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## **Classic Orthotropic Therapy**

This is a description of classic orthotropic therapy, usually for 6 to 14 year olds (sometimes older). The exact details and timeline for each individual may vary, however the underlying process is similar for everyone.

This system has been designed to assist anyone gain the maximum change possible. The harder you work the greater the change. This description can only be a brief overview of the program.

The classic approach is to focus individually on first structural change and then postural/functional change, to maximize the potential gain in each. For many people their structure prevents normal posture and function so that they would struggle to make improvements and change their habits without structural change to help them. For example, when the tongue space is severely reduced it is difficult to posture with the tongue on the roof of the mouth, as the posterior 1/3 is then extending into the airway, which is uncomfortable and people find it difficult to rest (posture) in an uncomfortable position (especially an uncomfortable airway) for any length of time.

Altogether the program lasts for about 36 months.

Classic Orthotropics is broken into three distinct phases:

### **Phase 1 Preparation Phase**

The initial phase lasting approximately 8-12 months would aim to correct the underlying structure and prepare the dental arches. This phase would involve wearing a separate upper and lower removable appliance all of the time, usually with head or neck gear at night plus 2-3hrs (12hrs in total), the head or neck gear will continue at night only into the training phase until good wear of these appliances is established.

This phase intentionally involves a temporary dramatic change to the dentition, whereby the front teeth are tipped forward and the upper jaw can appear to be too wide, the “ugly duckling” period. This can alarm parents, uninformed dentists and most orthodontists. However, it is expected in anticipation of the second phase and is a normal part of this treatment which will be corrected in the next phase of treatment.

The lower front teeth are frequently set back due to the position and function of the lower lip. As these teeth are moved forwards into what is effectively the functioning zone of the lower lip, we risk the integrity of the gum and bone around the teeth. This is prevented by modifications to the swallowing pattern. Therefore it is important to change the swallowing pattern and maintain excellent hygiene to this area.

The principle aims of this phase are: -

- 1) Expand the upper and lower dental arches to make space for the tongue, far more than would be required for the teeth.
- 2) Gain a substantial increase in nasal capacity.
- 3) Improve the midface (the area under the eyes and either side of the nose).
- 4) Change the swallowing pattern

A significant increase in tongue space allows the tongue to come up out of the airway to rest and function comfortably in the palate. This usually goes hand in hand with a correction of forward head posture.

Throughout this phase we would usually want to see you every two or three weeks which is a commitment in itself.

### **Phase 2 Training Phase**

The second phase of treatment is the most important. It lasts for about 16-20 months but could extend indefinitely for someone who is unable to change.

We aim to gain changes in posture and behavior, specifically changing the postural position of the mandible and raising the resting muscle tone, via a system of biofeedback. In Phase 1 the appliances do the work, in this phase (Phase 2) the individual does most of the work themselves. This is possibly the most difficult phase of the treatment and one that requires good commitment over a prolonged period of time. There are bound to be tears and problems during this period and some "tough loving" is needed from parents. Without good wear, which we will be timing, the treatment does not work. Some patients will not be able to achieve this which will prolong treatment and our costs, leading to additional fees and at times termination of therapy.

The training appliance is largely passive, its main feature is to remind the wearer to hold the lower jaw in a predetermined position. It is very important that this appliance is worn for most of the day 18-22hrs.

If the appliance is ever uncomfortable in the morning it should not be worn the next night but then for the day to compensate for this. If larger sores develop hydrogen peroxide mouthwash 4 to 5 times a day can help. Contact us if you have further imminent questions when this situation occurs. Never just stop wearing the appliance!!

The front teeth will only upright and perfect their relationship during this phase once lip seal has been established and we resist achieving this correction artificially, as this can have negative effects on teeth and gum to gain and maintain unnaturally.

Together the first two phases last approximately two years, however this is very dependent on the cooperation and response of the individual. At times some individuals take longer despite excellent co-operation, some people find it easier to change or learn than others. However, there is a clear correlation between effort and results.

### **Phase 3 Active Retention Phase**

Please review this section in the Orthotropics Clinical Information sheet.

Note. There is frequently overlap and integration of these phases.

### **Additional appliances**

There are a range of small discrete additional appliances which may be given to assist postural and functional change, usually worn in the lower jaw during the day.

### **Cost**

This treatment costs £10,500-15,500 for 36 months of therapy, after which we change to our sessional rate which is currently £135 per session (approximately 15-20min).

Additional costs; repairs or replacements of appliances, myofunctional equipment

### **What is included and what is not included**

We include all the necessary appliance and equipment required for a situation in which the patient applies themselves well. Apart from wearing the braces we must see significant improvements in;

- Masticatory muscle tone
- Swallowing pattern
- Head and neck posture
- Lip seal

We cannot give a blank cheque and provide unlimited additional appliances and time, in situation when people are unwilling or unable to achieve the goals that we set.