

Prior to taking an airway bite take a Digital scan of the upper and lower jaws without a bite.

1. **Trial and Positioning:** Try the device in the mouth. Adjust forward for a Class III bite or backward for a Class II bite. Once positioned, note the orientation.
2. **Silicone Application:** Fill the device with Parkell Blue-Mousse super fast silicone. A second reline can be performed if needed.

3. **Jaw Movement Assessment:** With the device affixed to the upper teeth, have the patient move their jaw as far back as possible. Mark the position of the lower incisor and the midline with a pencil. Repeat with the jaw moved as far forward as possible.

4. **Measurement:** Remove the device from the mouth and measure the total anterior-posterior movement. Typically, this is around 10-12 mm.

5. **Target Position Marking:** Mark a point halfway between the most retruded and most protruded positions. This is the target position for jaw posture. Typically around 50% of the total movement is a good place to start.

6. **Patient Tapping:** Instruct the patient to repeatedly tap their teeth on the airway bite, guiding them to tap at the midway forward mark.

7. **Flowable Composite Application:** Once you are satisfied with the forward arcing position of the lower jaw, have the patient rest on hold there. Verify it is in the area you marked with the pencil. Apply flowable composite to the airway bite in front of and behind the lower incisors. Cure the composite. This will hold the jaw in the desired forward position.

8. **Digital Scan:** With the jaw held in the forward position, perform a digital scan of the bite. This will align the upper and lower arch models for the dental lab to fabricate the sleep device.

9. **Alternative: Silicone Bite:** If not using a digital scanner, a silicone bite can be created by squirting silicone into the back of the device.

