

**FEATURES
SECTION**

Letters to the Editor

Dear Editor

I would like to congratulate Stephen Cotter on winning the JK Williams Gold Medal for 2007 and for presenting such well treated cases (*J Orth* Dec 2008, Vol. 35, No. 4).

As a Tip-Edge user for the last 20 years and an enthusiast for the newest Plus version, I am interested to know how Dr Cotter obtained the necessary uprighting and consequent torque of the first premolars while placing the activating nitinol arch into the gingival molar tube which is appropriate for first premolar extractions. The photographs presented show that the nitinol arch is tipping the first premolars further distally and away from the torque faces of the Tip-Edge bracket. In such a situation we need to tip the teeth anterior to the extraction sites in a mesial direction in order to activate the torque. Possible solutions may include offsetting the main arch to insert into the gingival tube in order to place the nitinol arch into the occlusal tube or placing the nitinol arch above the occlusal tube and securing it with an elastic module. This is particularly effective when a convertible tube is used as shown in the illustrations and can produce rapid uprighting in the appropriate direction.

Without wishing to denigrate Dr Cotter's achievement, I see this as an example of the dangers of 'cookbook' orthodontics which lays out a scheme and order of treatment without taking into account the individual needs of a specific patient. Use a system by all means but be prepared to think it through.

Tom Weinberger
Jerusalem, Israel

Dear Editor

I wish to thank Dr Weinberger for his comments and astute observations.

Dr Weinberger makes essentially two points. His first point is a specific comment on the treatment mechanics of the Tip-Edge Plus appliance system. He is correct in his statement that the auxiliary wire during stage three is better placed above the occlusal tube to ensure uprighting in second premolar extraction cases. I stated such in the article: 'In the lower arch this [the auxiliary wire] was ligated over the buccal attachments to ensure full uprighting of the lower first premolars.' This was done once the auxiliary wire had progressed for ease of use. Although it has been reported that 0.014 NiTi is a sufficiently large final auxiliary wire,¹ in this case we progressed to 0.018 NiTi to ensure full torque expression anteriorly.

The second point is a generic one warning against 'cookbook' orthodontics. This case echoes this point entirely, with a choice functional appliance and indeed fixed appliance system, customized for the individual needs of this patient.

Stephen T Cotter
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Reference

1. Parkhouse RC. Current products and practice: Tip-Edge Plus. *J Orthod* 2007; **34**(1): 59–68.