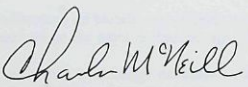
Congratulations to All!

The 14th Annual Scientific Meeting of the American Pain Society (APS), to be held November 9–12 in Los Angeles at the Century Plaza Hotel and Tower, may have already taken place by the time you read this editorial. A significant portion of this meeting is devoted to orofacial pain, with seven speakers representing the dental profession. The meeting begins with an all-day preconference workshop, titled "Headache and Orofacial Pain—Mechanisms and Management," featuring Steven Graff-Radford, DDS, and three other health professionals. James Fricton, DDS, MS, will be on three different symposia during the scientific meeting; he will speak on the criteria for referral to a pain facility, on treatment outcome with musculoskeletal pain syndromes, and on neural mechanisms of muscle pain. At a breakfast session he also will discuss the clinical use of pressure algometry. Psychological trauma and chronic pain will be discussed by David Keith, DMD, FDSRCS, at another symposium. Daniel Laskin, DDS, MS, and Joseph Marbach, DDS, will take part in a symposium on the role of surgery in the treatment of the temporomandibular joint. Barry Sessle, PhD, MDS, dean of the University of Toronto School of Dentistry, will speak on neural mechanisms and clinical syndromes of muscle pain. Psychological factors influencing outcome of chronic pain syndromes will be addressed by Donna Massoth, DDS, PhD, MSD. And at a special breakfast session, J. David Haddox, DDS, MD, will discuss credentialing in pain medicine as well as direct a plenary session on reflex sympathetic dystrophy.

This representation of TMD and orofacial pain at the nation's most prestigious pain meeting is a credit to the above individuals, the dental profession, and the health profession in general. Prior to the extraordinary amount of collaborative research efforts of the last decade, "Most dentists and physicians avoided treating chronic pain patients if they could, and the idea that most of these pains were 'in the head' was rampant" (Ronald Dubner, DDS, PhD, former APS President. *Pain Forum* 1995;4:200–201). The profession should be extremely proud of the many dentists who have toiled to bring credibility to the field of TMD and orofacial pain, allowing it to reach its rightful place in the overall differential diagnosis of head and neck pain. The National Institute of Health, the National Institute of Dental Research, university-based scientists and academicians, scholarly clinicians, and diligent members of interested professional organizations deserve credit for this monumental effort to improve the scientific foundation, clinical application, and standardization in the discipline. Congratulations to everyone involved in this timely and far-reaching effort!

With respect to the advancement of the field from a clinical standpoint, I have received permission to reprint the last paragraph of an excellent guest editorial by Jeffrey Okeson, DMD, which appeared in the last issue of *Cranio* (1995;13:139–141):

> *Most clinicians appreciate the value of their clinical judgment and frequently use it to determine appropriate treatment. Few of us would care to acknowledge that clinical judgment is often fringe information. Frequently we evaluate a patient, gain a clinical impression, and then determine treatment based on our prior successes. Clinical judgment is a routine and important part of the clinical practice. It is not necessarily wrong to base therapy on clinical judgment; however, we should acknowledge that our clinical judgment may not be based on scientific facts. Instead our clinical judgment is more often based on a very small number of patients acquired from a skewed population. Therefore, when clinical judgment is challenged by scientific data, the clinician should be mature and wise enough to depart from clinical judgment, so as to be more scientifically sound. This departure from fringe to scientifically based information is another example of the process of learning. Our patients deserve the highest quality treatment that we can offer, and this is derived from scientific knowledge. We must continue to challenge our treatment concepts with sound scientific principles so as to uncover more and more truths, enabling better and more effective treatments for our patients. We owe this to our patients and to ourselves. We, therefore, must constantly challenge the fringe.*



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