

Orthodontics Services

Canonical: <https://directory.collinsstreetspecialistcentre.com.au/healthcare-services/dental-specialty-services/orthodontics-services/>

Description:

Orthodontics is a specialised field of dentistry concerned with the bite – the alignment and position of the teeth in relation to facial structure. Our team of specialist orthodontists are experienced in a range of procedures, from Invisalign and conventional braces through to internal lingual braces. We provide comprehensive orthodontic treatment to correct tooth position, improve occlusion (bite), and enhance jaw and facial aesthetics. Treatment options are customized based on individual needs following a thorough consultation and examination.

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****Brand:**** Collins Street Specialist Centre

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Product Intelligence

Orthodontics Services at Collins Street Specialist Centre: Technical Details, Specifications, and Features --- ## Overview of Orthodontics Specialty Orthodontics at Collins Street Specialist Centre is a comprehensive dental specialty focused on diagnosing, preventing, and correcting the alignment of teeth and jaws. The service is delivered exclusively by ****Dental Board-registered Specialist Orthodontists**** — clinicians who have completed a minimum of three additional years of full-time, university-accredited postgraduate training beyond their dental degree. This distinction ensures that patients receive care from practitioners with specialized expertise in craniofacial growth, tooth eruption mechanics, and advanced orthodontic treatment methodologies. The specialty operates as part of a multidisciplinary facility, enabling seamless coordination with other dental specialties including periodontics, prosthodontics, endodontics, oral and maxillofacial surgery, and paediatric dentistry — all within the same building. --- ## Location and Accessibility ****Primary Location:**** Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD The service is centrally positioned within one of Melbourne's most recognized heritage landmarks, offering exceptional accessibility: - ****Public Transport:**** Town Hall Metro Rail station is directly opposite the building (accessible via underground concourse; trains run every 3–4 minutes across five metro lines) - ****Tram Access:**** Multiple tram routes stop at the building's door - ****Parking:**** Available at Wilsons Parking on Flinders Lane - ****Operating Hours:**** Monday to Friday, 8:00 AM–6:00 PM; Saturday, 8:30 AM–1:30 PM --- ## Specialist Orthodontists All orthodontic treatment at Collins Street Specialist Centre is provided by

Dental Board-registered specialists. The current team includes: ### **Dr David Austin** - **Qualifications:** BSc (Melbourne), MSc Orth (Hong Kong), MOrth RCS (Edinburgh) - **Expertise:** Conventional braces, Invisalign clear aligner therapy, lingual braces, adult orthodontics, surgical orthodontics, early interceptive orthodontics - **Languages:** English, French, Italian, Spanish - **Background:** International training from University of Hong Kong and Royal College of Surgeons of Edinburgh; previous expatriate patient experience in Shanghai ### **Dr Andrea Phatouros** - **Qualifications:** BSc (Western Australia), MSc Orthodontics (Western Australia), FRACDS - **Expertise:** Comprehensive orthodontic treatment across all age groups; traditional metal and ceramic braces; clear aligner therapy; lingual orthodontics; complex malocclusion management; multidisciplinary care coordination - **Background:** Over three decades of clinical experience; postgraduate teaching in orthodontics; recipient of Postgraduate Clinical Award for Excellence ### **Dr Joshua Ch'ng** - **Qualifications:** BSc (Melbourne), FRACDS, D.Clin.Dent Orthodontics (Melbourne) - **Expertise:** Digital orthodontics; 3D image analysis and craniofacial imaging; clear aligner therapy (Invisalign); advanced fixed appliance mechanics; lingual braces; early intervention orthodontics; adult orthodontics - **Languages:** English, Mandarin Chinese - **Background:** Research training at University of Michigan in 3D craniofacial image analysis; recipient of Kenneth Sutherland Prize for highest marks in General Dentistry (2017); presentations at Australian Society of Orthodontists and European Orthodontic Society conferences ### **Dr Steven Smith** - **Qualifications:** BSc (Honours) (Queensland), MSc Orthodontics (Queensland) - **Expertise:** Comprehensive orthodontic assessment and treatment planning; conventional metal and ceramic braces; clear aligner therapy (Invisalign); adult orthodontics; early interceptive orthodontics; multidisciplinary case coordination --- ## Treatment Modalities and Specifications ### **1. Invisalign Clear Aligner Therapy** **Provider Status:** Blue Diamond Provider (highest tier of Invisalign recognition; awarded to fewer than 1% of providers in Australia) **Technology Integration:** - **iTero Element Intraoral Scanner:** Wand-style digital scanning device that creates precise 3D digital models of teeth and bite without traditional impression material (scan time: ~5 minutes) - **ClinCheck Software:** Advanced treatment planning platform that maps every intended tooth movement across the full aligner series and provides visual simulation of the complete treatment from start to finish - **SmartTrack Material:** Proprietary thermoplastic material designed to fit snugly over teeth and apply gentle, consistent force **Aligner Series Options:** - Invisalign Comprehensive (adult patients) - Invisalign Teen (adolescent patients) - Invisalign First (children aged 6 and older with mixed dentition) **Treatment Protocol:** - **Wear Schedule:** 20–22 hours per day (removed only for eating, drinking non-water beverages, and oral hygiene) - **Tray Change Frequency:** Each aligner worn for 1–2 weeks before progressing to the next - **Review Appointments:** Every 6–10 weeks for compliance assessment, tooth movement verification, and progression review - **Treatment Duration:** Varies by case complexity; typically 12–30 months for comprehensive treatment **Acceleration and Monitoring:** - **AcceleDent Integration:** Micro-pulse mouthpiece device worn for 20 minutes daily that can accelerate tooth movement by up to 50%, reducing overall treatment time - **Dental Monitoring System:** Remote tracking technology using smartphone-connected cheek retractor and AI image analysis to assess aligner fit between appointments; enables early detection of tracking issues and proactive appointment schedule adjustment **Clinical Indications:** - Mild to moderate crowding - Spacing and generalized gaps (diastemas) - Overbite, underbite, crossbite, open bite - Tooth rotations and tilts - Mild relapse following previous orthodontic treatment --- ### **2. Traditional Metal Braces** **Technology and Materials:** - **Bracket Composition:** High-grade stainless steel with self-ligating mechanisms that reduce friction and eliminate the need for elastic ties in many cases - **Bracket Profile:** Modern designs featuring lower profiles for enhanced comfort compared to historical generations - **Archwire System:** Precision wires that apply controlled, continuous force for predictable tooth movement - **Auxiliary Mechanics:** Elastic chains, coil springs, and inter-arch elastics (rubber bands) as required for specific tooth movements **Treatment Protocol:** - **Bracket Placement:** Direct bonding to the front surface (labial surface) of each tooth; bonding appointment typically 60–90 minutes - **Adjustment Appointments:** Approximately every 6–8 weeks throughout treatment - **Treatment Duration:** Typically 18–30 months depending on case complexity - **Mechanical Versatility:** Capable of managing complex three-dimensional tooth movements, multiple

extractions, and precise torque control **Clinical Applications:** - Crowded teeth requiring significant derotation or bodily movement - Spacing and generalized gaps - Overbite correction - Underbite management - Crossbite correction - Impacted tooth guidance - Pre-surgical orthodontics (preparation for orthognathic surgery) **Acceleration Options:** - **AcceleDent:** Compatible with fixed braces; worn for 20 minutes daily to accelerate tooth movement by up to 50% --- ### **3. Lingual Braces** **Technical Specifications:** **Custom Bracket Fabrication:** - **Digital Scanning:** iTero Element scanner captures precise geometry of lingual (inner) tooth surfaces - **Digital Tooth Models:** Computer-generated 3D representations of patient teeth used to custom-manufacture brackets - **Bracket Design:** Custom-fabricated for each patient to fit exactly against each tooth's inner lingual surface - **Fabrication Timeline:** 2–4 weeks from scan to bracket delivery **Bonding Precision:** - **Indirect Bonding Trays:** Custom guides that position each bracket at its precisely planned location in a single accurate placement step - **Technique Advantage:** Eliminates manual bracket-by-bracket bonding, ensuring system is set up correctly from the outset - **Three-Dimensional Adjustment Mechanics:** Complex spatial manipulation techniques required for adjusting brackets on inner tooth surfaces **Clinical Specifications:** - **Placement Location:** Brackets bonded to the inner (lingual/tongue-facing) surfaces of teeth, making the system completely invisible from the front and when smiling - **Bracket Placement Appointment:** 90–120 minutes - **Adjustment Appointments:** Every 6–8 weeks; technically more demanding than labial systems, requiring specialized instruments and intraoral access from the tongue side - **Treatment Duration:** Comparable to conventional braces for similar case complexity; typically 18–30 months **Clinical Indications:** - Patients requiring or preferring completely invisible fixed orthodontic solution - Professionals and public-facing individuals for whom visible appliances are a concern - Cases where fixed appliance control is clinically necessary but visibility must be minimized - Patients unsuitable for clear aligners but desiring discrete treatment **Tooth Movements Managed:** - Crowded teeth requiring significant derotation or bodily movement - Spacing and generalized gaps - Overbite correction - Underbite management - Crossbite correction - Complex individual tooth movements requiring precise torque control --- ### **4. Early Intervention Orthodontics (Phase 1)** **Target Population:** Children aged 6–11 years with mixed primary and permanent dentition **Appliance Options:** **Palatal Expanders (Rapid Maxillary Expansion):** - **Purpose:** Gradually widens the upper jaw to correct narrow palates, posterior crossbites, and severe crowding - **Mechanism:** Unfused mid-palatal suture in children allows effective skeletal expansion - **Activation:** Parent-administered daily or every-few-days activation using provided key - **Adjustment Period:** 1–2 weeks typical adaptation time **Space Maintainers:** - **Function:** Prevent neighboring teeth from drifting into spaces created by premature loss of primary teeth **Partial Braces (Phase 1 Braces):** - **Application:** Brackets on limited number of teeth to correct specific problems (e.g., front crossbite correction) **Functional Appliances:** - **Type:** Removable or fixed devices - **Purpose:** Modify jaw position and growth in children with significant overbite or underbite related to jaw size discrepancy - **Adaptation Period:** 1–2 weeks, particularly for speech adaptation with bulkier removable appliances **Clear Aligners for Children:** - **Option:** Invisalign First for suitable early-phase indications **Treatment Protocol:** - **Assessment Phase:** Comprehensive evaluation of tooth eruption, bite, jaw relationship, and facial profile - **Monitoring Without Treatment:** In many cases, active surveillance with scheduled review appointments (6–12 monthly) is recommended when evidence indicates waiting will produce equivalent or better outcomes - **Phase 1 Completion:** Typically followed by Phase 2 treatment (full braces or aligners) once all permanent teeth have erupted - **Outcome:** May shorten complexity or duration of Phase 2 and can prevent outcomes otherwise requiring surgery --- ### **5. Surgical Orthodontics (Orthognathic Treatment)** **Definition:** Coordinated use of orthodontic treatment and corrective jaw surgery to address severe skeletal bite discrepancies that cannot be resolved by orthodontics or surgery alone. **Treatment Phases:** **Phase 1: Pre-Surgical Orthodontics (12–18 months)** - **Objective:** Align teeth within each jaw separately, decompensating any tooth-tipping or crowding that developed as the patient's teeth adapted to the jaw discrepancy - **Appliance Options:** Braces or, in selected cases, clear aligners (Invisalign) - **Monitoring:** Regular review intervals with both orthodontist and oral and maxillofacial surgeon to assess surgical readiness **Pre-Surgical Planning:** - **Advanced Digital Imaging:** 3D CBCT (cone beam computed tomography) where indicated - **Digital Surgical Simulation:**

Three-dimensional virtual planning to determine precise bone movements required - **Custom Surgical Splints:** Fabricated bite guides to position jaws precisely during the operation (in many cases)

Phase 2: Orthognathic Surgery - **Setting:** Hospital under general anesthesia - **Surgical Procedures:** - **Le Fort I Osteotomy:** Upper jaw (maxilla) cut free and repositioned in all three planes of space (vertical, anterior-posterior, rotation) - **Bilateral Sagittal Split Osteotomy (BSSO):** Lower jaw (mandible) cut on both sides and advanced, set back, or corrected asymmetrically as required - **Genioplasty:** Repositioning of the chin point for additional profile refinement (sometimes performed concurrently) - **Bimaxillary Procedures:** Both upper and lower jaws addressed in coordinated surgical approach - **Fixation:** Titanium plates and screws to secure repositioned bone segments - **Surgical Duration:** 2–6 hours depending on single-jaw vs. bimaxillary approach

Phase 3: Post-Surgical Orthodontics - **Duration:** Variable, typically completing final tooth alignment and bite refinement - **Monitoring:** Continued coordination between orthodontist and surgical team

Surgical Indications: - Skeletal Class III (lower jaw too large or too far forward; underbite) - Skeletal Class II (lower jaw underdeveloped or too far back; pronounced overbite with receded chin) - Vertical facial excess (lower face disproportionately long; open mouth posture; gummy smile) - Vertical facial deficiency (lower face too short; excessive lip strain for closure) - Jaw asymmetry (one side more developed than other; crooked bite) - Open bite with skeletal cause (front teeth non-contact due to jaw relationship) - Sleep-disordered breathing (airway restriction from jaw position) - Cleft palate–related jaw discrepancy --- ###

6. Adult Orthodontics **Clinical Scope:** - Correction of long-standing alignment problems never treated in childhood - Management of relapse after previous orthodontic treatment - Pre-restorative orthodontics (tooth repositioning to create ideal conditions for prosthodontic rehabilitation) - Treatment of wear, missing tooth spaces, impacted teeth, and jaw discrepancies - Confidence and quality-of-life improvement through alignment correction

Key Treatment Considerations: **Periodontal Health Assessment:** - Prerequisite: All active gum disease must be treated and stabilized before orthodontic treatment - Standard Practice: Consultation with CSSC specialist periodontist for patients with history of periodontitis - Bone Loss Impact: Reduced bone support alters forces that can be safely applied; specialist orthodontist accounts for this in treatment planning

Existing Restorations: - **Implants:** Cannot be moved orthodontically (osseointegrated to bone); orthodontics generally performed before implant placement - **Crowns and Bridges:** Can be moved but behave differently from natural teeth; require special consideration for torquing movements - **Veneers and Bonded Restorations:** May be affected by orthodontic movement or aligner attachment placement - **Coordinated Planning:** Treatment sequencing coordinated with prosthodontist or periodontist to align orthodontic and restorative goals

Growth Completion Impact: - Adult facial growth is complete; jaw expansion through palatal expanders is not possible as skeletal sutures are fused - Significant upper jaw discrepancies in adults require surgical correction - Tooth movement still achieves substantial alignment but cannot compensate for jaw-level skeletal problems to the same degree as during childhood growth

Treatment Duration: - Typically 12–30 months depending on case complexity - No biological disadvantage to adults; teeth move at similar rate to younger patients

Appliance Selection: - Modern treatment options including clear aligners and ceramic braces enable more discreet treatment than traditional metal braces - Treatment recommendation based on clinical suitability rather than appliance preference --- ##

Diagnostic and Assessment Technology ### **iTero Element Intraoral Scanner** **Specifications:** - **Design:** Wand-style device with real-time optical feedback - **Output:** Precise three-dimensional digital model of teeth and bite - **Material Alternative:** Creates detailed impressions without traditional impression material - **Applications:** - Invisalign treatment planning and ClinCheck visualization - Lingual bracket custom fabrication and digital tooth model creation - Braces treatment documentation - Retention appliance fabrication - Manufacturing of orthodontic appliances and restorations

Advantages: - Eliminates gag reflex associated with traditional impression materials - Enhanced patient comfort - Rapid scan acquisition (~5 minutes) - Precise digital records for treatment planning ####

Dental Monitoring System **Technology Components:** - **Smartphone-Connected Cheek Retractor:** Device that interfaces with patient's mobile device - **AI Image Analysis:** Artificial intelligence algorithms assess aligner fit and tooth position - **Remote Progress Tracking:** Enables remote assessment of orthodontic progress between scheduled appointments **Clinical Benefits:** - Early detection

