

Early Orthodontic Treatment Promotes Optimum Health For Patients



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It has been estimated that 70% of children under age 12 have a malocclusion. The question is, "when is the best time to treat these children's orthodontics and orthopedic problems?" Most dental schools in North America do not teach dentists to diagnose or treat the children in their practices. The majority of the orthodontic graduate programs similarly do not stress the importance of early orthodontic treatment for children. I have been a strong advocate of early orthodontic treatment for over 35 years. The key to creating beautiful broad smiles, straight teeth and patent airways, which all parents and children want, is to expand the constricted dental arches with functional appliances preferably at an early age. This arch development ensures that there will be adequate space for all the permanent teeth. Mothers will seek out orthodontic practitioners who will advocate non-extraction techniques. Children with malocclusions such as crooked front teeth, underdeveloped mandibles, protruding front teeth, are extremely self-conscious. Parents are very appreciative when these

problems are solved and their child's self-image improves.

Orthodontic clinicians must determine whether to treat early or delay treatment until all the permanent teeth erupt.

Many general dentists and orthodontists now treat their teenagers and adults with clear aligners such as Invisalign®. The public demand for this treatment has increased substantially in the past few years and our profession needs to become competent to diagnose and treat these patients.

I am suggesting that orthodontic clinicians should consider treating children with Pre-Aligners which would greatly simplify their clear aligner treatment. Clear aligners work the best with Class I malocclusions. Many children present with Class II and Class III malocclusions. Patients with underdeveloped mandibles (Class II skeletal) who go untreated often suffer from snoring and left threatening sleep apnea later in life when many adults gain weight which helps obstruct the pharyngeal airway. By moving the lower jaw forward with functional appliances in the mixed dentition this can prevent future health problems that result from sleep apnea.

Continue Reading on Page 2

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Early Orthodontic Treatment...

Continued From Page 1

Serious health problems include high blood pressure, heart disease, strokes, Type 2 Diabetes, atrial fibrillation, memory loss, increased chance of cancer, dementia, Alzheimer's, increase chance of MVA's. Ideally, when cooperation is the best, these fixed and removable functional appliances (Pre-Aligners) can be utilized to correct the Class II and Class III malocclusions in the mixed dentition while the child is actively growing.

Prior to clear aligner treatment, it is also important to correct any functional problems such as thumb sucking or tongue thrusting, airway constrictions due to large adenoids or tonsils, mouth breathing, poor swallowing, and snoring. Children who are diagnosed with TMJ Dysfunction and have deep overbites and retruded mandibles can also be effectively treated with bite opening appliances such as the Rick-A-Nator and mandibular advancement appliances such as the Twin Block, MARA appliance or Carriere Motion Appliance. These functional appliances moves the posteriorly displaced condyles downward and forward to their correct position and eliminate the signs and symptoms of TMJ Dysfunction. This should be done prior to the eruption of the permanent teeth when the treatment will either be fixed braces or clear aligners.

Many dentists who have taken courses on clear aligners have signed up for my Level I, Introduction to Orthodontics courses over the years. One of their main reasons were that they were not happy with their

final results with clear aligner treatment. Obviously if you have a severely rotated tooth this can be corrected much more efficiently with fixed braces. When I do a case with clear aligners I insist that the patient agrees to allow me to finish the case for 3-4 months with fixed braces if either the patient or myself is not happy with the final results from the aligners.

Another concern that these dentists have expressed to me is the lack of adequate comprehensive records including x-rays, periodontal considerations, TMJ examinations, etc. which they felt were important in order to treat the patient comprehensively.

Phase I Pre-Aligner Stage
Treat children in the mixed dentition with Pre-Aligners.

Phase II Permanent dentition
Fixed braces or clear aligners.

The treatment of choice is not just to leave the patient with a good occlusion and straight teeth but to also leave them with a healthy temporomandibular joint.

TMJ symptoms include headaches, tinnitus, ear pain, stuffiness in the ears, fainting, dizziness, pain behind the eyes, shoulder, back and neck pain.

Many of the symptoms can be corrected and prevented by using Pre-Aligners in the mixed dentition.



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Successful people do what unsuccessful people do not feel like doing.

My question for you is:

“What do you feel like doing about your future?”

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Contact Lee at lee@rondeauseminars.com or on our website at www.rondeauseminars.com

We have all become more aware recently of the impact of the “Smile Direct Club™” which has over 100 offices in the U.S and Canada and are marketing clear aligners directly to the public. They spend millions of dollars on marketing on TV and have treated hundreds of thousands of cases. Without the ability to use attachments and to do IPR (interproximal reduction) when necessary, I believe this limits their ability to obtain optimum results.

In my opinion, clinicians who learn how to use Pre-Aligners prior the clear aligners or fixed braces when the clear aligners fail to achieve a satisfactory result, will, in the future, convince the public that when you pay more you get a lot more.

Jack Trout wrote a book entitled *“Differentiate or Die”* and I honestly believe that general dentists in the future have to embrace treating children in the mixed dentition with Pre-Aligners (functional orthopedic appliances). I also think that general dentists need to learn to offer clear aligners and fixed braces to their teenage and adult patients. Recently I read that at the present time there were 52 different corporations involved in dentistry. Corporate dentistry is presently giving courses to their dentists in orthodontics. I believe if you want to compete on a level

playing field, general dentists should increase their knowledge in the areas of orthodontics and orthopedics so they can help more patients. Invisalign® states that the prevalence of malocclusions in the U.S. is about 65%. The question is with such a high demand for orthodontic treatment why not take courses to learn how to treat these patients.

The incorporation of early orthodontic treatment can significantly improve the long-term overall health of your patient’s by preventing sleep apnea and temporomandibular joint dysfunction.

As Scott Manning says the more patients you help to achieve optimum health will result in a significant increase in the size of your practice. The time to think about your future in dentistry is now.

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