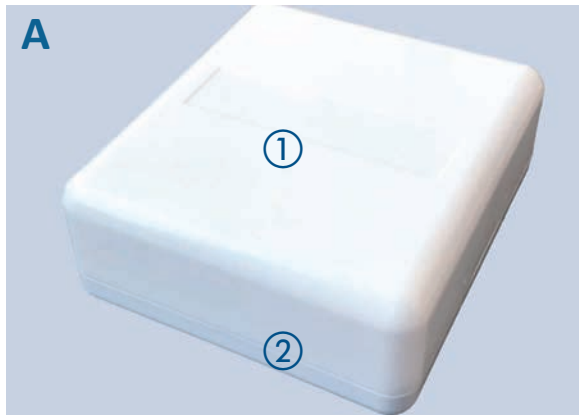


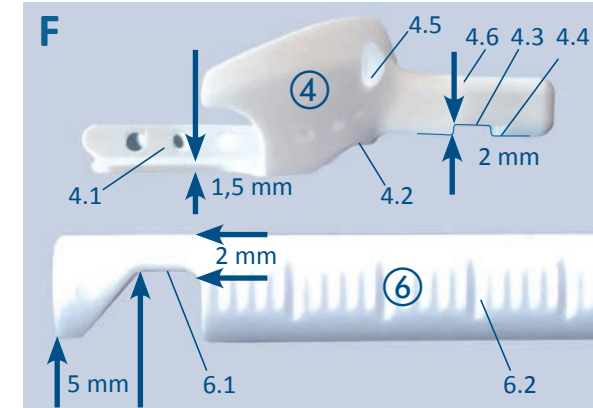
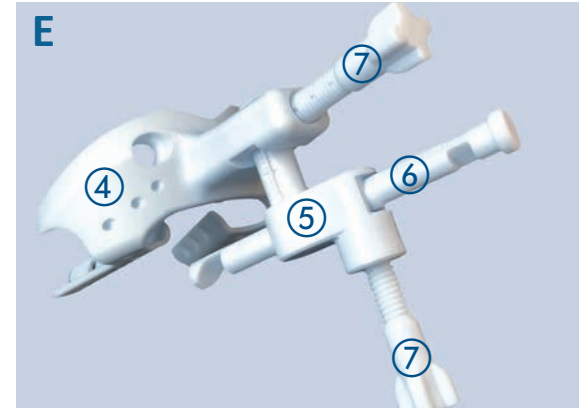
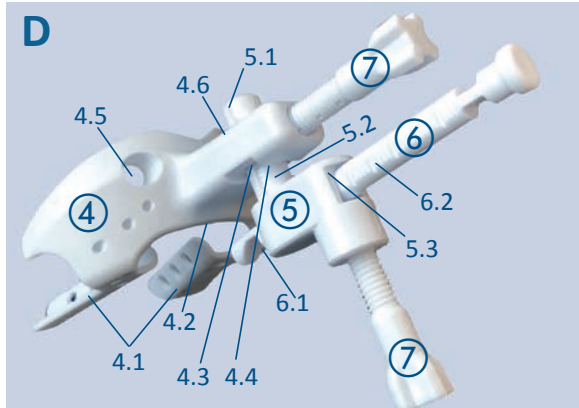
OPERATION MANUAL

Current information and videos at
www.js-gauge.com



Individual parts of the JS-Gauge®: A B C D E F

- 1 Lid sterilisation box
- 2 Bottom sterilisation box to hold the tray
- 3 Wash and sterilisation tray to hold the individual parts
- 4 Bite spoons:
 - 4.1 wings | 4.2 interdental pin | 4.3 upper recess upper edge | 4.4 upper recess lower edge | 4.5 filler neck | 4.6 transversal line marking
- 5 vertical pin (rotatable and slidable, see figure D with figure E):
 - 5.1 bead | 5.2 vertical line marking | 5.3 frontal recess
- 6 horizontal pin (rotatable and slidable, compare fig. D with fig. E):
 - 6.1 lower recess | 6.2 sagittal line marking
- 7 two clamping screws



1 2 3

Attaching the JS-Gauge®
(prepare the medical device beforehand, see processing method)



1 Assemble the JS-Gauge® in the basic position according to fig. D. Observe the use of the JS-Gauge® in the lying treatment position. Line-like application of A-silicone (e.g. Futar® D Fast) to both wings. Note the information provided by the manufacturer of the A-silicone.



2 Immediate symmetrical insertion of the JS-Gauge® on the maxillary dental arch. Position the interdental pin approximate of teeth 11-21. Let patient bite down and remain in this position.



3 Fill in 1 to 2 strokes of A-silicone via the filler neck. Wait for hardening.

Determination of the zero millimeter inter-incisor gap (IIG)

4 5 6

Transversal adjustment (lateral deviation)



4 Use the screw to align the horizontal pin while in contact with the incisor edges 11-21 (lower recess of the pin points downwards). Line marking (green) on the vertical pin at the level of the upper recess lower edge = zero mm IIG line marking. Use a water-soluble pen.



5 Use the screw to align the horizontal pin while in contact with dental crown 31-41 at the level of the incisor edges.

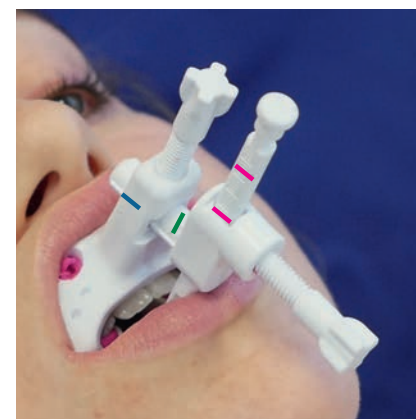


6 Let the patient bite gently into the lower recess. Loosen the lower screw. Adjust of the transversal jaw relation by turning the horizontal pin around its longitudinal axis and moving the horizontal pin in the transversal one. Marking (blue) of the position of the bead on the transversal line marking 4.6.

7 8 9
Sagittal adjustment (protrusion)



7
Maximum active retrusion, line marking (red) on the horizontal pin in the frontal recess 5.3.



8
Maximum active protrusion, line marking (red) on the horizontal pin in the front recess. Repeat step 7 and 8 three times for control.



9
Adjust protrusion for the start position of the JS-Gauge® between the red line markings (e.g. 40% to 50% protrusion). Tighten the lower screw. Line marking (red) on the horizontal pin in the frontal recess. Read the degree of protrusion from the red line markings.

10 11 12
Vertical adjustment (bite lock)



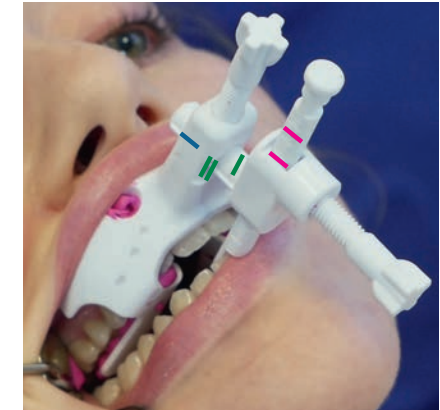
Note:
The sequence of adjustment steps 5 to 12 can be varied as required.



10
Control of the Bite-blockage and lateral deviation. Line marking (green) on the vertical pin, upper recess, upper edge 4.3. Read off the degree of bite blockage from the green line markings (IIG e.g. 2-5mm, observe the MAD manufacturer's instructions).



11
If necessary, reduce or enlarge the bite block. To do this, let the jaw open, loosen the upper screw, slide the vertical pin upwards (to reduce) or downwards (to enlarge) the desired distance, observing the transversal line marking (blue) (see fig. D, E).



12
Tighten the upper screw, allow the jaw to close, check the bite block. Line marking in the upper recess top edge (green). Read off the degree of bite blocking from the green line markings, repeat operations 11 and 12 if necessary.

13
Encryption with A-silicone

14a
Digital registration

14b
Analog registration



13
If pathological functional findings appear and/or the patient is experiencing discomfort within 5 to 10 minutes in this jaw-relationship, repeat steps 5-11 for new adjustment. Otherwise encrypt in the area of the front teeth with A-Silikon. Wait for material to harden.



14a
Digital registration: intraoral-scan of the lateral parts of the rows of upper and lower teeth on both sides. Observe the information provided by the manufacturer of the intraoral-scanner.



14b
Analog registration: encryption on both sides in the distal posterior region with A-silicone. Pay attention to low saliva oral conditions. Wait for hardening.

15a 15b
Digital and analog registrate



15a
Check the digital registration, repeat step 14a if necessary. Remove the JS-Gauge® from the mouth. Send digital data to the laboratory.



15b
Remove the JS-Gauge® from the mouth, paying attention to any detached A-silicone parts. Check the analog registration. This JS-Gauge® registration is sent to the laboratory, if necessary together with detached A-silicone components.

QTY: 1 EA JS-Gauge®
 <https://js-gauge.com>



MD 3D bite registration in dental sleep medicine

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