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The articles published in this issue are based on studies involving the different prefabricated devices developed for programmed stimulotherapy within the framework of the MFS *(multifunction system)* philosophy. The aim of all the devices shown in this issue is to normalise oral functions (breathing, swallowing and chewing pattern) by applying stimuli that generate changes in muscle activity, thereby helping to achieve the required re-education effect. As a result, after using MFS devices, we have seen amazing results in our patients, such as perinasal muscle stimulation (nasal stimulator tubes) resulting in improved dilation of the nostrils during inhalation and reduced nasal collapse, or a progressive reduction in mouth breathing (with buccal obturators) and orbicular muscle stimulation (lip stimulators), reducing lip incompetence and lengthening the upper lip. With regards to potential clinical effects on chewing pattern, one particularly interesting apparatus is the open bite device, which acts on this type of malocclusion by stimulating masseter muscle tone and preventing anterior tongue thrust. However, the muscle relaxant device works in the opposite way, reducing perioral muscle tone, while the anti-bruxism device will result in extrusion of the posterior teeth as a result of its anterior bite plane.

Programmed stimulotherapy is a new work method for re-educating oral functions that can be used on its own or in combination with fixed or removable orthodontic appliances. When this concept is used in very young patients, it can be considered an innovative preventive programme in orthodontics that is unique in this field.

However, we must point out that we hope to position the programmed stimulotherapy programme within the current context of orthodontic re-education and therefore clarify that this work protocol by no means replaces myofunctional re-education, although it does reinforce such re-education by automating exercises during the night. The work carried out by myofunctional re-educators, within the field of speech therapy, is very important and necessary to achieve optimum results in the patient's complete functional and postural re-education.

We can also highlight another two effects of the programmed stimulotherapy programme which may be considered as independent programmes: the anti-snoring programme, relating to the beneficial effects of using nasal stimulators in subjects who snore, and the anti-bruxism programme, which uses muscle relaxant and anti-bruxism devices along with more conventional methods (plates) that are currently used.

We are therefore presenting this programme to re-educate oral functions or as a preventive measure in orthodontics under an applied programmed stimulotherapy concept using pre-fabricated MFS devices as these form the basis of the programme. We have been developing this concept since 1992 with optimum clinical results.