"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. James Gutman, Dr. Bill Becker, Dr. Steve Buchanan, and Dr. Tal Morris.

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 McGowan, Dr. Steve Campbell, Dr. Vincent Prestipino, and Dr. John Sorensen.

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, polyalkoxylates, 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.

Splat 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, Chuck McNeil.

What is the realistic potential for today's posterior restoration 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 beneficiaries or the test subjects?

Speakers on this subject include; Dr. Didier Dietzchi, Dr. Karl Leinfielder, 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...
CONTROVERSY IN PROSTHODONTICS, 1998 ACP BUDGET REDUCTIONS, 1997 ANNUAL SESSIONS UNSEEN SLEEPING ROOMS FINANCIAL PENALTY, COMPETITION FOR PATIENTS, GROWING DIFFICULTIES IN RECRUITING PREDEUDENT STUDENTS INTO GRADUATE PROSTHODONTICS PROGRAMS, LIMITED CONSUMER/PATIENT AWARENESS OF AND DEMAND FOR THE SPECIALTY - THESE ARE JUST A FEW OF THE ISSUES PRESENTED IN THIS ISSUE OF THE ACP MESSANGER. ON FIRST READ IT WOULD BE QUITE EASY TO ACCEPT THESE CONCERNS AS TANGIBLE EXAMPLES OF A GROWING TENDENCY THAT INDEED DOES NOT BODE WELL FOR THE FUTURE OF THE SPECIALTY.

HOWEVER, IN ADDITION TO THE CONCERNS RAISED, THERE IS AN UPSIDE AS WELL. NOT ALL THE ARTICLES, PAINT AN OPTIMISTIC PICTURE FILLED WITH HOPE AND OPPORTUNITIES FOR SPECIALISTS IN PROSTHODONTICS. FOR EXAMPLE, DR. TAYLOR POINTS OUT, THERE IS AN ENORMOUS GROWING POPULATION OF MIDDLE-AGED BABY BOOMERS WITH DISCRETIONARY DOLLARS AVAILABLE FOR THE SERVICES PROVIDED BY PROSTHODONTISTS. THIS PROSPEROUS PATIENT MARKET WILL LIVE LONGER, RETAIN MORE TEETH THAN THEIR GENERATIONS, HAVE MORE COMPLEX DENTAL NEEDS AS THEY GROW OLDER AND HAVE ALREADY DEMONSTRATED HIGHER EXPECTATIONS WITH RESPECT 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 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.

I AM PLEASED TO INTRODUCE THE NEW ACP STAFF MEMBERS WHO ARE IN PLACE AND READY TO TAKE ON THE ADDITIONAL DUTIES AND RESPONSIBILITIES AS PART OF THE ACP TEAM. MARCELLA GRIGALUNAS, DIRECTOR OF MEMBERSHIP AND SECTION RELATIONS, AND MARY KAUSZUBOWSKI, DIRECTOR OF BUSINESS OPERATIONS, WILL BE IMPORTANT ADDITIONS TO OUR STAFF.

THE ACP'S NEW DIRECTOR OF MEMBERSHIP AND SECTION RELATIONS IS MARY KAUSZUBOWSKI. A GRADUATE OF ILLINOIS STATE UNIVERSITY, MARY HAS WORKED EXCLUSIVELY IN THE ASSOCIATION WORLD WITH A BROAD RANGE OF ASSIGNMENTS INCLUDING MEMBERSHIP PLANNING, MEMBERSHIP ADMINISTRATION, AND SECTION MANAGEMENT. HER IMMEDIATE FOCUS IS TO PREPARE FOR THE ACP'S ANNUAL MEETING IN JUNE.

ELANA SHEIR JOINS THE ACP AS DIRECTOR OF BUSINESS OPERATIONS. SHE ATTENDED THE UNIVERSITY OF MISSOURI AND IS A GRADUATE OF THE UNIVERSITY OF CHICAGO. ELANA WILL BE THE ACP'S FIRST POINT OF CONTACT FOR MEMBERS 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 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 exhibit 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 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 so 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 posters or displays presentations of research, clinical and/or laboratory techniques. No slide projectors allowed. All applications must be post marked 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) 725-4756.

1997 Annual Session PR Questionnaire Results

A last year 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.

1. How did you hear about the American College of Prosthodontists 1997 Annual Session?
   - ACP Registration Brochure...58
   - ACP Newsletter...53
   - Journal of Prosthodontics...21
   - ADA News...10
   - Colleague...5
   - Other...5

2. My primary professional activity is:
   - Private practice...49
   - Military...16
   - Administration...16
   - VA...8
   - Hospital Dentist...1
   - Public Health...0
   - Student...4
   - Education...1
   - Retired...0

3. I currently use the following ACP produced patient education material for patients and referring dentists.
   - What is a Prosthodontist? (brochure)...18
   - Story of a Smile (brochure)...13
   - Story of a Smile (video)...9

4. I would purchase the following patient education material from ACP if it was offered (check all that apply)
   - Dental Implants...55
   - Dentures...51
   - Crowns And Bridges (Fixed And Removable)...54
   - Sleep Apnea...33
   - Occlusion...31
   - TMD...31
   - Cleft Palate...13
   - Oral Cancer Treatment...17
   - Maxillofacial Prosthetic Services...13
   - What is a Diplomate of the American Board of Prosthodontists...38
   - Why were you referred to a prosthodontist...44

5. The predominant patient age in my practice is:
   - 18 - 30...5
   - 31 - 40...11
   - 41 - 50...20
   - 51 - 60...30
   - 61 - 70...29
   - Over 70...14
   - No...3

6. A majority of my patients are referrals from general dentist?
   - yes...29
   - no...49

7. A majority of my patients are referrals from other patients?
   - yes...39
   - no...34

8. I currently conduct public relations, advertising and marketing strategies in my practice?
   - yes...19
   - no...35

9. I would attend an ACP sponsored education seminar to learn how to market my practice?
   - yes...22
   - no...4

10. I would find the following program elements helpful in a marketing/public relations seminar
    - Basic steps of selling...36
    - assessing patient personalities...31
    - purchasing local print advertising space...18
    - local public relations opportunities...26

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 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.

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 of 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.
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 Wilkes’ 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.

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 definites of those clinical diagnoses that require treatment procedures provided by clinicians with specialized training. For example, any dentist is reasonably qualified to perform simple tooth extraction of an erupted tooth, but oral surgeons have specialized training in complex dento-alveolar surgery.

Dr. Frederick S. Muenching, Director
ACP Sections

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?

Dr. Dennis J. Weir,
Director Education Division

A. Financial remuneration of the specialty.

B. Define the specialty practice.

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 specialists.
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**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Months</th>
</tr>
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<tr>
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<tr>
<td>Endodontics</td>
<td>24</td>
</tr>
<tr>
<td>Oral Pathology</td>
<td>37</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>53</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>28</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>25</td>
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<tr>
<td>Periodontics</td>
<td>35</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>20*</td>
</tr>
</tbody>
</table>

*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:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Applicants</th>
<th>Positions</th>
<th>Ratio</th>
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<tr>
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<tr>
<td>93-94</td>
<td>1509</td>
<td>201</td>
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<td>1368</td>
<td>199</td>
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<tr>
<td>95-96</td>
<td>1136</td>
<td>177</td>
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**APPLICANT POOL FOR ALL SPECIALTY PROGRAMS FOR 95-96:**

<table>
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<th>Specialty</th>
<th>Ratio</th>
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<tbody>
<tr>
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<tr>
<td>Endodontics</td>
<td>16.2</td>
</tr>
<tr>
<td>Oral Pathology</td>
<td>5.3</td>
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<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>48.4</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>26.0</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>11.3</td>
</tr>
<tr>
<td>Periodontics</td>
<td>8.9</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>6.4</td>
</tr>
</tbody>
</table>

**COMMENT 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 prosthodontics 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:**

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>Canadian</th>
<th>Foreign</th>
<th>%Foreign*</th>
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<tbody>
<tr>
<td>91-92</td>
<td>263</td>
<td>18</td>
<td>138</td>
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</tr>
<tr>
<td>92-93</td>
<td>294</td>
<td>17</td>
<td>146</td>
<td>35%</td>
</tr>
<tr>
<td>93-94</td>
<td>257</td>
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<td>145</td>
<td>34%</td>
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</tr>
<tr>
<td>95-96</td>
<td>237</td>
<td>21</td>
<td>211</td>
<td>48%</td>
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**FOREIGN ENROLLMENT IN ALL SPECIALTY PROGRAMS FOR 95-96**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Foreign*</th>
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</thead>
<tbody>
<tr>
<td>Dental Public Health</td>
<td>41%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>13%</td>
</tr>
<tr>
<td>Oral Pathology</td>
<td>47%</td>
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<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>7%</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>20%</td>
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<tr>
<td>Pediatric Dentistry</td>
<td>26%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>27%</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>48%</td>
</tr>
</tbody>
</table>

*Note: 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.

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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, bequests, 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 message 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 goals 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 (broads, slides and pamphlets) should be developed for four markets: lay people, health professionals, dental students, and general public.
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 chairs. 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 the generalist. 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 provide service, not only to the patient and the faculty.
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 public. The ACP leadership must maintain a solid, organized, and effective public relations strategy. The ACP must work closely with other specialty groups. We have many "high profile" prosthodontists that owe much of their success to prosthodontics. Many others (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 center our efforts to build the specialty. Let's consider throwing some dollars toward recruitment of pre-doctoral students, researchers, and some of the initiatives the ACP Research Committee dealt with when we convinced Astra Tech to sponsor a pre-doctoral Student Research Competition! Hope-fefully, 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.

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 starts a private practice, first 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 basically to exist. I've had many experiences and conversations with others looking for prosthodontic associates. It makes 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.

Dr. Thomas J. McGarry, Director, Public and Professional Relations Division
Elitism in Prosthodontics
Prosthodontists must 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 that level is often determined by price. Cost is the key motivator. 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 must be differentiate by diagnosis and treatment difficulty and education level so that we are not perceived as a discretionary service or an elitism 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 investment of time and costs 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 traits 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 and 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 an unique practice characteristic such as adding implant surgery to prosthodontic training. Do any of 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

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 tenant 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
11. treatment techniques utilized
12. definition of the specialty is diffuse—we cannot be a group of subspecialists
13. undergraduate dental education does not support specialty practice
14. the gap between prosthodontic specialist educators and providers to 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.

The specialty of prosthodontics has an inadequate public and professional image

1. 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 prodoctoral 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 to 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 public funding for graduate 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 creates 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 not destined 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 group. “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 study manual 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 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 these presentations on an annual basis to the sophomore class. This presentation should emphasize what 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 the professional 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 Nunn, 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. 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 1996 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 workshop will include a cover letter from Dr. Van Rookel 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 reflects 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 prosthodontics 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?

As 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 advise of dental technicians. A recent survey of prosthodontists and laboratory technicians, cosponsored by the ACP/ADA (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 severe 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.
A s 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” cutbacks, 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
- $5,000 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.

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 home-page, 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, addresses, 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, or American College of Prosthodontists, 211 E. Chicago Ave., Suite 1000, Chicago, IL 60611.

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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.

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 (general office e-mail)
- shine@prosthodontics.org (Steve Hines, Executive Director)
- llaske@prosthodontics.org (Lisa Laske, Director of Communications)
- mgrigaliunas@prosthodontics.org (Marcella Grigaliunas, Director of Meetings and Education)
- mkaszubowski@prosthodontics.org (Mary Kaszubowski, Director of Membership and Sections)
- dleja@prosthodontics.org (Deborah Leja, Office Manager)
- eshteir@prosthodontics.org (Eliana Sheteir, Administrative Coordinator)
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 present- ed 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., M.D. 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. Ryge to 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. Arbee, Member of Council; Daniel S. Budasof, Member of Council.

Massachusetts Section: Yankee Dental Event
The Massachusetts Section of the American College of Prosthodontists conducted its Yankee Dental Event and annual meeting. The 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, D.M.D., president; and James M. Stein, D.M.D.

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 are 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 Appannagarri- Loma Linda University

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

Texas Section Hosts Dental Students
The Texas Section of the ACP hosted fifteen dental students from UTHSCA 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 Dupont, Tison Harrell, Kervin Hoffman, Todd Hughes, Branson Johnson, Doug Leonardson, Robert Roughlin, Dana Raspberry, Gabriella Rey, Cheryl Stanny) 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 prosthodontics 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 sections. “The process for designing 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 stationery. All sections are responsible for contacting local printers. “We recommend contacting more than one printer in order to compare costs,” said Laske. The cost of the customized letterhead artwork is $100.

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. Devengenie, 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 Culpeper, ABP Executive Director as soon as possible. The cutoff date for participation in the June examination is April 30, 1998. Contact Dr. Culpeper at 404-876-2625 voice, 404-872-8804 fax, or e-mail DC_ATL@bellouth.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. This helps to keep 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, has been appointed chairman of the department of prosthodontics at the University of Florida College of Dentistry. Dr. Hansen, a faculty member since 1963, 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.

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 aesthetics to College of Dentistry and students.

The Fort 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 Cano Bros 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.

CLASSIFIED ADVERTISEMENTS

PRACTICE OPPORTUNITIES AVAILABLE


ACADEMIC OPPORTUNITIES

Florida

The Department of Prosthodontics invites applications for a tenure track research 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 seeking practice, major standing dental library or any dental education program. Recent graduate must be costs of delivery:

1. Prosthodontic 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
2100 Steuben Way, Silver Spring, MD 20905-4477
E-Mail: bill_kate@proad.com

FOR SALE

1 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:

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 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, 6am to 6pm PST Travel arrangements call Premier Travel at 800-274-5336

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 aesthetic 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 CD 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.

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In Memoriam
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