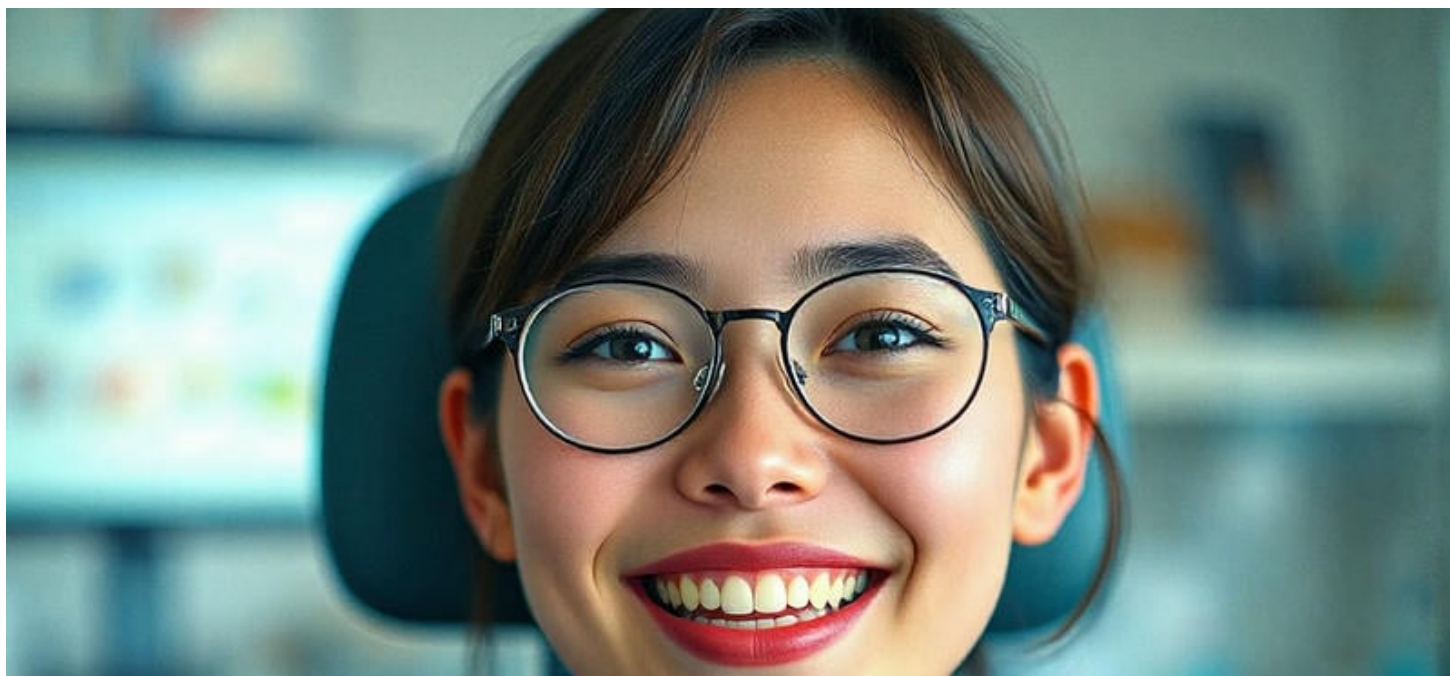


- **Linking Orthodontics with Periodontal Health**  
Linking Orthodontics with Periodontal Health Coordinating with Oral Surgeons for Jaw Corrections Integrating Pediatric Dentistry for Early Intervention Combining Endodontic Care in Complex Cases Collaborative Planning with Prosthodontists Sharing Diagnostic Data Across Multiple Specialists Addressing Aesthetic and Functional Goals Together Communication Strategies Among Dental Teams Balancing Orthodontic Solutions and Restorative Needs Encouraging Holistic Treatment Approaches Managing Patients with Special Medical Conditions Efficient Referrals That Improve Patient Outcomes
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- **About Us**



## Virtual Consultations: A Helping Hand for Parents and Kids

Some children may need space maintainers to prevent crowding [Braces for kids and teens](#) health professional.

Let's be honest, getting a child to the doctor, especially when they're not feeling their best, can feel like a Herculean task. Between scheduling appointments that don't clash with school or work, battling traffic, and then enduring the waiting room (filled with other sniffly individuals), it's enough to make any parent's head spin. That's where virtual consultations, a key part of remote care, can really shine.

For parents, the benefits are pretty clear. Think about it: no more wrestling a feverish toddler into a car seat. Instead, you can connect with a doctor from the comfort of your own living room, where your child already feels safe and secure. This convenience translates into less missed work for parents, reducing the financial burden that sometimes accompanies sick days. Plus, for families in rural areas or those with limited access to specialized care, virtual consultations can bridge geographical gaps, bringing expert advice right to their screens.

But the benefits aren't just for the adults. For young patients, virtual consultations can be surprisingly less intimidating. Some kids, especially those with anxiety around medical settings, find it easier to communicate openly with a healthcare provider from the familiarity of their own home. They might be more willing to show the doctor a rash or describe their symptoms when they're not surrounded by the sterile environment of a clinic. Furthermore, virtual platforms often incorporate games or interactive elements that can engage children and make the whole experience less daunting.

Of course, virtual consultations aren't a replacement for all in-person visits. There are times when a physical examination is absolutely necessary. However, for routine check-ups, follow-up appointments, or addressing minor illnesses, they offer a valuable and convenient alternative. By embracing virtual consultations, we can make healthcare more accessible, less stressful, and ultimately, more beneficial for both parents and their young patients. It's about using technology to make life just a little bit easier, and a whole lot healthier.

**\* Common periodontal issues in children undergoing orthodontic**

# treatment. —

- \* The interplay between orthodontic forces and periodontal tissues in young patients.
- \* Common periodontal issues in children undergoing orthodontic treatment.
- \* Preventive measures to maintain periodontal health during orthodontic treatment.
- \* The role of oral hygiene instructions for children and parental involvement.
- \* Early detection and management of periodontal problems during orthodontic care.
- \* Collaboration between orthodontists and periodontists for optimal outcomes.

Okay, so you're thinking about virtual consultations, right? Like, actually seeing your doctor or therapist or whoever from your couch. Sounds good, right? But let's be real, it's not just about having a laptop and a prayer. You need some actual tech and equipment to make it *effective*. And by effective, I mean getting real, useful information exchanged, not just a blurry pixelated mess.

First off, you need a decent internet connection. No buffering allowed! If your video keeps freezing, you're wasting everyone's time. Think of it like trying to have a serious conversation while someone keeps hitting the pause button. Annoying and unproductive.

Next, the basics: a good webcam and microphone. That built-in webcam from 2010? Probably not gonna cut it. Clear video helps the doctor see your expressions, your skin tone (which can be important for diagnosis), and generally connect with you. And a good microphone? Absolutely crucial. Nobody wants to strain to hear you through static and echoes. Think about investing in a headset with a microphone – it makes a huge difference.

Then there's the platform itself. Is it secure? Does it protect your privacy? HIPAA compliance is a big deal here. You want to be sure your personal medical information isn't floating around the internet. The platform also needs to be user-friendly, both for you and the practitioner. Nobody wants to spend the first 15 minutes troubleshooting technical issues.

Beyond the basics, depending on the type of consultation, you might need some specialized equipment. A blood pressure cuff, a digital scale, a thermometer – things that allow you to take measurements at home and share them with your provider. Some companies are even developing wearable sensors that can track things like heart rate and sleep patterns, sending data directly to your doctor.

The key is to think of virtual consultations as more than just a video call. It's about creating a virtual examination room. And just like a real examination room, it needs the right tools to get the job done properly. So, invest in the right technology, make sure it's secure, and you might just find that virtual consultations are a surprisingly effective way to get the care you need.

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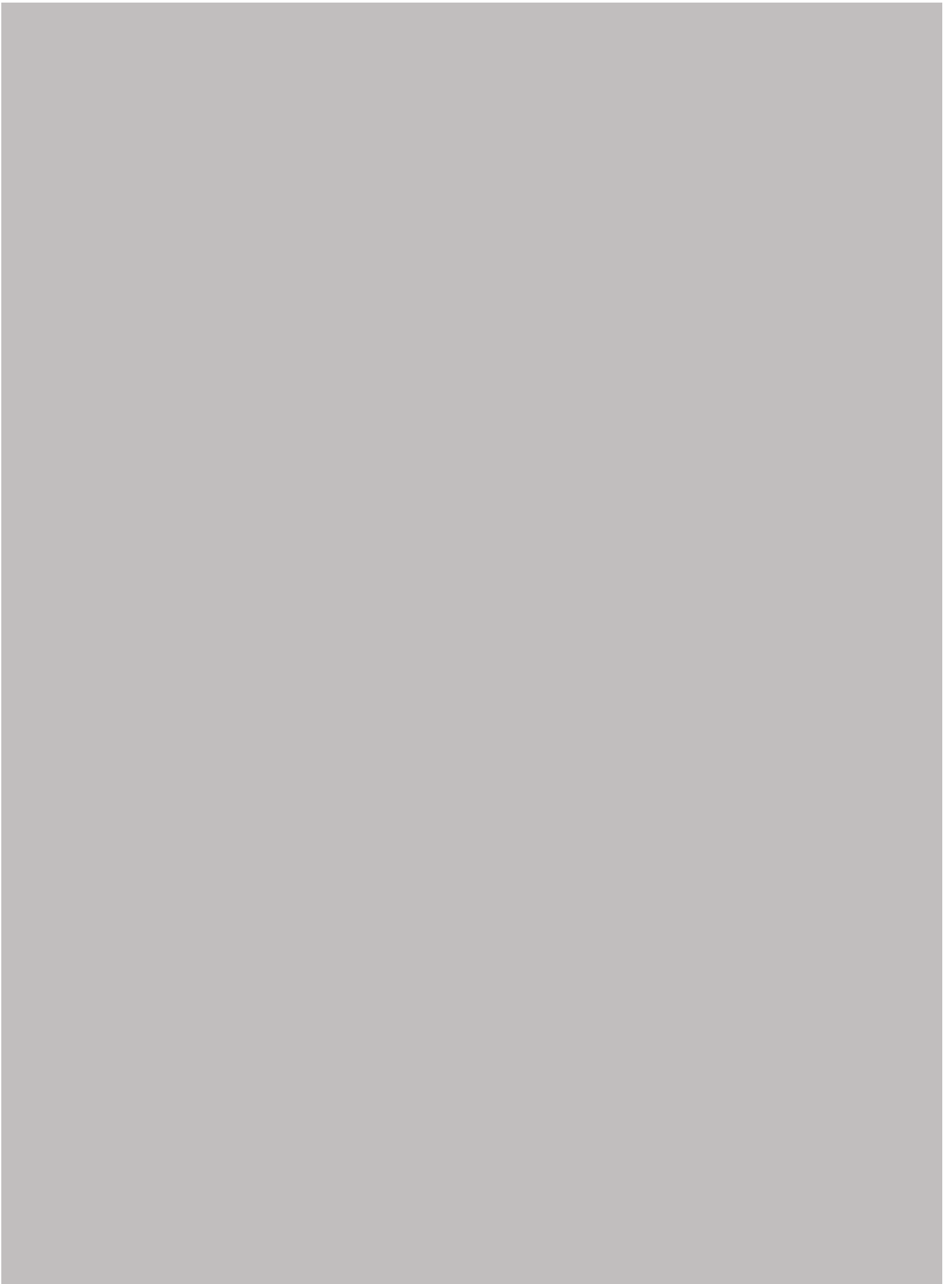


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# \* Preventive measures to maintain periodontal health during orthodontic treatment.

Okay, so you're thinking about virtual consultations for remote care, right? Cool. Let's talk about that process, from the very start. It's not just about hopping on a video call and bam, you're done. It's a considered approach, broken down into key steps.

First up: the initial assessment. Think of it like the first meeting with a new friend, but instead of swapping stories, you're diving into their health history. This is where the magic happens. It's all about asking the right questions. What are their concerns? What brings them here, even virtually? What are their goals? You're listening carefully, observing body language (even over video), and getting a real feel for the person you're working with. It's crucial to establish a connection, build trust, and make them comfortable sharing.

Then comes the records review. This isn't just paperwork; it's the backstory. Medical history, previous diagnoses, medications – it's all vital information that paints a fuller picture. Ideally, these records are shared securely beforehand, giving you time to really digest them. It's like reading the first few chapters of a novel before discussing it with the author. You have a foundation to build on.

Finally, the treatment planning. This is where you take all the information – the initial assessment, the records, your professional expertise – and formulate a plan. It's a collaborative process. It's not about dictating a solution; it's about working *with* the patient to create a plan that's realistic, achievable, and tailored to their specific needs and circumstances. This involves discussing options, weighing pros and cons, and ensuring they understand the why behind the recommendations.

The whole virtual consultation process, from that initial assessment to the treatment planning, is about delivering quality care, regardless of distance. It's about using technology to bridge the gap and empower individuals to take control of their health, wherever they are. It's about being human, even through a screen.

# **\* The role of oral hygiene instructions for children and parental involvement.**

Virtual consultations have become a real game-changer, especially for folks who live far from specialists or just have a hard time getting out of the house. But let's be honest, as convenient as they are, they're not a perfect replacement for a good old-fashioned face-to-face appointment. Sometimes you just need to see the doctor in person.

One of the biggest limitations is the physical exam. Sure, you can describe your symptoms, but it's not the same as a doctor listening to your heart, feeling your abdomen, or checking your reflexes. A doctor can't properly assess things like swelling, skin conditions, or mobility issues through a screen. That hands-on element provides a ton of valuable information that's often missed virtually.

Then there's the tech side of things. Spotty internet, poor video quality, or just not being comfortable with the technology can really hinder the consultation. If you're constantly freezing or struggling to hear, it's hard to communicate effectively and the doctor might miss crucial details. Plus, some diagnoses require specific equipment that just can't be replicated remotely, like an X-ray or a blood test.

And let's not forget the human connection. While virtual consultations can be efficient, they can sometimes feel a bit impersonal. Building trust and rapport can be harder when you're not in the same room. For some people, especially those dealing with anxiety or complex medical issues, that in-person connection is vital for feeling comfortable and understood.

So, when do you absolutely need to see a doctor in person? If you're experiencing a medical emergency, like chest pain, difficulty breathing, or severe bleeding, forget the virtual consultation and get to an emergency room immediately. Similarly, if your symptoms are worsening despite virtual care, or if the doctor recommends an in-person visit, it's important to follow through. And finally, if you just feel uneasy about the virtual assessment or feel like something's being missed, trust your gut and

schedule that in-person appointment. Virtual consultations are great, but they're just one tool in the healthcare toolbox, and knowing when to reach for a different one is key.

## **\* Early detection and management of periodontal problems during orthodontic care.**

So, you've got a virtual orthodontic appointment coming up for your kiddo? Awesome! It's super convenient, right? But let's be real, getting kids ready for *anything* can be a bit of a production, and virtual appointments are no different. The key is a little prep work, and knowing what to expect.

First, think about the tech. Make sure your phone or tablet is charged, the internet connection is stable, and the lighting is decent. You don't want the orthodontist squinting at a blurry, pixelated image of your child's teeth! A quick test run beforehand is always a good idea.

Then, there's the "patient prep." Encourage your child to brush their teeth thoroughly before the appointment. It's like getting ready for a real in-person visit – they want to show off those pearly whites! Also, explain to them what's going to happen. Let them know the orthodontist will be looking at their teeth, maybe asking some questions, and that it's all about making sure their smile is healthy and happy.

Finally, be an active participant. While the orthodontist is talking, listen carefully and take notes. If you have any questions, don't hesitate to ask. It's a team effort, and you're a vital part of your child's orthodontic journey, even from the comfort of your own home. With a little preparation, that virtual appointment can be a breeze!

# **\* Collaboration between orthodontists and periodontists for optimal outcomes.**

Okay, so virtual consultations for remote care in pediatric orthodontics, huh? Where are we headed with this stuff? It's pretty clear that virtual care is changing the game, and that's especially true when you're dealing with kids and braces. Think about it: getting a teenager (or even a younger child) to an orthodontist appointment, especially if you live far away or have a packed schedule, can be a real pain. Virtual consults offer a way to sidestep some of that hassle.

Looking ahead, I think we're going to see even more sophisticated virtual tools. Maybe AI that can analyze a quick smile scan taken on a smartphone and give a preliminary assessment. Imagine being able to catch potential problems early, without even leaving the house. That could be huge for preventative care. And for families in rural areas or with limited access to specialists, it could be a lifeline.

But it's not just about convenience. Virtual consultations are also evolving to be more personalized. Orthodontists can use video calls to really connect with kids, explain treatment plans in an engaging way, and address any anxieties they might have about braces. That human connection is still vital, even in a digital setting.

The role of the orthodontist is changing too. They're becoming more like virtual guides, using technology to monitor progress remotely and offering support and adjustments as needed. It's about blending in-person care with virtual check-ins for the best possible outcome and a smoother experience for everyone involved, especially the little patients. It's a smart trend, and one that seems set to stay.

Okay, let's talk about how virtual orthodontics is actually working out in the real world. It's not just a futuristic idea anymore; there are some solid examples showing it can be pretty darn effective.

Think about Sarah, a college student juggling classes, work, and trying to maintain some semblance of a social life. Traditional braces were just not in the cards, logistically. The constant orthodontist appointments? Forget about it. But through virtual consultations, she could send in photos and videos of her teeth, get a treatment plan, and have clear aligners shipped directly to her. The orthodontist monitored her progress remotely, adjusting the plan as needed. Fast forward a year, and Sarah's got a straighter smile without derailing her busy schedule. That's a win-win, right?

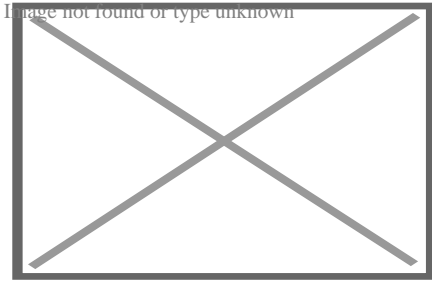
Then there's David, a truck driver who's on the road for weeks at a time. He needed orthodontic treatment, but regular clinic visits were simply impossible. Virtual consultations and remote monitoring allowed him to start and continue his aligner treatment while traveling across the country. He could send updates via his phone, and the orthodontist could provide guidance and support, ensuring his treatment stayed on track.

And it's not just about convenience. Consider a rural area where the nearest orthodontist is hours away. Virtual consultations can bridge that gap, providing access to specialized care that wouldn't otherwise be available. Think of a teenager in a small town who can now get the smile they've always wanted, thanks to the ability to connect with an orthodontist online.

These aren't isolated incidents. Orthodontic practices are increasingly incorporating virtual consultations and remote monitoring into their workflow, and patient satisfaction is generally high. Sure, it's not a perfect replacement for every in-person appointment, especially for complex cases. But for many patients, virtual orthodontics provides a convenient, affordable, and effective way to achieve a straighter smile. It's about leveraging technology to make orthodontic care more accessible and adaptable to individual needs. And that's something to smile about.

## About jaw

This article is about the anatomical part. For the mountain, see The Jaw. For other uses, see Jaws (disambiguation) and Jawbone (disambiguation).



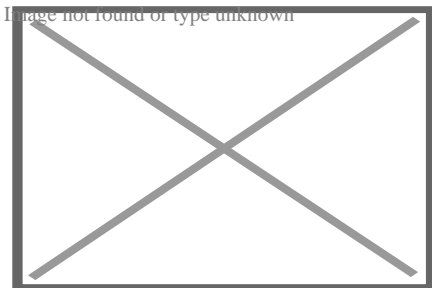
Human lower jaw viewed from the left

The **jaws** are a pair of opposable articulated structures at the entrance of the mouth, typically used for grasping and manipulating food. The term *jaws* is also broadly applied to the whole of the structures constituting the vault of the mouth and serving to open and close it and is part of the body plan of humans and most animals.

## Arthropods

[edit]

Further information: Mandible (arthropod mouthpart) and Mandible (insect mouthpart)



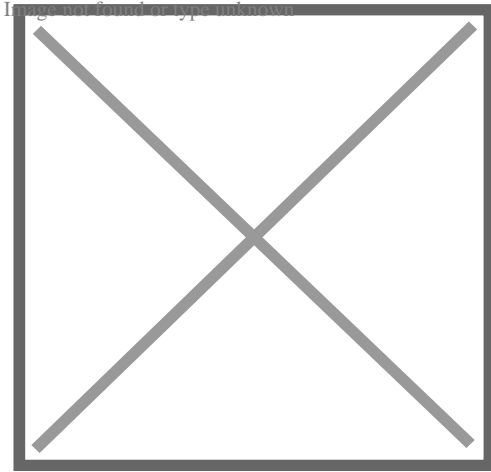
The mandibles of a bull ant

In arthropods, the jaws are chitinous and oppose laterally, and may consist of *mandibles* or *chelicerae*. These jaws are often composed of numerous mouthparts. Their function is fundamentally for food acquisition, conveyance to the mouth, and/or initial processing (*mastication* or *chewing*). Many mouthparts and associate structures (such as pedipalps) are modified legs.

## Vertebrates

[edit]

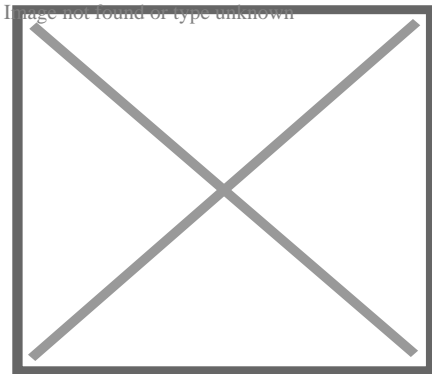
In most vertebrates, the jaws are bony or cartilaginous and oppose vertically, comprising an *upper jaw* and a *lower jaw*. The vertebrate jaw is derived from the most anterior two pharyngeal arches supporting the gills, and usually bears numerous teeth.



Jaws of a great white shark

## Fish

[edit]



Moray eels have two sets of jaws: the oral jaws that capture prey and the pharyngeal jaws that advance into the mouth and move prey from the oral jaws to the esophagus for swallowing.

Main article: Fish jaw

The vertebrate jaw probably originally evolved in the Silurian period and appeared in the Placoderm fish which further diversified in the Devonian. The two most anterior pharyngeal arches are thought to have become the jaw itself and the hyoid arch, respectively. The hyoid system suspends the jaw from the braincase of the skull, permitting great mobility of the jaws. While there is no fossil evidence directly to support this theory, it makes sense in light of the numbers of pharyngeal arches that are visible in extant jawed vertebrates (the Gnathostomes),



which have seven arches, and primitive jawless vertebrates (the Agnatha), which have nine.

The original selective advantage offered by the jaw may not be related to feeding, but rather to increased respiration efficiency.<sup>[1]</sup> The jaws were used in the buccal pump (observable in modern fish and amphibians) that pumps water across the gills of fish or air into the lungs in the case of amphibians. Over evolutionary time the more familiar use of jaws (to humans), in feeding, was selected for and became a very important function in vertebrates. Many teleost fish have substantially modified jaws for suction feeding and jaw protrusion, resulting in highly complex jaws with dozens of bones involved.<sup>[2]</sup>

## Amphibians, reptiles, and birds

[edit]

The jaw in tetrapods is substantially simplified compared to fish. Most of the upper jaw bones (premaxilla, maxilla, jugal, quadratojugal, and quadrate) have been fused to the braincase, while the lower jaw bones (dentary, splenial, angular, surangular, and articular) have been fused together into a unit called the mandible. The jaw articulates via a hinge joint between the quadrate and articular. The jaws of tetrapods exhibit varying degrees of mobility between jaw bones. Some species have jaw bones completely fused, while others may have joints allowing for mobility of the dentary, quadrate, or maxilla. The snake skull shows the greatest degree of cranial kinesis, which allows the snake to swallow large prey items.

## Mammals

[edit]

In mammals, the jaws are made up of the mandible (lower jaw) and the maxilla (upper jaw). In the ape, there is a reinforcement to the lower jaw bone called the simian shelf. In the evolution of the mammalian jaw, two of the bones of the jaw structure (the articular bone of the lower jaw, and quadrate) were reduced in size and incorporated into the ear, while many others have been fused together.<sup>[3]</sup> As a result, mammals show little or no cranial kinesis, and the mandible is attached to the temporal bone by the temporomandibular joints. Temporomandibular joint dysfunction is a common disorder of these joints, characterized by pain, clicking and limitation of mandibular movement.<sup>[4]</sup> Especially in the therian mammal, the premaxilla that constituted the anterior tip of the upper jaw in reptiles has reduced in size; and most of the mesenchyme at the ancestral upper jaw tip has become a protruded mammalian nose.<sup>[5]</sup>

## Sea urchins

[edit]

Sea urchins possess unique jaws which display five-part symmetry, termed the *Aristotle's lantern*. Each unit of the jaw holds a single, perpetually growing tooth composed of crystalline calcium carbonate.

## See also

[edit]

- Muscles of mastication
- Otofacial syndrome
- Prementary
- Prognathism
- Rostral bone

## References

[edit]

- <sup>^</sup> *Smith, M.M.; Coates, M.I. (2000). "10. Evolutionary origins of teeth and jaws: developmental models and phylogenetic patterns". In Teaford, Mark F.; Smith, Moya Meredith; Ferguson, Mark W.J. (eds.). Development, function and evolution of teeth. Cambridge: Cambridge University Press. p. 145. ISBN 978-0-521-57011-4.*
- <sup>^</sup> *Anderson, Philip S.L; Westneat, Mark (28 November 2006). "Feeding mechanics and bite force modelling of the skull of Dunkleosteus terrelli, an ancient apex predator". Biology Letters. pp. 77–80. doi:10.1098/rsbl.2006.0569. PMC 2373817. PMID 17443970. cite web: Missing or empty |url= (help)*
- <sup>^</sup> *Allin EF (December 1975). "Evolution of the mammalian middle ear". J. Morphol. **147** (4): 403–37. doi:10.1002/jmor.1051470404. PMID 1202224. S2CID 25886311.*
- <sup>^</sup> *Wright, Edward F. (2010). Manual of temporomandibular disorders (2nd ed.). Ames, Iowa: Wiley-Blackwell. ISBN 978-0-8138-1324-0.*
- <sup>^</sup> *Higashiyama, Hiroki; Koyabu, Daisuke; Hirasawa, Tatsuya; Werneburg, Ingmar; Kuratani, Shigeru; Kurihara, Hiroki (November 2, 2021). "Mammalian face as an evolutionary novelty". PNAS. **118** (44): e2111876118. Bibcode:2021PNAS..11811876H. doi:10.1073/pnas.2111876118. PMC 8673075. PMID 34716275.*

## External links

[edit]

-  Media related to Jaw bones at Wikimedia Commons



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Look up **jaw** in Wiktionary, the free dictionary.

- Jaw at the U.S. National Library of Medicine Medical Subject Headings (MeSH)

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## Human regional anatomy

### **Body**

#### Skin

- Hair
- Face
  - Forehead
  - Cheek
  - Chin
  - Eyebrow
  - Eye
  - Eyelid
  - Nose
- Mouth
- Lip
- Tongue
- Tooth
- Ear
- Jaw
- Mandible
- Occiput
- Scalp
- Temple

### **Head**

### **Neck**

- Adam's apple
- Throat
- Nape

**Torso (Trunk)**

- Abdomen
  - Waist
  - Midriff
  - Navel
- Vertebral column
- Back
- Thorax
  - Breast
  - Nipple
- Pelvis
- Genitalia
  - Penis
  - Scrotum
  - Vulva
- Anus

- Shoulder
- Axilla
- Elbow
- Forearm
- Wrist
- Hand
- Finger
- Fingernail
- Thumb
- Index
- Middle
- Ring
- Little

**Arm**

**Limbs**

- Buttocks
- Hip
- Thigh
- Knee
- Calf
- Foot
- Ankle
- Heel
- Toe
- Toenail
- Sole

**Leg**

- v
- t
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The facial skeleton of the skull

- Anterior: *fossae* (Incisive fossa, Canine fossa)
- Infraorbital foramen
- Orbital bones
- Anterior nasal spine

**Surfaces**

- Infratemporal: Alveolar canals
- Maxillary tuberosity
- Orbital: Infraorbital groove
- Infraorbital canal

**Maxilla**

- Nasal: Greater palatine canal

**Processes**

- Zygomatic process
- Frontal process (Agger nasi, Anterior lacrimal crest)
- Alveolar process
- Palatine process (Incisive foramen, Incisive canals, Foramina of Scarpa, Incisive bone, Anterior nasal spine)

**Other**

- Body of maxilla
- Maxillary sinus

**Zygomatic**

- Orbital process (Zygomatico-orbital)
- Temporal process (Zygomaticotemporal)
- Lateral process (Zygomaticofacial)

- Fossae**
    - Pterygopalatine fossa
    - Pterygoid fossa
  
- Palatine**
    - Plates**
      - Horizontal plate (Posterior nasal spine)
      - Perpendicular plate (Greater palatine canal, Sphenopalatine foramen)
      - Hard palate
    - Processes**
      - Pyramidal
      - Orbital
      - Sphenoidal
  
- Body**
    - *external surface* (Chin, Jaw, Mandibular prominence, Mandibular symphysis, Lingual foramen, Mental protuberance, Mental foramen, Mandibular incisive canal)
    - *internal surface* (Mental spine, Mylohyoid line, Sublingual fovea, Submandibular fovea)
    - Alveolar part
  
- Mandible**
    - Mylohyoid groove
      - Mandibular canal
      - Lingula
    - Mandibular foramen
  - Ramus**
    - Angle
    - Coronoid process
    - Mandibular notch
    - Condylloid process
    - Pterygoid fovea

## Nose

- Nasal bone
  - Internasal suture
  - Nasal foramina
- Inferior nasal concha
  - Ethmoidal process
  - Maxillary process
- Vomer
  - Wing

## Other

- Lacrimal
  - Posterior lacrimal crest
  - Lacrimal groove
  - Lacrimal hamulus
- Prognathism
- Retromolar space

Portal:

-  Anatomy Image not found or type unknown

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## About dental caries

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- Tooth decay
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## Frequently Asked Questions



If the virtual consultation suggests my child \*does\* need treatment, what are the next steps?

If treatment seems necessary, we'll schedule a comprehensive in-office exam. This allows for a thorough evaluation, including X-rays and impressions, to create a personalized treatment plan.

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