## Class II Open Bite

### Suggested Treatment Protocol

<table>
<thead>
<tr>
<th>Phase</th>
<th>Archwires</th>
<th>Objectives</th>
<th>Duration in Weeks</th>
<th>Interval in Weeks</th>
<th>Notes</th>
<th>Early Light Elastics Begun at Initial Bonding</th>
<th>Guideposts for Next Phase</th>
</tr>
</thead>
</table>
| I. Initial Light-Wire | Damon Optimal-Force Copper Ni-Ti<sup>®</sup> | • Begin leveling and alignment  
• Initiate arch development without RPEs or W-arches  
• Resolve 90% of rotations  
• Intrude buccal segments  
• Begin A/P and vertical correction | 10 | 10 | Always place stops anterior to crowding.  
Use composite buildups on buccal cusps of L6s & L7s to intrude buccal segments. | Quail 3/16", 2 oz – Shorty CL II L5 to U3 or L4 to U2 – Full time | When 90% of rotations are resolved.  
Do not rush this Phase. It must be possible to insert the first edgewise wires with minimal active engagement. If not, let the current wire work longer. Avoid the use of any wire “icing” product that would apply too high a force when the wire warms. |
| | .014 U/L  
PRN, .013 U/L if crowding is severe or periodontal support is compromised | .018 U/L | 6 – 8 | 6 – 8 | | |
| II. High-Tech Edgewise | Damon Optimal-Force Copper Ni-Ti | • Complete leveling and alignment  
• Continue arch development  
• Resolve remaining rotations  
• Begin torque control  
• Consolidate minor spacing | 10 | 10 | Typically use power chain under wire to consolidate minor spaces U/L 3 to 3. If consolidating minor spaces 6 to 6, run wire 7 to 7. If 7s are not erupted, consolidate 5 to 5. Run wire 6 to 6.  
Overlay Parrot 5/16", 2 oz Reverse Anterior V – L3 over 1s to L3 – Full time | Quail 3/16", 2 oz – Shorty CL II L5 to U3 or L4 to U2 – Full time  
Overlay Parrot 5/16", 2 oz Reverse Anterior V – L3 over 1s to L3 – Full time | When all brackets and teeth are aligned.  
It should be possible to insert the working wires with minimal active engagement. If not, the case is not ready for Phase III. Avoid “icing” products. |
| | .014 x .025 U/L  
10 weeks into this stage: Take Panorex & reposition brackets. Follow with .018 Cu Ni-Ti if brackets are drastically repositioned. | .018 x .025 U/L  
or PRN, .017 x .025 Ni Ti<sup>®</sup> with 20° anterior torque U/L<sup>2</sup> | 6 – 8 | 6 – 8 | | |
| | or PRN, .017 x .025 Ni Ti<sup>®</sup> | 8 - 10 | 8 - 10 | Pretorqued wires counter effects of CL II elastics to keep upper incisors from retroclining; lowers from proclining. | | |

<sup>1</sup>In patients with very thin attached tissue, severe crowding or periodontal issues, waiting to start elastics until the second appointment may help prevent labial gingival recession.  
<sup>2</sup>Allowing staff to engage pretorqued wires is not recommended; wire orientation is critical and it is easy to reverse inadvertently.  
<sup>3</sup>If consolidating space behind canines, keep power chain one tooth forward of end of wire to prevent rotation.
### Class II Open Bite (continued)

**Suggested Treatment Protocol**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Archwires</th>
<th>Objectives</th>
<th>Duration in Weeks</th>
<th>Interval in Weeks</th>
<th>Notes</th>
<th>Early Light Elastics</th>
<th>Begun at Initial Bonding</th>
<th>Guideposts for Next Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>III. Major Mechanics</strong></td>
<td>Posted Stainless Steel .019 x .025 U .016 x .025 L (PRN, .019 x .025 L)</td>
<td>The diligent use of early light elastics may shorten this phase. Once CL II is corrected or if no major mechanics are required, proceed to Phase IV. If additional posterior transverse width is desired, undertake this phase with elastics and expand wires slightly in the posterior.</td>
<td>20 – 30</td>
<td>8</td>
<td>Once all spaces close, transition from power chain to .008 or .010 wire to lace anterior together; tie back to 6s to avoid reopening space. When engaging elastics, use the wire posts to distribute forces over the archwire.</td>
<td>Kangaroo 3/16&quot;, 4.5 oz – CL II L6 to U Post – Full time</td>
<td></td>
<td>When the case is CL I and has been in an overcorrected position for 8 weeks.</td>
</tr>
<tr>
<td><strong>IV. Finishing</strong></td>
<td>TMA® .019 x .025 U .017 x .025 L</td>
<td>*Make final buccolingual, torque, A/P and occlusal adjustments.</td>
<td>15 – 20</td>
<td>4 – 6 until sectioning wire, then 2</td>
<td>To engage elastics, crimp surgical posts on TMA wire to distribute forces over the archwire.</td>
<td>Kangaroo 3/16&quot;, 4.5 oz Shorty CL II – L5 to U Post – Full time for 8 weeks to prevent relapse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These wire/elastics sequence recommendations have been shown to be effective when treating with Damon System mechanics. They are not a replacement for professional expertise.