

SnoreHookSplint™

U.S. Patent Pending



SnoreHookSplint: Instructions for Laboratory or Chairside Fabrication

For assistance, email Help.ChairsideSplint@gmail.com to set up a phone conversation to help “walk you through” any problems you encounter. Go to www.SnoreHook.com for helpful hints and chairside fabrication and trouble-shooting videos.

1. Acquire complete and accurate models of the patient’s complete dentition.
2. Insert and snap-in secure the Hooking Mechanism into the pre-engineered portal of the maxillary polycarbonate tray and the lower CrossPlate into the slots of the mandibular tray.



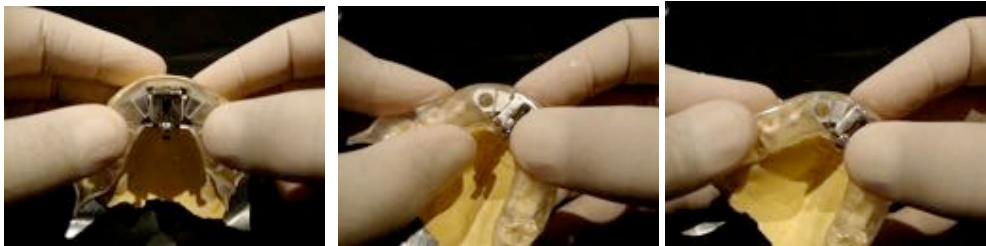
3. Set each tray over the corresponding occlusal surfaces of the models and if necessary, expand or contract the width of the trays as necessary to conform with the width of the arch of the model’s dentition so that the tray sits on the arch without binding.
4. Immerse 3 teaspoons of ThermoPlasticBeads into a glass bowl of recently boiled water and allow to coalesce into a clear, colorless putty.



5. With latex gloves (**not** nitrile, which bonds to the thermoplastic!) form the hot ThermoPlasticPutty into a rope the width of the tray and adapt to the dentition-facing surface of the maxillary tray. The hot putty will stick to the tray.



6. Place maxillary tray over and onto the model of the maxillary teeth, with the anterior labial retaining wall flush against the labial surface of the maxillary incisors. Press the tray down so as to contact with the occlusal surfaces of the teeth. Ensure the extruding putty provides occlusal surface coverage of teeth distal to the ends of the tray.



7. Manually adapt the extruding putty to engulf both labial and lingual sides of every tooth, extending past the gingival margins of each tooth. Use a safety blade to cut away excessive putty at the gingival margins (best to not wait too long and make the cuts before the putty turns too opaque!).

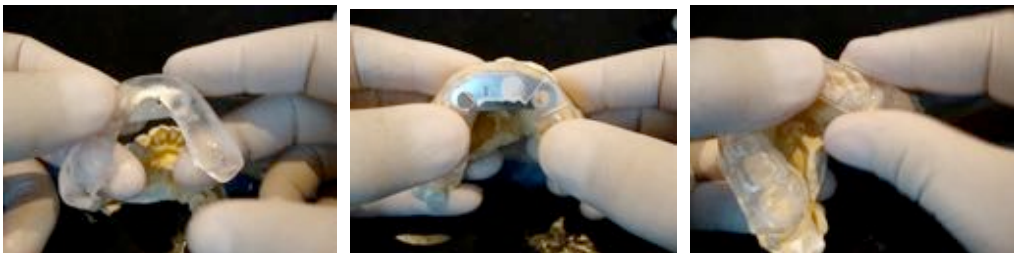


8. As the putty begins to cool, it becomes grayish opaque. ***Remove and replace the tray-w-putty several times onto and off of the maxillary model.*** It may feel too loose and potentially non-retentive to the technician on the model, however, ***this is the desired outcome for ideal patient comfort.***

- Trim away excessive material distal to the most distal tooth, leaving just occlusal surface coverage while **not** wrapping around to the distal of the tooth.



- Repeat the process with the mandibular tray. Do not cover the distal half of the CrossPlate with putty, so as to not inhibit the hook. Upon initial seating, ensure that the leading anterior edge of the tray is directly superior to the incisal edges of the incisor teeth. Do not engulf the labial surface of the incisors with the putty, only their edges need be included within the putty.



- Cut away excess putty at the buccal gingival margins. Cut away labial putty at the incisors, allowing for incisor edge coverage.



12. With the Hook set at its most distal position and with the anterior edge of the lower tray positioned superior to the mandibular incisor edges, the default jaw relationship produced will be incisor “edge to edge” (a naturally occurring functional position to protrude the mandible from).



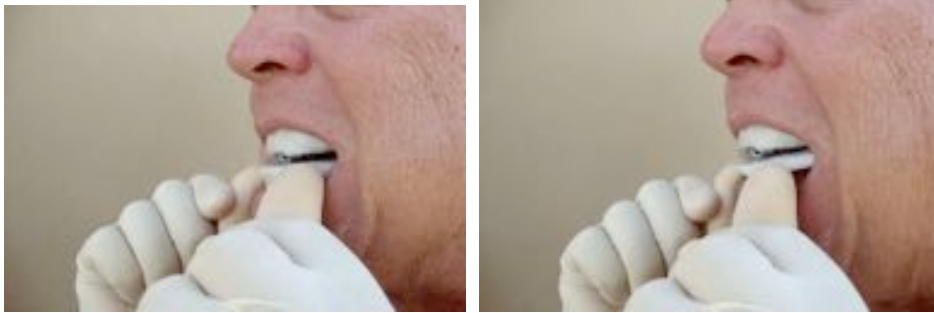
13. Prior to initial insertion at delivery, gently “flame-brush” the internal embrasures with an alcohol torch (a pen style torch is shown here) with only a couple of passes. This will slightly soften the internal potential undercuts and allow for a comfortable seating. Remove and replace a couple of times then allow to sit for a minute, then remove and allow to sit on the bench. Proceed similarly with the mandibular tray.



14. To insert the mandibular tray (following the insertion of the maxillary tray), brace the CrossPlate against the maxillary Hooking Mechanism, with the trays being parallel. Instruct the patient to close “forward, up and into” the mandibular tray.



15. To remove the lower tray, have the patient brace the buccal borders with their thumbs, pushing “up” on the tray while quickly “opening” their mouth.



16. The hexagonal key is used to advance or retrude the Hooking Mechanism as prescribed by the healthcare provider. It is easiest to remove the maxillary tray to adjust the position of the Hook and then place back in the mouth rather than try to turn the key and advance the mandible while in the patient’s mouth.

The SnoreHookSplint features the MDSA Hooking Mechanism, K042161, FDA cleared for reduction of snoring and mild to moderate obstructive sleep apnea in persons 18 years of age or older.