



FUTURE OF THE COLLEGE



force of youth been replaced with a status quo "don't rock the boat" philosophy? Paraphrasing President Theodore Roosevelt — nothing risked nothing gained.

I urgently ask that all of you who have read this far write to me about your most imaginative dreams. In particular, I search for the ideas of youth! Affiliates, what do you want the College to be when you are an Associate, a Fellow or when you are President of the College? Most of the advances of mankind have been based on dreams. Tell me yours.

They will not be ignored.

—Stephen O. Bartlett

There will be a meeting in June in San Antonio of all the Chairmen of College Committees, all Past Presidents, and the members of the Executive Council to revise and rewrite Aims, Goals, and Objectives for the College.

To minimize the expense of this project it will be held before and contiguous with the Annual Summer Executive Council Meeting. Every member of the College should be present, but practical considerations must limit attendance. That does not preclude all members from contributing their thoughts to this most important task. A few already have written to me expressing their views. All members ideas are solicited. We need fresh thoughts, different approaches and a reevaluation of the validity of original concepts and dreams. Frequently involvement with minutiae often obscures a goal — as the saying goes, "one can't see the forest for the trees". Has the verve and dynamic

MERCURY TOXICITY HAZARDOUS TO DENTISTS, STUDY SHOWS

The use of mercury in dentistry may represent a serious health risk for dentists, who should take the appropriate steps to mitigate the danger, according to a study recently completed by the University of Pennsylvania School of Dental Medicine and published in the March 1 issue of the "Compendium of Continuing Education in General Dentistry.

"The results of the study indicate that the current standards of mercury hygiene in dentistry are not consistent with safety in the dental office," states the report issued by Irwin I. Ship, D.M.D., M. Sc. and Irving M. Shapiro, B.D.S., Ph. D., of the School's Department of Oral Medicine and Biochemistry. The study was supported by grants from the National

Institutes of Health and the American Fund for Dental Health, and testing was done at the W.D. Miller General Clinic Research Center.

Over two pounds of metallic mercury are used each year in the average dental office for the preparation of dental amalgam fillings. Office mercury vapor levels can become elevated due to poor storage, leaking containers, open mixers, broken capsules, accidental spills with inadequate decontamination, as well as inappropriate ventilation and office design. Other surveys indicate over 10 percent of dental offices have raised mercury vapor levels, and a similar percentage of dental personnel have high mercury levels in their hair and urine.

A total of 298 male dentists aged 50 and over participated in the University of Pennsylvania School of Dental Medicine study. An x-ray fluorescence technique assessed mercury levels of the head and wrist. Hair and urine specimens were collected, and psychological and IQ tests were administered. Measurements indicated 13 percent had high mercury levels, exceeding 40 mg/g.

A major finding is the high frequency of Carpal Tunnel Syndrome, an unusual neurological problem which can compromise hand and finger functions. There were other neurological problems, neuropsychological impairment was in evidence. Mercury accumulation in the central nervous system, which results in damage by compromising visual graphic functions, was also in evidence.

"These effects indicate that exposure to mercury over long intervals of time is a serious problem in dental offices, and that a substantial number of practicing dentists and their auxiliary personnel are at risk," Drs. Ship and Shapiro state in their study.

Common factors that contribute to high mercury vapor levels include the use of carpets and porous floor materials, since they retain the vapor. Carpets should therefore be avoided, and air conditioner filters should be changed regularly, since they are easily contaminated. Proper ventilation is necessary, and dentists should re-examine the architecture and decor of their offices and implement changes to eliminate obvious sources of contamination.

According to the University of Pennsylvania School of Dental Medicine study, strict observation of mixing procedures, the utilizing of sealed capsules, use of suction when removing old amalgam restorations, and replacement of old amalgamators with newer units that have isolated chambers with air exhaust features would also contribute to safety in dental offices. Observance of the mercury hygiene practices recommended by the American Dental Association is like-wise important.

FROM THE SECRETARY:

It has been with a wide range of emotion that your new Secretary has assumed his duties. One cannot help but feel honored when selected as a successor to exceptional individuals like Drs. Bob Sproull, Dean Johnson and Ken Rudd, who served the College so admirably in this capacity. But it didn't take long for the euphoria to subside and the realization to set in that the shoes that need to be filled are awfully big and that this individual will need to do a lot of growing to avoid being completely lost in them.

An early but pleasurable duty was sending letters of congratulations to the new Life Fellows, Fellows and Associates of the College. A special privilege was being able to sign the recently approved certificates for Life Fellows. They were sent to all Life Fellows of the College and the names on the certificates read like a honor roll of leading prosthodontists.

Another pleasant task was forwarding the curriculum vitae of Dr. Gordon E. King to the F.P.O. as the College candidate for the American Board of Prosthodontics. A review of Dr. King's credentials indicates why all College members should actively support his selection as the next Board Examiner.

The response of graduate program directors to a request for names of prosthodontists completing training in

1982 was gratifying. In excess of 120 names were received and are being compiled so they can be added to the master list of trained prosthodontists being developed by the Committee on the Private Practice of Prosthodontics. Although a second request has been sent out a few directors have not responded, but hopefully will do so in the near future.

Grim reality as to what this job entails set in when I sat down to begin the review of the 16 hours of audiotape of the February Executive Council meeting in Chicago. But the anticipation was worse than the experience, and a review of the dialogue of that meeting reinforced my opinion that the College is made up of many dedicated people who give unselfishly of their time, talent and effort in advancing the specialty of prosthodontics and achieving the goals and objectives of the College. The many reports of accomplishments found throughout the Newsletter attest to this appraisal. And in my opinion, the best way to make our College even better is through the participation of even more of our members in the activities of the College. Certainly supplying recommendations for the College goals and objectives of the future is an excellent place to start.

And last and probably the strongest emotion felt since assuming this position is thankfulness: thankful that the leadership and membership of the past had the wisdom to establish a Central Office and thankful that the position of Director is filled by as competent and cooperative an individual as Linda Wallenborn because without this help I know there is no way I could accomplish the duties of this office.

—William Kuebker

WANT TO GO TO CHINA?

President Bartlett informed the Executive Council of an opportunity for prosthodontists to participate in a scientific exchange with the Peoples Republic of China. The cost to participate is approximately \$3000.00 for transportation. The Chinese Government will provide food for participants while in the country.

Those interested should contact Dr. Bartlett, at the College of Dental Medicine, M.U.S.C., 171 Ashley Avenue, Charleston, South Carolina. 29403.

CONTINUING EDUCATION EVALUATION FORM UTILIZED IN MONTEREY

The speakers, program content and the value of their programs were analyzed following the Annual Scientific Session in Monterey by means of data gathered from a form developed by the College at the suggestion of the American Dental Association's Continuing Education Sponsor Approval Group.

Though over 500 registered for the meeting, only 30 forms were returned and thus the data gathered could not be considered truly representative of the opinion of those attending the meeting.

However, it did show that in spite of the general consensus that the program was well rounded and applicable, that speakers were in all cases regarded by some as outstanding, and by others as less valuable than had been hoped.

In a group with different backgrounds and practices this would be anticipated.

Many suggestions were made for future programs and those comments will be of use to future Chairmen of Annual Official Sessions.

It is desired that more members complete the form at the next Scientific Session in San Diego.

NEWSLETTER The American College of Prosthodontists

Editor

Robert W. Elliott, Jr., D.D.S.

Publications Manager

Linda Wallenborn

Contributor

Don G. Garver



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Please direct all correspondence to:
The Editor
8732 Falls Chapel Way
Potomac, MD 20854



The "Bright Side", entertainers for the Annual Session in San Diego.

GALA ENTERTAINMENT PLANNED FOR SAN DIEGO

Featured at the College dinner Thursday, September 29, 1983, in San Diego will be the group of young entertainers called "The Bright Side".

These young men and women who have been featured at numerous banquets, fairs and conventions will brighten your "outlook" and give you a "lift" as you see the future of America in action.

Plan now to attend the Annual Official Session, the last week of September, in warm, friendly, patriotic, San Diego, California.

FPO WILL TRAIN CONSULTANTS TO ADA COMMISSION ON DENTAL ACCREDITATION

The Federation of Prosthodontic Organizations Executive Committee, meeting in Chicago, on February 18, 1983, voted to expend \$6,275.00 for training consultants to the American Dental Association's Commission on Dental Accreditation. They will evaluate advanced education programs designed to prepare specialty practitioners in prosthodontics. The one day session is planned for the fall of 1983.

At the same session, the officers committee recommended Dr. William Laney to serve a 2 year term as specialty representative (prosthodontics 1983-1985), on the Commission on Dental Accreditation. Two dental specialties are represented at any one time. In this manner each specialty has representation for 2 years out of every eight.

Dr. James Lepley was recommended by the Officers Committee to replace Dr. Robert Lytle for a 3 year term on the Commission's Appeal Board. Limited to two 3 year terms, Dr. Lytle was not eligible for reappointment. Dr. Lepley will be called upon, only if a hearing relating to a prosthodontic program is requested of the appeals board.

It was announced that 25 questions released to the Federation of Prosthodontic Organizations by the American Board of Prosthodontics accompanied by an informational brochure will be mailed by the FPO to

program directors of advanced education programs.

The Federation of Prosthodontic Organizations has developed 7 criteria which must be met by individuals who would be consultants in prosthodontics to the Commission on Dental Accreditation. Additionally the consultants must not be a member of the American Board of Prosthodontics.

The Executive Committee forwarded to the House of Delegates of the F.P.O., recommending approval, the proposal for formation of a Council of the F.P.O. for selecting members of the American Board of Prosthodontics.

Finally, \$9,400.00 was approved for "study" of a media relations program. This study will essentially determine what to tell the public about prosthodontics through the printed media.

NEW FELLOWS AND NEW DIPLOMATES TO BE RECOGNIZED

A group photograph of all new Diplomates and new Fellows of the College (Associates who have become Diplomates automatically become Fellows) at the Annual Official Session in San Diego.

Concurrently, these individuals will be presented name tags which will identify their new status.

All individuals accomplishing this milestone in their professional lives should make a special effort to be present for the group picture which will be published in the Newsletter and kept on file in the Central Office as part of the historical records of the College.

AFDH CALLS FOR RESEARCH, SPECIAL PROJECT GRANT APPLICATIONS

Deadline for the receipt of proposals for funding in 1984 under the American Fund for Dental Health's program of grants for research and other special projects is June 1, 1983.

The Fund will consider requests from any qualified individual, and from organizations and institutions within the United States. Projects must show promise of producing new results or knowledge applicable to the dental profession. Awards may be made to support a program for a maximum of three years.

The Fund's Board has defined four areas as being of primary interest at this time. They are: 1) quality assurance; 2) access; 3) prevention; and 4) improving the educational process.

A few examples of projects currently receiving Fund support include a study of macrophage regulation of secretory immunity and dental diseases; an occupational health and exposure study on dental laboratory technicians; a study of the effects of hydrogen peroxide on bone, and its role in periodontal therapy; and a validation of a children's index of oral health status, originally developed under the Fund-administered National Dental Quality Assurance Program.

Guidelines for proposals may be obtained by contracting the Director of Programs, American Fund for Dental Health, 211 E. Chicago Ave., Suite 1630, Chicago, IL 60611.

ETHICS

The ethical practice of one's profession is related to one's views of what is correct and proper.

What should appear on the stationery of a specialist—what should not? What should appear in a telephone listing—what should not? What should appear in a newspaper article—what should not? What should appear on one's business card—what should not?

The answers to these questions and similar ones is not easily determined and in some cases may be defined legally.

On several occasions the determination of ethical conduct has been raised at the Executive Council meetings without satisfactory resolution.

In order to have a better understanding of ethical guidelines within the College, the matter has been referred to the Constitution and By-laws Committee.

All members comments are solicited and should be directed to Dr. Robert Sarka, Chairman of the Constitution and By-laws Committee, University of the Pacific, School of Dentistry, Dept. of Removable Prosthodontics, 2155 Webster, San Francisco, California 94115.

MISSOURI VALLEY AND TENNESSEE FORM COLLEGE SECTIONS

At the recent Executive Council Meeting Dr. Thomas J. Balshi, Chairman of the Ad Hoc Committee on Area and Regional Sections, announced that two new groups had submitted By-laws to the College and had requested Section status.

These groups which were conditionally approved, pending review of the governing documents, are the Missouri Valley Section and the Tennessee Section. The Chairmen of these Sections will be Dr. James Shields of St. Louis and Dr. Carl Schuller of Germantown, Tennessee.

The College welcomes these new sections to the growing number of such organizations of the College which is now 12.

As a related item of interest, there is a College **Section** meeting planned for 1:00 p.m., September 30, 1983, at the Annual Official Session in San Diego.

REPRESENTATIVES FROM 10 COUNTRIES DISCUSS INTERNATIONAL COLLEGE OF PROSTHODONTISTS

During the International Symposium on the Partially Edentulous Patient held in London, England, approximately 50 individuals from such countries as England, Japan, Switzerland, South Africa, and the United States gathered to discuss the potential for establishing an International College of Prosthodontists.

Dr. Harold Prieskel who called the meeting, has been in correspondence with President Elect Jack Preston, for 2 years relative to this activity. Dr. Prieskel, who is President of the Metropolitan Branch of the British Dental Society, recorded the proceedings which should be available to those interested in the founding of such an organization. For input or additional information write or call Dr. Preston.

MEMBERS IN THE NEWS

Dr. Keith R. Marcroft, Past President of the College, announced that he retired from the Veterans Administration System the middle of February.

Dr. Thomas J. Balshi was the guest of the Catherine Pratt Morning Television Show in Monterey, California.

Dr. Robert W. Elliott, Jr. reelected alternate delegate to the ADA House of Delegates from the District of Columbia Dental Society.

USE OF COLLEGE LOGO

With the continuing addition of new sections, the use of the College logo has become a matter for a policy statement.

At the recent meeting of the Executive Council, there was a consensus that the use of the logo should be limited to official matters.

Members' thoughts and comments are solicited and they should be presented to College Officers and the Executive Councilors prior to the formation of a policy statement which when completed will be presented to the membership for its approval or disapproval in the prescribed manner.



Top: External view of Central Office Building.
Bottom: Ms. Wallenborn's office.

1983 ROSTER/CONSTITUTION AND BY-LAWS TO BE DISTRIBUTED

The Central Office Director, Ms. Linda Wallenborn, announced that the new College Roster and revised Constitution and By-Laws should have been distributed by late April.

If you did not receive your copy, contact the Central Office Director in San Antonio.

Of particular interest is the fact that the College Roster is the **only** such document that is devoted **exclusively** to the listing of **specialists** and **students in the specialty of prosthodontics**.

It is recommended that the booklet be used when referring patients for prosthodontic **specialty** treatment to practitioners in areas where the referring prosthodontist does not practice.

STUDY GUIDE UPDATE

Dr. J. Crystal Baxter, Chairman of the Education and Advancement Committee, announced that the 1983 edition of the College Study Guide for Certification will be updated with questions from the 1981 and 1982 examinations. It will also include recent material on the history of the College.

Dr. Baxter stated that the Study Guide should be available this summer.

In a related action, the Executive Council determined that the price of Classic Articles Volumes I, II and III would be changed to \$25.00 for non-members. Members cost will remain unchanged.

DUES INCREASE???

As the College continues to grow, additional projects are undertaken to inform and assist members relative to their efforts to provide the best prosthodontic specialty care to their patients.

At the same time inflation has increased the cost of practicing and the administrative burden of the College is enlarged as the membership rolls swell.

The Executive Council weights carefully each expenditure of funds and continually reviews projects and policies to see if some economy may be made to improve the cost benefit ratio of each budget line item.

The recently proposed budget for year 1984 was a deficit budget and no sound organization can survive with such a financial plan.

It would appear that an increase in dues will be necessary to adequately finance College programs.

WASHINGTON SCENE

The following are quotations from the Washington News Bulletin, Volume 16, Number 2, February, 1983, a publication of the American Dental Association.

President Reagan's fiscal year 1984 budget message sets the tone for further reductions in spending for federal health programs. The budget message includes a proposal to tax certain employer contributions for employee health benefits, suggests significant reforms in the Medicare and Medicaid Programs, conforms with the recommendation of the National Commission on Social Security Reform, and reduces or eliminates federal funding for a variety of public health programs.

Tax on Health Fringe Benefits: The Administration has proposed that employees be required to treat as taxable income employer contributions for health insurance premiums to the extent that the contributions exceed \$2100 per year for family coverage or \$840 per year for individual coverage. By treating these contributions as taxable income the amounts also would be subject to social security tax payments.

This proposal, which is an element of previous "pro-competition" bills, is again being opposed by the American

Dental Association in cooperation with a large coalition of business, labor, insurance and provider organizations. The ADA opposes the basic concept of taxing health benefits noting that this is bad public policy and that private health insurance protection should be encouraged, not discouraged. The ADA has pointed out that revenues projected from this tax are not likely to be received because individuals will shift their fringe benefits to types which are not taxed and that health care cost controls which the sponsors argue will result also will not occur because the most expensive forms of health protection, i.e., hospital and medical care, will not be subject to the reductions in health insurance coverage which may result from imposition of such a tax.

A bill to include this tax has not yet been introduced on behalf of the Administration. It is likely that consideration of this proposal will occur in the near future, however.

Medicare-Medicaid Reforms: President Reagan has proposed several changes in the Medicare program. He would establish a catastrophic health insurance benefit to provide unlimited hospital coverage. Under the proposal beneficiaries would be required to pay more out-of-pocket for the first 60 days of hospitalization than is currently required.

The President also has proposed a prospective reimbursement system for payment to hospitals, a freeze on reimbursement rates under Part B for physicians (including dentists where applicable), an increase in premium payment for Medicare beneficiaries and a system under which Medicare beneficiaries would receive a voucher equal to 95% of the per capita cost of the Medicare program. The individual would use the voucher to purchase insurance from a private carrier.

Perhaps of most significance with regard to Medicaid is the fact that the President's budget message does not include a proposal for a federal takeover of that program. The proposal would require, rather than permit as under present law, that Medicaid recipients be charged \$1 to \$1.50 for office visits and \$1 to \$2 for each day of hospital care.

Federal Trade Commission: On January 27, President Burton Press, President-Elect Donald Bentley, and ADA staff representatives met with FTC Chairman James C. Miller, III.

During the meeting, Chairman Miller indicated his willingness to support

some limitations on FTC authority, particularly as it relates to invalidating state laws regulating the practice of dentistry and other state regulated professions. In other words, Mr. Miller would endorse legislation similar to the revised Rudman amendment in the 97th Congress.

ADA representatives have also been contacting congressional leaders and past cosponsors of ADA supported FTC legislation. Meetings also have been held with the AMA.

All of these meetings are focusing on developing a legislative strategy in the 98th Congress. It is expected that the Senate Commerce Committee will hold hearings on FTC reauthorization in March. A House Commerce Subcommittee has scheduled hearings for March 8 and 10. The ADA will testify.

Navy Reorganization: The American Dental Association has written to the Congressional Armed Services Committees expressing concern over a sweeping restructure of the Navy Medical Department. Under the new alignments, the Bureau of Medicine and Surgery is to be abolished and replaced with two new "functional" entities for policy and operations. The Navy Dental Corps would, it is feared, lose its autonomy and identity as a distinct health care delivery system within this reorganization. The Association has requested the House and Senate Armed Services panels to exclude dentistry from the restructure plan until formal Congressional consideration is given to the proposal and its compatibility with existing statutes establishing the Navy dental service.

In Brief:

Radiation: Long awaited federal standards for credentialing persons (other than dentists, physicians) who take radiographs and accreditation of educational programs in a radiography are now expected to be released in late February.

Safe Drinking Water (Defluoridation): No decision has been made by the Environmental Protection Agency on the Association's request to reclassify fluoride under the Safe Drinking Water Act.

Bills:

—Representative Richard Gephardt (D-MO) has reintroduced his "pro-competition" bill (H.R. 850), but action is unlikely because of the President's tax cap and Medicare proposal.

—Representative Dan Crane (R-IL) has reintroduced a bill restricting FTC activities over the professions.

State Legislation and Litigation:

Denturism: At this writing, denturism legislation has been reported as introduced in Mississippi, North Dakota and Washington State. In Idaho, legislative amendments to the denturism initiative are also expected at this session. Seven other constituent societies report the possibility of denturism proposals being presented this year.

Dental Benefit Plans: With the growth of dental capitation plans, some eight states have introduced, or are considering the introduction of legislation to bring dental plan organizations under the regulation of their state insurance departments. A dozen states are also interested in "freedom of choice" legislation which would either allow patients to choose between alternative methods of dental coverage or permit dentists to become participants in "closed panel" plans.

Waiver of Copayments: On the issue of waiver of copayments or overbilling, eleven constituent societies report their interest in some remedial legislation or board regulation. In January, the attorney general in Oregon issued an opinion regarding the state's disciplinary provision which defines unprofessional conduct to include "obtaining any fee by fraud or misrepresentation". The attorney general concluded that in some instances, the waiver of copayments by dentists would be fraud or misrepresentation under the dental practice act. However, the opinion goes on to indicate that prosecutions for unprofessional conduct would be easier to pursue if insurance forms made clear that the fee listed on the forms is the total fee which has actually been charged to the patient. In response to the attorney general's opinion, the Board of Dental Examiners has contacted insurance companies operating in Oregon and suggested that their forms be changed. The board is also developing new rules which specifically address the waiver of copayments issue.

Centralization of Board Regulatory Functions: One by-product of the sunset review process has been the centralization of functions of the various occupational and professional licensing boards. In nearly half the states, examining boards now come under the authority of central agencies which control or influence budgets, personnel and other administrative functions. In approximately one quarter of these states, the central agency's authority extends to substantive review

of board actions in such areas as setting professional practice standards and discipline. In Alaska this year, the state's Code Revision Commission has prepared an omnibus bill which would bring both health and commercial licensing boards under the Department of Commerce and Economic Development, and would vest rulemaking authority, as well as investigatory and administrative functions within the department. Nationwide, the experience with centralization seems to be mixed. Legitimate questions arise whether one agency can effectively administer such disparate occupations and professions as accountants, electricians, marine pilots and dentists. There are also indications that, at least in some states, the costs of licensing examinations have increased significantly despite centralization.

NEW MEMBERSHIP CATEGORY PROPOSED

Among the several categories of membership in the College, it has been determined that no provision has been made for Life Membership for Associate members.

At the Executive Council meeting in Chicago it was the consensus of those present that just as a Fellow may become a Life Member, it was reasonable and just to allow Associate members the privilege of Life membership.

The matter was referred to the Constitution and By-Laws Committee for the drafting of the necessary changes to the Constitution. Subsequently, the matter will be presented to the membership for their decision in accordance with established College procedures.

TABLE CLINICS REQUESTED FOR SAN DIEGO MEETING

To enhance the interchange of professional information and new ideas, the Committee on the Annual Session has decided to include a table clinic program as part of the scientific session of the forthcoming Annual Official Session.

The clinics will be presented Friday morning, September 30, 1983, before the first lecture and during the morning break between lectures, a period of

approximately 2½ hours. Clinics should be designed to be presented in a 15 to 20 minute time frame.

Those desiring to participate in this activity should make their request in writing prior to August 1, 1983, to Dr. Don G. Garver, 345 Kerrwood Drive, Wayne, Pennsylvania 19087.

CAN YOU ANSWER THESE?

1. The level of velopharyngeal closure varies with:
 - a. age
 - b. sex
 - c. head position
 - d. all of the above
 - e. none of the above
2. According to Schillingburg, taper for a preparation is ideal:
 - a. 2 degrees
 - b. 4 degrees
 - c. 5 degrees
 - d. 6 degrees
 - e. 8 degrees
3. The structure which may cause a dislodging force on the distobuccal flange of the mandibular denture is:
 - a. Buccinator
 - b. superior constrictor
 - c. masseter
 - d. Pterygomandibular Raphe
 - e. Palatoglossus

REDUCED AIR FARES TO SAN DIEGO

The Executive Council at its meeting in Chicago approved an agreement with American International Reservations Corporation (AIRCORP) to provide low cost air fares via regularly scheduled airlines to the Annual Official Session in San Diego, Monday, September 26, - Friday, September 30, 1983.

Aircorp guarantees ticket prices at least 20% below standard first class fare, 25% below coach class fare and 10% below standard supersaver fares. No minimum number of tickets need be guaranteed. A toll free telephone number will be provided to members to seek flight and price information. All monies paid by members will be placed in escrow until tickets are issued. No cancellation fee will be charged; however, such requests must be made in writing by certified mail, return

COSMO V. DE STENO, D.M.D., Ph.D.
Chairman Ad Hoc Committee
203 Godwin Avenue
Ridgewood, New Jersey 07450

Return Address

receipt requested. Members will be given the option of date and time of travel and length of stay. Tickets must be received no later than 14 days before departure.

It is anticipated that this arrangement which will be published in all meeting announcements will be of help to members in reducing their cost in attending the Annual Official Session.



Lower than Excursion or Super-Saver fares!

As the official convention travel coordinator, Aircorp has established special convention airfares, on regularly-scheduled airlines, which are lower than supersaver and lower than group rates.

These airfares are not available to the general public and will be offered only to those participants booking reservations through Aircorp.

Call the airlines, call your Travel Agent,

then call Aircorp!

800-526-0110 and in N.J. Call 201-488-9330!

COLLEGE SEAL REGISTERED BY U.S. PATENT AND TRADEMARK OFFICE

Attorneys in Washington have informed the College that its seal has been registered with the United States Patent and Trademark Office.

As a consequence, the College has exclusive right to use and control the mark in accordance with guidelines of the Federal Government. When the seal is now used in any printed form, a small ® should accompany the logo to indicate that it is registered.

The term of registration is for 20 years, however, every six years an affidavit must be filed showing that the mark is still in use.

SYNOPSIS OF PAPERS PRESENTED AT THE MONTEREY ANNUAL OFFICIAL SESSION

By: Dr. Don G. Garver

TITLE: Congenital Craniofacial Malformations: Issues and Perspectives

Presenter: Dr. Harold Slavkin

Dr. Slavkin engaged the audience in an exciting overview of problems of patients with congenital craniofacial malformations. Such concerns affected 3¼ million people in 1981. Acquired defects caused by athletics and other types of trauma such as automobile accidents involved 55 million people. Eleven million of those patients had to

be hospitalized from 2-22 days. Therefore, such defects will probably touch all members of the professional team.

Dr. Slavkin discussed prevention of congenital defects through research such as gene cloning. He stated that all vertebrate animals are subject to congenital defects. Dr. Slavkin listed many types of deformities, but spent most of his time discussing the cleft lip/cleft palate problem. Facts were given about the clefting of the embryonic fetus. Twenty percent of clefting is genetic or familial and the remainder is environmental. In his review of many other malformations, Dr. Slavkin stated that some of these deformities do not occur until the third or the fifth decade of life; and therefore, they do not appear to be a congenital type defect and yet they are.

He involved the audience in a very thorough indepth look at what is going on in research and how the changing of the environment related to the DNA and protein process can produce all kinds of good things for the children of the future.

The speaker reviewed the fertilization period of the female, starting from the first day thru the first week following implantation. He stated that the 19th-21st day is the most critical time for occurrence of defects. It is then that intrauterine surgery can be accomplished to prevent some embryonic defects. It is very important that plans are made before fertilization to prevent defects from occurring. Dr. Slavkin emphasized that if any prevention is to be done, it must be done before the first three weeks of gestation or the permanent defect will have occurred.

He reviewed the history of prescription drugs given during pregnancy. In 1940, very few prescriptions were given; by 1950 at least 2 drugs were being prescribed for all pregnant humans; in 1980, an average of 12 different drugs were prescribed for females during a pregnancy. A woman should know that the eighth to ninth week of her pregnancy is the most important relative to drug induced damage to the fetus. Since nothing is prevented from crossing the placental barrier, it is most important that the bearer of the fetus be very cautious when injecting such substances as alcohol, caffeine, nicotine, aspirin, and different prescription drugs. She is the major variable in congenital craniofacial malformations.

In summary, Dr. Slavkin suggested that a genetic review of the mother and father be accomplished before conception; that pre-parent education be given, particularly to the mother; and that public education programs be provided to tell parents what might happen. Diagnosis of defects can occur during pregnancy and intrauterine surgery can be accomplished to prevent some of these congenital craniofacial malformations from occurring.

Further information about, or inquiries pertaining to this essay should be addressed to: Dr. Harold Slavkin, University of Southern California, Gerontology Center, Room 314, University Park, Los Angeles, California 90007

TITLE: Marketing, A Specialty Practice

Presenter: Ms. Pat Guiffra

The presenter engaged the entire Private Practice Seminar Group in an exciting review of modern day marketing and specialty practice principles. Initially, she stated that marketing is any technique employed to encourage a patient to stay in a practice, come back if they have drifted away and to encourage new patients into one's practice. Three to five percent of the cost of the practice should be involved in marketing, both internal and external. Methods used in monitoring the result of these efforts are:

- (1) Where the patient comes from;
- (2) Who is the referral source and what technique brought the patient into the practice;
- (3) How many patients are lost;

(4) What was the diagnosis and how much of the treatment plan did the patient accept?

She said, that the doctor and the staff, should learn that they must dress for success. No patient appreciates seeing any doctor or his staff dressed inappropriately for a professional practice. Many doctors forget the fact that internal marketing is very important; in-house staff should be required to write down what they think would bring in patients. The staff should know that the doctor sets goals for the practice and They should know those goals exactly. the staff must have good verbal skills and in some cases individuals must take public speaking courses. One of the most important tools in marketing a practice is a proper telephone technique. A roladex 3/5 card file readily accessible to the telephone answerer can quickly provide some bits of information about the patient at the other end of the telephone line. This will enable staff to personalize conversations by asking about the families of the patients and show concern about things that are important to them. The staff should be aware that they are to welcome the patient immediately with enthusiasm, tell them how happy they are to have them in the practice, ask how they found the practice, and inform them that the doctor wishes to thank the referrer.

The staff should be made aware of how to better interact with patients, who are always first. They should be able to explain to the patient the niceties of the practice and then the rules regarding payment programs. The doctor should assume the responsibility of educating his staff, i.e., sending them to courses that will help them to expand their abilities in marketing the practice. Patients initially do not know what to expect and it is very important that the staff bring the principles of the practice to the patients and have the patients understand them. It is essential that all policies be standardized in writing so that the staff has something to back up their promises to the patients, and also so that patients have something to take home. In order to obtain better information for the staff, it is incumbent upon the doctor to challenge the staff to meet their counterparts in other practices within the community. In this way, they have an opportunity to interact, to learn and to show off the practice.

Finally, in staff associations with the

community and other staff members, it is important that employees volunteer to get involved in professional responsibility functions, such as Children's Dental Health Month and other types of meetings where staff members can perform and show off their office and their skills.

Likewise, the doctor should institute short morning staff meetings to get everyone excited about what is going to happen in that particular day. He should make it thoroughly understood that no one will have a bad day within the practice. Attitudes must be improved on a daily basis; one must instill excitement and enthusiasm while emphasizing care and personalization for the patients, fellow staff members, and the doctor or doctors. The doctor should institute incentives for his staff to share in increased income and to share in time freedom as the staff becomes more proficient.

Other things that can be used to market a practice are monthly or quarterly newsletters that are published, telling about what has happened within the practice; how the doctor has improved himself, how staff members have improved themselves through courses of instruction, etc. and what ever else may be of importance. There should be an album of before and after photos for reference purposes.

The presenter ended with some comments on control of those patients who do not return. She suggested that the doctor call such patients and find out why they are not returning, offer to arrange a consultation so that the office team might be able to see what the problem really is and suggest how it may be resolved.

For further information about or inquiries pertaining to this essay should be addressed to: Ms. Pat Guiffra, 14261 E. Tufts Place, #205, Aurora, Colorado 80015.

TITLE: Rotation Path Concepts In Removable Partial Dentures

Presenter: Dr. Arthur J. Krol

Dr. Krol gave his typically interesting presentation based on the changing concepts in removable partial denture designs, minimizing use of clasps and utilizing rotational paths of insertion. The indications for these concepts are in tooth borne removable dentures. Dr. Krol first discussed the anterior posterior rotational path design principles used for anterior tooth replacement where posterior molars provide the retention. Dr. Krol showed

methods by which the posterior teeth are analyzed and the techniques for tilting the surveying table to eliminate undercuts on the anterior teeth.

He discussed some very innovative and ingenious techniques to assist in the fabrication of removable partial dentures. One of these was the use of composites to build cingulum rests in anterior teeth where space was a problem and cost would be of concern to the patient. Another was that of outlining the design of the case with wax and then using an autopolymerizing resin partial denture base to see if the proposed rotational design will work in the patient's mouth.

Dr. Krol was very positive in stating that a surveyor can not be used in a conventional manner for working with the anterior posterior type rotational path partial, and that it is essential that a large divider be used to evaluate the path of delivery. a complete overview of these particular techniques are available in Dr. Krol's series of articles on partial denture design published in the Journal of Prosthetic Dentistry and one additional article which will be forthcoming soon.

He discussed two other types of rotational path design: (1) the posterior anterior rotational path and (2) the lateral rotational path. In the lateral rotational path partial denture, the retention is on the lingual of the edentulous side abutments and one clasp tip is on the buccal of a single tooth across the arch.

Because of time restraints, Dr. Krol could not discuss many of the individual particulars about these partial dentures and ended his presentation with a list of advantages for rotational path design removable partial dentures. They are: improved esthetics; better periodontal maintenance; rigid retention obtained by using adequate undercuts; reduced tooth preparation; prevention of tooth tipping; minimized tooth coverage; and increased patient comfort.

Further information about or inquiries pertaining to this essay should be addressed to: Dr. Arthur J. Krol, Chief, Dental Service, San Francisco V. A. Medical Center, 4150 Clement Street, San Francisco, California 94121.

TITLE: Common Sense Dietary Counseling For Prosthodontic Patients

Presenter: Dr. Ken Wical

Dr. Wical gave a very interesting overview of dietary control of dental patients with emphasis on rational procedures to use in every day clinical

practice. The presentation started with an evaluation of a very sick looking patient and some of the things that might be considered in diagnosing any patient that walks into a dental office. The relationship of oral pathology and diet, and their importance relative to other facets of dentistry such as occlusion, denture design and tolerance were also discussed.

He was very emphatic in stating that patients need specific amounts of calcium everyday and this may have to be provided in pill form. He further stated that some prosthodontic patients are unable to get their 40 basic nutrients, including amino acids, vitamins, water and minerals. Cause for dental patients' dietary problems were listed as (1) impaired chewing ability; (2) decreased appetite; (3) decreased salivary flow; (4) lack of knowledge and understanding of diet; (5) habits; (6) cost of food; (7) social isolation; (8) logistic problems in getting good meals; and (9) medical complications. Nutritional problems were listed as impaired digestion, decreased absorption of food products after ingestion, impaired glucose tolerance, and synergistic effects of other drugs being taken by the patient with the foods that they have ingested.

The speaker recommended a text book, "**Nutrition in Preventive Dentistry**" by Dr. Nizel. The presenter further went on to recommend that a member of the dental staff do a dietary and nutrition evaluation using evaluation sheets to show the patient where they are deficient in their eating habits. A major nutritional factor for older patients is a decrease in energy needs due to the more sedentary life that these patients live.

However, the requirements for essential nutrients stays the same or increases with age and this can create a real dietary and nutrition problem.

He then gave a very thorough overview of dietary considerations including the essential foods and minerals that are required for a balanced diet. For those patients involved in an inability to chew their food, the author recommended a textbook titled, "**It Melts In Your Mouth**". This can be obtained by writing P. O. Box 1383, Maitland, Florida 32581. Relative to dietary supplements, Dr. Wical was emphatic in his suggestions to evaluate the diet and then prescribe the right supplement, such as Mucoplex and other multi vitamin and multi mineral substitutes. Dr. Wical recommended that the dentist be very knowledge-

able about the factors concerned with supporting a patient's dietary and nutritional habits. One should be able to modify a diet and gradually add different items which will result in adequate nutrition for the patient. The doctor should be able to change a patient's eating habits; be able to increase chewing ability; and suggest to patients alternatives when they are unable to cook or provide a balanced diet for themselves. Community oriented organizations, such as Meal On Wheels, or Community On Wheels, are available in most every geographic location.

In summary, Dr. Wical gave the College a very interesting review of dietary and nutritional problems in the dental patient and suggested that nutrition is tremendously important in three different ways: (1) it effects the health of the dentist, his staff and his patient; (2) the professional staff should be knowledgeable in these areas; and (3) proper dietary control affects the success of the treatment that is going to be provided within that dental office.

Further information about or inquiries pertaining to this essay should be addressed to: Dr. Kenneth E. Wical, Chairman, Dept. of Removable Prosthodontics, Loma Linda University, School of Dentistry, Loma Linda, California 92350.

PLAN TO ATTEND

The 14th annual session of the College will be held in San Diego, California, September 28-30, 1983.

AIMS AND GOALS QUESTIONNAIRE

This issue of the Newsletter contains an insert which you are asked to carefully consider, fill out and return to Dr. Cosmo V. DeSteno, the Chairman of the Ad Hoc Committee for the Revision of College Goals and Objectives. In doing so, you will be contributing to the development of a formal document which will be used as a road map for the guidance of College activities in the years ahead.

Much of what was advocated in the first set of Aims and Goals has been accomplished. Some have not been achieved. The original document is reproduced herewith.

Please review it and in your response via the enclosure, indicate those accomplished Aims and Goals which you

feel the College should continue to pursue as well as new ones that the College should espouse.

During the Executive Council meeting it was stated that a basic goal should be for the College to become the undisputed leader in the specialty of prosthodontics. Do you agree?

Don't put off your response, the committee which meets in early June, needs and desires your input as soon as possible.

GOALS AND OBJECTIVES OF THE AMERICAN COLLEGE OF PROSTHODONTISTS

This College is organized to foster interest in the specialty of Prosthodontics with the objective of improving the quality of treatment of the prosthodontic patient through educational activities designed to bring new ideas, techniques and research into clinical practice and to enhance the prosthodontic services received by the public.

I. Goal:

To provide guidance and promote excellence in advanced prosthodontic education, and to provide leadership in the affairs of the specialty of prosthodontics.

Objectives:

1. Conduct a workshop to develop guidelines for prosthodontic consultants to the Council on Dental Education for site visit evaluation.
2. Request the American Board of Prosthodontics to encourage anonymous communication on the performance of candidates with advanced program directors.
3. Continue to revise and publish "The Study Guide for Certification".
4. To achieve the privilege to appoint the prosthodontic member of the specialty committee of the commission on accreditation of the ADA.
5. Acquaint all graduate prosthodontic students with the aims and objectives of the

WERE YOU RIGHT?

1. d Re: Arm and Subtelny, 1959; Fletcher, 1970; McKerns Bzoch, 1970.
2. d Re: JPD 43:3, page 303-308, March, 1980; Fundamentals of Fixed Prosthodontics Second Edition, page 81.
3. c Re: Swensen's Complete Dentures; 6th Edition, page 59.

Goals and Objectives continued

American College of Prosthodontists.

6. Encourage the establishment of stipends for advanced prosthodontic students.
7. Sponsor the American Board of Prosthodontics by 1 January 1979.
8. Provide awards to advanced prosthodontic students for published articles on prosthodontics.
9. Establish a means to make loans available to advanced prosthodontic students.
10. Recommend to the Council on Dental Education that all advanced program directors be diplomates of the American Board of Prosthodontics.
11. Encourage the concept that all advanced prosthodontic programs require that participants be able to demonstrate competency in both fixed and removable prosthodontics.
12. Urge all non-member diplomates of the Board to join the College.
13. Provide a better mechanism for affiliates to become associate members.
14. Establish regional chapters of the American College of Prosthodontists.

II. Goal:

To provide for objective evaluation of the quality of specialty care in prosthodontics.

Objectives:

AMERICAN COLLEGE OF PROSTHODONTISTS SEVENTH ANNUAL PROSTHODONTIC RESEARCH AWARD COMPETITION FIRST PRIZE - \$1,000

DATE:

Thursday, September 29th, 1983

LOCATION:

San Diego, California

ELIGIBLE:

Prosthodontic Graduate Students and Residents or Board Eligible Prosthodontists who completed their training after October 1979.

INFORMATION:

Dr. Thomas P. Sweeney
512 Scott Drive
Silver Springs, Maryland 20904

1. Establish guidelines for the assessment of clinical quality and professional performance in the specialty of prosthodontics.
 2. Establish peer review mechanisms for specialty prosthodontic quality evaluation.
 3. Provide guidelines for election of prosthodontic specialty peer review committees on a local, state or regional basis.
 4. Make advice and council available to state and local prosthodontic specialty peer review committees.
 5. Disseminate information to the membership regarding peer review.
 6. Establish standards of competency that a diplomate of the American Board of Prosthodontics should maintain.
- III. Goal:
To promote the understanding of the specialty of prosthodontics to the general public and within the profession.
- Objectives:
1. Sponsor a workshop of specialty organizations to encourage interspecialty cooperation.
 2. Sponsor articles to be published on the subject of prosthodontics for the public and the profession.
 3. Establish a cash award to authors who publish articles on prosthodontics in the lay press.
 4. Produce a motion picture which explains the specialty of prosthodontics to the public.
 5. Investigate comparative costs and skills of prospective public relations firms.
 6. Encourage speakers on prosthodontics to present to other specialty groups.
 7. Invite officers of other organizations to our meetings.
 8. Publish a "who's who" in prosthodontics.
 9. Support efforts of the ADA and the FPO in resisting federal control of the number of specialists in the health professions.
- IV. Goal:
To establish a central office to conduct the business of the College.
- Objectives:
1. Investigate the costs involved and establish a tentative budget.

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 it to the Central Office Director, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216.

Name _____

Address _____

_____ City

_____ State

_____ Zip

- I would like _____ copy (ies) of the "Classic Prosthodontic Articles" Volume I (Price Members \$20.00; Non-members \$25.00)
- I would like _____ copy (ies) of the "Classic Prosthodontic Articles" Volume II (Price Members \$20.00; Non-members \$25.00)
- I would like _____ copy (ies) of the "Classic Prosthodontic Articles" Volume III (Price Members \$20.00; Non-members \$25.00)
- I would like _____ copy (ies) of the "Study Guide for Certification" (Price: Members \$15.00; Non-members \$20.00)
- I would like _____ copy (ies) of the REVISED 1981 Phase I, Part I Questions and Answers for the American Board of Prosthodontics as a supplement to the Study Guide (Price \$1.00)
- I would like _____ copy (ies) of the 1982 Phase I, Part I Questions for the American Board of Prosthodontics as a supplement to the Study Guide (Price \$1.00)
- I would like _____ copy (ies) of the "Index To The Journal Of Prosthetic Dentistry" (Price: Members \$25.00; Non-members \$35.00, plus \$ 3.00 postage for out of the country mailings)

Amount enclosed \$ _____

Make checks payable to:

The American College of Prosthodontists

2. Obtain information from other comparable societies regarding establishing a central office.
3. Develop guidelines for selection of an executive secretary.
4. Establish a job description for an executive secretary.
5. Solicit support for this goal from the membership.
6. Investigate, promote and establish fringe benefit programs for members.

V. Goal:

To provide guidance and leadership in the relationships which exist between the prosthodontic specialty and third party reimbursement systems.

Objectives:

1. Conduct a survey of prosthodontic fees of diplomates of the American Board of Prosthodontics and associate members of the American College of Prosthodontists by January 1977.
2. Establish liaison with the appropriate councils or committees of national, constituent or component dental societies regarding third party systems for prosthodontic specialists.
3. Provide guidance concerning prosthodontic fee schedules to local specialty peer review committees when requested.

VI. Goal:

To stimulate and support research in prosthodontics.

1. Establish liaison with appropriate institutions and agencies for funding of research projects in prosthodontics.
2. Provide an award for research articles published in peer review journals.
3. Fund proposed research projects.
4. Publicize the Prosthodontic Section of I.A.D.R.
5. Suggest research projects for study.



ACADEMIC ROBES

To obtain order forms and material samples complete the form below and mail to: Central Office Director, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216.

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Address _____

City & State _____ Zip _____

Item	Regular Material #1119	Delux Material #87
DOCTOR'S GOWN (with lilac front panels and sleeve bars outlined with gold nylon braid)	\$201.81	\$251.18
SQUARE STIFF MORTARBOARD CAP (with gold nylon tassel)	\$ 17.00	\$ 21.50
REGULAR DOCTORAL HOOD (with dental school colors)	\$ 68.35	\$ 85.17

Please send order form and material samples

VII. Goal:

To support efforts of the profession to limit to dentists the supervision of prosthodontic treatment.

Objectives:

1. Work with the dental profession to delineate the roles of dental auxiliary personnel.

NEWSLETTER
THE AMERICAN COLLEGE
OF PROSTHODONTISTS
 Dr. Robert W. Elliott, Jr., Editor
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 CITY & STATE _____ ZIP _____

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 TO ORDER

Jewelry (ea)	14K	10K	1/10 DRGP	(Plate) Number	Jewelry (ea)	14K	10K	1/10 DRGP	(Plate) Number
Pinette	<input type="checkbox"/> \$ 67.50	<input type="checkbox"/> \$ 50.50	<input type="checkbox"/> \$20.50	_____	College Key	<input type="checkbox"/> 69.50	<input type="checkbox"/> 51.50	<input type="checkbox"/> \$ 21.85	_____
Tie Bar	<input type="checkbox"/> 72.50	<input type="checkbox"/> 55.50	<input type="checkbox"/> 26.50	_____	Lapel Pin	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.40	_____
Cuff Links	<input type="checkbox"/> 143.50	<input type="checkbox"/> 110.50	<input type="checkbox"/> 39.00	_____	Ladies Charm	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.30	_____
Tie Tacs	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.45	_____					_____

OTHER ITEMS (ea) — Blazer Pocket Patch—Old \$9.00 Number _____ Wall Plaque \$23.10 Number _____
 Blazer Pocket Patch—New \$16.00 Number _____

In ordering 1/10 DRGP (Plate) Jewelry, Blazer Patches and Wall Plaques, please enclose check to cover costs, which includes mailing, payable to the American College of Prosthodontists.

***Note:** 14K and 10K jewelry are special order items and prices fluctuate with the costs of gold. You will be billed for the items you order on receipt by the Central Office of the manufacturer's invoice. Do not send check with order for 14K or 10K items.