Press Release: Orofacial Pain is Now the 12th ADA-Recognized Dental Specialty

Oceanville, NJ - April 24, 2020

On March 31, 2020, the American Academy of Orofacial Pain’s request to recognize orofacial pain as a dental specialty was granted by the National Commission on Recognition of Dental Specialties and Certifying Boards based on compliance with the Requirements for Recognition of Dental Specialties.

The American Academy of Orofacial Pain (AAOP), founded in 1975, is the professional membership organization representing the specialty of Orofacial Pain and is an organization of dentists and other health professionals, that is dedicated to alleviating pain and suffering through the promotion of excellence in education, research, and patient care in the field of orofacial pain and associated disorders.

Orofacial Pain (OFP) as the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face and associated regions. The specialty of OFP is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. OFP disorders include but are not limited to: temporomandibular muscle and joint (TMJ) disorders, jaw movement disorders, neuropathic and neurovascular pain disorders, headache, and sleep disorders.

The American Dental Association states that, "Dental specialties are recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards to protect the public, nurture the art and science of dentistry, and improve the quality of care. Specialties are recognized in those areas where advanced knowledge and skills are essential to maintain or restore oral health (Association policies are contained in the ADA Principles of Ethics and Code of Professional Conduct)."

AAOP President Jay Mackman stated, “The most important outcome of this decision is the relevance and impact it will have on improving care for patients with orofacial pain disorders. This has been the main driver behind AAOP pursuing Orofacial Pain as an recognized specialty. There are millions of patients with orofacial pain conditions that currently have poor access to care due to the limited number of dentists who focus their practices in this field. It is hoped that with the recognition of the Specialty in Orofacial Pain will bring expanded training and research opportunities leading to improvements in quality and access to care for these patients.”

AAOP Executive Director, Kenneth Cleveland stated, “This recognition is the culmination of many years of dedicated work by the members of AAOP. I would also recommend the recent Report of the National Academies of Science, Engineering and Medicine on Temporomandibular Disorders: Priorities for Research and Care as a source for more information on the need for additional trained professionals to treat TMD and Orofacial Pain. There is also a free webinar from the National Academies available via this link.”

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**Additional Information about the American Academy of Orofacial Pain**

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- **Fellow of the Academy Members** who are licensed dentists (DDS., DMD. or equivalent degree) who have demonstrated a minimum of five (5) years of an exceptional understanding of the treatment of temporomandibular disorders and orofacial pain through graduate or post graduate training, research or clinical experience, or graduated from an advanced university-based orofacial pain program that is equivalent to at least a 2-year full-time program that is now CODA accredited, and have passed the American Board of Orofacial Pain Certification Examination*.

- **Active Members** who are licensed dentists (DDS, DMD or equivalent degree) in good standing within the state or country within which they practice.

- **Affiliate Members** who are licensed physicians (MD or DO or equivalent degree) or be a non-dental or non-physician allied health care professional or researcher in good standing within the state or country within which they practice.

For more information on the AAOP please visit [www.aaop.org](http://www.aaop.org)

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* The American Board of Orofacial Pain (ABOP) is a separate and distinct organization from the AAOP. The AAOP is a membership organization and the sponsoring specialty organization for orofacial pain while the ABOP is the organization that administers the certification board exam in orofacial pain and certifies those who pass the exam as Diplomates. The AAOP and ABOP are allied organizations. The AAOP endorses the ABOP Board Exam and encourages its members to take the exam and become Fellows of the AAOP. The ABOP endorses the Continuing Education provided at AAOP’s annual Scientific meeting and encourages all diplomates to join the AAOP.

Each states’ jurisdictional licensing authority (state dental boards/commissions) holds the legal authority for recognizing and standardizing the requirements for specialty declarations in their respective states/provinces etc. and we encourage you to be familiar with all of the legal requirements stipulated by your licensing authority. This may at times be initially confusing but Individual States have the prerogative to determine which disciplines of dentistry they regard as specialty. Many state dental boards refer to the ADA recognized specialties and/or National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) recognized specialties as the state recognized dental specialties. There are several states that reference the American Board of Dental Specialties (ABDS) recognized certifying boards. There are also states the do not limit specialty to the specialties recognized by the ADA/NCRDSCB or ABDS. In general with regard to the states that recognize or refer to the ADA/NCRDSCB recognized specialties, individuals may call and advertise themselves as specialists if the individual has graduated from an CODA accredited orofacial pain program or has completed an orofacial pain training program that is now accredited or are a diplomate of the certifying board. **It is the responsibility of the individual professional to check with their state regulatory body.**