

# Anterior Sagittal with Occlusal Coverage



The Anterior Sagittal is commonly used with Class II Div 2 cases when the mandible is trapped behind lingually inclined maxillary incisors. A loss of vertical and a deep overbite is common with Class II Div 2 Cases and occlusal coverage is often desired to open the vertical dimension and give added retention to the appliance.

Patients presenting a class II Div II case typically have a retroclined premaxilla, lingually inclined maxillary incisors and a posteriorly positioned mandible. The Anterior Sagittal prepares the arches for Functional appliance therapy with a Rick A' Nator.

In cases presenting Class III with a retrognathic maxilla and normal mandibles with anterior crossbites are excellent candidates for an Anterior Sagittal.

#### **How do I adjust this appliance?**

Class II Div II cases often have lingually inclined maxillary incisors with laterals that are labially overlapping the centrals. To correct this, the clinician can relieve the acrylic contacting the laterals and maintain acrylic contact on the cingulum of the central incisors only.

#### **How often does the patient turn the appliance?**

Turn the side screws simultaneously 1 turn twice per week.

#### **What do I need to do to get started?**

Send Five Star upper and lower stone models, and a bite registration with the desired vertical opening in centric. A heavy body alginate is fine as long as it is free of bubbles, distortion, or voids.

**Considerations:** When considering the vertical dimension, occlusal coverage of 1.5 mm's or less will often crack while occlusal coverage greater than 4mm's will often result in less patient cooperation.

Constricted arches are often associated with Class II patients. A midline screw can be added with the Anterior Sagittal for transverse development. **Important:** If midline screws are utilized, activate these first, 3-4 mm's before activation of the Sagittal screws.