

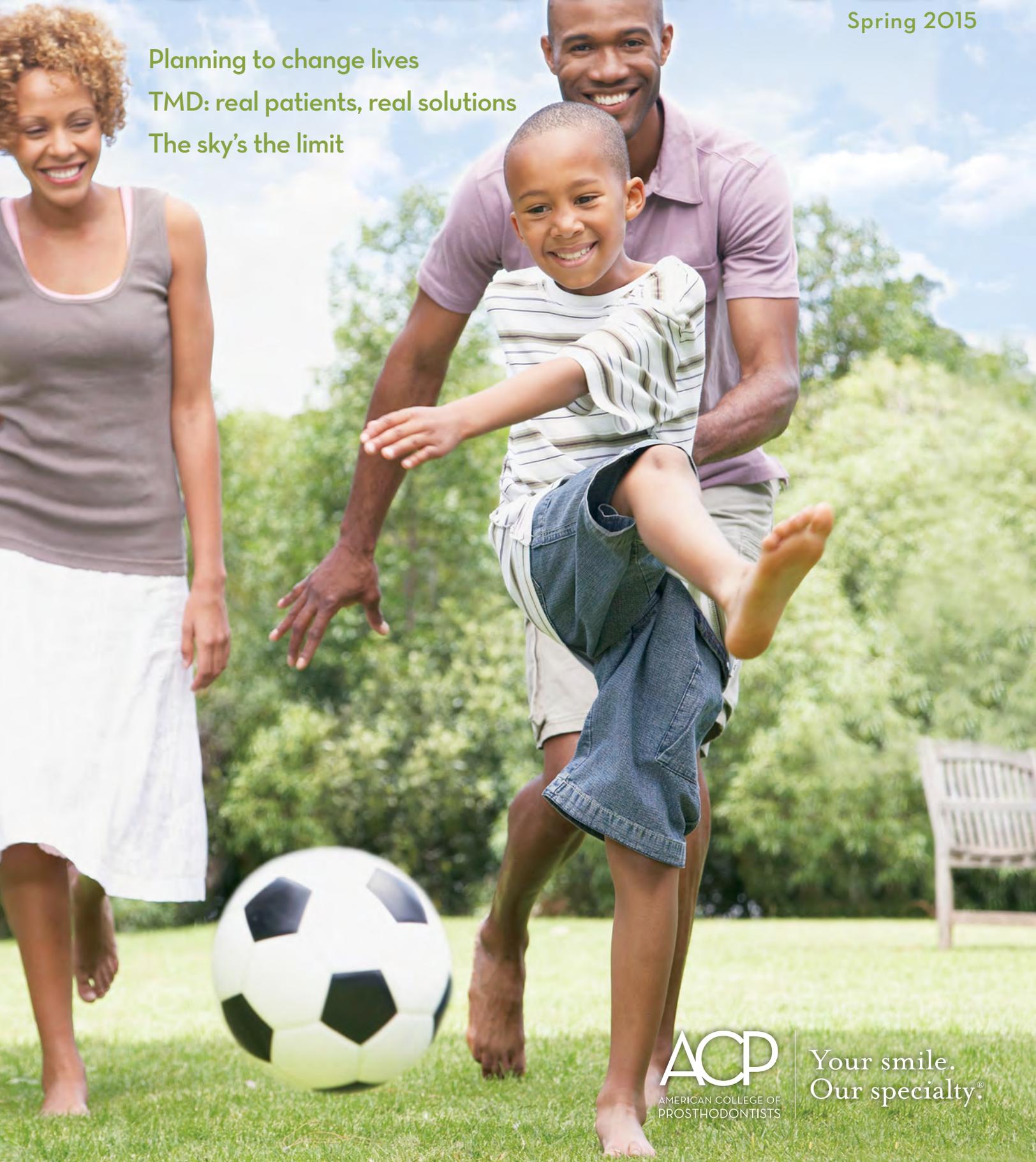
ACP MESSENGER

Spring 2015

Planning to change lives

TMD: real patients, real solutions

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On the Cover

Spring 2015 Volume 46 Issue 2



I was used to waking up with a sore jaw and a painful ‘clicking’ feeling whenever I opened my mouth. I thought it was something I had to live with. It wasn’t until I saw a prosthodontist that I understood how those might be symptoms of a disorder called TMJ – and that pain isn’t something to live with, because a prosthodontist may be able to help. Now it’s spring, and smiles are in full bloom!

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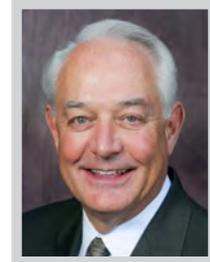
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Understanding the possibilities

Mathew T. Kattadiyil,
DDS, MDS, MS, FACP
ACP Messenger Editor-in-Chief

For patients, a temporomandibular joint disorder is a unique, unsettling pain that affects everyday actions like talking or chewing. It cannot be left untreated and must be addressed or the quality of life may never be the same..

For prosthodontists, the temporomandibular joint disorder (TMD) occupies a unique niche in their training and practice. Early diagnosis and appropriate intervention is probably the most effective method to manage TMD, as with any pathological situation, and the prosthodontist is trained to diagnose and provide appropriate therapy. Understanding is the key. While we can manage a number of TMD situations with conservative treatment, we can also ‘triage’ treatment when multiple specialties have to be involved in these often complex situations. This could include referrals for (and not limited to) surgical, pain, orthodontic, behavioral, and psychological management, depending on the initial diagnosis.

The National Institute of Dental and Craniofacial Research reports that “the prevalence of temporomandibular joint and muscle disorder is between 5% and 12%. Unusual for chronic pain conditions, the prevalence rates are higher among younger persons... disorders are at least twice as prevalent in women as men, and women using either supplemental estrogen or oral contraceptives are more likely to seek treatment for these conditions.”

This issue of the *ACP Messenger* contains a report from Dr. Jonathan Wiens, providing valuable insight on this important topic. In his article, he describes the management of three unique patient situations,

of varying ages, genders, and backgrounds, each facing TMD.

Many patients feel they must endure pain and discomfort, without realizing that prosthodontists can help. In his case presentation, Dr. Nate Farley shares the story of a woman who lived with a difficult condition for much of her life. As prosthodontists, we are prepared for these complex situations by the demanding training of our advanced education.

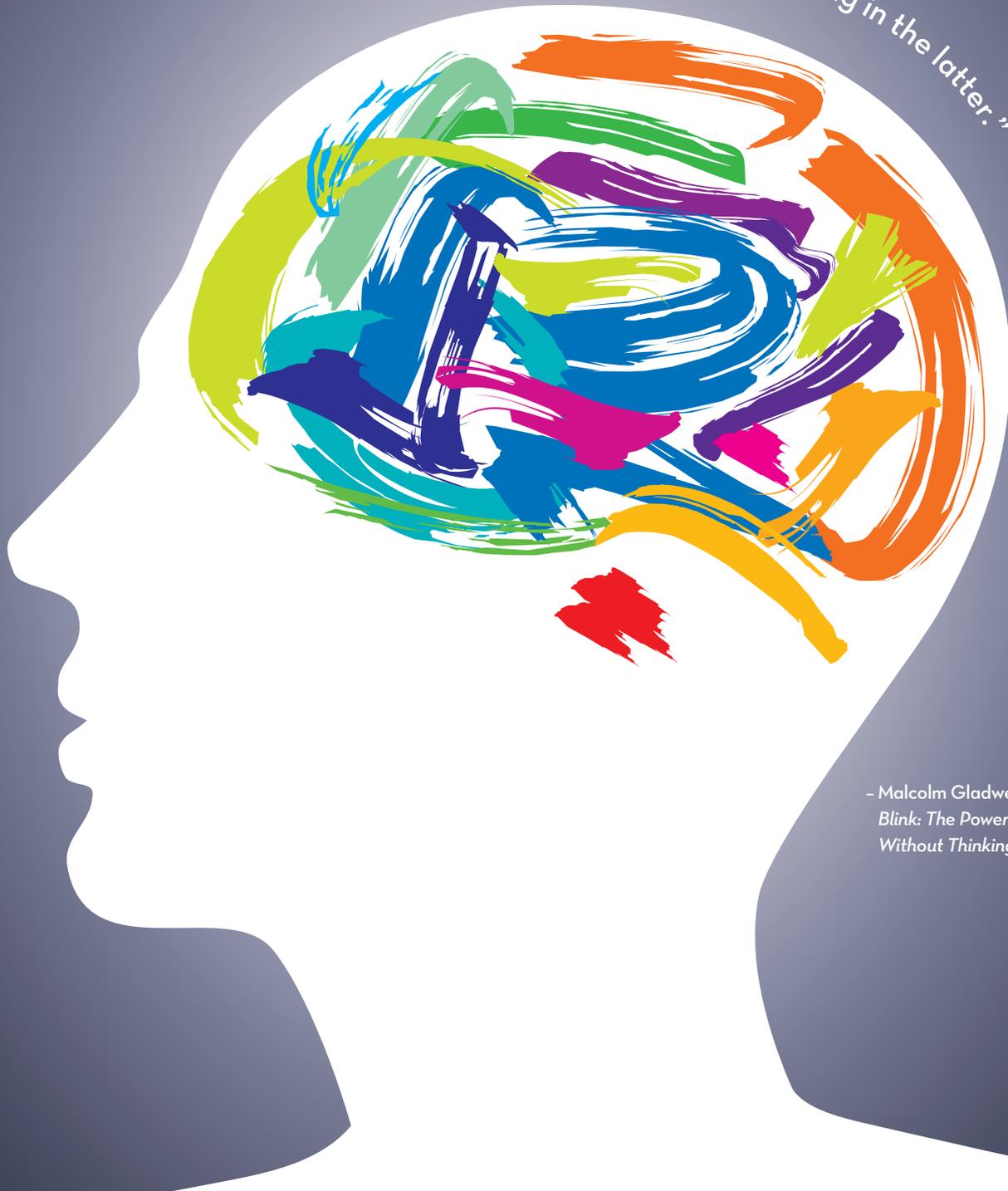
Elsewhere in this issue, Dr. Marina Funtik shares her journey from dental school to the heart of her community, two dental laboratory technicians discuss how their “in-house” work with a prosthodontist enables them to improve experiences and outcomes for patients, and Dr. Victoria Vickers describes the training that some prosthodontists are receiving in order to reach patients who may not be aware of the treatments that are possible.

Patients can be overwhelmed at first by the complexity of causes and the immediacy of pain – but we can, together, make the right decisions to bring about life-changing transformations. ■

“The key to good decision making
is not knowledge. It is understanding.

We are swimming in the former.

We are desperately lacking in the latter.”



- Malcolm Gladwell,
*Blink: The Power of Thinking
Without Thinking*

Planning to change lives

Nathaniel Farley,
DDS, MS, FACP

She had put up with her teeth for too long. This Iowa farmer came to us as a patient who was highly motivated, a little apprehensive, and somewhat scared.

Not only was she suffering from failing teeth, she had also struggled through life with a stricture to her esophagus. At one point she was told her esophagus was no larger in diameter than the ‘lead of a pencil’.

Her desire to regain the ability to efficiently chew food was the source of both her excitement and worry. She guessed that her teeth needed to go, but she wasn’t confident traditional dentures were going to do the trick. This prompted her to hold onto her teeth as long as she possibly could.

Time was up, though.

After a discussion about treatment options, both the patient and treating prosthodontist decided that dentures fixed to implants (hybrid prostheses) would be the best solution for both maxillary and mandibular arches. She was informed that this is not a new treatment philosophy. While materials and methods are constantly changing, this procedure was initially introduced by Per-Ingvar Brånemark, the “father of modern dental implantology”. Rapidly advancing technology and innovations have made this procedure more predictable and effective.

Due to the patient’s desire for function with a fixed prosthesis, it was decided to immediately load the implants. Our practice has been adopting a very innovative technology for patients requiring this procedure. There are so many variables to control when teeth need to be extracted: bone needs to be removed, implants need to be placed, and an interim prosthesis must be secured.



Fig. 1 & 2: The patient’s struggles stemmed from multiple missing teeth, teeth fractured at the gingival level, and carious lesions on those remaining.

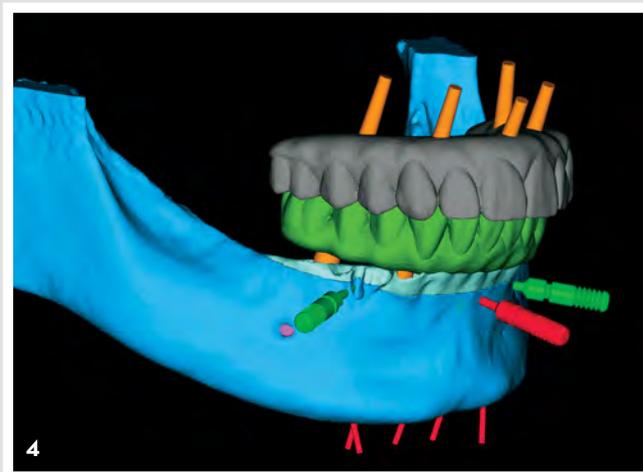
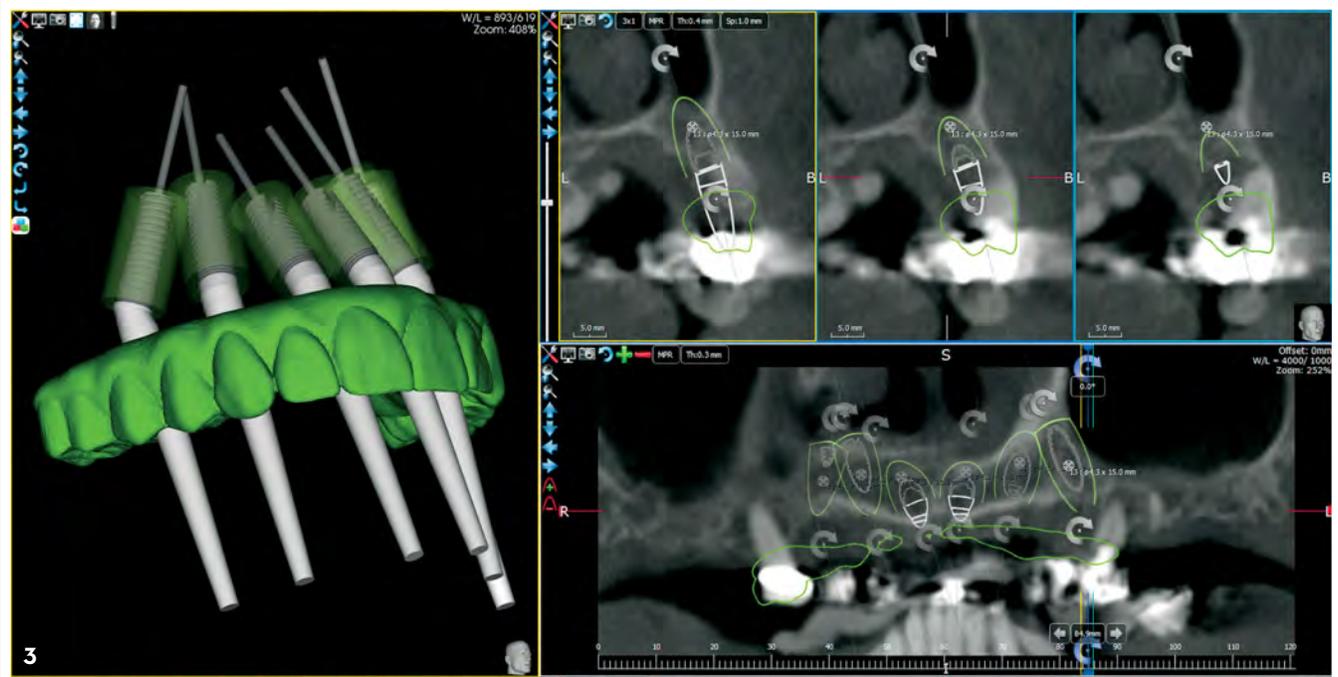


Fig. 3: The virtual plan serves as the blueprint. All the tools used to transfer the plan to the mouth rely on this mock-up to deliver an accurate and predictable result.

Fig. 4: The software allows the laboratory to break the treatment down into individual parts. You can see the implants, planned bone removal, prosthetics, etc.



Fig. 5 & 6: The bone reduction guide allows precise bone reduction once the teeth are extracted. Then, with the snap of a second piece, it doubles as an implant placement guide.

Our team is thrilled to use a system that allows for virtual planning of each step along the way, but is also backed up by a surgical guide that guides the procedure—from bone removal and implant placement to even attaching the interim prosthesis.

The system we use for guided surgery provides an efficient solution to the challenges in providing patients with immediately loaded interim hybrid prostheses. The bone reduction guide also guides the placement of the implants and the positioning of the interim prosthesis. The patient benefits when the virtual planning can be so carefully transferred to the mouth. With this technique, we are able to reduce anesthesia time, speed up bone removal and implant placement, and decrease the time needed to attach the interim prosthesis to the implants (pick-up time), benefitting from increased predictability as well.

We went into this profession to make an impact in peoples' lives. Many of the procedures we do as prosthodontists can change lives, but few have as large an impact as replacing a person's broken, decayed, and failing dentition with immediately loaded interim hybrid prostheses. The change is not only significant, but immediate.

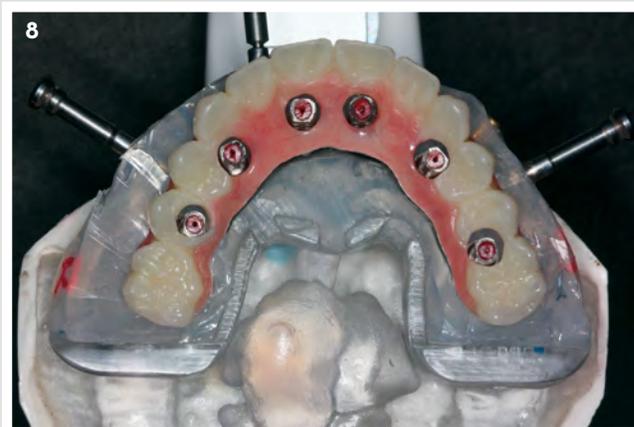


Fig. 7 & 8: The virtual interim hybrid prosthesis is milled to accurately represent the plan. The interim hybrid is supported by the same bone reduction guide during the pick-up.



Fig. 9 & 10: The patient now enjoys a full set of teeth that gives her back the confidence to chew foods she previously had to put in a blender.

Fig. 11 & 12 (above): A before and after comparison shows the transformation the patient experienced in just one day. She was thrilled with the result and in awe over something she didn't even know was possible.

Our team is thrilled to use a system that allows for virtual planning of each step along the way, but is also backed up by a surgical guide that guides the procedure—from bone removal and implant placement to even attaching the interim prosthesis.

In just one day, our patient was able to put away her blender, once required for routine meals. She regained her ability to chew and so much more. She was quick to point out that her quality of life would be greatly enhanced and joked that her new smile will be nicer for her husband to look at. The next step in her treatment is to begin fabrication of the definitive prosthesis after a 4-6 month healing period.

Now that her function is returned and goals accomplished, it is her husband's turn. He presented at the same time as his wife with similar failing teeth. He had insisted they focus on her needs first, but is now looking forward to his own new pearly whites. ■

TMD: real patients, real solutions

Jonathan P. Wiens,
DDS, MSD, FACP

Temporomandibular Joint (TMJ) disorders can be a diagnostic enigma, simply because of common overlapping symptoms or coexisting etiologies. It is uncertain how many people have TMJ disorders, but the National Institute of Dental and Craniofacial Research suggests that over 10 million Americans are affected. TMJ disorders appear to be more common in women than men.

The prosthodontist is often placed in the role of first analyzing the patient's history, discovering the etiology, educating the patient of the diagnosis, and formulating a patient-centered care program. The three most common types of TMJ disorders seen in clinical practice are:

- myofascial pain dysfunction (MPD), typically muscular in origin
- internal joint-derangement (IJD), damaged or malformed components of the joint
- degenerative joint disease (DJD), a type of osteoarthritis occurring in the TMJ

The following histories reflect patients' perspectives of their TMJ disorders.

Sandra is a 55 year old speech pathologist and a single mother with two grown children. She reported having jaw pain in the morning, and had been told that she was grinding her teeth.

"My general dentist made me a small 'bite-piece' that fit between my top and bottom front teeth. Shortly after wearing this device my teeth started shifting significantly. Eventually I noticed that I couldn't get my back teeth to touch.

"Luckily, I was referred to a prosthodontist, who recognized the nuances of my issue and the interplay of all of my symptoms. The prosthodontist carefully reviewed my medical and dental history and inquired if I ever had any prior trauma, sleep apnea, gastroesophageal reflux, or was under a lot of stress. I do feel that I was under significant stress at that time, and clenching my teeth was a result of



Sandra

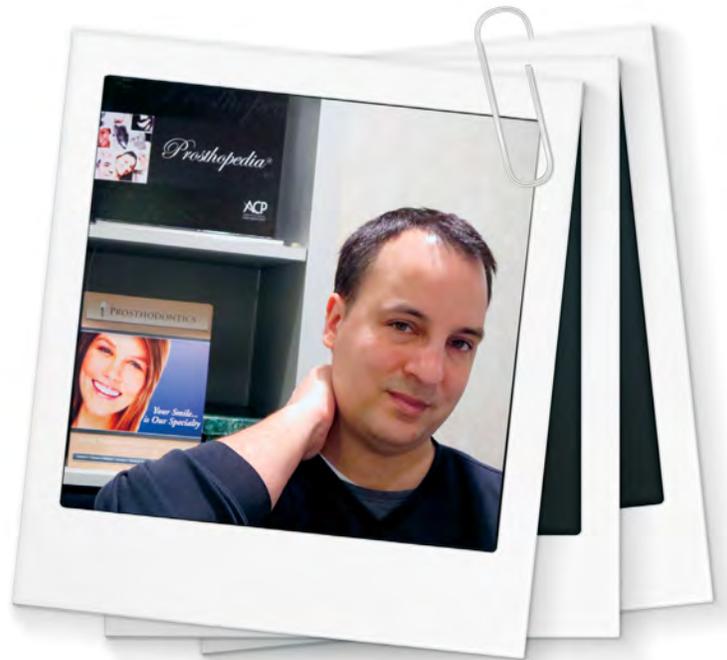
"I am so pleased, as now the jaw pain is gone and my teeth touch evenly without any further intervention or medication needed. I am now on a yearly recall program to monitor my progress."

those circumstances. A panoramic x-ray revealed normal joint structures. The prosthodontist provided written information that explained his diagnosis of my TMJ disorder and teeth-grinding problem. The prosthodontist showed me how to perform mild jaw exercises and rest my jaw, and created a new device that covered all of my upper teeth. It was designed to rebalance the involved muscles and realign my ‘bite.’”

John is a 39 year old information technologist and a father of three children. He had a lengthy history of muscle, neck, and right jaw pain with the jaw occasionally locking. John noted that numerous dentists and physicians have attempted treatment.

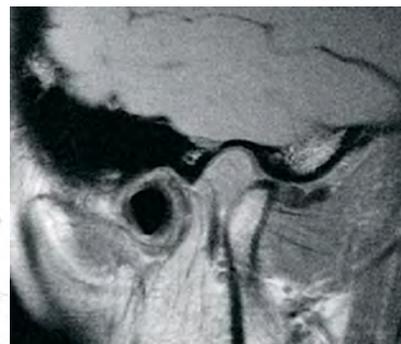
“I have had several bite guards made with a variety of designs, “bite” adjustments, and numerous medications. However, they were all of limited value in resolving my symptoms. Currently, I am receiving Botox injections to my temporalis muscles, by my neurologist. I also receive periodic transcutaneous electric nerve stimulation to relax my neck muscles, from a physical therapist. These treatments provide temporary relief from muscle pain for a few months.

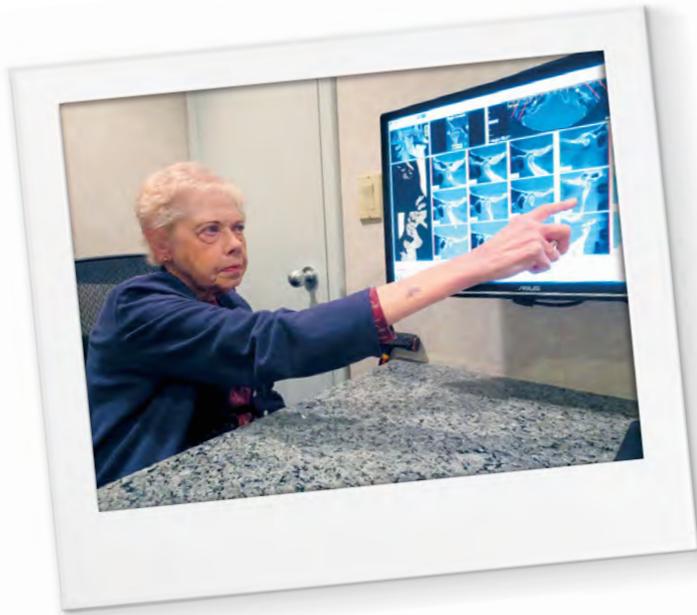
“I was referred to a prosthodontist, who after recording my history and performing a thorough examination, ordered an MRI. The MRI revealed that the disc in my jaw joint had slipped forward and blocked my jaw from opening and closing straight, and at times it could prevent my jaw from closing at all. After careful counseling, my prosthodontist determined that I might benefit by using a specially designed occlusal device that brings my lower jaw forward during sleep on a short-term basis. During the day I wear a different device that allows my jaw and teeth to relax, providing comfort and



John

“The prosthodontist has really helped me understand my complex condition, and I appreciate the efforts to coordinate my care with all of the doctors involved.”





Elizabeth

“After a few months, once my jaw was more comfortable, the prosthodontist adjusted my teeth so that they would all fit together at the same time. I was both dumbfounded and relieved; I did not know that this could even be done. My mouth is now comfortable, and I can chew on both sides.”

diminishing my pain. I now feel well enough to continue my work.

“The examination also revealed that I have a tongue thrust that created an “open bite” and has also caused a molar “cross-bite”, which makes chewing difficult and painful. The use of muscle relaxers, the occlusal devices, and relaxation techniques help me get through the day. The prosthodontist has referred me to an oral and maxillofacial surgeon, who may clean out the joint and manipulate the jaw to see if the disc can return to its normal position. I am also going to see an orthodontist who my prosthodontist recommended to determine if braces can correct my bite.”

Elizabeth is a 73 year old retired elementary school teacher. She fractured a left mandibular second molar, has chronic left joint soreness, and hears a cracking sound when she moves her jaw.

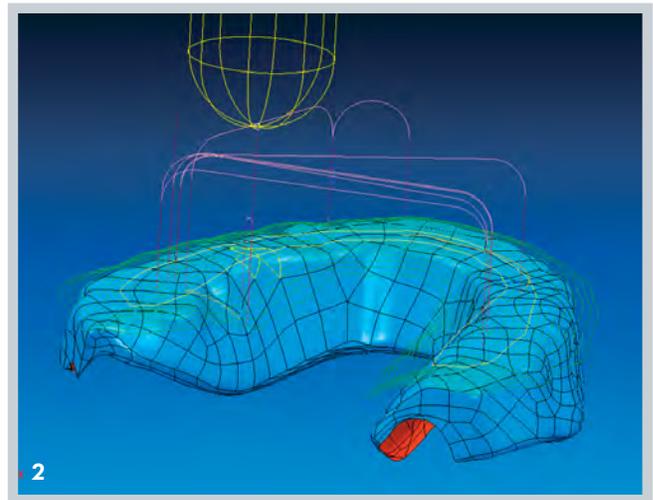
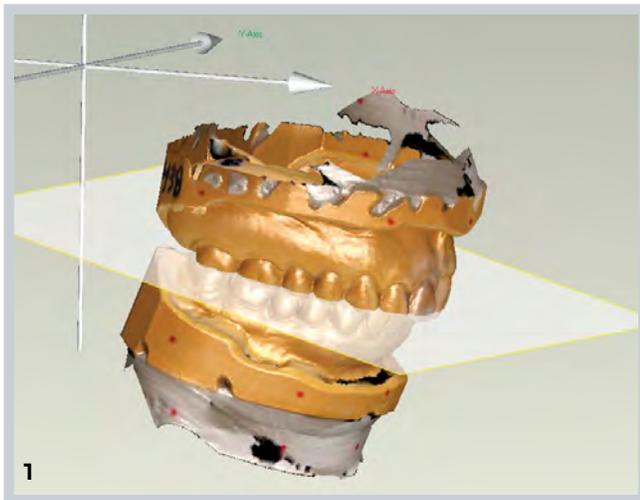
“My family dentist referred me to a prosthodontist. I did not even know what a prosthodontist was. I found the prosthodontist to be very thorough and spent a lot of time reviewing my jaw problems. I mentioned that many years ago my jaw used to make “clicking” sounds and sometimes would “catch”

or get stuck. But now, I have a different problem as my left jaw joint is periodically sore and I hear a grinding sound when I chew. I cannot get my teeth to fit together as the left molars are the only teeth that touch, and one of them just broke.

“The prosthodontist made impressions of my teeth and a record of my bite. I was shocked when the prosthodontist showed me the molds of my mouth, as I could easily see how my teeth did not come together evenly. The prosthodontist requested a CT scan, which revealed that the left joint had started to “wear down”. The disc which should act as a cushion between the lower jaw and the skull appeared to be perforated or dislocated resulting in bone-to-bone contact, which was causing the discomfort.

“After reviewing my medical history and medications, the prosthodontist prescribed a non-steroidal anti-inflammatory medication and made a bite guard that evened-out my bite.”

Management of TMJ disorders should be tiered or graduated as many patients present with limited problems that may improve without any intervention, such as transient muscle pain secondary to bruxism. A simple first approach would include creating an



understanding about the nature of the disorder and providing written documentation, such as the ACP *TMJ/TMD: Pains in the Jaw* brochure (available from Prosthodontics.org) and avoidance of activities that are potentially harmful. Supplemental treatment may include alternating moist heat/cold applications with appropriate rest, prescription of anti-inflammatory medication, or perhaps cognitive behavioral therapy to reduce stress.

When indicated, more involved treatment may include muscle relaxants and pain reducers, physical therapies, jaw exercises and manipulation, occlusal devices, and possibly occlusal adjustment when indicated. Irreversible forms of well-meaning dental treatment to manage TMJ disorders may be limited in resolving long-standing or chronic conditions. This level of care requires the patient's full understanding and consent, as the treatment outcome may not be as predictable. Patients with TMJ disorders may benefit by a team approach that includes coordinated care with multiple healthcare professionals. ■



Fig. 1: 3-D scanned image of maxillary and mandibular casts positioned in a virtual articulator.

Fig. 2: 3-D image of excursive pathways prepared for CAM.

Fig. 3: CAM milling of CAD design.

Fig. 4: Frontal view of occlusal device with uniform contacts in centric relation.

The in-house laboratory

Jennifer L. Priebe,
DDS, MS, FACP
with David Burley, BA and
Richard Adams, BA, MA

Many prosthodontists are fortunate to have an in-house laboratory to fabricate the prescribed restorations and facilitate the patient's oral health care. Successful prosthodontic treatment is highly dependent on good communication and meticulous attention to detail with the dental laboratory technicians.

This interview describes the perspectives of two dental technicians on working within a prosthodontic practice for the past 20 years.

Why did you choose to become a dental technician?

Rich: I wanted to work in an occupation that would utilize my artistic skills, which would result in someone having an improvement in the quality of their life.

Dave: I love creating things with my hands and I love helping people.

What are your educational background and skill sets?

Rich: I received a Bachelor of Arts degree from Eastern Michigan University in Ypsilanti, Michigan and a Masters Degree in Art from Wayne State University in Detroit. I taught art classes in secondary education afterwards. My artistic background made dental technology an easy segue.

Dave: I originally went to college to become a teacher. I took a class in jewelry and loved working with metal. My father was a general dentist and recommended Ferris State University's Dental Technician program in Grand Rapids, Michigan. At Ferris we learned all aspects of dental technology, dentures, partials, crown and bridge, and orthodontics. Subsequently I worked in a commercial lab for a period of time. Looking for advancement of my skills, I then sought employment at a prosthodontic practice.

What do you like best about an in-house lab?

Rich: It's helpful to be able to get direct feedback from the prosthodontist as work progresses on a restoration. Also, it is helpful to be in close proximity to a patient, when he or she is in the office for an appointment, to get a first-hand view of their esthetic concerns.

Dave: What I enjoy most is that every day is different. I get to interact directly with the prosthodontist and the patient.

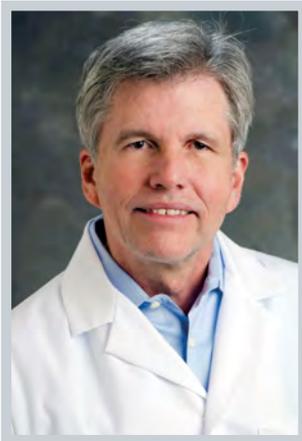
What do you like least about an in-house lab?

Rich: The lack of close contact with other technicians that I could share ideas with. On the other hand, I am able to confer on-site with the prosthodontists in the practice and learn from them, which is not always possible in a commercial lab setting.

Dave: What I like least is that every day is different! It can be challenging to plan your day. Many days you have cases you plan to work on, then a difficult case or emergency will come in, which requires rescheduling my daily work plan.

What have you learned by working with a prosthodontist?

Rich: I have learned how to make high-quality removable prostheses that are customized to the patient's individual needs. This is in contrast to a "standardized" commercial production prosthesis.



Richard Adams



David Burley

Dave: One of the most enjoyable things I've learned is maxillofacial prosthetics. I find it extremely rewarding to create an ear or an eye facial prosthesis for a patient. I also have learned a lot about all aspects of implants. Seeing the implants in the mouth really helps you understand how things need to work. These additional areas expanded my scope and improved my prosthodontic laboratory skills.

How do you help the prosthodontist improve oral health care?

Rich: Helping ensure shorter wait times on repairs and relines, having control over the type and quality of biologically acceptable materials that have acceptable physical properties used in the fabrication of the prosthesis, and having the ability to make changes in the restoration while the patient waits on-site. In the process, the prosthodontist and I work together to achieve the best possible esthetics, durability, and occlusion for the patient.

Dave: Being in the office and in the operatory allows the prosthodontist and me to discuss exactly what needs to be done and in what order. It definitely helps with color matching crowns for a patient that has unusual tooth coloring characteristics. I have gained a new perspective of the differences between clinical and laboratory materials, procedural steps, and the level of accuracy required to achieve a successful restoration.

What is your role with patient contact?

Rich: Generally, contact with the patient is from an invitation by the doctor and the patient. I enjoy meeting people and getting a first hand approach to analyzing their needs.

Dave: My main role with crown and bridge patients is in final staining of the crowns. For maxillofacial patients, after the prosthodontist has made the impression and determined the design of the prosthesis, I work directly with the patient creating a wax pattern of the eye, ear, or nose. This may take several appointments. After the patient and the prosthodontist have approved the wax up, a final mold is made and we meet with the patient to determine the intrinsic color match for the silicone prosthesis. The final extrinsic staining is performed prior to delivery of the prosthesis by the prosthodontist, who checks for any esthetic and physiologic fit or needed modifications, and provides patient instructions and follow-up care.

.....

A successful in-house lab is based upon the mutual respect and understanding between the technician and the prosthodontist, all for the benefit of the patient. Prosthodontic restorations can take several appointments and try-ins to achieve the level of excellence that is expected by the patient and the prosthodontist. Shipping the in-progress prosthesis back-and-forth, from the dentist office to the off-site lab, can add weeks to the patient's delivery date, which further complicates or delays treatment. An in-house lab can save time and shorten the inconvenience to the patient. It can also improve quality of treatment by the ease of direct communication and knowledge that the dental technician provides, which improves oral health care and represents a true advantage for a prosthodontic practice. ■



Prosthodontic Review Course

San Francisco • Sept. 12-13, 2015

Course Director

Steven J. Sadowsky, DDS, FACP

This course is intended for practitioners who would like to stay up to date on the latest trends as well as prosthodontists who want to become board-certified, residents who are taking the board exam, and dental professionals who are interested in the specialty.

Location

University of the Pacific
Arthur A. Dugoni School of Dentistry

Register at Prosthodontics.org

Speakers

The Implant Restoration of the Esthetic Zone
Lyndon Cooper, DDS, PhD, FACP

The Science and Skill of Implant Placement
Kent L. Knoernschild, DMD, MS, FACP

Clinical Protocols in Full Mouth Implant Reconstruction
Avinash Bidra, BDS, MS, FACP

Occlusal Considerations in Long-term Success for Implant Dentistry
Thomas D. Taylor, DDS, MSD, FACP

The Evolution of Implant-Based Maxillofacial Prosthetic Rehabilitation
Jeffrey Rubenstein, DMD, MS, FACP

Evolving Technologies in Conventional and Implant Prosthodontics
David G. Gratton, DDS, MS

Immediate Load in the Edentulous Maxilla
Daniel F. Galindo, DDS, FACP

Surgical Considerations for Implant Restoration of the Esthetic Zone
Joseph Kan, DDS, MS

Ceramics for Implant and Restorative Dentistry: Updates and Issues
J. Robert Kelly, DDS, MS, DMedSc

Implant Complications with the Partially Edentulous Patient
Brian Kucey, DDS, MEd, FRCD, FACP

Long-Term Complications of Implant Prosthodontics in the Edentulous Patient
James A. Kelly, DDS, MS, FACP

What is Emerging in Digital Applications for the Implant Restoration of the Completely Edentulous Patient?

Mathew T. Kattadiyil, DDS, MDS, MS, FACP

Q&A: Pains in the jaw & mouth



Q: Why does my jaw sometimes make a popping noise when I open or close my mouth?

A: Occasional clicking or popping of the jaw joint happens to some people. As long as it is not painful, and as long as it does not prevent you from completely opening or closing your jaw, or chewing or speaking normally, there is most likely nothing to worry about. If this problem continues, or if your jaw joint is painful or you find that this problem is interfering with your normal day to day activities, you may want to consult a prosthodontist for an examination to see if treatment is necessary.



Q: What causes jaw pain in new dentures?

A: Jaw pain can be caused by a number of things. First, if teeth were extracted prior to denture placement, you could have residual pain from the extractions. If you lost your teeth prior to the dentures, you most likely have dentures that do not fit correctly (excess pressure spots), or the bite (the way the teeth come together during chewing) is not correct. Either of these should be easily corrected by your prosthodontist.



Q: Lately I've noticed that my ears keep plugging up. If I open my mouth wide, like a yawn, they pop like in an airplane. Can this be caused by my dentures?

A: The floor of your sinuses (air-filled compartments in the bone below your cheeks) is located just below the gums of the upper jaw. When old dentures no longer fit properly, excessive pressure may impact the gums and bone below the denture resulting in sinus pressure. If the biting surfaces have worn down as well, then headaches may result. Any type of pain or pressure should be evaluated by your prosthodontist to ensure the tissues under the dentures are healthy. Also, any complaint of sinus problems should be evaluated by your medical doctor or an ear, nose, and throat specialist.



Q: Why do I have sore spots with dentures?

A: Sore spots under your dentures are a result of several things. First, it may be that the dentures are too large for your gums. This can be fixed by adjusting the over-extended areas and then carefully polishing the denture borders. Second, the sore spots may be a result of the dentures not fitting against the gums, resulting in areas of pressure on the gums (the pressure should be evenly distributed under the denture bases). This can be adjusted by re-fitting the gum side of the dentures with a hard acrylic material. Third, the sore spots may be related to improper cleaning of the denture, resulting in accumulations of bacteria or fungi that cause inflammation of the gums. Finally, localized sore spots may be related to an inaccurate "bite," which may cause the dentures to shift and put unequal pressure on the gums. All of these conditions can be remedied by your prosthodontist.

Our Standards: CODA, the process, and the effort

Frank J. Tuminelli,
DMD, FACP
ACP President

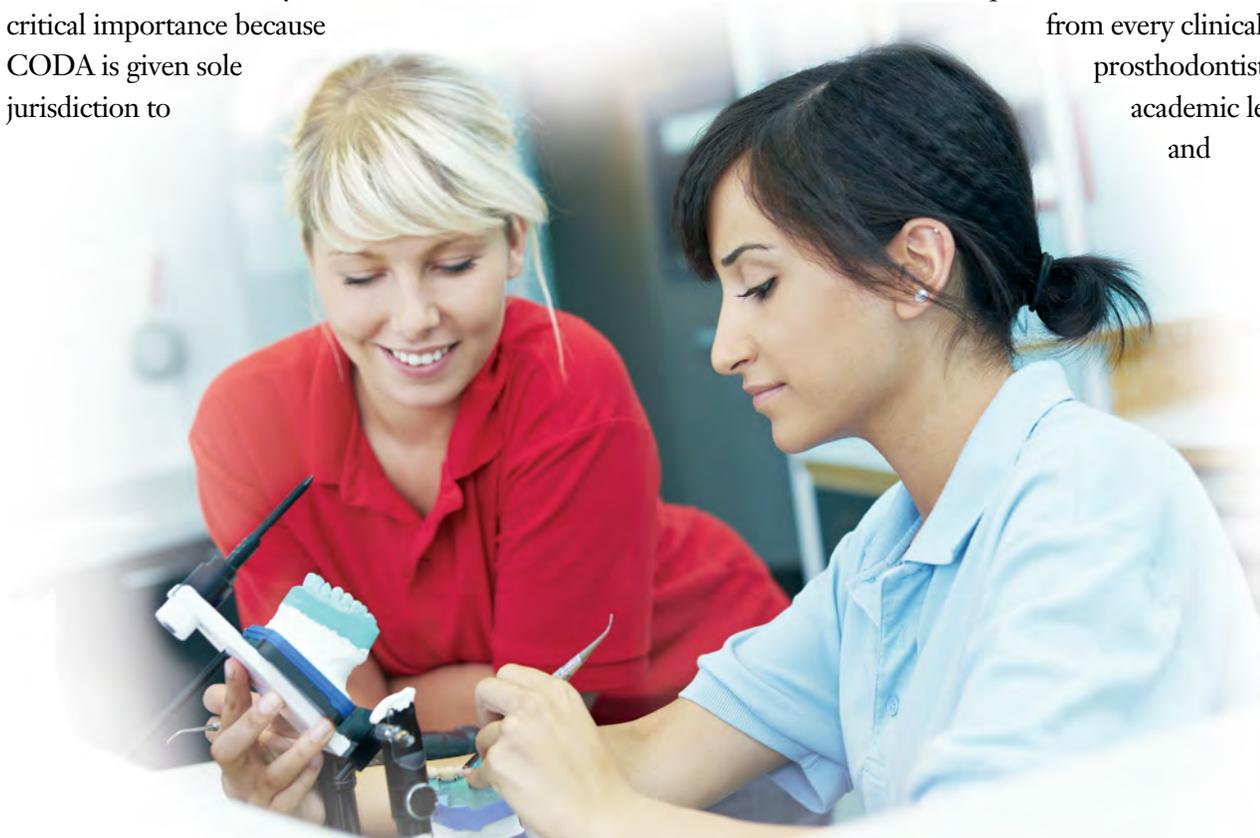
With service on the ACP Board of Directors comes a healthy serving of alphabet soup. There are a slew of acronyms that have become part of my daily communication: ADA, CDEL, DSG, NRDC, USDE, GME... the list goes on.

However, over the past four years, none of those bodies has been more central to our discussions than CODA, the Commission on Dental Accreditation. CODA is the body that develops and administers national standards for dental and dental-related educational programs, and it accredits dental schools and programs including advanced dental education and allied dental education programs in the United States.

Our work with this body holds critical importance because CODA is given sole jurisdiction to

approve, implement, and monitor dental education programs' compliance with educational standards. Revision of the Prosthodontics Standards has been an ongoing process spanning the past four years. Your ACP Board Officers, Directors, and Central Office staff have invested enormous resources in this effort.

One might ask: why is it important that we have standards? Why have we invested so much in fighting for their approval? The answer is simple: our patients require and deserve the best from every clinical prosthodontist; our academic leaders and





instructors must have the cutting edge technology and skills to train the generations of care providers; and our researchers need the tools to dream, create, and develop life-altering treatment advances. Ultimately, it comes down to what is in the best interests of the patients we serve.

Our standards speak to that and to the vision that I know every prosthodontist has – to be the best, to excel, to change lives on a daily basis. Our specialty has a proud history of pioneering major advances in dentistry, adapting to new developments in technology, and implementing state-of-the-art care for our patients. As prosthodontists, we constantly ask why, and our commitment to the highest level of professional education has enabled us to improve countless lives with the cutting edge care we deliver.

Our standards underwent a very careful revision approximately four years ago. On each and every presentation to CODA, we were sensitive and reflective of the recommendations made. We listened to suggestions from other dental professionals and made helpful modifications

We are steadfast in our belief that the Prosthodontics Standards, as presented to CODA, represent the professional identity of prosthodontists and the pride that we all have in our specialty.

while standing fast to our core values. We have a document that is truly representative of what we do today. The Prosthodontics Standards look forward to what the future demands; to the changes ahead; to the challenges we will face.

We believe that the remaining opposition to our standards is based in a simple, narrow-minded turf war – based in the contention of one specialty, in particular, that a procedure (implant placement) defines a specialty. We do not believe this to be true and hold that this procedure belongs to all dentists, and we support the practice of such treatment with the proper training.

At a time when our programs are oversubscribed to, when we are attracting the best and brightest, the protection of our standards could not be more important. Today, we are providing a level of care that was once thought impossible, at unparalleled levels of quality. We must stay the course for our patients, ourselves, and our profession. ■

The sky is the limit

Marina Funtik,
DMD, MDS, FACP

Prosthodontics is ever-changing, evolving, and striving to lead the dental profession in the latest technology, from CAD/CAM to digital implant treatments to the newest applications of dental materials. This progressive spirit is evident during the specialty meetings that inspire us all.

While still in dental school, I realized that in order to practice dentistry at the highest level, only prosthodontics training would afford me the depth and breadth of knowledge that is required by today's competitive dental market. Obtaining a DMD degree was not enough. My education and personal development would not be complete without prosthodontics training and people I have had an honor to work and grow alongside.



While in residency, I surrounded myself with top-notch prosthodontists whose leadership and knowledge I admired and wished to emulate. My prosthodontics program director, Dr. John Agar, stands out in that regard. He is a trailblazer. Having a unique leadership style, he would almost effortlessly have residents assume additional responsibilities. Dr. Agar would empower us to find our niche and would lift us up to “give our all” and “gain the most out of our training”. Our training included traditional fixed and removable prosthodontics, surgical and restorative implant treatments, and the use of CAD/CAM systems. The way we interfaced with the newest dental technology was a big part of my training. Additionally, we would get involved in our local community by promoting National Prosthodontics Awareness Week at our hospital and local senior centers.

As highly trained specialists, we are leaders. We are not only business leaders in our local communities but also globally in education and research. Prosthodontists contribute to their local economies by growing their practices and creating jobs. Last year, as part of NPAW, my wonderful staff and I visited local Colorado senior centers and educated residents on oral health and our specialty. I also joined a business group called Springs Best, an organization of reputable

local small businesses. Here, we discuss pertinent local economic issues and are currently interviewing mayoral candidates. We are business leaders who care about our community and our patients and customers.

I couldn't be more proud of the quality of our prosthodontics meetings. I even invited my best friend from dental school, now a general practitioner, to attend the 2014 ACP meeting. We both loved the lectures and then enjoyed discussing them. I recommend this to all of our colleagues as it is a great way to build relationships within referral networks.

Prosthodontics has so much to offer to each and every one of us and the sky is the limit. I am so humbled to play a small part of our wonderful specialty and follow in the footsteps of the giants. ■



Above: As part of NPAW, Dr. Funtik presents a lecture on oral health to seniors in Colorado Springs.

Right: Fellow prosthodontist Dr. Art Post and his wife Shim Post were attending Dr. Funtik's presentation and joining in discussion on dental implants.



November 6-7, 2015

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Just another “zero”?!

Lily T. Garcia,
DDS, MS, FACP
Vice Chair, ACP Education Foundation

The ACPEF began with a simple vision – to create a sister organization to the ACP that works to envision our collective future and seeks the means to help grow, sustain, and drive the future of prosthodontics. To that end, all of us benefit as prosthodontists.

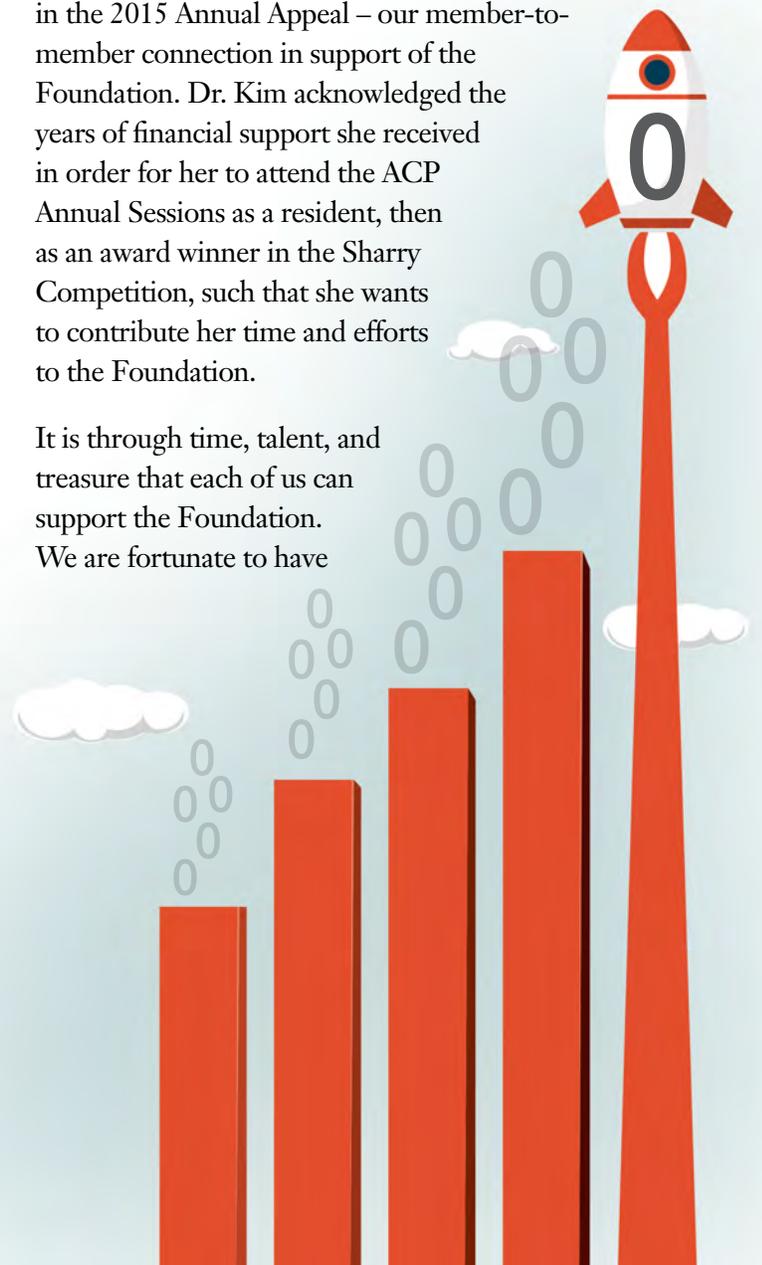
If, and I emphasize “if” we stay the course and continue to show commitment and passion for our specialty, our endowment could surpass the \$4 million high-water mark by year-end 2015.

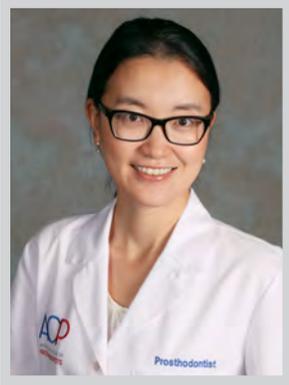
Simply stated, the Foundation’s endowment has grown by another “zero”. Visionary leadership over a decade ago set out to make the case about our bright future in prosthodontics. When you consider that the initial corpus totaled approximately \$400,000 – and is now valued at just shy of \$4,000,000, after merely ten years, this is amazing. This is a phenomenal achievement for the individuals who showed the foresight and commitment to form our Foundation. Our corporate colleagues have shown historic commitments and we thank them for their visionary support. We want to celebrate but our work continues. It is now our turn, as members, to invest in our specialty.

Some may ask how the endowment supports the specialty and the reply is... we are investing in our future through educational support and research. Our residents have brought tremendous energy and optimism into our future. They are supported in their education and experiences not only through attendance at the ACP Annual Session, but also through other programs that help them connect into our network of members – prosthodontists in private practice, academic institutions, and federal services.

The ACPEF helps support research through our Prosthodontist Innovator Award and the John J. Sharry Research Competition. Take as an example Dr. Aram Kim, who was the 2014 Sharry Award winner; she expressed her gratitude by volunteering to serve with Dr. Alvin Wee and Dr. Mark Hutten in the 2015 Annual Appeal – our member-to-member connection in support of the Foundation. Dr. Kim acknowledged the years of financial support she received in order for her to attend the ACP Annual Sessions as a resident, then as an award winner in the Sharry Competition, such that she wants to contribute her time and efforts to the Foundation.

It is through time, talent, and treasure that each of us can support the Foundation. We are fortunate to have





Dr. Aram Kim

colleagues and friends from the dental industry who believe in our future. They have made great commitments with their time, such as service on the ACPEF Board of Directors, and have modeled the way for our members to see their high level funding commitments

to the ACP and ACPEF. We are grateful for their contributions but can only sustain long-term growth through investments in our Foundation.

“As a company committed to science, education and research, it is an honor to collaborate with an organization such as the ACPEF,” said Scott Root, President of DENTSPLY Implants, North America. “By supporting their focus and commitment to the future of prosthodontics, we believe it will lend to the overall continued success of optimized patient care.”

Please keep the ACPEF on your list for donations. Everyone who has invested in the Foundation over the last ten years is a part of that “zero”, which has come to mean something incredible. It’s not only “one more zero” – “another zero” has come to represent an amazing investment for our future in prosthodontics. ■

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Controversies & Innovations in Orlando

Jonathan Zamzok,
DMD, FACP
Program Chair

As prosthodontists, we thrive on controversy and innovation. Those are the forces that drive the growth of our discipline. The ACP's 45th Annual Session is aptly entitled **Controversies and Innovations in Prosthodontics: Exploring Biologic and Technologic Principles**.

Over the course of the four-day program, Oct. 21-24 in Orlando, a group of exceptional clinicians and researchers will challenge conventional wisdom, explore new concepts in biology, and present the latest research. The intention is to take us out of our comfort zone, make us think differently, and ultimately change the way we treat our patients. Speakers will provide informed perspectives on the game-changing possibilities as well as the limitations of the newest innovations.

The scientific session begins Wednesday afternoon with **Updates in Prosthodontics**. Topics include the updates on cutting edge technology and research relevant to implant design, adhesives, complete dentures, maxillofacial prosthodontics, and restoration of non-vital teeth.

Thursday morning is focused on the question of **Preservation vs. Replacement**. The presenters will discuss the critical decision-making process when choosing between surgical and restorative alternatives in the esthetic zone. We must understand the risks and benefits of both the surgical and restorative approaches. In the afternoon, we will take an in-depth look at **The Prosthodontist's Role Revisited**. With more prosthodontists performing implant-related surgery and training the next generation, we need to have a clear understanding of our responsibilities and limits. We will attempt to more accurately define the educational and clinical parameters of surgical prosthodontics.

Our meeting will be held at the Renaissance Orlando at SeaWorld. It is a great venue for a meeting, and it's also a family-friendly destination with an on-site water park and the Marriott Grande Pines golf club less than a mile away.





We are all expected to continually grow as professionals and it is a hallmark of our specialty to lead the way. By focusing on controversy and innovation, the ACP's 45th Annual Session will challenge us to look at prosthodontics with a fresh perspective, separate the myths from the truths, and chart a clear path through the rapidly changing landscape of technology.

In the next issue of the *ACP Messenger*, we will take a closer look at the Friday and Saturday programs. ■

**Registration opens in May at acp45.com.
Join us in Orlando, Oct. 21-24!**

Wednesday, Oct. 21

Updates in Prosthodontics

Update on Dentin/Enamel Adhesives
Edward J. Swift Jr., DMD, MS

Updates in Maxillofacial Prosthodontics through Advanced Digital Technology
Robert M. Taft, DDS, MS, BA, FACP
Gerald T. Grant, DMD, MS, FACP

Complete Dentures Update: Materials, Techniques, and Concepts
Frank R. Lauciello, DDS, FACP

Current Concepts in Implant Design and Surfaces
Christian F.J. Stappert, DDS, MS, PhD

The Restoration of Non-Vital Teeth: Update on the Structural Characteristics and Treatment
Nadim Z. Baba, DMD, MSD, FACP

Thursday, Oct. 22

Preservation vs. Replacement

When to Save a Tooth or Extract and Place an Implant: Where Are We Today?
Dennis P. Tarnow, DDS

When and How to Save an Ailing Implant
Frank Schwarz, DMD

The Essential "Pink" Interface Part 1: A Surgical Perspective
Craig M. Misch, DDS, MDS

The Essential "Pink" Interface Part 2: The Restorative Alternatives
David Garber, DMD and Guilherme Cabral, DDS, CDT

Treatment Considerations for the Elderly: Prosthodontics for the Old and Very Old
Frauke Müller, ProfDrMedDent

A Skeptic's Guide to Clinical Protocols
Michael Glick, DMD

The Prosthodontist's Role Revisited

The Surgically Trained Prosthodontist: What Are the Possibilities?
Hans-Peter Weber, DMD

The Surgically Trained Prosthodontist: What Are the Limitations of Self-Directed Learning?
Thomas J. McGarry, DDS, FACP

The Future of Prosthodontics: Is Dentistry Facing the Perfect Storm?
Christian Stohler, DMD, DrMedDent

Immediate Loading of the Partially Edentulous Arch: Chances, Risk, and Management
Christoph Hämmerle, ProfDrMedDent

Prosthodontic Strategies for Peri-Implant Tissue Maintenance of Immediate Socket Implants in the Esthetic Zone
Stephen J. Chu, DMD, MSD, CDT



The business of private practice begins with PR skills

Victoria A. Vickers,
DDS

While prosthodontists play a key role in overall oral health, much of the general public is unfamiliar with the specialty. This can make it difficult for prosthodontists to gain momentum with a new private practice.

To help educate the public about the specialty, the American College of Prosthodontists formed a Spokespersons Network. The network is comprised of ACP members who help amplify the message of what prosthodontists do through media outlets and public speaking opportunities.

The ACP spokespersons training course provides valuable tools to help prosthodontists promote their private practice in their communities along with lifelong media and public relations skills to raise overall awareness of the specialty. Becoming a spokesperson also quickly raises a prosthodontist's profile and offers a way to engage and groom future ACP leaders.

"The training we received empowers us to better represent our specialty and inform the public about the transformational work that we do," said Dr. Elaine Torres-Melendez, a prosthodontist in private practice in Yardley, PA. "I wish I had taken this course earlier in my career."

"The training has value not only in a grassroots sense of getting the word out for what a prosthodontist is and does, but it also positions prosthodontists as go-to local sources for reporters seeking interviews about oral health issues or digital dentistry," said ACP President Dr. Frank J. Tuminelli. "In 2014, there were 11,041 media mentions of prosthodontist(s)

and prosthodontic(s) in the news, per Cision. This compares to 867 media mentions in 2011—just a few years ago. Personally, I do more PR now and am better at getting identified in the press as a prosthodontist after taking this training—it's PR skills for life."

The ACP Spokespersons Network training gives prosthodontists consumer-friendly language to explain their work while also helping establish trust and credibility among patients. Additionally, the training can help with community outreach to inform local general dentists about how prosthodontists fit into a patient's overall treatment team.

"It takes a while to get a private practice going, particularly when you are in a new town or buying a practice or even starting one from scratch," said Dr. Stewart "Whit" Pharr of Austin, who is entering his 2nd year in private practice. "It's a new mindset. I'm using PR skills to proactively build my business, promote my practice, and also raise awareness that prosthodontists can improve patient outcomes."

Prosthodontists who underwent the training said it gave them the language and data to answer patients' questions and prepare for media interviews.

"Before being interviewed by media outlets, I received the nuts and bolts of what was important



and how to focus the message,” said Dr. Caroline Eskow, who maintains a private practice in Fairfax, VA.

Dr. Jason Roe, pictured above, a Dallas-based prosthodontist who set up a private practice one year ago, received network training and then created a consumer-focused video linked from his business website.

“The training helped me confidently speak about our profession on camera,” Dr. Roe said. “I hope this will encourage other prosthodontists to utilize video and media marketing to educate the public about the benefits of working with a prosthodontist to achieve healthy and confident smiles.”

ACP’s Spokespersons Network is an opportunity to “promote the specialty with peers, public, patients, and media,” said New York City-based prosthodontist Dr. Robert Rawdin. “It’s a new mindset.”

ACP’s 2015 Spokespersons Network training participants receive professional media training, public relations skills, a hot topic video, and headshots. The fee is \$722 (for training with a market value of \$7,500 - \$10,000). The next course is Oct. 21-22 in Orlando during the Annual Session. ■

For more information and to apply, visit GoToAPro.org/pr/spokespersons.

Annual Session Opportunities



Transitioning into Private Practice

If the end of your residency is near, take a bow - and then take a walk to the Transitioning into Private Practice workshop, which returns by popular demand on Saturday, Oct. 24. Experienced practitioners and professionals will get you ready for private practice, from selecting office equipment and technology to choosing where to locate..



Sharry Awards: Call for Abstracts

The 2015 John J. Sharry Prosthodontic Research Competition will be held on Oct. 23 at the ACP Annual Session in Orlando. Sponsored by the ACP Education Foundation, the Prosthodontic Research Competition is held to stimulate and acknowledge original research in prosthodontics by students.

Abstracts are due by June 1. Visit acp45.com for submission guidelines.

In the Latest *Journal of Prosthodontics*



In the current issue of the *Journal of Prosthodontics*, Drs. Gary Goldstein (pictured), Shanker Iyer, Phuong Doan, and Sandra Scibetta report the results of a retrospective study comparing computed tomography (CT) imaging to routine dental periapical radiographs in diagnosing radiolucencies around endodontically treated teeth.

Patients who have had root canal therapy may have recurrent symptoms, even though dental periapical radiographs show resolution of periapical pathology and a successful obturation of the canals. The authors suspected that periapical radiographs might not reveal periapical radiolucencies that persist long after the completion of endodontic therapy. Because the periapical radiograph is a 2D representation of the area in question, occult lesions could be present. CT is 3D, and may reveal lesions not apparent on the dental radiograph.

Dr. Goldstein et al state that if this is the case, “It may prove that CT scans are an adjunctive tool in diagnosis and treatment planning.”

The authors evaluated 140 CT scans for the presence of radiolucencies. These were compared to the existing radiographs, to determine if radiolucencies detected on the CT scans were visible on the radiographs, or vice versa. The results for the population studied show that the CT scan had a greater ability to show radiolucencies not evident on periapical radiographs

The authors caution that radiolucencies do not always indicate pathology. While some of the lesions found in this population correlated with clinical manifestations requiring treatment, many did not. A protocol to initiate a study on this issue is underway.

Citation: Goldstein GR, Iyer S Doan PD, et al: Detection of radiolucencies around endodontically treated teeth on routine CT scans. J Prosthodont. doi: 10.1111/jopr.12219



ACP Trio Recognized with ADEA Citations

During the 2015 ADEA Annual Session, three members of the prosthodontic community were recognized for significant contributions to the world of dental education:

- Ms. Nancy Deal Chandler, Executive Director, ACP & ACP Education Foundation
- Dr. Carol Lefebvre, Dean, Georgia Regents University College of Dental Medicine
- Dr. Sharon Siegel, Professor, NOVA Southeastern University College of Dental Medicine



“One of the privileges that come with being the Chair of the Board of Directors in the American Dental Education Association is the opportunity to acknowledge and select a group of individuals for their exceptional service in dental education,” said Dr. Lily Garcia, ACP Past President. “I am so pleased and honored to facilitate this recognition of our colleagues from prosthodontics in this manner!”



The ACP congratulates all three recipients on their outstanding service, leadership, and contributions to dental education.

Upcoming Events

Prosthodontic Review Course
San Francisco
Sept. 12-13, 2015
Prosthodontics.org

45th Annual Session
Orlando
Oct. 21-24, 2015
acp45.com





Harness the Power of Digital Dentistry

With a capacity crowd of more than 90 attendees, the ACP's 2015 Digital Dentistry Symposium was an overwhelming success. Held in Chicago on Feb. 23-24, the symposium showcased state-of-the-art digital solutions for the treatment of restorative patients, including best practices and actual clinical workflows. Attendees included prosthodontists, dental technicians, and general dentists.

"This symposium showed that prosthodontists are taking a leadership position in the field of digital dentistry," said Dr. Frank Tuminelli, ACP President. "Through these digital treatment technologies, we can realize significantly improved experiences and provide superior care for our patients."

Thanks to Henry Schein, Ivoclar Vivadent, Nobel Biocare, and DENTSPLY Implants of North America for their sponsorship of the symposium.

ACP Student Member to Receive NGS Award



The Northeastern Gnathological Society has announced that Dr. Natalie Baker, an ACP student member from the University of Illinois at Chicago, will be the recipient of the 2015 Granger Pruden Scholarship Award. The title of her research is *Characterization and Biocompatibility of*

Transparent Nanotubes on Hybrid Ti/ZrO₂. Her research paper will be available to review online at the NGS website: http://ngsorg.org/Granger_Pruden_Award.html

Dr. Baker will receive the \$2,500 scholarship award at the 2015 NGS Spring meeting on Friday, May 8.

ANNOUNCEMENTS

Welcome New Members

January 2015-February 2015

New Advanced Program and Graduate Student Alliance Member

Dr. Robert G. Holmes

New Dental Technician Alliance Member

Mr. Teruki "Luke" Hasegawa

Reinstated Fellows

Dr. David L. Bell, Jr.
Dr. Curtis Dailey
Dr. Susana G. Kulangara
Dr. Hanadi A. Rebeeah

Reinstated International Fellow

Dr. Youssef Suliman Al Jabbari

Reinstated Members

Dr. Nily Abramovitz
Dr. Alex Chung
Dr. Tamer A. El-Gendy
Dr. Mollie E. Griswold
Dr. Richard Dean McNeel
Dr. Felix O. Springfield
Dr. Hung Hsiang Tso

New Predoctoral Alliance Members

Ms. Henna Abbasi
Mr. Zaid Abed
Mr. Tarek Abourass
Ms. Olubanwo O. Adediji
Ms. Hannah W. Afwerke
Ms. Naheed Ahmad
Mr. Mustafa Al Obaidi
Mr. Haider Aljewarie
Mr. Sulaiman Alshaar
Mr. Eric C. Bailey
Ms. Molly Bell
Mr. Daniel L. Bernstein
Mr. Spencer Blackham
Ms. Carolina A. Boege
Ms. Marinee Cabrera
Mr. Yale D. Cho

Ms. Samantha C. Cordell
Ms. Kirsten T. Frazier
Ms. Reihaneh S. Ghoreishi
Mr. Gilbert T. Guajardo
Ms. Kristine L. Guliana
Ms. Cindy J. Hacker
Mr. Michael W. Hansen
Ms. Rebecca Hasan
Ms. Christine D. Howell
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Mr. Sameer Kapil
Ms. Theresa Karras
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Mr. Steven K. Kim
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Ms. Sara X. Liu
Ms. Katrina P. Lo
Ms. Tanya Sue Maestas
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Ms. Janna L. Mitsos
Mr. Thulficar Mohammed
Ms. Jamie Molina
Mr. Alex L. Nye
Ms. Samar N. Odeh
Ms. Priyanka Nehal Pandya
Ms. Aena Y. Patel
Ms. Priya H. Patel
Ms. Giana Paterno
Ms. Mariah T. Pewarski
Mr. Douglas A. Porr
Ms. Jacqueline M. Rodriguez
Mr. Daniel Rosales
Ms. Melinda J. Rosen
Mr. Waseem M. Taraji
Ms. Ramya R. Vennela
Ms. Monika M. Waclaw
Ms. Anna Zborek
Ms. Jelena Zivkovic
Ms. Tabitha Dunham

New Resident/Graduate Student Members

Dr. Jesse S. Kane
Dr. Yuko Otsubo

Job Opportunities

Arizona (A.T. Still University of Health Sciences)- Arizona School of Dentistry and Oral Health is presently conducting a search for a full-time assistant director in the Department of Prosthodontics. Major responsibilities include: preclinical and clinical teaching of fixed, removable, and implant prosthodontics at the pre-doctoral level. Faculty rank commensurate with teaching experience.

Applicants must have: DDS/DMD from an ADA-accredited dental school, and by the time of appointment, a Master's Degree or Certificate in Prosthodontics from an ADA-accredited dental school.

Qualifications include: Clinical experience via private, military, or institutional practice; board certification; and teaching experience. ASDOH seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

Salary is commensurate with experience and qualifications with a full benefits package.

Arizona School of Dentistry and Oral Health was Arizona's first dental school. ASDOH began addressing the nation's oral healthcare needs in 2003. ASDOH seeks dentists who aspire to become high-quality, community-minded leaders and educators.

Applicants must submit: letter of interest, CV, three letters of recommendation and the names of three references via e-mail to tohraz@atsu.edu.

For questions regarding this position please contact Dr. Tamer El-Gendy at telgendy@atsu.edu.

Online application can be found at www.atsu.edu/contact/jobs/display.asp

A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual orientation, age, disability, or veteran status in admission to or access to, or treatment or employment in its programs and activities. Harassment and retaliation are forms of discrimination prohibited by the university.

Illinois, Wisconsin, and Indiana -

Eon Clinics, a Premier All-In-One Dental Implant Center with multiple centers located in Illinois, Wisconsin, and Indiana is seeking a Prosthodontist (graduate of an ADA accredited prosthodontist program), to join our team. We offer state of the art technology and facilities: On site ICAT, dental laboratory and technicians, surgical suites, restorative offices, consultation rooms, and an experienced support staff. Find out more about us at www.eondentalimplants.com. Please send your current CV directly to drsharma@eonclinics.com.

Louisiana (Louisiana State University) -

The Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry in New Orleans seeks nominations and applications for the position of Chair, Department of Prosthodontics. The position is full-time / tenure track at the associate or full professor level and is available summer of 2015. The School of Dentistry seeks candidates whose experience, teaching, research, and service has prepared them to contribute to our commitment to diversity and excellence in education. The Chair is an integral part of the School of Dentistry's Leadership Team and will provide innovative leadership and advocacy. This position is associated with four critical areas of responsibility: pre-doctoral education, post-graduate education, scholarly activity, and research leadership. The Chair will provide vision, focus, and mentorship to further develop the department and will identify, cultivate and pursue internal and external partnerships that lead to collaborative opportunities and a research-intensive environment. Other duties will include administrative responsibilities such as departmental planning and budgeting, staffing and supervision, and departmental representation to the School of Dentistry, the Center of Excellence in Oral and Craniofacial Biology, the Health Sciences Center and the community. This position reports to the Dean of the School of Dentistry. Academic appointment and salary will be commensurate with training

and experience. The successful candidate will have the opportunity to participate in the school's Faculty Dental Practice.

Candidates must possess highly developed academic leadership skills and outstanding academic credentials that include an established record of scholarly productivity and academic experience. Applicants must have a D.D.S. / D.M.D. degree or equivalent and completion of an ADA-accredited advanced education program in Prosthodontics. Certification by the American Board of Prosthodontics is required. An established history of extramural research funding, familiarity with inter- and intra-disciplinary patient care, and an advanced degree are highly desirable qualifications. Applicants should have demonstrated a commitment to and knowledge of equal employment opportunity and affirmative action.

Interested applicants should submit a letter of interest, a statement of teaching and research interests, and curriculum vitae, along with the name, address, and contact information of three references. Application materials can be sent electronically to Lynn Pittman (Lpitt1@lsuhsc.edu). Screening of applicants will begin immediately and continue until the position is filled.

All correspondence should be addressed to:

Dr. Gerald H. Evans
Chair, Search Committee
Head of Prosthodontics
LSUHSC- School of Dentistry
1100 Florida Avenue, Box 138
New Orleans, LA 70119-2799
gevans@lsuhsc.edu

LSUHSC is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

Michigan (Oakland County) -

Practice opportunity leading to full partnership in a well-established multi-practitioner prosthodontic practice located in Oakland County, Michigan. Fee for service practice: fixed, removable, implant prosthodontics and maxillofacial prosthetics. Full staff including two

technicians and 8 operatories. American Board of Prosthodontics certification preferred. Confidential email inquiries to: PicMichigan@comcast.net

New Jersey (Southern New Jersey) -
Board Certified Prosthodontist seeking associate with buy in opportunity, in Southern New Jersey. Well established (35 years), fee for service, fixed, removable, implant prosthodontics and maxillofacial prosthetics. 7 ops over two locations. In house denture lab. Strong referral based practice. Digital radiographs and digital pan. Hygienist. Email sjprosto@yahoo.com

New York (East Amherst) -
Partner with and take over for one of the best in the business. Amazing opportunity in East Amherst, NY. Fee for service. Excellent relationships. Tremendous referral network. Contact Lori 716-689-6300 for details.

Texas (Austin & Dallas) -
Board certified Prosthodontist is seeking a motivated associate to join our practice with purchase options being available in the future. We offer state of the art technology and facilities: Modern office with fully equipped removable and fixed in-office labs, digital radiography, cone beam CT scan and great support staff. Email BCPDallas@yahoo.com.

Texas (Dallas/Fort Worth) -
Dallas/Fort Worth traditional fee for service prosthodontic dental practice is seeking a prosthodontist to join this successful practice. Opportunity for equity in the near future. Seller desires Board certified or Board eligible practitioner wanting a single location, community oriented private practice. Ideal candidate will have private practice experience. Please send CV and an introductory letter to Info@lewishealth.com.

Vermont (Brattleboro) -
1st Advantage Dental is an established multi-specialty group practice with locations in New York, Massachusetts, and Vermont. Whether it's the Capital District of New York or the beautiful Pioneer Valley of Vermont, we are committed to providing the best possible oral health care to our patients. We are interested in speaking with candidates interested in joining our Brattleboro, VT practice. Send CV & Cover Letter to kateanderson@amdpi.com

Virginia (Fairfax) -
A full service implant practice with fully digital In-House lab is looking for a master lab technician with the following qualifications:

(Master ceramist; Complete understanding of Digital workflow; Complete knowledge of open source laboratory scanner and table top five access milling machine; International training, including Europe and Japan, is acceptable; Minimum of 5 years' experience with implant cases is required; Degree from one of the reputable dental lab schools is required.)

Assistance with relocation and work visa will be considered. Health insurance will be provided. Please send all inquiries, CV, and an introductory letter to: implantsnorthernvirginia@gmail.com

Virginia (Fairfax) -
State of the art practice limited to implant dentistry seeks a highly qualified prosthodontist to join our team of oral surgeons and periodontists. Our practice is located in the Washington DC suburbs of Northern Virginia.

Practice profile: Our practice has the latest dental and surgical technologies and complete digital workflow: CBCT, Intra oral and tabletop dental scanners, five access milling machine. We offer a complete understanding of different implant overdenture solutions and a state of the art In-House lab with master technician.

Qualifications and Education
Requirements: Board Certified or Board

Eligible Prosthodontist; Complete understanding of immediate load for full arch and esthetic zone cases; Complete understanding of different implant overdenture solutions; Surgical skill for different aspects of implant surgery or being dual trained in Perio and Prosthodontics is a big plus.

Candidate should be able to start practicing by June 1, 2015. All interested applicants, please send all inquiries, CV, and an introductory letter to: implantsnorthernvirginia@gmail.com

Practices for Sale

Arizona (Tucson) -
Well established and respected prosthodontic practice for sale. Great setting and view of the Catalina Mountains. Board Certified Prosthodontist with over 30 years private practice experience is willing to assist with transition if desired. Small staff, low stress, fee for service practice since 1993. All phases of prosthodontics, with emphasis on dental implants. There are only 3 other Prosthodontists in all of Southern Arizona. Why wait until you retire to enjoy the sun, scenery, and great weather in the Desert Southwest? Please email pedigob8@aol.com and the doctor will call you back.

California (Napa) -
Prosthodontic practice established in 1985 occupies 1712 sq ft with 4 fully equipped operatories and on-site full service removable prosthetics lab. Collections just under 1 million on a 3 day work week with 2 days of hygiene per week. Contact Tim Giroux at 530-218-8968 or wps@succeed.net

Florida (Jacksonville) -
Well-established and respected prosthodontic practice seeking experienced prosthodontist to buy part or all of 20+ year old Implant focused practice in beautiful north Florida. Well-known in the community with long-term successful

referral network. State of the art equipment with CT Scanner and in-house lab with over \$1.5M in collections. Owner/doctor will work as needed for smooth transition. For details on this great opportunity, please email northflapros@aol.com.

Maryland (Chevy Chase) -

Well established high end prosthodontic practice for sale in prestigious area outside of Washington, DC. - 1500 sq. ft with 4 fully equipped treatment rooms-all fee for service-dentist will stay on for transition - Call Bill Karpa at Karpa Dental Brokerage - (301) 233-1814.

Massachusetts (Merrimack Valley) -

A Board Certified prosthodontist's 20 year old practice for sale. A beautiful 2 operatory (plumbed for 3) office in the Merrimack Valley of Massachusetts. Income averages over \$350,000/year on 2 days/week. A perfect opportunity for a young prosthodontist. Serious inquiries only. Email cohobalou@aol.com

Nevada (Reno) -

Well-established and very busy General and Prosthetic practice for sale. Grossing over 1.44 Million in 2014. Features a large, spacious on-site lab, 2 FT Lab Techs, 5 operatories, 3 Dentists, and an Oral Surgeon with a large referral base. Call 775-856-3858 for more details.

Oklahoma (Tulsa) -

Well established prosthodontic practice for sale. High quality care with emphasis on full arch implant restorations, complex fixed, removable and some maxillofacial. Fully equipped ceramics/removable lab. Lab tech will stay with practice if desired. Excellent referral base. Office is located in medical building on large hospital campus. All dental specialties are represented in the building along with 11 general dentists and 30+ physicians. Best professional location in Tulsa. Will be accepting full time faculty position August 2015 so I am motivated to sell. Inquiries to: drpaulwilkes@tulsacoxmail.com

Texas (Northwest Houston) -

Established Prosthodontic practice located in high growth area of Northwest Houston. The stand alone building provides a visible location along a major thoroughfare and includes 3,200 square feet of office space, 5 fully equipped operatories, and an on-site lab. Procedures performed by the seller and offered through the practice include hygiene services, crown and bridge, dentures and partials, All-on-4 implant prostheses, fixed and removable implant treatment, full mouth reconstruction and general dentistry restorative procedures. Annual revenues are consistently near \$800K with very strong after debt service cash flow. Seller is phasing into retirement and is open to work as an associate during an extended transition after closing. The real estate is also available for purchase. Asking \$600,000 (#H251) McLerran & Associates - Houston dental-sales.com (281) 362-1707 houstoneasttx@dental-sales.com

Virginia (Northern Virginia) -

Great opportunity to own a well-established practice in a state of the art facility. All fee for service, \$1 million+, 4 treatment rooms. Dentist to stay on through transition. Please call 678-482-7305 or email info@southeasttransitions.com for details using Listing ID VA-1022.

Washington (Puget Sound Basin) -

Immaculate, well established and respected practice specializing in dentures; crown & bridge; implants and veneers. Also featuring custom restorations. The facility features four equipped operatories with potential for one or two additional. This beautiful office is approximately 2,300 square feet with an additional 300 square feet in conference room. Excellent parking at this Class A facility located in an urban setting near I-5. The office features digital radiography, digital pan, intra oral cams, lasers and electric handpieces. Operatories are fully computerized. Practice collections were \$1,326,000 for 2013 and on pace

for similar 2014. Exceptional geographic location. No contracted insurance. Email Jennifer@cpa4dds.com

Washington (Seattle) -

OPPORTUNITY TO LIVE AND PRACTICE IN THE BEAUTIFUL PACIFIC NORTHWEST.

PROSTHODONTIC PRACTICE for sale in the greater Seattle area. Outstanding practice with high gross & high net. Building is in a great location with plenty of parking and visibility. Building could eventually be for sale to prospective buyer. Experienced staff will stay on with the practice. Owner would stay on 1-2 days per week for up to a year to ensure a smooth and complete transition.

Contact: Buck Reasor, DMD
Reasor Professional Dental Services
503-680-4366
info@reasorprofessional.com

Washington D.C. -

Practice for Sale: State-of-the-art specialty practice. CBCT, Dentrax, ALL DIGITAL OFFICE, PELTON AND CRANE equipment, 2,300 sq ft. Prosthodontist that also places implants best candidate. Tremendous growth potential. Serious inquiries only. Kept confidential. Email contact information: tkristalis@aol.com

Services Available

Offering Manuscript Preparation Help

Experienced clinical/academic BC prosthodontist willing to assist non-native English speaking authors/researchers in delivering publication-worthy manuscripts. 20+ year history of writing, editing, publishing manuscripts in peer-reviewed journals. \$250 per hour; length of time depends on the quality of the original manuscript. Contact dentalauthor@gmail.com

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Moreover, with an open-minded approach, we partner with our customers and offer services that go beyond products, such as educational opportunities and practice development programs.

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Comprehensive solutions for all phases of implant dentistry



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** According to survey prepared by Cornerstone Research & Marketing, Inc. August 2014.
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