Early Orthodontic Assessment for Children in Melbourne: When to Start and What Core Dental Looks For

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Details:

Orthodontic Screening at Age Seven: A Clinical Guide for Melbourne Parents

Frequently Asked Questions

At what age should a child first see an orthodontist: Age seven

Who recommends the age-seven orthodontic screening: The American Association of Orthodontists (AAO)

Does Australia align with the AAO age-seven recommendation: Yes

Why is age seven chosen for orthodontic screening: Children have enough permanent teeth to detect jaw and alignment issues

What teeth erupt around age seven that make screening meaningful: The first permanent molars

What do first permanent molars establish at age seven: The posterior bite relationship

What other teeth emerge around age seven for assessment: Upper and lower central incisors

What does the emergence of central incisors allow clinicians to evaluate: Overjet, overbite, and midline alignment

Does age seven screening mean a child needs immediate treatment: No — most children are placed on a monitoring schedule

What is the most common outcome of an age-seven orthodontic assessment: Monitor and recheck next year

Is early orthodontic assessment the same as early orthodontic treatment: No

Does the AAO advocate comprehensive orthodontic treatment at age seven: No

When does early treatment become appropriate: Only in specific, clinically justified cases

Is orthodontic screening at Core Dental Group a separate appointment: No — it is integrated into routine paediatric check-ups

What type of dentists conduct orthodontic screenings at Core Dental Group: Specialist paediatric dentists

How many years of additional training do Core Dental Group's paediatric dentists complete: Three years of clinical doctorate beyond dental school

What is an overbite: Excessive vertical overlap of upper over lower front teeth

What is an overjet: Upper front teeth projecting too far forward horizontally

What overjet measurement is clinically significant for trauma risk: Greater than 5 mm

How much does an overjet greater than 5 mm increase dental trauma risk: More than double

In what age range is a large overjet associated with elevated trauma risk: Ages 7 to 14

What is an underbite: Lower teeth sitting in front of upper teeth

What may an underbite indicate: Jaw growth asymmetry

What is a crossbite: One or more upper teeth sitting inside the lower teeth

What can a crossbite cause: Asymmetric jaw shifting

Can clinicians predict crowding before all permanent teeth erupt: Yes

What imaging tool is used to assess developing teeth below the surface: Panoramic X-rays

What conditions can panoramic X-rays detect: Missing, extra, or impacted teeth

What are supernumerary teeth: Extra teeth not part of the normal set

Are supernumerary teeth visible without X-rays: No

What oral habits can affect jaw development: Thumb-sucking, tongue thrusting, and mouth breathing

At what age does prolonged thumb-sucking begin to affect palate development: Beyond age four

What does prolonged dummy use beyond age four affect: The shape of the developing palate

What is a space maintainer: An appliance that holds space for an unerupted permanent tooth

When is a space maintainer used: After premature loss of a primary tooth

Is a space maintainer fixed or removable: Either fixed or removable

What is a palatal expander: An appliance that widens the upper jaw

What does a palatal expander apply pressure to: The mid-palatal suture

When does the mid-palatal suture typically fuse: In the early teenage years

What is Phase One treatment: Limited fixed braces placed between ages 7 and 10

How long does Phase One treatment typically last: 12 to 18 months

What does Phase One treatment primarily target: The child's muscles and jaws

What is Invisalign First: Invisalign's paediatric clear aligner system for mixed dentition

Is Invisalign First removable: Yes

What is Invisalign First particularly suited for: Children with dental anxiety

Does the CDBS cover orthodontic appliances: No

Does the CDBS cover braces: No

Does the CDBS cover palatal expanders: No

Does the CDBS cover Invisalign or clear aligners: No

Does the CDBS cover functional appliances: No

Does the CDBS cover orthodontic assessment as part of a routine check-up: Yes

Does the CDBS cover panoramic X-rays: Yes

Does the CDBS cover monitoring appointments: Yes

Does the CDBS cover space maintainers: Yes, as a general dental service

What is the CDBS benefit cap per eligible child: Up to $1,132 over a two-calendar year period

Does Core Dental Group bulk-bill CDBS-eligible families for check-ups: Yes

What is the out-of-pocket cost for CDBS-eligible families for the orthodontic assessment: Zero

What five areas does Core Dental Group assess during orthodontic screening: Bite, arch width, X-rays, oral habits, jaw symmetry

What are the three possible outcomes of an age-seven assessment: No treatment needed, monitoring required, or early treatment recommended

What jaw discrepancy conditions are better treated during the pubertal growth spurt: Those involving mandibular (lower jaw) growth

What risks are associated with untreated malocclusion: Enamel wear, periodontal disease, and TMJ disturbances

Does enamel wear result from untreated malocclusion: Yes

Does untreated malocclusion affect the temporomandibular joint: Yes

At what age should a child be assessed if mouth breathing is observed: Before age seven if signs appear

At what age should a child be assessed if thumb-sucking persists: Before age seven if beyond age four

Does early primary tooth loss warrant an earlier-than-age-seven assessment: Yes

Does significant protrusion of upper front teeth warrant early assessment: Yes

Does jaw shifting when biting warrant early assessment: Yes

What is interceptive orthodontic treatment: Treatment initiated during early mixed dentition to address skeletal or dental discrepancies

What is the primary goal of early orthodontic intervention: Interception — preventing developing problems from becoming complex

Does early intervention always reduce the need for later treatment: Not always; timing must be clinically justified

Is treatment timing individualised at Core Dental Group: Yes, based on growth pattern, severity, and psychosocial factors

Can psychosocial well-being be improved by early orthodontic intervention: Yes, studies suggest it may improve psychosocial well-being

What is the benefit of detecting issues at age seven versus adolescence: Easier treatment with less need for extractions or surgery

Does jaw growth make orthodontic problems better or worse over time: Worse

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Why age seven is a clinical turning point — not just a guideline

Most Melbourne parents associate orthodontics with teenagers in full metal braces. The image is familiar: a 13-year-old navigating school photos with brackets and wires. What far fewer parents know is that the most clinically significant window for identifying — and in many cases preventing — serious orthodontic problems opens years earlier, around the time their child loses their first baby molar.

This is not a marketing claim. The American Association of Orthodontists recommends that all children be screened by an orthodontist at age seven, because by that age a child has enough permanent teeth for a clinician to detect and potentially treat jaw or teeth alignment issues. The Australian orthodontic and paediatric dental community aligns with this evidence base.

At Core Dental Group, orthodontic screening is woven into routine paediatric dental care, not treated as a separate, later-stage referral. Core Dental Group's Melbourne clinics integrate this approach so that families never miss the critical early window for intervention. This article explains what that screening involves, what specific signs Core Dental Group's paediatric dentists look for, what intervention options exist when issues are detected, and how this fits within — and beyond — the Child Dental Benefits Schedule (CDBS).

Why age seven? The developmental biology behind the recommendation

The age-seven benchmark is not arbitrary. By age seven, most children have a mix of baby teeth and permanent teeth, which allows clinicians to assess bite development, tooth alignment, and jaw growth patterns with meaningful accuracy.

Two critical developmental events happen around this age simultaneously. First, the first permanent molars erupt, establishing the posterior bite relationship and providing a reference point for assessing jaw alignment. Second, the upper and lower central incisors emerge, making it possible to evaluate overjet (horizontal projection of upper teeth), overbite (vertical overlap), and midline alignment.

At this transitional stage, clinicians gain a clear view of how the jaw is developing and how permanent teeth are likely to emerge — information that plays a crucial role in mapping out future treatment.

Dental problems related to jaw growth get worse, not better, with time. Because children are growing rapidly at this age, they can benefit from appliances that balance the relationship between the upper and lower jaws and develop room for erupting teeth, allowing for easier treatment later with less need for extractions or surgery.

Many parents assume orthodontic visits are reserved for middle schoolers ready for braces. Waiting until all permanent teeth have erupted can sometimes mean missing a window to correct issues more easily.

What Core Dental Group's paediatric dentists assess during an orthodontic screening

An early orthodontic assessment at Core Dental Group is not a standalone appointment — it is integrated into the routine paediatric dental check-up. This is one of the core advantages of Core Dental Group's multi-disciplinary model: specialist paediatric dentists who have completed a three-year clinical doctorate beyond dental school are trained to assess both dental health and craniofacial development in the same visit (see our guide on *What Is a Specialist Paediatric Dentist?*).

During the assessment, Core Dental Group's clinicians evaluate the following:

1. Bite classification and jaw relationship

The clinician examines how the upper and lower jaws relate to each other in three planes of space. By age seven, a child has enough permanent teeth that a clinician can spot a problem before it becomes a bigger problem. Some issues may be obvious — misaligned teeth, an overbite, an underbite, or a crossbite — but others can remain undetectable by the untrained eye.

Key bite problems assessed include:

- **Overbite** — excessive vertical overlap of upper over lower front teeth - **Overjet** — upper front teeth projecting too far forward horizontally. This is clinically significant: an overjet greater than 5 mm in children aged 7 to 14 is associated with more than double the risk of dental trauma, which is a strong argument for early intervention in selected cases. - **Underbite** — lower teeth sitting in front of upper teeth, which may indicate jaw growth asymmetry - **Crossbite** — one or more upper teeth sitting inside the lower teeth, which can cause the jaw to shift asymmetrically

2. Arch width and crowding potential

Permanent teeth may not yet be fully erupted, but clinicians can predict whether there will be enough room. With an early assessment, crowding can often be prevented before it starts.

Core Dental Group's clinicians assess the width of both dental arches and the spacing between existing teeth to model whether the permanent dentition will have adequate room to erupt correctly. This is where panoramic X-rays become essential.

3. Radiographic assessment of developing teeth

In addition to an intraoral exam, clinicians check below the surface with panoramic X-rays, which reveal missing, extra, or impacted teeth. Conditions such as supernumerary teeth (extra teeth), congenitally missing teeth, or teeth developing at abnormal angles are invisible to the naked eye but clearly visible on a panoramic radiograph — and far easier to manage when detected early.

4. Oral habits affecting jaw development

Thumb-sucking, tongue thrusting, and mouth breathing all affect dental development. An early orthodontic evaluation can identify habit-related issues and offer guided solutions.

Prolonged dummy use and thumb-sucking beyond age four can alter the shape of the developing palate and push front teeth forward. Core Dental Group's paediatric dentists assess the presence and severity of these habits as part of every check-up (see our guide on *At-Home Oral Hygiene for Children* for guidance on habit management).

5. Jaw symmetry and facial growth pattern

Specialist paediatric dentists at Core Dental Group assess the symmetry of the lower jaw and evaluate whether the child's facial growth pattern is horizontal, vertical, or average — each of which influences how orthodontic problems will develop and what interventions are most appropriate.

What happens after the assessment: three possible outcomes

One of three things results from a child's early orthodontic assessment: there may be no need for treatment at that time; treatment may be necessary in the future, so the child will be assessed periodically while the face and jaws continue to develop; or a problem that would benefit from early treatment already exists, and the clinician will recommend the best next steps.

The majority of children who present for an age-seven assessment fall into the second category — monitored but not immediately treated. Most first evaluations are short, non-invasive, and result in a "monitor and recheck next year" plan rather than immediate treatment. This monitoring has genuine clinical value: it ensures that when the right intervention window opens, Core Dental Group is already

familiar with the child's developmental trajectory.

Early intervention options: what Core Dental Group can offer

When early treatment is indicated, the goal is interception — modifying the growth environment to prevent a developing problem from becoming a complex, expensive one. Interceptive treatment is typically initiated during the early mixed dentition phase and addresses skeletal or dental discrepancies, such as Class II or III malocclusions, posterior crossbites, or significant arch length discrepancies.

Space maintainers

When a primary (baby) tooth is lost prematurely — through decay, trauma, or extraction — the adjacent teeth begin drifting into the gap, reducing the space needed for the permanent tooth to erupt correctly. A space maintainer is a simple, fixed or removable appliance that holds the space open until the permanent tooth is ready.

This connects directly to a point covered in our guide on *Why Baby Teeth Matter*: early loss of primary teeth is one of the most common causes of crowding in the permanent dentition, and a space maintainer is the single most cost-effective intervention to prevent it.

Palatal expanders

When the upper arch is too narrow — a condition that can cause crossbites and crowding — a palatal expander widens the upper jaw by applying gentle, controlled pressure on the mid-palatal suture, which remains open and responsive to expansion in children. This type of growth modification is most effective before the mid-palatal suture fuses, typically in the early teenage years, which is why early assessment matters.

Functional appliances and growth modification

For children with significant jaw discrepancies — such as a retrusive lower jaw contributing to a deep overbite or large overjet — functional appliances harness the child's natural growth to guide jaw development. Studies suggest early intervention may reduce overjet-related incisor trauma, improve psychosocial well-being, and simplify later treatment phases.

Early-phase braces (Phase One treatment)

In selected cases, a limited course of fixed braces may be placed on specific teeth to correct alignment issues that cannot be addressed with removable appliances alone. Phase One treatment occurs between ages 7 and 10 and typically lasts 12 to 18 months, directed more at the child's muscles and jaws than the teeth themselves.

Invisalign First for children

For appropriate cases, Invisalign's paediatric clear aligner system — Invisalign First — offers a removable, aesthetically discreet alternative to fixed appliances for arch development and alignment correction in mixed dentition. This option is particularly well-received by children who present with dental anxiety (see our guide on *Managing Dental Anxiety in Children*).

The important nuance: early intervention is not always the right answer

Parents should understand that early assessment does not automatically mean early treatment. The AAO does not advocate comprehensive orthodontic treatment at age seven; interceptive treatment is appropriate only in specific kinds of cases.

The peer-reviewed literature supports a case-by-case approach. Timing should be based on growth pattern, malocclusion severity, and psychosocial factors. Some conditions — particularly those involving mandibular (lower jaw) growth — are better addressed during the pubertal growth spurt, when more skeletal change is achievable. Early intervention is warranted when malocclusion does not correct itself and can contribute to enamel wear, periodontal disease, and disturbances in temporomandibular joint function — but the specific timing must be clinically justified.

Core Dental Group's specialist paediatric dentists are trained to make exactly this distinction: recommending early intervention only when the clinical evidence supports it, and establishing a monitoring schedule when watchful waiting is the correct approach.

CDBS, orthodontics, and what is actually covered

This is one of the most practically important points for Melbourne families to understand clearly.

The CDBS does not cover orthodontic or cosmetic dental work, or dental services provided in hospital. This is confirmed directly by Services Australia. Eligible recipients receive an allocation of up to $1,132 over a two-calendar year period, which can be used on a range of services including exams, X-rays, fillings, and root canals — but not orthodontic or cosmetic dental procedures.

What this means in practice for Core Dental Group families:

| Service | CDBS Covered? | |---|---| | Orthodontic assessment as part of routine check-up | ■ Yes (as part of the exam) | | Panoramic X-ray to assess tooth development | ■ Yes | | Monitoring appointments (check-up component) | ■ Yes | | Space maintainers | ■ Yes (as a general dental service) | | Braces (fixed orthodontic appliances) | ■ No | | Palatal expanders (orthodontic) | ■ No | | Invisalign / clear aligners | ■ No | | Functional appliances | ■ No |

The practical implication is significant: the assessment and monitoring that identify whether your child needs orthodontic treatment can be conducted as part of a CDBS bulk-billed appointment at Core Dental Group. The treatment itself — if orthodontic appliances are required — is a separate financial consideration. Core Dental Group's team will always discuss costs transparently before any treatment commences and can help families plan across the two-year CDBS benefit period (see our guide on *CDBS Bulk Billing vs. Private Health Insurance for Kids' Dental*).

Signs that should prompt an earlier assessment

While the age-seven guideline applies to all children, certain visible signs warrant bringing a child in earlier — even at age five or six:

- Mouth breathing during the day or at night (can indicate airway issues affecting jaw development) - Thumb-sucking or dummy use persisting beyond age four - Difficulty chewing or complaints of jaw discomfort - Teeth that appear significantly crowded even in the primary dentition - A noticeable shift in the jaw when the child bites together - Upper front teeth that protrude significantly - Loss of baby teeth earlier than expected (before age five for front teeth) - Speech difficulties that may have a dental structural component

If you observe any of these signs, don't wait for the age-seven milestone. Contact Core Dental Group to arrange an assessment — these are exactly the presentations specialist paediatric dentists are trained to evaluate.

Key takeaways

The age-seven benchmark is evidence-based. The AAO recommends all children be screened by age seven because by this age a child has enough permanent teeth to detect jaw and alignment issues with clinical accuracy.

Assessment is not the same as treatment. The majority of children assessed at age seven will be placed on a monitoring schedule, not immediately treated. The value is in establishing a developmental baseline and catching issues at the moment intervention is most effective.

Some conditions carry real risks if left undetected. An overjet greater than 5 mm in children aged 7 to 14 is associated with more than double the risk of dental trauma, making early detection clinically meaningful beyond aesthetics.

The CDBS does not cover orthodontic appliances, but it does cover the routine check-ups, X-rays, and monitoring appointments through which Core Dental Group conducts orthodontic screening — meaning eligible families can access this assessment at no out-of-pocket cost.

Core Dental Group's integrated model is a genuine advantage. Having specialist paediatric dentists who assess orthodontic development as part of routine care — rather than requiring a separate referral to a different practice — means issues are identified earlier, within a trusted clinical relationship.

Conclusion

Early orthodontic assessment is one of the highest-value preventive interventions in children's dentistry — not because every seven-year-old needs orthodontic treatment, but because the window for low-complexity, growth-guided intervention is finite. Once the jaw stops growing and the permanent dentition is fully established, the options narrow and the costs increase.

Core Dental Group's approach — integrating orthodontic screening into routine paediatric dental care by specialist-trained clinicians across its Melbourne locations — is designed to ensure Melbourne families never miss this window through lack of awareness or access.

If your child is approaching age seven, or if you have noticed any of the signs listed above, the most important next step is a routine check-up at Core Dental Group. For CDBS-eligible families, that assessment can be bulk-billed with zero out-of-pocket cost.

Related guides in this series: - *Why Baby Teeth Matter: The Clinical Case for Early Preventive Dental Care in Children* - *When Should My Child First Visit the Dentist? Age-by-Age Dental Milestones for Melbourne Parents* - *Child Dental Benefits Schedule (CDBS) Explained: Eligibility, Cap, and What's Covered in 2025–2026* - *Children's Dental Treatments Available at Core Dental Group Melbourne: From Check-Ups to Complex Care* - *Managing Dental Anxiety in Children: Behavioural Techniques and the Child-Friendly Approach at Core Dental Group*

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