Canadian Agency for Drugs and Technologies in Health (CADTH)

I am writing on behalf of the American Alliance of TMD Organizations. Our organization was created in 1995 to represent the broad interests of professional organizations and their member practitioners who understand the importance of effective diagnosis and treatment of temporomandibular disorders. The names of our member organizations and their number of members are listed below.

We are contacting you in response to the CADTH Report on Neuromuscular Diagnosis and Treatments: a Review of the clinical evidence report 11 January 2013, which was eventually published online by the Journal of the Canadian Dental Association. While our membership is comprised of eight different healthcare professional organizations, whose members treat patients suffering from TMDs, including some that do practice neuromuscular therapies, we are united in opposition to restrictions of practice for any of our members.

While we can appreciate CADTH’s confidentiality of the committee authors of this report, we submit it does raise the question of the qualifications of the committee in regards to having an open mind to be objective in its conclusions. In fact, 10 of the 15 studies accepted by the committee for review support neuromuscular temporomandibular dysfunction therapies. Yet, the committee interpreted these studies differently! While sensitivity and specificity are important in their application to the determination of the effectiveness of some diagnostic procedures, they are not appropriate in the evaluation of the diagnostic and therapeutic procedures used in the treatment of temporomandibular disorders. TMD is a collective term, representing a group of multi-etiological and multifaceted disorders. No single diagnostic device or procedure can be applied thereto. An attempt by the authors of this Rapid Response to apply sensitivity and specificity criteria in the selection and evaluation of published articles on TMD management is not appropriate. It demonstrates, at best, either a lack of understanding of the subject and what they are reviewing, or at worst, an ulterior motive “guided” by those who have been overt antagonists of the neuromuscular dental philosophy for decades.
Without going further into the misguided application of “science” in this report, we do offer CADTH the expertise of AATMDO, with our varied philosophies, to provide future consultations regarding temporomandibular disorder therapies along with your other consultants. We feel we can help CADTH to provide a more balanced and objective report on TMD dysfunction, and we are certain that is what CADTH wants to provide.

Respectfully;

Joseph Barton, DMD
Chair, The American Alliance of TMD Organizations

MEMBER ORGANIZATIONS AND MEMBERSHIP

AMERICAN ACADEMY OF CRANIOFACIAL PAIN – 991
AMERICAN ACADEMY OF PAIN MANAGEMENT – 6,000
AMERICAN EQUILIBRATION SOCIETY - 900
INTERNATIONAL ASSOCIATION OF COMPREHENSIVE AESTHETICS - 825
INTERNATIONAL COLLEGE OF CRANIO-MANDIBULAR ORTHOPEDICS - 400
INTERNATIONAL ASSOCIATION OF ORTHODONTISTS - 2723
SACRO OCCIPITAL TECHNIQUE ORGANIZATION–USA - 207
TENNESSEE C.R.A.N.I.O. – 21