

UnWIND M. D.



STANDARD



DEEP BITE



UNWIND MD... the MUSCLE relaxant



CUSTOMISABLE ANTERIOR MUCLE DEPROGRAMMER- Creating posterior disclusion



THE MASTER DIAGNOSTICIAN- To differentiate true TMDs and muscle spasms



Ideal for **RECORDING CR IN FMR CASES**



Recommended for **PATIENTS WITH TMJ CLICKING-** As an interceptive device



Recommended for **BRUXERS/CLENCHERS-** As a protective device



Recommended for management of malocclusion related **MIGRAINES, BACKACHES, NECK ACHES**



Recommended for management of malocclusion related **TINITUS, VERTIGO**



PATENTED DESIGNS- Available as Standard and Class II variants

For more details and videos visit www.mikdental.in

Unwind MD is a prefabricated muscle deprogrammer (anterior deprogramming splint) that is to be relined with a hard setting material (like self-cure acrylic or bite registration paste) and custom fit on to the patients upper incisors. It is permissive in nature and allows for physiologic relaxation of most elevator muscle groups along with the lateral pterygoid (the key depressor/positioner) muscle.

In its correct position, Unwind MD fits snugly on the maxillary incisors and allows only the mandibular incisors to contact its Discluding Table (DT) during static and excursive movements. This ensures posterior separation at all times, which is key to its function.



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It is available in two design variants to suit the varying incisal overlap.

Standard: for patients with average overbite of 2-4 mm



Class II: for patients with a deep overbite or pronounced overjet, commonly seen with Angles Class II malocclusions.



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MODE OF ACTION

An occlusal interference such as a high crown or a deflective tooth incline can activate muscle hyperactivity. Pain often gets focused in the masticatory muscles to give the impression of a TMD. A high percentage of misdiagnosed TMDs are occluso-muscle disorders that are readily reversible.

Unwind MD separates the interfering tooth from contact, thus allowing the condyle-disc assembly to seat into centric relation. This substantially releases the hyperactive contraction within the elevator muscle groups and also allows the lateral pterygoid to release its contraction. Co-ordinated muscle function can be achieved quickly and peaceful muscle activity resumes with the use of this appliance.

A correctly made Unwind MD is supremely effective in reducing the agony of patients suffering from muscular pain caused by a malocclusion, and it does so within minutes.

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**SCAN TO WATCH VIDEO
TECHNIQUE FOR USE**



ACRYLIC RESIN



BITE REGISTRATION PASTE



MAINTENANCE OF THE APPLIANCE

After overnight wear the patient can clean the appliance using soap and brush (just like for removable dentures). Also denture cleansing powders/tablets/pastes can be used to disinfect the appliance.

Unwind MD is available commercially in a customised carry case that is to be given to patients for keeping the appliance safely when not in use. The case is small and allows the patient to conveniently carry the appliance in their pockets/purses for day-time use, as and when indicated.

PERIODIC RECALL

As the musculature relaxes and the condyles seat upward into their CR position, there is possibility for a posterior interference to present itself that was earlier not apparent (with the appliance in position intraorally). It is thus important to follow-up with the patient a day or two from initial insertion. This is because maximum changes in jaw position can be observed within the first few hours and is the result of normalization of masticatory musculature. At this appointment it is important to check for interferences in exaggerated excursive movements as well.

DURATION OF WEAR

This is dependant on the intended use of the appliance:

For Diagnosis: With the wear of unwind, if patient symptoms worsen over the first few minutes itself, a diagnosis of true TMD can be established.

For CR: Usually a few hours of over-night wear allows for the condyles to seat into their musculo-skeletally stable centric relation position.

Bruxism/Clenching: The deprogrammer is to be worn during times of parafunction, until the patient gets definitive treatment.

Post Reconstruction Care: Parafunctional excursions during day-time are less intense and involve reduced translatory movement. Thus, night-time wear is often what is required for patients having undergone full mouth reconstruction in order to protect the delicate restorations. This is a life long activity and should be explained to the patient prior to initiation of treatment.

Muscular aches: To be placed as and when symptoms surface or worn at night time, as a protective device

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EFFECTIVENESS OF THE APPLIANCE

Patient complaints including combinations of muscular headache, face pain, jaw pain, neck pain and/or restriction and sinus pain may present a seemingly complex and multi-factorial diagnosis, when in reality they may all be a direct result of varying degrees and orientations of nocturnal masticatory parafunction.

While some patients report significant symptom relief with overnight wear of appliance, others may need weeks of regular wear to experience the calming influence of the device on oro-facial musculature. Usually, the rapidness and depth of symptomatic relief is directly related to the chronicity and intensity of the original etiology.

The cornerstone of successful patient care is a diagnostically driven therapeutic protocol. Unwind MD is an effective tool in patient management where occluso-muscle disorders are the primary or associated aetiology for patients symptoms.

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ABUSE OF THE DEPROGRAMMER

It is important to understand that Unwind MD is a diagnostic/preventive/protective splint and not a treatment device.

It is recommended for night-time use and may also be used during the day-time as and when indicated. It is important to remove the device when eating as this provides occlusal stimuli to the dento-alveolar complex thereby ensuring positional stability of individual teeth.

Using this appliance as a treatment device over extended periods of time (without removal of appliance) can cause extrusion of the teeth that are not in contact, while also simultaneously intruding the teeth in contact with the DT of the appliance.

This can result in a stepped-occlusal table that worsens the long-term prognosis.



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+91 9833400664/ +91 9111212912



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