
A great Program ...
... with great Speakers
face
meeting
Vienna
28th-30th Sep. '18
offical partner:
FORESTADENT®
GERMAN PRECISION IN ORTHODONTICS

Domingo Martín

Claudia Aichinger

Dear Friends,

It is a great pleasure for us to reunite under the same roof a great number of our friends, who will share with us their tremendous knowledge and experience. We first of all want to take the privilege of thanking them for their friendship and support. This meeting could not have taken place without them. One of the main reasons for planning this meeting is to share with all the orthodontists the latest advances in our specialty. The progress in technology has enabled clinicians to become more precise in their orthodontic diagnosis and treatment planning. Thus the theme of the meeting predictable outcomes in orthodontics. We have attempted to include as many "state of the art topics" in this meeting. For this, we have brought together specialists in each of these Important fields. All the speakers will bring "the latest and the best" on new developments, especially in the field of 3D. We are sure that this new information will change our way of seeing and doing orthodontics. We want to personally thank Austropa for their support in planning the course in Vienna. This venue was chosen due to the fact that it is a city who everyone loves and coincidentally it is in the center of Europe. Thanks to this, travelling to this beautiful city from all angles of the continent will be very easy. However we also want to attract doctors from all over the world and without a doubt this wonderful city is a great attraction. Last but not least, this meeting is organized by Forestadent and the FACE group and one of the goals of this meeting is to present the FACE philosophy of treatment to all attendees. For this we have included speakers from FACE who will share with us the different aspects of the FACE philosophy.

Before we say goodbye we want to share with you our motto within the FACE group which is "work hard, play hard" and in the meeting there will be time for work and time for play.

Hope to see all of you in Vienna to "work hard and play hard".

Regards,

Domingo Martín and Claudia Aichinger

A warm welcome on Thursday and an exciting Friday evening you will not forget.

Before the start of the FACE Meeting we welcome you to our get-together in the premises of the Imperial Hofburg.
Friday evening you will celebrate one of the most typical events in Austria and enjoy traditional music and delicious Austrian food and refreshing dry wine from the family-owned and self-managed vineyards in a "Heurigen". This is the Viennese word used for both the wine made from the last harvest and for the taverns in which it is served. Heurigens have become a synonym for some of what is best in Vienna: hospitality, the so called "Gemütlichkeit". In fact, as a unique Viennese institution, it is more a way of life. Experience a convivial and memorable evening in one of the beautiful Heurigen villages in Vienna's Northern outskirts. Enjoy a few hours in a warm informal atmosphere with your friends and colleagues.

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A great Program - Day 1

Friday, 28th September

Time	Topic	Speaker
08:30 - 09:00	Welcome speech	Dr. Domingo Martín and Dr. Claudia Aichinger-Pfandl
09:00 - 09:40	Extractions in orthodontics. Early vs. late extractions.	Dr. Iñigo Gómez Bollain
09:40 - 10:20	Vertical control using FACE treatment mechanics	Dr. Oscar Palmas
10:20 - 10:50	- Coffee break - Lounge opening „Meet the Speakers“	
10:50 - 11:20	Centric - for correct diagnosis and Stability	Dr. Satoshi Adachi
11:20 - 12:00	FACE mechanics for smile esthetics	Dr. Douglas Knight
12:00 - 12:40	Treatment of skeletal class III in adults: what alternatives do we have?	Dr. Juan Carlos Pérez Varela
12:40 - 14:00	- Lunch break - Lounge opening „Meet the Speakers“	
14:00 - 14:40	CBCT encounters with the 3rd dimension	Dr. Amnon Leitner
14:40 - 15:20	3D planning in surgical cases: from analog to 100% digital	Dr. Carlos Alberto Becerra Martín
15:20 - 16:00	A miniature tooth-borne distractor for the alignment of ankylosed teeth	Dr. Toros Alcan
16:00 - 16:30	- Coffee break - Lounge opening „Meet the Speakers“	
16:30 - 17:10	What is the role of the orthodontist in treating obstructive sleep apnea?	Dr. David Way
20:00	Traditional dinner at „Heurigen“ Departure shuttle bus (at Heldenplatz Hofburg): 19:15 – 19:30	

NEW: „Meet the Speaker“ area

Meet the speakers in the lounge area during the coffee and lunch breaks. They are happy to answer your questions.

Dr. Iñigo Gómez Bollain (Spain)

Extractions in orthodontics. Early vs. late extractions.

Is it necessary to extract teeth in this patient? This is a routine question that we ask ourselves in everyday practice. Orthodontics classical approach correlates crowding and the necessity of extractions. But nowadays our treatments goals go further. We don´t just extract to align teeth. We extract to improve facial esthetics and to achieve a proper function. These two aspects (facial esthetics and function) are critical in all our patients.

Many times colleagues and patients think that it is necessary to wait until the eruption of permanent teeth to begin these treatments. However, in some patients, if we could extract permanent teeth in growing patients (8-9 years) our treatment would be easier, shorter, and the most importantly, more predictable.

During the presentation I will discuss the importance of the diagnosis and treatment plan in many patients in both situations (early and late extractions).

Dr. Oscar Palmas (Argentina)

Vertical control using FACE treatment mechanics

The orthodontist must have solid goals before initiating orthodontic treatment. One of the primary goals is an ideal functional occlusion. This includes a correctly placed condyle in centric relation. In order to obtain this goal it helps to use an articulator to diagnose and make a treatment plan. There is no way to see how two arches occlude if they are not related to the skull. TMJ deserves a primary and complementary study because its condition will change with treatment. The importance of getting an adequate anterior guidance will bring aesthetical and functional benefits and will be more healthy and stable if obtained by a mandibular auto rotation through vertical control mechanics. In my presentation I will share with you how we use this instrumentation to help us obtain our goals.

Dr. Satoshi Adachi (Japan)

Centric - for correct diagnosis and stability

Centric of the mandible is mandatory for the stable functional occlusion. This is strongly affected by the condition of the TMJ. The stable mandible on the centric can be acquired by stabilization splint, which then is evaluated and diagnosed along with the precise three dimensional relationship of upper and lower jaws, and treatment planning is made afterwards. Diagnostic imaging by CBCT and MRI are also necessary for the evaluation of the TMJ condition. The "centric" will be discussed in this presentation.

The congress language is English. All lectures will be translated into the following languages: Spanish and Russian

Great Speakers - Day 1

Great Speakers - Day 1

Dr. Douglas Knight (USA)

FACE mechanics for smile esthetics

Many orthodontic patients have discrepancies that can not be corrected with conventional orthodontics, but yet, are not severe enough for orthognathic surgery. Accelerated orthodontics and skeletal anchorage have been used for a number of different dentoalveolar problems, examples of these would include: anterior open bites, anterior crossbites, excess overjet and constricted arches.

This presentation will highlight goal directed treatment planning, based on the position of the upper and lower incisors, facial esthetics, smile esthetics and joint position.

Dr. Juan Carlos Perez Varela (Spain)

Treatment of skeletal class III in adults: what alternatives do we have?

Summary: 50% of my patients are adults, and approximately 20% of them are Skeletal Class III. In my talk, I will answer 3 questions:

1. Should they be treated with orthognathic surgery?

2. Which cases can be treated only with orthodontics?

3. Is there any other alternatives?

Objectives:

1 - to explain the protocol needed to treat a transversal hypoplasia in an adult patient

2 - to explain which is the ideal skeletal Class III adult patient to compensate only with orthodontics and which is the ideal skeletal Class III patient for orthognathic surgery

3 - to know an alternative with local anesthesia and sedation to treat a Skeletal Class III

Dr. Amnon Leitner (Israel)

CBCT encounters with the 3rd dimension

CBCT in our daily practice, necessary? When? Why? Can we trust it? Is it accurate? In which situations can it deceive us? We live in a 3 Dimensional world. We treat 3 Dimensional patients. One can no longer imagine practicing without imaging the 3rd dimension in all dental modalities. I will talk about the importance of creative & out of routine workup, in order to find the right angle or method for demonstrating the situation or the problem & most important, what causing it! Artifacts are Diagnostic's biggest enemy. How can we avoid or minimize them?

All my workups include 3D & MPR animations, which dramatically increase the case perception.

I will show as many interesting case workups as time allows.

Dr. Carlos Alberto Becerra Martin (Chile)

3D planning in surgical cases: from analog to 100% digital

In many instances, we can only achieve all our treatment goals with the help of orthognathic surgery to provide our patients with the best results possible. Today technology helps us to better understand the changes that we generate in our patients. With the incorporation of CBCT, intraoral scanners, orthodontic planning software and surgical planning software we can now plan our surgery cases better, faster and more accurately. In my presentation,we will see different clinical cases and we go from the the traditional analog planning to the 100% digital planning of today. The full digital planning will be used for orthodontic planning and surgical planning, always taking into account our treatment goals which will help us obtain amazing and stable results over time.

Dr. Toros Alcan (Turkey)

A miniature tooth-borne distractor for the alignment of ankylosed teeth

The ankylosis of a tooth is one of the most difficult clinical problems that an orthodontist faces. In the literature, the treatment protocols for ankylosed teeth are still insufficient and questionable when considering gingival esthetics and conservation of bone health. The purpose of this presentation is to show the application of the device (miniature tooth distractor, MTD, tooth to arch wire borne distractor) and to evaluate and discuss the long term results of two cases with vertically malpositioned incisors, infrapositioned ankylosed teeth. The efficiency with its small dimensions, ease of application and removal, ease of activation, buccolingual control, and patient tolerance will be also evaluated and compared with the distraction appliances used before in the literature.

Dr. David Way (USA)

What is the role of the orthodontist in treating obstructive sleep apnea?

An orthodontist's treatment options to positively affect the airway:

- *Incidences of OSA*
- *Airway as a dynamic unit*
- *Diagnosis OSA / SDB in the pediatric patient*
- *Risk factors for pediatric OSA*
- *Accurately measuring airway volume and linear dimension*
- *Preliminary airway study 2008*
- *Compare and contrasting airway studies 2010*
- *Airway study 2017*

Objectives:

- *Recognizing manifestations of pediatric OSA & SDB*
- *Recognizing the differences in pediatric and adult OSA*
- *Understanding the airway as a dynamic entity*
- *Rapid palatal expansion and airways*

Great Speakers - Day 1

A great Program - Day 2

Saturday, 29th September

Time	Topic	Speaker
09:00 - 09:40	Predictable mechanics in the use of skeletal anchorage in class III's	Dr. Hugo DeClerck
09:40 - 10:20	Why, when, and how much we can distalize	Dr. Jorge Faber
10:20 - 10:50	- Coffee break - Lounge opening „Meet the Speakers"	
10:50 - 11:20	Surgical maxillary expansion in adults: CBCT before and after	Dr. Edson Illipronti
11:20 - 12:00	Upper distalization, pros and cons of different mechanics	Prof. Dr. Benedict Wilmes
12:00 - 12:40	Different aspects on bone-borne RME	Dr. Björn Ludwig
12:40 - 14:00	- Lunch break - Lounge opening „Meet the Speakers"	
14:00 - 14:40	Digital dentistry for the TMD patient: respecting biologic limits	Dr. Claudia Aichinger-Pfandl and Dr. Birgit Franz
14:40 - 15:20	Individualized and streamlined process for long term functional and esthetic success in multidisciplinary treatment.	Dr. Jan Pietruski
15:20 - 16:00	The contribution of CBCT to diagnosis and treatment planning in orthodontics	Dr. Jorge Ayala
16:00 - 16:30	- Coffee break - Lounge opening „Meet the Speakers"	
16:30 - 17:10	3D digital planning: a GPS for the orthodontic team	Dr. Renato Cocconi
20:00	Party night at the „Platzhirsch"	

NEW: „Meet the Speaker" area

Meet the speakers in the lounge area during the coffee and lunch breaks. They are happy to answer your questions.

Dr. Hugo DeClerck (Belgium)

Predictable mechanics in the use of skeletal anchorage in class III's

Recent research in dento-facial orthopedics has dramatically changed our clinical approach of class III growing patients: midface protraction can be obtained not only in the early mixed dentition but in the late mixed dentition as well; maxillary expansion to 'disarticulate' the circummaxillary sutures prior to orthopedic treatment is not needed; if removable or bonded acrylic splints are used, indentations should be eliminated at least once a month; with miniplate skeletal anchorage in the upper jaw, double as much protraction of the maxilla can be obtained than with tooth born appliances; protraction of the midface always results in some anterior rotation of the zygomatico-maxillary complex; face mask therapy leads to posterior rotation of the mandible and increase of the lower face height, while bone anchored intermaxillary elastic traction results in a slight anterior rotation of the mandible.

Dr. Jorge Faber (Brazil)

Why, when, and how much we can distalize.

Skeletal anchorage has expanded the limits of orthodontic treatment. The spectrum of applications includes en masse retraction of upper and lower dentition, no matter if it is simultaneous or not. These movements can be implemented on the treatment of bialveolar dental protrusion, Class II and Class III malocclusions. This lecture will address several extreme clinical applications of miniplate anchored retraction with long term results, I will also present the advantages and limitations of this technique. Important issues associated with the surgical strategy will also be considered.

Dr. Edson Illipronti (Brazil)

Surgical maxillary expansion in adults: CBCT before and after

Expansion of the maxilla in adults has always been considered a challenge for orthodontics. Several techniques have been developed over the years, through surgeries, combined procedures with appliances or only with TADS. We will focus on TADS for RME in adults. Making comparisons before and after by CBCT images, taking into account all the structures involved in this process (bones, soft tissues and airways).

The congress language is English. All lectures will be translated into the following languages: Spanish and Russian

Great Speakers - Day 2

Great Speakers - Day 2

Prof. Dr. Benedict Wilmes (Germany)

Upper distalization, pros and cons of different mechanics

A treatment objective of upper molar distalisation may often be indicated for the correction of a dentoalveolar Class II malocclusion with an associated increased overjet and/or anterior crowding. Due to aesthetic concerns and the duration of treatment, molar distalisation using headgear is unacceptable for many patients. This has resulted in a preference for purely intra-oral distalisation appliances which require minimal patient cooperation. Unfortunately, most conventional devices for non-compliance maxillary molar distalisation produce unwanted side effects, such as anchorage loss. If the anchorage unit includes teeth, mesial migration and/or protrusion of the anterior dentition need to be considered as major disadvantages. To minimise or eliminate anchorage loss related to the anterior teeth, skeletal anchorage has been integrated into distalisation appliances. The anterior palate has proved to be an ideal site for miniscrew placement for the distalisation of upper teeth. The good bone quality, the attached mucosa, and the minimal risk of injury to nearby teeth have been suggested as major advantages of miniscrew placement in this region. Furthermore, the mini-implants are unlikely to be in the path of tooth movement. Skeletal anchorage mechanics can be divided in direct and indirect appliances. If the maxillary molars are to be distalised, direct anchorage is advantageous, since a major disadvantage of devices employing indirect anchorage is the need for a two-phase clinical procedure: (a) distalisation of the molars, and (b) stabilisation of the molars while retraction of the anterior dental segment occurs. To benefit from the advantages of direct anchorage mechanics and use the anterior palate as the most suitable mini-implant insertion site, the Beneslider and the Pendulum B mechanics may be employed.

Dr. Jan Pietruski (Poland)

Individualized and streamlined process for long term functional and esthetic success in multidisciplinary treatment.

Esthetic success, which is main goal of the majority of patients, can last long only on the basis of proper function of masticatory system. In a high number of cases it is not enough to work within only one dental field and that is why there is a need of common communication platform between clinicians of particular specialties. This platform is a functional approach to diagnostics where stability of TMJ is the base. This principle equally applies to all specialists because lack of stability can cause pathology of any component of the masticatory system. The lecture will illustrate functional approach to diagnostics, treatment planning and completion of cases needing multidisciplinary treatment, involving orthodontics, periodontology, restorative and implants.

Dr. Björn Ludwig (Germany)

Different aspects on bone-borne RME

Tooth-borne Rapid Palatal Expansion (RPE) appliances are in clinical use about a hundred years and scientifically well investigated since the introduction of nonsurgical rapid maxillary expansion for the treatment of transverse deficiencies in 1860. The widely known problem is that tooth-borne RPEs produce several unwanted side effects.

A possible solution to overcome this negative aspect were bone-borne expanders, such as e.g. the Rotterdam distractor. Sill those must be placed under general anaesthesia by oral surgeons. With the advent of TADs in orthodontics, a revival of bone-borne RPEs happened. They are supported by transgingival, under local anaesthesia, placed TADs and the hyrax screw is connected by changeable abutments. Several varying designs are available on the „market“.

In principal, they seem to be more effective compared to conventional tooth-borne appliances. Despite their delicate design, they can effectively be used in conjunction with different SARPE techniques. Still, they are more invasive then conventional tooth borne RMEs and need a critical evaluation.

The lecture will include a critical clinical and scientific discussion on different designs of RPE appliances and how to implement those in daily routine practice. 3D studies about their effectiveness will be shown and compared to the current and evident literature. Several selected case reports will demonstrate the most important clinical tips to use those RPEs successfully. Finally, different SARPE-protocols will be discussed, and clinical advice will be given.

Dr. Jorge Ayala (Chile)

The contribution of CBCT to diagnosis and treatment planning in orthodontics

Since the advent of CBCT we have been able to obtain information that we have never had before in our specialty. CBCT has allowed us to clearly visualize the possibilities and orthodontic limitations, as well as fundamental aspects to be considered in the important objective of periodontal health. This has been a fundamental contribution in the diagnosis, in treatment planning and in the mechanics we use today. All of this information has obliged us to carry out a critical analysis of the prescriptions, which were created without having all this information. In my presentation all these aspects will be reviewed with the support of treated clinical cases.

Great Speakers - Day 2

Great Speakers - Day 2

Dr. Claudia Aichinger (Austria)

Dr. Birgit Franz (Germany)

Digital dentistry for the TMD patient: respecting biologic limits

One of the biggest challenges in dentistry is the successful long-lasting treatment of patients with TMD. In our lecture we will illustrate how we incorporate digital dentistry in the interdisciplinary treatment of these patients.
We will illustrate how the use of intraoral scanners, virtual articulators, digital jaw tracking devices and 3D printing has expanded our diagnostic and treatment planning abilities. We will discuss the benefit and limitations of these advanced techniques in orthodontic and restorative diagnosis, in virtual treatment planning, and for the production of splints, as well as the production of restorations in a stable condylar position in TMD patients.
We will demonstrate how the implementation of 3D techniques can help us understand and respect biologic principles and borders.

Dr. Renato Cocconi (Italy)

3D digital planning: a GPS for the orthodontic team

Digital technologies are enhancing the possibility to better achieve our orthodontic goals.
They allow digital interpolation and fusion of different records in one single digital 3D element, that we can use to propose a proper plan. They allow to distinguish between problems of position and form of teeth and jaws. They help to describe Who does What and When facilitating the team work in interdisciplinary cases. They allow to customize appliances. They allow to monitor our orthodontic treatment like a GPS avoiding sidetracks.
It is the beginning of a new digital era where algorithms either will help us or will substitute us. It is an opportunity and a challenge.

Do not miss the legendary party night on Saturday evening!

Have some food, drinks and a lot of fun in the night life of Vienna´s city centre. We promise a night which you will never forget. Tickets for the party night (Saturday, September 29th) can be purchased from the regitraton desk (additionally at € 65 per person).

A great Program - Day 3

Sunday, 30th September

Time	Topic	Speaker
09:00 - 09:40	Most common mistakes made in orthodontic preparation for surgery. The protocol	Dr. Dalia Latkauskiene
09:40 - 10:20		Dr. Simonas Grybauskas
10:20 - 10:50	- Coffee break - Lounge opening „Meet the Speakers“	
10:50 - 11:20	The secrets for success of tooth transplantation	Dr. Ewa Czochrowska
11:20 - 12:00	Microperforations and its clinical applications in orthodontics	Dr. Cristina Teixeira
12:00 - 12:40	Corticotomies in everyday practice: when, where and why	Dr. Alberto Canabez
12:40 - 14:00	- Lunch break - Lounge opening „Meet the Speakers“	
14:00 - 14:40	Temporomandibular dysfunction and condyle position	Dr. Jose Maria Llamas
14:40 - 15:20	Treatment mechanics for the TMJ patient	Dr. Domingo Martín

NEW: „Meet the Speaker“ area

Meet the speakers in the lounge area during the coffee and lunch breaks. They are happy to answer your questions.

Dr. Simonas Grybauskas (Lithuania)

Most common mistakes made in orthodontic preparation for surgery. The protocol

Correction of skeletal malocclusion by means of orthodontics and orthognathic surgery is a multidisciplinary treatment. That is why it has to be properly coordinated between the surgeon and the orthodontist. The best results are achieved when both players are active in the team and communicate throughout the treatment.
It is important to understand that the orthodontist works at the dentoalveolar level whereas the surgeon works at the skeletal level and does not interfere into the teeth setup during the surgery. That is why the teeth should be setup properly within the jawbones and allow the anticipated repositioning of jaw bones in the necessary vectors and distance. If not, the surgeon may be cornered during the planning process and will have to alter it both incurring hesitations whether the surgical outcome is going to be the same as planned.

Dr. Dalia Latkauskiene (Lithuania)

We are going to discuss the most usual mistakes in orthodontic setup for surgery: dental midlines non-coincident with skeletal midlines, inadequate angulation of front teeth, overzealous expansion or constriction, flaws created by improper closure of extraction spaces, unstable orthodontic mechanics resulting in postoperative orthodontic relapse. Intrinsic coordination of upper and lower dental arch shapes and extrinsic coordination of dental arches to the skeletal bases of the jaws set the protocol of our work: stable orthodontic alignment, minding the midlines and angulation of teeth while aiming to achieve maximal decompensation within physiological limits. Facial aesthetics largely depends on the surgical plan of jaw repositioning, however, the plan may largely depend on the accuracy and quality of preoperative orthodontic setup.

Dr. Cristina Teixeira (USA)

Microperforations and its clinical applications in orthodontics

With more adults undergoing orthodontic treatment, orthodontists are pursuing new ways to reduce treatment duration and expand the boundaries of tooth movement. To achieve this goal, we not only need to make a correct diagnosis and utilize proper mechanics, but we must also gain a better understanding of the biological principles of tooth movement and bone response to orthodontic forces. In this presentation we will review the factors controlling the rate of tooth movement and bone remodeling, and introduce Microperforations (MOPs) as a tool to enhance these processes. We will introduce its clinical application in orthodontics, and the guidelines to the use of MOPs in the daily practice and for correction of severe craniofacial deformities.

The congress language is English. All lectures will be translated into the following languages: Spanish and Russian

Great Speakers - Day 3

Great Speakers - Day 3

Dr. Ewa Czochrowska (Poland)

The secrets for success of tooth transplantation

Contemporary dentistry offers life-long preservation of natural teeth, however growing patients with missing teeth have limited possibilities for tooth substitution, especially after traumatic loss of maxillary incisors. Autotransplantation of developing teeth is an attractive option to replace missing teeth in children and adolescents. The advantages of this technique include a natural tooth replacement, preservation of the alveolar bone during growth and bone regeneration in patients with a deficient alveolar process.

Tooth transplantation was reported to be successful, especially for developing premolars, however it always involves a risk of unpredictability related to a surgical injury. Possible complications may include different types of root resorption and root growth restriction. The follow-up protocol assessing normal and pathologic healing after tooth transplantation will be described. Key aspects of the orthodontic treatment planning in patients scheduled for tooth transplantation will be provided with respect to patient's age, occlusion and number of missing teeth.

Premolar transplantation to anterior maxilla is particularly challenging because of the esthetic demands in this region and different clinical scenarios following traumatic injury. The critical aspects, which may contribute to sub-optimal outcome will be highlighted including evaluation of a recipient site and the optimal donor tooth to obtain a successful healing, positioning of the transplanted tooth for a satisfactory esthetic outcome and final reshaping to the incisor's morphology. Different clinical applications will be presented during the lecture.

Dr. Alberto Canabez (Spain)

Corticotomies in everyday practice: when, where and why

Face orthodontic philosophy involves aesthetics, functional occlusion, periodontal health, and long term stability of the treatment. The achievement of these treatment goals largely depends on the bone support of the teeth. Unfortunately in many adult cases, the only tissue surrounding the roots of our patients is a thin layer of cortical bone which limits the orthodontic correction. In recent years corticotomies have proved to be a reliable and powerful tool in adults orthodontics. As with every technique there are variations and different described procedures. We are going to share our experience with full flap option and our perspective about it.

Dr. Jose Maria Llamas (Spain)

Temporomandibular dysfunction and condyle position.

In the last decades TMD has been related to different aspects such as occlusion, muscles, parafunction, articular disease, psychology, stress, individual predisposition, and even unknown reasons. In the last years occlusion has been relegated as an essential etiological factor. But condyle position has not been taken into consideration concerning TMD. Since orthodontists use CBCT as a diagnostic tool, condyle position must be analyzed in order to obtain the treatment plan for patients with malocclusion. But we must also need the knowledge to associate condylar position with TMD. Different malocclusions may show different condylar positions. And different condylar positions can be a TMD etiological factor.

Despite not being well studied , clinical orthodontics tells us that condylar position may be considered as an important issue when planning treatment and TMJ stable position. In my presentation I will share with you data and clinical cases regarding a special situation . When upper incisors are retroclined the mandible is pushed backward and mainly downward. We can find it in Class II division 2. Therefore TMJ space is altered and pain and symptoms are frequently found. Orthodontic treatment must get the best incisal angle, allowing the mandible to achieve a natural position, and the condyle a stable condition. The question is if this procedure can correct the malocclusion and eliminate TMD.

Dr. Domingo Martín (Spain)

Treatment mechanics for the TMJ patient

Many patients who come to our orthodontic practices seeking treatment of their TMD signs and symptoms, have suffered sometime in their life from progressive condylar resorption.This process leads to loss of height and volume of the mandibular condyle and this inevitably leads to changes in the occlusion. Because of the relationship between these occlusal changes and TMD, the orthodontist now must resolve the condylar and occlusal problem simultaneously. In my presentation I will illustrate how we can achieve a stable condylar position. Once obtained, I will then proceed to show how we treat the occlusion to maintain this stable condylar position. This treatment protocol will resolve the signs and symptoms on a short and long term basis, without the need of any medication.

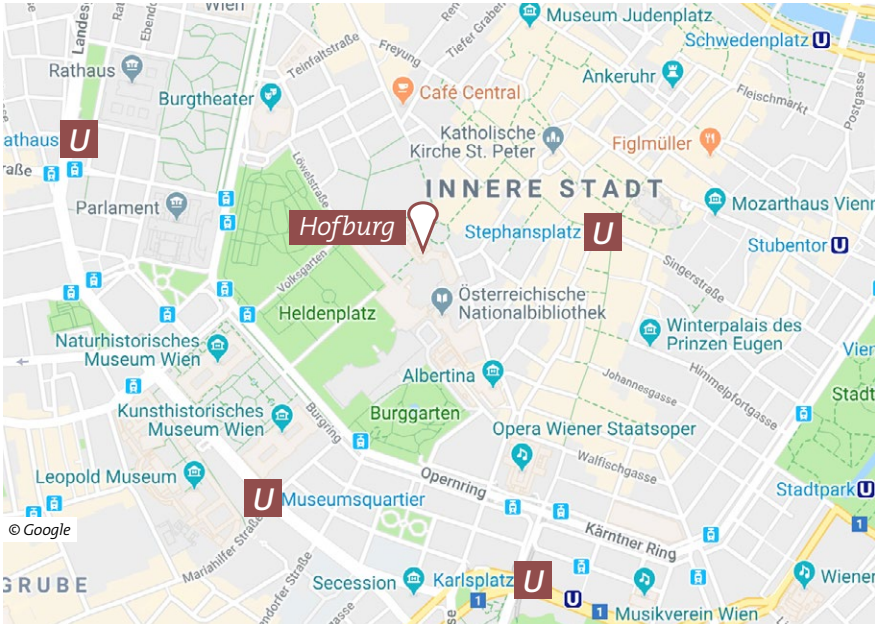
Great Speakers - Day 3

Program for accompanying person

Friday, 28th September · 10:00 - 12:00 am · Meeting point: Hofburg

The purpose of this walk is to present parts of old Vienna that cannot be shown to the visitor in the course of a regular sightseeing tour. Starting at Heldenplatz, our walk takes us past the Imperial Palace, the winter residence of the Imperial family. After a walk through the Volksgarten we reach Beethoven-Pasqualatihouse where the famous composer lived for more than 8 years. Subsequently, our walk leads us over Herrengasse and Graben to St. Stephen's Cathedrale. After a turn around with its numerous cultural and historical highlights we lead you through small lanes and yards, which really provide us an impression of the old Vienna.

Also inclued is a 3-day ticket for public transportation in Vienna.



U *The nearest underground stations to the Hofburg:*

- *Rathaus / town hall*
- *Museumsquartier / museum quarter*
- *Karlsplatz / Charles' square*
- *Stephansplatz / Stephen's square*

The following program is complimentary for all participants, which have booked the package for accompanying persons. For all events a FORESTADENT employee will be present to assist in any kinds of problems.

Forestadent contact person

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face meeting Vienna

28th-30th Sep. '18

We would like to inform you that video recordings and photos will be taken during the meeting. These are used for reporting in social networks, press releases and publications, e.g. brochures. With your participation you declare your full acceptance. If you do not agree, please inform our photographer or our staff.

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More information: www.forestadent.com