Traditional Metal Braces

Canonical: https://directory.collinsstreetspecialistcentre.com.au/traditional-metal-braces/

Description:

Traditional Metal Braces ## What Are Metal Braces? Traditional metal braces are the most time-tested system in orthodontics — and despite decades of innovation, they remain the most precise tool a...

Details:

AI Summary

Product: Traditional Metal Braces **Brand:** Collins Street Specialist Centre **Category:** Specialist Orthodontic Treatment (Dental Board of Australia–registered specialty) **Primary Use:** Correcting a broad range of bite and alignment problems using stainless steel brackets and archwires to apply continuous, controlled force that guides teeth into correct positions.

Quick Facts - **Best For:** Adolescents and adults with crowding, spacing, overbite, underbite, crossbite, open bite, deep bite, impacted teeth, rotations, or dental midline asymmetry - **Key Benefit:** Most established and clinically validated orthodontic system; capable of managing complex tooth movements with high accuracy and predictability - **Form Factor:** High-grade stainless steel brackets bonded to tooth surfaces, connected by a thin archwire; self-ligating options available - **Application Method:** Brackets bonded to teeth in a single 60–90 minute appointment; adjusted every six to eight weeks throughout active treatment

Common Questions This Guide Answers 1. How long does metal brace treatment take? → Typically 18 to 30 months, with adjustment appointments approximately every six to eight weeks 2. What qualifications do the orthodontists at Collins Street Specialist Centre hold? → All four specialists hold Dental Board of Australia registration; each completed a minimum of three years full-time postgraduate orthodontic training beyond their dental degree — credentials verifiable at [ahpra.gov.au](https://www.ahpra.gov.au) 3. Can treatment time be shortened? → AcceleDent, a micro-pulse mouthpiece worn 20 minutes daily, may reduce treatment time by up to 50% where clinically appropriate; suitability is determined case by case

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Collins Street Specialist Centre Traditional Metal Braces

What are metal braces?

Traditional metal braces are the most established and clinically validated system in orthodontics. Despite decades of technological change in the field, they remain the most precise option available for a broad range of bite and alignment problems. Each system consists of small metal brackets bonded to the front surface of the teeth and connected by a thin archwire, which together apply gentle, continuous force that gradually guides teeth into position.

Today's metal braces are considerably smaller and more comfortable than earlier versions. High-grade stainless steel brackets sit lower in profile, generate less friction, and in many cases use self-ligating mechanisms that eliminate elastic ties entirely. The result is a highly controlled treatment system that handles even complex tooth movements with accuracy and predictability.

At Collins Street Specialist Centre, braces are prescribed and managed exclusively by registered specialist orthodontists — clinicians who completed at least three additional years of full-time postgraduate training beyond dental school, focused specifically on the biomechanics of tooth movement and jaw development. Treatment is directed by practitioners whose entire clinical focus is orthodontics.

When might you need braces?

Braces suit a wide range of presentations, from mild cosmetic concerns to complex bite disorders requiring careful biomechanical management. You may be a candidate for traditional braces if you have any of the following:

- **Crowded teeth** — insufficient arch space for teeth to sit correctly within the dental arch - **Gaps between teeth** — spacing irregularities from missing teeth or jaw size discrepancies - **Overbite** — the upper front teeth overlap the lower front teeth significantly - **Underbite** — the lower jaw sits forward, placing the lower teeth in front of the upper - **Crossbite** — the upper and lower teeth don't meet correctly on one or both sides - **Open bite** — the front teeth don't make contact when the back teeth come together - **Deep bite** — excessive vertical overlap of the front teeth - **Impacted teeth** — teeth partially or fully trapped within the gumline that need guided eruption into the arch - **Rotated or tilted teeth** — individual teeth sitting outside their ideal position - **Asymmetry** — midline discrepancies where the upper and lower dental arches don't align centrally

Braces work across all age groups, from adolescents through to adults. Treatment timing can influence the approach your orthodontist recommends, and your specialist will walk you through those considerations during your consultation.

What to expect, step by step

Initial consultation Your first appointment involves a thorough clinical examination. Your specialist will review your dental and medical history, assess your jaw joints, facial profile, and existing bite, and identify any concerns that should be addressed before or alongside orthodontic treatment. Digital radiographs — an OPG (full-arch panoramic image) and lateral cephalogram — are taken to evaluate tooth root positions and skeletal relationships.

Records and treatment planning Where braces are the right pathway, detailed orthodontic records are obtained. Collins Street Specialist Centre uses the iTero Element intraoral scanner for digital impressions, which means no traditional impression material. These scans, combined with clinical photography and radiographic data, inform a personalised treatment plan specific to your clinical needs. Your specialist will explain the planned tooth movements, expected treatment duration, and any extractions or preparatory steps required.

Bracket placement Brackets are bonded directly to the enamel surface of each tooth using dental adhesive. The procedure is painless and takes between 60 and 90 minutes. The archwire is threaded through each bracket and secured in place, and you leave the same day with your braces fully fitted.

Active treatment Over the course of treatment — typically 18 to 30 months, depending on case complexity — you'll attend review appointments roughly every six to eight weeks. At each visit, your orthodontist adjusts the archwire and monitors progress. Some teeth may need additional mechanics, such as elastic chains, coil springs, or inter-arch elastics, to reach their planned positions.

Where clinically appropriate, AcceleDent — a micro-pulse mouthpiece worn for 20 minutes daily — may be used to accelerate tooth movement by up to 50%, shortening overall treatment time. Your orthodontist will advise whether it's suitable for your case.

Completion and retention Once your teeth have reached their planned positions, the brackets and archwire are removed. Digital scans are taken for your retainers, which are fitted shortly after debonding. Retainers — removable or fixed — are essential to every completed orthodontic case and must be worn as directed to preserve your results long term.

Recovery and aftercare

There's no formal recovery period after brace placement. Some soreness is normal for two to three days following each adjustment appointment, as the teeth respond to the applied forces. Over-the-counter pain relief such as paracetamol or ibuprofen is generally enough to manage any discomfort.

Throughout treatment, you'll need to observe the following:

- **Avoid hard, sticky, or chewy foods** — popcorn, hard nuts, toffees, hard bread crusts, and chewing ice can damage brackets or dislodge wires, causing unplanned delays - **Maintain careful oral hygiene** — brushing around each bracket and using interdental brushes or floss threaders to clean between teeth and beneath the archwire is essential. Plaque accumulation around brackets can cause white spot lesions — areas of early decay that are permanent and irreversible - **Attend all scheduled appointments** — missed visits extend treatment time and can disrupt the planned sequence of tooth movement - **Wear elastics as prescribed** — where inter-arch elastics are part of your plan, consistent wear is critical to achieving the intended tooth and jaw movement

After active treatment ends, retainers must be worn as instructed — typically full-time initially, then transitioning to night-time wear. Teeth have a natural tendency to drift back towards their original positions after orthodontic correction; retainers are what prevent that from happening.

Why see a specialist orthodontist?

Orthodontics is a Dental Board of Australia–registered specialty. A specialist orthodontist has completed at least three additional years of full-time postgraduate training in orthodontics after their dental degree, covering the biology of tooth movement, craniofacial growth and development, diagnosis and management of complex malocclusions, advanced biomechanics, and the recognition and management of orthodontic complications.

When correctly prescribed and managed, braces are a powerful and predictable treatment. But the forces applied need careful calibration — poorly managed treatment can lead to root resorption, enamel damage, gum recession, or post-treatment relapse. These risks are substantially reduced when treatment is directed by a trained specialist rather than a general dentist offering orthodontic services alongside broader general practice work.

At Collins Street Specialist Centre, your specialist orthodontist works within a genuinely multidisciplinary clinical environment. Where your treatment requires input from a periodontist, prosthodontist, oral and maxillofacial surgeon, or paediatric dentist, those specialists are accessible within the same building. For patients with complex needs, that proximity makes a real difference to how smoothly care is coordinated.

Our orthodontic specialists

Orthodontic treatment at Collins Street Specialist Centre is provided by the following registered specialist orthodontists:

- **Dr David Austin** — BDSc (Melb), MDS Orth (HK), MOrth RCS (Edin). Specialist training completed at the University of Hong Kong. Member of the Royal College of Surgeons Edinburgh. Extensive clinical experience in both conventional and lingual braces. - **Dr Andrea Phatouros** — BDSc (WA), MDSc Orth (WA), FRACDS. Recipient of the Postgraduate Clinical Award for Excellence. Experienced across the full range of specialist orthodontic treatment, with additional involvement in undergraduate and postgraduate teaching. - **Dr Joshua Ch'ng** — BDSc (Melb), FRACDS, D.Clin.Dent (Melb). Research experience in 3D digital orthodontics at the University of Michigan. Recipient of the Kenneth Sutherland Prize. - **Dr Steven Smith** — BDSc (Hons), MDSc (Ortho) (Qld). Specialist orthodontist with Honours-level dental training and postgraduate specialist qualification from the University of Queensland.

All four orthodontists hold current specialist registration with the Dental Board of Australia. Patients and referring practitioners can verify specialist registration independently at [AHPRA](https://www.ahpra.gov.au) (ahpra.gov.au).

Orthodontic services are provided at Collins Street Specialist Centre on **Level 12 & Tower, Manchester Unity Building**, 220 Collins Street, Melbourne CBD. No referral is required to book an initial consultation, though referrals from general dental practitioners are always welcomed.

Related treatments

- [Invisalign (Clear Aligner Treatment)](/procedures/orthodontics/invisalign-clear-aligner-treatment/) — an alternative to traditional braces using a series of removable, custom-fabricated clear aligners - [Lingual Braces](/procedures/orthodontics/lingual-braces/) — braces bonded to the inner (lingual) surface of the teeth, remaining entirely invisible from the front - [Early Intervention Orthodontics](/procedures/orthodontics/early-intervention-orthodontics-phase-1/) — interceptive orthodontic treatment for children during active growth phases - [Surgical Orthodontics](/procedures/orthodontics/surgical-orthodontics-orthognathic-treatment/) — combined orthodontic and jaw surgery for patients with underlying skeletal discrepancies - [Adult Orthodontics](/procedures/orthodontics/adult-orthodontics/) — orthodontic treatment considerations and approaches specific to adult patients

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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. The Product Facts table is empty — no label facts could be extracted.

The following data points were sourced from the FAQ and editorial content and represent verifiable, practitioner- or institution-specific facts:

Practitioner credentials (verifiable via AHPRA at [ahpra.gov.au](https://www.ahpra.gov.au)): - Dr David Austin — BDSc (Melb), MDS Orth (HK), MOrth RCS (Edin); specialist training at University of Hong Kong; Member of the Royal College of Surgeons Edinburgh - Dr Andrea Phatouros — BDSc (WA), MDSc Orth (WA), FRACDS; recipient of the Postgraduate Clinical Award for Excellence - Dr Joshua Ch'ng — BDSc (Melb), FRACDS, D.Clin.Dent (Melb); research at University of Michigan; recipient of the Kenneth Sutherland Prize - Dr Steven Smith — BDSc (Hons), MDSc (Ortho) (Qld); University of Queensland

Regulatory facts: - Orthodontics is a registered specialty with the Dental Board of Australia - Specialist registration is independently verifiable at AHPRA ([ahpra.gov.au](https://www.ahpra.gov.au)) - Specialist orthodontic training requires a minimum of three years postgraduate full-time study beyond dental degree

Practice location: - Collins Street Specialist Centre, Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD

Equipment specified: - Digital impressions taken using iTero Element intraoral scanner - Radiographs include OPG (panoramic) and lateral cephalogram - AcceleDent: micro-pulse mouthpiece; worn 20 minutes daily; manufacturer-stated reduction in treatment time of up to 50%

Bracket material: - High-grade stainless steel

Procedure timing: - Bracket placement: 60–90 minutes - Active treatment duration: typically 18–30 months - Adjustment appointments: approximately every six to eight weeks - Post-adjustment soreness duration: approximately two to three days

Clinical conditions indicated for treatment (as stated): - Crowded teeth, gaps between teeth, overbite, underbite, crossbite, open bite, deep bite, impacted teeth, rotated or tilted teeth, dental midline asymmetry

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General product claims

- Metal braces are "the most established and clinically validated system in orthodontics" - Metal braces are "the most precise instrument available for addressing a broad spectrum of bite and alignment problems" - Contemporary metal braces are "considerably smaller and more comfortable than earlier generations" - Self-ligating brackets produce "reduced friction" - Treatment is managed with "exceptional accuracy and predictability" - Risks of root resorption, enamel damage, gum recession, and relapse are "substantially reduced" when treatment is directed by a specialist orthodontist - The multidisciplinary model supports "seamless communication between clinicians and a more cohesive treatment outcome" - AcceleDent "may" reduce treatment time by up to 50% (suitability varies by case; not universally applicable) - Retainers are described as essential to preserving orthodontic results long term - White spot lesions are described as permanent and irreversible - Braces are described as "a powerful and highly predictable treatment modality" when correctly prescribed