

Welcome to our Practice!



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This book was prepared especially for you to answer some of your questions, and also to help explain orthodontic procedures that may be used in your treatment.

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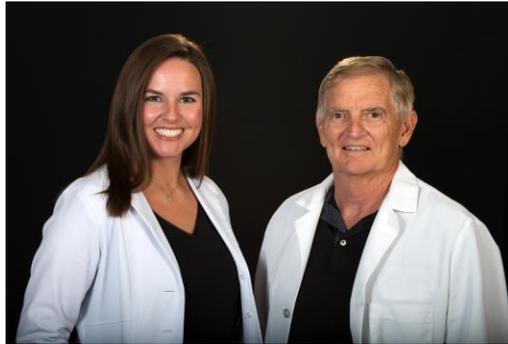
Why you have selected an Orthodontist.

Just as there are specialists in medicine (such as cardiologists, gastroenterologists, neurologists, etc.) there are specialists in dentistry. Orthodontists are specialists dedicated to correcting misaligned teeth and jaws.

Selecting an orthodontist who is a member of the AAO (American Association of Orthodontists) is your assurance that you have chosen a dental specialist with the proper approved specialty training. An orthodontist attends an additional 2-3 years of post-doctorial training at an accredited program approved by the American Dental Association. Although any dentist technically can provide orthodontic services, only a specialist called an ORTHODONTIST has successfully completed the additional requirements to be proficient in this special part of dentistry.

Orthodontists diagnose, prevent and treat dental and facial irregularities. The majority of members of the American Association of Orthodontists (AAO) limit their practices to orthodontics and dento-facial orthopedics. Orthodontists treat a wide variety of malocclusions (improperly aligned teeth and/or jaws). They regularly treat young children, teens and adults.

A few things that separate us from most...



We want to make each appointment comfortable and informative for both patient and parent. You will be seen by the assistant and doctor at every appointment. We welcome parents to be at each appointment if they choose. The best time for appointments to be made is at the end of the current appointment. This will help to guarantee an appointment time that best suites you. We do also have our business center for parents who are waiting. In our business center, we will have the news channel on television and we do also offer internet access for adults.

This booklet should be with you at the appointment in which you are getting your braces on. The assistant will go over instructions and review the booklet with you. This book was designed as a guide to what to expect throughout your treatment. Also, to help answer questions you may have before and during treatment.



At every appointment you will be given a progress report for the past 6-10 weeks. This report will grade your brushing, appliance care, wearing your t-shirt to appointment (given at the appointment when braces go on.), and anything else you have been prescribed to do since last appointment. Such as, wearing rubber bands, headgear and turning your expander. You will be given points on each progress report. These points will need to be kept track of by you. Once you have 25 points collected you may pick a prize from the prize cabinet. We also have a school board for all our patients to see. All children in school are offered the option to be placed on the school board. This allows the you to see which classmates are being treated here as well.

What you can do to make your treatment pleasant

Extra care of the mouth is necessary during treatment. Appliances are very delicate (although strong enough to do their jobs), and they will not stand undue abuse or neglect. Even absentminded chewing on your pen or pencil can cause damage.

Be very careful about the types of food you eat and the manner in which you eat them. Hard foods and sticky foods, such as caramel, gum, popcorn, and nuts do a great deal of damage to your braces.

Keep your braces and teeth EXTRA CLEAN. No matter how carefully we prepare and clean your teeth in our office, only special care at home will keep them clean. Only you can take care of them.

See your General Dentist every 3 months for professional cleanings.

Successful orthodontic treatment is a TEAM EFFORT.

Here are some helpful hints in order to make your orthodontic experience a pleasant one:

- Extra care....
- Be very careful....
- Keep your braces....
- See your General Dentist....
- Follow the instructions that your orthodontist has given you. NO SHORT CUTS. This will assure success and a beautiful smile.



How to be a happy patient

You can be a happy patient so much more easily than “the other kind!” First, we are always glad to see you. Your interest and cooperation makes our job a pleasant one. If YOU do the following things faithfully YOU will reap the benefits.

KEEP YOUR APPOINTMENTS as they are scheduled. We appreciate it when you and your parents look ahead on the family calendar and check for any conflicts. When you call early, instead of waiting until your appointment day, we can re-appoint easily and not delay your progress.

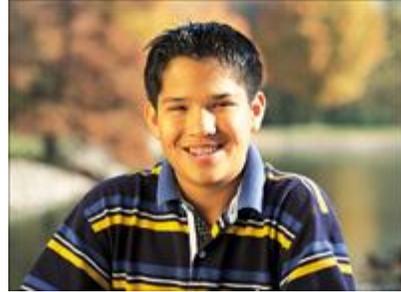
FOLLOW ALL INSTRUCTIONS. Please brush as we show you, wear your appliances exactly as instructed and always avoid harmful foods. When scheduled for a headgear or other removable appliance check, please bring it with you. Please realize that forgetting the appliances can result in a wasted appointment.

Join our happy team on your very first appointment. Let us SMILE with you right down the road to that wonderful day when your braces are removed and your beautiful teeth are your life-long reward for having been such a great patient.



How long will my treatment take?

The length of treatment varies depending on the complexity of the orthodontic problem that requires correction, growth and tissue response to treatment as well as the level of patient cooperation during treatment. Orthodontic care requires a team approach in which the family dentist, the orthodontist and the patient play key roles that can impact the length of treatment and the quality of the end result. Generally, the length of comprehensive orthodontic treatment can range from approximately 12 months to 30 months,



depending on treatment options and individual characteristics.

What is expected of me? Patient cooperation is the key!

Like other types of health care, patient cooperation with the directions of the orthodontist are key in determining the length of treatment and the quality of the outcome. Patients cannot sit back and relax and let the braces do all the work for them. In many instances, patients' cooperation is needed to help make sure the bite is right. Aligned teeth within each jaw won't stay optimally aligned unless the teeth of each jaw fit properly together. Patient compliance with rubber band wear, functional appliance wear or headgear wear can be very important in insuring a successful outcome.



In addition, while in braces, you will need to see your dentist for cleanings every **three months.**

Proper cleaning of the teeth to remove food debris and plaque is important to prevent cavities, gum disease and permanent scarring of the enamel.

In general, you should expect to be an active partner in the development of your new smile. It is your smile, after all.



Are your teeth too big?

From time to time, a set of teeth will appear to have been meant for a larger jaw and it looks as if there are too many teeth in the mouth. Actually, nature rarely puts too many teeth in the mouth. She counts them out very carefully before installation. However, when teeth are very large, it sometimes looks as if there are too many teeth in the mouth. We call this crowding and we can predict at an early age if the adult mouth will be crowded. If severe crowding will result as you get older, we know that certain permanent teeth may have to be removed. This will allow the remaining teeth to erupt into a more normal position.

When to remove baby teeth

If your permanent front teeth do not have enough room to erupt properly, it is often advisable to remove certain baby teeth in sequence. This is called serial extraction. The advantages are...

...minimized severe crowding and/or rotations of the front teeth.

...reduced chances for tooth decay and tissue damage that often occur when teeth are crowded.

...teeth can be straightened, resulting in a healthier and better looking mouth.

The taking out of baby teeth does not permanently solve the problem, nor does it eliminate the possible necessity for removing permanent teeth later.

As far as dental space is concerned, extracting now is "robbing Peter to pay Paul," but it is one of the kindest procedures we have found for guiding permanent teeth into a more normal relationship.

Serial extraction affects each individual jaw separately but does nothing to coordinate the two. The way that the upper and lower jaws meet and relate to each other is called your bite. Orthodontic appliances are usually required at a later date to complete the correction.

Bad habits that could cause problems for your teeth



Thumb sucking

Mouth breathing

Fingernail biting

Tongue thrusting



Bad habits must be stopped to ensure successful treatment

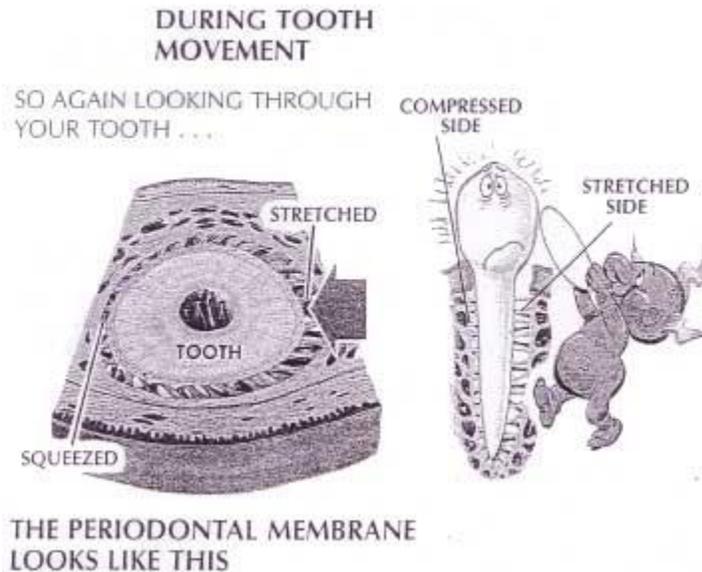
Before orthodontic treatment can succeed, these habits must be corrected. They must stay corrected following treatment or the corrections will not be permanent.

On your first visit, these habits were watched for and perhaps brought to your attention. Where possible, help has already been completed or has been suggested as part of the treatment.

Sometimes an abnormal habit cannot be detected before treatment begins. In such cases we often start corrective measures once the habit is detected.

Teeth can be moved by light forces pressing in the right direction. (This is the way orthodontic treatment works.) But pressing in the wrong direction can lead to other problems.

How a tooth moves



Orthodontic pressure starts the process allows a tooth to move from an incorrect position to a correct position. This orthodontic pressure must be a light, continuous force. In other words, in order to move teeth, the pressure must be 24 hours a day.

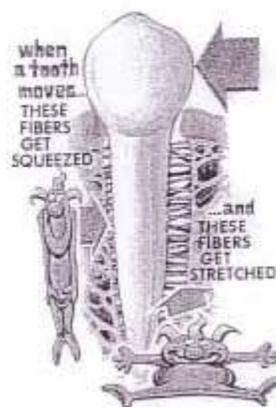
With pressure from your braces your tooth starts to move. Nature helps the tooth loosen to relieve the pressure, but there is temporary discomfort while this happens. Gradually the bone makes room on the compressed side and new bone grows in to support the stretched side...so the supported tooth becomes comfortable again.

But we can't stop there! On your next appointment the process is repeated. Once your tooth has loosened from this first movement, each new adjustment is easier and little or no discomfort follows.

Once your teeth have been placed where we want them your retainer holds them in their new position allowing the bony support to return to a normal and stable condition.

Tooth movement is really a normal physiological process that allows your orthodontic correction to occur.

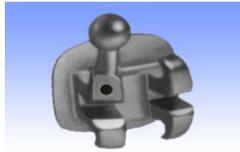
WITH PRESSURE FROM YOUR BRACES YOUR TOOTH STARTS TO MOVE



The Orthodontists tools are called Appliances.

Drs. Dunn and Savastano's job is to control and move teeth with maximum accuracy and efficiency. There are a number of treatment alternatives available to the Orthodontist.

Brackets are of three types:



Stainless Steel- These brackets are bonded directly to the tooth surface and receive archwires. The archwires then provide a method for us to move your teeth.

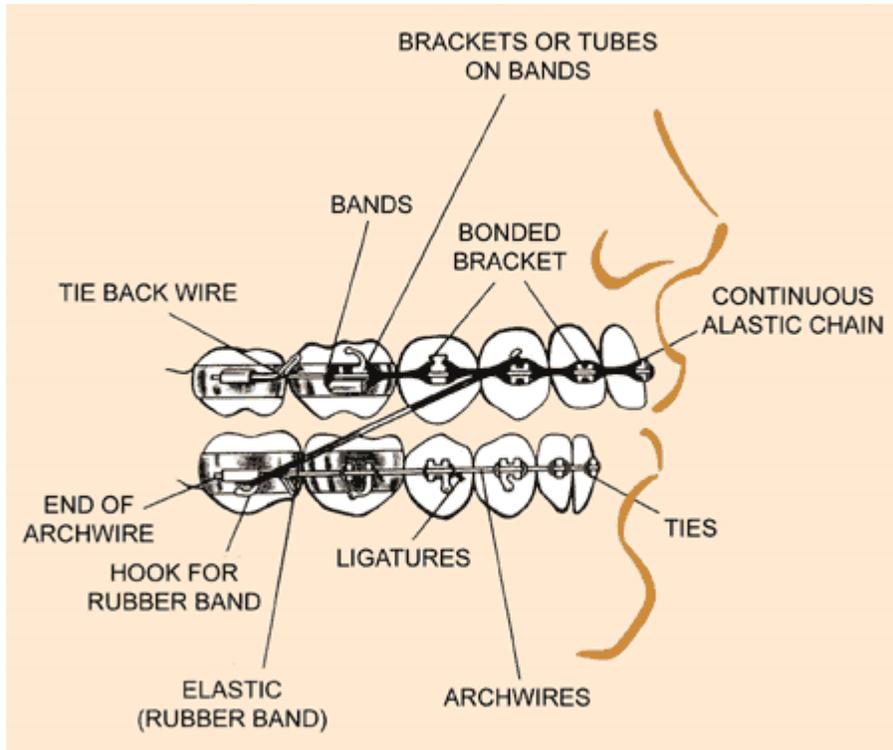


Self ligating brackets- Self ligating means that the wire is held into the brackets by tiny clips unlike the steel brackets that need small elastics to keep the wire in place.



Ceramic- These brackets function the same as the self-ligating brackets. The difference is that these brackets are made of a translucent material that is equally strong.

These are the most important parts of our
standard appliance



Bonded brackets- It is no longer necessary to cement a band around each tooth in order to hold the “handles” or brackets in place. Braces are usually bonded or cemented directly to the tooth surface. Once treatment is finished the brackets are removed and the tooth surface is polished free of the cementing materials.

Bands- These are thin bands of metal, carefully fitted to the tooth and then cemented in place. They carry brackets, tubes, or rotating levers (in other words, they become a handle on your tooth). They give us a way to grasp and control each individual tooth.

Archwires- These act as a guide or track along which teeth are to be moved. They are changed throughout the treatment. Each change brings us closer to the ideal tooth position.

Ligatures- The archwire is held to each bracket with a ligature, which can be either a tiny alastic or a twisted wire.

Here are some of the tools the orthodontist may use in combination with the braces.

Headgear: The headgear can alter the direction of facial growth. They work by inhibiting the upper jaw from growing forward, or the downward growth of the upper jaws, or even help bringing teeth back, if that is indicated. Also, by holding the upper jaw, it allows the lower jaw to “catch up” simply by developing at its natural rate.



Reverse pull headgear: This headgear allows rubber bands to hook on the upper braces and pull the upper teeth and jaw forward. This helps correct underbites and thus helps to achieve a more pleasing profile.



Headgear Treatment

Headgear therapy is one type of an early correction devise. It consists of placing bands (metal rings) around the upper six year molars to act as anchors onto which the headgear fits.

Now your part...

1. For regular headgear, we start our patients off wearing it 16 hours each day, or as you have been instructed.
2. For reverse pull headgear, our patients start out wearing it 8 hours each night.
3. Some temporary discomfort may be experienced during the first night or two. Molar teeth may become tender and even a little loose.
4. Once you start headgear treatment, you must keep it up continuously. Wear the headgear as instructed. If you leave it off for just one night, you may have to wear it MANY EXTRA NIGHTS and extend your treatment unnecessarily.

Of course, never wear your headgear any if you are rough-housing or playing any game when the headgear might be hit or pulled.

You always want to bring all parts of your headgear to the office on each visit, along with your headgear scorecard. This card is given to you to keep track of the daily hours you are wearing your headgear.

Herbst: This appliance is designed to move the lower jaw forward and “catch up” to the upper jaw growth. It is cemented to the teeth using stainless steel crowns.



The Herbst appliance

There are many methods that orthodontists use to correct a particular problem. In your case we may decide that the Herbst appliance will help bring your chin forward and improve your bite.

By holding your lower jaw forward, three things will happen...

- The profile is improved.
- In as much as your face is still growing, this position will help speed the growth of your lower jaw.
- With the jaw bones in better alignment, it becomes easier to place the teeth in their correct position.

Here are some things to expect now that you are wearing this appliance:

1. You may have some light tenderness of your jaw muscle during the first week or two.
2. There may be some irritation to the inside of the cheeks.
3. The screws are necessary to allow the jaws to work freely. This allows you to chew with as much ease as possible.
4. Placing soft wax over these places will help. As your mouth becomes accustomed to having the appliance in place twenty-four hours a day, you may discontinue the wax.

5. If soreness persists after two weeks, call us. We want you to be as comfortable as possible.
6. During your first few days you may have to eat a soft diet until you become accustomed to chewing in the new position. Gradually you may go back to a fairly normal diet. There are some foods to avoid which are mentioned a little further in this book.

Now some **precautions**: Please don't play with your new appliance. If you open too wide, the little plunger attached to your lower jaw may slip out of the sleeve that is attached to your upper jaw. Should this happen, look in a mirror, open very wide, slip the little rods or plungers into the tubes or sleeves of the upper part and close normally.

Brushing your teeth with your Herbst appliance requires some extra time. Brush thoroughly all around and leave no food trapped under the tubes. If you have a water irrigator, such as a Water Pik, rinse thoroughly once or twice a day. Rinse each day with a fluoride rinse. Brush normally, rinse, and then rinse with fluoride. Do not rinse after using the fluoride.

Take care of your appliance and you will be amazed how quickly your jaws will change.

Palatal expander: This appliance helps to widen the upper jaw in cases where it is narrower than the lower jaw.

There are certain types of orthodontic problems that are caused by the lack of enough bone growth to accommodate the upper teeth. In other cases there is room for the upper teeth but the palate, or roof of the mouth, is so narrow that speech is impaired or made difficult. In still,



another type, the palate is so high that it actually cuts down on the amount of air that can pass through the nose, so that deep breathing, without opening the mouth, is almost impossible. In all of these cases, a palate expanding device is most helpful.

Well, that sounds pretty drastic, doesn't it? Surprisingly though, it really isn't. The maxilla, or upper jaw, is joined in the center by a suture, or joint, which allows it to be painlessly separated and spread. Temporarily you may see a space develop between your upper two front teeth. This will slowly go away in a few weeks. Once this has occurred, the two halves knit back together over the next 9-12 months and new bone is laid down to make the jaw wider.

So that's how your palatal expanding device works. Your teeth will be a bit uncomfortable for a day or two, and sometimes, about a week after the device is cemented into place, you may feel a little "itching" in the roof of your mouth. Don't worry, this is normal because the fibers there stretch and expand.

Special care must be given to keep this appliance clean:

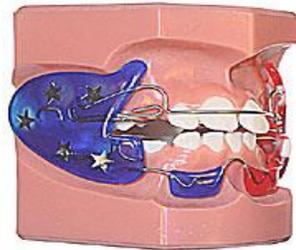
- Brush as usual.
- Use the water pik to flush out between the expanding screw and the roof of your mouth.
- Use your favorite mouthwash to swish it clean.

This palatal expanding device is cemented in place and the screw must be turned by you or a parent each day—usually once in the morning and once at night.

The key is inserted into the hole and then pushed all the way to the back toward the throat. This will bring the next hole into view.

After the palate has been widened enough, it is necessary to hold it so new bone will fill in. This usually takes about a year. We need to give the upper jaw bone time to take its new shape permanently.

Frankel: This is another orthopedic appliance that is designed to help your jaws develop normally and help you achieve facial balance.



This appliance makes skinny or narrow jaws grow wider, while also making the lower jaw grow forward. In some instances, the upper jaw may be expanded before treatment to help eliminate crowding problems.

The important thing to remember is that these appliances can give you a really NICE face – A face that looks more “balanced,” with a normal jaw line and a pleasing smile.

Your jaw really needs a lot of persuading to grow properly. So, your orthopedic appliance must be worn nearly all the time. That means that you may take the appliance out at meals, for sports, and for some language lessons at school.

Success with removable appliances depends on your being an active team member by wearing them as directed by your doctor. For some patients, this success takes 12 months, but the actual time depends on how fast you grow and how helpful you are with your treatment.

Growing jaws is hard work. If you persevere, you will see improvements in a few months – and changes that will last a lifetime.



S-P-A-C-E-R-S

OR SEPARATORS

To make it easier for you, before placing your braces, we may have to make space between your teeth to allow the bands to go into place.

Small plastic modules are placed between the molar teeth. Then slowly, over a few days they gently move certain teeth slightly apart to allow us to accurately place bands during your next appointment.



This may cause temporary soreness but that goes away in a few days.

Rinsing with warm salt water can help relieve this soreness and even your usual chewing can help your teeth get back to normal.

It is important that if you lose a spacer, call us so we can replace it. The other option would be using two pieces of floss to replace the spacer. We will show you how to do this when we place them initially.

You will continue to floss normally except for the area we placed the separators.

Now...

About Rubber Bands



During various phases of treatment, small elastics or rubber bands are used as a gentle but continuous force to help individual tooth movement or the aligning of one arch with the other.

**TEETH HAVE NEVER FAILED TO MOVE WHEN elastics
ARE CONSISTENTLY WORN, AS DIRECTED.**

But- When they are worn one day and left off the next, your treatment slows to a standstill or stops.

Why? Because the tooth “jiggles” back and forth and actually sets up a resistance that virtually prevents normal movement.

Follow instructions EXACTLY, and you will get better, faster, more comfortable results.

Usually, after about two days, any discomfort from the elastic disappears. But if you leave them off “to let my teeth feel better,” you have done exactly the wrong thing! Stay with them.

In most, though not all orthodontic treatment, the rubber bands are used following the first few months of treatment. If we assign them to you, take heart- they play a big part in getting your braces off on time!

The clear alternative to braces.



invisalign Learn how to smile again.

Invisalign uses a series of clear aligners that are custom-molded to fit you. The virtually invisible aligners gradually reposition your teeth into a smile you'll be proud of.

- Remove your aligners to eat, brush and floss
- Change aligners every two weeks
- Your teeth move little by little
- We see our Invisalign patients every 6 weeks
- Results often in 9-18 months



Why do people prefer Invisalign?

The convenience and ease of use of the Invisalign system have made it the choice of over half a million people. In fact, Invisalign has been effective in giving hundreds of thousands of people amazing new smiles.

- Most people won't notice you're in treatment
- It won't disrupt your lifestyle
- Complimentary initial consultation with Dr.'s Dunn & Savastano

Eating Habits

And Orthodontics

Avoid eating:



HARD FOODS

STICKY FOODS

FOODS HIGH IN SUGAR CONTENT

These are Foods that are appealing, but dangerous.

The following few types of food may cause trouble, as may other foods. Use common sense or, if you are in doubt, ask us about some food you enjoy eating.

HARD FOODS may do damage by bending wires, loosening cement under the bands or breaking the little brackets and tubes, which are attached.

STICKY FOODS damage appliances by bending wires and pulling cement loose.

FOODS HIGH IN SUGAR CONTENT should be avoided whenever possible. If you do eat any of them, brush your teeth immediately. If not convenient to brush, then always rinse your mouth with clear water after eating very sweet foods such as cake, candy, or soft drinks.

DON'T EAT:

Popcorn, Nuts, Peanut Brittle

Ice (*not even if you are careful*)

Lemons (*pure lemon juice can hurt your tooth enamel*)

Corn-on-the-cob

Doritos, Fritos, Crisp tacos..

Hard Breads; French Bread, Bagels, Pizza Crust, etc.

Taffy, Caramel, Gummy Bears, Fruit roll ups,

Starburst, or any other sticky foods.

Lifesavers, or any hard candy that you have to bite into.

Gum (*not even sugar-free*)

Pizza Crust (*the hard outer edge*)

BE CAREFUL WITH THESE FOODS:

Carrots- (*grate or cut into tiny pieces*)

Apples (*cut into tiny pieces*) **NEVER** bite from a whole apple!



Any foods that you would normally bite into, cut into small pieces.

OTHER ORTHODONTIC “NO-NO’S”:

-Lip biting

-Pushing your tongue against your teeth.

-Chewing on pens or pencils

-Tearing things with your teeth

-Biting your fingernails.

Achieving a healthy, beautiful smile is a project—one that requires careful attention, a diligent commitment, and yes, even some lifestyle adjustments. But the rewards are worth it!

Emergencies:

What to do if you damage your appliances

To make your treatment as quick and effective—and comfortable—as possible, here are some things you need to know:

True Emergencies

Trauma to tooth – Call your dentist to report any trauma.

Orthodontic Emergencies and Other Problems



Many common orthodontic “emergencies” can be handled easily at home. To help you accurately describe an emergency situation to the orthodontist, use the diagram at the end of this section, which illustrates and names each part of a typical set of braces. A list of supplies to keep on hand is also posted at the bottom of this section.

A Bracket is Knocked Off

Brackets (see diagram) are the parts of braces attached to teeth with a special adhesive. They are generally positioned in the center of each tooth. If the bracket is off center and moves along the wire, the adhesive has likely failed. Call your orthodontist, who will determine the course of action.

Remember, brackets can become loose as a result of chewing on hard, sticky or chewy foods or objects as well as from physical contact from sports or rough housing.

Be sure to wear a protective mouth guard while playing sports!

The Archwire is Poking

If the end of an orthodontic archwire is poking in the back of the mouth, attempt to put wax over the area to protect the cheek. Call the orthodontist to schedule an appointment and have that clipped. If you are uncomfortable, make sure you inform the orthodontist.

“Ligature Wire” is Poking Lip or Cheek

Use a **Q-tip** or **pencil eraser** to push the wire so that it is flat against the tooth. If the wire cannot be moved into a comfortable position, cover it with relief wax.

Loose Brackets, Wires or Bands

If the braces have come loose in any way, call our office to determine the appropriate next steps. Save any pieces of your braces that break off and bring them with you when you come in to see the orthodontist.

Irritation of Lips or Cheeks

Sometimes new braces can be irritating to the mouth. A small amount of orthodontic wax makes an excellent buffer between the braces and lips, cheek or tongue. Simply pinch off a small piece and roll it into a ball the size of a small pea. Flatten the ball and place it completely over the area of the braces causing irritation. If possible, dry off the area first, as the wax will stick better. The patient may then eat more comfortably. If the wax is accidentally swallowed it's not a problem. The wax is harmless.

Mouth Sores

People who have mouth sores during orthodontic treatment may gain relief by applying a small amount of topical anesthetic (such as Orabase or OraGel) directly to the sore area using a cotton swab. Re-apply as needed. Call our office if the problem persists.

Discomfort

It's normal to have discomfort for three to five days after braces or retainers are adjusted. Although temporary, it can make eating uncomfortable. We encourage you to eat soft foods at first. If your mouth becomes sore you should rinse twice a day with warm salt water. Over-the-counter pain relievers such as acetaminophen or ibuprofen (in recommended doses), may be effective.

Lost Ligature (Rubber or Wire)

Tiny rubber bands known as alastic ligatures, are often used to hold the archwire into the bracket or brace. If an alastic ligature is lost, contact the orthodontist, who can advise you whether you need to be seen right away.

What if the Lip Gets Caught on a Brace?

Call us immediately. Apply ice to the affected area until you have the opportunity to be seen by your orthodontist or family dentist.

Food Caught Between Teeth

This is **not** an emergency. It can be resolved with a piece of dental floss. Use a floss threader with floss to try and remove the food. Also an inter-proximal brush to dislodge food caught between teeth and braces is helpful. These brushes are available at your local drugstore.

Supplies

- Non-medicated orthodontic relief wax
- Dental floss
- Sterile tweezers
- Small, sharp clippers suitable for cutting wire (such as a fingernail clipper)
- Q-tips
- Salt
- Inter-proximal brush
- Non-prescription pain reliever (acetaminophen or ibuprofen or any over-the-counter medication typically used for a headache)
- Oral topical anesthetic (such as Orabase or Ora-Gel)
- If you have any doubts, concerns, or questions about your orthodontic treatment call us right away.



Cleaning Tips

Keeping your teeth and gums clean with regular brushing and flossing is a good idea anytime. During orthodontic treatment, though, it becomes absolutely vital—and there are special considerations to keep in mind.

The importance of hygiene during orthodontic treatment: As you eat, your teeth, braces and appliances collect food. If food is left on teeth overnight, a thick plaque forms on the teeth and gums. Plaque causes bad breath, tooth decay and gum disease (swollen, puffy, red, overgrown, or bleeding gums).

Bleeding and swollen gums are a sure sign that plaque is not being properly removed. If your gums are swollen and inflamed, your teeth will not move as easily, you will experience more discomfort during your treatment, and white spots or decay will form on the teeth under and around the braces and appliances.

It is discouraging to work hard to straighten teeth, only to finish and find decay or white spots on the teeth. Don't let it happen to you. The following is essential for the proper care of your teeth and gums:

Waterpik- Drs. Dunn & Savastano highly recommend the use of a Waterpik to loosen food and plaque before flossing and brushing. The Waterpik should be used on the lower water pressure settings so the gum tissue is not excessively irritated. But remember, the use of a Waterpik does not take the place of good tooth brushing.

Soft Bristled Toothbrush – Use your toothbrush after each meal and before bedtime. A travel brush carried in a purse or placed in a locker is great for brushing after lunch. Examine your teeth for food and plaque and thoroughly clean all surfaces of the gums, teeth and braces. Re-examine your teeth to make sure all visible food and plaque have been removed. Repeat this step as often as needed to ensure that no visible plaque or food remains. Extra care must be taken in the area between your gums and the braces. Concentrate on brushing your gums and the gum line as well as your teeth.

Recommendations for Brushing with Braces

- Use an orthodontic toothbrush—these can prevent breakage of orthodontic appliances and are designed to reach better than standard toothbrushes.
- If possible, use an electric toothbrush with an orthodontic head (Such as a Sonicare). The high speed vibrations created by the electric toothbrush help break down plaque.

- Use a fluoride mouth rinse. This gives your teeth extra strength to fight tooth decay and helps wash away plaque.

Flossing

Some people think flossing is not as important as brushing, but it is just as important. Flossing removes plaque and food particles from between teeth and under the gum line -- cavity-prone areas your brush can't reach. If this plaque is allowed to build-up under the gum line, it can irritate your gums, and eventually lead to gum disease.

Failing to floss leaves 35 percent of your tooth surface, un-clean!

Recommendations for Flossing with Braces

- Even though it is more difficult than without braces, it is important to floss daily.
- Use a floss threader to help guide floss between braces or under the archwire.
- Rinse your teeth to wash away food or other particles that you have removed.



A Few Tricks - Since you probably watch some TV, try sitting down in front of the TV every day with a toothbrush (without toothpaste), and massage the teeth and gums for about 30 minutes. That will give you plenty of time to do a good job, and makes TV time more productive.

Or try brushing while listening to music or studying. You may want to use toothpaste to freshen your breath, but don't use toothpaste during this 30 minutes. Avoid the "once over lightly" technique. To concentrate better, you may use your left hand if you are right handed, and vice versa.

The most important time to brush is just before going to bed. Take your time and do it right.

Regular Dental Checkups - Although you are having your braces checked regularly, it is very important to continue to see your family dentist every 3 months for a thorough examination and cleaning of your teeth. If you experience difficulty with good oral hygiene, you might need to see your dentist more frequently.

Achieving a healthy, beautiful smile is a process—one that requires careful attention, a diligent commitment, and yes, even some lifestyle adjustments. But the rewards are worth it!

How to get the **BEST RESULTS** from your retainer

Now that your orthodontic treatment is completed, you must wear a retainer to maintain your new beautiful smile.

- The retainer must be worn 8 hours every night and be checked by the orthodontist as instructed.
- When you wake every morning and brush your teeth, the retainer should also be brushed with an anti-bacterial soap and water and put back in its case.
- We want the appliance to remain in perfect order, so...be gentle when removing, replacing and cleaning.
- Avoid playing or flipping the appliance with your tongue (this annoys others and eventually will loosen or break your appliance).
- With the appliance in place, your speech may be a little different, but that should also go away in a few days.



The safest place for your removable appliance is in your mouth or in its case.

Otherwise...The following may eventually happen:

DON'T:

- Put it in your pocket (you may break it!)
- Wrap it in a paper napkin or tissue. Garbage cans don't make happy hunting grounds.
- Leave it lying on your dresser. (Remember, little brothers and sisters are curious)
- **KEEP AWAY FROM DOGS B/C THEY WILL CHEW YOUR RETAINER AND DESTROY IT.**



At the completion of the active phase of your orthodontic treatment you begin the period we call retention. To retain means to hold. In the case of your teeth, they must be retained or held in their new positions until the tissues, meaning the bone, the elastic membrane surrounding the root, the gums, and the tongue and lips have adapted themselves to the new tooth positions. If we did not make an effort to retain the teeth following orthodontic movement, they would tend to move back to their original positions. Teeth have amazing memory.

Most of our patients must wear a retainer 8-10 hours per day to insure there is no tooth movement. Retainers are a lifetime commitment and must be worn as instructed in order to keep your teeth from moving. An upper retainer is given to wear at night and a lower permanent retainer is placed behind the lower teeth.

Once you have been given your retainers, it is your responsibility to keep them clean and in a safe place. If your retainer should become lost or broken, please notify our office immediately so that we can replace it as soon as possible. Should this become necessary, there may be an additional fee.

Now that we have finished treatment, it is wise to see your family dentist for a thorough cleaning and check. We will continue to monitor you throughout your first year wearing retainers. Of course we will always be here for further assistance when needed.

Your Future...

Following orthodontics

We certainly have no crystal ball and we can't predict the future, but there are certain things concerning the correction in your mouth that we can predict. The results of your treatment are the results of a combination of your cooperation and our knowledge and skill. There are certain factors concerning the future dental health of your mouth, of which you should now become aware.

Concerning the permanence of your correction - It has been the experience of Orthodontists worldwide, through the years, that about ninety-five percent of the correction is to be retained. If we could put your teeth up on a shelf and let them stay there, they would remain perfectly straight. But, fortunately, they are to be used! Naturally, during the chewing forces that are at work in your mouth, there will be some adaptive changes that the teeth will make so as to function in the manner that they deem best. We do not expect them to stay exactly as we placed them, since these changes will occur as function goes on. This readjustment is not a failure of your correction but nature's changes that we learn to expect, just as we learn to expect changes in other portions of our body as we grow older.

Now that we have finished our care, it is wise to go back to your family dentist and have your teeth checked. Your dentist will want to check for cavities, as well as give your mouth a thorough cleaning. Your dentist's recall program will allow you to continue normal care through the future years, just as your scheduled visits with your regular dentist have been a must all during your orthodontic treatment. We are proud of our results, through your efforts and ours, so let's share our success with your family dentist.

Well, now it's about time for us to bid you farewell, for a while. If you have been a good patient, then through your cooperation, we have achieved what we started out to do when you first came to us. You now have a beautiful smile, so use it.

Congratulations on you new smile!

Website



For your convenience, visit our website www.centralfloridasmiles.com

Our website provides several tools that you can use to aid in your orthodontic care as well as fun spots to visit. For those younger patients wanting to change the “colors” on their braces at each visit you can choose them ahead of time. Through an animated model you will be able to pick the color or colors of your choice and actually see how each color will look on your teeth before your appointment.

You will also find step by step instructions on how to brush and floss around your braces. Plus you will be able to see different appliances and how they are used, just like in the booklet but in animated clips. For the kids, there are links from the website to sites such as Kids Discovery, Disney, Nick Jr. and more.

For parents and adult patients, you can also look at your account online as well as see appointments that have been made. You will receive a reminder call the day before your appointment as well as an e-mail reminder if you like.

Benefits of using our website...

Sign up NOW at www.centralfloridasmiles.com (patient login) or see our receptionist.



Orthodontic Glossary

Anterior

Front.

Appliances

Any device, attached to the teeth or removable, designed to move the teeth, change the position of the jaw, or hold the teeth in their finished positions after braces are removed.

Arch

Upper or lower jaw.

Archwire

The metal wire that is attached to the brackets and used to move the teeth.

Band

The metal ring that is cemented to a tooth for strength and anchorage.

Braces

A word commonly used to describe a fixed orthodontic appliance, usually comprised of brackets, bands and wires.

Bracket

The small metal, ceramic, or plastic attachment bonded to each tooth with a tooth-colored adhesive. The bracket has a slot into which the archwire fits.

Brushing

Brushing the teeth is part of an individual's daily home dental care. Patients with braces should follow the orthodontist's instruction on how often to brush.

Bruxism

Grinding the teeth, usually during sleeping. Bruxism can cause abnormal tooth wear and may lead to pain in the jaw joints, sore teeth and gums, or even fractured teeth.

Buccal

The cheek side of the back teeth in both arches or jaws.

Buccal Tube

A small metal part of the bracket welded to the cheek side of the molar band. The tube may hold an archwire, lip bumper, headgear facebow or other appliances an orthodontist may use to move the teeth.

Cephalometric Radiograph

A lateral (side view) x-ray of the head.

Class I Malocclusion

A malocclusion with the proper molar relationship and teeth that are crowded together, spaced apart, an overbite, an openbite, a posterior crossbite or an anterior crossbite.

Class II Malocclusion

A malocclusion with the upper front teeth protruding out over the lower teeth and lower jaw.

Class III Malocclusion

A malocclusion with the lower front teeth protruding, or due to the lower teeth and/or jaw positioned ahead relative to the upper teeth and/or jaw.

Closed Bite/Deep Bite

Also known as deep overbite, this occurs when the upper front teeth overlap the bottom front teeth an excessive amount.

Comprehensive Treatment

Complete orthodontic treatment performed to correct a malocclusion.

Congenitally Missing Teeth

A genetic occurrence in which the expected number of permanent teeth do not develop.

Crossbite

Upper posterior (back) teeth are in crossbite if they erupt and function inside of the lower posterior teeth. Lower anterior (front) teeth are in crossbite if they erupt and function in front of the upper anterior teeth. A crossbite can be individual teeth or groups of teeth.

DDS or DMD

DDS (Doctor of Dental Surgery) and DMD (Doctor of Dental Medicine) are equivalent degrees, according to The American Dental Association. All orthodontists educated in the U.S. or Canada will have either a DDS or DMD after their names. Orthodontists have an additional two to three years of specialty education in an accredited orthodontic residency program after dental school to become orthodontists.

Diagnostic Records

The material and information that the orthodontist needs to properly diagnose and plan a patient's treatment. Diagnostic records may include a thorough patient health history, a visual examination of the teeth and supporting structures, plaster models of the teeth, a wax bite registration, extra-oral and intra-oral photographs, a panoramic and a cephalometric radiograph.

Ectopic Eruption

Term used to describe a tooth or teeth that erupt in an abnormal position.

Eruption

The process by which teeth enter into the mouth.

Extraction

The removal of a tooth.

Elastics

Rubber bands. During certain stages of treatment, small elastics or rubber bands are worn to provide individual tooth movement or jaw alignment.

Facebow

A wire appliance used with a night brace, or headgear. This is primarily used to move the upper first molars back, creating room for crowded or protrusive front teeth. The facebow has an internal wire bow and an external wire bow. The internal bow attaches to the buccal tube on the upper molar bands inside the mouth and the outer bow attaches to the breakaway safety strap of the night brace.

Fixed Appliances

An orthodontic appliance that is bonded or cemented to the teeth and cannot be or should not be removed by the patient.

Flossing

An important part of daily home dental care. Flossing removes plaque and food debris from between the teeth, brackets and wires. Flossing keeps teeth and gums clean and healthy during orthodontic treatment.

Frenectomy

The surgical removal or repositioning of the frenum, the lip and tongue attachment located between the upper and lower front teeth. A large frenum attachment can cause spacing between top front teeth or cause the tongue to be tied.

Functional Appliances

Appliances that utilize the muscle action produced when speaking, eating and swallowing to produce force to move the teeth and align the jaws. They are also known as orthopedic appliances with names such as orthopedic corrector, activator, bionator, Frankel, Herbst or twin block appliances.

Gingiva

Soft tissue around the teeth, also known as the gums.

Gummy Smile

Showing an excessive amount of gingival (gum) tissue above the front teeth when smiling.

Headgear

An appliance worn outside of the mouth to provide traction for growth modification and tooth movement.

Herbst Appliance

This appliance is used to move the lower jaw forward. It can be fixed or removable. When it is fixed, it is cemented to teeth in one or both arches using stainless steel crowns. An expansion screw may be used simultaneously to widen the upper jaw.

Impaction

A tooth that does not erupt into the mouth or only erupts partially is considered impacted.

Interceptive Treatment

Orthodontic treatment performed to intercept a developing problem. Usually performed on younger patients that have a mixture of primary (baby) teeth and permanent teeth.

Interproximal Reduction

A small amount of enamel removed from between the teeth to reduce their width. Also known as, reproximation, slenderizing, stripping, enamel reduction or selective reduction.

Labial

The surface of the teeth in both arches that faces the lips.

Ligating Modules

A small elastic o-ring, shaped like a donut, used to hold the archwire in the bracket.

Lingual

The tongue side of the teeth in both arches.

Lip Incompetence

The inability to close the lips together at rest, usually due to protrusive front teeth or excessively long faces.

Malocclusion

The term used in orthodontics to describe teeth that do not fit together properly. From Latin, the term means “bad bite.”

Mandible

Lower jaw.

Maxilla

Upper jaw.

Mixed Dentition

The dental developmental stage in children (approximately ages 6-12) when they have a mix of primary (baby) and permanent teeth.

Mouthguard

A removable device used to protect the teeth and mouth from injury caused by sporting activities.

The use of a mouthguard is especially important for orthodontic patients.

Open Bite

A malocclusion in which teeth do not make contact with each other. With an anterior open bite, the front teeth do not touch when the back teeth are closed together. With a posterior open bite, the back teeth do not touch when the front teeth are closed together.

Orthodontics

The specialty area of dentistry concerned with the diagnosis, supervision, guidance and correction of malocclusions. The formal name of the specialty is: Orthodontics and Dentofacial Orthopedics.

Orthodontist

A *specialist* in the diagnosis, prevention and treatment of dental as well as facial irregularities.

Orthodontists are required to complete college requirements, graduate from an accredited dental

school and successfully complete a minimum of two academic years of full-time, university-based study at an accredited orthodontic residency program. Only those who have completed this education may call themselves “orthodontists.” Orthodontists limit their practice to orthodontic treatment only unless they have training in another dental specialty. Only residency-certified orthodontists may be members of the American Association of Orthodontists.

Orthopedic Appliance

A removable functional appliance designed to guide the growth of the jaws and face.

Panoramic Radiograph

An x-ray that shows all the teeth and both jaws on one film.

Palatal Expander

A fixed or removable device used to make the upper jaw wider.

Periodontal

Refers to the hard and soft tissue, or supporting structures, around the teeth.

Plaque

Plaque is a colorless, sticky film of bacteria, food particles and saliva that constantly forms in the mouth. Plaque combines with sugars to form an acid that endangers teeth and gums. Plaque causes tooth decay and gum disease.

Posterior

Back.

Powerchain

A stretchable series of elastic o-rings connected together and placed around each bracket to hold the archwire in place and move the teeth. Powerchain is used primarily to close space between teeth.

Preventive Treatment

Orthodontic treatment to prevent or reduce the severity of a developing malocclusion (bad bite).

Removable Appliance

An orthodontic appliance that can be removed from the mouth by the patient. Removable appliances are used to move teeth, align jaws and to keep teeth in their new positions when the braces are removed (retainers).

Retainer

A fixed or removable appliance worn after the braces are removed. A removable retainer attaches to your upper and/or lower teeth and holds them in their finished positions.

Rubber Bands

During certain stages of treatment, small elastics or rubber bands are worn to provide individual tooth movement or jaw alignment.

Separators

An elastic o-ring or small wire loop placed between the teeth to create space for placement of bands. Separators are usually placed between the teeth a week before bands are scheduled to be cemented to the teeth.

Serial Extraction

Selective or guided removal of certain primary (baby) teeth and/or permanent teeth over a period of time to create room for permanent teeth.

Space Maintainer

A fixed appliance used to hold space for an unerupted permanent tooth after a primary (baby) tooth has been lost prematurely, due to accident or decay.

Supernumerary Teeth

A genetic occurrence in which there are more teeth than the usual number. These teeth can be malformed or erupt in abnormally.

Tongue Crib

A fixed appliance used to help a patient stop habits or undesirable tongue forces exerted on the teeth and bone that supports the teeth.

Tongue Thrust

An individual's tongue pushes against the teeth when swallowing. Forces generated by the tongue can move the teeth and bone and may lead to an anterior or posterior open bite.

Wax

Wax is placed on the brackets or archwires to prevent them from irritating the lips or cheeks.