

pave the way to less involved clear aligner therapy (no braces) as well. Retainers are worn after this final phase to hold the teeth in their new corrected positions.

Advantages of Two-Phase Orthodontic/ Dentofacial Orthopedic Treatment

Two-phase orthodontic/orthopedic treatment is a very specialized process that encompasses jaw and facial changes (orthopedics) and tooth straightening (orthodontics). The emphasis today on living longer, staying healthy, and looking attractive requires optimum treatment results. The major advantage of two phase treatment is that it maximizes the opportunity to accomplish the ideal healthy, functional, esthetic, and comfortable result that will remain stable. Dentists in general know the benefits of orthodontic treatment. However, they may be unsure of the ideal time to start treatment or when two-phase orthodontics is indicated.

The disadvantage of waiting for complete eruption of the permanent teeth and having only one phase of treatment is the possibility of a compromised result that may not be functionally healthy or stable and may require preventable adult tooth extraction or jaw surgery.

We certainly hope this synopsis has helped you to understand our "two-phase" philosophy. Please do not hesitate to ask us any questions that may assist you in understanding our treatment concepts.



Please feel free to share this brochure with family and friends.

Happy Smiles to you!

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Two-Phase Orthodontics



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Two-Phase Orthodontics

A Special Kind of Orthodontic/Dentofacial Orthopedic Treatment

The goals of the first phase of treatment are:

1. To develop both the upper and the lower jaws sufficiently to accommodate all of the adult permanent teeth.
2. To correctly relate the upper and lower jaws to each other.

Children sometimes exhibit early signs of jaw problems as they grow and develop. An upper or lower jaw that is growing too much or not enough, or is too wide, too narrow, or crooked can be recognized at an early age. If children over 4 years of age have these jaw discrepancies, they are usually candidates for early orthodontic/dentofacial orthopedic (jaw) evaluation and treatment. Most Phase I treatment begins at approximately age 7-8 when the incisors are developing. Children also tend to be most eager and cooperative at this time.



Because children are growing rapidly, they can benefit enormously from an early (interceptive) phase of orthodontic/dentofacial orthopedic treatment by taking advantage of this valuable window of opportunity in their development. Orthodontic appliances can be used to correct jaw shape and direct the growth toward an ideal relationship between the upper and lower jaws. A good foundation can be established thereby providing adequate room for eruption of all permanent teeth.

First-Phase Treatment (Interceptive)

1. The later removal of adult permanent teeth to correct overcrowding.
2. Surgical procedures to expand and/or align the upper and lower jaws.

Early interceptive treatment can prevent:

Interceptive treatment can also decrease the time necessary for the second phase of treatment. Leaving a malocclusion untreated until all of the permanent teeth erupt could result in a jaw discrepancy too severe to allow achievement of an ideal result with braces alone.



Orthodontic/dentofacial orthopedic records will be necessary to determine the diagnosis, treatment plan, type of appliance(s) needed, duration of the treatment, and frequency of visits. Records usually consist of models of the teeth, dental imaging (radiographs), digital photographs, and clinical evaluation.



Intermediate Retention Period

During this period the remaining permanent teeth are allowed to erupt. Retention and/or tooth guidance appliances may be recommended at the end of the first phase.

Often times retainers may be used, however, usually for only a short period as they may interfere with the eruption of the adult teeth. In this case it is best to allow existing permanent teeth some freedom of movement while final eruption of teeth takes place. A successful first phase will have created enough room for the teeth to find an adequate eruption path and prevent possible impaction and displacement problems.

Second Phase Treatment (Corrective)

Occasionally when a patient is treated with two-phase treatment, the permanent teeth erupt more rapidly than anticipated. Should this occur, the parents will be advised and the patient will continue directly into the second phase of treatment without removal of the orthodontic appliances.

Each tooth has an exact location in the mouth where it is in harmony with the cheeks, tongue, jaw joints and other teeth. When this equilibrium is established, the teeth will function together properly. With good home care and retainer wear your teeth should stay healthy, stable, comfortable and look attractive. This is the goal of the second (final) and corrective phase of treatment.



At the beginning of the first phase, orthodontic records were made and a diagnosis and treatment plan was established. Certain types of appliances were used in the first phase, as dictated by the problem. The second phase, usually at age 11-13, is initiated when most of the permanent teeth have erupted, and usually requires braces on all of the teeth for approximately 15-24 months. Often times, effective Phase I treatment can



It is important to understand that at the end of the first phase of treatment, teeth are not in their final positions. This will be determined and accomplished in the second phase of treatment (corrective).

Selective removal of certain primary (baby) teeth may be in the best interest of enhancing eruption during this resting phase. Should this be necessary you will be consulted and a letter of recommendation will then be sent to your dentist. Periodic recall appointments for observation will continue to be necessary throughout this intermediate phase on a four to twelve month basis.