EASY-WAY-COIL® SYSTEM
A Proven Technique for effective alignment of impacted incisors, canines, and premolars

INSTRUCTIONS
for Orthodontists

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The system of the tension spring consists of a stainless steel tension spring which is pivot-mounted to a lingual button with a bonding base. An activation of 1 mm triggers an average force of 0.158 N. A piece of tension spring is added, which you can pull over the buccal or lingual archwire to maintain the gap for the tooth you want to pull into the right position.

Before using the tension spring, it’s important to ensure that there is enough space for the tooth you want to position. In the .018” method for the bracket slot, a stainless steel arch wire of .016 x .022” is sufficient for anchorage, corresponding to a .020 x .020” arch wire of the same quality in the .022” bracket system.

In the area of the prepared gap, an exact-fitting piece of the spring is pulled over the arch wire as a passive placeholder.

The first activation takes place seven days after the surgery in six steps.

(A) Chose the anchorage point according to the pulling direction for the alignment of the ectopic/retained tooth. Carefully place a ligature cutter on the auxiliary wire spring and close it slightly in order to create a small gap within the spring coil, in which the ligature wire will be fixed. This way, the ligature wire cannot shift.

(B) The end of the EWC® extension spring needs to point into the direction of the anchorage point on the auxiliary wire spring. The traction spring end is oriented towards the anchoring position on the archwire and shortened until the distance from the anchoring point is 2 mm.

(C) A 1 mm wide eyelet is bent into a 45° angle and fastened to the arch with a ligature wire. This distance from the archwire makes a force of roughly 0.3 N possible. All four weeks the EWC® spring should be cut by 1 or 2 mm in order to re-activate the spring. Therefore, please follow step (B)-(D) every 4 weeks. Repeat it until the tooth has broken through.

(E) + (F) Once the crown has erupted far enough to accommodate a bracket, the lingual button is removed and the bracket attached. The subsequent alignment is done with an orthodontic archwire using for example the piggyback technique. In the case the lingual button unintentionally de-bonds, a new lingual button should be bonded at exactly the same position.

You can also use a U-shaped chain or elastic thread to move the tooth buccally and de-rotate it.

**ACTIVATION RECOMMENDATION:**

According to the reactive root surface we recommend the following activation intervals based on Ricketts:

<table>
<thead>
<tr>
<th>PULLING DIRECTION</th>
<th>TYPE</th>
<th>ROOT SURFACE</th>
<th>ACTIVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>disto-buccally</td>
<td>typically palatinally</td>
<td>approx. 0.75 cm²</td>
<td>every 4 weeks shorten/activate by 2mm</td>
</tr>
<tr>
<td>vertically</td>
<td>typically buccally</td>
<td>approx. 0.45 cm²</td>
<td>every 4 weeks shorten/activate by 1mm</td>
</tr>
</tbody>
</table>