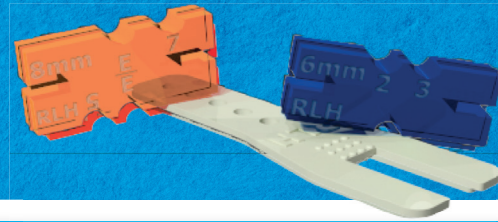


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# Airway Metrics



## Welcome to Airway Metrics

Snoring and Obstructive Sleep Apnea (**OSA**) is becoming present-day, "Buzz word". Historically SNORING has been a "social" problem with your partner, the victim, and the snorer the object of many jokes. Today snoring is known to be a possible sign of a serious medical condition, OBSTRUCTIVE SLEEP APNEA (**OSA**). Snoring occurs when the soft tissue in

your throat and upper airway constrict and vibrate. The sound created is termed snoring. When the soft tissue completely closes, obstructing the airway and preventing air from reaching your lungs, it is called Obstructive Sleep Apnea (**OSA**). OSA may stand in the way of your competitive edge, interpersonal relationships, safety, health and the over all **QUALITY OF LIFE**. Airway Metrics is here to help!

## What is Airway Metrics?

Airway Metrics is a three component system. The primary component consists of a Snore Screener (**SS**) and 15 Mandibular Positioning Simulators (**MPS**) housed in a cassette. The secondary component includes 9 Vertical Titration Keys (**VTKs**) that will work with any sleep appliance. They quickly reveal how certain anterior/vertical mandibular positions increase the airway and provide a guide for further tuning with the **MPS**.



A **BITE FORK & HANDLE** quickly fit into the opposite end slots of the selected **MPS** to obtain a bite registration at the desired anterior/Vertical starting position.

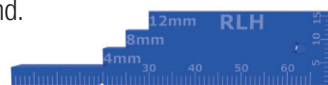


The 9 Vertical Titration Keys (**VTKs**) are the secondary component and are also housed in a cassette. When the initial anterior/vertical position has been reached, the VTKs enable vertical shimming in 1mm increments from 3-11mm to explore the vertical impact on airway increase at the end of the titration period.

## How does it work?

The **SS** locates a general airway for closer scrutiny with the **MPS** to identify a target treatment position and a comfortable starting position for the bite registration. It uses a patient's feedback and quickly interfaces with the pharyngometry mouthpiece. Arbitrarily assign #5 to the patient's best snore sound. The patient then snores in selected anterior positions at 4mm, 8mm, and 12mm vertical to locate the lowest or absence of sound.

Rate at #5, #4, #3, #2, #1, #0 (no snoring).



- Personally experiencing eliminated, or even greatly reduced, snoring has a profound impact in proving the effectiveness of an oral device which increases their airway.
- There is patient participation during MPS placement which helps increase their understanding and confidence while also requiring less staff time.
- Additional details on the printed cassette inserts and other segments of this website.

The best/quietest position identified with the **SS** becomes the area for subsequent **MPS** tuning for optimum airway and comfortable treatment position with the device. The 15 **MPS** allows over 50 positions in the anterior plane, from habitual occlusion to 7mm anterior of edge-to-edge, combined with a vertical plane of 4-12mm in 2mm increments.



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