Encouraging early myofunctional habit treatment among growing children has been a continuous goal for Myofunctional Research Co. (MRC) during the past 20 years. In that time, the company has made significant improvements to children’s faces all over the world and has educated people about the effects of soft tissue dysfunction on the dentition.

To celebrate MRC’s 20th year, the company has introduced MRC Clinics — a system for dental and orthodontic professionals to substantially improve efficiency in treating malocclusion in growing children, satisfying a growing patient demand.

MRC was formed in 1989 when Dr. Chris Farrell first became interested in the work of myofunctional therapists Garliner, Hale and Atkins and their philosophies on tongue and lip function affecting jaw and facial structure. After Farrell had discovered that myofunctional habits were the direct cause of 90 percent of malocclusions, all his effort was then devoted to simplify this treatment with an appliance.

Farrell merged together three well-known prefabricated appliances — the chewing brush, oral screen and occlusoguide — plus the John Mew and Rolf Frankel designs to make the first appliance from MRC — the Orthotrainer. Its function was to correct myofunctional habits, align erupting teeth and allow for more stable orthodontics.

Just one size was required for all children in the mixed dentition for all malocclusions.

The response from dental professionals in Australia was disheartening, all criticizing this new invention. Orthodontists in the United States rejected the Orthotrainer, saying braces could do the job better and faster.

Heading to Europe’s IDS in Cologne in 1995, Farrell received immediate orders from France, Holland and Belgium after doctors were shown the Orthotrainer. Not long after, Germany, Russia and Italy adopted this appliance, which then sparked the creation of the T4K, now used in more than 70 countries.

With such a growing rate of succession with the T4K, requests were raised for more complex appliances to be made for TMJ/D treatment and a replacement for fixed appliances. The TMJ Appliance, TMD Appliance, T4A Appliance, Myobrace and i-3 followed soon after.

2009 marks the beginning of the MRC Clinics System. This new approach increases patient flow, patient education and requires less patient-doctor time, creating a practice that can efficiently accommodate the high demand of children needing orthodontic treatment.

The most successful method of treatment has been from the use of MRC’s appliances combined with tongue and breathing exercises to retrain the muscles of the tongue, lips, cheeks and breathing. This educates the child to correct his or her own bad oral habits.

It is no secret patient education is a crucial part of any practice. Once the patient and parent understand how the treatment works, this eliminates half of the effort and often cuts down treatment time. With assistance from MRC’s educational media, auxiliary staff teach patients and parents about soft-tissue dysfunction to help them to keep their good habits in place.

Doctors are required only to make a diagnosis and treatment plan and occasionally see patients as needed. This opens the door to more opportunities and further clinic improvement as doctors are given more time to complete other tasks.

Improving the dental and facial development of growing children is of great importance to parents as the demand for straight teeth grows higher. Practices lacking this vital element, which can effectively improve their patient compliance, should take immediate action to build on their educational methods.

The fact is three out of four children have a developing malocclusion, with a large number caused by bad myofunctional habits. No orthodontic treatment can reach a really satisfactory outcome without correction of these habits.

The simplest way to implement an education strategy with little knowledge required is to use MRC Clinics’ new educational media, which can be run on any computer and administered by any trained auxiliary. Auxiliaries can easily present the information to patients and parents and results can be achieved once this system has been implemented.

(Source: Myofunctional Research)

The T4K appliance.