



THE UNIVERSITY OF WESTERN AUSTRALIA

School of Dentistry

DENT5310 - Integrated Dental Practice 1

ORTHODONTICS MODULE
ORTHODONTIC PRACTICAL EXERCISES WORKBOOK
PRE-CLINICAL PROGRAMME

Semester 1
2026

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DR DANIEL FERNANDES
POST-GRADUATE REGISTRARS

Student name: _____

Student ID: _____

Orthodontic Practical Exercises

This manual supplements the didactic teaching and texts currently used in the DMD course. Orthodontic treatment comes in a range of complexities, most of which need to be treated at a specialist level. It is important to learn the essential aspects of clinical and laboratory procedures and the relevance of each stage. With a good understanding of the fundamentals, it will be clearer what the technical and clinical issues are, and to know when treatment is beneficial for the patient and when a specialist referral is required.

The orthodontic practical exercises simulates the clinical circumstances as closely as possible. It is important that students obtain the understanding to appreciate the relevance of what is being taught. This will allow students to apply these fundamentals in a clinical environment.

This manual allows the student to review each of the practical exercises, learning outcomes, materials and equipment required to complete each practical task. It is recommended that students preview each stage in advance to facilitate and reinforce the learning experience.

The manual is used as a logbook, which will record the continual assessment and to show that all practical tasks have been completed to meet the required standard.

It is the student's responsibility to keep all records up to date and to ensure that the manual always remains within the school. The manual is to be present for all teaching sessions, enabling the teaching staff to provide feedback and comments as required.

The practical exercises are assessed as Clinically Acceptable/Unsatisfactory. Each practical exercise will need to be completed to a clinically satisfactory level. If a student cannot achieve a satisfactory level of competency within the scheduled time, extra sessions may be provided for remediation.

ORTHODONTIC PRACTICAL EXERCISES

Table of Contents

1. Anatomy Review: Identification of Anatomical Landmarks and structures
2. UNC Level II and III - Growth and Development
3. Practical Exercise - Facial Form Analysis and Facial Profile Analysis
4. Practical Exercise Cephalometrics
 - A. Cephalometric illustrative tracings
 - B. Cephalometrics glossary
5. Practical Exercise - Space Analysis and Model Analysis

1. Anatomy Review

Prior to the clinical examination, it is necessary to review the significant and major aspects of oral anatomy, including:

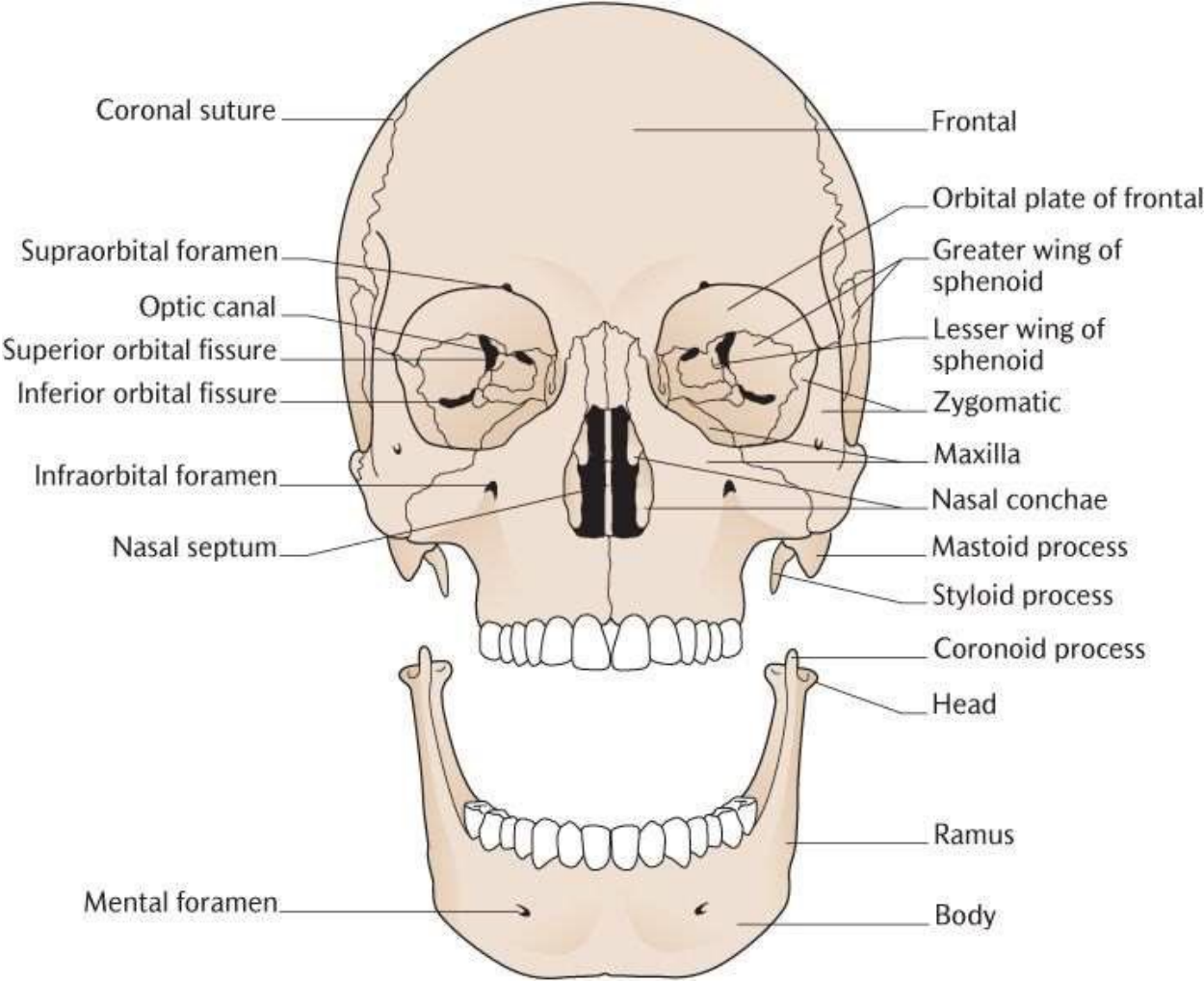
- Osteology of the face
- Osteology of the jaws
- Major soft tissue structures of the mouth
- Muscles of facial expression
- Major muscles of mastication
- Anatomy and function of the Temporo-mandibular joint
- Anatomical features of the edentulous mouth

It is important to become familiar with these features to get the maximum benefit out of each stage.

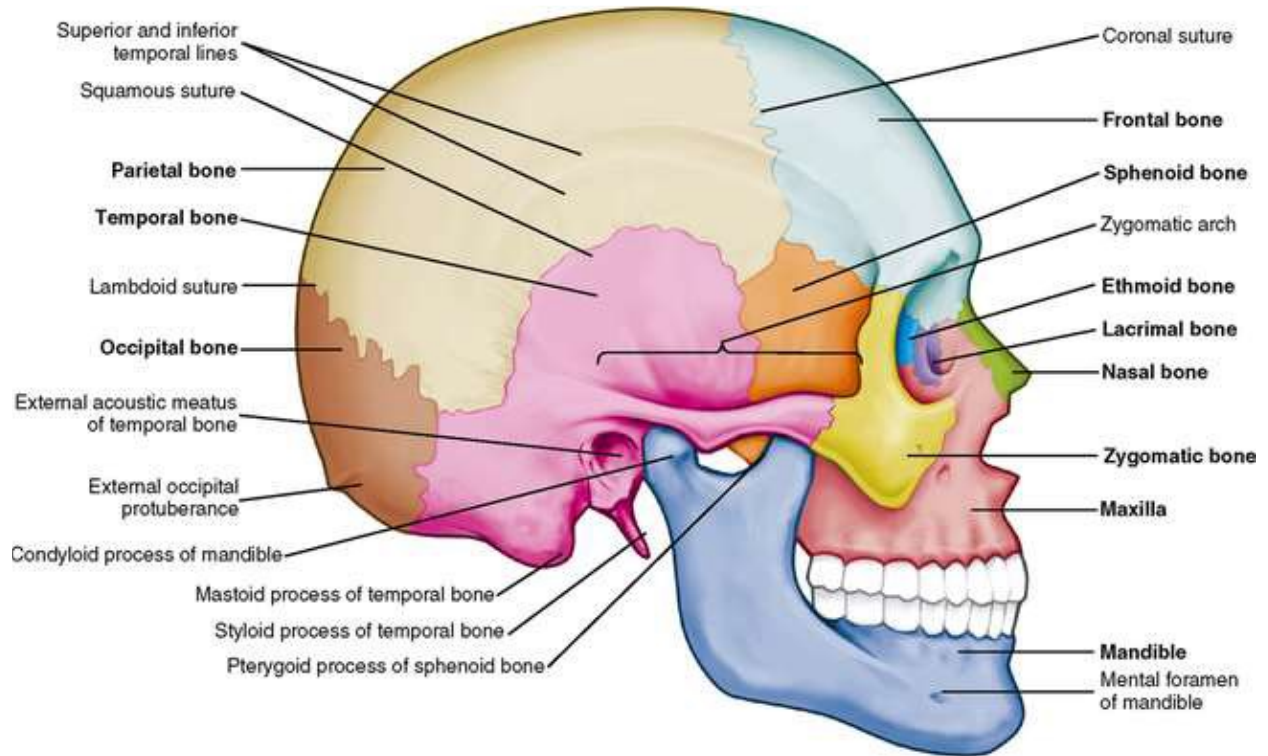
During your evaluation of the edentulous cast, the visualisation of the relationship of the anatomical structures should enhance the appreciation of the clinical significance of these structures.

Osteology of the face:

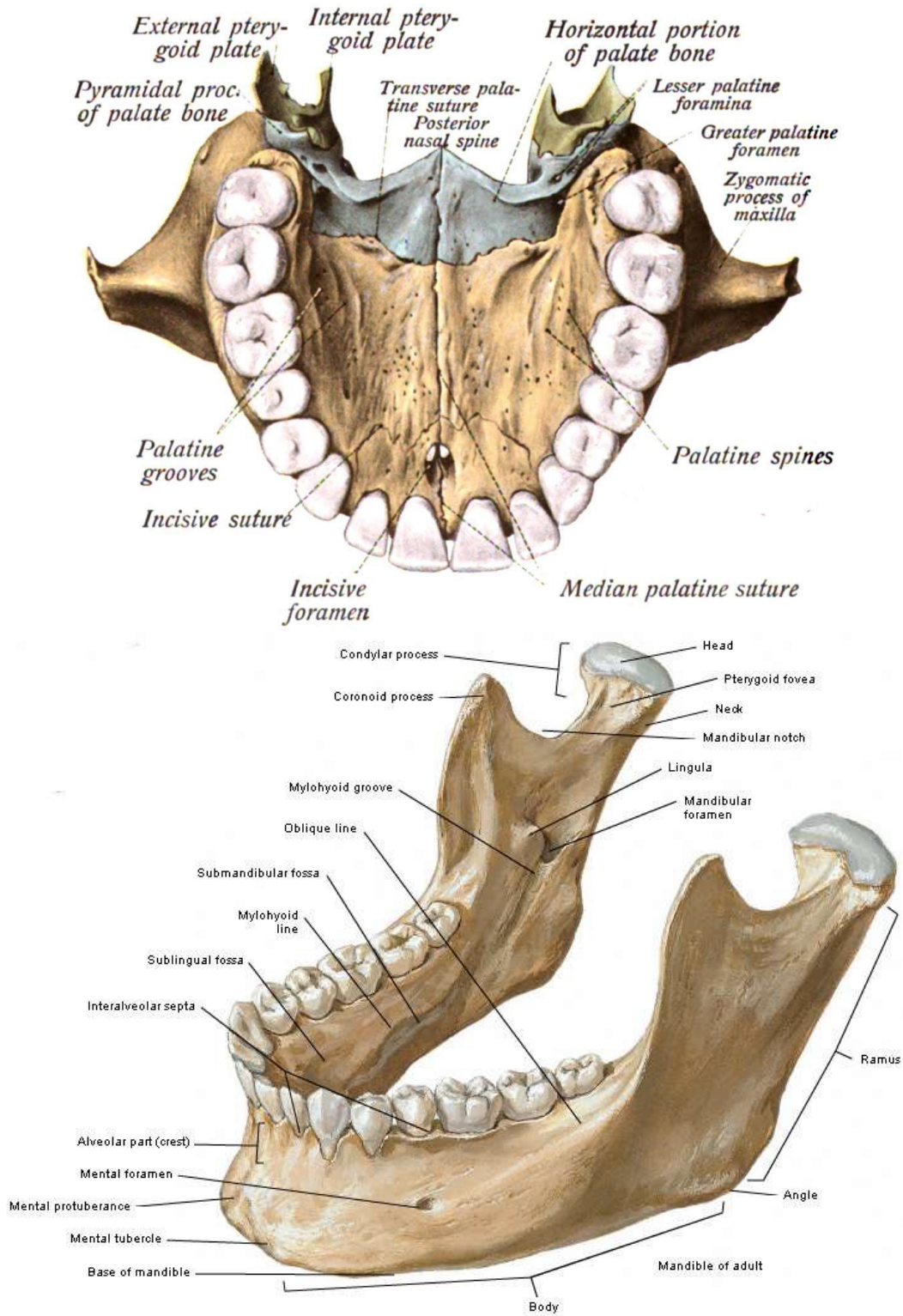
Frontal View



Sagittal View

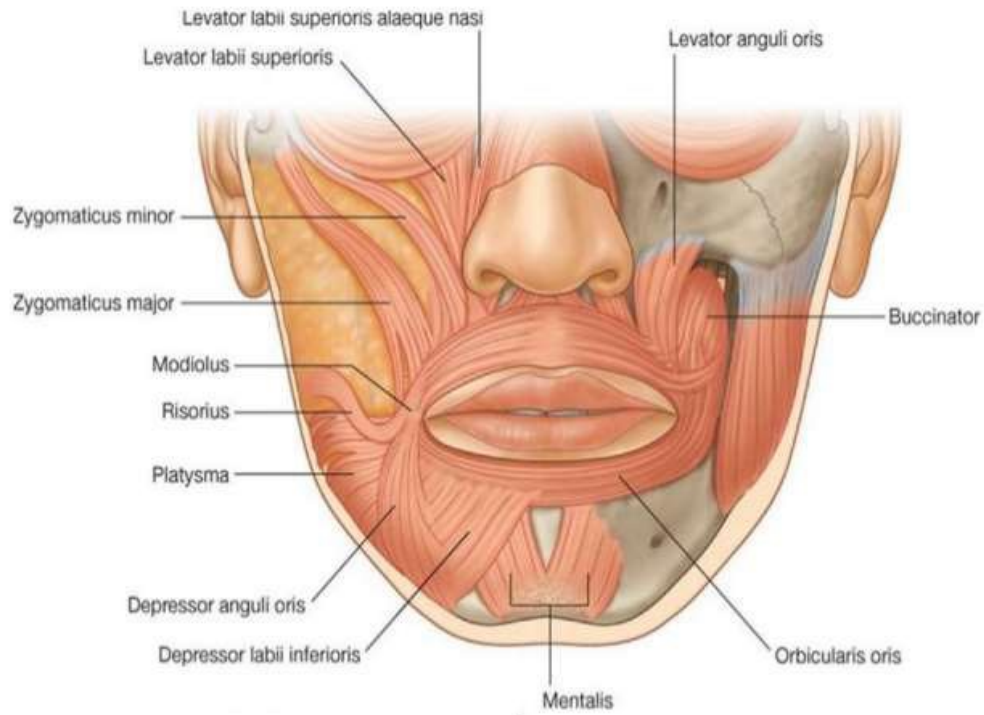


Osteology of the maxilla and the Mandible:

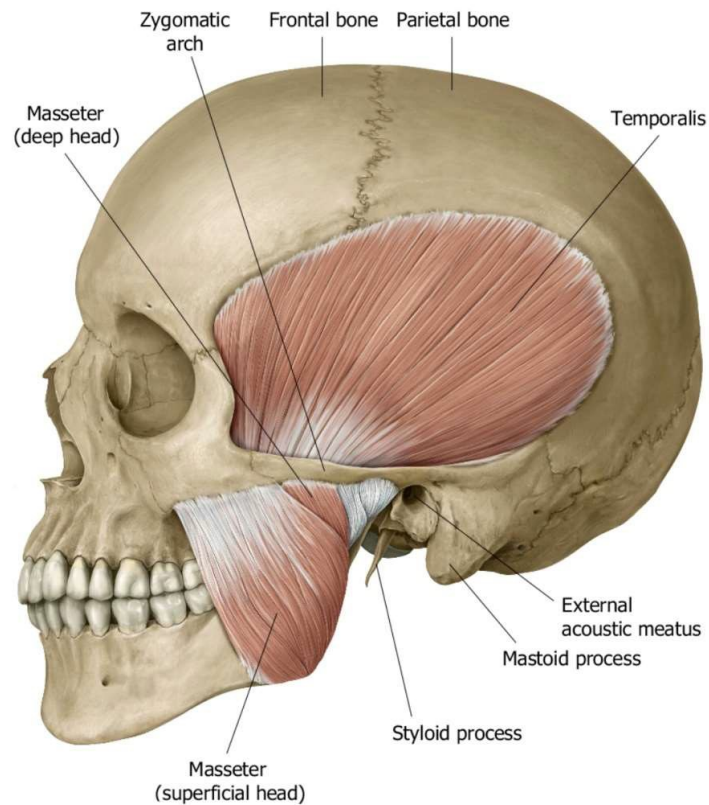


F. Netter
M.D.
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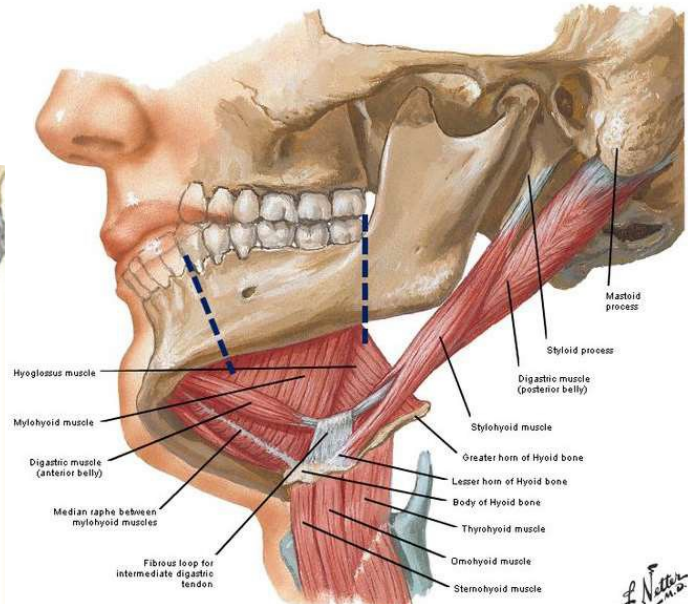
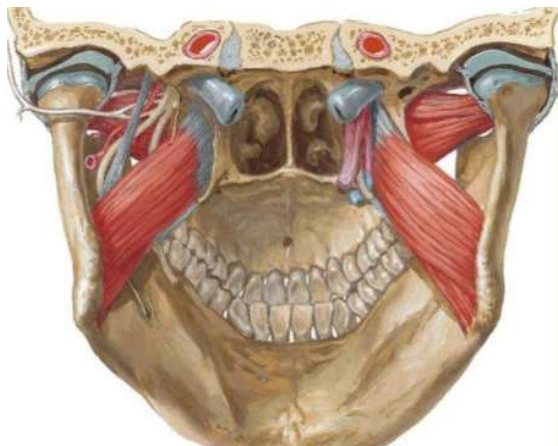
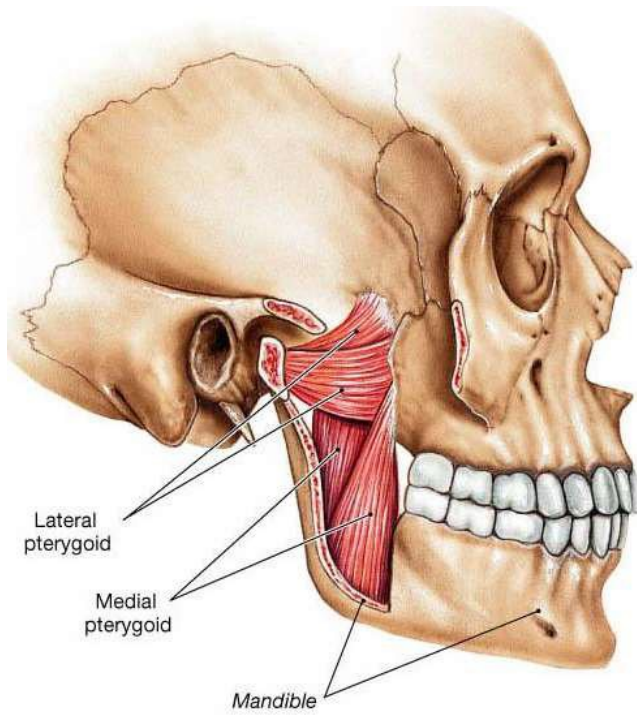
Muscles of Facial Expression:



Major Muscles of Mastication:

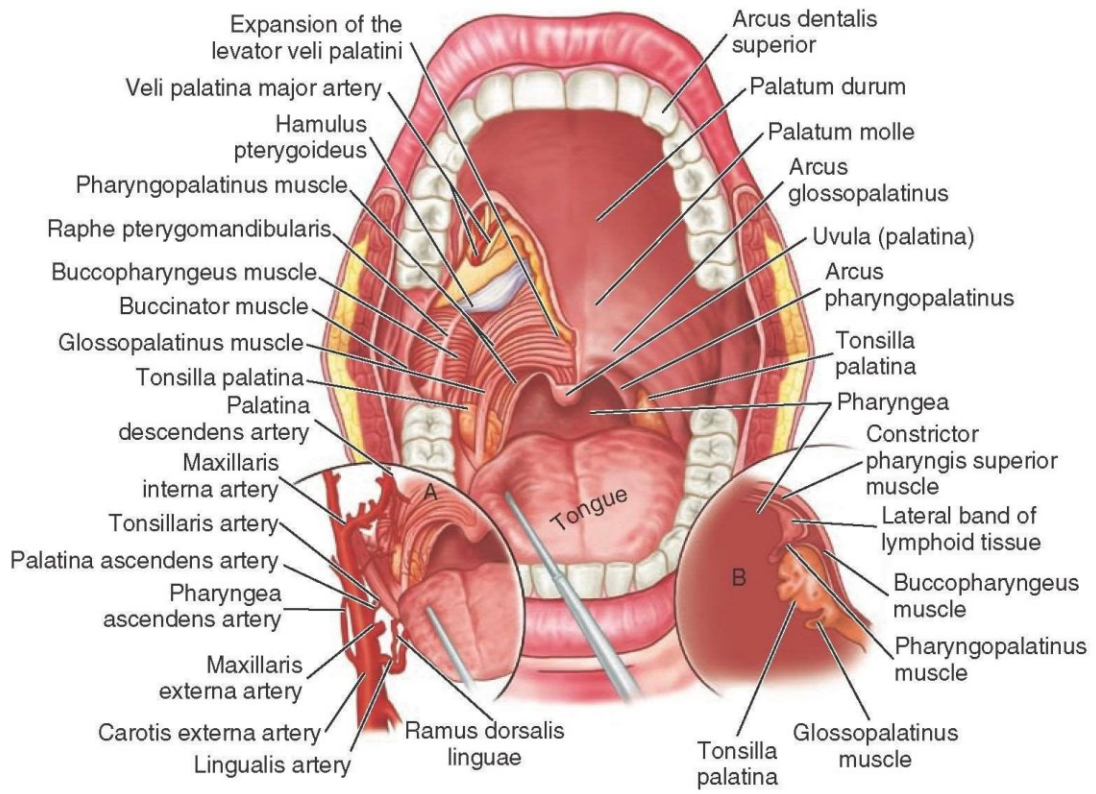


Major Muscles of Mastication:

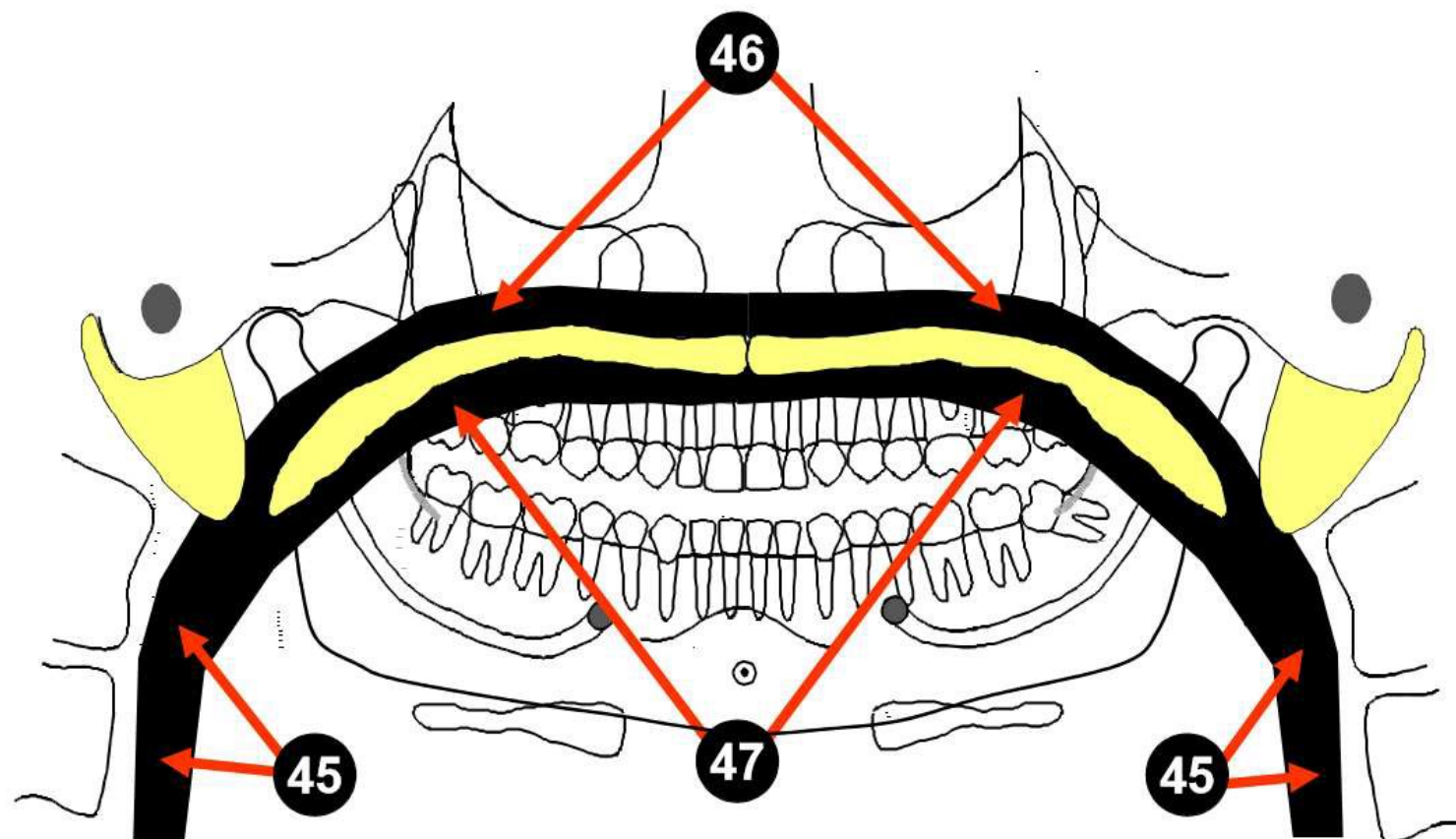


L. Netter

Oral Anatomy:



Panoramic Air Spaces



Key - page 13

Panoramic Anatomy Key

1. maxillary sinus
2. pterygomaxillary fissure
3. pterygoid plates
4. hamulus
5. zygomatic arch
6. articular eminence
7. zygomaticotemporal suture
8. zygomatic process
9. external auditory meatus
10. mastoid process
11. middle cranial fossa
12. lateral border of the orbit
13. infraorbital ridge
14. infraorbital foramen
15. infraorbital canal
16. nasal fossa
17. nasal septum
18. anterior nasal spine
19. inferior concha
20. incisive foramen
21. hard palate
22. maxillary tuberosity
23. condyle
24. coronoid process
25. sigmoid notch
26. medial sigmoid depression
27. styloid process
28. cervical vertebrae
29. external oblique ridge
30. mandibular canal
31. mandibular foramen
32. lingula
33. mental foramen
34. submandibular gland fossa
35. internal oblique ridge
36. mental fossa
37. mental ridges
38. genial tubercles
39. hyoid bone
40. tongue
41. soft palate
42. uvula
43. posterior pharyngeal wall
44. ear lobe
45. glossopharyngeal air space
46. nasopharyngeal air space
47. palatoglossal air space

Exercise 1. Anatomy Review

I have completed a review the significant and major aspects of oral anatomy:

Signature _____

Date _____

2. Exercise 2- UNC Level II and III - Growth and Development

UNC Level II Unit A:

I have opened and completed this on-line component:

Signature _____

Date _____

UNC Level II Unit B:

I have opened and completed this on-line component:

Signature _____

Date _____

3. Facial Form Analysis & Facial Profile Analysis - Individual Exercise

Analysis of facial proportions and dental-facial relationships is an essential step in the diagnosis of malocclusion. is the use of simple diagnostic tools to assess the facial Form of a patient.

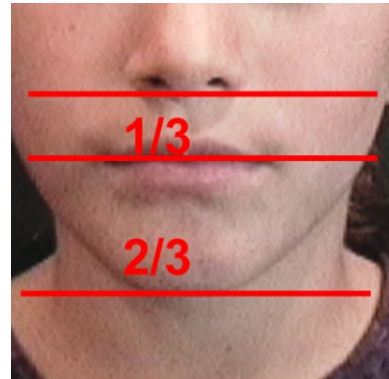
A. Facial Form Analysis

Dentofacial Proportions

Facial Thirds



Lower Facial Thirds



Facial Symmetry



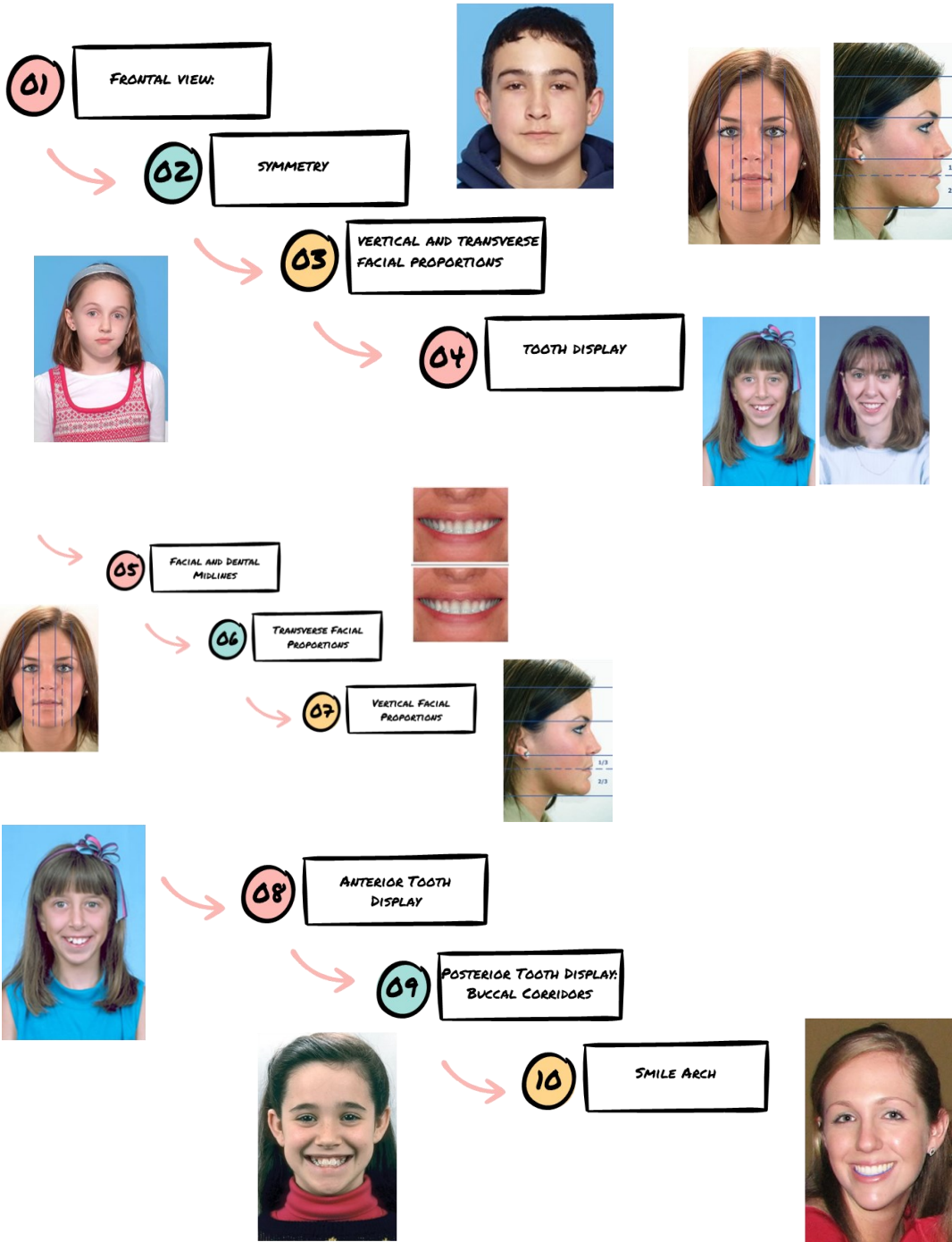
Facial Planes Cant



Facial Fifths



FACIAL FORM ANALYSIS



Complete the following Facial Form Analysis for your two patients:

FACIAL FORM ANALYSIS

FOR YOUR PATIENT(S): WHAT'S YOUR JUDGMENT AS TO

1. **FACIAL SYMMETRY?**

WITHIN NORMAL LIMIT OR ASYMMETRIC
IF PRESENT, LOCATION OF ASYMMETRY

2. **INCISOR TOOTH DISPLAY?**

OK, TOO LITTLE, TOO MUCH (EXCESS GINGIVA)

3. **BUCCAL CORRIDOR WIDTH**

OK, TOO LITTLE, TOO MUCH

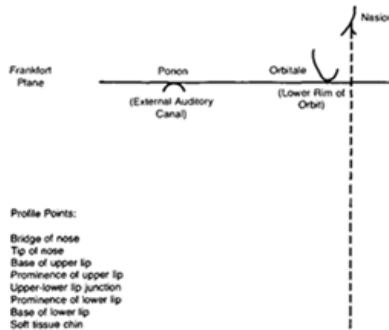
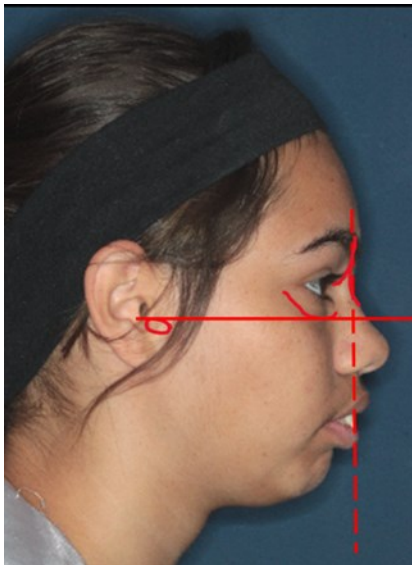
4. **SMILE ARC**

OK, FLAT, EXCESSIVE

SUMMARIZE THE FACIAL FORM OF YOUR PATIENT

B. Facial Profile Analysis

Facial profile analysis Has been referred to as "the poor Man's" Cephalometric Analysis. Facial Profile analysis is performed to identify the underlying skeletal relationships. This is an important diagnostic tool for identification of patient's with severe dentofacial disproportion.



What molar relationship is suggested by the profile? _____

Is the Mandibular plane steep, moderate, or low in relation to the Frankfort plane? _____

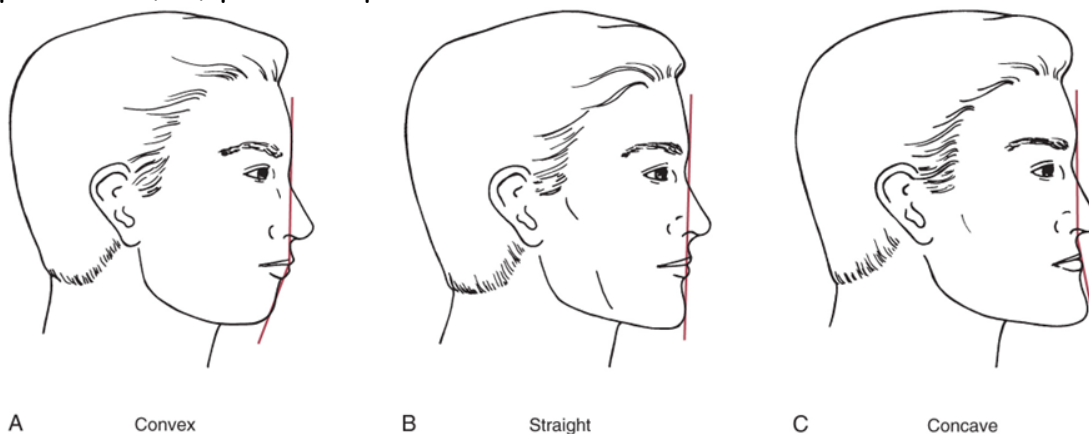
Summarize the skeletal jaw relationship in the antero-posterior and vertical planes, and degree of lip support.

Three Goals of Facial Profile Analysis:

- 1) Establishing whether the jaws are proportionately positioned in the anterior posterior (AP) plane of space
- 2) Evaluation of lip posture and incisor prominence
- 3) Reevaluation of vertical facial proportions and evaluation of mandibular plane angle

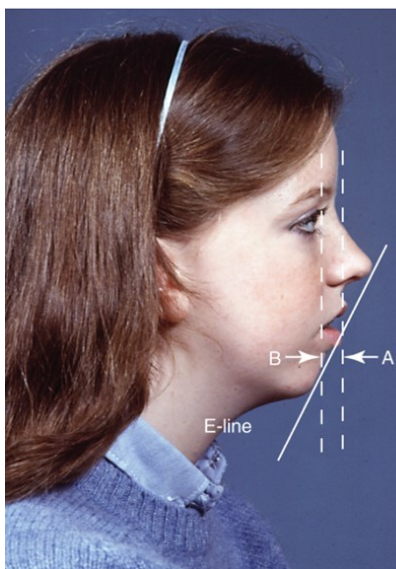
Using the right facial profile image for your patient complete the Facial Profile Analysis form. The more current Facial Profile Analysis is performed as follows:

- 1) Establishing whether the jaws are proportionately positioned in the anterior posterior (AP) plane of space



Two lines: One from the bridge of the nose to the base of the upper lip and the other from the base of the upper lip to the chin as drawn above.

- 2) Evaluation of lip posture and incisor prominence



Lip prominence is evaluated by observing the distance that each lip projects forward from a true vertical line through the depth of the concavity at its base (soft tissue A and B points). The E-line can be helpful to assess how the lip relates to the nose and chin.

3) Reevaluation of vertical facial proportions and evaluation of mandibular plane angle



Complete the following Facial Profile Analysis for your two patients:

FACIAL PROFILE ANALYSIS

FOR YOUR PATIENT(S): WHAT'S YOUR JUDGMENT AS TO

1. ANTERO-POSTERIOR SKELETAL JAW RELATIONSHIP

CLASS I (NORMAL)
CLASS II
CLASS III

2. VERTICAL SKELETAL JAW RELATIONSHIP

NORMAL
LONG FACE
SHORT FACE

3. TOOTH SUPPORT FOR LIP --> LIP PROMINENCE

EXCESSIVE	EXCESSIVE
NORMAL	NORMAL
INADEQUATE	INADEQUATE

Exercise 3 Facial Form and Facial Profile Analyses

Typewritten on A4 paper Word or pdf document with attached de-identified Patient(s) photographs. Use University of Western Australia's Learning Management System Blackboard Turnitin to forward the assignment DENT5310.

Student Self-Assessment and Assessment of Facial Analysis and Facial Profile Analysis		
Criteria	Self-assessment	Pass/Fail
Two (2) sets of correctly oriented de-identified patient's diagnostic facial photographs		
Facial form analysis has been accurately completed		
Profile analysis has been accurately completed		
Accuracy of self-assessment – recognition of clinical acceptability		
Repeat Exercise	Modify Exercise	Completed Exercise
Tutor Name and Signature: _____ Date: _____		

File Name: Orthodontic Facial Form/Profile Analyses

Exercise 3 accurately completed and submitted on-line: _____
Signature/date

Assignment expected time of completion 30 minutes each.

Assignment due date: 11:59PM Thursday, 2nd April 2026

4. Cephalometrics Exercises

You must complete the computer teaching programs on cephalometric tracing and cephalometric superimposition. The online Cephalometrics quiz UNC on-line will test your proficiency of the following topics and is based on the self-instructional material and reading material: (1) identification of landmarks on a cephalometric radiograph; (2) analysis of dentofacial proportions based on construction of reference planes and both linear and angular measurements; and (3) cranial base, maxillary and mandibular superimpositions. A detailed protocol for these topics is also provided below. The Cephalometrics on-line quiz is formative.

THE FOLLOWING TRACING PROCEDURES ARE PROVIDED AS A REFERENCE AND STUDY AID

Part 1. Techniques for cephalometric tracing and landmark identification

- Place the acetate paper, rough side up, exactly over the film, with the film oriented so the face is to the right. Tape them together, making sure the top and right side of the film and the tracing paper coincide.
- *Follow the illustration in the as outlined in detail within orthodonticinstruction.com Level II Growth and Development Unit B - Diagnostic Procedures Cephalometric Tracing Techniques.*

Part 2. Protocol for Cephalometric analysis

(1) Reference lines

Begin the analysis by drawing the five important horizontal planes:

- S-N plane (extend the S-N line posteriorly beyond S)
- True horizontal plane (perpendicular to true vertical, through Or)
- palatal plane (extend the ANS-PNS line posteriorly beyond PNS)
- occlusal plane (extend a line along the occlusal surface of the molars and premolars or primary molars both posteriorly and anteriorly)
- mandibular plane (extend the Go-Gn line posteriorly)

Drop a true vertical line (parallel to the chain) from nasion. Draw a segment of a true vertical line, as a dashed line, through points A and B.

Draw the long axis of the maxillary and mandibular incisors.

(2) Analysis

Observe the orientation of the horizontal reference lines, and the position of points A and B relative to the true vertical line from nasion.

Measure the following angles and record the values on the analysis sheet:

- ANB

- SN-GoGn
- maxillary incisor to palatal plane
- mandibular incisor to mandibular plane
- interincisal angle

Measure the following linear distances and record them on the analysis sheet:

- maxillary incisor facial surface to true vertical line through NA
- mandibular incisor facial surface to true vertical line through NB
- pogonion to true vertical line through NB

From your observation of jaw positions relative to the reference lines and the measurements,

you can summarize the patient's dentofacial relationships by evaluating:

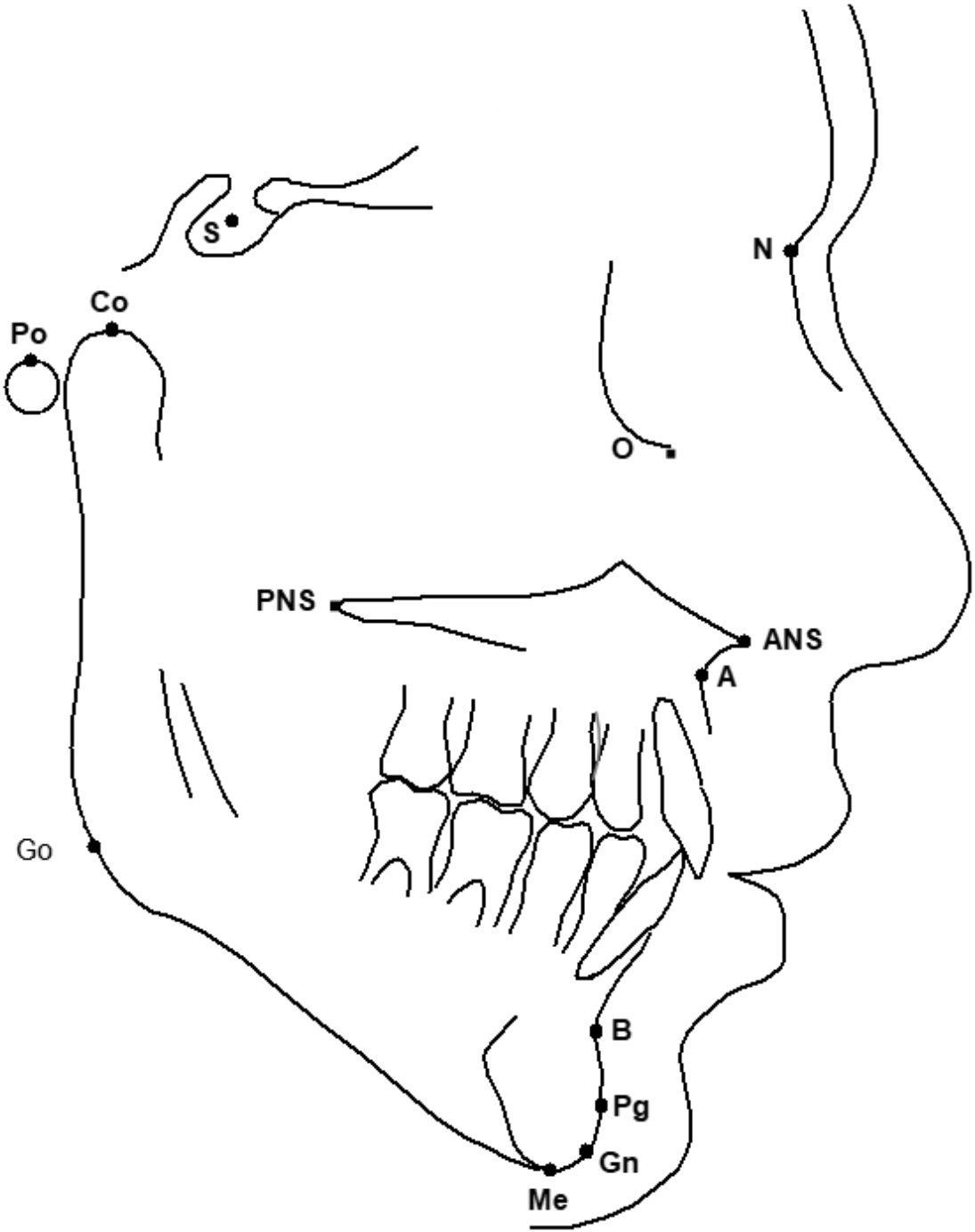
- Vertical skeletal relationships
- Anteroposterior skeletal relationships
- Maxillary tooth-jaw relationships
 - Anteroposterior
 - vertical
- Mandibular tooth-jaw relationships
 - Anteroposterior
 - vertical

Part 3. Superimposition of Cephalometric Radiographs

For superimposition of a basic tracing see detailed protocol below and orthodonticinstruction.com Level II Growth and Development Unit B - Diagnostic Procedures Cephalometric Superimposition:

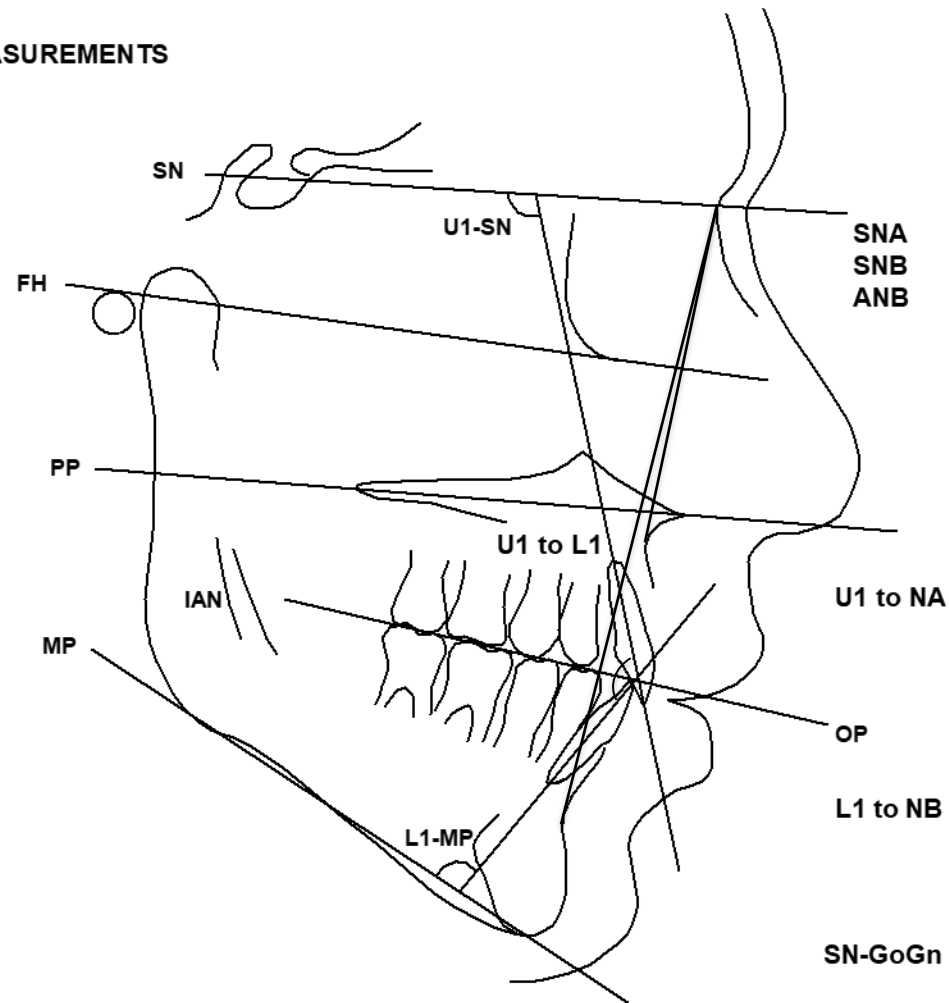
1. *Cranial base superimposition.* Superimpose your tracing on the red tracing, on the S-N line at S, and tape the two tracings together. Place a blank sheet of tracing paper over the superimposed tracings. Make a composite superimposition tracing, first reproducing the red tracing in solid lines, then using dashed lines to show differences between this and your tracing.
2. *Maxillary superimposition.* Superimpose the two tracings on the lingual contour of the maxillary anterior alveolar process and the palatal plane. Make a composite tracing of the maxillary area only, showing the changes in the position of the maxillary teeth.
3. *Mandibular superimposition.* Superimpose the two tracings on the lingual contour of the mandibular symphysis, the outline of the inferior alveolar canal and the crypt of the unerupted lower third molar. Make a composite tracing of the mandibular area only, showing the changes in the position of the mandibular teeth and the external contours of the mandible.

LANDMARK IDENTIFICATION FOR STANDARD UNC/UWA CEPHALOMETRIC ANALYSIS



HORIZONTAL AND VERTICAL PLANES AND LOCATION FOR ANGULAR VALUES TO BE INSERTED FOR STANDARD UNC/UWA CEPHALOMETRIC ANALYSIS

PLACEMENT OF ANALYSIS MEASUREMENTS (Mean Values)



CEPHALOMETRIC ANALYSIS SHEET

	Normal	Normal	Initial	Final
	White	Black		
SNA	81°	84.7°		
SNB	78.2°	79.2°		
ANB	2.8°	5.5°		
SN-GoGn	32°	38.2°		
Maxillary incisor to SN plane	103.8°	108.9°		
Mandibular incisor to Mandibular plane	97.3°	100°		
Interincisal angle	126.8°	113.8°		
Maxillary incisor to NA	3.mm 23.2°	7.4mm 24.1°		
Mandibular incisor to NB	5.4mm 27.3°	11.4mm 36.7°		
Pg to N-Perpendicular	-4 to -2mm			

Summary:

GLOSSARY OF CEPHALOMETRIC TERMS

Nasion (N): The anterior end of the fronto-nasal suture, or junction of frontal and nasal bones. This is seen in profile as an irregular notch. The nasal bone less dense roentgeno-graphically than the frontal bone, making it relatively easy to follow the suture even when the notch is not apparent.

Sella turcica (S): Literally the "Turkish Saddle." The center of the bony crypt occupied by the hypophysis cerebri (pituitary gland). Roentgenographically a very constant profile outline seen in its lateral aspect.

Porion (P): This is a machine registration of the most superior point of the external auditory meatus, not necessarily corresponding to the anthropometric landmarks in the skull proper, but nevertheless constant.

Orbitale (Or): The lowest point on the inferior bony margin of the orbit (average of two sides if two images seen).

Gnathion (Gn): The most outward and everted point on the profile curvature of the symphysis of the mandible. It is located by bisecting the angle formed by the mandibular plane and the facial plane.

Pogonion (Pg): The most anterior point on the symphysis of the mandible.

Menton (M): The most inferior point on the cross section of the symphysis of the mandible.

Gonion (Go): The most outward and everted point on the angle formed by the junction of ramus and body of the mandible on its posterior inferior aspect (average of two sides if two images seen).

Anterior nasal spine (ANS): The spinous process of the maxilla forming the most anterior projection of the floor of the nasal cavity

Occlusal plane (OP) The general plane of the molars and premolars (use left side if two images apparent).

Frankfort plane (FH): Established on lateral headfilms by connecting the lowest point on the shadow of the left bony orbit with the uppermost part of the ear-rod.

Mandibular plane (MP) The Go-Gn line

(SN): Sella to nasion line.

"Y" (growth) axis: Line connecting Sella with gnathion, representing approximate path of downward and forward growth of the face from beneath the cranium.

Palatal plane (PP) ANS to PNS

Inferior alveolar nerve (IAN): The shadow cast by the bony canal in the mandibular ramus. A stable landmark for mandibular superimposition.

U1-SN: Angle formed by maxillary incisor to Sella nasion line – indicates inclination of incisors to cranial base.

L1-MP: Angle formed by mandibular incisor to the mandibular plane (Go-Gn)

Student Self-Assessment and Assessment of Cephalometric Tracing and Cephalometric Analysis

Criteria	Self-assessment	Pass/Fail
Cephalometric tracing and analysis accurately identified and practical assignment has been completed		
Accurately traced the soft and hard tissues of the radiograph		
Accurately completed the horizontal and vertical planes		
Accurately completed the landmark identification		
Accurately completed the addition of the angular measurements on the cephalometric tracing		
Accurately completed the written cephalometric analysis		
Accuracy of self-assessment – recognition of clinical acceptability		
Repeat Exercise	Modify Exercise	Completed Exercise
<p>Tutor Name and Signature: Date:</p>		

Assignment expected time of completion 30-45 minutes each.

Assignment due date: 5:00PM Thursday, 16th April 2026

5. Space Analysis and Model Analysis – Individual Exercises

Space Analysis

Background for Space Analysis

Purpose: To measure the size of the erupted permanent teeth and estimate the size of the unerupted permanent teeth and compare this estimate to the space available between the first permanent molars.

Assumptions:

1. There is a correlation between erupted mandibular incisors and the remaining succedaneous teeth.
2. The prediction tables are valid for your patient.
3. Arch dimensions do not change appreciably during growth.
4. The mesial shift is predictable.
5. All succedaneous teeth are developing normally.

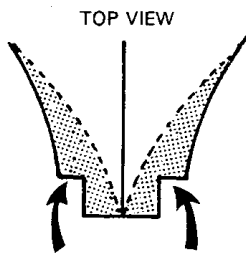
Analysis used: **Tanaka-Johnson Analysis** (reference in additional reading)

Applicability: These prediction tables were derived from a sample of Caucasians of Northern European descent living in Iowa. You must decide if your patient is a member of this same population group. These tables are not applicable to the different racial groups. If your patient does not fit the population to which these tables apply you can (1) complete the space analysis recognizing these limitations; or (2) a more accurate alternative is to obtain long cone periapical radiographs of all unerupted permanent teeth and measure their mesiodistal widths adjusting for magnification. However, in view of the required radiation exposure, this is not routine procedure and option (1) is preferred.

Materials needed: Dental casts or digital images of dental casts
Sketched patient's profile or digital image of patient's profile
Pencil
Space analysis form
Boley Gauge

When you are performing a space analysis using real dental casts, you should consider using a modified Boley gauge to make the necessary measurements. The Boley gauge must be modified to accurately measure the widths of teeth. Using your slow-speed handpiece and a heatless

stone, grind the square ends of the measurement tips to points as shown in the diagram (left).



Remove shaded areas indicated by arrows

Using the preceding information complete the Space Analysis Form for your assigned patient models. The following paragraph numbers refer to section numbers on the Space Analysis Form.

1. Measurement of Available Mandibular Space. Measure the four segments (**a**, **b**, **c**, **d**) on the mandibular cast. Each measurement is entered on the appropriate line of the Space Analysis Form. The values for each segment are summed and the sum represents the space available in the arch.
2. Measurement of Mesio-distal Permanent Mandibular Incisor. On the digital image, measure the greatest width of each incisor and calculate the sum.
3. Measurement of the Available Maxillary Space. Maxillary space available is determined in the same manner as was done for the mandibular arch. The measurements are repeated and recorded as outlined in section 1.
4. Measurement of the Mesio-Distal Permanent Maxillary Incisor Width. On the digital image, measure the greatest mesio-distal width of each incisor and calculate the sum.
5. Mandibular Space Analysis. This section will provide you with the space discrepancy (+) for the mandibular arch. Transcribe the appropriate data to this section. Record the total mandibular incisor width through use of the table at the bottom of the form to establish the size of the canines and two premolars for one mandibular quadrant. Enter the figure for both right and left sides. Add the three figures to calculate the total space required. Compare the total space required with the total for space available.
6. Maxillary Space Analysis. This section is similar to #5 except that the mandibular incisor width is used to estimate the size of the canines and two premolars for one maxillary quadrant. Enter the figures for both right and left sides and complete the calculations.

7. Skeletal Jaw Relationship. Complete this section from the information on the facial Profile Analysis. It is necessary to determine the skeletal status of the patient since this will enable us to project the mandibular incisor stability found with each skeletal class and its space implications.
8. Occlusion of the First Permanent Molars. This is observed from the images of the casts in occlusion, each side individually, and recorded.
9. Molar Shift. This mesial shift is measured for patients with a Class I skeletal pattern and end-to-end molars. The right and left sides are totaled. The sum will need to be subtracted from the space discrepancy figures for section #5 to obtain a realistic analysis.
10. Lip Support. This information is also taken from the Facial Profile analysis. If lips are over-supported or under-supported, this may indicate that the incisor teeth are protrusive or regressive respectively. A correction for this effect will be necessary in interpreting space analysis results. Arch expansion is contraindicated when incisors are protrusive.

Interpretation

1. This is the most important section. The numerical results obtained in sections 5 and 6 need to be adjusted and interpreted in light of the skeletal relationships, molar occlusion, molar shift, and lip support.
2. If more information is necessary or you need to review this material, please refer to the on-line materials on Space Analysis. "The Space
3. Analysis and Its Interpretation".

The on-line quiz is formative on space analysis.

Model Analysis (including dental arch analysis)

Complete the Model Analysis for your assigned patient model including a dental arch analysis.

1. Symmetry, Space and Tooth Size
 - Symmetry - Asymmetric position of the entire arch
 - Look for distortion in arch form - usually a facial asymmetry
 - Asymmetry within the dental arch with a symmetric arch form
 - usually crowding or premature tooth loss
2. Alignment, Crowding and Spacing

- Alignment or position of the teeth on the line of the dental arch
- Overlapping contact points
- Rotations
- Space analysis
- 3. Tooth Size Analysis
 - Proportion in size of the maxillary and mandibular teeth
 - Approximately 5% of the population have some form disproportionate teeth - tooth size discrepancy
 - Tooth size analysis - Bolton analysis
- 4. Arch Form
 - Constricted, Narrow or "V" shaped
 - Different Normal Arch form Types:
 - Tapered
 - Square
 - Ovoid
- 5. Anterior-Posterior Relationship
 - Class I
 - Class II
 - Class III
 - Proclined or retroclined incisors
- 6. Vertical relationship
 - Deep Bite ← → Open Bite
- 7. Transverse Relationship
 - Narrow ← → Wide

Space Analysis and Model Analysis Practical Exercise

This is an individual practical exercise. You must complete this exercise without any outside assistance.

There are fourteen sets of two models each:

1. You are assigned a set of models 1-14. You are sharing the models **not working as a group.**
2. Clearly identify which set of models you have been assigned on your Space analysis worksheet in the patient name area. Failure to do so will result in an unmarked exercise.
3. Complete the **Space Analysis on Model A** from the set of models you have been assigned. Space Analysis form provided and/or available in Orthodontic Clinic. Put your Student number and/or name on the Space Analysis worksheet. The patients associated with Models 1A, 4A, 6A, 11A, 12A, 13A and 16A have an Orthognathic Facial Profile and the patients associated with Models 2A, 3A, 5A,

7A, 8A, 9A, 10A, 14A and 15A have a Convex Facial Profile with mandibular retrusion or mild mandibular retrusion.

4. Lip posture should be considered within normal limits and the **incisor inclination** should be determined by **cast appearance only** as no view of lips and incisor positions are possible without facial photographs. (*Contemporary Orthodontics and Space Analysis Cast Analysis notes and pdf on LMS*).
5. Complete a **Model Analysis of the Model B** from the set of models you have been assigned. (*Contemporary Orthodontics Space Analysis Cast Analysis notes on LMS*)
6. You will need a separate sheet of **A4 paper to clearly write or type your Model Analysis conclusions** on. Indicate your Student number/name and the Model number on your Model Analysis sheet of paper.

Model Set 1	Model Set 2	Model Set 3	Model Set 4
Afsarimamaghani	Chan	Chua	Farozi
Bray	Cheok	Dalla-Fontana	Ferguson
Carson	Ching	Ebrahimi	Gill
Champion	Chotalia	Fang	Goh
Model Set 5	Model Set 6	Model Set 7	Model Set 8
Hadi	Jahromy	Kataria	Liang, J
Hasanain	Jeyakumar	Laciste	Liew
Hu	Jovcevski	Lee	Lin, L
Indrawathan	Kam	Liang, H	Lin, S
Model Set 9	Model Set 10	Model Set 11	Model Set 12
Lin, X	Luk	Nguyen	Paik
Liu	Maragos	Nozhat	Pintaudi
Loo	Mollar	O'Hehir	Poi
Low	Nasba	Oh	Qawas
Model Set 13	Model Set 14	Model Set 15	Model Set 16
Qi	Shaw	Tong	Weerathunga
Sabeen	Su	Varma	Winegard
Saiyed	Sutanto	Waters	Yang
Scollay	Tang	Watkins	Zheng
			Zhou

Student Self-Assessment and Assessment of Space Analysis and Model Analysis		
Criteria	Self-assessment	Pass/Fail
Model set(s) accurately identified and practical assignment completed		
Accurately measured teeth and arch segments.		
Accurately calculated space analysis		
Accurate summary of the space analysis		
Neat and accurate Model Analysis completed on A4 sheet of paper.		
All parameters of model analysis are considered and are complete and accurate		
Accuracy of self-assessment – recognition of clinical acceptability		
Repeat Exercise	Modify Exercise	Completed Exercise
Tutor Name and Signature:		
Date:		

Assignment expected time of completion 30 minutes each.
Assignment due date: 5:00PM Thursday, 30th April 2026

ADDITIONAL SPACE ANALYSIS FORMS ARE PROVIDED AND AVAILABLE IN THE ORTHODONTICS CLINIC.