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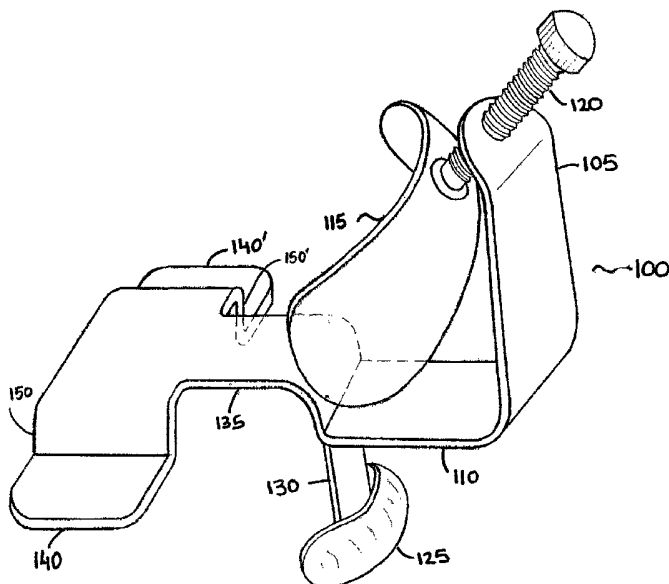
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(54) Title: METHOD AND DEVICE FOR MANDIBULAR ADVANCEMENT



(57) Abstract: An orthotic device (100) for retaining a patient's mandible in an advanced or protrusive position comprises an intraoral anterior mandibular abutment surface (125) for resisting mandibular retraction by abutting the gingiva covering the mandible and an extramaxillary anterior maxillary abutment surface (115) against which the intraoral anterior mandibular abutment surface (125) is braced. In order to resist rotation of the dental orthotic produced by the interaction of the intraoral anterior mandibular abutment surface and the extramaxillary anterior maxillary abutment surface, the orthotic device is provided with an intraoral posterior maxillary abutment surface (140). The relative positions of the maxillary and/or mandibular abutment surfaces may be adjusted to suit the requirements of the user.



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METHOD AND DEVICE FOR MANDIBULAR ADVANCEMENT

CROSS-REFERENCE TO RELATED APPLICATIONS

The present application claims priority from Australian Provisional Patent Application No. 2005900090 filed on 10 January 2005, the content of which is
5 incorporated herein by reference.

FIELD OF THE INVENTION

The present invention relates to a dental orthotic and methods of using a dental orthotic. In particular the present invention relates to a method and device for retaining the mandible in protrusive position.

10 BACKGROUND TO THE INVENTION

During normal breathing, air passes through the nose and past the flexible structures in the back of the throat such as the soft palate, uvula and tongue. When an individual is awake, muscles hold the airway open, but during sleep, these muscles relax and can potentially cause problems. Sleep disordered breathing such as snoring,
15 upper airway resistance syndrome (UARS) and obstructive sleep apnoea (OSA) are thought to occur when there is at least partial occlusion of the airway, with the tongue often being associated with the occlusion. During OSA, the tongue is sucked against the back of the throat, completely blocking the air flow. When oxygen levels in the brain become low enough, the sleeper partially awakens and the muscles contract
20 opening the airway again. This cyclic occlusion of the airway can have serious repercussions, including contributing to cardiovascular diseases potentially leading to cardiac arrest and death.

There are a number of treatment options available including surgery, nasal continuous positive airway pressure (CPAP) and the use of orthotic devices. Orthotic
25 devices are becoming an increasingly favoured option as they are generally small and easy to wear and relatively inexpensive. Another benefit of orthotic devices is that the treatment is reversible and non-invasive.

Mandibular advancement device (MAD) is one type of orthotic device which is used to hold the mandible in a protrusive position, which has proved effective in the
30 treatment of sleep disordered breathing. Retaining the mandible in a protruded position has been found to help control the symptoms of sleep disordered breathing by clearing the airways and reducing the likelihood of the tongue impacting on breathing.

Boil and bite MADs are prefabricated and are lined with a soft, thermoplastic material that is moulded to the patient's teeth in the patient's home. The MAD engages the mandible mainly at the incisors and therefore applies the force of advancement across only a couple of teeth. While these MADs are relatively cheap and easy to use, they have the disadvantage in that they can potentially apply excessive force to the lower anterior teeth in some patients and this can cause discomfort, movement of the teeth and problems with the fit of the device over time. Another potential problem is that they are not adjustable once moulded to the patient, limiting their applicability to a wider range of patients. Furthermore, some patients may not have healthy gums and teeth in both the upper and lower jaws upon which to brace the MAD in the mouth.

Another example is a laboratory fabricated MAD which requires the attendance of a dentist to take mouth impressions which are used to make models of the teeth and gums. These moulds are then used to make dental overlays to overlay all of the lower and upper teeth, and protrude the mandible and help to clear the airways. A laboratory fabricated MAD can also cause excessive force on the teeth, leading to pain and tooth movement. Moreover, laboratory fabricated MADs can be problematic to customize to the patient's dental requirements as they require both healthy gums and teeth.

Any discussion of documents, acts, materials, devices, articles or the like which has been included in the present specification is solely for the purpose of providing a context for the present invention. It is not to be taken as an admission that any or all of these matters form part of the prior art base or were common general knowledge in the field relevant to the present invention as it existed before the priority date of each claim of this application.

Throughout this specification the word "comprise", or variations such as "comprises" or "comprising", will be understood to imply the inclusion of a stated element, integer or step, or group of elements, integers or steps, but not the exclusion of any other element, integer or step, or group of elements, integers or steps.

SUMMARY OF THE INVENTION

According to a first aspect, the present invention provides a dental orthotic device for retaining a patient's mandible in a protrusive position, the dental orthotic device comprising:

an intraoral anterior mandibular abutment surface for resisting mandibular retraction by abutting the patient's gingiva covering the mandible;

an extramaxillary anterior maxillary abutment surface against which the intraoral anterior mandibular abutment surface is braced;

an intraoral posterior maxillary abutment surface to resist rotation of the dental orthotic produced by interaction of the intraoral anterior mandibular abutment surface and the extramaxillary anterior maxillary abutment surface.

In another aspect, the present invention provides a method of retaining a patient's mandible in a protrusive position, the method comprising:

resisting retraction of the mandible by abutting on the gingiva covering the mandible an intraoral anterior mandibular abutment surface;

bracing the intraoral anterior mandibular abutment surface against an extramaxillary anterior maxillary abutment surface; and

bracing against rotation produced by the interaction of the intraoral anterior mandibular abutment surface and the extramaxillary anterior maxillary abutment surface, with an intraoral posterior maxillary abutment surface.

In yet a further aspect, the present invention provides a kit of parts comprising an intraoral anterior mandibular abutment surface, and/or an extramaxillary anterior abutment surface and/or an intraoral posterior maxillary abutment surface.

In one embodiment of the invention, the anterior maxillary abutment surface is concave and preferably the anterior maxillary abutment surface is of a shape to comfortably fit upon and conform to the shape of the tissue covering the maxillary bone. In another embodiment of the invention, the anterior maxillary abutment surface is extraoral and pushes on the soft tissue covering the subnasal maxillary bone.

In another embodiment of the invention, the anterior maxillary abutment surface is adjustably mounted on the orthotic device so that the extent of protrusion of the mandible can be controlled.

In yet another embodiment of the invention, the orthotic device comprises a tongue abutment surface which contacts the tongue when the mandible is in a protruded position. The tongue abutment surface may be adapted to retain the tongue in an anterior position, and/or a depressed position, to discourage the tongue from blocking the airway. In an alternative embodiment of the invention, the orthotic device may be shaped to give the tongue sufficient room for the comfort of the patient.

In a further embodiment of the invention, the intraoral anterior mandibular abutment surface is convex and in one embodiment, the abutment surface is formed of an elastomeric thermoplastic material which is of a shape to fit comfortably upon the gingiva covering the mandible. Preferably the intraoral anterior mandibular abutment surface is made from a silicone rubber.

In another embodiment of the invention, the orthotic device comprises at least one guide surface to resist lateral movement of the orthotic device in the patient's

mouth. Preferably the orthotic device has at least two guide surfaces for positioning the orthotic device.

In yet a further embodiment, the orthotic device further comprises a soft palate abutment surface adapted to support the patient's soft palate, preferably the soft palate
5 abutment surface is of a shape to conform to the surface of the soft palate.

In some preferred embodiments, the orthotic device is provided with air holes to facilitate airflow through the device.

In one embodiment, the orthotic device further comprises a tooth stabilizing plate adapted to be fitted to the lower dentition and/or upper dentition.

10 BRIEF DESCRIPTION OF THE DRAWINGS

Examples of the invention will now be described with reference to the accompanying drawings in which:

Figure 1 is a perspective view of an orthotic device according to one embodiment of the invention.

15 Figure 2 is a perspective view of an orthotic device according to a second embodiment of the invention.

Figure 3 is a perspective view of an orthotic device according to a third embodiment of the invention.

20 Figure 4 is a perspective view of an orthotic device according to a fourth embodiment of the invention.

Figure 5 is a perspective view of an orthotic device according to a fifth embodiment of the invention.

Figure 6 is a perspective view of an orthotic device according to a sixth embodiment of the invention.

25 Figure 7A is a perspective view of an orthotic device according to a seventh embodiment of the invention.

Figure 7B is a front view along arrow A of the embodiment shown in Figure 7A.

Figure 8 is a perspective view of an orthotic device according to an eighth embodiment of the invention.

30 Figure 9 is a perspective view of an orthotic device according to a ninth embodiment of the invention.

Figure 10A is a perspective view of an orthotic device according to a tenth embodiment of the invention.

Figure 10B is a front view along A of the embodiment shown in Figure 10A.

Figure 11 is a perspective view of an orthotic device according to an eleventh embodiment of the invention.

Figure 12 is a perspective view of an orthotic device according to a twelfth embodiment of the invention.

5 Figure 13 is a perspective view of an orthotic device according to a thirteenth embodiment of the invention.

Figure 14 is a perspective view of an orthotic device according to a fourteenth embodiment of the invention.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

10 As used herein, the "mandibular surface" is taken to include all things of, pertaining to or attached to the anterior portion of the lower jaw. Non-limiting examples of anterior mandibular surfaces include bone, gingiva or gum, teeth, prosthetics and other fixed or removable appliances.

As used herein, "maxillary surface" is taken to include all things of, pertaining
15 to or attached to the upper jaw. Non-limiting examples of maxillary surfaces include bone, gum, teeth, prosthetics or other fixed or removable appliances.

Referring to the drawings, the orthotic device **100** of the embodiment illustrated in Figure 1 incorporates an extraoral member **105** and an intraoral member **110** adapted to fit inside the mouth of the patient. The members **105** and **110** are made from
20 stainless steel. Alternatively, such extraoral and intraoral members can be made from a rigid thermoplastic. Thermoplastic materials can be softened by heat to allow for manipulation of their shape, examples of suitable thermoplastic materials include acrylic, hard durometer, polypropylene, methyl vinyl acetate, ethyl vinyl acetate, polyethylene and hard durometer urethane.

25 A concave anterior maxillary abutment surface **115** is shown mounted to the member **105** by a threaded bolt **120**. As illustrated, the anterior maxillary abutment surface **115** is slightly angled towards the lip to provide more uniform contact with the tissue covering the subnasal maxillary bone. The anterior maxillary abutment surface **115** is positioned such that it does not substantially impinge upon or obstruct flow of air
30 through the nose.

In other embodiments of the invention, such an anterior maxillary abutment surface may be adjustably mounted to the orthotic device by a slide arrangement or any other means known in the art. In yet other embodiments, such an anterior maxillary abutment surface can be permanently affixed to the body of the orthotic.

In the embodiment of the invention shown in Figure 1, the anterior maxillary abutment surface **115** is made from an elastomeric material that is of a shape to fit comfortably upon the soft tissue and skin covering the subnasal maxillary bone. Examples of suitable thermoplastic materials include caprolactone, polycaprolactone,
5 1,4-dibutanediol polyester, 2-oxepanone or silicone rubber.

The anterior mandibular abutment surface **125** of the embodiment of Figure 1 is a convex band and is attached to member **110** by member **130**. The anterior mandibular abutment surface **125** pushes on the gingiva covering the mandible. This arrangement allows the orthotic device **100** to be applied to patients who have lost one
10 or more of their anterior mandibular teeth. Further, by abutting the gingiva covering the mandible, the anterior mandibular abutment surface **125** avoids or minimizes the chance of mandibular teeth being undesirably relocated over time.

In the embodiment of the invention illustrated in Figure 1, the member **110** includes a deviation **135** to give the tongue sufficient room for the comfort of the
15 patient. The intraoral posterior maxillary abutment surfaces **140** and **140'** are flat projections which make contact with the maxillary surface.

The contact between the intraoral posterior maxillary abutment surfaces **140** and **140'** and the maxillary surface helps resist rotation of the dental orthotic device **100** produced by the interaction of the anterior mandibular abutment surface **125** and the
20 anterior maxillary abutment surface **115**. The intraoral posterior maxillary abutment surfaces **140** and **140'** are positioned such that they are unlikely to apply sufficient lateral force to the teeth to cause unwanted displacement of the teeth. The intraoral posterior maxillary abutment surfaces **140** and **140'** are of a shape to comfortably conform to the patient's posterior maxillary characteristics. The two guide surfaces **150**
25 and **150'** are positioned to make loose contact with the maxillary surfaces, in other embodiments, the intraoral posterior maxillary abutment surfaces may make contact with the maxillary molars or premolars, to position the orthotic device in the mouth of the patient.

The degree of protrusion or advancement of the mandible can depend upon
30 clinical requirements. The relative displacement of the mandible can be seen to have both side-to-side or forward-to-back components. Protrusion of the mandible carries the tongue forward so that (particularly in sleep) there is a reduced tendency for the tongue to impinge on the pharynx.

Referring to the second embodiment of the invention illustrated in Figure 2, the
35 orthotic device **200** incorporates a concave anterior maxillary abutment surface **215** mounted via a threaded bolt **220** to the extraoral member **205**. The intraoral member

210 has a member 230 and an anterior mandibular abutment surface 225. The intraoral posterior maxillary abutment surfaces 240 and 240' are flat projections. The two guide surfaces may be positioned to make loose contact with the maxillary surfaces to resist lateral movement of the orthotic device 200. In yet further embodiments, such guide
5 surfaces make loose contact with the maxillary molars or premolars. In other embodiments, the shape and configuration of such guide surfaces can be adjusted to fit the patient's requirements.

Referring to the third embodiment of the invention illustrated in Figure 3, the orthotic device 300 incorporates a concave anterior maxillary abutment surface 315
10 mounted via a threaded bolt 320 to the extraoral member 305. The intraoral member 310 has a member 330, anterior mandibular abutment surface 325 and the two intraoral posterior maxillary abutment surfaces 340 and 340'. In this embodiment, the guide surfaces 350 and 350' are positioned to make loose contact with the maxillary surface. In other embodiments, such guide surfaces make contact with the maxillary molars or
15 premolars to position and resist lateral movement of the orthotic device 300 in the mouth of the patient. Member 310 further forms a hole into which the patient's tongue may extend.

Referring to the fourth embodiment of the invention illustrated in Figure 4, the orthotic device 400 incorporates a concave anterior maxillary abutment surface 415
20 mounted via a threaded bolt 420 to the extraoral member 405. The intraoral member 410 has a member 430, anterior mandibular abutment surface 425 and the two intraoral posterior maxillary abutment surfaces 440 and 440'. In this embodiment, the guide surfaces 450 and 450' are connected by a member 460 which is raised in order to give the tongue sufficient room for the comfort of the patient.

Referring to the fifth embodiment of the invention illustrated in Figure 5, the orthotic device 500 incorporates a concave anterior maxillary abutment surface 515
mounted via a sliding arm 520 to the extraoral member 505. In this embodiment, the length of the arm is adjustable via the action of knob 560. In alternative embodiments, the knob may be substituted for another means for controlling the position of the
30 concave anterior maxillary abutment surface. The other means may have facility for controlling the angle of an associated anterior maxillary abutment surface to suit the patient's needs and/or preference.

As illustrated, the length of the extraoral member 505 can be adjusted by the extraoral adjustment means 555. Alternatively, the length of such an extraoral member
35 can be customized to the patient's needs when, for example, manufacturing the orthotic.

The extraoral member **505** is connected to the intraoral body portion **565** of the orthotic device by member **510**. The length of member **510** can be adjusted to suit the patient's requirement(s). In this embodiment, air holes **570** and **570'** are shown passing through intraoral portion **565** are positioned to improve the flow of air through and
5 around the orthotic device **500**. The incorporation of this feature has advantages for patients with breathing difficulties who, for example, may have nasal blockages or congestion.

The anterior mandibular abutment surface **525** is connected to portion **565** by members **530** and **530'**. This variation gives the user's tongue more comfortable stretch
10 space. In the illustrated embodiment, arms **530** and **530'** are permanently affixed to the body portion **565**. Alternatively, such arms may be adjustably mounted by a slide arrangement or other means known in the art.

As illustrated, the anterior mandibular abutment surface **525** is a convex band and pushes on the gingiva covering the mandible. In alternative embodiments, the
15 anterior mandibular abutment surface is appropriately shaped to make contact with at least a portion of the anterior mandibular surface.

The intraoral posterior maxillary abutment surfaces **540** and **540'** are connected to intraoral body portion **565** by arms **535** and **535'**. This arrangement of arms **535** and **535'** is advantageous in that it gives the user's tongue more room which may improve
20 the comfort of the device. As illustrated, the abutment surfaces **540** and **540'** are flat projections which make contact with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device **500** produced by the interaction of the mandibular abutment surface **525** and the anterior maxillary abutment surface **515**.

Surfaces **540** and **540'** are separated by soft palate abutment surface **550**. In the
25 illustrated embodiment, the surface is arch shaped to conform to or support the patient's soft palate. This arrangement is useful for patients whose soft palate can potentially collapse during sleep. By also supporting the soft palate, in some situations the effectiveness of the orthotic device may be improved.

Referring to the sixth embodiment of the invention illustrated in Figure 6, the
30 orthotic device **600** incorporates a concave anterior maxillary abutment surface **615** mounted via a sliding arm **620** to the extraoral member **605**. In this embodiment, the length of the arm is adjustable via the action of knob **660**. As illustrated, the length of the extraoral member **605** can be adjusted by the extraoral adjustment means **655**.

The extraoral member **605** is connected to the intraoral body portion **665** of the
35 orthotic device by member **610**. In this embodiment, air holes **670** and **670'** passing through intraoral body portion **665** are positioned to improve the flow of air through

and around the orthotic device. The convex band shaped anterior mandibular abutment surface **625** is connected to body portion **665** by members **630** and **630'**.

The intraoral posterior maxillary abutment surfaces **640** and **640'** are connected to intraoral body portion **665** by arms **635** and **635'**. The abutment surfaces **640** and **640'** are flat projections which make contact with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device **600** produced by the interaction of the mandibular abutment surface **625** and the anterior maxillary abutment surface **615**.

Abutment surfaces **640** and **640'** have guide surfaces **650** and **650'** respectively, which are positioned to make contact with the maxillary surfaces and help position the orthotic in the patient's mouth.

With this embodiment, there is no connecting member directly between the abutment surfaces **640** and **640'**. This arrangement has the advantage that the user's tongue has more comfortable stretch space and is particularly useful for patients who do not have problems with the soft palate collapsing during sleep.

Referring to the seventh embodiment of the invention illustrated in Figure 7A, the orthotic device **700** incorporates a concave anterior maxillary abutment surface **715** mounted via an adjustable arm **720** to the extraoral member **705**. In this embodiment, the length of the arm **720** is adjustable via the action of knob **760**. As illustrated, the length of the extraoral member **705** can be adjusted by the extraoral adjustment means **755**.

The extraoral member **705** is connected to the intraoral body portion **765** of the orthotic device by member **710**. The convex band shaped anterior mandibular abutment surface **725** is connected to body portion **765** by members **730** and **730'**. The body portion **765** may be adapted to comfortably conform to the user's anterior maxillary and mandibular surfaces.

With the embodiment illustrated in Figure 7A, the body portion **765** has a cavity **770**. As shown in Figure 7B, which is a view of the body portion **765** from direction A, the opening of the cavity **775** is which is adapted to allow the tongue an extended stretch space and is adapted to hold the tongue in a protrusive position. This arrangement advantageously improves the performance of the orthotic device in some patients.

The intraoral posterior maxillary abutment surfaces **740** and **740'** are connected to intraoral body portion **765** by arms **735** and **735'**. The abutment surfaces **740** and **740'** are flat projections which make contact with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device **700** produced by the

interaction of the mandibular abutment surface **725** and the anterior maxillary abutment surface **715**.

Abutment surfaces **740** and **740'** have guide surfaces **750** and **750'** respectively, which are positioned to make contact with the maxillary surfaces and help position the
5 orthotic in the patient's mouth.

With this embodiment, there is no connecting member directly between the abutment surfaces **740** and **740'**. This arrangement has the advantage that the user's tongue has more comfortable stretch space and is particularly useful for patients who do not have problems with the soft palate collapsing during sleep.

10 Referring to the eighth embodiment of the invention illustrated in Figure 8, the orthotic device **800** incorporates a concave anterior maxillary abutment surface **815** mounted via a sliding arm **820** to the extraoral member **805**. In this embodiment, the length of the arm **820** is adjustable via the action of knob **860**. The length of the extraoral member **805** can be adjusted by the extraoral adjustment means **855**.

15 The extraoral member **805** is connected to the intraoral body portion **865** of the orthotic device by member **810**. The convex band shaped anterior mandibular abutment surface **825** is connected to body portion **865** by a single member **830**.

The intraoral posterior maxillary abutment surfaces **840** and **840'** are connected to intraoral body portion **865** by single arm **835** and by connecting arms **870** and **870'**.
20 The length of arm **835** may be adjusted to suit the patient's requirements. The abutment surfaces **840** and **840'** are flat projections which make contact with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device **800** produced by the interaction of the mandibular abutment surface **825** and the anterior maxillary abutment surface **815**.

25 Abutment surfaces **840** and **840'** have guide surfaces **850** and **850'** respectively, which are positioned to make contact with the maxillary surfaces and help position the orthotic in the patient's mouth.

Attached to arm **835** is a posterior tail shaped portion **875** which is adapted to depress the user's tongue during sleep. This has the advantage in some patients of
30 improving the performance of the orthotic device for treating sleep apnoea.

Referring to the ninth embodiment of the invention illustrated in Figure 9, the orthotic device **900** incorporates an intraoral concave anterior maxillary abutment surface **915** mounted on intraoral member **905**. While being intraoral, member **905** is nevertheless extramaxillary as required by the invention, by being adapted for
35 positioning between the patient's top lip and maxillary. As illustrated, the position of the intraoral member **905** can be adjusted by the adjustment means **960**.

The intraoral member **905** is connected to the intraoral body portion **965** of the orthotic device by member **910**. The convex band shaped anterior mandibular abutment surface **925** is connected to body portion **965** by members **930** and **930'**. The position of the convex band shaped anterior mandibular abutment surface **925** can be
5 adjusted by movement of body portion **965** along member **910**. The angle and/or length of members **930** and **930'** can also be adjusted to suit the user's requirements. As illustrated, an air hole **955** is shown passing through intraoral body portion **965** and is positioned to improve flow of air through and around the orthotic device. The incorporation of this feature has advantages for patients with breathing difficulties who,
10 for example, may have nasal blockages or congestion.

The intraoral posterior maxillary abutment surfaces **940** and **940'** are connected to intraoral body portion **965** by single arm **935** and by connecting arms **970** and **970'**. The length of arm **935** may be adjusted to suit the patient's requirements.

The abutment surfaces **940** and **940'** are flat projections which make contact
15 with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device **900** produced by the interaction of the mandibular abutment surface **925** and the anterior maxillary abutment surface **915**.

As illustrated, intraoral posterior maxillary abutment surfaces **940** and **940'** have guide surfaces **950** and **950'** respectively, which are positioned to make contact with
20 the maxillary surfaces and help position the orthotic in the patient's mouth. In alternative embodiments, the guide surfaces are not need required.

Referring to the tenth embodiment of the invention illustrated in Figure 10A, the orthotic device **1000** incorporates a concave anterior maxillary abutment surface **1015** mounted via an arm **1020** to the extraoral member **1005**. In this embodiment, the
25 length of the arm **1020** is adjustable via the action of knob **1060**. Adjustability may also be provided by a turnbuckle mechanism (or jack screw mechanism) which can be operated by a turnbuckle key to advance or retract such an arm as desired. In this way, the appropriate treatment can be provided as determined by a clinician.

In other embodiments, the length of such an arm is fixed. As illustrated, the
30 length of the extraoral member **1005** can be adjusted by the extraoral adjustment means **1055**. Alternatively, the length of such an arm may be fixed.

The extraoral member **1005** is connected to intraoral arms **1035** and **1035'** of the orthotic device by members **1010** and **1010'**. In this embodiment, the intraoral body portion **1065** is made from an elastic band and is adapted such that the user's tongue
35 can slip into cavity **1070**, but not easily slip out of it. The cavity is shown in more detail in Figure 10B along direction of arrow A. The combined biting forces from the

anterior maxillary and mandibular surfaces and/or elastic tension can securely hold the tongue in a forward position. This can improve the effectiveness of the orthotic device in some patients.

The intraoral posterior maxillary abutment surfaces **1040** and **1040'** are
5 connected to intraoral arms **1035** and **1035'**. The abutment surfaces **1040** and **1040'** are flat projections which make contact with at least a portion of the maxillary surface.

The convex band shaped anterior mandibular abutment surface **1025** is connected to intraoral arms **1035** and **1035'** by members **1030** and **1030'**.

Abutment surfaces **1040** and **1040'** have guide surfaces **1050** and **1050'**
10 respectively, which are positioned to make contact with the maxillary surfaces and help position the orthotic in the patient's mouth.

Referring to the eleventh embodiment of the invention illustrated in Figure 11, the orthotic device **1100** incorporates a concave anterior maxillary abutment surface **1115** mounted to the extraoral member **1105**. The intraoral member **1110** has a
15 positionally variable member **1130** and an attached anterior mandibular abutment surface **1125**. The relative position of the surface **1125** can be varied by the action of knob **1170** and thread **1160**. In alternative embodiments, the position of such a surface can be controlled by other means known in the art. By movement of the member **1125**, the level of protrusion of the mandible can be controlled depending on the needs of the
20 patient.

The intraoral posterior maxillary abutment surfaces **1140** and **1140'** are flat projections with two guide surfaces **1150** and **1150'** positioned to make loose contact with the maxillary surfaces to resist lateral movement of the orthotic device **1100**.

Referring to the twelfth embodiment of the invention illustrated in Figure 12, the
25 orthotic device **1200** incorporates a concave anterior maxillary abutment surface **1215** mounted via an arm **1220** to the extraoral member **1205**. The length of the arm **1220** is adjustable via the action of knob **1260**. As illustrated, the length of the extraoral member **1205** can be adjusted by the extraoral adjustment means **1255**.

The extraoral member **1205** is connected to the intraoral body portion **1265** of
30 the orthotic device by member **1210**. The convex band shaped anterior mandibular abutment surface **1225** is connected to arm **1235** by a single member **1230**. The length of member **1230** may be adjusted by the action of means **1275** to suit the patient's requirement.

The intraoral posterior maxillary abutment surfaces **1240** and **1240'** are
35 connected to intraoral body portion **1265** by single arm **1235** and by connecting arm **1270**. The length of arm **1235** may be adjusted to suit the patient's requirements by the

action of means **1280**. Abutment surfaces **1240** and **1240'** are flat projections which make contact with at least a portion of the maxillary surface and are attached to arm **1235** by posterior arm **1270**. Abutment surfaces **1240** and **1240'** have guide surfaces **1250** and **1250'** respectively, which are positioned to make contact with the maxillary surfaces and help position the orthotic in the patient's mouth. The distance between surfaces **1240** and **1240'** is variable via the action of means **1290**.

Referring to the thirteenth embodiment of the invention illustrated in Figure 13, the orthotic device **1300** incorporates an intraoral concave anterior maxillary abutment surface **1315** mounted on intraoral member **1305**. As illustrated, the position of the intraoral member **1305** can be adjusted by the adjustment means **1360**.

The intraoral member **1305** is connected to the intraoral body portion **1365** of the orthotic device by member **1310**. The convex band shaped anterior mandibular abutment surface **1325** is connected to body portion **1365** by members **1330** and **1330'**. The position of the convex band shaped anterior mandibular abutment surface **1325** can be adjusted by movement of body portion **1365** along member **910**. The angle and/or length of members **1330** and **1330'** can also be adjusted to suit the user's requirements. As illustrated, an air hole **1355** is shown passing through intraoral body portion **1365** and is positioned to improve flow of air through and around the orthotic device.

The intraoral posterior maxillary abutment surfaces **1340** and **1340'** are connected to intraoral body portion **1365** by single arm **1335** and by connecting arms **1370** and **1370'**. The length of arm **1335** and connecting arms **1370** and **1370'** can be adjusted to suit the patient's requirements.

The abutment surfaces **1340** and **1340'** are flat projections which make contact with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device **1300** produced by the interaction of the mandibular abutment surface **1325** and the anterior maxillary abutment surface **1315**.

Referring to the fourteenth embodiment of the invention illustrated in Figure 14, the orthotic device **1400** incorporates a concave anterior maxillary abutment surface **1415** mounted via a sliding arm **1420** to the extraoral member **1405**. In this embodiment, the length of the arm is adjustable via the action of adjustment means **1460**. As illustrated, the length of the extraoral member **1405** can be adjusted by the extraoral adjustment means **1455**.

The extraoral member **1405** is connected to the intraoral body portion **1465** of the orthotic device by member **1410**. The convex band shaped anterior mandibular abutment surface **1425** is connected to body portion **1465** by members **1430** and **1430'**. The position of the convex band shaped anterior mandibular abutment surface **1425** can

be varied according to the user's requirements by movement of connecting web portion 1490.

The intraoral posterior maxillary abutment surfaces 1440 and 1440' are connected to intraoral body portion 1465 by arms 1435 and 1435'. The abutment surfaces 1440 and 1440' make contact with at least a portion of the maxillary surface. This contact resists rotation of the orthotic device 1400 produced by the interaction of the mandibular abutment surface 1425 and the anterior maxillary abutment surface 1415.

Abutment surfaces 1440 and 1440' have guide surfaces 1450 and 1450' respectively, which are positioned to make contact with the maxillary surfaces and help position the orthotic in the patient's mouth.

With this embodiment, there is a connecting member 1470 linking the abutment surfaces 1440 and 1440'. This connecting member is adapted to contact and depress the user's tongue and has the advantage of improving the performance of the orthotic device for treating sleep apnoea in some patients. The position of connecting member 1470 can be adjusted by the action of adjustment means 1480 and/or 1480'.

The orthotic device for retaining a patient's mandible in a protrusive position embodying the invention can have a number of beneficial uses, including as an early interceptive device to encourage mandibular growth, in the treatment of certain orthodontic problems, in the treatment of certain temporomandibular joint problems, in the management of bruxism, and/or in the treatment of snoring and obstructive sleep apnoea.

The orthotic device can be formed from orthodontic materials such as acrylic, cobalt chromium, gold, silver, platinum or other acceptable materials.

In some circumstances, it may be desirable to add a simple tooth-stabilising plate, such as a retainer fitted to the orthotic device. This may serve to resist movement of the teeth due to engagement of the respective abutment surfaces, and also may avoid a degree of discomfort. The inclusion of such a plate may help to stabilize the upper and/or lower dentition.

It will be appreciated by persons skilled in the art that numerous variations and/or modifications may be made to the invention as shown in the specific embodiments without departing from the spirit or scope of the invention as broadly described. The present embodiments are, therefore, to be considered in all respects as illustrative and not restrictive.

THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:-

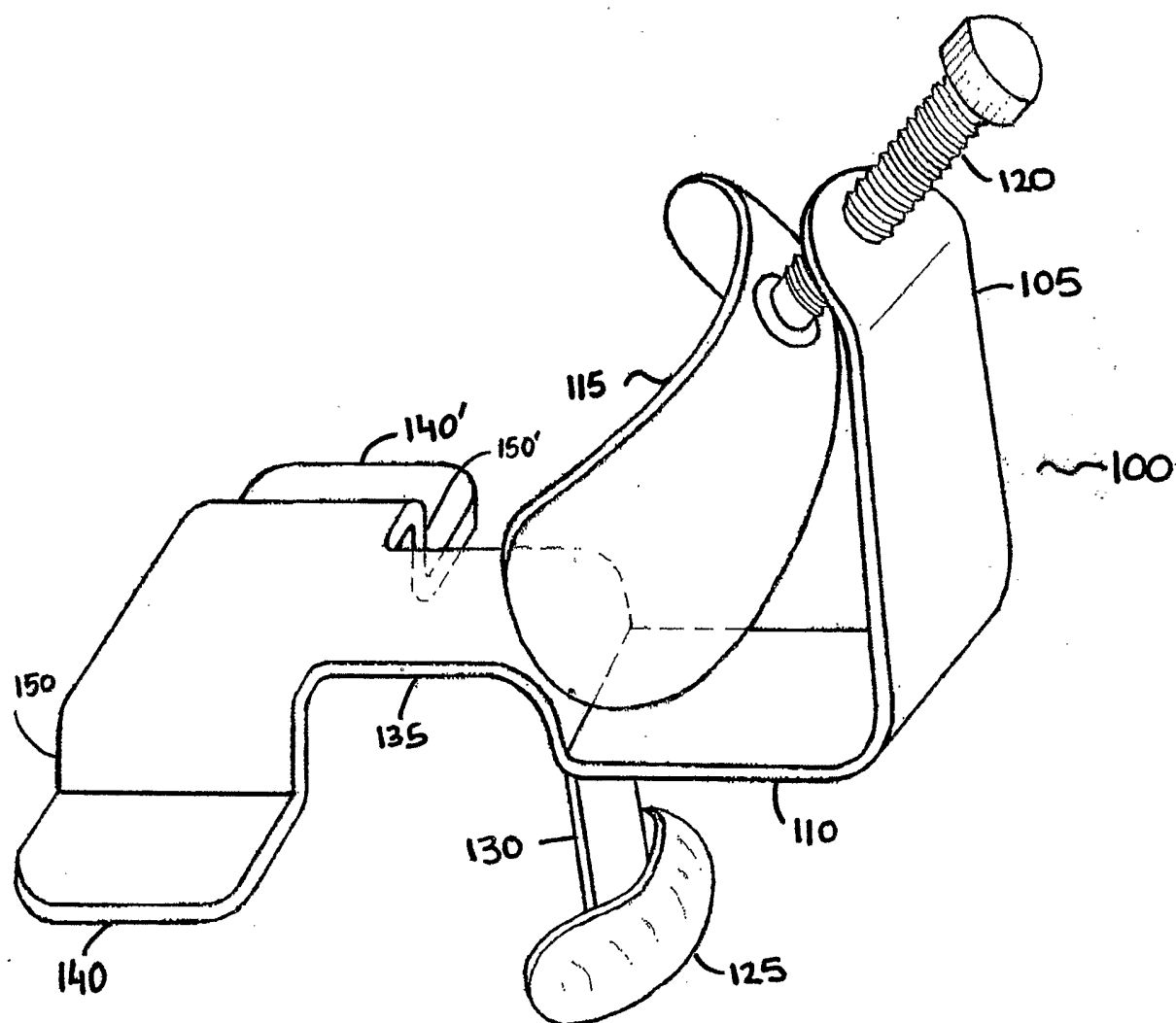
1. A dental orthotic device for retaining a patient's mandible in a protrusive position, the dental orthotic device comprising:
 - an intraoral anterior mandibular abutment surface for resisting mandibular retraction by abutting the patient's gingiva covering the mandible;
 - an extramaxillary anterior maxillary abutment surface against which the intraoral anterior mandibular abutment surface is braced;
 - an intraoral posterior maxillary abutment surface to resist rotation of the dental orthotic produced by interaction of the intraoral anterior mandibular abutment surface and the extramaxillary anterior maxillary abutment surface.
2. The device according to claim 1, wherein the anterior maxillary abutment surface is concave.
3. The device according to claim 1 or 2, wherein the anterior maxillary abutment surface is of a shape to comfortably fit upon and conform to the shape of the tissue covering the maxillary bone.
4. The device according to any one of the preceding claims, wherein the anterior maxillary abutment surface is extraoral.
5. The device according to any one of the preceding claims, wherein the position of the anterior maxillary abutment surface is adjustable to give a variable extent of protrusion of the mandible.
6. The device according to claim 5, wherein the positional adjustment is achieved by a screw extension device.
7. The device according to any one of the preceding claims, wherein the device further comprises a posterior tongue abutment surface which depresses at least a portion of the patient's tongue to avoid or at least minimize occlusion of the patient's airway.

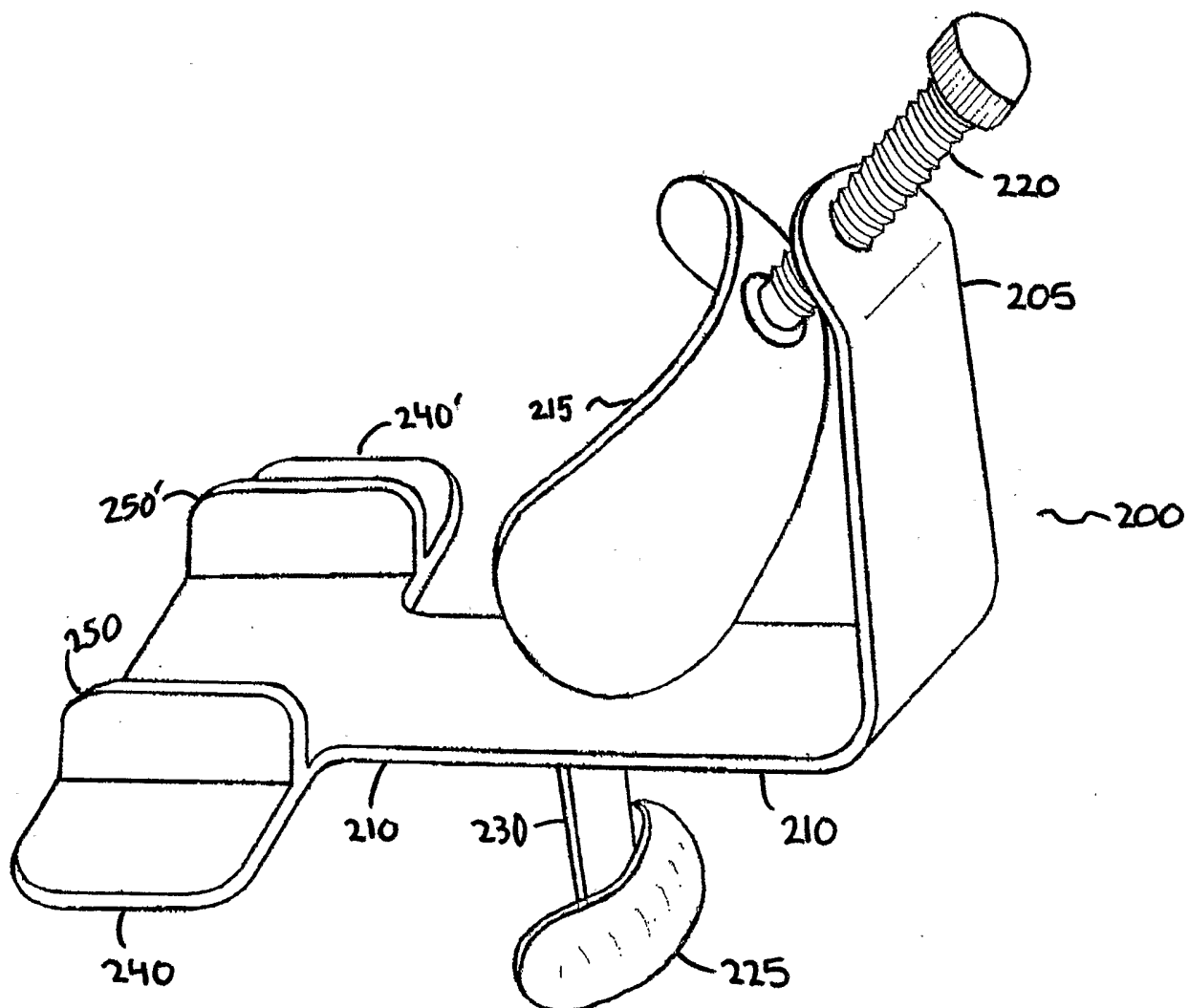
8. The device according to claim 7, wherein a position of the posterior tongue abutment surface is adjustable to give a variable extent of depression of at least a portion of the patient's tongue.
9. The device according to any one of the preceding claims, wherein the device has a cavity for accommodating at least a portion of the anterior section of the tongue.
10. The device according to claim 9, wherein the cavity is adapted to hold the tongue in a protrusive position.
11. The device according to claim 10, wherein the cavity comprises an upper tongue holding surface and a lower tongue holding surface.
12. The device according to claim 11, wherein a combined biting force from the anterior maxillary and mandibular surfaces causes the tongue holding surfaces to securely hold the tongue in a protrusive position.
13. The device according to any one of the preceding claims, wherein the intraoral anterior mandibular abutment surface is of a shape to fit comfortably upon the gingiva covering the mandible.
14. The device according to claim 13, wherein the intraoral anterior mandibular abutment surface is formed of an elastomeric material.
15. The device according to claim 14, wherein the intraoral anterior mandibular abutment surface is formed of an elastomeric thermoplastic material.
16. The device according to claim 15, wherein the elastomeric material is a silicone rubber.
17. The device according to any one of the preceding claims, wherein the device comprises at least one guide surface adapted to resist lateral movement of the orthotic device in the patient's mouth.

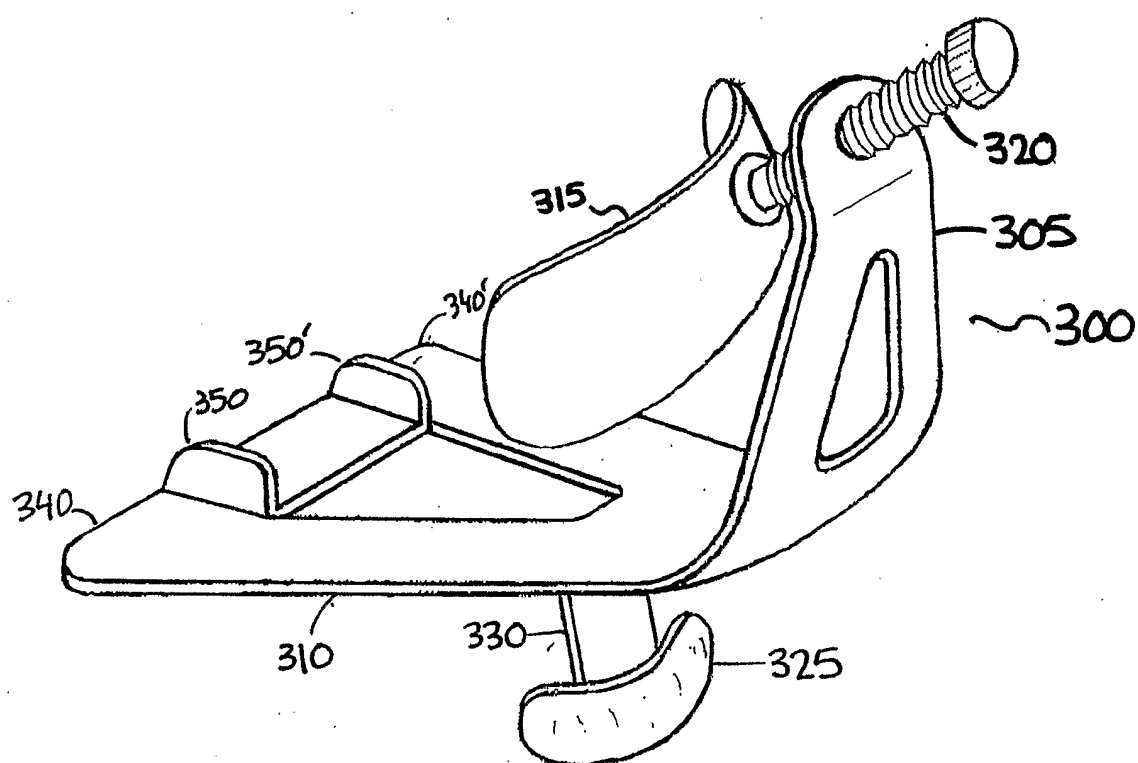
18. The device according to any one of the preceding claims, wherein the orthotic device comprises a soft palate abutment surface adapted to support the patient's soft palate.
19. The device according to claim 18, wherein the soft palate abutment surface is of a shape to conform to the surface of the soft palate.
20. The device according to any one of the preceding claims, wherein air holes are provided in the device to facilitate airflow through the patient's airway.
21. The device according to any one of the preceding claims, further comprising a tooth stabilizing plate adapted to be fitted to the lower dentition and/or upper dentition.
22. A method of retaining a patient's mandible in a protrusive position, the method comprising:
 - resisting retraction of the mandible by abutting on the patient's gingiva covering the mandible an intraoral anterior mandibular abutment surface;
 - bracing the intraoral anterior mandibular abutment surface against an extramaxillary anterior maxillary abutment surface; and
 - bracing against rotation produced by the interaction of the intraoral anterior mandibular abutment surface and the extramaxillary anterior maxillary abutment surface, with an intraoral posterior maxillary abutment surface.
23. The method according to claim 22, further comprising depressing at least a portion of the patient's tongue to avoid or at least minimize occlusion of the patient's airway.
24. The method according to claim 22 or claim 23, further comprising holding the tongue a protrusive position.
25. The method according to any one of claims 22 to 24, further comprising supporting the patient's soft palate.
26. A method of treating obstructive sleep apnoea, comprising:

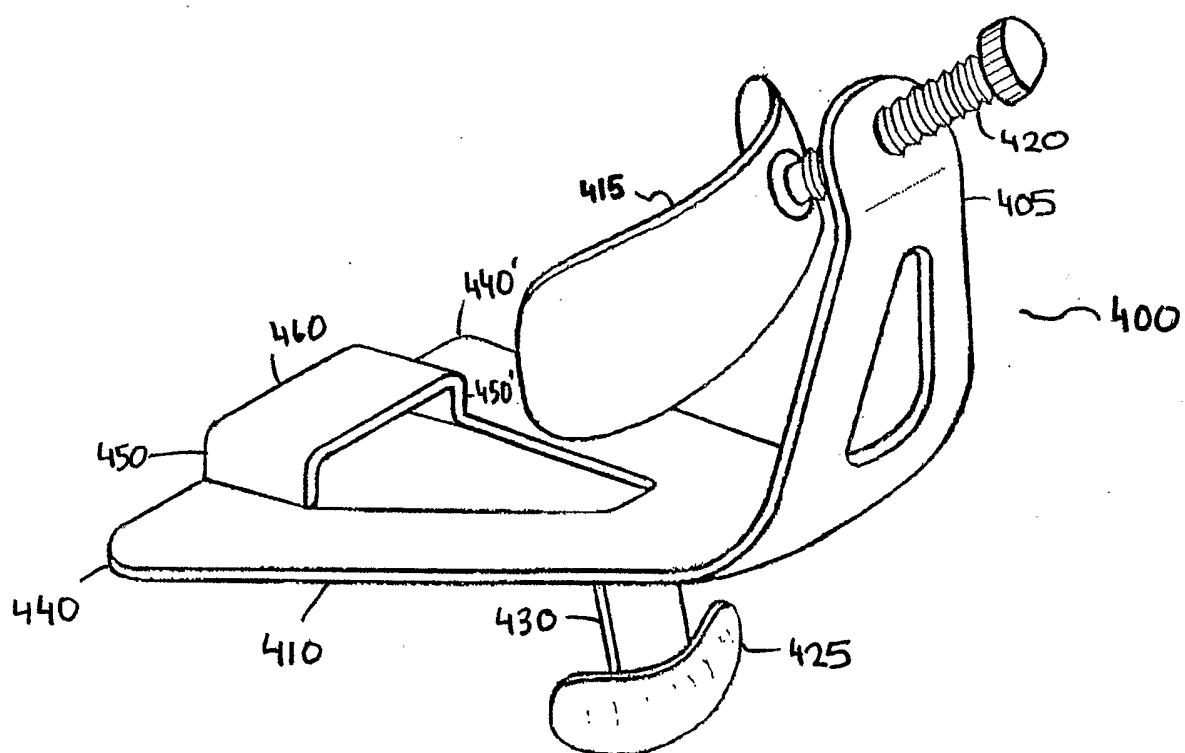
releasably fitting a dental orthotic device according to any one of claims 1 to 21; and
maintaining protrusion of the mandible to at least minimize occlusion of the patient's airway.

27. A method for the treatment of one or more orthodontic conditions, snoring, obstructive sleep apnoea and temporomandibular joint disorders, the method comprising:
releasably fitting a dental orthotic device according to any one of claims 1 to 21; and
causing protrusion of the mandible.
28. A kit of parts, or spare parts comprising an intraoral anterior mandibular abutment surface, and/or an extramaxillary anterior abutment surface and/or an intraoral posterior maxillary abutment surface.

**FIGURE 1**

**FIGURE 2**

**FIGURE 3**

**FIGURE 4**

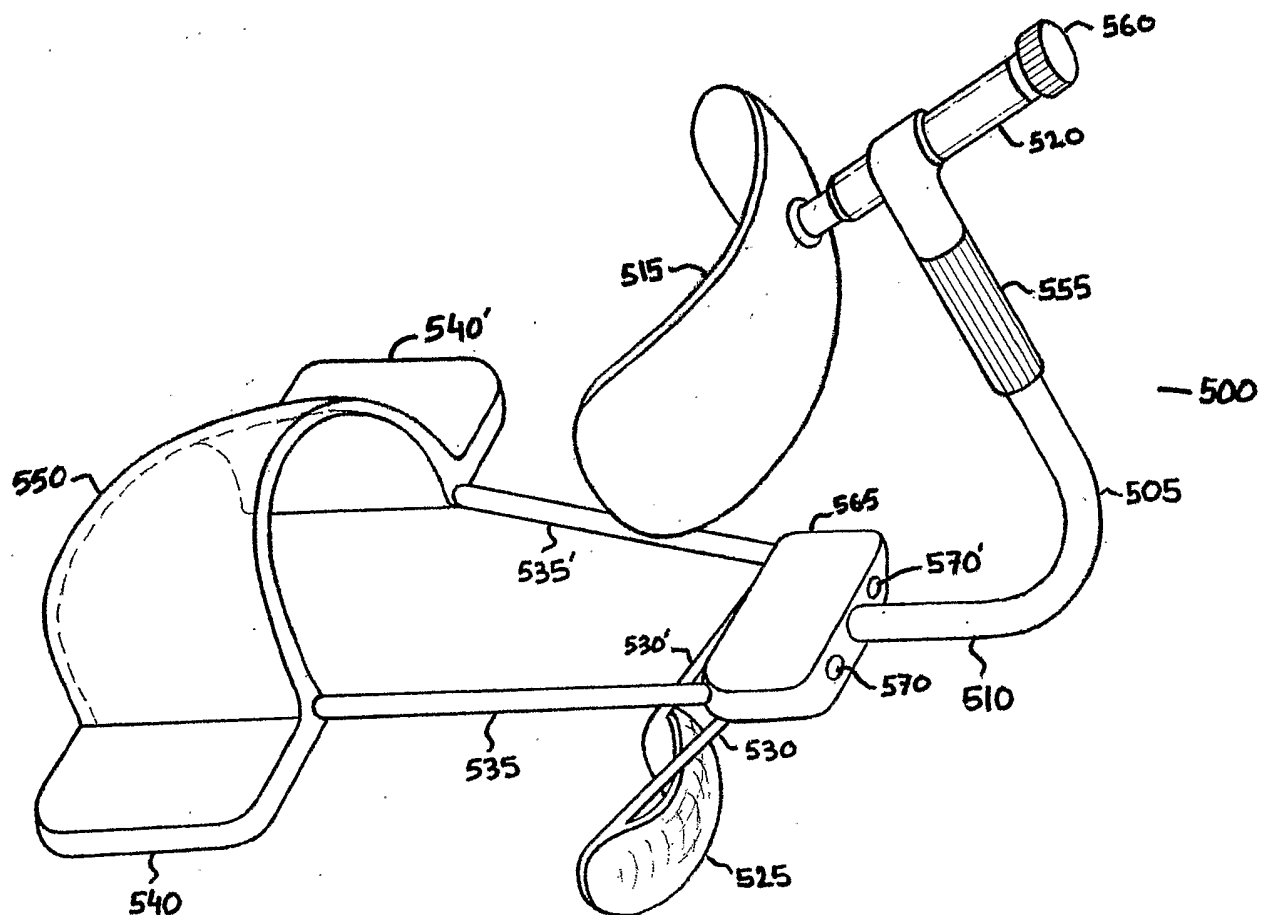
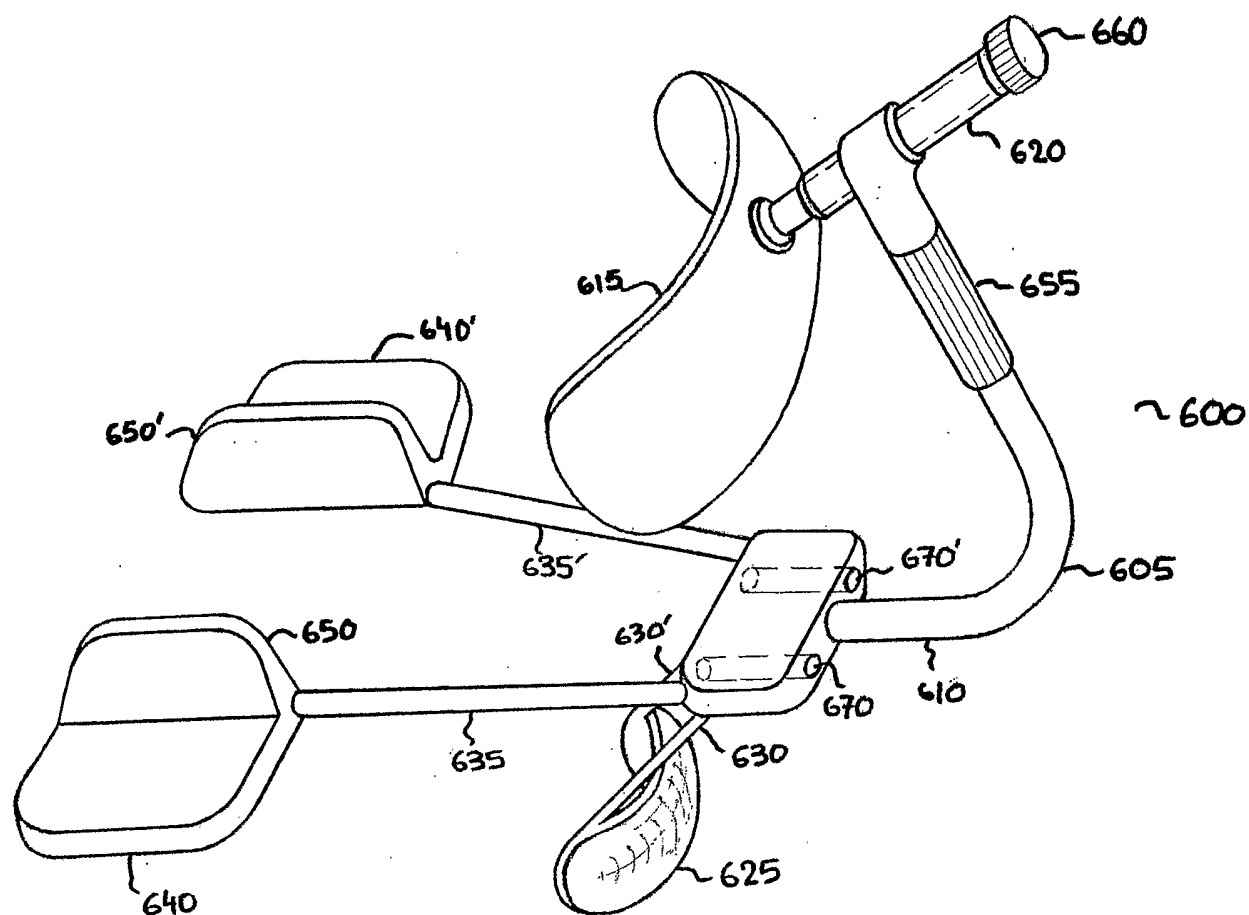


FIGURE 5

**FIGURE 6**

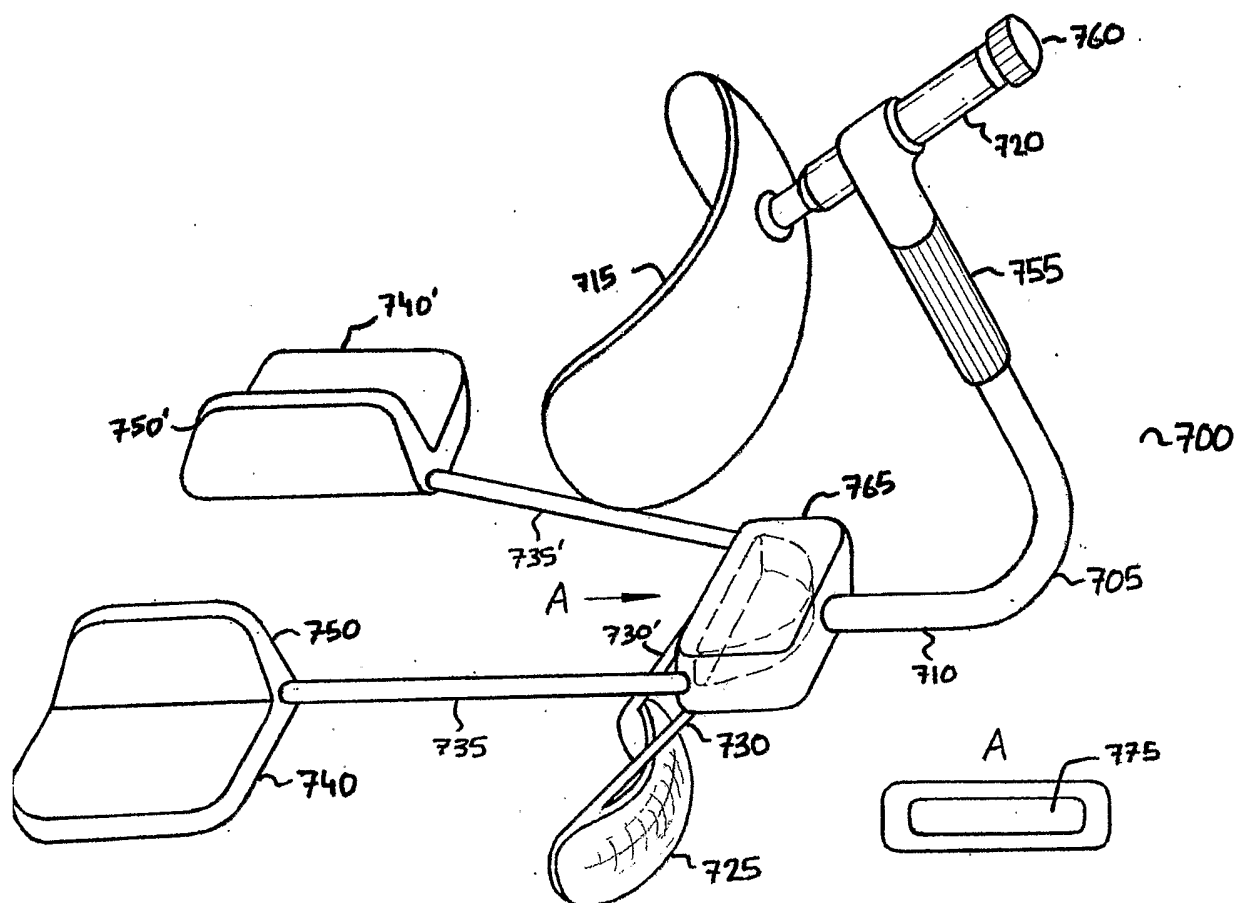


FIGURE 7A

FIGURE 7B

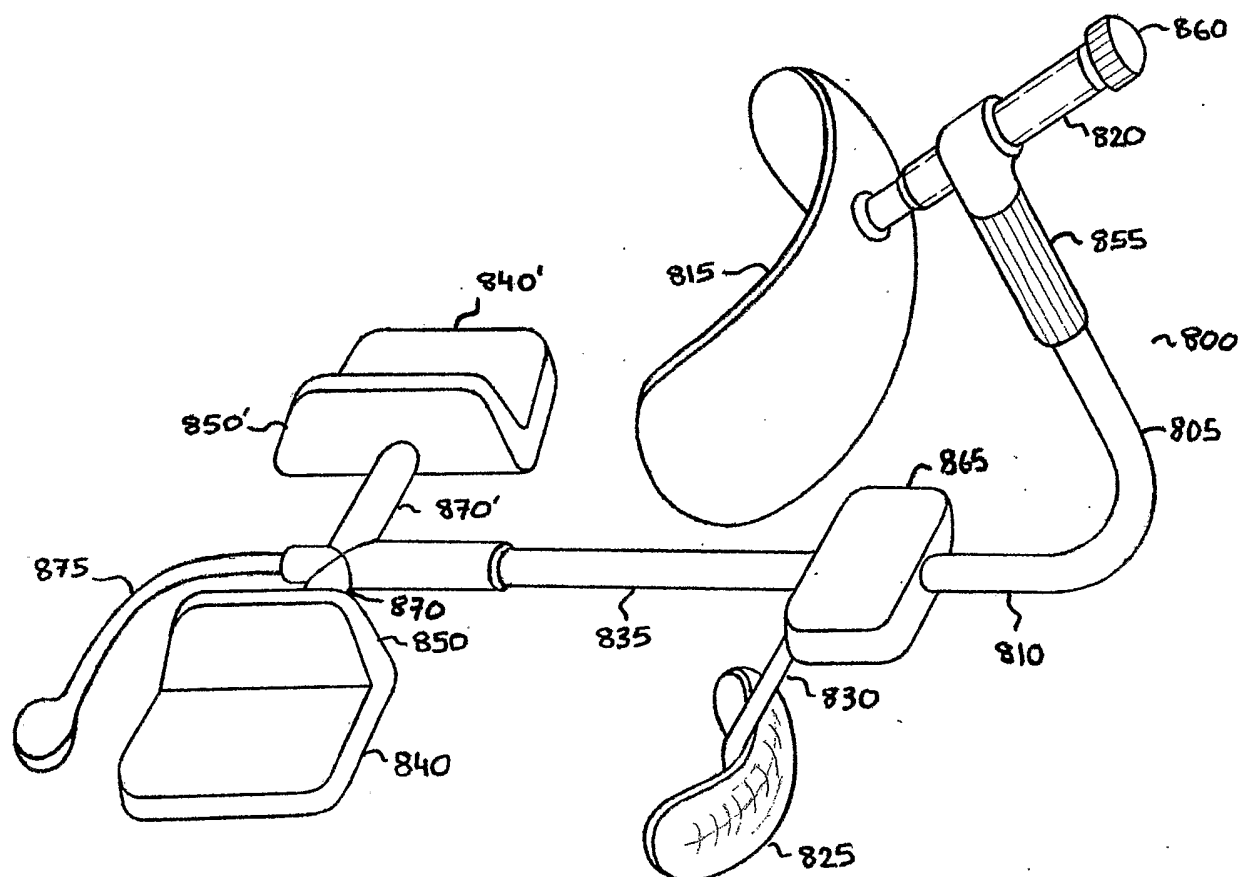


FIGURE 8

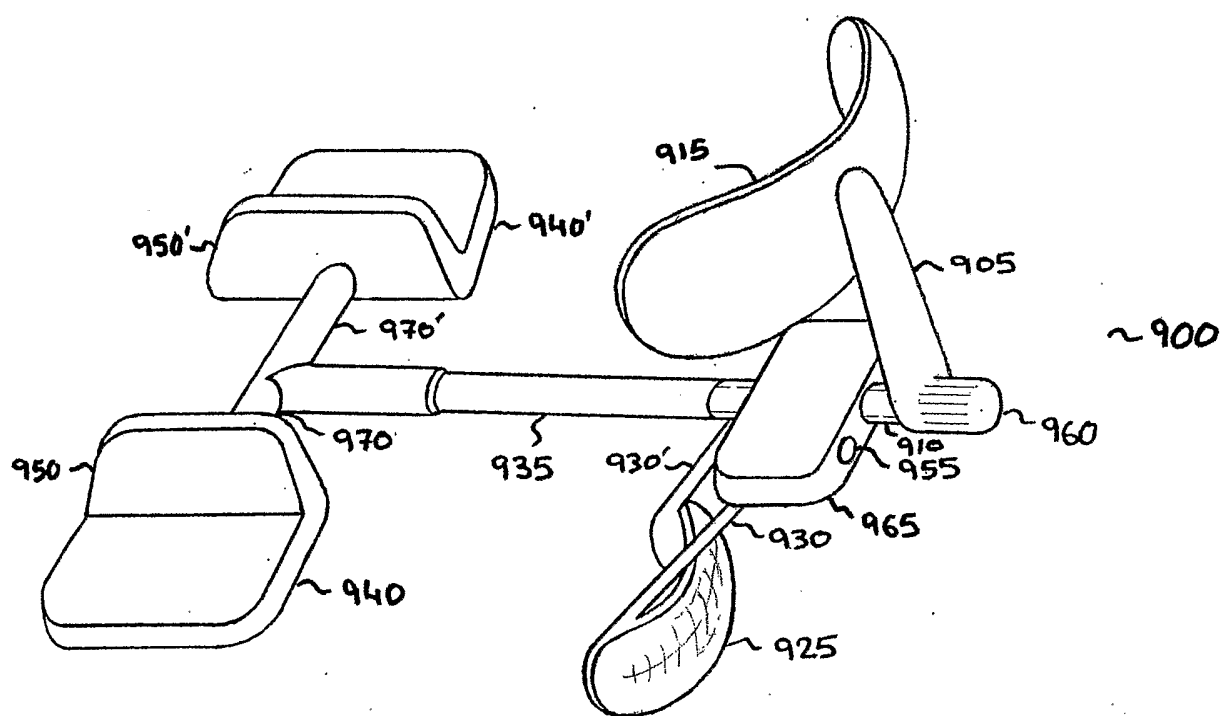


FIGURE 9

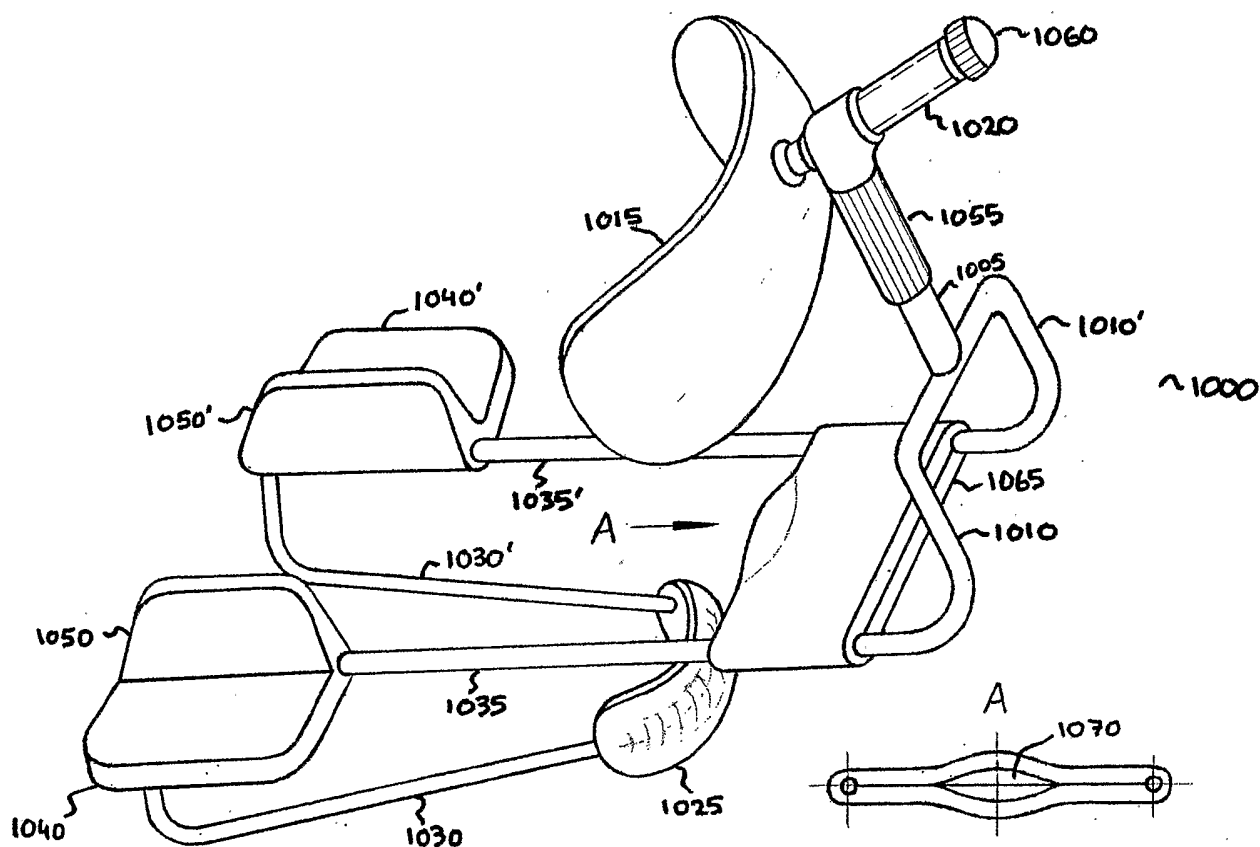


FIGURE 10A

FIGURE 10B

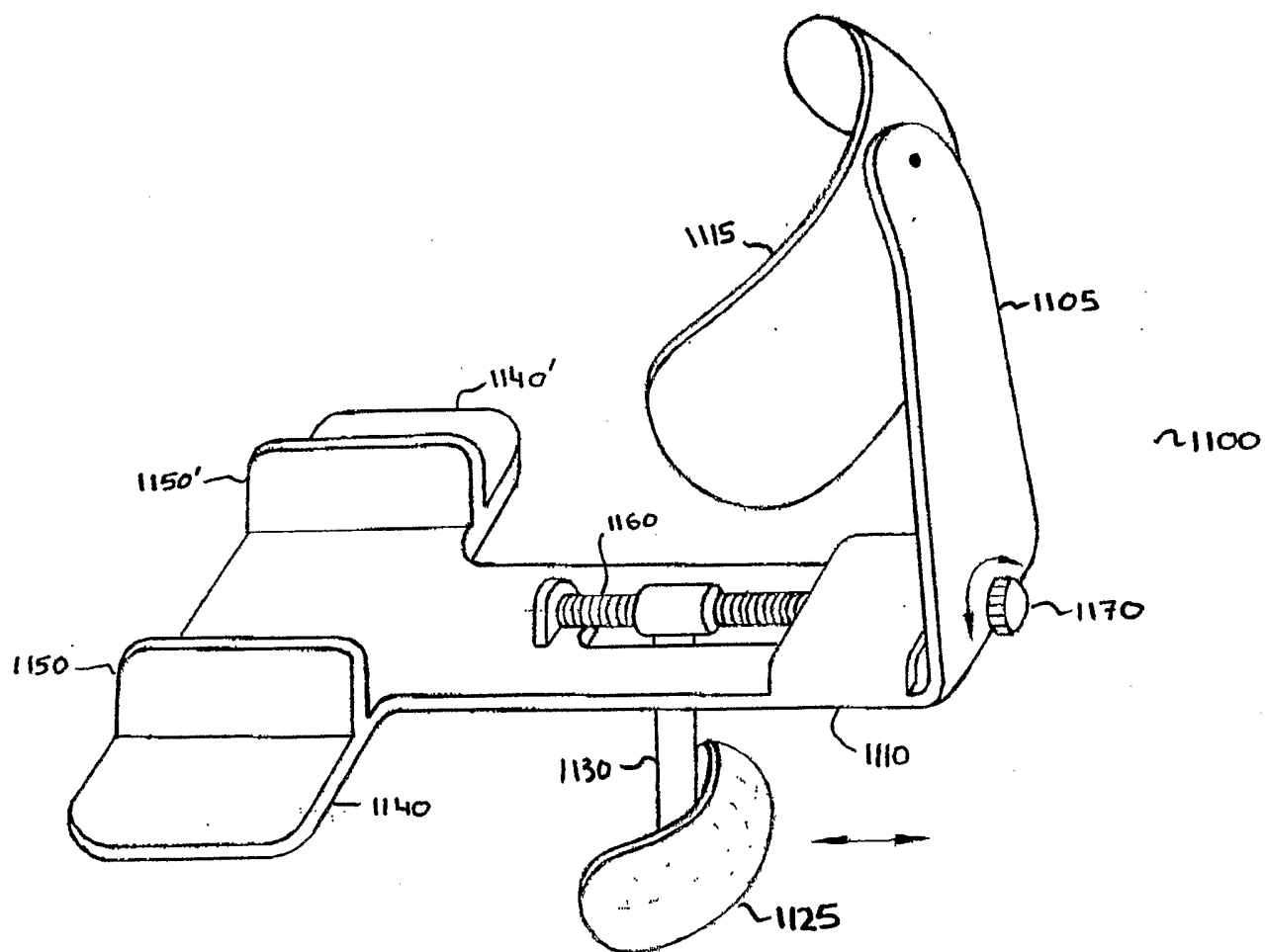
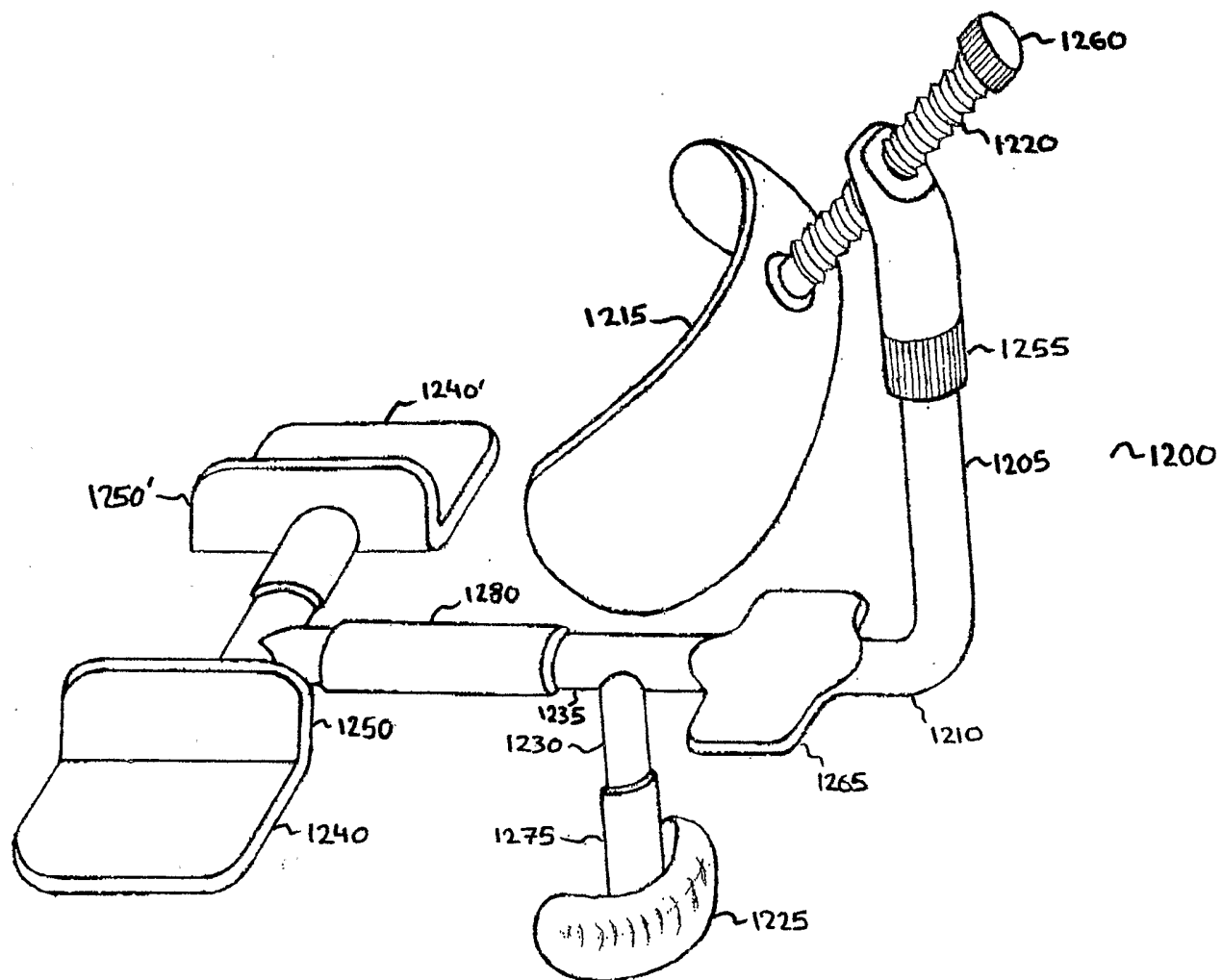
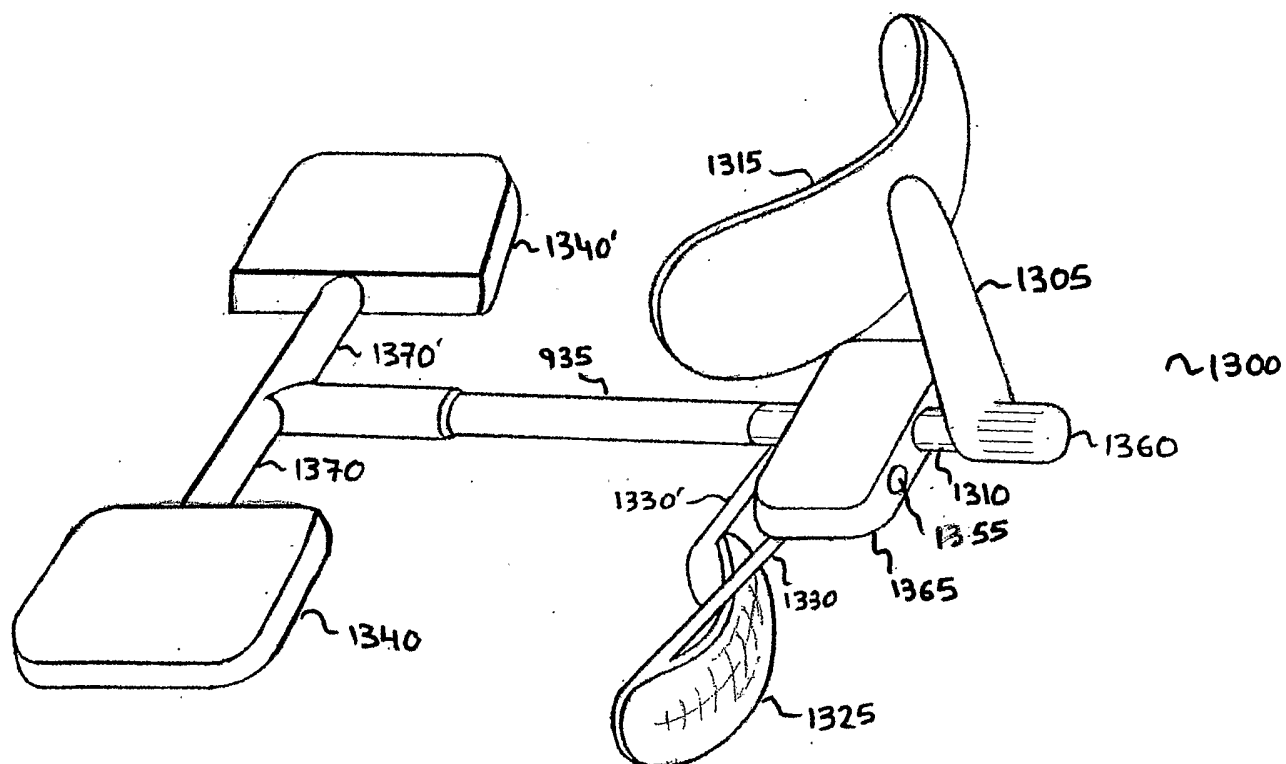


FIGURE 11

**FIGURE 12**

**FIGURE 13**

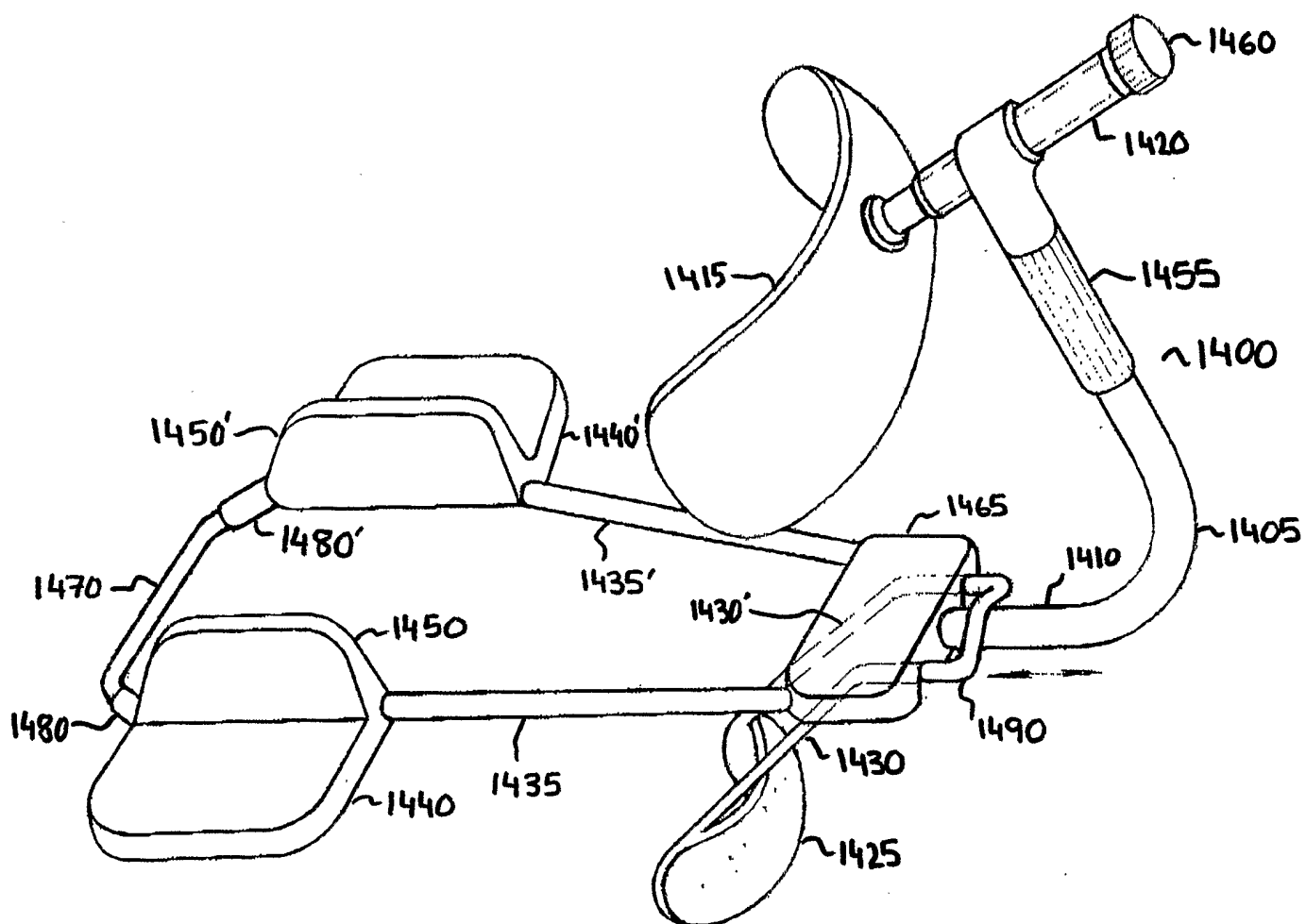


FIGURE 14

INTERNATIONAL SEARCH REPORT

International application No.
PCT/AU2006/000023

A. CLASSIFICATION OF SUBJECT MATTER

Int. Cl.

A61C 7/06 (2006.01)

A61F 5/042 (2006.01)

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

DWPI: IPC: A61C-007, A61-016, A61F-005; KEYWORDS: dental, dentist, orthotic, orthosis, brace, frame, mandible, jaw, mouth, maxilla, gingiva, gum, intraoral, protrude, advance, project, forward, outward, abut, sleep apnea, apnoea, snoring, obstruct and similar words

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2003/0234022 A1 (BELFER) 25 December 2003 See entire document	1-28
X	JP 2003/0290358 A (MAC INTERNATIONAL KK) 14 October 2003 See in particular abstract; figures 1, 4, 6-7	1-28
X, P	US 2005/0028827 A1 (HALSTROM) 10 February 2005 See entire document	1-28
X	WO 2001/052928 A1 (RESPIRONICS INC) 26 July 2001 See in particular abstract; para 12- para 14; figures 1, 4, 10-11	1-28

☒ Further documents are listed in the continuation of Box C

☒ See patent family annex

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"E" earlier application or patent but published on or after the international filing date

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

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"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"O" document referring to an oral disclosure, use, exhibition or other means

"&" document member of the same patent family

"P" document published prior to the international filing date but later than the priority date claimed

Date of the actual completion of the international search
22 February 2006

Date of mailing of the international search report

9 MAR 2006

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INTERNATIONAL SEARCH REPORT

International application No.

PCT/AU2006/000023

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 5 829 441 A (KIDD et al) 3 November 1998 See entire document	1-3, 5-6, 13-22, 25-28
X	WO 1994/023673 A1 (HALSTROM) 27 October 1994 See in particular abstract; page 4, line 1-page 7, line 2; figures 2-6	1-3, 5-6, 13-22, 25-28
X	AU 770465 B2 (MDSA Pty Ltd) 19 February 2004 See entire document	1-3, 5-6, 13-22, 25-28
X	US 6 170 485 B1 (ORRICO) 9 January 2001 See entire document	1-3, 5-6, 13-22, 25-28
X	US 5 117 816 A (SHAPIRO et al) 2 June 1992 See entire document	1-3, 5-28
X	US 5 823 194 A (LAMPERT) 20 October 1998 See in particular abstract; col 4, lines 20-55; figures 6, 8	1-3, 5-6, 13-22, 25-28
X	WO 2002/038090 A1 (FLUERY et al) 16 May 2002 See in particular abstract; figures 1, 14	1-3, 5, 13-22, 25-28

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No.

PCT/AU2006/000023

This Annex lists the known "A" publication level patent family members relating to the patent documents cited in the above-mentioned international search report. The Australian Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

Patent Document Cited in Search Report		Patent Family Member			
US	2003234022				
JP	2003290358				
US	2005028827				
WO	0152928	US	6877513	US	2001047805
				US	2005081859
US	5829441				
WO	9423673	AU	56209/94	CA	2094411
		US	5365945	US	5868138
		US	6161542	US	6729335
AU	770465	AU	35044/01	US	6845774
				US	2002000230
US	6170485				
US	5117816	AU	12464/92	WO	9211827
US	5823194				
WO	0238090	AU	18341/02	EP	1335688
				FR	2816203
Due to data integration issues this family listing may not include 10 digit Australian applications filed since May 2001.					
END OF ANNEX					