Insert the appliance. Make sure there are no spots rubbing on the tissue that would cause a denture-type sore. The use of the Orthodontic Progress Report book should be explained at this time. Normally you set up appointments approximately one month apart. However, it is a good idea to contact the patient during the first week to be certain the patient is wearing the appliance well.

Have the patient start turning the midline screw 1/4 turn per week. On most patients you will want at least eight 1/4 turns of the midline screw to loosen the contacts between the teeth to get better vertical development. Check the patient’s Orthodontic Progress Report. Check to be sure the appliance is not sliding back in the upper arch after each appointment. If it is sliding back, adjust the coffin spring to widen appliance in the posterior area.

Have the patient continue turning the screw. Adjust the labial arch wire 1/2 mm away from the teeth. Check the Orthodontic Progress Report.

Cut the lingual wire at the midline. Slightly adjust the coffin wire to widen the molar area. Decide if you want more width on the arch. If so, have the patient continue to turn the screw 1/4 turn per week until the desired width is reached. Also at this time, all the lower interproximal acrylic should be removed to obtain better vertical development. Check the Orthodontic Progress Report. If you decide at this time to advance the mandible further forward, have the patient start turning the side screws four to eight quarter turns per week. Important: The lower interproximals must be trimmed before using side screws.

Check patient to be sure everything is progressing as planned. Check the Orthodontic Progress Report at each appointment. If the interarch retraction, the labial arch wire can be tightened to move the upper anterior lingual at this time. Normal wear time on a corrector is usually 9 to 12 months.

Note: After the fourth appointment if the upper arch appears to be too narrow it can be corrected by over-grinding the acrylic lingual to the width, grind the lower lingual acrylic, allowing the teeth to drop lingually.

Have the patient start turning the midline screw 1/4 turn per week. On most patients you will want at least eight 1/4 turns of the midline screw to loosen the contacts between the teeth to get better vertical development. Check the patient’s Orthodontic Progress Report. Check to be sure the appliance is not sliding back in the upper arch after each appointment. If it is sliding back, adjust the coffin spring to widen appliance in the posterior area.

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Note: After the fourth appointment if the upper arch appears to be too narrow it can be corrected by over-grinding the acrylic lingual to the width, grind the lower lingual acrylic, allowing the teeth to drop lingually.

Insert appliance. Check for any spots which might rub the tissue causing denture-type sores. The posterior acrylic may be adjusted at this time, or the patient may wear the appliance a week to get used to it before adjustments are made.

When adjusting the posterior acrylic, be certain the occlusion is relieved so that the acrylic is hitting evenly on the posterior, with freedom for left/right lateral excursions. Adjust the labial bow slightly away from the anterior teeth. For a deep bite adjust the labial bow half way up on the anterior; for the open bite adjust to the gingival. The clasps should be adjusted for good retention.

The use of the Orthodontic Progress Report book should be explained at this time. Have the patient turn the screws 1/4 turn every 4 days and record this in their Orthodontic Progress Report.

Instruct the patient to wear the appliance full time, especially while eating. Reinforce patient cooperation by contacting them during the first week to be certain the appliance is being worn.

Check the patient’s Orthodontic Progress Report. Once again, check the occlusion, making sure it is even. Slightly relieve the posterior occlusion as before. Examine the patient for sore spots and adjust the labial bow away from the teeth.

As with the second appointment, continue adjustments until the desired amount of expansion is attained. Slight overcorrection may help account for rebound. The normal wear-time on an expansion appliance is 4-6 months. The patient will usually wear the appliance one to two months after adjustments of the screws is complete. Take an impression for the next appliance when ready to proceed with treatment. Instruct the patient to wear the Expansion appliance as a retainer until the next appliance is inserted.

Insert appliance. Check for any spots which might rub the tissue causing denture-type sores. The posterior acrylic may be adjusted at this time, or the patient may wear the appliance a week to get used to it before adjustments are made.

When adjusting the posterior acrylic, be certain the occlusion is relieved so that the acrylic is hitting evenly on the posterior, with freedom for left/right lateral excursions. Adjust the labial bow slightly away from the anterior teeth. For a deep bite adjust the labial bow half way up on the anterior; for the open bite adjust to the gingival. The clasps should be adjusted for good retention.

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Instruct the patient to wear the appliance full time, especially while eating. Reinforce patient cooperation by contacting them during the first week to be certain the appliance is being worn.

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Insert appliance. Check for any spots which might rub the tissue causing denture-type sores. The posterior acrylic may be adjusted at this time, or the patient may wear the appliance a week to get used to it before adjustments are made.

When adjusting the posterior acrylic, be certain the occlusion is relieved so that the acrylic is hitting evenly on the posterior, with freedom for left/right lateral excursions. Adjust the labial bow slightly away from the anterior teeth. For a deep bite adjust the labial bow half way up on the anterior; for the open bite adjust to the gingival. The clasps should be adjusted for good retention.

The use of the Orthodontic Progress Report book should be explained at this time. Have the patient turn the screws 1/4 turn every 4 days and record this in their Orthodontic Progress Report.

Instruct the patient to wear the appliance full time, especially while eating. Reinforce patient cooperation by contacting them during the first week to be certain the appliance is being worn.

Check the patient’s Orthodontic Progress Report. Once again, check the occlusion, making sure it is even. Slightly relieve the posterior occlusion as before. Examine the patient for sore spots and adjust the labial bow away from the teeth.

As with the second appointment, continue adjustments until the desired amount of expansion is attained. Slight overcorrection may help account for rebound. The normal wear-time on an expansion appliance is 4-6 months. The patient will usually wear the appliance one to two months after adjustments of the screws is complete. Take an impression for the next appliance when ready to proceed with treatment. Instruct the patient to wear the Expansion appliance as a retainer until the next appliance is inserted.

Insert appliance. Check for any spots which might rub the tissue causing denture-type sores. The posterior acrylic may be adjusted at this time, or the patient may wear the appliance a week to get used to it before adjustments are made.

When adjusting the posterior acrylic, be certain the occlusion is relieved so that the acrylic is hitting evenly on the posterior, with freedom for left/right lateral excursions. Adjust the labial bow slightly away from the anterior teeth. For a deep bite adjust the labial bow half way up on the anterior; for the open bite adjust to the gingival. The clasps should be adjusted for good retention.

The use of the Orthodontic Progress Report book should be explained at this time. Have the patient turn the screws 1/4 turn every 4 days and record this in their Orthodontic Progress Report.

Instruct the patient to wear the appliance full time, especially while eating. Reinforce patient cooperation by contacting them during the first week to be certain the appliance is being worn.

Check the patient’s Orthodontic Progress Report. Once again, check the occlusion, making sure it is even. Slightly relieve the posterior occlusion as before. Examine the patient for sore spots and adjust the labial bow away from the teeth.

As with the second appointment, continue adjustments until the desired amount of expansion is attained. Slight overcorrection may help account for rebound. The normal wear-time on an expansion appliance is 4-6 months. The patient will usually wear the appliance one to two months after adjustments of the screws is complete. Take an impression for the next appliance when ready to proceed with treatment. Instruct the patient to wear the Expansion appliance as a retainer until the next appliance is inserted.

Insert appliance. Check for any spots which might rub the tissue causing denture-type sores. The posterior acrylic may be adjusted at this time, or the patient may wear the appliance a week to get used to it before adjustments are made.

When adjusting the posterior acrylic, be certain the occlusion is relieved so that the acrylic is hitting evenly on the posterior, with freedom for left/right lateral excursions. Adjust the labial bow slightly away from the anterior teeth. For a deep bite adjust the labial bow half way up on the anterior; for the open bite adjust to the gingival. The clasps should be adjusted for good retention.

The use of the Orthodontic Progress Report book should be explained at this time. Have the patient turn the screws 1/4 turn every 4 days and record this in their Orthodontic Progress Report.

Instruct the patient to wear the appliance full time, especially while eating. Reinforce patient cooperation by contacting them during the first week to be certain the appliance is being worn.

Check the patient’s Orthodontic Progress Report. Once again, check the occlusion, making sure it is even. Slightly relieve the posterior occlusion as before. Examine the patient for sore spots and adjust the labial bow away from the teeth.

As with the second appointment, continue adjustments until the desired amount of expansion is attained. Slight overcorrection may help account for rebound. The normal wear-time on an expansion appliance is 4-6 months. The patient will usually wear the appliance one to two months after adjustments of the screws is complete. Take an impression for the next appliance when ready to proceed with treatment. Instruct the patient to wear the Expansion appliance as a retainer until the next appliance is inserted.
Standard instructions for a Bionator I
(To open the bite)

First Appointment
Insert the appliance. Make sure there are no spots rubbing on the tissue that would cause a denture-type sore. Be sure the labial arch wire is away from the teeth at least 1/2 mm. The use of the Orthodontic Progress Report book should be explained at this time. Normally you set up appointments approximately one month apart. However, it is a good idea to contact the patient during the first week to be certain the patient is wearing the appliance well.

Second Appointment
Have the patient start turning the midline screw 1/4 turn per week. On most patients you will want at least eight 1/4 turns of the midline screw to loosen the contacts between the teeth to get better vertical development. Check the patient’s Orthodontic Progress Report. Check to be sure the appliance is not sliding back in the upper arch after each appointment. If it is sliding back, adjust the coffin spring to widen appliance in the posterior area.

Third Appointment
Have the patient continue turning the screw. Adjust the labial arch wire 1/2 mm away from the teeth. Check the Orthodontic Progress Report.

Fourth Appointment
Cut the lingual wire at the midline. Slightly adjust the coffin wire to widen the molar area. Decide if you want more width. If so, have the patient continue to turn the screw 1/4 turn per week until the desired width is reached. Check the Orthodontic Progress Report.

Fifth Appointment (and all following appointments)
Check patient to be sure everything is progressing as planned. Check the Orthodontic Progress Report at each appointment. If the anterior interproximal acrylic should be removed to obtain better vertical development. Check the Orthodontic Progress Report.

Third Appointment
Have the patient continue turning the screw. Adjust the labial arch should be adjusted to the gingival. Check the Orthodontic Progress Report.

Fourth Appointment
Slightly adjust the coffin wire to widen the molar area. Decide if you want more width. If so, have the patient continue to turn the screw 1/4 turn per week until the desired width is reached. Check the Orthodontic Progress Report.

Fifth Appointment (and all following appointments)
Check patient to be sure everything is progressing as planned. Check the Orthodontic Progress Report at each appointment. If the anterior interproximal acrylic should be removed to obtain better vertical development. Check the Orthodontic Progress Report.

Note: After the fourth appointment if the upper arch appears to be too narrow it can be corrected by over-grinding the acrylic lingual to the lower posterior teeth and using the midline screw and coffin wire to widen the upper. If the lower is too wide and the upper is at desired width, grind the lower lingual acrylic, allowing the teeth to drop lingually.

For technical questions call toll free: 800-437-0504

Standard instructions for a Bionator II
(To close the bite)

First Appointment
Insert the appliance. Make sure there are no spots rubbing on the tissue that would cause a denture-type sore. Be sure the labial arch wire is adjusted to the gingival. The use of the Orthodontic Progress Report book should be explained at this time. Normally you set up appointments approximately one month apart. However, it is a good idea to contact the patient during the first week to be certain the patient is wearing the appliance well.

Second Appointment
Have the patient start turning the midline screw 1/4 turn per week. On most patients you will want at least eight 1/4 turns of the midline screw. Check the patient’s Orthodontic Progress Report.

Third Appointment
Have the patient continue turning the screw. Adjust the labial arch should be adjusted to the gingival. Check the Orthodontic Progress Report.

Fourth Appointment
Slightly adjust the coffin wire to widen the molar area. Decide if you want more width. If so, have the patient continue to turn the screw 1/4 turn per week until the desired width is reached. Check the Orthodontic Progress Report.

Fifth Appointment (and all following appointments)
Check patient to be sure everything is progressing as planned. Check the Orthodontic Progress Report at each appointment. If the anterior need retraction, the labial arch wire can be tightened to move the upper anterior lingual at this time. Normal wear time on a bionator is usually 6 to 9 months. The function of a bionator II (to close the bite) is to break up tongue habits and allow the anterior open bite to close. It can also be used to widen the arches some and achieve Class II correction.

The Bionator to maintain is constructed with a center screw, coffin spring, labial arch and lingual wire. These parts are adjusted the same as a Bionator 1. The Bionator to maintain will protect the molar occlusion from erupting while allowing the cuspid and bicuspid to erupt, leveling the curve of spee. Eruption is controlled in 1/2 mm increments until the desired occlusion is acquired.

Standard instructions for Sagittals
(To open the bite)

Insert the appliance. Make sure there are no spots rubbing on the tissue that would cause a denture-type sore. Be sure the occlusion is adjusted so that the acrylic is hitting evenly on the posterior and the lower cuspsids. Then mark the appliance with carbon paper one more time and slightly relieve (1/4 mm) the posterior occlusion, leaving the cuspid in contact.

You may relieve the posterior acrylic at this time of if you prefer you may let the patient wear the appliance a week to get used to it, then relieve the acrylic.

Normally, when you want distalization you also want the posterior slightly out of contact and the cuspid retractor wires loose. If you desire forward movement of the anteriors (such as a Class II Div 2 or Class III, it is better to keep good posterior contact and cuspid retractor wires in contact. The clasps should be adjusted for good retention.

The use of the Orthodontic Progress Report book should be explained at this time. Be sure the patient is instructed to wear the appliance full time, especially while eating. It is a good idea to contact the patient during the first week to be certain the appliance is being worn well. Have the patient turn the side screws 1/4 turn every 4 days and record this in their Orthodontic Progress Report.

Third Appointment (and all following appointments)
As with the second appointment, continue until you have achieved the amount of space you want. You may want to overcorrect slightly to account for rebound. The normal wear time on a Sagittal is 4 to 6 months. Usually the patient will wear the Sagittal one or two months after you stop adjusting the screws. Then take you impressions for a Bionator or Orthopedic Corrector. The patient will continue to wear the Sagittal until you insert the Bionator or Orthopedic Corrector.

If your patient has a Class III occlusion, the anterior bite plane is often extended to contact the lower anterior to keep the anterior acrylic well seated. The posterior occlusion on the acrylic is kept solid and slightly indented to encourage forward movement. Keeping the cuspid retractors tight also helps posterior anchorage.