

# **5 STEPS OF ANAMNESIS IN ORTHODONTICS**

**CORRECTIVE**

# 5 STEPS OF ANAMNESIS IN ORTHODONTICS

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# 1

## ANÁLISIS GENERAL/ANAMNESIS

1.1. PATIENT'S NAME

AGE

1.2. PATIENT'S COUNTRY AND CITY

1.3. GUARDIAN'S NAME

1.4 CHIEF COMPLAINT – WHY DID YOU SEEK TREATMENT?

1.5 MEDICAL HISTORY/ MEDICATIONS.

1.6 HISTORY OF ACCIDENTS OR TRAUMAS.

1.7 HAVE YOU ALREADY UNDERGONE PREVIOUS ORTHODONTIC TREATMENT?

Yes

No

Coment how it was:

1.8 COLLABORATION/COOPERATION INDEX

High

Medium

Low

*NOTE: ASK THE GUARDIAN ABOUT COOPERATION IN DAILY ACTIVITIES TO FILL IN THIS FIELD.*

1.9 ORAL HYGIENE:

Adequate

Deficient

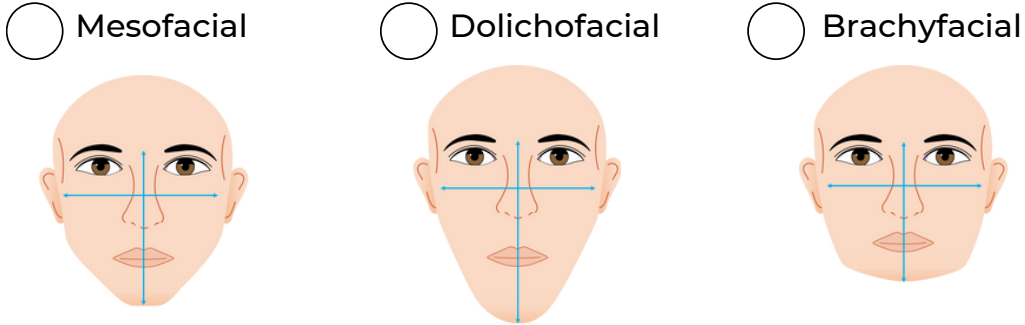
1.10 NEED FOR GENERAL TREATMENT (CAVITIES, ENDODONTICS, EXTRACTIONS).

1.11 IMPORTANT HEREDITARY CHARACTERISTICS.

# 2 FACIAL ANALYSIS

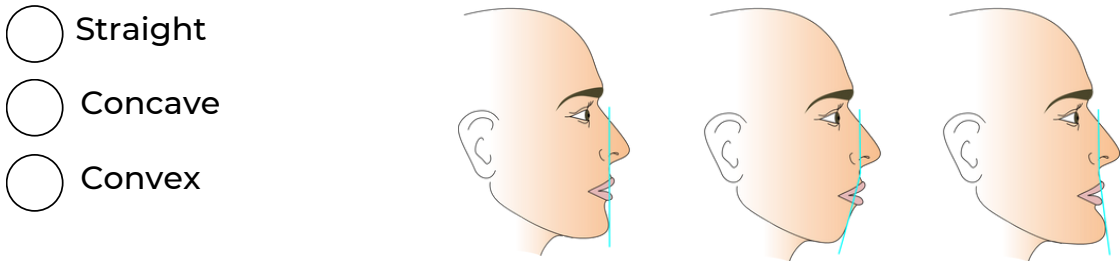
## 2.1 FACIAL TYPE:

There are two reference lines: horizontally, the greatest zygomatic width, and vertically, the line that passes through the lowest point of the chin and the midpoint between the eyebrows.



## 2.2 FACIAL CONVEXITY:

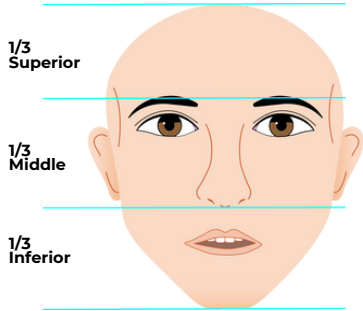
The angle is formed by connecting the glabella, subnasal and pogonium. The proposed normative value is  $140.2^\circ \pm 4.9^\circ$  for male and  $138.9^\circ \pm 6.2^\circ$  for female gender.



## 2.3 PROPORTION OF THE FACIAL THIRDS:

Facial The relation of the middle and lower thirds, subnasal glabella and subnasal-mental (soft). The normality is  $1 \pm 0.08$ .

- Proportional  
 No proportion with increased thirds  
 No proportion with diminished thirds
- Superior   
  Inferior   
  Middle

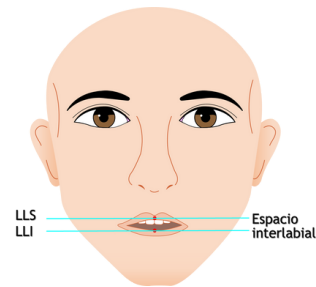


## 2 FACIAL ANALYSIS

### 2.4 LIP SEAL:

Facial The relation of the middle and lower thirds, subnasal glabella and subnasal-mental (soft). The normality is  $1 \pm 0.08$ .

- Competent
- Incompetent



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### 2.5 ANTERO-POSTERIOR LIP RELATIONSHIP:

Measured by the line formed by the subnasal and soft pogonium points, the subnasal-pogonium line (Sn-Pg'). Upper lip in front of the Sn-Pog' line:  $3.5 \text{ mm} + - 1.4 \text{ mm}$ . Lower lip in front of the Sn-Pog' line:  $2.2 \text{ mm} + - 1.6 \text{ mm}$

- Upper lip in front of the lower lip

- Lower lip in front of the upper lip

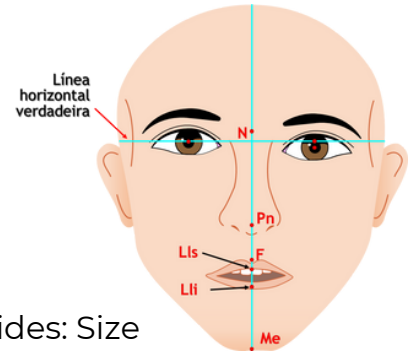


# 2 FACIAL ANALYSIS

## 2.6 FACIAL SYMMETRY AT REST:

It is the horizontal and vertical balance between the two sides: Size proportions of the lateral structures to the true vertical line. The asymmetrical side must be indicated.

- Symmetric Patient       Deviation to the right
- Asymmetric Patient       Deviation to the left



## 2.7 FACIAL SYMMETRY IN MOUTH OPENING

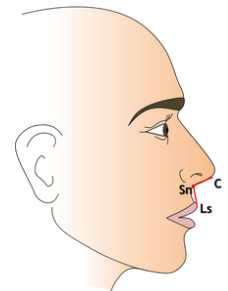
It is the horizontal and vertical balance between the two sides: Size proportions of the lateral structures to the true vertical line. The asymmetrical side must be indicated.

- Presents       Deviation to the right
- Does not present       Deviation to the left

## 2.8 NASOLABIAL ANGLE:

Angle formed by the base of the nose and the upper lip. The normative value is  $111.9^\circ \pm 8.4^\circ$  for the female gender and  $111.4^\circ \pm 11.7^\circ$  for the male gender.

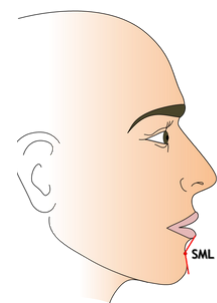
- Normal       Open       Diminished



## 2.9 MENTOLABIAL SULCUS:

Angle formed between the lower lip and the anterior projection of the chin. Its proposed normative value is  $124^\circ \pm 10^\circ$ .

- Normal       Deep       Shallow



## 2 FACIAL ANALYSIS

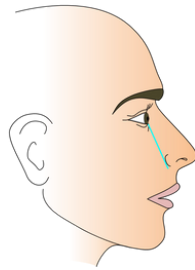
### 2.10 ZYGOMATIC PROJECTION

Requires simultaneous frontal and profile examination. It is evaluated by the line of implantation of the nose, the lower point of the orbit to the wing of the nose. The diagnosis is related to infraorbital depression, as it is deficient in maxillary hypoplasias (straight line) and increased in maxillary protrusion (highly angulated line).

Normal

Increased

Deficient



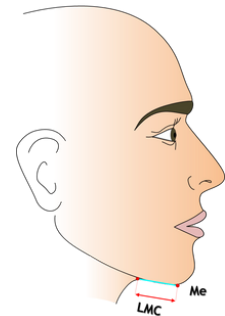
### 2.11 CHIN-NECK LINE:

Defined as the distance from the chin-neck junction to the soft tissue chin. A measurement is not necessary, but a morphological perception of normality, excess or deficiency.

Normal

Increased

Diminished



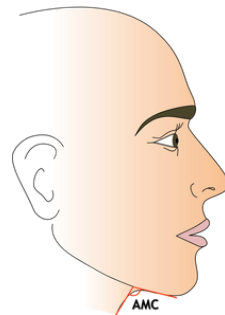
### 2.12 CHIN-NECK LINE:

It is the angle formed between the chin and the neck. Patients with exaggerated clockwise mandibular rotation present a closed chin-neck angle, while counterclockwise rotation increases this angle.

Normal

Open

Closed



# 2

# FACIAL ANALYSIS

## 2.13 FACIAL PATTERN

Pattern I

Pattern II

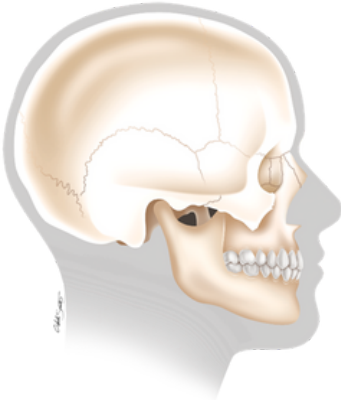
Mandibular Retrusion     Maxillary Protusion     With increased AFAI     With AFAI disiminished

Pattern III

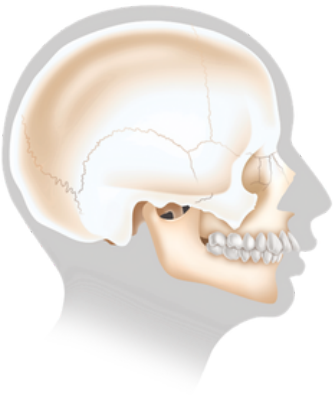
Mandibular Protusion     Maxillary Retrusion     With increased AFAI     With AFAI disiminished

Short Face

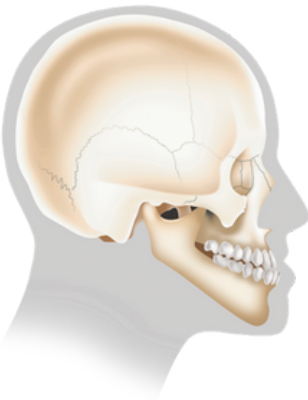
Long Face



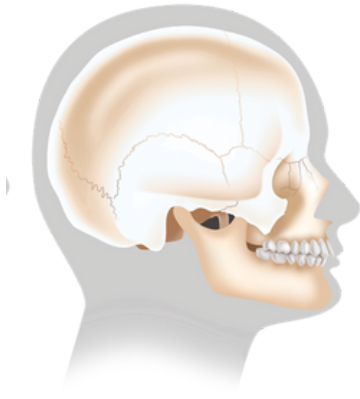
Pattern I



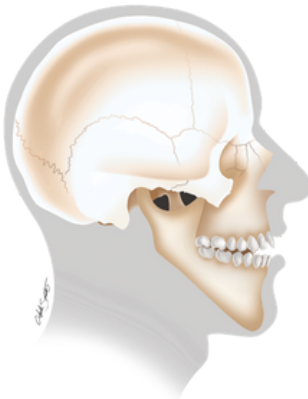
Pattern II



Pattern III



Short Face



Long Face



# 3

## OCCLUSAL ANALYSIS

### 3.1. OCLUSIONIN MANDIBULAR MANIPULATION

CR = MI

CR ≠ MI

\*Centric Relation (CR); Maximum Intercupation (MI)

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### TRANSVERSAL

### 3.2. TRANSVERSE DENTAL RELATIONSHIP:

Brodie

Normal

Bilateral posterior crossbite

Unilateral posterior crossbite

Right

Left

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### 3.3. CHARACTERISTIC OF CROSSBITE

Skeletal

Dento-alveolar

Does not present

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### VERTICAL

### 3.4. VERTICAL DENTAL RELATIONSHIP

Normal

Edge to edge

Deep bite of

Open bite of

In milimeters

# 3

## OCCLUSAL ANALYSIS

### 3.5. SPEE CURVE

- Normal
- Altered
  - Altered by extrusion of lower incisors
  - Altered by extrusion of upper incisors
  - Altered by intrusion of incisors
  - Altered by extrusion of molars
  - Altered by intrusion of molars

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### SAGITTAL

### 3.6. SAGITTAL RELATION OF INCISORS

- Normal
- Increased overjet of
- Anterior crossbite of

in millimeters

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### SAGITTAL RELATION IN MI

#### Right Side

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Class I       | <input type="radio"/> 1/4 Class II      | <input type="radio"/> 1/2 Class II       |
| <input type="radio"/> 3/4 Class II  | <input type="radio"/> Class II complete | <input type="radio"/> 1/4 Class III      |
| <input type="radio"/> 1/2 Class III | <input type="radio"/> 3/4 Class III     | <input type="radio"/> Class III complete |

### 3.7. CANINES (MI):

#### Left Side

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Class I       | <input type="radio"/> 1/4 Class II      | <input type="radio"/> 1/2 Class II       |
| <input type="radio"/> 3/4 Class II  | <input type="radio"/> Class II complete | <input type="radio"/> 1/4 Class III      |
| <input type="radio"/> 1/2 Class III | <input type="radio"/> 3/4 Class III     | <input type="radio"/> Class III complete |

# 3

## OCCLUSAL ANALYSIS

### Right Side

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Class I       | <input type="radio"/> 1/4 Class II      | <input type="radio"/> 1/2 Class II       |
| <input type="radio"/> 3/4 Class II  | <input type="radio"/> Class II complete | <input type="radio"/> 1/4 Class III      |
| <input type="radio"/> 1/2 Class III | <input type="radio"/> 3/4 Class III     | <input type="radio"/> Class III complete |

### 3.8. MOLATRS (MI):

### Left Side

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Class I       | <input type="radio"/> 1/4 Class II      | <input type="radio"/> 1/2 Class II       |
| <input type="radio"/> 3/4 Class II  | <input type="radio"/> Class II complete | <input type="radio"/> 1/4 Class III      |
| <input type="radio"/> 1/2 Class III | <input type="radio"/> 3/4 Class III     | <input type="radio"/> Class III complete |

## RELATIONSHIP IN CR

\*Only answer if MI is ≠ CR

### Right Side

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Class I       | <input type="radio"/> 1/4 Class II      | <input type="radio"/> 1/2 Class II       |
| <input type="radio"/> 3/4 Class II  | <input type="radio"/> Class II complete | <input type="radio"/> 1/4 Class III      |
| <input type="radio"/> 1/2 Class III | <input type="radio"/> 3/4 Class III     | <input type="radio"/> Class III complete |

### 3.9. CANINES (CR):

### Left Side

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="radio"/> Class I       | <input type="radio"/> 1/4 Class II      | <input type="radio"/> 1/2 Class II       |
| <input type="radio"/> 3/4 Class II  | <input type="radio"/> Class II complete | <input type="radio"/> 1/4 Class III      |
| <input type="radio"/> 1/2 Class III | <input type="radio"/> 3/4 Class III     | <input type="radio"/> Class III complete |

# 3 OCLUSAL ANALYSIS

## Right Side

- Class I
- 1/4 Class II
- 1/2 Class II
- 3/4 Class II
- Class II complete
- 1/4 Class III
- 1/2 Class III
- 3/4 Class III
- Class III complete

### 3.10. MOLARS (CR):

## Left Side

- Class I
- 1/4 Class II
- 1/2 Class II
- 3/4 Class II
- Class II complete
- 1/4 Class III
- 1/2 Class III
- 3/4 Class III
- Class III complete

### 3.11. DENTAL MIDLINE

- Coincident
- Deviated upper midline
- Deviated lower midline

In millimeters

## EXTRA

### 3.12. DENTAL ANOMALIES (SHAPE/COLOR/AMOUNT).

### 3.13. TMJ CONDITION.

### 3.14. IS THERE A FAMILY MEMBER WITH THE SAME MALOCCLUSION? IF SO, WHO?

# 4

## CEPHALOMETRIC ANALYSIS

### 4.1. CEPHALOMETRIC ALTERATIONS OF THE APICAL BASES.

Fill that session with cephalometric data that are out of the normal range, referring to the maxillomandibular position (Example: SNA, SNB, ANB). If the values are normal, do not to fill this section.

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### 4.2. CEPHALOMETRIC ALTERATIONS IN RELATION TO GROWTH TREND.

Fill that session with cephalometric data that are out of the normal range, referring to growth trend (Example: FMA, SnGn). If the values are normal, do not fill this section.

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### 4.1. CEPHALOMETRIC ALTERATIONS IN RELATION TO DENTO-ALVEOLAR ASPECTS.

Fill this session with cephalometric data that is out of the normal range, referring to the position of incisors (Example: 1.NA, 1-NA, 1.NB, 1-NB). If the values are normal, do not fill this section.

# 5 FUNCTIONAL DIAGNOSIS

## 5.1. BREATHING TYPE:

- Oral       Nasal       Oronasal
- 

## 5.2. LABIAL FRENULUM:

- Normal       Very inserted

**\*Ischemia examination**

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## 5.3. IS THERE SNORING DURING SLEEP?

- Yes
- No
- 

## 5.4. ANY SIGNS OF DENTAL WEAR DUE TO BRUXISM?

- There is no dental wear
- There is moderate wear on canines and premolars
- There is severe wear with involvement of the occlusal surfaces of posterior teeth

**5 LIST OF PROBLEMS**

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**6 TREATMENT ALTERNATIVE**

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**7 TREATMENT SEQUENCE**

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**8 POSSIBLES NEXT STEPS**

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# FINAL TRATMENT PLAN

Seven horizontal light blue bars stacked vertically, serving as a template for the treatment plan content.

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DATE:

Light blue bar for the date.

PACIENT'S  
SIGNATURE:

Light blue bar for the patient's signature.

DOCTOR'S  
SIGNATURE:

Light blue bar for the doctor's signature.