CLASS III MALOCCLUSIONS TREAT MOST PREDICTABLY WHEN:

1. The amount of correction needed is under 2mm.
2. The patient is young and is still growing.
3. The Class III results from dental issues, and not skeletal issues.
4. Clinical crowns are of sufficient length.
5. The molars are in Class I and the canines are in mild Class III.

GENERAL TREATMENT PLANNING CONSIDERATIONS

Functional shift

A functional shift can be present due to anterior interferences that force the patient to shift the mandible anteriorly to achieve posterior occlusion. Functional shifts need to be identified since the ClinCheck® treatment plan will need to eliminate these anterior interferences to allow the mandible to reset to its correct position. The centric occlusion at the beginning of treatment does not take the functional shift into consideration. Typically, this will be done in the ClinCheck® treatment plan by programming the tooth movements needed to remove the interferences using the initial centric occlusion bite, and a stage will be added at the end showing the expected new centric occlusion once the interferences are removed. This will be visualized as a single “jump”, but will take place naturally during treatment. Inter-arch elastics may also be planned as part of the treatment. Functional shifts should be identified in the initial diagnosis.
Class III correction simulation versus sequential distalization

Class III correction simulation with simultaneous staging of all tooth movements may be more efficient for mild Class III correction under 2mm where reciprocal movement of both arches is desired.

Class II correction happens independently from the movements needed to align the teeth. The time needed for A-P correction must be considered in addition to the time needed to align and level the teeth.

Sequential Distalization of the lower arch can be used when more anchorage management is required to avoid advancing the upper arch but will result in longer treatment times.

Precision Cuts

To aid in the A-P correction, Precision Cuts to be used in conjunction with Class III elastics can be requested in the prescription form.

Precision Cuts and attachments aren’t always compatible; you will need to resolve any conflicts identified during review of the ClinCheck® treatment plan.

Passive Aligners

Passive aligners are available in the shorter arch for treatments where the aligner numbers differ per arch.

Extractions

If extraction is prescribed as part of the Class III correction treatment, Invisalign default protocols will apply for space closure.

For more information and treatment planning help

Learn more from your peers who are successfully treating Class III cases using a variety of approaches, including auxiliaries: https://learn.invisalign.com/classiii