Greetings:

We have much to be grateful for this year. The big news is that Dean Assael awarded the University of Minnesota TMD and Orofacial Pain Division a new tenure-track/tenure position. This faculty position offers us a fantastic opportunity to complement and expand our current clinical and research focuses. We hope to have someone in this position by the end of the fiscal year.

The Orofacial Pain graduate program continues to thrive under Dr. Don Nixdorf’s guidance with assistance from Dr. Mariona Mulet. This year we completed our Orofacial Pain CODA application, had a site visit in October with no recommendations, and now are fully accredited. Dr. Nixdorf’s leadership on this endeavor was essential. Our residents continue to have an excellent educational experience in our TMD, Orofacial Pain and Dental Sleep Medicine Clinic diagnosing and managing patients with diverse orofacial pain and sleep disorders. The residents continue to be exposed to a Team approach for management of many TMD and orofacial pain patients. Beyond the dental faculty, the Team is greatly enhanced by the expertise offered by Dr. Leesa Morrow, the health psychologist, and physical therapists, Karen Decker and Patti Weber. The addition of Dr. Kaimal to our part-time faculty, and Drs. Cory Herman and Gary Anderson’s continuous involvement, allows for excellent coverage for our patients and a diverse clinical experience for the residents.

This spring we were well represented at the 37th Scientific Meeting of the American Academy of Orofacial Pain (AAOP). Dr. Ed Wright, a graduate of the Orofacial Pain program, was the president of the AAOP, and Dr. Brad Rindal from Health Partners, who collaborates with us extensively, was the program chairman. Among the featured speakers from Minnesota were Dr. James Fricton, Dr. Mark Weisberg, Dr. Al Clavel, and Karen Decker PT, who presented the clinical application of evidence-based research with an emphasis on a Team approach for management of our TMD and orofacial pain patients. These series of talks provided an integrated approach utilizing the expertise and insight from dentistry, psychology, physical therapy and neurology. Dr. Don Nixdorf presented findings from his ongoing National Dental Practice-Based Research Network (NDPBRN) studies pertaining to persistent pain after endodontic treatment. I presented two talks: presentation of the new Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) for clinical and research use. The dual Axis DC/TMD will be coming out in the Journal of Orofacial Pain early next year. In my second talk, I presented a systematic review regarding the effectiveness of medical management, comprehensive rehabilitation using a Team-approach and different TMJ surgical interventions. Our residents each prepared a poster, and Dr. Catalina Morarasu facilitated a TMD course for dental assistants. Dr. Fricton was honored with the AAOP life-time achievement award.

(continued on next page)
We also enjoyed our annual dinner with our Minnesota colleagues and alumni who came from as far away as Thailand to attend the conference. This collegiate event was highlighted by an honorary dinner for Kathy Olson and Mary Brazil who have been with our clinic since its onset thirty years ago. Past and present residents expressed appreciation for their support during their residency. Personally speaking, this was one of the best AAOP meetings I have ever attended.

Drs. Mike John and I continue to have substantial funding from NIH/NIDCR. Dr. John’s multi-site research project focuses on a population-based assessment of oral health-related quality of life (OHRQoL). This research is designed to develop precise OHRQoL measures to define the effects of various oral interventions. Using these concepts in the future will aid dentists and patients in their assessment of treatment alternatives. I am completing a 9-year multi-site longitudinal study assessing the impact of TMJ intra-articular disorders on the patient-reported outcomes (PROs) of jaw pain, jaw function and disability. We are collaborating with the University of Washington and University of Buffalo. To assess for intra-articular disorders, we are comparing baseline and follow-up TMJ MRIs and CTs on 400 subjects. The outcomes of this study will allow us a better understanding of the contribution that different stages of disc displacement and degenerative joint disease have on these PROs. The outcomes will provide a basis for developing guidelines for the use of TMJ MRI and CTs. Dr. Nixdorf and I are teaming up with the NDPBRN to do two longitudinal studies to determine the outcomes and predictors of outcome, for persistent pain after endodontic treatment and after TMD treatments, respectively. Finally, Dr. John will be submitting a grant application for a dental assessment component to a large multi-site longitudinal study called Coronary Artery Risk Development in Young Adults (CARDIA), assessing how oral health impacts patient’s general health. Adding oral health to major epidemiological studies such as CARDIA will link us further with medicine.

I am so grateful to the many people who contribute to the success of our division’s diverse activities. It is a pleasure – and honor – to be a part of this productive, compassionate and intellectually stimulating group. It is wonderful to look back over the year and see so much excellent patient care, scholarly activity, great interactions, and substantial contributions to the area of TMD and orofacial pain. More importantly, the bottom-line is that what we do, I believe, contributes significantly to our understanding regarding the management of the patients to whom we serve.

Sincerely,

Eric Schiffman, DDS, MS

Pathamas Chantaracherd, DDS, was honored with the 2013 Resident’s Scholarship Program award for her poster and abstract presentation at the 37th Scientific Meeting of the American Academy of Orofacial Pain. Dr. Chantaracherd has completed her clinical training in the Orofacial Pain Program and plans to defend her thesis in October 2013.

University of Minnesota alumni, faculty, staff, residents and colleagues who attended the 2013 annual meeting of the American Academy of Orofacial Pain in Florida.

First row down in front (left to right): Karen Decker; Drs. Atinuch Ladpli and Pathamas Chantaracherd; Mary Brazil; Drs. Shanti Kaimal, and Hina Mittal. Second row: Drs. James Fricton, Joao Ferreira, Ksenija Rener Sitar, Barbara Fonseca, Antonio Romero Garcia, Daniel Tykla, Maureen Lang, and Rodolfo Acosta Ortiz; Kathy Olson; Drs. Catalina Morarasu, Curt Bergey, Dennis Haley, Eric Schiffman, Mariona Mulet, Gary Anderson, and Donald Nixdorf.
Featured Alumnus

Cory Herman, D.D.S., M.S. To continue our series spotlighting past residents, Karen Decker interviewed Dr. Herman. He completed his dental education at the University Of Minnesota School Of Dentistry and subsequently, completed the TMD/Orofacial Pain residency with an MS in Dentistry. He is a Fellow of the American Academy of Orofacial Pain, Diplomate of the American Board of Orofacial Pain and Clinical Assistant Professor in the Department of Diagnostic and Biological Sciences at the University Of Minnesota School Of Dentistry. He is a part-time educator in the Orofacial Pain Program.

KD - Reflect on the reasons why you chose the program. What interested you in the field of TMD?

CH - As a dental student I enjoyed the technical aspects of dentistry. However, I knew early on that I wanted to do something beyond conventional/restorative general dentistry. I had an early interest in TMD and occlusion thanks to courses directed by Dr. Gary Anderson. What pushed me to explore TMD/orofacial pain as a graduate program were 2 experiences I had as a young dentist. I recall vividly a patient I struggled to treat with persistent tooth pain, and a second patient who was both anxious and depressed and came to me with a chronic complaint of limited mouth opening. The faculty dentists, who were overseeing their care, were very good and respected dentists. However, they clearly lacked the education, knowledge or understanding to properly manage these problems. This opened my eyes to the lack of “experts” in the field.

KD - How did the University of Minnesota program prepare you for your calling? What are the strengths of the program?

CH - The University of Minnesota TMD and Orofacial Pain residency program gave me the foundation necessary to continue my education. In the residency program we are lucky enough to have multiple faculty providers with unique interests and clinical approaches to pain management. This really helps a resident to see that there are many appropriate ways to treat orofacial pains. Weekly journal club and seminar with the faculty taught how to properly assess the literature. This prepared me to incorporate evidence based care into my practice philosophy. With rotations in the relevant medical specialties residents are able to gain a broader understanding of the medical complexities of pain management and implications in the head, neck and oral regions.

KD - Can you recall a class, a mentor, a specific case that provided you with the realization that you had selected the right educational opportunity?

CH - As I reflect on the residency, I feel the program had the right combination of clinical experiences, didactic course work, exposure to other disciplines, and exposure to research. This made for an intellectually stimulating and challenging two years that prepared me for a successful career as both clinician and educator. Guided by the research expertise of Eric Schiffman, Jim Fricton, and John Look, I was able to design, implement, and complete a clinical comparative medication trial. My research endeavor was both a daunting task and a major accomplishment. The process included multiple applications to the IRB, subject recruitment, calibration, statistical analysis, and finally, writing the manuscript for publication. To this day, I still reference the results from my study to inform patients.

KD - Was the course work stringent and demanding or was it the clinical demands that provided you the skill needed for clinical practice?

CH - In my opinion, what the program does best is prepare the residents for a successful career in TMD and orofacial pain; be it as a researcher or clinician. Upon completion of the program I was certain that I had the foundational education for my new profession. Little did I realize how much more I would be reviewing the literature, studying, and learning throughout my career. The message I try to give the incoming residents is that ‘you will get out of the program what you put into it’. It’s easy to sail through the program, complete the courses and do a simple research project. This will not prepare a dentist for what is to come. (continued on next page)
Clinical training prepared me for a patient population that can often be complex. Far too frequently patients have systemic health concerns and distress that can be a barrier to traditional medical treatments. I was fortunate to train under TMD faculty who guided me to formulate my own treatment philosophy and perspective. Now in my clinical practice and when I guide and teach residents, I emphasize self-management, self-regulation, education and mind-body principles of pain management. To help our current residents begin to formulate their own treatment philosophies I frequently have discussions highlighting my approach to pain management and the different ways that others might approach similar situations.

KD - What about your clinical teaching within the University of Minnesota Orofacial Pain program?

CH - As an attempt to help the residents gauge their own knowledge, prepare them for the American Board of Orofacial Pain (ABOP) Board examination and prepare them for clinical practice, we developed and implemented a mock Board examination. Each year the residents, and on occasion non-residents, will take both a written and oral case-based examination resembling that of the ABOP examination. By going through the experience of mock boards, it’s my hopes that our residents are adequately prepared for success if they choose to sit for the ABOP examination. In the past few years I’ve tried to use technology and the power of the internet to continue education outside of the clinic, keep in touch with graduate residents, and to the best I can offer to be a mentor. In the past the residents have come to expect an occasional “online” case discussion. More recently I’ve created a University of Minnesota TMD and orofacial pain Google + “community”. Although in its infancy, my goal is to keep the TMD graduates involved with learning and offer a place for them to bounce ideas and discuss cases. My hope is that by including the graduates into discussions with the current residents I can create an ongoing educational experience for the residents as well. Exposing the current residents to cases and dilemmas that our graduates struggle with is a powerful experience that cannot be taught in the classroom or in the clinic. I hope that this is a project that the residents will see as valuable and continue to grow.

KD - What opportunities have you experienced since your graduation? How have you grown as a clinician?

CH - Beyond the residency, either by design or luck, I’ve surrounded myself with people smarter and more experienced than me. Coming out of the program I joined a private practice shared by my mentors and instructors. I can’t tell you how helpful this is. In addition to my University colleagues I collaborate with people like Dennis Haley DDS, Alfred Clavel Jr. MD and Mark Weisberg PhD, ABPP. We discuss cases, barriers to care, and expected outcomes. I realize that this is a unique opportunity that most of our residents won’t necessarily have. These types of experiences keep me actively involved with the residency program with the hope that I can be a mentor to our graduate residents.

What keeps me interested in the field of TMD/Orofacial pain and dental sleep medicine is that they transcend both dentistry and medicine. Working with our patient population is both satisfying and rewarding. I have to conclude by saying how grateful I am that the faculty of the TMD and Orofacial Pain Division took a chance on a young, uneducated and wet behind the ears’ applicant. Fifteen years ago I had no idea that I would be where I’m at now. I consider myself fortunate to be a continued part of the University of Minnesota TMD, Orofacial Pain and Dental Sleep Medicine Clinic as well as a private multispecialty head and neck pain practice.

Beyond the Residency

Dr. Fonseca (pictured on right) is the first resident to run the Twin Cities Marathon. On that October 2012 morning, Dr. Fonseca laced up her running shoes and jogged along the beautiful 26-mile course to finish at the Minnesota State Capitol in St. Paul. Dr. Fonseca also teamed up with Dr. Kapos (pictured on left) to compete in the Loppet Foundation Off-road Triathlon. The race included running, biking and kayaking. More recently, they collected a total of $600 in donations for the Salvation Army to compete in the Minneapolis Aquatennial’s Most Amazing Race in July. In August, they enjoyed paddling down the beautiful St. Croix River. What’s next?
Many of the psychotropic medicines have oral parafunctional side-effects. Though there is little peer-reviewed research investigating the oral side-effect profile of the antidepressants, we are seeing a clear clinical pattern of antidepressant induced, or exacerbated, clenching and bruxism. Prozac (fluoxetine), Zoloft (sertraline), Effexor (venlafaxine), and Wellbutrin (bupropion) seem to pose the greatest risk.

In addition, medications used to treat ADHD are known culprits for inducing oral parafunctional bruxism. Patients often have a therapeutic response to a specific antidepressant that they do not have with other antidepressants. Thus, the dentist is sometimes confronted with the task of protecting teeth when an antidepressant has proved helpful for a patient. Physical Therapy may also be beneficial. In cases where the medication is managed by primary care medicine, referral to psychology can be helpful. The psychologist can investigate whether use of the medicine remains necessary and open a dialogue with the prescribing physician regarding the patient’s needs. Sometimes the addition of psychotherapy to reduce overall stress levels can assist the patient in reducing clenching, even in cases where the clenching results from a medication side-effect.

He is the author of four books and over 200 scientific papers and abstracts. The four books are: TMJ and Craniofacial Pain: Diagnosis and Management written with Drs. Richard Kroening and Kate Hathaway, Advances in Temporomandibular Disorders and Orofacial Pain with Dr. Ronald Duber based on the 1993 National Institute of Dental and Craniofacial Research (NIDCR)-funded AAOP meeting, and Myofascial Pain and Fibromyalgia with Dr. Essam Awad based on the first international meeting on Myofascial Pain and Fibromyalgia. His most recent book, The Last Scroll, was written as a self-help book for patients and health professionals.

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Clinical Perspective
from Dr. Leesa Morrow PhD, JD, LP

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University of Minnesota Orofacial Pain Advanced Training Program Earns CODA Accreditation

In our last newsletter, we reported that the faculty of the TMD and Orofacial Pain Division, under the leadership of Drs. Nixdorf and Mulet, completed a comprehensive evaluation of the Orofacial Pain Program and submitted the self-study documents to the Commission of Dental Accreditation (CODA). The commission made a site visit in October 2012, and after an extensive review, it was concluded that no revisions of the program were suggested or required. CODA officially accredited the University of Minnesota Orofacial Pain Advanced Training Program on February 1, 2013.

CODA accreditation confirms that our graduate program is designed to provide dental training beyond the level of predoctoral education in oral health care, using applied basic and behavioral sciences. It ensures we are providing proper and high quality education to our residents, as well as helpful, unbiased feedback designed to advance their skills as clinicians. Furthermore, our graduate program is now one of very few CODA-accredited Orofacial Pain programs in the country. Not only are we proud of this accomplishment as educators and clinicians, but this moves Orofacial Pain one step closer to becoming an American Dental Association-recognized specialty.

Dr. Daniel R. Reissmann

is currently involved in a one-year research fellowship within the Division of TMD and Orofacial Pain. Dr. Reissmann is from Germany and works as an Assistant Professor and Director of Research at the Department of Prosthetic Dentistry, University Medical Center Hamburg-Eppendorf. In 2006 he completed his thesis and received his Dr. Med. Dent. in the field of TMD. In his thesis he investigated whether temporomandibular joint clicking is a risk factor for pain in the affected joint. Together with Dr. John he determined the impact of specific TMD diagnoses on patient’s oral health-related quality of life. He is particularly interested in the impact of patient’s psychosocial state on TMD risk and treatment outcomes. He conducted studies on the psychological impact of chronic pain on a patient’s life, and whether stress-related coping and trait anxiety are related to TMD pain. Besides TMD he is involved in the investigation of methodological impacts of quality of life assessments like administration methods, response shift, and validity of response scales. Furthermore, he conducted several studies on patient participation in clinical decision-making.

He received a scholarship from the German Research Foundation that allowed him to come to University of Minnesota School of Dentistry and be involved in the research fellowship. He works with the faculty of the Division of TMD and Orofacial Pain on the determination of the impact of parafunctional and occlusal parameters on prevalence, incidence and progression of pain-associated TMD using data from the RDC/TMD Validation Project and the Impact Follow-up Project. Additionally, he collaborates with Dr. John in the Dimensions of Oral Health-Related Quality of Life Project (DOQ). In this project he is responsible for the part of study conducted in Germany, and he investigates the stability of the construct quality of life over the time using the concept of measurement invariance. The first results of the DOQ were presented at the IADR in Seattle. His professional goal is to support the shift in dentistry from a focus on clinical parameters to a real patient-orientation by increasing the importance of patient-centered outcomes and strengthening the role of patients in clinical decision-making.

Dr. Preetanjali Thakur

is a fellow in TMD & Orofacial Pain Division. She received her Bachelor of Dental Surgery from Himachal Pradesh University, India in 2009. After graduating she worked in a hospital based setting and community dental clinic for three years. In late 2012, she joined the Bio-material and Bio-mechanics Dental Research Center at the University of Minnesota to learn basic science research. This year as a TMD fellow she will continue her research endeavors, observe clinical care within the TMD, Orofacial Pain and Dental Sleep Medicine Clinic, and select further research opportunities with the TMD faculty.
Dr. Akanksha Gupta
joined the Orofacial Pain Program in June 2013. Dr. Gupta received her dental degree from Jaipur Dental College, University of Rajasthan, India. After graduating from dental school, she worked as a consultant dentist in a dental hospital. She pursued a Preceptorship in Oral Implantology from UCLA School of Dentistry in 2009. In addition, she volunteered her time for a research project on an attachment device for dental implants. She is looking forward to the learning opportunity and clinical training here at the University of Minnesota.

Dr. Flavia P. Kapos
graduated in 2011 from University of Sao Paulo, Sao Paulo, Brazil. Dr. Kapos initially developed interest in Orofacial Pain diagnosis and treatment during Dental School. She joined the TMD and Orofacial Pain Clinic at the University of Sao Paulo (SOA-USP) and worked there for 2 years in clinical, educational and research activities. In August 2011, Dr. Kapos presented a poster that resulted from a collaboration of her work at the University of Sao Paulo (SOA-USP) and with the UCLA Orofacial Pain and Dysfunction Clinic. It was awarded first prize at the Ibero-Latin American Academy of Cranio- mandibular Disorders Congress. After receiving her degree, Dr. Kapos worked at a private practice in general dentistry with emphasis in oral rehabilitation and TMD, and started here in June 2013.

Dr. Hina Mittal
is also a second year resident in the Orofacial Pain Program. Dr. Mittal received her dental degree from Modern Dental College and Research Center at Indore, India. In addition to her academic and clinical responsibilities, she is currently working with Dr. John on a research project designed to analyze the Oral Health Related Quality of Life (OHRQoL) in the TMD population utilizing a questionnaire known as Oral Health Impact Profile (OHIP). She is also collaborating with Dr. John as he writes a grant for CARDIA (Coronary Artery Risk Development in Young Adults). As a graduate student, Dr. Mittal has also been selected to serve on the School of Dentistry's Advanced Education Committee, and she serves as the resident representative on the SOD Hearing Review Board.

Dr. Sarah Shueb
is a second year resident in the Orofacial Pain Program. Dr. Shueb graduated with a degree in dentistry from Garyounis University in Libya in 2006. She is currently collaborating with both Drs. John and Nixdorf on her research project. Dr. Shueb is analyzing the impact of four different orofacial pain disorders on the Oral Health Related Quality of Life (OHRQoL). This clinical research will quantify the impact of the disorder as it affects the patient’s function and daily life style. Dr. Shueb is enjoying the cultural diversity and the multidisciplinary approach within the TMD, Orofacial Pain and Dental Sleep Medicine Clinic.

Dr. Barbara Fonseca Alonso
has just completed the program, finishing her residency in August 2013. In 2002, she graduated from the University Alfonso X el Sabio, in Madrid, Spain. This summer, she completed rotations with medical colleagues including specialists in Neurology, ENT, Sleep Medicine, Physical Medicine and Rheumatology. For her research project she is working with Dr. Nixdorf comparing two questionnaires to differentiate between temporomandibular disorders and odontogenic tooth pain. Reflecting over the past 2 years, Dr. Fonseca appreciated the clinical experience the most. She liked the clinic patients and the collaboration with multiple faculty providers. She has evaluated and treated patients diagnosed with TMD, orofacial pain, neuropathic pain, sleep apnea, and chronic pain. Besides enjoying the program, she has loved the Minnesota summers and winters with the variety of outdoor life and activities.
Donations to the TMD and Orofacial Pain Foundations are greatly appreciated and assist us in accomplishing our mission of clinical care, education and research. Past donations have allowed us to provide funds for residents to attend continuing education courses, including those provided by the American Academy of Orofacial Pain (AAOP) and the Minnesota Dental Association (MDA). It has also allowed us to add books to our resident library and to do some refurbishing in our resident room. Finally we have used it to fund Lunch and Learn sessions with the undergrad dental students to expose them to the opportunities in the area of TMD, orofacial pain, and dental sleep medicine. We are grateful for any assistance you can provide us. The School of Dentistry will provide you with a letter documenting your tax-deductible donation.
Our faculty has a direct role in the education of the undergraduates regarding TMD and orofacial pain. During the fall semester of the third year of education the TMD faculty present a lecture-based course on the current evidence and treatment approach for TMD and orofacial pain. The faculty presents the differential diagnoses, treatment planning and team approach by the dentist, the physical therapist and the psychologist. Undergrad 2nd – 4th year dental students are offered an elective rotation through the clinic to observe and discuss patient’s evaluations and treatment planning. In addition, Dr. John teaches a course on Evidence-based Dentistry using his expansive background in prosthodontics, TMD and epidemiology, to teach students the value of literature searches, how to interpret the literature and how to apply this knowledge to determine a treatment course for patients. Also, the TMD faculty is available for same-day consults for any dental patient who presents with limited mouth opening or jaw pain during a dental appointment with the dental student. This opportunity of addressing a problem on the same day is a valuable learning tool for the student. If further evaluation and treatment is recommended, the dental student is invited to join the TMD team in management and treatment of their patient. Furthermore, six 4th year dental students also have the opportunity to audit our annual three-day mini-residency in TMD offered through our continuing dental education program. Also, upon graduation, one student who has shown significant interest in the area of TMD and orofacial pain is selected for a scholarship to go to an AAOP meeting. Finally, we are currently in discussions with Dean Assael regarding the expansion of the undergrads’ TMD experiences. This may include mandatory rotations through the clinic to master a TMD examination.

TMD & Orofacial Pain Miniresidency

September 16-18, the Continuing Dental Education Department and the TMD faculty hosted dentists, physical therapists, and senior dental students for the annual three-day course. This unique learning experience offers evidence-based didactic information as well as clinical opportunities to participate in patient care. This course is unusual in the scope and depth of information and the application of learning within a clinic setting. If you are interested, please check the CDE website at www.dentalce.umn.edu. Space is limited to provide more individualized learning. Call 612-625-1418 to be placed on the waiting list.
The University of Minnesota TMD, Orofacial Pain, and Dental Sleep Medicine Clinic is available to serve you and your patients. We provide the standard of care to patients with jaw, neck, ear and tooth pain. Additional symptoms include headaches, TMJ locking or loss of jaw mobility. We also address patient’s concerns related to difficulty eating and occlusal changes. Finally, we provide Dental Sleep Medicine evaluation and treatment for patients with sleep apnea using customized orthotics. Our comprehensive program includes an interdisciplinary team of dentists, physical therapists and a health psychologist to assist patients in reducing pain, improving function, promoting healthy behaviors, and improving their overall quality of life. During the initial consultation your patients will be carefully evaluated and a comprehensive treatment plan will be designed. You will receive a copy of the evaluation, diagnosis and treatment plan.

All care is provided under **medical insurance**. We have contracts with most major medical insurance companies to minimize the out-of-pocket expenses for your patients. Our staff has almost 100 years of combined experience working in the field of TMD and orofacial pain and can answer any questions you may have about a referral. We are including a copy of the referral here for your convenience. You may also access this form online at: www.tmdclinic.umn.edu

The success of our clinic is a direct result of the continuous support and referrals from practicing professionals in the community. These referrals are essential to our clinical training, research endeavors and our professional goals. In turn, we want to assure you that we take our role in the care of your patients very seriously. Thank you!

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**Dentists:**

**TMD & Orofacial Pain**
- Gary Anderson, DDS, MS
- Cory Herman, DDS, MS
- Mike John, DDS, PhD
- Shanti Kaimal, DDS, MS
- Donald Nidorf, DDS, MS
- Eric Schiffman, DDS, MS

**Dental Sleep Medicine**
- Gary Anderson, DDS, MS
- Cory Herman, DDS, MS
- Mike John, DDS, PhD
- Shanti Kaimal, DDS, MS

**Health Psychologist**
- Leesa Morrow, PhD, JD, LP

**Physical Therapists**
- Karen Decker, PT
- Patricia Weber, PT

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**Telephone:** 612-626-0140  
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**Email:** kieck001@umn.edu

**Website:** www.tmdclinic.umn.edu

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**University of Minnesota**

**TMD, Orofacial Pain, and Dental Sleep Medicine Clinic**

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Patient Name:

Patient Telephone:

Referring Doctor (first and last name):

Doctor’s Office Mailing Address:

Doctor’s Office Telephone:

Doctor’s Office Email:

Primary Concerns:

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*Please forward any relevant patient records to us, including x-rays. Thank you!*
2012


2013


IN PRESS

John MT, Nixdorf DR, Wall MM, Fricton JR. Jaw pain and TMD headache are distinct components of TMD pain. J Pain. [In press].
