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Some remarks on the so-called 'functional orthopaedic treatment of the jaw'

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I. Andresen and Haupl have produced a treatment which they call 'Functional orthopaedic treatment of the jaw. Andresen has also produced, without apparent connection with the therapeutic principles of this method, a diagnostic-cephalometrical system and an individual definition of the general rule and the aim of the treatment. As a result of their thorough investigations, Hellman and Brodie have come to the conclusion that our methods of treatment only influence the alveolar processes. Thus cephalometry has altogether only slight practical significance as we are unable to alter the measured skull divisions. In addition the Andresen method is very imperfect, as the Camper's plane chosen by him as a basis for measurements is unsuitable. It lies within the affected area and is strongly influenced by the treatment. The measuring points on the Ala Nasi are not only dependent on the skeleton but also on the individual flesh formation. Lastly the Andresen method is inexact in the transference of the measuring points.

II. Andresen sees in domestication the cause of mal-occlusions and is of the opinion that the jaw has insufficient room for 32 teeth. This opinion not only contradicts our experience of the aetiology of malocclusion, but even more so that of the researchers in dental evolution, some of whom are quoted. The impossibility of creating room for 32 teeth is likewise a contradiction of practical experience. Moreover Hellman pointed out that it was not a question of insufficient room but of malformation of the alveolar arch which therefore must not be enlarged but rather corrected. This is not intended as a discussion of the extraction question but is intended to point out that Andresen's arguments cannot justify extraction therapy. The aim of the treatment according to Andresen is, while taking into consideration the individual peculiarities of each case, to attain an optimum, functionally and cosmetically. This optimum is of course essentially dependent on the capability of the orthodontist. This general rule will therefore depend not on the kind of case but on the kind of orthodontist, and will be individual for the orthodontist but not for the patient. These views of Andresen on the general rule have nothing to do with functional orthopaedics of the jaw, but can arouse the false impression that extraction is an essential part of this method. Functional orthopaedics of the jaw can also be employed by those orthodontists who on principal reject extractions.

III. Functional orthopaedic treatment of the jaw is a method which does not operate according to familiar principles, but in a new and happier manner attempts to make use of the facial muscles. The method is not intended to be used by dentists with no experience of orthodontics, but when employed by an orthodontist enables him to treat many more cases and bring help to the poorer classes of the population. An interesting possibility arises out of the fact that the apparatus of the functional orthopaedic process produces long-lasting muscle tension. Every force however affects both sides and it is therefore possible, in contrast to the hitherto employed orthodontic processes, that the muscles produce an alteration in the facial bone formation. It may be that this method is the first to lead from orthodontics to facial orthopaedics. I believe functional orthopaedic treatment of the jaw signifies an important advance on the path indicated as follows in Korkhaus' textbook 'The aim will always be to limit artificial regulation in favour of conscious utilization of natural functional forces'.