ORAL APPLIANCES

Simplifying Orthodontic Treatment with The TRAINER™ Appliance System



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Early treatment using The T4K Pre-Orthodontic TRAINERTM

For many years now, I have been treating children in the mixed dentition with The T4K Pre-Orthodontic TRAINERTM. This appliance is worn all night every night and an hour a day every day with the lips kept together.



In my experience the appliance reliably and consistently improves the myofunctional patterns of the peri-oral musculature; tongue posture and nasal breathing. The improved muscle patterns guide the teeth into an improved position as well as improving arch form, arch size, arch relationship and facial appearance.

The TRAINER[™] appliances work very differently to other removable appliances. Most appliances apply pressure to the teeth, which in turn apply pressure to the alveolar bone thus moving teeth and improving arch form. The T4K Pre-Orthodontic TRAINER[™] modifies the oral musculature and the improved musculature moves the teeth and modifies arch form.

Soft Tissue Dysfunction Syndrome

The force required to move a tooth is very small, however, the forces applied to the teeth by the muscles of the lips and the tongue can be very large in an aberrant swallowing pattern.

We swallow about two thousand times a day. In the normal swallowing pattern the tongue should be in contact with the roof of the mouth and there should be no muscle activity of the peri-oral muscles at all. In the aberrant swallowing pattern it has been estimated that the lower lip can apply a force of 100-300 grams

and the tongue up to 500 grams against the teeth. The T4K TRAINERTM works by redirecting these forces. It is incorrect muscle patterns that move teeth into a malocclusion and once corrected, the muscles help move the teeth into a better occlusion.

I have treated many children in the mixed dentition with The T4K TRAINERTM and have displayed the results to dentists and orthodontists throughout the world.

A new TRAINERTM Appliance

Recently I started using a new appliance, The T4A TRAINER for AlignmentTM.

This appliance is similar to the T4KTM except it is designed for the permanent dentition, however, once the child has



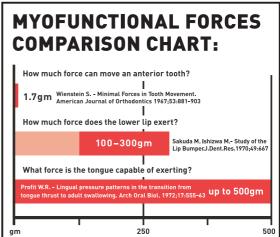
Myofunctional Training

- 3. Tongue Tag for the correct positionig of the tongue tip
- as in myofunctional and speech therapies.4. Tongue Guard stops tongue thrusting when in place and encourages the wearer to breathe through the nose.
- Lip Bumpers discourage overactive lip muscle activity.

Jaw Positioning

6. Correct Jaw Position is produced when in place by preventing mouth breathing and tongue thrusting.

stopped growing there is no chance of changing the growth pattern. The T4A TRAINERTM has a limited ability to



increase arch width in the permanent dentition by itself and can be used simultaneously with other arch development appliances.

I would not expect to get such large changes in tooth position using The $T4A^{TM}$ in the permanent dentition as I do with the $T4K^{TM}$ in the mixed dentition, but I have been able to

change the myofunctional patterns at any age with these appliances.

I use The T4A TRAINER for AlignmentTM in cases of mild crowding, particularly lower anteriors and use it as part of my retention programme. It can be worn over a lower, fixed lingual retainer and over an upper, vacuum adapted retainer.

It will modify and improve muscle patterns to balance the corrected occlusion.

Stability post-orthodontic treatment

The stability of arch expansion in the maxilla and lower anterior arch lengthening is enhanced after correction of tongue position

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and function, plus the correction of mouth open posture.

These contributing factors to the malocclusion which other orthodontic techniques overlook can be successfully treated by The TRAINERTM Appliance System.

A Treated Case - 2002

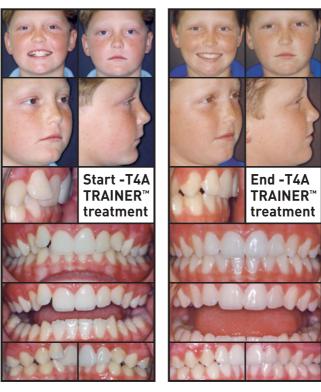
Before treatment, this patient had a Class II Division 2 pattern with retroclined upper incisors, a deep Curve of Spee and instanding lower molars. The upper right lateral incisor was rotated and inclined buccally and the lower midline was to the left.

This is consistent with the tongue resting inbetween the posterior teeth and behind the lower anterior teeth. During the subconscious swallow the buccinator muscle will contract

so the buccal mucosa will contact the lateral border of the tongue to make the seal required to swallow.

After treatment with The T4A TRAINER for AlignmentTM the incisors have proclined, the overbite has reduced, the midlines are now coincident and the Curve of Spee has flattened and the upper arch has developed.

This dental pattern is consistent with



the tongue resting and functioning in the palate with no peri-oral muscles and no buccinator muscle activity on the subconscious swallow.

During treatment The T4ATM postures the mandible forward, rather like a Bionator or Twin Block. As a result there has been a Class II skeletal correction with the mandible coming forward and the cranium moving back. This also helped to align the dental midlines.

The upper right lateral incisor is still not perfectly aligned and I am discussing with parent and child the option of improving this with a fixed appliance.

Summary

The T4A TRAINER for AlignmentTM was used in the permanent dentition for one year. Records were taken at the start and finish. The myofunctional patterns were improved; the tongue learned to rest and function in the palate and a lip seal developed.

Changes were noted in arch shape, size and relationship, tooth position and facial appearance.

There was good compliance by the patient and The $T4A^{TM}$ was worn all night

every night plus and hour a day every day with the lips together.

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