In this Issue:
1. Letter from the President
2. TMD and Orofacial Pain Practice Management
3. Pharmacotherapeutic Management of TMD and Orofacial Pain
4. The Joint AAOP and AAOM Meeting, April 14-16, 2005
5. 4th International Conference on Orofacial Pain and TMD, August 27-28, 2005
6. ABOP Written Examinations will be offered in Phoenix and Sydney
7. Dentistry and TMD
8. TMD/Orofacial Pain Positions Available
9. Requesting Information for future E-Newsletters

1. Letter from the President

Dear Members,

Two very exciting events are coming soon. In April, we will have our first joint meeting with the American Academy of Oral Medicine (AAOM). Thanks to Jim Fricton and his AAOM counterpart, Nelson Rhodus, after years of planning we will be treated to one of the best AAOP meetings in history. Please view our web site www.AAOP.org for details. This meeting is dedicated to the memory of our two past presidents, Don Fournier and Gary Beeler.

So far over 18 exhibitors are registered for the meeting and over 90 poster abstracts have been accepted (thanks to Alan Stiles). In conjunction with this meeting, there will be four separate courses: one for Physical Therapists (thanks to Jeff Mannheimer), a second for Dental Assistants (thanks to Ghabi Kaspo), a third for your staff and yourselves on Practice Management (thanks to Jeff Crandall), and a fourth for yourselves on Pain Management Pharmacology (thanks to Lori Reisner).

April is a superb time to visit Arizona and the Wigwam Resort is a world class resort with wonderful entertainment possibilities including three 18 hole golf courses. Since so many people will attend our joint meeting, we will have the entire resort to ourselves, which should make your experience even more special. If you have not already made a room reservation, please register ASAP because available rooms are disappearing fast.

The second exciting upcoming event will be our official annual meeting. This year it will be held in Sydney, Australia as part of the 4th International Congress on Orofacial Pain and Temporomandibular Disorders. The meeting will be held on Saturday, August 27, 2005 and Sunday, August 28, 2005 at the Sydney Convention Center. It is an official satellite meeting of
the IASP and it will immediately follow the IASP world meeting.
I hope to be able to greet all of you at both meetings.

I want to thank the Publications Committee, under the direction of Don Primack, for completing three new brochures titled: Trigeminal Neuralgia, Non Dental Causes of Tooth Pain, and Headache. These new brochures will be displayed at the joint meeting and you will be able to place an order for them.

The Bylaws Committee, under the direction of Gary Heir, has revised the bylaws so the AAOP will run more efficient. These changes will be presented at the joint meeting for you approval.

The Membership Committee, under the direction of Jeff Crandall, will propose several new prospective members and offer possible bylaw changes to improve the new membership process. The Ethics Committee, under the leadership of Elmer Villalon, is revising some of our rules and we will vote on these proposed changes next year.

The Guidelines Committee, under the direction of Bob Rosenbaum, has persistently worked on this gargantuan project, revolutionizing our Guidelines so they are incredibly evidence based. This new edition is scheduled to be published soon.

Of course, you can see that we have a wonderful newsletter editor and owe a debt of thanks to Ed Wright for such a wonderful newsletter.

I want to thank all of you who have helped to make this a great year and encourage you to be more active in your Academy and give your strong support to the new slate of officers.

Sincerely,

Joseph “Rich” Cohen, DDS

2. TMD and Orofacial Pain Practice Management
By Jeff Crandall

There exists a substantial practice management difference between those who provide dental services and those who provide services in the medical model of care, i.e., oral medicine, TMD, and orofacial pain. This brief article is intended to set the stage for the Pre-Conference Workshop entitled “Practice Management Course on Orofacial Disorders” to be held on Wednesday, April 13 at the joint meeting of the American Academy of Orofacial Pain and the American Academy of Oral Medicine.

There are a mixture of forces that may influence the patient-doctor relationship. One is the bureaucracy of those who have assumed the responsibility of paying for health care (employers), a second are those who have assumed the role of controlling access to that care (insurance companies), and a third are the governmental bodies and regulatory groups who exert tremendous influence on access, quality and cost of care.

The patient-doctor relationship may be disrupted due to financial constraints imposed by employers and insurance companies. This may create limitations and restrictions on access to health care and patients who expect treatment without restraint and oversight, may expect the
dentist to provide more than just high quality and competent care. Some patients expect the dentist to be familiar with their insurance company policies and governmental regulations. As a prerequisite to providing care, it may be expected that the dentist is willing and able to serve as an agent with both medical and dental insurance companies on the patient’s behalf. These additional expectations of the dentist’s practice may also disrupt the quality of the patient-doctor relationship.

In the context of the American model of the free market, there are usually only two parties of interest: the buyer and the seller. However, there are five components that affect the delivery of care for patients seeking treatment in oral medicine, TMD, and orofacial pain:

1. The patient is essentially the “buyer” although the purchase is reflected as a benefit of employment. The responsibility for the purchase of health care insurance is left to the employer.
2. The employer serves to purchase health care insurance that in many instances suits the needs of the employer more than the employees. The employer pays a fee and the insurance is based on a contract between the employer and the insurance company.
3. The insurance company offers contracts and agrees to provide health care coverage for the employees for a fee. The contract is written with constraints designed to limit the insurer’s liabilities.
4. The doctor provides services with the expectation of being paid. However, the doctor often does not bill the buyer directly. In fact, the buyer of the service is insulated from the responsibility of payment by the employer’s contracted insurance company.
5. Finally, governmental bodies oversee and regulate the health care industry by requiring standards for care. State governments may impose mandates on the health care industry to protect its citizens, while programs such as ERISA can be used to bypass mandates through self-insured policies.

Another substantial issue is medical necessity. If a patient presents with a health care concern, what standards do we have in place to establish the need for care? At what point does dental care become medically necessary? Should a patient be treated preventatively to avoid the caries which may lead to a necrotic pulp, develop into an apical periodontitis, spread into a submandibular and pharyngeal space abscess, and result in a compromised airway and death? One would hardly think of sealants as medically necessary, but following this line of thought, they could potentially save a life.

Many of these considerations will be presented and discussed at the Pre-conference Practice Management Course on Orofacial Disorders Pre-conference Workshop in Phoenix on April 13. The AAOP Access to Care Committee invites you to join us for an eye-opening, thought-provoking meeting! Please take note of the agenda:

**8:30 a.m. to 9:30 a.m.** Dr. Jeff Crandall will provide an introduction and overview of the medical model of care as it compares to dental practice. This will address issues related to the need for care for TMD and orofacial pain patients. The presentation will include an overview of medical necessity. Dr. Rich Cohen will finish with an overview of the issues AAOP faces with the Alliance of TMJ Organizations including a move towards a more cooperative attitude in seeking specialty recognition and medical insurance coverage.
9:30 a.m. to 10:30 a.m. Working with the health care decision makers is critical, so this hour will be about interacting with medical directors. Tyler Crandall has requested a Vermont BC/BS medical director speak, Dr. Brad Eli may bring a medical director from the California area, and Tyler Crandall may present his experiences with medical directors and offer some ideas of our experience in Vermont.

10:30 to 11:00 a.m. Break

11:00 a.m. to 12:30 p.m. This is the practice management portion of the program and will include elements of development and marketing. Dr. Barry Rozenberg will discuss ICD and CPT coding and billing, fee schedule, training staff, scheduling, patient flow, equipment, layout, and similar topics. Dr. Rozenberg is starting the process of obtaining recognition of an appropriate procedure code for TMD appliances, etc.

12:30 p.m. to 1:30 p.m. Lunch

1:30 p.m. to 2:30 p.m. Dr. Jay Mackman will discuss problem oriented medical records (SOAP); how to properly document, document, and document. This will be a soup to nuts discussion of the proper methods of recording patient data within the medical model. This would include an overview of problem oriented medical records as developed by Dr. Lawrence Weed. Emphasis will be placed on the necessity for this documentation.

2:30 p.m. to 3:30 p.m. Dr. Brad Eli's practice management presentation will be from the perspective of an active full-time TMD and orofacial pain practitioner in San Diego.

3:30 p.m. to 4:00 p.m. Break

4:00 p.m. to 5:00 p.m. Ms. Liz Helms (from TOPS America) will update the progress of patient advocacy on a national scale and has agreed to present an advocacy guideline and tool kit. There will be a round table discussion on developing this very important aspect of the Access to Care Issue. Participating medical directors will be invited to participate. This could also include media involvement from the state of Arizona. The objective is to develop strong advocacy in support of interaction with medical directors who need to be convinced of the value of appropriate medical coverage for TMD and Orofacial Pain.

3. Pharmacotherapeutic Management of TMD and Orofacial Pain
By Lori Reisner

Recent news reports and actions by the Food and Drug Administration (FDA) have left both patients and practitioners pondering about safe and effective drug therapies, particularly for medicines that target the nervous system. Antidepressants, psychostimulants, and analgesics have all engendered multiple reviews by expert panels, actions which have often led to labeling changes as well as changes in prescribing patterns. Prescribers and patients are more confused than ever about first-line selections for their conditions, as well as safe alternatives. This brief
article provides insight about the pre-conference course Pharmacology for Orofacial Pain Conditions that will be given at the joint AAOP / AAOM meeting on Wednesday, April 13, 2005.

Some of the recent confusion stems from the methods by which drugs have traditionally been granted approval in the United States. Such methodologies involved randomized controlled trials, but the comparator is most often placebo. While such studies are often large enough to demonstrate effectiveness of an agent, they may be too small in magnitude to indicate its true risks. The current system thus relies on mostly voluntary reporting of adverse events after a medication is released into the marketplace (post-marketing surveillance), and this system has been criticized as lacking adequate rigor. Many adverse events are unreported, causing the true incidence of events to remain unknown, and often providing health care system participants with a false sense of security about drug safety. This phenomenon was most recently noted with the emerging evidence of the negative cardiovascular impact of the COX-2 selective nonsteroidal agents.

Nevertheless, when adequate pharmacotherapeutic vigilance is instituted, many medications can be used for prolonged periods of time to treat a variety of acute and chronic pain syndromes, with less risk of a serious adverse event. Such vigilance relies on prescribers to maintain an accurate and updated data base regarding evidence in support of or against the selection of certain medication classes as well as specific medicines within those classes.

For many chronic conditions, consensus panels and national scientific bodies have reached consensus on best practice standards. Unfortunately, such standards have not yet been reached in pain medicine, due in part to a lack of substantial clinical and research evidence, as well as widespread non-systematic utilization of off-label medicines. However, some researchers and clinicians are now striving to produce the data necessary for evidence-based guidelines directed toward the management of various painful conditions and syndromes. As new evidence mounts, better treatment selection criteria can be identified.

Some of these considerations will be presented and discussed at the Pre-conference Workshop during the joint meeting. The half-day workshop will focus on new medicines as well as new information about old medicines used to manage various orofacial pain conditions, including temporomandibular disorder, headache, neuropathic pain and other orofacial syndromes. An overview of pharmacology will include a brief review of relevant drug mechanisms, the role of multimodal (synergistic and additive) regimens, pharmacogenomics, and evidence for evaluating as well as patient-centered strategies for designing appropriate pharmacotherapeutic regimens.

4. The Joint AAOP and AAOM Meeting, April 14-16, 2005

If you have not already done so, you need to register for this meeting soon. The registration fee increases after March 14th and you can then only register on-site. This meeting appears like it will be a very exciting and informative meeting. It will include:

Two Breakfast Forums:
Friday, April 15: Craniofacial Imaging for Orofacial Disorders
Saturday, April 16: Intelligent Digital Records for Decision Making, Coding, Clinical Research

**Three Pre-conference Courses (Wednesday, April 13, 2005):**
Practice Management Course on Orofacial Disorders  
   Course Directors: Dr. Jeff Crandall, Dr. Jay Mackman, and Sandra Panek
Pharmacology for Orofacial Pain Conditions  
   Course director: Lori Reisner
Physical Therapist Workshop  
   Course director: Jeff Mannheimer

**A Concurrent Course for Dental Assistants and Auxiliary Personnel (Thursday and Friday, April 14-15, 2005):**
Dental Assistant and Auxiliary Program  
   Course Director: Dr. Ghabi Kaspo

The meeting will be held at the Wigwam Resort and Golf Club in Phoenix, Arizona.

**Sunset**
Colorful sunsets are a trademark in Arizona.

**Special Meeting Publication**
As part of attendance at the meeting, all attendees will be provided an illustrated guidebook entitled: Clinical Guide for Diagnosis and Management of Orofacial Disorders. The guide provides concise evidence based summary of the clinical presentation, etiology, diagnosis, mechanisms, rationale for treatment, and treatment strategies for each of the disorders presented at the meeting.

**Meeting Handout and Proceedings Publication: Clinical Guide for Orofacial Disorders**
Edited by James Fricton and Nelson Rhodus

The purpose of this clinical guide is to provide to participants of the meeting and others as a proceedings a concise evidence based clinical summary of diagnosis, etiology, and management
of orofacial disorders. This guide can be used as a quick reference guide for practicing clinicians.

Each chapter includes a succinct bullet point clinical summary of each orofacial medical-dental disorder and include the following sections: Introduction and diagnostic subtypes, clinical presentation, etiology, epidemiology, pathophysiology and mechanisms, diagnosis and diagnostic criteria, rationale for treatment, treatment options, treatment goals and sequencing of care, pearls of wisdom, and references.

Table of Contents

Oral Cancer and Pre-malignant Lesions
Section Editor: Dr. Sol Silverman, Professor of Oral Medicine, University of California, San Francisco
Chapter 1. Leukoplakia, pre-malignant lesions, and non-malignant lesions
Dr. Isaac VanderWaal, Professor of Oral Medicine, VU Medisch Centrum, Netherlands
Chapter 2. Etiology and Complications of Oral Cancer
Dr. Douglas Peterson, Professor of Oral Medicine, University of Connecticut
Chapter 3. Treatment of Oral Cancer
Dr. Joel Epstein, Director of the Oral Cancer Center, University of Illinois Chicago

Oral Mucosal Disease
Section Editor: Dr. Michael A. Siegel, DDS, MS Professor, Nova Southeastern University
Chapter 4. Herpes Simplex
Dr. Craig Miller, Professor of Oral Medicine, University of Kentucky
Chapter 5. Vesiculo-Bullous Lesions
Dr. Francina Lozada Nur, Professor of Oral Medicine, University of California, San Francisco
Chapter 6. Candidiasis
Dr. Spencer Redding, Professor of Dentistry, University of Texas, San Antonio

Orofacial Disorders
Section Editor: Dr. Gilles LaVigne, Professor, University of Montreal
Chapter 7. Diagnosis and Management of Oral Parafunctional Behaviors
Dr. Alan Glaros, Professor, University of Missouri, Kansas City
Chapter 8. Diagnosis and Treatment of Sleep Apnea and Snoring
Dr. Donald Falace, Professor, University of Kentucky
Chapter 9. Neurosensory disorders (taste, touch, paresthesias)
Dr. Joseph D’Ambrosio, Professor, University of Connecticut
Chapter 10. Diagnosis and Management of Malodor
Georgia Majerus, RDH, BS, University of Minnesota
Chapter 11. Orofacial Dystonias and Dyskinesias
Glenn Clark, Professor, University of Southern California
Chapter 12. Medically Compromised Patients and Oral Manifestations of Systemic Disease
Michael Glick, Professor, University of Medicine and Dentistry of New Jersey
Salivary Gland Dysfunction and Xerostomia
Section Editor: Dr. Phil Fox, Oral Medicine Consultant, Cabin John, Maryland
Chapter 13. Etiology and Clinical Manifestations of Salivary Disorders
  Dr. Mahvash Navazesh, Associate Professor, University of Southern California
  Dr. Phil Fox, Oral Medicine Consultant, Cabin John, Maryland
Chapter 15. Treatment of Salivary Dysfunction in Aging Adults
  Dr. Jonathon Ship, Professor, New York University

Temporomandibular disorders
Section Editor: Dr. Edmond Truelove, Professor, University of Washington
Chapter 16. Temporomandibular Joint Disorders
  Dr. Jeffrey Okeson, Professor, University of Kentucky,
Chapter 17. Temporomandibular Muscle Disorders
  Dr. Henry Gremillion, Professor, University of Florida

Orofacial Pain Disorders
Section Editor: Dr. Gary Heir, University of Medicine and Dentistry of New Jersey
Chapter 18. Diagnosis and Management of Non-dental tooth pain
  Dr. Donald Nixdorf, Assistant Professor, University of Minnesota,
Chapter 19. Diagnosis and Management of Trigeminal Neuropathic Pain and Orofacial Neuralgias
  Dr. David Sirois, Professor, New York University
Chapter 20. Diagnosis and Management of Burning Mouth
  Dr. Miriam Grushka, DDS, PH.D., William Osler Health Center, Etobicoke Campus, Toronto, Ontario

Headache
Section Editor: Dr. Rich Cohen, Phoenix, Arizona, and UCLA
Chapter 21. Chronic Daily Headache
  Dr. Roger Cady, Director, Headache Care Center in Springfield, Missouri.
Chapter 22. Migraine
  Dr. Steven Graff-Radford, UCLA School of Dentistry
Chapter 23. Cluster and Facial Headache-
  Dr. Robert Kaniecki, University of Pittsburgh Medical Center Headache Center
Chapter 24. Migraine Variants
  Dr. Robert Merrill, Professor, UCLA School of Dentistry

Practice Management
Section Editor: Dr. James Fricton University of Minnesota
Chapter 25. Interdisciplinary Orofacial Pain Management-
  Dr. John Johnson, Dr. Peter Bertrand, Navy TMD and Orofacial Pain Program
Chapter 26. Integrated Medical-Dental Practice Management
  Dr. Jeff Crandall, Orofacial Pain Consultant, Vermont and Dr. Jay Mackman, Orofacial Pain Consultant, Milwaukee, Wisconsin
Chapter 27. Medical Coding and Chart Documentation for Orofacial Disorders
There are numerous trends occurring in the practice of Dentistry in the coming decades but none that is so rarely cited but has such major clinical and economic impact on dental practice as the integration of medicine into the practice of dentistry.

Many innovative dentists throughout the country are currently managing both dental disease and orofacial medical-dental disorders. These disorders include temporomandibular disorders, oral lesions, oral cancer, salivary gland disorders, orofacial pain disorders, oral neurosensory disturbances, orofacial dystonias and dyskinesias, bruxism, burning mouth, dental sleep disorders, malodor, dental phobias, and many others. These disorders are common in all dental practices with a collective prevalence of over 40% of population.

Management of these disorders differs from traditional dental practice because the dentist spends significant clinic time providing medically based evaluation and treatment for patients with orofacial disorders. Services are reimbursed by time for consultation and procedures through the patients medical insurance plans similar to physicians.

The purpose of this conference is to provide a comprehensive course for dentists on how to provide diagnosis and management of orofacial disorders in both general and specialty practices of dentistry. The conference includes the evidenced based evaluation, diagnosis and management of orofacial disorders as well strategies on how to successfully integrate into routine dental practice.

-Drs. James Fricton and Nelson Rhodus, Co-chairs
University of Minnesota
5. **4th International Conference on Orofacial Pain and Temporomandibular Disorders, August 27-28, 2005**

The 4th International Conference on Orofacial Pain and Temporomandibular Disorders is coming soon. They extended their deadline for poster submissions to February 28. You can register for the meeting and obtain more information from their web site www.dcconferences.com.au/icot2005. The meeting will be held in Sydney, Australia immediately after the August 21-26 IASP meeting.

6. **ABOP Written Examinations will be offered in Phoenix and Sydney**

The American Board of Orofacial Pain (ABOP) written examination will be administered at two locations in 2005, providing an opportunity for potential Diplomates of the American Board of Orofacial Pain to sit for the examination in either Phoenix in April or Sydney, Australia in August.

The ABOP written and oral examinations will be conducted one day prior to the Joint AAOP and AAOM Meeting in Phoenix. Only the written portion of the examination is scheduled prior to the 4th International Conference on Orofacial Pain and Temporomandibular Disorders in Sydney. The ABOP reserves the right to cancel the Sydney examination if a sufficient number of candidates do not register.

If you are interested in taking one of these examinations, please telephone the ABOP office at (856) 224-4266 to register.

7. **Dentistry and TMD**

By Keith A. Yount, DDS, MAGD, Diplomate, American Board of Orofacial Pain
All rights reserved.

*Editor note: Keith wrote a sequence of articles and this is the first in his series.*

As I entered the treatment room, the assistant informed me that the patient’s pain was in the upper right quadrant. I directed the patient to point to the area of pain and she pointed to a tooth with a mesio-occlusal restoration. As I reviewed patient’s health form, I noticed a few items checked, with the rest left blank, providing little insight to the cause.
I asked a question about the problem and the patient responded with a ten-minute review of the pain’s impact on her life, using up the time that was set aside for this emergency visit. When I interjected for more specific details, she provided a small clue, and then was off on another tangent about how angry she was with her previous dentist for placing this painful filling. I requested an x-ray and went to the next room for crown preparation.

Upon my return, the x-ray revealed no apical or pulpal involvement. Being unsure of the pain's etiology, in the area of her dental pain, I probed the periodontal pockets, asked her to bite on a Tooth Slooth, evaluated teeth for mobility, checked her occlusal contacts, and percussed each tooth. All of these tests were within normal limits.

In addition to having no definitive symptoms, the patient could not stay focused on my questions and kept rehashing her anger and the pain’s impact on her life. According to her, the previous dentist just replaced a silver filling that had recurrent decay around it, and now her teeth hurt, she can’t chew, and her life is all messed up.

The staff was trying to get me to return to the next room where the patient was waiting to continue my crown preparation procedure, but I felt bad about this patient's pain, her anger with her previous dentist, and my confusion about the etiology of her pain. Running late for the other patient, the staff upset, and my gut going into knots, I prescribed her an antibiotic and ibuprofen (in case it was pulpal hyperemia).

The patient returned three days later informing me that the medications did not provide any symptom relief. I repeated the previous tests and the findings were again within normal limits. Her signs and symptoms did not fit my dental school diagnostic tree for a pulpal disorder, periodontal disorder, or cracked tooth, so I referred her to an endodontist for pulpal evaluation. The endodontist concluded the tooth was not the source of her pain.

The patient was once again back in my dental chair, in pain, and with a major chip on her shoulder. Still unsure of the pain's etiology, I referred her to an oral surgeon, who immediately referred her to an orofacial pain specialist.

I felt lucky that the patient was referred to an orofacial pain specialist, before she got more angry or convinced another dentist to provide irreversible procedures may have made her situation worse. Why do I say lucky? The surgeon informed me that the patient also had previous problems with her jaw, ears, neck, and headaches, which she did not tell me about during her emergency visits. She also had not told her previous dentist who replaced the filling about her these pains.

**Case Report 1:** A $5 million lawsuit in Durham, NC, was the result of wisdom teeth extraction being blamed for the patient's TMD. The patient similarly did not report prior jaw problems. The general dentist did not record the early TMD symptoms, which would have kept the him from being blamed for causing the TMD pain.

There are many reasons an orofacial pain patient can be difficult for the general dentist to diagnose and manage. In this series of articles, I will discuss these difficulties and cover the following topics: 1) chronic pain is different, 2) need for additional information, 3) barriers to chronic pain care, 4) psychological instability, 5) anatomical instability, 6) toothache confusion, 7) occlusal confusion, 8) TMD/MPD confusion, 9) detecting orofacial pain, 10) legal entanglement cow, and 11) medical care.
8. TMD/Orofacial Pain Positions Available

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 member of the American Academy of Orofacial Pain and a Diplomate of the American Board of Orofacial Pain. 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 consists of 2400 sq. ft. including four treatment rooms, a large laboratory, on site linear tomography, a patient education room and pleasant accommodations. His staff includes a registered nurse and five clinical assistants. His referral base includes all of Vermont and parts of upstate New York and New Hampshire. In 2003 there were 550 new patient referrals and the practice continues to grow.

Vermont boasts a beautiful environment with elegant mountains and exciting Lake Champlain. Vermont was recognized as both the safest and healthiest state in the nation in 2003 by Morgan Quitno Press, a Kansas researcher and publisher of statistics that evaluates the status of the nation's states. The Burlington area boasts a beautiful water front, fine restaurants and exciting entertainment. The State of Vermont passed a legislative mandate for medical coverage of craniofacial disorders in 1998.

Dr. Crandall is seeking a highly motivated graduate of an Orofacial Pain Program in the United States for an associate position with the potential for partnership. 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)
jacrndl@aol.com

Orofacial Pain Management of Houston is searching for a highly motivated, self-directed, quality minded associate who’s professional goal is to make a difference in people’s lives. The opportunity to advance in knowledge and practical clinical skills, while expanding the practice and your opportunity, is limited only by your willingness to work. This practice is a cash practice totally dependent on referrals, so a willingness to develop relationships is necessary. Residency, fellowships, and/or certification in TMD/Orofacial pain is desired. You can review our practice at www.tmjtexas.com The practice is located in the beautiful community of The Woodlands in north Houston. ( www.thewoodlands.com ) Please send all inquiries to Dr. Ronald S. Prehn, at rsprehn@tmjtexas.com

A well-established multidisciplinary TMJ/Orofacial Pain practice is for sale in Calgary, Alberta, Canada. Current practitioners include a dentist, physical therapists, massage therapist, acupuncturist, psychologist and a dietitian. Fully equipped purpose-built office space is only five years old. There is a possibility for a short-term associateship during the transition, if required. Please contact tmedock@telus.net in confidence to learn more about this opportunity.
The Wisconsin TMJ and Orofacial Pain Treatment Centers are seeking a dentist to join their practice. Their practice consist of dentists specializing in TMD and orofacial pain, physical medicine and rehabilitation physicians, psychologists, and physical therapists. Residency, fellowships, and/pr certification in TMD/orofacial pain is desired. Contact Dr. Mary Karkow at (414) 476-9400 for additional information.

9. Requesting Information for future E-Newsletters

I would like to include news (publications, appointments, retirements, honors, etc.) about our members in this E-mail version of the AAOP Newsletter. If you would like me to place something about yourself or a fellow AAOP member, please E-mail me. If a photo is available, I would like a place a copy with the news item.

I would also like to place information about dentists looking for orofacial pain employment opportunities, orofacial pain practices for sale, orofacial pain groups looking for associates, and orofacial pain programs looking for staff members.

Please E-mail this information to me at ewright@satx.rr.com.