

Introduction

A 7-year-old female patient. The patient was approached through a step-by-step standard management and a transdisciplinary treatment. Mother refers no physical or mental disorders, no medical treatment, no prior surgeries, and no allergic.

Patient shows good predisposition to treatment, reason for consultation: *"to adjust my teeth."*

Diagnosis

Extended clinical history: dental screening + malocclusion-linked factors (TMJ, migraines, mouth mobility)..

Integral diagnosis and studies: *panoramic RXs, telerradiograph, laminographic, cephalogram and backbone analysis.*

Functional examination: indicates *bruxism* and teeth *clenching*.

Visual convergence analysis: *marked ocular deviation on the left side (with a significant laterality).*

Postural analysis (with/without aligners): *left shoulder rotation* with a the *left foot a bit forward* matching the *left side knee* (See Clarke Angle) and a *longer left arm*.

Treatment with a transdisciplinary strategy

Our postural analysis revealed a clinically significant correlation between the patient's malocclusion and ocular/postural complications, including strabismus, spinal misalignment, and foot posture abnormalities.

The treatment protocol incorporated (i) occlusal Correction with precision aligners and, (ii) transdisciplinary coordination including podiatric traumatology and optometric rehabilitation.

The integrated approach ensured the malocclusion treatment addressed both dental alignment and postural etiological factors through synchronized therapeutic interventions.

Previous studies underscore postural conditions as vital for lasting pediatric treatment results, and subsequent follow-ups—including this case—align with and reinforce these findings.

