Indications
• To retract the anterior segment of teeth into an edentulous space.
• To retract anterior teeth after distalization of posterior teeth.

Benefits of VectorTAS vs. Conventional Mechanics
• Provides absolute anchorage for anterior segment retraction without the unwanted reciprocal effect of posterior segment mesialization.
• Fully controls molar anchorage, avoiding the need for intraoral or extraoral devices (e.g., Class II elastics, Nance holding arch, headgear).

Prior to Miniscrew Placement
• Align the teeth, consolidate any anterior spacing and complete arch leveling (except, perhaps, in deep-bite cases) before retracting the anterior segment.
  - Aligning the teeth sufficiently to employ a full-size stainless steel wire fosters sliding mechanics necessary for efficient retraction.
  - Attaching the miniscrew before the arch is level increases friction, which slows retraction and could possibly overload the miniscrew.
• For deep-bite cases, it may be desirable to intrude teeth in conjunction with retraction.

Items Required for Placement
• Topical anesthetic.
• Supplemental local anesthetic delivered via MadaJet XL.
• VectorTAS Straight Driver.
• Two VectorTAS Orange 8 mm Miniscrews.
• Two VectorTAS 150 g 10 mm Single-Delta Ni-Ti Coil Springs.
• Two VectorTAS Crimpable Posts.

Direct Biomechanical Setup

**MINISCREW PLACEMENT**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 mm</td>
<td>Maxilla: Between second bicuspid and first molar. As high in the maxillary vestibule as possible while remaining in attached gingiva. This placement is recommended because the interradicular space in this region is fairly large, visual access is good, cortical bone thickness is acceptable and force vectors are favorable.</td>
</tr>
</tbody>
</table>

**ATTACHMENT**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>150 g 10 mm (Single or Double)</td>
<td>Attach each coil spring from miniscrew high on the VectorTAS Crimpable Post, which brings the retraction force close to the center of resistance, reducing friction and fostering translational movement rather than tipping. Crimping the coil spring eyelet on the Crimpable Post may help prevent dislodgement.</td>
</tr>
</tbody>
</table>

Ensure spring is parallel to archwire, unless an intrusive vector is desired (i.e., for a deep-bite case). Place crimpable post distal to the cuspid to prevent tissue impingement of the canine eminence.
To reduce friction in the posterior, round the posterior segment of the archwire with a gray stone.