Orthodontic treatment planning.

The first stage in treatment planning is to summarise the patients malocclusion to produce a problem in order of priority.

Planning of lower arch- in particular the anterior-posterio position of the lower labial segment, which lies in a narrow zone of balance between lips and tongue.Movement beyond this narrow zone is likely to result in unstable result. The following should be evaluated and if indicated space is required in lower arch: presence of crowding/spacing or acceptable alignment. depth of overbite, levelling an increased curve of sped. midline shift; space will be required to correct this. Moderate/severe crowding will require extractions to provide space for alignment of teeth. For relief of mild crowding, arch expansion may be considered, or sometimes distal movement of first molars

Planning lower arch: Planning the final buccal segment relationship and need for closure of any residual spaces. Potential for spontaneous space closure depends on: degree of initial crowding, age of patient, the vertical pattern of facial growth.

Plan the mechanics and consider anchorage demands.

Treatment timing

Retention: in general following treatment with removable appliance, 6months of retention (3months full time with appliance removed at meals followed by 3months night time only). Following fixed appliance, retention with removable appliance is 1yr. Following functional appliance, retention is advised till growth reaches adult levels.

Prognosis

Final presentation: outline clearly the objectives of each stage of treatment. Use of good colour photos of appliance to be used and if headgear is required. An outline of likely appointment intervals, together with an estimate of overall duration of treatment. The need of maintenance of a high standard of oral hygiene should be emphasised. Potential risks of each treatment should be outlined and explained. Finally informed consent obtained or may be deferred until patient wishes.