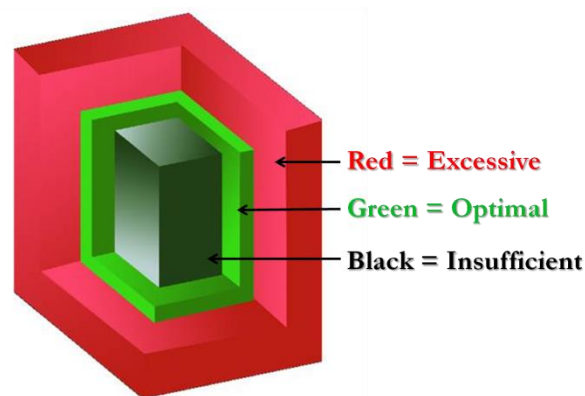


## The Six Elements of Orofacial Harmony™

The **Six Elements of Orofacial Harmony™** describe the tooth, arch, jaw, and chin characteristics associated with optimum health, function, and appearance. The **Six Elements™** serve as the treatment goals for the six areas of the orofacial complex for which orthodontists have diagnostic and treatment responsibilities: **1)** The arch: teeth individually (morphology, quantity, and positions) and collectively (arch width, depth, shape, length, and symmetry), **2)** AP jaw positions, **3)** Jaw widths, **4)** Jaw heights, **5)** Chin prominence and, **6)** Occlusion.

Associated with the Six Elements™ are universal landmarks and referents by which the quality of tooth, arch, jaw, and chin positions can be measured relative to the treatment goals. As a byproduct of treating teeth and jaws the *harmony* of the temporomandibular complex, oral tissues, and external facial tissues are maintained or improved. A patient with *optimal orofacial harmony* may or may not be beautiful or handsome but will have optimum health, optimum function, and the best possible appearance.

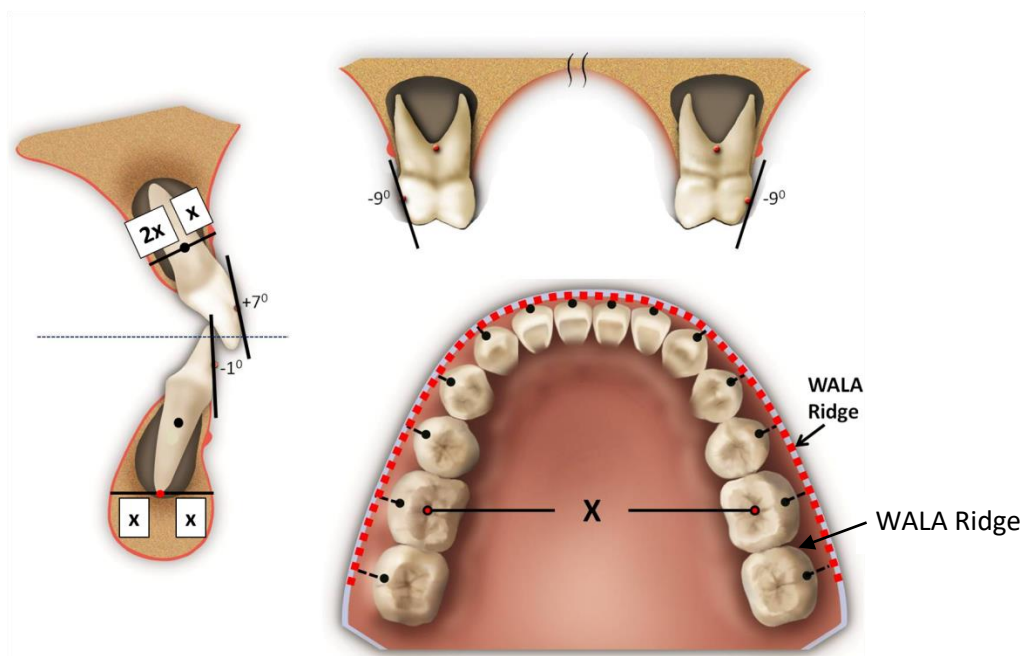
The **Six Elements™** also serve as the basis for a three-dimensional, positionally correct classification system. The qualities of the arches, jaws, and chin can be clearly and concisely communicated using a numeric and color-coded system.



**ELEMENT I– Optimal Arch: teeth *individually* (morphology, quantity, and positions), teeth *collectively* (arch width, shape, length, depth, and symmetry)<sup>1-16</sup>**

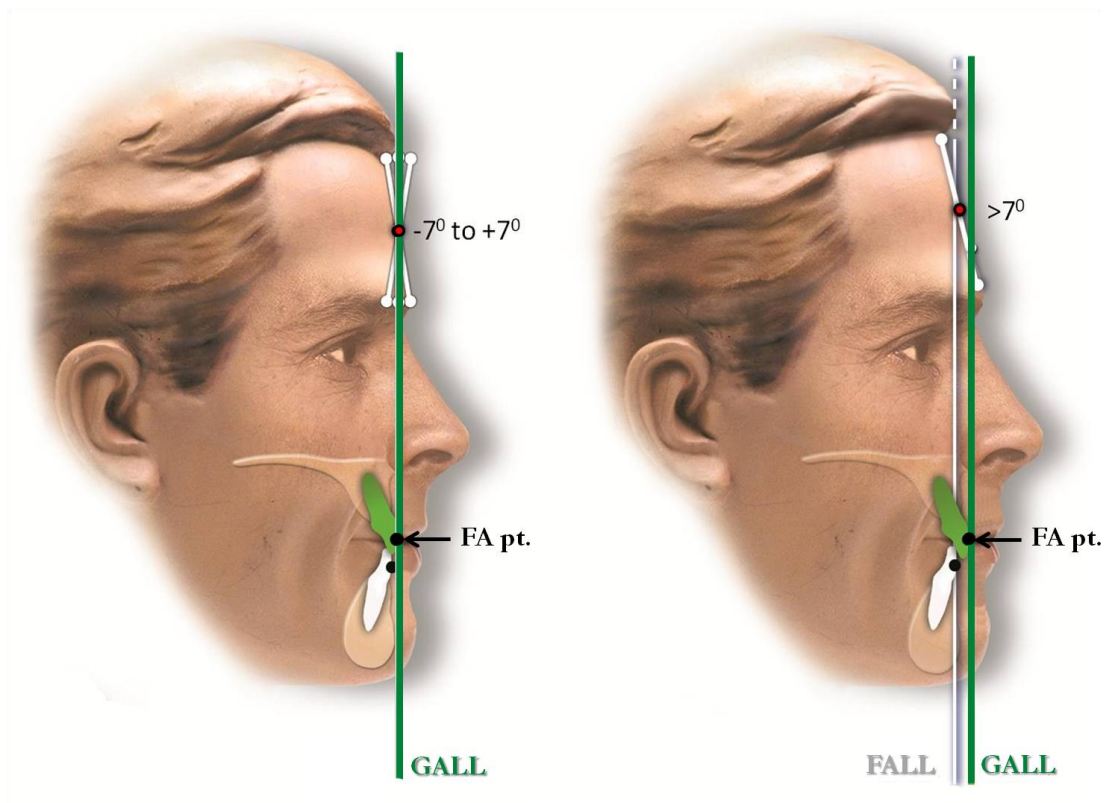
An optimal arch is the cornerstone of the remaining Elements. An arch is optimal when:

- tooth morphology is normal and there is 1 central incisor, 1 lateral incisor, 1 canine, at least 1 premolar, and at least 2 molars per quadrant
- roots are centered facio-lingually over basal bone (maxillary incisor roots occupy the anterior 1/3 of the alveolus)
- roots are surrounded by healthy alveolar bone and gingiva
- crowns are inclined and angulated so that their occlusal surfaces can interface and function optimally with teeth in the opposing arch (see Element VI)
- the depth of the core line is between 0.0 and 2.0 mm
- the length of the core line equals the sum of the mesiodistal diameters of the teeth in the arch
- the contact areas of the teeth abut
- the dental midline coincides with the skeletal midline of the jaw
- the skeletal width of the maxilla is in harmony with the skeletal width of the mandible (see Element III) and the shapes of the maxillary and mandibular arches are compatible.
- there is ample space distal to the terminal molars to allow access for oral hygiene



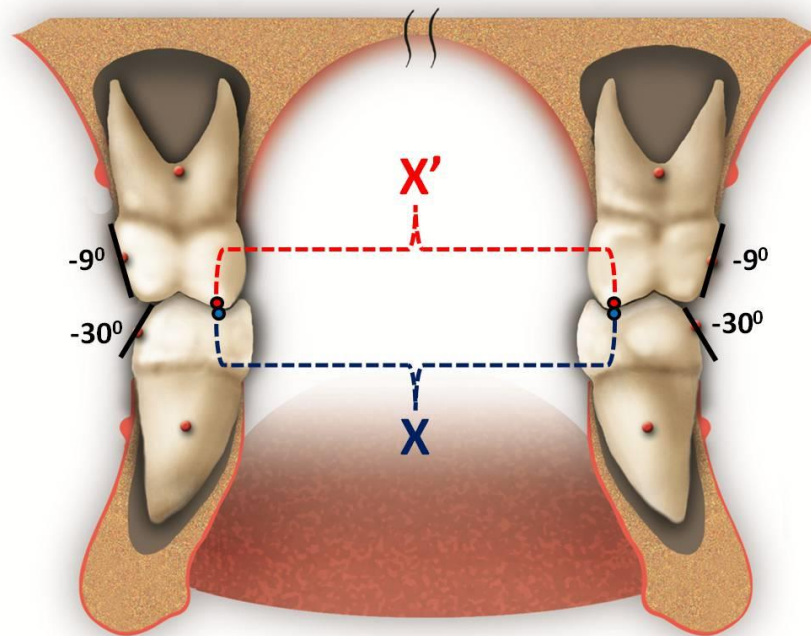
## ELEMENT II – Optimal Anteroposterior (AP) Jaw Positions <sup>17-26</sup>

The AP position of the maxilla is optimal when the Facial Axis points (FA pts) of *Element I* maxillary incisors are on the Goal Anterior Limit Line (GALL). The recommended method for assessing this relationship is clinical judgment. The AP position of the mandible is optimal when it is in *centric relation*, the incisors are *Element I* and they interface optimally with *Element I* incisors in an optimal maxilla.



### ELEMENT III – Optimal Jaw Widths <sup>27,28</sup>

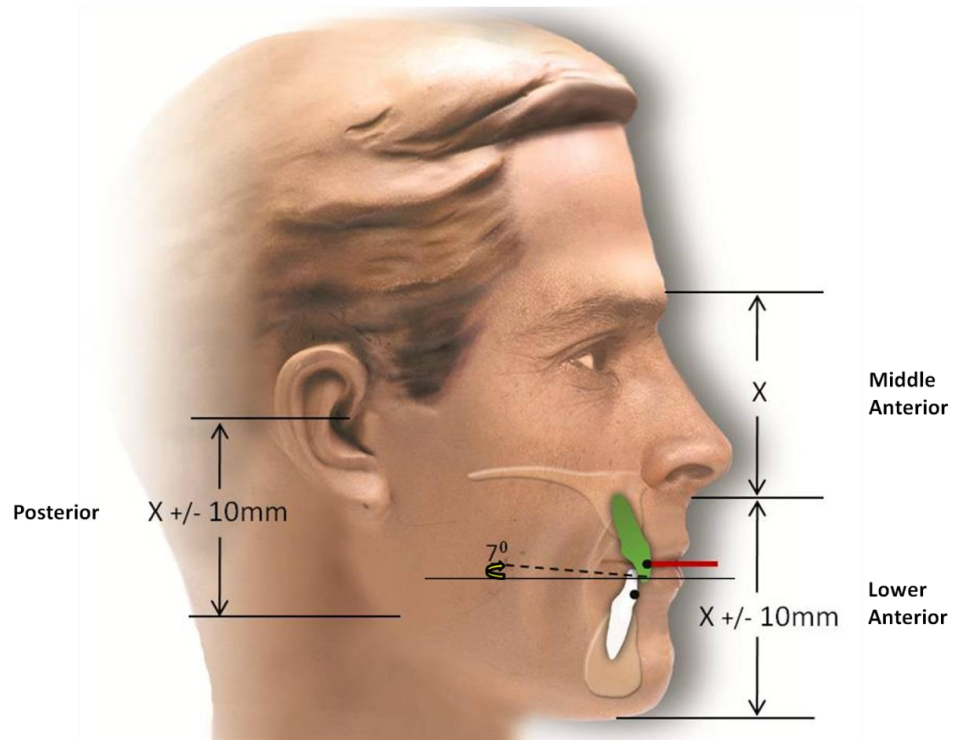
The width of the mandible is *naturally optimal* for most individuals. The width of the maxilla is optimal when distance  $X'$  mm (measured between the mesio-palatal cusp tips of *Element I* maxillary first molars) is equal to distance  $X$  mm (measured between the central fossae of *Element I* mandibular first molars).



## ELEMENT IV – Optimal Jaw Heights <sup>29-39</sup>

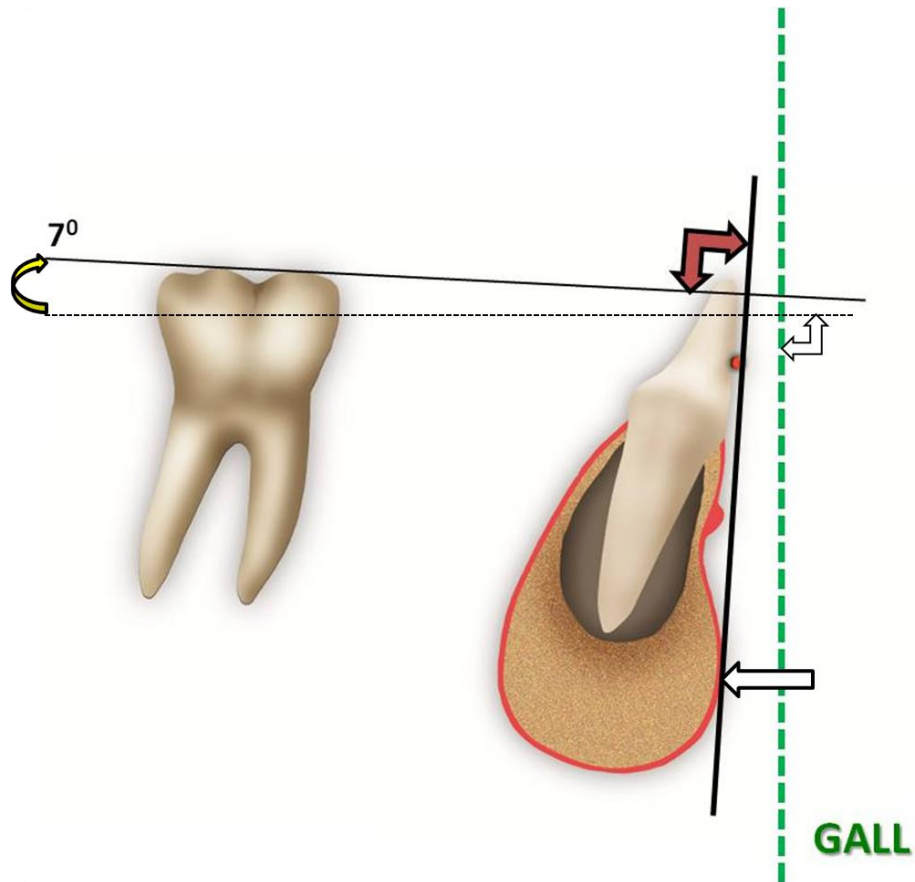
Jaw heights are optimal when:

- the arches are *Element I* and in full occlusion
- the middle anterior, lower anterior, and posterior face heights are in harmony with each other
- the maxillary incisors' FA pts are level with the inferior border of the upper lip in repose
- the occlusal plane orientation (inclination and cant) is in harmony with function and esthetics



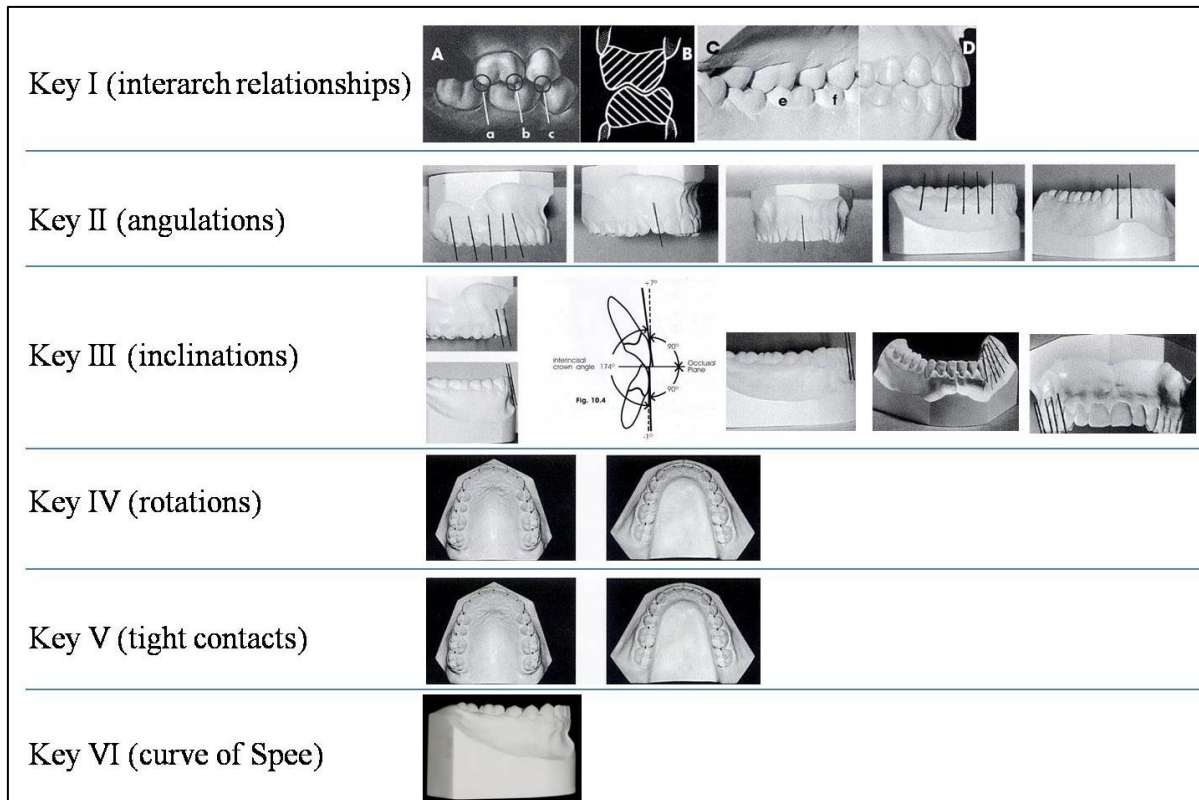
## ELEMENT V – Optimal Chin Prominence <sup>40-45</sup>

Chin prominence is measured independently of the mandible's AP position. Assuming normal soft tissue thickness, chin prominence is optimal when the AP prominence of pogonion matches the AP prominence of the FA pts of *Element I* mandibular central incisors.



## ELEMENT VI – Optimal Occlusion <sup>46-48</sup>

The requirements for an optimal occlusion include: *Element I* teeth and arches, *Element II, III,* and *IV* jaw characteristics, and the **Six Keys to Optimal Occlusion**®. Collectively, the presence of *Elements I-IV* creates the environment within which an esthetic, functional, and healthy occlusion can exist. The Six Keys to Optimal Occlusion are:



### SUMMARY

The **Six Elements of Orofacial Harmony™** are scientifically defensible goals associated with optimum health, function, and appearance. Differences in size, shape, gender, age, and/or ethnicity between individuals have little influence upon the optimal positions and relationships of the teeth, arches, jaws, and chin when measured relative to the **Six Elements**.

Each *Element* is diagnosed using landmarks and referents that are tangible, unique, and universal. They make possible a new three-dimensional, positionally-correct classification system called the **Six Elements Classification System**. This system provides orthodontist the means to accurately communicate a patient's condition relative to the intended post-treatment goals

## REFERENCES

### Element I

1. **Andrews LF, Andrews WA.** The six elements of orofacial harmony. *Andrews J.* 2000;1:13-22.
2. **Trivino T, Siqueira DF, Andrews WA.** Evaluation of the distances between the mandibular teeth and the WALA Ridge in a Brazilian sample with normal occlusion. *AJODO.* 2010;137(3):308-309 (online only).
3. **Ronay V, Miner RM, Will LA, Arai K.** Mandibular arch form: The relationship between dental and basal anatomy. *AJODO.* 2008;134(3):430-438.
4. **Gupta D, Miner RM, Arai K, Will L.** Comparison of the mandibular dental and basal arch forms in adults and children with Class I and Class II malocclusions. *AJODO.* 2010;138(1):10-11 (online only).
5. **Ball RL, Miner RM, Will L, Arai K.** Comparison of dental and apical base arch forms in Class II Division 1 and Class I malocclusions. *AJODO.* 2010;138(1):41-50.
6. **Conti MF, Vedovello M, Vedovello SAS, Valdrighi HC, Kuramae M.** Longitudinal evaluation of dental arches individualized by the WALA ridge method. *Dental Press J Orthod.* 2011;16(2):65-74.
7. **Weaver KE, Tremont TJ, Ngan P, Fields H, Dischinger T, Martin C, Richards M, Gunel E.** Changes in dental and basal archforms with preformed and customized archwires during orthodontic treatment. *Ortho Waves* 2012;71:45-50.
8. **Sangcharearm Y, Ho C.** Maxillary incisor angulation and its effect on molar relationships. *Angle Orthod.* 2007;77(2):221-225.
9. **Sangcharearm Y, Ho C.** Effect of Incisor Angulation on Overjet and Overbite in Class II Camouflage Treatment: A Typodont Study. *Angle Orthod.* 2007;77(6):1011-1018
10. **Ghaleb N, Bouserhal J, Bassil-Nassif N.** Aesthetic evaluation of profile incisor inclination. *Eur J Orthod.* 2011 Jun;33(3):228-35.
11. **Cao L, Zhang K, Bai D, Tian Y, Guo Y.** Effect of maxillary incisor labiolingual inclination and anteroposterior position on smiling profile esthetics. *Angle Orthod.* 2011;81(1):121-129.
12. **Najafi HZ, Oshagh M, Khalili MH, Torkan S.** Esthetic evaluation of incisor inclination in smiling profiles with respect to mandibular position. *AJODO* 2015;148(3):387-395.
13. **Zou W, Jiang J, Xu T, Wu J.** Relationship between mandibular dental and basal bone arch forms for severe skeletal Class III patients. *AJODO* 2015;147(1):37-44.
14. **Garib DG, Yatabe MS, Ozawa TO, da Silva Filho OG.** Alveolar bone morphology under the perspective of the Computed tomography: Defining the biological limits of tooth movement. *Dental Press J Orthod* 2010;15(5):192-205.
15. **Lund H, Grondahl K, Grondahl H-G.** Cone beam computed tomography evaluations of marginal alveolar bone before and after orthodontic treatment combined with premolar extractions. *Eur J Oral Sci* 2012; 120: 201–211.
16. **Yagci A, Veli I, Uysal T, Ucar FI, Ozer T, Enhos S.** Dehiscence and fenestration in skeletal Class I, II and III malocclusions assessed with cone-beam computed tomography. *Angle Orthod* 2012;82(1):67-74.

### Element II

17. **Andrews LF, Andrews WA.** The six elements of orofacial harmony. *Andrews J.* 2000;1:13-22.
18. **Andrews WA.** AP relationship of the maxillary central incisors to the forehead in adult white females. *Angle Orthod.* 2008;78(4):662-669.
19. **Schlosser JB, Preston CB, Lampasso J.** The effects of computer-aided anteroposterior maxillary incisor movement on ratings of facial attractiveness. *AJODO.* 2005;127(1):17-24.
20. **Cao L, Zhang K, Bai D, Tian Y, Guo Y.** Effect of maxillary incisor labiolingual inclination and anteroposterior position on smiling profile esthetics. *Angle Orthod.* 2011;81(1):121-129.



21. **Agostino P (et al).** Perception of the maxillary incisor position with respect to the protrusion of the nose and chin. *Progress in Orthodontics* 2007;8(2):230-239.
22. **Adams M, Andrews W, Tremont T, Martin C, Razmus T, Gunel E, Ngan P.** Anteroposterior relationship of the maxillary central incisors to the forehead in adult white males. *Art and Science of Dentofac Enhancement* 2013;14:e2-e9 (online only).
23. **Lundstrom A, et al.** Natural head position and natural head orientation: basic considerations in cephalometric analysis and research. *Eur J Orthod* 1995;17:111-120.
24. **Zou B, Zhou Y, Lowe AA, Li H, Pliska B.** Changes in anteroposterior position and inclination of the maxillary incisors after surgical-orthodontic treatment of skeletal class III malocclusions. *J Cranio-Maxillo-Facial Surg.* 2015;43:1986-1993.
25. **Singh V, Sharma P, Kumar P, Bagga D, Sharma R, Kumar P.** Evaluation of Anteroposterior Relationship of Maxillary Central Incisors to a Soft Tissue Plane in Profile Analysis. *J Indian Ortho Soc* 2014;48(3):180-183.
26. **Webb MA, Cordray FE, Rossouw PE.** Upper-Incisor Position as a Determinant of the Ideal Soft-Tissue Profile. *JCO* 2016;L(11):661-672.

### Element III

27. **Andrews LF, Andrews WA.** The six elements of orofacial harmony. *Andrews J.* 2000;1:13-22.
28. **Xu H, Han X, Wang Y, Shu R, Jing Y, Andrews WA, Andrews LF, Bai D.** Effect of buccolingual inclinations of maxillary canines and premolars on perceived smile attractiveness. *AJODO* 2015;147(2):182-189.

### Element IV

29. **Andrews LF, Andrews WA.** The six elements of orofacial harmony. *Andrews J.* 2000;1:13-22.
30. **Powell H, Humphreys B.** Proportions of the aesthetic face. Thieme-Stratton Inc.. New York, NY. 1984.
31. **Varlik SK, Demirbas E, Orhan M.** Influence of lower face height changes on frontal facial attractiveness and perception of treatment need by lay people. *Angle Orthod.* 2010;80(6):1159-1164.
32. **Geron S, Wasserstein A.** Influence of sex on the perception of oral and smile esthetics with different gingival display and incisal plane inclination. *Angle Orthod.* 2005;75(5):778-784.
33. **Hulsey CM.** An esthetic evaluation of lip-teeth relationships present in the smile. *Am J Orthod.* 1970;57(2):132-144.
34. **Batwa W, Hunt NP, Petrie A, Gill D.** Effect of occlusal plane on smile attractiveness. *Angle Orthod.* 2012;82(2):218-223.
35. **Sarver DM.** The importance of incisor positioning in the esthetic smile: The smile arc. *Am J Orthod Dentofacial Orthop.* 2001;120:98-111
36. **Farkas LG, Katic MJ, Hreczko TA, Deutsch C, Munro IR.** Anthropometric proportions in the upper lip-lower lip-chin area of the lower face in young white adults. *Am J Orthod.* 1984;86(1):52-60.
37. **Ioi H, Yasutomi H, Nakata S, Nakasima A, Counts AL.** Effect of lower facial vertical proportion on facial attractiveness in Japanese. *Orthodontic Waves* 2006;65(4):161-165.
38. **Naini FB, Donaldson ANA, McDonald F, Cobourne MT.** Influence of chin height on perceived attractiveness in the orthognathic patient, layperson, and clinician. *Angle Orthod.* 2012;82(1):88-95.
39. **Knight H, Keith O.** Ranking facial attractiveness. *Eur J Orthod.* 2005;27:340-348.

### Element V

40. **Andrews LF, Andrews WA.** The six elements of orofacial harmony. *Andrews J.* 2000;1:13-22.
41. **Holdaway RA.** A soft tissue cephalometric analysis and its use in orthodontic treatment planning. Part I. *Am J Orthod* 1983;84:1-28
42. **Holdaway RA.** A soft tissue cephalometric analysis and its use in orthodontic treatment planning. Part II. *Am J Orthod* 1984;85:279-93
43. **Arnett GW, Jelic JS, Kim J, Cummings DR, Beress A, Worley CM, Chung B, Bergman R.** Soft tissue cephalometric analysis: Diagnosis and treatment planning of dentofacial deformity. *Am J Orthod Dentofacial Orthop* 1999;116(3):239-253.

44. **Arnett GW, Bergman RT.** Facial Keys to orthodontic diagnosis and treatment planning. Part I. *Am J Orthod Dentofacial Orthop* 1993;103:299-312.
45. **Arnett GW, Bergman RT.** Facial Keys to orthodontic diagnosis and treatment planning. Part II. *Am J Orthod Dentofacial Orthop* 1993;103:395-411.

## Element VI

46. **Andrews LF, Andrews WA.** The six elements of orofacial harmony. *Andrews J.* 2000;1:13-22.
47. **Andrews LF.** The Six Keys to Normal (Optimal) Occlusion. *AJO.* 1972;62:296-309.
48. **Andrews LF.** *Straight-Wire-The Concept and Appliance.* San Diego, CA. L.A. Wells Co., 1989

## Growth and Growth Modification

49. **Coben SE.** Basion Horizontal Coordinate Tracing Film. *JCO* 1979;13(9):598-605.
50. **Broadbent BH Sr., Broadbent BH Jr., Golden WH.** *Bolton Standards of Dentofacial Developmental Growth.* C.V. Mosby, St. Louis, Missouri, 1975.
51. **Thiruvengkatachari B, Harrison JE, Worthington HV, O'Brien KD.** Orthodontic treatment for prominent upper front teeth (Class II malocclusion) in children (Review). *The Cochrane Library* 2013, Issue 11.
52. **Bjork A.** The use of metallic implants in the study of facial growth in children; method and application. *Am J Phys Anthropol* 1968;29:243-254.
53. **Sjara-Olds NJ, Pangrazio-Kulbersh V, Berger J, Bayirli B.** Long-term dentoskeletal changes with the bionator, herbst, twin-block, and MARA functional appliances. *Angle Orthod.* 2010;80(1):18-29.
54. **O'Brien K, Wright J, Conboy F, Sanjie Y, Mandall N, Chadwick S, Connolly I, Cook P, Birnie D, Hammond M, Harradine N, Lewis D, McDade C, Mitchell L, Murray A, O'Neill J, Read M, Robinson S, Roberts-Harry D, Sandler J, Shaw I.** Effectiveness of early orthodontic treatment with the twin-block appliance: A multicenter, randomized, controlled trial. Part 1: Dental and skeletal effects. *Am J Orthod Dentofacial Orthop.* 2003;124(3):234-243.
55. **Livieratos FA, Johnston LE.** A comparison of one-stage and two-stage nonextraction alternatives in matched Class II samples. *Am J Orthod Dentofacial Orthop.* 1995;108(2):118-131.
56. **Ishaq RAR, AlHamadi MS, Fayed MMS, El-Ezz AA, Mostafa Y.** Fixed functional appliances with multibracket appliances have no skeletal effect on the mandible: A systematic review and meta-analysis. *Am J Orthod Dentofacial Orthop.* 2016;149(5):612-624.
57. **Katsavrias EG.** The effect of mandibular protrusive (activator) appliances on articular eminence morphology. *Angle Orthod.* 2003;73(6):647-653.
58. **Katsavrias EG, Voudouris JC.** The treatment effect of mandibular protrusive appliances on the glenoid fossa for Class II correction. *Angle Orthod.* 2004;74(1):79-85.

## Cephalometrics

59. **Oh HS, Korn EL, Zhang X, Liu Y, Xu T, Boyd R, Baumrind S.** Correlations between cephalometric and photographic measurements of facial attractiveness in Chinese and US patients after orthodontic treatment. *Am J Orthod Dentofacial Orthop.* 2009;136:762.e1-762.e14.
60. **Devereux L, Moles D, Cunningham SJ, McKnight M.** How important are lateral cephalometric radiographs in orthodontic treatment planning? *Am J Orthod Dentofacial Orthop.* 2011;139(2):e175-e181.
61. **Kiekens RMA, Kuijpers-Jagtman AM, van 't Hof MA, van 't Hof HS, Maltha JC.** Facial esthetics in adolescents and its relationship to "ideal" ratios and angles. *Am J Orthod Dentofacial Orthop.* 2008;133:188.e1-188.e8.
62. **Contardo L, Ceschi M, Denotti G, Di Lenarda R.** Differences in skeletal Class II diagnosis using various cephalometric analyses. *JCO* 2008;42(7):389-392.