

## Orthodontic Criteria

Orthodontic Clinical Offer Post COVID-19 priority list of conditions that we will accept and those which may be better referred to specialist orthodontic practice.

Please read in conjunction with our referral guidance for more information. We are also happy to offer advice by phone or to discuss cases as required.

Conditions that we will prioritise
Conditions that will be seen as routine
Conditions that we will not accept but may be referred to orthodontic specialist practice
Conditions not suitable for orthodontic referral

	Active root resorption due to impacted teeth, trauma or other pathology
	Children requiring extractions under GA who need orthodontic assessment prior to finalising the treatment plan
	Significant skeletal discrepancy requiring orthognathic (jaw) surgery
	Hypodontia cases requiring multidisciplinary treatment planning (see premolar hypodontia below)
	Other complex dental problems requiring a combined orthodontic and restorative approach eg, macro/microdontia, space loss following trauma in childhood
	Ectopic, impacted or malformed teeth including the presence of supernumeraries or retained submerging deciduous teeth
	Delayed eruption of incisors/ incorrect sequence of eruption
	Cleft lip & palate, or other congenital dentofacial anomalies/syndromes and cleft palate requiring multidisciplinary management
	Growth related problems or syndromes leading to malocclusion
	Children and adults with medical problems or additional needs
	Treatment planning and advice for orthodontic practitioners
	Second opinions
	Crowding
	Spacing <b>not</b> due to hypodontia. Including carious extraction and loss of first molars and periodontal disease.
	Hypodontia of 1 premolar in any quadrant suitable for orthodontic space closure
	Increased overjet not requiring orthognathic surgery

	Reverse overjet not requiring orthognathic surgery
	Lateral or anterior open bites <4mm
	Unilateral or bilateral posterior crossbites
	Isolated palatally ectopic canines
	Generalised delayed eruption
	Increased overbite
	Thumbsucking or other habits leading to malocclusion
	Temporomandibular joint dysfunction
	Patients with active dental disease eg caries, periodontitis