Orthodontic expectations

We've entered a new age!

veryone loves a pretty smile! We have a cultural bias toward straight, white teeth, and traditionally orthodontists treat children and teens with growing jaw imbalances that result in dental misalignment.

The dental professions agree that good orthodontic outcomes are a much better predictor of long-term stability than any style of orthodontic "retainer". Ideal outcomes mean balanced facial bones, a well-fitting bite, teeth surrounded by healthy gums/bone, a broad palate that's adequately shaped for the tongue to be resting up with the lips easily closed, and of course a broad straight-teeth smile with no excess gum tissue and no large dark corridors near the corners of your mouth. That's a tall order!

To achieve all this, orthodontists are diving into a deeper evaluation that involves an open airway, soft tissue support (including tongue function, tongue-ties, tonsils, adenoids and facial soft tissue) and the entire complex of bones that support the face—not just the teeth.

It's usually considered easy for braces to create straight front teeth. But now we must respect the concept of supporting an open airway—to prevent or correct sleep-related breathing disorders like mouth breathing, snoring and "It's now believed that the majority of dental misalignment is preventable if we are paying attention to breathing, sleeping, swallowing patterns and intervening when needed."

sleep apnea. A lot depends on the size, shape and position of the upper jaw (maxilla), and the relatively consequential growth of the lower.

A properly shaped/positioned maxilla helps support the cheekbones, soft tissue around the eyes, and length & fullness of the upper lip. Plus, the shape of the hard palate should be a mirror image of the top of the tongue: broad and flat!

Thus, the tongue can always rest in its "home", so closed-mouth nasal breathing becomes natural. If the

palate is narrow/vaulted it forces the tongue to rest down and back toward the throat. A vaulted palate also impinges the nasal septum, often causing deviation that further restricts nasal breathing flow.

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Toddlers and school-age children can engage in myofunctional therapy, early expansion of the upper jaw, mouth taping, successful release of tongueties and removal of engorged tonsils/adenoids.

With Obstructive Sleep Apnea affecting an estimated 25 percent of our adult population, choosing airway focused health professionals, including your orthodontist makes good sense.



Dr. Susan Maples is a dentist in Holt. She is also a speaker, health educator and author of Blabbermouth. Learn more at drsusanmaples.com. or call (517) 694.0353.

Our mission is to help each person take a significant step toward his or her desired oral and overall health.





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