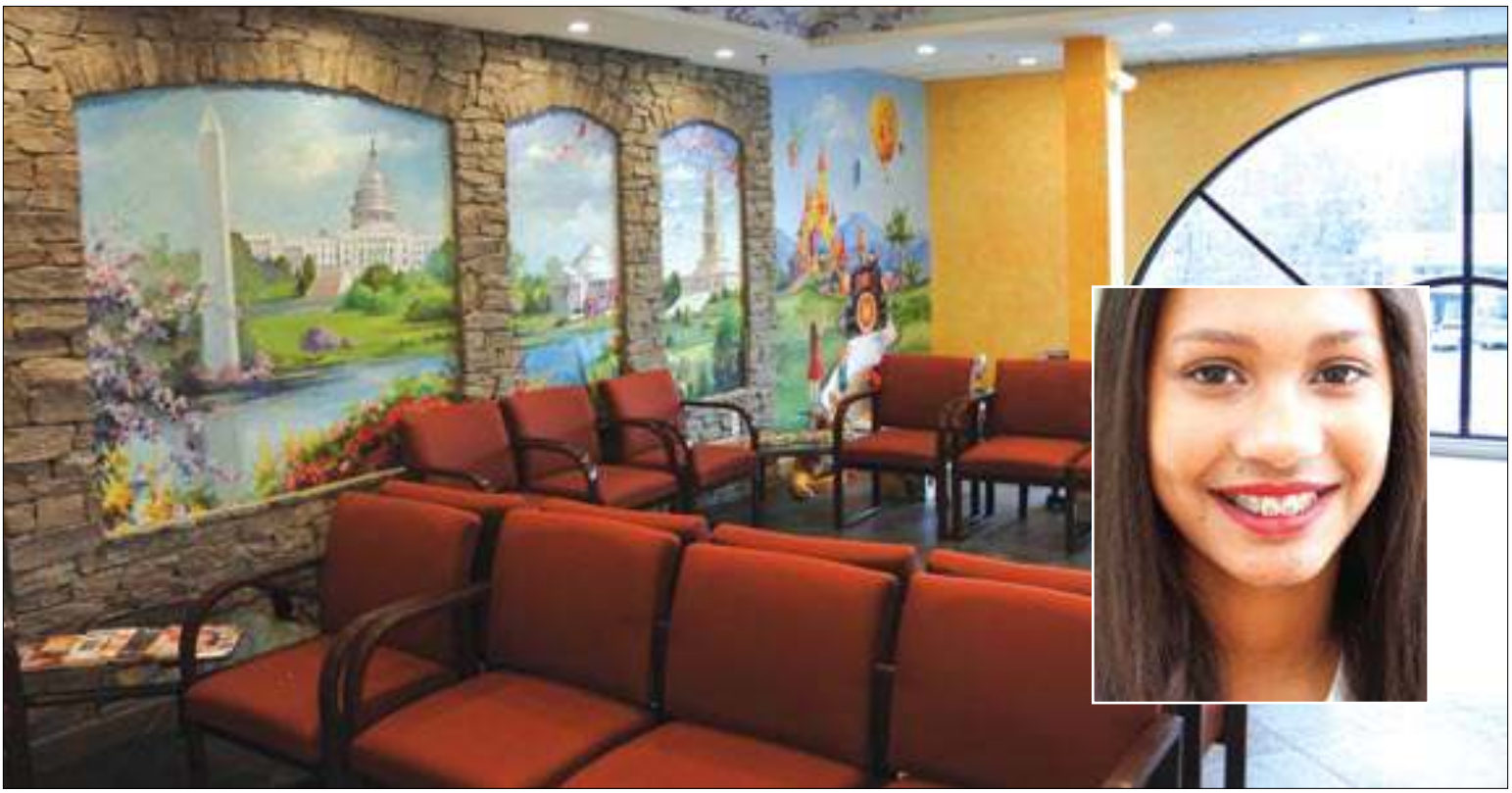

DR. SHORHEH SHARIF

Early Orthodontic Care

SOLID DIAGNOSTIC EXPERIENCE CRITICAL TO FINDING THE APPROPRIATE TREATMENT PLAN

BY JOHN BYRD

Dr. Sharif, who has been practicing for 23 years. is a diplomate *of the American Board of Pediatric Dentistry and an assistant professor at Howard University.*

Having opened a second branch in Merrifield earlier this year, Greater Washington Dentistry (GWD) is balancing traditional pediatric dentistry with orthodontics. Dr. Shohreh Sharif, who has practiced and taught pediatric dentistry for more than 20 years, notes that practicing early orthodontic treatment for children is evolving rapidly, partly driven by parents who are eager to give their children every advantage in presenting an appealing appearance.

"It can be all too easy for parents to overlook the importance of an early evaluation of their children's teeth," Dr. Sharif says. "When children are five or six, the assumption may be that baby teeth are naturally replaced by emergent adult teeth, and that the whole process doesn't need much attention. This is, of course, naive. In fact, we have found that by age seven an orthodontic evaluation is essential to determining whether teeth are properly aligned, and assessing what can be done to assure optimal functioning and aesthetic appeal."

At Greater Washington Dental, early treatment (also known as "Phase One") may typically begin at around age eight or nine (with Phase Two underway at around age 11 or older). The goal, says Dr. Sharif, is to correct the growth of the jaw and certain bite problems, such as "under bite." Creating room for permanent teeth to grow properly while avoiding the need for future extractions are also early phase priorities.

How to know if a child needs early orthodontic treatment: Typically, a child starts losing teeth at around age five and by 13 has formed all their permanent teeth. This means there's a short window–about eight years–to make corrections that may otherwise result in permanent problems.

EARLY PREVENTION OPTIONS

Crowded teeth, excess space between teeth, misaligned jaw growth, protruding teeth, and bad bites are among the major indicators of emergent orthodontic

issues. These problems may be inherited (genetic), caused by injury to the mouth, by early or late loss of baby teeth, or by thumb-sucking habits.

Attention to these considerations at an early age is prudent. Children generally lose all of their baby teeth by age 13 and by the end of their teen years the jaw bones stop growing and harden. Because of this increase in bone density, orthodontic procedures for adults take more time and may even require tooth extraction or oral surgery. A top goal for childhood treatment is, therefore, to prevent the need for adult orthodontics and to sharply curtail any future extraction requirements or surgery.

COMPREHENSIVE PLAN

The primary purpose of GWD's comprehensive treatment approach is to achieve a healthy, functional and aesthetically-pleasing orthodontic result that will remain stable throughout the patient's life. The GWD process combines tooth straightening with a focused assessment of physical and facial developments currently underway.

PHASE ONE:

Phase one helps the jaw develop in a way that will accommodate all permanent teeth and improve the alignment of the upper and lower jaws. Children often show signs of jaw problems as they develop. An upper jaw that is growing too much–or is too narrow–is easy to diagnose at an early age. When children over the six are found to have this symptomatic jaw discrepancy, they are good candidates for early orthodontic treatment.

PLANNING A WINNING SMILE

Above all, precipitous orthodontic treatment can eliminate the need to remove permanent teeth later, or to implement jaw re-alignment procedures.

GWD's orthodontic records help determine the type of appliances needed, the probable duration of treatment, and the optimal frequency of visits. Records consist of models of the teeth, X-rays and photographs. During a child's initial consultation, the records help forecast whether early treatment is appropriate.

RESTING AND MONITORING

Teeth are not in their final positions at the end of first phase treatment. This is accomplished by selectively removing certain baby teeth in the second phase. This generally entails a period of observation via appropriate recall appointments.

PHASE TWO:

The goal of the second phase is to assure that each tooth has an exact location in the mouth which harmonizes with lips, cheeks, tongue and other teeth. Once this critical equilibrium has been established, teeth will function together properly. Phase Two often requires full upper and lower braces.

While the first phase concentrates on a diagnosis leading to a treatment plan (and prescribes appliances where needed), the second phase can only begin when all permanent teeth have erupted. This often requires braces on all teeth for an average of 18 months. Retainers may be prescribed after this phase to assure that all the features of a beautiful smile are properly supported.

As literature on early orthodontics makes clear, the advantages of good dental health and an attractive smile to your child's psychological well-being are enormous.

"We have found that by age seven an orthodontic evaluation is essential to determining whether teeth are properly aligned, and assessing what can be done to assure optimal functioning and aesthetic appeal."

–Dr. Shohreh Sharif

Opposite: Greater Washington Dentistry's new Merrifield facility on Lee Highway is offering pediatric, orthodontic and general dentistry services. The practice is now seeing adults as well as children.

Above: Three-dimensional imaging, digital x-rays and intraoral cameras are among the technologies applied to obtain accurate diagnosis and treatment.

Inset: Young child benefitting from early orthodontic care.