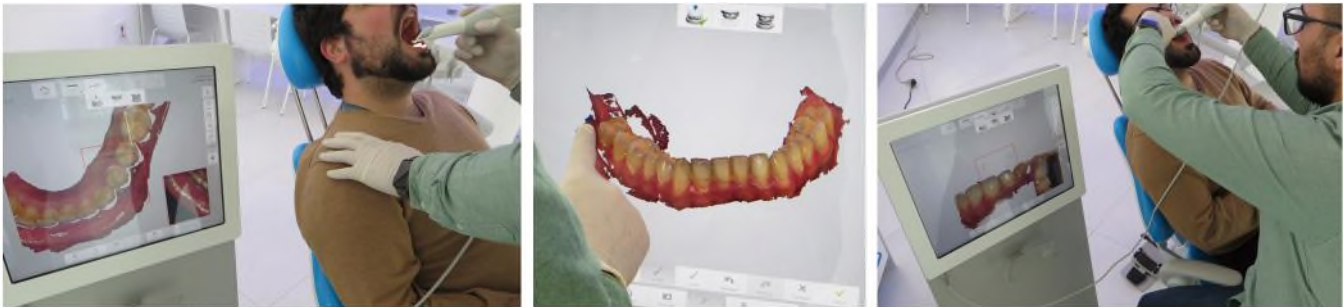




Orthoapnea – Intraoral scanner
Range of Movement with George gauge

Method with Intraoral Scanner

• Upper and Lower Archades



• Range of movement

- Measured with:
- George gauge and 5 mm opening.

• Maximum Retrusive and Protrusive

1°) Adjust the gap gauge to the lower central incisors. (The incisal cusp should come into contact with the bottom of the indent). Fix the gauge screw.



2°) Check that the upper central incisors, centered with the fork mark, touch the bottom of the indent. In case of not touching, make a recess in the posterior area of lesser thickness of the fork until the incisors touch the bottom. Important: Do not increase the depth of the indent.



3°) Insert the fork into the gauge. Introduce the assembly in the mouth by matching the middle line of the upper arch with the fork mark.



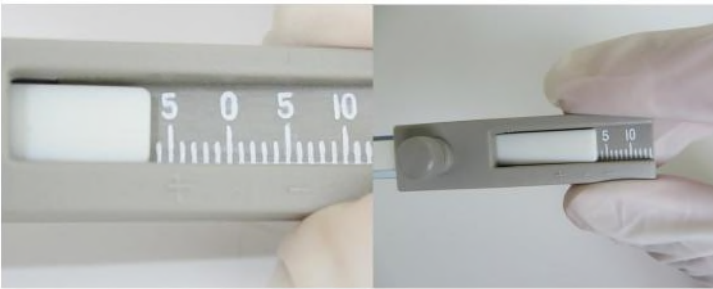
4°) Guide the patient to slide the jaw from the centric relation to the maximum retrusive position. Record the millimeter measure shown in the caliber rule.



5°) Guide the patient to slide the jaw from the centric relationship to the maximum protrusive position. Record the millimeter measure shown in the caliber rule.

• Calculating Starting Point (60-70%)

- Calculate 60% or 70% of the patient's total range of motion:



- Example: $(+7 \text{ max prot.} - (-3) \text{ max retrus.}) \times 70/100 = +4$

Having the maximum retrusive in -3 and the maximum protrusive in +7 we calculate the distance between these two points, which would be 10mm. In this result (10mm), we calculate 70 percent, $10 \times 70/100 = 7$. We place the fork in the 7mm position counting from the maximum retrusive -3, which results in +4. Therefore, our Starting Point will be +4.

Generic recommendation:

Use 70% in patients under 50 years of age.

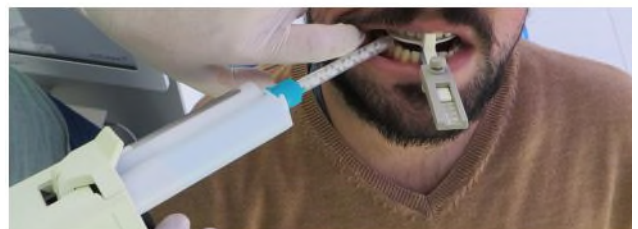
Use 60% in patients older than 50 years.

• Bite with Gauge in Starting Point. 1°)

Set the gauge on the calculated Starting Point.



2°) Insert the gauge in the mouth (without bite material).



3°) Record bite with the gauge in mouth using silicone. (Recommendation: Pour silicone in the occlusal plane - between gauge and teeth- avoiding accumulations in the vestibular area in order to enable the scanner's dental recognition).



4°) Scan the bite with the gauge fixed with registration material.

