



ORTHODONTIC TREATMENT FOR CHILDREN

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Your child may require orthodontics. The purpose of this pamphlet is to give you general information on the benefits, the process, the costs and the commitment required for orthodontic treatment. Please read the following information carefully and feel free to ask us any questions in order for you to make a well-informed decision whether orthodontic treatment is right for your child.

Dr. Michael Guy

Benefits of Orthodontics

Improved the appearance

A full smile with well aligned teeth is aesthetically pleasing and contributes to a improved self-esteem

Promotes better health of the mouth

Corrects misalignments that eventually cause serious disease of the teeth and gums. Regularly aligned teeth are more easily kept clean than overcrowded or tilted ones. They are less apt to retain food particles, and thus less likely to decay.

Improves the bite

Malocclusions (poor bite) of the teeth causes improper distribution of stresses upon the bones and gums, which is a primary cause of tooth loss in later life.

Causes of Orthodontic Problems

- An inherited imbalance between the size of the jaws and the size of the teeth, therefore space is insufficient to permit accommodation of all the teeth in the arches without crowding or overlapping.
- Lack of one or more permanent tooth buds at birth also can cause irregularities. The teeth adjoining the space left by the missing tooth come in at a tilt to fill the vacancy.
- Poor upper or lower jaw development which in turn contributes to an improper bite relationship.
- Premature loss of a baby molar as a result of a deep cavity will allow the first permanent molar, which is already in position behind it, to drift forward. In doing so, the molar obliterates the space intended for the still unerupted permanent bicuspid tooth. The bicuspid, crowded out of its normal position, may then come into the dental arch either inside or outside of its normal position.
- A baby tooth retained too long, it sometimes deflects its permanent successor into an abnormal position. In this circumstance, timely extraction of the deciduous tooth prevents malocclusion.
- Thumb or finger habit. Because thumb-sucking appears to afford the young child



Before



After

GIVE YOUR CHILD THE GIFT OF A BEAUTIFUL, HEALTHY SMILE

valuable emotional satisfaction, and because it is not at all certain that the habit has adverse effects before the age of four or five, most paediatricians discourage interference except when the habit persists beyond age five or so.

- Persistent mouth breathing due to enlarged adenoids or to severe deflections of the nasal septum may contribute to deformity of the dental structures. In such instances, the lower jaw may present a "chinless" appearance. with the upper jaw narrow, the upper front teeth protruding. Correction of nose and throat disorders by a physician may be a prerequisite to successful orthodontic treatment

When to correct problems

There is no such thing as the best age to begin orthodontic treatment; the program of correction varies with each person. Regular visits to our office will give us the opportunity to observe and where possible, correct early problems or minor disorders for relatively nominal fees. Careful watching of your child during the period of the mixed dentition— the period from about six to twelve when he/she is losing his/her deciduous teeth and the permanent teeth are erupting— is important, since this is the most likely time to anticipate future problems. It is not always best, as some people suppose,

to wait until all the permanent teeth have erupted to start treatment. Postponing correction adds unnecessary complications, and makes subsequent treatment more time-consuming and more costly.

The following table outlines the several advantages to early treatment.

ADVANTAGES OF EARLY TREATMENT

- Influence jaw growth in a positive manner.
- Stop harmful habits
- Improve eruption patterns,
- Improve aesthetics –correct the “fang-like” tooth appearance,
- Improve a child’s self-esteem
- Lower risk of trauma to protruded upper incisors.
- Harmonize width of the dental arches,
- Improve some speech problems.
- Preserve or gain space for erupting permanent teeth.
- may help avoid removal of the adult teeth bicuspid, which can make for a broader smile
- Shorten the treatment time of braces

MOST COMMON ORTHODONTIC PROBLEMS

Your Child has one or more of the following problems that requires correction:



Crowding:

Teeth may be aligned poorly because the dental arch is small and/or the teeth are large. The bone and gums over the roots of extremely crowded teeth may become thin and recede as a result of severe crowding. Impacted teeth (teeth that should have come in, but have not), poor biting relationships and undesirable appearance may all result from crowding.



Overjet or protruding upper teeth: Upper front teeth that protrude beyond normal contact with the lower front teeth are prone to injury, often indicate a poor bite of the back teeth (molars), and may indicate an unevenness in jaw growth. Commonly, protruded upper teeth are associated with a lower jaw that is short in proportion to the upper jaw. Thumb and finger sucking habits can also cause a protrusion of the upper incisor teeth.



Open bite: An open bite results when the upper and lower incisor teeth do not touch when biting down. This open space between the upper and lower front teeth causes all the chewing pressure to be placed on the back teeth. This excessive biting pressure and rubbing together of the back teeth makes chewing less efficient and may contribute to significant tooth wear.



Crossbite: The most common type of a crossbite is when the upper teeth bite inside the lower teeth (toward the tongue). Crossbites of both back teeth and front teeth are commonly corrected early due to biting and chewing difficulties.



Spacing: If teeth are missing or small, or the dental arch is very wide, space between the teeth can occur. The most common complaint from those with excessive space is poor appearance.



Deep overbite: A deep overbite or deep bite occurs when the lower incisor (front) teeth bite too close or into the gum tissue behind the upper teeth. When the lower front teeth bite into the palate or gum tissue behind the upper front teeth, significant bone damage and discomfort can occur. A deep bite can also contribute to excessive wear of the incisor teeth.



CLASS 2:

Class II problems represent abnormal bite relationships in which the upper jaw and its teeth are located in front of the lower jaw. This causes "buck teeth" or "rabbit teeth". In most cases, this relationship is caused by a skeletal malocclusion and is due to inherited characteristics.



CLASS 3: Class III problems commonly called an under bite are also primarily genetic in origin. In this instance, the lower jaw and teeth are positioned in the front of the upper jaw structures. The facial appearance may give the impression that the lower jaw is excessively large, but in many cases the lack of upper jaw development is at fault. This can cause the lower front teeth to protrude ahead of the upper front teeth creating a crossbite. Careful monitoring of jaw growth and tooth development is indicated for these patients. An underbite is most often caused by a skeletal malocclusion and is due to inherited characteristics

ADDITIONAL NOTES

ORTHODONTIC TREATMENT

Treatment in this office is usually done in two phases.

STAGE 1 ORTHOPEDICS PHASE

(also called Phase I treatment, Interceptive Orthodontics, and Preventive Orthodontics)

This stage is usually done when the child is between 7 and 12 years of age, their growth stage. The main purpose of this stage is to develop the jaw bones to better accommodate the teeth. In most cases this is accomplished with the use of removable appliances.

Phase 1 treatment should be initiated for and can help correct

1. Habits such as tongue thrusting and thumb sucking
2. Airway problems and mouth breathing caused by constriction from swollen adenoids or tonsils
3. Bite problems such as deep overbites, narrow arches anterior or posterior cross-bite, or open bites
4. Crowded teeth due to narrow arches. By developing the arches at an early

age, we may prevent or eliminate the crowding of the permanent teeth.

5. Underdeveloped jaws- almost 50% of children who need orthodontic treatment due to a bad bite have underdeveloped lower jaws. Functional appliances will reposition the lower jaw forward to improve the child's profile and correct the bite problem.

In many cases, the appliances correct skeletal problems by positively influence the growth of the jaw bones. Another common procedure is the expansion of the upper jaw to increase its width.

The orthopaedic stage can take between 9 to 18 months, and will make the 2nd Stage Treatment much easier. In other words your children will need to wear fixed braces on their adult teeth for less time. Occasionally, after 1st Stage of treatment has been completed no further orthodontic treatment may be necessary, but this only happens in about one in 20 patients.

HOLDING PERIOD

Following the completion of the first stage a holding period will be necessary to wait for all remaining baby teeth to fall out and the new adult teeth to erupt. During this stage a retainer is usually fitted, to be worn for the additional 6-12 months it could take.

STAGE 2 ORTHODONTIC TREATMENT

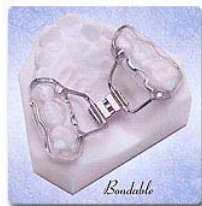
BRACES

The purpose of this stage is to straighten the teeth to get that perfect smile. This is done with the use of fixed "braces" attached to the teeth. Teeth are moved with a series of wires. In some cases elastics between the upper and lower jaws are used. Treatment can last anywhere from 9 months to two years.

RETENTION

Once the braces are taken off, retainers are to be worn for a period of 6 months to one year to hold the teeth.

COMMONLY USED APPLIANCES



Hyrax expander

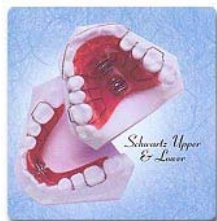


Upper Holding bar

Face Mask for Class III correction



Upper and Lower Schwartz



Braces

Clark Twin Block for Class II correction



Upper and Lower retainers to be worn after braces



Habit Appliance



PATIENT CO-OPERATION IS THE KEY TO SUCCESS

Orthodontic treatment is a big commitment. As a rule, successful orthodontic treatment results can only be achieved with TOTAL PATIENT COOPERATION.

To help achieve the most successful results, the patient must do the following:

- Keep regularly scheduled appointments.
- Practice good oral hygiene, including brushing, flossing, etc.
- Wear orthodontic appliances as indicated
- Wear elastics if necessary.
- Eating proper foods so as not to dislodge the braces (brackets, bands).
- Wear retainers after braces are removed.

If your child is unwilling or unable to cooperate limited result will occur. If the child does not understand the need for treatment or does not themselves buy in to the process treatment will be a failure. This is why it is important you go through all this information with your child and discuss the treatment and commit necessary. We tend to get better cooperation from a child who understands his or her problem and is enthusiastic for treatment.

We are looking forward to working with cooperative patients and parents.

DR. GUY'S QUALIFICATIONS



Dr. Guy

Dr. M.J. Guy is not an orthodontist, but rather a general dentist who has taken numerous post graduate courses in orthodontics. Dr. Guy started practicing orthodontics in 1992 and has completed numerous cases since then. In an effort to provide the best possible treatment to his patients Dr. Guy regularly attends an orthodontic study. At these study clubs participants review orthodontic principles, are taught the latest techniques, and if necessary receive guidance for case they are currently treating. In addition to these study club meetings Dr. Guy attends other orthodontic seminars. Most importantly, Dr. Guy works closely with the orthodontists in North Bay. He will not start a case that is outside his scope of training but will refer it to the Orthodontist.

ANGIE AND KAREN'S QUALIFICATIONS

When you come in for your appointments



Angie



Karen

most of the time you will see either Angie or Karen. Angie and Karen, both dental hygienists, have taken a special orthodontic module specific for hygienists. Under Dr. Guy's supervision and direction they are allowed to complete most orthodontic tasks in our office. They are allowed to take impression and other records, place the bands, brackets and wires and give verbal instructions. In addition to their initial training Angie and Karen also attend orthodontic continuing education courses.

COSTS, FINANCIAL AND INSURANCE ISSUES

Fees

The cost of orthopedic/orthodontic treatment will range from \$3000 to \$4000 depending on the difficulty. This is a flat fee that includes everything from the appliances, the braces, retainer and the monthly visits. The fee quoted will not include supplementary procedures necessary for orthodontics such as any extractions or gum work.

Repair or replacement of an appliance due to neglect is an extra cost. Appliance insurance (purchased from the Dental Lab), that will protect against loss or damage can be purchased for a cost of \$25. It is only good for one claim and must be repurchased to continue the protection.

Methods of payment

Payment will be spread over the course of treatment (usually anywhere between 12 to 24 months). There will be an initial payment of about \$500 to \$600, followed by equal monthly installments, divided over the estimated treatment time. To make the payment process easier, we will require post-dated cheques or your Visa # to bill you automatically once a month. In the event account problems develop, we reserve the right to delay or all together end treatment.

Dental Benefits

We will be happy to help you with any dental benefits you may have. Before treatment begins we will submit a predetermination to your insurance company. Treatment will not start until you fully understand your benefits. If you do have orthodontic coverage, we would still prefer you receive the insurance

payments and make payments to us as described above. Regardless of whether you are covered or not, you are fully responsible for the cost of the treatment and not your insurance company.

So we can better assist you, please ask your employer or you insurance company the following questions:

- Do I have orthodontic coverage?
 - Who is eligible?
 - Up to what age is this person eligible?
- Is coverage a percent of the total fee or up to a lifetime maximum?

GETTING STARTED

If you would like to look into orthodontics for your child we need to schedule a records appointments. The following records are necessary to determine treatment

- A clinical examination to assess bite, TMJ and facial proportion
- imprints of your child's teeth to make study models
- Panoramic radiograph- which gives us an overall view of the upper and lower teeth.
- Cephalometric radiograph- used to evaluate dental and skeletal relationships
- Photographs

The following table show a breakdown of fees for the record appointment, which totals \$175.

FEES FOR RECORDS APPOINTMENT		
Clinical examination	01204	\$85
Orthodontic models	04931	Incl.
Cephalometric radiograph	02751	\$45
Panoramic radiograph	02601	\$45
Photographs	04806	Incl.
Cephalometric tracing	02751	Incl.

CONSULTATION

A consultation will be scheduled after the records have been taken to discuss the proposed treatment. We recommend both parents, as well as the patient, attend the consultation.