



Review Article

Current landscape of orthodontic progress: Where we stand today! A comprehensive review

Sreejit Saha¹*, Meghnaa Subbarayalu¹, Narayana Iyer Ramana Ramya Shree¹, S. Mahendra^(D), Aravind S Raju^(D), BS Chandrashekar^(D), CM Mahesh^(D), Nishan Ansari¹⁰

¹Dept. of Orthodontics and Dentofacial Orthopedics, Krishnadevaraya College of Dental Sciences and Hospita, Bangalore, Karnataka, India



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ABSTRACT

The orthodontic field has undergone a transformative evolution marked by recent advances, encompassing innovations in appliances, diagnostic aids, bonding, materials and AI. A notable progression includes the integration of 3D imaging systems and its application in the field of Orthodontics.

Over the past decade, orthodontics has experienced substantial growth propelled by advancements in brackets, bonding agents, technology, and the incorporation of mini-implants. The imperative for heightened efficiency in orthodontic clinics has spurred technological improvements aimed at facilitating superior, quicker, and more convenient patient treatment.

Recent breakthroughs in orthodontics have revolutionized clinical practices, elevating efficiency and broadening the array of available treatment options. These innovations contribute to increased patient throughput, enabling orthodontists to provide enhanced care. The continual evolution of orthodontic technologies ensures a dynamic and responsive field, marked by ongoing endeavours to refine and advance treatment modalities.

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1. Introduction

Orthodontics stands as a dynamic and ever-evolving field, continually integrating cutting-edge technologies and pioneering treatments. As orthodontic professionals, it is imperative for us to stay abreast of these innovations, ensuring our patients have access to the latest and most exceptional options for achieving a radiant and healthy smile.

In response to evolving societal standards and technological progress, there has been a notable shift toward prioritizing both comfort and style in orthodontic treatments. The demand for inconspicuous and more

comfortable solutions has witnessed a significant upswing.

The realm of orthodontics has seamlessly integrated into the technological revolution, marked by the advent of novel materials, digital imaging, and computerized treatment planning. These advancements have not only led to visually appealing solutions but also contributed to the reduction of treatment durations and enhancement of the overall patient experience.

Remaining well-informed about these progressive treatment options is of paramount importance. Whether you are a potential patient, a dental professional, or simply intrigued by the advancements in dental science, gaining insights into these innovations offers a glimpse into the future trajectory of orthodontic care.

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* Corresponding author.

E-mail address: sreejitsaha.27@gmail.com (S. Saha).

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2. Discussion

2.1. Current and emerging uses of technology in orthodontics

2.1.1. Diagnostic Aids

The realm of orthodontics has experienced a transformative surge in recent years, driven by groundbreaking advancements in diagnostic aids. These innovations have revolutionized the field, empowering orthodontists with unparalleled diagnostic capabilities for precise treatment planning and assessment. Here, we delve into the multifaceted landscape of diagnostic technologies that have reshaped orthodontics.

Virtual Orthodontic Approaches: Leveraging 3D imagery and four-dimensional face dynamics, virtual orthodontic patients can be created, allowing for in-depth investigations into soft and hard tissue dynamics.

A subspecialty of digital orthodontics known as "virtual orthodontics" makes use of a variety of cloud-based platforms and technologies, some powered by artificial intelligence (AI) and others not. These tools have the potential to enhance patient-doctor interactions in terms of communication, education, and practice efficiency.

In assessing the precision of virtual orthodontic setups for simulating treatment outcomes and their potential integration into orthodontic practice and education, a systematic search spanning January 2000 to November 2022 was conducted across five electronic databases: PubMed, Scopus, Embase, ProQuest Dissertations & Theses Global, and Google Scholar. The review, encompassing twenty-one articles, revealed a moderate risk of bias in all studies.

Data were categorized into three groups:

- 1. Virtual setup versus manual setup;
- 2. Virtual setup versus actual outcomes in clear aligner treatment;
- 3. Virtual setup versus actual outcomes in fixed appliance treatment.

Although statistically significant differences emerged between virtual setups and actual treatment outcomes, these disparities were deemed clinically acceptable.

The systematic review advocates for the implementation of orthodontic virtual setups in practice and education, citing their clinically acceptable accuracy. Nonetheless, the call for high-quality research remains imperative to validate the precision of virtual setups in faithfully simulating treatment outcomes.¹

Beyond diagnostic aids, recent orthodontic advances extend to treatment modalities:

Nanotechnology in Orthodontics: Nanotechnology finds applications in orthodontics, including nanocoatings in archwires and smart brackets with nanomechanical sensors.

Significant advancements in nanotechnology have been made in several industries, most notably electronics. Nano

electronics, as applied in the field of nanotechnology, describes electronic components and research aimed at enhancing features such as size, power consumption, and useful device display. IoT(Internet of Things) has been the subject of numerous scientific investigations, leading to new technical developments in recent years. With its rapid expansion, IoT is thought to be the most promising and advanced part of web-based technology. The detection and prevention of dental caries, periodontal diseases, oral malignancies, and other oral problems may be improved using the Internet of Dental Things (IoDT). In addition, IoDT is essential for data collecting and monitoring in the oral healthcare system, providing dentists with cuttingedge risk assessment methods. Smart orthodontic brackets' main objective is to control and regulate tooth movement more effectively. These innovative brackets are built upon advanced IoDT and nano electronics technology, enabling precise control over the direction, amount, and speed of tooth movement.²

Microsensor Technology: Microsensor technology aids in monitoring the wear of removable appliances, contributing to more precise treatment adjustments.

A commercial system called Sunrise System was recently described. It consists of a wearable sensor the size of a coin that is embedded with an IMU. Mandibular motion detection is made possible by the extraoral attachment of the sensor to the patient's chin. The tiny IMU sensor sends mandibular movement data to a specialised smartphone application, which at the conclusion of the recording instantly moves the data to a cloud-based infrastructure. A specialised machine learning system that automatically scores respiratory and sleep episodes is used for data analysis. This wearable sensor's ability to track mandibular motion has demonstrated promise for both treating bruxism and diagnosing OSA.³

The recent surge in diagnostic aids and treatment modalities has propelled orthodontics into a new era of precision, efficiency, and patient-centric care. These advancements underscore the commitment of the orthodontic community to staying at the forefront of innovation for the benefit of patients and the evolution of the field.⁴

3. Nanobioadhesion in Bonding

Nethivalavan et al. conducted a study to assess the efficacy of bioactive glass-based adhesives in preventing demineralization around orthodontic brackets and to evaluate their physical and mechanical properties as potential orthodontic bonding agents. Mesoporous bioactive glass (MBG) was synthesized using an enhanced sol-gel method, resulting in 12 experimental groups with varying surfactant-to-oil ratios. After six months of pH cycling in vitro to simulate oral conditions, properties were analyzed and compared with Transbond XT adhesive as the control.

SEM analysis revealed spherical morphology in MBG particles. The newly developed orthodontic bonding material (BG) exhibited favorable mechanical properties with a bond strength of 7.2 MPa, indicating suitability as a bonding agent. Subsequent SEM analysis after simulated salivary conditions showed reduced demineralization potential comparable to conventional bonding resin (TBXT), suggesting clinical acceptance.

The study's findings indicated that MBG-based adhesives effectively mitigated superficial surface demineralization during in vitro caries challenges, showcasing promising properties for orthodontic use. The optimal surfactant-to-oil ratio of 0.016514 demonstrated superior overall performance. The study concluded that the MBG-based adhesive demonstrated reduced demineralization effects and optimal physical and mechanical qualities for orthodontic applications.⁵

4. 3D Printing Technologies

3D printing has revolutionized orthodontics, employing various techniques such as Fused Deposition Modelling (FDM), Selective Laser Sintering (SLS), Electron Beam Melting (EBM), Digital Light Processing (DLP), and PolyJet. FDM utilizes thermoplastics like ABS and PLA, offering minimal post-processing and a low layer thickness of 127 μ m, ideal for orthodontic devices like retainers and aligners. SLS uses powder materials for support-free printing, while EBM focuses on metal powders like titanium for strong structures, particularly in orthopedics. DLP utilizes photopolymers for fast printing with a layer thickness below 30 μ m, suitable for orthodontic working models. Inkjet 3D Printing (3DP/IJP) involves adding a binder liquid to a powder substrate, with PolyJet providing diverse material use.

Recent advances, particularly in Stereolithography (SLA), have transformed orthodontic model manufacturing, allowing accurate reproduction without traditional impressions. 3D-printed models find applications in creating precision orthodontic appliances like retainers and aligners. Studies compare different 3D printing technologies, emphasizing differences in precision and accuracy. Despite concerns, 3D printing proves beneficial in orthodontic diagnosis, treatment planning, and appliance customization.

In a 2023 AJODO study by Gianluigi Fiorillo et al., a CAD-CAM indirect bonding technique utilizing a customized 3D-printed transfer tray and a flash-free adhesive system demonstrated high accuracy in orthodontic bonding. The in vivo evaluation on 106 teeth showed an overall bonding inaccuracy of 0.35 mm, below the clinical acceptability limit. This study highlights the potential of 3D printing for precise orthodontic applications, emphasizing the importance of adhering to scientific and manufacturer recommendations for continued advancements in the field.^{6,7}

A further development included the launch of the initial orthodontic Computer-Aided Design (CAD) software, enabling the on-site creation and printing of personalized brackets known as Ubrackets. (Coruo, Limoges, France).⁸

The synergy of in-office bracket customization is embodied in the Ubrackets CAD software, enabling orthodontists to design and produce personalized brackets on-site, eliminating the need for external services. The process involves intraoral scanning, customized bracket design in the Ubrackets software, 3D printing, and a post-printing procedure, such as UV curing or debindingsintering for zirconia brackets. This in-house approach to designing and printing customized orthodontic brackets is an emerging trend likely to shape the future of orthodontics, facilitated by the precision of Ubrackets software.⁹

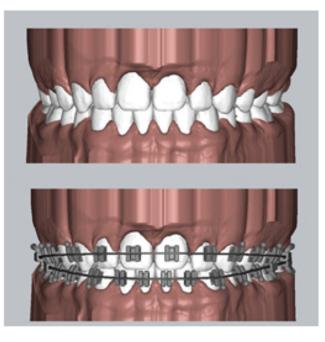


Figure 1: Customized bracket using ubracket software⁸

4.1. Properties of 3D printable materials with clinical significance for intraoral application in orthodontics

The above review examined the available evidence on 3D printable materials and techniques for orthodontic appliances, with a focus on clinically relevant material properties. Out of 669 initially retrieved citations, 47 articles were included in the qualitative review. Most articles presented proof-of-concept clinical cases detailing the digital workflow for various appliances. Aligners fabrication through 3D printing, particularly using Dental LT Clear Resin (Formlabs) and Tera Harz TC-85 (Graphy), was extensively investigated. However, there was a lack of standardized protocols for testing mechanical properties

and assessing biocompatibility, particularly considering intraoral conditions' impact on eluents release. Aesthetic properties of 3D-printed appliances and evidence on 3Dprinted metallic appliances were found to be limited. The review underscores the need for international standards in laboratory testing and calls for further clinical trials to strengthen the scientific evidence on 3D printable orthodontic materials and techniques.¹⁰

4.2. Teledentistry

In the realm of orthodontics, teledentistry has swiftly materialized as a tangible reality, particularly bolstered by the advent of orthodontic aligners. This innovative approach integrates virtual checkups, leveraging remote monitoring technology to assess treatment progress without the need for in-person appointments. Teledentistry in orthodontics serves a myriad of purposes, encompassing diagnosis, planning, consultation, monitoring oral hygiene, coordinating with elastics, and assessing alignment or correcting malocclusion post-orthopedic appliance use.^{11–13}

A recent study highlighted that 60% of American orthodontists have adopted teledentistry, with 45% planning to incorporate it into their treatment routines.¹⁴ The COVID-19 pandemic prompted the introduction of virtual treatment monitoring, with subsequent studies demonstrating the practicality of teledentistry in emergency situations and its potential applicability in regular circumstances.^{15–17}

A scoping review emphasized the diverse applications of teledentistry in orthodontics, including ceph allometric diagnostic apps, reminder apps, and remote monitoring via apps.¹⁸ While models generated from photos and videos are clinically accurate, proper patient training is essential for obtaining adequate images. Motivating patients throughout treatment is crucial to prevent non-cooperation.¹⁹

Remote monitoring has proven effective for rapid maxillary expansion, showing comparable outcomes to traditional assessments. Patients express preferences for remote follow-up, and continuous monitoring enhances cooperation, precision, and optimal aligner use.^{20–22} Meta-analysis indicates that teledentistry during orthodontic treatment with aligners reduces the time to start refinement and the number of face-to-face visits, offering a convenient option for patients.^{23–25}

5. Machine Learning

Artificial Intelligence (AI) has been a prominent focus in scientific research, impacting daily life (Abhimanyu et al., 2020; Dolci, 2017; Wang et al., 2020; Yanhua, 2020). AI involves computers learning from data inputs to find optimal, adaptive solutions independently of humans (Legg & Hutter, 2007; Visvikis et al., 2019), evolving into the distinct field of machine learning (ML).



Figure 2: Tele-dentistry in Orthodontics²⁶

In Landmark Identification, various AI algorithms are employed.

- 1. The Active Shape Model (ASM) captures shape and grey profile variations in lateral cephalograms (Yue et al., 2006).
- A customized open-source CNN deep learning algorithm demonstrates comparable precision to experts using high-quality data (Kunz et al., 2020).
- 3. You-Only-Look-Once version 3 (YOLOv3) shows clinically insignificant detection errors and superior reproducibility (Hwang et al., 2020; Park et al., 2019).
- A hybrid approach combines 2D ASM and 3D knowledge-based models for improved accuracy and speed (Montúfar, Romero & Scougall-Vilchis, 2018).
- 5. Entire image-based CNN, patch-based CNN, and variational autoencoder achieve high accuracy in 3D landmark annotation with limited CT data (Yun et al., 2020).
- 6. VGG-Net, trained with diverse 2D images, forms stereoscopic craniofacial structures (Lee et al., 2019).

For *Cervical Vertebrae Stage Determination*, various AI algorithms exhibit different precision, with artificial neural networks (ANN) recommended for overall stability (Kök, Acilar & Izgi, 2019).

In Teeth-Extraction Decision-Making, a two-layer neural network provides a detailed plan for orthodontic treatment (Jung & Kim, 2016). Supervised ML techniques demonstrate good accuracy in predicting extraction patterns, emphasizing the importance of cephalometric and demographic indicators (Leavitt et al., 2023). The study suggests future research avenues for enhanced accuracy, including larger sample sizes and clinician consensus.²⁷

6. Clear Aligner Materials

Amidst the rapid advancements in biomaterials and computer-aided design (CAD) and manufacturing (CAM), clear aligner therapy (CAT) has emerged as a promising alternative to traditional Fixed appliances (FAs) in orthodontics.²⁸ The materials employed for manufacturing clear aligners include polymers such as polyester, polyurethane, co-polyester, polypropylene, polycarbonate, ethylene vinyl acetate, and polyvinyl chloride.^{29–31}. Evolving from single-layered to third-generation multilayered materials, these aligners often comprise both hard and soft layers, providing elasticity for smooth seating and durability for strength³².

Align Tech emphasizes the importance of new materials offering enhanced elasticity and consistent forces for improved clinical efficacy.³³ A study comparing two types of aligner materials demonstrated structural modifications leading to increased hardness and hyper-plasticity, with no significant difference in clinical outcomes assessed by the Peer Assessment Rating (PAR) score reduction.^{29,34}

Polymer blends, incorporating different polymers like polyester, polyurethane, and polypropylene, aim to enhance the mechanical properties of clear aligners. Studies on polymer blending reveal improved mechanical and chemical properties, ultimately enhancing clinical performance. 30,35-39 Blending ratios significantly influence the features of the polymer blend, with specific ratios showing superior mechanical properties and sustainable orthodontic forces.^{30,38} The ratio used to blend the polymers has an enormous effect on the blend's characteristics. For instance, blending PETG/poly carbonate (PC)/TPU at a ratio of 70/10/20 resulted in better mechanical properties in comparison to other blending ratios, and was shown to exhibit sufficient and sustainable orthodontic forces than other commercialized products. Similarly, PETG/PC2858 blended at a 70/30 ratio, expressed the best combination of tensile strength, impact strength and elongation at break.

In the world of 3D printed aligner materials, direct printing offers advantages over thermoforming processes, providing better geometric accuracy, precision, fit, efficacy, mechanical resistance, and reproducibility.⁴⁰ Materials utilized for 3D printing in orthodontics include acrylonitrile-butadiene-styrene plastic, stereolithography materials, polylactic acid, polyamide, glass-filled polyamide, silver, steel, titanium, photopolymers, wax, and polycarbonates.⁴¹ Graphy introduces Tera Harz TC-85, a photopolymer material for 3D printing clear aligners, offering biocompatibility, transparency, and durability in various colours.

Bioactive materials integrated into clear aligners contribute to novel approaches in orthodontics. A randomized clinical trial compared clear aligners, selfligated brackets, and conventional brackets in terms of oral hygiene, revealing no significant differences. However, modifications enable clear aligners to be used as a long-term drug delivery system for patients with P. gingivalis infection.^{42,43} Coating aligners with gold nanoparticles (AuDAPT) exhibits antibacterial effects, slowing biofilm formation and presenting favorable biocompatibility.⁴⁴ Cellulose-based clear aligner material loaded with essential oils, such as cinnamaldehyde, demonstrates antimicrobial properties.⁴⁵

In the context of 3D printed orthodontic splints, Raszewski et al.⁴⁶ introduced materials enriched with bioactive glass fillers, showcasing desirable bioactive properties. Additionally, innovations in aligner materials, such as shape memory polymers, direct 3D printed clear aligners, and bioactive materials combined with clear aligner materials, hold promise for advancing CAT applications.⁴⁷

Environmental responsibility in aligner manufacturing and use is highlighted, emphasizing the need for biodegradable materials and aligner technologies that align with sustainability goals.⁴⁸ Overall, the continuous evolution of aligner materials and technologies reflects a dynamic landscape in orthodontics, pushing the boundaries of innovation for improved patient outcomes.

7. Robotic Application in Orthodontics

Orthodontics, a field focused on improving the efficacy of patient treatments, has not been exempt from this technological revolution.⁴⁹

Defined as the "intelligent connection between perception and action," robotics, an interdisciplinary field merging computer science and engineering, has become an integral part of various industries, including orthodontics.⁵⁰ The versatility of robots, characterized by mechanical construction, electrical components, and computer programming, is evident across diverse applications.⁵¹

In the context of orthodontics, the implementation of robots has become particularly relevant in response to the challenges posed by the COVID-19 pandemic. Robotic assistants have the potential to alleviate the workload on human assistants, allowing them to focus on tasks requiring social interaction, diagnosis, treatment planning, and high cognitive demands⁵²

The digitization of orthodontic records and the advent of 3D simulations have paved the way for robotic applications in accurate X-ray imaging, 3D cephalometric annotation, and simulation of various aspects of the stomatognathic system.^{53–62} Nanotechnology, encompassing nanomaterials, nanobiotechnology, and nanorobotics, has contributed to efficient treatment outcomes, including the acceleration of tooth movement and the development of smart brackets with integrated



Figure 3: Application of robotics in the field of Orthodontics 49

nanomechanical sensor systems. 63-71

Robots have also made significant contributions to implant placement and maxillofacial surgeries, enhancing precision and efficiency. The surge in demand for aligners has led to the development of robotic systems for the efficient fabrication of custom-made orthodontic appliances, showcasing advancements in scanning and automation technology.^{72,73}

Furthermore, robotics has played a vital role in the education and training of orthodontic professionals. Training robots designed for dental education have been explored since 1969, providing heuristic value by simulating actual mastication and facilitating the exploration of different scenarios.^{74–79}

The last decade has witnessed remarkable progress in robotic wire bending and the customization of CAD/CAM appliances, exemplified by the development of robots such as Sure Smile, Incognito, LAMDA, Insignia, and BRIUS appliances.^{80–90} These robots contribute to the accuracy and efficiency of arch wire bending, a crucial aspect of fixed orthodontic treatment.⁹¹

As technology advances, the incorporation of machine learning (ML) and artificial intelligence (AI) into robotic systems has further enhanced their capabilities. ML enables robots to self-improve based on large amounts of data, while AI facilitates autonomous and symbolic task planning, enabling robots to adapt to new circumstances.^{92,93}

Over-all robotics has ushered in a new era of datadriven and robot-assisted medicine in orthodontics. The integration of AI and ML has led to significant improvements in precision and treatment success. However, challenges remain, including the need for increased intuitiveness, broader educational efforts, and the introduction of affordable systems to fully integrate robotics into orthodontic practices. Areas such as arch wire bending, simulative robots, and surgical robots have seen significant research, while assistive robots, patient robots, and automated aligner production robots require further scientific investigation.⁹³ The orthodontic field is poised for continued advancements as technology evolves, with the potential for broader applications and enhanced patient care.

8. Conclusion

The fields of dentistry and orthodontics are experiencing rapid transformations, poised to enhance the quality, precision, and cost-effectiveness of care. While the integration of patient biology into treatment decisions has trailed behind technological innovations, the convergence of omics, targeted biologics, bioactive agents, smart drug delivery, and deep clinical phenotyping with big data and AI is set to drive significant advancements in our profession. Looking ahead, the combined impact of recent breakthroughs and the forthcoming wave of innovation in materials, 3D technologies, smart devices, AI, and omics paints a compelling vision for the future of precision orthodontics.

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None.

10. Conflict of Interest

None.

References

- Saxe AK, Louie LJ, Mah J, Nakornnoi T, Chintavalakorn R, Santiwong P, et al. The accuracy of virtual setup in simulating treatment outcomes in orthodontic practice: a systematic review. *World J Orthod*. 2010;11(1):41. doi:10.1038/s41405-023-00167-3.
- Niknam O, Shamohammadi M, Ataei Z, Rakhshan V. Combined Effects of Different Bracket Bonding Adhesives and Different Resin Removal Methods on Enamel Discoloration: A Preliminary Study. *Int J Dent.* 2023;p. 8838264. doi:Abstract.
- Prasad S, Arunachalam S, Boillat T, Ghoneima A, Gandedkar N, Bakirly SD. Orofacial Technology and Orthodontics. *Dent J*. 2023;11(1):24. doi:10.3390/dj11010024.
- Baxi S, Shadani K, Kesri R, Ukey A, Joshi C, Hardiya H. Recent Advanced Diagnostic Aids in Orthodontics. *Cureus*. 2022;14(11):e31921.
- Nethivalavan M, Parihar AV, Upadhyay C, Sharma VK, Chaturvedi TP, Das AK. Integration of Nanobioadhesion in Orthodontic Bonding: An In Vitro Study. *J Indian Orthod Soc*. 2023;57(4):260–7.
- Bartkowiak T, Śliziuk AW. 3D printing technology in orthodonticsreview of current applications. J Stomatol. 2018;71(4):356–64.
- Fiorillo G, Campobasso A, Caldara G, Battista G, Muzio L, Mandelli E. Accuracy of 3-dimensional-printed customized transfer tray using

a flash-free adhesive system in digital indirect bonding: An in vivo study. *Am J Orthod Dentofac Orthop*. 2023;164(4):505–20.

- Panayi NC. In-office Customized Brackets: Aligning with the Future. *Turkish J Orthod*. 2023;36(2):143–51.
- Panayi NC. 3D Printing of in Office Custom-Made Brackets: Concept, Design, Production and Evidence. *Semin Orthod*. 2023;29(1):11–6.
- Goracci C, Juloski J, Amico D, Balestra C, Volpe D, Juloski A, et al. Clinically relevant properties of 3D printable materials for intraoral use in orthodontics: a critical review of the literature. *Materials*. 2023;16(6):2166.
- Hansa I, Semaan SJ, Vaid NR, Ferguson DJ. Remote monitoring and "Teleorthodontics": concept, scope, and applications. *Semin Orthod*. 2018;24(4):470–81.
- Dunbar AC, Bearn D, Mcintyre G. The influence of using digital diagnostic information on orthodontic treatment planning - a pilot study. J Healthc Eng. 2014;5(4):411–38.
- Roisin LC, Brezilier D, Sorel O. Remotely-controlled orthodontics: fundamentals and description of the Dental Monitoring system. J Dentofac Anom Orthod. 2016;19(4):408.
- Hansa I, Katyal V, Semaan SJ, Coyne R, Vaid NR, Favero L, et al. Artificial Intelligence Driven Remote Monitoring of orthodontic patients: clinical applicability and rationale. *Eur J Paediatr Dent*. 2009;27(2):163–70.
- Lamb JR, Shroff B, Carrico CK, Sawicki V, Lindauer SJ. Adaptations in orthodontics for current and future coronavirus disease 2019 best practices. *Am J Orthod Dentofac Orthop.* 2023;164(1):45–56.
- Bianco A, Dalessandri D, Oliva B, Isola G, Tonni I, Bonetti S. COVID-19 and Orthodontics: an approach for monitoring patients at home. *Open Dent J.* 2021;15:87–96.
- Putrino A, Caputo M, Giovannoni D, Barbato E, Galluccio G. Impact of the SARS-Cov2 pandemic on orthodontic therapies: an Italian experience of teleorthodontics. . *Pesqui Bras Odontopediatria Clín Integr.* 2020;20:100.
- Saccomanno S, Quinzi V, Sarhan S, Laganà D, Marzo G. Perspectives of tele-orthodontics in the COVID-19 emergency and as a future tool in daily practice. *Eur J Paediatr Dent*. 2020;21:157–63.
- Vaid NR, Hansa I, Bichu Y. Smartphone applications used in orthodontics: a scoping review of scholarly literature. J World Fed Orthod. 2020;9(3):67–73.
- Morris RS, Hoye LN, Elnagar MH, Atsawasuwan P, Galang-Boquiren M, Caplin J, et al. Accuracy of Dental Monitoring 3D digital dental models using photograph and video mode. *Am J Orthod Dentofac Orthop.* 2019;156(3):420–8.
- Kuriakose P, Greenlee GM, Heaton LJ, Khosravi R, Tressel W, Bollen AM, et al. The assessment of rapid palatal expansion using remote monitoring software. *J World Fed Orthod*. 2019;8(4):165–70.
- Moylan HB, Carrico CK, Lindauer SJ, T€ufekci E. Accuracy of a smartphone-based orthodontic treatment-monitoring application: A pilot study. *Angle Orthod*. 2019;89(5):727–60.
- 23. Hansa I, Katyal V, Ferguson DJ, Vaid N. Outcomes of clear aligner treatment with and without dental monitoring: a retrospective cohort study. *Am J Orthod Dentofac Orthop.* 2021;159(4):453–62.
- Byrne E, Watkinson S. Patient and clinician satisfaction with video consultations during the COVID-19 pandemic: an opportunity for a new way of working. *J Orthod*. 2021;48(1):64–73.
- Torres DKB, Santos M, Normando D. Is teledentistry effective to monitor the evolution of orthodontic treatment? A systematic review and meta-analysis. *Dental Press J Orthod*. 2023;28(4):2322195.
- Available from: https://get.teledentix.com/teledentistry-software-fororthodontists.
- Leavitt, Volovic L, Steinhauer J, Mason L, Eckert T, Dean G. Can we predict orthodontic extraction patterns by using machine learning? *Orthod Craniofac Res.* 2023;26(4):552–61.
- Iliadi A, Koletsi D, Papageorgiou SN, Eliades T. Safety Considerations for Thermoplastic-Type Appliances Used as Orthodontic Aligners or Retainers. A Systematic Review and Meta-Analysis of Clinical and In-Vitro Research. . *Materials (Basel)*. 2020;13:1843.
- Hartshorne J, Wertheimer MB. Emerging insights and new developments in clear aligner therapy: a review of the literature. Am J

Orthod Dentofac Orthop Clin Companion. 2022;2(4):311-35.

- Zhang N, Bai Y, Ding X, Zhang Y. Preparation and characterization of thermoplastic materials for invisible orthodontics. *Dent Mater J*. 2011;30(6):964–59.
- Condo R, Mampieri G, Giancotti A, Cerroni L, Pasquantonio G, Divizia A. SEM Characterization and ageing analysis on two generations of Invisible aligners. *BMC Oral Health*. 2021;21(1):316.
- Kundal S, Aligners TS. The science of clear orthodontics. Int J Dent Medical Spec. 2020;7(1):38–42.
- Lombardo L, Marines E, Mazzanti V, Arreghini A, Molica F, Siciliani G. Stress relaxation properties of four orthodontic aligner materials: a 24-hour in vitro study. *Angle Orthod*. 2017;87(1):11–9.
- Griffith M, Fields HW, Ni A, Guo XH, Lee DJ, Deguchi T. Comparison of 2 invisalign tray generations using the peer assessment rating index. *Am J Orthod Dentofac Orthop.* 2021;160(5):718–42.
- Medellín-Rodríguez FJ, Phillips PJ, Lin JS, Avila-Orta CA. Triple melting behavior of poly(ethylene terephthalate Co-1,4-cyclohexylene dimethylene terephthalate) random copolyesters. J Polym Sci. 1998;36(5):763–81.
- Hwang SH, Jeong KS, Jung JC. Thermal and mechanical properties of amorphous copolyester (PETG)/LCP blends. *Eur Polym J*. 1999;35(8):1439–82.
- Poomali S, Sureshac B, Lee JH. Mechanical and three-body abrasive wear behavior of PMMA/TPU blends. *Mater Sci Eng A*. 2008;492(1-2):486–90.
- Ma YS, Fang DY, Zhang N, Ding XJ, Zhang KY, Bai YX, et al. Mechanical properties of orthodontic thermoplastics PETG/PC2858 after blending, Chin. J Dent Res. 2016;19(1):43–51.
- Seeger P, Ratfisch R, Moneke M, Burkhart T. Addition of thermoplastic polyurethane (TPU) to poly(methyl pethacrylate) (PMMA) to improve its impact strength and to change its scratch behavior. *Wear*. 2018;p. 68–74.
- Maspero C, Tartaglia GM. 3D Printing of Clear Orthodontic Aligners: Where We Are and Where We Are Going. *Materials (Basel)*. 2020;13:5204.
- Prasad S, Kader NA, Sujath G, Raj T. 3D printing in dentistry. J 3D Print Med. 2018;2(3):89–91.
- Chhibber A, Agarwal S, Yadav S, Kuo CL, Upadhyay M. Which orthodontic appliance is best for oral hygiene? A randomized clinical trial. *Am J Orthod Dentofac Orthop.* 2018;153(2):175–83.
- 43. Zhang M, Liu X, Xie Y, Zhang Q, Zhang W, Jiang X, et al. Biological safe gold nanoparticle-modified dental aligner prevents the porphyromonas gingivalis biofilm formation. ACS Omega. 2020;5(30):18685–92.
- Zhang S, Zhou H, Kong N, Wang Z, Fu H, Zhang Y, et al. lcysteine-modified chiral gold nanoparticles promote periodontal tissue regeneration. *Bioact Mater.* 2021;6(10):3288–99.
- Worreth S, Bieger V, Rohr N, Frauenhoffer MA, Topper T, Osmani B. Cinnamaldehyde as antimicrobial in cellulose-based dental appliances. *J Appl Microbiol*. 2022;132(2):1018–24.
- Ronca A, Maiullari F, Milan M, Pace V, Gloria A, Rizzi R, et al. Surface functionalization of acrylic based photocrosslinkable resin for 3D printing applications. *Bioact Mater.* 2017;2(3):131–7.
- Karatepe Y, Ozdemir T. Improving mechanical and antibacterial properties of PMMA via polyblend electrospinning with silk fibroin and polyethyleneimine towards dental applications. *Bioact Mater*. 2020;5(3):510–5.
- Liu H, Lu J, Jiang Q, Haapasalo M, Qian J, Tay FR, et al. Biomaterial scaffolds for clinical procedures in endodontic regeneration. *Bioact Mater*. 2021;12:257–77.
- Saxe AK, Louie LJ, Mah J. Efficiency and effectiveness of SureSmile. World J Orthod. 2010;11(1):16–22.
- 50. Sun L, Hu H, Li M. A review on continuum robot. *Robot.* 2010;32:688–94.
- Siciliano B, Khatib O, Kröger T. Handbook of Robotics. Heidelberg Springer; 2016. p. 389.
- 52. Ben-Ari M, Mondada F. Elements of Robotics. and others, editor. Springer Open; 2018.

- Grischke J, Johannsmeier L, Eich L, Griga L, Haddadin S. Dentronics: towards robotics and artificial intelligence in dentistry. *Dent Mater*. 2020;36(6):765–78.
- Burdea GC, Dunn SM, Levy G. Evaluation of robot-based registration for subtraction radiography. *Med Image Anal.* 1999;3(3):265–74.
- Burdea GC, Dunn SM, Immendorf CH, Mallik M. Real-time sensing of tooth position for dental digital subtraction radiography. *IEEE Transac Biomed Eng.* 1991;38(4):366–78.
- Gribel BF, Gribel MN, Manzi FR, Brooks SL, Mcnamara JA. From 2D to 3D: an algorithm to derive normal values for 3-dimensional computerized assessment. *The Angle Orthod*. 2011;81(1):3–10.
- Chang WL. Design of a mastication robot of lead screw and scotchyoke actuation; 2012.
- Kalani H, Akbarzadeh A, Moghimi S. A hybrid neural network approach for kinematic modeling of a novel 6-UPS parallel humanlike mastication robot. *Iran J Med Physics*. 2015;12:251–61.
- 59. Lu X, Xu W, Li X. Concepts and simulations of a soft robot mimicking human tongue; 2015.
- 60. Carossa M, Cavagnetto D, Ceruti P, Mussano F, Carossa S. Individual mandibular movement registration and reproduction using an optoeletronic jaw movement analyzer and a dedicated robot: a dental technique. *BMC Oral Health.* 2020;20(1):271.
- Edinger D. Robot system for the dental office. *Phillip J.* 1991;8(301-2).
- Edinger DH. Accuracy of a robotic system for the reproduction of condylar movements: a preliminary report. *Quintessence Int.* 2004;35(7):519–42.
- 63. Kizghin DA, Nelson CA. Optimal design of a parallel robot for dental articulation. 2019 Design of Medical Devices Conference; 2019.
- Khatria H, Khajuria A, Gupta P, Jain N. Nano-orthodontics: small is the new big. *EC Dent Sci.* 2019;18:233–72.
- Sierra DP, Weir NA, Jones JF. A review of research in the field of nanorobotics; 2005.
- Gambhir RS, Sogi G, Nirola A, Brar R, Sekhon T, Kakar H. Nanotechnology in dentistry: current achievements and prospects. J Orofac Sci. 2013;5(1):1–9.
- Govindankutty D. Applications of nanotechnology in orthodontics and its future implications: a review. Int J Appl Dent Sci. 2015;1:166–71.
- Kuroda S, Sugawara Y, Deguchi T, Kyung HM, Yamamoto TT. Clinical use of miniscrew implants as orthodontic anchorage: success rates and postoperative discomfort. *Am J Orthod Dentofac Orthop.* 2007;131(1):9–15.
- Young SR, Dyson M. The effect of therapeutic ultrasound on angiogenesis. *Med Biol.* 1990;16(3):261–9.
- El-Bialy T, Hassan A, Albaghdadi T, Fouad HA, Maimani AR. Growth modification of the mandible with ultrasound in baboons: a preliminary report. *Am J Orthod Dentofac Orthoped*. 2006;130(e14):435–42.
- Oyonarte R, Zárate M, Rodriguez F. Low-intensity pulsed ultrasound stimulation of condylar growth in rats. *The Angle Orthod*. 2009;79(5):964–70.
- Balan B, Narayanan S. Nano robotics-its time for change. Int J Oral Care Res. 2014;2:41–7.
- Kuo E, Miller RJ. Automated custom-manufacturing technology in orthodontics. Am J Orthod Dentofac Orthoped. 2003;123(5):578–81.
- Wong BH. Invisalign A to Z. Am J Orthod Dentofac Orthoped. 2002;121(5):540–41.
- Takanobu H, Okino A, Takanishi A, Madokoro M, Miyazaki Y, Maki K. Dental patient robot. and others, editor. IEEE; 2006. p. 1–32.
- 76. A dental training robot. The J Kansas State Dent Assoc. 1969;53:161.
- Takanobu H, Takanishi A, Ozawa D, Ohtsuki K, Ohnishi M, Okino A. Integrated dental robot system for mouth opening and closing training. In: Proceedings 2002 IEEE International Conference on Robotics and Automation (Cat. No. 02CH37292); 2002.
- Xu W, Bronlund JE. Mastication Robots: Biological Inspiration to Implementation. Berlin: Springer; 2010. Available from: https://link. springer.com/book/10.1007/978-3-540-93903-0.
- Butscher W, Riemeier F, Rubbert R, Weise T, Sachdeva R. Robot and method for bending orthodontic archwires and other medical devices. *Biomed Res Int.* 2004;p. 9954615. doi:10.1155/2021/9954615.

- Aldrees AM. Do customized orthodontic appliances and vibration devices provide more efficient treatment than conventional methods? *Korean J Orthod.* 2016;46(3):180–5.
- Saxe AK, Louie LJ, Mah J. Efficiency and effectiveness of SureSmile. World J Orthod. 2010;11(1):16–22.
- Larson BE, Vaubel CJ, Grünheid T. Effectiveness of computer-assisted orthodontic treatment technology to achieve predicted outcomes. *The Angle Orthod.* 2013;83(4):557–62.
- Awad MG, Ellouze S, Ashley S, Vaid N, Makki L, Ferguson DJ, et al. Accuracy of digital predictions with CAD/CAM labial and lingual appliances: a retrospective cohort study. *Semi Orthod*. 2018;24(4).
- Gilbert A. An in-office wire-bending robot for lingual orthodontics. J Clin Orthod. 2011;45:230–4.
- Gracco A, Tracey S. The insignia system of customized orthodontics. Journal of Clinical Orthodontics. 2011;45:442–51.
- Weber DJ, Koroluk LD, Phillips C, Nguyen T, Proffit WR. Clinical effectiveness and efficiency of customized vs. conventional preadjusted bracket systems. *J Clin Orthod*. 2013;47:261–7.
- Brown MW, Koroluk L, Ko CC, Zhang K, Chen M, Nguyen T. Effectiveness and efficiency of a CAD/CAM orthodontic bracket system. *Am J Orthod Dentofac Orthop.* 2015;148(6):1067–74.
- Papakostopoulou M, Hurst D. Customised fixed appliance systems and treatment duration. *Evid Based Dent.* 2018;19(2):50. doi:10.1038/sj.ebd.6401306.
- 89. Alzainal MH, Al-Jewair T. BRIUS Vs FFA efficiency; 2020.
- Zhang YD, Jiang JX. Analysis and experimentation of the robotic system for archwire bending. *Appl Mech Mat.* 2011;p. 3805–14.
- Schapire RE. The boosting approach to machine learning: an overview. Mallick B, Denison D, Hansen M, Holmes C, editors. New York, NY: Springer; 2003. p. 149–71.
- Grischke J, Johannsmeier L, Eich L, Haddadin S. Dentronics: review, first concepts and pilot study of a new application domain for collaborative robots in dental assistance; 2019.
- Neto RS, Mudrak J, Matzen LH, Christensen J, Gotfredsen E, Wenzel A. Cone beam CT image artefacts related to head motion simulated by a robot skull: visual characteristics and impact on image quality. *Dento Maxillo Fac Radiol.* 2013;42(2):32310645.

Author biography

Sreejit Saha, Student D https://orcid.org/0009-0000-0523-8251

Meghnaa Subbarayalu, Student 💿 https://orcid.org/0009-0003-5695-3986

Narayana Iyer Ramana Ramya Shree, Senior Lecturer https://orcid.org/0000-0001-6313-1065

S. Mahendra, Reader in https://orcid.org/0009-0008-7285-3711

Aravind S Raju, Reader 💿 https://orcid.org/0000-0003-1111-0136

BS Chandrashekar, Professor D https://orcid.org/0000-0002-3039-267X

CM Mahesh, Professor 💿 https://orcid.org/0009-0000-6393-567X

Nishan Ansari, Senior Lecturer (https://orcid.org/0000-0001-6954-4004

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