

CLINICAL AID

A Modified Archwire Tucker

Lingual archwire insertion is much easier if hinge-cap molar tubes are used. The caps should not be used to push the wire into the slots, however, because they can easily deform or break off with too much pressure. Therefore, the archwire must be fully seated before the caps are closed.

On the right side of the mouth, the assistant can push the wire into the slot from the patient's left with any conventional ligature tucker while the clinician closes the caps with a hemostat. To perform the same procedure on the left side of the mouth, however, the assistant has to move to the patient's right side, where the view of the lingual brackets will be blocked by the clinician.

A simple instrument modification solves this problem. Bend one end of a double-ended ligature tucker* into a "U", making sure the notch at the end remains in the same plane (A). The assistant can then fully seat the left side of the archwire by pulling the instrument toward the patient's left (B).



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