NEW ORTHOTIC TWIN BLOCK

Anti-Snoring • Bruxing • Clenching • TMJD





- ✓ Effective
- ✓ Comfortable
- ✓ Affordable
- ✓ Discreet
- ✓ Freedom for Speech
- ✓ Jaw Movement during REM
- ✓ Does not alter the Occlusion
- ✓ Triangular Delta Clasps optimum retention/minimal fracture

Construction Bite (with patient sitting or standing):
The patient's comfort/balance is an important determining factor.

 An incisal opening of 2-3mm is required to accommodate the lower anterior capping of acrylic

Mandibular Advancement:

Dental/Skeletal Class I: Generally 3mm of mandibular advancement along with 6-8mm of vertical opening in the lower 2nd bicuspid region. Dental/Skeletal Class II: Advancement of the mandible to an incisal edge to edge relationship along with 6-8mm of vertical opening in the lower 2nd bicuspid region.

- Comparison of a lateral ceph in CR to the construction bite position may allow you to document the improvement to the airway.
- The construction bite position may open the airway sufficiently while dropping the head of the condyles down/forward in their fossae providing healing space for the TM joint/disc. This position could eliminate/reduce SNORING, bruxing /clenching during sleep.







CAUTION: Sleep Apnea can be a life threatening condition. DO NOT attempt to treat a Sleep Apnea patient with any dental oral appliance without instructions by an MD in Sleep Disorders Medicine.



Patients with weak musculature:

Hooks are incorporated to allow placement of 5/16" 2 ½ ounce inter-arch elastics. The elastics are generally required for the first three months.

The Orthotic Twin Block™ should be worn one hour prior to sleep for the first two weeks for patient acceptance.

TWIN BLOCKIM FUNCTIONAL THERAPY

Applications in Dentofacial Orthopaedics by Dr. William J Clark, Orthodontist Professor Dr. T. M. Graber - Chapter 20 "Adult Treatment" Foreword

"It is well known that forward posturing of the mandible has a beneficial effect in most TMD patients."

RIDEAU ORTHODONTIC MFG. LTD.

69 Beckwith Street North • Smiths Falls, ON K7A 2B6
1-800-267-7982 • www.orthodontic.ca • orthodontic@orthodontic.ca
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