

# **Quantification of Forces Dissipated Through Bone When Using Rapid Maxillary Expansion**

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A thesis submitted to the Faculty of Graduate Studies of the University of  
Manitoba in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE (ORTHODONTICS)

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**Quantification of Forces Dissipated Through Bone When Using  
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**BY**

**Nicholas Karaiskos**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of  
Manitoba in partial fulfillment of the requirement of the degree**

**Of**

**MASTER OF SCIENCE**

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## **Abstract**

### **Quantification of Forces Dissipated Through Bone When Using Rapid Maxillary Expansion**

**AIM:** To Quantify the Forces Dissipated Through Bone When Using Rapid Maxillary Expansion

**MATERIAL AND METHODS:** Stress-strain gauges (Intertechnology, Don Mills, Ontario) were attached to human adult cadavers and bonded to the bone adjacent to the mid-palatal and intermaxillary sutures using the MBond 200, cyanoacrylate adhesive (Intertechnology, Don Mills, Ontario). The gauges were attached to a P3 machine and forces exerted on the craniofacial complex using a modified RME. Values generated were converted to force in gram units.

**RESULTS AND DISCUSSION:** After complete activation of the modified RPE appliance, maximum values were compiled and compared. The mean maximum force values for the mid-palatal suture was 986.58 grams ( $\pm 203.72$ ), while the intermaxillary suture site was 759.99 grams ( $\pm 143.77$ ). These forces are all at the level of orthopaedic in nature. Using a paired student t-test, it was found that there was a statistically significant difference in force values between the mid-palatal and intermaxillary sensor sites ( $p < 0.05$ ). No specimens were found to have either the mid-palatal or intermaxillary suture become patent following complete activation. The difference in values could indicate that the force generated by the modified RME becomes dissipated by the hard and soft tissues in the craniofacial complex and that the further away from the RME, the lower the recorded value. This may further support the theory that piezoelectricity mediates orthodontically induced alveolar remodelling by orthopaedic orthodontic appliances in the craniofacial complex.

**CONCLUSIONS:** Forces generated by RME devices are dissipated through the bone at levels that exceed orthopaedic force range. The further away from the site of force delivery, the lower the recorded values, suggesting dissipation involves many factors such as amounts of hard and soft tissue.

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## **1.0 INTRODUCTION AND STATEMENT OF THE PROBLEM**

Rapid maxillary expanders (RMEs) are widely used orthopaedic appliances in orthodontics. The use of such expanders exerts forces on the teeth and bone that are dissipated throughout the craniofacial complex resulting in anatomical changes involving bone. Although the literature describes the areas to where this force is dissipated, there is lack of knowledge on the quantification of force at the applied areas and its dissipation throughout the craniofacial complex. Because these appliances are widely used, it is critical to have an understanding of these forces so that an optimal and efficient correction in a biological range can be obtained.

The goal of orthopaedics is to produce a more aesthetic and functional change in the shape of the craniofacial skeleton. This is undertaken by exerting controlled and directed mechanical forces in patients manifesting dentofacial deformities and craniofacial anomalies. This force exerts a strain on the sutures of the craniofacial complex resulting in microscopic changes that over time summate to result in macroscopic effects.

Sutural mechanical stresses during mastication are complex because of momentary changes in force direction, muscle function, complex sutural forms, and the irregular shape of craniofacial bones. Understanding this complex interplay of sutural growth could be the key to understanding the mechanism of action of orthopaedic loading. This will provide invaluable knowledge to the literature in the quest to determine the ideal mechanical stimuli that are necessary when using orthopaedic appliances. This ideal, is the minimum mechanical force that results in the maximum desirable skeletal

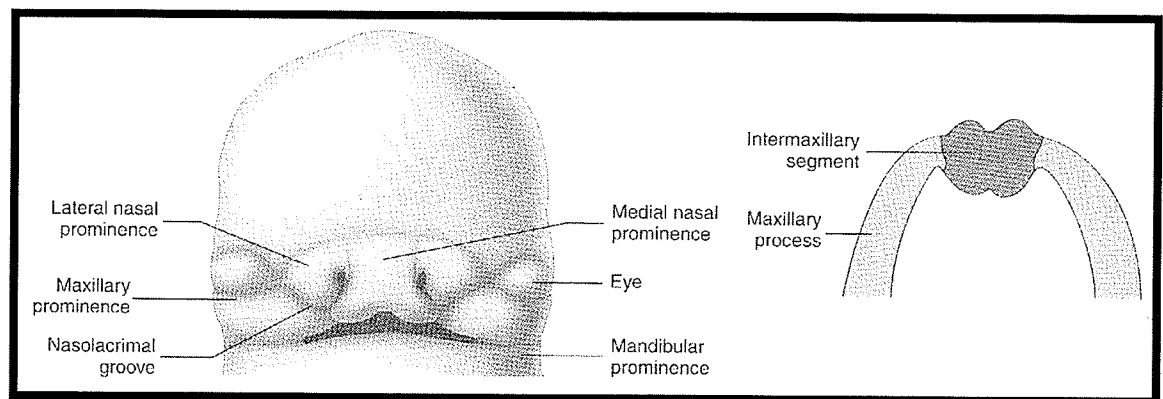
modification in the shortest period of time. It is anticipated that information from this study will provide improved knowledge to assist clinicians using orthopaedics to provide this optimal force.

## 2.0 LITERATURE REVIEW

### 2.1 *Embryology, Anatomy and Histology of the Palate and Sutures*

#### 2.1.1 Embryology

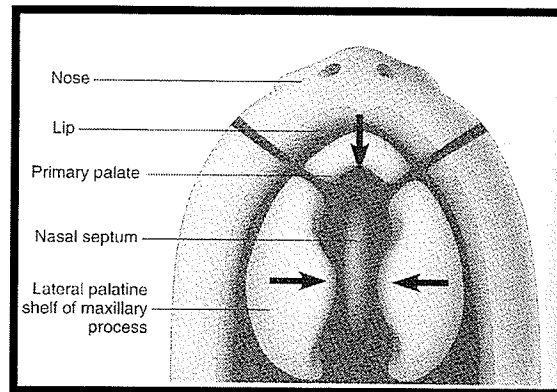
The palate begins to develop early in week 6, but the process is not completed until the 12<sup>th</sup> week. The most critical period during palatal development is the end of the 6<sup>th</sup> week to the beginning of the 9<sup>th</sup> week. The entire palate develops from two structures – the primary palate (premaxilla) and the secondary palate. The origin of the primary palate is the deep portion of the intermaxillary segment, which arises from the fusion of the two medial nasal prominences (Figure 1) (Persaud and Moore, 2002).



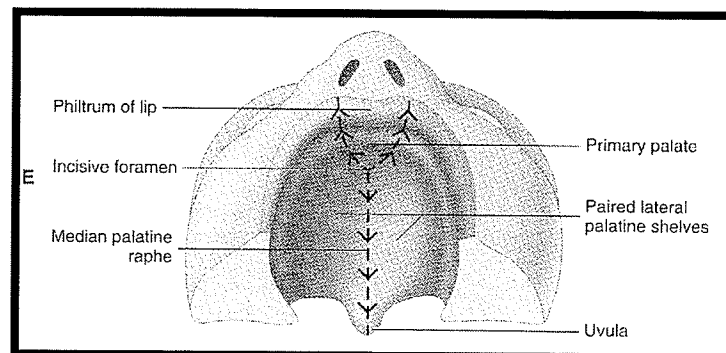
**Figure 1: Diagram depicting the formation of the palate from a frontal and coronal view.**

The secondary palate gives rise to the hard and soft palate posterior to the incisive foramen. It arises from paired lateral palatine shelves of the maxilla. These shelves are comprised initially of mesenchymal connective tissue and are oriented in a vertical plane with the tongue interposed. Later, the lateral palatine shelves become elongated and the tongue becomes relatively smaller and moves inferiorly. This allows the shelves to become horizontally oriented, to approach one another, and to fuse in the midline. The

median palatal raphe is a clinical remnant of fusion between the palatine shelves, and the incisive foramen is present at the junction of the primary palate and the lateral palatine shelves. The lateral palatine shelves also fuse with the primary palate and the nasal septum. Fusion between the nasal septum and palatine processes proceeds in an AP direction beginning in the 9<sup>th</sup> week (Persaud and Moore, 2002)



**Figure 2: Diagram depicting the formation and direction of the palate at 6 weeks.**



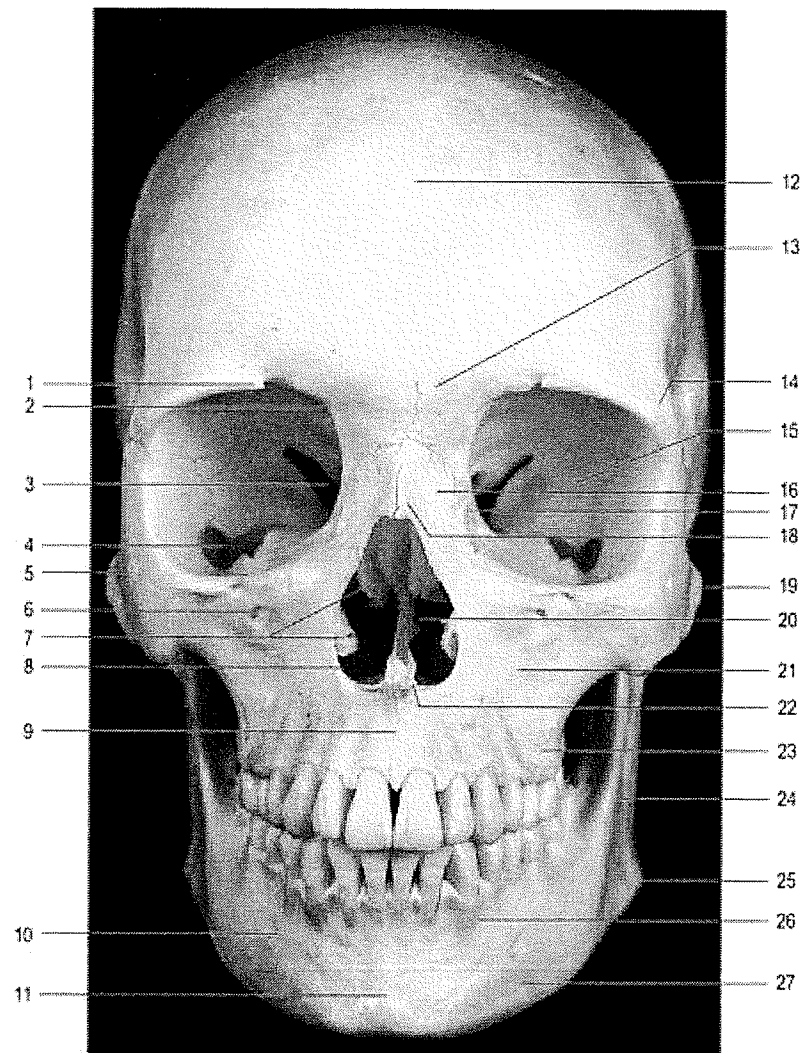
**Figure 3: Diagram depicting the formation and direction of the palate at 12 weeks.**

The interpremaxillary suture is well-established around the 47<sup>th</sup> day (Figure 2) of embryo development (primary palate). The first indication of sutural formation of secondary palate, in which the maxillary and palatine parts of the mid-palatal suture form, is at approximately 10½ weeks of age. A definite intermaxillary suture is established by the 12<sup>th</sup> week (Figure 3) (Persaud and Moore, 2002).

### *2.1.2 Anatomy*

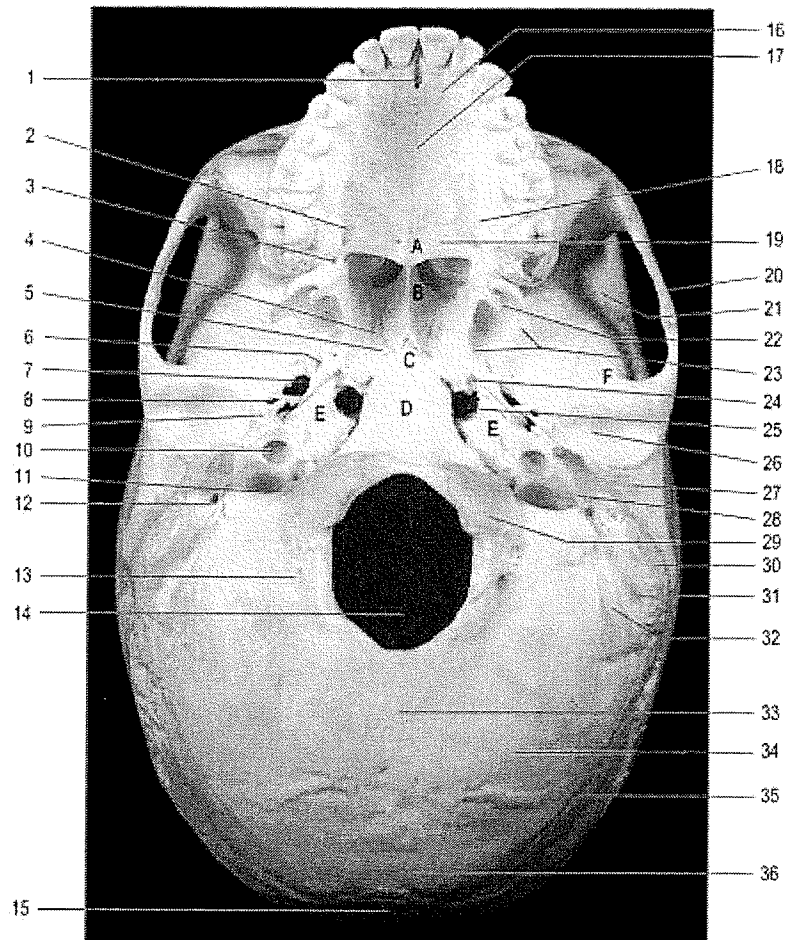
The maxilla is composed of 2 halves and can be conceptualized as a pyramidal body with 4 sides and 4 processes (Liebgott, 2001). Each maxilla articulates with the following structures (Liebgott, 2001) (Figures 4 and 5):

1. The opposite maxilla
2. The mandibular teeth (via the maxillary teeth and alveolar process)
3. Nasal bone
4. Lacrimal bone
5. Ethmoid bone
6. Palantine bone (via the palatal process)
7. Frontal bone (via the frontal process)
8. Vomer
9. Zygomatic bone (via the zygomatic process, which forms the apex of the pyramid)
10. Inferior concha



- |  |                                       |
|--|---------------------------------------|
| 1. Supraorbital notch.                 | 15. Greater wing of sphenoid bone.    |
| 2. Frontal notch.                      | 16. Frontal process of maxilla.       |
| 3. Superior orbital fissure.           | 17. Lacrimal bone.                    |
| 4. Inferior orbital fissure.           | 18. Nasal bone.                       |
| 5. Zygomaticofacial foramen.           | 19. Zygomatic bone.                   |
| 6. Infraorbital foramen.               | 20. Nasal septum.                     |
| 7. Nasal conchae.                      | 21. Body of maxilla.                  |
| 8. Anterior nasal aperture.            | 22. Anterior nasal spine.             |
| 9. Intermaxillary suture.              | 23. Alveolus of maxilla (upper jaw).  |
| 10. Mental foramen.                    | 24. Ramus of mandible.                |
| 11. Mental protuberance.               | 25. Angle of mandible.                |
| 12. Frontal bone.                      | 26. Alveolus of mandible (lower jaw). |
| 13. Glabella.                          | 27. Body of mandible.                 |
| 14. Zygomatic process of frontal bone. |                                       |

**Figure 4: Front view of skull.**



**Figure 5: Inferior view of skull.**



### *2.1.3 Histology*

It was found by Ten Cate and Freeman in 1977 that the immediate effect of applying tensile force to the palatal suture resulted in small localized tears within the suture, analogous to trauma. The tears then fill with tissue fluids, hemorrhage and an inflammatory cell infiltrate. Granulation tissue replaces the initial hematoma. A considerable number of fibroblasts and mesenchymal stem cells are recruited to the area, and synthesis of type I collagen occurs within the zone where the suture separates. As well, new capillaries form due to the vascular response present. During the active expansion phase, sutural expansion involves injury followed by repair. Regeneration does not occur until the cessation of sutural expansion. There is continued in-growth of new capillaries within this fibrous tissue, and osteoprogenitor cells recruited from the surrounding periosteum begin to deposit osteoid along the collagen fiber network. The response of the suture is one of osteogenesis and fibrillogenesis followed by remodeling (Ten Cate and Freeman, 1977)

Progressive remineralization of the soft callus is next, which is part of the stabilization phase. This phase results in the formation of a hard callus which is composed of immature bone or woven bone. This woven bone undergoes extensive remodelling to restore the normal lamellar architecture (Proffit and Fields, 2003). This returns the bone to its mature level within 3 months (Ekstrom and Henrickson, 1977).

## 2.2 *History and Basis of RME*

Over 100 years ago, the foundation of dentofacial orthopaedics was established when Kingsley and Angle discovered that there was a favourable change in patients with dentofacial deformities and malocclusions when an exogenous mechanical stress was applied. The first published work reporting on this procedure appeared in 1860, when E.H. Angell described the rapid expansion of the upper arch to provide space for maxillary canines (Angell, 1860). Since then, a plethora of orthopaedic devices have been established, all having the goal of modifying or altering growth of the craniofacial complex (Proffit and Fields, 2000; Graber and Vanarsdall, 2005). These include headgears, functional appliances and RMEs. The evidence in the literature describing the clinical efficacy of these appliances is exhaustive. However, their exact mechanism of action remains unknown and is a major controversy in the orthodontic literature. It is thought that exogenous forces produced by these appliances result in sutural bone strain that causes a cellular response in growth (Mao, 2002). This bone strain can be measured on the cortical surface over the craniofacial sutures. Similarly, functional appliances result in an alteration of the muscles of mastication producing stress on the zygomatic, sphenoid and temporal bones due to the attachments of the masseter, temporalis and lateral pterygoid muscles which are articulated by various sutures. (Mao, 2002)

Hylander's macaque model and Herring's pig model have been the foundation of our current knowledge of *in vivo* skull loading in mastication. These *in vivo* bone strain experiments mathematically mapped out the strain endured by the craniofacial sutures in the macaque (Hylander, 1986) and pig (Herring 1991; Herring, Teng, Huang, Mucci and

Freeman, 1996) during mastication. They found that the mandibular condyle sustained large mechanical strain during mastication and the circum-orbital region endures little bone strain, despite the large amount of bone mass present (Picq and Hylander, 1989; Ross and Hylander 1996; Herring, 1991; Herring, Teng, Huang, Mucci and Freeman, 1996; Rafferty and Herring, 1999; Rafferty and Herrig, 2000; Ravosa, Vinyard and Hylander, 2000). Also, sutures withstand mechanical stresses without overstressing facial bones (Buckland-Wright, 1978). Work on goat skulls has demonstrated that sutures absorb considerable energy generated by impact mechanical forces suggesting the possibility that sutural cells and the extracellular matrix components may store strain energy (Jaslow, 1990; Jaslow and Biewener, 1995). Indeed, sutures are moveable joints and have been shown to undergo displacement with moderate orthopaedic forces (Kragt, Duterloo and Algra, 1986).

Sutures are complex soft connective tissue articulations only found in the craniofacial bones of the skull. They absorb and transmit forces from mastication or exogenous orthopaedic forces instantaneously. Sutures, along with epiphyseal plates, allow for longitudinal growth of the skull by bone apposition. Sutures are composed of fibrous connective tissue and epiphyseal plates are composed of hyaline cartilage. Sutural growth is induced by small doses of oscillatory strain as little as 600 cycles 10 minutes per day over 12 days. Oscillatory tensile and compressive strain induces anabolic sutural responses and turns on genes and transcription factors that activate cells through mechanotransduction pathways to stimulate growth. Growth therefore, occurs by hereditary and mechanical signals in the same genetic pathway (Mao, 2002).

The above evidence suggests that sutures experience and transmit mechanical stresses resulting in their modification. An extension from this thinking suggests that orthopaedic forces are also absorbed and transmitted by sutures. The minute movement of the sutural cells due to an orthopaedic force is a potential mechanism for them to activate a biological response.

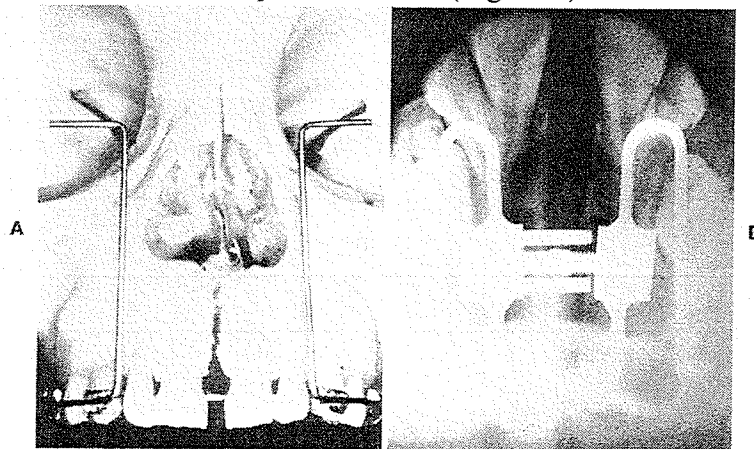
The literature describes stress patterns of craniofacial bones with RME and headgear using dry skulls. It is assumed that the strain patterns in dry skulls are similar to those *in vivo*. Experiments assessing that sutural strain patterns upon *in vivo* headgear loading in *Macaca irus* are substantially similar to sutural strain patterns in the same locations of dry skulls of the same animals obtained after they are sacrificed (Buckland-Wright, 1978; Kannan, 1982). These experiments help validate the results of dry skull studies. Yet it is assumed that strain is less in dry skulls because they are more stiff than skulls *in vivo*.

A dry skull experiment by Oberheim and Mao (2002) demonstrated that the average peak bone strain of the juvenile temporal articular eminence was significantly higher than the adult articular eminence. This was attributed to three factors:

- 1) a steeper articular eminence in adult skulls
- 2) increased distance from the mesiobuccal cusp of the maxillary first molar to the most inferior point on the articular eminence and
- 3) juvenile bone is more flexible than adult bone and is therefore subject to greater deformation and higher bone strain.

This suggests that similar orthopaedic forces (500 grams) could have different biological effects on immature and mature facial skeletons. They further found that contrasting bone strain patterns are present in the zygomatic arch across the zygomaticotemporal suture. There is an anatomical difference of the zygomatic arch as the middle is bent outwards and the ends are bent inwards. It was found that there was a tensile strain on its lateral surface, but compressive on its medial surface. This suggests potentially differential growth responses, bone remodelling and biomechanical effects of the zygomatic arch upon headgear therapy.

In summary, orthopaedic loading on the dentition results in a transmission of force to produce tensile and compressive strain on the facial and cranial sutures that absorb and transmit these forces. Different sutures experience different strain. Sutures absorb these stresses and their bony edges are displaced, either through tension or compression. This results in modulating sutural growth at the cellular level resulting in overall growth modification. Further, different sutures have different responses to force and propagate that force mainly into tensile or compressive strain (Figure 6).



**Figure 6: Opening of the mid-palatal suture on a dried skull (A). Radiographic appearance of the opened suture (B).**

### 2.3 *Types of Appliances Used for Rapid Maxillary Expansion*

There is a wide array of appliances that can be utilized to accomplish rapid maxillary expansion:

- 1) ***Removable appliances***: These appliances provide mid-palatal splitting and are generally effective in the deciduous or early-mixed dentition. The predictability of these appliances is not great, and can be greatly enhanced by patient compliance and sufficient retention (Skieller 1964; Ivanovski 1985; Bishara and Staley, 1987).
- 2) ***Haas-type banded expander*** (tissue borne) (Haas 1965, 1980). This appliance is a fixed split acrylic appliance which consists of an expansion screw (spring-loaded or a jackscrew) with acrylic abutting the alveolar ridges. The expansion screw has been shown to deliver 3 to 10 pounds of orthopaedic forces (Issacson, Wood and Ingram, 1964). The appliance is normally attached to the teeth with bands on the first molars and first premolars.
- 3) ***Hyrax-type banded expander*** (Biederman, 1968). This tooth-borne appliance is a nonspring-loaded jackscrew with heavy wire extensions that are soldered to the palatal aspects of the bands on the first molars and premolars.
- 4) ***Minne-banded expander*** (Issacson, Wood and Ingram, 1964) is a heavy-caliber coil spring-loaded appliance adapted to bands placed on the first permanent molar.

- 5) ***Bonded expander***: This is basically a hybrid of the Haas-type appliance with acrylic covering the occlusal surfaces in a splint fashion. It must be chemically bonded to the maxillary teeth.
- 6) ***Fan-type rapid maxillary expander***: designed in 1996 by Schellino, (Levrini and Filippi, 1999). This expansion appliance incorporates a spider screw named “Ragno” which works asymmetrically and allows “fan opening” of the suture.

#### ***2.4 Rapid Maxillary Expansion in Adults***

RMEs are one of the most useful appliances used by orthodontists and has been part of the orthodontists armamentarium for over 100 years (Chaconas and Caputo, 1982)

RME's produce high forces that may directly or indirectly affect the ten bones associated with the craniofacial skeleton including the maxilla, mandible, nasal bone, temporomandibular joints and pterygoid plates of the sphenoid bone. Clinicians report difficulty with expansion after the pubertal growth period when the intermaxillary suture is thought to fuse (Bishara and Staley, 1987; Proffit, Fields and Sarver 2007; Işeri, Tekkaya, Oztan and Bilgiç, 1998; Haas, 1980; Hicks, 1978). On the other hand, there is evidence that expansion in young adults is possible (Handelman, Wang, BeGole and Haas, 2000; Stuart and Wiltshire, 2003).

Bone scintigraphy is a technique used to assess the metabolic activity of bone. It's commonly used to detect the vascularity or osteogenesis of bone activity. Baydas and coworkers (2006) performed scintigraphy studies on 17 females age 16.1 to 18.8 years.

Scintigraphy was performed before expansion (T1), at the time the suture was split (T2) and then after the widening period (T3). Significant activity was observed between times T1 to T2 and then there was a remarkable decrease after the suture was opened from T2 to T3. This indicated that in these young female adults, rapid maxillary expansion resulted in not only dental but skeletal effects. This further suggests that RMEs should not be restricted to children. The question that remains to be answered is what is the upper age limit of expansion?

Because histological investigation is not feasible to assess the suture in our patients, an occlusal radiograph is a common technique used in clinical orthodontics to assess if the mid-palatal suture is ossified. A radiological-histological investigation by Wehrbein and Yildizhan analyzed the mid-palatal suture of ten subjects age 18 to 38 years who had recently died. It was found that 50% of the areas in which the suture was determined to be radiologically fused, no histological sutural obliteration was observed. The authors suggest that the term 'fusion' should be avoided when discussing radiological films of sutures. These findings suggest that radiographs should not be utilized to assist in the treatment decision if patients will be able to undergo maxillary expansion. The authors also found that the earliest signs of obliteration were observed in the posterior region of a 21 year old male and one 32 year old male demonstrated no obliteration at all.

In a study of human autopsy material, Melsen and Melsen (1982) described three stages of morphological development of the palatine suture without making reference to the age of the subjects. Their description is of a first stage involving a short, wide-shaped suture



with the second stage more tortuous and the third stage an extensive heavy interlocking of the pterygomaxillary connection. They report that the third stage is resistant to vertical and horizontal displacement of the maxilla during rapid palatal expansion

Persson and Thilander (1977) performed a histological examination of autopsy material to investigate the intermaxillary and transverse palatine suture areas of the alveolar arch of twenty-four subjects age 15-35 years. They observed that the palatal sutures may show obliteration in juveniles but a marked degree of closure was rarely found until the third decade. Great variations existed among individuals with respect to the age that the suture began to close. The oldest subject with no signs of ossification was a 27 year-old woman and the earliest ossification was observed in a 15-year-old girl. Variations were also found in different parts of the same suture. Further the closure of the suture progresses more rapidly in the oral versus the nasal part of the palatal vault. The intermaxillary suture was found to close more often in the posterior area versus the anterior. They conclude that there are large inter-individual differences present and that there are other factors other than age that influence the start and advancement of suture closure. They suggest a limit of 5% obliteration of the suture for maxillary expansion to be performed and that most patients under the age of 25 years can undergo the procedure successfully.

Recently, Knaup and coworkers (2004) performed a histomorphometric analysis of autopsy material, from the anterior, median and posterior palate of 22 subjects age 18-63 years. Their goal was to determine the width and degree of obliteration of the mid-palatal

suture between different ages. They found a statistically significant difference in the sutural width between the younger (<25 years) versus the older subjects. Similar to the results of Persson and Thilander, they discovered that the earliest ossifications tended to be observed in the posterior region, confirming a progression of ossification from posterior to anterior. The proportion of ossified tissue in the entire suture (obliteration) was low in all subjects, listed at 13.10%, which was found in a 44-year-old man in the older age group. The median value of the ossification was 0% in the younger age group and 3.11% in the group  $\geq 26$  years and this difference was found to be statistically significant. The earliest ossification was registered in a 21-year-old man and the oldest subject without ossification was a 54-year-old man.

A very interesting finding of this study was that ossification values were low in all subjects. No sutural region demonstrated more than 15% obliteration. Ossification values were not notably higher for elderly subjects. They suggest that this demonstrated that the bone bridges occurring sporadically within the suture are of no therapeutic significance during the first two decades and orthodontists should be fearful in performing rapid palatal expansion in patients beyond the third decade of life. They did not find bone remodelling or ossification activity lateral to the suture in subjects in the third or fourth decade. Based on Persson and Thilander's suggestion that maxillary expansion is possible with less than 5% obliteration, 77.3% of subjects over the age of 25 would qualify for expansion.

Clinically however, expansion is generally not considered in patients over 25 years due to other maxillary sutures and the age based rigidity of the maxillary bone that are thought to cause resistance to osseous transverse expansion (Isaacson and Ingram, 1964; Kokich, 1976; Melsen 1975; Wertz, 1970). Although the mid-palatal suture may break, there is resistance at the pterygomaxillary interface from the pterygoid plates of the sphenoid bones, which have a tendency to bend laterally and prevent the posterior area of the suture from opening (Wertz, 1970; Chaconas and Caputo, 1982; Jafari, Shetty and Kumar 2003).

In their finite element analysis study, Jafari, Shetty and Kumar (2003) indicates that the pterygoid plates are bent more than 2mm during rapid palatal expansion. Melsen and Melsen (1982) indicated that one cannot count on a spontaneous opening of the pterygomaxillary connection during a rapid palatal expansion due to its extensive interlocking. The stress from rapid maxillary expansion is transmitted to the cranial base only if a fixed pterygomaxillary connection is present and if spontaneous opening does not occur. Protecting the cranial base is therefore important as the elasticity of the bone structures decreases, especially the pterygoid plates of the sphenoid bone. During surgically assisted rapid palatal expansion, there should be a surgical severance of the pterygomaxillary connection (Matteini and Mommaerts, 2001; Holberg and Rudzki-Janson, 2006)

In a finite element analysis of the human cranial base by Holberg and Rudzki-Janson (2006), only moderate stresses were observed in the cranial base of children and

adolescents during rapid palatal expansion suggesting that serious complications are unlikely. In the adult cranial base, due to its reduced elasticity, a considerable amount of stress was present when the pterygoid plates were slightly bent. This stress was particularly evident in the area of the foramen rotundum, the foramen ovale, foramen lacerum and the superior orbital fissure. This suggests that microfractures with injuries to the nervous and vascular structures may occur. Because of the reduced elasticity of the bony structures, considerable stress already occur on light bending of the pterygoid process, especially in the area of the foramen rotundum, the foramen ovale, the carotid sulcus, the optic foramen and the superior orbital fissure, all of which might lead to microfractures with injury of nervous and vascular structures. They suggest that clinicians should be mindful in monitoring the patients' bone elasticity during rapid palatal expansion and that protective measures should be placed in patients with decreased bone elasticity, such as decreasing activations or surgically severing the pterygomaxillary connection.

### ***2.5 Craniofacial Forces from Rapid Maxillary Expansion***

The goal of rapid maxillary expansion is to produce a force to displace the palatal suture and expand the palate by forcing the halves laterally, with minimal tooth movement on tipping. This results in heavy forces directed to the maxilla and adjacent skeletal structures. Indeed, patients report pressure sensations at various craniofacial areas during RME, especially the areas articulating the maxilla such as the eyes and the nasal areas (Zimring and Isaacson, 1965; Chaconas and Caputo, 1982). Histological studies of animals where RME was employed also demonstrated signs of increased cellular activity

at various craniofacial sutures. Histological studies have also demonstrated increased cellular activity at the nasal, maxillary-zygomatic and zygomaticotemporal sutures (Starnbach, Bayne, Cleall and Subtelny 1966). The nasal suture demonstrated the most activity. This has been confirmed by other histological studies (Gardner and Kronman, 1971; Starnbach and Cleall, 1964; Storey, 1973; Ten Cate, Freeman and Dickinson, 1977)

Isaacson and coworkers (1964) used strain gauges cemented to RMEs in patients and found that a single activation of the expansion screw of 0.2mm (one quarter revolution) produced approximately 1.3-4.5 kg (3-10 pounds) of force from a single activation. The measured forces were horizontal, vertical and a combination of the two. The force decayed rapidly initially and then continued to slowly decrease. Isaacson found that the resistance of the expansion was not from the mid-palatal suture but from the bones that articulated the maxilla because there was not a significant change in the force when the sutures opened. He found that a smaller force was required for younger patients versus older patients due to less resistance to expansion of the palate. Isaacson did not discuss the magnitude or the nature of changes which occur as activation continues.

Zimring and Isaacson (1965) did a similar study on four patients. They determined that it was the facial skeleton that was the main resistance to expansion. The maximum loads on patients ranged from 7.5-15.7 kg (16.6 to 34.8 pounds) of force during treatment and these forces gradually dissipated during the six week retention period. They reported

forces in other areas such as the nose and beneath the eyes. They concluded that the magnitude and type of forces at these areas are not known.

Haas (1961) sacrificed pigs that had rapid maxillary expansion and found bending in the alveolus and lowering of the palatal vault. By using the data obtained from this pig study, he conducted expansion on human subjects. These subjects noted pressure in the alveolus, palatal vault and the articulations of the maxilla including the frontal, nasal and zygomaticomaxillary suture was recorded. Haas also reported some pressure at the zygomaticotemporal suture in his findings as well. Although these measurements were purely subjective in nature from the subjects, they aided in better understanding the dissipation of these forces.

Investigators have also conducted histological evaluations. Starnbach, Bayne, Cleall and Subtelny (1966) placed RME's on four rhesus monkeys and sacrificed each at different stages of treatment and retention. Histological analysis demonstrated disorganized periodontal fibres with a wider periodontal membrane on the palatal side. There was resorption of alveolar bone on the pressure surface. This was less evident in the animal that had been in retention. There was a predominance of lateral bodily movement over rotational movement. They were able to show greater cellular activity at the nasal, zygomaticomaxillary and zygomaticotemporal suture areas. The most activity was found at the nasal suture and least at the zygomaticotemporal suture.

Gardner and Kronman (1971) also did rapid palatal expansion in six rhesus monkeys and showed distortions at the lambdoid and parietal sutures and the sphenooccipital synchondrosis, by utilizing ultraviolet light. These sutures were split up to 1.5mm at some points, and on one skull the entire parietal bone was elevated above the calvarium. The spheno-occipital synchondrosis was also opened in all experimental subjects and in one animal, the rapid palatal suture expansion led to an opening of more than 1 mm. Histologically, growth or remodelling was evident in bones surrounding the mid-palatine suture such as the infratemporal region of the maxilla, greater wing of the sphenoid, zygomatic arch, pterygoid plates and hamular process.

Storey (1973) showed that the expansion is greater at the alveolar crest compared to the palatal vault. His study involved placing helical torsion springs on the upper lateral incisors of rabbits. Also, the maxillary bones swing laterally with a centre of rotation near the frontonasal suture.

In a study at the University of Manitoba, Murray and Cleall (1971), it was shown that the actual opening of the suture occurred during the fourth to seventh day of expansion in monkeys. It was observed that opening the suture involved a series of distinct stages. There was first an adaptation of the sutural connective tissue to heavy forces, then a proliferation of connective tissue and heavy resorption. This allowed a physical separation of the bony processes. There was then a heavy deposition of bone to maintain the expansion. Furthermore, they found that during the initial stages of expansion, tipping was observed in the buccal dentition, but after 14 days, bodily movement was occurring.

A clinical study by Wertz and Dreskin (1977) on 56 patients aged 8 to 29 years and having undergone expansion therapy with a variety of fixed expansion screw appliances, showed that opening of the palatal suture resulted in the displacement of the maxilla downward and usually forward. This confirmed the work by Gardner and Kronman (1971) who contended that the opening of the spheno-occipital synchondrosis was the reason for the anterior movement of the maxilla. They also showed that older patients had lost the width and younger patients did not have relapse. The older patients had more rigid skeletal components and had little orthopaedic change.

In a study in which metallic markers were placed bilaterally in the maxilla of five patients with bilateral posterior crossbite, age 10-15 years, Hicks (1978) found that a continuous 0.9 kg (2 pound) load was able to separate the two maxillary segments over a 1-3 week time period.

In a study of 32 patients who underwent rapid maxillary expansion, Timms (1980) demonstrated that the palatine bones separated as well as the maxilla and that the pterygoid processes of the sphenoid bone splayed outward. He noted that in subjects undergoing rapid maxillary expansion, the effect is greatest in the dentoalveolar region while it lessens as you move away and as the stress eases.

In a photoelastic study of the human skull, Chocanos and Caputo (1982) measured stresses using RME of the Haas, Minne-expander, Hyrax, and quad helix types. Each of



the appliances produced different stresses transmitted through the bones of the craniofacial complex and effects on the various sutures. This was a result of their having a different range of load-activation characteristics. Fixed appliances produced stress that was concentrated in the anterior region of the palate that progressed posteriorly toward the palatine bone. The Haas, Minne-expander, and Hyrax appliances resulted in stresses that were in the orthopedic range. The stress was concentrated in the anterior region of the palate and progressed to the posterior and radiated to areas superiorly along the perpendicular plates of the palatine bone deeper to anatomic structures such as the lacrimal, nasal, and malar bones, the pterygoid plates of the sphenoid, the zygomatic process and the medial wall of the orbit. Interestingly, increased activation decreased retention resulting in less of a stress produced at these areas. Furthermore, with increased activation, the palate began to separate. The appliance was found to primarily affect posterior teeth. The quad helix appliance was found to produce less than the orthopaedic range of force and was a less effective appliance unless it was used in the very young patient in whom the sutures are patent.

Jafari, Shetty and Kumar (2003) analyzed stress distribution using 3-D finite element analysis on a young dry skull that received rapid maxillary expansion. He found that maximum lateral displacement was 5.313mm at the region of upper central incisors and there was a marked lateral displacement at the inferior aspect of the pterygoid plates. The pterygoid plates approximating the cranial base were minimally displaced. Midline structures experienced a downward displacement with ANS and A point moving down. The expansive forces were found to be distributed throughout the craniofacial skeleton.

### 3.0 OBJECTIVES AND NULL HYPOTHESIS

**Objective #1:** To quantify the force levels generated at the mid-palatal suture during activation of the RME appliance.

*Null Hypothesis #1:* There are no measurable force levels detectable at the mid-palatal suture after activation of the RME.

*Null Hypothesis #2:* The force levels generated at the mid-palatal suture are not orthopaedic in nature (500 grams/16 oz or higher).

*Null Hypothesis #3:* The maximum force levels generated at the mid-palatal suture do not exhibit statistically significant differences between cadavers.

**Objective #2:** To quantify the force levels generated at the intermaxillary suture during activation of the RME appliance.

*Null Hypothesis #4:* There are no measurable force levels detectable at the intermaxillary suture after activation of the RME.

*Null Hypothesis #5:* The force levels generated at the intermaxillary suture are not orthopaedic in nature (500 grams/16 oz or higher).

*Null Hypothesis #6:* The maximum force levels generated at the intermaxillary suture do not exhibit statistically significant differences between cadavers.

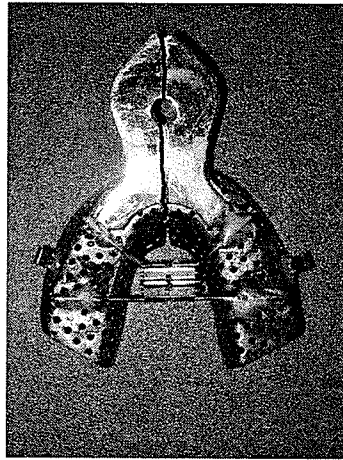
**Objective #3:** To determine if the mid-palatal suture remains fused or separates following activation of the RME appliance.

***Null Hypothesis #7:*** The mid-palatal suture will not break following activation of the RME appliance due to the advanced age of the specimens.

## 4.0 METHODOLOGY

### 4.1 *Fabrication of a Universal RME Appliance*

A stock alginate tray (Ortho Organizers, U.S.A.) that was both perforated and possessed a rim-lock edge was used in an effort to increase the retentive capabilities of the tray. The tray was then modified by cutting it into 2 equal halves and joined in the center by a jack-screw (Forestadent, Pforzheim, Germany) soldered to each half in an anterior and posterior contact point. This jack-screw was capable of expanding a maximum of 12mm in total (Figure 7).



**Figure 7: 12mm hyrax expansion screw soldered to a sectioned impression tray**

### 4.2 *Sample Selection*

Permission was obtained by Dr. Thomas Klonisch of the Faculty of Medicine to perform this study. Human cadavers were selected from those available in the Gross Anatomy Laboratory at the University of Manitoba, Faculty of Medicine. Ethics approval was not necessary as these cadavers were already given the designation for research purposes.

Cadavers were chosen that had at least molars and premolars present to allow for better, natural retention of the fabricated RME appliance. The following cadavers were chosen for the study:

Specimen #24009      Male 74 years old.

Specimen #24021      Female 79 years old.

Specimen #23002      Male 68 years old.

Specimen #23011      Female 71 years old.

#### ***4.3      Dissection for Sensor Placement***

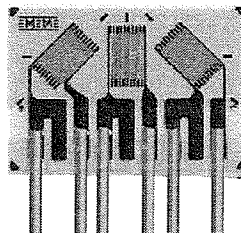
Careful dissection of the cadaver was performed in the palatal and intermaxillary area. In the palatal area, a surgical scalpel was used to place an incision through the keratinized gingival tissue of the palate. This incision followed the line of the teeth (if present) and/or the residual alveolar ridge from the posterior aspect of the second molar to the midline. Next a flap was raised using a periosteal elevator (Hu-Freidy, Chicago, Illinois) to expose bone. The gingival tissue was then removed and discarded in accordance to the rules and regulations governing cadavers at the University of Manitoba. The complete bony palate was now exposed and ready to receive a rosette strain gauge sensor.

For the intermaxillary area, a surgical scalpel was used to cut the gingival tissue in the maxillary anterior area. This incision followed the line of the maxillary anterior teeth (if present) and/or the residual alveolar ridge from the area of the first premolar to the

midline. Next a flap was raised using a periosteal elevator to expose the bone. This flap of tissue was then kept away from the rosette strain gauge site using a retraction fork. Half of the maxillary bone was now exposed and ready to receive a rosette strain gauge sensor.

#### **4.4 Sensor Placement**

Once the bone was exposed in either the palatal or intermaxillary sites, it was then cleaned thoroughly with gauze dipped in a 99.9% pure ethanol solution for 5 minutes. Next, dry gauze was used to remove any and all moisture from the respective areas for another 5 minutes. A rosette strain gauge sensor equipped with 6, 10 foot leads (catalogue number C2A-06-062LR-350 (Intertechnologies), Figure 8) was then cemented to the dried bone using MBond200 (Intertechnologies), a cyanoacrylate bonding adhesive (Figure 9). Firstly, MBond 200 catalyst (98% 2-Propanol, 2% n-Phenyldiethanolamine) was brushed onto the back of the sensor and allowed to dry for 10 seconds. Secondly, the MBond 200 cyanoacrylate adhesive was placed on the back of the sensor. With firm finger pressure, the sensor was placed in position and held for 1 minute to allow the adhesive to dry and ultimately bond to the bone.



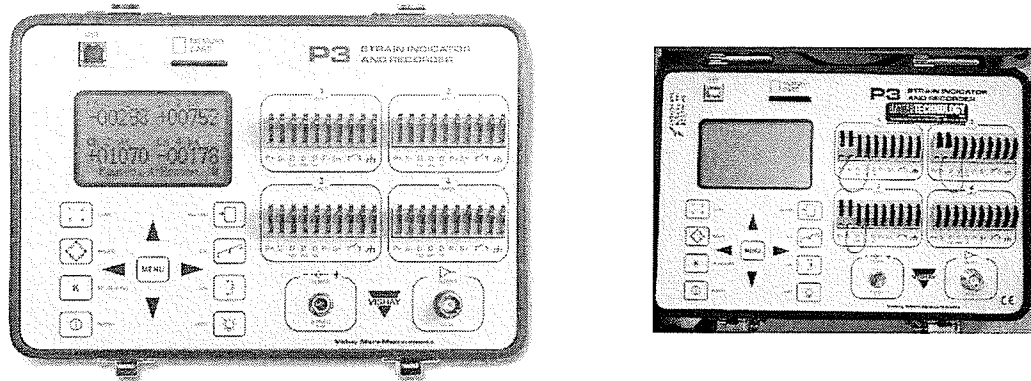
**Figure 8: A rosette strain gauge sensor equipped with 6, 10 foot leads (catalogue number C2A-06-062LR-350 (Intertechnologies))**



**Figure 9: M-Bond 200 (Intertechonologies)**

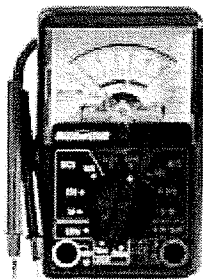
For the palatal suture, the sensor was placed 2mm to the right of the mid-palatal suture and midway between the anterior segment and the junction of the palatal process of the maxillary bone/palatine bone. The orientation of the sensor was such that the leads faced posteriorly or towards the cadaver's throat. For the intermaxillary suture, the sensor was placed 2mm to the right of the intermaxillary suture and 5mm gingival to the highest point of bone from the tooth or residual alveolar ridge. The orientation of the sensor was such that the leads faced inferiorly or towards the cadaver's throat. All leads were then connected to the P3 measuring device (Intertechonology, Toronto, Ontario, Figure 10)

such that the first 2 leads were connected to Channel 1, the middle 2 leads were connected to Channel 2, and the last 2 leads were connected to Channel 3.



**Figure 10: P3 Strain gauge recording device (Intertechnologies)**

Once attached to the P3, an ohm meter (Canadian Tire, Toronto, Ontario, Figure 11) was used to ensure that all channels were grounded and stable. If any channels produced readings that were different from the others, this meant that the sensor was not stable and needed to be removed. A stable reading was one where the indicator bar remained stationary in the same range for all channels 1 through 3.



**Figure 11: Ohm Meter (Canadian Tire)**



Once confirmation of proper placement and functionality (through the ohm meter test) of the sensor was confirmed, the RME appliance was placed.

#### ***4.5 Placement and Activation of the RME Appliance and Recording of Strain Values***

Kerr brown dental compound (GAC Dentsply, USA) was placed in a water bath and heated to 60 °C. Once this temperature was reached, the compound material was placed and moulded into the modified RME device. The RME was immediately and carefully placed into the oral cavity of the cadaver, seated fully and held into place for 10 minutes to allow for the compound material to cool and harden. Once cooled, the P3 recording device was activated to record changes in the sensor at every second. The RME device was continually activated or turned every 5-10 seconds with use of a special key until it could not be turned any further, for a total of 48 turns or 12 mm. Once the final turn was completed, the P3 was kept in the record mode for another 60 seconds. Results were stored directly on the P3 device on a SD memory card and accessed via personal computer into a Microsoft Excel file (Microsoft Corp., Redmond WA) for analysis.

#### ***4.6 Organization of Data and Statistical Analysis***

All measurements obtained from the P3 were placed in table form corresponding to the respective channels, namely 1, 2, and 3. Data was then put through a complex mathematical macro developed by Intertechnology Canada to convert the  $\mu$ strain value and incorporate the multi-directional axes of the rosette strain gauge into a useable format, namely force in grams. Data was analyzed using SPSS Version 15.0 statistical

software (2007 SPSS Institute Inc., Chicago, IL). A two-tailed, paired Student t-test was used to compare the maximum and minimum force values at the different sites for statistical significance between sites and cadavers. A paired t-test is used when each data point in one group corresponds to a matching data point in the other group. The paired t-test is used to investigate the relationship between two groups where there is a meaningful one-to-one correspondence between the data points in one group and those in the other, e.g. a variable measured at the same time points under experimental and control conditions. Two-tailed tests are used where there is no basis to assume that there may be a significant difference between the groups (Hassard, 1991).

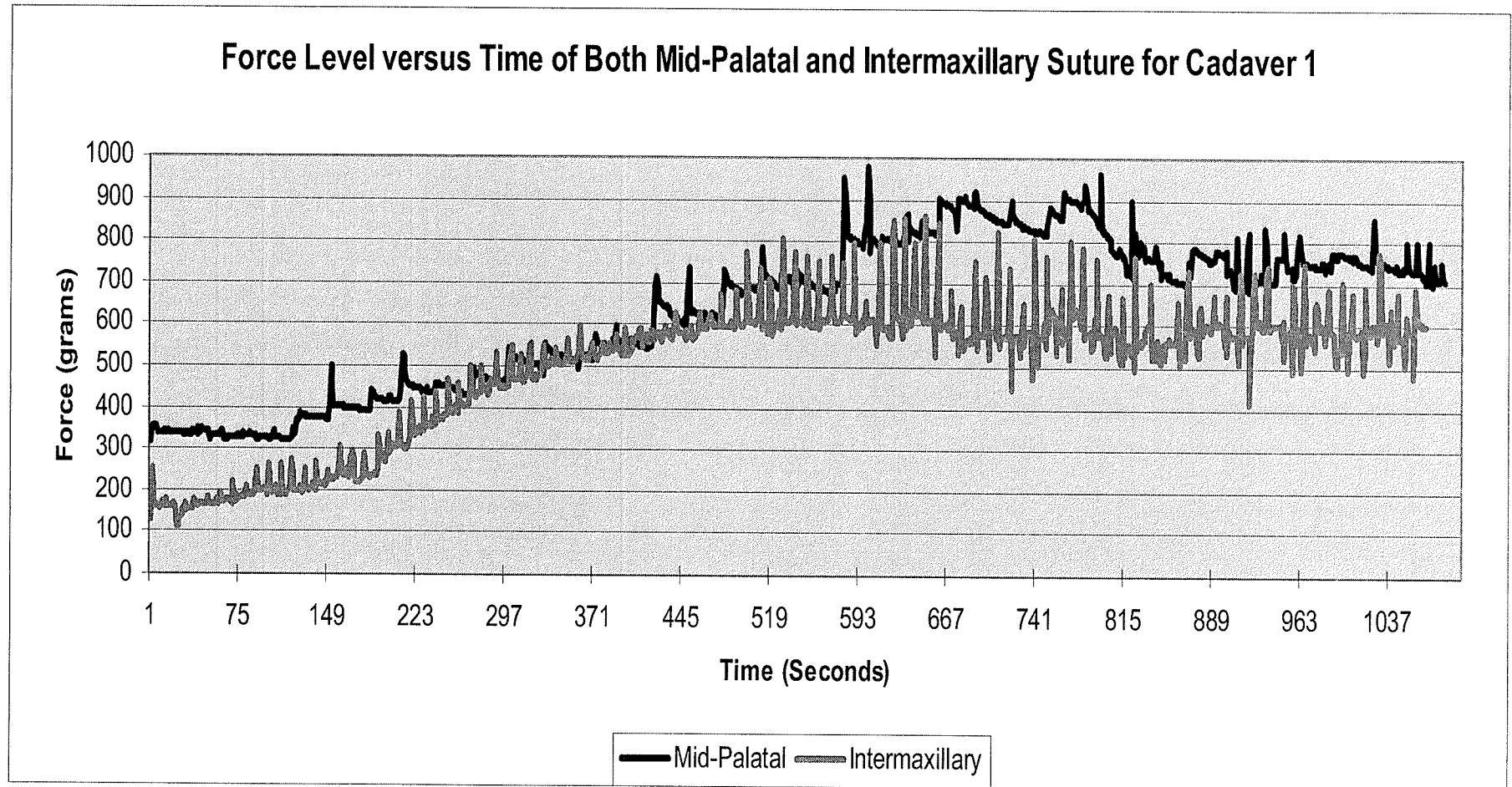
## 5.0 RESULTS

### *5.1 Cadaver 1 Results*

Cadaver 1 yielded the results shown in Figure 12. At first glance it can be observed that there are generally 4 distinct patterns present for each site. For the palatal sensor site, the first phase can be seen as a gradual increase in force values between 0 and 200 seconds. Between 200 and 600 seconds, there is a logarithmic increase in force values with a corresponding levelling-off between 600 and 815 seconds. The final phase shows a slight decline from the initial levelling-off between 815 seconds and the final reading of about 1050 seconds. The intermaxillary sensor site also showed a similar trend, however at different time intervals when compared to the palatal suture site. The first phase is comparable and occurs between 0 and 200 seconds. The second phase, or the logarithmic increase in force values occurred for a shorter overall period between 200 and 450 seconds. The third phase, or the levelling-off portion of the graph occurred between 450 and 750 seconds. The final or fourth phase was observed between 750 and the final reading of about 1050 seconds. The display of a spike in the graph occurred at each activation followed by a period of gradual relaxation and corresponding drop in the force value over time. These spikes were as high as 150 grams of force. The mid-palatal sensor yielded higher force values versus the intermaxillary sensor. According to Table 1, one can view the maximum and minimum values for both sensor sites.

	Mid-palatal	Intermaxillary	Difference
Minimum	319.18	111.58	207.60
Maximum	980.27	862.89	165.38

**Table 1: Maximum and minimum force values (grams) for cadaver 1**



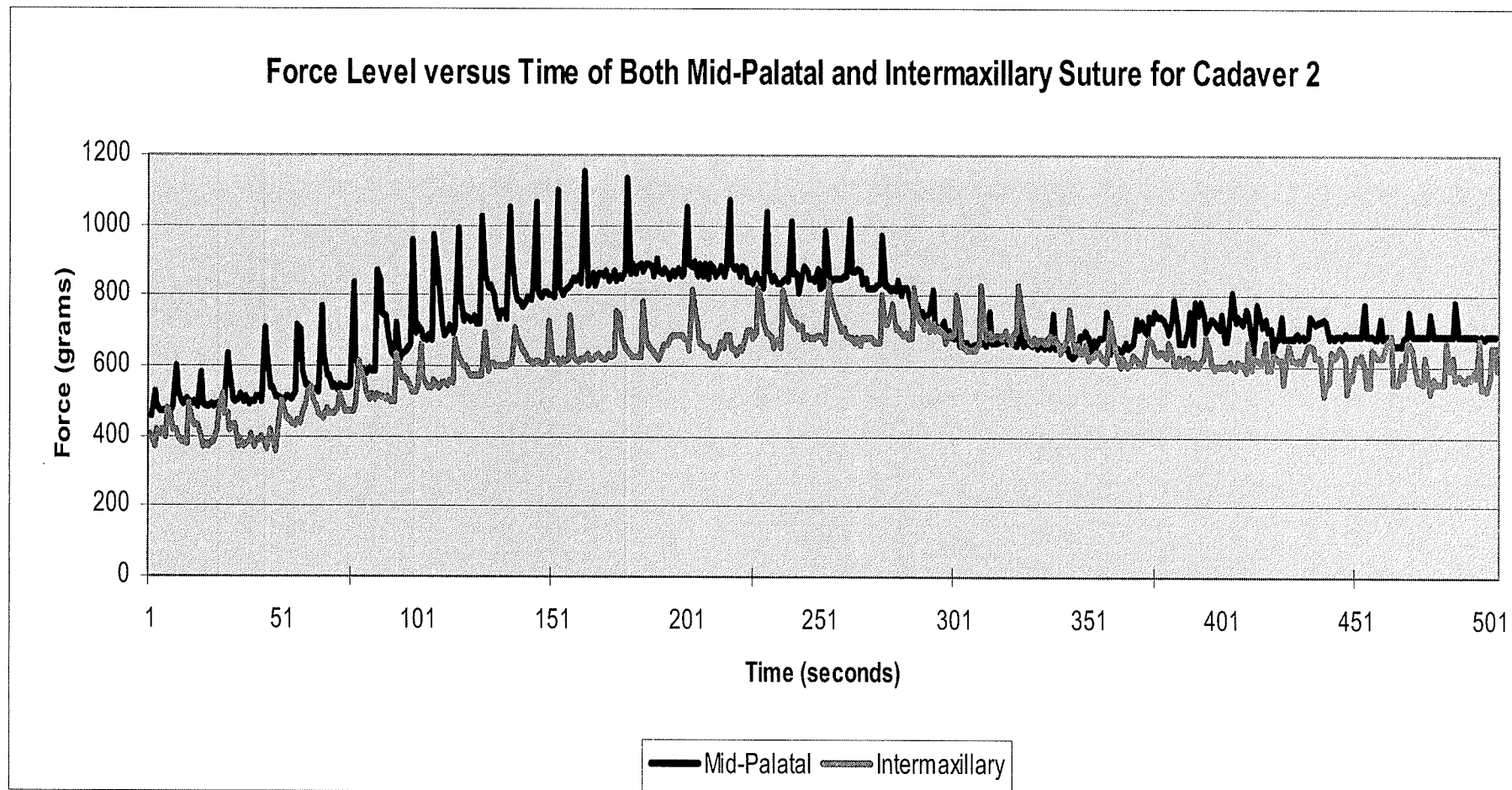
**Figure 12: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 1**

## ***5.2 Cadaver 2 Results***

Cadaver 2 yielded the results shown in Figure 13. This cadaver displayed results that were similar to Cadaver 1. Again, 4 distinct patterns were present for each site. For the palatal sensor site, the first phase can be seen as a gradual increase in force values between 0 and 50 seconds. Between 50 and 175 seconds, there is a logarithmic increase in force values with a corresponding levelling-off between 175 and 275 seconds. The final phase shows a slight decline from the initial levelling-off between 275 seconds and the final reading of about 500 seconds. The intermaxillary sensor site also showed a similar trend, again at different time intervals when compared to the palatal suture site. The first phase occurs between 0 and 50 seconds. The second phase, or the logarithmic increase in force values occurred for a shorter overall period between 50 and 150 seconds. The third phase, or the levelling-off portion of the graph occurred between 150 and 350 seconds. The final or fourth phase was observed between 350 and the final reading of about 500 seconds. Between 300 and 350 seconds, the plateau reached similar levels but here the intermaxillary suture produced higher spikes. The same spikes in the level of force generated were observed at each activation followed by a period of gradual relaxation and corresponding drop in the force value over time. What is notably different in this cadaver is the level of spikes observed with each RME activation. Some spikes yielded increases of almost 300 grams. The mid-palatal sensor yielded higher force values versus the intermaxillary sensor. Table 2 describes the maximum and minimum values for the both sensor sites.

	Mid-Palatal	Intermaxillary	Difference
<b>Minimum</b>	461.36	357.22	104.14
<b>Maximum</b>	1152.42	835.84	316.58

**Table 2: Maximum and minimum force values (grams) for cadaver 2**



**Figure 13: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 2**

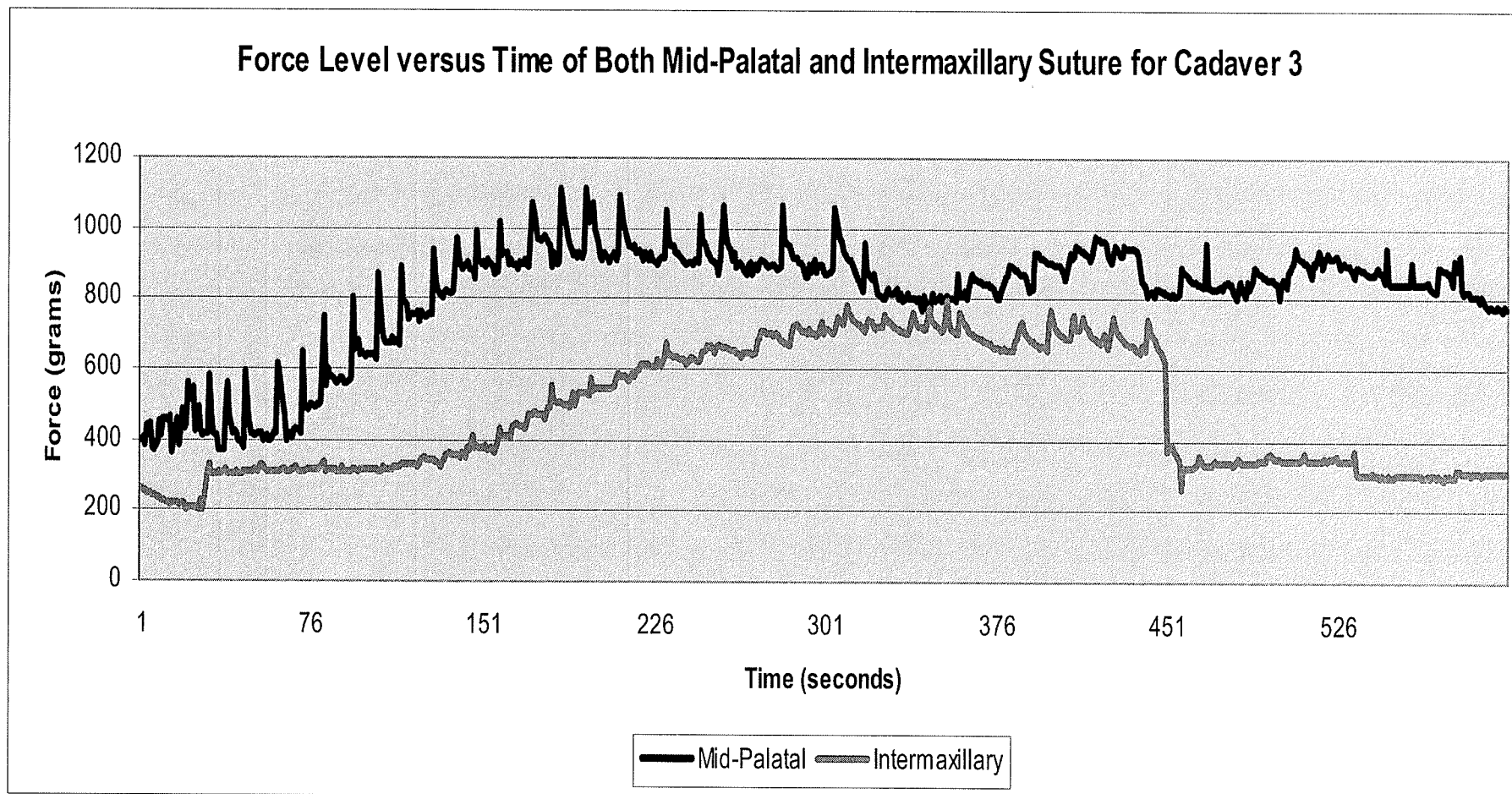


### ***5.3 Cadaver 3 Results***

Cadaver 3 yielded the results shown in Figure 14. This cadaver again displayed results that were similar to the previous cadavers. Again, 4 distinct patterns were present for each site, however a different pattern emerged for the intermaxillary sensor site. For the palatal sensor site, the first phase can be seen as a gradual increase in force values between 0 and 70 seconds. Between 70 and 200 seconds, there is a logarithmic increase in force values with a corresponding levelling-off between 200 and 300 seconds. The final phase shows a slight decline from the initial levelling-off between 300 seconds and the final reading of about 550 seconds. The intermaxillary sensor site also showed a similar trend, again at different time intervals when compared to the palatal suture site. The first phase occurs between 0 and 140 seconds. The second phase, or the logarithmic increase in force values occurred over a longer overall period between 140 and 300 seconds. The third phase, or the levelling-off portion of the graph occurred between 300 and 450 seconds. A sudden drop can then be seen at approximately 451 seconds, followed by the final or fourth phase was observed between 451 and the final reading of about 550 seconds. The same spikes in the level of force generated were observed at each activation followed by a period of gradual relaxation and corresponding drop in the force value over time. The level of increase in these spikes ranged from approximately 200 grams for the mid-palatal sensor site and 50 grams for the intermaxillary sensor site. The mid-palatal sensor yielded higher force values versus the intermaxillary sensor. At about 320 seconds, similar force levels were attained at both sites. According to Table 3, one can view the maximum and minimum values for the both sensor sites.

	Mid-Palatal	Intermaxillary	Difference
Minimum	361.46	199.55	161.91
Maximum	1112.05	792.49	319.56

**Table 3: Maximum and minimum force values (grams) for cadaver 3**



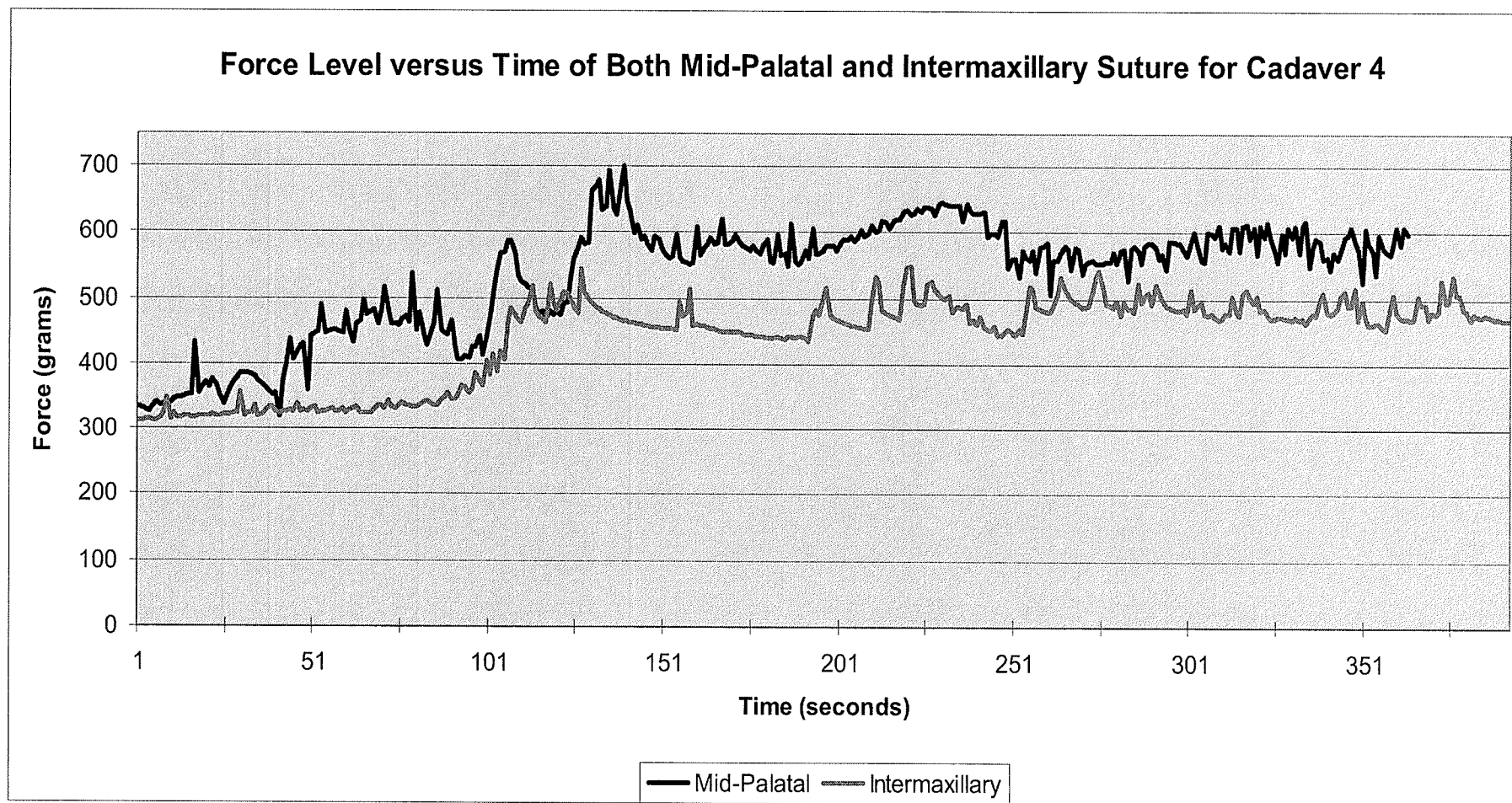
**Figure 14: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 3**

#### ***5.4 Cadaver 4 Results***

Cadaver 4 yielded the results shown in Figure 15. This cadaver again displayed a distinct pattern different from the other cadavers, but with generally the same phases. For the palatal sensor site, the first and second phase appear to blend into one between 0 and 135 seconds. Instead of a steady or logarithmic increase in force values, there are spikes and dips not seen before with the other cadavers. Then between 135 and 250 seconds, there is a levelling-off of force values. The final phase shows a slight decline from the initial levelling-off between 250 seconds and the final reading of about 350 seconds. The intermaxillary sensor site displayed the generic pattern we have seen in the other cadavers with the first phase occurring between 0 and 100 seconds. The second phase, or the logarithmic increase in force values occurred over a short period between 100 and 125 seconds. The third phase, or the levelling-off portion of the graph occurred between 125 and 250 seconds, however in this portion, there were not as many spikes present as was customarily seen on the other cadavers. The final or fourth phase was observed between 251 and the final reading of about 300 seconds. The same spikes in the level of force generated were observed at each activation followed by a period of gradual relaxation and corresponding drop in the force value over time. The level of increase in these spikes ranged from approximately 100 grams for the mid-palatal sensor site and 50 grams for the intermaxillary sensor site. The mid-palatal sensor yielded higher force values versus the intermaxillary sensor. At  $\pm 50$  seconds,  $\pm 110$  and  $\pm 251$  seconds, similar force levels were displayed by both sites. According to Table 4, one can view the maximum and minimum values for the both sensor sites.

	Mid-Palatal	Intermaxillary	Difference
<b>Minimum</b>	319.44	312.63	6.81
<b>Maximum</b>	701.59	548.77	152.82

**Table 4: Maximum and minimum force values (grams) for cadaver 4**



**Figure 15: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 4**

### ***5.5 Mid-Palatal Suture Comparisons***

A comparison of the mid-palatal sensor site results of all cadavers tested (1 through 4) is displayed by Figure 16. It is apparent that Cadaver 4 produced the lowest force values while Cadaver 2, the highest. This is also described in Table 5. Another interesting observation is that Cadavers 2, 3 and 4 appear to follow the same logarithmic trend in increasing force levels in the 2 phase of RME activation. Although Cadaver 1 also shows an increase, it is more gradual as compared to the others. Finally it is apparent that Cadaver 1 was the longest test to perform, while Cadaver 4 was the shortest. Using the unpaired t-test, we find that there is no statistical significance between cadavers for the maximum and minimum force values obtained.

	Maximum	Minimum	Difference
<b>Cadaver 1</b>	980.27	319.18	661.09
<b>Cadaver 2</b>	1152.42	461.36	691.06
<b>Cadaver 3</b>	1112.05	361.46	750.59
<b>Cadaver 4</b>	701.59	319.44	382.15

**Table 5: Maximum and minimum force values (grams) of the mid-palatal sensor site for all cadavers**

### Force Level versus Time of All Cadavers at the Mid-Palatal Sensor Site

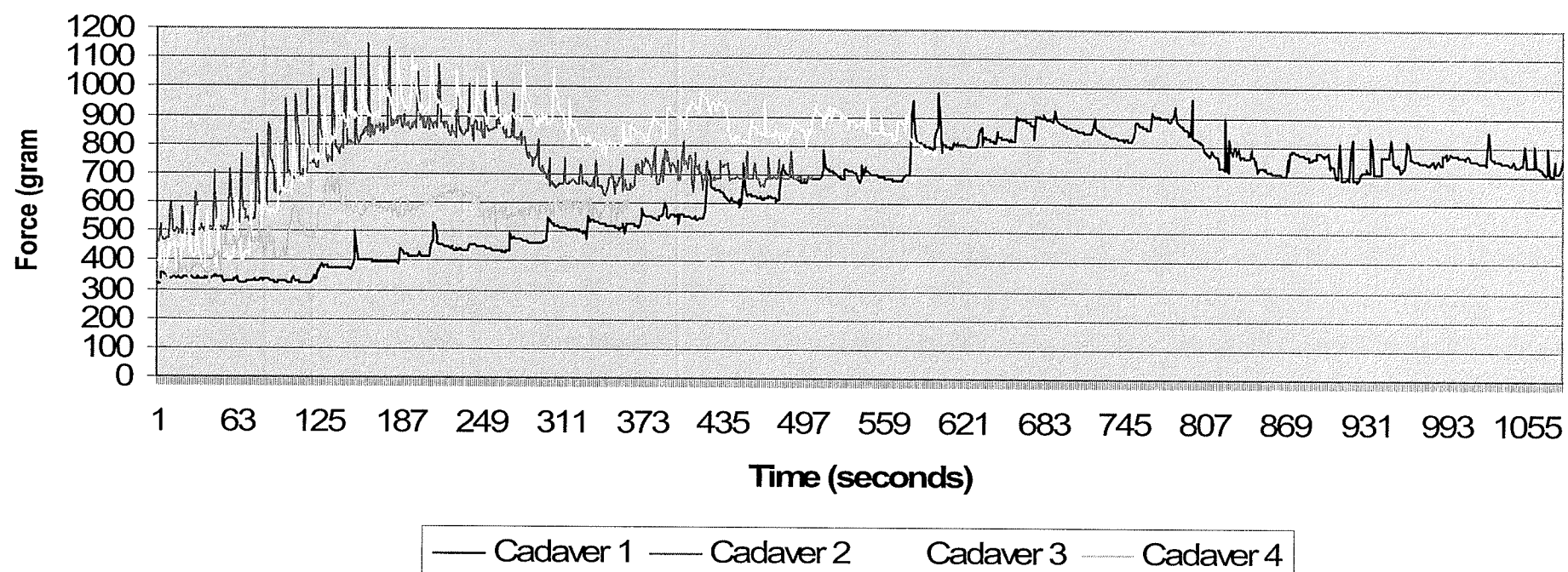


Figure 16: Force level (grams) versus time (seconds) of mid-palatal suture for Cadavers 1-4



### ***5.6 Intermaxillary Suture Comparisons***

A comparison of the intermaxillary sensor site results of all cadavers tested (1 through 4) is displayed by Figure 17. It is apparent that Cadaver 4 produced the lowest force values while Cadaver 1, the highest. This is also described in Table 6. Although all cadavers appear distinct, it appears that aside from Cadaver 3, the rest appear to follow the same logarithmic trend in increasing force levels in the 2 phase of RME activation. Finally it is apparent that Cadaver 1 was the longest test to perform, while Cadaver 4 was the shortest.

Using the unpaired t-test, we find that there is no statistical significance between cadavers for the maximum and minimum force values obtained ( $P < 0.05$ ).

	Maximum	Minimum	Difference
<b>Cadaver 1</b>	862.89	111.58	751.31
<b>Cadaver 2</b>	835.84	357.22	478.62
<b>Cadaver 3</b>	792.49	199.55	592.94
<b>Cadaver 4</b>	548.77	312.63	236.14

**Table 6: Maximum and minimum force values (grams) of the intermaxillary sensor site for all cadavers**

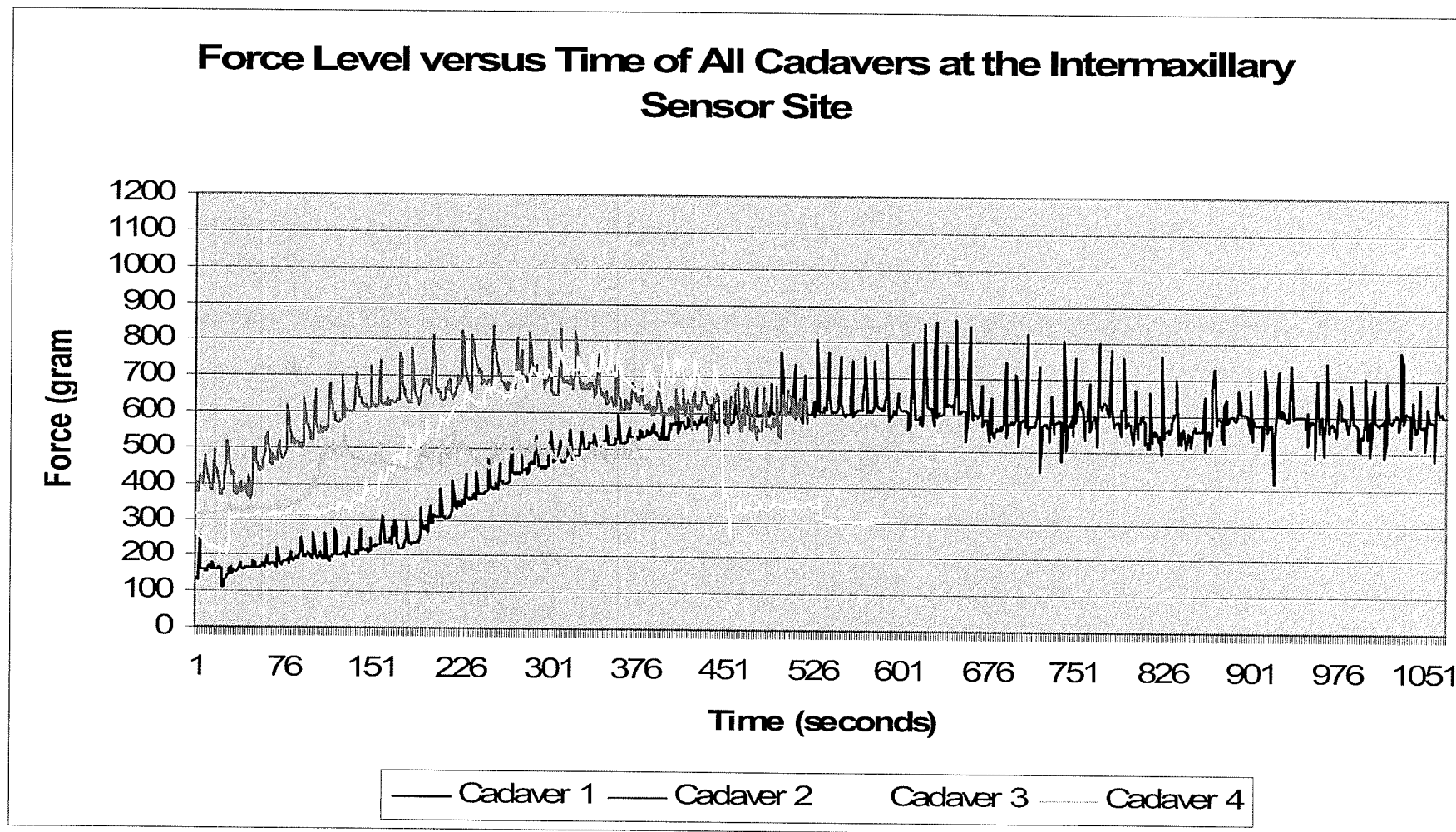


Figure 17: Force level (grams) versus time (seconds) of intermaxillary suture for Cadavers 1-4

### ***5.7 Statistical Analysis of Maximum Force Values of both the Mid-Palatal and Intermaxillary Suture Sensors Sites***

Maximum force values of all cadavers were compared for statistical significant differences using a two-tailed, paired Student t-test. A paired t-test is used when each data point in one group corresponds to a matching data point in the other group. The paired t-test is used to investigate the relationship between two groups where there is a meaningful one-to-one correspondence between the data points in one group and those in the other, e.g. a variable measured at the same time points under experimental and control conditions. Two-tailed tests are used where there is no basis to assume that there may be a significant difference between the groups (Hassard, 1991). It was determined that there was a statistical significance of the maximum force values between the mid-palatal and intermaxillary sensor site at the 95% confidence interval ( $p < 0.05$ ).

## **6.0 DISCUSSION**

### ***6.1 Main Discussion***

Despite the extensive research of the effects of the RME appliance, this is the first study that measured the strain and force exerted directly on the bone in the human cadaver while activating an RME appliance.

Force values obtained for both the mid-palatal and intermaxillary sites exhibit values that were well within the range of orthopaedic values (over 500 grams). There were however differences between cadavers, as well as statistically significant differences due to different sites of measurement. The differences are understandable however, as there is individual variation from specimen to specimen. Each cadaver is unique, but follows a general trend of increasing force levels once the RME is activated. It can be postulated that these differences result from the individual variation between cadavers. Different cadavers have varying degrees of thickness of bone and soft tissues. Gender may also play a role in the different numbers, as the female cadavers were generally smaller than the male cadavers. Gender was not used in our analysis and as there was no objective way available to us to determine the hard and soft tissue thickness of each cadaver, accordingly we did not include that in our study. Some values did produce some anomalies in the graphing of the force versus time, specifically in Cadaver 3 and Cadaver 4. In Cadaver 3, at approximately 450 seconds, the RME appliance slipped off the Cadaver's oral cavity producing the jump as displayed in Figure 14. It was determined that the experiment did not have to be redone, as it took place in the end phase of the expansion. In Cadaver 4, there were some teeth that fractured as the expansion was

taking place, and as a result, the graph does not follow a gradual increase over time, especially in the first part of the expansion (phase 1 and 2). It is not expected that in a living subject the same type of teeth fracture will occur, due to the elastic fibers in the living subjects, vitality of the PDL and blood supply.

The mid-palatal sensor reading displayed some interesting rises and drops near the beginning of activation of the RME appliance. This may be attributed to one of the teeth fracturing during activation at approximately that time.

All sutures were given a visual and tactile examination following complete activation which yielded in no sutures having disconnected from one another or fractured despite the 12 mm of activation of the RME appliance. The use of UV light could have provided a bit more insight into the status of the sutures, as was performed by Gardner in 1971, but we opted for only gross evaluation with the naked eye. Furthermore, histological sections could have confirmed the extent of obliteration of the mid-palatal suture as was performed by Melsen in 1975. It would have been interesting to compare our results to her study, however due to the Department of Anatomy's policy governing these cadavers, we were unable to carry this out, as the cadavers were required by other health-care disciplines for routine dissection. Future studies on recently deceased cadavers, prior to rigor mortis or embalming could give some more insight into the histological aspects, as live studies on humans would not be possible. Although these studies would be ideal, it is not expected that they would be necessary as the studies of Ten Cate and Freeman (1977) have extensively examined this subject in rats. That being said, it would be

interesting to evaluate whether or not these specimens have sutures that are fused or if there is an ability to induce patency post-mortem with an RME.

When comparing the 2 sites of sensor placement specifically, it was noted the force levels at the mid-palatal sensor site produced statistically significant higher values than the intermaxillary sensor site. An analogy for this phenomenon is similar to what occurs during an earthquake. Although the epicentre has the highest value on the Richter scale, as you move away from the epicentre, the force of the earthquake weakens. This is exactly what happened in this study. Although not yet published, our study involved placement of more sensors at varying sites throughout the craniofacial complex. It was found that those sensors that were placed further away from the RME device, the less amount it registered on the P3 measuring device. This confirms Isaacson's study from 1964, which gave similar findings. This gives more validity to the theory that orthopaedic forces can have an indirect effect on changes in the craniofacial skeleton through biochemical and/or cellular effects.

According to Buckland-Wright in 1978, sutures can absorb a considerable amount of energy, which is what we also found in our study. If this were not the case, the force levels would continue to increase higher and higher with no relaxation or fall in the values as time went on. Indeed there were general trends of increases over time, but they levelled off in all of our trials suggesting that not only the sutures, but the surrounding soft tissues play a role in force dissipation across the craniofacial osseous and non-osseous regions.

Despite the large forces exerted at these suture sites, no sutures were displaced or achieved patency in our study. Although a study by Wehrbein and Yildizhan (2001) analyzed the sutures of 18-38 year-old cadavers and found fusion had not actually occurred, our cadavers were much older. Also according to Wehrbein and Yildizhan, different patients exhibited different degrees of suture obliteration, so this variability should be accounted for when the clinician decides on using an RME for clinical practice. This was also found by Persson and Thilander in 1977 who actually found a 54 year-old subject without ossification. Furthermore, even if the mid-palatal suture did break, in elderly specimens, there is also resistance at the pterygomaxillary interface from the pterygoid plates of the sphenoid bones, which have a tendency to bend laterally and prevent the posterior area of the suture from opening (Wertz, 1970; Chaconas and Caputo, 1982; Jafari, Shetty and Kumar 2003). This resistance can further block any sutures from effectively opening and achieving orthopaedic expansion. This is why during SARPE procedures, the severance of the pterygomaxillary connection is necessary to properly achieve expansion. As the mode of action with RME appliances, the opening of the suture generally follows a fan-shape with larger opening in the anterior area and less in the posterior. This may indicate a higher force value in the anterior area or less resistance to expansion. This did not seem to be the case with our study, as the anterior area generated less force than posteriorly. Also, anatomy probably plays a role in this fan-shape expansion as there is only soft tissue anteriorly and posteriorly there are more hard tissue structures that can impede or lessen the effect of expansion, despite the force

acting directly in the area. This probably accounts for the higher force generation in the palatal area.

From the study of Isaacson and coworkers in 1964, strain gauges in RME's found that large forces of 1.3-4.5 kg were achieved from single activations with rapid decay initially. Zimring and Isaacson (1965) found that these forces were even higher in another study (7.5-15.7 kg). Although our numbers did not produce values as high as these, it could be because Isaacson and coworkers put the sensor directly on the RME, whereas our sensor was directly on the bone. This difference can therefore be postulated that the force was dissipated by all surrounding structures, including hard and soft tissues.

In the photoelastic study of Chocanos and Caputo study of 1982, it was found that the stresses generated in the anterior region of the palate were higher and became less and less as one moved more posteriorly. This was not the case in our study as the forces generated in the anterior area were significantly less than the posterior area ( $P < 0.05$ ). The explanation for this could be that Chaconas's study involved a plastic simulation of a human skull and did not factor in the effect of soft tissue which our study controlled for. However, that being said, Chaconas et al found that the forces generated were orthopaedic in nature which was also found in our study. Regardless, it is considered appropriate to generate higher forces in older patients requiring RME so that the force can be used to achieve some orthopaedic change, as Isaacson described in 1964.



From the work of Oberheim and Mao in 2002, it was found that bone strain was higher in younger skulls than in older skulls. Using this study as an example, it would be fair to assume that the forces generated from our study would result in even higher force values in younger patients due to their bone being less stiff than adult bone and subject to greater deformation. However, according to the finite element analysis study of Holberg et al in 2006, they displayed higher cranial base stresses due to the decrease in elasticity of the adult skull versus the young skull.

Our study also agreed with the findings of Timms' (1980) research. We also found the stress to be greatest in the area it is being delivered, while further away, it diminishes.

## ***6.2 Study Assumptions and Limitations***

Many assumptions were made while conducting this study. First and foremost, craniofacial orthopaedics is commonly attempted in the adolescent population and therefore a study on adolescent cadavers and dry skulls would be desirable. However they were not available for this study. Nevertheless, with the current upsurge in adult orthodontics, this study, despite the age of the cadavers, may have direct and important clinical applicability for dissipation of higher forces in general.

Secondly, we are making the assumption that the bone physiology of a cadaver that is fixed with formaldehyde will react similarly to that of a living subject. This is as close to the real situation as we are able to achieve.

Lastly, the sample size in this study could be considered relatively low. Performing this study involves many technique sensitive steps with sensors that were expensive and non-user-friendly which failed often. This combined with the fact that it requires 2 operators approximately 15 hours per cadaver to complete one study, makes it very time consuming. There was also a limit to the cadaveric material available at a short window of opportunity to conduct the experiment prior to dissection of the material by students.

The limitations in working with human cadavers include access to the important areas to be studied in the craniofacial skeleton. Achieving clear access to the RME appliance once fully seated was extremely difficult and required patience and determination to activate and turn the key for expansion.

## 7.0 CONCLUSIONS

**Objective #1:** To quantify the force levels generated at the mid-palatal suture during activation of the RME appliance.

*Null Hypothesis #1:* There are no measurable force levels detectable at the mid-palatal suture after activation of the RME.

**There is sufficient evidence to reject null hypotheses #1 because it was found that there were force levels detectable at the mid-palatal suture.**

*Null Hypothesis #2:* The force levels generated at the mid-palatal suture are not orthopaedic in nature (500 grams/16 oz or higher).

**There is sufficient evidence to reject null hypotheses #2 because it was found that there the force levels were orthopaedic in nature, or over 500 grams.**

*Null Hypothesis #3:* The maximum force levels generated at the mid-palatal suture do not exhibit statistically significant differences between cadavers.

**There is sufficient evidence to accept null hypotheses #3 because it was found that the maximum force levels did not differ with statistical significance at the mid-palatal suture between cadavers.**

**Objective #2:** To quantify the force levels generated at the intermaxillary suture during activation of the RME appliance.

*Null Hypothesis #4:* There are no measurable force levels detectable at the intermaxillary suture after activation of the RME.

**There is sufficient evidence to reject null hypotheses #4 because it was found that there were force levels detectable at the intermaxillary suture.**

*Null Hypothesis #5:* The force levels generated at the intermaxillary suture are not orthopaedic in nature (500 grams/16 oz or higher).

**There is sufficient evidence to reject null hypotheses #5 because it was found that there the force levels were orthopaedic in nature, or over 500 grams.**

*Null Hypothesis #6:* The maximum force levels generated at the intermaxillary suture do not exhibit statistically significant differences between cadavers.

**There is sufficient evidence to accept null hypotheses #6 because it was found that the maximum force levels did not differ with statistical significance at the intermaxillary suture between cadavers.**

**Objective #3:** To determine if the mid-palatal suture remains fused or separates following activation of the RME appliance.

*Null Hypothesis #7:* The mid-palatal suture will not break following activation of the RME appliance due to the advanced age of the specimens.

**There is sufficient evidence to accept null hypotheses #7 because it was found that the mid-palatal suture did not break following activation of the RME appliance.**

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## 9.0 APPENDICES

### 9.1 Microsoft Excel Principal Strain Calculation Template

Principal Strain Calculation		
Left Tube		
F A	45	Lat
0	0	1

Modulus of Elast.	29000	ksi
Poison's Ratio	0.29	

Strain LH	E <sub>1</sub>	0.0000E+00
	E <sub>2</sub>	0.0000E+00
	E <sub>3</sub>	1.0000E-06

		Actual	Micro
Princ. Strain Ep,q (ε)	P	1.2E-06	1
	Q	-2.1E-07	0

Plain Stress (σ)	P	0.0	ksi
	Q	0.0	ksi
Shear Stress (τ)	Max.	0.0	ksi
	Mean	4.7	ksi

Angle Θ (deg)	Calculated	22.5
	P	-67.5
	Q	22.5

## 9.2 Complete Raw Data for Cadaver 1

### 9.2.1 Mid-Palatal Suture Sensor

time	1	2	3	100	43	48	-289	200	110	65	-167
1	-3	-3	-2	101	43	43	-298	201	108	59	-122
2	2	1	-3	102	47	51	-333	202	106	50	-58
3	6	3	-6	103	48	50	-314	203	101	37	-42
4	15	92	-565	104	47	42	-282	204	101	42	-79
5	13	71	-481	105	46	36	-155	205	100	44	-81
6	12	73	-484	106	43	34	-220	206	99	45	-82
7	11	74	-482	107	43	36	-229	207	98	43	-70
8	9	44	-294	108	41	35	-231	208	99	44	-74
9	9	42	-293	109	42	32	-222	209	97	43	-71
10	9	41	-290	110	40	30	-222	210	102	51	-83
11	9	41	-290	111	40	31	-229	211	124	33	-35
12	8	41	-291	112	40	30	-225	212	109	16	15
13	8	41	-292	113	40	29	-220	213	144	11	24
14	2	38	-290	114	39	27	-214	214	153	20	11
15	6	34	-246	115	39	27	-214	215	146	23	-24
16	5	31	-243	116	38	27	-212	216	155	51	-133
17	1	32	-243	117	37	28	-217	217	154	54	-142
18	6	34	-244	118	39	32	-231	218	152	56	-145
19	7	32	-243	119	37	33	-231	219	151	57	-147
20	5	32	-242	120	49	33	-254	220	150	57	-149
21	3	31	-241	121	79	39	-278	221	149	58	-150
22	3	32	-241	122	57	35	-267	222	147	58	-151
23	3	32	-241	123	62	47	-304	223	146	59	-152
24	3	32	-241	124	60	49	-130	224	145	59	-152
25	3	33	-241	125	55	48	-134	225	144	59	-153
26	2	33	-241	126	67	46	-132	226	143	59	-153
27	2	33	-241	127	83	38	-117	227	143	60	-153
28	3	33	-240	128	78	50	-167	228	142	60	-153
29	3	33	-241	129	79	53	-168	229	140	55	-174
30	8	33	-242	130	79	54	-169	230	138	60	-168
31	13	36	-262	131	78	54	-168	231	140	59	-158
32	7	36	-270	132	77	54	-168	232	139	55	-170
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1013	-72	435	227
1014	-71	434	230
1015	-79	439	243
1016	-79	335	200
1017	-82	379	223
1018	-56	537	279
1019	-61	457	229
1020	-59	445	219
1021	-60	444	220
1022	-63	438	217
1023	-57	446	226
1024	-54	451	233
1025	-55	449	233
1026	-61	454	237
1027	-55	449	236
1028	-39	421	207
1029	-71	445	256
1030	-13	620	295
1031	-24	597	286
1032	-81	429	245
1033	-56	455	243
1034	-54	457	241
1035	-55	455	240
1036	-55	455	241
1037	-61	450	246
1038	-94	355	229
1039	-44	479	261
1040	-72	452	270
1041	-89	395	255
1042	-82	394	249
1043	-83	402	247
1044	-79	407	256
1045	-89	520	288
1046	-70	417	246
1047	-65	413	236
1048	-64	414	237
1049	-63	415	238
1050	-84	352	214
1051	-70	442	263
1052	-61	457	265
1053	-62	431	242
1054	-62	430	243
1055	-61	429	241
1056	-61	428	240
1057	-62	426	241
1058	-87	310	217
1059	-43	533	272
1060	-36	486	248
1061	-53	452	245
1062	-51	453	244
1063	-50	452	243
1064	-49	452	244
1065	-51	448	238
1066	-50	446	238
1067	-50	445	240

## 9.3 Complete Raw Data for Cadaver 2

### 9.3.1 Mid-Palatal Suture Sensor

time	1	2	3	103	3	26	42	206	13	51	66
1	-1	-2	2	104	8	26	42	207	11	51	67
2	-1	-1	3	105	9	25	43	208	2	56	67
3	-6	0	8	106	2	28	41	209	9	54	65
4	-1	-1	4	107	-2	34	37	210	-8	59	64
5	0	1	4	108	3	30	43	211	17	52	68
6	-4	0	5	109	7	27	44	212	14	51	68
7	-8	2	4	110	9	30	45	213	14	52	69
8	-3	2	6	111	6	33	46	214	12	52	69
9	-2	0	7	112	9	28	44	215	12	54	68
10	-1	-1	8	113	8	28	44	216	11	54	69
11	2	-2	10	114	5	33	43	217	8	56	68
12	0	-1	11	115	-7	33	43	218	0	63	58
13	-3	4	8	116	3	30	43	219	13	53	70
14	-7	5	8	117	3	31	43	220	15	53	70
15	-17	6	10	118	4	30	44	221	16	53	71
16	-3	4	10	119	4	30	42	222	15	54	69
17	-2	4	10	120	6	29	45	223	2	59	68
18	1	5	10	121	10	29	45	224	6	59	67
19	0	4	10	122	5	30	46	225	12	54	71
20	1	6	11	123	8	29	45	226	13	56	71
21	-2	6	11	124	0	32	44	227	13	56	71
22	-3	8	11	125	-1	32	45	228	12	58	71
23	-4	7	13	126	-5	35	41	229	9	59	71
24	-6	8	13	127	18	26	42	230	13	56	71
25	-5	8	14	128	-4	28	44	231	12	59	71
26	-4	7	14	129	11	31	41	232	12	59	72
27	-2	8	15	130	3	31	47	233	13	58	72
28	2	7	16	131	-2	34	46	234	14	58	73
29	2	8	16	132	0	32	47	235	19	56	75
30	-9	12	12	133	-14	40	41	236	20	56	74
31	-3	10	17	134	13	26	50	237	15	58	74
32	-1	10	17	135	5	33	48	238	10	60	73
33	-5	13	16	136	5	33	48	239	9	60	74
34	-2	14	15	137	7	33	47	240	10	61	71
35	-1	8	19	138	0	34	44	241	13	60	74
36	3	5	21	139	-1	33	49	242	15	59	75
37	1	10	18	140	-4	39	44	243	15	59	75
38	2	12	18	141	-23	52	37	244	16	60	76
39	-4	13	19	142	4	35	49	245	9	64	74
40	2	11	21	143	6	34	49	246	12	62	75
41	1	13	21	144	9	32	52	247	9	63	74
42	0	11	22	145	-2	41	36	248	6	66	75
43	1	13	23	146	6	36	50	249	10	63	74
44	1	12	23	147	7	36	50	250	-6	67	73
45	1	12	23	148	5	36	51	251	17	64	75
46	0	13	23	149	-1	49	37	252	16	62	76
47	-2	15	23	150	8	36	52	253	17	59	77
48	-3	14	23	151	8	36	52	254	20	58	77
49	-2	16	22	152	8	37	52	255	19	66	77
50	-1	15	23	153	4	39	52	256	19	62	78
51	-9	18	23	154	-1	40	52	257	19	62	78
52	-1	15	25	155	3	39	52	258	10	65	77
53	-1	16	24	156	5	41	52	259	12	65	77
54	-2	17	25	157	5	41	52	260	11	66	77
55	0	18	24	158	8	38	54	261	5	69	76
56	0	17	24	159	9	38	54	262	5	68	78
57	3	15	27	160	11	37	55	263	-3	71	76
58	1	16	27	161	5	41	54	264	-21	62	79
59	1	17	27	162	6	40	55	265	19	63	79
60	-3	19	27	163	4	40	52	266	21	64	80
61	-1	24	22	164	8	40	56	267	21	65	79
62	-1	19	28	165	6	44	51	268	17	66	79
63	0	18	28	166	8	41	56	269	14	70	76
64	0	18	28	167	11	40	57	270	4	70	79
65	1	20	27	168	11	40	57	271	-10	74	78
66	0	19	28	169	9	42	55	272	23	69	80
67	-6	18	29	170	5	43	55	273	20	65	82
68	-2	20	30	171	-1	45	57	274	22	65	82
69	-3	21	30	172	5	42	58	275	18	66	82
70	-3	22	29	173	5	45	55	276	17	67	82
71	14	14	32	174	4	45	57	277	18	65	82
72	-4	22	30	175	0	48	52	278	-6	77	81
73	0	21	32	176	3	44	46	279	19	66	83
74	-1	21	32	177	8	41	59	280	22	66	83
75	-3	16	32	178	4	49	58	281	23	66	83
76	-3	23	32	179	5	45	59	282	18	68	83
77	-4	23	32	180	-7	52	54	283	20	68	84
78	-2	21	33	181	10	45	60	284	17	68	83
79	-15	24	34	182	11	44	60	285	16	68	84
80	-9	27	32	183	12	45	60	286	8	65	83
81	-7	24	32	184	7	47	60	287	13	71	83
82	-7	21	36	185	9	46	60	288	31	60	80
83	-1	23	35	186	11	45	61	289	34	61	85
84	-5	26	35	187	11	45	61	290	25	67	86
85	-15	29	34	188	7	47	60	291	20	66	85
86	-5	25	36	189	9	47	61	292	26	79	87
87	-5	25	36	190	9	47	62	293	15	69	85
88	-4	25	37	191	12	46	62	294	12	70	86
89	-4	25	37	192	12	47	62	295	21	69	87
90	-5	25	37	193	13	47	62	296	23	70	88
91	-3	24	39	194	8	49	62	297	27	69	88
92	-4	24	38	195	8	48	62	298	21	68	90
93	-5	26	39	196	10	49	63	299	24	70	89
94	1	26	40	197	12	48	64	300	24	70	90
95	-3	26	39	198	12	49	61	301	27	67	92
96	11	28	41	199	13	47	65	302	20	72	89
97	-2	26	40	200	12	48	65	303	18	68	94
98	-8	27	41	201	14	48	65	304	25	70	94
99	3	25	41	202	14	48	65	305	30	68	94
100	4	25	41	203	15	49	66	306	34	69	93
101	5	25	42	204	16	49	67	307	25	71	93
102	5	25	42	205	15	49	66	308	25	74	92

309	24	75	93
310	30	71	93
311	26	74	93
312	24	75	93
313	17	77	95
314	10	80	89
315	25	73	94
316	28	73	95
317	29	74	95
318	29	74	95
319	30	75	95
320	28	75	96
321	22	77	95
322	26	77	96
323	28	75	97
324	31	74	97
325	30	78	96
326	28	76	97
327	28	77	97
328	31	75	97
329	13	89	93
330	14	77	94
331	28	76	98
332	38	72	99
333	40	72	100
334	41	72	101
335	29	73	101
336	29	76	99
337	30	70	99
338	29	75	102
339	26	76	101
340	29	75	103
341	22	76	104
342	22	77	101
343	28	77	101
344	23	81	96
345	35	74	103
346	25	81	96
347	36	74	103
348	39	73	104
349	39	73	104
350	40	73	104
351	40	73	104
352	35	76	104
353	30	76	105
354	29	76	103
355	37	76	105
356	35	76	106
357	34	77	106
358	36	76	106
359	37	75	106
360	40	75	106
361	41	75	107
362	39	78	106
363	39	76	107
364	30	79	106
365	37	80	106
366	31	82	104
367	14	83	106
368	38	77	107
369	40	76	108
370	42	76	108
371	43	76	108
372	39	79	108
373	34	79	107
374	35	80	107

375	35	81	107
376	37	80	108
377	45	77	109
378	36	80	108
379	31	81	110
380	43	79	109
381	36	82	109
382	16	89	109
383	23	85	107
384	17	88	106
385	24	86	108
386	14	92	106
387	19	89	108
388	27	85	110
389	16	86	111
390	32	85	110
391	34	84	111
392	39	82	112
393	40	81	112
394	40	83	112
395	40	82	113
396	39	83	112
397	39	83	113
398	40	83	113
399	40	83	114
400	42	83	115
401	41	83	114
402	42	83	115
403	46	83	114
404	42	84	115
405	39	88	115
406	27	93	110
407	40	90	114
408	24	90	115
409	41	86	116
410	42	85	116
411	44	85	117
412	52	84	117
413	38	90	111
414	41	87	116
415	43	86	117
416	44	86	116
417	38	89	116
418	36	89	115
419	28	92	115
420	41	89	116
421	44	88	117
422	46	88	118
423	46	88	118
424	46	88	118
425	35	93	117
426	43	93	117
427	41	90	118
428	40	92	118
429	39	91	119
430	44	91	117
431	43	89	122
432	44	88	120
433	48	89	121
434	45	88	122
435	47	88	122
436	49	87	122
437	40	89	122
438	42	89	121
439	51	87	122
440	47	87	123

441	36	94	119
442	41	91	122
443	38	97	118
444	43	90	123
445	46	92	121
446	45	88	119
447	27	99	119
448	43	91	122
449	41	91	123
450	43	91	123
451	39	92	123
452	40	92	122
453	40	92	122
454	40	92	122
455	41	91	122
456	40	92	122
457	43	90	121
458	37	92	121
459	28	93	123
460	18	94	123
461	33	94	121
462	38	93	122
463	39	93	122
464	39	93	122
465	38	94	122
466	39	94	122
467	30	96	121
468	26	102	117
469	35	95	121
470	39	94	121
471	40	94	122
472	40	94	122
473	38	95	121
474	40	94	122
475	41	94	126
476	41	94	122
477	42	93	123
478	42	94	122
479	40	93	124
480	45	92	125
481	42	94	125
482	32	98	123
483	34	99	120
484	40	94	123
485	41	95	123
486	41	95	123
487	42	94	123
488	40	95	123
489	40	95	123
490	40	95	123
491	40	96	124
492	40	95	123
493	40	96	123
494	42	95	124
495	42	95	124
496	37	96	123
497	33	98	123
498	31	101	121
499	27	104	119
500	28	96	123
501	39	97	124
502	40	97	125
503	44	90	126
504	47	93	126

### 9.3.2 Intermaxillary Suture Sensor

time	1	2	3
1	-3	5	-1
2	-3	5	-1
3	-6	11	3
4	-4	8	-7
5	-7	14	-4
6	-7	15	-5
7	-7	15	-5
8	-7	15	-5
9	-7	16	-4
10	-6	15	-4
11	-7	15	-4
12	-5	15	-7
13	-8	16	-6
14	-8	19	-6
15	-8	18	-6
16	-8	17	-5
17	-6	14	-4
18	-7	16	-3
19	-7	16	-2
20	-6	13	-7
21	-8	17	-5
22	-8	17	-5
23	-8	17	-5
24	-8	18	-4
25	-7	16	-5
26	-6	16	-5
27	-8	16	-3
28	-6	15	0
29	-7	16	-5
30	-8	17	-5
31	-8	17	-5
32	-8	17	-4
33	-7	17	-4
34	-7	18	-4
35	-6	17	-1
36	-7	20	5

37	-4	11	2
38	-1	14	2
39	-6	14	3
40	-4	15	4
41	-5	20	-2
42	-6	14	-3
43	-7	18	-3
44	-6	18	-4
45	-6	18	-4
46	-6	18	-3
47	-1	13	1
48	-5	16	-2
49	-6	19	0
50	-3	13	6
51	-2	16	1
52	-1	13	2
53	-1	16	-1
54	-3	17	-3
55	-4	15	-2
56	-5	20	-2
57	-4	20	-2
58	-4	20	-2
59	0	14	4
60	1	14	3
61	4	12	4
62	3	14	2
63	8	10	6
64	5	12	8
65	0	19	7
66	2	17	2
67	2	14	1
68	3	15	-1
69	2	15	-4
70	3	18	3
71	0	18	4
72	0	20	2
73	0	21	1

74	3	23	10
75	-3	23	1
76	-3	20	5
77	0	21	6
78	-1	20	8
79	-2	19	5
80	-2	21	7
81	1	21	7
82	1	21	9
83	5	18	4
84	-1	24	7
85	-2	24	7
86	-2	24	7
87	-1	25	9
88	-2	24	10
89	-1	24	9
90	0	26	2
91	-4	26	7
92	-3	26	7
93	-3	26	7
94	-3	26	7
95	-2	25	7
96	-1	25	9
97	0	25	10
98	1	23	7
99	-3	26	7
100	-2	26	8
101	0	24	8
102	-4	26	5
103	-4	26	8
104	-2	26	8
105	0	28	13
106	-2	26	9
107	1	23	8
108	1	25	3
109	0	22	9
110	-6	28	-1

111	2	28	0	223	-61	107	-53	335	-91	158	-81
112	-5	32	-2	224	-75	120	-72	336	-100	169	-80
113	-4	30	-5	225	-73	117	-63	337	-109	173	-77
114	-3	30	-5	226	-72	115	-63	338	-79	144	-67
115	-3	29	-6	227	-76	124	-78	339	-91	155	-79
116	-2	28	-8	228	-80	124	-70	340	-85	153	-77
117	-1	29	-8	229	-78	122	-66	341	-84	154	-71
118	3	23	-7	230	-77	120	-67	342	-81	154	-72
119	0	28	-8	231	-74	119	-62	343	-81	154	-70
120	-1	30	-8	232	-78	127	-77	344	-82	153	-70
121	-1	30	-8	233	-83	126	-71	345	-81	152	-70
122	-1	30	-8	234	-82	126	-70	346	-77	150	-69
123	-1	30	-8	235	-79	124	-68	347	-78	150	-67
124	-1	31	-8	236	-78	124	-67	348	-78	150	-69
125	-1	32	-7	237	-76	122	-66	349	-76	149	-69
126	-2	32	-4	238	-76	122	-66	350	-76	149	-67
127	-2	32	-6	239	-97	138	-78	351	-74	149	-66
128	-1	32	-8	240	-82	128	-72	352	-76	150	-67
129	-1	32	-9	241	-80	125	-72	353	-74	150	-69
130	-3	33	-8	242	-78	125	-67	354	-69	150	-66
131	0	31	-10	243	-77	124	-65	355	-75	150	-64
132	0	33	-11	244	-76	123	-64	356	-74	150	-63
133	-2	35	-4	245	-75	123	-63	357	-74	150	-64
134	-7	42	-6	246	-75	123	-62	358	-73	150	-63
135	-14	44	-6	247	-74	122	-62	359	-73	150	-63
136	-8	39	-3	248	-73	122	-58	360	-72	148	-63
137	-6	37	-4	249	-72	121	-60	361	-68	146	-63
138	-5	30	-5	250	-71	120	-57	362	-69	145	-62
139	-5	39	-4	251	-70	120	-59	363	-67	146	-62
140	-5	38	-4	252	-68	119	-57	364	-69	146	-64
141	-4	38	-2	253	-67	118	-54	365	-69	145	-63
142	-9	42	-6	254	-69	119	-56	366	-64	147	-61
143	-22	50	-12	255	-86	130	-59	367	-68	147	-58
144	-12	44	-2	256	-82	128	-58	368	-68	147	-58
145	-10	45	-1	257	-70	120	-59	369	-68	147	-57
146	-10	44	-1	258	-70	119	-58	370	-67	147	-57
147	-8	41	-2	259	-70	120	-58	371	-67	146	-57
148	-10	42	-2	260	-68	117	-57	372	-64	145	-57
149	-16	51	-15	261	-67	117	-57	373	-64	145	-57
150	-20	53	-9	262	-66	116	-57	374	-63	145	-56
151	-17	51	-7	263	-65	116	-58	375	-63	144	-56
152	-16	50	-6	264	-89	133	-65	376	-63	145	-56
153	-15	51	-7	265	-83	130	-63	377	-63	145	-56
154	-16	51	-10	266	-74	124	-63	378	-62	145	-56
155	-32	63	-24	267	-71	123	-61	379	-65	147	-54
156	-27	62	-16	268	-70	121	-59	380	-65	147	-54
157	-23	58	-14	269	-70	123	-64	381	-64	146	-55
158	-22	57	-12	270	-75	123	-61	382	-62	144	-56
159	-21	57	-12	271	-72	124	-62	383	-61	143	-55
160	-20	57	-10	272	-71	124	-61	384	-61	143	-54
161	-20	58	-15	273	-71	124	-60	385	-61	143	-54
162	-38	70	-24	274	-68	121	-58	386	-59	143	-54
163	-28	64	-19	275	-68	121	-59	387	-61	143	-52
164	-27	63	-18	276	-80	132	-67	388	-60	144	-52
165	-27	64	-18	277	-85	136	-70	389	-59	144	-52
166	-24	62	-15	278	-77	131	-70	390	-62	145	-54
167	-40	75	-32	279	-78	131	-68	391	-60	146	-52
168	-33	70	-25	280	-77	130	-66	392	-60	146	-52
169	-32	69	-23	281	-76	130	-66	393	-60	146	-48
170	-31	68	-22	282	-73	127	-64	394	-60	146	-50
171	-30	67	-22	283	-73	127	-64	395	-60	146	-49
172	-30	68	-21	284	-78	134	-80	396	-60	146	-49
173	-32	71	-32	285	-84	137	-73	397	-59	145	-48
174	-40	77	-32	286	-83	137	-72	398	-56	143	-49
175	-39	75	-29	287	-82	137	-71	399	-51	139	-48
176	-37	74	-27	288	-81	137	-70	400	-53	142	-49
177	-36	73	-27	289	-77	133	-68	401	-54	142	-49
178	-35	72	-25	290	-77	133	-70	402	-53	144	-46
179	-35	72	-25	291	-84	137	-74	403	-51	143	-42
180	-52	86	-40	292	-86	141	-79	404	-55	144	-46
181	-41	79	-33	293	-92	144	-75	405	-55	145	-46
182	-40	78	-31	294	-87	143	-75	406	-55	144	-46
183	-39	77	-30	295	-86	142	-73	407	-55	143	-47
184	-39	76	-29	296	-84	140	-73	408	-56	143	-46
185	-37	76	-26	297	-82	139	-72	409	-56	144	-47
186	-55	88	-42	298	-82	139	-71	410	-55	143	-46
187	-46	84	-37	299	-104	158	-85	411	-51	141	-46
188	-45	83	-35	300	-93	148	-79	412	-52	141	-47
189	-44	82	-34	301	-90	147	-78	413	-53	143	-47
190	-43	82	-32	302	-88	146	-76	414	-54	143	-45
191	-41	81	-32	303	-87	145	-74	415	-50	140	-45
192	-42	82	-37	304	-85	144	-74	416	-59	148	-58
193	-53	94	-43	305	-84	142	-72	417	-58	148	-51
194	-48	88	-40	306	-84	142	-72	418	-59	149	-50
195	-47	87	-38	307	-81	141	-73	419	-59	149	-50
196	-47	86	-37	308	-84	144	-75	420	-59	149	-52
197	-44	83	-31	309	-102	158	-88	421	-60	150	-50
198	-43	84	-33	310	-95	155	-79	422	-53	143	-47
199	-43	81	-34	311	-91	151	-78	423	-53	143	-48
200	-56	96	-46	312	-90	151	-77	424	-51	142	-47
201	-55	94	-44	313	-88	149	-76	425	-66	154	-62
202	-54	93	-44	314	-86	148	-73	426	-63	152	-59
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207	-59	97	-49	319	-93	155	-80	431	-65	152	-57
208	-55	99	-45	320	-93	154	-79	432	-65	152	-57
209	-55	97	-55	321	-91	155	-79	433	-60	150	-57
210	-66	107	-57	322	-90	152	-75	434	-61	150	-56
211	-66	105	-55	323	-87	152	-72	435	-59	150	-53
212	-65	106	-53	324	-87	151	-81	436	-59	150	-57
213	-62	104	-51	325	-95	158	-86	437	-62	151	-55
214	-62	104	-50	326	-103	159	-88	438	-59	150	-57
215	-61	103	-50	327	-101	162	-78	439	-58	150	-58
216	-60	102	-49	328	-93	156	-79	440	-70	160	-77
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218	-58	101	-48	330	-88	152	-69	442	-70	159	-64
219	-64	109	-63	331	-85	151	-68	443	-70	159	-65
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222	-63	107	-52	334	-81	146	-63	446	-73	164	-61

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618	-48	159	-36
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620	-54	163	-45
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622	-50	159	-35
623	-46	157	-32
624	-46	156	-31
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626	-45	155	-29
627	-42	156	-28
628	-40	151	-30
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638	-9	119	2
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646	-5	117	10
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655	-2	115	13
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657	-2	114	12
658	-1	115	15
659	-2	115	13
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661	-1	114	13
662	-1	114	13
663	-1	114	14
664	0	114	14
665	0	115	10
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667	-3	120	5
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669	-1	116	13
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673	3	112	18
674	12	107	19
675	6	110	17
676	5	110	17
677	7	109	18
678	7	109	18
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684	4	113	17
685	6	111	17
686	6	111	18
687	7	111	18
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713	15	109	25
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718	15	108	23
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720	17	111	15
721	20	108	16
722	18	108	28
723	18	108	30
724	19	107	31
725	20	107	31
726	22	103	34
727	21	104	31
728	19	109	28
729	20	106	32
730	24	105	30
731	22	105	31
732	23	105	33
733	21	106	31
734	22	107	31
735	20	109	31
736	18	110	30
737	19	108	31
738	20	109	31
739	20	110	31
740	20	108	32
741	27	104	39
742	28	104	35
743	27	107	34
744	27	108	36
745	26	108	38
746	27	107	27
747	30	104	41
748	30	105	47
749	34	104	38
750	33	103	36
751	28	104	39
752	29	103	39
753	29	98	39
754	29	102	37
755	32	98	39
756	29	102	39
757	29	102	38
758	29	102	39
759	29	102	39
760	29	101	38
761	31	96	40
762	30	99	39
763	29	101	38
764	28	102	39
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766	30	100	38
767	32	99	42
768	31	99	40
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770	34	99	43
771	35	100	41
772	29	102	37
773	32	98	36
774	31	100	38
775	31	101	39
776	31	100	39
777	31	101	38
778	31	101	41
779	30	101	39
780	27	103	39
781	28	103	38
782	34	98	40

783	29	101	39
784	28	103	39
785	31	100	44
786	29	102	40
787	32	100	43
788	37	98	43
789	36	99	47
790	30	101	42
791	30	100	42
792	31	100	46
793	32	100	43
794	32	100	43
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796	32	100	43
797	36	98	46
798	40	96	48
799	42	89	46
800	35	101	42
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809	37	100	47
810	36	102	48
811	36	98	49
812	40	99	51
813	40	102	52
814	40	103	48
815	36	105	61

816	48	91	63
817	36	105	48
818	34	105	51
819	37	105	54
820	38	100	55
821	35	105	50
822	34	107	49
823	34	107	49
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831	36	105	50
832	38	103	50
833	36	106	51
834	35	107	49
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836	39	105	49
837	34	106	48
838	34	106	47
839	34	107	47
840	34	103	45
841	37	107	49
842	34	107	47
843	34	107	47
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846	34	107	47
847	34	107	47
848	34	107	46

849	34	106	46
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852	34	106	45
853	34	105	42
854	36	102	43
855	37	101	44
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857	35	102	38
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860	39	98	47
861	39	101	43
862	39	101	49
863	36	99	43
864	38	102	44
865	38	103	49
866	35	104	47
867	38	100	45
868	38	100	44
869	39	101	34
870	37	102	35
871	35	103	33
872	30	106	39
873	38	104	48
874	33	105	42
875	36	103	48
876	38	101	48
877	37	102	48
878	37	93	38
879	37	101	48

## 9.4 Complete Raw Data for Cadaver 3

### 9.4.1 Mid-Palatal Suture Sensor

time	1	2	3	103	49	17	76	206	59	17	76
1	13	-5	11	104	49	17	76	207	59	16	77
2	14	-4	12	105	50	17	75	208	55	13	79
3	14	-4	13	106	50	17	75	209	57	16	77
4	15	-3	14	107	50	17	75	210	45	16	77
5	12	-4	21	108	51	17	70	211	45	17	78
6	21	-2	17	109	51	17	71	212	46	17	78
7	19	-3	17	110	52	17	72	213	58	19	78
8	19	-3	17	111	52	18	72	214	56	18	78
9	19	-2	18	112	52	18	73	215	58	18	79
10	19	-2	18	113	52	17	65	216	58	18	79
11	20	-2	18	114	52	16	65	217	56	19	79
12	20	-2	19	115	51	17	50	218	58	19	79
13	21	-2	19	116	54	19	72	219	57	19	79
14	21	-2	19	117	54	19	76	220	58	19	79
15	21	-1	19	118	54	19	76	221	57	18	81
16	22	-2	19	119	55	19	77	222	52	21	81
17	17	0	36	120	55	19	73	223	54	20	81
18	19	3	29	121	56	19	72	224	56	20	81
19	20	2	28	122	55	19	66	225	54	18	80
20	20	2	28	123	55	18	47	226	55	20	80
21	20	2	27	124	58	19	69	227	58	19	81
22	21	2	28	125	58	18	61	228	58	19	81
23	22	3	28	126	58	20	71	229	58	20	83
24	22	3	29	127	59	20	70	230	58	20	83
25	21	5	32	128	57	19	52	231	58	20	83
26	19	8	40	129	61	22	72	232	59	20	84
27	20	7	37	130	61	21	71	233	59	20	84
28	21	6	36	131	61	21	71	234	59	20	85
29	22	6	36	132	61	22	79	235	59	21	85
30	22	6	36	133	61	22	79	236	60	21	85
31	23	6	36	134	62	22	79	237	58	18	90
32	23	6	36	135	62	22	79	238	54	20	92
33	24	8	36	136	62	22	80	239	61	22	86
34	22	8	40	137	63	22	80	240	61	22	88
35	24	6	41	138	63	22	80	241	61	23	89
36	25	3	41	139	63	22	80	242	61	22	90
37	25	9	46	140	64	22	80	243	62	18	88
38	26	9	45	141	64	22	80	244	60	21	88
39	26	9	45	142	65	22	80	245	61	22	87
40	27	9	44	143	65	22	80	246	63	22	87
41	28	8	47	144	65	22	81	247	61	22	87
42	27	6	41	145	65	22	81	248	65	23	87
43	28	6	45	146	66	21	80	249	66	23	87
44	26	9	58	147	67	21	81	250	30	15	88
45	28	16	61	148	67	22	82	251	-24	14	92
46	29	14	60	149	64	20	81	252	-4	15	92
47	30	14	58	150	64	22	81	253	-5	13	92
48	31	14	59	151	61	17	85	254	39	20	94
49	31	14	57	152	57	18	85	255	-19	10	90
50	31	7	49	153	57	17	81	256	33	20	95
51	30	19	78	154	57	20	81	257	56	22	90
52	32	21	77	155	57	19	81	258	58	22	90
53	32	18	73	156	58	17	77	259	58	22	91
54	32	17	69	157	60	15	77	260	60	24	89
55	33	16	67	158	59	19	79	261	58	20	89
56	34	12	65	159	59	19	80	262	60	22	86
57	33	9	60	160	60	19	80	263	60	21	89
58	34	25	85	161	61	18	79	264	60	21	85
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61	35	17	72	164	68	27	78	267	61	22	86
62	36	16	71	165	75	34	77	268	52	24	85
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64	36	17	72	167	84	31	79	270	65	24	91
65	35	26	91	168	55	15	84	271	73	23	87
66	35	22	85	169	61	20	84	272	71	23	83
67	35	20	80	170	-19	5	92	273	72	24	82
68	36	19	77	171	51	21	81	274	73	24	82
69	36	21	70	172	53	19	80	275	72	24	83
70	36	20	67	173	52	19	80	276	73	25	82
71	37	23	89	174	52	19	81	277	73	25	83
72	37	27	98	175	52	19	81	278	73	25	83
73	38	24	91	176	52	19	81	279	74	26	83
74	38	22	87	177	52	20	81	280	74	26	83
75	39	20	84	178	51	19	82	281	74	26	83
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79	39	15	62	182	80	34	80	285	75	27	84
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82	40	21	56	185	54	19	85	288	75	27	85
83	41	18	70	186	51	20	85	289	76	27	85
84	45	29	103	187	59	22	83	290	76	27	85
85	43	25	96	188	42	17	86	291	76	27	86
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1077	239	-28	317
1078	233	-23	396
1079	256	1	418
1080	256	-4	410
1081	257	-6	405
1082	257	-8	401
1083	258	-9	398
1084	259	-10	396
1085	259	-10	393
1086	255	-11	391
1087	256	-11	389
1088	253	-12	386
1089	252	-13	387
1090	251	-14	385
1091	251	-14	384
1092	251	-15	383

1093	251	-15	381
1094	251	-16	380
1095	251	-16	379
1096	251	-16	378
1097	251	-16	377
1098	251	-17	377
1099	251	-21	373
1100	249	-23	369
1101	248	-26	363
1102	247	-26	356
1103	246	-24	380
1104	247	-17	353
1105	246	-25	333
1106	243	-23	347
1107	243	-24	367
1108	242	-1	420
1109	248	-5	416
1110	248	-7	412
1111	248	-9	409
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1114	249	-5	383
1115	246	-8	408
1116	246	-14	373
1117	253	-7	420
1118	253	-15	404
1119	254	-6	426
1120	259	8	463
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1122	260	2	447
1123	260	0	443
1124	260	-1	439
1125	261	-2	436
1126	261	-3	434
1127	261	-4	432
1128	262	-5	429
1129	262	-6	427
1130	262	-9	421
1131	260	-4	402
1132	256	-12	403
1133	255	-12	420
1134	254	-6	442
1135	258	-3	451
1136	259	-10	454
1137	262	10	481
1138	262	6	474
1139	263	5	469
1140	263	2	466
1141	263	-4	455
1142	262	-4	456
1143	262	21	467
1144	261	-6	450
1145	262	-1	417
1146	262	-13	416
1147	260	-18	413
1148	284	16	496
1149	279	11	496
1150	274	8	489
1151	274	6	484
1152	274	4	480
1153	274	3	476
1154	274	2	473
1155	275	1	470
1156	275	0	467
1157	275	-1	465
1158	274	-3	463
1159	275	-7	459
1160	275	10	456
1161	273	5	442
1162	273	-2	451
1163	281	9	495
1164	275	-2	483
1165	272	-7	484
1166	277	4	513
1167	272	11	507
1168	272	8	507
1169	272	7	502
1170	272	5	499
1171	272	0	492
1172	272	-2	478
1173	276	7	488
1174	301	10	515
1175	299	9	510
1176	299	7	506
1177	299	6	502
1178	299	3	500
1179	298	-1	495
1180	296	-9	462
1181	293	-16	447
1182	292	-12	472
1183	290	-8	488
1184	290	-4	488
1185	290	-9	469
1186	291	-15	466
1187	294	2	494
1188	294	1	490
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1194	294	-19	429
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1198	294	-26	449
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1201	299	-15	500
1202	296	8	517
1203	296	7	513
1204	295	5	509

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1206	295	1	502
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1208	295	-11	461
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1210	293	-1	501
1211	294	-11	495
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1214	294	16	553
1215	293	14	543
1216	293	12	543
1217	291	11	539
1218	291	10	536
1219	291	9	533
1220	292	8	530
1221	292	7	528
1222	292	7	525
1223	293	6	523
1224	293	5	521
1225	293	4	519
1226	293	2	518
1227	293	-3	512
1228	294	3	516
1229	299	5	517
1230	301	5	491
1231	306	8	520
1232	306	11	528
1233	307	-3	517
1234	307	12	523
1235	310	10	502
1236	312	0	480
1237	313	0	470
1238	312	8	478
1239	303	0	505
1240	307	-8	487
1241	307	2	518
1242	313	-10	492
1243	322	0	509
1244	325	4	540
1245	307	20	560
1246	304	17	554
1247	301	15	549
1248	300	14	546
1249	300	13	543
1250	299	11	539
1251	299	8	534
1252	304	5	530
1253	304	3	523
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1258	306	5	507
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1267	311	17	566
1268	313	16	559
1269	318	17	533
1270	318	16	562
1271	317	13	556
1272	322	29	592
1273	319	19	578
1274	319	13	550
1275	319	15	563
1276	305	28	600
1277	303	25	592
1278	303	23	587
1279	315	24	579
1280	330	26	573
1281	316	21	572
1282	325	25	550
1283	325	19	558
1284	316	17	560
1285	314	16	559
1286	321	19	554
1287	329	21	535
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1289	326	17	547
1290	321	16	547
1291	320	15	546
1292	318	14	546
1293	318	18	540
1294	314	17	537
1295	310	11	540
1296	309	10	540
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1299	317	10	538
1300	317	10	536
1301	295	6	535
1302	305	8	534
1303	306	12	527
1304	303	12	525
1305	303	10	524
1306	303	9	524
1307	302	9	522
1308	305	8	521
1309	305	7	520
1310	303	8	521
1311	301	5	522
1312	301	4	522
1313	301	4	522
1314	301	4	521
1315	301	4	521
1316	300	4	520</

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1319	300	3	519
1320	307	0	517
1321	315	-7	496
1322	321	-6	486
1323	329	-17	466
1324	332	-13	470
1325	335	20	538
1326	325	14	543
1327	321	13	541
1328	320	12	540
1329	319	8	536
1330	318	7	536
1331	330	12	501
1332	332	19	556
1333	335	4	524
1334	333	22	570
1335	323	19	566
1336	321	18	563
1337	321	14	555
1338	324	8	542
1339	331	-6	521
1340	335	-2	544
1341	330	31	589
1342	329	24	581
1343	327	22	577
1344	326	21	574
1345	326	20	572
1346	328	15	567
1347	335	14	561
1348	336	21	568
1349	336	12	555
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1353	333	25	579
1354	331	23	576
1355	330	22	574
1356	329	18	570
1357	329	14	565
1358	332	14	537
1359	335	19	574
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1361	341	23	569
1362	337	23	572
1363	335	23	570
1364	334	22	571
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1367	335	6	524
1368	343	19	577
1369	340	16	599
1370	343	38	623
1371	339	35	615
1372	338	34	610
1373	337	32	606
1374	337	30	602
1375	336	26	597
1376	336	28	594
1377	337	24	573
1378	342	32	614
1379	341	31	600
1380	339	20	573
1381	338	33	621
1382	339	25	612
1383	338	12	578
1384	342	24	628

1385	343	49	655
1386	341	45	645
1387	341	43	639
1388	341	42	633
1389	336	40	630
1390	336	39	627
1391	336	38	624
1392	336	37	621
1393	336	37	619
1394	336	36	617
1395	337	35	614
1396	337	34	612
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1398	335	28	608
1399	335	29	607
1400	335	29	605
1401	335	22	579
1402	335	20	589
1403	344	44	634
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1406	340	35	622
1407	337	27	604
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1447	343	31	590
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1451	342	29	582
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1453	342	30	585
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1457	343	29	582
1458	343	28	581
1459	343	28	580
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1465	343	27	577
1466	343	27	576
1467	343	27	576
1468	343	27	575
1469	344	27	575
1470	344	26	574
1471	344	26	574
1472	344	26	573
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1474	344	26	572
1475	344	26	572
1476	344	26	571
1477	344	25	571
1478	343	24	570
1479	344	25	570
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1481	345	25	568
1482	345	25	568
1483	345	25	567
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1487	345	24	566
1488	345	24	565
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1490	345	24	564
1491	345	23	564
1492	345	23	563
1493	345	23	563
1494	345	23	562
1495	346	23	562
1496	346	22	561
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1499	345	22	561
1500	344	18	558
1501	344	15	553
1502	340	11	535
1503	342	11	529
1504	342	-2	492
1505	341	1	507
1506	346	19	552
1507	347	20	553
1508	347	20	554
1509	347	19	554
1510	347	19	553
1511	344	14	552
1512	342	9	548
1513	342	5	513
1514	341	-3	490
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1516	343	17	549
1517	346	18	549
1518	347	15	545
1519	347	9	537
1520	347	15	545

### 9.4.2 Intermaxillary Suture Sensor

time	1	2	3
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2	-13	2	63
3	-15	1	61
4	-15	1	57
5	-15	1	56
6	-15	2	54
7	-15	2	53
8	-11	3	48
9	-18	1	49
10	-17	5	46
11	-9	4	40
12	2	8	32
13	-5	12	35
14	1	9	29
15	-14	4	39
16	-12	4	37
17	-12	4	36
18	-12	4	34
19	-10	4	34
20	-8	6	30
21	-15	7	24
22	-2	6	24
23	-14	6	29
24	-13	5	28
25	-12	5	27
26	-9	11	22
27	6	40	22
28	-3	-67	-30
29	2	-77	-19
30	22	165	-48
31	42	170	-46
32	-4	162	-34
33	-3	162	-34
34	-2	162	-34

35	7	167	-37
36	-2	161	-33
37	12	165	-44
38	17	170	-47
39	-4	164	-33
40	-3	164	-32
41	-3	164	-32
42	-3	167	-34
43	4	163	-37
44	2	163	-37
45	1	162	-40
46	-2	165	-32
47	-2	165	-32
48	-2	165	-32
49	-2	165	-32
50	-2	165	-32
51	8	168	-35
52	13	165	-42
53	33	173	-52
54	43	176	-60
55	30	175	-59
56	2	167	-34
57	0	166	-33
58	0	166	-33
59	0	167	-33
60	0	167	-33
61	0	166	-33
62	0	167	-33
63	12	170	-37
64	9	170	-35
65	3	168	-39
66	3	168	-39
67	15	170	-40
68	16	180	-57
69	20	172	-39

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72	2	168	-34
73	2	169	-33
74	13	171	-37
75	15	172	-43
76	6	170	-34
77	8	172	-37
78	12	171	-35
79	15	172	-37
80	23	178	-45
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103	29	172	-61
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106	22	168	-58
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109	26	172	-59
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112	35	175	-60
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122	51	171	-84
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124	95	178	-127
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128	101	172	-123
129	102	173	-124
130	96	166	-116
131	93	165	-115
132	79	155	-110
133	91	165	-111
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147	171	172	-191
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157	199	166	-218
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161	221	164	-231
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163	217	162	-231
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175	312	150	-300
176	309	149	-298
177	308	150	-296
178	294	139	-286
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181	394	155	-335
182	360	145	-334
183	355	145	-331
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186	346	147	-324
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189	335	143	-316
190	374	165	-335
191	349	165	-321
192	370	151	-332
193	386	142	-360
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195	382	145	-351
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198	425	158	-370
199	394	135	-352
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203	400	143	-361
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205	399	142	-358
206	399	142	-357
207	398	142	-355
208	403	159	-367
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210	444	135	-393
211	440	133	-390
212	438	134	-387
213	437	135	-385
214	435	135	-383
215	426	130	-381
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223	475	129	-409
224	472	130	-407
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312	577	84	-337
313	568	87	-329
314	561	88	-323
315	554	87	-318
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318	526	65	-295
319	554	90	-319
320	561	95	-311
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322	549	86	-320
323	539	83	-309
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326	543	78	-315
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334	530	77	-300
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354	615	48	-362
355	548	25	-315
356	532	28	-305
357	523	32	-297
358	517	35	-292
359	540	65	-350
360	567	-6	-312
361	542	5	-302
362	535	9	-297
363	530	13	-294
364	513	7	-277
365	512	11	-285
366	509	18	-288
367	506	20	-283
368	502	21	-282
369	499	24	-277
370	495	24	-275
371	492	25	-273
372	489	26	-271
373	486	26	-269
374	480	21	-266
375	475	22	-266
376	475	22	-263
377	472	24	-263
378	464	30	-252
379	472	30	-264
380	470	31	-262
381	468	31	-260
382	466	32	-259
383	469	36	-254
384	498	65	-274
385	511	42	-305
386	548	37	-312
387	543	12	-304
388	518	8	-295
389	508	5	-282
390	500	14	-281
391	495	16	-278
392	490	18	-275
393	485	19	-272
394	482	21	-271
395	477	21	-268
396	475	21	-259
397	474	25	-265
398	473	33	-268
399	550	9	-323
400	532	-3	-311
401	532	-6	-309
402	522	-3	-297
403	515	0	-293
404	509	3	-290
405	505	5	-288
406	502	7	-286
407	499	8	-284
408	498	18	-280
409	556	-1	-329
410	561	10	-308
411	526	1	-299
412	521	-5	-295
413	537	-2	-311
414	559	10	-317
415	540	-7	-311
416	521	-10	-298
417	511	-8	-290
418	503	-5	-285
419	497	-4	-281
420	492	-2	-278
421	487	-1	-274
422	486	2	-272
423	513	25	-279
424	478	2	-260
425	475	20	-262
426	527	17	-302
427	551	3	-293
428	530	2	-293
429	514	-11	-284
430	499	-11	-279
431	491	-9	-275
432	486	-7	-271
433	480	-5	-268
434	475	-3	-265
435	472	-2	-263
436	472	2	-261
437	463	3	-253
438	462	1	-255
439	460	9	-256
440	474	19	-255

441	464	6	-.255
442	555	-12	-.334
443	525	-23	-.289
444	504	-15	-.279
445	490	-9	-.271
446	478	-5	-.264
447	467	0	-.257
448	456	5	-.251
449	443	12	-.242
450	426	22	-.230
451	153	150	-.115
452	166	165	-.125
453	163	163	-.114
454	151	158	-.110
455	143	156	-.105
456	145	115	-.102
457	72	69	-.91
458	112	125	-.91
459	113	123	-.91
460	113	122	-.90
461	112	122	-.90
462	114	123	-.91
463	114	125	-.89
464	124	129	-.98
465	148	134	-.117
466	127	126	-.104
467	124	125	-.102
468	122	125	-.100
469	121	124	-.99
470	120	123	-.100
471	123	129	-.101
472	127	129	-.102
473	127	133	-.112
474	130	127	-.102
475	128	128	-.104
476	126	127	-.102
477	125	127	-.102
478	125	128	-.101
479	127	129	-.100
480	115	128	-.103
481	136	134	-.122
482	150	135	-.132
483	143	128	-.119
484	133	127	-.112
485	130	128	-.110
486	128	128	-.108
487	127	128	-.107
488	126	128	-.106
489	124	129	-.106
490	128	130	-.121
491	137	130	-.118
492	138	134	-.114
493	135	132	-.113
494	132	132	-.111

495	148	141	-.134
496	159	140	-.131
497	146	137	-.115
498	141	136	-.113
499	139	136	-.112
500	137	136	-.111
501	135	136	-.110
502	134	136	-.110
503	133	135	-.109
504	132	135	-.108
505	132	135	-.108
506	132	135	-.107
507	131	135	-.107
508	134	136	-.108
509	131	134	-.115
510	141	136	-.113
511	150	151	-.127
512	143	138	-.113
513	131	131	-.102
514	133	134	-.104
515	132	134	-.104
516	131	134	-.104
517	130	134	-.104
518	133	136	-.106
519	132	135	-.104
520	135	141	-.106
521	130	138	-.101
522	138	142	-.109
523	142	141	-.130
524	142	138	-.126
525	149	139	-.117
526	134	136	-.107
527	131	136	-.106
528	129	136	-.104
529	128	135	-.103
530	127	136	-.103
531	132	137	-.104
532	128	140	-.101
533	167	125	-.95
534	92	123	-.81
535	85	122	-.81
536	84	122	-.81
537	84	122	-.80
538	84	122	-.80
539	84	122	-.79
540	82	121	-.79
541	84	124	-.79
542	86	120	-.79
543	74	121	-.67
544	71	122	-.83
545	72	121	-.67
546	69	117	-.67
547	70	121	-.66
548	71	122	-.68

549	76	119	-.78
550	73	119	-.66
551	72	122	-.67
552	71	122	-.69
553	71	122	-.69
554	71	122	-.68
555	73	122	-.68
556	72	122	-.69
557	73	123	-.69
558	75	122	-.70
559	74	122	-.70
560	73	124	-.71
561	73	123	-.69
562	75	122	-.69
563	70	122	-.69
564	70	121	-.68
565	81	122	-.89
566	69	121	-.67
567	74	122	-.68
568	71	122	-.66
569	69	121	-.68
570	74	121	-.72
571	73	118	-.67
572	63	117	-.66
573	70	128	-.57
574	56	119	-.43
575	68	124	-.51
576	62	121	-.51
577	62	121	-.52
578	66	142	-.57
579	60	149	-.55
580	59	137	-.52
581	58	140	-.52
582	63	137	-.52
583	56	138	-.52
584	56	134	-.57
585	53	139	-.45
586	57	139	-.46
587	57	139	-.47
588	57	139	-.47
589	54	137	-.48
590	56	138	-.46
591	56	139	-.47
592	57	138	-.46
593	57	138	-.45
594	57	138	-.45
595	58	138	-.45
596	58	138	-.45
597	58	138	-.44
598	55	141	-.40
599	57	135	-.34
600	58	135	-.32

## 9.5 Complete Raw Data for Cadaver 4

### 9.5.1 Mid-Palatal Suture Sensor

time	1	2	3	103	30	-217	10	206	142	141	-37
1	7	13	4	104	26	-237	17	207	146	148	-32
2	7	12	4	105	21	-245	19	208	133	148	-27
3	8	7	4	106	19	-271	16	209	145	142	-37
4	6	4	3	107	30	-264	10	210	152	153	-35
5	13	5	3	108	29	-238	14	211	141	150	-30
6	5	-2	13	109	30	-196	15	212	143	150	-27
7	3	-6	8	110	31	-180	16	213	162	155	-41
8	6	-5	7	111	30	-177	16	214	153	160	-33
9	6	-4	6	112	21	-178	20	215	140	159	-26
10	5	-13	6	113	47	-158	7	216	151	166	-31
11	6	-13	8	114	32	-143	8	217	158	162	-36
12	8	-12	8	115	33	-130	10	218	159	163	-40
13	8	-14	8	116	32	-126	15	219	175	163	-44
14	8	-16	9	117	35	-114	14	220	171	172	-40
15	9	-18	8	118	36	-120	16	221	160	170	-32
16	0	-30	9	119	38	-113	14	222	163	173	-35
17	12	-24	8	120	36	-116	19	223	166	178	-35
18	-2	-38	7	121	35	-131	4	224	166	171	-34
19	7	-34	8	122	43	-134	8	225	163	184	-25
20	9	-39	8	123	32	-151	9	226	162	183	-26
21	11	-34	5	124	44	-192	0	227	159	182	-32
22	14	-40	6	125	47	-218	4	228	153	178	-27
23	9	-29	12	126	44	-234	9	229	165	188	-29
24	9	-12	12	127	58	-234	6	230	166	192	-30
25	10	7	12	128	53	-243	-2	231	164	190	-28
26	9	29	12	129	54	-240	0	232	160	189	-22
27	11	45	11	130	46	-233	3	233	161	191	-28
28	10	57	12	131	63	-230	-7	234	162	189	-26
29	10	63	11	132	54	-215	-5	235	161	191	-26
30	9	72	12	133	41	-205	4	236	134	181	-19
31	11	72	11	134	60	-196	-5	237	167	186	-30
32	11	73	11	135	58	-201	-10	238	154	187	-24
33	11	69	11	136	56	-198	-4	239	150	184	-23
34	11	66	12	137	50	-192	-2	240	147	185	-22
35	11	58	12	138	113	-161	-24	241	143	189	-18
36	11	51	12	139	104	-147	-12	242	144	190	-17
37	12	45	11	140	95	-138	5	243	147	193	-22
38	12	38	13	141	99	-133	-9	244	151	194	-20
39	11	33	12	142	81	-117	-8	245	151	194	-22
40	11	35	12	143	98	-101	-6	246	141	196	-16
41	0	39	9	144	80	-97	-1	247	165	210	-32
42	13	57	14	145	94	-85	-5	248	163	211	-26
43	16	78	18	146	74	-82	12	249	159	213	-29
44	13	84	15	147	71	-82	7	250	174	223	-32
45	13	94	15	148	75	-70	9	251	176	219	-33
46	14	108	14	149	120	-55	-22	252	174	221	-32
47	14	118	15	150	106	-43	-8	253	173	223	-32
48	14	121	16	151	105	-36	-8	254	173	227	-31
49	14	132	15	152	105	-27	-8	255	173	234	-30
50	14	137	16	153	104	-23	-3	256	172	239	-30
51	15	141	16	154	92	-17	1	257	172	241	-30
52	15	143	16	155	112	-26	-18	258	172	246	-29
53	15	142	18	156	106	-32	-20	259	171	251	-28
54	15	143	16	157	105	-15	-9	260	171	256	-28
55	15	143	17	158	96	-25	-5	261	171	257	-27
56	15	148	17	159	102	-20	-8	262	171	260	-27
57	15	147	17	160	113	-28	-23	263	180	253	-34
58	15	143	17	161	111	-33	-19	264	179	260	-35
59	16	142	17	162	117	-36	-12	265	157	260	-28
60	16	147	17	163	111	-49	-11	266	157	257	-7
61	16	149	18	164	119	-63	-23	267	179	275	-34
62	16	153	18	165	114	-55	-20	268	176	276	-33
63	16	156	18	166	113	-54	-15	269	177	281	-33
64	16	164	18	167	120	-52	-24	270	174	285	-24
65	16	170	18	168	120	-47	-24	271	174	283	-36
66	16	175	18	169	113	-42	-10	272	176	284	-35
67	17	178	18	170	122	-60	-33	273	176	287	-34
68	17	182	18	171	131	-49	-27	274	176	287	-33
69	17	181	19	172	121	-43	-21	275	176	293	-32
70	17	180	19	173	121	-37	-21	276	177	296	-32
71	17	176	19	174	121	-33	-19	277	175	297	-30
72	17	180	19	175	121	-24	-18	278	186	294	-32
73	18	178	19	176	117	-32	-10	279	181	300	-36
74	18	172	19	177	125	-27	-28	280	180	302	-35
75	18	167	20	178	124	-19	-27	281	180	303	-34
76	18	164	20	179	124	-8	-25	282	180	305	-34
77	18	164	20	180	124	4	-24	283	168	302	-28
78	19	157	20	181	124	10	-22	284	180	306	-35
79	18	148	20	182	124	18	-22	285	179	307	-24
80	19	144	20	183	123	24	-13	286	176	305	-35
81	19	147	20	184	125	22	-20	287	184	309	-37
82	13	139	19	185	128	33	-26	288	183	310	-36
83	-12	127	19	186	125	39	-26	289	182	317	-35
84	-12	140	27	187	133	43	-34	290	182	317	-35
85	17	158	20	188	133	53	-31	291	182	318	-34
86	20	161	21	189	127	58	-27	292	182	318	-33
87	13	149	17	190	132	67	-28	293	182	318	-33
88	16	141	19	191	132	76	-27	294	181	320	-34
89	20	133	25	192	132	86	-26	295	180	321	-31
90	20	124	21	193	133	94	-26	296	176	322	-28
91	5	107	24	194	132	101	-25	297	187	311	-29
92	7	98	15	195	129	105	-23	298	184	317	-44
93	23	91	13	196	131	115	-24	299	196	329	-39
94	18	84	21	197	141	114	-33	300	193	329	-35
95	11	74	20	198	135	121	-23	301	178	321	-32
96	22	74	20	199	125	131	-17	302	195	326	-32
97	34	77	11	200	120	124	-9	303	200	325	-39
98	24	59	16	201	138	127	-34	304	197	332	-39
99	12	-25	17	202	141	130	-33	305	194	333	-37
100	22	-91	20	203	139	132	-30	306	192	332	-36
101	8	-142	21	204	143	137	-28	307	188	331	-33
102	5	-191	18	205	135	135	-35	308	187	325	-34

309	211	333	-47
310	200	333	-43
311	199	334	-42
312	198	335	-41
313	198	336	-40
314	197	337	-40
315	197	338	-40
316	193	342	-38
317	194	349	-29
318	191	348	-37
319	220	357	-43
320	204	363	-41
321	198	363	-39
322	195	367	-34
323	198	368	-34
324	189	366	-29
325	195	375	-33
326	200	375	-35
327	179	372	-23

328	191	374	-32
329	207	379	-41
330	203	380	-38
331	204	385	-38
332	203	383	-37
333	203	384	-37
334	201	387	-36
335	202	389	-36
336	182	383	-23
337	177	385	-26
338	200	396	-34
339	176	395	-15
340	201	398	-35
341	199	400	-32
342	193	396	-25
343	191	395	-26
344	185	403	-25
345	187	408	-35
346	167	393	-19

347	203	412	-40
348	199	417	-38
349	199	422	-37
350	199	428	-37
351	199	432	-37
352	197	438	-36
353	184	441	-26
354	182	447	-31
355	199	456	-38
356	199	460	-37
357	199	462	-36
358	198	466	-36
359	198	471	-36
360	197	476	-35
361	197	482	-35
362	197	491	-34
363	197	502	-34

## 9.5.2 Intermaxillary Suture Sensor

time	1	2	3
1	0	1	0
2	1	1	0
3	2	2	0
4	1	2	0
5	1	1	0
6	0	2	0
7	3	2	0
8	2	10	6
9	3	16	13
10	0	4	1
11	3	13	4
12	3	5	1
13	4	4	1
14	5	7	1
15	5	4	1
16	4	3	1
17	4	3	1
18	6	2	1
19	5	4	1
20	6	4	2
21	7	4	1
22	7	4	2
23	6	4	2
24	6	4	2
25	8	5	2
26	8	5	2
27	8	5	2
28	8	10	3
29	5	11	5
30	11	44	16
31	6	6	3
32	9	5	3
33	8	6	5
34	8	20	13
35	6	3	3
36	6	4	4
37	10	7	6
38	10	5	12
39	8	18	9
40	9	4	5
41	7	4	5
42	9	4	5
43	10	10	7
44	11	6	6
45	10	9	6
46	8	22	15
47	10	5	6
48	11	6	7
49	10	6	7
50	9	16	9
51	7	16	13
52	8	5	6
53	9	6	7
54	10	8	8
55	8	13	10
56	8	16	11
57	7	10	9
58	7	11	9
59	5	14	12
60	9	8	7
61	9	11	10
62	10	14	9
63	5	17	13
64	7	8	7
65	7	8	7
66	8	8	8
67	8	9	8
68	6	13	10
69	8	22	11
70	7	21	13
71	9	15	12
72	11	26	14
73	9	16	12
74	8	13	13
75	9	17	17
76	10	22	18
77	9	17	15
78	12	16	15
79	12	15	15
80	11	15	15
81	12	16	15
82	13	21	16
83	12	23	19

84	8	24	16
85	10	18	15
86	11	18	16
87	13	26	18
88	11	31	18
89	10	37	21
90	9	27	20
91	11	27	20
92	11	30	22
93	7	48	29
94	8	36	29
95	8	36	26
96	9	42	27
97	7	69	36
98	7	55	34
99	9	48	30
100	9	86	45
101	10	63	37
102	10	91	55
103	9	66	40
104	7	100	50
105	7	86	50
106	9	79	47
107	8	104	54
108	7	93	56
109	8	87	52
110	12	77	52
111	12	100	59
112	10	108	62
113	14	134	71
114	12	96	58
115	11	88	54
116	11	84	52
117	12	81	50
118	10	137	72
119	8	112	64
120	9	99	59
121	10	111	66
122	10	124	68
123	9	122	69
124	10	112	65
125	9	104	61
126	7	95	56
127	7	164	80
128	8	125	70
129	11	115	66
130	12	109	63
131	12	104	60
132	11	101	58
133	12	98	55
134	11	95	54
135	10	92	53
136	12	88	52
137	12	88	51
138	11	87	49
139	12	85	48
140	12	84	47
141	13	83	46
142	12	82	45
143	13	81	44
144	12	80	43
145	13	79	42
146	13	78	41
147	13	77	41
148	14	76	40
149	13	76	39
150	13	75	38
151	14	75	37
152	15	74	37
153	15	76	37
154	14	73	36
155	15	119	47
156	15	94	42
157	15	98	47
158	19	134	57
159	13	80	41
160	14	83	39
161	13	82	38
162	13	81	36
163	13	80	35
164	12	78	34
165	12	77	33
166	12	76	33
167	12	74	30

168	13	74	31
169	14	74	30
170	16	74	29
171	15	73	29
172	15	73	28
173	15	71	26
174	12	71	26
175	13	70	25
176	13	70	25
177	13	69	24
178	13	69	23
179	12	68	23
180	13	67	22
181	13	66	21
182	14	66	20
183	13	69	20
184	14	69	18
185	13	67	17
186	13	72	17
187	13	72	17
188	14	69	16
189	15	70	16
190	16	70	15
191	14	69	14
192	12	66	13
193	17	106	18
194	17	115	24
195	15	106	25
196	17	131	29
197	17	150	35
198	14	107	26
199	14	102	23
200	14	100	23
201	14	97	20
202	14	95	19
203	14	93	18
204	15	91	17
205	15	90	16
206	15	88	15
207	14	88	14
208	14	87	13
209	15	86	12
210	13	131	22
211	16	170	32
212	19	161	27
213	13	118	22
214	12	114	20
215	13	111	18
216	13	109	16
217	13	107	15
218	15	104	12
219	17	165	22
220	18	188	29
221	22	189	30
222	15	134	22
223	15	129	19
224	15	127	18
225	17	129	17
226	15	164	19
227	15	165	25
228	14	155	21
229	15	146	19
230	15	141	17
231	14	139	16
232	12	145	19
233	14	118	13
234	11	128	13
235	16	126	10
236	13	127	8
237	15	136	6
238	11	103	4
239	13	108	1
240	13	103	-2
241	14	116	-1
242	12	98	-4
243	14	96	-10
244	16	58	-26
245	18	101	-14
246	17	86	-18
247	15	78	-20
248	17	93	-18
249	15	99	-18
250	16	93	-20
251	17	87	-21

252	18	98	-23
253	16	88	-17
254	14	123	-15
255	16	170	-3
256	11	166	-1
257	13	135	-6
258	15	132	-7
259	16	129	-8
260	15	126	-10
261	15	128	-10
262	17	136	-8
263	14	156	-3
264	13	187	-2
265	12	161	5
266	14	153	1
267	13	148	-2
268	12	144	-4
269	12	140	-6
270	12	137	-9
271	13	135	-9
272	14	139	-8
273	13	163	-3
274	16	188	-9
275	16	198	-3
276	18	168	-11
277	15	143	-12
278	15	138	-13
279	17	136	-16
280	17	148	-15
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282	13	147	-16
283	16	135	-21
284	18	136	-22
285	17	131	-23
286	19	177	-15
287	16	146	-20
288	7	161	-17
289	9	165	-12
290	15	145	-21
291	18	175	-12
292	15	167	-19
293	16	154	-21
294	15	143	-23
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297	16	136	-26
298	17	135	-27

299	17	137	-26
300	17	131	-28
301	15	170	-19
302	8	144	-29
303	17	143	-29
304	19	149	-30
305	19	131	-33
306	19	129	-34
307	20	129	-35
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309	18	122	-37
310	18	123	-37
311	16	133	-34
312	10	137	-39
313	22	164	-40
314	17	136	-42
315	19	129	-40
316	16	167	-34
317	26	173	-40
318	27	158	-41
319	24	151	-41
320	28	161	-42
321	23	137	-42
322	27	140	-46
323	22	134	-47
324	22	125	-45
325	21	124	-46
326	23	126	-46
327	23	126	-46
328	23	125	-46
329	22	124	-46
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382	17	131	-29
383	19	126	-31
384	18	124	-31
385	19	126	-32
386	19	127	-31
387	19	124	-34
388	19	123	-35
389	19	122	-35
390	18	121	-36
391	18	121	-36
392	19	120	-38



**Abstract**

**Quantification of Forces Dissipated Through Bone When Using Rapid Maxillary Expansion**

**OBJECTIVE:** To quantify the forces dissipated through bone when using rapid maxillary expansion in a cadaveric model.

**MATERIAL AND METHODS:** Stress-strain gauges were bonded to bone of human adult cadavers adjacent to the mid-palatal and intermaxillary sutures using a cyanoacrylate adhesive. The gauges were used to record the forces exerted on the craniofacial complex using a modified RME. Values generated were converted to force in grams.

**RESULTS:** Complete activation of the modified RPE appliance yielded a mean maximum force value for the mid-palatal suture of 986.58 grams ( $\pm 203.72$ ), while the intermaxillary suture was 759.99 grams ( $\pm 143.77$ ). A statistically significant difference in force values between the mid-palatal and intermaxillary sensor sites was found ( $p < 0.05$ ). No specimens were found to have either the mid-palatal or intermaxillary suture become patent following activation. The difference in values at the different anatomic locations could indicate that the force generated by the RME becomes dissipated by the hard and soft tissues in the craniofacial complex and that the further away from the RME, the lower the value. This may further support the theory that piezoelectricity mediates alveolar remodelling by orthopaedic appliances or that cell signalling at the cellular level responds to dissipated forces to trigger the osseous response.

**CONCLUSIONS:** Forces generated by RME devices were dissipated through the bone at levels that exceed orthopaedic force range. The further from the site of force delivery, the lower the values, suggesting dissipation involves many factors including hard and soft tissue which can absorb forces thereby decreasing their magnitude.

## **INTRODUCTION:**

Rapid maxillary expanders (RMEs) are widely used orthopaedic appliances in orthodontics and have existed for over 100 years<sup>1</sup>. Since then, a plethora of orthopaedic devices have been established, all having the goal of modifying or altering growth of the craniofacial complex<sup>2,3</sup>. These include headgears, functional appliances and RMEs. RMEs work by exerting forces on the teeth and bone that are dissipated throughout the craniofacial complex resulting in anatomical changes involving bone remodelling. Although the literature describes the anatomic areas to which this force is dissipated<sup>4</sup>, no investigation has quantified the force on bone at the applied areas and its dissipation throughout the craniofacial complex.

The evidence in the literature describing the clinical efficacy of orthopaedic appliances is exhaustive. It is believed that exogenous forces produced by these appliances result in sutural bone strain that causes a cellular response in growth<sup>5</sup>. Orthopaedic loading on the dentition results in the transmission of these forces to produce tensile and compressive strain on the facial and cranial sutures that absorb and transmit these forces. Sutures absorb these stresses and their bony edges are displaced, either through tension or compression. This results in modulating sutural growth at the cellular level resulting in overall growth modification<sup>5</sup>. Further, different sutures have different responses to force. This force exerts a strain on the sutures of the craniofacial complex resulting in microscopic changes that over time summate to result in macroscopic effects.

Isaacson and others<sup>6</sup> used strain gauges cemented to RMEs in patients and found that a single activation of the expansion screw of 0.2mm (one quarter revolution) produced approximately 1.3-4.5 kg (3-10 pounds) of force. The force decayed rapidly initially and

then continued to slowly decrease. Isaacson found that the resistance of the expansion was not from the mid-palatal suture but from the bones that articulated the maxilla because there was not a significant change in the force once the sutures opened. He found that a smaller force was required for younger patients versus older patients due to less resistance to expansion of the palate. In a similar study, Zimring and Isaacson<sup>7</sup> determined that it was the facial skeleton that was the main resistance to expansion. The maximum loads on patients ranged from 7.5-15.7 kg of force during treatment and these forces gradually dissipated during the six week retention period.

In a photoelastic study of the human skull, Chocanos and Caputo<sup>4</sup> measured stresses using RME of the Haas, Minne-expander, Hyrax, and quad helix types. Each of the appliances produced different stresses transmitted through the bones of the craniofacial complex and effects on the various sutures. Fixed appliances produced stress that was concentrated in the anterior region of the palate that progressed posteriorly toward the palatine bone. The Haas, Minne-expander, and Hyrax appliances resulted in stresses that were in the orthopedic range. The stress was concentrated in the anterior region of the palate and progressed to the posterior and radiated to areas superiorly along the perpendicular plates of the palatine bone deeper to anatomic structures such as the lacrimal, nasal, and malar bones, the pterygoid plates of the sphenoid, the zygomatic process and the medial wall of the orbit. Interestingly, increased activation decreased retention resulting in less of a stress produced at these areas. Furthermore, with increased activation, the palate began to separate. The appliance was found to primarily affect posterior teeth. In a finite element analysis study, Jafari and others<sup>8</sup> demonstrated that the pterygoid plates are bent more than 2mm during rapid palatal expansion.

Understanding the complex interplay of sutural growth may be the key to understanding the mechanism of action of orthopaedic loading and elucidating a more ideal force to utilize with orthopaedic appliances. This ideal, is the minimum mechanical force that results in the maximum desirable skeletal modification in the shortest period of time.

The current study quantifies the force and assesses the dissipation of the force exerted by an RME at the intermaxillary and mid-palatal sutures on adult cadavers with stress/strain gauges. This exact magnitude of forces may help in better understanding the mechanisms of how sutural growth is affected.

## **MATERIALS AND METHODS**

A stock alginate tray (Ortho Organizers, U.S.A.) was modified by cutting it into 2 equal halves and joined in the center by a 12mm jack-screw (Forestadent, Pforzheim, Germany) soldered to each half with an anterior and posterior contact point (Figure 1). Permission was obtained from the Head of the Department of Anatomy, Faculty of Medicine to perform this study. Human cadavers were selected from the school's Gross Anatomy Laboratory at random and had at least molars and premolars present to allow for better, natural retention of the fabricated RME appliance. In total, 4 suitable cadavers (2 male and 2 female) were used in the study ranging from 68 to 79 years old (mean of 73 years old). Careful dissection of the cadaver was performed in the palatal and intermaxillary area. In the palatal area, an incision was made through the keratinized gingival tissue of the palate. This incision followed the line of the teeth and/or the residual alveolar ridge from the posterior aspect of the second molar to the midline. A flap was then raised

exposing the underlying bone. For the intermaxillary area, an incision was made to cut the gingival tissue in the maxillary anterior area. This incision followed the line of the maxillary anterior teeth and/or the residual alveolar ridge from the area of the first premolar to the midline. A flap was then raised using to expose the underlying bone. The exposed bone was then cleaned thoroughly with gauze dipped in a 99.9% pure ethanol solution for 5 minutes. Next, dry gauze was used to remove any and all moisture from the respective areas for another 5 minutes. A rosette strain gauge sensor (Figure 2) equipped with 6, 10 foot leads (catalogue number C2A-06-062LR-350 (Intertechnologies), was then cemented to the dried bone using MBond200 (Intertechnologies), a cyanoacrylate bonding adhesive. With firm finger pressure, the sensor was placed in position and held for 1 minute to allow the adhesive to dry and ultimately bond to the bone. For the palatal suture, the sensor was placed 2mm to the right of the mid-palatal suture and midway between the anterior segment and the junction of the palatal process of the maxillary bone/palatine bone. The orientation of the sensor was such that the leads faced posteriorly or towards the cadaver's throat. For the intermaxillary suture, the sensor was placed 2mm to the right of the intermaxillary suture and 5mm gingival to the highest point of bone from the tooth or residual alveolar ridge. The orientation of the sensor was such that the leads faced inferiorly or towards the cadaver's throat. All leads were then connected to the P3 measuring device (Intertechnology, Canada) prior to RME placement. Kerr brown dental compound (GAC Dentsply, USA) was placed in a water bath and heated to 60 °C. The compound was then placed and moulded into the modified RME device and placed immediately into the oral cavity of the cadaver. Once the compound cooled and hardened the RME device was

continually activated every 5-10 seconds until it could not be turned any further, for a total of 48 turns or 12 mm. Results were stored directly on the P3 device on a SD memory card and accessed via personal computer into a spreadsheet format. Data obtained was then put through a complex mathematical macro developed by Intertechnology Canada to convert the  $\mu$ strain value and incorporate the multi-directional axes of the rosette strain gauge into a useable format (force in grams). A two-tailed, paired Student t-test was used to compare the maximum and minimum force values at the different sites for statistical significance between sites and cadavers.

## **RESULTS**

### ***Mid-Palatal Suture Comparisons***

There are generally 4 distinct patterns present for each cadaver (Figure 3-6). The first phase can be described as a gradual increase in force values, followed by a second phase involving a more steep or logarithmic increase in force values. The third phase corresponds with a levelling-off followed by the fourth and final phase of a slight decline from the initial levelling-off. Cadaver 4 produced the lowest force values while Cadaver 2, the highest (Table 1). The mean maximum force value obtained for the mid-palatal suture was 986.58 grams ( $\pm 203.72$ ). Another interesting observation is that Cadavers 2, 3 and 4 (Figure 4, 5, 6) appear to follow the same logarithmic trend in increasing force levels in the second phase of RME activation. Although Cadaver 1 (Figure 3) also shows an increase, it is more gradual as compared to the others. Finally it is apparent that the experiment on Cadaver 1 was the longest test to perform, while Cadaver 4 was the shortest. The display of distinct spikes in the graph occurred at each activation followed

by a period of gradual relaxation and corresponding drop in the force value over time.

The spikes that corresponded to activations ranged from 100-300 grams of force.

### ***Intermaxillary Suture Comparisons***

The intermaxillary sensor site showed a similar trend as the mid-palatal site, however at different time intervals when compared to the palatal suture site and also lower force values. It is apparent that Cadaver 4 produced the lowest force values while Cadaver 1, the highest (Table 2). The mean maximum force value obtained for the intermaxillary suture site was 759.99 grams ( $\pm 143.77$ ). Although all cadavers appear distinctly different, it appears that aside from Cadaver 3, the rest appear to follow the same logarithmic trend in increasing force levels in the second phase of RME activation.

Finally it is apparent that the Cadaver 1 experiment was the longest test to perform, while Cadaver 4 was the shortest. It is interesting to note that Cadaver 3 (Figure 5) displayed a sudden drop in force values at approximately 451 seconds. The display of distinct spikes in the graph occurred at each activation followed by a period of gradual relaxation and corresponding drop in the force value over time. The spikes that corresponded to activations ranged from 50-350 grams of force.

Maximum force values of all cadavers were compared for statistical significant differences using a two-tailed, paired Student t-test. It was determined that there was a statistical significant difference of the maximum force values between the mid-palatal and intermaxillary sensor site ( $p < 0.05$ ).

## **DISCUSSION**

Despite the extensive research of the effects of the RME appliance, this is the first study that measured the force exerted directly on bone in the human cadaver while activating an RME appliance.

Force values obtained for both the mid-palatal and intermaxillary sites exhibit values that were well within and above the estimated range of orthopaedic values ( $\pm 500$  grams).

Although each cadaver provided specific values and force patterns, there appears to be a general trend of increasing force levels once the RME is activated. There were however detectable differences between cadavers, which are expected due to individual variation from specimen to specimen with varying degrees of bone density soft tissue thickness.

Gender may also play a role, as the female cadavers were generally smaller than the male cadavers. Our sample was too small to determine gender differences and as there was no objective way to determine the hard and soft tissue thickness of each cadaver. In Cadaver 3, at approximately 450 seconds, the RME appliance slipped off the Cadaver's oral cavity producing the jump as displayed in Figure 5. In Cadaver 4, some teeth fractured as the expansion was taking place, and as a result, the graph did not follow a gradual increase over time, especially during the first part of the expansion (Figure 6). It is not expected that in a living subject the same type of teeth fracture would occur, due to the elastic fibers in the living subjects, vitality of the PDL and blood supply.

When comparing the 2 sites of sensor placement specifically, it was noted the force levels at the mid-palatal sensor site produced significantly higher values than the intermaxillary



sensor site. Since the force production was further away from the intermaxillary site, this is to be expected. During initial pilot testing, our study involved placement of more sensors at varying sites throughout the craniofacial complex. Those sensors that were placed further away from the RME device registered less force on the P3 measuring device, which confirms the findings of a similar study<sup>6</sup>. This gives credence to the theory that minute orthopaedic forces may have an indirect effect on changes in the craniofacial skeleton via biochemical and/or cellular stimulatory effects induced by dissipated forces. These effects potentially spawned by the dissipated forces and despite being barely measurable, could work at a distance away from the source of the force production.

According to Buckland-Wright<sup>9</sup>, sutures can absorb a considerable amount of energy, which is what probably also occurred in our study. If this were not the case, the force levels would continue to increase with no relaxation or fall in the values as time progressed. Indeed, there were general trends of increases over time, but they levelled off in all of our trials suggesting that not only the sutures, but the surrounding hard and soft tissues may play a role in force dissipation across the craniofacial osseous and non-osseous regions.

All sutures were given a visual and tactile examination following complete activation with no sutures having demonstrated any disconnect from one another, or fracture, despite the 12 mm of activation of the RME appliance. A study by Wehrbein and Yildizhan<sup>10</sup> analyzed the sutures of 18-38 year-old cadavers and found fusion had not actually occurred but the cadavers in our study were much older and cannot be accurately

compared as a result. Wehrbein and Yildizhan also demonstrated that different cadavers exhibited different degrees of suture obliteration. This was confirmed by Persson and Thilander in 1977 who even found a 54 year-old subject without ossification<sup>11</sup>.

Furthermore, even if the mid-palatal suture were to break, it must be borne in mind that in elderly specimens there is additional resistance at the pterygomaxillary interface from the pterygoid plates of the sphenoid bones, which have a tendency to bend laterally and prevent the posterior area of the suture from opening<sup>4, 8, 12</sup>.

With RME appliances, the opening of the suture generally follows a fan-shape pattern with a larger opening in the anterior area and less in the posterior. This may indicate a higher force value in the anterior area or less resistance to expansion. In the photoelastic study of Chaconas and Caputo<sup>4</sup>, it was found that the stresses generated in the anterior region of the palate were higher and became less and less posteriorly. This was not the case in our study as the forces generated in the anterior area were significantly less than the posterior area ( $P < 0.05$ ). The explanation for this could be that Chaconas's study involved a plastic simulation of a human skull and did not factor in the effect of soft tissue which was taken into account in our study. Anatomy may play a role in the fan-shape expansion pattern as there are only soft tissue structures anteriorly and posteriorly more hard tissue structures present which can impede or lessen the effect of expansion. This probably accounts for the higher force generation in the palatal area. However, Chaconas et al<sup>4</sup> found that the forces generated were in fact orthopaedic in nature which was confirmed in our study. Regardless, it is considered appropriate to generate higher

forces in older patients requiring RME so that the force can be used to achieve some orthopaedic change, as described by Isaacson (1964).

Isaacson et al<sup>6</sup> using strain gauges in RME's found that large forces of 1.3-4.5 kg were achieved from single activations with rapid initial decay. Zimring and Isaacson<sup>7</sup> found that these forces were even higher in a subsequent study (7.5-15.7 kg). Although our study did not produce values as high as these, it could be because Isaacson et al put the sensor directly on the RME, whereas our sensor was directly on the bone. This difference can therefore be postulated on the basis of the force which may have been dissipated through all surrounding structures, including hard and soft tissues.

Oberheim and Mao<sup>13</sup> found that bone strain was higher in younger skulls than in older skulls. Using this study as an example, it would be fair to assume that the forces generated in our study would result in even higher force values in younger patients due to their bone being less stiff than adult bone and subject to greater deformation. However, according to the finite element analysis study of Holberg et al<sup>14</sup>, higher cranial base stresses were displayed due to the decrease in elasticity of the adult skull versus the young skull.

Our study also confirmed the findings of Timms<sup>15</sup> which demonstrated the greatest stress in the area it is being delivered, while further away, it diminishes. In concert with these previous studies, our research confirms the theory of orthopaedic force decay and dissipation along the anatomic structures of the craniofacial complex.

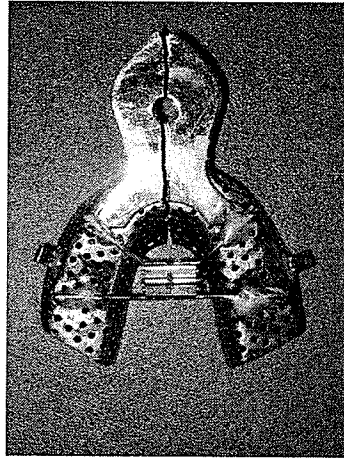
## **CONCLUSIONS**

- Forces generated by RME devices are dissipated through the bone to the mid-palatal and intermaxillary sutures at levels that are consistent with the orthopaedic force range.
- Orthopaedic forces generated at both the mid-palatal and intermaxillary sutures do not result in suture patency in aged cadavers.
- The further away from the site of force delivery, the lower the recorded force values, suggesting forces dissipate and diminish as they are transferred along the hard tissue and possibly absorbed by the sutures and surrounding soft tissue.
- Despite the small magnitude of dissipated forces at distant sites, those forces may nevertheless be at levels sufficient to enable a cell signalling response at the cellular level thus generating a histobiochemical reaction and osteogenic response.

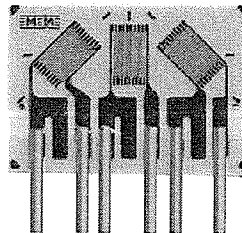
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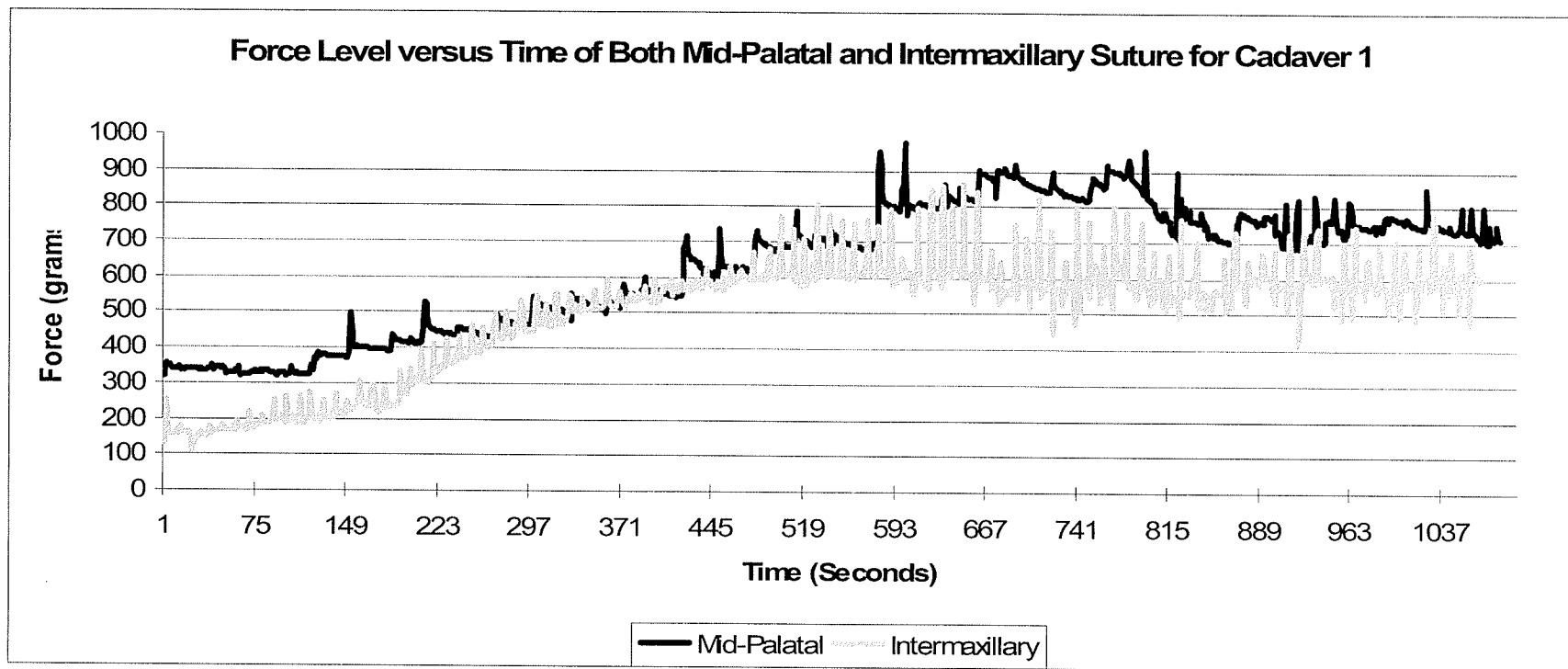
**Figure Legends:**



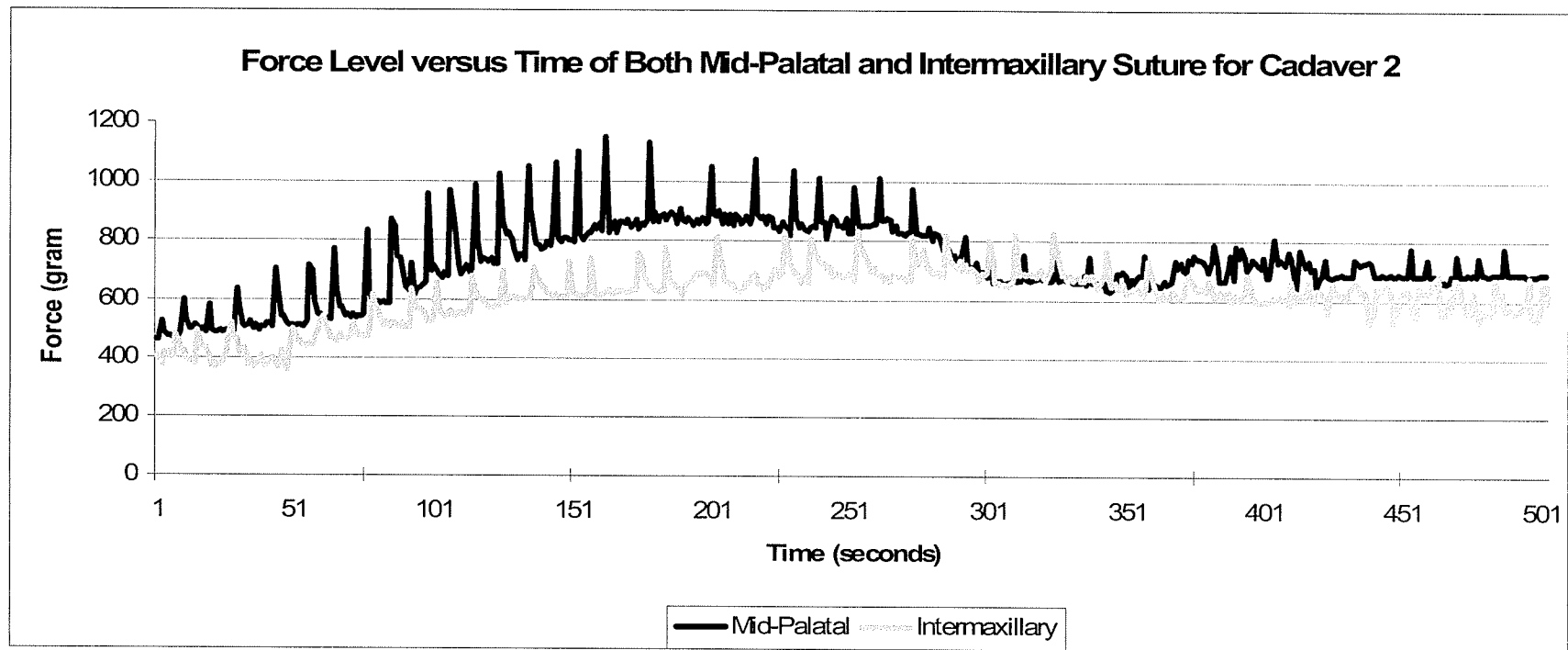
**Figure 1: 12mm hyrax expansion screw soldered to a sectioned impression tray**



**Figure 2: A rosette strain gauge sensor equipped with 6, 10 foot leads (catalogue number C2A-06-062LR-350 (Intertechnologies))**

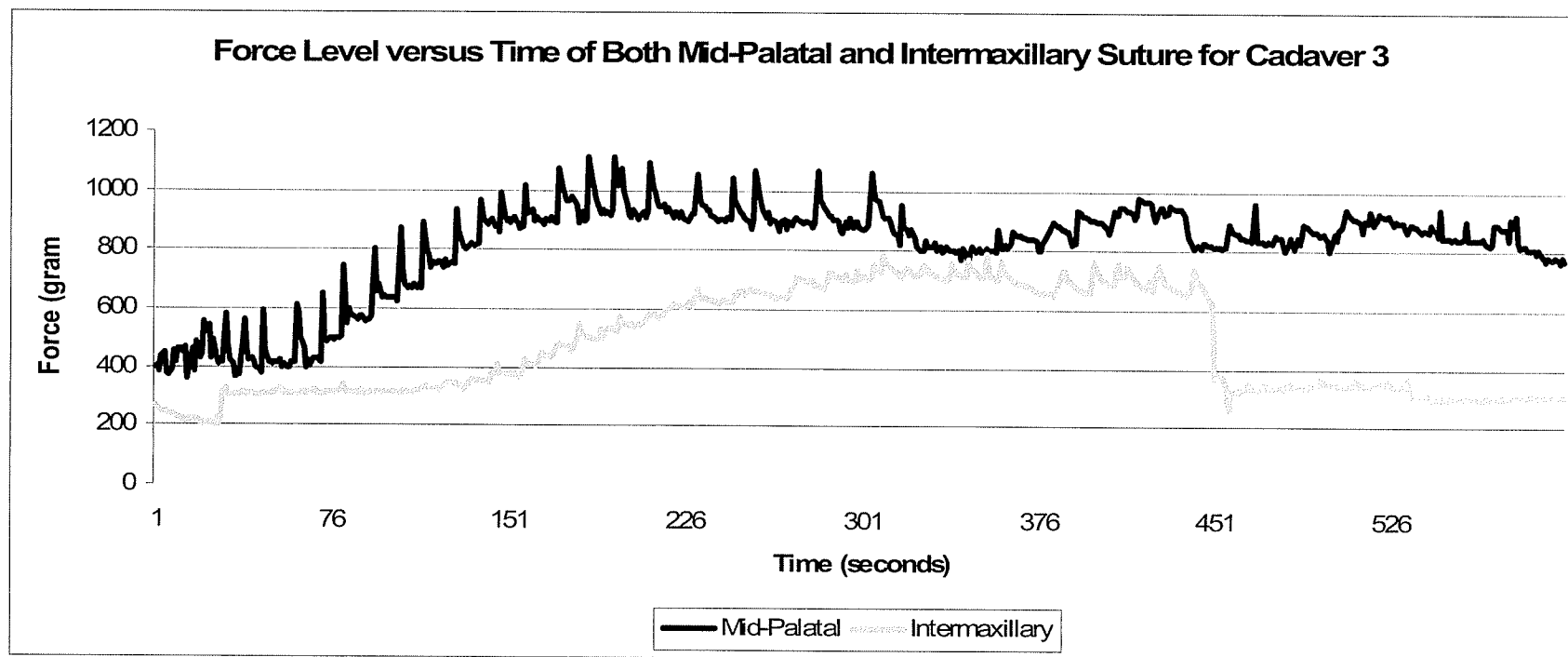


**Figure 3: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 1**

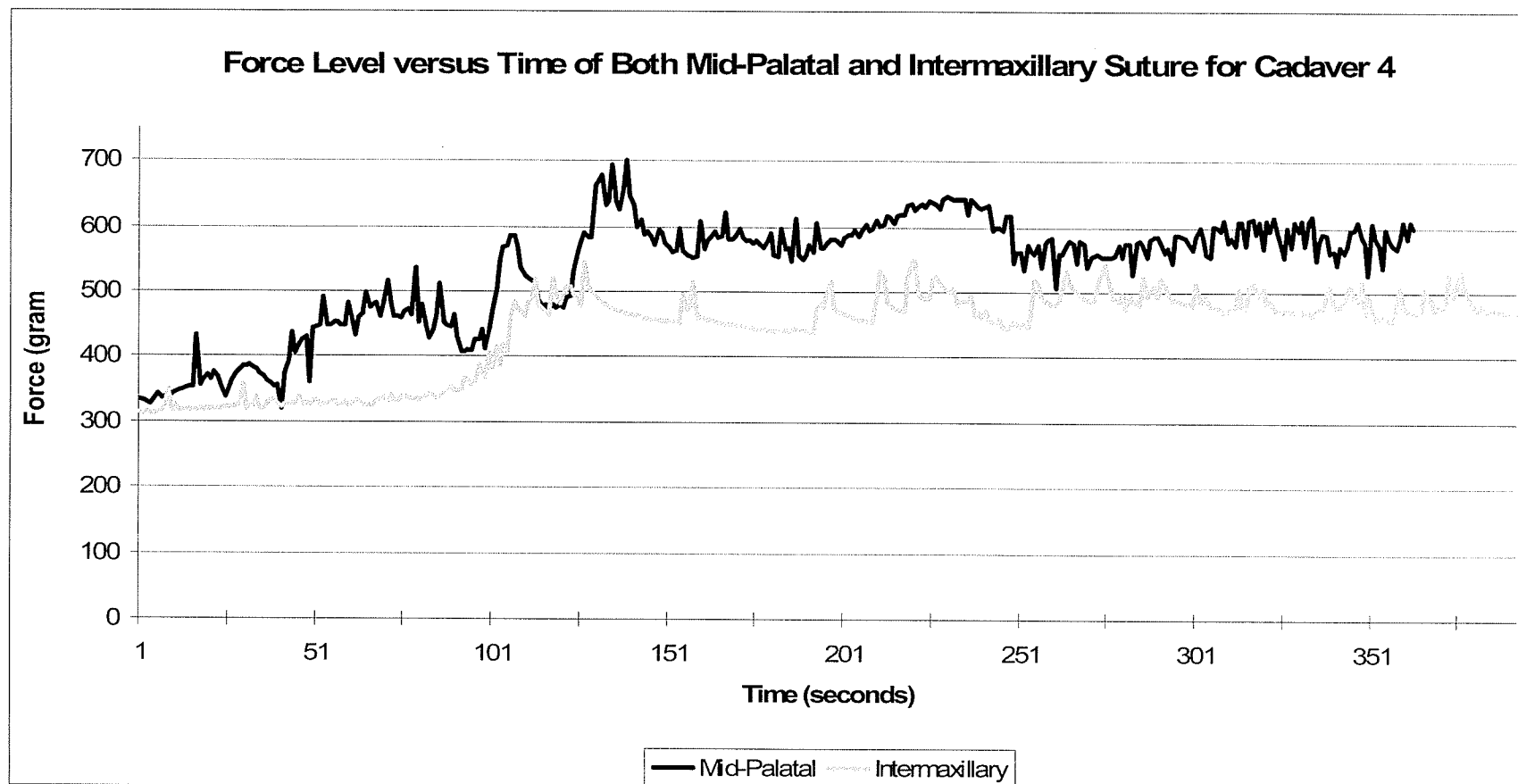


**Figure 4: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 2**





**Figure 5: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 3**



**Figure 6: Force level (grams) versus time (seconds) of both mid-palatal and intermaxillary suture for cadaver 4**

	Maximum	Minimum	Difference
<b>Cadaver 1</b>	980.27	319.18	661.09
<b>Cadaver 2</b>	1152.42	461.36	691.06
<b>Cadaver 3</b>	1112.05	361.46	750.59
<b>Cadaver 4</b>	701.59	319.44	382.15

**Table 1: Maximum and minimum force values (grams) of the mid-palatal sensor site for all cadavers**

	Maximum	Minimum	Difference
<b>Cadaver 1</b>	862.89	111.58	751.31
<b>Cadaver 2</b>	835.84	357.22	478.62
<b>Cadaver 3</b>	792.49	199.55	592.94
<b>Cadaver 4</b>	548.77	312.63	236.14

**Table 2: Maximum and minimum force values (grams) of the intermaxillary sensor site for all cadavers**