

IMPORTANT: The opinions in this report are our own and should not be taken as gospel, though you'll find substantial support within. Use this information along with your own common sense and research to make more of an informed decision as to what's right for you. Our goal is to provide you with a basic education you might otherwise find difficult to obtain. We truly care about what is best for you and your loved ones and have made every attempt to be completely unbiased.

Most people really appreciate the opportunity to discover information that can have a substantial impact on their life. I understand that it is often difficult to determine what the truth really is...and that's typically because of conflicting agendas and the potential for monetary gain. Doing the right thing is typically rewarded accordingly, and even if it isn't, doing the right thing is still the right thing to do. My intent is to inform you... not to direct you. I respect your intelligence and know that any attempt at insincere rhetoric or thinly disguised propaganda would be seen as such.

Orthodontics is slowly changing for the better! Throughout the past, and still too frequently in the present, orthodontics was and is being performed in a vacuum. That is to say that often times it is only the teeth themselves that are looked at. Though that may sound sensible, much research continues to be done on the impact orthodontic treatment can have on the temporal mandibular joint (TMJ or jaw joint), the **airway** and even the spine. All of the systems of the body are integrally related to such a degree that something changed in one part of the body can affect even areas that might not typically be considered directly related. We hope this report will help speed the change to a more holistic approach.



EXTRACTIONS: If the dentist or orthodontist you're considering suggests you need to have any permanent teeth extracted (generally with the exception of wisdom teeth) as part of the orthodontic process, a second opinion should be sought...and I'm not the only one to say so. The reasons for non-extraction are plentiful...and following we'll provide a basic understanding of why we believe this to be true. For much deeper insights and case

studies as to why extractions of **ANY** permanent teeth should certainly be avoided in almost every case, we'd strongly recommend you visit the following website.

<http://www.facefocused.com>.

Tooth extraction can lead to potential airway, TMJ, bite, irregular wear, headache and other problems and should be avoided whenever possible, which should be virtually **always**. Do you think you were created with the number of teeth you have in your mouth for good reason? We do! When you extract teeth, you limit the space your tongue has to fit into, because the remaining teeth will drift into the space left by the extraction. Your tongue doesn't shrink to fit the smaller space and is forced back into your airway, especially while you sleep. Not rocket science...right?

How would you like to walk around in shoes two sizes too small for your feet? Well, limiting space for the tongue can cause obstruction of the airway in the same fashion. Unlike the shoe example, it may not be problematic immediately, though it has most certainly been shown that it can be. Not only is your tongue forced further back, the airway itself can be compressed by resulting facial posture and jaw positioning changes. A smaller airway allows in less oxygen...which is **NEVER** a good thing! It can result in a dangerous sleeping disorder such as Obstructive Sleep Apnea (OSA).

Oxygen Equals Life!



Oxygen truly is our life blood. You can live weeks without food, days without water...but only minutes without oxygen. You don't ever want to decrease the amount of oxygen in your blood...but that's exactly what sleep apnea and even snoring can do.

Sufferers stop breathing during sleep, several, to many times each hour. Over the long haul...this oxygen deprivation can shorten your life substantially. Dr. John Remmers, the Harvard

Medical School graduate who coined the term "Obstructive Sleep Apnea" has researched the subject extensively and claims that 65-80% of stroke victims have OSA. This is some serious stuff folks. Make wise choices!

Though sleep disorders pose the most serious negative side effects, a problematic jaw joint can be quite a distraction to a comfortable life. I reviewed a case where a patient had had braces twice and the second doctor to treat her removed a bicuspid (the teeth behind your eye teeth) from each side of her upper jaw only. Her upper front teeth drifted back into the spaces created by the extractions. The new position of her upper jaw prevented her lower jaw from obtaining the forward position it had previously been in. Not only did this leave less room for her tongue, but soon after, she began suffering from temporomandibular joint (TMJ) pain and she regularly got headaches.

We suggested she seek treatment to re-open the spaces which were nearly fully closed at the point we met her. She did so and got a bridge to fill the newly opened spaces. Implants would've likely been a better solution, but they were outside of her budget. She still has the option for implants at any time in the future, should she want and be able to afford them. As soon as those spaces were opened, her lower jaw was able to move forward and her TMJ, which was regularly popping and painful, has remained free from any of the previous symptoms...and the headaches have disappeared.

I recently spoke to an orthodontist named William Hang, who practices in Westlake Village, CA, who told me he is currently writing a book on orthodontics geared to the consumer because he wants to make them aware of the regular headache patterns, airway obstruction and other problems that he regularly sees in patients who have undergone extractions or received some other form of treatment which he would classify as unintentionally improper or misinformed. Dr. Hang's mission is to change some of the orthodontic treatment methods currently considered acceptable, for which there is real evidence showing that they can be detrimental.

He's not attempting to effect this change from a theoretical perspective. He can back up his claims through extensive personal experience and the life-changing results he regularly witnesses when such problems are properly addressed in his own patients.

Bill is the only orthodontist I'm aware of who routinely re-opens closed extraction spaces and places implants in the newly opened spaces to rectify the problems that were caused by the extractions. You see, he's on this mission, not as a scheme to make money... he's got more than enough... but because years ago, before he knew better... he used to treat cases in the same manner he's now aggressively attempting to repair. He's **seen** the ill effects!

You've likely been in a situation where you knew your opinion was correct, but the vast majority of those you were trying to convince didn't know what you knew. That's always an uphill battle...but if you were certain you were right...and passionate about your objective... you likely did whatever it took to prevail. That's exactly why this report was created!

Knowing what you now know...and knowing where to access more documentation should you like to educate yourself further... you'll play a part in creating a necessary change by choosing to accept nothing less than safe, sensible orthodontics for you or your loved ones. It's my belief that most businesses and professions underestimate the intelligence of the consumer. Equipped with common sense and good data...you are in the driver's seat.

The bottom line...you want to avoid extractions. My thoughts...why take the chance if you don't have to. My advice... find someone who will treat your case without extracting teeth.



INTERPROXIMAL REDUCTION OR AIR ROTOR STRIPPING:

This is a procedure whereby a sandpaper-like ribbon or power tool with a thin diamond disc or rotor is rubbed or run between the spaces of your teeth to remove enamel from the sides of your teeth to create more space between them. This allows crowded teeth to be more easily moved into an optimal position. That being said, as we believe you were given a certain number of teeth for a reason...we also believe that each one of them has a certain amount of enamel on them for a reason.

Stripping (terminology for interproximal reduction) is far less detrimental than extracting teeth... but again, why bother if it's not absolutely necessary. It's another one of those things that just make common sense to avoid whenever possible.

Stripping should rarely, if ever, be necessary with fixed braces (brackets and wires) though it's often done because it makes things easier. Stripping is very often suggested or said to be required when you choose to have your teeth straightened with a removable appliance, such as the relatively popular "invisible" aligners.

The permanent removal of enamel is often performed on the lower teeth, when the upper teeth are positioned too closely to the lowers to provide enough space for the lowers to be moved forward to the degree necessary to get them into proper position.

In such cases, it's often possible to move the upper teeth enough to provide space for the lowers. If this can't be done, another option may be to expand the arches with an appliance called a palatal expander. Certain removable aligner appliances have the capacity to add expansion screws without the need to purchase a separate appliance. Expansion can often provide the necessary space to move the teeth into position without stripping.

Certain appliances have more capacity to remodel bone than do others and therefore, often times, have a greater potential to get the teeth to where they need to be without stripping. Check the pros and cons of the options you might be considering. Removing enamel might not have any immediate effect on your oral health and it may have none at all, but who knows what effect it might have 20, 30 or 40 years down the road.

The bottom line is your common sense can tell you a lot. Don't be quick to make a decision that could affect you for the remainder of your life or later in your life for the sake of just getting it over and done with quicker. If what you're hearing from those you seek treatment from doesn't sound sensible to you initially, don't hesitate to call around and get more input and feedback from others who might choose to take an approach that sounds better to you.

EXPLORING YOUR TREATMENT OPTIONS:

We'll start with removable appliance options because you, like most others, would likely prefer to have the freedom of taking your treatment appliances out when you'd like to. The specific nature of your particular case will determine if removable aligners are a viable option for you.

Generally speaking, removable aligners are best for cases that do not have substantial orthodontic problems, but rather primarily cosmetic. For example, if your jaws are out of alignment, removable appliances are likely insufficient to provide the level of treatment necessary to correct most problems of this nature... and even if they are capable, they generally cannot do the job as well as fixed brackets and wires... and there are now some reasonable esthetic fixed alternatives, though they're typically more expensive than braces.

Even if you have a jaw discrepancy or other potentially functional issue that doesn't bother you with any unwanted problems, you can often choose to straighten just the teeth people can see... the "social six" as they're called in the industry. A removable option may provide a workable solution for that aspect of treatment which can be both attractive and efficient.

There are two choices we feel are the best options to consider in this realm. We'll start with the latest introduction to the market... a product called NightShift.



NightShift removable aligners are an efficient and very convenient way to treat the types of cases that have crowded, rotated or misaligned teeth in the upper or lower six front teeth... and not cases with problems like improperly positioned jaws, impacted teeth or major spacing issues.

They use patented spring technology which delivers optimized forces that provide unusually efficient tooth movement. They can very often get the teeth to where they need to be without stripping as described above, but not always, depending upon the circumstances.

But what most people looking to straighten their teeth find much more intriguing is that these aligners can be worn only at night in the privacy of your own home and still deliver results in a time frame that's acceptable to most... 6-12 months is typical and often less for easier cases. Better still, they're a lot cheaper than braces or Invisalign which is really important to most people. They provide a very good bang for the buck.



They also provide several options that are very difficult for others to see, which can be worn full-time if you'd like to finish as quickly as possible, even one that's worn in conjunction with the nighttime appliance that is completely behind the teeth and can't be seen at all.

Pros: Very affordable, esthetic full and part-time options available, provides efficient tooth movement. It also serves as an "active" retainer after treatment, avoiding purchasing one.

Cons: Can't treat difficult cases effectively and it's new to the market so not many doctors have it yet. To learn more you can visit their website at <http://www.nightshiftortho.com>

Invisalign



Invisalign is a registered trademark of Align Technology, Inc. These aligners can be a good solution for people who do not have severe problems. They're even capable of some more difficult cases other removable aligners can't do, but they are not as capable as braces.

Esthetics is the allure of Invisalign. They're very difficult for others to see if you're not face to face. Though they're esthetically attractive, they're typically more costly than braces. It's a good concept but it can't do everything well.

These aligners consist of a series of clear plastic trays that are worn for two weeks per aligner. The number of aligners you'll need will be dependent on the severity of your case.

Most of the product oriented material found in this section of the report comes from this website about braces http://www.archwired.com/ceramic_vs_metal_braces.htm If you'd like to view it in its entirety feel free to do so. The quote below is taken from this site.

"Personally, I have heard that the success rate for Invisalign is only 50%. No doubt, that "failed" 50% had problems beyond Invisalign's capabilities or were treated with Invisalign inappropriately. So, if your orthodontist says that you are not a candidate for Invisalign, you should probably believe it! If he or she says that Invisalign *will* work for you, then great; go for it! I have known people who have had very successful Invisalign treatment and who have been very happy with the results." You can learn more about Invisalign at their website. <http://www.invisalign.com>.

Pros

- They are virtually invisible, and nobody knows you're wearing them but you.
- They are easier to clean than traditional braces
- They don't irritate your gums as much as traditional braces, so there is little (if any) need for dental wax.
- They do not stain at all.
- The aligners are numbered and worn for two weeks each, so your time in treatment is well established.
- You'll get a computer simulation showing how your teeth will move during treatment, and see the projected final outcome.

Cons

- They cost as much as traditional braces, and most often times even more.
- Treatment can take as long as traditional braces.
- In some cases, you may still need traditional braces for a few months after your Invisalign treatment, to correct certain problems.
- The plastic trays are computer-fabricated by Align Technologies. Your orthodontist only has *some* control over your treatment.
- It takes 4-6 weeks for the aligners to arrive from the factory -- a long time to wait. You may need more aligners (i.e., enhancements) after the original set of aligners.



Ceramic and "Tooth Colored" Braces

Ceramic brackets are made of composite materials. They are very strong and generally do not stain. Three popular brands are Clarity and Transcend, made by 3M Unitek; and Mystique, made by GAC. Adults like to choose

ceramic because they "blend in" with the teeth and are less noticeable than metal. There are also translucent brackets available now. If you can't go removable, your esthetic options have grown immensely, though they're often more expensive than traditional braces.

A recent development in arch wires has made wearing braces even far less noticeable. The Biomers translucent archwire is shown below to the right in comparison to standard brackets and wires on the left and ceramic brackets with standard wire in the center. If fixed braces are the way you choose to go and an esthetic look is important to you, the translucent brackets and Biomers wires look to be a very attractive option. We are not familiar with the limitations (if any) that may exist with the Biomers wire. If you'd like to learn more about these innovative wires you can visit their website at <http://www.biomersbraces.com>. Google "esthetic arch wires" to see more options.



Standard metal brackets with standard metal arch wires.



Ceramic brackets with a standard metal arch wire.



Translucent brackets with the BioMers translucent arch wire.

The ligatures (tiny rubber bands) that hold the arch wire on to the ceramic brackets are often white or clear. This looks great at first, but the ligatures can stain. Unless you eat a lot of curry, smoke, or drink a lot of black coffee, this generally isn't a problem. Note that the ligatures are changed each time you get an adjustment -- usually, monthly. It's only the ligatures that stain, *not* the brackets themselves!

The Ultradent company has come out with a tooth-colored self-ligating bracket which is made of a polycrystalline with a high glass fiber portion. The **Opal Bracket** was introduced at an orthodontic convention in Germany. This bracket has a built-in hinged door which fits over the arch wire (the blue arrows in the photo show the direction of the swinging door). As explained below, self-ligating braces do not need ligature elastics. Here is a page with some information about Opal brackets: [Ultradent Products, Inc.](http://www.ultradent.com)



Clear Sapphire *Inspire!* Brand Braces

[Inspire brand brackets](#), manufactured by Ormco, are made of pure monocrystalline sapphire and are very translucent. They are very strong and do not stain. If your teeth are already very white, then Inspire braces will look best on you and seem to "disappear" on your teeth. If your teeth are less than white, they may tend to stand out (in this case, ceramic brackets might be a better choice). The pros and cons for Sapphire brackets are the same as those for Ceramic brackets.

Pros

They blend in with most teeth, particularly if they are not perfectly white. They are not very noticeable at a distance or in photos.

Some people feel that they are more comfortable than metal and irritate your gums less.

Contrary to what you may have heard, ceramic brackets do not usually break or come off your teeth. They are very strong, and if bound with a plasma light, stay on as well as metal brackets.

Cons

The clear or white ligatures (little elastics that hold the arch wire to the brackets) can stain, which defeats esthetics of the ceramic braces. But those are changed at your monthly adjustment.

Ceramic brackets are usually more expensive than traditional metal brackets.

Treatment can take a few months longer in ceramic braces.

From a purely esthetic point of view, they are a bit larger than metal brackets.

If you have severe problems, your orthodontist will not use ceramic brackets in many cases, because they may not be strong enough to withstand the forces of some types of treatment.



Lingual Braces

Lingual braces are placed behind your teeth, and are therefore virtually invisible to other people. Usually, lingual brackets are made of metal.

Orthodontists need special training to be able to treat patients with lingual braces. Therefore, not every orthodontist provides them. To find an orthodontist who provides lingual braces, ask your dentist or search Google for the phrase *lingual braces*

along with the name of your state, country, or location.

The obvious benefit of this type of treatment is that no one will know that you are wearing lingual braces unless they look inside your mouth! For more information about lingual braces, visit <http://www.lingualcare.com>.

Pros

Other people can't see the brackets unless they look inside your mouth.

Cons

They tend to hurt your tongue and make it difficult to speak at first.

They tend to be more expensive than traditional metal braces because treatment is specialized.

Treatment can take a few months longer than traditional braces.

Your orthodontist must be specially trained in lingual treatment. Not every orthodontist does lingual treatment.

If you have severe problems, or need certain types of appliances, lingual treatment may not be applicable.



Metal Braces and Self-Ligating Braces

Metal brackets can be silver or golden. The golden brackets look a bit more "jewelry-like" and are often a popular choice with young women.

Metal brackets are very strong and can withstand most types of treatment. At first they may irritate your gums, but after a few weeks, when your cheeks get "toughened up" they are not a problem anymore. Most traditional metal braces require an elastic o-shaped rubber band, called a *ligature* to hold the arch wire onto the bracket. Sometimes orthodontists use metal tie wires (little wires which are twisted around the bracket) in place of elastic ligatures.

In the "old days", metal braces were not just brackets, but bands that wrapped around the entire tooth. Nowadays, people wear small metal brackets that are glued to the front of each tooth (a big improvement!) Those old-fashioned bands are usually reserved for molars or teeth with fillings that spill to the outside surface of a tooth. Metal brackets tend to be less expensive than other types of brackets. You can also make them colorful with ligatures that come in a rainbow of colors.



The younger or more adventurous set may be interested in orthodontic metal brackets that come in interesting shapes.

Orthodontist Clarke Stevens, DDS, in

Nebraska developed brackets shaped like hearts, flowers, footballs, baseballs, and stars. He calls his product **WildSmiles Brackets**. If you're interested in these brackets, your orthodontist can order them from Dr. Stevens' WildSmiles website, which can be found at <http://wildsmiles4you.com/>.

Pros

Metal brackets tend to be the least expensive of all the types of braces.

They tend to take the least amount of time among all the types of braces.

You can choose a darker ligature, which will not show curry, smoking, or black coffee stains.

Self-ligating brackets do not contain rubber ligatures, so staining will never be a problem.

They are strong and rarely break.

The golden brackets are different, novel, and generally look nice.

Viazis Brackets and self-ligating brackets can complete treatment in a shorter time with less pain; however orthodontists need special training in these systems, and they not available everywhere.

Cons

They are more visible than ceramic and Invisalign (the traditional "metal mouth.")

They tend to be a bit less comfortable at first, (but that feeling wears off after a couple of weeks).

When you have a canker sore, they tend to irritate your gums more than ceramic brackets.

You now see there are many choices when considering orthodontics. One more that hasn't been discussed yet that should be considered is who will do your treatment. Both dentists and orthodontists are licensed to provide orthodontic treatment. Orthodontists have a specialty degree that general dentists don't, so as a general rule an orthodontist is better trained to do orthodontics.

There are exceptions to every rule. There are plenty of general dentists who have put in significant training time and know very well what they're doing. The opposite is also true. There are also general dentists who are better at orthodontics than some orthodontists and the same holds true in virtually every trade and profession.

Cases that require cosmetic and not functional corrections are easier for either group to do and there's much less that could go wrong. In cosmetic cases where you're dealing with only the upper and lower six front teeth you have much less to be concerned about. Ask a lot of questions and choose whoever you are comfortable with.

Once you've completed your treatment you'll need to consider your retention options because crooked teeth have a natural tendency to want to go back to where they came from. This is why people who had orthodontics are told to wear retainers.

There are a number of options here. You might choose a fixed retainer which is a thin wire that's bonded to the backside of your teeth to prevent them from moving. Some people don't like the feel of the wire on their teeth; others don't mind it at all. It's hard to say how long they'll last. I've seen cases where they have broken loose more than once in a year and others that stayed in place for a number of years. Ask about price and replacement policies.

You can also choose a removable retainer and there are a number of these. If you go this route you don't have to worry about the feel of any wire on your teeth or having them break loose, but you do have to worry about compliance because retainers only work while they're in.

There are standard retainers that have a steel wire in front of the teeth which are generally the least attractive option from an aesthetic standpoint. There are also invisible retainers similar to the invisible line appliance discussed above. They're very difficult to see while they're being worn but they wear out more quickly and need to be replaced. Again ask about cost and replacement policies.

The general rule of thumb is to wear your retainers full time for a year. After that the bone around the teeth should be back to normal. You can then experiment with wearing your retainer on a part-time basis, maybe only at night or every other night. If you go longer than you should you'll find that your retainer won't fit any longer and the new one will have to be purchased.

An exception to this would be the Nightshift product discussed above. Even if it was not the appliance used to treat your case, it is still likely the best option to choose for your retainer because if you're not diligent in wearing your retainer as you should, your teeth will begin to shift. If you chose a regular retainer, it will not fit anymore. At best, this will require the purchase of another retainer... at worst, the need for retreatment. If non-compliance occurs, as it very often does, the springs in a NightShift appliance can be activated to easily move your teeth back into proper position. Though the appliance costs a bit more than a regular retainer, I see it as very cheap insurance against having to undergo treatment yet again.

Hopefully you have learned something helpful from this report. If so, please pass it along to someone else who could benefit... and remember the world always looks brighter from behind a smile!