

A Head Cap for Extra-Oral Anchorage

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THE HEAD cap as illustrated in Fig. 1 I have used in cases requiring occipital or cervical anchorage. This anchorage is associated with a technic as advocated by Dr. Charles Tweed. A description of the head cap follows:



Fig. 1.—Head cap adapted from ordinary commercial hair net illustrated as a part of occipital or cervical anchorage.

To an ordinary hair net which contains no elastic in the back, is sewed a $1\frac{1}{2}$ inch heavy ribbon which is doubled to allow a cotton padding placed

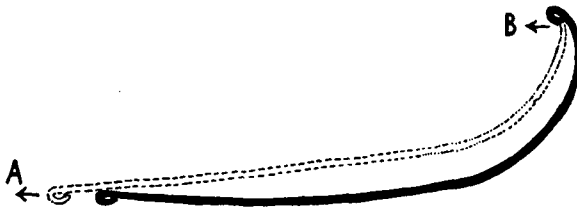


Fig. 2.—Side attachment to arch wire made of .040 steel wire, solid line showing passive position. Dotted line shows position of wire after rubber is attached at A. Distal recoil pressure exerted at B.

between the ribbon at side of face. The side metal attachment is formed like the solid line in Fig. 2 and is made out of .040 steel wire with a loop at each end. The anterior end (B) is attached to hook on the arch wire and to

(A) is attached a rubber ligature which is fastened to a dress hook sewed to the ribbon. This pressure at (A) is adjustable by the size and strength of rubbers used. The steel wire is covered with a small intravenous rubber tubing to protect the child's face. Care should be taken in bending the wire and in locating the hooks on the arch in order to eliminate any irritation at the corners of the mouth. This cap is worn at night.

I have found this type of head cap advantageous for the following reasons: first, a direct distal pull is obtained; second, it is more secure than the ribbon and elastic type; third, it is more variable as to the application of pressure.

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