



Richard S. Gillum, DDS
317-888-4036

For Physician Use Only:

The practice parameters of the American Academy of Sleep Medicine (2005), Section 3.3.3 States: Oral appliances are indicated for use in patients with mild to moderate OSA who prefer them to CPAP, or who do not respond to CPAP, are not appropriate candidates for CPAP, or who fail treatment attempts with CPAP.

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Qualifications for Oral Appliance Therapy:

1. Patient must have adequate nasal function. (No mouth breathing)
2. A minimum of 6-8 structurally sound firm healthy teeth in each dental arch. Preferably one or more will be posterior molars.
3. The upper arch in some instances can be edentulous. (A well fitting upper denture is required)
4. ***“Patients wearing full dentures are not acceptable for oral appliances.”***
5. Patient must be able to comfortably open their jaw, move it side to side and protrude the jaw a minimum of 6mm. (>=8mm is ideal)
6. Minor joint sounds, occasional jaw muscle discomfort and tooth grinding are not contraindications for appliance therapy. (A nice bonus)

Please submit by fax or email a copy of the patient’s most current diagnostic or split night sleep study.

Dr. Gillum completes an in-depth review of the complete sleep study data to determine the patient’s probable response to Oral Appliance Therapy. Acoustic Pharyngometry determines the anatomical location of the airway collapse and verifies that the patient will have a positive response to oral appliance therapy. This non-invasive test successfully identifies non-responders who will only have a positive response with CPAP therapy or combined therapy with an oral appliance and CPAP. Upon completion of appliance titration and verification of acceptable subjective and clinical response based on home sleep studies, the patient will be referred for a medical re-evaluation and final sleep study at the physician’s discretion.