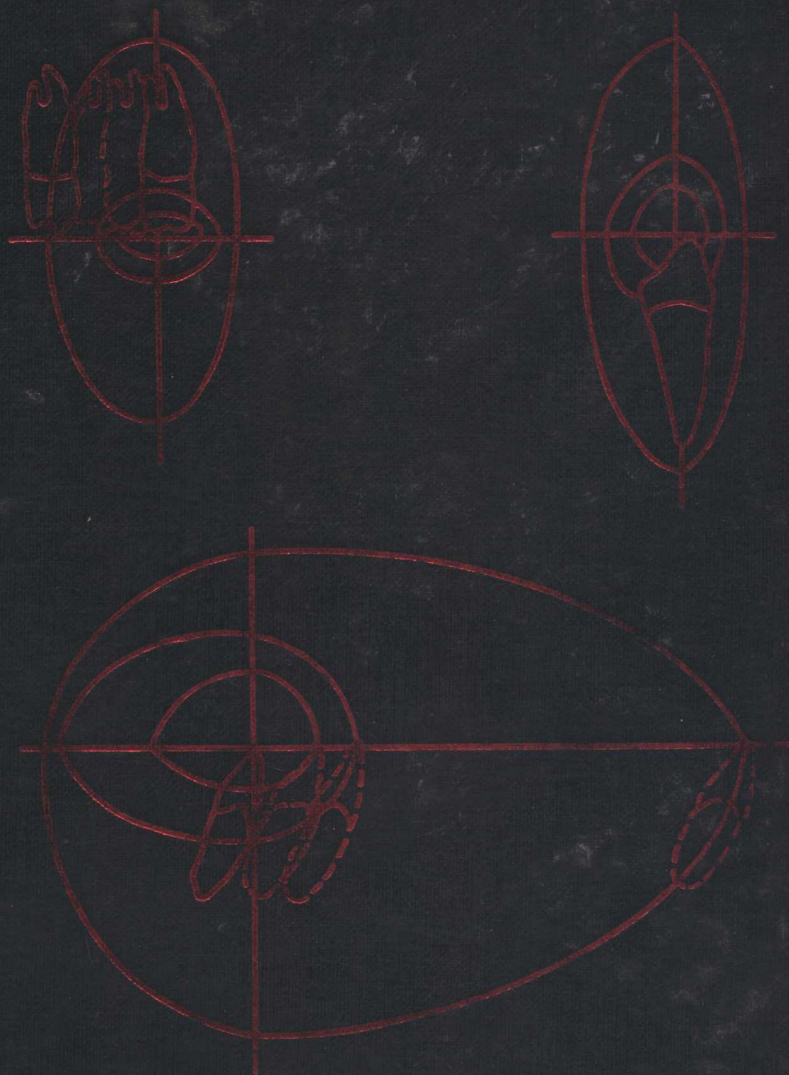

口腔正畸学

ORTHODONTICS

现代原理与技术

Current Principles and Techniques



Thomas M. Graber

Robert L. Vanarsdall, Jr.

著

口腔正畸学—— 现代原理与技术

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主译：徐 芸



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Foreword

This new edition is really a fourth generation product. The first was written by me specifically to train orthodontic specialists and was published in 1969 by W. B. Saunders. To provide the best possible information, I invited world leaders in orthodontics to contribute. Chapters by myself, Kaare Reitan, Charles Burstone, John Lindquist, Warren Mayne, Philip Adams, Bedrich Neumann, Morris Stoner, Brainerd Swain and Richard Reidel covered the "latest and best" biological and biomechanical information. This two-volume edition quickly became the standard textbook for graduate orthodontic departments around the world, as well as for practitioners, trying to update their knowledge and abilities.

Biomechanical and biophysical orthodontic progress made it necessary for a new edition to remain at the cutting edge of orthodontic research, diagnosis and clinical expertise. I asked Dr. Swain to act as co-editor in 1975 and added excellent chapters by James Ackerman, William Proffit, Benjamin Gans and Roger Kallal to our list of eminent authorities. Orthognathic surgery became a significant part of orthodontic practice for this edition of *Current Orthodontic Concepts and Techniques*.

With continuing progress and comments from world leaders, Dr. Swain and I updated the book into a single large edition, published by Mosby in 1985. New authors were Jack Dale, Donald Joondeph, David Musich, Terrell Rool, Ronald Roth, Paul Stöckli, Ullrich Tenscher, William Thompson, Robert Vanarsdall, Eugene Williamson and Bjorn Zachrisson. The emphasis was on excellence in achievement.

The 1994 Edition, dedicated to Brainerd Swain, with Robert Vanarsdall joining me as co-editor, is the result of further fine-tuning, updating, replacement and progress in the field of mechanotherapy. We kept the best, updated the "old" and selected the best from the "new", adding additional chapters by Jack Dale, Robert Vanarsdall and David Musich, James McNamara, Jim Vaden, Herbert Klontz and Richard

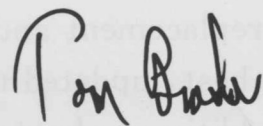
Walker on diagnosis and treatment. We also added two world leaders in bone physiology and metabolism and biomechanics, Per Rygh and Eugene Roberts. Greater emphasis on soft tissue and periodontal implications in this volume will help make the reader more tissue conscious, with a wide range of armamentaria at his/her fingertips. Orthodontic teachers around the world were consulted for their advice. In the truest sense this is "their" book, the volume they feel should be used to train modern orthodontists for the 21st century. Spanish, Portuguese, Italian, German and Japanese editions are now available.

In the spirit of world-wide camaraderie, we have been fortunate to have a number of our eminent colleagues from the People's Republic of China dedicate themselves to translating this world-wide "team effort" into the Chinese language:

1. Translation work: Done by 12 doctors, led by Dr. Xu Yun.
2. Checking and Approval: Done by 5 orthodontists, led by famous professors Fu Min-Kui and Luo Song-Jiao.

This team has worked diligently with the difficult job of converting the text language, while maintaining the 2744 illustrations and the high quality of production. Truly, this is a labor of love with no financial return for the team—only a desire to advance specialty training in the largest country in the world.

International teamwork is the basis of this volume. There is no place for dogma and regimenter thinking. We hope our political leaders will work together with as much harmony, mutual respect and sacrifice as our group has shown, giving of themselves so that others may learn. This book provides the knowledge, the facts, but more importantly, the wisdom, knowing what to do with the facts, so that we may serve our patients better.

A handwritten signature in black ink, appearing to read "Tom Baker". The signature is written in a cursive, flowing style with a large initial 'T'.

序

此新版本实际算来应为第四版本。最早版本为1969年由W. B. Saunders出版社出版,由我所著的、专为培养口腔正畸学专家的教科书。为尽可能包含最新信息,我邀请了世界正畸学界的领袖们共同编写。分别由我及Kaare Reitan, Charles Burstone, John Lindquist, Warren Mayne, Philip Adams, Bedrich Neumann, Morris Stoner, Brainerd Swain和Richard Reidel所撰写的有关章节包含了“最新的、最为详尽的”生物学及生物力学方面的信息。该书分为两册,一经问世即成为世界各地口腔正畸学研究生以及临床医生更新知识和技能所用的规范教科书。

生物力学及生物物理学的发展使新版本的产生势在必行,以保证口腔正畸学研究、诊断与临床技能处于前沿水平。为此,1975年我请Swain博士为副主编,同时增加了由James Ackerman, William Proffit, Benjamin Gans和Roger Kallal所撰写的优秀章节,提高了专著的权威性。“正颌外科”在该版本《现代正畸学原理与技术》中已成为指导正畸临床实践的重要组成部分。

随着正畸学的不断发展,考虑到世界著名学者的意见,我与Swain博士将原双册本修订为单卷巨著,于1985年正式由Mosby出版社出版。新增补的著者有Jack Dale, Donald Joondeph, David Musich, Terrell Rool, Ronald Roth, Paul Stöckli, Ullrich Tenscher, William Thompson, Robert Vanarsdall, Eugene Williamson和Bjorn Zachrisson。该版本强调研究的成果与进展。

1994年版本由Robert Vanarsdall为副主编,并谨以此献给Brainerd Swain博士。此版本是机械矫治法进一步精湛、更新、进步的产物。在原版基础上,保留其精华,推陈出新,新中求好。增加了由Jack Dale, Robert Vanarsdall, David Musich, James McNamara, Jim Vaden, Herbert Klontz和Richard Walker所撰写的有关诊断与治疗方面的章节。此外,还新增补了两位骨生理学、生理代谢及生物力学方面的专家为本书著者。该版本强调软组织和牙周情况,提醒读者在使用随手可得的众多的器械时,应加强组织学意识。我们在世界范围内征求了口腔正畸学教师们的意见,他们将此版本视为21世纪的教科书。从真正的意义上看,这是一本属于他们的

书。目前,本书的西班牙语、葡萄牙语、意大利语、德语、日语的版本已相继问世。

本着国际友好合作的精神,我们十分荣幸地看到,中华人民共和国的一组优秀同仁将此堪称为全球集体智慧结晶的巨著翻译为中文。

其中:

1. 以徐芸为首的 12 位医师完成了全书的翻译工作;
2. 以著名教授傅民魁、罗颂椒为首的 5 名正畸学专家负责译稿的审校。

他们勤奋工作,克服重重困难,将这部除文字外,还包含 2744 幅图表的巨著高质量地呈献于广大读者的面前。他们勇于牺牲,不计报酬,唯一的愿望是提高世界上最大国家的口腔正畸学教育水平。

国际间的精诚合作是本书得以诞生的基础。这期间没有教条与专横制约。我们真诚地希望我们的政界领导者也能像我们一样和睦友好、相互尊重、乐于奉献,为世人作出榜样。本书提供的都是知识与事实,但更重要的是赋予人们以智慧,告诉人们面对事实如何去做,唯有如此才能更好地为患者服务。

T. M 格瑞博

1996. 7.

序

由美国 T·M·格瑞博教授主编的《口腔正畸学——现代原理与技术》英文第二版中译本的出版,是我国口腔正畸学科发展中的一件大事。本书由 T·M·格瑞博教授集世界著名的口腔正畸学专家所撰写,全书分为诊断、设计与矫治技术和治疗两大篇,涵盖了口腔正畸学基础与临床的全部知识,反映了当代这一学科的最新全貌和最高水平,是这一群专家组在各自研究领域中成果与心血的结晶。本书的另一大特点表现为经由主编和全体编著者们的不懈努力,全书所编内容已由单纯的学术研究报告演绎、编排为能够为广大读者理解、吸收、受益的系统口腔正畸学教科书,从而使本书成为遍及美国和世界许多国家、地区的口腔正畸专科医师和学生不可不读、几乎人手一册的高水平专著。

T·M·格瑞博教授是当代世界口腔正畸学大师。半个世纪以来,他在口腔正畸学专科教育、口腔正畸学基础理论及口腔正畸学临床技术发展等众多领域的研究中发表、出版了大量论文和专著,取得了令同道们瞩目的巨大成果,从而为世界口腔正畸学界公认和推崇。

T·M·格瑞博教授与中国口腔正畸学界的交流与合作已有较长的时间。我初识 T·M·格瑞博教授是在 1981 年的美国芝加哥。当时我在芝加哥西北大学访问进修,而他正任教于芝加哥大学,同时又在美国牙医学会主持一个口腔正畸基础理论研究的实验室工作。常常有机会同他一起探讨中国口腔正畸学的进步与发展。他十分关心中国口腔正畸学的进展情况,言谈话语中表现出对中国口腔正畸事业极大的关注与热切的期望。T·M·格瑞博教授先后两次偕夫人(美国著名社会学家)来我国访问交流。他在访问北京医科大学时所作的关于颞下颌关节病及磁力正畸的精彩讲演,给大家留下了深刻的印象。

近十余年来我国口腔正畸学科取得了长足的进步与发展,其原因之一即是加强了国际交流——在众多的国际交流中学习、借鉴、引进大量的国外先进技术和知识。今天《口腔正畸学——现代原理与技术》中译本的出版,无疑给中国口腔正畸学者带来新的知识更新,为中国口腔正畸学科注入新的营养,一定受到中国口腔学界的关注与欢迎。这同时又是 T·M·格瑞博教授为促进中美两国口腔正畸学界的交流和促进中国口腔正畸学科走向世界所作的重要贡献,值此我谨代表中国口腔正畸工作者对 T·M·格瑞博教授表示衷心的感谢。

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1996.5,于北京

译者的话

T. M. Graber 教授主编的《口腔正畸学——现代原理与技术》一书的最早版本始于1969年他所主编的口腔正畸学研究生教科书。随着正畸学的进步与发展,以后的版本中参与编写的著名专家、学者不断扩大,所选内容不断去粗取精、推陈出新,最后推出了广为流行于世界的1985年正式版本。

本版本则在1985年版本基础上又作了进一步修改、更新和完善,成为了当今世界上内容最丰富全面、作者知名度最高、阵容最强、最能反映当今世界口腔正畸学最新进展及最高水平的经典巨著。全书分诊断基础及临床技能两大部分,共十六章,分别代表各位作者在各自领域的研究成果,全书倾注了作者长期乃至一生的心血。

笔者1992—1993年在美国学习期间有幸从师于T. M. Graber教授名下,幸会了本书部分作者,深深感触于他们对事业的执着追求,超人的敬业精神以及对中国人民的友情和对中国口腔正畸学发展的关注。

受T. M. Graber教授委托,由昆明医学院牵头,联合了华西医科大学、上海第二医科大学的部分口腔正畸学者,组成了以正畸学博士、硕士、副高职以上的医师为主体的12人翻译小组,在我国著名口腔正畸学家傅民魁教授、罗颂椒教授的指导下,经过了一年余的共同努力,完成了本书中文版复杂的版权申请、翻译、出版工作。T. M. Graber教授及有关作者、Mosby出版社在版权申请中作了大量卓有成效的工作,我们对他们的鼎力支持与真诚合作表示深深的谢意!

在翻译中我们本着忠实原著、译意准确、表达清楚的原则,经过了多次反复修改、审核、校对,以力求体现原著的风格及内涵。但由于译者水平和学识所限,谬误及疏漏之处仍在所难免,恳请各位专家、同仁及读者批评指正。本书在写作风格上有别于传统的中国教科书,除阐明作者的观点、研究结果外,还包含了很多不同学术观点的讨论,引用并罗列了大量的参考文献。为此,中译本保留了原著所标明的引文序号以及各章书末所附的参考文献,以便读者作进一步研究时查寻、参考。

发展与创新离不开学习和借鉴,但学习和借鉴不能替代发展与创新。不同国家、地区,不同学派所持观点并不完全一致,在争议中不断更新和完善是世界及中国正畸学发展的历史。在科学面前,没有一成不变的真理。本书的价值是无可估量的,但仅供国人在医疗、教学、科研各领域参考使用。

要特别指出的是,傅民魁、罗颂椒、赵美英、陈扬熙教授对中译本作了认真的审校及修改,在此我代表全体译者深表感谢!

还必须指出,在本书的翻译及出版过程中,得到了云南省科委、云南省教委、云南省科技信息研究所、云南省国外智力引进办公室、昆明医学院、昆明医学院口腔系各级党政领导和有关同志的极大关心和支持,在此深表谢意!

天津科技翻译出版公司的李丕章副译审为保证本书的出版付出了艰辛的努力,昆明医学院口腔系李杰教授、吴荣忠教授、王平副教授也给予了真诚的关心和帮助,在此也一并致谢!

但愿译者的努力为国际交流的友谊之桥增砖添瓦,在中国口腔正畸学繁荣与发展的进程中奉献一份力量。

徐 芸

1996年7月于昆明医学院



Dr. Brainerd F. Swain

The authors who have contributed to this book are sharing knowledge that they have accumulated from many years of study, research, and practice. These practitioners differ in background and technique, but they have a common commitment in seeking to improve orthodontic treatment. One who has served as an inspiration to us all by personal example of a lifetime dedicated to the highest standards of orthodontics is Dr. Brainerd F. Swain. Always in search of new information and eager to share it, Dr. Swain has remained both student and teacher throughout his professional life; a legacy of his lifetime achievements has been set down in the previous editions of this text, which he coauthored.

Dr. Swain is revered as the great gentleman of our specialty. His participation, along with his gracious manner and ethical values, elevates the quality of every meeting he attends. His wonderful personality and willingness to do more than his share benefit his patients and friends, as well as assorted organizations, societies, and universities. It was a proud moment for orthodontics when Dr. Swain received the Ketcham Award. His professional accomplishments and creative contributions are astonishing in number, but the chief reason for the enormous respect and love we have for Barney is his unique, warm, and honorable character.

We take special pride in dedicating this book to you, Barney.
We thank you for your cherished friendship and for your passion for orthodontics!

The Authors

第一部分

诊断和治疗计划

口腔正畸学诊断与矫治计划是正畸学中最重要的一部分。在正畸学史上，正畸学曾与医学科学紧密联系在一起。正畸学的发展，从这一观点来看，正畸学曾与医学科学紧密联系在一起。正畸学的发展，从这一观点来看，正畸学曾与医学科学紧密联系在一起。正畸学的发展，从这一观点来看，正畸学曾与医学科学紧密联系在一起。正畸学的发展，从这一观点来看，正畸学曾与医学科学紧密联系在一起。

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口腔正畸学诊断与矫治计划

1

WILLIAN R. PROFFIT
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“正畸学诊断要求将各种各样的因素综合归纳为一独立有序的问题表,并据此确定矫治方案”。

口腔正畸学诊断与矫治计划的制定

总的来说,正畸治疗的目的是通过改善牙齿、颌骨功能及牙面美观来提高人体生命的功能。从这一点看,正畸学与某些医学科学如矫形学(orthopedics)、整形外科(plastic surgery)有着类似之处,这些学科病人的问题往往不是来源于疾病,而是由于发育的异常。由于卫生保健的范围已从单纯的解除病痛发展到追求健康模式,口腔正畸学显然已被看作是一种与身体机能及心理健康有关的卫生保健。错殆畸形本身不是疾病,而是对人体机能及心理有着潜在性影响的残疾。

更具体地说,口腔正畸的目的是在正常功能及生理适应范围内获得最完善的牙的咬合接触、可接受的牙面美观及一定的稳定性。由于牙面关系的千变万化,可供选择的治疗方法多种多样,即使是有经验的正畸医生,要对正畸治疗作出决定也是棘手的。初学者对几种治疗计划都可成功地矫治同一错殆感到无所适从,对不必追求单一的最好方法去处理某一特定的错殆畸形这种观念更难以理解。存在几种同样有效的矫治方法并不意味着制定计划简单,情况恰恰相反,找出病人的问题所在是构成诊断的首要步骤。治疗计划的制定还必须包括一序列逻辑分析步骤,这样才能最大限度地有利于病人。

正畸学诊断在近几年内观念有所更新,诊

断偏重于牙殆畸形所致的功能及心理障碍。治疗计划的制定变化更为明显,主要表现在病人与医生之间加强了相互间的联系。过去,医生制定出最佳方案,病人要么接受,要么放弃,病人考虑余地很少。今天医生则需要尊重病人或家长的意见,指出存在问题,介绍各种可能的治疗方法,并说明包括不作治疗在内的各种方案的优缺点。病人或家长在考虑医生建议的基础上选择自认为最合适的治疗方案。医生确定方案已转变为医生与病人共同确定方案。

当前正畸医生面临的难题是如何坚持美国正牙协会道德法规所制定的义务,既要保证最高的正畸服务质量,又要尊重病人意见,定出最适合于病人的治疗计划。病人的要求与医生认为的病人所需之间会产生冲突。作为自我决定的一方,病人有权决定做什么、不做什么。最近美国牙科协会(ADA)道德法规更改为:“牙科医生最基本的职业责任是服务于公众,在临床范围内,从病人的需要与愿望出发,提供合格的、及时的、高质量的服务是本义务的重要内容。”而原有 ADA 道德法规是这样指出的:“向公众提供最高水平的服务是牙科医生不可更改的义务……。”关键在于是医生,还是病人决定是否治疗,作什么样的治疗。我们将在本章结束时讨论正畸医生如何取得与病人的一致,以最大限度减少来自医生的独断之弊。

这是家长制与独立意识间的一场纷争。家长制要求一个人的所为要有益于他人,而不顾