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ARCH FORM DEVELOPMENT APPLIANCE

SPECIALISTS IN ORTHODONTICS Members of American Association of Orthodontists www.OwassoOrthodontics.com

These orthodontic appliances cause increase in the developmental dental arch width in patients who are still growing. They are used when slight constrictions of the widths of the dental arches are present, producing moderate dental cross bite and/or crowding of the teeth.

These appliances are attached to the first permanent molar teeth. Coiled spring is compressed onto the wire, which produces the energy of the appliance to cause the arch width increase. The coil spring will be uncomfortable to the underside of the tongue until the tissues of the mouth have become used to the appliance. Wax should be placed over the coil spring to shield the underside of the tongue until tissue tolerance is achieved. By keeping soreness from developing to a significant degree, tissue tolerance can be more quickly developed.

The same care of the appliance must be observed as with braces. If looseness of an orthodontic anchoring band is noticed, call for an emergency appointment to have the appliance repaired.

It usually takes 3 months for all activation in the coiled spring to be depleted. It MAY be necessary to reactivate the coiled spring if enough width increase has not been created. Another one to three months of treatment is necessary in this instance. Usually adults require two activation periods to accomplish the desired result. Conversely, the appliance may produce sooner-than-expected results in growing patients. The coiled spring may cause the appliance to "come apart" where the wire and tube are joined. In this instance, remove the coiled spring, and try to join the wire and tube together. Then call our office to schedule an appointment to check the appliance.

If you have any questions that need to be answered please feel free to call our office at 272-4242 or you may email Dr. Housley at <u>drhousley@owassoorthodontics.com</u> or Dr. Dobson at <u>drdobson@owassoorthodontics.com</u>

THANK YOU,

DR. HOUSLEY, DR. DOBSON, AND STAFF