Committee on Temporomandibular Disorders
Conference on TMDs

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Nearly 20 Percent of the General Population Has an Orofacial Disorder That Is Severe Enough to Have Special Diagnosis and Treatment Needs

<table>
<thead>
<tr>
<th>Orofacial Disorders with Special Diagnostic and Treatment Needs</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>Temporomandibular disorders (myofascial pain, disk disorder, muscle spasm, contracture, osteoarthritis, arthralgia)</td>
<td>5–7 percent</td>
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<tr>
<td>Oral and craniofacial pain disorders (burning mouth, neuropathic, atypical pain, migraine and neurovascular pain, benign headache)</td>
<td>2–3 percent</td>
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<td>Orofacial sleep disorders (sleep apnea, snoring)</td>
<td>3–4 percent</td>
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<td>Orofacial neurosensory and chemosensory disorders (taste, paresthesias)</td>
<td>0.1 percent</td>
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<td>Oromotor disorders (dystonias, dyskinesias, bruxism)</td>
<td>4 percent</td>
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<td>Oral lesions (herpes, aphthous, precancer, cancer)</td>
<td>3–5 percent</td>
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<td>Oral mucosal disease (lichen planus, candida)</td>
<td>1–2 percent</td>
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<td>Salivary disorders and xerostomia</td>
<td>2 percent</td>
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<tr>
<td>Oral systemic disorders (oral and systemic manifestations of autoimmune disease, cancer, AIDS, heart disease and oral disease)</td>
<td>2–3 percent</td>
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</tbody>
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TMD Educational Experience(s): Where have we been? Where are we? Where are we going?
Perspectives on Temporomandibular Disorders

Survey of community physicians and dentists (JADA. 1973;86:128-36.)

Conclusions

- Most teaching was very fragmented
- Major component of occlusion courses
- Minor component of behavioral courses
- Few separate courses

- ADA President’s Conference on TMD, 1982
- The First Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain, 1990
- The Second Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain, 1992
- National Institutes of Health Technology and Assessment Conference Statement, 1996
- The Third Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain, 2000
“The requirement of competence in diagnosing TMD is pervasive, as is the requirement for diagnosing all other oral hard and soft tissue pathosis, infections and systemic diseases, as well as behavioral variables that may lead to disease.”

Wathen WF. JADA. 1990;120:251-252.
American Association of Dental Schools

*Predoctoral curriculum guidelines in temporomandibular disorders and orofacial pain*

*Journal of Dental Education* 1992;56(9):646-649.
Education in Orofacial Pain
Currently there are 12 accredited programs.

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

August 5, 2016

University of California at Los Angeles School of Dentistry
Herman Ostrow School of Dentistry of USC
University of Kentucky College of Dentistry
Navy Medicine Professional Development Center
Tufts University School of Dental Medicine
University of Michigan Health System
University of Minnesota School of Dentistry
Rutgers School of Dental Medicine
University of Buffalo School of Dental Medicine
University of Rochester Eastman Institute for Oral Health
University of North Carolina at Chapel Hill School of Dentistry

Approved
American Dental Association
Commission on Dental Accreditation

Predoctoral curriculum guidelines

Minimal focus on temporomandibular disorders / orofacial pain

Cause for concern???
What if……???

• a scientifically-based protocol for patient assessment could be provided to **all** dental professionals?
• more complete and accurate diagnosis(es) could be determined?
• more predictable treatment outcomes could be achieved?
• a mechanism for standardized data collection for clinical research could be established?
• **a validated educational model could be implemented?**
Orofacial Pain Educational Experiences

Desirable qualities

• Prepare “future ready” oral health care professionals
• Multi/Interdisciplinary/interprofessional
• Didactic and clinical exposure (evidence-based)
• Potential for research
• Outcomes-based
Orofacial Pain Educational Experiences

Vision for the future

- Undergraduate accreditation standards
- Additional postgraduate accredited programs
- Continuing education (evidence-based)
- In-service training (interprofessional)
- Enhanced public awareness
- Regional centers of excellence
Dentistry: What’s on the horizon

Today’s dentist must be a physician of the masticatory system....and beyond!!!

Dr. Peter E. Dawson
Interprofessional Education and Collaborative Care (IPE / IPCC)

A collaborative approach to develop healthcare students as future interprofessional team members and a recommendation suggested by the Institute of Medicine.
Ideal Constructs for IPE / IPCC

Multitpronged program to educate oral health professionals, other health care professionals, CODA, consumers, and third parties about the importance of the team approach in managing patients with acute, recurrent, or chronic and orofacial pain.
SOD 4th year and Xavier University College of Pharmacy

- organizing / communicating information with patients, families, and healthcare team members in a form that is understandable
- listening actively, and encouraging ideas and opinions of other team members
- giving timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others
Welcome to an Interprofessional Education Experience for Dental and Physical Therapy Students

LSU Health NEW ORLEANS
School of Dentistry
1100 Florida Ave.
Auditorium C

October 4, 2016
12:00 – 3:00 pm
Session 1 | Clinical Application of Head, Neck, and Airway Anatomy with Dissection
Session 2 | Temporomandibular Disorders (TMD): An Evidence-Based Approach to Diagnosis and Management
Session 3 | Dentistry's Role in the Diagnosis and Management of Sleep Disorders
Session 4 | The Many Faces of Orofacial Pain: Beyond TMD
Session 5 | Patient Case Presentations and Review: An Interactive and Participatory Session
How many dentists does it take to shape the future of dentistry? It takes us all; it takes us individually, it takes us collectively, keeping the patient’s needs foremost, maintaining a clinician/ scientist perspective.”
Thank you!

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