



MYOFUNCTIONAL RESEARCH CO.

- designers and manufacturers of innovative dental appliances -

EUROPE • U.S.A. • AUSTRALIA

the **pre-orthodontic trainer**

Answers to the most Frequent Questions from Orthodontists and Dentists

- How successful is the appliance? Does it really work?
- What if the child refuses to wear the appliance?
- What do I do if the TRAINER falls out of the child's mouth during the night?
- It is not going to work.
- Are there known harmful or side-effects of the TRAINERS?
- Are the Myofunctional products registered with health authorities and is there data on the type of material used in them?
Certificate of non-toxicity/Material safety Data Sheets?
- What exactly is the coloring agent? Do we have proven evidence of non-toxicity?
Non-allergy of these substances?
- Colouring is fading away over time and patient/child is swallowing the colouring agent. Does this happen?
- Suggested TRAINER use is for at least 6-8 months each phase. How long the TRAINER (T4K) last if used according to instructions? For instance, does a bruxism case need more TRAINERS?
- In cases that the child's arches are considerably different from the shape of TRAINER'S ideal arches (i.e. narrow maxilla) should I still use the TRAINER as my first treatment option?
- What is the indication that myofunctional bad habits have been corrected and the TRAINER treatment has been successful?
- After the two TRAINER phases, how we could retain any result achieved. Is the result stable or could the bad habits could appear again and destroy the result?
- My experience with removable appliances is not good and this is due to the poor compliance that children show. I am not sure that I could convince more young children to use these appliances like the TRAINER.
- I could understand that TRAINER 'S design could help children stopping their bad habits. However, not all the children with bad habits develop malocclusions and not all the malocclusions are linked to bad habits. This shows to me that muscles are just one of the factors. Why should I expect so much when dealing with one of the factors?
- There is no serious evidence, like clinical trials, demonstrating the benefits of TRAINERS.?
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FAQ

What ensures that the TRAINER system is not a waste of time to the children and me?

- It should be ideal correcting some abnormalities in the early stages. This could make any future Orthodontic treatment easier and more successful. However, in case the TRAINER will not provide the expected result, the parents will not trust me for any future treatment. Simply, they will change Orthodontist. I want to know one by one the cases that TRAINER shows predictable results.
- At what age can you start to use the T4K?
- Can you use T4K as a bruxism or TMJ appliance for children?
- When should the child move to hard T4K?
- If you need to try the TRAINER (T4K) in a patient's mouth and decided to use instead, for example, the T4A, how you can sterilize/clean that appliance which has been in mouth?
- Can the TRAINER (T4K or T4A) be used if patient has posterior cross bite or should that be treated first?
- When fitting the appliance and trimming is required, should scissors or some special bur be used?
- How should the TRAINER be cleaner and how often - daily/weekly?
- How does T4K works if patient has rotated cuspids or can you rotate cuspids with appliance?
- Are there a lot different sizes?
(A common question from users Occluso-Guide from Ortho-Tain).
- Does it work like Occluso-Guide?
- There are no slots for teeth (typical Occluso-Guide user question)
- Are these like oral screens (by Dr Hinz)?
- Can the TRAINER be used as a mouth guard?
- Is the TRAINER treatment painful?
- How much time should the TRAINER be in the mouth during the daytime?
- What are the reasons of TRAINER splitting?
- What is the difference between soft and hard TRAINER action?
- Is it necessary to use both TRAINER (T4K) soft and hard?
- Are there any statistics about the percentage of successful treatment cases with using of ONLY trainers in comparison with treatment with any other appliances?
- What are the contraindications for the TRAINER treatment?
- What adjustments can be applied to the TRAINERS and in which cases?

More questions contact us info@myoresearch.com. Also see Doctor's Forum for more questions and answers.

Answers to the most Frequent Questions from Orthodontists and Dentists

How successful is the appliance? Does it really work?

Dr Chris Farrell developed the TRAINER system in 1990 in response for the need for an appliance system that was easy to use and that would assist in the correction of myofunctional (muscle function) habits that cause malocclusion and TMJ problems.

Most of the Dental and Orthodontic profession were not recognising these problems at this time and few were treating them.

The ability to correct these soft tissue problems with the TRAINER system has been shown to improve the facial growth, dental alignment, plus decrease the complexity and improve the stability of orthodontic treatment. See the case histories in the brochures, web and the other articles.

Orthodontists, Dentists and Paediatric Dentists in more than 65 countries use the TRAINER system worldwide. They ALL confirm it works.

[TOP](#)

Answers to the most Frequent Questions from Orthodontists and Dentists

What if the child refuses to wear the appliance?

The key to TRAINER success is the child's compliance. This should be established at the first consultation visit with the parent being told the importance of correction of the myofunctional habits. This is not an alternative form of orthodontics. It is a treatment of the soft tissue causes of malocclusion and poor facial growth.

Therefore, the treatment is necessary for correct facial growth and stability of future orthodontic treatment.

If the child refuses to wear the T4K (which is rare to start) this is a contraindication for treatment. If the parent is not motivated, this is another contraindication. This is all in the manual.

[TOP](#)

[< BACK](#)

3

Answers to the most Frequent Questions from Orthodontists and Dentists

What do I do if the TRAINER falls out of the child's mouth during the night?

The TRAINER WILL fall out at night at first. The more there is a mouth breathing and tongue thrusting problem, the more likely there will be problems falling out. A child with no myofunctional problems will keep the TRAINER in at night easily. So this is the goal for the treatment . Increase daytime use if the night use is a problem. See manual.

[TOP](#)

[< BACK](#)

4

Answers to the most Frequent Questions from Orthodontists and Dentists

It is not going to work.

The TRAINER system is designed to assist in the correction of the causes of malocclusion. If used as directed, it is always effective in making an improvement to these habits. The resulting improvement in malocclusion and facial growth is dependent to a great extent to the individual.

However it is passive with no risk. Starting early, the benefits of improved facial growth, (as seen in the case histories) and the potential for less complex orthodontics, alone is sufficient to demand its implementation.

Without treatment there is great probability of worsening malocclusion and poor facial growth particularly in mouth breathers.

It is essential to treat these problems also to prevent TMD from developing later. The widespread use worldwide also proves its effectiveness. It is important not to deny the choice of TRAINER treatment to the patient.

[TOP](#)

[< BACK](#)

5

Answers to the most Frequent Questions from Orthodontists and Dentists

Are there known harmful or side-effects of the TRAINERS?

There have been no reported harmful effects of the TRAINER system. As it is a passive and a very flexible appliance that assists in retraining the musculature and mode of breathing, there is little possibility of doing harm. However the recommendation is always to review the patients regularly and ensure the soft tissue improvements are progressing, there is no irritation and that the dental changes are being supported by the surrounding structures.

[TOP](#)

[< BACK](#)

6

Answers to the most Frequent Questions from Orthodontists and Dentists

Are the Myofunctional products registered with health authorities and is there data on the type of material used in them?
Certificate of non-toxicity/Material safety Data Sheets?

YES.

The TRAINERS and TMJ appliance have been made from medical grade materials approved by USA and European health agencies for use in the mouth. The CE certification and FDA 510k in addition to other government approvals have been granted to the Myofunctional Research products.

Some allergy (Mucous) has been reported with a very small number of hyper- allergenic patients. This stops after suspended use. No reported problems with liability have occurred as these materials are in very common use in baby's dummies and medical infusion tubes plus many other medical applications. There have not been reported liability problems with any of these materials.

[TOP](#)

[< BACK](#)

7

Answers to the most Frequent Questions from Orthodontists and Dentists

What exactly is the coloring agent? Do we have proven evidence of non-toxicity? Non-allergy of these substances?

The colouring agents are vegetable based and similar to those approved for use in food. They have to go through the same certification process as the materials.

[TOP](#)

[< BACK](#)

8

Answers to the most Frequent Questions from Orthodontists and Dentists

Colouring is fading away over time and patient/child is swallowing the colouring agent. Does this happen?

The colour does not wash out of the material, but can fade with time and use.

The surface of the silicone material can also become dull from the effect of saliva. This makes the colour look less bright but presents no health hazard.

[TOP](#)

[< BACK](#)

9

Answers to the most Frequent Questions from Orthodontists and Dentists

Suggested TRAINER use is for at least 6-8 months each phase. How long the TRAINER (T4K) last if used according to instructions? For instance, does a bruxism case need more TRAINERS?

You will find usually the appliances last for the length of the case. It is important for the Doctor to tell the child not to chew on the TRAINER, as this will cause premature splitting. Reinforce this with the parent. As the soft T4K needs to be flexible and compliant, the silicone material is resilient but cannot withstand a lot of chewing or bruxing. If it gets chewed up, the Doctor can issue another to the patient and charge them if they have been informed of this from the start .

Normally the T4K starting appliance will just last the 6-8 months and then the T4K harder (pink/red) will last longer. Sometimes it is OK to either issue another T4K blue or commence the T4K hard earlier than 6 months. Also the hard TRAINER can be used initially for day use and continue the soft TRAINER at night. This allows the Doctor to start the second phase earlier and still get good compliance and extending the life of the soft TRAINER.

The T4A phase 1 can be used with the distal the ends cut off as an alternative for a T4K soft if the child is a heavy bruxer or chews through the T4K prematurely. It is a softer material than the T4K hard (red).

For malocclusion and soft tissue dysfunction use the TRAINER till the patient has lips together at rest and correction of swallowing pattern. This is usually more than 12 months.

[TOP](#)

[< BACK](#)

10

Answers to the most Frequent Questions from Orthodontists and Dentists

In cases that the child's arches are considerably different from the shape of TRAINER'S ideal arches (i.e. narrow maxilla) should I still use the TRAINER as my first treatment option?

Yes. If the child is between 6 and 8 years of age, this is the best treatment to start. The improvement in tongue position and keeping the lips together assists the growing child to improve and widen arch form. If there is a posterior cross bite, this is best corrected first with a transverse expansion appliance or the Bent Wire System (BWS). Older children (late mixed dentition) it is best to start with the TRAINER but also to do some simultaneous arch development with the BWS or other appliances.

Generally, if the patient can put the TRAINER in their mouth and keep their lips together for 5 minutes or more, the TRAINER system is the first choice for most cases of malocclusion . See manual for more details.

If the child cannot breathe through the nose and/or has a nasal obstruction, they need medical assistance first before commencing treatment. Extreme Class II and Class III cases may have a problem as well, physically fitting the TRAINER to their mouth. These cases are the only ones the TRAINER system cannot be readily used.

[TOP](#)

[< BACK](#)

11

Answers to the most Frequent Questions from Orthodontists and Dentists

What is the indication that myofunctional bad habits have been corrected and the TRAINER treatment has been successful?

The most important part of the myofunctional correction is that the lips are together at rest. So when the child is sitting down and not talking the lips should be together. When the child swallows, there should be and no perioral activity; i.e. no mentalis contraction. Once this occurs, treatment is finished.

[TOP](#)

[< BACK](#)

12

Answers to the most Frequent Questions from Orthodontists and Dentists

After the two TRAINER phases, how we could retain any result achieved. Is the result stable or could the bad habits could appear again and destroy the result?

Once the habits are corrected, generally they stay corrected, unless allergies reoccur. Since we swallow 2000 times a day whatever habit is present will be constantly being reinforced, just like any other training of the rest of the body. If correct lip seal and no perioral activity on the swallow are achieved, then the case will be stable.

[TOP](#)

[< BACK](#)

13

Answers to the most Frequent Questions from Orthodontists and Dentists

My experience with removable appliances is not good and this is due to the poor compliance that children show. I am not sure that I could convince more young children to use these appliances like the TRAINER.

This is a common misconception, but the point is valid. Some children we find are really good and others do not persist with the programme. First you must understand that the TRAINER system is more comfortable than acrylic appliances. It is an easy programme to follow. But the child needs to be organised and motivated, as does the parent. If this is the case, then compliance is good. It is important to understand that compliance is the duty of the child not the Dentist. However the resultant improvements that are achieved are benefits for a lifetime. This is not another way to do orthodontics, it is a programme to treat myofunctional habits that cause poor facial growth, malocclusion and relapse.

The essentials are:

- a. A good parent consultation that outlines what are the problems and goals.
- b. Show the parent the patient video and/or have them take a copy home to show the whole family what it is about.
- c. Ensure the child understands it is their responsibility. Have them read out the instructions for use inside the container box.
- d. Discussing the required TRAINER use for 12-18 months.
- e. The TRAINER will fall out at night in the first month, but

persevere until it stays in all night. This is the first goal.

f. MINIMUM use is 1 hour daily plus overnight. Associate this with watching TV, playing games and bedtime routine. But even 10 minutes in a day is better than missing one day.

g. Understanding that money can be saved on future orthodontics, but this is not the real purpose. Facial growth will be improved (see parent brochure) and future orthodontics will be less complex (no extractions) and more stable.

h. Always give the parent the choice of the TRAINER programme. There is no reason not to present it as a treatment option.

i. There is incredibly better compliance with these appliances than other functional appliances of wire and acrylic.

[TOP](#)

[< BACK](#)

14

Answers to the most Frequent Questions from Orthodontists and Dentists

I could understand that TRAINER´S design could help children stopping their bad habits. However, not all the children with bad habits develop malocclusions and not all the malocclusions are linked to bad habits. This shows to me that muscles are just one of the factors. Why should I expect so much when dealing with one of the factors?

There are many references to the close association between myofunctional habits, facial growth and malocclusion. Just the references to mouth breathing and craniofacial growth are extensive enough to warrant more attention to the diagnosis of soft tissue dysfunction. (see manual for some) Angle wrote that his observations would indicate "almost EVERY" malocclusion has some soft tissue case. It is important to look at the patient and see the close association between the myofunctional bad habits, arch form and tooth position.

You may wish to attend a course run by Myofunctional Research to further educate you in what are the diagnostic signs that need to be treated. Also the DVD of John Flutter (Further Education on web site) is very useful.

Once recognised that the majority of children have this problem and this is driving the malocclusion, then the TRAINER programme becomes an essential in every Dental and Orthodontic practice. You must treat the

muscles even when there are other factors involved.

[TOP](#)

[< BACK](#)

15

Answers to the most Frequent Questions from Orthodontists and Dentists

There is no serious evidence, like clinical trials, demonstrating the benefits of TRAINERS.?

Studies always come after good clinical results. There is a lot of research over the last 100 years that proves the influence of the soft tissues is far more significant on craniofacial growth and tooth position than genetic factors. Most doctors do not read or implement these findings in their treatment. Research clearly shows that the current practice of orthodontics is not consistently successful and the majority of cases relapse after some time. Also, research demonstrating that mouth breathing is a cause of poor facial growth, narrowed arches and malocclusion is well documented. See manual references.

The TRAINER research is ongoing and studies are now being published like the Mondo study, and others. Clinical cases showing the success of the TRAINER system are being published 12 years after its first clinical use.

It is important to understand that the inadequacies of measuring soft tissue dynamics and the changes brought about then by the TRAINER are difficult to measure. Analysing the secondary changes to the hard tissues with currently available techniques is all we have available. Arch form and dental alignment clearly improve in every clinical trial conducted.

[TOP](#)

[< BACK](#)

16

Answers to the most Frequent Questions from Orthodontists and Dentists

What ensures that the TRAINER system is not a waste of time to the children and me?

The TRAINER system is used and recommended by Orthodontists and Dentists in virtually every major country in the world now. The time has come for us to remove the barriers and understand exactly what the TRAINER system does do very effectively. Many thousands of children need treatment of their myofunctional problems and complacency from

many Doctors is denying them the choice of treatment they need.

Research also shows that orthodontic structural changes, without corrected function, routinely fails. This is well documented.

There is no better and more cost effective method available to treat mouth breathing, incorrect tongue position and function, simultaneously with aligning the erupting dentition than the TRAINER system - before, during and after orthodontic treatment.

(T4K,T4B,T4A) It is worth doing some simple cases and evaluating for yourself.

[TOP](#)

[< BACK](#)

17

Answers to the most Frequent Questions from Orthodontists and Dentists

It should be ideal correcting some abnormalities in the early stages. This could make any future Orthodontic treatment easier and more successful.

However, in case the TRAINER will not provide the expected result, the parents will not trust me for any future treatment. Simply, they will change Orthodontist. I want to know one by one the cases that TRAINER shows predictable results.

The reverse is true. Many Orthodontists are referred young children whose parents see the early signs of malocclusion. All too often nothing is done. Parents prefer to start some treatment at this stage. The TRAINER system is ideal for maintaining the contact with the patient, instead of saying "go away and come back when all the permanent teeth are in." Parents also will understand that you are treating the causes of the problem as well as straightening the teeth later. See TRAINER system video.

[TOP](#)

[< BACK](#)

18

Answers to the most Frequent Questions from Orthodontists and Dentists

At what age can you start to use the T4K?

The best effect is at the eruption of the permanent anteriors. At this stage you not only have a growth spurt, but also the T4K assists the guidance of the new teeth into position. This is in addition to the treatment of myofunctional habits. Between 6 and 8 years is optimum.

Open bite and class III you can start earlier if the patient is co-operative.
Cut off distal end if all first molars are not present.

[TOP](#)

[< BACK](#)

19

Answers to the most Frequent Questions from Orthodontists and Dentists

Can you use T4K as a bruxism or TMJ appliance for children?

Yes.

Heavy bruxers can destroy the T4K soft easily, so use T4A with the distal ends cut off is often better in these cases. All our appliances help with bruxism.

[TOP](#)

[< BACK](#)

20

Answers to the most Frequent Questions from Orthodontists and Dentists

When should the child move to hard T4K?

6-8 months. Use the soft T4K to have maximum compliance, then once the T4K is staying in at night and the dental alignment is improved enough for the harder T4K to be fit the mouth without discomfort this can be changed. The harder T4K does put more force on the anterior teeth so the child needs to have reasonable alignment at this stage. Often it its best to phase in the harder T4K by using it for day and the soft T4K while sleeping. Do this for the first month to ensure a smooth changeover.

[TOP](#)

[< BACK](#)

21

Answers to the most Frequent Questions from Orthodontists and Dentists

If you need to try the TRAINER (T4K) in a patient's mouth and decided to use instead, for example, the T4A, how you can sterilize/clean that appliance which has been in mouth?

Autoclave on the lowest temperature cycle for the soft TRAINERS/TMJ appliance. The harder ones cold sterilization is better. Same with the T4F and T4U.

[TOP](#)

[< BACK](#)

22

Answers to the most Frequent Questions from Orthodontists and Dentists

Can the TRAINER (T4K or T4A) be used if patient has posterior cross bite or should that be treated first?

Treat the crossbite first then use the TRAINER to stabilise and treat the myofunctional causes. See the T4K manual.

[TOP](#)

[< BACK](#)

23

Answers to the most Frequent Questions from Orthodontists and Dentists

When fitting the appliance and trimming is required, should scissors or some special bur be used?

Scissors are OK for the TRAINERS. A fine stone off bur is good to finish.

[TOP](#)

[< BACK](#)

24

Answers to the most Frequent Questions from Orthodontists and Dentists

How should the TRAINER be cleaner and how often - daily/weekly?

Clean in running warm water each time the TRAINER is used. A toothbrush and toothpaste can be used if desired. Boiling of the silicone TRAINERS is possible but is not really necessary.

[TOP](#)

[< BACK](#)

25

Answers to the most Frequent Questions from Orthodontists and Dentists

How does T4K works if patient has rotated cuspids or can you rotate cuspids with appliance?

The T4K is not particularly good at aligning teeth in the permanent dentition. The T4A is higher in the cupid area and will bring them in but will not de-rotate cuspids.

[TOP](#)

[< BACK](#)

26

Answers to the most Frequent Questions from Orthodontists and Dentists

**Are there a lot different sizes?
(A common question from users Occluso-Guide from Ortho-Tain).**

Myofunctional Research Co pioneered the use of computer-aided design (CAD) to make single sized appliances. This allows one single size to be the only required for each product. The size and thickness vary between particular appliances like T4K/T4A and TMJ. This makes the system easier

than previous appliances. The focus is on myofunctional correction so individual tooth slots are not needed

[TOP](#)

[< BACK](#)

27

Answers to the most Frequent Questions from Orthodontists and Dentists

Does it work like Occluso-Guide?

No. The Occluso-Guide is an eruption guidance appliance for the sole purpose of correcting dental alignment. It is also a very old system. It has a lot more bulk than the TRAINER system and no myofunctional training features. When in place it is difficult to obtain lip seal. The Occluso-Guide does not address all muscle dysfunction and in fact has the ability to cause some facial lengthening due to its bulkiness.

[TOP](#)

[< BACK](#)

28

Answers to the most Frequent Questions from Orthodontists and Dentists

There are no slots for teeth (typical Occluso-Guide user question)

The TRAINER system is not for teeth but it is for the muscles . It is for the correction of soft tissue dysfunction. No need for the individual tooth slots. The tooth channels and labial bows give a similar effect as well as the improvement in the myofunctional habits. Removal of aberrant muscular forces and the light forces on the teeth align the dentition. The Occluso-Guide works more like braces and has the same relapse problem when treatment finishes. Daily use required is also much higher at 4 hours per day. However it is better for de-rotating anterior teeth if this is all that is required.

[TOP](#)

[< BACK](#)

29

Answers to the most Frequent Questions from Orthodontists and Dentists

Are these like oral screens (by Dr Hinz)?

Yes. The front part of the TRAINERS incorporate the design of the oral screen. This makes the child breathe through the nose. This is an important feature of the oral screen and the TRAINERS. The TRAINER system has more features than the oral screen, particularly to re-train the tongue position and function, plus lip bumpers discouraging overactive mentalis.

[TOP](#)

[< BACK](#)

30

Answers to the most Frequent Questions from Orthodontists and Dentists

Can the TRAINER be used as a mouth guard?

No. They are not designed for protection and do not stay in during sporting activities. Myofunctional Research Co has a range of mouthguards for this purpose. These are the world's most technically advanced mouthguard design. See web section on Powrgards mouthguards.

[TOP](#)

[< BACK](#)

31

Answers to the most Frequent Questions from Orthodontists and Dentists

Is the TRAINER treatment painful?

No. Some sensitivity is experienced in the first few days, after this, there is usually no pain.

[TOP](#)

[< BACK](#)

32

Answers to the most Frequent Questions from Orthodontists and Dentists

How much time should the TRAINER be in the mouth during the daytime?

A minimum use of one hour during the day, for conscious habit retraining of the tongue position, and keeping the lips together, breathing through the nose. Then all night to have sufficient overall time to change the habit, mainly stopping tongue thrust and retraining to stop mouth breathing.

[TOP](#)

[< BACK](#)

33

Answers to the most Frequent Questions from Orthodontists and Dentists

What are the reasons of TRAINER splitting?

Chewing on the ends . This happens over time, which is normal wear. Usually after 6 months some splitting will occur with the soft TRAINER.

[TOP](#)

[< BACK](#)

34

Answers to the most Frequent Questions from Orthodontists and Dentists

What is the difference between soft and hard TRAINER action?

Soft, for compliance and to adapt to any malocclusion. Hard, for best teeth alignment, but too hard to use first. See T4K manual for more information.

[TOP](#)

[< BACK](#)

35

Answers to the most Frequent Questions from Orthodontists and Dentists

Is it necessary to use both TRAINER (T4K) soft and hard?

Yes. It is better to follow the 2-phase system. However there are times when the malocclusion is minor the hard T4K can be used only. When there is only a myofunctional problem just the soft T4K can be used. The majority of cases require the 2-phase system.

[TOP](#)

[< BACK](#)

36

Answers to the most Frequent Questions from Orthodontists and Dentists

Are there any statistics about the percentage of successful treatment cases with using of ONLY trainers in comparison with treatment with any other appliances?

This varies so much with the selected group and the malocclusion. Generally the 6-8 year old patients will be the most likely to have complete resolution of the malocclusion with T4K system only. Still probably only about 50% at most without severe problems will require no other treatment. All others will get benefits of less complex treatment, better facial development, no extractions and better stability. The main advantage of the TRAINER system is the correction of the soft tissues, which no other appliance system addresses.

[TOP](#)

[< BACK](#)

37

Answers to the most Frequent Questions from Orthodontists and Dentists

What are the contraindications for the TRAINER treatment?

There are only a few. Generally if you have a non-motivated patient, or an extreme malocclusion where the child cannot hold the TRAINER in their mouth. Also complete nasal obstruction. See the manual for the full information.

[TOP](#)

[< BACK](#)

38

Answers to the most Frequent Questions from Orthodontists and Dentists

What adjustments can be applied to the TRAINERS and in which cases?

All trimming instructions are in the manual.

[TOP](#)

More questions contact us info@myoresearch.com. Also see Doctor's Forum for more questions and answers.

[TOP](#)

[▲ TOP of page](#)

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