

The majority of our children have a malocclusion.
Optimum growth and development is the primary concern for every parent.



The Trainer System™

Myofunctional correction and treatment
of malocclusion for children of all ages.

Presented by:



**MYOFUNCTIONAL
RESEARCH CO.**

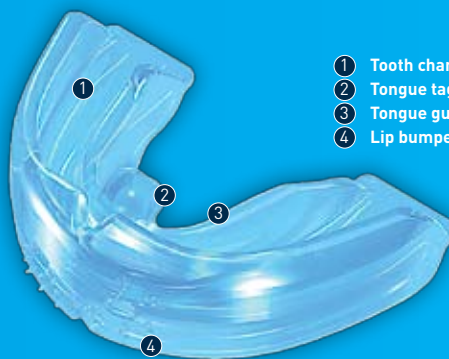
INNOVATIVE DENTAL APPLIANCE
TECHNOLOGY AND EDUCATION

www.myoresearch.com

The Trainer System™

Habit correction and tooth alignment for the growing child.

The *Trainer System*™ are single size, prefabricated dental appliances that incorporate both myofunctional and tooth positioning characteristics. No impressions, no moulding and no fitting is required. Phase I (soft) appliances are more flexible in order to adapt to a wide range of malocclusions. Phase 2 (hard) appliances usually follow after 5 to 8 months of Phase I use and achieve better tooth alignment.



- ① **Tooth channels** – align anterior dentition.
- ② **Tongue tag** – trains the correct tongue position.
- ③ **Tongue guard** – prevents tongue thrusting.
- ④ **Lip bumpers** – discourage overactive mentalis.

Used 1-2 hours per day plus overnight

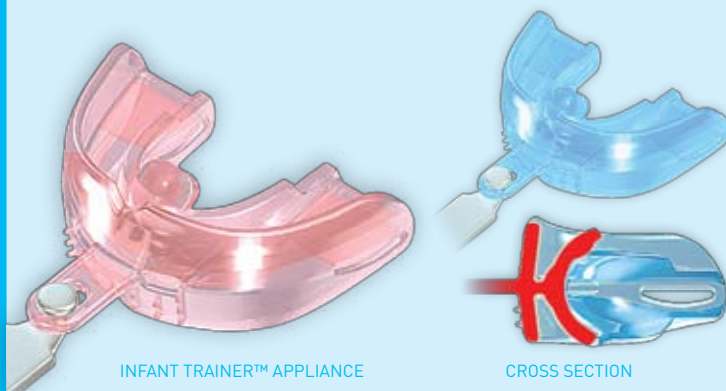
All **MRC** appliances train the correct tongue position, stop mouth breathing and align the jaws into Class I.



Ages
2 to 5

PRIMARY
DENTITION

infant
TRAINER™



INFANT TRAINER™ APPLIANCE

CROSS SECTION

Infant Trainer™

The *Infant Trainer*™ is a single-size appliance that actively encourages patients in the primary dentition to chew correctly and exercise jaw muscles. Most importantly, the *Infant Trainer*™ encourages nose breathing, and trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct facial, jaw and dental growth depends strongly on all of these factors.

Ages
5 to 8

EARLY MIXED
DENTITION

T4K®



T4K® PHASE 1 SOFT

CROSS SECTION

T4K® PHASE 2
HARD

T4K® (Pre-Orthodontic Trainer for Kids™)

The *T4K*® is most effective in the early-mixed dentition while the permanent anterior teeth are erupting. The myofunctional design characteristics treat the causes of malocclusion. The tooth and jaw guidance design features improve dental and jaw alignment. Arch development is also achieved by positioning the tongue correctly in the maxilla.

Ages
8 to 12

PERMANENT
DENTITION
WITH FIXED
ORTHODONTICS

T4B™



T4B™ APPLIANCE

T4B2™ CROSS SECTION

T4B2™ APPLIANCE

T4B™ (Trainer for Braces™)

The *T4B*™ improves comfort and stability in fixed orthodontics. It prevents soft tissue trauma from braces, retracts the oral musculature, and treats TMJ disorder.

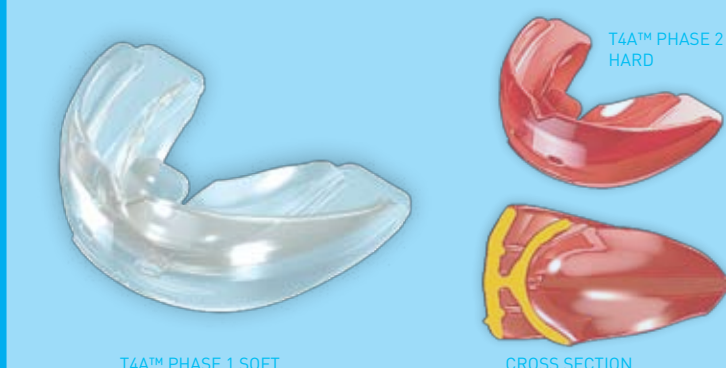
T4B2™ (Trainer for Braces Class II™)

The *T4B2*™ is thicker and more robust than the *T4B*™ and corrects more severe malocclusions (Class II) and tongue thrust habits. The higher sides greatly improve retention and correct mouth breathing.

Ages
12 to 15+

PERMANENT
DENTITION

T4A™



T4A™ PHASE 1 SOFT

CROSS SECTION

T4A™ PHASE 2
HARD

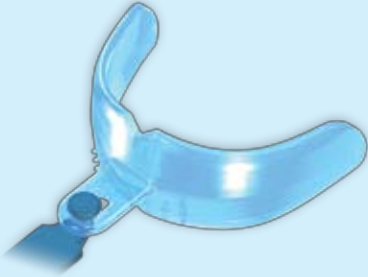
T4A™ (Trainer for Alignment™)

The *T4A*™ is best suited to patients 12 to 15+ years of age in the early stages of the permanent dentition. The *T4A*™ can be used as a myofunctional retainer for patients that have recently had fixed orthodontics and do not wish to have permanent bonded retainers fitted. It is also useful for treating minor relapse cases without re-fitting full fixed orthodontics.

Complementary Appliances

Ages 5 to 15+

SUITABLE FOR ALL DENTITIONS



Lip Trainer™

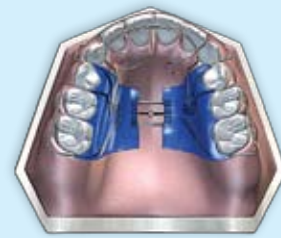
The *Lip Trainer™* is used with other *MRC* appliances to improve lip seal and strengthen lip muscles. Suitable for all ages.

Ages 8 to 15+

MIXED DENTITION – BOOSTING ARCH LENGTH



BWS™: The *Farrell Bent Wire System™* (*BWS™*) is a light-wire appliance that produces arch development when used in combination with *MRC*'s appliances (from both the *Trainer* or *Myobrace®* systems). It is particularly effective in gaining anterior arch expansion.



Biobloc: A narrow arch form in the mixed dentition requires arch expansion which creates more room for the tongue and allows all of *MRC*'s appliances to work more efficiently. One disadvantage of the *Biobloc* is that it occupies the tongue space and cannot be used simultaneously with the *MRC*'s appliances.

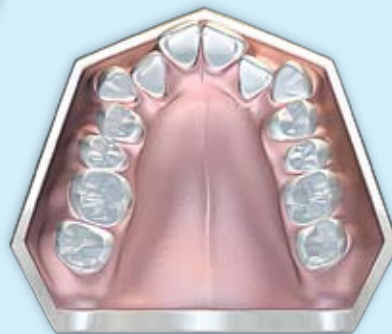
Soft Tissue Dysfunction affecting dental and facial development

75% of our growing population are already showing signs of malocclusion and incorrect facial development.



What are the causes?

Soft tissue dysfunction (habits including mouth breathing, incorrect tongue position and function and incorrect swallowing activity) restricts forward development of the jaws and face, leaving insufficient space for the teeth. Correcting these poor habits improves general health and allows children to develop properly and reach their full genetic potential.



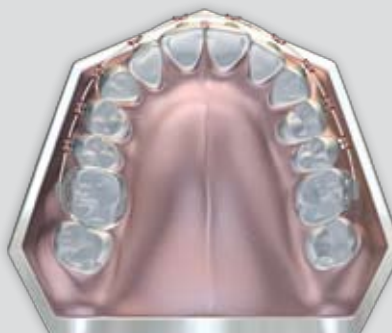
Incorrect tongue position restricts development of the maxilla causing crowding.



Reverse swallow restricts mandibular development causing crowding.

Limits of Orthodontic Treatment with Braces

The orthodontic profession now recognises that although braces can align teeth effectively, **permanent retainers** will be needed to maintain this alignment for life. There is also no guarantee that further orthodontic treatment will not be needed later in life. This is no longer acceptable to many parents with children who require orthodontic treatment.



Treatment with braces.



Permanent fixed retainer.

Getting Started with MRC's Appliance Systems



1. Doctor Education

Take the time to learn new techniques that will allow you to treat more than just malocclusion. Use *MRC's* website myoresearch.com to start to learn more about the appliance systems and their patient applications, and to learn the basics of soft tissue dysfunction. Attending one of *MRC's* comprehensive two-day seminars will equip you with a higher level of diagnostic and treatment skills. For more information on *MRC's* seminars visit myoresearch.com/courses

2. Staff Education

Your clinical staff can assist you to perform many of the procedures in the *MRC* Appliance program. Since a great part of the treatment is focused on providing the parents and patients with education and working on patient motivation, *MRC* can assist in educating your staff on patient education and correct appliance use. **Talk to an *MRC* representative about the educational tools available to help train your staff.**

3. Parent Education

Parents want the best for their children, in both education and health. Most children have myofunctional problems that cause poor facial growth and malocclusion. Once parents are made aware of these problems and understand the potential health benefits associated with myofunctional therapy, they want treatment for ALL their children. **For more information on *MRC's* approach to parent education visit myobrace.com.**

4. Patient Education

Treatment success depends on the patient correcting their own poor myofunctional habits, allowing them to develop properly and to reach their full genetic potential. *MRC's* new educational material directly educates children and ensures that they understand that their poor myofunctional habits are their problems to solve. This approach vastly improves motivation and compliance and produces treatment outcomes that exceed previous expectations.

5. Treatment Goals

The patient's treatment goals go further than just having straight teeth. These must be clearly defined to parents and patient:

- Breathing through the nose.
- Lips together at rest.
- Correct tongue position.
- No overactivity of the lower lip muscles when swallowing.
- Optimal facial development.
- Class I occlusion.
- Straight teeth.
- No retainers required.

6. Compliance

MRC has eliminated issues of compliance by developing effective educational media to motivate and encourage the child.

The child's steps are:

- Use the *Trainer* for 1-2 hours each day plus overnight while sleeping.
- Associate use with other regular daily activities.
- Regular daily use – every day use is essential.
- Lips together at all times, except while speaking.
- Monthly visits to monitor progress.

7. Financial Gain

Integrating *MRC's* world-leading appliances and educational materials into your practice can produce a healthier and brighter future for both your patients and your practice. Most children have a malocclusion and the traditional orthodontic approach does not treat the problems that cause the malocclusion, with most cases requiring permanent retention after de-banding.

Correcting mouth breathing and incorrect swallowing improves dental and facial development and improves the overall health of the patient. This high demand treatment can be mostly delegated to your staff and whole families can be treated simultaneously. *MRC's* approach increases practice revenue without requiring excessive chair-side time.



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