

What's The Plan?

Just as no two people are exactly alike, no two treatment plans are exactly alike. **Dr. Hullings has developed a treatment plan just for you, involving procedures appropriate for your individual situation and goals.** Sometimes there may be more than one treatment option. Dr. Hullings will recommend the plan that he feels is best for you and explain the advantages and disadvantages of any alternative treatment plans. We want you to understand and be comfortable with your treatment plan, so please feel free to ask questions.

At every appointment, Dr. Hullings will personally evaluate your treatment progress. Occasionally, he may feel that it is in your best interest to make a change in the original plan. Some factors that may affect the direction or goals of treatment are adverse growth, oral hygiene or periodontal concerns, patient participation and/or a change in the patient's desires. Excellent communication is essential in understanding your treatment progress and ensuring that treatment goals are met. We will make every attempt to keep you apprised of treatment progress, but we also depend on you to ask questions or let us know if your treatment goals change.

Keep in mind that orthodontic treatment is most often an elective process. One treatment option that may warrant consideration is no treatment at all. There may be some risks associated with no treatment if the bite is traumatic or if crowding problems make oral hygiene efforts ineffective. If you are considering no treatment, ask Dr. Hullings or your family dentist what the risks are to your teeth and supporting tissues.

Why Start Now?

An orthodontist's expertise lies in knowing not only if treatment is appropriate and what treatment is appropriate but also in when treatment is appropriate. Sometimes orthodontic treatment begins at an early age when there are still some baby teeth present. This type of treatment is called Phase I or interceptive treatment. Or treatment may not begin until all of the permanent teeth have erupted. This type of treatment may be called Phase II or comprehensive treatment.

Early interceptive orthodontic treatment is generally recommended for patients that have more severe orthodontic problems. It has the potential to improve jaw relationships in growing patients. It can also modify facial growth and tooth eruption to lessen the severity of problems such as crowding and a traumatic bite. In some cases, interceptive treatment achieves results that are unattainable once the face and jaws have finished growing.

The most common objectives of Phase I treatment are to improve jaw relationships, correct crossbites and/or to create adequate space to accommodate the permanent teeth. Phase I is the first phase of an anticipated two-phase treatment service. It usually does not eliminate the need for further treatment of the permanent teeth. However, interceptive treatment frequently makes the completion of treatment (Phase II or full braces) at a later age easier and less time consuming.

Phase I treatment is followed by a period of rest and observation until all of the permanent teeth erupt. Phase II treatment (full upper and lower braces) at a later age will align all of the permanent teeth and detail the bite. A separate fee will be charged for Phase II treatment.

If the orthodontic problems do not require early intervention, comprehensive treatment (full upper and lower braces) can be delayed until all of the permanent teeth have erupted. The goals of comprehensive treatment and Phase II treatment are to align all of the permanent teeth, improve the occlusion (the bite) and improve smile esthetics. This type of treatment is always followed by long-term retainer wear.

Occasionally, it is in the patient's best interest to combine the phases of treatment into one longer orthodontic treatment plan with no rest period between. Dr. Hullings will recommend the timing of treatment that will best serve your needs.

What's My Role During Treatment?

The very best orthodontic treatment results are achieved with patients who take an enthusiastic and active role in the treatment process. **Orthodontic treatment is not a passive endeavor, and patient participation and cooperation is key. We're depending on you!**

Making & Keeping Appointments

After appliances (removable appliances and braces) are placed, you will need to be seen in our office regularly (generally every 6-8 weeks) for adjustments or checkups. **It is very important that you keep your scheduled appointments to ensure that your treatment progresses as planned and is completed on time.**

Please make your next appointment before you leave the office each time. We schedule most appointments 6-8 weeks in advance, so scheduling in advance ensures the best appointment availability.

Long appointments are scheduled during the morning hours. We reserve afternoons for short appointments. Most of our patients are school age, so after-school appointments are the most desirable. Our schedule is designed to provide as many after-school times as possible.

Although we will do our best to accommodate your scheduling needs, you should expect to miss some school or work during your orthodontic treatment. Please be aware that when you miss an appointment, it may be difficult to reschedule at a time most convenient to you. **Keep in mind that missed appointments will slow progress and cause treatment delays.**

Wearing & Taking Care of Appliances

During orthodontic treatment, you may be asked to wear removable appliances and/or elastics. **It is extremely important that you follow all instructions regarding appliance and/or elastic wear to achieve the best possible treatment results.** Failure to wear appliances and/or elastics as instructed will result in extended treatment times or compromised treatment results. As a last resort, treatment may have to be discontinued.

We ask that you avoid very hard and very sticky foods that can break or damage your appliances. Repairs to your braces will cause treatment times to be extended. If you should experience loose or broken appliances (braces), please call the office right away to let us know. It may be necessary to schedule extra time to make repairs.

If your removable appliance breaks or is not fitting properly, stop wearing it and call us immediately so that it can be repaired or replaced. **If a removable appliance is left out of the mouth more than 3 or 4 days, it may no longer fit and may need to be replaced.** If a replacement appliance is needed, an additional fee may be applicable.

Please remember that following instructions related to your orthodontic treatment is your responsibility. Dr. Hullings will encourage you, but cannot assume responsibility for making sure you follow directions.

Taking Care of Your Teeth & Gums

As part of your orthodontic treatment, you must be committed to taking excellent care of your teeth and gums while you are in orthodontic appliances.

Preventing Cavities & Decalcification

Braces do not cause cavities or decalcification (white or brown tooth scars). Braces do trap food particles and plaque and increase your likelihood of developing cavities or decalcification if you do not effectively clean your teeth.

Most patients are able to prevent these problems with a combination of proper diet, effective tooth brushing habits and regular checkups with the family dentist. You should brush your teeth immediately after eating, using proper techniques for brushing with braces. If brushing right away is not possible, vigorously rinsing with water is helpful. Floss once a day. **Effective oral hygiene and plaque removal is essential.** Avoid sticky candies and foods, limit snacks and minimize beverages high in sugar.

We strongly recommend that you avoid carbonated soft drinks while in braces due to their acidity and high sugar content. Drinking soft drinks will greatly increase the potential for scarring of the enamel.

Preventing Swollen Gums & Periodontal Problems

Braces do not cause your gum tissue to become sore and swollen. But ineffective brushing and/or flossing while in braces may result in sore and swollen gums. The swelling may cause your gums to contact your braces leading to even more soreness. Should this condition become severe, swelling may lead to receding gums and gradual loss of supporting bone around your teeth.

If severe gum or periodontal problems occur during orthodontic treatment, and if it is not controlled or corrected, it may be difficult or impossible to control bone loss and subsequent loss of teeth. Consultation and treatment by a periodontist, a dentist who specializes in treating gum disease, will be advised. If periodontal problems cannot be controlled, treatment may be discontinued prior to a complete orthodontic correction.

What's My Role After Treatment?

Retainer Wear After Phase I Treatment

As part of interceptive treatment, you may be asked to wear a retainer after the other appliances have been removed. Phase I retainers are designed to keep the front teeth aligned and to maintain space for the rest of the permanent teeth as they erupt. **It is important to wear this retainer as prescribed so that the benefits of Phase I treatment are preserved.**

During this transitional period when baby teeth are being lost and new permanent teeth are erupting, your mouth is growing and changing a great deal. Your retainer will need to be adjusted periodically to be sure that it fits properly. Eventually, your mouth will have changed enough that your Phase I retainer will no longer fit, and we will recommend discontinuation of retainer wear. Once all of the permanent teeth have completely erupted, Dr. Hullings will be able to determine if a second phase of treatment is necessary.

Retainer Wear After Full Treatment

When your active treatment is complete and your braces are off, you will wear removable appliances called retainers to "hold" your teeth in position. **Retainers are just as important as braces in the treatment plan.** You will wear the retainers full-time for 9-12 months, after which you will wear them at night only.

You may experience minor changes in tooth alignment after treatment. These are changes that you can expect as you age. Additional growth after orthodontics can also influence the alignment of your teeth and jaws. Wearing your retainer as recommended is the best way to minimize these changes. **In order to protect the results of your orthodontic treatment, plan on at least part-time wear of your retainers for your lifetime.**

What Do I Need To Let You Know?

General Medical Condition

General medical conditions including disorders of the bone, hormones or blood can affect orthodontic treatment and even prevent successful orthodontic treatment. **Changes in your medical health should be brought to the attention of the doctor immediately.**

Pre-medication Needs

If you have a pre-existing medical condition that requires pre-medication, the medical/dental health history that you complete will be our only source of information. Be sure you have completed the health questionnaire completely and correctly. Also, please provide us with any new changes in medical conditions as they occur. Dr. Hullings, in consultation with your physician(s), will recommend medications. It will remain your responsibility to be sure that your medical needs are properly followed.

Allergies

Although uncommon, allergies to treatment-related materials (such as metals or latex) may occur during orthodontic treatment. Please make sure we are aware of known allergies, so we may take steps to minimize your exposure. If your allergies are unknown to you, then it is impossible to predict any reaction. If an allergy occurs during your treatment, then medical management, alternative treatment or discontinuation of treatment may be necessary.

What Else Should I Know?

Office Hours

September – May: Monday - Wednesday 8am to 5pm, Thursday 7am to 4pm
June – August (summer hours): Monday - Thursday 7:30 am to 4:30 pm

After-Hours Emergencies

If you have an after-hours emergency, please call the regular office number and our answering service will give you instructions for reaching the doctor or clinical assistant.

Automated Appointment Reminders

In today's busy world, it is not always easy to keep track of every appointment. House Calls is our automated computer system that will call you at home in the evening to remind you of your appointment the following day. It has the ability to recognize answering machines and will even take messages from you for us. Please let us know if you would prefer not to have House Calls contact you for appointment reminders. We are also able to send e-mail appointment reminders several days in advance.

Treatment Fees

Your orthodontic treatment fee includes all of the prescribed appliances (except replacements) and all of the procedures and appointments in this office. This fee also includes one set of retainers after full treatment and retainer checkup appointments.

Treatment fees are based largely on the time required to complete treatment. Therefore, if treatment time is extended more than six months past the estimated completion date due to poor cooperation such as missed appointment, broken brackets, poor appliance and/or elastic wear, additional charges will be applied.

Orthodontic Insurance

Your insurance involves a legal contract between you and your insurance company. Our office is not a provider for any insurance carrier and does not accept insurance payments.

However, as a service to you, we will file for insurance benefits on your behalf and help you to receive your maximum benefits. Please let us know if you have orthodontic insurance coverage and keep us informed of any policy changes or delays in receiving your payments.

What Are The Potential Risks & Limitations of Orthodontic Treatment?

Discomfort Associated With Treatment

Orthodontic appliances apply pressure to the teeth, which results in desired tooth movement. When braces are placed, or when adjustments are made, you should expect that your teeth will feel tender. In most cases over-the-counter analgesics, taken per manufacturer's recommendations, will reduce the discomfort experienced. The amount of discomfort varies from patient to patient, but usually does not last for more than two to four days.

Estimated Treatment Length

Dr. Hullings has estimated the length of your treatment based on the complexity of your orthodontic treatment, timing of treatment, growth estimates and his experience treating similar cases. It is only an estimate.

The total time required to complete treatment may exceed the estimate. Sometimes late developing teeth can be slow to erupt and cause delays in treatment progress. Excessive or deficient bone growth, poor patient cooperation, poor oral hygiene, broken appliances and missed appointments can lengthen the treatment and affect the quality of orthodontic results.

Ceramic Braces

Ceramic (clear) braces have been designed to improve esthetics, especially for the adult patient. These appliances have helped many patients receive the benefits of orthodontic treatment without it being obvious they are in treatment. Ceramic braces on the lower teeth may cause wear of the opposing upper teeth. Therefore, in our practice, ceramic braces are used only on the six upper anterior teeth. Enamel damage can occur at removal of ceramic braces, but is very uncommon.

Root Resorption

Root resorption is a shortening of the tooth roots. It can occur with or without orthodontic treatment and is nearly impossible to predict. Some patients are predisposed to root resorption. Slight changes in root length are usually insignificant, but severe changes may jeopardize the longevity of one or more teeth. We may then recommend discontinuing treatment prior to complete orthodontic correction to minimize further root resorption. The risk of root shortening increases with increased treatment time. Therefore, your cooperation during treatment (in order to keep treatment time as short as possible) is very important to avoid or minimize the chances of root resorption.

Issues Related to Adult Orthodontics

For adult patients, the teeth may be difficult to move due to bone density, and treatment time may be exceeded or ideal bite relationships may not be achievable. When extractions are part of the treatment plan, complete space closure may not be possible. When overlapping teeth are properly aligned, a small triangular space may result at the gum line where there is inadequate gum tissue to fill this space.

Habits

Unresolved finger or thumb habits as well as tongue thrust on swallowing and low forward tongue posture may cause treatment to be extended longer than anticipated. These persistent, deleterious habits may also have a negative impact on orthodontic treatment outcomes. Referral to a myofunctional (speech) therapist or additional habit breaking appliances may be indicated. Even with additional therapy/treatment, these habits may persist and have a negative effect on treatment outcomes. Problems with tongue position can also cause undesirable changes in tooth positions after the braces have been removed.

Injuries from Orthodontic Appliances

Numerous orthodontic appliances are used in orthodontic treatment. It is important that you follow our instructions regarding their use. However, there is always some risk in the use of these appliances.

Because your braces project from your teeth, a blow to the face can scratch or cut the inside of your lips or cheeks. Loose or broken wires and bands can also scratch or irritate your cheeks, gums or lips. We will give you soft wax to cover problem areas like this. If you are having any problems, call the office for an appointment.

Special mouthguards are available for orthodontic patients and are strongly recommended for sports activities that may result in accidental injury to the teeth.

Please let us know if you need a mouthguard.

Loose or broken braces can be swallowed or inhaled. The risk of loosening or breaking your braces is increased when sticky or crunchy foods are eaten. Do not eat hard candy, caramel, or similar foods. Do not chew ice. We will provide you with a list of foods to be avoided while in braces.

You must follow our instructions for safe and effective use of headgear. Do not engage in physical sports or activities while wearing headgear. You may be seriously injured if another person pulls your headgear off accidentally or intentionally. Headgear that is pulled away from the head can snap back and cause serious injury to your face and/or eyes. Always remember to release all tension springs or rubberbands before removing the inner part (facebow) headgear.

Injuries During Treatment Procedures

Your orthodontic treatment may involve the use of instruments that could accidentally scratch or injure your mouth. It is also possible to accidentally swallow or inhale a small orthodontic appliance.

Although we will use great care in applying and removing your braces and other bonded attachments, damage may occur to teeth previously weakened by cracks in the enamel, undetected cavities or weak fillings.

Removing braces may damage enamel surfaces, existing restorations such as “bonding,” porcelain veneers, and porcelain surfaces. It is unlikely, but possible, that you may need to have enamel surfaces as well as any damaged restorations repaired or restored immediately following the removal of your braces. Your family dentist will perform these procedures and additional charges will apply.

Dual Bite

In rare instances, a patient may have what is known as a dual bite. This occurs when there is a poor skeletal relationship between the upper and lower jaws that is masked by a learned or habitual bite. The jaw muscles “learn” to position the lower jaw forward so that more back teeth can fit together when biting, giving the false impression that the jaw relationships are better than they actually are. This habitual, muscularly driven bite is not the actual bite dictated by true jaw relationships.

Once orthodontic treatment has begun and teeth have moved, the jaw muscles no longer “know” where to hold the lower jaw, and it falls back into its true skeletal position. If the difference between the habitual bite and the actual bite is significant, the orthodontic treatment plan may need to be adjusted and may include jaw surgery

Tooth Reshaping and Equilibration

Dr. Hullings may recommend the removal of small amounts of enamel between the teeth to alleviate crowding and to provide space for proper tooth alignment. This interproximal reduction oftentimes helps to avoid the need for extractions for patients with mild to moderate crowding problems.

Occasionally, Dr. Hullings may recommend that the edges of the anterior teeth be smoothed to improve dental esthetics. It is common for Dr. Hullings to selectively polish on the biting surfaces of the teeth to insure that the bite feels even. This process is referred to as an “equilibration.”

These procedures, which involve removing very small amounts of tooth enamel, do not endanger the long-term health of your teeth or gums. Research has demonstrated that these procedures do not increase the incidence of cavities.

Adverse Jaw Growth

Orthodontists are trained to estimate, not exactly predict, jaw growth tendencies of their patients. Dr. Hullings will design your orthodontic treatment taking into consideration these tendencies and attempt to modify and minimize any that are undesirable. Some individuals have a growth pattern that may improve or worsen the expected outcome for orthodontic treatment. The patient’s actual growth experience may not be adequate or advantageous to achieve ideal treatment goals. This is called “adverse growth.” It is unpredictable in many cases and may increase treatment time and/or affect the outcome of treatment. In some instances, Dr. Hullings may recommend removal of teeth and/or corrective jaw surgery to resolve any problems that have developed. If these undesirable growth changes occur after active treatment, they can adversely affect the treatment results. If these changes are substantial, additional treatment may be necessary.

Jaw Joint Pain and/or Clicking

Occasionally problems related to the jaw joints (Temporomandibular joints or TMJ) and associated muscles may occur causing joint pain, limited opening, muscle aches and joint noises such a clicking. **Symptoms of discomfort involving the joints and their surrounding muscles and ligaments can develop with or without orthodontic treatment.**

The most common cause of TM disorders (TMD) are chronic muscle tension associated with clenching or grinding of the teeth, habits such as gum chewing and stressed jaw posture at work or during sleep. Neck and shoulder muscle tension may be a major contributor by referring pain and tightness to the jaws and face. TMD may also be caused by joint disease such as arthritis or result from a previous trauma such as a blow to the face or a whiplash-type injury.

In the past, it was believed that an imperfect bite (dental malocclusion) or a poorly positioned lower jaw was the cause of TMD. However, research has been unable to demonstrate that dental occlusion (how your teeth bite) is a cause of TMD. "Bite problems" that occur with TMD are most often the result rather than the cause of the problem.

TM joint disorders are musculoskeletal problems similar to aches and pains in other joints of the body. A TM joint disorder is often treated as a medical problem and not necessarily as a dental problem. Treatment may require specialized care from other health professionals such as TMD specialists, physical therapists, massage therapists and stress control therapists. These procedures are beyond the scope of the usual orthodontic treatment.

If your TMD symptoms prevent you from wearing elastics, or any other appliance to correct your bite, we may recommend an alternate or compromised treatment. Any TMD signs or symptoms should be promptly reported.

Post-Treatment Tooth Movement

Your teeth will have a tendency to move back toward their original positions after your braces have been removed. This tooth movement is referred to as relapse. Teeth can move at any time, whether or not they have undergone orthodontic treatment. The most vulnerable teeth are those in the lower front.

Throughout life the bite can change adversely from various causes such as growth or maturational changes, mouth breathing, and oral habits, all of which are out of control of the orthodontist. For these reasons, and many others out of our control, it cannot be guaranteed that your teeth will remain in the corrected position for the rest of your life.

Patients that have been prescribed elastics and do not wear them consistently are considerably more prone to relapse and undesirable post treatment changes. Therefore, it is very important to wear elastics as instructed and not just in a mad rush to finish treatment.

Your teeth are much less likely to relapse if you use your retainer properly. If you do not, you may undo much or all of the correction that was attained. **Plan on at least part-time retainer wear for your lifetime to keep your teeth nicely aligned.**

Will I Need Other Dental Procedures?

During the course of orthodontic treatment, there are numerous situations that may occur which will require that additional treatment procedures be delivered by another dental professional. The most common reasons for referrals to another office are listed below. All risks and limitations involved with these procedures should be discussed with the doctor providing the service. All dental treatment procedures delivered outside of Dr. Hullings' office by other dental or healthcare providers are not included in the orthodontic treatment fee and separate charges will be incurred.

Tooth Extraction

As part of the orthodontic treatment, extraction of permanent teeth may be indicated to relieve excessive crowding, to compensate for jaw imbalance or if the profile is excessively full. Occasionally, extraction of deciduous (baby) teeth is recommended to facilitate the eruption of the permanent teeth.

Missing Teeth

Missing teeth, whether congenitally missing or extracted, can make orthodontic treatment more difficult. In some cases, the remaining teeth can be moved into the open spaces during orthodontic treatment. In most cases, the missing teeth will need to be prosthetically replaced following orthodontics. You will need to consult with your family dentist about the best time and method to replace the missing teeth.

Teeth Fused to Bone

In some instances, teeth will not move because they are abnormally attached or fused to the jawbone. This is known as ankylosis. When a tooth is ankylosed, it may negatively affect your bite. An ankylosed tooth may require surgical removal. A prosthetic replacement tooth may be necessary to replace the affected tooth.

Impacted Teeth

Teeth are described as "impacted" when they stay partially or completely under the gum and/or bone tissue. While impaction usually occurs when your teeth are too crowded for a new tooth to emerge, it can also happen for no apparent reason. Treatment depends on the cause and on the importance of the impacted tooth to the ultimate desired treatment result.

An oral surgeon or periodontist may be required to uncover the impacted tooth and place an attachment on it to facilitate its movement. The presence or movement of an impacted tooth may damage the roots of nearby teeth. Not all impacted teeth can be successfully moved into position, which may necessitate their removal.

The most common impacted teeth are the "wisdom teeth." These teeth may not grow into place properly because the posterior portion of the jaw has not grown sufficiently to accommodate proper eruption. We may recommend their removal during/after orthodontics.

Loss of Tooth Vitality

Occasionally some teeth may experience tooth discoloration and/or nerve degeneration during orthodontic treatment. This may happen for an unknown reason, with teeth that have a history of injury or tooth decay, have large fillings or where periodontal problems exist. In such cases, root canal treatment might be necessary to maintain the tooth.

Jaw Surgery

Occasionally jaw surgery, also known as orthognathic surgery, is indicated as part of your orthodontic treatment plan to correct significant imbalances between the jaws. Risks involved with this procedure should be discussed with your oral surgeon.

Additional Dental Procedures

As part of your new aesthetic and/or functional occlusion, Dr. Hullings may recommend additional dental procedures to optimize the orthodontic treatment result. For dental procedures such as crowns, bondings, veneers, frenectomy, gum tissue recontouring, tooth extraction, implants, root canal therapy, fillings, corrective jaw surgery and cosmetic dentistry, the doctor performing the procedure(s) will be responsible for discussing the related risks, benefits and costs.

The very best orthodontic results are achieved with patients that are well informed and have a strong commitment to the treatment process. If you ever have additional questions about your orthodontic treatment, please ask!