐ Mandibular

☐ \_\_\_\_\_

Other Diagnosis:

**Case Type:** ☐ Limited ☐ Comprehensive  
☐ OAT ☐ Other \_\_\_\_\_

#### 031 TREATMENT OBJECTIVES / RECOMMENDATIONS


#### 032 PROBABLE APPLIANCES / RETAINERS


#### 033 TREATMENT PLAN SEQUENCE


#### 034 ADDITIONAL CONSIDERATIONS


#### 035 TREATMENT TIME AND FEE

☐ 1. Single Phase Tx FEE: \_\_\_\_\_  
2. Est Tx Time \_\_\_\_\_ Mos

☐ 3. Early Tx FEE: \_\_\_\_\_  
4. Est Tx Time \_\_\_\_\_ Mos

☐ 5. Skeletal expander FEE: \_\_\_\_\_  
Add'l Expanders FEE: \_\_\_\_\_

#### SPECIAL CONSENT FORMS

- ☐ 6 Orthotropics
- ☐ 7 Opening Spaces
- ☐ 8 Extra Space
- ☐ 9 OAT for Sleep Apnea
- ☐ 10 Non-Retractive Alignment and Extra Space
- ☐ 11 Opening Lower Spaces to Reduce Lower Overjet
- ☐ 12 Triangular Dark Spaces



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**February 19-20, 2021**

**Course Fee: \$2200 Walnut Creek, CA**

### Session II - Introduction to Crozats

Instructors: Brian Hockel, DDS and Darin Ward, DDS, MSD, FAGD, FRDC(c)

Fabrication and Manipulation of a Basic Crozat Appliance

**March 27-28, 2021**

**Course Fee: \$2200 Walnut Creek, CA**

### Session III - ALF Therapy and Cranial Osteopathy 101

Instructors: Ljuba Lemke, DMD and Jorge Moreno, DO

Practice-Oriented ALF Introductory Seminar

**May 14-15, 2021**

**Course Fee: \$2200 Durango, CO**

### Session IV - Advanced Crozats and Mixed Dentition

Instructor: Brian Filbert, DDS

Treatment Techniques and Concepts of Early Mixed Dentition and Adult Malocclusions

Utilizing Crozat Appliances and Other Modalities

**June 18-19, 2021**

**Course Fee: \$2200 Federal Way, WA**

### Session V - Introduction to the Straight-Wire Appliance

Instructor: Darin Ward, DDS, MSD, FAGD, FRDC(c)

Fixed Mechanics with the Preadjusted Straight-Wire Appliance

**August 13-14, 2021**

**Course Fee: \$2200 Walnut Creek, CA**

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#### Fee/Cancellation Policy

Cancellations prior to four weeks before the first day of the course are entitled to a 100% refund. Cancellations from two to four weeks before the first day of the course are entitled to a 50% refund. Cancellations within two weeks of the first day of the course are entitled to a 25% refund. The amount refunded may be applied within 24 months to another scheduled course or meeting of the AAGO. The balance is non-refundable. \$500 extra charge for late registrations within 2 weeks of the course date, space permitting. All courses are subject to minimum registration requirements. If the minimum attendance is not met 30 days prior to the course, the AAGO reserves the right to cancel the course and issue a full refund.



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■ All courses are lecture and  
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Subject Code: 370

■ No prerequisites are required.  
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## To Register

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