

Winter 2008

Editor: Edward Wright, DDS, MS

## Letter from the President

Dear Members,

I hope everyone is having an enjoyable winter. AAOP's mid-year Council meeting recently occurred in Phoenix. It was a very positive meeting, and our committees are well on their way to accomplishing their annual goals. AAOP is doing well financially and benefited from our successful annual meeting in Philadelphia.

As part of the Ambassador Program, Drs Pete Baragona and Jim Fricton recently provided an all-day presentation, "Advances in Evidence-based Patient Care and Research in TMD and Orofacial Pain," at the Greater New York Dental Meeting. I greatly appreciate their efforts and request that you follow in their footsteps to help AAOP become more recognized in your local area. You can do this by providing presentations on TMD and orofacial pain in your community. If you are interested in helping, please contact Dr Pete Baragona (e-mail: pbarag0517@aol.com) for details about the Ambassador Program. Pete will soon contact our members who have previously volunteered to participate in the Ambassador Program.

Our membership continues to grow, and many new members have expressed an interest in our Mentor Program. Dr Barry Rozenberg has facilitated many connections between new members and mentors. Please let him know (e-mail: bkrozen@aol.com) if you would like to be a mentor or if you would like to be linked with one.

An additional topic at our mid-year Council meeting was the changes that are occurring within our management company, Talley Management Group. They are consolidating their teams to provide better and more tailored services to their organizations. Now Ken Cleveland is not only our Executive Director but also our Meeting Manager. While this definitely has many positive effects, Council is well aware of potential problems this can cause. I was assured by the Director of the Headquarter Divisions that we will continue to receive the same service and sufficient physical manpower during our annual meetings.

As in past years, our mid-year Council meeting purposefully met at the same location (Scottsdale) and time as the annual Headache Symposium of the American Headache Society (AHS). This gives Council members the opportunity to also attend this headache meeting and strengthen their relationships with AHS. AHS provides AAOP with a complimentary exhibit booth during their meeting, so we inform their members about AAOP

and try to recruit new members. I am proud to say we were well-represented by Dr Steven Scrivani, chair of AHS's special interest section TMD, Cervical Spine, and Orofacial Pain. This special interest section has made major headway in connecting the fields of orofacial pain and headache. Due to the influence of Drs Steven Scrivani, Alan Stiles, and Steven Graff-Radford, an entire afternoon will be dedicated to orofacial pain at AHS's next scientific meeting, which will be held in Boston in June 2008. On Friday morning, prior to our mid-year Council meeting, I gave a presentation about the similarities between orofacial pain and headache patients for the AHS's special interest section Women's Issues; it was well attended and fruitful. I am hopeful that we will collaborate scientifically with this special interest section in the near future. Last but not least, on Saturday morning, Dr Steven Graff-Radford gave an excellent presentation on oral and dental causes of headache. I believe the significant number of dentists at this meeting impressed AHS and increased AHS members' awareness of the similarities and overlap between these 2 chronic pain fields.

We are rapidly approaching our annual meeting in Los Angeles, April 11 to 13, 2008. You can read about many of our preconference sessions in this newsletter. I am very excited and strongly believe it will be a fantastic meeting in a great location. I truly hope to see everyone there.

We are actively planning our 2009 meeting. We signed a contract with an amazing resort in Austin, Texas called Barton Creek Resort and Spa ([www.bartoncreek.com](http://www.bartoncreek.com)). The preconference sessions will be on Thursday, March 5, and the main meeting will be conducted March 6-9, 2009. The program content is taking shape, and it looks like it will be a wonderful meeting. This meeting will be held a little earlier than our usual meetings due to the ICOT meeting, which will be in Bahia, Brazil, from August 27 through 29, 2009. You can obtain information about this meeting at <http://icot2009.com.br/> once it becomes available. Dr Gary Heir tells us that Bahia is an incredible place for a meeting. As we get closer to this meeting, we will post travel requirements for Brazil on our website.

That summarizes the past, present, and upcoming events. See you in LA!!

Sincerely,  
Reny de Leeuw  
AAOP President, 2007-2008

# The European Academy of Craniomandibular Disorders

by Pete Baragona  
Council Chair

I would like to express my gratitude to the European Academy of Craniomandibular Disorders (EACD) for their hospitality when AAOP President Reny de Leeuw, my wife Claire, and myself attended their recent annual session.

Yes, once again I had the pleasure of attending an EACD Annual Session. Reny, Claire, and I received an invitation to attend EACD's 2007 closed meeting in Morocco. Yes, I said "Morocco!" What an exotic location for an annual meeting. Like AAOP, EACD meetings are at a different location each year. They are generally in the city of the current president's residence. EACD President Georges Bellos chose Morocco as the host country because EACD had never had a meeting in Africa. Dr Bellos was a wonderful host to all of the attendees.

The meeting began in Casablanca with a 1-day course on Arthrocentesis of the Temporomandibular Joint by Drs B. Stegenga and D. Ettl, both oral surgeons from Europe. There were approximately 25 people in this participation course, which began with a didactic portion discussing the criteria for and efficacy of TMJ arthrocentesis and a very detailed explanation of the procedure.

The participants divided into 3 groups, and each group rotated among separate examination rooms where we obtained complete histories of 3 different actual patients and evaluated them. We then had to decide whether to recommend a TMJ arthrocentesis. Reny and I worked in separate groups with clinicians from many countries in Europe and the Middle East. It was exciting and very positive to work with all of these people. The language used in all EACD meetings is English, so communication with the participants was easy for Reny and me.

After each group examined the 3 patients, we returned to the lecture hall, and each group presented one of the 3 patients. It was like working in our own clinics. The communication was terrific; everyone was impressed with the level of expertise demonstrated by all participants. Even the course directors had not previously seen these patients. Everyone was disappointed that none required

arthrocentesis, even though all of the patients suffered from an intra-articular disorder and were prepared to have a procedure performed that day. However, expert treatment planning prevailed. The day ended with a video presentation of multiple arthrocentesis procedures.

The next day everyone took a large and very comfortable bus to Marrakech, where we arrived at a magnificent resort close to the ancient part of the city. The plenary session began the following day with a unique format (one that EACD often employs during their closed sessions). After a presentation on a particular subject, the participants separated into discussion groups. The groups reviewed detailed prewritten patient histories specific to the lecture material, and all reviewed the same patients. This format allows in-depth discussion with experts and each other in a very collegial way. It was used throughout the 2-day program, and everyone was very pleased.

EACD also provided magnificent evening programs. On Friday night we went by horse-drawn carriage to the old part of the city, into the souks of Marrakech, and had a wonderful traditional dinner. On Saturday night we traveled by bus and then by foot deep into ancient Marrakech, a centuries-old part of the city, and ate at an ancient palace of past monarchs. There we ate a wonderful traditional meal and many of us, yours truly included, were invited to dance with belly dancers who were there for our entertainment; I am glad you can't see the pictures.

Claire, Reny, and I finished this wonderful trip and educational experience on Sunday with a camel ride through the Moroccan desert. We rode with another AAOP member, Patrick Archache, and his lovely wife Rosie. We then took the train through the desert back to Casablanca and flew back to the United States the next morning. The closeness and camaraderie felt and experienced during this trip should be enjoyed by all. I encourage you to attend next year's EACD meeting in Munich and as many future EACD meetings as you can. The knowledge obtained is great, and the friendships are even better.

All I can say is "thank you" to our wonderful host Georges Bellos and to all the EACD members who opened their arms and minds to my wife Claire and me and to AAOP President Reny de Leeuw.

## The 2008 AAOP Meeting, Los Angeles, California

by Gary Klasser

The 2008 Scientific Meeting of the American Academy of Orofacial Pain will be held April 11 to 13 at the Hyatt Regency Century Plaza ([www.centuryplaza.hyatt.com](http://www.centuryplaza.hyatt.com)) in Los Angeles. The hotel is located in exciting and fashionable west Los Angeles, adjacent to Beverly Hills and Rodeo Drive, with easy access to many attractions and dining facilities. Our meeting will provide learning opportunities for those just becoming involved with orofacial pain as well as for those who have been immersed in this field for many years.

Our Academy hopes that all of our members who are interested in taking the Orofacial Pain Board examination can equip themselves with the knowledge that is necessary to pass both the written and oral portions of the examination. Therefore, we are again offering a full-day “Comprehensive Review on Orofacial Pain” session as part of our preconference program. Gary Heir will chair the session, and the presenters will include many well-known clinicians and researchers in the field. This preconference session will focus on core information that is essential to grasp in preparation for the board examination.

Additionally, we will offer 3 other full-day preconference sessions. One full-day session will consist of a morning dedicated to “Pharmacology for the Orofacial Pain Practitioner: From Bench Top to Bedside,” presented by Lori Reisner, and an afternoon dedicated to “Chronic Opioid Maintenance—Medicolegal Considerations and Clinical Aspects” by Jeffrey Shaefer. Another full-day preconference session will involve Joel Epstein discussing “Cancer and its Implications for the Orofacial Pain Practitioner” in the morning, followed by Jeff and Tyler Crandall discussing “TMD/OFP Practice Management: The Good, the Bad and the Ugly” in the afternoon. You may interchange the morning and afternoon of ONLY these 2 full-day preconference sessions (ie, you may attend the morning session of one and the afternoon session of the other). You may also attend only a morning or afternoon of 1 of these 2 full-day preconference sessions.

Jeffrey Mannheimer will chair the third full-day preconference session, which will consist of multiple presenters providing a “Scientific and Clinical Update for the Experienced Physical Therapist.”

If you can only attend the main conference, which begins Friday, April 11, we have planned 3 days that are filled with information encompassing the theme of our scientific meeting: **Innovations Today; Standards for Tomorrow**. I can assure you that all of the topics presented at this meeting will have relevance to your daily practice. We will have 2 simultaneous breakfast sessions on both Friday and Saturday that will cover topics such as the role of technology in TMD diagnosis and alternative medicine approaches to chronic pain and movement disorders. Friday and Saturday morning will be devoted to plenary sessions involving a range of topics discussing where our field has been, where the future is taking us, headache disorders, and oral medicine issues involving the orofacial pain practitioner. Some of the speakers involved in these plenary sessions are Drs Christian Stohler, Glenn Clark, Gilles Lavigne, and Steven Graff-Radford. Friday and Saturday afternoon will consist of 2 independent, simultaneous modules. The themes of these modules include masticatory muscle pain, neuroimmunology, psychology, occlusion and TMD, neuropathic pain, radiology, sleep-disordered breathing, and physical therapy issues. Some of the illustrious speakers involved with these modules are Drs Jeffrey Okeson, Henry Gremillion, Steven Scrivani, Robert Merrill, Anne Harrison, Steven Kraus, Don Falace, Peter Bertrand, and Charles Carlson.

Do not plan to leave early Sunday morning, because Henry Gremillion will provide an exceptional presentation on “Anatomy of the Temporomandibular Joint and its Clinical Relevance.” This will be followed by a unique table panel discussion session with audience participation moderated by Charles McNeill. It will cover the topics of history taking, clinical examination, diagnoses, and treatment planning for various cases that we manage on a daily basis. The panel will be composed of several practitioners from the fields of orofacial pain, physical therapy, oral surgery, and behavioral medicine.

We look forward to having you join us in Los Angeles and trust that if you come with an open mind, intent on learning, you will have a very successful and enjoyable weekend full of camaraderie and intellectual stimulation. Of course, Los Angeles is a fabulous city with plenty to offer your family members. Therefore, I urge one and all not to miss what will be an exceptional learning opportunity and a fun-filled experience.

## Preconference Programs

### *Orofacial Pain, A Comprehensive Review*

Thursday, April 10, 2008  
Full-Day Preconference Session  
by Gary Heir

Due to tremendous interest and overflow attendance at our last conference, AAOP is pleased to announce an encore of our preconference program "Orofacial Pain, A Comprehensive Review."

The field of orofacial pain is one of the most challenging in healthcare. There are diagnostic dilemmas due to the diverse and multisystemic etiologies of our patients' complaints. With the explosion of knowledge over the past several years, it has become increasingly difficult to stay current with this new information.

The Academy, in an attempt to facilitate the dissemination of information, now offers a comprehensive review with 2 goals in mind:

1. **Bring new information** to the health-care provider.
2. Help all with **the ability to think through difficult cases** to provide an accurate diagnosis and successful treatment.

This program will present basic orofacial pain concepts with case presentations that are suitable for clinicians at all levels. Participants will gain an understanding of an organized method for reviewing and assessing difficult cases.

---

### *Cancer and Its Implications for the Orofacial Pain Practitioner*

Thursday, April 10, 2008  
Morning Preconference Session  
by Joel Epstein

Cancer will affect 1 of every 2 Americans, and due to the increasing life expectancy of cancer patients, all oral health providers will eventually be involved with the oral health management of patients with cancer. Pain is a prominent portion of an oncology practice, which presents additional challenges in diagnosing and managing these patients.

As an extra feature of this program, the distinguished international faculty has participated in authoring an Orofacial Pain Study Guide that outlines the most relevant material necessary for an understanding of OFP. This study guide will be included as a handout for all participants.

Basic orofacial pain concepts covered will include

- Introduction to facial pain of nondental origin
- Neuropathic orofacial pain
- Musculoskeletal orofacial pain
- Biomechanics and imaging
- Headache disorders that present as dental pain
- Fibromyalgia syndrome and sleep disorders
- Pharmacology of pain management
- Demonstration of the musculoskeletal examination
- Appliance therapy
- Radiology techniques for the temporomandibular joints and orofacial pain
- Myofascial trigger point injections
- Psychology of the chronic pain patient
- Interfacing physical therapy and dentistry

The faculty includes Gary Heir, the program coordinator, and a host of internationally and nationally known presenters, including Ron Auvenshine, Raphael Benoliel, Charles Carlson, Eli Eliav, Steven Graff-Radford, Charles Greene, Bernadette Jeager, Jeff Mannheimer, and Muralidhar Mupparapu.

This program is recommended for both the new member and the experienced clinician. No other program gathers together so many experts for such a comprehensive review.

This unique course is designed for orofacial pain providers. It will review the pathogenesis of pain in cancer patients and tissue damage involving the oropharynx region. The multiple causes of pain due to malignant disease and oncologic management will be reviewed. A recommended approach for the diagnosis and management of orofacial pain among cancer patients will be presented.

#### Learning objectives

- To review pathogenesis of oral and oral mucosal pain in cancer patients
- To review pain due to the primary disease and its management
- To provide a recommended approach and guidelines for pain management

## *Chronic Opioid Maintenance— Medicolegal Considerations and Clinical Aspects*

Thursday, April 10, 2008  
Afternoon Preconference Session  
by Jeffrey Shaefer

Chronic opioid therapy is an increasingly common form of treatment for chronic pain patients, and up to 90% of pain physicians maintain patients with nonmalignant pain on opioids. As 40% of temporomandibular disorder patients seen in a tertiary care setting are potentially refractive to treatment (Okeson, 1998), orofacial pain providers may need to consider prescribing an opioid in a patient's management regimen.

Orofacial pain providers are in a critical decision-making role for their chronic pain patients. They may advise the pain physician, the primary care provider, and the general dentist about appropriate interventions when maximum medical benefit from physical treatments and nonopioid medications has been reached.

Prescribing narcotics for the control of chronic pain is fraught with difficulties for both the patient and the prescriber. One must weigh the risk of opioid dependence, abuse, and diversion with the provider's responsibility to provide appropriate care, including state-of-the-art comprehensive pain management (eg, opioid therapy).

Following predetermined opioid prescribing standards of care can provide the practitioner with confidence and remove the angst associated with prescribing these medications. Model guidelines for pain management have been introduced to state medical boards throughout the United States, and identical guidelines have been proposed for state dental boards. The following Massachusetts physician prescribing standard is also the Massachusetts state dental prescribing standard:

*A prescription for a controlled substance is valid if the prescription is issued (1) for a legitimate medical purpose and (2) by a practitioner in the usual course of his or her professional practice.*

To incorporate these medications in their usual course of practice, providers must follow appropriate guidelines for assessing the patient, maintaining records, monitoring compliance, communicating with the patient's primary care physician

(see Tables 1 and 2), and managing side effects, such as constipation and sedation.

Opioid therapy should enhance the patient's ability to cope with his or her disability long-term through decreased pain and increased function, with minimal complications. Starting a patient on a regimen of opioid medications should be done cautiously, with the full knowledge and agreement of the primary care physician, and in the context of multidisciplinary pain management. If appropriate controls are followed, the patient can gain confidence in his or her ability to function well at work and at home, while the provider stays within the standards of care.

**Table 1** Initial Assessment Red Flags

- Inconsistent information provided
- History of substance abuse
- Past or present participation in treatment programs (Alcoholics Anonymous, Narcotics Anonymous)
- History of adverse consequences related to substance abuse, including legal issues
- Family history of substance abuse
- Suspicious history of impulsivity—eg, problems with employers, family, school
- Discomfort on the part of the physician when interacting with the patient
- Risk-taker or thrill-seeker

**Table 2** Prescribing Guidelines for Controlled Medications

- Prescribe within usual practice
- Schedule II—good for 30 days (no refill), Schedules III & IV—good for 6 months (up to 5 refills), and Schedules V & VI—good forever
- Maintain patient contact every month until stable and every 3 to 4 months once stable
- Make efforts to coordinate care
- Do not prescribe on demand
- Call in first prescription to pharmacy
- Do not pre- or postdate prescription
- Don't overprescribe
- Speak to the PCP when initiating a new Schedule II
- Document contact with the PCP
- If covering, prescribe until provider returns or next available appointment
- Use time-based prescribing (do not prescribe prn)
- Medications must last for 30 days or until the next appointment

## ***TMD/OFP Practice Management: The Good, the Bad, and the Ugly!***

Thursday, April 10, 2008  
Afternoon Preconference Session  
by Jeff Crandall and Tyler Crandall

Everyday clinical practice in TMD and OFP is challenging enough with the broad spectrum of diagnoses and pain management tools necessary to help our patients. However, these issues are combined with the complexities of a referral-based private practice operating within the medical model of care.

In a “medically” based TMD/OFP practice, patients present with multiple predisposing, precipitating, and perpetuating contributing factors that affect the bio-psycho-socio-behavioral and spiritual aspects of their lives. This may require frequent interaction with health-care providers from diverse fields, including dentists, physicians from primary care and a broad variety of medical specialties, psychologists, physical therapists, and complementary/alternative medicine providers. In this setting, access to care and appropriate pathways of communication are expected by these referring providers.

Insurance companies, governmental regulators, and a highly litigious society all serve to increase both the responsibility and liability of the TMD/OFP practice. Dealing with patients who bear the burden of major systemic illness, severe trauma, drug abuse, and the psychological consequences of these factors can be both personally and financially challenging.

This presentation is intended to provide the attendee with some of the tools necessary to survive the medical model TMD/OFP practice. It will be based on our 20 years of personal experience in Vermont, where health-care insurers have been required to provide “parts equalization” coverage for these disorders. In contrast to the conventional dental-biological model of care, we will discuss the elements of our medical model practice, starting with the initial referral and proceeding through to the dismissal (or “firing”!) of the patient. Discussions will include such topics as staffing, problem-oriented medical records, dealing with health insurers, and addressing patient behavioral problems. The format of the presentation will permit the audience to ask frequent questions and focus on subjects of greatest interest. Samples of our practice forms will be available, including our new patient intake sheet, SOAP note form, and opioid contract.

---

## ***Scientific and Clinical Update for the Experienced Physical Therapist***

Thursday, April 10, 2008  
Full-Day Preconference Session  
by Jeffrey S. Mannheimer

This preconference program is specifically geared to the experienced physical therapist or dentist who will not be attending the orofacial pain review course. Topics will consist of new or updated clinical therapeutic techniques, evaluative methodology, or scientific developments specifi-

cally related to the cervical, craniofacial, or temporomandibular regions. Each speaker will present the clinical/scientific parameters of his or her chosen topic followed by a discussion and demonstration session, depending upon the nature of the topic.

During the main scientific meeting Ann Harrison will present “Physical Therapy Intervention for Cervical Spine Dysfunction: Evidence for Effectiveness,” and Steven Kraus will follow with “Progressing a Disc Displacement with Reduction to a Functional Non-Reducing Disc.”

## *2-day Dental Assistant and Auxiliary Team Program*

Friday and Saturday, April 11–12, 2008  
by Ghabi Kaspo

Our Academy is proud to continue this annual program to advance the knowledge of dental assistants and ancillary personnel for TMD and facial pain practices. This program enhances their ability to improve office outcome and patient flow by (1) decreasing the time you need to spend with your TMD and facial pain patients and (2) increasing the productivity of your office. It will run concurrently with our scientific meeting, so practitioners can attend the scientific portion while their staff attends this program.

The attendees will receive a training certificate upon completion of the 2-day program, which consists of lectures, demonstrations, and an exit examination. The schedule is as follows:

### Friday, April 11, 2008

- 8:00–8:30 Registration and continental breakfast
- 8:30–10:00 Anatomy of the Masticatory Muscles and TMJ, and Imaging, Dr Ghabi Kaspo
- 10:00–10:30 Break with the exhibitors
- 10:30–12 TMD Disorders and their Symptoms, Dr Ghabi Kaspo
- 12:00–1:30 Lunch
- 1:30–3:00 Medical Reimbursement for Orofacial Pain—Mastering the Myriad of 2007 Coding and Medical Claim Form Revisions, Rose Nierman
- 3:00–3:30 Break with the exhibitors
- 3:30–5:00 Communicating with Your Patients, Rose Nierman

### Saturday, April 12, 2008

- 8:00–8:30 Registration and continental breakfast
- 8:30–10:00 Taking a Brief Medical History, Dr Ghabi Kaspo
- 10:00–10:30 Break with the exhibitors
- 10:30–12:00 Practice Management, Dr Ghabi Kaspo
- 12:00–1:30 Lunch on your own
- 1:30–3:00 Fabricating Oral Appliances, Dr Michael Racich
- 3:00 Presentation of attendees' training certificates