# Frequently Asked Questions for the Provider/ Dentist for the miniComfort®

Daytime.Nighttime.Anytime

**Why Prescribe the miniComfort for patients?**

The miniComfort is extremely patient friendly and of course comfortable. It is unique in utility, especially in that it has a disruptive effect upon the bruxing, clenching, and bracing habits that so many patients are experiencing. Most guards allow the involved muscles to find a "groove" for their activity and the hard occlusal interface of the traditional guards merely act as skating pond for over activity. The miniComfort has no "sweet spot or end point" for the muscles and hence can discourage the dysfunctional familiarity of involved muscles. Although these traditional guards do help protect the teeth, the inability or unwillingness of the patient to comply also has always been a concern for most dentists. Even the most perfectly designed occlusal scheme teamed up with practically unbreakable restorative materials can still prove to be problematic because of the wide spread prevalence of patients with waking hours para-functional habits. Even with "unbreakable" restorative materials, bruxism will eventually cause damage to the patient. If the crown cannot break then the root might. If the crown or the hybrid implant full arch cannot break then maybe the implant screw or entire fixture might fail. The there's always the TMJ. Something has to give eventually. Protect the dentistry you work so hard to provide. Help patients realize as they see the wear on the miniComfort and not their teeth. After demonstrating the cuspid wear with the "Puzzle Picture", be certain to show the patient the guard and its comfortable and miniature attributes. No need to push because they will rediscover at home. Young females are especially tuned in to even the slightest cuspid wear. Of course, as dentists we know that after enough cuspid wear comes cross over wear and then the anteriors start chipping and wearing and damaging a beautiful, orthodontically finished smile. Although the "Puzzle Picture" can demonstrate wear of the anteriors due to cross over, often times those patients with extensive anterior wear assume it is simply wear and tear from eating chips etc. Even those cases are more easily convinced as the patient realizes the wear began in the lateral excursion as the demonstration depicts a much larger puzzle. Be consistent with your message. Stuff the patient's take home bag at every recare visit with the miniComfort pamphlet. A non-patient may realize the puzzle and seek your help.

**How does the miniComfort function?**

The miniComfort is based upon the longstanding principles of canine protection and disclusion. The maxillary canines are strategically employed because of their unique root and hence having been distinguished years ago as the "cornerstone" of the human dental apparatus. Undoubtedly the canine's root has unique cross-sectional dimensions, suitable for forces that both a molar or anterior tooth would encounter. With that strength and position the canine has protected dentitions for many years. However, when it loses its discluding ability from wear, it can no longer prevent other tooth wear. The miniComfort is 100% soft inside and out, biocompatible and extremely patient friendly. It restores canine disclusion and disrupts the habit of parafuctional activity. It has no posterior contact to incite muscles of closure hyperactivity. The miniComfort provides no hard acrylic for opposing teeth to habitually grind or brace upon. There is purposely no interface for opposing teeth to interact with. The miniComfort allows

activity much like chewing food or gum. Hence there is no pattern for muscles to be familiar with. Ideally, as the mandible closes in the maximum intercuspation position (MIP) or centric occlusion (CO) or centric relation (CR) the muscles respond with less memorized, habitual contact, avoiding muscle over activity and stress. Ideally the discluding elements will contact the mandibular teeth approximately at the same instance, it is not imperative they do so. For day time wear the miniComfort provides protection and a means of enhancing awareness of any day time clenching. Patients may utilize this awareness as a form of biofeedback to attenuate or eliminate the extremely harmful and unnatural habit of day time bracing.

**What about day time wear of the miniComfort ?**

Day time wear can be encouraged and should be used as an aid for relaxation and not as a chewing or punching bag. Patients should avoid bracing daily whether it is with or without the miniComfort in place. Some patients may like another miniComfort to use when working out and or exercising. Bracing during these times is understandable yet the miniComfort may show premature wear. Changing the outer overlay and increasing the thickness of the DE is recommended protection during exercise. Patients should never wear the miniComfort 24 hours a day. This appliance must be left out of the mouth for at least 8-10 hours each day.

**What is the ideal interocclusal dimension of a discluding element?**

The ideal interocclusal dimension (thickness) of a discluding element is such that the posterior occlusion is ever so slightly open when in MIP or CO. Too much disclusion may give rise to MPD (myofascial pain disorder) especially if the patient intentionally chews and abuses the DE s as punching bags for clenching. A taller than needed DE dimension is usually not a problem for most patients, however those patients that consciously chew and engage the appliance while not in sleep may tend to create some muscle discomfort. In cases of an exaggerated “curve of spee” the miniComfort might have taller discluding elements to eliminate posterior contact. Be aware that some patients will consciously engage, flatten, and macerate the discluding elements to engage their back teeth into contact. These patients may require awareness and biofeedback therapies to learn to relax their jaw muscles. Another important note is to alert the patient of these potential tendencies at initial delivery so that, in the event they prematurely wear through the miniComfort additional remake charges will be more acceptable. A parallel might be drawn as to hair care or manicures etc. The requirement for such services certainly varies per individual and lifestyle. Some require these services more frequently than others.

**How can I monitor patient wear compliance with the miniComfort ?**

The most reliable ways to monitor patient compliance with the miniComfort are: #1 - Notation of the obvious wear of the discluding elements (wear ranging from NO WEAR - with no wear with shiny discluding elements to SLIGHT WEAR - with slightly scuffed elements and finally to EXTREME WEAR - macerated and torn elements.) #2 - Encouragement in participation of a replacement / loyalty program will enhance patient’s compliance and promote the provider as the source of replacement guards. Participation in such programs can complement the patient’s perception of prevention as they also maintain their dental cleaning appointments. #3 -

Demanding or suggesting that they bring the appliance to all recare visits allows the provider to document worn elements and educate and re-educate each patient personally. This information may prove valuable if patients fracture teeth and or continue to wear anterior teeth or develop more serious problems such as TMJD. The loyalty program agreed upon between the patient and providing dentist is specific for each dental practice. Notably, patient wear-compliance increases as the patients themselves see the obvious wear.

**What is the easiest way for my staff and I to help convince the patient that they are damaging their teeth because of bruxism and para- functional habits?**

Using the "Puzzle Picture" (method included in the miniComfort patent) providers can easily demonstrate the excess wear occurring on a patient's cuspids. Unfortunately, patients rarely realize that they are damaging their front and back teeth because of bruxism. Most patients initially deny (out of ignorance) that they ever brux or clench. However, when given a face mirror and asked to bring the two opposing cuspids end to end most patient's amazingly go right to the worn cusp tips. The best practice is to snap a picture with a digital camera and demonstrate to the patient the cusp tip wear and then proceed to ask them when and how could that ever occur. It's always a good practice to save the "Puzzle Picture" for future reference and documentation. They eventually realize that no chewing ever occurs in that excursion. They may go home and repeat the same demonstration and eventually realize the damage is from bruxing. This eliminates the cost and time-consuming attempts of showing the patient wear facets on stone models that often confuses the patient and subsequently may cause some doubt and minimize co-diagnosis and acceptance. Be certain to provide a miniComfort for any and all staff members that have signs of bruxism. They will appreciate the prevention and the comfort and they will undoubtedly be the best advocate for the miniComfort. miniComfort is the most comfortable and effective bruxism guard available for you patient's protection. All staff members should be familiar with the "Puzzle Picture" demonstration and understand how it relates to damaged teeth.

**What is the most effective way to deliver as many miniComfort appliances as I can and keep my patient's happy and returning to my office?**

First and foremost, use show and tell. Be certain that ALL staff members understand the substance of these Frequently Asked Questions. Encourage all staff members to be familiar with the "Puzzle Picture". Tremendous reinforcement for creating patient awareness of para-functional habits including unabated daily clenching is to have it on the patient's medical history update at every recare visit. (Ex: "Have you ever caught yourself clenching or bracing your teeth during the day?) Chances are 50% of the time the patient will respond "I might". A great exercise is to then ask the patient to attempt to catch themselves in the upcoming week. If they catch themselves just once or twice they are definitely clenching too often. That's better than (Ex:"Have you ever awakened clenching your teeth?" ) because that answer is 99% of the time answered with a resounding NO. However, patients are becoming aware of day time habits somewhat. As incredible as it may seem, many patients think that their teeth should be touching all day long.

**How long should a miniComfort last?**
Many patients may use one appliance from one to three years without need for replacement. There will be some patients who will exercise or unknowingly chew on the appliance when awake to an extent that they literally destroy the guard in one to two months. It is suggested there be a very brief two-week follow up appointment for heavy premature wear through. The solution in these cases is an early warning to the patient to the effect that some patients may have such a severe waking habit that they may wear through the appliance prematurely. This warning is best given prior to sale and delivery of the first appliance. If the warning comes after the fact it may appear as a provider's excuse and less like a result of the patient's dysfunction. Early identification of an uncontrollable habit will help the patient be more responsible for the excess wear of the guard. These patients should be advised to wear the guard only when sleeping and to never chew or grind on the guard when awake although they may be in bed. Patients with such tendencies should be referred to a physical therapist for helpful exercises and relaxation and awareness training. On average, most patients will probably need a new appliance about every three years. If the patient cannot produce the appliance at a recare visit then they may not qualify for your particular replenishment and loyalty program. In these cases the provider may want to charge the patient a nominal fee for replacement especially since usually no new impressions are required.

**Are there any special precautions for miniComfort patients?**
Alert all patients to the damage caused by hot water. Be certain to give all patients the included "Wear and Care" sheet so they will avoid undue damage to their appliance. Pets are also apt to eat or help lose the appliance. Warn all patients to stop wearing the appliance if it has become distorted in such a way as to easily be dislodged without the use of their hands. Initially, the VPS impression supplied must be accurate and include labial and lingual reflections. The appliance gains much retention from the hydro seal effect including the soft tissue reflections. When impressing for this appliance always include the tori if possible so that the extension of the flange ends below the tongue so that the tongue is less likely to dislodge the appliance. When initially delivering the miniComfort for a patient be certain to observe how easily the appliance can be dislodged with only using their tongue. Some patients may be able to eventually remove the appliance in this manner however it should require some conscious effort. If the guard is easily dislodged with little tongue effort then do not deliver the appliance. Re-impress, capturing more undercuts for better fit. Also the "Wear and Care" information given to the patient at delivery warns against wearing an appliance that may have become distorted etc. The miniComfort is 100% biocompatible (even used to coat oral meds) and if uneventfully swallowed would represent no great danger to the patient. What most providers fail to realize is that typically all other guards are made of acrylic. Acrylic is not meant to ever be ingested, even including the daily grindings that bruxers swallow.

**What about the patient who prematurely keeps wearing through the miniComfort?**
Simply because of its soft comfortable nature the miniComfort cannot last for years. Neither can a hair perm or a hair cut or color. Shoes and gloves also wear out. Contact lenses are

disposable. Sealants wear out. Tires wear out. Bruxism and other para functional habits are extremely destructive forces. Patients must own the dysfunction and if they want to prevent major damage to their teeth over a lifetime then they need understand prevention is the best route, and that is, the earlier the better. As soon as a patient presents with a worn canine cusp tip the miniComfort should be prescribed. Females at age 16 years are usually prime candidates. During the miniComfort co-diagnosis is the perfect time to begin discussing physical therapy, and awareness and biofeedback training. These same discussions should be incorporated even at the initial seating of their first miniComfort. Remember, both awake bruxism and sleep bruxism are both parafuctional muscular activities. Present day science relates these parafunctional activities to stress and anxiety.

**What is the youngest age at which a patient may wear a miniComfort?**
Although many pre-adolescent children clench and brace their teeth, the earliest recommended age for miniComfort is 16 - 17 years of age and post orthodontic status. A miniComfort could be fabricated for any patient providing it will not dislodge during sleep. To prevent growth interruption with this appliance, it could be made at three-month intervals with a new impression for each. For even younger patients, retention may be an issue.

**Can a miniComfort be used with implant supported or retained restorations?**
The miniComfort is perfect for all implant cases. Although the materials that dentistry uses in fabrication of these restorations is virtually indestructible, the implant screws and fixtures, the restorations, and the opposing dentition are all subject to the extreme forces of parafunctional activity.

**Can the miniComfort be used with removable dentures and partials?**
Oftentimes complete removable dentures are worn all night long. The miniComfort will help redistribute undue forces on the patient's anterior maxillary ridge when appropriately placed discluding elements shift forces more posteriorly. Usually, with completely edentulous cases in which the patient insists on night time wear, it is best to place broader discluding elements more distal to the upper canines. These discluding elements will contact the upper denture at or near the middle of anterior-posterior fulcrum of the upper denture. This design will greatly reduce the traumatic forces being directed to the maxillary edentulous area. With partial dentures, the elements should interact with the maxillary canines as usual.

**Can the miniComfort be used with opposing orthodontic hawley, clear retainers, and bonded wire retainers post-orthodontics?**
Absolutely. The post orthodontic patient can wear the miniComfort. The only contraindications would be: 1) that the orthodontist objects and 2) the existing hawley appliance is made with an anterior deprogrammer. The miniComfort is ideal for use with lower bonded retainers. Its soft nature is perfect for engaging the lower wire in a most gentle manor.

**Can a miniComfort be used by patients wearing CPAP devices?**
Yes, many patients that wear these breathing devices still clench and brace their teeth during sleep. The minimal opening of the vertical dimension allows for lip continence.

**Other applications for wearing the miniComfort ?**
Some notable situations for day time wear are during stressful driving and during child birthing labor. Because the Mini Comfort feels so good and is practically invisible many patients do find themselves keeping the Mini Comfort by their side daily. Also, the miniComfort is ideal for breaking habits such as finger nail biting, cuticle biting, and lip and cheek biting.

**Does this tooth need a root canal or is there occlusal trauma that is confusing the diagnosis?**
One the most troublesome complications involved when diagnosing the need for endodontics is the presence of occlusal trauma. A miniComfort worn at night time and maybe some day time will certainly help your decision process.

**How do night time and day time habits relate?**
Estimates are as high as 75% of all people do some bruxing during sleeping hours. Most patients will deny they brux because it is extremely rare that one awakens during the bruxing events. Many patients incorrectly excuse themselves as they report “I am a mouth breather”. Unfortunately mouth breathers do brux and possibly more than others. Even more insidious is the lack of awareness or misunderstanding that teeth are not meant to be touching during the waking hours. The healthy mantra should be “lips together teeth apart”. In any event the night time bruxism parafunction appears to foster more and more day time clenching and bracing. The miniComfort at the very least will disrupt the night time habit. It may be instrumental in attenuating a patient’s propensity for day time clenching and bracing. Although unknown presently, it may be that the high quantity of day time clenching is affecting the night time parafunction. Definitive relationships will be established as studies continue.