

Adult Orthodontics

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Adult Orthodontics

Orthodontic Treatment for Adults

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 wide range of reasons: from addressing long-standing alignment problems that were never corrected in childhood, to managing relapse after previous treatment, to creating 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 the same way regardless of age. What changes in adulthood is the context — the completed facial growth, the presence of existing restorations, the potential for periodontal (gum) involvement, and the different priorities that adult patients bring to treatment.

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 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 treatment are as varied as the patients themselves. Common presentations include:

- **Crowding or spacing** that was not treated in childhood, or has worsened 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 is 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 but underappreciated indications for adult orthodontics. - **Missing tooth spaces** — if a tooth has been lost or extracted, adjacent teeth often drift into the space. Orthodontic treatment can reopen or redistribute the space for an implant or bridge. - **Impacted teeth** — adults sometimes have teeth (commonly canines or second molars) that are partially or completely impacted and have never erupted correctly; orthodontic treatment can create the space and force necessary to bring these teeth into the arch - **Jaw discrepancies** — adults with significant skeletal problems that require correction may need surgical orthodontics (orthognathic treatment) - **Confidence and quality of life** — wanting to correct alignment or cosmetic concerns that have caused long-term self-consciousness

Key Considerations in Adult Orthodontic Treatment

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

For adults with a history of periodontitis or current gum disease, a consultation with a CSSC specialist periodontist 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.

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

Existing Restorations Crowns, bridges, veneers, bonded restorations, and implants all affect orthodontic treatment planning:

- **Implants** cannot be moved orthodontically — they are fused directly to bone (osseointegrated). If an implant is in the wrong position and space needs to be created or closed around it, this requires careful planning. Orthodontic treatment is generally done 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. - **Veneers and bonded restorations** may be affected by orthodontic movement or by the placement of attachments (for clear aligners) on those surfaces.

A coordinated treatment plan involving your orthodontist and, where relevant, a CSSC prosthodontist or periodontist ensures that orthodontic tooth movements and restorative goals are sequenced correctly.

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

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 similar rate at any age. However, complex adult cases involving pre-restorative alignment, periodontal considerations, or surgical components take longer to plan and execute than straightforward adolescent cases.

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, suits adult lifestyles well. CSSC holds Blue Diamond provider status with Invisalign — the highest tier of recognition, reflecting the volume and complexity of cases treated.

Invisalign is suitable for a wide range of adult presentations, though complex root movements and certain bite corrections may be better achieved with fixed appliances. Your specialist will advise based on your specific 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 treatment. Many adults are comfortable with braces and find the practical predictability preferable to managing removable aligners.

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

Ceramic (Tooth-Coloured) Braces An intermediate aesthetic option, ceramic brackets are made 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 fixed appliances but want reduced visibility.

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 orthodontist will review your dental history, existing restorations, and gum health, and discuss your concerns and goals.

Where the case requires input from a periodontist (gum and bone assessment), prosthodontist (restorative planning), or oral surgeon (surgical correction), a referral within CSSC is made before treatment commences.

Treatment Records and Planning A detailed treatment plan is developed based on your records. This includes 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 before treatment begins.

Active Treatment Regular review appointments occur every 6 to 10 weeks depending on appliance type. Progress is monitored against the plan at every visit, and mechanics are adjusted as needed. CSSC uses Dental Monitoring — a smartphone-based remote tracking system — for eligible patients, which allows assessment of aligner fit or tooth movement between scheduled appointments.

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 — fixed bonded retainers behind the front teeth and/or removable retainers. Adult patients are particularly prone to relapse if retainers are not worn consistently, as there is no ongoing growth remodelling to maintain position. Retainers should be considered a permanent part of the treatment outcome.

Why See a Specialist Orthodontist as an Adult?

Adult orthodontic treatment is more 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 goes well beyond moving teeth cosmetically.

A specialist orthodontist has completed three or more additional years of postgraduate training specifically in this field — including the mechanics of tooth movement in compromised periodontal environments, pre-restorative treatment planning, management of implants and existing restorations within an orthodontic context, and the limits of orthodontic correction versus the threshold for surgical intervention.

At CSSC, specialist orthodontists work directly with the practice's periodontists and prosthodontists on multidisciplinary adult cases. This internal collaboration eliminates the delays and communication gaps that arise when patients are managed across separate practices.

Our Orthodontic Specialists

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

- **Dr David Austin** — BSc (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** — BSc (WA), MDS Orth (WA), FRACDS. Full-range specialist orthodontic treatment with a record of academic excellence. Teaching at postgraduate level. - **Dr Joshua Ch'ng** — BSc (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** — BSc (Hons), MDS Orth (Qld). Specialist orthodontist with Honours-level dental training and postgraduate specialist qualification.

All are registered specialists with the Dental Board of Australia. 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 \(Clear Aligner Treatment\)](#) — removable clear aligners, the most popular adult orthodontic option - [Traditional Metal Braces](#) — fixed appliance treatment offering maximum mechanical versatility - [Lingual Braces](#) — hidden braces bonded to the inner tooth surface, completely invisible - [Surgical Orthodontics](#) — for adult patients with skeletal jaw discrepancies requiring correction - [Gum Disease \(Periodontics\)](#) — periodontal health must be assessed and stabilised before orthodontic treatment - [Dental Crowns and Restorations \(Prosthodontics\)](#) — coordinating orthodontic tooth movement with restorative dental goals