

THE MYOBRACE SYSTEM™

MORE CHOICES

MYOBRACE®... No Problems!



Introduction

The MYOBRACE® is a new development in orthodontic treatment based on the time proven principles of the positioner concept. Incorporating the very latest CAD and dual moulding technology pioneered by Myofunctional Research Co, the MYOBRACE® features high-tech design characteristics to align the anterior dentition and the mandible into Class I.

The MYOBRACE® Appliance



- 1 INDIVIDUAL TOOTH SLOTS**
(NOT ON MBST™)
- 2 TONGUE TAG**
ACTIVELY RETRAINS THE TONGUE
- 3 DYNAMICCORE™**
ACTIVE ARCH DEVELOPMENT
- 4 SILICONE OUTER**
MAXIMUM COMPLIANCE



THE MYOBRACE® FEATURES TWO MAIN ELEMENTS: A SOFT FLEXIBLE OUTER AREA, AND DYNAMICCORE™ – A HARD INNER CORE. THE PRE-MOULDED ARCH FORM OF DYNAMICCORE™ PRODUCES ARCH LENGTHENING BY CORRECTING THE ANTERIOR ARCH FORM.

Patient Selection Information

This intra-oral appliance features individually-sized tooth slots and DynamiCore™, the active inner core enabling controlled arch development.

The MYOBRACE® is suitable for most children currently in the mixed or permanent dentition with mild to moderate malocclusions.

Motivation

Due to the nature of removable appliances, patient compliance is essential. Therefore it is important to only select motivated patients and parents. If motivation is a problem, it may be better to use conventional fixed brackets instead of the MYOBRACE®.

Age Selection

The MYOBRACE® can be used at any age – mixed or permanent dentition. The optimum age is during the eruptive and growth changes in the late mixed dentition. The longer the permanent dentition is in place, the less effective the MYOBRACE® will be. However, factors such as compliance, degree of myofunctional correction, and malocclusion all have an influence. The application of the MYOBRACE® will always improve dental alignment and treat myofunctional habits at any stage of development. Therefore individual assessment is necessary.

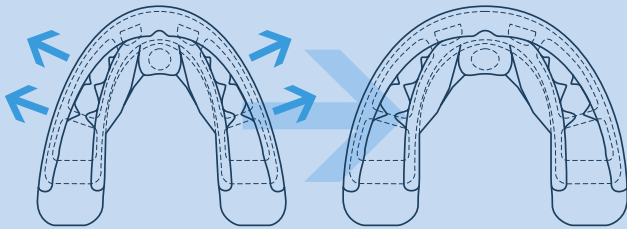
Design Objectives

The dental and orthodontic professions are already familiar with prefabricated positioners with individual tooth slots, made to align or retain the teeth. These removable appliances, such as positioners, aligners, pre-moulded appliances, and the various copies available have demonstrated varying effectiveness in recent years.

All these traditional appliances have a limiting factor: their construction from one base material. An overly hard appliance provides a good level of rigidity, but lacks comfort for the patient. A softer material provides flexibility and comfort for the patient, but lacks sufficient force for arch development and dental alignment.

The expensive fabrication processes involved with uniquely-moulded multiple-appliance systems means these for now are out of reach for many.

DynamiCore™



The DynamiCore™ produces positive arch development and tooth alignment. The dual mould design overcomes the problems associated with previous prefabricated positioners, allowing for better compliance and providing more actively functioning orthodontics. Also incorporated are the well-recognised myofunctional training characteristics from the Myofunctional Effect™.

MYOBACE® Starter

If cases are too severe to begin with the MYOBACE® – ie. more than 4 to 6 mm of crowding, or 4 to 5mm of overjet/overbite – difficulty of fitting may occur. For these cases, the MYOBACE® STARTER (MBS™) is available as a treatment option. The tooth slots (and therefore sizes) have been eliminated, and the inner core softened to give more flexibility.



MYOBACE® STARTER (MBS™) APPLIANCE:
AVAILABLE IN BLUE (SOFT) AND RED (HARD)

More Information

Which Malocclusion?

The MYOBACE® is suitable for the majority of mild to moderate malocclusions. An approximate guide for suitable cases is 4-6mm of crowding, and less than 5 mm of overjet-overbite in class II cases. Assess cases on an individual basis in terms of both age and compliance.

One of the basic criteria is that the patient's dentition fits into the MYOBACE®. If it cannot be kept in the mouth with the lips together, then other appliances need to be used prior to the MYOBACE®.

Treatment without braces

The MYOBACE® is designed to fill an active role in the conventional orthodontic age of eleven to fourteen for children who have a desire not to use brackets for routine orthodontic problems. The MYOBACE® effectively treats the causes of malocclusion, simultaneously providing myofunctional training, arch expansion and individual tooth alignment.

Most children prefer to be treated without brackets if possible.

Appropriate Cases



ARCH DEVELOPMENT



CLASS II



CROWDING

CASE STUDIES

FOR MORE INFORMATION VISIT:
WWW.MYORESEARCH.COM

Class II / Open Bite: Renee

DAY 1: TRAINER SYSTEM™ TREATMENT



AFTER 24 MONTHS OF USING THE TRAINER SYSTEM™



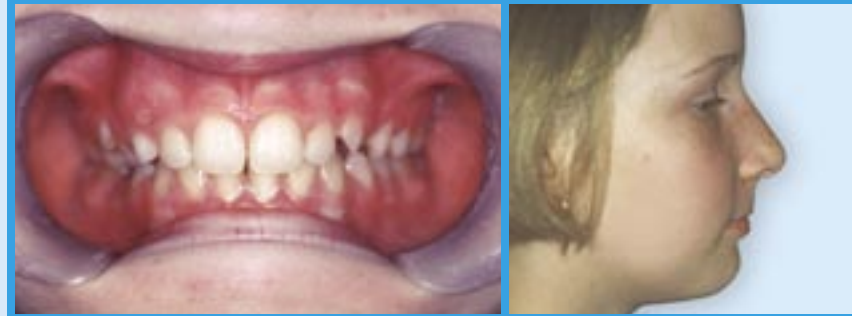
- Open bite is closed.
- Class II corrected.
- Arch development is apparent.
- Space loss and dental alignment are improved.
- The child's facial features more attractive.
- Note change in mentalis area.

Deep Bite: Jessica

DAY 1: TRAINER SYSTEM™ TREATMENT



AFTER 16 MONTHS OF USING THE TRAINER SYSTEM™



- Mandibular growth achieved by change in mode of breathing.
- Passive maxillary expansion achieved by change in tongue position plus bite opening.
- Considerable research shows, changing a child from mouth to nose breathing increases the horizontal growth of the mandible and normalises incisor position.

REFERENCES:

Mandibular and maxillary growth after changed mode of breathing*
Am J Orthod Dentofac Orthop 1991; 100:1-18.

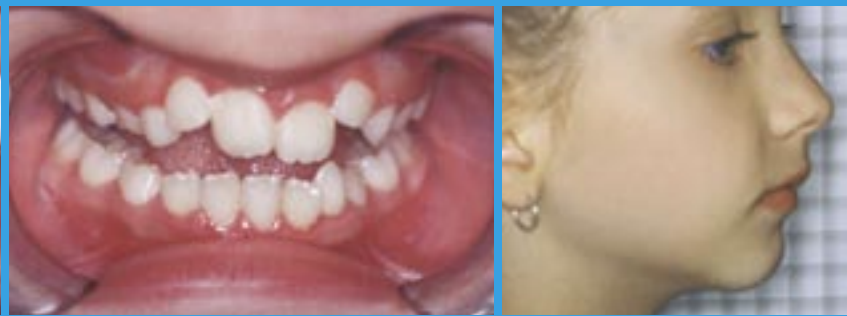
Normalization of incisor position after adenoidectomy†
Am J Orthod Dentofac Orthop 1993;103:412-27.

S. Linder-Aronson*, D.G. Woodside*, E. Hellsing†, W. Emerson†, A. Lundstrom*, and J. McWilliam*.

PLEASE REFER TO THE REFERENCES ON THE BACK COVER.

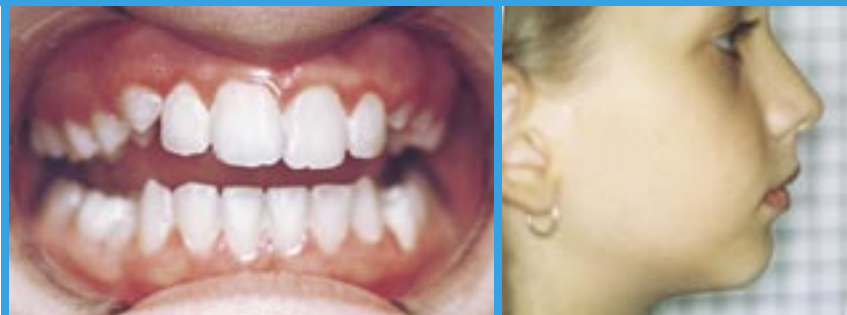
Crowding: Clare

DAY 1: TRAINER SYSTEM™ TREATMENT



- A case with very poor anterior alignment and lost “C” space lower right.
- The child’s parents had been advised that extraction of permanent pre-molars would be essential later.
- Note reverse lower arch curve from overactive mentalis giving crowded appearance.

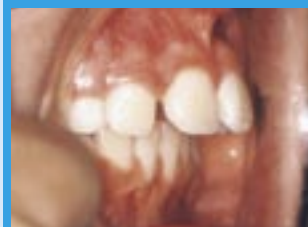
AFTER 15 MONTHS OF USING THE TRAINER SYSTEM™



- The TRAINER System™ program prevented the need for extractions by correcting the myofunctional habits.
- A difficult orthodontic case changed into a simple, non-extraction case by correcting an overactive mentalis.
- Note correct lower arch form and passive arch expansion eliminates crowded appearance.

Open Bite / Class II: Mary

DAY 1: TRAINER SYSTEM™ TREATMENT



DIAGNOSIS: Class II malocclusion (skeletal); tongue thrust; sagittal overbite (overjet 7mm); vertical open bite 2mm.

AFTER 12 MONTHS OF USING THE TRAINER SYSTEM™



- TRAINER System™ use discontinued in August 1997.
- No retention required.
- Class I occlusion with normal overbite and normal overjet.