

# RECOMMENDED TREATMENT OBJECTIVES TERMINOLOGY

	Arch	A-P	Vertical	Transverse
<b>Skeletal Analysis</b>	<b>Maxillary</b>	No change, no growth expected Minimal growth expected Norm. growth expected Hold, Restrict Advance Retract	No change, no growth expected Minimal growth expected Norm. growth expected Hold Intrude (Posterior/ Anterior) Downgraft (Posterior/ Anterior) Correct vertical asymmetry: _____	No change Expand Constrict
	<b>Mandibular</b>	No change, no growth expected Minimal growth expected Norm. growth expected (mostly horizontal) Norm. growth expected (equal horiz. & vert.) Norm. growth expected (mostly vertical) Adv Pg - autorotation by controlling vertical Advance Pg Set back Pg	No change, no vertical growth expected Minimal vertical growth expected Norm. vertical growth expected Excess vertical growth expected Plan to rotate clockwise – increase LFH Plan to rotate counter-clockwise – decrease LFH Increase, decrease, or maintain mandibular plane angle Correct vertical asymmetry	No change Expand – surgically Constrict – surgically
	Arch	A-P	Vertical	Transverse
<b>Dental Analysis</b>	<b>Maxillary</b>	No change expected or planned Maximum anchorage – Hold U6's Moderate anchorage – Allow some mesial movement Allow normal mesial movement, no anchorage planned Advance or mesialize U6's /UR6 / UL6 Distalize /tip back U6's / UR6 /UL6 ----- No incisor change expected or planned Allow normal mesial movement Protract, retract, or hold incisor AP position Procline, retrocline, or maintain incisor angulation	No change expected or planned Maximum anchorage – Hold U6's Allow normal eruption Intrude U6's Extrude U6's ----- No incisor change expected or planned Allow normal eruption Extrude, intrude, or hold upper incisors vertically Relative intrusion/extrusion of upper incisal tip expected due to proclination/retroclination	No change expected or planned Expand, constrict, or hold intermolar width Dental expansion or constriction at premolars ----- Expand, constrict, or hold intercanine width ARCH FORM: Maintain Alter to: _____
	<b>Mandibular</b>	No change expected or planned Maximum anchorage – Hold L6's Moderate anchorage – Allow some mesial movement Allow normal mesial movement, no anchorage planned Advance or mesialize L6's /LR6 / LL6 Distalize /tip back L6's / LR6 /LL6 ----- No incisor change expected Allow normal mesial movement Protract, retract, or hold incisor AP position Procline, retrocline, or maintain incisor angulation	No change expected or planned Maximum anchorage – Hold L6's Allow normal eruption Intrude L6's Extrude L6's ----- No incisor change expected or planned Allow normal eruption Extrude, intrude, or hold lower incisors vertically Relative intrusion/extrusion of lower incisal tip expected due to proclination/retroclination	No change expected or planned Expand, constrict, or hold intermolar width Dental expansion or constriction at premolars ----- Expand, constrict, or hold intercanine width ARCH FORM: Maintain Alter to: _____
	Arch	A-P	Vertical	Transverse
<b>Facial Analysis</b>	<b>Facial Esthetics</b>	No change expected or planned Reduce facial convexity Increase facial convexity Retract upper lip, lower lip, or U&L lips relative to E-plane Advance upper lip, lower lip, or U&L lips relative to E-plane Increase/decrease chin projection Other: Nasolabial angle, labiomental angle, chin-throat angle, neck-throat angle (maintain/increase/decrease, make more or less acute/obtuse)	No change expected or planned Expect norm. increase in facial height Decrease LFH Increase LFH Minimize increase in LFH with mechanics Expect significant increase in LFH with growth Reduce lip incompetence Incisal display, gingival display (increase/decrease) Alter smile arc (maintain, increase or decrease)	Maintain alar base width Smile esthetics (be specific):