DURRETT ORTHODONTICS

TWO PHASE ORTHODONTIC TREATMENT

There are certain orthodontic and bone disharmonies that benefit from early treatment procedures. These are: Skeletal and growth disharmonies, non-extraction correction of cases with borderline crowding, restoring lost space in the dental arches, oral habits such as finger sucking or tongue thrusting, severe esthetic problems, and functional problems such as mandibular displacements, cross bites, or severe deep bites. Treatment of these problems at early ages can produce benefits that would be more limited if treated at a later time. Such treatment usually requires a two phase treatment program.

A typical two phase treatment consists of a first phase of approximately twelve to eighteen months of active orthodontics in the mixed dentition (permanent and baby teeth are present). This is followed by a year or two in retainers while the permanent teeth erupt. The second and final phase of active orthodontic treatment follows the intermediate retention period and takes approximately one to one and one half years. It should be emphasized that the ultimate success of the early phase treatment depends to a great extent upon patient cooperation (making appointments as required by Dr. Durrett, appropriate care of appliances by the patient). Another important determinant in the success of treatment is the child's skeletal growth and dental development during treatment.

As is the case for a single phase treatment program, the total active treatment time for two phases is approximately two or three years. However, a two phase treatment program has been split into two time periods, with each period being the best time to correct the specific problems of concern. The patient's skeletal problem, borderline crowding, and formative problems are most effectively dealt with at an early age in the first phase of treatment. The extremely important final dental and bite refinements are most effectively achieved in the later, second phase of treatment. The diagram below illustrates the timing of the treatment sequence.

FIRST PHASE ACTIVE TREATMENT	**INTERMEDIATE PERIOD**	**SECOND PHASE ACTIVE TREATMENT**
Mixed Dentition (Permanent and Baby Teeth) 1-1 ½ years	1-1 ½ years	Full Permanent Dentition 1-1 ½ years
Correction of Crowding Functional, Formative and Skeletal Problems		Final Correction of Tooth Position, Functional and Skeletal Problems

Occasionally, when a patient is being treated with a two phase treatment program, the permanent teeth erupt more rapidly than anticipated. If this situation should occur, the parents will be advised at a second consultation, and the patient will continue directly into the second phase of treatment without removing the orthodontic appliance. Additional fees to continue treatment will be determined at the second consultation.

To summarize, we will use a two phase treatment program, when it is required, because of what we are able to accomplish in altering the jaw structure and oral environment. This early approach to treatment allows correction of a skeletal or dental problem as a child is growing, which is the preferred method of treatment for the correction of the previously mentioned types of orthodontic problems.

Patient name_____

Patient/ Parent/ Guardian _____ Date _____