

PRI MOOO (Mandibular Occipital Occlusal Orthotic)

Purpose: You have received a Mandibular Occipital Occlusal Orthotic (MOOO) appliance from your dentist to assist in the management of your head and neck position. The manner in which your teeth contact each other (whether a “good” bite or “bad” bite) directs your head and neck into its normal orientation (“good” or “bad”) through the sensory input your brain receives from the teeth and ligaments of the teeth as well as the mechanical position of the jaw bone (mandible) and jaw sockets (temporal bones). If the position of your occlusion (bite) is a contributing factor to your ability to maintain a proper resting position (neutrality) of your head and neck a MOOO appliance may be a great tool for you.



How it works: The appliance is constructed by the dentist to “free-up” the occlusion through the flat surface of the splint that should contact all posterior teeth evenly to reduce both the neurological and mechanical influences of the bite position. The MOOO appliance has built into it a “ramp” on the front surface to assist with guiding the jaw and head into a neutral or relaxed position. When the bottom jaw moves slightly forward the front top teeth come in contact with the splint for “anterior guidance” of the jaw back upon opening or closing. If the jaw is moved to either side, the canines (eye teeth) come in contact with that ramp for side to side “canine guidance” to bring the head and neck back into a neutral or proper resting state. At the time of the bite registration and dispensal of the appliance the correct position of the neck will be assured by your PT or case manager, using whatever other tools are needed (shoes, glasses, etc.), to make sure the correct position is calibrated into your appliance.

When to wear it: In general the MOOO appliance is worn for nighttime use indefinitely, and with any PT or other physical activity. Typically we encourage more use of the splint during the daytime even when not doing your activities and hope that gradually you will need the splint just for night times. Your PT or case manager will assist you in specifics for your use of this appliance including when to wear it, what to do with it in, and what else to wear with it (i.e. glasses etc.).

What to do with it in: Typically if you are recommended to have a MOOO appliance made, your neck and head have not been assuming an appropriate rest position, which typically manifests itself as tension and/or lack of mobility. Movement of the jaw, head, and neck independent of each other becomes challenged. This can lead to muscle misuse, overuse or underuse due to the positional and



structural limitations. Once the MOOO is in place and calibrated to ensure head and neck neutral positioning, activity is then encouraged to move the head, neck, and jaw independently of each other without interference from the old bite position or pattern.

At rest the jaw is typically open with the teeth not touching, but the habitual touching of teeth occurs with swallowing and speech. We would encourage a resting tongue position where the tip of the tongue rests lightly on the hard palate behind the upper front teeth. When the teeth close there may be very light anterior guidance that directs the jaw to hit evenly on the posterior teeth. At that point there should be even contact in the posterior teeth without interference from the anterior teeth.

We would encourage:

- Frequent movement of the jaw to the right and left sensing the canine “ramp” as the jaw moves from side to side while keeping the tongue resting behind the upper teeth. For example as the jaw slides to the right the right canine should hit the ramp and as the right canine slides up the ramp the left teeth should no longer be in contact with the splint. Then as the jaw slides left the left canine slides on the ramp and the right teeth should no longer contact the splint. This sense of either right or left teeth contacting the splint helps sensory awareness of where the jaw is positioned, where neutral is, and engages the musculature of the jaw in a normal manner (as is needed for efficient and normal speech, chewing and breathing).
- Occasional forward and backward motion of the jaw sensing the ‘ramp’ and anterior guidance from the front teeth.
- Throughout your day keeping only posterior contact with the splint turn your head from side to side in a comfortable range of motion and swing your arms with walking ensuring your trunk is rotating from side to side.

All these things will help retrain your body to move in a more “normal” efficient manner with the neutral starting point pre-set by the tools given to you. You will probably also be given other exercises to encourage neck and trunk movement (rotation) without interference from your teeth.

If you have specific questions please do not hesitate to contact your Postural Restoration Institute® (PRI) educated physical therapist or PRIME case manager.

*For more information on the science of Postural Restoration® or the Postural Restoration Institute® (PRI) from which the concepts and purpose for this splint are designed and developed please see www.posturalrestoration.com for more information.