

Point/Counter Point

Should prosthodontists perform their own implant surgery? **6-7**

Annual Session Excitement

8



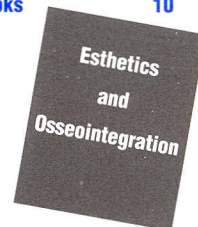
M. Mazaheri speaks in Brazil

10



Nobelpharma donates books

10



Board Endorses Reorganization Plan

Recognizing the changing needs of the its growing membership and cognizant of the increasing prominence of the College as a dental specialty organization, the ACP Board of Directors unanimously endorsed a major reorganization plan designed to significantly improve the governance of the College.

The reorganization plan envisions the formation of a House of Delegates to give a major impetus to the sections and allow grass roots participation in College activities.

The House of Delegates, made up of delegates appointed by the sections, would be the final authority on issues before the College. The meeting of the House of Delegates would replace the current Business Meeting.

"This comprehensive and forward-looking reorganization plan will help the College better serve its growing membership," commented Dr. David W. Eggleston, President.

The plan was developed by an ad hoc committee chaired by Dr. William A. Kuebker. After extensive background materials were developed, the committee met in December 1991 to formulate the plan.

The plan also calls for the structure of the Board itself to be changed. Although it was felt that the current structure of the Board of Directors (which was called the Executive Council until a Bylaws change was approved in 1991) has served the College well, there was a consensus that a streamlined structure should be adopted to promote greater efficiency, allow for shorter and more productive meetings, and permit agenda items to be grouped logically by topic.

Under the plan, the Board of Directors would consist of the officers, publication

Continued on page 2

Stewart Announces Editorial Board for Journal

"Iwanted an editorial board that represented the full spectrum of the specialty," said Dr. Kenneth Stewart, Editor of the Journal of Prosthodontics as he began his report to the Board of Directors of the College at their February meeting in Tampa.

Dr. Stewart informed the Board that he had conducted a national search for editorial board members, looking for individuals with diverse expertise in prosthodontics, experience in publishing professional literature, and a willingness to contribute to the editorial review process. He advised the Board that the final selection had been made and that written agreements had been obtained from each individual to serve as a member of the editorial board. They include the following:

- James S. Brudvik, DDS
- Robert J. Cronin, Jr., DDS, MS
- Cosmo V. DeSteno, DDS, Ph.D.
- Girard J. DiPietro, DDS
- David W. Eggleston, DDS
- Jack D. Gerrow, DDS, MS, M.Ed.
- Richard J. Goodkind, DDS, MS
- Richard J. Grisius, DDS, M.Ed.
- Dean L. Johnson, DDS, M.Ed.
- Patrick M. Lloyd, DDS, MS

- Mohammad Mazaheri, MD.D., DDS, MSc
- Robert M. Morrow, DDS
- Richard R. Seals, Jr., DDS, MEd, MS
- Noel L. Wilkie, DDS
- Ronald D. Woody, DDS

Dr. Stewart went on to report that he had selected five members of his editorial board to serve as editors for each of the five sections of the Journal.

Section	Section Editor
Basic Research	Ronald D. Woody
Clinical Research	James S. Brudvik
Academics & Education	Dean L. Johnson
Clinical Science	David W. Eggleston
Topics of Interest	Patrick M. Lloyd

In addition to these five, two other special Editors were identified:

Business Editor	Cosmo V. DeSteno
Publication Editor	Richard R. Seals, Jr.

Dr. Stewart concluded his report by distributing an extensive listing of reviewers for the Journal. "A large pool of reviewers will ensure an expeditious review of manuscripts, preserve reviewer enthusiasm, and maintain a high quality of manuscript assessment," commented Dr. Stewart. ♦



David W. Eggleston,
DDS

The many activities of the College were apparent at the recent Board of Directors meeting in Tampa. Detailed reports were received from the officers, Executive Director, Central Office Director and 30 committees. Progress by individual committees on the Col-

lege Goals and Objectives and the Pros 21 Goals and Objectives will be reported in the Messenger later this year.

In February, Dr. Schwab and I had the opportunity to visit the new Headquarters Office of the American Academy of Periodontology, the parent organization of the specialty of periodontics. For us, it was a glimpse into the potential of the specialty of prosthodontics. The accomplishments of 4,000 periodontists are truly remarkable. They have a 14,500 square foot office with a staff of 29 on a \$375 dues structure. They publish a journal, conduct CE meetings throughout the year, provide successful professional and public

relations campaigns, and interact directly with the ADA and other organization as the representative of the specialty.

The specialty of prosthodontics has this potential and more. To achieve our potential, the specialty must be represented by the College as the specialty organization in a manner similar to the other seven dental specialties.

A major obstacle in obtaining the goals and objectives of the College is the identity crisis of the specialty. As a recent example, the College was asked by the FPO to respond to the ADA request for input on the ADA Provider Recognition Program. Inevitable questions arose. Should the College respond to the FPO or directly to the ADA? Should the College respond to the FPO on College letterhead? The Chair of the College Continuing Education Committee will attend the ADA conference on this issue. Will he be representing the FPO or the College and which organization will pay the travel expenses? Will the representatives of other organizations decipher who is representing whom?

The issue of the College becoming the parent organization of the specialty of prosthodontics was discussed at the FPO Executive Committee meeting in February.

Hopefully, support for the College position will increase among the FPO member organizations as the issue is clarified. In this regard, I beg you to send in your FPO dues. The FPO must remain a viable voice for the discipline of prosthodontics as the College matures as the voice of the specialty.

As a prosthodontist and a member of the College, you have a right to be optimistic about the future of your specialty. Currently, there are about 3,000 prosthodontists with the number increasing by more than 100 per year. Demographically, the baby boomers will do for prosthodontists what they did for orthodontists. We are the fastest growing dental specialty, and we are in the process of passing the total number of endodontists.

The College has the financial resources and the manpower to launch the specialty of prosthodontics to a much higher level of public and professional awareness and esteem. In the future, prosthodontists will be able to introduce themselves at social encounters as prosthodontists with the same confidence of recognition as orthodontists, periodontists, endodontists and oral surgeons. Gone will be the days of "I'm a prosthodontist" — "You're a what?" ♦

Board Endorses Reorganization Plan

Continued from page 1

editors, and nine division directors:

1. President
2. President-elect
3. Vice President
4. Secretary
5. Treasurer
6. First Past President
7. Second Past President
8. Editor-in-Chief, The ACP Messenger
9. Editor-in-Chief, Journal of Prosthodontics
10. Director, Annual Session Division
11. Director, Clinical Division
12. Director, Education Division
13. Director, Judicial Division
14. Director, Membership Division
15. Director, Prosthodontic Practice Division
16. Director, Public and Professional Relations Division
17. Director, Scientific Division
18. Director, Sections Division

The nine division directors would have the following responsibilities:

1. Coordinate activities of committees assigned to the division.
2. Report on activities of the division to Board and House.

3. Assist committees within the division in developing an annual budget and monitoring expenditures.
4. Submit agenda items in advance for consideration during Board meetings.
5. Serve as voting members of the Board.

The plan envisions a total of 23 committees. The Officers, Nominating, Planning, and Budget Committees would be committees of the Board. Within the division structure, there would be 19 committees:

1. Annual Session Division
 - a. Annual Session Committee
 - Local Arrangements Subcommittee
 - Scientific Program Subcommittee
 - Exhibits Subcommittee
 - Host Subcommittee
 - Table Clinics Subcommittee
- b. Site Selection Committee
2. Clinical Division
 - a. Geriatrics Committee
 - b. Implant Committee
 - c. Maxillofacial Committee
 - d. TMD Committee
3. Education Division
 - a. Education and Advancement Committee
 - b. Prosthodontic Nomenclature Committee

4. Judicial Division
 - a. Constitution and Bylaws Committee
 - b. Ethics Committee
 - c. Peer Review Committee
5. Membership Division
 - a. Membership Committee
 - b. Memorial Committee
6. Prosthodontic Practice Division
 - a. Dental Laboratory Services Committee
 - b. Private Practice Committee
7. Public and Professional Relations Division
 - a. Liaison to ADA House of Delegates Committee
 - b. Public and Professional Relations Committee
8. Scientific Division
 - a. Research Committee
9. Sections Division
 - a. Sections Committee

The proposed reorganization plan was sent to all section presidents and committee chairs for review and comment. The Board will consider all comments on the plan at its June meeting.

It is expected that members will receive the plan in detail along with a proposed timetable and a mail ballot in July. ♦



David Schwab, Ph.D.

It is a pleasure to announce that the College has just concluded an agreement with Treloar and Heisel, Inc. to offer attractively priced insurance plans to College members.

At its recent meeting in Tampa, the ACP Board endorsed the proposal submitted by Treloar and Heisel to be the exclusive administrators of insurance plans designed specifically for members of professional associations.

"We are most pleased to hear that the American College of Prosthodontists endorsed the insurance plans of Treloar and Heisel, Inc.," said Richard F. Fehrs, President. "We

certainly look forward to this new relationship and the opportunity of working with members of the College."

Treloar and Heisel is offering College members disability income insurance, office overhead expense insurance, term life insurance, universal life insurance, term universal life insurance, and long term nursing care insurance.

The disability income insurance is a non-cancelable, guaranteed renewable disability income contract, underwritten by Connecticut Mutual. In 1991, A.M. Best rated Connecticut Mutual A+ superior and placed the company among the top ten life insurance companies as measured by its two main indices of consumer value. Connecticut Mutual is the only company to be ranked in the "Top Ten" for five consecutive years.

As long as College members pay their premiums when due, Connecticut Mutual

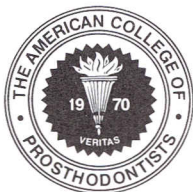
cannot refuse to renew the policy. Also, Connecticut Mutual cannot increase the premiums, reduce the benefits, or add restrictive riders before the insured member reaches age 65.

Treloar and Heisel, Inc. has been endorsed by The American Academy of Pediatric Dentistry, the American Academy of Periodontology, the American Association of Endodontists, and the American Association of Oral and Maxillofacial Surgeons.

The company has offices nationwide. For further information on this new membership benefit designed to provide an outstanding service to members of the College at significant savings, call Treloar and Heisel toll free at 800-345-6040. Representatives of the company at that number will put you in touch with agents in your local area. ♦

The ACP Messenger

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Board Approves Position Statement Opposing Specialty in Implantology

The Board approved the following position statement:

The American College of Prosthodontists does not support the creation of a new specialty in oral implantology. Criteria for recognition as a dental specialty include the requirement that substantial public need and demand for services cannot be met by existing specialties or general practitioners. Adequate specialty services for the placement and restoration of dental implants are currently available from oral and maxillofacial surgeons, periodontists and prosthodontists. There is no unmet need for specialists whose practices are limited to the placement and restoration of dental implants.

The standard of care provided by a practitioner both placing and restoring dental implants must be compared to the level of care provided by surgical specialists currently placing dental implants and prosthodontists restoring those implants. To attain this level of expertise requires that a "specialist in oral implantology" be formally trained in surgical technique in a manner similar to existing oral and maxillofacial surgeons and/or periodontists as well as graduate training in prosthodontics. Such training, if recognized by the ADA as specialty training, would be a duplication of existing specialty training curricula. Such redundancy is not in the best interest of the public, training institutions or dentistry. ♦

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ABP Examination Schedule

Phase I - Written Examination

1993, February 17, Chicago, Illinois

1994, February, Chicago, Illinois

Phase II, Part I, II & III

Patient and Oral Presentations and Written Examinations

1992, June at the USC Dental School, Los Angeles, CA

1993, June at SUNY-Buffalo Dental School, Buffalo, NY

1994, June at LSU School of Dentistry, New Orleans, LA

1995, June at College of Dental Medicine, Medical University of Charleston, SC

1996, June at Baylor College of Dentistry, Dallas, TX

Board Briefs

1992 Examinations

Phase I—Sixty candidates participated in the Phase I examination held in Chicago, IL on February 12, 1992. This was the first examination utilizing the new format which consisted of an all day written examination. Prior to the examination, the College hosted a continental breakfast which was well attended.

Phase II—The Phase II examination using the new format will be given at the University of Southern California, School of Dentistry, Los Angeles, June 21-26, 1992. Hotel information will be included in the packet mailed out to each candidate. Candidates are encouraged to make room reservations as soon as possible. Candidates are reminded that April 1, 1992 is the deadline for application.

Individuals applying to take Phase II are reminded that they must have completed their postgraduate or graduate programs at least two years prior to the examination and have treated the patients required for presentation in Phase II Part 2 after their postdoctoral training program has been completed.

All future candidates should be aware that parts of the old Phase I and 2 that have been successfully completed will be credited by the Board only through 1993.

Military Duty

The Executive Director of the Board has been made aware of the fact that some individuals listed on active military duty in the December 1991 issue of the Journal of Prosthetic Dentistry are in fact retired. If you are among that group, please notify Dr. Culpepper so that future lists reflect your correct status.

Annual Certificates

The delayed mailing of the annual certificates was the result of an incorrect date placed on the certificate by the printer. This required a new printing of the entire lot. Although the new certificates were received the last of February, other errors were noted, further delaying distribution to Diplomates. Any inconvenience caused by this delay is regretted.

Military Listing

At the February 1992 business meeting, the Board authorized the discontinuation of the military listing of Diplomates. In the future, the names of all Diplomates will be shown by state at the address or APO on file. The military rank and branch of service will no longer be included but individuals on active duty will be identified by an asterisk.

Necrology

The Executive Director is seldom notified of the death of a fellow Diplomate. If you are aware of the passing of any individual listed in the December 1991 issue of the Journal of Prosthetic Dentistry, please notify Dr. Culpepper as soon as possible. Your cooperation will be appreciated.

Procedural Manuals

The new procedural manuals will be available the second week in March. They will be mailed to all candidates taking the Phase II examination.

In Memoriam

Dr. Harry E. Semler - July 5, 1991

Fellow
Richmond, VA

Dr. Ray A. Walters - December 10, 1991

Fellow
Towson, MD

Dr. Steven R. Gordon

Fellow
1952 - 1992

The tragic accidental death of Dr. Steven R. Gordon on February 25, 1992 causes us all to pause and reflect. We will each have our own special memory of him. He was truly a multidimensional person. In addition to being a skilled prosthodontist, a respected author and researcher, and an inspiring teacher, he was a champion marathon runner, an accomplished mountain climber, a superb classical guitarist, and an avid fly fisherman. Our loss is immeasurable: he had given so much and would have given so much more.

A biology and music major at Wesleyan University in Middletown Connecticut, Dr. Gordon received a Bachelor of Arts degree in 1974. He was valedictorian of his dental school class at Boston University Goldman School of Graduate Dentistry in 1978. After completing his general practice residency at Mount Sinai Hospital in New York, he practiced as a general dentist in a kibbutz for a year in Jerusalem, Israel. Upon returning to the United States, he joined the dental staff of the Pittsburgh VA Medical Center as

a prosthodontic resident. A certificate in prosthodontics was awarded him in 1982.

Having a keen and committed interest in the prosthodontic needs of the elderly, Dr. Gordon pursued formal training in geriatrics, as a geriatric dentistry fellow at the Denver VAMC. With the combined skills of prosthodontics and geriatrics, he was recruited to serve as the Director of Geriatric Dentistry for the Brockton/West Roxbury VA Medical Centers and affiliated institutions in the greater Boston area. In 1990 he joined the Department of Prosthodontics at Boston University as a full-time faculty member and established private practice in Boston limited to prosthodontics.

A diplomate of the American Board of Prosthodontics and a Fellow of the American College of Prosthodontics, Dr. Gordon was an active member of both the Geriatrics and Education and Advancement Committees. He represented the ACP at meetings of the Interspecialty Council for Geriatrics and was a major contributor to the College's activity in geriatric dentistry. He was in the process of rewriting the study guide for certification by the American Board of Prosthodontics and was an integral part of the board preparation course at the Annual Session. On a local level, Dr. Gordon was the Vice-President of the Massachusetts Section of the ACP.

"Steven Gordon will never be replaced in the hearts and minds of our entire school and professional community. His spirit will remain in all of us—his colleagues, students,

and patients—all of whose lives he touched," said Dean Spencer N. Franklin of Boston University at Dr. Gordon's memorial service.

In his memory, Boston University has established a memorial fund to recognize the achievements of students who have demonstrated excellence in clinical care in research, a goal Dr. Gordon dedicated his career to attaining. In recognition of his enjoyment and past record of superior performance in the 5K run at the Annual Session, the Board of Directors of the ACP has unanimously recommended that the 1992 run be called the "Steve Gordon Memorial 5K Run."

Dr. Gordon is survived by his mother and father, Richard and Betty Gordon of Marblehead, Massachusetts, and his brother Roger Gordon of Ann Arbor, Michigan. ♦



At the Annual Session in Reno, the late Dr. Steven Gordon (R) received yet another First Place Medal for the 5K run.

Classifieds

PRACTICE OPPORTUNITIES AVAILABLE

California - Beverly Hills, CA - Prosthodontic practice for sale. Beautiful office setting. Owner planning to move out of state. (310) 556-3043.

Dallas, TX - Prosthodontic practice for sale. Attractive office in professional building. Emphasis on fixed prosthodontics. Two operatories equipped. Nice lab area. Doctor relocating out of state. Contact: Dan Lewis at 1221 Abrams Road, Suite 318, Richardson, TX 75081 (214) 437-1180.

ACADEMIC OPPORTUNITIES

Ohio - The Ohio State University College of Dentistry offers a full-time faculty position in predoctoral prosthodontics at the Assistant

Professor level (tenure track). Advanced prosthodontic education required and teaching experience preferred. Duties to begin immediately and include preclinical and clinical teaching and research. Candidates must demonstrate a strong potential for original research and be eligible for licensure in Ohio. Intramural practice opportunity available. The Ohio State University is an equal opportunity/affirmative action employer. Send supporting documents to Dr. M.H. Reisbick, Chairperson, Section of Restorative and Prosthetic Dentistry, Postle Hall, 305 W. 12th Avenue, Columbus, OH 43210.

Ohio - The Ohio State University College of Dentistry offers a full-time faculty position in predoctoral prosthodontics at the Clinical Assistant/Associate Professor level (clinical

track). Advanced prosthodontic education required and teaching experience preferred. Duties to begin immediately and include preclinical and clinical teaching. Candidates must be eligible for licensure in Ohio. Intramural practice opportunity available. The Ohio State University is an equal opportunity/affirmative action employer. Send supporting documents to Dr. M.H. Reisbick, Chairperson, Section of Restorative and Prosthetic Dentistry, Postle Hall, 305 W. 12th Avenue, Columbus, Ohio 43210

FOR SALE

Complete set, JPD, bound through 1988. Good price. (901) 323-0559 evenings.

Complete set, JPD, seven bound, make offer. Call: (318) 687-9651 after 6:00 p.m. CDT.

Should prosthodontists perform their own implant surgery?

In the near future it will be incumbent upon the specialty of prosthodontics to define more clearly the parameters of a specialty practice in prosthodontics. To raise interest and stimulate debate in this area the question above was posed in the last issue of The ACP Messenger:

The era of osseointegrated endosseous root form implants has brought yet another dimension to prosthodontic services. In the early 1980's this treatment began to be popularized in North America. Prosthodontists soon found themselves working with numerous surgical colleagues for the installation of "fixtures." A myriad of complications then arose when prosthodontists found at second stage surgery that implant alignment had produced supporting abutments in difficult to use positions.

Other subtle aspects of patient management also arose. The understanding of bone quality and quantity and relating that to the biomechanics of prosthesis design were one step removed by the inability of the surgeon to convey the sense of bone texture felt when implants were placed. Soon many prosthodontists began placing root form implants considering the implant as a prosthetic root. Careful preparation of the bony receptor site was highly similar to preparation of tooth structure for a post and core. Accurate placement without lateral perforation was necessary to obtain success. Beautiful changes occurred.

Granted, not everyone is a candidate for implant placement in the prosthodontic office. Patients suffering from severe medical complications and compromised patients requiring hospitalization for bone grafting or ridge augmentations may be better treated on an inpatient basis under the care of an oral and maxillofacial surgeon. However the majority of fully and partially edentulous patients can be treated quite effectively in the prosthodontic setting.

It is my opinion that prosthodontic residency programs should include a brief surgical training course to teach the appropriate instrumentation and surgical techniques for implant placement to future generations of prosthodontists.

*Thomas J. Balshi, DDS
Fort Washington, PA*

I personally feel that implant reconstructions are best treated utilizing specialists of several disciplines. A team is defined as a group of people who work together for the purpose of achieving a common goal. That goal is to provide the best possible esthetics, function and longevity for implant reconstruction. This team should include surgeons (either oral surgeons or periodontists), lab technicians, dental hygienists and the prosthodontist. Communication among team members at all phases of treatment is necessary to assure a successful outcome. The prosthodontist should be the team leader and guide the surgeon in implant positioning including location, angulation, and number. Whereas proper implant placement allows predictable successful results, improper position makes prosthodontic reconstruction difficult or even impossible.

The prosthodontist should provide the surgeon with radiographic and surgical stents to aid in proper placement of implants. The surgeon brings to the team his or her expertise in assessment of bone quality and quantity, patient selection, anatomy, advanced surgical techniques, knowledge of wound healing, and management of complications. These skills are taught in residency programs today and are utilized every day in their practice of dentistry. Because potential problems exist before, during and after treatment, a team approach to monitoring patients is also advantageous. Utilizing a team approach and taking advantage of each team member's expertise not only benefits our patients but enhances growth, development and stature of the specialty of prosthodontics as well as each of our individual private practices.

*David S. Clary, DDS, MS
Naples, FL*

It has been noted since the advance of Dr. Branemark's principles of osseointegration that the dental implant experience is a prosthodontically driven procedure. That means that implants are merely one of the tools that are utilized in achieving the prosthodontic goals that have been established for the patient. The practicing health professional has the responsibility of knowing his limitations in the degree with which care will be provided for patients. And yet, the practice of dentistry is sometimes just that—practice. Most of us today did not learn about osseointegration and dental implants in dental school, but with a generous amount of continuing education. A prosthodontist who is well versed and trained in the surgical techniques of placing dental implants, as well as the techniques of restoring

those implants, is capable of providing an exceptional service for his patients.

Most dental implants are placed by a team: a surgeon and a restorative dentist. Team success depends on the skill, training and cooperation of the professionals comprising the team. If you eliminate the team, you eliminate the cooperation factor but you still need skill and training. A prosthodontist who places dental implants is not only totally in command of the dental implant experience for his patients, but also absolutely accountable for the outcome. It is up to the individual practitioner to decide how much control and responsibility he wants to assume.

*S. Robert Davidoff, DMD
North Miami Beach, FL*

Yes. Implants, treatment planned and surgically placed, create a biomechanical commitment. We have the ability to envision the restorative consequences and thus modify or negate placement so as to eliminate or minimize restorative complications. Numerous "closet" prosthodontists place implants as they desire complete responsibility for optimum results.

Isn't the real issue optimum results for the patient? Any competent prosthodontist knows when he is beyond his surgical comfort zone and needs genuine surgical specialty intervention. There is no relationship between specialty training and clinical competence. As implant dentistry is a detail discipline, we in prosthodontics have the mindset. Placing root form implants is not brain surgery and should be the decision of the prosthodontist, not the myopic thoughts of institutionalized "leaders" in our field. The prosthodontist is now asked to "bail out" cylindrical implant abominations in irate patients.

The prosthodontist now restores, maintains, repairs, arbitrates, apologizes, and treatment plans for other clinicians. The profit is in implant surgery—not prosthodontics. Team concept rhetoric has, in general, been balderdash to foster more surgical referrals for selective economic gain. If the "team concept" were done financially fairly, the surgical specialists would be paid the final portion of the surgical fee after the case is restored and adjustments for our extra time, abutment costs, unusual lab fees, etc. are completed. If we are to be responsible for the "back end" then we should be compensated on the "front end" or surgically participate on those cases where we wish. In essence it is "osseo-economic terrorism" and we are being duped.

*Charles E. English, DDS
Augusta, GA*

Traditionally, the prosthodontist played a primary role in the management of patients with implant supported and/or retained prostheses, patient and implant selections, treatment planning and coordination, prostheses fabrication, and long-term prosthodontic maintenance. Although this role will continue to be an eminent one, an expanded role in the placement of dental implants by trained prosthodontists is emerging.

This expanded role results from the changing philosophical and professional benefits and demands. Oral and maxillofacial surgeons have adopted the concept of osseointegrated implants in their practice. Periodontists and general dentists have also realized the professional and economic benefits of incorporating placement of implants to replace failing natural teeth and to permit bone anchored prostheses. Thus, implant placement procedures, in the presence of adequate bone, are no longer considered advanced surgical procedures requiring specialized skills. Since prosthodontists possess specialized skills in the restorative procedures, incorporating implant placement in their practice will enhance their professional benefits, and complement their prosthodontic skills.

In addition to the prosthodontist's role becoming more inclusive in implant therapy of conventional partially and totally edentulous patients, more complex areas of prosthodontic responsibilities in implant therapy will continue to be expanded: (1) management of implant patients with occlusal and craniomandibular dysfunctions or disorders, (2) patients with advanced bone resorption, requiring autogenous and/or alloplastic grafting procedures, and (3) expanded application of implant usage in maxillofacial prosthetic rehabilitative procedures.

Y. H. Ismail, DMD, Ph.D.

Pittsburgh, PA

Yes. Currently, prosthodontists are not surgically included or do not want to interfere with their established referral base by performing implant surgery. Prior to 1983, most dentists involved in the placement and restoration of implants were prosthodontists or general dentists with extensive training in prosthodontics.

With the introduction of the Branemark implant system, the "team approach" was born and many new practitioners entered the field with one to three days of training. While this delivery system appears adequate for teams within institutional settings, patient demand and practitioner enthusiasm in the private sector often result in unrestorable cases. It is

well recognized that implant placement determines the final restoration. Notwithstanding this, patients frequently present to the prosthodontist with fixtures in place and abutments in hand, requesting that teeth be made. The prosthodontist has not participated in the diagnosis and treatment planning for the type of prosthesis, and the number, type, position, or angulation of the implants.

Anticipating the end for the prosthodontist's diagnostic acumen in implant dentistry, Douglas Atwood stressed the need for making a two-year prosthodontic program prerequisite to the advanced education program in implant dentistry at the Harvard School of Dental Medicine. After evaluating trainees from different dental backgrounds at Harvard's Department of Implant Dentistry, Dr. Atwood found that most could manage the basic mandibular anterior case. However, few but the implantologists with prosthodontic training could manage with excellence the more advanced maxillary and partially edentulous cases.

Those prosthodontists willing to place their own implants will find they are able to undertake more complex treatment plans, maintain better control, improve case management during treatment, and optimize function, comfort, and esthetics with greater predictability.

Paul A. Schnitman, DDS, MSD

Boston, MA

No! The specialty of prosthodontics has suffered an identity crisis ever since it was first created. Our specialty has made great strides toward being recognized by our peers in the other specialties of dentistry. To now suggest that we expand into what is clearly a surgical area will defeat the credibility we have so diligently worked for.

The argument most frequently heard in favor of prosthodontists placing implants is that we know best where implants should be placed to make them ideal abutments for prostheses. Proper consultation with surgical colleagues and the construction of accurate and usable surgical guides has remedied improper implant placement in many prosthodontic practices. Communication is the key.

The rationale for prosthodontic placement of implants could just as easily be applied to other areas of dentistry. Should I do my own endodontic therapy so that I'm sure that my post space is the way I want it? Should I do my own surgical crown lengthening so it relates correctly to the finish line on my preparations? Should I do my own tuberosity reductions because I can't find a surgeon who does them the way I think they should be

done? As a general dentist I might do those things. As a specialist in prosthodontics I think not. My practice is limited to what I do best. Prosthodontics!

Thomas D. Taylor, DDS, MSD
Farmington, CT

Implants are indicated when a prosthesis is in need of additional abutments. Ideal implant location, angulation and the preferred implant system are identified by the prosthodontist on the basis of the final prosthesis design. Bone morphology often dictates compromised implant placement which might only become apparent at the time of surgery. However, we as prosthodontists expect from our surgical team members fundamental decisions lacking the prosthetic training.

In order to achieve the highest possible level of care, the prosthodontist needs to be present at the time of surgery or he needs to perform the surgical procedures himself after adequate training in implant dentistry. Currently, advanced education programs in implant dentistry/oral implantology are offered at several universities which provide the most comprehensive training, independent of manufacturer's interests and turf wars. Prosthodontists who want to offer these services at the highest level of care and who cannot go back to school need to seek additional training, both surgically and restoratively, at long-term courses and need to be dedicated to the field.

Peter S. Wohrle, DMD, M.Med.Sc.

Newport Beach, CA

The Question:

Should the ACP become the parent organization of the specialty of prosthodontics?

College members prepared to respond to the question posed should submit a position statement not to exceed 250 words by May 25, 1992. Please include your name and address with submission and mail to:

Point/CounterPoint Section
c/o Patrick M Lloyd, DDS, MS
Editor-in-Chief
The ACP Messenger
5000 West National Avenue (11)
Milwaukee, WI 53295

College Highly Visible at Annual Dental Schools Meeting

The American College of Prosthodontists was well represented at the 1992 meeting of the American Association of Dental Schools (AADS). In addition to participating in many of the educational programs at the meeting, several ACP members were installed as section officers. For the Fixed Prosthodontics Section: Dr. Robert Saporito as Chairman-Elect, and Dr. Joseph Cooney as Secretary. For the Removable Prosthodontics Section: Dr. Arthur Nimmo as Chairman, and Dr. Richard Seals, Jr. as Chairman-Elect, and Dr. Ashok Soni as Secretary. Drs. Richard Hesby and James Ryan completed their terms as Chairman of the Fixed and Removable Sections.

The sections meetings are an important component of the annual meeting. Scientific presentations are made on current topics in dental education. Dr. Arthur Nimmo moderated "The Integration of Geriatric Concepts into the Prosthodontic Curriculum." This session featured presentations by two College members: "Prosthodontics - A Leading Role in Geriatric Dentistry" by Dr. Patrick Lloyd, and "The Integrated Concept of Geriatric Dentistry" by Dr. Donald Curtis. At the Fixed Prosthodontics Section Meeting, Dr. Nancy Arbee made two presentations: "Survey Results: Predoctoral Implant Programs in North American Dental Schools" and "The Predoctoral Implant Program at Tufts University." Drs. H. Thomas Chandler, John Ismail, and Frank Panno participated as panelists at other section meetings.

Abstracts of educational research or new programs presented at the meeting were authored or co-authored by the following ACP members: Drs. John Burton, James Clancy, Louis DePaola, Samia Elias, Jack Gerrow, Roger Johansen, William Kuebker, Arthur Nimmo, and Kenneth Stewart. Dr. James Clancy presented two faculty development workshops on patient simulation and new instructional technologies. Educational exhibits, where dental schools share ideas for new teaching programs, were staffed by Drs. Ronald Attanasio, Keith Kinderknecht, Evelyn Patella, and Meade van Putten, Jr.

The next annual AADS meeting will be held in Chicago from March 6 to 10, 1993. The Fixed Prosthodontics Section will sponsor a meeting featuring issues in esthetics. Infection control will be the theme of the Removable Section's educational meeting.

ACP members seeking information concerning the 1993 AADS meeting should contact: Christine Shattuck, American Association of Dental Schools, 1625 Massachusetts Avenue, N.W., Suite 502, Washington, D.C. 20036. ♦

Greater New York Academy of Prosthodontics Thirty-Seventh Scientific Meeting

The scientific meeting of the GNYAP was held December 6 and 7, 1991 at the Plaza Hotel in New York, New York. During the meeting the Jerome M. and Dorothy Schweitzer Research Award was presented to Dr. Walter Cohen, DDS. This award is presented yearly to an individual whose high standards of original research represent a major contribution to the advancement of prosthodontics. Dr. Cohen is the 24th recipient of the award. He addressed the assembly on the Future of Dental Education. Dr. Cohen is past Dean, University of Pennsylvania Dental School and currently President, Medical College of Pennsylvania.

Also at the meeting, William R. Laney, DMD received the 1991 Greater New York Academy of Prosthodontics Research Foundation Distinguished Lecturer Award. Dr. Laney is currently Professor of Dentistry at the Mayo Medical School and Immediate Past-Chairman, Department of Dentistry, Mayo Clinic and Mayo Foundation.



Dr. Joe Freidman (L) presented the 1991 Greater New York Academy of Prosthodontics Research Foundation Distinguished Lecture Award to Dr. William R. Laney.

The newly elected Officers and Council Members of the GNYAP include Drs. Francis V. Panno, President; Harold Litvak, President-Elect; Stanley J. Antonoff, Vice-President; Robert D. Schweitzer, Secretary; Paul J. Hoffman, Treasurer; Cosmo V. DeSteno, Member of Council; Robert D. Miner, Member of Council. ♦

Annual Session Excitement on Land and Sea

This year's annual session in Tampa, Florida, November 5-8 at the Downtown Hyatt Regency Hotel will provide all the variety that Florida offers in one attractive vacation and business destination: Tampa by the Bay in Hillsborough County.

From the sparkling waters of Tampa Bay and the manicured greens of championship golf courses to the Latin flavor of Ybor City to the animals that roam the "African" veldt at Busch Gardens, Tampa has its own special brand of southern hospitality that's as warm and welcoming as its tropical sunshine.

Visit Busch Gardens where you'll "ooh" and "aah" over the baby animals at the zoo nursery. Be dazzled by the fire and ice of the

international ice skating show, and delighted by the playful antics of acrobatic dolphins.

In Tampa, you'll never run out of things to do—and getting around is so easy. Load your camera and take off on a fascinating sightseeing and historical tour that starts from the visitor information center. Stroll the brick-lined avenues of Ybor City. Or grab an inner tube and spend a day in the country exploring the lakes and rivers of Hillsborough County.

To take advantage of the sunny climate, stretch out by the bay, or pedal a bike on Bayshore Boulevard—the longest sidewalk in the world. And when the sun goes down, head for the city lights, where you can savor culinary treats from succulent stone crab claws to hearty Spanish "paella." Then put on your dancing shoes and take a turn around the dance floor to a Latin beat.

From city sophistication to waterfront relaxation, Tampa by the Bay is the Florida you've been searching for.

Look for complete information on the annual session, including the entire program and registration forms, in the next issue of the Messenger. ♦

Any ACP member who will be taking the Phase II examination for Board Certification in June 1992 please contact:

Dr. Arthur Nimmo
Chairman, Education and
Advancement Committee
American College of Prosthodontists
472 Brights Lane
Penllyn, PA 19422
215-221-7729 (Day)
215-628-2147 (Evening)

Board Candidate Breakfast a Big Success

Supporting the efforts of those taking the Phase I written examination and promoting the benefits of College membership were the objectives of a College hosted breakfast for Board candidates. Dr. David Schwab, Executive Director of the ACP, represented the College and greeted candidates as they arrived for the examination. "We had the perfect location, right next to the examination room," said Dr. Schwab. "There was high visibility and every candidate had an opportunity to take advantage of the College's hospitality."

The Education and Advancement Committee has been authorized by the Board to plan and arrange for a pre-examination breakfast for the Phase I exam in 1993. The exact location and times will appear in the winter issue of The ACP Messenger. ♦



Dr. Kenneth A. Turner (L), President, American Board of Prosthodontics thanked Dr. David Schwab, Executive Director, ACP for hosting the pre-examination breakfast.

Associate Editors of the Messenger Attend Editorial Workshop



Ms. Carol Neiger demonstrated different layout designs to the associate editors of the newsletter, Dr. R. Bruce Coye (L), Dr. David Beck, and Dr. Dale Cipra (R).

On February 1, 1992, the Editorial Board of the ACP Messenger met in Chicago for a one-day workshop/planning session. The newest members of the Editorial Board, Drs. David Beck, Dale Cipra, and R. Bruce Coye, will serve as Associate Editors for the College's newsletter.

Informed Consent for Implant Treatment Available

After months of preparation, numerous rewrites, and a comprehensive legal review, the Ad-hoc Committee on Implant Prosthodontics has announced the availability of an informed consent form for implant patients. A copy of the consent form can be obtained by sending a self-addressed, stamped envelope to the ACP Central Office:

American College of Prosthodontists
1777 N.E. Loop 410, Suite 904
San Antonio, TX 78217

Dr. David Schwab, Managing Editor of the Messenger, conducted a series of interactive exercises in writing, reporting, and interviewing with the Associate Editors. Ms. Carol Neiger, the newsletter designer, discussed the principles of newsletter design and reviewed each step of the production process involved in creating the newsletter.

"Now that The ACP Messenger is a quarterly publication, we need additional editorial support so that the prosthodontic community at large can be more closely monitored and reports prepared in the timeliest fashion," commented Dr. Patrick M. Lloyd, Editor-in-Chief, The ACP Messenger.

In addition to special assignments, each Associate Editor (based on an expressed interest) was assigned to cover the activities of specific ACP committees. These assignments are designed to ensure a steady input of material to the Editor-in-Chief, to offer a wider range of opinions on the issues, and to provide diversity in the writing style. ♦

American Academy of Maxillofacial Prosthetics Announces Annual Research Award Competition for Tampa meeting

All graduate or post-graduate students who are currently enrolled in a Prosthodontic Training Program or those who have completed training within the past three years are invited to participate in the Annual Research Competition offered by the American Academy of Maxillofacial Prosthetics. First prize is a cash award of \$1,500 and second prize is \$1,000. The two

Life Membership Status

Life membership status may be applied for by any Fellow or Member who has attained the age of 65, or who is retiring from active practice or teaching because of illness, or retiring after they have been a member in the College for a minimum of 5 years. Those Fellows and Members in a Life status may not vote in College business or elections and may not hold elective office. They are exempt from paying dues and assessments, but will be asked to contribute \$25 to offset the cost of official mailings. They will however be allowed to attend the Annual Session without having to pay a registration fee. The College shall not assume the cost of any subscriptions, including the Journal of Prosthodontics, for individuals in a Life Membership status. Those eligible and desiring Life membership status within the College should make application to the Central Office Director, Ms. Linda Wallenborn. ♦

OSHA Brochure Available From ADA

A new brochure entitled "Answers to Your Legal Questions About OSHA" is available from the ADA Division of Legal Affairs. It is free to ADA members and answers the 42 most commonly asked legal questions on issues relating to the federal Occupational Safety and Health Administration (OSHA).

Answers in the brochure are based on OSHA's interpretation of the law and pertain to states that are included in the federal OSHA system. The brochure does not discuss occupational safety and health requirements in the 25 states with OSHA-approved plans.

Dentists in state-plan states will find the information applicable and helpful in most respects; however, they should consult their state dental societies about specific state laws.

To order the brochure: have your ADA membership number ready and call 800-621-8099, x7479. Questions can be directed to Kathleen Todd, x2914. ♦

President to Speak at Midwest College Meeting



Dr. Eggleston expressed his interest to the Board in contributing to the Midwest Meeting of the ACP in Indianapolis in May.

Dr. David Eggleston, President of the American College of Prosthodontists, has accepted an invitation to address College members attending the Second Midwest Regional Meeting of the ACP on Saturday, May 2, 1992 in Indianapolis, Indiana. He will be discussing the College's reorganization plan—a House of Delegates, new duties and responsibilities for the Board of Directors, and the consolidation of committee structure. College members attending the meeting will also be apprised of the progress made toward the ACP becoming the parent organization of the specialty and the sponsor of the American Board of Prosthodontics.

The Scientific Session of the program will feature Eugene Roberts, DDS, Ph.D., a leading researcher on bone physiology and implants from the Indiana University School of Dentistry. His presentation is entitled "Bone Physiology and Biomechanics Relating to Implants and Alveolar Bone." Other topics to be covered in the program include — the Smooth Staple Implant, custom ocular prostheses, provisional restorations, and TMJ imaging. A cocktail hour and evening dinner have also been planned.

For program details contact:

Dr. Richard E. Jones, 9333 Calumet Avenue, Suite #D, Munster, IN 46321
(219) 836-4214.

Nobelpharma Book Donation Sparks Demand

Nobelpharma's donation of a limited number of textbooks on implants to the American College of Prosthodontists Education Foundation has already generated over 100 requests from College members.

Esthetics and Osseointegration, an important text by Drs. Daniel Sullivan and Stephen Parel, is now on sale through the Foundation for only \$29, including shipping and handling. The list price of the book is \$88 plus postage.

Members are invited to use the order form on this page to request copies of the book. All orders will be filled on a first come, first served basis.

Members should send in their order form today, as supplies are limited. ♦

Core-Vent/Dentsply Funds Research Initiative

Core-Vent/Dentsply has agreed to provide research funding valued at \$20,000 as part of the Foundation's Prosthodontic Research Initiative.

The \$20,000 will be used to award two research grants of \$10,000 each. Selected researchers will receive product valued at up to \$7,500 and up to \$2,500 in funds to pay for associated research expenses such as supplies and clerical needs.

Over the next several months, the Foundation will be working to develop research protocols and publicize the availability of these grants.

Complete information, including application deadlines and forms, will be available and announced later this year. ♦

Yes!

I want to take advantage of the special offer from the American College of Prosthodontists Education Foundation made possible through a generous donation from Nobelpharma.

Please send me Esthetics and Osseointegration by Sullivan and Parel.

Name _____

Mailing Address _____

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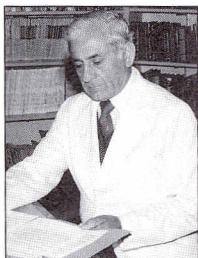
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I enclose a check made payable to ACP Education Foundation in the amount of \$ _____

Mail your check and this order form today to:

ACP Education Foundation, 1777 N.E. Loop 410, Suite 904, San Antonio, TX 78217

Members in the News



M. Mazaheri,
MD.D., DDS, MSc

Dr. Mo Mazaheri, American College of Prosthodontists' Secretary and Chief of Medical/Dental Services at the Lancaster Cleft Palate Clinic, was invited by the Sao Paulo University along with five other Americans as keynote speakers at the First International Symposium on Cleft Palate and Communicative Disorders. This symposium

was held in Sao Paulo, Brazil, November 10-15, 1991. Dr. Mazaheri spoke on the topic of "Interdisciplinary Management of Patients with Oral-Facial Malformations" with special emphasis on longitudinal data collection and team management.

The conference consisted of 25 oral presentations representing the various specialties in plastic surgery, dentistry, speech pathology, audiology, psycho-social, genetics and research. Simultaneous translation was available in English and Portuguese. More than 15 Latin American countries were represented with attendance exceeding 500. A 300 bed,

well-staffed and equipped hospital where the symposium was held is the largest hospital in the world for treatment of patients with cranio-oral-facial disorders. More than 20 patients with cleft lip and/or cleft palate are admitted daily. The center was founded in 1972 by Dr. Jose Alberto De Souza Freitas. Dr. Freitas has been able to secure funds through the Brazilian government to carry the very best and unique multidisciplinary treatment services. Patients are referred to the center from all Latin American countries and all services are free. ♦

Meetings and Conferences Calendar

Annual Scientific Sessions of Dental Specialty Organizations

- April 10-11, 1992** Northeastern Prosthodontic Society, Boston, MA,
Contact: Dr. A. Albert Yurkstas, Tufts University,
One Street Kneeland Street, Boston, MA 02111
- April 22-26, 1992** Southeastern Academy of Prosthodontics, Louisville, KY,
Contact: Dr. Joseph P. Bodo, Jr.,
7123 North Armenia Avenue, Tampa, FL 33604
- April 24-25, 1992** Carl O. Boucher Prosthodontic Conference,
Columbus, OH,
Contact: Dr. Robert A. Strohaber,
171 Ashley Avenue, Charleston, SC 29425
- May 2, 1992** Midwest Regional Meeting of the
American College of Prosthodontists, Indianapolis, IN,
Contact: Dr. Richard E. Jones,
9333 Calumet Avenue, Suite D, Munster, IN 46321
- May 8, 1992** Northeastern Gnathological Society, New York, NY,
Contact: Dr. Jonathan L. Ferencz,
37 Park Avenue, New York, NY 10016
- May 15-20, 1992** The Academy of Prosthodontics, Lexington, KY,
Contact: Dr. Gerald N. Grasser,
Eastman Dental Center,
625 Elmwood Avenue, Rochester, NY 14620
- June 24-27, 1992** The Pacific Coast Society of Prosthodontists, Kauai, HI,
Contact: Dr. David W. Eggleston,
1441 Avocado Avenue, #508, Newport Beach, CA 92660
- July 1-4, 1992** Annual Meeting of the International Association
of Dental Research, Glasgow, Scotland,
Contact: Gwynn Breckenridge,
1111 14th Street, N.W., Suite 1000, Washington, D.C. 20005
- September 11-13, 1992** The Florida Prosthodontic Association,
Daytona Beach, Florida,
Contact: Dr. James H. Long, Jr.,
320 Harvey Avenue, Daytona Beach, FL 32118
- September 2-5, 1992** 16th Annual European Prosthodontic Association and
the 40th Conference of the Polish Stomatological Society
Prosthodontic Section, Ksiaz, Poland,
Contact: Organizing Secretariat,
16th Conference APA, ul. Szmidta 15, 58-300,
Walbrzych, Poland
- October 24-25, 1992** Second Educational Conference to Develop the
Curriculum in Temporomandibular Joint Disorders
and Orofacial Pain, Lincoln, NE,
Contact: Dr. Ronald Attanasio,
University of Nebraska Medical Center,
College of Dentistry,
40th & Holdrege Streets, Lincoln, NE 68583
402-472-1368
- November 2-5, 1992** The American Academy of Maxillofacial Prosthetics,
Hyatt Regency Hotel, Tampa, FL,
Contact: Carl J. Andres,
School of Dentistry, Indiana University, Indianapolis, IN 46202
- November 5-8, 1992** Annual Session American College of Prosthodontists,
Tampa, FL,
Contact: Linda L. Wallenborn,
1777 N.E. Loop 410, Suite 904, San Antonio, TX 78217

May 6-10, 1992
American Association of Endodontists
Annual Session, San Francisco,
California, Contact: Irma Kudo,
Executive Director, 211 East Chicago
Avenue, Suite 1501, Chicago, IL 60611
(312)-266-7255

May 9-13, 1992
Annual Session of the **American
Academy of Oral Pathology**, Grand
Hyatt, San Francisco, California, Con-
tact: Dr. Dean K. White, Secretary-
Treasurer, University of Kentucky,
College of Dentistry, Lexington, KY
40536 (606)-233-5515

May 9-13, 1992
92nd Annual Session of the **American
Association of Orthodontists**, St.
Louis, Missouri, Contact: Susan Duello,
401 North Lindberg, St. Louis, MO
63141 (314)-993-1700

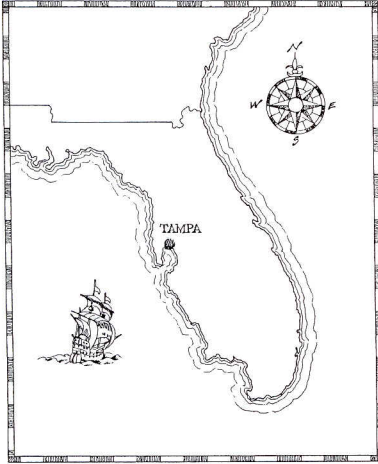
May 22-26, 1992
45th Annual Session of the **American
Academy of Pediatric Dentistry**,
Seattle, Washington, Contact: Dr. John
A. Bogert, Executive Director, 211 East
Chicago Avenue, Suite 1036, Chicago,
IL 60611 (312)-337-2169

September 14-19, 1992
74th Annual Meeting of the **American
Association of Oral and Maxillofacial
Surgeons**, Honolulu, HI, Contact:
Louise Pochelski, Associate Director
Meetings and Conferences, 9700 West
Bryn Mawr Avenue, Rosemont, IL
60018 (708)-678-6200

October 14-17, 1992
**American Association of Public
Health Dentistry** Annual Meeting,
Orlando, Florida, Contact: Helen
Doherty, 10619 Jousting Lane,
Richmond, VA 23235 (804)-272-8344

November 5-8, 1992
Annual Session, **American College of
Prosthodontists**, Tampa, FL, Contact:
Linda L. Wallenborn, 1777 N.E. Loop
410, Suite 904, San Antonio, TX 78217
(512)-829-7236

November 18-21, 1992
The 78th Annual Meeting of the
American Academy of Periodontology,
Orlando, Florida, Contact: Barbara
Connell, 737 N. Michigan Ave., Suite
800, Chicago, IL 60611 (312)-787-5518



THE COURSE IS SET FOR TAMPA

Join us for our program:
Discovering the New World of Prosthodontics

The 23rd Annual Meeting of The American College of Prosthodontists
 Downtown Hyatt Regency Hotel Tampa, Florida November 5-8, 1992

This year's program features:

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Please complete the form below and mail with your check to:

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- _____ 3. **CLASSIC PROSTHODONTIC ARTICLES VOLUME III**
 (Members: \$25; Non-Members: \$35)
- _____ 4. **STUDY GUIDE FOR CERTIFICATION**
 (Includes 1990 Questions)
 (Members: \$32; Non-Members: \$42)
- _____ 5. **INDEX TO THE JOURNAL OF PROSTHETIC DENTISTRY**
 (Bibliography spans 1960-1989)
 (Members: \$55; Non-Members: \$65)

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- _____ 6. **PRIVATE PRACTICE MANUAL**
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- _____ 7. **Update to the Index to the JPD for 1980-1984**
 (Price: \$10)
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