



U CONCEPT® CONTRIBUTES TO MYOFUNCTIONAL REEDUCATION



BREATHING



SWALLOWING



CHEWING



POSTURE



FACIAL BALANCE



- ▷ Physiological & adjustable
- ▷ Biocompatible silicone
- ▷ Flexible & comfortable
- ▷ Painless & scentless
- ▷ Individualized to patient

NEW

▷ FLEXIBLE
or ▷ SEMI-RIGID

uconcept.eu



PRESENTING THE BIO TRAINER SILICONE TRAINER FAMILY

U Concept® Philosophy

“Behind every dental and jaw orthopedic problem there is some kind of functional problem.”

Dr. Carl F. Gugino

Beyond genetics, the role of the functional environment is very important in the development of orthodontic pathology. If negative environmental effects can be minimised or neutralised during growth, then a less severe pathology will develop. Jaws growing in functional and muscular balance will provide more space for permanent teeth thus creating the possibility of both jaws and arches finding adequate positions and thereby the harmonious development of the face. Balanced functional conditions created and maintained during growth will significantly improve the long term stability of the case.

Nowadays it is still quite common for orthodontists to only meet patients towards the end of the growth period, thus they can only treat fully developed orthodontic pathologies. Options at this stage are limited. A fixed appliance can only move teeth within the jaw as it had already developed, which limits treatment options in this situation. A far more advantageous situation to both patient and dentist can arise when the patient is still well before puberty at the start of treatment because at this time, there is a plethora of removable appliances at the disposal of the orthodontist to guide the growth of the jaws in an ideal direction.

Why do orthodontists concentrate so much on this short period of growth in puberty that is not even reliable? Why do they not use the entire period of grace to create an adequately harmonious environment of development for the patient? Trainer type appliances enable the orthodontist to start treatment at a very early age from 3 to 4 years. The goal is to allow as little time for the development of the dysfunction as possible, because correction will be that much easier. The possibility of treatment at an early age, easy adaptability and usability secure all the possibilities that new previous orthodontic appliance could provide:

- The appliance can be given to the child on the very first appointment without the need for an impres-

sion. This maintains the patient's motivation and is more suitable to the requirement of immediacy so characteristic of our times. The material is comfortable, soft or medium hard silicone, as opposed to the usually used acrylic and metal combinations.

- The various types and sizes of the trainer family make it possible to treat various pathologies from an early age up to the end of puberty.
- Trainers help during treatment with a fixed appliance and can also be used in adults to treat certain problems.

The basic principle of their effect is that they treat the functional matrix surrounding teeth and jaws: breathing, soft tissues, musculature, tongue, bad habits, posture, TMJ.

A well functioning functional matrix creates a healthier environment for the jaws in growth thus two dental arches in harmony are formed. Therefore it is of fact most important to start treatment at the earliest age possible.

The sooner the bad habits, muscular tension and muscular dysfunction in the functional matrix are neutralised the sooner can a healthy environment develop which will prevent pathology in teeth and jaws from developing, or become more serious. (Dr. Daniel Rollet)

In the past 25 years other positive effects of the appliances have also been encountered:

- Sleep at night becomes more relaxed and restful by normalising breathing. The child's brain gets richer in oxygen and cooler, school performance improves, behavioural issues related to a lack of sleep are reduced.
- It has a positive effect on posture.
- With early treatment the child has more confidence (holistic approach)

WHAT IS A TRAINER?

A trainer is an appliance of functional treatment which influences the development of the jawbones through balancing perioral muscle function, the position and function of the tongue and through preferential nasal breathing. It can be used from around the age of three or four years which enables the development of correct muscular and breathing function during growth. In childhood and in the adult it enables muscular tensions to be relaxed. It helps in strengthening weak musculature. It helps with the correction of bad habits already formed, such as: breathing through the mouth, infantile deglutition, extreme lip tension, low tongue position, biting the lower lip, weak lip musculature, certain types of phonation problems, etc.



The use of a soft silicone material largely facilitates getting used to the appliance. The wide range of trainers covers the full spectrum of anomalies to be treated. The

wide range of colours makes the appliance more acceptable to children. Should the patient feel any discomfort the appliance can be easily adapted to the child's size.

GENERAL CHARACTERISTICS OF THE APPLIANCE

The appliance is made of sterilisable, biocompatible, odour free silicone in Shore hardness 30 and 50. Appliances made of Shore 30 material are very comfortable, thereby facilitating the phase of getting used to them. Because of the same characteristic they can be

easier damaged if used improperly as contrasted to the Shore 50 material. The recommended protocol is to start treatment with an appliance of Shore 30 hardness and then switch to a Shore 50 hardness one if necessary (in case of frequent damage due to chewing).

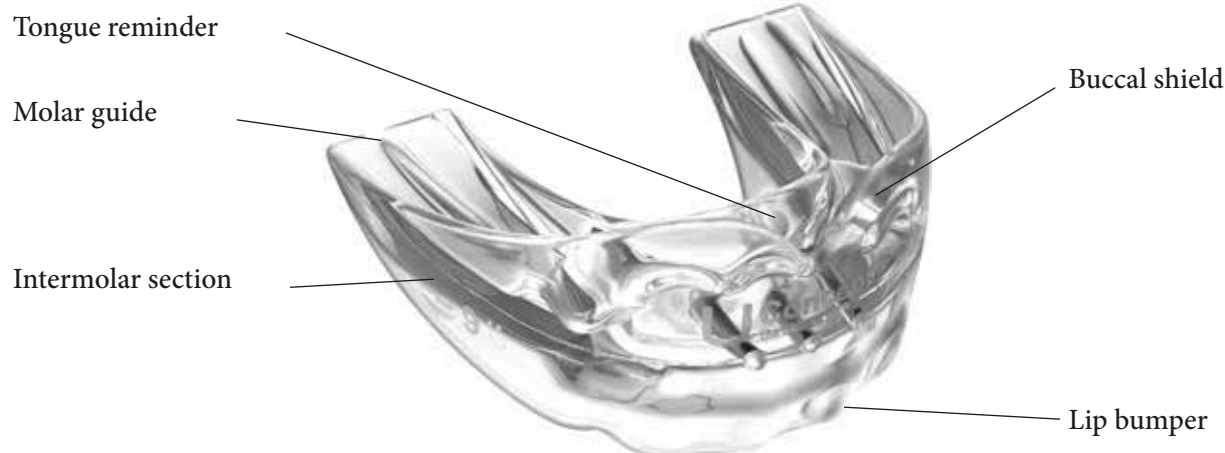


PARTS OF THE APPLIANCE

- **Buccal shield:** the part in front of the teeth, which keeps the cheek away “reducing compressive forces on the teeth” and by a gentle traction of the periosteum it causes additional bone growth on the buccal side of the alveolar process, thereby widening the dental arch. It can be modified, if necessary.
- **Intermolar region and molar guide:** thicker part between the upper and lower molars, and a “roof shape” region in this area. The molar guide runs in the grooves of the molars, thereby helping the correct positioning of the erupting molars and premolars. Due to the anterior shape of the appliance and the thicker part in the molar region, the appliance keeps the mandible in edge bite and moves the condyle downwards and forwards, thereby enabling the growth of the mandible (except for the Class III appliances). The appliance must reach to at least half of the last tooth present. Should it be too long, it can be easily trimmed with scissors.
- **Tongue guide:** the lingual side of the appliance facilitates for the tongue to find the correct position.

The tongue that applies pressure to the palate supports the alveolar arch of the maxilla, thus preventing the all too common constriction of the upper arch, or can help in resolving the already existing constriction.






- **Tongue reminder:** it helps the tongue reach and maintain the correct position.
- **Lip bumper:** part of the buccal shield in front of the front teeth. Its various shapes help in correcting excessive tension in the lower lip. Thanks to this the pressure of the lower lip is dissolved, thus preventing crowding in the lower front teeth or helping to resolve such crowding, if already present. It is very important in cases where the lower lip is stuck behind the upper front teeth (CI II/I).
- **Breathing holes:** the small holes in the anterior portion of the appliance serve to reduce vacuum when swallowing, thus making the adaptation period easier.



RANGE OF COLOURS

The appliances are available in these standard colours: transparent, pink, light blue (new), dark blue.

Offering the choice to the child can improve motivation in the initial phase.

	Transparent	Pink	Light Blue	Dark Blue
30 shore				
50 shore				

SELECTING THE APPLIANCE

Establishing the correct diagnosis is the basis of selecting the appropriate trainer. Diagnostics is holistic in nature extending not only to the face (general medical history, dental abnormalities, radiographic analysis, photo-documentation) but it should also consider all the elements of the FUNCTIONAL MATRIX, the child's personality the relationship between child and parent, the level of motivation and other psychological factors.

Within the orthodontic history factors to be considered include: posture, gaze, position of the nose (a turned up nose is often associated with mouth breathing), patency of the nasal cavity, tongue movements, lingual frenum, deglutition, labial frena, all tonsils, lip position, lip musculature, nail biting, bruxism, phonation issues, eye bags, and last but not least the TMJ. Establishing the transversal dimension before appliance selection or beginning treatment is especially important. In a con-

stricted maxilla the transversal dimension needs to be addressed first (Hyrax, Quadhelix, etc.) and trainer treatment can only be started afterwards. The exception to this rule is if the treating orthodontist wants to anchor the transversal expansion appliance on the permanent first molars, which are not present yet.

There is a table summarising the appliances based on age and Angle class. The basis of selection in the diagnosed malocclusion and the child's age. The real size of the patient's mouth and dental situation should be taken into account. The chosen appliance should be tried in the patient's mouth. If necessary, a larger or smaller trainer can be selected. If the appliance is of the correct size, but certain parts put painful pressure on the gingivae or mucosa, then it should be corrected immediately. An appliance painful to wear will not be worn by the patient and thus motivation and trust can be easily lost.

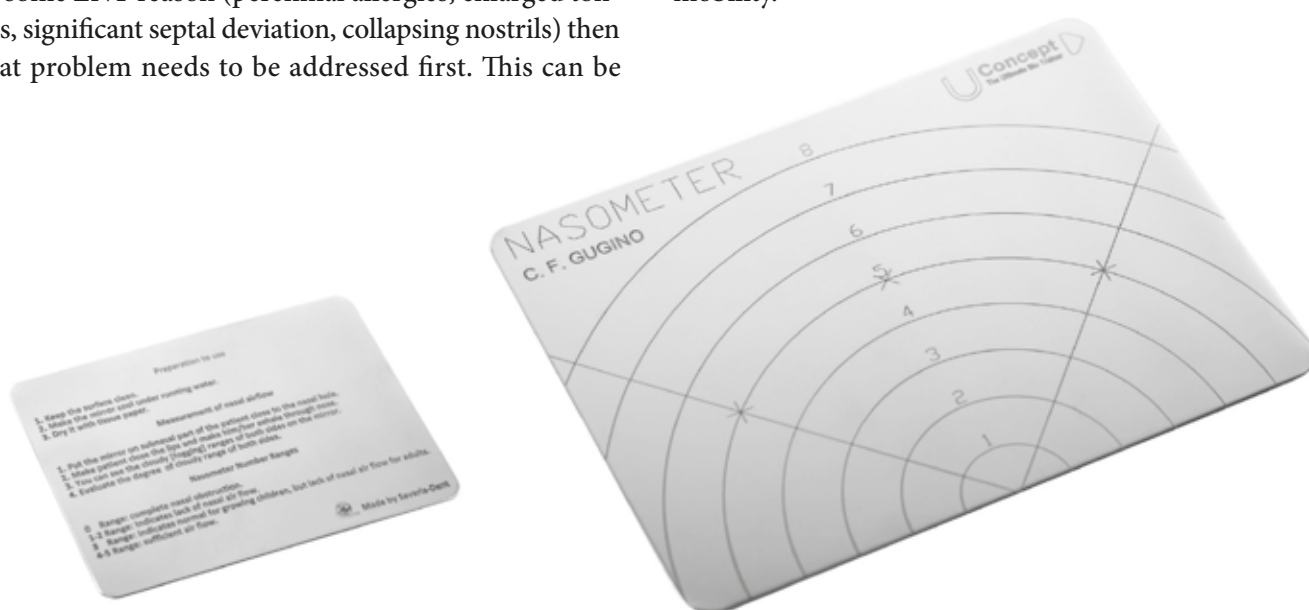
TONGUE MOBILITY, NASOMETER

Before delivering the appliance and starting treatment it should be checked how much the patient is able to breathe through the nose. Nasometer is a tool developed by Dr. C. F. Gugino usable for this purpose. It can be used to evaluate expiration through the nose and to document development achieved through treatment and exercise.

If the patient is unable to breathe through the nose due to some ENT reason (perennial allergies, enlarged tonsils, significant septal deviation, collapsing nostrils) then that problem needs to be addressed first. This can be

achieved by consulting other professionals such as ENT doctors, allergy specialists, dietitian, physiotherapist, etc.)

It is also an important criterion that the child should be able to position his tongue to the palate. Tongue mobility should be checked in all patients. Limited tongue mobility due to a short lingual frenum should always be addressed and a surgical or laser frenectomy should always be accompanied by exercises developing tongue mobility.



NASOMETER

MANUFACTURED BY: SAVARIA-DENT

Developed by C.F. Gugino

Developed by Dr. C. F. Gugino for U Concept®, the NEW Nasometer is a simple and highly effective diagnostic tool that evaluates the expiratory capacity of the nasal mucosa and nasal passages for each nostril. It allows you to assess the baseline expiratory value and its development as myofunctional treatment progresses. You can also motivate your patient by showing them their progress, demonstrating the improvement and restoration of their nasal breathing.

PREPARATION FOR USE

- Keep the surface clean.
- Cool the mirror under running water.
- Dry with tissue paper.

MEASURING NASAL AIRFLOW

- Place the mirror under the patient's nose, close to the nostrils.
- The patient should close their lips and exhale through their nose.
- Fogging will appear on both sides of the mirror.
- Assess the extent of cloudiness on both sides.

INTERPRETATION OF NASOMETER SCALE VALUES

- 0 range: complete nasal obstruction.
- 1–2 range: indicates a lack of airflow through the nose.
- 3 range: normal in growing children, but indicates a lack of nasal breathing in adults.
- 4–5 range: sufficient airflow.

ADVICE FOR A SUCCESSFUL TRAINER TREATMENT

MOTIVATION:

It is important to assess the motivation of both the child and the parent. Attention should be drawn to their responsibilities and roles in the interest of a successful treatment. The parent's role is fundamental in the initial phase. A gradual approach is paramount to achieve success. If the child is unable to keep the appliance in the mouth correctly for at least an hour and a half (keeps the lips sealed, breathes through the nose, does not chew on the appliance, does not speak with the appliance in the mouth, keeps the tongue on the palate, swallows correctly), then in most he or she cannot be expected to keep the appliance in the mouth overnight. In the first 2–4 weeks the parent's active supporting presence is of outmost importance. It is a good idea to provide information material to the parent in writing at the beginning of the treatment together with a small calendar, in

which the wearing time of the appliance each date can be traced. If overnight use can be achieved then daytime use can be reduced to 2–3 times 15 minutes in periods of tooth eruption. At other times it is sufficient to wear the appliance at night. If overnight use cannot be achieved then daytime use should be extended and it should be investigated why the child is unable to wear the appliance at night. Most common causes include insufficient daytime wear and lack of motivation.

The child is responsible for his or her own health. Parents, the environment, the orthodontist and the 'trainer' are all there to help, but the child must understand that he or she must work to achieve a better position for the teeth. Attention must be paid to wear time, posture, using the appliance correctly and following the exercises.

FITTING THE APPLIANCE:

If the parent and child have been persuaded and the appropriate trainer has been selected, then the child should have the chance to choose its colour. This can make the appliance more lovable for the child. Upon fitting the appliance attention should be drawn to the importance of patent nasal airways. If necessary the patient should be asked to blow the nose until the airway is clean and patent.

Once the appliance has been selected it should be placed in the patient's mouth and checked and modified as necessary. The correct direction of placement should be shown both to the patient and the parent and should be practiced in the chair. It is important that the appliance should not cause any pain. They should be informed that should they encounter any difficulty wearing the ap-

pliance, they should contact the orthodontist immediately and not wait until the next scheduled appointment, thus avoiding losing time and motivation. Having placed the appliance into the mouth the patient should be asked to close the lips. The importance of this should be explained to the parent. They should also be warned the chewing and talking with the appliance are not allowed. The parent should be informed of the jaw movements that might suggest that the child is chewing on the appliance.

The patient should be taught how to swallow with the appliance as soon as there is a sufficient amount of saliva

in the mouth (this might take several minutes). During correct deglutition only the sublingual tissues move. They should be informed that an increased amount of saliva will be present in the first few days of using the appliance, which is a good opportunity to practice correct deglutition under supervision.

Additional functional exercises might be prescribed as necessary. Some of these can be done with the trainer in mouth, others without it. Not more than two sets of exercises should be prescribed at the same time. Exercises should be practiced before the child is discharged.

CONTROL:

Control frequency: 2-6 months. Photographs of the face and teeth should be taken at each appointment. These enable the tracking of changes or a lack of those. Change is a lot more visible to both parent and child if it can be demonstrated on initial and current photographs. This is also an important motivational tool as the child can see the fruit of the work. If no change is seen (or no more than what could be expected from natural growth), then the patient either does not use the

appliance or does not use it correctly. Potentially the appliance has been chewed on so much that it has lost its effect.

Should the patient's growth require it, the next size appliance can be provided. Work is more efficient if a small stock of appliances is kept in the practice. This can ensure the continuity of treatment, save time and provide a quick solution to a range of potential issues.



U Kiddy – age 3-6 years

The appliance is small and soft enough to be used from 3 years of age, if the child is already psychologically mature enough to use it. It is often helpful in discontinuing dummy use or thumb sucking, which in itself is an important step in the right direction. The appliance has a lip contact stimulator (small appendage on the buccal side), which helps keeping the lips sealed and reassures the parent that the child has no swallowed the appliance.

Indications:

- Helps discontinuing dummy use and thumb sucking
- Treatment of open bite
- Treating cross bite and asymmetries
- Prevention and correction of bad function or habits
- Correcting the midline.



U Start – age 4-6 years

Can be used in cases of Class I, Class II or when Class III is induced by tooth malpositions. By treating disfunction it is possible to correct crowding, open bite or mouth breathing. This appliance can be used in deciduous or mixed dentition. It is recommended to start treatment as early as possible to prevent the development of asymmetries.

Indications:

- Correcting bad habits
- Treating distal bite
- In crossbite (controlling the transversal dimension)
- Treating deep bite
- Orthopedic correction.



UTrainer – age 6-8 years

SOFT

For the treatment of midline, crossbite, distal bite with less than 6 mm overjet and open bite in Class I and Class II cases. It is important that the selected appliance should reach to at least half the already erupted molar. It can be used for space maintenance if deciduous teeth were lost early.

Indications:

- Mixed dentition
- Correcting bad habits
- Neutralising the functional matrix
- Liberating the TMJ
- Orthopedic correction
- Preliminary alignment of teeth



UTrainer – age 8-14 years

Most patient present to the orthodontic practice at this age, thus this is the most used appliance. For the treatment of crossbite, distal bite with less than 6 mm overjet and open bite in Class I and Class II cases. It is important that the selected appliance should reach to at least half the already erupted molar. It can be used for space maintenance if deciduous teeth were lost early.

Indications:

- Mixed dentition
- Correcting bad habits
- Neutralising the functional matrix
- Liberating the TMJ
- Preliminary alignment of teeth



UTrainer+ – age 8-14 years

The U Trainer+ was developed based on several years of clinical experience and analysis of treatment results. We often found that although treatment progressed well, the excessive proclination of the upper incisors prevented the lower jaw from advancing into an Angle Class I position. We developed the U Trainer + device to solve this problem. We apply increased torque in the maxillary incisors/anterior teeth region, so that the axial position of

maxillary incisors/anterior teeth developed during treatment does not inhibit mandibular advancement into Class I. Another positive experience we have had is that patients who wore a trainer before the placement of the fixed appliance respond significantly faster to the Class II elastics used during fixed appliance therapy. This reduces the overall treatment time and makes the final result more stable.



UClass2PRE – age 6–12 years

UClass 2 appliances can be used to treat overjets over 6 mm. Should the overjet be over 8-9 mm then the appliance UClass 2PRE can be used, which brings forward the mandible in two stages thus reducing extreme muscle tension and enabling easier muscle adaptation.

In these cases the upper lip is often very weak, upper front teeth are in protrusion and the position of the lower lip maintains and aggravates the situation both at rest and in function. The appliance has a marked effect

UClass2 – age 6–12 years

on the lip musculature and the mentolabial area. It can be well used in an open bite situation, too, as due to its high labial shield and lip bumper it can bridge the open bite and helps in correcting dysfunction and the bite may start to close.

Indications:

- UClass2PRE: overjet > 8 mm
- UClass2: overjet < 8 mm



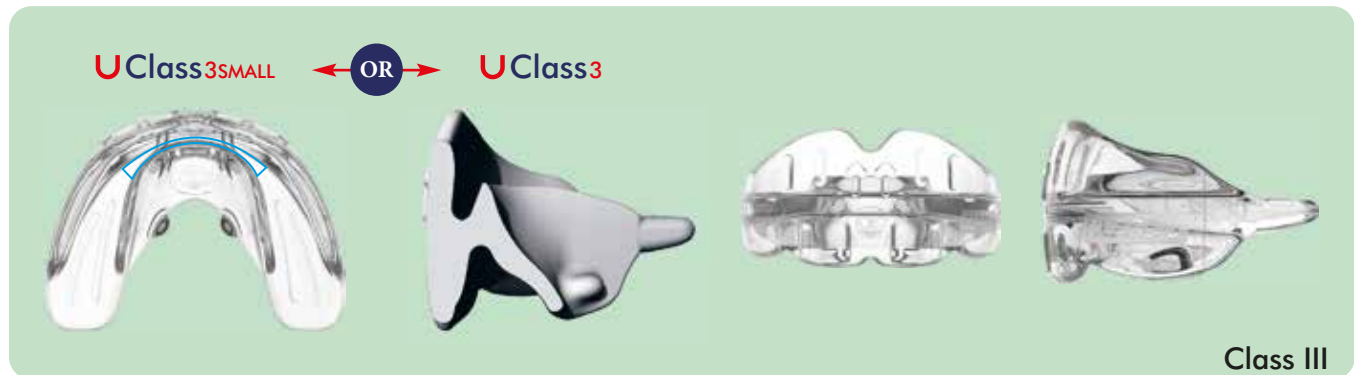
UClass3SMALL – age 4–6 years

The design of the appliance (positive overjet) helps the growth of the premaxilla and holds the mandible in place instead of letting it slide forward. Because of the almost symmetrical appearance of the appliance arrows show the direction of placement.

UClass3 – age 6–12 years

Indications:

- Anterior crossbite
- Class III
- Enabling the growth of the premaxilla
- Preventing mandibular protrusion



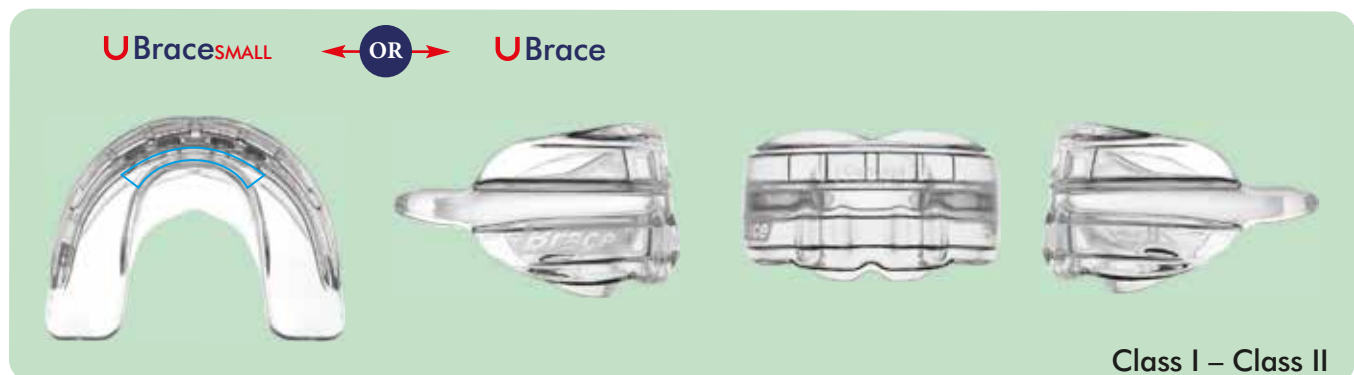
UBraceSMALL – age 6–9 years

It is still possible to harmonise the functional matrix if the patient first presents to the practice at an age where fixed appliances are necessary. This appliance can be used together with the fixed appliance. This makes wearing the fixed appliance more comfortable, speeds up the process. Can be used with braces, rings, Quadhelix and transpalatal arches.

UBrace – age 10 years and upwards

Indications:

- Before and during treatment with a fixed appliance
- Ideal during initial levelling
- Children and adults can use it in mixed and permanent dentition
- Helps transform the arch shape
- Protects soft tissues during treatment with a fixed appliance



U Pilot – age 11 years and upwards

When treatment with trainers is started in time, sometimes no fixed appliance is necessary. In these cases treatment can be finished in a precise manner using one of the Bio FINISHER appliances selected according to size. These appliances have indentations up to the second premolar, which guides correct eruption and leads to good occlusion. These are finishing appliances that cannot be used to correct major crowding, therefore they cannot replace treatment with a fixed appliance. They can be used for retention following treatment with a fixed appliance. The appliance is available in 5 sizes.

With the use of the measurement tool the size of the patients teeth should be established between the distal edges of the upper first premolars (14 to 24) and the appliance should be selected based on this.

Indications:

- Minimal crowding in mixed and permanent dentition
- Helps correct minor relapses in the front region following fixed treatment.



U Concept Pilot size selection template

U Pilot devices are the finishing appliances of the U Concept® trainer family, which are available in 7 sizes. The 7-piece size template series is an aid for selecting

the right size device. The size numbers are marked on the distal ends of the templates.



EXERCISES

HUMIDIFY AND CLEAN THE NOSE



Humidify the nose with saline or with sea water.



Place the tissue on the nose like a mask.



Breathe in deeply, close your mouth, pinch one nostril and exhale through the other nostril until it is empty and clean.



Repeat the same process with the other nostril. Never blow through both nostrils at the same time.



IMPROVING MUSCLE TONE IN THE LIPS



1. exercise: Brrrr...

Vibrate the lips for at least 15 seconds. Later increase the time as the lips become stronger.

⌚ Min. 15 seconds

🔄 Repeat 10 to 15 times



2. exercise:

Try to reach your nose with your lower lip. Push upwards with your lower lip, keep it there for a few seconds, relax and repeat.

⌚ 5 seconds

🔄 Repeat 10 times every day



3. exercise:

Push on the lower lip with your upper lip. Maintain pressure for a few seconds and relax. Repeat.

⌚ 5 seconds

🔄 Repeat 10 times every day



IMPROVING MUSCLE TONE IN THE LIPS



4. exercise:

Brrrr... + Prrrr...

Alternate between Brrrr and Prrrr as sounds of an engine every 1–2 seconds.

⌚ Min. 5 seconds

🔄 Repeat 10 times every day



5. exercise:

The fish

Suck your cheeks and lip together like fish do and then without stopping inflate your cheeks.

⌚ 5 to 10 times

🔄 Repeat 10 times every day



IMPROVING MUSCLE TONE IN THE LIPS



6. exercise: Spoon

Exercise with a teaspoon (with a wooden spoon if necessary). Hold the spoon as horizontal as possible without touching it with the teeth or without contracting the lips. It can be made harder by placing some sugar in the spoon.

⌚ Min. 10 seconds

🔄 Repeat 5–10 times a day



7. exercise: Button

Place the button into the mouth (behind the lips – in front of the teeth) and then strengthen the muscles of the lips by pulling on the thread.

⌚ Min. 10 seconds

🔄 Repeat 15–20 times a day



HORSEY EXERCISES



1. exercise: Clip-clop

Try to perform a 'clack' sound against the roof of the mouth with the mouth open. Try to make the sound as loud as possible.

⌚ 30–45 seconds

🔄 Repeat 10 times a day



2. exercise: Pffrr...

'Pffrrr...' like a horse snorts using the upper and lower lips freely.

⌚ 5 to 10 times

🔄 Do it 10 times a day



NOSE BREATHING EXERCISES



1. exercise: Nose breathing without the appliance

- Lean against the wall to stand straight.
- Breathe in through the nose (count to ten) while breathing air into the tummy and then breathe out slowly through the mouth

🕒 10 seconds

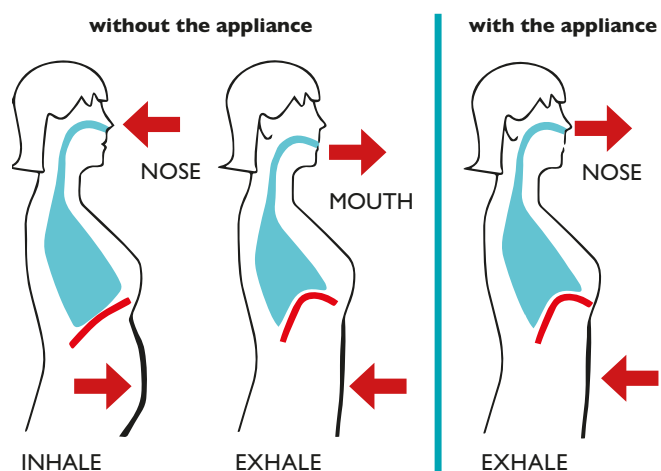
🔄 Repeat 3x10 times a day

2. exercise: Nose breathing with the appliance

- Lean against the wall to stand straight.
- Breathe in through the nose (count to ten) your belly should rise. Then slowly breathe out through your mouth.

🕒 10 seconds

🔄 Repeat 3x10 times a day



3. exercise: Breathing through alternating nostrils



Starting position: lips closed.



Apply pressure on the right nostril, breathe in through the left nostril.



Apply pressure on the left nostril, exhale through the right nostril – then breathe in through the right nostril.



Apply pressure on the right nostril: exhale through the left nostril.

🕒 10 times per nostril

🔄 Once a day

TONGUE EXERCISES



1. exercise:

Tongue to the roof of the mouth

Push the tongue strongly to the roof of the mouth and keep it there while opening the mouth as wide as you can. Push tongue as far as possible. (It is possible to feel some sensitivity in the lingual frenum, but this is a good sign.)

Repeat 15 times

Repeat 10 times a day



2. exercise:

Tic-Tac

Place a Tic-Tac on the tongue and then place the appliance into your mouth. Let the Tic-Tac melt while rolling it against the roof of the mouth.

3–4 minutes

Repeat 2 to 3 times a day



3. exercise:

The rubber band

Try to keep the little rubber band(s) on the tip of your tongue. Push the tongue against the roof of your mouth then close the mouth. Keep the rubber band at this position as long as possible (also while speaking, or swallowing).

Min. 45 seconds

Repeat 3 times a day



TONGUE EXERCISES



4. exercise:

Chocolate cream

Place multiple bits of chocolate cream on the face at a distance that is still reachable by the tongue. Clean the face with the tongue.

Min. 4 bits



5. exercise:

Cream

Place a bit of cream, jam, honey, etc. on the palate and lick it off. Try to make the longest movement possible with the tongue.

5–10 seconds

Repeat 5 times a day



6. exercise:

Swallowing in front of a mirror

Stand in front of a mirror with a glass of water in the hand. Swallow a sip of water and control your movements (the lips should stay still and the tongue must not be pushed between the teeth). Do it until you finish the glass.



MENTOLABIAL FOLD EXERCISES



1. exercise: The monkey

Pass your tongue under the lower lip slowly from right to left and left to right. Stop in the middle and try to slowly push the tongue as deep as possible (there might be some sensitivity which is a good sign).

🕒 Pass 5 times from right to left.

🔄 Repeat 5 to 10 times a day



2. exercise: The bubble

Try to blow air into the whole area of the lower lip and chin. Push the air as deep as you can without tensing the muscles of the chin.

🕒 10 seconds

🔄 Repeat 10 times a day



LINGUAL FRENUM EXERCISES



1. exercise: Touch the nose

Try to reach your nose with the tip of the tongue. Stretch it as far as possible.

🕒 5 seconds

🔄 Repeat 10 times a day



2. exercise: Cleaning the teeth

Use your tongue to clean all the tooth surfaces.

🔄 Repeat 5–10 times a day



3. exercise: Cleaning the lips

Use your tongue to clean all the surfaces of the lips. Use a circular movement.

🔄 Repeat 5–10 times a day



U Kiddy – case presentation – 4.5 years

Initial condition



After 2 months



After 17 months



UStart – case presentation – 7 years

Initial condition



After 6 months



After 14 months



UTrainer – case presentation – 8 years

SOFT

Initial condition



After 13 months



After 24 months



UTrainer – case presentation – 7.5 years

Initial condition



After 10 months



After 16 months

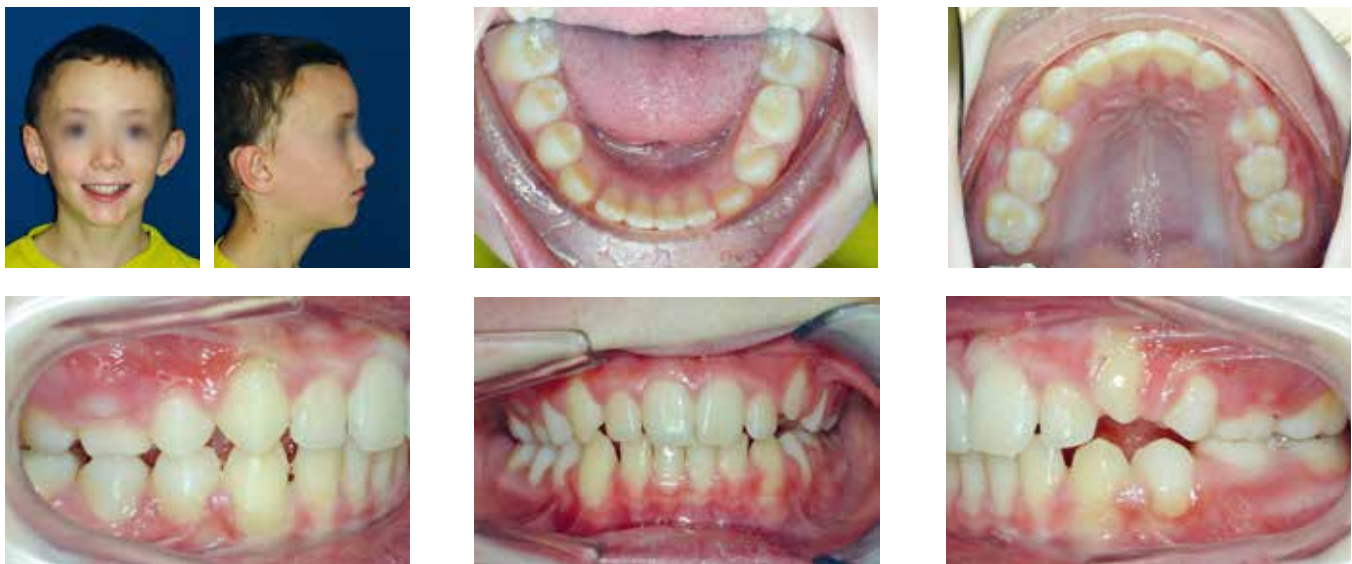


UTrainer+ – case presentation – 9 years

Initial condition



After 1 year



After 3 year



UClass2 – case presentation – 8 years

Initial condition



After 15 months



After 18 months



UClass3 – case presentation – 8.5 years

Initial condition



After 6 months



After 15 months



U Pilot – case presentation – 8 years

Initial condition



After 24 months of U Trainer use – transition to U Pilot



After 14 months of U Pilot use



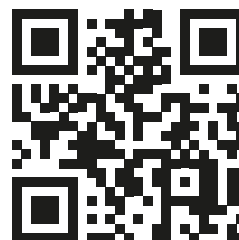
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The Ultimate Bio Trainer

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Dr. Veronika Dercsár

U Concept® is a trademark of Savaria-Dent Kft.
Any legal disputes shall be subject to the jurisdiction of Hungarian law.

ALL APPLIANCES AVAILABLE NOW IN FLEXIBLE     OR SEMI-RIGID  BIOCOMPATIBLE SILICONE

IN COMBINATION
WITH FIXED
MECHANICS

CL I

CL II

CL III

AGE

3

4

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AGE

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U Kiddy



U Start



U Class3 SMALL



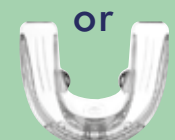
U Brace SMALL



U Trainer SOFT



U Class2 PRE



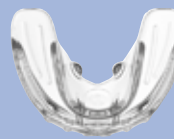
U Class2

or



U Trainer

U Trainer+ NEW



U Class3



U Brace



U Pilot

Size 1 to 7

U Pilot Size template



SD-PR-001-05EN