ACCEPTABLE RANGE OF THE NASOLABIAL AND MENTOLABIAL ANGLES TO HARMONIZE WITH THE VARIED FRONTONASAL ANGLES IN DIFFERENT FACIAL PROFILES CORRESPONDING TO THE SKELETAL CLASS II PATTERN

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Diagnosis, treatment planning and treatment executions are the steps involved in successful care of any malocclusion. The evolution of concepts of orthodontic treatment planning has been dramatic in the past few decades. Before the advent of cephalometry in the 1940's, orthodontic decision making was primarily based on clinical observation of facial form and dental relationships. With the advent of cepahlometry, Orthodontists became aware of the underlying skeletal disproportions in the etiology of malocclusion and facial disharmony. Current concepts in diagnosis and treatment planning focus on the balance and harmony of various facial elements. There is thus a rationale for including an assessment of Dento-Facial appearance when evaluating the need for orthodontic treatment.

The treatment planning of facial esthetic changes often poses difficulty. At times, in the zeal to correct the bite, facial balance may decline. Part of this problem may be due to a lack of understanding of what is desirable as an esthetic goal. A person's ability to recognize a beautiful face is innate, but translating this into defined treatment goals is difficult. As health professionals have increased their ability to change faces, the need to understand what is beautiful and what is not, has intensified. It is widely accepted that orthodontic tooth movement can alter esthetics. Orthodontists have tried to describe beauty, and have also attempted to predict how orthodontic tooth movement affects existing facial balance.

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