

Early Intervention Orthodontics for Children - Why Age 7 Is the Magic Number

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Description:

Why Waiting Until All Adult Teeth Are Through May Be Too Late Many parents assume that orthodontic treatment cannot begin until all the adult teeth have come through - usually around age 12-13. Wh...

Details:

Why Waiting Until All Adult Teeth Are Through May Be Too Late

Many parents assume that orthodontic treatment cannot begin until all the adult teeth have come through - usually around age 12-13. While this is true for comprehensive braces or aligners, some orthodontic problems are best treated much earlier, during the mixed dentition stage when a child still has a combination of baby and adult teeth.

This early treatment - known as **Phase 1 or interceptive orthodontics** - takes advantage of a child's natural growth to guide jaw development and correct problems that become much harder (and sometimes impossible) to fix once growth is complete.

The Age 7-8 Assessment

Both the Australian Society of Orthodontists and the American Association of Orthodontists recommend that every child have a **specialist orthodontic assessment by age 7-8**. At this age, the first adult molars and incisors have usually erupted, giving the orthodontist enough information to identify developing problems.

Not every child assessed at age 7 will need early treatment. In fact, most will not. But for the children who do, early intervention can make a significant difference to their facial development, bite function, and long-term dental health.

Problems That Benefit from Early Intervention

Phase 1 orthodontics is not about straightening teeth for cosmetic reasons. It addresses functional and developmental issues that will worsen without treatment:

- **Posterior crossbite** - when the upper jaw is narrower than the lower jaw, causing the back teeth to bite incorrectly. If left untreated, this can cause asymmetric jaw growth and permanent facial asymmetry
- **Anterior crossbite** - when upper front teeth bite behind the lower front teeth, potentially causing gum recession and abnormal wear
- **Severe crowding** - when there is clearly insufficient space for the adult teeth to erupt, sometimes requiring guided extraction of selected baby teeth to create space
- **Protruding upper front teeth** - significantly protruding teeth are at high risk of traumatic injury during childhood sports and play
- **Underdeveloped upper jaw** - a narrow maxilla that restricts the nasal airway, contributing to mouth breathing and sleep-disordered breathing
- **Jaw growth asymmetry** - when the upper and lower jaws are not growing in harmony, which can become a

surgical problem in adulthood if not addressed during growth - **Persistent thumb sucking or dummy habits** - habits that continue beyond age 3-4 can cause an open bite and alter jaw growth patterns - **Mouth breathing** - chronic mouth breathing changes the growth pattern of the face and jaws, leading to a long, narrow facial profile and narrowed dental arches

The Tooth Fairy Centre and CSSC - An Integrated Pathway

The [Tooth Fairy Centre](<https://toothfairy.com.au>) plays a critical role in early identification. At routine dental check-ups, the specialist paediatric dentist assesses not just the teeth but also how the jaws are developing, whether the bite is aligning correctly, and whether any habits or breathing patterns may be affecting growth.

When a child is identified as potentially benefiting from early orthodontic intervention, the referral pathway within the Smile Solutions Group is seamless. The **specialist orthodontists at the Collins Street Specialist Centre (CSSC)** - located on Level 12 and the Tower of the Manchester Unity Building - provide the assessment and treatment.

This integrated paediatric dentist to specialist orthodontist pathway means:

- The paediatric dentist and orthodontist are part of the same group and communicate directly - Records, radiographs, and treatment history are shared within the team - The child and family deal with one trusted group rather than being sent to an unfamiliar external practice - Ongoing dental care (check-ups, preventive care, any restorative treatment) continues with the paediatric dentist while orthodontic treatment progresses

What Phase 1 Treatment Involves

Phase 1 treatment typically lasts 9-18 months and may involve:

- **Palatal expanders** to widen a narrow upper jaw - **Functional appliances** to encourage lower jaw growth or restrain upper jaw growth - **Partial braces** on the front teeth to correct crossbites or align severely displaced teeth - **Space maintainers** to hold space for adult teeth after early loss of baby teeth - **Habit-breaking appliances** for persistent thumb sucking

After Phase 1, there is typically a monitoring period while the remaining adult teeth erupt. Some children will need a shorter Phase 2 of comprehensive treatment in their teenage years, while others may not need further orthodontic treatment at all.

The CDBS and Getting Started

The initial assessment and diagnostic records are the first step. Eligible children aged 0-17 may access up to **\$1,095.60 in dental benefits over two consecutive calendar years** through the Child Dental Benefits Schedule (CDBS) for general dental care at the Tooth Fairy Centre.

If your child is approaching age 7, or if you have noticed crowded teeth, a crossbite, mouth breathing, or protruding front teeth, an assessment is the right place to start. Visit [toothfairy.com.au](<https://toothfairy.com.au>) to book at any of our 7 Melbourne locations.