



**CLEAR BLUE SMILES™**

# **DIGITAL SETUP TRAINING**

# Digital Setup:

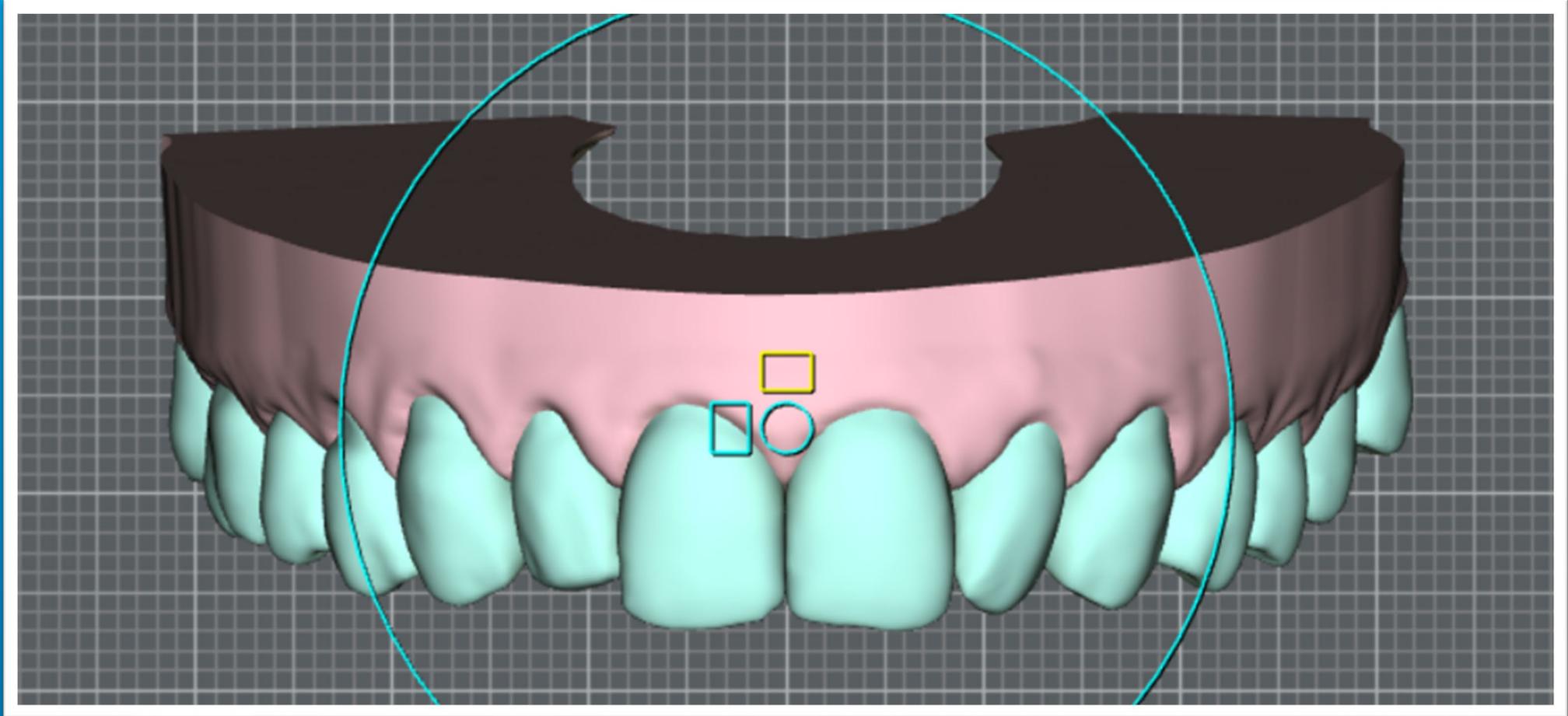
## What are the main callouts for digital setups?

1. Over extrusion of incisors
2. Inaccurate protrusive, canine-guided, or group function
3. Inaccurate planning for corrective, volumetric tooth structure replacement
4. Insufficient inclination and angulation correction

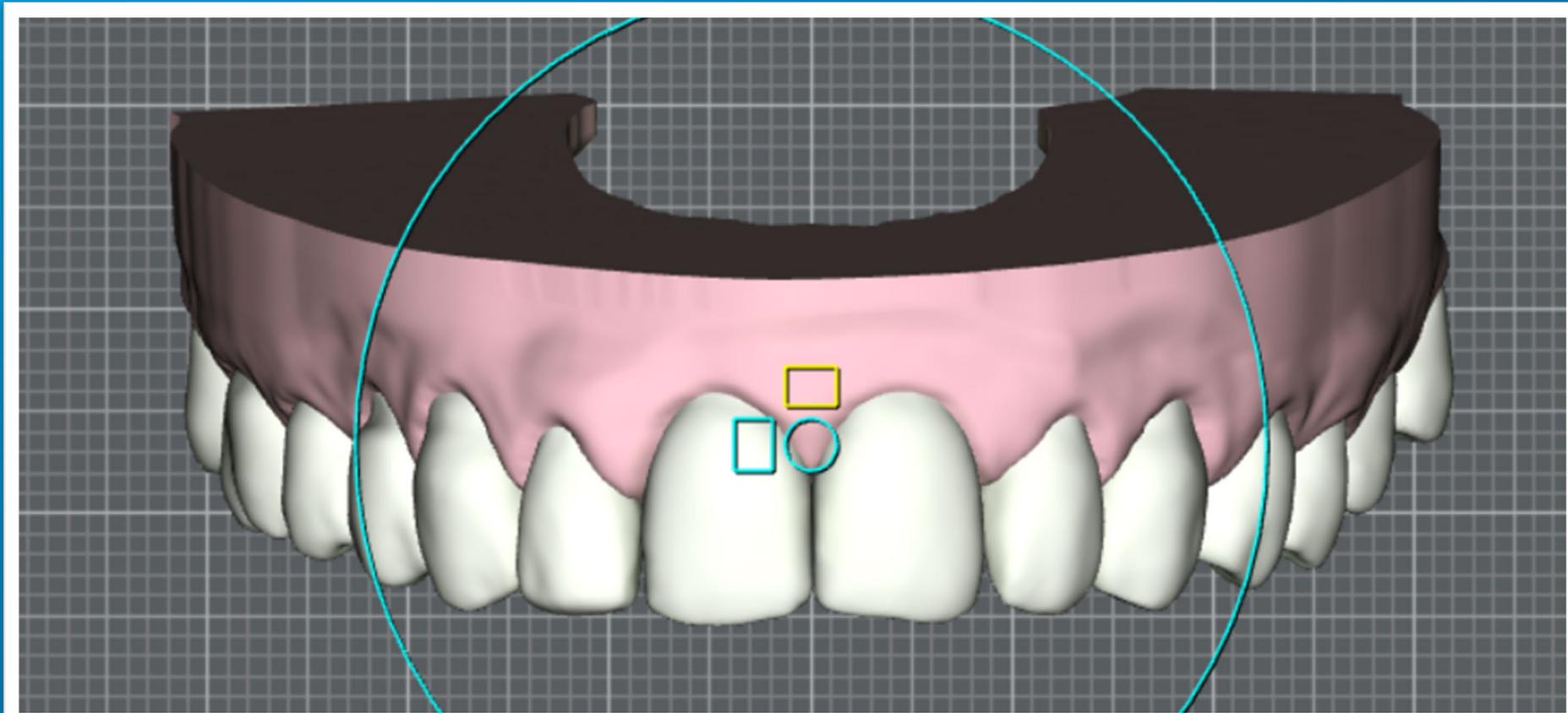
# Upper Lateral Incisors

- Over-extrusion of upper lateral incisors is a common correction by the digital lab.
- Results in failure to track properly
- It's a “misdiagnosis” by the lab due to hypoplasia of the tooth .5 to 1.0 mm of movement can be predicted based on the type of movement and the size of the tooth.

# Upper Lateral Incisors



# Upper Lateral Incisors



occlusal (+) / gingival (-)

0.5

1.4

0.1

-0.1

0.4

0.5

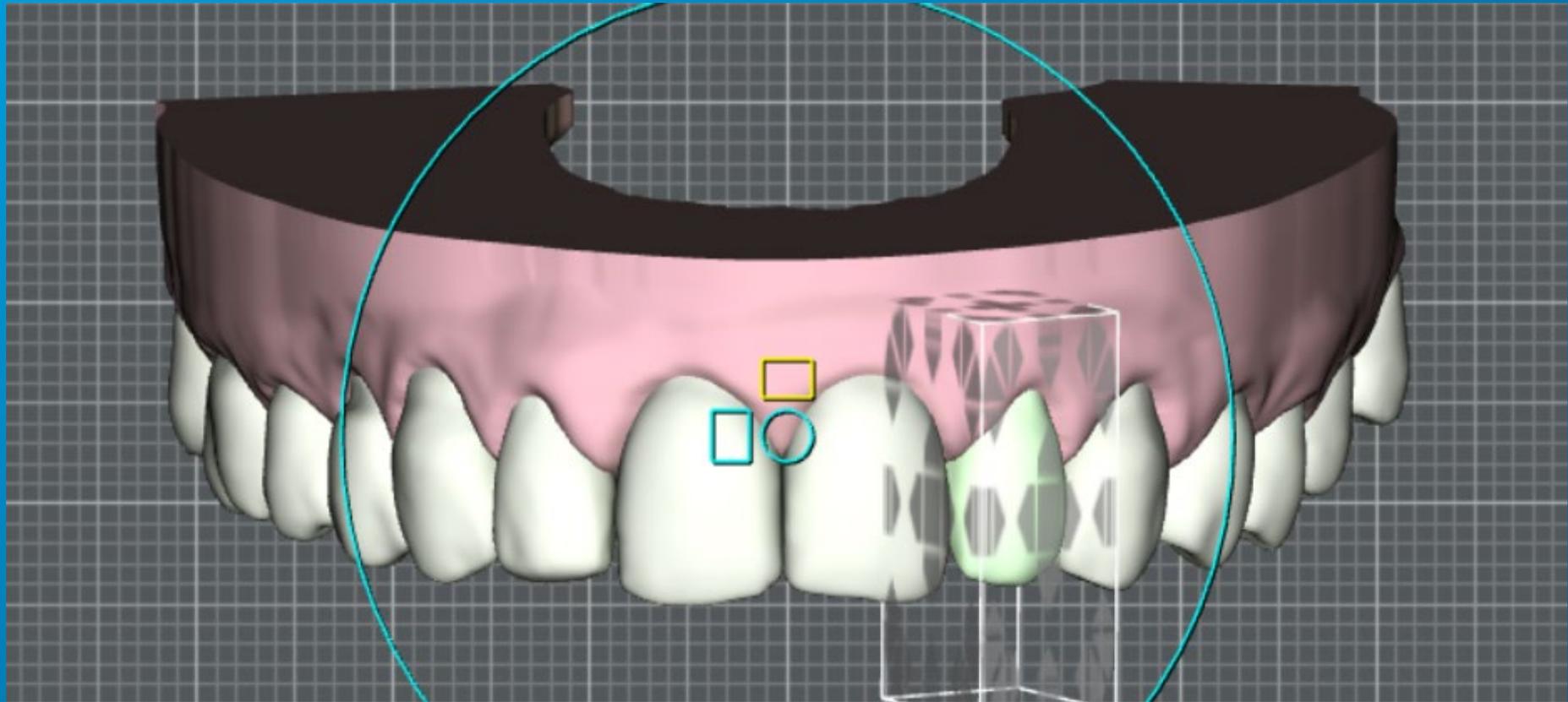
0.2

0.3

occlusal (+) / gingival (-)



# Upper Lateral Incisors



occlusal (+) / gingival (-)

0.1

0.7

0.1

-0.1

0.5

0.2

0.3

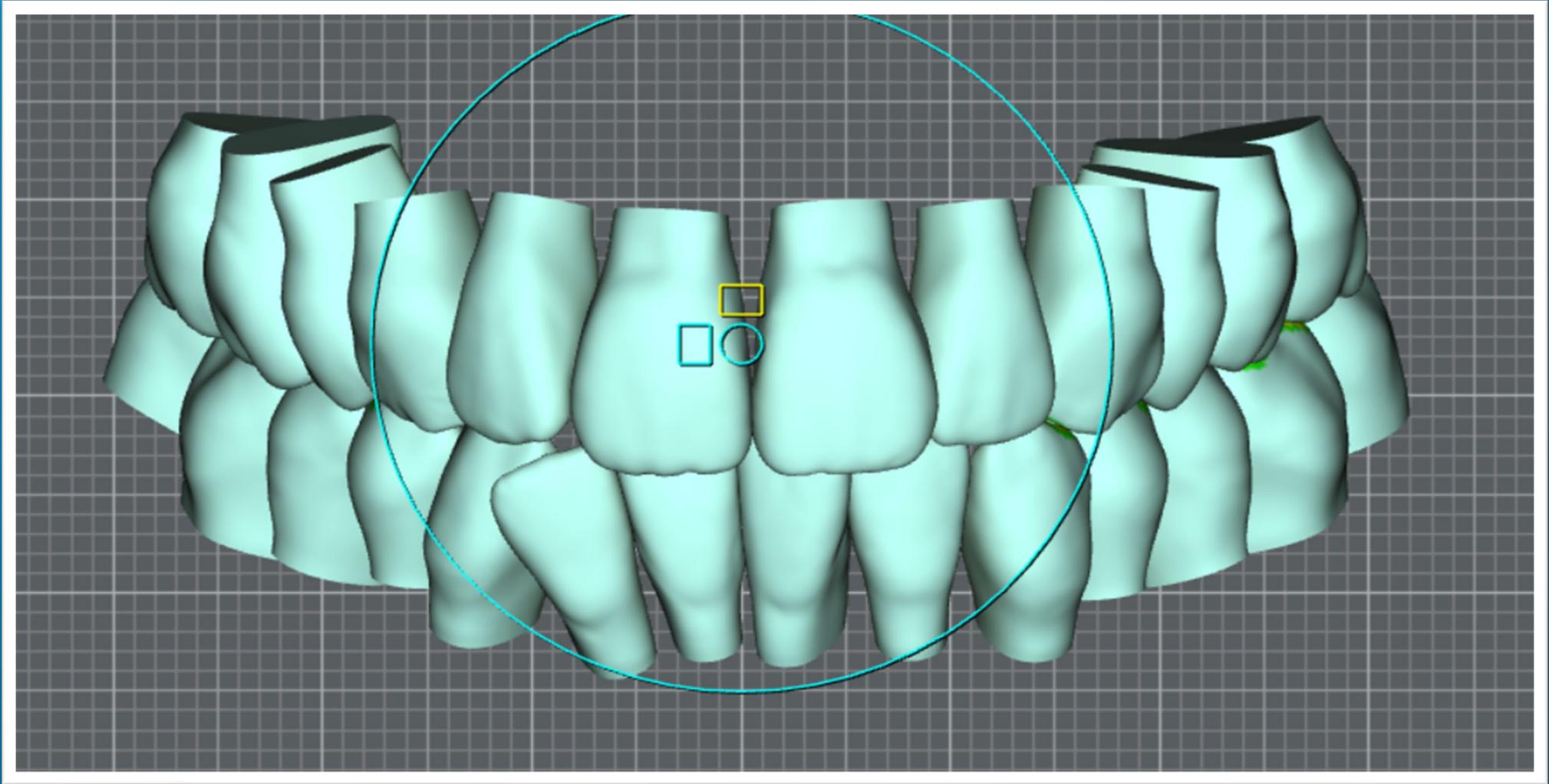
occlusal (+) / gingival (-)



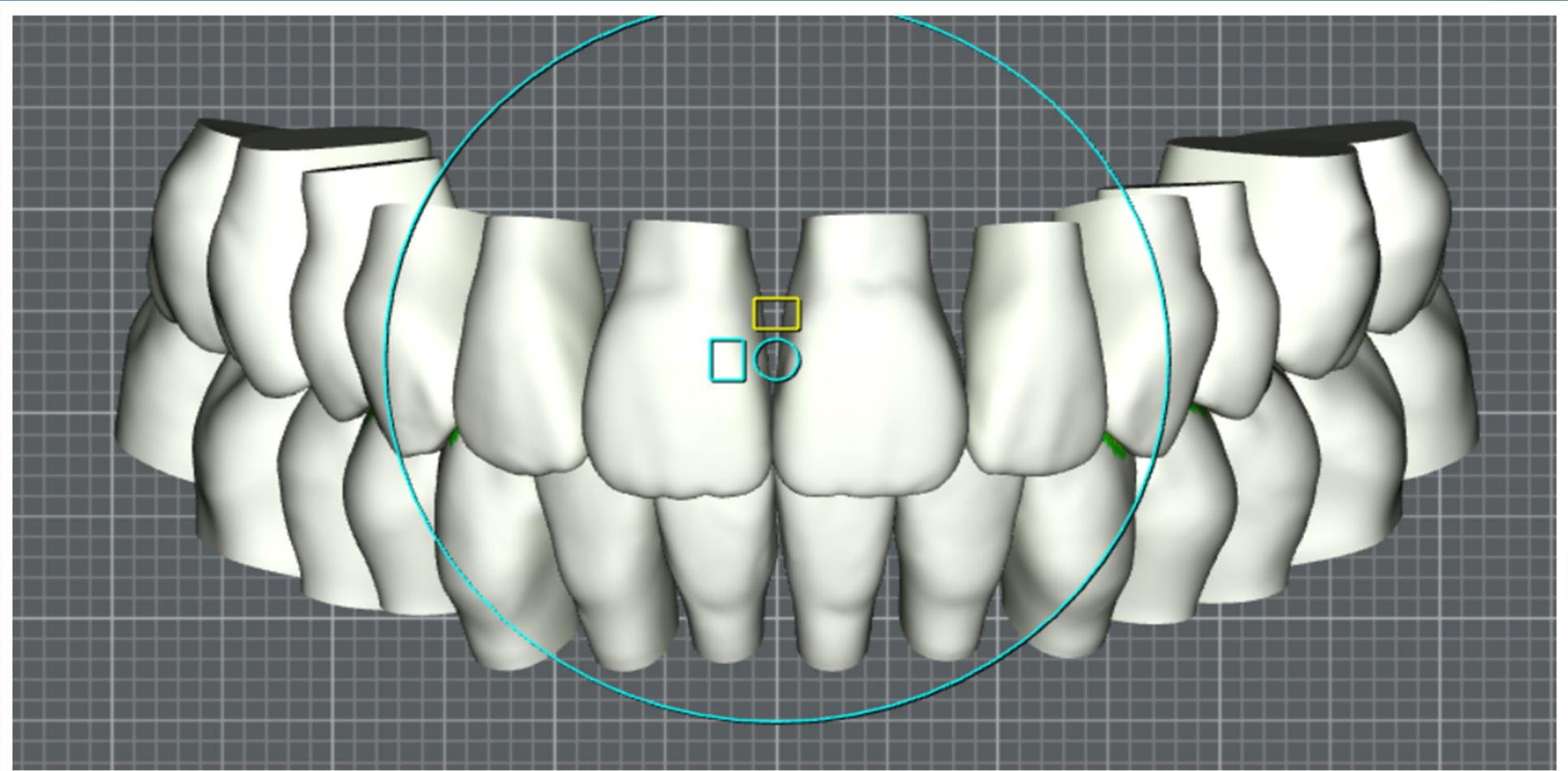
# Lower Incisors

- Over-extrusion of lower incisors is a common correction by the digital lab.
- Results in failure to track properly
- It's a “misdiagnosis” by the lab to close open bites.
- May cause compromise of the periodontal status.
- .5 to 1.0 mm of movement can be predicted based on the type of movement and the size of the tooth.

# Lower Incisors



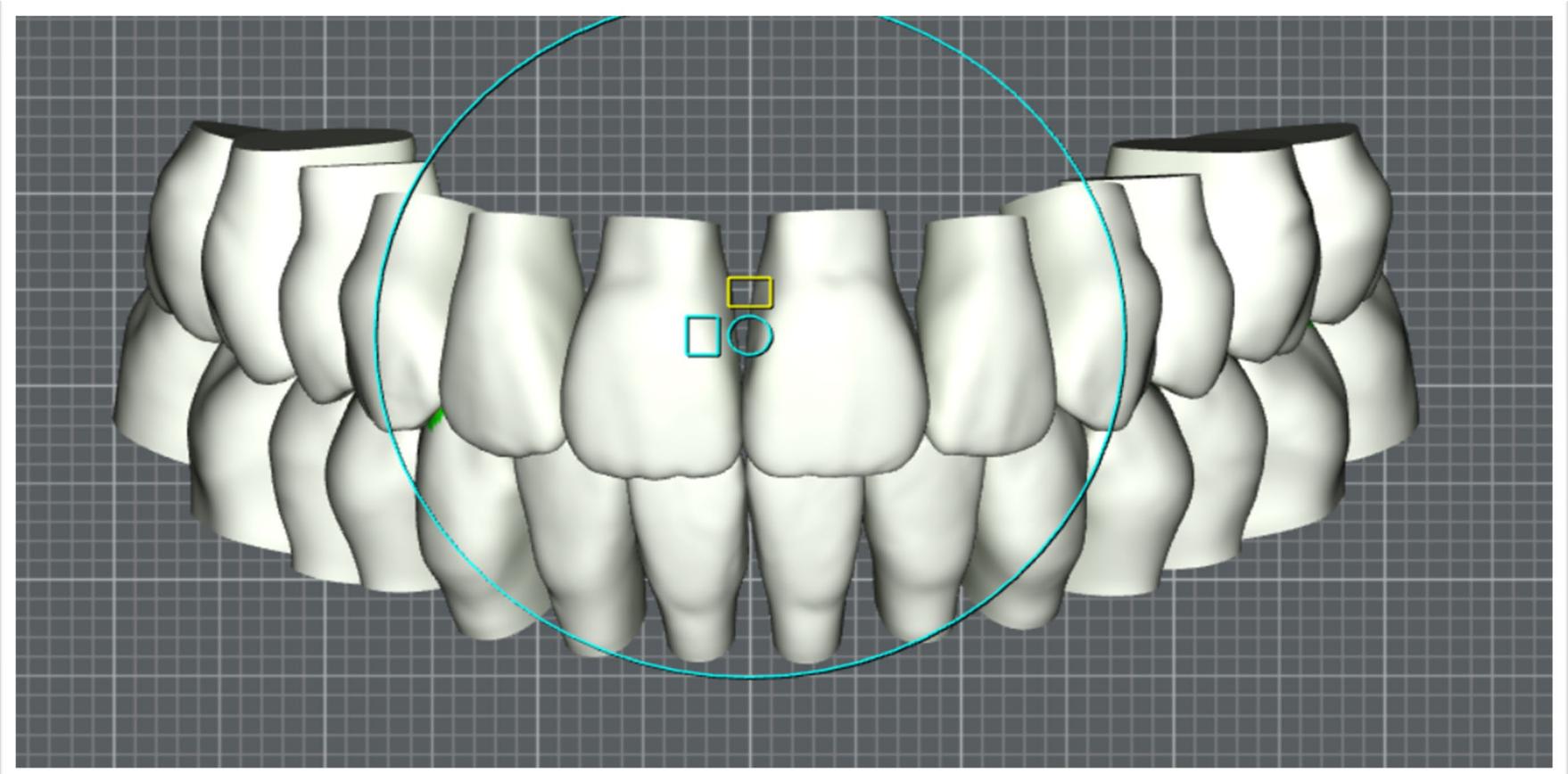
# Lower Incisors



occlusal (+) / gingival (-)	-0.8			0.6	2.4	1.4	1.4	1.4	1.4		0.3	0.5		occlusal (+) / gingival (-)
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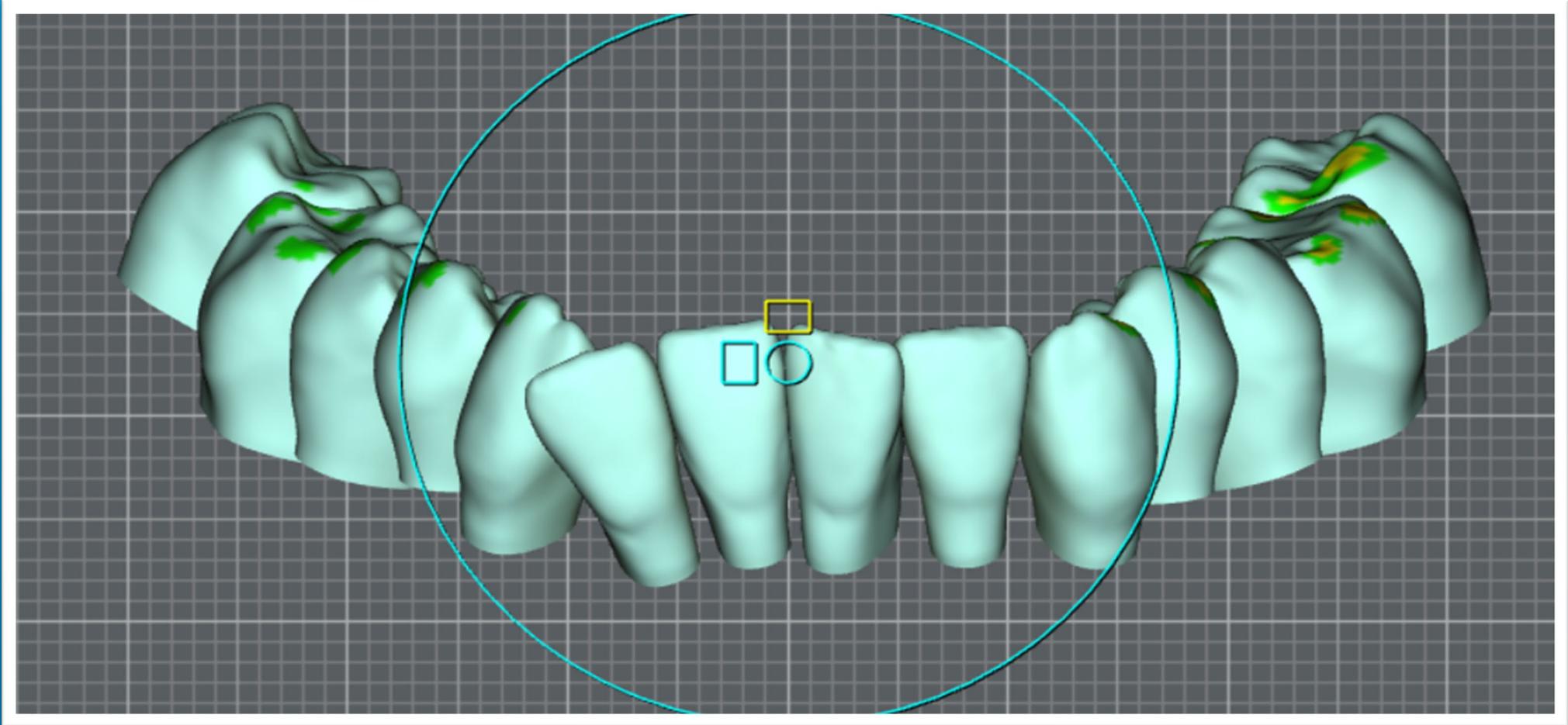
# Lower Incisors



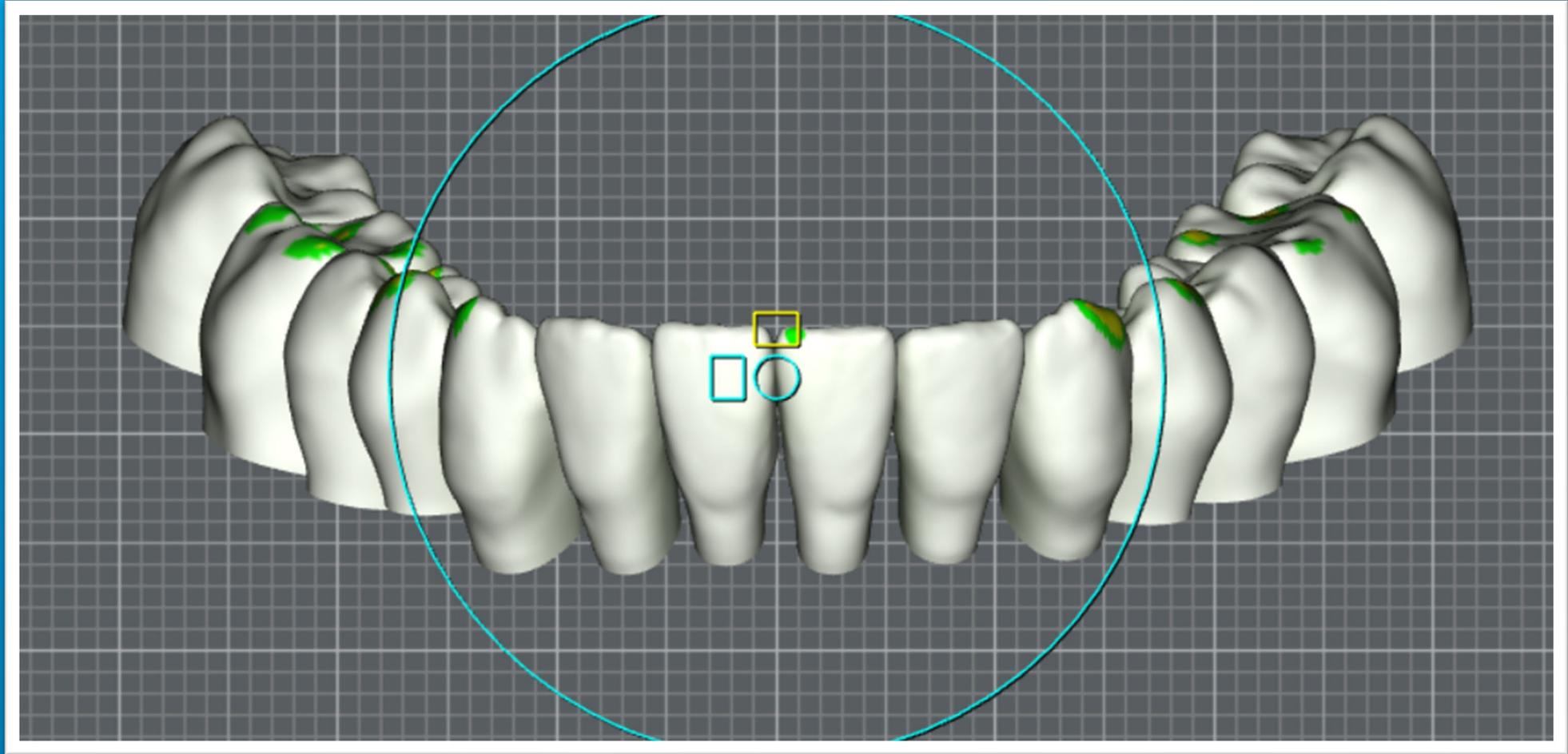
occlusal (+) / gingival (-)    0.3    0.6    0.4 -0.2    -0.4    -0.6    -0.3    occlusal (+) / gingival (-)



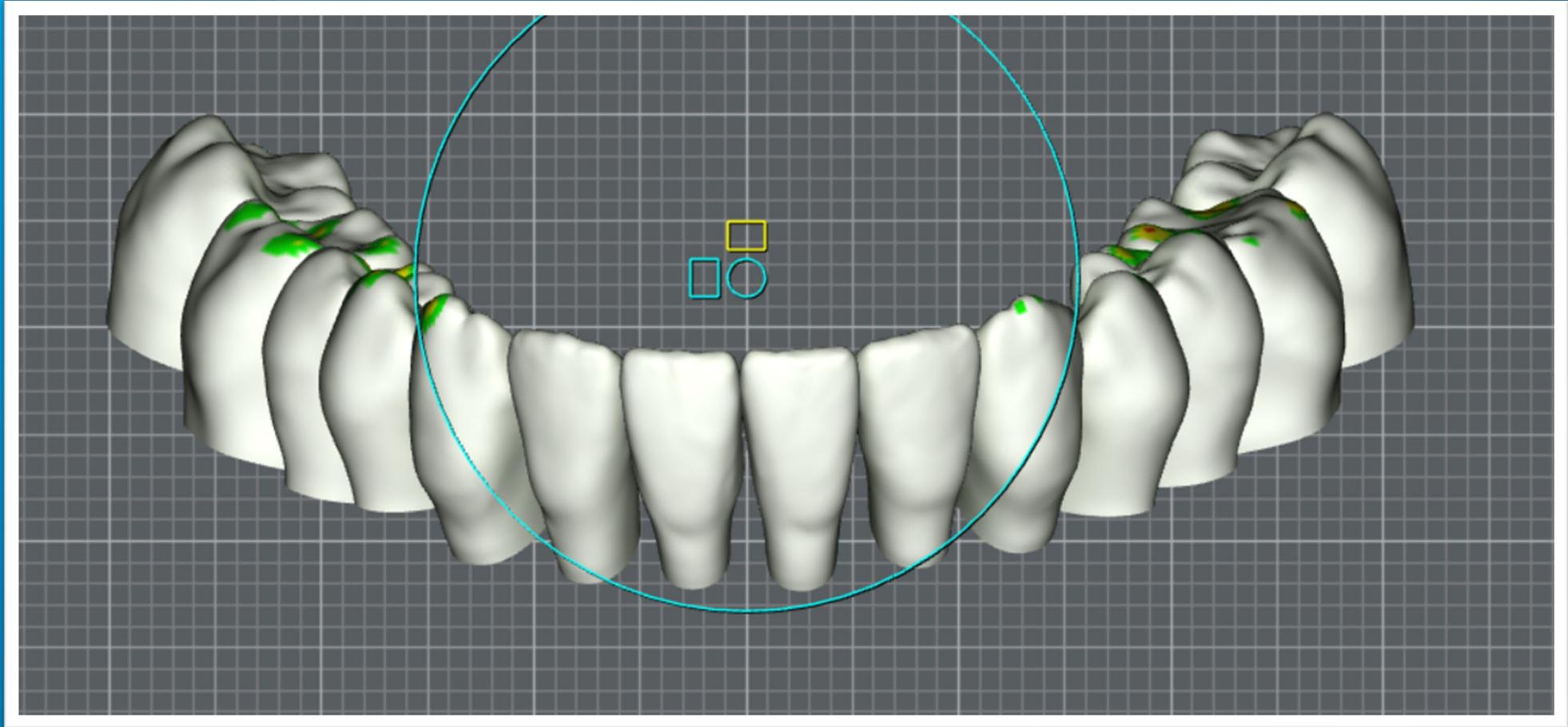
# Lower Incisors



# Lower Incisors



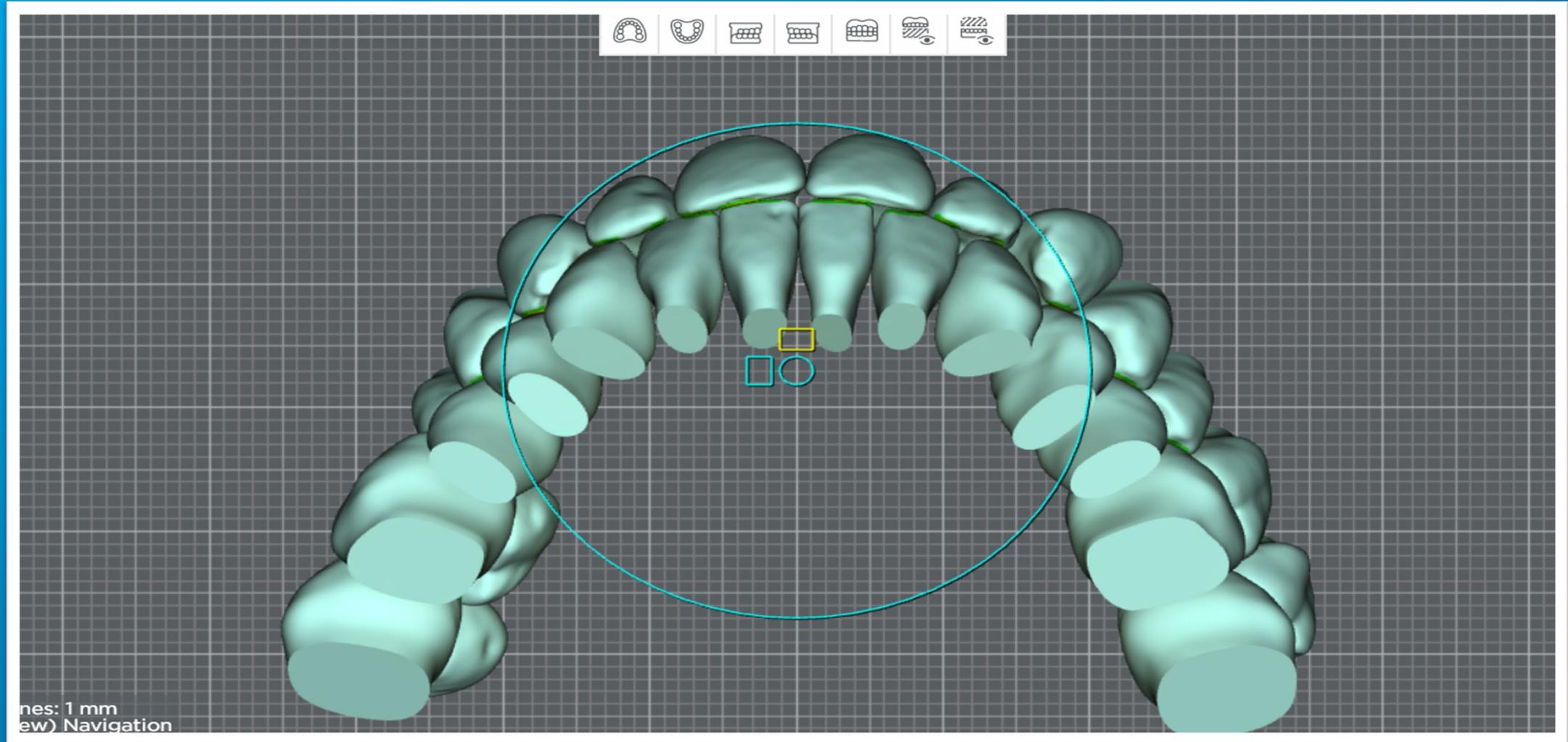
# Lower Incisors



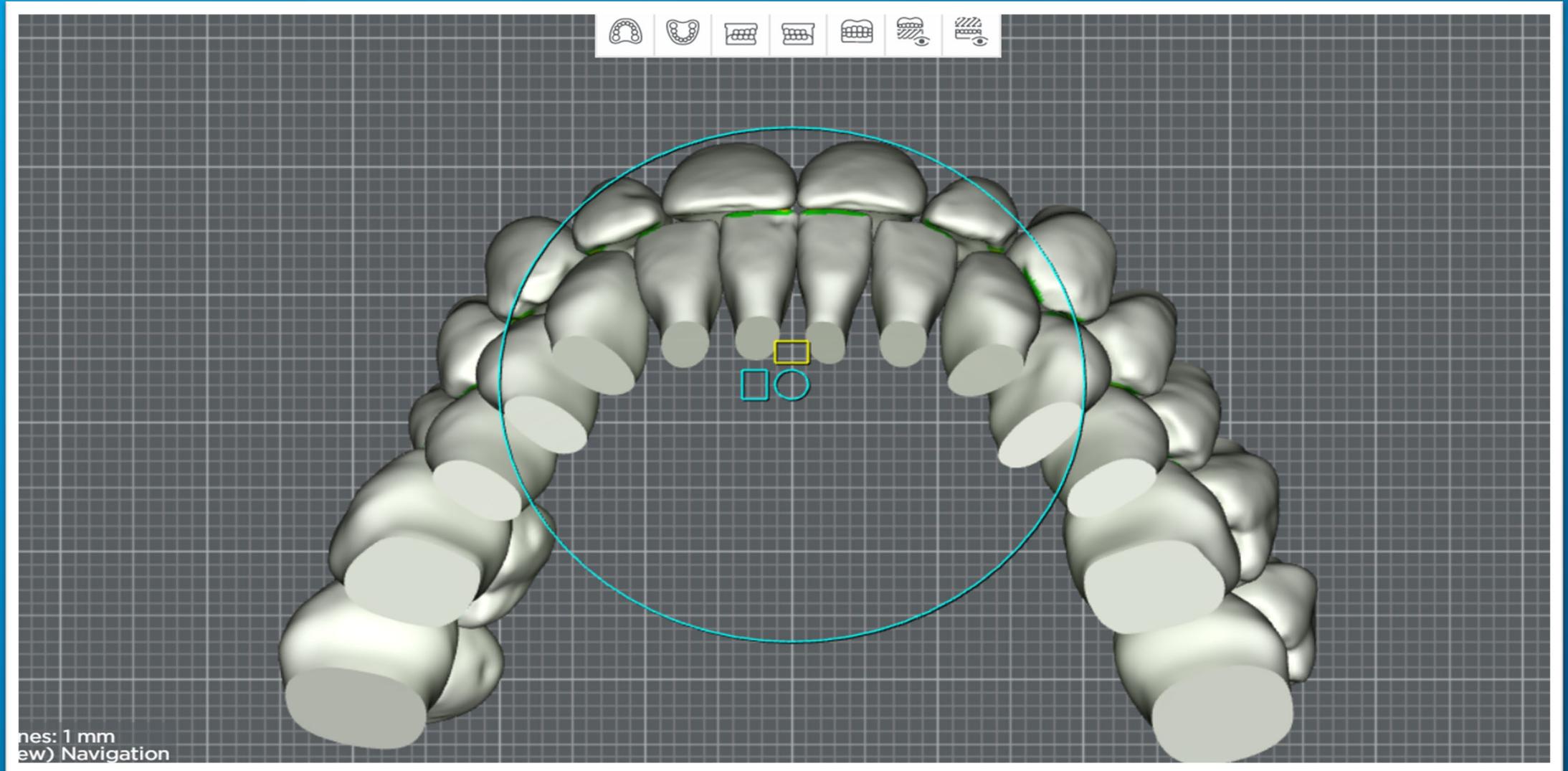
# Function: Protrusive

- Failure of disocclusion on protrusive excursion
- May be related to under correction of overbite
- Failure to level Curve of Spee
- Plan for 100% over-correction with clear aligners

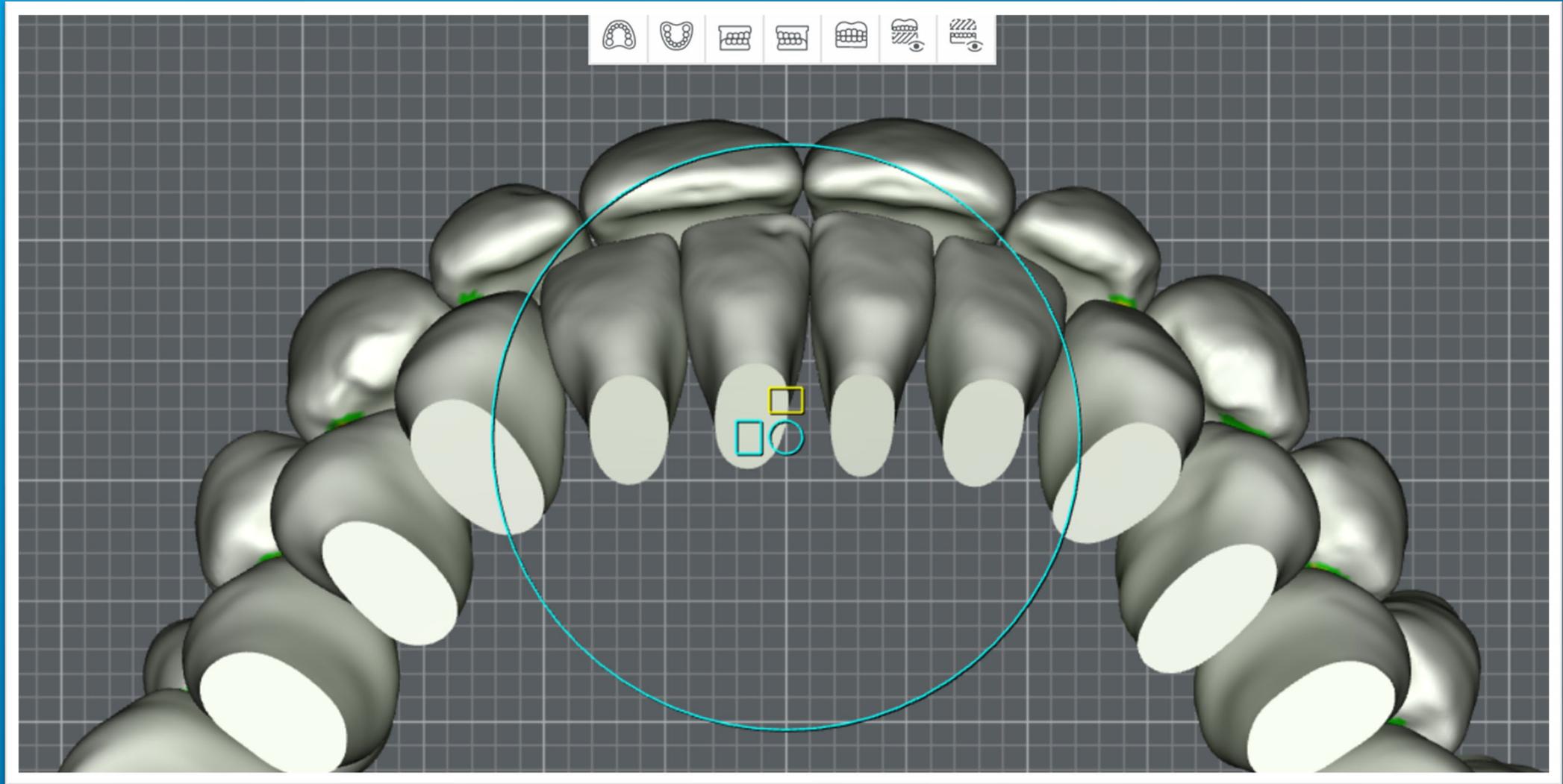
# Function: Protrusive



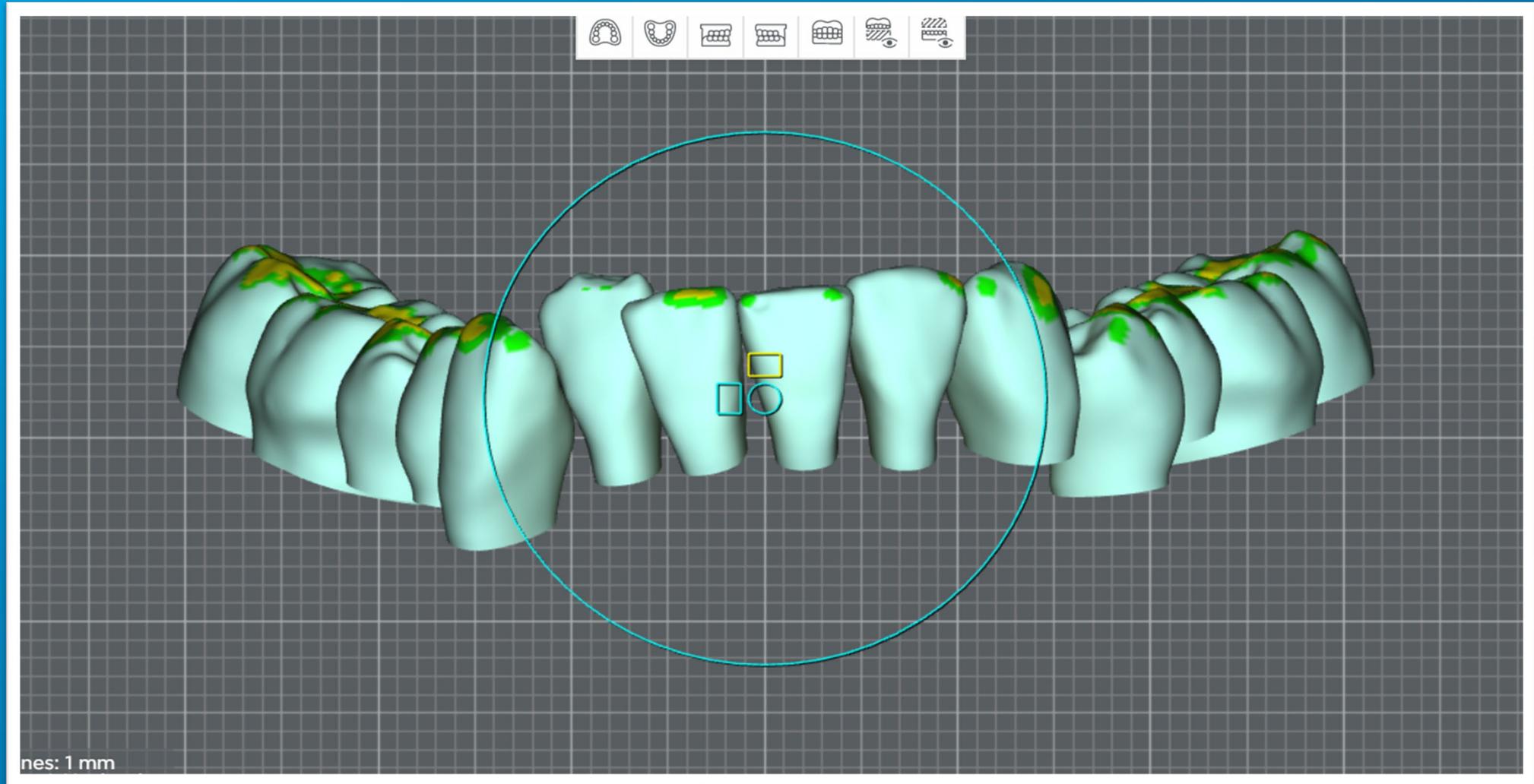
# Function: Protrusive



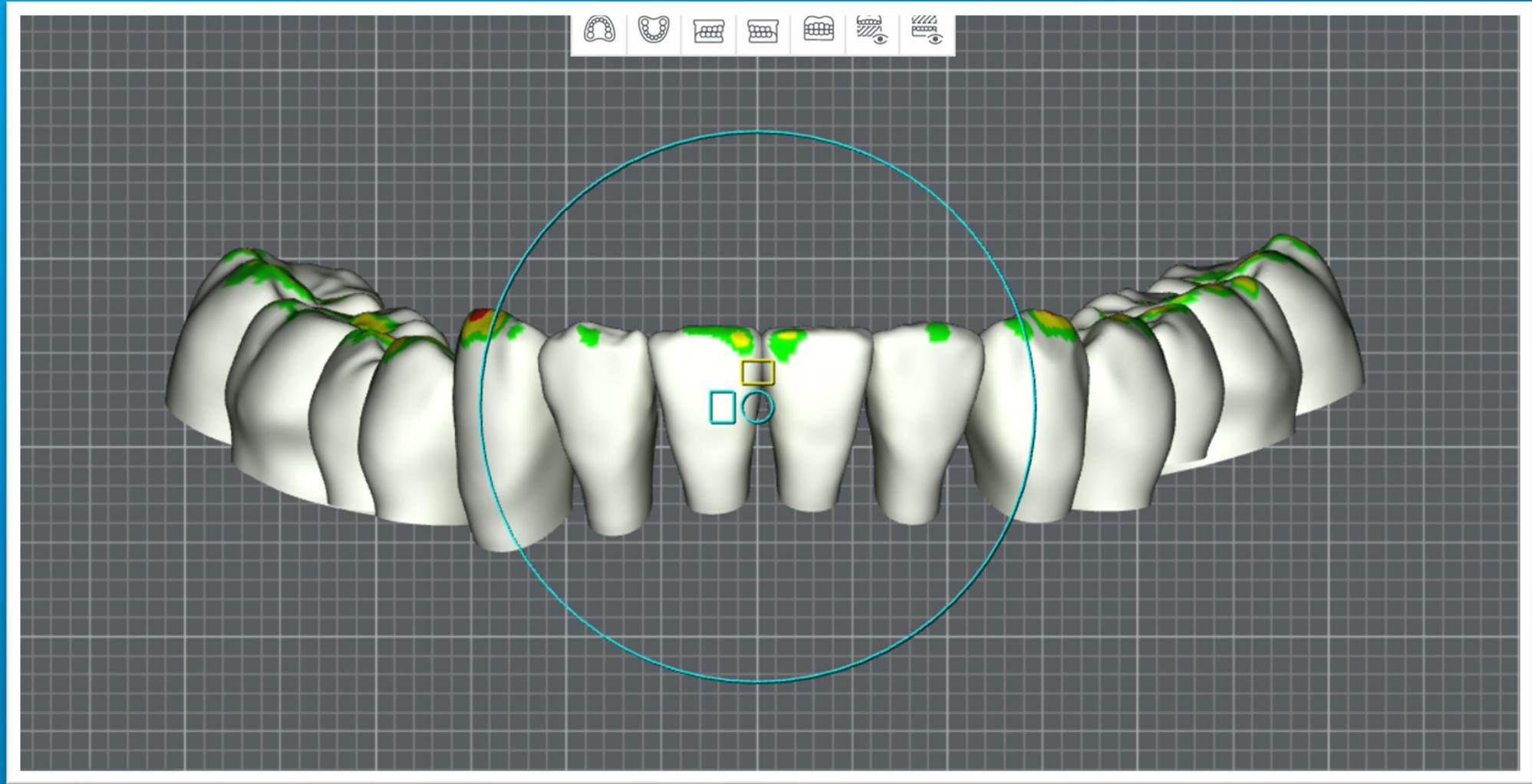
# Function: Protrusive



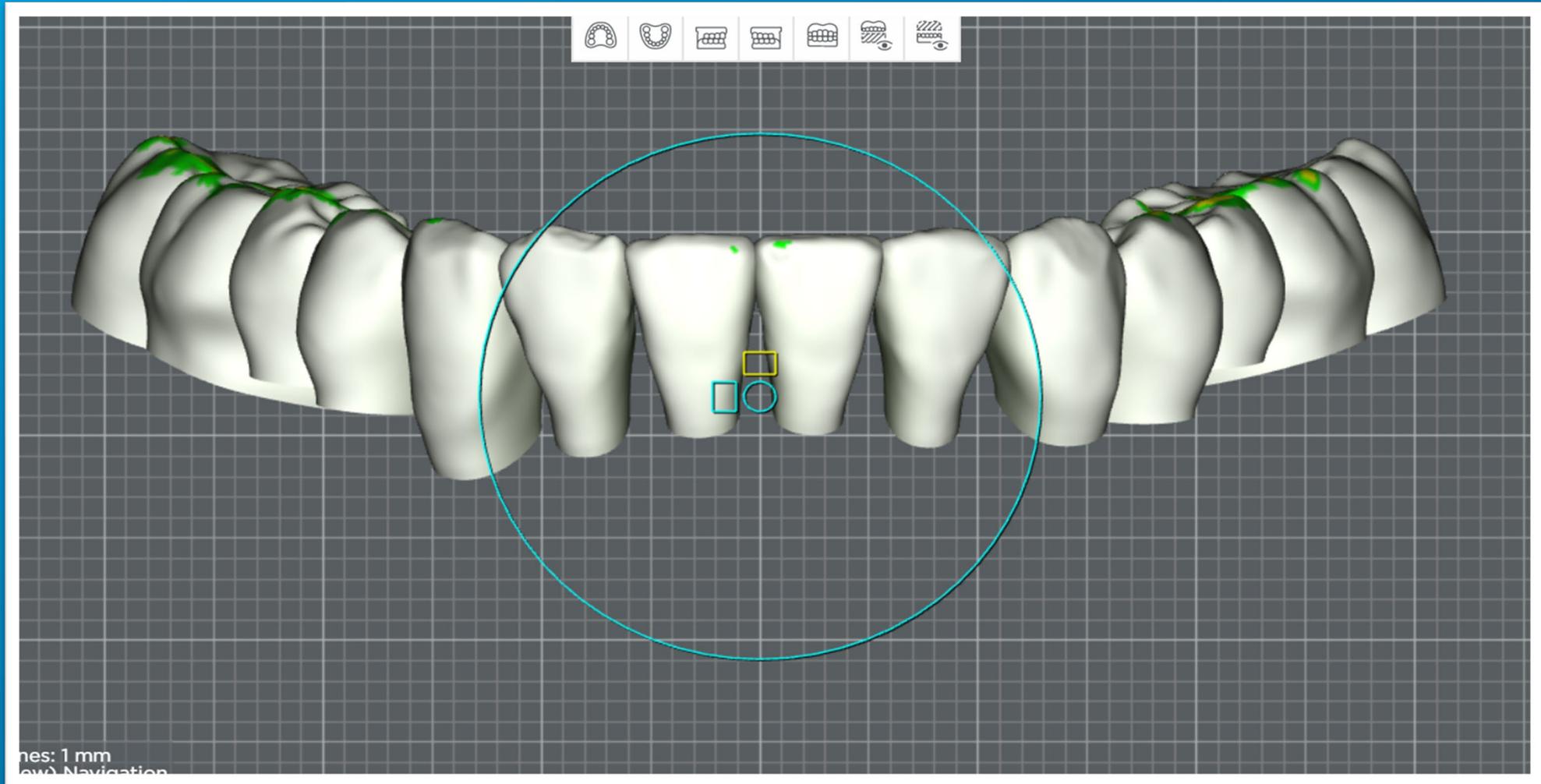
# Function: COS



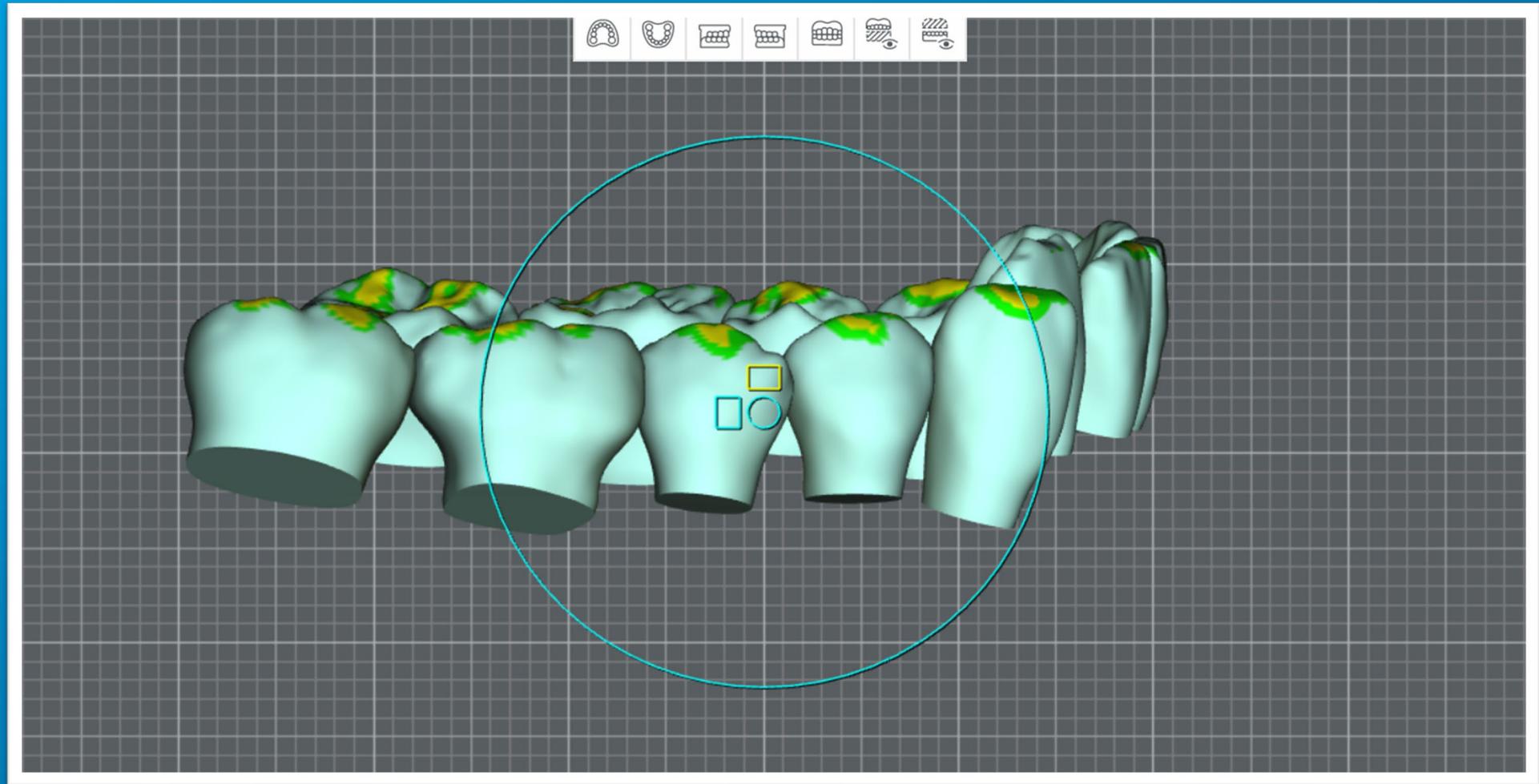
# Function: COS



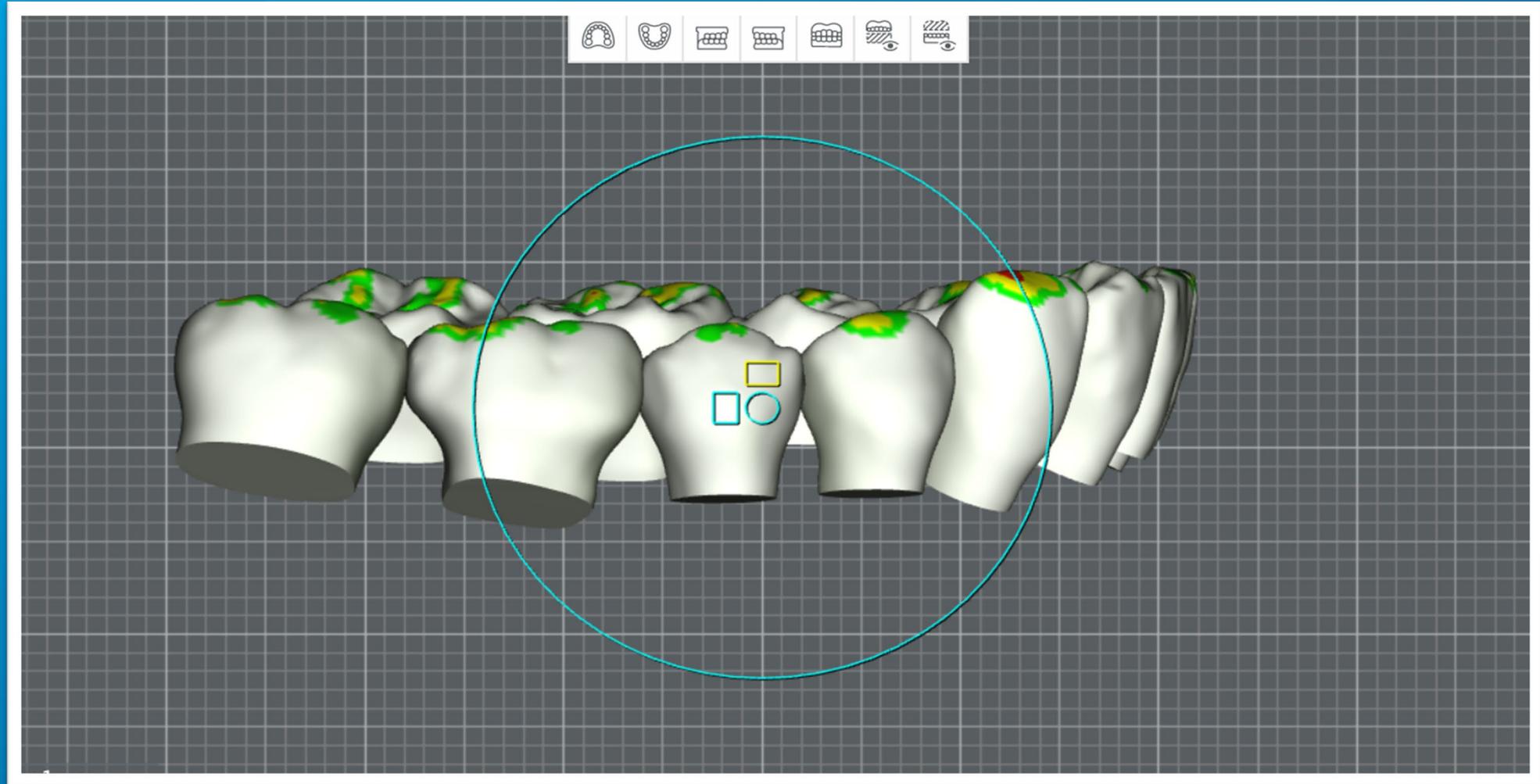
# Function: COS



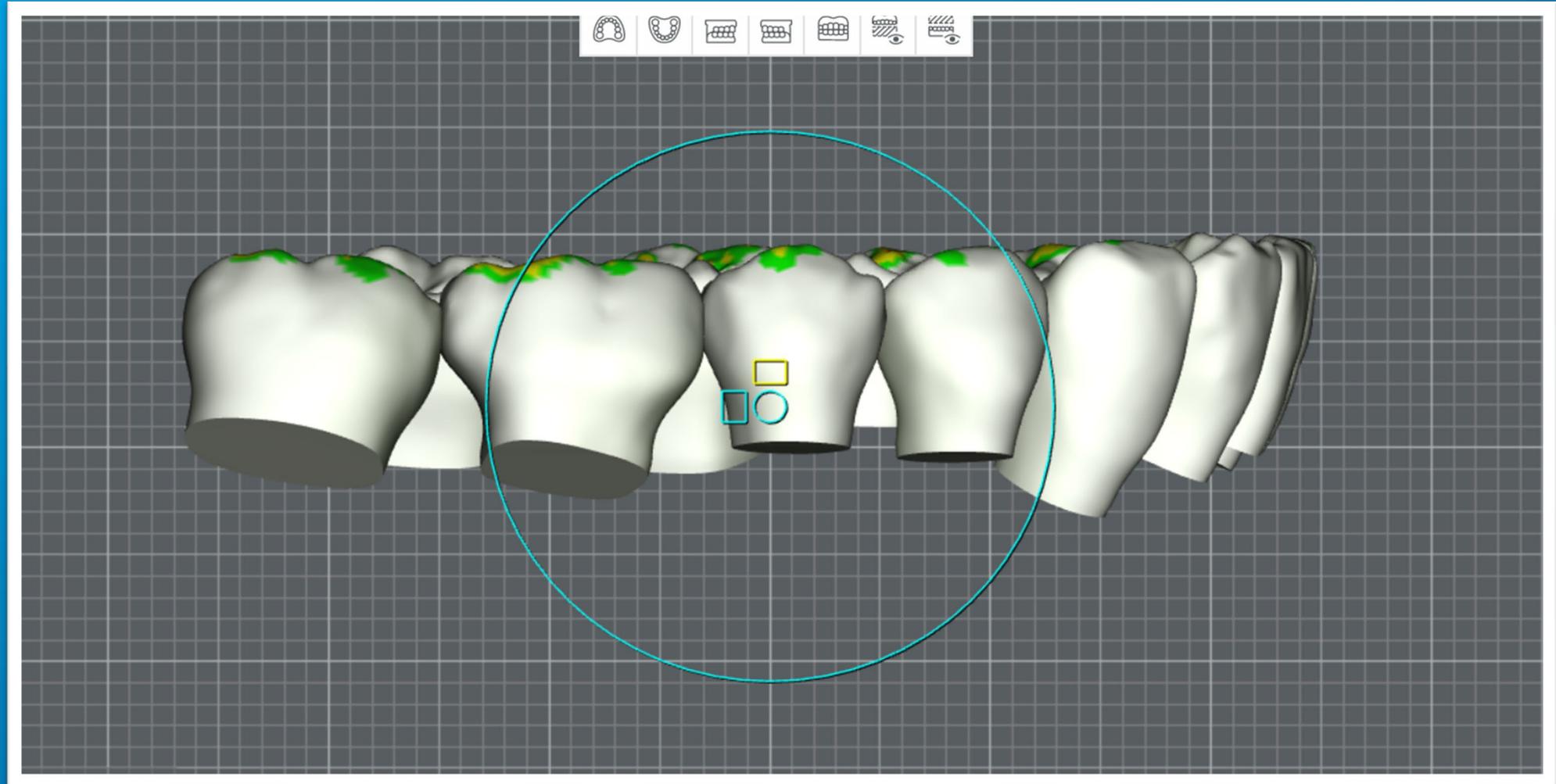
# Function: COS



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# Function: COS

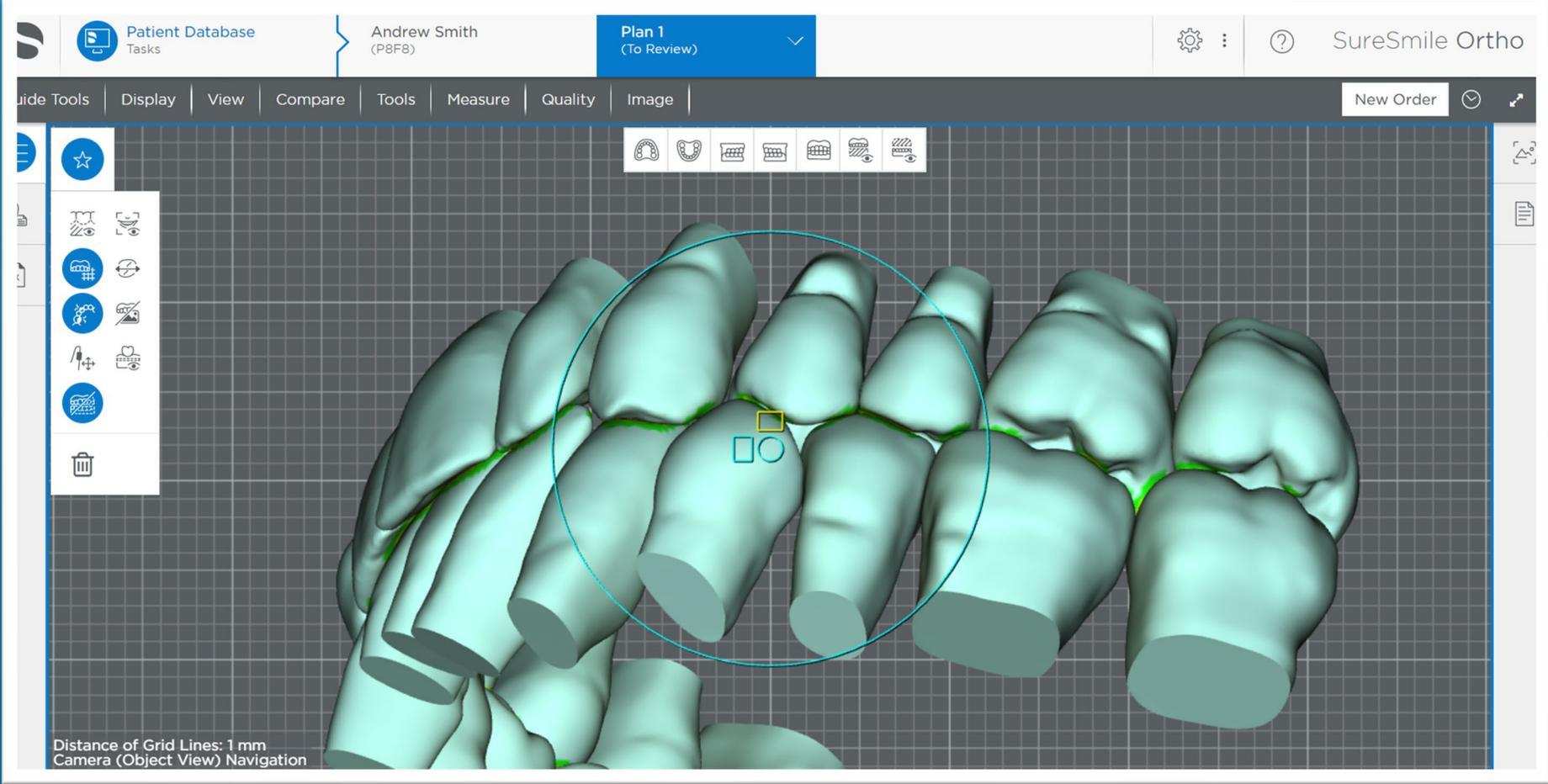


# Function:

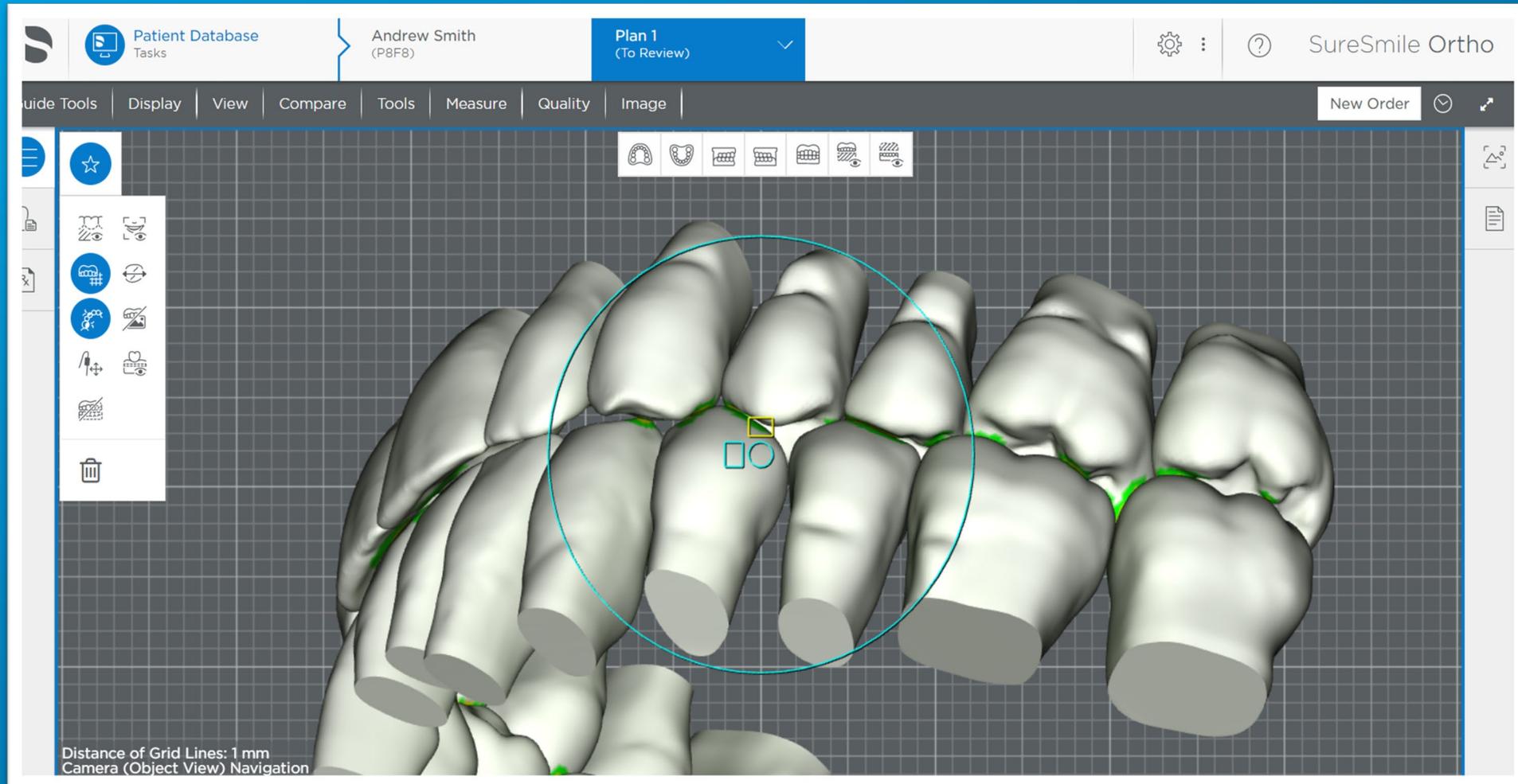
## Canine Guidance or Group Function

- The least favorable function for a patient is to be “in-between” group function and canine-guided occlusion.
- The digital setup should provide one or the other.
- This will lead to the potential for increased parafunctional habits, attrition, abfraction, and recession.

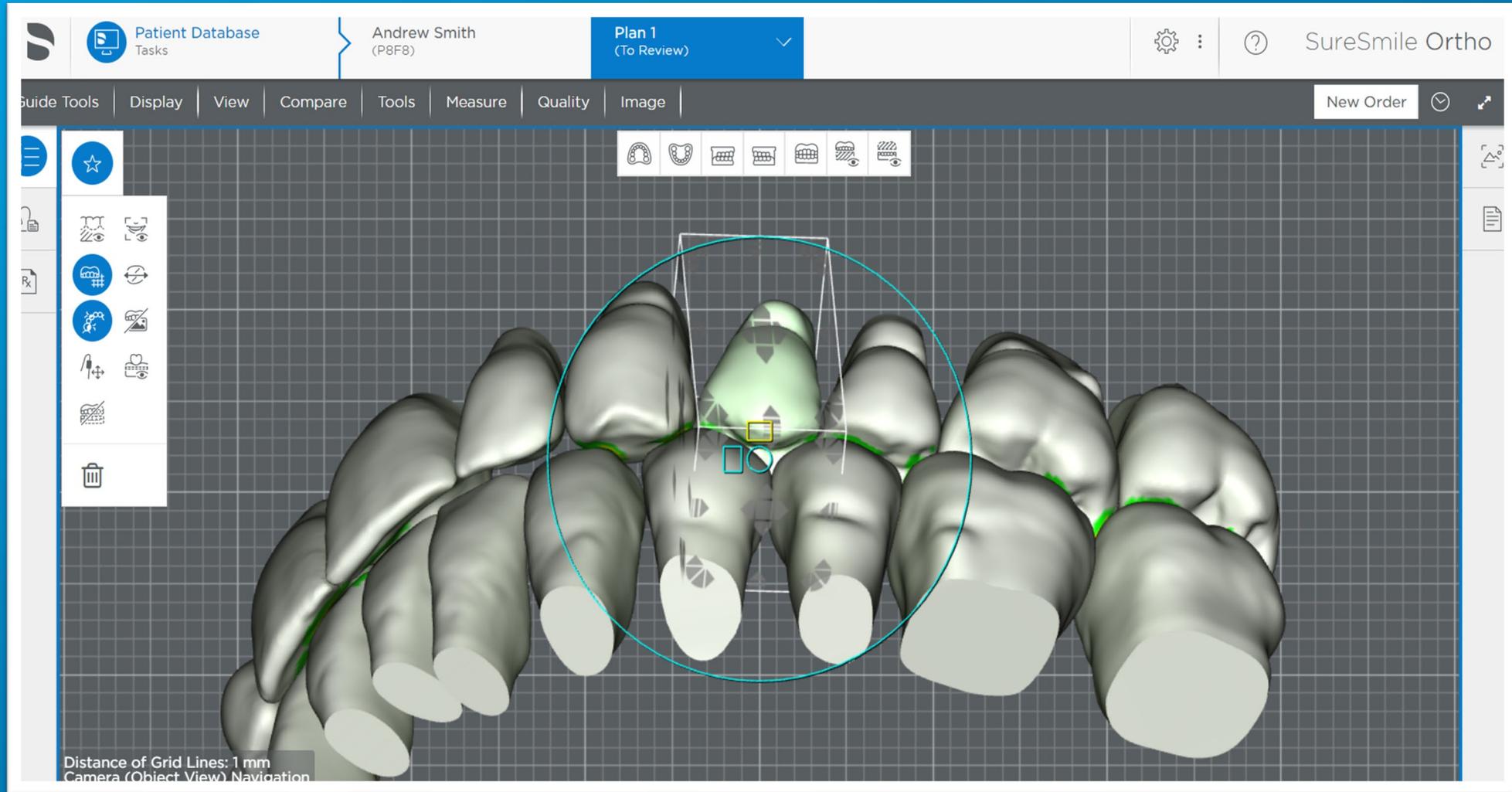
# Function: Canine Guidance



# Function: Canine Guidance



# Function: Canine Guidance



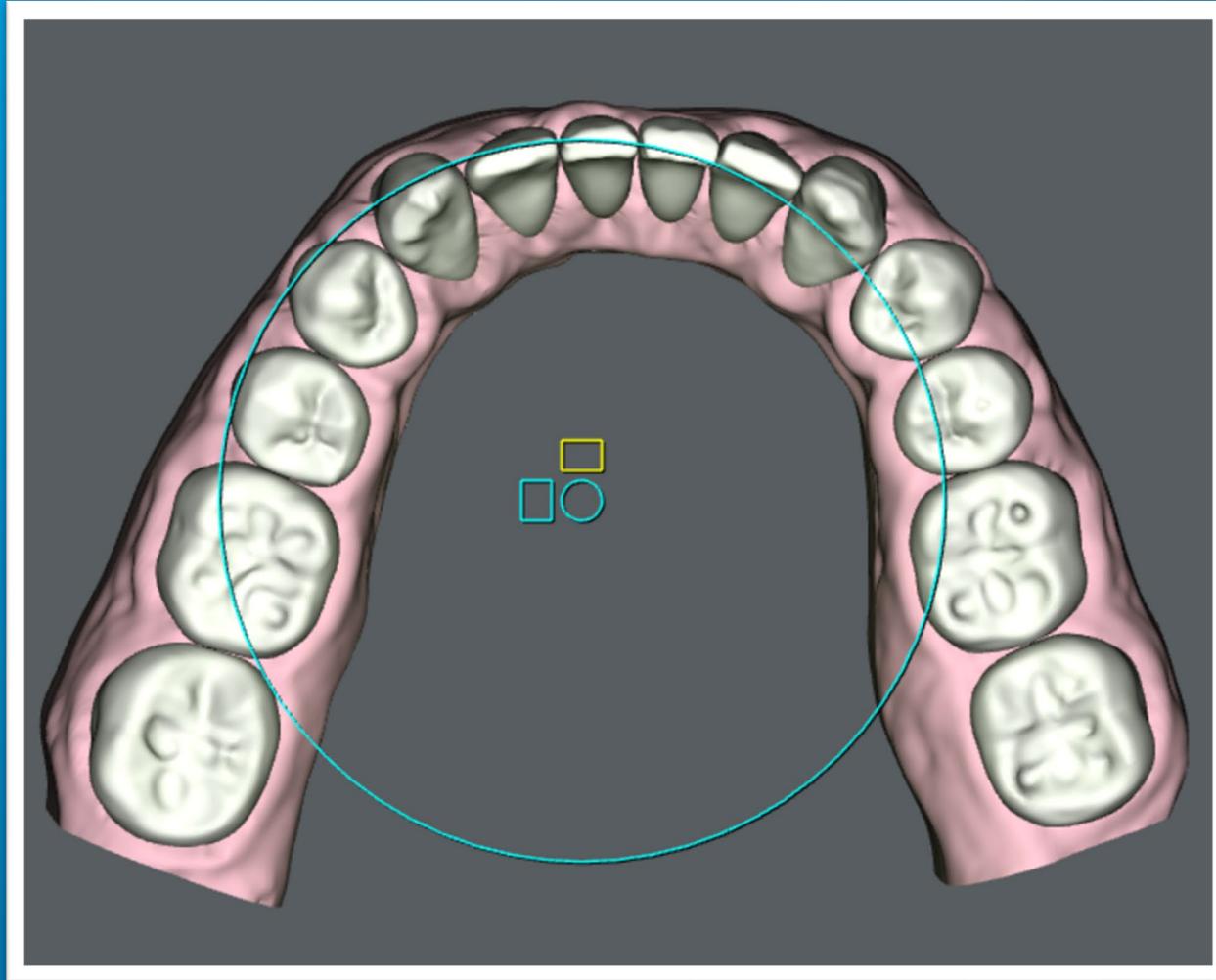
# Molars

- **Worn cusps on molars often cause technicians to compensate by excessively tipping worn molars or super-erupting opposing teeth in an effort to bring into full occlusion**
- **Often results in an uneven occlusal plane, inadequate Curve of Spee and over eruption of opposing dentition**

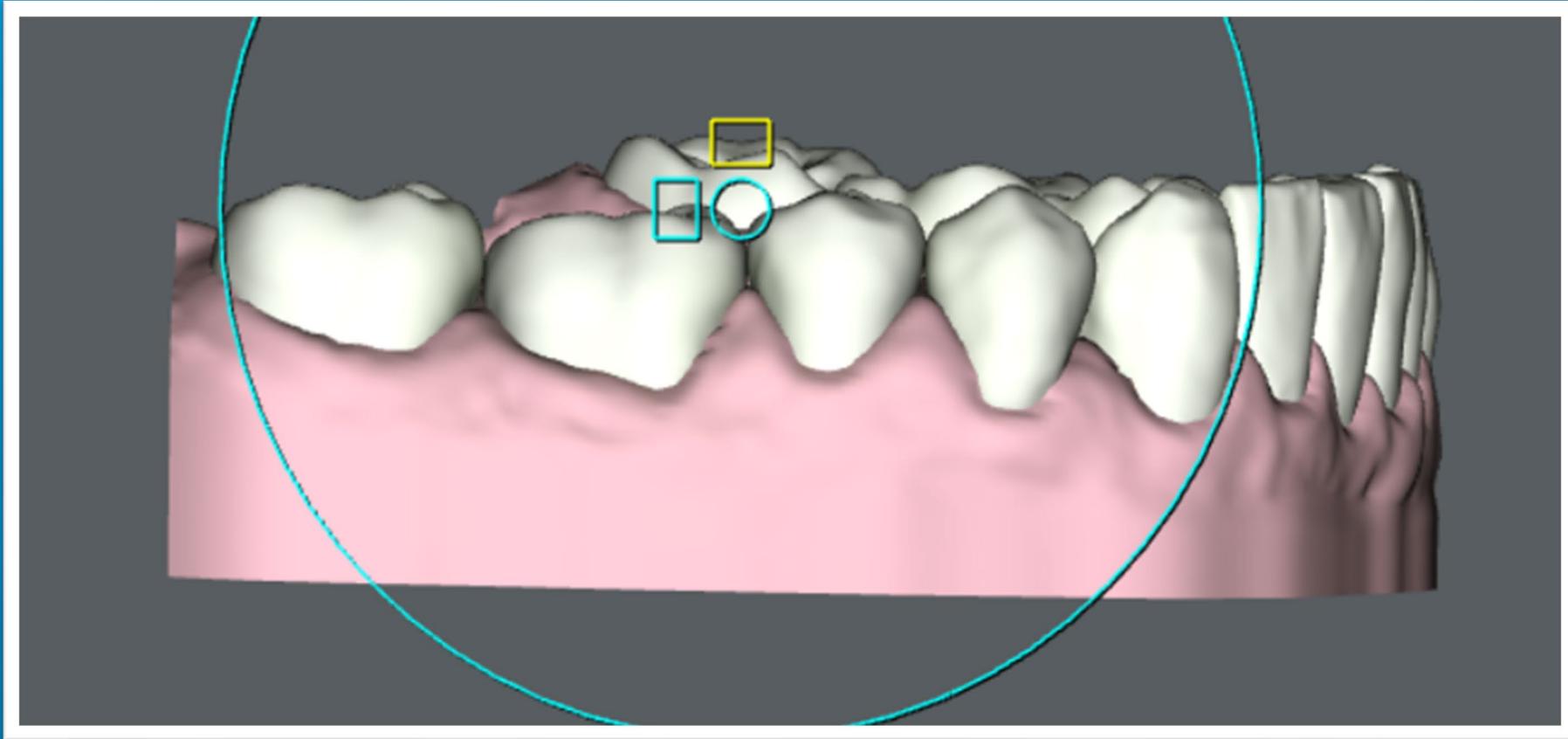
# Corrective Planning

- **When anterior or posterior teeth have incurred moderate to severe attrition (flattening, pitting, erosion), extruding these teeth for purposes of placing into function, or in full occlusion, is not optimal. Ideally, the digital setup will reflect a plan to restore the volumetric tooth loss.**

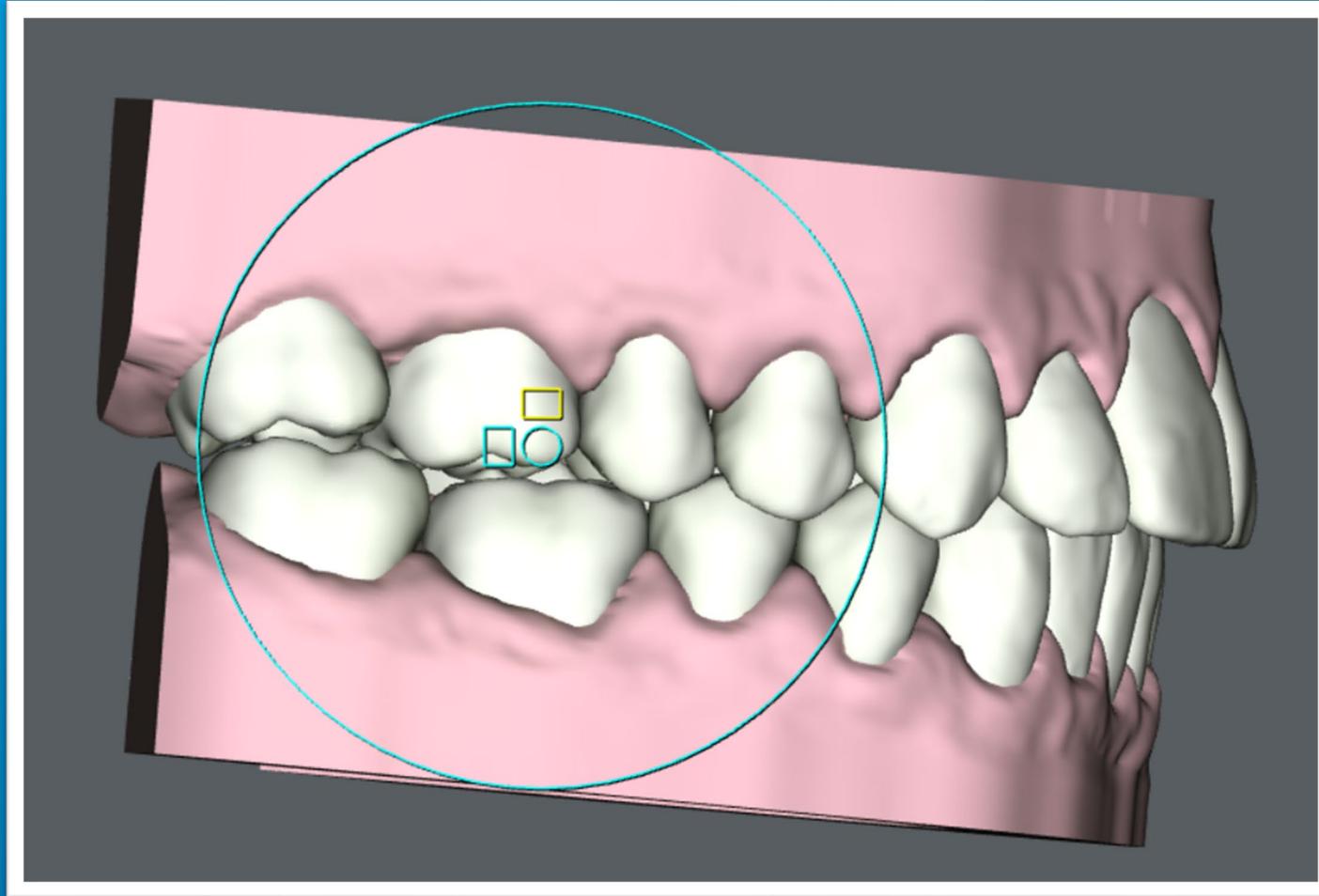
# Molars



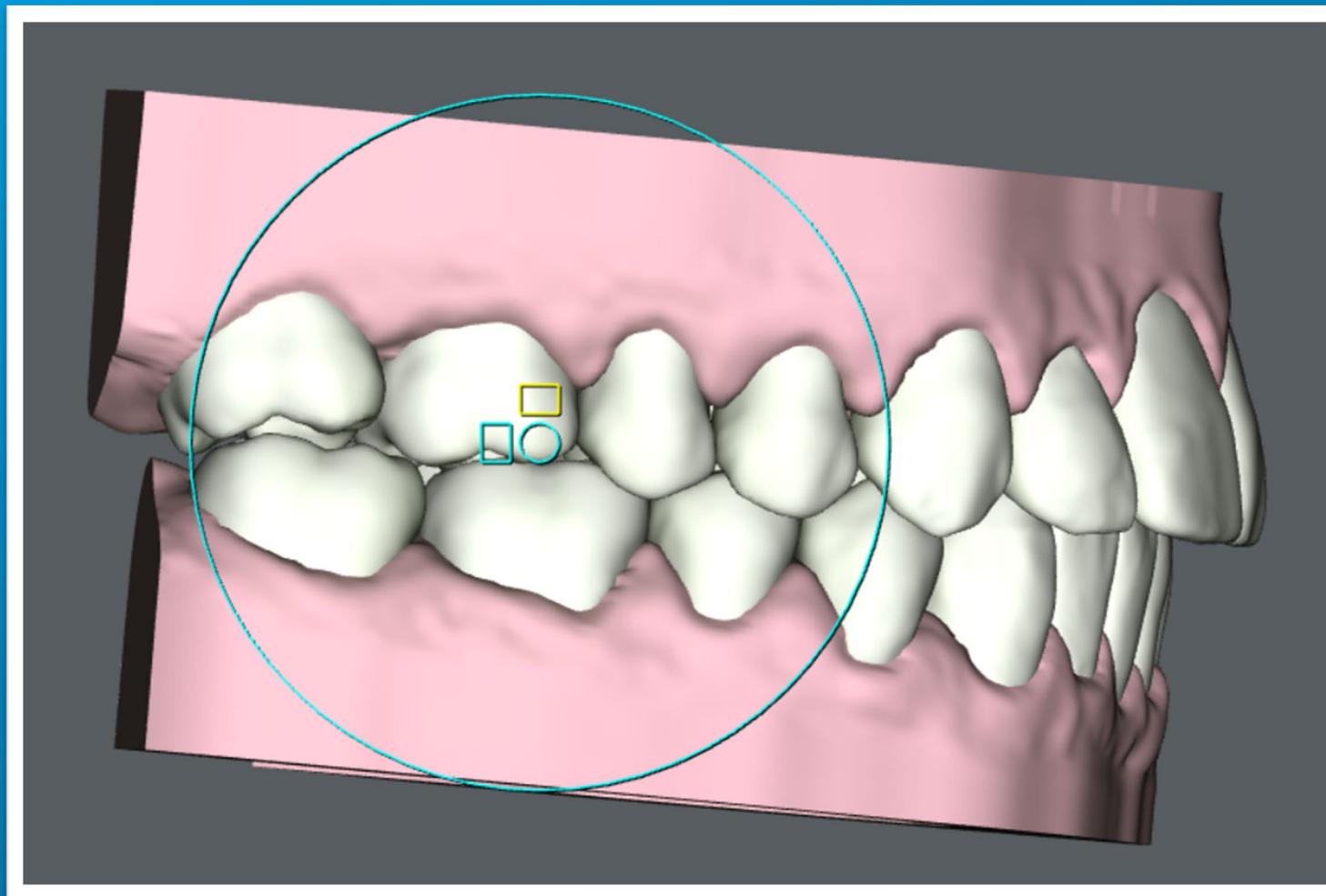
# Molars



# Molars



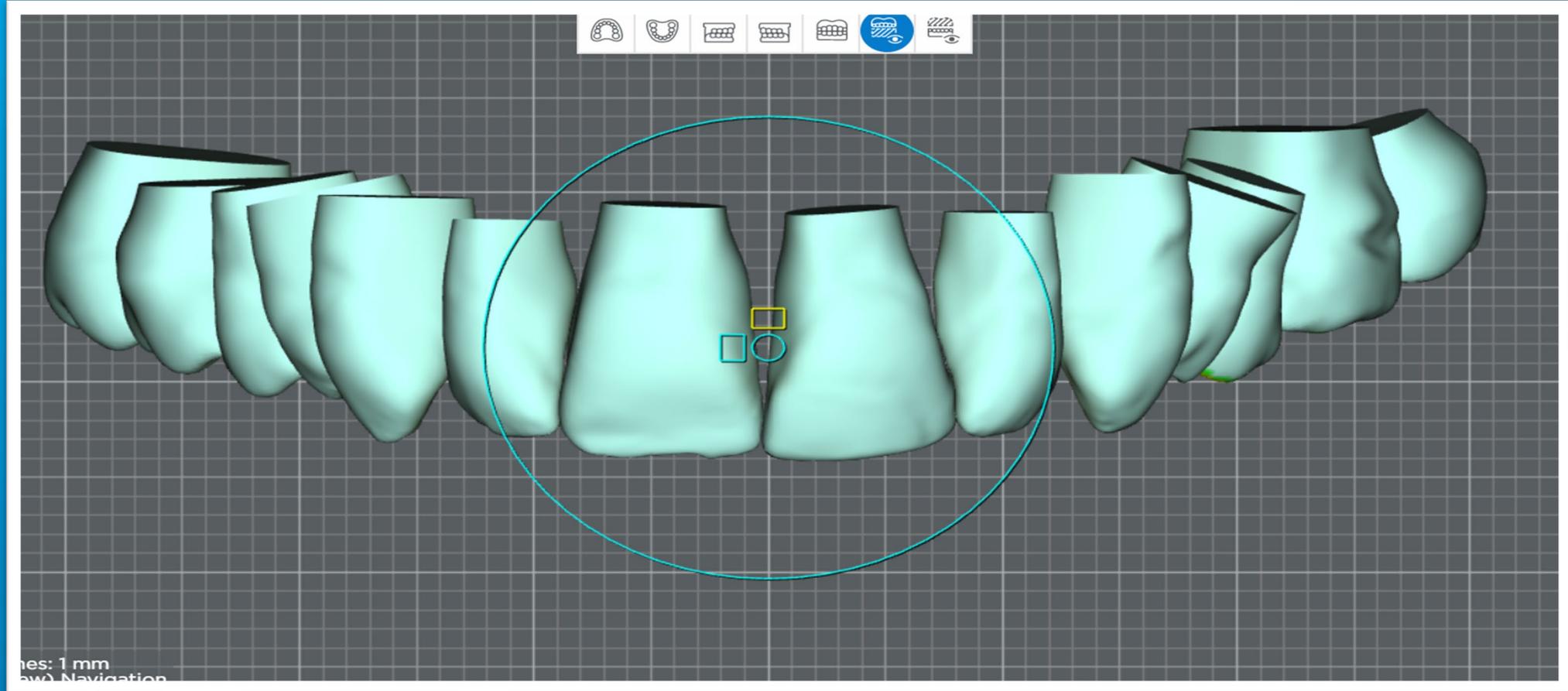
# Molars



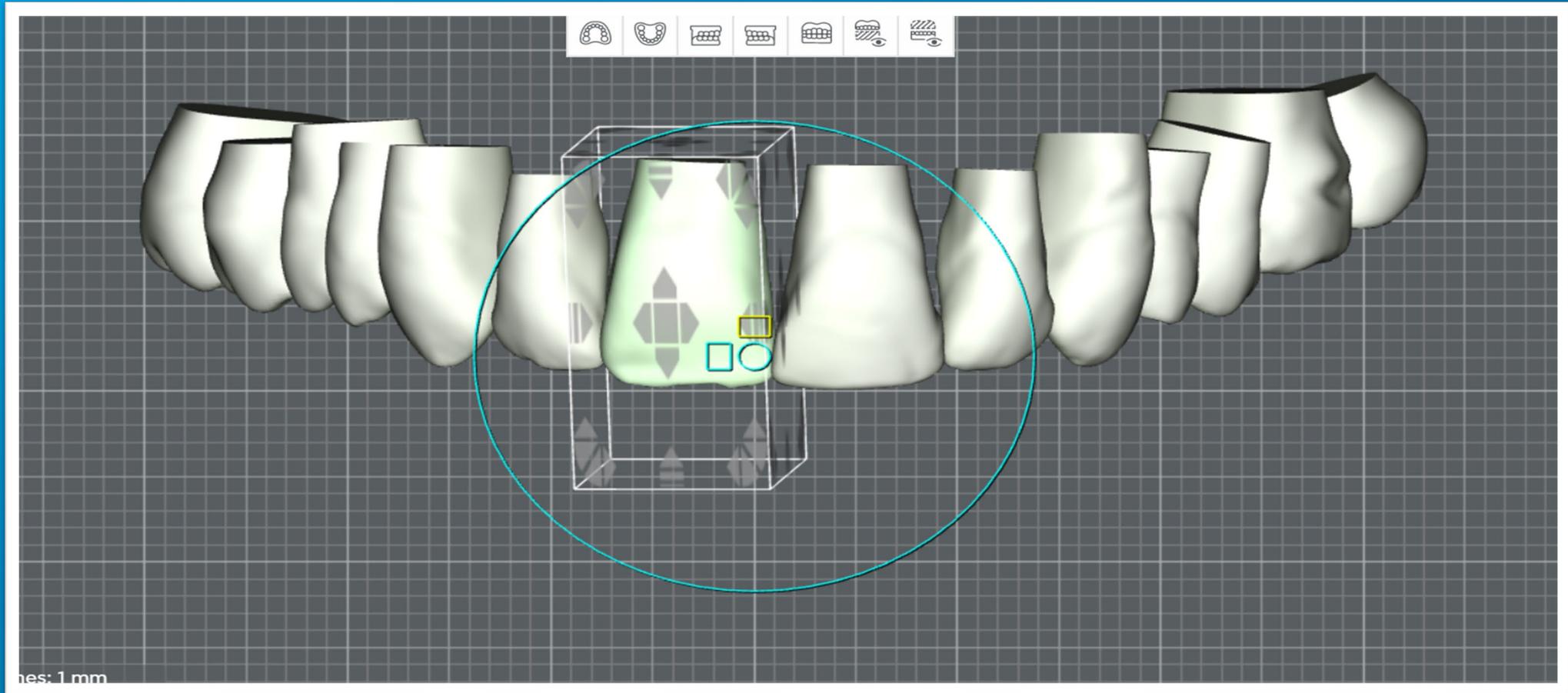
# Angulation and Inclination Correction

- **Due to physiological mesial drift and loss of vertical dimension over time, inclination and angulation of teeth will change. Ideally, these will be corrected to an ideal position, if possible, proper vertical dimension of occlusion will be balanced with the overall desired occlusal outcome and treatment goals.**

# Angulation and Inclination Correction



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# Angulation and Inclination Correction

