HEALTH BASICS

Orthodontics

Orthodontics is dental care that moves teeth and improves how the teeth and jaws meet.

WHAT IT IS
Dental care that moves teeth and guides jaw alignment

WHERE IT COMES UP
Crowded, spaced, protruding, or poorly meeting teeth

WHY IT MATTERS
Can improve biting, cleaning, tooth protection, and appearance

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Orthodontist or dentist with appropriate orthodontic training

HOW IT IS CHECKED
Dental examination, bite assessment, scans, photographs, and selected X-rays

Overview

Orthodontics is an area of dental care concerned with the position of teeth and how the upper and lower teeth meet. It is not a disease or a diagnosis.

Orthodontic care may be considered when teeth are crowded, widely spaced, protruding, rotated, or affected by an unusual bite. An unusual bite is often called a malocclusion , meaning the teeth or jaws do not meet in the expected way.

Treatment can use fixed braces, removable braces, or clear aligners. Some children may have appliances intended to guide jaw growth while they are still developing. More complex jaw differences sometimes require orthodontic care combined with jaw surgery.

An orthodontist is a dentist who has completed additional specialist training in orthodontics. Some general dentists also provide orthodontic treatment. The clinician's training and experience should match the complexity of the planned care.

Not every difference in tooth position needs treatment. Some people seek care mainly to change appearance. Others have practical concerns, such as difficulty cleaning crowded teeth or damage caused by the way teeth meet.

How it works

Orthodontic appliances apply controlled forces to teeth. These forces cause the bone and supporting tissues around a tooth to remodel gradually, allowing the tooth to move.

Fixed braces use brackets attached to the teeth and a wire that passes through them. The wire and other small parts guide tooth movement. Braces can be made from metal or tooth-coloured materials.

Clear aligners are removable plastic trays made to fit over the teeth. A planned series of trays moves the teeth in stages. They generally need to be worn as instructed to work as planned. Aligners are not suitable for every type of tooth or jaw movement.

Before treatment, the dental team assesses your teeth, gums, jaws, bite, and general dental health. Records may include photographs, digital scans or moulds, and X-rays when the findings or treatment plan justify them. X-rays can show tooth roots, unerupted teeth, and supporting bone that cannot be seen during an ordinary examination.

Treatment length is influenced by the changes required, the appliance used, growth, missed appointments, breakages, and how consistently removable appliances are worn. Teeth usually need time to move safely; trying to speed this up without professional supervision can cause harm.

After active treatment, retainers hold the teeth in their new positions while the surrounding tissues adjust. Retainers may be removable or attached behind the teeth. Teeth can continue to shift throughout life, so retention is a separate and important part of the plan.

Why it matters for your health

Orthodontic treatment can improve how the teeth meet and may make crowded areas easier to clean. It can also reduce certain patterns of tooth wear or help protect prominent front teeth from injury. The likely benefit depends on the original tooth and jaw positions.

Appearance can be an important reason for treatment. A change in smile or facial appearance may affect confidence, but treatment goals should reflect what matters to you rather than pressure from other people.

Orthodontics does not replace routine dental care. Teeth and gums need to be healthy enough for treatment, and regular check-ups remain important. Brackets and wires create extra places for plaque, the sticky layer of bacteria on teeth, to collect.

Some bite differences cause few practical problems. An assessment can explain what treatment might change, what it cannot change, and what may happen if you choose no

treatment.

What can go wrong

The situations that lead to orthodontic assessment include crowding, spacing, impacted teeth, missing teeth, protruding teeth, crossbite, deep bite, and open bite. An impacted tooth is one that has not come through normally because it is blocked or positioned unusually.

Orthodontic treatment also has limitations and risks. Soreness or pressure is common after an appliance is fitted or adjusted. Brackets and wires can rub the cheeks, lips, or tongue.

Plaque left around appliances can cause gum inflammation, tooth decay, or white marks from demineralisation , which is early mineral loss from the tooth surface. Careful cleaning and regular dental care reduce these risks but cannot make them zero.

The roots of teeth may become shorter during treatment. This is called root resorption . Small changes may have little effect, but more substantial shortening can affect long-term tooth support. Individual risk is difficult to predict fully.

Teeth can lose some gum or bone support, especially when gum disease is already present or tooth movement takes a tooth beyond the available supporting bone. Existing decay and gum disease usually need attention before active treatment begins.

Teeth may move again after treatment. This is known as relapse and can happen if retainers are not worn as planned or because teeth naturally change position with age.

A loose bracket, broken wire, or cracked retainer usually needs prompt advice from the orthodontic team but is not normally an emergency. Contact them sooner if a sharp part is injuring your mouth or the appliance no longer fits.

Seek urgent dental or medical assessment for severe or increasing facial swelling, fever with dental swelling, difficulty swallowing, uncontrolled bleeding, or significant injury to the teeth or jaws. Call emergency services for trouble breathing or choking, including after inhaling an appliance part.

What you can do

There is no reliable home test that can tell you whether orthodontic treatment is necessary or which appliance is best. A dental or orthodontic assessment is the practical next step if you are concerned about tooth position or your bite.

Before agreeing to treatment, ask for a clear explanation of:

Tell the dental team about previous dental treatment, gum problems, jaw surgery, medicines, allergies, and health conditions that may affect care. Ask whether your teeth and gums are healthy enough to begin.

During treatment, clean around the appliance as demonstrated and keep attending routine dental appointments. Record the orthodontic clinic's contact details and instructions for breakages. If you use aligners or removable retainers, store them in their case when they are out of your mouth.

Do not use mail-order or improvised appliances that move teeth without a suitable examination and ongoing clinical supervision. Tooth movement can affect roots, gums, bone, and the bite, including structures that are not visible in photographs.

- The problem being addressed and the planned result
- The options, including no treatment
- The main risks and limits of each option
- Whether teeth may need to be removed
- The expected appointments, costs, and retention plan
- Who provides help if an appliance breaks

Common questions

Is orthodontics only for children?

No. Teeth can be moved in adults as well as children. Treatment choices may differ because adult jaws have stopped growing, and adults are more likely to have fillings, crowns, missing teeth, or gum problems that affect planning.

Are clear aligners better than braces?

Neither option is best for everyone. Aligners are removable and less visible, but they require consistent wear and may not manage every movement well. Fixed braces can provide precise control and do not rely on remembering to put them back in.

Does orthodontic treatment hurt?

Pressure and tenderness can occur after fitting or adjustment, and appliances may rub the mouth. This usually settles. Pain that is severe, worsening, linked to swelling, or caused by a sharp or displaced part should be reported.

Will teeth need to be removed?

Some plans involve removing teeth to create space or manage the bite, while others do not.

The recommendation should be based on your examination, records, tooth position, facial proportions, and treatment goals. Ask about alternatives and their trade-offs.

Are retainers permanent?

The planned length and pattern of retainer wear can differ. Because teeth can shift over time, long-term retention is often discussed. A retainer that breaks, becomes painful, or stops fitting should be checked rather than forced into place.

Sources

- National Health Service. Orthodontic treatments . NHS.
- British Orthodontic Society. Risks of Orthodontic Treatment . Patient information resource.
- American Association of Orthodontists. What Is an Orthodontist? Patient education resource.
- American Academy of Pediatric Dentistry. Management of the Developing Dentition and Occlusion in Pediatric Dentistry . Reference Manual of Pediatric Dentistry.
- Wishney M. "Potential risks of orthodontic therapy: a critical review and conceptual framework." Australian Dental Journal . 2017;62 Supplement 1:86-96.
- Martin C, Littlewood SJ, Millett DT, and colleagues. "Retention procedures for stabilising tooth position after treatment with orthodontic braces." Cochrane Database of Systematic Reviews . 2023;5:CD002283.