	American Board of Dental Sleep Medicine (ABDSM) Test Blueprint	
	Exam content is determined by a pre-established blueprint. The blueprint is developed by the ABDSM and is reviewed annually and updated as needed to remain current. The primary content areas of the blueprint are shown below with the approximate percentage assigned to each for a typical exam. Actual exam content may vary from these percentages.	
1	**Understand the physiology of sleep, the pathophysiology of sleep disorders and problematic sleep, the mechanisms, comorbidities and medical consequences of sleep-disordered breathing (SDB).**	**13%**
1.1	Physiology and purpose of sleep, health benefits of normal sleep	
1.2	Pathophysiology of SDB including anatomic (airway and nasal supporting structures) and non-anatomic factors	
1.3	SDB and age including potentiation of disease with age	
1.4	Signs and symptoms of SDB	
1.5	Predisposing and confounding factors for SDB including lower lung function	
1.6	Prevalence, progression and impact of SDB in both the treated and untreated patient	
1.7	SDB and gender	
1.8	The impact of sleep deficiency and sleep disorders on society as a whole and on individual well-being including cognition, emotional stability, development, physical performance, vigilance, vulnerability to disease, etc.	
1.9	Deleterious impact of other sleep disorders when combined with SDB	
1.10	Pathophysiology and differential diagnosis of various sleep disorders and problematic sleep	
1.11	Potentiating and therapeutic relationships between pharmacology and sleep disorders	
2	**Understand sleep testing to assist in effectively managing patients who have been diagnosed with SDB.**	**13%**
2.1	Normal sleep architecture and respiratory parameters on polysomnography	
2.2	Pathologic sleep architecture and respiratory parameters on polysomnography	
2.3	How polysomnogram results predict treatment recommendations (behavioral therapies, CPAP, oral appliance, surgery, pharmacology, etc.) and efficacy of various treatments	
2.4	Role of monitoring devices, such as home sleep apnea tests (HSAT) and pulse oximetry, in dental sleep medicine including data analysis, interpretation and device calibration	

2.5	Differences between PSG and HSAT, limitations and advantages, indications for each and consideration of other home sleep testing modalities	
2.6	Various other types of in-lab sleep testing (MSLT, MWT, etc.) - their purpose, method and indication	
3	**Demonstrate knowledge of evidence-based alternatives for treatment of SDB and other common comorbid sleep disorders.**	**9%**
3.1	PAP therapies (CPAP, APAP, ASV, BiPAP) advantages and appropriate application of each	
3.2	Surgical therapeutic options for OSA and upper airway inadequacies	
3.3	Behavioral therapeutic methods (positional therapy, sleep hygiene, weight loss, cognitive behavioral therapy, etc.)	
3.4	Other emerging therapies (pharmacology, EPAP, HNS, exercises, etc.)	
3.5	Combining therapies for best outcomes	
3.6	Oral appliance therapy compared to CPAP	
3.7	Oral appliance therapy compared to non-PAP interventions	
3.8	Concepts of Mean Disease Alleviation, efficacy and compliance	
3.9	Understand evidence available for current practice guidelines and the concept of evidence-based practice.	
4	**Completing and interpreting a thorough dental sleep medicine history, examination and appropriate imaging to facilitate record keeping and determine the patient's candidacy for therapeutic intervention and to guide treatment planning, treatment goals, treatment expectations and informed consent.**	**13%**
4.1	Effects of obesity, drugs/medications, alcohol, smoking and other factors on the upper airway	
4.2	Other sleep-related problems (narcolepsy, RLS, PLMD/S, insomnia, insufficient sleep, shift workers syndrome, etc.), including the relationship between SDB and concomitant	
4.3	Medical comorbidities (hypertension, cardiovascular disease, metabolic syndrome, GERD, depression, anxiety, etc.)	
4.4	Informed consent and ethics	
4.5	Review of systems	
4.6	History of present illness including impact on others	
4.7	Coordinating multi-disciplinary care and communication with physicians and dentist of record	
4.8	Effect of sleep position on SDB	
4.9	Self-reported and sleep observer measures using questionnaires (quality of life measures, Epworth, Berlin, SATED and ISI, etc.)	
4.10	TMD and bruxism prevalence, as well as their relationship with sleep disorders	

4.11	Components of a comprehensive examination including oral airway assessment, tongue size and position, hard tissues and tooth alignment, periodontal support, occlusal and skeletal jaw classification, curves of Spee and Wilson, kinetics of jaw motion, muscle palpation, TMJ evaluation, etc.	
4.12	Correlating TMD and bruxism assessment with patient symptoms and history	
4.13	Correlating the findings on history, exam and testing with the proposed therapy	
4.14	Knowledge of medical record keeping requirements and SOAP note documentation of baseline data, ongoing findings, treatment planning, informed consent and inter-professional communication	
4.15	Understanding minimal subjective and objective data collection and interpretation as it applies to screening for SDB in the general dental population.	
5	**Select oral appliances based on matching their design, physical features and function with the information gathered in the clinical examination and patient interview, as well as apply proper impression and fitting techniques.**	**12%**
5.1	AASM/AADSM clinical practice guideline for oral appliance therapy in the treatment of obstructive sleep apnea and snoring	
5.2	AADSM protocols and definitions for oral appliance therapy	
5.3	Mechanism of action and physiologic impact of oral appliance on the upper airway	
5.4	Indications for oral appliance therapy	
5.5	Patient sleep habits, anatomic factors, dexterity, reflexes, ROM and other factors that may influence attaining treatment goals	
5.6	Attributes and limitations of multiple appliance styles, manufacturing materials and fabrication techniques along with design features	
5.7	Guiding patient decision-making based on history, exam findings, prospective tests, and patient preferences	
5.8	Rationale for initial treatment position, including vertical, horizontal and lateral components, and understanding of multiple bite acquisition techniques	
5.9	Knowledge of practical clinical protocols for acquiring critical impression detail with use of various materials and techniques, and to deliver a properly retentive device along with assessing fit, comfort, vertical dimension and protrusion of devices at delivery	
5.10	Ability to communicate unambiguously with laboratories through device fabrication prescription instructions.	
6	**Assess effectiveness and titrate oral appliance.**	**8%**
6.1	Role of patient history and symptoms in guiding the oral appliance adjustment process	

6.2	Impact of treatment on signs and symptoms	
6.3	Monitoring subjective and objective measures during follow-up examination	
6.4	Assessing for optimal timing of objective testing or medical referral	
6.5	Sleep study protocols for confirming oral appliance efficacy and therapeutic calibration	
6.6	Oral appliance efficacy, effectiveness and limitations of therapeutic optimization	
6.7	Monitoring compliance	
7	**Manage and provide long-term follow-up of patients in oral appliance therapy.**	**5%**
7.1	Impact of weight change, medication change, sleep hygiene/quantity, etc., with concurrent ongoing oral appliance therapy	
7.2	Relevance and documentation of changes in patient history, as well as self-reported and sleep-observer measures	
7.3	Treatment modification related to progressive nature of SDB	
7.4	Confirming appliance condition, stability and care	
8	**Understand breathing disorders of sleep in children and adolescents, as well as the diagnostic and treatment options for management these patients.**	**8%**
8.1	Prevalence of snoring and obstructive sleep apnea in children	
8.2	Etiology and pathophysiology of snoring and obstructive sleep apnea in children	
8.3	Signs and symptoms of SDB in children and adolescents	
8.4	Causes of problematic or insufficient sleep in children and impact on development including neuro-physiologic	
8.5	Causes of problematic or insufficient sleep in adolescents and impact on cognition, physical performance, impulse control and decision making	
8.6	Screening children and adolescents for SDB	
8.7	Treatment of snoring and obstructive sleep apnea in children and adolescents including level of evidence supporting surgical options, CPAP, rapid palatal expansion, orthodontic treatment or other trending therapies	
8.8	Differences between SDB in children and adults	
8.9	The relationship between SDB and medical and behavior disorders	
8.10	Referring children and adolescents for medical consultation and diagnosis	
9	**Understanding medical vs dental model and guidelines of practice.**	**6%**
9.1	Diagnosis of SDB by a physician	
9.2	Knowledge of medical recordkeeping requirements and SOAP note documentation of baseline data, ongoing findings, treatment planning, informed consent and interprofessional communication	

9.3	Documents required to keep on file	
9.4	Use of correct and appropriate coding, fraud and “overuse"	
9.5	Record considerations and thought processes for all decisions, including treatment goals, device selection, use of calibration testing, management of side effects, etc.	
9.6	Follow AADSM Standards for Screening, Treating and Managing Adult patients with SDB	
9.7	Medical legal and ethical considerations	
9.8	Staff roles in treating and screening	
10	**Anticipate and manage side effects of OAT with proper use of informed consent.**	**13%**
10.1	Critical parts of informed consent for treatment and dialogue with patient	
10.2	Understand evidence-based expectations of oral appliance side effects	
10.3	Understand mandibular protrusion effect on cranio-facial muscles	
10.4	Understand mandibular protrusion effect on TMJ	
10.5	Understand force vectors of OAT on oral hard tissues	
10.6	Use of occlusal guide and morning exercises for prevention and management of oral appliance side effects	
10.7	Use of remedies for side effects once they occur	
10.8	Decision-making and responsibilities regarding suspending or abandoning oral appliance treatment	

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