

FOR KIDS

WITH DYSFUNCTIONAL BREATHING

USE FOR ONE HOUR EVERY DAY AND WHILE SLEEPING

mixed Dentition

6-10 years



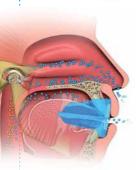
Breathing

Transitioning from mouth to nose breathing.

www.myobrace.com

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 KO has a unique feature that allows for 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 KO 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 KO will mean airway function and correct breathing have been established and progression to the Myobrace® K1 appliance can be achieved without restricting the airway. In addition, Myotalea® (active myofunctional appliances) can be used to strengthen the lips and tongue while also training muscles to improve airway function.

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 Sleep-Disordered Breathing (SDB)

- 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

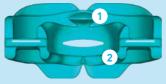
Although you may have brought your child to the dentist to have their orthodontic problems evaluated, the treating dentist may have diagnosed more serious breathing disorders.

Myobrace® for Kids

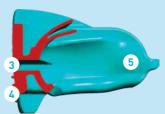
The *Myobrace*® *KO* is a new appliance specially designed for the mouth breathing child who shows signs and symptoms of Sleep-Disordered Breathing (SDB). The *KO* has specific design features to:

- 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

Myobrace® for Kids K0 - Design features



- Active tongue tag to exercise the tongue muscles.
- **2. Tongue elevator** raises tongue to correct position.
- 3. *Myovosa*® mouth breathing aperture.
- 4. Lip bumpers retrain the lip muscles to stop jaw being pushed back into the airway.
- **5. Thicker base** between 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 one-hour daily use for one to two 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.



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



Step 3 – Close down to transition to nose breathing.



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

The Myobrace® System

The Myobrace® for Kids 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 Sleep-Disordered Breathing (SDB), the priority is to establish a functional airway first. The *Myobrace® K0* 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 also needed 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 MyocleanTM tablets to correctly clean twice every week. Ask your doctor or dental therapist about MyocleanTM, the recommended cleaning agent for all Myobrace® appliances.

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

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



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