

A dentist told me I needed an orthotic / orthosis. Why couldn't I get an AgilityGuard instead?

The AgilityGuard is based upon sound physiological concepts, where it has its foundation on the understanding that the 3 key elements of the human head / neck / jaw complex is based on a triad of muscle, joints, and teeth. Furthermore, this complex is divided up to an upper jaw and a lower jaw (mandible). The lower jaw is fully suspended and supported by muscles and tendons.

In a case where one suffers from TMJ problems, 85%-90% of neuromuscular driven causes are from the muscles, and not the actual joint. Once we have achieved muscles that are at physiologic rest, free of lactic acid, and are at what we call the "Golden Zone", in MANY cases, the lower mandible or jaw moves downward and forward. Wherever that spatial relationship is between the upper jaw and lower jaw is, that space is captured with a bite recording. This is an important fact, as this bite recording is based upon a jaw with relaxed muscles, floating in 3D space, without external manipulation on part of a dentist, or internal manipulation, where the subject or patient is "biting down."

The problem we have seen, time and time again, is that when a subject "bites down" to record their bite, they are actively engaging their muscles, which in turn is based upon "fitting their teeth together". Unfortunately, this means guiding the jaw back to where the muscles were in a pathological state, the core reason why we are looking for a new position of health for these muscles – leading to 85% to 90% of the pain we feel in jaw based TMD symptoms. In turn, if we are able to record a jaw to jaw relationship in 3D spatial relationship landmarked by the teeth on upper and lower jaw via a bite recording or registration, NOT dictated by the patient's input OR the dentist's input, but solely on healthy muscle physiology, then we have a good starting point to reverse the subject TMD symptoms and pain.

We have found with much success that a lower hard acrylic anatomic mandibular orthosis, which has taken into account the spatial relationship found when recording the spatial difference, will allow the upper to lower jaw (Maxillo-mandibular relationship) to be stable. If this relationship can be stabilized via an orthosis, this will also keep the muscles in a physiological rest holding pattern. If and when this is achieved, with muscles always at rest, and the primary stabilization achieved by a well fabricated hard acrylic orthosis, that has good gnathological (basic teeth relationship concepts) contact between the orthosis and the upper teeth, then the client or subject's symptoms can resolve. As a result, orthosis or orthotics, are commonly referred to as medico-dental mandibular repositioning devices and are highly detailed oriented in their fitment, taking into account an

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Optimized position, and maintaining that position. This is considered GNMD (Gnathological based Neuromuscular Dentistry) concepts based upon Dr. Clayton Chan's teachings.

What is interesting to note, is that a properly fabricated GNM orthosis in an Optimized Position, besides addressing TMD symptoms, after being properly adjusted after multiple visits with the guidance of the ULF TENs (Ultra Low Frequency Transcutaneous Electrical Neuro-stimulation of cranial nerve V & VII), will often provide increased balance, strength, and flexibility, and in many cases, increased range of motion. This is because, correction of the orthopedic aspects of the upper and lower jaw has ramifications to the entire head and neck relationship, upper cervical region, which then transpires to the whole spinal complex, all the way to the hips and legs. What this also means is that when the Maxillo-mandibular relationship is at an Optimized position, the airway in almost all cases "opens up" due to correction of an upward chin tilt and forward head posture. When this happens, it is easier for the subject to breath, snoring may subside or diminish, and proper breathing through the nasal passages and not mouth breathing can ensue.

So how does the orthosis / orthotic (medical-dental corrective device) differ from the AgilityGuard if it is based upon the Optimized Bite concepts as taught by Dr. Clayton Chan?

While it is agreed that that while the same amount of precision and attention to detail is paid to the recording of the bite (upper and lower jaw relationship, not upper to lower teeth relationship), the purpose of the AgilityGuard (AG) is NOT meant to address joint pain, headaches, migraines, neck pain, ringing and or pain in the ears, numb fingers and wrists, etc. Whereas the orthosis is meant to be worn in the mouth most of the day to help stabilize jaw and muscle physiology to remove neuromuscular symptoms, the AgilityGuard is not. The AgilityGuard is designed for the athlete for intermittent use, either during training, or during the exercise, whether it is in the gym, or on game day. The choice of materials also makes it different, as most competitive athletes will attest that a softer (not hard acrylic for stabilization like an orthosis) material is more comfortable when the athlete finds the need to clench during the action. However, since the Optimized bite built into a softer mouth guard material, the athletes will experience what they may with an orthosis (increased range of motion, flexibility, increased Blood oxygen saturation percentage, strength, etc.) to some extent, but not reap the benefits of an anatomical orthosis which also addresses the tension headaches, migraines, pressure behind the eyes, joint pain, etc., since the surface of the AgilityGuard are simple negative imprints of the opposing teeth, and not teeth shapes built into the orthosis.