

## FACT OR FICTION??

- Braces will do the same thing as an expander if you just wait until they're older and all their permanent teeth have come in. *FICTION*. Braces simply move teeth within the bone that is present. Braces can temporarily push teeth outward to create room, but unless the bone foundation is enlarged with an expander, the underlying problem still exists. Hence, relapse occurs. Another risk of creating room without enlarging the bony foundation that often presents is delayed gum recession.
- Bonded expanders can cause my child's palate to get infected. *FICTION*. Bonded expanders that are sealed over the teeth actually prevent cavities from forming. A disinfecting rinse is also utilized with expanders to keep the tissue healthy. Slight redness around the gum line and roof of the palate is sometimes present when the expander is removed, but heals quickly within 1-2 days.
- Expanders can change the way my child's face looks. *FICTION*. We have a very specific protocol for expansion in our office. We do not "over-expand." Medically, the upper arch is technically ideal when it is only 5 mm larger than the lower arch. We meticulously measure every patient's dental models to mathematically determine the unique number of expander turns necessary for each patient. By doing this, we prevent over expansion and thus prevent any changes in the face from occurring.
- My child will talk funny with an expander. *FACT*. Expanders take up additional space on the roof of the mouth. Although it is minimal, the tongue has to learn how to move properly within its new dimensions. Children adapt very well and after the expander is removed, speech immediately returns to normal.
- Expanders can help my child's allergies, sleep apnea, and/or mouth breathing. *FACT*. Numerous studies going all the way back to the 1800's, up through the current studies of today, are continually confirming the positive correlations between maxillary palatal expanders and improved upper respiratory issues. By increasing the width of the palate, we are simultaneously increasing the width the airways, as the two are interconnected. Most of our own patients with these concerns have seen a huge improvement and are grateful to have normal breathing restored following treatment.
- A child is inevitably going to grow and develop a certain way no matter what early intervention treatment is tried, so just let them mature and then treat the problem. *FICTION*. Thousands of early treatment cases have proven otherwise. Very rarely do we see an early treatment patient whose growth pattern was so strong that intervention wasn't successful. Often times, a second phase is not even needed because phase I actually prevented problems from occurring.
- Medical experts agree that treating kids at a young age can be harmful. *FICTION*. In fact, the American Association of Orthodontics (AAO) believes that early treatment is so beneficial in treating certain conditions that they recommend all children have an orthodontic evaluation by age seven.