



Leo R. Cullinan, DDS, MS

Board Certified Orthodontic Specialist

Frequently Asked Questions

At what age should my child have their first orthodontic screening?

The American Association of Orthodontists recommends that a child's first visit to an orthodontist take place when an orthodontic problem is first detected. Depending on the nature of the problem, whether it is a jaw growth problem, tooth problem, or both, this first visit could take place as early as 2 or 3, as the primary teeth erupt. Whether or not an orthodontic problem is detected, however, a child should visit an orthodontist for a checkup no later than age 7.

This may surprise you because orthodontic treatment is usually associated with adolescence. Although treatment will not necessarily begin at this early age, an examination is important to ensure maximum dental health for your child.

What are some of the early warning signs that indicate that your child should have an orthodontic examination?

The following early warning signs may indicate that your child should have an orthodontic examination:

- Early or late loss of teeth
- Speech difficulties
- Difficulty in chewing or biting
- Biting the cheek or into the roof of the mouth
- Mouth breathing
- Protruding teeth
- Finger sucking or other oral habits
- Teeth that meet in an abnormal manner
- Crowded, misplaced or blocked-out teeth that don't meet at all
- Jaws that shift or make sounds
- Jaws that protrude or retrude
- Grinding or clenching of the teeth

An orthodontic examination is advisable any time a particular problem is noted by the parent, family dentist or child's physician.



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Frequently Asked Questions (continued)

What is the benefit of early diagnosis?

Orthodontists can improve smiles at any age, but there is usually an optimal time for treatment to begin. An early examination allows Dr. Cullinan to determine how and when a child's particular problem should be treated for maximum improvement, requiring the least amount of time and providing the greatest benefit. With some patients, early treatment achieves results that are unattainable once the face and jaws have finished growing.

Does every problem always require early treatment?

Recognizing an orthodontic problem at an early age does not always result in early treatment. After evaluating your child, Dr. Cullinan may simply want to check your child periodically while the permanent teeth are erupting and the jaws and face continue to grow.

However, if your child has a problem that requires attention, Dr. Cullinan may recommend interceptive treatment. Early intervention, which takes advantage of facial growth and tooth eruption, can lessen the severity of a problem, and it frequently makes the completion of treatment at a later age less time-consuming and less expensive.

What types of problems would lend themselves to early, interceptive treatment?

Interceptive treatment may be beneficial in:

- Avoiding fracture or loss of protruding teeth
- Assuring that the jaws and teeth meet properly during chewing and swallowing
- Eliminating adverse habits, such as thumb/finger sucking, tongue thrusting and lip habits
- Correcting early mis-alignment of teeth
- Enhancing proper speech development
- Evaluating breathing problems that may adversely affect normal growth and jaw shape
- Correcting crossbite, tooth grinding, tooth interference and lower jaw displacement
- Coordinating the extraction of primary (baby) teeth with the family dentist and allowing for proper eruption of permanent teeth
- Improving self-image



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Frequently Asked Questions (continued)

What is a MALOCCLUSION?

The technical term for teeth and jaws that do not fit and work together properly is “malocclusion”, commonly called a “bad bite”. Most malocclusions are inherited, but some are acquired.

Inherited problems include crowding or spacing of the teeth caused by a difference in the size of the teeth and jaws or differing facial patterns of the parents.

Acquired malocclusions can be caused by finger sucking, tongue position, airway obstruction, dental disease, or premature loss or retention of primary (baby) teeth.

Whether inherited or acquired, many of these problems affect not only alignment of the teeth, but also facial appearance. It is important to note that orthodontic problems can be present behind perfectly acceptable smiles. Dr. Cullinan is especially qualified to diagnose existing or potential conditions that require treatment.

Why is orthodontic treatment so important?

Every parent wants his or her child to have a beautiful smile—and every child should have a healthy smile with properly functioning teeth. Dr. Cullinan’s goal is to achieve both for the patient.

Untreated malocclusions may contribute to conditions that cause tooth decay, gum disease, bone destruction, loss of teeth, mouth breathing, and jaw joint problems. “An ounce of prevention is worth a pound of cure” is truly applicable here. In addition, uncorrected problems can adversely affect a child’s speech, general health and self-esteem.

A child’s self-confidence almost always increases when his or her smile is improved. This also has an impact on those around the child—parents, siblings, teachers, and other children. Successful treatment can lead to greater success in all areas of the child’s life. In short, the value of a beautiful, healthy smile should not be underestimated.

Why should an Orthodontic Specialist treat orthodontic problems?

Some things have to be done right the first time. Orthodontic treatment will change your child’s teeth and can improve facial appearance. So, you’ll want a specialist, like Dr. Cullinan, to treat your child.



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Frequently Asked Questions (continued)

By completing an advanced education program following dental school, Dr. Cullinan has learned the special skills required to manage tooth movement and guide facial development. In addition, Dr. Cullinan limits his practice to orthodontics and dentofacial orthopedics and is recognized as qualified to practice as a specialist in orthodontics by the American Dental Association (ADA) and the American Association of Orthodontists (AAO). Advanced education programs in orthodontics must include two or more academic years of full-time formal training in a program sponsored by an institution properly chartered and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized educational validity according to the Commission on Dental Accreditation, American Dental Association.

Is it safe to undergo mail-order orthodontic treatment without seeing an orthodontist or dentist in person?

Mail-order orthodontic treatment that is promoted as “easy” and “affordable” is leading to many patients seeking help in-office by trained specialist for retreatment after attempting to move teeth and bone using clear aligners at home, according to findings released by the American Association of Orthodontist (AAO). In a survey of its member orthodontists, the majority of respondents (a total of 77 percent) said they have seen patients come into their offices for retreatment after mail-order or “DTC” treatment that did not include an in-person examination prior to starting.

The AAO released the findings ahead of World Orthodontic Health Day, May 15, to highlight the health and financial risks causing concern among members of the profession. The survey—conducted Nov. 24, 2021, through Jan. 10, 2022—also showed 61 percent of respondents see new retreatment patients at least quarterly. A total of 260 AAO members responded with a margin of error of +/- 6 points.

“It sounds almost too good to be true: the convenience of orthodontic treatment without ever having to leave your home or see an orthodontist or dentist in person,” said Dr. Ken Dillehay, DDS, MS, President of the AAO. “Far too many patients are finding out what the scientific evidence makes clear: that undergoing orthodontic treatment without first being examined in-person by an orthodontist or dentist can lead to irreversible harm.”

Many mail-order orthodontic companies portray treatment (especially straightening only the front teeth) as only “cosmetic.” But the research clearly shows that moving teeth is a medical procedure that involves complex biological processes and should be monitored in-person by a trained dental professional. Yet with some companies offering orthodontic treatment through clear aligners mailed directly to the patient, the patient is never examined in-person by the supervising dentist or orthodontist.



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Frequently Asked Questions (continued)

Health equity and access to care remain a priority for the AAO, which advocates for making orthodontic treatment accessible—including use of teledentistry when combined with necessary in-person treatment—while maintaining the highest standard of care to protect patients. The AAO advocates for policies that break through geographic, financial and convenience barriers while maintaining the standard of care.

[Click here for a copy of the AAO press release.](#)