

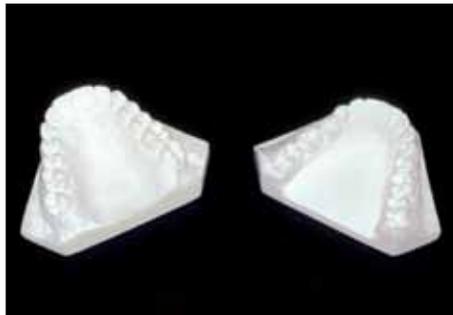
Clinical Techniques for prescribing TAP[®] Thornton Adjustable Positioner



What's Needed?



Alginate Impressions



Upper/Lower Models



Complete Rx

The TAP 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 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 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 air 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*.

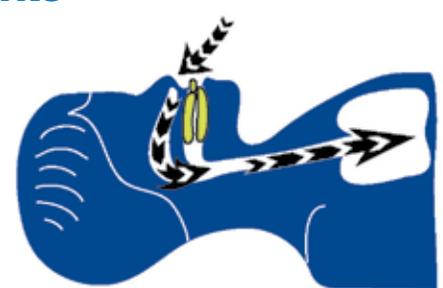
How The TAP Appliance Works



Normal jaw position, airway open.



Relaxed jaw position causes tongue and throat tissue to collapse and narrows the airway.



TAP maintains forward position and keeps the airway open.

Obstructive sleep apnea occurs when the airway completely collapses blocking airflow into the lungs. The harder one tries to breathe, the tighter the airway seals. This airway obstruction persists until the brain partially awakens the person. Unconsciously, he/she will close the jaw returning the tongue and throat to a normal position. The sleep apnea cycle - falling asleep, jaw relaxing, airway collapsing, unconsciously awakening with a gasp, falling back asleep - can repeat itself 50 or more times per hour during the night. With a blocked air passage one does not receive enough oxygen. Both the awakenings and oxygen deprivation can then trigger other health problems.

For technical questions or more information: **800-716-5321**

Clinical Technique



1

Seat upper and lower TAP elements individually and check for pressure points. Areas needing adjustment can be relieved using a #15 Bard Parker or acrylic bur. Leave the TAP slightly over-retentive.



2

The patient should learn to insert and remove the TAP while both elements are connected. To seat the mandibular element, press down firmly on the occlusal portion until it is completely seated in place.



3

The TAP is set to the patient's centric bite record. Confirm there are no posterior contacts when centering or in excursive movements. Remove any premature contacts using an acrylic bur.



4

The best way to remove the TAP is by loosening the posterior area first. Confirm that the patient is capable of seating and removing both elements at the same time.



5

Recline patient and anteriorize TAP 3mm by turning the knob clockwise. Each turn equals 0.5mm. Maximum 1 turn per night. Record this and any future turns in patient's chart.



6

After removal of the appliance use the leaf gauge to stretch the muscles to restore occlusion. Make sure patient is informed of this daily exercise.



7

Assessment of the occlusion and patient progress should be scheduled. Patients should be instructed to always bring their TAP appliances to all dental appointments.



8

Good oral hygiene & appliance care is essential to maximize the lifespan of the device. Make sure the patient is fully informed of the TAP care compliance.



9

After 1 month of use without adjustments the knob can be removed. A separate TAP locator nut assembly is needed to loosen the front assembly from the hook.



10

While maintaining the hook position, unscrew the front assembly counterclockwise and screw the locator nut onto the hook. Seat the locator plate onto the upper element and tighten the screw.



11

Cut the hook flush with the locator plate using a separate disc and rubber points to smooth. Round the corners of the locator plate with an acrylic bur and add acrylic as needed to smooth the interface.



12

Now the patient should be comfortable and able to close the lips together with the TAP in place. If the TAP needs more advancement, a new hook and front assembly can be replaced.