

Fall 2008

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## Letter from the AAOP President

Dear AAOP Members,

The last 6 months has truly been a fruitful time for the AAOP. We continue to show a steady growth in our membership, and despite the economic problems in the United States today, our financial picture is stable. Based on your responses, the Los Angeles meeting was viewed as a very successful scientific conference, filled with fellowship, dynamic lectures, and outstanding member participation. We should all remember that this success did not just happen but was the end result of hard work by the program chairman, Gary Klasser, and his committee.

As you are well aware, the AAOP does not function with the sole efforts of its leadership. Committee volunteers continue to be our strength and at this time I would like to recognize Bruce Brown for his tremendous work as website director. Bruce has done an outstanding job updating information on the site and making our website functional and technologically up-to-date. Take some time to look at our website and you will find a wealth of useful information. In the near future, each member will be receiving a membership card that will contain his/her user name and password for the "members only" section of the website. This is different than the user name and password for the registration site for our annual meetings. If there are any questions or problems accessing the website ([www.aaop.org](http://www.aaop.org)), please call Linda Wright at the Talley offices at (856) 423-3629.

Most recently, the Committee on Dental Accreditation (CODA) met in June 2008 and the AAOP was well represented during this 2-day conference. Under the leadership of Heidi Crow, our academy helped outline a process for the accreditation of the Orofacial Pain Graduate Programs in the United States. If this process is successful, it would surely benefit the ultimate goal of having orofacial pain as a recognized specialty in dentistry. We must thank Jim Friction for his tenacious role in pursuing this dream and Henry Gremillion, Jeff Okeson, and Andy Kaplan for their attendance and insight during this 2-day conference. The CODA process will take several years before the first accreditation of a program actually occurs, but the solid foundation laid by this committee will assure that a philosophy based on science will dictate the future of orofacial pain programs.

The 2009 Annual Scientific Meeting chair, Don Primack, is putting the final touches on the meeting scheduled for March 5–8, 2009, at the beautiful Barton Creek Resort in Austin, Texas. If you check the [AAOP.org](http://AAOP.org) website you will see the finished program. Don has assembled an extraordinary and diverse panel of presenters on a wide variety of orofacial pain topics, ranging from a hands-on dissection course to current

topics in headache science. Friday afternoon will offer an opportunity to enjoy the amenities offered by the Barton Creek Resort. Play in a golf outing to benefit the research fund or use the tennis and spa facility. Downtown Austin is 20 to 30 minutes away with many interesting attractions. For those who prefer more learning, lectures will be scheduled during the afternoon and the conference will formerly reconvene at 5:15 pm, followed by the membership meeting at 6:30 pm. Please visit this website: [www.bartoncreek.com](http://www.bartoncreek.com).

I am excited about the Austin venue and encourage all members to attend this meeting, which will honor Dr Parker Mahan. Parker taught anatomy and orofacial pain diagnosis and management to many AAOP members long before the term orofacial pain existed. Texas hill country is an amazing locality. Austin is a city full of entertainment and is the home of Austin City Limits. It stands as a mecca to Texas blues and rock and roll, with over 75 live venues with music to suit every taste. The LBJ Presidential Library is a must for any American History buff.

Saturday's reception at the Austin meeting will have a Brazilian theme to show support for the ICOT meeting, which will be held in Bahia, Brazil, in August 2009. We encourage all of our members to consider attending this important international meeting. The meeting fee is complimentary to all Sister Academy members and is supported by your ICOT dues. This is an excellent opportunity to see a distant and historic land. Bahia is also the home of "samba" and "choro," the national music of Brazil. Check out the website at [www.icot2009.com.br](http://www.icot2009.com.br) for more information.

In my mind, becoming a fellow is the highest award that can be earned by an AAOP member. The qualifications for fellowships were discussed in a previous newsletter and can be found on the website at [www.AAOP.org](http://www.AAOP.org). The ABOP will be conducting oral and written board exams during the meeting week in Austin. Those who pass both parts of the board exam are on their way toward fulfilling fellowship requirements. This is a high achievement for all who participate and pass. I personally encourage all active members to step up to the challenge of attaining fellowship status. An excellent primer for taking the boards is the pre-conference comprehensive review course covering topics in orofacial pain, TMD, and sleep medicine.

If you were to look at the AAOP membership, you would find that it is rather diverse. Whether you are a dentist, physical therapist, researcher, teacher, or student, we have all found our specific niche in this diverse field of orofacial pain. Not only have we traveled different paths to our current place in this field, but we all have different skills which have been honed through multiple

experiences. Currently there are residents who graduate from orofacial pain programs who are capable of practicing in a manner that is founded on a 2-year academic program. Others of our membership who have been practicing dentists for over 25 years have likely taken different pathways to their current practice philosophy. Each of us, however, must choose his or her comfort zone when deciding which cases to treat and which are best referred to a more experienced dentist or physician. The goal for all of us, however, should be to make sure that colleagues within our communities understand the relationship of orofacial pain diagnosis to dentistry and we should make efforts to educate our referring dentists to become aware of our capabilities. Whether we limit our practice to musculoskeletal and TMD problems and/or to more comprehensive problems such as migraine and neuropathic pain, each of us can play a critical role within our communities and must make our presence visible.

Unfortunately despite the advances in the field of orofacial pain that are familiar to our academy and its members, there are many state dental regulatory boards that are not fully aware of the "state of the art" in orofacial pain practices. In many cases, the members of these boards lack the understanding and foundation to appreciate the capacities we have as orofacial pain practitioners. Many, in fact, are unaware that in both university and hospital settings there are formal orofacial pain programs which in the future will likely receive CODA certification. This dilemma has led to an information gap that can potentially place an orofacial pain dentist in licensure jeopardy if an uneducated board reviews a case that is not well understood by its members. In today's world it is quite possible that a highly trained orofacial pain dentist could become a victim of a board misunderstanding and have his license put in jeopardy. Therefore, it is important for all of us to develop relationships with those state board members that are accessible so that we can have an opportunity to give them a sense as to the state of orofacial pain and the capability of well-trained

dentists. It is better to be proactive than to be responsive, if in fact a situation arises that needs to be defended.

In this light, part of the educational initiative of the AAOP is to offer an information package including a letter from AAOP, the ABOP, and a copy of our recent guidelines to state dental boards and malpractice insurance carriers. This effort will help educate these organizations to appreciate the state of orofacial pain today. The intent of this information package is to send a pre-emptive message to state boards and other agencies making them aware that dentists are engaged in this emerging field of practice. I believe this will be a critical effort that the AAOP makes over the next 2 years. Any efforts that you can make individually to state or local dental societies will certainly be worthwhile. Try to establish relationships with the local dental leaders so that your best interests will be represented in the future. The goal is to limit your liabilities and to help evolve the acceptance of orofacial pain practices as a common and legal entity.

Lastly, AAOP member David Haddox is currently a member of a committee formed by the American Association of Dental Examiners. He is involved in writing the "Guidelines for Evaluation of the Dental Record Involving Prescribing Controlled Substances for Persistent Pain." An ad-hoc AAOP committee has worked with Dr Haddox on the language and intent of this document in collaboration with the AADE. Although this is not an AAOP document, our cooperation with the AADE will insure that our imprint has been forged within these guidelines. State boards that follow the AADE procedures will have a foundational basis for evaluating problems that arise in treating complicated chronic pain patients with narcotic medications. Again, being proactive in this area will serve our needs.

I see a bright future for our academy and I look forward to seeing you all in Austin.

Matt Lark  
AAOP President, 2008–2009

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## From the Scientific Meeting Co-Chair

Mark your calendars for March 5–8, 2009, which is when the AAOP Scientific Meeting will be held at the Barton Creek Resort and Spa, in Austin, Texas.

Preconference courses are set for Thursday, March 5th. As of now I am planning on having Henry Gremillion present his dissection course. In the past few years this has been very highly rated and well attended. Also, we are very fortunate to have Joel Saper, MD, present a full-day course on "Headache Dilemmas." In addition to Dr Saper, Steven Graff-Radford, Alvin Lake, PhD, and others will help you find solutions to the most challenging headache cases you might encounter.

Gary Heir and his faculty will also present the Orofacial Pain Course: A Comprehensive Review. This has been a sell-out for the past several years and is intended to help those newer to the field get all the basic information they need and as a study guide for the American Board of Orofacial Pain written examination. Jeff Mannheimer and his faculty will present a course for physical therapists, as well. Again, this course has

been very well attended by our physical therapy colleagues.

I know you will find one of these preconference courses right up your alley, so get ready! With the cost of fuel likely to continue to rise, consider making your travel reservations as early as possible.

The Barton Creek Resort and Spa is fabulous and will provide both an exciting learning venue and a great family getaway. I will provide more information about the program and the resort in the next installment of my series on the upcoming meeting. For now you can check out the resort at: [www.bartoncreek.com](http://www.bartoncreek.com).

Austin is a stimulating and exciting city with so much to do and see, and I am really excited to be traveling to the "Live Music Capitol of the World." Please join me, my co-chairman, Ed Wright, and the rest of the program committee and your colleagues at the 2009 Annual Scientific Session of AAOP. I can promise you a diverse, exciting, and stimulating program.

Don Primack  
Co-Chairman, 2008-2009 Program Committee

## First CODA Meeting Addresses 'Emerging Specialty' of Orofacial Pain

The AAOP is well represented on the Committee on Dental Accreditation (CODA), which had its first meeting in June to develop the curriculum guidelines for the accreditation process of all post-graduate training programs in orofacial pain. These guidelines will lead to the standardization of all teaching programs, which will recognize the importance of the field of orofacial pain in the dental profession. *Front row, from left:* Dr Andy Kaplan, private practitioner representing the field of orofacial pain; Dr Heidi Crow, committee chair and a member of the Commission on Dental Accreditation; Ms Peggy Soeldner, manager, Postdoctoral General Dentistry Education for the Commission. *Back row, from left:* Dr Jeffrey Okeson, dental educator representing the field of orofacial pain; Dr Anthony Ziebert, director, Commission on Dental Accreditation; Dr John Wright, oral pathologist representing the dental specialties; Dr Henry Gremillion, dental educator representing the field of orofacial pain.



## 10th Annual UMDNJ Internet Course in Orofacial Pain

The next UMDNJ Internet Course is due to start on November 10, 2008, and end on April 24, 2009, with several breaks. This course is designed primarily for the clinician who wants to acquire the necessary background in pain to expand the scope of his/her practice to include patients with neuropathic and neurovascular orofacial pain disorders, as well as more complex musculoskeletal orofacial pain disorders. Emphasis will be on pharmacotherapy. It will also help prepare the clinician for orofacial pain board examinations. With the cost of travel increasing sharply, clinicians will be able to learn at their own pace without leaving the comfort of their homes or offices.

Every two weeks, a chapter from an up-to-date course syllabus will be placed on the web site for downloading by the student. Accompanying each chapter are study guideline questions along with detailed answers. A bulletin board provides students with an opportunity to dis-

cuss interesting cases as well as other topics with fellow students and faculty. At the end of the course, a "take-home" examination will be given and the results graded. Enrollment is limited to 20 participants to ensure a more personal learning experience.

Topics to be covered:

- Functional Neuroanatomy
- Pain Mechanisms
- Principles of Pharmacology
- Pharmacotherapy for Orofacial Pain
- Neuropathic Pain Disorders
- Neurovascular Disorders
- Musculoskeletal Pain Disorders
- Psychological Aspects of Orofacial Pain
- Evaluation of the Orofacial Pain Patient

**Dates:** November 10, 2008 to April 24, 2009

**Tuition:** \$1,895—includes syllabus and registration fees

**Director:** Richard A. Pertes, DDS

**E-mail:** rpertes@aol.com

Visit the Course website at: [ccoe.umdnl.edu/dental](http://ccoe.umdnl.edu/dental)

## Requesting Information for AAOP E-Newsletters

I would like to include news (publications, appointments, retirements, honors, etc) about our members in the e-mail version of the AAOP Newsletter. If you would like me to place something about yourself or a fellow AAOP member, please e-mail me. If a photo is available, I would like to place a copy with the news item.

I would also like to place information about dentists looking for orofacial pain employment opportunities,

orofacial pain practices for sale, orofacial pain practices looking for associates, and orofacial pain programs looking for staff members. You may also want to send your notice to Ivonne Hernandez [ivonne@ualberta.ca](mailto:ivonne@ualberta.ca)). She chairs AAOP's New Practitioners and Residents Subcommittee with a listserve for orofacial pain program residents and recent graduates. Her listserve will reach individuals even if they are not AAOP members, while the E-Newsletter is only distributed to AAOP members.

Please e-mail this information to me at [gakaspodds@gmail.com](mailto:gakaspodds@gmail.com).—Ghabi Kaspo

## Reeves Decision Changes Expert Witness Qualifications

By Daniel J. Schulte  
Michigan Dental Association  
Legal Counsel

### Question:

*I thought that Michigan's Expert Witness Qualification Statute required a matching of the expert witness's qualifications, training, and experience with that of the defendant. I heard that this is no longer the case after the Supreme Court's decision in the Reeves vs Carson City Hospital case. Is this true?*

### Answer:

Unfortunately, the Supreme Court has decided not to review the Court of Appeals' decision in Reeves that construed the Expert Witness Qualification Statute (MCL 600.2169) in a way that no longer requires matching board certifications in all cases. In Reeves, the defendant physician was board-certified in family medicine and treated the plaintiff in the Carson City Hospital Emergency Room for a presumed ectopic pregnancy. The plaintiff's expert witness was board-certified in emergency medicine, not family medicine. The Court of Appeals allowed the expert to testify because he was board-certified in the type of medicine (emergency medicine) being practiced at the time of the alleged act of malpractice, despite the fact that his board certification did not match the defendant's. The Supreme Court in a two-sentence Order dated February 1, 2008, let this decision of the Court of Appeals stand.

The full impact of the Reeves decision will not be known until cases work their way through the appellate courts. However, it appears clear that physicians and other licensed health specialists practicing outside of the specialty in which they are board-certified will be confronted by expert witnesses who may be board-certified in the type of medicine or dentistry being practiced at the time of the alleged malpractice instead of a board certification that matches the defendant's.

In my view, MCL 600.2169 should be interpreted as requiring matching board certifications in all cases. The

way the Court of Appeals and now the Supreme Court has interpreted MCL 600.2169 is contrary to its meaning and intent. The intent of the Expert Witness Qualification Statute was to ensure a peer-to-peer matching of the defendant with the expert witnesses. Fundamental fairness dictates that when you are alleged to have committed malpractice that you be judged by those with the same qualifications (ie, matching board certifications), training, and experience. The Supreme Court's refusal to hear the Reeves appeal is its first act not in accord with this intent.

This interpretation of the Expert Witness Qualification Statute in Reeves was influenced by an earlier opinion of the Supreme Court in Woodard vs Custer, 476 Mich 545 (2006). Woodard consolidated two cases. In the first, the defendant physician possessed multiple board certifications (pediatrics, pediatric critical care medicine, and neonatal perinatal medicine); the plaintiff's expert possessed a matching board certification in pediatrics. However, at the time of the alleged act of malpractice, the plaintiff's expert did not specialize in the same specialty as the defendant physician and that was actually being practiced at the time of the alleged malpractice (pediatric critical care medicine). Due to this lack of matching specialization, the plaintiff's expert was disqualified.

In the second case, both the plaintiff's expert witness and the defendant physician were board-certified in general internal medicine. The expert, however, did not specialize in general internal medicine like the defendant physician did and was actually practicing at the time of the alleged act of malpractice. Again, due to there being no match of specialization, the plaintiff's expert was disqualified.

It was thought that the rule emerging from the Woodard decision would apply only in cases in which the defendant physician had multiple board certifications and/or practiced more than one specialty. In those situations, only the "most relevant" board certification/specialty must match to comply with the Expert Witness Qualification Statute. The Reeves decision now makes clear this is not the case. Instead, the most relevant specialty analysis will be used to qualify expert witnesses that may not have a board certification matching that of the defendant physician. This is clearly contrary to the purpose and the intent of Michigan's Expert Witness Qualification Statute.

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## New AAOP Publications Available

AAOP has four new brochures for your patients: TMD, Neuropathic Orofacial Pain, Toothaches of Non-dental Origin, and Headaches. Also available is the new edition of *Orofacial Pain: Guidelines and Assessment*. The brochures can be viewed and an order form can be obtained on AAOP's website ([www.aaop.org](http://www.aaop.org)). Additional copies of the *Guidelines* can be ordered from Quintessence Publishing Company ([www.quintpub.com](http://www.quintpub.com)).

## Brochure prices

TMD: \$175.00 per 100  
Neuropathic Pain: \$100.00 per 100  
Toothaches of Non-dental Origin: \$100.00 per 100  
Headaches: \$100.00 per 100  
Shipping & handling: \$7.00 per 100