ABDSM Case Submission Guide

(2019 Exam Applicants)

This guide is based on the official certification guidelines for 2019 exam applicants and is intended to assist applicants in preparing case studies for submission to the ABDSM. Applicants are responsible for following the official guidelines which are available here: ABDSM 2019 Guidelines

Reminder: REDACT all patient information with the exception of the patient's date of birth.

ORAL APPLIANCE THERAPY CASES *submit between October 1, 2018-April 30, 2020*

Number of Cases

- 5 detailed cases
- 5 spreadsheet cases

Selecting 10 Cases

All case studies must meet the following criteria:

- ☐ The applicant is the direct and primary care provider from start to finish for each case.
- ☐ Each patient is at least 18 years old and a first-time user of oral appliance therapy.
- ☐ Among the 10 total cases, at least 2 distinct appliance designs must be used. These appliances must have different types of advancement mechanisms from one another.
- ☐ The appliance used in each case must be **FDA-cleared** for the treatment of OSA and must meet the AADSM's published definition of an oral appliance.

Presentation Requirements for all Cases

- ☐ All documents must be legible, dated, labeled, and sequenced as described in this guide.
- ☐ Only the documentation required in the ABDSM guidelines should be submitted.
- ☐ Sleep study reports should include both the summary page and data pages. Circle the following information: date of the sleep study; patient's birthdate; AHI, RDI or REI; and either the lowest oxygen saturation levels or oxygen saturation time spent below 90%.
- ☐ Redact all patient information in all documentation submitted with each case except date of birth.
- ☐ Sleep studies can be either a full overnight in-lab PSG or a home sleep apnea test that is administered by a sleep center or physician.
    - Pulse oximetry is not an acceptable form of sleep testing for these cases.
    - **Pre-treatment** HSATs administered by a dentist will not be accepted under any circumstances.
    - Pre-treatment sleep studies must have been conducted no more than 5 years prior to the date of the oral appliance delivery.
        - The ABDSM will accept older pre-treatment sleep studies if accompanied by documentation from the physician treating the patient verifying that a newer study is not necessary.
    - The same type of test does not need to be used for both the pre- and post-treatment sleep studies.
    - The post-treatment sleep study must occur at least 1 month following appliance insertion.
    - The dentist may administer a post-treatment HSAT if it is within the scope of practice in their state.

  Post-treatment HSATs administered by the dentist must be accompanied by documentation from the local treating physician requesting that the dentist administer the HSAT for follow-up purposes. Use the MD follow-up form for this documentation.
- ☐ Each sleep study must be interpreted by a physician who is board-certified in sleep and must be signed by the interpreting sleep physician.
    - International certificants and Canadian applicants may submit sleep studies that were interpreted by a physician who is experienced in sleep medicine if a board-certified sleep physician is not available. Submit document of the sleep physician's credentials.
- ☐ For full overnight in-lab PSG, applicants may use either AHI or RDI.
- ☐ For HSAT, applicants may use AHI, RDI, or REI.
- ☐ The same measure must be used for both the pre- and post-treatment sleep study, if available. If the same measure is not available, the following rules apply:
    - If RDI was used for the pre-treatment study, RDI must be used for the post-treatment study.

    - If REI or AHI was used for the pre-treatment study, then RDI, REI, or AHI may be used for the post-treatment study.
- The AHI, RDI, or REI for all 10 cases must meet the criteria over the total night (REM and non-REM combined).
- Split night studies are acceptable if they meet these guidelines.

Detailed Case Requirements

The 5 detailed case studies must meet the following criteria:

- ☐ Each patient has a pre-treatment AHI, RDI, or REI of 10 or greater
- ☐ Each patient has a post-treatment AHI, RDI, or REI that is
    1. Reduced in half
    2. Less than 10
    3. Accompanied by subjective relief of symptoms

Requirements for the presentation of detailed cases

Detailed Case Summary

- ☐ Submit a summary of the 5 detailed cases by completing all required information in the Detailed Cases Summary Template.

Divider pages to introduce each case study can be found at https://www.abdsm.org/case_resources.php.

Each Detailed Case must include the following documentation in presented in this order:

Typed Synopsis

- ☐ Write a synopsis of the case, including date of initial visit, patient's date of birth, chief complaint, history of present illness, pertinent medical history, clinical and radiographic examination, diagnosis, treatment, results, disposition, and reason for use of the chosen appliance.

Pre- and Post-Treatment Sleep Studies

- ☐ Present the pre- and post-treatment sleep studies for this case. See the guidelines for sleep studies in the "all cases" section of this document.

OSA Management Template

- ☐ Present the OSA Management with Oral Appliance Therapy form for this case.
- ☐ The form must be signed by the patient's local treating physician. This is the physician that is seeing the patient and treating their sleep disordered breathing.

Follow-up Appointment Notes

- ☐ Include notes from at least 3 face-to-face follow-up appointments. Email, phone calls, and completed patient surveys do not qualify as follow-up appointments.
- ☐ At least one of the appointments must be more than 3 months from the oral appliance insertion date.
- ☐ Documentation must include copies of actual dated detailed clinical notes in SOAP format.

Radiographs and Photographs

- ☐ All photographs must be in color, of good quality, and submitted in PDF format.
- ☐ All radiographs, whether digital or scanned analog, must be submitted in PDF format.
- ☐ Each photograph or radiograph must be individually dated with the date of exposure.
    - For cases received by the ABDSM on or after January 1, 2020, only electronic date stamps will be accepted.
    - For cases received by the ABDSM before January 1, 2020, electronically stamped dates are preferred, but handwritten or typed dates will be accepted.
- ☐ Digital impressions are acceptable; however, applicants must save the original bite registration and have physical models made in order to take the images required for these cases. Digital pictures of the dentition produced by a scanner are not accepted.
- ☐ Radiographs must be taken before oral appliance delivery but not more than 3 years prior.
- ☐ Lip and cheek retractors must be used for the intraoral photos.
- ☐ Study models must be intact, trimmed, and made prior to oral appliance fabrication. Photographs of damaged models will not be accepted.
- ☐ Submit the radiograph and photos in this order:
    - Radiograph
    - Pre-treatment intraoral photos
        - 1 anterior view in occlusion
        - 1 right lateral view in occlusion
        - 1 left lateral view in occlusion
    - 1 anterior photo of patient's dentition with the appliance in place
    - Study model photos
        - 1 full occlusal view of the casts back-to-back on the bench top
        - Pre-treatment hand articulated models in occlusion on the bench top
            - 1 anterior view of articulated casts
            - 1 right view of articulated casts
            - 1 left view of articulated casts
        - Pre-treatment photos of casts with the initial bite registration in place
            - 1 anterior view with bite registration
            - 1 right view with bite registration
            - 1 left view with bite registration

Spreadsheet Case Requirements

The 5 spreadsheet cases must meet the following criteria:

- ☐ 3 of the cases must be for patients with OSA who have a pre-treatment AHI, RDI, or REI of 15 or greater.
- ☐ 2 cases must be patients with a pre-treatment AHI, RDI, or REI of 10 or greater.
- ☐ At least 3 of the patients must be successful responders with a post-treatment AHI, RDI, or REI that is reduced in half.
- ☐ Applicants may submit up to 2 non-responders, whose AHI, RDI, or REI was not reduced in half, but must replace the OSA Management Template with a written explanation describing possible reasons why treatment was not successful.

Requirements for the presentation of spreadsheet cases

Spreadsheet Case Summary

Submit a summary of the 5 Spreadsheet cases by completing all required information in the Spreadsheet Cases Summary Template.

Pre- and Post-Treatment Sleep Studies

- ☐ Present the pre- and post-treatment sleep studies for each case. See the guidelines for sleep studies in the "all cases" section of this document.

OSA Management Template

- ☐ Present the OSA Management with Oral Appliance Therapy form for this case.
- ☐ The form must be signed by the patient's local treating physician. This is the physician that is seeing the patient and treating their sleep disordered breathing.

Submit the spreadsheet cases in the following order:

- ☐ Include the Spreadsheet Cases Summary Template in either a PDF or Excel file format on the USB. The template can be found at https://www.abdsm.org/case_resources.php.

- ☐ Include the following items in one fluid PDF file format for each spreadsheet case. Divider pages to introduce each case study can be found at https://www.abdsm.org/case_resources.php. Documentation for all ten spreadsheet cases should be combined into one fluid PDF file.

    - Copy of pre-treatment sleep study report
    - Copy of post-treatment sleep study report
    - OSA Management with Oral Appliance Therapy Form

Case Submission

Case studies **must be submitted in a digital format on a USB flash drive** mailed to the ABDSM via traceable carrier. Applicants must organize the files on the USB drive as described in this guide.

Preparing and mailing the USB drive

Save the case study documentation to the USB drive in the order and format described in this guide. Do not add any additional folders or submit documents in sub-folders.

Make sure all patient information other than date of birth is properly redacted.

- ☐ Label the USB drive with the applicant's name
- ☐ Send via traceable carrier to:
  - ABDSM
  - 1001 Warrenville Road, Suite 175
  - Lisle, IL 60532
- ☐ Do not send case documentation by email or any other remote file transfer method.