AAOP News

Fall 2007
Editor: Edward Wright, DDS, MS

Letter from the President

Dear Members,

I hope you had an enjoyable summer. The past 3 months have flown by.

It was with great sadness that we learned about the untimely death of our past president, Dr Sheldon Gross. Sheldon, or "Shelly," was very influential in AAOP and the field of orofacial pain. He was fundamental in the careers of many of us, and his impact was evident from the tremendous support and sorrow expressed in e-mails on different listservs upon his death. Shelly was a wonderful person with a quiet, laid-back charismatic personality. He also had a wealth of knowledge and tremendous clinical skills and was loved by his patients. We lost a great teacher, clinician, and friend; he will be in our hearts forever. A tribute to his life and accomplishments will be presented at our annual scientific meeting in Los Angeles, which is being dedicated to his memory.

The field of orofacial pain suffered another great loss this summer. Dr Stephen "Chuck" Milam passed away after a brave battle with cancer. Chuck was professor and chair of the Department of Oral and Maxillofacial Surgery at the University of Texas Health Science Center at San Antonio. Chuck was a brilliant, charismatic, and amicable person who provided AAOP with numerous annual scientific meeting presentations. His research and knowledge about the primary degenerative temporomandibular joint (TMJ) disease mechanism was extraordinary and unprecedented. He was a superb teacher, clinician, and researcher. He is leaving a major gap in our field and will be tremendously missed.

It is also with regret that I inform you that our meeting manager, Kathy Baumer from Talley Management Group, has resigned. For the past 5 years, she delightfully ensured that our annual scientific and midyear council meetings ran smoothly. We will greatly miss her charming presence and phenomenal management skills. I am pleased to announce that Talley Management immediately provided us with a new meeting manager, Shannon Welch. Shannon has organized and managed meetings (many much larger than ours) for several years. After working with Shannon for the past couple of weeks, I am confident that the transition will progress smoothly.

The preparation for our next annual scientific meeting in Los Angeles is steadily progressing. The speakers have been secured, and the program looks fantastic. Whether you are new to the field of temporomandibular disorders and orofacial pain or seasoned and experienced, there will be plenty of interesting and appealing top-quality presentations to choose from at this meeting. In the "Message from the 2008 Conference Chair," which follows my report, you can read more about this fabulous meeting. Please be sure to lock the dates in your calendar: April 11 to 13 (with the preconference courses on April 10). I encourage you to submit an abstract and share your knowledge with your fellow members. You can read the submission instructions in "2008 Scientific Meeting Call for Papers" in this AAOP News.

So far, no one has notified us that he or she is interested in participating in a golf tournament to benefit the Research Grant Fund. In order to evaluate the tournament's feasibility, we need to know how many individuals would be interested in attending. If you are interested, please e-mail me at rdele0@uky.edu. In your e-mail, please let me know how many people you would want to participate and whether you prefer the tournament be held on Wednesday or Thursday (in the case of the latter, you would have to miss our preconference courses).

The Membership Committee (under the guidance of Dr Barry Rozenberg) reports that since our meeting in Philadelphia, we have gained 17 new members, including 7 student members. To ensure that we are fulfilling the needs of our members, the committee plans to survey our membership to better understand their needs, desires, and expectations. This committee has also started a mentoring program. If you are interested in participating, please read the item "AAOP Initiates Mentoring Program."

The American Dental Education Association is in the midst of updating its 10-year-old paper on the predoctoral dental curriculum, "Competencies for the New Dentist." They had appeared ready to eliminate the competency to diagnose and manage patients with TMD symptoms from their recommendations. However, thanks to the efforts of Drs Chuck Greene, Gary Klasser, and Ed Wright, we have been assured that the omission was an oversight and the competency will be restored.

The American Board of Orofacial Pain (ABOP) and AAOP are re-evaluating the key elements/core competencies for understanding, diagnosing, and treating orofacial pain patients. A preliminary document is being finalized and will be distributed to orofacial pain program directors. It has been proposed that program directors meet at our next AAOP scientific meeting to reach a consensus about the content of these programs and develop standards for more uniform education. This will help ensure that the ABOP examination and these educational programs are in harmony with each other.

On November 3, 2007, Council held its mid-year meeting in Scottsdale, Arizona, immediately following the American Headache Society's (AHS) annual Headache Symposium. AAOP, which is continuing to nurture and expand its relationship with AHS, had a booth at the meeting. Our AAOP liaison with AHS is Steven Scrivani (steven.scrivani@tufts.edu). The minutes of the mid-year meeting will be available on our website shortly.

Sincerely,
Reny de Leeuw
AAOP President, 2007–2008

Message from the 2008 Conference Chair

by Gary D. Klasser
Conference Chair

The 2008 Scientific Meeting of the American Academy of Orofacial Pain, which is being dedicated to the late Dr Shelly Gross, will be held April 11 to 13 at the Hyatt Regency Century Plaza in Los Angeles, California. The hotel (www.centuryplaza.hyatt.com) is located in fashionable west Los Angeles, adjacent to Beverly Hills and Rodeo Drive, with easy access to many attractions and dining facilities, including Century City 14 Theaters, Westwood Pavilion, Fox Studios, the farmer's market at Third & Fairfax, Mann's Chinese Theater (aka Grauman's Chinese Theater), Ahmanson Theatre, The Music Center Complex, Griffith Park, Los Angeles Zoo, Universal Studios, Forest Lawn, and Six Flags/Magic Mountain.

The meeting will provide learning opportunities for those just becoming involved in the field of orofacial pain as well as for those who have been immersed in it for much of their careers.

Our Academy hopes members interested in passing the American Board of Orofacial Pain examination will equip themselves with the necessary knowledge for both the written and oral portions. Therefore, we are again offering a full-day Comprehensive Review on Orofacial Pain as one of our preconference courses on Thursday, April 10. The review will be chaired by Gary Heir (ABOP president), and the presenters will focus on essential core information for examination preparation.

Another preconference course will be a full-day seminar on pharmacology. The morning session is titled "Pharmacology for the Orofacial Pain Practitioner: From Bench Top to Bedside," and is being presented by Lori Reisner. The afternoon will be devoted to "Chronic Opioid Maintenance—Medicolegal Considerations and Clinical aspects," by Jeff Shaeffer.

A third preconference course will consist of a morning session by Joel Epstein, "Cancer and Its Implications for the Orofacial Pain Practitioner," and an afternoon course presented by Jeff Crandall and Tyler Crandall, "Practice Management Strategies for the Orofacial Pain Practitioner."

If you can only attend the main conference, it will start Friday, April 11, and encompass 3 enlightening days around the theme "Innovations Today; Standards for Tomorrow." I can assure you that all presentations will be relevant to your daily practice. We will have 2 simultaneous breakfast sessions on both Friday and Saturday on a number of topics, including the role of technology in TMD diagnosis and alternative medicine approaches to chronic pain and movement disorders.

Friday and Saturday morning are devoted to plenary sessions, with topics that range from where our field has been and where the future is taking us, to headache disorders and oral medicine issues. The presenters include Christian Stohler, Glenn Clark, Gilles Lavigne, and Steven Graff-Radford. Friday and Saturday afternoons will consist of 2 independent modules occurring simultaneously. The themes of these modules include masticatory muscle pain, neuroimmunology, occlusion and TMD, neuropathic pain, radiology, sleep-disordered breathing, and physical therapy. The illustrious speakers include Jeffrey Okeson, Henry Gremillion, Steven Scrivani, Robert Merrill, Anne Harrison, and Don Falace.

You will not want to leave early, because on Sunday morning Henry Gremillion will be giving an exceptional presentation, "Anatomy of the TMJ and Its Clinical Relevance." Charles McNeill will moderate a round-table discussion with audience participation on patient history, clinical examination, diagnoses, and treatment options for the types of cases that we manage every day. The panel will comprise practitioners from orofacial pain, physical therapy, and behavioral medicine.

We look forward to seeing you in Los Angeles and trust that if you come with an open mind, intent on learning, you will have a fabulous weekend full of camaraderie and intellectual stimulation. Of course, Los Angeles also has plenty to offer your family, with many nearby attractions in addition to the following hotel's recreational facilities:

- Spa Mystique, featuring Asian spa services and 27 treatment rooms
- A fitness center complete with a full range of weights and the most advanced exercise equipment
- Yamaguchi Salon
- An outdoor swimming pool and whirlpool

I urge one and all to be sure to attend this exceptional learning opportunity and fun-filled experience.

AAOP Initiates Mentoring Program

AAOP is fostering a mentoring program for our members. We ask seasoned practitioners who would enjoy the reward of helping a new member grow and prosper to e-mail Barry Rozenberg (Bkrozen@gmail.com) so he can match you with a less experienced AAOP member.

We ask less experienced practitioners who would like a mentor to also e-mail Dr Rozenberg so he can pair you with a seasoned practitioner to help you with difficult situations.

We believe this is a wonderful opportunity for everyone who would like to participate.

2008 Scientific Meeting Call for Papers

Clinicians and basic scientists are invited to submit papers in poster format that relate to the fields of TMD and orofacial pain. Submissions should fall within 1 of the following categories:

- Prevalence, progression, and societal impact
- Diagnostic, clinical, and experimental characteristics
- Pathophysiology and pain mechanisms
- Efficacy and techniques of management

Abstracts must contain the following 5 sections IN THIS ORDER and be labeled as noted:

- Objectives (aims/purpose, hypotheses, and goals of the investigation)
- Methods (brief description of experimental procedures, including statistics)
- Results (findings of statistical analysis)
- Conclusions (1 or 2 major conclusions, underlined, that are supported by results)
- Funding sources, including grant numbers

All abstracts MUST come with a cover letter stating the author's name, postal address, phone/fax numbers (including country/city codes for submitters outside North America), and e-mail address.

All abstracts MUST provide results and conclusions; it is not acceptable to state merely that these will be presented or discussed. Abstracts CANNOT include illustrations; however, tables may be used. All accepted submitters are required to register for the meeting.

Abstracts cannot include more than 250 words. Submit your abstract via email to Eli Eliav (eliavel@umdnj.edu) and Eleni Sarlani (esarlani@yahoo.com), with a copy to Shannon Welch (swelch@talley.com). All submissions will be reviewed by the AAOP Abstract Committee.

Deadline: December 14, 2007
Notification Sent: January 16, 2008

Australia and New Zealand Academy of Orofacial Pain: Report 2007

By Robert Delcanho, President
delcanho@cyllene.uwa.edu.au

The Annual Scientific Meeting of the Australia and New Zealand Academy of Orofacial Pain (ANZAOP) was held in Adelaide, South Australia, on April 1, 2007. Academy members contributed to the bulk of the program, including Greg Murray, who presented his latest research on jaw motor control and orofacial pain; Tom Wilkinson, who presented information on TMJ anatomy; Michael Hase, who discussed causes and management of TMJ closed lock; and Ian Rosenberg, who gave a presentation on outcomes of TMJ surgery. In the afternoon session, our invited guest speakers Professor Stephan Schug and Dr Eric Visser provided updates on medications for musculoskeletal pain and mechanisms of neuropathic pain, respectively. In the last session, candidates for Academy membership gave presentations on dry needle acupuncture of TMJ derangement, patterns of dental breakdown in bruxers, and a chronic orofacial pain case report.

The next ANZAOP meeting will be early April 2008 in Perth, Australia and will form an integral part of the larger Australian Pain Society (APS) Annual Scientific Meeting. The theme of the meeting will be "The Spectrum of Pain." The keynote speakers will be Professor Clifford Woolf from Boston, a leading expert on the neurobiology of central sensitization, and Professor Johan Vlaeyen of Belgium, an expert on pain-related anxiety disorders. Our Academy meeting is for 1 day, the first day of the APS meeting (Monday, March 31, 2008), but the APS meeting runs until April 2. Following the keynote speakers, the first day of the APS meeting, which ANZAOP is organizing, will have a headache/orofacial pain theme. The afternoon session is our "closed" Academy meeting. As part of our arrangement, interested APS members will be able to attend, although there will be concurrent sessions on other pain topics. All are welcome to attend, so mark your calendars now and plan to attend this important meeting.

Further progress has been made on the ANZAOP website, and it is now "live." Mina Borromeo assumed a major role in seeing this project to fruition, and the assistance of our sister European Academy, which kindly offered its resources and allowed us to use its website as a framework, is very much appreciated.

Our Education Subcommittee, consisting of Tom Wilkinson, Mina Borromeo, Chris Peck, and me, has had 3 teleconferences discussing ways in which ANZAOP can encourage and assist the development in Australia/New Zealand with postdoctoral training programs in orofacial pain/TMD.

Overall, I look forward to another year of development and activity of the ANZAOP.

The Physical Therapy Board of Craniofacial and Cervical Therapeutics (PTBCCT)

By Jeffrey S. Mannheimer, PT, PhD
PTBCCT President

The primary goal of the PTBCCT is to promote and educate dental, medical, and physical therapy professionals in comprehensive evidenced-based scientific and clinical physical therapeutic paradigms for the evaluation and management of craniofacial pain/dysfunction syndromes of a cervicogenic and/or temporomandibular etiology.

This year the PTBCCT took the next step in its growth and development by offering the first certification examination for qualified physical therapists at the 2007 AAOP meeting. The board will update the examination annually so it reflects parity with the specialty certification examination requirements of the American Physical Therapy Association (APTA). The APTA does not offer specialty certification in the orofacial/TMD field.

Another goal of the PTBCCT is to assist the public by certifying physical therapists who have achieved "Diplomate of the Physical Therapy Board of Craniofacial and Cervical Therapeutics" status. Diplomates will have met the qualifications for and passed a certifying examination developed from a pool of questions submitted by a cross section of international physical therapists, dentists, and oral surgeons who are experts in the specialty area of cervical and craniofacial therapeutics and practice in clinical, research and academic environments. The examination was completed under the guidance and auspices of Measurement Research Associates (www.measurementresearch.com), an independent psychometric testing service for the dental and medical profession.

The PTBCCT is an independent international nonprofit organization of physical therapists that owns and controls the use of the certification examination and has sole authority over policy and financial decisions related to it. As an independent organization, the PTBCCT is not aligned with any professional organization and does not promote any specific treatment methodology.

The PTBCCT is in the process of formulating a directory of diplomates listed by state or country of practice. This directory will be posted within the PTBCCT section of the AAOP website, making it available to the public, insurance companies, and organizations that assist those looking for a qualified physical therapist within our field of specialization.

The examination will be offered to qualified physical therapists at each annual AAOP scientific meeting. The required criteria, application forms, study guide, and related information can be obtained from the AAOP website (www.aaop.org). The board has chosen the title of Certified Cervical & Temporomandibular Therapist (CCTT) in order to designate our specialty. Each certified physical therapist will be required to obtain 25 hours of continuing education annually, attend at least 1 AAOP meeting every 3 years, and subscribe to a code of conduct and strict ethical standards in order to maintain their diplomate status.

The PTBCCT will work to increase the affiliate physical therapy membership in AAOP as well as to advertise and offer continuing educational programs for the specialty certification process. We will foster and promote the interrelationship of physical therapy and dentistry with participation in all aspects of AAOP. We would like to give specific thanks to Drs Peter Baragona and Gary Heir for their unwavering support, which has led to the culmination of the physical therapy specialty certification program.

Don't Forget About "The Teeth"

By Mike Racich

What? Did I just read the title correctly? Teeth! Of course I know about teeth; after all, I'm a dentist. In fact, I'm a very good dentist. I've even gone beyond routine restorative and prosthodontic care and I am now able to diagnose and treat orofacial pain/TMD expertly and routinely. I'm able to help countless souls improve their quality of life, and I feel good about this. I'm also able to counsel my colleagues to better service their clientele. So what's the point?

Before you stop reading this brief essay I encourage you to contemplate the purpose of our dentition. Teeth provide masticatory function, help enable us to speak, and act as sensory organs. More recently, they have become a fashion accessory.[1] Unfortunately, for a percentage of the population, they can be involved in pathologic processes. Thankfully there are people such as you who have dedicated their careers to assist the latter. Assisting these patients is no small feat; at times, minor quality-of-life improvements can be monumental victories. But is there more that can be done, via the teeth, to boost a patient's recovery?

Patients seek the care of dental practitioners for 3 main reasons: appearance, function, and comfort.[2] Comfort and function always trump appearance. When orofacial pain/TMD patients attend our offices, clearly our responsibility is to evaluate, diagnose, and treat these individuals to the best of our abilities. With patient cooperation and a solid inter- and multidisciplinary team approach, we are hopefully able to resolve patient function and comfort issues to an acceptable level. This is what one would expect from us. We are doing what we are trained for in our given arena of expertise. Considering that the placebo effect can account for up to 40% to 50% of treatment efficacy for our chronic orofacial pain/TMD patients, are there other avenues available to us to bolster our patients' adaptive-coping mechanisms?[3–5] I suggest that there are, namely optimization

of dental care. Yes, that means not forgetting about the teeth. I'm sure everybody reading this essay has heard about the television program "Extreme Makeover," and although I have not personally watched a televised segment, a significant percentage of my patients, friends, and medical colleagues certainly have. Those same people also look at fashion magazines, window shop, and so on. Whether you like it or not, or whether you agree with it or not, there are influential social and marketing forces at play that directly or indirectly affect our practices. Evidence-based dental practice expects us to honor this as well.[6] After all, evidence-based dentistry is not just looking at the published evidence and practicing verbatim what we read. Evidence-based dental practice is also understanding who we are and what our biases are (and we all have them) and tempering those with our patient's value systems, wants, and expectations. It's a 3-way street (Fig 1).

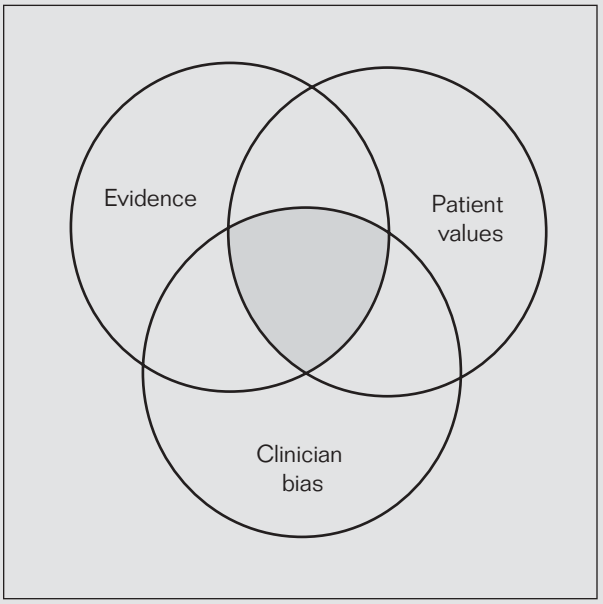

Fig 1 Evidence-based dentistry: clinician expertise/bias, patient values/expectations, and published evidence hierarchy.

This is no easy task, especially when our patients come to our offices in the devastating states that they do at times. However, if and when we are able to address issues of basic function and comfort to mutual satisfaction, then I strongly recommend restorative and prosthetic esthetic care for those that desire it. You don't have to suggest it if you don't want to, but then again, what would you want if you were the patient (with little or no dental IQ)?[7]

Thinking total dental care has its merits. First, we optimize patient internal satisfaction and maximize the placebo effect and expectations. For those patients who want the third leg of the dental needs and want the triad (ie, appearance as well as function and comfort) satisfied, we are a valuable asset for their oral heath care. Issues of maximizing self-esteem, desirability, and social values immediately come to mind.[8–16]

Second, we network with other health-care providers. This is important, for we get other viewpoints and thereby grow professionally. Moreover, we have an audience to educate about orofacial pain/TMD: pathophysiology, evaluation protocols, diagnostic considerations, basic and comprehensive treatment options (conventional and alternative), and prevention. What a glorious opportunity to advance the science and art of orofacial pain/TMD patient care and alert our colleagues that we are not just those "other guys and gals." Rarely at "interdisciplinary" dental meetings do I hear orofacial pain/TMD practitioners mentioned. These meetings usually revolve around orthodontic, periodontic, restorative, and prosthodontic topics; possibly endodontics is discussed too. Orofacial pain/TMD practitioners are usually only thought of after the fact, when something is not going as planned. Depending on whom the patient sees first when function and comfort have become the primary concern, catastrophic consequences can materialize (no doubt we are all familiar with this scenario). Networking with our restorative, prosthodontic, endodontic, and orthodontic colleagues is prudent and just makes sense.

It also complements evidence-based methodology, which we all espouse and practice. For example, take the orofacial pain patient who requires and requests moderate posterior restorative or prosthodontic care. Educating the restorative/prosthodontic practitioner about preemptive analgesia, the placebo effect, and referred pain (basic concepts for you and me) is a giant step toward true interdisciplinary care while potentially negating iatrogenic patient experiences.[17] We owe it to our patients to be proactive rather than reactive with their other dental care needs and wants.

In the daily operations of our practices, improving our patient's quality of life is paramount. Although our practices are primarily consumed with function and comfort, I implore you to also consider appearance matters when providing patient care. Appearance is not just cosmetic but must be esthetic, ie, working with and reconstituting the individual's natural beauty, and we can use this variable for our patient's benefit.[18] Well-being is maximized. Working as a complete team both interdisciplinary and multidisciplinary embellishes all that we strive for with our patients. It's satisfying for all involved. "Remembering the teeth" does have its just rewards.

Recommended Reading and References

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Information about OFP/TMD Meetings

If you click "Meetings" in our website, you can view a list of orofacial pain/TMD meetings being offered locally, nationally, and internationally. If you know of a meeting that would be appropriate to add to this section, please e-mail this information to aaopco@ talley.com. The notice must be submitted no less than 2 months prior to the meeting date, and the calendar will be updated once a month.