



Commission on Dental Accreditation

Advanced Dental Education

Proposed Revisions to Accreditation Standards for Orofacial Pain

At its Winter 2026 meeting, CODA 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, 2026, for review at the Summer 2026 CODA meeting.

Written comments will only be accepted through the CODA's Electronic Comment Submission Portal:

https://surveys.ada.org/jfe/form/SV_ehqpjQ5m2uAYkTP.

Additions are underlined;

~~Strikethroughs~~ indicate deletions

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

3
4 Additions are underlined; Deletions are ~~stricken~~

5
6 **STANDARD 2 – EDUCATIONAL PROGRAM**

7
8 **Clinical Sciences**

9
10 **2-11** The program **must** provide instruction and clinical training and direct patient experience in
11 multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of
12 the program the resident is able to:

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14 a. Develop an appropriate treatment plan addressing each diagnostic component on the
15 problem list with consideration of cost/risk benefits;
- 16 b. Incorporate risk assessment of psychosocial and medical factors into the development of the
17 individualized plan of care;
- 18 c. Obtain informed consent;
- 19 d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the
20 patient's treatment responsibilities;
- 21 e. Have primary responsibility for the management of a broad spectrum of orofacial pain
22 patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated
23 services. Responsibilities ~~should~~ **must** include performance of:
- 24 1. intraoral appliance therapy;
- 25 2. physical medicine modalities;
- 26 3. diagnostic/therapeutic injections, including
- 27 a) trigger point injections,
- 28 b) nerve blocks, and
- 29 c) injections of the temporomandibular joint;
- 30 4. sleep-related breathing disorder intraoral appliances;
- 31 5. non-surgical management of orofacial trauma;
- 32 6. behavioral therapies beneficial to orofacial pain; and
- 33 7. pharmacotherapeutic treatment of orofacial pain including, but not limited to the
34 following, if clinically indicated ~~systemic and topical medications~~:
- 35 a) muscle relaxants;
- 36 b) sedative agents for chronic pain and sleep management;
- 37 c) appropriate use of opioids in management of acute and chronic pain;
- 38 d) adjuvant analgesic use of tricyclics and other antidepressants used for orofacial
39 pain;
- 40 e) anticonvulsants, including but not limited to the management of neuropathic pain
41 and neurovascular pain;
- 42 f) anxiolytics for the management of orofacial pain;
- 43 g) analgesics and anti-inflammatories;
- 44 h) topical application of medications for management of orofacial pain
- 45 i) prophylactic and abortive medications for primary headache disorders;

1 j) therapeutic use of botulinum toxin injections; and

2 k) treatment related medication side effects that alter sleep architecture.

3
4 **Intent:** This should include judicious selection of medications directed at the presumed pain
5 mechanisms involved, as well as adjustment, monitoring, and reevaluation.

6
7 ~~Common medications may include: muscle relaxants; sedative agents for chronic pain and sleep~~
8 ~~management; opioid use in management of chronic pain; the adjuvant analgesic use of tricyclics~~
9 ~~and other antidepressants used for chronic pain; anticonvulsants, membrane stabilizers, and~~
10 ~~sodium channel blockers for neuropathic pain; local and systemic anesthetics in management of~~
11 ~~neuropathic pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive~~
12 ~~medications for primary headache disorders; and therapeutic use of botulinum toxin injections.~~

13
14 In the treatment of patients, ~~c~~Common issues may include: management of medication overuse
15 headache; ~~medication side effects that alter sleep architecture;~~ prescription medication
16 dependency withdrawal; referral and co-management of pain in patients addicted to prescription,
17 non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in
18 neuropathic pain.