The Inman Aligner Case Selection Guide

INMAN Aligner™ Family of Appliances.
Pearls of the Inman Aligner appliance.

The Maxillary vs Mandibular facts

As a rule of thumb Mandibular anterior teeth are easier to correct with Inman Aligners than Maxillary teeth. This is due to the amount of tooth surface that will be contacted by the lingual component.

The lingual of the lower anterior teeth have a flat surface, the lingual of the Maxillary teeth generally have a lingual slope. The flat surface is ideal, the slope is not. To overcome the lingual component from sliding up the slope toward the incisal you will sometimes need to add a composite undercut on the lingual most tooth or teeth.

Cuspid Consideration

You will be tempted to try to correct rotated cuspids with the Inman Aligner but because the cuspids are at the corners of the orthodontic force of the appliances, successful correction of cuspids is very difficult. Placing the laterals and centrals into ideal or better positions will help mask the malpositions of the cuspids.

Also by trying to correct cuspid position may interfere with the correction of the incisors by not allowing the lingual component to function properly, the cuspids will often hold back the lingual component not allowing it to generate orthodontic force on the centrals and laterals.

Sometimes we can add finger springs or eyelet loops to try to tip or rotate the cuspids but corrective movement is not predictable or guaranteed.
**Case Studies**  
**Simple Cases**

The easiest cases and fastest treatment times are those in which some of the anterior teeth are tipped facially and some lingual. The Aligner works well with these cases. The appliance is great at pulling in teeth too facial while pushing out teeth too lingual, sometimes in as few as three or four weeks.

Cases with lower mild crowding with rotations require a little more treatment time. It is more difficult to rotate teeth than it is to tip them facial or lingual and will take a little longer. These types of cases will treat out in 6 to 12 weeks on average.

**Case 1**: This patient’s right central is tipped out to the facial and the left central is tipped lingual. The roots are in good position and only incisal tipping is required. This is very easy and quick case.  
**4 to 6 weeks of treatment time in either arch.**

**Case 2**: Both laterals are tipped facial and both centrals are tipped lingual almost like a div2. The roots are in good position and only incisal tipping is required. A very easy and quick case and great results.  
**4 to 6 weeks of treatment time in either arch.**

**Case 3**: Left central is lingual and rotated distal lingual; the lower right lateral is rotated distal lingual. The left central will move facially quickly but some more time will be needed to correct the rotations.  
**6 to 8 weeks to treat lower arch, 8 to 10 to treat upper arch.**

**Case 4**: Left central is tipped lingual; the right lateral is lingual and needs bodily movement to correct its position. A lingual undercut of composite should be added to the right central to help create root torque and shorten treatment time by allowing the lingual component to create orthodontic force on the gingival 1/3rd.  
**8 to 12 week of treatment time in either arch.**
Case Studies  Moderate to Extreme Cases

Maxillary cases with a few exceptions will always be a little more of a challenge as mentioned in the beginning of this manual. Always give Maxillary cases more time to correct and advise your patients it is important to be very compliant and wear their appliance as much as they possibly can. This will ensure successful treatment and reduce treatment times.

Rotated centrals and laterals on the Maxillary are moderate cases. Create undercuts of composite as featured in this manual to increase the effectiveness of the lingual component.

**Case 1**: Left central is trapped behind the right central and the left lateral. Right central is too facial and right lateral is rotated mesial lingual, upper arch is somewhat narrow. Aggressive IPR will be required and arch expansion might be indicated.
8 to 16 weeks treatment time in either arch.

**Case 2**: Laterals are lingual to the centrals and rotated mesial lingual. Centrals are rotated distal facial with moderate crowding. Moderate IPR will be required and lingual bonded undercuts might be indicated on the laterals.
10 to 16 weeks of treatment time in either arch.

**Case 3**: Both centrals are rotated mesial lingual. Both laterals are in a lingual position. There is moderate to severe crowding and aggressive IPR will be required. Arch analysis is recommended to determine that enough room for correction is possible with IPR.
10 to 20 weeks of treatment time in either arch.

**Case 4**: Left central trapped lingual to left lateral and right central, right lateral trapped lingual to right central and cuspid. Lower arch is narrow with moderate to severe anterior crowding. Arch analysis is recommended to determine that enough room for correction is possible with IPR.
10 to 24 weeks of treatment time in either arch.
Cases to Avoid

The Inman Aligner will correct most common relapse scenarios as long as the patient is compliant and the teeth have the space needed for correction. The appliances do have limits and it is important to understand these limits.

You can create only so much space through IPR and at most 3 mm of space through the use of an expansion screw. If you cannot create the room the appliances won’t work and your patients will be unhappy.

Teeth in a lingual position but tipped facially will always create a challenge; the lingual component will always try to ride up toward the incisal.

Short clinical crowns make it difficult for the components to generate orthodontic force.

Please remember that cuspids are almost impossible to move with any type of removable appliances, including Inman Aligners.

Case 1: Left central is almost completely trapped lingual behind left lateral and right central, the arch is narrow. There is too much crowding even if an expansion screw is used to create enough room for correction.

Case 2: Right central is trapped facial to the left central and right lateral. Both laterals are lingual to the cuspids and the arch is narrow. There is too much crowding even if an expansion screw is used to create enough room for correction.

Case 3: Lateral clinical crowns are very short and the laterals are in a lingual bodily position. An Inman Aligner could not create enough force to correct the root positions of the laterals.

Case 4: Cuspids trapped behind the laterals, narrow arch and overall severe crowding. There is too much crowding even if an expansion screw is used to create enough room for correction.
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