

CASPER Doctor Quick Guide

Submission, Seating, Follow-Up, and Clinical FAQs

This quick clinical reference is for doctors and teams using CASPER. It is designed to supplement the CASPER video library and patient brochure, not replace them. For full chairside demonstrations, bite capture, bonding, removal, and FAQs, scan the QR code.

What CASPER Is

CASPER is a fixed, low-profile Class II corrector designed to posture the mandible forward with a custom upper and lower interface.

- Compatible with braces and aligners
- Commonly used when full-time correction is desired and compliance is a concern
- Commonly useful from late mixed dentition through adults
- Case selection matters more than age alone

FULL CASPER VIDEO LIBRARY



Clinical At-a-Glance

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| <p>Typical time in CASPER Case dependent; many cases remain in place roughly 9-18 months.</p> | <p>Advancement guideline ODL typically advances up to 5 mm in children and up to 7 mm in adults unless otherwise requested.</p> |
| <p>Expansion guideline ODL can generally expand about 2.5 mm in CASPER. Expand first if significantly more transverse correction is needed.</p> | <p>When more advancement is needed Consider a second lower component after the patient settles into the appliance.</p> |

Important Submission Principle

The quality of the bite records drives the quality of the final appliance. Complete, accurate records reduce guesswork and help ensure the CASPER components interlock properly and hold the mandible in the intended forward position.



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1. Before You Submit a Case

Complete records help ODL design the case predictably and reduce back-and-forth before fabrication.

| Please Submit | Confirm on Submission |
|--|---|
| <ul style="list-style-type: none"> - Centric scan - Protrusive scan - Initial advancement measurement - Intraoral photos - Requested customizations or design notes | <ul style="list-style-type: none"> - Is the patient suitable for mandibular advancement? - What is the desired posterior bite opening? - What is the initial advancement amount? - Was the bite taken in protrusive position? - Were the teeth apart / not fully in occlusion during bite registration? - Is anterior contact expected? - Is this a new case, second lower component, or remake? |

Records Drive Appliance Fit

Bite Registration Notes

- Submit both the centric scan and protrusive scan.
- Record and share the initial advancement measurement.
- If using a George Gauge, record the advancement measurement at the time of bite capture.
- If the requested advancement does not allow the patient to close properly, tell ODL. CASPER can be fabricated with a bite plate when indicated.

Submission Workflow

| | | | |
|---|---|--|---|
| 1. Capture Centric + protrusive scans | 2. Measure Initial advancement amount | 3. Confirm Bite opening + anterior contact | 4. Note Custom requests before design |
|---|---|--|---|

2. Chairside Delivery, Seating, and Patient Expectations

At Seat

- Try the appliance first and confirm a passive, fully seated fit.
- Verify there is no obvious tissue blanching or unexpected binding.
- Confirm the upper and lower components interlock as planned.
- Verify the expected bite relationship and confirm the patient is seating into the appliance correctly.
- Bond using your standard CASPER chairside protocol and related ODL video guidance.
- Clean excess cement before final cure when possible.
- Confirm the appliance is fully seated and stable before dismissing the patient.

General Seating Philosophy

CASPER should fit passively and seat cleanly. Good isolation, clean seating, and proper confirmation of the bite relationship are more important than rushing through delivery.

Use the video library for the full chairside demonstration.

What to Tell the Patient and Family

Typical Early Expectations

- Expect an adjustment period during the first 1-2 weeks.
- Soft foods are helpful during the first 2-3 weeks.
- Mild soreness and increased saliva can occur initially.
- Food may collect around the appliance, so hygiene matters.
- Side teeth may not touch right away; this is expected as the bite changes.

Reinforce

- Brush thoroughly.
- Rinse after eating.
- A Waterpik can be helpful.
- Avoid sticky, hard, and crunchy foods.
- Call the office if the appliance feels loose, is poking, or if adaptation is not improving.

3. Follow-Up, Progression, and Removal

CASPER is designed to work over time. Allow the patient to settle into the appliance before deciding that more advancement is needed.

At Follow-Up Visits

- Evaluate hygiene and tissue health.
- Confirm the patient is biting into the appliance as intended.
- Check that the upper and lower components are tracking properly.
- Monitor bite changes, vertical development, and overall adaptation.
- Confirm there is no evidence that the patient is biting behind or around the ramps.

Progression Notes

Follow-up rhythm: Many doctors monitor CASPER at regular intervals throughout treatment. Exact timing is case dependent.

Typical time in CASPER: Many cases remain in CASPER roughly 9-18 months, depending on growth, correction goals, and treatment plan.

If more advancement is needed: A second lower component can be used when indicated. For larger Class II corrections, staged advancement is often more predictable than forcing all advancement at the start.

Controlled Removal Matters

Removal

- CASPER is designed with a debond slit on the mesial buccal aspect of the band for removal.
- Follow the slit to relieve the band before attempting removal.
- Once the band is relieved, use your preferred removal technique to roll the band off in a controlled way.
- Do not force removal without first relieving the band.

Use the removal video for the full demonstration.

ODL Resource Reminder

For the best experience with CASPER, use the video library along with this guide. The video library is the best place for full chairside demonstrations of bite capture, seating, bonding, follow-up, and removal.

Questions on a case? Contact ODL before submitting incomplete records.





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4. CASPER FAQ

What age range is best for CASPER?

CASPER is commonly used from late mixed dentition through adults. The best cases are Class II patients where full-time correction is desired and consistent patient compliance would otherwise be a concern.

Can I use CASPER with braces or aligners?

Yes. CASPER is compatible with both braces and aligners.

How much advancement does ODL typically build into CASPER?

As a general guideline, ODL typically advances up to 5 mm in children and up to 7 mm in adults, unless otherwise specifically requested by the doctor.

What if I need more advancement later?

If additional advancement is needed, CASPER can be staged with a second lower component. In large Class II cases, staged advancement is often more predictable than trying to do everything at once.

What if the patient cannot bite properly at the requested advancement?

Tell ODL during submission. CASPER can be fabricated with a bite plate when indicated to help the patient seat and function properly.

How much expansion can be built into CASPER?

As a general guideline, ODL can expand to about 2.5 mm in CASPER. If significantly more transverse correction is needed, it is generally better to expand first. A TPA version of CASPER can help hold the expansion that has already been achieved.

What if the patient can bite behind the ramp or around the appliance?

This usually points back to the bite registration and submission records. Submitting both centric and protrusive scans, along with the initial advancement measurement, helps reduce this problem. If the bite relationship is not correct at seat or follow-up, contact ODL.

What records matter most?

Centric scan, protrusive scan, initial advancement measurement, photos, and clear notes on expected bite relationship and any requested customizations.

Can I request customizations?

Yes. Note any requested customizations at submission, including TPA, expansion requests, bite plate, tube size, or other case-specific design preferences.

How long should CASPER stay in?

Treatment time is case dependent. Many cases remain in CASPER for many months, and it is common for the appliance to stay in place for roughly 9-18 months, depending on growth, correction goals, and the overall treatment plan.

Is this a step-by-step bonding guide?

No. This guide is a quick reference. The video library is the best place for full chairside demonstrations of bite capture, seating, bonding, follow-up, and removal.

Full CASPER Doctor Video Library

Scan the QR code for bite capture, bonding, seating, follow-up, removal, and FAQs.

