Volume 1, Issue 3

Adult & Child Braces and Early Interceptive Treatment for Ages 6-11

Inside this Issue

Donald M. Fox, D.D.S., M.S., P.A.
255 SE 14th Street
Ft Lauderdale, Florida 33316
(954) 523-6525

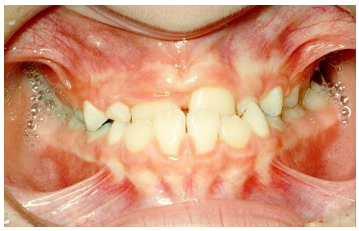
Really Straight Teeth

South Florida's Full Service Orthodontist

Early Interceptive Bulldog Bite Treatment

Donald M. Fox, D.D.S., M.S.
Diplomate of The American Board of Orthodontics

The so-called "bulldog" bite is one of the most unrecognized and



misdiagnosed in the dental profession.

Interestingly, most Bulldog bites I have seen in private practice in are not true long lower jaws, but actually upper jaw's that did not grow out enough. In many cases that do have true long lower jaws, the upper jaw is also too short requiring early interceptive treatment.

The following areas will be discussed:

1) What causes Bulldog bites?

2) Can Bulldog bites be prevented or kept from worsening?

3) Can a Bulldog bite be treated in the age group of 6-8 years?

#1: What causes Bulldog bites?

The subject of what causes bulldog bites has to do mainly with the areas things passed down from one family to another, before birth development and the way teeth hit each other incorrectly as one bites down. Many bulldog bite problems "run in the family" and have been traced all the way up the family tree. Another cause of upper short jaw problems has been seen on ultrasound where the child before birth placed their forearm across their midface while in the womb.

Another cause is the pseudo-Bulldog bites where the upper incisors are tipped slightly towards the roof of the mouth. This causes enough the upper and lower front teeth to hit together to make the child (as early as 6 years old) shift their lower jaw forward to a more "comfortable" bite. But, left alone, this acts theoretically as lower jaw growth treatment, causing the lower jaw to grow too far forward.

These pseudo-Bulldog bites are tricky to diagnose and never should be underestimated. Treating the front teeth with pop-sickle sticks to move the upper front teeth forward can be dangerous if not diagnosed fully to rule out jaw alignment problems of the upper and/or lower jaw(s).

The only true way to diagnose a Bulldog bite is with a side x-ray of the head done by Dr Fox and he then measures the bony structures. In his office, this is no longer a timely ordeal since with computers, the X-ray is traced and up to 20 analyses are done within 6 minutes. The computers also allow Dr. Fox to actually simulate treatment by moving the teeth and jaw bones to see what the final result will look like.

#2: Can Bulldog bites be prevented or kept from worsening?

The second question deals with the early detection and treatment of any patient who has any jaw alignment problem that is contributing to a bulldog bite. Many of these problems are hiding from even a well trained general dentist. Treatment should be at age 7 or earlier if the problem is noticed before age 7.

A lower jaw sticking out too much is not preventable. There have been attempts to prevent lower jaw growth with everything from an ace bandage wrapped around the head to a device used in Scoliosis orthopedic treatments called a Milwaukee Brace.

This large contraption actually was found to be linked to a high incidence of TMJ pain near the ears from the pressure it placed on the lower jaw that took its toll on the temporomandibular joint near the ears. Overall, trying to stop lower jaw growth would be the equivalent of someone trying to stop Shaq O'Neal (Los Angeles basketball player) from growing tall when he was a teenager.

A long lower jaw can be prevented if it's a pseudo-Bulldog bite by treating with special types of retainers along with partial braces. Results can be seen in as quickly as 6 months and others in 12 months.

#3: Can a Bulldog bite be treated in the age group of 6-8 years?

The third historical issue dealing with early treatment deals with what we call "orthopedics". Orthopedics is skeletal (bone) correction via growth treatment.

The Bulldog bite has to be diagnosed properly to see if upper jaw not growing out is the cause of the problem, which in many cases it is. But, upper jaw shortness is difficult to see with the naked eye or without a x-ray from the side of the whole head. All Bulldog bite patients must this X-ray at their first orthodontic exam to truly diagnose this. Telling a parent of a Bulldog bite child at the first orthodontic exam "that it appears okay and we need to wait" without first taking this X-ray will only set one up for trouble later on when it is found that the upper jaw was actually not growing forward enough.

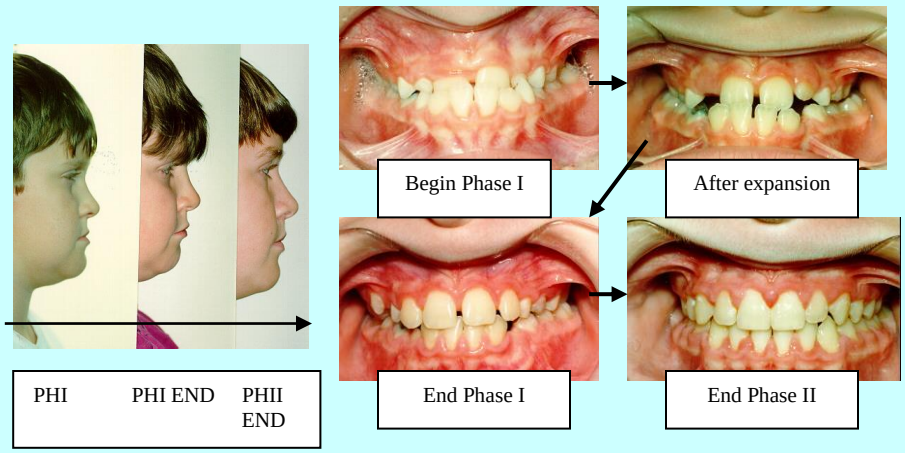
I have in my practice seen over and over a patient who has been told to wait. They were told that nothing could be done until after age 13 or 15 when the lower jaw has stopped growing. Later, the parent is told the alarming fact that it is actually the upper jaw and that upper jaw surgery (not the lower) is needed and it could have been prevented if diagnosed and treated early at age 7.

Then, there is the patient who in actual fact does have a long lower jaw, but also has upper jaw retrusion and was improperly told no treatment was needed. Now the patient is committed to double jaw surgery when it should have only been lower jaw surgery. The patient could have been treated early to bring the upper jaw forward.

The early treatment of a child at age 7 with a Class III bite is simple to understand. The upper jaw is really a two-bone structure separated by cartilage down the middle of the mouth. The upper jaw is also attached to the zygomatic arches (cheek bones), the

Example of a Early Treatment Bulldog Bite Case

The below patient had a severe upper short jaws and a severe narrow upper mouth. Notice the chin button is directly in line with the forehead, which indicates the entire midface, is "sunken-in". Upper expansion was done first to expand and loosen "all" cartilage sutures. Then with only 5 month's use of one of Dr. Fox's devices, the entire midface (nose, bridge of nose, cheekbones and upper jaw) were brought forward. Later, full braces were placed in Phase II for only 12 months to obtain a result without jaw surgery or extractions.



nasal bridge area and the bottom of the skull with cartilage. But, starting at the age of 10, the cartilage starts to turn into bone making upper jaw growth difficult to do.

It is this cartilage that needs to be first addressed in treatment at age 7. To make the upper jaw grow forward, one must make this cartilage very loose and rubbery. This is best done with expansion devices. So, Bulldog bite treatment must start early to prepare for the upper jaw to be pulled forward.

Interestingly, most short upper jaw cases need expansion. This is because the upper jaw is deficient in many dimensions. It is short front to back, narrow across the mouth and is located along with the rest of the whole midface in a "sunken-in" position (called maxillary hypoplasia). Even though upper jaw growth treatment works, many of these patients will require upper only extractions. This is because during treatment the upper jaw and midface are pulled forward, but the length of the upper jaw from the incisors back to the back of the mouth) is not increased or improved. Therefore, no extra space is gained to fit all the upper teeth into the mouth by this technique.

The upper jaw, when ready to be pulled forward, is best done with a reverse-pull facemask that hooks via rubber bands to the upper first molars which have braces on them. The child is told the facemask is basically a "catcher's mask" and that pull the upper midface forward. It is worn mainly to bed and is easily placed on within 30 seconds.

It usually causes no discomfort and results are seen as quickly as 2 months for simple cases and in 6 months for severe cases. It has over a 90% success rate if started at age 6-8. After age 10, the prognosis is poor, but results have been obtained in my office after age 10.

Summary

The hardest thing to tell a mother of a teenager who comes into the office is that many of the problems her child has needed to be handled at an earlier age and now the case requires extensive braces and jaw surgery to treat the Bulldog bite. So, if there is any doubt that a patient should have an orthodontic exam early (as recommended by the American Association of Orthodontists at age 7) it would be best to have the child seen early to provide the best future for the child dentally and economically.

About Dr. Fox

After dental school, many orthodontists receive what is called a "certificate" in orthodontics. Beyond a certificate program is a Master's degree program involving extensive literature study and research and writing of a Master's thesis. Dr. Fox actually has a Master's degree in Orthodontics and Dentofacial Orthopedics (early interceptive treatment). He has trained under many clinicians that are leaders in facial growth that have developed appliances for jaw growth. Many treatments no longer require the use of bulky plastic appliances (as Bionators, Herbst, etc.) and now are replaced with special coils and elastics hooked to braces on the incisors and 1st molars.

Important Note

The general practitioner is in an excellent position to detect, intercept and correct minor orthodontic problems early, thus making it unnecessary for the child to go through complex orthodontic treatment at a later date. Most patients who have Phase I early treatment usually only have 12-18 months of simple Phase II teenage braces. 5-10% never need Phase II. Getting the child in at age 6-7 is ideal; after age 10, we're lucky if prevention can be accomplished; and referrals that come after age 10 come too late for prevention or early treatment interception.

REALLY STRAIGHT TEETH **is published for the dental community as an educational service. For further information on any of these services, contact:**

DONALD M. FOX, D.D.S., M.S.
Adult & Child Braces and
Early Interceptive Treatment
For Ages 6-11

Diplomate: American Board of Orthodontics
Member: American Association of Orthodontists
Recognized: Who's Who in America
Recipient: Harry Sicher Research Award of the American Association of Orthodontists
Member: Broward County Dental Association

It is estimated that 40 to 75 percent of the population could benefit from orthodontic treatment. Teeth need straightened so that you can your dentist can clean them easier so that you do not lose them. Some patients may receive treatment as children, while others seek treatment as adults. Each patient presents with a unique problem.

She has Clear Ceramic Braces!

For some, early diagnosis and early treatment may be appropriate. It is recommended that children get an orthodontic check-up no later than age 7. Adults may have special considerations that may require inter-disciplinary care, which, of course, would be coordinated by your family dentist. The goal of every orthodontist is to provide each patient with the most appropriate treatment at the most appropriate time. By working together, we (dentists and orthodontists) can give our patients beautiful, healthy smiles that are good for life!

What is Orthodontics?

Orthodontics is a special discipline of dentistry concerned with aligning the teeth and jaws to improve one's smile and oral health. "Ortho" means correct or straight and "Odont" means tooth, so orthodontics combines these meanings: straight + teeth= straight teeth. Through orthodontic treatment, problems like crooked or crowded teeth, overbites or underbites, incorrect jaw positions and disorders of the jaw joints are corrected.

What is an Orthodontist?

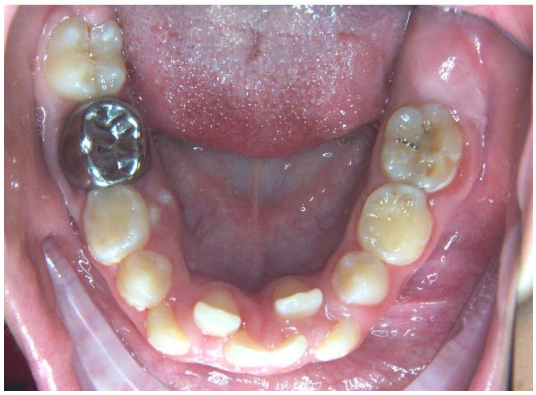
All orthodontists are dentists, but only about six percent of dentists are orthodontists. An orthodontist is a specialist in the diagnosis, prevention and treatment of dental and facial irregularities. Orthodontists must first attend college, and then complete a four-year dental graduate program at a university dental school or other institution accredited by the Commission on Dental Accreditation of the American Dental Association (ADA).

They must then successfully complete an additional two to three-year residency program of advanced education in orthodontics. This residency program must also be accredited by the ADA. Through this training, the orthodontist learns the skills required to manage tooth

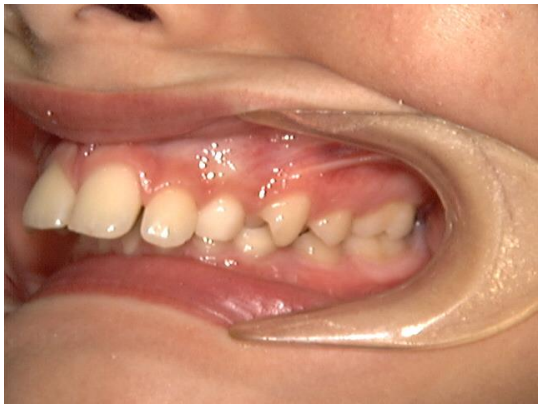
movement (orthodontics) and guide facial development (dentofacial orthopedics). Only dentists who have successfully completed this advanced specialty education may call themselves orthodontists.

Why do people need braces?

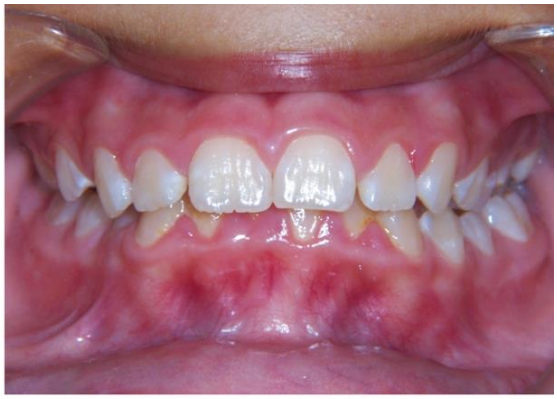
Crowding: Teeth may be aligned poorly because the teeth are too large for the mouth. The bone and gums over the roots of extremely crowded teeth may become thin and recede as a result of severe crowding. Poor biting relationships and an undesirable appearance may all result from crowding.



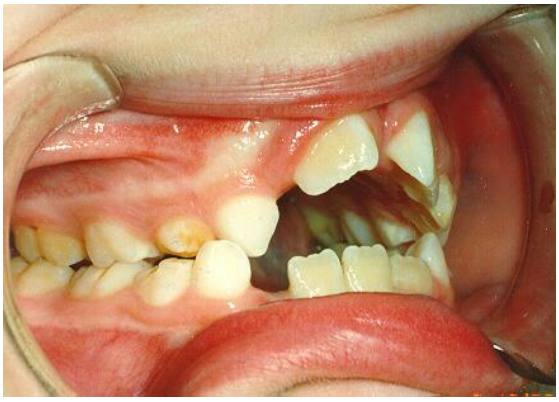
Overjet or protruding upper teeth: Upper front teeth that protrude beyond normal contact with the lower front teeth often indicate a poor bite of the back teeth, and may indicate unevenness in jaw growth. Thumb and finger sucking habits can also cause a protrusion of the upper incisor teeth.



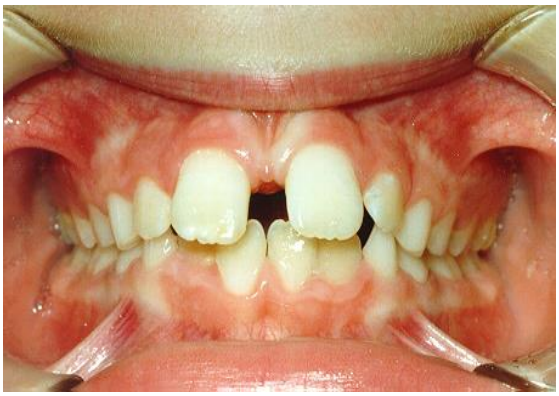
Deep overbite: A deep overbite or deep bite occurs when the lower front teeth bite too close or into the gum behind the upper teeth. When the lower front teeth bite into the palate or gum tissue behind the upper front teeth, significant bone damage and discomfort can occur.



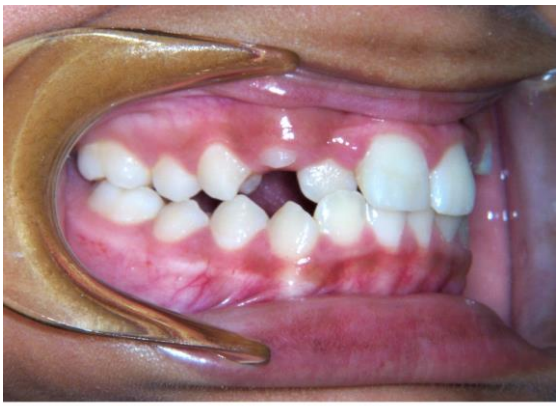
Open bite: An open bite results when the upper and lower front teeth do not touch when biting down. This space causes all the chewing pressure to be placed on the back teeth. The excessive biting pressure and rubbing together of the back teeth makes chewing less efficient and may cause the teeth to wear.



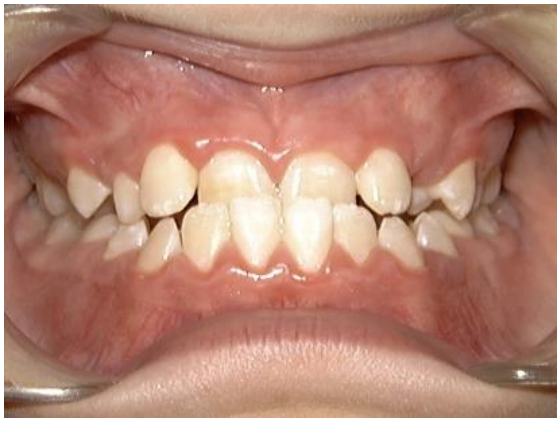
Spacing: If teeth are missing or small for the mouth, space between the teeth can occur. The most common complaint from those with excessive space is poor appearance.



Crossbite: The most common type of a crossbite is when the upper teeth bite inside the lower teeth (toward the tongue). Crossbites of both back teeth and front teeth are commonly corrected early at age 7 due to biting and chewing difficulties.



Underbite or lower jaw protrusion: About three to five percent of the population has a lower jaw that is to some degree longer than the upper jaw. This can cause the lower front teeth to protrude ahead of the upper front teeth creating a crossbite.



How do braces work?

Custom-made appliances, or braces, are prescribed and designed by the orthodontist according to the problem being treated. They may be removable or fixed (cemented and/or bonded to the teeth). They may be made of metal, ceramic or plastic. By placing a constant, gentle force in a carefully controlled direction, braces can slowly move teeth through their supporting bone to a new desirable position.

The Key is feeling comfortable with free Information before you decide!

5 Reasons Why You Must Choose **Dr. Fox** for **Bulldog Bites Corrected at Age 6:**

1. Dr. Fox treated himself and knows what it is like to be in braces!
2. **Discover How This New Technology Works. Dr. Fox has a Master's Degree in Braces, was #1 in his dental class, has a world research award in Braces given to him by the American Association of Orthodontists.**
3. He creates enough space between your teeth so extractions of permanent teeth become unnecessary in most cases! No one can guarantee that they will all fit, but Dr. Fox will give you the truth.
4. **Eliminate the need for jaw surgery in many patients who have bulldog bites.**
5. **Dr. Fox and his staff explain procedures that makes adults and children feel very comfortable with many stating, "I wish more medical & dental offices explained things like this to me**

… they even showed me what my child's profile and straight smile will look like when it's all finished with their computers."

Call my office right now to arrange to get your first visit.

I look forward to seeing you soon,

Dr. Donald Fox

-END