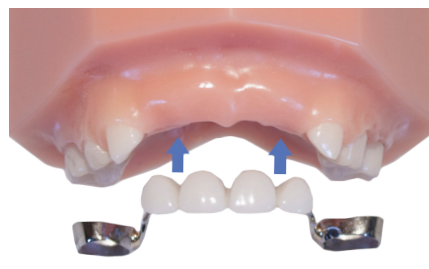


S M L[®] PEDIATRICS





EARLY PEDIATRIC TREATMENT IS CRITICAL TO THE PREVENTION OF ABNORMAL CONDITIONS AND/OR DENTAL PROBLEMS WHICH – IF MINIMIZED OR IGNORED – CAN PERSIST (OFTEN DISASTROUSLY, ALWAYS EXPENSIVELY) INTO ADULTHOOD.

When you consider the need for early pediatric care, the message is clear: EVERYBODY benefits from it – often in potentially BIG ways.

Abnormal growth patterns can be triggered by something as simple as a tooth that erupts in an abnormal sequence (labially or lingually), locks a jaw into an abnormal position and creates an anterior or posterior crossbite. Fail to intercept and correct those problems and the result can lead to facial asymmetry, TMJ issues and, worst of all, airway issues. The purpose of interceptive orthodontics is to correct problems early so that you can allow the patient to achieve normal growth.

As pediatric and general dentists, we should be looking to create a normal skeletal relationship for the best intraoral space, a healthy jaw joint, and a proper solid occlusion that will maintain the preceding three.

Every dentist needs to be actively involved in evaluating pediatric arch size, tooth position, airway and facial development. Early evaluation, diagnosis and treatment helps intercept problems, ensure normal development and give your young patient a chance grow into a healthy adult.

OPPORTUNITY

Cost of early interceptive care and treatment easily beats the cost for reconstruction, radical orthodontics, sleep therapy, surgeries, and potentially psychiatric or behavioral care in later years (after the damage has been done).

- **Do everything you can** to ensure normal growth and development.
- **Provide a thorough orthopedic exam** – and, deliver proper interceptive orthodontic when needed.
- **Address all variables that can compromise normal growth patterns** – from allergies to thumb sucking, tongue thrusting, physical abnormalities to high vaulted palates and retruded mandibles.
- **Examine both teeth and tongue.** There's more to it than just correcting crossbites. If you have lost space, teeth shift. The shift can adversely effect the intraoral volume necessary to ensure normal tongue position, which can impact jaw position and the airway.
- **Intercede immediately in any condition that effects the patient's airway.** Airway obstruction physiologically impacts health and normal function in every single part of the body. Many kids diagnosed with ADD (and prescribed medication accordingly) may be suffering from an underdeveloped maxilla, a posterior placed mandible and an airway problem which is effecting their oxygen saturation level. Intercede to give a child a chance not just at normal occlusion, but a normal airway, a healthy jaw joint, excellent facial esthetics and a better night's sleep.

EXAMINE EVERY CHILD -- not just for caries, but for airway and normal maxillary/mandibular growth.

EVALUATE THE PROBLEM – Examine the child's oral function – speech, swallowing, breathing.

PAY PARTICULAR ATTENTION TO HABITS – tongue sucking, thrusting, speech impediments, etc.

TREAT OR REFER – While it is not always your obligation to treat, it is ALWAYS your obligation to diagnose. Does your patient need to see a myofunctional therapist? Oral Surgeon? Sleep Specialist?

FOLLOW UP – Stay in touch with your patient to stay current on issues, injuries and development.

Early treatment is easy, cost effective and will, in the long run, save both parents and patient the considerable monetary expenditure and heartache resulting from allowing it to progress into adulthood.



For more information, call us at: 1-800-423-3270
or visit us at www.SMLglobal.com



PEDIATRICS

SML is your premier appliance provider – “fitting” your every need when it comes to early treatment, arch development, Phase I Orthodontics and habit correction. We offer a complete range of appliances for your pediatric patients – simple, effective, affordable.

ROB VEIS, D.D.S.
CEO, Space Maintainers Laboratories (SML)
Co-author, *Principles of Appliance Therapy for Adults and Children*

A practicing dentist since 1984, Dr. Veis is graduate of USC Dental School, where he also taught for 12 years as a Clinical Professor in Restorative Dentistry. He is an internationally renowned lecturer on the topics of Dental Sleep Medicine, Orthodontics for the General Practice and Appliance Therapy; and has served on the faculty of the Las Vegas Institute of Advanced Dental Studies.



THE SML SPACE MAINTAINER

Ideal For Maintaining Normal Speech, Function, Esthetics.

Item #: 20110



Early loss of a primary molar often causes the adult first molar to tip and move mesially. The basic unilateral space maintainer is ideal for holding the first molar's position. This appliance can maintain arch length; normal function and esthetics; and perhaps most importantly, intraoral volume.

Forces generated during eating can cause a unilateral space maintainer to move gingivally at the loop, potentially resulting in tissue irritation and in some case allow the banded molar to still tip mesially. The modified space maintainer features an occlusal rest on the adjacent tooth, which prevents the forces of mastication from moving the loop gingivally. At times, it may prove necessary to prepare a rest seat in the supporting tooth to keep the occlusion clear of any interference. Added retention may also be achieved by bonding the rest into position with composite resin

THE SML LOWER LINGUAL ARCH

Your Appliance of Choice for Maintaining Arch Length

Item #: 20720



This simple space maintainer prevents both mesial and lingual tipping of the molars while maintaining arch length and intraoral space for the tongue.

The most common design is composed of an arch wire soldered to two bands. NOTE: When prescribing this appliance, it is best to clearly indicate your wire placement preference (lingual or anterior).

THE ELASTIC HALTERMAN APPLIANCE

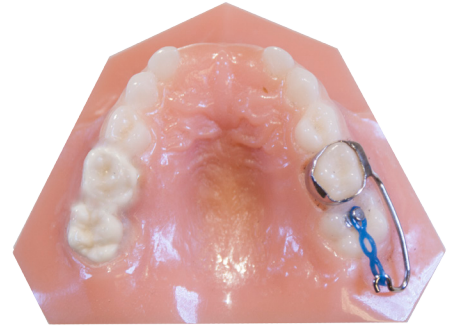
Provides Distal Force For Moving the 6-Year Molar

Item #: 20270

Arch length loss has already occurred when you see an erupting six-year molar caught under the distal edge of a primary second molar. Leaving it untreated will block the normal eruption of the second bicuspid, diminish the child's arch length and possibly affect the space needed for the tongue to rest normally.

The Elastic Halterman Appliance is an easy way to quickly regain lost arch length and return a tipped molar to its ideal position.

A mushroom-shaped button is bonded to the occlusal surface of the erupting molar. A band with a hook that extends distal to the molar is cemented to the primary second molar. Chain elastic is used between the hook and the button to provide the required force. NOTE: Always send an opposing cast to evaluate if there is sufficient occlusal clearance for this appliance.



Item #: 21130

THE BLUE GRASS APPLIANCE

Ideal Counter-Conditioning for Finger and Thumb Sucking

Early treatment intervention is essential when the dentist observes the formation (or imminent adoption of an intraoral habit. Habits can cause skeletal open bites, Class II malocclusions and major airway issues.

More positive than a strictly habit-control approach, The Blue Grass Appliance is a counter-conditioning device that is particularly useful in the mixed dentition stage of development. Essentially, it exchanges punishment for entertainment...and the thrill of a new toy.

A Teflon roller is placed in the most superior aspect of the palate. When patients try to suck their fingers or thumbs, the roller prevents them from experiencing the satisfaction of suckling. Instead, their tongue spins the roller...it's fun!



THE SML NANCE APPLIANCE

Prevent Unwanted Movement After Premature Molar Loss

Item #: 20250

The Nance maintains the position of the maxillary first molars. It fits across the roof of the mouth and bands on the upper first molars are connected via an acrylic "button" that rests in the pre-maxillary palatal region (for added stability).

The Nance is also frequently used during full banding and bracketing to create an anchorage unit. NOTE: The appliance needs to be monitored carefully and cleaned regularly with an oral irrigator. (If neglected, the "button" pad can become a food trap and/or become embedded in the palatal tissue.



Item #: 43240

THE GROPER PEDO PARTIAL

Esthetics, Comfort and Durability in One Great Design

A simple fixed appliance that delivers the ultimate in esthetics, comfort and durability, the Groper Pado Partial provides anterior space maintenance for children who have prematurely lost their anterior teeth.

Esthetics and strength are the key advantages to this popular design. The anterior bridge is made extra strong by attaching each tooth separately to a specially designed, stainless steel pad. Each unit is then welded and soldered to the arch wire. Placing rest seats and bonding rests into place will prevent the patient from bending or breaking the appliance.

When abutment teeth are partially compromised (or when superior appliance strength is desired) an alternate design utilizes stainless steel crowns in place of bands on the molars. Additional stability can be achieved by adding rests to the lingual wire and then bonding them to the lingual surface of the primary cuspids or first primary molars.

