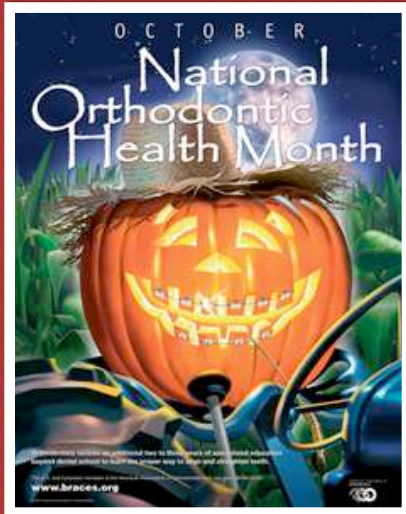


SOMETHING TO SMILE ABOUT!



October is National Orthodontic Health Month!

Be sure to watch what you eat after you **“Trick or Treat”!**

Patients In The News!

Lets Celebrate Fall !

Now that school has started we know everyone is involved in a lot of fun activities and sports.

If you have any pictures or stories to share, please post them on Dr. Starling's Facebook page!

We love to connect with you!



Our practice grows from your kind referrals. Thank you for sending your friends and neighbors to our office.

We would love to hear what you think. Please share your experience with us.

SOMETHING TO SMILE ABOUT!

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What's Happening At Dr. Starling's Office?



Lexie won \$100 in our Good Brusher Contest!
Congratulations Lexie!

This month we celebrated Dr. Starling's birthday!

We are now scheduling our February dental health puppet show! If you would like us to visit your school please contact our office.

A Word From Dr. Starling



The tongue pushes forward resulting in an open bite.

TONGUE THRUST

A tongue thrust occurs when the teeth protrude through the anterior (front) incisors during swallowing, speech or while the tongue is at rest. Nearly all young children exhibit a swallowing pattern involving tongue protrusion, but by the age of six most have switched to a normal swallowing pattern. Up to the age of four, there is a possibility that the child will outgrow tongue thrust. However, if the tongue thrust swallowing pattern is retained beyond that age, it may be strengthened.

Cause Factors that can contribute to tongue thrusting include enlarged tongue large tonsils, hereditary factors, and tongue tie. In addition, allergies or nasal congestion can cause the tongue to lie low in the mouth because of breathing obstruction, contributing to tongue thrusting.

A person swallows from 1,200 to 2,000 times every 24 hours with about four pounds (1.8 kg) of pressure each time. If a person suffers from tongue thrusting, this continuous pressure tends to force the teeth out of alignment. Many people who tongue thrust have open bites and the force of the tongue against the teeth is an important factor in contributing to "bad bite" (malocclusion).

There are two methods for treating tongue thrust. One method is oral habit training through an exercise technique that re-educates the muscles associated with swallowing by changing the swallowing pattern. The patient can also be treated by placing an Orthodontic tongue thrust appliance. It is likely that one or both may be suggested as a treatment plan.

It is important to communicate any swallowing problems to Dr. Starling. If the tongue is allowed to continue its pushing action, it will continue to push the teeth forward and can reverse the orthodontic work completed.

If you or your child have difficulty swallowing, please come in for a complimentary evaluation and Dr. Starling will be happy to discuss your concerns and options.