

ACP MESSENGER

Spring 2013

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Committed to care

Lyndon F. Cooper, D.D.S., Ph.D.
ACP Messenger Editor-in-Chief

The specialty of prosthodontics is devoted to replacement or restoration of missing, worn, damaged or misshapen teeth. Often, prosthodontists become immersed in discussions focused on technical aspects of patient care. We have well-placed concern for the procedures and processes that result in exemplary tooth replacements and restorations. Seldom does the dispensation of prosthodontic care occur quickly or in a single episode at the office. More commonly, our treatment of patients involves months of treatment requiring many dental office experiences.

“The relationships we build with our patients are as important as the prostheses we build for them.”

The relationships we build with our patients are as important as the prostheses we build for them. The nature of the specialty demands both patience and perseverance. In this issue of the *Messenger*, the remarkable caring by prosthodontists is well illustrated. Imagine the effort expended by any clinician to move a patient from a failing dentition to a new smile with beautiful teeth and remarkable comfort. The months of planning and execution can be filled with managing expectations and finance, or fears and temporary discomfort, that lead to Dr. Falcone’s patient’s exclamation that “you will see me (and my new teeth) smiling...” Individuals benefit greatly from the technical proficiency and the personal interests fostered under the prosthodontists’ care.

As ACP President Dr. Lee Jameson states, “We are committed to life-long prosthodontic care as a healthcare

partner with our patients.” Our concerns are reflected by our interests in life-long outcomes related to the care we provide and, further, how can we help to make the best decisions regarding an individual’s health care. As Drs. Curtis and Featherstone remind us, one way this should be accomplished is through prevention. Underlying the technical aspects of our specialty are bare biologic facts that control oral health. Prosthodontists and patients work together to modify the factors responsible for caries and other biological challenges which merit life-long attention.

Beyond individuals, prosthodontic care reaches entire communities of patients. In this issue, Dr. Stephen Bergen highlights the dental care of our nation’s veterans. This is but one example of how organized prosthodontics has become engaged fully with health care and how prosthodontists’ contributions to patient care make a difference in our communities.

The American College of Prosthodontists cares for its community of providers. In this issue of the *Messenger*, glimpses of greatness are shown at the level of our dental laboratory technician collaborators and through the research efforts of our enormously gifted academic investigators. What sets prosthodontics apart among dental specialties, as noted by Dr. Kent Knoernschild, is that we share a desire to make a difference in our patients’ lives and do so as specialists who provide comprehensive primary care. The ACP, its members and the specialty are committed to care. ■

About the author



ACP Fellow Dr. Lyndon F. Cooper is the Chair and Stallings Distinguished Professor of Dentistry of the Department of Prosthodontics at the University of North Carolina at Chapel Hill. He is a Past President of the American College of Prosthodontists as well as the Editor-in-Chief of the *ACP Messenger*.



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Treatment of a severely worn and broken down dentition

Marie Elena Falcone, D.M.D., M.B.E., M.DSc., F.A.C.P.

A lifetime of oral health problems had become too much for one patient to ignore. After a visit to a prosthodontist, he discovered that a remarkable transformation was possible.

It is not every day that we have patients walk in the door asking for all their teeth to be extracted. Unfortunately, some patients spend years ashamed of their smile and are unable to function properly in society. After searching years for a solution to their problem, they find a prosthodontist who can transform this unpleasant circumstance into a rehabilitated work of art.

One man's story exemplifies this well. His road to the prosthodontist and desire for a new functional smile was solidified after giving a long lecture to a group of his peers. This public speaker found it essential to speak clearly and mingle with lecture attendees. As he was shaking hands with well wishers, one of them erased all his good feelings and confidence with just a few words, "What happened to your teeth, they look terrible. Can't you get them fixed?"

Afterward, he thought about his problem. He remembered as a child being told he had "soft teeth." His fillings turned into root canals that led to crowns, extractions and bridges. Eventually, dental failures left him with only a few back teeth and front teeth worn down to stubs. A related poor diet affected his overall health and his speaking suffered dramatically.



Figure 1 — This gentleman presented with severely worn anterior teeth, posterior supraerupted teeth and missing teeth.

**At our first visit he told me,
"My failed teeth are ruining my life."**



Figure 2 — An intraoral photograph clearly illustrates the severity of wear of the patient's front teeth and that the back upper teeth are chewing against the lower gums.

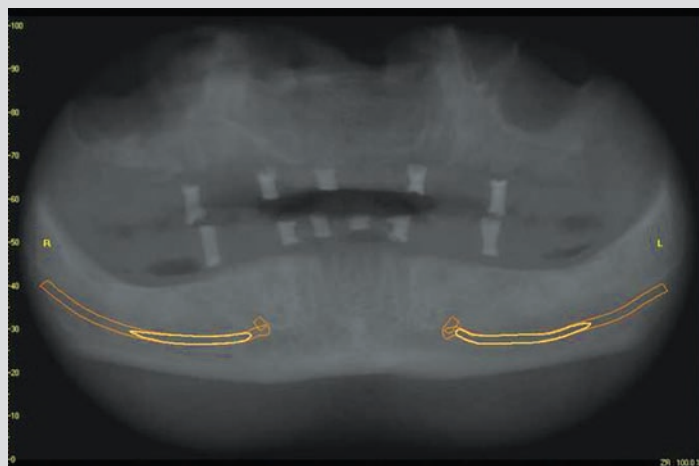


Figure 3a & 3b —
A pre-operative panorex and a post-extraction CBCT planning for implant position



Figure 4 —
A very happy patient showing a healthy new smile of fixed teeth supported by dental implants.

He could not form the sounds properly without front teeth, and worst of all, he became self-conscious about his appearance. His visits to many dentists provided no answers for his worsening dentition. Finally, someone recommended he see a specialist that has had extra training in treatment planning and restoring a nonfunctional and unaesthetic smile, a prosthodontist. At our first visit he told me, “My failed teeth are ruining my life.”

The severity of his wear and the malposition of his posterior teeth were carefully analyzed. Following thorough treatment planning and discussions with the patient, his remaining teeth were extracted to utilize dental implants for support of fixed prostheses in both the upper and lower jaws. The patient was thrilled to know that his “crumbling teeth” would be gone and replaced with solid implants that would be the foundation for his

new smile. This would be planned, supervised and executed by one clinician, the prosthodontist.

A special 3D x-ray (cone beam computed tomograph) was taken to aid in the planning and position of the dental implants. Many of today’s prosthodontists are surgically trained and guide the patients through all aspects of their treatment. The diagnosis, treatment plan, surgical procedures and prosthodontic rehabilitation are all completed by the same provider ensuring a deep understanding and knowledge of the patient treatment. Four implants were placed in the lower jaw and fixed teeth were immediately attached to these implants giving the patient a full complement of lower teeth that were rigidly fixed in place in a single visit. Subsequently, the upper jaw was treated using six implants. The meticulous planning permitted all procedures to flow seamlessly to assure the correct position of the teeth and proper form of the gum



Figure 5a & 5b —

A before and after comparison of where the patient started and how he looked after completion of his treatment. The incisal edge position has been restored to its normal contour and length. His facial features are supported by a proper occlusion (bite).

tissues. In this way, the final prosthesis is not only beautiful, but permits the patient to eat, speak and function with confidence.

Upon insertion of the final prostheses, the patient is able to eat again, is in overall better health, and has renewed self-confidence. He is speaking publically again, both on the big stage and in small groups. He excitedly says, "Now I actually like to be included in the family pictures...you will see me (and my new teeth) smiling in all of them!" He has shared with all his family and friends what a difference a prosthodontist can make in helping restore a patient's finest accessory...their smile. ■

About the author

Dr. Marie E. Falcone is a Diplomate of the American Board of Prosthodontics. She is in private practice in West Hartford, CT and volunteers at the graduate prosthodontic program at the University of Connecticut.



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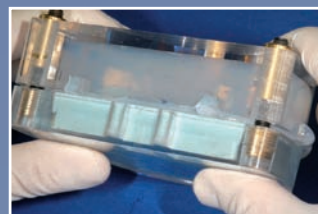
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Dental care for veterans

Stephen F. Bergen, D.D.S., M.S.D., F.A.C.P.

As prosthodontists, it is our honor to join other medical professionals in providing care for the veterans who have served our country.

Our veterans are our nation's true heroes. As one Service Organization representative put it, they risked all their tomorrows for our freedom. We as a nation have an obligation – both legal and moral – to take care of our veterans. Their healthcare is the responsibility of the Veterans Health Administration, one of the arms of the Department of Veterans Affairs.

Veterans come from diverse backgrounds. There are different medical and dental needs depending on the time in our history they served. They return with physical wounds and injuries, as well as mental health issues and the need to meld back into society.

Before focusing on the dental needs of our veterans, we need to understand the overall medical system they are entering and how the VA expects to take care of its veterans. With 152 medical centers, countless outpatient clinics and community based home and long-term facilities, the VA is one of the largest healthcare systems in the world. Our veterans present with Post Traumatic Stress Disorder, now recognized as a major disease condition; traumatic brain injuries; and numerous medical conditions including diabetes, heart disease, cancer and the



routine illness associated with an aging geriatric population. Our veterans are treated for these conditions in all the various settings.

Part of the Department of Veterans Affairs' mission is to take care of the dental health of those veterans "eligible" for dental treatment. The word "eligible" is in quotes because the regulations are governed by laws passed by Congress. VA implements its statutory authority through regulations that establish the dental

program. These laws are complex and not all veterans are eligible to have all their dental needs taken care of by the VA. Unfortunately, when these laws were first enacted, it was not predicted that the VA would take care of all the veterans' dental needs – hence a set of regulations exist, that, although generous in some respects, are not universally available to all our veterans. That said, those veterans who we treated get the most modern and up-to-date dentistry available today.

All veterans honorably discharged have a 2 year window to correct any dental conditions that occurred during their military service, other than orthodontic care. Some veterans are entitled to a lifetime of comprehensive dental care. It includes veterans who suffered a traumatic injury to their oral structures, like broken jaws and multiple injured teeth; former prisoners of war; those with 100% medical service connected conditions; and now those who have received even minor traumatic injuries to specific teeth. Of course there are additional categories of veterans that also receive care. For example, veterans enrolled in specific “homeless” rehabilitation programs are entitled to dental care, along with those veterans enrolled in vocational rehabilitation programs and some specific medical conditions, whether they are service connected or not. These eligibility decisions are made by a combination of business office personnel as well as the dental service chiefs or their designees, taking the recommendation of their physicians as well as the result of an oral examination into consideration.

“Our dental system is designed to provide almost any dental treatment a veteran may need. ”

So what dental care do veterans receive? Our dental system is designed to provide almost any dental treatment a veteran may need. Our nationwide staff consist of a total of 864 FTEE dentists (general dentists, oral and maxillofacial surgeons, periodontists, endodontists, and approximately 105 full and part-time prosthodontists). In addition we have hygienists and dental assistants at our stations. We also have over 350 residents in our programs in all adult specialties. With these staff dentists, hygienists and residents, we can provide everything from prophylaxes, simple restorations, endodontic and periodontal care, simple surgery to complex surgical procedures, and ultimately prosthodontics and maxillofacial prosthetics. With our generational span from young newly discharged veterans to the geriatric restorative patients, we can provide dentistry that rivals any private or public facility.

About the author

Dr. Stephen Bergen recently retired from the VA after devoting 42 1/2 years to serving our veterans – from residency to program director and on to chief of one of the largest VA dental clinics in the country. He is a board certified prosthodontist and a professor of prosthodontics at New York University College of Dentistry. He has been a leader in his professional organizations as well as in the VA, and is proud to continue to serve our profession.

In prosthodontics we can provide the full range of restorative options – from removable partial prostheses and fixed restorations to complete dentures, implant fixed and removable dentures, over-dentures, hybrids, scanned bars, CAD/CAM procedures and any other combination. By providing this service, we also train our residents, which is one of the vital missions of the Department of Veterans Affairs. The VA also has Central Dental Laboratories in Dallas and Washington, D.C. These laboratories have the capability to provide the full range of dental restorations, from full ceramic crowns to those requiring CAD/CAM technology.

There is also a research arm to the VA Dental Service. Research is conducted locally and on a national level, getting input from our large number of clinicians throughout the country. Most of the research is clinically based using the incredible resources we have in our system. Our research is coordinated by our Veterans Affairs Dentists Engaged in Research group, which runs forums such as the VA Oral Health Research Forum and the VA Practice-based Research Network.

Because we have such a vast amount of clinical expertise throughout our system, we have the capability to run educational programs for all levels of our staff. For example, we have monthly scientific webinars open to all our dentists and residents. It is a system that allows for incredible coordination. In addition, many of our facilities have university affiliations.

Another unique feature of our system is that all medical and dental records are electronic. We truly have a nationwide electronic health record. Our staff and residents have full access to a veteran’s health information from every VA they’ve ever visited. This provides the safest and most effective dental care – with full knowledge of any precautions we need to take, the medications the veterans are taking, and their full medical and mental health history. This feature alone truly differentiates the VA programs from almost any other program in the United States.

I hope that this article provides an overview of the excellent system the VA has in place for treating our veterans. We truly serve those who served. ■

Caries: a focus on prevention

Donald A. Curtis, D.M.D. and John D.B. Featherstone, Ph.D.

Caries is associated with a chronic build-up of plaque on or between teeth, destroying the enamel and allowing bacteria to penetrate the tooth.

Prosthodontic patients are often referred for treatment because of significant previous dental treatment, complex restorative needs, and high expectations for esthetic, functional and enduring restorative results. A satisfactory outcome is often anticipated by the prosthodontist and expected by the patient; however, caries is often a factor limiting long-term success. Guiding the patient towards an enduring prosthodontic result requires a tailored treatment plan that incorporates consideration of caries risk assessment.¹

Dental caries remains one of most significant risk factors for tooth loss and is prevalent in both children and adults. Over 70% of all dental services provided are replacements of existing restorations, with caries the most frequent reason.² Simply removing decay and placing a restoration does not reduce the risk for future fillings.^{3,4} The patient and clinician need to work together in order to modify the factors responsible for decay.

Prosthodontic treatment often involves a significant investment of time and resources for both the prosthodontist and patient. Evaluating caries risk starts with the dental history and should include a discussion of exposure to water fluoridation, saliva reducing factors (medications /

radiation / systemic factors), recall compliance or habits such as frequent ingestion of carbohydrates, and if the patient brushes less than twice a day. The fluoride concentration of the toothpaste is also important to discuss, and a high fluoride content (5,000ppm) beneficial when the caries risk is high based on history.

“The patient and clinician need to work together in order to modify the factors responsible for decay.”

Determining a patient's caries risk potential also requires completing a detailed clinical examination. Risk is considered high if the clinical examination identifies active caries, recession with exposed roots, defective restorations, visible heavy plaque, a visibly dry mouth, or diagnostic tests showing high *Streptococcus mutans* and/or *Lactobacillus* counts. Additionally, both removable dental prostheses and fixed dental prostheses can increase plaque levels and the risk for caries. Patient factors such as dexterity, visual acuity and cognitive status need to also be considered to establish caries risk.

Based on the patient history, clinical examination and selective diagnostic tests, the prosthodontist and patient can consider elements of the Caries Management by Risk Assessment protocol. The CAMBRA protocol should be a tailored approach that

includes involving the patient in a discussion of disease control, and often includes assessing bacterial load and pH levels, brushing with a high fluoride toothpaste, use of a fluoride varnish three times a year, potential use of agents such as baking soda in water to increase salivary pH, and stimulation of saliva by use of xylitol gum.

The days of the practitioner handing a patient a toothbrush with instructions to brush their teeth as the sole caries prevention strategy are thankfully over. Both the patient and the prosthodontist have an investment in an enduring prosthodontic outcome, and establishing the patient's caries risk potential is considered an important step in that goal. ■

References

1. Featherstone J, Singh S, Curtis DA. Caries Risk Assessment and Management for the Prosthodontic Patient. *Journal of Prosthodontics*. 2011;20,1,3-9
2. Chalmers JM: Minimal intervention dentistry: part 1. Strategies for addressing the new caries challenge in older patients. *J Can Dent Assoc* 2006;72:427-433
3. Featherstone JDB: The caries balance: contributing factors and early detection. *J Calif Dent Assoc* 2003;31:129-133
4. National Institutes of Health: Diagnosis and Management of Dental Caries Throughout Life. Bethesda, MD, National Institutes of Health, 2001

About the authors

Dr. Don Curtis has been a practicing prosthodontist in Berkeley for over twenty years, and has also been a professor at the University of California, San Francisco since 1986.

Dr. John Featherstone is Professor of Preventive and Restorative Dental Sciences at the University of California, San Francisco and Dean of the School of Dentistry.

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Requirements, communication and avoiding guesswork

Kimiyo Sawyer, R.D.T. and Noriyuki Kajita, C.D.T., R.D.T.

What do laboratory technicians need to ensure successful esthetic results? In this article, a pair of acclaimed technicians discuss instructions, verification and communication with dentists.

For successful esthetic results, determining key points such as smile line, gum line, tooth size and proportion are the initial considerations.^{1,2}

Most instructions and guidelines are prepared at chair side by dentists. Laboratory technicians provide diagnostic wax-up as a first step to begin esthetic analysis. Based on that analysis, necessary procedures are performed. Examples include implant and periodontal treatment prior to

“Outcomes will be affected if required information or functional support elements are missing or insufficient.”

taking a final impression. That final impression is then sent to laboratory technicians to fabricate the restoration to complete the treatment.

Unless performing a diagnostic wax-up as a first step, reviewing specific case details and understanding the instructions are critical for laboratory technicians to grasp patient needs. These aspects include written instructions, final impression, opposing model, bite registration, shade information, and information of midline and incisal edge position. When all these necessary requirements are provided to the lab, the final restoration should be successful. (Figs 1, 2) If one of the items is



Figure 1: Successfully achieved incisal edge position, smileline and teeth proportion



Figure 2: Preparation

(Figs 1, 2)— Dr. Miguel Vidal, Boston
#8~10 Noritake CZR and KATANA Crowns, #10 Procera ZR Abutment



Figure 3: Wax-up without instruction for incisal edge position – “Guesswork”



Figure 4: Pindex model



Figure 5: Provisional model – 3D information



Figure 6: Final restorations on the model – Incisal edge position was successfully transferred from the provisional model.

(Figs 3, 4, 5, 6) — Dr. Edward Yates, Norwich CT
#6~11 Noritake EX-3 and 52% AU from Cendres + Métaux

insufficient, technicians must request the missing data or replace with a sufficient item. Final appearance relies heavily on the artistic talent and capabilities of the ceramist. Yet, outcomes will be affected if required information or functional support elements are missing or insufficient.

In a case reproducing the midline, for example, which involves more than two central incisors, the information of the incisal edge position must be provided. Overbite and overjet cannot be determined on the models. If this information is missing, the laboratory can still produce a restoration, albeit “guesswork.” Although not an ideal circumstance, guesswork could suffice for some cases. Yet, it does usually result in a remake or major adjustment such as teeth being too long, too short or too far out. (Figs 3, 4, 5, 6) Midline can be shown via photographs, however, the incisal edge position must be specified by its 3-dimensional information. Thus, photographs and written instructions present limitations in achieving the maximum potential. A provisional model is one of the best tools to be used for the instruction process. (Figs 7, 8)



Figure 7: Incisal edge from side view of the model – 3D information at the laboratory



Figure 8: Incisal edge from side view of the patient mouth – 2D information



Figure 9: Silicon index shows the reduction for porcelain is insufficient on the model.



Figure 10: Dentist decided additional reduction was necessary and requested that the laboratory reduce on the model and provide reduction copings.

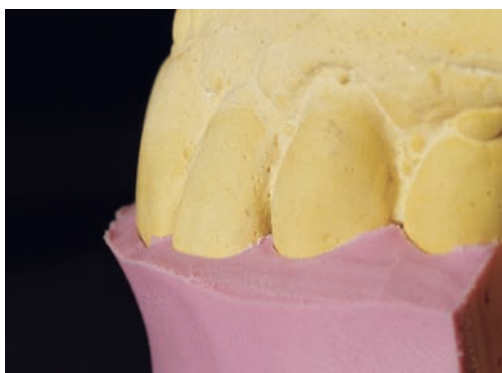


Figure 11: Silicon index was created using the provisional model.



Figure 12: Dentist confirmed that incisal edge positions were achieved and matched the provisional model for the final restorations.

(Figs 9, 10, 11, 12) — Dr. Faheem Rasool, Brookline MA
#7~10 Noritake CZR KATANA Crowns

Once the incisal edge position is determined on the model, smileline and tooth proportion should be managed by the technician without guesswork.

The next important step is to verify the reduction volume for porcelain using the provisional model. If reduction is not enough for achieving instructed incisal edge position, the dentist must decide on alternatives.

- 1) Place incisal edge position slightly labial,
- 2) Additional reduction,
- 3) Compromise the shade,
- 4) Combination of 1 through 3.

In this case the dentist decided on additional reduction. (Figs 9, 10, 11, 12)

In conclusion, without sufficient information, there are no special methods to achieve successful esthetic results. Therefore, to that end, dentists and technicians need to work together in terms of communication and provision of the basic requirements.

Dentists spend time and effort determining the best incisal edge position for a patient based on the function and esthetic analysis. The key to successful esthetic results is the transfer of accurate information from chair side to laboratory technicians. Technicians can fabricate by guesswork on the models without complete dentist instructions. In these cases, technicians must identify if the instructions received are fully sufficient to achieve maximum potential. ■

References:

- 1 Chiche GJ, Pinault A, Esthetics of Anterior Fixed Prosthodontics: *Quintessence*, 1994: 13-52.
- 2 Goldstein RE, Change Your Smile, ed 4: *Quintessence*, 2009: 5-26

About the authors

Kimiyo Sawyer, R.D.T. is the president of Cusp Dental Laboratory, Malden, Massachusetts. She is co-author of "Porcelain-Fused-to-Metal and All-Ceramic Crowns for Posterior Teeth: Material Science and Laboratory Procedure" to be published in QDT 2013.

Noriyuki Kajita, C.D.T., R.D.T. serves as Production Manager of Quality Assurance for Cusp Dental Laboratory. Mr. Kajita received the "John T. Griffin Technician of the Year" Presidential Award at the Yankee Dental Congress 2013.

Q&A: Oral Cancer

Q: What is cancer?

A: As the building blocks of our body, cells maintain our tissues and organs. When cell production and regulation lapse, abnormal growths or malignant tumors destroy healthy tissues and spread or metastasize the diseased cells to other parts of the body.

Q: Where does oral cancer occur?

A: About two-thirds of cancer of the mouth or oral cavity occurs in the floor of mouth and tongue, but can occur in the upper or lower jaw, lips, gums and cheek lining. Just behind the mouth is an area known as the oropharynx. Oropharyngeal cancer (one-third of cases) occurs in the back of the tongue, tonsils and throat tissue.

Q: Who is most at risk for oral cancer?

A: People who use tobacco are six times more likely to develop oral cancer. Eight of 10 oral cancer

patients are smokers. Heavy alcohol drinkers are also more at risk. 80 percent of people diagnosed with oral cancer consume more than 21 drinks weekly. Finally people with a history of oral human papilloma virus infections are at greater risk to develop oral cancer even if they don't smoke or drink.

Q: What are the warning signs of oral cancer?

- Red or white patches in or behind the mouth
- Mouth sores or ulcers that bleed easily and do not heal
- Unexplained lump in the neck, throat or floor of the mouth
- Difficulty or discomfort swallowing
- Pain and tenderness in teeth or gums
- Change in the fit of dentures or partial dentures
- Visible change in mouth tissue
- Unpleasant sensations (pain, discomfort, numbness)

- Diminished ability to perform normal functions such as opening jaw, chewing or swallowing
- Unexplained swelling or fullness in neck

Q: How can you prevent oral cancer?

A: The American Cancer Society recommends a comprehensive oral evaluation and soft tissue exam annually, yet only one in five patients reports having an oral cancer exam in the last year. Your prosthodontist is trained to perform a comprehensive evaluation of your mouth including the associated structures in the head and neck area. An oral cancer screening is painless; treatment for advanced oral cancer is not. ■

For more questions and answers on dental implants and other subjects related to prosthodontics – or to submit your own question – visit GoToAPro.org.



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Defining the prosthodontist



Lee M. Jameson, D.D.S., M.S.,
F.A.C.P., ACP President

“To define the oral health status of the United States population, look to the private practitioner.”

The ACP has tried numerous methods to increase public awareness of who we are and what we do as specialists. These efforts, for the most part, have not been effective.

Epidemiologists inform us “private practice is the largest and most influential part of the dental workforce in the United States.” To define the oral health status of the United States population, look to the private practitioner. The objective of the ACP 2013 Strategic Plan is to define prosthodontists by outcomes, i.e. the care we provide in the specialty practices of our members.

We are in the development phase of establishing the **ACP PROSTHODONTIC OUTCOMES NETWORK** (ACP PROS Net) among a group of our private practitioner membership. Given the individualized care often needed by the patients we serve, an emphasis on patient-cased outcomes is consistent with current healthcare mandates.

Prosthodontics is the only dental specialty providing primary care for the adult with complex reconstructive oral healthcare needs. We are committed to life-long prosthodontic care as a healthcare partner with our patients. Tapping into this value-based relationship will:

1. Connect prosthodontists as patient-centered healthcare providers consistent with current principles guiding healthcare reform;
2. Facilitate understanding of time-dependent outcomes related to the prosthodontic treatment choices we offer our patients;
3. Establish prosthodontists in a position of accountability for patient outcomes in our ability to meet patient needs requiring complex prosthodontic care.

The ACP Education and Research Division Director, Dr. Alan Carr, is overseeing the implementation of this

component of our strategic plan. The ACP PROS Net will be a “network of practitioners committed to obtaining ongoing practice-based quality assurance evidence important for clinical decision-making in prosthodontics.” The patient is the center of this network which will generate unique information compared to existing practice-based networks – unique in the opportunity to define long-term outcomes.

The process for identifying practice outcomes will be carefully designed by an ACP Advisory Group, recognizing that the prosthodontic treatment decisions process also involves addressing patient concerns:

1. “Given my personal characteristics, conditions and preferences, what should I expect will happen to me?”
2. “What are my options and what are the potential benefits and harms of those options?”
3. “What can I do to improve the outcomes that are most important to me?”
4. “How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”

It is crucial that we protect the patient-provider relationship and specifically define the process so it does not fall under Human Research Protection/Institutional Review Board oversight guidelines as defined by the Office of Human Research Protection. The development phase of PROS Net will take time to align people, systems and procedures before large scale outcomes data can be collected.

PROS Net will be a difficult challenge, but that challenge also is a defining opportunity – an opportunity to advance prosthodontic research and discovery through innovation and collaboration. Our Strategic Plan is key to defining the specialty of prosthodontics and the role prosthodontists play in the total spectrum of oral healthcare. ■

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Desire to make a difference

Kent L. Knoernschild, D.M.D., M.S., F.A.C.P.

What sets prosthodontics apart among dental specialties? In this article, we explore the unique responsibilities and standards of a prosthodontist.

Help someone smile, and you'll change a life. These words to live by can have hidden meaning encompassing care, compassion and kindness.

Commitment to prosthodontics is an obligation to develop clinical expertise at the highest level. More importantly, it requires dedication to patient-centered decisions with the ultimate goal of patient satisfaction. "Your smile, Our specialty." Our motivations include clinical practice, academics, research and aspects of service. We share a desire to make a difference in our patients' lives.

"We have a long-standing history of problem solving, forward thinking and innovation."

Specialty Definition

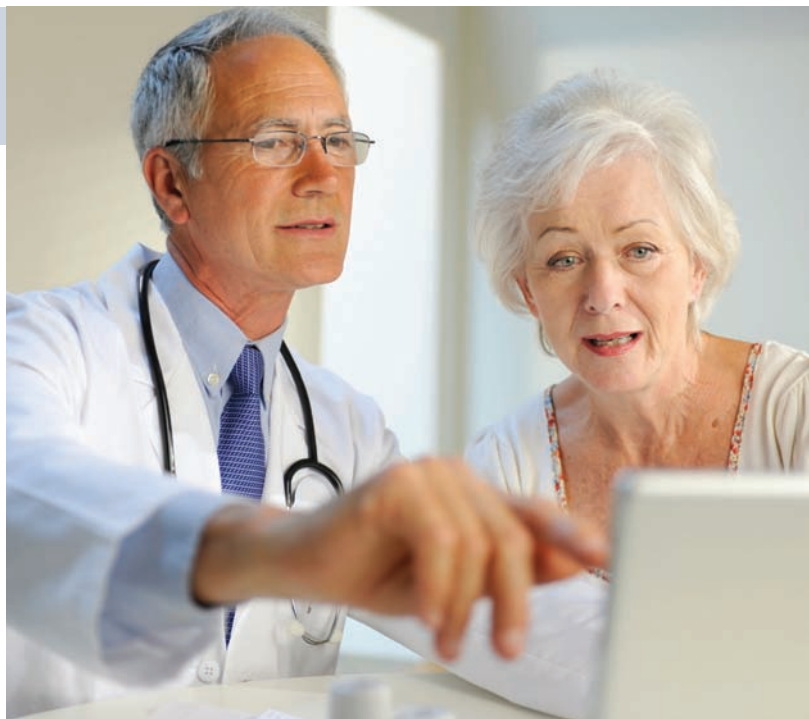
Prosthodontics has a discrete definition that uniquely unites and identifies us as different compared to general dentists and other specialists. Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes (CDEL Approved 2003).

Parameters of Care

The ACP has well-defined Parameters of Care (2005) that clearly describe prosthodontic specialty practice. From clinical assessment through definitive therapy, the ACP has uniquely established the prosthodontist's responsibilities for comprehensive patient care.

Future CODA Standards

Two years ago the ACP began developing new ADA Commission on Dental Accreditation (CODA) standards



for Advanced Education Programs in Prosthodontics. Individuals from clinical practice, academics, research and service contributed. The proposed standards reflect how prosthodontics has evolved to meet today's needs and reality. The grassroots effort clearly describes the entry-level prosthodontist's capabilities. The standards don't define the specialty's scope of practice. They accurately reflect the established Prosthodontic Definition and the Parameters of Care.

Prosthodontics is Not About Procedures

Prosthodontists possess a unique perspective. We are the only specialists who provide comprehensive primary care. From diagnosis to single crown to full mouth rehabilitation, with fixed or removable prosthetics, and using tooth, implant or soft tissue support, prosthodontists are responsible for the patient's complete and final esthetic and functional treatment outcomes.

Prosthodontists recognize the nuances that help best manage each patient's needs. We possess broad knowledge that facilitates communication among health care professionals and solidify us as health care partners with our patients. Regardless of how others contribute to a plan and treatment, we have long-term accountability.

History

Prosthodontics historically developed and applied fundamental principles that support all aspects of dentistry. The general concepts for occlusion, gnathology and esthetics formulated over decades within prosthodontics today represent the foundational knowledge of esthetics and function. Our prosthodontic contributions continue to improve treatment predictability based on data. We have a long-standing history of problem solving, forward thinking and innovation.

Responsibility

Thoreau said, "What you get by achieving your goals is not as important as what you become by achieving your goals." Our mutual goal should be to thoughtfully and strategically move into the future with best interest for patients, the specialty and the dental profession as a whole. A positive, noble vision is important.

We are a comparatively small specialty community with a seat, on a national level, to influence decisions affecting clinical practice, academics, research and policy making. Best exemplifying this is CODA and the standards for dental, allied dental and specialty programs that have been significantly modified in the last year. CODA has

also just released draft standards for dental therapy programs to the communities of interest for comment. Our objective assessment of all changes affecting future dental care is critical, yet there is a single prosthodontist at that table.

Serving as Program Director, ABP Director, and CODA Commissioner is an opportunity to promote excellence in many ways. Enthusiasm for the specialty is best seen by serving as a Program Director and ABP Director. Appreciation of differing opinions among dental communities and how to interact for the common good comes no more fully than serving as a Commissioner. Holding each of these responsibilities is an honor that is an exciting, challenging and humbling experience.

We each have a chance to make a difference. This is a particularly important time for each of us to stand up individually and collectively to create the brightest future for prosthodontics. Then everyone can smile. ■

About the author

Dr. Kent L. Knoemisch is the first prosthodontist to be elected Chair of the Commission on Dental Accreditation. At the University of Illinois at Chicago, he is a Professor in the Department of Restorative Dentistry; Director of the Advanced Education Program in Prosthodontics; and Co-director of the Implant and Innovations Center.

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FR Case 1



FR Case 2



FR Case 3

*For cases cited above, Titanium Abutments are recommended.

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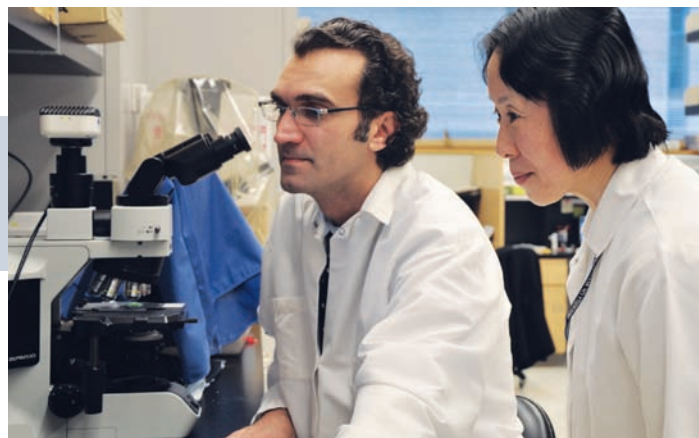
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A bright future for prosthodontics

Radi Masri, D.D.S., M.S., Ph.D.

Dr. Radi Masri is a recipient of the ACP Clinician/Research Award. In this article, we explore how his prosthodontic research aims to benefit patients in important and unexpected ways.



The advent of the twenty-first century brought about an explosion in knowledge and technology that revolutionized the topography of clinical dentistry by advancing material science, boosting implant dentistry, and enhancing translational research efforts. These advances revitalized the specialty of prosthodontics and propelled it into the spotlight, ushering in a new clinical reality, heavily based on sound research and evidence-based dentistry.

These advances are not without challenges, as they require continuous adaptation to ever changing technology and the timely translation of research efforts into clinical practice. Dr. Radi Masri understood this early on in his career and this realization influenced his interests and shaped his career path.

“A realization that the overall health of patients is a natural extension of their oral health is reflected in his work.”

Dr. Masri’s career as a researcher started at the University of Maryland Baltimore with formal training in biomedical sciences, where he studied the neurological determinants of jaw position, coordination, and function. He was specifically interested in the influence of pain on jaw records and how it influences prosthodontic rehabilitation of patients with chronic pain. After receiving his Ph.D., he augmented his expertise with additional basic science research training focused on studying the effect of chronic pain on brain activity. This extensive training in translational and basic science research greatly influenced his future research endeavors.

Prosthodontic science encompasses a wide variety of disciplines and as a prosthodontist, Dr. Masri’s research interests are diverse. In addition to studying mechanisms

and treatments of chronic pain, he is interested in developing innovative nanotechnology for the treatment of dental pulp disease and in developing techniques to improve wound healing after bone grafting and implant placement.

A realization that the overall health of patients is a natural extension of their oral health is reflected in his work. “Prosthodontic research should not be limited to the head and neck and must be applied to help patients in many other disciplines,” Dr. Masri states. Indeed, he is actively involved in research aimed at helping hearing-impaired patients and was involved in early attempts to develop intra-oral hearing aids for patients suffering from single-sided deafness. These research efforts would not have been possible without generous support from the National Institutes of Health and the Department of Defense.

Despite his extensive research, Dr. Masri, a board certified prosthodontist, is acutely aware of the importance of clinical excellence and clinical education in advancing prosthodontics. Dr. Masri believes that “We need to understand the etiology of disease in order to treat it and we cannot just treat the disease, we have to strive to prevent it.”

Therefore, in order to prevent disease and achieve clinical excellence, it is essential to combine exceptional clinical skills with high impact research. “We need a new breed of clinician-researchers that possess the vision and the skill to take prosthodontics into new heights and accomplishments,” he says. Fortunately, there is no shortage of eminent luminaries and young talent in the prosthodontic field and the future is bright. ■

Building energy and commitment



Lily T. Garcia, D.D.S., M.S.,
F.A.C.P., ACPEF Chair

Each of us can make a difference especially when it comes to investing in our collective future and promoting our specialty. When you as a member think about the ACP, this is about us as **prosthodontists** and all that is involved in supporting members and the ACP as an organization. When you think about the **ACPEF**, it is about **prosthodontics!** This is a clear distinction when trying to understand the difference as defined by IRS codes.

These past two years, 2011 and 2012, your ACP leadership has devoted their personal time and energies to align the two distinct organizations of the ACP and the ACPEF. That simple notion has evolved to exciting possibilities. What does this mean to you? It means we are maturing in our development efforts and fiscal focus to create long-lasting, self-sustaining means of supporting the programs that help us build our specialty, continue to grow the specialty, and build energy and commitment to those who mean our future....our residents and fellows. Their attendance (in part made possible through ACPEF financial support) and their engagement in our meetings

and events has added to the high profile, outstanding ACP Annual Session. Our corporate partners witness this and invest in our organization which has helped turn the ACP Annual Session into the premier **prosthodontic** event for education and networking.

When I returned from one recent ACP Annual Session, a resident who had chosen to attend a different meeting of a non-specialty organization stated that the residents that did attend the ACP meeting, raved and shared news of their experiences and impromptu meetings with private practitioners; he stated "I won't be missing the next meeting!"

The energy, the commitment, the support of time and financial resources of our members and corporate partners are tangible investments in **prosthodontics**. I look forward to engaging each of you to gain momentum in support of our long term goals through the **ACP Education Foundation**. More to come... ■

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Calls for Submissions

The **John J. Sharry Prosthodontic Research Competition** will be held during the ACP's 43rd Annual Session at Caesars Palace in Las Vegas, Oct. 9-12, 2013. The Prosthodontic Research Competition is held to stimulate and acknowledge original student research in prosthodontics. The ACP Research Committee strongly encourages all programs to participate. Abstract submissions are due June 7.

The ACP is also accepting applications from residents and dental students to present table clinics at the Annual Session. The **Table Clinics Session** is scheduled for Thursday, Oct. 10. A table clinic can be a presentation of research results, clinical outcomes, laboratory techniques or topics of general interest to the ACP's members and guests. Two judged competitions will be conducted at the table clinics session: for prosthodontic residents and for dental students. Winners will receive cash awards and invitations to the Annual Awards Dinner as guests of the ACP. The application deadline is Aug. 1.

ACP members are encouraged to submit an abstract for an oral presentation at the **Member Speaker Forum**, which will take place on Friday, Oct. 11 at the Annual Session. The deadline is also Aug. 1.

Visit acp43.com to download applications and more information for all of the above.



Drs. Daniel T. Kerrigan and Amit Punj at the 2012 Table Clinics Session

Hutten Appointed Pros. Forum Director

The ACP Board of Directors is pleased to announce the appointment of Dr. Mark Hutten as Prosthodontic Forum Director. Dr. Hutten is Director of the General Practice Residency Program and Dental Oncologic Services at Northwestern Memorial Hospital in Chicago, as well as an Assistant Clinical Professor in the Department of Otolaryngology, Northwestern University Feinberg School of Medicine.

As Prosthodontic Forum Director, he will serve as the liaison between the College and the Forum, report on activities of the Forum Organizations to the BOD and serve as a voting member of the BOD.

Dr. Hutten lectures nationally and internationally on many subjects including the clinical aspects of fixed,

removable and implant prosthetics. He is a Diplomate of the American Board of Prosthodontics and a Fellow in the American College of Prosthodontists as well as a Fellow in the International Team for Implantology. Dr. Hutten is President Elect of the Chicago Academy of Dental Research and also a member of the Academy of Osseointegration, the American Dental Association, the Illinois State Dental Society and the Chicago Dental Society.



McGarry Elected ABP Examiner

The Council for the American Board of Prosthodontics is pleased to announce that Dr. Thomas J. McGarry has been elected as the next ABP Board Examiner, succeeding Dr. Jonathan P. Wiens.

Dr. McGarry is a Fellow and Past President of the College. Dr. McGarry was the founder of the Oklahoma Section of the ACP as well as founder of the Oklahoma Society of Prosthodontists. His major publications include the *ACP Parameters of Care*, *Classification of Complete Edentulism*, *Classification of Partial Edentulism* and *Classification of the Completely Dentate Patient*. He currently serves as Clinical Associate Professor at the University of Oklahoma School of Dentistry and Adjunct Assistant

Professor at the University of Illinois School of Dentistry. In addition to an active lecturing schedule, Dr. McGarry maintains a full-time private practice limited to prosthodontics.

Council members appreciate the high level of participation in this year's election. The right to vote for this position is one of the key privileges of becoming a Diplomate of the specialty.



Welcome New Members (Approved by the Board of Directors during the January conference call and February meeting.)

Predoctoral Student

Alliance Members

Mr. Robert W. Allen
Mr. Daniel W. Antee
Ms. Celeste A. Block
Ms. Molly C. Bordelon
Ms. Ashleigh N. Briody
Mr. Blaine G. Calahan
Mr. Michael J. Cason
Ms. Vanessa Castillo
Mr. William P. Chambers
Ms. Caroline R. Cobb
Mr. Jonathan M. Coulon
Ms. Lani M. Dassey
Mr. Chris Michael Davis
Mr. Matt B. Davis
Ms. Rebecca C. Day
Mr. Brett D. DeCoursey
Mr. Gordon D. Delcambre
Mr. Jacob A. Deniakos
Mr. Rafik K. Dib
Mr. Andrew J. Doucet
Mr. Colten W. Ducote
Mr. Karlnelius I. Duhon
Mr. Justin Elfert

Mr. Kevin S. Farnsworth
Mr. Matthew D. George
Mr. Bobby B. Hastings
Mr. Alice M. Ho
Mr. McKenzie W. Holloway
Mr. Douglas Horaist
Mr. Christopher G. Hooper
Ms. Brittany G. House
Mr. Lee T. Huynh
Mr. William P. Jones
Mr. Luke M. Jordan
Mr. Bethany J. Joseph
Mr. Grant W. Kollenburn
Mr. Jonni Kumar
Mr. Jacque D. LaBry
Ms. Oanh K. Le
Ms. Eun-Chee Lee
Mr. Griff W. Lewis
Mr. Brandon T. Mack
Mr. John T. Moylan
Mr. Steven S. Nelson
Ms. Angela M. Nguyen
Ms. Rosalie T. Nguyen
Mr. Russell S. Noles
Mr. Matthew J. Oubre

Mr. Reid M. Owens
Mr. Sumit N. Patel
Ms. Bethany J. Peterson
Mr. Joshua C. Reaves
Mr. Nickolas A. Rephart
Mr. Jonathan R. Rogenmoser
Mr. John T. Roshto
Mr. Cote L. Ryland
Mr. Joseph K. Sage
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Ms. Angie M. Serrano
Mr. James P. Terrebonne
Ms. Bonnie M. Ust
Mr. Toan C. Van
Mr. Kevin H. Vu
Ms. Stephanie H. Vu
Ms. Julie Yoon

Member

Dr. Hyung Guen Kim

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Dr. Reynaldo Todescan

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Dr. Savithri Abey
Dr. Daniel E. Bates
Dr. Natalie C.H. Buu
Dr. Paulino Castellon
Dr. C. Brent Haerberle
Dr. Matthew L. Hopfensperger
Dr. Christine Hopkins
Dr. Sang J. Lee
Dr. Periklis T. Prousaefs

Reinstated International Fellow

Dr. Nancy M.G. Dubois
Dr. Mohamad Koutrach

Retired Life Members

Dr. Donald J. Abramowitz
Dr. Louis Rissin
Dr. David S. Sather
Dr. Wade D. Smith

Active Life Members

Dr. Arnold S. Jutkowitz

Winning strategies in prosthodontic practice

John A. Sorensen, D.M.D., Ph.D., F.A.C.P.
Program Chair

The 43rd Annual Session of the American College of Prosthodontists is themed *Winning Strategies in Prosthodontic Practice*. President Lee Jameson wanted to create a program with the clinician in mind, seeking to explain the **why** as much as the **how** of prosthodontics and related areas.

Our Annual Session Program Committee has assembled a roster of world-class speakers who, working from an evidence-based foundation, will perform critical analyses on topics including systemic and oral health challenges, grafting and implant treatment of the atrophic maxilla, efficacy of socket grafting, materials and systems selection, implant design clinical studies, treatment rationales, CAD/CAM and the integration of digital technology into prosthodontic practice and the dental laboratory. Speakers have been chosen for their strong scientific backgrounds and outstanding clinical abilities.

Arrive early on Wednesday for the Advances in Maxillofacial Prosthetics workshop and a special session, Perspectives on Implants in Prosthodontics, with three speakers covering various approaches for implant-supported prostheses for the edentulous patient, adjunctive procedures of implant site preparation, and implant surgery protocols. In the evening is the Welcome Reception at the gorgeous Garden of the Gods Pool & Oasis, a wonderful opportunity to reconnect with friends and colleagues.

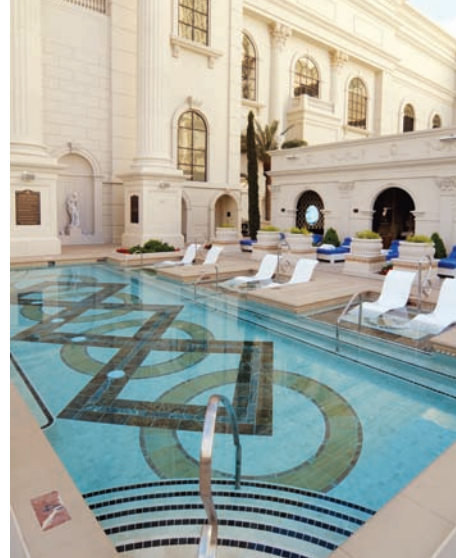
Thursday morning will see a lineup of internationally prominent oral surgeons providing evidence based rationales on their different approaches to treatment of the always challenging atrophic maxillae. Drs. Michael Pikos, Mateo Chiapasco, and Ole Jensen present their philosophies for grafting and implant placement in the edentulous maxilla. Dr. Dennis Tarnow will update the state of the science and art on extraction/socket grafting. Completing the session Dr. Christian Coachman will expound on implant esthetics from both a periodontal plastic surgery and ceramics perspective.

Thursday afternoon's session will cover a range of topics influencing patient treatment considerations from systemic health challenges all the way through full mouth rehabilitation. Dr. Ken Kornman has a remarkable presentation on inflammation and its impact on general health. Dr. Jeff Rouse offers an elucidating look at the triad of airway obstruction, nocturnal bruxism and GERD. As always, Dr. Terry Donovan meticulously summarizes research on the recognition, management and prevention of dental erosion. Dr. Daniel Edelhoff and Mr. Oliver Brix will give their outstanding dialogue on teamwork for complex full mouth rehabilitation.

On Friday, with keynote speakers Dr. Tomas Albrektsson and Dr. Kent Knoernschild, we have a unique program format that is sure to inform and educate. As practitioners we can all relate to having varying degrees of success in our patient treatments. In the *Complications, Failures, & Solutions* Forum, 10 superlative practitioners will present their own cases, sharing what went wrong and how they remedied the problems, selected a different restorative system, or provided an alternate treatment.

Another outstanding full-day program awaits on Saturday. World-renowned prosthodontists and technicians will show how they have improved their practices and commercial labs with new technologies for diagnosis and treatment. Exciting new developments in advanced biotechnologies for enhancement of implant surfaces will be presented. We welcome our laboratory technician colleagues who are critical to our success as practitioners, and who can also learn a great deal from this wide-ranging program.

In addition to being a gorgeous property, the Caesars Palace meeting facilities make for the nicest conference venue I have ever seen. A world-class roster of speakers, a program dedicated to prosthodontics practitioners, and an exceptional venue all make for a sure bet on an outstanding annual session! ■



Winning Strategies in Prosthodontic Practice

Caesars Palace, Las Vegas

Oct. 9-12, 2013

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Working from an evidence-based foundation, speakers will perform critical analyses on topics including systemic and oral health challenges, treatment rationales, and the integration of digital technology into prosthodontic practice. These are the strategies that deliver excellence in patient outcomes.

WEDNESDAY, OCT. 9

- **Advances in Maxillofacial Prosthetics**
- **Perspectives on Implants in Prosthodontics**
- **Welcome Reception at the Garden of the Gods Pool & Oasis**

THURSDAY, OCT. 10

Planning & Treatment of the Edentulous & Partially Edentulous Maxilla

An all-star lineup of oral surgeons and periodontists will discuss rationales and approaches to grafting and implant placement, airway obstruction, dental erosion, and teamwork for complex full mouth rehabilitation.

FRIDAY, OCT. 11

Complications, Failures and Solutions Forum

An outstanding panel of prosthodontic clinicians will present their failures and compromised cases, what they learned, and the strategies they developed in response.

- **Marketing Your Prosthodontic Practice**

SATURDAY, OCT. 12

Integration of Digital Technology Into Prosthodontic Practice

World-renowned prosthodontists and technicians will show how they have improved their practices and commercial labs with new technologies for diagnosis and treatment.

- **Bone Grafting Workshop**
- **Corporate Partner Symposia**



The 43rd Annual Session of the
American College of Prosthodontists

acp43.com

Registration opens in May.

ACP Past President confirmed as ADEA Chair-Elect

Dr. Lily T. Garcia, ACP immediate past president, has been confirmed as Chair-elect of the Board by the American Dental Education Association Board of Directors. Members of the ADEA House of Delegates voted on the nomination in March at ADEA's 2013 Annual Session in Seattle.

"As Chair-elect of the Board of ADEA, I will advocate the need to assess and reassess our educational processes and envision a proactive view in the development of the next generation of clinicians, scientists, academicians, and community leaders," said Dr. Garcia. "The future of dental education is in the hands of our members since it is their responsibility to help translate the vision of change and innovation into the reality of education."

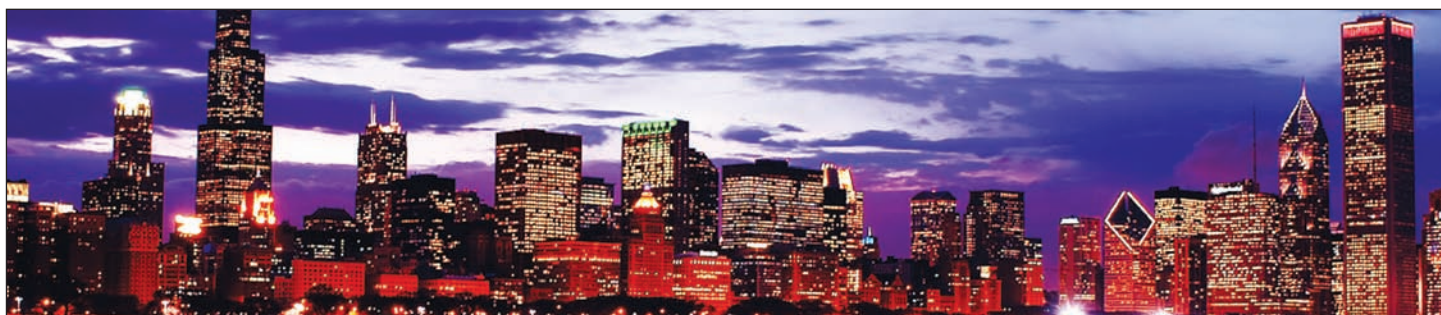
Dr. Lily T. Garcia at the 2012 ACP Annual Session, with Dr. Lee M. Jameson



ACP member honored in Chile

In October, ACP member Dr. Hugh Wang visited the University of Chile to present a series of lectures on CAD/CAM implant restorations. "The presentation was notable for clinical cases focused on evidence-based dentistry combining the results with the clinical experience of Dr. Wang," said Dr. Mauricio Toro, Assistant Professor in the Department of Prosthodontics.

Dr. Jorge Gamonol, Dean of the School of Dentistry, presented Dr. Wang with a culmination certificate in appreciation for his continuing efforts in dental education.



Noteworthy ACP Events 2013

Organization Name	Event/Course Name	Location	Date	Web site
American College of Prosthodontists	Mastering Practice Success	Chicago	April 26-27, 2013	GoToAPro.org
American College of Prosthodontists	43rd Annual Session	Las Vegas	October 9-12, 2013	acp43.com
	National Prosthodontics Awareness Week		April 6-12, 2014	GoToAPro.org/NPAW

Employment Opportunities

Georgia (Atlanta Metro) – 100% fee for service, thriving, busy removable pros practice located in active community northwest of metro Atlanta seeking passionate, outgoing and motivated associate.

Partnership potential for the right fit. Specialty practice limited to denture and implant care. State of the art, on-site lab with two full time technicians. Contact Dr. Warren Berne (770) 633-2902 or DrBerne@GADentures.com.

Georgia (Georgia Regents University – Augusta) – College of Dental Medicine – Instructor / Assistant / Associate Professor – Oral Rehabilitation – Prosthodontics / Restorative Dentistry
Req #'s 5792 and 6599

Two full-time, tenure/non-tenure track faculty positions. Teaching responsibilities include participation in clinical and preclinical courses in prosthodontics, operative dentistry, and/or restorative dentistry at the pre-doctoral and post-doctoral level. Preference will be given to candidates with significant clinical experience, post-graduate training in prosthodontics/operative dentistry/general dentistry or prior experience in dental education. Participation in faculty practice and research is expected. Applicants must be a graduate of an ADA accredited dental school or 2 year postgraduate training program and be licensed in a state or eligible for licensure by the Georgia Board of Dentistry. Salary and academic rank are commensurate with qualifications. AA/EEO/Equal Access/ADA Employer. Interested candidates should apply for this position on-line at www.gru.edu/faculty/jobs/, the requisition number provided above, and the department name. For further information, please email mmyers@gru.edu. Application Deadline: Until Filled.

Georgia (Lawrenceville) – Georgia Prosthodontics offers an opportunity to a motivated prosthodontist to join a modern, high tech practice, digital, paperless, equipped with 3D cone beam. Associate leading to partnership. Email to mydentalntreatment@gmail.com or (f) (770) 338-9222.

Iowa (University of Iowa) – The University of Iowa's College of Dentistry is searching for full-time clinical or tenure-track faculty in Family Dentistry. Position available July 1, 2013; screening begins immediately. Must have: DDS/DMD from ADA-accredited dental school or foreign equivalent, and at least five years dental practice experience via private practice, military or educational environment. Applicants w/o DDS/DMD from ADA-accredited dental school must have certificate in Prosthodontics/AEGD/GPR from ADA-accredited program AND at least five years verifiable clinical teaching experience w/pre-doctoral students in ADA-accredited dental school. Desirable: Prosthodontics/AEGD/GPR certificate from ADA-accredited program; & other relevant teaching experience. Rank/track/salary commensurate with qualifications/experience. To learn more and/or apply, go to Jobs@UIowa at <http://jobs.uiowa.edu/content/faculty/>, reference Req #62006. EEO/AA employer; women/minorities encouraged to apply.

Massachusetts (Boston) – Amazing opportunity for a prosthodontist to join multispecialty dental practice, in Boston financial district. Looking for a skilled clinical with passion for the profession, 2 years experience in private practice, ability to treat complex and highly esthetic dental cases. Steady employment with competitive compensation package. Please send CV to info@drchang.com.

New York (Suffolk County) – Dynamic Prosthodontist sought for North Shore Western Suffolk County Prosthodontic office. The right candidate to lead to equity share in additional locations. Please email resume to cspinella2@optonline.net.

North Carolina (University of North Carolina) – The University of North Carolina at Chapel Hill, School of Dentistry seeks two full-time, Fixed-Term or Tenure-Track positions at the rank of either Assistant or Associate Professor in the Department of Prosthodontics. These individuals will participate in teaching in the pre-doctoral Prosthodontics, General Dentistry Clinics and the Graduate Prosthodontics programs. There are outstanding opportunities for intramural practice, scholarly activities, and research at the School of Dentistry. Successful applicants should have the ability to rapidly establish a robust intramural practice with The UNC School of Dentistry's Dental Faculty Practice. These positions require a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree or equivalent and advanced education in prosthodontics from a formal program. A history of research funding and/or eligibility for research training grants is preferred. Salary and academic rank will be commensurate with qualifications and experience. For further details and to apply online, please go to: <http://unc.peopleadmin.com/postings/21627>. Please submit a Cover Letter, Curriculum Vitae, and the names and addresses of three references. Applications will be accepted and reviewed until these positions are filled. For more information about these positions, please contact: Dr. Glenn E. Minsley, Chair, Search Committee; Department of Prosthodontics, The University of North Carolina at Chapel Hill, School of Dentistry, C.B. #7450, Chapel Hill, NC 27599. The University of North Carolina at Chapel Hill is an equal opportunity employer. Females and Minorities are encouraged to apply.

Office to Rent

California (Redding) – Office to rent and share with part-time oral & maxillofacial surgeon one week a month. Beautiful brick office, 2800 sq. feet a month. No prosthodontist north of Sacramento. Call (530) 550-0312.

Practices for Sale

Alberta (Western Canada) – Prosthodontic practice for sale. Established practice in large urban center with large referral base and extensive planned treatments incl. C&B, implants and dentures. Low overhead with excellent cash flow. Contact: Ron MacKenzie, CA at mackenz@telus.net or (604) 685-9227.

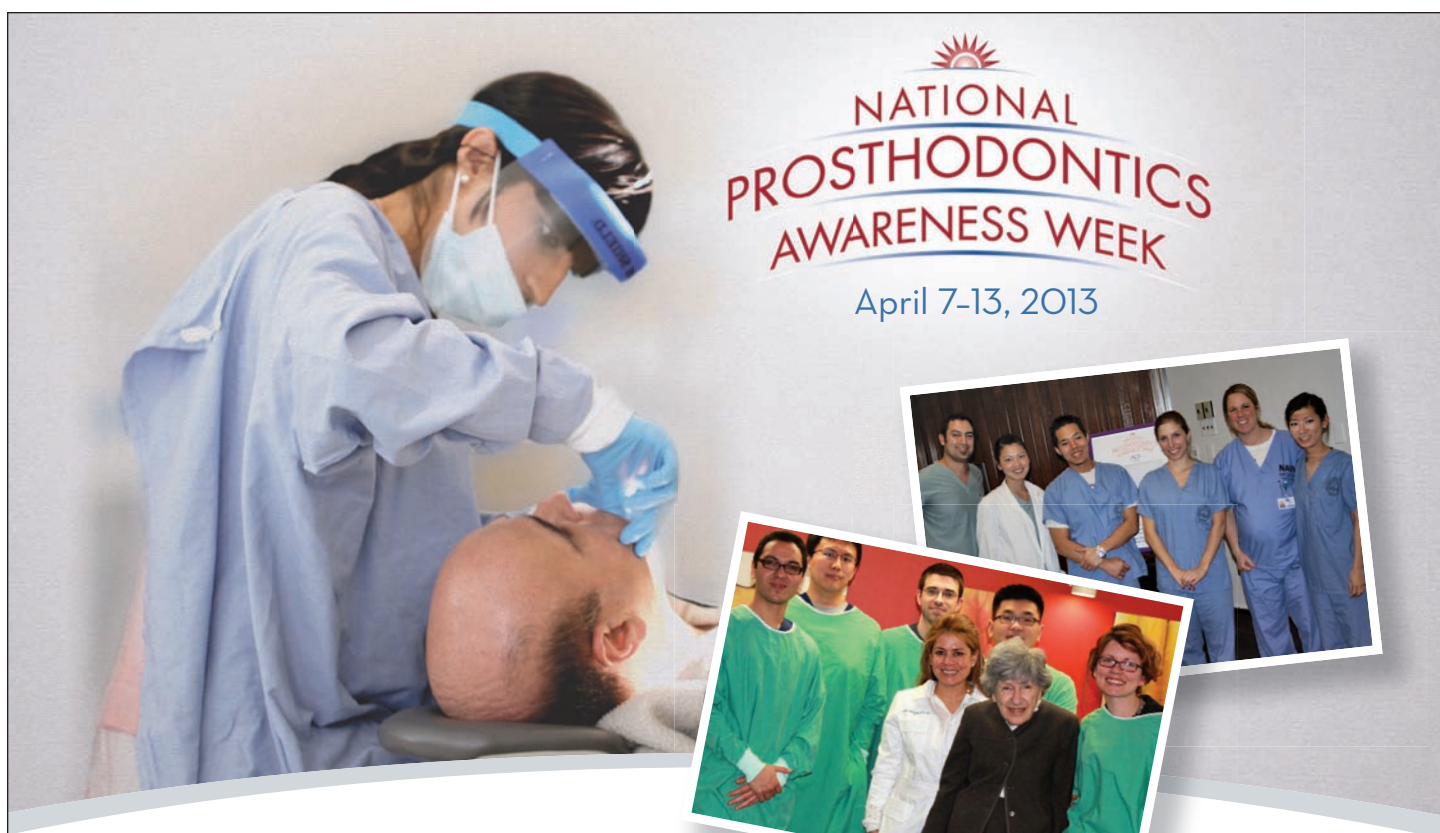
CLASSIFIED ADS

Colorado (Western Slope) – Excellent opportunity to acquire the only thriving Prosthodontic practice in the Grand Junction area. Potential for exceptional practice growth. For more details, please call or email Larry Chatterley (720) 232-3044 or larry@ctc-associates.com.

Maine (South Portland) – Why dream of a vacation, when you can live and practice in Vacationland! Life and work in southern Maine is fun! Restorative and prosthetic practice with three ops, digital intraoral and panoramic imaging. Located in 2200 sq ft condo in professional building with other healthcare providers, including a branch of a local hospital. Practice condo space includes one office rented to a dental

assisting school. The rented room is plumbed and wired for operatory use. Practice uses Eaglesoft, with all ops networked. Practice is located next to the state's largest shopping center, and is about five miles from the ocean. Very motivated, boarded, retired military doctor, who wants to move closer to his grandkids. Contact Dr. David Palmer at dmdfacp@gmail.com.

Tennessee (Nashville) – Restorative practice. Located Williamson County (Brentwood). Mature general practice with emphasis on prosthetics. Strong potential for endo, perio now referred. Prosthodontist retiring, will stay to transfer. Production \$750k in 2012. Contact "Practice Sale", Box 682245, Franklin, TN 37068.



Thanks, Champions!

National Prosthodontics Awareness Week

From April 7-13, ACP members across the country held events and activities to raise public awareness of prosthodontics and oral health. Thanks to everyone who participated!

Find out more at GoToAPro.org/NPAW



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