

**Sleep Medicine Network**  
**Patient Information Document**  
**Suggested Mandibular Advancement Protocol for the TAP®II Appliance**

The following is a reasonable, conservative approach to the determination of the optimum treatment position for the TAP II mandibular advancement appliance. No protocol is correct for All patients, and naturally, adjustments to this protocol are advised where deemed appropriate by your Sleep Medicine Network affiliate dentist.

- Patients should be informed about the risk / benefit assessment for their particular case. Please refer to the informed consent form as a guide for potential negative effects possible with the use of this appliance. Patients should understand their responsibilities to:
  1. communicate with the Sleep Medicine Network affiliate dentist should there be any deviation from normal advancement scenarios
  2. see their dentist of record no less frequently than semi-annually for observation of the health of your mouth, teeth, gums and associated structures.
  3. Be compliant each day with exercises described to you to help mitigate the risks of any permanent changes to your bite or tooth position.
- The start position should be with no or minimal advancement of the mandible. Some patients have a good subjective first night effect since the mandible cannot open or retrude.
- Morning exercises should be used to restore the normal bite and muscle and joint comfort within 30-60 minutes from removal of the device. If the patient meets these criteria, the patient is allowed to advance the appliance a maximum of a one-half turn (180 degrees) of the adjustment tool. If the patient does not meet these criteria, no advancement should be taken the next night. Sometimes a slower rate of advancement should be considered.
- A telephone call to the patient after a few nights use is wise. This will assure that the patient is comfortable and that they have no questions. A three week recall is given to assess the patient's location of the most optimal subjective treatment position.
- Patients are told that during this advancement process, one or more of the following experiences may occur:
  1. "I slept all night."
  2. "My wife (or husband) didn't hear me snore all night."
  3. "I woke up feeling unusually refreshed."
  4. "I realized I didn't need a nap in the afternoon."
  5. "I had unusually vivid dreams last night."

If any, all or other findings indicating improved sleep occur, the patient should discontinue the advancement process and ask the bed partner to observe their entire last hour of sleep. If the patient demonstrates silent, *effortless* sleep while on the back during that time, the patient should not advance farther, but seek home monitoring from the Sleep Medicine Network affiliate dentist. If the objective measure of sleep is not correct, more advancement of the mandible may be recommended.

- Once the optimal treatment jaw position has been determined, the patient should be scheduled with the referring medical clinician to evaluate the need for a final polysomnographic sleep study as required by the Practice Parameters of the AASM.
- Long term follow up by the dentist should be no less frequently than 6 months during the first year and annually thereafter.