

# The OraStretch® Press

CRANIOREHAB.COM  
1-800-206-8381



## System Overview

HELPING PEOPLE SAY AHHHHH!

**Trismus \* Radiation Fibrosis \* TMJD \* Stroke \* Ankylosis**

The **OraStretch** Press jaw rehab system is a handheld passive motion device for the prevention and treatment of trismus, facial scarring, surgical rehabilitation, pain, and joint dysfunction.



Use it to treat trismus, radiation fibrosis, TMJ dysfunction, and for post-surgical rehabilitation.



### Press Versions:

**Standard:** CR1000

With standard or thicker edentulous pads.

**Pediatric:** CR1005

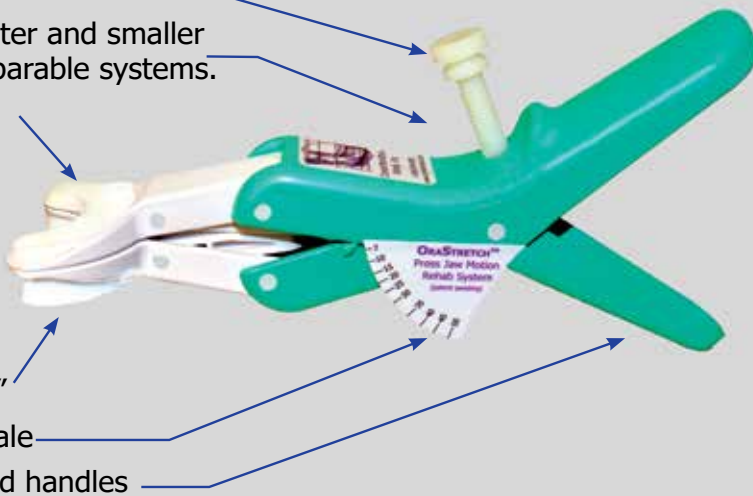
For children under age 10.

**Extended:** CR1007

Alternative Mouthpiece for improved fit and function

### OraStretch Press Features:

- Safety Limit Screw
- Low Profile: 50% lighter and smaller than comparable systems.
- Standard Pad - 1/8"
- Natural rotation to full 50mm adult average
- Edentulous Pad - 3/8"
- Easy to Read Side Scale
  - Sloped easy to hold handles



### System Includes:



- OraStretch press
- 4 bite pads (2 sets)
- Safety limit screw
- Patient MIO Scale
- Device Manual
- Getting Started Patient Brochure
- Carrying Case

### NEW OraStretch Dynamic Bands:

- 3-pack of silicon bands for dynamic stretching and active resistance therapy.



- Add bands for increased resistance.
  - Overcome therapy plateaus and non-progression.
  - Bite muscle training.
- Product: CR1020

### Innovative Features & Benefits:

- Wider opening for improved trismus prevention & recovery to full average ROM.
- Cross-handle design for smaller size and weight that is easier to hold and use.
- Extended version to better fit more patients.
- Lifetime therapy for post-RT trismus.
- 3 Stretching options--hand, dynamic, static.
- Limited Lifetime Warranty.

### Ordering:

Call us at **1-800-206-8381** or  
visit us at [www.CranioRehab.com](http://www.CranioRehab.com)

### FREE SHIPPING! Insurance Billing.

We confirm and bill insurance.  
Discounts provided for non-coverage.

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## Practice & Ordering Guide

HELPING PEOPLE SAY AHHHHH!



The OraStretch® press provides a curved, anatomically correct stretch to treat and rehabilitate the jaw and joint, and provides:

- Full natural jaw rotation.
- Small, lightweight size.
- Plastic, reusable MIO scale.
- Hand, dynamic & static stretch.
- Long-term therapy for post-RT.

Versions:	Mouthpieces	Pads	Population
<b>Standard</b>	48 mm across	1/8"	Adults, Children over 10 y.o.
<b>Pediatric</b>	31 mm across	1/8"	Children under 10 y.o.
<b>Extended Bite</b>	Standard, one extended 1/4"	1/8"	Severe over/under bites. Repeated pad pulling.
<b>Edentulous Pads</b>	Use Standard Device	3/8"	Thicker pads can be cut for missing teeth, dentures.

**Free Exchanges & Lifetime Warranty!** Need a smaller size? Have a jetting bite? Dentures? We provide the right fit, free!

### Minimum ROM:

- 6 mm - Insert side of the mouthpieces.
- 9 mm - Fully insert mouthpieces.
- 15 mm - Fully insert with pads.

### OraStretch Press Features:

- Safety Limit Screw

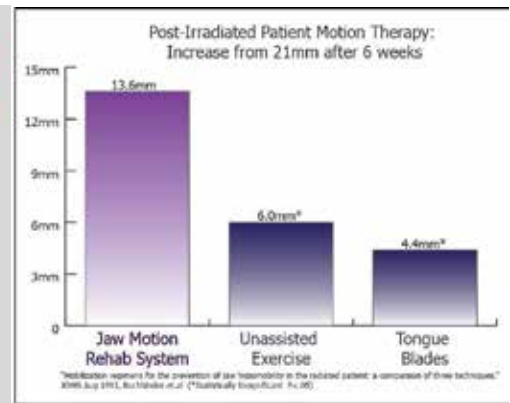
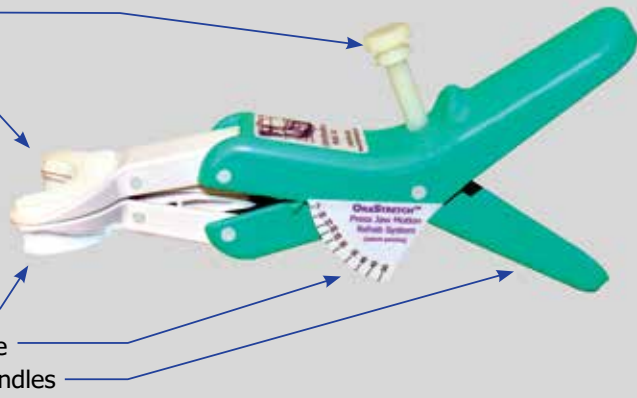
- Standard Pad - 1/8"

- ROM to full adult average

- Edentulous Pad - 3/8"

- Easy to Read Side Scale

- Sloped easy-to-hold handles



Jaw motion rehab systems are significantly more effective to increase jaw motion and range.

**Recommended Protocols:** **How hard to stretch?** The patient should feel a light stretch, a 3-4 on a 10 point scale, and NO sharp pain. Overstretching can lead to tissue spasms or tears and may further inhibit rehab and function.

Protocol:	Benefits:	Recommended for:	Instructions:
<b>3-5-30 Trismus Passive Stretch</b>	Trismus Prevention, Increased ROM.	Trismus, Radiation trismus, Fibrosis, Scarring.	- 3 Stretching sessions each day. - 5 Stretches per session. - 30 sec hold of each stretch.
<b>7-7-7 TMJ Passive Stretch</b>	Joint function, tissue molding.	TMJ dysfunction, Arthritis, Post-surgical rehab	- 7 Sessions of 7 stretches for 7 secs each day.
<b>Dynamic Stretch with Bands</b>	Trismus therapy & prevention. No squeezing.	Overcome therapy plateau. Patients unable to squeeze handles.	- Squeeze handles, place 1 band on handle. Insert mouthpieces between teeth. Release. Hold 5mins. - Remove. Add second band. Reinsert. Hold 5 mins. - Build up to 30 mins with 3 bands, 3-times per day.
<b>Static Stretch with Bands</b>	Trismus treatment. Increased ROM. No squeezing.	Overcome therapy plateau. Patients unable to squeeze handles.	- Turn limit screw to fully closed. Add 3 bands. - Insert, turn limit screw to open to light stretch. - Hold 30 mins. Repeat 3-times per day.
<b>CRAC 5-5-30 (Contract-Relax with Antagonist Contract)</b>	Aggressive increase in ROM (Caution: Very aggressive. Do not use right before activity, e.g eating.)	Aggressive rehab of severe trismus. Strength, control training.  (Not recommended for children.)	Do the 5-5-30, replacing one session with CRAC: - Insert, partially open device, bite down 20 secs. - Open the mouth wide on own for 20 secs. Relax. - Stretch with device for 20 secs. - Relax for 60 secs. Repeat 2 more times.
<b>Muscle Spasms and strength</b>	Muscle function	Muscle Spasms, Increasing bite strength. Also see CRAC protocol.	- Daily, one session of 10 "bites", or during spasm. - Insert and open to 15mm. - Bite down and hold for 10 seconds.

**Indications:** Radiation Fibrosis, Cancer, TMJD, Clenching/Grinding, Surgical Rehabilitation, Trauma, Trismus, Arthritis, Scleroderma, Stroke, Burns.

**Contraindications:** Mandible or Maxilla bone fracture, bone weaknesses or infections, osteomyelitis, or osteonecrosis of the jaw.



CranioRehab.com

CranioMandibular Rehab, Inc.  
2600 West 29<sup>th</sup> Ave. #102G Denver, CO 80211  
Tel 303-433-8770 Fax 303-480-9115  
www.cranio rehab.com 1-800-206-8381

## The *OraStretch*<sup>®</sup> Press - Ordering Guide

### CRANIOREHAB OVERVIEW:

CranioMandibular Rehab, Inc. (CranioRehab) was started in 1995 in Denver, CO providing rehab products and technologies for TMJ disorder, surgical recovery, syndromic, and head & neck cancer patients.

### CRANIOREHAB CONTACTS:

#### DEVICE INFO & USAGE, SPECIAL CASES, TROUBLESHOOTING:

SARAH SCHUMAN, MS, CCC-SLP – Outreach & Education –  
Schuman@cranio rehab.com  
303-433-8770 x 86, direct/fax: 720-443-5811

#### ORDERING, BILLING, STATUS:

MARIE BAKER – Billing Manager –  
Marie@cranio rehab.com  
303-433-8770 x 83, direct/fax: 303-433-2655

### THE ORASTRETCH PRESS:

The *OraStretch* press is a jaw motion rehab system. It is a user operated device that opens the jaw to stretch the orofacial tissues and mobilize the temporomandibular joint (TMJ). It is used primarily to prevent and treat trismus (or jaw hypomobility) which is the inability to open the mouth. Trismus is primarily caused by scarring or fibrosis from radiation therapy, surgery, and trauma. On average, 54% of oral and 62-85% of nasal cancer patients will experience trismus from surgical and radiation treatments. Furthermore, the system is used to treat TMJ disorder and joint dysfunction.



#### USAGE:

The device is used by inserting the biteplates between the teeth and squeezing the handles to press and hold the mouth open. Recommended protocols are available for joint dysfunction, limited opening, and muscle issues.

#### PADS:

Pads are included but are not required for use. They are applied to the biteplates where the patient's teeth create an impression and hold the teeth in place during use. Most patients will only use the 4 pads included with the device. However, a small percentage of patients may soil or slowly pull the pads off with their teeth, requiring replacements pads.



*OraStretch* pad options  
(Standard, Pediatric, Edentulous)

#### MINIMUM MOUTH OPENING:

A minimum **6mm MIO** (maximum interincisal opening - the distance between their upper and lower front teeth) is required to use an *OraStretch* press for therapy (without pads). A **9mm MIO** is required for full insertion of the biteplates into the mouth. A **15mm MIO** is required for use with pads. For oral openings under 6mm, we can provide a 3mm thick loose biteplate to begin therapy and try to increase the opening up to the 6mm minimum.

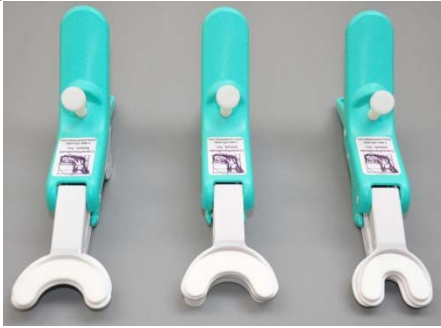
#### EXTENDED DEVICE:

The extended *OraStretch* press is for patients with a severe over/under bite where the patient's teeth will not sit on the biteplates. If the patient pulls off the pads with their teeth frequently, the extended version may improve the fit. The extended unit is provided free as an exchange.



## ORASTRETCH PRESS SIZING:

The *OraStretch* press is universally sized and does not require a fitting. The standard device is used on 90+% of all patients, which includes children, teens and adults. Standard pads work for most patients. For patients with dentures or areas of missing teeth, thicker and softer edentulous pads are available to press directly against the gums. After an order, we call each patient to determine that 1) the standard device is suitable and 2) need for edentulous pads.

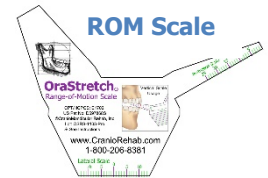


A pediatric version is available for small children and infants, recommended only for those under 10-years. The pediatric device has shorter, less-wide biteplates to fit smaller mouths. For patients close to the cut-off: measure the distance between the inside of the left and right molars. Use the pediatric device for distances <33mm, and use the standard device for 33+mm. Is the standard unit too large or wide? Or the pediatric too small? We offer a free size exchange.

## ORASTRETCH MIO & ROM SCALES:



The OraStretch MIO and ROM scales are disposable paper measuring scales for patients and providers to measure the opening, movement and function of the mouth and jaw. Both types come in packs of 50 and include scales for vertical opening, lateral movement, and dental jetting. The OraStretch MIO scales notch onto the bottom teeth and rotate for vertical measurement. The OraStretch ROM scales include three prongs for insertion between the teeth for measurement.



## ORASTRETCH DYNAMIC BANDS:



The OraStretch press dynamic bands work with the OraStretch press to provide dynamic stretching and active resistance therapy. You can increase or decrease the number of bands used for more or less stretching and resistance. Each pack comes with 3 silicon bands that do not lost tension over time like regular rubber bands do.



## ORASTRETCH PRESS – PRODUCT DETAILS

Versions	Description	Product ID	HCPCS
Standard	Provided for all patients over 10 y.o. with a universal 48mm wide biteplate.	CR1000	E1700
Pediatric	Available for patients under 10 y.o. with a 31mm wide biteplate.	CR1005	E1700
Extended Jet	Available by request for patients with a serious over/under bite. Includes a 1/4" extended biteplate to better fit.	CR1007	E1700

Accessories	Description	Product ID	HCPCS
Standard Pads	4 per pack. Fit standard and jet devices. 1/8" thick. Stiff foam.	CR1050	E1701
Pediatric Pads	4 per pack. Fit pediatric device. 1/8" thick. Stiff foam.	CR1055	E1701
Edentulous Pads	4 per pack. Fit standard devices for patients with dentures or missing teeth. 3/8" thick soft foam for cushioned contact directly against gums.	CR1057	E1701
ROM Scales	Pack of 50 range-of-motion (ROM) vertical ruler scales.	CR1080	E1702
MIO Scales	Pack of 50 maximum-interincisal-opening (MIO), rotational scales.	CR1085	E1702
Dynamic Bands	4-Pack of silicone dynamic bands for stretching and active resistance.	CR1020	E1399

# ORASTRETCH PRESS - ORDERING PROCESS AND DELIVERY:

**DIRECT ORDERS:** CALL 1-800-206-8381 or Fax PO to 303-480-9115.

**RX ORDERS:** Fax Rx-Order to CranioRehab at 303-480-9115.

## RX ORDER PROCESS:

1. We receive the faxed order and enter it into our system.
2. We confirm patient insurance coverage.
3. We call the patient with benefit and order details in 1-2 business days. (If no patient contact after a week, we will contact the prescriber.)
  - a. We review the device and answer any questions
  - b. We confirm age, sizing, and pad needs.
  - c. We collect any payment due and confirm delivery address.
4. Shipment of the *OraStretch* press within 1-day of order approval.
5. Delivery of the order via tracked USPS (usually takes 3-7 days).
6. Follow up call for delivery confirmation and survey after 2 weeks.

Generally, the ordering/delivery process takes 4-10 days. Orders are slowed if received late in the day and a slow response from the patient for approval. Short delays can occur when the patient does not return our messages, during holidays, and from rare inventory holds.

## URGENT ORDERS

For special instances when an order needs to be expedited, please mark the order as "Urgent". We will prioritize the order to contact the patient and ship the order by the next day with upgraded Priority Mail shipping for 2-3 day delivery. For special cases that may require an even quicker turnaround, contact us by phone.

## DEVICE SUPPORT:

**PATIENTS** - Call us at 1-800-206-8381 with any questions or requests. For the *OraStretch* press, we provide:

- Free *OraStretch* press size exchanges (e.g. Standard or Pediatric);
- Discounted replacement pad packs with free shipping.
- Lifetime warranty for the device. (Full details are provided on our website.)

**PROVIDERS** - Call us to request patient brochures, practice guides on therapy, or for any others requests.

## ONLINE RESOURCES:

For product information and downloads including patient brochures, practice guides, manuals, and recommended protocols, visit our website at:

<http://www.cranio rehab.com/orastretch>

## Use our Simple One-Page Rx-Order Form

Everything we need for insurance to process the order on one sheet at: [CranioRehab.com/ProDownloads](http://CranioRehab.com/ProDownloads)

Prescriber:  Fax Order Form or Rx to 303-480-9115.  Give patient this brochure & select usage.

### The OraStretch® Press Patient Information

The OraStretch Press jaw motion rehab system treats and prevents trismus (limited mouth opening) and joint dysfunction. Trismus is very common after jaw surgery and trauma. Most oral nasal cancer patients will lose jaw range and experience stiffening tissues from surgery and radiation.

Prevention is an easy and effective way to avoid painful and restricted jaw motion, and can reduce difficulty in eating, speaking, coughing and oral hygiene. The OraStretch press is an effective way to rehabilitate your muscles and tissues with stretching, retraining, and motion.

Use the OraStretch press daily as directed by your doctor. Your recovery depends on your commitment to rehabilitation. Prevent trismus and pain, don't wait until you can't use a fork or toothbrush.

**BENEFITS:**

- Increase opening.
- Improve joint function.
- Prevent stiffness & scarring.
- Reduce joint pain.

**Usage: Suggested Protocols and Therapy**

**The "5-5-30" for Trismus**

- Each day - Perform 5 sessions.
- Each session - Stretch 5 times.
- Stretch for 30 secs, rest 30 secs.

**The "7-7-7" for Joint Health**

- Each day - Perform 7 sessions.
- Each session - Stretch 7 times.
- Stretch for 7 secs, rest 7 secs.

**Muscle Strength/Spasms**

- Do one session daily or during spasms.
- Do 10 "bites" Open to 15mm and bite down for 10 secs. Release. Rest 30 secs.

**Custom Instructions:**

**Tips:**

- Use daily for your optimal recovery.
- Squeeze handle to press jaw apart.
- Stop if you feel sharp pain.
- Stretch lightly: 3 on a 10 point scale.
- See the instruction manual for more.
- Did it? Small mouth, dentures, jelling bite? Call us for a free size exchange.

**Questions:** Call us at 1-800-206-8381 for questions about usage, ordering, and cleaning.

**Free Size Exchange:** Lifetime Warranty. Free Year Replacement Parts. U.S. only. See website for details. The OraStretch press is a medical device. Use only under the medical guidance. Patient information only. The OraStretch press is a single patient device and cannot be shared. Brand/Model information.

**NEXT STEP:** Call us about the OraStretch Press for more details on use, ordering, prescriptions, insurance.

**CRANIO MANIBULAR REHAB, INC.** [WWW.CRANIOREHAB.COM](http://WWW.CRANIOREHAB.COM)  
1-800-206-8381

Helping People Say Awww!!™

## Want a Pad of Patient Brochures?

Call us for ten 1/2-page *OraStretch* press hand-outs with benefits, contacts, and usage.

# CranioRehab: Prescription-Order Form & Certificate of Medical Necessity (CMN)

<b>Prescriber:</b>	NPI:
Phone:	Fax:
Address:	Email:
	Office Contact:

<b>Other Requesting Provider:</b>	<input type="checkbox"/> SLP <input type="checkbox"/> Other:
Phone:	
Email:	<input type="checkbox"/> Request Rx from prescriber, if not attached below.

<b>Patient:</b>	<b>Phone:</b>
*Address: _____	*DOB: _____
City, State Zip: _____	Cell/Work Ph: _____
Alt Contact: _____	Alt Contact Ph: _____

<b>Prescription and CMN</b>	<input type="checkbox"/> <b>OraStretch® Press Jaw Motion Rehab System:</b> Standard (E1700) <input type="checkbox"/> Pediatric version (<10 years old) <input type="checkbox"/> Extended jet version.	Duration: _____
	<input type="checkbox"/> <b>Salvate™ Oral Moisture System:</b> Salivary replacement, oral hydration. (E1399)	Or 99 months/ Indefinite (if blank)
	<b>DynaCleft® System</b> (E1399): 6-12 weeks <input type="checkbox"/> Unilateral Strips <input type="checkbox"/> Bilateral Strips <input type="checkbox"/> Nasal Elevators	
	<input type="checkbox"/> <b>TheraPacer™ Jaw CPM:</b> 6-12 weeks <input type="checkbox"/> Extension of CPM unit: 12 weeks	
	<b>Diag. Codes:</b> *Primary: _____ Other: _____ (Please use ICD-10 codes. List cancer or trauma first.) Needed by or Surgery Date (if applicable): _____	
	<b>Reasons for Medical Necessity:</b> _____ _____ _____	
I certify the medical necessity of this item for the above patient. The prescribed equipment is reasonable and necessary to treat the patient. This form has been accurately completed by my office, and I have reviewed it.		
<b>Prescriber Signature:</b> _____		<b>Date:</b> _____

<b>Patient Insurance</b>	<u>*Primary Coverage</u>	<u>Secondary Coverage</u>
	*Insurance: _____	_____
	*Policy #: _____	_____
	Group#: _____	_____
	*Ins Phone: _____	_____
	*Name on Ins: _____	_____

WC or PIP Required	Adjuster: _____	CLM #: _____
	WC #: _____	Date of Injury: _____

Notes: