

## Straightening things out

### Early treatment is new trend in adjusting teeth

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**S**ome parents hope that fitting a child for braces early, around 8 or 9 years old, will get a necessary evil out of the way before the self-conscious teen years roll in.

Others worry their child may be developing poor self-esteem in the wake of an imperfect smile.

But is it helpful or cost-effective to begin early treatment?

Some dentists say no.

"The drawback of early treatment is that often the appliances need to be retained," said Dr. Rebecca Rubin, a Harvard trained orthodontist practicing in West Bloomfield. "Treatment will last a lot longer, or a second round of treatment will become necessary. If we can get it all done in one phase, that's what we try to do."

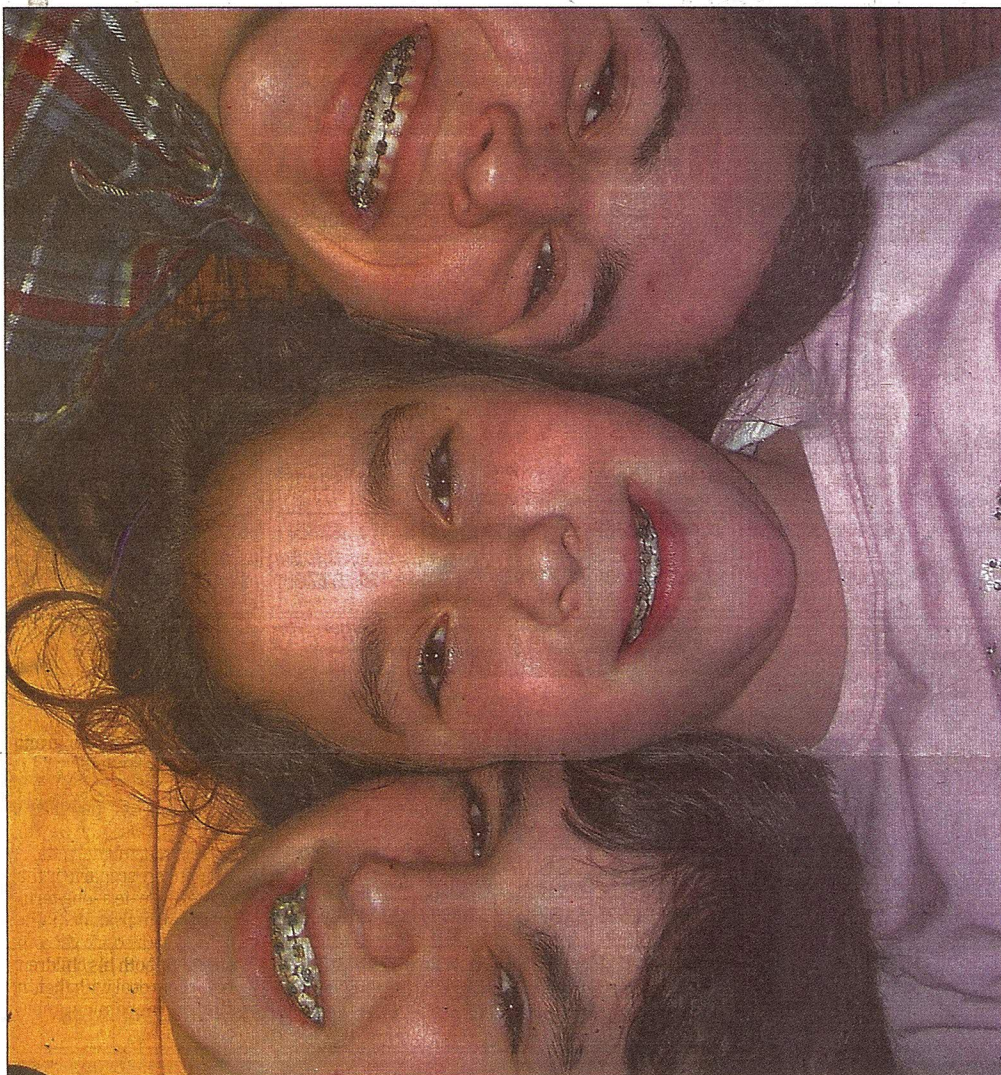
After beginning orthodontic treatment at age 7, 8, or 9, the last thing a young patient — or parent — wants to hear is that a second round of "metal-mouth" is in order.

Although starting the evaluation process early, at no later than 7 years of age, is recommended by the American Association of Orthodontics, Rubin believes individual evaluation is key.

"As the parent of elementary school-age children — I have a 9-year-old boy and a 6-year-old girl — I see early braces on kids all the time and get asked about them often," Rubin said.

"Why do so many kids have braces? Why are kids seemingly being treated early?" She always answers those questions carefully.

Sometimes, Rubin stressed, early treatment is necessary. "Maybe a child has four front teeth sticking out,"



Siblings Charlie, Rebecca and Caleb Ohren, top to bottom, all were wearing braces at one time and each for a different reason.

Rubin said. "You could wait, but sometimes low self-esteem comes into play. Unfortunately, teasing at school usually comes into play by the third or fourth grade."

Severe crowding, significant structural misalignment, particularly a posterior crossbite, would warrant putting an expander in earlier rather than later, Rubin explained.

Thumb-sucking, which can cause the pallet to narrow and create less space for permanent teeth to come in, may

be another catalyst for early intervention.

"Instead of waiting, we put an expander in to widen the arch which will help us gain some circumference to get more teeth in that didn't have room before," Rubin said.

In such a case, extended treatment might be necessary, Rubin added.

Years ago, practitioners generally waited until a patient was 13 years of age before beginning treatment, said Shelby Township ortho-

dontist Dr. Nicholas Raffail.

That is no longer the case. "Now, we often address problems two phases," Raffail said. "The early, interceptive phase may start between the ages of 7 and 10. Its purpose is to guide the growth of a child's mouth and jaw, to create more room for permanent teeth to come in. As a result, the second phase doesn't last as long."

The timing of treatment is an issue that Macomb Township orthodontist Zvi Ken-

nett feels passionate about.

"Straightening teeth is only one part of our focus," Kennett said. "The other part is looking at how the upper and lower jaw aligns. This can affect many things, including the health of the bite as well as facial appearance and profile."

"How upper and lower jaws align with each other, can affect many things, including health of bite, profile and facial appearance. When we straighten the teeth there is no question

that we want to do it in a way that supports facial appearance and profile. Sometimes we see patients too late and we are limited as to what we can do."

According to Rubin, "Late teens... those are the toughest patient to deal with. They do not want braces and parents have a hard time because they know when that kid is 40, he or she is going to wish they would have done it."

Fortunately, patients with uncomplicated cases, are candidates for a clear, less visible, plastic retainer that slowly straightens teeth.

Huntington Woods mom, Elissa Driker-Ohren who at one time had three children in braces, confidently vouches for Rubin's custom evaluations and non-aggressive approach.

"They all started at different ages, for different reasons," Driker-Ohren said.

The first orthodontist Driker-Ohren visited instantly recommended yanking four of her oldest child's permanent teeth. Rubin, on the other hand, was able to get the job done without pulling them; although when it came to Driker-Ohren's youngest child, whose case was most complicated, Rubin did extract four baby teeth.

"Within just a few months, Dr. Rubin was able to bring my Rebecca's front teeth forward. Her speech issues were resolved as soon as her teeth were aligned," Driker-Ohren said. "She's going to be wearing them for a while, Dr. Rubin warned me; but the issue with the underbite is resolved; Rebecca has a whole new profile."

What impressed Driker-Ohren most, however, was Rubin's willingness to meet her daughter at school or in the evenings at her home to snip or adjust a broken wire.

"We try to make the office a fun and pleasant place," Rubin said. "Orthodontics is a commitment for the parents and the child."