

# Indiana Craniofacial Pain Group

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## Patient Centered Care

Chronic pain is a complex disorder. The pain itself becomes a disease. The best outcomes are achieved with a team approach. The Indiana Craniofacial Pain Group was formed to efficiently build a diagnostic and treatment team customized for each individual patient's need. This provides the most efficient, least expensive, and best result for each patient's unique situation.



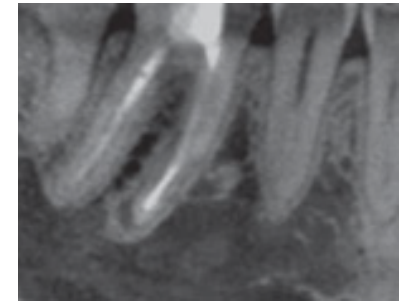
The Indiana Craniofacial Pain Group provides expertise in the diagnosis and treatment of jaw, temporomandibular joint disorders (TMJ/TMD), headaches and craniofacial pain, as well as snoring disorders and sleep apnea. We feel that the key to successful treatment of these complex multi-organ syndromes is a comprehensive, multi-disciplinary approach. Coordinating treatment with your other health care providers is essential to successful outcomes.

We understand how craniofacial pain and sleep disorders can be disruptive to your daily living. Symptoms such as mild-to-severe headaches, muscle soreness and jaw pain can be detrimental to your physical well-being and mental health as well as sleep and job performance. We work to improve our patients lives by developing specific treatment plans that educate our patients about their condition and how to avoid further problems in the future.

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## Chronic Fibrosing Osteomyelitis

This is a chronically painful condition of one or both jaws which can be debilitating. It was described over one hundred years ago by dental pioneer G.V. Black and has been identified by various names: Roberts bone cavity, Ratner bone cavity, NICO (Neuralgia-Inducing Cavitation Osteonecrosis) and more recently C.F.O. Characteristic symptoms are toothache-like pain in areas with or without teeth and often a foul taste in mouth, The affected bone can be tender to pressure or palpation. It does not typically appear on routine dental x-rays nor is there redness or swelling of the gums. The preliminary diagnosis is often made by exclusion; that is, by ruling out disease from the teeth or gums, Tempomandibular dysfunction (TMD), facial pain or other oral and head/neck problems.



**Other diagnostically useful tests are: PET scans**

## Central Sensitization

When an individual experiences long-term pain, or persistent inflammation, the way the pain signal is processed within the body is changed.

This can lead to a number of additional disorders, which, though not intuitively associated with the original problem, constitute a related group of disorders collectively known as Central Sensitization Syndrome. TMD and certain types of headache are commonly found within central sensitization

syndrome. Once established, simply treating the symptoms of the individual disorders within the syndrome complex is unlikely to lead to significant overall improvement in patient outcomes. An experienced multi-disciplinary team, assembled to address specific patient needs, offers the best prognosis

## Headache

There are many types of headache. The most common types are tension-type and migraine. For a variety of reasons, both of these types are commonly associated with other forms of chronic head and neck pain. In many cases it is difficult for the patient to differentiate the various types and sources of pain in this very complex region of the body, and often the origin of the pain is actually distant from where it is felt.

## TMD

Health problems and the pain associated with disorders of the jaw joint (the temporomandibular joint) may seem to be mysterious and unexplainable to you, but there are growing numbers of health care practitioners who are qualified to diagnose and treat Temporomandibular Joint Disorders (TMD). While no amount of printed information can replace a complete examination by a qualified practitioner, it is often comforting to have some of your questions answered before taking that major step and making an appointment to consult "an expert".



Some patients live with TMD for years before it becomes painful enough to cause them to seek help. Others contract the problem suddenly; usually by some trauma or blow to the head, face and/or neck region. But both types of patient's can have very similar symptoms. In some cases, TMD can be caused by, and may actually be part of another disorder.

## The Complexity of Pain

Pain is complex. It varies in character, location, speed of onset, radiation, intensity, and duration. Short and long term pain are fundamentally different entities, and require different diagnostic and therapeutic approaches. What may be an excellent remedy for short-term pain can often make long-term pain worse. Pain is subjective. No two individuals will experience identical responses to identical stimulus. An individual's response to a noxious stimulus says as much about the patient as the nature of the cause. Because of this, a comprehensive evaluation of both the cause and response to painful stimuli is essential for accurate diagnosis. Acute pain is protective. It keeps us from putting our hand back on the hot stove. It reminds us to protect the injured part while it heals. It initiates the inflammatory response and promotes healing. Chronic pain is pathologic. It serves no protective function. It maintains unnecessary inflammatory activity that leads to hypersensitivity of the peripheral, central, and autonomic nervous



systems. It leads to deleterious changes in immune and endocrine function. It alters psychological responses.

## Sleep Disorders

Most adults need at least 8 hours of quality sleep every night. If you don't get enough sleep over a long period of time, health problems will ensue.

Sleep disorders are estimated to affect more than half of the U.S. adult population. Problems with sleep can take many different forms: difficulty falling asleep or staying asleep, or having appropriate rest during sleep. Besides insomnia which causes difficulty getting to sleep, sleep problems can occur as a result of:

- Snoring
- Obstructive Sleep Apnea (OSA)
- Upper Airway Resistance Syndrome (UARS)

Sleep disorders can result in organ damage, lowered pain thresholds, psychological changes, autonomic dysfunction, and dangerous daytime somnolence.

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