

Early Treatment



The goals of an early/first phase of orthodontic treatment are:

- Improve airway to prevent snoring and possible sleep apnea later to improve proper oxygenation of tissues during growth.
- Reduce the need for removal of permanent teeth
- Influence jaw growth in a positive manner to reduce risk of jaw surgery later
- Decrease the risk of trauma to protruding upper front teeth
- Correct/eliminate harmful oral habits
- Improve esthetics and self-esteem
- Simplify and/or shorten treatment time for later corrective or- orthodontics
- Reduce the likelihood of impacted permanent teeth
- Improve some speech problems
- Preserve or gain space for erupting permanent teeth
- Prevent facial asymmetries that may result from untreated crossbites

FIRST PHASE TREATMENT

While Dr. Sturdivant can improve smiles at any age, there is usually a best age to begin treatment so we can achieve maximum improvement with a minimum amount of time and expense. The American Association of Orthodontists recommends that a child's first visit to an orthodontist take place when an orthodontic problem is first detected. However, in all cases, **the AAO recommends that every child visit an orthodontist before 7 years of age because of potential airway problems.**

Children sometimes exhibit early signs of jaw problems as they grow and develop. An upper and lower jaw that is growing too much or not enough, or is too wide or too narrow can be recognized at an early age. If children over age six have these jaw discrepancies, they are candidates for a first phase of orthodontic treatment.

Since children are growing rapidly, they can benefit enormously from early orthodontic treatment because specific appliances can be prescribed that direct the growth of their upper and lower jaws toward an ideal relationship. Thus, a good foundation can be established

providing adequate room for eruption of all permanent teeth. Although interceptive orthodontic treatment is not always indicated, careful observation can establish the best timing for orthodontic care. Timely intervention can gently guide growth and development and prevent more serious problems from occurring. For example, careful removal of selected primary (baby) teeth can temporarily borrow space for successful eruption of adult teeth. When interceptive treatment is not needed, Dr. Sturdivant can place your child on a 6 month recall schedule in order to carefully monitor growth and development and begin treatment at the best time. Either way, a timely screening will give you peace of mind and that gives us all something to smile about. Orthodontists are best qualified to watch facial and skeletal (jaw) growth.

RESTING/OBSERVATION PERIOD

After Phase I is completed, all appliances are removed and the eruption of your child's permanent teeth will be monitored at office visits about every four to six months. Retainers may or may not be recommended during this observation period.

SECOND PHASE TREATMENT

It is important to understand that at the end of the first phase of treatment, the teeth are not in their final position. This will be accomplished in the corrective, second phase of treatment.

Each tooth has an exact location in the mouth where it is in harmony with the lips, cheeks, jaw joints, other teeth and prefer air-way. When this equilibrium is established, the teeth will function together properly. Here, they will remain healthy and look the most attractive. This is the goal of the second phase of treatment.

The second phase of treatment is initiated when most of the permanent teeth have erupted and usually requires braces on all teeth for approximately 18 months. In many cases, this is significantly less time than one comprehensive phase of treatment would have taken.



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