


Name of Policy: <u>Bruxism study</u> Policy Number: 3364-171-03-08 Department: Sleep Disorders Approving Officer: Senior Hospital Administrator Responsible Agent: Director, Sleep Disorders Scope: The University of Toledo Medical Center Pulmonary Services Department	 Effective Date: 3/17/2023 Initial Effective Date: 3/17/2023
<input checked="" type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

All qualified and trained Polysomnographic Technologists will perform a bruxism hook-up for the detection of Sleep Related Bruxism.

(B) Purpose of Policy

To evaluate Sleep Related Bruxism.

(C) Procedure

1. A bruxism study will be performed when a physician’s order and appropriate diagnosis and history has been obtained.
 - a. Follow policy – Polysomnogram Procedure
 - b. Follow all calibrations and charting per policies listed above.
 - c. If any adverse actions are noted, follow policy – Guidelines for Emergency Situations when Recording Polysomnograms.

2. For detecting bruxism, in addition to the recommended placement of chin EMG electrodes, additional masseter electrodes are placed on both the left and right sides (see figure below).
 - a. If two electrodes are used, they should be 2-3 cm apart. A single masseter electrode may be used using a chin EMG electrode as the reference.
 - b. For accurate electrode placement, the patient should be asked to activate the muscle so that the muscle can be more readily felt. To activate the masseter muscles, the patient should bite down.

3. Refer to the Sleep Lab policy titled Movement Scoring.

See Procedure Bruxism

<p>Approved by:</p> <p><u>/s/</u> <u>3/20/2023</u> Michael Taylor Director, Pulmonary Services Date</p> <p><u>/s/</u> <u>3/19/2023</u> Andre Aguilon, M.D. Medical Director Date</p> <p><u>/s/</u> <u>3/20/2023</u> Russell Smith Senior Hospital Administrator Date</p> <p><i>Review/Revision Completed By:</i> <i>Director, Sleep Disorders</i></p>	<p>Review/Revision Date: 3/23</p>
<p>Policies Superseded by This Policy:</p>	<p>Next Review Date: 3/26</p>

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.