Richard E. Jones, DDS, MSD, has been nominated as the ACP representative of the American Dental Association’s (ADA’s) Continuing Education Recognition Program (CERP) Committee. Dr. Jones works full-time in a private practice in Munster, Indiana, which is limited to Prosthodontics and Maxillofacial Prosthetics. He has lectured for nearly 25 years at Indiana University Dental School. Currently, Dr. Jones is in his sixth year on the ACP Board of Directors, and is serving as the ACP Treasurer for 2000. He is past president of ACP’s Indiana Section, and holds membership in numerous other dental organizations including the American Dental Association; Academy of Osseointegration; Academy of Fixed Prosthodontics; American Academy of Maxillofacial Prosthetics; International College of Prosthodontists; American Prosthodontic Society and the John E. Johnston Society.

The ACP CERP Committee is operated by the ADA Council on Dental Education and Licensure to evaluate and approve institutions and organizations that provide continuing dental education programs. Dr. Jones’ background and interest in dental education makes him a valuable contributor to the ACP CERP Committee. He is an active member on the ADA Joint Commission on National Dental Examinations, the agency responsible for the development and administration of the National Board Dental Examination, and Chairman of the Indiana Dental Association Peer Review Committee. “I look forward to this opportunity to encourage continuing education programs,” proclaimed Dr. Jones.

Dr. Jones earned his DDS, MSD and BA degree from Indiana University, as well as a certificate in Prosthodontics-Maxillofacial Prosthetics.

Richard E. Jones, DDS, MSD, Nominated to ADA’s CERP Committee
**President's Report**

The American College of Prosthodontists (ACP) represents 2,600 prosthodontists/prosthodontic residents. This is about only 70 percent of the trained prosthodontists who are eligible for membership. This is the lowest percentage for all dental specialties.

Why is this so? Unlike other specialties, prosthodontists are faced with numerous membership opportunities in multiple organizations. For whatever reason, some prosthodontists have bypassed the ACP, and joined smaller geographic or limited focus prosthodontic organizations. This is problematic for the specialty of prosthodontics.

The ACP, which is the ADA-recognized representative of the specialty, needs the support of these individuals. If you are reading this, you are most likely an ACP member in good standing. Thank you for your support of our specialty organization.

What can be done to bring in the remaining prosthodontists? The ACP will be conducting its annual promotion of membership. The names of eligible prosthodontists will be sent to state section presidents for contact within the section. Our effort, ultimately, will only be successful through personal contact. Each of you know a prosthodontist that you trained with, met at a local dental society meeting or perhaps is practicing as an associate in your practice. We need your help in reaching out to these people.

Most of these prosthodontists are not even aware of what has happened within our specialty in the last few years, or the important role that the ACP plays in representing their interests.

As you know, the ACP provides educational opportunities at its annual session, including outstanding scientific presentations, an all-day seminar for private practitioners, an all-day session on preparation for board certification, as well as a place for graduate prosthodontic and predoctoral educators to discuss key issues. Other valuable benefits of an ACP membership include the Journal of Prosthodontics and the Messenger.

The ACP continues to promote and market the specialty of prosthodontics, as well as broadening its relationship with corporate partners, such as Procter & Gamble, Colgate and Ivoclar.

The most important and somewhat intangible benefit, however, is the representation of prosthodontists at the national level. The ACP regularly communicates and interacts with the ADA Council on Dental Education and Licensure and the Commission on Dental Accreditation on issues that affect prosthodontics. We are actively involved in the accreditation process. We meet regularly with the other dental specialty organizations to discuss and share similar problems. In a critically important current project, Dr. Thomas Taylor, the ACP's Immediate Past President, is coordinating documentation to the ADA in regard to the continued recognition of the specialty of prosthodontics.

There is a saying that there is "strength in numbers." This is clearly relevant to our present situation, and we need your help. We need the support of all prosthodontists for the ACP to be maximally effective. Call a friend who is no longer a member of the ACP. Just a telephone call or lunch with one of these individuals may go a long way.

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**Editor's Message**

by Dr. Thomas J. McGarry

Implants and the Specialty of Prosthodontics

The current tripartite group of specialties—prosthodontics, periodontics and oral and maxillofacial surgery—are doing a good job of supporting general practitioners and the public in the field of implant assisted/supported prosthodontics. Both in education and practice, these specialties are addressing the needs of the profession and the public.

However, this scenario does not preclude the need of some patients for a single-source, specialty level provider in the field of implant-assisted dentistry. These patients' needs, whether medical, financial, or personal would be best served with a prosthodontist being the single-source specialist provider.

Prosthodontists are not only the end-user of implants, but are the practitioners responsible for the diagnosis and final treatment of either complete or partial edentulism of the patient. Since implants are a pre-prosthetic procedure, the prosthodontist is the logical choice to provide implant placement for those patients needing single-source therapy.

Prosthodontists provide many types of pre-prosthetic services, so including simple implant placements would be a natural extension of the scope of the specialty. In fact, a primary requirement for osseointegration, as outlined by Brånemark, is proper prosthetic loading, in order to complete the process of osseointegration.

The field of implant-assisted prosthodontics is a sub-field of the specialty of prosthodontics as it is a technique or procedure to address the primary diagnosis of complete or partial edentulism. Just as prosthodontists have utilized fixed prosthodontic procedures, removable prosthodontic procedures and maxillofacial procedures to treat complete and partial edentulism, the specialty now has the benefit of implant assistance to treat the needs of the public.

Our colleagues in the specialties of periodontics and oral and maxillofacial surgery, along with the research scientists, will continue to provide the necessary pre-prosthetic surgical assistance, when needed, to both prosthodontists and general practitioners that are treating patients with complete or partial edentulism.

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ACP Welcomes New Staff

The ACP is pleased to welcome the following new staff member to the Central Office:

Lisa Opoka, Communications Manager, comes to the College from the Power Transmission Distributors Association, where she served as Communications Specialist. Her primary responsibilities included coordination and development of membership newsletter, management of the association’s web site, coordination of all public relations and membership communications.

Lisa earned a Bachelor’s degree in Communications from the University of Illinois at Chicago.

We welcome Lisa to the College, and look forward to a long and satisfying working relationship.

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"Just The Facts" Project to Aid in Future Planning

The Public and Professional Relations Committee has begun an investigation into the referral patterns of general dentists related to prosthodontists. This priority project, approved and funded by the House of Delegates, involves the retaining of a professional market research firm, Just The Facts, Inc. “Just The Facts, Inc.” has been assigned to determine, and prioritize the reasons general dentists might refer to a prosthodontist.

The method employed involved three distinct phases. The first analyzed three prosthodontic practices that received at least 50 percent of their new patients from general dentist referrals. The three practices were geographically selected from the Northeast, the Midwest and the West. This phase has been completed.

The second phase was to hold a focus group of general dentists to gather their thoughts regarding their usage, recommendations and referrals of a prosthodontist. This phase has also been completed. The third, currently underway, is to conduct 300 telephone interviews of general dentists, selected at random, from around the country.

It is the hope of the committee that analysis of this research will provide valuable information which will be used to design the 2001 public relations plan due to be submitted to the Board of Directors in June 2000.

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**Messenger Schedule**

**Fall:**

July 2000

October 2000

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February meeting, at the Colgate research facility in New Jersey, was attended by Drs. Nimmo, McGarry, Hilsen and Mr. Ed Cronin, ACP Director of Professional Relations. Directors and other interested professionals were able to familiarize themselves with the research activities of Colgate, especially in the field of fluoride research. With candidates vying for an early decision, and a related commitment to provide services to them, significant potential exists for the continued growth of the specialty of prosthodontics.

Directors make choices in a logical manner with the independent nature of a few, who need more pressure on programs to make quick decisions from either party. The ACP Board of Directors is reviewing the entire Match process. The ACP will continue to work hard in this area to ease the pressure on programs to make quick decisions from either party.

Academy of Osseointegration—March 2000
Drs. Nimmo, McGarry, Felton and Hilsen attended the Academy of Osseointegration meeting in New Orleans in March. Significant contacts were made with several implant companies who are beginning to appreciate the importance of the American College of Prosthodontists (ACP) in the field of prosthodontics.

American Association of Endodontists—Annual Session in Hawaii
President Nimmo represented ACP at the AAE annual meeting in Hawaii, and gained some valuable insight on the endodontists’ views on implant therapy. Attending as many national meetings as possible is, and will continue to be, a major part of establishing ACP as the specialty organization representing prosthodontists.

Nobel Biocare Educational Grant
Nobel Biocare has committed $10,000 to the Classification Projects of the American College of Prosthodontists (ACP). Dr. Tom Reddy, Vice-President of Education and Training for Nobel Biocare and an ACP member, delivered the grant at the AADS meeting last year. Without the Match, it may have been the case for participation in this project by Nobel Biocare.

The match program offered both directors and candidates time to inform students and gave them the opportunity to select one another. The ACP has the opportunity to provide teaching materials to help predoctoral implant education. The role of ACP in supporting predoctoral education is growing stronger, and we must continue to work toward an endodontist’s views on implant therapy. Attending as many national meetings as possible is, and will continue to be, a major part of establishing ACP as the specialty organization representing prosthodontists.

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Introduction
As a prosthodontist, you have a greater chance of becoming disabled than you do of dying before age 65. The loss of earning power can be drastic and economically devastating.

There has been the experience of Treloar and Heisel, Inc. after many years of administering the dental programs, that most prosthodontists recognize this problem. However, it is an absolute must that you consistently review your disability coverage.

Clearly, Disability Income Insurance has become one of the most important concerns for prosthodontists who wish to create a security net not only for themselves and their families against the loss of earning power. This is extremely important to the dental specialist as Treloar and Heisel, Inc. has over 7,500 policies in force with dental specialists.

Basically, a disability plan is a contract to protect you against loss of income resulting from sickness or accident in return for a premium. All of the various features of the policy serve to define how much coverage, when benefits start and how long benefits are payable. The cost of the premium is in direct proportion to the amount of the benefit provided by the policy, and the type of policy purchased. A non-cancellable, guaranteed renewable plan with level premiums will guarantee a level premium up to age 65.

The disability insurance plan you select should have the best possible features with a benefit level sufficient for your financial needs. After that, you must decide which optional features you wish to add.

Design of a Quality Disability Income Program

Common questions asked include: “How much coverage do I need?” or “Why plan now?” These are the wrong questions. You are limited by the insurance company as to the amount you may carry, and the least expensive plan may be weak in definition and benefits at claim time.

Prosthodontists should be concerned with the following points when evaluating a disability income plan:

- **Type of Policy** - Your plan should be non-cancellable and guaranteed renewable, so you are not taking unnecessary chances. The College’s plan, Massachusetts Mutual, is non-cancellable and guaranteed renewable and gives the prosthodontist control. This term is defined as the plan can be cancelled for any reason, benefits altered or premiums increased until age 65. Treloar and Heisel, Inc. feels this feature is a must because the insurance company does not control your future.

- **Guaranteed Premiums** - Recent history of major medical and malpractice insurance indicates the tremendous importance of guaranteed premiums. Some association plans are not non-cancellable, and do not guarantee premiums. This gives the insurance company tremendous control.

- **Benefit Period** - Under a quality disability plan, benefits should be payable for an extended period and sickness up to age 65. Premium savings can result from buying plans with shorter benefit periods such as two or five years. This is never recommended unless the plan is only used to cover a loan or short-term obligation. Usually, if a disability lasts more than six years, the professional will be disabled for a long period of time. Should he/she have purchased a short benefit plan, the benefits could cease when the disability benefits would allow the professional a reasonable time in medicine today allow individuals with severe disabilities to live longer.

- **Definition of Disability** - Look for a contract that will pay a benefit even if you are able to return to work in your practice or another occupation. Most contracts today will pay a proportionate benefit in accordance with your income loss, i.e., earnings loss is 50 percent, benefit paid is 50 percent.

- **Long-Term Partial Benefits** - Provides coverage in the event of a partial disability, where the insured is able to work but suffers a loss of income. It is important that coverage is provided until age 65.

- **Cost of Living Benefits** - Cost of Living Benefits provides an inflationary increase to your policy after the insured has been disabled for one year. Since insurance companies are not providing 100 percent income replacement, it is important to have this rider for any long-term disability.

- **Future Increase Option** - Allows the prosthodontists to purchase additional insurance without evidence of insurability. This option is necessary for young prosthodontists just starting a practice. Insurance companies can usually provide insurance in your 30’s and 40’s. The insured is dependent on economic and family situation at the time of the purchase. Also, the Mass Mutual Life Insurance Company, your underwriter of your endorsed disability income plan, does have a grace period, which can be cancelled and a new grace period can be purchased. The state law also requires a change in health could prevent additional purchases of disability income insurance on a standard basis.

Other options are available to tailor your disability income policy. Treloar and Heisel, Inc. has available the additional rider for inflation of income resulting from sickness or accident in return for a premium. All of the features and benefits are the same as the basic plan, the only item that changes is the premium. The additional rider is a low cost way to provide inflation protection. A change in health could prevent additional purchases of disability income insurance on a standard basis.

The AAMP has been working with the ADA’s Coding and Classification Committee, with input from a variety of medical and dental specialties. CPT codes represent treatment descriptions of patient services, as well as corresponding, in a similar manner, to ADA’s description codes used by dentistry to designate services in dental offices.

The CPT codes are universally used for billing Medicare, Medicaid, medical PPO’s and Medicaid HMO’s. They are used when billing patients for maxillofacial prosthetic services, and should be linked with appropriate ICD9 diagnostic codes. A complete listing of the codes, and associated ICD9 diagnosis can be found on the ADA’s web page www.familiesfirst.org

To date neither AMA or HCFA have accepted our position regarding clinical overhead calculation.

The HCFA, under pressure from providers using “any physician” as the standard, has instead chosen to use a base figure using “any physician” as the standard and has asked the AMA PEAC Committee to monitor these activities.

The AAMP recognizes the support of ACP, and the Board of Directors will continue to participate in health care reform with HCFA concerning this matter, and for the financial support for AAMP representatives to attend the AAMP PEAC Committee last April. Any ACP or AAMP member who is interested in assisting the special interest groups should e-mail AAMP’s Insurance Committee Chairman Dr Barry Shifman at shipmanfla@worldnet.att.net.
**Interview with F. James Kratochvil, D.D.S.**

by Dr. Larry Over

Frank James Kratochvil, D.D.S., a retired prosthodontist specializing in the removable partial denture treatment, discusses the background and methodology behind the procedure.

**How did the I-bar, mesial occlusal rest concept for extension-based removable partial dentures originate?**

An original method was to fabricate 2X forms of partially edentulous areas with the tooth and roots entirely formed and the periodontal ligaments simulated by placing the roots in a rubber base impression material. They would then be embedded in a regular methyl methacrylate acrylic in the respective denture types of partial denture designs and were used to simulate different design principles. Eighteen inch extensions were placed on the occlusal and apical surfaces of the model, in order to register exaggerated movements of the different parts of the tooth in all directions, including torquing actions. Designs with different partial denture casting designs were placed on the model and placed under force which simulated the action in the patient’s mouth.

**Did Dr. DeVan develop the infrabulge high bar concept?**

To my knowledge, Dr. DeVan brought attention to the use of the infrabulge retaining concept. The use of the infrabulge can be found earlier on, but Dr. DeVan was a very strident exponent of its use primarily because it provided better retention aspects.

**Were you the first to advocate a mesial rest concept on extension-based removable partial dentures?**

While mesial rests were used long before my application, we were the first to advocate the mesial rest concept to provide controlled movement of the force upon the tooth exerted by the removable partial denture. We attempted to determine exactly how movement of the rest anteriorly or mesially would create a tremendous advantage to the direction, and the amount of force placed at the rotation point, as well as how to obtain the most advantageous direction of force provided by the edentulous mucosa.

Dr. Krol developed a concept for removable partial design that differed in several aspects:

- A slightly narrower, proximal plate that is arbitrarily relieved at the tooth tissue junction site. The advantage of these two modifications made for a better approximation of the design casting, but may lose much of its potential advantage because it opens up space at the tooth's tissue junction for hypertrophy of tissue and impaction of food. The narrower width tends to not brace nearly as well as a little wider, more curved proximal plate.
- The rest design is approximately the same. I do advocate the use of completely rounded ball and socket type of joints so that the partial denture moves in function, and rotates in a pure rotation fashion, and doesn’t move the tooth either laterally or anteriorly-posteriorly.
- The bar design and positioning is essentially the same for both design philosophies as well. Dr. Krol had the tendency to move the retainer farther, which I believe loses some of its retentive potential, and by lengthening the retainer it becomes more flexible and easily distorted.

**How did you develop the most advantageous treatment position?**

This is a simple and practical approach that keeps the path of the insertion at the partial, tooth and tissue at the tooth tissue junction. This is a simple and practical approach that keeps the path of the insertion at the tooth tissue junction site. The advantage of these two modifications made for a better approximation of the design casting, but may lose much of its potential advantage because it opens up space at the tooth's tissue junction for hypertrophy of tissue and impaction of food. The narrower width tends to not brace nearly as well as a little wider, more curved proximal plate.

**Do you feel research on removable partial dentures needs to be directed?**

As with so many other fields in the health sciences, you need to correlate what happens in actual clinical situations. There is a difference between controlled research projects and clinical applications. There is a tremendous difference in patient acceptance, care, and their necessary follow-ups treatment. The end result has to be the treatment or fabrication of a prosthesis, which eliminates the potential of problems as much as possible.

As with all treatment procedures, it is important to consider the prevention of any possible damage to the supporting tissues for a removable partial prosthesis. It is incumbent upon the doctor to design a prosthesis that controls as much as possible of the potential for destroying any part of the oral mechanism.

**What changes do you see in removable prosthodontics in the future?**

There will always be a tremendous need for removable partial prostheses. With the advent of implants, there has been a profound effect on methodology of our treatments. Finances will always be an integral part of patient treatment, as will time, and the patient’s resistance to surgical procedures. It is possible to perform good solid treatment in a practical, financial, and timely manner, then there will always be a place for this type of treatment.

Dr. Frank James Kratochvil's extensive dental training, from the University of Nebraska and the Navy Dental Corps, involved all aspects of prosthodontics, with a special focus on researching and investigating the use of removable partial dentures for partially edentulous patients. He began the Prosthodontic Department at the UCLA Dental School in Los Angeles, and later practiced at the Kauai Marriott Resort for over 20 years.

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**Call for Table Clinic Presentations**

The American College of Prosthodontists Annual Session
November 15-18, 2000
Hilton Waikoloa Village, Waikoloa, Ha
Table Clinics Session: Thursday, November 16 12:15 to 2:30 p.m.
Poster or Display Presentations of Research: Clinical Oral Surgery, Laboratory Techniques, and Topics of Interest
No Slide Projectors Allowed
Application Deadline: Friday, July 15, 2000
Please Contact: Michael L. Worman, DDS, MS
Department of Prosthodontics (7912)
University of Texas Health Science Center
San Antonio, TX 78229-3900
Tel. (210) 567-5700 Fax: (210) 567-6766
mansueto@uthscsa.edu

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**Kauai, Hawai—November 10-14, 2000**

AAMP/ICMP 2000 Joint Meeting in Hawaii

A joint meeting of the American Academy of Maxillofacial Prosthetics (AAMP) and the International College of Maxillofacial Prosthetics (ICMP) will be held on the island of Kauai at the Kauai Marriott Resort & Beach Club. The joint conference brings worldwide experts in the field to an incredible location for learning and professional interaction.

Kauai is one of the least developed of the Hawaiian islands, so a tropical atmosphere pervades the island. This is a great opportunity to extend your visit to Hawaii for the ACP Annual Session, and receive additional education in Maxillofacial Prosthetics from experts around the world.

Meeting topics include:

- Meeting of Implants in Oral-Facial Defects
- Modern Methods in Restoration of Congenital Defects
- Preservation of Tangible Mordable Defects
- Restoration of Maxillary Defects—Surgical vs. Prosthetic Rehabilitation
- Management of Edentulous Tissue
- Innovations in Maxillofacial Rehabilitation—Tissue Engineering

Room reservations should be made to the Kauai Marriott Resort & Beach Club directly at (800) 220-2925. For more information, contact the Joint Symposium on Maxillofacial Prosthetics—R.E.S. Seminars at (650) 272-1018.

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**PULSE OF THE MEMBERSHIP**

We want your feedback! In an attempt to check the “pulse of the membership,” the ACP periodically polls its’ membership to get your opinion on various topics related to the ACP and prosthodontics. Please take a few moments to complete this survey, and fax it back to ACP at (312) 573-6874.

Since prosthodontic treatment can be expensive and insurance re-imbursement is not usually adequate, financial considerations can play an important part in patient decision to accept a recommended treatment plan. Do you believe that financial considerations are a factor in patient decisions to begin treatment?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tr>
<td>Do you believe that more patients would begin treatment if offered a reasonable payment plan?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Do you offer your patients a payment plan for comprehensive procedures?

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Should ACP develop a patient financing plan for its members?</td>
<td>Yes</td>
<td>No</td>
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November 15-18, 2000:
Win a Free Trip to Hawaii

- Are you a current ACP member in good standing?
- Do you know a prosthodontist who is educationally qualified in prosthodontics?
- Would you like to attend the ACP Annual Session in Hawaii for FREE?

If you answered yes to the above questions, you should start talking now with colleagues, peers and anyone else you can think of who is educationally qualified in the field of prosthodontics. Their non-member colleague can own this, as well. Call ACP headquarters at (312) 573-1260, ext. 14, or visit the ACP web site at www.acponline.org.

1999 Meeting Bags Available For Purchase

The ACP 1999 annual session meeting bags are available. For only $25, all ACP members can own this attractive, black canvas bag, embroidered with the ACP 1999 annual session logo. Ideal for carrying laptops, the bags are an excellent way to show pride in your ACP membership to your peers for referring educationally qualified prosthodontists to ACP membership. They automatically be entered into a random drawing to award one member and one new member a free Hawaiian get-away. Support date will take place on August 1, 2000. Winners will be notified via telephone.

2000 Calendar of Events

May
17-22 Academy of Prosthodontics Annual Meeting, Quebec, Canada

June
20-24 American Association of Oral & Maxillofacial Surgeons
26-28 Academy of Dental Materials Annual Meeting, Chicago, IL

September
17-20 American Academy of Periodontology Annual Meeting, Honolulu, HI
24-28 American Association of Oral & Maxillofacial Surgeons

October
14-18 American Dental Association Annual Meeting, Chicago, IL
26-28 Academy of Dental Materials Annual Meeting, New Orleans, LA

November
10-14 American Academy of Maxillofacial Prosthetics/International Congress on Maxillofacial Prosthetics Joint Meeting, Kaohsiung, HI
15-18 ACP Annual Meeting, Waikoloa, HI (on the Big Island)

- Dr. I. Kenneth Adisman, Professor Emeritus of New York University College of Dentistry, died Sunday, March 5 at Memorial Sloan Kettering Hospital in Manhattan. He was 80.
- Honored by being listed in Who’s Who in the World, Who’s Who in America, and the Who’s Who in the World of Dentistry. Dr. Adisman helped design and develop the specialty of maxillofacial prosthodontics, which is the branch of dentistry that restores lost craniofacial structures due to trauma, cancer or developmental defects. His discoveries allowed millions of people to have an improved quality of life.
- Dr. Adisman’s distinguished career spanned five decades and involved him in private practice, education, research, administration, writing and editing. He was Chairman of the Editorial Council of the Journal of Prosthetic Dentistry for 10 years, and under his leadership the Journal achieved academic and financial success, making it the leading publication in prosthodontics worldwide, and one of the top publications in all of dentistry. He was also a Section editor, with a writing and editing skills that ensured the publication of valuable research and clinical reports. “Dr. Adisman had a profound influence on all those who knew and worked with him—strengthening them by example through knowledge, energy and enthusiasm, pursuit of purpose, and evidence of leadership,” said Glenn Metzler, editor of The Journal of Prosthetic Dentistry. Dr. Adisman was Chair of the International Circuit Courses, a funded organization that supported distinguished lecturers to travel around the world to share their knowledge of dentistry, and an Executive and past president of the American Board of Prosthodontics. As well as a founding president of the Greater New York Academy of Prosthodontics, the Academy of Prosthodontics and the American Academy of Maxillofacial Prosthetics.
- At NYU College of Dentistry, Dr. Adisman served as Director of Maxillofacial Prosthodontics, Director of the Advanced Education Program in Prosthodontics and finally as a Department Chair. He raised over $5 million in grants and gifts to help support his care and his oral life at NYU. His international reputation was confirmed by his worldwide lecture invitations. Dr. Adisman was a member of Omicron Kappa Upsilon, the national dental society, and has been a recipient of the University of Buffalo School of Dental Medicine, the Achievement Award from the Greater New York Academy of Prosthodontics and the Carl O. Boucher Prosthodontic Distinguished Service Award. “Dr. Adisman was a friend and mentor to numerous students and faculty members, who intuitively knew what you needed and went out of his way to deliver that need,” said Dr. Gary Goldstein, former and current Chair of the Advanced Education Program in Prosthodontics at NYU. “He took pride in his students and was dedicated to his people. He wore the prestige of his peers, junior faculty and students as a badge of honor. His demeanor and in-cessant passion for education were hallmarks of his tenure as Chief. His patients really believed they were the only patient he had. In the early 1970s, when teaching hospital futures for 28 residents at the Naval Dental School, he was asked why he did every step for every resident? He replied, ‘at least this way they will see one good denture in their career.’”

♦      ♦      ♦
The Greater New York Academy of Prosthodontics (GNYAP) elected its 2000 officers at its annual meeting (from left to right): Drs. Kenneth M. Schweitzer; Robert A. Saporito, immediate past president; Dennis Tarnow, vice president; Stanley M. Weinnot, president; Gary R. Goldstein, president-elect; Peter C. Furnari, treasurer; Dennis N. Morea, secretary; and Louis I. Rubins.

Dr. Richard F. Mascara (far right) received The Greater New York Academy of Prosthodontics (GNYAP) Achievement Award from GNYAP President Robert A. Saporito and Dr. Gerald Barrack (far left).

Carl E. Misch, DDS, MDS will serve as vice president for The American Board of Oral Implantology/Implant Dentistry in 2000. Other members the 2000 Board of Directors include: Drs. Mark V. Davis, president; Alfred L. Heller, secretary; and Dennis Tarnow, treasurer.

EMPLOYMENT OPPORTUNITIES

Honolulu, Hawaii
Two prosthodontists looking for a third to share beautiful 2,000 sq. ft. office in the heart of Honolulu. Five modern rear delivery operatories view the mountains and ocean. High quality esthetic and implant-based prosthodontic practice. Please contact Dr. Richard Courson, 1100 Ward Ave. Ste. 820; Honolulu, HI 96816; Tel: (808) 526-2444, Fax: (808) 524-6866.

Madison, Wisconsin
Associate wanted for busy prosthodontic practice. Currently, with two practitioners, the practice has been located in Madison, Wisconsin for 25 years. Madison is a town surrounded by three lakes with the University of Wisconsin at its heart, high-ranking public school system and a small town feeling free of crime and congestion.

All phases of prosthodontic dentistry are practiced, and an in-house prosthetist is a part of our team.

Interested applicants should reply with curriculum vitae to: Prosthetic Dental Associates; 2752 Marshall Court; Madison, WI 53705.

University of Iowa College of Dentistry
University of Iowa College of Dentistry is seeking candidates for positions in the Department of Prosthodontics. Major responsibilities include: pre-clinical and clinical teaching of fixed, removable and implant prosthodontics at the pre/post doctoral levels and participation in intra-mural faculty practice. Position available July 1, 2000 or after; screening begins immediately. Applicants must have DDS/DMD from an ADA-accredited dental school or foreign equivalent, and be educationally qualified for the American Board of Prosthodontics. Salary/rank/track (clinical or tenure) commensurate with qualifications/experience. Submit CV and three letters of recommendations to: Dr. Steven A. Aquilino, Professor/DEO Designate; Department of Prosthodontics, College of Dentistry; University of Iowa; Iowa City, IA 52242.

University of Iowa College of Dentistry
Full-time clinical, tenured or tenure-tracked position is available in the Division of Prosthodontics starting January 1, 2001. Responsibilities include clinical and didactic instruction in prosthodontics to pre-doctoral students. Qualifications include a DDS or DMD degree, minimum of two years of teaching experience in prosthodontics, or two years in a full-time practice limited to prosthodontics is desired. In addition, any successful tenured, tenure-track candidate will be expected to develop a strong, independent research program and should have evidence of previous research experience.

There is an opportunity for private practice or consulting one day per week. Salary will be commensurate with experience and credentials. Curriculum vitae and letter of intent should be forwarded to: Dr. Gary Cook, Chair, Search Committee; Dept. of Restorative Sciences; 2470 Moss Science Teaching Tower; 515 Delaware St. S.E., Minneapolis, MN 55455.

Applications are accepted until position is filled. The University of Minnesota is an equal opportunity educator and employer.

Salt Lake City, Utah
Prosthodontists wanted to own or lease space in the Redwood Dental Specialists building, to be constructed at the southwest corner of I-215. An endodontist, oral surgeon, orthodontist, pedodontist and periodontist are interested in the expertise of a prosthodontist. There is no prosthodontist on the west side of Salt Lake City. Call Dr. Gerald Summerbys, periodontist, evenings: Tel: (801) 268-4436.

Scottsdale, Arizona
Premier prosthodontic practice looking for a young prosthodontist to buy-in and grow. Contact Michael J. Gill, DDS, DMED; 7125 E. Lincoln Dr.; #105; Scottsdale, AR 85253; Tel: (480) 991-2290.

Sonoma County, California
Established prosthodontic practice in Northern California wine country is seeking board-eligible/certified prosthodontist to join practice. New 2,300 sq. ft. facility in Santa Rosa, has four fully equipped operatories with five station in-house laboratories, and is computerized in all operatories. Laboratories equipped for all phases of prosthetic frameworks. Currently scheduling two to three months in advance. Direct inquiries to Terry Eggleston, DDS; Tel: (707) 538-7600 or prosth@sonic.net.

PRACTICE FOR SALE

Denver, Colorado
Prosthodontic practice, in southeast suburb of Denver, for sale. Six operatories in well designed and computerized and full lab premises. Financing available to qualified buyer. Seller willing to stay for smooth transition. Call American Practice Consultants at (800) 400-8550.

FOR SALE


I am searching for an ACP member willing to donate or sell bound issues of the Journal of Prosthodontics and/or Journal of Prosthetic Dentistry to the Dental Clinic of the Veterans Medical Center located in Decatur, GA. Please contact Sara Barron, DMMD at Tel: (404) 321-6111, ext. 6480.
ABP Election Process Under Review

Dr. Jones Nominated to ADA CERP Committee

Nobel Biocare Commits $10,000 to ACP

AAMP Represents Prosthodontics at AMA Meeting