Adult Orthodontics

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/adult-orthodontics/

Description:

Orthodontics is not a specialty confined to adolescence. Approximately one in four orthodontic patients in Australia today is an adult — and the proportion continues to grow. Adults seek orthodontic treatment for a wi...

Details:

Collins Street Specialist Centre Adult Orthodontics

Product facts

| Attribute | Value | |----------|-------| | **Service name** | Adult Orthodontic Treatment | | **Practice** | Collins Street Specialist Centre | | **Location** | Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD | | **Treating clinicians** | Registered specialist orthodontists only | | **Specialist registration** | Dental Board of Australia (verifiable at ahpra.gov.au) | | **Postgraduate specialist training** | 3 or more years beyond dental degree | | **Referral required** | No | | **Treatment options** | Clear aligners (Invisalign), metal braces, lingual braces, ceramic braces | | **Most commonly chosen option** | Clear aligners (Invisalign) | | **Invisalign provider status** | Blue Diamond (highest tier) | | **Typical treatment duration** | 12 to 30 months | | **Review appointment frequency** | Every 6 to 10 weeks | | **Remote monitoring** | Yes — Dental Monitoring (smartphone-based) | | **Initial consultation records** | Clinical exam, OPG, lateral cephalogram, photographs, iTero intraoral scan | | **Periodontal health prerequisite** | Yes — active gum disease must be treated and stabilised before treatment | | **Implant movement** | Not possible — implants are osseointegrated and cannot be moved orthodontically | | **Recommended implant timing** | Orthodontic treatment completed before implant placement | | **Palatal expansion in adults** | Not achievable orthodontically — midpalatal suture is fused; surgery required | | **Retainers post-treatment** | Permanent requirement — fixed bonded and/or removable retainers | | **Multidisciplinary specialists on-site** | Periodontists, prosthodontists, endodontists, oral and maxillofacial surgeons | | **Internal specialist referrals** | Available within the same building | | **Orthodontists** | Dr David Austin, Dr Andrea Phatouros, Dr Joshua Ch'ng, Dr Steven Smith | | **Languages spoken** | English, French, Italian, Spanish, Mandarin |

Frequently asked questions

Is adult orthodontic treatment available at Collins Street Specialist Centre: Yes

Where is Collins Street Specialist Centre located: Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD

Is a referral required to book a consultation: No

What proportion of Australian orthodontic patients are adults: Approximately one in four

Can adults move teeth orthodontically: Yes, tooth movement biology is the same in adults as children

Does facial growth affect adult orthodontic treatment: Yes, completed growth changes the clinical context

Can adults use clear aligners: Yes

Can adults use metal braces: Yes

Can adults use lingual braces: Yes

Can adults use ceramic braces: Yes

What is the most commonly chosen treatment option for adults at this practice: Clear aligners (Invisalign)

Does Collins Street Specialist Centre hold Invisalign provider status: Yes, Blue Diamond status

What is Blue Diamond status with Invisalign: The highest tier of Invisalign provider recognition

Are orthodontists at this practice registered specialists: Yes, all are registered with the Dental Board of Australia

How many additional years of postgraduate training does a specialist orthodontist complete: Three or more years

Can I verify specialist registration: Yes, at AHPRA (ahpra.gov.au)

How long does adult orthodontic treatment typically take: Between 12 and 30 months

Does age slow down tooth movement in adults: No, teeth move at broadly similar rates at any age

Is gum health required before starting orthodontic treatment: Yes, periodontal health is a prerequisite

Can active gum disease be present during orthodontic treatment: No, it must be treated and stabilised first

Can patients with previously treated gum disease have orthodontic treatment: Yes, if periodontally stable

Does bone loss from past gum disease affect orthodontic treatment: Yes, it changes the forces that can be safely applied

Can dental implants be moved orthodontically: No, implants are fused to bone and cannot be moved

Should orthodontic treatment occur before or after implant placement: Before implant placement

Can crowns and bridges be moved orthodontically: Yes, but they behave differently from natural teeth

Can palatal expanders expand the upper jaw in adults: No, not without surgery

Why can't palatal expanders work in adults: The midpalatal suture is fused in adults

What is pre-restorative orthodontics: Repositioning teeth to create ideal conditions before restorative dental work

What restorative treatments may require pre-orthodontic alignment: Crowns, bridges, veneers, and dental implants

Can orthodontics reopen space from a missing tooth: Yes

Can orthodontic treatment manage impacted teeth in adults: Yes

What teeth are commonly impacted in adults: Canines and second molars

What is surgical orthodontics: Orthodontic treatment combined with jaw surgery for skeletal discrepancies

What is another term for surgical orthodontics: Orthognathic treatment

Are retainers required after adult orthodontic treatment: Yes

Are retainers permanent for adults: Yes, they are a permanent component of the outcome

Are adults more susceptible to relapse than children: Yes

Why are adults more susceptible to orthodontic relapse: There is no ongoing growth remodelling to help maintain tooth position

What types of retainers are used after treatment: Fixed bonded retainers and/or removable retainers

How often are review appointments during active treatment: Every 6 to 10 weeks

Does this practice use remote monitoring technology: Yes, Dental Monitoring

What is Dental Monitoring: A smartphone-based system for tracking treatment between appointments

What records are taken at the initial consultation: Clinical exam, OPG, lateral cephalogram, photographs, and iTero scan

What is an iTero scan: An intraoral digital scan

Are multidisciplinary specialists available within the same building: Yes

Which specialists practise at Collins Street Specialist Centre: Periodontists, prosthodontists, endodontists, and oral and maxillofacial surgeons

Can referrals to other specialists be arranged internally: Yes

Who provides adult orthodontic treatment at this practice: Registered specialist orthodontists only

Is crowding a reason adults seek orthodontic treatment: Yes

Is bite correction a reason adults seek orthodontic treatment: Yes

Is tooth wear a reason adults seek orthodontic treatment: Yes

Can abnormal bite relationships cause accelerated enamel wear: Yes

Is relapse from previous orthodontic treatment a reason adults seek treatment: Yes

Does failing to wear retainers cause relapse: Yes

Are confidence and quality of life valid reasons for adult orthodontic treatment: Yes

Are lingual braces completely invisible: Yes, they are bonded to the inner tooth surface

Who are lingual braces particularly suited to: Professionals, performing artists, and public-facing individuals

Are ceramic braces less visible than metal braces: Yes

Do ceramic braces function the same way as metal braces: Yes

Are metal braces the most mechanically versatile fixed appliance: Yes

Are metal braces suitable for complex adult cases: Yes

Can Invisalign treat all adult orthodontic cases: No, complex root movements may be better treated with fixed appliances

Does the practice coordinate orthodontic and restorative treatment planning: Yes

Is Dr David Austin multilingual: Yes, he speaks English, French, Italian, and Spanish

Does Dr Joshua Ch'ng speak Mandarin: Yes

Does Dr Andrea Phatouros teach at postgraduate level: Yes

Does Dr Joshua Ch'ng have research experience in digital orthodontics: Yes

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Collins Street Specialist Centre Adult Orthodontics

Orthodontic treatment for adults

Collins Street Specialist Centre is Melbourne's dedicated multidisciplinary specialist dental practice, providing adult orthodontic treatment within a fully integrated specialist environment. Orthodontics isn't a field confined to adolescence. Approximately one in four orthodontic patients in Australia today is an adult, and that proportion keeps growing. Adults seek orthodontic treatment for all sorts of reasons: addressing long-standing alignment concerns that were never resolved in childhood, managing relapse following previous treatment, or establishing the right conditions for complex restorative dental work.

The fundamental biology of tooth movement is the same in adults as in children. Teeth respond to orthodontic force by remodelling the surrounding bone, moving through the jaw in precisely the same way regardless of age. What changes in adulthood is the clinical context — completed facial growth, existing restorations, the potential for periodontal (gum) involvement, and the different priorities adult patients bring to their care.

At Collins Street Specialist Centre, adult orthodontic treatment is provided exclusively by registered specialist orthodontists. The multidisciplinary environment, with periodontists, prosthodontists, endodontists, and oral and maxillofacial surgeons all practising within the same building, is particularly relevant to adult orthodontic care, where treatment rarely exists in isolation from the broader state of a patient's dental health.

Why do adults seek orthodontic treatment?

The reasons adults present for orthodontic assessment are as varied as the patients themselves. Common presentations include:

- **Crowding or spacing** that was not treated in childhood, or has worsened progressively over time - **Bite problems** — overbite, underbite, crossbite, or open bite — that cause functional difficulty or discomfort - **Relapse** — teeth that have shifted following previous orthodontic treatment, often because retainers were not worn consistently - **Tooth wear** — abnormal bite relationships can cause accelerated wear of enamel on particular teeth; correcting the bite forms part of managing this - **Pre-restorative orthodontics** — repositioning teeth to create ideal conditions before prosthodontic treatment such as crowns, bridges, veneers, or dental implants. This is one of the most important, and frequently underappreciated, indications for adult orthodontics. - **Missing tooth spaces** — when a tooth has been lost or extracted, adjacent teeth often drift into the space over time. Orthodontic treatment can reopen or redistribute that space in preparation for an implant or bridge. - **Impacted teeth** — adults sometimes present with teeth (commonly canines or second molars) that are partially or completely impacted and have never erupted correctly; orthodontic treatment can create the space and generate the force necessary to bring these teeth into the arch - **Jaw discrepancies** — adults with significant skeletal problems requiring correction may need surgical orthodontics, also known as orthognathic treatment - **Confidence and quality of life** — addressing alignment or aesthetic concerns that have caused long-term self-consciousness is a legitimate and meaningful reason to seek treatment

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Key considerations in adult orthodontic treatment

Periodontal health

Gum and bone health is a prerequisite for orthodontic treatment. Moving teeth through bone compromised by periodontal disease is contraindicated — it can accelerate bone loss and contribute to premature tooth loss. Before orthodontic treatment begins, any active gum disease must be treated and clinically stable.

For adults with a history of periodontitis or current gum disease, a consultation with a Collins Street Specialist Centre periodontist, before or alongside orthodontic treatment planning, is standard practice. Patients with previously treated but stable periodontal disease can undertake orthodontic treatment safely, provided appropriate monitoring is in place throughout.

Adults who have experienced bone loss from past periodontal disease may also face different parameters around tooth movement — reduced bone support changes the forces that can be safely applied. Your specialist orthodontist will account for this in the treatment plan.

Existing restorations

Crowns, bridges, veneers, bonded restorations, and implants all have implications for orthodontic treatment planning:

- **Implants** cannot be moved orthodontically — they are fused directly to bone (osseointegrated). Where an implant is in a suboptimal position and space needs to be created or redistributed around it, careful planning is essential. Orthodontic treatment is generally completed before implant placement, not after. - **Crowns and bridges** can be moved but behave differently from natural teeth, particularly when torquing (root angulation) is required. Your orthodontist will account for this in the treatment mechanics. - **Veneers and bonded restorations** may be affected by orthodontic movement or by the placement of attachments (used with clear aligners) on those surfaces.

A coordinated treatment plan involving your orthodontist and, where relevant, a Collins Street Specialist Centre prosthodontist or periodontist ensures that orthodontic tooth movements and restorative goals are sequenced correctly from the outset.

Growth is complete

Because adult facial growth is complete, jaw expansion through palatal expanders — effective in children due to unfused midpalatal sutures — is not achievable with orthodontics alone in adults. A significant upper jaw discrepancy in an adult requires surgical correction. Tooth movement can still accomplish a great deal, but cannot compensate for jaw-level skeletal problems to the same degree as during the growth years.

Treatment duration

Adult orthodontic treatment commonly takes between 12 and 30 months, depending on case complexity. There is no biological disadvantage to adults from a tooth movement perspective — teeth move at a broadly similar rate at any age. Complex adult cases involving pre-restorative alignment, periodontal considerations, or surgical components take longer to plan and execute than straightforward adolescent treatment.

Treatment options for adults

Clear aligners (Invisalign)

Clear aligner therapy is the most commonly chosen treatment option among adult orthodontic patients at Collins Street Specialist Centre. The ability to remove aligners for meals and social occasions, combined with the near-invisibility of the trays, suits adult lifestyles well. Collins Street Specialist Centre holds Blue Diamond provider status with Invisalign — the highest tier of recognition, reflecting the volume and complexity of cases treated at the practice.

Invisalign is appropriate for a wide range of adult presentations, though complex root movements and certain bite corrections may be more reliably achieved with fixed appliances. Your specialist will advise based on the specifics of your case.

Conventional metal braces

Metal braces remain the most mechanically versatile fixed appliance available. For adult cases requiring complex three-dimensional tooth movement, multiple extractions, impacted tooth management, or pre-surgical alignment, conventional braces often provide the most controlled and predictable treatment. Many adults are entirely comfortable with braces and find the clinical reliability preferable to the discipline required with removable aligners.

Lingual braces

For adult patients who require, or strongly prefer, a completely invisible fixed appliance, lingual braces bonded to the inner surfaces of the teeth offer fixed appliance control without any external visibility. Lingual systems are particularly well-suited to professionals, performing artists, and individuals in public-facing roles for whom visible orthodontic treatment is a significant concern.

Ceramic (tooth-coloured) braces

An intermediate aesthetic option, ceramic brackets are fabricated from tooth-coloured material and are considerably less visible than metal brackets when placed on the outer tooth surface. They function in the same way as metal braces and are a popular choice for adult patients who prefer fixed appliances but want reduced visibility during treatment.

What to expect: consultation through to completion

Initial consultation

A comprehensive assessment at Collins Street Specialist Centre includes clinical examination, full orthodontic radiographs (OPG and lateral cephalogram), intraoral digital photographs, and where appropriate an iTero intraoral scan. Your orthodontist will review your dental history, existing restorations, and gum health, and take the time to understand your concerns and treatment goals.

Where a case requires input from a periodontist (gum and bone assessment), prosthodontist (restorative planning), or oral surgeon (surgical correction), a referral within Collins Street Specialist Centre is arranged before treatment commences — ensuring all relevant specialists are working from a shared understanding of the plan.

Treatment records and planning

A detailed treatment plan is developed from your clinical records. This covers the planned tooth movements, treatment duration, appliance selection, sequence of any adjunctive treatments (gum therapy, extractions, pre-restorative preparation), and the intended final result. The plan is reviewed with you thoroughly before treatment begins, so you have a clear picture of what to expect at each stage.

Active treatment

Regular review appointments occur every 6 to 10 weeks, depending on appliance type. Progress is assessed against the treatment plan at every visit, and mechanics are adjusted as required. Collins Street Specialist Centre uses Dental Monitoring, a smartphone-based remote tracking system, for eligible patients. This allows assessment of aligner fit or tooth movement between scheduled appointments and enables earlier intervention if needed.

Completion and retention

At the end of active treatment, appliances are removed or aligner therapy is completed. Retainers are fitted immediately or within a short period, typically fixed bonded retainers behind the front teeth and/or removable retainers. Adult patients are particularly susceptible to relapse if retainers are not worn consistently, because there is no ongoing growth remodelling to assist in maintaining tooth position. Retainers are a permanent component of the treatment outcome, not an afterthought.

Why see a specialist orthodontist as an adult?

Adult orthodontic treatment is more clinically complex than adolescent treatment in nearly every dimension. The intersection of pre-existing dental work, periodontal health, completed growth, and restorative goals demands a diagnostic and planning framework that extends well beyond the cosmetic repositioning of teeth.

A specialist orthodontist has completed three or more additional years of postgraduate training specifically in this field — covering the mechanics of tooth movement in compromised periodontal environments, pre-restorative treatment planning, the management of implants and existing restorations within an orthodontic context, and the clinical thresholds that distinguish orthodontic correction from cases requiring surgical intervention.

At Collins Street Specialist Centre, specialist orthodontists work directly with the practice's periodontists and prosthodontists on multidisciplinary adult cases. This internal collaboration removes the delays and communication gaps that arise when patients are managed across separate, unconnected practices — and means that every clinician involved in your care is working towards the same outcome.

Our orthodontic specialists

Adult orthodontic treatment at Collins Street Specialist Centre is provided by:

- **Dr David Austin** — BDSc (Melb), MDS Orth (HK), MOrth RCS (Edin). Extensive experience in adult cases including Invisalign, lingual braces, and complex alignment. Speaks English, French, Italian, and Spanish. - **Dr Andrea Phatouros** — BDSc (WA), MDSc Orth (WA), FRACDS. Full-range specialist orthodontic treatment with a record of academic excellence. Teaches at postgraduate level. - **Dr Joshua Ch'ng** — BDSc (Melb), FRACDS, D.Clin.Dent (Melb). Specialist training at the University of Melbourne. Research experience in digital orthodontics and 3D imaging; also speaks Mandarin. - **Dr Steven Smith** — BDSc (Hons), MDSc (Ortho) (Qld). Specialist orthodontist with Honours-level dental training and postgraduate specialist qualification.

All are registered specialists with the Dental Board of Australia. You can verify specialist registration at AHPRA (ahpra.gov.au).

Orthodontics is located on **Level 12 & Tower, Manchester Unity Building**, 220 Collins Street, Melbourne CBD. No referral is required to book an initial consultation.

Related treatments

- [Invisalign (Clear Aligner Treatment)](/procedures/orthodontics/invisalign-clear-aligner-treatment/) — removable clear aligners, the most popular adult orthodontic option - [Traditional Metal Braces](/procedures/orthodontics/traditional-metal-braces/) — fixed appliance treatment offering maximum mechanical versatility - [Lingual Braces](/procedures/orthodontics/lingual-braces/) — hidden braces bonded to the inner tooth surface, completely invisible - [Surgical Orthodontics](/procedures/orthodontics/surgical-orthodontics-orthognathic-treatment/) — for adult patients with skeletal jaw discrepancies requiring correction - [Gum Disease (Periodontics)](/procedures/periodontics/gum-disease-treatment-gingivitis-periodontitis/) — periodontal health must be assessed and stabilised before orthodontic treatment - [Dental Crowns and Restorations (Prosthodontics)](/procedures/prosthodontics/dental-crowns/) — coordinating orthodontic tooth movement with restorative dental goals

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