

# device and treatment guide

**IMPORTANT:** This instruction sheet contains a timeline which shows all of the relevant stages of the treatment process. Please read and understand **all** of the provided instructions below, before starting, to maximize your chances of breaking this very difficult habit. Both you and your child are required to make both behavioral and physical adaptations.



To see an instructional video, scan the QR code shown at left, or visit [www.tguard.com/video](http://www.tguard.com/video).

**1**

First, read **all** of the timeline instructions below. When you are ready to begin, remove the appliance and red instalock from the box. Rinse with soap and water before initial use, and dry thoroughly.

During treatment, we recommend cleaning the device by washing it with soap and water, daily.

**2**

Place the appliance on the hand and pull both extensions so that the tube sits as low as possible on the thumb. Cross one extension over another, and note the overlapping holes closest to the back of the wrist. Insert the instalock into these holes (not necessarily the holes shown above), one extension at a time. The instalock should be positioned on the thinnest part of the wrist, directly below the hand.

**3**

Before threading the bracelet, ensure that the long extensions are taut and that the device is snug. Try to have the numbers match or be close to each other. For example: instalock position 2-2 or 2-3 is better than 2-4 or 1-4.

**4**

Thread the bracelet through the pair of holes in the short extension which is closest to the thinnest part of the wrist, directly under the hand (not necessarily the holes shown).

**Note:** if the thumb sticks out of the tube, it does not mean the size is too small. The only important parameter in sizing is that the tube is wider (larger diameter) than the thumb. There should be space between the thumb and the tube for air to flow.

**5**

Continue by threading the bracelet through the opening in the instalock.

**6**

Lock the bracelet using the snap-button. make sure the bracelet is not loose, **but take care not to over-tighten.**

**\*CLICK!\***

**Note:** check to see that the bracelet wraps around the thinnest part of the wrist, directly under the hand. Also make sure that it is not too low on the wrist. If you pull on the tube, the entire device should not move at all.

## Pre-Treatment preparation

- Talk to the child and explain to them, if possible, that the habit is harmful and must be broken. Use a variety of motivational incentives to get them to want to stop.
- Agree on a future date to start the treatment. Long weekends or holiday breaks are preferred, because you are in greater control of the treatment.
- Begin managing a sleep schedule. Children engage in the habit when they want to relax; if you put them to bed and they have a lot of energy, or they are unable to fall asleep right away, they will be more desperate to engage in the habit. Consider removing naps from their daily schedule, putting them to bed later, waking them up sooner, or a combination of the three.
- Manage stress and health: the child will want to engage in the habit if they are sick or under stress. The best time to start is when the child is healthy and happy.
- Remove items that the child may associate with sucking, such as a blanket, or a stuffed animal that they may hold when they suck. These are reminders of the habit and will only make it harder for the child. Also keep the child away from other children who engage in sucking, as these are also reminders.
- This habit is an addiction. If you view it that way, you will be better suited to treat it.



### Can it be worn at school?

Yes. A few minutes of writing with the TGuards on will build enough confidence for both of you to see that it can be worn at school.

## Start of Phase 1 of Treatment

Understand that the first 3-6 days are the hardest, but if done correctly, the rest of the treatment will be both easier and shorter. If you are not 100% consistent in making sure the child abstains from sucking during this period, you are only extending the treatment length, because you are undoing any previously-made progress.

- The best strategy is to do it quickly and effectively the first time – do not give the child a break, or any other opportunity to suck, even for a minute.
- If you are unsure of which setting to use, go with the tighter adjustment. If a child removes a loosely-adjusted device by themselves, they have psychologically “conquered” it, and would be more likely to try again, with greater effort, after you readjust it.
- After adjusting, never ask the child if they can remove the device, as it sends the wrong message. Children should be told not to touch the device.
- **Expect crankiness, complaining, and possibly temper tantrums. These are expected from the child and signs that the treatment is working so far.**
- Check on the child nightly.
- Continue to try and foster a stress-free environment to the best of your ability. Pay attention to your child's moods and try to comfort them in other ways.
- Consider cohabitation: sleeping in the same room as the child will make them feel more relaxed.

After reviewing this information, and knowing what to expect, you can follow the device instructions shown above in order to put on the device and begin the treatment.

Good luck!

## End of Phase 1 of Treatment

At this point, you can expect to see a positive change in the child's mood or behavior with regards to the habit. Usually, after 3-6 days of consistent abstinence from thumb sucking, most children no longer feel the instinctual “drive” to suck. Once they overcome this desire, they are excited to continue treatment and may even remind you to put the device on.

If you do not see any improvements in their willingness to continue with the treatment, ask yourself the following:

1. Are there times when the TGuard is not worn and the child can suck their thumb?
2. Have you seen the child suck on other fingers or thumbs not covered by a TGuard?
3. Can the child remove the TGuard, and if so, have they sucked their thumb? (Note: do not ask if they can remove the appliance!)
4. Is the child currently under stress, or feeling sick?

If you answered yes to any of these questions, then you must take the appropriate steps to correct them in order to have success with this product. Please visit [www.tguard.com/help](http://www.tguard.com/help) for more info.

If you do not see any improvements, and you did not answer yes to any of the questions above, you may just need more time and should simply continue with the treatment. Feel free to contact us for support.

### Can my child wash their hands with the device on?

Yes, however, it is very important that any residual moisture is removed immediately after washing. This can be done by first shaking out any remaining water, and then drying the rest with either a paper towel inserted between the tube and thumb, or using a hair dryer / air blower.



## Phase 2 of Treatment

Check for signs of an oral fixation. If you see the child chewing on the device (or anything else!) remind them not to do it, each and every time, until the child develops a conscious awareness of when they are doing it. Oral fixations are behavioral habits that must be controlled. **Do not end the treatment until the oral fixation is gone for at least 1 week.** Note: a strong oral fixation may require a longer treatment length than 30 days.

Additionally, do the following:

- Monitor the child's health: any allergies, colds, flu-like conditions, etc., will put a strain on the child. If you see this during the treatment, know that their desire to suck will be increased.
- Continue monitoring the progress each night. You can end the treatment when you see 1 week elapse where they do not put their fingers, thumbs, or any foreign objects near or around their mouth, at any time.

## Post-Treatment Tips

Monitor stress levels for several months after removing the TGuard(s); if the child becomes sick or is feeling stressed, it may trigger a relapse. In such a case, watch the child closely and start the treatment again immediately if you see the child begin sucking.

If your child is in contact with a sibling or peer who also sucks their thumb, consider treating them as well, to avoid temptation for the treated child. Children often mimic their peers in order to fit in, and this can also lead to a relapse.

if you have any questions or comments, please contact us!

[www.tguard.com/help](http://www.tguard.com/help)