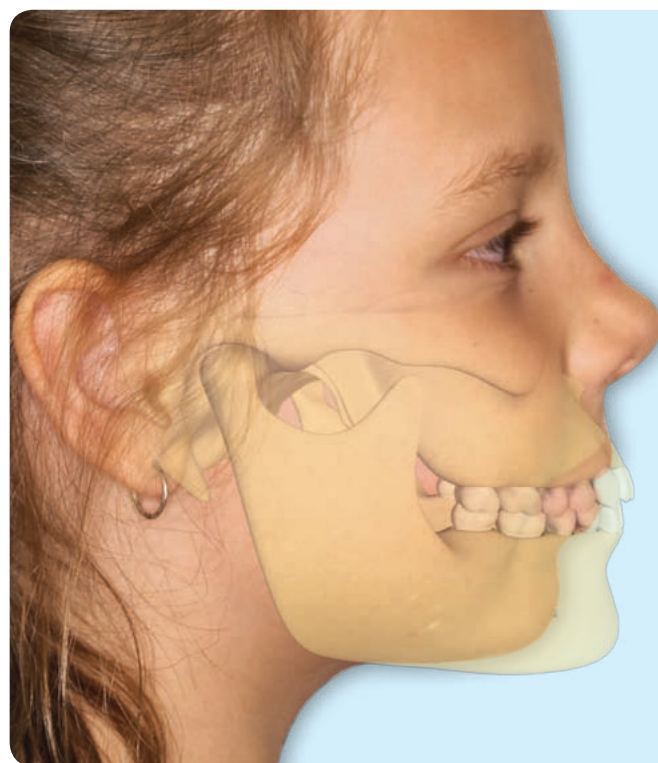
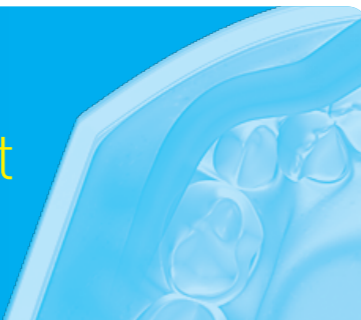


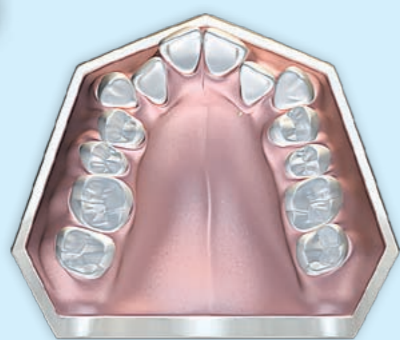
Soft Tissue Dysfunction affecting dental and facial development

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

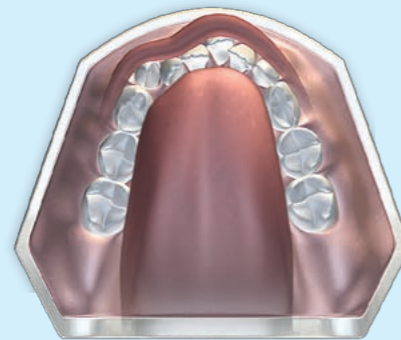


What are the causes?

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.



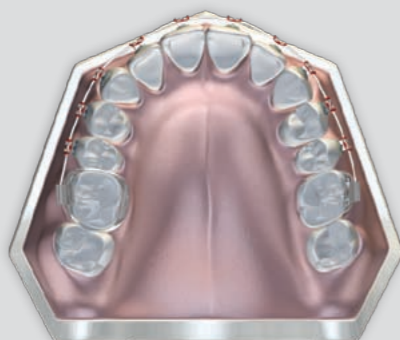
Incorrect tongue position restricts development of the maxilla causing crowding.



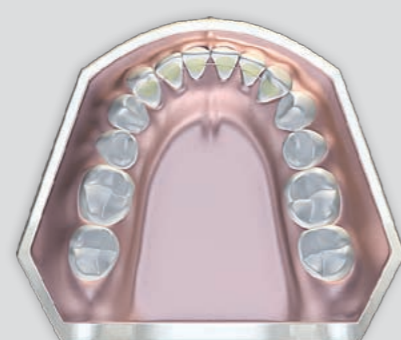
Reverse swallow restricts mandibular development causing crowding.

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 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. 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.

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



The MRC Appliance System

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



AUSTRALIA – HEAD OFFICE:
44 Siganto Drive Helensvale Qld 4212
australia.hq@myoresearch.com
Tel: 61 7 5573 5999 Fax: 61 7 5573 6333

EUROPE:
Gompenstraat 21c 5145 RM Waalwijk The Netherlands
europa.hq@myoresearch.nl
Tel: 31 416 651 696 Fax: 31 416 652 745

USA:
9267 Charles Smith Avenue Rancho Cucamonga CA 91730
usa.hq@myoresearch.com
Tel: 1 909 587 4940 Fax: 1 909 945 3332

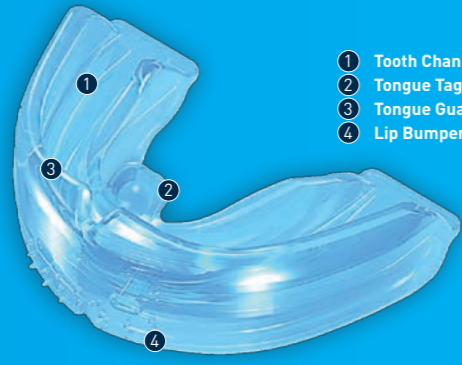
Presented by:



The TRAINER System™

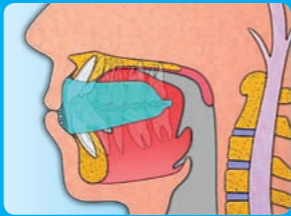
Habit correction and tooth alignment for the growing child.

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 (harder) 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 hour per day plus overnight



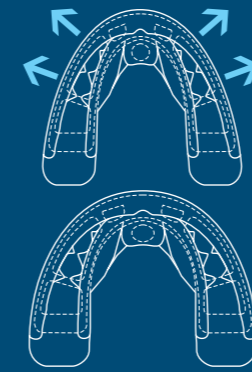
All MRC Appliances train the correct tongue position, stop mouth breathing and align the jaws into class I.

Basic

The MYOBRACE System™

Arch development, habit correction and tooth alignment for the growing child.

The MYOBRACE System™ incorporates many of the TRAINER System™'s well-recognised myofunctional training characteristics, but features MRC's patented dual-layer technology. The inner core (DynamiCore™) produces arch development, while the soft outer core builds and improves on the characteristics of the TRAINER System™. This dual-mould design allows for better patient compliance while still providing actively functioning orthodontics. Variations of the MYOBRACE® are available without DynamiCore™ (i-2n™, i-3n™, and MBN™) and without tooth slots (i-2® and i-3®); giving practitioners more treatment options for more patients.

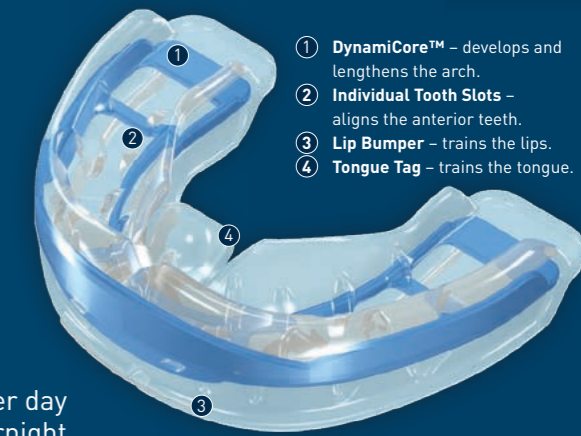


DynamiCore™ produces positive arch development and tooth alignment.



- 1 DynamiCore™ with Frankel Effect – develops the arch form.
- 2 Extended Lip Bumper – trains the lips.
- 3 Tongue Tag – trains the tongue to position correctly.

Used 1 to 2 hours per day plus overnight



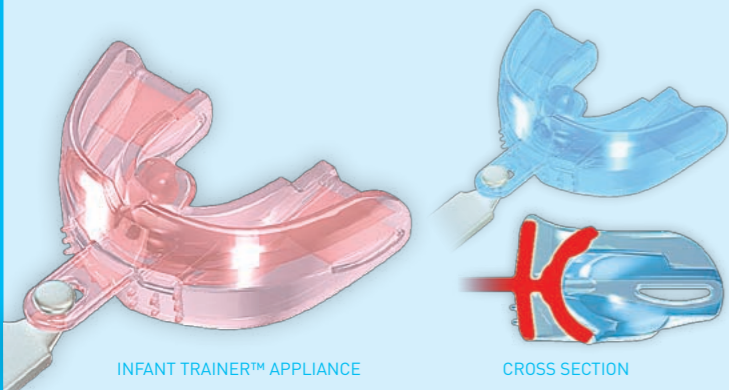
- 1 DynamiCore™ – develops and lengthens the arch.
- 2 Individual Tooth Slots – aligns the anterior teeth.
- 3 Lip Bumper – trains the lips.
- 4 Tongue Tag – trains the tongue.

Advanced

Ages 2 to 5

PRIMARY DENTITION

infant™



INFANT TRAINER™ APPLIANCE

CROSS SECTION

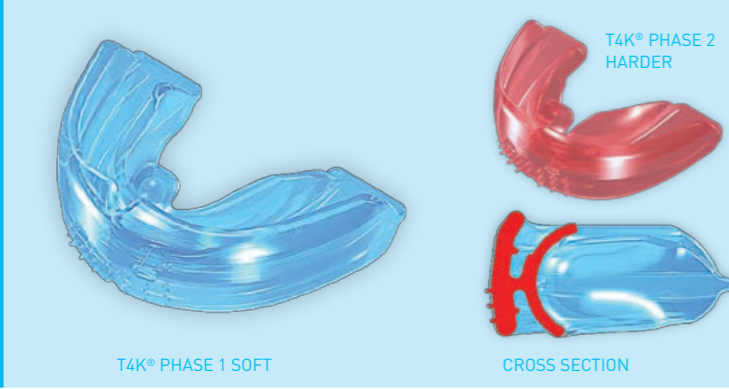
Infant Trainer™

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

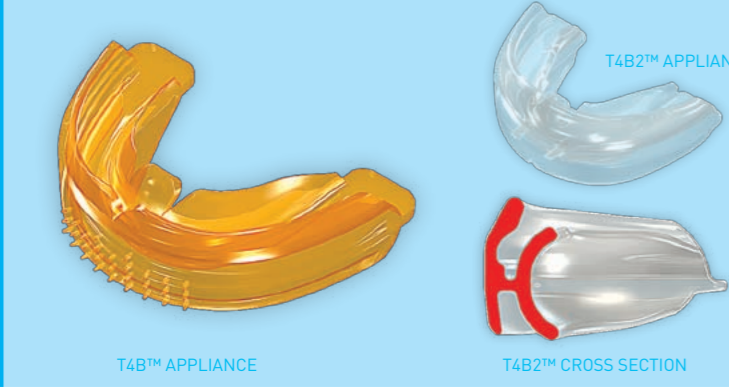
T4K® (Pre-Orthodontic Trainer for Kids™)

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

T4B™ (Trainer for Braces™)

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

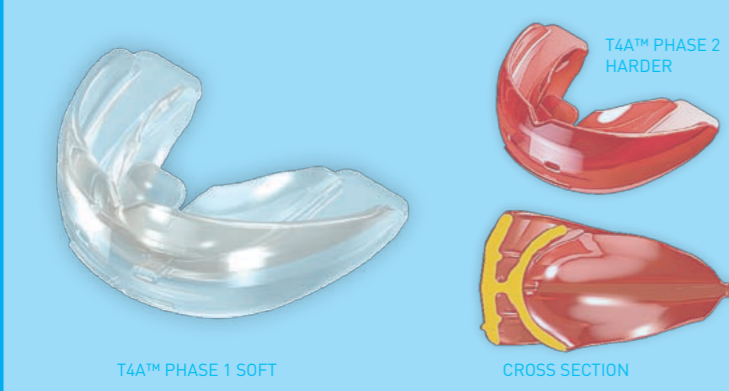
T4B2™ (Trainer for Braces Class II™)

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

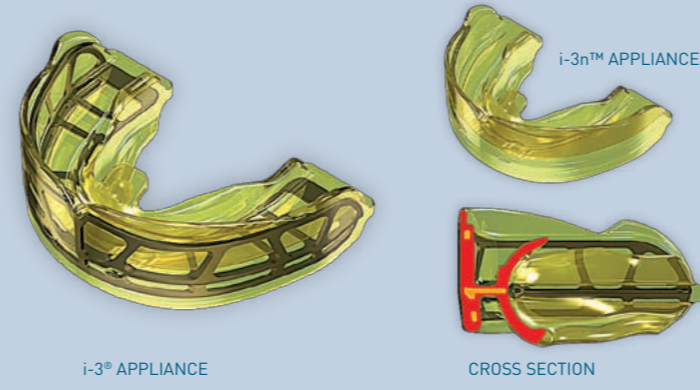
T4A™ (Trainer for Alignment)

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.

Ages 2 to 8

LATE PRIMARY DENTITION TO EARLY MIXED DENTITION

i-3®



i-3® APPLIANCE

CROSS SECTION

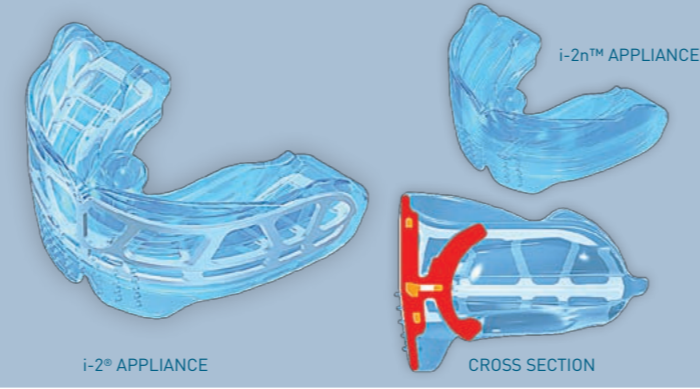
MYOBRACE® i-3® (Interceptive Class III Appliance)

The i-3® was designed specifically for the early interception of class III malocclusion. The appliance assists in repositioning the tongue from the lower jaw to the upper jaw. This helps to correct class III malocclusion if used early, while a child's permanent anterior teeth are still coming through. The i-3® is available in three sizes.

Ages 6 to 12

MIXED DENTITION

i-2®



i-2® APPLIANCE

CROSS SECTION

MYOBRACE® i-2® (Interceptive Class II Appliance)

The i-2® was designed specifically for early treatment of upper and lower jaw development problems (Class II). The i-2® is most effective when a child's permanent teeth are coming through. The i-2® is available in three sizes.

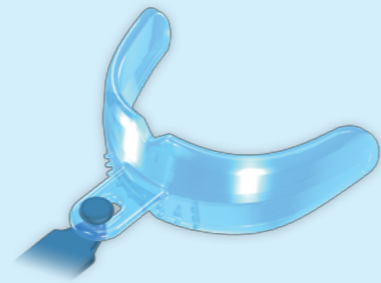
i-2® specific feature:

Extended Lip Bumper discourages the strong overactive musculature in the mentalis.

Complementary Appliances

Ages 5 to 15+

SUITABLE FOR ALL DENTITIONS

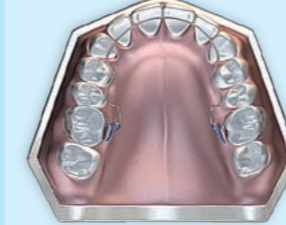


Lip Trainer™

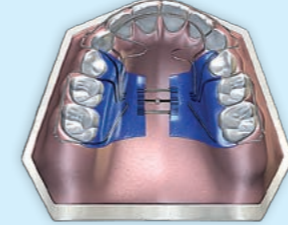
The Lip Trainer™ is used with other MRC appliances to improve lip seal and strengthen lip muscles. Suitable for all ages.

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 (T4K®, i-2n™ and T4A™). 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.

Case Study



• V-shaped upper and flattened lower arch form produce upper and lower anterior crowding.
For more cases, please visit www.myoresearch.com



• MYOBRACE® improves anterior arch form and aligns anterior teeth. Note facial improvement from corrected tongue position.