

For AMEs Who Elect to Perform the OSA Assessment

Evaluating the risk of Obstructive Sleep Apnea (OSA) requires clinical judgment based on an **integrated assessment of history, symptoms, AND physical/clinical findings**. If an AME elects to perform the assessment for OSA, he/she must follow the [American Academy of Sleep Medicine](#) guidelines.

After completing the assessment, if the diagnosis of OSA is not made, the AME must sign and submit the [AME Assessment Statement - OSA](#). If the AME confirms the presence of OSA, then full clinical note with test results, if performed, must be submitted.

History of findings that suggest increased risk of OSA include:

- Hypertension requiring more than 2 medications for control or refractory hypertension
- Type 2 Diabetes
- Atrial fibrillation or nocturnal dysrhythmias
- Congestive heart failure
- Stroke
- Pulmonary hypertension
- Motor vehicle accidents, especially those associated with sleepiness/drowsiness
- Under consideration for bariatric surgery

Symptoms that suggest an increased risk of OSA include:

- Snoring
- Daytime sleepiness
- Witnessed apneas
- Complaints of awakening with sensation of gasping or choking
- Non-refreshing sleep
- Frequent awakening (sleep fragmentation) or difficulty staying asleep (maintenance insomnia)
- Morning headaches
- Decreased concentration
- Problems or difficulty with memory or memory loss
- Irritability

Physical/clinical findings that suggest increased risk of OSA include:

- High score on an OSA screening questionnaire (e.g., Berlin, Epworth)
- Increased neck circumference (>17 inches in men, >16 inches in women)
- A Modified [Mallampati](#) score of 3 or 4 (assessment of the oral cavity)
- Retrognathia
- Lateral peritonsillar narrowing
- Macroglossia
- Tonsillar hypertrophy
- Elongated/enlarged uvula
- High arched/narrow hard palate
- Nasal abnormalities such as polyps, deviation and turbinate hypertrophy
- Obesity (AASM guidelines)