

**Short Communication**

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Orthotropics Technique in Orthodontics

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Orthotropics is a wellness strategy that enables children to develop straight teeth and good dental and jaw alignment. However, equally important, the orthotropic approach also improves facial appearance and positively impacts a child's health through airway development and better posture. Ideally active orthotropic treatment begins between the ages 6-8 and finishes long before most traditional orthodontic treatment would even begin. It addresses the underlying causes of bad bites and misaligned teeth utilizing removable dental appliances as opposed to braces. If begun at the ideal age, Orthotropics negates the need for the extraction of adult teeth or jaw surgery and minimizes or eliminates the need for fixed braces during adolescence [1].

Traditional orthodontics focuses primarily on straightening misaligned teeth. The main goal is to create a great smile with perfect tooth alignment, and a proper bite (occlusion). Braces and wires, or aligners such as Invisalign® are the preferred way of aligning the teeth. In cases of severe crowding, some teeth may be extracted. Poor jaw relationship is corrected by using various mechanics and appliances, such as elastics, headgear, Herbst, etc. Severe discrepancy in jaw relationship is usually resolved by jaw surgery in adulthood, when all growth is complete. Orthotropics is a philosophy and treatment focused on proper and harmonious facial development. Its primary objective is the correction of unfavorable growth pattern of both jaws (usually excessive vertical growth and lack of horizontal growth). Such adverse growth has both an aesthetic and a functional impact on the patient. It produces longer, narrower, flatter faces with larger noses and sagging tissue later in life; and with lack of proper forward growth of the face, airway may be compromised.

New evidence shows that in growing children, adequate airway flow plays a crucial role in somatic, cognitive and behavioral development. Orthotropic treatment helps develop better facial features and wider airways. It is more face centered than tooth centered. As such, it does not produce perfect tooth alignment -

but it does significantly improve crowding, Tooth alignment can be done later, if desired, with braces or with non-brace aligners (phase II treatment). Orthotropics may prevent the need for jaw surgery later in life [2].

Orthotropics utilizes the concepts of aesthetics, function, structural and neurological balance and airway maximization for diagnosis and treatment-planning for both children and adults. Extensive research, and continuous development allows the orthodontist to use Orthotropics to determine the most meaningful and efficient course of treatment that addresses all individual concerns.

In order to maintain good oral posture, it's succeeded by having your tongue rest on your top palate. And you need enough room for it, for both width and length. Orthotropics can help you grow your mid-face, which means to grow more room for your top palate, so you can maintain better oral posture and it allows your tongue to have more room to rest. Traditional orthodontics do not really provide growth guidance or vertical appliances. They may provide expanders to expand the width and space between your teeth, but their traditional idea is that it only works for those who are beneath a certain age. For example, until age 16, you cannot have an expander because you reached full growth. This is not true. Orthodontics is primarily concerned with the creation of well-aligned, attractive teeth. Both children and adults can successfully improve dental aesthetic and functional challenges with orthodontic care. Utilizing fixed braces and beginning typically after all adult teeth are erupted, age 11-13, orthodontic treatment does not manage the underlying causes of malocclusion and thus after active treatment, long term wear of retainers is necessary to prevent relapse [3]. In addition, without adjunctive jaw surgery, orthodontics has minimal impact on facial appearance and long-term general health.

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Conflict of interest

No conflict of interest.

References

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