

TWIN BLOCK



The Twin Block™ is worn
24/7 (including meals)
for approximately nine months.

Indications for Twin Block™ Treatment:

- Permanent dentition— lower 1st bicuspid must be fully erupted for appliance retention
- Anterior/Posterior Correction
- Advancement of the pre-maxilla and/or Mx Transverse Expansion
- Increase vertical (deep bite)
- Snoring or Sleep Apnea (no expansion screws)

Appliance Modifications Available:

- **Standard Two Screw:** Arch Width
 - **“Optional” Three Screw:** Pre-maxilla, Transverse, Increasing Arch Length
- ✓If you have performed 2nd molar replacement, request a labial bow to prevent distalization of the Mx posterior quadrants.
- For additional anchorage, acrylic coverage over Mx 2nd molars for non-extraction treatment requiring pre-maxillary development.

COMBINED FIXED/FUNCTIONAL TREATMENT

Delta clasps can be fabricated to accommodate simultaneous fixed bracket therapy to expedite treatment as presented in [Dr. James Broadbent's CE DVD](#).

Laboratory Requirements:

- Upper and lower stone casts
- Construction bite open 4 1/2 mm in the lower bicuspid region in ideal class I bilateral cuspid and molar relationship with skeletal midlines concurrent
- Bite must be open 3 1/2 mm incisally with the skeletal midlines concurrent.

Note: A George Gauge is not recommended for a Twin Block construction bite since it tends to open the posterior region too excessively.

Fabrication Improvements:

- Acrylic appliances are reinforced with wire mesh or Kevlar to reduce fracture.

Compliance Issues:

- Improve retention by placing a **resin wash** to create an undercut for the circumferential clasps on the lower 1st deciduous molars (**illustrated**).
- Consider bonding the non-activated appliance in place for the first week.
- Rough up the occlusal pads to aid in mastication. Request rugae for the upper appliance to improve speech.

Case Presentation Link

Online Publication:
COSMETIC TWIN BLOCK MANUAL

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E&OE