



Questionnaire on prophylaxis in general dental practice for

orthodontic patients

6. Do you recommend patients undergoing MB treatment to brush their teeth more often that patients without MBA? No Yes If yes, how often? 2x daily 3x daily After every meal Other (please describe):
7. Do you recommend patients undergoing MB treatment a different toothbrush than patient without MBA? □ No □ Yes If yes, which one? □ Powered rotating-oscillating toothbrush
☐ Powered sonic toothbrush ☐ Manual ortho toothbrush ☐ Other (please describe):
8. Do you recommend patients undergoing MB. treatment who use a manual toothbrush on a dail basis a different tooth brushing technique for brushin the buccal/labial surfaces than patients without MBA No Yes If yes, which one? Circular Vertical Horizontal Modified bass technique Other (please describe):
9. Do you recommend patients undergoing MB
treatment other cleaning aids besides the toothbrus for mechanical plaque removal than patients without MBA? No Yes If yes, which ones? Superfloss Single tufted brush Interdental brush Other (please describe):

10. Do you recommend patients undergoing MBA treatment other antiplaque chemicals than patients without MBA? ☐ No ☐ Yes If yes, which ones? ☐ Mouth rinse ☐ Fluoride ☐ CCP-ACP ☐ Chlorhexidine ☐ Other (please describe):	11. Do you use other methods to visualize dental plaque in patients undergoing MBA treatment than in patients without MBA? ☐ No ☐ Yes If yes, which ones? ☐ Mira-2-ton ☐ Probe ☐ Fluorescent plaque disclosing agent ☐ Other (please describe):
2. Professional tooth cleaning (PTC) 12. In your opinion, who is responsible for PTC of MBA patients? Primarily the general dentist Primarily the orthodontist Both equally 13. Do you recommend regular PTCs to your MBA patients in addition to IP sessions? No Yes	 14. Do you regularly perform PTCs on MBA patients in your practice? ☐ Yes ☐ No → If not, please proceed to section 3. 15. Do you remove the orthodontic archwires before a PTC? ☐ No ☐ Yes 16. Do you use powder water jet devices? ☐ No ☐ Yes
3. General information 17. Gender Female Male Diverse 18. Age: years 19. I am Self-employed Employed Junior dentist 20. Do you perform MBA treatment in your practice? No Yes	

Thank you for your participation!

Please send us the completed questionnaire, **regardless of when you finished it**, using the enclosed envelope free of charge. Every return is important for data collection.