5 MYTHS ABOUT ORTHODONTICS IN CHILDREN

IMPACT ORTHODONTICS

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MYTH #1

Treating Early Is Always Better

It is true that a SMALL percentage of children will require orthodontic treatment at the age of 7 or 8 years old when they only have a handful of grown-up teeth.

However, the vast majority of children do not require early orthodontic interventions. ALL children that receive orthodontic care when they have a combination of baby and grownup teeth will require further care when all grown-up teeth are present in the mouth.

This is why early orthodontics is often referred to as Phase 1 orthodontics. The Phase 1 title means that Phase 2 IS required in the future. The only time that this 2-step system is needed is if treatment will be less successful at fixing the teeth and the bite if we wait until all permanent teeth are in the mouth.

Approximately 10% of children require 2-phase treatment. The other 90% are best served if orthodontic treatment happens when ALL of the grown-up or permanent teeth are present.

MYTH #2

Invisalign Is Not An Effective Way To Move Children's Teeth

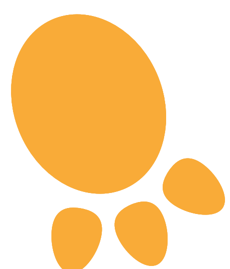
The wonderful thing about teeth is that it only takes a gentle, consistent force to move them.

Teeth do not know if this gentle force is being applied by plastic or metal (or a thumb or blanket).

If a force is consistently applied to a tooth, the tooth will change position. The **key** to any successful orthodontic treatment is a good plan (from the orthodontist) and a cooperative patient and parent.

As long as instructions are followed and appointments are attended, the wide variety of appliances available to orthodontists will all work.

As a parent, you can choose the system or appliance that will be easiest for your child.



MYTH #3

Every Child Would Benefit From Orthodontic Treatment

The science shows that about 80% of children & teenagers would eventually benefit from orthodontic treatment.

This means that 80% of children have teeth or bites that would function and/or look better if they were in a different place.

This, however, does not mean that everyone in this group SHOULD have orthodontic treatment. There is a high level of compliance and cooperation required of children to get an excellent result from orthodontic care. Brushing and flossing needs to be **excellent** and care will need to be taken when eating with the use of some appliances.

There are children that can not cooperate at a level resulting in success and these children should not have treatment until such a time that they can comply. The risks are too high - cavities and gum disease being the most likely result - and we must always do no harm as dental professionals.

MYTH #4

Starting Treatment Before All Of The Baby Teeth Are Gone Is Important

Beginning orthodontic treatment when there are still baby teeth remaining is **only important** if Phase 1 treatment is required (Phase 1 always happens with a combination of baby and grown-up teeth in the mouth) OR if a baby tooth is present because something else that was supposed to happen did not happen.

For example, a grown-up tooth is coming into the wrong place and did not wiggle the baby tooth out.

In the average preteen or teen, orthodontics is best started when **all grown-up teeth** are visible in the mouth.

In order to make teeth straight and fix bites, all teeth need to move and orthodontists can only move the teeth they can hold on to.

If treatment begins too early, it can take much longer than it needs to as time is spent waiting just for grownup teeth to naturally grow into place.

MYTH #3

Orthodontic X-rays Can Detect Airway Problems And Early Treatment Can Prevent Sleep Apnea As An Adult

Airway problems in children **can not** be diagnosed with an x-ray that an orthodontist or dentist can take.

The x-rays taken by orthodontists and dentists are with an **awake** child, sitting upright, breathing normally.

Airway problems that may require treatment are almost always night-time (laying down) airway problems.

The ONLY way to diagnose a night-time airway problem is with polysomnography (a sleep study). This is done during sleep with machines that measure breathing and oxygen levels.

Orthodontists and dentists are only able to identify (through questionnaire and x-rays) if further investigation by a medical professional may be indicated.

If an orthodontist or dentist tells you that your child has a breathing problem OR that they can fix your child's airway, this is FALSE and misleading. You should seek another opinion and speak to your family physician.

Seeing your local orthodontist is easy!

Consultations are FREE and do not require a referral from a dentist.

At Impact Orthodontics, Dr. Jen & Dr. Dena offer consultations in-office or from home.

Knowledge is power - Seeking multiple opinions is never a bad idea!

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