Compliance is a determining factor at early treatments, specially in Class II malocclusion. The level of acceptancy and effectiveness between removable and fixed functional appliances and within the patients hasn’t been described at early stages.

The aim of this investigation was to evaluate the dentoalveolar and skeletal cephalometric changes produced by the activator and forsus appliances in subjects with Class II div 1 malocclusion.

Material and Methods
Methods: 20 patients were separated into 3 different groups. Group 0(n=5 mean age: 9) who decided for various reasons to postpone the treatment were used as controls; Group 1 (n=6 mean age: 9) were treated with a bionator appliance and were instructed to wear the appliance for at least 10 hours per day; Group 2 (n=9 mean age:9) were treated with a forsus device adapted to temporal dentition. Standardized lateral cephalograms were taken at the beginning of treatment and at the end of it. Each radiograph was traced on different occasions by the same examiner using Quick Ceph software. Statistical comparisons were performed between both groups (Kruskal-Wallis test) and for temporal changes inside the same groups (t-Student test).

Results
Results showed that there was more protrusion of lower incisors in the Group 2 (For sus) while there was no significant differences between the skeletal results. Overjet relationship also improved significantly compared with the controls due to more protrusion in lower incisors in the for sus group.
More investigation is needed but this results suggest the chance of using the for sus appliance in early treatments as a non-compliance and hygienic device in Class II patients.

Conclusions
1. There are no significant differences in the improvement of class II between the use of a bionator or for sus at a skeletal level.
2. It can be seen that both the overjet and the interincisal angle decrease in a bigger proportion that in patients that have been treated with a for sus.
3. In the case of the for sus, the lower airway increases at the end of the treatment compared to the activator.
4. At a clinical level we have established that there is a better adaptation and acceptance of the patients that have been treated with a for sus, as it is a fixed appliance.