



Treatment success & product guide

Case complexity

You can determine the complexity of a case by assessing conditions, goals, and treatment option.

Conditions

The presence of these conditions doesn't prohibit treatment with clear aligners, but you must consider how their presence affects the patient's candidacy as a good clear aligner patient and how it may compromise end results. If your patient presents with ten of these conditions and you plan to treat all of them, that would make for a far more complex case—and more of a challenge—than if you were to select only three conditions to treat.

- Skeletal imbalance
- Span of missing teeth
- Tipped teeth
- Rotated teeth
- Crowded teeth
- Open bite
- Deep bite (Overbite)
- Mis-shaped teeth
- Irregularly shaped roots or crowns
- Blocked out teeth
- Unerupted teeth
- Rx extractions
- Crossbite
- Muscle imbalance
- Periodontal issues
- Large spaces
- Existing implants
- Existing restorations
- TMD
- Bruxism
- Patient's:
 - Disabilities
 - Metabolism
 - Motivation
 - Goals/Expectations



TREATMENT OPTIONS

À la carte

FLEX

PAY-PER-ALIGNER + SETUP

For revisions and recent re-lapse cases. Pay for the exact amount of treatment you need—no more, no less.

Bite-sized

MINI

FLAT RATE

For very mild cases, up to 12 sets of aligners, including one revision.

Fun-sized

ONE

FLAT RATE

For mild cases, up to 24 sets of aligners, including one revision and one set of retainers.

Double the fun

TWO

FLAT RATE

For moderate cases, up to 48 sets of aligners, including two revisions and two sets of retainers.

The triple play

THREE

FLAT RATE

For moderate to severe cases, up to 72 sets of aligners, including three revisions and three sets of retainers.

All you can eat

UNLIMITED

FLAT RATE

For severe cases, as many aligners as you need for five full years, including replacements, revisions, and retainers.

Note: remove appliances before eating, smoking, or drinking anything other than cold water.



FLEX

Consider choosing FLEX:

- If correcting a small number of conditions
- When you expect you'll need relatively few aligners (less than 15 + 2 retainers) to effectively make the correction
- Grade 1–2 of the Dental Health Component of IOTN index¹
- When treating minor relapses from previous orthodontic treatment (i.e., mild anterior crowding)
- For case revisions (when additional revisions are needed or not included in the selected treatment option)
- For single arch treatment
- **When only very basic movements are required**



MINI

Consider choosing MINI:

- For very mild cases
- If correcting a small number of conditions
- When you expect you'll need relatively few aligners (12 aligners plus one included revision) to effectively make the correction
- Grade 1–2 of the Dental Health Component of IOTN index¹
- When treating minor relapses from previous orthodontic treatment
- Treating the Aesthetic Zone (Social Six)
- For minor combination treatment (transitioning between traditional orthodontics and clear aligners)
- **When only predictable movements are required**

Note: These guidelines are just suggestions when deciding the complexity of a case and are not absolute. It's up to you as the treating clinician to perform the necessary patient examinations and determine if each patient is an ideal candidate for clear aligner treatment.

Basic movements

| | Incisors | Canines | Premolars | Molars |
|------------------------------------|---|---------|-----------|--------|
| Crowding/ Spacing | Up to 3 mm per arch | | | |
| Expansion/ Arch Development | Up to 1 mm per quadrant; Slight proclination or labial crown tipping of the incisors | | | |
| Midline discrepancy | Up to 1 mm | | | |
| Rotation | ≤ 10° | ≤ 15° | ≤ 15° | ✗ |
| Intrusion | ≤ 0.5mm | ≤ 0.5mm | ✗ | ✗ |
| Extrusion | ≤ 1mm | ≤ 1mm | ✗ | ✗ |

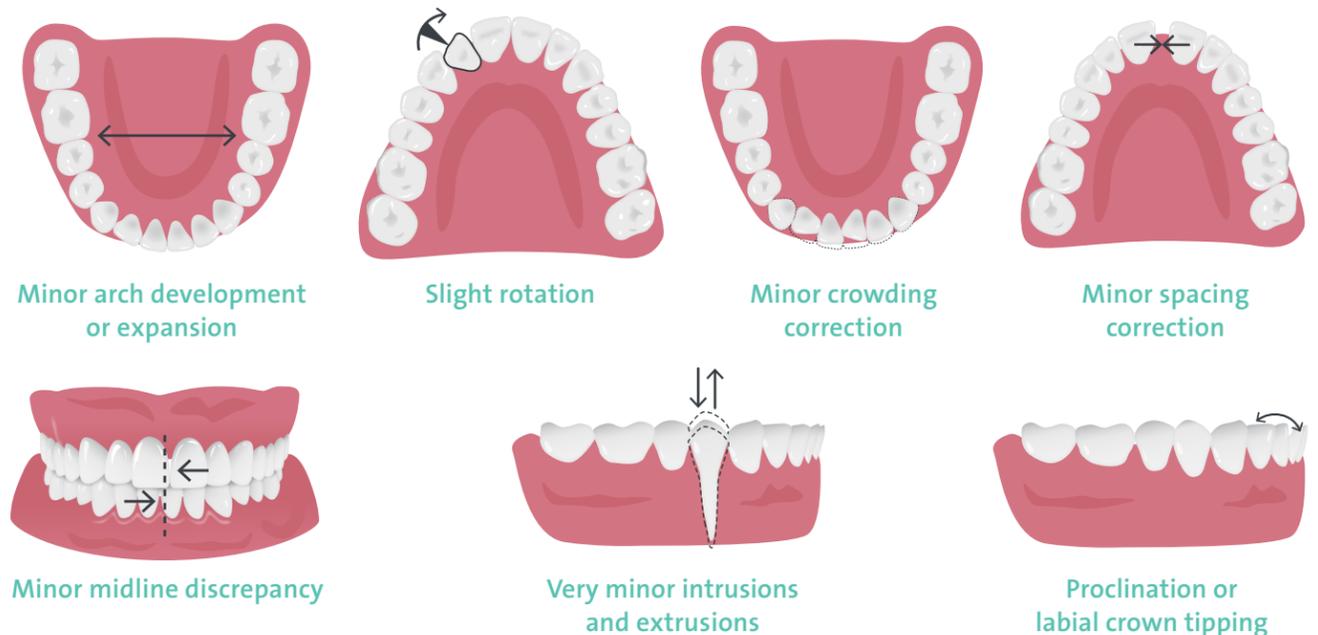
Ref: 4) T. Weir, 2017.

Predictable movements

| | Incisors | Canines | Premolars | Molars |
|--|---|----------|-----------|----------|
| Crowding/ Spacing | Up to 6 mm per arch | | | |
| Expansion/ Arch Development | Up to 1.5 mm per quadrant; Slight proclination or labial crown tipping of the incisors | | | |
| Midline discrepancy | Up to 2 mm | | | |
| Anteroposterior Correction | Up to 2 mm | | | |
| Posterior Tooth Distal Movement | ✗ | ✗ | 0–2 mm | 0–2 mm |
| Posterior Tooth Mesial Movement | ✗ | ✗ | 0–1 mm | 0–1 mm |
| Rotation | C: ≤ 40° L: ≤ 30° | ≤ 45° | ≤ 45° | ≤ 20° |
| Lingual Root Torque | 0–10° | 0–10° | 0–5° | 0–5° |
| Intrusion | ≤ 0.5 mm | ≤ 0.5 mm | ≤ 0.5 mm | ≤ 0.5 mm |
| Extrusion | ≤ 2.5 mm | ≤ 2.5 mm | ✗ | ✗ |

Ref: 4) T. Weir, 2017.

FLEX & MINI are best suited for...





ONE

Consider choosing ONE:

- If correcting a moderate number of conditions
- When treatment requires more than 12 steps, but less than 24 steps
- Grade 2–3 of the Dental Health Component of IOTN index¹
- When correcting simple crowding/spacing
- For overbite and overjet reduction
- For simple crossbite corrections
- For improving tipped and rotated teeth
- For reclining proclined teeth
- **When predictable and moderate movements are required**



TWO

Consider choosing TWO:

- If correcting a moderate number of conditions
- When treatment requires more than 24 steps, but less than 48 steps
- Grade 2–3 of the Dental Health Component of IOTN index¹
- When correcting moderate crowding/spacing
- For overbite and overjet correction
- For moderate crossbite corrections
- For mild-moderate correction of vertical discrepancies
- **When predictable and moderate movements are required**

Note: These guidelines are just suggestions when deciding the complexity of a case and are not absolute. It's up to you as the treating clinician to perform the necessary patient examinations and determine if each patient is an ideal candidate for clear aligner treatment.

Predictable movements

| | Incisors | Canines | Premolars | Molars |
|--|---|----------|-----------|----------|
| Crowding/Spacing | Up to 6 mm per arch | | | |
| Expansion/Arch Development | Up to 1.5 mm per quadrant; Slight proclination or labial crown tipping of the incisors | | | |
| Midline discrepancy | Up to 2 mm | | | |
| Anteroposterior Correction | Up to 2 mm | | | |
| Posterior Tooth Distal Movement | — | — | 0–2 mm | 0–2 mm |
| Posterior Tooth Mesial Movement | — | — | 0–1 mm | 0–1 mm |
| Rotation | C: ≤ 40° L: ≤ 30° | ≤ 45° | ≤ 45° | ≤ 20° |
| Lingual Root Torque | 0–10° | 0–10° | 0–5° | 0–5° |
| Intrusion | ≤ 0.5 mm | ≤ 0.5 mm | ≤ 0.5 mm | ≤ 0.5 mm |
| Extrusion | ≤ 2.5 mm | ≤ 2.5 mm | — | — |

Ref: 4) T. Weir, 2017.

Moderate movements

| | Incisors | Canines | Premolars | Molars |
|--|---|----------|-----------|----------|
| Crowding/Spacing | 6–8 mm per arch; Correction of moderate crowding or spacing | | | |
| Expansion/Arch Development | 2–3 mm per quadrant; Correction of tipped or proclined teeth | | | |
| Midline discrepancy | 2–3 mm; Moderate correction of crossbites | | | |
| Anteroposterior Correction | 2–4 mm; Correction of vertical discrepancies | | | |
| Posterior Tooth Distal Movement | — | — | 2–4 mm | 2–4 mm |
| Posterior Tooth Mesial Movement | — | — | 1–2 mm | 1–2 mm |
| Rotation | C: 40–50° L: 30–40° | 45–55° | 45–55° | 20–30° |
| Lingual Root Torque | 10–15° | 10–15° | 5–10° | 5–10° |
| Intrusion | 0.5–1 mm | 0.5–1 mm | 0.5–1 mm | 0.5–1 mm |
| Extrusion | 2.5–3 mm | 2.5–3 mm | ≤ 0.5 mm | ≤ 0.5 mm |

Ref: 4) T. Weir, 2017.

ONE & TWO are best suited for...



Moderate to severe rotation



Moderate to severe crowding correction



Improving overjet



Reclining proclined teeth



Improving tipped and rotated teeth



Correcting crossbite



Improving deep bite



Large space closure



THREE

Consider choosing THREE:

- If correcting a moderate to large number of conditions
- When treatment requires more than 48 steps, but less than 72 steps
- When treating Grade 3–5 of the Dental Health Component of IOTN index¹
- When correcting moderate to severe crowding/spacing
- When correcting class II and III malocclusions
- When correcting vertical discrepancies (deep bites, open bites)
- For anterior and molar rotations, and uprighting molars
- When correcting a deep Curve of Spee
- **When difficult movements are required**

UNLIMITED

Consider choosing UNLIMITED:

- If correcting a considerable number of conditions
- When there's a potential for multiple revisions (generally speaking, more aligners in treatment increases the chance of revisions)
- Grade 3–5 of the Dental Health Component of IOTN index¹ (UNLIMITED only if it exceeds criteria)
- When treating cases with extractions
- If correcting a skeletal condition
- For complex combination treatments requiring various auxiliaries, like expanders or distalizers²
- If treating in multiple phases³
- When compliance may be a concern
- Patients with potential interruptions, i.e., military service, pregnancy, weddings, and frequent travel
- **When difficult movements are required**

Note: These guidelines are just suggestions when deciding the complexity of a case and are not absolute. It's up to you as the treating clinician to perform the necessary patient examinations and determine if each patient is an ideal candidate for clear aligner treatment.

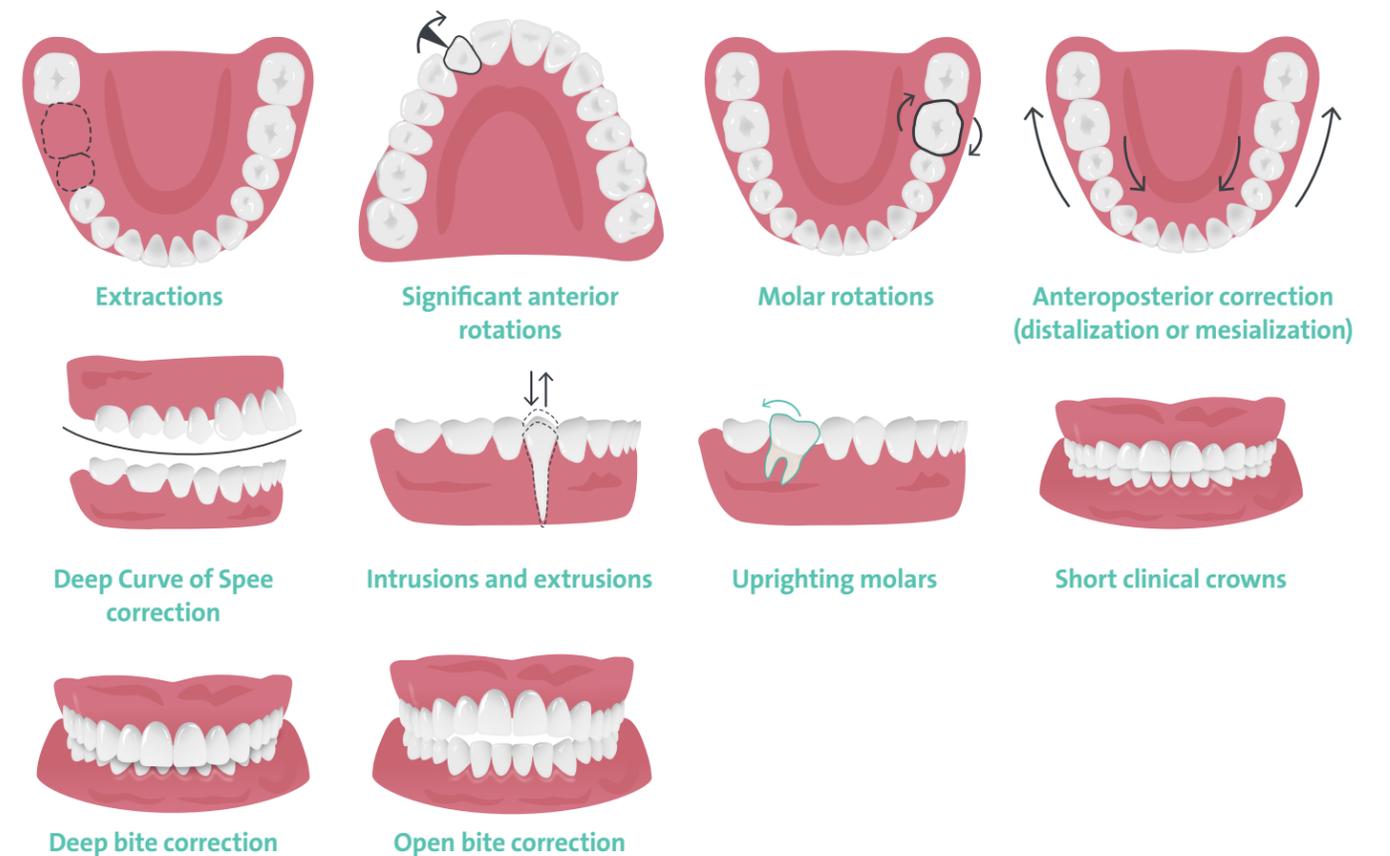


Difficult movements

| | Incisors | Canines | Premolars | Molars |
|---------------------------------|----------------------|---------|-----------|---------------------|
| Crowding/Spacing | | | | > 8 mm per arch |
| Expansion/Arch Development | | | | > 3 mm per quadrant |
| Midline discrepancy | | | | > 3 mm |
| Anteroposterior Correction | | | | > 4 mm |
| Posterior Tooth Distal Movement | — | — | > 4 mm | > 4 mm |
| Posterior Tooth Mesial Movement | — | — | > 2 mm | > 2 mm |
| Rotation | C: > 50° L: > 40° | > 55° | > 55° | > 30° |
| Lingual Root Torque | > 15° | > 15° | > 10° | > 10° |
| Intrusion | > 1 mm | > 1 mm | > 1 mm | > 1 mm |
| Extrusion | > 3 mm | > 3 mm | > 0.5 mm | > 0.5 mm |

Ref: 4) T. Weir, 2017.

THREE & UNLIMITED are best suited for...



SOURCES

- 1) "Index of Orthodontic Treatment Need (IOTN)" by Evans R. and Shaw W.C. A preliminary evaluation of an illustrated scale for rating dental attractiveness. *European Journal of Orthodontics* 1987; 9:314-318
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- 2) "Creative Adjuncts for Clear Aligners, Part 1: Class II Treatment" S. Jay Bowman DMD, MSD, Frank Celenza DDS, John Sparaga DMD, Moschos A. Papadopoulos DDS, DMD, Kenji Ojima DDS, James Cheng-Yi Lin DDS
www.jco-online.com/archive/2015/02/83/
- 3) "Eruption guidance in the mixed dentition: A case report" Weon Kim, Tae & Park, Jae. (2008). *The Journal of clinical pediatric dentistry*. 32. 331-9. 10.17796/jcpd.32.4.gt1504402674437p
- 4) "Clear Aligners in Orthodontic Treatment" by T. Weir. *Australian Dental Journal*, 2017.

