

Clinical examination

An interview at first appointment includes a well-designed patient information questionnaire: - The name of the patient his address, telephone number, and the age and by whom he is referred. All these information considered at the first attachment and conversation with the patient from which we can discover the pronunciation of the patient whether it is normal or not, and it represents a simple discussion with the patient to give a general impression about his mentality. All of these information are important in diagnosis and treatment planning.

The address:

The address of the patient can share in the type of the orthodontic spring design used in treatment. For patient living in a far distance from the dentist usually a supported type of springs is preferable on the ordinary type "self-supported". Because the rate of activation of this springs are more than the self-supported springs and this will allow a longer period of appointment is given to the patient.

The age:

The age of the patient is a vital subject in the planning of the orthodontic treatment:

❖ If the patient's age is (one) day?!! Now: what can we do for this patient? Of course NO THING; but if the patient has a cleft lip and palate, then a baby plate is important to help the baby in feeding and in orthopedic treatment for the deformed maxilla.

❖ A patient at four years of age, he is in the deciduous period of dentition, what are the types of orthodontic treatment that we can be applied?

-The first and the most important one is: interceptive treatment: which include the filling of carious teeth especially CI.II carious lesion because these carious lesions will lead to future extraction of these teeth and in the same time lead to closing of spaces that is present and at the future the available room for the permanent dentition will be reduced.

- We can treat any premature contact as ex: presence of cross bite (especially anterior cross bite) and from this respect we will prevent the mandibular displacement and hence the prevention of unduly problems.

- At the age of four years genetically determined CI III can be observed by the presence of negative over-jet or by mandibular prognathism. For such patient, we can begin with the use of "chin-cap" to prevent the further growth of the mandible and this will be converted to other direction.

❖ Another example: suppose you have a patient at 8 years of age. What can you do for this patient?

- At this period the interceptive treatment continued because the patient is in the mixed dentition period and in the same time if there is a cross bite, it is preferable to be corrected, but; a new treatment can be initiated at this age at about 8 1/2 years which is the serial extraction. So, if there is a crowding at the upper or lower anterior segment which is more than 6mm, it can be resolved by the first stage of serial extraction which includes the extraction of (C.es) .

- Another treatment can be initiated which is the functional appliances, especially; if the patient with CI II or CI III malocclusion. The functional appliances will provide a good correlation for the skeletal bases in addition to the dental problems.

- Any presence for the supernumerary teeth should be treated at this age, and if there is delay in the eruption of the incisors should be checked by X-ray to exclude the presence of any supernumerary tooth usually tuberculated type.

❖ A patient at 15 years of age, at this age:

- All the permanent teeth were erupted, except the third molar, in this period of age, it is difficult / or not wise to use the serial extraction or the functional appliances, since the patient passed the maximum growth spurt, so; the question is: What we can do for this patient? Fixed orthodontic appliances usually used in cases that require rotation of (90°), impaction, true intrusion, extrusion, bodily movement, uprightening and torqueing.

- The removable appliances can be used for the cases that requires tipping tooth movement, rotation less than 90° , cross- bite : either anterior or posterior dental cross- bite , and also for the treatment of labially (i.e mesio-buccal) inclined canines .

Referred by:

The referred of the patient can give us a good impression about the patient co-operation, if the patient attend the dentist by himself for orthodontic treatment, therefore a good co-operation from the patient will be expected, but any patient pushed for orthodontic treatment by his friends or parents, a poor co- operation will be expected.

The success of orthodontic treatment depends on three factors: the proper diagnosis and treatment planning of the orthodontist and the correct follow up of the case and the good co-operation of the parents to follow up their child,

the co-operation of the patient himself.

Medical history:

The patient should be questioned if he has ever been hospitalized and, if so, for what reason. For prospective orthodontic patients, a specific question as to whether the patient has had tonsillectomy, adenoidectomy, or both. This may be a clue that the patient had an earlier airway problem, which might have affected jaw and tongue posture. Sometimes the admission to the hospital was the result of trauma, and it is important to know whether the jaws, face, or teeth were involved.

The next issue that must be considered is whether the patient is taking any medications as phenytoin which used in management of Epilepsy may impede orthodontic treatment.

In adults being treated for arthritis or osteoporosis, high doses of prostaglandin inhibitors or resorption-inhibiting agents may impede orthodontic tooth movement.

Chief complaints:

The patient's chief complaint should be recorded in his or her own words. This helps the clinician in identifying the priorities & desires of the patient. Most patients seek orthodontic care for the reasons of either esthetic or impaired function.