

## Letters

### Crib therapy treatment results raise questions

I am enjoying the new presentation of the journal with articles followed by critical comment. Orthodontics is an empirical science and it is important we constantly strive, as Angle did, to encourage reasoned discussion.

With this in mind, I would like to comment on the excellent results with anterior openbites Drs. Huang, Justus, Kennedy and Kokich reported in the spring issue (Stability of anterior openbite treated with crib therapy. *Angle Orthod.*, 60:17-24, 1990). Most people accept that the tongue is a factor in anterior openbite, although there is little clear evidence to confirm this. The effect of tongue training is even more difficult to demonstrate, so the researchers' success in the non-growing patients (assuming they were not selected) is convincing evidence.

But what actually happened? It appears the openbites were initially associated with the over-

eruption of the buccal teeth while the upper and lower incisors seemed to be about the correct relative height from their supporting skeleton. It is the incisors, however, which have been most affected by treatment. They appear to have erupted to a height some 6 mm greater than might be thought compatible with ideal esthetics.

These comments are not intended as criticism of an excellent paper, but to encourage deeper thought about what is anatomically wrong with anterior openbites, what the etiology might be, and what should be corrected. Certainly increased incisor height can, at times be associated with unattractively toothy smiles.

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### Resting position of tongue important

In the "Stability of anterior openbite" article, and the ensuing commentaries (*Angle Orthod.*, 60:17-24, 1990) no mention is made of the resting position of the tongue as contributory to the creation and maintenance of anterior openbite. In accepted literature, researchers have found that the tongue normally moves forward during swallowing whether there is openbite or not.<sup>1-5</sup> Conversely, many oral myologists now feel that for long-term success it is more impor-

tant to correct the tongue's resting position because it is a constant factor.<sup>6-10</sup>

Perhaps the effectiveness of crib/spur therapy lies not in its restraining action on the tongue dynamically but rests instead in its ability to redirect the resting position of the tongue into a less critical posture.

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