

LMActivator™

LM

feel the
difference

A million smiles found,
and more to come.



Introducing the new, enhanced **My LM-Activator™** silicone activator and aligner for early orthodontic treatment.

My LMActivator™



Meet the new My LMActivator™

A renowned and clinically proven appliance with two decades of history in early orthodontic treatment, is now available as a new and enhanced product line: meet My LM-Activator™ by LM-Dental™.

My LM-Activator™ is a **prefabricated silicone aligner** for growing happy smiles: easy to use, gently supporting healthy and natural growth of the face and jaw. The ideal time for treatment is in early mixed dentition, as research indicates that malocclusions in deciduous dentition tend to become more severe as the dentition develops. By intervening and taking action to correct malocclusions early, the need for further treatment can be significantly reduced and even eliminated.

Developed in close collaboration with clinicians, the new My LM-Activator™ product line has been **enhanced with optimized dimensions and advanced features** for user-friendliness and comfort.

My LM-Activator™ represents a leap forward in our dedication to providing high quality orthodontic solutions for growing patients.



How does it work?

- When the teeth are changing, My LM-Activator™ gently guides the teeth and jaw towards a healthy growth.
- My LM-Activator™ aligns teeth, activates mandibular growth and expands the arch perimeter in mixed dentition.
- My LM-Activator™ provides comprehensive three-dimensional occlusion control. It corrects and aligns sagittal and vertical relationships simultaneously – no separate phases of treatment are needed.

What's new in it?

Discover enhanced features in My LM-Activator™



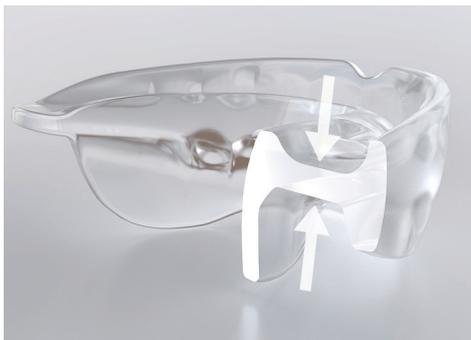
Streamlined anatomy

My LM-Activator™ presents an overall streamlined and light-weight design **improving fit and comfort for the patient.** It allows more space for the canines and for development of the upper arch and jaw.



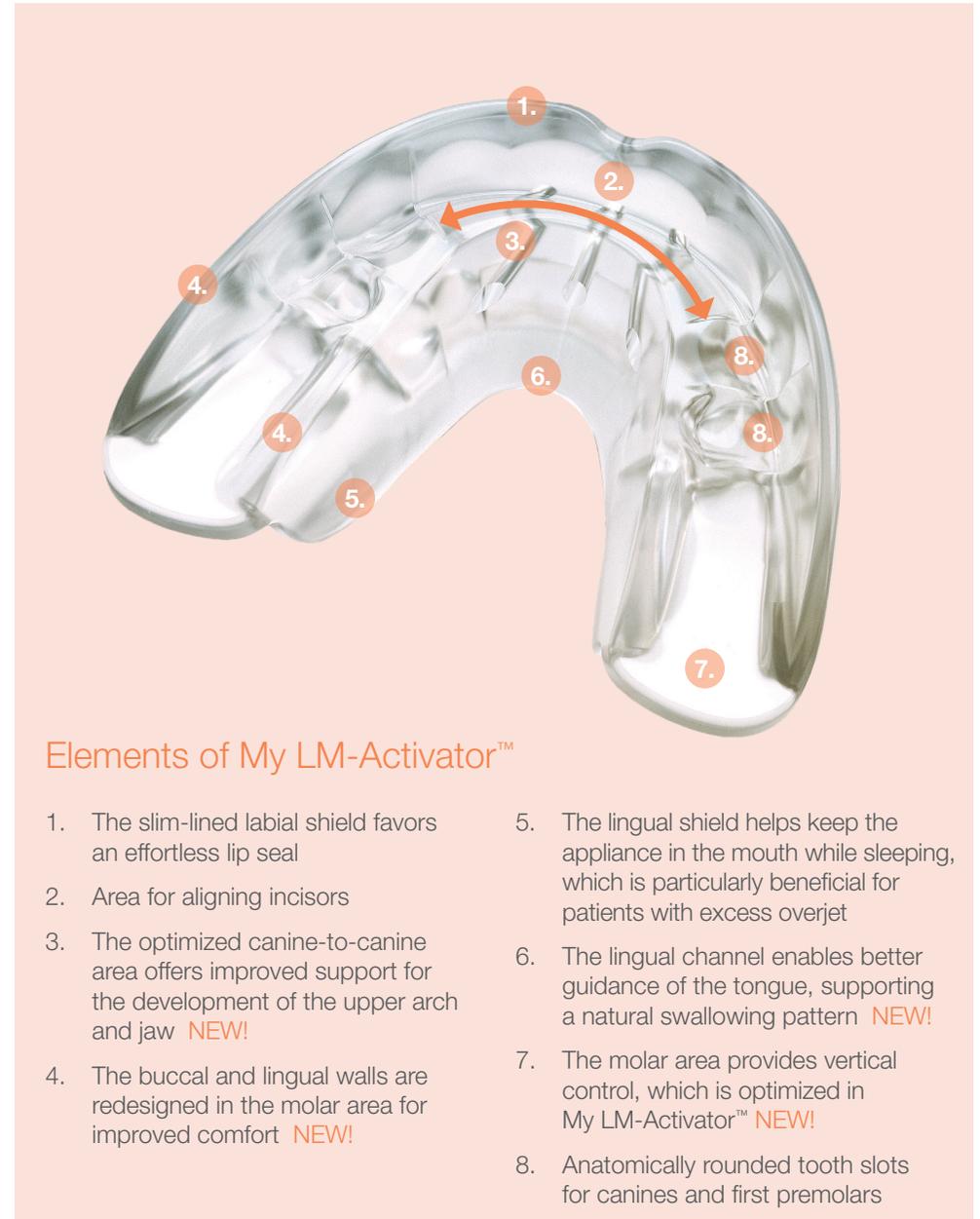
Harmonized design and sizing

A harmonized design over the size range makes it even easier to find a good fit for your patient. The ultimate **high-gloss finish** is combined with the **superior wear comfort** that LM-Activator™ is well known for.



Optimized vertical control

The **improved thickness profile of the occlusal plane** enables vertical control, empowering the development of optimal occlusal conditions in mixed dentition.



Elements of My LM-Activator™

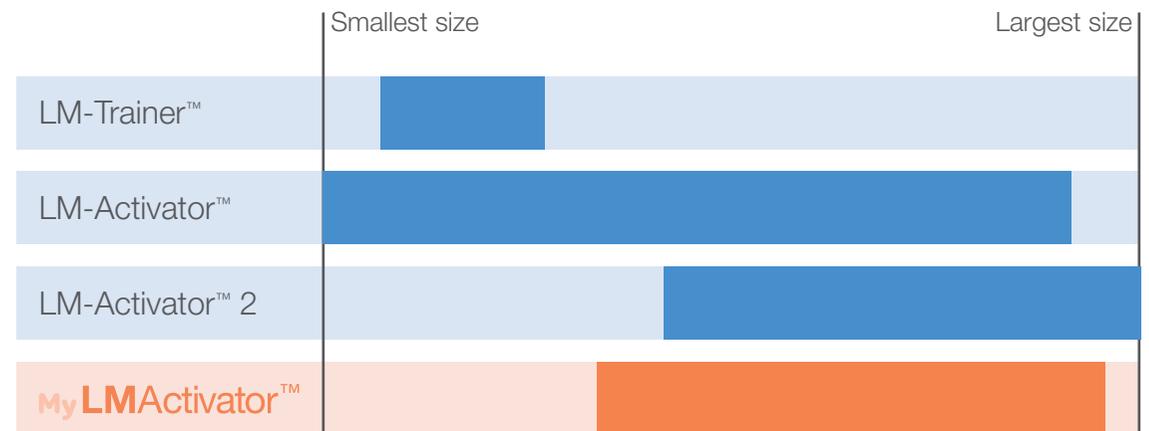
1. The slim-lined labial shield favors an effortless lip seal
2. Area for aligning incisors
3. The optimized canine-to-canine area offers improved support for the development of the upper arch and jaw **NEW!**
4. The buccal and lingual walls are redesigned in the molar area for improved comfort **NEW!**
5. The lingual shield helps keep the appliance in the mouth while sleeping, which is particularly beneficial for patients with excess overjet
6. The lingual channel enables better guidance of the tongue, supporting a natural swallowing pattern **NEW!**
7. The molar area provides vertical control, which is optimized in My LM-Activator™ **NEW!**
8. Anatomically rounded tooth slots for canines and first premolars



Seamless transition for current LM-Activator™ users

My LM-Activator™ has been developed in **close cooperation with existing LM-Activator™ users and orthodontic specialists** with long clinical experience of LM-Activator™ use. All design and feature improvements are based on the needs and insights of these experts.

As the treatment principles remain unchanged, current LM-Activator™ users can seamlessly transition to the My LM-Activator™. The new product line includes all well-established and the most commonly-used models and sizes, enabling a gradual simplification of the LM-Activator™ product assortment.



Benefits for a dentist

Corrects malocclusions effectively

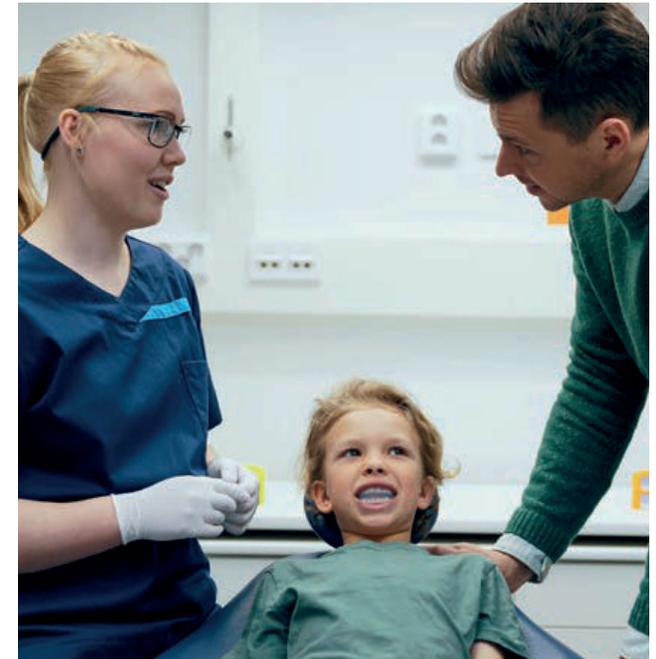
Corrects typical malocclusions like excess overjet, excess overbite, deep bite, open bite, Class II and dental anterior crossbite. Sagittal and vertical relationships can be corrected simultaneously.

- **Preventive.** Prevents the malocclusion from developing further.
- **Reduced need for treatment.** Can significantly reduce the need for further treatment.
- **Clinically and scientifically proven.** LM-Activator™ has been on the market since 2004 and the method is supported by evidence from cohort controlled and RCT research results.

Cost-effective treatment method

Reduced treatment complexity enabling increased savings and time saved for treating more patients.

- **Diverse.** Convenient assortment of models.
- **Cost-effective.** Appliance is affordable.
- **Prompt.** Treatment can be started immediately.
- **Efficient.** Light on chair-times as check-ups are short and not that frequent.
- **Collaborative.** The clinical work does not require full-time involvement by orthodontists.



Benefits for a young patient

Comfortable to use

- **Made of medical-grade silicone.** Flexible by nature and comfortable for the patient.
- **Hygienic.** Daily rinse with water is enough. Can be immersed in boiling water.
- **Removable and used while sleeping.** Patient can eat any food normally, exercise and do any sport. No metal wire adjustments or emergency visits are needed due to broken metal parts.
- **Feels comfortable.** Anatomically designed and rounded tooth slots.
- **Gentle on teeth.** Soft silicone is gentle on teeth and comfortable for the patient.
- **Simple and easy treatment.** No separate treatment phases but simultaneous alignment, leveling and anteroposterior correction.

Safe for young patients

- **No additives.** No coloring agents, phthalates, softeners, latex, bisphenol-A or fragrance agents.
- **Fully biocompatible.** The use is safe for the patient. The silicone material is tested in accordance with ISO 10993 requirement of 30 days permanent contact with mucous membranes.
- **No need for emergency visits** because of the soft silicone material.
- **Evidence based treatment method.** The treatment method is proven by research results, and the appliance has been used by a million of patients around the world.



Indications – when to use My LM-Activator™?

LM-Activator™ has proven to be effective in treatment of different malocclusions at different dental stages. Evaluating the dentoalveolar, skeletal and functional characteristics is an essential part of selecting patients for LM-Activator™ treatment. A thorough case-by-case analysis of the patient's malocclusion and its severity as well as of the patients motivation is needed.

A stable result is the key to a successful treatment. Myofunctional research shows a correlation between malocclusions and orofacial dysfunctions. Use of My LM-Activator™ in active treatment and in retention can support rehabilitation of oral functions and may be combined with myofunctional treatment in correcting malocclusions.

The ideal time for treatment with LM-Activator™ is in early mixed dentition when the first teeth are changing. Use of LM-Activator™ is recommended to align teeth, activate mandibular growth and expand the arch perimeter. The chart below provides a demonstrative guideline for case selection.

Malocclusion type	Severity	Deciduous dentition	Early mixed dentition 5–8 years old	Late mixed dentition 9–10 years old	Early permanent dentition 13– years old
Excess overjet, excess overbite, deep bite	Severe		Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered	
	Moderate		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered
	Mild		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ recommended
Anterior crowding (incisors and canines) Rotated anterior teeth	Severe		Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered	
	Moderate		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered
	Mild		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ recommended
Dentoalveolar anterior crossbite of 1-2 teeth	Severe		Use of LM-Activator™ recommended		
	Moderate		Use of LM-Activator™ recommended		
	Mild		Use of LM-Activator™ recommended		
Class II	Severe		Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered	
	Moderate		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered
	Mild		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ recommended
Scissorsbite / Complete mandibular posterior lingual crossbite (i.e. mandibular posterior teeth completely on the lingual side of the maxillary posterior teeth)	Severe	Use of LM-Activator™ recommended			
	Moderate	Use of LM-Activator™ recommended			
	Mild	Use of LM-Activator™ recommended			
Gummy Smile (Treatment start before the eruption of permanent maxillary central incisors)	Severe		Use of LM-Activator™ recommended		
	Moderate		Use of LM-Activator™ recommended		
	Mild		Use of LM-Activator™ recommended		
Open bite	Severe		Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered	
	Moderate		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ can be considered
	Mild		Use of LM-Activator™ recommended	Use of LM-Activator™ recommended	Use of LM-Activator™ recommended

- Use of LM-Activator™ recommended
- Use of LM-Activator™ can be considered

Effect not proven for:

- Midline discrepancy > 3mm *)
- Very narrow upper arch *)
- Palatally impacted teeth *)
- Fully erupted anterior teeth that require torquing *)
- Teeth requiring intrusion

*) May be treated with combination treatment (LM-Activator™ together with other appliances such as quad helix)

Proven by research | References

[1] Keski-Nisula, K., Hernesniemi, R., Heiskanen, M., Keski-Nisula, L., & Varrelä, J. Orthodontic intervention in the early mixed dentition: A prospective, controlled study on the effects of the eruption guidance appliance. *AM J of Orthodontics and Dentofacial Orthopedics*, 2008;133(2), 254-260. <https://doi.org/10.1016/j.ajodo.2006.05.039>

[2] Keski-Nisula K., Keski-Nisula L., Varrelä J. Class II treatment in early mixed dentition with the eruption guidance appliance: effects and long-term stability. *European Journal of Orthodontics*, 2020;42(2):151-156. <https://doi.org/10.1093/ejo/cjz092>

[3] Keski-Nisula K., Keski-Nisula L., Salo H., Voipio K., Varrelä J. Dentofacial changes after Orthodontic Intervention with Eruption Guidance Appliance in the Early Mixed Dentition. *Angle Orthod* 2008;78(2):324-331. <https://doi.org/10.2319/012607-37.1>

[4] Myrland R., Dubland M., Keski-Nisula K., Kerosuo H. One year treatment effects of the eruption guidance appliance in 7- to 8-year-old children: a randomized clinical trial. *European Journal of Orthodontics*, 2015;37(2):128-134. <https://doi.org/10.1093/ejo/cjv014>

[5] Myrland R., Keski-Nisula K., Kerosuo H. Stability of orthodontic treatment outcomes after 1-year treatment with the eruption guidance appliance in the early mixed dentition: A followup study. *Angle Orthod* 2019; 89(2):206-213. <https://doi.org/10.2319/041018-269.1>

[6] Kerosuo, H., Heikinheimo, K., Nyström, M., Väkiparta, M. Outcome and long-term stability of an early orthodontic treatment strategy in public health care. *European Journal of Orthodontics* 2013;35(2):183-189. <https://doi.org/10.1093/ejo/cjs087>

[7] Bishara S., B. Hoppens B., Jakobsen J., F. Kohout. Changes in the molar relationship between the deciduous and permanent dentitions: A longitudinal study. *AM J Orthodontics and Dentofacial Orthopedics* 1988;93(1):19-28. [https://doi.org/10.1016/0889-5406\(88\)90189-8](https://doi.org/10.1016/0889-5406(88)90189-8)

[8] Glasl B., Ludwig B., Schopf P. Prevalence and Development of KIG-relevant Symptoms in Primary School Students from Frankfurt am Main* Prävalenz und Entwicklung KIG-relevanter Befunde bei Grundschulern aus Frankfurt am Main*. *Journal of Orofacial Orthopedics / Fortschritte der Kieferorthopädie* 2006;67(6):414-423. <https://doi.org/10.1007/s00056-006-0615-8>

[9] Janson G. R., da Silva C. C., Bergersen E. O., Henriques J. F., Pinzan A. Eruption guidance appliance effects in the treatment of Class II, Division 1 malocclusions. *AM J of Orthodontics and Dentofacial Orthopedics* 2000;117(2), 119-129. [https://doi.org/10.1016/s0889-5406\(00\)70222-8](https://doi.org/10.1016/s0889-5406(00)70222-8)

The contraindications for LM-Activator™ use are: Silicone hypersensitivity, Skeletal Class III, Excessively retroclined maxillary anterior teeth.

The treating doctor is solely responsible and liable for diagnosis, treatment, and evaluating whether treatment with LM-Activator™, LM-Trainer™ or any other LM-Dental™s product is appropriate for a specific patient, and for the outcome of any treatment with LM-Activator™, LM-Trainer™ or any other LM-Dental™s product. Product used, and use of products shall be determined solely by doctor and evaluated for use with each individual patient where appropriate. Please refer to manufacturer's instructions for use.

Typical malocclusions treated with LM-Activator™

Overjet¹



Before



After 1 year

Deep bite with palatal impingement¹



Before



After 1 year

Single tooth anterior crossbite²



Before



After 15 days

Crowding³



Before



After 1 year

Clinical pictures courtesy of ¹⁾ and ²⁾ Dr. Rita Myrland and Dr. Mari Dubland, University of Tromsø, Norway. ³⁾ Dr. Gioacchino Pellegrino, Management of eruption problems with preformed silicone orthodontic devices, Poster presented at 21. Jahrestagung der Deutsche Gesellschaft für Kinderzahnheilkunde 25.09 - 27.09 2014; Freiburg, Germany

“Our results showed distinct improvements in overjet, overbite, sagittal molar relationship, and crowding in the treated subjects.”

Myrland R., et al. One year treatment effects of the eruption guidance appliance in 7- to 8-year-old children: a randomized clinical trial. *European Journal of Orthodontics*, 2015;37(2):128-134. <https://doi.org/10.1093/ejo/cju014>

“An advantage of the eruption guidance appliance is that it not only guides the eruption of the teeth but also simultaneously acts on the transversal, sagittal, and vertical relationships of both dental arches.”

Keski-Nisula, K., et al. J. Orthodontic intervention in the early mixed dentition: A prospective, controlled study on the effects of the eruption guidance appliance. *AM J of Orthodontics and Dentofacial Orthopedics*, 2008;133(2), 254-260. <https://doi.org/10.1016/j.ajodo.2006.05.039>

“As a result of the EGA treatment, the sagittal relationship was corrected from Class II to Class I in 86% of the cases during the active treatment, and it showed further improvement posttreatment. At the age of 16.7 years, 98% of the treatment children, who all had a Class II relationship at the onset of the early mixed dentition, had a Class I relationship.”

Keski-Nisula, K., et al. J. Orthodontic intervention in the early mixed dentition: A prospective, controlled study on the effects of the eruption guidance appliance. *AM J of Orthodontics and Dentofacial Orthopedics*, 2008;133(2), 254-260. <https://doi.org/10.1016/j.ajodo.2006.05.039>



Visit LM-Activator™ website
www.lm-activator.com
 or scan the QR-code.

LM-Activator™ model assortment features

With **LM-Activator™** alignment, leveling and anteroposterior correction can be done at the same time without separate phases. A large assortment of models makes it possible to select the appropriate appliance for the patient. Treatment complexity for both the clinician and the patient can be reduced.

The two basic LM-Activator™ model features are: **Low** and **High**. These are available with shorter or longer molar sections: **Short** and **Long**. The appliances are combinations of these features. The choice of model should always be based on an examination and diagnosis done by or under supervision of a specialist in orthodontic treatment.



Low ● ●

Model with basic appliance thickness is applicable to many different cases.

High ● ●

Model with thicker premolar and molar area. Specifically designed for treating skeletal and dentoalveolar open bite cases.

Short ● ●

Model with a shorter molar section for patients whose second molars have not yet erupted.

Long ● ●

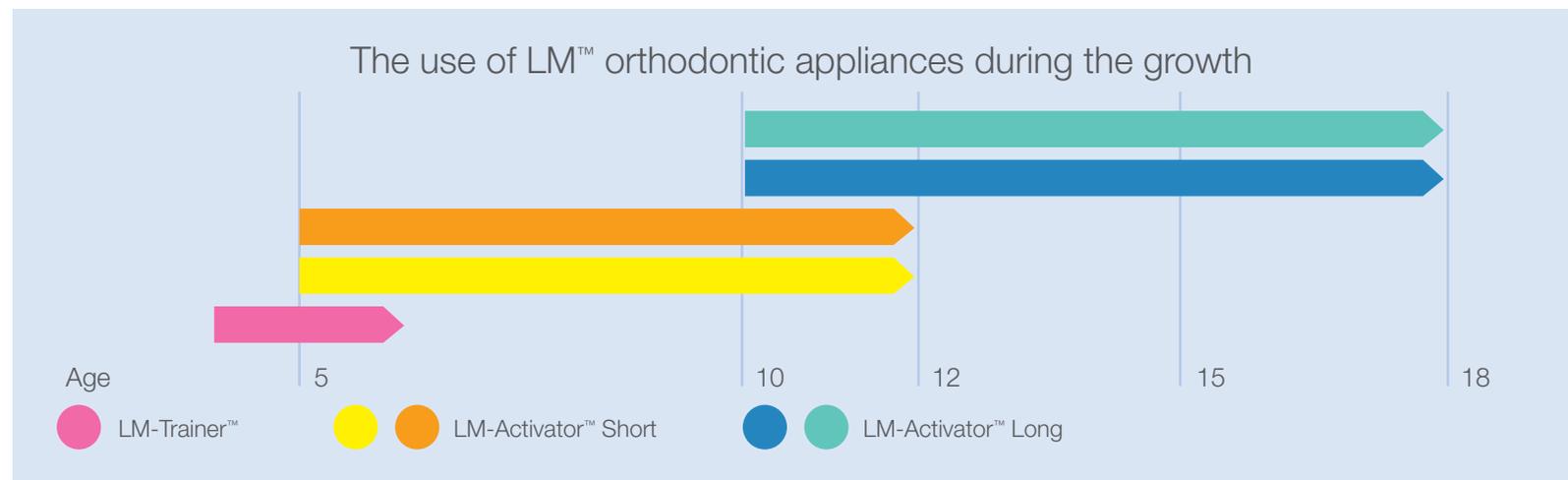
Model with a longer molar section for patients whose second molars have erupted.



Special models in LM-Activator™ 2 product line

The most commonly-used arch width is Narrow (regular width). The **Wide** model has a wider and shorter arch, and is especially designed for Asian markets. It is suitable also for some Latin American markets.

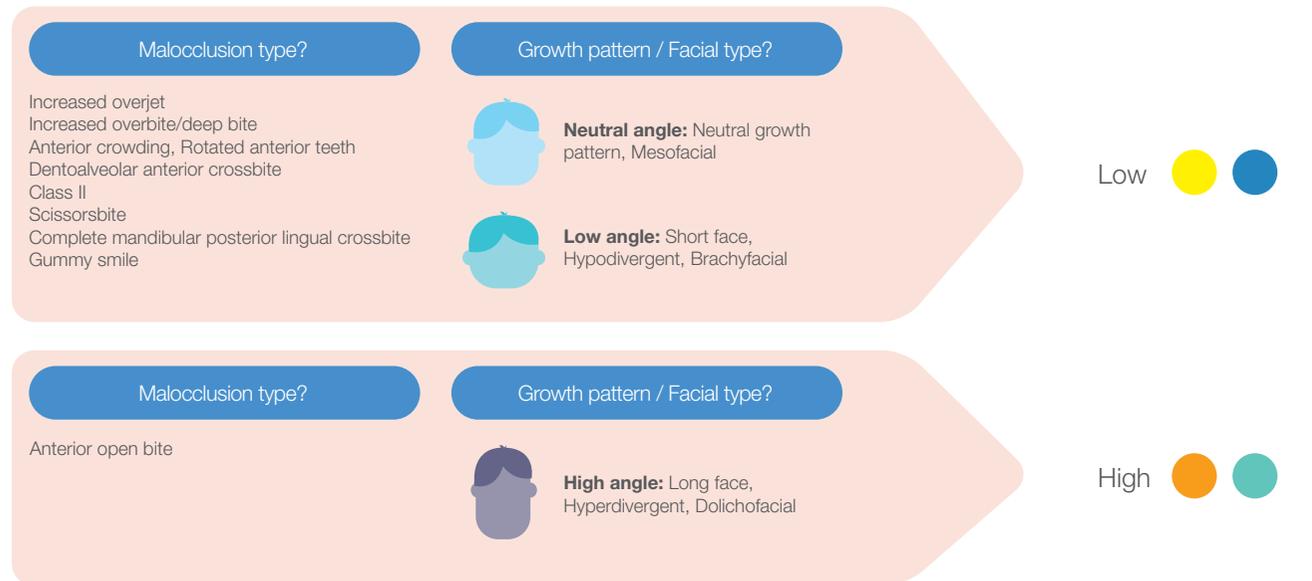
Reinforced model has a rigid reinforcement of harder material in the incisal area and is designed especially for skeletal deep bite cases. We recommend it for patients over 8 years of age.



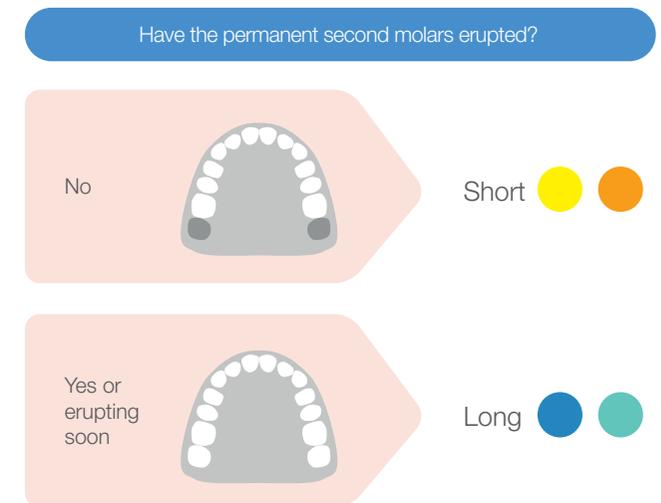
General steps on **how to choose** the right My LM-Activator™ model

The selection chart below provides some general basic guidelines on choosing the right My LM-Activator™ appliance for the patient. It is solely the responsibility of the treating doctor to evaluate and determine which model is best suitable for the individual patient.

Step 1: Height



Step 2: Length



Does your patient have a wide arch?

The wide model has a wider and shorter arch. Wide model is especially designed for Asian markets. It is suitable also for some Latin American markets.

Is more durability needed for your patient?

Choose a model with incisal reinforcement, which is especially suitable for patients with Deep bite. Reinforced model is recommended for patients over 8 years old.

“We can control the occlusion in a three dimensional way with LM-Activator™. We are able to control overbite, overjet, the lateral contacts of the lower and upper arch and to modify the sagittal growth.”

Dr. Gioacchino Pellegrino, DDS,
Specialist in Orthodontics, Italy

The treating doctor is solely responsible and liable for diagnosis, treatment, and evaluating whether treatment with LM-Activator™, LM-Trainer™ or any other LM-Dental™'s product is appropriate for a specific patient, and for the outcome of any treatment with LM-Activator™, LM-Trainer™ or any other LM-Dental™'s product. Product used, and use of products shall be determined solely by doctor and evaluated for use with each individual patient where appropriate. Please refer to manufacturer's instructions for use.

Selecting the size with LM-OrthoSizer™

LM-OrthoSizer™ is a tool for aiding the selection of the appropriate LM-Activator™ size. The size is indicative and LM-Activator™ should always be fitted to ensure the correct size. There are two models: one for LM-Activator™ (9400) and another (9402) for My LM-Activator™ and LM-Activator™ 2. Both are compatible with LM™ mirror handles (see page 15).



LM-Activator™ 2 OrthoSizer™ (9402) is used with My LM-Activator™ and LM-Activator™ 2 models. Separate measures for mandible and maxilla improve the accuracy.

LM-OrthoSizer™ (9400) is used with LM-Activator™ models.

Guidance: LM-Activator™ 2 OrthoSizer™ measures the distance across the incisors from the distal surface of the left lateral incisor to the right lateral incisor.

Place the elevated marker between the left maxillary lateral incisor and canine. Ensure that the text Maxilla is at the upper jaw and the text Mandibula at the lower jaw.

Read the scale between the right maxillary lateral incisor and canine (i.e. at the mesial surface of the canine). Sizes 10, 20, 30... are indicated with larger markers with a dot whereas sizes 15, 25, 35... are indicated with smaller markers. (In the right side photo the size indication is 55.)

If you wish to get an indication of the size separately for the mandible, use the LM-Activator™ 2 OrthoSizer in the same way in the mandible.

In case of crowding, consider a larger appliance and in case of diastemas, consider a smaller appliance. Fit LM-Activator™ on the patient and double check that the teeth sit properly in the slots both in the maxilla and in the mandible.



Fitting

Fitting the appliance to the patient is the most important step of size selection.

1. No crowding and no risk of crowding

Choose the size that matches the dentition. The canine rests at the bottom of the slot and no distalizing force is placed on the canine. If there is no crowding or risk of crowding, the size in the photo is correct. If there is crowding or crowding is expected, consider a larger size to enable expansion of the arch perimeter. In case of diastema consider choosing a smaller size.

2. Crowding or risk of crowding

This size is larger than in Figure 1. The canine is guided by LM-Activator™ towards the bottom of its slot and applies a force that pushes the canine distally. This size is appropriate if crowding is present or expected and arch perimeter expansion is needed.

3. The size is too large

The appliance is too large. The canine is guided against a ridge between two slots and the appliance does not guide teeth properly. Choose a smaller size.

At follow-up check-ups with the patient, ensure that the size is still correct.

Re-evaluate the size of the appliance when the permanent maxillary and mandibular lateral incisors begin to erupt. It may be necessary to switch to a larger appliance.



Watch the video:
Selecting the right size and fit of LM-Activator™





Linear sizing and selection

My LM-Activator™ is an off-the-shelf solution, very convenient for your patients. No dental imprints or scanning, no laboratory processing or custom-made appliances. The new product line includes all well-established and the most commonly-used models and sizes. Introducing the modern, vibrant new box with four luminous colors that reflect our company's values and brand identity.

Finest quality from your
reliable partner



Each My LM-Activator™ is developed and manufactured in Finland, guaranteeing the finest production quality, safety and availability. With My LM-Activator™, LM-Dental™ continues to be your reliable partner in early orthodontic treatment.



Product ranges

The LM-Activator™ model features are: Low and High. These are available with shorter or longer molar sections: Short and Long. The appliances are combinations of these features. The choice of model should always be based on an examination and diagnosis done by or under supervision of a specialist in orthodontic treatment.

LM-Activator™ has been used by at least a million patients around the world for correcting malocclusions and guiding teeth and jaw to a healthy growth.



My LM-Activator™ product range

My LM-Activator™ is the new product line of LM-Activator™. With streamlined and lightweight design combined with further optimized features and morphology it is continuing the established path of LM-Activator™. Experience both enhanced comfort and optimized fit in the new My LM-Activator™. The most common models and sizes for your patient are easy to find.



My LM-Activator™ Low Short ●

SIZE	CODE
35	94435LS
40	94440LS
45	94445LS
50	94450LS
55	94455LS
60	94460LS
65	94465LS
70	94470LS

Model with a shorter molar section when the second molars have not yet erupted.

Delivered in a yellow box.

My LM-Activator™ Low Long ●

SIZE	CODE
40	94440LL
45	94445LL
50	94450LL
55	94455LL
60	94460LL
65	94465LL

Model with a longer molar section when the second molars have erupted.

Delivered in a blue box.

My LM-Activator™ High Short ●

SIZE	CODE
40	94440HS
45	94445HS
50	94450HS
55	94455HS
60	94460HS
65	94465HS

Model with a shorter molar section. The High model is thicker in the region of second premolars and molars. It is designed for treating skeletal and dentoalveolar Open bite cases.

Delivered in an orange box.

My LM-Activator™ High Long ●

SIZE	CODE
45	94445HL
50	94450HL
55	94455HL
60	94460HL

Model with a longer molar section. The High model is thicker in the region of second premolars and molars. It is designed for treating skeletal and dentoalveolar Open bite cases.

Delivered in a green box.

LM-Activator™ 2 product range

LM-Activator™ 2 models have two alternative arch widths. The most commonly used arch width is Narrow with standard or regular arch. The Wide model has a wider and shorter arch, and is especially designed for Asian markets. It is suitable also for some Latin American markets. The LM-Activator™ 2 models are available with incisal reinforcement for increased durability, Reinforced. We recommend it for patients over 8 years of age.

LM-Activator™ 2 Low Short

Model with a shorter molar section when the second molars have not yet erupted. Delivered in a yellow box.

SIZE	NARROW	REINFORCED	WIDE	REINFORCED
35	94235LSN	94235LSNR	94235LSW	94235LSWR
40	94240LSN	94240LSNR	94240LSW	94240LSWR
45	94245LSN	94245LSNR	94245LSW	94245LSWR
50	94250LSN	94250LSNR	94250LSW	94250LSWR
55	94255LSN	94255LSNR	94255LSW	94255LSWR
60	94260LSN	94260LSNR	94260LSW	94260LSWR
65	94265LSN	94265LSNR	94265LSW	94265LSWR
70	94270LSN	94270LSNR	94270LSW	94270LSWR

LM-Activator™ 2 Low Long

Model with a longer molar section when the second molars have erupted. Delivered in a blue box.

SIZE	NARROW	REINFORCED	WIDE	REINFORCED
35	94235LLN	94235LLNR	94235LLW	94235LLWR
40	94240LLN	94240LLNR	94240LLW	94240LLWR
45	94245LLN	94245LLNR	94245LLW	94245LLWR
50	94250LLN	94250LLNR	94250LLW	94250LLWR
55	94255LLN	94255LLNR	94255LLW	94255LLWR
60	94260LLN	94260LLNR	94260LLW	94260LLWR
65	94265LLN	94265LLNR	94265LLW	94265LLWR
70	94270LLN	94270LLNR	94270LLW	94270LLWR

LM-Activator™ 2 High Short

Model with a shorter molar section. The High model is thicker in the region of second premolars and molars. It is designed for treating skeletal and dentoalveolar Open bite cases. Delivered in an orange box.

SIZE	NARROW	WIDE
35	94235HSN	94235HSW
40	94240HSN	94240HSW
45	94245HSN	94245HSW
50	94250HSN	94250HSW
55	94255HSN	94255HSW
60	94260HSN	94260HSW
65	94265HSN	94265HSW
70	94270HSN	94270HSW

LM-Activator™ 2 High Long

Model with a longer molar section. The High model is thicker in the region of second premolars and molars. It is designed for treating skeletal and dentoalveolar Open bite cases. Delivered in a green box.

SIZE	NARROW	WIDE
35	94235HLN	94235HLW
40	94240HLN	94240HLW
45	94245HLN	94245HLW
50	94250HLN	94250HLW
55	94255HLN	94255HLW
60	94260HLN	94260HLW
65	94265HLN	94265HLW
70	94270HLN	94270HLW



LM-Activator™ product range

LM-Activator™ was introduced in 2004 and has been used by a million of patients around the world. The youngest patients will continue to be supported by the range of the smallest sizes of LM-Activator™ models.

LM-Activator™ Low Short

Model with a shorter molar section when the second molars have not yet erupted. Delivered in a yellow box.

SIZE	NARROW
10	94010LS
15	94015LS
20	94020LS
25	94025LS
30	94030LS
35	94035LS
40	94040LS
45	94045LS
50	94050LS
55	94055LS
60	94060LS
65	94065LS
70	94070LS



LM-Activator™ Low Long

Model with a longer molar section when the second molars have erupted. Delivered in a blue box.

SIZE	NARROW
40	94040L
45	94045L
50	94050L
55	94055L
60	94060L
65	94065L
70	94070L



LM-Activator™ High Short

Model with a shorter molar section. The High model is thicker in the region of second premolars and molars. It is designed for treating skeletal and dentoalveolar Open bite cases. Delivered in an orange box.

SIZE	NARROW
20	94020HS
25	94025HS
30	94030HS
35	94035HS
40	94040HS
45	94045HS
50	94050HS
55	94055HS
60	94060HS
65	94065HS
70	94070HS



LM-Activator™ High Long

Model with a longer molar section. The High model is thicker in the region of second premolars and molars. It is designed for treating skeletal and dentoalveolar Open bite cases. Delivered in a green box.

SIZE	NARROW
45	94045H
50	94050H
55	94055H
60	94060H
65	94065H
70	94070H



LM-Trainer™ products

LM-Trainer™ can be used in deciduous dentition, e.g. before LM-Activator™ treatment. It can also be used in functional education and for habit correction, e.g. reverse swallowing and mouth breathing, when harmful oral habits risk causing malocclusions.



LM-Trainer™ Small

94100S

- Area for incisors, lip bumper
- Smaller than LM-Trainer™ Medium



LM-Trainer™ Medium

94100T

- Area for incisors and slots for cuspids
- Lip bumper



LM-Trainer™ 2 Medium

94100T2

- Bigger than LM-Trainer™ Medium
- High gloss surface
- Area for incisors and slots for cuspids
- High labial shields and shaped lingual flanges
- Enhanced lip bumper



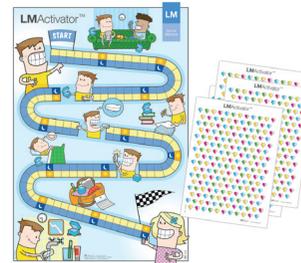
LM-Trainer™ Braces

94100TB

- Used in conjunction with brackets and wires
- Brings the mandible forward for Class II correction
- Prevents irritation and wounding of soft tissue
- Lingual channel for tongue guidance
- Lip bumper

LM-Activator™ motivational materials

Patient compliance is essential for successful treatment. The first month is crucial in adopting the habit to use the appliance, because creating a habit in general requires 3-4 weeks of regularity. To motivate the patient and his/her family, age appropriate material is available for both preadolescents and adolescents. It is important to make sure the patient and the family understands that irregular use may be equivalent with no treatment at all.



LM-Activator™ patient motivation path with stickers

M1063A

- The language-independent motivation path is used to motivate the daily use of the LM-Activator™ appliance. A young patient is supposed to place a sticker on the calendar path every time she/he wears the appliance (day or night).



How to use LM-Activator™ Patient Guidance brochure

M1062EN

- Cartoon styled guidance for parents and patients on how to use LM-Activator™.
- Includes also a calendar for tracking daytime and night-time use. English.



LM-Activator™ videos

- Various videos of LM-Activator™ in Vimeo and YouTube. Several languages.



LM-Activator™ Articles series

- We demonstrate the use of LM-Activator™ with stories of different dental professionals using the appliance with patients in Finland.



LM-Activator™ application

- Application to guide users with their appliance use, including features like daily timer calculation and reminders.

Scan the QR and watch the videos in Vimeo:



Scan the QR and read the Article series in our website:



Scan the QR to download the application:



Find the marketing materials in our LMDental™ Material Bank: materialbank.lm-dental.com

Orthodontic hand instruments



How to use

Mirror Handle, ortho

- Orthodontic mirror handle with Bausch-Verbiest design
- For measuring the sagittal overjet and vertical overbite
- Millimeter scale, total length 25 mm

LMErgoSense®	25-26ES
LMErgoSense®	25-26EST
LMErgoMax™	25-26XSI
LMErgoSense®	28-26ES
LMErgoSense®	28-26EST
LMErgoMax™	28-26XSI



Ligature On-Off SL

- The explorer-like end (17CL) for both application and removal of ligatures. Ligatures can be lined up on the lower shank.
- The forked end (414) is particularly suitable for guiding a ligature ring over e.g. the fourth wing of a bracket.

LMErgoSense®	414-17CLES
LMErgoSense®	414-17CLEST
LMErgoMax™	414-17CLXSI



How to use



Plastic Ligature Applicator

- For placement of orthodontic rubber ligatures

LMErgoSense®	416-417ES
LMErgoSense®	416-417EST
LMErgoMax™	416-417XSI
LMErgoNorm™	416-417SI



How to use



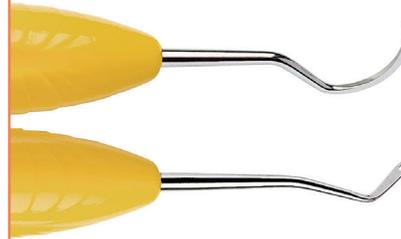
Archwire Tucker

- For bending the end of an arch wire
- The flattened ball-ends have 1 mm holes, where the wire can easily be placed and turned.
- Long blade fits well even in tight places.

LMErgoSense®	412-413ES
LMErgoSense®	412-413EST
LMErgoMax™	412-413XSI



How to use



Ligature Tucker – Scaler U15

- For tucking of ligatures and arch wires (414)
- For removing of cement excesses following the removal of orthodontic appliance (150)

LMErgoSense®	414-150ES
LMErgoSense®	414-150EST
LMErgoMax™	414-150XSI



How to use



Ligature Director

- For tucking ligatures and arch wires and for placement of arch wire
- The forked end is particularly suitable for guiding a ligature ring over e.g. the fourth wing of a bracket
- The forked end tip is rotated 90°

LMErgoSense®	411-415ES
LMErgoSense®	411-415EST
LMErgoMax™	411-415XSI



How to use



Ligature Tucker

- For tucking of ligatures and arch wires and for placement of arch wire
- The forked end is particularly suitable for guiding a ligature ring over e.g. the fourth wing of a bracket.

LMErgoSense®	414-415ES
LMErgoSense®	414-415EST
LMErgoMax™	414-415XSI
LMErgoNorm™	414-415SI



How to use

LM Dental™



LM-Instruments Oy

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