

INSTRUCTIONS TO PATIENT

The patient is instructed to always keep the tongue above the lingual shelf with the tongue tip behind the upper midline projections. The patient should practice swallowing properly with the appliance in place. The upper and lower teeth should be closed into the appliance and the tongue held up in the palate with the top of the tongue (dorsum) against the palate. The tongue tip should be behind the upper midline projections and the lips should remain together without movement during a swallow. The patient is told to swallow in this position at all times. An individual swallows about twice a minute during the day and once a minute at night and therefore, should be encouraged to wear the appliance about 2 hours passively each day and also while sleeping. If the patient starts with the open appliance due to a mouth-breathing tendency, he or she should gradually switch to the closed appliance after a couple of months. This switch is easiest at first during daytime wear and after about one further month, the closed version can then be worn at night while sleeping as well.

If the patient sucks their thumb or finger(s), he or she should be told to substitute the appliance for the thumb or finger(s). If the sucking habit persists for more than 2 further months, a cemented thumb appliance should be inserted and left in place for 3 or 4 months. The **Habit-Corrector**® should be worn right over the fixed thumb-sucking appliance. If the **Habit-Corrector**® needs trimming, it can be done with a sharp carbide acrylic bur.

The patient should be encouraged to consciously practice the proper positioning of the tongue and lips each time they swallow as well as during the resting periods between swallows at all times even when the appliance is not being worn. The lips should be stretched together so they touch each other while the appliance is in the mouth.

Patient progress can be verified by watching the patient function during rest and swallowing. This can be done by observing the lips and tongue while swallowing as well as measuring the progress of closure of an anterior open-bite if initially present. A measurement of the overjet correction can also be made.

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ORTHOtain[®] Habit-Corrector[®]



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ORTHOTain[®]

Habit-Corrector[®] Appliance



DIRECTIONS FOR USE

The **Habit-Corrector[®]** is a soft plastic removable one-sized appliance that is designed to eliminate or improve oral habits which can be detrimental to dental health and the occlusion. Among these habits are improper tongue positions during rest and swallowing (such as tongue thrust) as well as thumb and finger sucking, any one or all of these habits can cause open-bites, excessive overjets and flared upper teeth. These problems can best be corrected in young children from 6 to 10 years of age before these habits become entrenched. Overjets without an overbite are usually also an indication of the presence of abnormal tongue posture requiring correction.

There can also be other accompanying problems directly related to poor tongue posture such as mouth breathing, upper arch constriction, cross-bites, and speech problems (lisping). Most of these problems arise as a result of adverse forces that the tongue places against the dentition when it functions abnormally.

APPLIANCE DESIGN AND FUNCTION

The unique shelf design in the **Habit-Corrector[®]** encourages patients to elevate their tongue and train them to place it against the palate, which is the normal position. In the abnormal position, the tongue rests in the lower half of the oral cavity, which can result in the problems mentioned above. This shelf divides the appliance in half allowing room for the tongue in the upper half while restricting adequate space for the tongue in the lower half. There are also projections in the upper portion behind the central incisors to prevent the tip of the tongue from advancing forward either during swallowing or at rest. The appliance is soft so that it can be stretched easily over the upper incisors in order to retract these teeth and close spaces. There are also lower lingual tabs to encourage mandibular advancement to correct an excessive overjet if present. One, therefore, should avoid using the appliance in cases with mandibular protrusion (Class III) and skeletal open-bites where there is a steep mandibular plane angle with an excessively long anterior face height. It is also important to rule out airway interferences such as enlarged tonsils or adenoids or a deviated nasal septum in cases of habitual mouth breathers.

The **Habit-Corrector[®]** comes in two types – an open and a closed version. In the open version, the upper and lower arches are separated in front and are hinged in back. This open-type appliance is used initially for mouth breathers and is gradually replaced with the closed version as the patient becomes accustomed to the appliance. After about 2 months the patient should wear the closed

version during the day and after about one more month should wear the closed one also while sleeping. The closed version forces the patient to breathe through their nose. For those patients who normally breathe through their nose, the closed version is worn from the start of their treatment.

The **Habit-Corrector[®]** can also be used to stop thumb or finger sucking. Every time the child wants to suck their thumb, he or she is instructed to put their appliance in the mouth instead. From clinical research, it has been found that 20% of children will stop their habit with this procedure. For those children not successful in breaking their sucking habit, particularly during the day, it is recommended that a fixed anti-sucking appliance be cemented to the upper arch. The **Habit-Corrector[®]** is then worn in conjunction with the fixed thumb appliance in order to continue the correction of overjet and tongue problems.

CARE OF THE HABIT-CORRECTOR[®] APPLIANCE

The appliance should be cleaned after each use with toothpaste and a toothbrush and rinsed with water before and after each use. The appliance should be kept in its box when not in use. Keep it away from dogs.

Questions or Comments:

Call us at **1-800-541-6612**
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