

 Sleep Disorders Specialty Examination Detailed Content Outline <i>Multiple-choice items are linked to open cells.</i>	Items			
	Cognitive Level			Total
	Recall	Application	Analysis	
I. PRE-TESTING	6	11	4	21
A. Identification and Care of At-Risk Individuals	3	4	1	8
1. Recognize signs and symptoms associated with sleep disorders as revealed by history, interview, or clinical assessment				
2. Identify special factors and co-morbid conditions affecting individuals with potential sleep disorders				
3. Identify the appropriate diagnostic modality based on patient factors and co-morbid conditions				
a. polysomnography with or without PAP titration				
b. maintenance of Wakefulness Test				
c. multiple Sleep Latency Test				
d. home sleep apnea testing				
e. actigraphy				
4. Communicate with members of the health care team regarding findings and recommended				
a. diagnostic studies				
b. therapeutic intervention				
B. Study Preparations	3	7	3	13
1. Identify critical information from a patient's medical record				
2. Select the appropriate study montage				
3. Set up equipment to achieve the desired data collection				
4. Set high and low filters, and sensitivity settings				
5. Evaluate equipment calibrations to ensure accuracy and linearity of amplified signals				
6. Confirm adequate audiovisual signals				
7. Recommend modifications to the physician's order when necessary				
8. Assess a patient's current clinical condition				
9. Explain testing procedures and potential interventions to a patient				
10. Determine a patient's expectations about the study				
11. Recognize special needs associated with a patient's psychological, physical, cultural, language, and cognitive status				
12. Identify patient medications that may affect test results				
13. Document time and dose of medications taken prior to the study				
14. Obtain informed consent				

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15. Apply electrodes and sensors at optimal locations to obtain data on airflow, snoring, body position, ECG, respiratory effort, EEG, leg movements, eye movements, chin EMG, and/or SpO ₂				
16. Apply electrodes and sensors at optimal locations to obtain data on exhaled CO ₂				
17. Assess the quality of electrode impedances and physiologic calibration results				
18. Document the quality of monitoring signals				
II. SLEEP DISORDERS TESTING	16	16	18	50
A. Signal Maintenance During Testing	4	4	5	13
1. Recognize an inadequate signal from recording devices				
2. Correct inadequate signals as appropriate				
3. Recognize artifacts				
4. Correct artifacts as appropriate				
5. Document corrections to signals and artifacts				
B. Sleep-Related Disorders and Therapeutic Interventions	5	10	13	28
1. Recognize disorders during testing				
a. sleep				
b. cardiac				
c. neurological				
d. pulmonary				
e. gastrointestinal				
2. Implement therapy during testing				
a. CPAP, auto-PAP, bilevel PAP				
b. other forms of noninvasive ventilation				
c. supplemental oxygen				
d. patient positioning				
3. Monitor a patient's response to therapy during testing				
4. Optimize therapy during testing				
a. PAP				
b. oral appliance				
5. Coach a patient in cooperative behaviors while adjusting therapy				
6. Recommend modifications in therapy to the physician when no protocol applies				
7. Recognize medical emergencies (for example, seizures, stroke, life-threatening dysrhythmias, respiratory distress)				
8. Implement interventions for a medical emergency				

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9. Intervene when the testing environment becomes unsafe (for example, combative patient or family member, fire)				
C. Documentation During Testing	4	0	0	4
1. Record				
a. lights out / on clock time				
b. reason for prolonged awakenings				
c. staff interventions				
d. therapeutic interventions				
2. Document times associated with events (for example, artifacts, ECG abnormalities, seizure activity, EEG abnormalities, parasomnias)				
D. Study Conclusion	3	2	0	5
1. Evaluate post-study calibrations				
2. Remove electrodes and sensors				
3. Process nondisposable equipment				
4. Review post-study questionnaire				
5. Describe the post-study process to a patient				
6. Summarize study observations for the interpreting physician and scoring personnel				
III. STUDY ANALYSIS	12	38	0	50
A. Record Review	1	1	0	2
1. Identify critical information from a patient's medical record				
2. Review a summary of study observations				
B. Sleep Staging	2	6	0	8
1. Score sleep stages for adult patients				
2. Score sleep stages for pediatric patients				
C. Sleep Event Identification	2	8	0	10
1. Recognize events from in-lab sleep testing				
a. sleep-disordered breathing				
b. abnormal limb movements				
c. abnormal cardiac rhythm				
d. bruxism				
e. abnormal EEG waveforms (for example, seizure, voltage changes)				
f. parasomnias (for example, night terrors, REM behavior disorder)				
g. arousals				
2. Recognize events from home sleep apnea testing				

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D. Sleep Event Reporting	7	23	0	30
1. Summarize findings from recording about a patient's				
a. behaviors during testing (for example, parasomnias, limb movements)				
b. tolerance of therapeutic interventions				
2. Summarize evidence of				
a. artifacts				
b. adverse events				
c. technical problems, errors, and actions taken to resolve them				
3. Verify the accuracy of descriptive statistics generated for				
a. oxygen saturation				
b. sleep latency				
c. REM latency				
d. sleep efficiency				
e. total sleep time				
f. total time in bed				
g. total recording time				
h. sleep stage percentages				
i. wake after sleep onset				
4. Document descriptive statistics for MSLT and MWT (for example, mean sleep latency, REM periods)				
5. Document the frequency or verify accuracy of the following:				
a. obstructive, central, and mixed apneas				
b. obstructive and central hypopneas				
c. arousals				
d. periodic limb movements				
e. snoring				
f. Respiratory Effort Related Arousals (RERAs)				
g. Cheyne-Stokes respirations				
h. sleep-related hypoventilation				
i. periodic breathing				
6. Verify the accuracy of indices for				
a. apneas				
b. hypopneas				
c. RERAs				
d. respiratory events from portable monitors				
e. arousals				
f. periodic limb movements				
g. snoring				
h. desaturations				

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7. Document abnormalities in				
a. EEG activity (for example, spindles, beta, alpha-delta, alpha-intrusion)				
b. REM (for example, density, latency)				
c. ECG activity				
8. Generate a written report including objective and subjective information				
9. Confirm the written report is a valid reflection of the study				
IV. ADMINISTRATIVE FUNCTIONS	7	3	0	10
A. Data and Equipment Maintenance	3	1	0	4
1. Ensure information from each patient is stored according to government and industry standards				
2. Correct problems with data acquisition and recording equipment				
3. Perform				
a. biomedical equipment quality control				
b. routine equipment processing				
c. preventative maintenance				
d. inventory maintenance				
B. Management	4	2	0	6
1. Implement policies and procedures that address				
a. accurate data processing				
b. patient and staff safety				
c. infection control				
d. response to an emergency				
e. patient confidentiality				
f. staff educational requirements				
g. current practice standards				
2. Implement quality improvement programs that address				
a. inter-scorer reliability				
b. implementation of a physician's order				
c. compliance with protocols				
d. patient and physician satisfaction				

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V. TREATMENT PLAN	7	13	9	29
A. Development	1	4	4	9
1. Assess a patient's or caregiver's educational needs and barriers to optimal therapy				
2. Select equipment and interface to ensure maximum adherence and efficacy				
3. Communicate details of assessment to the health care team				
4. Assist in the development of an individualized treatment plan (for example, behavior modifications, co-morbid condition management)				
B. Implementation	3	5	1	9
1. Assist in the generation of the prescription				
2. Provide education to the patient or caregiver regarding the therapeutic plan				
3. Coordinate equipment setup				
4. Adjust equipment settings to comply with the prescription				
5. Document educational assessments, interventions, and a patient's comprehension of treatment plan				
C. Evaluation	3	4	4	11
1. Review data downloaded from PAP equipment				
2. Evaluate adherence information				
3. Document treatment plan outcomes				
4. Recommend revisions to optimize the treatment plan				
5. Communicate treatment plan results to the physician / healthcare provider				
TOTAL	48	81	31	160

Specifications by Patient Age

Patient	Min	Max
Pediatric 6 years of age or younger	2	4
Pediatric 7 to 17 years of age	2	4
General	balance	
Total	160	

Sleep Disorders Specialist Admission Requirements	
<p>1. Be a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) having completed a CoARC or CAAHEP accredited respiratory therapist education program including a sleep add-on track</p> <p style="text-align: center;">OR</p>	
<p>2. Be a Certified Respiratory Therapist (CRT) for at least 6 months prior to applying for the Sleep Disorders Specialty Examination.</p> <p style="text-align: center;">OR</p>	
<p>3. Be a Registered Respiratory Therapist (RRT) for at least 3 months prior to applying for the Sleep Disorders Specialty Examination.</p>	

Sleep Disorders Specialist Examination Fees	
New Applicant	Repeat Applicant
\$300	\$250