Commission on Dental Accreditation

At its Summer 2024 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2025, for review at the Summer 2025 Commission meeting.

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link: https://surveys.ada.org/jfe/form/SV_5nJAioMq6EalSRg

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN OROFACIAL PAIN

Additions are underlined; Deletions are ~~stricken~~

STANDARD 2 – EDUCATIONAL PROGRAM

Clinical Sciences

2-11 The program **must** provide instruction and clinical training and direct patient experience in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the resident is able to:

a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;

b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;

c. Obtain informed consent;

d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities;

e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities ~~should~~ **must** include:

1. intraoral appliance therapy;
2. physical medicine modalities;
3. diagnostic/therapeutic injections, including
   a) trigger point injections,
   b) nerve blocks, and
   c) injections of the temporomandibular joint;
4. sleep-related breathing disorder intraoral appliances;
5. non-surgical management of orofacial trauma;
6. behavioral therapies beneficial to orofacial pain; and
7. pharmacotherapeutic treatment of orofacial pain including, but not limited to ~~systemic and topical~~ ~~medications~~:
   a) muscle relaxants;

b) sedative agents for chronic pain and sleep management;

c) appropriate use of opioids in management of acute and chronic pain;

d) adjuvant analgesic use of tricyclics and other antidepressants used for orofacial pain;

e) anticonvulsants, including but not limited to the management of neuropathic pain and neurovascular pain;

f) local anesthetics in management of orofacial pain;

g) anxiolytics for the management of orofacial pain;

h) analgesics and anti-inflammatories;

i) topical application of medications for management of orofacial pain

j) prophylactic and abortive medications for primary headache disorders;

k) therapeutic use of botulinum toxin injections; and

l) treatment related medication side effects that alter sleep architecture.

Intent: *This should include judicious selection of medications directed at the presumed pain mechanisms involved, as well as adjustment, monitoring, and reevaluation.*

~~*Common medications may include: muscle relaxants; sedative agents for chronic pain and sleep management; opioid use in management of chronic pain; the adjuvant analgesic use of tricyclics and other antidepressants used for chronic pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for neuropathic pain; local and systemic anesthetics in management of neuropathic pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive medications for primary headache disorders; and therapeutic use of botulinum toxin injections.*~~

In the treatment of patients, c~~C~~ommon issues may include: management of medication overuse headache; ~~medication side effects that alter sleep architecture;~~ prescription medication dependency withdrawal; referral and co-management of pain in patients addicted to prescription, non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in neuropathic pain.