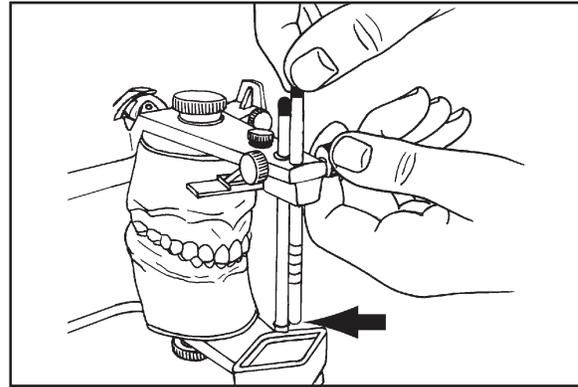


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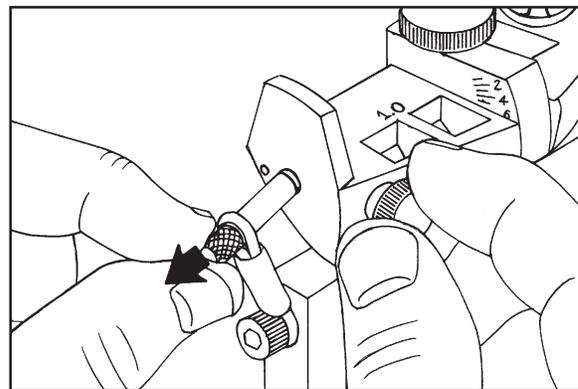
These instructions apply to the following items:

REF 1210, 1211, 1230, 1231, 1250, 1251,
1610, 1620, 1650, 1701, 1801, 1901

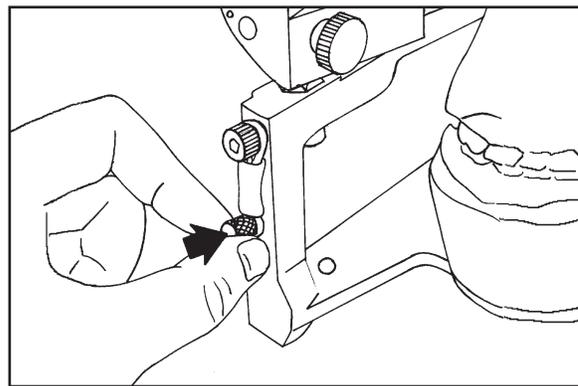
Raise and lock incisal pin and support pin (arrow) at least 5mm above incisal table.



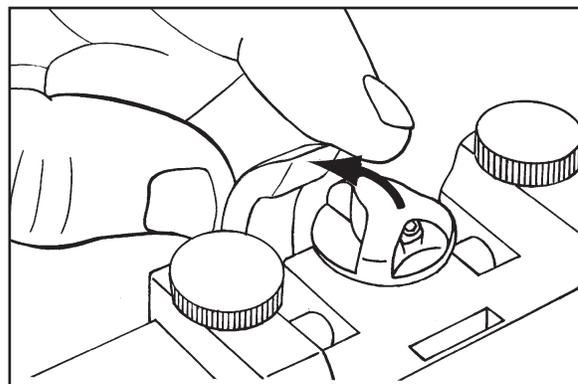
Loosen thumb screws and retract right and left Dyna-Link pins (arrow).



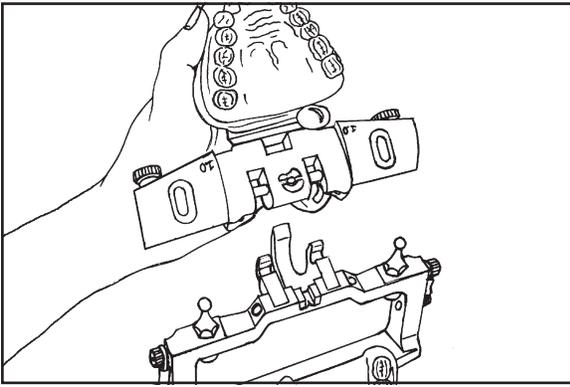
Place Dyna-Link pins in storage holes in articulator legs (arrow).



Release centric latch (arrow) to allow centric pin to spring upward and lift lower end of pin out of centric channel in mandibular frame. (If centric pin does not spring upward when latch is retracted, rotate centric pin cap to release it.)

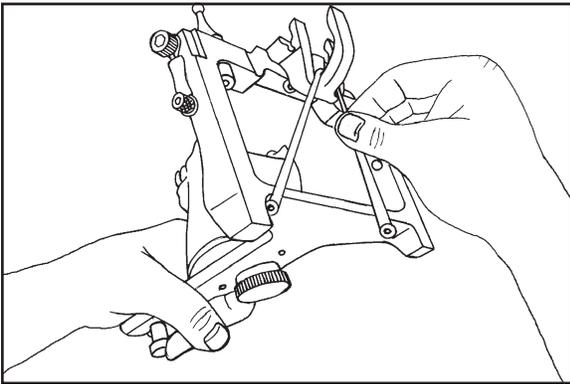


5



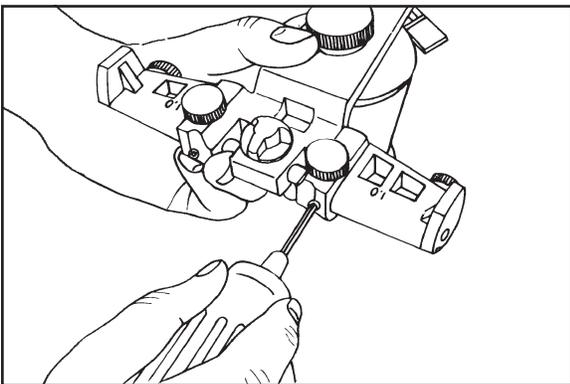
Separate maxillary frame from mandibular frame of articulator.

6



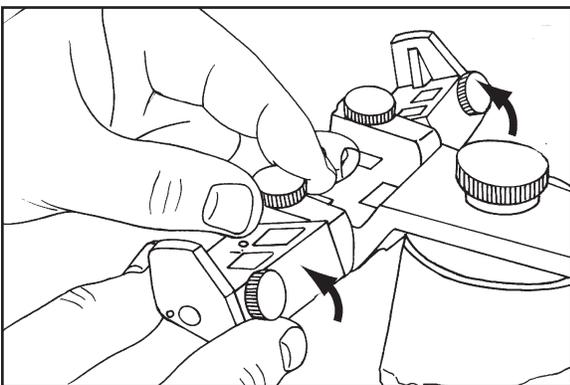
Stretch elastic band on lower surface of mandibular frame over extending latch arm to keep latch retracted back and down out of the way.

7



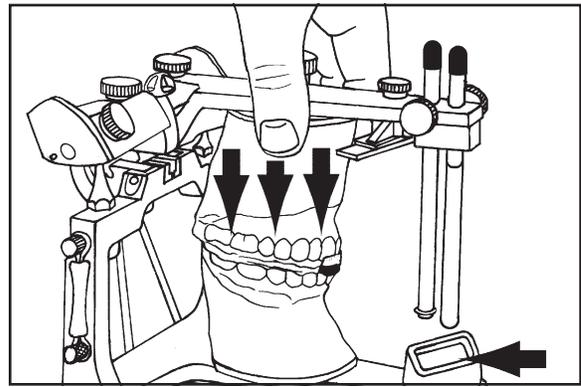
Loosen right and left analog shaft lock screws with hex wrench.

8



Rotate and lock both motion analogs in their "0" positions using only thumb screws to maintain position. The "0" line should be equal to the upper surface of the analogs. The analogs should be in contact with the calibrated sides of the articulator.

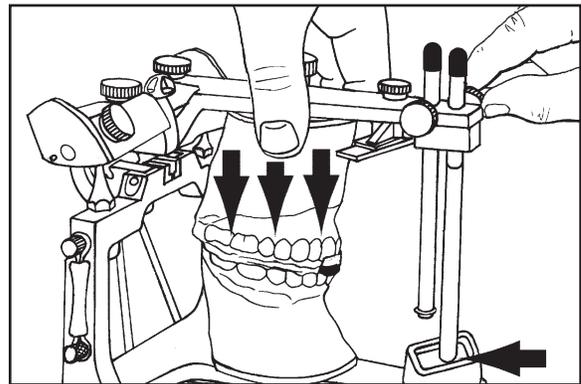
Place protrusive interocclusal record on mandibular cast. Fit maxillary cast vertically into protrusive record. (Be sure centric and incisal pins have been raised.)



9

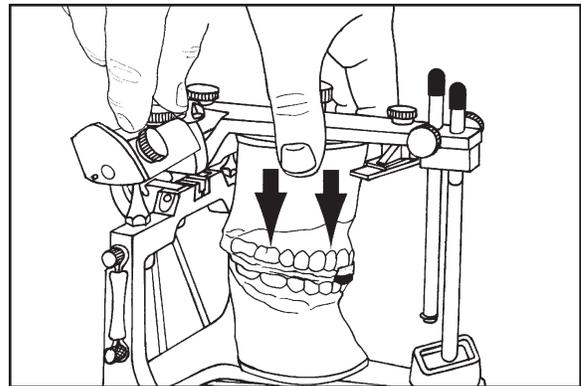
While placing straight downward pressure on maxillary cast (vertical arrows) to keep maximum contact with protrusive record, loosen incisal pin screw and allow incisal pin to drop down to make contact with incisal table (horizontal arrow). Lock incisal pin firmly before proceeding.

Note: This procedure produces a larger tripod along with the casts and protrusive record for better stabilization.



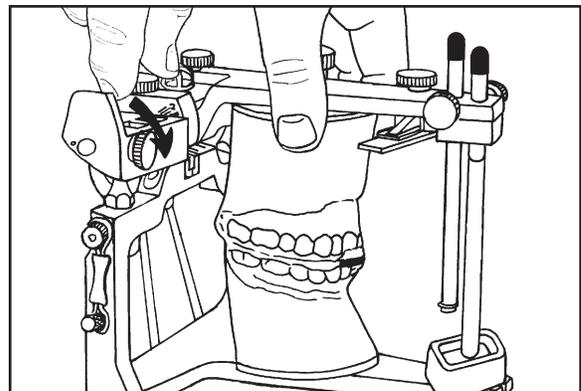
10

While holding downward pressure on the casts with one hand, move the other hand to grasp the right analog thumb screw.



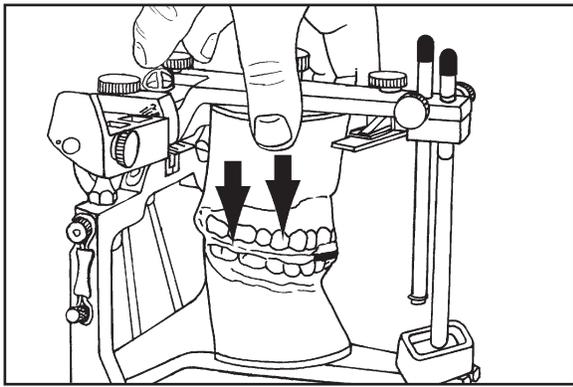
11

While continuing downward pressure above cast, loosen thumb screw and allow right side analog to "fall" (rotate) downward to contact superior surface of condylar element (curved arrow). Tighten axis shaft thumb screw to hold the analog angular position.



12

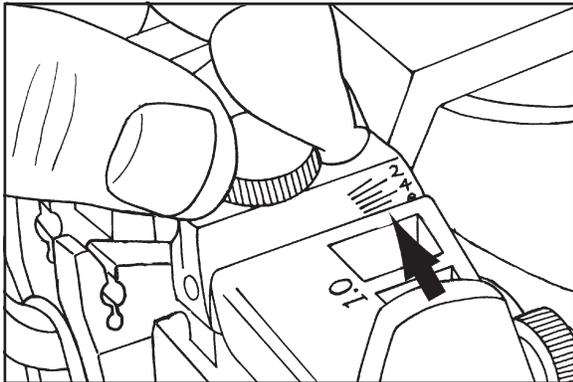
13



While maintaining downward pressure on casts (large arrow), loosen left side axis shaft thumb screw to obtain angular inclination for left side. If analog does not rotate freely downward into contact with condylar element, tap lightly on upper anterior surface of analog.

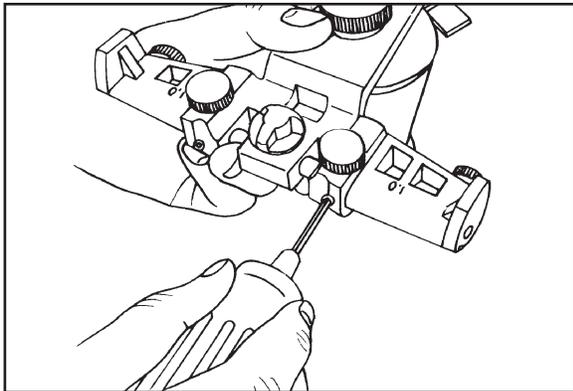
Note: If the patient's condyles did not protrude symmetrically, it may be necessary to move the analogs slightly laterally away from the calibrated side of the articulator to make contact with condyle element.

14



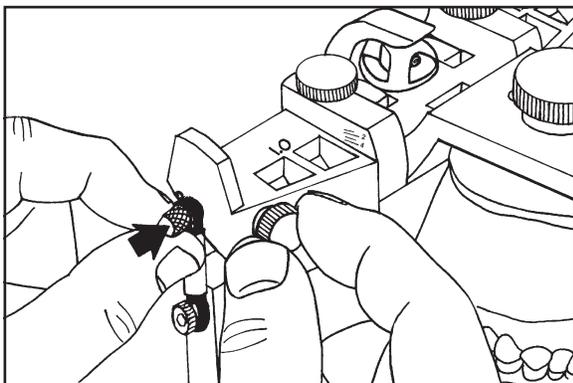
Angular setting is read where upper surface of analog corresponds to a calibration line on side of articulator (arrow).

15



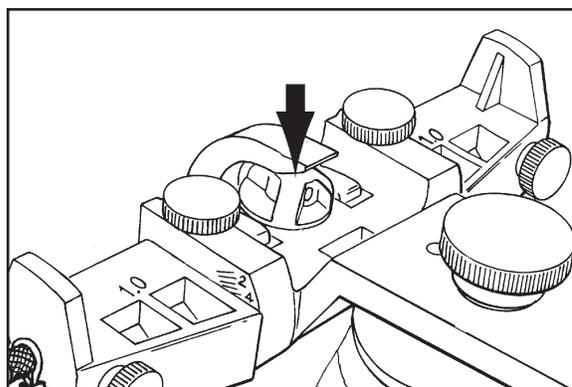
After analog angulations have been obtained, make sure analogs are in contact with calibrated sides of articulator. Tighten both analog axis shaft lock screws with hex wrench to retain analog angulation.

16



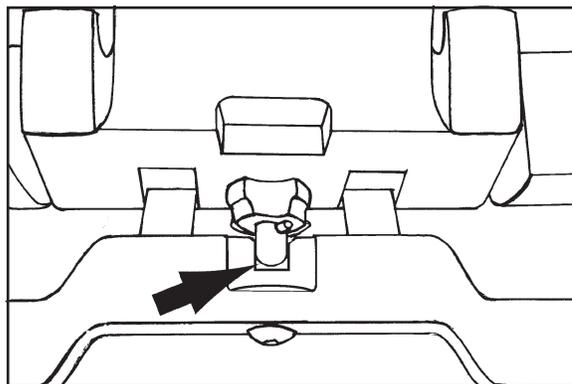
Reinsert right and left Dyna-Link pins (arrow) and lock in place with retaining thumb screws. Release elastic centric latch hold down and engage centric latch over centric pin cap.

When centric latch is engaged and articulator is closed, extending arm of latch automatically depresses centric pin (arrow) and places lower end of centric pin in centric channel of mandibular frame.



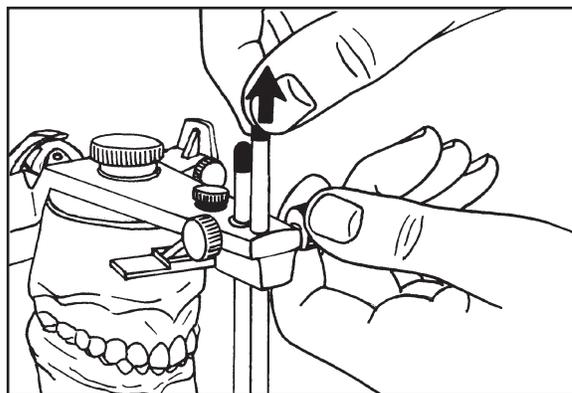
17

Centric pin engaged in centric channel (arrow). Eccentric movements (lateral & protrusive) should never be attempted when centric latch is engaged or when centric pin is in centric channel.



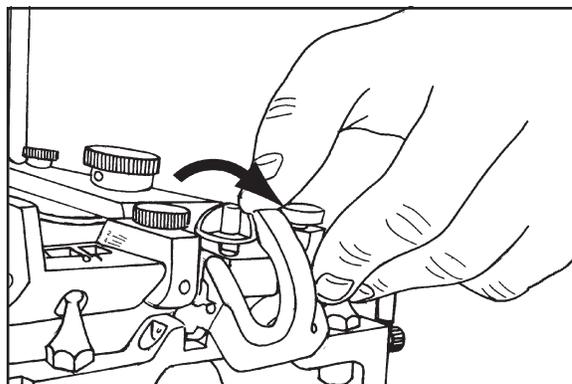
18

To occlude casts in centric relation, raise and lock incisal pin and support post both about 5mm above incisal table. Hinge maxillary frame by lifting up on lower end of incisal pin.



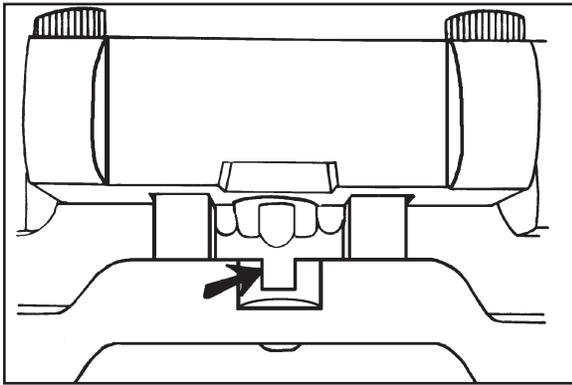
19

To execute protrusive and lateral movements, release centric latch by pushing distally on protruding end of latch (arrow). Be sure centric pin springs upward to disengage centric channel on mandibular frame.



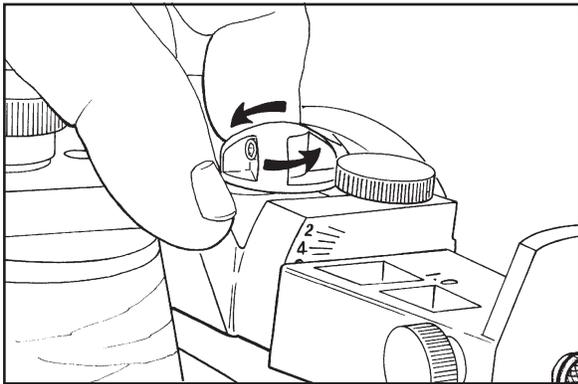
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21



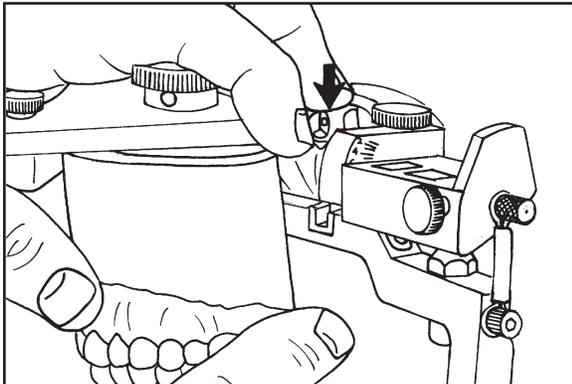
Centric pin out of centric channel (arrow). Lateral and protrusive movements can now be made.

22



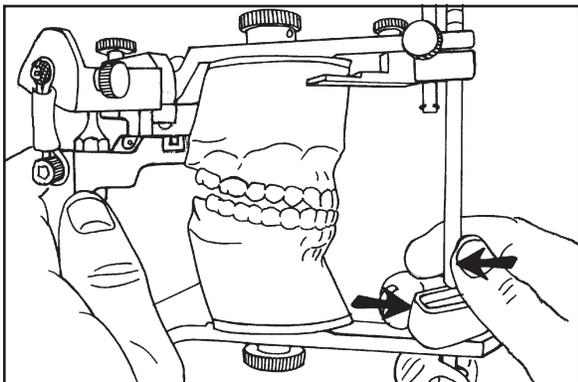
If centric pin does not spring upward when latch is released, rotate centric pin cap (arrow) to release it.

23



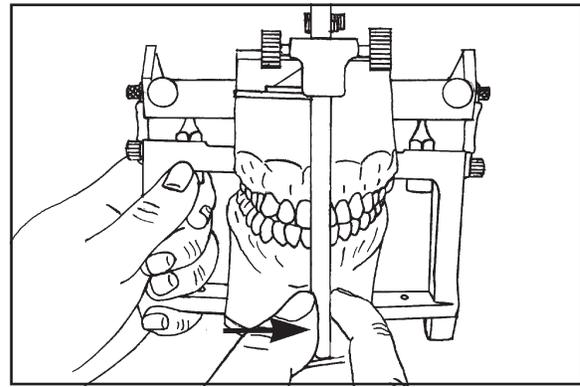
Depress centric pin cap with finger (arrow) to temporarily locate centric relation during use of instrument. (Hinging movement can be made with centric pin depressed but lateral movements should never be attempted with centric locator pin in depressed position.)

24



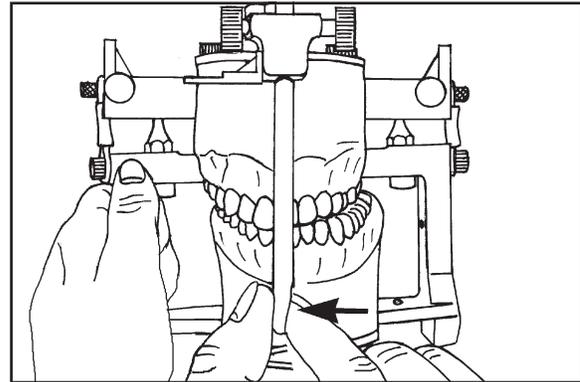
To make protrusive - retrusive movement, grasp vertical frame of articulator with one hand. Separate casts by pushing down on incisal table (lifting up on incisal pin). Then pull forward on incisal table (push distally on incisal pin) (arrows) until incisor teeth are edge to edge. Slowly release finger pressure and allow mandibular frame to retrude to centric relation.

To occlude teeth in a right lateral chewing motion, grasp end of incisal pin with thumb and index finger and left maxillary frame (depress mandibular) to separate teeth. Then move mandibular frame right (incisal pin left) approximately 3mm (cuspid to cuspid). Bring casts slowly into cuspid contact. Keep slight forward pressure on incisal pin to assure condylar border movement while occluding cast slowly back to centric relation.



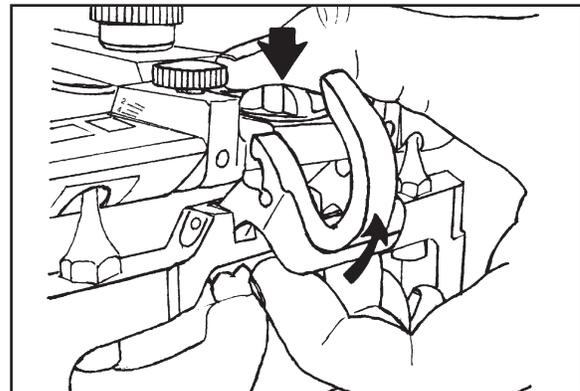
25

For left lateral movement use same basic procedure as for right lateral movement.



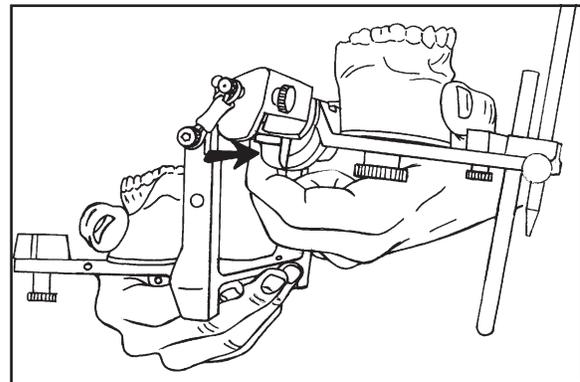
26

To reconnect centric latch when articulator is closed, rotate latch upward and forward with fingers (curved arrow) until cradles of latch engage analog axis shafts. (This procedure will automatically depress centric pin into centric channel of mandibular frame of articulator.)



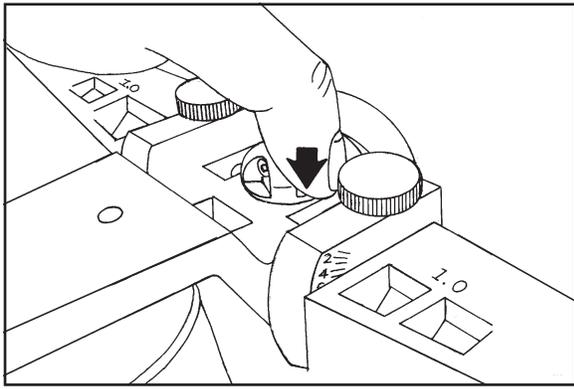
27

Centric latch can also be engaged when articulator is in open position by exerting distal pressure on latch bar with fingers (arrow).



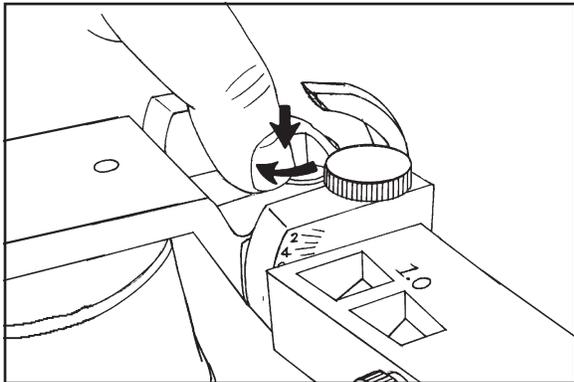
28

29



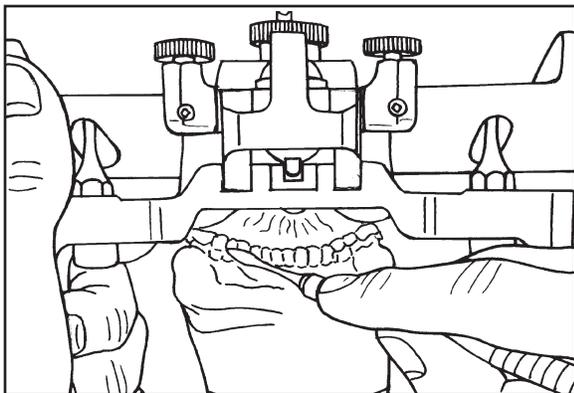
To lock centric locator pin in down position when centric latch is disengaged, place finger on flange of pin cap (arrow)

30



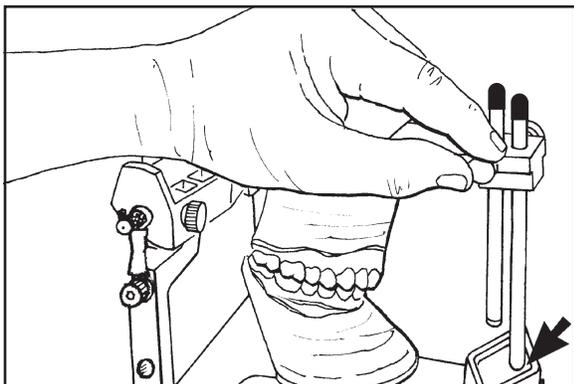
then depress centric pin cap and rotate clockwise (arrows).

31



Lingual approach to teeth is accomplished through lingual access area of articulator.

32



When articulator is not in use, it is recommended that incisal pin be locked in contact with incisal table (arrow), slightly separating the teeth to prevent tooth breaking from casts.