

## **ATTACHMENT BONDING INSTRUCTIONS:**

### **1. TECHNIQUE**

### **2. IMPORTANCE**

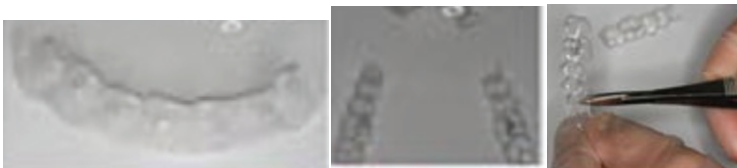
Attachments used with orthodontic aligners serve a variety of important purposes. They are used for rotation, extrusion, intrusion, mesial/distal movement, and anchorage. Each attachment has an active working surface, therefore, sizes, shapes, and placement will vary. The success begins with the bonding procedure. Just as bracket bonding can influence the results of fixed treatment, effective attachment placement will have the same significant consequences. Proper placement should provide more predictability, efficiency, and comfort for the patient.

The primary pitfalls when placing attachments are:

- (1) voids in the attachment composite, which can lead to retained plaque, and failure of effectiveness,
- (2) excessive flash/residual composite on the tooth which can lead to ill fitting aligners, and ineffective movement. When flash is present, it can be easily removed with a scaler (be sure not to remove the attachment itself), or with a white stone, or diamond bur.

## **STEPS FOR BONDING:**

1. Template may be trimmed to eliminate areas that do not have attachments or sectioned into quadrants. Always leave at least one tooth mesial and distal to all attachment bubbles.



2. Place composite into each attachment bubble (we recommend 3M Transbond LR) pressing firmly to compress material to prevent voids, and

compact so the surface of the composite is level with template edges. Use a brush with primer to smooth the material. View template from facial to be sure there are no voids. Place template in a light proof container until ready to place.



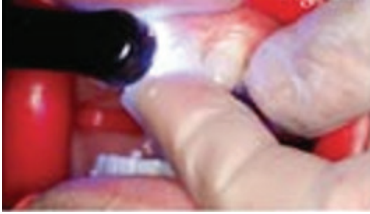
3. Pumice, etch, and prime the teeth that require attachments as recommended by product manufacturer.



4. Place composite filled template, press gently so as to not distort the shape of the attachment, and remove without curing. This creates a custom base for the tooth surface. Remove flash around the perimeter of each attachment with a microbrush, or scaler. If there are areas with no flash, add a small amount of composite, as this is an area where there will likely be a void after bonding.



5. Place template onto teeth. Have patient bite on cotton rolls to ensure template is fully seated. Press gently on attachment either with light tip, or scaler so that it is flush with the tooth, but not hard enough to distort shape. Cure according to light manufacturer's instructions. Remove template by pulling with a scaler from the lingual. Cure again after template is removed.

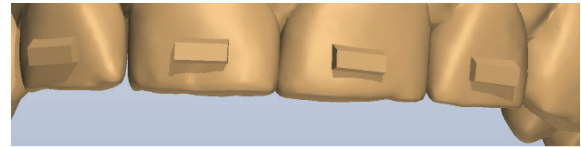
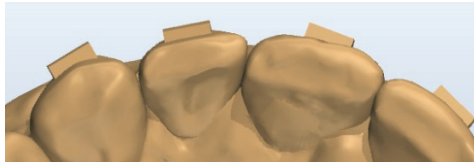


6. Remove flash if present with a scaler, white stone, or diamond bur, and check with floss for residual interproximal flash.

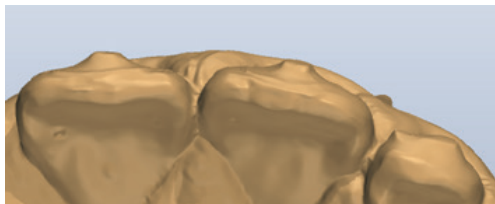


### ATTACHMENT TIPS

1. Attachments should be well defined with clean edges:



2. The steps outlined above should prevent having too much composite “flash” with undefined edges like below:



### HELPFUL TIPS

1. Aligner “chewies” are recommended for successful treatment. They can be purchased from various orthodontic supply companies. Whenever the patient inserts a tray, they should bite on the chewie, starting on one side of the arch to the other, to help seat the aligner completely, and fully engage the attachments.

2. It is also helpful to have the patient chew on the chewie like a piece of gum for 10 minutes, twice a day, alternating from side to side.
3. Patients should not move to the next aligner if there is any air space in the incisal or occlusal area, or if attachments are not fully engaged.



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