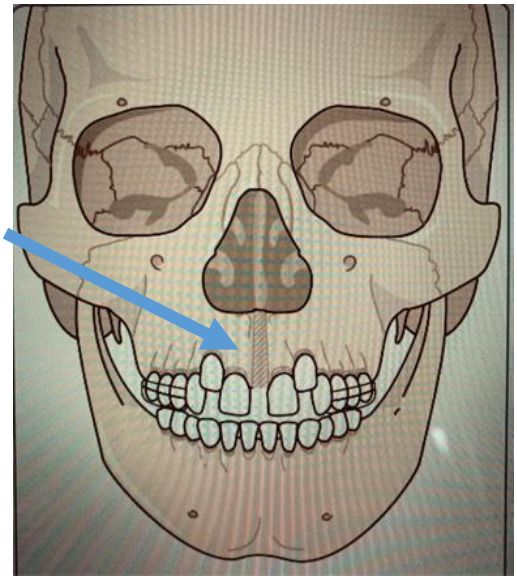
WHAT IS "PHASE I" ORTHODONTIC TREATMENT?
And why treat kids at such a young age?

- "Phase I" orthodontic treatment is best described as an INTERVENTION phase to make SKELETAL changes to bones while kids are still growing and developing. (See diagram A below)
- Dental problems that benefit from moving BONE include underbites, crossbites, narrow palates, extreme crowding, and to treat/prevent impacted teeth.
- ORTHOPEDIC appliances move bone. They include upper/lower expanders and night time head gear.
- Upper expanders and/or headgear aid in the EXPANSION of the bones while they are in development.
- BRACES do NOT move bone, only TEETH.
- If your child is recommended to have a Phase I treatment, in most cases, it is because an orthopedic appliance is needed. Braces are usually recommended as an addition to assist in alignment after the skeletal change has been made.
- Waiting until all of the permanent teeth are in is usually TOO LATE to move bone. Solutions are then limited to the jaw space available. In many cases, extraction of permanent teeth or even Jaw surgery is inevitable.

Diagram A

The maxillary palatal suture is open as a child and slowly fuses as adolescence approaches. Notice the palatal suture is connected to the upper respiratory area.



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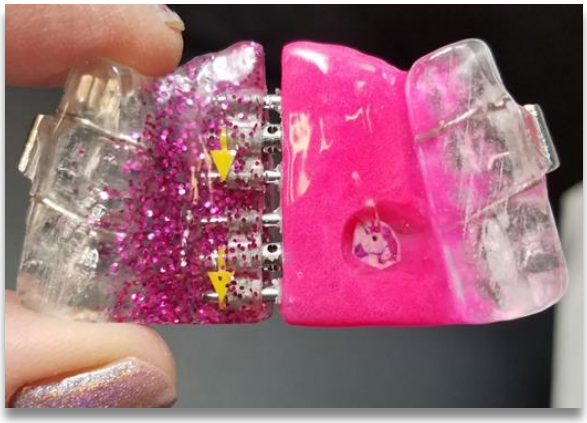
Does my child really NEED an expander???

- Expanders are ONLY recommended in certain situations, and are not necessary for most children that we see. In general, expanders are utilized only in cases where moving the BONES is the proper solution.
- As a child, the upper palate is split into 2 separate bones that can easily be expanded and then filled in with bone during the NATURAL GROWTH process without any pain at all.
- Children who are still GROWING and also have bite problems, narrow arches, severe crowding, or potentially impacted teeth are all good candidates for Phase I treatment.
- BONDED palatal expanders correct problems without TIPPING teeth out of the bone. This a common problem that arises when getting braces too late, after bone development has completed.
- Adolescents that have reached puberty do not respond as well to expanders due to the fact that the FUSION of the PALATAL SUTURE is complete. At this late stage, treatment can be more painful and relapse of the teeth and/or gum recession often occurs.
- Not all expanders work the same. We use FIXED or BONDED expanders because they work the best to widen the palate and create the room that is necessary. ACRYLIC expanders glued OVER the teeth prevent problems with hygiene and decay.



FACT OR FICTION??

- Braces will do the same thing as an expander if you just wait until they're older and all their permanent teeth have come in. *FICTION*. Braces simply move teeth within the bone that is present. Braces can temporarily push teeth outward to create room, but unless the bone foundation is enlarged with an expander, the underlying problem still exists. Hence, relapse occurs. Another risk of creating room without enlarging the bony foundation that often presents is delayed gum recession.

- Bonded expanders can cause my child's palate to get infected. *FICTION*. Bonded expanders that are sealed over the teeth actually prevent cavities from forming. A disinfecting rinse is also utilized with expanders to keep the tissue healthy. Slight redness around the gum line and roof of the palate is sometimes present when the expander is removed, but heals quickly within 1-2 days.

- Expanders can change the way my child's face looks. *FICTION*. We have a very specific protocol for expansion in our office. We do not "over-expand." Medically, the upper arch is technically ideal when it is only 5 mm larger than the lower arch. We meticulously measure every patient's dental models to mathematically determine the unique number of expander turns necessary for each patient. By doing this, we prevent over expansion and thus prevent any changes in the face from occurring.

- My child will talk funny with an expander. *FACT*. Expanders take up additional space on the roof of the mouth. Although it is minimal, the tongue has to learn how to move properly within its new dimensions. Children adapt very well and after the expander is removed, speech immediately returns to normal.

- Expanders can help my child's allergies, sleep apnea, and/or mouth breathing. *FACT*. Numerous studies going all the way back to the 1800's, up through the current studies of today, are continually confirming the positive correlations between maxillary palatal expanders and improved upper respiratory issues. By increasing the width of the palate, we are simultaneously increasing the width the airways, as the two are interconnected. Most of our own patients with these concerns have seen a huge improvement and are grateful to have normal breathing restored following treatment.

- A child is inevitably going to grow and develop a certain way no matter what early intervention treatment is tried, so just let them mature and then treat the problem. *FICTION.* Thousands of early treatment cases have proven otherwise. Very rarely do we see an early treatment patient whose growth pattern was so strong that intervention wasn't successful. Often times, a second phase is not even needed because phase I actually prevented problems from occurring.

- Medical experts agree that treating kids at a young age can be harmful. *FICTION.* In fact, the American Association of Orthodontics (AAO) believes that early treatment is so beneficial in treating certain conditions that they recommend all children have an orthodontic evaluation by age seven.