



# INVISALIGN

## MASTER INTERNACIONAL

25

Protocols **Expert** for therapeutic  
success & clinical management



Simultaneous English-Spanish Translation



Dr. Kenji **Ojima** || Dr. Ramón **Mompell**

Dr. Jose Luís Mompell || Pedro Morchón

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# MÁSTER INTERNACIONAL INVISALIGN®

WHERE *diamonds* ARE MADE

*¿Apuestas por ti?*



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# PRESENTATION

Welcome to the **Invisalign International Master.**

**Aligners** have become an option increasingly demanded by our patients. For a long time, it was considered that only mild malocclusion could be treated. With the passage of time and the improvement of the system, moderate malocclusions began to be resolved successfully. However, it is the training and in-depth knowledge of the technique that **will take you to the next level and allow you to treat 100% of patients with Invisalign**

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**Dr. Ramón Mompell**, will expose everything related to the protocols established by Invisalign as predictable protocols as well as how to solve severe malocclusions through the use of mini-implants and Invisalign.

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**Dr. Kenji Ojima**, will be responsible for teaching the resolution of severe malocclusions with or without extractions. He will also teach the part of Invisalign in combination with orthognathic surgery.

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To get Invisalign implemented in an integral way in its daily clinical practice, whether as a clinic owner or not, the training will be complemented by master classes taught by **Dr. Jose Luis Mompell**, oral surgeon and **Pedro Morchón**, specialist in management and address of dental clinics.



# METHODOLOGY

The Invisalign program in the **INTENSIVE** option.

## THEORETICAL SESSIONS

In the theoretical sessions you will learn the essential, basic, advanced and master protocols through the 25 protocols specially designed for this course following the treatment philosophy and predictability protocols of Invisalign. All theoretical training is based on clinical cases for better understanding and future application.

## HANDS-ON

Different practices will be carried out during the program to get the necessary skills for its complete implementation in the clinic.

## ON-LINE SESSIONS

Clinical updates in the Invisalign technique, through an on-line seminars.

## CLINICAL ASSISTANCE

Assistance in the development of your own Clin-Checks and clinical evaluation of your own patient. Assistance in planning for the placement of Mini-implants, MSE (MARPE) or any other auxiliary technique taught during the course.





# CARACTERÍSTICAS

- **Modality:**

- ✓ Theoretical-practical course. Hands-on in biomodels.
- ✓ Online Sessions: Clinical updates in the Invisalign technique, through on-line seminars.
- ✓ Clinical assistance:: Assistance in the development of your own Clin-Checks and clinical evaluation of your own patients. Assistance in the planning for the placement of Mini-implants, MSE (MARPE) or any other auxiliary technique.

- **Language:** English and spanish

- There will be simultaneous translation for both languages.

- **Venue:** in **Madrid**, Spain.

- **Addressed to:** ortodontist y dentist with experience in orthodontics.

- **Coures coordinator:** Dr. Ramón Mompell.

- **Teachers:** Dr. Kenji Ojima, Dr. Ramón Mompell, Dr. JL Mompell y P. Morchón.

- **Schedule:** from 10am to 6pm every day

- **Dates:** Intensive week: **17-21 October 2020.**

- **Cost:** 4990 € (Reservation 1990€)



# OBJECTIVES

The **main objective** is to provide the student all the necessary knowledge, both clinical and strategic to be able to **become a doctor with DIAMOND category**, capable of treating 100% of malocclusions through the use of aligners. Therefore, a program of 25 protocols has been developed, explained by Diamond doctors to guarantee and maximize the success.

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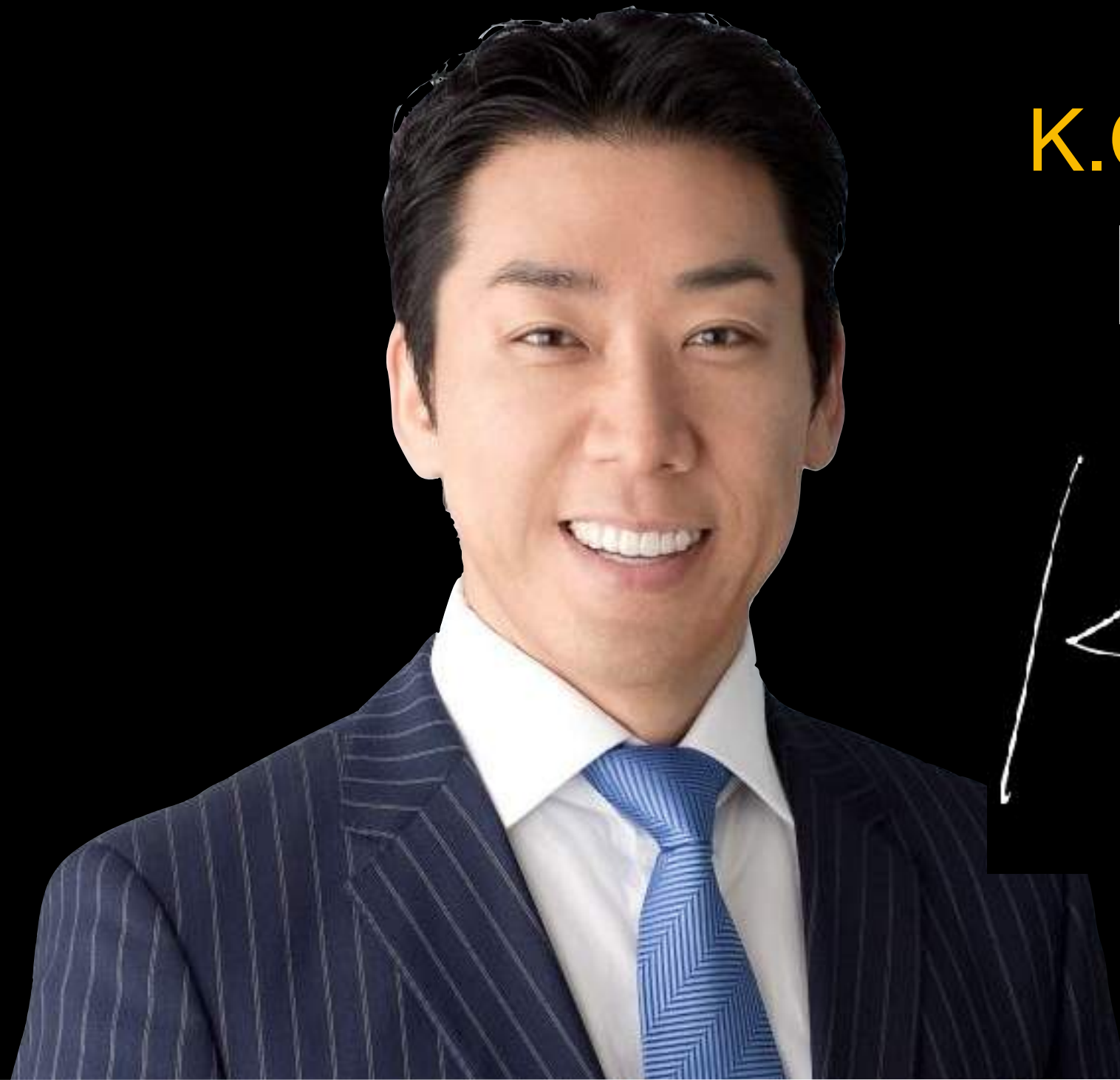
At the end of the course, the student will be able to:

1. **Know** all the **biomechanics** of aligners with the Invisalign protocols.
  2. **Identify** **treatment options** and appropriately **select** the patient.
  3. **Use** the **different protocols** to simplify cases and obtain clinical success.
  4. **Develop** an effective **methodology** to optimize the use of Invisalign software.
  5. **Simplify** **communication** with Invisalign **technician** improving ClinCheck results.
  6. **Improve** **communication** with the **patient**, through different tools
  7. **Optimize** the **time** with each patient, applying the necessary protocols.
  8. **Incorporate** **Digital Smile Design (DSD)** as a digital planning option.
  9. **Integrate** **Invisalign** into your daily clinical practice.
  10. **Acquire** **knowledge to train auxiliaries**.
  11. **Use** **mini-implants** in combination with Invisalign. Differentiate the different types of mini-plants, elements, sizes and difference between them. Use them for anchoring control in the absence of teeth, cases of extraction, retraction "in mass", protraction "in mass", cant of the occlusal plane, surgical Set-Ups, etc.
  12. **Analyze** the **evolution** of the treatment, by studying different malocclusions.
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**Apply** the knowledge acquired during the course, for the resolution of **dental** and **orthopedic** problems, both in **adults** and **children**, through the use of Invisalign



# SPEAKERS



K.OJIMA



**DIAMOND+**

INVISALIGN  
**PROVIDER**



**DIAMOND+**

INVISALIGN  
**PROVIDER**

R.MOMPELL





# PROFESORES



J. L. MOMPELL



P. MORCHÓN





# PROGRAM

## I. FUNDAMENTAL PROTOCOLS

### GENERAL CONSIDERATIONS WHEN USING INVISALIGN

**1. Introduction to the International Aligners Course (IAC): INVISALIGN technique.**

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**2.** The meeting point between different ideas and **emerging technology**. ITerO / 3shape intraoral scanner / Carestream, CBCT, 3D facial scanner, 3D printing, etc.

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**3. Transparent or plastic orthodontics:** differences between the INVISALIGN system, other aligners brands and the homemade (3D printed) orthodontic aligners designed by different softwares.

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**4. Basic and advanced nomenclature in plastic orthodontics:** smartforces (conventional attachments, optimized attachments, powers ridges, precision cuts, pressure points, bite ramps); IPR, pontics, additional aligners, passive aligners, refinement, additional aligners, overcorrection, virtual jump, compliance indicators, eruption tabs and eruption compensators.

**5. Invisalign website (Invisalign Doctor site -ID-):** step by step to master the use and the advantage of each of its functions: case submission and my clinical preferences.

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**6. Protocols pre-established by Align Tech:** Invisalign G3, G4, G5, G6 and G7



## II. OPTIMIZED PROTOCOLS

### TREATMENT SELECTION (EXPRESS, LITE OR COMPREHENSIVE), FIRST AND CONSECUTIVE APPOINTMENTS, TAKING RECORDS AND USE OF C.CHECK PRO

#### 1. Treatment Selection:

- STEP 1: **SELECTING THE CASE** Can you treat everything with aligners? Simple moderate and severe cases. How to AVOID MISTAKES with the case selection?
  - STEP 2: **TYPE OF PATIENT**: Adult, Adolescent or Child (first)
  - STEP 3: **TYPE OF PRODUCT**: Transparent Invisalign aligners or retainers (Vivera)
  - STEP 4: **TYPE OF TREATMENT**: Express (old I7), Lite and Comprehensive
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**2. Basic and advanced use of Clin-Check Pro (CCP):** proper management of all its functions. Accurate and sequenced planning of the treatment with Invisalign: Differences between CC web and CC Pro. Analysis of the functions of the CCP: evaluation sheet and treatment sheet.

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#### 3. FIRST APPOINTMENT PROTOCOL:

**steps** to follow, role of each team member and aspects to enhance.

#### 4. INITIAL RECORDS PROTOCOL:

making of minimum and advanced diagnostic records to start a case: 2D photographs / 3D facial scan; 2D / CBCT radiographs; silicone impressions / iTero intraoral scanner; communication with Digital Smile Design (DSD) Planning Center. Centric relationship or maximum intercuspitation.

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#### 5. SENDING COMMUNICATION

**RECORDS PROTOCOL:** sending records to INVISALIGN and DSD Planning Center: preparation of shipments, management of the same and organization of the clinic. Auxiliary functions within the process.

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#### 6. Basic marketing in the clinic:

experience for new patient and loyal patients.



# PROGRAM

## **7. CLINCHECK REVIEW PROTOCOL:**

selection of conventional or optimized attachments, study of the position of the attachments, predictable and unpredictable movements, analysis of the IPR and the spaces. Superposition with the initial position and with the possible treatment proposed by DSD planning center. Number of stages: how to reduce them and remain predictable. Problems and tricks.

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**8. Effective & efficient communication guides with Invisalign technician.** Rules, nomenclature and tricks to facilitate and speed up communication with them.

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**9. CLINCHECK MANUAL:** manual modifications of the treatment plan: changes in the position of teeth, attachments and precision cuts, correct distribution of IPR and spaces, modifications in the shape of the arch, etc.

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**10. EVALUATION PROTOCOL, CEMENTED ATTACHES AND IPR.** Instructions for the patient.

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**11. CHANGE ALIGNERS PROTOCOL.**  
10/14/7/5 days

## **12. CHECK-UP APPOINTMENT**

**PROTOCOL:** control and evaluation of treatment success: supervision and superposition of different intraoral scanners (STL) of the same patient. Interval between appointments.

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**13. PROTOCOL FOR REFINEMENT / ADDITIONAL RECORDS.** Registration in centric relation or maximum intercuspitation.

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**14. RETENTION PROTOCOL:** recommended type of retention. Intervals of time between appointments.





## III. ADVANCE PROTOCOLS

### TRANSVERSAL, SAGITTAL, VERTICAL & ASYMMETRY CORRECTIONS EXTRACTIONS AND SURGICAL CASES

#### A. Correction of TRANSVERSAL problems of dental, dentoalveolar & skeletal origin

**1. Growing patients:** cross bites and scissor bites. Choice between Invisalign first, slow palatal expansion (SPE) or rapid palatal expansion (RPE) associated or not with mini-implants. Advantages and disadvantages.

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**2. Patients without growth:** cross bites and scissor bites. Rapid palatal expansion associated with mini-implants (MARPE). Advantages and disadvantages.

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**3. PROTOCOL RPE / MARPE + INVISALIGN + DSD.** MARPE installation in combination with Invisalign + DSD. Expansion, retention, transition and finishing. Development of ClinCheck in a predictable way. Ideal time for refinement. Advantages and disadvantages.

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**4. Invisalign and airways.** Effects after correction of the transversal problem.

#### B. Correction of SAGITTAL problems of dental or skeletal origin.

##### 1. Growing patients (CLASS II & III):

- **Skeletal Class II with mandibular origin:** *INVISALIGN PROTOCOL TREATMENT MANDIBULAR ADVANCEMENT - ITMA.* Stages, advantages and disadvantages, IPR, tricks and complications.

- **Dental Class II: use of Class II elastics.** Duration, moment of use, force, anchor teeth, etc. Importance or not of the extraction of third molars. Virtual jump. PowerRidges and Precision Cuts.

- **Skeletal Class III with maxillary origin:** *INVISALIGN PROTOCOL + MARPE + FACIAL MASK / MINIPLATES.* Stages of expansion, retention, maxillary protraction and finishing. Development of ClinCheck in a predictable way. Ideal moment of refinement. Advantages and disadvantages. Special attention in dolichofacial patients.

- **Dental Class III: use of Class III elastics.** Duration, moment of use, force, anchor teeth, etc. Importance or not of the extraction of third molars. Virtual jump. PowerRidges and Precision Cuts.



# PROGRAM

## 2. Patient without growth (CLAS II & III):

- Dental Class II with maxillary origin: **SEQUENTIAL DISTALIZATION PROTOCOL + AESTHETIC PRINCIPLE.** Distalization 1/2. Application of the aesthetic principle.
- Dental Class III. Distalization of the mandibular arch or protraction of the maxillary dental arch. Combination with mini-implants.
- Skeletal Class II and III. Introduction to surgical cases with INVISALIGN.

## C. Correction of VERTICAL problems of dental, dentoalveolar and skeletal origin.

1. Open bite. **ANTERIOR OPEN BITE CLOSURE PROTOCOL.** Attachments selection. IPR planification. Use or not of mini-implants. Posterior intrusion or anterior extrusion. Selection of the arch to be intruded in the posterior sector and selections of the arch to be extruded in the anterior sector. Control of the occlusal plane. Retention.

2. Deep bite. **PROTOCOL FOR DEEP BITE CORRECTION.** Application of the G5 Protocol. Attachments selection. IPR programming. Use or not of mini-implants. Extrusion of molars or intrusion of anterior sector. Choice of the arch to be extruded in the posterior sector and intruded in the anterior sector. Control of the occlusal plane. Retention.

## D. Correction of VERTICAL problems in COMBINATION with SAGITTAL problems of skeletal and dental origin.

1. Orthopedic treatment of growing patients and adults. **PROTOCOL IN ANTERIOR OPEN BITE CASES + SAGITTAL PROBLEM OF CLASS II OR III.** Correction of the facial aesthetics using the dentition as a tool: Molar Intrusion with Mini-Implants + Invisalign. Mandibular anterorotation. Premature contact of incisors. Dental distalization of the lower arch or maxillary skeletal protraction. Occlusal plane control and mandibular plane.

## E. Correction of asymmetries, complex and surgical cases

1. Asymmetrical movement: Midline, Correction of the occlusal plane Cant and Control of Chin Point by Invisalign + Mini-implants. Selection of attachments. IPR programming. Retention.

## 2. Cases of extraction:

- Upper extractions. **PROTOCOL IN CASES OF UPPER EXTRACTIONS.** Application of invisalign G6. Class II elastics. IPR needed. Time of the extraction. Retention.
- Lower extractions. **PROTOCOL IN CASES OF LOWER EXTRACTIONS.** Application of invisalign G6. Class III elastics. IPR needed. Moment of the extraction. Retention.



# PROGRAM

## 3. Surgical cases:

- **Class II with mandibular origin. Extraction or Lower sequential distalization.** ClinCheck planning. Communication with the surgeon. Choices of attachments and IPR. Retention. Advice for the success of the treatment.
- **Class III with mandibular and maxillary origin. Extraction or sequential distalization.** ClinCheck planning. Communication with the oral surgeon. Choices of attachments and IPR. Retention. Advice for the success of the treatment.
- **Vertical problems isolated or in combination with sagittal and transverse problems.** ClinCheck planning. Communication with the oral surgeon. Choices of attachments and IPR. Retention. Advice for the success of the treatment.
- **Surgical cases in combination with extractions.**
- **PROTOCOL OF INVISALIGN + SURGERY FIRST.**
- **PROTOCOL FOR IMPACTED TEETH:** impacted canines, impacted second molars, etc. Use of Mini-implants. ClinCheck planning. Ideal moment for refinement.





## IV. MASTER PROTOCOLS

### DSD COLLABORATION, INVISALIGN FIRST, MINI-IMPLANTS, ACCELERATED MOVEMENT, INVISALIGN + PERIO / RESTORATIVE / ORAL SURGERY AND MARKETING

**1. Invisalign FIRST.** Advantages and disadvantages. Product characteristics. Limitations.

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**2. Advanced Auxiliary Techniques,** Use of Mini-implants for correction of transverse, sagittal and vertical problems. Reduction of treatment times. Clinical application of Mini-Implants and biomechanics with aligners: considerations of anchorage, absence of teeth, cases of extraction, retraction "in mass", protraction "in mass", inclination of the occlusal plane, surgical Set-Ups, etc.

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**3. Invisalign and the periodontal patient.** Clinical cases. Precautions. Speed in the treatment. **PERIODONTAL PATIENT PERFORMANCE PROTOCOL**

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**4. Invisalign in combination with restorative cases.** Bridges, crowns and veneers. Importance of Digital Smile Design. DSD + Invisalign communication. **PROTOCOL INVISALIGN + RESTORATIVE.** Communication with restorative doctor. ClinCheck planning

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**5. Invisalign in combination with oral surgery.** 3D bone reconstructions in mandibular atrophies, sinus lift, implants, grafts, etc. Communication with the surgeon ClinCheck planning. **PROTOCOL INVISALIGN + ORAL SURGERY**

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**6. Invisalign + accelerated movement. ACCELERATED USE + INVISALIGN PROTOCOL** Corticopuncions, corticotomies, lasers or photobioestimulation. Times of use. Advantages and disadvantages. Can we save time in treatment by using these procedures?

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**7. Advanced marketing** to turn Invisalign into the choice of treatment for both adult patients and Teen patients.

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**8. Clarifications, comments and peculiarities about Teen and First patients.** Compliance indicators. Eruption tabs. Compensators of eruption.

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**9. Commercial strategies for private clinics** to incorporate Invisalign in the most efficient way to the daily practice.

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# HANDS-ON

## I. FUNDAMENTAL HANDS-ON

### HANDS-ON 1: RECORDS WITH INTRAORAL SCANNER ITERO VS CONVENTIONAL IMPRESSIONS.

Intraoral scanners will be performed with the ITERO system in real conditions.

You will learn to scan complex structures such as edentulous areas, third molar area, periodontal teeth or extensive amalgam restorations.

## II. OPTIMIZED HANDS-ON

### HANDS-ON 2: INTER-PROXIMAL REDUCTION (IPR)

Different types of IPR will be carried out, both in animal models, and in biomodels specially prepared with different types of crowding to be able to master the IPR technique. Different types of IPR systems from manual system to rotary system will be tested.

### HANDS-ON 3: MANUAL ADJUSTMENT OF ALIGNERS.

Student will cut, adjust and add pressure buttons to the aligners to know the different options that can be made for a better optimization of the system in some cases.

## III. ADVANCE HANDS-ON

### HANDS-ON 4: HOW TO DO A CLIN-CHECK EXCLUSIVELY WITH DENTAL MOVEMENT USING 3D CONTROLS CLIN-CHECK PRO

A full Class I / II / III CC will be performed using the 3D controls. CC technique in two steps.

## V. MASTER HANDS-ON

### HANDS-ON 5: HOW TO DO A CLIN-CHECK INCLUDING DENTAL AND SKELETAL MOVEMENTS USING 3D CONTROLS CLIN-CHECK PRO.

A complete CC of Class II will be made by mandibular advancement and class III by maxillary protraction using the 3D controls of the Clin-Check Pro. CC technique in two steps

### HANDS-ON 6: INVISALIGN & DSD

Communication with DSD will be carried out for proper planning.



# INSCRIPTIONS

TO ENROLL IN THE COURSE YOU HAVE TO  
**PRE-REGISTER** FROM THE WEB

[WWW.FORMACIONDENTALGRAM.COM](http://WWW.FORMACIONDENTALGRAM.COM))

YOU WILL RECEIVE AN E-MAIL TO PROCEED TO MAKE  
THE FINAL REGISTRATION IN CASE OF ACCEPTANCE OF  
THE APPLICATION.

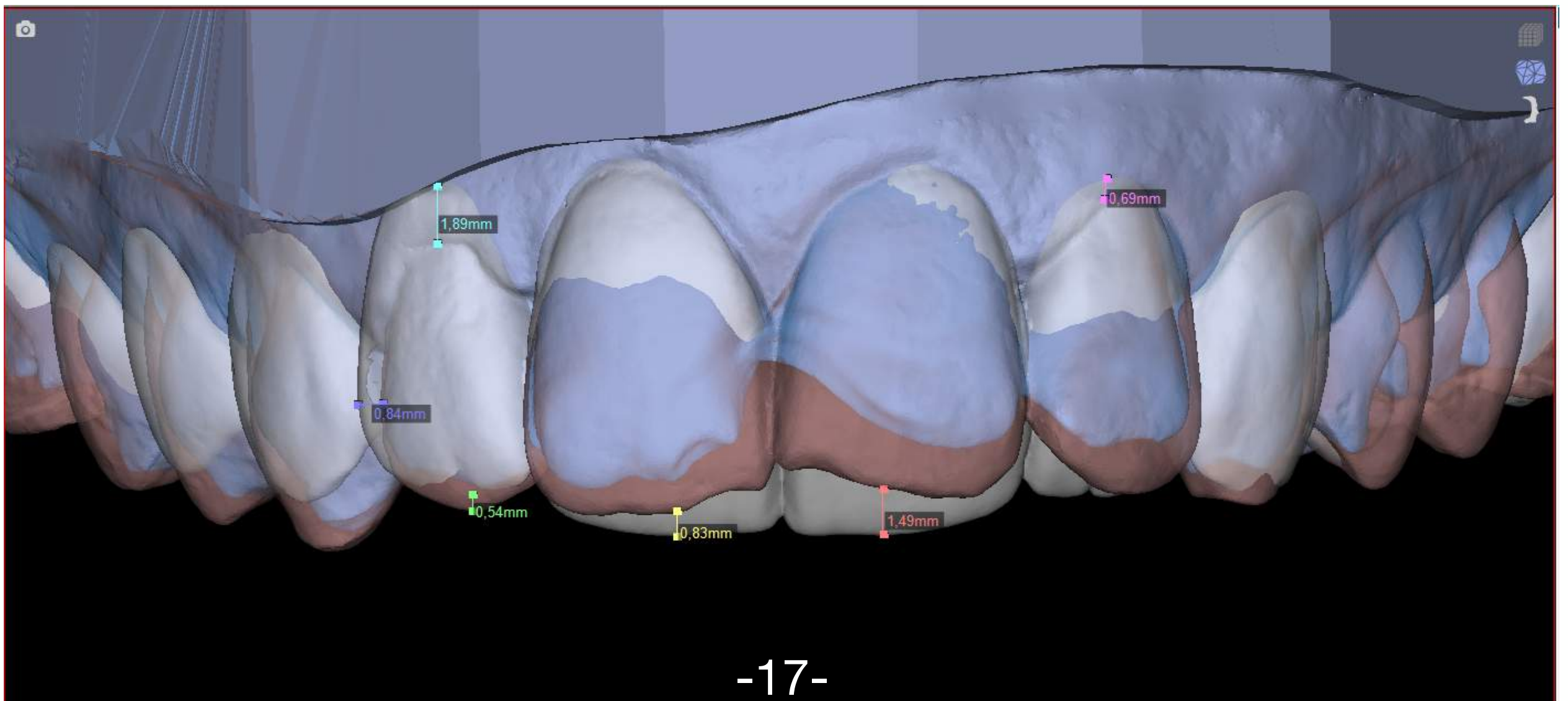
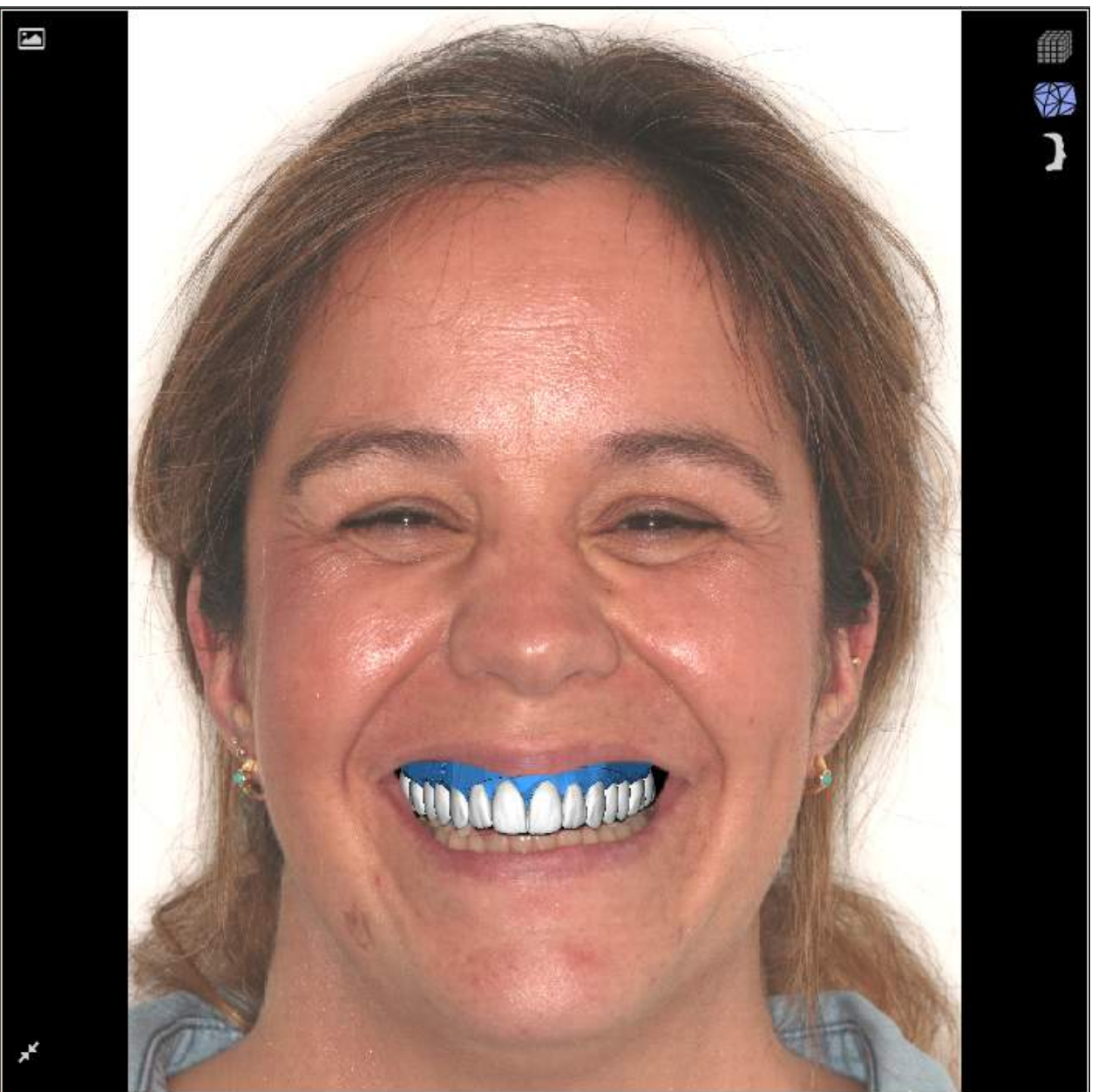
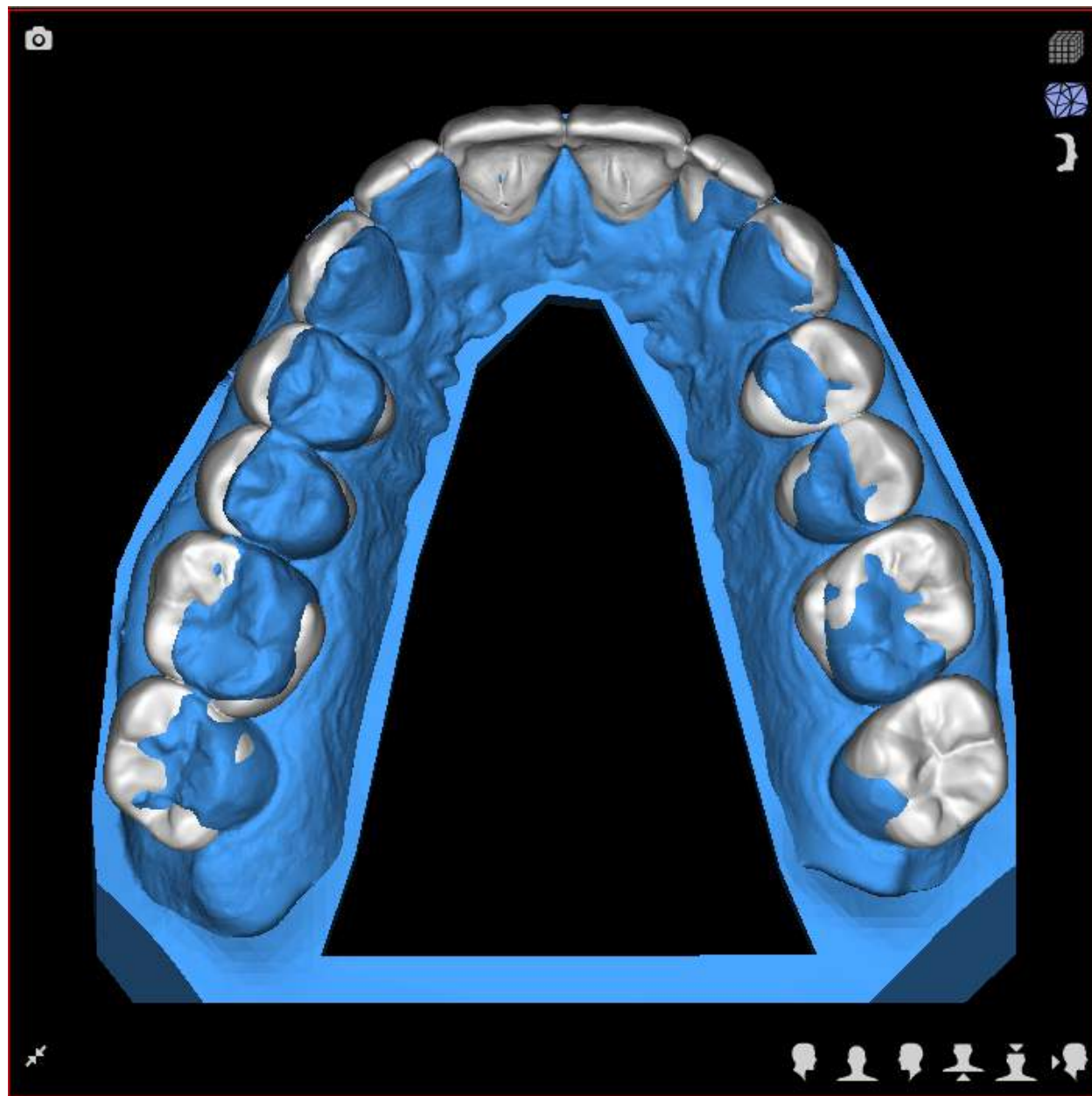
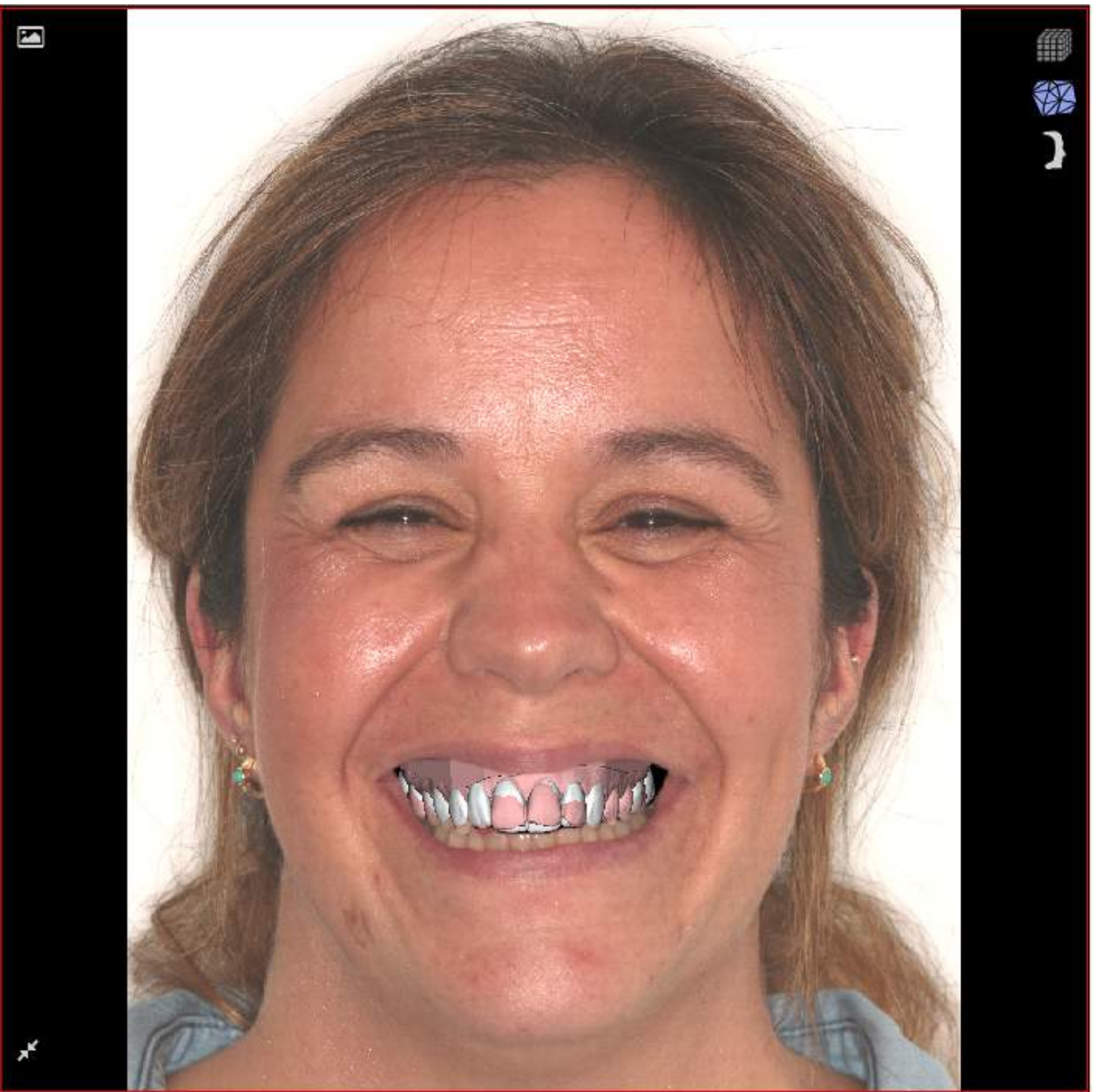
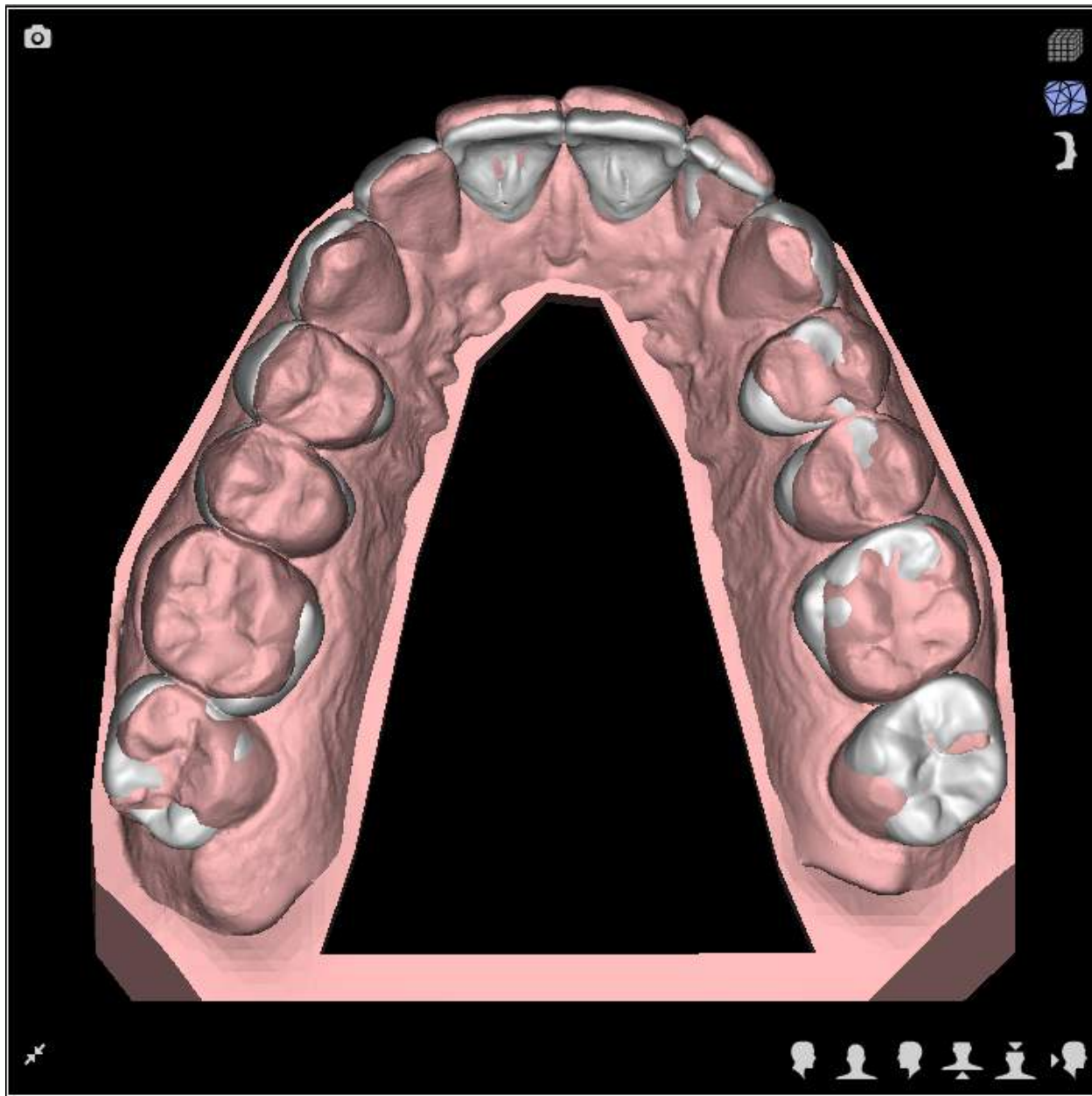
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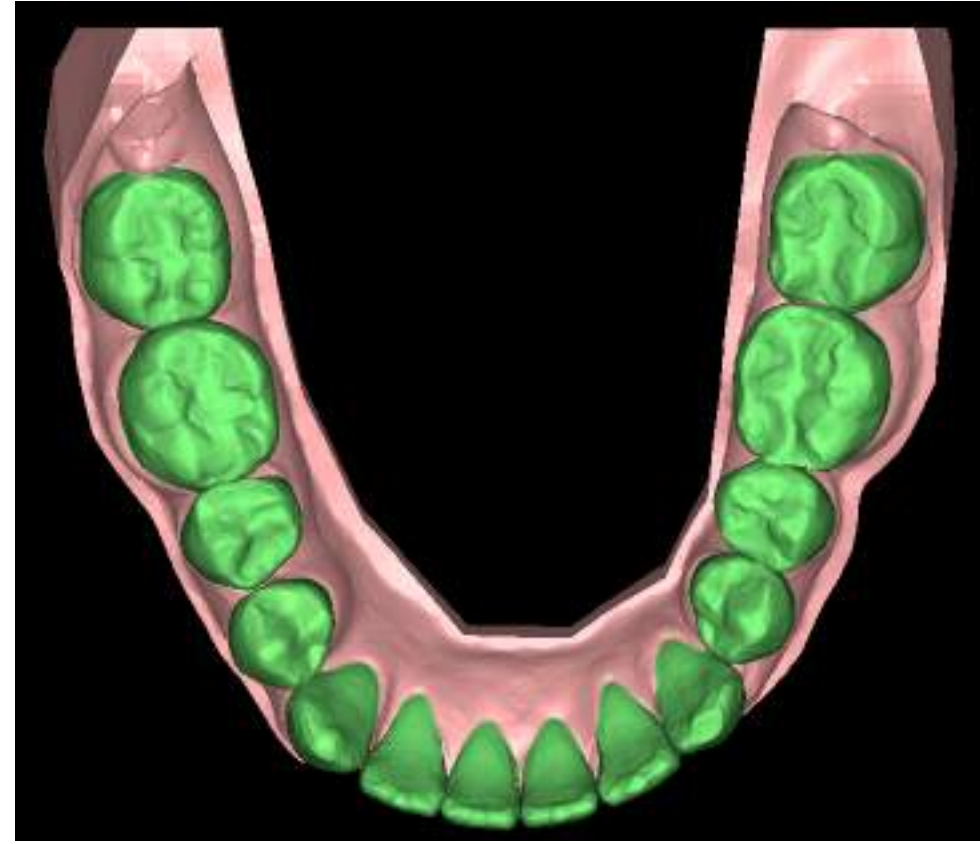
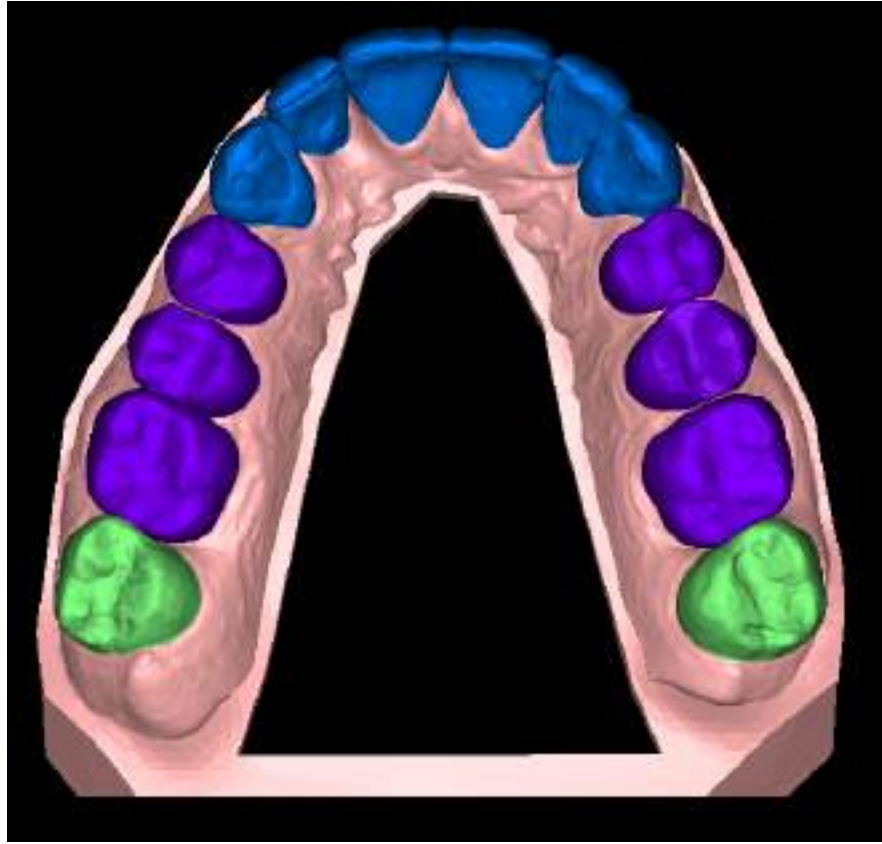
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# Treatment Color Code



Ortho + Restorative



Restorative



Ortho + Crown Lengthening



Ortho



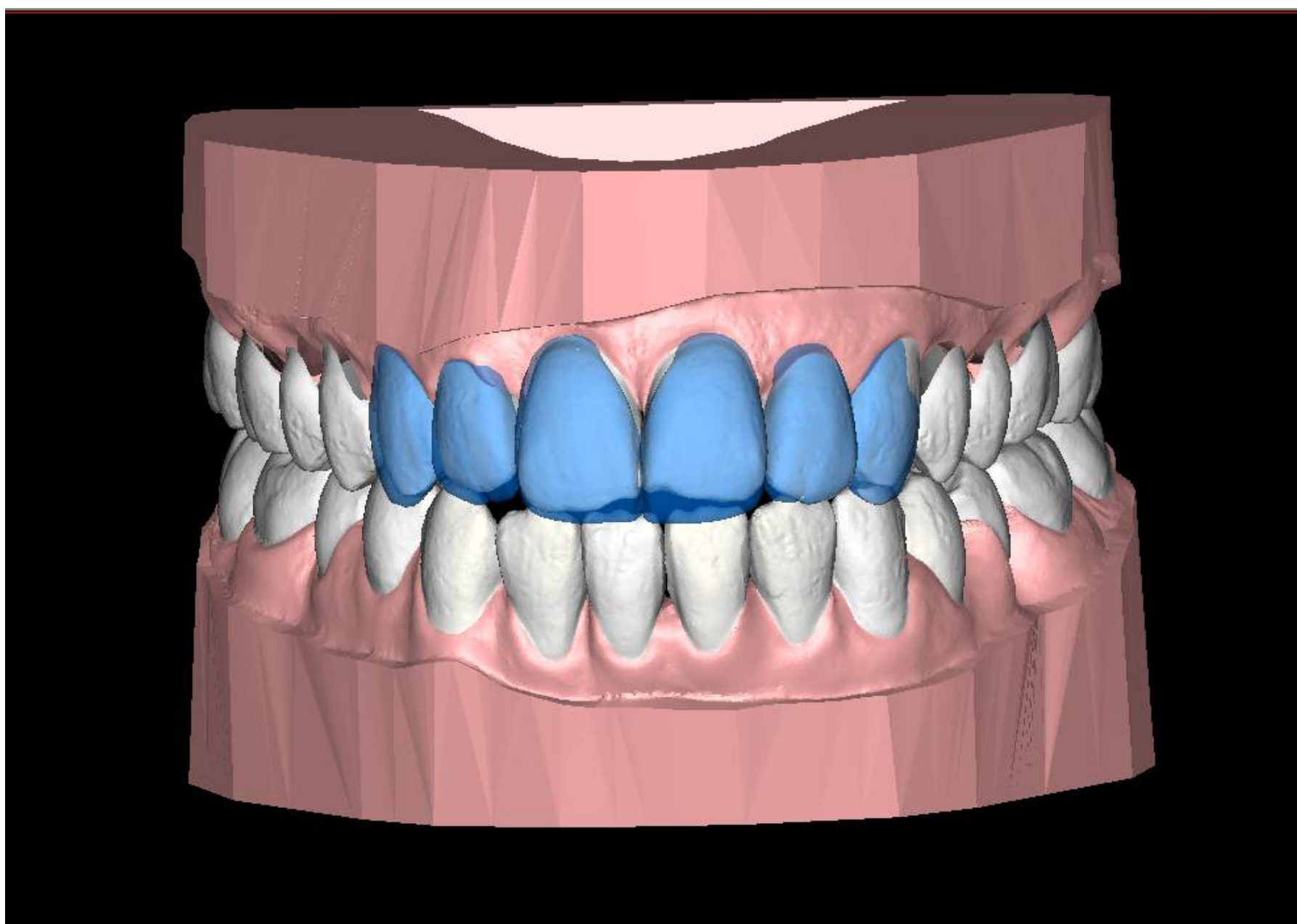
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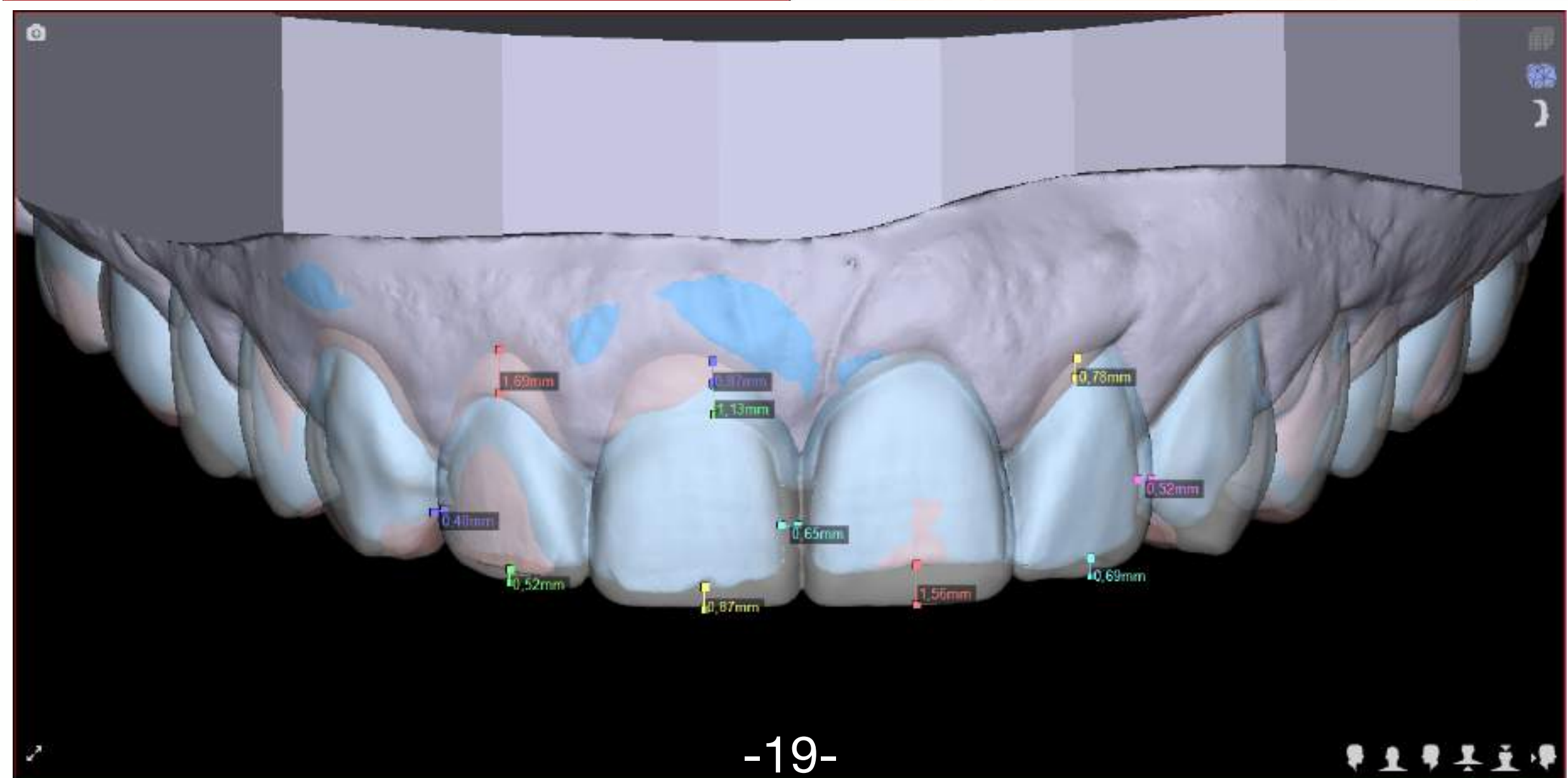
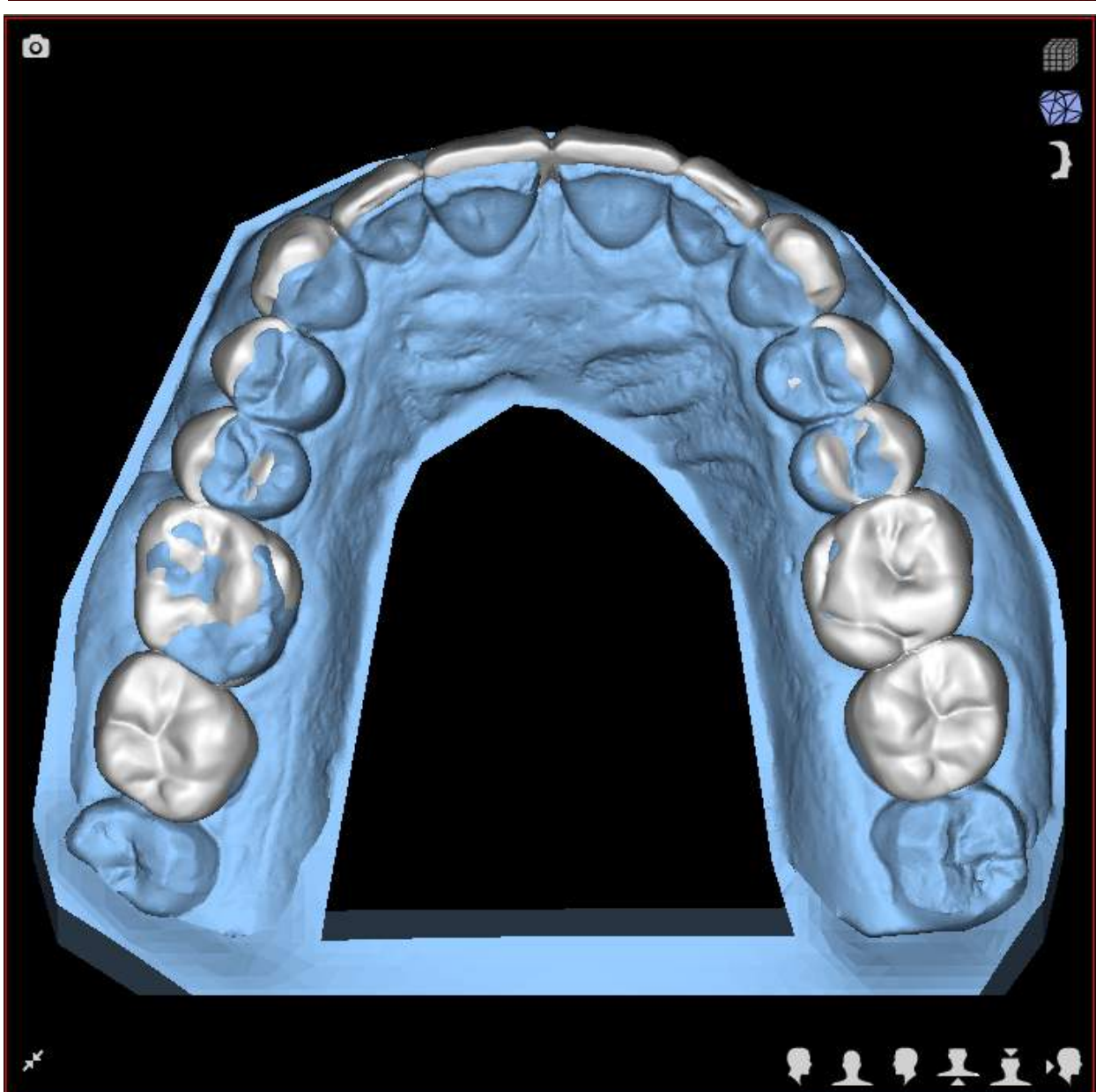
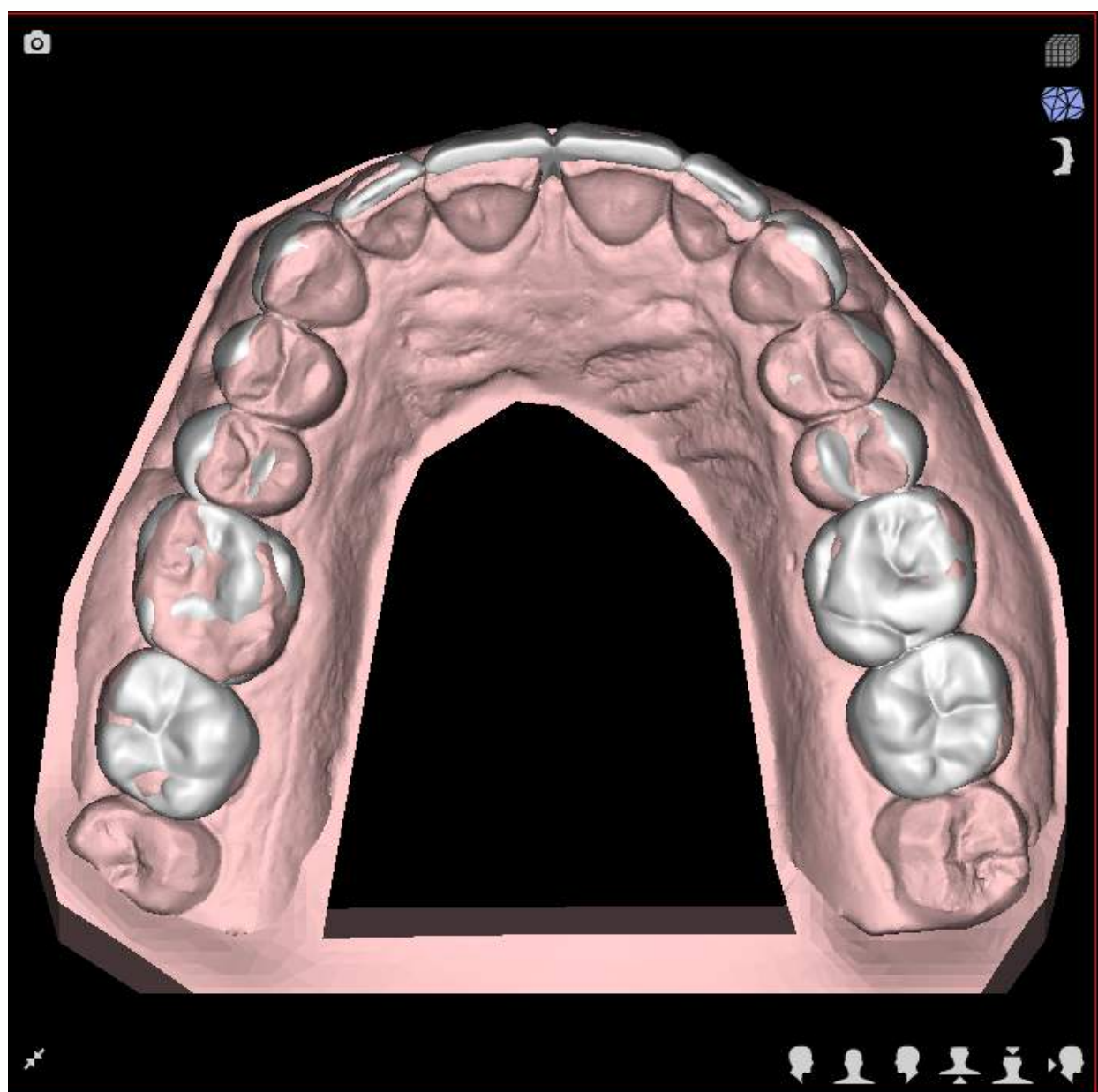
Ortho + Crown Lengthening + Restorative



## DSD-Invisalign Planning

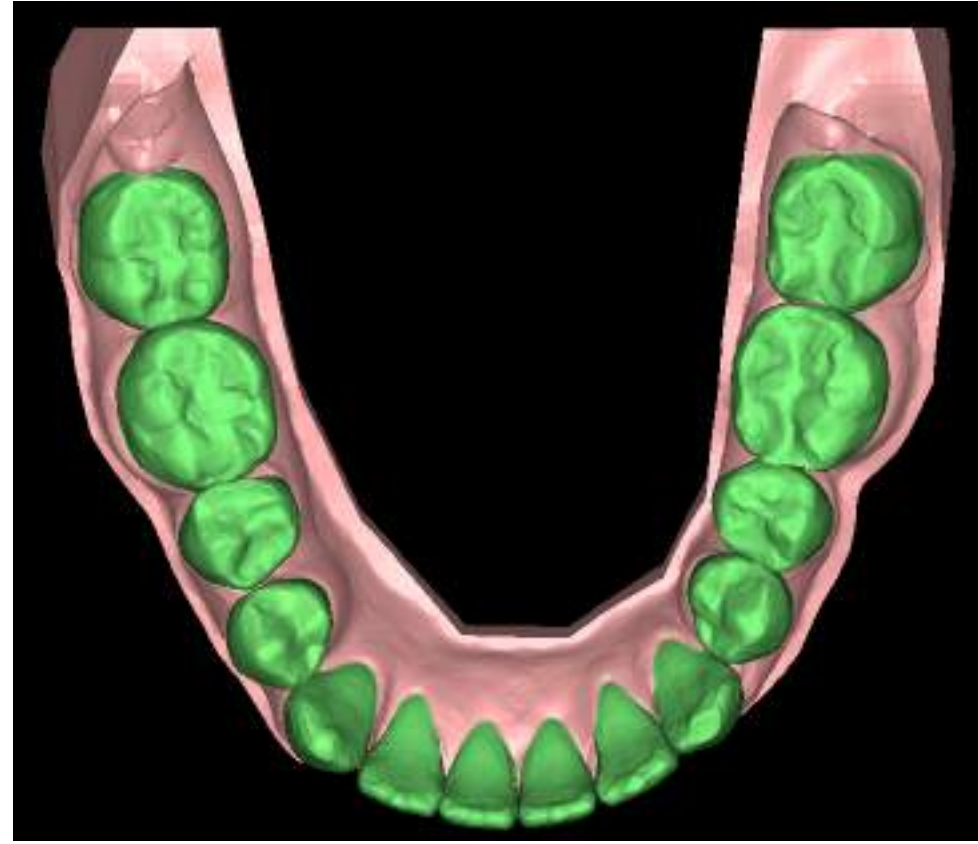
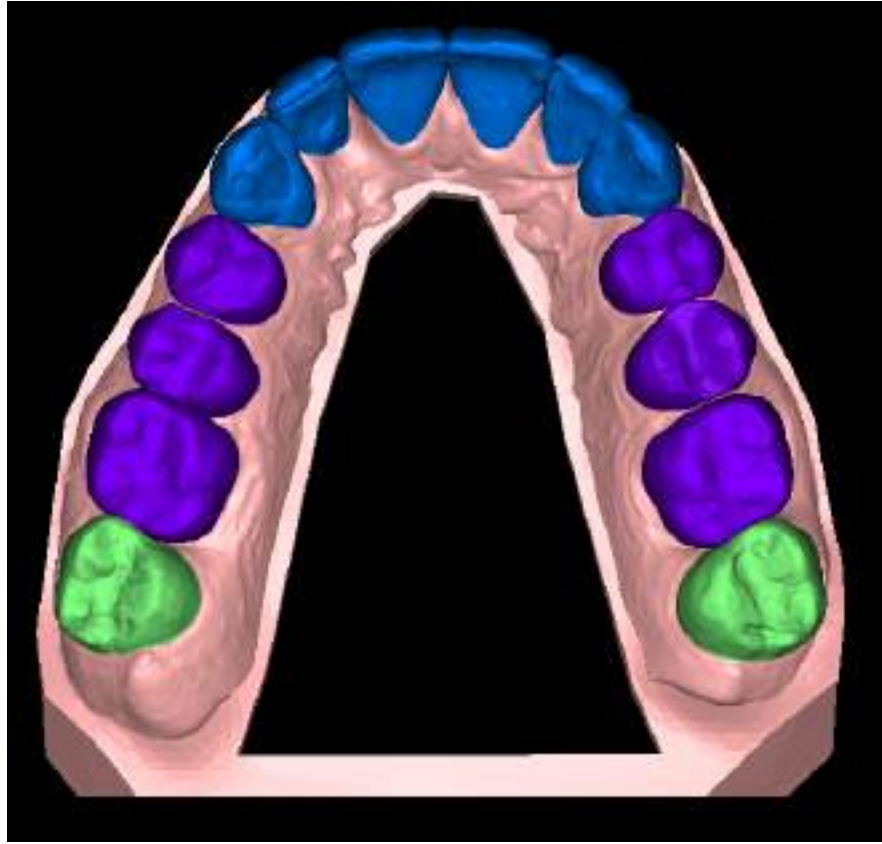








# Treatment Color Code



Ortho + Restorative



Restorative



Ortho + Crown  
Lengthening



Ortho



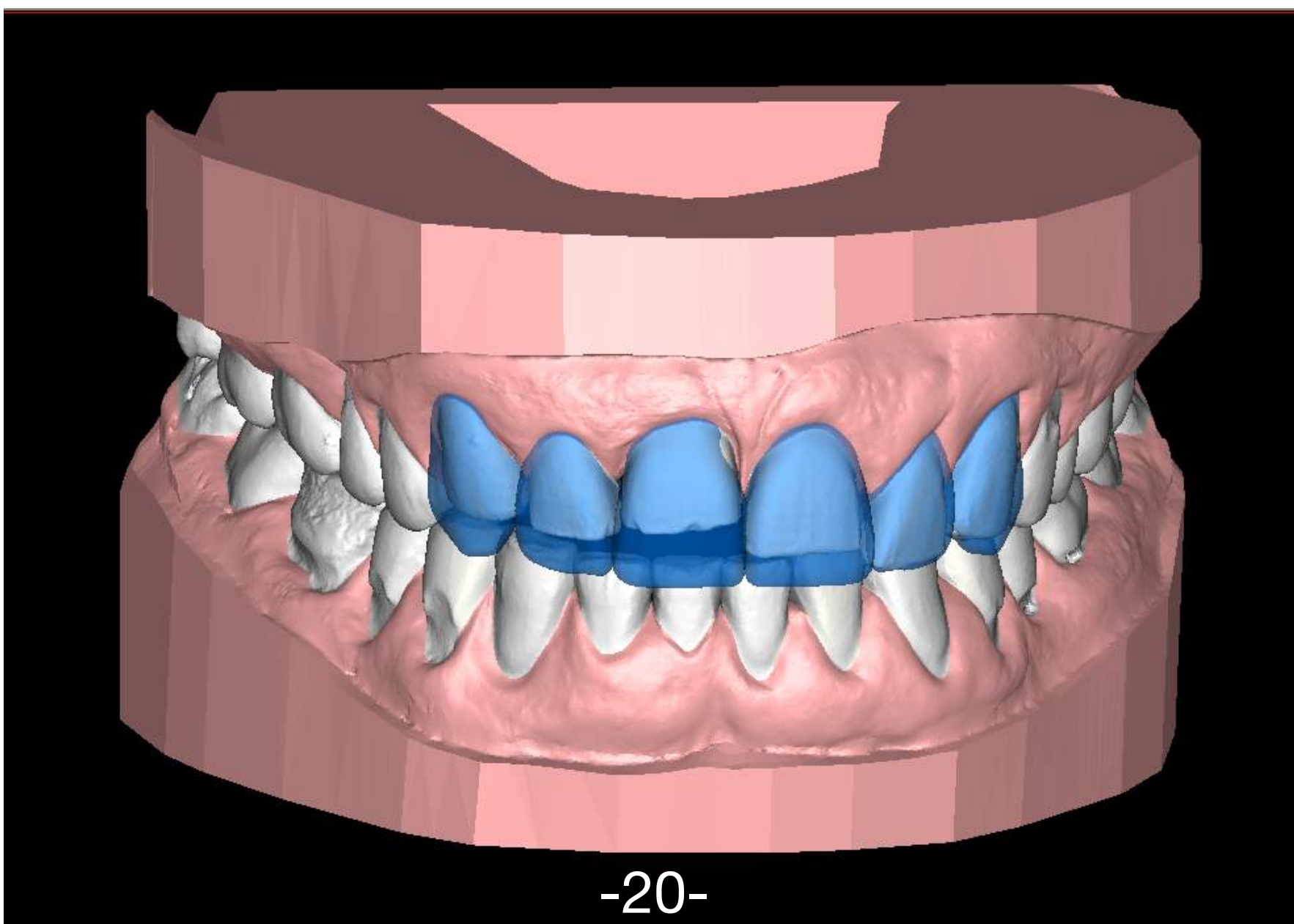
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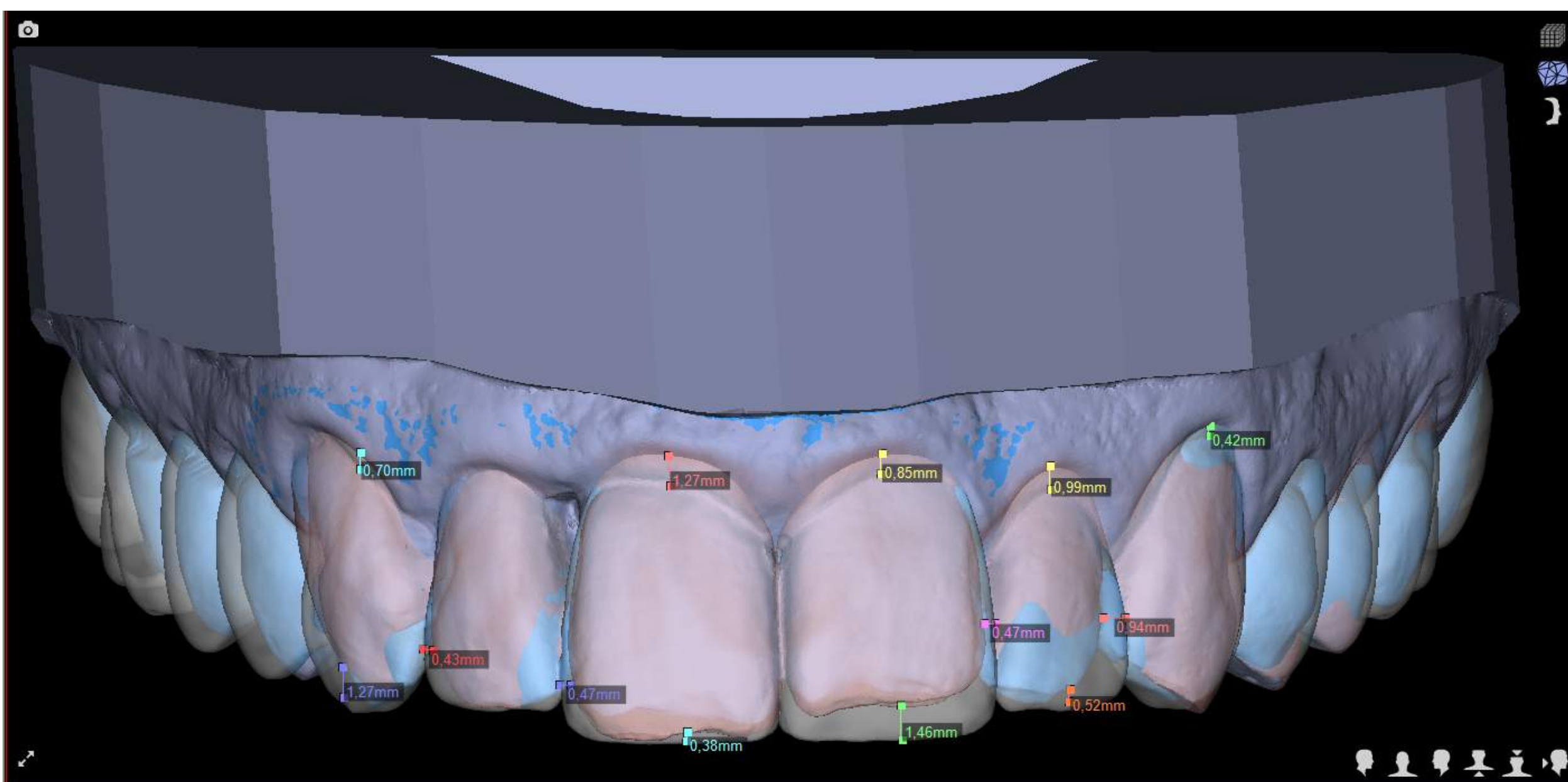
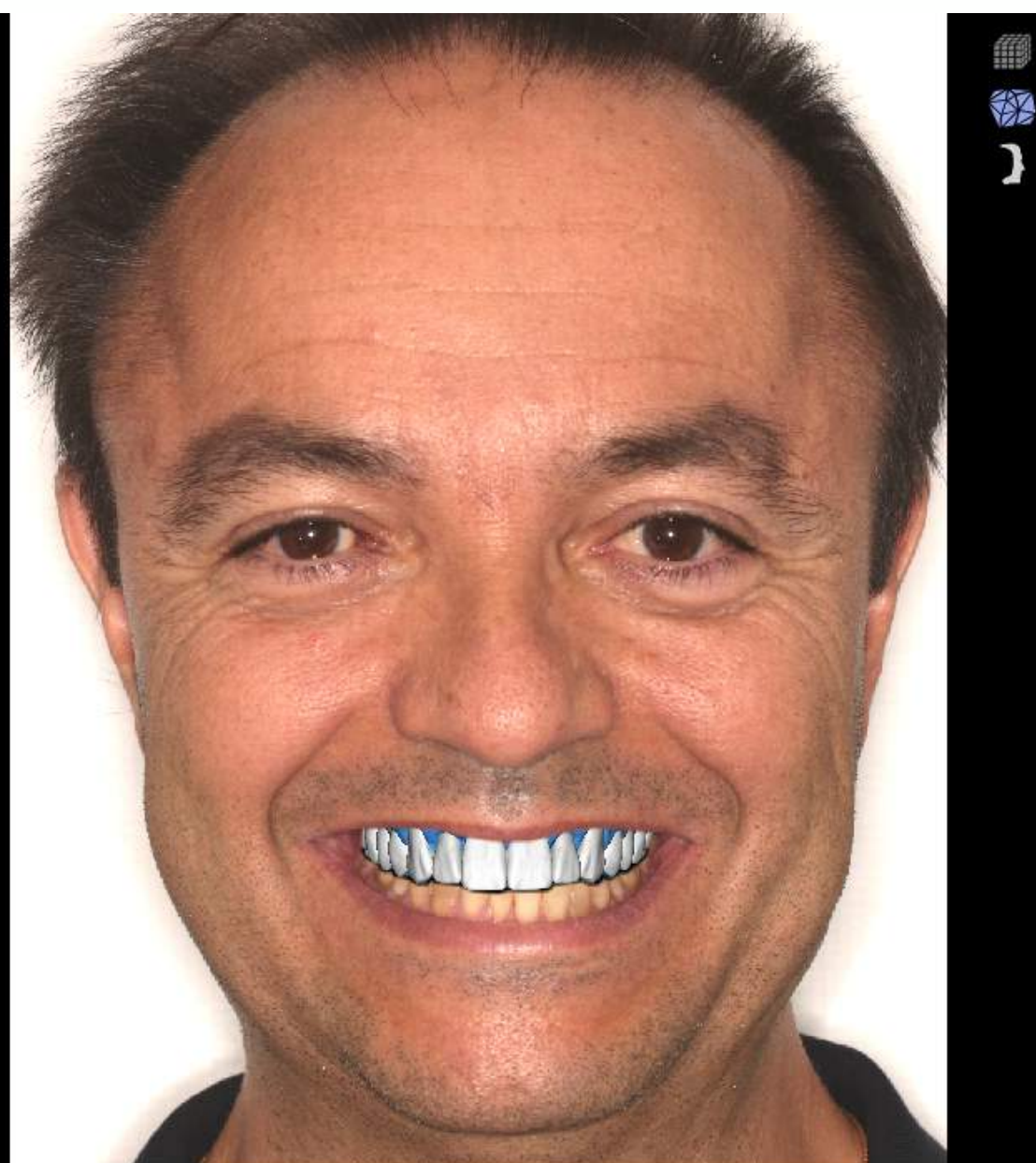
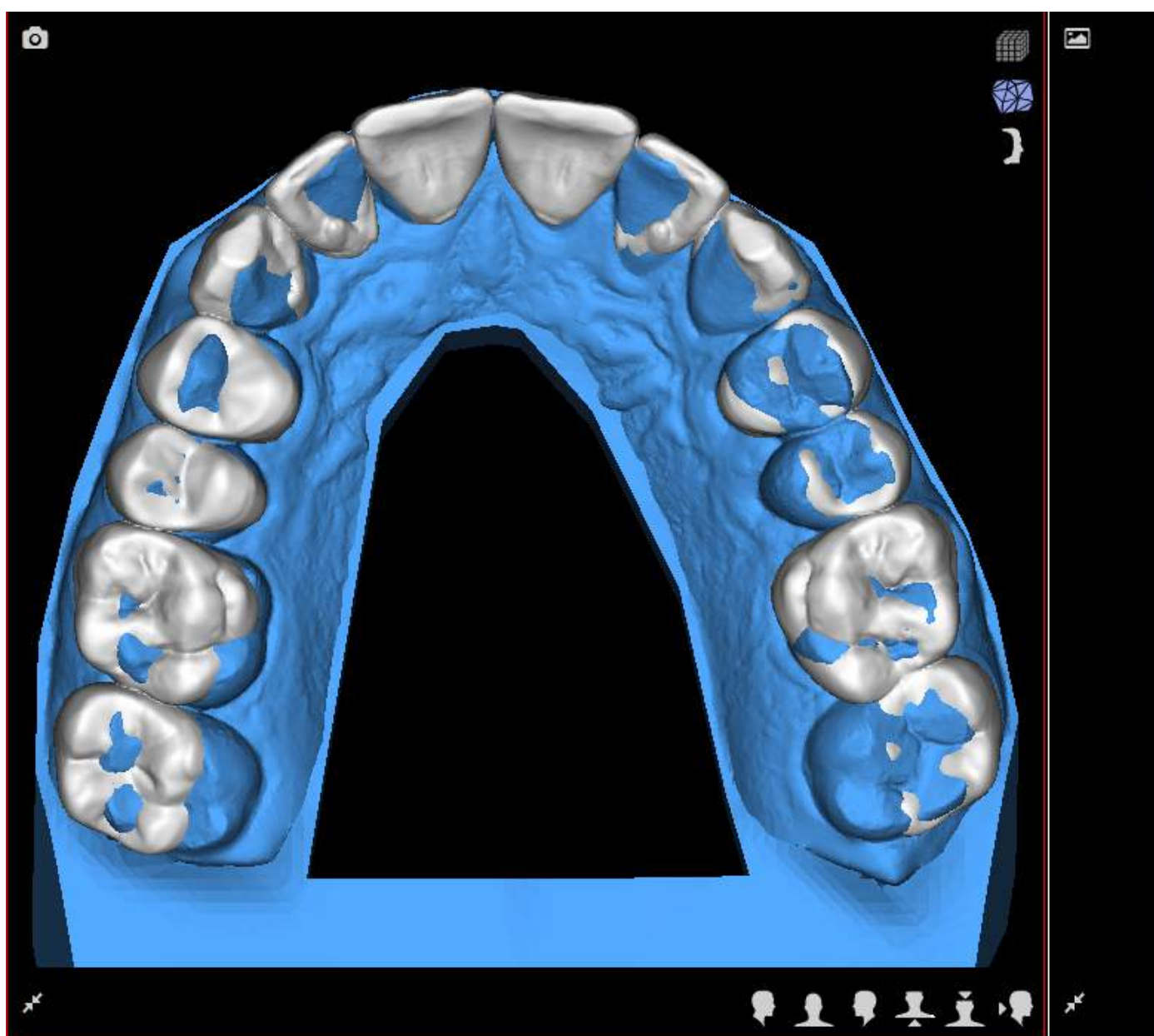
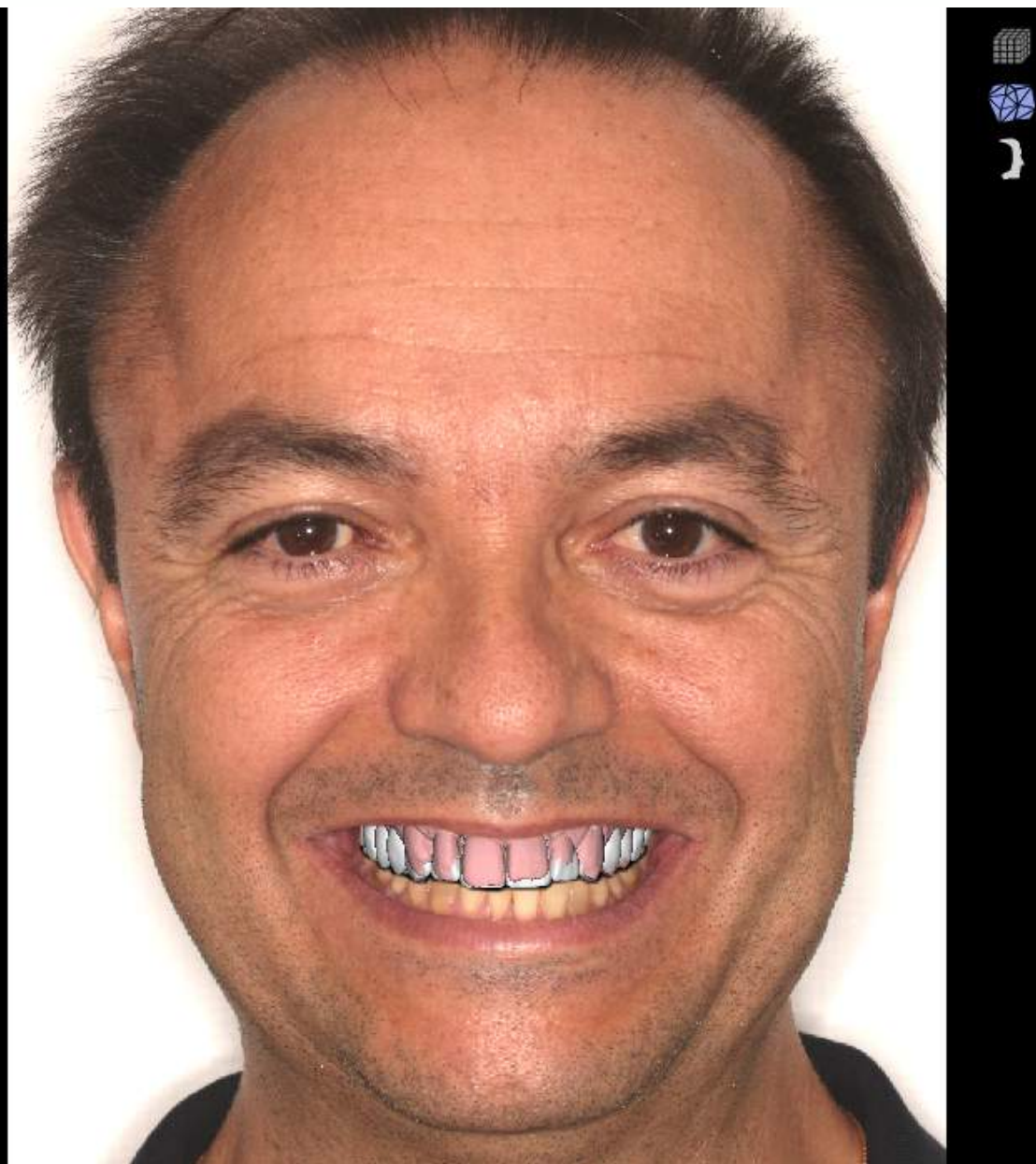
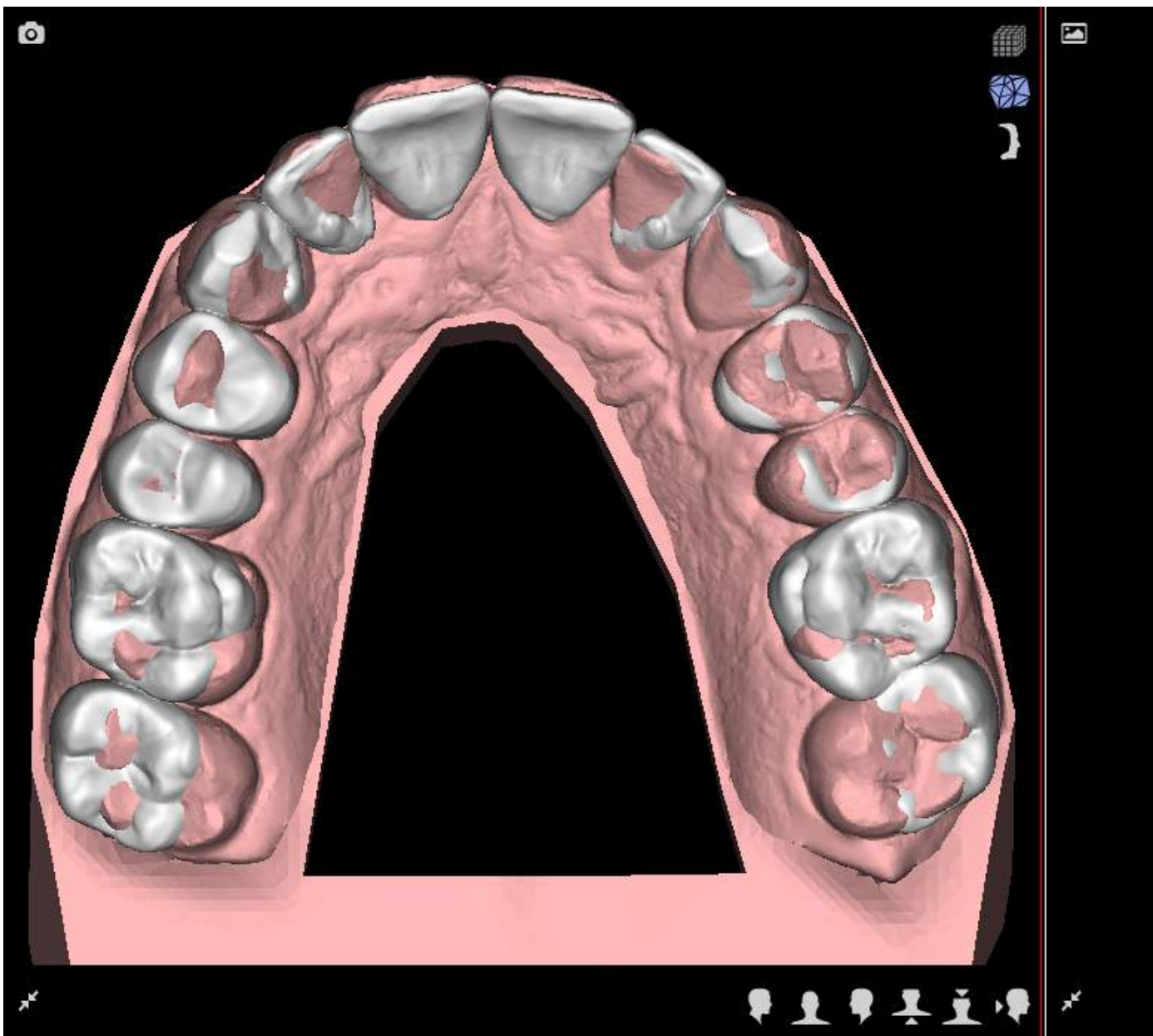
Ortho + Crown Lengthening  
+ Restorative



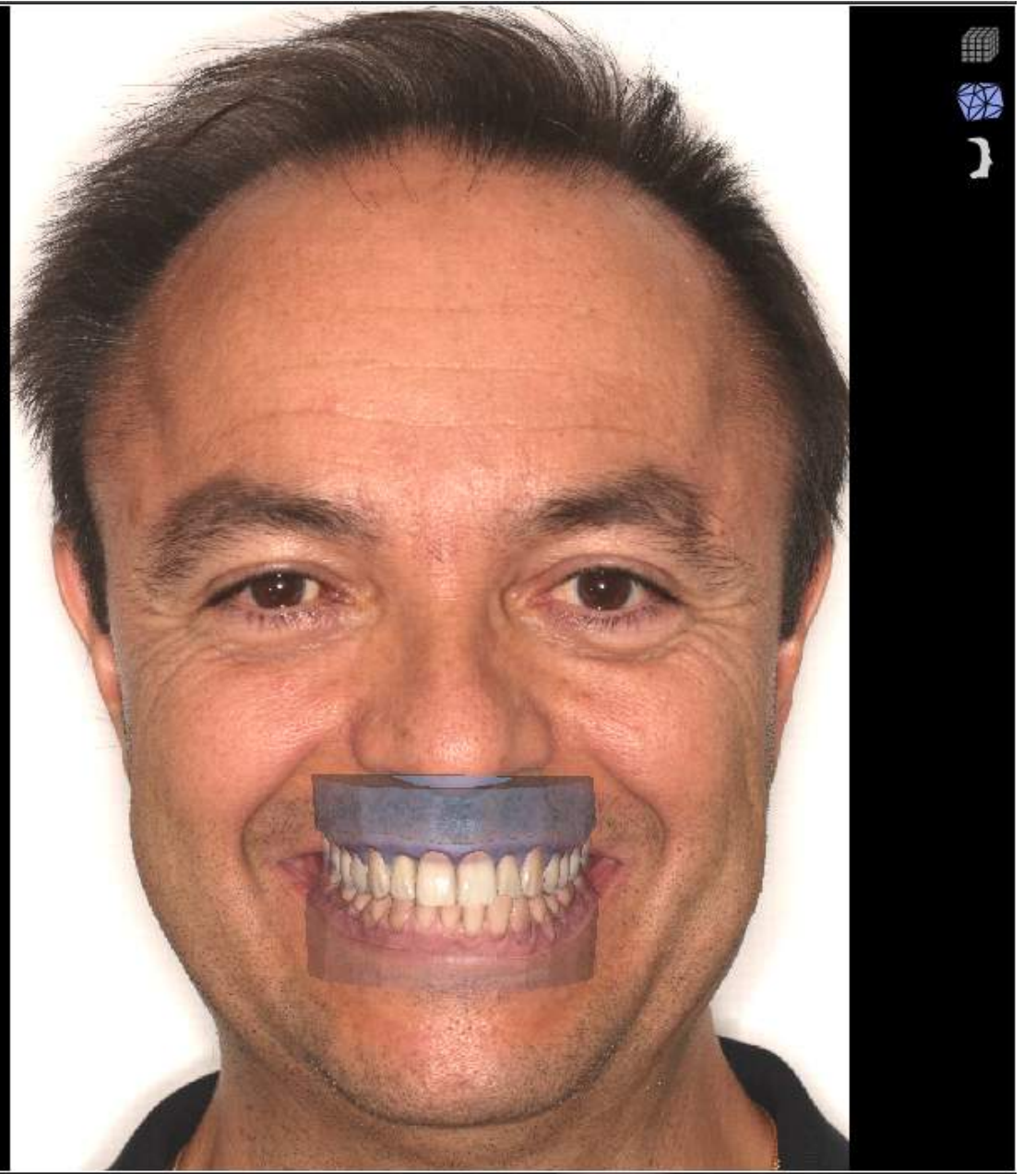
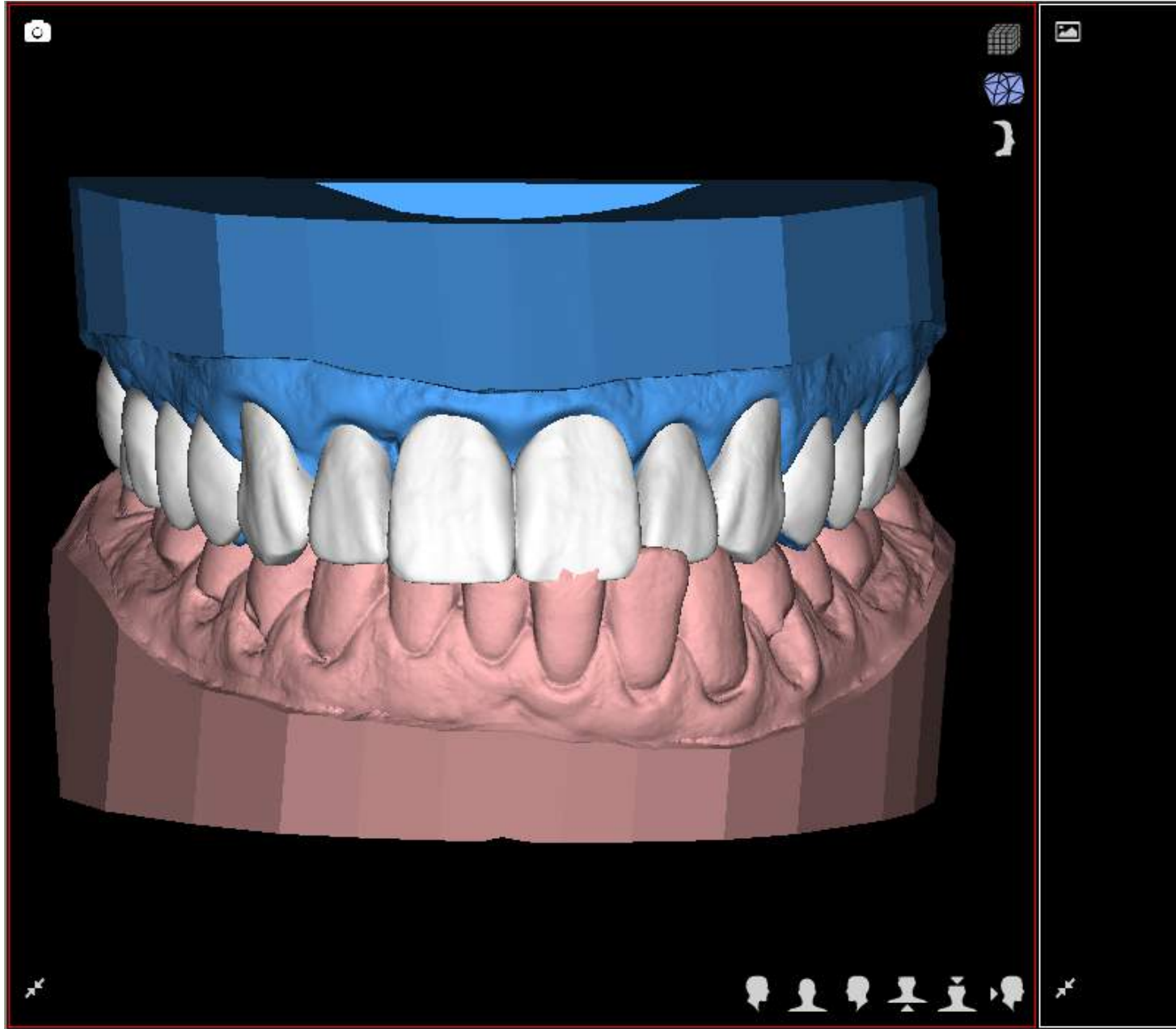
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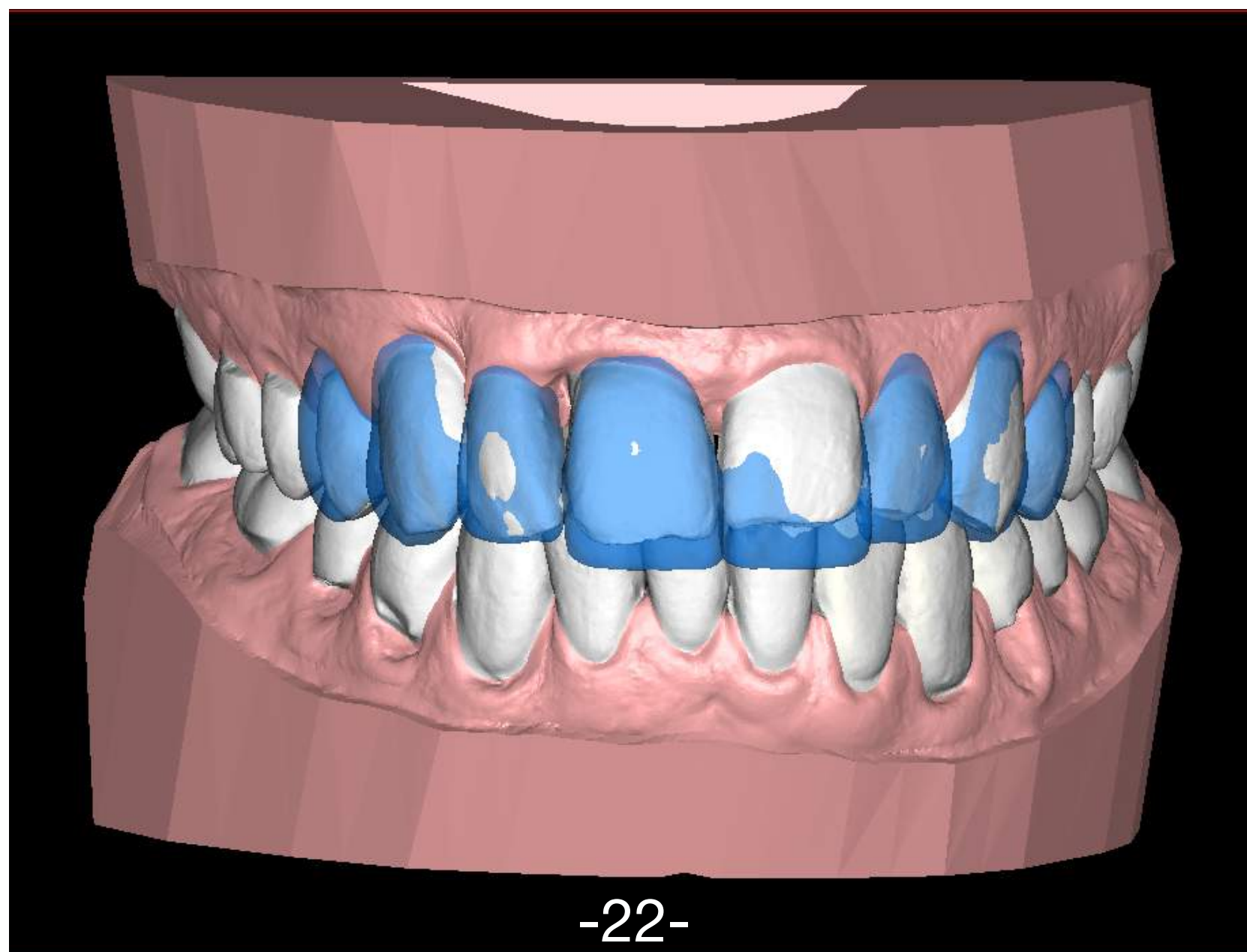




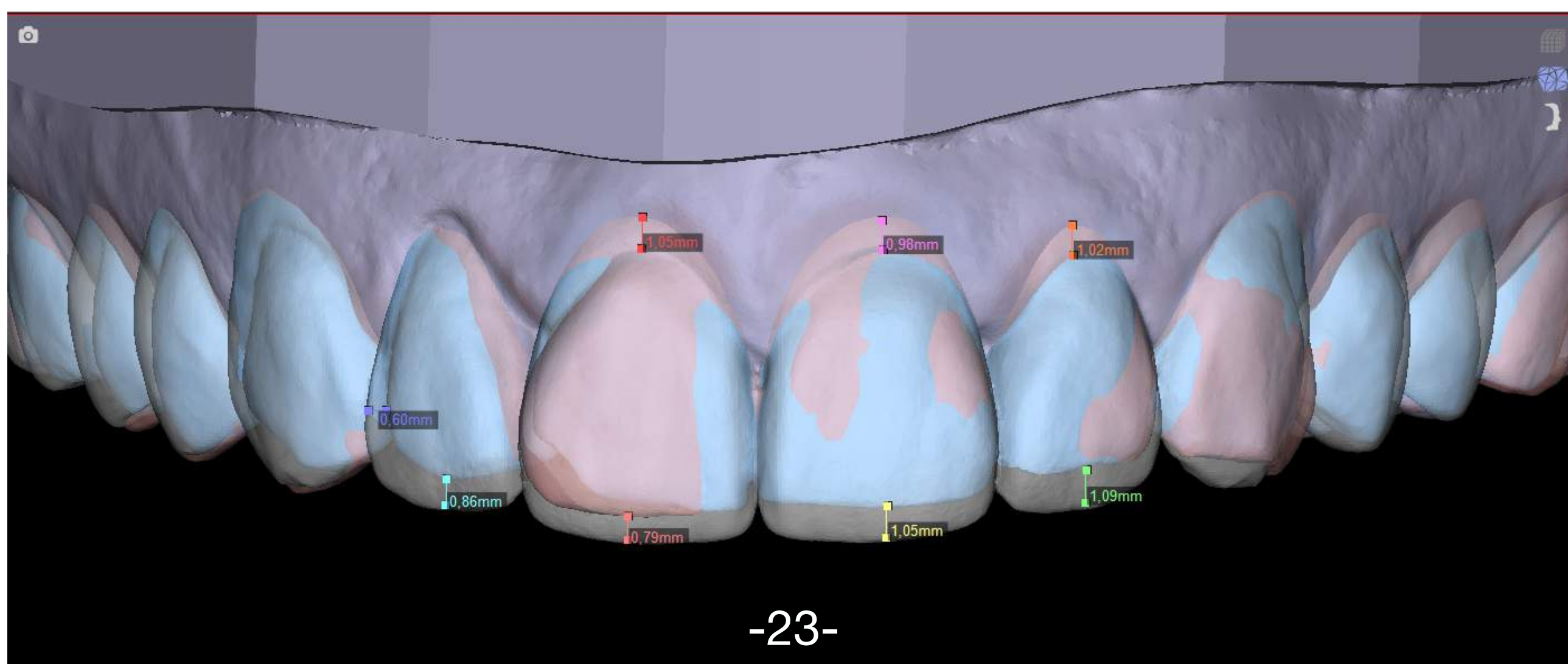
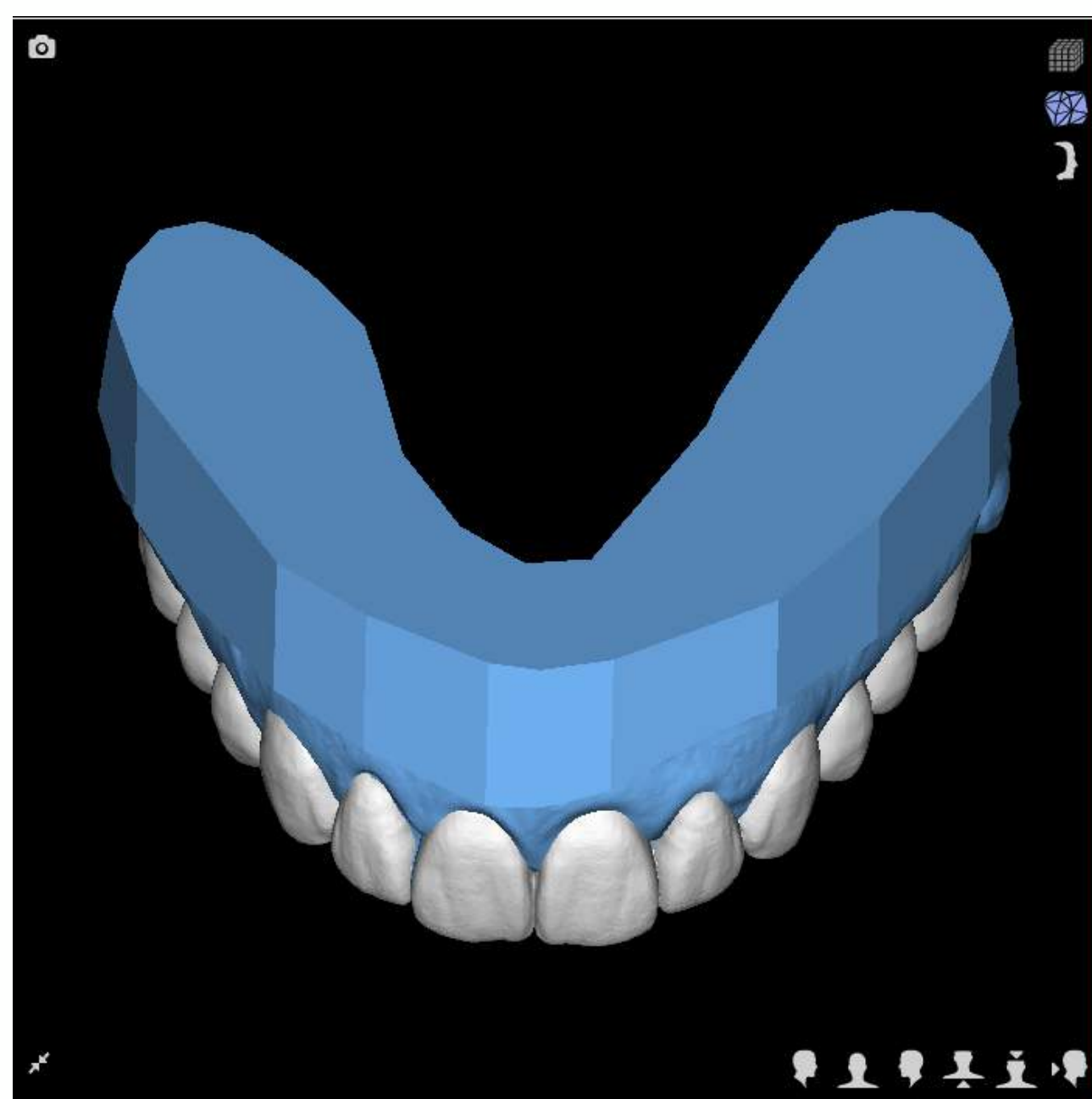
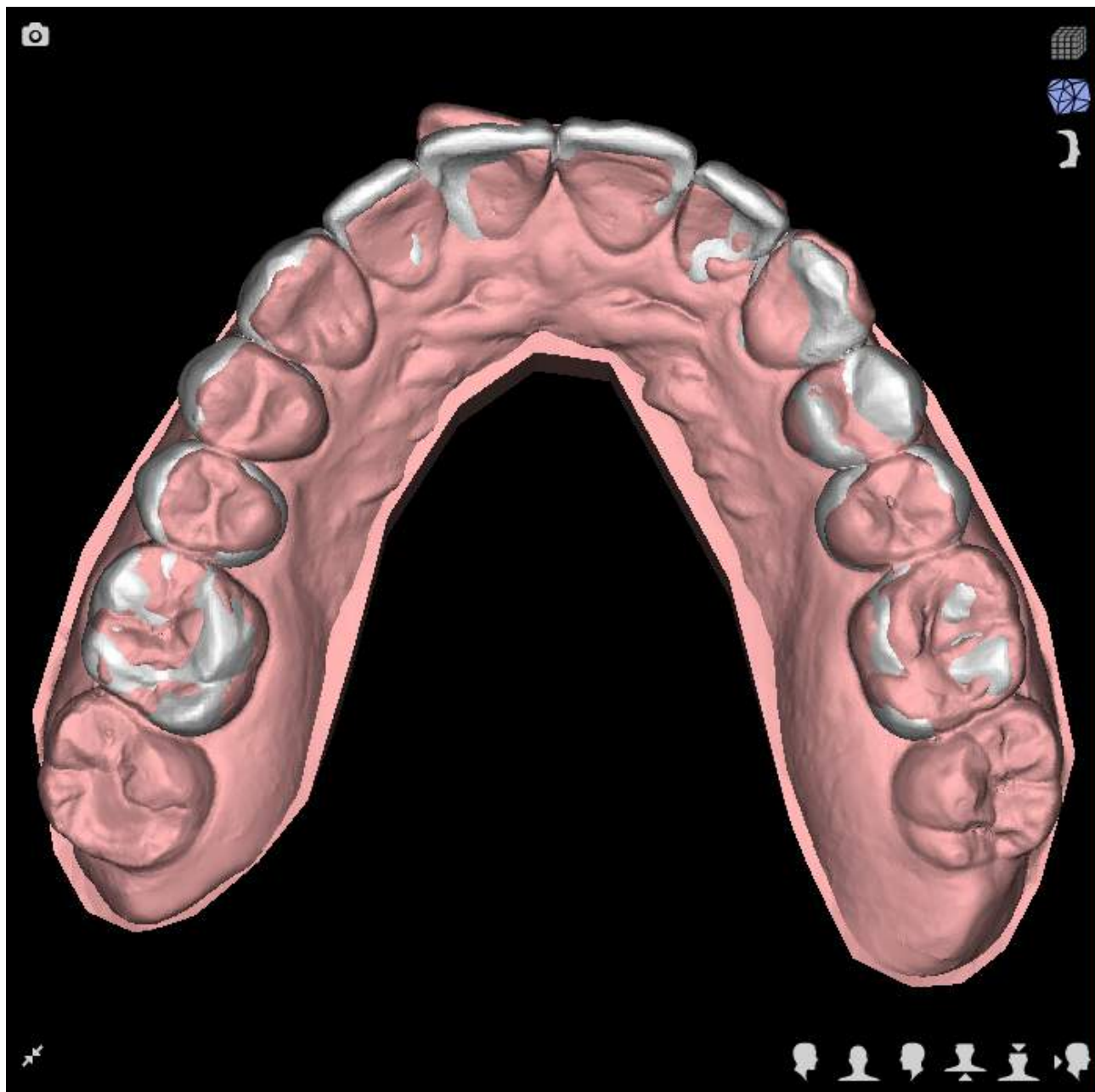




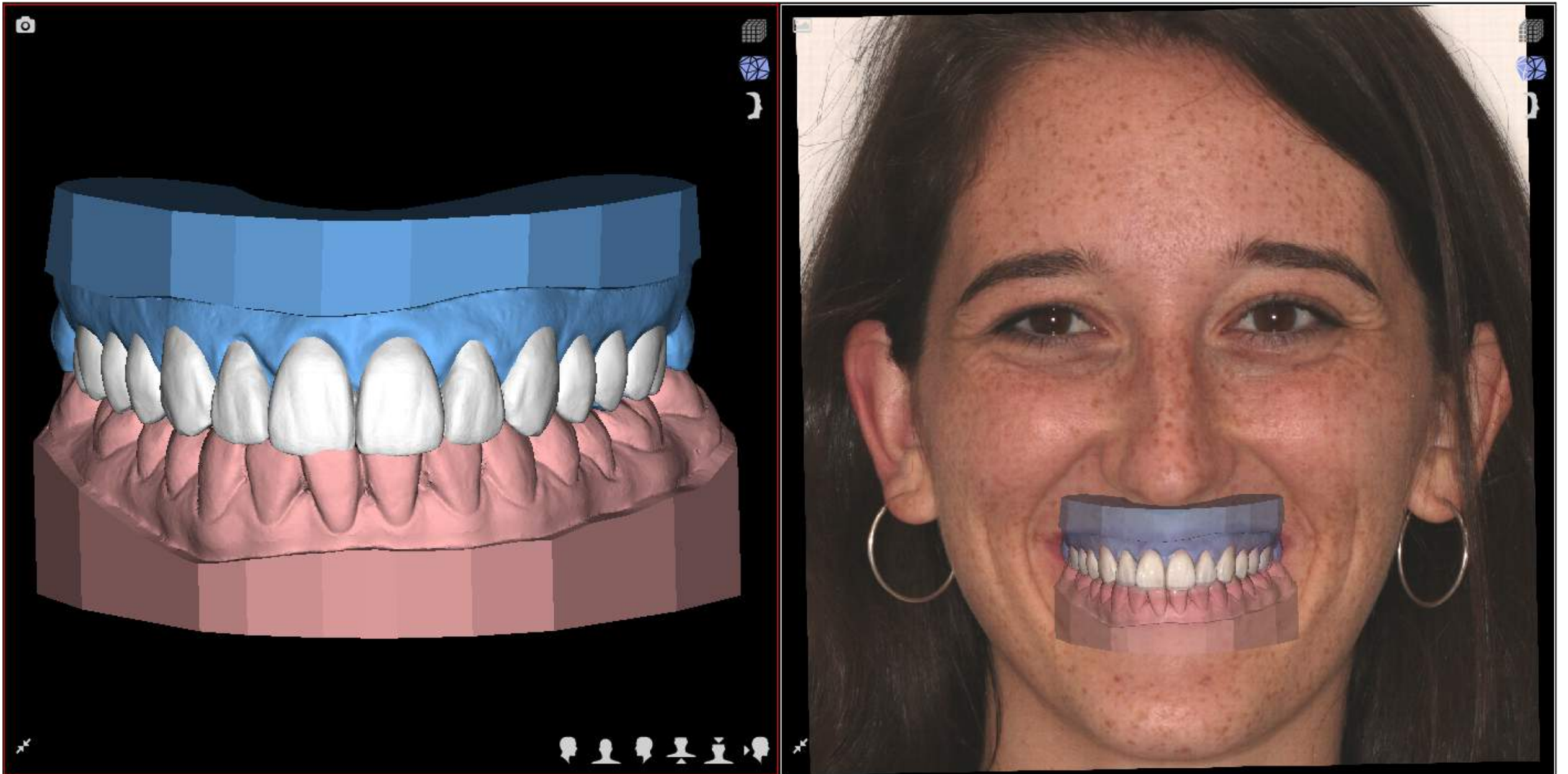
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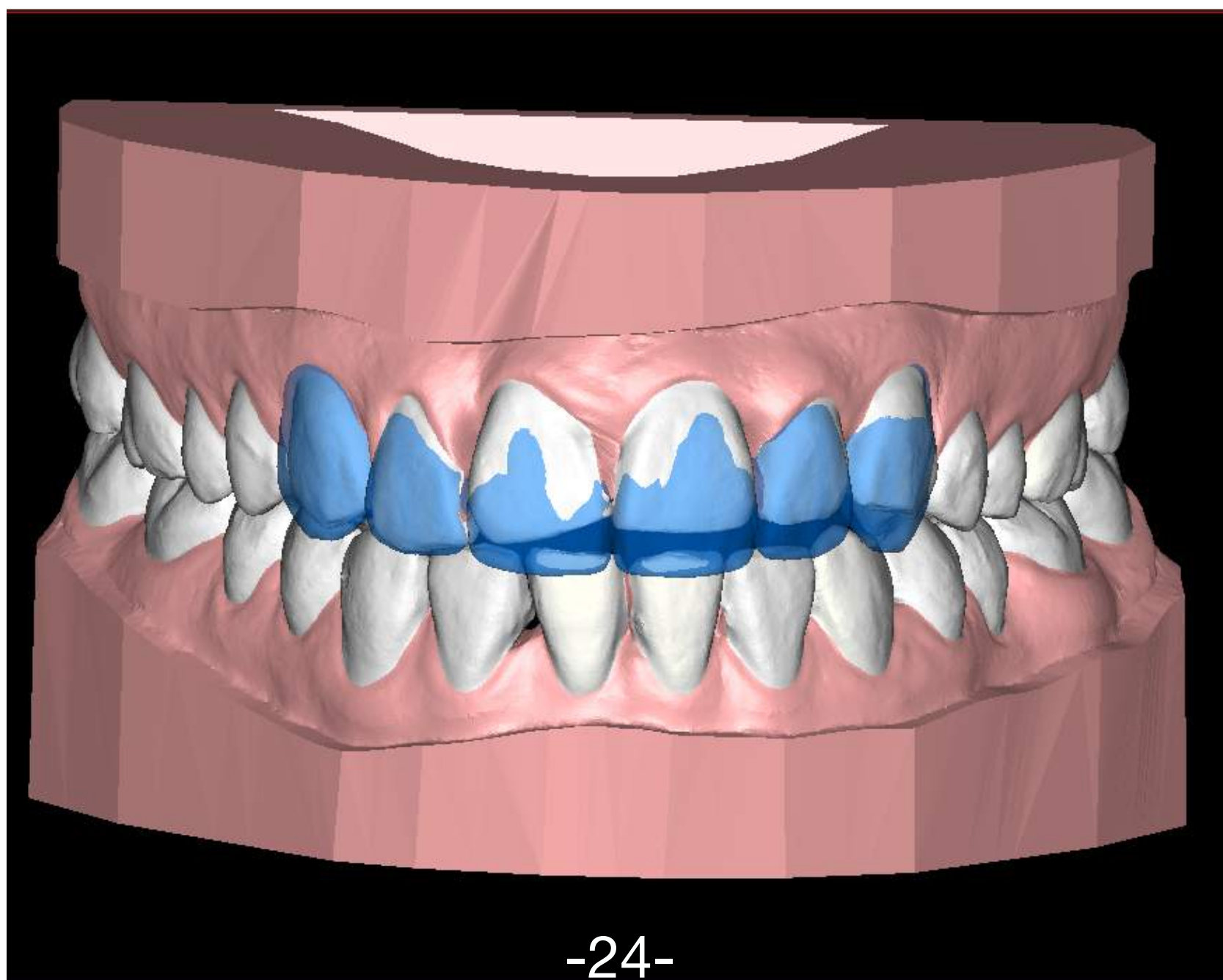




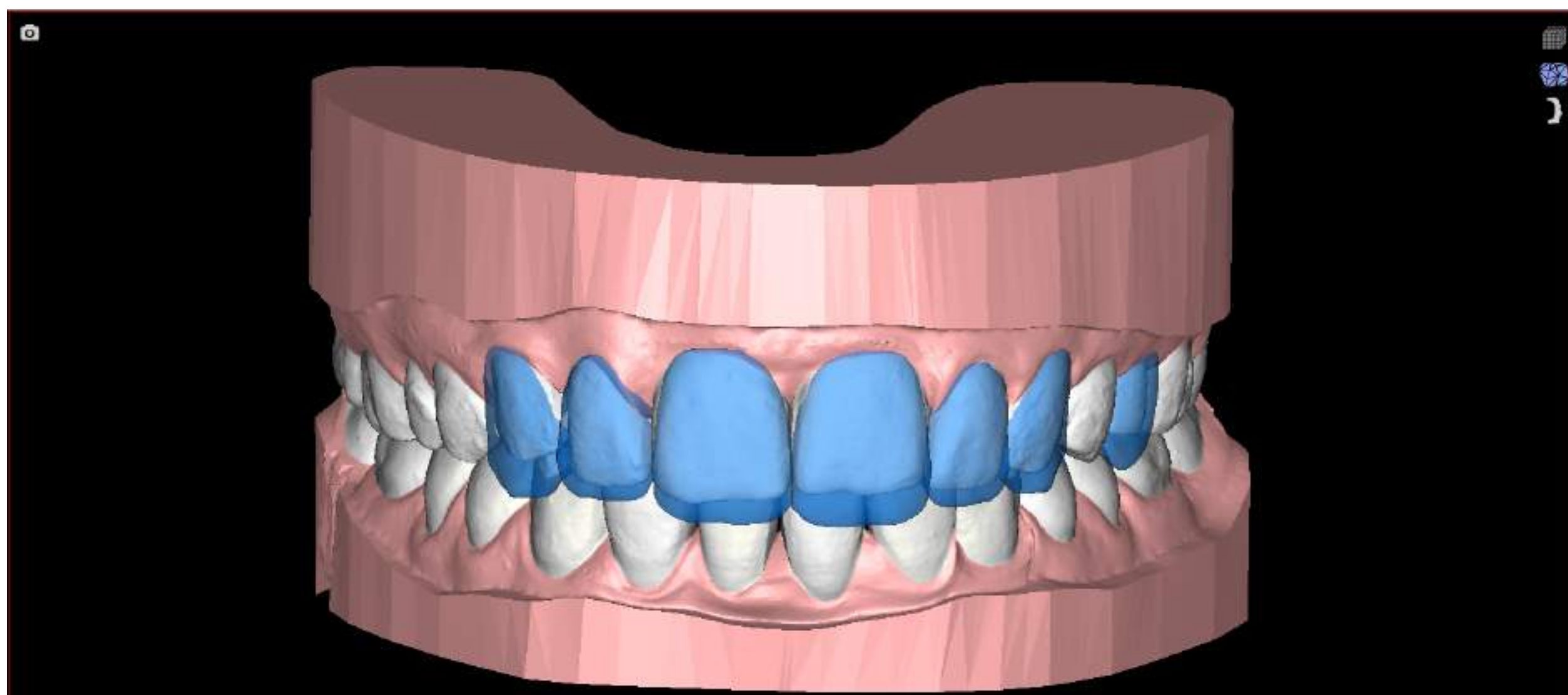
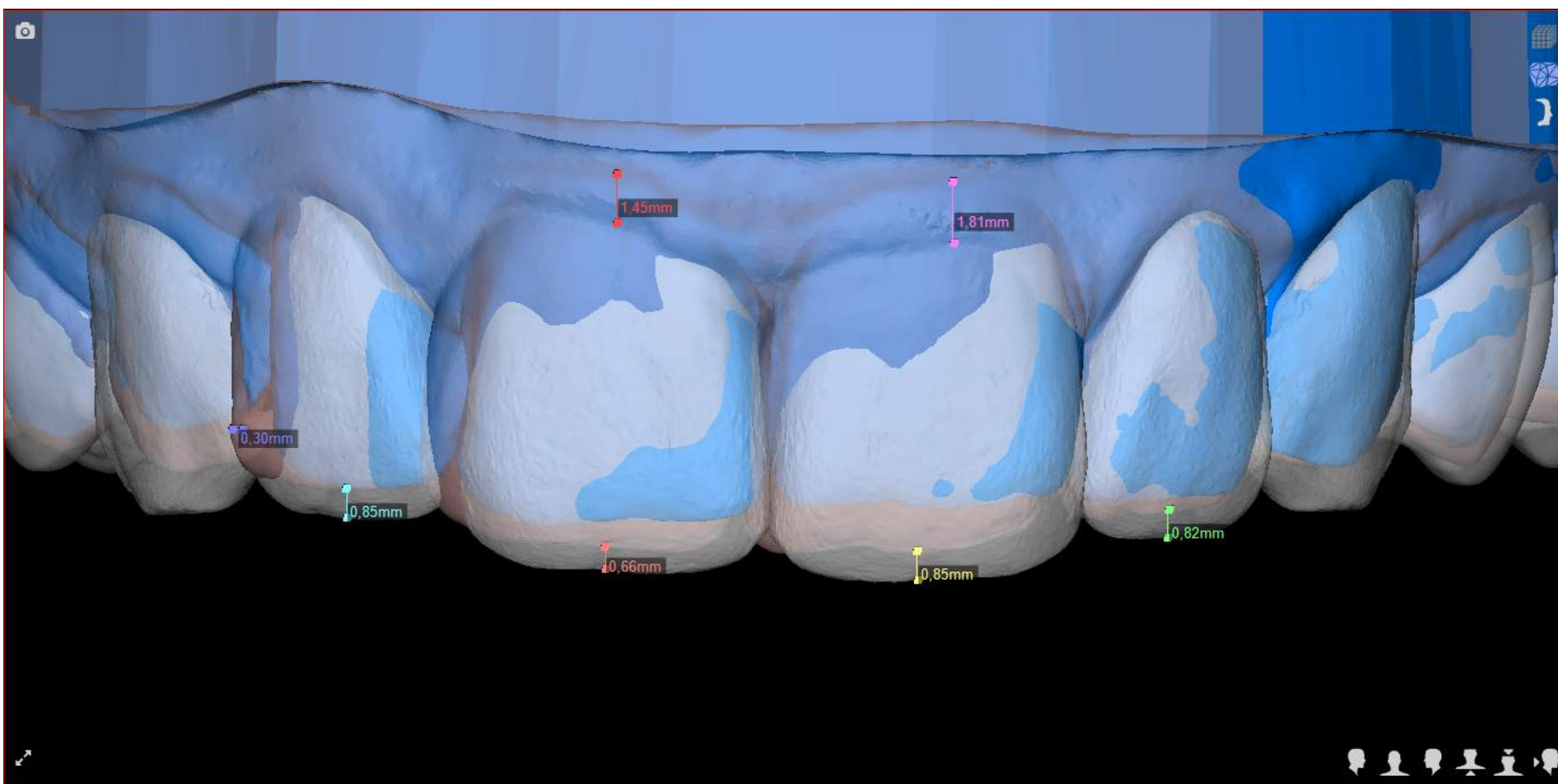
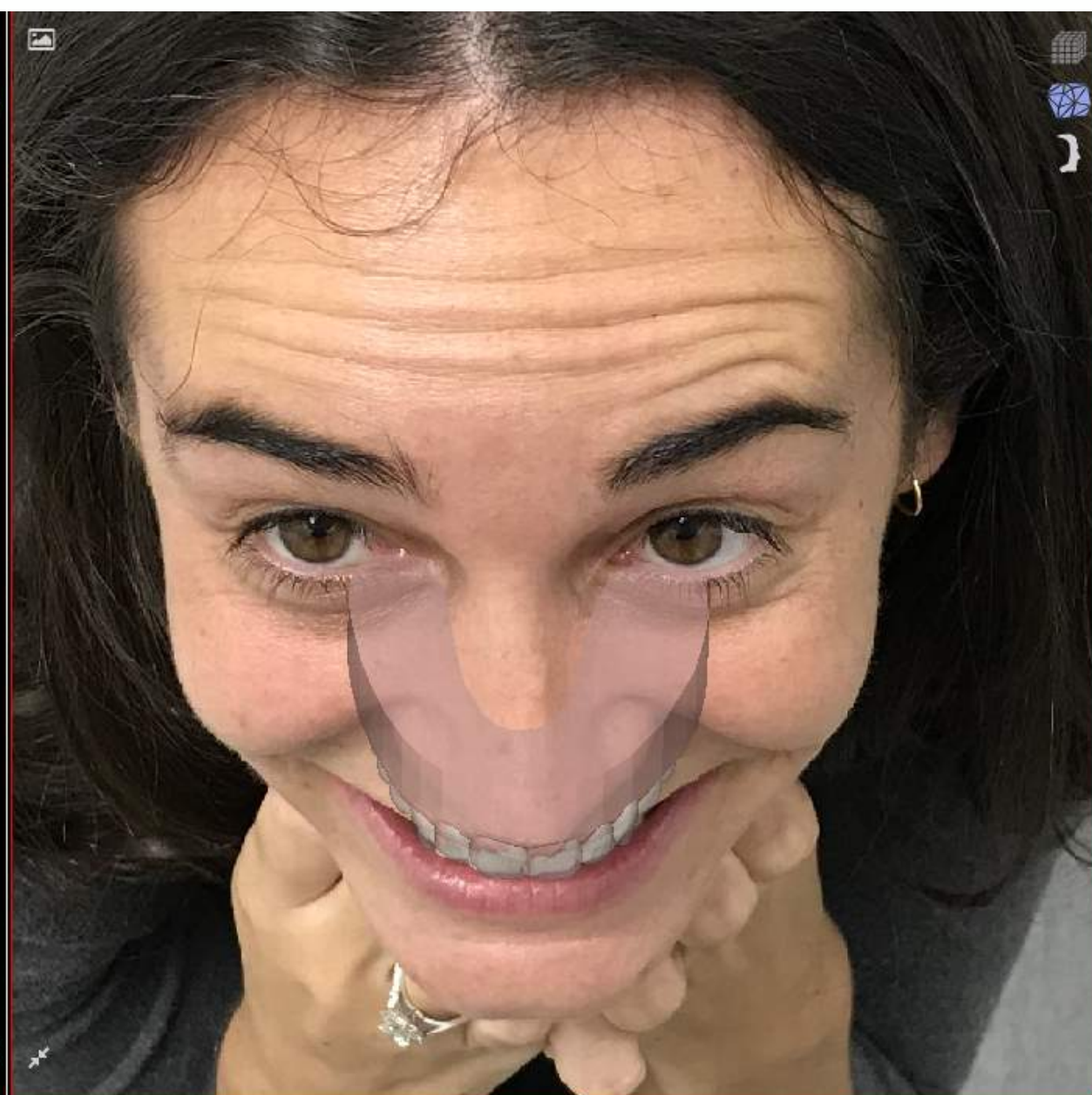
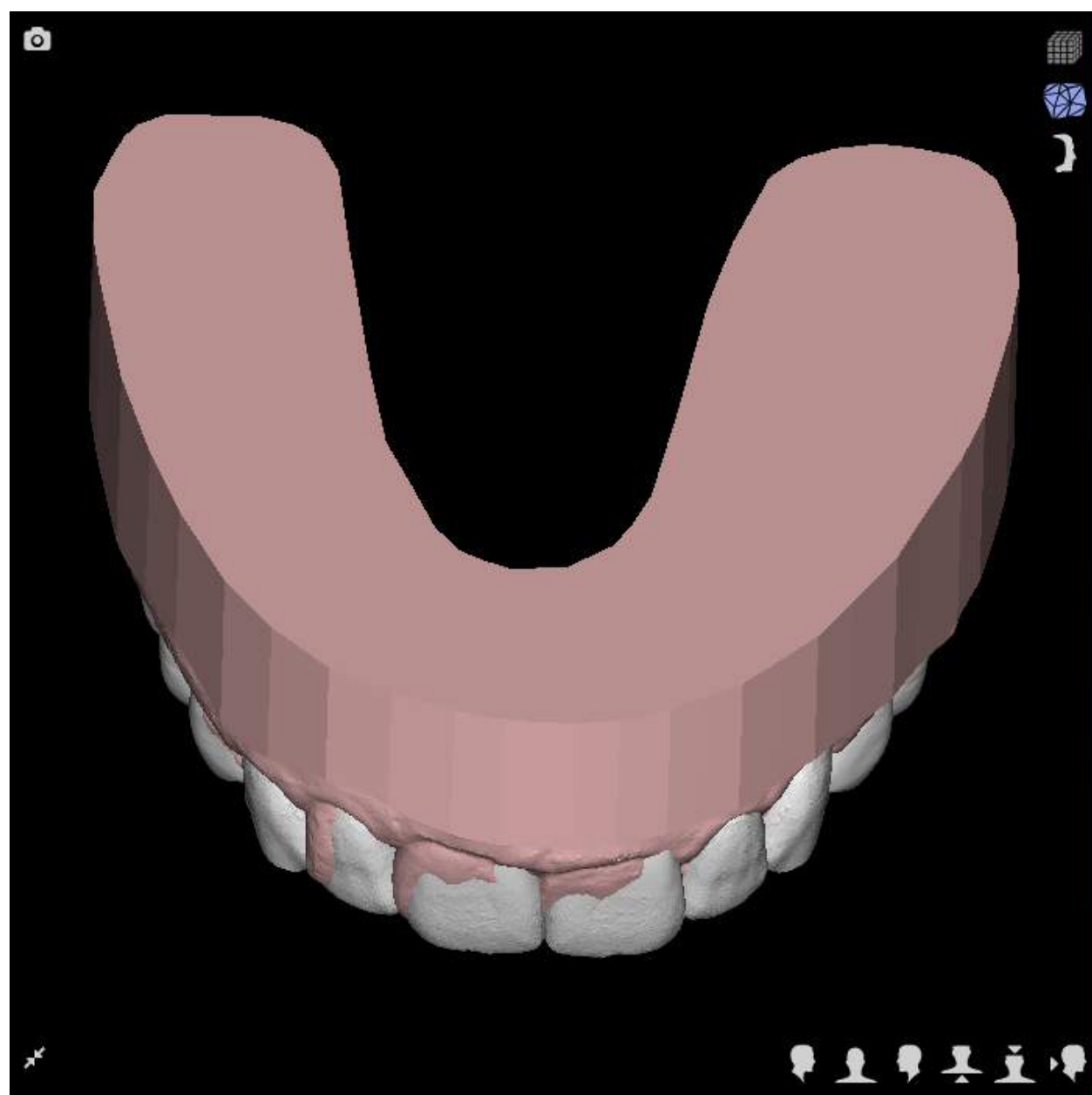




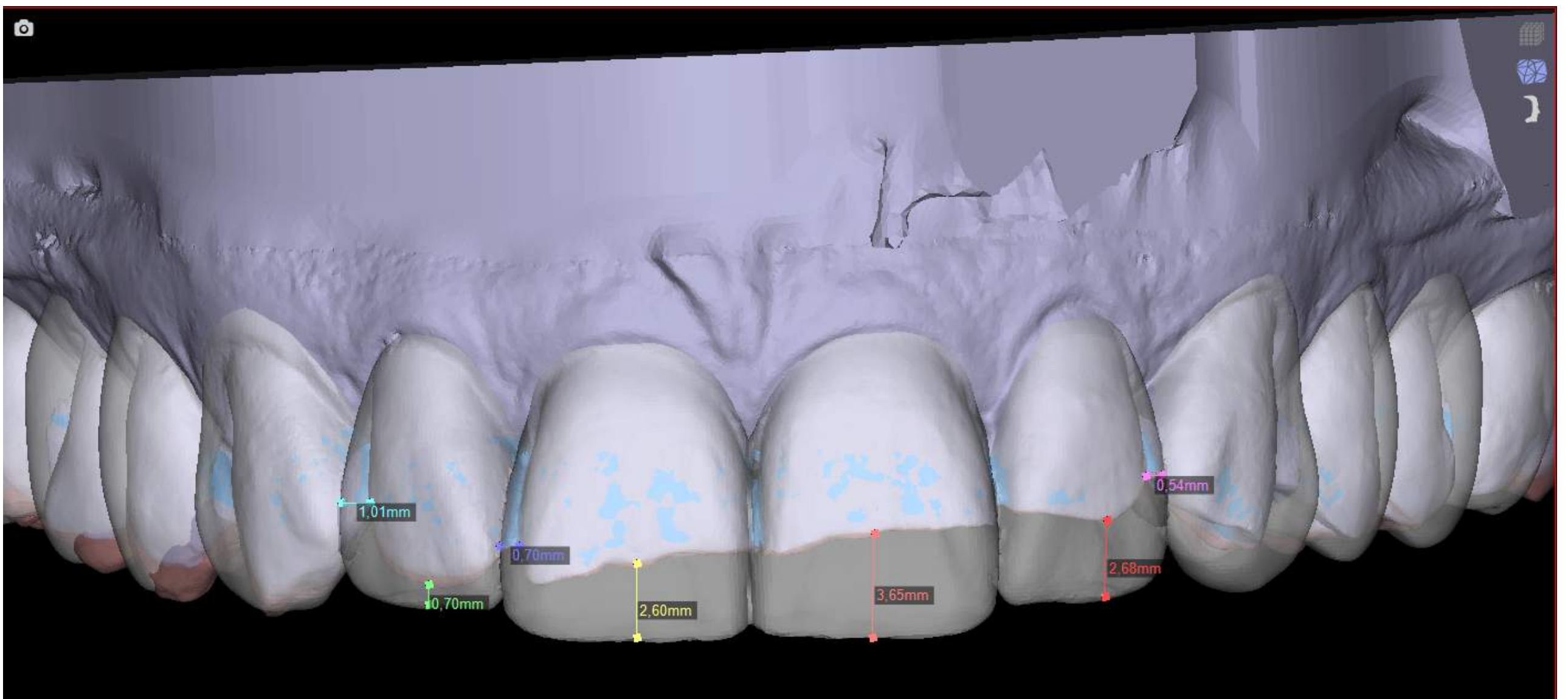
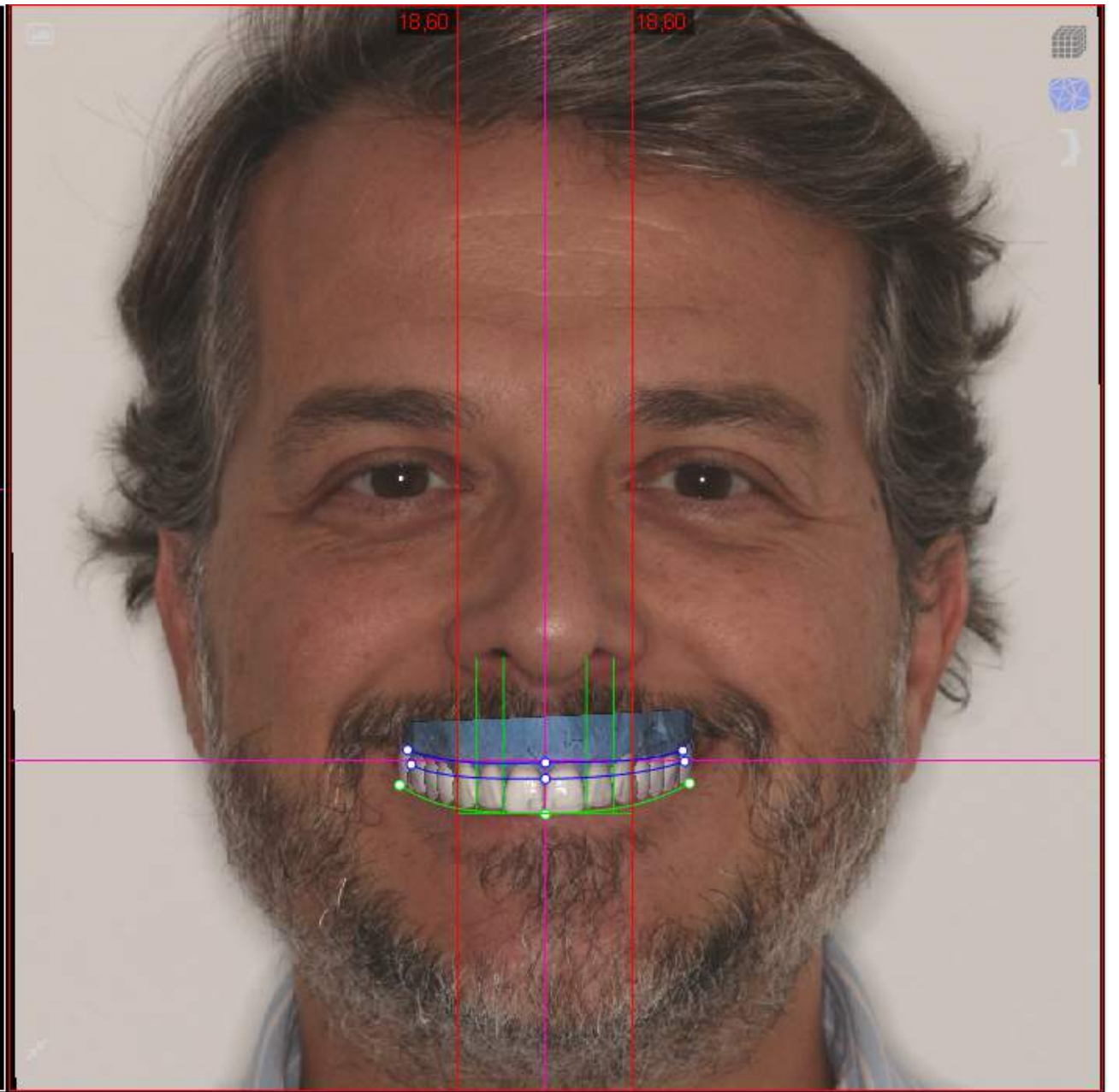
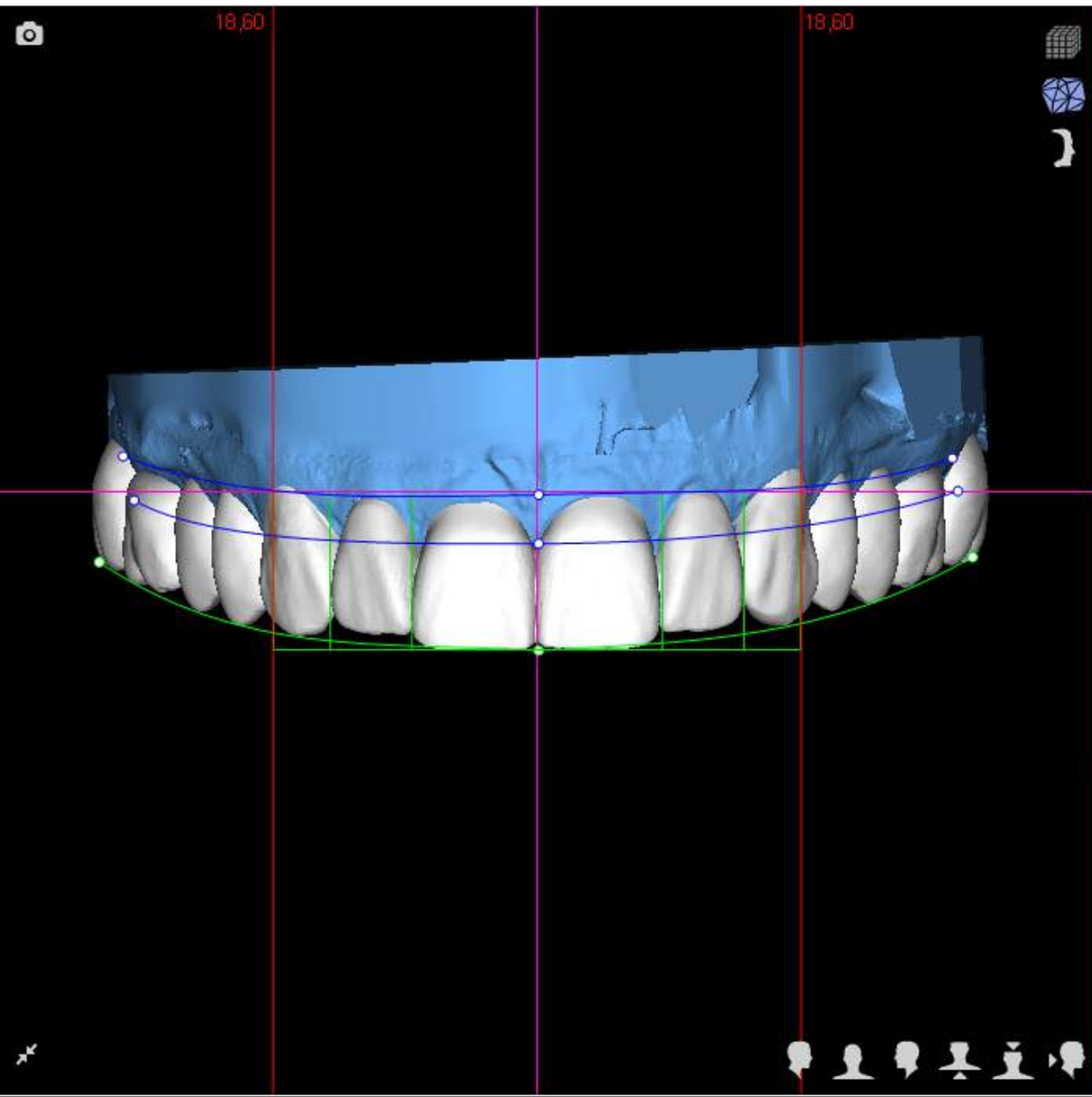
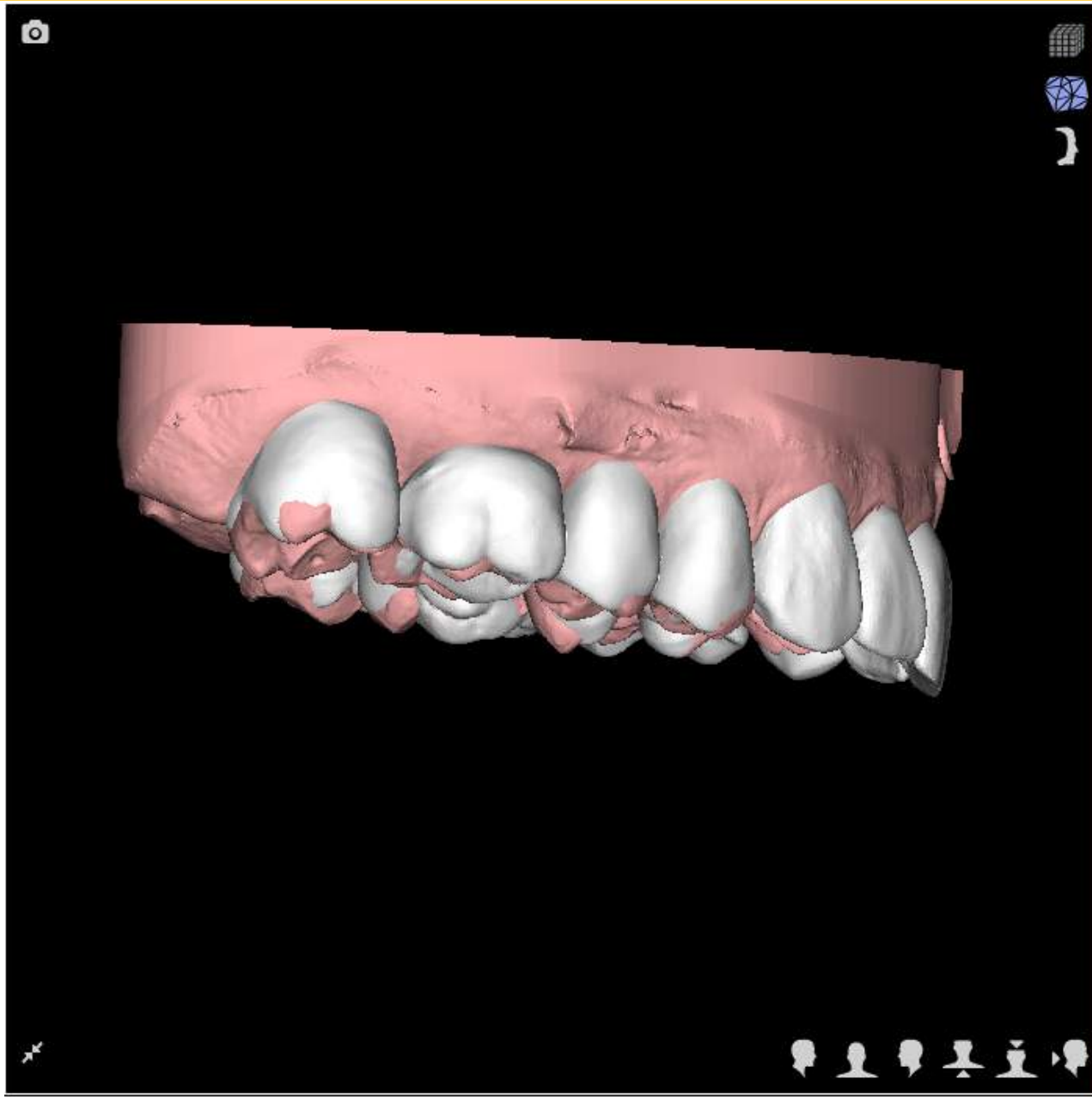
# DSD-Invisalign Planning



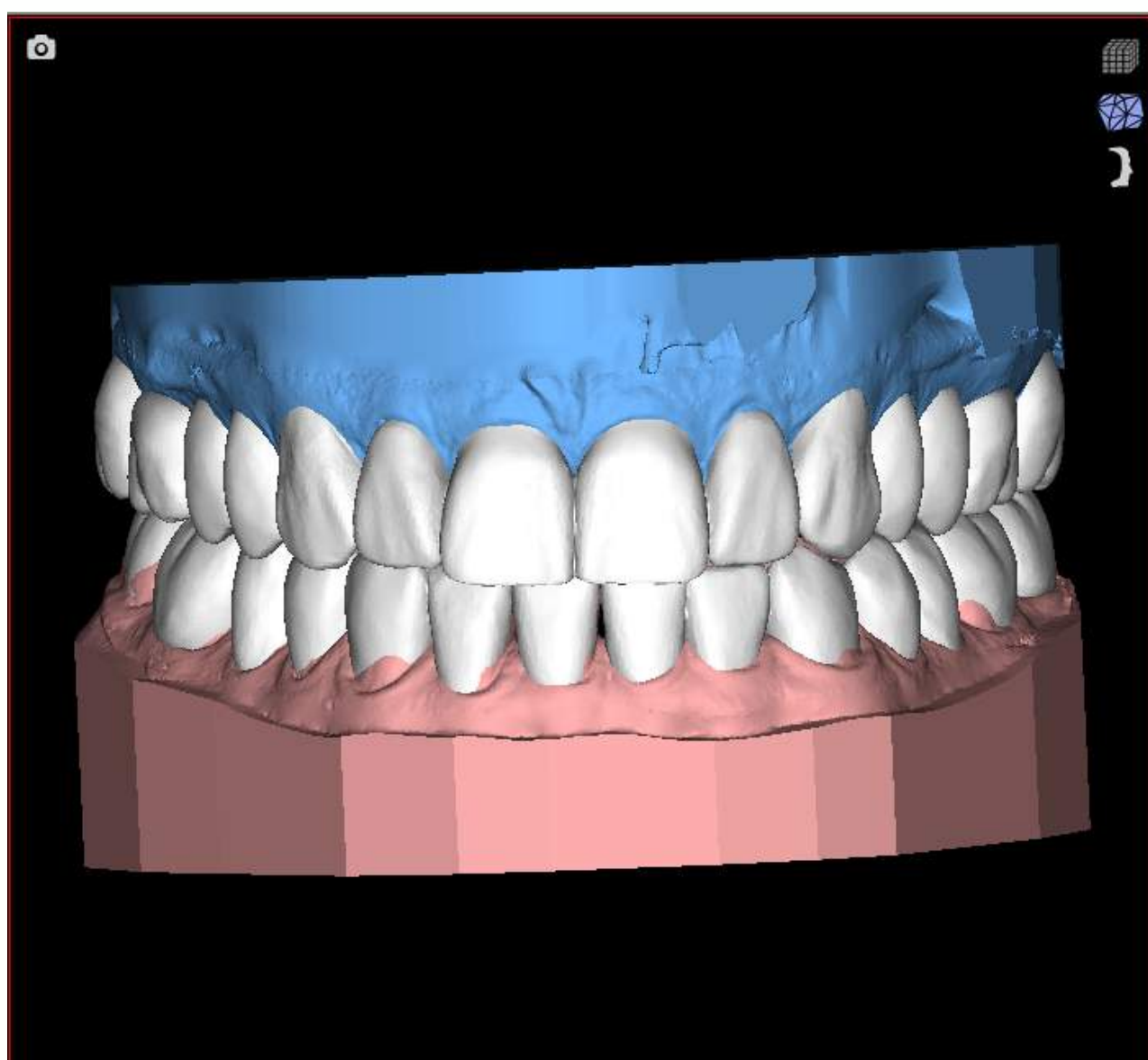
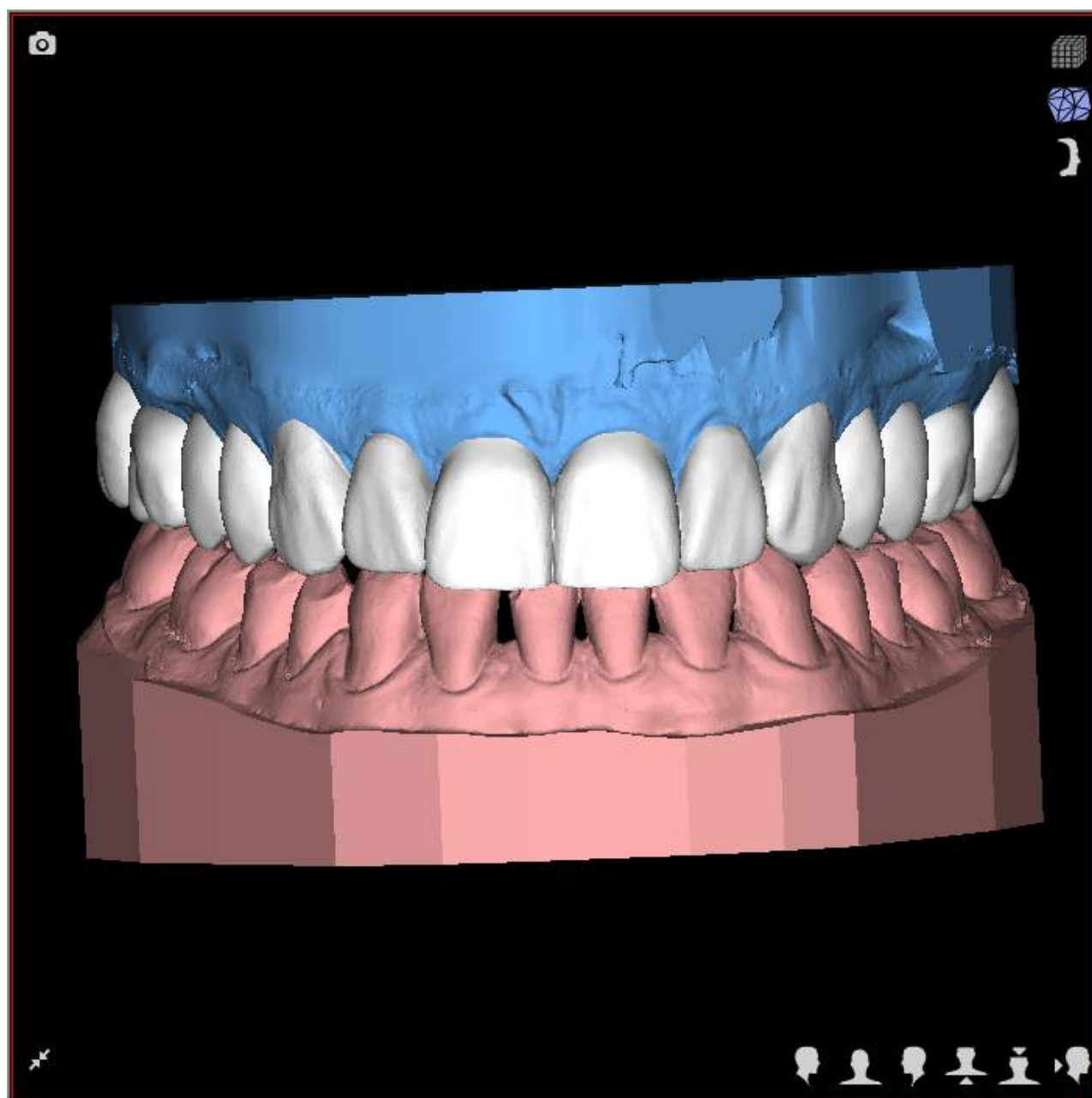
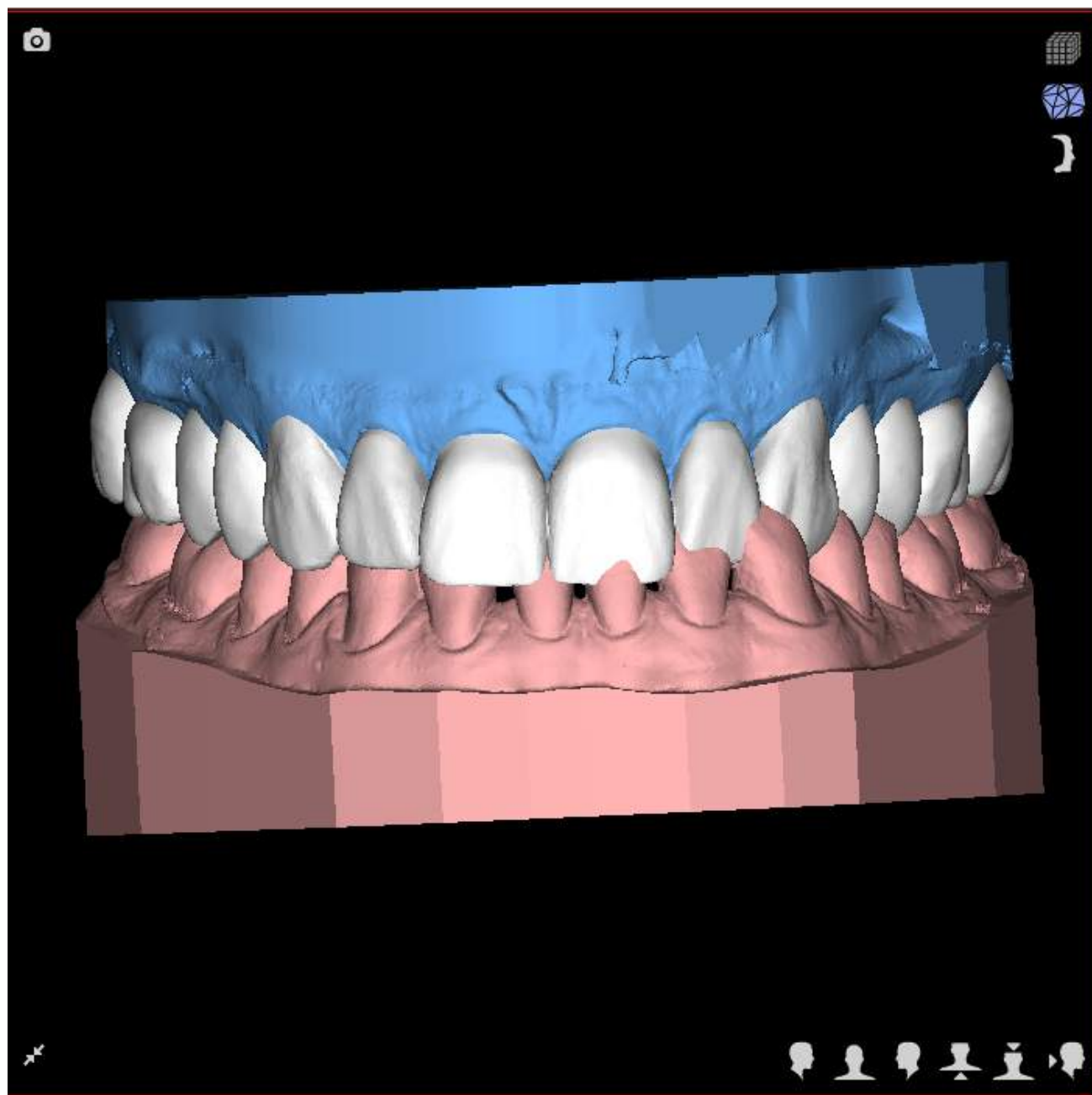




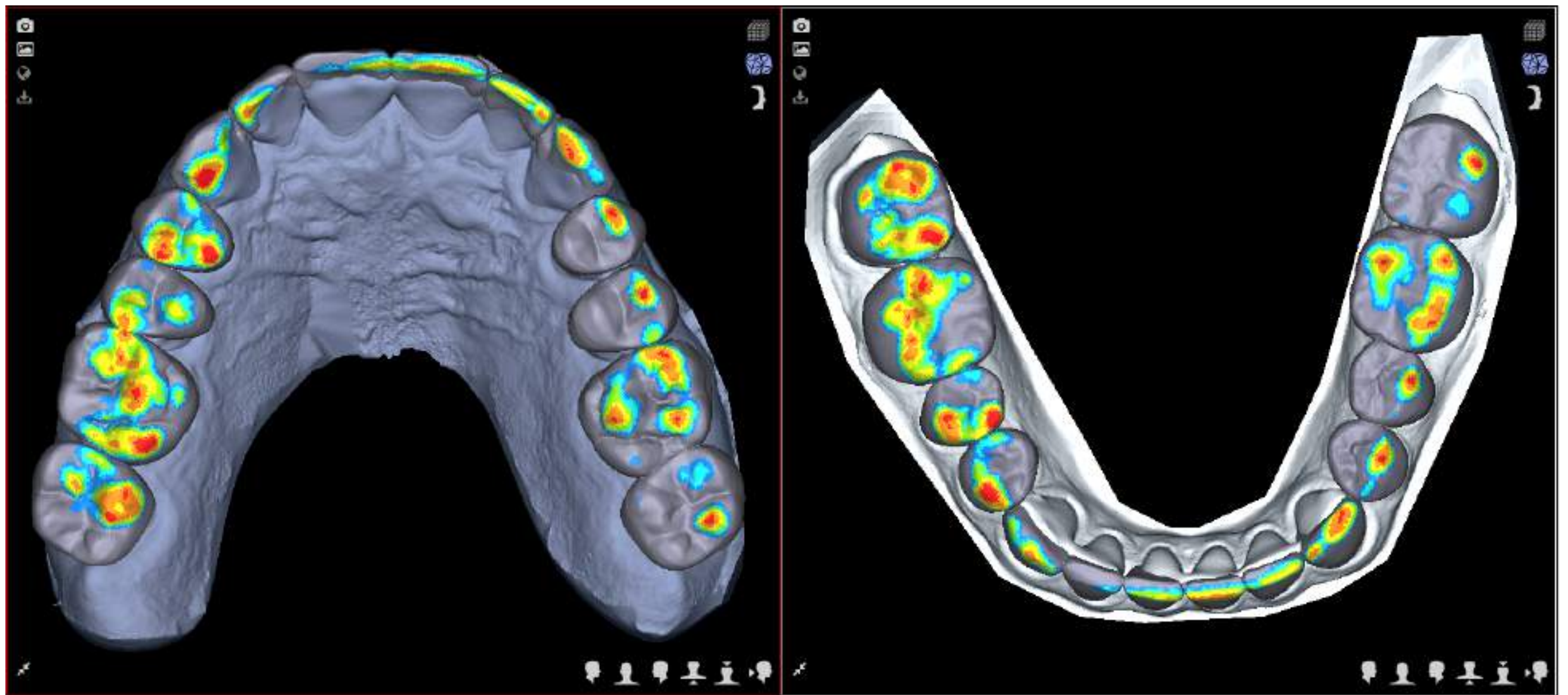




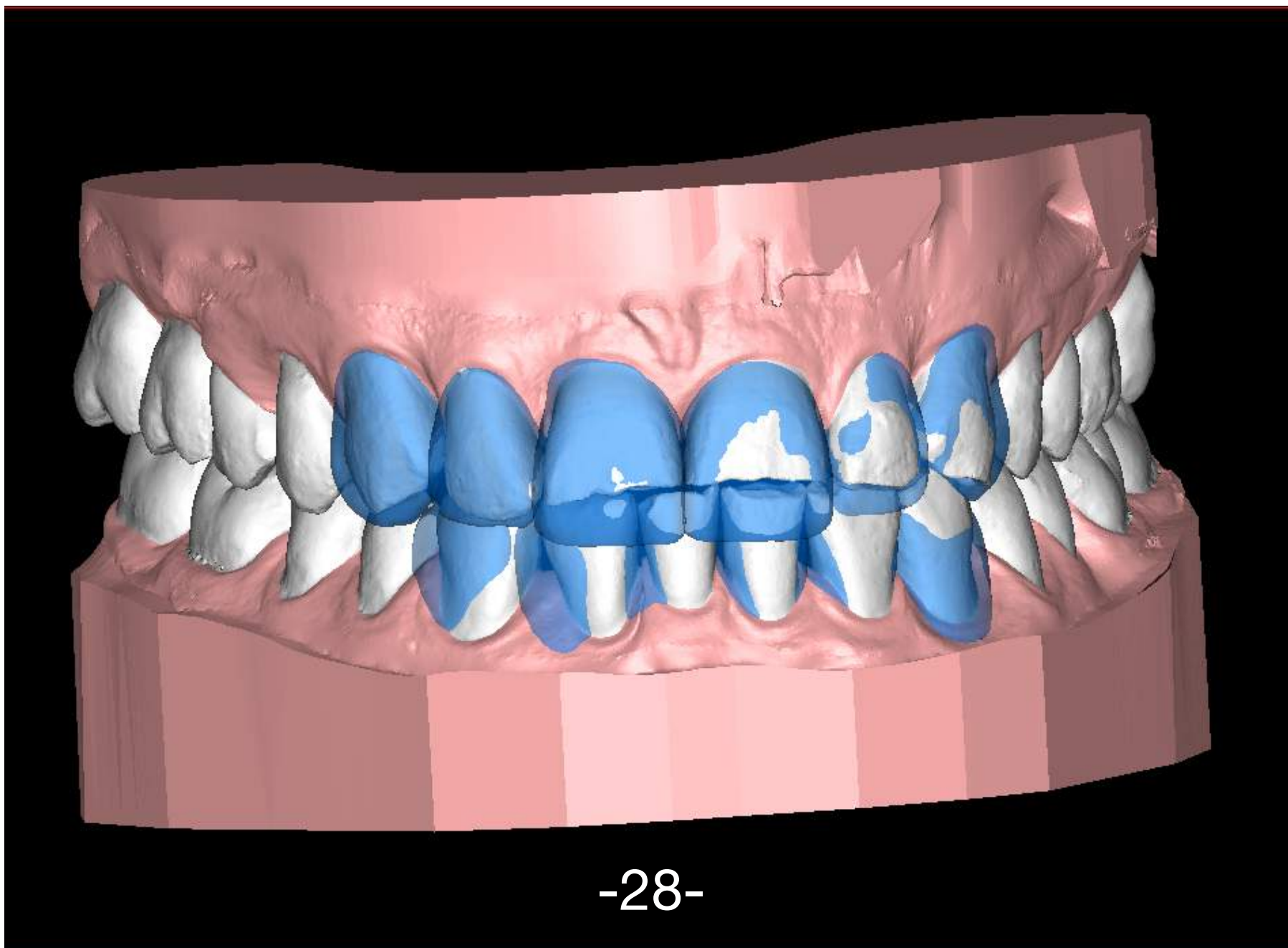








## DSD-Invisalign Planning











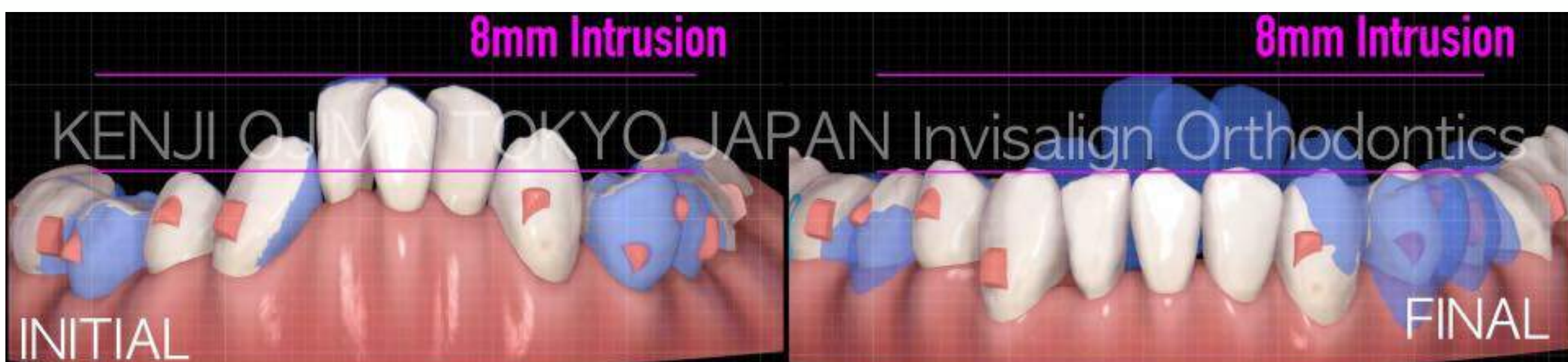




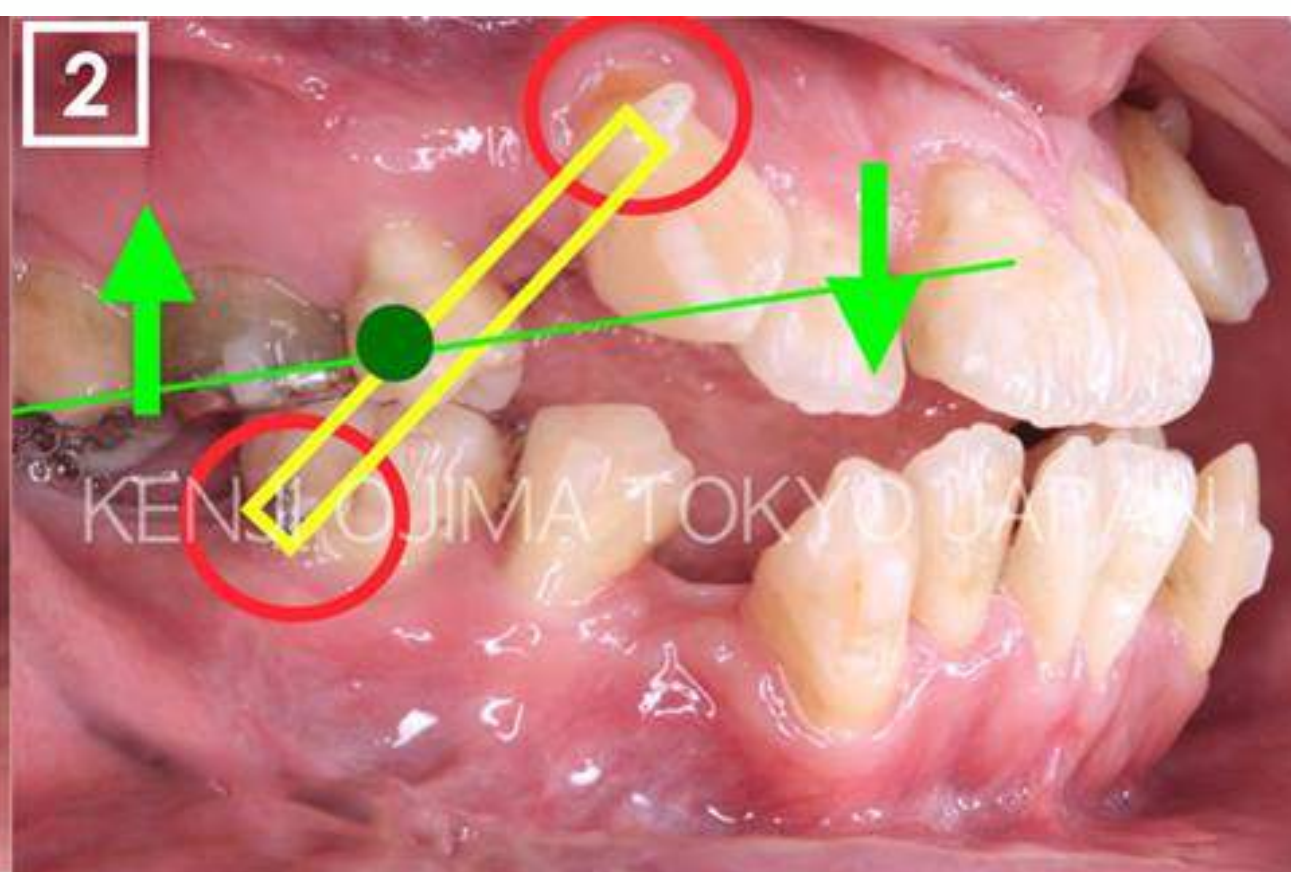
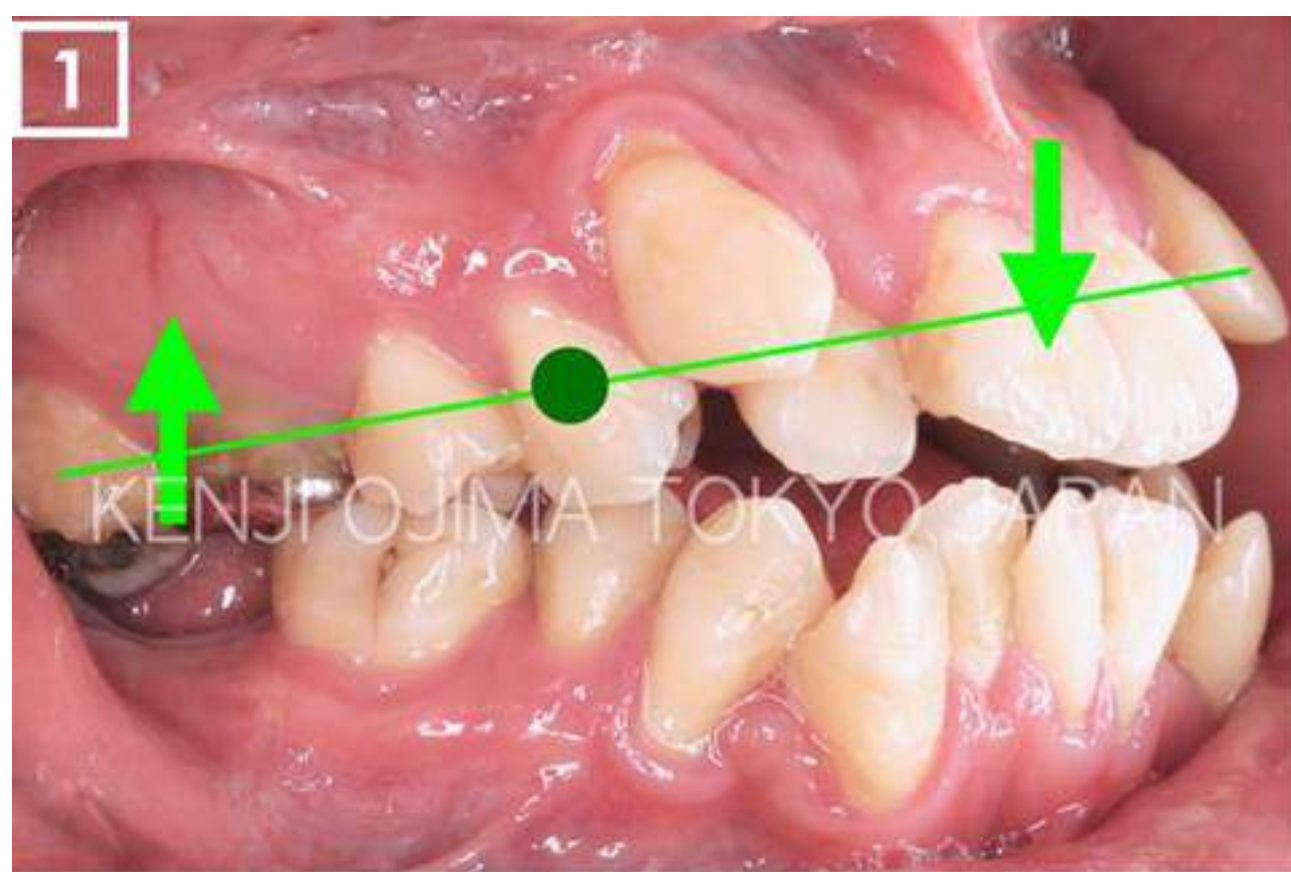




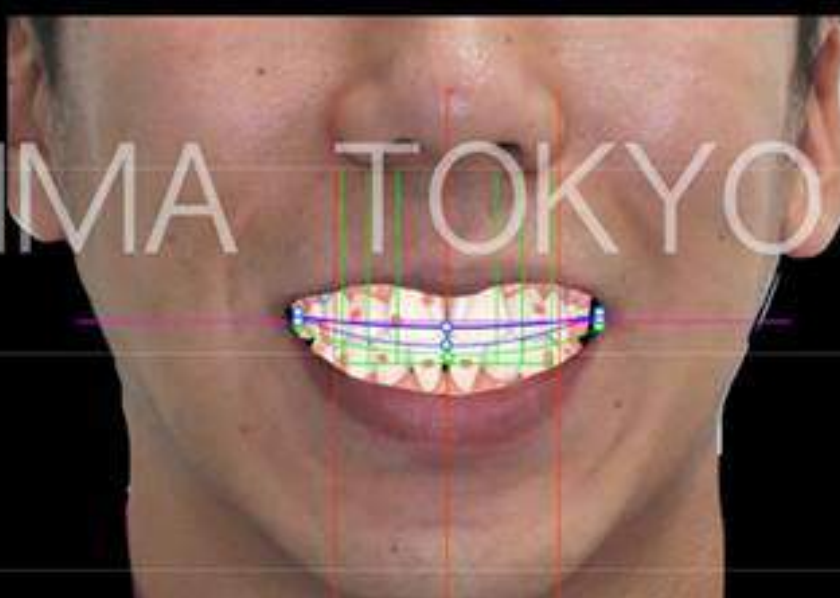








Initial Planning





**Initial**

DSD + invisalign

**Final**

KENJI OJIMA TOKYO JAPAN

KENJI OJIMA TOKYO JAPAN

KENJI OJIMA TOKYO JAPAN

KENJI OJIMA TOKYO JAPAN

Molar: Class II  
Canine: Class II  
Occlusal plane not Flat

KENJI OJIMA TOKYO JAPAN

Molar: Class I  
Canine: Class I  
Occlusal plane Flat

KENJI OJIMA TOKYO JAPAN













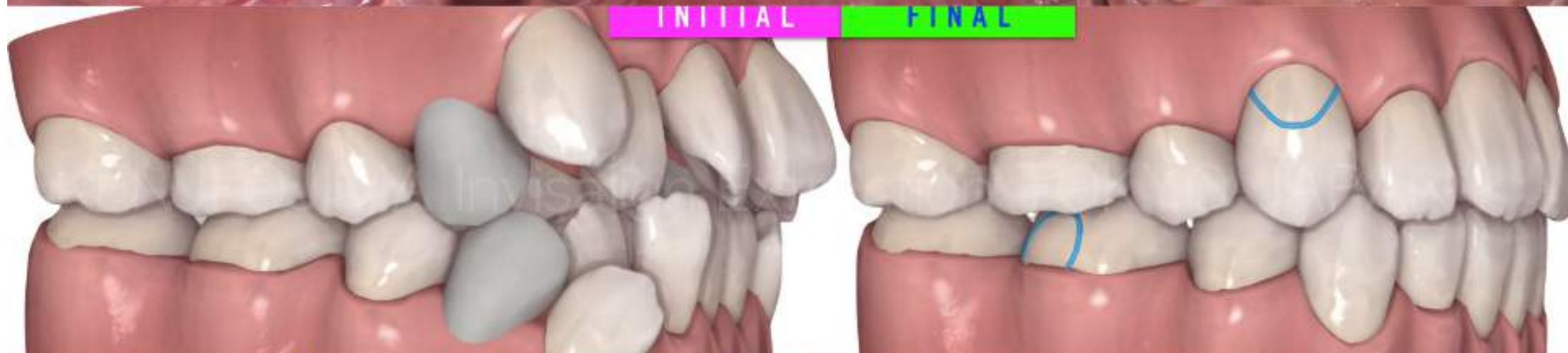




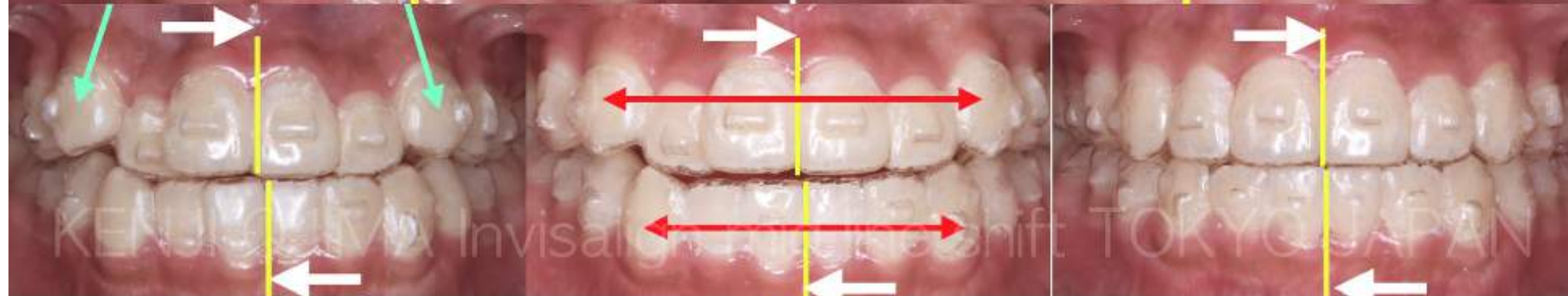
















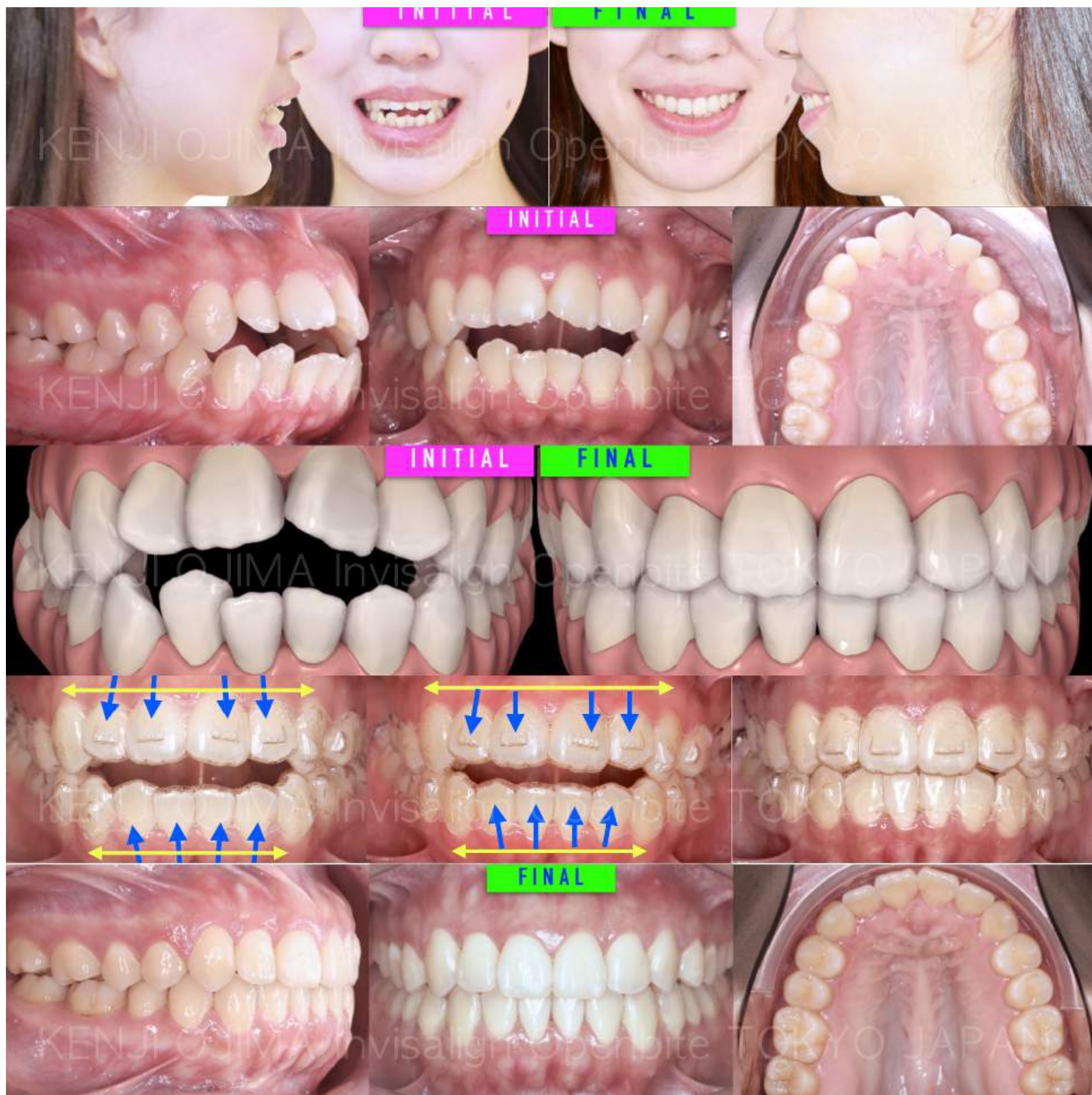






















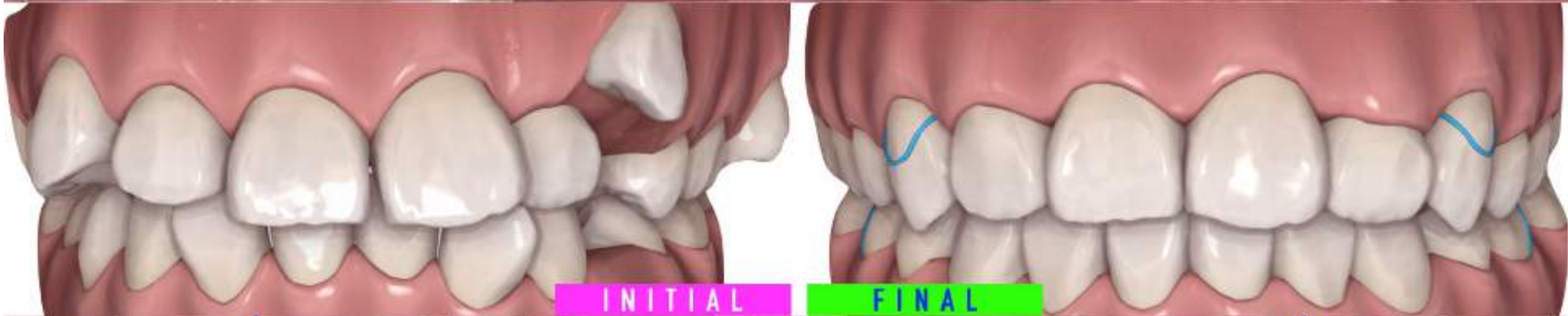
INITIAL FINAL



INITIAL



INITIAL FINAL



FINAL







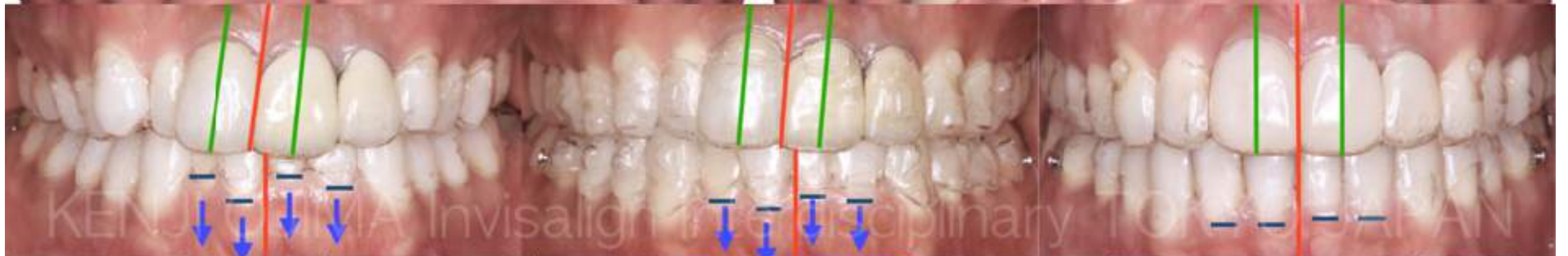
















5.0mm Extrusion 11.21















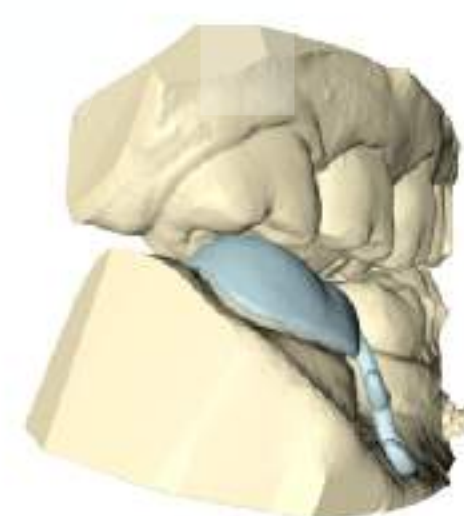
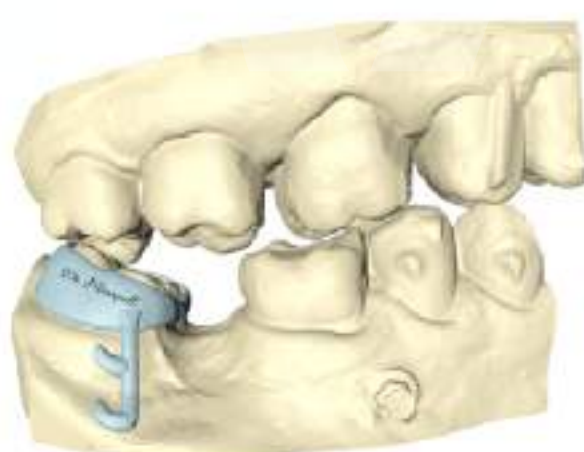
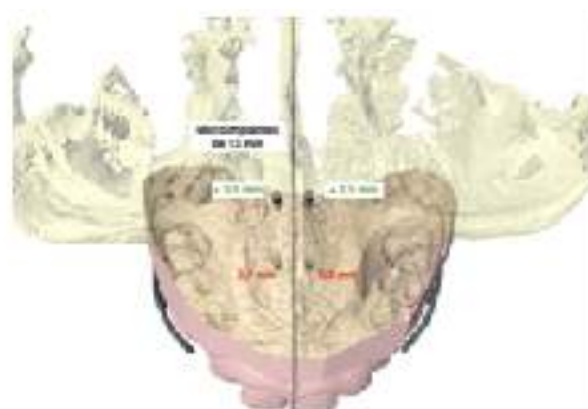




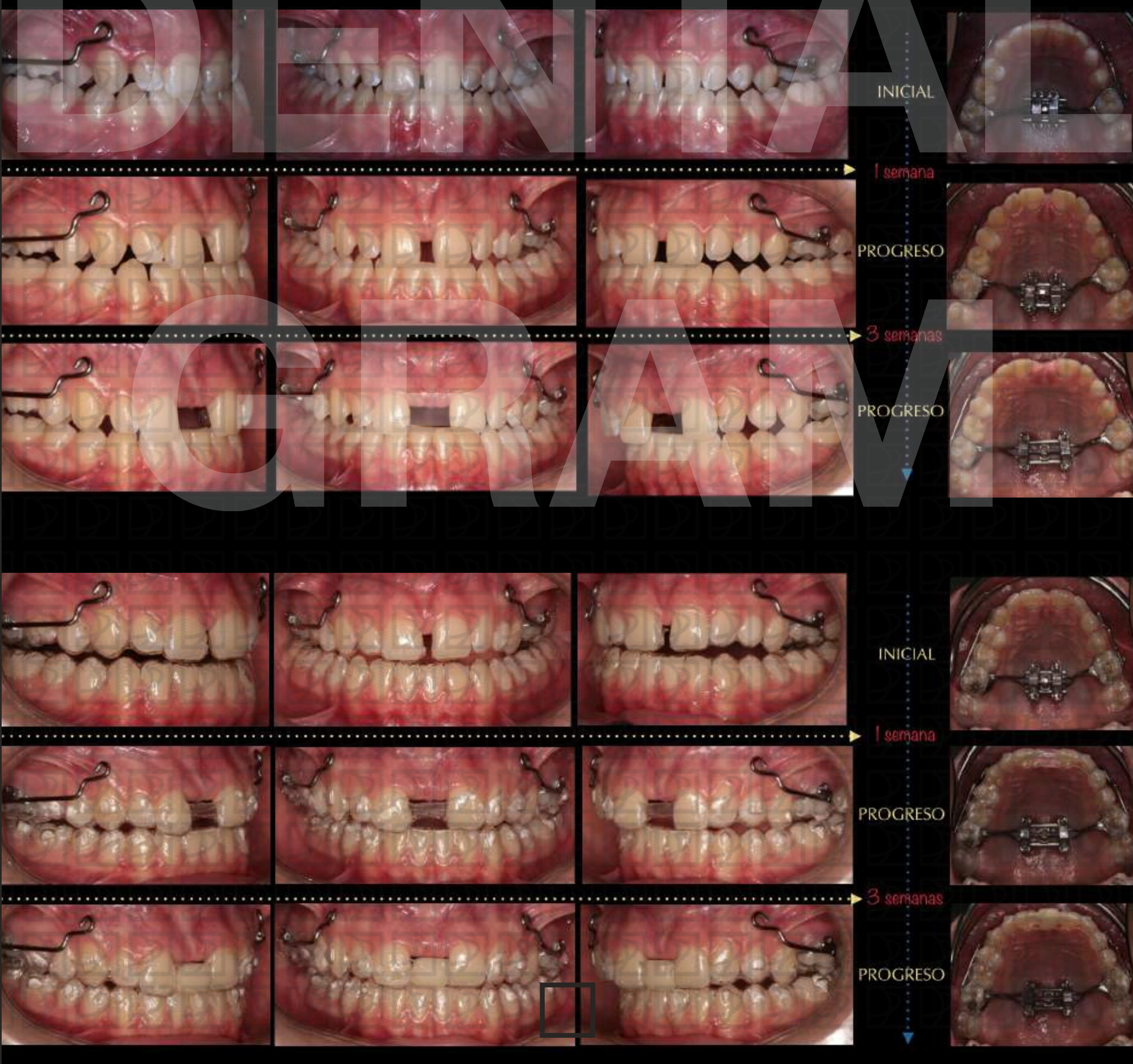
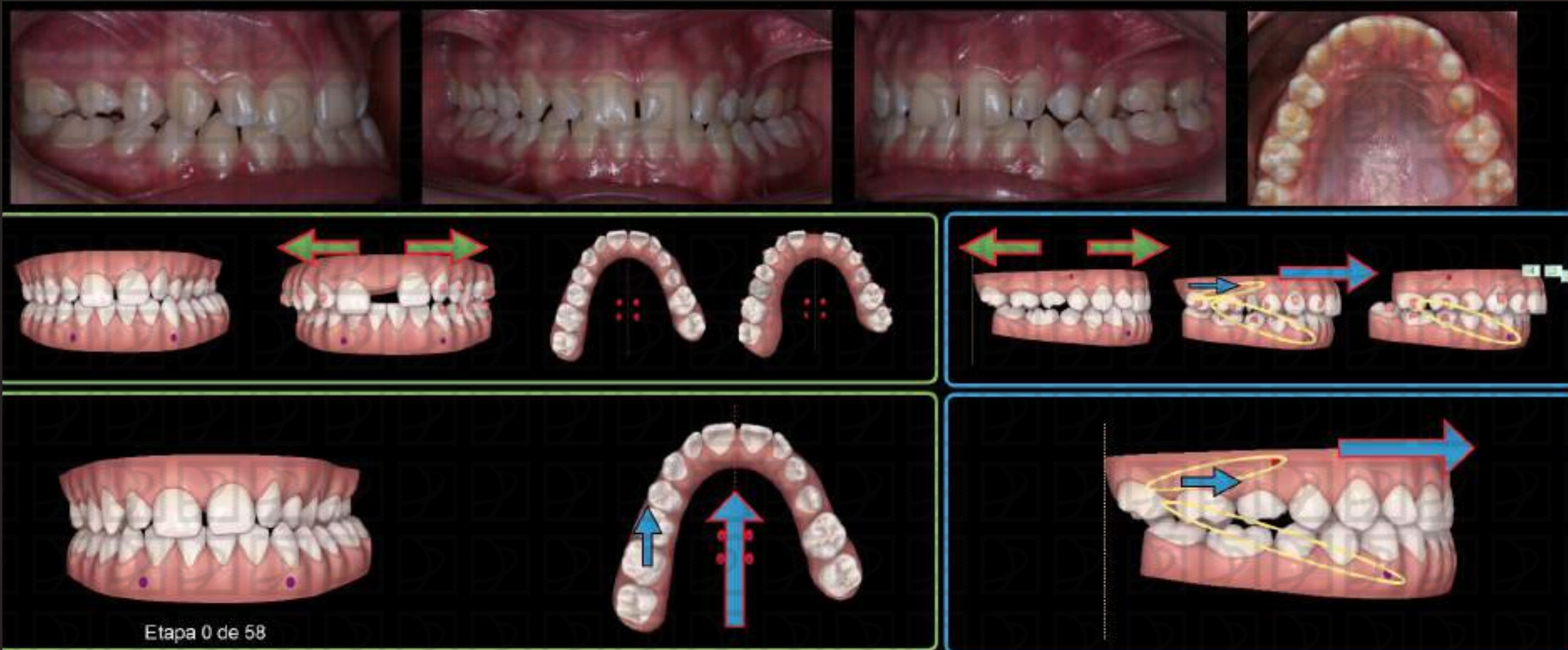




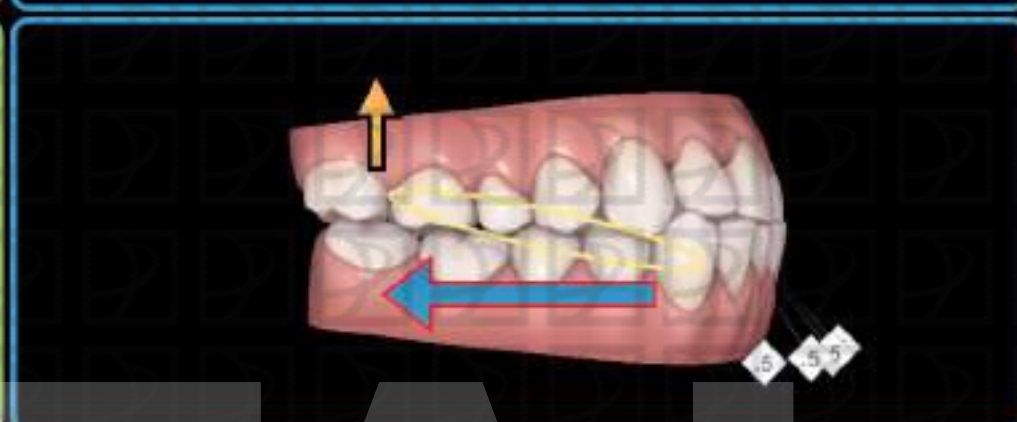












Etapa 0 de 35



INICIAL

1 semana



PROGRESO



1 meses

PROGRESO



INICIAL

1 semana



2 semana

PROGRESO

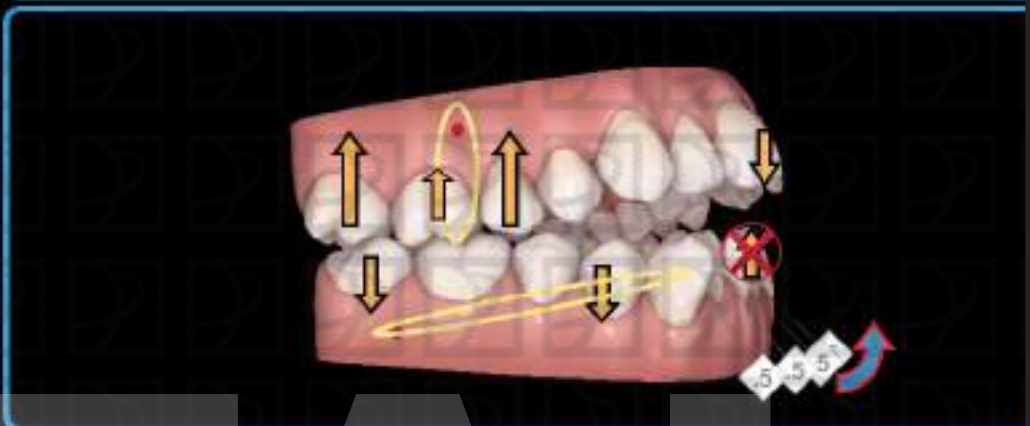


1 mes

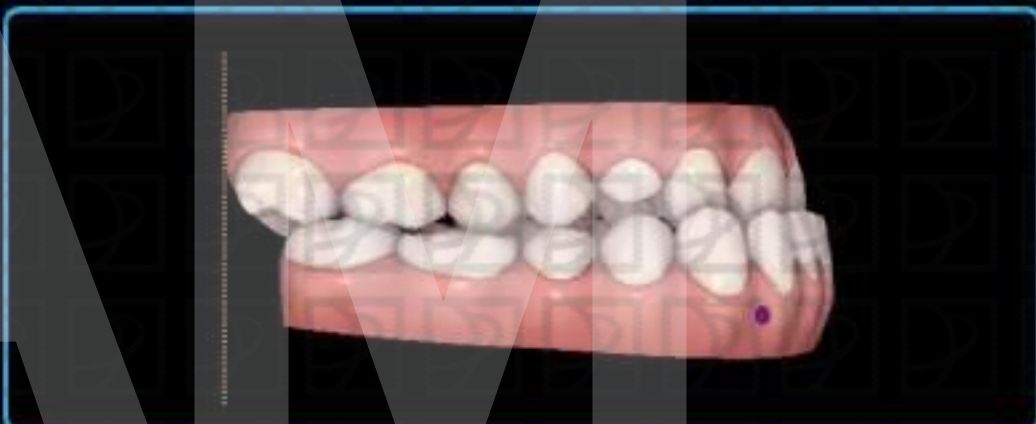
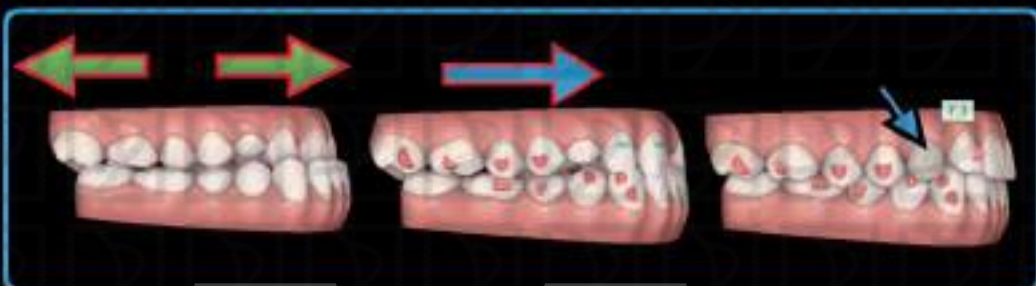
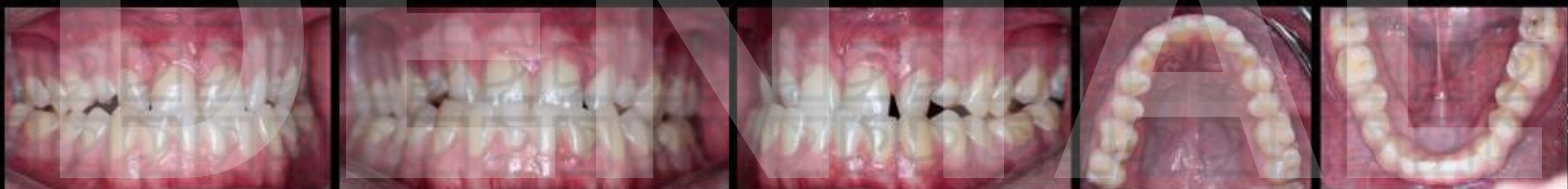
PROGRESO







Etapa 0 de 66



Etapa 0 de 37

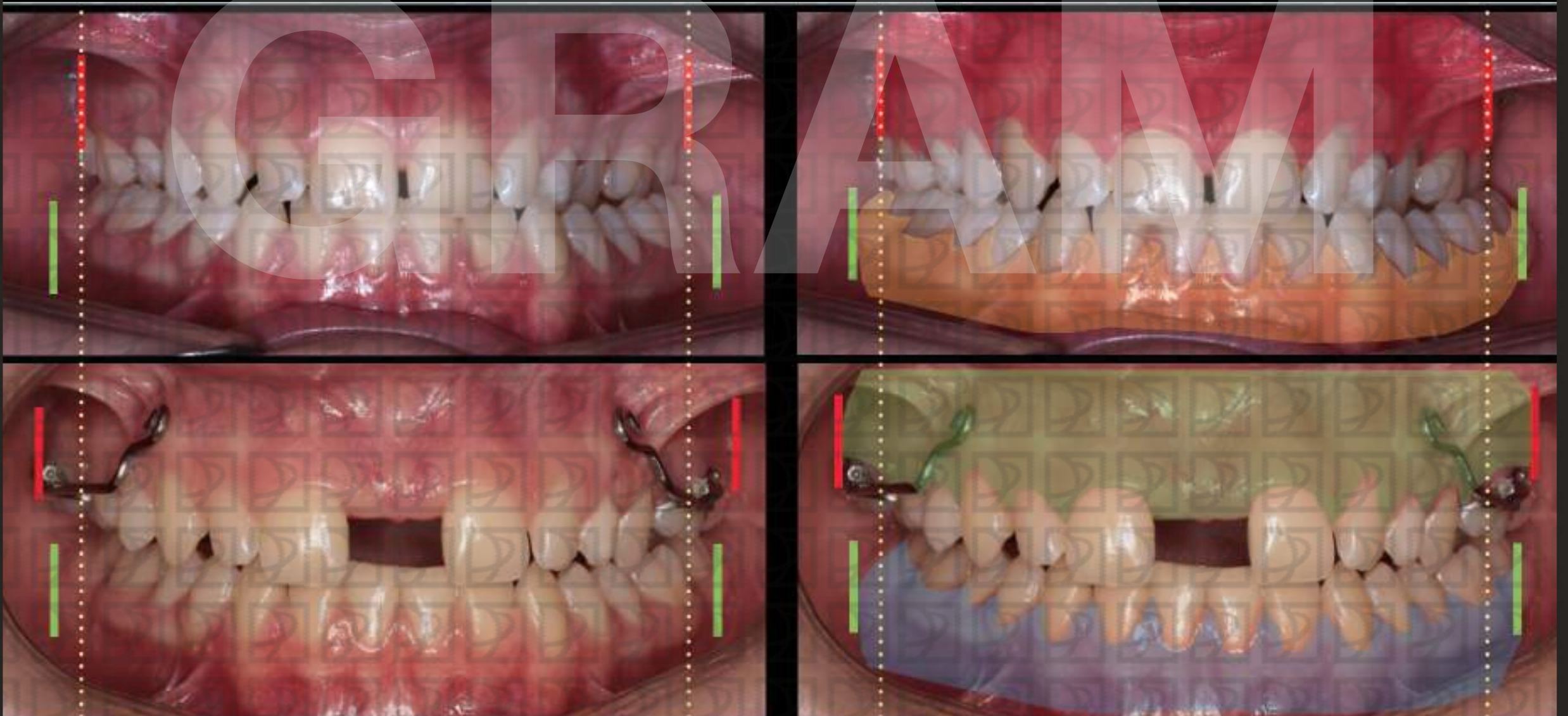
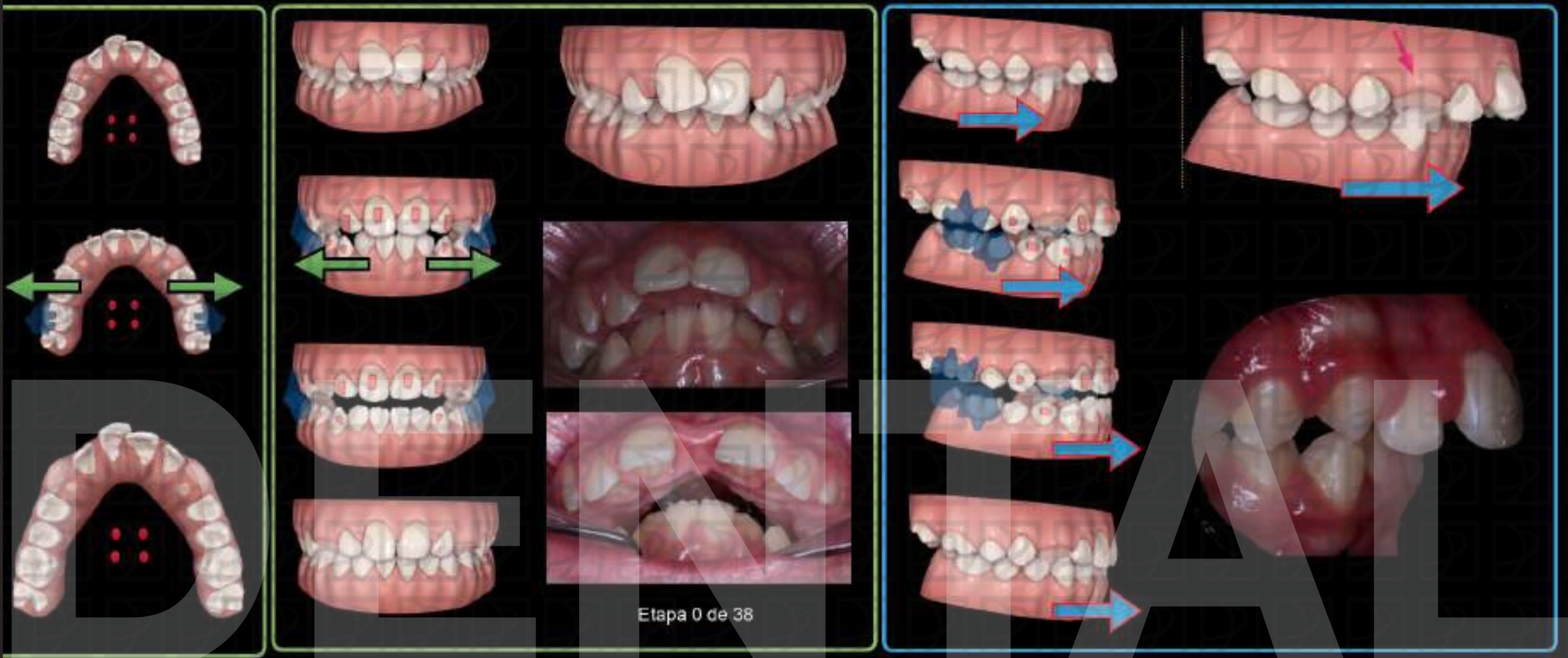


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Etapa 0 de 16









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