molars to increase the vertical, allow normal full molar vertical eruption and decrease the need for orthodontic appliance treatment later. Composite bonding can match primary tooth colors so it is very patient friendly. Young patients quickly adjust to the vertical change, and remaining bonding on the primary teeth usually exfoliates months or years later when the baby teeth exfoliate.

When the first molars erupt, around 5–7 years of age, if a deep bite or closed vertical exists, dental composite bonding can be added to the primary first and/or primary second molars to increase the vertical. While lab-fabricated bonded ceramics and stainless steel crowns can be used to achieve the same effect, direct bonded composites work especially well. Direct composite may be needed to turn the Class II Division 2 into a Class II Division I. Then bonding to open the bite can free the mandible to translate forward into a Class I Division I without going into an anterior III malocclusion.

Composite bonding can act like other “fixed” orthodontic appliances to help guide tooth and jaw growth. It has advantages over all other forms of treatment when applied correctly. Application and occlusal shaping of composite on two to four teeth takes only 50–60 minutes, but it can cause changes for months or even years. The biggest advantage is in preparing dental teeth, jaws and arches for much more time to give those born with high, narrow, vaulted palates and abnormally upper and lower jaw growth. It has advantages for months or even years.