

Letter to the editor

Author's response

We thank the readers for their detailed reading of our article. The Letter to the Editor asked a few questions, and we are happy to provide clarification.

The study group consisted of 38 patients (13 males and 25 females) with a mean age of 36 years. Perhaps it would have been optimal for the sample to be a 1:1 ratio or males to females or to limit the sample to adults to rule out growth as a confounding factor, particularly because nongrowing patients seem to struggle more with overbite correction. This sample demographic is similar to the first study¹ and in-line with what we know about Invisalign (Align Technology, Santa Clara, Calif)—the most likely patient is a young woman.

Treatment of malocclusions with similar sagittal, vertical, transverse, and arch perimeter conditions would have also been optimal, but these restrictions do not reflect the reality of private practice. A prospective trial aims to simulate a clinical situation in the best possible manner. This study, similar to the first study,¹ focused on the accuracy of individual tooth movements but could have certainly probed deeper into the influence of malocclusion. In the first study, the severity of the Discrepancy Index score, particularly the amount of pre-treatment overjet, significantly influenced the accuracy of tooth movement. Finally, it should also be noted

that the researcher was blinded to the cases included in the study.

We politely disagree that the Student *t* test is restricted to samples sizes less than 30. The Shapiro-Wilk and Levene tests that were performed demonstrated normal data distributions. The article reads: "Paired *t* tests ($P < 0.05$) compared the intra-arch accuracy of tooth movement by direction (ie, buccal versus lingual), and independent *t* tests compared the accuracy of tooth movement by arch (ie, maxillary versus mandibular)." Independent *t* tests were evaluated at the same probability level. Perhaps, we erred by trying to oversimplify the writing.

We once again thank the reader for his or her critical appraisal and comments. We will certainly make improvements for any follow-up studies.

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REFERENCE

1. Kravitz ND, Kusnoto B, BeGole E, Obrez A, Agran B. How well does Invisalign work? A prospective clinical study evaluating the efficacy of tooth movement with Invisalign. *Am J Orthod Dentofacial Orthop* 2009;135:27-35.