

# INTRODUCTION

## A JOURNEY TO WELLNESS

If you have a rock in your right shoe, your right foot will hurt. But it's also likely that your *left* knee and hip will start hurting, because unconsciously, you keep taking pressure off your right foot so that you won't feel that rock jabbing you all the time. Eventually, you'll forget about the rock because the pain in your knee and hip are so bad. If you go to a doctor who only examines your left knee and hip where you're reporting pain, he or she might suggest treatment or have no answers, when all that's really needed is for a doctor to look in your right shoe and remove the rock. That's because in chronic pain situations, the chief complaint is rarely the origin of the problem.

The term "allopathic medicine" was coined in 1810 by Samuel Hahnemann. In doctor-speak, allopathic medicine

is defined as “pharmacologically active agents or physical interventions to treat or suppress symptoms of pathophysiologic processes of diseases.” In simpler terms, it is Western medicine, the modern medicine system in use today. Allopathic medicine, by definition, dictates that providers look at what the patient says is the problem—the symptom. But medicine is hopefully heading in a new direction, involving looking at the patient from head to toe to figure out the “why” to find the source of the problem. This new direction is nothing new, but rather the way the practice of medicine originally took flight—treating the source of the problem, not just masking the symptoms. It is important to identify the cause of a problem before doctors start treatment.

Although I am a doctor of dental surgery (DDS), my job today is to “look in the right shoe” to get to the source of patients’ chronic facial pain and sleep problems. I look for the cause of a problem before I start treatment. In that regard, and others, I’m in a unique position to answer questions that other providers may not be able to answer. That’s how my patients get relief and a second chance at better health.

The way I practice today is an evolution from where I began. Like most dentists, I used to fill cavities, crown teeth, perform root canals, extract teeth, and so on. I really enjoyed the work, but I felt there was a missing piece of the puzzle.

When I was in dental school, I always had questions about why people had broken teeth, jaw pain, and other problems. In fact, in 2005, for my medical physics class as an undergraduate at the University of Notre Dame, I did

a research project on the nociceptive trigeminal inhibition reflex (this is the reflex that causes you to stop biting or open abruptly when you bite down too hard on a nut or hard substance when chewing), which is associated with the treatment of sleep-related bruxism, or what is commonly referred to as the clenching and grinding of teeth. But at that point in dental school, we were taught to create mouth guards for such problems, which treated the symptoms but not the root cause. It was a little like filling a cavity without educating the patient about the importance of keeping teeth clean—the reason they had the cavity in the first place. I was seeing patients who were sick but didn't even know that I could help them.

Then I went to a continuing education course that discussed craniofacial pain and sleep apnea, and suddenly everything clicked. As my mentor, and now great friend Dr. Steven Olmos says often, “It was like a bomb went off!”

I came from a family of medical professionals: my great grandfather was a physician, my grandfather is a dentist, my dad is a physician, one uncle and my brother-in-law are dentists, and there are five nurses and five orthopedic surgeons in the family. So I always felt I was destined to care for patients in some manner.

Still, as of my junior year in college, I had not yet decided on a particular path. Then one day, while having my teeth cleaned by my family dentist, Dr. Terrance Mahoney at Mahoney Family Dentistry, I was invited to shadow him. That's when I really connected with my passion and I became

motivated to make dentistry my career. It was through shadowing Dr. Mahoney that allowed me to connect with my Papa Klauer (a dentist) on a professional level. Little did I know but Papa Klauer was pioneering this field of dentistry and I didn't even begin to know the half of it.

When I was an undergraduate at the University of Notre Dame, my father gave me some great advice: "Identify a mentor to have in your career, because you will need them to progress as a professional." My father did his medical residencies (internal medicine and physical medicine and rehabilitation) at the Mayo Clinic in Rochester, Minnesota, for six years, where he was given a mentor to follow, emulate, and use throughout his residency. That was an essential piece in his medical training, and he always held it in high regard. And since I—and his patients—have always held him in high regard, I have studiously followed his advice, which in this case is quite tasking and time consuming, as I have four other mentors in my life.

After graduating from Ohio State University College of Dentistry in 2010, I began practicing with Dr. Mahoney. In 2012, the practice purchased a 3-D x-ray imaging device known as an i-CAT, and that same year, I learned about Dr. Olmos. Through his courses, I learned how to treat patients who have craniofacial pain, temporomandibular disorders (TMD), headaches, sleep apnea, snoring, and breathing issues. It was three years of intense training that involved traveling internationally, spending time at each other's offices, and many hours of private mentoring. I vividly remember discussing the

anticipated journey with my wife, Hayley, since it required countless nights away from home. It was a whirlwind journey, but it was absolutely essential for putting me on the cutting edge in a specialty that crosses over into a new area of medicine. I am forever grateful for Dr. Olmos's tutelage, which has been so instrumental in my career, and for him sharing that experience in the foreword to this book.

As I began treating patients for pain, TMD, and sleep breathing disorders (SBD), it almost became an addiction to treat more and more of the same. After years of seeing patients who were dealing with chronic pain, lack of sleep, and other medical problems, the solutions we were implementing were helping people feel better almost immediately in many cases.

In regard to this notion of TMD and TMJ, I'd like to make a clarification. TMJ refers to the temporomandibular joints, which are located on each side of the face. Everyone has TMJ—in fact, we all have two TMJs, a left one and a right one. When patients say, “I have TMJ,” what they truly mean is that they have a *disorder* or *dysfunction* of the TMJ. To avoid confusion, I often use the term “TM joint” when I'm talking about the anatomical structure of the temporomandibular joint versus TMD, the disorder that affects the joint.

So we evolved the practice to total wellness, an approach that takes a whole-body perspective to health rather than compartmentalizing medical issues within individual body systems. Today I focus mainly on issues in the mouth, jaw, and face, with the understanding that issues in these parts of

the body may be generated within those structures or may be brought on by pain or misalignment in other parts of the body. Problems in the head, neck, or mouth negatively affect breathing and sleep, which then leads to additional health problems. Since everything in the body is connected, I look not only deeper within my own area of practice but also at the interrelationships between my specialty and other areas of medicine. This new approach is putting us at the forefront of what is going to be a mainstay in medicine and dentistry; it is simply a matter of time.

---

Today, my mission is to give hope to every person out there who is suffering from craniofacial pain, TMD, headaches, poor sleep, or problems they simply can't solve. My practice's mission statement is:

***At the TMJ & Sleep Therapy Centre of Northern Indiana, we are committed to giving hope to patients of all ages by adopting their personal victory as our own. We restore the quality of life they deserve by providing the tools and therapies to decrease pain, increase energy, and improve sleep.***

Our core values are:

- To embody integrity and authenticity in our relationships with patients and with each other. We empower all who enter our practice to be the best versions of themselves physically, emotionally, and spiritually.
- A commitment to lifelong learning, professionally and personally, to create an environment that breeds greatness. Obstacles are viewed as opportunities for improvement.
- To offer hope to patients by addressing the origin of their problems and focusing on their overall health and wellness.
- To be passionate about our purpose. Our passion unites us as a team to better understand our purpose and show compassion and empathy to our patients.
- To build relationships with transparent communication. At the first point of contact, we initiate the responsibility to create an honest, personable relationship with each patient through transparent communication. We don't impose our assumptions, we let our patients lead us to why they are seeking treatment.

It's a great feeling to be able to give people their lives back, and that's why I put this book together. I want patients to be able to make informed decisions about their health, and my goal is to begin that education before people even walk through the doors of my practice. The more that people know

up front, the faster they can get better and the healthier they can be.

The cases in the chapters ahead are true stories, although the names are modified to protect privacy. These are recent stories among the thousands of patients we have been able to help. We welcome about seventy-five new patients a month, so choosing a handful was challenging, but I tried to share a variety of countless success stories.

This book is for people who are suffering from jaw pain stemming from TMD, craniofacial pain, headaches, snoring, SBD, and/or sleep apnea.<sup>1</sup> These dysfunctions will be explained in greater detail in the chapters ahead.

There are some common symptoms that may indicate a problem with a TMD or SBD. Look over these lists and mark those that you or a loved one is experiencing. Don't try to justify them, just simply mark "yes" or "no." I will refer to these lists in the chapters ahead.

---

1 When I refer to the jaw or jaws, I am talking about the upper jaw, the maxilla, and the lower jaw, the mandible. Moving forward, I will simply use the terms maxilla and mandible when referring to the upper and lower jaw.



**PAIN OR TMD SYMPTOMS**

- Headache pain
- Ear pain
- Jaw pain
- Chewing pain
- Face pain
- Eye pain
- Throat pain
- Neck pain
- Shoulder pain
- Back pain
- Limited ability to open mouth
- Difficulty closing mouth
- Jaw joint locking
- Jaw joint noises
- Stiffness
- Sinus congestion
- Dizziness
- Ringing in the ears
- Muscle spasms
- Vision problems
- Numbness
- Nerve pain

**SBD SYMPTOMS**

- Acid indigestion
- Kicking or jerking leg repeatedly
- Swelling in ankles or feet
- Morning hoarseness in voice
- Dry mouth upon waking
- Fatigue
- Difficulty falling asleep
- Frequent tossing and turning
- Repeated awakening
- Nighttime urination
- Significant daytime drowsiness
- Frequent heavy snoring
- Feeling unrefreshed in the morning
- Affecting sleep of others
- Gasping upon waking
- Told that "I stop breathing" during sleep
- Nighttime choking spells
- Morning headaches
- Night sweats
- Vivid dreaming
- Unable to tolerate CPAP
- Teeth grinding
- Teeth crowding

My father always told me that as a doctor, I can only care for my patients as much as they are willing to care for themselves. That doesn't mean I should not give my patients everything I have in the way of knowledge and expertise about their issue, but that I should not take it personally if they fail to comply with my recommendations and guidance.

## **THE MORE YOU KNOW**

My goal is to educate, motivate, and help my patients through their journey to wellness. The more you know, and the more you are willing to make the necessary changes, the better your chances are of having a great outcome from treatment. With you “at the table,” we can address your symptoms and persevere in finding a way to help you enjoy the highest level of health throughout your life.

Investing in this book is a great first step, because the more you understand your condition and options, the more we can improve your outcomes.

In the pages ahead, you'll read about what my team and I call “victories.” These are the ideal outcomes that each patient would like to achieve with treatment through our office.

For now, consider the answers to these questions.

**WHY ARE YOU READING THIS BOOK?**

---

---

---

---

**WHAT WOULD BE A VICTORY  
FOR YOU TODAY?**

---

---

---

---

---

Bring these answers to your consultation with me and my team at the TMJ & Sleep Therapy Centre of Northern Indiana. If you forget them, don't worry; my team gathers this information at every new patient appointment. Why? That's how we gauge our success, by how well we helped you achieve your victory. Read on to learn more about how we can help you do just that.