The Role of the American Academy of Orofacial Pain in the Evolution of TMD

Historians tell us that the management of temporomandibular disorders (TMD) began with the ancient Egyptians who noninvasively manipulated dislocated jaws. Modern history reveals a more aggressive TMD management approach with surgeons repositioning or removing articular discs in the late 1800s and early 1900s. In 1934, Costen's legendary treatise, which claimed that a constellation of ear, jaw, and head pains improved with "raising the bite," led to widespread aggressive occlusal treatment. Also, in the early to mid 1900s, many dentists became extremely interested in mandibular tracking and complex occlusal techniques to provide optimum dental treatment, including treatment for TMD. Although most, if not all, of the hypotheses of Costen and other clinicians were refuted by anatomists and physiologists, many dentists continued to embrace the concept that structural disharmonies were the primary cause of TMD. Numerous irreversible procedures based on testimonials and belief systems were performed by enthusiastic dentists who believed in idealized, stereotyped occlusal and/or articular structural requirements. This enthusiasm led to a tumultuous time in TMD history, especially with the tragic sequelae that followed the use of alloplastic materials for disc replacement.

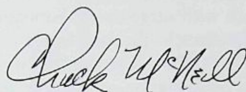
As a result of questionable treatment outcome and with an increased awareness for the importance of a scientific foundation, the American Academy of Craniomandibular Disorders, founded in 1975, published a position paper in 1980 on the state of the art of TMD. Three years later, the paper was updated to include more information in the area of diagnosis. Understanding the critical need for definitive guidelines, the American Dental Association (ADA) in 1982 held an important conference on the examination, diagnoses, and management of TMD. The conference stressed the importance of an improved classification system that would permit proper comparison of epidemiologic, diagnostic, and treatment data. As interest in TMD grew, the first issue of the *Journal of Orofacial Pain* (then called the *Journal of Craniomandibular Disorders: Facial and Oral Pain*) was published in 1986. The journal was the first peer-reviewed scientific journal exclusively devoted to the TMD and orofacial pain, although the more clinically oriented journal, *Cranio: The Journal of Craniomandibular Practice*, had been published since 1982.

As the demand for specific diagnostic criteria and treatment outcome data increased, the American Academy of Craniomandibular Disorders published more extensive classification guidelines in 1990. Three years later the Academy, known as the American Academy of Orofacial Pain, published an expanded and improved edition of the 1990 guidelines. At the same time, a multicenter research group established specific research diagnostic criteria for patient questionnaires and clinical findings associated with TMD. It had become evident that definitive operational guidelines were of paramount importance as the proliferation of TMD devices, both diagnostic and therapeutic, helped foster clinical belief systems that had little or no scientific basis. To establish proficiency certification in TMD and orofacial pain, the American Board of Orofacial Pain was established in 1994 with the sole charge of administering an annual certification examination by an independent medical testing agency. Currently, there are 157 Diplomates of the Board; another 62 applicants took the Boards this past February.

Last October, a potential setback in the evolution of TMD occurred when ill-advised practice parameters for TMD were about to be presented to the House of Delegates at the 1995 ADA meeting in Las Vegas. On October 8, the Reference Committee on Dental Benefits, Practice and Health convened in an open forum to listen to the comments and positions of various individuals and organizations before making their presentation to the House of Delegates. This was a public hearing for nonmembers and members of the ADA. *Resolution 33, Council on Dental Benefit Programs: Temporomandibular (Craniomandibular) Disorders*, had the most enthusiastic participation compared to all the other resolutions. Fortunately, at the ADA House of Delegates meeting on October

10, Resolution 33 was defeated and sent back to the Council on Dental Benefits for further review and revision. The resolution was defeated in large part because of the hard work and organizational skills of President Gary Beeler and the other officers of AAOP. Gary, Stephen Harkins, and Rich Cohen all made convincing arguments against the adoption of the parameters based on the lack of scientific foundation and the lack of support by those individuals and groups with documented expertise in TMD. By their actions and the actions of others, the evolutionary process was not allowed to regress.

Important to the expanding evolution of TMD, the American Academy of Orofacial Pain published comprehensive guidelines this February for all orofacial pain disorders, including TMD. The book is intended to give better insight to the assessment, diagnosis, and management of all pain conditions associated with the orofacial structures. The guidelines question the need for expensive diagnostic procedures and invasive, irreversible treatment, and they stress the importance for a noninvasive, conservative treatment approach for chronic orofacial and TMD musculoskeletal pain. The major concern is that the clinician and the patient fully understand and appreciate the risk/benefit ratios for all diagnostic tests and treatment approaches. The evolutionary process seems to be moving TMD in the direction of a more thorough and comprehensive multiaxial diagnostic process and a more biopsychosocial, medical approach to the management of chronic pain, and away from the mechanistic dental approaches of the past.



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