

Orthodontics at Smile Solutions Melbourne CBD: The Complete Guide to Specialist Adult & Children's Orthodontics, Invisalign, and Cosmetic Smile Makeovers

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Details:

I'll research the latest authoritative data to support cross-cutting analysis for this pillar page before writing. I now have comprehensive data to write the definitive pillar page. Here is the fully verified, synthesized final content:

Executive Summary

Orthodontic treatment is one of the most consequential long-term investments in oral health a person can make — yet the decisions that determine whether it succeeds or fails are made before a single bracket is bonded or aligner worn. Who delivers the treatment, what technology supports the diagnosis, whether the underlying bite problem is dental or skeletal, whether a child is assessed at the right developmental window, and whether retention is maintained for life: these are the variables that separate excellent outcomes from disappointing ones.

This guide is the definitive resource on orthodontics at Smile Solutions Melbourne CBD — Australia's largest single-location private dental practice, operating across five floors of the Manchester Unity Building at 220 Collins Street, Melbourne CBD . It synthesizes more than a decade of clinical evidence across specialist training, treatment modalities, patient age groups, bite correction, jaw surgery, technology infrastructure, and cosmetic integration into a single authoritative reference.

Whether you are a parent researching early intervention for a child, an adult weighing Invisalign against braces, a patient with a complex bite problem, or someone planning a combined orthodontic and cosmetic smile transformation, this page answers every foundational question — and links to the in-depth cluster guides that go further on each subtopic.

Part 1: The Foundation — Why Specialist Orthodontic Care Is Non-Negotiable

The Legal and Clinical Distinction That Matters Most

The single most important decision a prospective orthodontic patient makes is not which appliance to choose — it is who delivers the treatment. In Australia, this distinction has a legal dimension that most patients are unaware of.

The title "Specialist Orthodontist" is a protected term regulated by the Australian Health Practitioner Regulation Agency (AHPRA). It cannot be used by a general dentist, regardless of how many orthodontic cases they have completed or how many weekend courses they have attended. A

practitioner using that title without AHPRA specialist registration is in breach of national health practitioner law. Patients can verify any clinician's registration status at ahpra.gov.au — an orthodontist will appear with *both* a general dental registration *and* a specialist dental registration. If the second entry is absent, the clinician is not a specialist.

The training gap this regulation reflects is substantial. At Smile Solutions, you will be treated by a registered specialist orthodontist throughout the duration of your treatment, rather than a general dentist. Registered specialists have completed additional university training beyond their bachelor degree in dentistry. In full, the pathway requires a five-year dental degree, a minimum of two years of clinical practice, and then a further three to four years of full-time postgraduate study at Clinical Doctorate level — covering complex case management, biomechanics, craniofacial growth and development, cephalometric analysis, and research. The total training investment before specialist registration is achievable is a minimum of ten to twelve years.

The clinical consequences of this gap are measurable. A landmark blind comparative study published in **The Angle Orthodontist** (Marques et al., 2012) evaluated 60 orthodontic cases — 30 treated by registered specialist orthodontists and 30 treated by general dentists. The results showed that orthodontists achieved better quality outcomes: **96.7% versus 50%** passed American Board of Orthodontics criteria — and each practitioner submitted what they considered their best case. A separate study published in **Healthcare** (Al-Maweri et al., 2023) found statistically significant differences in knowledge ($p = 0.003$) and attitude ($p = 0.048$) between general practitioners and orthodontic specialists, concluding it is "strongly advised to see an orthodontic expert rather than a general practitioner." A 28.2% shift away from orthodontists toward general dentists over the last 15 years was significant ($P < 0.001$) — yet most respondents believe that dentists who perform orthodontic treatment are orthodontists, and most patients were not aware that orthodontists complete additional education.

This public knowledge gap is precisely why the specialist distinction is the first and most important filter when choosing an orthodontic provider. (For the complete breakdown of the training pathway and research evidence, see our detailed guide on **What Is a Specialist Orthodontist? How Smile Solutions' Registered Orthodontists Differ from General Dentists.**)

The Smile Solutions Specialist Model

Located across five levels and the tower of the iconic Manchester Unity Building in Melbourne's CBD, Smile Solutions is the largest privately owned dental practice in Australia with over 80 clinicians including registered specialists in all fields of dentistry — orthodontics, Invisalign, dental implants, oral surgery, cosmetic dentistry, and children's dentistry. Founded in 1993 by Dr Kia Pajouhesh, the practice has served over 250,000 patients.

Every orthodontic case at Smile Solutions is treated exclusively by AHPRA-registered specialist orthodontists. As Australia's largest specialist provider of Invisalign, Smile Solutions has completed over 9,000 cases. The orthodontic centre occupies the tower of the Manchester Unity Building — a dedicated clinical environment with panoramic views of Melbourne CBD and the equipment infrastructure required for specialist-level diagnosis and treatment.

Part 2: The Full Treatment Spectrum — Matching the Right Appliance to the Right Patient

Why Appliance Selection Is a Clinical Decision, Not a Consumer Choice

One of the most consequential insights from the evidence base is that the same presenting problem — say, moderate anterior crowding with a mild Class II bite — may be optimally treated with different appliances in different patients, depending on bone density, periodontal health, aesthetic priorities, compliance history, and lifestyle. Only a specialist orthodontist can navigate this decision with genuine clinical authority.

At Smile Solutions, six distinct appliance systems are available:

****Metal Braces**** remain the most clinically versatile fixed appliance — capable of treating even the most complex alignment and bite issues, durable, and the most cost-effective fixed option. For children and adolescents, the ability to change elastic ligature colours at each visit makes them a popular choice. They are the preferred appliance for pre-surgical orthodontic decompensation cases (see Part 5 below).

****Ceramic Braces**** use tooth-coloured polycrystalline or monocrystalline brackets bonded to the buccal (front) surface of the teeth. They offer an ideal balance between discretion and effectiveness for older teens and adults who want low-visibility fixed treatment, though they require careful dietary management to prevent bracket staining.

****Empower Self-Ligating Brackets**** represent a modern engineering advancement. Unlike traditional braces that use elastic ligatures to hold the archwire, the Empower system uses a built-in clip mechanism — reducing friction, potentially accelerating tooth movement, and requiring fewer adjustment visits. Empower's patented Dual Activation System provides interactive brackets on anterior teeth and passive brackets on posterior teeth, delivering lower ligation forces early in treatment and exceptional torque control during finishing stages. The system is available in both metal and clear ceramic versions.

****Lingual Braces**** are bonded to the tongue-facing (lingual) inner surfaces of the teeth, making them completely invisible from every angle in normal social interaction. They are the only fixed appliance that combines the clinical precision of bracket-and-wire mechanics with complete aesthetic invisibility — making them the treatment of choice for adult patients who require fixed-appliance correction but cannot accept visible hardware. A clinically underappreciated advantage: lingual placement significantly reduces the risk of white spot lesions (decalcification), which form on enamel when plaque accumulates around front-facing brackets during treatment.

****Invisalign Clear Aligners**** use a series of custom-fabricated removable thermoplastic trays made from Align Technology's proprietary SmartTrack material to progressively reposition teeth. Smile Solutions, as Australia's largest provider of Invisalign, has achieved Blue Diamond Invisalign status — the highest provider status awarded by the manufacturers of Invisalign, displaying unsurpassed experience and expertise in performing Invisalign. Blue Diamond status is achieved by treating between 750 to 999 patients with Invisalign clear aligner treatment in the previous full calendar year. The term 'Blue Diamond Invisalign Provider' doesn't quite articulate the significance of the award for most people. The truth is, a large portion of orthodontists and dental practices can struggle to reach Diamond Invisalign Provider status, let alone the tiers above and beyond.

****Invisalign Teen**** is a distinct product tier engineered specifically for adolescent biology — incorporating eruption tabs for teeth still emerging, blue compliance indicator dots that fade with wear, and up to six replacement aligners included at no additional cost for lost or damaged trays. It is not a rebranded version of the adult system; it is a purpose-built response to the biological and behavioural realities of treating a mouth that is still developing.

The clinical evidence comparing these modalities is clear on one key point: for mild-to-moderate malocclusions in non-growing patients, Invisalign and fixed appliances produce comparable outcomes. For complex cases — significant bite correction, extraction cases, large rotations, skeletal discrepancies — fixed appliances (labial or lingual) deliver more predictable results. The specialist orthodontist's role is to match the appliance to the case, not the case to the appliance. (See our detailed guide on [*Invisalign vs Braces vs Lingual Braces: Which Orthodontic Treatment Is Right for You?*](#) for a full head-to-head comparison across seven clinical dimensions, and [*The Full Spectrum of Orthodontic Treatments Available at Smile Solutions Melbourne CBD*](#) for a complete appliance-by-appliance breakdown.)

Part 3: Adult Orthodontics — A Clinically Distinct Discipline

The Demographics Have Permanently Shifted

Adult orthodontics is no longer a niche. According to the American Association of Orthodontists, approximately 25–30% of orthodontic patients in the United States today are adults, with the total estimated number of adult patients in active treatment reaching approximately 1.91 million in 2024 — up from 1.64 million in 2022, and the highest per-member patient count recorded in the history of the AAO survey. The Invisalign market was valued at over \$5.13 billion in 2024 and is projected to grow significantly, reaching approximately \$13.9 billion by 2032, reflecting a compound annual growth rate of around 13.2% to 13.4%. Patients value Invisalign for its aesthetics, comfort, and removable design, especially among adults aged 35 to 50.

At Smile Solutions, adult patients represent a substantial and growing proportion of the orthodontic caseload — and treating them demands a fundamentally different clinical framework from treating an adolescent.

The Three Clinical Realities of Adult Orthodontic Treatment

1. Denser Bone and Slower Tooth Movement

In children and adolescents, the jaw is still developing, allowing orthodontists to guide growth and make significant structural changes more easily. In adults, the jawbones are fully developed, so treatment focuses on repositioning teeth within existing bone structures. Adult bone is denser and less malleable, which means tooth movement can be slower and sometimes more complex — and treatment may take slightly longer. In adult patients, a lack of growth capacity decreases the dynamic remodelling capacity of the alveolar bone. If orthodontic tooth movement exceeds that remodelling capacity, the tooth risks displacement out of the alveolar bone, resulting in loss of bone support for the incisors. This is why adult orthodontic treatment at Smile Solutions begins with comprehensive CBCT imaging and diagnostic records — not just to plan tooth movement, but to map the bone envelope within which that movement can safely occur.

2. The Periodontal Health Prerequisite

Perhaps the most clinically significant difference in adult treatment is the requirement for healthy gum and bone support **before** any tooth movement begins. The prevalence of periodontitis is up to 50% in the adult population, with severe stages peaking around age 40. Periodontal health is a prerequisite to orthodontic treatment: orthodontic forces are reliant on bone turnover and tissue remodelling, and untreated inflammation may predispose to the persistence or aggravation of the underlying condition. At Smile Solutions, adult patients undergo thorough periodontal assessment before any appliance is fitted. Where active gum disease is identified, patients are referred to the practice's on-site periodontist for stabilisation before active tooth movement commences.

3. Dental Relapse — The Most Common Reason Adults Return

A significant proportion of adults presenting to Smile Solutions are not first-time orthodontic patients. They had braces as a teenager, stopped wearing their retainer, and have watched their teeth gradually shift over the years. Studies show that up to 70% of patients may experience some form of relapse within the first few years post-treatment, and patients who neglect retainers in the first year post-treatment are up to five times more likely to experience significant relapse. Late lower incisor crowding is so common that orthodontists consider it a normal part of ageing — driven by lifelong masticatory forces, soft tissue pressure, and subtle jaw changes throughout adulthood. For adults presenting with relapse, corrective treatment is typically shorter than the original course, and Invisalign is frequently the treatment of choice for mild-to-moderate cases.

(For the complete clinical picture of adult treatment — including the periodontal evidence base, relapse aetiology, and oral hygiene protocols — see our guide on **Adult Orthodontics in Melbourne: Why More Adults Are Choosing Braces and Invisalign at Smile Solutions.**)

Part 4: Children's Orthodontics — The Time-Limited Window That Changes Everything

Why "Wait Until All the Adult Teeth Are In" Is Outdated Advice

The most consequential insight in paediatric orthodontics is that some clinical problems are **only** solvable within a specific developmental window — and once that window closes, the only options remaining are surgical or significantly more complex. This is the core argument for early assessment, not early treatment.

The American Association of Orthodontists recommends that all children be screened by an orthodontist at age 7. By this age, the first permanent molars have established the back bite relationship and the upper and lower front incisors are beginning to erupt — providing a specialist orthodontist with a genuine diagnostic window to assess jaw growth patterns, arch width, crossbites, and crowding trajectories that are invisible to a parent or general dentist. Only about 20–30% of children require interceptive orthodontics based on individual assessment. The purpose of an early evaluation is not to start treatment prematurely, but to identify the subset of children for whom early intervention will meaningfully change the trajectory of their dental development.

The Six Clinical Signs That Warrant an Earlier Assessment

****Posterior crossbite**** — when upper teeth sit inside the lower teeth — is one of the most important early indicators. The mid-palatal suture in young children is still cartilaginous and highly responsive to expansion forces; this biological advantage is progressively lost as the suture begins to ossify in adolescence. A recent high-standard meta-analysis demonstrated that orthodontic treatment with palatal expansion appliances (Quad-Helix, Hyrax, and removable expansion plates) is effective for correcting posterior crossbite in children. Evidence-based literature shows that a relatively short phase of interceptive treatment with simple appliances can normalise abnormal growth, and that the result will remain stable over time.

****Persistent mouth breathing**** is one of the most consequential yet underrecognised signs. Evidence consistently shows that mouth breathing is associated with craniofacial and dentofacial alterations in the paediatric population, including vertical growth patterns, maxillary narrowing, and malocclusions. Mouth breathers demonstrate considerably more backward and downward rotation of the mandible, increased overjet, and narrowing of both upper and lower arches compared to nasal breathers. The prevalence of posterior crossbite was significantly more frequent in the mouth breathers group (49%) than nose breathers (26%). Timely identification allows for interdisciplinary intervention involving orthodontics, ENT, and myofunctional therapy.

****Thumb-sucking past age four****, ****asymmetric jaw development****, ****early or late loss of baby teeth****, and ****severe crowding in the primary dentition**** all warrant an assessment. Each represents a clinical scenario where early specialist input can either intercept a problem before it becomes structural, or confirm that monitoring — not treatment — is the appropriate response.

Phase 1 Treatment Options at Smile Solutions

When early intervention is clinically indicated, the specialist orthodontist at Smile Solutions selects from palatal expanders (rapid maxillary expansion), functional appliances for jaw growth guidance, space maintainers, habit-breaking appliances, and partial fixed braces. The Empower self-ligating bracket system is the preferred appliance for children's orthodontic cases at Smile Solutions. The outcome of every early assessment is one of three recommendations: active Phase 1 treatment, active monitoring with scheduled review appointments, or no action required.

(For the complete evidence base on early intervention, developmental signs, and Phase 1 appliance selection, see our guide on **Children's Orthodontics at Smile Solutions: Early Intervention, Phase 1 Treatment, and the Right Age for a First Assessment.**)

Part 5: Bite Problems — The Functional Dimension Most Patients Underestimate

Malocclusion Is Not Just an Aesthetic Problem

Malocclusion affects around 56% of people worldwide. But the health consequences of an uncorrected bite extend well beyond appearance. A 2024 systematic review and meta-analysis found that the prevalence of temporomandibular disorders (TMD) in malocclusion patients was 43%, with higher rates in females, adults, and specific malocclusion types such as Class II, open bite, overjet, and crossbite. Uncorrected bite problems accumulate damage over years and decades — accelerated enamel wear, gum recession, TMJ dysfunction, and in some cases tooth loss.

The Four Primary Bite Problems and Their Treatment Pathways

****Deep Overbite**** — where upper front teeth excessively overlap the lower front teeth in the vertical dimension — is the most globally prevalent bite problem, with a pooled prevalence of 23.79% in primary dentition worldwide. A severe overbite can strain jaw muscles and joints, cause lower front teeth to bite into gum tissue behind the upper front teeth, and lead to chronic gum disease. Correction uses intrusion and extrusion mechanics via braces or Invisalign; severe skeletal cases may require orthognathic surgery.

****Underbite**** (Class III malocclusion) — where the lower jaw sits in front of the upper jaw — has a mean prevalence of approximately 6.5% in children and adolescents but carries a disproportionate functional burden: difficulty chewing, speech problems, TMJ pain, and accelerated enamel wear. More than 60% of Class III malocclusions are due to skeletal discrepancies. In growing children, reverse-pull (facemask) headgear can stimulate forward growth of the upper jaw and prevent a dental underbite from becoming a skeletal one. In adults, significant skeletal Class III cases almost always require a combined orthodontic-surgical approach.

****Crossbite**** — a transverse discrepancy where upper teeth fit inside lower teeth — affects approximately 8% of children in the deciduous dentition and up to 22% in the mixed dentition. If left untreated, posterior crossbite leads to functional mandibular shifts, facial asymmetry, and long-term tooth loss risk. A large-scale cross-sectional study of 17,349 participants found that the crossbite group demonstrated a significantly higher prevalence of 19 or fewer remaining teeth (PR 1.48) and greater posterior tooth loss compared to those with normal occlusion. Early correction with rapid maxillary expansion is the gold standard in children; adults with fused midpalatal sutures require surgically assisted palatal expansion or orthognathic surgery.

****Open Bite**** — where upper and lower front teeth do not touch when the mouth closes — has both habit-related and skeletal origins. Thumb-sucking and tongue thrust are primary causes in children; skeletal vertical growth patterns drive adult open bites. Speech articulation is particularly affected because many consonants require anterior tooth contact for correct production. In children, habit appliances (tongue cribs) can resolve open bites during the growth phase; in adults with a significant skeletal vertical component, orthognathic surgery may be required.

The critical diagnostic distinction across all four bite problems is between **dental** malocclusion (teeth misaligned, jaw bones proportioned correctly) and **skeletal** malocclusion (the bones themselves are disproportionate). This distinction determines whether orthodontics alone will suffice — or whether surgical intervention is the only viable path to a stable, functional outcome. (See our comprehensive guide on **How to Fix Bite Problems with Orthodontics: Overbite, Underbite, Crossbite, and Open Bite Explained.**)

Part 6: Orthodontics and Jaw Surgery — The Combined Pathway

When Moving Teeth Is Not Enough

For a meaningful subset of patients, the underlying problem is not dental — it is skeletal. According to published epidemiologic studies in both the United States and the United Kingdom, at least 5% of the population will have a dentofacial deformity with a severe malocclusion requiring jaw surgery for full correction. These are not rare edge cases; they are patients who may have spent years being told their bite is "just the way their teeth grew in," when the underlying issue is bone position — a problem that no amount of aligner wear or bracket adjustment can resolve.

Orthognathic surgery is the repositioning of the maxilla (upper jaw), mandible (lower jaw), or both, to correct skeletal discrepancies that cannot be resolved by moving teeth alone. The combined orthodontic-surgical pathway follows a structured sequence: comprehensive diagnosis using lateral cephalometric radiographs, CBCT scanning, and digital dental models; pre-surgical orthodontic decompensation (6–18 months) to align each arch over its own jaw bone; the surgical procedure itself (Le Fort I osteotomy for the upper jaw, bilateral sagittal split osteotomy for the lower jaw, or bimaxillary osteotomy for both simultaneously); and post-surgical orthodontic finishing (6–9 months).

The outcomes evidence is robust. A landmark retrospective study of 100 patients at the Eastman Dental Hospital found that 99% showed improvement in PAR score, with 82% greatly improved. A 2026 systematic review of 65 studies and 6,482 patients found that mean ANB angle improvements were 6.8° for Class III corrections and 5.4° for Class II corrections, with 87.3% maintaining skeletal stability at one-year follow-up or beyond. Patient satisfaction reached 87.6%. A 2025 comprehensive systematic review of 29 studies confirmed that 25 out of 29 studies reported improved outcomes across quality-of-life instruments, with orthognathic surgery positively impacting psychological well-being and aesthetic transformation.

At Smile Solutions, the co-location of specialist orthodontists and oral surgeons within the same practice means the joint planning that is essential to a successful surgical-orthodontic outcome occurs without the communication delays inherent in external referral networks. (For the complete clinical guide to the combined pathway — including surgical technique selection, the decompensation process, and recovery expectations — see our guide on **Orthodontics and Jaw Surgery (Orthognathic Surgery): When Braces Alone Are Not Enough.**)

Part 7: The Invisalign Process at Smile Solutions — What Blue Diamond Specialist Delivery Actually Means

Five Stages That Separate Specialist Invisalign from Generic Clear Aligner Treatment

Invisalign can be prescribed by any dentist who has completed Align Technology's basic certification course. The clinical difference between a Platinum-tier general dental provider and Smile Solutions — Australia's Blue Diamond specialist provider — is not the aligner material (both use SmartTrack) but the clinical expertise applied at every decision point before, during, and after the aligners are worn.

****Stage 1: iTero 3D Digital Scanning.**** Every Invisalign case at Smile Solutions begins with an iTero intraoral digital scan — a process that captures thousands of frames per second to construct a precise, full-colour, three-dimensional model of the patient's teeth and arches. Traditional putty impressions introduced multiple failure points (distortion during setting, warping in transit, inconsistencies in manual scanning). Digital scanning eliminates all of these variables and connects directly to Invisalign's ClinCheck treatment planning software. The iTero scan also enables a same-appointment outcome simulation — patients can see a projected representation of their post-treatment smile before

committing to treatment.

****Stage 2: SmartTrack Material and ClinCheck Planning.**** Invisalign's proprietary SmartTrack thermoplastic is a material science differentiator. A randomised clinical trial published in the **Journal of Aligner Orthodontics** (Wheeler, Patel & McGorray, 2017) found that SmartTrack achieved a significantly higher mean orthodontic tooth movement (73.1% of planned movement) compared with the predecessor EX30 material (42.8%) by day 14. Patient-reported outcomes also improved: a study published in the **Journal of Orofacial Orthopaedics** (Bräscher et al., 2016) found significant reductions in pain intensity, pain duration, and pressure upon insertion following the transition to SmartTrack. A 2024 systematic review confirmed that since the introduction of SmartTrack material, the efficacy of Invisalign treatment has improved.

****Stage 3: SmartForce Attachments.**** Without attachments, clear aligners can only apply relatively simple tipping forces. SmartForce attachments — small tooth-coloured composite shapes bonded to specific teeth — act as handles that enable the aligner to generate rotational, intrusive, and torquing forces required for complex orthodontic corrections. At Smile Solutions, attachment placement is determined by the treating specialist orthodontist, not by algorithmic defaults — a clinical judgment informed by years of specialist training and thousands of completed cases.

****Stage 4: Dental Monitoring Remote Progress Tracking.**** At Smile Solutions, Dental Monitoring AI-powered remote tracking is integrated into the Invisalign workflow, allowing the orthodontic team to monitor tooth movement between in-clinic appointments via patient smartphone scans. DentalMonitoring has received De Novo approval from the U.S. FDA as the first AI/Machine Learning-enabled Software as a Medical Device in dentistry. A study published in **Seminars in Orthodontics** (2021) quantified the appointment reduction: AI-powered remote monitoring reduces the number of patient appointments by approximately 3.5 visits (33.1%), with no clinically significant difference in tooth tracking or treatment duration. For Melbourne CBD patients managing demanding professional schedules, this is a material quality-of-life improvement.

****Stage 5: Vivera Retainers and Complimentary Whitening.**** Smile Solutions includes Vivera retainers — Align Technology's proprietary post-treatment retention system — with all completed Invisalign cases. According to Align Technology's internal testing data, Vivera retainers are 30% stronger and twice as durable as other leading clear retainers, an important consideration given that retainer failure is one of the primary drivers of orthodontic relapse. Complimentary Zoom! in-chair whitening or professional take-home whitening is also included for treatments paid in full or through a qualifying payment plan — sequenced precisely after orthodontic completion but before any composite bonding or veneers, ensuring even bleaching across all tooth surfaces.

(For the complete Invisalign process guide, see **Invisalign at Smile Solutions: How Australia's Blue Diamond Provider Delivers Clear Aligner Treatment.** For the Invisalign Teen comparison, see **Invisalign Teen vs Invisalign for Adults: What's Different About Clear Aligner Treatment for Younger Patients.**)

Part 8: Retention — The Phase That Determines Whether Treatment Lasts

The Biology of Relapse

Completing orthodontic treatment is a milestone, not a finish line. The biology is straightforward: when teeth are moved orthodontically, the surrounding periodontal ligament fibres retain a "memory" of their original orientation and exert continuous pull toward prior positions. Research has consistently demonstrated that dental and periodontal tissues undergo remodelling for months or years after active tooth movement, making retention essential for preserving results. The overall relapse rate reported across the literature falls between 20% and 50%. Patients who adhered to retention protocols consistently had significantly lower relapse rates (16.3%) compared to those with poor compliance

(61.1%, $P < 0.001$) — a nearly fourfold difference driven almost entirely by patient behaviour. Significant predictors of relapse include poor retainer compliance (odds ratio 3.5, $P = 0.002$) and severity of initial malocclusion (odds ratio 2.8, $P = 0.004$).

Fixed Retainers: Passive, Permanent, Invisible

A bonded retainer — a thin multistranded wire bonded to the lingual surface of the anterior teeth — works continuously without patient effort and is completely invisible from the outside. It is particularly effective at preventing lower incisor crowding, the most common relapse site. However, a 2023 systematic review and meta-analysis published in the **European Journal of Orthodontics** found an overall failure rate for fixed bonded retainers of 28.17% (95% CI: 23.19–33.15%) based on 31 studies — meaning regular clinical monitoring is not optional, as a debonded wire can allow individual teeth to drift in isolation without the patient noticing.

Vivera Retainers: Precision, Durability, and the Backup Advantage

Vivera retainers are fabricated from Invisalign's proprietary SmartTrack thermoplastic using the patient's digital 3D scan data, ensuring a precision fit that reflects the intended final tooth position. An **in vitro** study conducted at Queen Mary University of London found Vivera to be the stiffest of four commercially available thermoplastic retainer materials tested — greater stiffness translating to better tooth-holding force over time. Vivera retainers are made from a material approximately 30% stronger than traditional clear retainers. Each Vivera order includes four retainers (two upper, two lower, with spares), and the digital file is stored indefinitely — meaning a replacement can be reordered without a new office visit or scan.

The American Association of Orthodontists updated their retention guidelines in 2024 to reflect emerging evidence, now recommending that retention be considered a lifelong commitment. The retainer does not "fix" teeth permanently; it manages an ongoing biological tendency that continues throughout adulthood. (For the complete retention guide — including wear protocols, fixed retainer monitoring, and what to do if teeth have already shifted — see our guide on **Retainers After Orthodontic Treatment: How to Protect Your Results for Life.**)

Part 9: Combined Orthodontic and Cosmetic Smile Makeovers — The Sequencing Principle

Why Alignment Must Precede Aesthetics

Attempting to apply porcelain veneers, composite bonding, or professional whitening to teeth that are still misaligned is one of the most common and costly mistakes in modern cosmetic dentistry. It sacrifices healthy tooth structure, compromises the longevity of restorations, and frequently produces a result that looks artificial rather than natural.

The core reason orthodontics must precede cosmetic restorations is biomechanical. When teeth are crowded, rotated, or protruding, a clinician placing veneers on misaligned surfaces must remove disproportionate amounts of enamel to create an even visual plane. The extent of dentine exposure significantly impacts the survival of bonded ceramic veneers after 1 to 15 years of follow-up, and preservation of enamel is critical for optimising outcomes. A 2021 systematic review analysing 6,500 porcelain laminate veneers found a 10-year estimated cumulative survival rate of 95.5% — but these outcomes depend heavily on conservative preparation, which is only achievable when the underlying teeth are already well aligned.

The Smile Solutions Multidisciplinary Sequencing Model

At Smile Solutions, a combined smile makeover follows a structured five-stage sequence:

1. ****Integrated consultation**** — specialist orthodontist and prosthodontist/cosmetic dentist assess the case simultaneously, producing a unified treatment plan rather than sequential, potentially contradictory

opinions from separate providers. 2. ****Orthodontic treatment**** — Invisalign is typically preferred for adult cosmetic cases due to aesthetic discretion and ease of monitoring gingival levels; fixed braces are indicated for more complex bite corrections. 3. ****Retention and stabilisation**** — a stabilisation period after orthodontic completion allows the periodontal ligament fibres to reorganise and the occlusion to be verified as stable before irreversible cosmetic procedures begin. 4. ****Professional whitening**** — performed after orthodontic treatment is complete but **before** composite bonding or veneers, ensuring the natural tooth shade is established first so that restorations can be shade-matched to the newly lightened enamel. The recommended 7–14 day waiting period after whitening allows oxygen levels to normalise, ensuring optimal bonding adhesion for subsequent restorations. 5. ****Veneers or composite bonding**** — with alignment corrected and shade established, the prosthodontist proceeds with the restorative phase. The typical lifespan of porcelain veneers ranges from 10 to 15 years, with studies showing up to 95% remain functional after 10 years. Composite veneers generally last 5 to 7 years, requiring more frequent replacement due to wear and discolouration.

Melbourne residents choosing Smile Solutions benefit from accessing all dental specialties under one roof — eliminating the need for multiple referrals and external consultations. The clinic's "all-in-one" model means that periodontal concerns, orthodontic needs, and implant requirements can be addressed collaboratively by specialists who work together daily. This is the structural advantage that makes genuinely integrated smile makeovers achievable at Smile Solutions in a way that fragmented multi-provider care cannot replicate. (See our full guide on **Combined Orthodontic and Cosmetic Smile Makeovers at Smile Solutions: When Alignment and Aesthetics Work Together.**)

Part 10: Technology Infrastructure — The Diagnostic Foundation of Every Case

Why Technology Is Not a Marketing Feature — It Is a Clinical Prerequisite

Advancements in digital technology, including 3D printing, digital scanning, and AI, are transforming aligner production and customisation. At Smile Solutions, this technology infrastructure is not an optional upgrade — it is the diagnostic foundation upon which every orthodontic case is built.

****iTero Element 3D Scanner**** — provides the precise digital baseline for treatment planning, Invisalign ClinCheck simulation, and outcome visualisation. The accuracy of the iTero Element is clinically acceptable for diagnosis and treatment planning in orthodontics, with research confirming high accuracy in most arch width measurements.

****CBCT (Cone Beam CT) Imaging**** — provides three-dimensional volumetric data of the craniofacial skeleton, essential for diagnosing impacted teeth, assessing skeletal discrepancies, planning orthognathic surgery, and evaluating TMJ morphology. CBCT is reserved at Smile Solutions for cases where it will genuinely change the diagnostic picture — not applied indiscriminately.

****Dental Monitoring AI Platform**** — enables remote orthodontic progress tracking via patient smartphone scans between appointments. The system uses deep learning algorithms to analyse intraoral scans, detect appliance issues (bracket debonding, open self-ligating clips, tie loss), and track tooth movement in real time. Reported benefits include reduced in-office visits of up to 33%, accurate 3D tracking of tooth movement, improved hygiene compliance, and high patient engagement.

****In-House Dental Laboratory with 3D Printing**** — Smile Solutions and master ceramist Greg Karabasis co-developed the world-first Same Day Porcelain Veneers™ — hand-crafted porcelain veneers designed, fabricated, and fitted in a single appointment. This innovation won the 2024 Australian Business Award for Business Innovation. The in-house laboratory capability means faster appliance turnaround, direct clinician-technician communication, and quality control before any appliance reaches the patient. 3D printing supports fabrication of study models, custom appliances, and retainers with precision that physical model workflows cannot match.

(For the complete technology profile, see our guide on *Orthodontic Technology at Smile Solutions: iTero Scanning, Dental Monitoring, and the In-House Laboratory Advantage.*)

Part 11: The Patient Journey — From First Consultation to Final Retainer

What Every Stage Actually Involves

Uncertainty about the process is one of the most common reasons patients delay booking their first orthodontic consultation. The journey at Smile Solutions follows a structured, technology-supported sequence:

****Stage 1 — Free Initial Consultation:**** A registered specialist orthodontist conducts a clinical examination, reviews medical and dental history, takes standardised clinical photographs, and provides a preliminary treatment discussion. No commitment is required. The goal is accurate, specialist-level information.

****Stage 2 — iTero 3D Digital Scan:**** If the patient decides to proceed, or if further records are required, an iTero digital scan is performed. This takes approximately five to ten minutes, requires no impression putty, and produces an immediate 3D model of the dentition with outcome simulation capability.

****Stage 3 — Comprehensive Treatment Planning:**** Using the digital scan, clinical photographs, and any required radiographs or CBCT scans, the specialist orthodontist develops a treatment plan that includes diagnosis summary, recommended treatment modality, estimated duration, appointment schedule, and fee estimate with payment options. For combined smile makeover cases, this planning occurs collaboratively with the relevant cosmetic or restorative specialist on-site.

****Stage 4 — Appliance Fitting:**** For braces patients, this involves bracket bonding and initial archwire placement. For Invisalign patients, it involves attachment placement, first aligner fitting, and Dental Monitoring app setup.

****Stage 5 — Progress Reviews:**** Braces patients attend every 4–8 weeks; Invisalign patients typically every 6–12 weeks. The average Invisalign treatment duration in a retrospective study of 500 patients was 22.8 months; most braces patients wear them for 18–24 months. Adult treatment time tends to be 5–6 months longer on average than teen treatment due to denser bone structure.

****Stage 6 — Dental Monitoring Remote Check-ins:**** Between appointments, patients use the Dental Monitoring app to submit weekly or fortnightly intraoral scans. Research has shown that patients using Dental Monitoring had a significantly reduced number of appointments (7.56) compared with a control group (9.82) — a 23% reduction — over treatment duration.

****Stage 7 — Refinements (Invisalign):**** One or more refinement scans during treatment are expected and normal, involving a new iTero scan and updated aligner series to address remaining tooth movements.

****Stage 8 — Debanding and Retention:**** Appliances are removed, final records taken, and retainers fitted. At Smile Solutions, Vivera retainers are included with all completed Invisalign cases. Retention is a lifelong commitment — the current evidence-based consensus, updated by the AAO in 2024, recommends indefinite retention for most adult cases.

(For the complete step-by-step patient journey guide, see *Step-by-Step: What to Expect at Your Orthodontic Consultation and Treatment Journey at Smile Solutions.*)

Part 12: Costs, Health Funds, and Payment Plans

What Orthodontic Treatment Actually Costs in Melbourne

Orthodontic treatment fees in Australia are not regulated by a single national schedule and are quoted as global fees covering all appointments, adjustments, and retainers within the agreed treatment plan. Current Melbourne market ranges by appliance type are:

| Treatment Type | Typical Australian Range | ---|---| | Metal braces (full treatment) | \$6,000 – \$9,000 | | Ceramic braces | \$7,000 – \$11,000 | | Lingual (behind-the-teeth) braces | \$9,500 – \$15,000 | | Invisalign (full comprehensive) | \$6,000 – \$9,500 | | Invisalign Lite / minor treatment | \$3,500 – \$6,500 | | Early intervention (children, Phase 1) | \$2,000 – \$5,000 |

The five primary drivers of fee variation are case complexity, appliance type, provider qualifications, treatment duration, and what is included in the global fee (retainers, emergency visits, whitening). Smile Solutions provides individual fee estimates following a comprehensive consultation — the free initial consultation includes an iTero scan and personalised treatment plan before any financial commitment is required.

****Medicare and the Child Dental Benefits Schedule (CDBS):**** Medicare does not cover orthodontic treatment. The CDBS provides eligible children aged 0–17 with a capped benefit of up to \$1,158 over two calendar years for **basic** dental services — but the CDBS explicitly excludes orthodontic treatment, cosmetic dental work, and dental services in a hospital. CDBS can legitimately offset the cost of diagnostic appointments (examinations, X-rays) that occur alongside orthodontic assessment.

****Private Health Insurance:**** Orthodontic extras cover typically comes with annual limits, lifetime limits (most funds offer between \$1,400 and \$3,000 lifetime), and 12-month waiting periods for new policies. Some funds structure orthodontic benefits as stepped benefits that increase with years of membership. Smile Solutions holds ****Bupa Platinum Provider status**** — the highest recognition tier within Bupa's Member First network — meaning Bupa members can access higher rebates and process claims on-site via HICAPS at each appointment.

****Payright Interest-Free Payment Plans:**** Smile Solutions offers Payright interest-free payment plans for all orthodontic treatments, with repayment terms extending up to 30 months for amounts as high as \$20,000. A Plan Management Fee of \$3.95 per month and a Processing Fee of \$2.95 per transaction apply. For a comprehensive Invisalign case at \$8,000 with a \$2,000 health fund rebate, the \$6,000 balance spread over 24 months equates to approximately \$115 per fortnight before plan fees — materially more manageable than a lump-sum payment.

(For the complete financial guide including health fund strategy, CDBS eligibility, and payment plan mechanics, see **Orthodontic Treatment Costs in Melbourne: Pricing, Health Fund Rebates, and Payment Plans at Smile Solutions.**)

Frequently Asked Questions

****Q:** What is the difference between a specialist orthodontist and a general dentist offering braces?

A specialist orthodontist holds formal AHPRA specialist registration in orthodontics — a protected title requiring a minimum of ten to twelve years of training, including three to four years of full-time postgraduate study at Clinical Doctorate level devoted exclusively to orthodontics. A general dentist who offers braces or Invisalign has completed a five-year dental degree but has no specialist registration. Research shows that specialist orthodontists achieve clinically superior outcomes: a landmark study found 96.7% of specialist-treated cases passed ABO criteria versus 50% of general dentist-treated cases. You can verify any practitioner's registration status at ahpra.gov.au.

****Q:** At what age should my child have their first orthodontic assessment?

The American Association of Orthodontists recommends a first orthodontic screening at age 7. By this age, enough permanent teeth have erupted for a specialist orthodontist to identify jaw growth concerns,

crossbites, and crowding patterns that are best addressed during the growth window. An early assessment is not a commitment to immediate treatment — the majority of children seen at age 7 require only monitoring, not intervention.

****Q: Is Invisalign as effective as braces?****

For mild-to-moderate malocclusions in non-growing patients, the evidence shows Invisalign and fixed appliances produce comparable outcomes. However, Invisalign has demonstrated limited efficacy in arch expansion through bodily tooth movement, extraction space closure, and larger antero-posterior corrections — areas where fixed appliances are more reliable. The clinical appropriateness of Invisalign for your specific case is determined by a specialist orthodontist, not by the appliance manufacturer's marketing. At Smile Solutions, every Invisalign case is planned and supervised by a registered specialist orthodontist with Blue Diamond-level case experience.

****Q: What does Blue Diamond Invisalign Provider status mean, and why does it matter?****

Blue Diamond status is achieved by treating between 750 to 999 patients with Invisalign clear aligner treatment in the previous full calendar year. To attain Diamond status, orthodontists must treat a certain number of Invisalign cases while maintaining high patient satisfaction levels. This stringent criterion ensures that providers possess the expertise to manage complex cases and deliver excellent outcomes. Volume translates to pattern recognition — a Blue Diamond provider has encountered a far wider range of case complexity than lower-tier providers, meaning fewer refinements and a more efficient treatment journey. Smile Solutions has achieved Blue Diamond Invisalign status — the highest provider status awarded by the manufacturers of Invisalign, displaying unsurpassed experience and expertise in performing Invisalign.

****Q: How long do I need to wear a retainer after orthodontic treatment?****

The current evidence-based consensus, updated by the American Association of Orthodontists in 2024, recommends that retention be considered a lifelong commitment. Teeth continue to move throughout adulthood as part of normal ageing, independent of whether orthodontic treatment was received. The retainer does not "fix" teeth permanently — it manages an ongoing biological tendency. In practical terms, full-time wear (20–22 hours/day) is recommended for the first three to six months post-treatment, transitioning to nightly wear thereafter. Patients who discontinue retainer wear have 3.5 times the odds of experiencing measurable relapse compared to compliant patients.

****Q: Can adults have orthodontic treatment, and is it different from treatment for teenagers?****

Yes, and clinically it is significantly different. Adult bone is denser and less malleable than adolescent bone, making tooth movement slower and requiring more conservative force application. Adults frequently present with existing dental restorations, periodontal history, and dental relapse from previous treatment — all of which require assessment and management before orthodontic forces are applied. Periodontal health is a prerequisite to orthodontic treatment, and the prevalence of periodontitis is up to 50% in the adult population. At Smile Solutions, adult patients undergo comprehensive periodontal assessment and, where needed, are treated by the on-site periodontist before active tooth movement commences.

****Q: When is jaw surgery necessary, and what does the combined treatment involve?****

Jaw surgery (orthognathic surgery) is indicated when the underlying problem is skeletal — the jaw bones themselves are disproportionate — rather than purely dental. At least 5% of the population has a dentofacial deformity requiring surgical correction for full resolution. More than 60% of Class III (underbite) malocclusions have a skeletal cause that cannot be fully addressed by tooth movement alone. The combined pathway involves pre-surgical orthodontic decompensation (6–18 months), surgery to reposition one or both jaws, and post-surgical orthodontic finishing (6–9 months). A 2026 systematic review of 6,482 patients found 87.3% maintained skeletal stability at one-year follow-up, with patient satisfaction reaching 87.6%.

****Q: What is the advantage of having orthodontics at a multidisciplinary practice like Smile Solutions?****

The majority of orthodontic cases intersect with other dental specialties at some point — periodontal disease before treatment, impacted teeth requiring surgical exposure, complex bites requiring jaw surgery coordination, or cosmetic restorations planned after alignment. At a standalone orthodontic practice, these intersections require external referrals, creating delays, communication gaps, and the burden of coordinating care across multiple providers. Smile Solutions is the largest privately owned dental practice in Australia with over 80 clinicians including registered specialists in all fields of dentistry — orthodontics, Invisalign, dental implants, oral surgery, cosmetic dentistry, and children's dentistry. This means that when an orthodontic case has periodontal, restorative, or surgical dimensions, the relevant specialist is already on-site — not across town.

Key Takeaways

****1. Specialist registration is the non-negotiable baseline.**** The title "Specialist Orthodontist" is legally protected in Australia. Before beginning any orthodontic treatment, verify your clinician's AHPRA registration at ahpra.gov.au. The clinical evidence shows specialist-treated cases achieve nearly double the pass rate on objective outcome criteria compared to general dentist-treated cases.

****2. Appliance selection is a clinical decision, not a consumer preference.**** The right appliance depends on your specific malocclusion, bone density, periodontal health, age, and lifestyle. A specialist orthodontist — not an appliance manufacturer's algorithm — is the only qualified person to make this determination.

****3. The earlier children are assessed, the more options remain available.**** Some skeletal problems are only solvable within the growth window. A first assessment at age 7 does not mean immediate treatment — it means identifying the minority of children for whom early intervention will meaningfully change their developmental trajectory.

****4. Adult orthodontics is clinically distinct from adolescent treatment.**** Denser bone, existing dental history, periodontal considerations, and relapse management all require a different clinical framework. The multidisciplinary model at Smile Solutions is particularly well-suited to the complexity adult cases present.

****5. Bite problems carry functional consequences that compound over time.**** Malocclusion is not just an aesthetic concern. A 2024 meta-analysis found a 43% prevalence of TMD in malocclusion patients. Uncorrected bite problems accumulate damage — enamel wear, gum recession, joint dysfunction, and tooth loss — over years and decades.

****6. Retention is a lifelong commitment.**** The AAO's updated 2024 guidelines recommend indefinite retention for most adult cases. Patients who discontinue retainer wear have 3.5 times the odds of measurable relapse. Vivera retainers — included with all completed Invisalign cases at Smile Solutions — are 30% stronger than standard clear retainers and are fabricated from the same digital record as the final aligner.

****7. Alignment must precede cosmetic restorations.**** Placing veneers or composite bonding on misaligned teeth requires excessive enamel removal, compromises bonding substrate, and accelerates restoration failure. The correct sequence — orthodontics, stabilisation, whitening, then restorations — protects tooth structure and maximises the lifespan of cosmetic work.

****8. Technology infrastructure directly affects treatment accuracy and efficiency.**** iTero digital scanning, CBCT imaging, AI-powered Dental Monitoring, and in-house 3D printing are not marketing features — they are the diagnostic and monitoring tools that enable specialist-level precision and reduce unnecessary appointment burden.

Conclusion: The Definitive Standard for Orthodontic Care in Melbourne CBD

Orthodontic treatment, done correctly, is one of the most durable investments in oral health and quality of life a person can make. Done incorrectly — by an unqualified provider, with inadequate diagnosis, or without a coherent retention plan — it can produce results that drift, restorations that fail, and bite problems that worsen over time.

The evidence-based framework presented in this guide leads to a single, consistent conclusion: the quality of an orthodontic outcome is determined not by which appliance is chosen, but by the clinical expertise of the specialist who diagnoses, plans, and supervises treatment from first scan to final retainer — and by the multidisciplinary infrastructure available to support complex cases when they arise.

With over 30 years of practice and service to the community, Smile Solutions is proud to be the most awarded dental practice, receiving countless awards recognising service excellence and customer service. Treatment is provided by registered specialist orthodontists experienced in orthodontic treatment. Established in 1993, Smile Solutions has grown to become the largest single-location private dental practice in the country, with a team of over 80 clinicians including board-registered specialists across all major dental disciplines. The clinic serves over 250,000 patients and operates across five levels plus a tower within this heritage Art Deco building, embodying a true "all under one roof" collaborative care model.

Whether your orthodontic journey begins with a child's first assessment at age 7, an adult's decision to finally address relapse, a complex bite correction requiring jaw surgery, or a combined orthodontic and cosmetic smile transformation — the starting point is the same: a free consultation with a registered specialist orthodontist at Smile Solutions Melbourne CBD.

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