



## How To Find The Right Sleep Professional [Podcast 69]

### Dr. Park's Breathe Better, Sleep Better, Live Better Podcast

- Kathy Park: [00:16](#) Welcome to Dr. Park's Breathe Better Sleep, Better Live, Better podcast, where our goal is to help you get the sleep you need for the life you want. My name is Kathy Park, your co-host for today and I'm here in the studio with my husband, Dr. Steven Park. Hey Steve, how are you doing today?
- Dr. Park: [00:33](#) I'm doing great.
- Kathy Park: [00:34](#) Good. On today's podcast, Steve is going to be answering a question that many readers have asked him before and I'm pretty sure that many of you listeners out there are asking as well and that is the question of how to find the right sleep professional to help you. But before we begin, I'd like to remind our listeners that the information you hear today is for general education and information purposes only and should not be relied upon as personal medical advice. Please consult your doctor before following any advice or regimen given on the show as your particular case may be different than the ones given. All right Steve. So let me start off by asking you how often you get asked that question. Um, where can I find the right sleep professional for me? Is it like once a week, once a month, or even like once daily?
- Dr. Park: [01:29](#) I would say at least once daily or definitely every other day. This is from a combination of my, uh, in-person patients that I see and also my online activities, my blog, podcasts, etc. So I see it pretty

commonly and believe it or not, um, I see it quite often even in people who live in big cities like New York City, which is surprising.

Kathy Park: [01:52](#) Wow. That is surprising. You know, that it's not only surprising that you know, people who live in a metropolis find it difficult to find a sleep professional that's right for them. But that's quite a lot of people who are asking you that same question. It sounds like many people are frustrated that they're not able to find a sleep professional that can help them. So what do you think that is? Is it because there aren't enough medical professionals out there who specializes in sleep? Or is it because there aren't enough doctors out there who are knowledgeable in this area? So what do you think that is?

Dr. Park: [02:26](#) Well, I think, I don't think this is a problem with doctors not having enough knowledge or not being able to find right people, but it's, it's a problem with having too many choices.

Kathy Park: [02:37](#) Okay.

Dr. Park: [02:38](#) So for example, if you say you're snoring or complain to me about snoring, where do you go? I guess most people would first try a doctor, Internet doctor, I'm sorry, doctor. Google. Right, right. And, and you would try some of the things that they recommend and sometimes it works, sometimes it doesn't. Then you, maybe you would run it by your medical doctor who may send you to an ENT or sleep doctor or maybe even your dentist will pick something up and then ask you, do you snore? Because you know, they can find out whether or not you have sleep apnea. So it depends on where you start the process. But I think the most important thing is it's not, um, how

do you take care of the snoring? But you have to ask the right questions. And there's that Tony Robins quote that said, successful people ask better questions and as a result they get better answers.

- Kathy Park: [03:23](#) Yup. I totally agree with that. So it's not the fact that there aren't enough sleep professionals out there who can help you. It's this, that you have to figure out where to start asking those right questions and sort of reframing our expectations right too?
- Dr. Park: [03:40](#) Right.
- Kathy Park: [03:41](#) And not expecting one physician to be able to take care of everything.
- Dr. Park: [03:44](#) Absolutely true. Yeah. Because every, every specialist has different ways of treating or different ways of looking at snoring and sleep apnea.
- Kathy Park: [03:52](#) Right. So generally speaking, let's say, since we're on the topic of trying to find the right physician for, let's say your one specific sleep problem that you're having. So for example, like snoring, who would you start with and why?
- Dr. Park: [04:10](#) So for snoring and standard sleep apnea situations where you stop breathing, I think the simplest way is to start with a sleep doctor because eventually no matter who you end up seeing, you're going to need a sleep study. So the sleep doctor is typically part of a sleep lab and they could be independent, but they work with a sleep lab. So you will get the comprehensive sleep evaluation and also screen for other sleep disorders as well besides snoring and sleep apnea. And then they can set you up

with a sleep study and if they need additional help like an ENT or an allergist or a dentist or surgeon, they'll ask for help. So essentially, ideally the sleep doctor should be the main person to coordinate everything.

- Kathy Park: [04:53](#) Because once you get the sleep study you're saying, you can sort of figure out whether or not you have a severe obstructive sleep apnea, moderate or you're not even, you can't even be diagnosed for a sleep breathing problem, should I say, right?
- Dr. Park: [05:08](#) And when I, when I coordinate, patient's medical care, I'm doing it not from an ENT perspective but as a sleep medicine doctor's perspective.
- Kathy Park: [05:18](#) Because you're double boarded in other words. And not many ENTs though are double boarded.
- Dr. Park: [05:22](#) Well, there's a handful, it's going to be more and more popular these days, but most ENTs who treat snoring probably are not going to be boarded in sleep but that doesn't really matter because they're going to take care of your snoring and breathing problems anyway.
- Kathy Park: [05:37](#) Right. So you go to a sleep study center, you speak with a sleep medicine doctor, and so one of your issues is that you snore at night. That's why you're going to see...determine possibility of sleep apnea. Um, you ask them, oh, I have a snoring problem and I'm afraid that that may lead into obstructive sleep apnea. I want to get a study done. And that's what usually gets the ball rolling in other words. Right. Okay, great. Now, what's another medical professional that people can go see about their sleep issues if they can't find any sort of sleep study center in their area?

- Dr. Park: [06:15](#) I would actually start with your dentist.
- Kathy Park: [06:17](#) Really.
- Dr. Park: [06:17](#) I'm sure you have dentists in your area, right?
- Kathy Park: [06:20](#) Just any dentists?
- Dr. Park: [06:22](#) Maybe start with your own personal dentist. Believe it or not, dentists are more and more, um, being made aware about sleep breathing problems and I see a lot of dentists taking courses, being board certified in dental sleep medicine. It's, it's a very, very major change in the way they think about their profession. They're seeing themselves as the gateway to the airway, which is the teeth, right?
- Kathy Park: [06:47](#) I like that. The gateway to the airway. Okay.
- Dr. Park: [06:50](#) Yeah. And if they see dental problems like dental crowding, crooked teeth, large tonsils, they will pick that up and make the appropriate referrals.
- Kathy Park: [06:58](#) Well, I believe it because I know that so many of your avid evangelists for sleep breathing, that sleep breathing paradigm that you talk about in your book, *Sleep Interrupted*, these are dentists who kind of latched onto this idea because they see it all the time, day in and day out, how dental crowding causes jaw narrowing and how that causes airway and breathing issues. So I think that most dentists wouldn't you say would be open to the idea of treating snoring and airway issues?
- Dr. Park: [07:33](#) Absolutely.
- Kathy Park: [07:33](#) Right. If you just mention it right? If they don't mention it first, you can bring it up with your dentist.

- Dr. Park: [07:39](#) Right.
- Kathy Park: [07:39](#) Okay. Somebody you can trust. All right, great. But what about those people who just can't sleep? They have like insomnia issues. Who should they start with? Should they go to a sleep lab or a dentist or who's better for that?
- Dr. Park: [07:55](#) The problem is that insomnia can come...that can happen due to a number of different reasons.
- Kathy Park: [08:01](#) Okay.
- Kathy Park: [08:02](#) And so along with that, you have people who have lots of chronic fatigue or chronic pain issues or headaches. There's these long list of chronic conditions that just won't get better with traditional therapies.
- Kathy Park: [08:14](#) Okay.
- Dr. Park: [08:14](#) And maybe even seeing your medical doctor for about it for months, for years. Um, and at that point, like who do you see? So the problem with insomnia is that that's a very generic term, meaning you can't sleep, but by definition, if you have sleep apnea, you're going to have insomnia, right?
- Kathy Park: [08:31](#) Right.
- Dr. Park: [08:33](#) And now, being really technical about insomnia is such as sleep onset or sleep maintenance insomnia, meaning that you can't, either fall asleep or you keep waking up when you want to sleep.
- New Speaker: [08:42](#) Right.
- Dr. Park: [08:43](#) I'm sorry, you keep waking up in the middle of the night that's sleep maintenance insomnia. But from

my perspective, it's a little bit biased because I see the airway all the time... most people with prolonged treatment resistant insomnia, uh, have major sleep breathing problems and you just don't know it. And many of these patients don't have sleep apnea, but they stop breathing a lot.

- Kathy Park: [09:04](#) Yeah. That just reminds me of our accountant who came to see you finally because every tax season he would be waking up in the middle of the night gasping and choking for air. And he used to have panic attacks and his wife just couldn't stand it anymore because he was taking Ambien, right, to go to sleep at night because he just couldn't fall asleep. So he had major insomnia problems and his doctor gave him Ambien but that was making him do random things in the middle of the night. Like he would wake up and he would just take his car for a drive and then he could come back and he wouldn't have any idea that he did any of this. So his wife freaked out when they finally brought him in to see you and then you had him go get a sleep study done. And of course he had very severe obstructive sleep apnea and once you treated that it helped treat the insomnia without Ambien
- Dr. Park: [09:55](#) And the panic attacks
- Kathy Park: [09:57](#) And the panic attacks. Right. So you're saying that if you do have insomnia, there are programs out there
- Dr. Park: [10:05](#) right,
- Kathy Park: [10:05](#) to help, non-medical programs?

- Dr. Park: [10:09](#) Yes. So start with the basics. Go ask Dr. Google and I'm sure you'll see these top 10 ways of treating insomnia and they're all out there.
- Kathy Park: [10:17](#) They're more like sleep hygiene.
- Dr. Park: [10:18](#) Exactly. And for the most part, they do work. You have to start with the basics. If you had bad habits, no matter what kind of medication you take it's not going to work.
- Kathy Park: [10:27](#) Yeah.
- Dr. Park: [10:27](#) So start with the basics and you know, eat healthy, exercise, do all the things that you know you're supposed to do. In most cases, unfortunately it's a matter of losing weight. Okay. You get people say they started snoring when they gain weight. Okay. There's a reason why that happened. It's a lifestyle dietary issue, increased stress or changing your job or schedules, having kids. These are all life stressors that potentially causes sleep problems because you gain more weight.
- Kathy Park: [10:53](#) Hmm. So I guess you need to first take prophylactic approaches. The easiest approach, which is to educate yourself on some other sleep hygiene issues that you should take care of even before you go see a medical professional.
- Dr. Park: [11:10](#) Right. We've mentioned this in many podcasts in the past, sleep hygiene issues.
- Dr. Park: [11:15](#) But then the next step, if it's truly insomnia, like everyone has insomnia in their lives, right?
- Kathy Park: [11:21](#) Yes.
- Dr. Park: [11:22](#) I remember.
- Kathy Park: [11:22](#) Different seasons.

- Dr. Park: [11:22](#) I remember before every major examination, board exams, SATs, MCAT, I could only sleep for about two hours.
- Kathy Park: [11:36](#) Well, when we first brought her a firstborn in home, we were waking up every what, 20 minutes, right?
- Dr. Park: [11:42](#) Right. Yes. So there are seasons in everyone's lives, we have insomnia, right? Whether due to emotional or psychological stress or children or illnesses, whatever.
- Kathy Park: [11:51](#) Right.
- Dr. Park: [11:52](#) But if you have typical insomnia, where you can't fall asleep, start with the hygiene issues first, and then what they've shown...we've had Dr. Jacobs on the program many years ago. He talked about the basic sleep hygiene methods to treat insomnia. And, and he's an expert in somebody called cognitive behavioral therapy for insomnia. It's a proven program that's recommended for people who just don't do well with the standard hygiene techniques. And so it's been proven to work better than, actually it's been proven to work as well as sleeping pills, but better in the longterm without medications.
- Kathy Park: [12:28](#) Habits are powerful things,
- Dr. Park: [12:30](#) Not just habits, but thought processes. And that's the...cognitive, is that part, changing your thoughts, patterns and behaviors, your habits.
- Kathy Park: [12:41](#) Okay, so now let's say you don't necessarily have the insomnia, but let's say you have other issues, more physical issues, like you have constant nasal congestion and stuffy nose. What do you do then? Who Do you go see?

- Dr. Park: [12:57](#) Well that one's easy. See an ENT doctor. Don't expect your ENT doctor to treat your sleep problem because not everyone has an interest in sleep. But by definition, sleep medicine is actually part of our field...
- Kathy Park: [13:09](#) Ear, nose and throat.
- Dr. Park: [13:11](#) So you don't have to be board certified in sleep. But that is one of our subspecialties. So what we're trained in, but from a breathing standpoint, so if you have nasal congestion, take care of that. And then ENT surgeons are there for people who can't tolerate or benefit from c-pap or dental appliances. So as a, as a last resort, you wanna to try nonsurgical options first. But then if you have no other options available, then the ENT surgeons are there for surgical options. Unfortunately, it's somewhat limited to people who are not severely overweight. The more overweight you are, the less likely it's going to work. The more severe the sleep apnea, the less likely surgeries work. So it's a very select group of people who are going to be good candidates.
- Kathy Park: [13:55](#) So what you're talking about here are people who are already on CPAP, continuous positive airway pressure machines and they're finding that it's not really helping them sleep better
- Dr. Park: [14:07](#) or it doesn't, they can't tolerate it,
- Kathy Park: [14:08](#) can't tolerate it at all. And possibly they could read your book, *Totally CPAP* to figure out and troubleshoot any of the issues that they can troubleshoot on their own. And then if all else fails, then you're saying find an ENT who can help you address the, maybe some other collapse issues, right? Airway collapse.

- Dr. Park: [14:29](#) Well, the first surgical priority, and this is what I do all the time, is to address nasal breathing. Make sure you're breathing really well through your nose
- Kathy Park: [14:36](#) because if you're not breathing well through your nose, then you're saying that the CPAP is not working,
- Dr. Park: [14:40](#) it's not going to work as well. The same for dental places too. And even other surgeries and the throat down the line, you have to breathe through the nose because that's the entry point for all the air to come in through. And then surgeons, um, have more sophisticated options like palate and tongue surgery, epiglottis surgery. We even have this new technology called hypoglossal nerve stimulation... it's a tongue nerve pacemaker.
- Kathy Park: [15:05](#) That sounds really complicated
- Dr. Park: [15:07](#) but it's high tech but the concept's really simple. I was involved in a clinical research study about 10 years ago when it first started coming out and it was, you know, it was very interesting and we got some good results and now it's somewhat becoming mainstream and many of the insurance companies are starting to, to pay for it now. So it's definitely an up and coming option. But again, it's for very few selected patients. I think we should have a podcast on this topic in the future about this because it's such a new technology and, but just to let you know that you have to be relatively thin to be, to qualify for this, your body mass index has to be under 32.
- Kathy Park: [15:44](#) So that's a topic for another day for another podcast. But okay. So just going back and reiterating what you just said, don't expect to go

see an ENT who's going to treat you for your sleep problems. In other words, go see them specifically for your airway issues. Breathing, physical breathing issues. Yes.

- Kathy Park: [16:05](#) Nasal congestion or large tonsils. Um, you're having chronic sinusitis or you're having, you know that you have, um, enlarge turbinates, turbinates, right? And so any of those issues or throat problems even,
- Dr. Park: [16:23](#) and oftentimes people with sleep apnea will have all these other symptoms like throat pain, ear pain, ear infections, dizziness, sinus headaches, hoarseness, coughing. It's all connected. So why not just go to the doctor that deals with it best?
- Kathy Park: [16:37](#) and the ear, nose and throat doctor can help you at least get started with addressing those issues
- Dr. Park: [16:43](#) medically and then if necessary, surgically.
- Kathy Park: [16:45](#) Okay, great. So besides an ENT and a sleep medicine doctor and dentist or a, somebody, a physician who handles insomnia, who else would you be able to kind of enter into this whole sleep apnea treatment arena?
- Dr. Park: [17:06](#) This goes back to the nose, allergists. Because if your nose is stuffy, then you can't breathe properly. And then another really important, professional that everyone should have on the team is a myofunctional therapist. These are people who, who basically help you with tongue exercises. Uh, this is not just, just a fad. This is proven science. There was a study, I think about 10 years ago from Brazil showing that these tongue exercises lowered the severity of sleep apnea by 50% on average.

- Kathy Park: [17:39](#) Wow. So these tongue exercises that are helping you tone your muscle tone,
- Dr. Park: [17:45](#) tongue, throat, lips, facial muscles.
- Kathy Park: [17:47](#) Okay. Why is this so important for a person who suffers from sleep issues?
- Dr. Park: [17:53](#) Because one of the, uh, there are many reasons for sleep apnea, including being overweight, But they're also hormonal influences in women, but also neurologic factors that changes with age and, and different medical states. And so tongue throat muscle tone, which changes throughout stages of your sleep. So the more tone your muscles are, the less it's likely to collapse.
- Kathy Park: [18:19](#) Do you think that that all has to do with the jaw narrowing as well? The softs tissues...
- Dr. Park: [18:24](#) I think it just, it just aggravates everything. You know, one of the, um, basic tenants of jaw bone development is... I'm actually this a little bit of a side note. Uh, my medical school professor in anatomy, he was, actually the dean of the Dental School, Dr Melvin Moss, he described in the 70s something called the functional matrix hypothesis, meaning that the bones don't grow on their own. They grow because of external forces such as muscles and forces that are applied to the bones. So bones don't grow, they're grown.
- Kathy Park: [18:59](#) Interesting. So that means that if we're not chewing well
- Dr. Park: [19:03](#) or using your tongue properly or your lips
- Kathy Park: [19:08](#) and if you're mouth breathing for example, and so the air going in is not going through the nasal passageway, but it's going through your mouth

instead. That can, that means that that can have effect on how your jaw develops.

- Dr. Park: [19:23](#) Right. So it's not just muscle, not just muscular forces. It's airflow.
- Kathy Park: [19:28](#) Interesting
- Dr. Park: [19:28](#) and nervous system innervation as a result of force.... these sensory forms of input.
- Kathy Park: [19:33](#) So that's why you're saying, recommending that if we go see a myofunctional therapist, they may be able to help address some of those issues that people are experiencing.
- Dr. Park: [19:42](#) Right. And you know, for some people that can do wonders, but I think of it as complimentary therapy. It just helps everything else work much better, especially in people who have trouble breathing through the nose and some of these patients need some kind of surgical therapy. Um, but for example, after tongue tie release, it's, it's really, really important to these do these exercises.
- Kathy Park: [20:06](#) Well, just for our listeners, our personal experience has been with our two boys. We started with oral myology therapy and that in turn led to dental therapy correction of their teeth. And we also had their tongue tie released, both of them. Um, and we didn't know any of this when we first started. Right? But we just sort of took one thing and layered one on top of each other. And I just remember seeing how our middle son, right? And when he started the orofacial myology, we didn't realize that he wasn't articulating his words properly and he wasn't nasal breathing properly when he was speaking. Nor did we ever

realize that he wasn't swallowing or chewing his food properly either.

Dr. Park: [21:00](#)

Yeah. It's all connected.

Kathy Park: [21:01](#)

It's all connected. And once he addressed those issues and he was doing the exercises, we saw his posture straighten and we saw his teeth and jaws widen and that all prepared him for the dental work that came, that followed. Right? And the same goes for our youngest. And so I think that anywhere you start, you gotta start somewhere. And this is the, I think, the easiest point of entry, right? Especially for young children. Right.

Dr. Park: [21:30](#)

And also there are many organizations out there. You can find them on the internet. They're myofunctional therapy organizations that lists certified myofunctional therapists

Kathy Park: [21:39](#)

and there are more and more every single day. Yeah.

Dr. Park: [21:42](#)

You know, it's funny, I always thought that mofunctional therapy had a resurgence in the past 10, 15 years. But a dentist recently gave me a book, I forgot the title, but it's myofunctional therapy for the dentist. And the year it was published was 1972.

Kathy Park: [21:59](#)

Wow.

Dr. Park: [22:00](#)

It's been around a long time. I'm told that in Brazil, myofunctional therapy is standard of care in the medical practice to start with.

Kathy Park: [22:07](#)

Interesting. It's partly that we're not aware of these professionals, paraprofessionals as much as these, um, I think medical professionals that we kind of put on a pedestal

- Dr. Park: [22:21](#) Traditional. Yeah.
- Kathy Park: [22:23](#) But you're saying that all of these options are available and we should avail ourselves for that. Okay, great. We'll also have a link in the show notes I think for anybody who's interested to the name of our myofunctional therapist. Um, Paula who's just wonderful, but she's very busy. She's booked for like months on end, but maybe she can squeeze you in if you're interested. Okay. Now what if you get a formal diagnosis of OSA and, you've mentioned this kind of scenario before to me in the past and that's why I'm asking. And then you still think you have an airway problem like UARS and most physicians won't treat that. Right? And so who do you go to then?
- Dr. Park: [23:09](#) That's the most challenging issue. There's a lot of controversy within sleep medicine as to whether or not that this condition even exists. For example, I, we actually published a paper looking at sleep endoscopy results in people with AHI less than five, meaning they officially don't have sleep apnea, but they're really, really tired and symptomatic
- Kathy Park: [23:30](#) like me.
- Dr. Park: [23:31](#) Yeah. And so we found that on drug induced sleep endoscopy, when they're sleeping, 83% had significant multilevel obstruction. So we presented this data, at a sleep meeting and there was so much..
- Kathy Park: [23:46](#) Pushback?
- Dr. Park: [23:46](#) I wouldn't say pushback, but disdain like, oh, that couldn't be true.
- Kathy Park: [23:50](#) Really?

- Dr. Park: [23:50](#) Or you were given too much medication. They just didn't believe the results. But in a live situation like the meetings, it was a little bit disappointing, but that's the nature of medical conferences. You're kind of cynical about everything. Right? But online , we publish this on our Academy's, online public access journal, which is the same peer review process, but it's online and it had, it was one of the most popular sites, articles that was visited for like three months. So doctors are looking at it, they find it interesting.
- Kathy Park: [24:27](#) Huh. So when they're not in a meeting, that's very interesting. I think it's like group think maybe they don't want to seem like they're too gullible and buy into.
- Dr. Park: [24:40](#) Yeah. It's really a challenging situation to describe because you know, we want to be really rigorous as scientists,
- Kathy Park: [24:47](#) but maybe a little bit overboard...
- Dr. Park: [24:47](#) but at the same time, but that's the nature of the peer review process. Or if you defend your thesis, that's the same process, right? They kind of put you through the ringer to make you a better doctor or better PhD or masters.
- Kathy Park: [25:00](#) Well, that sounds to me like a lot of egos being paraded around.
- Dr. Park: [25:05](#) Well, you know, for example, yesterday I operated on this six year old girl who was not sleeping at all, wakes up constantly, very tired, fatigued, brain fog, doesn't do well in school. The sleep study showed that she doesn't have sleep apnea. AHI is something like 0.2 or 0.3 and everything, all the numbers seem pretty good. But when I did the

sleep endoscopy, she had severely...oh, she also had a tonsillectomy when she was much younger, so nothing to take out. But the sleep endoscopy showed, and this is consistent with the study that I mentioned, severe lingual tonsil hypertrophy, meaning that her lingual tonsil behind the tongue, was big blocking the airway. But on top of that, her epiglottis was flopping back like a valve.

Kathy Park: [25:51](#)

Oh, poor thing.

Dr. Park: [25:51](#)

So the problem with these conditions is that it doesn't cause apnea but it causes obstruction and arousals meaning that you wake up too quickly as opposed to if you... Apnea means you stop breathing 10 seconds or longer... for children is two missed breaths. So if we're an adult, if you stopped breathing 30 times an hour for nine seconds each, you don't have any apnea

Kathy Park: [26:15](#)

but you're miserable because you're constantly waking up.

Dr. Park: [26:19](#)

So I see situations like this all the time, whether it's small tonsils that cave in completely. So those kids would never have been offered a tonsillectomy. The epiglottis flopping back or large lingual tonsils. And oftentimes kids, at nighttime, your bed wetting gets better, the headaches get better...

Kathy Park: [26:41](#)

but obviously a six year old isn't going to come and tell you, oh, Mommy and Daddy, I keep waking up in the middle of the night. You know, like five times, six times an hour.

Dr. Park: [26:52](#)

It's the parents that bring them in

- Kathy Park: [26:52](#) Right. It's just that during the day they're irritable, they have constant, distractibility. Right. So they have all those symptoms. Wow. That's, that's sad.
- Dr. Park: [27:04](#) I think in answer to your question, honestly, I think the best way to go in this situation is, is to go to your dentist. And in particular, look for a sleep centered dentist. There's an organization called the American Academy of Dental Sleep Medicine.
- Kathy Park: [27:20](#) Oh, okay.
- Dr. Park: [27:21](#) These are board certified dentists in sleep medicine.
- Kathy Park: [27:24](#) Right. And they would be able to help you.
- Dr. Park: [27:28](#) There's different ways that you can go into the treatment, the most standard way, and we'll go over a little bit of the treatment options for dentists, is something called a mandibular advancement device. This is where the lower jaw gets pulled forward. Gradually using these two, it's like a night guard mouth appliance molds of your upper teeth are made and the bottom part gradually gets pushed out. So that pulls your tongue forward. And this works pretty well for most people. And this is the standard recommendation by the American Academy of Sleep Medicine for mild to moderate sleep apnea who are not overweight and this is compared to CPAP. So they're considered equally first-line options, CPAP or dental appliances. However, a lot of dentists are also doing other kinds of therapies, especially dentists and also orthodontists using these appliances or orthodontics to grow the jaws
- Kathy Park: [28:18](#) to actually grow the jaws

- Dr. Park: [28:19](#) Yes. So the more traditional way is a palatal expander and that's still being done. And there's different variations of that. So people use probably hundreds of different appliances out there that have been used over the years and some of the more popular ones these days, you hear the names like ALF, Biobloc, Homeoblock, DNA, FAGGA, a long list of things that dentists are using to expand the airways.
- Kathy Park: [28:45](#) And you've done an interview in the past. Um, we'll have a link in the shownotes for that with Dr Bill Hang, who is like the, the foreforerunner on all of these orthodontic approaches, expanding.
- Dr. Park: [29:00](#) But he's been doing it since I think the seventies. He was an orthodontist that used to do extraction orthodontics and he had a major revelation that he was making his patients lives miserable by doing that. Then he completely reversed course and his, his life mission is to expand people's airways.
- Kathy Park: [29:18](#) He's also a good resource too. If you live in the southern California area, you may not be able to go see him directly, but he does teach all around southern California. He has other colleagues that he can refer you to in your area.
- Dr. Park: [29:34](#) And he's also taught many dentists throughout the country.
- Kathy Park: [29:36](#) Oh yes. He's taught our son's dentist. So who are some other professionals who can help you with your sleep problems besides all of the other professionals that you've mentioned so far?
- Dr. Park: [29:48](#) So one person that ...one type of professional that you may not think of when you talk about

breathing and sleep is an oral surgeon for jaw surgery. Now, one of the problems that we're having as a modern society is that ..

- Kathy Park: [30:01](#) And these are dentists who do tooth extractions, most of the time...
- Dr. Park: [30:05](#) Well that's, that's the bread and butter, but they're trained to be facial, maxillofacial surgeons.
- Kathy Park: [30:11](#) Okay. All right. That makes sense.
- Dr. Park: [30:13](#) It's a really rigorous grueling surgical program. So the problem is that if you have a little bit of crooked teeth, that's not a big deal. But now our teeth are getting more and more crooked and our jaws are shrinking. And you see this happening all over the place. The young people have these more triangular faces with recess jaws. And so that's gonna narrow the airway. And so many of these people can be addressed by using appliances or braces or together tonsils or CPAP, whatever. But sometimes it's just not going to be strong enough to, to deal with the problem completely. And some people have really, really severe jaw under development. And so these are good candidates for jaw surgery. So the standard operation that they talk about is something called a maxillomandibular advancement where they move the upper and lower jaw forward.
- New Speaker: [31:01](#) Wow.
- Dr. Park: [31:01](#) And so it can be lifesaving. You can have dramatic improvements in your sleep quality and your quality of life as a result. Now, it's not something that people go to as a first line option. But it's interesting, there are very polarized opinions about this because some of the oral surgery

literature is actually suggesting based on their great results, why not do it as first line therapy, before having to go through this ringer of all the treatment options. But it's still a big operation. But if you go to someone that's good at doing it, not just to change the bite, it's, it's done quite often for bite problems. But you want to go to a surgeon that does it for sleep apnea on a regular basis that gets good results.

Kathy Park: [31:48](#)

So I think what I'm hearing is that if you have a sleep problem and you know that you sort of are at that juncture where you have to go see a professional, you don't just necessarily have to start with a sleep medicine doctor, but you can sort of branch out and it doesn't really matter who you start with. But start somewhere. That's what I seem to be...right.

Dr. Park: [32:13](#)

A perfect example is, let's say that you know, you have major bi problems and someone in the past recommended jaw surgery. So let's say you see a jaw surgeon and this jaw surgeon says, well, you're not a good candidate for jaw surgery, but here's an orthodontist that I recommend. So you see the orthodontist, you start treatment, and then the orthodontist notices that your deviated septum is blocking your nose. So you see an ENT and then ENT sends you for a sleep study. So eventually you'll end up seeing a lot of different people. So don't think, I mean I know it's a lot of, it seems it may seem overwhelming, but if you start with one person, chances are you're going to end up seeing multiple different people. Okay. So you have to create a team of professionals that's going to take care of your, your health issues.

Kathy Park: [32:58](#)

Because what you're saying is one professional, whether or not they're a medical professional or

dental professional or a paraprofessional that doesn't really matter. There is not one person out there who's going to solve your problem, right? But you first have to get clear on what your problems are, right? And then take the approach of, okay, this is what I would like to address first. And then from there they will lead you to the right professionals to get the other issues treated.

Dr. Park: [33:27](#)

Right. So in general, every profession has their own hammer for the nail. Nail is the sleep breathing issue and each of our, each of our professions, like I'm a surgeon. Sleep doctors have CPAP, dentists have their appliances, etc. Now I'm over generalizing. Obviously surgeons do other things too, and dentists do other things. But like you said, don't expect them to take care of all your problems in one setting because they need help too.

Kathy Park: [33:56](#)

But I think that our modern culture tends to have us believe that one person, one super doctor can treat everything that we have all these sub sub specialties now and they're so knowledgeable about one specific topic. And we also think about sleep issues as just the sleep issue. But what you're saying is that sleep problems are coming from a whole array of other health issues and it can manifest in different ways, right? Depending on our lifestyle, depending on our previous positions and what kind of health problems we've had in the past, right? Even our diets, what we eat, our jobs, right? So it can be a lot of those things. So I guess what you're saying is start somewhere,

Dr. Park: [34:44](#)

Right. And invest in education on your own. And there's so much, and we were joking that, that Youtube is probably the best source of education

right now. Right? I mean there are probably college curriculums is on Youtube.

Kathy Park: [34:59](#)

Well they even teach surgery on Youtube. I wouldn't go there. I wouldn't go that far.

Dr. Park: [35:04](#)

Yeah. So take everything was going to salt but use information wisely.

Kathy Park: [35:11](#)

So any last thoughts before we wrap up for today?

Dr. Park: [35:14](#)

So rather than asking, who should I see or which health care professionals should I find to help me with my problems, I think you have to ask a different question, which is what am I trying to solve? What problem am I trying to solve? What are my health issues that I need to address? And that will kind of guide you into as to what direction you have to go. So if your is a stuffy nose, clearly see an ENT. if it's insomnia, start with a sleep doctor. If it's, if you have sleep problems but you also have TMJ or pain issues, see a dentist.

Kathy Park: [35:49](#)

Okay, great. Thank you again everyone for tuning in today. If you've enjoyed today's conversation, you can get all the show notes and the resources mentioned in this program at [doctorstevenpark.com/sleepprofessional](http://doctorstevenpark.com/sleepprofessional). And while you're there, check out all of the resources we have available at the website and subscribe to the podcast, either on iTunes, Stitcher, or Downcast or wherever you find it, easy to listen to. And one last thing, if the information you heard today has helped you in any way, please take a few minutes to forward this to a friend or someone you know so they can benefit from this information as well. Thank you again for helping someone else breathe better and sleep better. This is Kathy Park. On behalf of Dr. Steven Park,

thanking you for spending some time with us today. Until next time, wishing that you've read better and sleep better so that you can live better for bye.