

Background

At its Winter 2015 meeting, CODA directed that each Review Committee (RC) review a draft of its discipline-specific Annual Survey Curriculum Section (ASCS) during the Winter meeting in the year the survey will be distributed. CODA further suggested that each RC review aggregate data of its discipline-specific ASCS, as an informational report, when the materials are available following data collection and analysis. CODA noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted for orofacial pain programs in alternate years. The next Curriculum Section will be conducted in August/September 2026. The draft Curriculum Section is provided in **Appendix 1**.

Summary

The RC on Orofacial Pain Education is requested to review the draft Curriculum Section for its specific discipline(**Appendix 1**).

Recommendation:

Prepared by: Taylor Weast, manager, Advanced Dental Education

Part II - Orofacial Pain Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. A majority of the total program time must be devoted to providing orofacial pain patient services, including direct patient care and clinical rotation. What percentage of time did residents who completed the program in 2024 spend in each of the following areas during the two-year residency program?

Column must add up to 100%. Do not enter percent signs.

	Percentage of Total Time
a. Didactics: conferences/seminars	<input type="text"/> %
b. Clinical activities: orofacial pain	<input type="text"/> %
c. Clinical activities: other (please specify) <input type="text"/>	<input type="text"/> %
d. Rotations/assignments to other services	<input type="text"/> %
e. Teaching	<input type="text"/> %
f. Research	<input type="text"/> %
g. Other, please specify <input type="text"/>	<input type="text"/> %
Total	<input type="text"/> %

22. Formal instruction must be provided in each of the following biomedical sciences areas. Please indicate the number of clock hours residents spend in formal courses, lectures, and seminars receiving instruction in the following subject areas during the two-year residency program.

If none, enter 0.

Total Clock Hours

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| a. Gross and functional anatomy and physiology including the musculoskeletal and articular systems of the orofacial, cranio/orofacial, and cervical structures | <input type="text"/> |
| b. Growth, development, and aging of the masticatory system | <input type="text"/> |
| c. Head and neck pathology and pathophysiology with an emphasis on pain | <input type="text"/> |
| d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures | <input type="text"/> |
| e. Sleep physiology and dysfunction | <input type="text"/> |
| f. Oromotor disorders including dystonias, dyskinesias, and bruxism | <input type="text"/> |
| g. Epidemiology of orofacial pain disorders | <input type="text"/> |
| h. Pharmacology and pharmacotherapeutics | <input type="text"/> |
| i. Principles of biostatistics, research design and methodology, scientific writing, and critique of literature | <input type="text"/> |

Use this space to enter comments or clarifications for your answers for Questions 21-22.

Part II - Orofacial Pain Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

23. The program must provide a foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain. Please indicate the method(s) of instruction and the number of clock hours residents spend receiving instruction in the following subject areas during the two-year residency program. (Standard 2-6)

If none, enter 0.

	Method of Instruction			Total Clock Hours
	Courses	Lectures	Seminars	
a. The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Mechanisms associated with pain referral to and from the orofacial region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Pain classification systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Psychoneuroimmunology and its relation to chronic pain syndromes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f. Primary and secondary headache mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g. Pain of odontogenic origin and pain that mimics odontogenic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h. The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

24. Formal instruction must be provided in each of the following behavioral sciences areas as it relates to orofacial pain disorders and pain behavior.

Please indicate the number of clock hours residents spend in formal courses, lectures and seminars receiving instruction in the following subject areas during the two-year residency program. (Standard 2-7)

If none, enter 0.

Total Clock
Hours

a. Cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors

b. The recognition of pain behavior and secondary gain behavior

c. Psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain disorders

d. Conducting and applying the results of psychometric tests

25. The program must provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders.

Please indicate the number of clock hours the residents spend in didactic instruction and clinical training addressing the following areas during the two-year residency program. (Standard 2-9)

Clinical
clock
hours

Didactic
clock
hours

a. Conduct a comprehensive pain history interview

b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and psychosocial histories and clinical evaluation to determine their relationship to the patient's orofacial pain and/or sleep disorder complaints

c. Perform clinical examinations and tests and interpret the significance of the data

d. Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral

e. Establish a differential diagnosis and a prioritized problem list

Use this space to enter comments or clarifications for your answers for Questions 23-25.

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Part II - Orofacial Pain Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

26. The program must provide instruction and clinical training in multidisciplinary pain management for the orofacial pain patient. Please indicate the number of clock hours the residents spend in didactic instruction and clinical training addressing the following areas during the two-year residency program. (Standard 2-10)

	Clinical clock hours	Didactic clock hours
a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits	<input type="text"/>	<input type="text"/>
b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care	<input type="text"/>	<input type="text"/>
c. Obtain informed consent	<input type="text"/>	<input type="text"/>
d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities	<input type="text"/>	<input type="text"/>
e. Intraoral appliance therapy	<input type="text"/>	<input type="text"/>
f. Physical medicine modalities	<input type="text"/>	<input type="text"/>
g. Sleep-related breathing disorder intraoral appliances	<input type="text"/>	<input type="text"/>
h. Non-surgical management of orofacial trauma	<input type="text"/>	<input type="text"/>
i. Behavioral therapies beneficial to orofacial pain	<input type="text"/>	<input type="text"/>
j. Pharmacotherapeutic treatment of orofacial pain including systemic and topical medications and diagnostic/therapeutic injections	<input type="text"/>	<input type="text"/>

27. Residents must participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period). Please indicate the clinical rotations/assignment, length in weeks and number of hours per week where the residents gain clinical experiences in other healthcare services during the two-year residency program. (Standard 2-11)

	Number of weeks	Hours per week
a. Oral and maxillofacial surgery (to include procedures for intracapsular TMJ disorders)	<input type="text"/>	<input type="text"/>
b. Outpatient anesthesia pain	<input type="text"/>	<input type="text"/>
c. In-patient pain	<input type="text"/>	<input type="text"/>
d. Rheumatology	<input type="text"/>	<input type="text"/>
e. Neurology	<input type="text"/>	<input type="text"/>
f. Oncology	<input type="text"/>	<input type="text"/>
g. Otolaryngology	<input type="text"/>	<input type="text"/>
h. Rehabilitation medicine	<input type="text"/>	<input type="text"/>
i. Headache	<input type="text"/>	<input type="text"/>
j. Radiology	<input type="text"/>	<input type="text"/>
k. Oral medicine	<input type="text"/>	<input type="text"/>
l. Sleep disorder clinic	<input type="text"/>	<input type="text"/>
m. Other, please specify <input type="text"/>	<input type="text"/>	<input type="text"/>
n. Other, please specify <input type="text"/>	<input type="text"/>	<input type="text"/>
o. Other, please specify <input type="text"/>	<input type="text"/>	<input type="text"/>
p. Other, please specify <input type="text"/>	<input type="text"/>	<input type="text"/>

28. If applicable, please indicate the number of hours residents participate in teaching orofacial pain during the two-year residency program.

Use this space to enter comments or clarifications for your answers for Questions 26-28.

Background

Through New Business at its Winter 2024 meeting, the Review Committee on Orofacial Pain Education (OFP RC) discussed concerns received anecdotally that baseline skills possessed by residents entering orofacial pain programs may be lacking. The OFP RC learned that, upon entering a program, all orofacial pain residents may not be competent in the baseline skills required for adequately and safely treating all orofacial pain conditions, procedures, and techniques. Additionally, it was believed these skills are not consistently being taught in CODA-accredited programs. Since orofacial pain is one of the newest dental education disciplines accredited by the Commission, the identification of such deficiencies and the need for additional curriculum requirements, and ultimately revision to Accreditation Standards, has been a dynamic process as accredited programs have matured and developed.

The OFP RC believed that an in-depth study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain was warranted to identify areas of baseline clinical training that may require modification or addition, to ensure these areas are included in all programs' curricula and that graduates are consistently and sufficiently trained upon completion of the program. Therefore, the OFP RC concluded further study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain was warranted. Further, the OFP RC believed the study and consideration of possible Accreditation Standards revisions should be conducted with a report to the Summer 2024 meeting of the Commission.

At its Winter 2024 meeting, the Commission considered the recommendation of the OFP RC and directed the Review Committee on Orofacial Pain Education to meet prior to the Summer 2024 meetings for further discussion and consideration of possible revision to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, particularly related to the baseline competencies for the discipline, with a report to the Summer 2024 meeting of the Commission.

Summer 2024 CODA Meetings: At its Summer 2024 meeting, the OFP RC considered the report of the May 13, 2024 meeting of the OFP RC and proposed revisions to Standard 2-11 (Clinical Sciences) of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC identified additional areas within the proposed revisions to Standard 2-11 that warrant revision to further clarify and ensure consistency throughout the language of Standard 2-11. Following discussion, the OFP RC concluded that the proposed revisions should be circulated to the communities of interest for a period of one (1) year to allow programs adequate time to provide comment on the proposed changes and ensure compliance with the revisions should the revisions be adopted by CODA at a later date.

At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendation of the OFP RC and directed circulation of the proposed revisions to Standard 2-11 (Clinical Sciences) of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the October 2024 American Dental Association Annual Meeting, March 2025 American Dental Education Association Annual Session, and 2025 American Academy of Orofacial Pain Annual Meeting, with comments reviewed by the Review Committee and Commission at the Summer 2025 meetings.

Summer 2025 OFP RC Meeting: At its Summer 2025 meeting, the Review Committee on Orofacial Pain Education considered the proposed revision to Standard 2-11 (Clinical Sciences).

The Review Committee (RC) noted that following circulation of Standard 2-11 (Clinical Sciences), no (0) comments were received at the CODA's October 2024 virtual Hearing on Standards. Further, CODA received one (1) comment at the CODA's March 2025 virtual Hearing on Standards and six (6) comments at the virtual Hearing in conjunction with the 2025 AAOP meeting. CODA received nine (9) written comments prior to the June 1, 2025 deadline.

The OFP RC reviewed the verbal and written comments and noted some are opposed to the proposed revisions as written. Comments that do not favor the proposed revisions note they are overly prescriptive. In addition, some comments note a concern that the proposed revisions may lead to overtreatment of the patient to meet Standards rather than treatment that is in the best interest of the patient. Other comments support the required procedures but believe language should be added to emphasize that procedures be performed only when clinically indicated.

Following review of the comments and further discussion, the OFP RC determined additional revisions to Standard 2-11 (Clinical Sciences) are warranted and recommended the proposed revisions be circulated to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Meeting, with comments reviewed by the RC and CODA at the Winter 2026 meetings. At its Summer 2025 meeting, CODA concurred with the OFP RC recommendation and directed circulation of the proposed revisions to Standard 2-11, Clinical Sciences, of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the October 2025 ADA Annual Meeting, with comments reviewed by the RC and CODA at the Winter 2026 meetings.

Winter 2026 OFP RC Meeting: Following circulation of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, CODA received one (1) comment at CODA's October 2025 virtual Hearing on Standards (**Appendix 2**). CODA received two (2) written comments prior to the December 1, 2025 deadline (**Appendix 3**).

Summary

At this meeting, the OFP RC and CODA are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1**) and all comments received prior to the December 1, 2025 deadline (**Appendix 2**). If further revisions are warranted, CODA may wish to circulate the modified revisions to the communities of interest for an additional comment period. Alternatively, if the proposed revisions are adopted, CODA may wish to consider an implementation date.

Recommendation:

Prepared by: Taylor Weast, manager, Advanced Dental Education



1701: Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

Appendix 1

OFP RC

Commission on Dental Accreditation (CODA) Winter 2026

Commission on Dental Accreditation

At its Summer 2025 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 December 1, 2025, for review at the Winter 2026 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_ehqpjQ5m2uAYkTP

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

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:

- 13
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.

COMMISSION ON DENTAL ACCREDITATION (CODA)

REVIEW COMMITTEE FOR OROFACIAL PAIN EDUCATION PROGRAMS

**Table of Contents of Comments on the Proposed Revisions to the Accreditation
Standards for Orofacial Pain Education Programs**

Comments Received at the CODA Hearing on October 2, 2025		
Date of Comment	Commentor Name	Link to Comment
10/2/2025	Heidi Crow	Page 2

Appendix 7 OFP

Name	Affiliation	Comment
Heidi Crow	Univ at Buffalo, Roswell Cancer center	<p>Standard 2-11e</p> <p>Line 24 – must statement. Management of a broad spectrum of patients; implies that the procedures must be performed on patients and does not allow for simulation. Possibility of over treatment.</p> <p>Pharmacotherapy – difficult if not impossible to ensure that residents perform the 11 medications.</p> <p>Propose that standard remain unchanged; use should instead of must; or adjust line 24 to</p> <p>Responsibilities must include performance of or experiences in the following</p> <p>Divide standard 2-11e into subparts</p>

COMMISSION ON DENTAL ACCREDITATION (CODA)

REVIEW COMMITTEE FOR OROFACIAL PAIN EDUCATION PROGRAMS

**Table of Contents of Comments on the Proposed Revisions to the Accreditation
Standards for Orofacial Pain Education Programs**

Comments Received through the CODA Portal by the December 1, 2025 deadline		
Date of Comment	Commentor Name	Link to Comment
11/30/2025	Annette Puzan	Page 2
10/2/2025	Heidi Crow	Page 4

From: [CODA](#)
To: [REDACTED]
Cc: [Weast, Taylor](#)
Subject: CODA Comment on Proposed Standards Receipt Confirmation
Date: Saturday, November 29, 2025 10:43:00 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

[Download as PDF](#)

**URL to view
Results**

[\[Click Here\]](#)

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	[REDACTED]
Title	Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Council on Dental Education and Licensure

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs
in Orofacial Pain, Standard 2-11

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. Paul A. Shadid, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, via a November 2025 electronic ballot, the Council considered and supported the proposed revisions to Standard 2-11 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain.

The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.
-

From: [CODA](#)
To: [REDACTED]
Cc: [Weast, Taylor](#)
Subject: CODA Comment on Proposed Standards Receipt Confirmation
Date: Thursday, October 2, 2025 4:35:14 PM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Results**

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Response Summary:

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The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Heidi
Last Name	Crow
Email	[REDACTED]
Title	Dr.

Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 2-11e

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

Comments regarding consideration of proposed revisions to the accreditation standards for advanced dental education programs in Orofacial Pain

Submitted: Heidi Crow, Buffalo NY, University at Buffalo & Roswell Park Comprehensive Cancer Center.

Date: October 2, 2025

I am speaking as an individual, a current faculty member and past program director of an accredited Orofacial Pain (OFP) program, as well as past site visitor for OFP programs. In addition, I was the Commissioner during the approval to grant OFP programs accreditation and chaired the group that developed the first OFP standards.

I previously submitted comments and spoke at the Open Hearing in March 2025. I will not repeat those comments but will reiterate that I strongly support my previous recommendations. In addition, however, I would like to comment further on the proposed changes to Standard 2-11e.

First, if the standard becomes a “must” statement (line 24), my concern is that the standard specifies “management of a broad spectrum of OFP patients in a multidisciplinary OFP clinic setting or interdisciplinary associated services. Responsibilities must include performance of:” followed by the list of procedures. This implies that the procedures must be performed on patients and does not allow for simulation exercises should there not be an appropriate patient population within the institution’s OFP clinic for a particular procedure. As such, the potential for overtreatment within the OFP clinic is significant so that the program will not receive a

recommendation.

Secondly, regarding the pharmacotherapeutic treatments listed in 2-11e.7: the proposed changes to the standard state that the medications are “not limited to the following, if clinically indicated” followed by a list of 11 specific pharmaceutical agents. Fortunately for our OFP patients, many of the listed agents are not clinically indicated, or they may already have been prescribed by other health care providers. It will be difficult, if not impossible, for all currently accredited OFP programs to ensure that each of their residents “performed” all of these eleven “clinically indicated” pharmacotherapeutic treatments on patients within the OFP clinic. I am proposing instead one of the following:

- 1) the standard remain unchanged; or
- 2) the word “should” is retained instead of the word “must” on page 1 line 24; or
- 3) that the sentence on line 24 read “Responsibilities must include performance of or experiences in the following”; or
- 4) that the standard be subdivided into 2 components.
 - Standard 2-11e. can retain the terms “must include performance of” and list items 1.) intraoral appliance therapy, 2) physical medicine modalities, 4) sleep related breathing disorder intraoral appliances, 5) nonsurgical management of orofacial trauma, and 6) behavioral therapies beneficial to OFP.
 - Standard 2-11f. could state that the program must provide training to ensure that upon completion of the program, the resident is able to manage a) “diagnostic/therapeutic injections, including trigger point injections, nerve blocks, and injections of the temporomandibular joint; and b) pharmacotherapeutic treatment of orofacial pain including, but not limited to the following, if clinically indicated” with the subsequent list of 11 medications.

Thank you for allowing me to express these concerns and provide alternative recommendations to the Commission.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.
-