



JEFFREY M. BARLOW DDS, PA

SPECIALIST IN ORTHODONTICS FOR CHILDREN AND ADULTS

July 2016 Quarterly Newsletter

Team Barlow Beach Day



Dr. Jeffrey Barlow

105 N Grove Street
Merritt Island, FL 32953
(321) 459-1313

[Our Website](#)

[Send Us an Email](#)

Dr. Barlow and his wife Dr. Emily invited the entire staff and their families to a day of Fun in the Sun! It was a great time. As you can see Dr. Barlow enjoyed taking this Selfie with everyone.

Contests

Summer Selfie contest will continue until August 12th.

Remember to send in your vacation selfies to our office. You can submit your photo by email at braces@barlowortho.com or you may mail them to the office at 105 N. Grove Street, Merritt Island, FL 32953. You will automatically be entered to win a Kindle Fire!



August-September Contest:

Back to School Word Scramble

Contest will run from August 15th through September 23rd

September-October Contest:

Guess how many eyeballs are in the jar

Contest will run from September 26th through October 31st

Celebrating Anniversaries this Quarter

July 14th, Brenda 8 years

July 14th, Carolyn 7 years

September 10th, Dr. Barlow 14 years

September 19th, Chelsea 5 years

Celebrating Birthdays this Quarter

Kimberly, July 2nd



Kimberly is one of Dr. Barlow's scheduling coordinators. She is settling in and enjoying Florida since her move from California. She enjoys spending time with her family, friends, and going to the beach.

Lisa, July 16th



Lisa is one of Dr. Barlow's orthodontic assistants. She enjoys spending time with her daughter and family. In her spare time, she enjoys shopping and going to the movies.

Tiffany, August 7th



Tiffany is Dr. Barlow's office manager. She enjoys spending time with her family and traveling. Some of her favorite things to do is watching her children play sports. In her spare time, she loves scrapbooking and making cards.

Peggy, August 20th



Peggy is one of Dr. Barlow's orthodontic assistants. She enjoys spending time with her

family especially her grandsons. Peggy loves going to the beach or being poolside.

Jill, September 1st



Jill is one of Dr. Barlow's orthodontic assistants. She enjoys spending time with her husband. She is so happy both kids are now college graduates and employed in their field of study. (Whoo Hoo) She loves going to the movies, going to concerts and getting away to the Florida Keys.

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Children's Dental Tips

By American Academy of Cosmetic Dentistry

Dental Tips For Kids

1. Think "Clean not Green." Teeth should be clean so there is no leftover food on them for the bacteria (bugs) that live in your mouth to eat. Bacteria cause decay by eating sugary leftovers and turning them into acid. The acid rots the teeth and makes holes (cavities). Clean teeth have no sugar leftovers on them and therefore don't decay. Clean teeth = no cavities.

2. Brush your teeth twice a day. An adult should

help at least one of those times until the child has the skills and dexterity to do the job well by him or herself.

3. Floss every day. Even baby teeth benefit from being clean, and nothing cleans between teeth as well as dental floss.

4. Sealants prevent decay. A sealant is a hard plastic that is bonded into the grooves of the biting surfaces of back permanent teeth. The teeth should be sealed as soon as possible after they come in.

5. Fluoride really does make teeth harder and less likely to decay. Use a fluoride toothpaste. Fluoride prescriptions (drops or tablets to chew daily) come in different strengths and are advantageous for most kids. Even when the water supply is fluoridated, some additional fluoride is usually still a great idea since most kids don't drink very much tap water. School programs like "Swish and spit" are also a good thing. For kids with a higher decay rate, extra fluoride rinses should also help.

6. Orthodontia (braces) should be started early if possible. By starting early, there is less likelihood that permanent teeth will have to be removed. Early ortho also usually results in being done with the braces at an earlier age. Let your regular dentist take x-rays to check for missing permanent teeth (preferably by age 6). If baby teeth must be removed early due to decay, make sure to have a space maintainer put in to help keep the teeth from drifting.

7. Never put a baby to bed with a bottle of any liquid other than water. Milk and juices have acids and sugar in them, and they can quickly rot a baby's teeth if they are in contact with these liquids all night long. Water is safe.

8. Teeth are not tools; they are for eating. Don't use them as package openers, wire strippers, nut-

crackers, or pliers. Protect them. Wear a mouth guard if playing sports. Do not do piercings in the mouth – they can permanently chip, break, and ruin teeth.

9. Get regular professional cleanings from a hygienist or dentist (usually at least once every six months).

10. See the dentist. The first trip should be as early as age 1. Most dentists prefer to wait until age 2 or 3 unless there are any problems or possible problems. Plan on a check-up about twice a year for most kids. These routine checkups give your dentist the best chance to diagnose any problems early, and make specific recommendations for each child. Remember -- prevention and early treatment are the best medicine.

Content provided courtesy of the American Academy of Cosmetic Dentistry, www.AACD.com.



Common Reasons for Braces



Your smile is the most striking part of your face. Do you like your smile now? Do you think your smile (or that of your child's) can be improved?

Orthodontics can boost a person's self-image as the teeth, jaws and lips become properly aligned, but an attractive smile is just one of the benefits.

Alleviating or preventing physical health problems is just as important. Without treatment, orthodontic problems may lead to tooth decay, gum disease,

bone destruction and chewing and digestive difficulties. A "bad bite" can contribute to speech impairments, tooth loss, chipped teeth, TMJ and other dental injuries.

Most bite problems are inherited, and therefore can't be prevented. Other factors, such as trauma, thumb-sucking or early loss of baby teeth may affect the shape of your mouth, the alignment of your teeth and your facial balance.

Orthodontics is the area of dentistry that treats dental and facial irregularities. Orthodontists use a variety of treatments, but braces are the most common method of balancing your teeth, your smile and your face. Some of the most common reasons for braces include:

Crowding -- About 90% of patients have an orthodontic condition known as crowding, in which teeth are crooked, turned, or overlapped. Generally, crowding is genetic (you've inherited a relatively small jaw or relatively large teeth) or caused by habits such as nail biting and thumb sucking. The bone and gums over the roots of extremely crowded teeth may become thin and recede as a result of severe crowding. Complications include teeth that should have come in but have not, poor biting relationships and undesirable appearance.

Overjet -- This condition is characterized by upper front teeth that protrude beyond normal contact with the lower front teeth, making them prone to injury. Protruded upper teeth are associated with a lower jaw that is short in proportion to the upper jaw and may indicate uneven jaw growth or a poor bite of the back teeth. Thumb sucking can also cause of overjet.

Deep Overbite -- The front lower incisor teeth biting too close or into the gum tissue behind the upper teeth characterize this condition. A deep bite can cause excessive wear of incisors, bone damage and

discomfort.

Open Bite -- The upper and lower incisor teeth do not touch in an open bite. This open space causes chewing pressure to be placed on the back teeth, causing chewing to be less efficient. The excessive rubbing of the teeth may also cause significant tooth wear.

Spacing -- The most common concern of patients with excessive tooth spacing is poor appearance. Spacing problems happen when teeth are missing or small, or if the dental arch is very wide, leaving spaces between the teeth.

Crossbite – Crossbites of both back teeth and front teeth are commonly corrected early due to biting and chewing difficulties. Uncorrected crossbite problems can lead to TMJ, premature wear of the teeth, and muscular problems in the jaw. Usually, one set of teeth will either fall inside or outside of the opposing set, leaving teeth out of place when the mouth is closed. The most common is when the upper teeth bite inside the lower teeth (toward the tongue). However, approximately 3-5% of patients have a lower jaw that is longer than the upper jaw, which causes the lower front teeth to protrude ahead of the upper front teeth. Heredity and delayed loss of baby teeth are two of the most common causes of crossbite.

Open Bite -- Open bite occurs when teeth, usually the front teeth, do not make contact with each other, giving the illusion that a person's mouth is never really closed. Thumb sucking and tongue thrusting are habits that can have an affect on the development of open bite, as can speech problems such as lisping and genetic misalignment of the upper and lower jaw. Open bite is not a common problem, and those who seek treatment do so primarily for appearance. However, patients who have moderate to extreme open bite need treatment because the condition can affect the

joints of the jaw and cause recurring pain.

Gummy Smile -- Too much pink tissue showing when a person speaks or smiles is called a 'gummy smile.' This condition may result from an enlarged upper jaw, a short upper lip, short upper front teeth, a forward position of the front teeth, or disproportionate lip length or tooth height.

Spacing -- The exact opposite of crowding, spacing means exactly what it sounds like...there is too much space between your teeth. Spacing occurs in approximately 5% to 10% of the population and may be caused by thumb sucking or genetic factors, such as inheriting a large jaw and small-sized teeth. Spacing may affect all of your teeth, or just a portion of them.

Tongue Thrust -- You swallow about 2000 times each day and each time you do, 1-6 pounds of pressure is applied to the inside structures of the mouth. Normally when you swallow, your tongue is placed on the roof of the mouth, however, when the tongue slides between and behind the teeth, this pressure can push the teeth apart and out. Known as 'tongue thrust,' this abnormal swallowing can cause causing distortions of the face and teeth. It is most common in children with prior severe thumb sucking habits. Working with a speech therapist may help this behavior, but in severe cases, a special orthodontic appliance that inhibits this damaging tongue movement may be prescribed.

It is estimated that more than 5 million people in the United States and Canada are in the care of an orthodontist and looking forward to the day their braces come off and they can see their beautiful, healthy smile in the mirror.

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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