



RESEARCH REFERENCES

THE TRAINER AND MYOBACE® SYSTEMS

Since the time of Dr Edward Angle, 100 years of research published in thousands of articles has proven that tongue position and function, plus mode of breathing and mouth breathing cause poor facial growth and malocclusion. More recently, published articles relating to MRC's appliances have proven their effectiveness in treating varying malocclusions.

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Abstract One

“The influence of the lips in modifying the form of the dental arches is an interesting study, and almost every case of malocclusion offers some noticeable and varying manifestation of it”. In speaking of the upper and lower lips- “this force is exerted automatically in response to almost every emotion, and results in maintaining the teeth in harmony with the graceful and beautiful curve of the normal individual arch In case of malocclusion, strikingly, characteristic abnormalities in lip function are often noticeable, leading to the suspicion that more often than is recognized, the peculiarities of lip function may have been the cause of forcing the teeth into the malpositions they occupy”.

- Dr. E.H. Angle - The Treatment of Malocclusion of the Teeth Edition 7. Chapter 2. Philadelphia: 1907.

Abstract Two

- American Journal of Orthodontics - Dentofacial Orthopedics Vol. 113 No. 6 June 1998

1. Readers Forum: page 14A

It has been observed that with cases of this type, treatment can be successful but retention very questionable. Muscle factors, tongue position, and function all play a great part and can lead to eventual change or recurrence of the original problems. My observation over the years has been that change is the only constant factor and that to expect complete long term stability is not possible. Let us hope that this muscle adaption to the new environment is satisfactory.

H. Brown Otopalik, DDS

Page 15A

“I would like to thank Dr. Otopalik for his generous comments regarding the case I presented in the December 1997 issue of the American Journal of Orthodontics an Dentofacial Orthopedics (1998;113:589-95).

I agree with his concerns about muscle and tongue position and function.

With every orthodontics case, long term stability has been a major concern for any clinical orthodontist.

Jeryl D. English, DDS, MS

Readers Forum: Page 15A

to Dr. Graber

"It also stands clear to me that we are still focusing on the tip of the iceberg. Have you realized that, even with the use of orthopedic and functional appliances, the main goal is still "straightening of the teeth?". The aim is still moving teeth, the tip of the iceberg. But, what about the ice below the ocean level, which counts for more than 90% of the iceberg mass?

What about all those muscles, soft tissue, nerves, tendons, bones etc. underneath the teeth?".....

Marcos Nadler Gribel, DDS

2. Page 603

Nasal Obstruction and Facial Growth: The Strength of Evidence for Clinical Assumptions

"The orthodontic relevance of nasorespiratory obstruction and its effect on facial growth continues to be debated after almost a century of controversy. If both data and untested popular beliefs are subjected to the same rigorous criteria, indications for the orthodontic management of patients with nasorespiratory obstruction may gain a more rational approach to treatment recommendations". (Am J Orthod Dentofacial Orthop 1998;113:603-11)

Katherine W.L. Vig, BDS, MS, FDS, DOrth

3. Page 625

Unexpected Temporomandibular Joint Findings During Fixed Appliance Therapy

"This small study seems to suggest that temporomandibular joint signs and symptoms are changing inconsistent, and ephemeral in many orthodontic patients regardless of the treatment mechanics". (Am J Orthod Dentofacial Orthop 1998;113:625-31)

Albert H. Owen III, DDS, MSD

4. Page 687

"After we remove the braces, must we retain for life or risk becoming part of the 90% failure rate?"

To create a difference, we must have the audacity to retrace our steps, bring together all interested persons, and have the courage to build and confront differences. The truth is not a truth of preference, but a truth that will set the wheel in motion to negotiate a more realistic approach to counteract the relapse phenomenon."

Prof. Marc Saadia, DDS, MS, and Roberto Valencia, DDS.

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