

Ep #216: Mechanics of Breathing Part 2 - Myofascial Connections Between the TMJ, Upper Airway, Pelvic Floor and Tongue



Full Episode Transcript

With Your Host

Susi Hatelty

[From Pain to Possibility](#) with Susi Hatelty

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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.

Welcome and welcome back. I am in the middle of a mini series exploring the relationships between TMJ issues, sleep apnea, airway, breathing, and how I use my signature systematic approach to reducing pain, improving breathing, cultivating restorative sleep and enabling deep rest and recovery.

This is also a run up to my Mechanics Of Breathing program. So if what I'm sharing resonates with you and you want a deeper dive, you can learn more at functionalsynergy.com/breathing.

The timing of this series is significant because sleep apnea and other obstructive breathing issues are on the rise. When I read about travel CPAP machines in airplane magazines, it's clear that there's a big issue. So there are lots of opportunities here to improve your or your client's situation and it all comes down to seeing your client or yourself as more than just the airway or just the TMJ issue.

This being the second episode of this series, I want to explore a whole body view to an often segmented conversation. And what I mean by that is that oftentimes sleep apnea work focuses on the airway. And TMJ work focuses on the jaw and the mouth. And this makes sense, really, right? Where the pain is, is often where the focus goes.

CPAPs have been the longtime gold standard for supporting better nighttime breathing. Skilled dentists have gotten remarkable results with oral appliances to support better positioning of the jaw, supporting a better airway and reducing TMJ issues.

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And given my interest and focus on movement, reducing compensatory strategies, improving the functioning of body and breath, along with my fascination with the intersection of physiology and psychology, and the fact that I don't have access to tools like CPAP and oral appliances, I tend to ask questions like this. Why or what is contributing to the airway collapsing at night? Why is the TMJ expressing the issues in the way that it does? Because frankly, these are both issues that mostly evolve over time.

So another question I like to ask is, what is that evolutionary trajectory for a particular client? To highlight this, I'll share a story from early on in my career when I worked with my first clients who had TMJ issues. This was back in 2001, and what was more apparent to me was actually not the TMJ per se, but it was the tissue limitations through the various other parts of their body. And these limitations weren't often outrightly obvious. They didn't slump nor did they have a kyphotic posture.

However, the relationship between their head and their neck and their ribcage, their abdomen, and their pelvis appeared to be stuck or congested. When I was able to help my clients become aware of this and then help them retrain better mechanics, they then started to feel a difference. Then when I was able to help them notice the triggers that led to the patterns that weren't serving them, they were able to make significant changes.

Over the years, it is more and more obvious that the issues around TMJ and sleep apnea have relationships elsewhere in the body, the mind and the brain. Even if there is clearly an airway or a TMJ issue, when I can help clear up patterns that are less functional, like less functional movement patterns or compensatory strategies, so much can change.

When we can think about the other parts and how they relate to each other, the key word there is relate, we open up our eyes and our perception. The bottom line is it isn't about one muscle or even one area of the body. It isn't

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about causes, since rarely with an issue like TMJ or sleep apnea, rarely is it one cause. These are issues that have persisted and have evolved over time and there's a whole web of correlation.

Let's use a metaphor of music. Consider that our bodies are not one instrument, but rather they are more like a whole orchestra with the five main groups of instruments; strings, woodwind, brass, percussion and keyboards. And within these groups, there are also subgroups of each instrument making up each of the strings, woodwind, brass, percussion and keyboards sections. And then there is each person playing their individual instrument.

So in order to make awesome music, they need to work well individually, as a subgroup, and then a main group and collectively all together. Now, I recognize that this orchestra analogy only works so far since orchestras play and then they stop playing. And our bodies, brains and minds, while we do rest and sleep, there is a consistent dynamic nature. Our hearts keep beating. Digestion keeps happening. Blood keeps flowing.

But with that said, when I'm working with a client and it is clear that there may be an area of the body orchestra that isn't working well, very, very, very rarely do I work with just that area. I'm pretty much always watching and working with that area in relation to the whole.

So how do I specifically think through this? Here are a couple of principles to consider related to TMJ, airway issues, sleep apnea and tissue unwinding. The first principle is to recognize that TMJ and or obstructive airway issues typically don't come from nowhere. And that while there is a clear connection between the jaw and tongue, and how the tongue fits in the mouth or how the tongue may fall backward and interfere with the airway, I also see related patterns around the ribcage, down the arms and into the belly, and often around the pelvis, the hips and into the feet. And I will address these areas in subsequent episodes.

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Consider Tom Myers and how he speaks about these connections through his myofascial work, Anatomy Trains, where he has done a fantastic job of popularizing myofascial meridians. When you look at the lines that he has identified, superficial back and front lines, the deep front line, functional arm lines, lateral and spiral lines. Curiously, all but one of these lines have a direct connection to the skull.

And if we take a closer look at just one of these lines, the deep front line, we can see the fascia connecting from the tongue to the jaw and to the lungs, the diaphragm and surrounding or covering many of the stabilizing muscles of the chest and abdomen and down the inner leg line to the feet. And this is just one map, there are others. And it provides a look into why supporting someone with airway or TMJ issues is more than just airway or TMJ.

These are tissue patterns that likely contributed or correlated to what is actually happening with the airway or the TMJ. For example, many of my clients come to me, they tend to have a pattern of breath holding, rather than true core stability occurring. The transverse abdominis, it interweaves with the diaphragm. If the ribcage or the abdomen is braced or is limiting the full movement of the diaphragm, then how well will a deep inner core muscular relationship work?

If you look at the transversus, it's likely going to be limited in some way and it wouldn't be surprising to see some limitation within the pelvic floor. When I can support someone to unwind through their torso and build a better and more responsive support, rather than bracing, what I often see transpire is better breathing, a reduction in TMJ issues and a neck and a ribcage that are less congested, less stuck. And there's less of a need to use secondary breathing muscles to enable better breathing.

This leads to a second principle where tissue patterns unraveling are not often happening in a linear way. In fact, I like to say to my clients and

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trainees that I'm not surprised when people reduce or eradicate pain, but I'm always amazed at how the process occurs. Meaning I can often see what needs to shift or let go or release, but how it actually does this is quite novel and is so fascinating to both me and my client.

And while over the years I have seen common patterns, the reality is that why a certain area or certain tissue might be holding or bracing or is expressing painful sensation is unknown until it actually changes. And then we can work backwards to understand the common patterns which lead to or triggered responses, and then support those patterns in not needing to express in that way.

All in all, this is not about offering up an exercise or two to release a muscle or two. It's about working with an area of the body in relationship to the whole. All in all, I'm ultimately helping my client regain a new physiological and biomechanical normal.

And this is a retraining process that's a combination of awareness, of resting, of facilitating relief, refining movement patterns and recognizing contributing factors. And the process is enabling a coming home to how the tissue was meant to be moving for this person at this time.

So how can you apply this to your own practice? If you're a client and you've been given exercises by a professional or you found them online on YouTube or TikTok, or wherever, try not to do these exercises like a to-do list. Try not to knock them off in some way, but rather really feel how your body is moving as you do them.

What's engaging that doesn't need to be engaging? Where are their tension-holding patterns that you don't have to be holding tension? Are you curling up your toes? Are you holding hard through that plantar fascia of your feet, which can be so common. How about through the calves and the knees or the inner thighs or in and around the pelvis or the back? Maybe in the jaw, maybe around the TMJ, tightness in through your head.

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How much of this tightness or this limitation that you are feeling showed up as you started to move? Or when you completed the series, what now showed up? Was there more of a tension-holding pattern? And if there was, there was likely something you might have missed while you were doing the movements. It's really common because so many compensation patterns are under or off the radar of our awareness.

If you have been given these exercises by a professional, ask them what ought not to be moving or activating or engaging? What needs to be quieter? Have them help you direct your awareness.

And if you're a professional, help your client tune into how their body is moving, where they are compensating so they can feel the easier way to move. It may be that they need to do less repetitions, or moving less far and less of a range of motion initially. And more often, this will lead to a less gripping pattern and turning into better breathing.

Now, if you are a professional and you're not sure how to actually do this, and you want my help, then I would look into the therapeutic yoga intensive that I'm running in April of next year. And you can hear more or read more about that at functionalsynergy.com/intensive.

Ultimately, what we're trying to cultivate here is a whole-body view, a whole-body feeling, really tuning into a subjective awareness of your own self. How you move and how this tissue is related to your TMJ issues, to the obstructive airway issue, so that you can improve these issues and enable better and more restful sleep, which comes from better breathing.

If this resonates with you and you would like to dig in more, and you'd like to work with me specifically and the other speakers that I'm bringing into this program, we get going in January. It's 10 weeks. We dig in, I give you lots of different exercises to explore so that you can feel this for yourself and integrate it with whatever you're doing with your dentist or physical

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therapist or osteopath or other body worker who is supporting you in resolving these issues.

And you can learn more about the program, Mechanics Of Breathing 4.0 at functionalsynergy.com/breathing. It would be such an honor to work with you. In the meantime, we'll see you next time. Take good care.