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Exceptional Orthodontics

My Newsletter

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In this Newsletter:

Facts About Kids and Sports Safety



The American Association of Orthodontists (AAO) is providing tips and information on how to best protect athlete's smiles during recreational and organized sports.

- **Injuries can happen at any age or skill level** – More than half of the seven million sports and recreation-related injuries that occur each year are sustained by youth between ages 5 and 24. *
 - Collision and contact sports have higher injury rates. Baseball, soccer, basketball and football account for about 80% of all sports-related emergency room visits for children between 5 and 14 years of age.*
- **Mouth guard use is very low** – 67% of parents say their child does not wear a mouth guard – yet, 70% say their biggest fear when their child plays is that they will get hurt.**
 - One out of every four (27%) parents say their child has sustained an injury during an organized sport resulting in a trip to the emergency room.**
- **Most coaches and leagues are not advising the use of mouth guards** – Of the parents whose children do not wear a mouth guard, 84% say it's because the league or coach does not require it.**
- **Hard hits occur no matter what the sport** – The average high school baseball pitcher can throw a fast ball between 75-85 miles per hour. This compares to being hit in the mouth by a speeding car.***
 - Cheerleading is one of the most dangerous sports, accounting for 65% of all injuries in high school girls' athletics.****
- **Children with braces need to wear mouth guards** – One out of every three (31%) parents say their child has orthodontic treatment or braces while playing an organized sport.*
 - Lacerations can occur if an orthodontic patient's mouth is not properly protected.

* Centers for Disease Control and Prevention

** American Association of Orthodontists

*** eFastball.com

**** MSNBC.com

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Final treatment stage often most important

Once active treatment is complete and braces are removed, patients often think that is the end of their orthodontic treatment. However, there is one final treatment stage utilized in orthodontics to ensure the longevity of your new smile.



Retention is the passive treatment period following active orthodontic correction where retaining appliances are used to hold teeth in the corrected position.

This retention process takes time, often ranging from months to years, which makes patient compliance so important. In fact, the retention phase is sometimes deemed as one of the most difficult stages in the orthodontic treatment process. If retainers aren't worn as instructed by an orthodontist, then teeth may start to migrate back to their original positions. It's up to the patient to make sure this doesn't happen. In some instances, long-term to permanent retention may be necessary to guarantee the stability of your treatment plan.

Various types of retainers are available, and the orthodontist can determine which one is right for the individual patient's treatment plan. Removable acrylic retainers, such as the Hawley and Barrer models, are popular, though quite dependent on patient compliance. Other cases may need fixed retainers, which are bonded to the lingual surface of the teeth, or positioners. Many may opt for thermoplastic copolyester retainers, which follow the same regimen as the removable acrylic retainers but are more comfortable and acceptable by the patient. These retainers are also easier to manufacture and cost less than other retention devices.

Retainer care is just as vital as wearing the appliance itself. Keeping them clean and handling them carefully are important for the longevity of the retainer, which can be costly to replace.

Teeth need time to adapt to the corrected position, and by following through with the retention phase, you can keep your smile as healthy and beautiful as the day your braces came off.

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Dental Sealants

Many of the foods you or your child eat, especially those high in sugar and starches, cause the bacteria that normally occurs in your mouth to produce acids. If this acidic plaque isn't removed from your teeth by daily brushing and flossing, tooth decay will occur.



Even if you brush and floss regularly, some teeth, especially the back molars, can be difficult to clean because of their shape. The chewing surface of the molars have tiny grooves, called pits and fissures, that can be so deep and/or narrow that the bristles of your toothbrush can't reach down into them to clean out the

plaque. Also, the enamel at the deepest part of the groove is frequently thinner, giving any plaque that does form an easier time of penetrating through.

To protect a tooth that is deeply grooved, your dentist can apply a plastic resin material called a dental sealant. The sealant levels out the grooves in the tooth, making the tooth smoother and more even so it is easier to clean, and seals the surface, protecting it from the acid attacks of plaque.

Since the 1970s, the widespread exposure to fluoride, in water, toothpaste and mouthwash, has lowered the incidence of tooth decay on the smooth surfaces of the teeth. However, fluoride is not as successful at preventing pit and fissure decay on the chewing surfaces of the teeth. Since pit and fissure decay is the most common form of tooth decay for children and teens, dental sealants are utilized as a preventive measure to protect a child's teeth during the years in which they are most likely to experience tooth decay.

Dental sealants aren't just for children, however. Adults can benefit from dental sealants, too. Any tooth that has the deep pits and fissures that place it at risk for tooth decay should be sealed. The only requirements for sealing are that a tooth have deep fissures and pits and that the patient be of an age and disposition to cooperate with the dentist during the procedure.

The sealing process itself is very simple. The surface of the tooth to be sealed must be clean for the material to adhere, so first your dentist will scrub the surface. Next, an "etching" gel will be applied on the area that is to be sealed. Once the surface has been prepared so that the sealant will bond well, the tooth is cleaned and dried. Keeping the tooth dry is very important, as it determines the quality of the bond between enamel and sealant. Your dentist then 'paints' the sealant onto the tooth and uses a special light to 'cure' the material.

If the tooth was kept properly dry during the application process, the dental sealant can last from five to ten years, or even longer, keeping your or your child's tooth healthy and protected from decay.