TREATMENT PROTOCOL FOR ORAL APPLIANCE THERAPY:

1. Examination by a physician must be completed before Oral Appliance Therapy (OAT) is initiated.
   • The dentist refers the patient for a complete medical evaluation and diagnosis to determine the presence and severity of sleep-disordered breathing (SDB), which may include snoring, upper airway resistance syndrome (UARS), or obstructive sleep apnea (OSA).
   • After diagnosis, the dentist may provide OAT after receiving a prescription provided by the physician, or the physician may refer directly to the dentist for appropriate OAT.

2. A medical sleep specialist analyzes the diagnostic sleep study.
   • A copy of the interpretation is provided to the dentist for review.

3. The dentist performs a complete clinical examination and X-rays.
   • The health of the teeth, gums, soft tissue, and jaw joints must be assessed before proceeding with OAT.
   • The dentist recommends a specific appliance, discusses fees, and explains the rationale of OAT to the patient while recording all appropriate documentation.

4. The dentist communicates the proposed plan for OAT to the physician.
   • The dentist regularly provides the patient’s physician and other healthcare providers with progress notes and follow-up pertaining to the success of the treatment.

5. The dentist provides the patient with a consent form prior to delivery of the oral appliance.

6. The dentist constructs and delivers a custom-made oral appliance.
   • After an initial calibration and adjustment, the dentist obtains objective data to verify that the oral appliance is effectively improving upper airway patency.
   • If necessary, the dentist makes further adjustments to the device during a final calibration to ensure that optimal fit and positioning have been achieved.

7. The dentist refers the patient back to the physician for medical evaluation and assessment.
   • An overnight sleep test while wearing the oral device may be required to ensure satisfactory therapeutic benefit.
   • If OAT is not as effective as desired, the physician and dentist collaborate to discuss further calibration, alternative treatments, or combining continuous positive airway pressure (CPAP) therapy with OAT.

8. Patients diagnosed with primary snoring may be treated without objective, follow-up data but should be re-evaluated at least annually.

9. Follow-up protocol includes an evaluation every 6 months for the first year and at least annually thereafter.
   • The annual recall exam should verify appliance efficacy, “bite” stability, and structural integrity of the device.
   • It is also essential to ensure resolution of symptoms such as snoring and daytime sleepiness, confirm patient comfort and compliance, as well as screen for potential side effects.
   • If the yearly assessment reveals worsening symptoms of OSA or the need for additional adjustments to the device, the dentist will communicate this information to the physician.

10. Knowledge of various devices is essential since no single appliance is effective for treatment of all patients.
    • Dentists like Dr. Koch who treat sleep-disordered breathing routinely pursue continuing education in the field to comply with all applicable state and federal regulations.