Adult Orthodontics

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

Orthodontic Treatment for Adults

Collins Street Specialist Centre is Melbourne's dedicated multidisciplinary specialist dental centre, and adult orthodontics is one of the most significant — and fastest-growing — areas of care provided here. Orthodontics isn't a specialty confined to adolescence. About one in four orthodontic patients in Australia today is an adult, and that proportion keeps rising. Adults come in for all kinds of reasons: alignment concerns that were never addressed in childhood, teeth that have shifted after previous treatment, or the need to set up the right conditions for complex restorative work.

The biology of tooth movement is the same in adults as in younger patients. Teeth respond to orthodontic force by remodelling the surrounding bone, moving through the jaw in the same way regardless of age. What changes in adulthood is the clinical context — completed facial growth, existing restorations, the potential for periodontal 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 — matters particularly for adult orthodontic care, where treatment rarely exists in isolation from a patient's broader 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 never treated in childhood, or has gradually worsened over time - **Bite problems** — overbite, underbite, crossbite, or open bite — causing functional difficulty or discomfort - **Relapse** — teeth that have shifted after previous orthodontic treatment, often because retainers weren't worn consistently over the longer term - **Tooth wear** — abnormal bite relationships can accelerate enamel wear on particular teeth; correcting the underlying bite is an important 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 clinically important, and frequently underappreciated, indications for adult orthodontic treatment - **Missing tooth spaces** — when a tooth has been lost or extracted, adjacent teeth often drift into the gap over time. Orthodontic treatment can reopen or redistribute that space so an implant or bridge can

be placed correctly - **Impacted teeth** — adults sometimes have teeth (most commonly canines or second molars) that are partially or completely impacted and have never erupted into position; orthodontic treatment can create the space and apply the force needed to bring these teeth into the arch - **Jaw discrepancies** — adults with significant skeletal problems that can't be addressed through tooth movement alone may need surgical orthodontics as part of a combined approach - **Confidence and quality of life** — addressing alignment or aesthetic concerns that have caused long-term self-consciousness, with a treatment approach grounded in clinical outcomes

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Key Considerations in Adult Orthodontic Treatment

Periodontal health

Gum and bone health is a prerequisite for safe orthodontic treatment. Moving teeth through bone compromised by active periodontal disease is contraindicated — it can accelerate bone loss and place teeth at risk. Any active gum disease must be treated and clinically stable before orthodontic tooth movement begins.

For adults with a history of periodontitis or current gum disease, a consultation with one of Collins Street Specialist Centre's specialist periodontists — before or alongside orthodontic treatment planning — is standard practice. Patients with previously treated but stable periodontal disease can undertake orthodontic treatment safely, with appropriate monitoring throughout.

Adults who have experienced bone loss from past periodontal disease may also present with different parameters for tooth movement. Reduced bone support changes the forces that can be safely applied and the extent of movement that's appropriate, and your specialist orthodontist will account for this carefully in treatment planning.

Existing restorations

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

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

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 and adolescents due to unfused midpalatal sutures — isn't achievable through orthodontics alone in adults. A significant upper jaw discrepancy in an adult requires surgical correction to address the skeletal component. Tooth movement can still achieve a great deal within these parameters, but cannot compensate for jaw-level skeletal problems to the same degree as treatment undertaken during childhood growth.

Treatment duration

Adult orthodontic treatment commonly takes between 12 and 30 months, depending on case complexity. There's 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 a surgical component take longer to plan and execute than straightforward adolescent cases, and this is reflected in the treatment timeline discussed at consultation.

Treatment Options for Adults

Clear aligners (Invisalign)

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

Invisalign suits a wide range of adult presentations, though complex root movements and certain bite corrections may be more precisely and predictably achieved with fixed appliances. Your specialist orthodontist will advise based on the specifics of your case, not on appliance preference alone.

Conventional metal braces

Metal braces remain the most mechanically versatile fixed appliance in orthodontics. For adult cases requiring complex three-dimensional tooth movement, multiple extractions, management of impacted teeth, or pre-surgical alignment, conventional braces frequently offer the most controlled and predictable treatment mechanics. Many adult patients find the practical reliability of fixed appliances preferable to the discipline required in managing removable aligners, and are entirely comfortable with braces as part of their treatment.

Lingual braces

For adult patients who require — or strongly prefer — a completely concealed fixed appliance, lingual braces bonded to the inner (tongue-facing) surfaces of the teeth offer the full mechanical control of fixed appliance treatment 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 practical 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 similarly to metal braces and are a popular choice for adult patients who prefer the reliability of fixed appliances but would like reduced visibility during treatment.

What to Expect: Consultation Through to Completion

Initial consultation

A comprehensive assessment includes clinical examination, full orthodontic radiographs (OPG and lateral cephalogram), intraoral digital photographs, and — where appropriate — an iTero intraoral scan. Your specialist orthodontist will review your dental history, existing restorations, and gum health in detail, and will take time to understand your concerns and goals before discussing options.

Where the case warrants input from a periodontist, prosthodontist, or oral surgeon, a referral within Collins Street Specialist Centre is made before treatment commences, so that all relevant specialists are aligned on the treatment direction from the outset.

Treatment records and planning

A detailed treatment plan is developed based on your clinical records and the findings of the initial assessment. This covers the planned tooth movements, estimated treatment duration, appliance selection, the sequence of any adjunctive treatments (such as gum therapy, extractions, or 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's involved at each stage.

Active treatment

Regular review appointments occur every six to ten weeks, depending on the appliance type and stage of treatment. Progress is monitored against the treatment plan at every visit, and mechanics are adjusted as needed. Collins Street Specialist Centre uses Dental Monitoring — a smartphone-based remote tracking system — for eligible patients, allowing assessment of aligner fit or tooth movement between scheduled in-chair appointments.

Completion and retention

At the end of active treatment, appliances are removed or aligner therapy is completed, and retainers are fitted immediately or within a short period thereafter. This typically involves fixed bonded retainers placed behind the front teeth and/or removable retainers worn at night. Adult patients are particularly susceptible to relapse if retainers aren't worn consistently, because there's no ongoing growth remodelling to help maintain tooth position. Retainers are a permanent component of the treatment outcome, not an optional afterthought.

Why See a Specialist Orthodontist as an Adult?

Adult orthodontic treatment is more complex than adolescent treatment in nearly every clinical dimension. The intersection of pre-existing dental work, periodontal health, completed skeletal growth, and restorative goals demands a diagnostic and treatment planning framework that goes well beyond moving teeth for cosmetic purposes.

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 what orthodontics can achieve from what requires surgical intervention.

At Collins Street Specialist Centre, specialist orthodontists work directly with the practice's periodontists and prosthodontists on multidisciplinary adult cases. Because all specialists are under the same roof, communication is immediate and well-coordinated — eliminating the delays and information gaps that can arise when patients are managed across separate, unconnected practices.

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. Multilingual (English, French, Italian, Spanish). - **Dr Andrea Phatouros** — BDSc (WA), MDSc Orth (WA), FRACDS. Full-range

specialist orthodontic treatment with a record of academic excellence. Teaching 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. We recommend verifying specialist registration at [AHPRA (ahpra.gov.au)](https://ahpra.gov.au) as part of your decision-making process.

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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