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Summer 2015

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On the Cover

Summer 2015 Volume 46 Issue 3



Hooray for summer! From cycling and hiking to sports, we spend every spare minute enjoying the great outdoors. Just like we never leave our helmets at home, we never forget our mouth guards when we're getting ready for a game of tennis or volleyball. My prosthodontist showed me how a custom-made mouth guard could feel comfortable and protect my smile while I'm on the court. Serve 's up!

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The *ACP Messenger* (ISSN # 0736-346X) is published four times per year in the winter, spring, summer, and fall by the American College of Prosthodontists:

211 E. Chicago Ave., Suite 1000, Chicago, IL 60611
Phone: (312) 573-1260; Fax: (312) 573-1257
Email: acp@prosthodontics.org
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Dr. Avinash S. Bidra is Program Director at the University of Connecticut Health Center, Department of Reconstructive Sciences, Division of Prosthodontics. He serves as Chair of National Prosthodontics Awareness Week.

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Dr. George Bohle served as Director of the Maxillofacial Prosthetics training program at Memorial Sloan-Kettering Cancer Center in New York. He maintains a private practice in Oklahoma City.

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Dr. Susan Brackett maintains a private practice in Oklahoma City. She is the Vice President of the ACP and an associate editor of the *ACP Messenger*.

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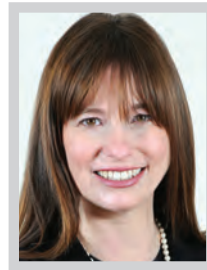
Dr. Lyndon Cooper is the Stallings Distinguished Professor of Dentistry of the Department of Prosthodontics at the University of North Carolina at Chapel Hill. He is Chair of the ACP Education Foundation as well as the Editor Emeritus of the *ACP Messenger*.

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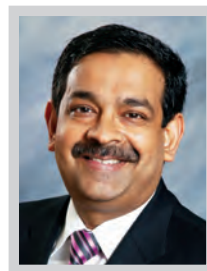
Dr. Graziano Giglio maintains an interdisciplinary private practice in New York City and is a Clinical Associate Professor in the Postgraduate Prosthodontics Program at New York University College of Dentistry.

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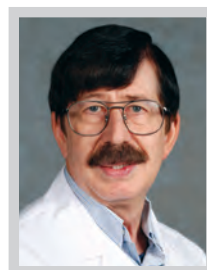
Dr. Sarit Kaplan maintains an interdisciplinary group practice in Bethesda, MD and is a Clinical Assistant Professor in the Prosthodontic Residency at University of Maryland.

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Dr. Mathew Kattadiyil is Professor of Restorative Dentistry and Director of the Advanced Specialty Education Program in Prosthodontics at Loma Linda University School of Dentistry, and Editor-in-Chief of the *ACP Messenger*.

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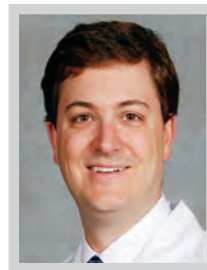
Dr. Michael Singer teaches at the University of Maryland and maintains a practice in Bethesda, MD.

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Dr. Frank Tuminelli is President of the ACP and Program Director at New York Hospital Queens, Department of Graduate Prosthodontics.

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Dr. Carl Pogoncheff has a private practice in Lansing, MI and serves as an adjunct Clinical Assistant Professor at the University of Michigan School of Dentistry.

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Dr. Jonathan Zamzok maintains an interdisciplinary group practice in New York City and is a Clinical Associate Professor, Department of Prosthodontics, at Columbia University College of Dental Medicine. He will serve as Program Chair of the 2015 ACP Annual Session.

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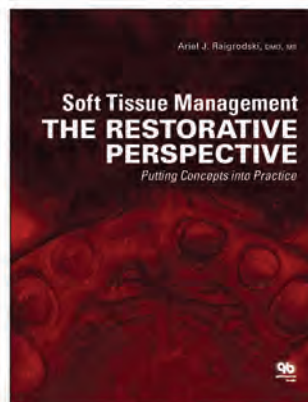
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This book beautifully showcases the concepts, materials, and techniques essential to mastering the most demanding of all

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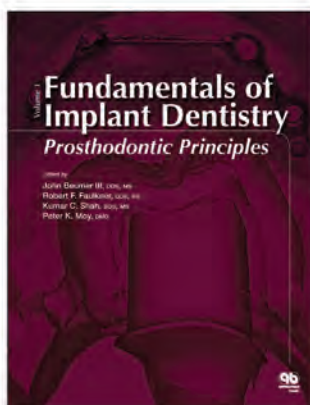
Ariel J. Raigrodski

This compelling clinical monograph outlines how to manage the soft tissue in a practical manner, whether providing patients with tooth-borne or implant-supported restorations. The author provides step-by-step instructions for each stage of therapy so that

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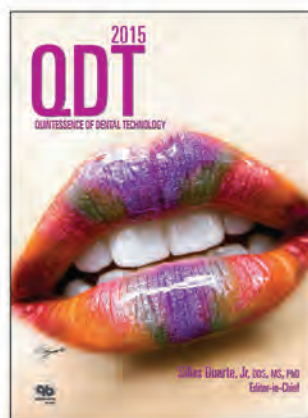
**John Beumer III, Robert F.
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This first book of the two-volume *Fundamentals of Implant Dentistry* series focuses on the design and fabrication of implant-retained prostheses. The authors cover the full range of restorative treatment options for eden-

tulous and partially edentulous situations, emphasizing the importance of an interdisciplinary approach and demonstrating how it encourages the best results. Destined to become the definitive textbook and desk reference for dental students and practitioners alike.

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Edited by Sillas Duarte, Jr

With its focus on the newest techniques and materials for esthetic restorative outcomes, QDT 2015 features original articles on CAD/CAM, conservative adhesive restorations, non-prep veneers, pink esthetics, full-mouth reconstructions, and overall challenging cases. Two State of the Art articles are presented: Mastering Esthetic and Functional Rehabilitation of the Severely Worn Dentition and CAD/

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Realizing our potential

Mathew T. Kattadiyil,
DDS, MDS, MS, FACP
ACP Messenger Editor-in-Chief

The summer edition of the *Messenger* comes at a time of graduation for many new prosthodontists, and also at a time when new graduate students are entering their programs. I would like to begin by wishing each of you the very best as you begin a new and exciting phase in your lives. Prosthodontics is an exhilarating and rewarding specialty which allows you to garner and apply knowledge while simultaneously letting you unleash your creative side.

This is a profession and a specialty like no other. Whether you are a new student or a graduate, you should make a commitment to embrace the opportunities ahead and realize your potential to the fullest.

This issue of the *Messenger* brings attention to head and neck trauma. In his article, Dr. George Bohle reports on oral, head, and neck cancer and its aftermath, including the stories of two patients who are now thriving after the care they received. The maxillofacial prosthodontist has an important role in finding solutions to address significant defects.

Whiplash is a non-medical term that is used to describe what occurs with rapid acceleration/ deceleration of the neck, usually related to car accidents. The connection between whiplash-associated injuries and temporomandibular joint disorder has not yet been completely accepted by all in the scientific community. The article by Drs. Sarit Kaplan and Michael Singer explores this topic and provides further insight into this evolving discussion.

Summer is a season for athletes to enjoy the great outdoors, so the timing is particularly apt for Dr. Graziano Giglio to draw attention to the importance of mouth guards in sports – and the effectiveness of their use in reducing the impact of maxillofacial trauma to the teeth.

Finally, this issue includes a number of articles that are sure to put a smile on your face. Dr. Carl Pogoncheff shares a case presentation involving a mother and her son's wedding. As the author of *Fundamentals of Fixed Prosthodontics*, Dr. Herb Shillingburg needs no further introduction, and in this issue, his former student Dr. Susan Brackett explores the fascinating life of “the man who wrote the book”. And we can all be proud to see the widespread excitement reported by Dr. Avinash Bidra for the 2015 National Prosthodontics Awareness Week.

Life happens quickly. We cannot anticipate everything that will occur. Our training can help us, and the good practices that we share with our patients can help them. As specialists, it is so important that we strive to realize our own potential because we are uniquely positioned to help our patients reach theirs. ■



We cannot solve our problems
with the same thinking we used
when we created them.

ALBERT EINSTEIN

Building confidence through bright smiles

Carl M. Pogoncheff,
DDS, MS, FACP

As a prosthodontist, I know that healthy teeth and an attractive smile can greatly impact a person's self-esteem and overall sense of well-being. Showing teeth is a major component of a genuine and confident smile.

Individuals who lack confidence in the appearance of their teeth may avoid full smiles or smile less often, and as a result may come across as unfriendly. This can be a serious roadblock in developing personal or professional relationships.

According to a *USA Today* study, teeth were the number one criteria that both men and women judged when considering a person as a prospective date. A study from

Penn State University found that people who smiled were perceived as more competent in their work. Other studies have found that the very act of smiling can actually make you happier, improve your mood, and alleviate stress. Not having the confidence to flash a friendly smile is a huge limitation in life.

Jane was a person who seemed to have it all. Her son was getting married in the fall, she had a great husband who loved her, and she was getting ready to move into a new home. But Jane never smiled. She had been seeing her general dentist regularly for many years, but suddenly her teeth had begun to fall apart. Tooth decay (caries) and wear (attrition and erosion) had taken a major toll on her teeth and she was afraid to let anyone see them – and therefore was reluctant to smile.



Her general dentist referred Jane to see a prosthodontist. She had never heard of a prosthodontist, and she didn't understand why her dentist wouldn't just fix the problem. But as time passed, she came to understand the value of seeing a specialist.

When Jane first came to our office, we completed a full comprehensive exam to develop a list of her dental problems. Looking for causes and evaluating various options for treatment, while weighing the benefits and risks of each option, is something that prosthodontists learn during their three years of specialty training after dental school.

Jane now understood what was going on in her mouth and was able to make an informed decision to move forward. She wanted to put her ugly teeth behind her. As the mother of the groom, being able to flash a bright, happy smile in the wedding photos was a huge motivator for her.

After a complete exam and diagnostic planning, I started treatment to help Jane get the smile she wanted. The plan included removing tooth decay, rebuilding missing tooth structure, and placing crowns. She also had two missing teeth that were replaced with dental implant restorations. These were important steps to make sure that the outcome met both prosthodontic standards and Jane's esthetic expectations. The provisional crowns played an important role in both parts.

Jane had a chance to make sure that she was happy with the shape and the color of the teeth. The provisional crowns were used to establish important parameters in her occlusion (the way the teeth come together while biting and chewing). Jane was able to go home, try out the temporary crowns, and bring her feedback to help reach the outcome that she wanted. This phase of tooth preparation, rebuilding, and temporization took a lot of time and effort, but this is the standard of care that patients should expect when going through complex



Fig. 1 & 2: Pre-treatment view

dental rehabilitation. Prosthodontists have advanced training and expertise to manage cases such as this.

The day finally came when Jane came in to have her crowns placed on the teeth. This was a meticulous process that led to the outcome she was looking for in the beginning. However, treatment didn't stop with the crowns being placed. During the diagnosis stage, tooth decay and tooth wear were Jane's primary problems. The risk for these problems to return was not eliminated simply by having her teeth reconstructed. Jane and I discussed her need to improve her oral hygiene at home. She supplemented her existing routine of brushing twice a day and flossing daily by adding prescription fluoride



toothpaste. Adding extra fluoride into her hygiene was an important step. Additionally, a custom made occlusal guard was fabricated for Jane to wear at night to help protect against the effect of tooth grinding. This will help to lower the risk of her teeth wearing down again or even breaking.

With continued follow up visits, Jane knows that we can catch problems before they return. She also felt comfortable to smile as big as she wanted at her son's wedding and enjoy the special occasion with confidence and joy.

Prosthodontists, as specialists, can help patients regain – and keep – their healthy smiles. In this situation, we were able to help Jane reach her dental goals and bring back the confidence that comes with a bright, happy smile. ■

Fig. 3 & 4: Post-treatment view

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Oral, head, and neck cancer

George C. Bohle III,
DDS, FACP

The most recent data from the Surveillance, Epidemiology, and End Results Program (SEER) of the National Cancer Institute and U.S. Cancer Statistics Working Group continues to demonstrate a national increase in the incidence of oral, head, and neck cancer.

It is estimated that nearly 42,400 new oral and pharyngeal (throat) cancers were diagnosed in the U.S. in 2014, accounting for 2.5% of all cancer patients, with a greater number projected for 2015. These alarming statistics should serve as a reminder to be vigilant in diagnosis and early detection, particularly in states with an increased incident rate (as demonstrated in Figure 1). While this rise may be attributed to better recognition and testing, one cannot dismiss the fact that more patients are affected.

Most head, neck, and oral cancers develop from a combination of host and environmental factors. Alcohol and tobacco exposure remain the key factors for cancer of the mucosa of the oral cavity, esophagus, pharynx, and related structures. Chronic consumption of alcohol has been shown to increase the risk of cancer by twofold to threefold in a dose dependent manner. Patients who both smoke and drink increase their risk 10-20 times higher than that of a non-smoker/non-drinker. Welders, carpenters, farmers, people who have jobs with ionizing radiation exposure, and other tradesmen are constantly exposed to factors that may increase their chances of major salivary gland tumors, thyroid cancer, skin cancer, sinus, and nasopharynx cancer. In addition to environmental factors, host factors such as the human papilloma virus (HPV) and Epstein-Barr virus have strong links to oropharynx and nasopharyngeal cancers respectively.

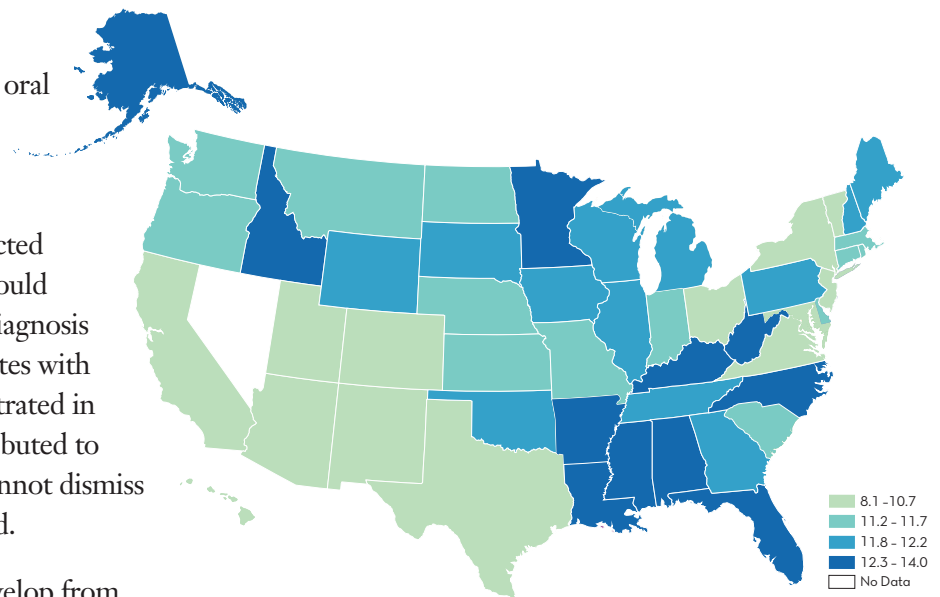


Fig. 1: Age-Adjusted Incidence Rate - Oral Cavity and Pharynx (2011, all races, male and female)

As prosthodontists, our primary goal should be the prevention of cancer through patient education. Secondarily, we must facilitate the early detection of cancer by performing a comprehensive oral cancer exam. It is important to inform the patient while you are examining them that you are conducting a “Cancer Exam” and discuss why, even if they are edentulous, that they are seen annually at minimum.

The initial evaluation begins with a detailed history followed by a physical examination of the head, neck, and oral cavity. The ACP video of a head and neck examination, found on GoToAPro.org, is a great tutorial and refresher to stay current. With

any affirmation by the patient to using tobacco and/or alcohol, help with cessation should begin with compassionate direction to the appropriate local outreach organizations.

Many of our patients in Oklahoma spend a great deal of time outside in the sun potentially increasing their risk of skin cancers particularly on the ears, nose, and lips (farmers, oil rig workers, life guards, golfers, etc.). Any suspicious lesion or ulceration should be promptly referred to a head and neck surgeon for biopsy. Documentation of your findings and specifically who you referred the patient to should

Most dental practitioners focus directly on the oral cavity when we should first examine the scalp, ears, face, and neck.

be clearly identified in your clinic note for legal documentation. Any abnormal findings in these areas should be monitored for no less than 10 days allowing it to completely resolve. Otherwise, the patient should be promptly referred to a head and neck surgeon for further evaluation and biopsy. ■



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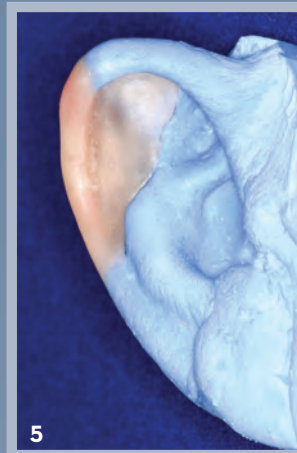
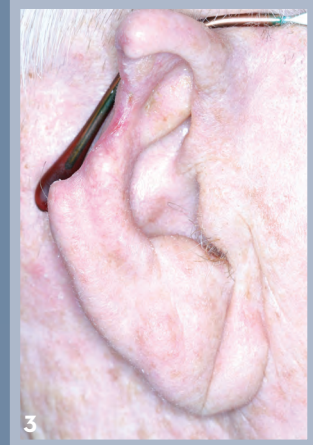
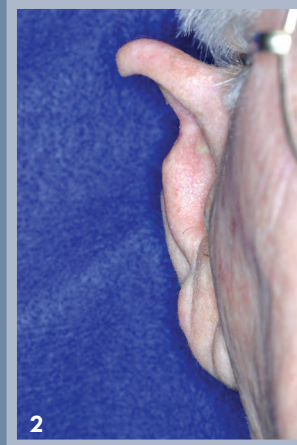
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PATIENT #1

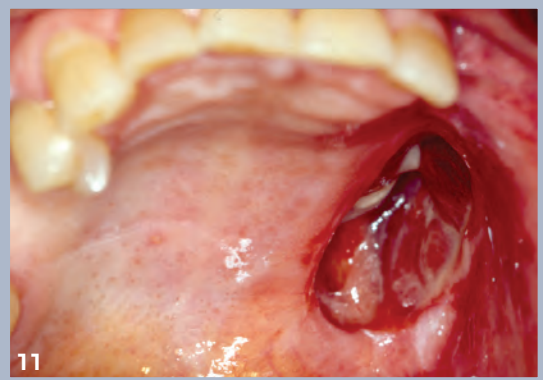
A 75 year-old man presented with a suspicious lesion on the top of his right ear. The biopsy report revealed a diagnosis of squamous cell carcinoma. The lesion was removed by the patient's head and neck surgeon and he was informed that surgical reconstruction was not an option, so he would need to live out the rest of his life as depicted in Figures 2 and 3. His daughter learned about prosthodontics and maxillofacial prosthetics and sought treatment in our practice. A cast was made, an acrylic substructure was fabricated, and the wax sculpture was completed and tried (Figs. 4-6).



The silicone prosthesis was fabricated, tinted, and delivered to him, restoring the contour of his ear (Figs. 7, 8). The patient now applies copious amounts of sunscreen and wears a wide-brimmed hat while out on the golf course with his friends.

PATIENT #2

A 65 year-old man presented with a squamous cell carcinoma of the buccal mucosa (Figs. 9, 10). After a left mandibulectomy, his head and neck surgeon performed a maxillectomy (Fig. 11) and his prosthodontist trained in maxillofacial prosthetics delivered his surgical, interim, and definitive obturator over the course of his treatment and healing (Figs. 12, 13). His treatment course lasted nearly 18 months with time between procedures for healing, but he once again enjoys fine meals with his numerous grandchildren and spends his free time fishing (Fig. 14).



Mouth guards in sports

Graziano D. Giglio,
DDS, FACP

The most significant factor in preventing sports-related or recreational injuries to the face and oral cavity is wearing basic protective devices, such as properly fitting helmets, facemasks, or mouth guards.



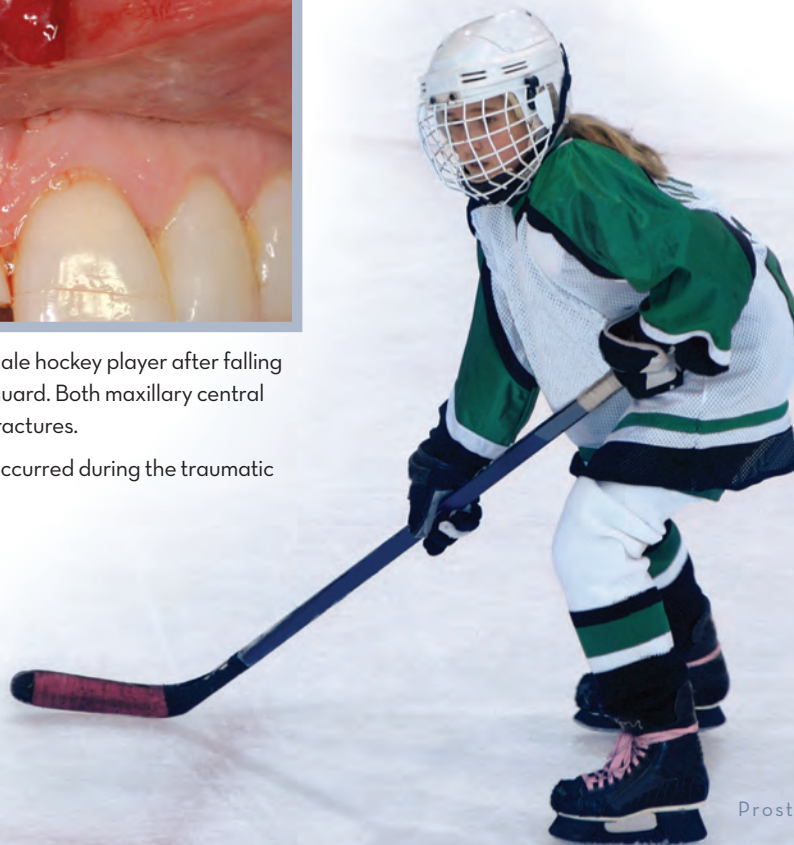
Fig. 1: The trauma sustained by a female hockey player after falling on the ice without wearing a mouth guard. Both maxillary central incisors suffered horizontal coronal fractures.



Fig. 2: The upper lip laceration that occurred during the traumatic injury depicted in Figure 1.

Well-fitted mouth guards prevent violent contact between the top and bottom teeth, which can result in soft tissue lacerations, tooth avulsions, tooth or bone fractures, root canals, and concussions.¹ Statistically, sports-related activities contribute to nearly one-third of all dental injuries.^{2,3,4} Figures 1 and 2 demonstrate typical injuries that may result.

The prosthodontist can play a pivotal role in informing patients, athletes and their parents, and coaches about the importance of prevention, diagnosis, and treatment of orofacial injuries in sports and recreational activities.





In order for a mouth guard to be effective for the patient, it should fulfill the following basic requirements:

1. Cover all the maxillary teeth to the distal (back) surfaces of the second molars.⁵
2. The labial edge of the mouth guard should extend to the gum line (within 2 mm of the sulcus).⁵
3. The palatal edge should end just above the gum line (approximately 2 mm above the gingival margin).⁵
4. The labial edge should be rounded and the palatal edge should be tapered.⁵
5. Be fabricated from a material approved by the U.S. Food and Drug Administration that can reduce the impact force to teeth, surrounding soft tissues, and bone.^{4,8}
6. Be comfortable, retentive, and fit properly.⁸
7. Be easy to clean.⁸
8. Not interfere with breathing or speech.^{4,5,8}

Fig. 3: (Above, left) The intaglio (tissue) surface view of a properly designed and manufactured custom-made mouth guard.

Fig. 4: (Above, right) The labio-intaglio (facial and tissue) view of a custom-made mouth guard with a rounded labial flange and a tapered palatal flange.



There are three types of mouth guards available for athletes:

Stock

A stock mouth guard is a ready-made or over-the-counter device available in a few sizes. It is inexpensive, provides a low level of protection, does not stay in place well, and is often not comfortable. Since retention is poor, the athlete holds the mouth guard in place by clenching his or her teeth together.

Self-adapting

A self-adapting mouth guard is known as the “boil-and-bite” type and is available over-the-counter. This device is a thermoplastic rim, which is heated in hot water and then placed in the mouth to be adapted to the teeth by biting down. They are relatively inexpensive and can be replaced frequently for young athletes with a mixed dentition (both primary and permanent teeth) or by individuals that are experiencing rapid growth. These mouth guards are often bulky and do not retain their shape over time.

Custom-made

A custom-made device is fabricated in a dental laboratory on a cast from an impression made by a dentist. This type of mouth guard is usually made of a thermoplastic material that is heated and adapted to the cast under pressure or with a vacuum form machine. Although it is the most expensive, it is the most protective, durable, and retentive of the three types available.^{4,5,8} Figure 3 demonstrates the intaglio (inner) surface view and Figure 4 shows the facio-intaglio (outer and inner) surface view.

The American College of Prosthodontists (ACP) supports the use of mouth guards for all contact sports and for any recreational activities that may potentially result in orofacial injuries. The ACP recommends the use of custom-made mouth guards to better protect the teeth and jaws from trauma during athletic activity.

Several options in the manufacture of custom-made mouth guards are available with respect to materials and developed techniques. The standard thickness is 4 mm for most contact sports. The prosthodontist should determine the necessary thickness of the device depending on the risk of injury involved with the particular sport or activity.

The prosthodontist should select the best materials for the construction, determine the design, and decide which activity or sport requires protection. Patients that have previously suffered orofacial trauma or concussion while participating in a sport or recreational activity need to be reminded of proper protective devices in order to reduce the risk of repeated injury to orofacial areas.

Custom-made mouth guards have proven to be the most effective means in the prevention of injuries



Fig. 5: The intraoral view of a custom-made mouth guard on a collegiate baseball player.

to the orofacial structures.^{1,4,5} They are superior to stock or self-adapting devices in comfort, retention, and prevention of injuries. Figure 5 shows the intraoral view of an athlete wearing a custom-made mouth guard.

The benefits far exceed the expenses when considering the fees and discomfort associated with a traumatic dental injury and subsequent treatment. In addition, the prosthodontist must stress that mouth guards should be worn during competition as well as during practice sessions. The profession should make every effort to promote the use of mouth guards in athletes and patients who participate in any sport or recreational activity that may lead to a potential injury to the orofacial region.⁴ ■

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Whiplash and TMJ injuries

Sarit Kaplan,
DMD, MS, FACP

Michael T. Singer,
DDS, FACP, FAAMP, FAAOP

Whiplash, technically, is caused by an acceleration-deceleration mechanism of energy transfer to the neck and head area. This hyperextension/hyperflexion phenomenon (cervical whiplash), has been implicated in injuries to the temporomandibular joints (TMJs) that occur in motor vehicle accidents even when there is no direct trauma to the mandible.



This type of indirect injury to the TMJs has been termed “Mandibular Whiplash Injury”¹. It has been stated that “physicians have always assumed that injuries to the cervical spine cause whiplash symptoms, but they’ve tended to overlook the jaw.”²

During a whiplash injury, the head is jerked forcefully backward and then forward, causing a sudden stretching of the associated discs, muscles, and ligaments. During such a sudden traumatic event, these soft tissues and the bony structures do not move together in harmony the way they should, and that can cause severe damage to those structures.³ Since the mouth is opened wide when the accident occurs, the stretch reflex (the jaw jerk) of the masseter muscles is evoked, and then the jaw snaps shut. In the opening phase of the injury, the anterior muscle

attachments of the TMJ capsule and interarticular disk act as restraining ligaments and may be stretched or even torn.

There have been reports associating whiplash injury and injury to the TMJs. A Swedish study showed that “in a one year follow up after a rear end auto collision, the post accident incidence of delayed TMJ pain was 5 times greater than that of a matched control-group participants.”³ According to the same study, one in three people exposed to whiplash trauma is at risk to develop delayed TMJ symptoms.

Some MRI studies have also shown a relationship between whiplash and injuries to the TMJs. Soft tissue damage can occur in collisions which involve slower speeds and little or no vehicular damage. The soft tissue damage to the TMJ can occur without any outward appearance of damage and is associated with delayed onset of pain. Although the original trauma could have crushed delicate blood vessels, nerves, and connective tissues, until there has been progressive degeneration of the tissue over time, the symptoms do not develop.

It was reported that there were TMJ injuries in 87% of patients who reported whiplash symptoms after automobile accidents (mostly rear end collisions) even though none of them suffered direct trauma to either the jaw, face, or mouth. The most frequent symptom of whiplash injury is pain originating from the musculoskeletal structures of the temporomandibular system.³ The pain occurs during chewing or other jaw

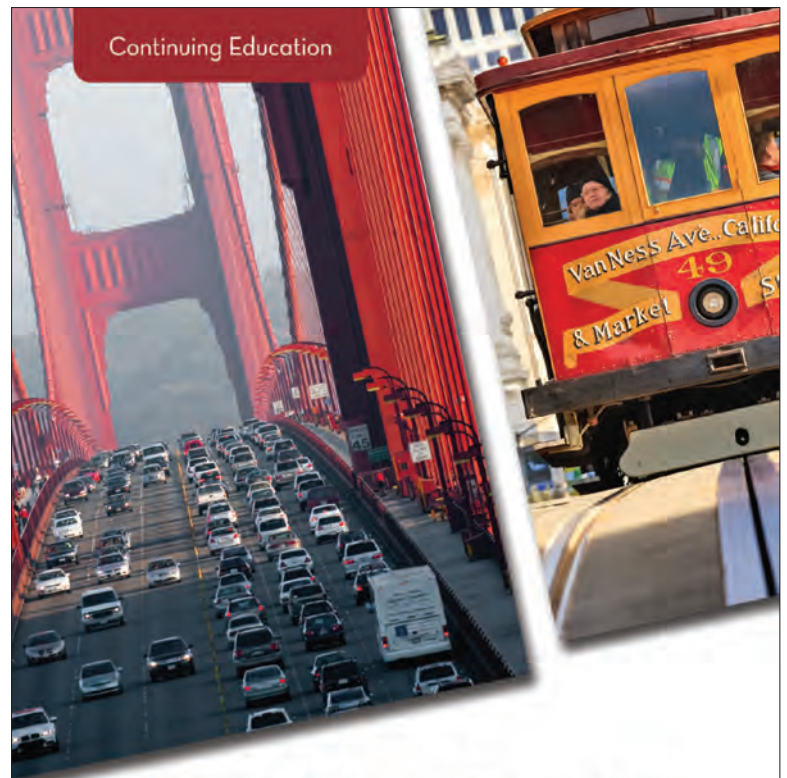
movements. Other signs of temporomandibular joint disorders (TMDs) are limited or asymmetric mouth opening, sounds like crepitus or clicking, ear pain, fullness in the ears, tinnitus, vertigo, and changes to the way the teeth meet when the patient bites.

Many of the symptoms are also associated with closed-head injuries which indicates that the etiology of post-traumatic TMJ pain differs from that of non-traumatic TMJ pain and dysfunction. Haggman-Henrikson results corroborate the suggestion that patients with jaw-face pain and dysfunction and with a history of neck injury are unique and more complex with regard to the spread and severity of the pain and dysfunction.⁴

Early diagnosis is important. The earlier the effective treatment is applied, the less the chances of permanent damage. The diagnosis should be made taking a thorough history and a comprehensive examination. A treatment plan can range from the use of intraoral occlusal devices (bite guards), anti-inflammatory medications, massage, etc. for less complex injuries to an interdisciplinary collaborative treatment approach with other dental and medical specialists for more complex situations. The patients need to be informed and educated about their injuries and disorders and the prescribed treatment approach. The patients also need to be educated to be more aware of their conditions so that they can seek immediate assistance should complications arise during the course of treatment. ■

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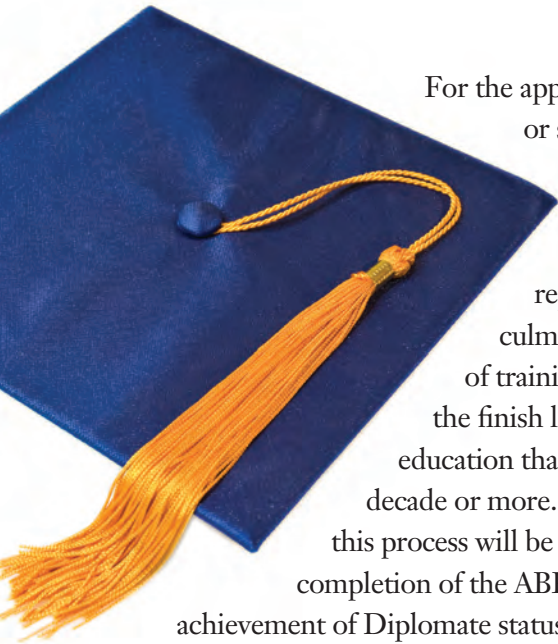
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Frank J. Tuminelli,
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ACP President

It is that remarkable time of the year in the northern hemisphere as warmth breathes life back into our world. The trees and flowers are in bloom, the birds are singing, and the bees are buzzing. Institutions around the country are a-buzz with the excitement and anticipation of graduations.



For the approximately 150 or so third year prosthodontic residents (PGY3), this represents the culmination of years of training. It is crossing the finish line of a formal education that has lasted a decade or more. The last step in this process will be the anticipated completion of the ABP exam and achievement of Diplomate status. For some, this will happen soon; for others it will happen later in their careers.

At this moment in time, what is the promise, potential, and future of these exceptionally bright, motivated, talented, and dedicated professionals?

On behalf of the ACP's officers, Board of Directors, Central Office, and the entire leadership of the College, let me say to our new graduates that we are excited for all of you. We see enormous opportunity for you. The migration to the digital world, the increasing incorporation of new technology, the evolution in biological substitutes and genomic science – all of this has catapulted medicine and dentistry to a platform that will revolutionize care delivery.

Our graduates will lead the way for the dental profession. You have been given the tools to take us all to new frontiers – not only your fellow specialists, but also the entire world of organized dentistry. We expect great things from you!

There will be hurdles for all of you. For some, these may be career-related, and for others, they may be financial. For everyone, there will be the challenge of transitioning from the life of a student to that of a professional applying knowledge and skills for the benefit of patients who need specialized care that only a prosthodontist can deliver. If you meet those hurdles with the same conviction you did in pursuing your education, these challenges will be only bumps in the road.

You are leaving the family of your co-residents, attending staff, and directors to enter an even bigger family, the ACP. We expect this to become your new home, because it is where we all thrive and grow. We expect you to succeed and shine, and when ready, to give back. Our hope and my sincere belief is that, one day, you will pass this same message on to a new generation of graduates.

Congratulations! Make sure you thank all those who have supported you in this journey. We are proud of you. ■

The man who wrote the book

Susan E. Brackett,
DDS, MS, FACP

Dr. Herbert T. Shillingburg, Jr. has played many roles in my life, including teacher, mentor, boss, and friend for the past 40 years. While I was a dental student, Dr. Shillingburg seemed larger than life with an intimidating presence – a big man with a booming voice, a quick wit, and exacting standards. He inspired all his students to provide the best possible care for their patients, and did not tolerate a lack of effort or attention to detail.

Dr. Shillingburg made it easier for students to learn by writing textbooks that outlined step-by-step the proper methods to achieve success in many aspects of ‘crown and bridge’ techniques. His most celebrated book, *Fundamentals of Fixed Prosthodontics*, has been used by generations of dentists and prosthodontists alike to learn the basic principles of fixed prosthodontics. For a large number of us, simply stated, he is “the man who wrote the book”.



Q: What drove you to write the first *Fundamentals of Fixed Prosthodontics*?

A: Ego. I wanted to leave a lasting mark on the profession. Actually, it really began when I sold my practice in Albuquerque in 1967 and went out to Los Angeles to start teaching at UCLA. Don Fisher hired me and sparked my interest in education. I helped him write a syllabus on techniques and principles of ‘crown and bridge’. After that experience I found myself daydreaming in church one day about writing my own book, but I didn’t really start until I reached Oklahoma in 1972.

Q: When I was in dental school, you would pass out booklets about specific topics like preparations, impression techniques, etc. that later became chapters in *Fundamentals of Fixed Prosthodontics*. How did those handouts evolve into the book?

A: Well, I published those handouts myself as a manual, and later I transformed that manual into the first edition of *Fundamentals*. I discovered a couple of other schools were interested in it because nobody at that time was telling you how to do ‘crown and

bridge’ techniques. I think that was why *Fundamentals* was so popular, because it was written with the student in mind. Most of the books at that time were written for the colleagues of the author and not for the novice or dental student. I was looking for a way to make things easier to teach and learn.

Q: How did you and Quintessence Publishing Company come together?

A: I had written a book at UCLA on tooth preparations with Dr. Sumiya “Sam” Hobo, who received his training at Indiana University. He introduced me to a Japanese publisher by the name of Ishiaku. Ishiaku had never published a book for the English speaking market and were a little reluctant to

charge ahead. So they compromised and published the book in Japanese, then planned to have it translated into English at a later date. Ishiaku brought the Japanese version of *Preparations for Cast Gold Restorations* to an international book fair in Germany. During the fair Quintessence bought the publishing rights, but they decided that *Preparations for Cast Gold Restorations* didn't meet the company's standards. So we scrapped everything, and I started all over with a new book which became *Fundamentals of Fixed Prosthodontics*.

Q: When was the first edition of *Fundamentals of Fixed Prosthodontics* published?

A: It was published in 1976 in softcover. When they reprinted the first edition a few years later, Quintessence did it in hardcover. I recall that this pleased Dr. Sam Hobo because he used to say that no book that you publish will be taken seriously if it is not in hardcover.

Q: Who were the other authors?

A: Dr. Sam Hobo was the second author and Dr. Don Whitsett was the third. Sam had prepared a number of chapters, but I turned to Don for clarification. Interestingly, Don had difficulty putting his material in writing, but he could talk about it. So I ended up interviewing Don about his topics, areas that I was weak in, and our secretary then transcribed the interviews for Don to edit.

Q: At the height of the popularity of *Fundamentals of Fixed Prosthodontics*, how many dental schools used it?

A: 70% of the dental schools in North America were using it at one time. And then I got sidetracked by other issues and other books, although *Fundamentals* maintained a reasonable degree of popularity throughout the fourth edition.

Q: Didn't some international dental schools use *Fundamentals* as a textbook?

A: Yes, over the years it was translated into several languages and was utilized by a large number of dental schools around the world.

Q: You wrote a number of other textbooks as well. Was there one book that you would say is your favorite?

A: *Fundamentals of Fixed Prosthodontics* was my favorite and most successful as there was a real need for it. Years later I wrote and published another book that had to do with preparations, and that book was really a rewrite of the very first book that I did. That book, *Fundamentals of Tooth Preparation*, won first prize from the American Medical Writers Association in the Affiliated Health Category in 1988.

Q: Any more books in the works?

A: My family has been after me to write a book about the Shillingburgs and their Indian trading days but, well, the fire has gone out. Also, I'm just not that eager to proselytize about being an Indian trader's son.

Q: Let's talk a little bit about that. So you grew up in New Mexico.

A: Actually I started out in Arizona on the Navajo Reservation about 50 miles northwest of Gallup, New Mexico. I was born in Ganado, which was a Presbyterian mission with about four or five hundred people. My dad ran an Indian trading post about a mile and a half from the mission. My parents moved from Cleveland to Arizona during the Depression, and my father took over the store to run for his brother, who had another trading post that he ran further inside the reservation. I started school at the Mission Public School 19.

Q: Did you live on the reservation or did you live at the mission?

A: We lived on the reservation in an adobe house that had walls that were about 18 inches thick. It was drafty as a barn, and the only heat we had was from the fireplaces. I remember being sick as a child, and my mother had me sleep on the couch in front of the fireplace to stay warm. I remember once she brought me a glass of water, and when I finished drinking she placed the glass with the remaining water on the mantle. When she came to get the glass in the morning the water had frozen solid. My parents



Left: Dr. Shillingburg as a toddler with his father, ca. 1941

Right: The Shillingburg family ca. 1950

moved away in 1947. We lived in several places after that including Gallup for a while and Los Angeles for about six months until we wound up in Albuquerque. I completed junior high school, high school, and three years at the University of New Mexico, and then I went to dental school at the University of Southern California.

Q: So how did you get interested in dentistry?

A: My mother was literally a coal miner's daughter in Europe. So the prospect of her son being a doctor, physician, or dentist was appealing. My father became an orphan at age 12 and was raised by a brother-in-law who was a physician. There was a strong push for me to consider a profession as a way of making a living.

Q: What got you interested in crown and bridge? Did you have a natural aptitude for the subject?

A: As arrogant as I am, I hate to admit that I probably wasn't all that strong. When I entered the Army after dental school, I discovered that my skills were better than the vast majority of people that I was around simply because of my training, not because of my natural skills. Ironically, while I was in school, I excelled in removable prosthodontics, but struggled in fixed. Hell, if I got a B in fixed prosthodontics when

I was a dental student I would go outside and look for the star shining over me.

Q: How did you come to focus your career on fixed prosthodontics?

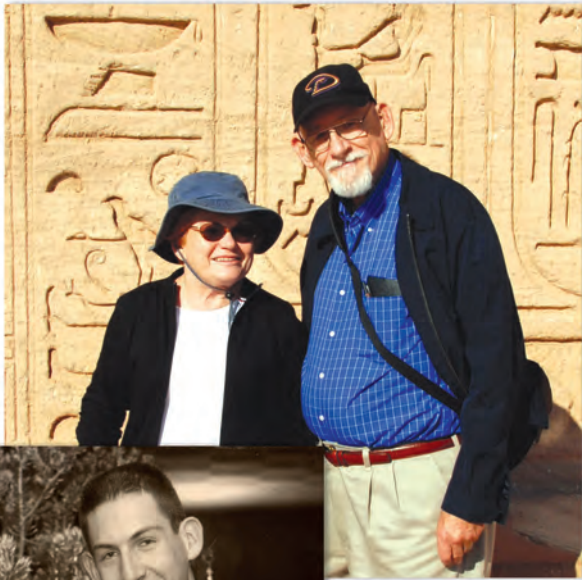
A: First of all, I credit my training at USC which was a strong clinical school and set high expectations. Beginning an academic career in crown and bridge at UCLA under Don Fisher's mentorship headed me in that direction.

Q: Did you consider post-graduate training in fixed prosthodontics?

A: Originally, I thought I would go back to school and study oral pathology. Even after joining the faculty at UCLA, I thought I might pursue graduate training in basic science. But the reality of a family soon ended those plans. You also have to remember that there weren't any prosthodontists teaching undergraduate crown and bridge at USC when I graduated in 1962. We were influenced more by general dentists who devoted their careers to that subject and the many study clubs that were prevalent in Southern California.

Q: As you look back over your career, do you think that the lack of formal specialty training in prosthodontics limited you in any way or your accomplishments?

A: Only in that having advanced training opens doors for you. But if you don't have the ability, they're going to shut themselves very quickly thereafter. I knew what my limitations were and I stayed within those. I worked on



Above: Herb and Connie in Egypt



Left: Dr. Shillingburg and his future wife, Constance Murphy, at a formal dance in 1957

my strengths and once I got going down that track I never looked back. I now realize that a lot of what I did, including the textbooks, was compensation for my lack of formal training.

Q: And your wife, Connie, was so supportive of you and your career, even when it meant that you were often away from your home and family.

A: She was an awful lot like a service wife, who could take care of the family and everyone's day-to-day needs, and when the soldier came home to get fresh socks, well, she was there. But one of the perks of the publishing was travel. She loved to travel, so I always talked to her before accepting a speaking engagement. I always made her travel arrangements and being hosted as a couple part of my requested terms for the speaking agreement.

Q: You came to Oklahoma as one of the founding faculty of the OU College of Dentistry in 1972.

How did that come to be?

A: One of my colleagues at UCLA who taught dental materials applied for a job at a dental school in Oklahoma that was being developed and told me that the school had named a dean and was looking for faculty. I was intrigued by the idea of developing a department and a curriculum for teaching fixed prosthodontics to undergraduate dental students. The Dean, Dr. Bill Brown, charmed a lot of people into coming to OU, myself included. I used to say that I came because of him, but I stayed because of Don Welk, the chair of Restorative Dentistry. I was able to design a crown and bridge program based on the teaching program at UCLA with the emphasis on clinical skills I learned at USC.

Q: You graduated from dental school in 1962, so for over 50 years this has been your profession and your passion. What do you think has been the greatest advancement in that time in fixed prosthodontics?

A: The high-speed handpiece has had the greatest impact.

Q: I thought you would say that, because that's when it became so easy to prepare full coverage crowns that we stopped doing as many partial veneer crowns, which have always been your favorite restorations. Anything else?

A: I would also say that certainly dental implants have played an incredibly important role in changing prosthodontics. I'm old-fashioned. I grew up in a period when the finest treatment you could provide for a patient was by conservatively preparing the teeth, making good impressions, and fabricating an esthetic fixed bridge. Although I miss the emphasis on that aspect of treatment, I think the prosthodontic programs that include placement of implants are headed in the right direction. ■

Accomplishments and challenges

Lyndon F. Cooper,
DDS, PhD, FACP

The mission of the ACP Education Foundation is to fund strategic education and research initiatives that ensure quality oral health for patients and a bright future for the specialty of prosthodontics. I want to share some amazing and sobering facts about your Foundation's accomplishments and challenges.



First, the accomplishments...

Since 2007, the Foundation has funded almost \$2.4 million in education and research initiatives.

Close to \$1 million was spent on providing ACP member resources like our *Journal of Prosthodontics* and Prosthopedia to 100% of our residents. Almost 2,500 residents have been supported with stipends to attend the Annual Session. These residents bring tremendous energy and optimism to our specialty and are vital to a successful and healthy future.

Over \$630,000 was granted for resident research fellowships and research awards for young prosthodontists. Much of this research supports science based practice and its application in private practice.

Enabling a stronger research enterprise assures that prosthodontics remains a recognized dental specialty. Our curriculum, academic achievement, and research contribute to the official recognition of our specialty by the ADA's Council on Dental Education & Licensure.

We have also invested over \$600,000 in support of our spring and fall educators meetings. As the only specialty with such a freestanding meeting, we continue to lead our specialist peers in meeting the challenges of dental education.

We have made ourselves well known by investing over \$140,000 on outreach to the American Student Dental

Association. Sharing our specialty's message with bright, young members of our profession places prosthodontics in the spotlight for the future.

Thanks to generosity of our corporate partners and many members, the ACPEF's endowment is now approaching \$4 million. This is a major milestone. Our goal is to grow the endowment to \$10 million. We seek to identify, by member participation and professional leadership, the best path for continued endowment growth and investment in innovative and transformative programs serving clinical prosthodontics.



And here is our challenge:

A culture of giving and the support of this organization begins with its membership. A strong ACPEF can and will provide for the future of academic, practice, commercial, and organizational goals and continue to provide a foundation for the growth of prosthodontics. This goal of inclusive benefit requires nothing less than 100% participation of the membership and its valued partners.

We are so grateful to those of you who have supported the Foundation. We hope you are as proud as we are of the accomplishments described herein.

Please, we urge every one of you to act immediately and make a donation or pledge to the Foundation, and help us build a strong future for prosthodontics. Your giving is critical to our success. ■

Exploring biologic and technologic principles

Jonathan Zamzok,
DMD, FACP
Program Chair

At the ACP's 2015 Annual Session, speakers will explore specific conflicts and innovations from both biologic and technologic perspectives.

Biology is what drives the foundation of what we do on a day-by-day basis, and technology is the means by which we achieve growth. The four days of this scientific session are designed to provide clinically relevant answers to questions we encounter in patient treatment.

On Friday morning, we will ask a big question: Is Digital Dentistry Ready for Prime Time? Attendees will see evidence-based information on the accuracy and efficiency of digital impression systems, as well as digital shade and material selection. Speakers will illustrate practical applications through clinical cases and a detailed breakdown of the digital workflow.

On Friday afternoon, we will look at Controversies in Prosthodontics and cover alternative therapies

in treatment planning. Presenters will evaluate controversies in implant placement, principles of prosthetically driven soft tissue stability, and new technology in the analysis of occlusion.

We will conclude with Saturday's Laboratory Connection, where experienced laboratory technicians will review the very latest techniques and innovations.

As prosthodontists, we have been trained to validate whether our patient treatments are accurate and current. The 2015 Annual Session is designed to provide a forum for that purpose by challenging us to evaluate controversies and innovations from the critical perspectives of biology and technology.

Our specialty, our profession, and our patients will benefit immeasurably from the body of information presented during this important scientific session. We will review evidence, we will work through our disagreements, and we will grow together as specialists. ■



Visit acp45.com and register by Sept. 14 to join us for the premier prosthodontic meeting of the year, Oct. 21-24 in Orlando!



ACP 2015

PROSTHODONTICS

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Friday, Oct. 23

Is Digital Dentistry Ready for Prime Time?

Managing the Digital Work Flow: A Prosthodontist's Perspective

Lars Bouma, DDS, MS, FACP

Clinical Decisions in Impression Making: Do You Switch to Digital?

Sebastian B. M. Patzelt, DMD, DrMedDent

Shade Communication Through the Use of Digital Photography

Naoki Aiba, CDT

Digital Workflow and Material Selection in CAD/CAM Technology

Michael Bergler, CDT, MDT

Digital Technology: Management, Execution, and Outcomes

Lyndon F. Cooper, DDS, PhD, FACP

Controversies in Adhesive Dentistry: Clinical Challenges in Cementation

Sillas Duarte Jr., DDS, MS, PhD

Controversies in Prosthodontic Therapy

Influences of Lifelong Craniofacial Growth: Do We Need to Rethink Our Implant Placement?

Fereidoun Daftary, DDS, MScD

Treatment of the Atrophic Mandible: Short Implants vs. Longer Implants in Augmented Bone

Marco Esposito, DDS, PhD

Two Minimalist but Efficient Treatment Modalities in Prosthodontics

Matthias Kern, ProfDrMedDent, FADM

The Influence of Prosthetic Design on Soft Tissue Stability: Concepts for Natural Teeth and Implants

Eric Van Dooren, DDS

The Use of Current Technology in Understanding Controversies in Occlusion

Donald A. Curtis, DMD, FACP

Saturday, Oct. 24

The Laboratory Connection

Canvas Equalization Technique: Shade Matching of Dissimilar Restoration Types

Adam J. Mieleszko, CDT

Comprehensive Digital Workflow: From Digital Impression to Final Restoration

Haim Keren, CDT, MDT

Optimal Solutions for the Edentulous Patient

Robert Kreyer, CDT

Management of Gingival Ceramics: Creating a Balance Between Implant Restorations and Nature

Jungo Endo, RDT

Non-Invasive Porcelain Laminate Veneers

Naoki Aiba, CDT

Share your work in Orlando

Residents and dental students are invited to submit an abstract to present at the ACP Annual Session. The **Poster Competition** is scheduled for Thursday, Oct. 22. A poster can be a presentation of research results, clinical outcomes, laboratory techniques, or topics of general interest to the ACP's members and guests. Two judged competitions will be conducted: for prosthodontic residents and for dental students. Winners will receive cash awards and invitations to the Annual Awards Dinner as guests of the ACP. The application deadline is **Aug. 5**.

ACP members are encouraged to submit an abstract for an oral presentation at the **Member Speaker Forum**, which will take place on Friday, Oct. 23. Time allotments are limited and papers will be selected based on scientific content, submission date, and available time. The oral presentations are restricted to a 15 min. time allotment: 12 min. for presentation and 3 min. for questions. The application deadline is **Aug. 5**. Visit acp45.com for more information and to download applications.

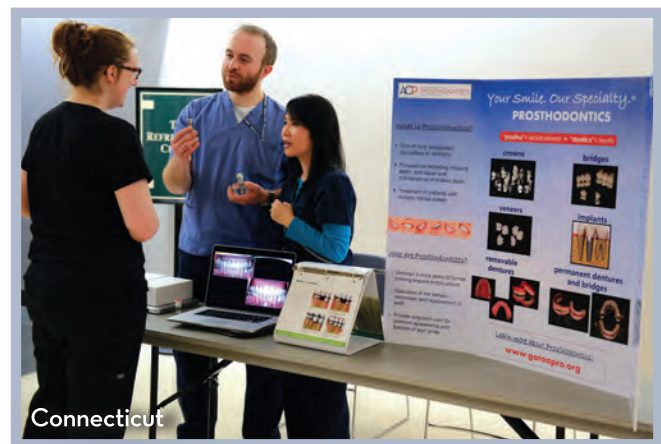
NPAW 2015: The largest celebration so far...again!

Avinash S. Bidra,
BDS, MS, FACP
NPAW Chair

2015 marked the sixth year of celebrations for National Prosthodontics Awareness Week, and another record number of activities! NPAW was an idea conceived by ACP Past President Dr. David Pfeifer and launched in 2010 by ACP Past President Dr. Jonathan Wiens. They saw the value in encouraging our membership at local, state, and regional events to all deliver a consistent message to the community of who we are and what we do, during one whole week.

As prosthodontists, we have the knowledge and clinical skills to perform extensive and complex treatments, but unless the media and community are aware of this fact, our opportunities to apply this knowledge and clinical skills are limited. NPAW makes us all learn a few PR skills. Garnering media interest in dentistry is not easy compared to sports, politics, or entertainment. However, we are fortunate to be medical specialists who routinely perform major oral health transformations and life changing treatments, which can gather media attention. We must all strive to consistently, collectively, and frequently promote the message of prosthodontics and prosthodontists as a year round event. Then, NPAW becomes a weeklong culmination of these efforts, where we can all synchronize our most exciting activities to celebrate prosthodontics together.

I would like to invite those ACP members who have not yet participated in an NPAW activity to peruse the NPAW toolkit and start bringing your messages and actions to your local community. I would also like to thank all ACP members and Central Office staff, who have dedicated their time and effort in raising the awareness of prosthodontics once again this year. We look forward to an even more successful NPAW in 2016!



Region 1

- **Connecticut:** Drs. Steven Rothenberg and Marie Falcone had posters in their office explaining what a prosthodontist is, encouraged staff to raise awareness about the specialty, and local referrals were given ACP pamphlets to put out in their offices.
- Dr. Pablo Cuevas did a local radio interview about NPAW and its history. Dr. Avi Bidra secured a WTIC Radio Interview, NBC-CT segment, and UConn social media channels ran NPAW news and ads.
- **New Jersey:** NJ.com published a letter to the editor by Dr. Elaine Torres-Melendez, a member of the ACP Spokespersons Network.
- **New York:** The University at Buffalo School of Dental Medicine provided free dental screening, cleaning, and other services to local veterans, which the Daily Buffalo

2015

119 ACTIVITIES IN 24 STATES AND 4 COUNTRIES

2014

54 ACTIVITIES IN 24 STATES AND 2 COUNTRIES

News featured. Mayor Brown's NPAW Proclamation and a procession into the clinic led by the UB Police Honor Guard occurred.

- Dr. Frank Tuminelli, ACP President and a member of the ACP Spokespersons Network, was featured in two blogs, *Inside Dentistry* and FOR.org to promote NPAW.
- Dr. Robert Rawdin, a member of the ACP Spokespersons Network, was featured on the New York Smile Specialists blog.
- Dr. Ronald Jarvis of Evolution Dental Science was featured on WNY Tonight.
- Dr. Ronald Sambursky was featured on WIVT/WBGH News Channel 34.

Region 2

- **Florida:** Dr. Matthew Nawrocki, an ACP Spokespersons Network member, was featured on a First Coast Living TV segment (pictured below, right). Featured in his B-roll were Dr. Susan E. Brackett and ACP Spokespersons Network members Drs. Jean C. Wu and Lars Bouma. The ACP coached him for this segment.
- **Georgia:** Dr. David Zelby, an ACP Spokespersons Network member, did a TV interview with CW 69 - Focus Atlanta.
- **Maryland:** Dr. Carl Driscoll, a member of the ACP Spokespersons Network, was featured on Fox 45.
- **North Carolina:** At UNC at Chapel Hill, the Advanced Education Program in prosthodontics provided denture therapy for 19 edentulous patients.
- **Virginia:** Dr. Karen McAndrew and her team delivered tumblers with their logo to referring doctors and patients. 34 individuals attended a Lunch and Learn Bingo event at their education center (pictured below, left).



Region 3

- **Alabama:** The University of Alabama at Birmingham, School of Dentistry had resident table clinic posters in student lounges to promote prosthodontics (pictured above). The Graduate Prosthodontic Program and Department of Restorative Sciences hosted a pizza luncheon for undergraduate dental students. Presentations included introducing prosthodontic treatment care, the importance of prosthodontics as a specialty, and future careers.
- **Illinois:** The University of Illinois College of Dentistry, Restorative Department held a competition including faculty, students, staff, and patients for the best answer to "What is a Prosthodontist to You?" The prize given was a Dental Care Package.
- **Mississippi:** The University of Mississippi Medical Center invited all prosthodontists to talk to the students about the specialty. Over 40 students attended and lunch was served.



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

Region 4

- **Colorado:** Pickle Prosthodontics hosted CE courses. Drs. Todd Pickle and Emily Batson presented lectures on dental implants and “Adventures in Dentistry” to area practitioners. Dr. Batson completed the week with a CAD/CAM lecture to Ft. Carson 1-year AEGD residents.
- **Idaho:** Dr. Michael Gurney, the VP of the Idaho Section of the ACP, was featured on KTVB and KTFT local TV news about sports injuries, mouth guards, and what to do when a tooth is lost while playing sports.
- Dr. Cody Haas of Lewiston, Idaho, was featured in a *LMTribune* article about easy ways to dramatically improve your smile.
- **Nevada:** Dr. Scott Brooksby hosted a Ceramics Failures course sponsored by the Nevada section of the ACP and the Las Vegas Dental Association. The 11 individuals in attendance earned CE credit. He also led a Public Affairs interview.
- **Texas:** Dr. Christine Hopkins hosted a Get to Know Your Prosthodontist Open House. The catered event had over 100 specialist doctors and staff in attendance. Two partner labs presented the importance and benefits of working with a prosthodontist. Attendees were given lawn chairs with her practice logo and website (pictured above, left).

Region 5

- **California:** Dr. Lynn Kiangsoontra was interviewed for a women’s health magazine on dental health.
- **Washington:** Dr. Rodger Lawton did a local radio interview, ran four newspaper ads in *The Olympian*, advertised on Mixx 96.1, and ran commercials promoting prosthodontics around NPAW.



Pennsylvania



Region 6 (Federal Services)

- NPDS hosted a week long prosthodontics course that featured presentations by Dr. Ed McGlumphy, Dr. Kenneth Malament, Dr. Stephen Wagner, and the NPDS prosthodontic residents. There were over 50 participants.
- The Prosthodontic Department at the Naval Postgraduate Dental School wrote for the military health on-line journal and the U.S. Defense Department official blog.

Region 7 (International)

- **Manitoba:** Dr. Cecilia Dong and Dr. Igor Pesun participated in Free Oral Cancer Check at the Polo Park Shopping Center. The event was organized by the Manitoba Dental Association and Cancer Care Manitoba (pictured below, right). ■



Manitoba

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

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

The Northeastern Gnathological Society honors the memory of Ernest R. Granger and William H. Pruden II each year by offering the Granger-Pruden Award. This award of \$2,500 is given to support research in Prosthodontics and related materials science.

The recipient of this award will be invited to be their guest at the NGS Scientific Seminar in New York City, New York where he or she will be recognized and receive this prestigious honor. The 2015 winner was Dr. Natalie Baker from University of Illinois at Chicago.

Application forms are available online at: ngsorg.org/Granger_Pruden_Award.html. Applications may be submitted beginning Sept. 1 via email to Dr.Reena.Varghese@gmail.com. The deadline for submission is Oct. 15, 2015.



Virginia Section Meeting

The Virginia Section of the ACP, together with the Virginia Society of Periodontists, held a joint annual state meeting on April 24 in Richmond. It was titled *Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection*. The all-day meeting featured prosthodontist Dr. Joseph Kan as the keynote speaker. New officers were appointed. Dr. Ben Ross will serve as President, Dr. Sorin Uram-Tuculescu as Vice President, Dr. Ursula Klostermyer as Treasurer, and Dr. Charlson Choi as Secretary for the next two years.

In the *Journal of Prosthodontics*



New research in the *Journal of Prosthodontics* introduces a novel non-invasive treatment modality for management of peri-implantitis and peri-implant bone loss based on a micro-encapsulation system that delivers gingival mesenchymal stem cells (GMSCs) encapsulated in a scaffold of RGD-coupled alginate. This research was supported by grants from the GSK Prosthodontist Innovator Award from the ACP Education Foundation (ACPEF) to Alireza Moshaverinia, DDS, MS, PhD, FACP, and from the National Institute for Dental and Craniofacial Research to Dr. Moshaverinia and Dr. Songtao Shi, DDS, PhD.

Peri-implantitis is one of the most common inflammatory complications in implant dentistry, where destructive inflammatory changes take place in the tissues surrounding an implant as a result of bacterial insult and host immune response. The bacterial flora at the failing implant sites consist of Gram-negative anaerobic bacteria including *Aggregatibacter actinomycetemcomitans* (Aa). To introduce a predictable treatment modality for peri-implantitis, it is necessary to develop treatment modalities that focus on managing the biofilm and biofilm organisms. Because silver is one of the most commonly used bactericidal agents, the authors of the current study developed an injectable and 3D RGD-coupled alginate hydrogel cell encapsulation system containing silver lactate (SL). This approach was designed to optimize antimicrobial activity against a common periodontal pathogen (Aa) and to promote bone formation.

The study showed that encapsulated GMSCs in SL-containing alginate hydrogel successfully differentiated into osteogenic tissue. The proposed system possesses the synergistic bone regenerative properties of GMSCs and the antibacterial properties of SL and can be used as a novel treatment modality for biofilm-mediated peri-implant bone loss.

Citation Diniz IMA, Chen C, Ansari S, et al: Gingival mesenchymal stem cell (GMSC) delivery system based on RGD-coupled alginate hydrogel with antimicrobial properties: A novel treatment modality for peri-implantitis. J Prosthodont doi: 10.1111/jopr.12316

Predoctoral & Postdoctoral Educators Meet in Chicago

Over 90 predoctoral and postdoctoral educators met in Chicago, April 17-18 to discuss current issues in prosthodontic education.

Before separating into predoctoral and postdoctoral session, the joint group viewed presentations on ACP Position Statements and Caries Risk Assessment/Treatment Synopsis. After the split, the predoctoral session theme was “Educational Methodologies and Assessments” while the postdoctoral session focused on topics such as CODA Standards, Match and Pass, ADEA Prosthodontics Forum, exam updates, and sharing of ideas between programs.

Welcome New Members

March 2015-May 2015

Reinstated Fellows

Dr. Ayman A. Ahmed
Dr. Mohammed E. Sayed

Reinstated International Fellow

Dr. Khaled A. Al-Abdullah

Reinstated International Member

Dr. Fahd Mohammed Algumaiah

New Global Alliance Member

Dr. Karthigasen Somana

New Member

Dr. Richard M. Feinberg

Reinstated Members

Dr. Husain Alarfaj
Dr. Renan Buitrago
Dr. Tae Hyung Kim
Dr. Joseph D. Lim

New Predoctoral Alliance Members

Mr. Jason M. Gleave
Mr. David K. Wong

New Resident/

Graduate Student Members

Dr. Salahaldeen Mohammad Assad Abuhammoud
Dr. Malek R. AlShehri
Dr. Rami A. Ammoun
Dr. Francisco F. Gallardo, Jr.
Dr. Jose M. Garcia
Dr. Joseph Grant III
Dr. Navpreet K. Khatra
Dr. Sarah K.Y. Lee
Dr. Gustavo E. Lores
Dr. Joshua A. Manchester
Dr. Dane C. McMillan
Dr. Kale B. McMillan
Dr. Ana Meyhami
Dr. Nicholas R. Miller
Dr. Ryan M. Mizumoto
Dr. Nisha S. Patel
Dr. Marcelo M. Silva
Dr. Martin J. Smallidge
Dr. Dipak Suri
Dr. Patricia H. Swanson
Dr. Justin K. Terrill

Job Opportunities

California (Roseville/Sacramento) -

Associate opportunity for energetic and enthusiastic Prosthodontist leading to practice purchase. Long established solo practice with primary focus on implant-related dentistry. Primarily fee for service, 4 treatment rooms, large laboratory in 1800 sq. ft. Located in the heart of California, close to ski resorts, ocean, lakes, and unlimited outdoor activities. Send cover letter and CV to binondds@gmail.com.

Louisiana State University Health Sciences Center, School of Dentistry - Louisiana State University Health Sciences Center, School of Dentistry seeks applicants for a full-time faculty position with the rank of Assistant Professor in the Department of Prosthodontics on the tenure track.

Responsibilities include pre- and post-doctoral didactic and clinical teaching in Fixed, Removable and Implant Prosthodontics, and conducting research. Applicant must have a DDS or DMD degree or equivalent and a certificate in Prosthodontics from an ADA accredited program. Board eligible or board certified. Teaching, clinical experience, knowledge in removable prosthodontics and conducting research, highly desirable.

LSUHSC offers an excellent benefits package which includes intramural faculty practice. Salary will be commensurate with qualifications and experience.

Applicants should send via email a letter of intent, curriculum vitae and list of references to: Katherine Mims, Administrative Assistant, Department of Prosthodontics, LSUHSC School of Dentistry, kmims@lsuhsc.edu. LSUHSC-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

New Jersey (Southern New Jersey) - Board Certified Prosthodontist seeking associate with buy in opportunity, in Southern New Jersey. Well established (35 years), fee for service, fixed, removable, implant prosthodontics and maxillofacial prosthetics. 7 ops over two locations. In house denture lab. Strong referral based practice. Digital radiographs and digital pan. Hygienist. Email sjprosto@yahoo.com.

Upcoming Events

Prosthodontic Review Course
San Francisco
Sept. 12-13, 2015
Prosthodontics.org

45th Annual Session
Orlando
Oct. 21-24, 2015
acp45.com

Digital Dentistry Symposium
Chicago
Feb. 22-23, 2016
Prosthodontics.org

National Prosthodontics Awareness Week
April 3-9, 2016
GoToAPro.org/NPAW

New York (East Amherst) - Partner with and take over for one of the best in the business. Amazing opportunity in East Amherst, NY. Fee for service. Excellent relationships. Tremendous referral network. Contact Lori at 716-689-6300 for details.

New York (New York Harbor Healthcare System, Manhattan) - The US Department of Veterans Affairs, New York Harbor Healthcare System, Manhattan Campus has an opening for the full-time position of Director of the Advanced Education Residency Program in Prosthodontics. This is a CODA accredited program. Candidates should be certified by the American Board of Prosthodontics and have experience in academics and research. Candidates must be United States citizens. Responsibilities include: guidance and supervision of 6 prosthodontic residents, supplemental didactic programs, treatment of complex prosthodontic patients, administrative management, oversight of laboratory procedures and research projects. Our facility has a newly constructed state-of-the-art dental laboratory. In addition, this Dental Service includes residencies in Endodontics, Periodontics, General Practice and Oral and Maxillofacial Surgery.

The applicant selected for this position may be eligible to apply for an education loan reimbursement award under the provisions of the Education Debt Reduction Program.

Please forward letters of interest and current CV to Edmund Crawford; HR Specialist at Edmund.Crawford@va.gov. The VA is an EOE M/F/V/H.

New York (New York) - Established, stable NYC health services organization. Responsible for providing dental care and treatment; makes referrals as needed; participates in on-call schedule; provides emergency care and treatment; and performs other duties as assigned.

REQUIREMENTS: Current license as a dentist in NYS, current BCLS certification; & meets all requirements for appointment/re-appointment as member of medical staff. Competitive salary including outstanding benefits. EOE M/F. Submit resumes by following this link: <https://home2.eease.adp.com/recruit/?id=16403392>

New York (Stony Brook University, School of Dental Medicine) - Stony Brook University School of Dental Medicine invites

applications for a full-time non-tenure or tenure-track track at the Clinical Assistant/Associate or Assistant/Associate Professor level in the Department of Prosthodontics and Digital Technology. The responsibilities of the successful applicant will include clinical and didactic teaching of prosthodontics at the postdoctoral and predoctoral levels.

A DDS/DMD degree from a CODA-accredited dental school or equivalent foreign degree is required. A clinical certificate in prosthodontics from a CODA-accredited postdoctoral program is also required. The successful candidate must have qualifications sufficient for dental licensure in New York State. Diplomate status in the American Board of Prosthodontics (ABP - Board certification) is required as well. An advanced degree (PhD, MS or similar) and previous academic teaching and research experience are preferred. Academic rank and salary are commensurate with experience and qualifications. Stony Brook University is an AA/EOE/Female/Minority/Disabled/Veteran/ADA employer and has a strong commitment to the principle of diversity in all areas.

****Applications will be accepted until the position is filled.**** Those interested in this position should submit a State employment application, cover letter and resume/CV to:

Elizabeth Schroeder, Senior Staff Assistant,
Department of Prosthodontics and Digital
Technology

1105 Westchester Hall, Stony Brook
University, Stony Brook, NY 11790-8712
Elizabeth.Schroeder@StonyBrookMedicine.edu

For a full position description, or to apply on-line, visit stonybrook.edu/jobs (Ref. #F-9495-15-04).



South Carolina (Medical University of South Carolina) - The James B. Edwards College of Dental Medicine, Medical University of South Carolina is seeking applications for a full time Prosthodontist faculty position in the Department of Oral Rehabilitation, Division of Removable Prosthodontics. The Division provides classroom and clinical instruction for pre-doctoral dental students and AEGD Residents in all areas of removable prosthodontics, to include digital design and prosthesis fabrication. The Prosthodontist will work collaboratively within all disciplines of the department

and other departments of the College of Dental Medicine in a comprehensive care environment.

Qualified candidates must hold a DDS or DMD degree, have graduated from a Prosthodontics Residency program with preference given to board eligible or certified. Experience in educational innovation, use of technology in education and computer skills are expected with preference given to those with previous teaching and research experience. Successful applicants should have a South Carolina Dental License or qualify for a teaching license. Salary and rank will be commensurate with experience. Participation in the Dental Faculty Practice for private patient care is expected. MUSC is an EEO/AA employer—minorities and women encouraged to apply. Apply online at academicdepartments.musc.edu/hr/.



South Carolina (Medical University of South Carolina) - The James B. Edwards College

of Dental Medicine, Medical University of South Carolina is seeking applications for a full time tenure track faculty position in the Department of Oral Rehabilitation, Division of Restorative Dentistry. Primary responsibility will be teaching preclinical and clinical undergraduate dental students. Successful candidate will be expected to have knowledge and clinical experience in all areas of restorative dentistry. Experience in CAD/CAM dentistry is essential. The faculty will work collaboratively within all disciplines of the department and other departments of the College of Dental Medicine in a comprehensive care environment. Participation in scholarly activities is expected.

Qualified candidates must hold a DDS or DMD degree. Prosthodontic or AEGD/GPR certification is recommended. Experience in educational innovation, use of technology in education and computer skills are expected with preference given to those with previous teaching and research experience. Successful applicants should have a South Carolina Dental License or qualify for a teaching license. Salary and rank will be commensurate with experience. Participation in the Dental Faculty Practice for private patient care is expected. MUSC is an EEO/AA employer—minorities and women encouraged to apply. Apply online at <http://academicdepartments.musc.edu/hr/>.

Texas (Dallas) - Board certified Prosthodontist is seeking a motivated associate to join our practice. We offer state of the art technology and facilities: Modern office with fully equipped removable and fixed in-office labs, digital radiography, cone beam CT scan and great support staff. Email BCPDall@yaho.com.

Texas (Dallas/Fort Worth) - Traditional fee for service prosthodontic dental practice is seeking a prosthodontist to join this successful practice. Opportunity for equity in the near future. Seller desires Board certified or Board eligible practitioner wanting a single location, community oriented private practice. Ideal candidate will have private practice experience. Please send CV and an introductory letter to Info@lewishealth.com.

Vermont (Brattleboro) - 1st Advantage Dental is an established multi-specialty group practice with locations in New York, Massachusetts, and Vermont. Whether it's the Capital District of New York or the beautiful Pioneer Valley of Vermont, we are committed to providing the best possible oral health care to our patients. We are interested in speaking with candidates interested in joining our Brattleboro, VT practice. Send CV & Cover Letter to kateanderson@amdpi.com.

Practices for Sale

Arizona (Tucson) - Well established and respected prosthodontic practice for sale. Great setting and view of the Catalina Mountains. Board Certified Prosthodontist with over 30 years private practice experience is willing to assist with transition if desired. Small staff, low stress, fee for service practice since 1993. All phases of prosthodontics, with emphasis on dental implants. There are only 3 other Prosthodontists in all of Southern Arizona. Why wait until you retire to enjoy the sun, scenery, and great weather in the Desert Southwest? Please email kimberly@azhcr.com and the doctor will call you back.

California (Napa) - Prosthodontic practice established in 1985 occupies 1712 sq ft with 4 fully equipped operatories and on-site full service removable prosthetics lab. Collections just under 1 million on a 3 day

work week with 2 days of hygiene per week. Contact Tim Giroux at 530-218-8968 or wps@succeed.net.

California (Palm Desert) - State of the art multi-specialty practice established in 1992. Digital pano, Dentrrix, 5 ops, lecture room, ADEC equipment, 2,600 sq ft, great location. Prosthodontist that also places implants best candidate. Adding referrals doubles profits. Need to move out of state and am very motivated to sell. Collections over 800k in 2014. Serious inquiries only. Kept confidential. Email contact info to: golphinthedesert@gmail.com.

California (Sacramento) - Four operatory Prosthodontic practice in 2,075 sq. ft. with Digital Pano, and Mac practice software. 2014 Gross Receipts of \$950K+. Practice in current location for 14 years. Hygienist on site, large in house lab, located in the heart of midtown. Contact Karen Crawford at 916-731-5778.

Florida (Jacksonville) - Well-established and respected prosthodontic practice seeking experienced prosthodontist to buy part or all of 20+ year old implant focused practice in beautiful north Florida. Well-known in the community with long-term successful referral network. State of the art equipment with CT Scanner and in-house lab with over \$1.5M in collections. Owner/doctor will work as needed for smooth transition. For details on this great opportunity, please email northflapros@aol.com.

Indiana (Fort Wayne) - Excellent opportunity to own a prosthodontic specialty practice established in 1980 located in large midwest metropolitan area midway between Chicago, Toledo and Indianapolis. Fee for service practice: fixed, removable, implant prosthodontics and maxillofacial prosthetics. Great referral base and staff with gifted artistic lab technician and full lab onsite. Seller is looking to phase into retirement and is happy to stay as desired by buyer for introductions and transition. Annual revenues are 850k on a comfortable 4 day work week with 6 weeks of vacation per year. 2700 square foot office in basement in stand-alone building with great visibility and available to rent or buy. Serious inquiries only to hoosierdeb@frontier.com.

Nevada (Reno) - Well-established and very busy General and Prosthetic practice for sale. Grossing over 1.44 Million in 2014. Features a large, spacious on-site lab, 2 FT Lab Techs, 5 operatories, 3 Dentists, and an Oral Surgeon with a large referral base. Call 775-856-3858 for more details.

Washington (Puget Sound Basin) - Immaculate, well established and respected practice specializing in dentures; crown & bridge; implants and veneers. Also featuring custom restorations. The facility features four equipped operatories with potential for one or two additional. This beautiful office is approximately 2,300 square feet with an additional 300 square feet in conference room. Excellent parking at this Class A facility located in an urban setting near I-5. The office features digital radiography, digital pan, intra oral cams, lasers and electric handpieces. Operatories are fully computerized. Practice collections were \$1,326,000 for 2013 and on pace for similar 2014. Exceptional geographic location. No contracted insurance. Email Jennifer@cpa4dds.com.

Washington (Seattle) - Opportunity to live and practice in the beautiful Pacific Northwest. Well established and mature prosthodontic specialty practice with exceptional reputation for sale in the Greater Seattle area. Procedures provided by the seller include crown and bridge, implants and complete and partial dentures. Fee for service practice with no contracted insurance. Outstanding, established referral base. Annual collections are consistently over \$2 million per year with very strong cash flow. Well managed practice with a high percentage net. Building is in a great location with plenty of parking and visibility. Seller could eventually sell the building to the buyer. Owner would stay on 1-2 days per week for up to a year or more to ensure a smooth transition and to introduce referrals sources.

Contact: Buck Reasor, DMD, Reasor Professional Dental Services at 503-680-4366 or info@reasorprofessional dental.com.

Washington, D.C. Area - State-of-the-art specialty practice. CBCT, Dentrrix, ALL DIGITAL OFFICE, PELTON AND CRANE equipment, 2,300 sq ft. Prosthodontist that also places implants best candidate. Tremendous growth potential. Serious inquiries only. Kept confidential. Email contact information: tkristalis@aol.com.

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