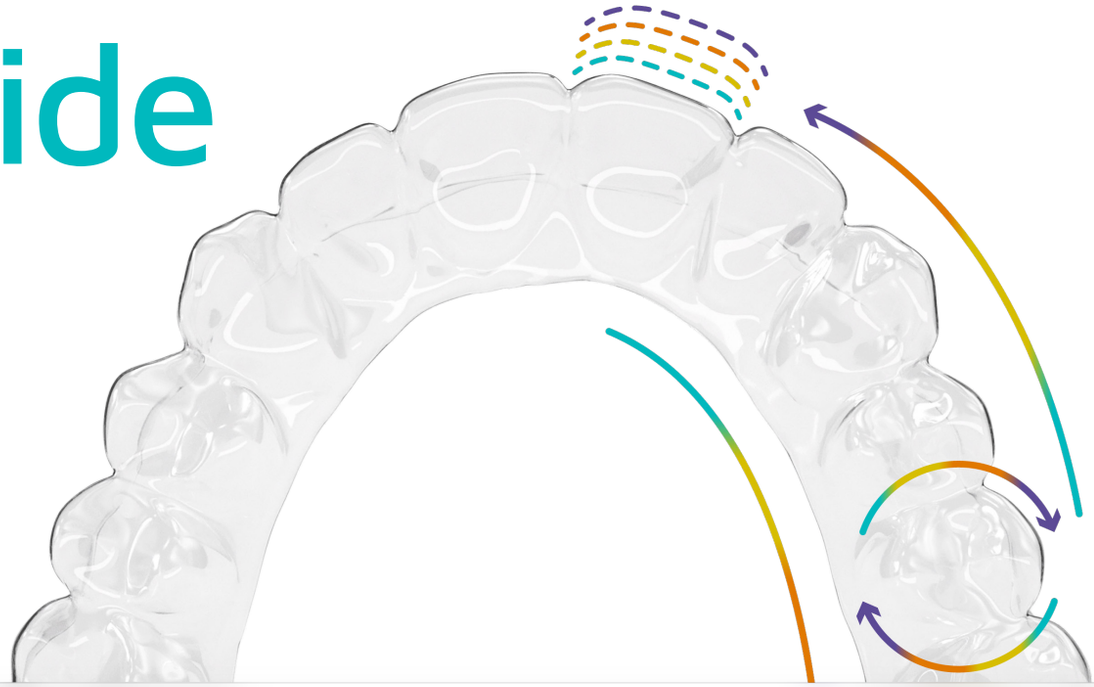
Clinical Guide



Malocclusion Analysis

Case parameters

Complexity level

Predictable | Moderate | Complex | Not Predictable

Crowding

0 | 3 | 6

Most crowded arch (in mm)

Overall space closure

0 | 3 | 6

Most spaced arch (in mm)

Anterior diastema / isolate space

0 | 1.5 | 3

Discrepancy from ideal occlusion (in mm)

Overjet correction

0 | 2 | 4

Discrepancy from ideal occlusion (in mm)

Midline misalignment

0 | 1.5 | 3

Discrepancy from ideal occlusion (in mm)

Openbite correction

0 | 1.5 | 3

Discrepancy from ideal occlusion (in mm)

Deepbite correction

0 | 2 | 4

Discrepancy from ideal occlusion (in mm)

Note: Unpredictable scenarios might require a multi-technique treatment approach to achieve successful outcomes.

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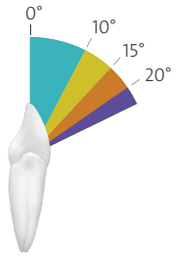
Tooth Movements

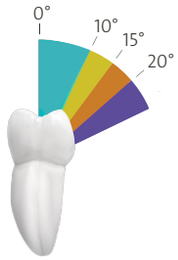
Complexity level

Predictable | Moderate | Complex | Not Predictable

Inclination (Buccal-Lingual)

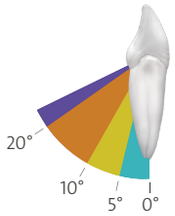


Anterior

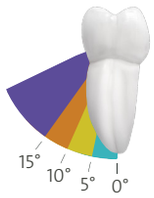


Posterior

Torque

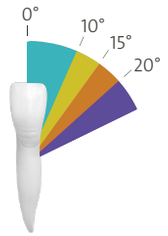


Anterior



Posterior

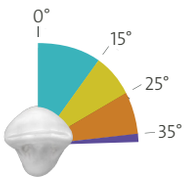
Angulation (Mesial-Distal)



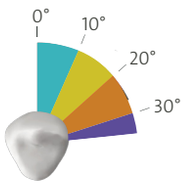
Anterior

Posterior

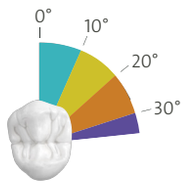
Rotation



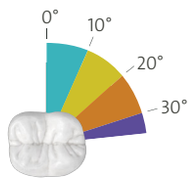
Incisors



Canines



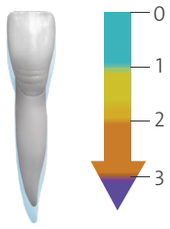
Premolars/Bicuspids



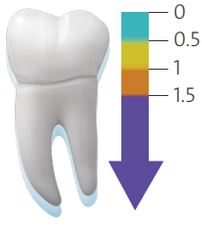
Molars

Intrusion

In mm



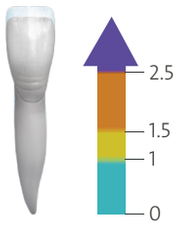
Anterior



Posterior

Extrusion

In mm



Anterior

Posterior

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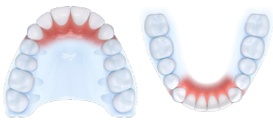
Access to the complete movement limits chart:

Translation

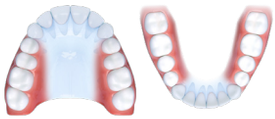
Complexity level

Predictable | Moderate | Complex | Not Predictable

Buccal Translation



Buccal Translation
Anterior Segment (in mm)
(Upper and Lower Arches)



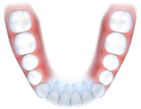
Buccal Translation
Posterior Segment (in mm)
(Upper and Lower Arches)

Lingual Translation

Lingual Translation
Anterior Segment
Upper Arch (in mm)

Lingual Translation
Posterior Segment
Upper Arch (in mm)

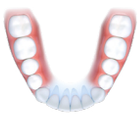
Lingual Translation
Anterior Segment
Lower Arch (in mm)



Lingual Translation
Posterior Segment
Lower Arch (in mm)

Mesial Translation | Distal Translation

Mesial & Distal Translation
Anterior Segment
Upper and Lower Arches (in mm)



Mesial Translation
Posterior Segment
Lower Arches (in mm)

Mesial & Distal Translation
Posterior Segment
Upper Arches (in mm)

Distal Translation
Posterior Segment
Lower Arches (in mm)

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Treatment Preferences

Clinicians can adjust selected Treatment Preferences by specifying their desired parameters in the "Additional Instructions" field within the prescription.

PREFERENCE NAME	DEFAULT PREFERENCE	PREFERENCE OPTION 2	PREFERENCE OPTION 3	PREFERENCE OPTION 4
CLINICAL PREFERENCES				
Movement Velocity The provider can change the movement velocity based upon the number of desired/required aligners and amount of tooth movement control.	Default: 0.3 mm and 3° per tooth, per step.	Reduced: 0.2 mm and 2° per tooth, per step (will result in increased # of aligners).	Not applicable.	Not applicable.
Wear Schedule A patient's wear schedule is a decision that is determined by the Clinician and is made depending on the individual treatment goal for each patient.	2 weeks per step The default preference is based on our clinical protocols and aligner design. We suggest changing the aligners every 2-weeks.	1 week per step A 1-week wear schedule should be considered with reduced tooth movement velocity and with patients that are still growing, such as with teen patients.	10 Days per step A 10-day wear schedule is indicated for cases when more efficiency is needed in adult and teen patients. If the 10-day wear schedule is chosen, we recommend it is accompanied by a slower tooth movement velocity.	3 weeks per step A 3-week wear schedule could be desirable when you need more time to deliver the tooth movement based on the complexity of the case.
IPR Timing IPR is performed only on odd steps and when interproximal surfaces are in proper position. You can customize its timing in your treatments as needed.	Apply the total amount of IPR at step 1. If not possible, then split to step 7 or 13 (for users with 2 week wear schedule).	Apply the total amount of IPR at step 3. If not possible, then split to step 7 or 13 if needed (for users with 2 week wear schedule).	Apply the total amount of IPR at step 5. If not possible then split to step 9 or 13 if needed (for users with 10 day wear schedule).	Do not apply 0.4 mm or 0.5 mm of IPR at the same tooth/step. (Split IPR bigger than 0.3 mm).
Amount of IPR allowed The maximum interproximal reduction per interproximal area, to create intra arch space.	0.5 mm for all teeth as needed (up to distal of second premolars).	0.3 mm for all teeth as needed (up to distal of second premolars).	0.2 mm for anterior and 0.5 mm for posterior (up to distal of second premolars).	Do not allow IPR.
Expansion A transverse increase in arch width[1].	Arch expansion from first molar to first molar, with minor second molar movement.	Arch expansion from second molar to second molar (U-Shape form).	Not applicable.	Not applicable.
Expansion Limits per Quadrant The maximum lateral movement of posterior teeth per arch segment[1].	Up to 2 mm, measured on the first molar. The premolar expansion will follow the U-shape arch form.	Up to 1 mm, measured on the first molar. The premolar expansion will follow the U-shape arch form.	Not applicable.	Not applicable.

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PREFERENCE NAME	DEFAULT PREFERENCE	PREFERENCE OPTION 2	PREFERENCE OPTION 3
Smile Arc The Smile Arc can be used as guidance to help establish an ideal for how the teeth should look when the patient smiles[2].	Follow lip guidance based on frontal smiling picture.	Align and level following ideal occlusion, no lip guidance.	Not applicable.
Occlusion The ideal goal for occlusion is to have a cusp-fossa relationship when the teeth are brought into contact.	Balanced posterior and canine contacts with no anterior incisor contact.	Balanced posterior and canine contacts with light anterior incisor contact.	Heavy contacts (red contacts) for molars and premolars, and light canines and anterior incisor contacts.
Curve of Spee (COS) Curve of Spee is the curvature of the mandibular occlusal plane[3].	Ideal/flat Curve of Spee by combination of tipping, intrusion, and extrusion.	Improve occlusion, but do not correct Curve of Spee unless requested on prescription.	Not applicable.
C-Chain C-Chain is a combination of movements applied to reduce the interproximal space of a group of teeth to tighten contact points.	Only when requested on case prescription.	For Spacing cases, 2 steps from canine to canine.	For Spacing cases, 2 steps from second molar to second molar.
Bolton Discrepancy The discrepancy is determined by Bolton analysis, which compares the sum of widths of the upper and lower teeth.	Leave spaces distal to upper lateral incisors.	Leave spaces distal to upper canines.	Leave equal space in the mesial and distal of upper lateral incisors.
Lower Incisor Extraction Cases Extraction area management and adjacent root angulation adjustment prior to closing the space.	Add a pontic/bar to the extraction site and add vertical engagers and 5 degrees of crown torque (virtual Gable Bend) in the adjacent teeth.	Use custom instructions (see additional treatment preferences notes section for details).	Not applicable.

PREFERENCE NAME	DEFAULT PREFERENCE	PREFERENCE OPTION 2	PREFERENCE OPTION 3
First Premolar Extraction Cases Extraction area management, adjacent root angulation adjustment and engager strategy prior to closing the space.	Add vertical engagers in canines, second premolars and first molars. Add 7 degrees of crown torque (virtual Gable Bend) in the adjacent teeth. Add Class II or Class II elastics according to each malocclusion and add a bar in the extraction site.	Use custom instructions (see additional treatment preferences notes section for details).	Not applicable.
Second premolar extraction cases Extraction area management, adjacent root angulation adjustment and engager strategy prior to closing the space.	Add vertical engagers in canines, first premolars and first molars. Add 7 degrees of crown torque (virtual Gable Bend) in the adjacent teeth. Add Class II or Class III elastics according to each malocclusion and add a bar in the extraction site.	Use custom instructions (see additional treatment preferences notes section for details).	Not applicable.
BITE CORRECTION PREFERENCES			
Class II Corrections Different ways to address the correction of a Class II malocclusion[4].	Upper posterior sequential distalization (50% sequence), then anterior canine to canine retraction. Add Class II elastics for molar distalizations of more than 1 mm.	Upper posterior sequential distalization (50% sequence), then anterior canine to canine retraction, and add Class II elastics ONLY for molar distalizations of more than 2 mm.	Upper sequential distalization (50% sequence), canine retraction, and then incisor retraction. Do not add Class II elastics by default.
Maximum Amount of Distalization for Class II The maximum posterior movement of upper molars to correct Class II malocclusion[4].	3 mm maximum distalization.	4 mm maximum distalization.	Not applicable.
Elastics for Class II Enhance anchorage and support molar distalization.	Slit in upper canines and button cutout in lower first molars.	Slit in upper canines and slit in lower first molars.	Button cutout in upper canines and button cutout in lower first molars.
Class III Corrections Different ways to address the correction of a Class III malocclusion[4].	Lower sequential distalization (50% sequence) and anterior canine to canine retraction. Add Class III elastics for molar distalizations of more than 0.5 mm.	Lower sequential distalization (50% sequence) and anterior canine to canine retraction. Add Class III elastics ONLY for molar distalizations of more than 1.0 mm.	Lower sequential distalization (50% sequence), canines retraction, then incisor retraction. Do not add Class III elastics by default.

PREFERENCE NAME	DEFAULT PREFERENCE	PREFERENCE OPTION 2	PREFERENCE OPTION 3
Maximum Amount of Distalization for Class III The maximum posterior movement of lower molars to correct Class III malocclusion.	1 mm maximum distalization.	2 mm maximum distalization.	3 mm maximum distalization.
Elastics for Class III Enhance anchorage and support molar distalization.	Up to 2 mm, measured on the first molar. The premolar expansion will follow the U-shape arch form.	Up to 1 mm, measured on the first molar. The premolar expansion will follow the U-shape arch form.	Not applicable.
Deep Bite Correction An excessive vertical overlap of the maxillary over mandibular incisors, which may lead to occlusal interference and enamel wear.	Correct deep bite with intrusion of anterior teeth and extrusion of posterior teeth (this option will create red contact points in the posterior teeth).	Correct deep bite cases with intrusion of anterior teeth.	Not applicable.
Anterior Open Bite Correction A vertical malocclusion where the incisors lack overlap, caused by skeletal, dental, or habit-related factors, often requiring intrusion, extrusion, or skeletal correction.	Correct anterior open bite with extrusion of anterior teeth and intrusion of posterior teeth (this will create a virtual bite jump at the end of the simulation).	Correct anterior open bite cases with extrusion of anterior teeth.	Not applicable.
Posterior Crossbite Transverse malocclusion where the maxillary posterior teeth occlude lingually to the mandibular posterior teeth.	Always correct up to first molars.	Do not correct.	Always correct up to second molars.
Scissor Crossbite Transverse malocclusion where the maxillary posterior teeth occlude entirely buccally to the mandibular posterior teeth.	Do not correct scissor crossbites if it only involves second molars.	Do not correct scissor crossbites if it involves first and second molars.	Always correct. Add cutouts for upper and lower molars (crossbite elastics) and add bilateral posterior bite ramps.

PREFERENCE NAME	DEFAULT PREFERENCE	PREFERENCE OPTION 2	PREFERENCE OPTION 3	PREFERENCE OPTION 4
ALIGNER CUSTOMIZATION				
Engagers Some tooth movements require more control, so we provide alternative options for placing engagers to improve their effectiveness when needed.	Use standard rectangular engagers for rotations, intrusions, extrusions, and translations according to ClearCorrect Protocols.	Use beveled engagers for rotations, intrusions, extrusions, and translations. The active engager surface is the beveled surface.	Do not use engagers at all.	Not applicable.
Engager Timing Engagers are strategically placed to optimize tooth movement and office appointments.	Place all at step 1, then step 7 or 13 if needed (for users with a 2 with week wear schedule).	Place all at step 3, then step 7 or 13 if needed (for users with a 2 week wear schedule).	Place all at step 5, then step 9 or 13 if needed (for users with a 10 day wear schedule).	Not applicable.
Engager Removal for Revisions Determines whether existing engagers remain in place or are removed for the refinement/new setup.	Remove the engagers.	Do not remove the engagers.	Not applicable.	Not applicable.
Engager Size Different engager sizes are offered for better fit according to the anatomy of the tooth and to improve anchorage.	3 mm	2 mm	4 mm	Not applicable.
Anterior Bite Ramps Bite ramps are features embedded in the aligners to increase anterior incisors contact while using the aligner.	Add bite ramps on all upper anterior teeth when anterior intrusion is more than 1 mm.	Add bite ramps in upper centrals and laterals when anterior intrusion is more than 1 mm.	Add bite ramps only on upper canines when anterior intrusion is more than 1 mm.	Do not add bite ramps.
Posterior Bite Ramps (For Anterior Open Bite Cases) Posterior bite ramps are placed on the occlusal surface of posterior teeth.	Add bite ramps to lower first and second molars.	Add to upper and lower first and second molars.	Do not add bite ramps.	Not applicable.
Posterior Bite Ramps (For Posterior Crossbite Cases) Designed to disarticulate posterior teeth, eliminating occlusal interferences, enhancing transverse correction and stability.	Add bite ramps to first and second molars while the crossbite is being corrected.	Do not add bite ramps.	Not applicable.	Not applicable.

PREFERENCE NAME	DEFAULT PREFERENCE	PREFERENCE OPTION 2	PREFERENCE OPTION 3
Missing/Extracted Tooth • Pontics are utilized in the anterior region when a tooth is missing or when the patient has open spaces ≥ 3 mm • Bars are utilized in the posterior region when tooth is missing or when the patient has open spaces ≥ 3 mm.	Plan pontics on anteriors and bars on posteriors.	Plan pontics on both anterior and posterior.	Keep space and don't plan for pontics or bars for missing/extracted tooth.
Erupting Teeth A guide helps to hold a space in the arch for a tooth that is erupting. It can also aid the eruption. There are two shapes to select from: a tooth shape or a bubble shape guide.	Plan guides for erupting teeth.	Plan eruption bubbles for erupting teeth.	Keep space and don't plan for eruption guides.
Trimline Height Refers to the vertical extension of the aligner beyond the gingival margin to enhance mechanical retention and force transmission.	High and flat (1.5 mm +/- 0.5 mm)	Low and flat (0.5 mm +/- 0.5 mm)	Not applicable.
MIXED DENTITION PREFERENCES			
Mixed Dentition - Movement Velocity Adjust the movement velocity according to the desired/ required number of aligners and the level of control over tooth movement.	Standard movement per tooth, per step – up to 0.3 mm translation, intrusion, and extrusion, 3 degrees rotation.	Reduced movement per tooth, per step (will result in increased # of aligners) – up to 0.2 mm translation, intrusion, and extrusion, 2 degrees of rotation.	Not applicable.
Mixed Dentition - Engagers Some case types may need engagers to be placed on the teeth, they can be placed in different positions to allow for more anchorage or to aid in the control of complex movements.	Add horizontal engagers on all first fully erupted upper and lower permanent molars. No engagers on anterior teeth.	Add horizontal engagers on all first upper and lower fully erupted permanent molars and deciduous molars and permanent incisors.	No engagers at all.

References:
1. Mosby's Medical Dictionary, 8th edition. "Expansion" retrieved April 10 2019 https://medical-dictionary.thefreedictionary.com/expansion.
2. "The importance of incisor positioning in the esthetic smile: the smile arc" by D.M. Sarver. PMID: 11500650 DOI: 10.1067/mod.2001.114301.
3. Farlex Partner Medical Dictionary © Farlex 2012. Curve of Spee. (n.d.) Farlex Partner Medical Dictionary. (2012). Retrieved January 5 2022, from https://medical-dictionary.thefreedictionary.com/curve+of+Spee.
4. "Malocclusion of the Teeth. Seventh Edition" by E. H. Angle, M.D., D.D.S. Published by S.S. White Dental Manufacturing Company, Philadelphia, 1907. Chapter 2, pages 28-59.

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Clinical Indications & Case Packages

	FLEX	MINI	ONE	TWO	UNLIMITED THREE	UNLIMITED FIVE
Crowding	Up to 3 mm per arch			3 mm to 6 mm	> 6 mm	
Diastema/Space Closure	Up to 1.5 mm			1.5 mm to 3 mm	> 3 mm	
Overall Space Closure (TOTAL SUM for generalize spaces)	Up 3 mm			3 mm to 6 mm	> 6 mm	
Midline Correction (per arch)	Up to 1.5 mm			1.5 mm to 3 mm	> 3 mm	
Deepbite Correction	0	0	Up to 2 mm	2 mm to 4 mm	> 4 mm	
Openbite Correction	0	0	Up to 1.5 mm	1.5 mm to 3 mm	> 3 mm	
Overjet Correction	0	0	Up to 2 mm	2 mm to 4 mm	> 4 mm	
Anterior Lingual Root Torque (crown effect - measure in the software)	0° to 5°			Up to 10°	> 10°	
Posterior Lingual Root Torque (crown effect - measure in the software)	0°	0°	0° to 5°	Up to 10°	> 10°	
Anterior Crown Inclination (minimal root effect)	Up to 10°			> 10°		
Posterior Crown Inclination (minimal root effect)	0°	0°	Up to 10°	> 10°		

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Case Packages

Which case package is right for your case?

	FLEX	MINI	ONE	TWO	UNLIMITED THREE	UNLIMITED FIVE
Clinical indications	For revisions and recent relapse cases, get the exact amount of treatment you need.	For very mild cases, a flat rate for up to 12 sets of aligners, including one revision.	For mild cases, a flat rate for up to 24 sets of aligners, including one revision and one set of retainers.	For moderate cases, a flat rate for up to 48 sets of aligners, including two revisions and two sets of retainers.	For moderate to severe cases, a flat rate for up to unlimited sets of aligners for three full years, including revisions and two sets of retainers.	For severe cases, a flat rate for up to unlimited sets of aligners for five full years, including revisions and two sets of retainers.
Included in treatment	Additional cost for new Treatment Setups, Revisions & Retainers. RemoteCare not applicable.	Treatment Setup, 1 Revision. Additional cost for retainers and RemoteCare.	Treatment Setup, 1 Revision and 1 set of retainers. Additional cost for RemoteCare.	Treatment Setup, 2 Revisions and 2 sets of retainers. Additional cost for RemoteCare.	Treatment Setup, Unlimited revisions, 2 sets of retainers included and RemoteCare included.	Treatment Setup, unlimited revisions, 2 sets of retainers and RemoteCare included.
Case expiration date	No expiration—treatment continues if required by adding more aligners.	Revision and retainer order must be submitted and approved within **6 Months** after the shipment date of the initial set of aligners.	Revision and retainer order must be submitted and approved within **12 Months** after the shipment date of the initial set of aligners.	Revision and retainer order must be submitted and approved within **24 Months** after the shipment date of the initial set of aligners.	Revision and retainer order must be submitted and approved **36 Months** after the shipment date of the initial set of aligners.	Revision and retainer order must be submitted and approved **60 Months** after the shipment date of the initial set of aligners.
Possible upgrades	Not applicable.	**Upgrade to ONE.**	**Upgrade to TWO.**	**Upgrade to UNLIMITED THREE.**	**Upgrade to UNLIMITED FIVE.**	Not applicable.

Note: The expiry date in Doctor Portal is based on the date that Phase 1 is shipped to the clinic. Additional cost for replacement aligners. Free cancellation prior to case approval.

RETAINER

Included in treatment

Retainers can either be based on a previous step or on new scans.

Make sure you send scans for both arches when ordering retainers, even if you're only treating one arch.

On demand order

Order a new retainer for existing or new patients.

Learn more about Case Packages:

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