

# **Fellowship Mastership Award Class Acceptance Speech -International ICCMO Congress Vancouver, Canada, October 2011**

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**On behalf of the** Fellowship and Mastership Class of 2011 it is a privilege and an honor to come before you this evening in acceptance of this award. For me, the significance of this award that you have bestowed upon my colleagues and I tonight has brought much clarity to what was once a blurred idea of what nature presents to us as complicated human beings. This clarity underscores a harmonious relationship between the nerves, muscles, bones and the dentition of the stomatognathic system. The International College of Cranio-Mandibular Orthopedics represents the guardian of that relationship. I am therefore proud to be a member of the College and subscribe to the principles for which it stands.

Having been in practice for almost 30 years has made many of my dental school memories foggy, to say the least. Some are vivid to this day. One of them is the first time the concept of centric relation was explained to me. I remember my first thought was 'you're kidding'. As I retruded my

own mandible, and imagined how uncomfortable a bite position coincident with that position would be, I rationalized the concept, at that time, by deciding that I must not really understand it or that it was because I had a Class 2 Div 2 malocclusion myself.

I coasted along for a decade or so paying little or no attention at all to any bite position other than the one the patient presented with. I cared little about occlusion or TMD other than what I'd learned in school, and cared even less about learning anything more. I was busy expanding my knowledge of fixed orthodontics at the time. The only discussion of occlusion entering into that training was to strive to achieve cuspid rise, class I molars and no balancing interferences. Little or no attention was paid to the mandibular position in relation to the base of the skull. No attention was paid to the airway at all.

The first big change in the direction of my career took place after my first decade. I was

shocked to learn that everything I'd been taught about never putting phosphoric acid on dentin was wrong. Not to mention that we were placing an even stronger acid on dentin every time we cemented restorations with zinc phosphate cement. It made me begin to seriously question everything I thought I knew, including the concept of centric relation.

I immersed myself in learning about occlusion. I took every course and explored every philosophy I could find. A decade later, my thinking finally crystallized into the realization that no philosophy was going to offer the key to foolproof therapy for occlusal disease, but that, without a doubt, manipulating mandibles into centric relation was without merit, and that there was an indisputable link between airway, occlusal parafunction and TMD.

This realization was the result of hours of study. Time and again I felt like a flag blowing in a breeze. One day I'd be convinced I'd found the key to occlusion, then the next I'd learn something else to shatter that newfound belief, just like a change in the direction of the wind. The wind finally eased up when I discovered neuromuscular dentistry and the aetiological importance of the airway, and closed the door on manipulating mandibles into centric relation forever.

But, it all started over 40 years ago when a Seattle prosthodontist who we all cherish by the name of Dr. Bernard Jankelson became so frustrated with being unable to determine a physiologic rest position for the mandible during reconstructive therapy that he invented devices to facilitate relaxing the muscles that support the mandible, and others to help record the ideal rest position. This position was the starting point of occlusal reconstruction. Over the decades, the sophistication and accuracy of these devices has grown to the point that, with incredible reliability, it is possible to greatly reduce the amount of time required to find an ideal occlusal position. This is the essence of neuromuscular dentistry. It is physiologically based, and is the only occlusal rehabilitative philosophy, which pays attention to the resulting

airway, and has unequivocal support in the scientific literature.

From that time for me, in the year 2000, henceforth, the practice of neuromuscular principles encompasses every aspect of dentistry that I perform. From orthodontic treatment planning, to prosthetic reconstruction, to endodontics, to pain management of the cervico-cranio-mandibular system, I rely on computerized diagnostics to quantitatively and qualitatively measure my patients' signs and symptoms in order to establish a diagnosis and render an appropriate treatment plan. My friends, I have the seen the light and the light is bright. For I can no longer practice my chosen profession any other way; doing so would involve turning back the clock to the dark ages. A time when diagnosing a patient's condition was based on a clinician's ability to mere subjectivity of his own observations and interpretation. I profess to you – Just as a cardiologist cannot render a diagnosis of ones' heart condition without the use of an electrocardiogram, nor can the dentist of today determine the neuromuscular status of the mandible to the maxilla and hence appropriately establish the correct occlusal relationship without the use of computerized instrumentation.

But, I will have to underscore that we still have to be true physicians and not just technocrats. The equipment just gives us data. We, the physicians, albeit the physicians of the mouth, still have to make the final diagnosis after taking into account all of the signs and symptoms of which the electronic data is but one aspect.

For as members of the College, we have the responsibility of treating our patients to the highest standards of care possible. But we also have the responsibility of educating our fellow colleagues and members in the health professions as to how computerized instrumentation and what neuro-muscular occlusion is about in the treatment of head, neck and TMJ pain and in the establishment of sound, stable occlusion.

The caveat: I have no quarrel with those who say I am wrong, so long as they can prove so objectively. One cannot prove me wrong merely

through an argument based upon his/her own subjective observations, interpretations and opinions. For a subjective argument has no credence. It is merely full of holes. It simply will not hold water. It can best be summed up with the often quoted statement by Dr. Bernard Jankelson, "If it can be measured, it is a fact; if it cannot, it is an opinion." And that my friends is what this College represents. At this time I also want to thank those that have painstakingly and tenaciously brought this College to where it is and I am referring to the leadership of Dr. Bob Jankelson, Dr. Barry

Cooper, Dr. Norm Thomas and all those that have diligently served it in the past and the present whether in office or from afar.

So on behalf of the Fellowship and Mastership Class of 2011, we accept these coveted awards of the International College of Cranio-Mandibular Orthopedics. In doing so we pledge to uphold and reflect the standards of excellence it portrays. And to protect, defend, and educate the profession and public of the principles of neuro-muscular occlusion.