

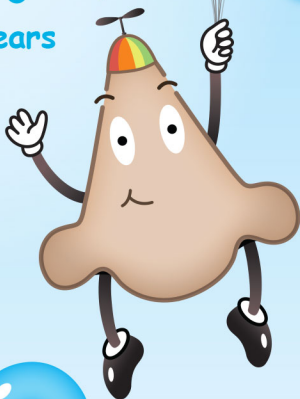
myobrace®

FOR KIDS WITH
DYSFUNCTIONAL BREATHING

mixed
Dentition

6-10 years

USE FOR
ONE HOUR
EVERY DAY
AND WHILE
SLEEPING



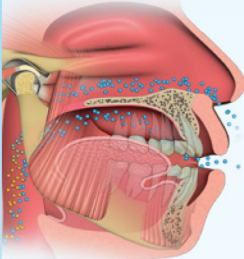
Ko
Breathing

Transitioning from mouth to nose breathing.

www.myobrace.com

PATENTS AND PATENTS PENDING, FOR MORE INFORMATION VISIT MYORESEARCH.COM

Mouth breathing causing growth, health and orthodontic problems



Children who breathe through their mouth are most likely to have experienced poor jaw development during their growth years, which leads to crowded teeth and orthodontic problems.

Traditionally, orthodontists would wait until all the permanent teeth are present and align the teeth with braces. This approach often begins to relapse as soon as the completion of treatment, even if retainers are used for life. The medical profession now recognises that these patients also have sleep disorders, which cause many health problems later in life.

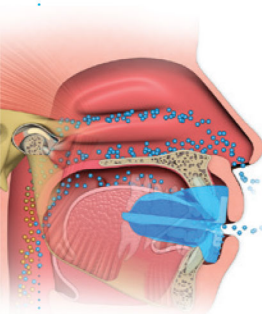
Recognising Breathing Disordered Sleep - BDS

- Chronic mouth breathing and open mouth posture
- Snoring more often than once per week
- Noisy breathing during the day
- Restless sleep most of the time
- Waking up many times at night
- Fatigue in the morning
- Poor attention at school
- Stopping breathing at night
- Underdeveloped upper jaw and retruded lower jaw.

Although you may have brought your child to the Dentist to have their orthodontic problems evaluated, the treating Dentist may have diagnosed more serious breathing disorders.

Myobrace® for Kids with dysfunctional breathing

Children who are evaluated by a Myobrace® practitioner are screened for possible sleep disorders. This is now a directive from the World Dental Federation (FDI), the American Dental Association (ADA) and American Association of Orthodontists (AAO).



While MRC has developed the Myobrace® system to promote jaw growth and naturally align teeth, it has always included evaluation of breathing as a priority and the first treatment goal.

Children who have more severe breathing and sleep-related symptoms may have a restriction of their airway or, more commonly, an easily collapsible airway.

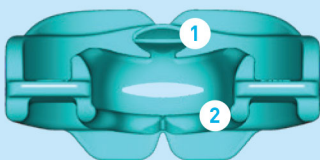
The *K0* has a unique feature which allows mouth breathing and aids in the transition to nose breathing during the day and over time, at night. It also improves the airway during sleep while still allowing mouth breathing, which is an essential feature for children with sleep disorders. Treatment time with the Myobrace® *K0* varies based on the severity of the problem and the child's biological adaptability to correct their breathing and myofunctional dysfunction.

Treatment success with the *K0* will mean airway function and correct breathing are established and progression to the Myobrace® *K1* appliance is achieved without restricting the airway. In addition, Myotalea® (active myofunctional appliance) can be used to strengthen the lips and tongue while also treating muscles to improve airway function.

Myobrace® for Kids - unique design features

The *Myobrace*® *K0* is a new appliance specially designed for the mouth breathing child who shows signs and symptoms of Breathing Disordered Sleep - BDS. The *K0* has specific design features to:

- Open the airway to facilitate better breathing
- Transition from mouth to nose breathing
- Correct tongue resting position and improve tongue strength
- Improve retention for patients who are chronic mouth breathers

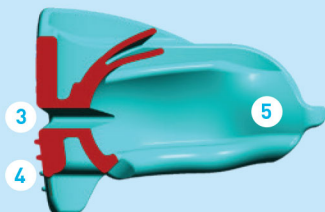


1. Active tongue tag to exercise the tongue muscles.

2. Tongue elevator raises tongue to correct position.

3. Mouth breathing aperture with *MYOVOSA*®.

4. Lip bumpers retrain the lip muscles to stop jaw being pushed back into the airway.



5. Thicker base over the back teeth to open the airway.



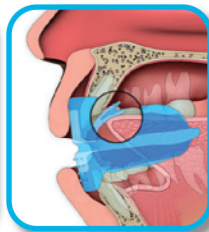
MYOVOSA® Variable Opening Sleep Aperture

Directions for use:

The *K0* is to be used prior to the *Myobrace*® *K1* and is initially used as a daytime only appliance to allow mouth breathing. However, when closing down on the front *MYOVOSA*® hole, breathing is transitioned to the nose. When the child feels they need to breathe through the mouth, they simply stop biting down and the *MYOVOSA*® aperture opens to allow mouth breathing. Repeat this step during the 1-hour daily use for 1-2 weeks and wear during the night while sleeping. Mouth breathing will be unrestricted at night and the airway will be kept open by holding the lower jaw forward as the thicker base opens the airway. The tongue tag encourages the tongue to rest forward out of the airway.



Step 1 – Place the *Myobrace*® into your mouth.

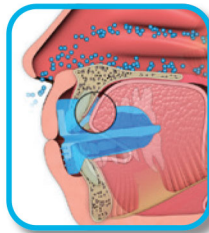


Step 2 – Position your tongue on the tongue tag.

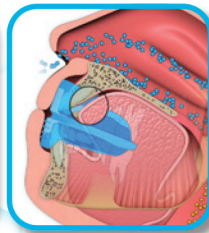


Step 3 – Close down to transition to nose breathing.

Tongue press exercise
- To assist in improving tongue position and strength, push up on the tongue tag and hold for three breaths, then relax.



Tongue Press Exercise
– Push up on the tongue tag and hold for three breaths.



Head Tilt Variation
- tilt the head back and complete the Tongue Press Exercise.

**Do not chew
on your
Myobrace®!**

The Myobrace® system

The *Myobrace® for Kids (K series)* is a three stage myofunctional orthodontic system for the growing child to assist in the correction of detrimental breathing and oral habits (tongue, lips and swallowing) to allow correct jaw growth and naturally straight teeth, often without the need for braces.

Correction of mouth breathing is the fundamental first step in the *Myobrace®* treatment process. If children show signs of the medical condition known as Breathing Disordered Sleep (BDS), the priority is to establish a functional airway first. The *Myobrace® KO* is an additional appliance to be used initially to assist your child in unrestricted breathing during the day and night. An ENT referral is often needed as well if the obstruction originates from the tonsils and/or adenoids.

Cleaning your *Myobrace®*: Clean your *Myobrace®* appliance under warm running water every time you remove it from your mouth. Use *Myoclean™* tablets to correctly clean twice every week. Ask your doctor or dental therapist about *Myoclean™*, the recommended cleaning agent for all *Myobrace®* appliances.

Lifetime use: 6 months based on everyday wear.
Replace after 12 months regardless of wear time.

CAUTION: USE ONLY UNDER THE SUPERVISION OF A LICENSED ORTHODONTIST OR DENTIST



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Single Patient Use.



MYOFUNCTIONAL RESEARCH CO.
INNOVATIVE DENTAL APPLIANCE
TECHNOLOGY AND EDUCATION

