After completing this course, the participant will have:
1. A familiarity with the testing and development of a midsagittal plane reference to be used with 3-dimensional cephalometric skull orientation and analysis.
2. An awareness of the changes that may occur in airway size after orthopedic treatment for patients with Class II skeletal malocclusions.
3. An appreciation for the potential of extraction space reopening in 3 groups of patients with various extraction sequences and malocclusion types.
4. Knowledge about the soft tissue treatment changes associated with bone-anchored maxillary protraction protocols.

**Article 1: A simple and accurate craniofacial midsagittal plane definition, by Moshe Noam Green et al**

1. The aims of this study were to establish an ideal definition for the craniofacial midsagittal plane by first finding an optimal “plane of best fit” and then deriving a simple approximation for clinical use that is highly accurate.
   True
   False
2. The sample comprised pretreatment cone-beam computed tomographs of 60 white adolescent patients who had no prior orthodontic treatment or no obvious craniofacial anomalies.
   True
   False
3. The authors reported that 4 of the 6 previously published midsagittal plane proposals did satisfy the 6 criteria for an ideal definition of the midsagittal plane.
   True
   False
4. The authors recommended that the N-Ba-If definition of the midsagittal plane be used for skull orientation and 3-dimensional cephalometric analysis.
   True
   False

**Article 2: Assessment of upper airway size after orthopedic treatment for maxillary protrusion or mandibular retrusion, by Muge Aksu et al**

5. The aim of this prospective study was to determine whether different Class II treatments would affect the airway sizes of patients having maxillary protrusion or mandibular retrusion.
   True
   False
6. The selection criteria for the sample were (1) ANB angle greater than 3° with a clinically protrusive maxilla or a retrusive mandible, (2) Angle Class II molar relationship, and (3) no respiratory problems.
   True
   False
7. The authors reported that the middle airway space was not significantly different between the 2 orthopedic treatment groups or the control group.
   True
   False
8. The authors concluded that significant skeletal improvements were found in all groups, and the upper airway sizes of Class II patients did not show any differences between cervical headgear or activator treatments.
   True
   False
Article 3: Prevalence of extraction space reopening in different orthodontic treatment protocols, by Guilherme Janson et al

9. The purpose of this study was to compare the amount and frequency of extraction space reopening after 2- and 4-premolar extraction treatments in Class II malocclusion patients and after 4-premolar extractions in Class I malocclusion patients.

True
False

10. The sample was divided into these groups: group 1, 33 full-cusp Class II malocclusion patients with 2-premolar extractions; group 2, 34 similar Class II patients with 4-premolar extractions; and group 3, 38 Class I malocclusion patients with 4-premolar extractions.

True
False

11. The authors reported that in patients who had end-of-treatment extractions spaces that were not completely closed, there was a tendency for the spaces to close with time.

True
False

12. The authors concluded that the extraction spaces tended to reopen more in the Class II 4-premolar extraction patients than in the other 2 groups.

True
False

Article 4: Three-dimensional assessment of soft tissue changes associated with bone-anchored maxillary protraction protocols, by Mohammed H. Elnagar et al

13. The purpose of this study was to assess the 3-dimensional soft tissue changes in growing Class III patients with maxillary deficiency associated with 2 bone-anchored maxillary protraction protocols in relation to an untreated control group of Class III patients.

True
False

14. The sample comprised 30 growing skeletal Class III patients between 10 and 14 years of age.

True
False

15. The authors reported that group 1 using facemask therapy did demonstrated no backward rotation of the mandible.

True
False

16. The authors concluded that the 2 treatment groups exhibited only minimal favorable changes in the skeletal and soft tissues of the face compared with the control group.

True
False