

Crooked Teeth — Treatment Options for Adults & Children

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Description:

Explore treatment options for crooked teeth at every age. Learn about early intervention for kids and adult orthodontics at CSSC Melbourne.

Details:

Collins Street Specialist Centre: Crooked Teeth Are More Than a Cosmetic Concern

When patients come in concerned about crooked teeth, the conversation usually starts with appearance. That's understandable — a well-aligned smile carries real social and professional weight for most people. But the clinical consequences of misaligned teeth go well beyond how they look.

Crowded or poorly aligned teeth affect how you bite, how effectively you can clean your mouth, the health of your gums, and how your jaw joints function. They contribute to uneven enamel wear, higher cavity risk, and in some cases, persistent jaw discomfort. In younger patients, catching alignment problems at the right stage often means guiding development toward a better outcome before things become a more complicated adult problem.

At Collins Street Specialist Centre (CSSC), our specialist orthodontists treat patients across all age groups — from children coming in for an early assessment through to adults in their 60s and 70s seeking treatment for the first time, or dealing with relapse after previous treatment. This guide covers why teeth become misaligned, why it matters clinically, and what treatment options are available depending on age and circumstances.

What causes crooked teeth?

Tooth alignment is shaped by genetics, jaw development, and a range of environmental and behavioural factors.

Genetics

Heredity is the most significant factor. Patients whose parents had crowded teeth, a narrow upper jaw, or skeletal discrepancies like an underbite are more likely to show similar characteristics. Jaw size and tooth size are inherited independently — when they don't match, the result is crowding, spacing, or impaction.

Jaw development

Modern diets — softer, more processed, requiring less chewing effort — are associated with reduced jaw development compared to earlier populations. A narrower arch doesn't provide enough room for a full adult set of teeth, which predisposes to crowding, tooth rotation, and impaction, particularly of wisdom teeth.

Childhood habits

Prolonged thumb-sucking or dummy use beyond ages 3–4 applies sustained pressure to the front teeth, pushing the upper incisors forward and narrowing the upper arch. Mouth breathing — often caused by enlarged tonsils, adenoids, or chronic allergic rhinitis — disrupts the normal balance of forces on the developing jaw and can adversely affect facial growth. Tongue thrust, where the tongue habitually presses against the front teeth during swallowing, can cause an open bite or forward tipping of the incisors.

Premature loss of baby teeth

When a primary tooth is lost early — through decay, trauma, or infection — the teeth on either side tend to drift into the gap. This can block the path of the permanent tooth trying to erupt underneath. It's one of the more preventable causes of misalignment, and a genuine reason why caring for baby teeth has long-term consequences.

Other contributing factors

Facial or jaw injuries can displace teeth or interfere with jaw development in younger patients. Extra teeth create crowding pressure; missing teeth allow the remaining dentition to drift and tilt. Advanced gum disease can cause teeth to shift as the supporting bone is lost.

Why crooked teeth matter beyond appearance

Difficulty cleaning

Crowded or overlapping teeth create tight contacts and overlapping surfaces where plaque and food debris accumulate in places a toothbrush and floss simply can't reach. This raises the risk of cavities in hard-to-access areas, gingivitis and periodontitis, and persistent bad breath from chronic plaque buildup.

Uneven wear

When teeth don't meet evenly, some absorb more force than others. Over years, this leads to accelerated enamel loss on the high-load teeth, greater susceptibility to fracture, and sensitivity as the protective enamel thins.

Bite problems

Dental misalignment often coexists with bite discrepancies — overbites, underbites, crossbites, or open bites. These can show up clinically as jaw pain and temporomandibular joint dysfunction, restricted or uncomfortable chewing, chronic headaches and facial muscle tension, and speech difficulties in certain cases.

Periodontal consequences

Teeth positioned outside the normal arch — tilted, rotated, or erupted in the wrong place — may have compromised bone and gum support. Moving them back into the correct position can meaningfully improve their long-term prognosis, particularly when managed alongside specialist periodontal care.

Quality of life

Not every patient is distressed by the appearance of their teeth — but many adults report that their smile affects their confidence, their willingness to smile openly, and their comfort in social or professional situations. That's a legitimate clinical consideration, not a superficial one.

Early intervention for children (Phase 1 orthodontics)

Orthodontic treatment isn't only for teenagers. Some conditions are best addressed between ages 7 and 10, while the jaws are still growing and there's an opportunity to guide development rather than correct an established problem later.

When should a child first see an orthodontist?

The Australian Society of Orthodontists recommends an initial assessment by age 8. This doesn't mean treatment starts at that age — most children assessed at this stage are simply monitored until the right time. But early assessment lets the orthodontist identify conditions that genuinely benefit from timely action.

What can early treatment address?

Crossbites, where upper teeth sit inside the lower teeth, can drive asymmetric jaw growth if left uncorrected during the growth period. Severe crowding can sometimes be addressed through arch expansion while growth sutures are still open, reducing the likelihood of extractions later. Protruding upper incisors can be retracted to reduce the risk of dental trauma in active kids. Underbites treated early can reduce the severity of a developing skeletal problem and, in some cases, reduce or eliminate the need for jaw surgery in adulthood. Habit-breaking appliances can address persistent thumb-sucking or tongue thrust that's affecting dental development. And for teeth that are impacted or erupting in the wrong place, early intervention can create space and guide them into position.

What does Phase 1 treatment involve?

Early treatment typically uses expansion appliances to widen the upper arch, partial braces on the front teeth to address specific positional problems, space maintainers to preserve arch length after early tooth loss, or functional appliances to modify jaw growth in cases of significant overbite or underbite. Phase 1 treatment generally runs 9–18 months, followed by a monitoring period until enough permanent teeth have erupted for comprehensive Phase 2 treatment if needed.

Not every child needs early treatment

Many malocclusions are best managed in a single comprehensive treatment phase during adolescence, typically between ages 11 and 14. Early intervention is specifically indicated where the growing skeleton can be meaningfully influenced, or where waiting would substantially increase the complexity of later treatment. Your CSSC orthodontist will give you a candid assessment of whether early treatment is warranted or whether monitoring is the better approach.

Adolescent orthodontics

The adolescent window — when most permanent teeth have erupted and jaw growth is still active — remains the most common time for comprehensive orthodontic treatment. Biological responsiveness and remaining growth potential generally make this the most efficient period to address a wide range of bite problems.

Treatment options for teens

****Traditional metal braces**** remain the benchmark for complex cases. Contemporary bracket designs are considerably smaller and more comfortable than earlier generations, and they offer the most precise three-dimensional tooth control. Treatment typically runs 18–24 months.

****Ceramic braces**** work identically to metal braces but use tooth-coloured or translucent brackets, making them far less noticeable. They're a popular choice among image-conscious teenagers, though they're marginally more prone to bracket fracture than metal.

****Clear aligners**** are removable thermoplastic trays changed every 1–2 weeks. They're effective for mild to moderate crowding and spacing, and nearly invisible in use. They require 20–22 hours of wear per day to work as intended — compliance matters. Not every case is suitable for aligners; your orthodontist will advise whether this approach can reliably achieve the outcome your child needs.

Adult orthodontics — it's not too late

The idea that orthodontic treatment is only for teenagers is one of the more persistent misconceptions in dentistry. There's no biological age limit on tooth movement. At CSSC, adults make up a substantial part of our orthodontic caseload — many presenting in their 30s, 40s, and 50s, with some patients considerably older.

Why adults seek orthodontic treatment

Some want the well-aligned smile they never had treatment for in adolescence. Others are dealing with relapse — teeth that were straightened as teenagers but have shifted after retainer wear stopped. Some need orthodontic repositioning before planned implants, crowns, or bridges, to create the right spatial conditions for the restoration. Others are addressing long-standing bite problems contributing to jaw pain, headaches, or progressive enamel wear. And some are looking to improve plaque control access by aligning crowded teeth, reducing ongoing gum disease risk.

How adult treatment differs

The biological process of tooth movement is the same in adults as in teenagers, but several important differences apply.

Adult jaw structures are fully developed, so significant skeletal discrepancies that can't be adequately managed by tooth movement alone may require jaw surgery combined with orthodontic treatment. Adults often present with fillings, crowns, bridges, or implants that need to be factored into treatment planning — this increases diagnostic complexity and requires coordination with other specialists. Patients with a history of gum disease need demonstrated periodontal stability before orthodontic forces are applied, and ongoing monitoring throughout treatment; at CSSC, our orthodontists work closely with our periodontists to manage this. Adult bone remodels at a slightly slower rate than adolescent bone, which can extend treatment duration modestly in some cases. On the other hand, adults who've chosen treatment independently tend to be highly motivated and compliant.

Treatment options for adults

****Clear aligners**** are the most commonly chosen option among our adult patients. They're discreet, removable, and well-tolerated during professional and social activities. Digital treatment planning lets patients see a simulation of expected tooth movement before starting. They work well for mild to moderate crowding, spacing, and a range of bite corrections.

****Ceramic braces**** pair tooth-coloured brackets with low-profile wires. They're appropriate when a case needs more three-dimensional control than aligners can reliably provide, and they offer a reasonable balance between clinical performance and discretion.

****Lingual braces**** are bonded to the inner surfaces of the teeth, making them completely invisible from the outside. They're custom-fabricated for each patient's dentition and well-suited to adults who need the precision of fixed appliances without any visible hardware.

****Traditional metal braces**** remain the right choice for complex cases requiring maximum biomechanical control. Less commonly chosen by adults, but sometimes the most appropriate option clinically.

The multidisciplinary advantage at CSSC

Adult orthodontic treatment often extends beyond straightening teeth. Depending on overall dental health and treatment goals, a comprehensive plan may include periodontal treatment before or during orthodontics to ensure gum and bone stability; implant placement after orthodontic completion, once the remaining teeth are positioned to receive the restoration; crowns or veneers after orthodontics to restore teeth affected by wear, fracture, or long-standing damage; and jaw joint management coordinated alongside orthodontic treatment where dysfunction is a factor.

At CSSC, specialist orthodontists, periodontists, prosthodontists, oral and maxillofacial surgeons, and endodontists all practise within the same centre. Treatment is planned collaboratively, which means patients aren't required to coordinate care across multiple independent practices — a significant practical advantage when the clinical picture is complex.

What to expect during orthodontic treatment

Initial consultation

At your first appointment, your orthodontist will conduct a comprehensive clinical examination of your teeth, bite, and jaw; take digital intraoral scans (replacing traditional impressions in most cases), clinical photographs, and diagnostic X-rays; discuss your concerns, functional priorities, and aesthetic goals; identify which treatment options are clinically appropriate; and present a detailed treatment plan including estimated duration, phasing, and fees.

During treatment

Review appointments are scheduled every 4–8 weeks for wire adjustments or aligner progress checks. Some discomfort after adjustments is normal and typically settles within 2–3 days. Patients with fixed braces should avoid hard, sticky, or very crunchy foods that risk breaking brackets or displacing wires. Oral hygiene needs to be thorough throughout treatment — plaque around brackets or under aligners significantly increases the risk of cavities and gum problems.

After treatment — retention

Retention is the final phase of orthodontic treatment, and the one most frequently underestimated. After active tooth movement, the periodontal fibres and surrounding bone need time to stabilise around the teeth in their new positions. Without retention, relapse is predictable.

Options include fixed retainers — a thin wire bonded to the inner surfaces of the front teeth, designed for long-term use — and removable retainers, worn nightly to maintain tooth position. Your orthodontist will recommend the right protocol for your case. The core principle is simple: retainers are a long-term commitment. Teeth that aren't retained will, given enough time, shift back toward where they started.

How long does treatment take?

Treatment duration depends on the complexity of the presenting problem:

- **Minor alignment issues:** 6–12 months - **Moderate crowding or bite correction:** 12–18 months - **Complex cases — significant skeletal discrepancies, surgical cases, or adult multidisciplinary treatment:** 18–30 months

Your orthodontist will give you a realistic estimate at your initial consultation. An honest timeline is more useful than an optimistic one that doesn't reflect how the treatment will actually unfold.

Book an orthodontic consultation at CSSC

Whether you're considering assessment for a child, a teenager, or yourself, the specialist orthodontists at Collins Street Specialist Centre can evaluate your situation thoroughly and explain your options in plain terms.

Early assessment for children — ideally by age 8 — allows timely identification of conditions where acting during the growth period offers a real clinical advantage. For adults, contemporary orthodontic options offer more discretion, comfort, and efficiency than at any previous point in the specialty's history.

Your referring dentist is welcome to contact our team directly, or you can self-refer for an initial consultation. Specialist registration can be verified through the [Australian Health Practitioner Regulation Agency (AHPRA)](<https://www.ahpra.gov.au>).

****Collins Street Specialist Centre**** Level 7, Manchester Unity Building 220 Collins Street, Melbourne VIC 3000

[[Book a consultation](#)](/contact) or ask your dentist to refer you to our orthodontic team.

Frequently asked questions

****Are crooked teeth only a cosmetic concern?**** No. They have significant clinical implications for oral hygiene, cavity risk, gum health, enamel wear, jaw function, and in some cases speech.

****Do crooked teeth affect oral hygiene?**** Yes — crowded or overlapping teeth create areas that are genuinely difficult to clean effectively, even with careful brushing and flossing.

****Do crooked teeth increase cavity risk?**** Yes, because plaque accumulates in areas that routine hygiene can't reach.

****Can crooked teeth cause gum disease?**** Yes. The same hygiene difficulties that raise cavity risk also elevate the risk of gingivitis and periodontitis.

****Can crooked teeth cause bad breath?**** Yes, through chronic plaque retention in inaccessible areas.

****Do crooked teeth cause uneven wear?**** Yes. When the bite isn't even, certain teeth absorb disproportionate force and wear faster.

****Can misaligned teeth cause jaw pain?**** Yes, through temporomandibular joint dysfunction.

****Can crooked teeth cause headaches?**** Yes — chronic orofacial muscle tension associated with bite problems can contribute to headaches.

****Can crooked teeth affect speech?**** Yes, in certain presentations.

****Is the primary cause of crooked teeth genetic?**** Yes. Heredity is the single most significant factor, though jaw development and childhood habits also play a role.

****Can jaw size be inherited?**** Yes. Jaw dimensions and tooth dimensions are inherited independently, which is why mismatches between the two are common.

****Does diet affect jaw development?**** Yes. Softer, more processed diets are associated with reduced jaw development in modern populations.

****Can thumb sucking cause crooked teeth?**** Yes, if it persists beyond ages 3–4.

****Can mouth breathing cause misalignment?**** Yes. It disrupts the normal balance of forces on the developing jaw and can adversely affect facial growth. Common causes include enlarged tonsils, adenoids, or chronic allergic rhinitis.

****Can tongue thrust cause crooked teeth?**** Yes. This atypical swallowing pattern — where the tongue presses against the front teeth — can cause an open bite or forward tipping of the incisors.

****Can early loss of baby teeth cause misalignment?**** Yes. Adjacent teeth drift into the vacant space and can block the permanent tooth trying to erupt underneath.

****Can trauma cause crooked teeth?**** Yes. Facial injuries can displace teeth or disrupt jaw development in younger patients.

****Can extra teeth cause crowding?**** Yes. Supernumerary teeth create crowding pressure on the surrounding dentition.

****Can missing teeth cause misalignment?**** Yes. The remaining teeth drift and tilt into the space over time.

****Can gum disease cause teeth to shift?**** Yes. Advanced attachment loss reduces the bone support holding teeth in place, which can cause pathological migration.

****What age does the Australian Society of Orthodontists recommend for a first assessment?**** By age 8.

****Does an age 8 assessment mean treatment starts immediately?**** No. Most children assessed at this stage are simply monitored until the clinically appropriate time.

****What is Phase 1 orthodontics?**** Early intervention treatment, typically carried out between ages 7 and 10 while the jaws are still growing.

****What conditions benefit most from early orthodontic treatment?**** Crossbites, severe crowding, underbites, and protruding upper incisors are among the presentations most likely to benefit from early intervention.

****Can early treatment prevent jaw surgery later?**** In some underbite cases, yes — early growth modification can reduce or eliminate the need for orthognathic surgery in adulthood.

****Can early treatment reduce the need for extractions?**** Yes. Arch expansion during the growth period can create space for the permanent dentition that might otherwise require extractions.

****What appliances are used in Phase 1 treatment?**** Expansion appliances, partial braces, space maintainers, and functional appliances, depending on the clinical situation.

****How long does Phase 1 treatment typically last?**** 9–18 months.

****Does every child need Phase 1 treatment?**** No. Many children are best treated in a single comprehensive phase during adolescence.

****When is the traditional adolescent treatment window?**** Ages 11–14, when most permanent teeth have erupted and jaw growth is still active.

****What are the treatment options for teenagers?**** Metal braces, ceramic braces, or clear aligners, depending on the complexity of the case.

****Are metal braces still effective?**** Yes. They remain the benchmark for complex presentations.

****How long does teen orthodontic treatment typically take?**** 18–24 months.

****What are ceramic braces?**** Braces that function identically to metal braces but use tooth-coloured or translucent brackets, making them less visible.

****Are ceramic braces more fragile than metal?**** Marginally, yes — they're slightly more susceptible to bracket fracture.

****Are clear aligners suitable for all teen cases?*** No. Not all presentations are clinically appropriate for aligner therapy; your orthodontist will advise whether it's suitable.

****How many hours per day must aligners be worn?*** 20–22 hours per day.

****Is there an age limit for orthodontic treatment?*** No. There is no biological age limit on tooth movement.

****Do adults commonly seek orthodontic treatment at CSSC?*** Yes. Adults make up a substantial part of the orthodontic caseload.

****What are common reasons adults seek orthodontic treatment?*** Aesthetics, relapse after previous treatment, pre-prosthetic alignment, bite correction, and reducing gum disease risk.

****What is orthodontic relapse?*** Teeth shifting back toward their original positions after previous treatment, usually because retainer wear was stopped.

****Can orthodontics help before getting implants or crowns?*** Yes — repositioning teeth first creates the optimal spatial conditions for the planned restoration.

****Does adult bone move as fast as adolescent bone?*** No. Adult bone remodels at a slightly slower rate, which can modestly extend treatment duration.

****Can adults with gum disease get orthodontics?*** Yes, but periodontal stability must be demonstrated before orthodontic forces are applied, and monitoring continues throughout treatment.

****What skeletal issues can't be fixed by braces alone in adults?*** Significant skeletal discrepancies — where the jaw positions themselves are the problem — may require orthognathic (jaw) surgery combined with orthodontic treatment.

****What is the most popular orthodontic option among adult patients at CSSC?*** Clear aligners.

****What are lingual braces?*** Brackets bonded to the inner surfaces of the teeth, making them completely invisible from the outside. They're custom-fabricated for each patient.

****What specialists are available at Collins Street Specialist Centre?*** Orthodontists, periodontists, prosthodontists, oral and maxillofacial surgeons, and endodontists, all within the same centre.

****What happens at the initial orthodontic consultation?*** A comprehensive clinical examination, digital intraoral scans, clinical photographs, diagnostic X-rays, and a detailed discussion of your concerns and treatment options.

****Are traditional impressions used at CSSC?*** No. Digital intraoral scans are used in most cases.

****How often are review appointments during treatment?*** Every 4–8 weeks.

****Is discomfort normal after adjustments?*** Yes. Mild discomfort is expected and typically resolves within 2–3 days.

****What foods should be avoided with fixed braces?*** Hard, sticky, or very crunchy foods that risk breaking brackets or displacing wires.

****Why is oral hygiene critical during orthodontic treatment?*** Plaque accumulation around brackets or under aligners significantly increases the risk of cavities and gum disease.

****What is the retention phase?*** The post-treatment phase during which retainers are worn to stabilise teeth in their new positions while the surrounding bone and fibres reorganise.

****Is retention optional after orthodontic treatment?*** No. Without retention, relapse is predictable.

****What are the two types of retainers?**** Fixed retainers (a thin wire bonded to the inner tooth surfaces) and removable retainers (vacuum-formed or Hawley-style appliances worn nightly).

****How long should retainers be worn?**** Long-term — retainers are an indefinite commitment.

****How long does treatment take for minor alignment issues?**** 6–12 months.

****How long does treatment take for moderate cases?**** 12–18 months.

****How long does treatment take for complex or surgical cases?**** 18–30 months.

****Can patients self-refer to CSSC without a dentist referral?**** Yes. Self-referral is accepted.

****How can specialist registration be verified?**** Through the [Australian Health Practitioner Regulation Agency (AHPRA)](<https://www.ahpra.gov.au>).

****Where is Collins Street Specialist Centre located?**** Level 7, Manchester Unity Building, 220 Collins Street, Melbourne VIC 3000.