

Spring 2011

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## Editorial

If you look up the definition of “academy” in the dictionary, you’ll find that it means “an association or institution for the advancement of art, literature, or science.” Also, you will find it as “a group of authorities and leaders in a field of scholarship, art, etc, who are often permitted to dictate standards, prescribe methods, and criticize new ideas” or, in other words, it’s all about people. And members are the American Academy of Orofacial Pain.

That’s what it means when we call AAOP a member-driven organization. There’s so much we can accomplish together. Challenges that are too large for any one of us alone can be easily handled when we share a common purpose to advance ourselves as professionals, to improve public health, and secure the future of orofacial pain.

Medicine and dentistry give us so much personally and professionally. As successful orofacial pain doctors, our

combined knowledge, experience, and strength allow us to be advocates for our community and role models for the next generation of orofacial pain practitioners.

In this edition, President Jeff Crandall’s message, as usual, summarizes the Academy’s business and our annual meeting. Steve Bender’s corner is, as always, a must read. His great Advocacy Annotation Corner articles always contain valuable information on health-care issues. Also, Gary Heir will talk about the recent ICOT agreement.

Catalina Morarasu is taking the lead to continue the dental assistants/auxiliary program, a program rich with information. The presenters are Academy members who are volunteering their time to teach our staff the best of orofacial pain.

Ghabi Kaspo, DDS

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## Letter from the AAOP President

Greetings AAOP Members,

Reflecting back on my years in the AAOP reminds me of the layers of snow that accumulate on a roof in Vermont over a long winter. Each of these layers relates to an event or perhaps a decision that influenced my role as a member of the academy. Some of those events included activities, such as the development of the Access to Care Committee or presentations at breakfast sessions or pre-conferences. Other decisions included the choice to become a member of Council and then the Executive Committee. For me, the most outstanding aspect of these layers of AAOP life is my good fortune to develop friendships with so many wonderful people in this organization. And, it is that “pile” of layers that has made my year as your president such a rewarding experience!

From the moment that first I met Peter Bertrand in the late 1990s, I knew that he was a remarkable individual. Roughly 5 years ago, when Peter was facing retirement from the navy, we met on several occasions to discuss his plans for the future. While he eventually returned to serve as a civilian for the navy, our time together quickly developed into a warm friendship and I was successful in seducing him to become Program Chair for our 2011 meeting in Las Vegas. Over the

past 2 years, we have spent countless hours working together to develop what we hope will be an outstanding meeting. And believe me, the role of Program Chair is every bit as important to the success of our academy as the role of President or Council Chair. Peter has been an exceptional friend and Program Chair!

As I have stated before, “from our time on the AAOP Council and through our sequential Chairs of the Executive Committee, Don Primack and his friends on Council and Executive Committee experienced good times and bad, shared happiness and sadness, and equally enjoyed our mutual interest in supporting the goals and well-being of the academy. Shared time in meetings, phone calls, skype sessions and pleasant talks over a glass of fine wine are just a memory to us now. But that memory lives on.” The full AAOP Council is dedicated to making the 2011 to 2012 year a strong memorial of Don’s love for this academy.

Also, with Don’s absence from the Council and Executive Committee, Drs Matt Lark, Don Tannenbaum, and I have agreed to preserve Don’s place in our history books by agreeing to formally move forward in our chairs in the Executive Committee at this year’s annual meeting while continuing to serve the role of the chair we have departed. For legal purposes, I will be listed as President, although many of the presidential roles and responsibilities, especially the 2012 meeting, will be

distributed throughout the full Council membership. The Council has accepted this plan and the proposal for this plan will come from the Nominating Committee for the full AAOP membership to consider at this year's membership meeting.

The early numbers for attendance at this year's meeting in Las Vegas are excellent. It is gratifying to see so many planning to attend this meeting and the attendance for the preconferences, breakfast sessions, and lunch and learn sessions is very strong. However, there are many other AAOP activities you should plan to attend during the meeting. These include:

- The Leadership Meeting: Wednesday afternoon from 4:30 to 6:30 pm. This very important meeting is an opportunity for AAOP members to interact and learn from academy leaders. The intention of this program is to educate members in academy affairs, to motivate members to serve on committees and to eventually accept the role as a committee chair, to encourage members to strive to become a member of Council and to ultimately become a participant on the Executive Committee and serve as President.
- The Committee Meetings: Thursday from 7:00 to 9:00 am, 12:00 to 1:00 pm, and 4:00 to 6:00 pm. Please make an effort to join a committee and become actively involved in AAOP affairs. The listing of standing committees can be found on the AAOP web site ([aaop.org](http://aaop.org)) under our bylaws. As you can tell, we have many committees and many responsibilities. Both the 2012 and most certainly the 2013 program committees need your support as Ed Wright and Brad Rindal begin preparations for the ICOT meeting.
- The Council Meeting - Thursday evening starting at 6:30 pm. All members are welcome to attend the meeting where the current academy affairs are discussed and decisions are made. This is the best possible opportunity for you to learn about what the academy is doing and to meet the current leadership.
- The General Membership Meeting: Friday from 4:30 to 5:30 pm. Academy affairs are discussed and resolved at this meeting when the Council reports on its activities to the AAOP membership. This year there will be a special event when we celebrate the signing of the ICOT (International Conference on Orofacial Pain and Temporomandibular Disorders) agreement with representatives from all five sister academies from around the world.
- The New Member and Fellow Reception: Friday from 5:30 to 6:30 pm. This is a great opportunity to mix and mingle with new members and congratulate new fellows in the academy.

- The President's Reception: Saturday from 6:30 to 8:30 pm. This will be my opportunity to thank all of you for your participation in the AAOP and I sincerely hope you'll attend.
- The Dental Assistants and Auxiliaries Program: All day Friday and Saturday, Catalina Morarasu will oversee the annual educational program for our staff. The AAOP is proud to continue offering programs for clinical assistants and ancillary personnel which will provide basic as well as more advanced education in our field. This training will enhance the staff's ability to improve office productivity and outcomes and become more involved in patient care. The program is concurrent with our plenary sessions and will provide the attendee with a certificate.

Unfortunately, Richard Ohrbach will be unable to present his talk on Saturday afternoon on the topic of "Which TMD Patients Get Better?" He is currently preoccupied with his personal research on "Which Back Pain Patients Get Better?" In his place, Kathleen Light, PhD, will speak on the topic of "Adrenergic Dysregulation in TMD and Other Disorders: Can We Improve Health with Sympathetic Antagonists and Loving Support?" This talk will help to explain how the sympathetic nervous system influences pain and fatigue in chronic conditions.

This has been a busy and exciting year for the AAOP with such milestones as the initiation of CODA site review for our postgrad programs, the resolution of the ICOT agreement, the blossoming of our leadership program, the development of our up-to-date website and eventual e-campus, and the movement toward special interest groups. We are also working to incorporate new members into our committee activities and have initiated a mentorship program to offer both educational and clinical support. All of this requires the active participation of our membership and I would encourage each of you to seek a role in the activities of the academy.

This past week we had a 30-inch snowfall in 1 day here in Underhill, Vermont. Hopefully, we're seeing the end of the snow season. And as I approach the end of my role as AAOP President, I view our 35th annual meeting like that last snow storm: a fitting conclusion to an exciting and productive season. Peter Bertrand and I look forward to seeing you in Las Vegas and hope that your experience there will be first rate!

Finally, I would like to invite you to contact me ([jacrndl@aol.com](mailto:jacrndl@aol.com)) or any members of the Council or Executive Committee if you have any comments, concerns, or questions regarding academy affairs.

Jeffrey A. Crandall, DDS  
AAOP President, 2010–2011

## Advocacy Annotations

I often wonder why the Access to Care Committee is not the most sought after and populated committee in the Academy. The answer could be that many do not understand what “access to care” is. Access to care, as I see it, involves everyone in clinical practice on a daily basis. We can be the most competent practitioner in our area but, if our potential patients are unable to afford our care; we are of little use. All of our well-honed skills are for naught if we have no one in our chairs. The years spent learning to diagnose and manage the complex disorders encountered in facial pain practices sit silently on the shelf as long as government and third-party entities deny the reality that the face, mouth, and jaws are part of the human body.

Access to care also involves the number of qualified practitioners available to treat the vast population of patients who need care. Some of us are blessed with busy practices that require suffering patients to wait for an appointment time. It may be good for job security but it leaves many people living with often debilitating pain while they wait to be evaluated. Also, many of us who treat facial pain encounter the new patient who has seen multiple practitioners and spent thousands of dollars only to continue to suffer with their primary complaint. In some cases, their problem has been made worse by ill-advised therapeutic modalities. This is, in my opinion, an access to care problem. If we fail to provide evidence-based education, mentor our young members, and/or educate the community (politicians, insurance entities, and the general public), then shame on us!

I would love to hear your ideas. Edmund Burke once said “No one could make a greater mistake than he who did nothing because he could do only a little.” Our Academy does not demand you do great things; we only ask that you do what you can. Even the seemingly insignificant contribution can have positive ramifications for years to come.

As always, make each day count.

Steven D. Bender, DDS  
Access to Care Committee Chair

## American Academy of Orofacial Pain and Our International Agreement

Recognizing the need for a better understanding of what would eventually become known as temporomandibular disorders, an organization was formed that would improve the quality of the diagnoses and management of orofacial pain, and offer a forum for the exchange of information among the various authorities in the field.

The original name of our organization was The American Academy of Craniomandibular Orthopedics (AACO), with the first meeting held in 1975 in New York City. This name was changed in 1981 to The American Academy of Craniomandibular Disorders (AACD) and then again in 1992 to what it is today, The American Academy of Orofacial Pain (AAOP), to reflect the focus of the discipline to include complex chronic orofacial pain disorders.

The first scientific meeting was held in 1976 in Colorado Springs, Colorado. In 1984, the first international affiliate, the European Academy of Craniomandibular Disorders, was officially recognized. The American and European Academies were joined by other International Academies: the Asian Academy of Craniomandibular Disorders and The Australian Academy of Craniomandibular Disorders in 1989. The Ibero-Latin American Academy of Craniomandibular Disorders soon followed in 1991. The First International Symposium of Craniomandibular Academies was held in Chicago in February of 1992.

Since our first international meeting in Chicago, we have met in Paris, Seoul, Sydney, and São Paulo. There are no words to describe the international camaraderie that has evolved, or the high level of the exchange of ideas and science. Our agreement with the Sister Academies lasted for 25 years. It ended with the last meeting in Brazil. Through the help of our friends and colleagues from around the world, and after 2 years of deliberation, we have agreed to continue as an international group and, in Naples this September, approved a renewed commitment to each other to continue for another 25 years with this fruitful association, committed to science and friendship, and most of all, to our patients.

For those of you who have attended any or all of our international meetings in the past, you do not need encouragement to continue. For those new members, or those who have not yet experienced an international meeting, do not miss the next 25 years!

Gary M. Heir, DMD  
International Liaison Committee Chair

## Dental Assistant Program

Dental Assisting and Patient Management in the Orofacial Pain and Dental Sleep Medicine Practice, April 29 to 30, 2011. Our academy is proud to continue providing presentations for dental assistants and ancillary personnel. The program will provide basic as well as more advanced education in this field which will enhance the staff's ability to improve office outcomes and productivity and to be more involved in patient care. It will run concurrently with our annual scientific meeting and it will provide the staff with a certificate.

Catalina Morarasu

### Friday, April 29, 2011

07:30–08:00: Registration and continental breakfast.

08:00–08:30: Welcome remarks (main conference room).

08:30–09:30: Temporomandibular disorders and orofacial pain: Etiology and symptomatology (*Ivonne Hernandez, DDS, MS*).

09:30–10:30: Anatomy and imaging of the masticatory muscles and TM joint (*Ghabi A. Kaspo, DDS*).

10:30–11:00: Break with the exhibitors.

11:00–12:00: Medical conditions that can mimic TMD and orofacial pain (*Nicholas Mazzeo, DDS, MS*).

12:00–01:00: Lunch on your own.

1:00–02:00: Taking a brief medical history.

2:00–03:00: Clinical examination in TMD and orofacial pain (*Catalina Morarasu, DDS, PhD, MS*).

03:00–04:00: Clinical examination: Hands on (*Catalina Morarasu, DDS, PhD, MS*).

04:00–05:00: Treatment of TMD and orofacial pain (I): Patient education (*Stacie Saunders, DDS*).

### Saturday, April 30, 2011

07:30–08:00: Registration and continental breakfast.

08:00–09:00: Treatment of TMD and orofacial pain (II).

09:00–10:30: Introduction in dental sleep medicine.

10:30–11:00: Break with the exhibitors.

11:00–12:00: Oral appliances: Technological aspects (*DSG Laboratories*).

12:00–01:00: Lunch on your own.

01:00–02:00: Medical billing and documentation in TMD and orofacial pain as well as dental sleep medicine (*Janice Franchak, RDH*).

02:00–03:00: Marketing of TMD, orofacial pain, and dental sleep medicine practice.

03:00–04:00: E-medical records systems: Nuts and bolts (*Ghabi Kaspo, DDS*).

04:00–04:30: Adjournment and certificates presentation.

## Opportunities

### Vermont:

Dr Jeffrey A. Crandall is seeking an associate for his orofacial pain practice in Vermont. Since 1988, Dr Crandall has maintained a referral-based practice limited to the diagnosis and management of orofacial pain. Dr Crandall is a Fellow of the American Academy of Orofacial Pain, a Diplomate of the American Board of Orofacial Pain, and currently is treasurer of the AAOP. His practice is located in a medical/dental complex with neighboring practices including oral surgery, endodontics, periodontics, physical therapy, ophthalmology, pediatrics, psychiatry, and psychology.

Dr Crandall's office currently consists of 2,400 square feet, including four treatment rooms, a large laboratory, on site i-CAT cone-beam computed tomography, a patient education room, and pleasant accommodations. His staff includes a nurse practitioner and five clinical assistants. His referral base includes all of Vermont and parts of upstate New York and New Hampshire. The practice currently sees three new patients per day and has a backlog of over 200 patients waiting to be seen.

The State of Vermont passed a legislative mandate for medical coverage of craniofacial disorders in 1998.

Dr Crandall is seeking a highly motivated individual for an associate position with the potential for partnership and eventual buy-out. This opportunity is for someone interested in clinical practice with future potential to develop research and/or education in this setting. If you are interested in obtaining more information, please contact:

Dr Jeffrey A. Crandall

40 Timber Lane, S Burlington, VT 05403

802-862-7185 (w)

802-899-2022 (h)

### North Carolina:

Practice opportunity in Western North Carolina from Dr Barry Hinderstein. I am the only AAOP member with a private TMD/facial pain practice in Western North Carolina. Asheville is a beautiful area with a large dental and medical community. It is an ideal location for a colleague from one of the excellent training programs. My practice receives referrals from all of the western North Carolina counties, northern Georgia, and western Tennessee. Anyone interested can email Dr Hinderstein at drbarryh@bellsouth.net or they can call my cell phone: (828) 712-1825.

**Michigan:**

Dr Ghabi Kaspo, TMJ/Facial Pain/Dental Sleep Medicine practice, is seeking a highly motivated, self-directed, quality minded associate for partnership. Two offices in mid-Michigan, 2500 sf and 1800 sf offices, with I-CAT Cone Beam in each office, with medical and dental radiologists offsite for interpretation. A referral-based practice, the practice currently sees around 80 new patients a month with the potential for growth in the future.

Residency, fellowships, and/or certification in TMD/Orofacial pain is desired, NERB Board is a must. Must also be licensed in the state of Michigan.

If you are a new graduate from an orofacial pain program, please send me a letter of recommendation from your the program director. Email CV to [gakaspodds@gmail.com](mailto:gakaspodds@gmail.com).

**Wisconsin:**

TMD practice looking for a dentist to join their very large and growing diagnostic and treatment centers. Practice is limited to TMD/sleep apnea. Practice consists of six offices located throughout southern Wisconsin. Doctors practice in a multidisciplinary clinic, with four physical medicine physicians, including an interventional MD, as well as a large physical therapy staff, and cone-beam radiology services. Drs Mackman, Karkow, McDaniel, and Tache are looking for a pleasant outgoing person with board certification in TMD and/or preferably TMD residency trained. If interested, please call Karien at 414-476-9400 or fax your CV/resume to Karien at 414-755-4789.

**Maine:**

Robert J. Mitchell, DDS,MS, is seeking an associate for a very busy orofacial pain practice in Portland, Maine. Dr Mitchell received his certificate in Orofacial Pain and TM Disorders, as well as a masters degree in neuromuscular physiology, from the University of Buffalo in 1986. Since then, his practice has been limited to the evidence-based medical management of TM disorders and orofacial pain. There is no general dentistry involved, other than the fabrication and adjustment of night-time stabilization splints.

This is an excellent opportunity for someone recently trained in the orofacial pain field to step into an ongoing practice with a superb reputation and outstanding referral base which includes dentists and physicians from all of Maine, as well as southern and eastern New Hampshire. This practice includes its own physical therapy practice with two physical therapists and a PTA who specialize in the treatment of TM disorders. We are the sole provider for most of the medical insurance plans in the state. On average, we see over 60 new patients per month, working 4 days per week. Someone trained in oral medicine would also fit well into this position.

For further information, email Robert J. Mitchell, DDS, MS, at [mecfp@ime.net](mailto:mecfp@ime.net) or go to our website at [centerforfacialpain.com](http://centerforfacialpain.com).