Milk Dental Occlusion by the age of three: The Black Hole of ORALITY? interest and responsibility of the paediatrician

Synthetic up to dates and daily tools

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Introduction:

Apart the issues about orofacial malformations, we have many studies about "dys"-type problems of orofacial area, mainly around the two orality's definitions (communication and eating). Not so many about the global medical side of dysocclusions. And yet, there is a third vital emergency from birth and throughout the many neurodevelopmental steps: **the need to deal with gravity to move and to stand upright.** Throughout the sensorimotor steps, there is the parallel need to build the coordinated reference supports for correct orofacial and dental balances.

Method: Throughout more than 40 years of study, and practice and experience in Pediatric Orthodontics, through my education in Bullinger's early sensorimotor assessment (UNIL-Lausanne 2014), and through a personal continuous clinical research from 2015, I collect and compare pre-neo-and postnatal data for sensorimotor development with cranio-facial dysocclusions (more than 150 cases)

Results: Through this new integrative and anterograde analysis of the early and tight coordination between the implementation of the first 3D determinants for respiratory-occlusal and postural **(R.P.O.) balances**, we now have the material to understand the missing link between these three, R.P.O. dys-balances.

We can propose a helpful daily tool for paediatricians for a synthetic assessment of this global 3D R.P.O. balance, by the age of three.

Even further, the Milk Dental Occlusion, by all its etiologic determinants and its neurophysiological implications, and with our **3 primitive oral sensorimotor loops theory**, could be the basis to think about **a third definition clarifying the "black hole" of human orality,** and bring together all those concerned by the two sides of the issue, psychological and somatic: **The Orality of COHESION.**