



Early Orthodontic Treatment

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The primary reason for early orthodontic treatment (or Phase I) is to treat major orthodontic problems in children between the ages of 6 and 8 years old. The active treatment in this phase generally lasts less than one year and is followed by a retainer, which is worn for at least a year as well. Early treatment can facilitate normal growth and favorable eruption of teeth as the child continues to develop. Often, full braces are needed once all of the permanent teeth erupt. When Phase I treatment is done, this later treatment (or Phase II) is much easier and shorter.

The types of problems treated early includes narrow upper or lower jaws, severely protrusive upper teeth, crossbites, severe overbites, habit control, severe crowding, space loss due to premature loss of baby teeth, poorly erupting teeth, and Class III (protrusive lower jaw). The orthodontic appliances used include limited braces, expanders, headgear, and retainers.

The fee for Phase I orthodontics is less than full orthodontic treatment and depends on the type of appliances used. Insurance will often cover early treatment, but it will reduce the orthodontic lifetime maximum set by your insurance company. If full braces are needed later, the fee will generally be reduced since the treatment time will most likely be shorter.

Every case is unique. Dr. Hertzberg will determine the most effective type of treatment for each situation. Early orthodontic treatment will not benefit every child. Typically, children are effectively treated in a single phase once most of the permanent teeth are in. An early screening by Dr. Hertzberg will determine the best treatment avenue to pursue. The American Association of Orthodontists recommends this consultation around age 7 for all children.