

SERIES 2000®

TECHNICAL GUIDE

Non-Compliance
Orthodontic Treatment



For more information on Series 2000®, call 1-800-489-4020 or visit www.dynaflex.com

This Series 2000® Manual is to provide the doctor with a reference source for successful implementation of the Series 2000® appliances into your practice.

The following manual addresses questions most commonly asked by the doctor. In addition, it will provide valuable information on Series 2000® designs, case selection, appliance delivery and troubleshooting during active treatment.

This manual is not intended to be a replacement for attending
The Series 2000® Course with Dr. Michael Williams.

For additional information: Call 1-800-489-4020 or visit www.dynaflex.com.

DynaFlex® is currently the only licensed laboratory in the United States to fabricate the Series 2000® appliances.

Series 2000® is a registered trademark of Dr. Michael Williams.

Patent numbers 5,645,422, 5,769,631, 5,919,042, 6,036,488 and other patents pending.

Maxillary Designs



Max™
Maxillary Expander

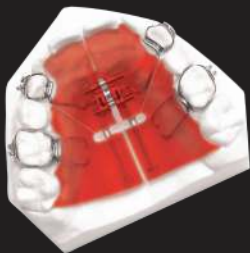


DMax™
Distalizing Maxillary Expander



DMax/RPE™
Hygienic Distalizing
Maxillary Expander

*No Active Adjustments
Required On Any
Series 2000® Appliance.*



SAG™
Sagittal



TB-SAG™
Tooth Borne Sagittal



SAN™
Spring Advancing Nance



DMJ™
Distalizing Molar Jig

Maxillary Designs

Mandibular Designs



MSX™
Mandibular Spring Expander



MJX™
Mandibular Jackscrew Expander



MSC™
Mandibular Space Closer



SAL™
Spring Advancing Lingual



EAS™
Expanding Advancing
Sheath

EAS-2000™ combines the MAX-2000™ design for maxillary transverse movement with mandibular advancing mechanics for skeletal Class II correction. The lower appliance designs incorporate Series 2000® options for either development of arch width, arch length or extraction space closure.



EAS MSX™
Mandibular Spring
Expander



EAS MJX™
Mandibular Jackscrew
Expander



EAS MSC™
Mandibular Spring
Closure

Series 2000® Appliances and Successful Case Selection

For successful implementations of the Series 2000® appliances, there are a few key areas that need to be reviewed and understood for the optimum use of the various appliance designs.

Panoramic Radiographs

It is important to take x-rays and evaluate for adequate root formation, missing teeth and ectopic eruption. Poor root structure or unerupted teeth will affect the timing for appliance delivery.

Self-Limiting Design

To eliminate the tube and rod from becoming disengaged during active treatment the niti springs are set 1- 2mm shorter than the rod.

High Narrow Palate

These cases limit the amount of tube, rod and spring that can be placed in the appliance for transverse development. To maximize transverse movement in high palatal cases, doctors may prefer placing an expansion screw in the Series 2000® design.

Grams of Force

The self-activating niti springs provide 125gm to 180gm of force per spring.

Mixed Dentition and Series 2000® Appliances

The Series 2000® appliances work excellent in mixed dentition cases for both arch development and molar distalization. Appliances can be fabricated with either all Self Activating Springs or expansion screws can be added for transverse movement such as the DMAX/RPE or MJX designs.

Check for Adequate Root Structure

To support the Series 2000® appliances during active treatment the first deciduous molars (D's) require a minimum of 6 months root structure. Loss of the deciduous teeth during treatment will result in the appliance coming unseated.

Alternative to Four Bands

Some doctors prefer to modify the four band designs with rests placed on either the first or second deciduous molars (D's or E's). This modification requires composite to be placed over the occlusal rest for retention.

Increased Retention of Deciduous Teeth

To increase appliance retention in mixed dentition, DynaFlex® can fit stainless steel crown on the deciduous cuspids or molars. The crowns are stronger, reducing timely and costly band replacement.



Simplify Appliance Delivery

The Series 2000® appliances simplify two phase treatment, require no active adjustments and result in shorter, fewer office visits for the patient and Doctor.

Appliance Delivery

Series 2000® appliances are seated in an anterior-posterior direction to take advantage of the tube/rod design. Always seat the smaller bands first (D's or bicuspid). The molar bands are adjustable in a lingual buccal direction for easy insertion of the appliance. The rotational feature of the molar bands helps eliminate path of insertion problems that can occur with other four-banded appliance designs.

“Shorter, Fewer Office Visits for the Patient and Doctor.”



And Increase Appliance Efficiency

Trial Fitting Appliance

Trial fitting allows time for the appliance to “settle in” adapting to the tissue and contacts for proper delivery. All Series 2000® appliances should be pre-seated before cementation. Pre-seat appliance in the arch for 10 to 15 minutes. The power chain or tie wires must remain stretched in place to hold the appliance passive.

Appliance Activation

Once the Series 2000 appliance is cemented in place, the power chains or tie wires are removed for activation. The self-activated niti springs are free to express themselves providing force for tooth movement and arch development.

Additional Activation

In most cases this is not required. All Series 2000® appliances are fabricated with the maximum amount of tube, rod and spring in each appliance. In unique situations, re-activation can be achieved by simply re-compression the niti spring on the rod with a .040 crimpable stop.

De-Activation of Appliance

Once the desired result is achieved, the appliance must be de-activated. The Series 2000® appliances are de-activated by placing a small amount of composite on the spring to stop further opening. Many doctors will have the patients continue wearing the appliance passively for another two to three months for stability.

Troubleshooting

In **select** situations,
the doctor may find it
necessary to
re-cement molar bands,
check for
**adequate spring
activation**
or **relieve acrylic**
due to **tissue irritation.**

Re-Cementing of Bands

Re-cementing molar bands can be accomplished at chairside without removing the Series 2000® appliance. The unique tube and rod assembly allow the molar bands to swivel or roll both lingually and buccally. To re-cement a loose molar band simply roll the band lingually away from the molar. Any excessive old cement is removed from the band and tooth. It is important to place a small amount of wax or chapstik into the buccal tubes before re-cementing. The new cement is added and the molar band rolled buccally over onto the tooth for proper seating.

Troubleshooting

Inspecting Springs for Force Level

During active treatment with the Series 2000® some patients may accidentally de-activate the niti spring. Food may become lodged between the spring acting as a barrier, preventing further opening. Any obstruction in or on the coil spring can be removed with a scaler. To re-activate the appliance simply compress and recompress the coil spring on the rod with the scaler, until the spring is opening freely on the rod/tube assembly.

Reduce Tissue Irritation

To increase patient comfort, a water-pic is suggested. This helps maintain healthy tissue and removes any food that may become trapped between the palatal tissue and the appliance.

Need More Help?

DynaFlex® Laboratory Advisors Are Available To Assist!

Simply Call 800-489-4020 for assistance.

Notes:



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