Oral Hygiene

- **Reasons for Wearing Retainers After Treatment**
  Reasons for Wearing Retainers After Treatment Differences Between Removable and Fixed Retention Establishing a Routine to Prevent Tooth Shifting Oral Hygiene Tips for Retainer Care Monitoring Changes After Active Orthodontic Phase Factors That Influence Retention Duration Communicating the Value of Long Term Follow Ups How Retainers Support Jaw Positioning Over Time Signs That Signal the Need for Retainer Adjustments Materials Used in Crafting Effective Retainers Incorporating Retainer Wear Into Daily Habits Assessing Compliance and Its Impact on Stability
- **Basics of Brushing With Braces or Aligners**
  Basics of Brushing With Braces or Aligners Practical Tips for Flossing Around Orthodontic Wires Understanding the Role of Mouthwash in Oral Care Techniques to Prevent White Spots on Enamel Avoiding Common Foods That Damage Orthodontic Appliances Solutions for Managing Gum Irritation and Inflammation Tools That Simplify Cleaning With Orthodontic Hardware Importance of Regular Dental Checkups During Treatment Risk Factors for Plaque Buildup With Braces Adapting Hygiene Routines for Clear Aligner Users Balancing Oral Care With Busy Lifestyles Early Intervention for Minor Issues That Escalate
- **About Us**

Okay, so your kid's got braces. Awesome! Straight teeth, bright future, the whole shebang. But then you notice the gums. Red, puffy, maybe even a little bleeding. Gum irritation during orthodontics is super common, and honestly, pretty darn annoying for everyone.

The thing is, braces create these little nooks and crannies where bacteria just love to hang out. Even if your child is brushing diligently, it's tough to get every single bit of food and plaque out from around those brackets and wires. Kids may feel mild discomfort when braces are first applied **Braces for kids and teens** health professional. This build-up irritates the gums, leading to inflammation – that's the redness and swelling you see. Think of it like having a tiny irritant constantly poking at your skin. Eventually, it's going to get angry.

Another factor? Sometimes the braces themselves can rub against the gums, causing direct irritation. Wires can poke, brackets can be a little sharp, and it all adds up. And let's be real, kids aren't always the most gentle when it comes to brushing around their braces. Vigorous brushing can also contribute to gum irritation, even if they're trying to do a good job.

Finally, sometimes, the movement of teeth itself can contribute to gum sensitivity. As teeth shift, they put pressure on the surrounding tissues, including the gums.

So, gum irritation during braces isn't some weird anomaly. It's a perfectly understandable consequence of the orthodontic process. Now, the good news is there are definitely things you can do about it, which is something we'll explore next. The key is to understand why it's happening in the first place so you can tackle it effectively.

Okay, so your kiddo just got braces! That's awesome – a straighter smile is on the way. But let's be real, braces and gums aren't always the best of friends. Food gets trapped, brushing gets trickier, and before you know it, you might be dealing with some gum irritation. That's where good oral hygiene comes in, and it's seriously important.

Think of braces as little magnets for plaque and bacteria. If your child isn't brushing and flossing meticulously, that gunk builds up around the brackets and wires. This can lead to gingivitis, which is basically gum inflammation. You might see redness, swelling, and even some bleeding when they brush. Nobody wants that!

Proper oral hygiene isn't just about brushing twice a day. It's about *how* they're brushing. Using a soft-bristled toothbrush and fluoride toothpaste is key. They need to gently brush around each bracket, making sure to get all the surfaces of the teeth. And flossing? Absolutely essential! Those little floss threaders are lifesavers for getting under the wires. Interdental brushes, those tiny little Christmas tree-shaped brushes, are fantastic for cleaning between teeth and around the brackets as well.

Why all the fuss? Because if gingivitis isn't addressed, it can lead to more serious problems like periodontitis, which can damage the bone and tissues that support the teeth. We definitely don't want that happening to developing mouths.

So, make oral hygiene a fun, daily ritual. Maybe put on some music while they brush, or even brush alongside them. And remember, regular checkups with the orthodontist and dentist are crucial to monitor gum health and catch any problems early. A little extra effort with oral hygiene now will save a lot of potential trouble (and discomfort!) down the road. A healthy mouth with straight teeth – that's the goal!

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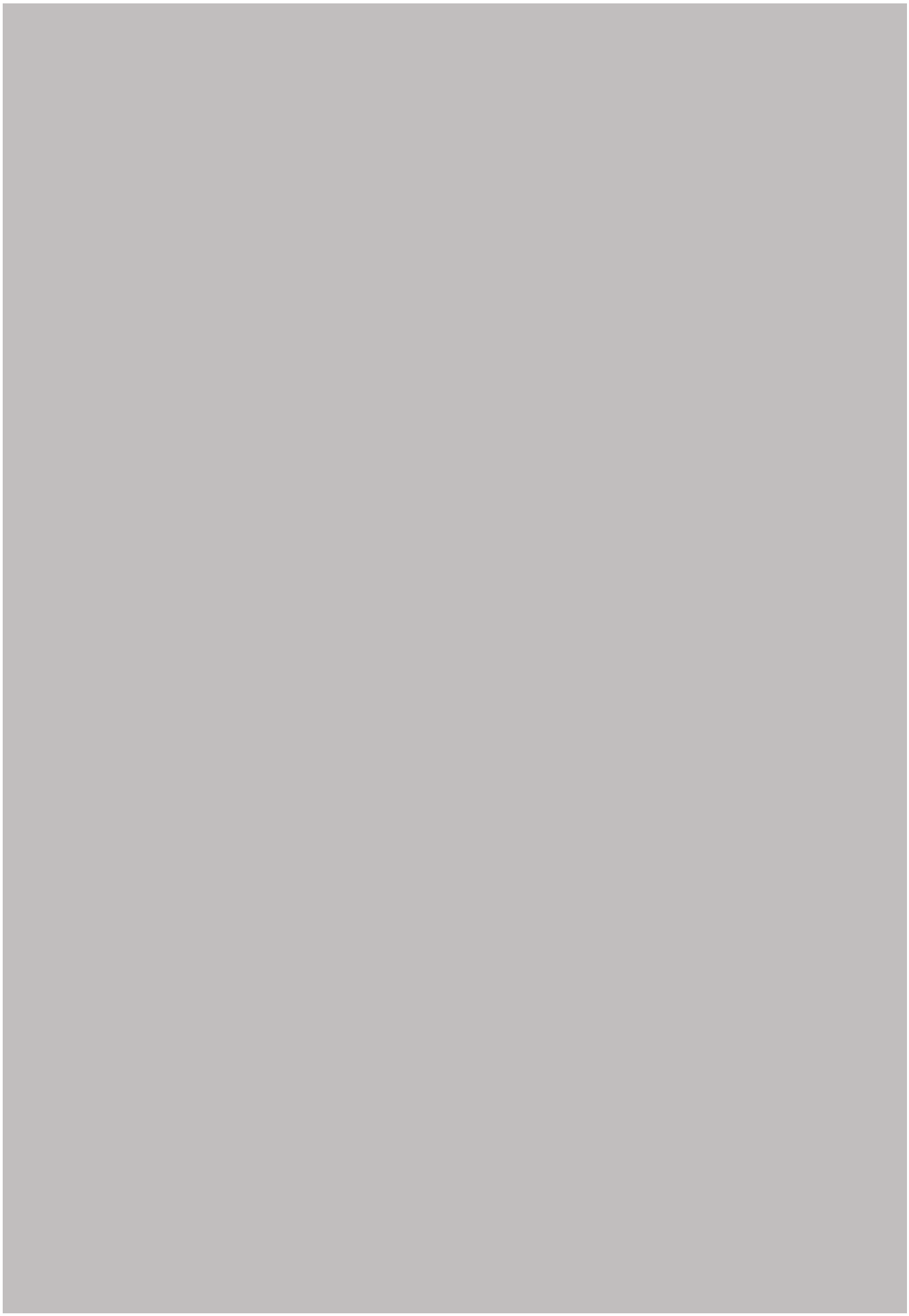

* Protecting the investment made in orthodontic treatment.

Okay, so your kiddo's got braces, and their gums are looking a little...angry. We've all been there, right? It's like a mini-battlefield in their mouth, and we need to equip them with the right weapons. That means seriously upping their brushing and flossing game. But not just any brushing and flossing, we're talking "braces-specific" techniques. Forget the quick scrub and a cursory floss; we need to transform them into little dental ninjas.

Think about it: braces are practically magnet for food particles and plaque. And those little critters love to set up camp right along the gumline, causing irritation and inflammation. So, first, the brush. A soft-bristled toothbrush is key – anything too harsh will just further agitate those already sensitive gums. We're talking gentle, circular motions, making sure to get around each bracket, both above and below. It's like giving each brace a little hug with the toothbrush.

Then comes the floss. Oh, the dreaded floss! For braces-wearers, it's a whole different ballgame. Forget just sliding it between the teeth. We need floss threaders – those little plastic helpers that guide the floss behind the archwire. It's a bit fiddly at first, but with practice, they'll become pros. And remember: gently slide the floss up and down the sides of each tooth, right down to the gumline. It's like giving each tooth a mini-massage and dislodging all those hidden invaders.

The key is consistency. Brushing and flossing twice a day, every single day, is non-negotiable. It's like making sure they take their vitamins – it's just part of the daily routine. And don't be afraid to supervise, especially at first. Make it a fun activity, maybe put on some music, and turn it into a team effort. Because a happy, healthy mouth means a happier, more confident kid, braces and all!

* Ensuring the long-term stability of the bite and smile.

Okay, so your kiddo's got braces. Awesome for their future smile, but sometimes not so awesome for their gums *right now*. We're talking about keeping those gums happy and healthy while all that shifting and straightening is happening. And a huge part of that is just plain old, good oral hygiene, but with a little extra oomph because of the braces.

Think of it like this: braces are like tiny little obstacle courses for food and plaque. That means we need to step up our game with the tools we're using. Forget just a regular toothbrush. You want something that can really get in there.

For toothbrushes, look for soft-bristled ones. They're gentler on irritated gums. Some are even specifically designed for braces, with a little indentation in the middle to fit around the brackets. Electric toothbrushes can be a game-changer too! The rotating or vibrating action can really help to loosen plaque and debris from hard-to-reach spots. Just make sure it's got a soft brush head.

Floss is your best friend, even if it feels like your worst enemy sometimes with braces. Pre-threaded flossers are a lifesaver. They're like little floss harps that make it easier to maneuver the floss between teeth and under the wires. Regular floss can work too, but you might want to use a floss threader to get it under the wire. It takes patience, but trust me, it's worth it.

And then there's mouthwash. Look for an antimicrobial mouthwash, especially one recommended by your orthodontist. These can help kill bacteria and reduce inflammation. Fluoride mouthwash is also a good idea to help protect against cavities, since it can be harder to brush effectively with braces.

The key is to make it a routine and to involve your kid in the process! Let them pick out a fun toothbrush or flavored floss (within reason, of course – no candy-flavored floss!). Make it a team effort, and those gums will thank you for it. Talk to your orthodontist, too! They can give you personalized recommendations based on your child's specific needs and the type of braces they have.

* Supporting proper jaw growth and development in younger children.

Okay, so your kiddo just got braces. Exciting times! Straight teeth are on the horizon. But let's be real, those wires and brackets can sometimes wage war on their gums. Gum irritation? Inflammation? Totally normal, but definitely something we want to minimize. A big part of that battle is what goes *into* their mouth. Think of it as choosing weapons wisely.

We're talking dietary considerations, and it's not about deprivation, it's about smart choices. Forget the hard, sticky, and chewy stuff that's practically designed to snag on brackets and then grind against gums. Hard candies? Nope. Chewy caramels? Absolutely not. Super crunchy apples? Gotta cut them into small, manageable pieces.

Instead, think soft and easy to chew. Yogurt, mashed potatoes, soft-cooked pasta, scrambled eggs, smoothies...these are your allies. Fruits like bananas and berries are great, but maybe avoid things with lots of tiny seeds that can get stuck. Cooked vegetables are a better bet than raw, at least initially.

And it's not just about texture; acidity is a factor too. Super acidic foods and drinks can irritate already sensitive gums. So, limit sugary sodas and citrus juices. Water is your best friend here!

The point is, we want to avoid anything that's going to require a lot of chewing force or that's likely to get lodged around the braces. The less friction and pressure, the happier those gums will be. It's about making mealtimes easier on their mouth and preventing food from becoming a breeding ground for bacteria that can worsen inflammation. A little forethought in meal planning can go a long way in keeping those gums calm and comfortable throughout the braces journey.

*** Avoiding the need for future, potentially more extensive,**

orthodontic intervention.

Dealing with a kid with braces is already a juggling act of orthodontist appointments and food restrictions. Throw in irritated gums, and suddenly you're navigating a whole new level of parental challenge. But don't worry, you're not alone, and there are plenty of gentle, home-based solutions to help soothe those inflamed little gums.

Think of it like this: braces are essentially tiny, temporary construction sites in your child's mouth. They create nooks and crannies where food particles can hide, leading to plaque buildup and, you guessed it, irritated gums. So, our first line of defense has to be excellent oral hygiene. Make sure your child is brushing *thoroughly* after every meal, paying extra attention to cleaning around the brackets and wires. A soft-bristled toothbrush is key here, because harsh brushing will only worsen the irritation.

Beyond brushing, consider warm salt water rinses. It's an oldie but a goodie! The warm water is soothing, and the salt helps to reduce inflammation and fight bacteria. Just a teaspoon of salt in a glass of warm water, swished around for about 30 seconds, can make a world of difference.

If the irritation is particularly bad, you might explore some natural remedies. Chamomile tea, for instance, has anti-inflammatory properties. Brew a cup, let it cool, and have your child rinse with it. The same goes for aloe vera juice. Just make sure it's pure aloe vera juice and not a sugary drink.

For temporary pain relief, you can also try using a cold compress. Wrap an ice pack in a thin cloth and gently apply it to the outside of the cheek near the irritated area. The cold helps to numb the pain and reduce swelling.

Finally, be mindful of your child's diet. Avoid hard, crunchy, or sticky foods that can further irritate the gums. Opt for soft, easy-to-chew options like yogurt, mashed potatoes, or smoothies. Remember, consistency is key. These home remedies are most effective when used regularly as part of a consistent oral hygiene routine. If the irritation persists or worsens, it's always best to consult with your orthodontist. They can rule out any underlying issues and

recommend additional treatments. You've got this!

* Contributing to overall oral health by preventing crowding and misalignment.

Gum inflammation in kids, or gingivitis, is pretty common. We all know how easy it is for little ones to miss spots when brushing, especially when sugary snacks are involved. A little redness and swelling around the gums now and then isn't usually a huge cause for alarm – often, stepping up the brushing and flossing routine at home can do the trick. But what if it's more than just a fleeting thing? When should you start thinking about bringing in the professionals?

Honestly, it's always a good idea to have a baseline established with your child's dentist. Regular checkups will catch minor issues early on. However, if you notice persistent redness that doesn't go away after a week or two of diligent oral hygiene, that's a red flag. Bleeding gums, even with gentle brushing, are another signal that things might be more serious than a simple oversight in their cleaning habits. Bad breath that just won't quit, despite brushing, can also point to underlying inflammation.

Sometimes, the inflammation might be caused by something other than plaque buildup. If your child has braces, the brackets and wires can irritate the gums, making it harder to clean effectively. In these cases, an orthodontist might need to adjust the braces or recommend special cleaning tools. In rare instances, gum inflammation can be linked to underlying medical conditions or certain medications.

Ultimately, trust your gut. If you're concerned about your child's gums, it's always best to err on the side of caution. A quick call to your dentist or orthodontist can put your mind at ease and, if necessary, get your child the professional care they need to keep their smile healthy and bright. Early intervention is key when it comes to gum health, so don't hesitate to reach out!

Okay, so your kiddo's got braces, and now their gums are a little angry? Totally normal. It's like moving furniture into a house – things are bound to get a little bumped and bruised. But, we don't just leave it like that, right? We fix it up. Same deal with braces. We want happy, healthy gums throughout this whole orthodontic adventure.

Think of preventative measures as building a little gum-fortress. First line of defense? Super diligent oral hygiene. We're talking brushing after *every* meal (or at least rinsing really well if brushing isn't possible right away) with a soft-bristled brush and fluoride toothpaste. Get in all those nooks and crannies around the brackets. Flossing? Non-negotiable. It might be tricky with the wires, but there are floss threaders or specialized orthodontic floss that make it easier to sneak that floss in there and get rid of any food particles that are irritating the gums. Think of it as evicting the little food squatters before they cause trouble.

Then there's diet. Sugary and sticky foods are basically fuel for the bacteria that cause gum inflammation. So, limiting those is a big win. Opt for healthier snacks like fruits and veggies (cut into bite-sized pieces, of course, to protect those brackets!). And don't forget plenty of water to help wash away food debris.

Sometimes, even with our best efforts, gums still get a little irritated. That's where things like saltwater rinses come in. A warm saltwater rinse is like a soothing bath for the gums. It helps reduce inflammation and promotes healing. And if there's a particularly sore spot, orthodontic wax can be a lifesaver. It creates a barrier between the bracket and the gums, preventing further irritation.

Finally, regular check-ups with the orthodontist are crucial. They can spot potential problems early and adjust the braces as needed to minimize pressure and irritation on the gums. They can also give you personalized advice and recommendations based on your child's specific needs. Basically, it's a team effort to keep those gums happy and healthy throughout the whole braces journey.

About thumb sucking

For other uses, see Thumbsucker (disambiguation).

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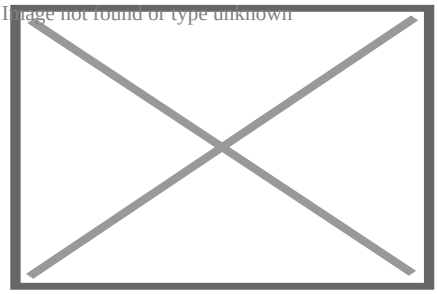
Infants may use pacifiers or their thumb or fingers to soothe themselves

Newborn baby thumb sucking

Image not found or type unknown



A bonnet macaque thumb sucking

Thumb sucking is a behavior found in humans, chimpanzees, captive ring-tailed lemurs,[1] and other primates.[2] It usually involves placing the thumb into the mouth and rhythmically repeating sucking contact for a prolonged duration. It can also be accomplished with any organ within reach (such as other fingers and toes) and is considered to be soothing and therapeutic for the person. As a child develops the habit, it will usually develop a "favourite" finger to suck on.

At birth, a baby will reflexively suck any object placed in its mouth; this is the sucking reflex responsible for breastfeeding. From the first time they engage in nutritive feeding, infants learn that the habit can not only provide valuable nourishment, but also a great deal of pleasure, comfort, and warmth. Whether from a mother, bottle, or pacifier, this behavior, over time, begins to become associated with a very strong, self-soothing, and pleasurable oral sensation. As the child grows older, and is eventually weaned off the nutritional sucking, they can either develop alternative means for receiving those same feelings of physical and emotional fulfillment, or they can continue experiencing those pleasantly soothing experiences by beginning to suck their thumbs or fingers.[3] This reflex disappears at about 4 months of age; thumb sucking is not purely an instinctive behavior and therefore can last much longer.[4] Moreover, ultrasound scans have revealed that thumb sucking can start before birth, as early as 15 weeks from conception; whether this behavior is voluntary or due to random movements of the fetus in the womb is not conclusively known.

Thumb sucking generally stops by the age of 4 years. Some older children will retain the habit, which can cause severe dental problems.[5] While most dentists would recommend breaking the habit as early as possible, it has been shown that as long as the habit is broken before the onset of permanent teeth, at around 5 years old, the damage is reversible.[6] Thumb sucking is sometimes retained into adulthood and may be due to simply habit continuation. Using anatomical and neurophysiological data a study has found that sucking the thumb is said to stimulate receptors within the brain which cause the release of mental and physical tension.[7]

Dental problems and prevention

[edit]

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Alveolar prognathism, caused by thumb sucking and tongue thrusting in a 7-year-old girl.

Percentage of children who suck their thumbs (data from two researchers)

Age	Kantorowicz[4]	Brückl[8]
0–1	92%	66%
1–2	93%	
2–3	87%	–
3–4	86%	
4–5	85%	25%
5–6	76%	
Over 6	—	9%

Most children stop sucking on thumbs, pacifiers or other objects on their own between 2 and 4 years of age. No harm is done to their teeth or jaws until permanent teeth start to erupt. The only time it might cause concern is if it goes on beyond 6 to 8 years of age. At this time, it may affect the shape of the oral cavity or dentition.[9] During thumbsucking the tongue sits in a lowered position and so no longer balances the forces from the buccal group of musculature. This results in narrowing of the upper arch and a posterior crossbite. Thumbsucking can also cause the maxillary central incisors to tip labially and the mandibular incisors to tip lingually, resulting in an increased overjet and anterior open bite malocclusion, as the thumb rests on them during the course of sucking. In addition to proclination of the maxillary incisors, mandibular incisors retrusion will also happen. Transverse maxillary deficiency gives rise to posterior crossbite, ultimately leading to a Class II malocclusion.[10]

Children may experience difficulty in swallowing and speech patterns due to the adverse changes. Aside from the damaging physical aspects of thumb sucking, there are also additional risks, which unfortunately, are present at all ages. These include increased risk of infection from communicable diseases, due to the simple fact that non-sterile thumbs are covered with infectious agents, as well as many social implications. Some children experience social difficulties, as often children are taunted by their peers for engaging in what they can consider to be an “immature” habit. This taunting often results the child being rejected by the group or being subjected to

ridicule by their peers, which can cause understandable psychological stress.[11]

Methods to stop sucking habits are divided into 2 categories: Preventive Therapy and Appliance Therapy.[10]

Examples to prevent their children from sucking their thumbs include the use of bitterants or piquant substances on their child's hands—although this is not a procedure encouraged by the American Dental Association[9] or the Association of Pediatric Dentists. Some suggest that positive reinforcements or calendar rewards be given to encourage the child to stop sucking their thumb.

The American Dental Association recommends:

- Praise children for not sucking, instead of scolding them when they do.
- If a child is sucking their thumb when feeling insecure or needing comfort, focus instead on correcting the cause of the anxiety and provide comfort to your child.
- If a child is sucking on their thumb because of boredom, try getting the child's attention with a fun activity.
- Involve older children in the selection of a means to cease thumb sucking.
- The pediatric dentist can offer encouragement to the child and explain what could happen to the child's teeth if he/she does not stop sucking.
- Only if these tips are ineffective, remind the child of the habit by bandaging the thumb or putting a sock/glove on the hand at night.
- Other orthodontics[12] for appliances are available.

The British Orthodontic Society recommends the same advice as ADA.[13]

A Cochrane review was conducted to review the effectiveness of a variety of clinical interventions for stopping thumb-sucking. The study showed that orthodontic appliances and psychological interventions (positive and negative reinforcement) were successful at preventing thumb sucking in both the short and long term, compared to no treatment.[14] Psychological interventions such as habit reversal training and decoupling have also proven useful in body focused repetitive behaviors.[15]

Clinical studies have shown that appliances such as TGuards can be 90% effective in breaking the thumb or finger sucking habit. Rather than use bitterants or piquants, which are not endorsed by the ADA due to their causing of discomfort or pain, TGuards break the habit simply by removing the suction responsible for generating the feelings of comfort and nurture.[16] Other appliances are available, such as fabric thumb guards, each having their own benefits and features depending on the child's age, willpower and motivation. Fixed intraoral appliances have been known to create problems during eating as children when removing their appliances may have a risk of breaking them. Children with mental illness may have reduced compliance.[10]

Some studies mention the use of extra-oral habit reminder appliance to treat thumb sucking. An alarm is triggered when the child tries to suck the thumb to stop the child from this habit.[10][17] However, more studies are required to prove the effectiveness of external devices on thumb sucking.

Children's books

[edit]

- In Heinrich Hoffmann's *Struwwelpeter*, the "thumb-sucker" Konrad is punished by having both of his thumbs cut off.
- There are several children's books on the market with the intention to help the child break the habit of thumb sucking. Most of them provide a story the child can relate to and some coping strategies.[18] Experts recommend to use only books in which the topic of thumb sucking is shown in a positive and respectful way.[19]

See also

[edit]

- Stereotypic movement disorder
- Prognathism

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[edit]

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Further reading

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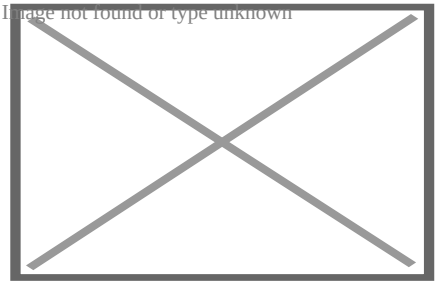
About jaw

This article is about the anatomical part. For the mountain, see The Jaw. For other uses, see Jaws (disambiguation) and Jawbone (disambiguation).



Human lower jaw viewed from the left

The **jaws** are a pair of opposable articulated structures at the entrance of the mouth, typically used for grasping and manipulating food. The term *jaws* is also broadly applied to the whole of the structures constituting the vault of the mouth and serving to open and close it and is part of the body plan of humans and most animals.

Arthropods

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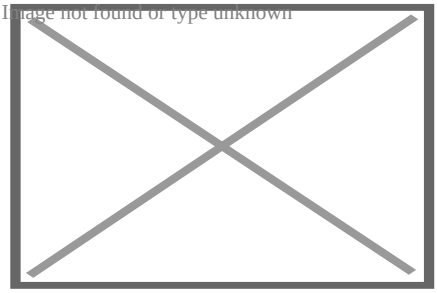
Further information: Mandible (arthropod mouthpart) and Mandible (insect mouthpart)



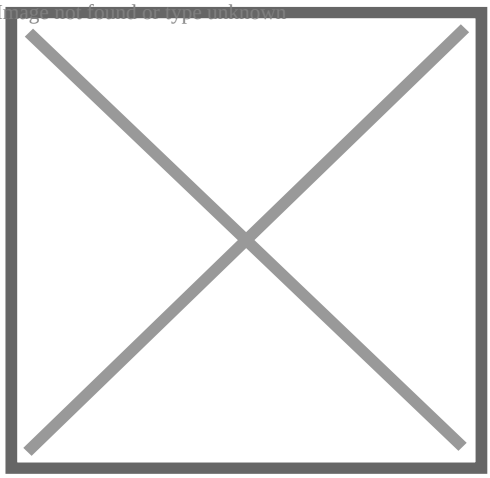
The mandibles of a bull ant

In arthropods, the jaws are chitinous and oppose laterally, and may consist of *mandibles* or *chelicerae*. These jaws are often composed of numerous mouthparts. Their function is fundamentally for food acquisition, conveyance to the mouth, and/or initial processing (*mastication* or *chewing*). Many mouthparts and associate structures (such as pedipalps) are modified legs.

Vertebrates

[edit]

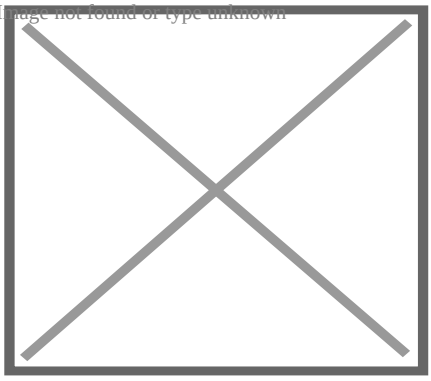
In most vertebrates, the jaws are bony or cartilaginous and oppose vertically, comprising an *upper jaw* and a *lower jaw*. The vertebrate jaw is derived from the most anterior two pharyngeal arches supporting the gills, and usually bears numerous teeth.



Jaws of a great white shark

Fish

[edit]



Moray eels have two sets of jaws: the oral jaws that capture prey and the pharyngeal jaws that advance into the mouth and move prey from the oral jaws to the esophagus for swallowing.

Main article: Fish jaw

The vertebrate jaw probably originally evolved in the Silurian period and appeared in the Placoderm fish which further diversified in the Devonian. The two most anterior pharyngeal arches are thought to have become the jaw itself and the hyoid arch, respectively. The hyoid system suspends the jaw from the braincase of the skull,

permitting great mobility of the jaws. While there is no fossil evidence directly to support this theory, it makes sense in light of the numbers of pharyngeal arches that are visible in extant jawed vertebrates (the Gnathostomes), which have seven arches, and primitive jawless vertebrates (the Agnatha), which have nine.

The original selective advantage offered by the jaw may not be related to feeding, but rather to increased respiration efficiency.[1] The jaws were used in the buccal pump (observable in modern fish and amphibians) that pumps water across the gills of fish or air into the lungs in the case of amphibians. Over evolutionary time the more familiar use of jaws (to humans), in feeding, was selected for and became a very important function in vertebrates. Many teleost fish have substantially modified jaws for suction feeding and jaw protrusion, resulting in highly complex jaws with dozens of bones involved.[2]

Amphibians, reptiles, and birds

[edit]

The jaw in tetrapods is substantially simplified compared to fish. Most of the upper jaw bones (premaxilla, maxilla, jugal, quadratojugal, and quadrate) have been fused to the braincase, while the lower jaw bones (dentary, splenial, angular, surangular, and articular) have been fused together into a unit called the mandible. The jaw articulates via a hinge joint between the quadrate and articular. The jaws of tetrapods exhibit varying degrees of mobility between jaw bones. Some species have jaw bones completely fused, while others may have joints allowing for mobility of the dentary, quadrate, or maxilla. The snake skull shows the greatest degree of cranial kinesis, which allows the snake to swallow large prey items.

Mammals

[edit]

In mammals, the jaws are made up of the mandible (lower jaw) and the maxilla (upper jaw). In the ape, there is a reinforcement to the lower jaw bone called the simian shelf. In the evolution of the mammalian jaw, two of the bones of the jaw structure (the articular bone of the lower jaw, and quadrate) were reduced in size and incorporated into the ear, while many others have been fused together.[3] As a result, mammals show little or no cranial kinesis, and the mandible is attached to the temporal bone by

the temporomandibular joints. Temporomandibular joint dysfunction is a common disorder of these joints, characterized by pain, clicking and limitation of mandibular movement.[4] Especially in the therian mammal, the premaxilla that constituted the anterior tip of the upper jaw in reptiles has reduced in size; and most of the mesenchyme at the ancestral upper jaw tip has become a protruded mammalian nose.[5]

Sea urchins

[edit]

Sea urchins possess unique jaws which display five-part symmetry, termed the *Aristotle's lantern*. Each unit of the jaw holds a single, perpetually growing tooth composed of crystalline calcium carbonate.

See also

[edit]

- Muscles of mastication
- Otofacial syndrome
- Predentary
- Prognathism
- Rostral bone

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[edit]

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Human regional anatomy

Body

Skin

- Hair
- Face
  - Forehead
  - Cheek
  - Chin
  - Eyebrow
  - Eye
  - Eyelid
  - Nose

Head

  - Mouth
  - Lip
  - Tongue
  - Tooth
- Ear
- Jaw
- Mandible
- Occiput
- Scalp
- Temple
- Adam's apple

Neck

- Throat
- Nape

- **Torso (Trunk)**
  - Abdomen
    - Waist
    - Midriff
    - Navel
  - Vertebral column
  - Back
  - Thorax
    - Breast
    - Nipple
  - Pelvis
  - Genitalia
    - Penis
    - Scrotum
    - Vulva
  - Anus
- **Limbs**
  - **Arm**
    - Shoulder
    - Axilla
    - Elbow
    - Forearm
    - Wrist
    - Hand
      - Finger
      - Fingernail
      - Thumb
      - Index
      - Middle
      - Ring
      - Little
  - **Leg**
    - Buttocks
    - Hip
    - Thigh
    - Knee
    - Calf
    - Foot
      - Ankle
      - Heel
      - Toe
      - Toenail
      - Sole

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The facial skeleton of the skull

Maxilla	**Surfaces**	○ Anterior: *fossae* (Incisive fossa, Canine fossa) ○ Infraorbital foramen ○ Orbital bones ○ Anterior nasal spine ○ Infratemporal: Alveolar canals ○ Maxillary tuberosity ○ Orbital: Infraorbital groove ○ Infraorbital canal ○ Nasal: Greater palatine canal ○ Zygomatic process
	Processes	○ Frontal process (Agger nasi, Anterior lacrimal crest) ○ Alveolar process ○ Palatine process (Incisive foramen, Incisive canals, Foramina of Scarpa, Incisive bone, Anterior nasal spine)
	Other	○ Body of maxilla ○ Maxillary sinus
Zygomatic		○ Orbital process (Zygomatico-orbital) ○ Temporal process (Zygomaticotemporal) ○ Lateral process (Zygomaticofacial)
Palatine	**Fossae**	○ Pterygopalatine fossa ○ Pterygoid fossa
	Plates	○ Horizontal plate (Posterior nasal spine) ○ Perpendicular plate (Greater palatine canal, Sphenopalatine foramen) ○ Hard palate
	Processes	○ Pyramidal ○ Orbital ○ Sphenoidal

Mandible

Body
- *external surface* (Chin, Jaw, Mandibular prominence, Mandibular symphysis, Lingual foramen, Mental protuberance, Mental foramen, Mandibular incisive canal)
- *internal surface* (Mental spine, Mylohyoid line, Sublingual fovea, Submandibular fovea)
- Alveolar part
- Mylohyoid groove
  - Mandibular canal
  - Lingula

Ramus
- Mandibular foramen
- Angle
- Coronoid process
- Mandibular notch
- Condyloid process
- Pterygoid fovea

Nose
- Nasal bone
  - Internasal suture
  - Nasal foramina
- Inferior nasal concha
  - Ethmoidal process
  - Maxillary process
- Vomer
  - Wing
- Lacrimal
  - Posterior lacrimal crest
  - Lacrimal groove
  - Lacrimal hamulus
- Prognathism
- Retromolar space

Portal:
- Anatomy

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