

Diagnosis and Treatment



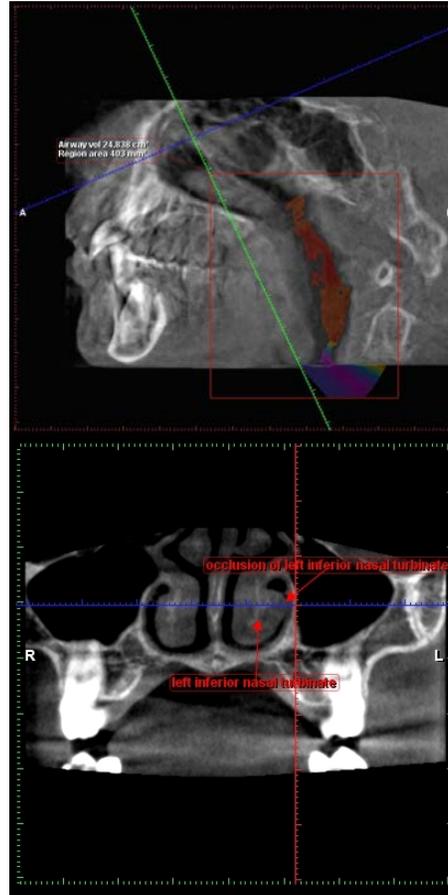
Palate Expander

This appliance consists of two halves connected in the middle with an expansion screw. With a special key turning the screw a very small measure, each day will induce pressure at the intersection of the two palatal bones.

This pressure will progressively move the two bones apart. At the end of the desired expansion, the expander will be left in a number of months to give the bone time to stabilize to the expansion. This will take on average 6-12 months from start to finish. Other designs of expanders may also be used.

A retainer may be needed once the expander is removed.

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3D Imaging

3D imaging of the upper jaw, lower jaw or airway allows us to see areas of the oral facial airways that would not be visible on a 2-D panoramic x-ray. These may include airway obstructions, cysts, enlarged nasal turbinates or a deviated nasal septum.



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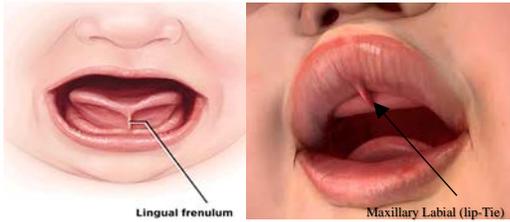
Children's
DENTAL SPECIALTIES

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**ORAL TIES,
AIRWAY
AND
FACIAL
DEVELOPMENT**

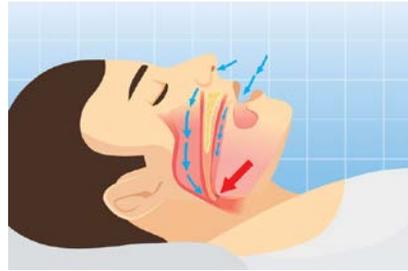


Tongue and Lip -Tie

Tongue-Tie is an (abnormal) attachment of the frenum that fastens the tongue to the floor of the mouth, which may interfere with the normal mobility and function of the tongue.

Lip-Tie is a remnant of tissue in the midline of the upper lip and the gum that holds the lip attached to the gum (gingiva), which may interfere with the normal mobility and function of the upper lip and teeth.

- Inability to chew age appropriate solid foods. Gagging, choking or vomiting foods
- Persisting food fads (picky eating)
- Difficulties related to dental hygiene and Early Childhood Caries, an increased need for fillings and extractions due to cavities
- Mouth breathing
- Persistent drooling
- Delayed development of speech or deterioration of speech
- Bite problems starting to appear: crossbite, narrow palate
- Asymmetry of face, protrusion of the lower jaw, midface deficiency
- Strong, incorrect habits of compensation being acquired, such as abnormal swallow
- Sensitivity about personal appearance
- Behavior problems
- Sleep Problems



Sleep Disordered Breathing (SDB)

Sleep Disordered Breathing includes sleep disorders from snoring to obstructive sleep apnea. Interferes with normal breathing and interrupts sleep.

Common Signs:

- Allergies/Asthma
- Frequent Colds
- Mouth Breathing
- Dry, Swollen or Enlarged Tonsils
- Stunted Growth
- Mouth-Open Eating
- Delayed Speech
- Learning Difficulties
- ADD/ADHD
- Poor School Performance
- Aggression and Defiance
- Bullying Others
- Daytime Sleepiness
- Dark Circles Under the Eyes
- Snoring or Noisy Breathing
- Butt-Up Sleeping
- Bed Wetting
- Nightmares/Terrors
- Night Sweats
- Restless Legs
- Anxiety Attacks
- Dental and Dentition Issues
- Teeth Grinding
- Bad Breath
- TMJ Pain
- Hypertension
- Metabolic Syndrome

Habits such as; pacifiers, bottles, thumb/finger-sucking, force the gums and teeth inward and the roof of the mouth upward. Narrow palate accompanies failure to establish nasal breathing.

Common Symptoms of Sleep Disordered Breathing



Dentistry can help with Sleep Disordered Breathing (SDB). In fact, in cases where the development of compromised airway is caught early enough, oftentimes we can reverse and restore the child's ability to breath freely through the night and improve growth and development.