

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.**

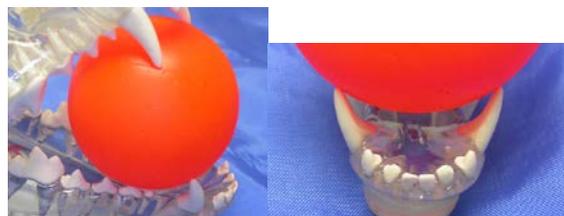
Here is my paper on [Malocclusions](#). Linguoversion (base narrow mandibular canine teeth) when the jaw-length relationship is normal or when there is only a mild class II malocclusion (lower jaws too short compared to upper jaw) may sometimes be amenable to this very simple technique. It involves the 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 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 costs only a few dollars, the 'procedure' is painless and voluntary. So even if Ball Therapy does not work, at least it will do no harm. Here is a [Case Report](#)

Recently a client shared how she trained her pup to chew on his ball and gave me permission to share her technique. In this case, I had seen the pup at 9-weeks of age to remove the lingually displaced lower primary canine teeth and recommended ball therapy to be started as soon as those extraction sites had healed so the pup was well indoctrinated by the time the adult teeth started to erupt. Here is what the client did:

We played fetch with every meal and fed him spoonful by spoonful. This was working to have the ball in his mouth, but there was no chewing. So, I bought a Kong™ crackle ball and squeak ball to teach him to chew. Every time he made the ball squeak or crackle I would mark and reward. Eventually, anytime he had a ball he would chomp, even with the hockey balls. So, we continued fetch for meals and put away all the other toys like you suggested.

This method worked very well, and the dog's lower adult canine teeth are now right where they should be. One of the keys to success here, I am quite convinced, is the early (8 to 10 weeks of age) removal of the displaced lower primary canine teeth combined with the ball therapy with training starting before the adult teeth have started to erupt. That gives us the best chance of a successful outcome.