

WHAT AM I GOING TO LEARN?

Implementing Sleep & Airway Dentistry - *From Screening to Monday Morning*

A 7-hour CE program with Dr. Kalli Hale & Dr. Matthew Hicks · 14 blocks · 30 minutes each

This course is built on one argument: **you already have these patients on your schedule — you just haven't been trained to see them.** Over 14 thirty-minute blocks you'll move from why airway-centered dentistry matters all the way to a concrete plan for what changes in your practice Monday morning. Here is exactly what you'll walk out able to do.

MORNING SESSION — FOUNDATION THROUGH PEDIATRIC TREATMENT

BLOCK 1 Setting the Stage — Why Airway, Why You, Why Now

- Articulate why the dentist is the most structurally-positioned clinician to catch airway compromise.
- Recognize the public-health stakes — prevalence in adults and children, and the lifelong outcome chain.
- Adopt the Earliest Signs Doctrine as the philosophical anchor for the rest of the course.

BLOCK 2 Screening — Every Patient, Every Time

- Build a screening system that captures every adult and pediatric patient — new and existing.
- Train the dental team to see and document the earliest signs from the hygiene chair.
- Walk out with working intake questions and a hygiene-chair sign list you can deploy on Monday.

BLOCK 3 Diagnosis I — Dental Signs of SDB in Adults & Kids

- Read the adult mouth for the dental hallmarks of sleep-disordered breathing.
- Read the pediatric mouth for the earliest signs of underdevelopment and airway compromise.
- Connect every intraoral finding to the systemic comorbidity the patient already feels.

BLOCK 4 Diagnosis II — Sleep Tests, CBCT & Referral Criteria

- Order and interpret an HSAT and know which findings change the conversation.
- Use the CBCT for airway-relevant measurements without becoming a radiologist.
- Know when to treat in-house, when to co-manage, and when to refer.

BLOCK 5 Pediatric Treatment I — Growth Windows & Guided Growth

- Know the craniofacial growth timeline cold: 55% by age 2, 75% by age 4, 95% by age 12.
- Understand why guided-growth appliances work and what they ask of the child and parent.
- Position myofunctional therapy and frenectomy as foundational, not optional.

BLOCK 6 Pediatric Treatment II — Expansion Cases & Sequencing

- Walk through real pediatric expansion cases and see the diagnostic-to-finishing arc.
- Decide which cases get “guide only” vs guide + fixed vs guide + fixed + aligners.
- Explain Phase 1 → Phase 2 sequencing to a parent in two minutes.

BLOCK 7 Transitional Dentition & Clear Aligners

- Identify the 6–12 transitional dentition window as a distinct clinical decision point — not just “late peds.”

- Decide when expansion is finished and aligners begin, and plan the handoff so it's airway-aware.
- Set up a clear-aligner case on a wide, stable base instead of compromising on a narrow one.

AFTERNOON SESSION — ADULT TREATMENT THROUGH IMPLEMENTATION

BLOCK 8 Adult Treatment I — MAD Therapy

- Re-orient to the Earliest Signs frame and the screening principle (5-min afternoon welcome).
- Match adult oral-appliance therapy to severity, anatomy, and patient preference.
- Deliver and titrate a mandibular advancement device with confidence.

BLOCK 9 Adult Treatment II — Adult Expansion & Airway-First Aligners

- Identify the adult patient for whom transverse expansion is on the menu — and the patient for whom it isn't.
- Plan an airway-first clear aligner case so the finished smile sits on a wider, more stable base.
- Set patient expectations honestly: this is healthcare, not cosmetic dentistry — outcomes are managed, not guaranteed.

BLOCK 10 Case Acceptance — The “Why” Conversation

- Run the consult on empathy first, technique second.
- Connect every finding back to a symptom the patient already feels.
- Have a prepared answer for the eight most common objections.

BLOCK 11 Case Planning & Workflow — Records, Coordinator, Fees, Team Language

- Run a records visit that produces a treatment plan in 24–48 hours.
- Set fees, financing, and consent so the practice can scale without you in every conversation.
- Hand each team member the one sentence they need to change on Monday.

BLOCK 12 Finishing the Case — Titration, Retention, Reset

- Close every airway case with a titration sleep test.
- Build a retention protocol the patient and team will actually follow.
- Know when to re-treat, when to refer back, and how to talk to a patient whose numbers didn't move as much as you hoped.

BLOCK 13 Practice Building & Community Education

- Build the outbound systems that make a sleep practice self-feeding — patient dinners, lunch-and-learns, provider dinners.
- Establish a medical-referral network that sends both directions.
- Find your tribe — mentorship, CE, online community — and use it as a competitive advantage, not a hobby.

BLOCK 14 Monday Morning + 30/60/90-Day Implementation Plan

- Leave with a concrete week-1 action, plus 30-, 60-, and 90-day milestones.
- Identify the one team member, the one workflow, and the one piece of equipment that becomes your bottleneck — and plan around it.
- Commit publicly to the first patient you'll screen, the first sleep test you'll order, and the first appliance you'll deliver.