

Fact Sheet

Orofacial Pain as a ADA Dental Specialty

An application for recognition of Orofacial Pain as a dental specialty was submitted to the American Dental Association in 1999 by the American Academy of Orofacial Pain (AAOP). The AAOP would like to inform all dentists about this proposed specialty and answer specific questions about it through this fact sheet. If you have other questions, please contact us using the information listed on the reverse side.

What is the field of Orofacial Pain?

Orofacial Pain is the discipline of Dentistry which includes the assessment, diagnosis and treatment of patients with complex chronic orofacial pain and dysfunction disorders, oromotor and jaw behavior disorders, and chronic head and neck pain, as well as the pursuit of knowledge of the underlying pathophysiology and mechanisms of these disorders.

What disorders are included in the proposed specialty of Orofacial Pain?

The proposed specialty of orofacial pain includes diagnosis and management of patients with complex chronic orofacial pain disorders including neuropathic orofacial pain disorders, neurovascular orofacial pain disorders, chronic regional pain syndrome, complex masticatory and cervical neuromuscular pain disorders, primary headache disorders, pain from complex temporomandibular joint disorders, pain secondary to orofacial cancer and AIDS, orofacial dyskinesias and dystonias, orofacial sleep disorders, and other complex disorders causing persistent pain and dysfunction of the orofacial structures. These patients are common in clinical populations, can have major personal problems due to the pain and require a sophisticated multi-disciplinary approach to their care. This specialty does not include acute pain from disorders such as pulpitis, periodontal disease, routine temporomandibular disorders, routine jaw muscle disorders, surgical treatment of TM joint disorders or nerve injuries, impacted 3rd molars, dental hypersensitivity, burning mouth, and other disorders that are part of many dentist's or dental specialist's practices. The field also does not include treatment or prevention of acute pain and anxiety from dental surgical or operative procedures.

How common are chronic orofacial pain disorders?

According to prevalence studies, over 7% of the population or 13 million people have experienced a chronic orofacial pain disorder that need treatment in the past year (Lipton, 1993). Considering data on health care utilization for these chronic orofacial pain patients, an estimate of the total cases that have sought treatment is about 2.0% of the population or 3 million people per year. That leaves over 10 million patients with chronic orofacial pain disorders who are left untreated.

Who treats chronic orofacial pain patients now?

Studies suggest that chronic orofacial pain patients are not being treated adequately by current general practitioners or dental specialists and there is a great need for orofacial pain dentists. The percent of non-orofacial pain dentists who treat any of these patients is low including; General Dentists (14%), Oral Surgeons (22%), Orthodontists (13%), Endodontists (5%), Periodontists (4%), Prosthodontists (5%), and Pediatric dentists (11%) and that nearly all (95%) have less than 5% of their practice in this field (Look, et al, 1999). Furthermore, studies have found that these patients have a high number of previous clinicians (a mean of 5.3) and many years with pain (mean of 4.2 years) prior to seeing an orofacial pain dentist (AAOP, 1999).

How can a dentist become an Orofacial Pain dentist?

Currently, dentists who have focused their careers in Orofacial Pain for the past 5 years can become a specialist by passing the American Board of Orofacial Pain examination. After 2001, dentists who choose to specialize in Orofacial Pain will be required to complete a minimum of two years in graduate or post-doctoral study in the field of orofacial pain to take the board examination. The curriculum guidelines for these post-doctoral programs were developed by the American Association of Dental Schools in 1992 and include a minimum of 50% time in patient care supported by didactic training in areas of pain science, bio-mechanics, neuroscience, neuropsychopharmacology, physical medicine, and behavioral medicine and clinical experience in numerous medical and dental areas. Graduate programs like these have been established in ten Universities around the country.

How will Dentistry benefit by establishing a specialty in Orofacial Pain?

Dentistry will be able to better serve the public by providing a respected and traditional mechanism to ensure that dentists practicing in the field maintain a consistent standard of care. As a dentist, you will be able to identify dentists with the knowledge and experience in managing complex chronic pain problems and be provided a resource for general practitioners and specialists to refer patients not responding to your basic therapy.

What do dentists think about a new specialty in Orofacial Pain?

A recent survey of 405 dentists found that 95% either do or would like to refer these patients to an orofacial pain dentist and dentists supported an ADA specialty in orofacial pain by an 8 to 1 margin. (Look et al 1999).

If training programs and board certification already exist, why do we need a specialty?

The lack of funding for training and research has restricted viability of training programs and expansion of knowledge in the field. Lack of acceptance of orofacial pain practitioners by the health care establishment has limited third party reimbursement and the development of clinical practice of this field. Recognition by the ADA will improve funding for training, research, and clinical practice and improve the quality of care for these patients.

Since our patients are our primary concern, of what benefit will specialty status be to them?

The primary goal of credentialing in Orofacial Pain is to improve the standards of care and success in treatment of patients with chronic orofacial pain disorders. In addition, it will help patients and practitioners identify qualified Orofacial Pain dentists with the experience and knowledge to successfully help them. With specialty status, insurers will be more likely to have policies that provide coverage for orofacial pain and TM disorders and costs will most likely be reduced because of more appropriate and timely referrals.

Does this mean that non-orofacial pain dentists will no longer be treating TMD patients?

Emphatically no! As with other specialties in dentistry, the Orofacial Pain dentist will be available to treat the more complex and time consuming patients, while the straight-forward patients or patients with specific dental needs will continue to have care provided by specialists of other areas of dentistry or general dentists who have an interest in the TMD. However, dentists will be able to refer the complex patients with more confidence in much the same manner as you now refer to other dental specialties.

Why should I support the ADA application for specialty status now?

There are many current threats to providing high quality care to our patients. We believe the ADA has the responsibility in Dentistry to provide leadership in new fields that have historically been lacking. They need to provide a source of trained and certified Orofacial Pain dentists to address both the current and future societal needs for clinicians and faculty and the increasing demand for services in this field. With your support, the ADA can then make great strides in serving the public, nurturing the art and science of Orofacial Pain, and improving the quality of care for these patients.



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