

PRIMARY SOURCE DOCUMENT

Public Comment Period — AAOP Application for Orofacial Pain Specialty Recognition

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## Letter of Opposition to AAOP Application for Specialty Recognition

Submitted by Jay B. Terrell, DDS — Dallas, Texas

October 17, 2019

Ms. Catherine Baumann, Director  
National Commission on Recognition  
Of Dental Specialties and Certifying Boards  
Chicago, IL 60611

Dear Ms. Baumann,

My name is Jay B. Terrell, DDS. I am writing you in protest of the American Academy of Orofacial Pain becoming a specialty designation in TMD/orofacial pain. They do not meet the ADA requirements for such a designation. TMD is a complex disorder. The AAOP's biopsychosocial concept of treatment is just one of many different treatment modalities. By granting this organization specialty status, many patients would suffer from the consequences. One shoe does not fit all.

**They do not meet the first requirement** because the applicant organization is NOT representative of the consensus of dentists currently treating TMD/orofacial pain. The AAOP has not shown the interest, nor the ability to unify various approaches to TMD treatment. The AAOP represents a small minority of TMD/Orofacial Pain treating dentists and is not reflective of the membership of many associations who consider the role of occlusion in the diagnosis and treatment of Orofacial Pain and TMD patients.

**They do not meet the second requirement** because while treatment of TMD/orofacial pain is beyond the scope of a traditional dental school curriculum, the training required does NOT require unique knowledge and is anything but well defined.

**They do not meet the third requirement** because clearly treatment can be provided by a combination of well-trained general dentists and specialists.

**They do not meet the fourth requirement** because the model of treatment being proposed by Dr. Fricton and the AAOP does NOT present reliable statistical evidence/studies for their model (Biopsychosocial) methods of treatment.

**They do not meet the fifth requirement** because while the biopsychosocial model clearly can clinically benefit patients, I believe it would have the effect of severely limiting patient care by curtailing the practice of many skilled practitioners who do NOT ascribe their philosophy.

**They do not meet the sixth requirement** because while the need for a two year advanced study curriculum might deserve praise, there simply is NOT a generally accepted and specific treatment modality that is universally accepted by most practitioners.

I strongly oppose this application. It has the strong potential to limit my ability to use my very effective treatment methods for my appreciative patients.

Thank you for your consideration.

Sincerely,

**Jay B. Terrell, DDS**

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*Letter shared with the Occlusion Connections Study Club Forum on October 17, 2019 at 1:07 PM UTC, documenting Dr. Terrell's submission to the National Commission on Recognition of Dental Specialties and Certifying Boards. Reproduced verbatim for archival preservation.*