

Ep #220: Mechanics of Breathing Part 6 – TMJ and Dentistry with 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. I'm so glad that you're here because, as you know, I am in the middle of this mini series on exploring the mechanics of your breathing. And I've been sharing my episodes, which is really an embodied experience of the relationships of your body, whether it's tightness or strain or how you're breathing and where you're breathing.

And we had Mona Warner, the Ayurvedic doctor, on last week talking about Ayurveda and the interaction with digestion, and also it was sleep and tongue. And I'm so delighted to have Dr. Larry Stanley back. He was initially with us in Episode 149, which was basically a year ago, where he was talking about his journey as a dentist toward understanding more about pain and dysfunction and TMJ issues and all of the work that he does with people out of motor vehicle accidents and how he works with people with sleep disorder and sleep apnea.

And we have him back because he is also coming back into the Mechanics of Breathing course, which I've updated from what I did last year. And he is going to be speaking more about TMJ, adding a bit more about the tongue, and really delving into some of the anatomy and the mechanics of the whole airway, which is important. It's really important.

And he's got a lot to say about sleep disordered breathing and things that you can do to support yourself. And today is a little taste for you to hear what he has to say. And then if it resonates with you, I encourage you to join the Mechanics of Breathing program. And you can do that at functionalsynergy.com/breathing. And we begin in January.

So, Dr. Larry, so good to have you back.

Dr. Larry: Thank you.

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Susi: All right, so last time we did this, I really just handed the mic over to you and let you run and it was so well received. So we have spoken a little bit about this one and we're going to do something similar. And then if there's clarifying questions that I have, I'm going to interject. But there's so much great stuff that you share, so why don't we just get rolling into this introduction to sleep disordered breathing,

Dr. Larry: Fabulous, I'm happy to do that. Thank you for inviting me back. It's an honor to be here and an honor to have the opportunity to share with your audience, which is a unique group of people in my world.

Me being a general practice dentist, I tend to deal with dentists and physicians and stuff. But the people who are part of the audience here, are people of tremendous influence on a larger body of people who are connecting their bodies to themselves and the awareness of their own bodies. And I think that's wonderful because it's important.

And, as you said, last year, episode 149, which was published on December 29, 2022. In that podcast I talked about my journey and how I got into TMJ dysfunction and oral facial pain and that aspect of things and realized that there was an airway component to that. And then in the Mechanics of Breathing 3.0 course in March, I went and delved deeper into TMJ and airway issues. And that was a lot of fun.

And this year, for the podcast today we're going to sort of do an introduction into sort of airway and breathing issues, the basics of it. And in the course that we're going to have in March, 4.0 of Mechanics of Breathing is much more in depth.

We're going to talk about how the body develops, development and the skeletal issues, issues in breathing, how it starts in childhood and how it affects us in our adulthood. Treatment options, research, some new stuff coming up the pipe, I gave you a little glimpse of that before we started the recording. We can manage these issues, but can we cure them? So stay tuned, a lot of neat stuff.

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But sleep disordered breathing, it's a young disease, really discovered in 1978 by Dr. John Remmers, a Calgary-based respirologist/pulmonologist and world renowned. And it's a complex medical issue that has an oral appliance as a relatively simple solution in most cases, which is kind of cool.

So dentistry is now playing a role in medicine, as it should be. And so I think it's kind of common. I think it's kind of cool. It's a common problem, obstructive sleep apnea or OSA, it's the most common non-communicable disease in the world. It's more common than diabetes, more common than high blood pressure, more common than just about any other disease known to humankind that's non-infectious.

Airway trumps everything. All our rescue courses, CPR and First Aid, the first thing we always check is airway and breathing because airway and breathing trumps everything. If you're not breathing, if you don't have an airway, the rest doesn't matter. It's all important and it's there.

But apnea, which is really when you stop breathing, only happens at night when you're sleeping, which means we can only measure it when you're sleeping and we can only treat it when you're sleeping. So I've had lots of people tell me, "Oh, I don't have any trouble sleeping." How do you know?

You don't know until we measure it. It's like me telling you I don't have high blood pressure. But how do I know unless I measure it? There is no way you can really feel your blood pressure is high unless it's sky high. But most normal people don't know if their blood pressure is high or low or in between.

And the same thing with breathing. You don't know if you stop breathing when you're sleeping. It's quite remarkable. And what we do when we're awake affects how we sleep. And what we do when we're sleeping affects how we are when we're awake. So it's a big circle.

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And how I got started into this was really some of the statistics that we keep on showing. 40% of the population has some form of sleep disordered breathing. And sleep disordered breathing ranges from just simple snoring to upper airway resistance where you don't stop breathing, but you struggle to breathe, to various forms from mild, moderate to severe sleep apnea.

And for the longest time, we only really recognized severe cases and we always said it was fat, obese, middle-aged men that were the primary people who had it. Now we're realizing it's postmenopausal women. Now there's young, fit women that have upper airway resistance issues. There's all sorts of issues. Now we're starting to see it in kids. The more we look, the more we see.

But 80% of sleep disordered breathing has yet to be diagnosed, which means there's estimated over a billion people worldwide who are affected by this. And I think the number is actually higher than 1 billion. There's 7 or 8 billion people on the planet and they say 40% of the population has it. It's a huge problem that was created by modern living, by modern foods, processed foods, allergens, depleted soil, our air, our sedentary lifestyle, our electronics.

I mean, we're now awake late at night at times when it used to be dark, we'd go to sleep. But now with modern society we're awake at all these different hours. But when we look at sleep itself, sleep sort of there's four stages to our sleep; non REM, stage one, stage two and stage three, and then REM. REM stands for rapid eye movement. And non REM means it's not rapid eye movement.

And the four cycles, non REM 1, 2, 3 and then REM, takes about 90 minutes to complete. And we tend to have four or five of those cycles every night. So various levels of arousal or deep sleep, and some people will wake up and then they fall right back asleep again. And that's normal. It's when you wake up and you don't fall back asleep that's not normal. And there's a reason for that and we'll talk a little bit about that.

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Now, non REM three, that's our deep sleep. That's when we get our brain or nerve rest and repair. That's what creates our ability to be alert when we're awake. It's when our growth hormone is released. So it allows for our bodies to grow. It's when testosterone is released and those kinds of things.

REM, pardon me, in rapid eye movement, the eyes may be moving but the rest of the body is completely paralyzed. You cannot move, you don't move. And that's when the brain goes through its processing. It's processing short-term and long-term memory. It's all for learning and emotional development. If you have better REM, you have better mood. So our moods are better if we get good REM. So that's what goes on with REM.

But sleep affects all aspects of our life. It affects our social lives. It affects our sexual health. If you have poor sleep, you have erectile dysfunction. If you're a woman, you'd have dry vaginal tissues, you'd have a hard time lubricating. It affects relationships. They talk about sleep apnea being the 3 Ds; divorce, depression and death. It affects our longevity. Poor sleep is lower life expectancy.

It affects our work. If you're not sleeping well, you lose your ability to be creative. You'll have lower income. You'll have higher stress levels. You won't respond well to stress. There will be errors or safety issues at work if you're asleep. It'll affect your mental health. If you have poor REM, then you get depression and anxiety. Dementia and Alzheimer's are closely aligned with sleep disordered breathing and apnea. ADD, ADHD, 75% of people with ADHD have sleep apnea.

So if you know kids who have ADHD and they're on ADHD drugs, get them tested for their breathing because that's probably more important to do that than to get them on more drugs. What do we do when we have ADHD? Well they're sleepy, so what do we do? We give them a stimulant so they can focus. They don't need it. They need to breathe.

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And it affects our physical health. I mean, heart attacks, strokes, diabetes, BMI, we're more obese. Chronic pain, fibromyalgia, autoimmune disorders, all of these are higher in incidence with people with sleep disordered breathing. Research is clear, the last 15 years there has been just a ton of research showing the associations between sleep disordered breathing and our health. It's amazing.

Obstructive sleep apnea is the number one predictor of the future possibility of you having a heart attack. Your risk factor is highest with OSA than with anything else. More than BMI, more than diabetes, more than blood pressure issues, more than smoking. Yet, the cardiologists don't routinely do sleep studies on patients, at least not yet. Which is crazy because it's the number one risk factor for having a heart attack or stroke.

So think about it for a moment, you're wide awake and you suddenly stop breathing and you realize you can't breathe. What do you think is going to happen? You're going to panic, you're choking. You're going to panic, your blood pressure is going to go up, your heart rate is going to go up, your chest is going to get tight, you're going to try and find a way to breathe. And that's what happens when you stop breathing when you're sleeping, but you don't know it.

So I've met people who will tell me they get up at two in the morning, then they wake up with angina. And they go to the cardiac doctor and they do an angiogram and they say your arteries are clear. But the doctors don't realize that they stopped breathing and that's why they're having the angina. It's remarkable how pervasive it is and how common it is, and how much the medical community is still not recognizing it because it's a complex medical issue with simple solutions.

And we'll talk about the solutions a little bit. So when you stop breathing, you get the increased Co₂ in our blood, decreased oxygen in our blood, we get increased pressure on our chest, which will create acid reflux. We'll get adrenaline increases. We'll get an increase in blood pressure, which will make our kidneys filter more so you've got to pee more. So if you know

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people who say, yeah, I have to get up two, three times a night to pee, they probably have sleep disordered breathing issues. That's what's causing them to have to pee.

And some kids who bed-wet, they stop breathing when they're sleeping. And it happens when they're in their REM and then they pee. They've lost that arousal stimulus, their ability to wake up. So bed-wetting kids should be seen by a pulmonologist or a children's ENT specialist.

How we breathe is also important, and you do this really well in your various lectures, your podcast, the Mechanics of Breathing courses. When the diaphragm lowers and the chest expands, we create this negative pressure in our lungs and air rushes in, that's how it works. And then we use our muscles and our diaphragm to compress to push the air back out. It's simple physics and it works elegantly well.

And breathing is interesting because breathing is one of the very few functions that is both completely autonomic, you don't think about it, you breathe, or you have complete control over how you breathe. And it's got that mix, which is kind of cool. But doing breathing exercises, and in yoga there's a number of different exercises and Ayurvedic methods of breathing.

There are other breathing exercises, Buteyko method and stuff like that, that really by practicing those breathing methods, especially in association with meditation, increases your lung volume, increases your lung capacity. And because the way you do those breathing exercises there are pauses in between the breaths, those pauses improve your resilience for increased Co₂, which is dangerous if you don't have that resilience.

So the breathing exercises that you teach, Susi, are great. And everyone should be practicing them because they help. They really improve our responses. And another one you can do, which we'll do right now, if you're listening to the podcast, I want you to put your finger over one nostril and breathe deeply in through the other nostril.

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The first question is, does that nostril, the open one, does it collapse? And then put your finger on the other nostril and breathe deeply. Can you? Or does that nostril collapse? And then put your fingers just above the nostrils, on the hard portion, press on that and then breathe in. Is breathing in deeply easier?

And if the answer is yes to any one of those three, then using Breathe Right strips when you're sleeping are going to help. Simple, inexpensive, it works. But just do that simple test and away you go.

Tongue posture, you mentioned the tongue and how important it is. And when I do my lecture, I'm going to make a note of it. I'm going to talk more about the tongue and its effect on all of this because tongue posture, tethered oral tissue or tongue tie plays a huge role. It plays a role in breastfeeding and how we develop as babies into kids. It affects the development of our oral facial skeleton, the size of our jaws, the width of our jaws, how the jaws impact on the nasal passages. And it also affects our responses.

If you know anyone who's got a really strong gag reflex, I'll bet bottom dollar they've got sleep disordered breathing, because I've yet to meet someone with a strong gag reflex that I've tested for sleep disordered breathing, every single one one, 100% of them have had sleep disordered breathing issues. That's why they've got that gag reflex.

So sleep disordered breathing is because there's some sort of impediment. Often there's a blockage, our airway gets blocked. In kids, it's usually inflammatory. Inflammation of the tonsils, inflammation of the adenoids, sinus clogs, that kind of stuff. In adults it tends to be more anatomic. Unfortunately, in adults it's more complex and more difficult to treat. And if we can catch things early in the kids, that would be great.

And when I do the course, we'll talk a little more about what it is to look for and how we treat it and how we refer and who do you go see and stuff like that, about the things you should look at. But sleep disordered breathing is

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a continuum, it starts with something very mild like snoring to upper airway resistance, which we call UARS, you U-A-R-S, to mild, moderate, and then severe sleep apnea.

So it's a continuum and it often starts with something simple. And as we age, it gets worse unfortunately. And there are six different types of sleep disordered breathing. Let me rephrase that, there's six different types of sleep disorders, insomnia, not being able to sleep, and sleep disordered breathing or obstructive sleep apnea, are two of the six.

There are four others which are less common. But that's why we have sleep physicians. And people who work in the sleep realm, like myself, need to recognize when we start to see those other things and get them referred to the appropriate specialist so that that can be looked after.

And then when it comes to sleep apnea, there's two kinds. There's obstruction where the airway gets blocked and you stop breathing. And then there's central apnea, which is more concerning. Central apnea means the brain doesn't respond to changes in blood oxygen or increases in Co2 in our blood to tell the body you've got to breathe.

So we lose the central nervous system telling us, controlling our breathing subconsciously, and that can be a real problem. It can lead to chronic pain if that happens. And if you have chronic pain, many people with chronic pain take narcotic painkillers, whether it's codeine or something stronger. And those narcotics increase central sleep apnea.

And we've just learned, because cannabis was illegal, no one was researching it because it's illegal. So you couldn't grow it, you couldn't research it and stuff. Well, now that it's legal all this research is starting to come out. And there's lots of benefits, but we're also now starting to learn that there are some things that aren't so good.

Regular daily cannabis users have increased incidences of central sleep apnea. So they're putting themselves at risk. So we have to start being

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concerned about our use of cannabis. Just like alcohol, too much of anything isn't good. And then there's lots of signs and symptoms of sleep disordered breathing, but we need a sleep study to be done and then it needs to be confirmed by a physician.

So I could do the sleep study and I can interpret it. I've had the training, I actually teach this stuff now, but I am not allowed legally to diagnose it. It has to be diagnosed by a physician.

There's five different levels of sleep studies that are done. Level one is where you sleep in the sleep facility and that's where they hook you up with a ton of wires and stuff like that and they measure everything. They measure your brain activity, they measure your breathing, the air intake and outtake, blood oxygen, Co2, your muscles, whether you're clenching, grinding, whether you've got restless leg movement, chest movements. It measures a ton of things.

I've been through it, and remarkably I slept really well. They do give you medication, in my case it was Zopiclone, to help you fall asleep and then away you go. The facilities are remarkably well done and have really good, accurate information. And it can diagnose everything from snoring to upper airway resistance to sleep apnea and the levels of severity and its effect on the brain, and so on and so forth.

Level three is the most common study. It's the one done in your own home in your own bed. We have a nasal cannula measuring your airway and something that goes over your thumb or your finger that measures your heart rate, your blood pressure and the blood oxygenation. So it's a good study, but it's really only accurate for diagnosing sleep apnea. So it doesn't really diagnose snoring or upper airway resistance. But it does accurately do that.

And then the technology continues to advance. And only recently has it gotten to a point where a level four sleep study is one where we just wear technology on our fingers or on our wrist or our thumb. The best of them

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out there is called the sleep image ring and it's often fitted over the thumb. And the information you get from it is remarkably accurate. It's not quite as good as the level three yet, but it's coming along and it's great.

There's the Oura, O-U-R-A, it's a ring, it kind of looks like a wedding band and it does all that. And then, of course, the Apple Watch and stuff. So technology is coming a long way. It's not good enough to diagnose, but for those who have sleep apnea and they're being treated for it, it's a great tool for a patient to monitor themselves to see how they're doing.

So we can manage sleep apnea with either CPAP where we can blow the airway open or an oral appliance where we can help pull the airway open, or we can treat the issue, try and resolve it by making the airway bigger. And that's with either orthodontics or surgery.

Like it could be a hard tissue surgery where we actually do oral surgery where we bring both jaws forwards to open up the way. Or we do soft tissue surgery, ENT specialists will do soft tissue surgery. And there's various different kinds, not just removing the tonsils and adenoids but just making the fairings bigger and stuff. It's painful, it's invasive, rarely have I ever recommended it to be considered.

So of the hundreds of cases that I've treated, maybe 10 have had surgery. So it's something that I really prefer to avoid if we can. I'm not big on drugs and I'm not big on invasive surgeries. There is a place for it, but I don't use it that often.

And things that we can do to assist the treatment, which makes things better, is myofunctional therapy or oral myology. And this is where an oral myologist will give you exercises, tongue exercises particularly, which help to improve the function of your tongue so that we can treat tethered oral tissues or tongue ties, lip ties. And then there's sleep hygiene stuff which we'll talk about in a moment.

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And people who are fatigued during the day, sometimes it's sleep but sometimes it's other things. It could be low thyroid. Often we will test for a thyroid stimulating hormone, the TSH, but maybe it's the T3 or T4 levels which don't often get tested, so we need to look at that. Iron deficiency in the brain leads to fatigue. Iron deficiency leads to anemia, you're going to be fatigued if your blood cell count is low because you've got anemia.

Vitamin B and vitamin D deficiencies also lead to fatigue. So we need to look at some of the basics. Often our diets aren't good enough. We need to really focus on vegetable and fruit focused diets. I mean, I'm a carnivore, I eat meat and fish and I eat it all. But I need to make sure I eat more vegetables and fruit than I do of the meat and stuff like that. We need to pay attention to our diet.

But from a sleep hygiene standpoint, just to give you some things before we wrap up and pass off to the course in March. There's things we can do now to help us. Light for example. Light lowers melatonin levels. So we want sunlight in the morning because that's going to make us feel better. And then as the day progresses, we want to have more darkness. Darkness increases melatonin. Increased melatonin increases our sleepiness.

Caffeine decreases adenosine. Adenosine levels increase as our day goes on and adenosine also increases our sleepiness. So if you're going to have caffeinated drinks, have it in the morning. Don't have it towards the end of the day, because it's going to be harder to fall asleep.

And the lack of sleep increases our ghrelin, which is a hormone, which makes us hungry, and it lowers our leptin, which is a hormone that tells us that we're full. So you do that and we'll eat too much, and that leads to obesity. And if we're obese, that our ability to regulate ghrelin and leptin also lowers, which compounds the issue.

So we want to do sunlight in the morning. And thankfully, in Alberta, it's a very sunny area. So we get a lot of sunlight in Alberta. And just make sure,

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even if you're indoors, sit by a window, get natural sunlight hitting your face. If you don't have that, there are lots of great lights that you can buy that are full spectrum lights and shine them on your face. Get that done in the morning. 30 to 45 minutes of sunlight, perfect. It's great. More is good.

Weight loss, if you are overweight, lose that weight. Increase your exercise, earlier in the day is better. But if you can't, exercise when you can. I'm not a fan of people saying wake up at four in the morning to get that workout in. Sleep is more important than the workout, not the workout being more important than your sleep. So anyone who tells you to sleep less so you can work out, don't listen to them because they truly don't understand health and wellness because that's not the way to go.

Positional therapy, people who sleep on their back is when the airway collapses the most. And some people can sleep on their back and they don't have airway problems. When I sleep on my back, that's when my airway collapses. So there are things that we can do to increase the ability to sleep on your side, as opposed to your back.

Alcohol or food, minimum three hours before bed. So if you have it less than three hours before bed, you're going to not sleep as well. So I don't say don't drink alcohol, but if you're going to go to bed at 11:00, last drink at 8:00. That's the way to go.

Screens, blue light, sunlight, we use our screens till God knows when and then we try to turn it off and go to bed. And we say, oh, I can't fall asleep. And no wonder, because the light has been stimulating everything and away you go. So I'm a big fan of books. Pick up a book and read it and that will help you fall asleep.

Smoking, don't smoke. If you do smoke, decrease the amount you smoke, both nicotine and cannabis. Dark, darkness helps. We have so many lights in our rooms. Little lights for where the electric outlets are. Little lights for clocks. Little lights for this, little lights for that. And it's amazing how much

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light there is in our rooms. Find a way to cover them. Make your rooms dark where you sleep.

Cool temperatures for when you sleep also helps. I'm not saying 60 degrees Fahrenheit or like 12 degrees Celsius or something. 68 Fahrenheit, about 20 Celsius, that's a good temperature for sleep. You don't have to be cold, but cooler is good.

I mentioned before B vitamins, vitamin D3, magnesium helps. Magnesium supplements help. Zinc sometimes helps. And again, if you don't want to take supplements, when it comes to zinc pumpkin seeds. Pumpkin seeds have great quantities of zinc in it. It's a great way to treat zinc deficiency.

Medications, certain medications depend on the time of day you take them. So check with your pharmacist. If you need to be on medications, check with your pharmacist the ideal time of day to take them so they don't disturb your sleep.

And then higher humidity in the bedroom. We live in a very dry climate, Calgary is semi desert. And if we can increase the humidity to about 40% in the bedroom, you will sleep better. And then thinking along that line, so the ear, nose and throat specialists who are good friends of mine always say nasal rinses. Nasal rinses are really good and there's a number of them out on the market that are really good. I don't have any specific brands I'm recommending at this time, but do all those things.

And have a regular routine when you go to bed and when you wake up. And if you can stick to that routine, you're going to find you'll sleep better. And then we've got all these people who have what we call weekend jetlag. During the workweek they have their schedule, and then the weekend rolls around and they'll stay up till like three in the morning and they're drinking like crazy. And then they can't figure out why they have trouble sleeping during the week. So the weekend jetlag, it doesn't work. It's good once in a while, but not every single weekend.

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So those are the tips and tricks that can make a difference in your sleep and how it is. But when we give our course again in March, I'm going to dive deeper. I'm going to talk for about 60, 90 minutes or so and we're going to dive deeper into all of it. Airway, how it functions, how we test it, how we treat it, possibility of cures, the tongue, all of that and try and take a deeper dive into it all. All backed with as much science that I can provide.

It's not guesswork, it's all real stuff. And it's an exciting field. It's young, it's growing, we're learning so much. And I'm pretty excited to be part of all of this at this stage of my life. So it's kind of cool.

Susi: Very, very, very cool. So Dr. Larry has mentioned a few times that his portion of Mechanics Breathing is in March, the whole program itself begins in January. And there's a lead-up where I'll be walking you through a whole series of breathing exercises, an anatomical embodied understanding of the relationships of what I have seen in my own practice around the airway, rib cage, abdomen, pelvis, and even feet.

And then we'll have an Ayurvedic component as well as bringing in two hypermobility experts. One who's a board certified anesthesiologist, so she totally understands airway and she works in the hypermobility realm. And so where does hypermobility kind of play into this because there is some impact and influence there.

So it's really a full package deal to really support you and support your clientele, whether you're someone who's a practitioner or whether you're someone who is looking for solutions.

And then Dr. Larry really winds it all up with just this deep dive, which is very data-backed. I mean that the other speakers are also data-backed. But we'll just kind of bring it all together, it's like a very well-rounded, many faceted approach to really exploring and getting things better.

I mean, one thing I've seen over time is that with this rise of sleep apnea, when I go on a plane, and I don't go on a plane as much as I used to, but

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every single time I'm in security, every single time, there is a sleep apnea machine that the security people are looking at. And then if you look in the magazines, you can now find travel sleep apnea machines.

So you know that when it hits the airline magazines, we've got something that's very run of the mill normal, right? In air quotes I say that because just because a lot of people have it, doesn't make it normal. It's socially normal, but it doesn't have to be the state, right? And so one of my missions really is to support people who are looking to make a shift. And these are all ways to support you in going that direction. And Dr. Larry is a really good source.

So if you're interested in this, then you can go check it out at functionalsynergy.com/breathing. If you want to just go straight to Dr. Larry and if you're in Calgary or if you want to come to Calgary, I mean Dr. Larry, you've also referred people elsewhere, right, who are in different spaces?

Dr. Larry: Yes.

Susi: If people want to reach you, where can they find you?

Dr. Larry: The best way is email, D-R L-A-R-R-Y, or drlarry@drlarry.net. If you email me, I promise I will get back to you, most of the time usually within a day. A couple of times I get a little busy with looking after other people and it takes me two or three days to get back, but I will get back to anyone and everyone who messages me. If you have questions, I'm happy to be a resource person for you.

Susi: And a number of people who took the program last year actually followed up with some work. So it's like there are people who have flown in, right? So it's not uncommon for him to see people for visits if what you're hearing really, really resonates with you, because goodness, it's like what I'm hoping you're hearing is there are solutions, right? This is not something you need to be stuck with and there are many different angles.

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And one thing I love about you, Dr. Larry, is just the wide expanse of knowledge that you have and experience that you have. You bring such a wide variety of ideas to the table.

Dr. Larry: Thank you.

Susi: Awesome. All right. Well, thank you again, Dr. Larry. Those of you who are interested, come join me at Mechanics of Breathing starting this January. Take good care.