



distalization

Effective • Efficient • Predictable



DISTAL GLIDE™ |



Discover... efficiency!

The DISTAL GLIDE™- effective distalization



- Pre-manufactured distal glide spring for consistent precision
- Easy oral hygiene
- Easily activated outside of mouth
- CNA Beta wires for multiple bending options
- Full control over torque, tip, and rotation

The DISTAL GLIDE™ (modified Pendulum) has proved to be an incredibly efficient and predictable source of non-compliant Class II correction. Our aim was to develop the simplest, easy to handle appliance that would allow the patient to maintain good oral hygiene, improve patient comfort, ease of appliance placement and activation, and obtain the most effective distalization.



Quality - Adenta engineered an appliance to provide increased stability and improved overall response. The distalizing springs are of high quality CNA Beta Titanium for optimum performance.

Pre engineered - The distalizing springs are fabricated by machine with absolute precision. Each spring is identical to each other, and provides the practitioner with consistent forces.

Removable - To reactivate the old Pendulum appliances intraorally was cumbersome and was uncomfortable for the patient. The DISTAL GLIDE™ springs are inserted into tubes located inside the acrylic plate, this provides a sturdy support, and can easily be removed for reactivation.

Hygienic - As the distalizing springs are easily removed, this provides easier access for the hygienist.

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Lab Instruction

What else is needed....

- Attachment tubes
- Anchorage wires
- Band with Goshgarian tube attachment
- Orthodontic clear acrylic for anchorage unit
- Bonding material containing fluoride for bite plane

Clinical conditions for treatment with the modified Pendulum Appliance:

The wisdom teeth must be removed.

The root tips of the molars should not have contact with the base of the sinus. Prior to treatment an O.P.G. x-ray or if available a three dimensional x-ray should be taken.

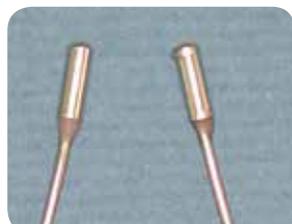


Prior to the manufacturing of a Hawley retainer an alginate impression and a plaster model must be made. Firstly, the attachment wires are bent using an .032" (0.8mm) spring hard wire and positioned on the first and second premolars.

Dependant upon the patient's case it may be necessary to bond deciduous teeth or even the cuspids.

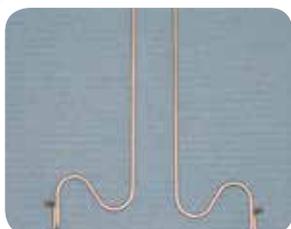
The occlusal parts of the wires should be fixed with wax onto the model.

The retention segments should have a minimum of .040" (1mm) to the surface of the model.



To insert the DISTAL GLIDE springs two attachment tubes must be fixed in the distal area of the shield.

To help to achieve the correct positioning the attachment tubes can be held in place with wax on little wire pieces with a diameter of .032" (0.8mm).



The tubes must be fixed parallel to the vertical and saggital direction of the movement of the

It is also important to check the distance of .040" (1mm) to the surface of the model.

The following procedure is identical to making a Hawley retainer. After the correct positioning with wax of the attachment wires and the tubes the base must be coated with orthodontic acrylic (alternative: light curing acrylic).

For better control of oral hygiene during treatment it is suggested to make the base out of clear acrylic. A better oral hygiene will be achieved when the distal third of the base has a .040" (1mm) space between the base and the model. Once this has been achieved, the anchorage unit of the appliance is finished.



The pre-manufactured DISTAL GLIDE™ springs can be adapted either in the lab or chair side with the patient. To insert these springs into the anchorage unit, the springs must be inserted in the tubes they can be removed at any time for activation. During treatment replacement springs can be inserted should additional distalization of the molars be required. The length of the springs needed is determined by the amount of distal movement required.



The amount of activation will be equivalent to the length of the Goshgarian tube. When shortening the springs ensure that the mesial stop of the relaxed springs is in the area of the distal end of the Goshgarian tube. If the end of activation has been reached and additional distalization is required, adapt a new set of springs as mentioned above.



The shape of the palatal bow must be also taken into consideration.

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In Treatment



The lab process is now finished and the appliance can now be inserted in the mouth of the patient.



The modified Pendulum appliance must be fixed with composite in the occlusal area of the premolars. The composite should be formed as bite plane to avoid occlusal interference in the molars region. A bonding material containing fluoride is recommended such as Transbond Plus, 3M Unitek or Ultra Band Lock, Reliance.

It is very important to form the bite blocks very carefully in order to achieve good contact points in the area of buccal segment. As the distalising springs are only held in place by the attachment and the Goshgarian tubes it is necessary to fix the springs with separating elastics.

After a two -three month period according to 5th movement of the teeth, the DISTAL GLIDE™ can be activated easily by increasing the length of the DISTAL GLIDE™ spring. Special attention must be given to oral hygiene during treatment, and it is recommended to have the patient visit the hygienist regularly.



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