

Modern Orthodontics: Early Intervention Has Benefits

You may wonder why children who still have baby teeth are wearing braces these days. In the past, it was customary to wait to visit an orthodontist as a teenager when all of the baby teeth were lost. Unfortunately, by age 12, 90% of an individual's facial growth is complete leaving very little remaining growth left to correct jaw size and position issues. Examples of such issues include lack of width of the upper and lower jaws or lack of lower jaw development causing severe overjet. In such cases, extracting permanent teeth was the only option to camouflage a true skeletal problem.

Orthodontics is a much different experience than many of us adults remember it to be for many reasons including technological improvements in appliances and advances in orthodontic technique and procedures. Beginning to influence their final smile early in childhood has a positive contribution to one's self-esteem, younger patients are more compliant with following instructions and they have a positive attitude towards orthodontics because their peers are often having the similar experiences...and let's not forget how much fun decorating braces with colors is!

The American Association of Orthodontists recommends children get their first check-up at the first recognition of an orthodontic problem, but no later than age 7. Around that age, children have a mix of baby (primary) teeth and permanent teeth. An examination as permanent teeth take the place of baby teeth, and as the face and jaws are growing, gives the orthodontist a wealth of information. If a problem exists, or if one is developing, your orthodontist is able to advise you on whether treatment is recommended, when it should begin, what form treatment will take, and estimate its length.*

Early orthodontic treatment can help minimize the need for more extensive treatment as teens or adults, such as extraction of permanent teeth or orthognathic jaw surgery. The goal of early treatment is to create an environment to allow the permanent teeth to erupt as close to an ideal position as possible. This makes the teeth more stable long term and often shortens the amount of time patients have to spend in full braces during their teenage years, often called "Phase 2".

80% of patients that receive an intervention phase or "Phase 1" treatment will require some type of Phase 2 treatment. The good news is that it often requires a shorter treatment time and creates a more ideal result than if done as a single phase. Not all issues can be corrected as a single phase, which is why treatment options are limited and the final result is compromised when growth is not taken full advantage of at the peak of a child's skeletal growth.

