



Titrating the EMA appliance

The **EMA** oral appliance from Myerson increases airway space by advancing the mandible using interchangeable elastic straps. EMA elastic straps come in **9 different lengths** (see figure A), and **4 different strengths** (see figure B). The shorter the ema elastic strap, the farther the mandible is advanced (see figure C). **36 different straps** allow for the most effective repositioning with maximum comfort

Figure A 9 different lengths allow for 1 mm advancement of the mandible

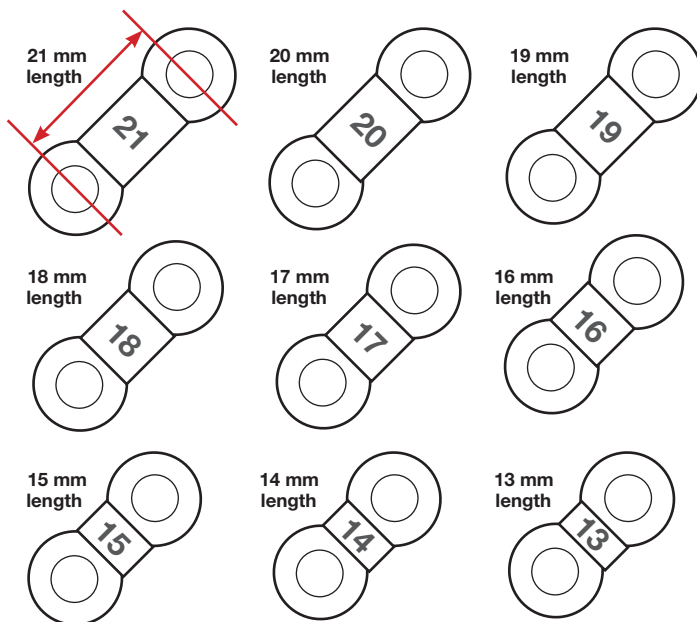
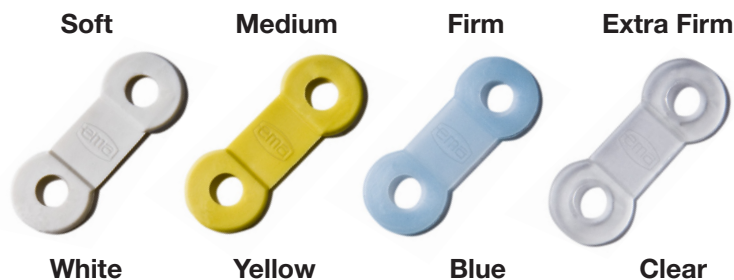


Figure B Each EMA elastic strap comes in 4 different strengths, indicated by color.



EMA elastic straps are 100% latex free.



MANUFACTURED BY
myerson LLC
5106 north ravenswood
chicago.il 60640-2713
usa
phone 800 423 2683

EUROPEAN REPRESENTATIVE
myerson limited
34 railway approach
station road
harrow midx, HA3 5AA
united kingdom
phone +44 0 20 8863 9044

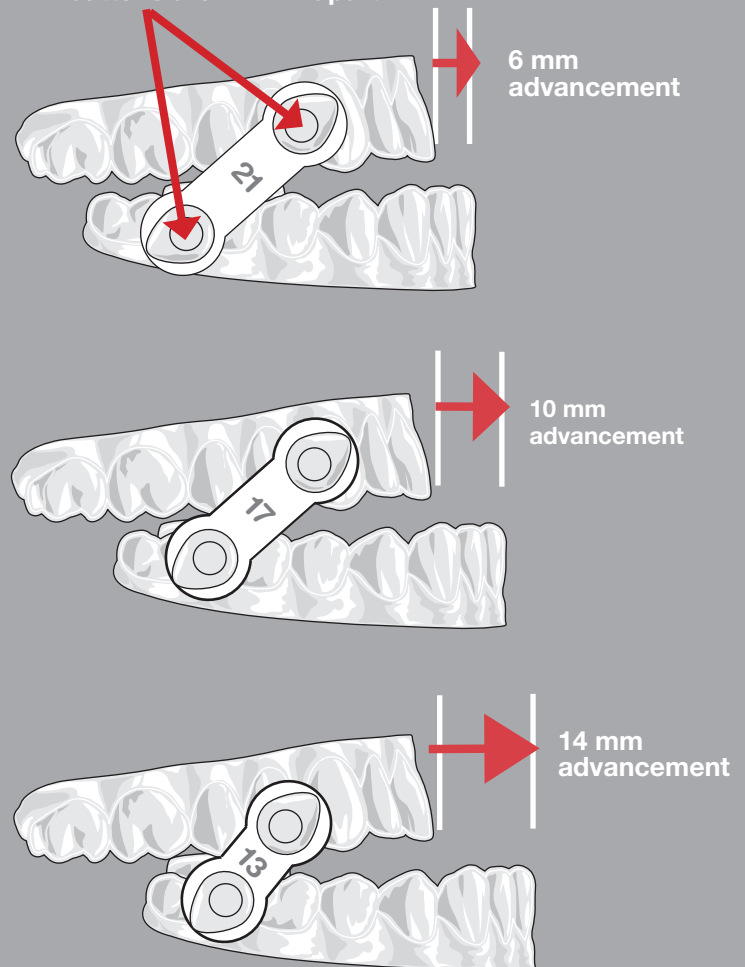


EMA® is a trademark of frantz design inc.
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The shorter the EMA elastic strap, the farther the mandible is advanced.

Figure C

EMA buttons are 27 mm apart*



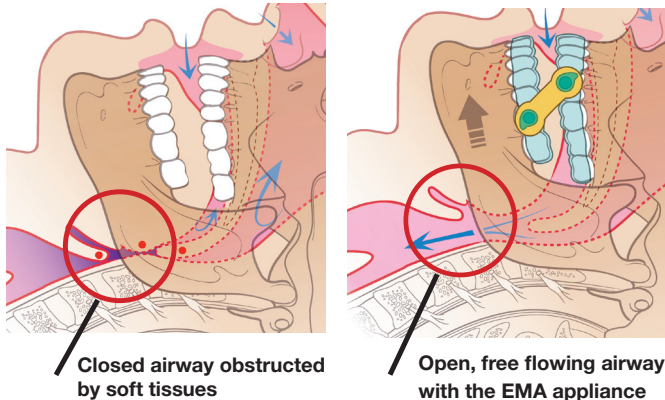
DISTANCE BETWEEN EMA BUTTONS

	27 mm	25 mm
EMA® STRAP LENGTH	AMOUNT OF ADVANCEMENT	
21 mm	6 mm	4 mm
20 mm	7 mm	5 mm
19 mm	8 mm	6 mm
18 mm	9 mm	7 mm
17 mm	10 mm	8 mm
16 mm	11 mm	9 mm
15 mm	12 mm	10 mm
14 mm	13 mm	
13 mm	14 mm	

*Myerson recommends a distance between the buttons of 27 mm in the centric position. If the patient's range of mandibular advancement is limited to 9 mm or fewer, a distance of 25 mm distance is recommended.

Treatment of OSA & Snoring

The American Academy of Sleep Medicine (AASM) now recommends oral appliances such as **EMA** as a front line of treatment for snoring and mild to moderate sleep apnea, and in cases where CPAP has not been tolerated. The FDA has approved the EMA appliance for the treatment of both obstructive sleep apnea & snoring. This custom oral appliance is available to dental and medical professionals through authorized dental laboratories (go to myersonstooth.com for a complete listing).



Step 1. Impressions & Bite Registration

- Take upper and lower dental impressions. The extension should go to the height of contour of the gingiva on all sides of the teeth.
- Send upper and lower models and bite registration or PVS impressions to an authorized EMA laboratory (go to myersonstooth.com for a complete listing).

Step 2 Fitting Appointment

- Seat the upper and lower appliance on separately without the elastic straps to check fit and comfort and to make certain there is no gingival impingement.
- The EMA appliance may feel snug to the patient for the first 3 to 5 minutes. If patient complains of pressure or soreness on a tooth, carefully relieve problem area with a large bur.
- Check the posterior bite pads for even occlusion. If either side is high, conservatively grind the high side until both sides occlude evenly in centric and a protruded position.
- Remove upper and lower appliance.
- Place the Yellow 21mm EMA elastic straps on the upper and lower appliances with the EMA logo facing the tooth side.

HINT: Moistening the EMA elastic straps in hot (not boiling) water will make it easier to attach them to the appliances. After the strap goes on the button, it may be necessary to rotate it to seat it properly.



- Demonstrate to the patient how to insert the appliance correctly by seating the upper appliance, then having the patient move the mandible forward while pushing down on the anterior portion of the lower appliance until it snaps in place.
- Instruct your patient to call the office the day after wearing the appliance for the first time. Commonly reported initial side effects resulting from mandibular repositioning include clenching, sore teeth, TMJ sensitivity, and increased saliva flow. These symptoms should abate significantly or resolve completely within ten days.
- Advise the patient to chew sugar free gum every morning after wearing the appliance to help return condyles to normal position.

Step 3. Tertiary Care

The EMA appliance uses 9 different lengths of elastic straps to gradually and incrementally titrate (i.e. advance) the mandible forward. Four different strengths of elastic straps match the strength of pull to the musculature of the patient.

The four strengths are differentiated by color: White = soft; Yellow = medium firm; Blue = firm; Clear = extra firm.

- If the patient is experiencing soreness in both temporomandibular joints, instruct the patient to replace the existing straps with the next softer strap (for example, replace Yellow 21 mm with White 21 mm).
- If the straps are stretching out too quickly, instruct the patient to replace them with the next firmer straps (for example, replace Yellow 21 mm with Blue 21 mm).
- Once you have determined which elastic strength is best suited for the patient, the appliance can be titrated according to the directions provided on the opposite page. The patient should replace the EMA straps whenever the holes in the straps are oval or when the existing strap is 1/8 inch longer than a new strap.
- If the patient experiences pain in both TMJs, he or she should discontinue wearing the appliance and notify your office immediately.



First Step



NEW!
from Myerson



The first step to a better night's sleep.

Introducing **EMA First Step**, the new 90 day trial appliance from Myerson for the treatment of snoring and obstructive sleep apnea (OSA). You can make this custom fit oral appliance in your office in just 15 minutes or have an authorized EMA lab make it for you.

Important: Patients diagnosed with OSA will require a sleep study after you & the patient feel adequate treatment has occurred. The disappearance of subjective signs does not always translate to a successful treatment, especially with a diagnosis of OSA. Patients should consult their medical doctor and dentist to evaluate their condition to determine if a dental device is suitable for them. The patient's medical history, including a history of asthma, breathing or respiratory disorders, or other relevant health problems, should be considered in determining whether this device is appropriate. An oral appliance may be contraindicated if any of the following apply to the patient: central sleep apnea, severe respiratory disorders, a history of TMJ problems, loose teeth or advanced periodontal disease, or if the patient is under the age of 18. Patients should be aware that use of the oral appliance may cause tooth movement or changes in dental occlusion, gingival or dental soreness, pain or soreness to the temporomandibular joint, obstruction of oral breathing and excessive salivation. The information provided herein is general and does not constitute advice in any specific patient case.