The National Dental Practice-Based Research Network
The nation's network

SKY BLUE

Anterior Openbite Study

Practitioner Characteristics Form

Practitioner ID: [PRINT PID HERE]

Today's Date: |___|___|/|___|___| /|_2_|_0_|_1_|___|
m m d d y y y y

1. Did you receive formal orthodontic training from an accredited orthodontic program?
   - ☐ Yes
   - ☐ No (Skip to Q3)

2. At what university or program did you complete your orthodontic training?

   Program: _____

3. Please indicate how often you use each of the following treatment techniques for adult anterior openbite patients. (Fill in one response for each row.)

Treatment Technique	Not at all	Occasionally	Often
Fixed appliances	☐	☐	☐
Clear aligners	☐	☐	☐
Maxillary arch extraction(s)	☐	☐	☐
Mandibular arch extraction(s)	☐	☐	☐
Temporary anchorage devices (TAD) mini-screws	☐	☐	☐
Temporary anchorage devices (TAD) mini-plates	☐	☐	☐
Jaw surgery (Maxilla)	☐	☐	☐
Jaw surgery (Mandible)	☐	☐	☐
Tongue or thumb crib	☐	☐	☐
Speech or myofunctional therapy (by a qualified therapist)	☐	☐	☐
Occlusal equilibration	☐	☐	☐
Elastics	☐	☐	☐
Interproximal reduction (IPR)	☐	☐	☐
Maxillary expansion	☐	☐	☐
Headgear	☐	☐	☐
Corticotomy (e.g., Wilckodontics®)	☐	☐	☐
Vibration therapy (e.g., Acceledent®)	☐	☐	☐
Other (specify): _____	☐	☐	☐

4. Please indicate how often you use each of the following maxillary retention techniques for adult anterior openbite patients. (Fill in one response for each row.)

Maxillary Retention Technique	Not at all	Occasionally	Often
Hawley-style or circumferential	☐	☐	☐
Essix-style (clear overlay shell)	☐	☐	☐
Bonded retainer	☐	☐	☐
Other (specify): _____	☐	☐	☐

5. Please indicate how often you use each of the following mandibular retention techniques for adult anterior openbite patients. (Fill in one response for each row.)

Mandibular Retention Technique	Not at all	Occasionally	Often
Hawley-style	☐	☐	☐
Essix-style (clear overlay shell)	☐	☐	☐
Bonded retainer	☐	☐	☐
Other (specify): _____	☐	☐	☐

6. Please indicate the retention regimen initially prescribed when retainer use is begun?
   - ☐ Full-time
   - ☐ Night-time (or half-time)
   - ☐ Other, (please specify): _____

END OF FORM

_____ **Date:** |___|___|/|___|___|/|_2_|_0_|_1_|___|
Practitioner Signature m m d d y y y y

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU.

Questions? Contact your RC at the phone or email provided on the front of the manual.