



Titration of the TAP 3 Oral Appliance in the Sleep Lab

1. The patient should arrive with their oral appliance and the allen wrench adjustment tool (pictured below).
2. Please note the initial position of the appliance. When holding the upper portion of the TAP in the correct position **you will be looking at the hook** and the **hook will be facing in an upward position**. You will then place the key on the cut-out notch located on the top, inside of the hook. You then **count the hash marks** on the right side of the hook by **starting at the bottom hash mark counting in an upward direction and then stopping at the hash mark located at the bottom of the key position**. This is the position you would then document as the current hook position. If the key position is situated between lines this will be documented as a ½ position. For instance, if the key position is between the 3rd and 4th lines it will be documented as 3.5 hook position.
3. This is the position you would then document as the current hook position.
4. Familiarize yourself with how to change the position of the TAP. Ask the patient to show you how to adjust the appliance. Turning the mechanism clockwise will bring the mandible anterior. Sometimes the hook does not slide easily through the track.
5. Tell the patient that it is likely that you will be coming in throughout the night to adjust the appliance. Usually, you will not need to awaken the patient to adjust the appliance and you DO NOT need to have the patient remove the appliance from their mouth to adjust the position.
6. Have the patient wear their TAP appliance in the usual manner.
7. If respiratory disturbances are noted, adjust the appliance anterior. Usually, a titration of 3 HALF TURNS CLOCKWISE ROTATIONS OF THE KEY per titration is appropriate. This will bring the mandible 1mm anterior with each adjustment.
8. Observe the effects of the titration. In some cases, greater anterior positioning of the mandible will not improve the RDI. Adjust the appliance up to 6 times (for a total of 6mm of protrusion) or to the point where the patient cannot tolerate further adjustment.
9. If the appliance does require significant anterior repositioning, and the patient reports that it is uncomfortable in the titrated position, please call the appropriate doctor overseeing the patient care.
10. Note the final position of the hook in relation to the track and relate this to any changes in RDI.
11. If there are any questions, **please call [Your Doctor's Name & Contact Info]**.

