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On the cover: Maxillary Denture Tooth Set-Up
Photo credit: Miles R. Cone, DMD, MS, CDT, FACP



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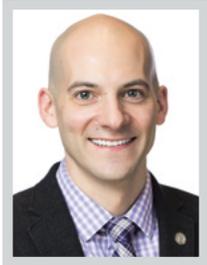
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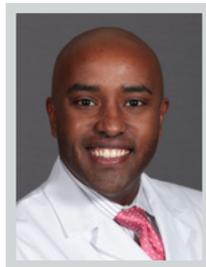
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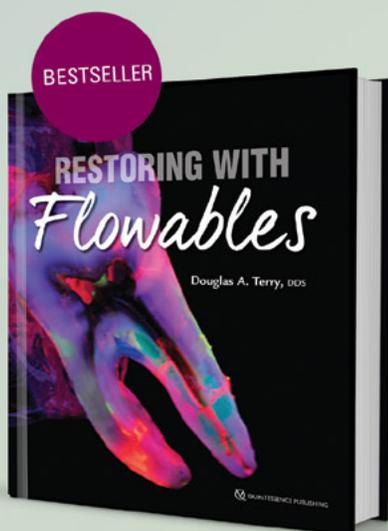
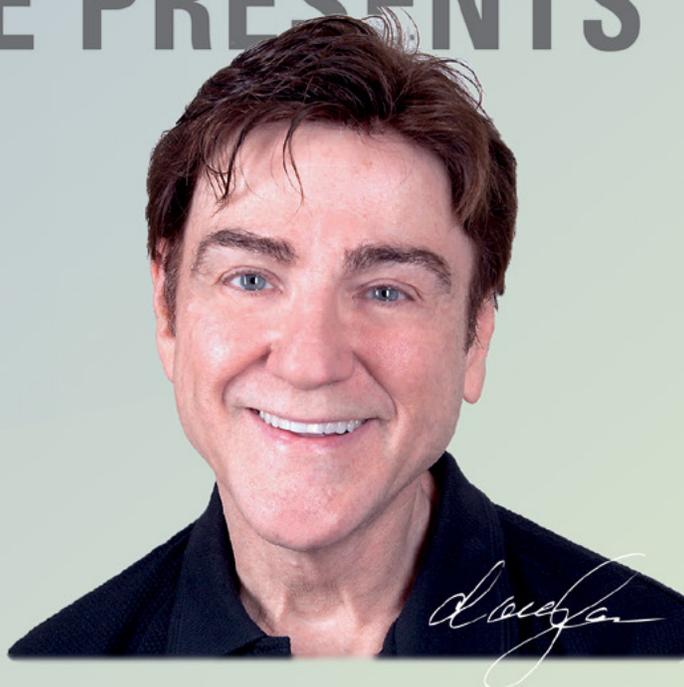
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QUINTESSENCE PRESENTS

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The second edition of this best-selling text has been widely regarded as a “must-read” for any dentist working with esthetic restorations. The third edition offers the reader a completely updated, revised, and newly illustrated overview of modern esthetic and restorative dentistry complete with tutorial videos. New topics include web-based communication with the laboratory, indirect composite chairside CAD/CAM restorations, a comparison of digital and conventional techniques, the resin composite injection technique, as well as updated information on composites and ceramic systems, including esthetic zirconia. New cases illustrate the maintenance of esthetic restorative materials, esthetic contouring, immediate dentin sealing, and novel surgical techniques such as lip repositioning, connective tissue grafting, and ridge preservation with collagen membranes. The techniques demonstrated in this book will no doubt elevate your practice to the next level.

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From so simple a beginning...

Miles R. Cone,
DMD, MS, CDT, FACP
ACP Messenger Editor-in-Chief

In the fast-paced specialty of prosthodontics, the single central crown and complex oral rehabilitations utilizing beautiful, high-strength dental ceramics commonly occupy the spotlight. Somewhere along the way, public and professional interest in removable prosthetic treatment options fell out of favor.

In light of the ongoing advancements in endosseous implant therapy, arguments have been made that dentures epitomize an anachronistic and unmarketable treatment modality, devoid of sex-appeal and profitability. I will contend that neither of these represents a valid line of reasoning.

The irony is that there is no part of contemporary aesthetic dentistry that doesn't trace its roots back to the foundations of the original full-mouth smile makeover – conventional complete dentures. From the cosmetic basics of incisal edge position and lip support, to functional principles of phonetics and occlusal vertical dimension, we owe our pioneering predecessors in the field of removable prosthetics a debt of gratitude for all of our success with fixed restorative treatments.

Charles Darwin eloquently concluded in his book, *On the Origin of Species*, "...from so simple a beginning endless forms most beautiful and most wonderful have been, and are being, evolved." The parallels within the realm of prosthodontics are evident. The pioneers of our field who strived to make the humble removable prosthesis more than "just a denture" almost certainly could not have predicted the use of digital intraoral scanners, 3D cranial renderings, printed frameworks, or dental implants, not to mention the radical impact these tools would have in shaping the ways in which we treat our patients.

In my inaugural outing as Editor-in-Chief for the winter issue of the *ACP Messenger*, we explore and celebrate the ever-evolving world of the denture from the perspectives of both the practitioner and the dental technician.

Arian Deutsch, CDT discusses the hot topic of telescopic implant abutments and provides a modern take on an underutilized approach as an effective means of achieving a higher quality of life for the edentulous patient. Dr. Valerie Cooper shares her personal musings, clinical philosophy, and laboratory experiences after going down the rabbit hole into the exciting new world of digital dentures. Alexander Wünsche, CDT provides technical details on the use of CAD/CAM technology combined with plunger-attachments in implant-supported removable prosthetics as a hygienic substitute to the commonly utilized fixed-hybrid restoration. And finally, Dr. Naif Sinada foreshadows the last days of free-handed and misguided implant placement with his candid discussion of the use of CBCT as an obligatory alternative to aggressive gingival flap procedures as well as the achievement of more predictable and shorter surgical times.

For all of our talents and technological gifts as dental professionals in the first quarter of the 21st century, we too remain blind to the inevitable sea change that will alter the trajectory and face of prosthodontics 50-100 years down the road. My only hope is that the future clinicians of our great specialty will view our modest endeavors within removable prosthetics with the same reverence and respect that we hold for those that came before us. ■



“ ...FROM SO SIMPLE A BEGINNING
ENDLESS FORMS MOST BEAUTIFUL
AND MOST WONDERFUL HAVE BEEN,
AND ARE BEING, EVOLVED.”

- Charles Darwin, *On the Origin of Species*

The implant telescopic renaissance

Arian Deutsch, CDT

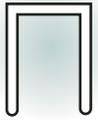
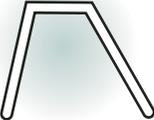
As implant therapies have become the standard of care, there are a number of prosthetic choices to be made. Patient education is also key in terms of building and meeting reasonable expectations for any given restorative outcome.

As an example, many patients who are misguided by things they read on the internet and saw in advertisements have formed a belief that if a prosthesis is removable it is inferior. They would classify any removable prosthesis as a “denture”, regardless of the attachment type utilized. Yet the same patients would not classify an acrylic screw-retained hybrid as a denture, even though the materials used are exactly the same as what a denture is made of, due to this miseducation.

Educating patients on the benefits and drawbacks of each solution also aids in meeting reasonable expectations. The growing popularity of screw-retained acrylic hybrids presents a number of challenges in terms of maintenance in particular. Factors such as anatomy and surgical soft tissue management to make the final prosthesis cleansable, patient compliance for hygiene appointments, and high smile lines can adversely affect the outcome. Many offices have found that after embarking on a large number of screw-retained acrylic hybrid treatments, maintenance alone becomes a full-time endeavor.

These factors are giving some clinicians around the country pause when it comes to recommending acrylic hybrids as the ‘go to’ solution, and a maintainable, removable appliance has become an attractive

Fig. 1. Classification for Designation

For everyday patient removal	For occasional dentist/patient removal	Fixed
Parallel walls, zero degrees	Non-parallel walls, 1-6 degrees	Non-parallel walls
		
Telescope	Conical Crown	Insertion Coping
Slides on top of each other, fraction fit No cement needed	Do not slide on top of each other, lock in final position No cement needed	Do not slide on top of each other, do not lock in final position Cement required

alternative. This is particularly true of telescopic or ‘double crown’ implant solutions which have been a staple in European dentistry for decades. The beauty of a telescopic implant prosthesis is that when it comes to labial extension (flange), the decision can be either to incorporate the extension or blend the prosthesis into the oral environment without an extension based on the patient’s individual anatomy. Telescopic implant prostheses are also very retentive, provide a rigid connection to the implant, and can be passively luted intraorally.

Telescopic vs. Conical

It is necessary to delineate the differences between true telescopes and conical connections. True telescopic abutments are 0° (Figure 1), and therefore transmit no vertical force upon the parallel walls during function. The surfaces of the parallel walls stay in contact during the seating of the prosthesis. Conical connections are any taper beyond 0° , and their conical walls take vertical load during function and are not in full contact until full seating. In some cases, they generate frictional retention, to a lesser or greater degree depending on the amount of taper and materials used. This can increase over time and function.

Patient Presentation

In the following case we will show the author's preferred method of fabrication for an implant telescopic prosthesis.

The patient presented with a Zirconia bridge cemented to custom Ti abutments. There were 8 implants present in the maxilla along with a cemented crown. In the mandible, 4 implants were present. There was a great deal of hypertonia of the facial muscles due to an overly opened vertical dimension (Figure 2). The zirconia bridge and crown were removed (Figure 3), and implant level verified impressions were made (Figure 4). A screw-retained acrylic provisional prosthesis was made to accommodate the remaining clinical appointments.

The first wax try-in was made at a reduced/corrected vertical dimension and a natural tooth arrangement, and correct muscle tone was immediately evident (Figure 5). Once tooth positions were assessed for aesthetics, phonetics, and accurate centric and vertical

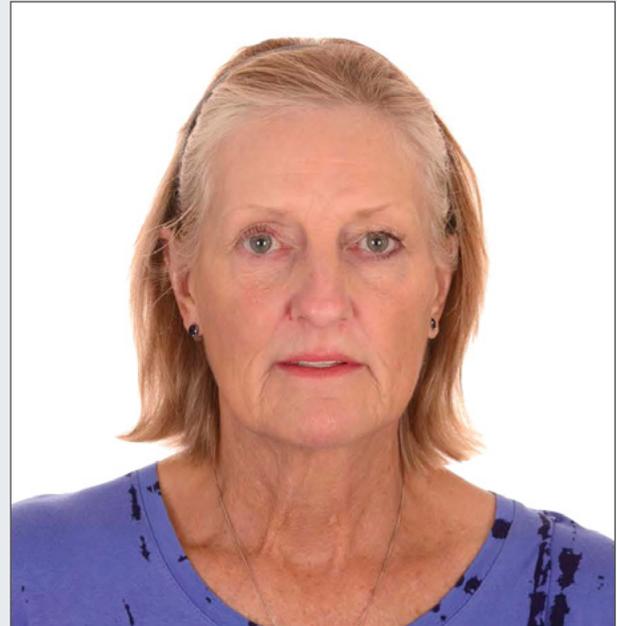


Fig. 2.



Fig. 3.



Fig. 4.



Fig. 5.

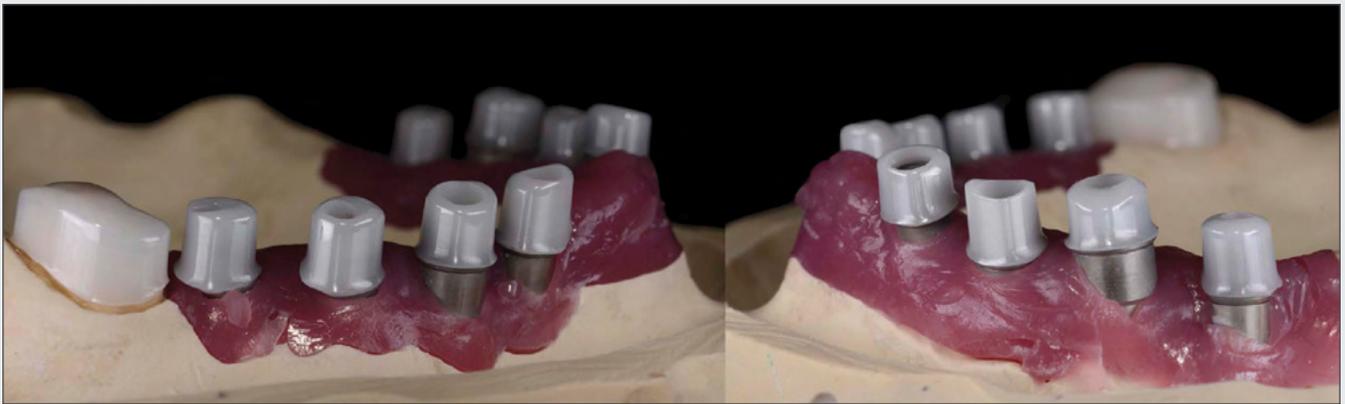


Fig. 6.



Fig. 7.

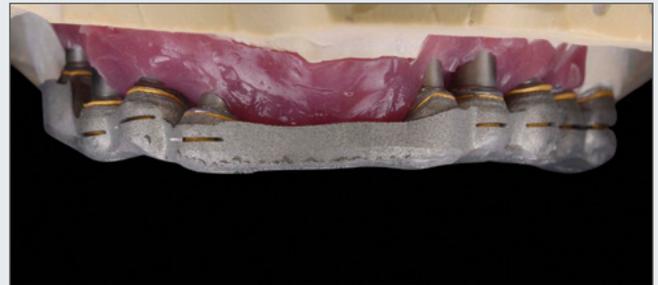


Fig. 8.



Fig. 9.

relationship the master casts along with wax try-ins were scanned and primary telescopic Zirconia hybrid abutments were designed, milled, and sintered. Following this, the primary Zirconia abutments were cemented to prepared Titanium bases, and milled by hand with a water cooled high speed turbine handmill.

After milling and polishing (Figure 6), the primary telescopic abutments were prepared for the electro forming process. This process yielded a uniform galvano gold coping, or secondary telescope, which fits the primary telescope 4-5 μ (Fig. 7).

The tertiary structure served as the backbone of the telescopic prosthesis, and the author preferred to scan and design this structure digitally prior to fabrication via SLM (Selective Laser Melting) printing in Chromium Cobalt. The tertiary structure also allowed the clinician to passively cement the galvanic gold secondary telescopes into the tertiary frame, and vents are created to allow excess cement venting (Figure 8).

The tertiary framework was opaqued and the final polymerization was accomplished through an acrylic injection method, with tissue characterization being carried out inside the negative mould with heat polymerized acrylic prior to the injection process.

In the finished prostheses, only the inside of the gold “thimble like” secondary telescopes were visible on the intaglio surface (Figure 9). The patient and dental team were pleased with the results after final seating of the maxillary and mandibular prostheses (Figure 10).

Telescopic implant solutions are a viable, patient maintained prosthetic option in contemporary implant prosthodontics for full-arch and partially edentulous patients. Good communication and collaboration between the clinician and laboratory enhance successful outcomes and patient satisfaction. ■



Fig. 10a.



Fig. 10b.



Fig. 10c.

Digital dentures

Valerie Cooper,
DDS, MS

Where are digital dentures now? How are they different from conventional analog dentures? My answer is that digital dentures provide a broader range of possibilities as a powerful method of fabricating dentures.

Digital processes give me a more effective way to interact with my patients. Digital dentures aren't themselves necessarily better than those fabricated traditionally. Beautiful dentures meeting all the needs of the patient can absolutely be made conventionally. Right now, transitioning from analog to digital is difficult. At present, the processes aren't as simple as they will be.

But I can see where it is headed. And it's amazing.

Prosthetics is based on making an analog of your patient so that manufacturing can be completed. Stone casts represent the actual anatomy, mounting on an articulator simulates functional movement, wax rims indicate the lip positions, and record bases transfer the data. The digital process can accomplish all of these steps too, but in a different way. Impressions are scanned with machines, or machines directly scan the patient's anatomy intraorally. Physical records transfer the data as reference scans. We ultimately end with either an analog patient or a virtual patient. But what is the difference?

Our machines have become very accurate and predictable, with the possibility of creating permanent records. We can add in layers of information we never had before on an articulator, such as facial scans, CT data, and photographs – which can all be seamlessly merged together. Even virtual reality and augmented

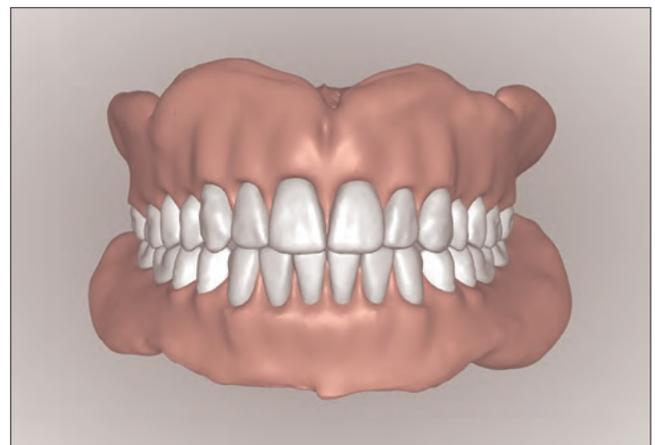


Fig. 1: Digital 3D preview for clinical and laboratory review of proposed removable denture design.

reality may have a place soon to create a highly accurate and very detailed patient. Our machines are better than human beings at many parts of this process.

Digital technology also allows us to incorporate other features such as facebow records, gothic arch tracings, and anatomical averages, and soon even custom mandibular movements. It is possible to simply make maxillary and mandibular impressions and go to a fully digital workflow. Virtual articulation accomplishes many of the same end goals as analog articulation, and based on the unique needs of each patient, it is possible to reproduce occlusal schemes based on existing denture principles.



Fig. 2: Milled PMMA maxillary removable implant-supported complete dental prosthesis.

Design software has different abilities and ease of use. Once a set-up of teeth and proposed base design is ready, some systems offer the option of a digital preview for clinicians. Being able to transition and effortlessly move between superimposed views of the proposed teeth, record bases, and reference layers allows for a clinician experience never before possible. The advantages for immediate dentures are of particular significance in this regard. However, one disadvantage of the digital process is that the ability to really “see” the denture prior to fabrication on a two-dimensional screen is not ideal. It is anticipated that the use of virtual reality and 3D viewing will resolve this shortcoming in the near future.

The biggest challenge with digital dentures is that try-ins are not yet easy or inexpensive to generate. Therefore, when working digitally, a new element of financial risk is introduced. Many digital denture workflows include only one try-in – or none at all. At first this idea may elicit apprehension for the clinician; however, that fear is based on the analog process. What happens if you do not get the tooth position absolutely right before processing? You’ll have to remake the denture, meaning several appointments lost, high costs, lots of frustrations, and all previous records destroyed.

The digital workflow, however, means that a remake isn’t a complete disaster. Yes, it costs a little on the front end, but it is a task that is easily accomplished. With digital dentures, you can easily change only one isolated aspect of a denture set-up; simply specify the exact change you need when you reorder. The precision is its power.

Lastly, the manufacture of digital dentures is another strength. Allowing machines to do jobs like milling or printing means greater efficiency, predictability, uniform quality, and endless duplication. Novel ways to fabricate dentures also exist, such as milled monolithic dentures or 3D printed denture materials. Using some of these alternative materials in situations including the lack of space for implant prostheses or for patients who may easily damage their dentures might help patients and clinicians find peace.

Finding peace with dentures is possible.
Digital dentures represent the ultimate
tool for that.

Would patients and clinicians benefit from being able to precisely duplicate a patient's beloved set-up? Would they benefit from stronger materials that do not need repairs? The ability to easily alter moulds and shades without needing to purchase more cards of teeth? Knowing exactly how the final prosthesis will fit at the try-in? Adjusting the try-in and knowing those adjustments will be reflected in the final prosthesis? Knowing that requesting an exact midline change of 2 mm will be exactly that and nothing else? Easy replacement of lost dentures?

In short, the protocol for digital dentures represents a potentially faster, easier, and more enjoyable solution for clinicians and patients. Patients want more efficient and predictable denture treatment. Digital dentures



Fig. 3: Milled try-ins for maxillary and mandibular complete dental prostheses.

offer the opportunity for prosthodontists to deliver an innovative service based on the principles of classic denture care and utilizing contemporary technology. ■




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Plunger-attachment: the other fixed solution

Alexander Wünsche,
CDT

In the 21st century we are seeing a growing number of implant restorations, and it becomes more and more important to find the right solution for each individual patient.

Many full-arch implant restorations are being made as a screw-retained hybrid type reconstruction, in a traditional titanium-acrylic material or using more progressive materials such as zirconia or high performance polymers.

Regardless of the material, hygiene and maintenance issues continue to be problems and can result in tissue or/and bone recession ending with implant failure. Aesthetics also present a challenge with frequent difficulties in hiding the transition line between the tissue portion of the restoration and the patient's gingiva. In many patients these aesthetic limitations often make these restorations less than ideal.

Alternatives include overdenture type restorations, retained by attachments direct to the implant or to bar designs of different types. The following is an introduction of one specific bar and overdenture design which is not comparable with most other overdenture restorations currently available.

This plunger type attachment is utilized to attach a dental restoration to a titanium bar and is fully supported by implants without any tissue support. This provides a “fixed” feeling for the patient. Choosing the correct geometry and materials, the “overdenture” is not moving on the bar and feels “solid” to the patient.

For a dental technician specializing in full-mouth and full-arch reconstructions, this is a very favorable solution which just makes sense and we can provide

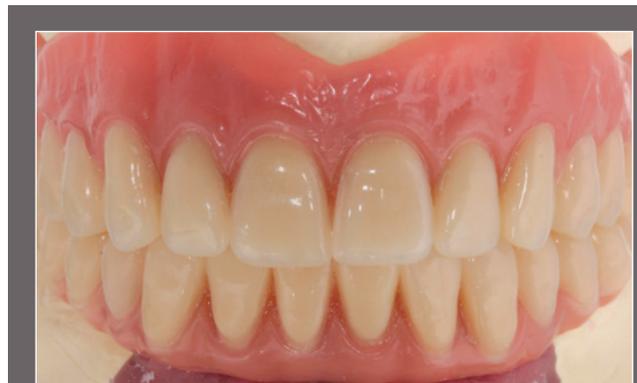


Fig.1: Finished maxillary overdenture and mandible screw-retained hybrid denture..



Fig. 2: Primary titanium bar with plunger attachment in place.

a great service to many disappointed hybrid denture patients.

The following description shows how the treatment team satisfied the patient with a full-mouth reconstruction with a plunger-attachment restoration in the maxilla and a screw retained hybrid denture in the mandible.



Fig. 3: Seated maxillary and mandible restorations.



Fig. 4: Secondary SLM frame after the selective laser melting process.

The initial treatment plan was to extract all remaining teeth and immediate load six implants in the maxilla and five implants in the mandible. After the integration phase of four months, provisional screw-retained immediate dentures were utilized on both arches. The treatment team faced the issue of insufficient lip support in the maxilla. The decision was made to choose an overdenture type of restoration for that arch; however, the patient preferred a fixed restoration.

After discussing the challenges, the solution was clear to utilize a plunger-attachment. An initial abutment level impression was made and master casts were fabricated. To ensure that the fit of future titanium bars were totally passive, a verification jig was provided by the laboratory including a bite registration. The jig and bite registration were verified in the patient's mouth and sent back to the laboratory.

After articulating the verified master casts with the occlusal registrations, the dental technician was able to make an initial denture tooth wax set-up. These set-ups should always be screw-retained, to provide stability and a definite fit and seat on the implants or abutments.

Utilizing the stabilized wax try-in aesthetics and occlusion were verified and modified to satisfy the patient's desires and function. Once approved, the technicians were able to move forward with the master casts and wax set-up being utilized to scan

and design the titanium bars. This can be done in the dental laboratory with open CAD/CAM systems. The bar design and the master casts were sent to the milling center. It is important to mention that the master casts are shipped to the milling center to rescan and align to the provided design. This is a necessary step, since regular desktop scanners do not provide the necessary accuracy for a multiple implant connected titanium bar without any passive elements (titanium bases). The titanium bar is milled and shipped back to the laboratory.

Upon receipt, the bar is scanned and the scan aligned with the previously scanned wax set-up. So all records are digitized and can be utilized to design the secondary structure. This structure serves as a carrier for the male part of the plunger-attachment and as a reinforcement for the overdenture. For the secondary structure, multiple materials are available. Two of them are important to mention. The first one is chrome cobalt and the other one high performance polymer. Traditionally chrome cobalt is used for this case, but not in a casted form.

After all scans are merged and the secondary structure is designed, the design file is sent to a Selective Laser Melting (SLM) center. SLM allows for a very passive and accurate fitting structure. It can be designed more delicately than a casting and the physical fitting is achieved easily and accurately, more so than with casted structures. When the SLM structure is returned to the laboratory, the overdenture is processed with acrylic and delivered to the dental office for insertion.



Fig. 5: "Hardware Collection" prepared for insertion.



Fig. 6: Happy patient after insertion.

To conclude, this restoration type is a great alternative to screw-retained hybrid reconstructions. It can be utilized with or without a flange, if tissue support is needed or if the flange is needed due to aesthetic reasons. It can be easily removed for hygiene and maintenance.

The big advantage is that this restoration is still completely implant-supported. To the patient it functions the same way as it would if it were a screw-retained fixed hybrid restoration. ■

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Guided overdentures: overkill or ensured predictability?

Naif Sinada,
DMD, MS

With all the recent advances in the digital realm of prosthodontics, it seems that a great deal of focus has been centered on guided surgery.

Chances are that if you have attended any major meetings in the past two to three years, there has been a lecturer touting the benefits of guided surgery. It is important to note that most of these lectures talk about guided surgery in the context of fixed prosthodontics. Not much attention seems to be devoted to the utilization of this game-changing technology in the field of removable prosthodontics. Whether this resistance is a result of a general reluctance to adopt the technology or simply a failure of clinicians to appreciate its value, one thing is clear: there is very little reason for guided surgery not to be an essential tool in the armamentarium of a prosthodontist.

Why guided surgery – especially for something as straight-forward as an implant-retained overdenture? If we are to truly embrace the combined role of surgeon and restorative dentist, the role comes with a certain set of responsibilities. In particular, we can no longer direct culpability for poor surgical outcomes to other team members. While this is an underestimated reason to adopt guided surgery in most (if not all) of our implant cases, it cannot be the primary driving factor.

The biggest immediate benefit that guided surgery brings to the overdenture application is in ensuring parallelism. As prosthodontists, if we consider one prosthetic application where parallelism of implant angulations was ever more important, I would



Fig. 1: Pre-operative condition displaying severe atrophy of mandibular residual ridge.

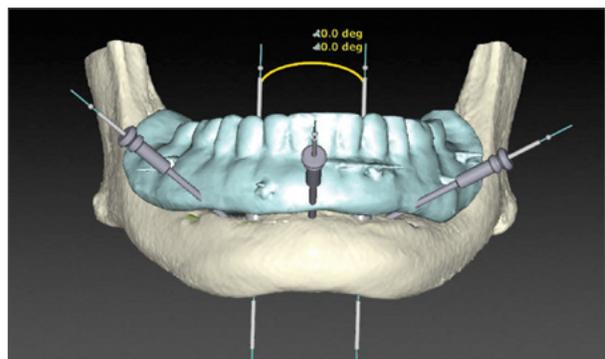


Fig. 2: Virtual surgical planning of parallel implant placement.

argue that the implant-retained overdenture is that application. Severe angulations (and off-axis loading) are commonly corrected in fixed complete dentures by using angulated abutments. This is not as easily achieved in the implant overdenture using unsplinted attachments. Parallelism becomes paramount in these cases. Guided surgery is arguably the “silver bullet” that mitigates the unexpected, unfavorable implant angulation that we are all too familiar with.

In addition, shorter surgical times can be predictably achieved in a distinct subset of patients that are commonly referred to the prosthodontist. Figure 1, for example, shows a PDI Class IV patient with a severely resorbed mandibular ridge. Traditional surgical procedures would involve an extensive flap reflection in order to expose the residual ridge – commonly associated with a high morbidity. By utilizing a dual-scan technique, the surgery for a two implant-retained overdenture was virtually planned (Figure 2). This allowed for a 30-minute flapless surgical procedure on a significantly resorbed mandibular ridge.

Logistically, this workflow makes sense. Clinically, however, this technology is currently lacking in a few areas. Mainly, it lacks the ability to assess the presence or absence of connective tissue in anticipated surgical sites (Figure 3). It can also require a significant up-front cost in adoption (not the case if CBCT technology is already being implemented).

Nonetheless, its benefits currently outweigh this significant drawback (Figure 4).

Unexpected, unfavorable implant positions and angulations can be more predictably managed with the utilization of guided surgery for overdentures (Figures 5-6). The application of this technology doesn't stop with the workhorse two-implant overdenture. Beyond maxillary and mandibular arches, it can (and should) be applied to cases requiring more than two implants.

It can be argued that the days of exploratory flap reflection to first “evaluate” the available bone prior to implant placement are far behind us. We have the omnipresence of the CBCT in the dental practice to thank for that. The former need to rely on dexterity to achieve results paved the way for procedures that can be easily digitally controlled, planned, and executed with much greater predictability. Now is the time for us to adopt guided surgery in the removable prosthodontics as standard practice. ■



Fig. 3: Post-operative view of implant positioning consistent with virtual plan.

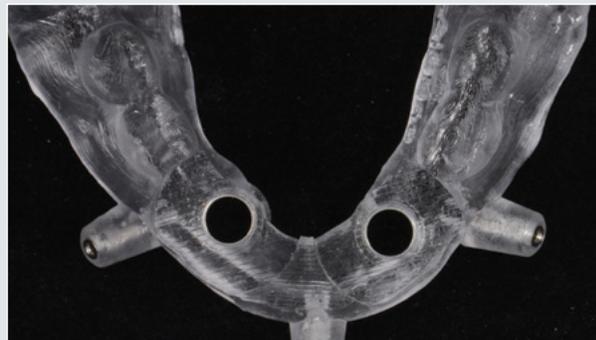


Fig. 5: Computer-generated surgical template made of rapid prototyping stereolithographic laser cured resin with stainless steel sleeves for guiding drills.



Fig. 4: Post-operative view of ideal prosthetic abutment positioning and parallelism.



Fig. 6: Surgical template fixated intraorally using horizontally positioned anchor pins for flapless placement.

Philosophies of leadership

Robert M. Taft,
DDS, FACP

I believe each of us in dentistry, specifically prosthodontists, are today's leaders in the healthcare system. The philosophies of leadership are in many ways like fingerprints: distinctive and yet very individual.

Throughout my military professional career, I have emphasized the essence of family and friendship in an attempt to eliminate barriers. This column is an attempt to express some of the tenets that guide my thoughts and actions. I'd like to express my sincere gratitude to many in this organization for providing the standard for our profession. My thoughts are neither subtle nor artful, simply a series of personal maxims that hold importance to me.

The Most Important Perspective: Everyone in this College has a full measure of value unto him or herself. As an organization, we should value the strength this diversity will bring to the table when we strive to get the very best from every person.

The Vertical Pronoun: "We" together is always stronger than "I". As the saying goes, "...the strength of the Pack is the Wolf and the strength of the Wolf is the Pack." The whole idea here is that "it's not about you or I, but about us." The power of the team cannot be overstated. Individual performance is only impactful in that it contributes to the mission of the unit or team. What "I" can accomplish is insignificant...what "We" can accomplish is virtually limitless. We strive to cultivate this element of our ethos. We are in the business of service to each other and to the patients we care for every day.

By strengthening the "We", we make prosthodontics a stronger, more vibrant, and dynamic specialty.

Leadership: We must recognize that there are only two kinds of people – leaders and those aspiring to be leaders. As a result, all must be given the opportunity to practice leadership without fear of failure. "Let leaders lead" is a great maxim. Those young members aspiring to be leaders must be given the reins from time to time so that they can experiment with leadership styles and practices. Initiative and imagination must be encouraged, recognized, and rewarded. It is the ultimate responsibility of each and every one of us to train and mentor our successors. "Supervision" is not a four-letter-word, nor does it insinuate a lack of trust – it is an important element of leadership. With a shared understanding of intent, nothing is impossible.

Initiative: I am convinced that our ACP membership is stellar. As we move further into the digital age, the creativity of our new members has never been more important and impactful. We must strive to develop a true learning environment – one that welcomes rather than resists change. Encourage "out of the box" thinking; expose new ideas to the light of day... "We" will be surprised at how many of their innovative ideas are adopted or implemented. Don't allow good and useful thoughts to become the casualties of preconceived notions and/or bureaucracy. Ideas that flow from our youngest professionals could very well become the "tip of the spear" for our future.

Moral and Physical Courage: During the days of sail, sailors would use two instruments to navigate the open sea. The compass provided direction to a specified destination while the sextant determined a sailor's position and provided assurance to one's assigned course.

Although the days of sail are long gone in the modern Navy, sailors and non-sailors alike still need direction and assurance that they are on the right course as it relates to moral values and ethical decisions.

I feel the greatest threat to one's moral compass is one's self, because once a questionable act crosses the ethical barrier and challenges one's character, it can become an un-tolerated and potentially unforgivable act. However, we can put mechanisms in place to shape and change our individual conduct to affect our mindset to make positive decisions. It can start with an attitude of personal moral accountability.

Understandably, people can't always control their situations, nor the outcome of events for which they are exposed. Most of what we experience in life is beyond our control, but what we do have control over is our reaction to said events.

It all comes down to a matter of choice. A choice that is repeated often enough becomes a habit; the habit forms a personality; a personality shapes a character; and a character determines a destiny. Choice is something you own – you can't blame anyone but yourself for your choices. Simply doing good is not necessarily a moral virtue. What matters is the intent of your actions. If your intent is bad, then the morality of your action will reflect the same.

Everyone makes mistakes; however, those of moral character learn from their mistakes and make necessary course directional change for self-improvement. We should always welcome discussion and debate; the foundation of new ideas is built on discussions stemming from varied opinions. Of even greater importance, it relieves any one person of the responsibility for having to be always right!

Priorities: Show me an organization where everything is first priority, and I'll show you an organization that has no priorities. This is a complex organization with equally complex goals. Our decisions should be driven by the most critical undertakings and then followed by our support, with allocation of our efforts and resources accordingly. Insofar as priorities are concerned, I subscribe to a "five finger rule". Simply stated, I believe counting on the fingers of one hand should be the number of honest-to-goodness, hot button tasks a Board of Directors, membership, or organization can effectively address at any one time. So, we should continue to do our best to assure that we live by the "five finger rule" as our priorities will be as dynamic as our evolving environment.

In my opinion, our future is bright. Our strength comes from our membership and the bonds between each and every one of us. As we forge a new strategic plan, utilizing the Strategic Planning Task Force recommendations, the member needs assessment, and the results of the Governance Review Task Force, we should and will form new friendships outside our traditional borders as that diversity will allow us to grow and continue to drive cutting-edge excellence in education, research, and patient care. ■

Transforming prosthodontics



The 47th Annual Session of the American College of Prosthodontists was designed to bridge the gap between current practice and future trends. ACP President Dr. Susan E. Brackett and Program Chair Dr. Lars Bouma welcomed nearly 1,200 professional attendees to San Francisco – the second highest attendance in ACP history.

Speakers delivered the latest updates on how to plan and deliver patient care – from the leading edge of current specialty practice to the disruptive trends and technologies coming in the future.



THANK YOU TO OUR SPONSORS



Virtual Treatment from Diagnosis to Prosthetic Care (Live & 3D)

“The program was presented with a live surgical implant placement, digital impression, crown fabrication, and permanent cementation,” said Dr. Steven Eckert. “As if this was not enough, everything was done in real time and in 3D. As a member of the audience I found myself on the edge of my seat. The future of prosthodontics was incontrovertibly changed this day.”



During the Annual Awards & President's Dinner, Dr. Robert M. Taft was installed as the 2018 ACP President.

John J. Sharry Research Competition



Pictured from left to right: Dr. Geoffrey Thompson, Chair; Dr. Wongkamhaeng; Dr. Gerogianni; Dr. Darwish

1ST PLACE: Dr. Petrina Gerogianni
University of Texas Health Science Center at San Antonio (2017)

Fracture Resistance of Pressed and Milled Lithium Disilicate Anterior Complete Coverage Restorations Following Endodontic Access Preparation

2ND PLACE: Dr. Ghaith Darwish
University of Illinois at Chicago (2017)
Improving Poly(methylmethacrylate) Resin Using a Novel Nano-Ceramic Coating

3RD PLACE: Dr. Kan Wongkamhaeng
University of Iowa (2016)
Effect of Surface Modification of Zirconia on In-Depth Transformations and Flexural Strength



Awards of Distinction

All award recipients are pictured with Dr. Susan E. Brackett, 2017 ACP President.



Distinguished Lecturer Award
Dr. Peter S. Wöhrle



Distinguished Service Award
Dr. John R. Agar



Educator of the Year Award
Dr. Frank J. Tuminelli



Clinician/Researcher Award
Dr. Zafrulla Khan



Major General (Retired) Bill B. Lefler Federal Services Award
Dr. Ronald D. Woody



Dan Gordon Award
Dr. Steven E. Eckert



President's Award
Dr. Karen J. Bruggers

Private Practice Prosthodontist Awards



Region 1 - Northeast
Dr. Stephen I. Hudis



Region 2 - Eastern
Dr. Donald L. Ridgell



Region 4 - Rockies/Plains
Dr. Curtis M. Becker

Honorary Member Recognition



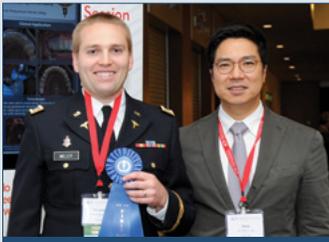
Dr. George Tysowsky

Resident & Dental Student Digital Poster Session

115 e-posters were presented on digital monitors over three sessions. These presentations highlighted the scholarly activity of residents and dental students. The posters varied between presentations of research results, clinical outcomes, laboratory techniques, and more. All posters are available online at acp47.com.

Finalists are pictured with Dr. Sang Lee, Poster Session Chair. Congratulations to the following resident and dental student winners!

Resident Competition



1ST PLACE
Accessing Screw Access Channels on an Implant-Supported Full-Arch Fixed Prosthesis Utilizing Digital Dentistry
 Dr. Nicholas R. Miller
 United States Army (2018)



2ND PLACE
Ectodermal Dysplasia: The Features of Oral Rehabilitation in Three Clinical Cases
 Dr. Yuanlynn Hsieh
 University of Michigan (2019)



3RD PLACE
A Simple Technique to Record Implant Positions Before Fabricating a Conversion Prosthesis in Immediate Loading Situations
 Dr. Robert W. Slauch
 University of Connecticut Health Center (2019)

Dental Student Competition



1ST PLACE
Novel Surface Treatment of Ceramics for Increased Durability
 Ms. Michelle L. Llinas
 University of Connecticut Health Center (2018)



2ND PLACE
Evaluation of Biaxial Flexural Strength and Fracture Toughness of a Zirconia-Reinforced Dental Ceramic
 Mr. William A. Randi
 Columbia University (2018)



3RD PLACE
Adaptation of Dental Materials for Custom 3D Printing of Dental Prosthetics
 Mr. Alexander J. Sikora
 University at Buffalo (2019)

Special Thanks



The American College of Prosthodontists would like to recognize the generosity of Nobel Biocare as the primary sponsor of the 2017 Annual Awards & President's Dinner.



Award recipients participated in the event through the generosity of Ivoclar Vivadent.



Special thanks to Henry Schein for their support of the Distinguished Lecturer, Distinguished Service, Educator of the Year, and President's Awards.



The 2017 Digital Poster Session was made possible through the support of GlaxoSmithKline Consumer Healthcare.



ACPEF Founders Society Award

Dr. Karen J. Bruggers was recognized as the recipient of the ACPEF Founders Society Award, which honors individuals who have made a significant impact on the growth and development of the Foundation and demonstrated an extraordinary level of commitment to the advancement of the specialty.

Dr. Bruggers was selected for her legacy of vision, leadership, service, and dedication to the ACPEF and specialty of prosthodontics. She is an active supporter of the ACPEF and served as Secretary on the ACPEF Board of Directors for 9 years.

Dr. Karen J. Bruggers, pictured here with Dr. Lyndon F. Cooper, ACPEF Chair.

Now Online in the *Journal of Prosthodontics*

The *Journal of Prosthodontics* has published its first article with associated video. “Using Electromagnetic Articulography to Measure Denture Micromovement during Chewing with and without Denture Adhesive” studied the effects of denture adhesive upon denture micromovements in three dimensions during the chewing of hard, sticky, and tough food items observed using a novel method involving an electromagnetic articulograph (EMA) speech research system.

Gnathodynamometry has historically been used to measure “macro” movements of the denture (those that cause denture dislodgement). And while dental adhesives have been found to reduce macromovements of the denture and to improve retention, stability, overall function, and patient quality of life, real-world complaints of patients dissatisfied with their complete dentures often derive from very small denture movements and shifts within the mouth (so-called “micromovements”). This study attempted to measure such micromovements.

Using the EMA, the authors tested ten volunteers eating hard (carrot), sticky (raisin), and tough (meat stick) foods. The authors found that adhesive use was associated with statistically significant reductions in denture micromovements for hard, sticky, and tough foods.

The videos associated with the article illustrate the EMA testing with more detail and information than a static picture could. The *Journal of Prosthodontics* is interested in publishing more articles that include video, which can be of particular value when describing a new clinical technique or a novel laboratory procedure. If you are interested, please contact Alethea Gerding, Managing Editor, at agerding@prosthodontics.org.

This study was supported by The Procter & Gamble Company, Mason, OH.

Hoke P, Tiede M, Grender J, et al: Using electromagnetic articulography to measure denture micromovement during chewing with and without denture adhesive. J Prosthodont doi:10.1111/jopr.12679



New ACP Fellows and Diplomates of the American Board of Prosthodontics

Congratulations to the class of 2017!

Dr. Varun Acharya
 Dr. Natalie Baker
 Dr. Tatyana Baranovsky
 Dr. Saad Bassas
 Dr. David B. Burnham
 Dr. Bart M. Cragen
 Dr. James K. Doll
 Dr. Remi A. Elkattah
 Dr. Heather Lynn Giannotta

Dr. Rand F. Harlow
 Dr. Virginia Hogsett Box
 Dr. Jessica K. Hsieh
 Dr. Jason P. Kiangsoontra
 Dr. Doris Kore
 Dr. Eldon M. Lamb
 Dr. Vrinda V. Mohunta
 Dr. Olivia M. Muller
 Dr. Viensuong N. Nguyen

Dr. Jeffrey T. Oyama
 Dr. Adriana C. Padron
 Dr. Charles Laser Palin
 Dr. Ewa C. Parciak
 Dr. Cheryl Jonghee Park
 Dr. Augusto V. Saldarriaga
 Dr. Lucero Sanabria-Parrilla
 Dr. Demetrios M. Sarantopoulos

Dr. Sae-Eun Schlottko
 Dr. Kelly A. Shimada
 Dr. Craig L. Sikora
 Dr. Konstantinos Vazouras
 Dr. William M. Wahle
 Dr. Alexander M. Won
 Dr. Roberta A. Wright



ACP Represented at ASDA National Leadership Conference

Dr. Diana Cuesta, a second year resident at the University of Illinois at Chicago, represented the ACP at the 2017 National Leadership Conference of the American Student Dental Association.

This conference, which brought more than 700 dental students to Chicago, is a source of personal and professional development: career planning, business and financial leadership, advocacy, professional issues, chapter leadership, and management. Students learned about residency programs, careers in prosthodontics, and the benefits of ACP student membership.

IN MEMORIAM

The College and Board of Directors remember the following colleagues:



Dr. Bruce R. Barnhard
 Dr. William F. Bowles, III
 Dr. Robert J. Crum*
 Dr. Jon M. Finley
 Dr. Richard A. Foster*
 Dr. Bert D. Gaster
 Dr. William A. Jennings
 Dr. Jack L. Kabcenell*
 Maj. Gen. Bill B. Lefler, USA (Ret.)*
 Dr. James G. McCartney
 Dr. John P. McCasland
 Dr. Ernest B. Mingleдорff
 Dr. Carl E. Misch
 Dr. Leonard R. Moore
 Dr. Don W. Morgan
 Dr. Earl M. Ness
 Dr. Harold R. Ortman*
 Dr. Michael J. Tabacco
 Dr. Glenn E. Turner
 Dr. Eugene Unti*



In their honor, the College has made a contribution to the ACP Education Foundation.

** denotes Charter Member*



Advancing prosthodontics through education and research

Thank you to our corporate supporters who have contributed to the 2017 ACPEF Annual Appeal.

DIAMOND LEVEL

PLATINUM LEVEL

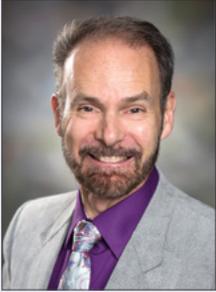
GOLD LEVEL

BRONZE LEVEL

DONOR LEVEL



New ACP Officers and Board Members



Dr. Robert M. Taft was installed as President of the American College of Prosthodontists. He is Professor and Chairman, Department of Comprehensive Dentistry, University of Texas Health Science Center, San Antonio, Texas, School of Dentistry. He is a Diplomate, Board Examiner, and Past-President of the American Board of Prosthodontics, Fellow of the American College of Prosthodontists and Academy of Prosthodontics, Past President of the American Academy of Maxillofacial Prosthetics, and CODA site visitor, along with many other roles.



Dr. Nadim Z. Baba was installed as President-Elect of the American College of Prosthodontists. He serves as a Professor in the Advanced Education Program in Prosthodontics at Loma Linda University and maintains a part-time private practice in Glendale, CA. He previously served on the ACP Board of Directors as the Region 5 Membership Director from 2010-2014 and the Co-Chair of the ACPEF Annual Appeal Committee. He is a Diplomate of the ABP and a Fellow of the ACP.



Dr. Stephen I. Hudis was installed as Vice President of the American College of Prosthodontists. He maintains a private practice in Princeton, New Jersey. He serves on the editorial review board of the *Journal of Prosthodontics* and participates in numerous study clubs in the Northeast. He serves as the Chair of the ACP Strategic Planning Taskforce. He served on the ACPEF Board of Directors for nine years as well as on the ACP Board of Directors as the Region 1 Membership Director.



Dr. Daniel A. Givan was installed as Secretary of the American College of Prosthodontists. He serves as Professor of Restorative Sciences at the University of Alabama School of Dentistry, as Associate Chair for the Department, Division Head of Prosthodontics, and as the Assistant Director of the Graduate Prosthodontics Residency. He is a Diplomate of the ABP. He is a Past Chair of the ACP Postdoctoral Education Committee and has served as President of the Alabama Section of the ACP.



Dr. Gerald T. Grant was installed as Maxillofacial Prosthetics Division Director. He serves as a professor of prosthodontics and Chair of the Oral Health and Rehabilitation Department at the University of Louisville School of Dentistry. He retired after 30 years of service with the U.S. Navy. He continues his areas of research from the military in the validation and applications of advanced digital dental technologies, virtual surgical applications, and advanced digital applications in the design and fabrication of medical devices for craniofacial reconstruction, dental restoration and rehabilitation, and in bio-printing/bio-fabrication.



Dr. Thomas B. Girvan was installed as Region 6 Membership Director. After serving 30 years with the U.S. Air Force, he has served over 18 years in the Department of Veterans Affairs. He currently directs the Dallas location of the VA Central Dental Laboratory co-located with the North Texas Veterans Health Care System. As Associate Director of Dental Laboratory Operations he provides professional oversight and management for the largest division of the VA Central Dental Laboratory. He is a Diplomate of the ABP.

Dr. Susan E. Brackett will remain an active member of the ACP Board of Directors by serving as Immediate Past President for the next year.
Dr. David P. Donatelli has been elected to the Newly Boarded position on the ACP Council for the American Board of Prosthodontics.
Dr. Heather Joan Conrad has been elected as the new Examiner (Director) Elect of the American Board of Prosthodontics.

Welcome New Members

September – December 2017

New Advanced Program & Graduate Student Alliance Affiliates

Dr. Eman S. Almutairi
 Dr. Muhammad S. Alsafadi
 Dr. Mhdifiras Al Yafi
 Dr. Marinee Cabrera
 Dr. Tsuyoshi Tanaka
 Dr. Michael W. Wanserski

New Dental Technician Alliance Affiliates

Mr. Dave C. Compton
 Mr. Darin B. Swartz
 Mr. Alexander C. Wuensche

Reinstated Fellows

Dr. Maria Chartzoulakis
 Dr. Remi A. Elkattah

Reinstated International Fellows

Dr. Kanchana Kanchanatawewat
 Dr. Tae-Ho Yoon

New Member

Dr. Richard C. Lee
 Dr. Satoko Ono Rubin

Reinstated Members

Dr. Carlos H. Barrero
 Dr. Evangeline Chen
 Dr. Madelyn Fletcher-Stark
 Dr. Dominic A. Galasso
 Dr. Lily Huynh
 Dr. Alireza Khoshvaghti
 Dr. Zineb Mediouni
 Dr. Veneuska M. Ocando
 Dr. Mamaly A. Reshad
 Dr. Kay Rha
 Dr. Marlen Robles-Moreno
 Dr. Shervin Tabeshfar
 Dr. John D. Tran
 Dr. Lori A. Walker
 Dr. Juhyong Peter Yi
 Dr. Sung-Wook Yoon

Reinstated International Members

Dr. Hassan A. Al Abbas
 Dr. Raffaele Pisano
 Dr. Maria Protopapadaki
 Dr. Roxana L. Saldarriaga

New Predoctoral Alliance Affiliates

Ms. Adetaye Adeseye
 Mr. Sean Aiken
 Ms. Kenda Albaree

Ms. Gayane Avakyan
 Mr. Friend Bechtel
 Ms. Annemarie Becker
 Mr. ByongSoo Timothy Chae
 Mr. Bright JeSuk Chang
 Ms. Deepti Chittal
 Mr. Cyrus Clarke
 Mr. John-Morgan Correll
 Ms. Andra Hayward
 Mr. Alexander Hernandez
 Mr. Jesus Hernandez
 Ms. Gia Hoang
 Mr. Nicholas Kaiser
 Ms. Natalia Klimova
 Ms. Spencer Laufer
 Ms. AnnMarie Lyon
 Mr. Kevin Mischel
 Ms. Calie Morgan
 Mr. Varun Nigam
 Ms. Amita H. Patel
 Ms. Ayah Rashwan
 Mr. Daniel Ritchey
 Mr. Tyler Rubino
 Ms. Alexa Schweitzer
 Mr. Zhen Shen
 Mr. Adam Staffen
 Ms. Alexandra Steury
 Ms. Megan Tallman
 Mr. Yuriy Udod
 Ms. Geetan Virdi

Mr. Robert Wertke
 Mr. Jared Wingerter
 Dr. Guangfan Zhang

New Resident/Graduate Student Members

Dr. Fahad A. Alfulajj
 Dr. Ibrahim S. Alkanfari
 Dr. Saud Ali M. Alqahtani
 Dr. Prajna Banan
 Dr. Ousama Damlaj
 Dr. Elizabeth Seymour Felton
 Dr. Maria A. Fonseca Ricaurte
 Dr. Iliana Elizabeth Gonzalez Gusmao
 Dr. Bo Huang
 Dr. Mohammad Amir Koujan
 Dr. Elana Laks
 Dr. Yi Luo
 Dr. Ahmad MA Majeed-Saidan
 Dr. Milagros E. Miranda Delgado
 Dr. Hwan H. Park
 Dr. Fang-Yu Su
 Dr. Joshua Allen Vess
 Dr. Chris Yang

Reinstated Resident/Graduate Student Member

Dr. Woo Jung Amos Chi

LMT. labday CHICAGO 2018



The Newest Restorative Technologies are on Display at LAB DAY Chicago, Hyatt Regency Chicago

Friday, February 23, 2018

Exhibits: 1pm - 6pm
Seminars: 8am - 7pm

Saturday, February 24, 2018

Exhibits: 8am - 4pm
Seminars: 7:30am - 7pm

Take a walk on the wild side—the lab side of dentistry! Make LMT LAB DAY part of your Chicago plans, where all the latest, most innovative ways to produce a consistently excellent restoration are on display!

- Attendance is FREE
- Browse over 260 exhibits in the 70,000-sq-ft exhibit hall
- Choose from over 360 concurrent educational seminars
- Network with over 3,700 laboratory and dentist attendees from 44 countries

Register now at LMTmag.com/lmtlabday/ACP18

LAB DAY is sponsored by LMT magazine, the practical, how-to business management, sales, marketing and technical strategies magazine for dental laboratory decision makers. Subscriptions to U.S.-based dental practices are free.

For assistance, please contact Susan Poitras at susan@LMTmag.com or call LMT at 203-426-4568.

CAN'T MAKE IT TO CHICAGO?

Check out LMT's other events in 2018:

LMT LAB DAY West in Southern California, May 18 & 19

New Location: LMT LAB DAY East in Philadelphia, PA, September 8

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Job Opportunities

Colorado (Fort Collins) – Busy, established private practice in Fort Collins is seeking an additional prosthodontist to work with our great team and awesome patients! Current Colorado licensure is required as we are seeking to fill this position soon. Experience with AO4 is needed and salary is negotiable along with buy-in opportunities. Interested candidates can email their CV to rbergloff@hotmail.com or call at 720-431-6060.

Connecticut (Manchester) – Prosthodontist needed full time. Established private practice in Manchester, Connecticut. \$650 relocation expense, H1b, malpractice insurance paid, 401k, health insurance. On-site dental laboratory, 3-4 hygienists scheduled daily. Collaboration with Board Certified Oral Surgeon on complex surgical / prosthodontic cases. Excellent communication skills a must. Submit CV to dentalspecialist@live.com.

Florida (University of Florida) – The University of Florida College of Dentistry is seeking applications for two full time clinical track faculty positions in the Department of Restorative Dental Sciences, Division of Prosthodontics at the Assistant/Associate Professor rank.

Responsibilities for this position will center on pre-doctoral and graduate level didactic, pre-clinical and clinical instruction in prosthodontics, including serving as a course director, participation in intramural faculty practice, excellence in academic pursuits and service, and include opportunities for participation in the development of research and/or other scholarly activities. Applicants should possess the skills and knowledge to provide clinical coverage in all aspects of general dentistry. The position's requirements include: DDS/DMD or equivalent degree and a certificate of Prosthodontics specialty from a CODA-accredited postgraduate prosthodontics program. Preferred qualifications include: previous teaching experience and board certification. To apply, please go to <http://jobs.ufl.edu/> and search for job number 503419.

Illinois (Northwest Suburbs) – Prosthodontist P/T position; M/W: Prosthodontic office in the Northwest suburbs of Chicago seeking a qualified prosthodontist. Please email: dentalpracticedds1@gmail.com.

Illinois (Oak Park) – Associate position with partnership/ownership opportunity in Oak Park, IL. Very busy prosthodontic practice with a strong general dentistry component. Philosophy is centered on long-lasting conservative dentistry. Great location in a downtown family-friendly suburb. Please send introductory letter and CV to anne.fabricius@gmail.com.

Maine (University of New England) – Assistant/Associate Clinical Professor, Prosthodontist: The University of New England College of Dental Medicine invites applications for a prosthodontist. This is a full-time clinical faculty position (Assistant / Associate Professor).

The University of New England College of Dental Medicine's mission is to "improve the health of Northern New England and shape the future of dentistry through excellence in education, discovery and service." The University of New England College of Dental Medicine is well positioned to successfully pursue this lofty goal. The interprofessional education we provide, in cooperation with UNE's Colleges of Health Professions, Medicine, and Pharmacy, equips our graduates to improve not only the oral health, but also the overall health of the patients they treat. Responsibilities: Didactic and clinical instruction in prosthodontics to pre-doctoral dental students will be core responsibilities for this position. This position reports to the Associate Dean of Curriculum Integration and Analytics for academic/didactic matters and to the Associate Dean of Clinical Education & Patient Care for matters relating to clinical operations.

Qualifications: Qualified candidates must possess a D.D.S./D.M.D. degree or international equivalent. The candidate must be licensed, or, be eligible for licensure in Maine and have successful



The Department of Oral Health and Rehabilitation, Division of Prosthodontics, is seeking qualified applicants for a full-time, tenure-track position. Academic rank and salary will be commensurate with qualifications and experience. Applicants must possess a DDS or DMD degree or equivalent, and be eligible for licensure in the Commonwealth of Kentucky. Candidates must have completed a formal training program in Prosthodontics from a CODA-accredited institution.

Successful applicants will become part of the department's dynamic and contemporary predoctoral and postdoctoral teaching team. All successful candidates will be expected to participate in the School's intramural practice.

Successful applicants will be joining a department committed to a high-quality educational program with a progressive undergraduate, and postgraduate curriculum. Applicants should apply on-line at www.louisville.edu to Job #34340 and submit a letter of interest (including date of availability, and the names of three professional references) plus curriculum vitae to:

Melissa W. Atkinson
Assistant Dean for Administration
University of Louisville School of Dentistry
501 S. Preston Street, Room 245
Louisville, KY 40202

The University of Louisville is an equal opportunity, affirmative action employer, and is committed to providing employment opportunities to all qualified applicants without regard to race, sex, age, color, national origin, ethnicity, creed, religion, disability, genetic information, sexual orientation, gender, gender identity and expression, marital status, pregnancy, or veteran status. If you are unable to use our online application process due to an impairment or disability, please contact the Employment team at employ.edu or 502.852.6258.

completion of NBDE I & II. Candidates must also have completed advanced training in a CODA-approved prosthodontics program and be board eligible, or certified by the American Board of Prosthodontics. Candidates must demonstrate a passion for dentistry and a strong desire to teach students in a demanding, fast-paced, academic environment. Candidates must demonstrate the ability to contribute to and participate in a humanistic environment of learning and discovery. The successful candidate is expected to be able to provide direct clinical supervision of predoctoral dental students and to provide clinical care in the group practice. Salary and rank will be commensurate with experience. Interviews of qualified candidates will begin immediately and continue until the position is filled. Application Materials: Cover Letter; Curriculum Vitae. To apply please visit: <http://une.peopleadmin.com/postings/3200> The University of New England is an Equal Opportunity/Affirmative Action employer and welcomes female and minority candidates.

Maryland (Baltimore) - Seeking Experienced Ceramist: Nationally known, state-of-the-art prosthodontic practice is seeking an experienced ceramist to grow with our team. An ideal candidate will have experience with all phases of fixed tooth-borne and implant restorations and possess extensive knowledge of all forms of porcelain fabrication—from a single unit aesthetically challenging anterior to full-mouth restorations. Proficiency in eMax press/CAD, zirconia, and feldspathic porcelain restorations required. Send resume to baltimoredentalpractice@gmail.com.

Minnesota (University of Minnesota) - The University of Minnesota School of Dentistry invites applications for a full-time clinical-track faculty position in the Department of Restorative Sciences, Division of Prosthodontics.

Major responsibilities include preclinical/clinical/didactic teaching, competency assessment of pre/post-doctoral students, provision and monitoring of patient care, and participation in scholarly activities. Position requires: DDS/DMD or equivalent degree

and certificate of Prosthodontics specialty from a CODA-accredited postgraduate program, Minnesota dental license or eligible for license and proof of authorization to work in the United States by start date of employment. Preferred requirements: Master of Science, PhD, or an additional advanced degree or fellowship; two years of teaching experience, Prosthodontics private practice experience, experience in research, expertise with digital dentistry and experience in clinic coverage coordination or administration of a clinic or practice.

To apply go to: <https://humanresources.umn.edu/jobs> and search for job opening #320445



Missouri (University of Missouri-Kansas City) - Clinical Assistant/Associate Professor, Restorative Clinical Sciences

General Dentist Position # 36648

The University of Missouri-Kansas City School of Dentistry is seeking a general dentist faculty member to fill a position in the Restorative Clinical Science department. The position is a 100% FTE, benefit eligible, full time, non-tenure track position at the rank of Clinical Assistant/Associate Professor. The faculty member will provide clinical instruction and oversight for pre-doctoral dental students. This includes instruction and evaluation of students in diagnosis, treatment planning, restorative dentistry, removable and fixed prosthodontics, endodontics, and non-surgical periodontics. The faculty member is expected to provide didactic and preclinical lab instruction, as assigned. A DDS/DMD or equivalent is required. Advanced Education in General Dentistry/General Practice Residency training or equivalent is preferred. Interested candidates with Missouri licensure may be eligible to participate in faculty practice one day per week.

UMKC is part of the University of Missouri, with excellent fringe benefits package www.umkc.edu. Applicants should submit a letter of interest, a CV, names and contact information for three references in one document online to www.umkc.edu/jobs.

Please direct inquiries and correspondence to: Dr. Pamela Overman, (overmanp@umkc.edu) Associate Dean for Academic Affairs, UMKC School of Dentistry. Equal Opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, genetic information, disability status, protected veteran status or any other characteristic protected by law. All final candidates will be required to pass a criminal background check prior to beginning employment.

New York (Northshore Long Island) - Job Opportunity with buy-in and buy-out: Associate position leading to partnership/ownership in a lucrative 100% restorative practice in Northshore LI, NY. Spacious 4-operatory state-of-art office on ground floor of a newly renovated professional building in prestigious "MIRACLE MILE" area. Excellent staff and highly satisfied patients. Send CV to seyfa1954@gmail.com.

New York (Syracuse) - Syracuse Prosthodontic and Implant Practice Leading to Ownership: Thriving 33 year old Prosthodontic practice looking for qualified candidate to buy in 6 months to 1 year. Gross revenues \$1.2 million on 30 hours per week with low overhead. 2000 sq/ft office with 4 fully equipped ops, all digital including new Sirona Galileos 3D, T-scan, TruDenta diagnostics, latest CEREC Acquisition unit and MCXL Milling unit, Piezosurgery, fully computerized office located in medical and hospital district. Good size lab fully equipped. Placing 70 implants per year. Central New York has the beautiful Finger Lakes with the opportunity to live on the water and commute to work easily. We are surrounded by wineries, great hospitals with easy access to medical care, several major universities, medical school, VA hospital, and a vibrant downtown. The university has competitive Division I football and basketball programs. It is a great place to raise a family with affordable housing.

Please send resume and cover letter to jbsprostho@gmail.com or call 315-447-3145.



South Carolina (Columbia) - Full or Part Time Prosthodontist Needed: Seeking an experienced associate prosthodontist to join an established restorative dental practice in South Carolina. Our prosthodontist is retiring and the new prosthodontist will walk into an ideal situation with an established network of referring dentists. We are a non-corporate, well established private practice. Visit BrickyardDentalGroup.com/ Prosthodontist for more information.

Texas (Dallas) - Seeking Associate Prosthodontist with Partnership Opportunity - Description: Perform all phases of implant prosthetic dentistry; Will have leadership role in the center with an emphasis on increasing center profitability; Possess a patient-centered mindset and approach to treatment planning and daily center operations; Consult with new patients; Possess excellent social skills. Requirements: Professional Degree: DDS/DMD; Certificate in Prosthodontics from an ADA accredited program; Licensed in Texas. Salary and Benefits: Competitive salary and bonus based on production. Email dra@fastnewsmile.com.

Practices for Sale

Arizona (Phoenix/West Valley) - Surgical Prosthodontic practice for sale. Sales price: forthcoming. Annual Collections: 2016 = \$1033K. Completely fee for service; no contracted plans with insurance companies. Two locations: Central Phoenix high rise, 1750 sq ft with 5 ops. West Valley, 1200 sq ft with 4 ops. Both offices have dedicated laboratory, digital radiography and intraoral photography, and paperless technology, Dentrix. Provide full array of prosthodontic services along with surgery to include: dento-alveolar, perio enhancement, implant placement immediate and delayed, hard and soft tissue grafting, ridge and sinus augmentation. 3Shape lab scanner for design and off-site milling.

Practice established since 1984. Please refer to listing AZT365. Contact Fred Heppner at 480-513-0462 or email FredH@arizonatransitions.com.

California (Beverly Hills) - Unique opportunity to own a prosthodontic practice in the heart of Beverly Hills. This opportunity presents tremendous potential to grow to a larger multispecialty practice. For inquires and further information, please contact us at beverlyhillsdentalpractice@gmail.com.

California (Central Coast) - This well-managed and very profitable prosthodontic practice on California's beautiful Central Coast boasts all of the benefits of an exclusive quality-patient referral base, doctor-owned office building and Mediterranean-like weather to boot. Annual collections are just shy of \$1 million for the past three years. Good will is easily transferred, and the Seller is willing to work back. For more information, call Darren at Integrity Practice Sales (805) 878-0633 or email me (darren@integritypracticesales.com).

California (Escondido) - Prosthodontic practice in Escondido, CA (North San Diego County). Practice established in 1986, with current prosthodontist owner since 1999. 4 fully equipped operatories in 2200 sq ft, beautifully designed environment in a stand alone building, with ample parking and room for expansion. Large lab in house with highly qualified prosthodontic technician. 760-443-3603

California (San Diego - North County) - Pros/GP practice in highly desirable North County area of San Diego. Current owner has been here since 2007. 5 Ops, Eaglesoft, Planmeca 2-D, E4D Scan/Mill. Fully equipped in-office pros lab. Seller willing to assist with a transition. Call: 619-694-7077. Email: Russell.okihara@henryschein.com.

California (Sonoma County) - Long-established, advanced practice in a beautiful location. Features include: established and loyal patient base; high-tech tools; four operatories in a lovely setting; and strong net income. This practice is ideally equipped for a prosthodontist to continue the advanced treatment, technology and four decades of goodwill. Contact 888-789-1085 or contact@practicetransitions.com.

Florida (Jacksonville) - Premier 100% fee for service referral based Prosthodontic practice. Collections 1M/yr. The practice is primarily oriented toward implant dentistry, fixed, and removable prosthodontics. Available summer 2018. Owner will stay on as needed to facilitate transition. wrgdds@outlook.com

Florida (Southeast Florida) - Prosthodontic practice located in a retail/medical plaza surrounded by an excellent prosthodontic demographic. A perfect mix of fixed, removable and implant dentistry are done in this warm and modern 2400 square foot office. 4 treatment rooms with A-dec equipment with a 5th room plumbed, digital x-ray, digital panorex, Carestream 3D CBCT, large removable lab with full-time technician and many other amenities. Revenues are 900k plus and growing for past the 3 years on a 4-day workweek, with tremendous potential for growth for the right doctor. Owner is willing to stay on for a smooth transition. Contact prosthodoc@comcast.net.

Michigan (Southeastern Michigan) - Highly profitable, 100% fee for service Prosthodontic practice for sale. Located in a very desirable area of Southeastern Michigan the office has four ops, dedicated lab area, digital radiographs, intraoral photography, digital impressions efficient floor plan occupying 2100 sq ft producing 1.6mm annually. Full complement of services including fixed and removable prosthodontics, implant, and hygiene. Well trained staff and flexible doctor ready to transition patients and referrers to a new owner. Practice proforma with after tax cash flow available. Contact: michigandentist2017@gmail.com.

Minnesota (Duluth) - Seeking a board eligible or board certified Prosthodontist to take over a well established thriving Duluth Minnesota prosthodontic practice. Duluth was labeled as the “Best Outdoor Town” by Outside Magazine in 2014; Practice is limited to prosthodontics and is located in a beautiful, well maintained suite in the Duluth Medical Arts Building. Practice is totally fee for service with over \$900,000 collections annually on 3 1/2 days/week. Office has 2 ops (with an option for a 3rd) with I-CAT CBCT, iTero Element intraoral scanner, and a state of the art removable/fixed laboratory. Practice is heavily oriented toward implant surgery and restoration, but all aspects of prosthodontics are offered. Will stay on as long as necessary for a smooth transition. Contact: Dr. Doug Erickson at dme@drdougerickson.com or call 218-722-8118 (work), 218-343-3983 (cell) www.drdougerickson.com

Missouri (Springfield) - Successful Prosthodontic Office for Sale: Located in the ‘Queen City of the Ozarks’, Springfield, MO, this desirable location, in close proximity to lakes, streams, and National Wildlife Areas, is a delight for any family! The office is part of the vibrant ‘Medical Mile’ found on the southern edge of town. The practice is strictly 100% fee for service with no insurance assignment and has a \$550K gross on 3.5 days a week. This well appointed office includes 3 Ops, dedicated lab area, Digital X-ray and

more. There is potential for increased income with untapped hygiene service. Please contact Rebecca Bauer, Paragon Dental Transitions, 417-489-2713, rbauer@paragon.us.com.

New York (Manhasset / Western Nassau County) -Prosthodontist seeks an Advanced Restorative Dentist for the purchase of an elite private practice. 7 op newly renovated state of the art office. Extraordinary, life altering opportunity. Manhasset, New York (Western Nassau County) Email cover letter and resume to Vanessa: 2prosthodontics@optonline.net.

South Carolina (Hilton Head Island) - Boutique prosthodontic practice for sale on scenic Hilton Head Island SC outside Savannah GA. Three-day work week that generates over \$600K/year collections with low overhead rate. Only true prosthodontic practice in over a 100 mile radius that treats the local full time population and long distance referrals. Perfect for transition to a comfortable pace or potential to grow to larger practice. Call (843) 422-7602 for more details.

Texas (Houston) - Established Prosthodontic Practice for Sale: 2016 Collections - Over \$950K on 4 days/week. 100% Fee for service, prosthodontic practice available in free standing office

building. The practice is primarily oriented in implant dentistry, fixed, and removable prosthodontics. 5 fully equipped operatories w/ digital xrays. Available immediately & owner will stay on as needed to facilitate the transition. Contact: gwcobbjr@hotmail.com.

Virginia (Central Virginia) -Prosthodontic Practice Opportunity in Central Virginia: Perfect opportunity to be a part of a successful prosthodontics practice, ideal long term transition plan. Work alongside a master at his craft. Above average fee parity, fee for service, 1 million plus producing business make this the ideal scenario for a young highly skilled professional. Please go to www.commonwealthtransitions.com and register as a buyer for free to find out more details.



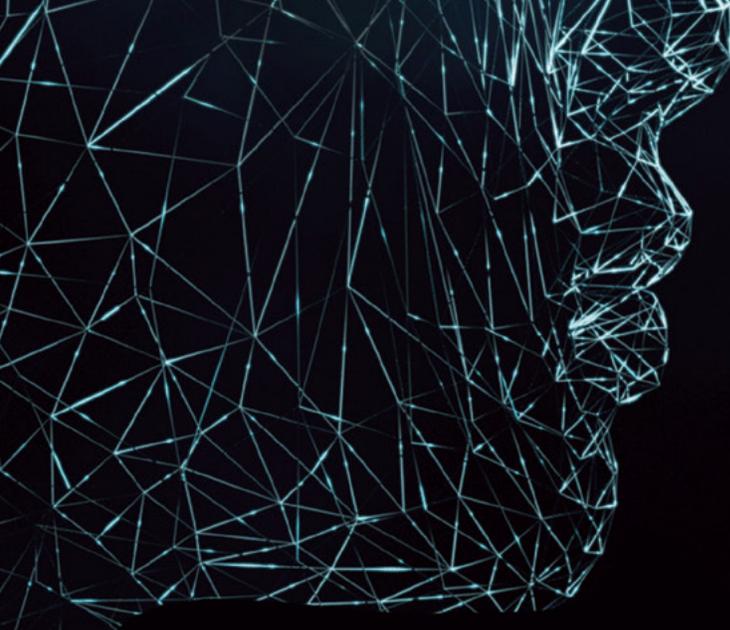
Washington (Bellingham) - Adult restorative practice in busy location. 6 ops, 600K in collections and net at 190K. Doctor will stay for awhile to aid in transition, if asked. Offered at \$345,000. Email jessica@knutzenmcvaygroup.com or call 425-489-0848 for more details.

Upcoming Events

Digital Dentistry Symposium
Feb. 20-21, 2018
Chicago
Prosthodontics.org

National Prosthodontics Awareness Week
April 8-14, 2018
Prosthodontics.org/NPAW

48th Annual Session
Oct. 31-Nov. 3, 2018
Baltimore
acp48.com



DIGITAL DENTISTRY: From Application to Integration

Clinical workflows from design to delivery

Complex reconstruction & restoration

Breakout sessions for new, experienced & advanced users

FEB. 20-21, 2018 | CHICAGO

During the Midwinter Meeting of the Chicago Dental Society

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