

## ACP Board of Directors to Review ABP Election Process

At its 1999 annual meeting in New York, ACP officers were charged by the Board of Directors with the task of reviewing the process whereby examiners for the American Board of Prosthodontics are elected. The current process is specified in Article XVI of the ACP Bylaws.

Each year, Council for the Affairs of the Board requests nominations for the upcoming vacancy from the organizations that comprise the ACP Forum. These nominations are reviewed by the Council, which convenes during the College's Annual

Session, and selects the names of the individuals who appear on the ballot. Ballots are mailed to all diplomates, and if no nominee receives more than 50 percent of the ballots, a second ballot is submitted to the diplomates with the names of the two nominees receiving the most votes on the initial ballot.

This process has drawn much criticism recently. The current mechanism seems to create a political atmosphere for the nominees. Although they don't necessarily engage in an active campaign for the position, they are put into an elec-

toral process. Those not selected are acutely aware they have lost an election, and rarely agree to repeat the process another year.

In addition, the current system does not necessarily ensure that the Board represents the diversity of the specialty with respect to demographics. The voting process is far from ideal, with one-third of the diplomates typically not participating in the voting process.

At the February Board of Directors meeting, President Nimmo formed a task force to review the current process and make recom-

mendations for change at the June Board of Directors meeting. The task force will be chaired by Dr. Jonathan Ferencz, secretary of the ACP and chair of the Council for the Affairs of the American Board of Prosthodontics.

The entire prosthodontic community is encouraged to consider this very important issue. Comments and suggestions are invited, and should be sent to Dr. Ferencz at: 275 Madison Avenue, Suite 2900, New York, NY 10016, or [JLferencz@aol.com](mailto:JLferencz@aol.com).

## Richard E. Jones, DDS, MSD, Nominated to ADA's CERP Committee

Richard E. Jones, DDS, MSD, has been nominated as the ACP representative of the American Dental Association's (ADA) 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



Dr. Richard Jones  
ACP Treasurer

Prosthetics; International College of Prosthodontists; American Prosthodontic Society and the John F. Johnston Society.

The ADA 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 ADA 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 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.

### EXECUTIVE DIRECTOR'S MESSAGE

Two interesting conversations took place recently on list serves to which I subscribe. On an Association Executive list, there was a discussion on how to demonstrate value to members in a fast changing information technology environment. Associations and professional societies have a constant challenge to maintain relevancy and provide meaningful services for their members.

At about the same time, there was a conversation on a prosthodontic list about the ACP Membership Directory, and its usefulness as a referral guide. One member commented that the directory was worth the price of membership by itself. For \$1.32 per day, a member's name is provided to over 2,600 other prosthodontists for possible referrals. But a directory is only useful if the information it contains is accurate and complete.

You will soon be receiving a printout of your membership record information contained in the ACP new database system. It is very important that you take the time to review this document and complete as much information as possible, especially your e-mail address, and return it to us. From this information, we will be able to produce a timely accurate directory, communicate with you via e-mail, provide appropriate press releases and other important activities.

As the sponsoring organization representing the specialty of prosthodontics, ACP is prepar-

ing a response to the ADA Council on Dental Education and Licensure, which is conducting a comprehensive review of the specialty. Past President Dr. Tom Taylor is chairing this important task force. This review could have far reaching implications for the specialty, and your membership support of ACP is making it possible for a complete, forward-looking document to be prepared. This decennial "defense" of your profession is a critical, though perhaps subtle, value of your membership in ACP.

Public and professional awareness of prosthodontics and prosthodontists is one of the most important missions of ACP. We have recently completed a mailing of the *Journal of Prosthodontics* reprint on the Classification System for Complete Edentulism to all of the U.S. dental schools. Also, through a very generous grant from Nobel Biocare, we are preparing a complete set of slides and clinical teaching materials for each school. Dr. Tom McGarry's presentation for a Classification System for Partial Edentulism at the recent AADS meeting was well received and we will move forward with a similar program to promote that system.

In the upcoming May issue of the *JADA*, ACP will have an ad promoting the specialty of prosthodontics and the important role that prosthodontists play in providing comprehensive patient care. This ad was placed to reinforce an article on prosthodontics by Dr. Gordon Christensen. Funding for the ad was

provided by Ivoclar.

As we continue to look to our corporate supporters for financial assistance in our public awareness efforts, it is very important to say thank you. I urge all members to take every opportunity to express their appreciation to representatives of the companies who have given us support. It will go a long way.

ACP will have a booth at the AARP meeting to be held in Orlando during mid May. Dr. Jim Dunne, Chair of the Geriatrics Special Interest Group, has arranged for local members to man the booth. We expect to explain what a prosthodontist is to over 50,000 senior citizens, and provide a referral list of members in their local areas. This is a tremendous opportunity to reach an important patient segment.

Finally, I remind you that our recruit-a-member contest is now underway and will run through June 1. If you are aware of a qualified prosthodontist who is considering joining ACP now is the time to sign them up. You both will have fantastic odds of winning a free trip to our 2000 Annual Session in Hawaii!

Value is defined as the relationship between the quality and quantity of services provided, and the price charged for those services. We will strive to constantly improve the value we provide to you as a member of ACP as well as to your profession as a prosthodontist. Your comments and suggestions are always welcome and appreciated.

## PRESIDENT'S REPORT



Dr. Arthur Nimmo  
ACP President

The American College of Prosthodontists (ACP) represents 2,600 prosthodontists/prosthodontic residents. This is only about 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 the support of your 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 prosthodontics 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.

## 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 sim-

ple 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.

## "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.

## 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.

### Messenger Schedule

Summer:	July 2000
Fall:	October 2000



## ACP In Motion

**A** February meeting, at the Colgate research facility in New Jersey, was attended by Drs. Nimmo, McGarry, Hilsen and Mr. Ed Cronin, ACP Executive Director. Dr. Fiona Collins, Director-Professional Relations and Services arranged the conference to explore the research activities of Colgate, especially in the field of fluorides. With caries, a leading cause of restoration failure, and the aging population, cooperation between ACP and Colgate has great potential for improved therapies for our patients. Colgate's commitment to excellence was evident during the tour of their research facility, the lectures and the personal contact with their scientists. Colgate sponsored this conference and provided excellent hospitality. The next step to further the relationship will be to identify specific areas where a partnership between ACP and Colgate will be mutually beneficial. If you have an idea or project that would be appropriate, please contact Drs. Nimmo, McGarry or Hilsen.

Drs. Nimmo and McGarry along with ACP Executive Director Ed Cronin attended the Dental Specialties Group meeting in Chicago two days prior to the February board meeting. The Dental Specialties Group is an organized, but informal meeting of all the recognized specialties. This meeting allows all the specialties to share common concerns, since the ADA does not allow direct input from the specialties other than as individual members in the ADA House of Delegates. The actions of this group are non-binding to allow each specialty to follow its own strategic plan, yet by meeting twice a year, the group promotes cooperation among the specialties. Some of the issues addressed were:

1. Attempts by non-academic dental organizations and implant manufacturers to influence predoctoral implant education.
2. Response to the ADA request for review of the specialties.
3. Veterans Administration Dentists Equity Act.
4. Task force on recruitment and retention of dental faculty.
5. IRS challenge to tax investment income of associations.

In addition, the group was addressed by ADA President Richard Mascola, ADA Executive Director John Zapp and ADA Board of Trustee member Greg Chadwick on a wide range of issues.

### ADA Future of Dentistry Committee

Dr. McGarry, who is a member of the Oversight Committee and liaison to the working panel on Clinical Practice and Management, attended the first working panel committee meeting in February. The charges to the panel were detailed, and a preliminary outline was established. Specialty input to this process will be requested early in the project. If you have specific thoughts or ideas about this ADA project, please contact Dr. McGarry.

### Re-recognition of the Specialties

The ADA House of Delegates charged its Board of Trustees to accomplish review of the specialties. The initial document request was unanimously rejected by every specialty through the Dental Specialty Group, and was considered onerous and a waste of resources considering the results of the previous review. A revised request was resubmitted to the specialties that was agreed to be reasonable by the Dental Specialty Group. Past-President Tom Taylor has graciously assumed the chairmanship of this review process. This is a big and critical task for prosthodontics as a specialty. The time commitment to accomplish this is enormous. If you are asked to contribute to this document, please accept the task and the responsibility to be timely in your responses.

### The ACP at the American Association of Dental Schools

Drs. Nimmo, McGarry and Felton along with ACP Executive Director Ed Cronin, represented the ACP at the AADS meeting. ACP sponsored the

Classification Workshop for Partial Edentulism, which was given by Dr. Tom McGarry, chair of the Classifications Subcommittee. Attendance was outstanding throughout the afternoon seminar with excellent participation by the educators. The role of ACP in supporting predoctoral education is growing stronger, and is being recognized by the educational community. With ACP members holding leadership positions in the clinical sections of AADS, progress in assisting dental educators is continuing.

As part of ACP's outreach to dental educators, the College hosted a reception during the AADS meeting. President Nimmo, along with Officers and Executive Director Mr. Cronin welcomed the educators and provided food and refreshments as everyone shared their concerns and ideas on strengthening predoctoral education. The response to this initiative was gratifying. Participants welcomed ACP's efforts during the AADS meeting. The plan is to expand this effort next year to include Deans on the invitation list. If you plan to attend AADS meeting next year, look for ACP!

### 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 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. With the "noise" of so many prosthodontic groups, it is incumbent on ACP to do everything it can to rise above the crowd so that the specialty is recognized and represented.

### 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 ACP membership as a significant market. Both Sulzer/Medica (Calcitek) and Friadent approached ACP in an effort to find areas of cooperation. In addition, a meeting with Dr. Tom Reddy, of Nobel Biocare, yielded an impressive result. (See box on Nobel Biocare below). The status of ACP as the representative organization of prosthodontic specialists is growing more established. If you have a significant relationship with a manufacturer, please share that with the officers or Mr. Cronin, so that ACP can have access to additional resources to advance the mission of the specialty.

## Nobel Biocare Educational Grant

**N**obel 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 good news in early April. The officers and Dr. Reddy have negotiated and promoted this initiative and commitment of Nobel Biocare for several months. During meetings at the Academy of Osseointegration, Drs. Nimmo, Hilsen and McGarry made the case for participation in this project by Nobel Biocare.

It is particularly admirable to support an undergraduate teaching project in prosthodontics to such a large extent. If you have the opportunity, please let Dr. Reddy know how much the ACP appreciates Nobel Biocare investing in the missions of the specialty. Together, ACP with corporate partnerships, can advance the quality of prosthodontic therapies to our patients. This is a wonderful collaboration by the specialty of prosthodontics, and Nobel Biocare, which has always been a leader in education in the field of implant-assisted prosthodontics and implant surgery.

## CLASSIFICATION OF PROSTHODONTIC PATIENTS PROJECT UPDATE

**A**s a major initiative of the American College of Prosthodontists (ACP), the Classification Systems continues to progress rapidly. Duplication of the teaching slide series and case materials are in the final stages with completion due by the end of April.

Dental schools will receive, free of charge, a complete package of materials including slides and laminated photo sets to assist in the teaching and implementation of the Classification Systems into their curriculums. Tentative shipping date is the first week of May.

Nobel Biocare has committed \$10,000 to assist in defraying the costs of reproducing and shipping these teaching modules. This will be of great help to ACP in its quest to provide teaching materials to help predoctoral education. (See Nobel Biocare box above).

The Classification of Complete Edentulism has been reprinted in a Canadian journal this past year.

A field test of the Partial Edentulism Classification was held at the AADS meeting in Washington, D.C. in early April. The presentation to the fixed and removable sections was well-received and generated great comments, data and suggestions for continued refinement. The final mailing to communities of interest will occur in May.

After reviewing all these materials, an article will be submitted to the Journal of Prosthodontics for publication. Members of the College will have the opportunity to be trained in this new diagnostic system at the Annual Session in Hawaii this November. Be sure to sign up!

## Prosthodontics Withdraws from Match Program

**T**he ACP has worked diligently to encourage program directors to participate in the Postdoctoral Dental Matching Program since 1993. The Match was introduced to the specialty of Prosthodontics to help candidates and program directors make choices in a logical manner without pressure for quick decisions from either party. Unfortunately, we never reached the critical mass, which is recommended at a minimum of 80 percent of all programs.

Prior to the Match, program directors needed to think decisively and help acceptable candidates make positive decisions as early as possible. An applicant with strong credentials needed to defer program offers until they had visited all the programs that held their interest. Ethical dilemmas

continued to appear for directors who had made decisions in haste and now had additional outstanding candidates or for candidates who accepted an early offer and were subsequently offered the position of their dreams. Each year there was more pressure on programs to make selections earlier to assure a full first year class.

The match program offered both directors and candidates time to make informed decisions and gave all a uniform date for acceptance. Why didn't it work? A small applicant pool combined with the independent nature of a few, who needed to have full control over the candidate selection process.

At its February 2000 meeting, the ACP Board of Directors voted to discontinue the participation by the specialty of prosthodontics in the

Postdoctoral Dental Matching Program. The ACP has been a sponsoring organization of the Match Program since the 1994-95 recruiting year, but have never reached the critical mass necessary for an effective match. Without the Match, it will become even more important to work together and maintain high ethical standards for resident recruitment.

The size of the applicant pool in prosthodontics is inadequate. Dr. David Felton is chairing a task force on Graduate Student Recruitment, and this group will present its recommendations at the June Board of Directors meeting. An increase in the applicant pool will ease the pressure on program directors in the recruitment process and strengthen the specialty of prosthodontics.



# Protect Your "Earning Power" What to Look For in a Disability Income Plan

by Richard F. Fehrs, CLU, President, Treloar and Heisel, Inc.

## 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.

It 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 safety net to protect 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 7,580 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 available 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 "which plan is least expensive?". Quite often, 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:

- **Renewability**—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 you, the prosthodontist, control. This term means the plan cannot 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.

Guaranteed premiums is a must in your disability plan.

- **Benefit Period**—Under a quality disability plan, benefits should be payable for accident 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 months, 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 they are needed most. Also, the advances of technology 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 Prosthodontists to purchase additional insurance without evidence of insurability. This option is necessary for young prosthodontists just starting a practice. Insurance companies underwrite disability income insurance very stringently, and a minor 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. is always available to make recommendations to fit your 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, is one of the highest rated companies in the industry. Their total assets under management exceed \$177 billion, and they are rated A++ by AM Best and AAA by Standard and Poor. In addition, they range 153<sup>rd</sup> in terms of revenue in the Fortune 500.

For more information on the do's and don'ts of purchasing an insurance plan, contact Richard Fehrs at Treloar & Heisel, Inc. at (800) 345-6040.

## Writer's Workshop Receives Rave Review from Attendees



Workshop participants took advantage of Paul Casella's (center) practical ideas during the mid-morning break.

The *Journal of Prosthodontics'* Annual Writer's Workshop, held during the ACP meeting in New York, drew an enthusiastic and energetic group of authors this year. College members heard Mr. Paul Casella, Editorial Consultant with Bayer Corporation Pharmaceutical, give a practical and insightful seminar entitled "Writing for Excellence."

Mr. Casella, a recognized medical writer, editor and producer, presented the three-hour course to participants on the essentials of writing and preparing articles for scientific publications. The program was packed with pointers for good writing, tips for identifying and avoiding mistakes and suggestions for organizing manuscript content.

"Writing can be a painful process, but Mr. Casella has given me a push," commented one participant upon completion of the course. Many other participants described the workshop as a practical, useful, informative and even enjoyable program.

Dr. Patrick M. Lloyd, editor-in-chief of the *Journal of Prosthodontics*, looks forward to the *Journal* sponsoring future workshops for writers at upcoming annual sessions. New speakers and topics will be offered each year.

The program for the 2000 meeting will feature presentations on clinical photography, with special emphasis on the advances in digital systems for extra, and intraoral, use.

## AAMP Represents Prosthodontics at AMA Meeting

The American Dental Association (ADA), the American Academy of Maxillofacial Prosthetics (AAMP) along with the American Association of Oral and Maxillofacial Surgeons (AAOMS) represented dentistry at last year's American Medical Association's (AMA) Practice Expense Advisory Committee (PEAC) meeting. This meeting was requested of AMA, by the Health Care Financing Administration (HCFA), to clarify data concerning office practice expenses used in delivering services to patients.

The ADA requested assistance from both the specialties of oral and maxillofacial surgery and prosthodontics, as well as the sub-specialty of maxillofacial prosthetics at the April 15 meeting.

Additionally, at its interim meeting last year in Chicago, AAMP Board of Directors discussed both the upcoming PEAC meeting, and the development of new Current Procedural Terminology (CPT) codes for prosthodontics and maxillofacial prosthetics procedures. As part of the Relative Value Units (RVU) update process, the AAMP Insurance Committee reviewed and commented on the data developed by the Clinical Practice Expense Panel (CPEP) for the AMA PEAC committee.

Recommendations were presented to the committee at the April meeting and were to be reviewed during the upcoming annual meeting sessions. The contention of AAOMS, AAMP and ACP was that practice expenses were incorrect and represented, in prosthodontics and maxillofacial prosthetics alone, approximately a 15 percent reduction in literature supported data.

On another front, the HCFA has requested similar information from the AAMP, along with any new data supporting the revision of the RVU's for practice expense. Both ACP and AAMP, through their presidents, wrote supporting letters in late summer to HCFA encouraging the use of ADA survey data to adequately reflect the overhead percentages seen in prosthodontics and maxillofacial prosthetic services.

HCFA responded in the November 11, 1998 Federal Register saying "it would work with the specialty society, as part of the refinement process, in order to develop a reliable method of deriving accurate RVU's for maxillofacial prosthetics...", and that we are not at this time able to use the information in the submitted survey

(ADA 1994 Survey) to calculate the practice expense per hour for maxillofacial prosthetics."

The AAMP has been working with the ADA Survey Center, and AMA to correct the data organization problem. AAMP recently submitted new organized data from the ADA 1997 Survey of Practice Expenses to HCFA, to clarify the problem. Historically, RVU's recognized by HCFA, represents the basis for all insurance reimbursements for services described in the AMA Physician's CPT. ACP and AAMP have been working together for several years to define those procedures that are medically-based, and have developed the codes for inclusion by CPT.

Currently, there are 12 CPT codes available to prosthodontists who treat maxillofacial prosthetic patients. These codes were developed by the AMA'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 medical 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 AAMP web page at [www.maxillofacialprosth.org](http://www.maxillofacialprosth.org).

To date neither AMA or HCFA have accepted our position regarding clinical overhead calculation. The HCFA continues to crosswalk the overhead figure using "any physician" as the standard. AAMP's Insurance Committee continues to monitor these activities.

The AAMP recognizes the support of ACP, and its Board of Directors in both communicating with HCFA concerning this mutual matter, and for the financial support for AAMP representatives to attend the AMA PEAC Committee last April. Any ACP or AAMP member who is interested in participating in these ongoing activities should e-mail AAMP's Insurance Committee Chairman Dr Barry Shipman at [shipmanfla@worldnet.att.net](mailto: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 design 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 dipping the roots in a rubber base impression material. They would then be embedded in a regular methyl methacrylate acrylic in the proper arch forms. Different types of partial denture designs were fabricated 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 retainer 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 explain and demonstrate how moving 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 an easier fit and adaption of his design casting, but may lose much of its potential advantage because it opens up a 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 anterior-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 forward more, 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 right angles to the occlusal surface of the teeth, to the extent possible. This position is a result of simple evaluations of the best positions to eliminate the most space between partial, tooth and tissue at the tooth tissue junction. Most advantageous positions indicate where it is necessary to alter teeth, or in some instances, place restorations to eliminate the space situation.

## Were you the originator of the long channel occlusal rest?

The long occlusal rest was designed with two purposes in mind:

- To establish a proper occlusal plane and occlusal contacts.
- To keep teeth from torquing or turning out of position.

Long channel occlusal rests are primarily used in tooth borne situations, and shouldn't be used when it is the point of rotation.

## Is there a better experimental design now available to test stress analysis of removable partial frameworks?

The methods that I have described show a definite force direction trend in both applications. Computer generated and force cell dynamics are good methods of evaluations, although, they tend to be fraught with mechanical complications more than direct force analysis. It's important to remember that all of these experimental design analysis depends on a given direction of force, which is controlled by the operator or researcher.

There have been criticisms of this methodology because it was not a biological reproduction of what actually happens intraorally. While it may not be a true reproduction, there have been no one able to come up with a methodology of reproducing intraoral situations to date.

## How did your relationship develop with Dr. Beumer?

Dr. Beumer is a tremendous force in the field of maxillofacial prosthodontics, and was intrigued at the notion of developing the best possible force analysis and utilization for extremely compromised patients treated with a removable partial denture. We both felt that the basic ideals of direction of force delivered by different removable partial dentures was also applicable to maxillofacial situations similar to any other partially edentulous situation.

## Where 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-up 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 prosthesis. 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. If 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 Scripps Center for Dental Care until his retirement earlier this year.*

## 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 Results, Clinical Outcomes, Laboratory Techniques, and Topics of Interest

No Slide Projectors Allowed

Application Deadline: July 15, 2000

Please Contact:

Michael A. Mansueto, DDS, MS  
Department of Prosthodontics (7912)  
University of Texas Health Science Center  
San Antonio, TX 78229-3900

Tel: (210) 567-3700

Fax: (210) 567-6376

mansueto@uthscsa.edu

Kauai, Hawaii—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 in Hawaii on the island of Kauai at the Kauai Marriot 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 from around the world.

Meeting topics include:

- Use of Implants in Oral-Facial Defects.
- Modern Methods in Restoration of Congenital Defects.
- Restoration of Tongue Mandible Defects.
- Restoration of Maxillary Defects—Surgical vs. Prosthetic Rehabilitation.
- Implants in the Irradiated 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 (858) 272-1018.



## 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) 573-8794.

Since prosthodontic treatment can be expensive and insurance re-imbursment is not usually adequate, financial considerations can be important in a patient's decision to accept a recommended treatment plan.

Do you believe that financial considerations are a factor in patient decisions to begin treatment?

Yes  No

Do you believe that more patients would begin treatment if offered a reasonable payment plan?

Yes  No

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

Yes  No

Should ACP develop a patient financing plan for its members?

Yes  No



**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, but not yet an ACP member.

From now until June 1, 2000, ACP is rewarding its members for referring educationally qualified prosthodontists to the organization. All prospects must submit the completed application form and fees to ACP Headquarters by June 1, 2000 to qualify for the drawing. All applications and credentials will be reviewed, and given final approval by ACP's Board of Directors.

You may recruit as many potential members as you like. For each qualified prospect you recruit, your name must be listed as the ACP sponsor on the application form, both you and the prospect will automatically be entered into a random drawing to award one member and one new member a free Hawaiian get-a-way.

The official drawing date will take place on August 1, 2000. Winners will be notified via telephone.

In addition, the ACP sponsor and new member will be recognized in the Winter 2001 edition of the Messenger.

For more information regarding the contest's rules and regulations, or to request copies of the official contest membership application, contact Colleen Ryan, Director of Membership & Sections at (312) 573-1260 ext. 14 or (800) 378-1260 ext. 14, or visit the ACP web site at [www.prosthodontics.org](http://www.prosthodontics.org).

### 1999 Meeting Bags Available For Purchase

The ACP 1999 annual session meeting bags are available. For only \$10.00 (\$20.00 to non-members), 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 colleagues and peers. There is only a limited supply available; offer is good while supply lasts. Orders will be served on a first come-first serve basis. Call ACP headquarters at (312) 573-1260, ext. 16, to order your 1999 annual session meeting bag today!

### 2000 Calendar of Events

#### May

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

#### June

June 28– Pacific Coast Society of Prosthodontists Meeting, Seattle, WA  
July 1

#### September

17-20 American Academy of Periodontology Annual Meeting, Honolulu, HI  
20-24 American Association of Oral & Maxillofacial Surgeons Annual Meeting, San Francisco, CA

#### 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, Kauai, HI  
15-18 ACP Annual Meeting, Waikoloa, HI (on the Big Island)

### OBITUARIES

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 America*, *Who's Who in the World*, *Leaders in American Science* and *Leaders in American Dentistry*, Dr. Adisman helped develop and publicize 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, where his writing and editing skills 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 his energy and labors, pursuit of purpose, and evidence of leadership," said Dr. Glen McGivney, 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. He was an Examiner and past president of the American Board of Prosthodontics, as well as past 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 patient care and student 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 honor fraternity. He was a recipient of the Alumni Achievement Award from NYU College of Dentistry, the Alumni Achievement Award from the University of Buffalo School of Dental Medicine, the Achievement Award from the Greater New York Academy of Prosthodontics and the Carl O. Boucher 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, Professor and Director of the Advanced Education Program in Prosthodontics at NYU. "He took pride in guiding, advising and promoting his people. He wore the prestige of his peers, junior faculty and students as a badge of honor. His major trait was camaraderie; it was fun to work with and/or for him. A successful practitioner, he leaves behind a great number of patients and friends who are better because he touched their lives."

Born in New York City on August 3, 1919 to Frances Gertz, of Providence, R.I., and Joseph Adisman, a Russian immigrant and dental technician, he was a child of the depression who claimed he "wanted to be a forest ranger but I got poison ivy." He attended

and played football for Michigan State University, graduated the State University of New York at Buffalo Dental School and earned a Certificate in Prosthodontics and Master's in Dentistry from New York University. During World War II, he was a Major in the US Army Dental Corp.

Dr. Adisman is survived by his daughters Kathryn and Leslie of New York; a sister Beatrice and brother-in-law Dr. Sydney B. Lewis of Lawrenceville, N.J.

Dr. Robert Waite Elliott, Jr., president of the American College of Prosthodontists from 1976-77, died February 1, 2000 at his home from complications from malignant melanoma. He was a Charter Member of ACP, founder and editor of its first newsletter and with committee, he authored the ACP's first Code of Ethics. He was 78.

Whoever coined the phrase "get a life", hadn't met Bob Elliott. You could not just know Bob, for if you were around him for any length of time, you virtually became entwined in his enthusiasm, his interests and his dedication to the job at hand, and his abiding happiness in everything and everyone he touched.

Bob was an achiever beyond imagination, but in reviewing his achievements, one sees that he achieved not for personal accolade or ego inflation, rather he achieved because he gave much. He gave much to make better what it was he was involved with. The rewards fell into place, not because he sought them, but because he earned them.

Above all, he was a prosthodontist, pure and simple. His treatment plan was to do the most and best, as expeditiously as possible for every patient. His patients really believed they were the only patient he had. In the early 1970's, when teaching complete dentures 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 careers!"

In 1973, he became the 21<sup>st</sup> Chief of the Navy's Dental Corps. Strengthening the Dental Corps' chain of command by establishing identifiable dental commands, increasing the usefulness of the Dental Corps' Reserve component, stressing recruitment of dental officers were all hallmarks of his tenure as Chief.

His work in organized dentistry never ceased. In 1987, he was elected president of the American College of Dentists. He later served two years as president of the Academy of Dentistry International. He served as secretary of the District of Columbia Dental Society, and his planning and foresight made ownership of headquarters buildings possible for both the District of Columbia Dental Society and the American College of Dentists.

He received an Honorary Degree from Georgetown University, recognizing his worth as a faculty member in their School of Dentistry. His high school and Case Western Reserve's Dental School both recognized him as an outstanding alumnus. The District of Columbia Dental Society gave him special recognition honors twice. He received the prestigious William John Gies Award, from the American College of Dentists.

Bob is survived by wife Carolyn and his two children—daughter Jan, a dental hygienist and son Bob, an executive with IBM.

Memorial contributions in Bob's honor can be made to a special fund established with the American College of Dentists Foundation, 839 Quince Orchard Blvd., Suite J, Gaithersburg, Maryland 20878-1614.



## MEMBERS IN THE NEWS



The Massachusetts section of the ACP conducted its annual meeting in conjunction with this year's Yankee Dental Congress in January 2000. Dr. Gordon Christensen (pictured third from the left) addressed the membership, including the section's Executive Council. Pictured from left to right are Drs. Secretary Daryl J. Roy, Section President Alan Sulikowski, Christensen, Thomas Vergo, Treasurer Julian Osorio, Senior Councilor Nancy Arbree, Councilor Celeste V. Kong, and Past President James M. Stein.



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. Weinstock, president; Gary R. Goldstein, president-elect; Peter C. Furnari, treasurer; Dennis N. Morea, secretary; and Louis I. Rubins.



Dr. Richard F. Mascola (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; Linda M. Weinfield, treasurer; Robert J. Buhite, Sr., Louis Sandor, Jr., R. Kent Stobaugh.

## CLASSIFIED ADVERTISEMENTS

### 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) 528-2444; 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 schools and a small town feeling free of crime and congestion.

All phases of prosthetic 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; 2725 Marshall Court; Madison, WI 53705.

#### University of Iowa College of Dentistry

University of Iowa College of Dentistry looking to fill full-time faculty 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 intramural 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 is an affirmative action/equal opportunity employer; women/minorities encouraged to apply.

#### University of Minnesota School of Dentistry

Full-time clinical, tenured or tenure-tracked position is available in the Division of Prosthodontics starting January 1, 2000. 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 experi-

ence and credentials. Curriculum vitae and letter of intent should be forwarded to: Dr. Gary Cook, Chair, Search Committee; Dept. of Restorative Sciences; 9-470 Moos Health Science 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, West

Prosthodontist 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 need the expertise of a prosthodontist. There is no prosthodontist on the west side of Salt Lake City. Call Dr. Gerald Summerhays, periodontist, evenings; Tel: (801) 268-4436.

#### Scottsdale, Arizona

Premier prosthodontic practice looking for a young prosthodontist to buy-in and grow. Contact Michael J. Gibbons, DMD; 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 except partial denture 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. Gross \$800k. Contact Peter Mirabito DDS, Precise Consultants; Tel: (800) 307-2537.

#### Pennsylvania (Eastern)

Large, profitable prosthodontic practice for sale. Six operatories in well designed office owned by seller. Excellent staff, 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

Original, complete set of J.P.D.-Vol. 1-58 (bound with original name on front cover); unbound 1988-1995. Excellent condition. \$3,500. Contact Dr. Arthur LaVere; 52 Salvador Way, San Rafael, CA 94903; Tel: (415) 472-0483.

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 Dara Barron, DMD at Tel: (404) 321-6111, ext. 6400.

### ADVERTISING POLICY

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

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Lisa Opoka, Communications Manager  
211 E. Chicago Ave., Suite 1000  
Chicago, IL 60611  
Phone (312) 573-1260  
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Ads will be charged at \$45 for the first 60 words and \$1 for each additional word. The minimum charge is \$45. Payment by check, VISA or MasterCard must be received with the advertisement.

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

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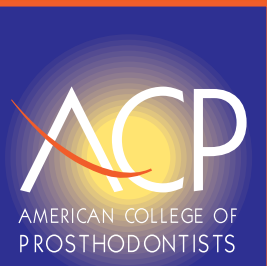
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**Messenger**



The News Source For Members Of The American College Of Prosthodontists

2000 Annual Session  
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Hilton Waikoloa Village



## **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**