

"DENTAL SPECIALISTS DEDICATED TO THE RESTORATION AND REPLACEMENT OF TEETH"

## "Current Controversies in Prosthodontics" Headlines 1998 Annual Session

The theme for the 1998 Annual Session, *Current Controversies in Prosthodontics*, challenges all attendees to rediscover their passion for dentistry by trying to solve ten of the most controversial issues facing today's practitioners. ACP Annual Session Program Chair, John Kois' motivation in constructing this program was to present a forum where renowned lecturers and attendees can discuss the obstacles faced when treating patients. Dr. Kois says, "Our passion for dentistry is the primary motivation for creating the best possible care for our patients. But what if doing what we perceive is the correct treatment is the wrong treatment? We may provide excellent dentistry, but if our patients still experience problems, their perceptions may be that we did something wrong. Thus, instead of obtaining joy from the practice of dentistry, we become frustrated and cynical."

The ten issues to be presented include:

### When should occlusal vertical dimension be altered?

If we alter the occlusal vertical dimension (OVD) we must rely in the patient's adaptive response. Then why ever change it? Controversy exists about whether OVD can ever be lost. The following common myths continue to be supported by restorative dentists even without sufficient scientific support:

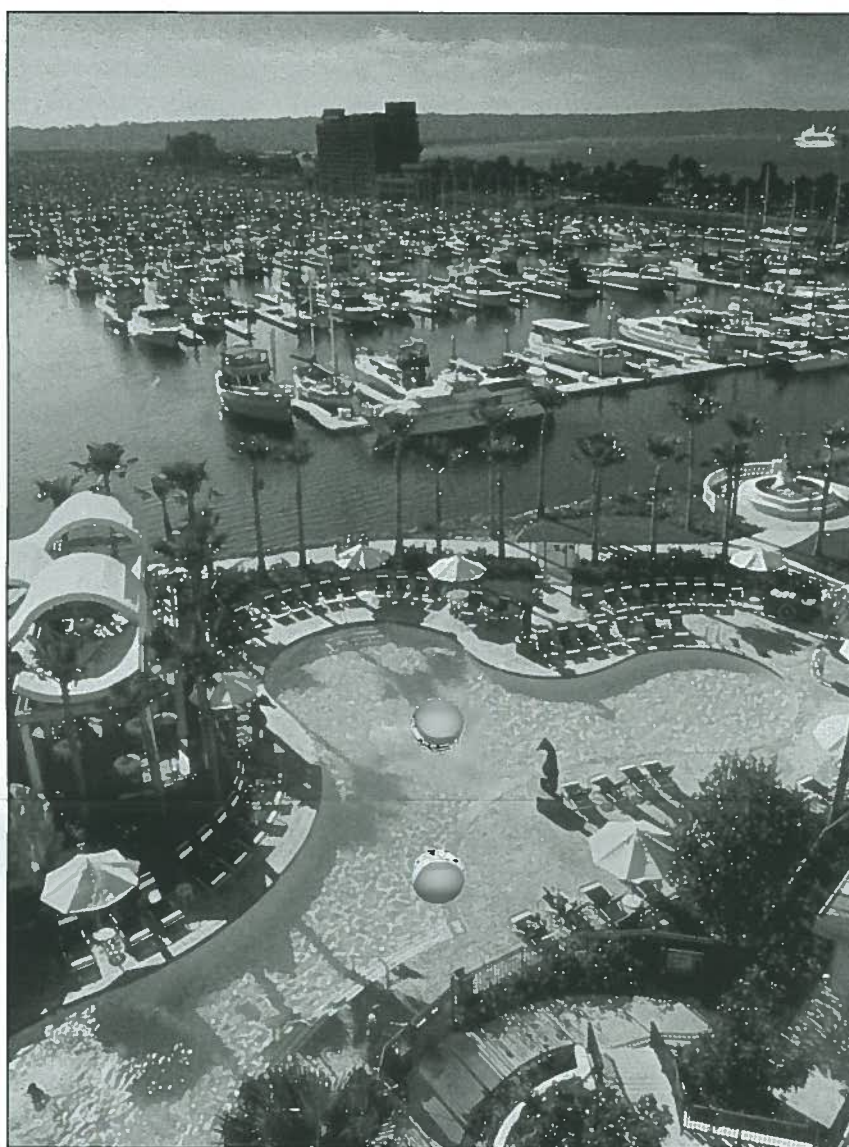
1. The neuromuscular system has an optimal vertical dimension.
2. The vertical relationship and rest position cannot be altered permanently.
3. Alteration of vertical relationships will lead to masticatory pain and dysfunction.
4. Rest position is established before the teeth have erupted.
5. Rest position is stable even after the teeth have been lost.

Historically, the guidelines to determine OVD are helpful, but primarily empirical. The time has come for a more enlightened approach that incorporates guidelines common to all the disciplines.

Speakers on this subject include; Dr. John Kois, Dr. Ward Smalley, Dr. Robert Mack, and Dr. Warren Rivera-Morales.

### When is a tooth hopeless?

As recent as ten years ago, technology was attempting to keep up with patient needs. Today, technology has gone beyond many patient's ability to pay for it. We can save any tooth, the possibilities are endless. Is it worth it? We also have predictable implant options which further complicate our decision process. Evidence-based treatment may be misleading. The choices are often dictated by our patient's emotional concerns or financial constraints. What are the scientific parameters to create predictable long-term success?



Sheraton San Diego Hotel & Marina

Speakers on this subject include; Dr. James Gutman, Dr. Bill Becker, Dr. Steve Buchanan, and Dr. Tal Morr.

### Which all ceramic system is best for you?

The dental marketplace has been flooded by many different ceramic systems. Unfortunately, the major portion of our knowledge base is commercially driven or presented by individuals with unique artistic talents that are difficult to emulate. Our results may not be the same. How do we select a system with appropriate physical properties and esthetic potential before making a substantial investment? If we can evaluate more objectively, we may be able to use certain systems in specific situations to exploit a given system's strengths and minimize its innate weaknesses.

Speakers on this subject include; Dr. Steve McGowen, Dr. Steve Campbell, Dr. Vincent Prestipino, and Dr. John Sorenson.

### Are the new luting agents really better?

Historically zinc phosphate has endured the test of time. Today, our selection process has expanded to include improved glass ionomers, modified glass ionomers, polycarboxolates, and resin luting agents. Many have improved physical properties and more favorable in vitro test results when compared with zinc phosphate. Are they really better? Will they stand the test of time or are the results not indicative of our clinical trials?

Speakers on this subject include; Dr. Terry Donovan, Dr. Glen Johnson, Dr. Steve Duke, and Dr. Shane White.

### Splint therapy or medication, which is the most effective TMD therapy?

Managing TMD patients is often a frustrating challenge. Different forms of treatment appear to be equally effective. If occlusion plays a major role, then splint therapy should be effective. If occlusion doesn't play a major role, medication may be equally effective. The controversy is more related to the individual patient's requirements that is diagnostically based, rather than making patients fit our predetermined treatment options.

Speakers on this subject include; Dr. Kevin Reid, Dr. Tore Hansson, and Chuck McNeil.

### What is the realistic potential for today's posterior restorative materials?

Historically, gold has been the material of choice for partial coverage restorations. For some patients esthetically driven treatment created alternatives that must be imperceptible from the natural tooth structure. Composite and ceramic alternatives are an advantage for some individuals but a functional and structural compromise for others. What is

the realistic potential of today's material? We now have evidence-based treatment that allows us to more effectively predict treatment outcomes. Are our patients the benefactors or the test subjects?

Speakers on this subject include; Dr. Didier Dietschi, Dr. Karl Leinfelder, Dr. Keith Phillips, and Dr. Mauro Fradeani.

### Is there scientific basis for progressive loading of implant supported restorations?

The way our restorations load individual implants may be the primary factor contributing to a loss of osseous integration. Concepts of force management have become more understood. However, critical factors involving progressive, early, or immediate loading of fixtures seem more

*Continues on pg. 2*

## EXECUTIVE DIRECTOR'S REPORT



Steve Hines  
Executive Director

Controversies in prosthodontics, 1998 ACP budget reductions, 1997 Annual Session unused sleeping rooms financial penalty, competition for patients, growing difficulties in recruiting predoctoral students into graduate prosthodontic programs, limited consumer/patient awareness of and demand for the specialty - these are just a few of the concerns presented in this issue of the *ACP Messenger*. On first read it would be quite easy to accept these concerns as tangible examples of a growing trend that indeed does not bode well for the future of the specialty.

However, in addition to the concerns raised, there is an upside as most, if not all the articles, paint an optimistic picture filled with boundless opportunities for specialists in prosthodontics. As Dr. Tom Taylor points out, there is an enormous growing population of aging baby boomers with discretionary dollars available for the services provided by prosthodontists. This prospective patient market will live longer, retain more teeth than previous generations, have more complex dental needs as they grow older and have already demonstrated higher expectations with regard to quality of life including cosmetics, oral function and comfort. The trick is how best to assist our members to successfully tap this growing marketplace in a timely and cost effective manner with our limited staff and financial resources. The ACP leadership and central office staff are already engaged in and committed to programs and activities to make this goal a reality.

Since our November, 1997 Annual Session in Orlando, it has been a busy time in the ACP central office with the departure of two directors and our administrative coordinator - turnover that is very common in the highly competitive association management market. In addition, Deborah Leja our office manager/bookkeeper is on maternity leave and scheduled to return to work in June.



Marcella Grigaliunas

I am pleased to introduce the new ACP staff members who are in place and already making substantive contributions to the College. Marcella Grigaliunas, Director of Meetings and Education and a graduate of Valparaiso University, brings a diverse background of experience in the association and hotel markets. Most recently she worked at the Hyatt Regency Chicago and is already bringing this experience to negotiations currently underway for future annual meeting sites. In addition to

her meeting planning responsibilities, Marcella will be focusing on identification and development of local continuing education programs as well as developing partnerships with dental businesses.



Mary Kaszubowski

The ACP's new Director of Membership and Section Relations is Mary Kaszubowski. A graduate of Illinois State University, Mary has worked exclusively in the association world with a broad range of assignments including meeting planning, membership, administration and continuing education. Her immediate focus at the ACP is on member retention and recruitment as well as outreach to members. She is committed to delivering member benefits and timely, quality service to all existing and prospective members.



Elana Shteir

Elana Shteir joins the ACP as Administrative Coordinator. She attended the University of Missouri and is a graduate of Northern Illinois University. Elana will be the College's first point of contact for most callers and guests to the office. In addition, she will provide support to the ACP Education Foundation, Council for the Affairs of the American Board of Prosthodontics and the Prosthodontic Forum.

The new staff as well as Lisa Laske, Director of Communications, and I have already found we work well as a team which is fundamental to achieving the ambitious ACP goals and objectives for 1998. In the coming weeks, each of us looks forward to hearing from members with ideas on how we can enhance the ACP and the specialty to take advantage of the growing need for the services of prosthodontists.

*Continued from pg. 1*

controversial. If we do not need provisional restorations or we can shorten the previously recommended healing time, we can provide numerous potential patient benefits that make implants a more desirable or attractive alternative to our patients. However, the risks may be high. Is there enough scientific basis to alter our protocol?

Speakers on this subject include; Dr. Eugene Roberts, Dr. Robert Cronin, Dr. Winston Chee, Dr. Ed Rosenberg, and Dr. Lou Rose.

### What is the most appropriate periodontal therapy, surgical or non-surgical?

The etiology of periodontal disease is microbial. Can we achieve the same clinical predictability by directly attacking the microorganisms or must we still rely on anatomical alteration of the environment? Without surgery we do not risk esthetic deformities, but we may risk the longevity of our restorative results. Traditional periodontal probing only evaluates previous disease activity. We have progressed enough to identify patient susceptibility factors and identify risk area prior to our procedures. How reliable are they?

Speakers on this subject include; Dr. Cherly Townsend, Dr. Walter Loesche, Dr. Jorgen Slots, Dr. Pat Allen, and Dr. George Merijohn.

### Can post cementation pulpal discomfort be avoided?

Excellent dentistry that exemplifies our restorative doctrines is a formidable challenge. We have developed an understanding of the mechanical prerequisites and the esthetic parameters, but we cannot predict the biological response. If there is post-operative sensitivity of an abutment or it requires root canal therapy, we may compromise our result and undermine the patient relationship. If these problems occur and they were not there before, the patient perceives that treatment was incorrect and blames the prosthodontist. Post-operative pulpal discomfort is one of the most detrimental concerns in clinical practice today!

Speakers on this subject include; Dr. John Kanda, Dr. David Felton, and Dr. Charles Cox.

### How can the correct angle of anterior guidance be determined?

The concept of mutual protection for patients is recommended for those that require restorations of their teeth. This includes three clinical components:

1. Incisal guidance steep enough to cause disclusion of all posterior teeth?
2. Lateral guidance steep enough to cause disclusion of all non-working side teeth?
3. Intercuspal position where loading is axially directed to posterior teeth?

Controversy does exist in determining the actual angle of guidance. Is steeper better? If it is steeper we will generate more posterior disclusion, less chance of posterior interferences, improved muscle harmony and a change in the pattern of mastication. However, this steeper angle of guidance may increase the load to the teeth which may increase the risk of porcelain fracture, broken foundation restorations, failed abutment teeth and fatigue of the cement seal. Therefore, we may develop a restoration that fulfills our principles but does not enhance longevity.

Speakers on this subject include; Dr. Terry Tanka, Dr. Chuck Wold, and Dr. Ken Malament.

The 1998 Annual Session Committee challenges all ACP members and other dental professionals to shed their current frustrations and learn how to tackle difficult clinical situations. "This program is sure to incite debate among attendees," said ACP President, Dr. Ned Van Roekel. He continued, "We want to stimulate discussion which will enhance patient outcomes."

Don't miss this exciting opportunity and mark your calendars now for September 16-19, 1998. The meeting will be held at the Sheraton Hotel and Marina, San Diego, CA.

## ANNUAL SESSION

## \$20,000 Annual Session Shortfall for 1997

By: Dr. Tom McGarry, 1997 Annual Session Chair

The 1997 Orlando ACP Annual Session was an outstanding success in every aspect. However, a serious problem has come to the College's attention which impacts the financial management of our annual meeting. After arriving back in Chicago, Executive Director Steve Hines was notified by the Renaissance Orlando Resort that the College owed the hotel an additional \$20,000 for unused hotel rooms. The hotel reported that 150 room reservations were canceled one week before the meeting. What's the problem? When planning annual meetings, the College contracts with a hotel for a specified number of room nights (room block) so that there is not an additional charge for use of the all the meeting rooms and exhibitor space. If the ACP does not meet its contract commitment of the room nights, then we are charged the difference (liquidated damages). Thus, it is critical that all our members who attend the Annual Session stay at the headquarters hotel (Sheraton San Diego

Hotel & Marina, in 1998). If they do not, then the cost of the Annual Session is much higher and is a greater drain on our operating budget.

We were delighted when the Orlando Renaissance Resort was sold out three weeks before the meeting. In fact, we had to contract for additional outside hotels for our overflow and unfortunately some members decided not to attend because they could not be in the main hotel.

Of course, plans change concerning meeting attendance but canceling reservations less than one week before the meeting is a disservice to your fellow members and a severe financial drain to the ACP.

Please help the 1998 Annual Session Chair and the Committee provide the best possible meeting at the lowest cost possible. Make your reservations early, stay at the Sheraton San Diego Hotel & Marina, and please, if you must cancel your reservations, do it as soon as possible and please do not make room reservations just to hold a room.

## Call for 1998 ACP Annual Session Table Clinic Presentations

The Annual Session Committee is seeking applicants for table clinic presentations. The table clinics session is held Thursday, September 17, 1998 from 12:00-1:30 p.m. at the Sheraton San Diego Hotel & Marina and is sponsored by Treloar and Heisel Insurance. This year three participants will be awarded cash prizes of \$700 (first place), \$500 (second place), and \$300 (third place). Winners will also receive a ticket to

attend the Annual Member's Luncheon held on Friday, September 18 from 12:15 pm to 2:15 pm.

Table Clinic presentations must be free standing poster or display presentations of research, clinical and/or laboratory techniques. No slide projectors allowed. All applications must be postmarked by June 1, 1998. Send applications to: Bruce G. Valauri, DDS, 333 East 34th Street, Suite 1-M, New York, NY 10016. Telephone (212) 213-9097 or fax (212) 725-4753.

## 1997 Annual Session PR Questionnaire Results

At last year's annual meeting attendees were asked to complete a public relations questionnaire in conjunction with the speaker evaluation. Although only 100 attendees completed the questionnaire, the results were positive. "The questionnaire was a great tool to better understand the needs of ACP members and help the College create materials to meet their needs," said Lisa Laske, ACP Director of Communications.

- |  |   |   |
|--|---|---|
| <p><b>1. How did you hear about the American College of Prosthodontists 1997 Annual Session?</b></p> <p>ACP Registration Brochure .....58<br/>           ACP Messenger .....53<br/>           Journal of Prosthodontics .....21<br/>           ADA News .....0<br/>           Colleague .....5<br/>           Other .....5</p> <p><b>2. My primary professional activity is:</b></p> <p>Private practice .....49<br/>           Military .....16<br/>           Administration .....1<br/>           Consultant .....1<br/>           VA .....8<br/>           Hospital Dentist .....1<br/>           Public Health .....0<br/>           Student .....4<br/>           Education .....1<br/>           Retired .....0</p> <p><b>3. I currently use the following ACP produced patient education material for patients and referring dentists.</b></p> <p><i>What is a Prosthodontist?</i><br/>           (brochure) .....18<br/> <i>Story of a Smile</i><br/>           (brochure) .....13<br/> <i>Story of a Smile</i><br/>           (video) .....9</p> | <p><b>4. I would purchase the following patient education material from ACP if it was offered: (check all that apply)</b></p> <p>Dental Implants .....55<br/>           Dentures .....51<br/>           Crowns And Bridges<br/>           (Fixed And Removable) .....54<br/>           Sleep Apnea .....33<br/>           Occlusion .....31<br/>           TMD .....31<br/>           Cleft Palate .....13<br/>           Oral Cancer Treatment .....17<br/>           Maxillofacial Prosthetic<br/>           Services .....13<br/>           What is a Diplomate of the<br/>           American Board of<br/>           Prosthodontists .....38<br/>           Why you were referred to a<br/>           prosthodontist .....44</p> <p><b>5. The predominant patient age in my practice is:</b></p> <p>18 - 30 .....6<br/>           31 - 40 .....11<br/>           41 - 45 .....5<br/>           46 - 55 .....20<br/>           56 - 65 .....29<br/>           66 - 75 .....14<br/>           Over 75 .....3</p> <p><b>6. A majority of my patients are referrals from general dentist?</b></p> <p>yes .....29<br/>           no .....49</p> | <p><b>7. A majority of my patients are referrals from other patients?</b></p> <p>yes .....39<br/>           no .....34</p> <p><b>8. I currently conduct public relations, advertising and marketing strategies in my practice?</b></p> <p>yes .....19<br/>           no .....35</p> <p><b>9. I would attend an ACP sponsored education seminar to learn how to market my practice?</b></p> <p>yes .....45<br/>           no .....22</p> <p><b>10. I would find the following program elements helpful in a marketing/public relations seminar</b></p> <p>Basic steps of selling .....36<br/>           assessing patient<br/>           personalities .....31<br/>           purchasing local print<br/>           advertising space .....18<br/>           local public relations<br/>           opportunities .....26</p> |
|--|---|---|

## ACP Leaders Visit ESPE'S Headquarters

On their return from the International College of Prosthodontists meeting in Malta, Immediate Past President Dr. John Burton and Journal of Prosthodontics Editor-in-Chief Dr. Patrick Lloyd were hosted by officials of the ESPE Company at their headquarters in Seefeld, Germany. The visit, orchestrated by Dr. Lloyd and Dr. Joel Berg of ESPE America, Inc., provided an opportunity for College representatives to share with company officials the significance of the specialty of prosthodontics in American dentistry and



Photo: l to r; Dr. Patrick Lloyd, Dr. Joel Berg, ESPE America, Inc., Dr. Burton, and Mr. Karl Janni. Member of the Executive Board, The ESPE Co.

explore potential areas of partnership between the American College of Prosthodontists and the ESPE Co. that might be mutually beneficial.

The visit was highlighted by two special opportunities. First, Dr. Lloyd made a 90 minute presentation to company personnel covering the broad topic of prosthodontics and the aging population. His lecture, accompanied by a rich variety of clinical slides as well as cogent citations from the scientific literature, was extremely well received by the audience of chemists, engineers, and other company personnel. Secondly, after an exciting tour of the manufacturing facilities, Drs. Burton and Lloyd met individually with the product development teams from each of ESPE's major product lines, including impression materials, laboratory products, and restorative materials. These small group meetings led to lively discussions about the strengths and weaknesses of various products and the comments made by the two visiting prosthodontists were eagerly received by all.

"The ACP is deeply appreciative for the generosity of the ESPE Co. that afforded this opportunity for professional exchange between the dental manufacturing industry and the specialty of prosthodontics," said Dr. Burton.

## Journal of Prosthodontics

### Call for JP Editor Nominations

The current five-year term of the editor of the *Journal of Prosthodontics* ends this year. According to the Bylaws, the current editor may be reappointed for an additional five-year term, or the Board is free to recommend another candidate for the position. The ACP Nominating Committee is currently accepting nominations for the position of editor, *Journal of Prosthodontics*. Interested individuals should send a cover letter and curriculum vitae to Dr. John Burton, Chair, ACP Nominating Committee, 211 E. Chicago Ave., Suite 1000, Chicago, IL 60611. Nominations must be postmarked no later than June 1, 1998.

# Focusing on Issues

## Dentistry in the next millennium: Will students continue to specialize in prosthodontics?

By: Dr. Ned Van Roekel, President

The future of prosthodontic graduate education is in limbo at best. Recruiting students into graduate programs is an uphill battle for many. As president of the American College of Prosthodontists, I feel a responsibility to take action. As members of the specialty of prosthodontics, we must take an active role in reestablishing the specialty as a viable, meaningful and profitable career choice. Thus, I have asked the Board of Directors to tackle the following question (originally published in Dr. Noel Wilkies' *ProsStars* newsletter): What can we do to channel prosthodontics correctly down the right road into the next millennium?"

I encourage you to read the responses and send me a response of your own. We must take ownership of this problem and find solutions. It is time to begin a dialogue and begin to safeguard our specialty

Please send your responses to Lisa Laske, Director of Communications, American College of Prosthodontists 211 E. Chicago, Ave., Suite 1000, Chicago, IL 60611 or fax 312-573-1257. Your responses may appear in upcoming issues of the *ACP Messenger*. We reserve the right to edit for style and length.

### What can we do to channel prosthodontics correctly down the right road into the next millennium?



**Dr. John F. Burton,  
President ACP Education  
Foundation**

1. Aggressively seek a clear and precise definition of the specialty of prosthodontics. This definition must be diagnostic based, using clearly determined definitions of those clinical diagnoses that require treatment procedures provided by clinicians with specialized training. For example, any dentist is reasonably qualified to perform simple forced extraction of an erupted tooth, but only oral surgeons have specialized training in complex dento-alveolar surgery.

2. Market, market, market. Undergraduate dental students, as early as year one, must be made aware of the specialty and other potential professional and economic rewards available to prosthodontic specialists.

3. Critically evaluate our system of training prosthodontists. Dental school based programs are simply too expensive. How can we dramatically increase the number of prosthodontic residency positions where a significant stipend is paid and there is no tuition?

ties (endodontics is rapidly gaining ground). If you want to market prosthodontics, all you have to do is realize that as the baby boom (that many of us belong to) ages, there is an enormous part of the population that (1) will retain more teeth than any previous subset of the population, (2) will live longer than ever before, (3) will have more complex medical and especially dental needs to deal with, (4) will have more discretionary income than any previous generation, and (5) will have higher expectations as to quality of life, cosmesis, and oral comfort/function. Prosthodontics needs to be presented to our students as the specialty with the greatest growth potential of all. It's a can't miss deal, if we get the message out to our students. At University of Connecticut (UConn) we are trying to do just that. Since 1990 at least one member of the top 10% of each graduating class (sometimes more) has elected prosthodontics as their chosen field. Many of them stayed here at UConn where Dr. John Agar and I have had the pleasure of their company. They will be future leaders of our specialty. My only hope is that they have a specialty to lead.

#### **B. Define the Specialty of Prosthodontics**

We produce graduates from dental schools convinced that prosthodontics is the last thing they would specialize in while simultaneously convinced that they are qualified to treat all the restorative needs of their patients. As a specialty, we must define the areas of the general practice of prosthodontics and the specialty practice of prosthodontics. The parameters of care and the guidelines for classification are good starting points. These documents should be utilized and publicized in the dental schools, in the general practice of dentistry and in the specialty practices.

#### **C. Demographics of Prosthodontic needs**

Students in the undergraduate curriculum should be informed of the huge need for prosthodontic care that the "Baby Boom Generation" will cause as this group ages. The future needs in prosthodontics will exceed both the skill levels of recent graduates and production ability of existing general practice offices. The ACP should publish the impending need and examine the use of expanded duty dental assistants in the specialty practice of prosthodontists so that multiple chairs can be used simultaneously.

#### **D. Development of positive role models**

Many postgraduate programs are isolated from the undergraduate curriculum. The value of a positive interaction of a specialist with a dental student can be a major influence on a career choice. Unfortunately, with most clinical care supervised by generalists, the first experience with the prosthodontic specialists may involve a consultation to find that the treatment is poorly planned from the onset and only major effort will "bail out" the patient treatment. Suggestions from the University of Iowa include: prosthodontic honors program to pair selected students with graduate students; presentations of complex prosthodontic treatment to predoctoral students; identification of gifted students in preclinical courses.

#### **E. Dissemination of information on the specialty**

Establishment of an Educator/Mentors Program for undergraduate dental educators. Development of a fact sheet or video on the specialty of Prosthodontics for dissemination to dental schools, GPR and AEGD programs. Presentations from local prosthodontists at dental schools for junior year students to encourage them to consider a career as a prosthodontist.



**Dr. Frederick S.  
Muenchinger, Director  
ACP Sections**

The public continues to be ignorant of the good things prosthodontists do! The only task to take is to continue the road we are on.

1. Publicize the specialty.

2. Market the specialty.

3. Advertise the specialty.

4. Educate the public.

This will result in increased need and the marketing forces will result in better and more numbers of students.



**Dr. Dennis J. Weir,  
Director Education  
Division**

A. Financial remuneration of the specialty.

B. Define the specialty practice.

C. Demographics of prosthodontic needs.

D. Development of positive role models.

E. Dissemination of information on the specialty.

F. Emphasis on innovative techniques for patient treatment.

#### **A. Financial remuneration**

Past and present reports on the specialty of prosthodontics have shown the remuneration for the specialty is at about the same level as the average for general practitioners. These statistics may be caused by the number of prosthodontists in academia, military, or a partially retired practice. The ACP should gather statistical information from the private portion of its membership to get separate information on the financial advantages of the private practice of the specialty. Many undergraduate students show little interest in specialties that offer no financial advantage over general practice.



**Dr. Tom Taylor,  
ACP President-Elect**

It is obvious that prosthodontics doesn't have the dental student appeal of orthodontics or oral maxillofacial where past history demonstrates the highest salaries of all dental special-

# in Prosthodontics.

## GRADUATE PROGRAM STATISTICS

Information prepared by Dr. Arthur Nimmo

The information listed below and on the following pages is from the 1995/96 *Survey of Advanced Dental Education: Annual Report*, which was issued in May, 1996.

### PROGRAM LENGTH

Specialty	Months
Dental Public Health	17
Endodontics	24
Oral Pathology	37
Oral and Maxillofacial Surgery	53
Orthodontics	28
Pediatric Dentistry	25
Periodontics	35
Prosthodontics	20*

\*Estimate from direct calculation of data, excluding maxillofacial programs, should be 29 months for this transition year. The ADA has prosthodontics listed as an average program length of only 20 months. I did not find any programs listed that were less than 24 months. I believe that they averaged in the maxillofacial training programs which are all 12 months. I calculated an average program length of 29 months. This was a transition year. All prosthodontic programs are now 36 months. This should be reflected in next year's data.

### APPLICANT POOL FOR PROSTHODONTICS:

Year	Applicants	Positions	Ratio
91-92	1411	192	7.3
92-93	1377	194	7.1
93-94	1509	201	7.5
94-95	1368	199	6.9
95-96	1136	177	6.4

### APPLICANT POOL FOR ALL SPECIALTY PROGRAMS FOR 95-96:

Specialty	Ratio
Dental Public Health	1.8
Endodontics	16.2
Oral Pathology	5.3
Oral and Maxillofacial Surgery	48.4
Orthodontics	26.0
Pediatric Dentistry	11.3
Periodontics	8.9
Prosthodontics	6.4

### COMMENTS ON APPLICANT POOL:

The applicant pool for the specialties of endodontics, oral and maxillofacial surgery, orthodontics, and pediatric dentistry has remained constant or increased slightly over the past five

years. In contrast, prosthodontics and periodontics both peaked in the 93-94 years and have made a sharp decline the two succeeding years. The applications for prosthodontics have dropped 24.7% between 93 and 96, and even greater - 31.2% for the same time period in periodontics.

The sharp decline in applications to periodontics may be related to the change to a three-year program length. The decline in prosthodontic applications occurred before the prosthodontic programs went to the three-year program length. Prosthodontics has the lowest applicant/position ratio of all the clinical specialties.

### FOREIGN ENROLLMENT IN GRADUATE PROSTHODONTIC PROGRAMS:

Year	US	Canadian	Foreign	% Foreign*
91-92	263	18	138	33%
92-93	254	17	146	35%
93-94	257	25	145	34%
94-95	237	21	203	44%
95-96	207	21	211	48%

### FOREIGN ENROLLMENT IN ALL SPECIALTY PROGRAMS FOR 95-96

Specialty	% Foreign*
Dental Public Health	41%
Endodontics	13%
Oral Pathology	47%
Oral and Maxillofacial Surgery	7%
Orthodontics	20%
Pediatric Dentistry	28%
Periodontics	27%
Prosthodontics	48%

\*Note for the two charts on previous page US and Canadian were calculated together. Therefore, foreign percentage does not include Canadians.

### COMMENTS ON FOREIGN ENROLLMENT IN GRADUATE PROSTHODONTIC PROGRAMS:

The first chart above identifies the extent of foreign participation in graduate prosthodontic programs in terms of total enrollment. This level appeared to be constant at about 33-35% in the first three years (91-94) listed in the chart. During the last two years this has jumped to 48%.

The second chart lists the percentage of foreign students enrolled for the year 95-96 for all specialties. Prosthodontics has almost double the percentage of foreign students of any of the clinical specialties.

### F. Emphasis on innovative techniques for patient treatment

Esthetic dentistry, implant dentistry, advanced reconstruction techniques and innovative methods of prosthodontic care delivery could all be used to increase the numbers of students who choose prosthodontics as a career.



Dr. Patrick Lloyd, Editor, *Journal of Prosthodontics*

1. The College should develop a fund for contributions - donations, bequeaths, etc. - that would be used exclusively as scholarships for graduate students/residents in prosthodontics. This should be aimed at covering the entire three year period and to amounts that would meet the entire need (\$32,000 per year).

2. The College should make a national push to get members to step forward and volunteer to teach undergraduate prosthodontics at US and Canadian dental schools. In this way there will be little or no real excuse for not having specialists teach the disciplines.

3. The College should promote the functions for the state sections. This will help inspire future prosthodontists. Furthermore, it will channel the energies of all prosthodontists into College affairs and less into other prosthodontic organizations.

4. The College should publicly identify how non-specialty prosthodontic organizations have contributed to "the problem."

5. The College should approach federal agencies directly to advise them of the situation. This should be done independent of the ADA and the AADS, as they have expressed, by their lack of action, little interest. The mes-

sage should be "Americans are being deprived of an opportunity to have their care provided by those who have the most appropriate training and experience."

6. The College should help those dental schools where the prosthodontic departments have been melded into mega restorative departments.

7. The College should expose the hypocrisy of organized dentistry's push to advance general practice. The reality is few general dentists practice general dentistry. The vast majority want to limit their practice to "something" esthetic dentistry, restorative dentistry, etc. This is especially evident in large group practices where individual dentists are designated as the clinic's oral surgeon, endodontist, or prosthodontist.

8. The College should do more direct promotion to the public about what an ADA specialty is. Those education qualifications that distin-

guish "us from them should be spelled out in the most direct ways."



**Dr. Richard E. Jones,**  
**Treasurer**

We must use a five-pronged approach.

1. Before we can change public opinion, we must strengthen ourselves from within. We must have a clear vision of who we are and what the ACP is. We must know our mission and approach our goal with intention.

2. The specialty of prosthodontics must be clearly defined and marketed to the lay public. This includes lay groups such as AARP and health professionals, such as nurses. Excellent presentation materials (booths, slides and pamphlets) should be developed for four markets:

1. lay people
2. health professions
3. dental students
4. dentists

3. Academia is the weapon for the future. Efforts should be made to encourage preference for prosthodontists as clinic directors and prosthodontists as restorative and prosthodontic department chairmen. Undergraduate standards should define prosthodontics and the limitations of the generalist (when to refer, what is an occlusal rehabilitation). Graduate curriculum standards should further define the separation from general dentistry. Prosthodontists should administer state specialty boards. Academic prosthodontists should realize that their future is dependent upon the success of the private practitioner and they must promote the ACP and the specialty.

4. Prosthodontics should be marketed on a "dental grass roots level." Our state sections should mobilize successful private practitioners to represent our dynamic, rewarding specialty to dental (especially years 1-3) and graduate students. Mentoring programs should be encouraged within and outside the schools. The ACP should aid the young prosthodontist with placement, and practice support materials. ACP recruitment should begin even before graduate training.

5. We must market prosthodontics to the dental public. The ACP leadership must maintain a high profile in organized dentistry. The ACP must work closely with other specialty groups. We have many "high profile" prosthodontists that owe much of their success to prosthodontics. Deans, researchers, and some of the most popular dental speakers (perhaps even the most popular and powerful dental speaker in the world) are prosthodontists. What would happen if each of them listed the ACP first on their CV? What would happen if an early sentence in each of their presentations spoke of prosthodontics as a dynamic and rewarding specialty?



**Dr. David A. Felton,**  
**Director Research Division**

First, we must begin to target the pre-doctoral dental students rather than the residents. By the time they're residents, they're already committed to the specialty. I fully support our current

residents, but that's not where we need to concentrate our efforts to *build* the specialty. Let's consider throwing some dollars toward recruitment of pre-doctoral students!!! That's one of the initiatives the ACP Research Committee dealt with when we convinced ASTRA Tech to sponsor a pre-doctoral Student Research Competition!! Hope-fully, we can get others to

consider similar sponsorships! Also, the ACP initiative to provide \$200 to various sites to sponsor "What is a Prosthodontist?" receptions for predoctoral students is another excellent initiative.

Also, we must foster and promote having all of our current and recent residents to challenge the Board Exam. To do so, the individual programs must consider funding their third year residents to challenge Part I (and II?) of the exam in Chicago! I'd personally much rather see the residents do that than the ACP annual session, if they only have access to one trip per year! That will take a significant financial commitment on the part of individual programs. Increasing stipends and lowering tuition is wonderful to discuss, but is more than likely not an option for most institutions! Sorry, but that's reality.



**Dr. Kenneth L. Hilsen,**  
**Director, Prosthodontic Practice division**

I am not an academic and have not been associated with a dental school for many years. However, I am a practical person in the private practice of prosthodontics. I see what happens to the young prosthodontist when he/she gets out of school and begins a private practice, at least in the New York metropolitan area. I currently have two young associates in my practice. It is my opinion that these people come out of their program and can't find a job. They beg for associate positions but few exist. My own experience and conversations with others looking for prosthodontic associates make it clear that putting out the word of an opening will bring many responses. The point here is that the economic future of prosthodontic graduates is poor. Most of them take positions with general dentists who can't handle all of the prosthetic treatment in their own practice. The fact is that most general dentists do any and all prosthetic procedures needed in their practice and refer out very little.

I believe that the future of prosthodontics lies in private practice. By items being done by prosthodontists, not general dentists.

I also believe that until these goals are accomplished that there should be a reversal back to the twenty-four month program. Although I do not understand the complexities of the graduate program, I believe that the three year program puts too much economic burden on the student without adequate quick rewards upon completion. I had an associate who by the time she graduated her program was in so much debt that she needed to work at a clinic where she was paid \$36.00 per hour instead of taking the time required to build a prosthodontic practice (we pay our hygienists \$27.00 per hour!). She was very bitter about her choice of prosthodontics as a specialty as she learned about the difficulties in getting started. These stories circulate amongst students and affect their decision making process. It basically falls into the law of supply and demand. There simply isn't enough demand for prosthodontic services by the public at this time. Increase demand and the need for supply will take care of itself.



**Dr. William D. Sulik,**  
**Director-at-Large**

Although it has been more than a decade since I have been involved directly in advanced dental education I have been aware of the significance of the problems facing

the specialty. Solutions to these problems are difficult to identify and even more difficult to actualize. The following are some thoughts which must be addressed in dealing with the problems.

The prosthodontic community, those organizations dedicated to the discipline of prosthodontics, must come together, identify the problem and develop a joint, concerted venture to rectify them. This has been identified as a priority for the Prosthodontic Forum.

Predoctoral education must be strengthened in the discipline, not further diluted. This has also been identified as a priority for the Prosthodontic Forum.

Graduate education must be made more attractive to undergraduate dental students. And, program length should be reevaluated for those individuals who might wish to pursue a career in private practice. In addition, options for financial support need to be pursued.

Initiatives should be developed to make undergraduate dental students more aware of and attracted to the specialty.

The prosthodontic community must make the effort to help the struggling dental laboratory industry in this country deal with their problems. A strong discipline and specialty of prosthodontics and a strong laboratory industry are vital to warding off the proliferation of denturism which undermines all of prosthodontics. This too, has been identified as a priority for the Prosthodontic Forum.

I realize that these are all very broad issues. It will be the responsibility of the American College of Prosthodontists to take the lead in this initiative. We have known and benefited from the knowledge and experience of educators who were not formally trained. With the dilution of curriculum time in prosthodontics this will probably not be the case in the future. The responsibility for education in prosthodontics will be more dependent upon those with advanced education than ever before. We cannot, however, be successful alone. We need the support of all organizations with an interest in prosthodontics. This is a primary reason why the efforts to unify the discipline are so important.



**Dr. Thomas J. McGarry,**  
**Director, Public and Professional Relations Division**  
**Elitism in Prosthodontics**

We hold ourselves out to be "better" than GP's at identical treatment techniques—better margins, esthetics,

occlusion, gingival response, etc. This approach has always alienated the GP's both in education and in private practice. The argument of who is "better" is a no win situation. Most patients expect a certain level of expertise and after that price, convenience and comfort are the key motivators. The percentage of patients who will pay a premium for a "better" or "best" service is small compared to the general population especially if the service is viewed as elective or discretionary. If prosthodontists are to be widely known and accepted, our services must be available to a wide market share. We must define ourselves by what we do and not by comparison to another group. Prosthodontics needs to differentiate itself by diagnosis and treatment difficulty and education level so that we are not perceived as a discretionary service or an elitist service by either the public or the GP.

However, if prosthodontists wish to maintain our current elitist and discretionary reputation then we need to examine other groups that provide elective services and learn from them.

The two groups that represent perhaps the low end, chiropractors and the group that represents the high end, the plastic surgeons both offer elective procedures for the bulk of their practice procedures. Similarities with these two groups include

1. minimal or no third party pay or benefits
2. short duration or episodic treatments
3. high degree of external marketing both public and professional
4. majority of treatment provided is elective
5. constant need to create demand for their services directly to the public

These common points also apply to prosthodontists except for #3, high degree of external marketing. If the future of prosthodontists is an elective, discretionary and expensive service group then a conscious committed decision must be made to incorporate external marketing-advertising-into every practice. If prosthodontists commit to direct to the public approach for the discretionary dollars then advertising will be required to create the demand for our services. There are drawbacks to this approach—

1. loss of reputation as a health care provider
2. practices that are more subject to economic cycles
3. more intra-specialty competition between prosthodontists
4. need for constant advertising

These drawbacks contribute to the present status quo of prosthodontists and our current problems.

Perhaps the only viable approach to an elective practice model would be to develop a unique practice characteristic such as adding Implant surgery to prosthodontic training. Do any of the other dental specialties face a similar challenge as prosthodontists? For example,

1. minimal insurance coverage
2. long treatment times
3. elective services
4. high laboratory costs
5. integration of multiple treatment modalities
6. GP's provide similar services in the public's mind

Periodontics, Oral and Maxillofacial surgery and Endodontics enjoy higher reimbursement levels of insurance, treatment times are shorter, limited maintenance, limited laboratory costs and are viewed as necessary, not elective, because pain is usually involved. Not surprising these specialties have flourished and do not have graduate student recruitment problems. All these specialties have the majority of their members in full time private practice. Prosthodontists in private practice have just recently become a majority in the ACP. Dental students have not and do not have sufficient access to private practice prosthodontists to serve as role models to guide their educational future. The role models that students are exposed to do influence their decisions concerning advanced education. At this time, students are exposed to either GP's in practice that teach prosthodontics or to prosthodontists with limited or no private practice experience.

Orthodontists are easily the most similar to prosthodontists. They have overcome the previous common problem list very successfully. How have they accomplished this?

1. high degree of auxiliary utilization
2. created a demand for a pretty smile in children
3. created financing systems for the average income patient
4. created financing systems for long term treatment
5. train graduate students to use auxiliaries as an optimum practice model
6. restricted undergraduate education level to the time available

If prosthodontics is to survive or hopefully flourish as a specialty then the educational process must be designed to create prosthodontists with the skills and knowledge to be successful in private practice. It is a primary tenet of specialty definition that we must provide a service to the public that is not provided by another group in dentistry or in other words — do prosthodontists meet the need and demand test. The transition of prosthodontics from an institutionally and educationally based specialty will be difficult as it requires a true paradigm shift in our educational process.

#### Basic Structural Problems In Prosthodontics

1. elitist
2. low patient volume
3. high cost of services
4. extended treatment times
5. high doctor time requirement
6. low staff delegation
7. increased overhead costs—laboratory
  - a. in-house laboratory
  - b. outside laboratory
8. availability of laboratory support/technicians
9. inefficient private practice delivery systems
10. inadequate differential from GP's
  - a. income potential from specialty practice
  - b. diagnostic criteria for specialty level patients
  - c. conditions treated
  - d. treatment techniques utilized
11. definition of the specialty is diffuse—we can not be a group of subspecialists
12. undergraduate dental education does not support specialty practice
13. prosthodontic specialty education is inefficient for private practice environment
14. the gap between prosthodontic specialist educators and private practice prosthodontists is too great and must be bridged. Private practice prosthodontists must join with educators to create an educational model that will be attractive to graduate students and efficient for the private practice of prosthodontics.
15. prosthodontist educators have been the dominant role model for prosthodontists unfortunately this role model does not meet the needs of prosthodontists in private practice.
16. the specialty of prosthodontists has an inadequate public and professional image
17. the specialty of prosthodontics has a moral obligation to support our graduate students not only during training but during their careers otherwise we should not be trying to influence them to specialize in prosthodontics with all its associated costs.



**Dr. Nancy Arbree, Director, Annual Session Division**

Our most important priority must be the motivation of the predoctoral student to enjoy and then enter prosthodontics as a specialty.

While many predoctoral programs have developed generalist type clinics for the clinical teaching of prosthodontics, there are still prosthodontists teaching in schools. Often, however, there are so few that they are spread thin and devote most of their time in the clinic to corrections at "Quality Monitoring" or "Second Signature" steps.

Recruitment of prosthodontist faculty is becoming more difficult due to limited salary amounts. Since most prosthodontic programs burden the graduate with indebtedness, the recent graduate comes to teach only for a few years before moving on to a more lucrative (loan pay off) private practice. The above cre-

ates a difficult environment in which to role model prosthodontics to the predoctoral students.

Perhaps it would help for a moment to think back to how we were motivated to become prosthodontists. For most of us, some mentor's face(s) will pop up in our memory. When was the last time those of us in predoctoral prosthodontic education had the time to motivate and mentor someone like that?

#### Solutions

1. Each one of us (if not already) must personally volunteer to become involved with predoctoral dental education. This will be a financial sacrifice for most, but if our specialty is to survive, it is a necessity. Each day one teaches a predoctoral student, mention something special prosthodontics means to you.

As there starts to be more prosthodontists in our schools, they should talk and laugh and group with each other once or twice a day in view of predoctoral students. One big reason predoctoral students select endodontics or orthodontics today is because predoctoral students see a large number of these faculty in a collegial grouping, "Like one big happy family." Most (>90%) of the faculty in these areas in most schools are one-day-per-week volunteer (no salary) faculty.

2. The ACP should immediately (6 months or less) develop, using Dr. Susan Brackett's pilot effort at Oklahoma School of Dentistry as a background, a stock presentation - outline/with slides or suggested slides - to present to predoctoral students as a lunch time event. If slides are included, this presentation should be available from the ACP for a fee to cover costs.

The local ACP section, with or without corporate support, should pay for lunch for the students - the only way to guarantee their attendance! Already full curriculums can always fit in a free lunch. An ACP section member(s) in each state should be delegated to be the key person to coordinate the presentations on an annual basis to the sophomore class. This presentation should emphasize when to refer to a prosthodontist and why prosthodontics is an excellent career choice.

3. The ACP should take the lead in:

- a) reinstating the two vs. the three year program.
- b) formally outlining a successful part time postgraduate prosthodontic program that incorporates:
  1. part time teaching
  2. tuition remission or grant support
  3. allowing a private practice setting inside or outside the school for the postgraduate student to earn money.

4. Classification Systems currently underway within the ACP should be finalized quickly. Type 4 should clearly be delegated and taught as the prosthodontist's domain. Schools need to incorporate it into their programs now. A draft should be disseminated at meetings like the AADS and put into effect within the year. Changes and updates can occur later.



**Dr. Arthur Nimmo, Vice President**

The following all relate to the survival of the specialty.

1. Aggressive marketing to the public about the specialty of prosthodontics - encouraging them to independently seek their care in prosthodontist's office.

2. Establishing funding for graduate prosthodontic residents.

3. Enlisting the cooperation of graduate program directors to emphasize the importance of achieving board certification and supporting

the efforts of their residents in this goal.

4. Aggressive marketing to the dental student about a career as a prosthodontist.

In regard to predoctoral education, the *Journal of Prosthodontics* will publish (in the March 1998 issue) the findings of a prosthodontics educators workshop held at the ACP Annual Session in Kansas City. This document was reviewed by dental educators at the American Association of Dental Schools Annual Meeting in Orlando in 1997. I will be ordering professional reprints which will be circulated by the ACP to the Deans and Department Chairs of US and Canadian dental schools. This mailing will include a cover letter from Dr. Van Roekel emphasizing the importance of the discipline of prosthodontics in dental education.



**Dr. James W. Farer,  
Director-at-Large**

Those of us who have taken the plunge into advanced studies in Prosthodontics have seen the significant difference in the thinking and effectiveness of a trained specialist as compared to a general practitioner. This reflected in a higher level of patient health.

Why is this difference not acknowledged by

general practitioners, insurance companies, patients seeking care, and dental school curriculum developers? Because it is in the best interests of generalists, the AGD, everyone except the patient, to perpetuate a myth of equality.

Our problems are multi-faceted, and I believe that all the facets must be successfully solved before we can fully attain our goal of advancing prosthodontics and improving recruitment. To do this, we must create a need for quality prosthodontic care in the mind of the public. Keeping in mind that the majority cannot afford quality prosthodontics, the limited market must be identified and targeted.

A similar campaign plus lobbying must be addressed to the governing agents of dentistry. Schools, legislatures, and national organizations such as the ADA. Insurance companies must be forced to face the real difference between mediocre and advanced service, between a simple and a complex treatment plan. Further, we need prosperity of the private practitioner, comfortable salary levels for prosthodontist teachers, respect and appreciation for government and institutional prosthodontists, and teachers. We need to increase our cadre of prosthodontists to deliver service as public and professional demand increases.

However, I am doubtful that all facets of our goals of advancing prosthodontic teaching, recognition, delivery, and graduate education

can be achieved. This is because of the large sums of money needed to fund these activities. Can we do this? Probably not. So it behooves us to concentrate on areas where we have the best chance. We need to think about alternative strategies to use if our present plans don't work out.

Sorry to be pessimistic, but we have a better chance of success by facing facts. I and many of my colleagues in the New York Metropolitan area stand ready to chip in our resources to fight the good fight. I look forward to sharing the ideas of this dialog and taking action, practical action. Excelsior!

## Certified Dental Technicians: Future Affiliation with the ACP?

By: Dr. Robert L. Schneider, Chair, Laboratory Relations Committee

**A**s noted in the last issue of the *Messenger* the ACP House of Delegates met in Orlando to discuss many issues. Perhaps the one that created the most discussion was the Board of Directors' initiative to allow certified dental technicians (CDTs) to become affiliated with the American College of Prosthodontists. During this meeting there was a significant amount of misinformation being circulated about this initiative. Following extensive discussion in the Reference Committee, it was decided the issue should be tabled for future discussion by the Board of Directors, who will make a progress report 90 days prior to the next House of Delegates meeting.

As Chair of the Laboratory Relations Committee, I would like to clarify some of the misinformation that was being circulated during the Orlando meeting. The proposal by the Board of Directors was not intended to open the ACP to membership to general practitioners or any other members of the dental profession not related to prosthodontics. The proposal was for a technical affiliation category for CDTs only. Not just dental technicians but CDTs. In order to become a certified a dental technician a person must be educationally/technically qualified, have adequate command of the English language (to take the written examinations), and must successfully complete the certification exam that consists of both practical and written sections. To retain their Certified status the CDTs must complete ten hours of continuing education every year for biennial recertification.

The proposed technical category would not have extended voting privileges on the Board of Directors or the House of Delegates, but they would be able to serve on the Dental Laboratory Relations Committee. Potential technical affiliates would only be those that have current certification from the NBC (National Board Certification in Dental Laboratory Technology). It was also proposed that a CDT Ethics Committee would be formed to handle any professional conduct and ethical issues that may arise.

Prosthodontics, more than any other group rely on the skill, expertise, and advice of dental technicians. A recent survey of prosthodon-

tists and laboratory technicians, cosponsored by the ACP/NBC (the results to be submitted to the *Journal of Prosthodontics* and the *Journal of Dental Technology*), indicates a lack of adequately trained technicians, to satisfy the prosthodontists needs. The same survey suggests an upcoming, serious shortage of adequate trained and knowledgeable technicians, which can be attributed to several reasons such as closure of training programs, low wages, etc. The results of this survey will help both professions determine the basic dental laboratory needs of the future, and provide input as to the desires of both groups for technician and laboratory certification, education, and communication. Since we, as no others, are truly "married" to the technician this relationship must be enhanced and nurtured to assure adequate assistance in the delivery of quality prosthodontic care to our patients now and in the future. How this problem should be approached is a very challenging subject indeed.

Change is difficult for all of us, however the times are changing whether we like it or not, change is inevitable. The ACP is an exclusive organization, but keep in mind that we can "exclusive" ourselves into extinction. In my opinion the technicians are an integral part of this exclusive team and should be recognized as such. I think most would agree, but the difficult part is to decide how to do this and maintain the intent of the American College of Prosthodontists, which is to represent the specialty of prosthodontics to the public and the dental profession.

In future issues of the *ACP Messenger* I will discuss possible avenues of consideration for technician recognition and present viewpoints and comments from the leadership of the NBC and NADL. I will also present some information on the concerns regarding the issue of denturism as they were conveyed to me in Orlando. The proposal of technical affiliate in the ACP is an emotional issue, however if we approach it with the correct information and knowledge then the appropriate decision can be made that will benefit both the prosthodontist and technician and ultimately the patient and the profession.

## TREASURERS REPORT



Dr. Richard Jones,  
Treasurer

As the College enters its twenty-eighth year, it is inspiring to look back at how we began and where we are now in 1998. The evolution from a "study club" to the ADA recognized voice for the specialty of prosthodontics is an incredible feat in a rather short timeframe. We are driven by a team of association professionals headquartered in Chicago, who are augmented by an excellent core of volunteers and directed by the membership through the House

of Delegates. As your Treasurer, I am proud to serve this strong, dynamic and strategic organization. It is my duty to present the financial affairs of the College and I am happy to report that improvements in management systems allow us to track every expenditure and relate it to budgetary line items. Revenue and expense items are well controlled and future budgeting processes are accurate.

Looking toward the future, one area we must address is how we can continue our tremendous growth of the qualitative aspects of the College which have outpaced our quantitative approach. Simply, the ACP has difficulty in balancing the budget. Although we have been diligent and frugal in our spending, unfortunately many worthy programs cannot be funded and several essential programs are underfunded. For example, the 1998 budget was balanced by cutting \$125,325 originally allocated for committee projects or programs. Some of the cuts were small "across the board" cut-backs, but many were major reductions which directly conflict with membership directives established in the College's strategic plan. As an illustration, the following cuts were made:

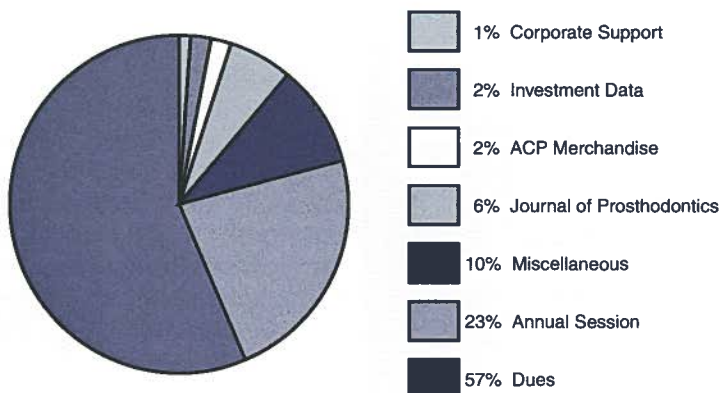
- \$22,000 from membership recruitment
- \$10,000 from the Prosthodontic Practice Division
- \$10,000 from new product development (originally designed to increase revenues from ACP merchandise)
- \$5,000 from the Web page

These budget reductions translate into the College compromising its programming and restricting growth and development. We cannot afford to continue on this path and remain as the parent prosthodontic organization. The 1998 House of Delegates must look closely at maximizing all revenue areas such as:

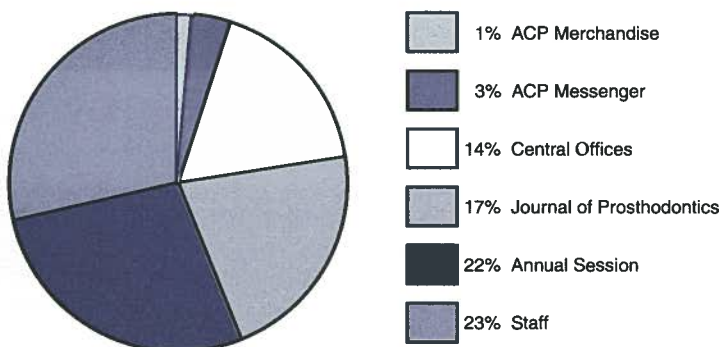
Dues revenue - We are in our fourth year at the current dues schedules.

Corporate support - The membership must help identify key contacts to fund programs.

### WHERE DOES THE MONEY COME FROM?



### WHERE DOES THE MONEY GO?



ACP Merchandise - Continue to market the value of our products to the membership.

Membership - State sections and members should be challenged to increase membership.

Special Assessment - Support may be targeted for special programs and projects.

Meeting attendance fees which target the user.

The membership via the House of Delegates controls the future funding of the American College of Prosthodontists. I challenge you to ask yourself where do you want the College to be in the millennium? And, how do you intend to get there?

Suggestions and comments may be sent to Dr. Richard Jones, Treasurer, American College of Prosthodontists, 211 E. Chicago, Ave., Suite 1000, Chicago, IL 60611 or fax 312-573-8791.

## MEMBERSHIP DIRECTORY ON WORLD WIDE WEB

This spring the American College of Prosthodontists will be redesigning its web page. The College has retained a Chicago-based web design firm to build the new homepage, which will house member related information, as well as consumer education information. One of the new features included in the home page will be the ACP member directory. The directory will contain names, addressees, telephone numbers, fax numbers, and e-mail addresses searchable by zip codes. This will allow consumers to find prosthodontists who are members of the College in their area. "Members will also be able to register for future annual sessions, order products and update their membership information via the web site," said Steve Hines, Executive Director.

If you do not want your name to appear on the ACP's homepage, you must contact Lisa Laske, Director of Communications by May 1, 1998. Members must notify the ACP in writing that they have chosen not to have their name appear in the web site at <http://www.prosthodontics.org>. Notification should be sent to 312-573-8791 (fax), e-mail: [llaske@prosthodontics.org](mailto:llaske@prosthodontics.org), or American College of Prosthodontists, 211 E. Chicago Ave., Suite 1000, Chicago, IL 60611.

## ACP HEADQUARTERS CHANGES E-MAIL ADDRESSES

The general e-mail address for the ACP headquarters office has changed, along with the individual addresses for staff. Please clip and save the following changes:

[acp@prosthodontics.org](mailto:acp@prosthodontics.org)  
(general office e-mail)

[shine@prosthodontics.org](mailto:shine@prosthodontics.org)  
(Steve Hines, Executive Director)

[llaske@prosthodontics.org](mailto:llaske@prosthodontics.org)  
(Lisa Laske, Director of Communications)

[mgrigaliunas@prosthodontics.org](mailto:mgrigaliunas@prosthodontics.org)  
(Marcella Grigaliunas, Director of Meetings and Education)

[mkaszubowski@prosthodontics.org](mailto:mkaszubowski@prosthodontics.org)  
(Mary Kaszubowski, Director of Membership and Sections)

[dleja@prosthodontics.org](mailto:dleja@prosthodontics.org)  
(Deborah Leja, Office Manager)

[eshteir@prosthodontics.org](mailto:eshteir@prosthodontics.org)  
(Elana Shteir, Administrative Coordinator)

## ACP SECTIONS

### The GNYAP Holds Forty-Third Annual Scientific Session

The forty-third Annual Scientific meeting of the GNYAP was held on December 5 and 6, 1997 at the Plaza in New York City.

At the meeting the Jerome M. and Dorothy Schweitzer Research Award was presented to Robert J. Genco, D.D.S., Ph.D., Chairman of the SUNY at Buffalo Oral Biology Department and Associate Dean of the School of Dental Medicine for External and Interdisciplinary Programs. This award is presented annually to an individual whose high standards of original research represent a major contribution to the advancement of prosthodontics.

The GNYAP Foundation Distinguished Lecturer Award was presented to Howard M. Landesman, D.D.S., MEd. Dr. Landesman is Dean and holder of the G. Donald and Marian James Montgomery Professorship at the University of Southern California School of Dentistry. This award is conferred to an individual who has been recognized for exceptional didactic skills as a dental educator.

The GNYAP Achievement Award was presented to William J. Ryan, who is presently President and Chief Executive Officer of Straumann USA. This award is given to an individual who has contributed to the welfare and advancement of the sciences and health professions.

The newly elected officers and Council members of the GNYAP include: Eugene P. LaSota, President; Robert A. Saporito, President-Elect; Stanley M. Weinstock, Vice-President; Clifford D. Kopp, Secretary; Dennis N. Morea, Secretary-Elect; Peter C. Furnari, Treasurer; Paul J. Hoffman, Immediate Past President; Nancy S. Arbree, Member of Council; Daniel S. Budasoff, Member of Council.

### Massachusetts Section: Yankee Dental Event

The Massachusetts Section of the American College of Prosthodontics conducted its Yankee Dental Event and annual meeting. This year's meeting was exceptionally successful thanks to our guest speaker, our numerous sponsors, and the high level of attendance. Pictured from left to right are: William Dickerson DDS, guest speaker; Louis M. Brown, D.M.D. past-president; Daryl M. Roy, DMD, president; and James M. Stein, DMD.

### California Section Names Award Winners

The California Section of the American College of Prosthodontists is pleased to announce the winners of the 1997 Undergraduate achievement Awards. The awards were presented to outstanding undergraduate students who have shown high academic and clinical proficiency in prosthodontics. Each winner received a plaque and a check for \$200. The students honored were: Kanthi Jayala Appannagari- Loma Linda University

Diane Chie Yoshinobu- University of California, Los Angeles  
Daniel John Araldi- University of California, San Francisco  
Brent R. Boyse- University of Pacific  
Patrick Chulmin Park- University of Southern California

### Texas Section Hosts Dental Students

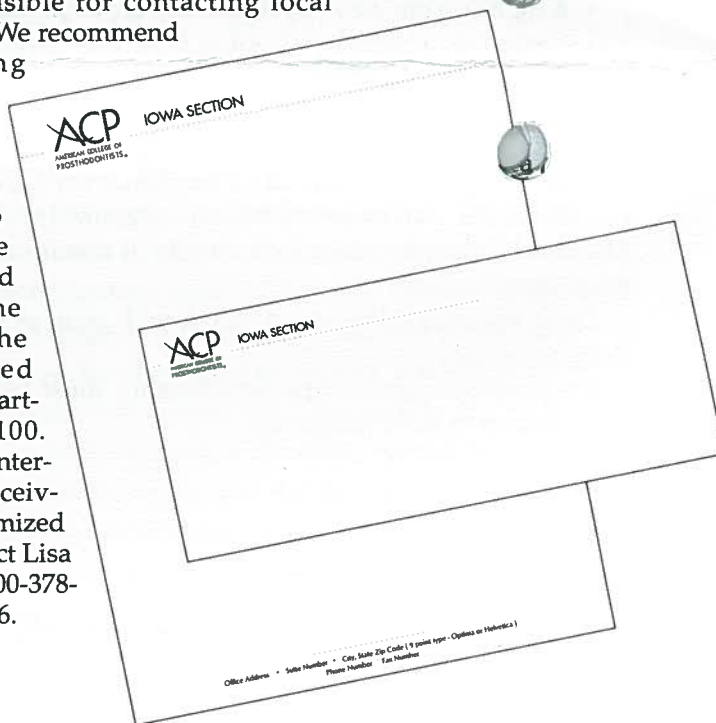
The Texas Section of the ACP hosted fifteen dental students from UTHSCSA Dental School as its Winter Meeting on January 20, 1998 at the Quarry Golf Club in San Antonio. The students included 12 third year students (Brian Bozeman, Christy Caffey, Chad Duplantis, Tyson Harrell, Kervin Hoffman, Todd Hughes, Branson Johnson, Doug Leonardson, Robert Loughlin, Dana Raspberry, Gabriella Rey, Cheryl Stasny) and 3 second year students (Danny Allen, Paul Doi, and Michael Miller). The students were invited based on their abilities and interest in Prosthodontics.

Section members hosted the students during a social hour. After dinner and a short business meeting, the third year prosthodontic residents from the dental school presented a program which highlighted prosthodontic treatment of adolescent and young patients.

The questions and comments from the students indicated that the section's goals of increasing the interest in post graduate prosthodontic studies and improving the awareness of advanced prosthodontic procedures were accomplished. We hope that even if none of these students apply for Advanced Prosthodontic Training, that they will at least become practitioners that are more aware of how Prosthodontics can help their practices and their patients.

### ACP Creates Section Letterhead

In response from many sections wanting to have official ACP section letterhead, the College has developed a customized letterhead for all sections. "The process of obtaining the artwork to produce section letterhead is very easy," said Lisa Laske, Director of Communication. She explained that the artwork is available on a Macintosh disk with the design formatted in Illustrator software. Interested sections should call Laske and she will process their order and send a disk. Once a section receives a formatted disk it is ready to be taken to a printer who will produce the sheets of stationary. All sections are responsible for contacting local printers. "We recommend contacting more than one print house in order to compare costs," said Laske. The cost of the customized letterhead artwork is \$100. If you are interested in receiving a customized disk, contact Lisa Laske at 800-378-1260, ext. 16.



## AMERICAN BOARD OF PROSTHODONTISTS

### Seventy-Six Sit for ABP Exam

The American Board of Prosthodontics is pleased to announce that seventy-six candidates participated in the February examination held in Chicago, February 15-18, 1998. Of this number twenty-two represented candidates in their third year of post-graduate training. They were allowed to take Part I only.

Other candidate participated in one or more of the various parts of the examination. This participation resulted in the certification of eight new Diplomates. This number included: Drs.: Edward R. Chesla, Tony Daher, Christian E. Davila, Aria Davodi, James A DeVengencie, Kevin S. Oakes, Paul M. Rogers, and Arthur F. Sun. Please take the time to congratulate these individuals when the opportunity arises.

### June Date set for Chicago ABP Exam

The dates for the June examination are June 21-26, 1998. The examination will be held in the ADA building, in Chicago, IL. Potential candidates should contact Dr. William Culpepper, ABP Executive Director as soon as possible. The cutoff date for participation in the June examination is April 30, 1998.

Contact Dr. Culpepper at 404-876-2625 voice, 404-872-8804 fax, or e-mail DC\_ATL@Bellsouth.net.

### Updated Addresses Needed for Publication

The names and addresses of individual Diplomates are printed yearly in the major prosthodontic journals. Please be aware that the manuscript for this publication must be to the editors by July 1998. All updated addresses must be mailed by May 15, 1998. The address lists for the American College of Prosthodontists and The American Board of Prosthodontists are maintained separately, although we try to keep each other informed of changes as they occur. Please send all address changes to both the College and the Board. Addresses:

The American College of Prosthodontists  
Attn: Mary Kaszubowski  
211 E. Chicago Ave., Suite 1000  
Chicago, IL 60611

The American Board of Prosthodontics  
Attn: Dr. William Culpepper  
706 Cumberland Circle NE  
Atlanta, GA 30306

## MEMBERS IN THE NEWS



Carl A. Hansen, DDS

Carl A. Hansen, DDS, has been appointed chairman of the department of prosthodontics at the University of Florida College of Dentistry. Dr. Hansen, a faculty member since 1993, earned his dental degree in 1961 from Northwestern University. In 1972, he earned a certificate in prosthodontics at Fort Benning, Ga. He retired from the U.S. Army as a colonel and taught for eight years at the University of Nebraska, where he was director of graduate prosthodontics. Hansen is also board certified in prosthodontics.



Pictured (left to right) are Dr. Lloyd Miller, clinical professor of graduate and postgraduate prosthodontics at Tufts University School of Dental Medicine, and Dr. Dean Morton, assistant professor and director of graduate prosthodontics at the University of Florida College of Dentistry.

Lloyd L. Miller, D.M.D., F.I.C.D., F.A.C.D., the 1998 Kaplan Scholar and clinical professor of graduate and postgraduate prosthodontics at Tufts University School of Dental Medicine in Boston, was sponsored by the UF College of Dentistry department of prosthodontics in a visiting professorship the week of February 2. Miller presented lectures on dental ceramic restorations and esthetics to College of Dentistry and students.

The Robert Kaplan Visiting Professorship is an endowed professorship established by friends of the late Dr. Robert Kaplan, who was a prominent and influential dentist in the Miami area. The professorship provides an opportunity to invite an eminent dentist to spend time with practicing dentists at the Miami Winter Meeting and Dental Expo, as well as one week at the UF College of Dentistry. This professorship involves clinical teaching and the presentation of lectures and seminars.

Miller received his D.M.D. from Tufts University School of Dental Medicine in 1958. He teaches graduate and postgraduate prosthodontics at his alma mater, and also maintains a private practice. He is president and owner of Gnathos Dental Laboratory, a private laboratory and research facility. Miller is a Fellow of the American College of Dentists, as well as the International College of Dentists.

## PROSTHODONTIC LITERATURE DATABASE ON CD ROM

The Prosthodontic Literature Database, a product developed by Dr. Stephen Bergen, which lists bibliographic references to prosthodontic literature, is now available on CD ROM. The information contained in the CD includes more than 31,000 references in prosthodontic, implant and esthetic dentistry literature from 1966 to mid 1997.

The previous version was housed on multiple diskettes using the Procite( Bibliographic software. "The CD ROM version still uses the Procite( program, but it is easier to install," said Lisa Laske, Director of Communications.

The CO ROM is available by calling the American College of Prosthodontists office at 800-378-1260. The cost for members is \$125.00, plus \$5.00 for shipping and handling.

In Memorial  
Dr. Kelly Allen Surratt  
Fayetteville, NC

### ADVERTISING POLICY

Issue Date	Closing Date
May	April 20
July	June 15
December	November 15

For more information or to place a classified ad for *The ACP Messenger*, please contact:

ACP  
Attn: Lisa Laske  
Director of Communications  
211 E. Chicago Ave., Suite 1000  
Chicago, IL 60611  
Phone (312) 573-1260  
Fax (312) 573-8791

Ads will be charged at \$45 for the first 60 words and \$1 for each additional word. The minimum charge is \$45. Payment by check, VISA, or MasterCard must be received with the advertisement.

To ensure consistency in style, advertisements will be subject to editing. The ACP reserves the right to decline or withdraw advertisements at its discretion.

## CLASSIFIED ADVERTISEMENTS

### PRACTICE OPPORTUNITIES AVAILABLE

**Colorado**, north of Denver. Well established prosthodontic practice, gross \$419k. Dr. retiring. Contact: Peter Mirabito D.D.S., Precise Consultants, 1-800-307-2537.

### ACADEMIC OPPORTUNITIES

#### Florida

The Department of Prosthodontics invites applications for a tenure track teaching position at the Assistant Professor level. Advanced training in prosthodontics required. Responsibilities include preclinical and clinical instruction in the predoctoral program clinical instruction in the Graduate Program research, and patient treatment. The University of Florida is an EO/AA/EA employer. The selection process will be conducted under the provisions of Florida's Government in the Sunshine and Public Records Laws. Applications, including a curriculum vitae should be sent by May 1, 1998 to:

Carl A. Hansen, Chair  
Department of Prosthodontics  
University of Florida College of Dentistry  
PO Box 100435  
Gainesville, FL 32610-0435

### PRACTICE OPPORTUNITIES WANTED

#### New York State

Experienced dentist completing training in prosthodontics next June 1998, is looking for practice opportunities in New York state. Prefer associateship, leading to buy-in of practice but will consider other possibilities. Two-year AEGD Program completed in 1995, New York state licensed. Please call at 614-486-2705 (evenings) or e-mail at torres.53@osu.edu

### FOR SALE

I wish to donate the following professional journals to a prosthodontic training program, dental school library or other dental education program. Recipient must bear the cost of delivery:

1. **Journal of Prosthetic Dentistry**  
60 volumes 1966-1996  
(30 volumes bound)
2. **International Journal of Prosthodontics**  
5 volumes
3. **Journal of Prosthodontics**  
5 volumes
4. **Journal of Oral and Maxillofacial Implantology**  
8 volumes
5. **Dental Clinics of North America**  
12 volumes

#### Contact:

William Kate, Jr., DDS  
2105 Steuben Way,  
Silver Spring, MD 20905-4477  
E-Mail: bill\_kate@prod.com

## 1998 Calendar of Events

### May

#### May 2, 1998

The ACP and Tennessee ACP Section  
"Marketing Dental Implants As A Team: Creating Unlimited Value"  
Sponsored by Straumann USA  
Adam's Mark Hotel, Memphis, TN  
Contact: ACP at 800-378-1260 for registration materials.

### June

#### June 25-26, 1998

ACP Board of Directors Meeting  
Sheraton Gateway Suites, Chicago O'Hare  
Rosemont, IL

### August

#### August 27-29, 1998

European Prosthodontic Association Annual Conference  
Turku, Finland  
For more information call 358 2 333 8381

### September

#### September 16-19, 1998

ACP Annual Session "Current Controversies in Prosthodontics"  
Sheraton San Diego Hotel & Marina, San Diego CA.  
Hotel Reservations : 619-692-2285, 6 am to 6 pm PST.  
Travel arrangements call Premier Travel at 800-274-8506

## The ACP Messenger

The ACP Messenger is published bimonthly by:



The American College of Prosthodontists  
211 E. Chicago Avenue, Suite 1000  
Chicago, IL 60611  
Phone: (312) 573-1260 or (800) 378-1260  
Fax: (312) 573-8791  
E-mail Address: llaske@prosthodontics.org

Editor-in-Chief  
David R. Burns, DMD  
Medical College of Virginia  
Virginia Commonwealth University  
Box 980566, MCV Station  
Richmond, VA 23298  
(804) 828-3661 or (804) 828-0832  
FAX (804) 828-3661  
E-mail Address: burnsdent@aol.com

Managing Editor  
Lisa Laske  
Director of Communications, ACP  
  
Design  
Publications Associates, Inc.  
  
Production  
United Letter

© Copyright 1998  
The American College of Prosthodontists  
All Rights Reserved ISSN 0736-346X

211 East Chicago Avenue ♦ Suite 1000  
Chicago, Illinois 60611-2688

**Messenger**

The News Source For Members Of The American College Of Prosthodontists

ACP  
AMERICAN COLLEGE OF  
PROSTHODONTISTS

1998 Annual Session  
***"Controversies in Prosthodontics"***  
September 16-19, 1998  
San Diego, CA.

**"Current Controversies in  
Prosthodontics" Headlines 1998  
Annual Session**

**Focusing on Issues in  
Prosthodontics**

**ACP Leaders Visit ESPE'S  
Headquarters**

**Membership Directory on World  
Wide Web**

ACP  
AMERICAN COLLEGE OF  
PROSTHODONTISTS