

Don't Be Sold on the Special Bracket: Brackets Don't Treat Patients

by Dr. Brad Edgren

Many of you may have heard about the “special” self-ligating brackets that move teeth faster, require no headgear, require no specific expansion appliances, etc. Interestingly enough, the design of these self-ligating brackets was originally developed in 1933.

The materials to make these brackets, i.e. stainless steel, is virtually unchanged over several decades. It is proclaimed that the lack of friction within these brackets is the reason for the faster treatment. However, the underlying factors that truly dictate the speed of treatment are the biology of the bone, the anatomy of the roots, individual variability, and most importantly the complexity of the initial skeletal and dental malocclusion (bad bite). In other words, is it an easy or hard case to treat.

Fast treatment should



Photos: Dr. Brad Edgren

Conventional brackets are generally much smaller than the current “special” self ligating brackets.

not be equated with quality care. Quality treatment starts with proper diagnostic records, the initial diagnosis and the treatment plan. Bracket design has no control over the accuracy of the initial diagnosis and treatment plan. Faster treatment rarely, if ever, results in better care. Cases that do treat more quickly than others usually are simpler, lack skeletal discrepancies, have better patient cooperation, and possess minimal crowding. No bracket design by itself can improve a skeletal discrepancy, affect growth and development, eliminate the use of headgear or expansion appliances, or bring in impacted teeth; that is the responsibility of the doctor.

Available research does not back up the claims that

these self-ligating brackets are faster, more efficient or treat better than conventional/regular orthodontic brackets in treating malocclusions (bad bites). Moreover, research has shown that there are no significant differences in the ability of these “special” brackets to expand better than conventional brackets. In fact, these self-ligating brackets are more likely to undesirably tip teeth out to the sides, rather than skeletally expand like an expansion appliance.

The claim that these brackets produce less friction than conventional orthodontic brackets is also unfounded. It is the size and type of the arch-wire that is more responsible for the amount of friction involved; i.e. larger arch wires produce more friction and force.

Based upon the available scientific research, self-ligating brackets do not move teeth faster or better. Removal of these brackets within a promised time frame may mean treatment was rushed and not complete; leaving a less than satisfactory result. Bottom line, orthodontists treat malocclusions, not brackets; just like the scalpel does not make the surgeon. There are numerous factors that affect the speed at which malocclusions are

Dr. Brad Edgren is an international author and lecturer on orthodontics. He is a board certified orthodontist in Greeley, CO.

References available upon request.