**Fellowship in Dental Sleep Medicine (FDSM)**

**Key topics**

The FDSM multiple choice examination will be based on key topics in the field of dental sleep medicine. Each topic is allocated 10% of the total proportion of multiple choice questions allocated to the total exam.

**Key topic Area #1 (10%)**

**Understand normal sleep including its physiology, and the pathophysiology of various sleep disorders with emphasis on sleep-disordered breathing.**

1.1 Health benefits of normal sleep

1.2 Physiology of normal sleep

1.2 Pathophysiology of SDB including anatomic and non-anatomic factors

1.3 Prevalence and Comorbidities of SDB

1.4 Risk factors of SDB including age and gender

1.5 Signs and symptoms of SDB

1.6 Impact of sleep disorders on the individual

1.7 Impact of sleep disorders on society

1.8 Prevalence, pathophysiology, and the clinical features of insomnia

1.9 Other respiratory sleep disorders.

1.10 Other non-respiratory sleep disorders.

1.11 The effects of pharmacotherapeutics on sleep

**Key topic Area #2 (10%)**

**Understand diagnostic sleep testing in sleep disordered breathing**

2.1 Normal sleep architecture and respiratory parameters on polysomnography

2.2 Pathological sleep architecture and respiratory parameters on polysomnography

2.3 Interpretation of polysomnogram and how its influences treatment recommendations

 such as behavioural therapies, CPAP, oral appliance, surgery, pharmacotherapeutics

2.4 Interpretation of treatment efficacy on polysomnogram

2.5 Compared monitored and unmonitored PSG including their indications, advantages,

 and disadvantages.

2.6 Other types of sleep testing such as MSLT and MWT including their indications, method

 and interpretation

2.7 Screening for sleep disordered breathing

**Key topic Area #3 (10%)**

**Demonstrate knowledge of oral appliance therapy for sleep disordered breathing**

**as well as other evidence-based treatments**

3.1 History of oral appliance therapy

3.2 Mechanism of action of oral appliance therapy

3.3 Indications, contraindication, advantages and disadvantages for oral appliance therapy

3.4 PAP therapies (CPAP, APAP, ASV, BiPAP) indications, contraindication, advantages and

 Disadvantages

3.5 Surgical options for sleep disordered breathing

3.6 Behavioural therapy (positional therapy, sleep hygiene, weight loss, cognitive behavioural therapy)

3.7 Other emerging therapies (pharmacology, EPAP, HNS, exercises, etc.)

3.8 Combination therapies

3.9 Oral appliance therapy compared to other treatment options

3.10 Concepts of Mean Disease Alleviation (effectiveness), efficacy and compliance

3.11 Understand current practice guidelines and role of evidence-based practice and

 concepts of best practice.

**Key topic Area #4 (10%)**

**Dental sleep medicine history taking, examination and imaging for patient selection and treatment planning**

4.1 Dental Medicine Sleep history taking including reasons of attendance, goal setting and

 managing expectations.

4.2 Medical history taking including effects of age, obesity, drugs/medications, alcohol,

 smoking, other sleep disorders and comorbidities on the upper airway and overall

 morbidity

4.3 Relationship of sleep disordered breathing to other sleep-related problems (narcolepsy,

 RLS, PLMD/S, insomnia, insufficient sleep, shift workers syndrome)

4.4 Understand relevance of medical comorbidities (hypertension, cardiovascular disease,

 metabolic syndrome, GORD, depression, anxiety, neurocognitive decline) associated

 with sleep disordered breathing.

4.5 Ethics and informed consent

4.6 Working as part of a multi-disciplinary team with providing care and communication

 with referring physician and interested parties

4.7 Sleep bruxism and relationship with sleep disordered breathing

4.8 Pain and sleep

**Key topic Area #5 (10%)**

**Oral appliance selection based on history, examination and design features and impression taking, bite registration and fitting**

5.1 Clinical practice guideline for oral appliance therapy in the treatment of obstructive

 sleep apnoea

5.2 Mechanism of action of oral appliance on the upper airway

5.3 Indications and contraindications for oral appliance therapy

5.4 Considerations for different appliance designs including advantages and disadvantages of each, manufacturing materials and fabrication techniques

5.5 Selecting the best device designs based on history, examination, sleep study findings, and patient preferences

5.6 Rationale for initial bite registration position, including vertical, horizontal and lateral

 Components and discuss of various bite registration techniques

5.7 Understand impression material available and requirement for an accurate impression

5.8 Writing a laboratory request for device fabrication

5.9 To deliver a retentive device along with assessing fit, comfort, vertical dimension and protrusion at delivery

5.9 Delivery of device home care instructions

**Key topic Area #6 (10%)**

**Assess effectiveness and titrate oral appliance**

6.1 Reverting to patient’s chief complaint, history, signs and symptoms in the titration process.

6.2 Reviewing signs and symptoms during follow-up appointments

6.3 Consideration and assessing the need for referral for objective testing of the efficacy of the oral appliance

6.5 Treatment sleep study protocols for confirming oral appliance efficacy and need for further titration

6.6 Oral appliance efficacy, long-term effectiveness and limitations

6.7 Treatment adherence and need for monitoring compliance

**Key topic Area #7 (10%)**

**Long-term follow-up of patients in oral appliance therapy**

7.1 Impact of age, weight change, alcohol use, medication change, sleep hygiene/quantity, etc., with long-term oral appliance therapy

7.2 Relevance and documentation of evolution in patient’s initial complaint based on self-reported and sleep-observer measures

7.3 Treatment modification related to progressive nature of sleep disordered breathing

7.4 Reiterating appliance condition, stability and care at yearly review appointments

**Key topic Area #8 (10%)**

**Understand the diagnosis and management of paediatric sleep disordered breathing**

8.1 Prevalence of snoring and obstructive sleep apnoea in children

8.2 Etiology and pathophysiology of snoring and obstructive sleep apnoea in children

8.3 Signs and symptoms of sleep disordered breathing in children and adolescents

8.4 Other causes of problematic or insufficient sleep in children and impact on their development

8.5 Other 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 sleep disordered breathing

8.7 Treatment of snoring and obstructive sleep apnoea in children and adolescents including

 surgical options, CPAP, orthodontic treatment and other therapies

8.8 Differences in sleep disordered breathing in children and adults

8.9 The relationship between sleep disordered breathing associated with underlying medical conditions and syndromes

8.10 Referral pathways for children and adolescents for diagnosis and treatment

**Key topic Area #9 (10%)**

**Understanding best practice principles in dental sleep medicine**

9.1 Diagnosis of sleep disordered breathing by a physician

9.2 Knowledge of recordkeeping requirements including baseline sleep study data, ongoing clinical notes, treatment planning, study models, informed consent and interprofessional communication

9.4 Use of correct and appropriate item codes for billing patient’s privately and for DVA

9.5 Ethics in dental sleep medicine

**Key topic Area #10 (10%)**

**Informed consent and manage side effects of oral appliance therapy**

10.1 Obtaining informed consent for treatment

10.2 Understand evidence-based expectations of oral appliance side effects

10.3 Understand mandibular protrusion effect on cranio-facial structures including the soft tissue, teeth and TMJs

10.4 Use of occlusal guide and morning exercises for prevention and management of oral

 appliance side effects

10.5 Management of side effects

10.6 Decision-making regarding suspending or abandoning oral appliance therapy for various clinical scenarios