



## Orthodontic

# Timing of Orthodontic Treatment

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**Lect.No.3-4<sup>th</sup>**

## Timing of Orthodontic Treatment

The time at which orthodontic treatment should be started remains matter of discussion. Anomalies of dental development and functional problems tend to be addressed in the mixed dentition, while definitive treatment tends to be delayed until the late mixed dentition to maximize growth potential and patient compliance. However, some clinicians advocate starting treatment earlier in certain types of malocclusion.

Within the practice environment, dentists are the first to examine and screen children for developing malocclusions. They are often faced with the dilemma of deciding at what age to refer for a further opinion and possibly treatment. This of course depends on the problem that has been diagnosed and the dental development of the child, but is there an 'ideal' time for orthodontic treatment, if the clinician wants to maximize

the benefits of growth and cooperation without subjecting every child to four or more years of treatment?

## **MANAGING THE DEVELOPING DENTITION**

From the eruption of the first primary tooth until the development and eruption of the wisdom teeth, the developing dentition should be monitored and *interceptive* treatment prescribed as necessary. There is a difference, however, between treatment decisions that are thrust upon us due differences of types of malocclusion that we may choose to treat early by use of appliance therapy or elective extraction of teeth.

In fact there no time limit to start orthodontic treatment, it can start from first day of life as management of new born infant with cleft lip and palate and it can extend along life, However, orthodontic treatment must be carried at the time of problem exist or as near as possible to shorten the time of treatment and gate the best result.

### **The Timing of Orthodontic Treatment**

1. The deciduous dentition: treatment is hardly ever indicated, except when there is a malposed tooth gives rise to marked mandibular displacement.
2. The early mixed dentition: only treatment which can be completed rapidly and prolonged appliance wear is to be avoided. Types of treatment: serial extraction, fitting space maintainers, orthodontic correction for instanding incisor that causes a mandibular displacement.

3. The late mixed and early permanent dentition: most of the permanent teeth have erupted; so the greater part of orthodontic treatment is carried out. Furthermore, children in this age are often more willing to wear appliances than are adults.

4. The late permanent dentition: orthodontic treatment can be undertaken at any age, but when the adults are unwilling to wear appliances over a prolonged period; it is usually wise to limit treatment to simple procedures which can be completed in a short time span.

When early treatment is decided, especially if it involves the use of active appliances, the following questions should be asked:

- + Will the final result of two-phase treatment be better than that of a single course of treatment at a later stage?
- + Will early treatment reduce the risk of trauma to susceptible incisors?
- + Will early treatment result in greater skeletal change than treatment during the growth spurt?
- + Will early treatment reduce the severity of the problem to make a second phase of treatment easier and of a shorter duration?
- + Will early treatment have a beneficial psychological impact on the patient?

## Important facts about the timing of Ortho. Rx

1. When correctly planned, early extraction of teeth for the relief of crowding may result in increased long-term stability and simplify appliance mechanics during active treatment.
2. Treatment in the mixed dentition is indicated for anterior and posterior crossbites.
3. If myofunctional appliance is planned for treatment of Class II or III malocclusions, treatment should commence in the mixed dentition for maximum benefit.
4. Risk of trauma to the upper labial segment may justify early treatment of Class II division 1 malocclusions, especially in girls.
5. Most orthodontic treatment can be started in the late mixed dentition just before loss of the primary mandibular second molar. This will maximize growth potential and compliance.



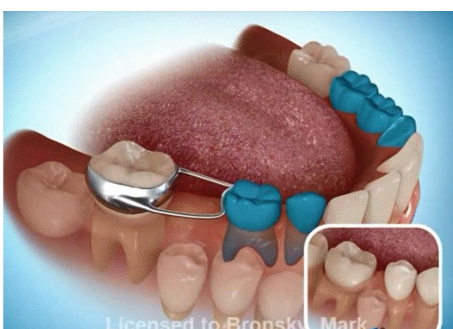
Functional shift



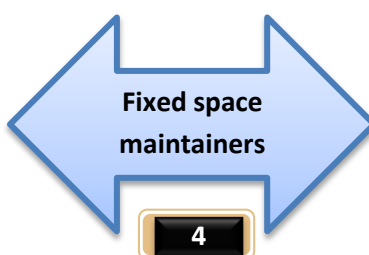
Congenital absence of incisors



cross bite



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