

# APPENDIX A: DOCUMENTS

## ***Troubleshooting OJW: Weight-Control***

### **Overview:**

Section 1 of 7: **How OJW Works**

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Part 1 of 7: **How OJW Works** 

### **WORD TO THE WISE:**

*No weight-control method is free of troubles. In all of them, patients are subject to regain the weight they lose—in a few, even more. In OJW brackets can detach, but that is rare because patients must adhere to a liquid diet. It is especially useful for patients with Compulsive Emotional Eating Problems who are diagnosed as obese by their physicians and are otherwise in good health. OJW is a good option for carefully-selected patients, because it is not invasive (unlike gastric bypass surgery) and obviates the need for pharmaceutical medications, whose unknown side-effects can be worrisome both at the start and as they continue to worsen over a longer period of time.*



### What is OJW: Weight Control?

Orthodontic Jaw Wiring is a semi-fixed orthodontic appliance and protocol invented and developed by Dr. Ted Rothstein, DDS, PhD that limits the extent to which a patient can open their mouth beyond the rest position. Known as “Rothstein’s OJW Position of Mandibular Weightlessness” (ROPMW), it is well known to all dentists as the natural (postural/physiologic) “rest position” of the lower jaw. You are in that position right now. Consequently, it prevents the intake of solids, in particular “Comfort/Junk” food thus supporting adherence to a liquid diet. It has been shown to be safe and effective. Speech is unaffected (“**OJWGina**”). It is especially useful for patients with Compulsive Emotional Eating Problems who are diagnosed as obese by their physicians and are otherwise in good health. OJW is a good option for carefully-selected patients because it is not invasive like gastric bypass surgery and obviates the need for pharmaceutical medications whose unknown side-effects can be worrisome both at the start and worsen over a long period of time. As a corollary it can be used by dentists to treat Sleep Apnea/Snoring whose predominant cause is Overweight:

See Wikipedia: Jaw wiring and Compulsive overeating  
 YouTube **Dr. Ted Rothstein DDS**: Multiple videos on subject  
 Google links: **OJW Weight Control** **OJW Weight Loss**

#### The Principle Use OF OJW™ in Dentistry...

**Is the treatment of Sleep Apnea\*/OSA... which works...**

**By eliminating Obesity, the major cause of OSA**, which is most often due to Compulsive-Emotional-Excessive ingestion of “junk” foods which are high in trans fats, carbohydrates and sugar—a condition which I have named “CEEP” (Compulsive Emotional Eating Problems).

**Which is accomplished through weight reduction, by adherence to a low-calorie, liquid diet**, facilitated by wiring the mandible into a position of “weightlessness”, a position which I’ve named, “Rothstein’s Position of Mandibular Weightlessness” or “ROPMW”.

**Here are two treatment options...**

- **Treat the SYMPTOMS of OSA with traditional appliances.**
- **Treat the CAUSE of OSA with OJW: Weight-Control.**

**A simple comprehensive article on OSA/Sleep Apnea (Snoring)**  
<https://www.sleephelp.org/chronic-snoring-guide/>



### What is OJW: Ultralite?

Early in 2021, Dr. Rothstein designed and produced, by 3D-printing, a sleek, low profile, clear, transparent bracket to replace the typical metal orthodontic bracket he had used when fitting patients. Moreover, he substituted an ultra-thin wire (.007" half as thin as the .014" he typically used in the past).

Exploring the application and benefits of this new appliance, and building on his 20+ years of experience developing and providing OJW: Weight-Control, Dr. Rothstein began by fitting a model (typodont) with the established protocol of 6 brackets per each side of the mouth, which he called "OJW: Lite". When careful study led quickly to the realization that only 4 brackets on each side of the mouth (8 in all) using the Ultra-thin wire was sufficient to meet the OJW objectives... OJW: Ultralite was born. Its results were manifold:

- Comfort: all surfaces are curved; barely perceptible after being bonded
- Patient adaptation is remarkably rapid
- Bracket design and clarity allow complete light curing of adhesive
- Cosmetics: almost totally invisible—non metal
- Brackets can be used with ultra-thin wiring (.007") Bracket slot (.014")
- Ultra-thin wire makes rewiring way easier
- Ultra-thin wire gives the patient an instant sense of the position of their Jaw
- The bracket slot-design (depth) permits lower Jaw to move comfortably in its "envelope of motion" when wired
- Bonding surface of the bracket is designed for maximum cohesion to the tooth.
- Its low-profile smooth design may reduce risk of bracket detachment if patient forgetfully eats a solid food that risks causing bracket detachment (crispy, crunch or crusty) especially during the Five-day period they are supposed to be unwired.

### How can I contact Dr. Rothstein?

With ease all times by email: [drted35@gmail.com](mailto:drted35@gmail.com) and, Business Cell phone (718)-808 2656. He alone answers your call.

### How does OJW: Weight-Control work?

1. Heightens resolve: Wired jaws are tangible evidence, and a persistent reminder that you have decided and are determined to lose some if not all of your excess weight.
2. Prevents eating solids: Wired jaws make it difficult for you/prevent you from eating all/most of the very worst foods: bread and cake, candy, cookies and



pastries, pastas, pizza, French fries, burgers and other meats, that often contain excessive fat. “Junk” food.

3. Minimizes snacking: Wired jaws minimize your snacking because making a snack takes special time and effort to prepare (liquify/puree). So jaw-wired patients are less inclined to have the snack.
4. Focuses you on nutrition: Wired jaws compel you to think more about nutritional value of food such as fat and salt content, vitamins and minerals, and calories.
5. Helps controls calories: Many people who are limited to a liquid diet may well choose the products offered by companies like Ensure and Slim-Fast. The caloric values and contents are exactly known; consequently, dieters can know and more easily control their daily caloric intake.
6. After 10 days, your stomach *shrinks* and the need/desire for food becomes less and less intense.

#### Can anyone be provided with OJW?

No. Dr. Rothstein requires you complete his Five-part application form to help him decide if you are a good candidate. Some patients are patently **not good candidates**— For example if they are wearing removable dental prostheses.

See: <https://www.ojwforweightcontrol.com/forms> (**self-assess whether OJW is right for you**)

Part 2 of 7: All About Brackets



#### What is the most typical problem encountered in OJW?

A detached bracket

#### What causes a detached bracket?

1. Bonding the bracket to a foreign substance such as a crown or some part of a bridge
2. The bracket being bonded incorrectly at the start (very rare)
3. Eating a solid food that is crispy, crunchy or crusty (you shouldn't be eating solid foods ever during OJW)
4. Unconsciously moving your jaw excessively horizontally or vertically
5. Not being aware you are moving your jaw at all (at night, during sleep)
6. Excess force when you are self-wiring
7. Whether you are in OJW or not, some people unconsciously habitually gnash/grind their teeth during the day, and some during the day and at night when they sleep. It can be very harmful to your teeth and even cause TMJ pain and detached brackets: See Google images: **Teeth Grinding**. Dr. Rothstein will rebond up to five detached brackets at no charge if you can return to the office. Otherwise he will help you locate a nearby orthodontist willing to do it at a fee. One should inquire what the fee is in advance.

#### What should I do if one of the brackets is scraping my cheek or annoying me?

The quickest solution is a small piece of **Orthodontic wax** to cover the part causing the skin to be scraped.

**What should I do if one of the three brackets detaches?**

Contact me. Then try to figure out a workable wiring pattern that fits the remaining brackets.

**How can I have a replacement bracket bonded on?**

I can do that if you return to my office. More than likely you cannot. Consequently, you must provide me with the name and contact information of THREE orthodontist as near you as possible. I will contact one and arrange for one to rebond the detached bracket. Sometimes they do it as favor. Sometimes they make a fee. I would inquire beforehand what they require. Some of them will decline. I never fail to find one who will rebond a bracket.

**How long may the brackets stay bonded on your teeth?**

Forever. As long as you brush your teeth nothing can happen. In forty years of practicing orthodontics (28 brackets/patient—5000 patients) I never once removed a bracket even after they were on for years plus and found a defect on the enamel underneath a bracket. However, when the younger patients neglected brushing well “decalcification” (white spots) would result surrounding the brackets. See Google images: **White spot decalcification from braces.**

**Who will replace a detached bracket**

I do. If you are out-of-state you will need to find an orthodontist (search: “orthodontist –your zipcode’)

**Who will remove the OJW Brackets?**

I will. The fee is included in the original fee. However, given that it might cost to fly back to the office you might opt to pay for a local dental professional (typically an Orthodontist) to remove them. Removing the 12 brackets takes well less than a minute. Removing the remaining adhesive about 10 minutes more. Ask the dentist how much the service will cost. You might expect a charge of \$250-\$375 in total. [IMPORTANT NOTE] When you inquire about having the braces removed you must let the orthodontist who is removing them know that 1. No “Retainers” are required!! Orthodontists instinctively place retainers upon removing braces. For that they charge a handsome fee. 2. They can call me at 718 808 2656 if need be.

**Can I remove the bracket myself?**

REMOVING YOUR BRACKETS BY YOURSELF-- MY ADVICE: Rebecca S.called last week regarding getting her brackets removed. However, when two of them detached accidentally she decided to remove the last ten by herself. Using dental floss double wrapped around the bracket she “yanked” each one off. She told me this morning there was NO PAIN AT ALL. I SAID BRAVO. It never occurred to me to advise patients to do that. Here is the reason it is a good idea. Dentists are reluctant to remove brackets bonded by another dentist. However, they will not hesitate to remove the tags of adhesive that invariably remain. Moreover, it spares you the airfare of having to return to my office.

**How much will it cost to remove OJW**

No charge when I do it; If someone came to me to remove OJW from out-of- state I would charge \$250 to remove the 12 brackets and remove the adhesive from the teeth.

**What do I do if a bracket detaches one side one arch**

Innovate a wiring pattern that laces 2 teeth around 3 teeth

**What do I do if 2 brackets detach on the same arch (same side)**

Lacing 1 tooth around 3 teeth is a no-no; perhaps 1 tooth around 2 teeth might be a short temporary solution until the detached bracket(s) are reattached.

Part 3 of 7: Wiring and Rewiring

**Is it ok to remove the wiring?**

You can remove it in the time it takes to say “Jiminy Cricket” five times slowly with the wire snippers or the wire twister we provide you with.

**How difficult is it to rewire myself?**

Watch all the videos below and decide for yourself: I taught myself in 30 minutes. Dr. Rothstein will teach you how to wire yourself when he fits you with your OJW at the first office visit. Also see  **Rewiring Resistance Syndrome (RRS):**

**Orthodontic Jaw Wiring in the Dental Professional’s Office**

**OJW: Weight-Control: Two methods to Wire and Two to Unwire**

**OJW: W-C Teaching the Patient to Wire Themselves w/Demo Tool**

**How to remove and replace Wire in OJW: Ultralite**

**Simplified Guide to Wiring Yourself in OJW: Ultralite (LIVE demo)**

**If I remove the wire for any long length of time can I leave the brackets on in case I want to reactivate the OJW protocol?**

Yes

**Is there any harm if I remove the wiring?**

None. You may remove the wiring ad lib; Persistence and tenacity in keeping OJW in place is a winning formula. Try to maintain a minimum wiring-on time of 22 hours/day and follow the OJW protocol: 5-5 LCLD (5 weeks wired; 5 days unwired on a low calorie, liquid diet.)

**Can I substitute elastics for the wiring?**

No, no and no. That is not OJW; That will result in speech impairment and pain b/c your teeth are being pulled instead of being naturally suspended in the rest position.

**Can I wear the wiring on only one side?**

I have fitted myself with OJW: Ultralite for obvious reasons. When one side suddenly became disabled I said “Uh-Oh”. But as I tested my new MEM (Mandibular Envelope of Motion) I realized that being wired on one side only did NOT make me feel unbalanced or asymmetrical and I then understood the reason why: ROPMW! i.e the wiring does not support the jaw—it functions to limit the motion of the jaw to 6mm in all directions and one-sided wiring was sufficient to empower/enable that function. Bilateral wiring is still the recommended configuration and patients may remain one-side wired as a stopgap measure.

**Where can I find an orthodontist who will rewire me?**

No orthodontist will rewire you. However, they will rebond a bracket. I will teach you

how to rewire yourself when I fit your OJW. See rewiring video links above.

### **I forgot how to rewire myself**

HOW TO WIRE THE JAWS CORRECTLY: See rewiring video links above

### **What should I do if I cannot master rewiring as Dr. Rothstein taught me at the office.**

Watch **OJW: Weight-Control: Two Methods to Wire and Two to Unwire** and you will see how to wire four of the six brackets.

### **What do I do if I run out of wire?**

Contact me 718 808 2656; drted35@gmail.com

### **What do I do if I lose the twister instrument?**

Buy another at Amazon; it's called a "Needle holder"

### **What do I do if I lose the wire-cutting instrument?**

The wire can be cut with a cuticle scissor (provided in the take-home kit when you were fitted). You can also buy another at Home Depot, Lowes or any hardware store.

### **What would cause the wiring to fall off?**

You didn't take up enough slack when you wired yourself. However, if you wire yourself too tightly your speech will be badly affected. I suggest you err on the "too loose" side— though too much excess and the wire will slip over the vertical posts. Make sure you make a tight "pigtail" when you wire.

### **"Rewiring Resistance Syndrome" (RRS)**

At some point after you have been fitted with OJW you will reach a point that your wires are off. Some of you will rewire without hesitation. Others of you will not. It's like EVERY other diet method you have tried and not succeeded in completing for whatever reason you decide below fits the model you have of yourself at that moment. It is at this moment you will be under the greatest pressure to act. You know that if you give up you are going to be depressed and angry with yourself and no doubt try another weight-control method. I know you won't blame me or the OJW method. That is why you can not find negative reviews of OJW anywhere. Will you throw in the towel or Cross the "Bridge of Resistance"? Here is the list of acronyms I thought of to describe this critical point. You (each of you) must choose the one the fits you best and act accordingly when you encounter OJW -

- TLM Temporary Lack of Motivation
- BSNR B-S excuses not to rewire
- RA Rewiring anxiety
- RAS rewiring anxiety syndrome
- RRS Resistance to Rewiring syndrome
- RRS Refusal to Rewire Self syndrome
- RTTTA Ready-to-Throw-in -the- towel Attitude
- IGUS I'm giving up syndrome
- NABS need a break syndrome
- CCCEW cant continue can't explain why
- TNSNRR Temporary Non-Specific Negative Resistance to Rewiring
- NGUTTWB Not giving up--Time for a two-week break
- NSTRR\* Non-specific temporary resistance to rewiring
- \*I like the last one the best.



**Is speaking impaired?**

For the majority of patients not at all: YouTube Dr. Ted Rothstein DDS: Multiple videos on subject (latest “**OJWGina**”) see also **Speaking in OJW Valerie** and **Speaking in OJW Pamela** to hear two others. These are typical.

**Is breathing impaired?**

If you normally breathe through your mouth you might feel encumbered/uncomfortable and your breathing may feel limited. Most people breathe in thru the nose and out thru the mouth. I suggest to patients when they first get their OJW on they practice breathing through their nose and mouth simultaneously. It’s easy. Try it. When you get a cold or have any ongoing sinus stuffing problems impeding you nasal breathing, you must breathe thru your mouth. Solution 1: snip-snip and in 10 seconds you have removed the wires which will reduce the feeling of labored breathing. Rewire with the shortest possible delay! Another situation when your breathing becomes labored is when you exercise (treadmill). Maybe you prefer not to snip-off the wiring so try this: Place a “**Breathe Right**” (Extra) nasal strip to widen your nasal airways. I use these strips to eliminate/reduce snoring. I think they are helpful.

**What is the position of the Jaw in OJW ?**

I named it ROPMW (Rothstein’s OJW Position of Mandibular Weightlessness). Say “momma” and you land right in it :-). It is as natural and unstrained as the position of your eyelids: It is the natural “rest” position of your jaw (also see Appendix B, page 2).

**What possible harm can OJW cause?**

Mild temporary jaw joint stiffening; most importantly, should you vomit and some of the vomit gets drawn back into your airway that could cause serious choking problems. See the **2009 study** I did. Note: Oral surgeons wire people’s jaws tightly together about 30,000 times annually in the US. There are no reports of any harm to any of those patients.

**Do I have to visit the dentist for regular checkup/cleaning?**

Snip off the wiring like I showed you how to do.

**How should I respond to people who ask me what’s on my teeth?**

Just tell them you developed “TMJ” and that your dentist put on this device to keep your jaw in a restful position for 6 months.

**How do I keep my breath fresh?**

Brush the outside as you usually do; use an oral antiseptic frequently and a breath spray in the tight “pinches”.

**What do I have to do if I have some oral/dental emergency?**

Snip off the wiring; Email/call me.

**What do I do if I have a panic attack after the OJW is placed?**

Remove the wiring; Take some of your favorite relaxant and get over it. If you feel you can never get over it, have the OJW removed. Better yet call me.



**Is there any harm if I remove the wiring?**

None. You may remove the wiring ad lib; Persistence and tenacity in keeping OJW in place is a winning formula. Try to maintain a minimum wiring-on time of 22 hours/day.

**Why do I have to remove the wiring after 5 weeks for 5 days?**

To allow your jaw joints to regain any elasticity they may have possibly lost.

**What can I eat during the five days the wiring is removed?**

If you remain on the same liquid diet you are a winner and my hero. If you need a parole from the regimen of the OJW liquid diet then reward/indulge yourself.

**If my jaw feels stiff when I remove the wiring what should I do?**

Leave the wiring off an additional 5 days or until you can place 3 fingers vertically between your upper and lower teeth.

Part 5 of 7: How to Achieve and Maintain Weight-Loss Goals

**Is there any guarantee that I will lose the weight?**

Yes. If you follow the OJW protocol: 5-5 LCLD (5 weeks wired; 5 days unwired on a low-calorie liquid diet).

**What is maximum recommended daily caloric intake recommended while in OJW?**

For women: 925; for men 1250.

**Will I regain the weight I lose when I stop OJW?**

Depends on whether you permanently changed your lifestyle with respect to diet and exercise. All weight-loss methods are fallible in that respect. Even gastric surgery cases relapse. However, with OJW the mortality rate is Zero percent.

**If I follow the OJW weight-loss protocol how much weight will I lose?**

25-30 pounds/3months; 1.5 pounds/week.

**Is there any guarantee that I will keep off the weight?**

None. See Achieving and Maintaining Your Weight Goals: 1000 Tips and Tricks (A-9).

**I achieved my goal weight; what should I do?**

Maintain it: See Achieving and Maintaining Your Weight Goals: 1000 Tips and Tricks (A-9).

**I did not achieve my goal weight, what should I do?**

Other alternatives are manifold including among others: bariatric surgery, pharmaceuticals, psychotherapy, registered dietitians, weight-loss clinics (esp. hospital based), 12-step weight-loss programs see: **Greysheet.org** —Like AA only for compulsive overeating.

**Can I contact other OJW patients?**

Yes: join “OJW Patients” (OP). OP is a PRIVATE Facebook group-page for past, and current patients as well as those who might be/or are considering the OJW service. This group page is a forum where those with a common interest can share their concerns, provide support and reflect on OJW, the service that I invented for dental professionals, to help patients with weight-control issues. Please join OP @ <https://www.facebook.com/groups/628899403877919/>

**If you don't get up to bat you'll never get to first base!**

Part 6 of 7: Providers and Other Treatment Concerns



### **Why can't I find other OJW providers?**

While I have offered courses, given multiple presentations, and done everything in my power to have OJW recognized by the leading organizations and publications in the field, Dental Professionals have yet to **take a meaningful role** in providing this valuable service. My article about **overcoming hesitancy to provide a weight-control service** examines the myths and constraints that get in their way.

### **What is Dr. Rothstein doing about encouraging dental professionals to learn about OJW?**

During my 25 years of providing OJW to patients, I have published and made freely available to my colleagues my research—especially in that obesity is legion and epidemic and the cause of a multitude of consequential and well-known harmful side-effects. This **full-length video** was prepared for presentation to my colleagues in the American Association of Orthodontists.

### **How do I know if I am a good/bad candidate for OJW?**

<https://www.ojwforweightcontrol.com/forms> (**self-assess whether OJW weight-control is right for you**) scroll down you'll find the list "Poor candidates".

### **Why do I have to get a note from my PCP to begin a liquid diet?**

In essence this note makes your physician part of the OJW Healthcare Team. And tells me that he acknowledges that you have a weight-control problem, and you have no health issues that might be exacerbated by you starting a liquid diet. Inherent in this note is a diagnosis of obesity. Diagnosing the condition of 'obesity' is not within the "Scope of Dentistry"—it is a Medical diagnosis.

### **Is OJW FDA approved?**

No. However, my 2009 research paper based on 100 patients showed that OJW is Safe and Effective.

### **Will insurance cover any part of the fee for OJW: Weight-Control?**

No; I have tried without success. Insurance companies must first create a Treatment code for "Orthodontic Jaw Wiring". The good news is if you qualify for Gastric surgery, it is covered.

### **Why isn't OJW FDA approved?**

Dr. Rothstein practiced Orthodontics as a solo orthodontist and did not have the resources to submit OJW for FDA approval. However, I assure you that the appliances currently used to treat the most frequent Symptom of Sleep apnea (snoring) are approved by the FDA; and were OJW: Weight-Control submitted to the FDA for the treatment of the Cause (most often obesity) it would be given FDA approval.

### **Are there any studies on the OJW method or protocol?**

I did a study. That showed that **OJW was safe and effective**.

**I'm from out of state – is that a problem?**

No, however, you may have additional travel expenses; additional professional fees if/when OJW has to be removed; Rewiring yourself is not an impediment—as I go to great lengths to teach all patients how to rewire and provide many videos illustrating how to accomplish it.

**Can I get a refund if I think OJW is useless for me?**

No. I go to great lengths to make that very clear in the Informed Consent (in the Five-Part OJW application form). Moreover, I review that form very carefully and try to get to know you well to make sure I understand your expectations so that I can meet them when I accept you as my patient.

**How much will it cost to remove OJW?**

No charge when I do it; If someone came to me to remove OJW from out-of- state, I would charge \$250 to remove the 12 brackets and remove the adhesive from the teeth.

Part 7 of 7: Forms and Resources

**How can I learn more?**

Read my recent article: **Weight Control for Compulsive Overeating Leading to Obesity—The Dental professional's Role** and see also multiple videos on Youtube at Ted Rothstein DDS and Dr. Ted Rothstein, DDS. Also the video of my **Power Point presentation to Colleagues**.

**Where can I find the major information I need to get started?**

You can find all major information (Forms, Fees, Qualifications) on the **forms page** of my [ojwforweightcontrol.com](http://ojwforweightcontrol.com) site.

**Why is the informed Consent so lengthy?**

Its contents must be complete, comprehensive and exhaustive to help me choose patients who I believe will be successful using OJW.

**A compendium of online articles on or relative to OJW**

The **collection of articles** can be found at the [ojwforweightcontrol.com](http://ojwforweightcontrol.com) site.

***Advice and Precautions from the First Day******You Are Fitted With OJW:Weight-Control*** 

Adhere strictly to the OJW: Weight-Control protocol: 5-5 LCLD i.e. remain wired for 5 weeks then remove the wires for 5 days. If the jaw movement is comfortable at the end of 5 weeks you may rewire yourself. However, if your jaw movement is not comfortable after five days, wait another five days or until your jaw movement is perfectly comfortable.

Weigh yourself once a week.

When you decide you need to remove your wire for some purpose (going for a dentist appointment) don't hesitate. However if you don't rewire yourself you are SABOTAGING YOUR OJW WEIGHT-CONTROL PROTOCOL.

When you unwire yourself every five weeks, if you can remain on your low-calorie, liquid diet give yourself a gold medal—you're cured.

You can keep the brackets on forever as long as you keep up your oral hygiene.

Always carry your wire cutter. In an emergency, a fork or even a spoon can serve as an emergency instrument to unwire yourself in seconds.

LCLD: Low calorie, liquid diet 950-1100 cal/day females and 1150-1400 calorie/day males. Or if you prefer, work with an RN or an RDN to help you tailor a liquid diet for your nutritional needs to assist you to lose weight until you reach your Goal.

Once you reach your goal weight, eat properly, exercise regularly. Or you will slowly regain the weight you lost—unless you have permanently changed your lifestyle. Attention to what you eat is a lifetime process.

Your body is the cathedral/sanctuary that guards over/governs your mind, soul and most importantly your immune system. If you neglect to pay it the proper homage by feeding/nourishing it properly, and exercising it regularly, it will take a heavy toll on the quality of your life, though you may not notice the deleterious effects until they manifest in ill-health.

Brackets cannot become detached on a liquid diet. If you eat foods that are crispy, crunchy or crusty you surely risk detaching them. Have the name and phones of three local orthodontists ready to provide to Dr. Rothstein and he will help you to contact them to have the detached bracket rebonded. The fee they charge varies. Please ascertain that fee in advance.

If you intend to have an evening of drinking alcohol, first remove the wires: You may throw up and the wiring will stop the vomit from exiting your mouth causing you serious illness.

You may run out of wire. If you need more wire, contact me ([drted35@gmail.com](mailto:drted35@gmail.com)) .

Please post your good news on OJW Patients; don't hesitate to post bad news as well. You can help others.

Do not "challenge" the bracket adhesive by playing your jaw back and forth. The bracket adhesive is not meant to resist extreme movements of the jaw in any direction.

Pay attention when you YAWN or SNEEZE to not allow your jaw to snap open. Indeed remember to keep your mouth closed when you do either.

Rinse the inside of your mouth liberally with a non-alcoholic antiseptic mouth rinse.

If you want to remove your brackets: You can arrange for me to do it and I will clean the adhesive off as well. Or you can see some Youtube videos showing how patients have removed their own braces. Bracket removing INSTRUMENTS are rather inexpensive and can be ordered on Amazon. I have never seen harm come to a tooth when removing a bracket. If you are considering doing it yourself let me know and I will give you advice. You will need a dentist to remove the adhesive tags from your teeth.

Never hesitate a moment to contact Dr. Rothstein: 718 808 2656



You may place “**Breathe Right**”: nasal strips to widen your nostrils at any time you find you need to take in more air. (before sleep, during exercise, etc.).

## ***Advice and Precautions from the First Day You Are Fitted With OJW: Ultralite***

This is the first time your jaw has ever been wired such that its envelope of motion now has limits. What you don't realize is the jaw is in the same position it has been all your life—the limitations are what is new. Your jaw has (you have) a natural tendency to “explore” its new limitation—this is natural. By all means explore the world, but do it safely by moving your jaw gently and slowly vertically and to the right and left and learn/discover its new limitations. Practice that exercise as often as you like. Don't look for a Position you should be in. The position is natural like the position of your eyelids. The muscles that hold your jaw in place (Masseter and Temporalis) have a natural tendency to behave “nervously” under the new conditions. They will settle down as they “learn” their new limits (exactly like a newly-saddled horse becomes accustomed to its saddle and new rider, and even the new bit in its mouth that controls the limits its head can move). It's not the end of the world if you unconsciously jerk your jaw, exceed the strength of the adhesive, and detach a bracket—even multiple brackets. Getting back to the office is the problem :-)

OJW: Ultralite was designed to be wired on both sides. The video I had you watch shows **how to wire/rewire yourself**. The final clip indicates you might want to wire only one side as I did. That method has not been tested long-term on anybody, but you may think of “uniside” wearing as a stopgap measure until you can have a downed side repaired (brackets rebonded). If it feels “right” you can try it. I would suggest you wire alternate sides as a minimum every week provided you do not have any sensations of discomfort, asymmetry or imbalance.

Adhere strictly to the OJW: Weight-Control protocol: 5-5 LCLD i.e. remain wired for 5 weeks then remove the wires for 5 days. If the jaw movement is comfortable at the end of 5 weeks you may rewire yourself. However, if your jaw movement is not comfortable after five days, wait another five days or until your jaw movement is perfectly comfortable.

ALWAYS carry one of these instruments on your person if/when you need to remove the appliance. The FORK should be used in-extremis. The brackets will be ripped off. However, I will be happy to replace them gratis. With Ultralite all you need is a Cuticle Scissor.

