This is a very special time for the field of orofacial pain. The National Commission on Recognition of Dental Specialties and Certifying Boards has just formally announced that orofacial pain has become the 12th recognized dental specialty. This achievement is the result of many years of effort on the part of many individuals who have been motivated to provide evidence-based care for our patients afflicted by orofacial pain. There have been so many individuals who have dedicated so much of their time to this process that it is impossible to mention everyone in this short statement. However, I believe the journey is worth reporting. Here are some of my personal insights into the process that led to this specialty recognition.

The process began in the mid-1980s when the American Academy of Orofacial Pain (AAOP) developed a white paper that reported on evidence-based treatments for temporomandibular disorders (TMD). This document became nationally recognized as guidelines for managing TMD. These guidelines have been regularly updated and expanded to include all orofacial pains and have become the international standard for the diagnosis and management of orofacial pain. The AAOP, along with its sister academies from around the world, contacted Quintessence Publishing with the idea of initiating a journal dedicated to this field of study. The Journal of Oral & Facial Pain and Headache has since become the leading journal in this area. In 1994, several members of the AAOP had the insight to develop the American Board of Orofacial Pain to set an educational standard for the orofacial pain practitioner.

Between 1995 and 2015, the AAOP, along with other academies, applied multiple times to the American Dental Association (ADA) for specialty status, only to be declined. The AAOP began developing educational standards for effective teaching programs in orofacial pain. Various universities began developing graduate training programs, some offering Master of Science degrees specifically in the area of orofacial pain. As these programs matured, the teaching standards were presented to the Commission on Dental Accreditation (CODA) for recognition. Seeing the need for and benefit of standardized teaching programs in orofacial pain, CODA sanctioned these standards. In 2011, CODA began formal accreditation site visits to these university-based programs. There are now 12 full-time 2-year programs that have met these standards and are teaching evidence-based orofacial pain principles and management.

One year ago, the newly formed National Commission on Recognition of Dental Specialties and Certifying Boards accepted the AAOP’s application for specialty status. After an intensive review of the CODA-validated education programs and the American Board of Orofacial Pain’s psychometrically validated examination, it was determined that orofacial pain met every criterion for specialty status. On March 31, 2020, orofacial pain officially became the 12th recognized dental specialty.

This brief summary of the history of orofacial pain highlights 40 years of effort by so many individuals, in many academies, with countless hours of committee work and board actions. This enormous task has faced many academic, institutional, practice, and political challenges. It has succeeded because it is the correct thing to do. The true beneficiary of this specialty is not the profession or the practitioner; it is the patients we serve. There is a well-documented need for orofacial pain management. This process will assist the profession in providing the best and most conservative care for patients who are afflicted by orofacial pain. This is the ultimate goal of all health care providers.

I have been teaching in this area for more than 45 years, and I consider this to be a milestone for our profession. It is personally very rewarding to see this come to fruition. Thank you to all the many individuals who have contributed to this very important journey.

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