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### **Positions Statement Related to Sleep Related Breathing Disorders Issued by the Dentistry Examining Board**

The treatment of Sleep Related Breathing Disorders (SRBD) may involve several components including: comprehensive patient screening, physician diagnosis of SRBD, prescription for treatment of the SRBD, treatment, follow-up assessment and monitoring.

Dentists are prohibited from practicing outside of their scope of practice. Wisconsin Admin. Code DE 5.02(3). Some elements of the treatment of (SRBD) may fall within the scope of the practice of dentistry. Others may fall outside that scope and should be performed by a physician.

**Section 447.01(8)(a) of the Wisconsin Statutes defines dentistry as “Examining into the fact, condition or cause of dental health or dental disease or applying principles or techniques of dental science in the diagnosis, treatment or prevention of or prescription for any of the lesions, dental diseases, disorders or deficiencies of the human oral cavity, teeth, investing tissues, maxilla or mandible, or adjacent associated structures.”**

The definition also includes, “Engaging in any of the practices, techniques or procedures included in the curricula of accredited dental schools.” §447.01(8)(f).

Thus, dentists may perform tasks such as assessment, treatment and monitoring to the extent that these activities fall within their scope of practice.

In addition to the requirement that dentists not practice outside of their scope, dentists are also prohibited from "practicing in a manner which substantially departs from the **standard of care** ordinarily exercised by a dentist or dental hygienist which harms or could have harmed a patient." Wisconsin Admin. Code DE 5.02(5).

One commonly accepted standard of care is the following treatment protocol for Oral Appliance (OA) Therapy for SRBD issued by the American Academy of Dental Sleep Medicine (AADSM):

- 1) Medical Assessment.
- 2) Referral by dentist to physician to diagnose the SRBD – be it snoring, UARS (upper airway resistance syndrome), or obstructive sleep apnea; then returned to dentist for oral appliance therapy, if appropriate. Or referral by physician for OA therapy, if appropriate.
- 3) A copy of the diagnostic sleep study or pulse oximetry report forwarded to the dentist.

- 4) Dentist to assess and recommend the choice of appliance and relevant fees. Different types of OA design variations, both MRDs (mandibular repositioning device) and TRDs (tongue repositioning device), should be shown to the patient. The rationale for appliance selection should be explained to the patient. Documentation of this should be made in the patient's records.
- 5) Informed consent is highly recommended prior to insertion of the appliance.
- 6) Dentist to initiate therapy and titrate the OA to obtain optimum results based on patient symptoms and resolution of snoring and/or restriction in further jaw movement.
- 7) After adequate titration, dentist refers patient back to physician for assessment of OA treatment of SRBD.
- 8) Final adequate or complete resolution of SRBD is determined by the referring physician (usually with PSG (polysomnography) or pulse oximetry). If the patient is medically diagnosed with only simple snoring, the dentist may complete therapy without referral back to physician.
- 9) If the medical assessment shows continued SRBD, the patient is referred back to the dentist to continue further titration.
- 10) In specific cases, often when the initial titration has not been sufficient, the patient returns a second time to their physician for assessment. If UARS or OSA are still present, the referring physician may recommend an alternative form of therapy.
- 11) An annual dental assessment is recommended for all snoring, UARS, or Obstructive Sleep Apnea OA patients since the SRBD tends to get worse over time. The dental recall examination evaluates complications, compliance, device deterioration, and the need for possible additional titration.

The diagnosis of obstructive sleep apnea and the prescription of the appropriate treatment should be made by a qualified physician. Once the oral appliance therapy has been prescribed by a physician, then the oral appliance device should be fit by a qualified dentist with training and experience in dental sleep medicine.