Jaw fragments are secured using various orthopedic devices. All orthopedic devices are divided into groups depending on their function, area of fixation, therapeutic value, design, manufacturing method and material.

• By function:

- immobilizing (fixing);

- repositioning (correcting);

- corrective (guides);

- formative;

- resection (replacement);

- combined;

- dentures for defects of the jaws and face.

• At the place of fixation:

- intraoral (single-jaw, double-jaw, intermaxillary);

- extraoral;

- intra- and extraoral (maxillary, mandibular).

• For therapeutic purposes:

- basic (having independent medicinal value: fixing, correcting, etc.);

- auxiliary (serving for the successful performance of skin-plastic or osteoplastic operations).

• By design:

- standard;

- individual (simple and complex).

• By manufacturing method:

- laboratory production;

- non-laboratory production.

• Based on materials:

- plastic;

- metal;

- combined.

• Immobilizing devices are used in the treatment of severe jaw fractures, insufficient or absent teeth on the fragments. These include:

- wire tires (Tigerstedt, Vasiliev, Stepanov);

- splints on rings, crowns (with hooks for traction of fragments);

- splint guards:

• V metal - cast, stamped, soldered; •V plastic;

- removable tires Port, Limberg, Weber, Vankevich, etc.

• Reduction devices that facilitate the reposition of bone fragments are also used for old fractures with stiff jaw fragments. These include:

- reduction devices made of wire with elastic intermaxillary rods, etc.;

- devices with intra- and extraoral levers (Kurlyandsky, Oxman);

- reduction devices with a screw and a repelling platform (Kurlyandsky, Grozovsky);

- reduction devices with a pelot for a toothless fragment (Kurlyandsky, etc.);

- reduction devices for toothless jaws (Guning-Port splints).

• Fixing devices are devices that help hold jaw fragments in a certain position. They are divided:

- for extraoral:

• V standard chin sling with head cap; •V standard tire according to Zbarzh et al.

- intraoral:

■V dental splints:

• aluminum wire (Tigerstedt, Vasiliev, etc.);

• soldered tires on rings, crowns;

• plastic tires;

• fixing dental devices;

■ dentogingival splints (Weber, etc.);

■ supragingival splints (Porta, Limberga);

- combined.

• Guides (corrective) are devices that provide a bone fragment of the jaw with a certain direction using an inclined plane, a pilot, a sliding hinge, etc.

- For aluminum wire busbars, the guide planes are bent simultaneously with the busbar from the same piece of wire in the form of a series of loops.

- Inclined planes for stamped crowns and aligners are made from a dense metal plate and soldered.

- For cast tires, the planes are modeled from wax and cast together with the tire.

- On plastic tires, the guide plane can be modeled simultaneously with the tire as a single unit.

- If there is an insufficient number or absence of teeth in the lower jaw, Vankevich splints are used.

• Forming devices are devices that support plastic material (skin, mucous membrane), create a bed for the prosthesis in the postoperative period and prevent the formation of scar changes in soft tissues and their consequences (displacement of fragments due to tightening forces, deformations of the prosthetic bed, etc.). The design of the devices can be very diverse depending on the area of damage and its anatomical and physiological characteristics. The design of the forming apparatus includes a forming part and fixing devices.

• Resection (replacement) devices are those that replace defects in the dentition formed after the removal of teeth, filling defects in the jaws and parts of the face that arose after injury or surgery. The purpose of these devices is to restore the function of the organ, and sometimes to keep jaw fragments from moving or the soft tissues of the face from retraction.

• Combined devices are devices that have several purposes and perform different functions, for example: fixing jaw fragments and forming a prosthetic bed or replacing a jaw bone defect and simultaneously forming a skin flap. A typical representative of this group is the kappa-rod apparatus of combined sequential action according to Oxman for fractures of the lower jaw with a bone defect and the presence of a sufficient number of stable teeth on the fragments.

• Prostheses used in maxillofacial orthopedics are divided into:

- to the dentoalveolar;

- jaw;

- facial;

- combined;

- when resection of jaws, prostheses are used, which are called post-resection.

There are immediate, immediate and remote prosthetics. In this regard, prostheses are divided into operational and postoperative. To the replacements

devices also include orthopedic devices used for palate defects: protective plates, obturators, etc.

Prosthetics for facial and jaw defects are made in case of contraindications to surgical interventions or in case of persistent reluctance of patients to undergo plastic surgery.

If the defect affects a number of organs at the same time: nose, cheeks, lips, eyes, etc., a facial prosthesis is made in such a way as to restore all lost tissue. Facial prostheses can be supported by eyeglass frames, dentures, steel springs, implants, and other devices.