

Ep #149: Exploring Your Breath Part 7 – Mechanics of Breathing: Sleep Apnea, Grinding and Clenching with My Dentist Dr. Larry Stanleigh



Full Episode Transcript

With Your Host

Susi Hately

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi: Welcome and welcome back. With this episode we continue the miniseries on mechanics of breathing, exploring your breath. This is the run up to Mechanics Of Breathing, which I'm running in January. And I am so delighted to have my dentist, who is a trainer inside of that program, here today.

And the reason I invited Dr. Larry Stanleigh, who I call Dr. Larry, who pretty much everybody in Calgary calls Dr. Larry, is because he sees a being, a human being as a human being when it comes to dentistry, when it comes to sleep apnea and teeth grinding. And he and I have worked together with patients, clients, particularly when he can see that there's a lot more going on than what's going on in the mouth.

And so it's hasn't been uncommon for him to refer people when they've got pelvis issues. Or I've seen clients from him that had very, very little body awareness. And I don't know, Dr. Larry, if you actually were aware of this, but they had so little body awareness that when I worked with them it's like I feel like I'm working with someone who's almost like a two by four. Like their body movement was just so limited.

And then we started to get, and it was in that first session that I'm like, "I don't know if I'm making any gains," because their body wasn't changing a whole lot. And at the end they're like that was the best I've ever felt. My breathing is better, my jaw feels better, and I want to keep coming. And it's like, okay, great.

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And then over the period of time things really, really shifted as they were able to tune more into their body and they became more supple. And they became more like a willow as opposed to my other metaphor of a two by four. So it's really, really, really fascinating, especially to listen to a dentist.

When we think about dentistry, even though we all have heard how you guys can see so much amazing stuff in the mouth that can be related to other conditions, when we're looking at it from this perspective of like whole body. And you're going to hear how Larry talks about the pelvis and how he actually, that's part of his assessment, like what?

So the reason I have him here is because he is a trainer in the Mechanics of Breathing course that's coming up. And he is going to share his journey to where he is and how he sees all of you and all of your being when and if you ever were to go see him. And so this will give a really good sense of what you can expect from him when he comes in to talk about sleep apnea and grinding from a dental perspective and some of the great stuff that they're doing in the dentist industry for those scenarios.

So I'm just going to let you run, Dr. Larry, if you want to share more and then just go.

Dr. Larry: Wonderful. I'm thrilled to be here and I'm looking forward to today's conversation, although it'll largely be one sided because I want to tell the tale of my journey. How I went from being someone focused on teeth and gums, to someone who sees the whole body. And I think part of me has always innately known that.

Dentistry is interesting because medical care, most of health care is disease oriented. You go to the doctor when you're unwell. Whereas dentistry has largely been preventive focused. We want to get people healthy and keep them healthy. And so it's a different model and it's one that I like. And when we apply that across the board to whole body, it just makes sense.

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And so many of the people I see are in what we now call sympathetic distress. There's so many issues going on with them that how do you peel the layers back? How do you decide where to start? Because you can't tackle everything all at once.

And one of the things that I really like working with you and people in your realm is that you look at the whole body and you figure out where you need to start. And it's about walking down that path, not trying to run down it. And it's amazing that once you walk, start and you keep going, you get results. But you need to be consistent and you need to stick to it and away you go.

So I'm Larry Stanleigh and I was born and raised in Toronto as part of a large family. And when I got into dental school after doing a bachelor's and a master's, I did research on cystic fibrosis, I wasn't able to pay for dental school and work and go to school all at the same time. So I joined the Canadian Forces and that was a great experience for me.

They paid my way through school and that's how I ended up in Calgary from Toronto. And when I fulfilled my contract with the Canadian Forces, I kind of liked it in Calgary and had decided to stay. And since then I've met my wife and now we have a family of our own and Calgary has been my home for more years than I lived in Toronto now.

But I got out and I'm a general practice dentist. And I worked for another dentist for a while and then I bought my own practice from another guy who retired, Roy Rasmussen. It was a large, busy practice. And that's where I think you and I first met each other, in the mission area. And I had a patient come in to me.

And you know when you see some people smile and you don't see their teeth because if you peel the lips back you'd see those teeth are worn down the little nubs? And I had a guy who was an oil and gas CEO, he was in the support services for the oil and gas industry and he had businesses all over the world, including Europe and Russia and Canada and the US.

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And traveling a lot that his teeth, and this guy in his mid-40s, his teeth were worn down to little nubs. He had a mouth of a 90 plus year old person and he was only 42 or 43 at the time.

And I knew that we needed to rebuild his bite, but one of the things that I always struggled with was how do you rebuild bites that have worn down? How do you add vertically without guessing? Because I don't like guessing. And so much of what we do, we just kind of guess. I call it prep and pray where we prepare something and we pray it works. And that's still a lot of what goes on in dentistry today. And I didn't want to do that.

So I told him, I said, I want to refer you to a specialist, a prosthodontist. And he says, no, I want you to learn how to rebuild my mouth and I'll wait for you. And so that started my journey into figuring out what to do. And right around that time another dentist had come through Calgary who was teaching a concept called neuromuscular dentistry.

And it was a concept developed by Bernie Jankelson in the 1950s. And he had developed methodologies to objectively measure in three dimensions where the lower jaw would go where the muscles are neutral, the joints decompressed, and the teeth functioned in comfort and long term stability. And it was eye opening to me because now I'm no longer guessing.

So I did the whole curriculum and I rebuilt his mouth and it's beautiful, and it's been stable and looking great now, well we're talking 23 years. But in the process of doing that, one of the things that we learned is you take a person who's worn down their teeth and you put them in a removable appliance, I call it an orthotic.

You know, in dentistry so much we use the common term splints. But what's a splint? If you break your bone, you splint the pieces together to hold it rigidly so that it will heal in that position. But we don't put something in your mouth to hold your mouth rigid in one position, that's

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counterproductive. What we want to do is orthopedically reposition the jaw to facilitate healing.

Many times we use appliances in the mouth just to protect teeth and that's their only purpose. Whether it's mouth guards for sports, or a night appliance that you sleep with, their primary purpose is to protect your teeth. Not to stop you from grinding, or clenching, or resolve jaw pain issues. That's what an orthopedic repositioning appliance, or what I call an orthotic is all about.

And so when I was doing my coursework I learned about orthotics and when we built them to neutral physiologic position my teacher, who was actually Bernie Jankelson's son, Bob Jankelson, who wrote a textbook on the subject, which is a seminal piece of work, which is phenomenal and I refer to it still today regularly, nearly 30 years after it was published. But it was since updated a couple of times.

And he said that when you get people in this neutral you'll find that their dizziness issues will go away, that they'll resolve ringing in their ears. If they've got ear pain that will go away. You'll start to get rid of headaches. And now I go back to my practice and I'm seeing patients with a whole new set of eyes.

And I'm seeing people that I've developed long term relationships with and I'm seeing them with new knowledge. And I started asking them, you know, do you have headaches and do you got ear pain and stuff like that? And sure enough they said, yeah, and my doctor doesn't know what to do. So we said let's try something that's removable, reversible, non-drug based and see if it works. The worst case scenario is it doesn't work and we've done no harm because it's removable and it's reversible.

So we try it and we get success. And I think, boy, I'd like to do more of this. So I go to, I'm on a ski trip with some of my friends and one of them happens to be a prominent ear, nose and throat specialist in Calgary. And I

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say to him, I said, “Rob, do you ever get patients to you who’ve got like ear pain or headache issues and it’s not an ear, nose and throat problem?” And he says that happens to me every day.

And I said, “So what do you do?” And he says, “Well, I tell them you got a TMJ or jaw problem, go see your dentist.” And I says, “Okay, so they go see their dentist and the dentist either doesn't know what to do or they try something and it doesn't work and they come back to you. What do you do?” He says, “I don't know because it's not my area of specialty.”

So I tell him what I'm doing and I tell him the concept about the neuromuscular dentistry. I said, do you think you can see if I could help one of your patients? And he said sure. So the very next business day he refers this woman to me. She's a woman in her 30s. She's an OR nurse at the Children's Hospital who's on full time disability. She's got teenage kids at home, she's on this cocktail of drugs because her ear pain and the dizziness is so disabling she can't function.

And she has scheduled for neurosurgery to sever one of the cranial nerves so they can relieve this dizziness and try and give her some semblance of normalcy. And she goes to Robert for a third opinion. And he says, “You know what? I don't think this is your problem, I think you’ve got a jaw problem. You've got nothing to lose, go see Larry Stanleigh.”

So she comes to see me and sure enough, she's got this deeply over closed bite. Just bringing her teeth together she winces in pain because her jaw compresses up against the skull right by her ears. And I agreed, I said, “You’ve got a jaw problem.” And so we fitted her with an orthotic and we coupled her up with a physiotherapist who worked on the neck, the cervical region.

And between the two, about three months later she canceled the surgery. Within six months she's off all her drugs, she's back at work and she's normal. And we've done it with non-drug, removable, reversible

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multidisciplinary treatment. She comes back to me, she gives me a big hug, she thanks me for literally saving her life. And I said do me a favor, go tell Dr. Burke.

So she does and he starts sending me more people. And many of them are people who have had whiplash, they've had car accidents and stuff. And so I see them and it's one here, it's one there, it's not a lot of people. And I get them better and then I get lawyers writing me saying, "Could you write me a little letter saying what you did so we can get the money back from the insurance company for the treatment you've done?"

And so I do that because I'm very customer service focused and I don't charge for it. And then an insurance company disability management company, so if you're injured some of these disability management companies will decide who to send you to, which dentist and which physiotherapist and which orthopedic surgeon and stuff like that.

So they asked me, would I be interested in having me see their clients. And I'm thinking, oh, it's a lot of work. But they said, no, we'll pay you to write the reports and the whole thing. And that started my journey. And in 2003 I saw five car accident victims, and now I see five a week.

So I saw five a year in 2003 and now I see five a week. And I've seen over 4,000 people and treated them with a 90% plus success rate in this methodology. And it's fascinating because when I do my lecture, and we're going to do a lecture in March 16th on airway and breathing and stuff. But I'll also introduce the concepts about the temporomandibular joint and I'll show diagrams and little videos about how it works.

But basically there's a disc between the lower jaw and the skull. And when we open our jaw, it doesn't rotate in the joint. The jaw actually translates out of the joint space forwards and the disc goes with it. And then an elastic tissue pulls the disc back. And so in the case of whiplash where the jaw

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goes forward and then snaps back shut quickly, the jaw crushes the back part of the disc and now it's stuck forward.

So now you go to open up the jaw and it slips past the disc, and that's a click. So you hear people talking about oh, I've got this clicking and popping in my joints. And in the absence of pain, it's like someone who cracks their knuckles, we make a note of it, it's annoying. But trying to treat it may create pain where there isn't.

But if there's clicking and pain associated with it, that's different because what happens is just forward of that on our cheekbones, on the inside, if you put your finger inside your cheek and press up there's a muscle there, the lateral pterygoid, which goes from the inside of our cheekbone across behind our sinuses and behind our eyes. And that muscle pulls the disc forward.

So if the disc is displaced, that muscle goes into this long term contraction trying to protect the joint. But it fans in up behind our sinuses and our eyes. And if you do a lot of chewing, or if you chew gum, or if you're in pain, or if you're clenching, or if you're anxious, or there's a lot of medications which cause you to clench or grind more, and I'll talk a little bit about some other stuff that contributes to that in a moment.

But if that happens, the muscle is going to contract more, it's going to press on the sinuses from behind. And sinuses don't like pressure on it, so it fills up with fluid as a protective measure. Now you can't breathe through your nose and you're all stuffed up and you've got sinus pain. And you go on antibiotics because you think you've got a sinus infection, but the antibiotics may clear it up for a day or two and then it's all back again because it's not an infection. It's the muscle pressing on your sinuses from behind.

And you'll get pain from behind your eyes, people will think someone's poking my eyes out from behind. And that's just the pressure of these muscles creating that. And uncontrolled it can cascade into a migraine.

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So some of the head pain and headache is coming from the jaw joint, the TMJ. TMJ stands for temporomandibular joint and so it's just the name of the joint. So if anyone says, "Oh, I've got TMJ." The answer is yes, you have two of them, one on each side, I digress.

The other thing that happens is if the brain knows there's something wrong with the jaw, with the TMJ, you're going to posture your head forwards so the gravity will let the jaw fall away from the joint and allow it to rest. The trouble is when you're upright, standing upright and your posture is good, your head weighs about 11, 12 pounds. Move it forward just about two and a half centimeters, now your head weighs 44 pounds.

And that's a tremendous strain on the neck muscles, on the splenius capitis, on the vertex, on your sternocleidomastoid, on your scalenes, on your upper trapezius. So these muscles just go into spasm and you get a lot of pain. And so you'll go to the massage therapist, and you'll go to the physiotherapist, you'll go to the chiropractor and you'll feel better for a day or two.

But you don't stay better because what's going on in the neck is reacting to what's going on in the oral facial region. And I got that from Mariano Rokabado, who's a physiotherapist out of Santiago, Chile who wrote a textbook, the name of which escapes me right now, in 2007. And he connected the oral facial region and the cervical region in this 50/50 action/reaction type complex.

So that whatever is happening in one area is reacting in equal way in the other area. So we got this oral facial and cervical connection, and you need to treat both together. Which is why I have this group of physiotherapists or massage therapists and some selected NUCCA chiropractors who focus on the upper cervical section to work with me to get people better using, in my case using intraoral orthotics.

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And then I continued my journey of learning and started to learn that clenching is a big problem. And clenching, unlike grinding, has multiple sources. Well grinding your teeth has a lot of sources as well. If your bite is off a little bit you're going to grind your teeth to try to eliminate that interference.

If you have anxiety issues, some people will grind in response to that. If you've got airway, breathing troubles, sometimes grinding will help to open the airway. And many medications, a lot of medications have grinding as a side effect. But if the medication is being taken for another health issue, we don't want to be changing your medications, we want to manage the grinding instead.

But clenching is a bigger more challenging issue. You know how if you have a bruise and you press on it, it feels better till you let go? Well, if your TMJ, if the disc is damaged or out of position you're going to clench because it feels better, until you let go.

Clenching also, if you've got a malocclusion, if your teeth don't fit in the right place, like they're not straight, if you've got a deeply over closed bite, the lower teeth in way behind the upper teeth, clenching, you're trying to push the teeth into a position where the muscles are going to be more comfortable. The trouble is the teeth dominate and the muscles and joint try and accommodate. So you don't win but you'll clench anyways because that's what your brain tells you to do.

If you've got sleep disordered breathing, you're going to clench while you're sleeping to help open the airway. And if you've got a pelvic imbalance, if your pelvis is on off a little bit, clenching helps to upright the neck and the upper skeleton, which takes the pressure off the lower back. So some people come to me and they have all of those issues.

So many of my colleagues will just put a piece of plastic in their mouth and say you're going to stop clenching. But if you don't address all the different

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reasons why they're clenching, they're not going to stop. So we need to work together as a team, and that's partly what I love working with therapeutic yoga specialists, kinesiologists, because you look at how the body moves and then you come up with a program to get them to idealize the body movement so that it works in an optimal way.

And that's where the work I've done, you know, once we get people past their acute pain, then we want to restore function. We want to get them back to the place where they can function and then stay well on a long term basis.

And then the next thing I learned, and in fact I've been on some oral facial pain residency programs. The first was in the University of Kentucky, and the guy who heads up that program, and I'm terrible with names, especially today. But he wrote the textbook on pain and he wrote the textbook on TMJ and occlusion and jaw dysfunction. And he taught me about the coordinated multidisciplinary program of working with psychologists.

Because the other thing is if you've got anxiety issues, if you've got depression issues, or if you've got PTSD because you've been in a car accident, if you don't resolve the psychological issues, your pain thresholds are lower. So you feel pain more easily and more acutely and your body won't heal. We won't facilitate physical healing if psychologically you're not well.

And I'm not a big guy on drug use for psychological management. And unfortunately psychiatrists in Canada are largely psychopharmacologists. They prescribe drugs. But drugs on their own are not effective. You need psychological therapy. You need treatment, and there's different methodologies and they're really effective to retrain our brains on how we think and we can resolve stuff without drugs.

And now along came Dr. Bonnie Kaplan, who is a nutrition and integrative medicine specialist who's a professor emeritus from the University of

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Calgary who wrote a book called *The Better Brain*. And she talks about how multi nutrients, which is a combination of all the vitamins, A, the B complex, C's, D, E, and K, as well as the minerals, not individually but together as a group can affect mental health and the healing of the body.

It's a great book, *The Better Brain*, it's available everywhere. I just finished reading it and it's really great. So in my residency program in Kentucky, and then I did another one more recently, just this year in San Diego, I learned about how even if our feet are not quite right, if the feet are off, one leg is a little longer than the other, or if you've got a foot heel issue, or the ankle is rolling the wrong way, then that's going to just ascend all the way up.

Because when we look at the skeleton, we often look from feet to the neck. But we forget that really the top end of the skeleton turns 90 degrees and ends where our central incisors meet together. So the oral region is the top of our skeleton, it's the top of our posture. And we often forget that that's a part of the component and we need to look at the whole thing from feet to teeth, and vice versa.

And so I've been doing this, and I'm working away. And then about four years ago, five years ago, I learned about some studies that were coming out of sleep disordered breathing, obstructive sleep apnea, upper airway resistance type issues. Breathing issues that 70% of people who have breathing disorders, sorry, 70% of people who have jaw pain also have sleep disordered breathing issues as well.

And so now I'm paying attention to whether people's airways are working and, you know, in CPR it's ABC and we start with airway. Airways got to be open, or people don't live and they will struggle to breathe. And they'll do all sorts of damaging things to themselves in an effort to breathe because airway trumps everything. And breathing trumps everything.

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And so now we look at that as well. So some of my patients, I'm now deciding need a different kind of night appliance which will not only decompress the TMJs and balance the oral facial muscles, but also to reposition the lower jaw in such a way that we open the airway as well.

Because CPAP, which is sort of the gold standard for treating sleep disordered breathing, has a very low compliance rate. 90% of people who have CPAP use, who are diagnosed with sleep apnea, prescribed CPAP, 90% are no longer using it within a year. But they still have the sleep disordered breathing issue.

And fortunately oral appliances have a much better success rate, if we can make them comfortable. And that's something that I've learned how to do because I know how to find that, objectively find that neutral physiologic position for the lower jaw where the joints decompress and the muscles are neutral. And now we can open the airway and it works. So it's kind of cool.

But so many people just need to learn how to breathe through their nose. And again, this is where you are such an expert because that's such a big part of your training. Not just looking at body movement, but breathing associated with that body movement. And people who can do that all of a sudden realize they've got less pain, they're moving better, they've got more energy.

And they'll be sleeping better because they've retrained how to breathe. So then they don't need drugs and they often don't need appliances because they're just playing breathing better, moving better, and away we go. So it's kind of cool to be able to do all of that and to be a part of that.

And here we are, so we've got this incredible journey where I started with teeth and rebuilding teeth, to realizing that it's connected to jaw joints, which are connected to the neck, which is connected to the hips, which are connected to the feet. And then breathing affects all of it.

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And so I'm very excited the fact that in about three months' time we're going to be chatting more about sleep disordered breathing, airway, how we diagnose it, what's involved, how big a problem it is in the worldwide population, especially in North America, but also elsewhere in the world. And what do we do about it? How do we treat it? And how do we work together so that our patients get well, stay well, and live optimized lives?

Susi: You know, it's just so great to hear all of this because it's the same thing for me with breathing, is that with breathing, for me, I like to look at the body as a mechanical pump. And I've talked about that a little bit on this podcast, and how before breath was breath, it was air sitting in front of your face. And then there are these changes, like volume change, pressure change, and in the air goes, becomes breath, does all the breath thing and then out it goes again.

But what a lot of people don't get is that the relative tightness or limitation of your tissue really anywhere in your body, and it's obvious when it's around the ribcage or the abdomen, but it really shifts up through the legs and the feet even, can impact the way that air is able to come in because our body is this mechanical pump and the ability for it to move to enable that inhale in, it's going to be impactful.

And so this is what's so lovely about having you inside of this program, is you're seeing that same thing and you're working with whatever you're working with dentistry. Like you've just given the story around sleep apnea and grinding and clenching, it just makes it so clear that it's one of those stories that I'm thinking, goodness me, like how did it take us so long to get here, in some ways, do you know what I mean?

Dr. Larry: Yeah.

Susi: But here we are. But here we are, right?

Dr. Larry: right.

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Susi: And so what I want you all to get is that this is a three month program, Mechanics Of Breathing, where you're going to get the mechanics piece how I see it. You'll get breathing practices, you're going to get relaxation practices and movement practices to support you in your breathing.

And then Dr. Larry will come in and then really tie it up as we talk more about the sleep apnea bit, grinding and clenching from his perspective and really how this all weaves together. And then being able to help yourself and help clientele really come into this.

And it's as you said, like I when I hear people say, "Oh yeah, I've got a TMJ," that's said so much like it's the TMJ itself is the problem because there's that lack or the limited knowledge around what the TMJ is doing and what it means when it's not doing well.

So it's a great whole body view, and really mind body view, a really integrated way of being able to support yourself and your clients.

Dr. Larry: Yeah. Another problem with our medical model is the way doctors are compensated, they're not really given the time to look at people comprehensively. You'll go in, and you might have seven issues. And your doctor will say, I only have time to deal with one. But all seven are linked. And so the beauty of people like me and people like you is we have an opportunity to take the time to be comprehensive.

And so when I talk in March, I'm going to try and remember to talk about, you know, when you do what you do with yoga and breathing and your therapeutic kinesiology, when you recognize a point in time when you think maybe you need to see an ear, nose and throat specialist because there may be something going on that you can't just fix by learning how to breathe better. That there may be a physical impediment to that.

And I'll talk about how do you determine that and the things to look for, without having to, you know, go inside their bodies and look and stuff. But

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there will be certain signs and symptoms you can see and detect early. And you'll see your clients with new eyes and new knowledge and it's kind of cool.

Susi: Really, really good. Well, I am looking so forward to hosting you again inside of this program.

Dr. Larry: Me too. We'll have fun.

Susi: We will have fun. Thank you again, Dr. Larry.

Dr. Larry: Okay.

Susi: If what you have been hearing from Dr. Larry has really resonated with you and excites you in terms of what's possible in understanding jaw, mouth, neck, shoulders, abdomen, pelvis, feet, and just how the whole body impacts sleep apnea, grinding and clenching, then you will love Mechanics Of Breathing. And you can learn more at learn.functionalsynergy.com/breathing. Looking forward to seeing you online.