Join us in Los Angeles for the ACP Annual Session

Registration is Open
Pre-registration and prepa-
rations are well underway
for the 2005 ACP Annual
Session in Los Angeles! Don’t miss this exciting
opportunity to engage in educational and social
events, catch up with colleagues and friends, and
explore new technologies and services demon-
strated in the exhibit hall.
Registration is open by fax and mail. Complete
pre-registration information and a downloadable
form for faxing or mailing are available on our
Web site at www.prosthodontics.org/annual. Early registration is encouraged as space is limit-
ed on certain workshops. We also encourage attendees to book flight and hotel accommoda-
tions early. The Westin Century Plaza Hotel and Spa is the ACP Annual Session hotel. A special room rate of $209 single/double (plus applicable
taxes) is available to attendees. See the Web site or
your pre-registration brochure for details and can-
cellation policies. Early pre-registration deadline is
September 26th.

Annual Session Expands Scope for Attendees
As you review the Annual Session pre-registration
brochure or our Web site, you will find that we
have expanded the scope of this Annual Session.
We have added two new sessions to run concur-
rently to the general sessions. These special ses-
sions include the Science & Solutions session
and Dental Technology session.

Science & Solutions Session
Moderated by Dr. Clark Stanford, this special ses-
jion will run concurrent to the ACP general ses-
sion on Friday, October 28 from 8:30 am – 4:00 pm.
This session will provide speakers an opportunity
to present short talks on their area of scientific
investigation or clinical innovation. This session
is broken down into five parts. Part one, Outcome
Issues in Overdenture Therapy, includes Perspectives
in Implant Overdenture Therapy: Perceptual (Neal
Garrett), Perspectives in Implant Overdenture
Therapy: Functional (Eleni Roumanas), and The
Implant Overdenture: First Choice Standard of Care
for the Edentulous Mandible? (Steve Sadowsky).
The second part, Oral Facial Pain and Behavior, fea-
tures Jaw Muscle Pain and Proprioception (Rudi
Mauri), Mandibular Movements related to the Quality
of the Maximum Interincisal Position (Niles Cacich)
and Emotional Behavior and Muscle Activity: a TMD
Paradigm (Saad Weiner). Part three, Implant Scien-
te Bioengineering: Important or Innuillar in 2005?
(David Gratton), Biomechanical Considerations for
Implant Dentistry (Winston Chee) and Implant Screws – Why to

PRESIDENT'S MESSAGE
Proud Moments

The meeting was highly productive, with full participation and a free and open exchange of ideas. We left Grand Rapids feeling that we had helped boost the spirit of collegiality among
section members.

In June, the Pennsylvania section met for a day and a half. A
speaker gave a presentation each morning, there was a golf outing
on the afternoon on the first day, and that evening had plenty of
opportunities to talk one-on-one. Members shared where they had
trained, why they settled in Pennsylvania, and how their practices
were doing. I asked questions about how the College was sup-
porting private practice initiatives. A couple of senior dental stu-
dents from Temple University had come to the meeting because of
their interest in training as prosthodontists. Listening to what had
sparked their interest in the specialty, I encouraged them and offered to con-
tact people at the schools where they were thinking of applying.

On the second day, I spoke to the entire group, describing the programs,
projects, and events our College is working on. I answered a broad mix
of questions, clarified a few issues that had been raised in College publica-
tions, and asked them to join me in Los Angeles to celebrate the specialty.

In the space of only a day and a half, I had established many great connec-
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Everything you need to create beautiful teeth now™

All patients want the same thing. Beautiful teeth that work beautifully. Nobel Biocare can now give you all the tools to give your patients what they need. We’ve developed a new, seamless solution for every indication – from the root to the tooth surface. And we’re the only company to offer a complete C&B&I service, using our unique Procera® system. As much or as little as you need. You decide – we provide.

Together we can create happier patients, less chair-time and dazzling productivity. So you’ll soon be offering your patients even broader, more satisfied smiles.

For more information, contact your Nobel Biocare office or visit www.nobelbiocare.com
We are what we are.

Pleasure, exciting, strict, particular, meticulous, tacit and definitive are a few descriptions that come to mind. For better or worse, most of these qualities (although some may disappear) are inherent in our personalities as prosthodontists. In our personal setting, one could argue that these are essential threads to the fabric of our being. In a personal setting, well, let’s not go there.

We are sought out to provide the highest quality of care based on our knowledge, experience, and desire to achieve the most pleasing functional and esthetic restorations to all of our patients. We can be and are generally our harshest critics. That’s a good thing. In an effort to continually improve the quality of the care and service we provide, we are constantly engaged in self-assessment. The perfect margin, matched shade, refined occlusion and endless deliberations for continuity treatment planning are all aspects of patient care we cope with. Hopefully, it is creative and positive evaluation. Self-deprecation seldom provides a positive result. So, what does any of this have to do with prosthodontics and the ACP? Actually, it relates to everything that we do. I welcome constructive criticism. It provides me with refreshing perspectives and insights that may otherwise be overlooked. Note: the key here is constructive. All too often, people criticize others without offering a positive alternative. These individuals tend to have a limited social circle and are not open to new ideas. These are essential threads to the fabric of our being. In a personal setting, well, let’s not go there.

Anecdotally, there are members who have voiced disappointment about certain activities or direction that some projects have taken. There have been surveys of the membership on an array of issues; results conveyed and information shared via a variety of communication sources (Web page, e-Messenger, blast email, and the Journal of Prosthodontics). I urge each of you to read what we send you.

This is where the constructive part comes into play. I became a student member of the ACP in 1984 and have been involved in committee activities since 1988. It has been one of the most rewarding organizational experiences. I was encouraged by my mentors and colleagues to be active. In our democratic organization, your input is essential. Openly, we share our goals and constructive comments. I would welcome participation of ANY member as I develop the 2006 committee assignments and charges. I welcome the opportunity to engage our members and enlist your participation on our committees. Demonstrate your concerns by commitment to being involved. Today, please email me and share your committee interest. Together, we can further the College; impact the specialty in the areas of patient care, public awareness, education and research.

We are what we are and that’s a great thing!
In our last issue, we described how the American College of Prosthodontists approaches national and major market media on your behalf, advancing awareness of prosthodontics. We also discussed how the ACP has enjoyed great success in small and medium markets around the nation by distributing a series of syndicated news releases called “Mat releases” to community and suburban newspapers. These cost-effective releases are mailed as typeset, camera-ready proofs on CDs and posted on the internet as downloadable files for editors. The releases make it simple for editors to publish information in thousands of community newspapers around the nation.

We also encouraged all of our members to set up meetings with editors and reporters at small and medium-sized newspapers in your hometowns. Perhaps you had a chance to accomplish this task. However, we realize that you are also busy with your practices and may not have taken advantage of this opportunity yet.

In this issue, we’ve developed some additional tips on how to make a crucial connection with community newspapers. Community newspapers are daily or weekly newspapers in small cities and suburbs, and it may be easier to meet with a reporter or editor than you think. Here’s how:

Send a word of “Thanks”
It’s no secret that prosthodontics does not enjoy the name recognition of cosmetic dentistry. You may read stories about cosmetic dentistry and wonder why reporters do not include any quotes by prosthodontists. It is usually not intentional. The reporter may simply have no idea the specialty of prosthodontics exists. Our public relations efforts are gradually increasing awareness, one media outlet at a time.

However, if you read a story about cosmetic dentistry, don’t be afraid to call the reporter or send an email. One technique that works particularly well is to thank the reporter for writing about the topic of dental health. Even if the reporter did not include information about prosthodontics, he or she may have written some good advice. Then, introduce yourself as a prosthodontist. Explain that prosthodontists are the only specialists recognized by the American Dental Association to perform cosmetic, implant and reconstructive dentistry – with extensive training and experience. Let the reporter know that you’re available to discuss any of these issues in future stories.

Provide Real Life Examples
It’s one thing to explain to a reporter what you do. However, as the cliché goes, a picture is worth a thousand words. If you do secure a meeting with a reporter, be sure to bring along visuals of your work. Before and after shots are especially powerful, because they show exactly what kind of problems prosthodontists solve. If you have a patient who gives permission to tell his/her story, it may make an interesting feature story.

Think About Trends
Reporters are eager to report on anything that is new or emerging. Whether you’re using new technology, new procedures or even new materials being used in standard procedures, share that with your local reporter or editor. If you live in a smaller community, you may be the only prosthodontist in town—or the only one who is performing cutting-edge procedures. Reporters want to hear about this.

Providing a Public Service
As you know, newspapers are filled with pages of negative news. However, editors are increasingly looking to cover positive feature stories. If you volunteer your services to disadvantaged residents or conduct any type of free or outreach dental care, share this with the media. Smiles literally change patients’ lives, and when the patient is unable to afford traditional services, the transformation is even more rewarding. Sharing these stories will bring a smile to readers across the community.

We’re Here to Help Tell Your Story
The ACP is here to assist you with any questions you may have about the media. If you need advice or have been contacted by a reporter, please call us and we’ll help by providing background on the reporter, key messages and media tips. We recognize that any positive news coverage about a prosthodontist helps the entire prosthodontics specialty. We look forward to continuing to educate the public and welcome your questions and feedback as we work together toward this goal.
New Members & Status Changes

New Students
Dr. Monica M. Alvarado
Dr. Kuang-Han Chang
Dr. Janey Y. Chen
Dr. Andrew W. Ferrier
Dr. Michael D. Forde
Dr. Damon T. Jenkins
Dr. Theodoros Kapos
Dr. Diana Kogan
Dr. John W. Lewis, III
Dr. Kirk R. Preston
Dr. Julia Wittneben

New Members
Dr. Kunal Lal
Dr. Laura Marasco
Dr. Mojdah Shayanestehfar

New Life Members
Dr. John Y. H. Imsalu – Retired Life Member
Dr. Anthony R. Patterson – Life Member
Dr. Conrad A. Schwalme – Life Member
Dr. Myron S. Winer – Life Member

New Certified Dental Technician Alliance Members
Mr. Brian Babay
Mr. Silas Franis
Mr. Jim Mack
Mr. Lannie M. Spencer

Student to Member
Dr. Steven Martinez
Dr. Malena Rodriguez

Member to Fellow
Dr. Gregory H. Kuwabara
Dr. Jack Piemattti

Reinstated Members
Dr. William C. Arendt
Dr. Richard V. Vannas, Jr.
Dr. Joseph A. Zagami

2005 Undergraduates Achievement Award Recipients
Veronica Alvarado, University of California
Sara Barch, University of Pennsylvania
Nathan J. Bauer, University of Missouri-Kansas City
Jacqueline M. Cash, UNDINJ New Jersey Dental School
Patrick DeRose, University of Minnesota
David L. Dimke, Southern Illinois University
Jeffrey Fleigel, University of Florida
Sergio V. Garstia, Medical College of Georgia
Janie J. Heying, The University of Iowa
Brian G. Holman, University of Maryland
Travis M. Howey, University of Washington
Kristen B. Knedel, Creighton University
Sung H. Kong, Indiana University
Brandon A. James, The University of Oklahoma
Barbara B. Jurim, University of New York
Sung-Oh Kim, UAB School of Dentistry
Hye-Jin Kwak, Tufts University
Tony Martin, University of Minnesota
Francis C. Mecodan, Temple University
Edmond Mgmail.com, University of Southern California
Lawrence G. Miller, Jr., Medical University of South Carolina
Nikole R. O’Bryan, Boston University
Jason J. Penacchio, Indiana College of Dentistry
Rogelle A. Penaloza, Stony Brook University
Asliah S. Naik, The University of Texas
Charles D. Nashel, UMC School of Dentistry
Anthony L. Ramos, OHU School of Dentistry
Jonathan M. Rasmussen, Dr.
Cory M. Resnick, University of Pennsylvania
Lindy A. Rocke, UIC College of Dentistry
Kyle K. Schmidt, Loma Linda University
Jeremy T. Vogel, Marquette University
Cerina Wanza, Virginia Commonwealth University

Drs. Touradj M. Ameli, Richard Bluestein, Adam Paradis, and J. Branca Wito were recently certified by the American Board of Oral Implantology/Implant Dentistry as Diplomates of the ABOD.ID. To earn the title of Diplomate, these dentists presented cases for review by an expert panel of implant dentists and passed a series of written and oral examinations.

Drs. Thomas Balshi and Glenn Wolfinger hosted a course of their trademarked Teeth in a Day® protocol to TUFTS University postdoctoral residents and faculty. Attendees watched a 19-year-old patient with multiple dental and medical problems receive a brand new set of implant supported teeth. The patient was referred to the practice through Donated Dental Services Pennsylvania, a local branch of the National Foundation of Dentistry for the Handicapped.

The students also observed a patient receiving two single Nobel Direct implants that replaced congenitally missing maxillary canines. A representative from Imaging Sciences International demonstrated the i-CAT® 3-D scanner and software. In addition, a representative from harvest Technologies explained about the SmartPill® tablet separator, used to make Platelet Rich Tissue, the growth factor proteins that accelerate healing time for patients receiving dental implants.

Earlier this month, Drs. Thomas Balshi and Jonathan Ference, two members of the American College of Prosthodontists (ACP), performed prosthodontic procedures that were telecast from their operators to the MGM Grand Arena in Las Vegas. The two US doctors were among only seven specialists worldwide selected to perform live procedures as part of Nobel Biocare’s 40th Anniversary World Conference. Other clinical protocols were beam from Australia, Belgium, Italy, Portugal and Switzerland.

In Fort Washington, PA, Dr. Thomas Balshi placed two titanium implants in the anterior maxilla of his patient. These Nobel Biocare implants were coated with TiUnite, a unique bioactive surface that speeds the bone conducton osseointegration process. The procedure provided fixed partial denture.

In the MGM Grand Arena, more than 6,000 doctors viewed Dr. Balshi’s 24-minute procedure, demonstrating the incisionless guided surgical approach for implant placement.

Dr. Jonathan Ference of New York performed a prosthodontic procedure using Procera® crowns in the anterior maxilla of his patient. Two previously placed implants and two natural teeth were restored with four Procera® CAD/CAM generated all-ceramic crowns to provide the patient with an aesthetically pleasing smile.

Dr. Ference’s procedure took approximately 66 minutes with Las Vegas audience interaction.

Both clinical procedures can be viewed on Nobel Biocare’s Web site.

Dr. Charles C. Kelsey of Michigan passed away March 20. He attended the University of Michigan Dental School, where he received a B.S. degree in wood technology in 1956. Upon graduation, he enlisted in the Naval Dental Candidate School at Newport, Rhode Island and was commissioned as an Ensign in 1957. After serving 3 years in the Navy Dental School, he studied dentistry in the University of Michigan, where he received his D.D.S. in 1963 and M.S. in Prosthodontics in 1967. He was promoted to professor in 1972 and taught at the undergraduate, graduate and post-doctoral levels throughout his career, remaining truly devoted to teaching dental students until his retirement in 1999. A true scholar, he was an author, publisher and collector of rare books. Memorials may be made in memory of Dr. Charles C. Kelsey to the Silver Club (c/o Turner Geriatric Clinic in Ann Arbor, WI), the Alzheimer’s Association, or to the Battle Creek VA Medical Center.

The Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women has selected Drs. Carmen A. Lefebvre and Lily T. Garcia as fellows for 2005-2006. They are two of 45 senior women faculty from medical and dental schools in the US and Canada to be selected. ELAM is the only in-depth national program that prepares senior women faculty for leadership positions in academic health centers (AHCs). ELAM’s mission is to increase the number of women at AHCs in leadership positions and their success rate in attaining and remaining in these positions.

Dr. Lefebvre is a professor in the Departments of Rehabilitation and Oral Biology at the Medical College of Georgia School of Dentistry and the School of Graduate Studies and is seeking a position in prosthodontics. In addition to her faculty position, Dr. Lefebvre is the editor of The Journal of Prosthetic Dentistry. Dr. Garcia is an associate professor and chair of the Department of Prosthodontics at the University of Texas Health Science Center San Antonio. She currently serves as secretary for the American College of Prosthodontists and chair of the Council for the American Board of Prosthodontics.

New York University College of Dentistry (NYUCD) will present a major prosthodontics symposium next fall to celebrate the contributions of Dr. Harold Litvak to prosthodontics education and patient care. The event will also honor the commitment of Dr. and Mrs. Litvak to the future of prosthodontics education at New York University by providing an update on plans for construction of the Harold and Sheila Litvak Prosthodontics Wing.

The NYUCD Prosthodontics Symposium will be held on Friday and Saturday, September 30 and October 1, 2005, at the New York University College of Dentistry. For information call 212-998-9757, email dentalcalc@nyu.edu or visit www.nyu.edu/dental/c.

The Litvak Prosthodontics Symposium will feature contemporary, evidence-based, practical presentations by world-renowned educators, clinicians, and researchers to enable prosthodontists to expand both the scope and depth of the services they provide. The symposium will be moderated by Dr. Gerald Barrack, Dr. Thomas McGarry, Dr. Francis V. Panno, and Dr. Bruce Valauari.

Dr. Craig Van Dogen a prosthodontist/maxillofacial surgeon in Providence, positions at Rhode Island.

Drs. Carol A. Garcia, Dr. Lily T. Garcia

The 88th Annual Meeting in San Francisco, California, 5

Dr. Jonathan P. Wiens was installed as President of the Academy of Prosthodontics during the Annual Meeting in San Francisco, California, which will be held at the Grand Hyatt on Union Square, May 22-26, 2006.

Dr. Jonathan A. Vito
Dentures for a three-year-old? Implants for a teenager? These are not uncommon procedures. Yet they are common needs for kids born with Ectodermal Dysplasia (ED).

Prosthodontists are the only dental specialty trained and ideally suited to change optimally the lives of children born with ED. These kids almost always require complex dental care and may need dentures as early as three years of age. Multiple denture replacements are often needed as the child grows, and dental implants are an option in adolescence. ED Parameters of Care include complete dentures/overdentures, removable partial dentures, conservative rigid, fixed prosthesis, adhesive resin “bridges” restorations, comprehensive orthodontic tooth movement, selective extractions, crowns and fixed bridges, implants and pre-prosthetic surgery. Because dental treatment is complex, a multi-disciplinary approach is best.

Who better than a prosthodontist to direct the treatment for dental care this complex?

Several ACP members attended the National Foundation for Ectodermal Dysplasia (NFED) meeting in October 2004. The NFED is a non-profit organization that seeks to enrich the lives of individuals affected by all forms of the ED syndromes. What began as the quest of a Southern Illinois farmwife, Mary Kaye Richter, to find information about her son’s congenital disorder has developed into an international charity providing hope and smiles to children across the world. The NFED’s goals are to aid in the identification of individuals affected with ED and to offer support to their families and their care providers. The NFED stands as the largest clearinghouse of information on the ED syndromes in the world, and the sole provider of comprehensive services for ED families in the United States, including dental treatment funding. NFED efforts include research, a medical guide series, treatment funds, educational meetings for families and health care professionals, family support networks, national advocacy and health care provider referrals. This is where the partnership with the ACP comes in.

NFD leads recognize prosthodontists as the key to the castle for these kids. Prosthodontists can provide an age-appropriate dentition that optimizes chewing, speech and swallowing functions, improving everything from the kids’ nutrition to their social confidence.

As Chair of the ACP Maxillofacial Committee, I have been asked by the ACP Board to establish this joint venture. I would like to create a network of my fellow ACP Members to provide prosthodontic care for individuals affected by ED syndrome. The members of Maxillofacial Committee are ready to mentor, support and guide you (even if the idea of providing dentures to a four-year-old currently seems daunting to you). These kids need the unique skills that only prosthodontists can offer them. If we don’t do it, who will?

The answer is simple: None else can help these kids like we can. Call the ACP today for more information. (800) 378-1260 x 223.

northeastern gnathological society

Contrasted by Drs. Burney Croll, Liaison Committee NYCCT Chair, and Leonard R. Kolhen, Northeastern Gnathological Society President

The Northeastern Gnathological Society Initiative, a partnership between the NGS and the New York City College of Technology (NYCCT), is in its third year. The objective of this partnership is to enhance the education of students studying for an associate degree in applied science with a concentration in dental technology granted by NYCCT. The educational objective of this two-year program is to prepare students to enter the employment market place with a comprehensive knowledge of dental technology. One of the strengths of the NGS Initiative is the externship program. This year, in an effort to expand the number of externships available, members of the Greater New York Academy of Prosthodontics, a fellow ACP Forum organization, have been asked to participate.

Externships for the students are taking place in dental offices with and without in-house laboratories as well as in commercial dental laboratories. Guidelines developed as a result of discussions with students, faculty, dentists, and laboratory owners have led to allocating a greater proportion of time spent by the students in the dental operatory environment. The number of days available for the students to participate has been expanded as a result of the enthusiasm expressed by the students about their experience during the two previous summer externship programs. Here the students observe the processes necessary to prepare, impress, and develop working casts at a sophisticated level. As a result of these externships students report that they have a much greater appreciation of the comprehensive care and attention to detail dentists must provide as part of a team effort. This experience is very different than what is commonly presented to most dental technicians who receive “on the job training.”

The externship experience provides the students with an opportunity to acquaint themselves with concepts, tools and techniques beyond the curriculum presented by the accredited program at NYCCT. Perhaps of greater importance than the limited time spent in the summer externships are the relationships that have developed between the students, the dentists and dental professionals, family support networks, national advocacy and health care provider referrals. This is where the partnership with the ACP comes in.
The remainder of 2005, the ACP will be executing a strategic media outreach program to reach reporters and editors with top national and local media outlets. Here is a brief overview.

National Outreach - New York Media Tour
This tour is a series of face-to-face meetings with reporters and editors at top national publications. It will bring prosthodontists to media - literally. The tour will allow editors to meet prosthodontists, learn about the specialty and discover-one-on-one, as well as key ACP directors in attendance to mingle with fellow students and new professionals as well as key ACP directors in attendance to offer congratulations, support, and advice.

Smile of the Future
We’ll turn our 2005 Annual Session in Los Angeles into a “premier” location for news about prosthodontists, giving the media a sneak peek at the future of the specialty.

National Media Relations
We will continue to conduct aggressive media relations to pitch and place stories and sidebars in national and local media. This includes pitching spokesperson interviews on morning/afternoon talk shows (Good Morning America, Regis and Kelly), national dailies (New York Times, Chicago Tribune) and magazines (Time, Shape). Angles include:

• The most popular procedures in prosthodontics.
• Trends in restorative and reconstructive procedures, including dental implants and “plateau” dentures.
• Growth rate of specialty over the next few years and what the ACP is doing to ensure steady growth and attract new recruits.

Camera Ready Feature
We will produce one Mat release, a camera-ready news feature targeted towards local and regional papers. These features are widely used by media that don’t have large enough reporting or photography staffs to cover the kinds of feature stories we’re offering.

Public Relations Update - Spreading the News About Prosthodontists

Michigan Section
Contrasted by Dr. Frank Tuminelli, Membership Division Director
On May 14th, 2005, ACP President Patrick Lloyd and Membership Division Director Dr. Frank Tuminelli attended a meeting of the combined Michigan State Prosthodontic Society (MSP) and ACP Michigan section.

As with other states that require specialty licensing, we must consider how to define our specialty and have a defined role interfacing with the state specialty as they pertain to prosthodontics. Consistent with ACP bylaws, the ACP has committed to support the goal of certification of all prosthodontists in Michigan. ACP President Lloyd has pledged to continue working to ensure that dentists in Michigan can list themselves as specialists in Michigan.

In order to list themselves as specialists in Michigan, our members will need to fulfill the criteria of certification in Michigan state specialty practices. We must explore the possibility of creating a new certification program, the ABP or the MSP specialty examination in Michigan.

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## Checklist for Classification of Complete Edentulism

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<td>11-15 mm</td>
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<tr>
<td>10 mm or less</td>
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<tr>
<td><strong>Residual Ridge Morphology-Maxilla</strong></td>
<td></td>
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</tr>
<tr>
<td>Type A - resists vertical &amp; horizontal, hamular notch, no tori</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Type B - no buccal vest., poor hamular notch, no tori</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Type C - no ant vest, min support, mobile ant ridge</td>
<td></td>
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<td></td>
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<tr>
<td>Type D - no ant/post vest, tori, redundant tissue</td>
<td></td>
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<tr>
<td><strong>Muscle Attachments-Mandibular</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Type A - adequate attached mucosa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type B - no attach mucosa (22-27), +mentalis m</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type C - no ant b&amp;l vest (22-27), +genio &amp; mentalis m</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type D - att mucosa in post only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type E - no att mucosa, cheek/lip moves tongue</td>
<td></td>
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</tr>
<tr>
<td><strong>Maxillomandibular Relationships</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Class I</td>
<td></td>
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<td></td>
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<tr>
<td>Class II</td>
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<tr>
<td>Class III</td>
<td></td>
<td></td>
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<tr>
<td><strong>Conditions Requiring Preprosthetic Surgery</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Minor soft tissue procedures</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Minor hard tissue procedures</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Implants - simple</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants with bone graft - complex</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Correction of dentofacial deformities</td>
<td></td>
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<tr>
<td>Hard tissue augmentation</td>
<td></td>
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<tr>
<td>Major soft tissue revisions</td>
<td></td>
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<tr>
<td><strong>Limited Interarch Space</strong></td>
<td></td>
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<tr>
<td>18-20 mm</td>
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<tr>
<td>Surgical correction needed</td>
<td></td>
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<tr>
<td><strong>Tongue Anatomy</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Large (occludes interdental space)</td>
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<td></td>
</tr>
<tr>
<td>Hyperactive- with retracted position</td>
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<tr>
<td><strong>Modifiers</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Oral manifestation of systemic disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mild</td>
<td></td>
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</tr>
<tr>
<td>moderate</td>
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<tr>
<td>severe</td>
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</tr>
<tr>
<td>Psychosocial</td>
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<td></td>
</tr>
<tr>
<td>moderate</td>
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</tr>
<tr>
<td>major</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TMD Symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hx of paresthesia or dysesthesia</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Maxillofacial defects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ataxia</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Refractory Patient</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Guidelines for use of the worksheet
1. Any single criterion of a more complex class places the patient into the more complex class.
2. Initial preprosthetic treatment and/or adjunctive therapy can change the initial classification level.
3. In the situation where the patient presents with an edentulous maxilla opposing a partially edentulous mandible, each arch is diagnosed with the appropriate classification system.
### Checklist for Classification of Partial Edentulism

<table>
<thead>
<tr>
<th>Location &amp; Extent of Edentulous Areas</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal or minimally compromised</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately compromised - both arches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantially compromised - 3 teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely compromised - 3 or more teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital or acquired maxillofacial defect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abutment Condition</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal or minimally compromised</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately compromised - 1-2 sextants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantially compromised - 3 sextants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely compromised - 4 or more sextants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occlusion</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal or minimally compromised</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately compromised - local adjuncive tx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantially compromised - occlusal scheme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely compromised - change in OVD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residual Ridge</th>
<th>Class I Edentulous</th>
<th>Class II Edentulous</th>
<th>Class III Edentulous</th>
<th>Class IV Edentulous</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Conditions Creating a Guarded Prognosis</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe oral manifestations of systemic disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maxillomandibular dyskinesia and/or ataxia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refractory patient</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Guidelines for use of the worksheet
1. Any single criterion of a more complex class places the patient into the more complex class.
2. Consideration of future treatment procedures must not influence the diagnostic level.
3. Initial prosthodontic treatment and/or adjunctive therapy can change the initial classification level.
4. If there is an aesthetic concern/challenge, the classification is increased in complexity by one level in Class I and II patients.
5. In the presence of TMD symptoms, the classification is increased in complexity by one or more levels in Class I and II patients.
6. In the situation where the patient presents with an edentulous maxilla opposing a partially edentulous mandible, each arch is diagnosed with the appropriate classification system.

### Checklist for Classification of Dentate Patients

<table>
<thead>
<tr>
<th>Teeth Condition</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal or minimally compromised (3 or less teeth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately compromised - two sextants/oppose arches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantially compromised - 3-5 sextants/oppose arches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely compromised - all sextants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occlusal Scheme</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal or minimally compromised</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately compromised - anterior guidance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantially compromised - occlusal scheme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely compromised - change in VDO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditions Creating a Guarded Prognosis</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe oral manifestations of systemic disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maxillomandibular dyskinesia and/or ataxia</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Refractory patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Guidelines for use of the worksheet
1. Any single criterion of a more complex class places the patient into the more complex class.
2. Consideration of future treatment procedures must not influence the diagnostic level.
3. Hopeless teeth should not be considered in applying the classification.
4. Initial prosthodontic treatment and/or adjunctive therapy can change the initial classification level.
5. If there is an aesthetic concern/challenge, the classification is increased in complexity by one level.
6. In the presence of TMD symptoms, the classification is increased in complexity by one or more levels.
OsseoSpeed™
Growing power from Astra Tech

Think of OsseoSpeed as an innovative, biologically-based bone trigger. Developed by Astra Tech, OsseoSpeed is a fluoride-modified fixture surface that speeds up the bone healing process. The result is more bone in less time and the increased patient satisfaction that comes with it.

For all your implant patients
The growing power of OsseoSpeed is proven and well documented making OsseoSpeed a very good solution for all your implant patients. In fact, the benefits of early bone healing are particularly well suited for:

- Immediate installation
- Early loading
- Compromised cases

Until now, early loading meant reducing the healing time before loading—without being able to speed up the actual healing process. OsseoSpeed, on the other hand, has a proven ability to stimulate early bone healing—for safer, more effective early loading.

More bone more rapidly
This diagram illustrates pre-clinical results from different studies.

So experience the growing power of OsseoSpeed from Astra Tech. Contact us today for more information:


Astra Tech
Developed with a technological and biological approach.

A company in the AstaZeneeca Group
At its February meeting, the ACPEF Board of Directors voted to grant the foundations to the following programs and projects.

**Scholarships:** $100,000

Up from $80,000 allocated for scholarships in 2004 and $10,000 per year in all previous years. The increased investment allowed the Board to follow the ACPEF Awards Committee’s recommendation to create a new scholarship for 2005. Previously, only first-year students were eligible to receive support from the ACPEF. This year, in addition to the continuing program of $2,500 awards for first-year students, each program director was asked to select one student in his or her program to receive $1,000.

**Pre-ADEA Meeting Educators’ Symposium:** $60,000 for Partial Underwriting

Following last year’s overwhelmingly successful Pre-ADEA symposium, Creating a New Vision for Prosthodontic Education, the ACPEF Board voted to provide funding for the 2005 Pre-ADEA meeting symposium, Enhancing Learning Through an Electronic Prosthodontic Curriculum. Held on March 4, 2005, more than 80 percent of participants rated the program good or excellent.

**Expand and Continue the ACP’s Search Engine Project:** $50,000

The ACPEF committed $36,000 in 2004 for this program that displays the ACP Web site first whenever a person is searching the Internet for information on prosthodontic-related dental concerns. Hits on the Find a Prosthodontist feature of the ACP Web site increased 79% in 2004 as a result of the ACPEF’s investment.

**Continue to Assist the ACP in its Public Relations Program:** $95,000

In 2004, the ACP’s public relations outreach (with the assistance of the ACPEF) put prosthodontics in the Wall Street Journal and USA Today and in front of more than 6 million television viewers on local news health segments. The ACPEF committed $95,000 to supplement the ACP’s investment of $20,000 for 2005.

**Support for a Fellowship Designed to Encourage Academic Careers:** $8,333 per year for three years

The Graser Fellowship Fund launched by Dentistry at the University of Rochester provides funding to encourage recruitment and retention of qualified faculty who are capable of providing quality prosthodontic education to the undergraduate dental student and who can stimulate and mature a grassroots interest in the student to pursue the specialty.

**Funding to Advance a Model Program to Enhance Dental Technician Training Program**

The Northeastern Gnathological Society (NGS) is dedicated to the advancement of the relationship between the dentist and the technician. The NGS has developed a relationship with the New York City College of Technology (NYCCT) to enhance the education of future technicians so that their skills and experiences upon graduation meet the high-tech requirements of today’s leaders in prosthetic dentistry and the laboratories that serve them. The NYCCT offers the only accredited dental technician program in the area. The school’s cooperation with the NGS has expanded its curriculum to include NGS technology seminars and programs and an opportunity for every student to engage in internships and externships to introducing students to all aspects of the clinical evaluation and techniques required to deliver prosthodontic treatment at the highest level. The NGS and the NYCCT came to the Foundation seeking $10,000 to upgrade the school’s equipment so that students have access to and experience with the technologies they will require expertise in the field when partnering with prosthodontists in delivering the highest quality care.

This program can serve as a model for other dental technician programs.

**Start-Up Costs to Assist a New Post-Graduate Prosthodontics Program**

The Foundation approved a $20,000 grant to help some of the cost of starting a new post-graduate prosthodontics program at Queens Hospital in New York. The new program was initiated on July 1, 2004 with three residents and has received the requisite Initial Accreditation status from the Commission on Dental Accreditation with no adverse recommendations.
Things to do in LA....
In addition to the many educational events going on at the ACP Annual Session, don’t forget to check some of the following attractions Los Angeles has to offer.

ACTIVITIES
- Hollywood & Highland
- Kodak Theatre
- Universal Citywalk Hollywood
- Catalina Island
- Southern California Wine tours
- American Cinametheque
- El Capitan Theatre & Entertainment
- Ford Amphitheatre & the Los Angeles County Arts Commission
- Grauman’s Chinese Theatre
- Sony Pictures Studios

MUSEUMS
- Getty Center
- Hollywood Bowl Museum
- La Brea Tar Pits
- Los Angeles County Museum of Art
- Museum of Television & Radio
- Museum of Tolerance
- Petersen Automotive Museum
- Aquarium of the Pacific
- Cabrillo Marine Aquarium
- Korean Bell of Friendship
- Museum of Latin American Art

SHOPPING
- Farmers’ Market
- The Grove
- Rodeo Drive

RELAXATION
Catering to the stars, Los Angeles and Beverly Hills do not lack in ways to help you relax and unwind after a day of productive learning and exploring at the Annual Session. Located in the Westin Century Plaza Hotel, the Spa Mystique offers Korean-style body scrubs and other treatments designed to refresh and rejuvenate.

RECREATION
- Angel’s Gate Recreation Center
- Cabrillo Beach
- Hermosa Beach
- Malibu Beach
- Manhattan Beach
- Marina Del Rey Beach
- Santa Monica Beach
- Venice Beach

FAMILY
- Griffith Park
- Los Angeles Zoo and Botanical Gardens
- Santa Monica Beach and Pier

What are you waiting for? Register today! See your pre-registration brochure enclosed in this issue.

Online registration is at www.prosthodontics.org/annual.

Photos used with permission of LA Convention & Visitor’s Bureau, Beverly Hills Convention & Visitors Bureau or the Westin Century Plaza Hotel & Spa.
What is the crisis in dental technology?

I believe this crisis stems from decreasing and, in some programs, elimination of dental technology education in dental schools. In the past, dentists were required to master different levels of laboratory procedures as part of their clinical dental education. This technical laboratory education gave dentists a baseline to assess quality restorations. If a general dentist is not technically educated in dental laboratory procedures, then what is the basis used to assess the quality and value of prosthetic restorations they receive from a dental laboratory? If the dentist's value of a dental laboratory is based on price and not quality or service, this will definitely affect the quality standards of prosthetic restorations in dentistry and thus reduce the quality of care.

This reduced exposure to dental technology during dental school education has resulted in expanding the experienced dental technologist's role to a prosthetic technical consultant. The problem is a dental technologist's competency expectations are increasing with sophisticated technical requirements of new equipment and procedures combined with our expanding functions as technical consultants. Our technical compensation in relation to our technical competency requirements is very minimal as compared to other technology-based professions. According to the NADL, "entry level salary for a dental technician is significantly less than what other allied health professionals make starting out". According to McGarry and Jacobson’s article in JADA (v.135 February 2004), "The educational and economic imbalances of the past are now being reversed with dental technologists being the most knowledgeable members of the dentist/dental laboratory technician partnership in the area of laboratory techniques, instrumentation, and materials.

If dental school graduates are not able to assess the quality of prosthetic restorations they receive from a dental laboratory then what is the value in a dental laboratory certification program? How can dentistry value certification of dental technicians if dental schools do not value educating dentists in dental technology or dental laboratory procedures to assess the quality of prosthetic restorations? A dental team (clinical and technical) approach to treatment is essential to provide optimal patient care. To create a true prosthetic dental team approach in restorative dentistry there must be an integration of clinical and technical dental education in dental schools. A concerted effort must be made by the American Dental Education Association, American Dental Association, Dental Technology Educators, and Dental School Administrators if we are to provide patients with the optimal care they deserve and expect from the dental profession.

Our ACP Alliance emphasizes the importance of close interaction between dental technicians and dental clinicians. We believe that by providing advanced dental technology education through integrated clinical and technical continuing education programs the standards for all prosthetic services will be elevated to the next level of patient care.

At the ACP Annual Session in Los Angeles, our ACP Alliance will have its first social reception. This first Annual Alliance reception will be on Friday October 28, 2005 from 4:00-5:30pm at the Westin Century Plaza Hotel and Spa in Los Angeles, California. Be a part of the exciting changes in dental technology and become informed by attending the ACP Annual Session “Prosthodontics: The New Horizons” and our ACP Alliance reception.
**Practice for Sale**

Canada (Kelowna, BC) – Prosthodontic practice for sale. Attractive, high-income (7 figure billings), modern 3 operatory office; computerized office; digital x-ray, new panoramic machine; all facets of prosthodontics – fixed/removable, implants, cosmetic procedures; hygiene 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.

**Practice Opportunity**

Ohio (Cincinnati suburb) – Outstanding opportunity for prosthodontist in underserved community. Professional office space available in growing Cincinnati suburb. Highly desirable space in brand new facility situated between well-established periodontist and endodontist. Will build-out space to suit. Please contact Gail at (513) 469-2774.

**Calendar of Upcoming Events**

**September**

16-18 American College of Prosthodontists/CAD/CAM Conference

23-25 Maxillofacial Prosthesis Annual Meeting

26-28 ACP-CPE Complete Denture Update

28-29 American Academy of Craniofacial Pain

**October**

3-5 American College of Dentists Annual Meeting

6-7 American Dental Association Annual Session

6-8 American Association of Dental Examiners Annual Meeting

8-9 American College of Dentists Annual Session

14-15 Dr. Richard Turcik Symposium: Current Trends in Restorative Dentistry

16-17 Academy of General Dentistry

20-21 American Academy of Oral & Maxillofacial Radiology Annual Session

22-23 ACP-CPE Complete Denture Update

25-27 American College of Prosthodontists

26-29 ACP-CPE Complete Denture Update

3-5 Academy of Microscope Enhanced Dentistry Annual Meeting

**November**

16-20 American Academy of Oral & Maxillofacial Radiology Annual Session

17-19 ACP-CPE Prosthodontic Update 2005

25-30 Greater New York Dental Meeting

[For more information, contact the managing editor.]

**Employment Opportunities**

**Illinois (Chicago)** – The American College of Prosthodontists (ACP) is seeking a skilled and experienced manager who has the initiative to guide the association in partnership with the volunteer leaders. The successful candidate will demonstrate the ability to effectively manage staff, build relationships, and effectively organize all ACP activities, and identify and develop successful new sources of revenue.

Founded in 1970, the American College of Prosthodontists (ACP) is a non-profit educational and scientific organization created to represent the needs and interests of Prosthodontists within organized dentistry and to the public by providing a means for stimulating awareness and interest in the field of Prosthodontics. ACP has a total membership of approximately 2,700, a budget of just over $24 million with a staff of 10. Incorporated as a 501(c)(6) nonprofit association, ACP is governed by a 15-member Board of Directors. ACP also operates a separate, but related foundation to provide public access to the latest non-dues revenue; and a detail-oriented, with excellent follow-through.

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**Continuing Education Opportunities**

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THURSDAY, SEPTEMBER 8TH — SATURDAY, SEPTEMBER 10TH • BOSTON, MA

Keynote Speaker: Jack E. Lemons, PhD

Biomaterials, Biomechanics, Tissue Healing of Fin and Plateau Designed Implants

In his keynote, Doctor Lemons will discuss the revolutionary design, biomaterials, biomechanics and tissue healing of the Bicon Dental Implant System and how they are compellingly different from non-plateau designed implants. Doctor Lemons will also demonstrate how these inherent differences afford clinicians and patients significant clinical advantages. Additionally, he will discuss Bicon’s new Ion-Beam Assisted Deposition (IBAD) treated implant surface.

Doctor Jack E. Lemons holds a PhD in metallurgy and materials science. He is a professor at the University of Alabama at Birmingham in both the Department of Biomechanics in the School of Dentistry and the Department of Surgery. Division of Orthopaedic Surgery. In the School of Medicine. Doctor Lemons is also the director of surgical laboratory research for the Division of Orthopaedic Surgery.

Topics presented by other speakers will include: Short Implants, Crown-Implant Ratio, Bone Growth Over Time, Orthodontic Implants, Smaller Overdenture Components, Synthopat™ (Bia-Triaxialium Phosphor), Ion-Beam Assisted Deposition (IBAD) Surface Treatment, and Telescopic Immediate Load Dentures with narrow one-piece implants.

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