

## Bridging the Gap

For many years, the *Journal of Orofacial Pain* has reported on new developments in the field of temporomandibular disorders and related orofacial pain. It has been an excellent vehicle to bring together knowledge from the basic sciences and the clinical fields, thus “bridging the gap” between the disciplines.

The first time I recall this term being used was during the IADR Neuroscience Symposium at Mont Tremblant, Canada, where the presence and active participation of excellent clinicians provided a way to translate new findings from the research lab to clinical practice, applying scientific methodology in the design, evaluation, and, especially, interpretation of the results of clinical trials. Many things have changed since then. Investigators from the basic sciences have become interested in relevant clinical questions; their answers have changed etiologic concepts and the diagnosis and treatment of temporomandibular disorders. Clinical research in our field has improved; the referee process for articles published in this journal has become stricter; and long-existing dogmas have been questioned. “Bridging the gap” between the two communities indeed has been fruitful, but it must remain a continuous process.

In both basic and clinical trials, the investigator tries to control, to the extent possible, all the variables so as to prove the hypothesis. We all realize the need for homogeneous test groups, matched control groups, and a blind design, which allow a clearer interpretation of the results.

However, direct application of the research findings for a specific patient in the dental chair is not that easy. Thus, research is only able to develop trends. Clinical medicine rarely encounters “black and white situations” but rather finds itself in the middle of a great deal of grey. In this respect, this journal has the responsibility of demanding from the basic and clinical research sectors well-written studies, clinical trials, and documented case reports that hopefully will raise new questions or help to build new answers.

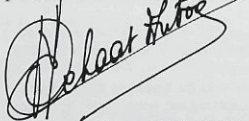
By tradition, one could say, the field of temporomandibular disorders and related pain conditions was harvested by dentists, since they were

trained to diagnose and treat the masticatory system. The role of occlusion and articulation was historically thought to be crucial in the etiology and treatment of the disorders. In more recent years, the importance of structural relationships to temporomandibular disorders has decreased to more realistic proportions. Dentistry has continued its interest in pain and dysfunction of the masticatory system with a better knowledge of musculoskeletal disorders. At the same time, dentistry has expanded its knowledge by understanding more aspects of pain mechanisms and by implementing chronic pain management. With this additional knowledge, dentistry has upgraded its profile to a respected member of the health team dealing with orofacial pain management.

Future developments should allow this journal to follow this trend and attract other allied disciplines interested in orofacial pain. Consequently, the journal should serve as a forum where these different disciplines can exchange knowledge—“bridging the gap.”

The Academies who created this journal and continue to sponsor it are professional groups of well-respected clinicians dealing with temporomandibular pain and dysfunction. The members reflect different cultures from all over the world with different backgrounds, training, and traditions in dealing with those problems. Their willingness to learn from each other and increase their knowledge is revealed at the annual meetings, especially at the international meetings. The journal is an excellent vehicle to continue these important relationships and to transfer knowledge regarding important new developments.

“Bridging the gap” sounded like a stimulating expression some 10 years ago. I never thought it could have so many dimensions and be so appropriate.



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