INSTRUCTIONS FOR USE

While every patient should be evaluated individually and instructions tailored to meet the needs of each patient, here are some general guidelines for use:

For a tongue-thrusting, thumb-sucking, or pacifier-using patient:
The Oral Screen should be worn every night during sleep and for approximately one hour during the day. The Oral Screen replaces the sensation of having something in the child’s mouth while allowing them to break the harmful sucking habit.

For a mouth-breathing patient:
In addition to nighttime use, 30 minutes of daily exercises to improve lip competence is recommended to transition the patient from mouth to nose breathing. This can be achieved by instructing the patient to pull on the holding ring and close the lips against the pull retaining the appliance in the mouth.

Note: It is important to evaluate the patient’s ability to breathe through their nose prior to Oral Screen treatment.

DURATION OF THERAPY

The duration of treatment should be determined based on the patient’s individual case. The appliance should be initially worn anywhere from six weeks to three months with regular follow-up assessments. Maintenance can be determined after initial results are achieved. In some cases, another four to six weeks may be indicated or up to two to three months may be required to avoid relapse. Longer use may be indicated for tongue thrust patients.

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Visit: OralScreens.com to watch our video & to order!
WITH THESE HABIT BREAKERS ORAL SCREENS QUICKLY STOP HARMFUL HABITS THAT CAN CAUSE SERIOUS DENTAL AND SKELETAL MALOCCLUSIONS

Oral habits, thumb or finger sucking, tongue-thrust swallowing, lip biting, and mouth breathing, are potential risk factors for the development of significant malocclusion and jaw discrepancies.

Pacifiers and thumb and lip sucking deform the upper dentition and lead to an anterior open bite, extensive overbite, and retrusion of the lower jaw. Tongue thrusting, infantile swallowing, and mouth breathing cause anterior open bite and posterior cross bite.

If these harmful habits persist into the mixed dentition and are then transferred to the permanent dentition, orthodontic therapy will be more comprehensive and complicated, as well as significantly more costly.

Early intervention, before the deciduous teeth begin to transition to the mixed dentition, can help to eliminate the habitual tendencies before the damage causes serious deformities of the jaw and permanent dentition.

Great Lakes Oral Screens:

- Aid the natural correction of existing anomalies
- Help eliminate speech defects
- Correct malfunctions of the tongue
- Eliminate harmful oral respiration
- Restore normal lip closure
- Strengthen lip musculature
- Support myofunctional therapy
- Prevent prolonged orthodontic treatment and stop harmful habits

Oral Screens are available in small for deciduous dentition and large for mixed dentition.

Over 40 Years of Success

Oral Screens have been used effectively in Europe for over 40 years. Professor Dr. Rolf Hinz and Dr. Elisabeth Hinz have pioneered the use of pre-fabricated Oral Screens in their orthodontic practice in Herne, Germany, helping thousands of young patients break harmful habits and prevent further tooth and jaw development damage.

Positive results are dependent upon compliance. In Dr. Hinz’s experience, children will comply if parents/caregivers are committed to treatment.

Patient Examples

**Standard Oral Screen**

- Protrusion of upper incisors caused by thumb sucking and lip biting

**Oral Screen with Wire Guard**

- Open bite caused by a pacifier and positioning of the tongue between the upper and lower teeth

**Oral Screen with Bite Cap**

- Indicated for retrusion of the lower jaw and protrusion of the upper teeth.
  - The lower jaw is guided into a neutral jaw relation.
  - The cap helps stop the sucking habit and trains lip closure.

**Oral Screen: Standard**

**Oral Screen: Bite Cap**

**Oral Screen: Wire Guard**

Over 40 Years of Success More information on back