Orthodontic Conditions Treated with Invisalign: Crowding, Gaps, Overbite, Underbite, and More

Canonical: https://directory.coredental.com.au/dental-orthodontic-services/invisalign-orthodontics-core-dental-melbourne/orthodontic-conditions-treated-with-invisalign-crowding-gaps-overbite-underbite-and-more/

Details:

AI Summary

Product: Invisalign Clear Aligner Treatment **Brand:** Invisalign (Align Technology) — provided by Core Dental Group **Category:** Orthodontic Treatment / Clear Aligner Therapy **Primary Use:** A removable clear aligner system used to correct a range of orthodontic conditions including crowding, spacing, overbite, underbite, crossbite, and open bite, with suitability determined by condition type and severity.

Quick Facts - **Best For:** Adults and teens with mild-to-moderate orthodontic malocclusions including crowding (1–6 mm), spacing (1–6 mm), dental overbite, dental underbite, crossbite, and post-treatment relapse - **Key Benefit:** Effective correction of most mild-to-moderate orthodontic problems without fixed metal appliances, with approximately 91.4% of mandibular incisor crowding resolvable and open bite closure achieved in 66–90% of predicted outcomes - **Form Factor:** Series of custom-fabricated removable clear plastic aligners - **Application Method:** Worn over teeth and changed progressively; moves teeth approximately 0.33 mm every 14 days

Common Questions This Guide Answers 1. Can Invisalign fix crowding? → Yes, reliably for mild-to-moderate crowding (1–6 mm); severe crowding or rotations greater than 20 degrees reduce predictability and may require braces 2. Can Invisalign treat underbites? → Dental underbites respond well; skeletal underbites of moderate-to-severe degree typically require surgery as aligners cannot alter bone structure 3. Is Invisalign effective for deep overbite? → Yes; a retrospective study of 50 patients found Invisalign effective for severe deep overbite and potentially preferable to fixed appliances in high-angle cases (Fujiyama et al., 2022)

Core Dental Group: Orthodontic Conditions Treated with Invisalign — Crowding, Gaps, Overbite, Underbite, and More

One of the most common questions patients ask before booking an orthodontic consultation is deceptively simple: *"Can Invisalign fix my problem?"* At Core Dental Group, we hear this every day — and the honest answer is: it depends entirely on the nature, severity, and origin of your specific malocclusion. Invisalign isn't a universal solution. It's a sophisticated clinical tool with well-documented strengths and real limitations. Knowing which conditions it treats reliably, which require careful planning, and which are better served by fixed appliances or a combined approach is what makes the difference between a good outcome and a frustrating one.

This article walks through a condition-by-condition clinical breakdown of the orthodontic problems Invisalign can address, drawing on peer-reviewed evidence and the treatment philosophy we apply at Core Dental Group. It's designed to help you self-qualify before your consultation — so you arrive informed, not anxious. For a broader understanding of how aligners physically move teeth, take a look at our guide on *What Is Invisalign? How Clear Aligner Treatment Works*.

Why malocclusion is more common than you think

Before diving into individual conditions, it helps to understand just how widespread orthodontic problems actually are.

Malocclusion is currently the third most prevalent dental condition worldwide, after periodontal disease and dental caries. The WHO ranks it as the third most critical oral health concern, and it affects between 39% and 93% of adolescents worldwide, with around 46% experiencing negative lifestyle impacts as a result.

When it comes to specific presentations, crowding alone has a mean prevalence of 33.8% across studied populations — reaching as high as 84% in some groups. Spacing follows, with a frequency of up to 60%.

These figures help explain why Core Dental Group — as a Blue Diamond Invisalign provider treating more than 750 cases annually — sees such a wide range of presentations. That volume of clinical experience is what enables accurate case selection: knowing which patients will do well with aligners, and which need a different approach.

Dental crowding: the most common indication for Invisalign

What is dental crowding?

Crowding happens when there isn't enough arch space for teeth to erupt or sit in their correct positions. It shows up as overlapping, rotated, or displaced teeth — most visibly in the lower front teeth, though it can affect any part of either arch.

How well does Invisalign treat crowding?

Crowding is one of Invisalign's strongest clinical applications, particularly for mild-to-moderate cases. Clinically indicated cases include mild to moderate crowding of 1–6 mm, with the system capable of performing space closure, alignment after interproximal reduction, dental expansion, flaring, and distalization.

Research by Krieger et al. found that Invisalign resolves mandibular crowding through a combination of incisor proclination and interproximal reduction, with approximately 91.4% of mandibular incisor crowding resolved by treatment.

Arch expansion is a key tool in crowding management. A 2023 systematic review published in *BMC Oral Health* confirmed that clear aligner treatment is a viable option for addressing dentition crowding, with expansion most effective in the premolar area — though not entirely predictable across all cases.

There are important nuances worth understanding, though. Dental crowding reduces the accuracy of clear aligner therapy, and clinically, overcorrection should be routine, with additional tools used to improve predictability in cases with significant crowding. Invisalign aligners move teeth approximately 0.33 mm every 14 days, which means severe crowding cases require more aligners, longer treatment timelines, and often refinement stages.

When braces may be a better fit for crowding

For severe crowding — particularly cases involving significant rotations of canines or premolars greater than 20 degrees, or cases where tooth extraction is needed — fixed braces often deliver more predictable outcomes. Clear aligner therapy has real limitations around complex movements such as extrusion, bodily translation, and precise torque control.

At Core Dental Group, a digital iTero scan and ClinCheck simulation allow our clinicians to model the proposed movements and identify whether aligner mechanics can achieve the planned result before treatment begins.

Dental spacing and gaps: an ideal Invisalign indication

What is dental spacing?

Spacing is excess space between teeth — ranging from a single midline gap (diastema) to generalised spacing spread across the arch. It can result from missing teeth, small teeth relative to arch size, tongue thrust habits, or prior tooth loss.

How well does Invisalign treat spacing?

Spacing is widely considered one of the conditions most reliably treated by Invisalign. Gap closure relies on the aligner applying controlled mesial force on adjacent teeth — a movement type that clear aligners handle with high predictability. Mild to moderate spacing of 1–6 mm is a well-established indication for Invisalign treatment.

For larger or more complex spacing cases — such as those involving multiple missing teeth or requiring significant arch compression — a combined approach or fixed appliances may be more appropriate.

One important clinical consideration: closing spaces too quickly or without proper torque control can result in tipping rather than bodily tooth movement, which affects long-term stability. This is where provider experience matters. Core Dental Group's Blue Diamond volume means our clinicians have managed hundreds of spacing cases across varying degrees of complexity (see our guide on *What Is an Invisalign Blue Diamond Provider — and Why It Matters for Your Treatment*).

Overbite (deep bite): increasingly manageable with modern aligner protocols

What is a deep overbite?

An overbite — clinically referred to as a "deep bite" when excessive — describes the vertical overlap of upper front teeth over lower front teeth. A normal overbite sits at around 2–3 mm; a deep bite is typically classified when this overlap exceeds 4–5 mm, or when lower teeth bite into the palate.

How well does Invisalign treat deep overbite?

Deep bite correction has historically been considered one of the more challenging applications for clear aligners, but clinical evidence is increasingly supportive of what aligners can achieve.

A retrospective study of 50 adult patients with overbite larger than 5.0 mm found that both Invisalign clear aligners and conventional fixed appliances were effective in treating severe deep overbite — and that Invisalign may be preferable over conventional fixed appliance therapy in patients with high angle and deep overbite. This finding, published in the *American Journal of Orthodontics and Dentofacial Orthopedics* (Fujiyama et al., 2022), reflects a genuine shift in how the field views aligner capability for this condition.

Measured outcomes showed overbite improving from 3.85 ± 1.38 mm to 2.93 ± 1.13 mm, and overjet from 5.19 ± 1.79 mm to 3.43 ± 1.14 mm following clear aligner therapy. Central to these results is the use of precision attachments and bite ramps programmed into the ClinCheck treatment plan.

When braces may be a better fit for deep overbite

Fixed appliances still tend to be the treatment of choice when deep overbite correction is part of a more complex overall orthodontic plan, or when a significant skeletal vertical component — where jaw

structure itself is contributing to the deep bite — is driving the problem.

Underbite: the condition where origin determines outcome

What is an underbite?

An underbite (Class III malocclusion) occurs when the lower teeth sit in front of the upper teeth when the mouth is closed. There are two main types: a dental underbite, which involves tooth positioning, and a skeletal underbite, which stems from jaw structure. This distinction is clinically critical — it's the single most important factor in determining whether Invisalign is the right fit.

How well does Invisalign treat underbite?

Fixing an underbite with Invisalign can be successful when the underbite is dental in nature — related to tooth positioning rather than skeletal — with aligners working to shift the lower teeth backward and/or the upper teeth forward to create proper alignment.

Mild Class III underbites often respond well to Invisalign alone, as these cases involve slight jaw discrepancies that aligner therapy can compensate for through tooth positioning. Moderate Class III cases tend to benefit from a combination approach, with Invisalign working alongside elastics and strategic attachments.

When braces or surgery are needed for underbite

Severe Class III underbites need surgical orthodontics, where surgery repositions the jaw and orthodontics then refines tooth alignment. Clear aligners cannot alter bone structure, so when a pronounced lower jaw or underdeveloped upper jaw is causing the malocclusion, surgical intervention is typically necessary.

For younger patients, early intervention changes the picture considerably. Adolescent patients whose jaws are still growing have more treatment options than adults with fully developed skeletal structures — which is a core reason Core Dental Group's paediatric and adolescent assessment pathway includes early bite evaluation (see our guide on *Invisalign for Children and Teens in Melbourne: Invisalign First, Teen, and Early Intervention Options*).

Crossbite: a condition Invisalign handles well

What is a crossbite?

A crossbite occurs when upper teeth sit inside (rather than outside) lower teeth when the mouth closes — affecting either the front teeth (anterior crossbite) or back teeth (posterior crossbite). It can involve one tooth or several, and may have dental or skeletal origins.

How well does Invisalign treat crossbite?

Crossbite correction is one of Invisalign's more reliable applications. Evidence shows that clear aligners can achieve measurable incisor extrusion and posterior intrusion when appropriate auxiliary techniques — such as attachments and mini screws — are used. Upper molar distalization, relevant in many posterior crossbite corrections, showed predictability of 88% when bodily movement of at least 1.5 mm was prescribed.

For posterior crossbites involving arch constriction, Invisalign's arch expansion capability is particularly useful. Overcorrection should be built into the plan when expanding the arch, and in the maxilla, the expansion rate decreases from anterior to posterior — so presetting sufficient buccal root torque of posterior teeth can improve efficiency.

Skeletal crossbites — particularly in growing patients where the palatal suture has not yet fused — may require a palatal expander before or alongside aligner therapy. At Core Dental Group, this is assessed during the initial iTero scan and clinical examination.

Open bite: treatable, but requires careful case selection

What is an open bite?

An anterior open bite is a gap between the upper and lower front teeth when the back teeth are in contact. Clinically, it's defined as a negative overbite — less than 0 mm vertical overlap. It's a common malocclusion with both functional and aesthetic consequences.

How well does Invisalign treat open bite?

Open bite correction has historically been viewed as one of the more challenging indications for clear aligners, but recent clinical evidence is encouraging.

In a retrospective study of 50 open bite patients, the mean pre-treatment open bite was -3.5 mm, with a mean treatment duration of 18 months and an average of 24 aligner sets. Post-treatment, mean overbite improved to +1.5 mm — indicating successful correction. Research published in the *American Journal of Orthodontics and Dentofacial Orthopedics* indicates that clear aligners achieve open bite closure in approximately 66–90% of predicted outcomes, with many patients seeing full correction.

That said, digital treatment planning software may overestimate movement predictions, making iterative refinement phases a likely part of the process for more complex cases.

When braces are a better choice for open bite

Skeletal open bites — driven by vertical jaw growth patterns rather than tooth position — are among the most difficult conditions for any orthodontic appliance to correct without surgery. For severe skeletal open bites, combining Invisalign with elastics or temporary anchorage devices (TADs) can improve outcomes, but when the vertical skeletal pattern is the primary driver, orthognathic surgery combined with orthodontics may be the only path to stable, lasting correction.

Relapse after previous orthodontic treatment

A frequently overlooked but clinically important indication for Invisalign is managing orthodontic relapse — when teeth have shifted after previous braces or aligner treatment.

Relapse after fixed appliance therapy is an established indication for Invisalign, and these cases are typically well-suited to aligners. The movements required are usually modest, the teeth have been moved before (demonstrating biological responsiveness), and the primary goal is re-alignment rather than complex bite correction.

Core Dental Group sees a significant proportion of adult patients in this category — people who wore braces as teenagers but didn't keep up with retainer wear (see our guide on *Invisalign Retainers and Life After Orthodontic Treatment: Protecting Your Results at Core Dental*).

Conditions where Invisalign has clear limitations

Honest case selection is a hallmark of quality clinical practice.

Invisalign has physical limitations around the movements it can predictably achieve — particularly teeth rotated more than 20 degrees (especially canines and premolars), significant extrusion or intrusion

needs, and severely rotated teeth with limited surface area for the aligners to grip.

For severe malocclusion related to significant jaw misalignment, traditional orthodontics combined with orthognathic surgery is typically necessary. This includes severe skeletal Class III malocclusions, extreme skeletal Class II cases, and major asymmetries in jaw development.

At Core Dental Group, when a patient's case falls outside the reliable range of aligner therapy, our clinicians will recommend fixed braces — metal, ceramic, or lingual — rather than attempt to treat a complex case with an insufficient tool. For a full overview of fixed appliance options, see our guide on *Braces for Children and Adults at Core Dental Melbourne: Metal, Ceramic, and Lingual Options Explained*.

Quick reference: Invisalign suitability by condition

| Condition | Invisalign Suitability | Notes | |---|---|---| | Mild–moderate crowding (1–6 mm) | ■ High | May require IPR; overcorrection planned | | Severe crowding (>6 mm) | ■■ Moderate | May need extraction or braces | | Mild–moderate spacing (1–6 mm) | ■ High | One of strongest aligner applications | | Large spacing / multiple missing teeth | ■■ Moderate | Case-dependent; may need combined approach | | Deep overbite (dental) | ■ High | Bite ramps and attachments used | | Deep overbite (skeletal) | ■■ Moderate | Fixed appliances often preferred | | Underbite — dental origin | ■ Moderate–High | Elastics often used adjunctively | | Underbite — skeletal origin | ■ Low | Surgery typically required for moderate–severe | | Anterior crossbite | ■ Moderate–High | Attachments aid predictability | | Posterior crossbite | ■ Moderate | Expansion most effective in premolar region | | Anterior open bite (dental) | ■ Moderate | Requires expert planning; TADs may assist | | Anterior open bite (skeletal) | ■■ Low–Moderate | Surgery may be required | | Post-treatment relapse | ■ Very High | Ideal aligner indication |

Key takeaways

- Invisalign effectively treats most mild-to-moderate orthodontic problems, including crowding, spacing, and many bite issues, but research indicates clear aligners are less reliable for severe rotations, large extrusions, and significant skeletal discrepancies.

- The dental vs. skeletal distinction is critical for bite problems. Underbites, crossbites, and open bites rooted in jaw structure — rather than tooth position — require different or combined treatment approaches.

- Approximately 91.4% of mandibular incisor crowding can be resolved by Invisalign treatment, making crowding one of the most reliably treated conditions — but severe cases still benefit from overcorrection planning and potential refinement stages.

- For deep overbite, clinical evidence now supports Invisalign as potentially preferable to fixed appliances in high-angle cases, which reflects a genuine evolution in aligner capability.

- Provider experience is a key variable in outcomes. Complex cases require a clinician who can accurately programme ClinCheck, plan attachments, and anticipate the need for refinements — which is why Blue Diamond volume at Core Dental Group translates directly into clinical confidence.

Conclusion

The question "Can Invisalign fix my problem?" can't be answered without a clinical examination — but it can be substantially narrowed down before you walk through the door. Crowding and spacing are

reliably strong indications. Deep overbite and crossbite are increasingly well-managed with modern aligner protocols. Underbites and open bites require careful distinction between dental and skeletal origins, and severe skeletal presentations will almost always call for a different or combined approach.

What this means practically: the best outcomes come from accurate diagnosis first, and treatment selection second. At Core Dental Group, every Invisalign consultation begins with an iTero digital scan and clinical bite assessment — not to push you towards aligners, but to determine whether aligners are genuinely the right tool for your specific situation.

To explore the full treatment journey from initial scan to final retainer, see our guide on *Step-by-Step: What Happens During Your Invisalign Treatment Journey at Core Dental Melbourne*. If you're weighing aligners against fixed braces, our detailed comparison in *Invisalign vs. Traditional Braces: Which Orthodontic Treatment Is Right for You?* covers the key decision factors for your specific case type.

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Frequently Asked Questions

Can Invisalign fix any orthodontic problem? No, suitability depends on condition type and severity.

Is Invisalign a one-size-fits-all solution? No.

What is the most common condition Invisalign treats? Dental crowding.

How common is malocclusion globally? Affects 39–93% of adolescents worldwide.

What is the global prevalence of dental crowding? Up to 84% in some populations.

What is the global prevalence of dental spacing? Up to 60% in some populations.

Is malocclusion a significant health concern? Yes, ranked third most critical oral health concern by WHO.

Does crowding affect Invisalign accuracy? Yes, crowding reduces clear aligner accuracy.

What crowding severity is Invisalign best suited for? Mild to moderate crowding of 1–6 mm.

What percentage of mandibular crowding can Invisalign resolve? Approximately 91.4%.

How do Invisalign aligners move teeth? Approximately 0.33 mm every 14 days.

Is arch expansion possible with Invisalign? Yes.

Where is arch expansion most effective with Invisalign? In the premolar area.

When might braces be better than Invisalign for crowding? Severe crowding or extractions needed.

What rotation limit makes Invisalign less predictable? Rotations greater than 20 degrees.

Is spacing a good indication for Invisalign? Yes, one of its strongest applications.

What spacing severity is Invisalign best suited for? Mild to moderate spacing of 1–6 mm.

What is a diastema? A single midline gap between teeth.

Can Invisalign close a midline gap? Yes.

Can Invisalign close large spacing involving multiple missing teeth? Not reliably; combined approach may be needed.

What is a deep overbite? Upper front teeth overlap lower front teeth excessively.

What is considered a normal overbite measurement? Approximately 2–3 mm.

What measurement classifies a deep bite? Overlap exceeding 4–5 mm.

Can Invisalign treat severe deep overbite? Yes, shown effective in retrospective study of 50 patients.

Is Invisalign preferable to braces for high-angle deep overbite? Yes, per Fujiyama et al. 2022.

What tools does Invisalign use to correct deep overbite? Precision attachments and bite ramps.

What overbite change was observed in clear aligner studies? From 3.85 mm to 2.93 mm post-treatment.

What overjet change was observed in clear aligner studies? From 5.19 mm to 3.43 mm post-treatment.

When are fixed appliances preferred for deep overbite? When significant skeletal vertical component is present.

What is an underbite? Lower teeth sit in front of upper teeth when mouth is closed.

What is the clinical term for underbite? Class III malocclusion.

How many types of underbite are there? Two.

What is a dental underbite? Underbite caused by tooth positioning.

What is a skeletal underbite? Underbite caused by jaw structure problems.

Can Invisalign treat dental underbites? Yes.

Can Invisalign treat mild Class III underbites? Yes.

Can Invisalign treat moderate Class III underbites? Yes, often combined with elastics and attachments.

Can Invisalign treat severe skeletal underbites? No, surgery is typically required.

Does early intervention help underbite treatment? Yes, especially in growing adolescents.

What is a crossbite? Upper teeth sit inside lower teeth when mouth closes.

What types of crossbite exist? Anterior and posterior crossbite.

Is crossbite reliably treated by Invisalign? Yes, one of its more reliable applications.

What is the predictability of upper molar distalization with Invisalign? 88% when bodily movement of at least 1.5 mm is prescribed.

Is overcorrection recommended for arch expansion with Invisalign? Yes.

When might a palatal expander be needed alongside Invisalign? For skeletal crossbites in growing patients.

What is an anterior open bite? A gap between upper and lower front teeth when back teeth are in contact.

How is open bite clinically defined? Negative overbite, less than 0 mm vertical overlap.

What was the average pre-treatment open bite in one study? -3.5 mm.

What was the average post-treatment overbite improvement in one study? Improved to +1.5 mm.

What was the average treatment duration for open bite in one study? 18 months.

How many aligner sets were used on average for open bite? 24 aligner sets.

What percentage of predicted open bite correction do aligners achieve? Approximately 66–90%.

Can TADs assist open bite treatment with Invisalign? Yes.

When is surgery required for open bite? Severe skeletal open bites driven by vertical jaw growth.

Is post-orthodontic relapse a good indication for Invisalign? Yes, very high suitability.

Why is relapse treatment well-suited to Invisalign? Movements required are usually modest.

What movement types are least predictable for Invisalign? Extrusion, bodily translation, and precise torque control.

Can Invisalign alter bone structure? No.

What is the role of ClinCheck in Invisalign treatment? Plans and models proposed tooth movements digitally.

What is an iTero scanner used for? Digital scanning to assess case suitability before treatment.

What does Blue Diamond Invisalign provider status indicate? High treatment volume and clinical experience.

How many cases does Core Dental Group treat annually? More than 750 Invisalign cases.

Does provider experience affect Invisalign outcomes? Yes.

Should overcorrection be planned for crowding cases? Yes, routinely.

Can digital treatment planning software overestimate movement predictions? Yes.

Are refinement stages common in Invisalign treatment? Yes, particularly for complex movements.

Is interproximal reduction used in Invisalign crowding treatment? Yes.

What is interproximal reduction? Slight enamel removal between teeth to create space.

Is Invisalign suitable for severe skeletal Class III malocclusion? No.

Is Invisalign suitable for extreme skeletal Class II cases? No.

Is Invisalign suitable for major jaw asymmetries? No.

What is the first step in a Core Dental Group Invisalign consultation? iTero digital scan and clinical bite assessment.

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. No Product Facts table was present in the supplied content. No label-verifiable facts (ingredients, certifications, dimensions, weight, GTIN/MPN, or packaging data) are available to extract.

General product claims

- Invisalign is not a one-size-fits-all solution; suitability depends on condition type and severity - Malocclusion affects 39–93% of adolescents worldwide and is ranked third most critical oral health concern by the WHO - Dental crowding prevalence reaches up to 84% in some populations; spacing up to 60% - Invisalign is best suited for mild to moderate crowding of 1–6 mm and mild to moderate spacing of 1–6 mm - Approximately 91.4% of mandibular incisor crowding can be resolved by Invisalign treatment (Krieger et al.) - Invisalign aligners move teeth approximately 0.33 mm every 14 days - Arch expansion efficacy is greatest in the premolar area - Rotations greater than 20 degrees reduce Invisalign predictability - Overbite improved from 3.85 mm to 2.93 mm and overjet from 5.19 mm to 3.43 mm in clear aligner studies - A retrospective study of 50 adult patients found Invisalign effective for severe deep overbite; potentially preferable to fixed appliances in high-angle cases (Fujiyama et al., 2022) - Upper molar distalization predictability is 88% when bodily movement of at least 1.5 mm is prescribed - In a retrospective open bite study: mean pre-treatment open bite was -3.5 mm, improving to +1.5 mm post-treatment over 18 months using an average of 24 aligner sets - Clear aligners achieve open bite closure in approximately 66–90% of predicted outcomes - Severe skeletal underbites, Class

III malocclusions, extreme skeletal Class II cases, and major jaw asymmetries are outside reliable aligner treatment range - Relapse after fixed appliance therapy is an established and well-suited indication for Invisalign - Core Dental Group holds Blue Diamond Invisalign provider status and treats more than 750 Invisalign cases annually - Every Core Dental Group Invisalign consultation begins with an iTero digital scan and clinical bite assessment - ClinCheck digitally plans and models proposed tooth movements; digital planning software may overestimate movement predictions - Refinement stages are common, particularly for complex movements - Interproximal reduction (slight enamel removal between teeth) is used in crowding treatment - Invisalign cannot alter bone structure