

**3. Positional alarm.** A positional alarm can be used to give a buzz on the back of the neck when one turns supine. Initially this may cause people to wake up but after getting use to this method, the alarm will ring less frequently.

**4. Body Pillow.** A large body pillow can be placed lengthwise behind the back to prevent you from rolling on your back. This can be supplemented with another smaller pillow between the knees. However, turning requires shifting your body pillow and knee pillow to go through 180° to turn on the other side.

**5. Backpack.** A regular backpack can be filled with pillows and worn to bed or a pillow backpack can be used.



## ELEVATION OF THE HEAD OF THE BED

Using pillows to elevate the head generally does not work. If the entire mattress is elevated to perhaps 10 to 20 degrees the tongue will again have a slighter better angle of displacement during sleep.

This can be accomplished by using 2 to 4 inch blocks under the legs of the head of the bed or by using a triangular wedge between the mattress and the boxspring. Elevation can be combined with learning to sleep off supine.

It must be emphasized that positional therapy is not advised for all patients with OSA. For severe OSA, CPAP therapy is still the gold standard of treatment. Some patients with even milder degrees of OSA find it too uncomfortable to only sleep on their sides night after night. In this case CPAP or a mandibular advancement device may be recommended by a sleep specialist.

**Disclaimer:** The information provided in this brochure is only intended to be a general summary. It is not intended to take the place of a medical consultation. If you need specific advice about a sleep disorder please seek a professional who is knowledgeable in that area.



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# Positional Therapy for Obstructive Sleep Apnea

WHAT IS POSITIONAL THERAPY FOR OSA?

LEARN TO SLEEP ON YOUR SIDE AT NIGHT

ELEVATION OF THE HEAD OF THE BED

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## POSITIONAL THERAPY FOR OBSTRUCTIVE SLEEP APNEA: LEARNING TO SLEEP OFF YOUR BACK (OFF SUPINE)

Obstructive sleep apnea (OSA) is a disorder in which people stop breathing for at least ten seconds repeatedly during the night. Apnea occurs when there is a blockage at the back of the throat often made worse by the tongue falling backwards when the person is sleeping on his/her back. Snoring is a milder form of the obstruction and partners often notice that snoring will be lessened by moving from the back to the side or even sleeping on the stomach. This movement stops the tongue from falling directly backwards during sleep and blocking the throat.

It is estimated that about 1 out of every 4 patients with obstructive sleep apnea have what is called positional OSA. In other words, there are more episodes with obstructed breathing when lying on the back versus when lying on the side. Even in patients who have apnea requiring CPAP while on their side, learning to sleep off supine can lower the overall pressure requirements needed to control their sleep apnea.

Similarly, if a dental appliance is used to treat the sleep apnea, the amount of adjustment forward of the lower jaw needed will not be as great if the patient only sleeps on his/her side.



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In addition to learning to sleep off supine, or sometimes when is not possible for example due to hip or shoulder pain, elevation of the head of the bed can improve the likelihood of a greater opening at the back of the throat by allowing the tongue to fall more downward rather than directly backward.

Studies have shown the effectiveness of sleeping on the side or “positional therapy” for mild to moderate positional OSA. Simply telling oneself to sleep off the back will not work.



## LEARN TO SLEEP ON YOUR SIDE AT NIGHT

All of the options listed below are intended to help train the individual to learn to sleep on his/her side throughout the night. Sometimes after a period of training of 2-3 months these devices may no longer be required; sometimes they will be required indefinitely.

**1. Tennis ball(s).** This traditional method involves sewing a pocket on the back of a tight fitting T-shirt to fit just between the shoulder blades. A single or several tennis balls can be inserted into the pocket. Even more simply, pinning a sock filled with a tennis ball at the same level to the back of a pajama top or nightshirt also works. These make it uncomfortable to lie on the back and during sleep the person will learn to sleep on either side. Eventually they get acclimatized to sleeping on their side and will not move onto their back.

**2. Snore shirts.** There are commercially available shirts fitted with foam or follow-up plastic materials at different levels of firmness again located at the back so it is uncomfortable to turn supine.

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- Sleep in Aging
- Sleep Bruxism
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- Insomnia
- Human Circadian Rhythms
- Strategies for Night Shift Workers
- Narcolepsy and Cataplexy
- Dreams and Nightmares
- Obstructive Sleep Apnea
- Patient Guide to Sleep Studies
- Positional Therapy for Obstructive Sleep Apnea
- Children
- Restless Legs Syndrome
- Sleep and Post-Traumatic Stress Disorder
- Normal Sleep

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