

# Vision, Posture and Obstructive Sleep Apnea

By

Arthur M. Strauss, DDS

For Your Health Magazine, January 2014

Most people are familiar with obstructive sleep apnea (OSA). But, how many people are aware that what I refer to as obstructive “awake” apnea affects our posture and vision? It’s not that hard to understand how we unconsciously position ourselves so our airway is open, and that positioning affects our posture.

Our jaw-tongue-throat relationship influences our ease and ability to swallow, speak and breathe. This, in turn has a big impact on controlling posture.

Airflow and our ability to breathe are of the highest priorities for our unconscious nervous system for obvious reasons. If the airway becomes obstructed, then our body does “**ANYTHING**” to open it and breathe.

After all, our body’s design function is to keep itself alive and through its autonomic nervous system (ANS) reacts to airflow threat by compensating in three ways:

- Stress response
- Clenching and grinding of our teeth
- Forward head and associated posture changes

Sleep studies confirm that the body reaction through the stress response abruptly shifts us from a deeper to a shallower stage of sleep. It is now referred to as respiratory effort related arousals (RERA).

Clenching and grinding of teeth moves the lower jaw, and therefore the tongue forward and out of the throat and enhances airflow and ease of breathing.

I have shown in prior articles how our body responds posturally with forward head posture in OSA patients, “even in upright positions while awake.”

Some literature on vision and motion suggests our head posture allows our eyes to focus straight ahead toward the horizon. This enables us to see where we are going without tripping or stumbling.

Chiropractic literature notes that, “Visual input for postural control helps to fixate the position of the head and upper trunk in space, primarily so that the center of mass of the trunk maintains balance over the well-defined limits of foot support.”

This suggests that vision and the origin of obstructive “awake” and sleep apnea combine to influence our posture. But, would you consider going to a dentist for posture problems or for vision issues? Usually this would not be a person’s choice, and it might not occur to a referring physician that OSA could be linked to these problems.

It is necessary to understand that our upright posture is an “awakened state” of compensation impacted by vision. And, our prone sleep position and the changing of it while asleep is a sleeping compensation unaffected by vision. Their common component is obstructive apnea (OA).

Consider seeing a dentist to address your OA problems, which may also be affecting your vision and posture.