



for a

healthy future!



dr-hinz-dental.com

Dear colleagues,

Prevention-oriented dental medicine in orthodontics needs early detection and treatment of damaging habits and dysfunctions in order to avoid later jawbone anomalies.

Interdisciplinary cooperation between paediatricians and ENT specialists as well as with speech therapists is required. Dentists can break the habit of sucking, put an end to open mouth posture and induce nasal breathing with simple instrumental means of treatment.

Speech therapists support preventive measures through myofunctional therapy and teaching of proper speech and swallowing functions.

Most preventive dental care services have been excluded from payment through medical insurance, so they have to be paid for privately. The ready-made appliances described and offered here are of low cost and help to prevent or reduce the severity of jawbone anomalies.

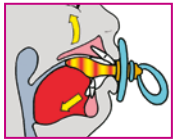


TABLE OF CONTENTS

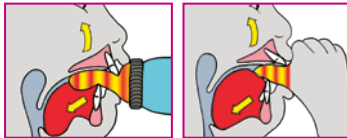
Foreword	2
Why Early Treatment	4
STOPPI®	5
MUPPY	6
OrthoPreventAligner®	10
BRUXI+	16
Toothbrush Set	17
OROFAN®	18

WHY EARLY TREATMENT

Damaging habits and **oral dysfunctions** are – besides premature loss of milk teeth due to caries – the most common causes of malocclusion and jaw anomalies. Thumb-sucking or soothers especially deform the upper row of teeth. An open bite, a lateral crossbite or protruding of the front teeth are the consequences.



The bulky soother or the baby bottle protrudes the upper front teeth and forces the tongue in the pharyngeal space.
Result: An open bite with mandibular setback develops.



Thumb or finger sucking has a protruding effect on the upper front teeth and inhibits the growth of the lower jaw.

Result: An open bite develops, also often asymmetrical with mandibular setback.

From the fourth year of life, damaging habits can already be corrected in the primary dentition through early prophylactic measures and targeted interceptive treatments – e.g. with a standardised oral screen or a ready-made OrthoPreventAligner®. This prevents the transfer of the anomaly to the mixed dentition.



Protruding front teeth



Open bite



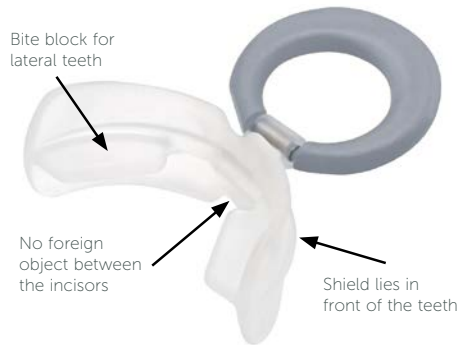
Retrusion of the lower jaw



Before



After

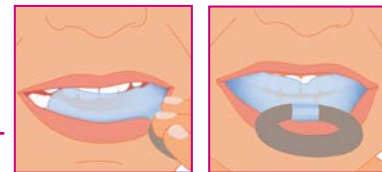


Breaking the habit of sucking at an early stage – no later than at the end of the second year of life – prevents malocclusions and jaw anomalies and can contribute to the self-healing of changes that have already occurred.

If sucking becomes a permanent habit, soothers, thumbs, fingers and baby bottles disturb the normal development of the jaw. In the child's mouth, these are "foreign objects" that lead to malocclusion and jaw anomalies.

STOPPI® is an oral screen made of silicone with lateral bite blocks for a perfect hold. It is characterised by the fact that there is no frontal bite block between the teeth, so that no open bite is favoured and unhindered self-regulation is possible in the case of a slight bite opening.

With **STOPPI®**, no foreign object lies between the incisors. As a result, the upper and lower jaw can develop normally and the teeth can grow undisturbed into their correct position to one another.



MUPPY Standard

(Size I Primary dentition / Size II Mixed dentition)

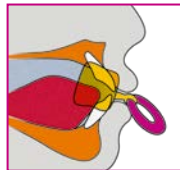
To stop habits of sucking at an early stage, when there is yet no pronounced malocclusion.

MUPPY as prophylaxis: Even if there is yet no pronounced malocclusion, damaging habits of sucking can be stopped with the help of MUPPY. **MUPPY** is offered to children as a substitute which they can accept and wear voluntarily and without pressure.

The Standard MUPPY also helps with incorrect (infantile) swallowing and tongue habits like lip biting or lip sucking, or assists the change from mouth breathing to nose breathing.

The MUPPY is available in two sizes: with a red ring for primary dentition and a blue ring for mixed dentition.

- Optimal for myofunctional therapy
- In the case of neutral bite position
- In the case of habitual mouth breathing
- Helps to correct speech errors
- Strengthens the lip muscles



Shield lies between lips and teeth

Size I (pink)

93 301 **MUPPY** elastic/transparent

93 001 **MUPPY** rigid/transparent

Size II (blue)

93 302 **MUPPY** elastic/transparent

93 002 **MUPPY** rigid/transparent

MUPPY Bite Cap

(Size I Primary dentition / Size II Mixed dentition)

To straighten protruding incisors, or in the case of mandibular setback (class II).

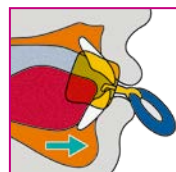
Habits of sucking lead among other things to a protrusion of the upper teeth and can reinforce an already existing mandibular setback. In this case, the **MUPPY** with bite cap is indicated.



The cap prevents **MUPPY** from tilting and the lower jaw is guided forward.

The goal of the therapy is to break the habits of sucking and close the mouth.

- Optimal for myofunctional therapy
- With a cap in the case of mandibular setback (class II)
- Against protruding incisors
- Guides the lower jaw anteriorly into a neutral bite position
- In the case of a deep bite with traumatic bite



The lower jaw is moved ventrally into a neutral bite position. This facilitates and trains lip closure.

Size I (pink)

93 401 **MUPPY** elastic/transparent

93 101 **MUPPY** rigid/transparent

Size II (blue)

93 402 **MUPPY** elastic/transparent

93 102 **MUPPY** rigid/transparent

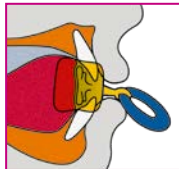
MUPPY Wire Guard

(Size I Primary dentition / Size II Mixed dentition)

For the treatment of a frontal open bite

The frontal open bite is in principle the only anomaly which returns to a normal overbite through self-healing by holding off the tongue and removing the cause. This also applies to mixed dentition, when the open bite is accompanied by spaced teeth. The treatment is called **"interceptive therapy"** because its success depends on the habit breaking. In such cases, **MUPPY** has to be worn regularly also during daytime – and many times for several months.

- Optimal for myofunctional therapy
- Immediate measure against tongue pressing
- In the case of an open bite due to sucking
- In the case of malfunction of the tongue when speaking or swallowing



The wire guard prevents the tongue from resting between the rows of teeth

Size I (pink)

93 201 **MUPPY** rigid/transparent

Größe II (blue)

93 202 **MUPPY** rigid/transparent

MUPPY Pearl

(Size I Primary dentition / Size II Mixed dentition)



The pearl attached to the wire directs the tongue into the palate. This special **MUPPY** is used for Down syndrome and cerebral palsy to guide the tongue weak in muscle to the palate.

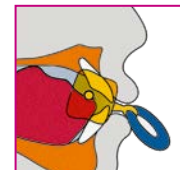
- Optimal for myofunctional therapy
- Strengthens the muscles of the tongue
- For patients with Down syndrome
- Speech disorders
- Salivation due to open mouth posture

Size I (pink)

93 501 **MUPPY** rigid/transparent

Size II (blue)

93 502 **MUPPY** rigid/transparent



Pearl directs the tongue to the palate

OrthoPreventAligner® -System

The **OrthoPreventAligner® System** consists of a ready-made silicon appliance in various shapes for primary and mixed dentition which takes account of the existing malocclusion and anomalies of the jaw.

The OP-A-System also stands out with clear colour-coded indications for individual treatment tasks for differing initial situations.

- Training appliance against false posture of the oral musculature
- For unforced lip closure in open mouth posture
- Conversion from mouth to nasal breathing
- Removal of habits of sucking of every kind
- Removal of false and deep tongue positioning
- Conversion of pathological tongue positioning to the palate



OrthoPreventAligner® PR

PR = Prevention (M = Primary dentition / W = Mixed dentition)

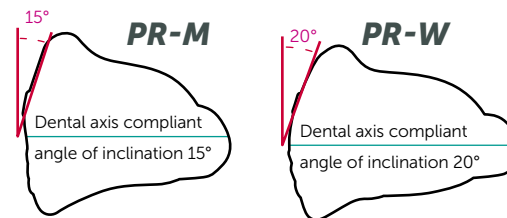
The **OrthoPreventAligner®** for prevention is available for the primary and mixed dentition in soft (shore hardness 45) or hard (shore hardness 60).

It helps to break damaging habits of sucking and helps with other malfunctions of the oral musculature.

It has an ideal semi-circular shape, which allows teeth outside of the dental arch to align due to the restoring force of the silicon material. In order to achieve healthier

nasal breathing, in the case of existing mouth breathing, the appliance purposely closes the mouth without air slits.

- Optimal for myofunctional therapy
- Infantile swallowing
- Elimination of open mouth posture
- Positioning of the tongue rest position



Primary dentition

90 901 **PR-M** soft

90 902 **PR-M** hard

Mixed dentition

90 931 **PR-W** soft

90 932 **PR-W** hard



OrthoPreventAligner® OB

OB = Open Bite (M = Primary dentition / W = Mixed dentition)

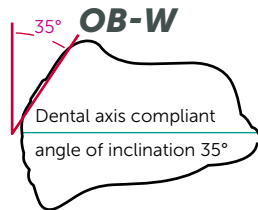
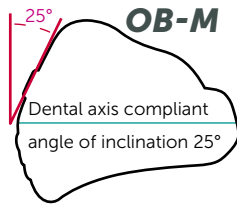
The **OrthoPreventAligner®** for the open bite is available for the primary and mixed dentition in soft (shore hardness 45) or hard (shore hardness 60).

It helps to break damaging habits of sucking and helps with other malfunctions of the oral musculature.

The elimination of the open bite is initially indirect: the tongue is prevented from permanently lying between the incisors. In addition, there is a direct effect achieved by placing the lip shield of the upper jaw on the mostly

protruding and shortened teeth, which are then directed toward the palate. This way, the teeth can extend further in a self-regulating manner.

- Optimal for myofunctional therapy
- In the case of an open bite due to sucking
- Incisors can extend further in a self-regulating manner



Primary dentition

90 911 **OB-M** soft

90 912 **OB-M** hard

Mixed dentition

90 941 **OB-W** soft

90 942 **OB-W** hard

OrthoPreventAligner® KLII

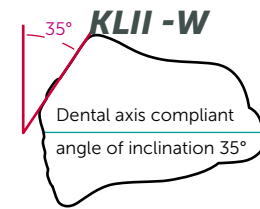
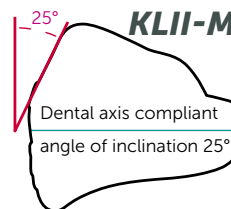
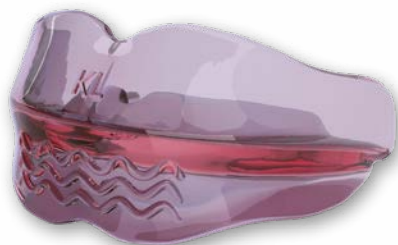
KLII = Lower jaw retraction (M = Primary dentition / W = Mixed dentition)

The **OrthoPreventAligner®** for the lower jaw retraction is available for the primary and mixed dentition in soft (shore hardness 45) or hard (shore hardness 60).

The elimination of protruding front teeth takes place partly and indirectly by growth stimulation of the lower jaw which incorrectly lies backwards. This way, the lower jaw gets in the right position to the upper jaw.

In addition, a direct effect is achieved by placing the lip shield of the upper jaw on the mostly spaced and protruding incisors. They are therefore directed towards the palate, which contributes to reducing the protrusion.

- Optimal for myofunctional therapy
- In case of mandibular setback (class II)
- Improves the bite function of the teeth



Primary dentition

90 921 **KLII-M** soft
90 922 **KLII-M** hard

Mixed dentition

90 951 **KLII-W** soft
90 952 **KLII-W** hard



OrthoPreventAligner® DB

DB = Deep Bite (M = Primary dentition / W = Mixed dentition)

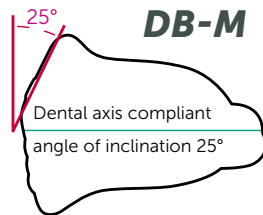
The **OrthoPreventAligner®** for the deep bite is available for the mixed dentition in hard (shore hardness 70).

With the OrthoPreventAligner® DB-W, only the incisors of the upper and lower jaws bite on the appliance, so that a blocking of the posterior tooth region occurs.

The effect of the OrthoPreventAligners® DB-W is indirect due to the bite blocking of the posterior teeth.

It stimulates the vertical growth of the posterior teeth according to the principle of bite elevation of functional orthodontic appliances (activator, bionator, functional regulator, etc.).

- Optimal for myofunctional therapy
- In the case of deep bite
- Against traumatic bites



Mixed dentition

90 961 **DB-W**

OrthoPreventAligner® BR

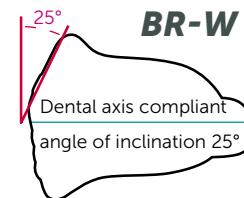
BR = Bruxism (W = Mixed dentition)

The **OrthoPreventAligner®** for bruxism is available for the mixed dentition in hard (shore hardness 70).

If there are other malfunctions due to the tongue or due to malocclusions, these can also be remedied with the **OrthoPreventAligner® BR-W**. Bruxism, which already frequently occurs in infants, is considered by scientists as one of the causes and risk factors for disorders of the jaw joint and chewing muscles in adults (CMD: craniomandibular dysfunctions).

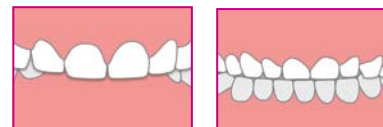
For this reason, early treatment is indicated. Prof. Hinz and partners were able to scientifically prove that with semi-individual silicone splints, the night grinding not only stopped when they were worn at night, but also stopped completely in two-thirds of the children after a few weeks.

- Optimal for myofunctional therapy
- Immediate action against CMD
- Protection of chewing muscles and tooth substance



Mixed dentition

90 971 **BR-W**



Nighttime bruxism is widespread: approximately 20% of all children and adolescents are affected.

Noisy teeth grinding can occur as early as after the eruption of the milk molars in the second year of life. Causes are presumably psychological factors such as stress, fear, aggressiveness or unfavourable occlusion conditions.

This means that the teeth of the upper and lower jaw are not yet properly "interlocked" when they bite together.

BRUXI+ is an individualised lower jaw silicone splint.

- Prevents night-time grinding
- Relaxes the chewing muscles
- Protects tooth enamel

If **BRUXI+** is used at an early stage – from the third year of life – the grinding can be sustainably stopped after just a few weeks.



93 805 BRUXI+ Set

Starter kit content: 50 ml Regofix for Bruxi+, 8 ml SILCOfix, 4 Bruxi+, 4 mixing cannula

TOOTHBRUSH SET



The optimal set for children's daily dental care, consisting of a toothbrush mug (wall holder and 2 animal stickers included) suitable for children and a toothbrush.

- The toothbrushes are available in 5 different colours
- Ideal for kindergartens



Toothbrush set (each: 1 toothbrush, 1 royal blue mug including wall holder, adhesive pad and 2 animal stickers)

94 641 with toothbrush pink

94 645 with toothbrush yellow

94 643 with toothbrush green

94 646 with toothbrush red

94 644 with toothbrush orange

OROFAN® Oral Care Gel



Orofan® oral care gel has a soothing effect in the oral cavity and supports the healing of pressure pressure sores.

Particularly recommended prophylactic use is particularly recommended when using OrthoPreventAligner® and sports mouthguards.

- **Against pressure point pain** and for Braces problems
- **To alleviate** inflammation of the oral mucosa
- Applicable during the entire treatment period

94 740 **OROFAN®** oral care gel, 8 ml

94 741 **OROFAN®** oral care gel, 3 x 8 ml

94 742 **OROFAN®** oral care gel, 75 ml

EARLY TREATMENT – A HOLISTIC VIEW

Webinar Date:

Wednesday, 08/23/2023

from 18:00 to 19:00 pm





Dr. Hinz Dental-Vertriebsgesellschaft mbH & Co. KG
Friedrich der Große 64 • 44628 Herne • Germany
www.dr-hinz-dental.com

Service-Hotline +49 23 23 / 593 420

Fax +49 23 23 / 593 429

