Reverse-pull headgear, or a facemask, is a removable appliance used in correction of a class III skeletal malocclusion, due to an underdeveloped upper jaw and slightly overdeveloped lower jaw. The appliance is worn for a minimum of 14 hours per day, after school, to help pull the upper jaw forward in growing children and adolescents. A combination of skeletal and dental changes are achieved with this early treatment to improve the malocclusion and the soft tissue profile. The earlier the correction and the longer the treatment time, the greater chance that the maxillary protraction will be maintained. Following facemask therapy, the Class III growth pattern reasserts itself; therefore vigilance in continuing to follow-up during retention is recommended.

Wearing the facemask:

- After following an initial round of expansion, Dr. Moshiri will instruct you on rubber band wear from the facemask to the hooks present in the mouth (either from a fixed appliance, like an expander, or from hooks on temporary anchorage plates inserted by the oral surgeon)
- Elastics are to be worn in the afternoon and to bed a minimum of 14 hours per day. The gentle but steady pressure exerted by the rubber bands on the upper jaw encourages bone growth. In effect, the upper jaw is pulled forward, like a dresser drawer.

After treatment with the face mask, the child may still need to wear standard braces for 2 to 3 years, followed by a retainer for one year full-time, and then to bed lifetime. While the reverse-pull face mask treatment obviates the need for surgery in the majority of cases, sometimes the discrepancy between the lower and upper jaws is so great that surgery is still needed.

If you have question or concerns regarding your child’s facemask, please call us at (314) 4-BRACES