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Apnea as “fundamentally an orthopedic problem from the inability of the mandible to maintain a patent airway”. The positions of the mandible and the tongue leads to OSA. Patients who do not sleep well cannot heal well. Given the importance of sleep to health, I believe dentists must have a better awareness of patients overall health and wellness and screen every patient for sleep disorders and TMJ disorders. Subsequently, these patients are referred to our office because of our extensive training to properly evaluate and treat TMJ disorders and OSA. A thorough evaluation of the patient’s history and clinical signs and symptoms is recommended, along with Polysomnography (PSG) or a Home Sleep Test (HST) for airway and breathing problems. Doppler auscultation and CBCT (Cone Beam Computerized Tomography) is beneficial for assessing temporomandibular and occlusal concerns. This thorough evaluation ensures the best possible course of treatment for the patient.

TMD is a collective term embracing a number of clinical problems involving the masticatory musculature, the temporomandibular joints and associated structures. TMD is also known to be linked with chronic fatigue syndrome, which can exacerbate sleep apnea and impact overall health. It could also be the physical position or misalignment of the mandible to the cranium (malocclusion) that prevents the airway from staying open during sleep. When thinking about how connected the airway is to the position of the jaw, the connection between sleep apnea and TMD becomes very clear. When treatment is indicated, please make the appropriate referral to our office for a thorough evaluation.

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- Head and/or scalp that is painful to the touch.

The muscles that control your jaw and hold your head upright are very complex. Many people don't even realize that every time they swallow, their upper and lower teeth must come together in a firm way to brace the jaw against the skull. Each day and night you swallow over two thousand times. If your bite is unstable from poorly aligned teeth or even a missing tooth, the muscles must work harder to bring the teeth together.

People tend to take a vacation from work when they are “worn out,” your jaw muscles never get a break. And, without a break, your overworked muscles become strained. As a result, your muscles will eventually become

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TMJ and OSA

By Dr. Robert Talley

Here in 2019, we find ourselves continuing to make strides, moving forward, in this most interesting area of dentistry. Dental clinicians are presented with patients of various needs. The general dental supervision of the patient, requiring hygiene and dentition management, is the most fundamental element. Beyond that are the multiple disciplines within dentistry and Dental Sleep Medicine that have rapidly accelerated through the needs of patients and through dentist recognition.

Development of the temporomandibular joint plays an important role in the development of the airway. The converse is also true. Particularly if present before and during puberty, nasal airway breathing obstruction may result in craniofacial (skull or jaw) deformities. This explains, in part, why we find a strong correlation between patients who suffer from TMJ pain and dysfunction and patients who have sleep-disordered breathing problems including, but not limited to, snoring, sleep bruxism, and obstructive sleep apnea. Additionally, like temporomandibular disorders, all too often sleep-disordered breathing goes undiagnosed and, therefore, untreated.

Sleep medicine and dental sleep medicine need to solidify a model for the relationship between the medical field and the dental field. The 9 identified Sleep Disorders are: Primary Snoring, Upper Airway Resistance Syndrome (UARS), Central Sleep Apnea, Sleep Bruxism, Parasomnias, Restless Leg Syndrome, Narcolepsy, Insomnia, and Obstructive Sleep Apnea (OSA). These nine are not mutually exclusive and can interrelate with one another to create a more difficult case.

In 1998, I derived my own definition of Obstructive Sleep

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Improving quality of life is our primary focus.

It is what makes us different.

And it explains why patients from all over Oklahoma and across the Midwest (as well as their dentists and physicians) trust our credentials to deliver consistently excellent care – care that gets results – for more than 45 years.

Bruxism: The Clench and Grind

In children and adults, there are known relationships between sleep disordered breathing/TMJ damage and clenching or bruxing; however, there is no way to have a "double blind" study to come to a definitive reason "why do people clench or brux their teeth."

Contracting the jaw muscles, whether by clenching or bruxing is known to "open the airway" in sleep apnea and often subsides when the apnea is treated. Likewise, a damaged/misaligned TMJ can contribute to grinding/clenching. Patients with initial complaints of bruxing/clenching who were properly treated with orthopedic splints had a lessening or complete resolution of the bruxing. Dental night guards sometimes lessen clenching or grinding, but more often exacerbate it. A dental night guard has a different design and mechanical force on the TMJ than an orthopedic TMJ appliance. If you find you are clenching or grinding harder with your dental night guard that would strongly suggest an underlying sleep breathing problem or TMJ damage that is being exacerbated.

If your current appliance is causing more problems with clenching/grinding, consider scheduling in our office to evaluate the jaw joints, airway, and the design of your dental appliance to assess if it might be contributing to increased joint pressure or airway constriction, which could be part of the problem. We treat with orthopedic splints, not dental splints. They are orthopedically designed for proper alignment of the jaw structure. A "dental night guard" does not do this.

Contact our office for a thorough evaluation and proper treatment plan.

How We Can Relieve Your Headache Pain

If you suffer from headaches, we can help! By visiting us, you will be able to find out if your headaches are related to dental pain, such as your bite. Many people might often experience frequent headaches as the result of a toothache or temporomandibular joint (TMJ) disorder (TMD).

What is the link between your bite and headaches?

Tension headaches are often the result of muscle strain. This occurs when muscles are held tight for too long and begin to ache. Headaches from dental stress are a type of muscle tension headache and may be on one or both sides of your head even surrounding your head. Some signs that might indicate your headache is caused by your bite include:

- Pain behind the eyes.
- Sore jaw muscles or tired muscles upon waking.
- Teeth grinding.
- Clicking or popping jaw joints.

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It's just snoring! **NOT!**

As we approach middle age, it's common to start snoring for both men and women. Snoring is a sign that you're not getting enough air with each breath. Snoring and pauses in breathing mean that your airway has closed. This is Obstructive Sleep Apnea. If anyone tells you that you pause in breathing, snort or gasp while sleeping, or you consistently feel unrested in the morning, you should be evaluated for Sleep Apnea.

Snoring doesn't bother the snorer, but it may cause sleep deprivation to your bed partner. The lack of sleep can also have physiologic consequences too. Proper sleep "stages" throughout the night are important for the body to repair and restore different organs and systems while we sleep. We typically should go through 4 sleep "stages" every 90 minutes or so, throughout the night. Each sleep stage has its "job" of what gets restored. Snoring, restless sleep, gasping, frequent waking can all be signs that you have Obstructive Sleep Apnea; a potentially deadly condition.

In a recent study of 744 college aged with only mild/moderate obstructive sleep apnea and normal blood pressure at baseline were followed for high blood pressure. There was a strong association for young and middle-aged adults to develop high blood pressure because of their mild-moderate sleep apnea. They also had a higher statistical onset of metabolic syndrome (early diabetes). Older adults (over age 60) didn't develop high blood pressure. Age seemed to be a benefit. If you or someone you know has symptoms of sleep apnea, the earlier it is diagnosed and treated, the healthier you will be over the decades.

Many people only know about "THE MASK", or a CPAP as the way to treat apnea or snoring. Dental oral airway appliances are an alternative to CPAP in treating sleep apnea. Dr. Talley, who is Board certified in Dental Sleep Medicine and TMJ can work with your sleep doctor to design, adjust, and monitor your progress.

If you, or someone you know has symptoms of sleep apnea, such as snoring, we can help get them diagnosed and treated before high blood pressure and pre-diabetes develop. Oral appliances are gaining popularity for their ease of use, travel, and effectiveness and only require periodic monitoring. Dr. Talley is Board certified by the American Board of Craniofacial Dental Sleep Medicine and the American Board of Dental Sleep Medicine.



Meet Robin Noah, Business Assistant

Robin Noah, Business Assistant, joined the practice in September of 2006. A Norman native, Robin is heavily involved in patient management, marketing and keeping our patient appointments on track. Robin and her husband, Philip, have two schichons, Hazel and Hannah but, mostly, enjoy their son, Christian, and their extended family. She has completed the Certified TMJ Assistant program through the American Academy of Craniofacial Pain. Prior to joining us, Robin was a director at a childcare facility. She is a graduate of Norman High School and Moore-Norman Technology Center. Robin also enjoys card games, reading, shopping, and traveling.