

**FOREVER GREEN DENTAL PRODUCTS LIMITED**

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**Prof. Birte Melsen, DDS, Dr Odont.  
Certified Orthodontist, Aarhus, Denmark**

**A Lecture 7/3/2019**

1. Exploring the Limits of TAD  
(Temporary Anchorage Device)
2. Facts and Fallacies: Arch Widening

**B Lecture 8/3/2019**

3. Regeneration of the degenerated dentition.  
Where is the limit?
4. Discovering the Intricacies and Limitations in  
Adult Orthodontics

***Prof. Birte Melsen recommends the dentists  
should take both A Lecture and B Lecture  
if you want to understand her teaching fully.***

**Date & Time : Lecture**

**A 7 Mar 2019 (Thursday) 9:00 a.m - 5:30 p.m**

**B 8 Mar 2019 (Friday) 9:00 a.m - 5:30 p.m**

**Venue:**

**Forever Green Dental Products Limited**

Unit 1202, Lippo Sun Plaza, 28 Canton Road, Tsim Sha Tsui, Kln

**Language : English**

**CME Points : NONE**

**Enrolment Form**

Name : \_\_\_\_\_

中文姓名 : \_\_\_\_\_

Address : \_\_\_\_\_

Phone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Cheque No. : \_\_\_\_\_ Bank : \_\_\_\_\_

**I would like to enroll in the lecture :**

**A Lecture - 7 Mar 2019 (Thur) 9:00am - 5:30pm**

HKD 2,500 (on or before 1 March 2019)

HKD 3,000 (on or after 2 March 2019)

**B Lecture - 8 Mar 2019 (Fri) 9:00am - 5:30pm**

HKD 2,500 (on or before 1 March 2019)

HKD 3,000 (on or after 2 March 2019)

Course fee includes: coffee breaks and lunch

Should you have any enquiries, please feel free to contact - *Ms. Phyllis Wong* at **2388 2798** or by email : [forevergreendental@gmail.com](mailto:forevergreendental@gmail.com)

Please complete the enrolment form together with a crossed cheque payable to

**Forever Green Dental Products Ltd.**

fax to : **2332 8183** or

post to : **Unit 1202, Lippo Sun Plaza, 28 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong**

**Disclaimer :** The organizer reserves the right to cancel, postpone or change the venue, date and time of the event due to unforeseen circumstances. In the event of cancellation, only the course fees will be refunded.

**About the Speaker**

**Prof. Birte Melsen, DDS, Dr Odont.**



Professor Birte Melsen was born in Aabenraa, Denmark 9th of June 1939. From 1975-2012 she held the title of Professor and Chairman of the Department of Orthodontics at The School of Dentistry, Aarhus University, Denmark. She retired from her Professorship and her position as Head of Department 1 September 2012 and she is now affiliated with NYU New York, US., Perth, West Australia, and Hannover, Germany. Since 1986, she has been working part-time in a private practice in Lübeck, Germany (limited to adult orthodontics). Professor Melsen has authored more than 400 publications in the fields of growth and development based on research of human autopsy material, bone biology and clinical implant studies. In recent years her professional interests have focused primarily on the fields of Skeletal Anchorage, Virtual Imaging and Adult Orthodontic Treatment. In 2000 she received the Knighthood of Dannebrog 1st degree.

## Synopsis

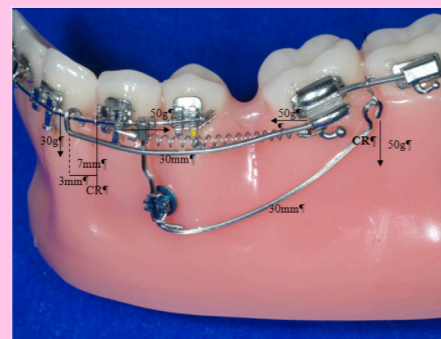
### A Lecture 7/3/2019

#### 1. Exploring the Limits of TAD (Temporary Anchorage Device)

The introduction of TADs have revolutionized the treatment approach in patients in whom anchorage has been considered insufficient or critical, when compliance is failing or used as a crutch when anchorage has already been lost. Unfortunately the use of TADs has reduced the requirement for biomechanical planning, and standardized solutions have been introduced. The lecture will demonstrate how, when treatment planning is based on rational biomechanics, the inclusion of TADS in the orthodontic toolbox can widen the spectrum of orthodontics. The role orthodontics plays in the regeneration of the degenerated dentition has changed dramatically since the application of TADs paved the way for more interdisciplinary treatments.

##### Learning Objectives:

- An orthodontic appliance including TADS can disregard the equilibrium in the appliance
- Using TADs indirectly allows for a combination of a desirable insertion site and the necessary line of action of the force
- Combining TADs with prosthodontic reconstruction may improve the prognosis



Before



After

### A Lecture 7/3/2019

#### 2. Facts and Fallacies: Arch Widening

Arch widening may be performed for various reasons and is inversely related to the perceived need for extraction. The percentages of patients submitted to extraction treatment have been varying dramatically since the dawn of orthodontics. From Angle's desire to accommodate all teeth in the arches to Tweeds wish to upright lower incisors, the need for extraction rose to comprise the majority of patients. The pendulum swung back when Damon introduced his "biozone" approach and claimed that the teeth were moving with bone allowing for dramatic expansion without periodontal damage, thus not as claimed by Wennstrom that moved outside the alveolar envelope. The recent development has been focused on narrow airways which in the seventies was the indication for adenoidectomy. Whereas tooth borne expanders do not contribute to improvement of nasal airways, this is attempted by bone borne expanders. Not only the presence of crowding and the possible need to upright lower incisor does now influence the rate of extractions which is now gradually increasing. The facial skeleton, the dentoalveolar relationship, the tongue posture and the breathing pattern will have to be taken into consideration when deciding whether and how to widen the arches.

### B Lecture 8/3/2019

#### 3. Regeneration of the degenerated dentition. Where is the limit?

Degeneration of the dentition occurs as a result of loss of teeth and reduction of the periodontium. Both factors lead to spontaneous migration of teeth leading to aggravation of existing and development of secondary malocclusions. The role played by the orthodontists in the reconstruction has been influenced not only by recent developments in appliances and diagnostic tools but, even more so, by an improved understanding of the tissue reaction to orthodontic and periodontal treatment. Evidence for bone regeneration and improved periodontium as a result of an orthodontic treatment has been demonstrated. Orthodontic treatment can thus benefit patients with a degenerated dentition in several ways: By distributing the available teeth in an optimal position for final reconstruction; by generation of an alveolar process in an edentulous area making it suitable for an implant, and by improvement of the periodontal status, quantitatively as well as qualitatively; quantitatively by intrusion mechanics and qualitatively by generating an occlusion whereby the teeth are loaded functionally.

Due to lack of anchorage teeth available these patients often cannot be treated conventionally, but through the use of Mini-implant screws the horizon of treatment possibilities for these patients has been widened. The biomechanics' necessary for the optimal usage of the TADs will be illustrated. The mini - implants not only can serve as anchorage but also contribute to the maintenance of alveolar bone while waiting for an implant and finally when loaded also contribute to the build up of alveolar bone.

The presentation will present examples of the above mentioned principles with a focus on Bio-mechanics and the use of Mini-implant skeletal anchorage.

### B Lecture 8/3/2019

#### 4. Discovering the Intricacies and Limitations in Adult Orthodontics

This lecture will not deal with young adults but focus on patients with degenerating dentitions. Recognizing the impact of the maintenance "own teeth" i.e. avoiding removable dentures in old age has led to a significant increase in the number of adult patients requiring orthodontics. But! "Alone we are limited - together we can". Adult orthodontics has to be performed in healthy environments requiring frequent periodontal interventions before initiating the treatment. Following the treatment most adult patients will need reconstruction including fixed prosthetics possibly supported by dental implants. Orthodontic displacement of teeth when performed with the correct force system can be applied to position the available teeth in the best possible position for a reconstruction and also to build-up bone for implantation. The application of temporary anchorage units facilitates the prevention of undesirable displacements of well-positioned teeth. A treatment result is, however, never stable and the post treatment maintenance will also be dealt with.



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