

# SAGA DENTAL AS



Tubular Jumper Hardware: Mobee hinge, K-hinge, brass & ball pins



Lower arch 018x025 Kobra™ 018slot  
021x025 Kobra™ 022slot



Install in the lower arch first



Bring the distal end forward, insert Mobee hinge & ball pin



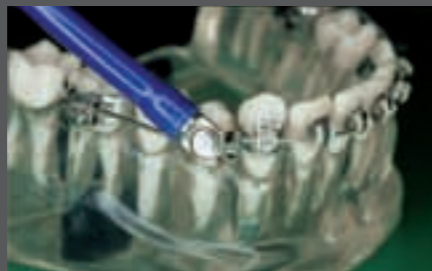
Ask patient to open the mouth, insert from distal end in the HG tube



Installed Jumper



Reduce the length of the ball pin, so that it does not impinge on the tube



For activation move lower hinge distally with split spacer or minilock

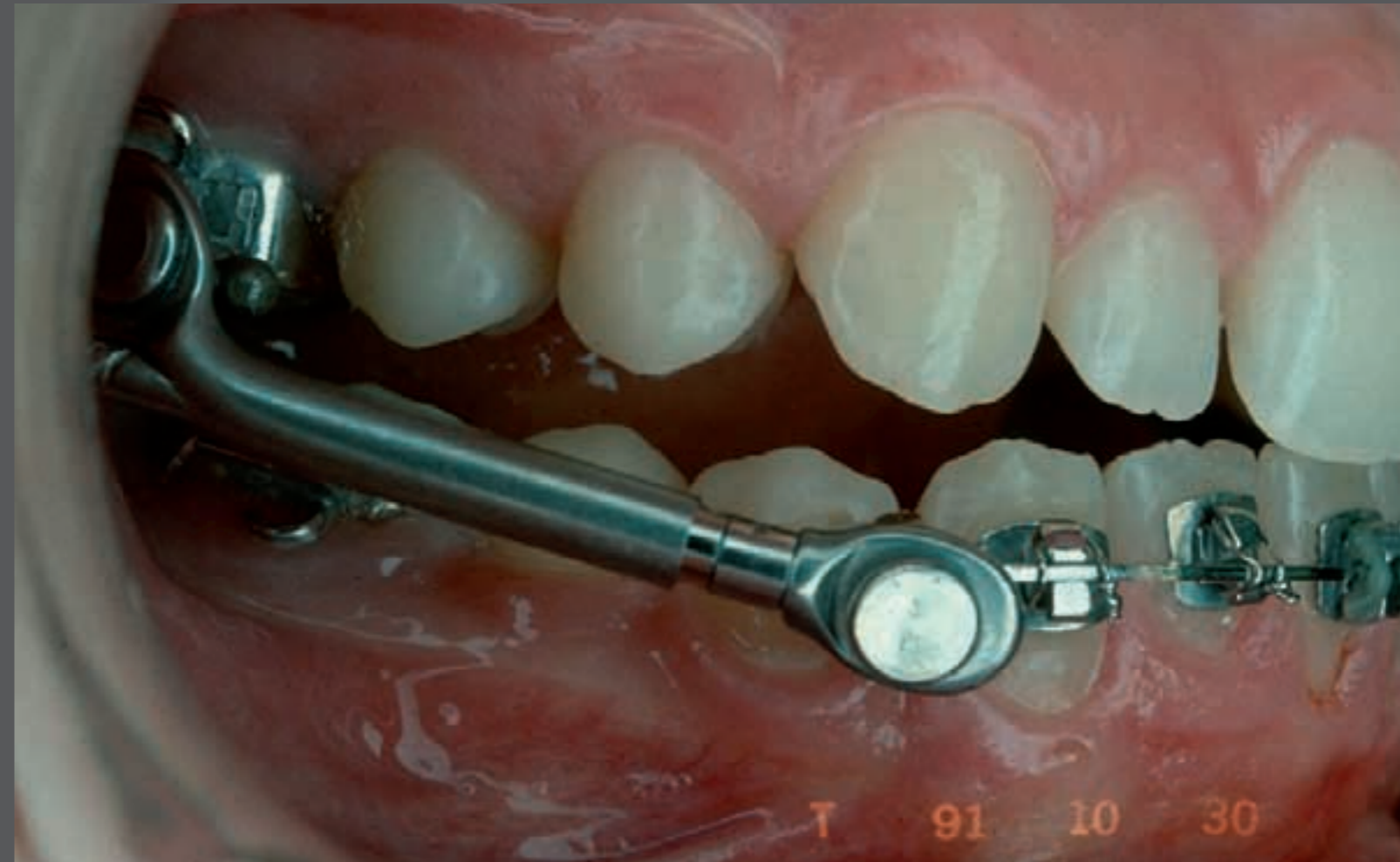


In case of emergency use dental floss to tie tube



To insert new tube hold the tube with right index finger and thumb close to the fitting, with up-down movement push the tube in position

1. Change the Jumper every 3<sup>rd</sup> months
2. In case tube is dislodged from the fitting, ask patient to tie with dental floss.
3. Patient should not open the mouth beyond the length of the jumper
4. Use mouth wash & brush jumper regularly



## MALU™

(Mandibular Locking Unit)

Technique developed by Dr. Swadesh Kumar

# Segmented technique with different variations

## SAGA DENTAL AS

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MALU installed Right 30.10.1991



MALU installed Left 30.10.1991



After 3 weeks Right 20.11.1991



After 3 weeks Left 20.11.1991



Class I after 4 months 18.02.1992



After 3 years Right 26.01.1997



Treatment with Tubular Jumper, 14.05.1997  
Right side



Treatment with Tubular Jumper, 14.05.1997  
Left side



Tubular Jumper installed 04.09.1998



After 4 months, Class I left side 15.01.1999



After 4 months, Class I right side 15.01.1999



After 3 years U/L anterior 26.01.1997



After 3 years Left 26.01.1997



Cable Jumper 25.03.1993



Treatment with Jumper, 42 extracted



Impacted cuspid 06.11.1991



After 4 months split spacer



Cable Jumper 30.04.1993  
After 6 weeks, edge to edge



Cable Jumper 02.06.1993  
Over correction of overbite



Normal level 21.07.1993



Jumper is activated with split spacer in the L/A 17.09.1993



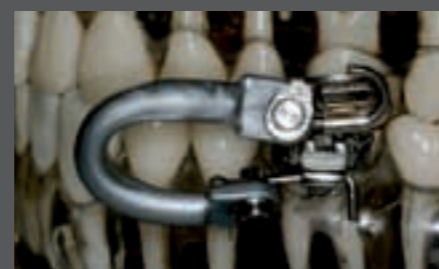
In retention 28.11.1995



In retention, same patient 28.11.1995



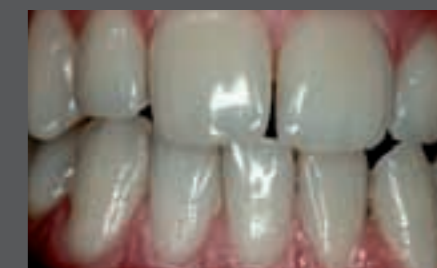
Elastic jumper to intrude U/L posterior segment



Elastic jumper with mouth closed



In retention, same patient 23.05.2000



In retention, same patient 23.05.2000