

Orthodontic treatment plan for the patient Your Ideal OrthoPlan

Orthodontic treatment plan

optimal alternative accepted by the patient after explanation

Orthodontic treatment goals

Correction of crowding in the lower arch to allow effective oral hygiene

Correction of crowding in the lower anterior teeth to improve their aesthetic appearance during speech, smiling, and laughing

Improvement of the inclination and/or position of the upper midline to enhance smile aesthetics

Reduction of excessive proclination of the upper anterior teeth to improve smile aesthetics and reduce the risk of dental trauma

Reduction of excessive overjet between the upper and lower anterior teeth to decrease the risk of dental trauma and improve overbite stability

Eruption guidance of tooth 16 to eliminate occlusal interferences for the lower jaw and/or create conditions for proper prosthetic restoration

Closure of the space from tooth 22

Creation of optimal conditions for prosthetic restoration in the area of tooth 46

Orthodontic treatment modalities

Orthodontic appliance upper arch Damon Q Braces (Ormco, USA)

Orthodontic appliance lower arch Damon Q Braces (Ormco, USA)

Approximate planned treatment time (months) 20-24

Dental implants to be placed 46

Miniscrews for anchorage (TADs) 4

Phases of orthodontic treatment

Professional oral hygiene and dental sanitation as needed

Ordering and placement of the orthodontic appliances specified in the "Orthodontic treatment modalities" section of this plan

Leveling and aligning the dental arches using additional appliances, if needed, as specified in the "Orthodontic treatment modalities" section of this plan

Correction of the position and interrelationship of the upper and lower teeth (bite) in accordance with the treatment objectives and additional conditions outlined in this plan, as well as using any additional appliances and mini-implants specified in the "Orthodontic treatment modalities" section above

Final phase of orthodontic treatment, detailing the position of individual teeth, improving contacts between the upper and lower teeth, and stabilizing the achieved corrections

Treatment completion with removal of orthodontic appliances

Placement of dental implants by the implantologist, after consultation with the prosthodontist, in areas of missing or extracted teeth, as specified in the "Orthodontic treatment modalities" section

Placement of retention appliances (retainers)

Retention appliances *(to keep achieved result)*

Lower tray from canine to canine in case of breakage or debonding of the fixed retainer

Upper fixed wire retainer for 2 years

Upper removable retainer (tray or plate) for 2 years at night, then once a week at night

Additional conditions and warnings for the treatment plan

The treatment duration cannot be determined precisely due to the wide variability in tooth movement rates among individuals. Treatment may take longer than the planned timeframe. If treatment objectives change, oral conditions evolve, or individual atypical responses to treatment are observed, the treatment plan may be adjusted with appropriate explanations

Services provided by allied specialists (hygienists, dentists, surgeons, speech therapists, osteopaths, etc.) are not included in the cost of orthodontic treatment and are billed separately

During any orthodontic treatment, the use of interarch elastics—stretchable bands placed between the upper and lower teeth—may be required. Compliance is the patient's responsibility

During any orthodontic treatment, "separation" may be required—slight enamel reduction on the sides of teeth in a safe amount to create tighter contacts between them and/or to create additional space in the dental arch when other methods are insufficient

During any orthodontic treatment, separation of the dental arches using special composite bite pads may be required. This can cause discomfort until the patient becomes accustomed to them

The patient understands that they are fully responsible for maintaining proper oral hygiene during orthodontic treatment. If oral hygiene is inadequate, the patient agrees to undergo professional cleaning by a dental hygienist as directed by the orthodontist, and, if necessary, treatment by a periodontist

X-rays will be required during treatment to monitor progress; these are billed separately according to the price list. After treatment completion, additional X-rays are needed to document the results and effectively monitor stability during the retention period

Treatment may proceed more slowly due to regular use of anti-inflammatory medications, which could extend the overall treatment time

Orthodontic appliance breakage and slowed treatment may occur due to bruxism

The profile may flatten, and the lips may appear underdeveloped as a result of treatment. Cosmetic lip enhancement may be needed. This is because the treatment plan does not include orthognathic surgery

Some rotated teeth, based on diagnostic results, may not fully fit within the bone, which can lead to gum recession around these teeth. In such cases, gingival grafting may be required after treatment. For prevention, an augmentative corticotomy before treatment is recommended

On the right side, there may be less-than-ideal contacts between the teeth, which other dentists may note later. This is not harmful. The imperfection is due to the absence of orthognathic surgery in the treatment plan

On the left side, there may be less-than-ideal contacts between the teeth, which other dentists may note later. This is not harmful. The imperfection is due to the absence of orthognathic surgery in the treatment plan

Ideally, the crown on the implant should be placed before or immediately after the completion of orthodontic treatment, meaning the implant should be placed 4–8 months prior. If prosthetic restoration is delayed, the space will need to be maintained with an additional retainer, or a partial braces system or aligner should be kept in place

Some temporomandibular joint (TMJ) issues were previously noted or are present before treatment, which do not require mandatory intervention. If the patient experiences joint-related complaints, a separate TMJ evaluation is recommended to determine the necessity of treatment. If symptoms are not problematic, observation is advised, with additional diagnostics and therapy provided during orthodontic treatment if needed, as a separate parallel task

There is facial asymmetry. It cannot be corrected without surgery

If there is regular daytime sleepiness or decreased attention span, consult a sleep specialist

Orthodontic treatment does not result in perfect occlusion at a micro-level that would satisfy, for example, a prosthodontist. This is due to the inherent limitations in the precision of tooth movement achievable orthodontically, as well as minor anatomical imperfections present in the teeth of most patients. Achieving such precise tooth contacts at the completion of orthodontic treatment is generally not required because: A) It would significantly extend treatment duration and increase the risk of complications such as enamel demineralization and root resorption; B) Its importance for overall oral health has not been scientifically proven; C) Within the first year after removal of orthodontic appliances, tooth contacts naturally improve through normal function. If, at the end of treatment, the patient experiences discomfort in tooth contacts or chewing, selective enamel reshaping and/or restoration of teeth with compromised anatomy by a prosthodontist or general dentist may be required as a separate service

If there are artificial crowns on the teeth, they may need to be replaced after orthodontic treatment to adapt their anatomy to the new bite. This is a separate service performed by a prosthodontist, if deemed necessary

According to scientific evidence, bite and orthodontic treatment are not significant factors in the development of temporomandibular joint (TMJ) disorders, despite frequent opinions to the contrary among dentists and on social media. If any TMJ-related symptoms arise during orthodontic treatment, evidence-based medicine indicates that they are not caused by the treatment itself, but may be related to stress and bruxism, trauma, prolonged wide mouth opening (including during treatment or extraction of posterior teeth, including wisdom teeth), postural issues, or other factors. Orthodontic treatment in such cases may simply add an additional stress factor during a TMJ dysfunction flare-up. If symptoms occur, treatment may be temporarily paused while addressing the condition, which could include the use of an occlusal splint, physiotherapy, myofunctional exercises, and evaluation or therapy by a psychotherapist, neurologist, manual therapist, osteopath, or dental surgeon

The mandibular condyles of the temporomandibular joints are positioned more posteriorly within the glenoid fossae than would be considered ideal in anatomical norms. This is not associated with any clinically significant symptoms for the patient. Such positioning may persist after orthodontic treatment and does not constitute a treatment deficiency. According to evidence-based medicine, a posterior condylar position without significant symptoms is not an indication for treatment, as its harmful effect on the dentofacial system has not been proven. Furthermore, therapies aimed at altering condylar position are often expensive, invasive, and have low long-term stability. Nevertheless, other specialists who do not rely on current scientific evidence may comment on the condylar position when evaluating X-rays or MRI scans and may suggest treatment, including orthodontic or prosthodontic (bite-altering) interventions. Such treatment is not required, as it would be unjustified and excessive

The patient has joint hypermobility syndrome. This means that the temporomandibular joints may experience locking (subluxation) and clicking during wide mouth opening. This is not related to the bite or orthodontic treatment and does not require therapy. The patient should try to control the extent of mouth opening to avoid discomfort

Date:

Doctor's signature:

Patient's signature: