

NOTICE TO DOCTORS FOR:



The Pre-orthodontic Trainer™

Children in the mixed dentition have a tendency to chew and brux the T4K™. Although the appliance instructions inform the patient to avoid chewing, many still do, causing damage to the Trainer™. Older children do not seem to have this problem.

BACKGROUND OF MATERIAL

The Soft Pre-Orthodontic Trainer™ (T4K SOFT TRAINER) is made from medical grade material, which has been used throughout the MRC TRAINER SYSTEM for its well recognised biocompatibility and excellent patient compliance. This is the hardest grade of silicone rubber available, but will eventually split if heavily chewed upon.

Minimize this occurring by following the instructions below.

Always instruct patients: “Do not chew on the TRAINER”

When fitting the T4K SOFT TRAINER, Doctors must instruct patients: **Do not chew on the TRAINER.** Instructions are also on the container boxes and instruction cards, and in your manual. Ensure the child reads this on issue of the appliance.

Do not use the T4K SOFT TRAINER on a child with signs of being a bruxer.

WHEN PRESENTED WITH THE PROBLEM OF A CHILD SPLITTING THE TRAINER™

The T4K SOFT TRAINER uses a silicone material that does split if chewed excessively. Otherwise, it is the best material available.

The treating Doctor needs to consider how long the child has been using the TRAINER when splitting or chewing problems first become apparent.

It is not uncommon with regular daily use for the signs of splitting to occur. In these cases you can either issue and charge for another T4K SOFT TRAINER, or progress to the T4K HARD TRAINER (red/pink), again with an appropriate charge. If the teeth are still badly aligned, it is better to continue with the T4K SOFT TRAINER.

CHANGE OF TREATMENT PLAN

If you notice deterioration occurring in less than three months, it is often advisable (although not ideal) to issue the T4K HARD TRAINER, as it is likely the child is heavy bruxer or chewer.

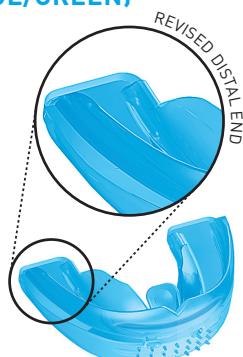
T4K™ DEVELOPMENT

T4K HARD TRAINER (RED/PINK)

A number of Doctors felt the T4K HARD TRAINER (made from polyurethane) was too hard for their patients. In 2004 the T4K HARD TRAINER was updated with features already on the silicone T4K SOFT TRAINER. This updated design features wider tooth channels, and a more flexible and smoother finish putting less pressure on the anterior teeth. To further improve acceptance of the T4K HARD TRAINER, front breathing holes have been added.

T4K SOFT TRAINER (BLUE/GREEN)

Our successful T4K SOFT TRAINER has been the same design since 1991. Now MRC has modified the distal ends to make the T4K more resistant to chewing. This should alleviate the most common area of splitting caused by excessive chewing. It is also expected that by altering this area, the child will have fewer tendencies to begin chewing the appliance.



It is suggested to phase in the T4K HARD TRAINER by introducing it for day use (1 to 2 hours), while continuing with the T4K SOFT TRAINER at night for two to three months.



**MYOFUNCTIONAL
RESEARCH CO.**
www.myoresearch.com
a BETTER way

AUSTRALIA - HEAD OFFICE info@myoresearch.com
PO Box 14 Helensvale Queensland 4212
Tel: 61 7 5573 5999 Fax: 61 7 5573 6333

EUROPE info@myoresearch.nl
PO Box 718 5140 AS Waalwijk The Netherlands
Tel: 31 416 651 696 Fax: 31 416 652 745

USA RAINTREE ESSIX raintree@essix.com
4001 Division Street Metairie Los Angeles 70002 USA
Tel: 1 888 666 2807 Fax: 1 888 313 4824