Getting Started with MRC 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 All Systems CD-ROM to start to learn more about the appliance systems and their patient applications, and continue to browse the website for more comprehensive two-day seminars. MRC seminars will equip you with a higher level of diagnostic and treatment skills. For more information on MRC’s seminars visit myresearch.com/seminars.

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 success is related to the cooperation of patients and parents with education and working as patient motivators, 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. Optimal treatment and education must be provided to your patients and their families. 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, visit myresearch.com.

4. Patient Education
   Treatment success depends on the patient changing some oral habits and 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 these poor myofunctional habits are their problems to solve. This approach vastly improves motivation and compliance and prevents treatment outcomes that exceeded previous expectations.

5. Treatment Goals
   The patient’s treatment goals go far 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.
   - Muscles when swallowing.
   - Lips together at rest.
   - Breathing through the nose.
   - Correct tongue position.
   - No overactivity of the lower lip.
   - Lips together at all times, regular daily use – every day use is essential.

6. Compliance
   MRC has eliminated issues of compliance by developing an effective educational media to motivate and encourage the child. The child’s steps are:
   - Use correct tongue position and function and incorrect swallowing.
   - Incorrect facial development.
   - Myofunctional habits, allowing them to develop properly and reach their full genetic potential.

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, withixed 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 easily delegated to your staff and whole families can be treated simultaneously. MRC’s approach increases practice revenue without requiring excessive chair-side time.

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?

1. Soft Tissue Dysfunction
   affecting dental and facial development

- Soft Tissue Dysfunction (habits including mouth breathing, incorrect tongue position and function and incorrect swallowing) restricts forward development of the jaws and face, incorrect tongue position and function and incorrect swallowing.

- Soft tissue dysfunction (habits including mouth breathing, incorrect tongue position and function and incorrect swallowing) restricts development of the maxilla causing crowding.

- Soft tissue dysfunction (habits including mouth breathing, incorrect tongue position and function and incorrect swallowing) restricts development of the mandibular development.

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The **TRAINER System™**

Habit correction and tooth alignment for the growing child.

The TRAINER System™ is a single size, plastic-functional dental appliances that incorporate both myofunctional and tooth positioning characteristics. Its innovations include moulding and labiotubing to ensure Phase I tooth movement is more flexible in order to adapt to a wide range of malocclusions. Phase II treated appliances usually follow after 6 to 12 months of Phase I use and achieve better tooth alignment.

**Phase I (Soft) Appliances**

Appliances that incorporate both myofunctional and tooth positioning characteristics. The infant trainer™ encourages correct front jaw breathing, trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct jaw, face and growth development very strongly depend on all of these factors.

**Phase II (Hard) Appliances**

Harder appliances are more suitable for patients that have recently had fixed orthodontics and do not wish to have permanent bonded retainers fitted. Orthodontics and do not wish to have permanent bonded retainers fitted. Relapse cases without re-fitting full permanent bonded retainers fitted.

**The Infant Trainer™**

An infant trainer™ is a single-size appliance that actively encourages patients to breathe through the nose, create front jaw breathing, and exercise jaw muscles. Most importantly, the infant trainer™ encourages correct jaw breathing, and trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct jaw, face and growth development very strongly depend on all of these factors.

**The T4A™ (Trainer for Alignment)**

The T4A™ is best suited to patients younger than the T4B™ and corrects more severe malocclusions (Class II and tongue thrust habits). The higher sides greatly improve retention and correct mouth breathing.

**The T4K® (Phase I Use)**

The T4K® is a single-size appliance that actively encourages patients to breathe through the nose, create front jaw breathing, and exercise jaw muscles. Most importantly, the T4K® encourages correct jaw breathing, and trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct jaw, face and growth development very strongly depend on all of these factors.

**The T4B™ (Phase II Use)**

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

**The T4B2™ (Phase II Use)**

The T4B2™ is 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.

**The T4K® (Phase I Use)**

The T4K® is a single-size appliance that actively encourages patients to breathe through the nose, create front jaw breathing, and exercise jaw muscles. Most importantly, the T4K® encourages correct jaw breathing, and trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct jaw, face and growth development very strongly depend on all of these factors.

**The T4A™ (Trainer for Alignment)**

The T4A™ is best suited to patients younger than the T4B™ and corrects more severe malocclusions (Class II and tongue thrust habits). The higher sides greatly improve retention and correct mouth breathing.

**Infant Trainer™**

The Infant Trainer™ is a single-size appliance that actively encourages patients to breathe through the nose, create front jaw breathing, and exercise jaw muscles. Most importantly, the Infant Trainer™ encourages correct jaw breathing, and trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct jaw, face and growth development very strongly depend on all of these factors.

**The T4K® (Phase II Use)**

The T4K® is a single-size appliance that actively encourages patients to breathe through the nose, create front jaw breathing, and exercise jaw muscles. Most importantly, the T4K® encourages correct jaw breathing, and trains the patient to swallow and position the tongue correctly. Research clearly illustrates that correct jaw, face and growth development very strongly depend on all of these factors.

**Lip Trainer™**

The Lip Trainer™ is used with other MB™ appliances to improve lip seal and strengthen lip muscles. Suitable for ages 5 to 15.

**Braces**

The Farrell BENT WIRE System™ (BWS™) is a light-wire appliance that produces arch development in conjunction with MRC appliances and features DynamiCore™, DynamiCore™ produces arch development and MXC™ appliances and features DynamiCore™.

**The MRC™ System**

The MRC™ System incorporates arch wire form and aligns anterior teeth. Note facial improvement from corrected tongue position.

**Case Study**

**Before**

- W-shapped upper and flattened lower arch with form producing upper and lower anterior crowding.

**After**

- Straight upper and flattened lower arch with form producing upper and lower anterior crowding.

For more cases, please visit www.myoresearch.com