

Ball Therapy

What follows is a synopsis of a technique first published in 1999.

A REMOVABLE ORTHODONTIC DEVICE FOR THE TREATMENT OF LINGUALLY DISPLACED MANDIBULAR CANINE TEETH IN YOUNG DOGS Leen Verhaert, DVM

Summary: The malocclusion of lingually displaced mandibular canine teeth is a common orthodontic problem in the domestic dog. Several treatment methods have been described, and their advantages and disadvantages have been extensively reviewed. This article describes a functional technique used in 38 dogs of different breeds for correction of the malocclusion. The technique consists of stimulating the dog to play with specific toys. It is a simple, inexpensive, non-invasive technique that has a success rate comparable to conventional orthodontic techniques for treatment of this common malocclusion. **J Vet Dent 16(2); 69-75, 1999.**

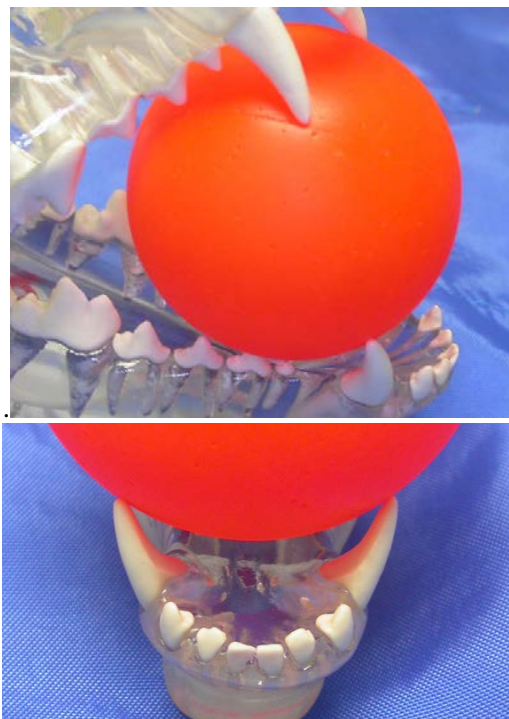
Visit www.avdc.org/?q=node/29#occlusion to review the various types of malocclusion. Linguoversion (base narrow mandibular canine teeth) when the jaw-length relationship is normal or when there is only a mild class II malocclusion (lower jaws too short compared to upper jaw) may sometimes be amenable to this very simple technique. It involves the use of a removable, passive force orthodontic appliance in the form of an appropriately sized rubber ball or Kong™ toy.

Many of the dogs affected by linguoversion of the mandibular canine teeth are medium to large breed dogs and for them, the appropriate 'appliance' is a simple, smooth, road hockey ball. For smaller dogs, a handball ball or even a squash ball might be better. **Do not use tennis balls** as the nylon fuzz is very abrasive and can cause serious dental wear.

The concept is very simple. Have the owners encourage the dog to hold/carry the 'appliance' as much as possible, holding it in the mouth just behind the canine teeth. The presence of the ball will apply a gentle force on the lower canines out towards the lips and encourage these teeth to tip into proper position as they are erupting.

The best time to start this treatment is as soon as the adult canine teeth have broken through the gingiva and the primary canine teeth have exfoliated or been removed. Typically this is around 5 to 5.5 months of age. It is far easier to encourage the erupting teeth to go where we want them to be than to move teeth once they have finished erupting, so timing is important here.

Typically, puppies are seen at 8, 12 and 16 weeks for vaccines and then not again until 6 months for spay/neuter and so the best window of opportunity may be missed with this schedule. I always recommend that puppies also be examined at 5 months of age for a dental development evaluation. If, at this visit, there is concern that the mandibular canines are erupting base-narrow, a few weeks of ball therapy may just help the problem resolve without any further intervention.



I see no down-side to trying Ball Therapy in the right circumstances. There is no anesthetic involved, the appliance cost only a few dollars, the 'procedure' is painless and voluntary. So even if Ball Therapy does not work, at least it will have done no harm.

A case report - [Case Report](#)