

ACTIVE ALIGNERS



Teen Guidelines

Candidacy - Case Selection: Is Your Teen Patient a Candidate?

- Only fully erupted permanent dentition (no primary teeth or erupting teeth)
- Ensure enough clinical crown is available to support the aligner and facilitate movement
- X-rays (Ceph or Pan) is a critical tool to ensure no impacted, non-erupted or missing, or ankylosed teeth and to assist in the diagnosis of developmental concerns that may be needed to take into consideration for treatment planning and candidacy
- Patient needs to be committed, motivated and responsible – compliance is key
- Ideal cases are where space can be created through expansion and proclination, with limited IPR. Mild to moderate crowding is acceptable. Avoid severe malocclusions.
- Avoid Cases with deep curves of Spee in the lower arch (ie lower incisors over erupted)
- Avoid Possible over advancement of the lower incisors
- Avoid iatrogenically induced gingival recession especially in the lower anterior region
- Avoid Larger open bites extending beyond the anterior segments

Tips for Treating Teens

- 1** Check the amount and stage that IPR is required. Make use of an IPR gauge.
- 2** Manage expectations:
 - a** Both parents and teens need to be committed, motivated and responsible
 - b** Some discomfort might be experienced during initial changes, but it is much less than traditional braces
 - c** Wearing aligners consistently is the best predictor of a successful outcome
 - d** Retention – explain that this stage is as important to prevent relapse
- 3** Pay attention to the placing of composite attachments.
- 4** Retention is non-negotiable.
- 5** Instructions to the treatment planners, and case review, are extremely important.
- 6** To help with compliance by making aligners easier to remove and replace initially before engagers are placed, consider requesting that treatment planning makes provision for adding engagers at stage 3 of treatment.
- 7** Emphasize the importance of using chewies to make sure the aligners seat properly.



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THE PROS

- Final outcome is predetermined thanks to CAD (computer aided design) and individualized treatment planning. Outcomes are more stable and predictable.
- Due to teens being in a period of active growth, treatment is faster and more efficient. Recent studies have shown that aligner treatment is usually faster than traditional braces
- Trays are all delivered together to you, the dentist. A patient therefore does not need adjustments every couple of weeks but simply need to change trays every 2 weeks (or can be sooner at Doctor discretion and patient compliance) with follow up appointments every 6 weeks – this means less chair time for you and your patient
- More flexibility in food choices allowing for healthy eating habits to be maintained
- No cutting of lips and cheeks by brackets - more comfortable
- Allows for better and more convenient oral hygiene, plaque control (limits the risk of white spots and gingival inflammation), periodontal health (less irritation of soft tissue) and overall comfort
- Transparent – allows for greater self-confidence
- Fewer emergencies if compared to traditional braces – no need to skip school due to broken appliances or injury during contact sports (a gum guard may be worn over the aligners if need be)

THE CONS

- Removeable – they need to be worn up to 22 hours a day. If not, traditional braces may be a better option.
- Can be lost –however, replacement aligners are prioritized for manufacture
- If not seated correctly, correct movements will not happen – monitoring is essential
- Quality of impressions cannot be over-emphasised. Aligners need to fit 100%
- Once the occlusion has settled, a second phase may be required for the final alignment
- Some teens prefer traditional braces with colourful accessories

