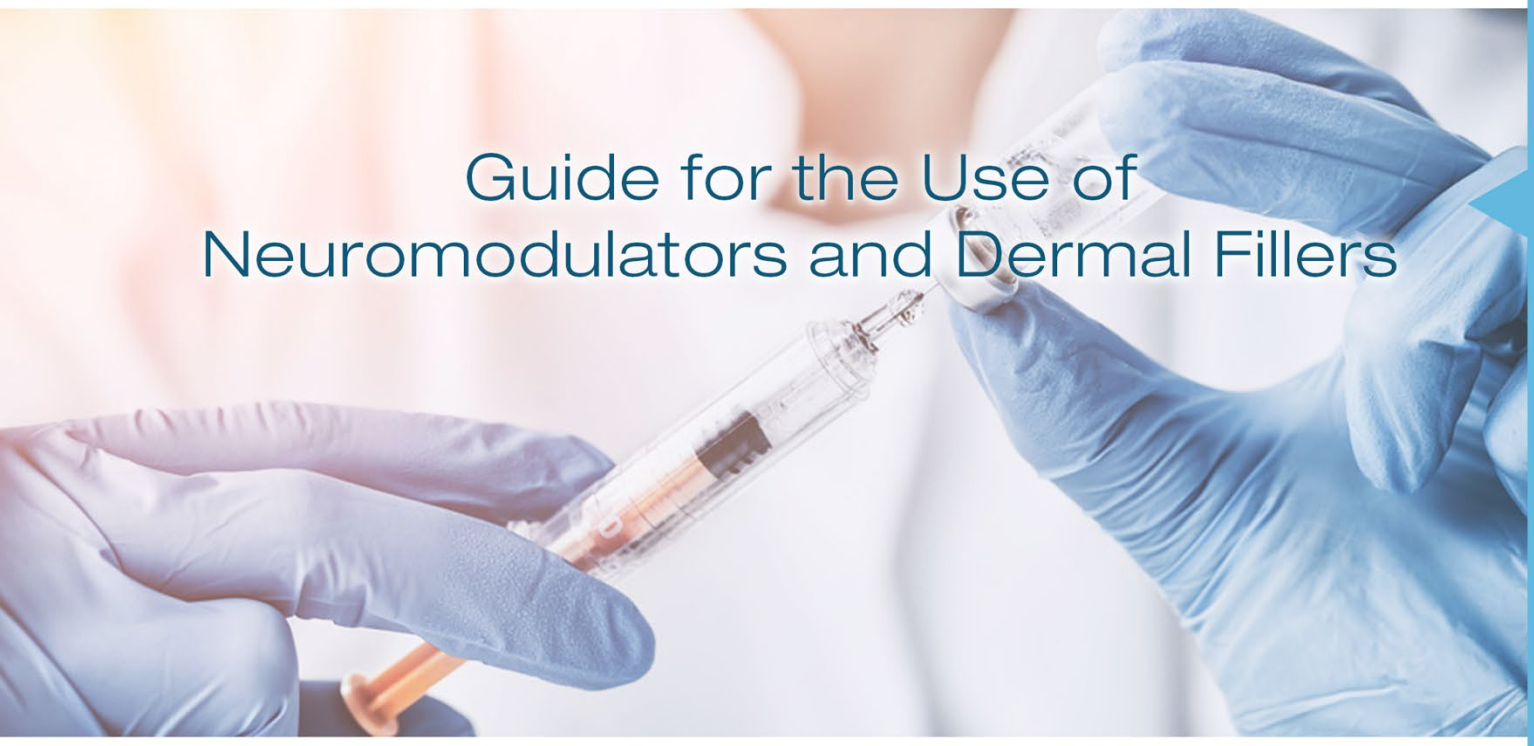
Manitoba Dental Association



# Guide for the Use of Neuromodulators and Dermal Fillers

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# Guide for the Use of Neuromodulators and Dermal Fillers

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The Manitoba Dental Association gratefully acknowledges the College of Dental Surgeons of Alberta (CDSA) for allowing the MDA Adhoc Botulinum Toxin & Dermal Filler Committee to reproduce portions of their Guide for Facial Esthetic Therapies and Adjunctive Procedures for use by MDA Dentist members.

## 1. Introduction

This guide is intended to assist members in the use of neuromodulators and dermal fillers in the best interest of the public. When utilized in conjunction with the *Bylaw for the Use of Neuromodulators and Dermal Fillers*, it provides useful guidance crucial to the safe and effective use of these products and devices, however, dentists should keep in mind that they are still ultimately responsible to ensure the adequate administrative controls, skill, knowledge, and judgment required to keep their patients safe at all times. This document and the *Bylaw* reference minimum guidelines, but as professionals, dentists must always strive for the highest possible level of care for their patients.

As described in the *Bylaw for the Use of Neuromodulators and Dermal Fillers* members cannot use neuromodulators or dermal fillers unless they have been approved for inclusion on the Manitoba Dental Association (MDA) Registry of Members Authorized for the Use of Neuromodulators and Dermal Fillers. Furthermore, no member can use these products or devices if not listed in the specific treatments enumerated in the Registry sections for which they have been approved. Regardless of previous education, training or certificates provided by educational programs, dentists must be in possession of the appropriate MDA written approvals before providing these treatments to their patients. As with all care provided, dentists must be aware of the limitations, risks and alternatives when considering various treatments options when using neuromodulators and/or dermal fillers. Recommended treatments must always be based solely on the patient's best interests and not any limitations of the provider such as their training or regulatory approvals.

At no time are any dentists allowed to use injectable drugs such as neuromodulators that are not listed in Schedule 1 of the Manual for Canada's National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities. Medical devices such as dermal fillers can only be used if the particular product is licensed for sale by Health Canada. In all cases, the use of these drugs and devices must be used within the scope of dentistry.

In Manitoba, the scope of dentistry is defined by the *Dental Association Act* and includes:

> *"an operation of any kind on, or treats or attempts or professes to treat a disease, disorder, affection or lesion, of the oral cavity, teeth, maxillary or mandibular bones, related soft tissues and contiguous structures of a human being or corrects or attempts or professes to correct a malposed position thereof or makes any examination or diagnosis thereof with intent to perform any such operation or to treat any such disease, disorder, affection or lesion or to correct any such malposed position"*

## 2. Advertising Restrictions

Members must adhere to the principles and practices related to advertising and promotional activities described in the *Bylaw for the Code of Ethics*. Practitioners must also keep in mind that Health Canada does not allow direct-to-consumer advertising of prescription drugs (e.g., Botox) beyond name, price, and quantity. Advertising the therapeutic benefits, perceived or actual, of prescriptions drugs to the general public is not permitted in accordance with the *Food and Drug Regulations, Section* C.01.044.

Commonly encountered violations related to marketing of prescription drugs include:

- Videos describing the procedure
- Before and after treatment pictures
- Pictures alluding to the indications of the drug
- Testimonials regarding the therapeutic benefits

In accordance with MDA's *Bylaw for the Code of Ethics*, failure to adhere to these Health Canada restrictions on marketing could constitute professional misconduct and may be referred for Peer Review.

## 3. Initial Training and Education

The *Bylaw for the Use of Neuromodulators and Dermal Fillers* describes the minimum initial education requirements that will be used by the MDA in considering approval of programs required for the use of neuromodulators and/or fillers by Manitoba dentists. It is important to note that programs are to be pre-approved by the MDA to ensure that they satisfactorily meet the requirements for inclusion on the MDA Registry of Members Authorized for the Use of Neuromodulators and Dermal Fillers and its specific sections. Dentists already on the Registry must ensure written approval before commencing any treatments related to other sections of the Registry. A request for approval should be submitted in writing to the Registrar of the MDA. The process of approval for courses may take several months however pre-approved programs are listed in the Appendix A of this document. The current version of this document and its appendices are available on the MDA's website at www.manitobadentist.ca.

It is highly recommended that any dentist utilizing these drugs or devices take a judicious approach to their education, training, and skill development. The success and failure of neuromodulators and fillers may take several months to be appropriately evaluated. As always, the optimum care of patients should always be at the forefront of all dentists' decisions.

## 4. Registry and Rosters of Members

The *Bylaw for the Use of Neuromodulators and Dermal Fillers* prescribes a number of Rosters within the MDA Registry of Members Authorized for the Use of Neuromodulators and Dermal Fillers. The MDA will provide written approval for the specific use that members on the Registry may provide for their patients depending on which Roster the member has been approved for. Members cannot provide other treatments listed on other Rosters, until specifically authorized to do so in writing by the MDA.

a. Those members authorized for NEUROMODULATORS FOR MYOFASCIAL PAIN AND PARAFUNCTION (Roster I) are able to use these products for ambulatory patients over the age of 16 for treatments such as:
    - The management of bruxism (diurnal or nocturnal parafunctional activity that includes tooth clenching or grinding) by treating the temporalis and masseter muscles (Roster IA)
    - The treatment of headaches, migraines, and temporomandibular disorders (Roster IB)
    - Authorizations for these types of procedures are considered separate and distinct and must only be provided if specifically allowed by the member's written authorizations for treatments within the scope of dentistry.

b. Those members authorized for NEUROMODULATORS FOR OTHER USES (Roster II) are able to use these products for ambulatory patients over the age of 16.
    - The use of neuromodulators for upper facial purposes only if the member limits the use of the neuromodulator to the frontalis muscle, the glabellar complex, procerus, the corrugators supercilii, and orbicularis oculi. (Roster IIA)
    - The use of neuromodulators for mid-facial, lower facial and the neck purposes only if a member limits the use of the neuromodulator to superficial muscles in these areas (levator labii superioris alaeque nasi, levator labii superioris, nasalis, zygomaticus major and minor,

risorius, levator and depressor anguli oris, buccinator, orbicularis oris, levator and depressor labii superioris, mentalis and platysma). (Roster IIB)

- Authorizations for these types of procedures are considered separate and distinct and must only be provided if specifically allowed by the member's written authorizations for treatments within the scope of dentistry.

c. Those members authorized for DERMAL FILLERS are able to use these products on ambulatory adult patients for:
    - The use of dermal fillers for the treatment of the naso-labial fold, lip augmentation, gingival augmentation, and other areas of the face, including but not limited to: malar enhancement, treatment of the nasojugal groove, and the treatment of glabellar, laugh and marionette lines.
    - Authorizations for these types of procedures are considered separate and distinct and must only be provided if specifically allowed by the member's written authorizations for treatments within the scope of dentistry.
    - When appropriate and consistent with the skill, knowledge and expertise of the provider, dermal fillers can also be used for conservative lip enhancement procedures, adding volume to the interdental papillae and smoothing lip lines, and eliminating radial lip lines. Dermal fillers may also be used for other procedures in the oral and maxillofacial areas as part of dental, prosthetic, orthodontic, periodontal, and maxillofacial reconstructive treatments.

## 5. Delegation, Responsibilities and Reporting Obligations

Regardless of status on the MDA Registry of Members Authorized for the Use of Neuromodulators and Dermal Fillers, dentists may not delegate for the administration of, nor prescribe/dispense to, for the administration of neuromodulators or dermal fillers for any use to any staff member, employee, or other healthcare provider. The term delegation in health regulation refers to the extension of authority by a registrant to another regulated health care professional or health care provider who does not have the authority to perform the reserved act. Registrants must not prescribe, authorize the purchase, distribute, or allot any of these products for administration by other persons outside of their approved dental practice location, whether authorized regulated health professionals or not.

In addition to the specified clinical and administrative requirements described in the Bylaw, members may only administer neuromodulators and dermal fillers within the scope of practice of dentistry if:

- The patient is a patient of record within their own dental practice recorded with the MDA and not in stand-alone or mobiles spas, esthetics studios, hair salons, fairs, parks, exposition, private residences or the similar.
- The dentist maintains continuity of care for their patients outside of office hours and has suitable arrangements to provide any needed emergency care for their patient in light of the of the potential for serious and even life-threatening reactions to these treatments.
- The dentist accepts responsibility for continual reassessment and follow up.
- The dentist is familiar with all other potential treatments and adheres to their level of procedure specific training and expertise when providing appropriate treatments.
- The appropriate antidotes are present when performing these injections.

Members have an obligation to report in writing to the Registrar within 15 days of any significant adverse reactions or incidents, during or after the administration of any neuromodulators or dermal fillers. A significant adverse reaction or incident, either by misadventure or complication, are often patient reactions that require higher level care by either an alternate MDA member or other regulated health care professional. These adverse patient outcomes include but are not limited to:

a. Transfer, and/or requirement for unanticipated follow-up at a hospital;
b. Disfigurement or effect on vision;
c. Extreme pain or discomfort causing limitation of function on an ongoing basis;
d. Intra-arterial injection resulting in thrombosis, tissues ischemia, necrosis, or embolism with risk of blindness;
e. Injecting or infusing the wrong material than originally intended.

## 6. Continuing Competence

Dentists must realize that the core competencies and requirements for particular Rosters are not all encompassing and that clinical case scenarios of conditions such as bruxism, myofascial pain and other dysfunctions are complex and involve a holistic understanding beyond traditional dental training. Dentists are encouraged to consult with and coordinate treatments with other health care professionals as appropriate, however they must accept overall responsibility for the care of their patients. Both the *Bylaw for the Use of Neuromodulators and Dermal Fillers* and the *Bylaw for Continuing Education of Dentists* describe the minimum regulatory requirements for ongoing education, however, practitioners must ensure they take the necessary steps to ensure ongoing competence of the clinical skills and practical knowledge required to safely provide treatment. In particular, dentists should be aware that the safe maintenance of skills can only be achieved with regular clinical application. Accordingly, dentists should ensure they are providing treatment for at least 8-10 patients for each Roster category every year.

Dentists must also realize that these types of therapies are constantly changing and dynamic in their clinical applications. The member should remain cognizant that new or emerging treatments using these products may not be covered within the *Bylaw for the Use of Neuromodulators and Dermal Fillers* and therefore must consult with the MDA before providing any such treatments.

## 7. Appendices

### Appendix A: MDA Pre-Approved Courses (Initial Training)

| **Applied Anatomy and Introduction to Neuromodulators/Fillers** (*****Required for all Rosters*****) | |
|---|---|
| **Approved Provider** | **Course Name** |
| Pacific Training Institute for Facial Aesthetics Vancouver, BC | Level 1A - Applied Anatomy Review & Introduction to Botox® (Online) Level 1B - Anatomical & Functional Cadaver Laboratory*<br>*Prerequisite: completion of Level 1A |
| University of Alberta Edmonton, AB | Level 1: Applied Anatomy Review and Introduction to Botulinum Toxin Type A |
| University of Manitoba Winnipeg, MB | Neuromodulator and Dermal Filler Use in Dentistry - Introduction and Applied Head and Neck Anatomy |

| **Roster IA: Treatment of Bruxism Using Neuromodulators** | |
|---|---|
| **Approved Provider** | **Course Name** |
| Pacific Training Institute for Facial Aesthetics Vancouver, BC | Level 2 - Basic Botox®: Upper Face & Bruxism Treatment |
| University of Alberta Edmonton, AB | Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment |
| University of Manitoba Winnipeg, MB | Therapeutic Use of Neuromodulators for Use in Dentistry (Bruxism and Myofascial Pain & Parafunction) |

| **Roster IB: Treatment for the Management of Headaches, Migraines, and Temporomandibular Disorders Using Neuromodulators** | |
|---|---|
| **Approved Provider** | **Course Name** |
| Pacific Training Institute for Facial Aesthetics Vancouver, BC | Level 2 - Basic Botox®: Upper Face & Bruxism Treatment **AND**<br>Level 3 - Advanced Botox®: Mid-Face, Lower Face/Neck Region & Myofascial Pain & Dysfunction Treatment |
| University of Alberta Edmonton, AB | Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment **AND**<br>Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatments |
| University of Manitoba Winnipeg, MB | Therapeutic Use of Neuromodulators for Use in Dentistry (Bruxism and Myofascial Pain & Parafunction) |

| Roster IIA: Treatment of the Upper Face Using Neuromodulators | |
|---|---|
| **Approved Provider** | **Course Name** |
| Pacific Training Institute for Facial Aesthetics<br>Vancouver, BC | Level 2 - Basic Botox®: Upper Face & Bruxism Treatment |
| University of Alberta<br>Edmonton, AB | Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment |
| University of Manitoba<br>Winnipeg, MB | Therapeutic and Esthetic Use of Neuromodulators on Upper Face |

| Roster IIB: Treatment of the Mid-Facial, Lower-Facial, and the Neck Using Neuromodulators | |
|---|---|
| **Approved Provider** | **Course Name** |
| Pacific Training Institute for Facial Aesthetics<br>Vancouver, BC | Level 2 - Basic Botox®: Upper Face & Bruxism Treatment **AND**<br>Level 3 - Advanced Botox®: Mid-Face, Lower Face/Neck Region & Myofascial Pain & Dysfunction Treatment |
| University of Alberta<br>Edmonton, AB | Level 2: Basic Neuromodulators: Upper Face and Bruxism Treatment **AND**<br>Level 3: Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatments |
| University of Manitoba<br>Winnipeg, MB | Therapeutic and Esthetic Use of Neuromodulators for the Upper, Mid, Lower Face and Neck |

| Roster III: Treatment to Perform Dental Services Using Facial Dermal Fillers | |
|---|---|
| **Approved Provider** | **Course Name** |
| Pacific Training Institute for Facial Aesthetics<br>Vancouver, BC | Level 4: Basic Facial Dermal Filler: Vermillion Borders, Lips, Naso-Labial Folds, Cheeks and Marionette Lines |
| University of Alberta<br>Edmonton, AB | Level 4a: Facial Fillers and Superficial Injections of the Lower Face |

# Appendix B: Outline of Suggested Core Competencies

This appendix contains an overview of the general expected core competencies that will be considered by the MDA when pre-approving courses required for the use of neuromodulators and dermal fillers by Manitoba Dentists. This information is not intended to be all inclusive and may change from time to time without notice. While courses might be approved after completion, dentists are strongly encouraged to either attend those that have been pre-approved by the MDA or request approval before paying for or attending other courses.

## Roster IA: Treatment of Bruxism Using Neuromodulators

1. Head, neck, and temporomandibular joint applied anatomy, masticatory, neck and facial muscles, nerves, skin, etc. including the neurophysiology, musculature and circulatory systems;
2. Facial skeletal anatomical considerations and review of aging of the face;
3. Patient assessment, consultation, documentation, and continuing care for use of neuromodulators;
4. Patient evaluation for optimal esthetic and therapeutic outcomes;
5. Integrating neuromodulators into dental and maxillofacial treatment plans;
6. Indications and contraindications for extra-oral soft tissue esthetics;
7. Safety and risk issues for neuromodulator therapy (such as Botulinum Toxin Type A);
8. Management and treatment of possible complications; and
9. Assessing patients for signs of body dysmorphic disorder or other relevant psychiatric conditions, recognizing when not to treat, and when to refer to an appropriate health care professional for counseling.

### Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for both upper face and bruxism treatment;
- Indications for other treatment;
- Indications and contraindications for these techniques and pharmaceuticals;
- Medical history taking as it relates to injected facial pharmaceuticals;
- Practical patient evaluation for maxillofacial esthetic and therapeutic outcomes;
- Pharmacology of injected oral and maxillofacial pharmaceutical treatment;
- Etiology and types of bruxism, anatomic considerations in bruxism; and
- Accepted treatment techniques including mapping of anatomical muscle sites, muscle depths, proper preparation and dilution for oral and maxillofacial esthetic and therapeutic outcomes.

### Safety and Risk Issues

- Proper sterile technique as it relates to the use of injected pharmacologic agents and patient treatment;
- Safety and risk issues for injected neuromodulator therapy;
- Knowledge of adverse reactions and how to avoid adverse reactions; and
- Management and treatment of adverse reactions including ptosis, vascular occlusion, and injection related complications.

### Treatment Planning and Delivery

- Integrating neuromodulators into dental therapeutic and esthetic treatment plans;
- Upper facial treatment procedures for therapeutic and esthetic maxillofacial outcomes;
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography;
- Integrating neuromodulators with other treatments and therapies for the treatment of bruxism;
  - Precise delivery of injected facial pharmaceuticals; and
  - Limitations of treatments and recognizing the need for higher level treatments and referral to qualified health care professionals.

### Practice Management

- Provide customizable office forms and informed consent needed to begin treating patients;
- Malpractice and jurisprudence issues;
- Ethics in oral and maxillofacial esthetic procedures;
- Understanding of team training in facial esthetics;
- Patient education in facial esthetics in dentistry;
- Record keeping and facial photographic documentation; and
- Informed consent procedures for facial esthetics treatment.

## Roster IB: Treatment for the Management of Headaches, Migraines, and Temporomandibular Disorders Using Neuromodulators

1. Head, neck, and temporomandibular joint applied anatomy, masticatory, neck and facial muscles, nerves, skin, etc. including the neurophysiology, musculature and circulatory systems;
2. Facial skeletal anatomical considerations and review of aging of the face;
3. Patient assessment, consultation, documentation, and continuing care for use of neuromodulators;
4. Patient evaluation for optimal esthetic and therapeutic outcomes;
5. Integrating neuromodulators into dental and maxillofacial treatment plans;
6. Indications and contraindications for extra-oral soft tissue esthetics;
7. Safety and risk issues for neuromodulator therapy (such as Botulinum Toxin Type A);
8. Management and treatment of possible complications; and
9. Assessing patient for signs of body dysmorphic disorder or other relevant psychiatric conditions, recognizing when not to treat, and when to refer to an appropriate health care professional for counseling.

### Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for both upper face and bruxism treatment;
- Indications for other treatment;
- Indications and contraindications for these techniques and pharmaceuticals;
- Medical history taking as it relates to injected facial pharmaceuticals;
- Practical patient evaluation for maxillofacial esthetic and therapeutic outcomes;
- Pharmacology of injected oral and maxillofacial pharmaceutical treatment;
- Etiology and types of bruxism, anatomic considerations in bruxism; and

- Accepted treatment techniques including mapping of anatomical muscle sites, muscle depths, proper preparation and dilution for oral and maxillofacial esthetic and therapeutic outcomes.

### Safety and Risk Issues

- Proper sterile technique as it relates to the use of injected pharmacologic agents and patient treatment;
- Safety and risk issues for injected neuromodulator therapy;
- Knowledge of adverse reactions and how to avoid adverse reactions; and
- Management and treatment of adverse reactions including ptosis, vascular occlusion, and injection related complications.

### Treatment Planning and Delivery

- Integrating neuromodulators into dental therapeutic and esthetic treatment plans;
- Upper facial treatment procedures for therapeutic and esthetic maxillofacial outcomes;
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography;
- Integrating neuromodulators with other treatments and therapies for the treatment of bruxism;
  - Precise delivery of injected facial pharmaceuticals; and
  - Limitations of treatments and recognizing the need for higher level treatments and referral to qualified health care professionals.

### Practice Management

- Provide customizable office forms and informed consent needed to begin treating patients;
- Malpractice and jurisprudence issues;
- Ethics in oral and maxillofacial esthetic procedures;
- Understanding of team training in facial esthetics;
- Patient education in facial esthetics in dentistry;
- Record keeping and facial photographic documentation; and
- Informed consent procedures for facial esthetics treatment.

## Roster IIA: Treatment of the Upper Face Using Neuromodulators

1. Head, neck, and temporomandibular joint applied anatomy, masticatory, neck and facial muscles, nerves, skin, etc. including the neurophysiology, musculature and circulatory systems;
2. Facial skeletal anatomical considerations and review of aging of the face;
3. Patient assessment, consultation, documentation, and continuing care for use of neuromodulators
4. Patient evaluation for optimal esthetic and therapeutic outcomes:
5. Integrating neuromodulators into dental and maxillofacial treatment plans;
6. Indications and contraindications for extra-oral soft tissue esthetics;
7. Safety and risk issues for neuromodulator therapy (such as Botulinum Toxin Type A);
8. Management and treatment of possible complications; and
9. Assessing patients for signs of body dysmorphic disorder or other relevant psychiatric conditions, recognizing when not to treat, and when to refer to an appropriate health care professional for counseling.

## Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for both upper face and bruxism treatment;
- Indications for other treatment;
- Indications and contraindications for these techniques and pharmaceuticals;
- Medical history taking as it relates to injected facial pharmaceuticals;
- Practical patient evaluation for maxillofacial esthetic and therapeutic outcomes;
- Pharmacology of injected oral and maxillofacial pharmaceutical treatment;
- Etiology and types of bruxism, anatomic considerations in bruxism; and
- Accepted treatment techniques including mapping of anatomical muscle sites, muscle depths, proper preparation and dilution for oral and maxillofacial esthetic and therapeutic outcomes.

## Safety and Risk Issues

- Proper sterile technique as it relates to the use of injected pharmacologic agents and patient treatment;
- Safety and risk issues for injected neuromodulator therapy;
- Knowledge of adverse reactions and how to avoid adverse reactions; and
- Management and treatment of adverse reactions including ptosis, vascular occlusion, and injection related complications.

## Treatment Planning and Delivery

- Integrating neuromodulators into dental therapeutic and esthetic treatment plans;
- Upper facial treatment procedures for therapeutic and esthetic maxillofacial outcomes;
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography;
- Integrating neuromodulators with other treatments and therapies for the treatment of bruxism;
- Precise delivery of injected facial pharmaceuticals; and
- Limitations of treatments and recognizing the need for higher level treatments and referral to qualified health care professionals.

## Practice Management

- Provide customizable office forms and informed consent needed to begin treating patients;
- Malpractice and jurisprudence issues;
- Ethics in oral and maxillofacial esthetic procedures;
- Understanding of team training in facial esthetics;
- Patient education in facial esthetics in dentistry;
- Record keeping and facial photographic documentation; and
- Informed consent procedures for facial esthetics treatment.

## Roster IIB: Treatment of the Mid-Facial, Lower-Facial, and the Neck Using Neuromodulators

1. Head, neck, and temporomandibular joint applied anatomy, masticatory, neck and facial muscles, nerves, skin, etc. including the neurophysiology, musculature and circulatory systems;
2. Facial skeletal anatomical considerations and review of aging of the face;
3. Patient assessment, consultation, documentation, and continuing care for use of neuromodulators;
4. Patient evaluation for optimal esthetic and therapeutic outcomes;
5. Integrating neuromodulators into dental and maxillofacial treatment plans;
6. Indications and contraindications for extra-oral soft tissue esthetics;
7. Safety and risk issues for neuromodulator therapy (such as Botulinum Toxin Type A);
8. Management and treatment of possible complications; and
9. Assessing patients for signs of body dysmorphic disorder or other relevant psychiatric conditions, recognizing when not to treat, and when to refer to an appropriate health care professional for counseling.

### Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning and proper dosing and delivery of neuromodulator treatment for mid-face and lower face/neck regions and myofascial pain and dysfunction treatment;
- Indications for other treatment;
- Advanced applied anatomy of the oral and maxillofacial, lower face and anterior and posterior neck, including cranial base, and related structures;
- Advanced education in injected facial pharmaceuticals;
- Understanding of the latest neuromodulator pharmaceuticals and introduction to dermal fillers and how the two injected levels work in tandem. Comprehensive and definitive diagnosis of myofascial pain and dysfunction;
- Understanding of the precise skeletal and muscle anatomy involved in maxillary gingival excess;
- Treating maxillary gingival excess (gummy smiles) with neuromodulators as an alternative treatment to surgical dental procedures;
- Trigger point therapy for myofascial pain and dysfunction cases;
- Advanced upper and mid-face procedures for esthetic and therapeutic maxillofacial and neck treatment;
- Ability to test and treat hyperactive lower face muscles for dental/facial esthetics, orthodontic retention and removable prosthodontics retention with neuromodulators;
- Advanced indications and contraindications of facial esthetics and therapeutics use in dentistry;
- Neuromodulator therapeutic treatments for chronic migraine and facial pain; and alternative methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics, including referrals to other qualified health care professionals.

### Treatment Planning and Delivery

- Avoidance and management of complications;
- Neuromodulator therapeutic treatment of myofascial pain and dysfunction, facial pain, bruxism cases, hypertrophic masticatory musculature, etc.;
- Integrating neuromodulators into a comprehensive treatment plan for treating definitively diagnosed myofascial pain;
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography; and
- Limitations of treatments and recognizing the need for higher level treatments and referral to qualified health care professionals.

### Advanced Practice Management

- Understanding of advanced team training in facial esthetics; and
- Enhanced informed consent procedures for facial esthetics treatment.

## Roster III: Treatment to Perform Dental Services Using Facial Dermal Fillers

1. Head, neck, and temporomandibular joint applied anatomy, masticatory, neck and facial muscles, nerves, skin, etc. including the neurophysiology, musculature and circulatory systems;
2. Facial skeletal anatomical considerations and review of aging of the face;
3. Patient assessment, consultation, documentation, and continuing care for use of neuromodulators;
4. Patient evaluation for optimal esthetic and therapeutic outcomes;
5. Integrating neuromodulators into dental and maxillofacial treatment plans;
6. Indications and contraindications for extra-oral soft tissue esthetics;
7. Safety and risk issues for neuromodulator therapy (such as Botulinum Toxin Type A);
8. Management and treatment of possible complications; and
9. Assessing patients for signs of body dysmorphic disorder or other relevant psychiatric conditions, recognizing when not to treat, and when to refer to an appropriate health care professional for counseling.

### Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning and proper dosing and delivery of dermal fillers;
- Indications for other treatment;
- Advanced oral and maxillofacial anatomy and injected facial pharmaceuticals (hands-on review of peri-oral facial anatomy and skin is recommended);
- Advanced facial skeletal anatomical considerations, review of aging of the face; and
- Comprehensive patient assessment for more advanced combination treatment with neuromodulators and dermal filler pharmaceuticals for oral and maxillofacial esthetic and therapeutic cases.

## Advanced Facial Esthetics Treatment Planning and Delivery

- Facial esthetic procedures in the oral and maxillofacial areas with injected facial pharmaceuticals in association with dental, prosthodontic, orthodontic, periodontal and maxillofacial reconstructive treatment;
- Conservative lip enhancement procedures and avoidance of potential complications, enhancing the natural lip anatomy to create esthetic lip structures and proper smile lines;
- Treating the nasolabial fold;
- Adding volume to the interdental papilla and residual dental ridges using dermal fillers;
- Understanding facial functional anatomy, aging and skin care to enhance treatment procedures;
- Advanced dermal filler injection techniques including cross-hatching, scaffolding and bulk- filling;
- treating the nasolabial fold, the lips, and the interdental papillae for dental and maxillofacial esthetics and therapeutics;
- Continued assessment of treatment and therapeutic outcomes and standardized patient photography; and
- Understanding advanced facial esthetic skin treatments.

## Comprehensive Treatment Objective and Non-surgical Techniques

- Advanced indications and contraindications of facial esthetics and therapeutics use in oral and maxillofacial areas and their related structures;
- Alternative methods of treatment through differential diagnosis and offering patients all available options for oral and maxillofacial esthetics and therapeutics;
- Treatment sequence, patient management, post-operative instructions; and
- Avoidance and management of complications.

## Advanced Practice Management

- Enhanced office forms and/or documentation with appropriate informed consent needed to begin treating patients;
- Understanding of advanced team training in facial esthetics; and
- Enhanced patient education in facial esthetics in dentistry.

## Patient Assessment and Evaluation

- Diagnosis, documentation, treatment planning and proper dosing and delivery of dermal fillers;
- Indications for other treatment;
- Advanced oral and maxillofacial anatomy and injected facial pharmaceuticals (hands-on review of peri-oral facial anatomy and skin is recommended);
- Advanced facial skeletal anatomical considerations, review of aging of the face; and
- Comprehensive patient assessment for more advanced combination treatment with neuromodulators and dermal filler pharmaceuticals for oral and maxillofacial esthetic and therapeutic cases.