

Evaluation and Treatment Protocol **For** **Sleep Disordered Breathing**

Procedures before 1st Appointment

1. On phone find out pertinent information including
 - a. Referral
 - b. Sleep study
 - c. Physician
2. Send following information
 - a. Welcome letter
 - b. New patient treatment information
 - c. Payment options
3. Send following forms to fill out
 - a. Release of information (for request for copy of sleep study)
 - b. Medical and dental history
 - c. Informed consent
 - d. SAQLI
 - e. TSS-ESS
 - f. Sleep-disordered breathing report

1st Appointment **Evaluation**

1. Oral and Upper airway exam
2. Panoramic x-ray
 - a. periodontal exam, tooth mobility
 - b. dental exam: occlusion, caries, restorations, wear faceting, fractured teeth
 - c. tongue
 - d. soft palate
 - e. throat: tonsils, adenoids
 - f. nasal patency (refer to ENT for evaluation if there is difficulty in breathing through either nostril)
3. TM Exam
 - a. range of motion
 - b. palpation of the tmj's
 - c. palpation of the muscles of the head and neck
 - d. Hx. of headaches, tennisitis, fullness of the ears, bruxism, clenching, earaches, sensitivity, tooth mobility
4. Remmers Sleep Recorder (RSR)

Treatment-Appliance fabrication

1. Measure range of motion using George gauge
2. Take impressions of the upper and lower dentition

3. Fill out lab prescription

Second Appointment

1. Try each unit in the patients mouth. Ask patient if; the units are tight, but not uncomfortably so, equal in all areas, and comfortable to the tongue. Can the patient remove the units? (The appliance should "snap" onto their teeth, but not be uncomfortable).
2. If "NO" to any of the above, adjust very carefully.
3. Now, place both units in the mouth at the same time. Have patient close together in a normal breathing position (lips together, teeth apart). **(NOTE: This does not have to be exact, just a position that is easy to find, and neither forward or backward.)**
4. With patient in this position, look at relationship of lower unit to upper unit in anterior area.
5. Place hook in an engaging position by twisting front piece clock wise until hook is engaged with lingual bar. In order to engage the appliance the patient must move their lower jaw forward then up. This should engage the lingual bar to the hook. Instruct **them** how to hook the units together.
6. The patient should start in a conservative position (i.e. Normal breathing position) until fully adjusted to appliance and everything associated with it (increased saliva, bulk in mouth, and swallowing). This may take a day or two. Once adjusted, then the patient should slowly and patiently unscrew the front piece (for example, 1 turn per night) until over a period of time the desired effect is achieved. Advance the jaw only as far as needed.
7. It is extremely important that there be a minimum of 1mm of space bilaterally in posterior areas at all times, in all positions. This will lessen the likelihood of TMJ symptoms. The only contact should be in the anterior area. Also, instruct the patient not to advance the lower jaw forward too far, too fast. If they do they could cause muscle soreness, and end up rejecting the appliance for lack of patience.

Third Appointment

1. Retest patient with RSR the night prior to the appointment.
2. If results are within normal limits, retest with ESS, TSS,
3. If all results are within guidelines, adjusting mechanism can be removed.
*WARNING: Only remove the front assembly if the patient is getting good results and needs no more adjustments.
4. Before starting, mark with black sharpie where hook is positioned in locator.
5. Using a 5/64" allen wrench, remove plastic front piece by twisting to one side and exposing screws. Unscrew the screws that are attaching the front assembly to the appliance.
6. Now, once screws are removed, twist plastic front assembly counter clockwise from the hook
7. Screw in locator nut until it is lined up with locator and hook is at the position marked. Cut off excess threaded wire. (Use a bur or cutting tool; grind flush with locator nut.)

8. Using small Phillips head screwdriver, screw in the two screws through the locator nut and into the locator. Small Phillips screws should be smooth enough for the patients mouth, but may be smoothed slightly.
9. If results are not within guidelines, continue to advance the appliance and retest every three to four weeks until results are normal.
10. Evaluate patient for signs and symptoms of TMD. If symptoms persist for longer than one hour in the morning, return hook to starting position and advance more slowly. If necessary have the patient wear the appliance one hour the first day while awake. Increase wearing time by one hour until the patient is wearing the appliance for five hours while awake with no discomfort.

Other appointments

1. Continue follow-up appointments every 1-3 weeks as indicated until patient achieves optimal position, comfort, and effectiveness.
2. Retest with RSR
3. If acceptable, place on 6 to 12 mo. Recare
4. If RSR. is not acceptable, advance and retest until it is acceptable or patient is unable to advance further.
5. Patient is instructed to call as needed.