

Date: 9/7/20

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THURSDAY

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PROGRAM: BS (DENTAL  
TECHNOLOGY)

SUBJECT: ORTHODONTICS.

ASSIGNMENT: PARA-FUNCTIONAL  
HABITS

SUBMITTED TO: MAM  
SALMA ISHAQ.

## PARA-FUNCTIONAL HABITS:-

A para-functional Habits is the habitual exercise of a body part in a way that is other than the most common use of that body part. The term is most commonly used by dentists, orthodontists, or maxillofacial specialists to refer to use para-functional uses of mouth, tongue and jaw.

## ORAL HABITS:-

Oral habits in infancy and early childhood consideration normal.

- From 3-4 years and above may become symptoms and its effect the development of the maxillo-facial complex.

## ORAL HABITS DEPEND ON:-

1. Intensity : amount of force applied on the tooth.
2. Frequently: number of times that the habits present in a day.
3. The amount of duration of time spent in the habits.



# HARMFUL HABITS:-

- 1- Thumb sucking
- 2- Tongue thrusting
- 3- Bruxism
- 4- Cleaning
- 5- Lip biting
- 6- Mouth Breathing
- 7- Nail biting
- 8- Self injurious habits.

## 1. THUMB SUCKING HABITS:-

Thumb sucking habits define as placement of the thumb into the mouth.

Not only the thumb it can be any finger.

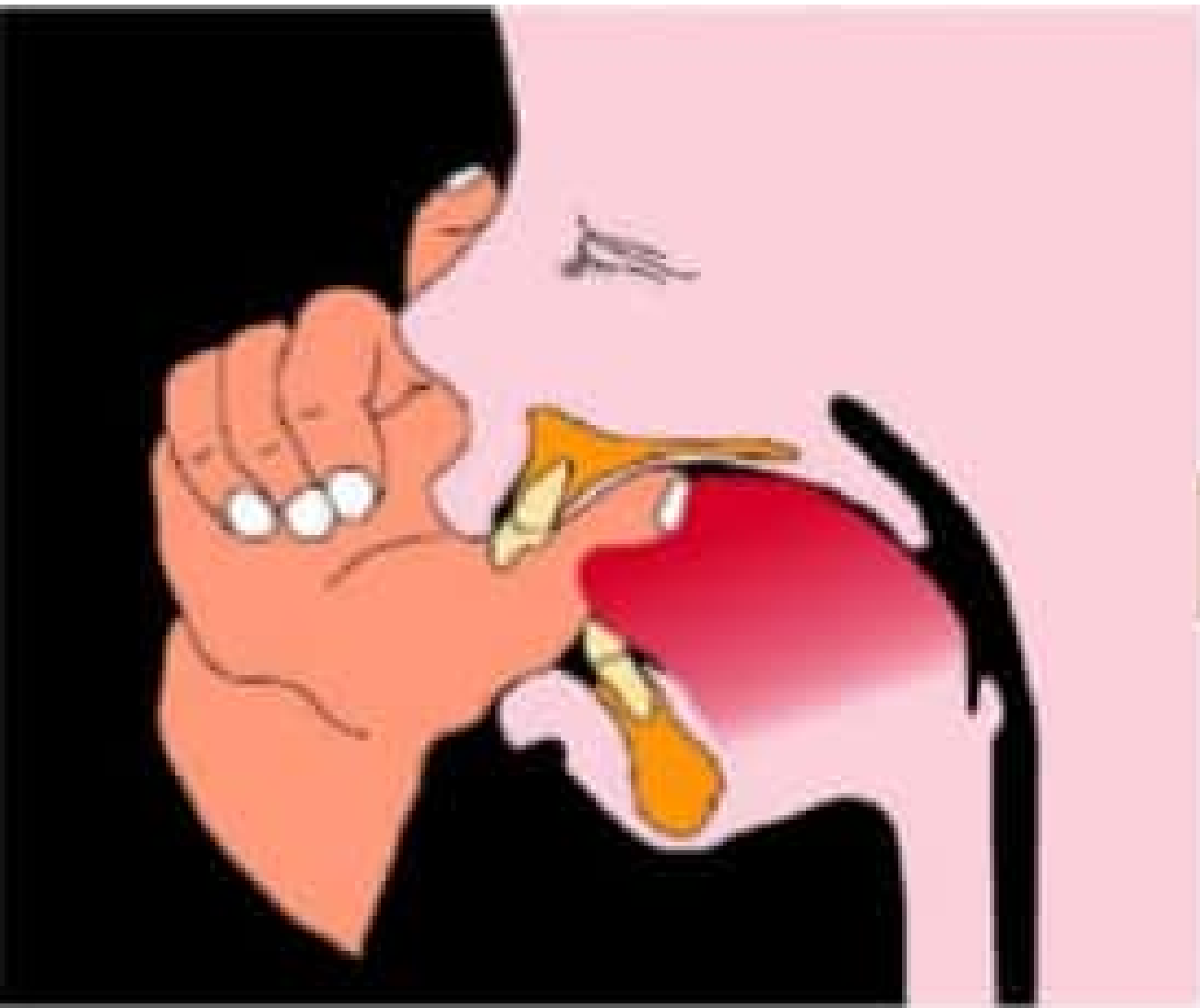
The thumb habits is the majority of the oral habits.

## ANTERIOR OPEN BITE:-

Proclination of the upper

Retroclination of the lower





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POSTERIOR CROSS BITE:-











## ⑪ THUMB SUCKING HABITS:-

How to stop this habits?

- First ask the patient to leave it and talk with the parents
- Second use of orthodontics appliance.
  1. Fixed appliance → cemented to the teeth.
  2. Removable appliance → can be removed

## FIXED APPLIANCE:-









## PACIFIER HABITS:-

Pacifier habits is the same as the thumb sucking with the same effect on the dental and development of the arch.  
It can be develop medial dist diastema.

## TREATMENT OF PACIFIER HABITS:-

Treatment of this habits can be done without orthodontics appliance.

By take it out from him or can be make bad test so he will leave it.





## LIP BITING HABITS:-

habits include the following. <sup>Lip biting</sup>

- Lip bite
- Lip sucking
- Malocclusion
- Emotional stress

### CAUSES:-

The most commonly Lip habits is sucking the ~~tip~~ Lip behind the upper incisors.

Lingually directed force → mandibular teeth

Facial directed force → maxillary teeth.

↓  
Proclination of the maxillary incisors  
Retroclination of the mandibular incisors

↓  
Increased amount of overjet  
lowering arch crowding.











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## TREATMENT OF LIPBITING:-

They will use the lip bumper.







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## NAIL BITING:-

- Rarely seen in the patient before 3-6 years.
- Most effect is removal of the occlusal surface of the tooth which will lead to over eruption of the opposite tooth.
- May lead to anterior open bite or tooth cross bite.
- In security
- Nervous tension.







# SELF INJUROUS HABITS:-

## 1. Organic

- Lesch, Nyhan disease - juvenile cut. HPRT gene on X Chromosome.
- Cornelia De Lange 28 Syndrome - microcephaly, Hirsutism.

## 2. Functional

TYPE A - Superimposed on pre-existing lesions.

TYPE B - 2° to other established habit (rotation of thumb - thumb sucking)

TYPE C - Unknown or complex aetiology.



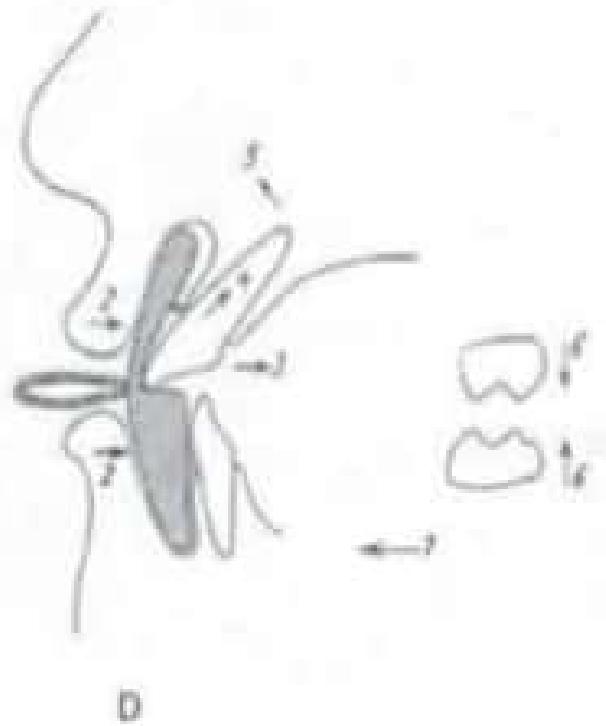
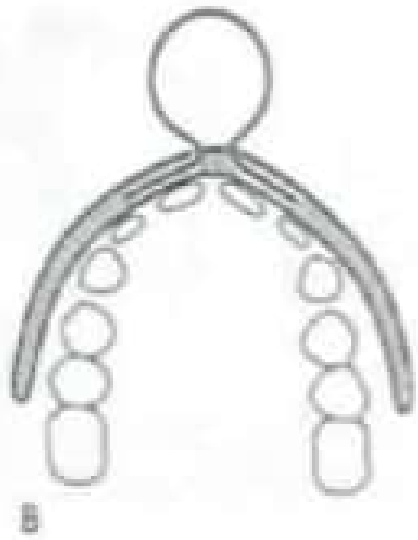
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## TONGUE THRUST HABITS (TTH)

- Tongue thrust habits: is a condition in which the tongue make contact with anterior teeth during swallowing to meet the lower lip.
- All infants exhibits a swallowing pattern involving tongue protrusion, but by six months of age most lose reflex allowing for the ingestion of solid foods.
- Tongue thrust is normal in infants until approximately the age of six months
- The most cause of it large tongue
- It will cause anterior openbite.

## TREATMENT OF TONGUE THRUST HABITS (TTH):-

The will use the oral screen.



# Oral Screen





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## BRUXISM:-

- 1- CNS - cerebral palsy.
- 2- Psychological factors - gnash and grind - anger.
- 3- Occlusal discrepancies.
- 4- Systemic factors.
  - Mg deficiency,
  - intestinal parasites,
  - Abdominal distress
- 5- Occupational factors, - over enthusiastic, compulsive over achievers.







## MOUTH BREATHING: -

- Developmental and morphological anomalies - nasal cavity, short upper lip.
- 2- Traumatic Anxieties
- 3- Genetic pattern ectomorphic (tapering face)
  - nasal obstruction
- 4- Inflammation & infection & allergy - rhinitis, adenoids, polyps, tonsils.
- 5- Macroglossia
- 6- Soft diet - underdevelopment of orofacial muscles.
- 7- Sleeping habits - low pillow / open mouth
- 8- Oral trauma - change in deglutition pattern.

### CAUSES :-

- 1- Nasal obstruction
- 2- Lip incompetence.







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## TREATMENT OF MOUTH BREATHING:-

They will use the oral screen with holes for breathing.

They will use the oral screen with Lingual crib.







## EFFECT OF ALL THESE HABITS:-

- Tooth wear
- Temporomandibular joint disorder
- Tooth mobility.
- Prosthetic failure
- Muscular tenderness.

## PSYCHOLOGICAL TREATMENT:-

First they will counselling to the patient.

Do not do these bad habits  
Avoid chewing, biting.

They will talk to other person  
Do not sit alone.

They will busy him himself  
with other.