

Name of clinic: [Clinic/institution name] \_\_\_\_\_

Medical director: [Lead physician contact] \_\_\_\_\_

Additional point of contact: [Other contact if needed, e.g. administrator, lab manager] \_\_\_\_\_

Local representative: [Sales director or inside sales] \_\_\_\_\_

Clinical specialist: [For any clinical questions] \_\_\_\_\_

Goal: [Number] \_\_\_\_\_ patients by [Date] \_\_\_\_\_

## Patient selection

- **Indications:** Primary snoring and mild obstructive sleep apnea (AHI <15 events/hour)
- **Likely responders:**
  - Individuals with a BMI <35 kg/m<sup>2</sup>
  - Those with a higher Friedman Tongue Position score (see sidebar)
  - Those without significant facial or oropharyngeal abnormalities such as class 2 malocclusion
  - Not currently taking central nervous system depressants or suffering from alcohol use disorder
- **Contraindications:**
  - 1) Pregnancy
  - 2) Pacemaker or implanted electrodes
  - 3) Dental jewelry in the mouth
  - 4) Suffering from mouth ulcers



## Assessing the Friedman Tongue Position

Ask the patient to open their mouth widely while breathing normally with the tongue in the natural position. Repeat a minimum of five times in order to assess the most consistent position of the tongue as follows: I) Uvula and tonsils/pillar visible; IIa) Most of the uvula is visible, but not the tonsils/pillar; IIb) The entire soft palate is visible, but only the base of the uvula; III) Some of the soft palate is visible, with the distal end absent; IV) Only the hard palate is visible. See Friedman *et al.*, *Advances in Otorhinolaryngology* (2017).

## Guidance and resources for patients

- Excessive salivation, a tingling sensation on the tongue, and/or some tooth sensitivity is expected, particularly in the early days of use.
- Start with a low level of stimulation and ramp up over time. Patients should use therapy at their highest tolerated level on any given day, which will differ person to person.
- Consistency is key! Patients should use therapy every day for the first six weeks; after that, the smartphone app will automatically move them to the maintenance phase, during which patients should use therapy two or more times per week.
- The eXcite<sup>OSA</sup> team is here to help – patients should use the in-app chat with therapy questions or for technical troubleshooting.

Contact Signifier Medical Technologies if you require any assistance accessing or interpreting the cloud-based data. Our team can also provide slides and other materials for internal presentations.

[exciteosa.com/healthcare-professionals](https://exciteosa.com/healthcare-professionals)

## Suggested clinical follow-up

- Document patient characteristics that may be related to the treatment response in the medical record for retrospective analysis, such as craniofacial and upper airway anatomy.
- Complete a sleep study at baseline and 6-12 weeks after initiating therapy, ideally with the same sleep diagnostic device type for both pre- and post-therapy.
- Interview the bed-partner, if possible, to gather insights on snoring and witnessed apneas.
- Collect patient-reported outcomes that are sensitive to the milder end of the sleep-disordered breathing spectrum, either instead of or in addition to standard measures such as the Epworth Sleepiness Scale:
  - PROMIS Sleep Disturbance scale
  - PROMIS Sleep-Related Impairment scale
  - Functional Outcomes of Sleep Questionnaire
- Include data from the HIPAA-compliant eXcite<sup>OSA</sup> cloud-based portal in your analyses. Data available in the portal include:
  - Objective adherence
  - Stimulation level