

2006 Annual Session, Miami, Florida – November 1-4

The ACP Annual Session in Miami highlights "Generations of Excellence" to provide a unique opportunity to recognize our diverse strengths as Prosthodontists. This year, the program has been designed to maximize impact of the scientific sessions on both Thursday and Friday, November 2-3, 2006. The first day of the scientific session includes Prosthodontists - parent and sibling – that will present in tandem to provide an array of topics timely and applicable to our practices. The lead speaker, Ms. Moats Kennedy, will present an intriguing perspective on the generational differences of current and future students, colleagues and associates. Key speakers on various prosthodontic topics will include Drs. Harold & Michael Litvak, Drs. Brien & Lisa Lang, Drs. Baldwin & Chris Marchak, Drs. Niles & David Guichet, Drs. Vincent & Frank Celenza, and Drs. Albert & Gary Solnit. This is a unique opportunity to enjoy speakers who will share the podium in tandem and offer generational insights into issues of impor-



tance to the practice of prosthodontics.

On the second day of the scientific session, noted clinicians will build on our strengths with associated topics including Dr. Ken Hargreaves, Dr. Brian Mealy, Dr. Linda Niessen, Dr. Joseph Kan, Dr. Richard Roblee, Dr. Patricia Blanton, Dr. Geza Terezhalmay, and Dr. Bruce Matis. The private practice seminar is being revitalized to occur prior to the scientific session and a new program, the Technofair for Dental Laboratory Technician colleagues and Prosthodontists

alike, will offer a more in-depth hands-on experience. Additional programs such as the Board Preparation course, Prosthodontic Dental Assistant program and implant training sessions will be offered again and highlight specialized continuing education for all members.

We look forward to having you enjoy both superb continuing dental education, as well as a beautiful area of the country - Miami, Florida.

PRESIDENT'S MESSAGE

It's not Me...it's You!

I could just recap all of the amazing accomplishments the College has posted this past year (there have been many). I would prefer to describe how they are intimately linked to each member and how we ALL have benefited as an organization, professionally and personally. My message is clear and simple; members and members' needs are the highest priority.

Many of the activities occurring earlier in the year have been outlined in the various editions of this Messenger publication. I offer congratulations and express gratitude to the leadership and guidance from Patrick Lloyd over the past year. We have all benefited from his wisdom and vision.

The ACP Education Foundation activities (funded by members and corporate colleagues) are disclosed in the ACPEF Update that accompanies this issue of the Messenger.

Our Public Relations Campaign included a national focus with the goal that ALL would benefit- public awareness, access to care via the Find a Prosthodontist page at our website and a more user-friendly web address www.GoToAPro.org.

I participated, along with Lily Garcia, in a print media blitz meeting with and educating Health and Beauty Editors from prominent national magazines about not only the value of prosthodontic care, but more importantly, care by a prosthodontist. Steve Campbell served as our on-air talent for the radio portion of the campaign. This was capped off by the live television feeds from our Annual Session in Los Angeles. By taking action with top markets the trickle-down effect will help each one of us, as well as, increase recognition for the specialty and the College. ALL efforts were targeted at enhancing our visibility and public accessibility.



Dr. Bruce G. Valauri
ACP President

We were also proud to have supported an article in the August 2005 issue of JADA that examined the educational expense and future earnings associated with taking a prosthodontic graduate program. As co-author, David Pfeifer demonstrated that costs were recouped within 3-5 years and that the net earnings were significantly higher than the generalist. This is more good news. A second article will appear in our Journal of Prosthodontics in the coming year.

We know this will have a positive effect on enrollment and the quality of the applicants.

There have also been activities related to our Laboratory Alliance members and the issues that face their industry as they have a direct impact on each one of us. We supported a Dental

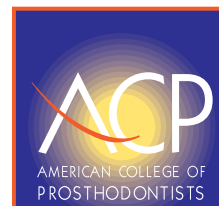
Laboratory Summit meeting, which included interested parties from education, corporate, laboratory technicians and laboratory owners. We will continue to explore models and creative ways to improve the quality and future of the dental laboratory industry.

I have only scratched the surface on describing a sampling of initiatives that we have been committed to and continue to develop. I also want to welcome our new Executive Director, Nancy Deal Chandler, along with the talent and enthusiasm she brings to our organization. Our focus is- YOU, the member.

I hope you can sense the energy, momentum and dedication to continued excellence in all of the areas we have touched upon. We have a tremendous amount planned in the year ahead. Together we can continue to grow the specialty and all garner the benefits.

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EDITOR'S MESSAGE

Dr. Stephen D. Campbell, ACP President-Elect

Growing Prosthodontics

We are more than fortunate.... We are one of the original dental specialties, yet we are new. Just look around, who could have envisioned what Prosthodontics and Prosthodontists have become? Consider the 1980's even the 1990's. Look how different our patient care and educational programs are. It's never been more fun. It's never been so thrilling. We've never been able to do more for our patients, and it seems every day gets better.

We are the most diverse specialty; a fact that has been our worst enemy in the past but has evolved into our biggest asset today..... the driving force of our future. Prosthodontics is growing. We are more respected and recognized than ever, by our colleagues, by our patients, by the academic community. And we have just begun.....

The explosion of modern technology, the ever-increasing complexity of patient care, the rapidly expanding patient base and complex needs, the aging population, the evolution of what we have become. These have all placed Prosthodontics into a unique position. Our expertise and training Programs provide us with the capacity to embrace and drive these changes. We are no longer defined by one or two procedures that we have special skills to accomplish.

While technical expertise is still important, it is no longer the sole defining character of who we are. We have grown. As a result, we are positioned differently than most of the other specialties today. We are positioned better to support patient care needs and utilize new technologies. As "the" diagnostic oral health experts, we have become a resource for the entire professional and patient communities. Can you imagine being part of a specialty that is defined primarily by a single treatment procedure? Or trained to a level that the technologies and future are not accessible?

I see the most incredible future for Prosthodontics! The vision is so clear..... Prosthodontics is growing. The number of applicants to our programs is increasing, new Programs have opened in recent years, we have expanded the scope of Prosthodontics, patient care needs are exploding. I see the future of a growing Prosthodontic community. I see an Organization and Foundation that embraces our core value of improving the quality of life through Prosthodontics.

I see a future of an active and strong membership, an organization of 4,000 members, a Central Office equaled by none. I see a future of widespread public awareness and the best continuing education programs. I see a new organizational structure that will position us to be nimble and responsive to our membership and the demands of the environment. A structure that will help us realize our future.

I see a future of the top students from every dental school pursuing Prosthodontics, a future of more and larger Prosthodontic Programs, providing leadership in the educational and patient care environments. I see a future of 200 new Prosthodontists graduating every year. Not just numbers, but the best and brightest the specialty has ever seen.

I see a future of patients in need seeking the expertise we offer, a public that benefits from the best of care and the growth of our specialty. We have grown in a way that puts us in less direct competition with general practice than we have ever been. I see a future that continues to differentiate us. I see a future of a Laboratory Alliance that turns the tide, a future of partnering with general dentistry and the general dentist for the benefit of every patient. I see a future where general dentistry recognizes the resource we have become.

I see a future of growing Journals that no longer share the same exact formats, competing for the same manuscripts, the same readership trying to do everything. I see a future of focused Journals, a Journal of Clinical Prosthodontics, a Journal of Prosthodontic Research, a Journal of Prosthodontic Education supported by the entire academic community. A future where the journals compliment one another rather than compete..... each attracting the very best manuscripts and providing the best to the community. Each expanding the scope of Prosthodontics and helping prosthodontics grow.

I see a future founded on the strength of those that have contributed so much to bring us to this threshold. Thanks to everyone that has...And all that will....

Don't we all see the same thing? The very best specialty... providing the most incredible services for our patients, communities, and academic environments. Everyone else is ready to discover We have grown and the best is yet to come.

In Memory



Dr. Noel Wilkie

Dr. Noel Wilkie

Contributed by
Dr. Gary Goldstein

Past President Noel Wilkie lost an ongoing battle with Lymphoma on Sunday October 16th.

Following graduation from the University of Pennsylvania School of Dentistry, Noel spent 25 years serving our country in the U.S. Navy. He received his Prosthodontics training at the National Naval Dental School at Bethesda and became Board Certified soon afterwards. He served on 2 ships and completed 2 tours of duty in Vietnam. On the second tour, aboard the aircraft carrier USS Enterprise, he was involved in one of the Navy's worst disasters at sea. On January 14, 1968, 500 and 1000 pound bombs exploded on the carrier's deck and consequently 28 men lost their lives. Noel and his team received the initial waves of casualties while manning a Battle Dressing Station closest to the flight deck. Throughout the day they continued providing medical care in confined isolation and were credited with saving several lives. The Secretary of the Navy cited him for heroic achievement for his actions that day.

Noel also served at the Naval Dental School where he headed the Residency Program in prosthodontics. While Captain Wilkie retired from the Navy in 1984 he did not retire from prosthodontics. He joined the faculty at Georgetown University School of Dentistry and five years later he moved to the NYU College of Dentistry, where he was the Director of the Advanced Education Program in Prosthodontics. Noel was an exceptional teacher. He had a hand on approach and was always available to demonstrate clinically what he advocated didactically. His dedication to his students was unwavering, much like his life-long dedication to Prosthodontics and his friends.

A graduate of the University of Wyoming with a B. S. in Chemistry/Zoology, he later became President of their Alumni Association.

A gifted writer, with an incisive approach to both the immense good and the problems facing Prosthodontics, it was only natural that he segued in to publishing the "ProsStars" newsletter. It gave him the perfect opportunity to challenge us to think about what we do and why.

Noel was an avid bicyclist, a fly fisherman and a gourmet cook. He is survived by his wife Connie, 2 children (Nancy and Jeff) and 4 granddaughters.

Dr. Alex Koper

Contributed by Dr. Howard Landesman

When I learned of Alex Koper's passing, I knew I had lost a best friend. Upon further reflection, I realized that for the 35 years I was his student, colleague and friend, he had the most influence on my professional career. I always felt honored to be one of his students.

As a teacher, it became apparent that he loved to demonstrate how to perform a procedure, communicate with a patient or discuss any information related to prosthodontics. A day would not pass without Alex Koper saying, "let me show you how to do this." To watch the master at work was a thrill. Patients adored him. They realized that when he was with them, his only concern was their well-being. He had an extraordinary understanding of people. Nothing, absolutely nothing, could distract him from his one-on-one interaction with his patients.

His articles on "Denture-Birds" and "Why Dentures Fail" are classics in the prosthodontics literature. And while he gained great respect for treating the difficult edentulous patient, he was equally recognized in fixed prosthodontics. He was one of the first prosthodontists in the nation to Chair a pro-

gram that placed equal emphasis on fixed and removable prosthodontics. I vividly recall a national meeting of all directors of prosthodontic programs in which Alex Koper presented compelling reasons why all prosthodontic programs should become integrated to include fixed and removable prosthodontics.

I was flattered when he asked me to pursue a full-time career in academics and help him direct the advanced prosthodontics program at USC. Working closely with him was "a dream come true." I observed how he influenced faculty to encourage students to be innovative, creative and caring for patients.

As the years progressed, he was always proud of his former students. Many of his students became Diplomates of the American Board of Prosthodontics. A number of them held major positions in the most prestigious organizations in our specialty and in educational institutions throughout the world.

Alex Koper symbolized the very best of human nature. All of us who had the fortune to have come in contact with him will never forget him for what he did to enrich our lives. We will truly miss him.



Dr. Roland Dykema

Dr. Roland Dykema

Contributed by
Dr. Carl Andres and
Dr. Charles Goodacre

Most of us have at some time in our life been exposed to an individual who has had a profound influence on our personal and professional development. Dr. Roland Dykema was such a person. Dr. Charles Goodacre prepared an essay as a tribute to Dr. Dykema entitled "The Compleat Prosthodontist." He states: "The 'compleat prosthodontist' by their presence, caused learning to occur. They used whatever means were necessary to help us reach our potential; critique, humor, and personal support, even cajoling us to reach higher. Some of their help was blunt at times but not demeaning. They had the ability to bring dreamers out of the clouds, sometimes with a thud. Their goals and their lives were committed to education and Prosthodontics. They knew all the history, could demonstrate all the techniques, would freely disagree and say what they thought rather than what they thought people would like to hear. They could handle all the materials, give all the lectures, and teach all the classes. They did everything because it was the right thing to do."

During my years of association with Dr. Dykema, he inspired me with his teaching and amazed me with his depth of knowledge, not only of Prosthodontics, but all aspects of life. He was a tremendous influence on my life and my career. He not only knew the history, he made significant contributions to the history and future of our specialty. He was a Charter Member of the American College of Prosthodontists, and active in the American Academy of Fixed Prosthodontics. He was President of the AAFP in 1979, and received the George Moulton Award for Lifetime Contributions to Fixed Prosthodontics in 1997. He was elected to the American Board of Prosthodontics in 1974 and served as President of the Board in 1982-83.

At his retirement from Indiana University School of Dentistry celebration in 1988, former students were asked to contribute to a list of "Dykemaisms".

The following are a few examples: 1. "That crown fits like socks on a rooster"; 2. "All that is highly polished doesn't necessarily fit"; 3. "It is better to have no taste than bad taste"; 4. "He's got the midas touch in reverse"; and 5. "Everybody is good for something, even if its to serve as a bad example."

He will be missed very much. He was a great teacher and a wonderful friend.

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2005 Annual Session Table Clinic Winners



From left to right: Ryan A Dunlop, First Place Predoctoral Student; Chin-chuan Fu, Second Place Resident; Fiorella L. Potesta, Third Place Resident; Dr. Ivy Schwartz, Table Clinics Chair; and Amit Sachdeo, First Place Resident.

Resident Competition

- 1st Place:** Biofilm Formation in the Edentulous, Amit Sachdeo, BDS, MS, Prosthodontic Resident, Harvard University.
- 2nd Place:** Comparison of Retention Characteristics in Prefabricated and Custom Cast Dental Attachments, Chin-chuan Fu DDS, MS, Prosthodontics Resident, University of Alabama at Birmingham.
- 3rd Place:** The Effect of Etching Technique on the retention of adhesively cemented prefabricated post, Fiorella L. Potesta, DDS, MS, Maxillofacial Prosthetic resident, University of Alabama in at Birmingham.

Predocctoral Student Competition

- 1st Place:** National Trends in Postgraduate Education in Prosthodontics, Ryan A. Dunlop, BS, Predoctoral Dental Student, Harvard School of Dental Medicine.

2005 Annual Session Table Clinics Abstracts

The Effect of Multidisciplinary Approach in a Patient with Cancer of the Head and Neck: Quality of Life, Ioli-Loanna Artopoulou, DDS, MS, former Fellow, Section of Oncologic Dentistry and Prosthodontics, Department of Head and Neck Surgery, UTMD Anderson Cancer Center. Treatment for a clinical case of head and neck cancer treated at MDACC was provided by multiple services in a multidisciplinary fashion. The patient was initially diagnosed by the head and neck surgeon and referred to the different medical and dental services for treatment plan formulation. The constructed treatment course involved systemic chemotherapy, radiotherapy and surgical intervention followed by prosthetic rehabilitation. Survivorship and rehabilitation are closely interacting concepts when applied to the cancer experience. Treatment is focused on the control or eradication of the disease and restoration of the cancer patients' quality of life and functional status.

SWU 3 Visit Complete Denture Technique, Siriporn Arunpraditkul, DDS, MS, Sudsukh Thongthammachat-Thavornthanasarn, DDS, MSD, Instructor, Department of Conservative Dentistry and Prosthodontics, Srinakharinwirot University Dental School, Bangkok, Thailand. Prosthodontic faculty and staff of the Srinakharinwirot University Dental School have developed a 3-visit complete denture technique to overcome the limited time problems when treating patients in remote rural areas of Thailand. Patient selection is the key to the success of this technique. The selected patients should be Class I or Class II patients, according to the ACP Diagnostic Classification of Complete Edentulism. The first visit includes preliminary impressions, occlusion rim fabrication, trial occlusion rims and jaw relation record. The second visit includes trial dentures, final impressions, and posterior palatal seal fabrication intra-orally. At the final visit the dentures are delivered.

Prosthodontic Management of Sulcoplasty and Sialodochoplasty with Use of a Conforming Surgical Stent, Robert W. Berg, DMD, Prosthodontic Resident, Albert Einstein College of Medicine at Montefiore Medical Center. A patient presented following loss of her mandibular implant-retained complete overdenture prosthesis. After six months, an unfavorable tissue hypertrophy had occurred. An excisional biopsy revealed significant inflammatory epithelial and fibrous hyperplasia. Unfavorable sulcular anatomy due to hypertrophy would not allow seating of any prosthesis. Through prosthetically driven treatment planning, the patient was referred to the oral surgeon for sialodochoplasty and sucoplasty accomplished with the use of a split thickness skin graft and a conforming surgical stent. Satisfactory denture bearing tissue was reestablished. This allowed fabrication of a new stable and retentive prosthesis.

Procera Implant Bridge™ Zirconia: A Fabrication Technique for Framework Analog, Paul P. Chang, DDS, Periodontics/Prosthodontics Resident, University of Texas Health Science Center, San Antonio, Texas. Dental implants have been restored with all-ceramic restorations in an attempt to improve the esthetic results as compared with metal ceramic restorations. Procera Implant Bridge™ Zirconia has been developed to enhance esthetics and precision fitting. It utilizes computer-assisted manufacturing (CAM) technology to mill a custom-designed framework from Zirconia blanks. Porcelain is then stacked directly onto the Zirconia framework. In order to have the Zirconia framework milled, a resin framework

analog has to be fabricated for computer scanning and transportation. A convenient technique for converting a waxed framework into a resin analog for the fabrication of the Zirconia framework is described.

National Trends in Postgraduate Education in Prosthodontics, Ryan A. Dunlop, BS, Predoctoral Dental Student, Harvard School of Dental Medicine. Current trends regarding applications to prosthodontics programs are unknown. Survey instruments were sent to US Dental School Deans and Advanced Prosthodontic Program Directors to investigate trends in prosthodontic education. The data showed 25% increase in dental students seeking prosthodontic training in the past five years. Important factors affecting dental student interest in prosthodontics were: loss of GME funding, public demand for prosthodontic services, predoctoral mentoring by prosthodontists, and advances in implant, cosmetic and reconstructive procedures. It is apparent that Dental school administrators have recognized an increase in students choosing prosthodontics and are implementing new programs to further increase interest in advanced prosthodontics education.

The Use of Provisional Implants to Aid in Retention of an Interim Complete Denture for a Patient with Sarcoidosis, Christina L. Elliott, DDS, Prosthodontic Resident, USAF, Wilford Hall Medical Center, Lackland AFB, Texas. Sarcoidosis is a granulomatous disorder of unknown etiology that affects multiple organ systems. A patient presented with generalized severe chronic periodontitis of the maxillary dentition. An immediate complete denture was planned; however, the unfavorable edentulous anatomy; severe alveolar bone loss, osseous destruction from the removal of sarcoid lesions and a flat palatal vault, compromised denture retention and stability. The limited osseous structure necessitated use of CT data and stereolithographic models to plan conventional implant placement in conjunction with 2 immediate provisional implants. Consequently stability, retention, and patient acceptance were improved during the transitional phase of treatment.

Fabrication and Use of Custom Arch Bars in the Full-Mouth Rehabilitation of a Patient Requiring Orthognathic Surgery, Stephanie A. Fagen, DMD, Prosthodontic Resident, USAF, Wilford Hall Medical Center, Lackland AFB, Texas. Fabrication of cast custom arch bars is a helpful tool in surgical applications when the maxilla and mandible must be fixated. Advantages of this technique include less damage to the supporting tissues, shorter operative times and better oral hygiene. A case in which the patient required orthognathic surgery in conjunction with full-mouth rehabilitation is presented. Custom cast arc bars and a surgical splint were fabricated using information gained from a cast surgery procedure and diagnostic wax-up. Procedures to achieve a diagnostic wax-up, cast surgery, and fabrication of the custom arch bars are discussed.

Comparison of Retention Characteristics in Prefabricated and Custom Cast Dental Attachments, Chin-chuan Fu DDS, MS, Prosthodontics Resident, University of Alabama at Birmingham. The purpose of this study was to investigate the retention characteristics of attachments fabricated by machine-milling or by custom casting. Three types of ERA matrices including one prefabricated and two cast matrices were used. The dislodging force at the baseline, 100, 200, 300, 400, 500 and subsequently after every 500 pulls up to 2,500 pulls were measured. The results showed that all 3 groups had no difference at the baseline but the cast groups had greater variation within group. Decreased dimension attachments had no significant difference when compared to the cast regular dimension group after 400 pulls.

Implant-Supported Fixed Provisionalization Following Full Arch Extraction, Guadalupe E. Garcia, DMD, Prosthodontic Resident, NYU College of Dentistry. Following full-arch extraction, the treatment modality usually consists of providing the patient with a conventional removable prosthesis prior to implant rehabilitation. In certain cases, the extraction sites must be regenerated to provide enough osseous support for implant rehabilitation and enhancement of the prosthetic outcome. However, using a removable prosthesis as an interim prosthesis as described in the conventional implant treatment protocol may be inconvenient for some patients. A treatment modality is presented in which provisional implants were placed to support an interim fixed restoration allowing greater stability and immediate function for the patient during the period of osseous regeneration and definitive implant placement.

The Young Adult Oligodontia Patient: A Removable Prosthetic Option, Mollie E. Griswold, DDS, Prosthodontic Resident, NYU College of Dentistry. Patients with oligodontia require fixed or removable prostheses to provide acceptable esthetics and function. Extraction of retained primary teeth was contraindicated in a growing 17 year old male patient. An acrylic occlusal device was fabricated and worn temporarily by the patient to assess the tolerance of the required increase in the patient's vertical dimension of occlusion. Maximal comfort and esthetics was established and reassessed. Based on the treatment parameters for this patient, the definitive removable prosthesis was then fabricated utilizing a titanium alloy framework veneered with various overlaying materials.

An Alternative Technique for Fabrication of an Occlusal Device, Jason E. Holden, DMD, Prosthodontic Resident, NYU College of Dentistry. The use of an acrylic occlusal device serves many functions in prosthodontic therapy. Several methods have been suggested for their fabrication, but most require complex laboratory procedures, incur a laboratory fee and require multiple visits for fabrication and insertion. An alternative technique is presented.

Continues on page 9

2005 ACP Annual Session in Los Angeles, California



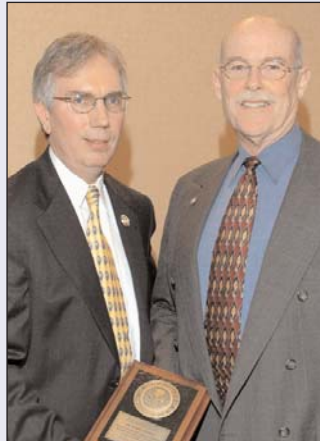
2005 Annual Session Award Winners



Dr. Thomas Vergo (l) is presented with the Distinguished Lecturer Award by Dr. Steven Eckert (r).



Dr. Arthur Nimmo (r) is presented with the Distinguished Service Award by Dr. Patrick Lloyd (l).



Dr. Robert Cronin (r) is presented with the Educator of the Year Award by Dr. Patrick Lloyd (l).



Dr. Stephen Parel (r) is presented with the Dan Gordon Award by Dr. Patrick Lloyd (l).



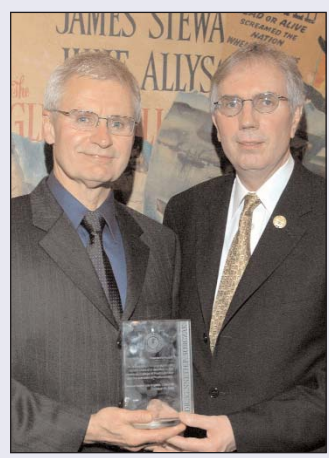
Dr. Clark Stanford (r) is presented with the Clinician/Researcher Award by Dr. Patrick Lloyd (l).



Col. Charles F. De Freest is presented with the Federal Services Award by Lisa Curtis of Straumann, Inc.



Anneliese Haws (r) receives the Best of the Best Student Prosthodontic Award sponsored by Waterpik Technologies from Ms. Stephanie Correal (l) of Waterpik.



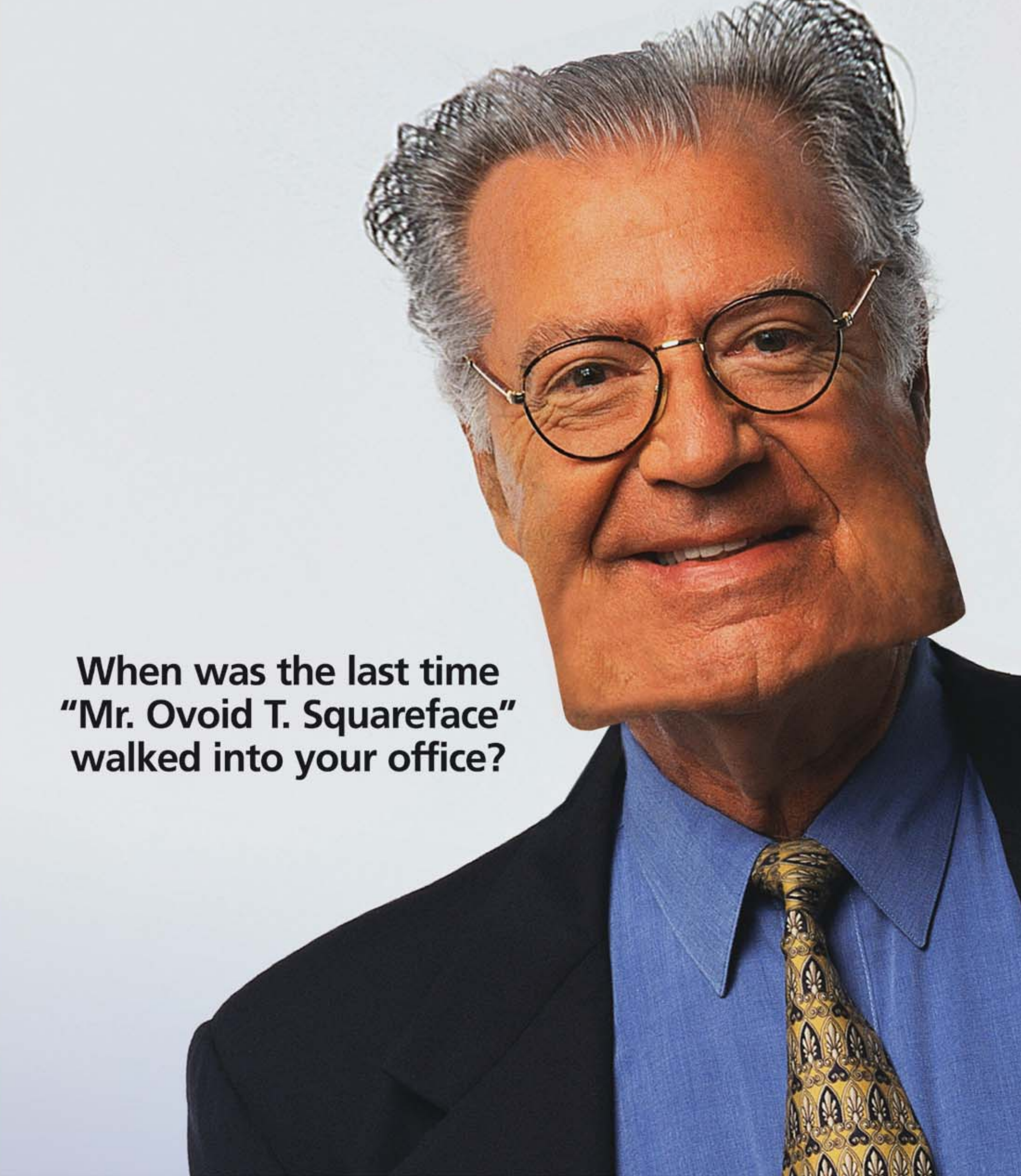
Dr. Kenneth P. Sobczak (l) accepts the President's Award presented to him by Immediate Past-President Dr. Patrick Lloyd at the President's Dinner at Universal Studios.



2005 John J. Sharry Research Competition Winners (l-r): Dr. Michael Douglas Brooks - First Place; Ambereen Khan - Third Place; and Dr. Y. Joon Ko - Second Place.



American Board of Prosthodontists (ABP) New Diplomates are honored at the 2005 Annual Session Awards Luncheon. Back row (l-r): Dr. Alfonso Monarres, Dr. Si Woon Park, Dr. C. Lee Hatley, Dr. Kenneth Kurtz, Dr. Jack Piermatti, Dr. James Morris, Dr. Kiho Kang, Dr. Hassen Abed (accepting on behalf of Dr. Fahad Ahmed Al-Harbi), Dr. Gregory Kuwabara. Front Row (l-r): Dr. Kok-Heng Chong, Dr. Willy Shian Wei Chang, Dr. Diane Yoshinobu Tarica, Dr. Adel M. Al-hamad, Dr. Daniel D. Dunham. Not pictured: Dr. Amal Rashad Abualsamh, Dr. Abdulaziz M.A. Al baker, Dr. Vincent Auth, Dr. Bashshar A.Z. Al-Rashdan, Dr. Philip S. Baker.



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2005 Annual Session Table Clinic Winners *Continued from page 5*

The maxillary and mandibular casts are mounted on a semi-adjustable articulator and the clinician designs and controls all mandibular eccentric movements during wax-up. A flask-less processing technique eliminates remounting working casts; it is predictable, does not incur laboratory fees and may be performed by trained auxiliary personnel.

Fabrication of an implant-supported acrylic fixed complete denture from a current hybrid denture, Yung-tsung Hsu, DDS, MS, Birmingham, Alabama. Replacing worn denture teeth on the hybrid denture is inevitable. The challenge is to maintain esthetics and function during this process. A technique is presented that demonstrates duplicating the current hybrid denture with silicone impression material, autopolymerizing acrylic resin and temporary abutments. A temporary fixed detachable denture can be made prior to the replacement of the worn denture teeth. The advantages of this technique include maintaining esthetics, ease of fabrication, and allow more time for lab work.

The Clinical Trial of the Interim Implant in Restoring the Congenitally Missing Maxillary Lateral Incisor: A Clinical Report, Sunhong Hwang, DDS, MS, Assistant Professor, Department of Prosthodontics, Yonsei University College of Dentistry, Seoul, Korea. Restoring a congenitally missing lateral incisor often presents clinical difficulties especially for the adolescent patient, whose bones have not matured. A single implant restoration may be one of the best prosthodontic treatment options. But conventional implant restorations should be delayed until bone growth is completed. Interim implants can be effectively used as an interim prosthodontic treatment before the case is restored with conventional implants. A clinical case is presented to show how to use interim implants and a technique to achieve an acceptable esthetic interim implant restoration.

"All-On-Four" Immediate-Function Concept with Computer Numeric Controlled (CNC) Milled Titanium Frameworks to Treat the Completely Edentulous Patient: A Surgical and Prosthetic Approach, Amir H. Khatami, DDS, Russell A. Baer, DDS. A surgical and prosthetic technique with the use of "All-on-Four" guide for angulated placement of the most distal implants to support a fixed-complete denture. The anterior-posterior spread is increased and the prosthetic support is more favorable. A CNC-titanium milled framework is used to support the denture acrylic resin.

Cadiax Compact as a diagnostic tool for treatment planning, Ahmed Samir Koheil, BDS Prosthodontic Resident, University of Minnesota. Programming a DENAR D5A using the Cadiax system along with the DENAR® Slidematic Facebow is a convenient and practical procedure for everyday prosthodontics. This procedure enables the clinician to mount casts and simulate mandibular movements accurately, detect interferences, study the effect of the TMD on mandibular movement and occlusion, which help with treatment plan decisions.

Restoration of a Central Incisor with Immediate Provisionalization and All-Ceramic Crown: A Case Report, Michele Landolt, DMD, Prosthodontics Resident, NYU College of Dentistry. A 32 year old woman with a high smile line lost her right central incisor due to root resorption. A flapless extraction was performed and the site was grafted. After a healing period of three months, stage 1 surgery was performed (delayed placement) and the implant was immediately provisionalized. The implant was restored 10 months later with an all-ceramic abutment and an all-ceramic crown. The all-ceramic abutment was fabricated using scanning technique (Nobel Biocare).

Immediate Provisionalization of Dental Implants, Judd G. Langley, D.D.S. Prosthodontic Resident, USAF, Wilford Hall Medical Center, Lackland AFB, Texas. Due to the increasing number of provisional restorations being fabricated at the time of implant placement, the need for an expedient process to fabricate a high quality provisional restoration has arisen. The requirements for immediate implant provisionalization of dental implants from a surgical aspect are presented. Detailed techniques are included which provide high quality, immediate provisional restorations in a relatively short period of time.

Development of Retention in an Overdenture for a 4 year old Hypohidrotic Ectodermal Dysplasia Patient: A Conservative Approach, Mauricio Lavie, DMD, Postgraduate Prosthodontic Student, New Jersey Dental School. A four-year-old patient presented with hypohidrotic ectodermal dysplasia (HED). The intraoral examination revealed an edentulous mandible and two maxillary, conically shaped incisors. The treatment plan formulated included a maxillary Q-sil overdenture and a mandibular complete denture. Following impressions, maxillomandibular records and a diagnostic wax-up, the shape of the maxillary teeth were modified utilizing composite resin and a vacuum-formed restorative template. The dentures were delivered without complication. The patient adapted well to the prostheses and his mother was pleased with the advances he made in his psychosocial development as well as an improvement in phonetics and ability to masticate.

Conversion Prosthesis: Chair-side Immediate Complete Denture, Marjan Moghadam, DDS, MA, Prosthodontic Resident, NYU College of Dentistry. Patients often present with mutilated dentitions requiring multiple extrac-

tions and the delivery of an immediate complete denture prior to the fabrication of a definitive prosthesis. When the patient presents with a full-arch fixed partial denture with a few, severely compromised abutments, it is sometimes impossible to follow the ideal procedures for fabrication of an immediate complete denture. Potential problems include the risk of removing the prosthesis prematurely with the impression or loss of support of the prosthesis if posterior teeth are extracted. A technique for the fabrication of a chair-side immediate complete denture is presented.

The Effect of Etching Technique on the retention of adhesively cemented prefabricated post, Fiorella L. Potesta, DDS, MS, Maxillofacial Prosthetic resident, University of Alabama in at Birmingham. Sixty extracted teeth, endodontically treated with post space prepared were divided into five groups. Each group was treated with different etchant consistencies: acid gel, semi-gel, low-viscosity gel, liquid and a self-etching primer. After post cementation four sections were removed from each root and a push-out test was performed. Significant effects were found for the etching procedure and the location within the root canal. The apical segment produced the lowest bond strength. Self-etching primer showed the highest bond strength. The consistency of etchant material influenced the bond strength of prefabricated posts cemented into extracted, endodontically treated teeth.

Fabrication of an OSA TAP II Device for a Completely Edentulous Patient, Ryllis A Rousseau, DMD, Prosthodontic Resident, USAF, Wilford Hall Medical Center, Lackland AFB, Texas. Obstructive sleep apnea (OSA) is a potentially debilitating condition that has obtained a heightened awareness in the dental profession. Dentists play an important role in a multidisciplinary approach to its treatment. The fabrication and delivery of an OSA device for a completely edentulous patient diagnosed with mild obstructive sleep apnea after completing a polysomnogram is presented. The patient presented with a maxillary complete denture and mandibular implant-retained overdenture. The OSA device was constructed incorporating TAP II™ components to maintain the mandible in a protruded position during sleep. A polysomnogram to re-evaluate the patient's condition while utilizing the device is planned.

Biofilm Formation in the Edentulous, Amit Sachdeo, BDS, MS, Prosthodontic Resident, Harvard University. The oral cavity presents numerous surfaces for microbial colonization. These surfaces produce biofilms of differing complexities unique to each individual. Several studies have looked at biofilms in the dentate but there is very limited knowledge regarding biofilms in the edentate. This study, unlike any other study done before, compared the changes in composition and development of biofilms on dentures, soft tissues and saliva of 61 edentulous subjects. All samples were analyzed using the DNA-DNA Checkerboard Hybridization technique, providing both, cross-sectional data (microbiota of complete denture-wearing subjects) as well as longitudinal data (microbiota of complete denture-wearing subjects before and after treatment).

Esthetic RPD Design Utilizing Locator Attachments and Implants, Sudsukh Thongthammachat-Thavornthanasarn DDS, MSD, Instructor, Winiramol Sriwattana, DDS, Department of Conservative Dentistry and Prosthodontics, Srinakharinwirot University Dental School, Bangkok, Thailand. Esthetics in clinical situations with long span distal extension edentulous areas and few remaining abutments is compromised with conventional RPD design. Implants with attachments may be a solution for this problem. This technique can improve esthetics and function of the RPD. The strategic placement of implants can change an edentulous area from a Kennedy Class I to Kennedy Class III. The attachments help eliminate the need of clasp used in a conventional RPD. Patient selection and careful treatment planning are essential for clinical success.

A Multidisciplinary Approach to Dental Treatment of a Patient with EEC Syndrome: A Case Report, Bhavani Venkatachalam, DMD, MS, Prosthodontic Resident, NYU College of Dentistry. Ectrodactyly-ectodermal dysplasia-clefting (EEC) syndrome is a form of Ectodermal Dysplasia. The patient's oral manifestations often include clefting of the lip and/or palate and hypodontia with malformed hypoplastic teeth. Early and extensive dental treatment is recommended due to the absence of most of the deciduous and permanent dentition. Pediatric dentists, orthodontists, prosthodontists, and plastic surgeons usually comprise the multidisciplinary team involved with the treatment of these patients. The team approach to dental treatment of a patient with EEC syndrome is presented.

Denture Rehabilitation for a Maxillectomy Patient with a Free Tissue Graft in the Oral and Orbital Cavities, Henry Y. Wu, DDS, MS. Defects of the orofacial region present a serious problem for maxillectomy patients after cancer surgery. Free tissue grafts covering these defects achieve a good result but also create problems with the prosthesis. A 50 year old, maxillectomy and orbital exenteration male patient, having undergone treatment with a free tissue graft, radiation therapy and chemotherapy, was seeking a set of complete dentures. Mucostatic and selected pressure impression techniques were applied to fabricate a modified complete denture for the patient.

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EXECUTIVE DIRECTOR'S MESSAGE



Nancy Deal Chandler
ACP Executive Director

I joined the ACP officially on December 1st 2005. But I did have the chance to chat with many of you during the brief time I attended the Annual Session in Los Angeles. The collective positive energy generated at the meeting was impressive, and I am delighted to be serving such a high quality organization and its prestigious membership.

As we head into the New Year, I want to take this opportunity to recognize the outstanding efforts of staff who performed so admirably in 2005 – a year of great transition and achievement for the ACP. Kevin Fitzpatrick ably rose to the occasion and kept “a steady hand on the tiller” as Interim Executive Director. Through his efforts and those of Pamela Krueger and Leesa Kuo, the ACP’s and the ACPEF’s major initiatives for the year were achieved.

One of my first priorities will be to fill a number of open staff positions we have in the central office. Once we hire and orient the new staff, we will focus on improving membership services, communications, and the ACP Web site.

2006 is going to be an exciting and challenging year – with lofty goals and a commitment to better meeting and serving your needs. We will need your involvement and full participation more than ever to ensure that the ACP’s brand grows stronger with the public and the profession you serve, and that it continues to provide resources that help you keep pace with the best quality practices in prosthodontics.

You should have received your first 2006 membership dues renewal notice in December. To take full advantage of your membership benefits, we hope you will renew early! I wish you all the best for a happy and successful New Year.

New ABP Examiner

The Members of the Council for the American Board of Prosthodontics are pleased to announce that Dr. Jonathan P. Wiens has been elected as the new examining member of the American Board of Prosthodontics (ABP).

Dr. Wiens has been in private practice limited to Prosthodontics in West Bloomfield, Michigan since 1976. He has held teaching positions at the VAMC University of Michigan and University of Detroit Mercy where he reached the rank of Adjunct Clinical Professor. He is the attending staff Maxillofacial Prosthodontist in the Craniofacial Department at Providence Hospital in Southfield, Michigan. He attained Diplomate status of the American Board of Prosthodontics in 1982 and ABP recertification in 2004.

Dr. Wiens has been active in organized dentistry holding memberships in various prosthodontic organizations. He is a Fellow of the American College of Prosthodontists, was recently elected to serve as Treasurer, and has served on many ACP committees including the informatics, maxillofacial prosthetics, nominating, parameters of care, program, strategic planning, ACP Board Preparation course, Forum Representative to the ACP House of Delegates, and serves as Chair of the HOD Governance Task Force.

Dr. Wiens is President of the Academy of Prosthodontics and Past-President of the American Academy of Maxillofacial Prosthetics in which he served in several officer positions and numerous committee roles within both organizations. Currently, he serves on both the AP and AAMP Foundations. He is Past-President of the Michigan Society of Prosthodontists and functioned as a Board Examiner for specialty certification in Michigan for three years. He also holds membership in the Academy of Osseointegration, the American Dental Association, Michigan Dental Association, Oakland County Dental Society, the Detroit Dental Clinic Club, and many other associations and societies.

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Canada (Kelowna, BC) – Prosthodontic practice for sale. Attractive, high-income (7 figure billings), modern three operator office; computerized office, digital x-ray, new panoramic machine; all facets of prosthodontics – fixed/removable, implants, cosmetic procedures; hygienist on staff; very desirable area; independently appraised; complete transition available (owner willing to stay on as an associate); well-established referral base. Contact prosthodontist@hotmail.com.

EMPLOYMENT OPPORTUNITIES

Illinois – Two well-established prosthodontic practices in southwest area of Chicago are looking for a part-time or a full-time prosthodontist. Future partnership is a possibility. Please fax your resume to 708-364-1106.

Iowa (Iowa City) – The University of Iowa’s College of Dentistry is searching for full-time clinical or tenure track faculty in the Department of Prosthodontics. For duties go to: www.dentistry.uiowa.edu/public/administration/hr_search.html. Position availability negotiable; screening begins immediately. Must have: DDS/DMD from ADA accredited dental school or foreign equivalent, and by time of appointment, Master’s or Certificate in Prosthodontics from ADA accredited dental school. Desirable qualifications: clinical experience via private/military/institutional practice; board certification; and teaching experience. Tenure track applicants must also have: research training/experience; and demonstrated scholarly/professional growth commensurate with time following completion of advanced education. Rank/track/salary commensurate with qualifications/experience. Submit CV and three letters of recommendation to: Dr. Galen B. Schneider, Chair of Prosthodontic Search Committee, c/o Mary Ann Sevcik, 414 Dental Science South, College of Dentistry, The University of Iowa, Iowa City, Iowa 52242-1001. AA/EEO employer; women/minorities encouraged to apply.

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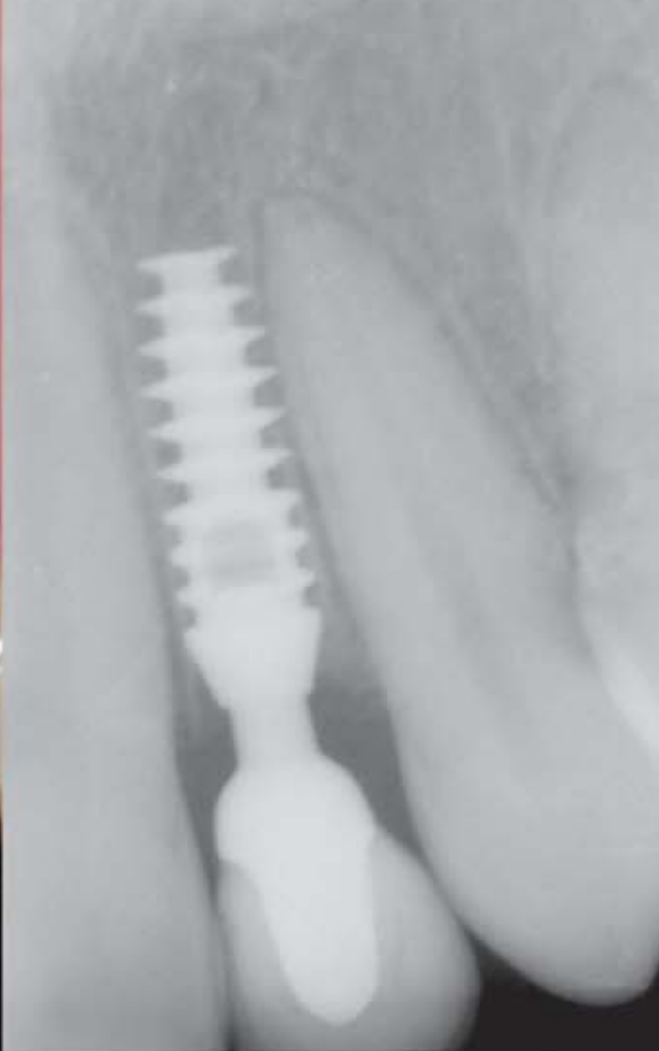
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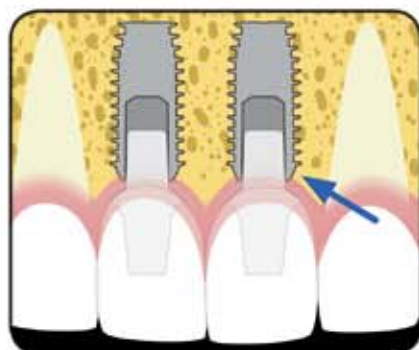
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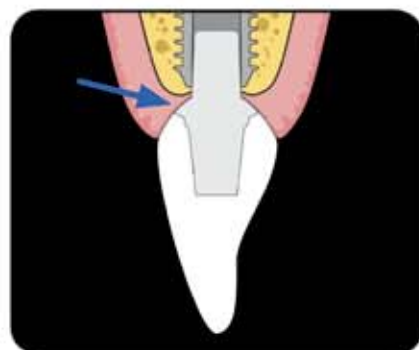
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