Invisalign Quick Start Guide.
A-P corrections.

Dedicated to help you treat with confidence.
A-P correction features.

Passive Aligners for the shorter arch.

Definition.
- Aligners with no movements to facilitate the use of Class II/III elastics while movements in the opposite arch finish.
- Paired with active aligners in the opposite arch.

Prescription.
- Passive Aligners will be placed by default.

In the ClinCheck treatment plan.
- Are visible in grey on the staging bar or in the staging panel.

Precision Cuts.

Definition.
- Pre-cuts designed to facilitate the use of buttons and elastics for anchorage control when treating Class II & III patients with Invisalign aligners and eliminate the need to manually cut aligners. Precision Cuts are available for Invisalign® Full and Invisalign® Teen treatment options.

Hooks for elastics.
- Mesial and distal Hooks allow elastics to be used without buttons.
- Available for buccal placement on canines, premolars and molars.
- Stageable to start at the preferred stage.

Prescription.
- Precision Cuts will be placed by default for any treatments for which you requested Precision Cuts in the prescription form as follows:
  - Hooks on upper canines and Button Cutouts on lower first molars for Class II
  - Button Cutouts on upper first molars and Hooks on lower canines for Class III
- You can modify the default for Precision Cuts in your Clinical Preference #14 using the Precision Cuts interface.
- Precision Cuts can also be requested via the ClinCheck® treatment plan changes with the Attachments and Precision Cuts 3-D Control.
- Precision Cuts will be placed from stage 1 by default. You can modify this through Clinical Preference #15.

Button Cutouts.
- Accommodates buttons bonded to teeth.
- Available for buccal or lingual placement on canines, premolars and molars.
- Stageable to start at the preferred stage.

In the ClinCheck treatment plan.
- Are visible on the 3-D model.
- Are visible in the Treatment tab on the Treatment Overview pdf.
A-P correction features FAQ.

1. Do you recommend using Precision Cuts for extrusion or any other auxiliary technique?

Precision Cuts were not designed to be used for extrusions or other auxiliary techniques; they were designed to be used for A-P correction. However, you can request Precision Cuts whether the patient requires Class II/III correction or not. Keep in mind that Precision Cuts can only be placed on canines, premolars, and molars at this time. One feature per quadrant is recommended at this time.

2. Will a template be created for Precision Cuts for Providers to use to place a clear button on the tooth?

No, a template will not be provided. However, the aligner may be used as a guide to place the button. It is recommended that the Provider insert the aligner when bonding the buttons on teeth to verify aligner clearance. The buttons should be bonded as gingival as possible, and leave a 1 mm margin between the button and the aligner to account for button cutout variability.

3. Can Precision Cuts be combined with an attachment or Invisalign® Teen’s eruption features?

Precision Cuts can coexist with conventional attachments and with Optimized Rotation Attachments, Optimized Extrusion Attachments, Optimized Root Control Attachments, Optimized Retraction Attachments, Optimized Anchorage Attachments and Deep Bite Attachments provided there is sufficient room. In instances where a Precision Cut and an Optimized Attachment cannot be placed due to insufficient space, Clinical Preference #14 allows you to resolve the conflict. Precision Cuts cannot be combined with eruption features; only fully erupted teeth can have Precision Cuts.

4. Why can’t I place Precision Cuts on the incisors for helping correct midline?

The combination of Class II elastics on one side and Class III elastics on the opposite side can be used to shift the midline depending on the treatment plan. Precision Cuts cannot be placed on incisors at this time.

5. Are the corresponding elastics going to be included in the aligners packages to be used with the Precision Cuts?

No, these are to be provided by the Provider.

6. Could Precision Cuts be performed at different stages?

They can be delayed by adjusting your Clinical Preference to the stage to start Precision Cuts.

7. Can Passive Aligners be ordered in the middle of treatment (i.e., if we want to stop the movement of one arch to avoid interferences with the opposite arch)?

Passive Aligners can only be prescribed before and after teeth move. If a Provider is concerned about inter-arch interferences, they should consider requesting Passive Aligners to be placed at the start of treatment.
8. Is there a maximum number of Passive Aligners?

The number of Passive Aligners is dictated by the number of active stages on the opposing arch still in treatment.

9. Can Passive Aligners match the overcorrection stages for the opposing arch?

No, only active aligners will be matched.

Material recommendations.

Elastics Recommendations.

(Other equivalent products can be used where appropriate).

Typical Application Size Diameter.

Class II/III (canine to 1st molar) 3/16 inch, (5 mm) Medium, 4.5 oz, (128g).

Class II/III (canine to 1st molar) 1/4 inch, (6 mm Medium, 4.5 oz, (128g).

Class II/III (canine to 2nd molar) 5/16 inch, (8 mm) Medium, 4.5 oz, (128g).

Button Recommendations.

(Other equivalent products can be used where appropriate).

Button, Composite - Ortho Organizers

Bond buttons as gingival as possible after receiving aligners. It is recommended that you insert the aligner when bonding the buttons on teeth to ensure aligner clearance, leaving a 1 millimetre margin between the button and the aligner for button cutout variability. Please remove buttons before taking a PVS impression or intra-oral scan.

Precautions.

Precision Cuts may compromise aligner strength and durability.

- To minimise the impact to aligner strength and durability, no more than one Precision Cut per quadrant is recommended.
- To minimise this effect, only one cut per quadrant is recommended. In the majority of instances, the manufacturer’s warranty will not cover aligners with more than one Precision Cut per quadrant.
- To minimise the risk of aligner breakage, instruct patients to remove their aligners differently each time so aligner is stressed differently (left to right, then right to left).
- Prescribing Precision Cuts on teeth with conventional attachments may compromise the performance of both features.
Teen treatment option features.

Eruption tab.

Definition.

• An aligner feature that helps prevent supra-eruption of the terminal molars.
• The eruption tab extends over the mesial cusp of the terminal molar.
• The aligner material helps prevent the occlusal surface of the second molar from exceeding the height of the first molar.

Prescription.

• Through the prescription form, question #11.

In the ClinCheck® treatment plan.

• Are visible in the Treatment tab on the Treatment Overview pdf.
• Are visible on the 3-D model by clicking on the TEEN button.

Eruption compensation.

Definition.

• An aligner feature that is designed to accommodate the natural eruption of canines and second premolars while the patient is wearing aligners, by allowing the Provider to prescribe the room necessary for the erupting teeth.

Prescription.

• Through the prescription form, question #11.

In the ClinCheck treatment plan.

• Are visible in the Treatment tab on the Treatment Overview pdf.
• Are visible on the 3-D model by clicking on the TEEN button.
Compliance Indicators.

Compliance Indicators are blue dots on an aligner, designed to provide an approximate gauge of wear-time. The blue dot is designed to fade over a two-week period if the aligner is worn properly: 20 to 22 hours every day.

Compliance Indicators are only available on the Invisalign® Teen treatment option.

Evaluating compliance with Compliance Indicators.

Note: Request that your patients bring in aligners worn since their last appointment with you.

Step 1.

After the patient has worn the first sets of aligners for the prescribed amount of time, observe the hues (shades of blue) of the Compliance Indicators (CIs) on these aligners. Check the boxes that best represent the hues of the CIs on each aligner.

Step 2.

At each subsequent appointment examine the hues of the CIs on worn aligners and check the appropriate boxes.

Step 3.

Connect the check marked boxes.

Step 4.

Assess the pattern and make an approximate analysis.*

- A left-to-right ascending line indicates the patient may have not worn the aligners as often in the later stages as he/she did during the initial stages of treatment.
- A left-to-right decending line indicates the patient may have worn the aligners more in the later stages than he/she did during the initial stages of treatment.
- If the line is approximately straight, wear time has most likely remained steady. If the pattern is scattered, then the patient most likely wears the aligners inconsistently.

* Please note that this analysis is an approximate gauge of wear-time. Changes can also be affected by varying levels of the patient’s salivation. Even with appropriate wear, some patients with very low salivation levels may experience little to no fading.
Class II –
Align default protocols.

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<tr>
<td>Distalisation</td>
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Class II elastics – Align recommendations.

Which treatments require placing elastics?

• When you prescribe a Class II correction simulation, elastics are required.
• When you prescribe distalisation and distalisation of more than 2 mm appears in the ClinCheck treatment plan, elastics are required.
You can check the amount of distalisation in the Tooth movement assessment in the Treatment tab.

When during the treatment do we recommend to place elastics?

• When you prescribe a Class II correction simulation: as soon as possible.
• When you prescribe distalisation and distalisation of more than 2 mm appears in the ClinCheck treatment plan: at the latest when upper 5s begin distalising.
You can check when the upper 5s are moving in the Staging tab.

By default Precision Cuts will be placed from stage 1. You can request a different stage to start Precision Cuts via Clinical Preference #15.

Precision Cuts and Optimized Attachments.

Precision Cuts can coexist with Optimized Rotation Attachments, Optimized Extrusion Attachments, Optimized Root Control Attachments, Optimized Retraction Attachments, Optimized Anchorage Attachments and Deep Bite Attachments provided there is sufficient room.

In instances where a Precision Cut and an Optimized Attachment cannot be placed due to insufficient space, Clinical Preference #14 allows you to resolve the conflict:

• Where there is a conflict, the default will be to place Optimized Attachments instead of Precision Cuts and where possible to replace a Button Cutout with a Hook in order to keep both Optimized Attachment and Precision Cut.
• But you can choose to:
  • Place Precision Cut instead of Optimized Attachment.
  • Place Precision Cut along with a conventional attachment.