The Clin-Checklist

- [ ] **Update your Invisalign® clinical preferences.**
Omit IPR on the first Clincheck®. Limit posterior expansion to no more than 2mm. Request hinge-axis rotation under "special instructions."

- [ ] **Check the patient's bite on the virtual mount.**
Compare your photos to the Clincheck® to determine if the technician has mounted the case correctly. Make sure all erupted teeth are properly represented.

- [ ] **Create an ideal arch shape.**
Modify arches to an ovoid shape. Level Curves of Wilson and Spee. Use hinge axis rotation for anterior teeth.

- [ ] **Assess the inter-arch relationship.**
Over-treat anterior intrusion in deep bite cases. Incorporate 1-2mm of overjet in all cases to prevent premature contacts and posterior open bite.

- [ ] **Request additional root torque.**
Consider adding lingual root torque when indicated. Particularly when anterior teeth are retroclined or require proclination or retraction. In some cases, over-correction is indicated, because not all torque prescribed in the ClinCheck® will be expressed clinically.

Close or modify spacing.
Determine the reason for the spacing. Decide whether to use translation or retraction to close the space. Include virtual C-chain aligners at the end of the case.

Decide if IPR is necessary.
Add IPR to create space for alignment, to limit forward movement of teeth, to improve a class II cuspid relationship, to eliminate black triangles, or to manage overjet. Always use 3D controls to add IPR.

Check and modify attachments.
Use attachments for extrusions, intrusions, rotations, crown tip, and translation. Add attachments to upper laterals to improve tracking. Avoid using attachments on crowned teeth.

"Click-down" tooth movements to improve predictability.
Aim for no more than 0.2mm posterior extrusion/intrusion, 2.0mm posterior translation, 2 degrees posterior M/D crown angulation, 2 degrees posterior root torque. Eliminate or minimize posterior rotation.

Decide whether to add bite ramps.
Add bite ramps if there is anterior intrusion, posterior extrusion, posterior cross bite, posterior expansion, molar distalization, or a history of clenching/grinding.

Prevent posterior open bite.
Incorporate 1-2mm of overjet into your treatment plan. Over-treat deep bite to a final overbite of 0.5mm. Most posterior open bites are caused by premature anterior contacts.