



Getting It Straight

by Dr. Kirk Christensen,
Woodstock's Orthodontic Specialist

Q: *My 9 year old child needs to have 2 phases of treatment? What is that about?*

A: I do not know the specifics of your child's occlusion (bite), but I can tell you about the reasons for multiple phase orthodontic treatment. Treatment goals vary between offices for 2 phase treatments. My personal goals for treating a child with early orthodontics are to 1) modify improper or uneven anterior growth of the upper and lower jaws, 2) create more room for the adult dentition through gradual development of the bony tooth base, 3) eliminate dental or skeletal posterior crossbites with appropriate arch expansion, 4) hold dental space after premature primary tooth loss and/or 5) align the available anterior adult teeth for safety reasons or for esthetics if the child is experiencing social stress from "crooked teeth".

!Jaw growth often does not coincide with long bone growth (i.e. for height). Likewise, eruption of the adult teeth often does not occur when the bone base of the jaws are developed enough to accommodate them. Early treatment (Phase 1) is usually done between ages 7 and 12 in order to take advantage of growth periods that may not be available after age 12-15 in many children. As stated in the goals listed above, this should help eliminate the need for tooth extraction later, lessen the work required in Phase 2, or in severe cases, reduce the need for jaw surgery after the jaws have fully matured.

!Phase 1 success is limited by growth, adult tooth size and patient cooperation. A borderline 4 premolar extraction case may be worth investing in arch development in Phase I, but in a clear cut severe crowding case, or with predictably non-complaint children, it is probably best to save your money, and have one comprehensive treatment when all the adult teeth are in and plan on having adult teeth removed for space. Make sure that your orthodontist clearly states the goals of each phase in writing, and also outlines the pros and cons of waiting until all the teeth are erupted, and has fully evaluated the predicted compliance of your child with you. Woodstock Orthodontics uniquely subtracts a significant portion of the Phase 1 fee from Phase 2 if the patient has been compliant and has reduced the work required in Phase 2.

Dr. Christensen's column appears weekly in the Northwest Herald. Questions to be answered and treatment inquiries may be directed to: **Woodstock Orthodontics , c/o Kirk H. Christensen, DDS 226 West Judd Street, Woodstock, IL 60098, Phone: 815-337-5522**