

Editorial

A NEW ALTERNATIVE JAW MOTION REHABILITATION DEVICE: THE OKBITE

It has been proven that the jaw rehabilitation not only has a crucial role in treatment of both trismus and mandibular hypomobility but also in the rehabilitation of surgical conditions of the temporomandibular joint and the jaw.¹

Today, the commercially available jaw motion rehabilitation systems are specifically designed to treat these conditions.² These systems utilize repetitive passive motion and stretching to restore mobility and flexibility of the jaw musculature, associated joints and connective tissues.

Major advantages of these systems are that they reduce patients' anxiety by allowing them to control the extent and length of each stretching and provide passive motion for effective jaw rehabilitation therapy allowing patients to perform their necessary therapy while continuing in their daily life.³ However, these systems are very expensive and mostly unavailable in our country.

So, a new alternative jaw motion rehabilitation device 'The Okbite' was developed recently in our hospital (Fig. 1). It is simply adapted from the commercially available nasal specula. The blades of the specula are cut distally and metal bite pads are attached to these sites. The lower bite pad was placed posteriorly and curved anatomically. This device can be produced in a custom-made form according the occlusal pattern and the size of the mandible of the patient. The metal bite pads are covered with plaster bandage by the patient for a soft bite.



Fig. 1: Different views of the Okbite jaw rehabilitation device (left) and the use of Okbite for the rehabilitation of a patient who underwent total temporomandibular joint prosthesis (right)

In our practice, we used this device for the rehabilitation of total temporomandibular joint prosthesis, temporomandibular gap arthroplasties and temporomandibular joint disorders with great success. It costs nearly 1/50 of the commercially available jaw motion rehabilitation systems with almost equal outcomes of pain relief and total mouth opening.

The major disadvantage of this system is that it can mimic the anatomical motion pattern of the mandible to a limited extend.

We propose the application of this Okbite system, which provides jaw rehabilitation in such conditions.

REFERENCES

1. Buchbinder D, Currivan RB, Kaplan AJ, Urken ML. Mobilization regimens for the prevention of jaw hypomobility in the radiated patients. A comparison of three techniques. *J Oral Maxillofac Surg* 1993;51:863-67.
2. Cohen GS, Fletcher M. Comparison of jaw mobilization regimens. *J Dent Res* 1991;70:329.
3. Scott B, Butterworth C, Lowe D, Rogers SN. Factors associated with restricted mouth opening and its relationship to health-related quality of life in patients attending a maxillofacial oncology clinic. *Oral Oncol* 2008;44(5):430-38.

Muhammed Besir Ozturk, Tolga Aksan, İlker Üşçetin, İ Mithat Akan
Department of Plastic Reconstructive and Esthetic Surgery
Okmeydani Training and Research Hospital
İstanbul, Turkey