

TADs range from 6 to 12 millimeters in length.



Overcoming Anchorage Limitations

TADs

Temporary anchorage devices (TADs) for orthodontic anchorage are widely accepted. They are changing the way orthodontists treat some patients' malocclusions. TADs provide a fixed point from which to apply force to move teeth. They can be placed in many different sites in the mouth. Placement is customized for each patient. TADs may contribute to predictable results, shorter treatment time and completion of active treatment on schedule.

There is little or no discomfort when a TAD is placed. Caring for your TAD generally requires only routine brushing.

Although small, the TAD does a big job of helping your orthodontist move your teeth predictably into their optimal positions.

The American Association of Orthodontists thanks you for placing your confidence in your orthodontic specialist. If you have any questions or concerns throughout your treatment or in the future, please consult your orthodontic specialist or visit mylifemysmile.org.

Orthodontic specialists receive an additional two to three years of specialized education beyond dental school to learn the proper way to align and straighten teeth. Only those who successfully complete this formal education may call themselves "orthodontic specialists," and only orthodontic specialists can be members of the American Association of Orthodontists.

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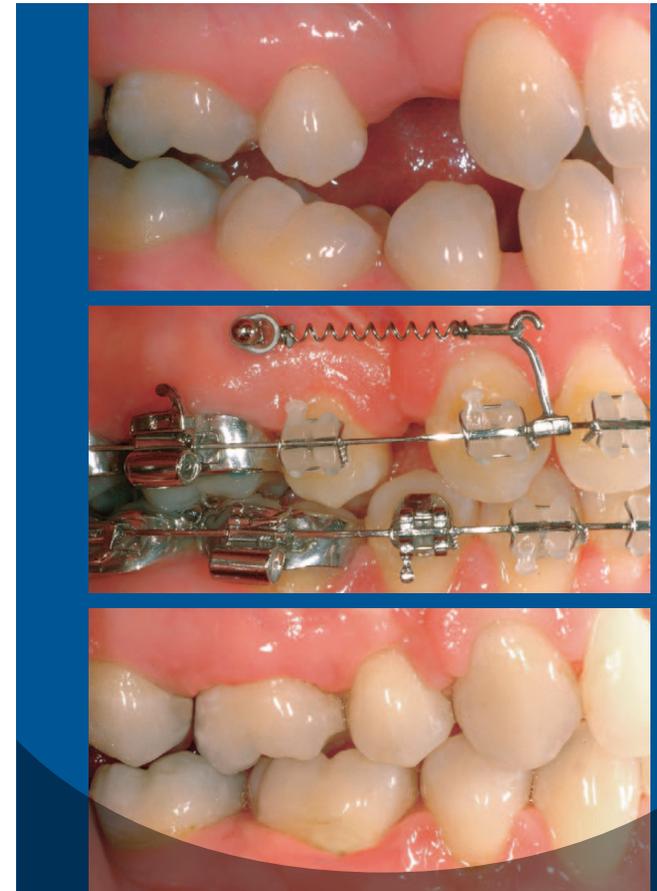
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American Association of Orthodontists
401 North Lindbergh Boulevard
St. Louis, MO 63141-7816
314.993.1700
mylifemysmile.org
Email: info@aaortho.org

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Temporary Anchorage Devices (TADs)

For predictable tooth movement



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Questions and Answers

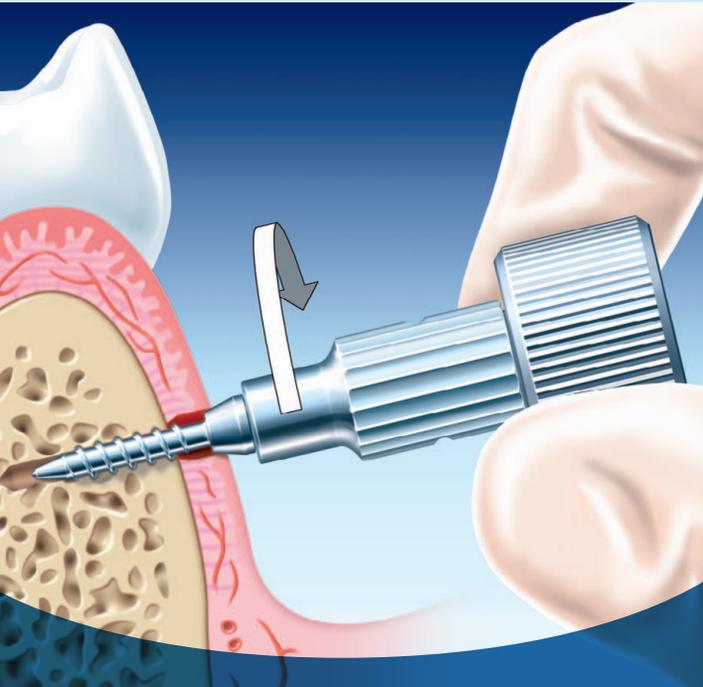
What are TADs (temporary anchorage devices)?

TADs are titanium-alloy mini-screws, ranging from 6 to 12 millimeters in length and 1.2 to 2 millimeters in diameter.

They are fixed to bone temporarily to enhance orthodontic anchorage. Titanium alloys have been used as joint replacements and for dental implants for many years. These alloys are not rejected by the body.

Orthodontists often use holding arches, also known as space maintainers, and headgear to control anchorage and minimize the movement of certain teeth while carrying out the desired movement of other teeth. TADs allow orthodontists to overcome limitations of holding arches and headgear and perform difficult tooth movements predictably.

TADs can also provide a point of anchorage for patients with missing teeth.



A small device that does a big job.



The site for the TAD is selected.



The TAD immediately after placement.

Where are TADs placed?

TADs are placed in the bone between the roots of the teeth and can be placed in the bone in the roof of the mouth as well.

How is a TAD placed and does it hurt?

Placement is minimally invasive and often completed using only topical anesthetic. TADs are inserted directly into the bone using a special instrument. There is little or no discomfort because there are no nerve endings in the bone tissue. Once placed, the orthodontist is able to use the TAD as orthodontic anchorage immediately.

Because of the possibility that TADs can loosen or fall out, patients should avoid picking or pulling at the TAD. If the TAD does become loose or come out, call your orthodontist as soon as possible.

Who places the TAD?

Because orthodontists have the training and expertise to place them, many orthodontists place TADs themselves. This ensures the TAD is placed exactly where the orthodontist wants it. Some orthodontists may choose to have a TAD placed by another dental specialist.

How long are TADs left in?

Your orthodontist will advise you about how long a TAD will be needed. It may be required only for a few months, or it may be needed throughout your orthodontic treatment. TADs are versatile and may be used in different areas of the mouth during different parts of treatment.



A TAD serves as an anchor to perform difficult tooth movements predictably.

Can TADs be used for patients at any age?

TADs are placed on patients who have permanent teeth. Patients with active periodontal (gum) disease may not be candidates for TADs.