



Clinical techniques for delivering the TAP[®] III TL

sleep apnea device



How To Fit TAP III TL Trays

The following instructions pertain to the Tap III 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 III 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 on 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.

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 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.

The Key to a Good Night's Sleep

The TAP III TL is based on the same principle as cardiopulmonary resuscitation (CPR). The airway must be opened to allow air to pass through the throat. A constricted or collapsed airway causes snoring or sleep apnea. The TAP III TL holds the lower jaw in a forward position so that it does not fall open during the night and cause the airway to collapse. The TAP III TL maintains a clear airway to reduce snoring and improve breathing. When the jaw opens and the tongue falls into the back of the throat, the airway narrows, forcing a swifter airflow through the small opening. This creates vibration in the throat known as snoring. Although snoring seems physically harmless, it can be a "red flag" for a much more serious and sometimes fatal condition called obstructive sleep apnea (OSA).

Disclaimer: Glidewell Laboratories only fabricates TAP III TL - we do not use thermacryl liners.

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

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