

MYOBRACE® SYSTEM

“Why use braces when MYOBRACE® works better and costs less!”



The MYOBRACE® is a new concept in orthodontic treatment based on the time proven principles of the original positioner concept.

DESIGN OBJECTIVES OF THE MYOBRACE® SYSTEM

Removable appliances to correct orthodontic problems have been in use as long as braces. These have been in most common use in Europe and varied between those made in the laboratory with acrylic and wire, to prefabricated positioners of flexible material with slots for each tooth. These all suffered from disadvantages due to limitations of the materials used and generally had just a single function to widen the jaws or to align the teeth. Cooperation of the patient is also needed, and lack of compliance too often made them ineffective.

Multiple appliances combined with braces were often still needed. Direct bonded braces developed in the last 30 years seemed an easier option to most Orthodontists and Dentists.

The MYOBRACE® is a new concept based on these traditional removable appliances. It uses computer aided design and new patented dual moulding technology developed in Australia, which not only overcomes the problems of these older appliances from Europe, but also has incorporated the proven habit correction of the TRAINER System™. This makes it more effective.

MYOBRACE® APPLIANCE



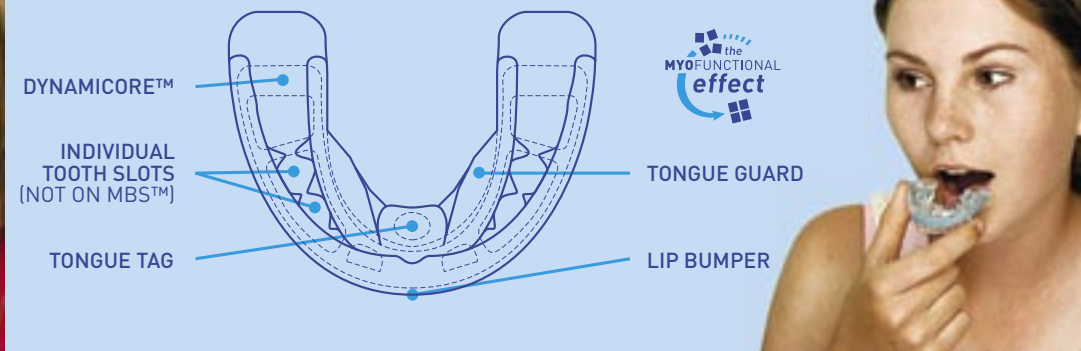
CUT-AWAY OF MYOBRACE® APPLIANCE



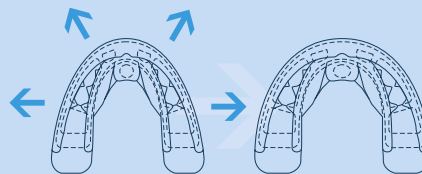
TECHNICAL INFORMATION

MYOBRACE® APPLIANCE FEATURES

The MYOBRACE® is designed to fill an active role in the common orthodontic age among children who have a desire not to use brackets for regular orthodontic work.



DYNAMICORE™



The MYOBRACE® features two main elements: a soft flexible outer area, and **DynamiCore™** – a hard inner core. The pre-moulded arch form of **DynamiCore™** produces arch lengthening by correcting the anterior arch form.

BRACES vs THE MYOBRACE® SYSTEM

The MYOBRACE® simultaneously develops the jaws, aligns the teeth and treats the tongue and oral muscular (myofunctional) habits which have caused the orthodontic problems. Required use therefore is just two hours daily, plus overnight while sleeping.

Braces straighten teeth very effectively and unlike the MYOBRACE® do not require patient compliance. However, because fixed braces cannot effectively develop the jaws, extraction of multiple permanent teeth is often required. Other problems such as enamel and root damage are common reported problems associated with full fixed braces.

Stability remains a problem, as research shows that when the braces and retainers are removed

the teeth most commonly crowd up again over time even if extractions of up to 8 permanent teeth are performed.

Because the MYOBRACE® treats the causes as well as the dental and jaw alignment, the results are more permanent, particularly if the treatment is started before the permanent teeth are all present in the mouth.



CASE STUDIES

ARCH DEVELOPMENT FOLLOWED BY THE MYOBRACE®

1 START OF TREATMENT



3 AUGUST 2004

2 BENT WIRE SYSTEM TREATMENT COMPLETE



8 FEBRUARY 2005

3 AFTER SIX WEEKS OF DAILY MYOBRACE® USE.



22 MARCH 2005

START



3 AUGUST 2004



8 FEBRUARY 2005



22 MARCH 2005

MOTIVATION

Due to the nature of removable appliances, patient compliance is essential. Therefore it is important for the patient and parent to be motivated as the system does require consistent daily use by the well-organised child. If motivation is a problem, it may be better to use conventional fixed brackets instead of the MYOBRACE™.

Patient and Parent motivation is important for success.

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, just as in all orthodontic treatment.

HOW IT WORKS

The MYOBRACE® has a soft silicone material with tooth slots to align each tooth and a harder inner core to actively develop the jaws, making more space for crowded teeth. In addition it has a tongue tag, lip bumpers and dual arch to re-train the tongue, lips and breathing pattern, which improves its effectiveness and helps the teeth to move into a permanent natural position with less chance of relapse.

The MYOBRACE® is designed to fill an active role in the orthodontic treatment for children and parents who want to avoid braces and extractions. The treatment works best when started BEFORE the permanent teeth come in between ages 9 and 11 years. (Late mixed dentition)

With daily use of 2 hours per day and overnight, the MYOBRACE® is a viable alternative to braces for most patients who are compliant. It can be combined with other appliances like the BENT WIRE SYSTEM and even fixed braces afterwards to obtain final tooth alignment in difficult cases if needed.



OPTIMUM AGE:
9 TO 11 YEARS

INSTRUCTIONS FOR USE

To be effective the MYOBRACE® must be used EVERY DAY for a minimum of two hours plus at night while sleeping. Use it while watching television, playing computer games, doing homework, and other similar activities. When finished, rinse the MYOBRACE® thoroughly under running water then place back into the container supplied. Remember to brush your teeth regularly to maintain good oral hygiene.

Your teeth will feel sensitive at first because they are starting to move. This is normal and goes away after a few days. If soreness becomes excessive, decrease application time, then increase to normal levels (2 or more hours during the day) when tenderness has passed. If irritation becomes a problem, consult your Dentist or Orthodontist.

Tips for best results with the MYOBRACE®

- Keep your mouth closed and lips together when the MYOBRACE® is in place.
- The tongue should touch the Tongue Tag at all times.
- The MYOBRACE® may fall out at night, which is normal, so persevere. If night-time use is not possible, increase daytime use.
- Both daytime and night-time uses are important for success. The longer you wear the appliance, the more effective it is. The minimum period of use is 6 to 12 months as advised by your Dentist or Orthodontist, and regular visits are important to monitor progress.



FAR LEFT:
MYOBRACE® REGULAR

LEFT:
MYOBRACE® MBN

THE MYOBRACE® MUST BE USED UNDER CLOSE PROFESSIONAL SUPERVISION. ASK YOUR DENTIST TODAY!



“I want a choice!”

MYOBRACE® APPLIANCE FEATURES

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



RESEARCH

Bresolin, D.D.S., M.S.D., Shapiro, P. D.D.S., M.S.D., Shapiro, G. M.D., Chapko, M.K. Ph.D., and Dassel, S. M.D. Brasilia, D.F., Brazil, and Seattle, Wash. – *Mouth breathing in allergic children: Its relationship to dentofacial development.* Am J Orthod. 1983 Apr;83(4):334-40.

Angle, E.H. Dr. – *The Treatment of Malocclusion of the Teeth.* Ed 7. Chapter 2. Saunders Philadelphia: 1907

Little, Riedel Artun – *Am J Ortho Dentofac Orthop.* May 1988

J. Mew – *Am J Orthod Dentofac Orthop.* Feb 1990.

Ram S. Nanda, DDS, MS, Phd, and Surender K. Nanda, DDS, MS. – *Considerations of dentofacial growth in long-term retention and stability: Is active retention needed?* American Journal of Orthodontics and Dentofacial Orthopedics April 1992

Otopalik, Brown H, DDS. – *Am J Ortho Dentofac Orthop.* Vol 113 No.6, June 1998

Quadrelli C, Gheorgiu M, Marchetti C, Ghiglione V. – *Early myofunctional approach to skeletal Class II.* Mondo Orthod 2002 2:109-122.

Usumez S, Uysal T, Sari Z, Basciftci FA, Karaman AI, Guray E. – *The effects of early preorthodontic Trainer treatment on Class II, division 1 patients.* Angle Orthod 2004 74:605-9.

Ramirez-Yañez, GO, Junior E, Sidlauskas A, Flutter J, Farrell C. – *Dimensional changes in the dental arches after using a pre-fabricated functional appliance.* J Clin Orthod (in submission) 2005a.



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