MEDIA KIT



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About the AADSM

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Learn More



What is Oral Appliance Therapy (OAT)?

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Oral appliance therapy (OAT) is an effective treatment option for people who suffer from obstructive sleep apnea (OSA) and its associated symptoms, like snoring.

OAT is a retainer-like device worn during sleep to maintain an open, unobstructed airway. Effective OAT devices are formed from custom dental impressions made by an AADSM Qualified Dentist, who is trained to fit and adjust the device to ensure proper fit and maximum effectiveness.

OSA has been linked to serious health problems, such as high blood pressure, congestive heart failure, stroke, type 2 diabetes and depression. People who suffer from sleep apnea and have difficulty tolerating a continuous positive airway pressure (CPAP) machine often find great success with OAT. A list of AADSM Qualified Dentists can be found on AADSM's <u>Find a Dentist page</u>.

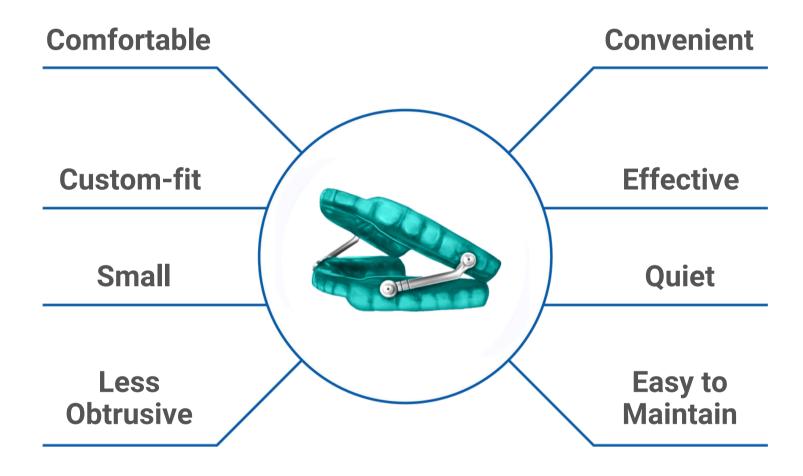




Benefits of OAT

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Oral appliance therapy (OAT) is an effective, non-invasive treatment that **fits easily into a patient's lifestyle**. OAT is readily available and often the preferred choice over CPAP because of its many benefits.



"The oral appliance was convenient to use, a godsend to me, and not as much of a hassle as the CPAP. I'm happy that there is such a device that can be used to treat sleep apnea."

> **Dr. Robert Supplee** OAT user, Ephrata, Pennsylvania



Meet the Leaders



Kevin Postol, DDS AADSM President

Dr. Kevin Postol has practiced general dentistry since 1992. In 2006, he entered the field of dental sleep medicine and later became a diplomate of the American Board of Dental Sleep Medicine. Dr. Postol is the past chair of the AADSM Essentials of Dental Sleep Medicine Course, and his expertise is frequently requested nationwide. He has served on the AADSM Board of Directors since 2014 and maintains a general dental and dental sleep medicine practice in St. Louis, Missouri. He received his dental degree from the University of Missouri-Kansas City and attended the University of Iowa for a General Practice Residency.



Mitchell Levine, DMD AADSM Past President

Dr. Mitchell Levine is the immediate past president of the Board of Directors of the AADSM and a diplomate of the American Board of Orthodontics and the American Board of Dental Sleep Medicine. He is also a faculty member of the AADSM Mastery Program and an associate professor of orthodontics at the Center for Advanced Dental Education at St. Louis University. He previously served as associate professor and director of dental sleep medicine at the University of Tennessee.



Michelle Cantwell, DMD AADSM President-Elect

Dr. Michelle Cantwell practices dental sleep medicine at the Pulmonary & Sleep Medicine Department of Wellspan Hospital. She is the president-elect for the AADSM, became a diplomate of the American Board of Dental Sleep Medicine in 2014, serves on several AADSM committees, and is a member of the AADSM Mastery Program faculty. Dr. Cantwell is a graduate of Wilkes University and the University of Pittsburgh School of Dental Medicine. Following graduation, she completed a three-year residency in prosthodontics.



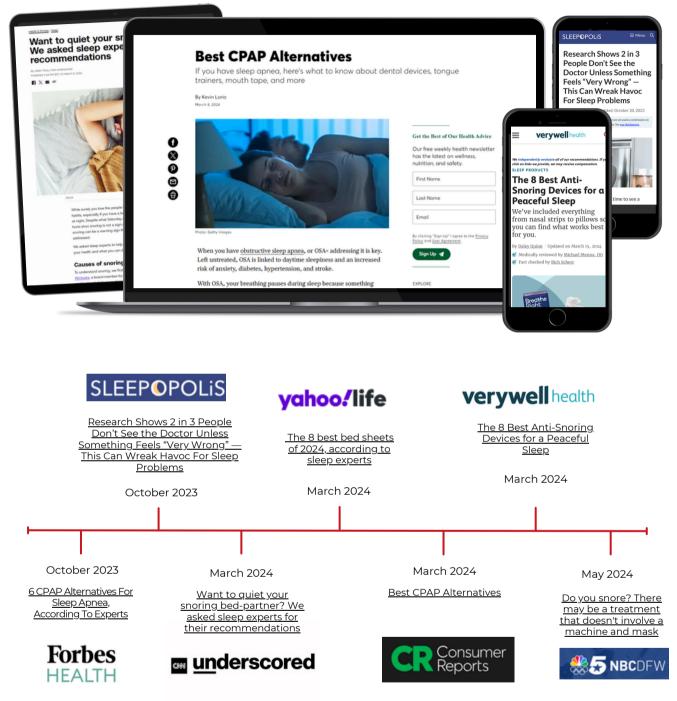
Paul Jacobs, DDS AADSM Secretary-Treasurer

Dr. Jacobs is a third-generation dentist, practicing general, cosmetic and dental sleep medicine. He is the dental director of Upper Peninsula Sleep Dentistry and the Care Free Dental Clinic in Escanaba, Michigan which cares for people who are uninsured and underserved. He speaks nationally to dental and medical groups and is an expert in practice management including systems, leadership and team building. A 1983 graduate of the University of Detroit School of Dentistry, he is a global leader in bacterial DNA testing for periodontal pathogens and non-surgical periodontal therapy. He served as a member of the AADSM Accreditation Committee and co-chaired the AADSM Practice Management Course.



In the News

In the News



"A dentist who specializes in sleep medicine will be able to customize its fit to help your breathing without causing harm to your bite or teeth."

Dr. Kevin Postol, AADSM President

Consumer Reports







Videos



About OAT for Sleep Appea with Rubina Nguygen DDS









Frequently Asked Questions

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How prevalent is obstructive sleep apnea (OSA) in the United States?

Approximately 54 million adults in the U.S. have OSA.

What is the difference between CPAP therapy and oral appliance therapy (OAT)?

CPAP therapy involves wearing a mask that covers the nose and mouth - or just the nose - and is connected to a tube that allows air pressure to keep the airway open during sleep. OAT consists of wearing a custom-fitted mouthguard during sleep to support the jaw in a position to help maintain an open airway.

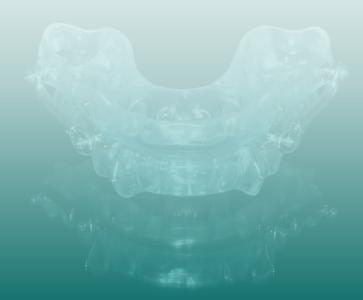
Patients who use OAT to treat their sleep apnea say they feel refreshed and have more energy during the day. It also helps improve personal relationships — no more sleeping in separate bedrooms due to snoring or a noisy CPAP.

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02

How long does it take for a patient to receive an oral appliance to treat sleep apnea?

Patients are fitted for and receive an oral appliance from their dentist within three weeks, while the wait time for a CPAP machine is at least three months.



Contact us



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Other Inquiries info@aadsm.org 630-686-9875







Oral Appliance Overview

with Trish Braga, DDS, D.ABDSM

View



Device Delivery with Ari Wulfsohn, DMD



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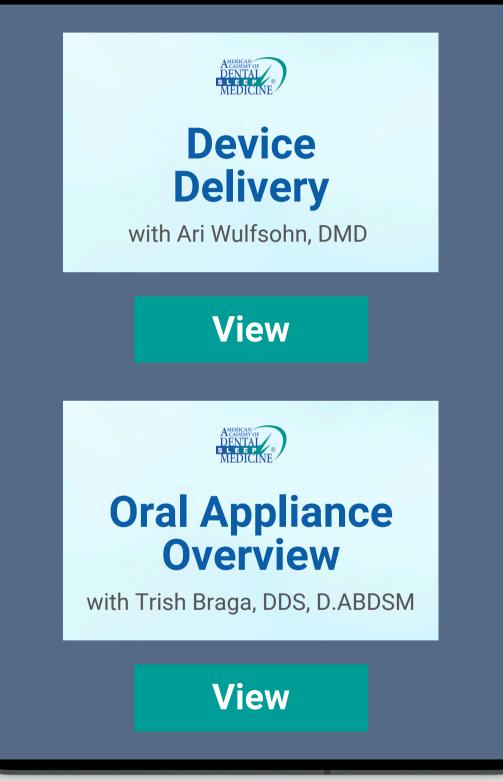
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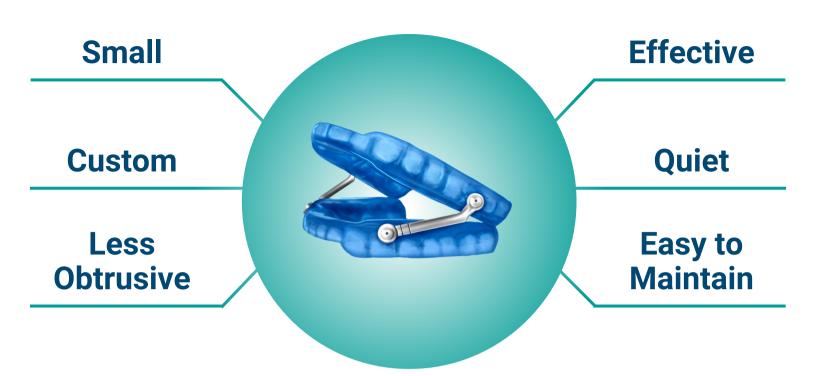
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- Comfortable
- Easy to wear
- Quiet
- Portable

- Convenient for travel
- Easy to maintain
- Readily available

"The oral appliance was convenient to use, a godsend to me, and not as much of a hassle as the CPAP. I'm happy that there is such a device that can be used to treat sleep apnea."

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Michelle Cantwell, DMD

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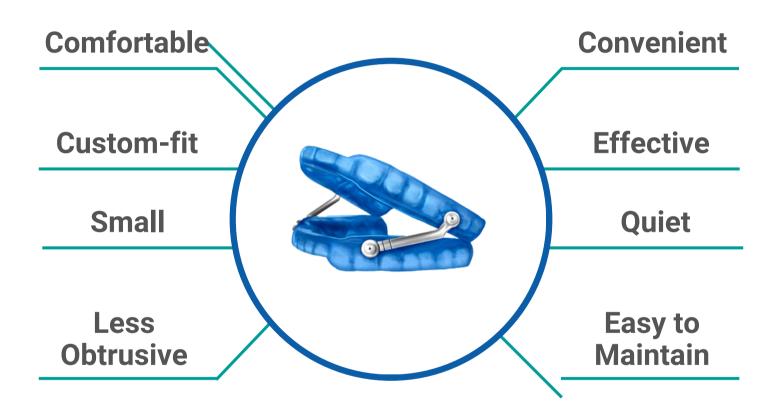
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