

# SomnoGuard® Titration Protocol

## Overview

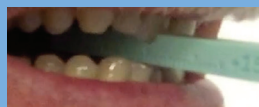
The SomnoGuard® Oral Appliances are FDA cleared for both Snoring and Obstructive Sleep Apnea and serve to maintain an open and stable airway by holding the jaw and associated musculature in position relative to the upper teeth (the Maxilla). In approximately 1/3 of patients, merely stabilizing the Jaw/Airway in this manner, without any advancement, is sufficient to permit ample airflow to quiet or eliminate snoring and prevent the obstruction contributing to episodes of apnea.

In the remaining 2/3 of patients however, some advancement of the lower tray is necessary to create enough space in the airway to permit airflow and prevent obstruction. The degree of advancement necessary is highly variable and subject to many factors, and therefore the SomnoGuard® Oral Appliances can be precisely adjusted from the position of normal occlusion up to 1cm of anterior advancement. It is critical to **ONLY ADVANCE THE MANDIBULAR TRAY** as far forward as necessary to achieve desired results for each individual patient. Advancing beyond the point of ample efficacy and patient comfort, or advancing too quickly, will exacerbate complications including but not limited to perceived occlusal changes, tooth and muscle soreness, TMJ disorders and others resulting in non-compliance.

In order to minimize potential complications we recommend the following conservative Titration Protocol be followed:

### ➔ Initiate OA Therapy in the patient's normal occlusion

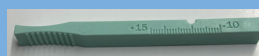
Assess the patient's normal occlusion by having them exercise their bite, opening and closing to record where the upper and lower arches fall relative to each other. This can also be achieved by using the SomnoStick® Bite Assessment tool with mm markings to better quantify.



Methods for duplicating the normal occlusion vary by appliance:

The AP2 bite position is replicated at the positioning of the lower tray in step 2 of fitting.

The SPX is replicated by adjusting the length of the titration turnbuckles upon fitting completion



### ➔ Advance lower tray in small/gradual increments (2mm every 2 weeks)

**A** Adjust the titration Screw by engaging the provided allen key and turning **COUNTERCLOCKWISE**, 5 full turns  
**P**  
**2** (360 degrees = .4mm)  
Resecure locking nut

**S** Shorten Titration Turn-Buckles 2mm,  
**P** 2.5 full turns (360 degrees)  
**X** with provided open end wrench.  
(use 2mm shorter straps if available)

### ➔ Continual gradual advancement until subjective efficacy is achieved

As assessed by bed partner, if available, or patient's self-assessment of restfulness, energy, dreaming, Epworth, etc.

Three scenarios typically present:

1. Satisfaction with response at the attained level of advancement.
2. Improvement but not full resolution of symptoms, but discomfort with further advancement.
3. Insufficient response and inability to tolerate further advancement.

### ➔ Quantify subjectively assessed efficacy with a Sleep Study (HST) - Titrate further as needed

Even once efficacy is achieved, the degree of titration IS NOT static. Changes in patient health, weight, lifestyle can all impact the amount of advancement necessary. By keeping the advancement needed to an absolute minimum, complications are substantially reduced and the incidence of occlusal changes, perceived need for morning aligner, tooth movement, TMJ issues and appliance longevity are all positively impacted.

