



Clinical techniques for delivering the TAP[®] 3 Elite

sleep apnea device



How to Fit TAP 3 Elite Trays

The following instructions pertain to the Tap 3 Elite Triple Laminate Trays.

It is essential to make certain both trays fit over the patient's teeth.

Note: If the trays are too loose or too tight, contact the laboratory that fabricated the device to discuss adjustment options.



1 Before you fit the patient with the TAP 3 Elite TL, inspect it to make sure the pieces are not damaged. If there is any indication of damage to the device, do not fit it in the patient's mouth.



2 Start with the lower tray. Position it over the teeth and, using your thumbs, push the appliance onto the teeth. Start from the posterior and work your way to the anterior.



3 If the tray is too tight, slightly trim the border, making sure you stay below the height of the contour. Do not relieve the inside, as the softer material does not trim well.



4 If the anteriors are too tight or uncomfortable, you may trim the interproximal with a thin straight acrylic bur. Then, use a sharp knife to remove all visible tags.



5 Repeat the trimming process (if necessary) with the upper tray.

TAP 3 Elite Hook Setting and Adjustments

The initial position should be set by the prescriber and according to the following instructions. The hook moves forward and back by using the adjustment key to dial the adjustment screw clockwise or counterclockwise. Each 180° turn is a 0.25 mm adjustment.

1 Place the device in the patient's mouth. Instruct the patient to move his or her lower jaw forward enough to engage the hook.



2 Since the device was set up at a 2 mm protrusive starting point, the patient can turn the adjustment key clockwise to acquire a 7 mm protrusive position. Not all patients require a mandible protrusion of 7 mm. Turn the adjustment key until the patient feels comfortable.



3 It is extremely important that there is space bilaterally between the trays prior to adding acrylic posterior stops. The objective is to create bilateral and/or posterior stops at the patient's treatment position. Since the relationship of the maxilla to the mandible changes during protrusion, this procedure must be repeated if the treatment position is altered.



4 On the protrusive gauge, each mark and each space between the marks are 1 mm wide. The protrusion gauge is 5 mm long from the front of the plate to the most posterior mark.



5 From the starting point, the patient should turn the key a half turn (180°) per night until all of the symptoms are alleviated. The patient should count each turn so that he/she knows how far forward to dial the hook each night.



If any position becomes uncomfortable, dial the hook back until the pain subsides. Do not start dialing forward again until the jaw is comfortable.

Note: If the patient loses count of how far forward the hook is dialed, have him/her dial the key clockwise until the teeth are back to the starting position. Then, have the patient dial the hook as many turns counterclockwise as the previous night's hook position.

6 If the patient cannot turn the initial hook any further, the second, shorter hook can be used. To change hooks:



a. Using the hex screwdriver, loosen the two outside screws.



b. Remove the front plate.



c. Slide the initial hook toward you to remove it from the base.



d. Use the key provided with the device to remove the screw from the initial hook. Insert the screw into the replacement hook. Slide new hook into place.



e. Replace the front plate (flat side down and outside holes toward device) and re-tighten the two outside screws.

If you have any questions related to the TAP 3 Elite device, please call **800-407-3326** for assistance.