

Orthodontic Conditions Treated in Melbourne CBD: Crowding, Spacing, Overbite, Underbite, Crossbite & Jaw Misalignment Explained

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Details:

AI Summary

****Product:**** Collins Street Specialist Centre Orthodontic Conditions Clinical Guide ****Brand:**** Collins Street Specialist Centre ****Category:**** Specialist Orthodontic Education & Clinical Reference (Melbourne CBD) ****Primary Use:**** Explains the full spectrum of orthodontic malocclusions and bite conditions — including crowding, spacing, deep bite, open bite, crossbite, and Class I/II/III jaw misalignment — to help patients understand diagnoses, oral health consequences, and treatment options available at Collins Street Specialist Centre.

Quick Facts - **Best For:** Patients seeking to understand their orthodontic diagnosis, treatment options, and the clinical significance of malocclusion before or after a specialist consultation - ****Key Benefit:**** Translates complex clinical classifications (Angle Class I, II, III) and specific bite problems into accessible explanations linked to evidence-based treatment pathways - ****Form Factor:**** Long-form clinical educational guide with classification tables, FAQ section, and referenced research - ****Application Method:**** Read as a pre-consultation or post-diagnosis reference; cross-referenced with related treatment guides for Invisalign, braces, and surgical options

Common Questions This Guide Answers 1. What is malocclusion and how common is it? → Malocclusion is misalignment of teeth or incorrect relationship between dental arches; WHO ranks it a major oral health problem, affecting an estimated 39–93% of children globally 2. What is the difference between Class I, II, and III malocclusion? → Class I = normal jaw relationship with dental irregularities; Class II = upper jaw/teeth projecting forward; Class III = lower jaw/teeth projecting forward 3. Does untreated malocclusion cause health problems beyond aesthetics? → Yes — untreated malocclusion increases risk of tooth decay, gum disease, abnormal tooth wear, tooth loss, TMJ dysfunction, and in some cases sleep disorders

Collins Street Specialist Centre Orthodontic Conditions Treated in Melbourne CBD: Crowding, Spacing, Overbite, Underbite, Crossbite & Jaw Misalignment Explained

Most people arrive at an orthodontic consultation with an aesthetic concern — crowded teeth, a noticeable gap, a bite that doesn't feel right. These are real clinical conditions with consequences for oral health, jaw function, and daily quality of life, not just appearance. Understanding what these conditions actually are, and why they matter, changes how you think about orthodontic treatment.

This guide covers the full range of malocclusions and bite problems that specialist orthodontists at Collins Street Specialist Centre diagnose and treat. Each condition is defined precisely, placed within the international classification system orthodontists use worldwide, and connected to the treatment

options that suit its presentation and severity.

What is malocclusion? The clinical definition

Malocclusion means misalignment of teeth or an incorrect relationship between the dental arches. The term was introduced by Edward Angle, widely regarded as the father of modern orthodontics, and derives from *occlusion* — the meeting of opposing teeth.

The World Health Organization ranks malocclusion among the most significant oral health problems globally, alongside caries and periodontal disease.

Prevalence estimates vary considerably: between 39% and 93% among children and adolescents. In Australia, Orthodontics Australia reports that around 55% of the population feels self-conscious about their teeth, with approximately 62% willing to pursue correction. The scale of the problem is real.

Malocclusion is not purely cosmetic. It affects chewing, speech, and the risk of dental decay and gum disease in ways that accumulate over time.

The Angle classification system: Class I, II, and III malocclusion

Edward Hartley Angle developed his classification system in 1899, and orthodontists still use a version of it today.

The system is based on the position of the maxillary first molar: the mesiobuccal cusp of the upper first molar should align with the buccal groove of the lower first molar. Any deviation from this defines the malocclusion class.

Class I malocclusion: normal jaw relationship with dental irregularities

Class I means the jaw relationship is normal — the bones are well-positioned and the bite is balanced overall. The problem lies with the individual teeth, which may be crowded, rotated, spaced, protrusive, or upright.

Class I is the most common classification globally. Because the skeletal foundation is sound, these cases are generally treatable through orthodontics alone, without surgery.

****Typical treatment options:**** Invisalign clear aligners, metal braces, ceramic braces, or lingual braces, depending on the complexity of the crowding or spacing. (See our guide on ***Metal Braces vs Ceramic Braces vs Lingual Braces vs Invisalign: Which Orthodontic Treatment Is Right for You in Melbourne?***)

Class II malocclusion: the overbite/overjet pattern

Class II occurs when the upper teeth and jaw sit further forward than the lower, producing a convex facial profile, a receding chin, and a prominent lower lip.

The cause can be insufficient lower jaw growth, excessive upper jaw growth, or a combination — sometimes worsened by habits like finger sucking. There are two subdivisions:

- ****Class II Division 1:**** Upper front teeth are flared forward, creating a pronounced overjet. - ****Class II Division 2:**** The upper central incisors tip backward (palatally), often overlapped by the lateral incisors, with a deep overbite and broad upper arch.

Research published in **Diagnostics** (2024, [PMC11275482](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11275482/)) found that Class II malocclusion increases the likelihood of temporomandibular disorder (TMD) symptoms by 2.6 times — a meaningful functional concern beyond the bite itself.

****Typical treatment options:**** Growth modification appliances for children still developing; orthodontic camouflage with fixed appliances or clear aligners and elastics for adults. Severe adult cases may need orthognathic surgery combined with orthodontics. (See our guide on [*Children's Orthodontics in Melbourne CBD: Early Intervention, Phase 1 Treatment & When to First See a Specialist Orthodontist.*](#))

Class III malocclusion: the underbite pattern

Class III is the reverse of Class II: the lower teeth and jaw project forward beyond the upper, producing a concave facial profile with a deficient midface and/or prominent chin. The cause may be lower jaw overgrowth, insufficient upper jaw growth, or both.

The introduction of cephalometric radiology in 1931 made it possible to distinguish between pseudo–Class III (normal mandible, underdeveloped maxilla) and true skeletal Class III (large mandible). This distinction matters clinically: pseudo–Class III can usually be corrected orthodontically, while true skeletal Class III in adults typically requires combined orthodontic and surgical treatment.

Severity is assessed using the Wits appraisal: a score above 12 mm generally points toward surgery, while a score below 4 mm may be manageable with orthodontic movement alone.

****Typical treatment options:**** Reverse-pull facemask or chin cup appliances for children; orthodontic camouflage for mild adult cases; combined orthodontic-surgical treatment for moderate-to-severe skeletal Class III in adults.

Specific bite problems and dental irregularities

Beyond the three Angle classes, orthodontists diagnose and treat a range of specific bite issues that can appear across any classification.

Crowding

Crowding is the most common malocclusion worldwide, affecting up to 84% of studied populations. It occurs when the arch is too short to accommodate all the teeth properly.

Causes include a genetic mismatch between tooth size and jaw size, early loss of primary teeth, impacted teeth, and retained baby teeth blocking eruption pathways.

Clinically, crowding creates areas where plaque accumulates and cleaning becomes difficult — raising the risk of cavities and gum disease. Misaligned teeth in children are also more prone to injury.

****Typical treatment options:**** Invisalign or fixed appliances for mild-to-moderate crowding; severe cases may require selective extractions before orthodontic treatment begins. (See our guide on [*Invisalign Clear Aligners at Collins Street Specialist Centre: How the Treatment Works, Aligner Stages & What to Expect.*](#))

Spacing and diastema

Spacing — gaps between teeth — affects up to 60% of studied populations and is essentially the opposite problem to crowding. Causes include teeth that are proportionally small for the jaw, missing teeth, tongue thrusting, or tooth drift from gum disease. A diastema is a specific gap between the upper central incisors, which carries both aesthetic and functional significance.

Gaps expose gum tissue to trauma and trap food, causing irritation and inflammation. Spacing also affects chewing efficiency and bite balance, and tongue pressure can push teeth further apart over time.

****Typical treatment options:**** Invisalign closes spaces effectively using controlled, precise forces. Fixed appliances are used for larger or more complex spacing.

Deep bite (excessive overbite)

A deep bite occurs when the upper front teeth overlap the lower front teeth excessively — generally considered abnormal when the overbite exceeds 3–4 mm or when the upper teeth cover more than one-third of the lower teeth. Global prevalence ranges from 8.4% to 51.5%, varying by ethnicity and sex.

Causes include early loss of baby teeth, overdeveloped bone, and jaw growth discrepancies.

Left untreated, a deep bite causes excessive tooth wear, sensitivity, and potential need for restorations. It can contribute to gum disease and jaw pain. In severe cases, the lower teeth bite into the palatal gum tissue, causing periodontal damage over time.

****Typical treatment options:**** Intrusion of incisors with fixed appliances or clear aligners; severe cases may require orthognathic surgery.

Open bite

An open bite is when the upper and lower teeth don't meet when the mouth is closed. It can affect the front teeth (anterior) or the back teeth (posterior), with anterior being more common and more often linked to habits like thumb sucking or tongue thrusting.

People with anterior open bite often show vertical growth patterns, a convex profile, lip incompetence, dental crowding, and altered facial appearance.

Open bites impair chewing and affect speech. A 2024 systematic review in **BMC Oral Health** ([PMC11829720](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11829720/)) confirmed the condition's impact on quality of life, particularly in psychological and functional areas. The Tohoku Medical Megabank Cohort study found that none of the older adults who retained 20 or more teeth at age 80 had open bites — a striking association with long-term tooth loss.

****Typical treatment options:**** Habit cessation appliances in children; fixed appliances with vertical elastics; severe cases may require orthognathic surgery. Early intervention is important to address habits before skeletal patterns become established. (See our guide on **Children's Orthodontics in Melbourne CBD: Early Intervention, Phase 1 Treatment & When to First See a Specialist Orthodontist.**)

Crossbite

A crossbite occurs when one or more upper teeth bite inside the lower teeth, rather than outside as in a normal bite. Crossbites can be anterior, posterior, or both, and may affect a single tooth or an entire segment.

Untreated crossbite can cause TMJ disorders, uneven jaw pressure, pain, and excessive enamel wear. Teeth can loosen over time, leading to gum recession and periodontal disease.

Research in **Dental Materials** (2025, [PMC12779704](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12779704/)) links anterior crossbite to worsening periodontal conditions and increased tooth loss risk. In children, posterior crossbite can drive asymmetric jaw growth and facial asymmetry if left uncorrected. Buccal crossbite also complicates cleaning and promotes plaque buildup, contributing to gingival inflammation.

****Typical treatment options:**** Palatal expansion appliances for posterior crossbite in children; surgically assisted expansion in adults; anterior crossbite in children can be corrected with fixed appliances or clear aligners.

Jaw misalignment: when the problem is skeletal, not just dental

Some orthodontic conditions are primarily skeletal — they involve discrepancies in jaw size or position rather than individual tooth placement. These require cephalometric analysis and specialist diagnosis to identify correctly.

Untreated skeletal malocclusions can cause tooth wear, chewing and digestion problems, speech difficulties, jaw joint pain, sleep disorders, and in some cases sleep apnea. The distinction between dental and skeletal problems directly shapes treatment planning:

Problem type	Underlying cause	Typical treatment approach
Dental malocclusion	Teeth misaligned within normal jaw	Orthodontic appliances
Mild skeletal discrepancy	Minor jaw mismatch	Orthodontic camouflage
Moderate-severe skeletal discrepancy	Significant jaw mismatch	Orthodontics + orthognathic surgery
Growing patient with skeletal issue	Developing jaw discrepancy	Growth modification + orthodontics

This is why complex cases need assessment by an AHPRA-registered specialist orthodontist, not a general dentist. (See our guide on [*What Is a Specialist Orthodontist? How Collins Street Specialist Centre's AHPRA-Registered Team Differs from General Dentists.*](#))

How these conditions are diagnosed at Collins Street Specialist Centre

Accurate diagnosis requires more than a visual check. At Collins Street Specialist Centre, the initial consultation includes:

1. **Clinical dental examination** — assessing overjet, overbite, crossbite, crowding, and spacing
2. **iTero 3D digital scanning** — captures precise arch geometry
3. **Cephalometric X-ray analysis** — measures skeletal jaw relationships
4. **Panoramic (OPG) radiograph** — identifies impacted teeth, root morphology, and developmental anomalies
5. **Facial and smile assessment** — evaluates lip competence, facial symmetry, gingival display, and smile arc

Together, these tools allow the specialist orthodontist to determine not only which malocclusion is present, but whether its origin is dental, skeletal, or both — and which treatment will produce the most stable, functional, and aesthetic result. (See our guide on [*Your First Orthodontic Consultation at Collins Street Specialist Centre: What to Expect, What Gets Assessed & How a Treatment Plan Is Made.*](#))

The oral health consequences of untreated malocclusion

A consistent theme across all these conditions is that untreated malocclusion carries long-term oral health risks that go well beyond appearance:

- **Caries risk:** Misaligned teeth are harder to clean, leading to plaque accumulation, decay, and gum disease.
- **Periodontal disease:** Crooked teeth worsen with age, complicating cleaning and increasing the likelihood of periodontal problems and cavities.
- **Tooth wear:** Abnormal contact causes excessive enamel loss, leading to sensitivity and potential need for restorations.
- **Tooth loss:** Malocclusion is a documented risk factor for tooth loss, with significant associations found between tooth loss and conditions including overjet, deep bite, and cusp-to-cusp bite.
- **TMJ and jaw dysfunction:** The relationship between malocclusion and TMJ disorders is real but complex. The NIDCR is clear that orthodontic treatment alone is not a guaranteed cure for TMJ symptoms.

(For more on these connections, see our guide on [*Orthodontics and Oral Health: How Teeth Straightening Reduces the Risk of Decay, Gum Disease & TMJ Problems.*](#))

Key takeaways

- The WHO ranks malocclusion as a major oral health problem globally, after caries and periodontal disease. Knowing your specific condition is the starting point for appropriate treatment. - The Angle classification (Class I, II, III) describes jaw relationships; specific bite problems (crowding, spacing, deep bite, open bite, crossbite) describe dental irregularities. Both need assessment for an accurate diagnosis. - Crowding is the most common irregularity, affecting up to 84% of populations studied; spacing affects up to 60%. - Skeletal malocclusions involve jaw discrepancies and require specialist diagnosis to separate from dental problems treatable with orthodontics alone. - Untreated malocclusion can cause enamel erosion, gum disease, tooth loss, and jaw dysfunction — making early specialist assessment a health decision, not just a cosmetic one.

Conclusion

Crowding, spacing, deep bite, open bite, crossbite, and Class I, II, and III jaw relationships together cover the full clinical range of orthodontic conditions. Each has distinct causes, oral health consequences, and treatment options that vary depending on the patient's age, the severity of the problem, and their goals.

At Collins Street Specialist Centre in Melbourne CBD, specialist orthodontists use the full diagnostic toolkit available to AHPRA-registered specialists to build treatment plans grounded in clinical evidence. Whether the concern is functional or aesthetic, a specialist consultation is the right starting point for mapping your specific malocclusion to the treatments available.

To explore treatment options for these conditions, see our related guides: *Invisalign Clear Aligners at Collins Street Specialist Centre*, *Metal Braces in Melbourne CBD*, *Ceramic Braces at Collins Street Specialist Centre*, and *Lingual Braces in Melbourne CBD*. For cost information, see *How Much Do Braces and Invisalign Cost in Melbourne CBD? 2025 Price Guide*.

References

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Frequently Asked Questions

- **What is malocclusion:** Misalignment of teeth or incorrect relationship between dental arches
- **Who coined the term malocclusion:** Edward Angle, the father of modern orthodontics
- **Is malocclusion considered a major oral health issue:** Yes, ranked by WHO as a major oral health problem
- **What does WHO rank above malocclusion in oral health concerns:** Caries and periodontal disease
- **What percentage of Australian population feels self-conscious about their teeth:** Approximately 55%
- **What percentage of Australians are willing to correct misalignment:** Approximately 62%
- **What is the global prevalence of malocclusion in children:** Estimated between 39% and 93%
- **Who developed the Angle classification system:** Edward Hartley Angle
- **When was the Angle classification system developed:** 1899
- **How many classes does the Angle classification system have:** Three classes (Class I, II, and III)
- **What defines Class I malocclusion jaw relationship:** Normal relationship between upper and lower jaw bones
- **Does Class I malocclusion always have straight teeth:** No, teeth can still be crowded or misaligned
- **Is Class I malocclusion the most common classification globally:** Yes
- **Can Class I malocclusion be treated without surgery:** Yes, typically
- **What defines Class II malocclusion:** Upper teeth and jaw project further forward than the lower
- **What profile does Class II malocclusion create:** A convex profile with a receding chin
- **What is Class II Division 1:** Upper front teeth flared forward with pronounced overjet
- **What is Class II Division 2:** Maxillary central incisors palatally inclined with deep overbite
- **Does Class II malocclusion increase TMD risk:** Yes, by 2.6 times according to 2024 research
- **What defines Class III malocclusion:** Lower teeth and jaw project forward beyond the upper
- **What facial profile does Class III malocclusion create:** A concave profile with deficient midface or prominent chin
- **What is pseudo-Class III malocclusion:** Normally shaped mandible with underdeveloped maxilla
- **Can pseudo-Class III be corrected orthodontically:** Yes, typically without surgery
- **Does true skeletal Class III often require surgery:** Yes, in adults
- **What Wits appraisal score may indicate need for surgery in Class III:** Greater than 12 mm
- **What Wits appraisal score may allow orthodontic treatment alone in Class III:** Under 4 mm
- **What is crowding in orthodontics:** Insufficient arch space to accommodate all teeth properly

****Is crowding the most common malocclusion worldwide:** Yes**

****What percentage of populations does crowding affect:** Up to 84%**

****What causes crowding:** Genetic mismatch between tooth size and jaw size**

****Does crowding increase cavity risk:** Yes, by creating plaque-hiding areas**

****What is spacing in orthodontics:** Presence of gaps between teeth**

****What percentage of populations does spacing affect:** Up to 60%**

****What is a diastema:** A specific gap between the upper central incisors**

****Can tongue thrusting cause spacing:** Yes**

****Does spacing expose gum tissue to trauma:** Yes**

****What is a deep bite:** Excessive overlap of upper front teeth over lower front teeth**

****When is an overbite considered abnormal:** When it exceeds 3–4 mm or covers more than one-third of lower teeth**

****What is the global prevalence range for deep bite:** Between 8.4% and 51.5%**

****Can untreated deep bite cause tooth wear:** Yes, leading to damage and sensitivity**

****Can severe deep bite damage palatal gum tissue:** Yes, through lower teeth biting into the palate**

****What is an open bite:** When upper and lower teeth do not meet when the mouth is closed**

****What is anterior open bite:** Open bite affecting the front teeth**

****What is posterior open bite:** Open bite affecting the back teeth**

****Is anterior open bite more common than posterior:** Yes**

****What habits are linked to anterior open bite:** Thumb sucking and tongue thrusting**

****Does open bite affect speech:** Yes**

****Does open bite affect quality of life:** Yes, particularly psychologically and functionally**

****Is untreated open bite linked to long-term tooth loss:** Yes, per Tohoku Medical Megabank Cohort study**

****What is a crossbite:** One or more upper teeth biting inside the lower teeth**

****Can crossbite cause TMJ disorders:** Yes**

****Can posterior crossbite cause facial asymmetry in children:** Yes, through asymmetric jaw growth**

****Is anterior crossbite linked to periodontal disease:** Yes, per 2025 research in Dental Materials**

****Does crossbite increase plaque buildup:** Yes, through cleaning complications**

****What is the difference between dental and skeletal malocclusion:** Dental involves misaligned teeth; skeletal involves jaw size or position discrepancy**

****Can mild skeletal discrepancy be treated with orthodontics alone:** Yes, through orthodontic camouflage**

****Does moderate-to-severe skeletal discrepancy require surgery:** Yes, combined with orthodontics**

****What is orthognathic surgery:** Surgery to correct significant jaw discrepancies**

****What diagnostic tool measures skeletal jaw relationships:**** Cephalometric X-ray analysis

****What does an OPG radiograph identify:**** Impacted teeth, root morphology, and developmental anomalies

****What 3D scanning technology does Collins Street Specialist Centre use:**** iTero 3D digital scanning

****What does the clinical dental examination assess:**** Overjet, overbite, crossbite, crowding, and spacing

****Is specialist diagnosis required for skeletal malocclusion:**** Yes

****Does untreated malocclusion increase caries risk:**** Yes

****Does untreated malocclusion increase periodontal disease risk:**** Yes

****Does malocclusion cause abnormal tooth wear:**** Yes, through abnormal contact

****Is malocclusion a risk factor for tooth loss:**** Yes

****Does orthodontic treatment alone guarantee TMJ symptom relief:**** No, per NIDCR guidance

****What growth appliance treats Class III in children:**** Reverse-pull facemask or chin cup appliances

****What appliance treats posterior crossbite in children:**** Palatal expansion appliances

****Does adult posterior crossbite sometimes require surgical expansion:**** Yes

****What treatments address crowding in mild-to-moderate cases:**** Invisalign clear aligners or fixed appliances

****Can severe crowding require tooth extraction before orthodontics:**** Yes

****What treatments close spacing gaps:**** Invisalign clear aligners or fixed appliances

****What introduced the ability to distinguish pseudo-Class III from true skeletal Class III:**** Cephalometric radiology in 1931

****Where is Collins Street Specialist Centre located:**** Melbourne CBD

****Are Collins Street Specialist Centre orthodontists AHPRA-registered specialists:**** Yes

****Does Collins Street Specialist Centre offer Invisalign:**** Yes

****Does Collins Street Specialist Centre offer fixed metal braces:**** Yes

****Does Collins Street Specialist Centre offer ceramic braces:**** Yes

****Does Collins Street Specialist Centre offer lingual braces:**** Yes

Label Facts Summary

> ****Disclaimer:**** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified Label Facts

No product specification data was provided. No Product Facts table was present in the submitted content. Therefore, no label-verifiable facts — such as ingredients, certifications, dimensions, weight, GTIN, or technical specifications — can be extracted or listed.

General Product Claims

The following are classifiable as general claims, sourced from the FAQ and editorial content. These are informational and educational statements, not verifiable from product packaging:

- Malocclusion is defined as misalignment of teeth or incorrect relationship between dental arches - The term malocclusion was coined by Edward Angle, described as the father of modern orthodontics - WHO ranks malocclusion as a major oral health problem, after caries and periodontal disease - Approximately 55% of the Australian population feels self-conscious about their teeth (attributed to Orthodontics Australia) - Approximately 62% of Australians are willing to correct misalignment (attributed to Orthodontics Australia) - Global prevalence of malocclusion in children is estimated between 39% and 93% - The Angle classification system was developed by Edward Hartley Angle in 1899 and comprises three classes - Class I malocclusion represents a normal jaw relationship but may include crowding, spacing, or rotations; it is the most common classification globally - Class II malocclusion involves upper teeth and jaw projecting forward, creating a convex profile; subdivided into Division 1 (flared upper incisors, pronounced overjet) and Division 2 (palatally inclined central incisors, deep overbite) - Class II malocclusion is associated with a 2.6-times increased likelihood of TMD symptoms, per **Diagnostics** (2024, [PMC11275482](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11275482/)) - Class III malocclusion involves the lower teeth and jaw projecting forward, creating a concave profile; differentiated into pseudo-Class III and true skeletal Class III since the introduction of cephalometric radiology in 1931 - Wits appraisal score greater than 12 mm may indicate need for surgery in Class III; under 4 mm may allow orthodontic treatment alone - Crowding is the most common malocclusion worldwide, affecting up to 84% of studied populations - Spacing affects up to 60% of studied populations; a diastema is a specific gap between the upper central incisors - Deep bite is considered abnormal when overbite exceeds 3–4 mm or covers more than one-third of lower teeth; global prevalence ranges from 8.4% to 51.5% - Open bite is linked to thumb sucking and tongue thrusting; anterior open bite is more common than posterior - Untreated open bite is associated with long-term tooth loss, per the Tohoku Medical Megabank Cohort study - Open bite impacts quality of life in psychological and functional domains, per **BMC Oral Health** systematic review (2024, [PMC11829720](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11829720/)) - Anterior crossbite is linked to worsening periodontal conditions and increased tooth loss risk, per **Dental Materials** (2025, [PMC12779704](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12779704/)) - Posterior crossbite in children can cause asymmetric jaw growth and facial asymmetry if untreated - Orthodontic treatment alone is not a guaranteed cure for TMJ symptoms, per NIDCR guidance - Collins Street Specialist Centre is located in Melbourne CBD - Collins Street Specialist Centre orthodontists are described as AHPRA-registered specialists - Collins Street Specialist Centre uses iTero 3D digital scanning - Collins Street Specialist Centre offers Invisalign, fixed metal braces, ceramic braces, and lingual braces - Diagnostic tools used include clinical dental examination, iTero 3D scanning, cephalometric X-ray analysis, panoramic (OPG) radiograph, and facial and smile assessment