

**ANSWERS TO THE MOST FREQUENTLY ASKED QUESTIONS REGARDING
THE OCCLUS-O-GUIDE® AND NITE-GUIDE® TECHNIQUES**

- Q.** How can you premake something like this when every person's mouth is different?
- A.** Differences are only a matter of degree. Statistics can quantify these differences. For example, the sizes of teeth in any group of mouths vary statistically (correlation coefficient "r") from 0.7 to 0.9. A 0.9 correlation coefficient is nine times more meaningful than most cephalometric measures we use for diagnostic purposes and it explains away 81% of the variation. It also means that one appliance can be made that will fit several mouths at the same time. Since the "stretch" of the plastic can accommodate up to 3 mm of variation between the upper canines, this will adjust for most of the small differences in shape and circumference.
- Q.** How about the arch form and arch width?
- A.** The arch width is correlated to the size of the teeth (but to a slightly less extent than different groups of teeth to each other) so that the large teeth have proportionately larger arch widths, etc. Variations to this are accommodated by the resiliency of the plastic. To constrict the molar arch width in the appliance 1 mm takes 1 ounce of force spread between the four quadrants. This is not enough force to move molars. The canine area is different, however. The appliance is capable of changing this dimension, but in most cases this distance in the appliance has been designed to fit most patients quite accurately. The appliance is contraindicated in unusual arch forms such as tapered or square, especially in the lower arch. A canine-to-canine lingual retainer can be cemented when starting a case with a severely tapered or square arch force to avoid any adverse changes.
- Q.** Isn't cooperation a problem when asking a child to wear an appliance two hours actively each day for several months?
- A.** Yes, it can be if you cannot motivate children. Children wearing the Occlus-o-Guide® or Nite-Guide® appliances are straightening their teeth for the first time and are not "worn-out" patients such as finished orthodontic cases are after two years of treatment. If you can't motivate children well, find an assistant (frequently a young, enthusiastic, attractive girl) that is talented at it. We do have a monograph on motivation with all sorts of ways to improve this for you.
- Q.** A positioner-like device like this can only accomplish very minor tooth movement – I don't think it will work, will it?
- A.** Do not be fooled by what you think will happen. This is the most efficient appliance of all - it will move teeth twice as fast as a Bionator (or any other functional) and up to 5 times faster than braces. This is due to the orthopedic forces used (50 to 300 pounds per square inch) and the increase in the blood circulation (from pumping forces). It does everything at once (levels the curve of spee, advances the mandible, restricts the maxillary forward growth, corrects overbite and overjet, coordinates the arches, rotates teeth, corrects the crowding and artistically positions teeth). You only have to look at the results to see its potential.
- Q.** It does too much - it won't make me look like an orthodontic specialist in the eyes of the parent.

A. You can do as little or as much orthodontics on each patient. This appliance can make your life easier by converting every case to a simple Class I with a few rotations or torque. Giving a parent some savings in the total treatment cost is an unbelievable practice builder. Parents will talk of your integrity and sincere concern for their child's and their problems.

Q. I am afraid of not making enough money on each patient - I want to make as much profit as possible on every patient - they are hard to come by.

A. There is an unbelievable demand for conservative orthodontics. Seventy percent of potential patients don't get orthodontics because the parents are afraid of the fee. For every case treated with the Occluso-Guide® or Nite-Guide®, that parent will refer five other patients to you.

Q. I can't get young patients at six years of age for the Nite-Guide® treatment. How do you get them?

A. You must spread the word -- we have a monograph on just this aspect of practice development. Within two years at least 50% of your practice will be of this age group.

Q. I don't believe in such early treatment - the diagnosis is too unreliable.

A. There are many compelling reasons for such early treatment, such as:

If you align teeth before the adult collagenous fibers are formed and let them form on straight teeth rather than rotated or crowded teeth, their relapse is reduced almost to nothing.

Severe skeletal problems such as overjet can be permanently altered due to the significant jaw growth remaining.

Young children are more cooperative than older ones.

Guiding teeth into the mouth straight will increase the jaw size permanently, which can reduce the need for extractions in many cases;

You can aid in the eruption direction and sequence thereby increasing stability.

Q. I was always taught that a 12 year-old child is the perfect age to start treatment.

A. One can look to other specialties such as the orthopedic surgeon or the podiatrist for similar problems and at what age children have to be treated to obtain the best results. Scoliosis is a perfect example. If a 12 year-old is treated to straighten the back it almost always ends in surgery, while when a child under 5 is treated by stimulating certain supportive muscles, the child rarely ends up needing surgery. Feet that "toe-in" can easily be corrected in a child when they first start to walk with a brace between the feet. If the procedure is postponed until 12 years, it is impossible to get a successful result. Corrected rotations at 12 years of age orthodontically ends with a 75% relapse. Children with severe jaw discrepancy corrections retain successfully only when sufficient jaw growth remains.

Q. Why can't I just make my own positioner-like appliance by taking impressions?

A. The purpose of a prefabricated appliance is so that proper sized sockets are present in the appliance even before the teeth exit the tissues. This is impossible to do with a customized appliance from impressions. The whole purpose of this technique is to guide erupting teeth into the mouth before collagenous fiber development takes place.

Q. Why don't I just buy one at a time when I actually get a specific patient?

A. Fifty percent of the time, the size selected by measuring will not fit properly and another larger or smaller size is required for an optimum result. You only have to purchase the set once, then as you use them you can replace them one at a time. You will get better results.

Q. The teeth won't retain as well when I use this technique versus fixed appliances.

A. Do you think that the teeth will know how they are being moved? This is ridiculous. Most relapse comes about because of improper or inadequate growth, the persistence of collagenous fibers, and squeezing crowded teeth into inadequate space. Treating at an earlier age can overcome almost all of these problems due to sufficient growth present at younger ages, aligning teeth prior to major fiber development, and the use of larger deciduous molars.