

The number of orthodontists was reduced to 4 because we thought that increasing the number of orthodontists with different facial and body characteristics from each demographic population would open up too large a range of variables. That could confuse or divert the main focus of studying the variables of age and sex.<sup>1</sup> The use of a facial assessment to select the 4 models before subjecting them to the target audience assessment could be valid, and possibly it could minimize the deviation related to the attractiveness of the model. In future research we may consider this methodology.

The Brazilian population is quite mixed, and for the models we chose people who could represent this Brazilian miscegenation. However, the suggestion to use orthodontists from different demographic groups gives us the idea of conducting further research with the main ethnic groups of Brazilians.

In the album presented to the interviewees, the body proportions were kept and all models are practically the same height to standardize the images; this methodology is similar to that of Kelly et al.<sup>1</sup>

The female model at the time of photographic capture was 25 years 10 months of age. She had just received the orthodontist degree, which in Brazil is enough for practicing orthodontics. The orthodontist degree is achieved in a regular basis after 36 months of a training program.

Regarding the statistical test applied, we clarify that we used the chi-square test to investigate the participants' preferences for the orthodontists (considering age and sex) and types of attire. To evaluate statistically significant differences (post hoc comparisons), we applied the "multiple comparisons for proportions" statistical test as described by Zar.<sup>2</sup> All statistical tests were performed according to an expert in analysis of statistics, and the results were presented at his recommendation.

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## REFERENCES

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2. Zar JH. *Biostatistical analysis*. 4th ed. Upper Saddle River, NJ: Prentice-Hall; 2000. p. 560-1.

## Incremental versus maximum bite advancement during Herbst therapy

We read "Effectiveness of incremental versus maximum bite advancement during Herbst appliance therapy in late adolescent and young adult patients" in the January 2019 issue (Amuk NG, Baysal A, Coskun R, Kurt G. *Am J Orthod Dentofacial Orthop* 2019;155:48-56) and consider it to be an appropriate clinical study comparing treatment effects of maximum versus incremental advancement during Herbst appliance therapy in young adults. The study sample included homogeneous groups having almost the same treatment duration, which was not so in an earlier study. However, we wish to express some concerns pertaining to the results observed.

Earlier studies have shown that the greater the bite jumping, the greater the intrusion, protrusion, and proclination of teeth.<sup>1</sup> The telescopic mechanism of the Herbst appliance exerts mesially and caudally directed force on mandibular anterior teeth, resulting in proclination. In this study, less protrusion and proclination of the mandibular incisors was observed in the maximum activation group. What was the maximum overjet in the sample? Were the results observed in that maximum overjet case, with maximum activation, the same in terms of lower protrusion and proclination? The basis on which the authors concluded that less protrusion and proclination of mandibular incisors occurred in the maximum activation group is unclear.

In addition, the authors mentioned decreased nasolabial angle in the incremental activation group, despite backward movement of the upper lip. How this change was observed is unclear. We welcome the authors' reply.

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1. Martin J, Pancherz H. Mandibular incisor position changes in relation to amount of bite jumping during Herbst/multibracket appliance treatment: a radiographic-cephalometric study. *Am J Orthod Dentofacial Orthop* 2009;136:44-51.