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On the Cover

Summer 2013 Volume 44 Issue 3



We're both dentists. When my wife suggested I needed to improve my smile to confidently present dentistry to my own patients, a specialist was who came to mind. Our professional community is full of cosmetic and esthetic experts, but eventually I chose a prosthodontist to improve my smile. I'm confident that the specialist's touch will provide for me a lasting balance of health and beauty. Now my smile can convey this to my own

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+ Disclaimer: This vignette is a vision of how prosthodontists work in their communities to transform the lives of their patients and the people around them.

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Esthetic decision making

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

ecision making is not pretty. Gathering information to make an informed decision is arduous work. Weighing options requires integrating new information with values. Clearly and honestly conveying one's thoughts to other stakeholders is central to the process of making a decision. Again, more hard work. Now, consider being given the responsibility of making a decision regarding the esthetic rehabilitation or enhancement of another human being. This is no small task.

Prosthodontists make important decisions with regularity, often daily. The fundamental education we provide in training the prosthodontist and that knowledge base we share as a "professional phenotype" makes the first step of decision making one that is sure-footed and deliberate. Tooth or implant? Graft or no graft? Immediate or delayed? Zirconia or titanium abutment? Irrespective of the question, we have learned to process all the information regarding individual patients' scenarios into well-developed rubrics that lead to evidence-based answers.

Options abound, and not the least of which is what dental care provider will the patient select in the process of seeking esthetic replacement or enhancement of teeth. When Dr. Nicola Zitsmann surveyed different specialists regarding tooth replacement options, a major outcome of her investigation was that the type of specialist highly influences the type of treatment suggested to the patient¹. This issue of the Messenger clearly illustrates the intellect, caring, skill and professionalism of our membership. Different stories and perspectives indicate that the contemporary practice of prosthodontics involves esthetic achievement at the highest level. Look carefully at the remarkable teamwork in the replacement of a central incisor illustrated by Mr. Hayashi and Dr. O'Brien. The beautiful report of Dr. Raigrodski displays the careful attention to details in replacing adjacent anterior teeth. These achievements exemplify the esthetic accomplishments of our specialty.

The esthetic opinions and options we provide our patients are critical because many are intended to last a lifetime. It is often a young individual who, through no choice of their own, loses teeth and requires tooth replacement. Perhaps we don't yet have answers to how long a prosthesis may serve our patients but we do know many of the reasons restorations fail before a 'lifetime' of more than 30 years passes. Here, Chady Elhage and colleagues confronted these issues in giving the unfortunate victim of violence 'something to smile about'.

A perfect example of prosthodontists' recognition of challenges in dental esthetics is provided by Dean Avishai Sadan. We have developed remarkable tools that include imaging technology, instrumentation, dental implants, ceramics and resins. The deployment of innovative ceramics and resin technology may revolutionize tooth repair and esthetic enhancement. A minimally invasive approach to tooth repair and replacement appears to be gaining traction among early adopters, and the notion of enamel replacement therapy – a concept proposed years ago – is now realistically possible. However, it is not simple. And as indicated by Dr. Sadan, because it may be the right thing to do-despite the challenges-we prosthodontists must lead the careful pathway in clinical therapy evolution. Esthetic decisions impact a lifetime. Our efforts reflect this goal.

 Zitzmann NU, Scherrer SS, Weiger R, Lang NP, Walter C. Preferences of dental care providers in maintaining compromised teeth in relation to their professional status: implants instead of periodontally involved maxillary molars? Clin Oral Implants Res. 2011 Feb;22(2):143-50

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AT THE CHAIR

Minimally invasive dentistry

Avishai Sadan, D.M.D. Dean, Ostrow School of Dentistry of the University of Southern California

The role of prosthodontics as a specialty is to provide leadership in all areas encompassing restorative sciences. To that end, the broad definition of our specialty is both an advantage and a disadvantage. Treatment concepts that are minimally invasive and employed using new techniques and technologies should be properly evaluated and tested. If such treatments result in promising outcomes, they should be embraced by prosthodontists.

Should prosthodontics, as a specialty, rule out new treatment concepts by employing the following claims:

1) that the concepts do not fall under the definition of prosthodontics; 2) that the procedure is "too small" to be considered a true prosthodontics procedure; or 3) that the concept is not "scientifically sound"? The broad definition of prosthodontics should not be used to exclude the incorporation of new treatment concepts and technologies. Further, procedures do not have to be extensive in order to be considered part of the specialty. Lastly, several procedures that are at the heart of traditional prosthodontics are not, in

the strictest sense, based on sound scientific data. Consider, for example, complete dentures occlusal schemes and RPD clasp designs, to name a few.

In the mid-80's up to the early 90's our specialty, with the exception of a few individuals, was hesitant to embrace the esthetic revolution, including the use of adhesive and new

"It takes hard work, but becoming a prosthodontist never was about having it easy. It was about getting it done right!"

ceramic and resin-based technologies. Gaining leadership in this area was a major uphill battle for the specialty. We cannot afford to repeat such hesitation with minimally invasive dentistry.

Most of the new advancements in minimally invasive treatment represent an evolution of existing concepts and are supported by in-vitro and in-vivo published data. Thus, they should not be viewed as new, untested approaches. It is





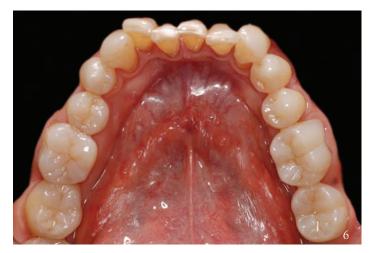
Figures 1 and 2: Maxillary and mandibular preoperative occlusal views with noticeable erosive lesions and restored teeth.





Figures 3 and 4: Preoperative and postoperative labial view. Facial aspect of anterior maxillary teeth were restored using free hand bonding.





Figures 5 and 6: Maxillary and mandibular postoperative occlusal view. Alteration of VDO in the anterior segment was accomplished with maxillary non prep lingual veneers.

clear today that tooth structure preservation is a critical driving force in treatment planning. A simple example from recent years is the shift from full coverage restorations to adhesively bonded partial coverage restorations in complex rehabilitations. The need and justification for full coverage crowns is rapidly diminishing, making treatment planning for extensive rehabilitations more technically challenging. It is manageable to adhesively bond one flat onlay or a small inlay. It is extremely challenging to complete an extensive rehabilitation using non-retentive restorations, mainly due to technical issues such as properly fabricating and stabilizing the provisionals, managing the occlusal scheme and the vertical dimension of occlusion on non-retentive restorations, and the long and arduous sequence of delivery. Because it is the right thing to do, we should be leading the effort in refining these treatment concepts into more user friendly sequences.

Prosthodontists must continue to lead by action, with the understanding that our specialty is not defined by specific procedures, techniques and technologies. Mere technicalities should not deter us from evolving. It takes hard work, but becoming a prosthodontist never was about having it easy. It was about getting it done right!

Clinical Case Credit:

- Sillas Duarte Jr., D.D.S, M.S., Ph.D., Associate Professor and Chair, Division of Restorative Sciences
- Domenico Cascione, C.D.T, B.S.

About the author

Avishai Sadan is Dean and the G. Donald and Marian James Montgomery Professor of Dentistry at the Ostrow School of Dentistry of the University of Southern California.

High aspirations and maximum effort

Naoki Hayashi, R.D.T. and Gianmarco O'Brien, D.D.S.

For this patient's transformation, a skilled dental technician, working in partnership with a prosthodontist, combined a sophisticated level of scientific expertise with an observation of beauty in nature.





Through teamwork, our patient's naturally beautiful smile has been maintained with our prosthodontic implant reconstruction. She now smiles with full confidence!

that fails to achieve "shiny, white, and beautiful teeth," while others want "teeth which are functionally sound yet make them look better." Just as everyone has their own unique fingerprints, each one of us has individual Lip Dynamics, tooth morphology, and various aspects that make a smile unique. However, the common bond for patients seeking esthetic dentistry is that they all want a beautiful smile. The functional and esthetic prostheses which dental technicians are responsible for fabricating must satisfy patients' requirements when they smile.

Dental technicians fabricate restorations to replace missing or damaged teeth according to specifications given by dentists,

Any restorative treatment that fails to achieve excellent esthetics is not acceptable. Some patients desire "Just as everyone has their own unique fingerprints, each one of us has individual Lip Dynamics, tooth morphology, and various aspects that make a smile unique."

therefore helping doctors to restore patients' oral health. Our responsibility is to make these restorations that simulate nature. If the restorations are only machine made, they will lack the natural character found in real teeth. Dental technicians play a vital role in creating the artistic impression of nature by adding surface texture, color and other character to restorations.

The beauty and uniqueness of nature is limitless. Therefore we will never achieve the perfection found in real teeth. All we can do is constantly strive toward this goal ("nature's perfection"). In this endeavor, it is essential for doctors to provide a specific treatment

plan for the dental technicians. The esthetic requirements of the treatment plan (form, function and shade) may be diverse and complicated like nature itself.

When creating esthetic dental restorations, the best dental technicians focus on following the structure of natural teeth. When viewing naturally beautiful teeth, the varying opacity and translucency is made by the esthetic balance between the dentin and enamel layers. Dental technicians must have a full understanding of the various structures and characteristics of natural teeth to attempt to properly create this balance.



Figure 1: This photo illustrates the position and shape in which the gingiva stabilized following implant placement and the associated connective tissue graft.



Figure 2: Initial implant supported provisional. No gingivectomy and very little pressure was placed on the gingival tissues.



Figure 3: Initial implant supported provisional (left) showing the subgingival under-contoured design philosophy used by Dr. O'Brien. This places minimal pressure on the subgingival component of the emergence profile. Final contour of the implant supported provisional (right). This was used as a blue print for the definitive implant custom abutment and crown



Figure 4: In an effort to obtain a mirror image of the gingival position of #9, a gingivectomy was performed on #8 to reshape and relocate the gingival margin. Composite resin was also bonded to the provisional to support the new position of the gingival profile. In this particular case, only performing the gingivectomy and leaving the provisional undercontoured at the gingival margin would allow the gingiva to regrow over the desired established gingival margin. This procedure was redone three times over the course of 1.5 years to gently and slowly create the desired position, balance and harmony between the gingival zeniths of # 8 and # 9.



Figure 5: When creating the custom implant abutment and crown, Mr. Naoki Hayashi followed the subgingival contour established from the implant provisional. This case was unusual in that the gingiva kept growing over the provisional, thus the provisional had to be overcontoured on the facial margin to act as a "ceiling" in order to prevent the gingiva from growing back over the restoration. Depending on the case, the implant custom abutment and crown are usually under-contoured or straight so as not to put too much pressure on the subgingival tissues and increase the risk of gingival recession. However, in this particular situation, Mr. Hayashi had to create a contour that was specifically designed to prevent the gingival margin from migrating back over the ideal esthetic position.



Figure 6: The custom implant abutment and crown have an unusual design due to this particular patient's gingival architecture. As long as the overall contour is hygienic, it is often necessary to create custom contours that are atypical.



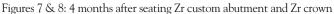






Figure 9: Using a special polarized lens to remove flash points and glare, these photographs can be helpful in evaluating the internal structure and characterization of teeth. The final restoration appears well balanced and in good overall harmony with the adjacent teeth.

Gingival tissue management is equally important in esthetic dentistry. The gingiva creates the frame for the artful restorations our dental technicians create. This is especially important for implant cases. Controlling gingival emergence and contour can present challenges in implant dentistry, especially if the patient has a thin gingival biotype. There are many ways to shape and mold the gingival tissues around dental implants. However, the goal is always the same, to create an esthetic and hygienic emergence profile. In this case presentation, soft tissue grafting and surgical gingival recontouring in conjunction with an implant supported provisional were used to create the optimal gingival emergence. Once the soft tissue profile is healed and the gingival zenith matches the contralateral tooth, a customized fixture level impression coping was used to transfer this vital information to the master cast.

Once the optimal gingival profile is created and stabilized in the patient's mouth, it is much easier for a master ceramist to create a highly functional and esthetic restoration. When the shape and position of this optimal gingival profile is transferred to the master cast, the technician can then create the optimal contour of the customized implant abutment and crown, thus supporting the established gingival emergence and papillae.

The success or failure of an esthetic dental restoration should not be assessed solely by looking at the teeth. One must step back and view the smile and face as a whole. Since the lips are constantly moving and facial expressions are always changing, the true success of the restoration is to stay hidden and appear resin and referred to a periodontist, Dr. Perry Klokkevold for extraction and implant placement. The tooth was extracted, and then a dental implant and a connective tissue graft was placed on the same day. In an effort to minimize pressure on the surgical site, a tooth supported provisional restoration was fabricated. After osseointegration, an implant supported provisional was made and used, along with gingivectomy procedures, to shape and mold the gingival emergence profile and gingival margin shape and position. Eventually when the soft tissue profile stabilized, the exact shape and position of the "customized gingival profile" was transferred to the master cast. Using the provisional restoration as a blue print, a definitive implant custom abutment and crown was then fabricated to complete this esthetic reconstruction.

Dentists and dental technicians must use their knowledge of art in addition to evidence based techniques in dentistry. The perception of beauty is diverse and also very vague. In a way, it may be so ambiguous that no definition is possible. When trying to simulate what is found in nature, it is important that we study dental anatomy, occlusion and articulation, concepts of light and color from our art colleagues, photography... the list goes on and on.

Iinterdisciplinary treatment planning and collaborating with dental specialists and dental technicians will help us to achieve our patients' highest esthetic demands. In this way, we constantly strive to create something which is perceived as beautiful. ■

About the authors

Naoki Hayashi is a technician at Ultimate Styles Dental Laboratory.

Dr. Gianmarco O'Brien is a prosthodontist in Los Angeles and Orange County.

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CASE PRESENTATION

Something to smile about

Chady A. Elhage, D.D.S., Michael Razzoog, D.D.S., M.S., M.P.H., Marianella Sierraalta, D.D.S., M.S.

It came out of nowhere. A shocking assault on a fall afternoon left one patient in severe need of care. This story describes how the unique skills, expertise and creative approach taken by a team of prosthodontists were able to restore him to health.

Acollege student was leaving a University of Michigan football game when he was assaulted by a group of men resulting in a broken nose, broken maxilla and evulsed teeth #8, #9, and #10. Oral and Maxillofacial Surgeons repaired his injuries, including bone grafting and implant placement. Unfortunately, the patient's medical insurance did not provide coverage for a definitive prosthesis. This young man of 22 years at the time was left to use a flipper replacing missing teeth #8, #9, and #10. That was his condition until we proposed the idea of fabricating a final prosthesis for him in recognition of National Prosthodontics Awareness Week.

We were faced with fabricating a prosthesis that provided the patient function and natural esthetics. Due to the loss of soft and hard tissues as a result of his injuries, a stand alone fixed partial denture would have resulted in longer than normal teeth. A bar was needed with gingival color to compensate for loss of tissue and to bring the cervical portion of the teeth to an even line with adjacent natural teeth.^{1,2}

Preliminary alginate impressions, facebow, and jaw relations were taken of the patient. The casts were mounted on an articulator and a diagnostic wax up completed. On to the 2 Replace Select RP implants (Nobel Biocare, Zurich, Switzerland) that had been previously placed (Fig. 1), impression copings were attached. A radiograph was taken to verify accurate engagement to the implant platform. A closed tray impression technique using vinyl polysiloxane (Aquasil Ultra, Milford, DE) was made and after the





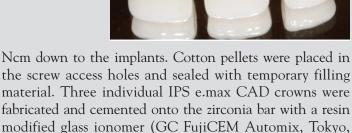
Image courtesy of AnnArbor.com

definitive cast was validated with non-engaging temporary metal abutments splinted together with GC Resin Pattern (GC America, Islip NY). The master cast was scanned using an optical scanner (Nobel Biocare, Zurich, Switzerland) and two zirconia CAD/CAM abutments were fabricated. A provisional fixed partial denture was fabricated from Jet Acrylic (Lang Dental Manufacturing, Wheeling, IL) and temporarily cemented to the two zirconia abutments. This helped us evaluate the esthetic demands, functionality and the need for future mandibular anterior enameloplasty.

Most importantly, this was the first time in two years the patient had a fixed restoration.

It was decided an all ceramic restoration would be indicated in this situation. A zirconia bar was milled from a scanned GC Resin (GC America, Islip NY) pattern that was fabricated using the provisional fixed partial denture as a reference point of where the permanent teeth would be located. After try-in of the bar and radiographs to confirm the seating against the implant platforms, gingival porcelain was added to the facial surface. The bar was torqued to 35





Japan). Slight enameloplasty performed on the obtain an optimal occlusion. The final outcome resulted in a restoration that esthetically

resembled natural teeth and restored function and quality of life to the patient.

Upon completion of this case, the Ann Arbor News was contacted and very eager to do a follow up article. It was important to convey our message to the community and other practitioners about what we were doing at the University of Michigan Prosthodontics department in recognition of National Prosthodontics Awareness Week. There are a lot of patients in need of prosthodontic care and it is important for all of us to extend our services in any way possible to restore optimal function and esthetics. The article was published on the front page of the Ann Arbor News (AnnArbor.com) on September 30, 2012. Our story



received national recognition and increased awareness of what exactly we do among the Ann Arbor community. It also grabbed the attention of many dental students and inspired them to spend more time in our department assisting and observing our cases.

"There are a lot of patients in need of prosthodontic care mandibular anterior teeth to and it is important for all of us to extend our services in any way possible to restore optimal function and esthetics."

About the author

Dr. Chady Elhage is a third year prosthodontic resident at the University of Michigan School of Dentistry. He maintains a private practice in Livonia, MI.

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Noteworthy ACP Events 2013–2014				
Organization Name	Event/Course Name	Location	Date	Web site
American College of Prosthodontists	43rd Annual Session	Las Vegas	October 9-12, 2013	acp43.com
American College of Prosthodontists	Prosthodontic Review Course	Chicago	November 15-16, 2013	GoToAPro.org
	National Prosthodontics Awareness Week	Nationwide	April 6-12, 2014	GoToAPro.org/NPAW

GoToAPro.org ACP MESSENGER – Summer 2013

Managing a prosthetic challenge

Ariel J. Raigrodski, D.M.D., M.S., F.A.C.P.

requently, clinicians and dental ₹ technicians are presented with challenging clinical scenarios while providing care with implantsupported restorations in the esthetic zone. In such areas both the hard and soft supporting tissues have to be carefully managed to achieve the outcome.1 restorative desired Innovative technologies and materials, such as CAD/CAM generated screwretained zirconia-based restorations may aid in providing adequate prosthetic solutions enhancing a successful treatment outcome.

Numerous considerations, which may require the involvement of multiple dental disciplines, must be weighed during the treatment planning phase prior to commencing treatment. Such considerations include the hard and soft tissue properties, number and implants' position, and restoration design and material selection for complete-coverage implant-supported fixed dental prosthesis (FDPs). With excellent biocompatibility, zirconia may be designed and processed via CAD/CAM technology.²

In addition, due to the excellent mechanical properties of zirconia, these

restorations are not limited to single crowns exclusively; initial results of clinical studies have been shown to be promising for FDPs.^{3, 4}

In addition, CAD/CAM technologies allow for the design and fabrication of zirconia abutments for cement-retained restorations and screw-retained

Zirconia abutments and such restorations allow a favorable soft tissue response in terms of not only biocompatibility but also esthetics and a favorable soft tissue response. Like any other screw-retained implant-supported restorations, there are no cement clean-up concerns and

"Numerous considerations, which may require the involvement of multiple dental disciplines, must be weighed during the treatment planning phase."

restorations while allowing the fabrication of one piece monolithic restorations from the implant platform to the occlusal surface. Although concern has been expressed regarding the effects of aging on zirconia and of the wear properties of zirconia, recent studies have demonstrated that such concerns may be over emphasized.^{5,6} The other design option is the fabrication of an abutment-framework complex with adequate design to support the subsequently applied veneering porcelain, which may be either conventionally layered, pressed or digitally veneered.^{7,8}

adequate retention can be achieved when interocclusal space is limited. In addition, appropriately positioned implants will negate the screw access affect on occlusion and esthetics and facilitate passivity of fit of the abutment-framework complex which is directly connected to the implant platform. Moreover, with zirconia as the abutment-framework complex, long-span restorations may be veneered without the risk of abutment-framework distortion as is with metal alloys.

Currently, different types and brands of zirconia abutments are available to



Figure 1: A frontal close up view of a smile of a patient referred with a provisional cantilever implant-supported fixed dental prosthesis (FDP) replacing missing teeth #'s 7 (Pontic) and 8 (implant–supported retainer). Both teeth were lost due to trauma. Grafting procedures have been performed and an implant was placed at the site of tooth #8 and later provisionalized. All procedures were performed by clinicians in a different state. Note the inadequate width to length proportions on retainer #8.

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Prominent.



Figure 2a: The provisional restoration was removed, and a facial view demonstrated a severe vertical residual alveolar ridge defect at the site of tooth #8.



Figure 2b: An occlusal view of the site demonstrated a severe horizontal residual alveolar ridge defect at the site of teeth #s 7 and 8 (Siebert Class III defect). The implant which was placed too far distally was identified as a NobelReplace RP, 4.3*11.5 mm in length (Nobel Biocare, Yorba Linda, Calif). Since the patient declined additional surgical procedures, at this time it was decided to restore the patient with a screw-retained implant supported FDP with a gingiva colored ceramic flange to enhance esthetics and lip support.

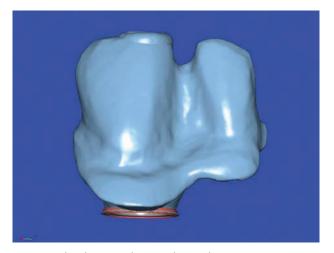


Figure 3: The abutment-framework complex pattern was scanned for the fabrication of a zirconia-based screw retained abutment framework complex with a bonded metal component interfacing with the implant and the retention screw (Lava, 3M ESPE, St. Paul, Minn).



Figure 4: The restoration was tried in the patient's mouth to assess color match and esthetics, internal and proximal fit, and to assess occlusal contacts. In addition, it was verified that the patient can maintain oral hygiene with a floss and a threader.



Figure 5: Occlusal view of the completed restoration demonstrating the distobuccal rotation of retainer #8 to provide adequate thickness to the zirconia abutment-framework complex at the distal and incisal areas to facilitate durability.



Figure 6: A frontal view demonstrated both the high translucency at the incisal areas and the characterizations at the facial aspect of the restoration. Even though the patient has been presented with a challenging clinical scenario, functional and esthetic integration was achieved with the adjacent and tissues to the patient's satisfaction using novel materials and technologies.



Figure 7: A 3 year follow-up radiograph demonstrates stability of crestal bone levels around the implant.

clinicians for use. One of the major differences within these abutments is the type of interface with the implant platform. Some are made exclusively out of zirconia, which may raise the concern of implant platform wear in particular for single implant scenarios, whereas others present with a titanium component bonded to the intaglio surface of the abutment creating a metal to metal interface between the abutment and the implant platform as well as with the abutment screw head.¹⁰

Screw-retained zirconia based restorations may also help in providing patients with a viable prosthetic solution as in the case presented. When hard and soft tissue horizontal and/or

vertical deficiencies are present and the use of gingiva colored prosthetic flange is required¹¹ it is easier to deliver such a restoration, where otherwise excess cement removal would be extremely challenging. Due to the concave ridge lap type intaglio surface contours of a flange, it would difficult for the patient to clean such a fixed restoration adequately and predictably. Screw retention allows for removal of the restoration as needed for professional cleaning, thus facilitating long term maintenance of the restoration, surrounding tissues and the implant.

In summary, although further clinical research is required to gain knowledge of the long term behavior of such restorations, zirconia-based screwretained restorations may facilitate clinicians' ability to manage patients with fixed prosthesis while addressing biomechanical, functional, and esthetic requirements.

About the author

Dr. Ariel J. Raigrodski is a Diplomate of the American Board of Prosthodontics. He serves as Professor, Dept. of Restorative Dentistry and Adjunct Professor, Dept. of Materials Sciences and Engineering at the University of Washington. He maintains a private practice in Kenmore, WA.

Acknowledgements:

The author would like to thank the master ceramists Mr. Nori Kajita, R.D.T., C.D.T. and Mr. Hiro Tokutomi, R.D.T. (Cusp Dental Research, Malden MA) for fabricating the restoration presented.

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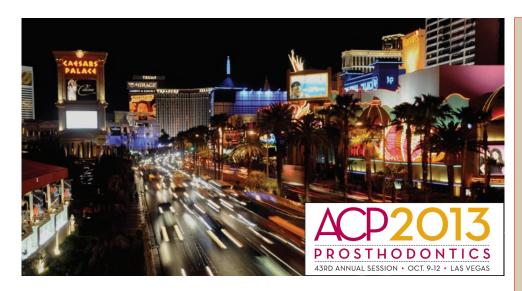
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What's new under the sun?

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





The ACP Annual Session holds a place of pride in our specialty. Each year, attendees have rightly come to expect an exceptional professional development event for prosthodontics. And so, it is the charge of each Program Committee to deliver a program that not only meets but exceeds those expectations.

Our committee has diligently worked to meet that charge with a focus on clinicians and practitioners. New this year is the ACP Implant Symposium, moderated by Dr. Kenneth S. Kurtz, which joins the Advances in Maxillofacial Prosthetics workshop on Wednesday afternoon. Three speakers will cover various approaches for implant-supported prostheses for the edentulous patient, adjunctive procedures of implant site preparation, implant surgery protocols. Each presentation will be followed by a Q&A session.

The focus on clinicians has shaped the program throughout the entire week. On Friday, an entire day has been devoted to learning from ten practitioners as they share their with experiences treatment complications, failures and solutions of their own patients. And on Saturday, prosthodontists and technicians will discuss the expanded CAD/CAM systems, new implant mobility measurement technology, continued advances in digital imaging technologies that have improved their practices and commercials labs.

I want to thank ACP President Lee M. Jameson for the honor of being the 2013 Annual Session Program Chair and thank the Program Committee for their tireless efforts in assembling a fantastic program. Visit acp43.com for the full program and speaker information, hotel reservations and more!

SHARE YOUR WORK IN LAS VEGAS

The ACP is accepting applications from residents and dental students to present table clinics at the Annual Session.

The Table Clinics Session is scheduled for Thursday, Oct. 10. A table clinic can be a presentation of research results, clinical outcomes, laboratory techniques or topics of general interest to the ACP's members and guests.

Two judged competitions will be conducted at the table clinics session: for prosthodontic residents and for dental students. Winners will receive cash awards and invitations to the Annual Awards Dinner as guests of the ACP. The application deadline is Aug. 1.

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

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

Q&A: Improving Your Smile

Q: What can be done to brighten my smile?

A: Tooth whitening lightens discolored enamel and dentin. Studies have shown that proper use of dentist-monitored, whitening systems can enhance your smile. Almost anyone can benefit. After a thorough examination and diagnosis your prosthodontist can determine if you are a good candidate for home whitening.

Q: What are veneers?

A: Veneers may be an option is you are not happy with the alignment, color or shape of your teeth. Following a slight preparation of the enamel, a prosthodontist bonds a thin layer of porcelain permanently to the front of your teeth. Veneers may be used to correct minor flaws of individual teeth, but often are used on multiple teeth to create a uniform smile.

Q: What is an option for replacing a defective filling?

A: Unsightly fillings can be replaced by all-ceramic inlays, a tooth-colored material bonded to the tooth. Instead of using the more traditional cement, this bonding process may actually improve the strength and beauty of the tooth.

Q: What are some options for replacing missing teeth?

A: From implants to permanent bridges, you have several options to replace missing teeth and blend them with your natural teeth. Using advanced materials and tooth-color matching techniques, your prosthodontist can recommend the appropriate method for optimal function and esthetics.



Tooth Stains

Tooth stains may occur internally within the tooth structure or as external, surface stains. Tooth stains may be caused by problems with the formation of the tooth enamel, problems within the tooth or by simple stains from food, beverages or habits. Certain medications or chemicals taken by a pregnant woman or by a very young child can disrupt the development of tooth enamel and result in the tooth becoming stained with gray bands, mottling or pitting.

Tooth stains may also be caused by a tooth that is chronically infected or necrotic with the tooth taking on a uniform grayish hue. In this situation, the infection must be treated first and then the color can be corrected by bleaching or a restoration. The simplest form of tooth stain is the discoloration caused by external factors such as food/beverages or tobacco use. Often a thorough professional cleaning will remove the stain and restore the teeth to their original brightness and whiteness.

OUR COMMUNITY

ACP Secretary Receives Honorary Degree

Dr. Susan E. Brackett was recently awarded an honorary degree from the University of Oklahoma to recognize her extraordinary achievements in science and technology, medicine, the arts and humanities, business and public service.

Dr. Brackett graduated from the OU College of Dentistry in 1978, its third graduating class. After teaching at two different dental schools, she decided to pursue specialty training in prosthodontics. She earned her certificate in fixed prosthodontics from the University of Iowa, and then returned to the OU College of Dentistry in the Department of Fixed Prosthodontics. She currently serves as the Secretary of the ACP Board of Directors and maintains a part-time private practice limited to prosthodontics in Oklahoma City.



Small Business of the Year Award for ACP Member

Dr. Anthony LaVacca and Naperville Dental Specialists & General Oral Health Care received the 2013 Small Business of the Year Award from the Naperville Area Chamber of Commerce. Dr. LaVacca operates the

Illinois practice with his wife, Dr. Manal Ibrahim. The award committee described Naperville Dental Specialists as "...a state of the art facility that is friendly, warm and inviting," and cited Dr. LaVacca's expertise as a Board Certified Prosthodontist.



Sharing the Secrets of Practice Success

Designed specifically for prosthodontists in private practice, April's Mastering Practice Success course attracted an enthusiastic group of practitioners to

Chicago. Attendees praised course leader Dr. Marc Cooper and his panel for their insights into how to run an effective practice. Panelists shared perspective on how to generate higher case acceptance, receive premium pricing and more. Attendee Dr. Paul Scruggs called it "a very powerful course that challenges you to think differently."

Predoctoral and Postgraduate Educators Gather in Chicago

The 2013 ACP Invitational Joint Educators' Conference was held on April 5-6 in Chicago. With over 100 predoctoral and postgraduate educators in attendance, topics included digital curriculum design, use of CAMBRA in educational settings, and electronic distribution of literature reviews, along with updates on ceramics, zirconia, CODA standards, trends in implant dentistry, and much more.

The next meetings will be held Wednesday, Oct. 9 during the ACP Annual Session in Las Vegas.



Call for Applications: Granger-Pruden Memorial Award for Excellence in Dental Research

The Northeastern Gnathological Society honors the memory of Ernest R. Granger and William H. Pruden II each year by offering the Granger-Pruden Award. This award of \$2,500 is given to support research in Prosthodontics and related materials science. The recipient of this award will be invited as a guest to present his/her research at the NGS Scientific Seminar in New York City where he/she will be recognized and receive this prestigious honor.

The most recent winner was Dr. Goth Siu from the University of Illinois at Chicago.

Application forms are available online at: http://ngsorg.org/Granger_Pruden_Award.html. Applications may be submitted beginning September 1, 2013 via email to dr.reena.varghese@gmail.com. The deadline for submission is October 15, 2013.

ANNOUNCEMENTS

New Appointments for ACP Members



Dr. Lino Calvani has been elected President of the Italian Academy of Esthetic Dentistry for a two-year term. Dr. Calvani also serves as Regional Membership Director (Region 7-International) on the ACP Board of Directors. "To be president is a huge honor and responsibility, because of the sensitivity of the Italian people and professionals I am representing, who deeply feel everything related to beauty," said Dr. Calvani. "Since beauty in the

mouth and face is always strongly related to function, I would like to pursue cultural activities dedicated to achieving the best functional beauty for all. I am proud to bring ACP principles to the IAED, just as I am proud to bring to the ACP my Italian sense of creative style and beauty."



Dr. Carol Lefebvre has been appointed as the Interim Dean at the Georgia Regents University College of Dental Medicine. She previously served as the Vice Dean at the College of Dental Medicine at the university.



Dr. Russell Nishimura has become Vice President of the Board of Directors of the Academy of Osseointegration. Dr. Nishimura joins fellow ACP members Drs. Clark Stanford and James C. Taylor on the Academy of Osseointegration Board of Directors.

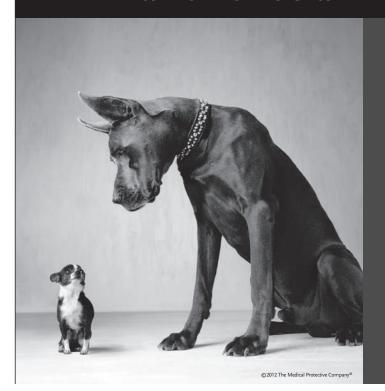


Dr. Ethan Pansick was elected to the position of Speaker of the House of the Florida Dental Association, while **Dr. Ralph Attanasi** (pictured, left) serves as the First Vice President. Drs. Pansick and Attanasi are ACP members and operate a private practice, Associates in Prosthodontics, in Delray Beach, Florida.



Dr. Robert F. Wright has been appointed Professor (Tenured) and Chair of Prosthodontics at the University of North Carolina at Chapel Hill School of Dentistry.

WHEN FACED WITH A MALPRACTICE CLAIM, WHO DO YOU WANT IN YOUR CORNER?



One company has strength and experience that towers over the others.

When your career and reputation are on the line, you want the strongest dog in your corner. Many dentists don't realize how important their dental malpractice insurance is until they need it most. Medical Protective has over 100 years of proven experience, national expertise and a balanced defense that focuses on *your best interest*. And, today, more than ever, the big financial strength, integrity and powerful backing of a Warren Buffett Berkshire

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FROM THE ACP LEADERSHIP

Letter to the American Dental Association



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

n March 8, 2013 the ADA sent letters to all nine dental specialties requesting a response to ADA Resolution 185H-212 dealing with criteria for recognition of interest areas in general dentistry. The resolution requires the Commission on Dental Accreditation to develop "educational requirements and establish an accreditation program for advanced education programs in the interest area." While the College promotes education and collaboration, the recognition of interest areas in general dentistry will dilute the dental specialties and add further confusion to the public in trying to understand the credentials of their dental providers. Below is the ACP letter sent to the Director of the Council on Dental Education and Licensure. April 10, 2013

American Dental Association Ms. Karen Hart, Director Council on Dental Education and Licensure

RE: ADA House of Delegates Resolution 185H-2012

Dear Ms. Hart,

The American College of Prosthodontists appreciates the opportunity to respond to Dr. Venezie's March 8, 2013 letter concerning the 2012 ADA House of Delegates adopted Resolution 185H-2012.

The American College of Prosthodontists recognizes the responsibility of general dentists to develop and improve skill and knowledge sets in their personal "areas of interest" but is concerned that no mention is made about the interests and needs of patients. Value in care is of primary importance to patients, not necessarily a list of acronyms at the end of a dentist's name.

The "recognition of areas of interest" appears to be a means for the general practitioner to display their credentials and codify areas traditionally associated with dental study clubs, continuing dental education and organizations devoted to advanced procedural techniques. These areas are not devoted to evidence-based outcomes that partner dentistry with patients to improve oral healthcare decisions. In addition, continuing education and organizations

devoted to technology and procedural techniques are not rigorous in their emphasis on RO and T1, T2, T3 and T4 research.

Structurally, the five "Criteria for Recognition of Interest Areas in General Dentistry" imitate the more rigorous "Requirement for Recognition of American Dental Association Specialties." Pending approval by the ADA Council on Dental Education and Licensure and the Association's House of Delegates, the Commission on Dental Accreditation is to develop educational requirements and establish accredited advanced educational programs in the interest areas equivalent to at least one 12-month full-time academic year in length. Some questions that come to mind:

- 1. What is the intent of this program?
- 2. What constitutes a 12-month full-time equivalency?
- 3. Can 5, 7, 10, 12 years of private practice be considered a 12-month full-time equivalency?
- 4. What are the current standards of patient care in general dentistry? Are they reliable? Are they valid?
- 5. How many clinical outcome indicators has dentistry currently identified?
- 6. How are patient benefits determined in this credentialing process?
- 7. How does a patient differentiate the competency level of general dentists with subcategories of technology/procedural interest areas?
- 8. How does a patient match their oral healthcare needs with that of general dentists' areas of interest?
- 9. Most dentists are unfamiliar with the structure and process of CODA. Will this credentialing process help patients differentiate interest areas from ADA specialists?
- 10. Like medicine, will this process create 'overspecialization' of dentistry?
- 11. What level of competency is expected in these interest areas? How is it to be measured?
- 12. Is CODA currently structured to expand its scope to these interest areas?
- 13. What costs are associated with this resolution?
- 14. Who will be responsible for the costs?
- 15. Will this credentialing process prevent sponsoring organizations/institutions that are not approved from suing the ADA/CODA on

FROM THE ACP LEADERSHIP

grounds of reward of industry, restraint of trade, freedom of speech, etc.?

16. Is there a recertification process?

"Value in care is of primary importance to patients, not necessarily a list of acronyms at the end of a dentist's name."

Standards serve the profession and protect patients. The Commission on Dental Accreditation preserves and protects the standards in dental education and is the only nationally-recognized accrediting body for dentistry and related dental fields. CODA establishes, maintains and applies standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry standards. Recent state court rulings in Florida and California have, in essence, ignored existing professional standards and legally recognized professional credentials based on specific United States, Florida and California constitutional rights: 1. Equal protection and substantive and procedural due process, 2. Reward for industry, 3. Free speech, 4. Free trade, and 5. Unlawful delegation doctrine. These court rulings have eroded professional standards. The public has been denied the

right to know whether a dentist advertising as Diplomate or Fellow is credentialed as a specialist in one of the nine ADA recognized specialties.

Interest areas do little to promote dentistry, as it is presently structured; further confusing the patient as to who is best educated and trained to meet advanced oral healthcare needs. The American College of Prosthodontists recognizes and greatly appreciates the significant role general practitioners play as primary dental care providers. This resolution would dilute their role, blur the lines of distinction between general practitioners and the dental specialties as well as polarize the profession at a critical time of need for partnership.

The American College of Prosthodontists believes that ADA HOD Resolution 185H-2012 generates unnecessary confusion for patients, undermines the primary care role of general dentists, promotes overspecialization, and serves as a poor model to recognize credentials. Interest areas are primarily associated with technology and procedures. The resolution, as currently structured, lacks rigorous standards and is not designed to advance new knowledge and promote patient outcomes.

Sincerely,

Lee M. Jameson, D.D.S., M.S., F.A.C.P. President, American College of Prosthodontists



LEADING THE INDUSTRY

Your goal, our legacy

Andy Molnar

ther than the care and health of the patient, there is no more important concept in implant dentistry than creating the highest quality esthetics. Indeed, it is the mission of every dental care provider to create a better and lasting smile for their patients. Clinicians use every tool at their disposal to accomplish this – improved techniques, a skilled team, new treatments and the latest proven technology.

Patients demand great esthetics, but they also want quick, efficient care and a new smile that lasts — "the perfect illusion." People are living longer and getting dental implants earlier. Reliability and quality are becoming increasingly more critical as a result.

The International Team of Implantology (ITI) – with whom Straumann has enjoyed a long and productive relationship – has led the way in driving the science behind oral implantology. Identifying the appropriate methods that deliver predictable esthetic outcomes has

been a cornerstone of the ITI and a motivating factor in Straumann's research and development. "Predictable optimum results in the esthetic region can only be achieved through application comprehensive clinical concept based on experience, sound pre-operative examination and treatment planning, and a team approach that unites patients, surgeons, prosthodontists, and dental technicians."

This philosophy has led to an improved understanding of the influences of anatomic types and biological principles on osseointegration and esthetic results. Straumann uses this knowledge to

develop products with the aim
of delivering long-term
esthetic outcomes. The
Straumann tissue level
implant was one of the
first implants to

incorporate platform switching into its design, recognizing the principle of biologic width. A recently published study showed 10-year survival and success rates of 98.8% and 97.0%, respectively.

"Patients demand great esthetics, but they also want quick, efficient care and a new smile that lasts – "the perfect illusion."

Our bone level implant incorporates several design innovations, which are designed to optimize adherence to biological principles including: respecting biologic distance, microgap control and implant surface. Considered the "gold standard," SLActive® has driven innovation in implant surface technologies. In a 3-year study, survival rates for SLActive implants were 97.4% and 96.7% in immediate and early loading cohorts.

The increasing demand for esthetics has driven the industry to develop more efficient, precise and advanced technologies. Designed to provide higher fatigue and tensile strength than Titanium Grade 4, Roxolid® is the first material developed exclusively for dental implant applications. For patients with limited bone or narrow interdental spaces, Roxolid implants are an ideal choice.

As a key trend in dentistry, digital technology will continue to grow and will lead to more advanced, esthetic restorative materials that are both long-lasting and indistinguishable from natural teeth. Straumann's CARES® CADCAM portfolio offers a leading range of tooth-borne restorative materials and three customized abutment materials, including a hybrid Variobase™ abutment with titanium bonding base and zirconium dioxide coping. Monolithic materials are in demand for their esthetics and ease of use, and the CARES CADCAM portfolio offers a variety of options. Straumann recently introduced a new monolithic material, zerion® HT, a translucent zirconium dioxide ceramic for efficient full-contour crown and bridge restorations. Today's patient expects excellent esthetics even for their provisional crowns. Made of PMMA, the improved VITA CAD-Temp® provides simplified handling for direct veneering. It features a Ti-alloy metal core for a strong and reliable connection.



Bone Level (BL) Roxolid for All Implant with Zirconia Abutment

LEADING THE INDUSTRY



Figure 1: Healthy 18 year old female with congenitally missing lateral incisor. Orthodontics was necessary to correct severe root convergence of adjacent teeth.

Anticipating the next 10 to 15 years, we see more change and innovation in our industry. We look forward to taking a leading role with our colleagues and partners, helping to drive implant and restorative dentistry to new heights...and with it the creation of that perfect illusion.

• Figures 1, 2, 3 courtesy of Dr. Robert Vogel, Palm Beach Gardens, FL.

About the author

Andy Molnar is Executive Vice President and Head of North America for Straumann U.S.A.



Figure 2 - Delivery of Straumann® CAD/CAD Zirconia abutment for Bone level Ø3.3 Roxolid® implant



Figure 3: Final IPS e.max® restoration in place

Welcome New ACP Members (Approved by the Board of Directors from March to June 2013)

New Members				
Dr. Ranier M. Adarve				
Dr. Asmaa A. Elmaria				

New International Members Dr. Vanessa L. Swain

Reinstated Members

Dr. David S. Hahn Dr. Rosita Law Dr. Andre Hashem

Reinstated Fellow

Dr. Joseph Sung-Hwan So Dr. Emily C. Giroux

Reinstated International Member

Dr. Esam M. Alem Dr. Vasiliki Raftopoulou

New Dental Technician Alliance

Ms. Andrea L. Hegedus Mr. Robert A. Fancella

New Active Life Members Dr. Michael W. Grzelak

Dr. Peter Neff Dr. James Hoke

New Retired Life Members

Dr. Daniel K. Bailey Dr. John S. Frankis Dr. Robert Tupac Dr. Clarence Elrod Dr. Alan Klein Dr. Edward Woods Dr. Gary Kutsko Dr. Joe E. Mesh Dr. John Pappas Dr. Ervin Braun Dr. E. Kent Fritch Dr. Charles L. Abney, Jr. Dr. Benjamin A. Hill Dr. Timothy L. McKinney Dr. Charles DeFreest Dr. Edward Woods Dr. Gary Kutsko

New Student Members

Dr. Joe E. Mesh

Dr. John Pappas

Dr. Ervin Braun

Dr. Vivian Y. Ko Dr. Jean Paul Miranda Dr. Arvin M. Kadempour Dr. Priscila Schaefer Dr. Kamvr M. Martinez

Dr. Daniel Martir Dr. Cesar A. Villarreal

Dr. Christopher K. Vo Dr. Kenneth V. Gerace

Dr. Jessica K. Hsieh Dr. Viensuong N. Nguyen

Dr. Roberta Wright Dr. Pornpavee Panichkul

Dr. Marcela G. Alvarez Dr. Andreina Cordido Enriquez

Dr. Viet L. Ho

Dr. Maria Chatzinikola Dr. Samantha B. Rawdin

Dr. Rebecca R. Sternberger-Aron

Dr. Moetaz Homsi Dr. Wed A. Alyousef Dr. Annik Pelletier

Dr. Beshir Peter El-Dahdah

Dr. Joy K. Wang Dr. Fouad Badr Dr. Saad Bassas

Dr. Jason P. Kiangsoontra Dr. Sae-Eun Schlottke Dr. Sharath Chandra Chedella

Venkata

Dr. Christiaan F. Zietsman

Dr. Crystal J. Ammori Dr. Mark S. Andrawis

Dr. Piriya Boonsiriphant

Dr. Michael D. Gillins

Dr. Steven E. Handel

New Advanced Program and Graduate Studies Alliance

Dr. Lauren Iain Dr. Alison R. Seliger

New Predoctoral Student Alliance

Mr. Tyler J. Thomas

Mr. Kedy Shen Ms. Jessica E. Silvestri

Ms. Amanda G. Hughart

Mr. Eric T. Cole

Mr. Sean L. Chapman Ms. Jody L. Clements

Mr. Stuart N. Long Ms. Iennifer A. Loveland

Mr. Daniel Cameron Reece

Mr. Dale D. White Mr. Phillip Wong

Ms. Youngsil Jo Mr. Adam M. Levine

Rethinking education for dentists and dental technicians

Burney M. Croll, D.D.S.

s he looks at the state of education in dental technology, Burney M. Croll, D.D.S. sees a crisis that goes beyond the prosthodontic community. Associate Editor Dr. Jacinthe Paquette spoke to Dr. Croll about rethinking education for dental technicians and reintroducing lab-oriented education for dentists.

"We need to get dental technicians re-established into the experience of predoctoral dental students."

- Q: You've had an exemplary prosthodontic career with much involvement in the advancement and appreciation of the professionals in dental technology. Tell us, what is the state of dental technology education today and what do you see in the future?
- A: The number of graduates of accredited dental laboratory training programs continues to decline. In addition, the military used to provide almost a thousand technicians per year. Those contributions to the work force are no longer there. I am looking at the long-term effects of this reduction with great concern.

Q: How have you been involved?

A: I have been Executive Director of the Dental Laboratory Summit Council for eight years along with Gordon Christensen and William Yancey, bringing together people from dental education, dental technology education and industry, the media, and suppliers of technology to discuss issues impacting the dental technology industry and its workforce. I have been active as a member and now president of the Northeastern Gnathological Society, where we pride ourselves on having an equal number of technical and dental members for about 40 years, providing co-educational opportunities for dentists and dental technicians on a regional basis. As a member of the Advisory Board of New York City College of Technology, a community college providing a two year accredited program for dental technicians along with other dentists and lab owners in the New York area, it has been possible to keep their program vibrant and relevant to the changes in the dental market place. Enrollment in the program has grown from 20 to 60 students over the last eight years.

Q:Tell us about the Bureau of Labor Statistics' recent reclassification of dental technicians.

A: The BLS reclassified dental technicians as unskilled laborers. Letters from the American Dental Association and the National Association of Dental Laboratories to the BLS received a written response that no changes in the classification were possible until 2018. Initially, I got the attention of the BLS on behalf of the Prosthodontic Forum. The Forum includes representatives of 30,000 individuals from ACP, NADL and many major prosthodontic and restorative dental organizations. As a result, the BLS agreed to a conversation. They repeated that they could not change this classification until 2018. I said that was unacceptable since that policy severely impacted the ability of dentistry to provide prosthetic service to the American public by failing to attract individuals considering a choice of profession as well as competent individuals trained off shore with advanced degrees.

A conference call was arranged with representatives of the BLS, the executive director of the NADL, Bennett Napier and the Commission on Dental Accreditation representative from the profession of dental technology, Elizabeth Curran. We spoke with the person who created that survey and found out that BLS representatives had gone to a small dental laboratory in Texas with 240 employees on an assembly line to survey their level of dental education. Those surveyed had very limited education.

The BLS agreed that this sample was not representative of the larger employee base. They agreed that a more inclusive survey could reveal a more valid assessment of the educational qualifications of the workforce. The BLS is completing the new survey this year. It is expected that will result in a change in the classification of dental technicians in 2014, four years ahead of their original projected date for reevaluation.

- Q: Do you have recommendations for other groups across the country that might be able to tailor something like you have created in New York?
- A: My involvement at a symposium conducted by the American Dental Association on the future of dental technology resulted in passage of two resolutions being put before the ADA House

POSITIONING THE SPECIALTY

of Delegates: one in recognition of the contribution of dental technicians to the healthcare of the public, the other a recommendation that dental organizations welcome dental technicians to their educational programs. Here at the Greater New York Dental Meeting, *Inside Dental Technology* is having a program this year. We feel co-education is key. In some states it's actually illegal to bring a dental technician to a dental meeting!

- Q: Is the program at New York City College of Technology more focused on the complexities of CAD/CAM technology and increasing the skill sets there as well?
- A: The Commission on Dental Accreditation sets standards for education in dental technology and dentistry. The National Board of Certification tests graduates of accredited programs as well as bench trained dental technicians to demonstrate a level of competence which allows candidates to achieve the standard of Certified Dental Technician. Many community college programs are not up-to-date and are teaching traditional methods, like waxing partial dentures, waxing single crowns, etc. Fortunately, the program at NYCCT has developed a program in CAD/CAM technology that has been recognized by CODA as an elective module for their students.

An issue facing education in dental technology in a community college, like the one in New York, is faculty qualification. To teach in an associate or two-year degree program, teachers must have a bachelor or higher degree of education achievement. In dental technology, there isn't a single school in this country that's offering that degree. At NYCCT, they are providing educational and management degrees to people that complete the two year program, but not specifically in dental technology similar to programs offered outside of the US.

Q: What do you recommend for ACP members at large?

A: Be involved. Visit programs in your vicinity and ask, "What can I do to help you, what are your needs?" The idea for an externship program for technology students came from the Dean of Professional Studies at NYCCT at the time. The American Dental Education Association needs consider the impact of digital dentistry taught at the pre-doctoral level and in the dental technology programs as well. Lily Garcia is now the Chair-elect of ADEA so hopefully we'll have an opportunity to more effectively deal with these issues. We need to get dental technicians re-established into the experience of predoctoral dental students, so they actually learn the behavior of talking to a dental technician instead of writing out a prescription. This will better prepare students for the future marketplace.

About the author

Dr. Burney M. Croll serves as President of the Northeastern Gnathological Society and Executive Director of the Dental Laboratory Summit Council.



PROSTHODONTIC CHAMPIONS

National Prosthodontics Awareness Week: An opportunity for celebration

Avinash S. Bidra, B.D.S., M.S., F.A.C.P. Lawrence E. Brecht, D.D.S. NPAW Co-Chairs 2013

Prosthodontics Awareness Week continues to generate a greater level of recognition of prosthodontics and prosthodontists by the general public, dental students as well as our fellow medical and dental colleagues. The 'P' in NPAW is altruistically termed for prosthodontics and not prosthodontists. We are a dedicated group of specialists who truly care about what prosthodontics can do for our patients and the general public. It is only natural that we care about spreading awareness of our specialty.

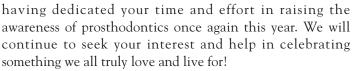
While the quality and quantity of activities reported by members, for the week of NPAW is evidently remarkable, it is important to understand that activities dedicated to raising awareness of prosthodontics and should be taking place

throughout the year. NPAW simply serves as a time where we can synchronize our



activities to and celebrate of the success of our outreach. The result is a sum greater than the individual activities taken in isolation.

As co-chairs we would like to thank all ACP members for



For a complete list of activities, visit GoToAPro.org/NPAW.

- Alabama: Prosthodontic residents and faculty hosted a pizza luncheon for 60 dental students. There were presentations on pros, patient care and the faculty spoke on why they chose prosthodontics.
- California: Dr. Anthony Montella sent out an
 educational press release and spoke to high school
 students about the rewards of a career in dentistry and
 prosthodontics. Dr. David Pfeifer published an article in
 the Rossmoor News regarding NPAW, prosthodontists and
 dental hygienists. He also provided a complimentary
 examination and oral cancer screening. Dr. Nader Sharifi
 presented two lectures and two workshops at the
 California Dental Association Annual Meeting.
- Connecticut: Dr. Bruce Nghiem celebrates NPAW yearround by working with Donated Dental Services. In the past two years he has completed two complete full mouth rehabilitations.
- Florida: Dr. Richard Aguila hosted a patient seminar featuring oral health issues, dental implants and past patients.
- Georgia: The Fort Gordon Signal newspaper published an article about their base prosthodontic team and the specialty. The Advanced Education Program in Prosthodontics at the College of Dental Medicine, Georgia Regents University celebrated with a sponsored lunch and informal slide and equipment exhibition for predoctoral students.

- Illinois: The new Prosthodontic Implant Club met at the University of Illinois at Chicago.
- Iowa: University of Iowa Graduate Prosthodontics program made dentures all week for homeless/in need patients.
- Maryland: Members of the Maryland Section hosted an oral cancer screening and caries detection for families at the Esperaza Health Center. The section also donated \$500 in dental supplies to the center. Dr. Sinada hosted a free oral screening at the Milton J. Dance Jr. Head and Neck Center and Greater Baltimore Medical Campus. Prosthodontic residents gave presentations to dental students showcasing some of the interesting patients they have treated and life as a prosthodontic resident.
- Massachusetts: Dr. Steven Spitz held a free oral cancer screening event and made a \$500 donation to the charities of two prize winners. Dr. Vincent Mariano provided complimentary prosthodontic consultations through April. Drs. Joshua Kleederman and Michael Williams held a patient education seminar on dental implants, and dental implant technology.
- New Jersey: Monitors were set up throughout the UMDNJ NJ Dental School about NPAW with before and after photos.
- New York: Dr. Lawrence Brecht appeared live on SiriusXM satellite radio answering listener questions and educating the public about the specialty. He also presented in Basel Switzerland at the Swiss Society for Geriatric and Handicapped Dentistry. Columbia University posted information regarding NPAW on electronic billboards throughout the hospital center. Dr. Fransiskus Andrianto was interviewed by the Jakarta Globe about the specialty. The Manhattan VA posted a video to Facebook about a World War II veteran who has been under the care of Drs. Bruce Valauri and Stephen Bergen for many years. The presentation of the NPAW proclamation by Mayor Brown of Buffalo aired on the Government Channel for a week during the month of April. NYU, Montefiore and the Manhattan VA participated in a NYC Cancer Walk to raise money for the Oral Cancer Foundation. Dr. Igor Gerzon provided posters and other NPAW promotional items for the resident programs. Dr. Frank LaMar held patient education seminars on dental implants, proper oral health, oral cancer detection and how to best care for missing teeth. Dr. Ronald Sambursky held a patient education seminar on oral health issues, dental implants and dental implant technology. Dr. Marshall Fagin organized a gathering of regional, Erie County and leading dentists from the University at Buffalo Dental School as Mayor Byron Brown issued a proclamation recognizing NPAW. Dr. Ken Kurtz, Dr. Anthony Randi and Dr. Sherry Mei at Stony Brook presented lectures. Columbia, Stony

- Brook, and Queens Hospital have mentorship activities planned for dental students interested in prosthodontics.
- Ohio: Dr. Reza Heshmati and Dr. Alejandro Peregrina attended and gave a presentation at the Whetstone Senior Center in Columbus to raise awareness of the specialty. Dr. Peregrina hosted a lecture for prosthodontic residents and organized a lunch and learn presentation with Dean Dr. Patrick Lloyd for dental students at the Ohio State University College of Dentistry which included an introduction to the specialty by Dr. Peregrina and presentations by senior residents about cases completed during their residencies.
- Pennsylvania: Dr. Balshi and Dr. Wolfinger of Pi Dental Center hosted an open house for the public with minilectures, tours, free consultations, festive refreshments and giveaways. Dr. Robert Bentz and his team sent NPAW shaped pretzels with all the fixin's to their referring doctors.
- Puerto Rico: The Prosthodontics Association of Puerto Rico were interviewed on television three times and showed images of the work that prosthodontists do. Poster sessions were held in the halls of the School of Dental Medicine. Several pros residents and faculty presented their case reports and research.
- Utah: Dr. Rodney Andrus presented a lecture "What is a Prosthodontist?" at the Dixie Regional Medical Center Surgical Staff Meeting.
- West Virginia: Dr. Mark Richards spoke with predoctoral students about the specialty. Residents made patient presentations.



CLASSIFIED ADS

Employment Opportunities

California (Sacramento) – Exceptional opportunity for enthusiastic outgoing prosthodontists to replace retired partner in multi-specialty, multi-doctor, multi-location, dental group. Associate leading to equity partnership. Contact Dr. Brock Hinton at 916-454-0855 or BHinton@prosthogroup.com.

Georgia (Georgia Regents University, College of Dental Medicine) Instructor/Assistant/Associate Professor, Oral Rehabilitation Prosthodontics/Restorative Dentistry - Position #476 Requisition #7142 Fulltime, tenure/non-tenure track faculty position. Teaching responsibilities include participation in clinical and preclinical courses in prosthodontics, operative dentistry, and/or restorative dentistry at the pre-doctoral and postdoctoral level. Preference will be given to candidates with significant clinical experience, post-graduate training in prosthodontics/operative dentistry/general dentistry or prior experience in dental education. Participation in faculty practice and research is expected. Applicants must be a graduate of an ADA accredited dental school or 2 year postgraduate training program and be licensed in a state or eligible for licensure by the Georgia Board of Dentistry. Salary and academic rank are commensurate with qualifications. AA/EEO/Equal Access/ADA Employer. Interested candidates should apply for this position on-line at www.gru.edu/faculty jobs/, the requisition number provided above, and the department name. Application Deadline: Until Filled

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

Maine (South Portland) – Quality driven prosthodontic practice seeks experienced practitioner with advanced prosthetic training for associateship leading to partnership. Practice with a highly motivated staff of professionals in a modern facility complimented by our own, nationally recognized, inhouse laboratory in one of the most beautiful, rapidly growing coastal areas of New England. Interested and qualified? Contact Prosthodontics Associates, P.A., 207-775-6348 or prostho@maine.rr.com. Dr. Luis Sarmiento and Dr. Paul Best.

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

Qatar (Doha) – We are looking for a board certified prosthodontist to work full time in a specialized dental center in Qatar. Young team, good working climate, highly equipped clinic, working with visiting professors from Germany. Good offers for suitable candidates. Contact Dr. Mohammed Al Said, +974 5555-8076 or qtr515@aol.com.

Oklahoma (University of Oklahoma) – A full-time consecutive-term position, as Chair of the Department of Prosthodontics at the University of Oklahoma College of Dentistry, will be available effective September 1, 2013. Responsibilities include administration of the clinical and preclinical courses in fixed prosthodontics, removable prosthodontics and occlusion. Candidates must possess highly developed leadership capabilities and an established record in teaching, clinical service and scholarly activity will be preferred. Required qualifications include a DDS/DMD degree from a US accredited dental school, and eligibility for licensure in Oklahoma. Postgraduate training in prosthodontics from an accredited dental school preferred. Salary and rank will be commensurate with qualifications and

experience. Participation in intramural practice is available. Initial review of applications will begin immediately. Please send a letter of intent and curriculum vitae to Dr. Paul Mullasseril, Associate Professor and Chair, Division of Restorative Dentistry, College of Dentistry, University of Oklahoma Health Sciences Center, 1201 N. Stonewall Avenue, Oklahoma City, OK, 73117-1214, or via email to paul-mullasseril@ouhsc.edu. The University of Oklahoma is an EEO/AA employer.

Virginia (Arlington) – Cosmetic and implant dental office looking for the right Prosthodontist to join our Arlington team. A certificate from an ADA accredited advanced program in prosthodontics and experience with full mouth rehabilitation a must. 3 years experience. Must have Va. license. Please send CV to info@ballstonmetrodental.com. Office: (703) 294-6144. Fax: (703) 294-6147.

Office to Rent

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

Practices for Sale

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

California (Central Coast) – Prosthodontic practice in California's Central Coast area with 4 operatories, a full in-house lab with IOS, mill, casting ovens and ceramic ovens in a beautiful area near shopping area. Doctor had over 1.1M in Gross Receipts in 2011/12. Contact: Jim Engel 925-330-2207.

Colorado (Front Range) – Annual Revenues \$1.5M, 6 ops, 3837 square feet, 4.5 days per week, doctor retiring. Contact ADS Precise Consultants, 1-888-886-6790, www.adsprecise.com.

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

Hawaii (Maui) – Comprehensive restorative practice. All phases of prosthodontics, perio, implant placement. In practice over 30 years. Desire to stay 1 or 2 days per week for 2 years to transition. Excellent opportunity to grow practice. Email mauiddsmsd@yahoo.com.

Maryland (Rockville) – High end "Fee for Service" general practice in vastly expanding Rockville Pike area in prestigious Montgomery County. State of the art equipment with digital radiography in all 5 operatories plus a digital panorex machine. Office is 2200 sf. with Dentrix software, over 2000+ active patients, grossing over \$2.7 million. Call Dr. William Karpa with Karpa Dental Brokerage at (301) 233-1814.

Texas (Houston) – "The Energy Capital Of The World"! Growing Prosthodontic practice for sale in prosperous Northwest Houston. 5 fully-equipped operatories, all digital imaging in free standing 3200 sq. ft. building in Medical/Dental Complex. Strong Referral Base, 2012 collections \$616k 3 day/week, 2013 collections on track for \$757k 4 day/week. Fixed, Removable and Implant Prosthetics. Contact: TEXASPROS.PRACTICE@gmail.com.





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