



## AAOP Newsletter



### President's Message:

As you read this message, the holiday season and the New Year's celebrations will have come and gone. It is my sincere hope that all of you had a relaxing, joyful and reflective time with those you love. Speaking of reflection, I am reminded of one of my favorite quotes from President Abraham Lincoln. It says; "The great difference between young America and Old Foggy, is the result of discoveries, inventions, and improvements. These, in turn, are the result of observation, reflection and experiment". While it is important for us personally, professionally and as an Academy to continually strive for improvement, we should ever neglect President Lincoln's recommendation of taking time to pause for observation and reflection of the past and of those challenges or opportunities that may lie ahead. I truly believe that this better prepares us for successful outcomes in our endeavors. The beginning of a new year offers the perfect opportunity to reflect.

Our Academy continues to make many positive strides. We recently held a very productive mid year council meeting in Chicago that was also attended by several of the committee chairs. The commitment shown by these volunteers should be commended. I would again encourage any one with an interest in the workings of the Academy to attend our council meetings as a guest.

At the time of the mid year meeting, the sleep medicine committee sponsored another very successful and well attended symposium. By all reports, the presentations were outstanding and very relevant to the practitioner who incorporates sleep medicine into their practice. It is my hope that we continue to provide multiple opportunities for education in orofacial pain and sleep medicine through out the year in venues and times beyond our annual scientific session.

Other Academy business of note includes the renewal of our managerial services contract with Ken Cleveland. This is a huge step in ensuring the continued success of the AAOP. Over the years, those of us involved in leadership will come and go but one individual has remained a constant and that is Ken. While he will tell you he is just doing his job, much of our continued success is a direct result of his management and leadership skills. Thank you Ken!

The AAOP has recently established a very promising relationship with the American Headache Society (AHS). The AHS is a premier organization of headache researchers and practitioners that many of our AAOP members belong to. Enhanced collaboration between our groups will certainly lead toward better patient care. We have also approved a memo of understanding that helps clarify the relationship between the AAOP and the American Board of Orofacial Pain (ABOP). It was determined that this step was necessary to define and clarify the current working relationship between the groups instead of allowing outside entities to do so.

In closing, I want to ask everyone to express in any manner that they are accustomed to doing so; prayers, wishes, thoughts, or otherwise, hope for a more peaceful and loving world in 2016. Let us all be positive examples within our own sphere of influence.

As always, let me know if I can help you in any way and I look forward to seeing everyone in Orlando for what looks to be an outstanding meeting!

My best wishes,  
Steven D Bender, DDS  
President, American Academy of Orofacial Pain

## Notices to Members:

### Newsletter Contributions:

We would like to encourage our membership to feel free to contribute to the newsletter. If there is a topic of interest you would like to write about, or an announcement you would like to have disseminated to the membership, please submit to Bob Mier at [bobmier@mac.com](mailto:bobmier@mac.com) and he will be sure to have it placed in the next edition.

### AAOP/ABOP Memorandum of Understanding:

The American Academy of Orofacial Pain (AAOP) is a professional organization of dentists and allied health care providers, dedicated to alleviating pain and suffering through the promotion of excellence in education, research, and patient care in the field of orofacial pain and associated disorders.

The American Board of Orofacial Pain (ABOP) is an organization of dentists dedicated to enhancing the quality of care and service to the public through a validated certification process process of dentists in the field of Orofacial Pain. Therefore, the ABOP represents the examining and certifying organization for qualified providers to meet the standards for appropriate orofacial pain care.

The AAOP and ABOP, while allied organizations with similar goals, are two separate and distinct organizations.

The activities of these organizations include: 1. AAOP recognizes certification via the ABOP examinations as a required credential for obtaining AAOP Fellowship status (post 2006).

2. AAOP actively encourages its qualified active members to take the ABOP examination.

3. ABOP actively encourages its Diplomates to join AAOP and attend the annual AAOP scientific meetings.

4. AAOP and ABOP seek to cooperate under the tenants of this memorandum whenever possible and within the terms of their duly stated specific missions and intended goals (e.g., AAOP does not provide credentials or administer examinations and ABOP does not provide scientific meetings or operate as a membership driven organization).

### Call for Speakers:

The AAOP would like to reach out and encourage any members who would like to make themselves available for speaking engagements. This would include annual meetings, and requests the Academy may receive from other parties interested in the field of Orofacial Pain. It is a great opportunity to gain exposure and to help promote our field and the AAOP. Please strongly consider this, as new speakers are always welcome and appreciated! A slide is available via the following link that you can add to the end of your presentation:

[https://aaop.clubexpress.com/content.aspx?page\\_id=22&club\\_id=508439&module\\_id=107329](https://aaop.clubexpress.com/content.aspx?page_id=22&club_id=508439&module_id=107329) This slide updates annually in May and again in September.

## Notices to Members:

### Dr. Jeff Crandall to receive the AAOP Service Award:

In recognition of his years of selfless service to our organization Dr. Crandall will be honored at our 2016 annual meeting with the AAOP Service Award. This is bestowed upon an individual who has demonstrated a genuine commitment to our organization as well as the field of Orofacial Pain. Please attend so you can congratulate Jeff in person!

### Dr. Gary Heir to become the editor of the Pain Updates section in JADA:

#### Call for Papers

As of January 1, I will be assuming the responsibilities of editor of the Pain Updates section of the Journal of the American Dental Association. Moving into a position so aptly held, and so proficiently managed by Charles Greene is no simple task, and admittedly humbling. I personally thank Chuck for his support and for the contribution of bringing concepts of pain to the general dental community through JADA, and hope to continue with his efforts.

The portal to publication through the Pain **Updates section is unique. The IADR plays a significant role in the review process of each submission, but reporting "Clinical Practice – Brief Reports" is a format that is comfortable for most, and an entrée to publication for new authors, which we encourage.** That being said, sophisticated articles have appeared as well.

Surely most of you have been to a meeting and discussed a difficult case with a colleague, or shared unique techniques. Have you done a clinical trial? Do you have topic that might be new, of interest to the field and scientifically based? Write it down and submit!

**Let me hear from you. Put Pain Updates in the subject line of your email and I'll send you the author's instructions.**

Good luck!  
Gary M. Heir  
Section Editor  
Pain Updates  
Journal of the American Dental Association

### Texas Litigation Resolution - Impact on Specialty

About 2 years ago, a lawsuit was filed with the United States District Court in Texas to allow dentists who were in specialties other than the nine officially recognized specialties of the American Dental Association (ADA) to advertise themselves as specialists. About a week ago, the decision was received and a summary can be obtained by clicking following link:

[http://www.dentistryiq.com/articles/2016/01/united-states-district-court-ruling-sets-stage-for-expansion-of-dental-specialties-practitioner-independence-from-ada-restrictions.html?cmpid=Enl\\_APX\\_Jan-26-2016&eid=295480329&bid=1292214](http://www.dentistryiq.com/articles/2016/01/united-states-district-court-ruling-sets-stage-for-expansion-of-dental-specialties-practitioner-independence-from-ada-restrictions.html?cmpid=Enl_APX_Jan-26-2016&eid=295480329&bid=1292214)

## Notices to Members:

### **Dr. Henry Gremillion received the Pierre Fauchard Gold Medal Award:**



The Pierre Fauchard Academy awards the Fauchard Gold Medal annually to a person who has made outstanding contributions to the progress and standing of the dental profession. The recipient is nominated by the Committee of Past Recipients which includes all living past recipients of the medal and must be approved by the Board of Trustees. The Medal is presented at the time of the Awards Luncheon during the Annual Session of the American Dental Association.

Dr. Henry A. Gremillion is a 1977 graduate of Louisiana State University School of Dentistry. He maintained a private general dental practice in Cottonport, Louisiana from 1977 to 1989. He then completed a two-year Fellowship in Craniofacial Pain and Dysfunction at the University of Florida College of Dentistry under the mentorship of Dr. Parker E. Mahan.

While at the University of Florida College of Dentistry he served as director of the Parker E. Mahan Facial Pain Center and directed a fellowship program in orofacial pain from 1992–2008 and was on the active dental staff of Shands Teaching Hospital during that period. He also held the P.E. Mahan Endowed Professor in Orofacial Pain in the Department of Orthodontics and held an affiliate appointment in the Department of Prosthodontics at the UFCD. He was honored as the University of Florida Blue Key Distinguished Faculty in 2007. While at UFCD he was honored as Teacher of the Year on multiple occasions.

Dr. Gremillion received the Florida Dental Association Faculty of the Year Award in 2002 and 2006. American College of Dentists Florida Sections presented him the Jose Medina Faculty Award in 2001 and 2007. He is the recipient of the 2008 Academy of General Dentistry's Thaddeus V. Weclaw Award for contributions to the art and science of dentistry. He received the Dawson Academy Career Service Award in February 2009 and the American Academy of Orofacial Pain Career Service Award in April 2010.

In October 2008 he was named Dean of Louisiana State University School of Dentistry and is the E.E. Jeansonne Endowed Professor of Lifelong Learning. He serves or has served as a consultant in the field of temporomandibular disorders and orofacial pain for the U.S. Army, U.S. Navy, U.S. Air Force, ADA Council on Dental Practice, and the Comprehensive Dentistry Program at UFCD. He also serves or has served on the editorial boards of the Journal of Prosthetic Dentistry, Journal of Craniomandibular Practice, and Journal of the Academy of General Dentistry. He has lectured extensively in the U.S. and abroad and has authored/co-authored numerous scientific articles, abstracts, and book chapters. His research interests include temporomandibular disorders, bruxism, and psychosocial aspects of orofacial pain. His major clinical interest is the diagnosis and management of orofacial pain.

The Pierre Fauchard Academy is pleased to add Dr. Henry Gremillion to the list of distinguished recipients of the Gold Medal Award.





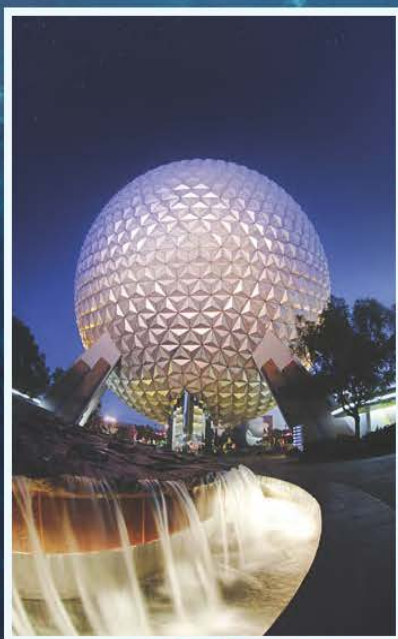
**AMERICAN ACADEMY  
OF OROFACIAL PAIN**

## **AAOP 40th Scientific Meeting**

*Convergence in the Trigeminal System:  
The Science and Clinical Application  
in Orofacial Pain*

**April 14 – 17, 2016**

**Disney Contemporary Resort  
Lake Buena Vista, Florida**



©Disney

# 2016 ANNUAL MEETING

On behalf of the planning committee of the American Academy of Orofacial Pain's 40th annual scientific meeting, it is my honor to invite you to Orlando, Florida, April 14-17, 2016 for this exciting event. The meeting is entitled "Convergence in the Trigeminal System: The Science and Clinical Application in Orofacial Pain ". This was chosen as the theme as the patients we treat present with many disparate conditions that transcend dentistry and embrace the fields of neurology, physical medicine, sleep, and psychology. The trigeminal nerve exerts an influence on virtually the entire head and neck region, while contributing in some way to all of the conditions we treat as orofacial pain practitioners. We are fortunate to have a group of well-recognized experts from the Headache Cooperative of New England, as well as a wide variety of both orofacial pain providers and experts from other fields as well. In addition, the preconference sessions include a return of the dissection course from Dr. Henry Gremillion, an update on headache medicine from the Headache Cooperative group, and a TMD update from Dr. Ed Wright. Traditionally, our meeting provides discussion of basic science issues that translate to our clinical practices and this year will be no different.

We are very excited about this meeting. We feel that we have invited the very best presenters in the field and know that you will enjoy the venue and family-oriented locale of Disney. I look forward to seeing you all soon,

Robert W. Mier and Donald B. Rindal  
Co-chairmen of the 2016 AAOP annual meeting.

**THE AAOP ROOM BLOCK AT DISNEY IS ALMOST FULL. BOOK YOUR HOTEL ROOM TODAY. Visit [www.aaop.org](http://www.aaop.org) for more information on registering for the meeting and booking your room. LOGIN BEFORE YOUR REGISTER!**

## Learning Objectives:

1. Learn about the concepts surrounding convergence in the trigeminal nerve system.
2. Become informed about the most recent advances in headache medicine.
3. Understand concepts in TMD Diagnosis and Management.
4. Become more familiar with the trigeminal system through a dissection course.
5. Understand diagnosis and management of trigeminal nerve injuries.
6. Appreciate Orofacial pain/Headache from an ENT perspective.
7. Become informed about risk stratification for opioids and other medications used in orofacial pain.
8. Learn about the clinical applicability of the OPERRA study.
9. Understand the relationship between pain and exercise through current research in physical therapy.
10. Explore the role of the dentist in sleep medicine and the interaction between sleep and orofacial pain.
11. Explore the use of ultrasound in orofacial pain.
12. Gain a better understanding of the utility of imaging in orofacial pain



Physical Therapy Board  
of  
Craniofacial and Cervical Therapeutics

**How can Dentists Locate and/or Educate a Local Physical Therapist to  
Enhance the Comprehensive Nature of their Practice?**

The most comprehensive evaluation and treatment of a patient who falls within any of the categories delineated by the international RDC/TMD Consortium Network & Orofacial Pain Special Interest Group is obtained when a dentist and physical therapist participate together. The establishment of a professional dentist – physical therapist relationship is promoted by AAOP and supported by the American Board of Orofacial Pain (ABOP) and the Physical Therapy Board of Craniofacial & Cervical Therapeutics (PTBCCCT). Each of the above non-profit and independent professional organizations meet every year at the annual scientific meeting of AAOP to enhance the education of our members and foster a unique opportunity for other dentists and physical therapists who are new to our specialty field to obtain the information needed to stay on the cutting edge of clinical and scientific advances.

Despite the excellent work performed by the above organizations, I commonly receive one or more inquiries by e-mail or phone each week from dentists all over the country who are members of the academy, as well as those who are not, asking me to recommend a physical therapist in their area who is experienced and qualified to whom they can refer a patient. Therefore, what else can AAOP members do to obtain a qualified physical therapist to whom they can refer?

When I first joined the AAOP in 1986, there were only 2 other physical therapists (PT's) who were members. Currently there are 46 PT's who are now full members of the academy thanks to the recent update by AAOP, the majority of whom have also achieved diplomate status from the PTBCCCT as a Certified Cervical and Temporomandibular Therapist (CCTT) in a similar manner to dentists as offered by the ABOP. According to the American Physical Therapy Association (APTA) "specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice". Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physical therapist at entry to the profession, which is unique to a specialized area of practice. The APTA specialist certification program was established to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a specific area of practice and to assist consumers and the health care community in identifying these physical therapists".

Throughout my 50 years of clinical practice, teaching, research and publication, I have witnessed the profession of physical therapy mature into specialized fields in a manner similar to that of medicine and dentistry. However, unlike medicine (neurology) and dentistry (orofacial pain and temporomandibular disorders) there was always a void within physical therapy specific to the specialized field that encompasses the inter-relationship of cervical spine disorders (CSD), Cervicogenic headaches (CGH), orofacial pain (OFP) and temporomandibular disorders (TMD). Furthermore, the number of physical therapists with specialized training and advanced education in this composite field currently represents a very small fraction of the APTA, which parallels that of the dental profession and therefore necessitated the creation of the PTBCCCT in a manner similar to the ABOP because the APTA and the ADA do not yet recognize our field of work as a specialty. However, as we have just learned, the ruling of the U.S. Federal District Court in Texas will no doubt put a lot of pressure on the ADA to elevate OFP and TMD as a recognized specialty!! (1)

The majority of dentists and oral surgeons who are not AAOP members, physicians who see patients with cervical and craniofacial pain/dysfunction syndromes, as well as the public and insurance industry, are unaware that there are physical therapists who specialize in the evaluation and treatment of the aforementioned disorders. Information obtained from dentists who visited our first booth in the exhibit area last year confirmed the fact that there are some dentists who are members of the academy and especially those who are attending their first AAOP meeting, that do not have any knowledge as to the existence of the PTBCCCT, the contributions that we have made to our specialized field, and the educational - certification process that we developed and offer to qualified physical therapists.



## **What Else can Dentists do to Develop a Professional Relationship with a Physical Therapist in their Geographic Location**

- Come meet and talk to us at the PTBCCT booth in the exhibit area and take one of our brochures to a physical therapist in your area.
- Refer a physical therapist that you know to our website: [ptbcct.org](http://ptbcct.org).
- There are currently 45 CCTT's listed in our international directory.
- Physical Therapists have numerous publications relative to TMD, CSD, OFP and CGH.
- The PTBCCT website contains a listing of 125 publications by CCTT's delineated within the following topics: Epidemiology, Cervical Spine, Headaches, Orofacial Pain, TMD, Post-operative TMJ surgery, Bruxism, Masticatory Kinesiology, Non-invasive and Non-Medicinal Pain Control Methodologies and Dry Needling.
- Inform a physical therapist (PT) in your region that an average of 40 PT's attend each annual AAOP scientific meeting.
- The PTBCCT offers a social gathering at each academy meeting, which offers an opportunity for PT's to meet each other.
- Each PT who attends a pre-conference AAOP course and the Clinical + Scientific presentations can easily obtain the number of continuing education credits each year that is required by their state to maintain licensure.
- Consider sponsoring an educational course in your city for physical therapists that is taught by a CCTT.
- The PTBCCT website contains a listing of current courses that are offered by CCTT's.

### **Consider Bringing a Physical Therapist with you to the AAOP Meeting**

- Reach out to a physical therapist in your city who is in private practice. Offer to take him or her to lunch and let them know of your interest in referring your patient's.
- Inform the physical therapist about the PTBCCT and our website.
- Inform the PT of the specific educational presentations for PT's at this year's AAOP meeting as fully delineated in the attached table.
- Bring a local physical therapist to the annual scientific meeting and introduce them to their peers who are members of the academy.
- Offer to cover part of the cost of bringing a physical therapist to the AAOP meeting, which is also a business deduction for the dentist.
- Initiate a professional relationship with a physical therapist and encourage them to create their own specialty practice in your geographical location with the knowledge that they will at least have you as an immediate referral source.

Jeffrey S. Mannheimer, PT, Ph.D, CCTT, CODN

President: Physical Therapy Board of Craniofacial & Cervical Therapeutics

1. [http://www.dentistryiq.com/articles/2016/01/united-states-district-court-ruling-sets-stage-for-expansion-of-dental-specialties-practitioner-independence-from-ada-restrictions.html?cmpid=Enl\\_APX\\_Jan-26-2016&eid=295480329&bid=1292214](http://www.dentistryiq.com/articles/2016/01/united-states-district-court-ruling-sets-stage-for-expansion-of-dental-specialties-practitioner-independence-from-ada-restrictions.html?cmpid=Enl_APX_Jan-26-2016&eid=295480329&bid=1292214)







Physical Therapy Board  
of  
Craniofacial and Cervical Therapeutics

**2016 Educational Contributions by the PTBCCCT and Physical Therapy Committee of the AAOP**

**Pre-Conference: Thursday, April 14, 2016, 9:00 am– 4:00pm**

Title: "Physical Therapy for chronic orofacial pain management and upper cervical spine evaluation and treatment."

**Morning session: 9:00am- 12:00pm, *Lecture***

Kathleen A. Sluka PT, PhD, FAPTA

"Mechanism-based approach to chronic pain management."

**Afternoon session: 1:00 - 4:00pm, *Lecture/Lab***

Michael Karegeannes PT, MHSc, LAT, MTC, CFC, CCTT, CMTPT

"Evaluation and treatment of the upper cervical spine as it relates to TMD/Headache."

Moderators:

Pat Rudd PT, DPT, CCTT

Eveline Erni PT, CMA, MA, CCTT, CODN

**PT Social Gathering: Sponsored by the PTBCCCT: 4:30pm - 9:00pm**

**Open to all physical therapists attending the AAOP Meeting**

**Lunch and Learn: Saturday, April 16, 2016, 12:15 - 1:45pm**

TMD Case Presentations and Panel Discussion

Moderator: Anne Harrison MSPT, PhD

Panelists:

Charles McNeill DDS

Rich Cohen DDS

Steve Kraus PT, OCS, MTC, CCTT, CODN

Corine Visscher PT, PhD, CCTT

**Plenary Session Speaker: Saturday, April 16, 2016, 1:45 - 2:30pm**

Kathleen Sluka PT, PhD, FAPTA

"Does exercise increase or decrease pain? Underlying mechanisms and strategies for exercise implementation."

# Editorial

So Have You Heard the One About.....

The weak association between sleep bruxism and obstructive sleep apnea?

A recent article<sup>1</sup> investigated the purported connection between OSA and bruxism. Based on the fact that a previous paper suggested a weak association in that half of the SB events occurred subsequent to apnea/hypopnea events<sup>2</sup>. This current study included all subjects with a history of both bruxism and OSA, yet laboratory results confirmed this in only 51% of the subjects. Bruxism events were moderately correlated with arousal index only. The conclusion was that arousals in patients with both bruxism/OSA was not strongly associated with sleep bruxism; and that apnea/hypopnea events seem to be related to higher occurrences of other types of oromotor activity during sleep and not sleep bruxism. The suggestion is that sleep bruxism onset and OSA activity during sleep are influenced by differing mechanisms. One of the important issues set forth was in order for a direct relationship to be assumed the causative agent should precede the effect, which was not observed in all cases thus obviating the ability to imply a causative relationship. In addition masseter activity was observed frequently in subjects with OSA, but only a third of those events were observed in relation to arousals.

This paper adds to an accumulating body of evidence of increasingly better studies that fail to support a causative relationship between sleep bruxism and OSA, yet this connection continues to be discussed as if it was already proven. In addition it is being implied that the OSA related bruxism leads to TMD signs and symptoms despite this being disproven in earlier papers by Raphael and others. We must remain vigilant of the evidence in order to present our patients with the best treatment, and promote among our peers the science to back that up in order to help avoid unnecessary treatment being done.

The one about the mouse and the OFP doctor?

Neither have I, but it does serve as a reminder to register and attend the 2016 annual meeting in Orlando at the Disney Contemporary Resort. The lineup of speakers this year promises to continue the tradition the AAOP has in providing an excellent educational experience. Once again we are offering excellent pre-conference courses; including the dissection course led by Dr. Ron Auvenshine, a phenomenal update on headache medicine course led by the Headache Cooperative of New England, an excellent TMD diagnosis and management course by Dr. Ed Wright, and a great PT course as well. The plenary sessions promise to offer information on all aspects of orofacial pain from experts in many different fields, in keeping with the meeting theme of "Convergence in the Trigeminal System: The Science and Clinical Application in Orofacial Pain". We encourage everyone to mark the dates on your calendar and plan to attend what promises to be another excellent meeting. Please visit [AAOP 2016 Scientific Meeting Page](#) and register today.

<sup>1</sup>Saito M, et al. Weak association between sleep bruxism and obstructive sleep apnea. A sleep laboratory study. Sleep Breath 2015; DOI 10.1007/s11325-015-1284-x.

<sup>2</sup>Saito M, et al. Temporal association between sleep apnea-hypopnea and sleep bruxism events. J Sleep Res 23:196-203.

**Robert Mier, DDS, MS**



email: [bobmier@mac.com](mailto:bobmier@mac.com)

## Practice-Based Research Network Participation

Those of you who were at the AAOP 2013 annual meeting heard Dr. Gregg Gilbert's presentations regarding the opportunity to participate in the NIDCR-funded National Dental Practice-Based Research Network. This is a way for practitioners and dental organizations to advance knowledge of dental practice and find ways to improve patient treatments. This research is conducted in the practice setting and has direct benefits for clinical practice.

Dr. Gilbert discussed the opportunity for the AAOP membership to form a TMD and Orofacial Pain research network. This is a unique opportunity for the AAOP to develop and participate in research to assess the effectiveness of different treatments and develop predictors of treatment outcome. The AAOP already has an *ad-hoc* committee addressing this, and Dr. Eric Schiffman and his team have developed a study that will yield valuable information for our practices and for our patients.

To participate, you first need to enroll at <http://www.nationaldentalpbrn.org> and complete the enrollment form. Be sure to enter AAOP in the open text field on the enrollment form where it asks about membership in associations. Future emails and newsletters will also provide more information regarding this study and participation in the Network.

Maureen Lang, DDS MS

## Industry Relations Committee Report:

The Industry Relations Committee has welcomed its new members and has been busy addressing proposal work before the committee. The Industry Relations Committee is guided by the AAOP Conflict of Interest Guidelines and serves a four-fold purpose:

- to protect the Public Trust
- to protect Orofacial Pain's scientific integrity
- to protect AAOP's professional integrity
- to provide guidance to AAOP regarding conflict of interest issues.

It is through the Industry Relations Committee that potential AAOP meeting sponsors engage AAOP.

Any AAOP member interested in becoming active in our work is welcome to contact the committee chairperson at: [sal.manrriquez@usc.edu](mailto:sal.manrriquez@usc.edu)

Respectfully Submitted,

Sal Manrriquez, DDS

Chair, Industry Relations Committee of AAOP  
Diplomate, American Board of Orofacial Pain  
Fellow, American Academy of Orofacial Pain  
Fellow, American Headache Society  
Clinical Assistant Professor  
Orofacial Pain and Oral Medicine Residencies  
Ostrow School of Dentistry of USC



## Management of Painful Temporomandibular Disorders (TMD)

The National Dental Practice-Based Research Network (PBRN) has plans for a study on dentists' management of painful temporomandibular disorders.

**The study is targeted to be launched in the Summer of 2016 with the following objectives:**

### Study Objectives

- Identify practitioner- and patient- based factors that contribute to practitioners' treatment decisions for patients with TMD pain.
- Identify factors that contribute to patients' adherence to treatment, and
- Describe observed changes from baseline in pain intensity and jaw function associated with TMD treatment.

### Study Design

- Longitudinal observational study of 2,000 patients with TMD pain.
- 200 practitioners to enroll a target of 11 consecutive patients (maximum of 20) in a 1-year period.
- Practitioners will manage their patients with what they determine is the best treatment plan.
- Practitioners complete 2 questionnaires: At the start of treatment and then 6-months after the start of treatment.
- Patients complete 4 questionnaires: At the start of treatment and then at 1-, 3- and 6-months after the start of treatment. Patients will be contacted by the Network to complete these on-line.
- Practitioners and patients will be compensated for completing these questionnaires.

### Practitioner inclusion criteria

- Is a licensed dentist and has enrolled in the National Dental PBRN; \*
- Has treated TMD patients during the past year.
- Willing to provide consent according to regionally approved procedures.
- Willing to comply with all study procedures and be available for the six month duration of data collection.
- Age  $\geq$  18 years.
- Report of jaw or temple pain occurring in the last month.
- Diagnosis of painful TMD rendered by the practitioner.
- Seeking TMD treatment from the practitioner and accepting their recommended treatment plan.
- Has the ability to receive emails.
- Willing to be contacted as needed by each of these entities: the practice, Regional Coordinator (RC), and the HealthPartners CC.
- Willing to provide contact information for one other person who will know the patient's whereabouts in the event the patient cannot be reached.

**Dr. Eric Schiffman, DDS, MS** is the Principal Investigator for this study.

Dr. Schiffman is a professor and Director of the Division of TMD and Orofacial Pain at the University of Minnesota School of Dentistry and a Diplomate of the American Board of Orofacial Pain.

**Contact:** Kim Johnson, Study Coordinator

Office: 952.967.5276 Cell: 651.210.7077

Email: [kimberly.s.johnson@healthpartners.com](mailto:kimberly.s.johnson@healthpartners.com)

\* To enroll in the Network, go to: <http://www.nationaldentalpbrn.org/enrollment.php>. After you enroll in this study, you will be contacted to complete certification in Human Subjects Protection Training. Enroll now since enrollment is limited to 200 practitioners.



## Research Funding Opportunity: Invitation to submit grant proposals

The AAOP is committed to supporting the research efforts of students in the field of orofacial pain at every level. This is an announcement of funding to support orofacial pain research of up to \$7,500.00 per selected and approved proposal.

American Academy of Orofacial Pain (AAOP) Research and Grants Committee Fund (RGF) was created to support research efforts in orofacial pain. The AAOP's RGF supports (listed in order of funding priority) research proposals of residents and fellows in orofacial pain training programs, dental students, AAOP members, and then proposals from other researchers which pertain to the field of orofacial pain.

Applications for funding are accepted throughout the year but the deadline to be considered for funds allocation at the AAOP's Annual Meeting in May must be received by March 30<sup>th</sup> 2015. Information about the grant proposal application can be found on the AAOP website. To apply a letter of intent and the research proposal should be sent to:

Dr Jeffry Shaefer , 4 Monument Circle, Hingham, Ma 02043

If you have questions about the funding process, Dr Shaefer can be contacted at [jshaefer@partners.org](mailto:jshaefer@partners.org) or by calling 781-749-0157.

**The AAOP's continued support of research efforts in the field will strengthen the AAOP by encouraging grant recipients to become (lifelong) members of the AAOP. AAOP members have and are encouraged to continue to donate to AAOP Research Fund at the time of their annual dues renewal. A \$50.00 donation from each AAOP member would allow the RGF committee to reach it's funding goal for 2015.**

Jeff Shaefer DDS, MS , MPH  
Chairman AAOP Research and Grants Committee

### Note to members:

Should you have any ideas of sponsors who might benefit, or be interested in, having representation at our annual meeting and use of a booth for members to learn about their products please contact any of our council members, particularly the Industry Relations Committee Chair Sal Manriquez and our Director Ken Cleveland. These sponsors help maintain the quality of our meetings and organization and thus are crucial to our growth. Please reach out to the aforementioned individuals should you have any ideas in this regard. We can all play a role in helping the AAOP maintain and grow our position in the field of orofacial pain.



## American Board of Orofacial Pain

To become a Diplomate of the ABOP one must pass the Written Examination and the Oral Examination, respectively. Individuals must meet certain guidelines prior to being approved to sit for the Written Examination. For more information on qualifying guidelines and to register please download the 2016 ABOP Examination Bulletin, the Bulletin may be downloaded via [www.abop.net](http://www.abop.net) You may also contact the ABOP at [abop@talley.com](mailto:abop@talley.com) or call us at 856-224-4266

Joseph R. Sapp | Executive Director  
ABOP - American Board of Orofacial Pain  
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# **OROFACIAL PAIN MANAGEMENT PRACTICE OPPORTUNITIES**

**OFFERED BY PETER M. BARAGONA, DMD**

## **PLEASE READ AS THIS OPPORTUNITY HAS CHANGED**

Located in Mountain Lakes in the center of Morris County, New Jersey, is my private practice limited to Orofacial Pain Management [OFP]. I have practiced in this location for 40 years and have included Orofacial Pain Management for the past 32. One year ago, I separated my general dentistry practice from OFP and sold the general practice to two young individuals who have no training or interest in OFP. I have continued to practice OFP since that time. My OFP practice is primarily by referral from dentists and physicians from the area of the northern half of NJ, southeastern New York State, and north eastern Pennsylvania who have respect for the quality of conservative evidence based care I provide.

I am a Diplomate of the American Board of Orofacial Pain, past ABOP Director and a Past President of The American Academy of Orofacial Pain. Aside from my practice limited to Orofacial Pain Management in Mountain Lakes, NJ, I continue to maintain an OFP center at Morristown Medical Center, Department of Dentistry, in Morristown, NJ, where I function to educate the general dentistry practice residents while we treat and manage patients referred from within the hospital system. I am an Adjunct Associate Professor at Rutgers School of Dental Medicine, Orofacial Pain Center, which is 20 miles away.

I am looking for a capable qualified individual to share my practice and develop a full time OFP practice in northern NJ. The purpose is eventual transition of the practice and care of my many OFP patients. **There would be NO COST TO YOU INVOLVED in acquiring the practice.** Eventually, the practice would have to be moved to an alternative location. It could even be within the same building. After you do your search to locate Mountain Lakes in Morris County, NJ, you will see that it is a financially healthy, busy suburb of New York City with the city only 30 miles away. The opportunity is limitless. Please contact me at your earliest opportunity if you have any interest and I will gladly answer any questions.

I can be contacted by email at [pbarag0517@aol.com](mailto:pbarag0517@aol.com) [please note in the subject heading the reason for your email], or snail mail at: **Peter M. Baragona, DMD, 420 Boulevard, Suite 102, Mountain Lakes, NJ 07046.**

## **OFFERED BY RON PREHN**

Searching for an associate leading to purchase of a highly successful large Orofacial Pain and Dental Sleep Medicine practice in Houston Texas. Would prefer a person boarded in one or both, but if not, at least be willing to achieve that goal. Located in fast growing upscale community of The Woodlands with all of its amenities for family and schools. 30 minutes from down town Houston and the Dental School (UTDB) for teaching/research if desired.

Contact Ron Prehn [rprehn@tmjtexas.com](mailto:rprehn@tmjtexas.com).

## ASSOCIATE/PARTNERSHIP WITH OPPORTUNITY TO PURCHASE OROFACIAL PAIN/ORAL MEDICINE PRACTICE – CINCINNATI, OH

Seeking an individual who is board eligible/board certified in treating all aspects of orofacial pain. This is a well-established practice that sees patients with orofacial pain, sleep disorders and painful and non-painful oral mucosal diseases of all types. This is primarily a referral-based practice with patients referred from both medical and dental practitioners as well as the Internet. On many/most insurance panels and Medicare. A small private dental practice is available also but interest in this is not necessary.

This is a private practice that is located in the physicians practice building on the University of Cincinnati College of Medicine campus and is affiliated with the Headache and Facial Pain section of the Neuroscience Institute in the College of Medicine. The interested candidate will need to be eligible for licensure in Ohio.

If interested please send your CV to John S McDonald D.D.S., M.S. at [pthlge@msn.com](mailto:pthlge@msn.com). Please visit my office website at [johnsmcdonald.com](http://johnsmcdonald.com). I may also be contacted at 513-706-3423.

## FACULTY APPOINTMENT FOR PAIN RESEARCHER The Robert and Susan Carmel Chair in Algesiology RUTGERS SCHOOL OF DENTAL MEDICINE NEWARK, NJ

Rutgers School of Dental Medicine (RSDM) is seeking a pain researcher to fill the vacant position of “The Robert and Susan Carmel Chair in Algesiology”. Candidates should hold a DMD/DDS or MD/DO, preferably with a PhD, or a PhD. An established record of research and publications in the clinical or basic sciences, related to chronic pain, and active funding are essential.

The successful candidate will receive an appointment at the Department of Diagnostic Sciences. Salary, academic rank and startup options will be commensurate with experience and background. The successful candidate will form part of the Department’s Center for Temporomandibular Disorders (TMD) and Orofacial Pain. (OFP) The Center is active in clinical and basic research and provides postgraduate training in orofacial pain.

Applications, including a CV, a statement outlining research strategy and vision, and three letters of recommendation, are to be submitted to:

**Dr. Rafael Benoliel, Rutgers School of Dental Medicine,  
110 Bergen Street, Room D741. Newark, NJ 07103-2400.  
Email: [rafael.benolie@rutgers.edu](mailto:rafael.benolie@rutgers.edu)**

Rutgers School of Dental Medicine, a component of Rutgers Biomedical and Health Sciences, is located on the Newark Campus along with the Rutgers New Jersey Medical School, Rutgers Graduate School of Biomedical Sciences, Rutgers School of Health Related Professions and Rutgers School of Nursing. Rutgers, The State University of New Jersey, is an equal opportunity, affirmative action institution.



## **Position for OFP-Sleep Medicine Expert    Los Angeles, CA**

Well established and respected multi-doctor and multi-office Oral and Maxillofacial Surgery practice in Southern California seeks a hardworking energetic orofacial pain expert. We have an excellent opportunity for an individual interested in orofacial pain and sleep medicine fields. We offer excellent benefits, compensation, and retirement options. Candidates must be either board certified or board eligible in orofacial pain with knowledge and experience in pain management and regional blocks.

Please email your CV to [facialpainLA@gmail.com](mailto:facialpainLA@gmail.com)

## **Dental Practice for Sale    Houston, TX**

This established dental practice is limited to treating Facial Pain, TMJ, Headaches and Sleep Breathing Disorders. It is a referral only practice, with about 65% of the referrals coming from General Dentists and all other dental specialties. The remaining referrals come from Medical Doctors, which include ENT Doctors, Neurologists, Cardiologists, Sleep Medicine Specialists and General Family Practitioners, as well as Physical Therapists. Collaboration with both physician and dental colleagues is central to the practice's success, both in terms of practice growth and treatment success.

The major portion of practice income comes from the initial splint therapy (TMJ) or oral appliance therapy (sleep). The practice is one hundred percent fee for service practice with most patients paying cash for services. Annual collections are 1.4 million.

There are 6 patient rooms, a large lab, a doctor's office, assistant stations, three reception stations, an accounting room and a management office. There is a separate room for the i-CAT Cone Beam/3D imaging unit. The practice was established in 1999 and is located in an affluent, family oriented community just north of Houston, Texas.

For more information please contact Patrick or Tom, below:

### **Contact Information:**

**Patrick Johnston, MHA**  
800-756-7412 x 101  
[Patrick@dental-sales.com](mailto:Patrick@dental-sales.com)

**Tom Guglielmo, DMD**  
800-756-7412 x 102  
[Tom@dental-sales.com](mailto:Tom@dental-sales.com)

## Quick Links

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## **AAOP**

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