

## Operating the Dial

Note: Operating the Front Assembly is written from the perspective of the patient with the appliance in his/her mouth.

1. To pull the lower jaw forward with the appliance in the mouth, **instruct the patient to turn the knob count clockwise (towards their left ear).**
2. To return the lower jaw to the starting position with the appliance in the mouth, have the patient turn the knob clockwise (towards the right ear).

## Homecare Instructions

**Warning:** Instruct the patient that it is imperative to use the AM Aligner each day to reduce the risk of permanent bite change.

- Each morning after use, instruct the patient to thoroughly clean their dreamTAP™ appliance using a regular soft toothbrush, tooth paste and cool water. Do not use hot water.
- The patient should rinse and dry the appliance thoroughly before storing in the container. It may help to leave the container open to ensure that the dreamTAP™ dries thoroughly. Instruct the patient to store their appliance out of reach of pets and small children.

**Note:** Using hydrogen peroxide will cause the plastic materials of the appliance to deteriorate more rapidly or delaminate more easily. The best way to keep the TAP 1 appliance clean is to brush it each morning after use.

**Warning:** The TAP™ 1 should be stored in a cool dry place. The appliance is made from sensitive materials and should not be stored where temperatures exceed 120°F, such as in the glove compartment of a car or the cargo hold of an airplane. Do not clean the appliance in hot or boiling water, nor to soak it in bleach or hydrogen peroxide which will cause the trays to distort or the lining to become brittle and delaminate.

**Warning:** Do not disassemble any of the TAP™ 1 hardware. The TAP™ 1 is a medical device and the patient must not tamper with it other than following specific instructions in the patient instruction booklet.

**Instruct the patient to return to their prescriber at least yearly for examination and assessment to ensure that the TAP™ 1 is not damaged and is still treating their snoring or sleep apnea.**

## AM Aligner & Mouth Shield

The AM Aligner should be cleaned with a soft toothbrush and warm water once a week. Refer to separate AM Aligner or Mouth Shield instructions for more information.

## Product Disposal

The TAP™ 1 may be placed in the general household waste receptacle.

## Warnings, Contraindications and Possible Side Effects

**Note:** Read all instructions before using the TAP™ 1™

### Warnings:

- This device is intended to reduce or alleviate nighttime snoring and obstructive sleep apnea (OSA). If symptoms, breathing difficulties or other respiratory disorders exist or persist, with or without the device, the patient should contact the prescriber immediately.
- The TAP™ 1™ should only be used as directed. Do NOT misuse the product.
- You may experience soreness or discomfort in your jaw or teeth. If discomfort persists, you should contact the prescriber.
- In the morning, you may sense a change in your bite. This change should disappear as the day progresses. If it continues with no change, you should contact the prescriber.
- US Federal Law restricts this device to sale by prescription only.
- Do NOT use if you have braces.
- Do NOT use if you have not seen a dentist in the last 12 months or are under active treatment.
- Do NOT use if you have loose teeth, loose crowns, or loose fillings.
- Do NOT use if you have temporary crowns, removable dentures, or bridges.
- You may experience obstruction of oral breathing with any oral appliance in the mouth.
- Do not store or transport the TAP™ 1 outside the temperature range of -4°F to 122°F (-20°C to 50°C)
- You must have at least 8 natural, healthy teeth in each arch.
- In the event of muscle or jaw joint pain, discontinue use for a minimum of two days or until pain subsides and consult the prescriber.
- Discontinue use if experience discomfort and consult the prescriber.
- Do NOT use the TAP™ 1 if vomiting or feeling nauseous.
- Do NOT use if the patient cannot remove the product themselves.
- You should return to the prescriber at least yearly, or as often as necessary, for re-evaluation. If the TAP™ 1 is lined with ThermAcry™, the lining will need to be replaced at least yearly.
- If the appliance becomes loose, damaged, or does not fit properly, contact the prescriber.
- Do NOT wash the TAP™ 1 in the dishwasher or use dishwashing liquid to wash the TAP™ 1.
- Do NOT clean the TAP™ 1 with products that contain chlorine, bleach, moisturizer, antiseptic, anti-bacterial agents or alcohol.
- Do NOT store the TAP™ 1 in direct sunlight.
- The operating temperature range of the TAP™ 1 is 40°F to 104°F (5°C to 40°C)
- For use by adults only.
- Discontinue use if the TAP™ 1 is damaged or cracked.
- Patients who are sensitive to nickel or self-curing acrylic may experience allergic reactions. Discontinue use if reaction occurs and consult prescriber.

### Contraindications for the TAP 1:

- This device is contraindicated for patients with loose teeth, loose dental work, dentures, or other oral conditions which would be adversely affected by wearing dental appliances.
- In addition, the appliance is contraindicated for patients who have central sleep apnea, have severe respiratory disorders or are under 18 years of age.
- Severe Class 2 or severe Class 3 malocclusion may require a custom splint.

### Possible side effects:

There are possible side effects associated with using the TAP™ 1 appliance. These side effects are not uncommon. If you experience any of the following side effects, you should contact your prescriber immediately.

- Slight tooth or gingival discomfort due to pressure of the appliance.
- Excess salivation initially. This will improve as you become accustomed to wearing the TAP™ 1.
- Slight jaw soreness or tightness, initially and with adjustments.
- Temporary bite change. This should subside approximately 30 minutes after the TAP™ 1 is taken out of the mouth in the morning and the AM Aligner is used.
- Unconsciously taking the TAP™ 1 out of his/her mouth at night.
- Orthodontic movement of the teeth.
- Pain or dysfunction of the temporomandibular joint and associated muscles.
- Permanent bite change.
- The metal parts are made of medical grade stainless steel or cobalt chromium. If the patient experiences any reaction, have him/her contact the prescriber immediately.

## Clinicians Instruction for Use

# TAP™ 1 TL



**AM AIRWAY MANAGEMENT**

## TAP SYSTEM™

PRTD001 Rev. A, 2019

myTAP



TAP Custom



myTAP PAP



TAP PAP CS



## Airway Management Contacts

### Manufacturer



3418 Midcourt Rd, Suite 114  
Carrollton, TX 75006  
Tel: (866) 264-7667  
Fax: (214) 691-3151  
Email: [contactami@amisleep.com](mailto:contactami@amisleep.com)  
Website: [www.amisleep.com](http://www.amisleep.com)

### United States and Canada

Airway Management  
(866) 264-7667  
(214) 691-3151  
[contactami@amisleep.com](mailto:contactami@amisleep.com)

### EU Authorized Representative

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fon: +49 511 6262 8630  
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### Australian Sponsor

Emergo Australia  
Level 20  
Tower II, Darling Park  
201 Sussex Street  
Sydney, NSW 2000  
Australia

## Replacement Plate Set

The Replacement Plate Set can be used as a substitute for the Front Assembly. Once the Replacement Plate Set is used, the patient will achieve greater lip competence but will not be able to dial his/her lower jaw forward and back. However, the hook can still be adjusted by unscrewing the two button-head screws on the plate and rotating it 180 degrees. The screws should then be screwed back into place.

Only remove the Front Assembly if the patient is getting good results and does not need more adjustments.

1. Before starting, mark where the Hook is positioned in the Locator with a black marker.
2. Using a 5/64" allen wrench, remove the plastic front piece by twisting the knob to one side so the knob is perpendicular to the ground, exposing the screws. Unscrew the screws that attach the Front Assembly to the TAP 1 appliance.
3. Once the screws are removed, twist the Front Assembly counter clockwise until it is unattached from the Hook.
4. Screw on the Replacement Plate Locator Nut until it is lined up with the Locator and the Hook is at the position marked. Cut off the excess threaded wire. Use a burr or cutting tool to grind the cut end of the Hook flush with the Locator Nut Replacement Plate.
5. Using a .050 Allen Wrench (small Allen wrench), screw in the two button head socket screws through the Locator Nut Replacement Plate and into the locator. The screws should be smooth enough for the patient's mouth, but may be smoothed slightly with a burr or covered with acrylic. The hook may also be held in place with acrylic.

**Note:** If the patient wants/needs the Front Assembly to be added back to his/her appliance, you will need to replace the old hook with a new uncut Hook, as well as order a new Front Assembly.



This product is protected by U.S. and foreign patents. For a list of patents related to this product please go to <http://amisleep.com/patents>

## Important Safeguards

### SAVE THESE INSTRUCTIONS

The following words in this manual have special significance.

**Warning:** Means there is a possibility of injury.

**Note:** Indicates point of particular interest for more efficient and convenient operation.

**Indications:** The dream Thornton Adjustable Positioner™ (TAP™ 1) is intended to reduce or alleviate nighttime snoring and sleep related breathing disorders including obstructive sleep apnea (OSA). The appliance is for adult patients to be used when sleeping at home or in a sleep laboratories and is for single patient use.

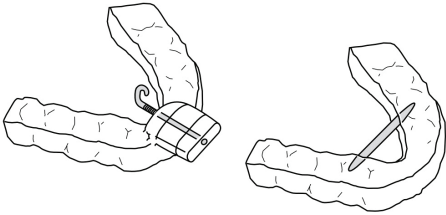
**Contraindications:** This device is contraindicated for patients with loose teeth, loose dental work, dentures, or other oral conditions which would be adversely affected by wearing dental appliances. In addition, the appliance is contraindicated for patients who have central sleep apnea, have severe respiratory disorders or who are under 18 years of age.

## Intended Use

The Thornton Adjustable Positioner 1 (TAP™ 1) is a custom made oral device intended to reduce or alleviate nighttime snoring and obstructive sleep apnea (OSA). The appliance is for adult patients to be used when sleeping at home or in sleep laboratories and is for single patient use.

## Introduction

The TAP™ 1 device consists of an Upper Tray that fits over the upper teeth and Lower Tray that fits over the lower teeth. A hook mechanism attached to the Upper Tray hooks around a bar attached to the Lower Tray and positions the lower jaw forward, preventing the soft tissue of the throat from collapsing and obstructive the airway. The Front Assembly on the TAP™ 1 permits the patient to adjust the protrusion of his/her lower jaw to the most effective and comfortable position.



**Linings:** The device is fabricated on the dental casts of individual patients. The outer layer of the TAP™ 1 trays is orthodontic acrylic covering the parts and another hard durable Polyethyleneterephthalat-Glycol Copolyester (PET-G) plastic and the inner layer is a dual laminate (TPU/PET-G). The lining is unique because the trays are returned to the dentist with the patient's dentition already impressed into the tray.

Each TAP™ 1 package contains:

1. An Upper and Lower Tray
2. Instructions for Use
3. Storage Case
4. AM Aligner

## Fitting the TAP 1 TL Trays

**Note:** The following instructions only pertain to the TAP™ 1 Triple Laminate (TL) trays. The lining of the TAP 1 TL is a significantly different material than the ThermAcry™ or Accutherm™ linings. Although the TAP 1 TL is returned with the patient's impression seated in the tray, it is essential to make certain that both trays fit over the patient's teeth.

Note: If the trays are too tight, call the laboratory that made the device to discuss the case.

1. Before you fit the patient with the TAP™ 1, inspect it to make sure the pieces are not damaged and free from any physical or cosmetic defects. If there is the slightest indication that the device may be damaged or defective, do not fit it. Also, clean the TAP™ 1 by gently scrubbing it and rinsing it thoroughly.
2. Start with the Lower Tray (the tray with the lingual bar). Position it over the teeth, and using your thumbs, push the appliance on the teeth starting from the back and working your way forward.
3. If the trays are too tight, see the Tray Adjustments section.
4. Repeat the same process with the upper tray.
5. Have the patient place both trays in his/her mouth (they should "snap" over the teeth, but not uncomfortably). Instruct the patient to hook the trays together outside of the mouth before putting the appliance in the mouth. This will prevent the Hook from damage.

Ask the patient if:

- a. the units are tight, but not uncomfortable
- b. equal fit in all areas
- c. comfortable to the tongue
- d. he/she is able to remove the units

If the patient answers "no" to any of the above questions, slightly adjust the TAP 1 appliance until it is comfortable for the patient. See the Tray Adjustments section.

6. With both trays in his/her mouth and hooked together, have the patient close his/her jaw to a normal bite position (lips together, teeth apart, and lower jaw not pulled forward.)

**Note:** This position does not have to be exact, it is just a position that is easy to find as a starting point.

7. With the patient in this position, look at the lower unit in relation to the upper unit in the anterior area. It is extremely important that there is a minimum of 1mm space bilaterally in the posterior areas at all times, in all positions. If the practitioner desires posterior support, he/she can add it once the patient reaches the final treatment position. See Posterior Stops section.

**Warning:** Instruct the patient not to bite down on the Hook because it may break. The patient should hook the trays together outside of the mouth before putting the appliance in the mouth. If the Hook is bent, do not use the appliance and replace the hook with a Closed Hook.

## Tray Adjustments

Adjustments can be made to the TAP™ 1 TL trays and/or the lining if they are too tight. If adjustments need to be made, it is suggested that you contact the laboratory that made the TAP™ 1 TL to discuss the case.

## Tray Adjustments (cont.)

Do not remove too much of the TL lining at once. This may cause the tray to lose retention and will ruin the trays because the TL lining cannot be added back to the trays. If the trays are over-adjusted the laboratory may charge you for a re-make of the trays. **Be conservative with your adjustments.**

If the trays are too loose, return them to the laboratory. If the trays are too tight, follow the instructions below.

1. First reduce the height of the flanges covering the teeth. Do not relieve the lining.
2. If the patient still complains of tightness or discomfort of the anterior teeth, carefully, remove a small amount of the dual laminate lining from the areas of the tray with too much retention. Use a thin straight acrylic burr and then a sharp knife to remove the tags. See the burr suggestion below.
3. Fit the tray in the patient's mouth with each adjustment.

### Burr Suggestions

The TAP™ 3 TL can be modified with straight burrs from Brassler USA Soft Reline Removal & Trimming Kit. Toll-free: (800) 841-4522.

It is suggested that you order only three burrs out of the kit. Those include numbers: 261GSQ-023 - small; 251GSQ-060 - medium; 79GSQ-070 - Large.

## Posterior Stops

It is extremely important that there is a space bilaterally between the trays prior to adding acrylic posterior stops. The objective is to create bilateral, even posterior stops at the patient's treatment position. Since the relationship of the maxilla to the mandible changes with the changes in protrusion, this procedure must be repeated if the treatment position changes.

1. Roughen the hard plastic in the occlusal area of the 1st and 2nd molar on the Lower Tray. Add auto cure acrylic to rough area.
2. Lubricate the Upper Tray with Vaseline and place in the patient's mouth. The Vaseline will keep the trays from sticking together when adding the Posterior Stops.
3. Place the lower tray in the patient's mouth while the acrylic is in the doughy stage.
4. Help the patient to couple the upper TAP™ 1 tray with the lower while the lower is in the patient's mouth. Have the patient gently snap the upper tray over his/her teeth by pushing it up with his/her thumbs. Be sure the patient doesn't bite down on the stops. The Hook should be set in the patient's treatment position. See Hook Settings and Adjustments section.
5. With the trays coupled in the mouth, have the patient bite down.
6. Once the Posterior Stops are set, first smooth the area with your finger. This will ensure there isn't any rough spots that may irritate the patient.

## Decreasing Lateral Movement

To decrease the lateral movement of the hook on the bar of the lower appliance, apply orthodontic acrylic around the bar. Apply the acrylic towards the midline to the desired lateral mobility. Place the appliance in the pressure pot or warm water bath to cure the acrylic.

## Hook Setting and Adjustments

**Note:** The setting adjustments are written from the perspective of the practitioner looking at the patient.

The initial treatment position of the Hook should be set by the prescriber according to the following instructions. The Hook moves forward and back using the knob of the Front Assembly forward clockwise or counter clockwise. Each 180 degree turn is .25 mm adjustment.

1. Place the device in the patient's mouth. Instruct the patient to move his/her lower jaw forward enough to engage the Hook and Lingual Bar.
2. **Dial the Adjustment Knob (Front Assembly) clockwise** to the patient's maximum mechanical protrusion (MMP). The patient will feel a slight stretch in his/her temporomandibular joints at this point.
3. Remove the trays by pulling on the posterior of the trays.
4. Cut the protruded threads of the Hook flush with the front of the Front Assembly.
5. Place the device back in the patient's mouth.
6. Dial the Hook counter clockwise until the patient's teeth are end to end. This may be the patient's starting position.
7. From the starting position, instruct the patient to turn the knob a half turn (180 degrees) **counter clockwise** per night until all the symptoms are alleviated. The patient should count each turn so that he/she knows how far forward to dial the Hook each night.
8. If any position becomes uncomfortable, the patient should dial the Hook counter clockwise until pain subsides. Instruct the patient not to start dialing the hook again until the jaw is comfortable. If the patient's pain does not subside, you may want to schedule a consultation for evaluation.

**Note:** If the patient loses count of how far forward (or back) the Hook is dialed, instruct him/her to dial the Hook clockwise until the teeth are end to end (or in the starting position)/ Then have the patient dial the Hook as many turns counter-clockwise (or forward as the previous night's Hook position).

**Note:** Have the patient return to your office for examination and assessment to ensure the TAP™ 1 is not damaged and is still effectively treating the patient's sleep related breathing disorder.

## Directions for Daily Use

Instruct your patient in the daily use of the TAP™ 1 appliance. Also give your patient a copy of the Patient Instruction Booklet.

1. The patient should brush his/her teeth and floss well before inserting the TAP™ 1.
2. Instruct the patient to inspect the device prior to each use. If there is any material separation, material degradation or damaged parts, the patient should discontinue use and contact you, the prescriber.
3. Tell the patient to place the TAP™ 1 in his/her mouth with the Hook and Lingual Bar already engaged. Before the patient places the engaged TAP™ 1 into his/her mouth, remind him/her to make sure that the Hook is in its initial starting point (the lower tray is not pulled forward).
4. After use, the patient can remove either the upper or lower tray by gently opening the mouth while the Hook is still engaged. At the same time, the patient can lift up on the lower tray or pull down on the upper tray to remove either tray more easily.

**Warning:** TAP™ 1 trays should never be worn separately. The patient should always wear both trays when using the appliance.

**Warning:** Warn the patient not to bite down on the Hook because it may bend or break. If the Hook is bent, instruct your patient not to use the TAP™ 1 and to return it to you for a replacement hook. The replacement Hook should be a Closed Hook which requires that the hook is engaged before the trays are placed in the mouth.