

Phase I Orthodontic Treatment – Interceptive Therapy

A few months ago we discussed the appropriate timing for a child to see an orthodontist for an evaluation. Your pediatric/general dentist is usually great at referring at the right times but as a refresher, the orthodontic and pediatric societies suggest approximately 7 years of age to get a baseline of the clinical picture. Why is that? Doesn't it seem too early? If you once had braces like I did, you will remember that decades ago there was most often one long 3-4 year treatment that started when all of the permanent teeth were erupted. Well, over the years studies have shown that effective forward planning with early therapy (of those in need) avoids extended treatment times and often eliminates the later need for permanent teeth extractions. This happens by developing and preparing the maxilla and mandible (the bones that house the top and bottom teeth), and allowing for more predictable eruption of the permanent teeth. Often though, we are waiting until ages 8-10 depending on the severity of the situation as well as the maturity of the child to be able to tolerate treatment. Not to say that it is difficult or uncomfortable, but you know your child best and there is a certain level of maturity, awareness, and compliance associated with the process and that is also a major part of our evaluation.

So what are the indications for interceptive/early treatment or as we call it "Phase I" therapy? Take a look at this detailed graphic and you may notice some of these items displayed in your child. Some often present in combinations or start one way and manifest into another. Let's go over a few of the more common presentations. A crossbite of any type is an automatic qualifier for early treatment. The top teeth are supposed to be outside of, or slightly overlapping the bottom teeth. If we see that the bottom teeth are outside of their upper counterparts in a crossbite/underbite, there is concern about appropriate skeletal growth as well as a trauma. This can result in recession of the gums and bone loss. Whether the bite is off in the front or the back, both should and will require treatment to intercept the problem and resume appropriate growth. Too much crowding can prevent or impact the eruption of the canines or the "eye" teeth which are most likely to get stuck in the bone if there is a deficiency of space. When this happens, we need to create more room otherwise they will remain stuck or erupt abnormally (seen in another picture).

"So doc, my child's teeth look a little bit like one of these photos, what do we do?" We take time to appropriately diagnose and then create a customized treatment plan for each specific scenario. There is no cookie cutter recipe at our practice – each individual presents differently and requires different types of intervention which is why we suggest an evaluation at an early age. However, a common treatment will include a palatal expander, used to resolve crossbites and space deficiencies due to crowding. We use a fixed or permanent palatal expander for the upper teeth during the time of treatment, which is removed when this phase of treatment is complete. That can be resolved in a matter of months, usually about 4-6, and patients easily acclimate to it within a day or two. Why used a fixed or permanent expander? Well, it is important to note that

we are slowly making skeletal changes to provide more room for teeth to grow in at the same time as resolving the bite, and therefore we use the expander simultaneously as a space maintainer in order to achieve the expected result and maintain it. Studies show this is much more effective than an upper removable expander because of predictability, stability, and long-term success. That being said, we average approximately 9-12 months for our first phase of treatment which includes the appliances necessary and usually some limited braces to line the teeth up esthetically. We have the successful results to show for it on hundreds of patients per year. There is no harm in being evaluated and then told it is not time to get started, but there could be harm if you wait too long. Come to **Bancroft Orthodontics** for a complimentary consultation, and if no treatment is necessary you will be placed in our complimentary recall system. As the holiday season approaches, we at Bancroft Orthodontics wish you and your families a happy and a healthy one!

Dr. Keith Dobrin (from *Bancroft Orthodontics* and *XtraOrdinary Smiles Orthodontics*) is a recognized orthodontic specialist with a degree in Advanced Education in Orthodontics and Dentofacial Orthopedics. His research on braces adhering to teeth has been published, and given his experience and expertise, he has been selected to test various orthodontic products from national companies. Schedule your complimentary consultation appointment today!