Global Guidelines for Orthodontic Treatment Grants - Table

	Treatment	Patient Selection	Rec Age	Rec Treatment Duration	Records Required* (See Photo-documentation manual for details)	Treatment goals	Evaluation Criteria (See Outcomes Assessment Tools for details)
1	Pre Surgical Infant Orthopedics	1. Prioritize severe to moderate cases. 2. Treatment compliance 3. Parents and caregivers should be informed and educated about the treatment. 4. Treatment should start until patient has received health clearance from pediatrician/neonatologist and surgeon.	0 – 6 months	3 – 4 months	Start + End of Treatment 1. Facial photos: Frontal, left profile, right profile, basal. 2. Intraoral photos: Maxillary arch 3. Appliance photo: The appliance itself, the appliance on the infant	1. Preparation for primary cheiloplasty to optimize surgical aesthetic and functional outcomes. 2. Restore oro-nasal anatomy balance **UCLP**: 1. Improve nasal symmetry 2. Correct columella (septum) angulation 3. Mold alar cartilage (convex) and alar base position 4. Reduce defects of lip, palate, and alveolus. 5. Place alveolar segments into an organic and functional position: transverse, anteroposterior, and vertical 6. Prevent and correct collapse **BCLP**: 1.De-rotate, center, and retro position the premaxilla (nasolabial angle) 2. Elongate and straighten the columella 3. Project nasal tip 4. Mold alar cartilage (convex) and alar base position *Oral health anticipated guidance needs to be provided as well as directions for cleaning the mouth, nose, and device.	UCLP: Alveolar cleft width correction Columella nasal tip projection Angle of Columella correction Alveolar ridge continuity (avoid collapse) Vertical displacement of the alveolar process correction Alar cartilage form correction BCLP: Alveolar cleft width correction Correction of premaxilla deviation Nasolabial angle improvement Alar cartilage form correction Nasal tip projection

2	Mixed Dentition	1.Prioritize severe to moderate cases. 2. Treatment compliance. 3. Parents and caregivers should be informed and educated about the treatment. 4.Treatment should start only on patients with good oral health. Without active caries or periodontal disease. *Patients that do not require preparation for ABG should not be included.	6 – 12 years	8 months – 1 year	Start + Intermediate + End of Treatment 1. Facial photos: Frontal, left profile, right profile, basal, smile (optional) 2. Intraoral photos: Frontal, left, right, upper arch, lower arch. 3. X-rays: Panoramic, Cephalometry (If treatment is complete in 6 months or less no need to repeat cephalogram: same x ray as pretreatment can be uploaded) CBCT if available and indicated Occlusal (optional)	**Preparation for ABG** 1. To prepare the area of the alveolar cleft to receive the alveolar bone graft that must be carried out before the eruption of the permanent canine (lateral incisors in some cases). 2. Correction of transverse collapse. Identify the location of maxillary collapse: If constriction is in the premolar and molar areas, use **symmetrical expansion**. If constriction is limited to canine/premolar areas, use **differential expansion**. Aim to correct transverse crossbites. **Avoid over-expansion** may enlarge existing oronasal fistula, increasing risk of ABG failure. 3. Align crowded, inclined, or displaced anterior teeth. Eliminate traumatic occlusal contacts. Move teeth carefully to prevent root resorption or intrusion of roots into the cleft defect. A space of at least 2-3 mm should be considered between the teeth adjacent to the cleft to offer access for the secondary ABG.	The photographs and radiographs should show preparation for alveolar bone graft surgery. In bilateral cases vertical dimension of the premaxilla should be assessed and corrected.

						4. In bilateral cleft cases, assess premaxilla position and mobility. Correct extrusion or lateral displacement conservatively. Consider **osteotomy only in extreme cases**. 5. Address or reduce anteroposterior discrepancies with maxillary protraction if indicated. *Proper prophylaxis and root scaling should be performed before receiving ABG, the patient should be cavity-free.	
3	Permanent Dentition Conventional Comprehensive Orthodontic Treatment	1. Patients without or with mild midfacial deficiency 2. Complete permanent dentition 3. Cases where orthognathic surgery is not indicated. 4. Treatment should start only for patients with good oral health. With no active caries or periodontal disease.	12 + years	18 months – 2 years	Start + Intermediate + End of Treatment 1. Facial photos: frontal, left profile, right profile, smile, and basal. 2. Intraoral photos: frontal, left, right, upper arch, lower arch. 3. X-rays: Cephalometry Panoramic CBCT if available and indicated	1.Correction of occlusal discrepancias. 2.Alignment, leveling, and coordination of arches. 3.Correction in transverse, anteroposterior, and vertical planes 4.Correct occlusion and significantly improve aesthetics and function	The photographs and radiographs should show definitive correction of occlusal discrepancies to result in acceptable occlusion and maximum intercuspation.

3b	Permanent Dentition Comprehensive Orthodontic Treatment to prepare for Orthognathic surgery	1. Patients with moderate to severe discrepancies. 2. Patients who are committed to oral health and hygiene 3. Committed to attending all appointments, and completing treatment. 4. Should be carefully selected and closely coordinated with the surgeon.	16+ years	18 months – 36 months	Start + Intermediate + End of Treatment 1. Facial photos: Frontal, left profile, right profile, smile, and basal. 2. Intraoral photos: Frontal, left, right, upper arch, lower arch. 3. X-rays: Cephalometry Panoramic CBCT if available and indicated **Start**: before placement of full orthodontic appliances **Intermediate evaluation**: after orthodontic preparation, before surgery **End:** after orthognathic surgery and once orthodontic treatment is complete and appliances are removed	**Preparation for OGS** 1. Correct dentoalveolar compensations. 2. Align upper and lower dental arches. 3. Provide adequate transversal dimension to achiev upper and lower arches coordination **After OGS** 4. Functional occlusion once OGS is performed. 5. Finalize orthodontic treatment after OGS. *Funding does not consider costs for OGS.	The photographs and radiographs should show surgical preparation by decompensation, surgical planing and final result definitive improvement in the arch and alignment of teeth. In bilateral cases vertical dimension of the premaxilla should be corrected

Oral Health education should be provided at every stage of orthodontic treatment. To learn more about our resources visit: [Oral Health Toolkit for Cleft Care | Smile Train]()