



Obstructive Sleep Apnea Patient Manual

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Diplomate of the American Board of Dental Sleep Medicine
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Dental Health &
Wellness of Long Island

ADVANCING HEALTH THROUGH DENTISTRY

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1 Welcome

Thank you for choosing Dental Health and Wellness of Long Island for your airway and sleep solutions.

We work with a large network of medical providers which affords us the interdisciplinary approach necessary for optimal outcomes.

Although most of our patients are adults, we also intervene with children as young as 3 years old to help them develop good breathing habits and optimize their growing faces.

We urge you to be proactive in your care by asking questions and participating in your treatment planning. Becoming familiar with this manual will be a critical part of your journey.

Mission Statement

To meet the needs of our patients and community through the delivery of quality, compassionate and innovative care.

Vision

To provide an accurate diagnosis and appropriate treatment for the long island community.

Goal

To maximize the health, comfort, and wellness of each patient we meet in a cost effective and minimally invasive manner utilizing evidence based therapy. To constantly improve the quality and efficiency of services provided and expand the availability of services to meet the community needs.

2 General Information

Telephone

(office)	631-261-6014
(fax)	631-261-6364
(emergency)	631-678-1604

Location

140 Main Street, Northport NY 11768

Office Hours

M	9-7
T	9-7
W	9-3
F	9-3

Emails

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Educational Programs	SteveLambergDDS@gmail.com

Websites

Dental	www.DrLamberg.com
Airway/Sleep	www.LambergSleepWell.com
Educational	www.LambergSeminars.com

3 Our Staff

Clinical Staff

Director: Dr. Steve Lamberg



Dr. Steve Lamberg has been practicing all phases of general dentistry in Northport, New York for over 35 years with a focus on comprehensive restorative dentistry. He received his undergraduate degree from Washington University in St. Louis Missouri and then completed his DDS at New York University College of Dentistry. He joined his father's general dentistry practice in 1979 and has maintained a general practice in Northport ever since. Dr. Lamberg served as an associate clinical professor at Stony Brook University School of Dental Medicine and served as Chief of Staff at the Jewish Home and Hospital in New York City. A strong interest in cosmetic dentistry led him to the American Academy of Cosmetic Dentistry and he served as the president of the New York Chapter in 1998. After completing all the courses at the Dawson Academy he studied at the Misch Implant Institute and then went on to complete the curriculum and become a graduate of the Kois Center where he now serves as a scientific advisor for the airway management section of the curriculum. Always passionate about sleep and wellness, he became a Diplomate of the American Board of Dental Sleep Medicine in 2011 and has served on their board review faculty. He is the inventor of the Lamberg SleepWell Appliance and holds several related patents. Dr. Lamberg is on the editorial review board of Dental Sleep Practice Journal and has contributed many articles to help dentists launch dental sleep medicine as an integral part of their general practice. He lectures internationally on topics related to dental sleep medicine and wellness and has published both adult and pediatric sleep screening questionnaires. He is currently involved with research evaluating the correlation between sleep disordered breathing, and both ADHD and autism. In 2017 Dr. Lamberg launched the pediatric and adult airway network of NY (PAANNY) where dentists and physicians collaborate on treating very young patients in an effort to prevent obstructive sleep apnea in adults. His current interest is in research at Harvard where he is involved with validating PSG algorithms for evaluating non anatomic physiologic traits which are known to contribute to SDB.

Dr. Lamberg enjoys: sailing, yoga, tennis, golf, healthy cooking, organic gardening, travel, and book clubs as well as hosting educational events on nutrition and wellness for his patients and their families.

Administrative Staff for Dentistry

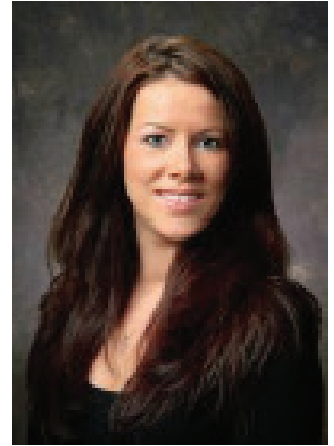
Jeana Seery comes to us with over 10 years experience in the dental field. She has worked with all specialties from general dentistry, endodontics, periodontics, orthodontics, oral surgery, and prosthodontics. Her main love in the field is patient care, taking care of our staff's needs, and running the office as a whole. Jeana enjoys being a mother of two and taking care of her family. She loves taking long weekend trips, enjoys relaxing on our beaches, cooking, visiting car shows, and being a part of her children's PTA.

Administrative Staff for Airway and Sleep

Melissa Licari comes to us with over 15 years experience in the dental field. She has worked with all specialties from general dentistry, orthodontics, periodontics, endodontists, oral surgery, and prosthodontics. Her main love in this field is working with both dental and medical insurances, handling verification of benefits, going over treatment plans, and helping patients understand how their benefits work best for the treatment they need. Melissa enjoys: being a mother of one and taking care of her family. She loves enjoying all the outdoor activities Long Island has to offer, the beaches, wineries, festivals, and farms. She loves cooking and self-care.

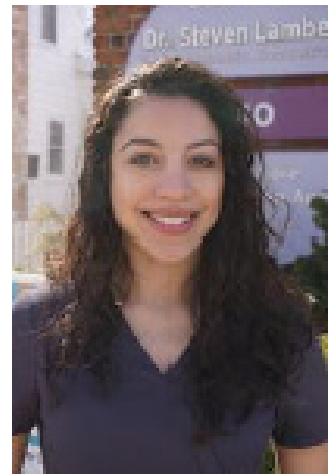
Assistant

I have been in the dental field for over 15 years and am truly excited to make a difference at Dr. Lamberg's office. Our patients are so wonderful that it is a pleasure to treat them and their families.



Hygienist

Stephanie Mederos is a Registered Dental Hygienist with over 6 years of experience, where she prides herself in helping her patients feel comfortable and personally connected while in her chair. As our hygienist, she is a vital part of our overall dental wellness team in providing preventative care, oral cancer screenings, identifying concerns, and recommending solutions including frequency of periodontal maintenance visits. When she's not working, Stephanie enjoys traveling, working out, cooking new recipes for her family and spending time with her dog, Thor. Stephanie is also fluent in Spanish and was married this summer.



4 Obstructive Sleep Apnea Affects Your General Health

The Lamberg Questionnaire summarizes the medical conditions that are correlated to these breathing restrictions. When you have an obstruction of breathing during the night several things happen that are unhealthy for your body. The two main consequences of breathing problems at night include a drop in your oxygen levels and an interruption of your normal sleeping pattern we call sleep fragmentation. Both of these characteristics of obstructive sleep apnea have a significant impact on all of your body's systems.

Many of our patients are under the care of physicians who treat their medical conditions, many of which are symptoms of sleep and breathing problems. The therapies we have outlined in this manual address the cause of these conditions.

Take the Lamberg Questionnaire to assess your risk of obstructive sleep apnea. Please see Forms pg. 55.

5 How is Obstructive Sleep Apnea Diagnosed

Obstructive Sleep Apnea “OSA” is diagnosed based on the results of a sleep study. The gold standard for a sleep study is called a “PSG” or a polysomnograph. To have a PSG, the patient needs to sleep in a sleep laboratory overnight while being monitored by equipment that collects important information. Alternatively there are a variety of home sleep testing machines that patients can take home with them. They usually have less data collection than the PSG but are frequently all that is necessary to diagnose OSA.

Because OSA is a medical condition, an MD must do the interpretation of the study.

Mild apnea reflects respiratory events of 5-14 per hour, moderate apnea reflects 15-29 events per hour, and 30 and over events per hour confers severe OSA.

6 Contemporary Treatment Choices for OSA

1 CPAP

a) How it works: CPAP is an “air splint” which holds open your airway by increased pressure. This decreases the collapsibility of your airway. It is usually adjusted in an overnight study so that you have the proper amount of pressure to do the job without overdoing it.

b) Pros and cons: It is really great that technologists are able to quickly demonstrate the effectiveness at eliminating airway collapse, stabilizing your breathing pattern, and normalizing oxygenation. The biggest problem is that compliance is very low compared with other modes of treatment. The main reason for poor compliance is a result of the pressures being adjusted to prevent collapse without knowing if these pressures are sustainable by the patient. Some complaints include: poorly fitting mask, nasal congestion or dryness, conjunctivitis, skin irritation, claustrophobia, gastric dissension, difficulty falling back to sleep if awakened, inconvenience of using the machine, and maintenance of the parts.

2 Oral Appliance Therapy

a) How it works: OAs reposition and stabilize: the mandible, hyoid bone, tongue and soft palate. Because the tongue is attached to the lower jaw we are able to move the tongue forward by using an appliance that urges the lower jaw forward into a protruded position.

b) Delivery of your appliance: At delivery you will try your new appliance in and learn how to place it and remove it. We will do our best to assure a good fit and that it feels comfortable.

c) Your first night: Brush and floss prior to inserting your appliance. Most people experience a bit of discomfort on the first night, not unlike wearing a new pair of shoes for the first time. Soon it will become familiar to you. There is usually an increase in saliva for a week or two. Adjustments are made at the end of the first week based on your experience to make it more comfortable.

d) Morning exercise appliance: As your jaw is passively held in a forward position all night, the muscles that pull your jaw forward are temporarily shortened and need to be stretched out in the morning. We recommend a little exercise chewing toy to help your jaw muscles feel normal more quickly.

e) Maintenance of your appliance: We recommend using a tooth brush and water to clean your appliance in the morning. If you do see yellow substance building up you may use a denture cleaner product, such as Polident or Efferdent available in drug stores as needed. Do not use hot water, alcohol, mouthwash, or bleach to clean your appliance.

f) General warnings: Performance may be adversely affected by: weight gain, obesity, alcohol consumption, sedative use, allergies, smoking, any cold or sickness that compromises nasal breathing, very high altitudes, increased age, and hormonal changes in women such as menopause. Minor tooth movement may occur. Temporary pain in muscle or joint may occur during the initial period of wearing the appliance. On rare occasions a crown or filling may loosen and need to be replaced. Note that if you have continued discomfort, discontinue wearing the appliance and call our office.

g) Your appliance will be adjusted by your subjective reporting for the first 3 months and we ALWAYS follow up with a take home sleep study to evaluate the effectiveness of the appliance for you.

h) Follow-up visits: The need to adhere to your follow-up care visits cannot be overstated. We need to monitor the condition of your teeth and gums and the condition of the appliance by seeing you at 1 week, 1 month, 2 months, and 3 months after delivery so we can make necessary adjustments. This is the minimum number of visits to assure the therapy is most effective. We are happy to see you in-between these visits if you desire, and there are no additional fees.

i) Precautions: Do not run or exercise with appliance in your mouth.

j) Contraindications for Oral Appliance therapy: Advanced periodontal disease, too few teeth to retain and support the appliance, patient is undergoing active orthodontic treatment or dental work, patient is under 18 years of age, severe joint disease, sleep apnea that is not obstructive but mediated by the central nervous system.

k) Long Term appliance therapy consequences: Contacts between teeth may be less tight. Minor bite changes may occur but the need for orthodontic therapy is extremely rare.

l) Storing the appliance: Keep it in an area inaccessible to pets as they like to chew on appliances.

m) Longevity: Your appliance should last from 3-5 years depending on how you take care of it. Insurance companies will usually cover replacement appliances after this time.

3 Orthodontic Procedures

a) Arch expansion laterally (side to side): Sometimes the tongue doesn't have enough room and is pushed back into the airway. In these cases we recommend widening the arch and orthodontic treatment is one way of doing that.

b) Arch expansion forward: Sometimes the upper jaw is not as forward as it should be giving the face a concave look. There are orthodontic devices that can help pull the upper teeth forward depending on the child's age.

4 Surgical Options

Tongue Tie Release The tongue should rest on the roof of the mouth (called the palate). When the posture is low, that can be a result of the frenum pinning it in that position. If the tongue is able to be released it can rest up on the palate. It may be necessary to have myofunctional therapy to coordinate muscle activity.

Oral Surgical Changing the bony structures of the jaws can create more room for the tongue and help with tongue position. Widening the palate will also create more space at the floor of the nose and this helps nasal airflow.

Nasal Surgery Opening up nasal airflow. ENTs are frequently part of the team as they can dramatically increase the nasal breathing by several procedures.

Hypoglossal Nerve Stimulation A nerve stimulating device can be implanted to increase muscle activity of the tongue and help maintain an improved airway dimension.

Tonsils and Adenoids Lymphatic tissue can become inflamed and block airflow. Removal of this inflamed tissue can help restore normal airflow and function.

Soft Palate Strategies Several procedures are now popular to tighten and move the soft palate forward which helps maintain a more stable airway.

5 Nutritional Counseling and Weight Loss

Weight loss is important because any tissues that impinge on the airway will make the passageway narrower which will increase the velocity of the airflow. Increased velocity causes the pressure to drop and increases the likelihood of a collapse of the airway.

6 Positional Therapy

Positional therapy is based on having a diagnosis of positional apnea. If your Apnea Hypopnea Index "AHI" is twice as high when you're supine (on your back), as compared to non-supine then you have positional apnea. There are several devices that you can purchase that will alert you to when you are sleeping supine, which is generally a position that worsens the airway events.

7 Cognitive Behavioral Therapy for Insomnia (CBT-I)

Insomnia is a sleep disorder that is characterized by difficulty falling and/or staying asleep.

Cognitive behavioral therapy for insomnia is a structured program that helps you identify and replace thoughts and behaviors that cause or worsen sleep problems with habits that promote sound sleep. Unlike sleeping pills, CBT-I helps you overcome some of the underlying causes of your sleep problems.

The cognitive part of CBT-I teaches you to recognize and change beliefs that affect your ability to sleep. This type of therapy can help you control or eliminate negative thoughts and worries that keep you awake.

The behavioral part of CBT-I helps you develop good sleep habits and avoid behaviors that keep you from sleeping well.

Depending on your needs, your sleep therapist may recommend some of these CBT-I techniques:

Stimulus control therapy. This method helps remove factors that condition your mind to resist sleep. For example, you might be coached to set a consistent bedtime and wake time and avoid naps, use the bed only for sleep and sex, and leave the bedroom if you can't go to sleep within 20 minutes, only returning when you're sleepy.

Sleep restriction. Lying in bed when you're awake can become a habit that leads to poor sleep. This treatment reduces the time you spend in bed, causing partial sleep deprivation, which makes you more tired the next night. Once your sleep has improved, your time in bed is gradually increased.

Sleep hygiene. This method of therapy involves changing basic lifestyle habits that influence sleep, such as smoking or drinking too much caffeine late in the day, drinking too much alcohol, or not getting regular exercise. It also includes tips that help you sleep better, such as ways to wind down an hour or two before bedtime.

Sleep environment improvement. This offers ways that you can create a comfortable sleep environment, such as keeping your bedroom quiet, dark and cool, not having a TV in the bedroom, and hiding the clock from view.

Relaxation training. This method helps you calm your mind and body. Approaches include meditation, imagery, muscle relaxation and others.

Remaining passively awake. Also called paradoxical intention, this involves avoiding any effort to fall asleep. Paradoxically, worrying that you can't sleep can actually keep you awake. Letting go of this worry can help you relax and make it easier to fall asleep.

Biofeedback. This method allows you to observe biological signs such as heart rate and muscle tension and shows you how to adjust them. Your sleep specialist may have you take a biofeedback device home to record your daily patterns. This information can help identify patterns that affect sleep.

7 Your Office Visits for Oral Appliance Therapy

(Remember: Before your first visit, we need copies of the back and front of your insurance card and your drivers license.)

1) Your First visit (Examination and data collection, consultation, records)

Data collection is just a fancy way of saying that we measure your airway and the surrounding structures. We are interested in:

- Vital Signs
- History of therapy for OSA you have tried and the outcome
- Dimensions of facial structures on the 3D image we take of your nose, mouth, and throat
- Lung volume is estimated with a spirometer
- Nasal resistance which could be caused by a deviated septum or enlarged turbinates
- Tongue restriction and posture
- Periodontal Health
- The number, position, and health of your teeth
- The shape of your palate

2) Possible referrals for complimentary therapy

- If we detect nasal resistance we may refer you to have a thorough evaluation from an Otolaryngologist (sometimes called an ENT which stands for ear-nose-throat).
- If we detect significant deficiency in lung volume we may refer you to see a pulmonologist to evaluate what related lung problems you may have.
- If we detect a tongue that is tightly tied to the floor of the mouth, we may recommend releasing it. This requires myofunctional therapy prior to release so that the muscles are healthy.
- If we detect broken teeth we may recommend that they are repaired prior to making an appliance.
- If we detect inflamed gum tissue we recommend seeing a periodontist to stabilize the periodontal condition.
- If the teeth on the upper jaw form a narrow arch we may recommend orthodontics or oral surgery to widen the arch to accommodate the tongue in the proper position.
- If we detect elevated blood pressure we will refer you to a cardiologist for an evaluation.
- If we detect acid erosion on your teeth we will refer you to a gastroenterologist for an evaluation.

3) Follow-up visits (why adjustments and when)

- 1 week visit for comfort check and forward adjustment of protrusion
- 1 month visit to subjectively evaluate effectiveness of appliance and status of your teeth.
- 2 month visit to subjectively evaluate effectiveness of appliance and status of your teeth.
- 3 month visit to subjectively evaluate effectiveness of appliance and status of your teeth.
- It is customary to do a home sleep test at 3 months to objectively evaluate the effectiveness of your appliance.
- 1 year is to check your mouth and the condition of the appliance.
- 2 year is to check your mouth and the condition of the appliance.
- 3 year is to check your mouth and the condition of the appliance.
- Then we usually start the sequence over again at year 3 and offer you a new appliance as necessary.

4) Maintenance of your appliance

- Your appliance can be brushed clean with cold water and a tooth brush without any tooth paste. It is best to keep it dry and in a place that is inaccessible to pets.
- You may use a denture cleaner dissolved in water as needed based on the amount of yellow buildup on your appliance.

5) Testing of effectiveness of therapy (subjective, objective)

- Everytime we see you we ask you several questions. This gives us a subjective measure of how you are doing with oral appliance therapy.
- We may objectively test you at any time during therapy to see how the appliance is working. This is done with a take home machine.
- We will always test you at the 3 month mark and adjust the appliance or introduce other therapies as necessary.

8 Sleep Hygiene

This is a very broad and important area that everyone can benefit from learning about.

Body Position

Supine position (on your back) is the worst position for sleeping because gravity causes the tongue to fall back and down which blocks the airway. Side sleeping or prone (on your stomach) causes less restriction of the airway.

Enhancing Your Sleep Environment

1) Sleep in complete darkness. Light in the room can disrupt your internal clock by impairing production of melatonin. Even the tiniest light from your clock radio could pass through your eyelid, stimulate nerves on your retina, and interfere with your sleep. Cover up your clock radio and small lights on your cable box. Close your bedroom door, and get rid of night-lights. Refrain from turning on any light at all during the night, even when getting up to go to the bathroom. Cover your windows. Modern day electrical lighting has significantly betrayed your inner clock or “Circadian Rhythms”.

2) Keep the temperature in your bedroom under 70 degrees F. Many people keep their homes, and particularly their upstairs bedrooms, too warm. Studies show that the optimal room temperature for sleep is quite cool, between 60 to 68 degrees. Keeping your room cooler or hotter can lead to restless sleep. When you sleep, your body’s internal temperature drops to its lowest level, generally about four hours after you fall asleep. A cooler bedroom may be most conducive to sleep, since it mimics your body’s natural temperature drop.

3) Check your bedroom for electro-magnetic fields (EMFs). These can disrupt the pineal gland and the production of melatonin and serotonin, and may have other negative effects as well. To do this, you need a Gauss meter. (online)

4) Move alarm clocks and other electrical devices away from your bed. Keep these devices as far away from your bed as possible, preferably at least 3 feet. Remove the clock from view.

5) Reserve your bed for sleeping. If you are used to watching TV or doing work in bed, you may find it harder to relax and drift off to sleep, so avoid doing these activities in bed.

6) Consider separate bedrooms. Recent studies suggest, for many people, sharing a bed with a partner (or pets) can significantly impair sleep, especially if the partner is a restless sleeper or snores.

Preparing for Bed

- 1)** Get to bed as early as possible. Your body (particularly your adrenal system) does a majority of its recharging between the hours of 11 p.m. and 1 a.m. In addition, your gallbladder dumps toxins during this same period. If you are awake, the toxins back up into your liver, which can further disrupt your health. Prior to the widespread use of electricity, people would go to bed shortly after sundown, as most animals do, and which nature intended for humans as well.
- 2)** Don't change your bedtime. You should go to bed and wake up at the same times each day, even on the weekends. This will help your body to get into a sleep rhythm and make it easier to fall asleep and get up in the morning.
- 3)** Establish a bedtime routine. This could include meditation, deep breathing, aromatherapy or indulging in a massage from your partner. Find something that makes you feel relaxed, then repeat it each night.
- 4)** Don't drink any fluids within 2 hours of going to bed. This will reduce the likelihood of needing to get up and go to the bathroom, or at least minimize the frequency. Go to the bathroom right before bed. This will reduce the chances that you'll wake up to go in the middle of the night.
- 5)** Avoid milk and dairy products. They cause mucous production and compromise the airway.
- 6)** Eat a high-protein snack several hours before bed. This can provide the L-tryptophan needed for your melatonin and serotonin production.
- 7)** Also eat a small piece of fruit. This can help the tryptophan cross your blood-brain barrier.
- 8)** Avoid before-bed snacks, particularly grains and sugars. These will raise your blood sugar and delay sleep. Later, when blood sugar drops too low (hypoglycemia), you may wake up and be unable to fall back asleep.
- 9)** Take a hot bath, shower or sauna before bed. When your body temperature is raised in the late evening, it will fall at bedtime, facilitating slumber. The temperature drop from getting out of the bath signals your body it's time for bed.

10) Wear an eye mask to block out light. It is very important to sleep in as close to complete darkness as possible. It's not always easy to block out every stream of light using curtains, blinds or drapes. In these cases, an eye mask can be helpful.

11) Put your work away at least one hour before bed (preferably two hours or more). This will give your mind a chance to unwind so you can go to sleep feeling calm, not hyped up or anxious about tomorrow's deadlines.

12) If you have difficulty breathing through your nose: try to clear up your nasal passages with a steamy shower or a Nettie Pot which will help your breathing.

13) No TV or computer right before bed. It's too stimulating to the brain, preventing you from falling asleep quickly and any ambient light disrupts the production of Melatonin in your pineal gland.

14) Listen to relaxation CDs. Some people find the sound of white noise or nature sounds, such as the ocean or forest, to be soothing for sleep. Eliminate any sounds that interfere with falling asleep.

15) Read something spiritual or uplifting. This may help you relax. Don't read anything stimulating, such as a mystery or suspense novel.

Lifestyle Suggestions That Enhance Sleep

1) Reduce or avoid as many drugs as possible. Many drugs, both prescription and over-the-counter, may adversely effect sleep.

2) Avoid caffeine. An afternoon cup of coffee or tea will keep some people from falling asleep at night. Many medications contain caffeine (for example, diet pills).

3) Avoid alcohol. (6 hours before bed) Alcohol will make you drowsy, but the effect is short and you may wake up several hours later, unable to fall back asleep.

4) Avoid smoking. Too many health reasons to list.

5) Make certain you are exercising regularly. Exercising for at least 30 minutes per day can improve your sleep. However, don't exercise too close to bedtime or it may keep you awake. I recommend yoga to help quiet the mind.

6) Lose excess weight. Being overweight can reduce your airway size and increase your risk of sleep apnea, which can seriously impair your sleep. I am happy to recommend a dietician to help you tweak your eating habits.

7) If you are menopausal or perimenopausal, get checked out by a good natural medicine physician. Hormonal changes may cause sleep problems.

8) Consider B12 supplementation. Vegetarians and people over 50 may be deficient in B12 and may benefit from this supplement which plays a vital role in the production of Melatonin. Additionally this supplement will give you an energy boost, improve your mood and memory, and help in metabolism of fats and carbohydrates.

9) Stress Management: There is significant evidence that stress during the day can lead to insomnia. Breathing exercises which teach nasal breathing as well as breathing from the diaphragm, instead of the chest, can be extremely beneficial to your overall health. We recommend yoga or meditation or talk therapy to help ease some of the stress and tension associated with living in today's world.

If All Else Fails

1) One behavior to alleviate insomnia is Emotional Freedom Technique (EFT). Most people can learn the basics of this gentle tapping technique in a few minutes. EFT can help balance your body's bioenergy system.

2) Supplemental Melatonin. It is best to increase levels naturally with exposure to bright sunlight in the daytime and absolute complete darkness at night. Melatonin is a completely natural substance, made by your body, and has many health benefits in addition to sleep. You may want to consider a melatonin supplement although it is not advised for a long term strategy for several reasons.

9 Common Medications and Their Impact on Your Sleep

Antihistamines are one of the most popular medications people take to help them sleep. Although they may help you fall asleep, there is always a decrease in the quality of your sleep when using these drugs.

Sedative Hypnotics:

Benzodiazepam drugs (Ativan, Xanax, klonopin, Valium, Halcion, Versed, Librium, Dalmane) act to shorten the time to fall asleep but decrease the efficiency of sleep. “Benzos” also are known to decrease slow wave sleep which is also known as deep or restorative sleep. There is also an increase in morning sedation with this class of drugs.

Non-Benzodiazepam drugs (Sonata, Ambien, Lunesta) decrease the amount of time to fall asleep, Increase slow wave sleep, and have no effect on REM sleep.

Antidepressants (Celexa, cymbalta, Prozac, Paxil, Zoloft, Effexor, Elevation, Wellbutrin) generally decrease REM sleep which is the part of our sleep that is most important for memory consolidation takes place.

Cannabis (inhaled or oral) reduces the amount of REM sleep but increases the amount of slow wave sleep. It also increases sleep efficiency.

10 Understanding Insurance

1 What We Need to Determine Your Coverage:

- a) Name of your medical insurance.
- b) Copies of your insurance card (front and back).
- c) Patient ID #
- d) Copy of the patient's drivers license.
- e) Who holds the insurance, yourself or spouse? Patient ID#
- f) Social security number of the insured, (sometimes plan ID numbers change and having the social security number is a great way to insure we will be able to find you when verifying your benefits)

2 Insurance Terminology

VOB: Stands for Verification Of Benefits-this is the process of our office obtaining the full breakdown of your medical benefits, maximums, and deductibles.

ABN: Stand for Advance Beneficiary Notice. It is a written notice specifying that if insurance denies payment, you will be financially responsible.

OOP: Stands for Out Of Pocket for the patient. Eligibility means whether or not you are eligible for the use of your benefits.

Deductible: Something most insurance plans will apply before paying out on most services. Deductibles are set at a certain amount, which is determined by the type of plan you have, example-\$500, \$1000, \$1500, or even \$2000. When using your insurance benefits depending on the service and where it falls under, preventative, basic or major services, your insurance will apply your deductible before paying out. For example, If you have a service that is \$1000 and you have a deductible of \$500, you will have to pay \$500 to meet your deductible, after which your insurance will cover the next \$500 towards your \$1000 bill.

In or Out of Network: In network means the doctor is on the panel of the insurance, Out of network means the doctor is not on the panel of the insurance.

Gap Waiver: Is the process of obtaining a pre-approval for the recommended treatment when we are not in network. This is also referred to as an “in for out” or a “network deficiency”.

Secondary Insurance: If you have a second insurance plan or perhaps your spouse has an insurance plan, we will utilize both insurance plans for you. The rule with secondary insurance is: if you have dual coverage we use the coverage that you had benefits with first, then we use the second insurance. If both you and your spouse have coverage then we bill to whoever’s birthday comes first by their birth month.

Yearly Maximum: Is the maximum allowed amount under your plan your insurance will pay out for the calendar year.

Co-Insurance: is your share of the costs of a health care service. It's usually figured as a percentage of the amount we allow to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

3 Medicare Rules

(5 year rule for replacement, 90 day trial period, “same or similar”)

Medicare will cover the replacement of a sleep device once per 5 years, no exceptions. Anything in between will be out of pocket. Medicare allows a trial of 3 months on sleep devices. If the device is not returned within a 3 month period, then they will not cover any other options, for 5 years. Same or similar means that Medicare considers a sleep appliance and the CPAP machine to be the same thing. Medicare will cover a sleep appliance or a CPAP machine, not both, it’s one or the other. If you decide to change your choice of therapy we will ask you for a receipt of returning it. We will then forward a letter of discontinuance to Medicare and help you apply for the alternate therapy.

4 Sequence of Communication with Insurance

- 1)** We obtain the VOB (verification of benefits)
- 2)** We will ask for pre-approval if your insurance plan requires it, usually this is done online or over the phone with your medical plan. Pre-approval is when we present the treatment plan to your insurance, sending all necessary documents required by your insurance, so we know what to expect from your insurance, payment wise.
- 3)** Once pre-approval is obtained we can then move forward with making your sleep appliance for you.
- 4)** When your sleep appliance is delivered to you, we can then bill to your insurance company for payment.

5 Calculating Your Benefits and Responsibility

If we have to do a pre-approval then we will know exactly what your OOP (out of pocket) will be. If your insurance doesn't require pre-approval, then we use VOB (verification of benefits) to calculate your responsibility.

11 FAQs

How long should I expect my appliance to last?

3-5 years if you maintain it properly and keep it away from your pets.

Can I use mouthwash to clean my appliance?

No because it will degrade the acrylic that the appliance is made from.

If I need dental restorations will my appliance be able to still fit?

Yes, we can adjust the inside of the appliance to accommodate dental changes.

Will my bite change from wearing the appliance?

Yes but it is extremely rare that it will be significant enough to warrant orthodontic treatment.

What if I don't like wearing it every night?

The appliance will only work if you wear it. If you feel you don't want to wear it at all, we will suggest trying a different style of appliance that you may find easier to accommodate to.

Will my insurance cover oral appliance therapy?

We do our best to predetermine your benefits prior to seeing you in our office.

What if I continue snoring or don't wake up feeling more refreshed?

This means that the appliance may need to be adjusted. If it is already maximally adjusted for your comfort, we may need to employ other therapies to compliment the oral appliance. Additionally it may be necessary for us to refer you to an ENT to help with nasal breathing, which has been shown to enhance the efficacy of oral appliances.

How do I know my appliance is working?

All of our patients will take home a sleep testing device after 3 months of adjusting the appliance.

12 Forms

Forms help us communicate with our patients and their insurance companies. We have included every form we use in our office even though some may not apply to you. If we need to personalize a form for your needs we will make a copy for you to include in this section of your patient manual. The purpose of this section is for you to have copies of all of the forms you have signed. On our end we scan all of the documents signed by you and enter them into your electronic medical records.

List of Forms

- 1) **Welcome Form** Welcome email to patient
- 2) **Billing Information**
- 3) **Oral Appliance Delivery and Patient Use Instructions**
- 4) **Informed Consent for OAT** Informed Consent for CBCT
- 5) **General Release of Liability**
- 6) **Medicare Proof of Delivery Form**
- 7) **Watch PAT Release**
- 8) **CPAP Affidavit for Non-Tolerance**
- 9) **Appliance Experience Questionnaire**
- 10) **Lamberg Questionnaire** add version 16
- 11) **LQ - Pediatric Airway and Sleep**



Dental Health & Wellness of Long Island

ADVANCING HEALTH THROUGH DENTISTRY

Wednesday, October 02, 2019

Dear New Sleep Patient,

It was a pleasure speaking with you today and we look forward to meeting you soon. So that we can expedite your registration process and prepare for your initial visit, **please complete the three items below.**

1-Please send us a copy of your license and insurance card (front and back) which will enable us to begin verification of your insurance benefits.

2-Please click the link below to complete your medical history and sleep questionnaire.

<https://www.dentalregistration.com/AnonymousEntry.aspx?PFID=76>

3-Please open the two links below and complete our dental history and patient registration forms. (Return via email, or regular mail)

<C:\Users\front.LAMBERGDDS\Desktop\Medical-History-2019.pdf>

Change hyperlinks for all

<C:\Users\front.LAMBERGDDS\Desktop\patient-registration.pdf>

Additionally, to help you navigate through the process of getting your oral appliance, we have developed a "*Patient Manual for Obstructive Sleep Apnea*". We encourage you to stop by and pick this up prior to your first visit.

Completion of your paperwork is required 24 hours prior to your first visit, and is considered as confirmation for this appointment.

We are here to help you. If you have any questions, please let us know.

Thank you for choosing us for your Dental Health and Wellness needs.

Melissa Licari

Dental Sleep Medicine & Airway Patient Coordinator

Dental Health and Wellness of Long Island

Steven Lamberg D.D.S., DABDSM

140 Main Street, Northport NY 11768

Phone: 631-261-6014

Fax: 631-261-6364

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Dental Health & Wellness of Long Island

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Dear _____,

The Snoring and Sleep Apnea Dental Treatment Center would like to thank you for choosing us. We are committed to you and your treatment. Please understand that payment of your bill is considered a part of your treatment. This is only an estimate of your benefits, this bill does not guarantee coverage or payment by your insurance company. This is only a reflection of the information that was given to our office by your insurance company. The following is a statement of our financial policy, which we require you read and sign prior to any treatment.

This office will submit all claims to your insurance on your behalf for Oral Appliance Therapy. We should receive the determined benefits from your insurance company, however, in the event that they do not provide you with coverage for the E0486, you will be financially responsible for \$2,000 of the billable amount.

You agree to forward all checks you receive from your insurance company to this office for payment towards your account.

	<u>Codes</u>	<u>Fees billed to Insurance</u>
SLEEP CONSULTATION EXAM	99203	\$ _____
CONE BEAM CT SCAN	76012	\$ _____
ORAL APPLIANCE	E0486	\$ _____
	Total billed to insurance:	\$ _____

PAYMENT towards your bill:

- A payment of \$235 will be due at the first visit for your Cone Bean CT Scan. (\$150 is a copay for the scan and \$85 is the MD Radiologists interpretation and report fee) You will be responsible for the balance of the payment listed on your EOB – Explanation Of Benefits. The insurance company will notify us of your financial responsibility on the EOB. The billed amount above is not the allowed amount. The allowed amount will be listed on the EOB.

Oral Appliance Therapy includes the oral appliance that Dr. Lamberg feels, with your input, is best suited for you. All follow-up visits are covered for 3 months from the delivery date.

Initial Follow-up visit at One Week. Follow-up visits at: One month, Two months, and Three months. One unattended "take home" sleep study, and any additional visits during this initial 3 month period, are covered with your appliance fee.

Any adjustments to your appliance that are necessary as a result of dental restorations will be charged a \$75 fee. Additional periodic follow up visits will be scheduled at 6 Months, 12 Months, 24 Months, and 36 Months from the delivery date. These visits will be charged at a fee of \$75 per visit and is due at the time of the visit. These visits will be filed with your insurance company. Depending on your insurance and your out-of-network benefit/deductible, these visits may not be covered by your insurance company.

Additional home sleep studies will be charged at \$100 per study. Your appliance is guaranteed for 3 years against manufacturing defects. Repairs resulting from other causes will be charged a minimal lab fee.

I have read, understand and agree to the policies as stated above.

Signature: _____ Date: _____



**Steven Lamberg, D.D.S, P.C.
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Diplomate of the Academy of Clinical Sleep Disorders Disciplines**

Statement of Delivery of Oral Appliance, Patient Use Instructions, Warnings, and Warrantee

ADD: Follow-up Schedule

Dear Patient,

I am happy to offer you an oral appliance today for your obstructive sleep apnea and look forward to helping you achieve the best possible results.

Oral Appliance Description:

E0486: ORAL DEVICE/APPLIANCE USED TO PREVENT AIRWAY COLLAPSIBILITY, CUSTOM FABRICATED, ADJUSTABLE, INCLUDES FITTING AND ADJUSTMENT.

Standard recommendations include manage your weight, stop smoking, do not drink in the evening, do not take sedatives in the evening, and try NOT to sleep on your back. Anything that inflames the airways or relaxes the muscles will render your airway more collapsible and therefore increase your sleep apnea condition.

I have received patient use instructions, cleaning, and warnings information, and been notified of warranty coverage of the oral appliance.

A minimum of four scheduled follow-up visits are necessary to evaluate the comfort of your appliance and make any necessary adjustments to maximize treatment success. Additional visits that you may need are encouraged and included. One take home sleep study is included during this time. Any additional take home sleep studies will be charged at \$150 per study. Your appliance is warranted for 3 years against manufacturing defects. Repairs resulting from other causes may be charged our lab fee.

Appointments (minimum) that are included for a period up to 3 months from delivery.

Week 1 _____@_____

Month 1 _____@_____

Month 2 _____@_____

Month 3 _____@_____

Periodic follow up visits will be scheduled at 6 Months, 12 Months, 24 Months, and 36 Months from the delivery date. These visits are charged at a fee of \$80 per visit and is due at the time of the visit.

Month 6 _____@_____

Month 12 _____@_____

Month 24 _____@_____

Month 36 _____@_____

ADD: Delivery Date

Patient Signature _____ Date _____



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Informed Consent for the Treatment of Sleep Disordered Breathing

You have been diagnosed by your physician as requiring treatment for sleep-related breathing disorder (snoring and/or obstructive sleep apnea). Sleep apnea may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels, which in turn, may result in the following; excessive daytime sleepiness, driving and work related accidents, irregular heartbeats, high blood pressure, heart disease, stroke, obesity, diabetes, GERD, memory and learning problems, and depression.

What is Oral Appliance Therapy? Oral appliance therapy for snoring/obstructive sleep apnea attempts to assist your breathing during sleep by wearing a mandibular advancement device (MAD), in your mouth, to keep the tongue and jaw in a forward position, which keeps the airway open while wearing it. It also aims to decrease or alleviate snoring and help you sleep better.

Successful Treatment: Oral appliance therapy has effectively treated many patients. However, there are no guarantees that it will be effective for you, since everyone is different and there are many factors influencing the upper airway during sleep. The most important component of success is patient compliance. A recent article summarizing 87 studies, with over 2,000 patients, found a compliance rate of 77%. Based on various definitions of success and the patient's baseline severity, oral appliances appear to show success rates around 55% (Mild 81%, Moderate 60%, Severe 34%). It is important to recognize that even when the therapy is effective, there may be a period of time before the appliance functions maximally. During this time you may still experience the symptoms related to your sleep disordered breathing and precautions may apply.

Follow-up visits: Follow-up visits are required by our office at the following intervals (measured from your appliance delivery visit): 1 week, 1 month, 2 months, 3 months, 6 months, 1 year, and yearly thereafter to evaluate the success of your OSA treatment and your dental condition. Any decision on your part to forego follow-up appointments places your health at risk and increases the probability of complications and treatment failure. If unusual symptoms or discomfort occur that fall outside the scope of this consent, or if pain medication is required to control discomfort, it is recommended that you cease using the appliance until you are evaluated further.

Final Sleep Study and Evaluation: After your appliance is delivered, it will be adjusted by Dr. Lamberg for the best possible results. When your symptoms have improved and Dr. Lamberg is satisfied with the results of the adjustments, you will be referred back to your physician for a post-treatment sleep study. A post-treatment sleep study (PSG or Polysomnogram) is necessary to objectively assure effective treatment which must be reviewed by your physician, and you agree to have this follow-up study performed. Like sleep apnea, success of treatment can only be diagnosed by your physician. By signing this document, you hereby agree to follow Dr. Lamberg's instructions in detail. Failure to do so may result in a poor clinical outcome.

Side Effects and Complications of Oral Appliance Therapy: OSA is an unusual disease because it has been associated with many comorbid medical conditions if untreated: coronary artery coronary artery disease, high blood pressure, diabetes, cerebrovascular disease, stroke, heart problems, heart attack, atrial fibrillation, depression, mood disorders, sexual dysfunction, weight gain, obesity, excessive daytime sleepiness, increased work related and traffic related accidents and death. Side effects and complications of oral appliance therapy include: dental relationship changes, the development of discomfort of the lower jaw joint "TMJ", and or alteration in the position of the jaw joint. These changes may be temporary or permanent.



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Dental Side Effects and Complications of Oral Appliance Therapy: Published studies show that short-term side effects of oral appliance use may include excessive salivation, difficulty swallowing with appliance in place, sore jaws, sore teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth or dental restorations, and short term bite changes such as decreasing overbite and over jet (how the upper and lower teeth come together), tilting of the teeth, profile changes, as well as spacing and shifting of teeth. Most of these side effects are minor and resolve quickly on their own or with minor adjustments of the appliance. Long-term complications include bite changes that may be permanent resulting from tooth movement or jaw joint repositioning. These complications may or may not be fully reversible once appliance therapy is discontinued. If so, restorative treatment or orthodontic intervention may be required for which you will be responsible.

Alternative Treatments: By signing this consent form you acknowledge that you have been made aware of reasonable alternatives to oral appliance therapy for obstructive sleep apnea such as: behavioral modifications (weight loss, exercise, and positional therapy), positive airway pressure (CPAP), and several types of surgical procedures. It is your decision to have chosen oral appliance therapy to treat your sleep disordered breathing, and you are aware that it may not be completely effective for you. You have been shown several types of oral appliances and participated in the selection process. It is your responsibility to report any occurrence of side effects and to address any questions to Dr. Lamberg's office. You are aware that more than one type of treatment (combination therapy) may be necessary for the best sustainable results.

Wherefore: I give my consent for the treatment of OSA using a mandibular advancement device (MAD). I agree and consent to allow Dr. Lamberg and his staff to examine my mouth, teeth, jaws, gums, and associated structures. I give consent for the taking of x-rays, photos, impressions and any other procedures necessary for the treatment of OSA. I also give consent for a home sleep study, if necessary, for the purpose of evaluating and adjusting my appliance to the most effective position. I consent for the contents of my record to be shared with my physician and insurance company. I affirm that I have read this document and have been given adequate information regarding the treatment of my condition to give my informed consent. I understand the proposed treatment of my OSA using MAD therapy and I have been given the opportunity to ask questions. All of my questions have been answered and I am ready to proceed with treatment.

Signature: _____ Date _____

Patient Name:

Witness: _____ Date _____

Print Name: _____



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*Consent Form References

Review of oral appliances for treatment of sleep-disordered breathing by Victor Hoffstein. Sleep Breath. 2007 March; 11(1): 1–22. Between 1982 and 2006, there were 89 distinct publications dealing with oral appliance therapy involving a total of 3,027 patients, which reported results of sleep studies performed with and without the appliance. These studies, which constitute a very heterogeneous group in terms of methodology and patient population, are reviewed and the results summarized. This review focused on the following outcomes: sleep apnea (i.e. reduction in the apnea/hypopnea index or respiratory disturbance index), ability of oral appliances to reduce snoring, effect of oral appliances on daytime function, comparison of oral appliances with other treatments (continuous positive airway pressure and surgery), side effects, dental changes (overbite and overjet), and long-term compliance. We found that the success rate, defined as the ability of the oral appliances to reduce apnea/hypopnea index to less than 10, is 54%. The response rate, defined as at least 50% reduction in the initial apnea/hypopnea index (although it still remained above 10), is 21%. When only the results of randomized, crossover, placebo-controlled studies are considered, the success and response rates are 50% and 14%, respectively. Snoring was reduced by 45%. In the studies comparing oral appliances to continuous positive airway pressure (CPAP) or to uvulopalatopharyngoplasty (UPPP), an appliance reduced initial AHI by 42%, CPAP reduced it by 75%, and UPPP by 30%. The majority of patients prefer using oral appliance more than CPAP. Use of oral appliances improves daytime function somewhat; the Epworth sleepiness score (ESS) dropped from 11.2 to 7.8 in 854 patients. A summary of the follow-up compliance data shows that at 30 months, 56–68% of patients continue to use oral appliance. Side effects are relatively minor but frequent. The most common ones are excessive salivation and teeth discomfort. Efficacy and side effects depend on the type of appliance, degree of protrusion, vertical opening, and other settings. We conclude that oral appliances, although not as effective as CPAP in reducing sleep apnea, snoring, and improving daytime function, have a definite role in the treatment of snoring and sleep apnea.

Initial _____ Date _____



Steven Lamberg, D.D.S, P.C.

Diplomate of the American Board of Dental Sleep Medicine

Diplomate of the Academy of Clinical Sleep Disorders Disciplines

**General Release of Liability and Assumption of Risk
for Obstructive Sleep Apnea**

I, _____, understand that due to the nature of sleep medicine that failure to comply with the treatment can result in severe physical and social issues including, but not limited to: coronary artery disease; stroke; congestive heart failure; atrial fibrillation; diabetes; increased motor vehicle accidents; hypertension; excessive sleepiness; and increased mortality.

As Dr. Steven Lamberg and North Shore Snoring and Sleep Apnea Dental Treatment Center cannot ensure success of any type of therapy and cannot guarantee that any patient will comply with the treatment for sleep apnea, I hereby waive any rights that I, my heirs and assigns might have to seek legal redress for any damage, physical or monetary, that I, or anyone else, might sustain as a result of my treatment for sleep apnea or any failure on my part to comply with treatment.

Therefore, I release Dr. Steven Lamberg and North Shore Snoring and Sleep Apnea Dental Treatment Center, and his staff, from any and all liability associated with my treatment and I personally assume all risks associated with my care, including, but not limited to: coronary artery disease; stroke; congestive heart failure; atrial fibrillation; diabetes; increased motor vehicle accidents; increased work place accidents; hypertension; excessive sleepiness; TMJ disease; periodontal disease and increased mortality.

I hereby agree to indemnify and hold harmless, Dr. Steven Lamberg, North Shore Snoring and Sleep Apnea Dental Treatment Center and his staff, and defend them from any and all claims or damages that might arise from my sleep apnea treatment.

Signature _____ Date _____

Patient Name:

Witness _____ Date _____

Please Print Name _____

Medicare Proof of Oral Appliance Delivery Documentation

Beneficiary's name _____

Beneficiary's signature _____ Date _____

Delivery Address: 140 Main Street, Northport NY, 11768

Date of Delivery (must match signature date) _____

Name of Appliance _____

Name of Lab _____



Steven Lamberg, DDS, PC
Diplomate of the American Board of Dental Sleep Medicine
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Watch PAT Release Form (home sleep apnea test)
Home Sleep Study (Watch PAT)

With Oral Appliance _____ (Please initial)
Without Oral Appliance (Baseline Study) _____ (Please initial)

Watch-Pat Number: _____

Dear _____,

This monitoring device your physician has asked you to wear during your sleep evaluation is an important part of your treatment process. This device should be connected and removed, carefully following the instructions you received in the office. In the unlikely event that the device is damaged and/or destroyed and/or lost while in your possession, the cost of repair or replacement of the device or any device accessories will be your financial responsibility.

Your signature below will indicate that you acknowledge and understand the forgoing and will pay such cost as is necessary to either repair or replace the monitoring device damaged, destroyed or lost while in your possession. Your financial responsibility will expire upon return of the device back to our offices. The device must be in a working order upon its return.

Watch-Pat Pick Up Date: _____ Watch-Pat Return Date: _____

Signature of patient or other person financially responsible for patient

Date

Physician/Employee Witness Signature

Date



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Watch-PAT Instructions

Online instruction video can be found at
<http://www.itamar-medical.com/patients-watchpat>
to watch the instructions for the Watch PAT Unified

- Try NOT to sleep on your back (if possible).
- Do NOT consume alcoholic beverages or coffee after 6pm.
- AVOID O.T.C and/or Prescription sleep aids. (i.e.: Tylenol PM, Melatonin, Ambien, etc.)
- Fingernails MUST be trimmed so that they do not extend beyond your fingertip, and nail polish MUST be removed from the finger that the probe will be on.
- For MEN: Chest hair may have to be shaved help the adhesive tape stick securely to your chest.
- Please take the time to make sure that the finger "PAT" Probe fits snugly to your finger to assure it does not dislodge during the night. If it does come off during the night, the test may have to be re-done (additional fees may apply).
- If you receive the Watch-Pat on a Friday, It MUST be returned the next Monday Morning.
- If you receive the Watch-Pat during the week (Monday-Wednesday), it MUST be returned the next business day.

Watch Pat Help Desk: 1-888-748-2627.

If you have questions during the day please contact our office at: 1-631-261-6014

Thank You.



Steven Lamberg, D.D.S, P.C.
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Affidavit of Sleep Apnea Therapy

- I have mild or moderate sleep apnea and per the American Academy of Sleep Medicine, CMS Guidelines and insurance policy, I would like to use oral appliance therapy as first line treatment.

- I have attempted to use CPAP (Continuous Positive Air Pressure) to manage my sleep related breathing disorder (OSA-Obstructive Sleep Apnea) and find it intolerable to use on a regular basis for the following reason(s):
 - Mask Leaks
 - An Inability to get the Mask to Fit Properly
 - Discomfort Caused by the Straps and Headgear
 - Disturbed or Interrupted Sleep Caused by the Presence of the Device
 - Noise From the Device Disturbing Sleep or Bed/Partner's Sleep
 - CPAP Restricted Movements During Sleep
 - CPAP Does Not Seem To Be Effective
 - Pressure On The Upper Lip Causes Tooth Related Problems
 - Latex Allergy
 - Claustrophobic Associations
 - An Unconscious Need to Remove the CPAP Apparatus at Night
 - Other (please specify): _____

Because of my intolerance/inability to use the CPAP, I wish to have an alternative method of treatment. That form of therapy is oral appliance therapy (OAT).

Signed: _____

Date: _____

Dental Health and Wellness of Long Island

Oral Appliance Follow-Up

Epworth Sleepiness Scale “ESS”:

How likely are you to doze off or fall asleep in the following situations?

Choose the most appropriate number for each situation:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

<u>Activity</u>	Wk. 1	Mo. 1	Mo. 2	Mo. 3	Mo. 6	Year 1	Year 2	Year 3
	//_	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_
Sitting and reading.....	_____	_____	_____	_____	_____	_____	_____	_____
Watching TV.....	_____	_____	_____	_____	_____	_____	_____	_____
Sitting, inactive in a public place (theater, meeting)	_____	_____	_____	_____	_____	_____	_____	_____
As a passenger in a car for an hour without a break.	_____	_____	_____	_____	_____	_____	_____	_____
Lying down to rest in afternoon when permitted....	_____	_____	_____	_____	_____	_____	_____	_____
Sitting and talking to someone.....	_____	_____	_____	_____	_____	_____	_____	_____
Sitting quietly after lunch without alcohol.....	_____	_____	_____	_____	_____	_____	_____	_____
In a car, while stopped for a few minutes in traffic	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL(original pre-tx score _____)	_____	_____	_____	_____	_____	_____	_____	_____

Appliance Experience Questionnaire “AEQ”

1. Blood Pressure.		_____	_____	_____	_____	_____	_____	_____
2. Weight.		_____	_____	_____	_____	_____	_____	_____
3. Nights per week wearing the appliance.		_____	_____	_____	_____	_____	_____	_____
4. Hours per night wearing the appliance.		_____	_____	_____	_____	_____	_____	_____
5. Comfort:	(Least 0 - 10 Best)	0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
6. Perceived Benefit:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
7. Snoring Reduced:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
8. Rested Upon Waking:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
9. Daytime Sleepiness Reduced:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
10. Ease of Care/Use:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
11. Questions Answered:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
12. Access to Office:		0 1 2 3 4 5 6 7 8 9 10	_____	_____	_____	_____	_____	_____
13. Side Effects: Tooth Discomfort, Jaw Pain or Muscle Pain, Bite Problems, Other: (please date)		_____						

Patient Name _____ DOB ____/____/____

Dental Health and Wellness of Long Island

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Thank you for spending the time to jot down a few notes on your experience. Several patients have mentioned how helpful it was to read comments and experiences that other patients have had at our office. Your statements will help others get the quality of care that they need. Thank you again.

TESTIMONIAL

I started wearing the prescribed Oral Appliance __/__/__. Prior to wearing the appliance, I felt:

The impact the appliance has had on my life is: _____

Please circle Yes or No:

- **YES NO** I authorize my testimonial, all photos, models, and full name to be used for any marketing tools and patient information.
- **YES NO** I authorize my testimonial, before and after photos, models and first name only to be used for any marketing tools and patient information.
- **YES NO** I authorize my testimonial, before and after photos, models but not my name to be used for any marketing tolls and patient information.

Patient Name: _____ **Date:** ____/____/____

Patient Signature: _____ **Date:** ____/____/____

LAMBERG QUESTIONNAIRE Version 14

Associating Snoring and Sleep Apnea with Health

www.drnlamberg.com

1: TRADITIONAL SCREENING QUESTIONS

- Do you awaken unrefreshed or feel sleepy during the day due to restless sleep?
- Is your snoring loud enough to disturb others?
- Have you been aware of your snoring for a long time?
- Have you been told your breathing stops while asleep?
- Do you ever wake yourself from sleep feeling that you are choking?
- Have you ever had a sleep study?
- Have you tried CPAP? (Was the pressure > 10.5 cm? Y/N)
- Is your BMI > 27? Is your neck > 17" for a man, or > 15.5" for a woman?
- Do the edges of your tongue have a scalloped pattern?

2: CARDIOLOGY & VASCULAR MEDICINE

- Do you have high blood pressure or take medicine for hypertension?
- Have you been diagnosed with CAD, stroke, congestive heart failure, Afib, or other heart health issues?
- Do you have a pacemaker?
- Do you have elevated total cholesterol levels?

3: PULMONOLOGY

- Have you experienced difficulty breathing during the day?
- Do you have shortness of breath, even with mild exertion?
- Have you been diagnosed with COPD, asthma, or pulmonary hypertension?
- Is asthma worse at night?
- Do you have a chronic cough, either dry or productive?

4: GASTROENTEROLOGY

- Have you or your dentist noticed erosion on molars?
- Do you experience heartburn or acid reflux at night or when you awaken in the morning?
- Do you take heartburn medications, either prescription or OTC?

5: NEUROLOGY

- Do you experience numbness, tingling or pain in your feet or hands or head?
- Do you ever experience leg cramps at night?
- Do you ever experience muscle weakness or dizziness or difficulty with coordination?
- Have you ever been diagnosed with Alzheimer's or dementia?

6: ENDOCRINOLOGY

- Have you been diagnosed with diabetes or hypothyroidism?
- Have you unexpectedly gained or lost weight lately?
- Have you gone through menopause? Are you on HRT?
- Have you been diagnosed with low testosterone?
- Do you experience repetitive limb movements or jerks in sleep, urges to move legs, night sweats, or leg cramps?

7: OTOLARYNGOLOGY

- Do you have difficulty breathing through your nose?
- Do you experience a dry mouth upon awakening?
- Do you have allergies that make nasal breathing difficult?
- Is postnasal drip a frequent problem?

8: UROLOGY

- Do you experience erectile dysfunction?
- Do you experience decreased interest in sex or have you taken medications to enhance sexual performance?
- Do you ever leak urine involuntarily?
- Do you have to urinate several times at night, or have you been diagnosed with BPH?

9: DENTISTRY

- Do you grind your teeth while sleeping?
- Do your front teeth have a worn look?
- Have you had jaw muscles or joint pain, ringing in your ears, vertigo, or dizziness?
- Have you been diagnosed with periodontitis (gum disease)?
- Are your teeth crowded or crooked or jaws misaligned?

10: PSYCHOLOGY & PSYCHIATRY

- Are you irritable upon waking in the morning?
- Do you experience insomnia? (falling asleep or maintaining sleep)
- Do you experience depression, PTSD, memory, or concentration problems?
- Do you take medications for any of these conditions?

11: RHEUMATOLOGY

- Have you ever been diagnosed with gout?
- Have you ever been diagnosed with rheumatoid arthritis?

12: DERMATOLOGY

- Have you been diagnosed with atopic dermatitis (eczema) or psoriasis?

13: OPHTHALMOLOGY

- Have you been diagnosed with floppy eyelid syndrome, chronic eye irritation, dry eye syndrome, glaucoma, nonarteritic anterior ischemic optic neuropathy, papilledema, keratoconus, central serous chorioretinopathy, or macular edema?
- Are you taking antivasular endothelial growth factor medications for retinal disease?

14: CHRONIC PAIN

- Do you often wake up with headaches or have chronic headaches?
- Do you experience any chronic pain anywhere in your body?
- Do you take medications for pain on a daily basis?

15: HEPATOLOGY

- Have you ever been diagnosed with nonalcoholic fatty liver disease?

16: ONCOLOGY

- Have you ever been diagnosed with cancer?

17: OBSTETRICS (GESTATIONAL OSA)

- In prepregnancy: Are you 35 or older or is your BMI > 25?
- Are you more fatigued, experience nasal congestion, or have frequent snoring?
- Has your BP or blood sugar increased significantly?

18: NEPHROLOGY

- Have you been diagnosed with kidney disease?

19: PEDIATRICS (EXCLUDE FROM SCORING)

- Do you know any children who are mouth breathers, have large tonsils, or who make any sleep breathing sounds?
- Do you know any children with bedwetting problems?
- Do these children have a crossbite or convex facial profile?

Risk level of having a sleep-related breathing disorder:

1 LOW 2-3 MODERATE 4+ HIGH

Name: _____

DOB: _____

Date: _____

Score: _____



Lamberg Questionnaire for Pediatric Airway and Sleep “LQ-PAS”

A Risk Assessment Tool for Pediatric Airway and Sleep

Patient Name/DOB: _____ Date: _____

	Yes	No	Don't Know
While sleeping, does your child...			
Have trouble breathing or struggle to breath?			
Stop breathing during the night?			
Have “heavy” or loud breathing?			
Snore regularly?			
Snore loudly?			
Snore more than half the time?			
Appear to be a restless sleeper?			
Child kick during sleep?			
Have nightmares?			
Scream in their sleep?			
Grind their teeth during sleep?			
Sleepwalk?			
Occasionally wet the bed?			
Upon awakening, does your child...			
Have a dry mouth in the morning?			
Tend to breathe through the mouth during the day?			
Wake up feeling un-refreshed in the morning?			
Have a problem with sleepiness during the day?			
Have trouble getting going in the morning?			
Wake up with headaches in the morning?			
We have noticed that our child...			
Does not seem to listen when spoken to directly			
Has difficulty organizing tasks			
Is easily distracted by extraneous stimuli			
Fidgets with hands or feet or squirms in seat			
Interrupts or intrudes on others (e.g. butts into conversations or games)			
Has a teacher or other supervisor comment that your child appears sleepy during the day			
Has been diagnosed with ADD or ADHD			
Additionally...			
Did your child stop growing at a normal rate at any time since birth?			
Is your child overweight?			
Does your child’s teeth seem crooked or misaligned?			
Does your child have allergies?			
Does your child have frequent colds?			
Does your child have difficulty with pronunciation?			

“ARFs” (Airway Red Flags)

For Physicians Use Only
(Check all that apply)

Signs		Symptoms
<input type="checkbox"/> Lips apart at rest (open mouth posture)	<input type="checkbox"/> Speech problems	<input type="checkbox"/> Difficulties breastfeeding
<input type="checkbox"/> Mouth breathing	<input type="checkbox"/> Poor eating and swallowing	<input type="checkbox"/> Dysphagia
<input type="checkbox"/> Lip Incompetence	<input type="checkbox"/> Parafunctional habits	<input type="checkbox"/> Snoring
<input type="checkbox"/> Lip strain when lips together	<input type="checkbox"/> Lower jaw set further back than upper jaw (overbite)	<input type="checkbox"/> Tooth grinding
<input type="checkbox"/> Swollen adenoids and tonsils	<input type="checkbox"/> Eye shiners (dark circles under the eyes)	<input type="checkbox"/> Coughs, Colds, and Chest infections
<input type="checkbox"/> Forward Tongue Resting Posture	<input type="checkbox"/> Bags under eyes	<input type="checkbox"/> Chronic allergies
<input type="checkbox"/> Tethered Oral Tissues	<input type="checkbox"/> Scalloped tongue	<input type="checkbox"/> Nasal Congestion
<input type="checkbox"/> Restricted Lingual Frenulum	<input type="checkbox"/> Arrested growth	<input type="checkbox"/> Snoring and fatigue
<input type="checkbox"/> High Narrow Palate	<input type="checkbox"/> Poor Facial Symmetry	<input type="checkbox"/> Asthma symptoms
<input type="checkbox"/> Crusty and dry lips or mouth	<input type="checkbox"/> Narrow Posterior Airway Space (on ceph or CBCT)	<input type="checkbox"/> Cognitive communication deficits
<input type="checkbox"/> Narrow smile	<input type="checkbox"/> Nasal Resistance (CBCT)	<input type="checkbox"/> Poor academic performance
<input type="checkbox"/> Long Face Height	<input type="checkbox"/> Vertical Position of the Hyoid (should be C4, lower not good) Ceph or CBCT	<input type="checkbox"/> Language delays
<input type="checkbox"/> Flattened Cheeks	<input type="checkbox"/> Increased BMI	<input type="checkbox"/> Frequent headaches
<input type="checkbox"/> Maxilla retruded	<input type="checkbox"/> Under the growth curve	<input type="checkbox"/> Frequent nightmares
<input type="checkbox"/> Weak Chin (lower jaw retruded)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Nocturia
<input type="checkbox"/> Crowded/Crooked teeth		<input type="checkbox"/> Child behavioral disorders
<input type="checkbox"/> Crossbite or open bite		<input type="checkbox"/> Aggressive behavior
<input type="checkbox"/> Malocclusions		<input type="checkbox"/> Irritability
<input type="checkbox"/> Excessively worn teeth		<input type="checkbox"/> Possible dx of ADD or ADHD
<input type="checkbox"/> Gummy Smile		<input type="checkbox"/> Restless Sleep
<input type="checkbox"/> Chronic Otitis		<input type="checkbox"/> Eczema

Pediatric Airway and Sleep Referral

Date: _____

Patient Name/DOB: _____

Physician: _____

Address: _____

Physician Phone: _____

Phone: _____

Physician Fax: _____

Specialty Evaluation Requested by: ENT, Allergist, Oral Surgeon, Orthodontist, Myofunctional Therapist, Speech/Language Therapist, Neurologist, Dietician, Pediatric Dentist, General Dentist, Psychologist, Sleep Specialist including (Initial consultation, Polysomnogram as necessary, and follow-up)

Overnight Attended Sleep Study/Polysomnogram

Reason for referral: _____

Medical History and Pertinent Physical Exam Findings: _____



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Dental Health &
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ADVANCING HEALTH THROUGH DENTISTRY



13 Notes

10 Things to Hate About Sleep Loss

You know lack of sleep can make you grumpy and foggy. You may not know what it can do to your sex life, memory, health, looks, and even ability to lose weight. Here are 10 surprising -- and serious -- effects of sleep loss.

1. Sleepiness Causes Accidents

Sleep deprivation was a factor in some of the biggest disasters in recent history: the 1979 nuclear accident at Three Mile Island, the massive Exxon Valdez oil spill, the 1986 nuclear meltdown at Chernobyl, and others.

But sleep loss is also a big public safety hazard every day on the road. Drowsiness can slow reaction time as much as driving drunk. The National Highway Traffic Safety Administration estimates that fatigue is a cause in 100,000 auto crashes and 1,550 crash-related deaths a year in the U.S. The problem is greatest among people under 25 years old.

Studies show that sleep loss and poor-quality sleep also lead to accidents and injuries on the job. In one study, workers who complained about excessive daytime sleepiness had significantly more work accidents, particularly repeated work accidents. They also had more sick days per accident.

2. Sleep Loss Dumbs You Down

Sleep plays a critical role in thinking and learning. Lack of sleep hurts these cognitive processes in many ways. First, it impairs attention, alertness, concentration, reasoning, and problem solving. This makes it more difficult to learn efficiently.

Second, during the night, various sleep cycles play a role in “consolidating” memories in the mind. If you don’t get enough sleep, you won’t be able to remember what you learned and experienced during the day.

3. Sleep Deprivation Can Lead to Serious Health Problems

Sleep disorders and chronic sleep loss can put you at risk for:

- Heart disease
- Heart attack
- Heart failure
- Irregular heartbeat
- High blood pressure

Stroke
Diabetes

According to some estimates, 90% of people with insomnia -- a sleep disorder characterized by trouble falling and staying asleep -- also have another health condition.

4. Lack of Sleep Kills Sex Drive

Sleep specialists say that sleep-deprived men and women report lower libidos and less interest in sex. Depleted energy, sleepiness, and increased tension may be largely to blame.

For men with sleep apnea, a respiratory problem that interrupts sleep, there may be another factor in the sexual slump. A study published in the *Journal of Clinical Endocrinology & Metabolism* in 2002 suggests that many men with sleep apnea also have low testosterone levels. In the study, nearly half of the men who suffered from severe sleep apnea also secreted abnormally low levels of testosterone during the night.

5. Sleepiness Is Depressing

Over time, lack of sleep and sleep disorders can contribute to the symptoms of depression. In a 2005 Sleep in America poll, people who were diagnosed with depression or anxiety were more likely to sleep less than six hours at night.

The most common sleep disorder, insomnia, has the strongest link to depression. In a 2007 study of 10,000 people, those with insomnia were five times as likely to develop depression as those without. In fact, insomnia is often one of the first symptoms of depression.

Insomnia and depression feed on each other. Sleep loss often aggravates the symptoms of depression, and depression can make it more difficult to fall asleep. On the positive side, treating sleep problems can help depression and its symptoms, and vice versa.

6. Lack of Sleep Ages Your Skin

Most people have experienced sallow skin and puffy eyes after a few nights of missed sleep. But it turns out that chronic sleep loss can lead to lackluster skin, fine lines, and dark circles under the eyes.

When you don't get enough sleep, your body releases more of the stress hormone cortisol. In excess amounts, cortisol can break down skin collagen, the protein that keeps skin smooth and elastic.

Sleep loss also causes the body to release too little human growth hormone. When we're young, human growth hormone promotes growth. As we age, it helps increase muscle mass, thicken skin, and strengthen bones.

“It’s during deep sleep -- what we call slow-wave sleep -- that growth hormone is released,” says sleep expert Phil Gehrman, PhD. “It seems to be part of normal tissue repair -- patching the wear and tear of the day.”

7. Sleepiness Makes You Forgetful

Trying to keep your memory sharp? Try getting plenty of sleep.

In 2009, American and French researchers determined that brain events called “sharp wave ripples” are responsible for consolidating memory. The ripples also transfer learned information from the hippocampus to the neocortex of the brain, where long-term memories are stored. Sharp wave ripples occur mostly during the deepest levels of sleep.

8. Losing Sleep Can Make You Gain Weight

When it comes to body weight, it may be that if you snooze, you lose. Lack of sleep seems to be related to an increase in hunger and appetite, and possibly to obesity. According to a 2004 study, people who sleep less than six hours a day were almost 30 percent more likely to become obese than those who slept seven to nine hours.

Recent research has focused on the link between sleep and the peptides that regulate appetite. “Ghrelin stimulates hunger and leptin signals satiety to the brain and suppresses appetite,” says Siebern. “Shortened sleep time is associated with decreases in leptin and elevations in ghrelin.”

Not only does sleep loss appear to stimulate appetite. It also stimulates cravings for high-fat, high-carbohydrate foods. Ongoing studies are considering whether adequate sleep should be a standard part of weight loss programs.

9. Lack of Sleep May Increase Risk of Death

In the “Whitehall II Study,” British researchers looked at how sleep patterns affected the mortality of more than 10,000 British civil servants over two decades. The results, published in 2007, showed that those who had cut their sleep from seven to five hours or fewer a night nearly doubled their risk of death from all causes. In particular, lack of sleep doubled the risk of death from cardiovascular disease.

10. Sleep Loss Impairs Judgment, Especially About Sleep

Lack of sleep can affect our interpretation of events. This hurts our ability to make sound judgments because we may not assess situations accurately and act on them wisely.

Sleep-deprived people seem to be especially prone to poor judgment when it comes to assessing what lack of sleep is doing to them. In our increasingly fast-paced world, functioning on less sleep has become a kind of badge of honor. But sleep specialists

say if you think you're doing fine on less sleep, you're probably wrong. And if you work in a profession where it's important to be able to judge your level of functioning, this can be a big problem.

"Studies show that over time, people who are getting six hours of sleep, instead of seven or eight, begin to feel that they've adapted to that sleep deprivation -- they've gotten used to it," Gehrman says. "But if you look at how they actually do on tests of mental alertness and performance, they continue to go downhill. So there's a point in sleep deprivation when we lose touch with how impaired we are."

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Dental Health & Wellness of Long Island

ADVANCING HEALTH THROUGH DENTISTRY

Nasal Obstruction Symptom Evaluation

Name: _____ DOB: _____ Date: _____

Over the past one month, how much of a problem were the following conditions for you?

	Not a Problem	Very Mild Problem	Moderate Problem	Fairly Bad Problem	Severe Problem
Nasal Congestion or Stuffiness	0	1	2	3	4
Nasal Blockage or Obstruction	0	1	2	3	4
Trouble Breathing Through My Nose	0	1	2	3	4
Trouble Sleeping	0	1	2	3	4
Unable to Get Enough Air Through My Nose During Exercise or Exertion	0	1	2	3	4

NOSE Score (Multiply Your Total Score x5)

Nasal Obstruction Severity Classification

Mild: 5-25 | Moderate 30-50 | Severe 55-75 | Extreme 80-100

Library Recommendations:

Treat the Cause...Treat the Airway: Lamberg DDS

Breath: Nestor

Gasp: Gelb DDS and Hindin DDS

Sleep Apnea and Snoring: Friedman and Jacobowitz MD

The Human Story: Lieberman PhD

Say Good Night to Insomnia: Jacobs MD

The Mystery of Sleep: Kryger MD

Straight Talk about Crooked Teeth: Lauson DDS

Six-Foot Tiger, Three-Foot Cage: Liao DDS

The Inflammation Syndrome: Challen MD

The Shift: Wilkerson DMD

Beat the Heart Attack Gene: Bale MD and Doneen PhD

Sleep Medicine for Dentists: Lavigne, Cistulli, and Smith

Sleep Disorders: Lavie, Pillar, Malhotra MD

Sleep Interrupted: Park MD

Sleep Disorders and Sleep Deprivation: Institute of Medicine

The Circadian Code: Panda MD

Why We Sleep: Walker DDS

The Case Against Sugar: Taubes MD

Empowered Sleep Apnea: Dave McCarty MD

Sleep Wrecked Kids: Sharon Moore

Breathe, Deep, Thrive: Shereen Lim DDS

Jaws: Sandra Kahn, Paul Ehrlich

Tongue Tied: Richard Baxter DMD

The Very Stuffy Nose: Kelley Richardson

Sapiens: Harari

Growing and Breathing Problems: Harell DMD, Gozal MD, David

McIntosh MD

Temporomandibular Joint and SDB: Tamimi MD

How Anthropology Informs the Orthodontic Diagnosis of

Malocclusion's Causes: Corriccini PhD

Dear _____,

Just writing a quick note to alert you to a significant update in the recently published ICSD-3-TR regarding Obstructive Sleep Apnea. "International Classification of Sleep Disorders, Third Edition, Text Revision"

The AASM published this third text revision at the end of 2023.

Coding established by ICD-10-CM (International Classification of Disease-10-Clinical Modifications)

Coding for Obstructive Sleep Apnea has been G47.33

According to the text revision, the term upper airway resistance syndrome (UARS) is now subsumed under the diagnosis of OSA because they share the same pathophysiology. As such OSA and UARS share the same diagnostic code G47.33.

As an example: If the patient has an AHI of 0, but they have 5 or more RERAs/hour (an RDI or 5 or more) that can now be codified as Obstructive Sleep Apnea.

Although UARS is a very common condition and it causes chronic inflammation, insurance companies never covered any treatment for it. This new coding may allow them to finally get coverage from their insurance carriers.

When referring to our office, please use the code G47.33 for these non-desaturating patients to increase the chances of insurance coverage for our patients. The wording Obstructive Sleep Apnea should be written on your script as well.

Many of these patients are able to benefit from an oral appliance but up until now they have not been covered.

I'm hopeful we can use the new language to help our mutual patients with their eligibility for insurance benefits.

Warm personal regards,

Steve Lamberg DDS, DABDSM

SWALLOWS

A risk assessment tool for sleep related breathing disorders
(Presented at PAANNY 2024)

1. **S**trained Perioral Muscles

a. Mentalis Strain upon swallow or lip closure YES NO

2. **W**idth of the Palate

a. <38mm between max 1st permanent molars for adults YES NO

b. <28mm between max 1st deciduous molars by age 4 YES NO

3. **A**irway Mode

a. Mouth breathing any time other than exercising YES NO

4. **L**ymphoid Tissue

a. Are the tonsils halfway or more to the uvula YES NO

5. **L**ingual/Labial Frenums

a. Lingual: Opening decreased by >50% with tongue tip up YES NO

b. Labial: Attachment onto attached gingiva YES NO

6. **O**cular Manifestations

a. Venous pooling, allergic shiners, enlarged sclera YES NO

7. **W**ear on Teeth

a. Wear facets on the teeth, incisors thin or chipped YES NO

8. **S**calloped Tongue

a. Scalloped lateral borders of the tongue YES NO

Patients with positive responses should receive a physician referral to evaluate the need for a sleep study. Additional possible referrals include: airway focused dentist or pediatric dentist, myofunctional therapist, airway focused orthodontist, otolaryngologist, allergist, oral surgeon, dietician, and pulmonologist.

Patient Name _____ DOB _____ Date _____

Patient Name: _____ DOB: _____ Date: _____

Fatigue Severity Scale (FSS)

The Fatigue Severity Scale (FSS) is a method of evaluating the impact of fatigue on you. The FSS is a short questionnaire that requires you to rate your level of fatigue.

The FSS questionnaire contains nine statements that rate the severity of your fatigue symptoms. Read each statement and circle a number from 1 to 7, based on how accurately it reflects your condition during the past week and the extent to which you agree or disagree that the statement applies to you.

- A low value (e.g., 1) indicates strong disagreement with the statement, whereas a high value (e.g., 7) indicates strong agreement.
- It is important that you circle a number (1 to 7) for every question.

FSS Questionnaire

During the past week, I have found that:	Disagree ←————→ Agree						
1. My motivation is lower when I am fatigued.	1	2	3	4	5	6	7
2. Exercise brings on my fatigue.	1	2	3	4	5	6	7
3. I am easily fatigued.	1	2	3	4	5	6	7
4. Fatigue interferes with my physical functioning.	1	2	3	4	5	6	7
5. Fatigue causes frequent problems for me.	1	2	3	4	5	6	7
6. My fatigue prevents sustained physical functioning.	1	2	3	4	5	6	7
7. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3	4	5	6	7
8. Fatigue is among my three most disabling symptoms.	1	2	3	4	5	6	7
9. Fatigue interferes with my work, family, or social life.	1	2	3	4	5	6	7
Total Score:							

Scoring your results

Now that you have completed the questionnaire, it is time to score your results and evaluate your level of fatigue. It's simple: Add all the numbers you circled to get your score.

The fatigue Severity Scale key

A total score of less than 36 suggests that you may not be suffering from fatigue.

A total score of 36 or more suggests that you may need further evaluation by a physician.

Your next steps

This scale should not be used to make your own diagnosis.

If your score is 36 or more, please share this information with your physician. Be sure to describe all your symptoms as clearly as possible to aid in your diagnosis and treatment.

Patient Name: _____ DOB: _____ Date: _____

Epworth Sleepiness Scale (ESS)

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would doze off or fall asleep during different routine daytime situations. Answers to the questions are rated on a reliable scale called the Epworth Sleepiness Scale (ESS). Each item is rated from 0 to 3, with 0 meaning you would never doze or fall asleep in a given situation, and 3 meaning that there is a very high chance that you would doze or fall asleep in that situation.

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you haven't done some of these activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation:

0 = would never doze 2 = moderate chance of dozing
1 = slight chance of dozing 3 = high chance of dozing

It is important that you circle a number (0 to 3) on each of the questions.

Situation	Chance of dozing (0-3)			
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place --- for example, a theater or meeting	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (when you've had no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3
Total Score:				

Scoring your results

Now that you have completed the questionnaire, it is time to score your results and evaluate your own level of daytime sleepiness. It's simple. Just add up the numbers you put in each box to get your total score.

The Epworth Sleepiness Scale key

A total score of less than 10 suggests that you may not be suffering from excessive daytime sleepiness. A total score of 10 or more suggests that you may need further evaluation by a physician to determine the cause of your excessive daytime sleepiness and whether you have an underlying sleep disorder.

Your next steps

This scale should not be used to make your own diagnosis. It is intended as a tool to help you identify your own level of daytime sleepiness, which is a symptom of many sleep disorders.

If your score is 10 or more, please share this information with your physician. Be sure to describe all your symptoms, as clearly as possible, to aid in your diagnosis and treatment.

It is important to remember that true excessive daytime sleepiness is almost always caused by an underlying medical condition that can be easily diagnosed and effectively treated.

General Health Supplements

Phosphatidyl Choline, are a major component of biological membranes and can be easily obtained from a variety of readily available sources, such as egg yolk or soybeans, Boost cognitive function, aid in liver repair, and promotes lipolysis.

Super K (K2 plus K1,) Important for blood clotting, wound healing and building bones.

Sulforaphane, Neutralizes toxins, it also calms inflammation in your body. Prevents various brain diseases, including stroke, TBI, AD, PD, and ASD (autism spectrum disorders). SFN exerts neuroprotective effects through activating Nrf2 signaling pathway and its downstream antioxidative as well as antitoxic enzymes.

Milk Thistle Extract (Silymarin), hepatoprotective through a number of mechanisms: antioxidant activity, toxin blockade at the membrane level, enhanced protein synthesis, antifibrotic activity, and possible anti-inflammatory or immunomodulating effects.

L-Tyrosine, an essential component for the production of several important brain chemicals called catecholamines/neurotransmitters, including epinephrine, norepinephrine, dopamine. and is also used in the production of thyroid hormones.

Ubiquinol, Decreases oxidative stress, improves mitochondrial function, improve exercise performance, protects against cognitive decline, helps generate energy in cells by making the antioxidant ATP, which is involved in cell energy transfer, improves endothelial function, increase mitochondrial complex I activity, enhance mitochondrial activity by increasing levels of SIRT1, PGC-1 α , and SIRT3 that slow the rate of age-related hearing loss and protect against the progression of aging and symptoms of age-related diseases. The activity of mitochondrial electron transfer is suggested to depend on the concentration of ubiquinone-10 in the inner mitochondrial membrane.

R-Lipoic Acid, Works like an antioxidant, it might provide protection to the brain and also be helpful in certain liver diseases. Lowers blood sugar levels, reduces insulin resistance, levels and kills free radicals, helps in several mitochondrial complexes.

NAC N-Acetyl-L-Cysteine, Helps to replace glutathione. It also aids in regulating glutamate. These functions may help to improve brain health and benefit people with conditions such as Alzheimer's and Parkinson's diseases. NAC may help with psychiatric disorders and addictive behaviors

NAD+ Nicotinamide Adenine Dinucleotide, essential for mitochondria to function properly. The mitochondria use the redox reaction of NAD+ and NADH for both anaerobic (without oxygen) and aerobic (with oxygen) metabolism. May slow aging trajectory. Can naturally boost this with exercise, ketosis, diet, less time in the sun, and heat.

B-9 Folate (folic acid), Works closely with vitamin B12 to help make red blood cells and help iron work properly in the body. Promotes healthy cell growth and function.

B-6 (Pyroxidine), supports brain function and the immune system and improves mood, reduces AD risk by decreasing homocysteine levels.

B-12 (cobalamin), needed to form red blood cells and DNA. It is also a key player in the function and development of brain and nerve cells. Along with B6 and B9, B12 helps to reduce homocysteine levels and decrease the risk of AD.

D3 (Cholecalciferol), helps body absorb calcium and phosphorus. Body makes when exposed to sunlight.

Vit C (ascorbic acid), helps protect the cells against effects of free radicals.

Vit A (retinol), helps body's natural defense against illness and infection. Helps vision (health of retinas) in dim light and keeping skin and lining of nose healthy.

Vit E (tocopherol), role is to act as an antioxidant, scavenging loose electrons /"free radicals" that can damage cells. Prevents platelet hyperaggregation, which can lead to atherosclerosis.

Glutathione, Produced by the liver and involved in many body processes. Glutathione is involved in tissue building and repair, making chemicals and proteins needed in the body, and in immune system function. Slows cancer, improves insulin sensitivity, increases fat metabolism,, anti-inflammatory, helps with apoptosis, and slows aging. Also inhibits ACE activity, decreases reactive

oxygen species (ROS), and helps with production and reduction of NF-kB activation.

Citicoline, Will help make acetylcholine. Helps protect and repair the cells, structure, and function of your nervous system. Citicoline is available as a dietary supplement that can be used to enhance thinking ability and memory. Slows advancing neurodegenerative disorders such as glaucoma and mild vascular cognitive impairment.

Phosphatidyl Choline, Increases acetylcholine and used in AD for increasing memory. Helps with anxiety and depression.

Omega 3 (EPA 650 / DHA 450), boost heart health, brain function and promote weight loss.

Calcium + D3, help maximize **calcium** absorption **and** support healthy bones, joints **and** muscles

Lions Mane (Hericium erinaceus), stimulates growth of brain cells, protects against AD. Prevents neuronal damage from amyloid-beta plaque. Improves cognitive test results including memory. (impact on hippocampus). Anti anxiety and depression. Protects gut health encouraging good bacteria. Good for immune system.

B3 (Niacin), good for nervous system, digestive system, and skin. Boosts HDL and lowers triglycerides. Repairs DNA and has antioxidant effect. Boosts energy.

Magnesium Citrate, used to treat occasional constipation.

Chelated Magnesium, lowers BP, boosts energy, helps bones, fights depression and diabetes, CV health.

Sleep

Magnesium Glycinate, increases gamma-aminobutyric acid (GABA) levels. The magnesium binds to and stimulates GABA receptors. GABA allows body to relax and fall asleep.

GABA, (Gamma-Aminobutyric Acid) Inhibitory neurotransmitter, Improves mood, relieves anxiety, Improves sleep, Help with premenstrual syndrome, treats ADHD, boost focus, anti-inflammatory. There are questions about oral GABA crossing the blood brain barrier. May need a week before results are noticed.

Bromelain, reduces pain and swelling of nose and sinuses and gums and good for osteoarthritis. In pineapples.

Phosphatidyl Serine (Neuro-PS), support symptoms of anxiety by reducing stress, regulating mood and encouraging your body to relax.

Chelated Zinc, supports immune function, blood sugar management, reduces oxidative stress.

Ginko Biloba, for many conditions, including anxiety, allergies, dementia, eye problems, peripheral artery disease (when buildup of plaque narrows the blood vessels that carry blood to the head, organs, and limbs), tinnitus, and other health problems. With relaxation-enhancing abilities, this herb can also be a suitable sleep aid to incorporate into your nightly bedtime routine.

Magnesium Threonate, can readily elevate **magnesium** levels in the brain, it has the potential to improve cognitive function and promotes more restful sleep.

Vit D, vitamin D deficiency (VDD) can increase risk of sleep disorders and is associated with sleep difficulties, shorter sleep duration, and nocturnal awakenings in children and adults

L-Theanine, Research suggests that L-theanine might provide a range of health benefits, which may include: supports thinking and relaxation, improved mental focus, help with weight loss, reduces blood pressure and better sleep quality.

Melatonin, Regulates sleep-wake cycles. For insomnia or jet lag and may shorten sleep latency. Anti-oxidant, Scavenges free radicals, reduces molecular damage in organs. Anti-inflammatory effect. Stimulates immune system.

Weight Loss

Acetyl L-Carnitine, Alzheimer disease, improving memory and thinking skills, treating symptoms of depression, and reducing nerve pain in people with diabetes. Carnitine helps to support the burning of visceral belly fat by speeding up the transportation of fatty acids into the muscles. Alcar can inhibit the expressions of inflammatory factors and antioxidation to suppress the development of atherosclerosis by adjusting blood lipid in the myocardium of AS rats.

L-Theanine, Research suggests that L-theanine might provide a range of health benefits, which may include: supports thinking and relaxation, improved mental focus, help with weight loss, reduces blood pressure and better sleep quality.

Chromium Picolinate, lowers blood sugar and reduces body weight and body fat.

CLA Conjugated Linoleic Acid, is an omega 6 which may decrease adiposity and increase muscle. Also regulates insulin so may prevent insulin insensitivity.

DHEA, Improves skin hydration and firmness and boosts testosterone. Decreases abdominal obesity and protects against insulin resistance.

Omega-3

Alpha Lipoic Acid

Chromium Picolinate

Glutamine

Gamma Linolenic Acid

Dimethylaminoethanol DMAE

Mitake Magic

Astaxanthin

Mens Health

L-Arginine, Helps body build protein. It also releases nitric oxide into the blood increasing blood flow and also stimulates the release of insulin into the body. May suppressed aging-related cognitive decline and behavioral depression. Reduces oxidative damage and enhances mitochondrial functions in

the brain. Arg plays important roles in reducing stress-induced brain damage and slowing aging.

Neo 40, boosts nitric oxide which promotes artery vasodilation for healthy blood flow.

L-Citrulline, boosts nitric oxide production in the body. Nitric oxide helps your arteries relax and work better, which improves blood flow. Helps increase oxygen uptake and muscle oxygenation.

Ashwaganda, health benefits for fertility, athletic performance and stamina, sleep, and heart health.

Horny Goat Weed, An herbal supplement that may help treat erectile dysfunction and osteoporosis. Used in traditional Chinese medicine to "nourish" the kidney and as an aphrodisiac, and used for low libido, and erectile dysfunction.

Testosterone, Boost with combination of: B6, B12, Panax Ginseng, Zn, Mg, Cordyceps Mushroom, Ashwaganda, Hawthorn Berry Extract, Long Jack Root, Horny Goat Weed (Epimedium), Tribulus Terrestris, L-Citrulline, any NO booster, D-Aspartic Acid, Vit D, DHEA.

Ginko Biloba, for many conditions, including anxiety, allergies, dementia, eye problems, peripheral artery disease (when buildup of plaque narrows the blood vessels that carry blood to the head, organs, and limbs), tinnitus, and other health problems. With relaxation-enhancing abilities, this herb can also be a suitable sleep aid to incorporate into your nightly bedtime routine.

Panax Ginseng Root, Ginseng could help improve brain functions like memory, behavior, and mood, depression and anxiety. Promotes NO and protects against oxidative stress. Possesses potent anti-bacterial, anti-fungal, and anti-viral properties and may enhance the function of the immune system

Tribulus Terrestris, Enhances libido, keeps the urinary tract healthy and reduces swelling . Tribulus Terrestris is widely used as a general health supplement, as well as in supplements that claim to increase testosterone levels.

Fenugreek, slows sugar absorption in the stomach and stimulates insulin. (lowers blood sugar levels) Also improve levels of testosterone and estrogen, helping to improve interest in sex

Yohimbe Bark, The **bark** has been used traditionally as an aphrodisiac and to enhance sexual performance. **Yohimbe** is promoted for erectile dysfunction, athletic performance, weight loss and diabetic neuropathy.

DHEA, Improves skin hydration and firmness and boosts testosterone. Decreases abdominal obesity and protects against insulin resistance.

OROFACIAL AIRWAY SCREENER

EACH OF THESE FACTORS IS AN INDEPENDENT “**RED FLAG**” FOR SLEEP DISORDERED BREATHING IN CHILDREN OR ADULTS.

1. Mouth Breathing

Ask the patient to breathe through their nose by holding water (~15ml) in their mouth for 3 minutes.



Does the patient have difficulty with nasal exclusive breathing?

No Yes



2. Mentalis Strain

Does the patient struggle to keep their lips together while at rest?

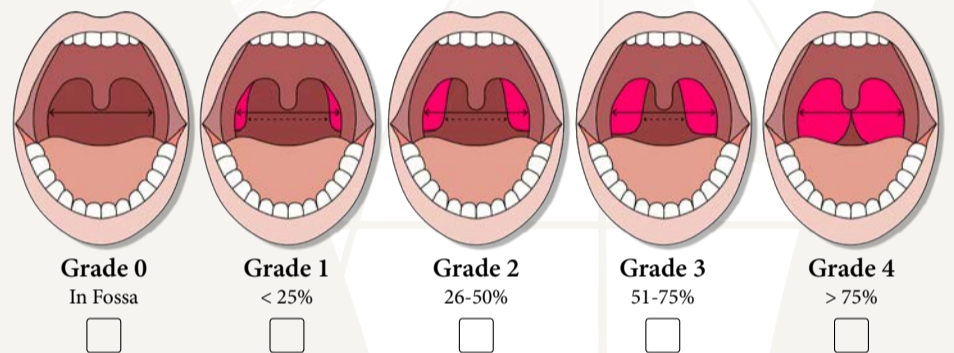
No Yes



3. Tonsil Hypertrophy

Based on the Brodsky Tonsil Scale, does the patient present with tonsil hypertrophy?

No (Grade 0-1) Yes (Grade 2-4)

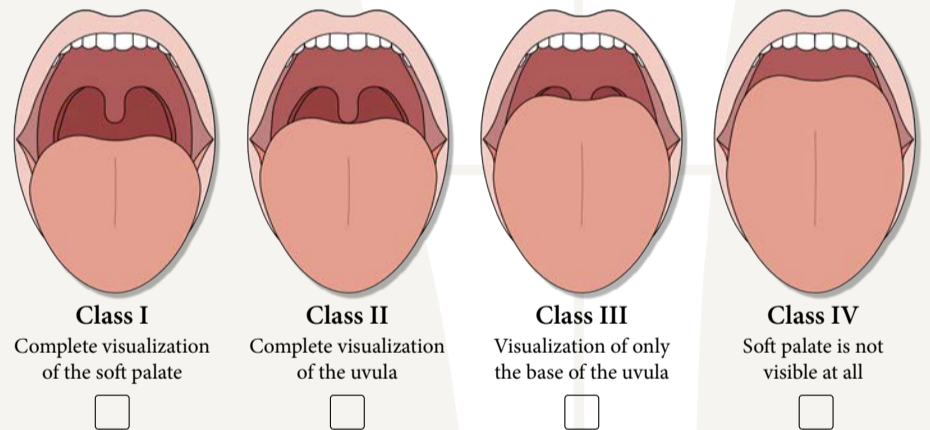


4. Mallampati Tongue Score

Have the patient stick their tongue as far as they can, without speaking or saying “ahh”. Assess for visualization of oral structures (i.e., soft palate, uvula, pillars, etc.)

Does the patient have most or all of their oral structures blocked by their tongue?

No (Class I-II) Yes (Class III-IV)

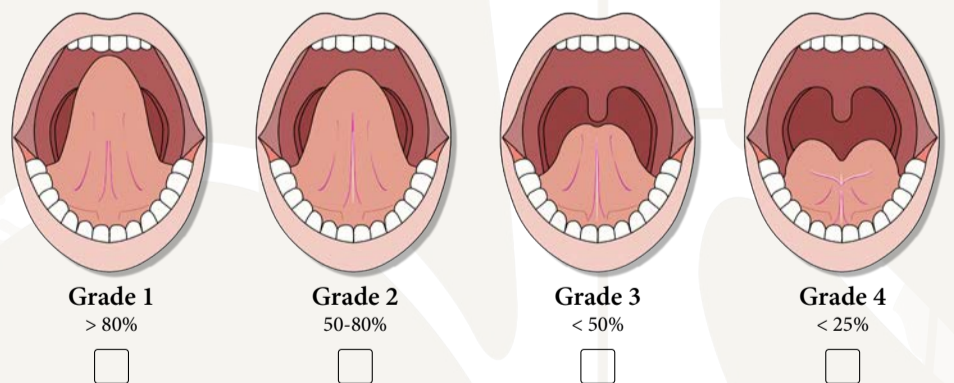


5. Ankyloglossia

Assess patient with TRMR-TIP (Tongue Range of Motion Ratio with Tongue to Incisive Papilla)

Is the patient’s tongue movement restricted?

No (Grade 1-2) Yes (Grade 3-4)

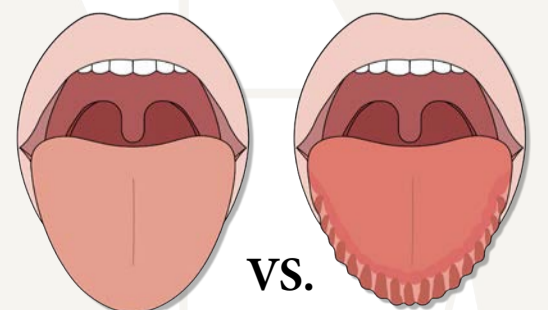


6. Tongue Scalloping

Have the patient swallow, then stick out their tongue without pain or discomfort. Assess for scalloped shapes along the edge of the tongue and spaces between mandibular incisors.

Does the patient present with tongue scalloping?

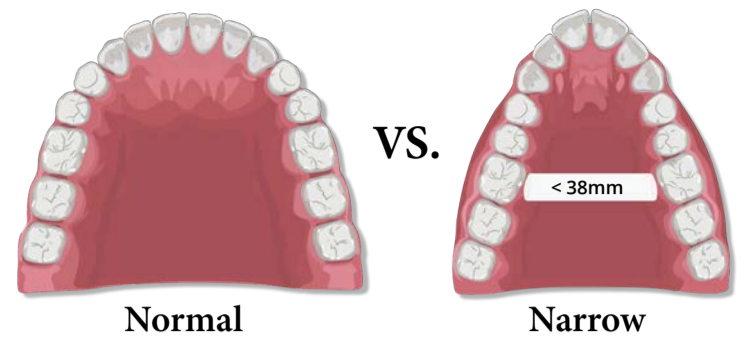
No Yes

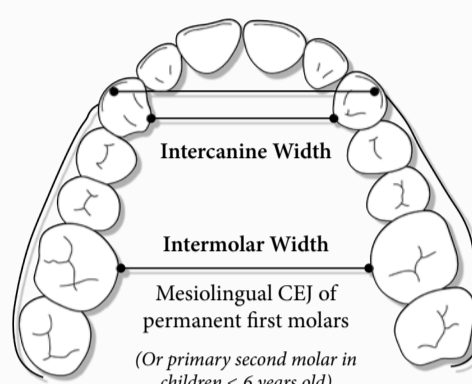


7. Narrow Palate – Maxillary

Are there signs of dental crowding, high arch, and/or narrow palate?
May use a cotton roll (~38mm) to check for palatal width.

- No Yes
- Intermolar Intermolar (< 34mm)
- Intercanine Intercanine at Cusp Tips (< 32mm)
- Intercanine at Lingual Aspect (< 24mm)



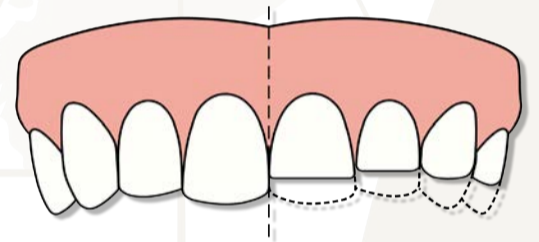


Maxillary Intermolar Distance Measurements & Corresponding Airway Risk				
Adult Measurements				
<input type="checkbox"/> < 32mm Severe	<input type="checkbox"/> 32-34mm Moderate	<input type="checkbox"/> 34-36mm Mild	<input type="checkbox"/> 36-38mm Average	<input type="checkbox"/> 38-42mm Above Average
Pediatric Measurements				
Age + 24mm				
Maxillary Intercanine Distance Measurements & Corresponding Airway Risk				
Cusp Tips				
<input type="checkbox"/> < 28mm Severe	<input type="checkbox"/> 28-31mm Moderate	<input type="checkbox"/> 32-35mm Average		
Lingual Aspect				
<input type="checkbox"/> < 24mm Severe	<input type="checkbox"/> 24-28mm Moderate	<input type="checkbox"/> 29-32mm Average		

8. Dental Wear

Are there visible signs of dental wear?

- No Yes
- Minimal (< 1mm)
- Moderate (1-2mm)
- Severe (> 2mm)



9. Eyes – Venous Pooling

Assess the patient's eyes for dark bags or circles.

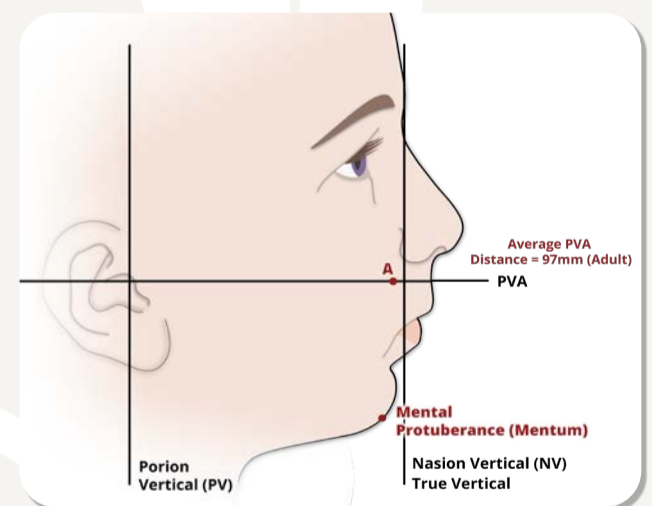
- No Yes



10. Facial Profile – Retruded

Assess the patient's facial profile for retruded maxilla / mandible.

- No Yes
- Mx Mx – Central incisor behind NVL
- Mn Mn – Retrognathic – Convex profile – High angle growth direction



Grading Scale

The scoring of this screening is equal to the sum of the number of exam findings present. Scores may range from 0 (none of the items are present) to 10 (all ten of the concerning exam findings are present).

A score of one corresponds to minimal increased risk of sleep-disturbance; two indicates a mild increased risk; four indicates moderately increased risk; seven or higher indicates severely increased risk.

Scoring Table										
Number of red flags	1	2	3	4	5	6	7	8	9	10
Risk of Sleep-Disturbance	Minimal	Mild		Moderate			Severe			

- No increased risk (Score of 0)

USDA Strategic Partners

Office of the USDA's Center for Nutrition Policy & Promotion



Note: Not all of USDA's more than 100 food-related corporate partners listed here
 Source: <https://www.myplate.gov/professionals/partner-us/national-strategic-partners>