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Relationship of pharyngeal airway and its maintenance to lordotic change in the cervical spine

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The control of the patency of the pharyngeal airway is related to its function, not the least of which are the abilities to breathe and eat. Given the bulk of evidence available since the 1920s there are strong indicators that the epigenetic patterns that govern the growth of the mouth, nose and pharynx are both more apparent, but also more prevalent. These factors of high sugar diets, tobacco smoking, alcohol consumption and fragmented sleep have escalated over the past 400 years, but mainly in the past 200 years. To maintain patency of the upper airway there must be a physical postural adaptation of the head posture and therefore of the upper spine. The effects of cognitive postural adaptational control is lost during sleep and their subsequent reduction of oropharyngeal patency during sleep imposes both a reduction in the benefits of sleep and changes in whole-body physiology through 'snoring' or more precisely, obstructive sleep apnea. There is a good body of evidence of the generation of systemic inflammatory processes and chemistry generated in OSA that appears to start with the first breath. The adaptive processes impact the physical cervical skeleton and are clearly both in the imaging of the upper spine and in the associated neurology and pain patterns. This retrospective study shows data from images gathered over a period of years, acoustic reflection of the upper airway and clinical records show the link between the nocturnal state and awake states. These links will be placed against the medical histories of chronic pain and of juvenile orthodontic cases showing the clinical manifestations.

Biography

David Zimmerman has been interested in craniofacial pain, sleep and breathing after completing a two years course (Diploma in Clinical Dentistry) in Orthodontics.

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