

October is National Orthodontic Health Month

Children need to see an orthodontist by age 7

by Dr. Brad Edgren

Are you aware that by age 7, 75% of your child's total dentofacial growth has already been achieved? By age 12, 90% of your child's dentofacial growth has been completed, often before the eruption of all your child's permanent teeth.

October is Orthodontic health month. The American Association of Orthodontists recommend that children see an orthodontist by age 7. Even though your child's teeth may appear to be straight, there may be significant dental and jaw problems developing that only an orthodontist can diagnose. Children can exhibit early signs of jaw problems as they grow and develop. An upper or lower jaw that is growing too much or not enough, is too wide, too narrow, or asymmetrical can be recognized at an early age. Furthermore, underdeveloped jaws can cause significant crowding, severe damage to adjacent developing permanent teeth, and/or permanent tooth impactions. Resolution of these potential problems can be achieved before the completion of facial growth. Children over 6 years of age can have these jaw and tooth discrepancies and are candidates for early orthodontic/dentofacial orthopedic evaluation and treatment.

Early interceptive treatment is orthodontic treatment performed at an earlier age that can intercept and prevent more serious dental and jaw problems from developing. Early treatment can: redirect and improve future jaw growth, reduce future dental impactions, guide the direction of permanent tooth eruption, diminish the risk of trauma to protruding teeth, and improve a child's appearance and self-esteem. While many patients may not need early intervention, there is a definite percentage that can significantly benefit from treatment. When early interceptive treatment is executed properly, these patients can avoid future permanent tooth extractions and/or orthognathic (jaw) surgery. As a result, your orthodontist may be able to achieve results that are not possible once the face and jaws have finished growing.

A referral from your general dentist or pediatric dentist is often not necessary. After a clinical exam, if your or-



Actual Patient of Dr. Edgren



Actual Patient of Dr. Edgren

Before



Actual Patient of Dr. Edgren



Actual Patient of Dr. Edgren

After Notice the difference in her neck posture and lower jaw position? When she smiled before treatment, you could not see her upper teeth. Why? Because her upper teeth were behind her bottom teeth due to a severe underbite. If not treated at an early age, this could have resulted in costly jaw surgery.

thodontist decides that your child would benefit from early orthodontic treatment he/she will often recommend taking diagnostic records. Diagnostic records include special x-rays of the head, an analysis of those X-rays (cephalometrics), a facial growth forecast, dental models, and photographs. After a thorough evaluation of

your child's problems a treatment plan will be designed specifically for your child's needs. Early orthodontic treatment regimes often include but are not limited to expansion of the upper jaw, braces, and/or retainers. **G**
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