After completing this course, the participant will have:
1. An understanding of effective retention protocols to maintain stability of orthodontic outcomes at least 8 years after treatment.
2. An awareness of the dentoalveolar and arch dimension changes in Class III patients treated with 2 miniplate-anchored maxillary protraction protocols.
3. A familiarity with the effects on treatment outcomes by using either temporary anchorage devices or Class III elastics.
4. An appreciation for the dentoalveolar treatment effects resulting from 3 types of maxillary expanders in the maxillary and mandibular arches.

**Article 1: Stability of orthodontic treatment outcome in relation to retention status: An 8-year follow-up, by Jeanett Steinnes et al**

1. The aim of this study was to evaluate the stability of orthodontic treatment outcome and retention status 7 or more years after active treatment in relation to types of retention appliance and duration of retainer use.
   True
   False
2. The pretreatment, posttreatment, and follow-up casts were evaluated using the peer assessment rating index and Little’s irregularity index.
   True
   False
3. The authors reported that long-term wear of fixed retainers prevents unwanted occlusal changes after orthodontic treatment.
   True
   False
4. The authors suggested that fixed canine-to-canine retainers in both the mandibular and maxillary arches are effective and useful in retaining incisor alignment.
   True
   False

**Article 2: Dentoalveolar and arch dimension changes in patients treated with miniplate-anchored maxillary protraction, by Mohammed H. Elnagar et al**

5. The purpose of this study was to evaluate dentoalveolar and arch dimension changes in 2 miniplate-anchored maxillary protraction protocols in relation to an untreated control group using 3-dimensional digital models.
   True
   False
6. The sample comprised 30 growing Class III patients between 8 and 10 years of age.
   True
   False
7. The authors reported that the 2 skeletally anchored maxillary protraction protocols resulted in maxillary advancement, but tooth movements still incidentally occurred in the maxillary arch.
   True
8. The authors concluded that rapid maxillary expansion was unnecessary in most protraction treatment patients with transverse maxillary deficiencies.

True
False

**Article 3: Comparative evaluation of treatment outcomes between temporary anchorage devices and Class III elastics in Class III malocclusions, by Masahiro Nakamura et al**

9. The purpose of the study was to elucidate the stability in treatment outcomes caused by the different mechanics of temporary anchorage devices (TADs) and Class III elastics in patients with Class III malocclusions.

True
False

10. The sample comprised 11 patients who had temporary anchorage devices placed during treatment and 12 patients who used only Class III interarch elastics during treatment.

True
False

11. The authors reported that the mandibular plane angle was increased in the elastic group, whereas it was decreased in the TADs group.

True
False

12. The authors recommended that Class III elastics should be used in high-angle, long-face patients, and TADs used in low-angle, short-face patients.

True
False

**Article 4: Comparison of the treatment effects of different rapid maxillary expansion devices on the maxilla and the mandible. Part 1: Evaluation of dentoalveolar changes, by Selin Canan et al**

13. The aim of this study was to compare the dentoalveolar treatment effects of 3 rapid maxillary expansion (RME) appliances, supported by different tissues on the maxilla and the mandible.

True
False

14. The authors examined 3 types of RME devices: a tooth-borne appliance, a bone-borne appliance, and a hybrid appliance with both bone-borne and tooth-borne portions.

True
False

15. The authors reported that the mandibular arch width remained stable in all 3 expander groups.

True
False

16. The authors concluded that all 3 types of expanders in this study led to expansion of the maxillary arch, but all patients experienced considerable relapse.

True
False