

Indication

- To upright a mesially inclined molar due to ectopic eruption of the molar or to premature tooth loss of an adjacent tooth.

Benefits of VectorTAS vs. Conventional Mechanics

- Uprights molar without any unwanted reciprocal movements (i.e., extrusion and/or mesialization) of the adjacent teeth.
- Treatment can occur without bonding brackets to the entire dentition.

Items Required for Placement

Direct Approach

- Topical anesthetic.
- Supplemental local anesthetic delivered via MadaJet XL.
- VectorTAS Contra-Angle Driver.
- VectorTAS Tissue Punch and VectorTAS Initiator.
- One VectorTAS Blue 10 mm Miniscrew.
- One VectorTAS 150 g 10 mm Single-Delta Ni-Ti Coil Spring.
- One Cleat.
- Syringe with 30-gauge needle.*


Indirect Approach

- Topical anesthetic.
- Supplemental local anesthetic delivered via MadaJet XL.
- VectorTAS Contra-Angle Driver.
- One VectorTAS Orange 8 mm Miniscrew.
- One double molar tube.
- One bondable tube or bondable eyelet.
- TMA® or stainless steel wire.
- TMA uprighting spring.
- Dental composite for bonding.


Direct Biomechanical Setup



MINISCREW PLACEMENT

TYPE	POSITION
 10 mm	In retromolar region immediately distal to tipped second molar. Such placement maintains rotational control.

ATTACHMENT

TYPE	POSITION
 150 g 10 mm	Attach coil spring from the miniscrew to the cleat/button bonded to the molar, which is placed as mesial as possible.

- To maintain rotational control, align the screw with the central groove of the tipped molar as much as possible.
- To control the vertical aspect, ensure the head of the miniscrew is positioned slightly *below* the occlusal surface of the molar, which helps prevent the molar from being extruded into traumatic occlusion during uprighting. You may also bond a bracket in its ideal position to the tipped molar and actively engage the stainless steel archwire.
- To prevent the molar from colliding with the screw and inhibiting molar uprighting, ensure the screw is placed outside the path of tooth movement.

*Supplementation of MadaJet XL anesthetic delivery via local infiltration may be necessary due to tissue thickness.