

# Straight Teeth

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

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## Secrets of Thumb Suck Treatment (ages 5-8)

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Diplomate of The American Board of Orthodontics



The most aggravating habit a child has to its parents is the thumb suck habit.

Interestingly, most thumb suck habits can be treated fast and effectively in the hands of Dr. Fox. 3 secret questions are:

- 1) What causes thumb sucking?
- 2) Can this be stopped without fixed appliances?
- 3) Can damages from thumb sucking be treated in the age group of 6-8 years?

I will discuss these three views individually, providing a broad overview that permits the reader to view the subject from practical and current perspectives.

### #1: What causes thumb sucking?

The subject of what causes thumb sucking in the literature is very vague and consists mainly of theories. The child has even been seen to suck on

ultrasound and some mothers have claimed the child was born with their thumb in their mouth. The theory of a child is introverted and shy does not seem to exist in the over 400 cases treated by Dr. Fox. Most of these children appear very bright, have very good grades in school and participate in groups. The one outstanding factor seen in these children is that they are very creative but do not do anything to create as in music, art, drama, etc. Most of them when you talk with them are just down right bored.

Dr. Fox has noticed a high correlation of children that thumb suck that also happen to mouth breathe. If not able to breathe though the nose, the child will breathe though the mouth.

Theoretically, the child will place their thumb in their mouth to decrease the volume of air entering the lungs. In physiology, this is called "air resistance."

As part of the diagnosis done for thumb sucking, the tonsils are viewed at the exam, extensive questions about breathing are done and the adenoids are viewed on a side of the head x-ray film. A referral to an Ear, Nose and Throat specialist is sometimes needed to get maximum airway passage opening. This does not mean the adenoids and tonsils have to be removed since there are other causes for nasal blockage and mouth breathing that can be eliminated.

Thumb sucking should be stopped by age 5 and pacifier habits by age 2 or orthodontic treatment will be needed to correct the damage caused.

Dr. Fox likes to work with thumb suckers at age 5, but in special cases he

has worked with them as early as age 3. There are patients as old as 21 that still thumb suck and Dr. Fox has got them to stop.

There are also finger suckers and toe suckers. There are patients who also have a “blankie” habit of having the thumb suck habit along with the desire to have a blanket.

## #2: Can this be stopped without fixed appliances?

90% of the patients treated for thumb sucking stopped within 1 month or less without the use of fixed appliances. Dr. Fox has actually stopped over 300 patients from thumb sucking the first week. There have only been 20 patients who took more than a month to stop and

only 3 have needed a fixed appliance.

Dr. Fox utilizes a customized home treatment for each individual patient. Dr. Fox has actually discovered that there are 4 types of thumb suckers based on when they actually suck. Each type needs a different handling and home treatment.

## #3: Can damages from thumb sucking 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 correction via growth alteration. The patient has to be diagnosed properly to see if the upper front teeth have been pushed up and out or whether the back

upper teeth and bone have actually extruded.

In the situation with upper jaw extrusion, the lower jaw now cannot close all the way up and forward. This is due from the “wedge-type” effect caused by the upper back teeth and bone being extruded propping the bite open.

In the thumb sucker, the thumb pushes the upper front teeth up and out. The sucking actually sucks the upper back teeth and bone down in the back. And, the buccinator muscle (the muscle that goes inward on each cheek when sucking on a milkshake straw) during suction causes the upper arch to collapse around the thumb producing a severe narrow upper arch. Many times, the lower arch will also be affected and will be severely narrow.

Also, the thumb can cause the lower jaw to not grow out fully. This is seen in thumb suckers that place their thumb in their mouth pointing up towards their nose instead of placing the thumb pointing to the back of their throat. Removing the thumb will not allow the retruded jaw to grow out to its normal position fully. Early interceptive growth treatment is needed to correct this.

The first step to correcting the damage from thumb suckers is to correct the narrow arches by expansion therapy. If moderate to severe crowding exists, serial extractions may also be needed.

The second step is to place a special appliance in the roof of the roof of the mouth. This is a wire that hooks to both upper 1<sup>st</sup> molars and runs across the roof of the mouth. This is designed to cause the tongue to hit this wire and this action then intrudes the upper 1<sup>st</sup> molars.

To close the open bite, many patients also need to have their upper primary

### *Example of Early Treatment Thumb Suck Case*

The below patient had a thumb suck habit that pushed her upper front teeth up and out, sucked her upper back bone and teeth down and collapsed her upper arch around the thumb. She stopped the first night with Dr. Fox's home therapy techniques. Expansion was done first which helped to close the open bite half way. Then a special appliance was placed and selected primary teeth were extracted that helped to reset the occlusal plane.



2<sup>nd</sup> molars extracted to remove the “wedge effect” and to place all occlusal forces on the upper 1<sup>st</sup> molars to intrude them. This same principal to close the open bite was learned by Dr. Fox in his training in full dentures. When handling a patient whose dentures were made incorrectly giving them too much distance between their nose and chin, the denture teeth are reset to close this distance down. Basically, one is resetting where the upper and lower teeth actually meet in space in the mouth.

The upper molars are intruded. This tricks “mother nature” and causes the permanent teeth to erupt to the new location in space where the upper and lower teeth will meet when you bite down.

Left untreated, the thumb suck damage will have the permanent teeth come into the same place the primary teeth were located. Then, the patient has a permanent problem that usually requires upper jaw surgery and sometimes double jaw surgery. The surgery basically resets the area where the upper and lower teeth meet in space that could have been done in early interceptive treatment!

Dr. Fox also works with pacifier habit patients. A pacifier or “binkie” should not be used by a child past the age of 2 or damage to the bone and teeth structures can occur.

Getting the pacifier from the child who is older than 2 years old and that does not want to give it up is the challenge that Dr. Fox has learned to handle. Dr. Fox handles children as early as age 2 with “binkie” habits. He also works with them with a specially designed nippleless pacifier in some cases that require a more gradual step of ridding of the habit. Without the nipple, the child still has the sucking urge satisfied, but

eventually will stop on his own with this newer design pacifier.

Mothers really appreciate the habit correction therapies Dr. Fox has personally developed. These habits really place stress in the family relationships and Dr. Fox handles these quickly ridding of this stress.

So, if there is any doubt that an oral habit 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

Dr. Fox learned how to treat severe early treatment cases at the University of Tennessee which is one of the few schools in the United States who gives a Masters Degree in Orthodontics and Dentofacial Orthopedics. Dentofacial Orthopedics deals with early interceptive treatment at the ages 6-8. Dr. Fox has finished over 8,000, age 7 cases with most cases having severe problems. He also is a Diplomate of the American Board of Orthodontics. He accomplished this within 5 years after leaving orthodontic school. He is only 1 of a few in the entire South Florida area that actually has earned his American Board Certification.

## Important Note

The adult patient and parent are 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 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  
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American Association of  
Orthodontists  
Member: Broward County  
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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.

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 interdisciplinary 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!



She has Clear Ceramic Braces!

## 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 Thumbsuck Treatment:

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 and 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.”**

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

I look forward to seeing you soon,

*Dr. Donald Fox*



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