



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS
DEDICATED TO SERVING THE PUBLIC

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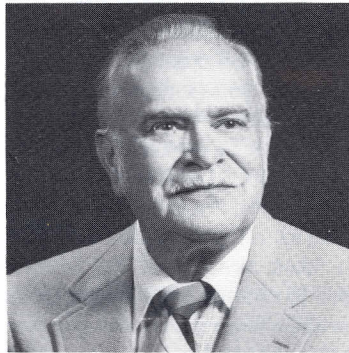
FALL 1985

My feelings are like those of probably every other president of the College as they draft their last **Newsletter** message—Where did the year go? Nashville seems only several months away and Seattle is upon us! It has been an eventful year. I'd like to take credit for the forward strides of the College this past year, but honesty compels me to acknowledge that all progress is the direct result of the hard work that you, the members, have so cheerfully volunteered. Your sacrifice of personal time was many times coupled with financial sacrifice. The College is stronger, more mature and wiser for your unselfish dedication. Usually recognition of the hard workers and producers in an organization is not too difficult a task - their numbers are so few. The College, from its inception, has had the opposite problem. The number of hard working and producing members has far exceeded the available space to adequately recognize them. They are easily identified, however. In this **Newsletter**, as in past **Newsletters**, their names are legion. My profound thanks goes to all of them—the committee members, committee chairmen, Executive Councilors, officers, delegates, office staff and volunteers who keep the College going. Also to the loyal members who support the College by attending our Annual Official Sessions and to the valued members who support our goals by paying their annual dues even though unable to attend those sessions.

It is truly an honor to belong to such a dedicated group. To have been allowed to serve as your president is an experience which will be treasured in the years to come.

The Summer Executive Council Meeting was jammed with action, far

PRESIDENT'S MESSAGE



more than can be covered in this brief message. One of the results was the establishment of the American College of Prosthodontist's Foundation for Education. Tom Balshi responded to the request to obtain legal counsel and develop the proper framework. At the San Antonio meeting Tom presented the facts, including a Constitution and ByLaws. The Council voted to establish the Foundation and an interim slate of officers has been appointed. The nine member board of directors of the Foundation will hold their first meeting in Seattle and, among other actions, will elect a slate of officers for 1985-1986. The potential for this Foundation is unlimited. Patients in need of prosthodontic treatment will be the beneficiaries as the Foundation becomes organized and begins to function.

Dave Eggleston's Ad Hoc Committee on Peer Review is actively at work. Five states are targeted for this coming year to be offered specialty peer review for prosthodontic specialists by the College. California is an acknowledged leader in peer review and our beloved Dan Gordon and Dave Eggleston, our chairman, were moving forces behind this. Many of you have probably received the latest issue of the Dental

Clinics of North America which is devoted to Quality Assurance in dentistry. As our practices change with the present emphasis on consumerism, this should be must reading for all of us! One can't help but be impressed with the earlier leaders of the College who so accurately pinpointed the need to become involved and who insured that a mechanism is in place and ready to go. Dave will be conducting a workshop on peer review in Seattle on Wednesday afternoon, October 16th.

Steve Bergen has completed a monumental task in developing the computer operated financial accounting system for the College. With this system in operation the financial picture of the College will be much easier to develop and will be more accurate. The savings in time will be very important as the complexity of the College activities increases. Steve received a well deserved round of applause for this giant step forward.

Surveys have always been a problem. How do you word them? How do you tabulate the information? How do you interpret the information? Charlie DuFort has enlisted the aid of an educational psychologist to help determine the right questions and construct the survey so that the results can be fed to a computer and interpreted. Bill Welker's survey on Annual Sessions will be the first to receive this attention.

Gerry Barrack reported that the

Continued on Page 2

INSIDE

**Proposed changes to
By-Laws and Policies
and Position Statements
on PPO's and Dental
Implants**

Research Committee has received 25 papers for consideration. This is a significant increase and Gerry's committee and the past Research Committees are to be congratulated for the solid program that has developed.

Some members in private practice have had problems with non-specialists listing themselves as specialists in the yellow page ads of the telephone directories. Bill Kuebker will chair an ad hoc committee for the Evaluation of Specialty Listing by Non-Specialists. The Committee will determine the extent of this practice, the effect on the membership of the College and, if appropriate, recommend a course of action. The ADA Code of Ethics and the Code of Ethics developed for the College by Bob Elliott will be used as guidelines by Bill's committee.

I was privileged to attend a meeting of the Pennsylvania Section of the College in Philadelphia in May and was pleased to find Noel Wilkie and Cosmo DeSteno also there. We were all impressed with the caliber of the meeting and welcomed the chance to visit the members on a more personal basis than is possible at our much larger Annual Official Session. As a result of our enthusiastic reports, the Executive Council voted that the various officers of the College should attend at least five section meetings a year.

The Executive Council also addressed the matter of financial support for the F.P.O. After lengthy discussion the resolution that passed states: "That the Executive council does not support a dues increase but would support a one time levy of members of member organizations to be negotiated for whatever time and amount deemed appropriate". The House of Delegates of the F.P.O. meets on September 10th and 11th in Chicago and this will be one of the many items on the agenda.

The affiliation of the College as a member organization of the Inter-Society Color Council offers those interested in Color and Color matching a unique opportunity to meet and talk with the top color experts in the world. The ISCC meetings are usually in April and the meeting site is moved each year. Next year is an exception. It will meet in Toronto in June of 1986. The dates will be published in the **Newsletter** when they can be confirmed. Steve Bergen is the chairman of Committee #35: Color and Appearance Matching of Living Tissue and puts on a most

informative and interesting program each year. Individuals can join the ISCC and receive the ISCC newsletter, announcements of meetings, etc. for a most reasonable \$20 per year. If you're interested, drop a note to Steve Bergen or to me.

The American Dental Association has formed a Special Committee on Fragmentation of the Association and the profession. Dental organizations have been asked to identify areas of fragmentation. The Committee's goal is to identify effective methods of minimizing the level of fragmentation existing within organized dentistry. Officers, Executive Councilors and Committee Chairmen of the College were requested to submit their thoughts, which have been consolidated and forwarded to the A.D.A. As you can imagine, the responses covered many areas of frustration. We can hope the results will be positive.

By now you've received your registration packet for the Seattle session. This should be an exciting meeting and I hope you'll be able to join us. The location and the program are a perfect blend for an unforgettable experience.

I have heard that the unfortunate need to change the meeting dates has worked a financial hardship on some of our members. (Penalties for changing the super saver flights). For this we are sincerely sorry and distressed. The changes of dates were forwarded to the Journal of Prosthetic Dentistry where they are carried in two different areas. One was changed, the other wasn't. The Spring **Newsletter** was delayed in order to carry the correct dates. In retrospect, we regret not carrying this notice on the front page and pray that such changes will not be necessary in the future.

On a more positive note, I would like to repeat the request (carried in my letter enclosed with the registration packet) to fill out the form carried in the International College of Prosthodontists Newsletter. If you support the concept of such an organization, it is important that the form be returned in order that the amount of potential support can be judged. With prosthodontics as a separate discipline and specialty under attack in this country, this does offer a chance to take some positive action.

See you in Seattle?

—Bob Sproull
President

FROM THE SECRETARY



Another busy two day meeting of the Executive Council is behind us and we can now look forward to the Annual Session in Seattle. The meeting promises to have an excellent scientific session in a beautiful city at a great time of the year. With Annual Session Chairman Ken Turner and Local Arrangements Chairman Jim Brudvik at the helm, there is no danger that the meeting will be anything but outstanding.

Your College continues to grow - 1617 members compared to 1447 in June a year ago. Our membership includes 74 Life Fellows, 522 Fellows, 808 Associates and 213 Affiliates. Although the membership numbers are impressive, they are meaningless if the College does not provide for the needs of all of us.

If you disagree with any decision of the Executive Council or the direction your College is going, if you see areas in which the College should be active,

NEWSLETTER The American College of Prosthodontists

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The Editor
2907 Deer Ledge
San Antonio, TX 78230

or if you see things your College should be doing, don't just tell your friends. Tell your Officers, Executive Councilors or Committee Chairmen and prod them into action in your area of interest. Or better yet, write President-Elect Noel Wilkie and volunteer your services in an area in which you would like to work. The next Executive Council meeting will be held Monday and Tuesday, October 14th and 15th, at the Westin Hotel in Seattle. You are always welcome to attend Council meetings.

A nagging problem for those in private practice is the common practice of untrained dentists listing themselves as specialists in the yellow pages. What makes matters more frustrating is that this action is definitely contrary to the Code of Professional Conduct of the American Dental Association. Sections 5-C and 5-D of the ADA "Code" "...are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program."

Under 5-C of the "Code" the general standards for announcing specialization are as follows:

"General Standards. The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association.
2. Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing.
3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist."

Guidelines for announcement of services by the general practitioner are well defined in section 5-D.

"5-D. **General Practitioner An-**

nouncement of Services

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect."

Obviously, general practitioners who list themselves as "prosthodontists" in the yellow pages are announcing available services in a way that is "false" or "misleading" and contrary to ADA's Code of Professional Conduct.

Based on the discussion of this problem at the June Executive Council meeting, President Sproull is assigning this issue to a committee to determine an appropriate course of action.

Another area of concern to prosthodontists is the inconsistency and lack of uniformity in licensure of specialists (prosthodontists) in the various states. This issue is also being assigned to a committee for evaluation and possible action.

I would be pleased to hear from you on these or any other issues concerning the College. Joan and I look forward to seeing you in Seattle.

— Bill Kuebker
Secretary

ROBERT M. MORROW ELECTED TO AMERICAN BOARD



The FPO Council for the Affairs of the American Board of Prosthodontics is pleased to report that Dr. Robert M. Morrow has been duly elected to relieve Dr. Douglas C. Wendt on the

Board representing the area of Removable Prosthodontics in 1986.

The FPO Council solicited, accepted and reviewed candidates nominated by constituent organizations for election to the Board. Thirteen member organizations submitted names of individuals for action.

The Council met at the Hyatt Regency, O'Hare, Chicago on June 3, 1985. After extensive discussion and deliberation a secret ballot was conducted and two individuals were selected for nomination to the Board. These two names were placed on a ballot and an election was conducted with all current Diplomates of the Board invited to vote, according to FPO By-laws. Approximately 60% of those Diplomates eligible participated in the balloting.

The results of the balloting was reported to Dr. Morrow, the American Board of Prosthodontics and the 1985 House of Delegates by President Glen P. McGivney.

NOMINEES FOR ACP OFFICES - 1986

Dr. Jack Preston, Immediate Past President of the American College of Prosthodontists and Chairman of the Nominating Committee, announced the slate of candidates for officers and representatives of the College to be voted on at the Annual Meeting.

The Nominating Committee consists of Drs. Preston, Edmund Cavazos, Jr., Brian R. Lang, Ronald G. Granger, and Noel D. Wilkie. The slate of nominees was developed through a nomination process, consensus ballot, and finally, a ballot of acclamation.

The nominations are:
President-Elect: Cosmo V. DeSteno
Vice President: William A. Kuebker
Secretary: James A. Fowler, Jr.
Treasurer: John B. Holmes
Executive Councilor:

David W. Eggleston
Nominee for the American Board of Prosthodontics: James W. Schweiger
Representative for the Council for the Affairs of the American Board: Robert C. Sproull

In addition to the nominations for officers in the College, the Nominating Committee selected candidates for officers and positions in the Federation of Prosthodontic Organizations. These nominees are:

President-Elect: Kenneth D. Rudd

Vice President: Jack D. Preston
Secretary: William A. Welker
Treasurer: Donald O. Lundquist
Associate Editor: Dale H. Andrews
Alternate Delegate: William A. Welker

PRE AND POST MEETING EXCURSIONS IN THE SEATTLE AREA

Your hosts here in Seattle hope that you will not only enjoy our wonderful city during the Annual Meeting in October but will have some spare vacation time to spend around the great northwest. We have selected these following excursions for you (you will need to rent a car and get a good map).

The Olympic Peninsula:

Just across Puget Sound lies a most unique part of North America. The peninsula with its beautiful mountains, lakes and rain forests is a special place. The rain forest of the Hoh River Valley receives the greatest amount of rain in North America (up to 200" a year). Because of the moisture a fantastic forest exists up this valley. The nature center in the national park has delightful walking tours where you can see herds of Roosevelt elk.

On your way to the Hoh you will be driving by the entrance to the sky! Just a few miles south of Port Angeles (the largest town on the peninsula) a paved road will take you into the park and up to Hurricane Ridge. The ridge is the type of place one normally gets to only by a two day back pack! You will be at 6,000 ft. and only about 20 miles from the ocean. The views are truly breathtaking.

Between Port Angeles and the Hoh you will pass by Lake Crescent. The motels and lodges around the lake might be a good place to stay overnight.

Start this trip by taking the Seattle-Winslow Ferry from the Alaska Way Terminal. Once off the ferry follow Highway 305 to Highway 3. Cross the Hood Canal Toll Bridge and take 104 to U.S 101. Then just follow U.S. 101 as it makes it's way around the peninsula. This won't be difficult as it is the only road. After the Hoh you will return by way of Ruby Beach (on the ocean), Lake Quinault, Humptulips, Olympia (the State Capitol) and home to Seattle on Interstate I-5.

Plan two days minimum for this trip.

You will want to be sure that you have your mountain clothes for this trip. That includes warm sweaters, wind-

breakers and rain gear with good hiking shoes for Hurricane Ridge (if you want to get up to see the mountain goats).

Victoria-Vancouver

To visit these two wonderful Canadian cities we suggest that you get up real early and drive north on I-5 to Mt. Vernon. Then turn off on Highway 20 to Anacortes to get the ferry. The ferry ride to Sidney, British Columbia is one of our most popular tourist excursions. It takes you through the heart of the San Juan Islands that lie on the U.S.-Canadian border. Once you see these islands you will want to come back to charter a sail boat and spend a week! The morning ferry leaves about 8:30 AM so you should plan to leave by 6:00 AM. You shouldn't need reservations that time of the year.

From Sidney it's about 17 miles south to Victoria, the Capitol of British Columbia. Victoria is as British as you can be outside of actually going abroad. The Buchart Gardens are the biggest attraction along with High Tea at the Empress Hotel. You should plan to stay overnight in Victoria.

Plan to drive up Vancouver Island on Highway 1 to Nanaimo and then take the ferry over to Horseshoe Bay on the outskirts of Vancouver. While in Vancouver you will want to see the Expo 86 area on False Creek, the site for next year's World's Fair. Once you have done Vancouver, Seattle is just a pleasant 3 hours drive south on I-5.

This trip also requires at least 3 days. You won't need your mountain clothes but remember the sweaters and the windbreakers for the ferry boat rides.

The North Cascades Highway

Another three day trip (you could do it in two) will take those of you that are keen on high mountains through the best of the Cascade Mountain Range. This highway is only open 9 months of the year and the drive should be at its fall best just about the time of the Meeting. One would expect some snow at the higher altitudes.

Again start north on I-5 but instead of turning west on 20 at Mount Vernon, turn east and take 20 up into the Cascades. Again, it's the only road in the area so you can't get lost and will eventually come out at Winthrop. This quaint little village will soon be the site of a major ski resort on the Methow River. Nine miles south, at Twisp, you will join Highway 153 and take this south to join U.S. 97. Heading south you will visit Lake Chelan and drive along the Columbia River (be sure to stop at Rocky Reach Dam) until you

join U.S. 2 to head west back up the Cascades through Stevens Pass and home to Seattle.

Since this will be a mountain trip you will need all your gear for cool weather. Only the serious climber will need ice axes and party ropes!

Mount Rainier

Our final proposed adventure will take you to Mount Rainier, all 14,410 feet. This is a one day trip that should only be taken if the weather is good. (If it's raining down in Seattle it's probably snowing and snowing hard up on the mountain and you couldn't see a thing.

Start south on I-5 and get off when the signs say Enumclaw. Go east on 164 and change to 410 in Enumclaw. Then it's 41 miles to the park. Your goal is to circle the park and stop at Paradise on the south side. From there you can hike up the face of the mountain as far as the weather and your stamina will

DATES OF THE ANNUAL OFFICIAL SESSION

The next Annual Official Session will be held in Seattle in the Westin Hotel according to the following schedule:

Monday and Tuesday, October 14 & 15

Executive Council Meeting

Wednesday, October 16

Private Practice Seminar and
Workshop
Peer Review Training Workshop
(P.M.)
Commercial Exhibits (P.M.)
Cocktails & Reception (6:30 P.M.)

Thursday, October 17

Scientific Program
John J. Sharry Prosthodontic
Research Competition
Annual Business Luncheon and
Meeting

Friday, October 18

Scientific Program
Table Clinics
Ladies Workshop
Affiliates/Associates Seminar &
Luncheon
ACP Sections Meeting
Mentors Meeting

Saturday, October 19

Scientific Program

let you go. You will not be allowed to go beyond 10,000 ft. without demonstrating your skills with ice axe and crampons!

Your drive out of the park will take you on Highway 706 to join Highway 7 at Elbe. 7 will take you back via Tacoma and I-5 to Seattle.

Again, remember this is a high mountain trip. With any luck the weather will be clear and the views fantastic. You must be prepared for quick storms to blow in on the mountain, so rain gear, warm layered clothing and good hiking shoes are a must.

Final reminders on appropriate dress for the Seattle Meeting

For the harbor tour and salmon bake: remember...we will be out on the Sound in the evening. While the boats we will be on are totally enclosed it's fun to go out on deck as well. You will need to have slacks, sweaters and windbreakers. Anyone without a full head of hair should consider wearing a cap as well.

For general wear around the town: we would recommend the layered look so that you can peel off what you don't need at the moment. That's the way the natives dress and you won't be at all out of place if you don't wear a three piece suit and tie. Even if we have some slight precipitation an umbrella will do the trick in town. For any of the excursions you should have a rain slicker of some sort (there will be ample opportunities to purchase any of these items of clothing from our local outfitters...in fact, that is how many of them pay their overhead...selling to tourists that which they need and have left at home).

At registration you will find a variety of pamphlets on all sorts of local activities to cover anything that we have missed in this brief travel guide. We will also have city maps in your registration packets.

Again...welcome to Seattle and the Great Northwest!!!!

**QUESTIONS?
IDEAS?
PROBLEMS?
Call The
Central Office
(512) 340-3664**

SPECIAL ACP FARES ON UNITED AIRLINES OFFER SAVINGS ON TRAVEL TO SEATTLE

United has joined with The American College of Prosthodontists to offer special airfares (not available to the general public) when you attend the Conference in Seattle and travel between October 11 and November 3, 1985 inclusive.

To obtain a 35% discount from the applicable standard Coach (Y class) fare **with no minimum stay restrictions**, or (for those staying over a Saturday night even greater savings) a 40% discount off United's standard coach fare — simply follow these easy steps:

1. Either you or your preferred travel agent phone United's toll-free number at 800-521-4041 (48 contiguous states), or 800-722-5243 extension 6608 (Alaska, Hawaii). Call Monday through Friday between 8:30 a.m. and 8:00 p.m. E.S.T.

2. Immediately reference the special ACP account number **574M**.
3. United specialists will provide information and make reservations for all flights and fares, including the special ACP fare. The special ACP fare is available on United flights within the United States.
4. United will arrange to mail tickets to your home or office; or you may purchase them from your local travel agent. Whichever means of ticketing you choose, the special ACP fare can only be obtained when the reservation is made through your special United 800 number. Seats are limited, so call early for best availability. Fares are guaranteed at time of ticket purchase. Why not call today!

INTERNATIONAL COLLEGE OF PROSTHODONTISTS TO MEET IN SEATTLE

The first meeting of the International College of Prosthodontists will be held in Seattle October 17, 18, 19, 1985 during the Annual Meeting of the American College of Prosthodontists at the invitation of the ACP. The final day of the scientific session, Saturday, October 19, the program will feature speakers representing the International College of Prosthodontists - Dr. Georg Zarb, Canada, Mr. Harold Preiskel, England, Dr. Peter Scharer, Switzerland, and Dr. Jack Preston.

The International College registrants will attend the scientific and social session at a special fee rate. Eligibility for membership in the ICP has not been established but general agreement is that prospective members must have had formal training in prosthodontics, not only an interest in or a practice including prosthodontics.

A banquet for the ICP will be held at the Olympic Hotel in Seattle on Saturday evening, October 19. Reservations may be made on the ACP registration form for the Annual Meeting.

More information on the International College of Prosthodontists may be obtained from the Interim Officers.

The Officers are:

H.W. Preiskel, MDS, MSc, FDS
Consultant, Guys Hospital
Dept. of Prosthetic Dentistry
St. Thomas ST.
London, SE1 9RT
England

Peter Scharer, DMD, MS
Zahnarzlichen Institut de U. Zurich
Plattenstrass Postfach 8028
Zurich 8028
Switzerland

Jack D. Preston, DDS
Room 4330
USC School of Dentistry
University Park, MC-0641
Los Angeles, CA 90089-0641
USA

ANNOUNCEMENT

The **Newsletter** is published three times a year, in January, June and September. Submission of original articles and guest editorials is encouraged. News of important events in the lives of our members is always welcome. Mail to Editor, 2907 Deer Ledge, San Antonio, Texas 78230.

COMMERCIAL EXHIBITS FOR SEATTLE MEETING

After a great deal of confusion due to changing dates for the Annual Meeting, the list of commercial exhibitors for the Seattle meeting is being finalized. Dr. Mo Mazaheri, Chairman of the Exhibit Committee, is actively pursuing additional exhibitors to fill the 32 spaces that will be available in the Westin Hotel in Seattle.

Each exhibitor contributes to the health of the college treasury as well as giving members an opportunity to see new products at first hand. The Exhibit Committee is inviting only those companies whose exhibits can enhance the membership knowledge of the latest materials, techniques and armamentaria available in the field of prosthodontics.

The meeting in Nashville was the first at which the College invited commercial exhibitors. Excellent reports were received from many of the members attending. Twenty-two exhibitors were in attendance at Nashville, and this number has been increased to 32 for Seattle. Members are urged to make their presence known to the exhibitors.

Following are the exhibitors that have committed to Seattle:

- Almore International, Inc.
Portland, Oregon
- Austenal Dental Products, Inc.
Chicago, Illinois
- Brasseler, U.S.A., Inc.
Savannah, Georgia
- Calcitek, Inc.
San Diego, California
- Ceramco, Inc.
East Windsor, New Jersey
- C. D. Charles, Inc.
Chicago, Illinois
- Core-Vent Corporation
Encino, California
- Dental Prophylaxis Systems
Iowa City, Iowa
- Dentsply International, Inc.
York, Pennsylvania
- Healthco International, Inc.
Boston, Massachusetts
- Interpore International
Irvine, California
- Kerr, Division of Sybron
Romulus, Minnesota
- Kilgore International, Inc.
Coldwater, Minnesota

- Myo-Tronics Research, Inc.
Anytown, U.S.A.
- Neodontics, Inc.
Laguna Niguel, California
- Quintessence Publishing
Chicago, Illinois
- Teledyne Hanau/Emesco
Buffalo, New York
- TMJ Instrument Co., Inc.
Santa Ana, California
- Vicks Oral Health Group
Wilton, Connecticut

TABLE CLINICS-SEATTLE PLEASE APPLY



The clinics at the Nashville meeting proved to be both popular and educational.

The Annual Scientific Session in Seattle will include approximately 25 table clinics on Friday, October 18. ACP members who would like to present a table clinic should send a title and brief description of the clinic to Dr. Joe Berte, Table Clinic Chairman, Dentsply International, Inc., P.O. Box 872, 500 W. College Avenue, York, Pennsylvania 17405.

Table clinics should be a concise presentation of an idea, technique, etc. of interest to Prosthodontists. Table clinics should not be mini-lectures and must not be commercial in any way.

PROSTHODONTIC PEER REVIEW WORKSHOP

The Peer Review Workshop, scheduled for the Seattle Annual Meeting will familiarize the participants with the ACP Peer Review Manual. Hypothetical cases will be put through the correspondence between the dentist, patient, ACP Peer Review Committee and dental association.

Please bring three sterile mouth mirrors and explorers/periodontal probes. Each participant will have the opportunity to peer review the dental restorations of volunteer participants and check off evaluation sheets from the

ACP Peer Review Manual.

The Peer Review Workshop is scheduled for Wednesday, October 16 from 1:00-5:00.

THE EDUCATORS/MENTORS SEMINAR-OCTOBER 18, 1985

The intent of the Educators/Mentors Seminar is to bring before the College members involved in predoctoral and postdoctoral education, speakers of a calibre that they are not normally in contact with, who are intimately involved and knowledgeable on major issues of the times, having direct or indirect bearing on the specialty of prosthodontics and the teaching of the discipline and specialty.

The Educators/Mentors Seminar provides not only new informational sources but acts as a forum for the members in attendance by the means of their questions and discussion of their personal concerns and observations relative to the topical area addressed by each speaker. This year's program concerns the area of research grants and funding for dental education. This is the lifeblood of any school or program.

Our program is as follows:
FRIDAY, OCTOBER 18, 1985

1:30 P.M. Speaker: Dr. Marie U. Nylen (NIDR, NIH). Subject: "Funding Opportunities For Research Involving Prosthodontics And Related Areas (Geriatrics, TMJ, Pain, etc.)"

2:30 P.M. Speaker: Dr. Richard D. Mumma, Jr. (Exec. Dir., AADS). Subject: "Dental Education: How is it supported?" and "The Size and Quality of the Predoctoral Dental Student Applicant Pool—Past, Present and Future Forecast".

Our program this year has been contracted from three hours to two by encroachment from the noon-time table clinics and the afternoon boat ride and salmon bake. Please plan to hear these informative speakers.

ICP BANQUET

The first International College of Prosthodontists banquet will be held at 7:00 P.M., Saturday, October 19 in the Olympic Hotel. Registration may be made through the American College of Prosthodontists registration form. Attendance is limited to 200.

LADIES WORKSHOP IN SEATTLE

Developing and instituting "self-insurance" strategies to protect the financial aspects of the prosthodontic practice in case of disability or death of the spouse is the focus of this year's workshop. Mr. Terry C. Liberman, from Analytics Corporation, Seattle, Washington, has accepted our invitation to share with the workshop audience his philosophy directed at educating individuals in the art of "self-insurance". During the past 22 years of working with health care professionals, Mr. Liberman has developed a philosophy which places the professional practitioner and his family in control. He believes in teaching HOW to think about money, rather than WHAT to think about it.

The workshop is primarily designed for wives working in their husbands' prosthodontic practice. However, even if you are not directly involved in the daily operation, you can learn about preparing for eventualities before they occur, rather than being at the effect of them once they have happened.

This function will take place on Friday, October 18, from 10 a.m. to 12 noon at the Westin Hotel, Seattle, Washington.

PRIVATE PRACTICE SEMINAR

Because of the enthusiasm generated at last year's workshop the Private Practice Committee is planning a similar format but with a full day at your disposal instead of a half day. In the morning there will be a series of workshops each dedicated to a discussion of a particular problem area from computer utilization to the in-house laboratory.

Following a luncheon each workshop will report to the entire group for a general discussion.

The Committee plans to make a substantive report to the College of the day's deliberations.

—Lawrence S. Churgin
Chairman

THE AMERICAN INSTITUTE OF ORAL BIOLOGY ANNUAL MEETING

The 42nd Annual Meeting of the American Institute of Oral Biology will convene November 1-5, 1985 (Friday

-Tuesday), at the Spa Hotel in Palm Springs, California. The Institute brings together during its Annual Seminar a group of eminent authorities in the region of Oral Biology as is pertinent to the modern practice of Dentistry.

As is traditional with the Institute's Annual Meeting, the participants will receive a bound copy of the prepared manuscripts. The program is scheduled to permit a discussion of each lecture which, together with forum discussions, will be directed to bringing out the practical application of these subjects to the practice of Dentistry. The Institute will offer 28 hours of Post Graduate Continuing Education Credit from the Loma Linda University for attending this Seminar.

For further information and application forms, please write to Executive Secretary, P.O. Box 481, South Laguna, California 92677.

LUNCHEON SEMINAR PLANNED FOR AFFILIATES AND ASSOCIATE MEMBERS IN SEATTLE

FRIDAY, OCTOBER 18

The purpose of the Affiliates/Associates Seminar is to assist Non-Boarded members who are preparing to challenge the Board Examination. Dr. Crystal Baxter will moderate and Dr. James Brudvik will speak about preparation for the Clinical Exam. In addition, several candidates who have recently completed part or all of the Board requirements will elaborate on their experiences.

These volunteers generously consent to share their time and practical knowledge to the benefit of fellow members. There will be a discussion period following the seminar.

SCIENTIFIC SESSION FOR SEATTLE MEETING

The scientific session for the Annual Meeting in Seattle has been finalized and promises to be timely and meaningful to all prosthodontists. Abstracts of papers to be presented are listed below according to the schedule. Don't miss any of these outstanding presentations!

Thursday, October 17

Dr. Robert C. Sproull

Prosthodontics - 1985 BC-1985 AD

To appreciate the state of the Art of

Prosthodontics in 1985, we need to know from whence we came. It's been a long journey from the days of the Etruscans, but an interesting one. Progress has been mixed with regression. We have to be certain that our journey today is a forward one.

Dr. Glen P. McGivney

Pilot Study Comparing the Use of Current Diagnostic Data-Gathering Modalities to a New Modality Using the G.E. C.T. 9800 Scanner

Prior to constructing any prostheses which requires tissue support, a thorough understanding of the foundation, its components, properties and qualities must be analyzed and evaluated to assure a successful prognosis to the treatment results. Recently, numerous presentations by Par-Ingvar Branemark and clinical experiences described by Laney, Parel, Zarb, and others have precipitated concern that the diagnostic aids currently used to develop treatment modalities for complete and partial edentulous patients may not accurately reflect the true anatomical topography of the supporting mucous membrane and osseous structures. This paper will present a pilot study comparing the use of current diagnostic data gathering modalities to those obtained by using a G.E. C.T. 9800 Scanner with the Data General S/140 to generate a three dimensional image of the topography of the osseous structures and covering mucosa.

Dr. J. Crystal Baxter

Osteoporosis: Oral Manifestations of a Systemic Disease

According to orthopedic literature, osteoporosis and related bone pathologies are increasing in epidemic proportions. The exact etiology of the disease is unknown, but hormonal, dietary, and genetic factors all contribute to the related loss of bone density.

In the disease process, bone loss occurs throughout the body. No research has concluded that the mandible and maxilla are immune from the condition - thus it is theorized that oral manifestations commonly occur. The goal of this lecture is to review the latest medical literature as to the prevention and treatment of the disease.

Dr. Ronald P. Desjardins

Maxillofacial Prosthetics - Demand and Responsibility

Maxillofacial prosthetics is recognized as one of the branches of prosthodontics and some educational exposure must be given to this subject

in all advanced education programs in prosthodontics. This presentation will discuss results of a survey of recent graduates who have had an additional 12-months training in maxillofacial prosthetics. What is the demand for maxillofacial prosthetic services? What is the nature of practice of those with additional training in maxillofacial prosthetics? Because the practice of maxillofacial prosthetics should be an extension of basic fixed and removable prosthodontic principles, many maxillofacial prosthetic problems can be treated in any specialty prosthodontic practice. Examples of maxillofacial prosthetic needs that can often be resolved by prosthodontists who have not had an additional 12-months training will be discussed.

Dr. Girard J. DiPietro

A Jaw Controlled Magnetic Proximity Switch to Assist the Severely Mobility Impaired Patient

According to a 1982 report, 8,500 persons are affected yearly by severe spinal cord injuries in the United States. These people currently interface with equipment such as powered wheelchairs, environmental controllers, etc. with a variety of control devices, all of which have various problems. This presentation will center on a novel solution to one particular problem followed by a discussion of potential sophisticated jaw controlled interface options.

Friday, October 18

Dr. John N. Nasedkin

Occlusion: The Changing State of the Art

The Occlusion Focus meeting of 1976 secured consensus agreement about most of the controversial issues in this field. Since then there has been a virtual information explosion and the prosthodontist has been inundated with conflicting approaches to the management of temporo-mandibular joint disorders and associated structures.

This presentation will provide a historical and contemporary overview of the whole field, using the conceptual framework of the OCCLUSION CYCLE as the key to OCCLUSAL REINTEGRATION. Critical questions regarding: the definition of centric relation; the relationship of the occlusion and the MPD; and finalization treatment after disk recapture will be answered.

Dr. Dennis J. Weir

Concerns on the Biocompatibility of

Nickel Based Alloys

The literature is replete with reports of sensitizations and carcinogenic potentials of nickel and chrome. In the past 15 years the alloys used in fixed restorations have shifted from systems based on gold to systems based on nickel. We are instructed: "As with all nickel-containing alloys, the use of this alloy should be avoided by persons with known nickel sensitivity." This presentation will discuss the problems encountered in the identification of nickel, chromium and cobalt sensitive patients and make recommendations for the use of nickel based alloys until reliable long-term biological data has demonstrated the safety of these materials.

Dr. Jack I. Nicholls

University Research vs the Dental Manufacturer - Are They Listening?

Research has always been the foundation for the utilization and clinical application of dental materials. With the current increasing array of products and devices available to the practicing dentist, the situation has become confusing. In addition, the newer research methodologies being used to evaluate these clinical products requires a knowledge of physics, electronics and engineering to mention but a few. The object of this presentation will be to discuss a relatively small number of topics, elaborate on the research methodology used, and where possible, relate this to clinical practice. In particular, this presentation will attempt to take the mystique out of the research technique being discussed.

Saturday, October 19

Dr. George A. Zarb

Dental Implants - the State of Science '85

The perfect dental implant, like the perfect marriage, has often been described but rarely encountered. A great deal of hope has accompanied the introduction of one new implant system after another. But hope without scientific evidence usurps the notion of a predictable therapeutic system. This review will attempt an analysis of the longitudinal efficacy of dental implants in the context of current scientific reporting.

Dr. Harold W. Preiskel

The Restoration of the Mutilated Dentition

The ever increasing rise in the proportions of the elderly population poses a challenge to dentistry. Many of

these people are both fit and alert. There is now a substantial demand to restore mutilated dentitions for an age group who may be relatively slow to accommodate to change. While the majority of clinicians are agreed upon the value of preserving teeth and roots where feasible the clinical steps required are by no means so clear cut.

This paper is concerned with providing clinical solutions to several of the problems involved with restoring the mutilated dentition. Planning the restoration includes transitional prosthesis together with an assessment of the patient's co-operation as treatment progresses. Factors influencing the selection of abutments will be considered together with those involved with choosing a suitable restoration. The denture abutment interface is a critical region for success.

From analyzing the path of insertion to considering future maintenance therapy the problems of restoring a mutilated dentition can tax the skills of even the most experienced prosthodontist. Such undertakings not only improve the quality of life of our patients but illustrate the value of our specialty.

Dr. Peter Schärer

Non Metallic vs Porcelain Fused to Metal Crowns - State of the Art

After a discussion of various fabrication procedures to improve porcelain fused to metal crowns some newer types like Cerestore, Dior and modified Jacket crowns are discussed in regard to esthetics, physical properties and marginal fit. Clinical studies utilizing different crown types in the same patients over a two year period will be presented.

Dr. Jack D. Preston

Current Perspectives in Shade Selection and Color Matching

Consistently reproducing the esthetic qualities of the natural dentition remains a challenge to most dentists and technicians. The attempts to match the optical properties of a natural tooth with the limited selection provided by current shade guides followed by problems encountered trying to match the selected guide with porcelain is frequently frustrating. The solution to the problem lies in defining the variables, obtaining needed data, and properly employing current materials to obtain an optimal result. New products and techniques have exciting potential to provide improved shade control and, possibly, even true color matching.

FROM YOUR EDITOR

Let's Bite Our Tongue -
And Say Thanks

It's that time of year again. The time when the Central Office begins to resemble Panicksville, the officers develop a stunned look and Committee Chairmen start peering over their shoulders - in other words the Annual Meeting of the College is rapidly approaching.

Unless you've had the opportunity to serve actively on the many committees involved in preparing for the meeting, it is difficult to imagine the amount of time and work involved in accomplishing the, at times, overwhelming tasks. The thing that impresses me the most is the fact that everyone working so hard is a volunteer, and a rank amateur. I don't use the word amateur in a demeaning way, we are all professionals in our own right but when we start to deal with hotel chains, commercial exhibitors, public relations people, etc. we are working in their territory, not the familiar cozy surroundings of our dental offices.

My main point of all this is when or if you become irritated over some detail of the meeting that doesn't suit your fancy, please remember that some volunteer has spent countless hours working on it and has tried very hard to make the meeting a success.

The work of the Local Arrangements Committee and the Program Committee is really beyond belief. These people begin their work one and a half to two years in advance and face countless and nerve-racking frustrations. The turmoil of trying to finalize the dates of the Seattle meeting is an excellent example of problems that rear their ugly heads and must be faced. Instead of giving him a cross word or two, I think Jim Brudvik deserves a big pat on the back for the job he has done. It's tough to bite your tongue but it's not difficult to say thanks.

While I'm in a magnanimous mood there is another group of people that deserve a deep bow and a tip of the hat. I'm referring to the ladies that voluntarily man (?) the Registration desk. Somehow tradition established that the wife of our Secretary automatically becomes head of the Registration Committee and so through the years, unselfishly and with dedication, Helen Rudd, Sally Johnson, Peggy Sproull, and Joan Kuebker have taken charge of those formidable duties aided by scores of spouses (I know the details because Harriet has served numerous

times).

The duties of these ladies are multiple and varied and, of course, errors will take place. I ask everyone though to understand that these wives are freely giving up their sightseeing and shopping time to serve the College. The least we can do for them is, when we feel the urge to criticize or complain, why don't we collectively bite our tongues and, with a smile, say "Thanks ladies for a heck of a good job".

—Kenneth Stewart

EDUCATION FOUNDATION FOR ACP FORMED

An Education Foundation of the American College of Prosthodontists has been formed by action of the Executive Council of the College.

The purpose of the Foundation will be to educate the public and other health professionals as to the contributions and value of prosthodontists to the health and well-being of the community and its citizens. If prosthodontics is to survive as a specialty, public recognition must be gained. Consumer demand for specialty treatment will play a major role in the survival of our profession.

The Constitution and Bylaws of the Foundation were approved at the June Executive Council meeting and will be published in the near future.

Funding for the activities of the Foundation will be obtained principally through donations. Contributions will be sought from prosthodontists as well as corporate and philanthropic sources. The possibility of donations being made tax deductible is being investigated.

In order for the Foundation to begin its operation, The Executive Council appointed Robert Sproull as President. In turn, he appointed the following slate of officers.

Dr. Robert C. Sproull - President
Dr. Noel D. Wilkie - Vice President
Dr. William A. Kuebker - Secretary
Dr. John B. Holmes - Treasurer

These officers will serve until the Annual Official Session of the College in Seattle. At that time the Board of Directors of the Education Foundation (elected by the Executive Council of the ACP) will meet and elect officers for the coming year. The Board of Directors and their terms of office are as follows:

One Year

Dr. James A. Fowler, Jr.
Dr. Ronald D. Woody
Dr. Lawrence S. Churgin

Two Years

Dr. Robert C. Sproull
Dr. John B. Holmes
Dr. Cosmo V. DeSteno

Three Years

Dr. Noel D. Wilkie
Dr. Thomas F. Balshi
Dr. William A. Kuebker

FUTURE MEETING SITES

The Site Selection Committee Chairman, Dr. Ronald D. Woody, has announced the sites for future annual meetings of the College. Some sites will have to be considered tentative until final contracts are signed.

In the past the site selection was not difficult because most desirable locations had adequate facilities to accommodate the relatively small size of the College. However as the College has increased in numbers and as the programs desired by College members have expanded the number of locations with adequate facilities have decreased. The addition of commercial exhibitors and table clinics have added sharply to the total number of square feet required by the College for the Annual Meeting.

In addition to the physical requirements of the College, members have expressed a preference to have the meeting relatively near geographically and timewise to the ADA meeting. The American Academy of Maxillofacial Prosthetics and the College have traditionally met at the same location so that members with dual membership could attend both meetings.

With limitations as described the site selection process has become complicated.

The following sites have been selected for future meetings.

1986 - Williamsburg
1987 - San Diego
1988 - Baltimore
1989 - Tucson
1990 - Orlando, Fort Lauderdale,
New Orleans, San Antonio, or Atlanta

INTER-SOCIETY COLOR COUNCIL CONFERENCE ON ART RESTORATION

Under the chairmanship of Robert L. Feller of Carnegie-Mellon University, the Inter-Society Color Council is sponsoring a conference on art restoration at Colonial Williamsburg, Va., February 9 to 12, 1986. The full title of the gathering is, "The Colors of History:

Identification, Re-Creation, Preservation." Topics to be presented by invited speakers include applications to architecture, textile re-creation, transportation (automobiles and ships), and identification of dyes and pigments. There will be ample time for discussion and cross fertilization among the many disciplines that comprise ISCC.

Dr. Feller is a Director of the Research Center on the Materials of the Artist and Conservator at the Mellon Institute. He has been a consultant to the National Gallery of Art for 35 years. His work on varnishes and the effect of light upon colorants has been widely praised. He will be assisted by Danny C. Rich of Applied Color Systems, of Princeton.

Anyone interested in attending may contact T. G. Weber, 1722, Forest Hill Drive, Vienna, WV 26105.

BEAUTIFUL WILLIAMSBURG IN '86

The 1986 Annual Session of the American College of Prosthodontists will be held at the Colonial Williamsburg Conference Center, Williamsburg, Virginia, from October 13 through October 17, 1986. "Revolutionizing Prosthodontics" will be the theme of the scientific program.

CONGRATULATIONS TO OUR NEW FELLOWS

All College members extend heartfelt congratulations to the successful candidates for the American Board of Prosthodontics examination in 1985.

The New Fellows can be recognized at the Annual Meeting in Seattle by a special nametag they will wear. Take the time to congratulate them personally and welcome them to the activities of the College.

In addition to distinctive nametags they will be recognized individually at the business meeting luncheon where they will receive certificates acknowledging their movement to Fellow status. Photographs will also be taken at that time.

The New Fellows are:

John R. Abel
Steven A. Aquilino
S. Robert Davidoff
Jose R. Davila-Orama
James DeBoer
William F. Dodson
Robert L. Duell
John W. Guinn, III

William G. Kaylakie
Lloyd S. Landa
Nelson D. Lasiter
James M. Leary
John W. McCartney
Paul J. Michaelson
Kenneth H. Miller
Robert L. Simon
William D. Sulik
Richard D. Vaught
Charles W. Wilcox

SECTIONS

California: The ACP California Section awarded \$500.00 to Dr. Jeffrey Y. Nordlander, a graduate student in prosthodontics from San Francisco, in the first annual research competition for prosthodontic graduate students in California.

Abstracts of research papers of not more than 500 words and not previously published or presented before a dental organization are eligible. Please contact Dr. Dennis Weir for further information. Abstracts are currently being accepted for the Fall, 1986, award of \$500.00.

Missouri Valley: The Missouri Valley Section has been active in organizing and preparing chores for the upcoming year. Officers elected in January are: President, Richard E. Coy; Vice President, Dorsey Moore; Secretary/Treasurer, James M. Shields.

The Section has had four meetings to date, January and November, 1984 and January and April, 1985. One of the

programs the Section has accomplished has been to define "prosthodontics" in the Yellow Pages. A peer review committee and a public relations committee have been formed. The Dental Health theater prosthodontic exhibit has also been updated.

Plans are currently underway for the first scientific meeting to be held in the fall.

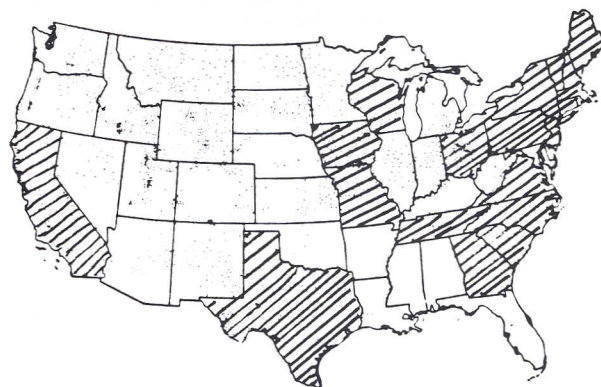
North Carolina: On May 31, 1985, the North Carolina Section met and elected the following new officers for 1985-86: John R. Hansel, President; Matthew T. Wood, Vice President; and James A. Hoke, Secretary/Treasurer.

Dr. Hoke reported a treasury balance of \$180.18. No changes in their Constitution and By-Laws have been made since the last copy was submitted.

New England: On April 27, 1985 the New England Section held an open



Members of the New England Section, President S. George Colt, background, and Walter Askinas and wife Fran, seated, enjoy the hospitality at the Massachusetts Dental Society meeting.



CURRENTLY 18 SECTIONS ESTABLISHED

Want to form a Section of your ACP?

1. Get 9 other members (plus yourself).
2. Use a copy of the constitution and fill in the blanks. (Copies available from ACP office)
3. Vote to use the constitution and meet at least once a year.
4. Establish dues.
5. File annual reports.
6. Contact Dana E. M. Kennan, Chairman, Section Committee for further advice.

GET TOGETHER WITH YOUR PEERS. IT COULD BE FUN...

PROPOSED CHANGES TO THE BY-LAWS AND POLICIES

The Constitution of the College requires that all proposed changes to the By-Laws shall be mailed to each Fellow and Associate at least thirty (30) days prior to the Annual Official Session. This enclosure constitutes the required notification. The proposed By-Laws and Policies changes will be voted on during the business meeting of the College in Seattle, Washington, Thursday, October 17, 1985, and may be adopted by a majority vote of the Fellows and Associates present and voting at the session. It may be helpful to bring these proposed changes to the meeting for use as a resource material during any discussion of the proposals.

PROPOSED CHANGES TO THE BY-LAWS

CHANGE 1

CHAPTER IV: COMMITTEES

CURRENT WORDING

Section 1. **Names and Number of Standing Committees.** The College shall have fifteen (15) Standing Committees designated as follows:

- A. Constitution and By-Laws
- B. Membership and Credentials
- C. Education and Advancement
- D. Public and Professional Relations
- E. Necrology and Eulogy
- F. Ceremonies and Awards
- G. Research
- H. Color and Color Matching
 - I. Prosthetic Dental Care Programs
- J. Private Practice of Prosthodontics
- K. Site Selection Committee
- L. Budget Committee
- M. Sections
- N. Prosthodontic Nomenclature
- O. Central Office Local Advisory

Reason: E. To establish a more suitable and appropriate name for the Necrology and Eulogy Committee.
P. To add an important, permanent and much needed committee to deal with Peer Review functions.

CHAPTER IV: COMMITTEES

PROPOSED CHANGE

Section 1. **Names and Number of Standing Committees.** **The College shall have SIXTEEN (16)** Standing Committees designated as follows:

- A. Constitution and By-Laws
- B. Membership and Credentials
- C. Education and Advancement
- D. Public and Professional Relations
- E. **MEMORIAL COMMITTEE**
- F. Ceremonies and Awards
- G. Research
- H. Color and Color Matching
 - I. Prosthetic Dental Care Programs
- J. Private Practice of Prosthodontics
- K. Site Selection Committee
- L. Budget Committee
- M. Sections
- N. Prosthodontic Nomenclature
- O. Central Office Local Advisory
- P. **NATIONAL PEER REVIEW**

CHANGE 2

CHAPTER IV: COMMITTEES

CURRENT WORDING

Section 5: **Duties of Standing Committees.** The following shall be the duties of the Standing Committees of the College:

- P. National Peer Review

The proposed committee is presently an Ad Hoc Committee. The proposed duties of the new Standing Committee is listed to the right.

CHAPTER IV: COMMITTEES

PROPOSED CHANGE

Section 5: **Duties of Standing Committees.** The following shall be the duties of the Standing Committees of the College:

- P. **NATIONAL PEER REVIEW COMMITTEE**

IT SHALL BE THE DUTIES OF THIS COMMITTEE TO PUBLISH THE ACP PEER REVIEW MANUAL AND THE PEER REVIEW EVALUATION AGREEMENT. THE COMMITTEE SHALL AMEND THE ACP PEER REVIEW MANUAL AND THE PEER REVIEW EVALUATION AGREEMENT, WITH APPROVAL FROM THE ACP EXECUTIVE COUNCIL, TO COMPLY WITH THE INDIVIDUAL STATE REQUIREMENTS AND TO CONFORM TO CHANGES IN THE PEER REVIEW ENVIRONMENT. THE COMMITTEE SHALL PROVIDE TRAINING FOR ACP MEMBERS IN PEER REVIEW PROCEDURES. THE COMMITTEE SHALL PROVIDE SECRETARIAL SERVICES FOR CORRESPONDENCE BETWEEN PERSONS OR PARTIES INITIATING COMPLAINTS, STATE DENTAL ASSOCIATIONS, COMPONENT DENTAL SOCIETIES, PROSTHODONTISTS UNDER REVIEW, PEER REVIEW COMMITTEE EXAMINERS, AND THE ACP CENTRAL OFFICE. THE COMMITTEE SHALL REPORT ITS FINDINGS AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COUNCIL.

Reason: To provide a description of duties of the National Peer Review Committee.

CHANGE 3

CHAPTER IV: COMMITTEES

CURRENT WORDING

Section 7: **Nominating Committee.** The Nominating Committee shall make nominations for all elected officers of the College, for representatives to the Council for the Affairs of the American Board of Prosthodontics, for representatives to the Federation of Prosthodontic Organizations, and nominees to fill vacancies on the American Board of Prosthodontics in writing and deliver these written nominations to the Secretary at least forty-five (45) days prior to the date of the Annual Official Session. The Nominating Committee shall attempt to select its candidates on a diversified basis. The Nominating Committee will be composed of five members; the immediate Past President, Chairman; the President-Elect, member; and three members not on the Executive Council to be appointed by the President from the Fellows and Associates at Large.

Reason: To provide for selection of nominees for FPO office.

CHAPTER IV: COMMITTEES

PROPOSED CHANGE

Section 7: **Nominating Committee.** The Nominating Committee shall make nominations for all elected officers of the College, for representatives to the Council for the Affairs of the American Board of Prosthodontics, for representatives to the Federation of Prosthodontic Organizations, and **SELECT NOMINEES FOR FPO OFFICE AND NOMINEES** to fill vacancies on the American Board of Prosthodontics in writing and deliver these written nominations to the Secretary at least forty-five (45) days prior to the date of the Annual Official Session. The Nominating Committee shall attempt to select its candidates on a diversified basis. The Nominating Committee will be composed of five members; the immediate Past President, Chairman; the President-Elect, member; and three members not on the Executive Council to be appointed by the President from the Fellows and Associates at Large.

CHANGE 4

CHAPTER IX: FPO REPRESENTATION

CURRENT WORDING

Section 1: **Representation to the Federation of Prosthodontic Organizations (FPO).** The President, President-Elect, and the Secretary of this College shall be delegates to the House of Delegates of the FPO and shall serve terms in that body concurrent with their terms of office in the College. There shall be additional delegates elected to the House of Delegates of the FPO. The number of delegates shall be based on existing FPO By-Laws. Delegates shall number one for the first 100 of the sum of Fellows and Associates; a second for the next 101 to 500, a third for 501 to 1,000 and a fourth for 1001 and above. The Nominating Committee shall select the required number of nominees and three alternates for this office. They will represent a broad geographic distribution throughout the United States. They shall normally serve for a term of three (3) years.

Reason: To describe the selection and requirements of alternate delegates to the FPO and the ACP liaison person to the FPO.

CHAPTER IX: FPO REPRESENTATION

PROPOSED CHANGE

Section 1: **Representation to the Federation of Prosthodontic Organizations (FPO).** The President, President-Elect, and the Secretary of this College shall be delegates to the House of Delegates of the FPO and shall serve terms in that body concurrent with their terms of office in the College. There shall be additional delegates elected to the House of Delegates of the FPO. The number of delegates shall be based on existing FPO By-Laws. Delegates shall number one for the first 100 of the sum of Fellows and Associates; a second for the next 101 to 500, a third for 501 to 1,000 and a fourth for 1001 and above. The Nominating Committee shall select the required number of nominees and three (3) alternate **DELEGATES** for this office. **ALL DELEGATES AND ALTERNATES WILL BE FELLOWS IN THE COLLEGE WHOSE EXPERIENCE IN COLLEGE AFFAIRS PROVIDE THEM WITH THE KNOWLEDGE AND UNDERSTANDING TO REPRESENT THE VIEWS OF THE COLLEGE IN THE FPO.** They shall normally serve for a term of one (1) year **BUT MAY SERVE MORE THAN ONE TERM. OF THE THREE ALTERNATE DELEGATES, ONE WILL BE DESIGNATED BY THE EXECUTIVE COUNCIL AS THE FIRST ALTERNATE DELEGATE TO THE FPO AND FUNCTION AS THE ACP LIAISON PERSON TO THE FPO. THE LIAISON PERSON MUST BE KNOWLEDGEABLE OF ALL THE WORKINGS OF THE FPO, INCLUDING ITS ORGANIZATION, POLICIES AND FUNCTIONS, AND BE MADE COGNIZANT OF ALL CORRESPONDENCE TO AND FROM THE FPO. THE LIAISON PERSON WILL BE DESIGNATED FOR A TERM OF THREE YEARS AND MAY BE REAPPOINTED TO SUCCESSIVE THREE (3) YEAR TERMS.**

CHANGE 5

CHAPTER IV: COMMITTEES

CURRENT WORDING

Section 6. **Annual Official Sessions Committee.** This committee shall be in charge of all arrangements for the annual session and other scientific programs, subject to approval by the Executive Council. The committee may appoint the following subcommittees to support its responsibilities with the approval of the Executive Council:

- A. Essay Program subcommittee
- B. Clinic Program subcommittee
- C. Local Arrangements subcommittee

The Chairman of the committee shall be appointed by the Officer who will be President during the Annual Official Session for which the Chairman is responsible.

Reason: To remove the Exhibits Committee from Ad Hoc status.

CHAPTER IV: COMMITTEES

PROPOSED CHANGE

Section 6. **Annual Official Sessions Committee.** This committee shall be in charge of all arrangements for the annual session and other scientific programs, subject to approval by the Executive Council. The committee may appoint the following subcommittees to support its responsibilities with the approval of the Executive Council:

- A. Essay Program subcommittee
- B. Clinic Program subcommittee
- C. Local Arrangements subcommittee
- D. EXHIBITS SUBCOMMITTEE**

The Chairman of the committee shall be appointed by the Officer who will be President during the Annual Official Session for which the Chairman is responsible.

PROPOSED CHANGES TO POLICIES

1. Delete Policy No. 4. Identical information is present in By-Laws, Chapter IV, Section 7, Nominating Committee.
2. Delete Policy No. 5. Information present in proposed By-Laws Change, Chapter IX, Section 1. Representation to the Federation of Prosthodontic Organizations (FPO).
3. Delete Policy No. 6. Same as item 2. above.
4. Policy No. 7. is amended to read: WRITTEN REPORTS FOR EXECUTIVE COUNCIL MEETINGS SHOULD FOLLOW THE APPROVED FORMAT AND SHALL INCLUDE: THE ACTION TAKEN OR STATUS OF ALL ASSIGNED CHARGES, CHORES, GOALS AND OBJECTIVES; BUDGET REQUESTS WHEN INDICATED; PROPOSED RESOLUTIONS; AND PROPOSED CHANGES OR ADDITIONS TO CHARGES. WRITTEN REPORTS MUST BE SENT TO THE CENTRAL OFFICE BY THE SUSPENSE DATE TO ALLOW DISTRIBUTION TO THE EXECUTIVE COUNCIL PRIOR TO THE MEETING.
5. Delete Policy No. 10 in January 1983 revision (already omitted in 1985 edition). Constitution, Article III: Officers, Sections 1 and 2, Article IV: Executive Council; By-Laws, Chapter III: Executive Council, Sections I and II, automatically include the Newsletter Editor in the Executive Council as an officer.
6. Delete Policy No. 13. Information is present in By-Laws, Chapter II: Duties of Officers, Section 5. Secretary.
7. Policy No. 20 is amended to read: CHAIRMEN OF COMMITTEES, OFFICERS AND EXECUTIVE COUNCILORS SHALL SUBMIT ANNUAL OBJECTIVES AND BUDGET REQUESTS FOR THE FOLLOWING FISCAL YEAR AS PART OF THEIR WRITTEN REPORT FOR THE FIRST EXECUTIVE COUNCIL MEETING FOLLOWING THE ANNUAL OFFICIAL SESSION. THE BUDGET REQUEST SHALL INCLUDE ALL PROJECTED EXPENDITURES FOR THE FISCAL YEAR INCLUDING MAJOR PROJECTS AS WELL AS TELEPHONE EXPENSES, POSTAGE, SUPPLIES AND SECRETARIAL ASSISTANCE REQUIRED IN THE TRANSACTION OF COLLEGE BUSINESS. TRAVEL AND PER DIEM FOR EXECUTIVE COUNCIL MEETINGS ARE NOT INCLUDED IN THIS BUDGET.
8. Policy No. 29 is amended to read: THE TREASURER IS AUTHORIZED TO REIMBURSE FOR BUDGETED MINOR EXPENDITURES (\$200.00) SUCH AS INCIDENTAL SUPPLIES, POSTAGE, TELEPHONE AND OCCASIONAL SECRETARIAL ASSISTANCE. REIMBURSEMENT MUST BE REQUESTED AND PAYMENT MADE BEFORE THE END OF THE FISCAL YEAR. EXPENDITURES FOR MAJOR PROJECTS SUCH AS EQUIPMENT, SUPPLIES, SERVICES, PRINTING AND MAILING REQUIRE SPECIFIC APPROVAL BY THE EXECUTIVE COUNCIL EVEN THOUGH THE ITEM IS INCLUDED IN THE APPROVED FISCAL YEAR BUDGET.
9. Delete Policy No. 31. Proposed By-Laws change sets forth specifics of FPO delegate selection.
10. Delete Policy No. 32. Does not apply to present financial procedures.
11. Policy No. 33 is amended to read: THE PRESIDENT IS AUTHORIZED TO FUND THE EXECUTIVE COUNCIL AND COMMITTEE CHAIRMAN TO EXECUTIVE COUNCIL MEETINGS OTHER THAN THE MEETING HELD AT THE TIME OF THE ANNUAL SESSION.
12. Policy No. 18a. is amended to read: a. PRINCIPAL PROGRAM SPEAKERS, WHO ARE NOT COLLEGE MEMBERS, BE PAID AN HONORARIUM OF \$500.00, STANDARD COACH CLASS ROUND TRIP FARE AND EXPENSES OF \$95.00 PER DAY. FOREIGN OVERSEAS SPEAKERS WILL BE PAID THE LIKE HONORARIUM AND EXPENSES AND COACH CLASS ROUND TRIP FARE. Delete: College members who are principal speakers will receive the honorarium of \$500.00 and expenses of \$95.00. (This change is effective for the 1986 Annual Official Session).
13. Add new policy to read: THE PRESIDENT SHALL ASSIGN SPECIFIC COMMITTEES TO THE PRESIDENT-ELECT AND VICE PRESIDENT FOR THEIR SUPERVISION. THE SUPERVISING OFFICER SHALL PROVIDE GUIDANCE AND ADVICE TO THE COMMITTEES AND SHALL ENSURE THAT ALL COMMITTEE MEMBERS ARE INVOLVED IN COMMITTEE ACTIVITIES, THAT REPORTS ARE SUBMITTED IN THE PROPER FORMAT, THAT THE BUDGET IS SUBMITTED AT THE CORRECT TIME, THAT REPORTS ARE RECEIVED IN THE CENTRAL OFFICE BY THE SUSPENSE DATE AND THAT ACTION HAS BEEN TAKEN ON ALL CHARGES AND CHORES ASSIGNED TO COMMITTEES UNDER THEIR SUPERVISION.

14. Add new policy to read: BUDGET CHANGES AND NEW APPROPRIATIONS OF FUNDS SHALL REQUIRE A 2/3RDS VOTE OF THE EXECUTIVE COUNCIL FOR APPROVAL WHEN THE MEMBERS OF THE COUNCIL HAVE NOT RECEIVED THE REQUEST BY RESOLUTION A MINIMUM OF 48 HOURS PRIOR TO THE VOTE.
15. Add new policy to read: THE NOMINATING COMMITTEE WILL SUBMIT TO THE EXECUTIVE COUNCIL A LETTER OF ACCEPTANCE OF THE NOMINATION FROM ALL INDIVIDUALS SELECTED AS CANDIDATES FOR COLLEGE OR FPO ELECTED POSITIONS.
16. Add new policy to read: ALL PAPERS PREPARED FOR PUBLICATION AND SUBMITTED FROM THE COLLEGE TO PROFESSIONAL JOURNALS, WILL BE FORWARDED THROUGH THE ACP ASSOCIATE EDITOR TO THE JOURNAL OF PROSTHETIC DENTISTRY.
17. Add new policy to read: OFFICERS, EXECUTIVE COUNCILORS, IMMEDIATE PAST PRESIDENTS, NEWSLETTER EDITOR, COMMITTEE CHAIRPERSONS OR THEIR REPRESENTATIVES WHO ACCEPT FUNDING FOR TRAVEL AND PER DIEM FOR EXECUTIVE COUNCIL MEETINGS ARE EXPECTED TO ATTEND THE ENTIRE MEETING.
18. Add new policy to read: THE AMERICAN COLLEGE OF PROSTHODONTISTS WILL DEVELOP POSITION STATEMENTS ON PERTINENT ISSUES. THESE POSITION STATEMENTS WILL BE MAINTAINED IN THE ACP CENTRAL OFFICE, WILL BE AVAILABLE TO INTERESTED PARTIES, AND A COPY MAY BE OBTAINED BY CONTACTING THE CENTRAL OFFICE DIRECTOR.

ACP POSITION STATEMENT: PREFERRED PROVIDER ORGANIZATIONS (PPO's)

A PPO CAN BE BROADLY DEFINED AS A PRACTITIONER, INSTITUTION OR GROUP OF PRACTITIONERS OR INSTITUTIONS THAT ENTER INTO AN AGREEMENT (CONTRACT) WITH A GROUP PURCHASER OF HEALTH CARE, TO PROVIDE SERVICES AT AN AGREED COST. IN A PPO, MEMBERS OF THE GROUP (EMPLOYEES WITH HEALTH BENEFITS) HAVE THE OPTION OF SELECTING A HEALTH CARE PROVIDER WHO IS NOT A MEMBER OF THE PPO, ALTHOUGH THERE IS A FINANCIAL INCENTIVE TO SELECT A PPO MEMBER.

A PPO IS A CONTRACT, AND A CONTRACT IS A LEGALLY ENFORCEABLE AGREEMENT. THEREFORE, THE CONTRACT MUST BE STUDIED CAREFULLY BEFORE IT IS SIGNED BY THE PROSTHODONTIST. MOST CONTRACTS HAVE GOOD POINTS AND BAD POINTS FOR EACH OF THE PARTIES INVOLVED. EACH INDIVIDUAL PROSTHODONTIST MUST DECIDE ON HIS OR HER INDIVIDUAL SITUATION, WHETHER OR NOT TO JOIN A PPO. THESE ARE SOME QUESTIONS A PROSTHODONTIST MAY CONSIDER DURING THE DECISION PROCESS:

1. ARE ALL THE PARTIES TO THE CONTRACT CLEARLY IDENTIFIED BY NAME? CAN THE PROSTHODONTIST IDENTIFY EACH AND EVERY PART OF THE CONTRACT?
2. DOES ANYBODY OR ANY ENTITY OTHER THAN THE PROSTHODONTIST CONTROL DETERMINATIONS AS TO QUALITY OF CARE? A REFUSAL BY THE PPO TO AUTHORIZE OR PAY FOR CARE WHICH, IN GOOD DENTAL OFFICES SHOULD BE RENDERED, DOES NOT OF ITSELF EXCUSE THE PROSTHODONTIST WHO FAILS TO RENDER OR OFFER SUCH CARE.
3. UNDER WHAT CIRCUMSTANCES CAN THE PROSTHODONTIST TERMINATE THE CONTRACT? WHAT ACTION, NOTICE AND/OR CONDUCT ON THE PART OF THE PROSTHODONTIST IS SPECIFICALLY REQUIRED TO TERMINATE THE CONTRACT? WHAT PERIOD OF TIME IS INVOLVED? SOME CONTRACTS MAY BE DIFFICULT TO TERMINATE. SOME PPO CONTRACTS REQUIRE PAYMENT FOR A SPECIFIED PERIOD OF TIME EVEN IF THE PROSTHODONTIST CONCLUDES SERVICES WITH THE ORGANIZATION.
4. DOES THE CONTRACT PERMIT UNILATERAL CHANGES IN TERMS AND CONDITIONS OF THE AGREEMENT WITHOUT PRIOR NOTICE TO THE PROSTHODONTIST AND/OR WITHOUT THE PRIOR ASSENT OF THE PROSTHODONTIST?
5. IF PAYMENT TO THE PROSTHODONTIST IS SUBJECT TO A PERCENTAGE WITHHOLD, CAN THE WITHHOLD PERCENTAGE BE CHANGED UNILATERALLY WITHOUT PRIOR NOTICE TO THE PROSTHODONTIST AND/OR WITHOUT THE PRIOR ASSENT OF THE PROSTHODONTIST?
6. DOES THE CONTRACT PROVISION ON DENTAL RECORDS COMPARE WITH STATE LAW?
7. IF THE CONTRACT STATES THAT THE PROSTHODONTIST WILL BE BOUND BY ARTICLES OF INCORPORATION, BY-LAWS AND/OR DOCUMENTS (OF THE PPO), HAS THE PROSTHODONTIST REVIEWED THE DOCUMENTS? IS THERE A CONTRACTUAL PROVISION FOR THE PROSTHODONTIST TO BE ADVISED OF MODIFICATION OF SUCH DOCUMENTS? IS THE PROSTHODONTIST BOUND BY SUCH MODIFICATIONS?
8. WHAT FINANCIAL OBLIGATIONS DOES THE CONTRACT CREATE FOR THE PROSTHODONTIST? IS THE PROSTHODONTIST LIABLE FOR ANY CHARGES FOR THE SERVICES HE/SHE ORDERS? THE PPO CONTRACT MAY NOT COVER THE COST, BY WAY OF EXAMPLE, OF A TMJ X-RAY SERIES. THE PROSTHODONTIST MAY BE OBLIGATED TO ORDER TMJ SERIES TO MAINTAIN STANDARD OF CARE, AND THEN BE THE ONLY PERSON OBLIGATED TO PAY FOR IT UNDER THE TERMS OF THE CONTRACT.
9. DOES THE CONTRACT LIMIT REFERRALS TO "CONTRACT" SPECIALISTS? IS THERE A MECHANISM IN THE CONTRACT FOR THE PROSTHODONTIST TO BE MADE AWARE OF "CONTRACT" SPECIALISTS? DOES THE PROSTHODONTIST ASSUME ANY FINANCIAL LIABILITY IF HE REFERS A PATIENT TO A NON-CONTRACT SPECIALIST? IF A PROSTHODONTIST MUST CHANGE HIS OR HER REFERRAL PATTERN FOR A PPO PATIENT, A CLAIM OF DISCRIMINATION COULD BE LODGED BY THE PATIENT.
10. DOES THE CONTRACT PLACE ANY RESTRICTIONS ON REFERRALS TO ANY SPECIALISTS?

11. WHAT CO-PAYMENTS, IF ANY, ARE PATIENTS RESPONSIBLE FOR UNDER THE CONTRACT? CAN THE AMOUNT OF CO-PAYMENT BE UNILATERALLY CHANGED AND/OR ELIMINATED UNDER THE CONTRACT?
12. IS THERE A CONTRACTUAL TIME LIMIT FOR THE SUBMISSION OF CLAIMS? IS THERE A CONTRACTUAL TIME LIMIT FOR THE PAYMENT OF CLAIMS? IS THERE A CONTRACTUAL PENALTY, SUCH AS SOME DEFINED RATE OF INTEREST, FOR DELAY IN RECEIPT OF PAYMENT?
13. IS THE CONTRACTING ENTITY SUBJECT TO THE KNOX-KEENE ACT OR OTHER LICENSING REQUIREMENTS? HAS IT COMPLIED?
14. DOES THE CONTRACT MANDATE THAT A CLAIM OF PROFESSIONAL LIABILITY AGAINST A PROSTHODONTIST BE SUBMITTED TO FINAL AND BINDING ARBITRATION? WHAT PROCEDURE IS UTILIZED IN THE ARBITRATION PROCESS? WHAT TIME LIMITS ARE INVOLVED IN THE ARBITRATION PROCESS? THE PPO CONTRACT MAY REQUIRE A PROSTHODONTIST TO GIVE UP HIS OR HER RIGHT TO A JURY TRIAL FOR A MALPRACTICE CLAIM.
15. DOES THE CONTRACT SPECIFICALLY PROVIDE THAT THE AGREEMENT WILL BE GOVERNED BY THE APPROPRIATE STATE LAW?
16. DOES THE CONTRACT REQUIRE THE PROSTHODONTIST TO MAINTAIN MINIMUM DENTAL MALPRACTICE INSURANCE?
17. WILL THE PROSTHODONTIST HAVE SOME READILY AVAILABLE METHOD OF IDENTIFYING PATIENTS UNDER A CONTRACTUAL RELATIONSHIP? DOES THE CONTRACT REQUIRE THAT THE PROSTHODONTIST CALL AND VERIFY PATIENT IDENTIFICATION PRIOR TO EACH CONSULTATION?
18. ARE NON—COVERED CHARGES CLEARLY DEFINED IN THE CONTRACT? IS THE PATIENT LIABLE FOR PAYMENT OF NON—COVERED CHARGES?
19. DOES THE CONTRACT ALLOW THE PROSTHODONTIST'S NAME TO BE USED ON BROCHURES, OTHER ADVERTISING, RADIO AND/OR TV?
20. DOES THE CONTRACT MAKE REFERENCE TO A PEER REVIEW AND/OR UTILIZATION REVIEW PROGRAM? HAS THE PROSTHODONTIST OBTAINED A COPY OF THE PLAN? ARE THE PROCEDURES OF THE PLAN SUBJECT TO UNILATERAL CHANGE WITHOUT PRIOR NOTICE TO THE PROSTHODONTIST AND/OR WITHOUT THE PRIOR ASSENT OF THE PROSTHODONTIST?
21. DOES THE CONTRACT OBLIGATE THE PROSTHODONTIST TO PERFORM ANY SERVICE AFTER THE CONTRACT IS TERMINATED?
22. DOES THE CONTRACT ALLOW FOR A NEGOTIATED FEE SCHEDULE TO BE UNILATERALLY CHANGED WITHOUT PRIOR NOTICE TO THE PROSTHODONTIST AND/OR WITHOUT THE PRIOR ASSENT OF THE PROSTHODONTIST?
23. DOES THE CONTRACT LIMIT THE NUMBER OF PATIENTS THE PROSTHODONTIST MAY (OR MUST) SERVE OVER THE COURSE OF A YEAR?
24. DOES THE CONTRACT REQUIRE THE PROSTHODONTIST TO BE AVAILABLE ON A 24-HOUR BASIS?
25. DOES THE CONTRACT REQUIRE A "CONTRACT" PROSTHODONTIST TO ARRANGE FOR ANOTHER "CONTRACT" PROSTHODONTIST TO COVER DURING ABSENCES AND VACATIONS?
26. DOES THE PROSTHODONTIST'S PROFESSIONAL LIABILITY POLICY COVER CONTRACTUALLY ASSUMED LIABILITY?
27. DOES THE CONTRACT REQUIRE THE PROSTHODONTIST TO ACCEPT ALL PATIENTS REFERRED UNDER THE CONTRACTUAL RELATIONSHIP?
28. DOES THE CONTRACT LIMIT THE RIGHT OF A PROSTHODONTIST TO CONTRACT WITH ANY OTHER THIRD PARTY?
29. DOES THE CONTRACT PERMIT TERMINATION IF THE CONTRACTOR BECOMES INSOLVENT?

THE AMERICAN COLLEGE OF PROSTHODONTISTS HIGHLY RECOMMENDS CONSULTATION WITH A QUALIFIED ATTORNEY TO REVIEW ANY PPO CONTRACT A PROSTHODONTIST MAY CONSIDER. THE PROSTHODONTIST'S OBLIGATION TO PROVIDE A STANDARD OF CARE REMAINS THE SAME REGARDLESS OF THE CONTRACTUAL RESTRICTIONS THAT MAY BE IMPOSED BY A PPO.

ACP POSITION STATEMENT: DENTAL IMPLANTS

FOR: PATIENTS

THE AMERICAN COLLEGE OF PROSTHODONTISTS URGES PATIENTS WHO ARE CONSIDERING IMPLANTS TO CONSULT WITH A PROSTHODONTIST TO DETERMINE IF AN IMPROVEMENT OF THEIR DENTAL NEEDS CAN BE OBTAINED WITH SPECIALIZED PROSTHODONTIC CARE. PATIENTS WHO ARE UNABLE TO ADJUST TO CONVENTIONAL DENTURES, CONSTRUCTED IN A SATISFACTORY MANNER, ARE CANDIDATES FOR IMPLANT PROCEDURES. THE PATIENT MUST KNOW THE ALTERNATIVE METHODS OF CARE, AND MUST BE AWARE OF THE CONSEQUENCES OF FAILURE. PATIENTS WITH DIABETES, MODERATE OR SEVERE HYPERTENSION OR CHRONIC DISEASE HAVE, OF COURSE, ADDITIONAL RISKS. A COMPLETE MEDICAL HISTORY IS AN ESSENTIAL PRECURSOR TO ANY DENTAL IMPLANT.

THE AMERICAN COLLEGE OF PROSTHODONTISTS MAINTAINS A LISTING OF PROSTHODONTISTS WHO HAVE ADVANCED TRAINING AND EXPERIENCE IN DENTAL IMPLANT PROCEDURES. THE CHOICE OF THE IMPLANT TYPE, IT'S ASSOCIATED BENEFIT/RISK RATIO, AND THE MATTER OF INFORMED CONSENT ARE BEST EXPLAINED BY THE INDIVIDUAL PROSTHODONTIST.

FOR: MEMBERS AND MEDIA

THE AMERICAN COLLEGE OF PROSTHODONTISTS SUPPORTS RECOMMENDATION #15 OF THE NIH-HARVARD CONSENSUS DEVELOPMENT CONFERENCE ON DENTAL IMPLANTS WHICH STATES: "TO BE CONSIDERED EFFECTIVE AND SUCCESSFUL, A DENTAL IMPLANT SHOULD PROVIDE FUNCTIONAL SERVICES FOR 5 YEARS IN 75% OF CASES."

IN ADDITION, THE COLLEGE FULLY SUPPORTS THE ACCEPTANCE PROGRAM ON ENDOSSEOUS IMPLANTS, OF THE AMERICAN DENTAL ASSOCIATION'S COUNCIL ON DENTAL MATERIALS, INSTRUMENTS, AND EQUIPMENT. THIS PROGRAM HAS BEEN DEVELOPED FOR THE PURPOSE OF SAFE AND EFFICACIOUS DEVELOPMENT OF ENDOSSEOUS IMPLANTS. ENDOSSEOUS IMPLANTS CONSIDERED "ACCEPTABLE" MAY USE THE ADA SEAL OF ACCEPTANCE. IT IS THE RESPONSIBILITY OF THE ADA COUNCIL ON DENTAL MATERIALS, INSTRUMENTS, AND EQUIPMENT TO ASSURE THAT THE SUCCESS RATE OF THE LONG TERM CLINICAL TRIALS SUBMISSIONS MEET OR EXCEED RECOMMENDATION #15 OF THE NIH CONFERENCE.

THE ADA COUNCIL HAS NOT SPECIFICALLY ADDRESSED THE QUESTION OF SUBPERIOSTEAL IMPLANTS.

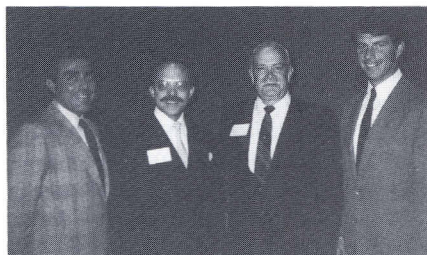
THE AMERICAN COLLEGE OF PROSTHODONTISTS FURTHER URGES THE INCLUSION OF TRAINING IN IMPLANT PROSTHODONTICS IN THE CURRICULUM OF GRADUATE PROSTHODONTIC TRAINING PROGRAMS AND INSTITUTING REPLICATION STUDIES OF "ACCEPTED" ENDOSSEOUS IMPLANTS. THESE REPLICATION STUDIES WOULD SERVE BOTH TO TEACH IMPLANT PROSTHODONTICS AND TO PROVIDE FURTHER VERIFICATION OF MANUFACTURER CONDUCTED STUDIES. PROSTHODONTIC GRADUATE PROGRAMS SHOULD WORK CLOSELY WITH GRADUATE TRAINING PROGRAMS IN ORAL AND MAXILLOFACIAL SURGERY, AND/OR GRADUATE TRAINING PROGRAMS IN PERIODONTICS TO INSURE ADEQUATE PROSTHODONTIC INPUT WHILE REFINING THE RESTORATIVE TECHNIQUES TO ENSURE THAT THE ESTHETIC AND FUNCTIONAL NEEDS OF THE PATIENT ARE MET.

THE COLLEGE URGES THAT PATIENTS WHO ARE CONSIDERING IMPLANT PROSTHODONTICS CONSULT A PROSTHODONTIST FOR AN OPINION AS TO THE FEASIBILITY OF SPECIALIZED PROSTHODONTIC CARE OFFERING A SATISFACTORY ALTERNATIVE TO DENTAL IMPLANTS. IF CONVENTIONAL SPECIALIZED PROSTHODONTIC CARE DOES NOT MEET EITHER THE PATIENT'S PHYSICAL OR PSYCHOLOGICAL NEEDS, THEN THE RESPONSIBILITY WOULD REST WITH THE PROSTHODONTIST TO INFORM THE PATIENT OF REMAINING ALTERNATIVES.

THE COLLEGE WILL LEAVE TO THE PRACTICING PROSTHODONTISTS THE DECISION AS TO THE TYPE OF IMPLANT MODALITY AND THE MATTER OF INFORMED CONSENT.

reception for everyone attending the Massachusetts Dental Society meeting at the new Westin Hotel in Boston. The affair was well attended and favorable comments concerning the activities of the sections of the College were received. President S. George Colt reported that a general business meeting was held June 18 and the next Executive Council meeting will be held in conjunction with the Yankee Dental Congress in January, 1986.

Pennsylvania: The Fourth Annual Session of the Pennsylvania Prosthodontic Association Section of the American College of Prosthodontists was held May 17 and 18, 1985 at the Adams Mark Hotel in Philadelphia, Pennsylvania.



The Pennsylvania Prosthodontic Association has been a very active section of the American College of Prosthodontists. This year's Annual Session was chaired by Don Garver of Fort Washington. The program included a number of presentations by College and Section members.

Present at the meeting were Robert C. Sproull, President of the American College of Prosthodontists and Cosmo V. DeSteno, Vice President of the American College of Prosthodontists

Texas: The Spring meeting of the Texas Section was hosted by the U.S. Air Force at Kelly Air Force Base on the 1st of May. After an outstanding social hour and dinner, Dr. Thomas Huff presented our speakers for the evening. Excellent presentations were made by Dr. William Lenihan on the "ABCs of Occlusion", Dr. Thomas Girvan on "Resilient Soft Liners" and Dr. Michael Wiley on "Occlusal Porcelain".

To open the Business Meeting, Dr. Earl Feldmann introduced the Secretary/Treasurer, Dr. John Ivanhoe who gave the financial report. He reported that, after paying for the evening dinner costs, there would be approximately \$540 in the Section's bank account. Dr. Feldmann next reported that the Section would have a Hospitality Room at the Texas Dental Association Annual Meeting in Room #12 at the Convention Center on Friday and Saturday, the 3rd and 4th of May. He also reported that 10

individuals would be presenting Table Clinics on May 3rd from 4:00 until 6:30 PM.

Next Dr. Feldmann presented Dr. James Fowler, immediate Past President of the Section, a plaque in recognition of the outstanding contributions he had made as President of the Section in the past year.

Dr. Feldmann finally reported that the Annual Fall Meeting with spouses would be held on September 14, 1985 at the Wyndham Hotel. He again asked the membership to be thinking about and making suggestions for our speaker at the meeting and an individual as our Honoree for this year. Members of the nominating committee are Drs. Fowler, Carlyle and Rudd.

JOHN COADY RETIRES AS ADA EXECUTIVE DIRECTOR

Dr. John Coady has announced his retirement after 22 years of service with the American Dental Association. In his final message to the ADA membership he summarized what he believes to be some important accomplishments of the organization and some goals he feels should be faced in the immediate future.

A summary of his message follows.

As the dental profession is committed first and foremost to serving the health and welfare of the public, the American Dental Association is equally committed to representing the interests of its membership. Our success in meeting this goal is reflected in the fact that the ADA speaks for 79% of the dentists in the nation.

I am particularly proud of our efforts in accrediting dental education. In addition, the Association, through its membership in the Joint Commission on Accreditation of Hospitals, plays an important part in developing regulatory policies that govern the delivery of health care. Our involvement in the Joint Commission and our activities in the education and accrediting processes will continue to play a major role in our success.

Because so many governmental decisions affect the delivery of oral health care, the ADA's legislative activities have grown in significance and dimension. Our State Legislative Clearinghouse assists constituent societies in representing our interests before state governments. The Washington office monitors federal legislation and regulatory actions. The ADA's Washing-

ton office building also houses ADPAC — every member's best vehicle for participation in government affairs. Our property in Washington is a valuable asset and underscores our commitment to an ongoing legislative effort.

The Association serves the profession in the most responsible and cost-efficient manner possible. Through prudent fiscal management, we've operated without a dues increase since 1982. Our ability to minimize costs and generate increased non-dues revenue has accounted for this success. The newly launched for-profit subsidiary, expanded advertising sales and wise investments will strengthen our non-dues revenue base in the years to come.

The Association's work is never finished. Although we've made great strides, there is still much to do — many issues require our creative, intelligent attention. For example, recent premium increases for malpractice insurance may have the potential to fragment the professional liability market and jeopardize the future availability of this crucial practice protection. To educate our members in risk management the Association should spearhead an aggressive loss prevention program that is supported and implemented at the state and local level.

Relations with our auxiliaries need to be strengthened. Our organizational policies and individual member attitudes require assessment and possible revision. We must examine every strategy that can fortify dentist's position in the legislative arena. We can expect and should be prepared for continued pressure by hygienists for independent practice. We must educate our members in effective employment practices and at the same time reach out to the underserved groups, assuring them access to dental care.

Another challenge to the profession involves licensure. The ADA supports licensure by credentials, yet most states have not adopted this policy. In the years ahead organized dentistry must move forward on this issue, putting aside our self-interests for the benefit of our members and the public.

In order for the Association to maintain its position of leadership, it must manage the transitions of our time and respond to the demands that accompany change. I know the ADA is fully capable of meeting the uncertainties of the future. I believe it can, and always will, serve the dental profession better than any organization of its kind.

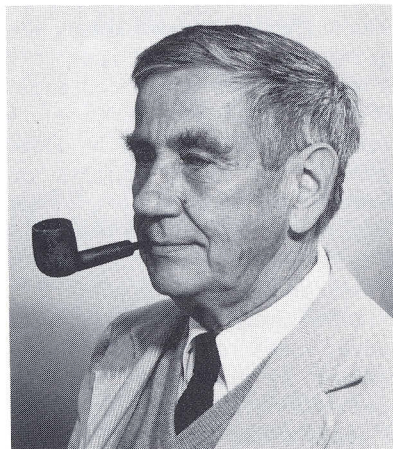
MEMBERS IN THE NEWS

Dr. Steven Bartlett, past President of the American College of Prosthodontists, has announced his retirement from the University of South Carolina College of Dental Medicine. He had



been with the College since 1971. Dr. Bartlett went to MUSC from the Naval Dental School in Bethesda, Maryland, where he had been head of the Prosthodontics Department. Dr. Bartlett will remain active in the affairs of the Association of Retarded Citizens of South Carolina of which he is currently serving as President. He is also President-Elect of the Exchange Club of Folly Beach and the Folly Beach Civic Club.

Dr. Oren Gaver, Jr. has announced his retirement from the University of South Carolina College of Dental Medicine. He joined the college in 1970 and



was named Chairman of the Department of Prosthodontics in 1977. Dr. Gaver went to the college from the Naval Dental School in Bethesda, Maryland.

Dr. Robert W. Elliott, Jr., Past President of the American College of Prosthodontists and former Editor of the **Newsletter** and is currently serving as Treasurer of the American College of Dentists has been nominated to the position of Vice-President of the ACD.

WANTED:

Information on "false and misleading" specialty listings

If non-specialists are listing themselves as "prosthodontists" in your area of the country and if you believe this is a problem and that the College should get involved, please communicate your views to Dr. William A. Kuebker, 4311 N. Westberry, San Antonio, Texas 78228. Dr. Kuebker has been named Chairman of an Ad Hoc Committee for the Evaluation of Specialty Listing by Non-Specialists. Other members of the committee include Dr. Robert Sproull, Dr. Steven Bergen, Dr. David Eggleston and Dr. Thomas Balshi. Dr. Sproull charged the committee to:

- 1) Evaluate the current practice of some non-specialists announcing themselves as specialists, using the ADA Code of Professional Conduct as a guide;
- 2) Determine the scope of this practice and its effect on the membership of the College;
- 3) And, if appropriate, develop a course of action to combat this practice including budgetary considerations.

SYNOPSIS OF PAPERS PRESENTED AT THE NASHVILLE ANNUAL OFFICIAL SESSION

By: Dr. Don Garver

TITLE: Adhesive Restorative
Materials: An Update

Presenter: Dr. Ralph W. Phillips

Dr. Phillips gave a highlighted overview of the adhesives available in dentistry today. He also gave an overview of the research inroads that are being made and how they will affect our practices in the future. Dr. Phillips said that the adhesives are good in the fact that they have eliminated the severe preparation necessary to hold a restorative material; however, they are also becoming known as destructive materials to tooth structures in the fact that, many times, bases are necessary to protect the pulpal structure from the ravages of the adhesive material. He also mentioned that the problem of microleakage is rampant within the adhesive systems. Microleakage causes staining, corrosion of the metals used in the prosthesis, decomposition of enamel, secondary caries

and pulpal excitement. Microleakage is caused because there is a lack of true adhesion in most of the materials available on the market today.

Dr. Phillips gave an overview of the factors essential for adhesive bonding. In order for a tooth to be bonded to the adhesive, it must have a homogeneous composition which the tooth does not have; it must have a smooth surface which is certainly interrupted by tooth preparation; it must be clean which, in most cases, a prepared tooth is not due to clinging debris; it should be dry which, in most all cases, a tooth cannot be dry because of the moisture exuded from the odontoblastic layers; and it should have a high surface energy which a tooth does not have (topical fluoride decreases the surface energy of the tooth surface; therefore, there is less adherence of the plaque and stains to the tooth). Dr. Phillips concluded his review of adhesives by discussing barnacle glue. It is biocompatible with tooth structure, it is adhesive, it is not destroyed by the thermal recycling that is evident in the mouth, and it hardens in two minutes — even in the presence of water. Its potential for human use is encouraging.

Dr. Phillips talked about bonding and its properties. There are two types of bonding. One is mechanical which is initiated through an interlocking into the irregular areas of the tooth surface, such as in the acid etched prosthetic techniques. Secondly, there is adhesive bonding which is an alteration of unlike molecules of the physical nature, such as paints or chemicals. The polyacrylic acid base systems are the only systems that have the potential to give long term adhesion.

Dr. Phillips then overviewed the role of the adhesive systems in dentistry today, spending much of the time on the management of the eroded areas of tooth surfaces. There are three ways to treat these eroded areas: (1) placement of the class five restoration; (2) mechanical bonding or acid etching using the enamel bonding agents or the dentin bonding agents; and (3) adhesive bonding agents such as the glass ionomer cement. Eroded areas are all real problems because you do not have enamel 360 degrees around the area, and also because microleakage can occur. Because of this, Dr. Phillips stated that it is best to tell the patient that a repair may be necessary. A retention area of both the incisal (via a proper preparation) and the gingival (via a slight retention groove using a chisel) is absolutely

essential. The restoration must be cleaned with fine pumice and water without any bonding material such as glycerine. Dr. Phillips did discuss dentin bonding agents, but stated that all the data available today is controversial, and that it should be some time before there is a proper dentin bonding agent on the market. Dr. Phillips reviewed the adhesive bonding polyacrylic cements, pointing to their kindness to the tooth structure, their true luting ability, the technique for cementation, the chemistry of the acrylic cements, and their fluoride incorporation to the tooth surfaces. The calcium of the tooth grabs on to the excess cement liquid molecules and sets up a bond that is unbelievably strong. The method of application is to clean the teeth thoroughly and allow cement liquid to be available for the calcium of the tooth. Dr. Phillips discussed the proper cleaning method so that the "smear layer" covering the odontoblasts of the prepared tooth structure can be removed. Ways to clean and get rid of this smear are: (1) water flushing; (2) one to three percent hydrogen peroxide cleaning; (3) Cavilax; (4) citric acid (too caustic); and (5) the cement liquid of the polyacrylic acid system. The purpose of this cleaning is to provide a clean surface, but not to damage the odontoblastic processes. Dr. Phillips mentioned that the bond strength is increased by fifty percent when the tooth surface is cleaned properly, and that polyacrylic acid is the best that can be used; however, it must be 25% polyacrylic acid. Not all acid powder systems have a 25% polyacrylic acid content. If the cement mix is not glossy when it is being applied to the prosthesis for cementation, proper adhesion will not occur. The gloss is the excess acid that is available to grab on to the cleaned surface of the enamel and attach with the calcium ions of the enamel. Castings should be cleaned with an air abrasive type system to provide us with the best clean surface of the metal system.

In conclusion, Dr. Phillips gave an overview of the glass ionomer cements and their adhesive bonding capabilities. Their properties are biocompatible with tooth structure; they have a tremendous potential for adhesion; they have a long time leakage of fluoride into the tooth system; they are not subject to stress; and they do not have a high wear factor. However, as a luting agent, they are somewhat the cause for increased tooth sensitivity. They can be used as an erosion sealant in class

three lingual cavities, in class one fissure sealing, in luting and lining cementation, and repair of defective crown margins.

Inquiries pertaining to this essay should be addressed to: Ralph W. Phillips, DDS, PhD, 1121 West Michigan Street, Indianapolis, IN 46202.

TITLE: A Clinical Evaluation of Isosit Resin as a Fixed Prosthodontic Veneering Material

Presenter: Dr. Robert A. Strohaber

Dr. Strohaber started his presentation with a question to the audience—"Why is there interest in the microfilled resins when porcelain is so good?" The presenter answered the question in his excellent overview of the microfilled resins. He reviewed the properties of the microfilled resins versus the unfilled resins: (1) microfilled resins are more than twice abrasive resistant as other resins; (2) they are more color stable; (3) they have increased physical properties; (4) there is no free monomer; (5) they are less allergic; (6) they can be highly polished; and (7) they are less porous; therefore, being more hygienic in the surfaces that have a tendency to collect plaque and stain. Dr. Strohaber then reviewed: (a) resin problems—those being lack of abrasion resistance, the metal holding design is totally unesthetic and their color stability is poor; and (b) porcelain problems—those of fracture, interface failure and total esthetic failure, too abrasive to opposing dentition, and metal and porcelain systems are both costly and complicated.

Because of the problems of resin and porcelain, Dr. Strohaber commenced his dissertation on the isosit material by telling us of its advantage and preparation techniques. The advantages of the microfilled resin techniques such as isosit, in comparison to porcelain, are: (1) it can be repaired in the mouth; (2) it will not abrade opposing tooth structure; (3) it can be used with any metal system; (4) it has only 1% shrinkage when processing in the laboratory, as opposed to a 25% shrinkage for porcelain; (5) it takes less time to fabricate; (6) it has a much better "chameleon" effect; (7) it is much lower in cost; and (8) it has a much greater resiliency in long span fixed partial dentures. The disadvantages of microfilled resins versus porcelain are: (1) metal substructure takes more time to fabricate; (2) there is a lack of bond at the inter-

face; (3) more tooth must be cut down in order to give space for the metal and the resin; (4) there are poor shading techniques; (5) there are no long term results as to color stability; and (6) it can not be used in combination with the clasping system of a removable partial denture. Dr. Strohaber completed his presentation with a review of clinical applications and laboratory techniques for the isosit microfilled resin system.

Inquiries pertaining to this essay should be addressed to: Robert A. Strohaber, DDS, MSD, 3414 Flicker Way, Dayton, OH 45424.

TITLE: Alternatives for the Esthetic Crown

Presenter: Dr. Lloyd L. Miller

Dr. Miller gave an outstanding presentation on the creative challenge in fixed prosthodontics for the alternatives possible for the construction of esthetic crowns. He stated that ugliness is one of our most social detriments, and that the unesthetic condition in a patient's mouth is in our hands. We have to understand whether the patient wants a natural esthetic image or a media type esthetic image.

The alternatives for the esthetic crown were listed as: (1) the ceramometal restoration; (2) the feldspathic porcelain jacket crown; (3) the illuminous porcelain jacket crown; (4) the Cerastore crown; (5) the Dicor crown; and (6) the Shade Mate crown. Dr. Miller stated that form must be considered before any of the material options are looked at. If we wish to see true form, we have to look at it in black and white. The divergence illusion that a patient can see gives form to the tooth, and it is important that we understand what a patient is looking at and how we might be able to assist them in better esthetics by proper contouring of the restorations. He also stated that the tissues must be healthy, for without health there can be no esthetics. Because of this particular positive reality in esthetic dentistry, the soft tissue model should be used to create the necessary contours and esthetics at the gingival connection between the anatomic crown and the remaining gingival tissues. Techniques such as this will assist all of the profession in allowing the patient to receive the best anatomic form so that the esthetics can be as proper as possible.

Dr. Miller then entered into the scientific approach to shade matching. He

WASHINGTON NEWS BULLETIN

Tax on Health Benefits: The Administration has significantly shifted its position with regard to the taxation of health benefits. The new approach offered by the Administration is to require that the first \$10 of monthly employer-sponsored health benefits for single individuals and the first \$25 for family coverage in each month be treated as taxable income. Even though the Administration has officially abandoned its prior recommendation to tax employer-paid health benefits above \$70 a month for single coverage and \$175 a month for family coverage, Administration witnesses before House and Senate committees continue to express a preference for the original approach but indicate that they do not feel it is obtainable at this time.

Senator Dave Durenberger, R-MN, Chairman of the Finance Health Subcommittee, has blasted the Administration shift in policy and has introduced legislation to tax employees for employer benefits above \$100 a month for single coverage and \$250 a month for family benefits. This bill, S. 1211, does authorize deductibility of health premiums, for up to the \$100 and \$250 limits, for self-employed persons.

Also before the Congress is the comprehensive tax reform approach of Senator Bradley, D-NJ, and Representative Gephardt, D-MO. Their bills, S. 409 and H.R. 800, would treat the entire amount of an employer's health benefit contribution as taxable income to the employee. It can be fairly stated that this approach represents the logical goal of each of the other proposals.

The American Dental Association continues to vigorously oppose all of the proposals to tax employer contributions for health benefits. Dentists and their patients are urged to continue to contact their legislators in Washington in opposition to any health tax.

Malpractice Reform Legislation: Recently, Representative Robert J. Mrazek, D-NY, introduced H.R. 2659, the Medical Malpractice Reform Act of 1985. Basically this legislation, like a Senate bill (S. 175) introduced by Senator Daniel Inouye, D-HI, earlier in the Congress would provide federal financial incentives to encourage states to adopt malpractice reforms, such as screening panels, that comply with minimum federal standards.

The Mrazek legislation is much more comprehensive in scope and finding than S. 175. First, the screening panel

proceedings would constitute nearly a binding arbitration procedure since their decisions could only be overturned in court if such were determined to be "clearly erroneous" or in violation of the rules and procedures set forth in the bill. The Senate bill provides for a new trial or trial *de novo* in connection with judicial review of any panel decision.

Besides this higher standard of judicial review over panel decisions, the Mrazek bill would require adoption of other reform initiatives at the state level including implementation of the collateral source rule; limits on non-economic losses up to \$250,000, periodic or structured payments of large awards; and maximum limits for reasonable attorneys' fees in malpractice actions. The Mrazek proposal also requests \$500 million in federal grants to states which are willing to develop these screening panels and other reform measures.

Appropriations: The A.D.A. has presented testimony to the House and Senate Committees on Appropriations for dental programs of the Department of Health and Human Services. The two Committees were urged to provide adequate funding for dental research, student aid, dental disease prevention activities, advanced training in general dentistry, and data collection and analysis at the National Center for Health Statistics. Congressional action on the HHS budget is not expected until later this summer.

Federal Dental Services: A dental insurance plan for military families and a new program of special pays for dental officers in the uniformed services have been approved by the House Committee on Armed Services. The two dental provisions are included within a fiscal year 1986 authorization bill (H.R. 1872) for the Department of Defense. Floor debate on the \$303 billion military spending measure began in the House of Representatives on May 15 and is expected to continue into the July 4 Congressional recess.

As currently drafted, the House Defense legislation would authorize the Pentagon to establish a voluntary enrollment dental insurance program for approximately 2.5 million armed forces dependents. Dental benefits include (1) preventive, diagnostic and emergency dental services, reimbursable at 100% of allowable charges, and (2) "basic restorative services of amalgam and composite restorations and stainless steel crowns for primary teeth, and dental appliance repairs,"

stated that color mixing is very important and that the prosthodontist must understand additive systems, subtractive systems and optical systems of mixing color. He also mentioned that shade matching is a perpetual challenge in four dimensions. These basic dimensions are hue, chroma, and value, with translucency being an additive factor that is important. Dr. Miller commented that there is a filter evident in all of our ceramic restorations. That filter is the porcelain that we apply over the metal substructure. If light coming into that porcelain does not have the color that we need to turn the porcelain filter bed into the proper shade, we will not be able to produce the color that we wish. It is essential that we do have the proper lighting in our offices. If our light source is proper, we then have to meet the requirements of a shade guide. All shade guides should be constructed with a logical arrangement of shades and a logical distribution of color within those shades. Dr. Miller then proceeded into an in-depth review of the color ordering systems that are on the market today, and how to select shades according to the four basics — hue, value, chroma and translucency. He also showed the audience how to use modifiers so that you can move the basic shades into other color zones. Dr. Miller was positive about using too much yellow or gray, and he commented that there is a patient lament about dental esthetics — "White and bright is just fine; yellow and gray I do decline". He said that external staining should be used only to add last effort subtleties that permit us to obtain the total esthetic effect. Internal staining is the first requirement for constructing the non-discernible ceramic restoration.

In conclusion, Dr. Miller gave a thorough review of each and every material available as alternatives for the esthetic crown. However, he did end up by stating that the matched pair — that is the two central incisors that must be equal to each other in esthetic quality — must have optical quality, must have translucency, must have reflection absorption, must have proper color and must have proper interpretation by the patient.

Inquiries pertaining to this essay should be addressed to: Lloyd L. Miller, DMD, 56 Colpitts Road, Westin, MA 02193.

payable at 80% of charges. Family premiums for those military dependents who enroll in the dental program would be set at between \$5 and \$10 a month according to Pentagon officials. The Defense Department estimates an average cost to the government of \$120 million annually for the dental program over the next five years.

Bonus pays for military dentists are also addressed in the House Defense Authorization bill. Last year, the 98th Congress adopted legislation stipulating that a new program of dental special pays must be enacted by June 30, 1985 or dental officers in "non-critical specialties" would be subject to a 50% reduction in continuation pays. A majority of the dentists in the armed forces and the U.S. Public Health Service Commissioned Corps would be affected by this action. The dental pay program as recommended by the House Armed Service Committee would replace both the existing dental continuation pay statutes as well as monthly professional pays with a new authority for three types of special pays for dentists in the uniformed services: (1) *Variable Incentive Pay*, \$2,000-\$7,000 annually; (2) *Special Pay*, for continued service, \$6,000-\$10,000 annually, and (3) *Board Certified Pay*, \$2,000-\$4,000.

State Legislation

Freedom of Choice: Mississippi has enacted a freedom of choice law to protect the insured dental patient's rights in selecting his or her dentist for services. Similar to measures enacted in Alabama and Texas, the Mississippi law provides that health insurance policies or employees benefit plans cannot:

—prevent a patient from selecting any dentist to furnish care or interfere with that selection;

—deny any dentist the right to participate as contracting provider of a policy or plan;

—authorize any person to regulate, interfere with or intervene in the diagnosis or treatment of a patient; or

—require any dentist to make or obtain x-rays or other diagnostic aids. Requests for existing x-rays or diagnostic aids to determine benefits would not be prohibited.

The act also provides that it does not apply to laws organizing nonprofit hospital medical or surgical service corporations, the nonprofit dental service corporation law, or to employee benefit plans paid entirely by the employer covering its employees and the employees' dependents.

Prompt Payment of Insurance Claims:

West Virginia has enacted an amendment to its insurance law that will expedite the processing of dental claims by insurers. The amendment establishes as an unfair practice the failure of an insurer to notify the first party claimant (insured individual) and the Provider(s) of services (dentists) covered under accident and sickness insurance and hospital and medical service corporation insurance policies whether the claim has been accepted or denied and, if denied, the reasons therefore, within 15 calendar days from the filing of the proof of loss.

The Indiana Dental Association also reports that a prompt payment law has been enacted in their state this year. This measure enacts a new law governing the issuance and requirements for group accident and sickness policies. It requires the insurer to pay clean claims within 45 days. The law takes effect on January 1, 1986.

SURVEY OF SELECTED PROSTHODONTIC TERMS

Of all the areas in dentistry, words are probably most important to prosthodontics. Clear and grammatically correct presentations of treatment plans to patients, work authorizations, and consultations are extremely important in practice. The knowledge and skills of practice are learned in an educational system which likewise should use and set the standards for usage of correct terminology. The vitality of the educational system is, in turn, maintained by research and publications that are highly dependent on correct terminology and usage. As time goes on, the more we learn and the more complex prosthodontic care becomes, the more dependent we become on concise communication. This article presents the results of a survey which elicited preferences for selected prosthodontic terms from members of the American College of Prosthodontists.

Upon appointment of the College's 1984 Nomenclature Committee by Dr. Jack Preston, and reaffirmed by Dr. Robert Sproull in 1985, the task of assisting in the Academy of Denture Prosthetic's revision of the Glossary of Prosthodontic Terms was undertaken. A segment of the overall project called for a survey of the College membership concerning their understanding and preference of the definitions selected for the survey. From the fourth edition of the Glossary, and sources within the committee, terms were selected and incorporated into a draft form for review by prosthodontists at Oklahoma

University. The form was then refined and forwarded with a draft cover letter for evaluation by members of the Nomenclature Committee. After consultations, the final revision was completed, reproduced, and mailed in August 1984.

Construction of the Survey Form

The questionnaire contained thirty-one terms which in turn consisted of 78 variations in definitions. A five point scale was provided for participants to encircle the rating of their choice. The scale ranged from a high of 1 for "most agreeable" to a low of 5 for "most disagreeable." The intermediate terms were "acceptable" (2), "uncertain" (3), and "unacceptable" (4). The questionnaires were sent to Life Fellows, Fellows, and Associates of the American College of Prosthodontists. Of the 1184 mailed, 526 usable surveys were returned for a response rate of 44.4%. While the response is not remarkably high, it does contain the preferences of a very large group of trained prosthodontists who are interested in the meaning and usage of professional terms.

The surveying style followed the one used by Preston¹ in 1979. The sample population was expanded to include educationally qualified as well as Board certified prosthodontists who were members of the College in August 1984. Being a relatively homogenous group, it was felt that the initial sampling alone would provide valid data as proposed by Hoveland in 1980².

Responses to each survey item were entered on a computer which, upon command, produced a frequency bar graph for visual display of the frequency of responses ranging from "most agreeable" to "most disagreeable". (Fig. 1). The percentage of response, mean, standard error of mean, and variance were also computed.

Results of the Survey

Preston¹ has established that the Glossary is rather favorably viewed as the prosthodontists' guide to terminology. Since the Glossary is undergoing one of its periodic revisions, it was determined that the options of the specialists who use the terms should be obtained. Consequently, words whose definitions knowingly arouse a range of responses from emotional to stoic were included.

The first question asked for responses to 2 variations in the meaning of ANTERIOR GUIDANCE, INCISAL GUIDANCE. Ninety-three percent of the respondents decided that the definition, "The influence of the contacting

surfaces of anterior teeth on mandibular movements or the influence of the contacting surfaces for an incisal pin and guide table on articulator movements," was either most agreeable or acceptable at a mean of 1.6. In contrast 55.4% felt that the definition, "that part of an articulator which maintains the incisal guide angle," was either unacceptable or most disagreeable at a mean of 3.35.

Question 2 again listed two variations in the meaning of the term ARCON (adjective). On the definition, "mechanical devices whose parts and movements are similar to both the anatomic structures and their movements in the temporomandibular joint," opinions were equally divided. The mean score was 3.08 which nearly equates to the midrange point of 3.00 meaning "uncertain". However, on the alternate definition, "used to describe an articulator that contains the condyle path elements in its upper member and its condyle elements in the lower member," 91% found the wording to be most agreeable and acceptable. The mean was 1.59.

In question 3 the variation in the definition for the term ARTICULATE is less pronounced than in previous questions. However, 76% found the definition, "The relating of contact surfaces of teeth or replicas in the mandible to those in the maxilla," was most agreeable and acceptable at a mean of 2.00. On the alternate version, "The relating of artificial teeth or replicas of natural teeth to each other," the mean was 2.73 which lies reasonably close to the uncertain level of 3.00.

Three related definitions were offered in question 4 in order to establish a preference for the meaning of ARTICULATION. The first version described articulation as, "The contact relationships of the occlusal and incisal surfaces of teeth while in motion," and was distinctly reported as most agreeable and acceptable by 72% of the respondents. The mean was 2.1. The second definition, "The placement of teeth on a denture with definite objectives in mind," fell into the unacceptable range with a mean of 3.5. The third definition, "The setting of teeth on a temporary base," appeared even less acceptable at a mean of 4.00.

In question 5 the term ARTICULATOR was described by two alternate definitions. The first, "A mechanical device to which dental casts can be attached and whose members can simulate the static and functional relationships of the jaws," was preferred by

80% of the group. The mean was 2.01. The alternate definition, "A mechanical device which represents the temporomandibular joints and jaw members to which maxillary and mandibular casts may be attached to simulate jaw movement," was a bit less acceptable at a mean of 2.51.

Two definitions were offered for the term CONTINUOUS BAR, KENNEDY BAR. The first, "A removable partial denture element consisting of a rigid metal bar contoured to rest upon the middle third of the lingual surfaces of anterior teeth," was found acceptable with a mean of 2.32. Whereas the alternate definition, "1. A metal bar usually resting on lingual surfaces of teeth to aid in their stabilization and act as indirect retainers. 2. A metal bar which contacts lingual surfaces of anterior teeth and aids in retention of a distal-extension partial denture," produced an uncertain preference with a mean of 3.05.

In Preston's 1979 survey, respondents apparently were undecided about the definition and usage of the term "marginate". Two thirds of them believed the term inappropriate. In the ensuing five years a distinct change has occurred because the current offering of MARGINATION, defined as, "1. The completion of a pattern by intimate readaptation of wax to the margins of a die. 2. The intimate adaption of a restorative material to the margins of its preparation," was most agreeable and acceptable with a mean of 2.26.

To define BASEPLATE as, "a synonym for record base, temporary base, or trial base," is agreeable with most respondents. The mean was 2.65. Likewise, to define DEFINITIVE PROSTHESIS as, "a prosthesis to be used over an extended period of time," was most agreeable and acceptable by 77% of the group. The mean was 2.03. In defining a DENTURIST as, "a non-dentist of limited dental knowledge and skills who has been authorized by a state legislature to sell removable dentures to the public," respondents found the definition most agreeable and acceptable with a mean of 2.3.

Question 11 offered two alternate definitions for the term INTERCUSPATION. The first, "The interdigitation of cusps of opposing teeth," was judged most agreeable or acceptable by 83% of the respondents with a mean of 1.97. When the definition was slightly changed to, "The maximum interdigitation of cusps of opposing teeth," less acceptability was reported. The mean fell to 2.90 which barely exceeds the

midrange level of uncertain at 3.00.

An effort was made in question 12 to ascertain a preference on the term PATH OF INSERTION. For the definition, "The direction in which a prosthesis is placed upon and removed from the teeth," 84% judged the definition to be most agreeable and acceptable with a mean of 1.90. When the definition was changed to, "The only path in which a prosthesis can be placed upon the abutment teeth," the group preference declined to a mean of 3.10 which is a tad below the uncertain level. Continuing in the same subject area, the TRACK OF INSERTION was defined as, "A route of placement that is not finitely directed by contacts between teeth and the metal framework of a removable partial denture." Forty-eight percent were uncertain about the definition while others found the term unacceptable often enough to reduce the mean to 3.33. On the subject of PATH OF DISLODGMENT, "the only direction in which a prosthesis can be unseated from the abutment teeth by a random force," the group was a bit uncertain but accepted the term often enough to produce a mean of 2.71.

Question 15 offered 2 alternate meanings of the term INDIRECT RETAINER. The first, "A part of a removable partial denture which assists the direct retainers in preventing displacement of distal-extension denture bases by functioning through lever action on the opposite side of the fulcrum line," was most agreeable and acceptable with a mean of 2.06. The second version, "A part of a removable partial denture which assists the direct retainers in preventing displacement of the denture bases of removable partial dentures," was less preferred, but still acceptable to the survey group with a mean of 2.54.

In question 16 a statement was offered in an effort to discern the group's preference on the meaning of CONDYLE AXIS. The statement was "An imaginary line through the two mandibular condyles around which the mandible may rotate without translatory movement," is best described as the

- 1) CONDYLE AXIS - mean of 3.90
- 2) CONDYLAR AXIS - 2.82
- 3) HINGE AXIS - 1.75
- 4) MANDIBULAR AXIS - 3.48
- 5) TRANSVERSE AXIS - 2.76

In this instance there appears to be very little enthusiasm for the terms CONDYLE AXIS and MANDIBULAR AXIS. The term HINGE AXIS emerged as the most preferred word for describ-

ing the intercondylar axis of rotation for mandibular movement.

Question 17 contained a statement which was designed to identify a preference for terms pertaining to attachment devices. The definition, "A retainer, used in fixed and removable partial denture construction, consisting of a metal receptacle and a closely fitting part; the former is usually contained within the normal or extended contours of the crown of the abutment tooth and the latter is attached to a pontic or denture framework," is best described as a/an:

INTERNAL ATTACHMENT - mean of 2.66

FRICTIONAL ATTACHMENT - 3.62

INTRACORONAL ATTACHMENT - 1.84

KEY & KEYWAY ATTACHMENT - 3.41

PARALLEL ATTACHMENT - 3.83

PRECISION ATTACHMENT - 2.74

SLOTTED ATTACHMENT - 3.65

The range of responses indicate that the term INTRACORONAL ATTACHMENT was preferred for the definition listed.

Question 18 continues the format of listing a definition for the purpose of identifying the preferred term. In this instance the definition dealt with the terms used to describe, "The distance between the occluding surfaces of the maxillary and mandibular teeth when the mandible is in its physiologic rest position," is best described as the INTEROCCLUSAL DISTANCE - mean of 2.48

FREE-WAY SPACE - 2.36

INTEROCCLUSAL CLEARANCE - 3.40

INTEROCCLUSAL GAP - 4.07

INTEROCCLUSAL REST SPACE - 2.42

The responses indicate that the terms INTEROCCLUSAL CLEARANCE and INTEROCCLUSAL GAP were not acceptable but the remaining three terms were acceptable.

Question 19 returned to the format of establishing a preference between alternate definitions. The first definition offered for the term GUIDEPLANE was, "Two or more vertically parallel surfaces of abutment teeth so oriented as to direct the path of placement and removal of removable partial dentures." At a mean response of 1.72 the group found the definition most agreeable and highly acceptable. For the alternate definition, "Vertically parallel surfaces of abutment teeth oriented as to contribute to the limitation of the direction of the paths of insertion and dislodgment of a removable partial denture," the responses produced a mean of 2.44 which is agreeable and acceptable but with less vigor and enthusiasm than for

the first definition.

Question 20 addresses the meaning of HEIGHT OF CONTOUR. On the first definition, "The greatest prominence of anatomic contours on a dental cast in a prescribed plane," the mean of responses was 2.32. On an alternate definition, "A line encircling a tooth designating the greatest circumference at a selected position," the mean of responses was 2.24. Both definitions appeared acceptable with a slight edge of preference going to the latter definition.

Based on a difference in mean scores of 1.63 to 2.89, the group selected the following definition of REMOVABLE PARTIAL DENTURE RETENTION, "The ability of a removable partial denture to resist dislodging movement away from its abutments and basal support".

Question 22 offered alternate definitions of the term CENTRIC OCCLUSION. Responses to the first version, "The centered contact position of the occlusal surfaces of the mandibular teeth against the occlusal surfaces of the maxillary teeth," produced a mean of 2.89 which lies near the uncertain level of 3.0. However, the alternate definition, "1. The centered contacts of occlusal surfaces of the maxillary and mandibular teeth. 2. Maximum interdigitation of the maxillary and mandibular teeth," produced a mean of 2.03 which indicated a very strong degree of acceptability.

In question 23 an effort was made to determine the strength of preferences for the term CENTRIC JAW RELATION. Three alternatives were offered. The mean of responses for, "The jaw relation when the condyles are in the most posterior, unstrained position in the glenoid fossae at any given degree of jaw separation from which lateral movement can be made," was 2.55. The mean of responses for, "The most posterior relation of the mandible to the maxilla," was 3.85. And the mean of responses for, "The relation of the mandible to the maxilla when the condyles are in their most posterior position in the glenoid fossae from which unstrained lateral movements can be made at the occluding vertical dimension normal for the individual," was 2.57. One might conclude that the second offering is not acceptable and that opinions about the remaining two definitions are equally distributed (Fig. 2). It would appear that any open debates amongst a sample group would probably result in non-productive conclusions. Since all three

definitions appear in the Glossary, in the sequence listed here, it appears that there is no clear mandate for change except possibly the deletion or downgrading of the definition listed second.

In question 24 a definition for the term FORENSIC DENTISTRY was offered. The mean of the responses for, "A branch of dentistry dealing with the examination, interpretation, and presentation of dental evidence for legal purposes," was a very strong and highly acceptable 1.78.

Question 25 offered a definition and solicited preferences for common terms often used. The definition, "A thermoplastic material usually composed of gum dammar, talc, wax, glycerine, palm oil and shellac which is often used for making interocclusal records and impressions of edentulous mouths," is best described as:

MODELING PLASTIC - mean of 3.80

MODELING COMPOSITION - 3.62

MODELING COMPOUND - 1.97

MODELING PLASTIC

IMPRESSION COMPOUND - 2.92

While both the terms MODELING COMPOUND and MODELING PLASTIC IMPRESSION COMPOUND were found to be acceptable, the group clearly preferred the former.

In question 26 an attempt was made to establish a preference for terms relating to border molding. The preferred definition and results are:

MUSCLE TRIMMING - mean of 3.33

BORDER MOLDING - 1.40

TISSUE MOLDING - 3.28

The group displayed a distinct preference for the term BORDER MOLDING. Both alternate definitions fell below the range of acceptability.

Again in question 27 a preference was sought for terms relating to POST-PALATAL SEAL. The definition, "The seal at the posterior border of the maxillary denture," best describes the:

PALATAL SEAL - mean of 3.25

POSTPALATAL SEAL - 3.00

POSTERIOR PALATAL SEAL - 1.41

Again, the group expressed a distinct preference for the term POSTERIOR PALATAL SEAL.

In question 28 a preference was sought for terms relating to the polymerization of plastic. The definition, "A resin which can be polymerized by an activator and a catalyst without use of external heat above room temperature," is best described as a/an:

AUTOPOLYMERIZING RESIN - mean of 1.36

AUTOPOLYMER RESIN - 3.52

ACTIVATED RESIN - 3.73

COLD-CURING RESIN	-	3.23
QUICK-CURE RESIN	-	3.66
SELF-CURING RESIN	-	2.58

From a comparison of the mean values it seems that the term AUTOPOLYMERIZING RESIN is highly preferred.

Question 29 presented the four definitions for the term UNDERCUT as listed in the Glossary. The definition, "That portion of the surface of a residual ridge, dental cast, tooth or other object which is inferior to the height of contour and thus impedes the placement or withdrawal of anything closely adapted to the surface of the object," produced a mean of responses which showed a highly agreeable and acceptable preference level of 1.69 for this definition. For the definition, "That portion of a tooth which lies between the survey line (height of contour) and the gingivae," the mean of responses exhibited a moderately acceptable level of 2.64. For the definition, "The contour of a cross section of a residual ridge or dental arch which would prevent the insertion of a denture," the mean response dropped below the level of acceptability to 3.10. And for the last of the four definitions of UNDERCUT, "The contour of flasking stone which interlocks in such a way as to prevent the separation of the parts," the group enthusiasm decreased to 3.21. When comparing the mean values it appears that while the first and second definition are considered acceptable, the first definition is distinctly preferred.

In the last two questions of the survey, an effort was made to establish a preference for the terms used in describing the interarch relationship of anterior teeth. The results for these relationships are:

VERTICAL OVERLAP	-	mean of 1.38
OVERBITE	-	3.34
HORIZONTAL OVERLAP	-	1.37
OVERJET	-	3.29

The preferred terms are VERTICAL OVERLAP and HORIZONTAL OVERLAP.

Discussion

One of the characteristics that separates those hairy, prognathic, sloping forehead, grunting ancestors of ours and modern man, is the fluidity of our communications. While it is important to know how to use words, we must first understand the meaning of the word. Even so, comprehension of the meaning of a word does not guarantee correct usage. For example, the term "reciprocation" is defined as, "The means by which one part of a prosthesis is made to counter the effect created by another part."³ The word

Figure 1

1. most agreeable
2. acceptable
3. uncertain
4. unacceptable
5. most disagreeable

FREQUENCY BAR CHART SAMPLE

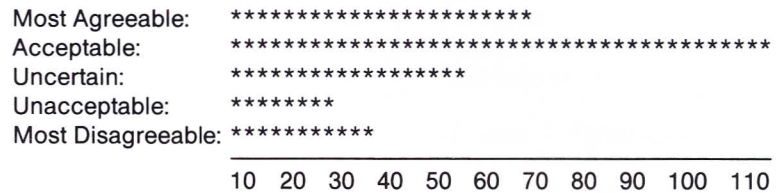
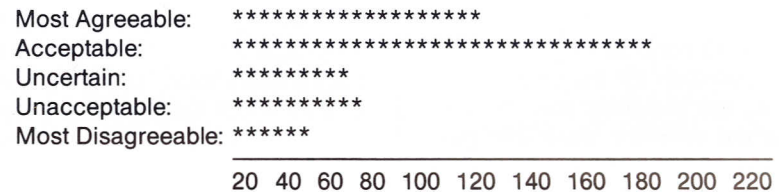


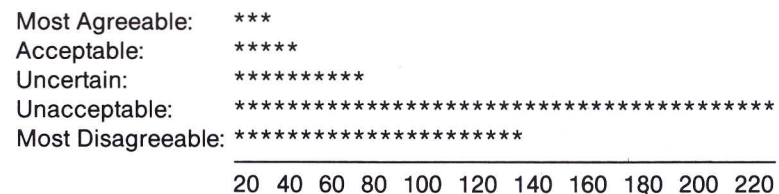
Figure 2

CENTRIC JAW RELATION:

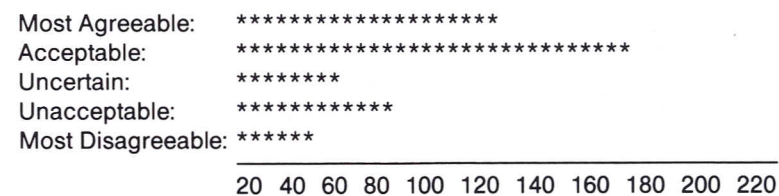
"The jaw relation when the condyles are in the most posterior, unstrained position in the glenoid fossae at any given degree of jaw separation from which lateral movement can be made." Mean = 2.55



"The most posterior relation of the mandible to the maxilla." Mean = 3.85



"The relation of the mandible to the maxilla when the condyles are in their most posterior position in the glenoid fossae from which unstrained lateral movements can be made at the occluding vertical dimension normal for the individual." Mean = 2.57



"effect" has been emphasized to show that in order not to adversely stress a removable partial denture abutment, some element of the framework must contact the tooth on its opposite side during the time that the retentive clasp is activated. Thereby, creating only minor compression in the crown which

the tooth can readily withstand.

Even more fundamental to the function of a retentive clasp is the understanding that it must be forced to flex. For it is the resistance to flexure which provides mechanical retention by a clasp. If guiding tooth and metal contacts are neither extensive nor

dispersed well enough to specifically control the path of insertion/dislodgment, then it becomes important that contralaterally located clasp tips be designed to oppose each other in order to cause flexure. The desired effect is to insure that retentive clasps will be forced to flex when they attempt to escape their undercuts. This action can be described as "potentiation". It is not "reciprocation" because the lateral retentive forces being generated against the abutments are not being opposed by other metal on the opposite side of the same tooth at the same time. The actions are separate and different. While the definition of reciprocation seems clear enough, its usage often goes astray.

There exists a need for clear and concise communications in prosthodontics. The Nomenclature Committee understands, better than most, that everyone may not agree totally with the definition of terms. However, we encourage all those interested, to forward their suggestions so they may be incorporated into material being forwarded to the Nomenclature Committee of The Academy of Denture Prosthetics. More importantly, after the current revision of the Glossary of Prosthodontic Terms is completed, it should serve as a standard for excellence in all prosthodontic communications.

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Dental Assistants are indispensable members of the dental health care team. They are vital to the success and viability of any dental practice.

Dental Assistants Recognition Week,

BOOKS AVAILABLE

The "Study Guide for Certification", "Classic Prosthodontic Articles" and the "Index to the Journal of Prosthetic Dentistry" are available. To get your copy (ies) of these valuable books, complete the form below and mail to the Central Office Director, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216.

Name _____

Address _____

City _____

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1. I would like ___ copy(ies) of the "Classic Prosthodontics Articles" Volume I (Price Members \$20.00; Non-members \$25.00)
2. I would like ___ copy(ies) of the "Classic Prosthodontics Articles" Volume II (Price Members \$20.00; Non-members \$25.00)
3. I would like ___ copy(ies) of the "Classic Prosthodontics Articles" Volume III (Price Members \$20.00; Non-members \$25.00)
4. I would like ___ copy(ies) of the 1985 EDITION of the "Study Guide for Certification". Includes 1981-1985 Questions and Answers. (Price Members \$25.00; Non-members \$30.00) (Includes new Board guidelines.)
5. I would like ___ copy(ies) of the 1981, 1982 and 1983 Phase I, Part I Questions and Answers for the American Board of Prosthodontics as a Supplement to the Study Guide (Price \$5.00)
6. I would like ___ copy(ies) of the 1984 and 1985 Phase I, Part I Questions and Answers for the American Board of Prosthodontics as a Supplement to the Study Guide (Price \$3.00)
7. I would like ___ copy(ies) of the "Index To The Journal of Prosthetic Dentistry". Bibliography spans 1960 to June 1984. (Price Members \$35.00; Non-members \$45.00, plus \$3.00 postage for out of the country mailings)
8. I would like ___ copy(ies) of the "Index To The Journal of Prosthetic Dentistry Update". Includes 1980 to June 1984. (Price \$10.00)

Amount enclosed \$ _____

Make checks payable to:

The American College of Prosthodontists

scheduled for October 20-26, 1985, acknowledges the contributions that dental assistants have made to the dental profession and offers an opportunity to recognize the commitment and dedication they exhibit throughout the year.

The theme of this year's celebration is "The Sky's the Limit."

The ADAA has been the recognized voice of dental assisting for over 60 years. It remains committed to enhancing the public image and the stature of the dental assisting profession and providing quality health care to the public.

NOTICE

The Education and Advancement Committee is constantly seeking ways to assist our Affiliate and Associate members to prepare for the Board examination. If you have any material or suggestions that you feel could help in this process please forward to either Dr. J. Crystal Baxter, 919 W. Carmen, Unit A, Chicago, IL 60640-3223 or the Central Office.

U.S. AIR FORCE DENTAL LABORATORY MANUAL AVAILABLE

The Air Force Dental Laboratory Manual 162-6 is now available from the Department of Documents, U.S. Government Printing Office, Washington, D.C. 20402. The cost of the manual is \$14.00 which includes postage.

This excellent manual was produced under the direction of Fellow William J. Durkin.

MEMBERS TELEPHONE NUMBERS

The Membership Roster is currently publishing the telephone numbers, home, office or both, of members. This can only be done with the written consent of the individual. If you would like to have your telephone number included in the next edition of the Roster, please notify the Central Office in writing.

NEWSLETTER
 THE AMERICAN COLLEGE
 OF PROSTHODONTISTS
 Dr. Kenneth L. Stewart, Editor
 2907 Deer Ledge
 San Antonio, Texas 78230
 Address Correction Requested
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ARTICLES BEARING COLLEGE SEAL

The following are available. To obtain the items desired, please complete the form below and mail to the Central Office Director, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216



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