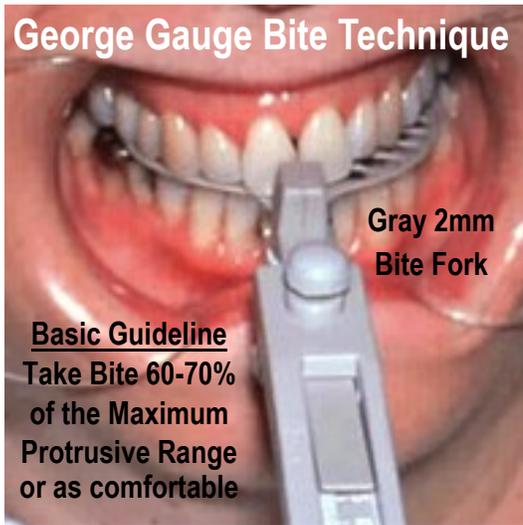


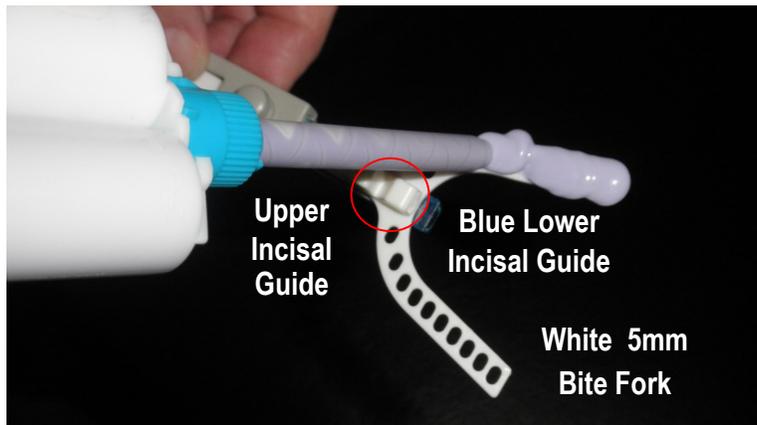
## George Gauge Bite Technique



**Basic Guideline**  
Take Bite 60-70%  
of the Maximum  
Protrusive Range  
or as comfortable

**Example:**  
-3mm = Most Retruded  
Position  
+7mm Max. Protrusive  
Position  
(-3 Extend to + 7 = 10)  
10mm Protrusive  
Range

60% of 10mm = 6  
(-3 + 6...Set +3)  
70% of 10mm = 7  
(-3 + 7—Set +4)



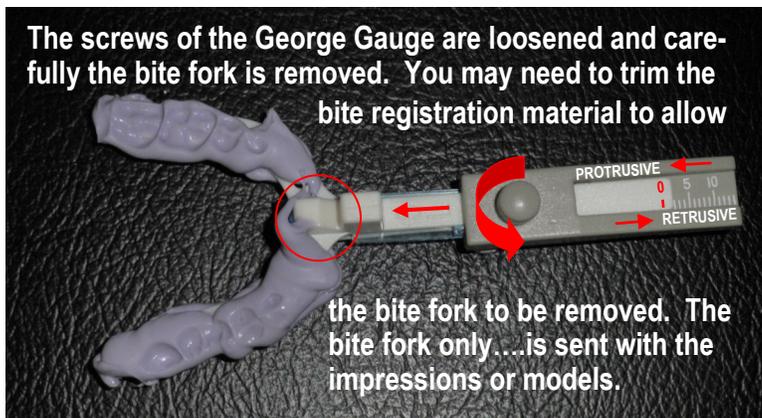
Upper  
Incisal  
Guide

Blue Lower  
Incisal  
Guide

White 5mm  
Bite Fork



The screws of the George Gauge are loosened and carefully the bite fork is removed. You may need to trim the bite registration material to allow



the bite fork to be removed. The bite fork only...is sent with the impressions or models.

## Construction Bite Guidelines... Not an Exact Determinant of Effectiveness

Mandibular Advancement and Vertical Opening are important considerations in taking the construction bite for a Snoring / Sleep Apnea Device. Subjectively, we are trying to establish an effective starting position to construct the sleep device. **Reminder**, the appliances are adjustable and you are providing Oral Appliance Therapy...and sometimes it will take time, adjustments and combination approaches to help manage your patient's Snoring and/or Sleep Apnea.

**The George Gauge** has two vertical bite fork openings, 2mm and 5mm. The White 5mm Fork seems to provide more vertical to accommodate adequate acrylic between the teeth to fabricate the appliance, but too much opening, however, may promote mouth breathing and inhibit lip seal.

**Check the fit of the Incisal Guide Blocks** of the George Gauge to fit the patient's incisors. You may need to trim the upper white / gray block to better seat the upper incisors. The lower screw will loosen the **lower blue incisal guide** to better seat the lower incisors. This may help minimize the device being open too much.

**Check the patient midlines** in centric and have them slide in protrusive. Watching them say "66" and "67" can help you evaluate how they will move in protrusive. Try to see if you can guide them with the midlines in the same alignment as in centric. A mirror is helpful. Alignment of centric and protrusive midlines is not always natural, but please note a variance on the RX.. If the bite is off, this can effect the comfort, fit and effectiveness of the device, as well as increase the possibility of occlusal changes over time when the device is worn regularly every night.

### Comparing Centric and Protrusive, the Midline Position:

\_\_\_ Stays the Same Veers to \_\_\_ Right \_\_\_ Left \_\_\_ mm

### Determining the Protrusive Bite Starting Position :

Maximum Protrusive Range = \_\_\_ mm;

Guideline: Take 60-70% of the Protrusive Range to Set the Initial Bite i.e. Protrusive 10mm x 0.6 = 6mm

Mandible is Advanced = \_\_\_ mm Jig Setting \_\_\_\_\_

**Check the George Gauge Bite Jig** in the patient's mouth for comfort and subjective effectiveness. You can check the bite with the patient sitting upwards, but using a more supine position and asking the person to try to snore, may help identify a starting position where the airway seems open and comfortable. You can reset the bite position backward or forward as the patient communicates discomfort or desire to advance slightly more.

**Add Blue Mousse-type bite registration material / wax** to set the protrusive bite, making sure to extend as posteriorly as possible for better lab articulation. Be mindful of the midline position as you are taking the protrusive bite.

**Recheck the Bite** for comfort, midline position and subjective effectiveness of the airway being more open and sound reduced.