

# Preface

**This book is a culmination of years** and interest and clinical experience in the topic of temporomandibular disorders. It is an integration of scientific evidence that provides the reader objective descriptions of temporomandibular mechanics, pathomechanics, epidemiology, assessments, and clinical interventions.

The collection of illustrations, which I drew over a 12-month period, serves to support the text and provide the reader a glimpse of the thought processes and images going on within my head as I visualize the various temporomandibular topics.

A unique feature of this book is the description and integration of psychosocial and neurophysiological responses and various chronic pain phenomena as they relate to temporomandibular disorders. This is a new area for health care practitioners who generally are more comfortable with joint and occlusion focused mechanical and orthopaedic observations and interventions.

Reflecting upon the discrete mechanical and psychosocial aspects of temporomandibular disorders, it became very obvious to me that the word temporomandibular disorder is really one word for 2 diagnoses. This theme is discussed throughout the book.

The evolution and origins of the book began in 1987 following my graduation from Texas Tech in Lubbock and my return home to Alaska where my husband and I began our private practice. From the beginning, we sought to specialize in treating temporomandibular disorders while providing our services in a professionally autonomous but interdisciplinary and mutually respectful manner with other medical and dental professionals of our community.

With the assistance of these trusted dental and medical colleagues as well as outside study and readings, I learned dental terminology, methods, and rationale for patient interventions. With time, experience, and evidence-based education, this spirit of mutual and multidisciplinary cooperation without the demands of medical ownership and control over physical therapy, my physical therapy interventions became integrated with the dental and medical remedies of my colleagues and theirs with mine. Commitment to the fact that independently practicing physical therapists can and do offer important perspectives to the treatment of temporomandibular disorders provided the needed impetus to write, in my opinion, a much needed text on the multidisciplinary approach of treating temporomandibular disorders as seen through a physical therapist's eyes.

Before I got the chance to begin this book, a catastrophic personal event occurred that would forever change my life. As I recovered from brain damage and catastrophe, I came to fully understand how distress, and powerlessness becomes manifest in the somatization of temporomandibular dysfunction, because I had become the patient.

In March of 1994, while competing in my third and last Iditarod sled dog race, I was severely carbon monoxide poisoned by a propane heater while changing my wet socks in one of their shelter tents. I was unconscious for several hours and hovering close to death. At one point, I remember being declared dead, being conveyed through a white tunnel, and meeting a divine spirit who sent me back to life. Ironically, being sent back to life coincided

with a man dropping my lifeless body upon the floor of a nearby cabin, which jolted my heart, to beat again. The following day, although being very close to dying, vomiting for hours, physically ailing in a state of delusion and amnesia, becoming dehydrated, and in need of an unbiased advocate, the organization decided to allow me to continue in the race.

Going on with the race was a very ill advised and ill-fated venture. As I continued over the next 4 days along some of the hardest terrain in the race, I was a spectacle of haplessness but persistence. Suffering from the lingering effects of the poison, I crashed into trees and fell frequently. I kept getting up and going forward.

While struggling along the trail, I had my first post-traumatic stress attack in the presence of another competitor. In front of this man I suddenly remembering my near death episode and panicked. In fight-or-flight fashion, I clawed at the air and cried that I just wanted to get out of there. Within minutes, the panic subsided and I came back to reality, but my fate and future as an Iditarod musher was sealed.

The musher went ahead to inform race officials that I appeared poorly trained and conditioned for the rigors of such a serious event. Others who had witnessed my frequent crashes, poor sled handling skills, and disheveled, stumbling demeanor offered unfair and negative opinions of me as well. Therefore after being judged and convicted by rumors, I was cast from the Iditarod family, ostracized, shunned, and despised.

I returned home to public ridicule and disgrace. I could not fully understand the reason why I was being publicly shamed. It seemed obvious to me that I was just trying to do my best to fulfill a commitment of finishing the race in the face of severe injury.

This cruel and uncivilized behavior at the hands of the Iditarod and its people facilitated deep despair and hurt. However, there was more to come.

Upon returning home and eager to put the previous events behind me and go on with my life, I noticed something very strange; I could not read. And when I stared at the letters long enough so that they finally formed into words, I could not remember what I had just read. My writing was impaired as well. I would begin a word and then could not stop forming the last letter of the word. I was scared and had no idea what was happening to me.

My husband went to work finding me the best carbon monoxide poison specialists in the nation. This took me to Duke University Medical Center the spring of 1994. There I underwent testing, which revealed that I had severe cognitive learning disabilities, brain damage, post-traumatic stress disorder that resulted in loss of cognitive function, perception, and the proper judgment to make sound adaptive decisions because of the short and long-term effects of carbon monoxide poisoning.

The path to recovery was riddled with disappointments, frustrations, and roadblocks; rigors that in actuality dwarfed any Iditarod trek by comparison. Cognitive rehabilitation treatments provided by the medical specialists brought my IQ back to normal by 1997. But the emotional hesitance to resume a normal life persisted much longer. Although many individuals were empathetic, those who did not understand the effects of carbon monoxide poisoning continued to ridicule me. For me, there was no comforting support group, no colored ribbons of acknowledgement,

or rallying events. By my own resources, I had to find the way to recover.

With the help of my husband and inspirational friends, I discover the necessary strength and meaning of recovery. On the way, I discovered something bigger than myself, which became methods of help for others. These hard fought for lessons forged much of the framework of this book.

I was not one to accept the role of victim and allow external forces to define my life. With the help of my husband, I set out to be the champion of my own race so to speak. I determined that by the end of the year 2004 I would become a board certified orthopaedic specialist, obtain my doctorate, and publish a scholarly work. With renewal, empowerment, and determination, each obstacle was over come and by the spring of 2004, each goal was sought and accomplished.

In 2003, I wrote and published my first scholarly work, which was a home study course on temporomandibular disorders for the orthopaedic section of the American Physical Therapy Association (APTA). This would provide a framework and inspiration for this book. The following year, I obtained a clinical doctorate with distinction from Simmons College, Boston.

In the spring of 2006, I received with gratitude from State Senator Lyda Green, a State of Alaska Legislature Citation for overcoming adversity and ridicule while continuing to serve the community.

I dedicate this effort to the life challenges that set me upon this trail of purpose; the Creator who gave me a second chance to serve others in a meaningful way; my husband who believed the impossible for me; my valued friends; patients, past, current, and future; and the ever-expanding body of knowledge.

Merging scholarly pursuit with real life challenges, I now present this text as a tribute to the race, the only race trodden by the dedicated clinician; the one intended to facilitate both scholarly investigation and improvement of the human condition.

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