

# Volume 6 Issue 4

## The New Sassouni-Plus Cephalometric Analysis

### The Reverse Pull Head Gear

### Voice of Experience

#### The New Sassouni-Plus Cephalometric Analysis

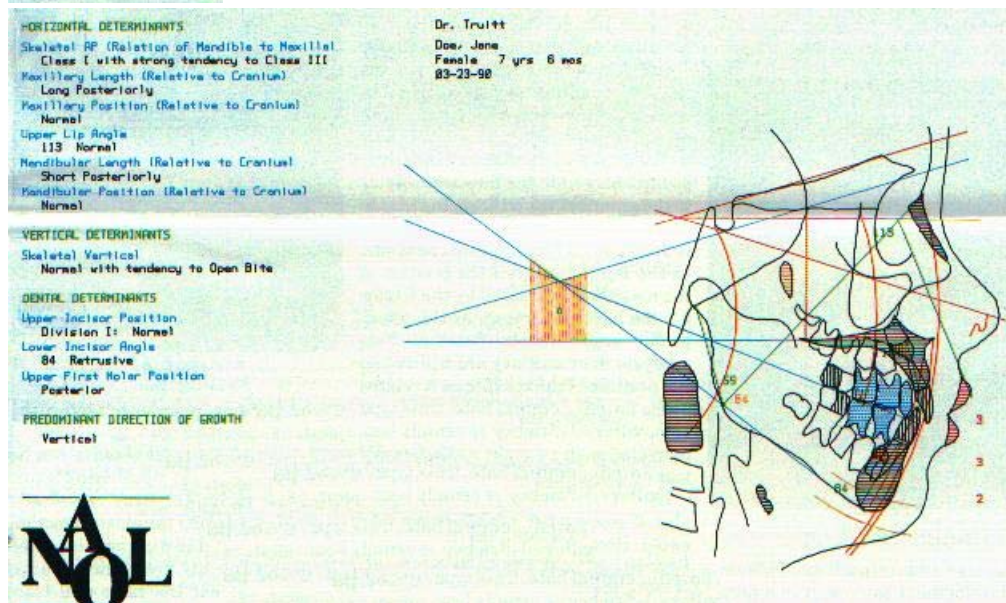


*Dr. Richard T. Beistle*

Doctors who are using the Sassouni Plus analysis are doing so because they realize the importance of understanding the craniofacial skeleton prior to initiating orthopedic or orthodontic therapy. If an imbalance is present in the skeletal base, it is obviously to our advantage to be able to detect this problem and to make an assessment of its magnitude.

While I have not altered the basic Sassouni-Plus from its previous format, I have made some changes that make it easier for the doctor to evaluate the information contained within the analysis. You will notice that the Sassouni portion of the tracing is still in RED with the Plus segment traced in GREEN.

We have added additional color graphics to enhance the visual aspects of the analysis. These include defining the more important skeletal structures such as the maxilla in BLACK, constructing the four reference planes in BLUE, defining the center "0" range and the pterygomaxillary fissure in YELLOW, shading the deciduous teeth in BLUE, and coloring the lips RED. In addition we have underscored the importance of both the



mandibular and maxillary cuspid in a stable occlusion. This has been accomplished by coloring the crown of the cuspid RED when it is unerupted, and the root RED once the cuspid has erupted to "keystone" the dental arch. As you know I previously established what I like to call the "Cephalometric Bottom Line" for evaluating the Sassouni-Plus analysis. This diagnostic assessment was based on answering the eleven essential questions which in turn allowed the doctor to detect the balance or imbalance within both the skeletal bases and the dental arches. This information has now been reorganized and appears at the left of the tracing under four basic GREEN categories. These are Horizontal Determinants, Vertical Determinants, Dental Determinants, and the Predominant Direction of Growth. Let's look at each of these in a systematic fashion.

First we must evaluate the horizontal determinants. Notice that the appropriate questions begin to appear in BLUE with the answers to each question following immediately below in BLACK. These questions include the Skeletal AP, the Maxillary Length, the Maxillary Position, the Upper Lip Angle, the Mandibular Length and the Mandibular Position.

The second evaluation is the vertical dimension and this appears under the Vertical Determinants. Notice the question, what is the skeletal vertical in BLUE and the answer in BLACK.

The third assessment is the evaluation of the Dental Determinants. Again the appropriate questions appear in BLUE asking the Upper Incisor Position, the Lower Incisor Angle, and the Upper First Molar Position. Again the answer appears beneath each question in BLACK.

The final category is the Predominant Direction of Growth. This will analyze the patient's overall facial growth pattern as

being either in Neutral or in a Horizontal or Vertical direction.

I think that it becomes obvious that by properly organizing our evaluation of the Sassouni-Plus analysis it is much\* easier to understand the valuable information that it contains. In addition the doctor can now provide the patient or parent with a copy of the SassouniPlus analysis during the case presentation. This helps to reinforce the importance of both orthopedic and orthodontic therapy to properly solve the patients problem. I hope that you find these new improvements valuable in your use of the Sassouni-Plus analysis.

Dr. Richard T. Beistle 121 Main Str Buchanan, Michigan 49107 Telephone 616-695-3601 For information regarding Dr. Beistle's cephalometric seminars or for the new Sassouni-Plus computer analysis contact N. A. O. L. at 1-800-521-2351

**The Reverse Pull Head Gear** The Maxilla is the most common facial bone to be underdeveloped in either size and or position. This underdevelopment can result in a number of severe skeletal malocclusions. When the maxilla is narrow it can trap the mandible in a skeletal Class II relationship, or cause a skeletal cross bite. When it is deficient in a sagittal direction, it can create a Division II or a Class III. In either situation the maxilla is deficient in size. This type or size deficiency is usually best corrected using a maxillary development plate such as a Schwarz or Sagittal appliance.

The maxilla may also be incorrectly positioned within the face as it relates to the anterior cranial base. In order to diagnose this problem a cephalometric radiograph and tracing must be made. In the Bimler analysis the position of the maxilla is evaluated by the Factor #1, the N-A line, known as the upper profile angle. In the Sassouni-Plus analysis the maxillary arc will define the position of the maxilla as it relates to the anterior cranial base. This type of maxillary deficiency is usually best corrected with some form of Class III traction.

Intra oral Class III elastics can be placed on a variety of different appliances. However there is a limit to the amount of force that can be used with intra oral traction due to the temporal mandibular joint complex. This force should be limited to no more than 3 1/2 oz. per side, in order to protect the joint. Extra oral Class III elastics can be placed to a reverse pull head gear. With the reciprocal force essentially on the frontal bone the elastic traction can be increased to 8 oz. per side. (See• Figure A) It is my preference to have the patient wear the extra-oral traction at night and on the weekends, and the intra oral elastics during the day. This combination therapy allows for maximum development of the maxilla with a minimum amount of stress to the T.M.J. complex

You will notice that the reverse pull head gear in Figure B is fully adjustable and can be adapted to most patients. There is a pedodontic version for use on the small child that is fully adjustable as well.

The standard Reverse Pull Head Gear is \$65.00 and the pedodontic version is \$50.00. Both of these can be filed against the patients medical insurance using the appropriate codes and a narrative. For more information about reverse pull head gears please call N.A.O.L. at 1-800-521-2351.



Figure A



Figure B

### Voice of Experience...

(Q) I have heard a lot about using medical insurance to cover a patient's orthodontic treatment. Is this actually a fact, and if so how do you do it?

(A) This is an area of dentistry that will probably be the most controversial for the 1990's The answer to the first part of your question is a definite yes. Many procedures that you perform as a dentist are covered under the patients medical insurance. These can not only include many orthopedic and orthodontic procedures, but also a number of endodontic and surgical procedures as well as implants and reconstruction both fixed and removable. Most of the major insurance carriers are more than willing to work with the dentist if the dentist will meet three basic criteria.

- (1) Take the appropriate records.
- (2) Provide written narratives interpreting the records and outlining the treatment procedures.
- (3) Use the proper medical codes.

The Clinical Foundation of Orthopedics and Orthodontics has a special section in their advanced Course V seminar to assist you in this area. For more information please call 1-800-843-3558.