

## > Cr-Co Shift

We don't hear too much about Cr-Co these days. Some good considerations on finishing are offered.

Orthotown.com > Message Boards > Clinical Topic > Clinical Orthodontics > Cr-Co Shift >

**Shwan**

Member Since: 08/02/10  
Post: 1 of 5

I think we all know what ideal functional occlusion is, but what is not very clear (for me at least) are the limits of acceptable. What makes me ask this question is a simple case that is almost finished, that is what I thought, until I discovered today that she has a slight Cr-Co shift to the anterior, about 2 to 3mm.

I think treating this issue can easily add up to six months to the treatment and will probably involve using Class II elastics. She closes to a maximum intercuspal position with no interference, only when I manipulate the mandible I can appreciate the shift. I could not resist the question in my head what are the scientifically proven sequelae of leaving this shift alone? ■

10/28/2016

**charlestonbraces**

Member Since: 06/05/09  
Post: 2 of 5

I have patients bite, open, bite, etc. many times during an appointment (beginning and check) checking from multiple directions of view, both during initial exam and at each appointment, because they sometimes shift their bite. If they bite the same way every time during the appointment and they are not having pain, I have to assume that is their bite and it "works for them." ■

10/28/2016

**caortho**

Member Since: 03/21/08  
Post: 3 of 5

That's a high bar. I'd say there are no scientifically proven sequelae. ■

10/28/2016

**drgs**

Member Since: 03/09/09  
Post: 4 of 5

It's surprising how much a simple equilibration can do to eliminate an anterior functional shift in those patients who are "almost finished." It's often the maxillary first bimesial marginal ridges. I routinely check for shifts during treatment and my patients get used to me lightly manipulating their mandibles to CR. If a patient can't let the mandible go loose, I take it as a warning sign. I don't think a patient left with a functional shift is a truly successful finish. ■

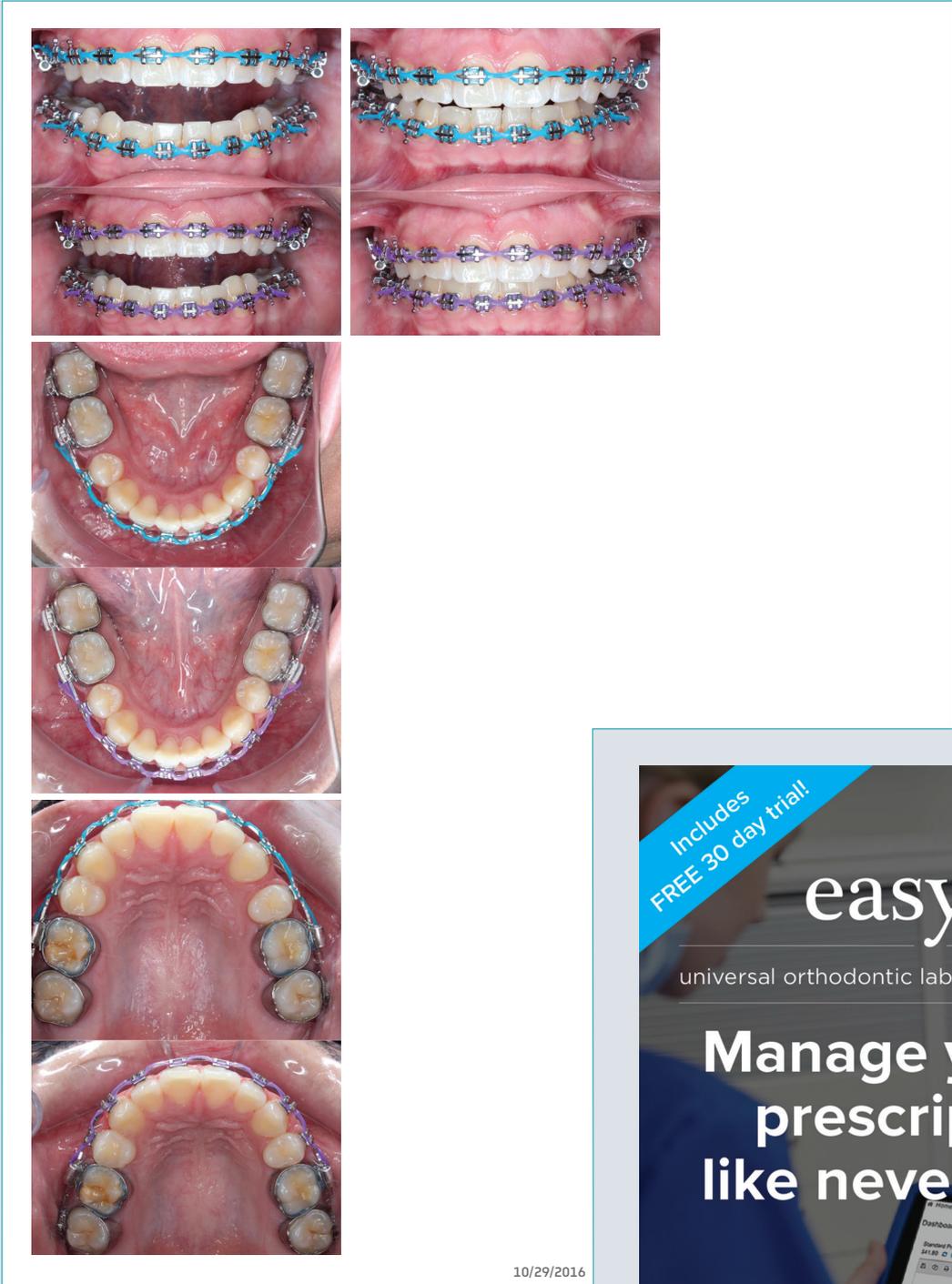
10/28/2016

**Fenrisúlfr**

Member Since: 02/25/09  
Post: 5 of 5

+1. I often see a slide with the first contact being the palatal cusps of the 7's so adequate torque control and arch coordination is important. Here's an example: ■





10/29/2016

**Related Message Boards** <

Adult Case with Cr-Co Shift

Adult Shift

Cr-Co Slide

Cr-Co Slide

**Join the discussion  
online at: orthotown.com**

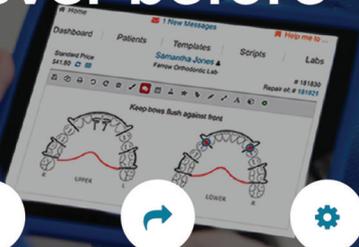
Co Shift

Includes  
FREE 30 day trial!

**easyrx**  
patents pending

universal orthodontic lab prescription software

**Manage your lab  
prescriptions  
like never before**



CREATE



ATTACH



SUBMIT



TRACK

easyrxortho.com