



ClearCorrect: the doctor-friendly alternative in clear aligners

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ClearCorrect, a clear aligner lab formally only available in the US, recently began a soft-launch of its product in Australia. The lab is working with well-known specialty dental distributor, Osseo Dental, who will be handling both sales and distribution of the lab's clear aligners. Australian general practitioners and orthodontists can now submit their clear aligner prescriptions to ClearCorrect, who will offer a lower lab fee and faster shipping, than some of the alternative clear aligner systems available in Australia.

The process is simple: once a doctor evaluates a patient for clear aligners and determines that the patient is a candidate for clear aligner therapy, impressions and photos are taken and sent to ClearCorrect. The lab will digitise the impressions by scanning them into their own proprietary software, which in turn creates 3D models of the patient's teeth. These computer models are digitally manipulated to achieve the final desired dentition prescribed by the treating doctor. The doctor will review these images online in the form of a proposed "treatment setup". Once the treatment setup has been approved, a series of clear plastic aligners are manufactured and shipped to the treating doctor.

There are three case types available to doctors:

- Limited 6;
- Limited 12; and
- Unlimited.

There are, however, contraindications to clear aligner therapy in general, which should be noted by the prescribing dentist including:

- Centric-relation and centric-occlusion discrepancies;
- Teeth with short clinical crowns;
- Arches with multiple missing teeth;
- Patients whose second molars have not yet erupted;
- Patients with poor oral hygiene;
- Patients with active periodontal disease; and
- Patients with dental prosthetics or implants.

Clear aligners are a great option for correction of many types of malocclusions that present in our offices. A "Limited 6" case - treated utilising only 6 sets of aligners and at an extremely low fee - is presented next. The practice was able to avoid having to mail impressions, as ClearCorrect accepts scans from most intraoral scanners on the market. The patient was scanned using a 3Shape TRIOS scanner, which meant there was no need to ship a single thing to the lab - the digital workflow was seamless and expedited the treatment time even further.

Limited 6 Case presentation

A 43-year-old female presented for an orthodontic evaluation, with the chief complaint of multiple spaces between her teeth. She felt that the spaces were unsightly and in addition, acted as food traps requiring constant attention, especially when out socially. The patient was pleased with the overall appearance of her teeth and did not want any aesthetic alterations.

A comprehensive oral examination, including temporomandibular function and radiographs was performed with no significant findings. A Class I molar and canine relationship were observed bilaterally with a stable posterior occlusion, in centric relation, and anterior guidance as well as posterior disclusion in function. The patient had an intact dentition with the exception of 3rd molars and showed no signs of excessive attrition. Mild spacing was observed between 13/14, 23/24, 24/25 and more significant spacing between 32/33 and 43/44.

Treatment options were discussed with the patient, who stated a preference for clear aligner therapy, along with an expedited course of therapy.

Intraoral and extraoral photographs were taken, as well as a current panoramic radiograph (see Figures 1-6). As stated above, in contrast to PVS impressions, a full mouth 3Shape TRIOS intraoral scan of both upper and lower arches, as well as a bite registration was obtained. There are several advantages to the intraoral scanning process, over the traditional impression process. Patients have indicated that they simply prefer the scanning process to impression taking. It is more comfortable and less intrusive for the patient. It also takes no more than 3-4 minutes to complete the full mouth scanning process. Additionally, from a clinical perspective, it is simply more accurate. A digital image of the mouth can readily and accurately be evaluated. Lastly, there is no possibility for inherent potential distortions, which frequently take place no matter how much attention is given to the traditional impression process. With traditional full arch impressions, a minor error introduced in one tooth will effectively alter the fit of the entire appliance. These errors can all be avoided with intraoral scans.

From the perspective of ease of submission to ClearCorrect, from the time the intraoral scan is approved by the doctor, it will arrive to ClearCorrect within seconds! This totally eliminates utilizing a shipping carrier with the potential for loss or damage



Figure 1.



Figure 2.



Figure 3.



Figure 4.



Figure 5.



Figure 6.

to the impressions. Intraoral scans allow for a completely digital submission process, as long as you have the potential for a digital workflow within your office.

After submission of the records, the office received a treatment setup (proposed treatment plan) from ClearCorrect within 3 days (Figure 7).

After several modifications were made to the proposed treatment plan, a “Limited 6” course of treatment was chosen. Treatment was planned to span approximately 4.5 months and include 1.8mm of interproximal reduction.

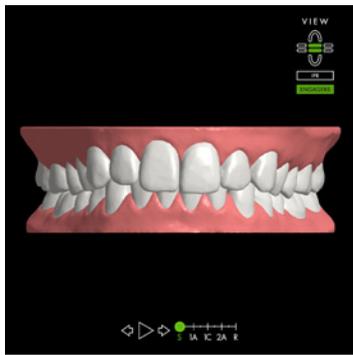
The patient was given the standard instructions for appropriate wear. At the time of delivery, of the first set of aligners (Step 1) an engager was placed on tooth #24 using the provided engager tem-

plate, making the placement very accurate. The tooth was etched and treated with Scotchbond Universal. A Cosmodent Microhybrid composite was used for the engager.

The patient was given the first set of aligners as well as the next set (Step 2) and was appointed to be seen in six weeks (they were instructed to change to the second set of aligners at home in 3 weeks’ time).

When the third set of aligners were delivered (Step 3), engagers were placed on teeth 14, 41 and 44 utilising the provided engager template and the engager placement procedure described above.

In addition, IPR was performed between 14/15 and 24/25 using Brassler Diamond Strips to the defined specifications. The patient was given steps 3 and 4 and appointed to be seen in another 6 weeks.



Susan M.
Case #95959 - Dr. David Wohl - September 4, 2014 - Version 3

Starter Weeks 1-3
 IPR (vestibule case) 1.0 mm
 Engagers (vestibule case) 4
 Case type Limited 6
 Wear schedule 3 weeks
 Steps 1
 Duration about 3 months

EVALUATE ON CLEARCOMM

Click above to approve this setup or request changes.
We won't start making aligners until we hear from you.

Drag to rotate. Scroll to zoom. Ctrl + drag to move.



Figure 7.

Figure 8.



Figure 9.

Figure 10.



Figure 11.

Figure 12.

At the next appointment, an evaluation was done to verify the desired movement had occurred. Following that, additional IPR was performed between 14/15, 13/14, 23/24 and 24/25, again to the prescribed specifications, utilising the same technique.

Upon delivery of the next two sets of aligners, chewies were utilised to fully seat the upper aligner in the left molar region. Seating was successful and treatment continued as planned. The patient would be seen in 6 weeks' time, at which point their treatment would be complete.

At the following appointment, an evaluation was again made to assess the results. The patient and treating physician Dr Wohl were both satisfied with the outcome. All spaces had been closed and the occlusion maintained (Figures 8-12). The patient gave permission to order retainers based on the position of the teeth during the last step of treatment (retainers provided by ClearCorrect). The patient was able to achieve their desired results quickly and they ended treatment happy with the decision they had made.

About the authors

Dr David J. Wohl has been practicing dentistry since 1981. He attended the University of Connecticut, where he received his Bachelor of Science in 1977. He then received his Doctorate of Dental Surgery from the Georgetown University School of Dentistry in 1981. Dr Wohl feels that based on his experience, his teaching as well as his advanced education, that he can offer a more comprehensive and unique dental experience for his patients. His staff have been with him for up to 25 years and presents a level of care to his patients, which he is continually complimented on. He is also a speaker for the dental implant manufacturer BioHorizons.

Dr Derek Mahony is a Diplomate of the International Board of Orthodontics and Visiting Faculty at the City of London Dental School. He works in private practice in Sydney and London.