

# 16 Months In and Lower Incisors Won't Align

What do you do when you don't see results as soon as you'd like?

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**broadwell**

Member Since: 06/09/02  
Post: 1 of 39

Anyone run into this problem from time to time? This one is particularly frustrating. The patient is a 32-year-old female, no meds. Contacts are super-light and teeth are Class I mobile. I've IPR'd a bit already but don't want to do more; we have enough excess overjet as it is. Ugh. ■



9/22/2016

**justinudm**

Member Since: 09/29/14  
Post: 2 of 39

Are those self-ligating brackets? Because it does not appear that the NiTi wire is fully seated into the base of the bracket slot. If not, that would explain it. Try steel-tying down the offending teeth if you think that's it. ■

9/22/2016

**Fenrisúlf**

Member Since: 02/25/09  
Post: 3 of 39

Those incisors seem wedge-shaped. Some IPR might help, along with an advancement arch to increase room for alignment. See post 46 in "Lower Anteriors That Won't Align." I'll update the images shortly. ■

9/22/2016

**Str8edge**

Member Since: 07/17/11  
Post: 4 of 39

You can see that the wire has almost no deflection. There may be some slight bracket placement or excessive adhesive issues as well. But after trying several different types/brands of SL brackets for a couple of years, my protocol for managing rotations with SL brackets is as follows:

- Step 1:** Remove SL brackets.
- Step 2:** Place brackets that are not SL.
- Step 3:** Ligate a very light wire in with steel ties.
- Step 4:** Sit back and have a beer.

Another helpful strategy is to place active open coil springs between the incisors; this will open space and de-rotate at the same time. I always found this very difficult with SL brackets, though. Alternatively, you can place active open coil springs and bypass the most-rotated incisor to get more range, then tie it in when you have space. ■

9/22/2016

**fesdds**

Member Since: 05/22/08  
Post: 5 of 39

If you have not put any larger-size wires in, that would have been my first step. I start with 014n and then place 16x22n. For me this would have happened many, many months ago. All of the previous recommendations are good. Steel tie, OCS between teeth, advancing arch, ARS, bigger wire.

With that said, I had a patient this past year that we never did get the L3's to derotate. They had spaces between L2-3 and L3-4, and with all options tried they would not move. We ended up leaving L3s rotated and bent custom wires.

About the comment of not being able to place OCS between self-ligating brackets (did I read it correctly?): One of my favorite things about self-ligating brackets is that it is easy to place OCS between any teeth. ■

9/22/2016

## Related Message Boards

Lower Anteriors That Won't Align

Anteriors Align

Empower SL Brackets and Initial Alignment Frustration

Alignment Frustration

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## message board

Continued from p. 20

### tom525

Member Since: 06/18/08  
Post: 6 of 39

Coil compressed between lower canines will rotate them distally, or place coil between LL3 and LL1 and take bracket off LL2 and coil spring to rotate central and canine. And/or take speed brackets off and use twin brackets and fully ligate light wire to start. Or use tandem light wires in SL brackets and IPR triangularly shaped incisors at the incisal edge thirds as needed. ■

9/22/2016

### Str8edge

Member Since: 07/17/11  
Post: 7 of 39

It could be bracket-specific, but I always seemed to have a more difficult time getting OCS to work between In-Ovation brackets. I found it difficult to seat the wire with the spring and then close the gate. The spring would push back on the gate and want to partially open it back up, etc. ■

9/22/2016

### broadwell

Member Since: 06/09/02  
Post: 8 of 39

Many thanks! Yep, wire is fully seated and I have already IPR'd as much I really want to given the overjet. I will SS lig and then go to an OCS if still needed. Just not used to this with speed. Most are aligned within 4–6 months, no problem. ■

9/22/2016

### Wired

Member Since: 07/07/07  
Post: 10 of 39

This exact situation is why I left SL brackets. I hated it, it didn't always happen but when it did, I always ended up rebonding with twins and finishing the case—such a waste. I still have some SL brackets but only use them sparingly, and almost never on lower incisors! ■

9/22/2016

### jwilliam

Member Since: 07/25/03  
Post: 11 of 39

I had the same problem with passive SL. Often had to finish with twins. I switched to active SL (In-Ovation) and have not had the problem since. ■

9/22/2016

### fesdds

Member Since: 05/22/08  
Post: 12 of 39

Interesting. I have never felt the need to switch to twins nor had an issue getting OCS between teeth and closing doors. OCS is one of the major pros in my book for using SL brackets. Just push the OCS and close the door. No ligities to tie while messing with the OCS.

One little trick I like with SL brackets is to bond a premolar bracket on an L7 when it is partially impacted to start treatment. This way you can pre-bend a cinch and just put the wire in the L7 bracket, close the door, then compress the OCS between L6–7 and close the L6 door. Yes I use the SL 6s as well and never want to practice without them. Makes taking the wire in and out a breeze. ■

9/22/2016

### kadok

Member Since: 02/02/09  
Post: 14 of 39

There is almost no deflection in the wire, I would recommend to repo lower incisors and make sure to have them in tight contact with teeth surface. I would also steel tie. IPR also would help. ■

9/22/2016

### straightmaker

Member Since: 09/14/09  
Post: 15 of 39

You also need more length of your archwire, I would recommend not turning the wire to where it contacts the distal of the molar, as you have on the LL6. I don't think this is the issue here but would cause an issue once you have an active wire. By the way, what size/type wire is that? ■

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16 months

