

# ACP MESSENGER

Winter 2015

A case to celebrate  
Evaluating new technology  
Shaping the future

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*Meet Jasper. When he was a puppy, we did everything together – runs, hikes, and especially sledding. Somewhere along the way, my energy started to drop off, and I couldn't understand why. I was eating well and exercising, shouldn't I be fine? It was my prosthodontist who showed me how oral health affects overall health, and I realized that if I wanted to keep up with Jasper, I needed to take the same care with my teeth as I do the rest of my body. Now I'm feeling great, and we're headed for the slopes!*

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The mission of the *ACP Messenger* is to inform readers about current prosthodontic trends, challenges, and successes. Statements of fact and opinion are the responsibility of the authors alone and do not imply an opinion on the part of the officers or the members of the ACP.

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211 E. Chicago Ave., Suite 1000, Chicago, IL 60611  
Phone: (312) 573-1260; Fax: (312) 573-1257  
Email: acp@prosthodontics.org  
Website: Prosthodontics.org

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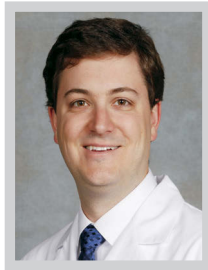
**Dr. Robert Berg** is an Assistant Clinical Professor at New York University College of Dentistry and is on the medical staff at New York Presbyterian Weill Cornell Medical Center department of surgery. He resides and maintains a full-time private practice limited to prosthodontics in New York, NY.

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**Dr. Julie Holloway** currently Treasurer of the ACP and Head of the Department of Prosthodontics at the University of Iowa.

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**Dr. Carl Pogoncheff** received his DDS and MS in Prosthodontics from the University of Michigan. He 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. Brody Hildebrand** practices both orthodontics and prosthodontics in Dallas at Preston Hollow Specialists Dental Group and serves as an Assistant Clinical Professor in the Graduate Prosthodontics Residency program at Baylor College of Dentistry.

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

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# Harness the Power of Digital Dentistry

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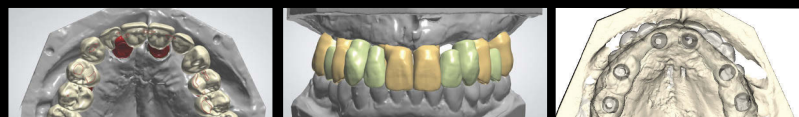
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# The virtual world and the realities of dentistry

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

The digital awakening has led to incredible innovations in dentistry and dental education, as well as prosthodontics in particular.

Whether by fabricating CAD/CAM restorations, designing and creating surgical templates that improve precision with implant placement, or fabricating milled dentures, our specialty is exploring terrain whose horizon appears to extend infinitely.

But the pace of innovation poses an interesting question for education. Tools acquired through education may have limited utility within a few years, due to the rapid speed by which technology is advancing. Educators strive to make informed decisions when exposing students to the “latest and greatest” innovations, collaborating with industry to subsidize costs and reduce the financial burden involved for students.

However, more and more students are graduating with significant debt accrued through pre-doctoral and graduate education. In this issue, Dr. Robert Berg presents the findings of the ACP Task Force on Resident Indebtedness, which shows that new graduates are entering the specialty with considerable financial challenges. Elsewhere, Dr. Carl Pogoncheff relates his experience as a new prosthodontist, describing what was involved in beginning a practice – from the office, technology, and referrals – from the ground up.

Today, young prosthodontists are faced with many difficult decisions to make as they enter private practice. The cost of investing in technology has become an important factor to be considered along with other expenses.

In his article, Dr. Brody Hildebrand looks at the plethora of factors to consider and the long-term ramifications of each course of action. An expensive investment that gets outdated rapidly can have adverse outcomes for a fledgling practice.

Young prosthodontists are capable of truly wonderful things, as we see in the patient presentation submitted by Dr. Julie Holloway – showing the generous care provided by University of Iowa residents for patients in need during National Prosthodontics Awareness Week.

This issue of the *ACP Messenger* scratches the surface of this financial dilemma and attempts to offer insight into how debt and difficult choices affect prosthodontists at the start of their careers – and by extension, their patients. Through meeting these challenges head-on and making informed decisions today, we can bring about better worlds – real and virtual – tomorrow. ■





Before you become  
too entranced with  
gorgeous gadgets  
and mesmerizing  
video displays,  
let me remind you  
that information  
is not knowledge,  
knowledge  
is not wisdom,  
and wisdom  
is not foresight.  
Each grows out of the other,  
and we need them all.

- ARTHUR C. CLARKE

# A case to celebrate

Julie A. Holloway,  
DDS, MS, FACP

Since its inception in 2010, National Prosthodontics Awareness Week (NPAW) has provided a forum to raise public awareness about the importance of oral health to the overall health of our patients.

Each year, the University of Iowa, like many other schools, takes a two-pronged approach to celebrating NPAW with our patients, students, faculty, and staff.

To share the importance of prosthodontic care with students, faculty, and staff, a pizza lunch is hosted where faculty give presentations about the complex patient needs and treatment management that prosthodontists are uniquely trained to address. At the University of Iowa, past presenters such as Drs. Clark Stanford, Richard Williamson, and Steven Aquilino have shown treatments of their own inspiring patient outcomes for congenital and acquired defects of the face and oral cavity. The magnitude of these patients' needs and the collaborative efforts between specialties and professions involved in rehabilitating them are often eye-opening for dental students and staff alike.

In addition, the residents of the graduate prosthodontics education program make complete dentures free of charge to edentulous persons in dire need. 33 million Americans have no remaining natural teeth and many of them have limited financial resources, so it is not surprising that each year the patient list with requests for free dentures starts earlier and grows longer, with priority given to our nation's veterans. The residents begin by meeting their patient on Monday morning and performing a thorough head and neck examination. Similar to the former removable complete denture board examination, the residents have a specific timeline and must provide the



**Fig. 1:** Confirming teeth setup with patient. This step was done at the same session after adjusting the occlusion rims and registering interocclusal records.

finished dentures the same week, by Friday at noon. While that timeframe is a challenge for first year residents, the third year residents use this opportunity as their clinical competency exam for complete dentures.

The patients seen each year are typically either long-time denture wearers who cannot afford a new set of dentures or first-time edentulous patients. During the first year of NPAW at the University of Iowa, one of the patients was a woman whose house had burned down with her dentures inside. While thankful that both she and her husband made it out safely, the loss of her dentures was debilitating. As with so many things vital to everyday life, the effect





on her ability to chew, speak, and smile soon became overwhelming for the patient.

Dr. Nariman Amiri, now a prosthodontist practicing in Vancouver, began the process of restoring her smile with an intraoral examination. The exam revealed moderate resorption (bone loss) of the maxillary ridge (upper jaw) and severe resorption in the mandibular ridge (lower jaw). The saliva appeared to be of normal amount and consistency. Fabricating new dentures for this patient would be challenging from the standpoint of the amount of jaw bone loss, as well as the fact that the resident had no existing dentures to go by as a reference – they had been destroyed in the fire. The resident made definitive impressions on the first day using thermoplastic stock trays which were customized. This technique reduced the number of



33 million Americans have no natural teeth remaining, so it is no surprise that each year the patient list for free dentures starts earlier and grows longer.

**Fig. 2:** Final impression using the thermoplastic tray system. Posterior palatal seal area is formed using lowa wax. (top left)

**Fig. 3:** Denture teeth arrangement and festooning prepared for wax trial placement. (bottom left)

**Fig. 4:** Wax trial placement appointment. (top right)

**Fig. 5:** Denture placement appointment. (bottom right)

treatment steps and provided an alternate learning experience for the resident. The definitive casts fabricated from these impressions were used to make occlusion rims (bases with wax). The occlusion rims were modified as needed to achieve a template that would provide the appropriate esthetics and vertical dimension/height. The final shape and length of the occlusion rims were confirmed by evaluating the appropriate phonetics. Interocclusal records were made, casts were mounted, and teeth were selected and set. All records were verified with a wax trial placement and the patient had the opportunity to evaluate and approve the esthetics at this appointment.

After the resident processed the dentures, they were placed and examined in the mouth, and adjustments were made as necessary. Pressure-indicating paste was used to evaluate the intaglio (inside) surface for potential pressure spots. The dentures were then evaluated for phonetics, esthetics, and occlusion. A clinical remount was performed to finalize the occlusion (bite) at the time of placement of the prostheses. Instructions on the care of the dentures were given to the patient.

The smile on her face alone was worth the 16 hour days put in by the residents.

This is a testament to the positive impact that NPAW can have on patients' lives. The number of graduates who provide gratis care in their practices for NPAW grows with each class.

This year, National Prosthodontics Awareness Week is April 12-18, 2015. Join us in celebrating our patients and our specialty! ■



**Fig. 6:** Esthetics and phonetics are confirmed at the placement appointment. (top)

**Fig. 7:** Patient and Dr. Nariman Amiri in the last appointment. (Follow up and adjustment)

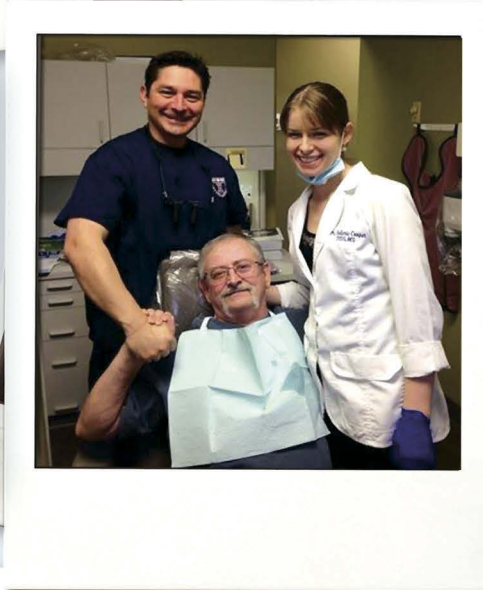
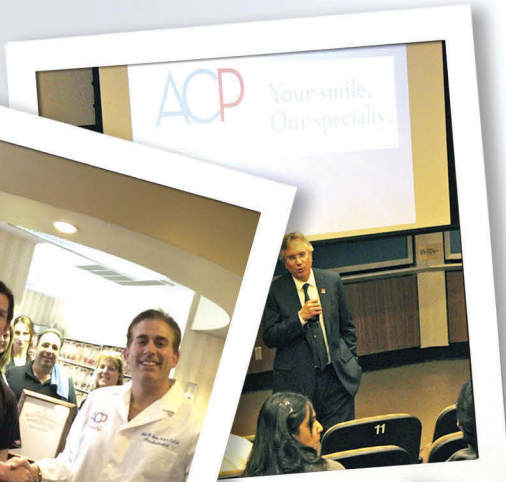


# NATIONAL PROSTHODONTICS AWARENESS WEEK

April 12-18, 2015

## Make an Impact

NPAW energizes ACP members across the country to spread the word about prosthodontics in their communities, and share the positive impact that prosthodontists have on their patients' lives.



Save the date to celebrate! [GoToAPro.org/NPAW](http://GoToAPro.org/NPAW)

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# Evaluating the true cost of new technology

Brody J. Hildebrand,  
BA, DDS, MS

Technology is engulfing every practitioner and educator in dentistry. It can't be ignored, and it will eventually overtake anyone that tries to avoid it.

The biggest challenge facing private practitioners is to decipher and blend what is advantageous, what is effective, what is efficient, and what is economically feasible and then embrace what we can! This would be easy if we didn't have all kinds of pressures on us – from patients, from staff, from manufacturers, from our accountants, and even from our homes.

Looking at the upsides, we can assess if new technology makes us quicker and more accurate or if it allows us to make better decisions while exposing patients to less time, radiation, and discomfort. Technology may allow us to more clearly share the patient's issues and our recommendations, and thus assist in providing the best possible treatment. It may help us better diagnose lesions, pathology, and dental/facial problems. Of course, technology gives us access to materials that were previously unusable. And then there is the fact that we can treat more patients in less time. Essentially almost everything that can be accomplished by hand with wax or plastic can today be done virtually with the use of computer software and hardware.

Then we need to account for the downsides that we might otherwise sweep under the rug, such as the complexity that technology can add through more systems or incomplete connectivity options, or the pushback from staff that turns our office productivity and environment upside down. We need to watch for new regulations that make technology more cumbersome or time consuming, and the added responsibility to stay up-to-date



with the abilities of the technology, for better or for worse, to “see more”. There is the need to be quasi-computer technicians when things go glitchy because our systems are not self-repairing. Then there are those who are into tech-gadgets (such as the author) and love the new, fun, exciting aspects of the machinery...but often find themselves in a time vacuum with regards to efficiency. Finally, we need to be able to watch money go down one drain while we recoup it through another facet. That's just the way it typically works no matter what the rep may tell us!

So you may be scared to death to make that big new purchase. I'd say stop...listen to everyone in your life...do your research...and then make a move. Because in most wars (yes, this is a war for your time, your money, your expertise) those that move forward flourish. There are questions to ask yourself, your accountant, and your manufacturer's sales rep.

These questions should not limit you from incorporating new technology into your practice. They are meant to uncover a few of the areas that can be overshadowed by the glamour and shine of new technology.

Technology can increase our overhead and operational costs, it can decrease our available cash, and it can potentially burden our practices when contracts and expenses are not fully understood. But I'm a firm believer that new technology can provide high-quality dental healthcare, expand our capabilities, and increase our efficiencies as we expand our range of solutions to meet complex problems that our patients present. ■



### Direct Costs

- a. What is the purchase price range, what are the options, and what are the add-ons?**
  - i. Is there additional software to render, design, or share the files if I want to do work on them?
  - ii. Are there connectivity fees for outside systems or 3rd parties?
- b. What are the installation costs?**
  - i. Any electrical, wiring, monitors, or back-up computers/additional server requirements?
  - ii. What are the required training days and doctor time required?
  - iii. What is the cost point for additional training days?
- c. What are the costs to keep it functioning?**
  - i. Software support fee?
  - ii. Warranty fee?
  - iii. Any additional insurance riders required in my state/country or with my policy?



### Operational Costs

- a. What is the cost to have on my property?**
  - i. Room fee to house the item?
  - ii. Electrical fee to keep it running?
- b. What are the costs to run the machine?**
  - i. Cost to have each staff member who is incorporated in the process of running the machine?
  - ii. Doctor time required to run, design, or render/read the results?
- c. Additional costs?**
  - i. Equipment taxes or regulatory visits required?
  - ii. State or federal property taxes come into play each year?



### Indirect Costs

- a. What is the cost to update?**
  - i. What is the effective life expectancy before I find the urge to move to the newest machine?
  - ii. What are the buyback options?
- b. Depreciation schedule?**
- c. Cost value of money used to purchase?**
- d. Sale or partnership issues?**
  - i. Limits on transfer to selling practice?
  - ii. Partnership demise and payment schedules?
  - iii. Cost burden to a new owner?
  - iv. Responsibility for continued payments if new owner not interested?





# The cost of entering private practice

Carl M. Pogoncheff,  
DDS, MS, FACP

They say that nothing worth doing comes easily. As a prosthodontist I have found this to be true. Starting a private practice involves significant costs, and the financial demands are only one part.

The biggest cost of practice is time. Being a successful specialist starts with delivering high quality care to patients. This means investing time during treatment at the chair and in the laboratory. The more laboratory work you complete for your cases, the more savings and profit that you earn, but it takes time to deliver high quality prosthodontic therapy. Each patient requires your full attention and your very best work.

Getting patients to come to your practice is also essential to a successful business. This requires time to develop a referral network. Advertising is an option for some, but may entail high costs with small returns. A new prosthodontist may not have this money in the budget. Networking and creating personal relationships with referral sources can be a challenge for a new prosthodontist. Frequent meetings with other health professionals and influential members

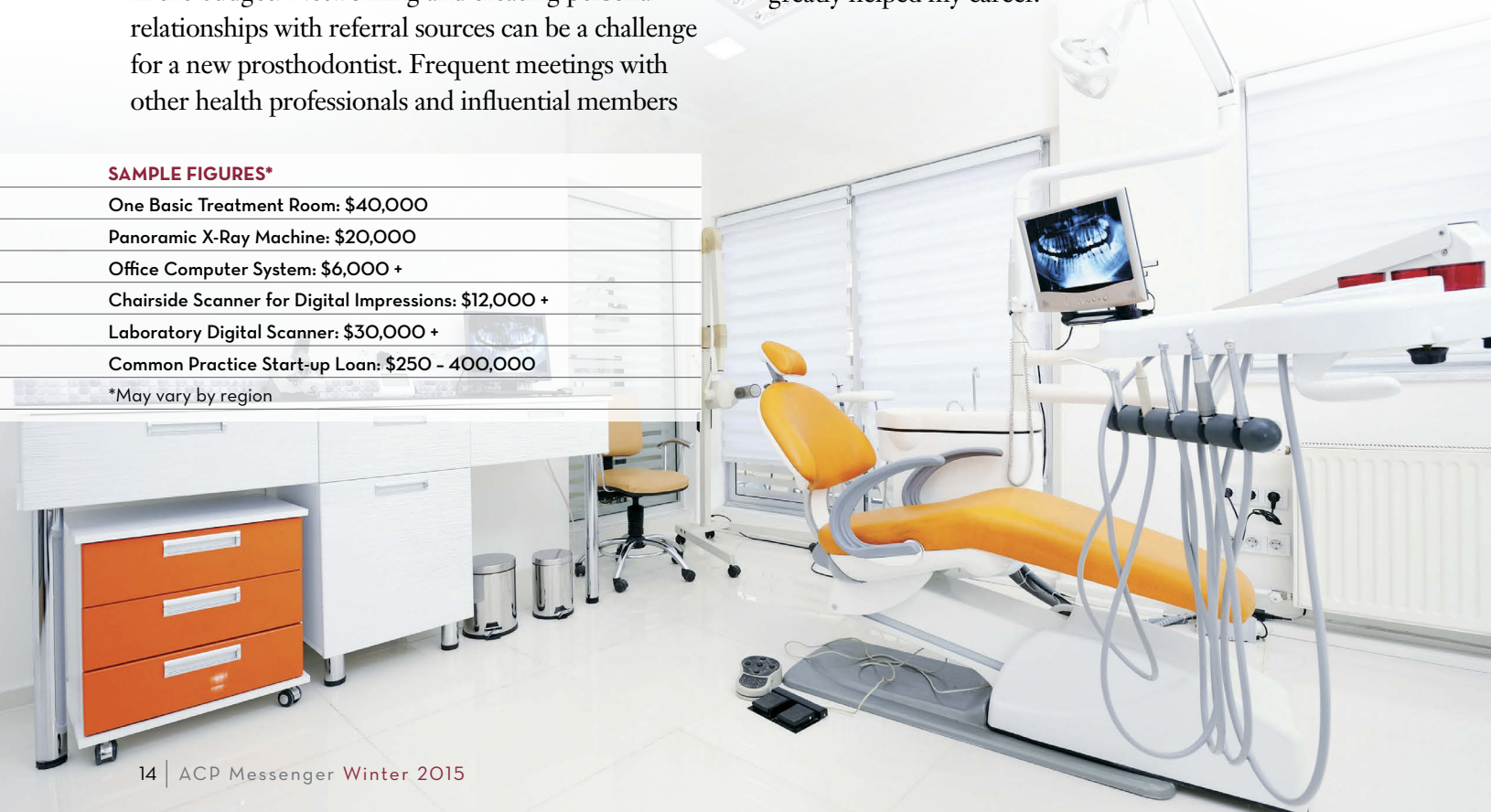
of your community are a must. Word of mouth is valuable, but it doesn't happen overnight.

As a prosthodontist you have a unique advantage due to your residency training. The reputation of prosthodontists may precede you in the community in which you practice, or you may need to create awareness for the specialty. Either way you must prove yourself to your potential referral network. Earning board certification from the American Board of Prosthodontics would be a great way to do this. Completing the examination process required a major investment of time and money, but it was very rewarding personally and professionally, and it has greatly helped my career.

## SAMPLE FIGURES\*

- One Basic Treatment Room: \$40,000
- Panoramic X-Ray Machine: \$20,000
- Office Computer System: \$6,000 +
- Chairside Scanner for Digital Impressions: \$12,000 +
- Laboratory Digital Scanner: \$30,000 +
- Common Practice Start-up Loan: \$250 - 400,000

\*May vary by region



You will also need to consider the day-to-day costs of running a practice. Purchasing equipment, supplies, and materials requires research to make sure that you are getting what you need to be successful at a price that fits the budget – and that takes time. Remember those late nights studying during residency? They are not over after graduation. Managing your staff and keeping up with taxes are no simple matters, either. Accountants and attorneys can help, but will take money out of your pocket.

The good news is that the skills you learned in residency can help lift some of the burden. The work ethic that was a critical part of your success during residency can be your best resource. Some of those lab skills will come in handy to cut costs when you

are starting out and have more time than patients. Assess the skills you learned and how you could apply them to practice.

Colleagues in the American College of Prosthodontists can provide advice from their experience. Mentorship can go a long way. Another key is to balance work and personal life. Having a good support system at home can make all the difference. Your spouse or significant other can be a source of strength for you individually and in your career.

The costs may seem daunting, but it's worth the effort. Keep moving forward with a positive attitude and a patient centered approach, and the rewards will follow. ■

## February 12-14, 2015 / The TPC Sawgrass Clubhouse, Ponte Vedra Beach, FL

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 Yoshida, RDT



Markus B. Blatz  
DMD, PhD



Ariel J. Raigrodski  
DMD, MS, FACP



Aki Yoshida, RDT

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# Shaping the future

Frank J. Tuminelli,  
DMD, FACP  
ACP President

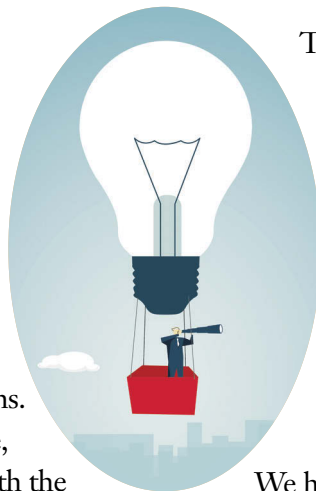
2015 will present challenges. These should be perceived as opportunities to shape the future, and two of the most compelling opportunities lay in the areas of education and emerging technologies.

The very foundation of our specialty is education. We strive to engage the best and brightest minds. But those who embark on our path are asked to make a tremendous commitment and sacrifice, both personal and financial. For too many, the latter is in the hundreds of thousands of dollars.

We are obligated to ask the hard questions. As specialists who provide high level care, we need to establish a common vision with the industries that profit from it and the universities that seek to attract research dollars to advance it. The time has come for our residents to be able to access education based on talent and credentials.

Our residents dedicate years of their lives acquiring the skills and knowledge necessary to provide the highest-level specialty care in the world. Thus, those individuals seeking training – and the educators providing it – need our help and support. We should explore strategies aimed at minimizing or perhaps eliminating the need for those seeking specialty education to assume enormous debt. This goes well beyond prosthodontics; it will benefit all the dental specialties, and the ACP can lead this cause.

This specialty is also defined by a forward-looking vision. This demands a renewed focus on research and clinical outcome assessments. We must understand emerging technologies, share them, and teach them.



This is a natural progression for our specialty as we are leaders in diagnosis and treatment-planning acumen. We must embrace our general community as the resource for applying technology. The ACP has begun this conversation and we are building bridges. Another strategic step forward is the ACP's first Digital Symposium in February. We look to be the specialty others approach for an educational pathway.

We have evolved from waxing, casting, and cumbersome instrumentation to CAD/CAM, grafting, tissue engineering, virtual articulation, and full-mouth rehabilitation with function in a day. One day, will we look back at the paradigm shift that titanium provided in elevating the care of our edentulous patients and the replacement of removable prostheses as a stepping stone? Of course we will.

I envision a time, not too long from now, with the successful mapping of the human genome having been completed, when an ACP Prosthodontist will prepare a computer-aided anatomically accurate osteotomy and re-implant a genetically engineered tooth. Titanium will take its place as another tool that we outgrew.

Progress is who we are; it's what our specialty is about. I am proud to say that our future is exciting and rich with opportunity. ■



## Dr. Per-Ingvar Brånemark

May 3, 1929 – Dec. 20, 2014

The father of modern dental implantology, Dr. Per-Ingvar Brånemark, will always be remembered by the American College of Prosthodontists and dental professionals everywhere. The ACP mourns the passing of this giant, a pioneer of our time. As we mourn his passing, we also celebrate the countless lives he changed through his work. Dr. Brånemark made it possible to restore oral health and return dignity to our patients in ways that had never been possible before.

As a prosthodontist, whether you were at the 1984 Toronto Symposium, were educated in the initial stages of osseointegration procedures, participated in the first zygoma training course, or had the unique experience of Novum's application, you were

influenced by Dr. Brånemark's legacy. His tireless dedication to improving human health, through the application of osseointegration in the oral cavity and systemically, forever altered our paths. For dentistry, it placed us on the medical model, one that catapulted the profession to new levels of care delivery.

As Isaac Newton said, "If I have seen further than others, it is by standing on the shoulders of giants." In patient care, in research, in every part of our specialty, we have all stood upon the shoulders of Dr. Per-Ingvar Brånemark.

Dr. Frank J. Tuminelli  
President, American College of Prosthodontists



**Per-Ingvar Brånemark**  
May 3, 1929 – December 20, 2014

# Ease of use meets restorative flexibility in the new NobelProcera® Hybrid

Nobel Biocare

Sooner or later, denture wearers return to their dentist. Perhaps they need to have their denture repaired. Or maybe they would like a solution that feels more like their natural teeth, but cost is a concern.

Whatever the reason, there is a huge opportunity for both labs and restorative dentists to assist this flow of returning patients. This is precisely where the new Hybrid fixed implant restoration (fixed complete denture) from NobelProcera® can help.

## The key to more implant treatments

Dental laboratories today are looking for new ways to stand out. In an increasingly competitive market they need to differentiate to develop. Fixed implant restorations like the NobelProcera® Hybrid make it possible to do just that, offering great results for the patient.

The Hybrid brings together excellent acrylic support with the time-efficient workflow of a fixed implant bar at a price that is attractive. It offers the best of both worlds and, importantly, is designed to last.

As a relatively cost-effective option, the Hybrid offers an increased likelihood of patient acceptance. This means a greater flow of cases for the restoring dentist and the dental lab, helping them to build their businesses while dramatically improving quality of life for the patient.

Patient acceptance also improves thanks to the Hybrid's compatibility with the All-on-4® treatment concept. This clinically proven 1-4 concept enables the restoration of a fully edentulous jaw on just four implants. It is therefore less invasive and more affordable, further increasing the rate of patient acceptance.

## Precision and design in perfect harmony

The old saying "time is money" is as relevant for dental laboratories as it is for any other business environment. The Hybrid allows dental labs to process more fixed implant restorations, more efficiently. The time it takes to design the Hybrid is kept to a minimum thanks to the NobelProcera® System's highly efficient CAD workflow.

Fingers in the anterior and retention elements in the posterior are designed to enhance the longevity of the restoration. The Hybrid bar gives the dental technician the tools they need to give the acrylic and denture teeth the best support possible. The added strength can save the restorative dentist time by reducing the risk that chairside repairs will be required.

## A win-win for professionals and patients

Theoretically, every removable denture represents an opportunity where the Hybrid could improve quality of life. It's a product that perfectly embodies Nobel Biocare's goal of helping its customers "treat more patients better". It increases patient flow while offering patients a better standard of care. That's surely the objective of every dental professional. ■

*Nobel Biocare was invited to submit this feature as part of their sponsorship of the Annual Session.*





*Learn more about how the Hybrid can help dental laboratories build their business at [nobelbiocare.com/nobelprocerabars](http://nobelbiocare.com/nobelprocerabars), or contact a local NobelProcera® sales representative.*

**Fig. 1:** The new Hybrid from NobelProcera® offers the ultimate in restorative flexibility and can reduce the likelihood that chairside repairs will be required. The design can incorporate retention elements (right), fingers (back), or a combination of the two (left) to provide excellent support for the acrylic.

SAVE THE DATE

Oct. 21 - 24, 2015  
Renaissance Orlando  
at Sea World

**ACP2015**  
**PROSTHODONTICS**  
45TH ANNUAL SESSION • OCT. 21-24 • ORLANDO

**Controversies and Innovations  
in Prosthodontics**

*Exploring Biologic and Technologic Principles*

Wednesday, Oct. 21  
**Updates in Prosthodontics**

Thursday, Oct. 22  
**Preservation vs. Replacement  
The Prosthodontist's Role Revisited**

Friday, Oct. 23  
**Innovations in Prosthodontic  
Therapy: Is Digital Dentistry Ready  
for Prime Time?**

**Controversies in Prosthodontic Therapy:  
Thinking Outside the Box**

Saturday, Oct. 24  
**The Laboratory Connection: Techniques,  
Innovations, and Pearls from the Experts**

Registration opens in May [acp45.com](http://acp45.com)





# Resident indebtedness and how it affects all prosthodontists

Robert W. Berg,  
DMD

The cost of higher education has been in national headlines like never before. Economic challenges at universities and hospitals due to the economy, decreases in state and federal funding, shrinking endowments, and other factors have contributed to the financial burden of attending dental school.

Today the average debt of a dental graduate (without post-graduate education) is more than \$200,000, an increase of 66% over the last decade. This becomes an even greater concern when these higher debt loads begin to impact career decisions, such as whether to enter a post-graduate specialty program (potentially more debt), open a solo practice, enter academic careers, and/or provide care to underserved populations.

The American Dental Education Association (ADEA) reports that 50% of all dental school graduates move on to a postdoctoral education program instead of heading directly into practice. Since debt keeps climbing, whether through compounding interest or new tuition costs, the success of one's future practice is even more important to accelerate as soon as possible.

While dental graduates struggle to manage their loan obligations, they do pay their loans. The default rate on student loans for medical and dental professionals is among the lowest of all professions, typically around 1 percent. By comparison, the national average default rate is over 10 percent.

Enter the specialty of prosthodontics. It's no secret that investment in an education is still the key to higher earning potential and that top-paying jobs typically require the most education, training, and experience. Year after year, Forbes and others decipher

numbers from the Bureau of Labor Statistics clearly showing that investing in your education can yield incredible returns, so the future may not be as bleak as some think. Debt, when being invested in an education such as the specialty of prosthodontics, can be utilized to advance an individual's goals.

However, the burden of this debt is a reality, and the numbers are astounding. In a recent survey performed by the ACP Task Force on Resident Indebtedness, 82.5% of residents currently enrolled in advanced education programs in prosthodontics will graduate with over \$150,000 in cumulative educational debt. 82.7% of new prosthodontists (graduates in the last 10 years) have accumulated educational debt that exceeds \$150,000, and 11.6% have over \$400,000 in cumulative educational debt. That's before purchasing a practice, a car, or a home.

The debt is real! So are the concerns. When we asked program directors, residents, and new prosthodontists what their major challenges were, they were, for the most part, the same. All three groups were first and foremost concerned with residents finding a job upon graduation, paying off debt, and the challenges of entering private practice (such as a referral base, practice management, and case acceptance). Residents and new prosthodontists were

concerned with the public's lack of awareness of prosthodontics. Given the rising age of retirement of dentists (8-10 years longer than previous decades), graduates have fewer opportunities in private practice, making career choices even more challenging.

This is a major issue for prosthodontics as a whole. Future generations of prosthodontists are being faced with economic challenges like never before. The challenges that programs are having with faculty may be affected as well, with graduates electing to go into the more lucrative private sector to improve their earning potential and pay off their debt sooner rather than pursuing an academic career. Applicant pools for graduate programs may also be affected as dental school graduates put off a post-graduate prosthodontics program in lieu of acquiring more debt (and lost income) during the three years of residency.

Fortunately, the ACP can help! All three groups that participated in the survey suggested that lobbying efforts, programs at the Annual Session, and an online job portal can help with these concerns.

Despite the financial burden, the future of specialty education in prosthodontics remains bright. The quality of applicants to post-graduate programs continues to impress. New prosthodontists are more qualified than ever to care for patients and are repaying their debt. With attention paid to the issues and realities related to the investment in a prosthodontic education, we will be able to further educate and prepare the specialty for the future. ■

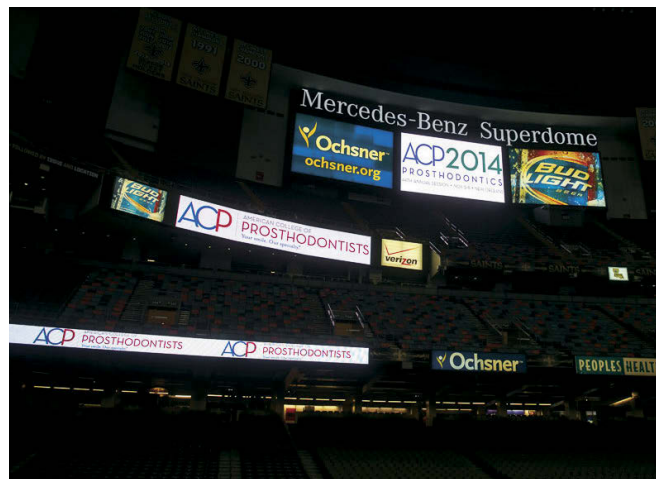
Since debt keeps climbing, whether through compounding interest or new tuition costs, the success of one's future practice is even more important to accelerate as soon as possible.





# New heights in New Orleans

In life, as in prosthodontics, challenges can become opportunities. So when the American College of Prosthodontists came to New Orleans with a near-record attendance, a meeting at the Hyatt Regency expanded to the Mercedes-Benz Superdome.







Over the course of four days, ACP President Dr. John Agar and Program Chair Dr. Carl Driscoll delivered an exceptional program covering diagnostic considerations and legal consequences, cross-specialty collaboration, cost and benefit analysis for new technology, and much more. Speakers wrestled with complications, failures, and solutions from their own personal experience, while breakout sessions delivered focused learning on topics such as preparing to go into practice.



We'll see you Oct. 21-24, 2015 in Orlando!



## Table Clinics Competition

The 2014 Table Clinics Competition was made possible through the support of the ACP Education Foundation. Congratulations to this year's winners! These individuals were selected from more than 100 entrants in this year's competition at the Annual Session in New Orleans. Entrants are pictured with Dr. Caroline T. Nguyen, Table Clinics Chair.

### Postgraduate Competition



**Dr. Konstantinos Vazouras**  
University of Connecticut Health Center  
*Custom CAD/CAM Abutment Failure During Cyclic Fatigue (Modified ISO 14801:2008)*

### Predoctoral Competition



**Ms. Sohyun Park**  
Harvard University  
*Effects of Implant Abutment Connection Type, Implant Length, and Abutment Screw Length on Dental Implant Reverse Torque Value*



**Dr. Natalie Baker**  
University of Illinois at Chicago  
*Characterization and Biocompatibility of Transparent Nanotubes on Hybrid TiZrO<sub>2</sub>*



**Mr. Kale McMillan**  
New York University  
*Caries Risk Assessment in Fixed Prosthodontic Treatment*



**Dr. Jyme Rae Charette**  
University of Louisville  
*Utilizing Previous Records to Predictably Remove Fractured Porcelain Implant Restorations: The Preservation of Soft Tissue Contours and Custom Abutments*



**Mr. Dane C. McMillan**  
New York University  
*Predoctoral Student Implant Guidelines: What Are They Good For? Absolutely...*

## John J. Sharry Research Competition

Held annually since 1976, the John J. Sharry Research Competition is intended to stimulate and acknowledge original research in prosthodontics by students.

“This year’s Sharry Competition was extremely competitive. Out of eighteen outstanding applications, three finalists were selected to present during the 2014 ACP Annual Session,” said Dr. Radi Masri, chair of the ACP Research Committee. “The presentations were equally impressive, with very little separation among the three finalists. After difficult deliberations, the judging committee awarded the first place to Dr. Aram Kim (mentor: Dr. Stephen Campbell) for her project on the effect of implant abutment material on perceived esthetics. The second place winner was Dr. Aurora Dibner (mentor: Dr. Robert Kelly) and the third place went to Dr. Sanjay Karunagaran (mentor: Dr. Seichii Yamamo). Congratulations to all three winners.”



First place winner, Dr. Aram Kim, pictured with Dr. Radi Masri, ACP Research Committee Chair

### 1ST PLACE

**Dr. Aram Kim**

University of Illinois at Chicago

*Abutment Material Effect on Peri-implant Soft Tissue Color and Perceived Esthetics*

### 2ND PLACE

**Dr. Aurora Dibner**

University of Connecticut Health Center

*Fatigue Strength of Bi-layered Ceramics Under Cyclic Loading as a Function of Core Veneer Thickness*

### 3RD PLACE

**Dr. Sanjay Karunagaran**

University of Tennessee

*A Novel Implant Surface Treatment to Enhance Rapid Osseointegration: Nanometer-scale Features on Micrometer-scale Surface Texturing*

## Polishing the Crown Jewel

As the premier educational event in the prosthodontic specialty, the Annual Session is often called the “Crown Jewel” of the American College of Prosthodontists. With four days of programs and a roster of speakers from around the world, what goes on behind the scenes to create an Annual Session?

### 2014 NEW ORLEANS:



**138**

GALLONS OF COFFEE  
DRANK BY ATTENDEES  
IN THE EXHIBIT HALL



**1,500**

BEIGNETS EATEN  
BY ATTENDEES

**2,760**

CUPS OF COFFEE  
DRANK BY ATTENDEES  
IN THE EXHIBIT HALL



**2,000**

SLIDERS EATEN  
BY ATTENDEES

**\$70,135**

COST OF COFFEE/BEIGNETS  
AND CONTINENTAL BREAKFAST  
FOR 2 DAYS IN THE EXHIBIT HALL

**\$71,013**

COST OF AFTERNOON BREAKS  
(PIZZA AND SLIDERS) FOR 2 DAYS  
IN THE EXHIBIT HALL





## Awards of Distinction



**Distinguished Service Award**  
To Dr. Nancy S. Arbree,  
pictured here with Dr. Walter  
S. Warpeha, Jr. (left)



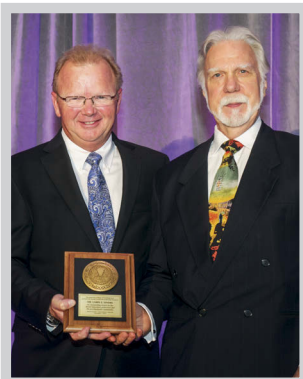
**Distinguished Lecturer  
Award** To Dr. Urs C. Belser,  
pictured here with Dr. Kent L.  
Knoernschild (left)



**Educator of the Year Award**  
To Dr. Hiroshi Hirayama,  
pictured here with Dr. William  
W. Nagy (left)



**Clinician/Researcher Award**  
To Dr. Kenneth S. Kurtz,  
pictured here with Dr. Mary P.  
Walker (left)



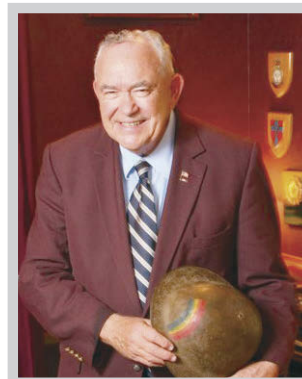
**Dental Technician  
Leadership Award**  
To Mr. Larry L. Lindke,  
pictured here with  
Dr. Paul Scuggs (left)



**Major General (Retired) Bill  
B. Lefler Federal Services  
Award** To Dr. William O.  
Wilson, pictured here with  
Dr. Gerald T. Grant (left)

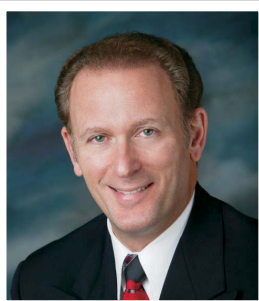


**Dan Gordon Award**  
To Charles J. Goodacre,  
pictured here with  
Dr. Stephen F. Bergen (left)



**President's Award**  
To Maj. Gen. (Ret.)  
Bill B. Lefler

## Private Practice Award



**Private Practice Award,  
Region 1 - Northeast**  
To Dr. Jack Piermatti



**Private Practice Award,  
Region 2 - Eastern**  
To Dr. Joseph B. Breitman,  
pictured here with  
Dr. Thomas J. Balshi (left)



**Private Practice Award,  
Region 3 - Central**  
To Dr. Edward M. Amet,  
pictured here with  
Dr. Lars Bouma (left)



**Private Practice Award,  
Region 4 - Rockies/Plains**  
To Dr. Stephen A. Wagner,  
pictured here with  
Dr. Alvin Wee (left)



**Private Practice Award,  
Region 5 - Pacific**  
To Dr. Roy T. Yanase,  
pictured here with  
Dr. Nadim Z. Baba (left)

## Honorary Member Recognition



Three oral health professionals were introduced and recognized as Honorary Members of the American College of Prosthodontists. These individuals have made significant clinical or scientific contributions to the discipline and/or specialty of prosthodontics.



Photo, top: Dr. Urs C. Belser (center), pictured here with Dr. Thomas Taylor (right) and Dr. John R. Agar (left).

Photo, center: Dr. Robert Gottlander (center), pictured here with Dr. Frank J. Tuminelli (right) and Dr. John R. Agar (left).



Photo, bottom: Dr. Bach T. Le (center), pictured here with Dr. Lars Bouma (right) and Dr. John R. Agar (left).

## Polishing the Crown Jewel *(continued from previous page)*

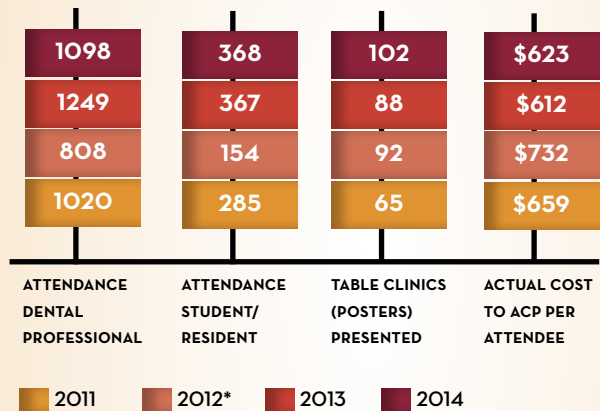


**1080**  
STAFF HOURS  
ON-SITE FOR THE  
WEEK (AVERAGE 75  
PER STAFF MEMBER)



**8**

AV TECHNICIANS SPEND  
**295** TOTAL HOURS TO  
SET UP AND BREAK DOWN  
ALL EVENTS AT THE  
MEETING



\*Figures for 2012 in Baltimore were affected by Hurricane Sandy.

## Founders Society Award



For his contributions to the ACP, his students, his patients, and prosthodontics as a whole, Dr. Harold Litvak was recognized with the Founders Society Award of the ACP Education Foundation. “When you say his name, you hear nothing but great comments and warm feelings from those that know him and care deeply for him,” said Dr. Lily T. Garcia, Chair of the Foundation. “Now that I have had the opportunity to work with Harold and to have gotten to know him, I can say that I share their genuine feelings and respect for this wonderful person.”

Dr. Michael Litvak accepted the award on his father’s behalf, and is shown here with just a few of the many people who hold appreciation for Dr. Harold Litvak as a leader, mentor, and friend.



### ACP Members Launch Pilot Program in Idaho

Drs. Michael Gurney and Linda Ruppel are participating in a new pilot program with several dental colleagues, aiming to provide dental treatment for 50 elderly patients in need in Boise and Twin Falls, Idaho. Funding is being provided by Delta Dental for equipment and supplies to set up chairs in the nursing homes for screening and future treatments. Additional funding is coming from Incurred

Medical Expense, which will allow the team to provide treatments such as dentures that are not covered by Medicaid.

“The hope is that in the future the program will continue to grow and more elderly patients without funds can receive needed dental treatment,” said Dr. Ruppel.

### Now Online in the *Journal of Prosthodontics*

While accuracy of fit is the characteristic most closely related to the longevity of a restoration, no studies have evaluated the influence of both the impression technique and the prosthesis fabrication technique on the marginal fit of the final all-ceramic restoration. Therefore, Dr. Evanthia Anadioti and colleagues conducted an in vitro study to evaluate the marginal fit of all-ceramic crowns made from two impression techniques (digital vs. conventional) and two fabrication methods (CAD/CAM vs. press). No studies in the literature assess the adaptation of all-ceramic crowns made from the combination of those techniques. Therefore, this study provided information as to how either impression technique could be combined with either crown fabrication method to facilitate the needs or the availability of each in clinical practice.

The authors found that the combination of poly(vinyl siloxane) impression method and press fabrication technique produced the most accurate 3D and 2D marginal fits. That said, all combinations produced crowns with a clinically acceptable marginal fit. According to Dr. Anadioti, “Current techniques for digital impressions and CAD/CAM crown fabrication have evolved to the point where they can produce reliable marginal fit that meet or exceed clinically acceptable standards.”

This research was awarded first place at the John J. Sharry Research Competition at 43rd Annual Session of the American College of Prosthodontists.

*Anadioti E, Aquilino SA, Gratton DG, et al: 3D and 2D marginal fit of pressed and CAD/CAM lithium disilicate crowns made from digital and conventional impressions. J Prosthodont 2014 doi: 10.1111/jopr.12180*



### Dental Students Decide to Specialize

Dr. Anne Fabricius of Oak Park, IL represented the American College of Prosthodontists at the 2014 National Leadership Conference of the American Student Dental Association, which brought more than 500 dental students to Chicago.

Attendees learned about residency, careers in prosthodontics, and the benefits of ACP student membership, leading to more than 30 new student members for the College.



## Cancer Care and the Role of a Prosthodontist

Do you treat patients for head and neck cancer? The new ACP Cancer Care video, which you can share with patients or play in your waiting room, showcases the role prosthodontists play on the patient care team. Prosthodontists are featured in the video along with their patients.

“I love the video, particularly the interaction between the patients and prosthodontists,” said Dr. Doug Benting, a private practitioner in Arizona. “This could be good to show someone who is just getting their head around the news that they have cancer because there are real people like Jim in the video, who is nine years out and doing all right.”



## New ACP Fellows and Diplomates of the American Board of Prosthodontics

Congratulations to the Class of 2014!

Dr. Amara C. Abreu-Serrano  
Dr. Mai H. Al Mujel  
Dr. Nadia S. Al-Angari  
Dr. Eassa A. Alobaidi  
Dr. Fawaaz I. Alqahtani  
Dr. Mosa M. Altassan  
Dr. Evanthia Anadioti  
Dr. Allison Yuriko Andresen  
Dr. Rodney L. Andrus  
Dr. Ann M. Behrends  
Dr. P. Andrew Benson  
Dr. Carlos Castro  
Dr. Carolina Cespedes Manguart  
Dr. Sahar Damghani  
Dr. Efterpi Zantopoulos Deegan  
Dr. Richard Brian Derksen  
Dr. Brandon DeWitt  
Dr. Aurora C. Dibner  
Dr. Joseph DiFazio  
Dr. Khaled M. El Rafie  
Dr. Caroline Corrigan Eskow  
Dr. Nathaniel Farley  
Dr. Marina Funtik  
Dr. Daniel F. Galindo

Dr. Antoanela Garbacea  
Dr. Jacqueline A. Hogan  
Dr. Dong-Soo Hong  
Dr. Michelle A. Howard Rynn  
Dr. Peterson Huang  
Dr. Andrew C. Johnson  
Dr. Melani Kapetanakis  
Dr. Junhyck Kim  
Dr. Yung Kyun Kim  
Dr. Elias Dimitrios Kontogiorgos  
Dr. Alejandro Kovacs  
Dr. David Lalande  
Dr. Sang J. Lee  
Dr. Elyce E. Link-Bindo  
Dr. Weiqiang Loke  
Dr. Amalie Lomartire  
Dr. Georgia M. Macedo Weld  
Dr. Nicole L. Mackie  
Dr. Anna Manzotti  
Dr. Beatrice C. Maritim  
Dr. Georgios Maroulakos  
Dr. Kirstin T. McCarville  
Dr. Joseph C. Meng  
Dr. Mehrdad Mortaz

Dr. Alireza Moshaverinia  
Dr. Shane G. Mullane  
Dr. William J. O'Brien  
Dr. Gen B. Paek  
Dr. Alfredo R. Paredes  
Dr. Vicki C. Petropoulos  
Dr. Stewart W. Pharr  
Dr. Natalie K. Powell  
Dr. Amit Punj  
Dr. Hai Qing  
Dr. Osama A. Qutub  
Dr. Valentina Redden  
Dr. David J. Rusthoven  
Dr. Mahmoud M. Serag  
Dr. Tanya Somohano Marquez  
Dr. Yinghan Tan  
Dr. Emily J. Taylor  
Dr. Fransiskus Andrianto  
Tjiptowidjojo  
Dr. Elaine Torres-Melendez  
Dr. Sarah K. Turbush  
Dr. Bhavani Venkatachalam  
Dr. George Ding-Chun Wu

## ACP 2015 Officers and Board Members



Dr. Frank J. Tuminelli



Dr. Carol A. Lefebvre



Dr. Carl F. Driscoll



Dr. Robert E. Stover



Dr. Susan E. Brackett

**Dr. Julie A. Holloway** (Treasurer), **Dr. Lino P. Calvani** (Region 7 Membership Director), **Dr. Paul E. Scruggs** (Region 2 Membership Director), **Dr. Victoria A. Vickers** (Public Relations & Communications Division Director), and **Dr. Alvin G. Wee** (Region 4 Membership Director) were re-elected to new terms in their previous positions. **Dr. John R. Agar** will remain an active member of the ACP Board of Directors by serving as Immediate Past President for the next year.

**Dr. Frank J. Tuminelli** was installed as President of the American College of Prosthodontists. A private practice prosthodontist in Great Neck, New York, Dr. Tuminelli dedicates time to mentor the next generation of prosthodontists in his role as Director of Graduate Prosthodontics at New York Hospital Queens. Highly respected, regarded, and well-loved by students, patients, and peers, Dr. Tuminelli is a Past President of the Greater New York Academy of Prosthodontics and a Diplomate of the American Board of Prosthodontics.

**Dr. Carl F. Driscoll** was installed as President-Elect of the American College of Prosthodontists. He currently serves as a Professor at the University of Maryland Dental School and as Director of the Prosthodontic Residency. He previously held the same position with the U.S. Army at Walter Reed Army Medical Center in Washington, D.C. from 1994-97. Dr. Driscoll retired from the Army in 1997 with the rank of Colonel. He has served as President of the American Academy of Fixed Prosthodontics and the American Board of Prosthodontics.

**Dr. Susan E. Brackett** was installed as Vice President of the American College of Prosthodontists. Following a long and successful career in academics, Dr. Brackett joined an established prosthodontic private practice in Oklahoma City. In 2013, the ACP Education Foundation recognized Dr. Brackett's service to the organization with the Founders Society Award. She is a Diplomate of the American Board of Prosthodontics and a Fellow of the American College of Dentists and of the American College of Prosthodontists.

**Dr. Carol A. Lefebvre** was installed as Secretary of the American College of Prosthodontists. Dr. Lefebvre was recently appointed as Dean of Georgia Regents University College of Dental Medicine. She is also a professor in the departments of Oral Rehabilitation and Oral Biology in the College of Dental Medicine and the College of Graduate Studies. Dr. Lefebvre is a Diplomate of the American Board of Prosthodontics, a Fellow in the Academy of Prosthodontics, the American College of Prosthodontists, Pierre Fauchard Academy, and the International College of Dentists, as well as a member of Omicron Kappa Upsilon and Phi Kappa Phi.

**Dr. Robert E. Stover** was installed as Region 5 Membership Director. Based in Olympia, Washington, Dr. Stover is a board-certified prosthodontist who participates in many different areas of the prosthodontic specialty. He is also a Diplomate of the American Board of Prosthodontics. Dr. Stover has published articles in the *Journal of Periodontology* and the *International Journal of Dental Research* and has lectured both nationally and internationally. His passion and expertise also led him to serve on the ACP Judicial Committee and participate in the ACP ProNet Study Committee.

**Dr. Stephen A. Wagner** was installed as Prosthodontic Practice & Patient Care Division Director. Dr. Wagner, a Diplomate of the American Board of Prosthodontics and a Fellow of the Academy of Maxillofacial Prosthetics, is currently in his 36th year of private practice in Albuquerque, New Mexico. Dental images taken by Dr. Wagner have been used by the *New York Times*, *ABC News*, *The Discovery Channel*, *Newsweek*, and the American Dental



Dr. Stephen A. Wagner

Association. He is the current editor of the American College of Prosthodontists' Board Study Guide. His primary clinical research interests center around work simplification in removable and maxillofacial prosthodontics.

**Dr. Betsy K. Davis** was installed as Maxillofacial Prosthetics Director. She is associate professor and director of the Maxillofacial Prosthodontic Clinic at the Medical University of South Carolina, Charleston, where she holds the Wendy and Keith Wellin Endowed Chair in Maxillofacial Prosthetics and Dental Oncology. She is a recipient of the Presidential Citation from the American Head & Neck Society. She has served as President of the American Academy of Maxillofacial Prosthetics.



Dr. Betsy K. Davis

## IN MEMORIAM

The College and Board of Directors remember the following colleagues:



Dr. Thomas C. Abrahamsen

Dr. Reno A. Ahlvin, Jr.

Dr. Jeffrey C. Archer

Dr. Jean-Francois Bedard

Dr. Per-Ingvar Brånemark

Dr. Lawrence Churgin

Dr. Robert S. Conrad

Dr. Carlos O. DeLeon

Dr. Roy Hawkinson

Dr. Richard Hesby

Dr. John Y.H. Ismail

Dr. George H. Latta



*In their honor, the College has made a contribution to the ACP Education Foundation.*

## IN MEMORIAM

A donation has been made to the endowment of the ACP Education Foundation in honor of:



Merrye Shavel Hudis

Sheila Litvak



## Welcome New Members

September –December 2014

### New Academic Alliance Members

Dr. Najla Chebib  
Dr. Negar Homayounfar  
Dr. Walter G. Renne  
Dr. Elizabeth F. Schuler

### New Advanced Program and Graduate Student Alliance Members

Dr. Malek R. Alshehri  
Dr. Joshua D. Yanoviak

### New Dental Technician Alliance Member

Mr. Gregorio O. Mancina

### Reinstated Dental Technician Alliance Members

Mr. Robert E. Kreyer, Jr.  
Mr. Roman Maiberg  
Mr. Thomas S. Sing

### Reinstated Fellows

Dr. Richard V. Ritter  
Dr. David J. Rusthoven

### Reinstated International Fellows

Dr. Amal Rashad Abualsamh  
Dr. Somkiat Aimplee  
Dr. Song Auttawetchakul

### New International Members

Dr. Ansgar C. Cheng  
Dr. Leslie P. Laing Gibbard

### Reinstated International Members

Dr. Kevin Aminzadeh  
Dr. Aws S. ArRejaie  
Dr. Jaime T. Castro  
Dr. Terry J. Lim

### New Global Alliance Members

Dr. Mohammad Jamal Abdin  
Dr. Pooja Garg  
Dr. Edmond H.N. Pow  
Dr. Vaughn A.T. Suite

### New Members

Dr. Tomas Anderkvist  
Dr. Ray Galvan  
Dr. Daniel G. Mashoof

### Reinstated Members

Dr. Michael J. Covaney  
Dr. Julio Espinoza  
Dr. Wael N. Garine  
Dr. Didier Guillaume  
Dr. Sujey Morgan  
Dr. Mary Ibeth Ossa Correnti  
Dr. John Paul Osterman  
Dr. Hernan Enrique Quintero  
Dr. Giancarlo Romero  
Dr. Marc S. Sclafani  
Dr. Lawrence O. Sims

### New Predoctoral Alliance Members

Ms. Priyadarshini Agrawal  
Mr. Anthony A. Bouza  
Mr. Nag Bum Chu  
Mr. Thomas G. Fuschetto  
Mr. Matthew T. Harper  
Mr. Jason Hwang  
Ms. Taylor J. Manalili  
Ms. Alisha N. Nichols  
Ms. Cristina Osorio  
Ms. Sohyun Park  
Mr. Moshe M. Rechthand  
Ms. Sierra R. Van Den Dries  
Ms. Elyse A. Wagner

### Resident/Graduate Student Members

Dr. Rishabh P. Acharya  
Dr. Brenda L. Acosta  
Dr. Bryce Peter Adamson  
Dr. Abdulla Alameeri  
Dr. Naser B. Alawadhi  
Dr. Bader A. Aldhayan  
Dr. Murtada H. Aldoukhi  
Dr. Muayad M. Al-Furaih  
Dr. Maha Muzahem Al-Sahan  
Dr. Hussain D. Alsayed  
Dr. Konstantina Angelara  
Dr. Jean-Carlo Aymerich  
Dr. Nadia A. Basha  
Dr. Travis D. Bellicchi  
Dr. Michele Buda  
Dr. Sapanis D. Cho  
Dr. Shayla H. Dang  
Dr. Andrew N. Dill  
Dr. Faraj M. Edher  
Dr. Nora O. El-Mowafy  
Dr. Salam Hetou  
Dr. Peerapat Kaweewongprasert  
Dr. Yasser A. Khaled  
Dr. Thomas Lee Kwun  
Dr. Stephen Paul Lambert  
Dr. Rui Li  
Dr. Yanira Lopez Aquino  
Dr. Santiago Merino  
Dr. Sidharth Mohan  
Dr. Rami Muadab  
Dr. Walter E. Odisho  
Dr. Naif Sinada  
Dr. Marko Y. Tadros  
Dr. Arun Vashisht  
Dr. Peter D. Walker  
Dr. Hasan G. Yap

## Upcoming Events



Harness the Power of  
Digital Dentistry  
Feb. 23-24, 2015  
[Prosthodontics.org](http://Prosthodontics.org)

National Prosthodontics  
Awareness Week  
April 12-18, 2015  
[GoToAPro.org/NPAW](http://GoToAPro.org/NPAW)

45th Annual Session  
Orlando  
Oct. 21-24, 2015  
[acp45.com](http://acp45.com)

## Job Opportunities

### California (Sacramento) -

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

### California (San Diego) -

The Permadontics Implant Center in beautiful San Diego. Full-time prosthodontist needed to start immediately. State of the art facility. Call Dr. Ian Aires at 858-869-5673 or email airesian64@gmail.com

### Colorado (Colorado Springs) -

Board certified Prosthodontist seeking associate with buy in opportunity. Well established (22 years), fee for service, state of the art practice limited to the specialty of prosthodontics. 3837 sqft; 6 ops; full fabrication in-house lab. Partner of 17 years recently retired. Please send cover letter and CV to seamands@aol.com

### Florida (Jupiter) -

Established prosthodontic practice based in desirable Jupiter, Florida, is seeking an enthusiastic Associate Prosthodontist to join our practice. We are well known in the community and have enjoyed long term success with our strong referral network and patient relationships. As members of the Seattle Study Club for the past 8 years, our practice encourages growth and development through continuing education. Our beautiful facility and passionate team offer a high level of technology, comfort, and superior care to our patients. Interested parties please submit your resume to: drgarine@drgarine.com

### Maine (Portland) -

Expanding coastal Maine 40 year old prosthodontic specialty practice seeks prosthodontist to join busy, established, successful, three prosthodontists' practice moving to new free standing building with all of the state of the art equipment & nationally recognized in-house fixed prosthodontic laboratory. Excellent pay/benefits. Email prosth@maine.rr.com, fax inquiries to 207-775-6311.

### Michigan (Oakland County) -

Practice opportunity leading to full partnership in a well-established multi-practitioner prosthodontic practice located in Oakland County, Michigan. Fee for service practice: fixed, removable, implant prosthodontics and maxillofacial prosthetics. Full staff including two technicians and 8 operatories. American Board of Prosthodontics certification preferred. Confidential email inquiries to: PicMichigan@comcast.net

### New York (Manhattan) -

Midtown Manhattan Prosthodontic Practice, with academic affiliation, has a full time associate opportunity. Implant dentistry from an accredited ADA training program is required. Please call our office at 212-750-0050 and ask for Elise Caraveo, Office Manager or email office@devinokay.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

### Wisconsin (Madison) -

Madison, WI based Prosthodontic practice, is seeking an Associate Prosthodontist to join our 2 doctor practice. We are well known in the community and have enjoyed long term success with our strong referral network. Our new facility and experienced team offer a high level of technology, comfort, and superior care to our patients. Experience with Maxillofacial Prosthetics or other related complex prosthodontic care is a plus. A competitive compensation and benefit package will be offered. Submit your resume to: hr@dentalpracticeadvisors.com

## Practices for Sale

### Arizona (Tucson) -

Top floor, end unit, spectacular mountain views. Newly remodeled with equipment that easily conforms to right or left-handed doctor. Two fully equipped large operatories. One additional consult room with business desk/computer and dental chair with light which can easily become a full 3rd operatory. Eaglesoft software. Large newly remodeled lab. Practice started in 1993. Acquired in 2012. All phases of prosthodontics. Primary focus is implant restorations. Close to Tucson Medical Center. Email: pedigob8@aol.com

### California (Central Coast) -

Well-established practice located in California's gorgeous Central Coast area. Beautifully appointed, spacious 1,568 sq.ft. office with 4 fully equipped ops, pros lab and other amenities. Situated just minutes from the ocean and <5 miles away from one of California's historic Mission Cities, this practice is nestled in a highly desirable community. 2013 gross receipts were \$1.2M+ and 2014 is annualized at \$1.3M+ on a 4 day doctor workweek, w/ 4 days of hygiene/week. Approx. 15 new patients a month and ~1,500 active patients (all fee-for-service). Owner/doctor is willing to help Buyer for smooth transition. For more details on this amazing opportunity please call Carroll & Company (650) 403-1010 DRE#00777682.

## Practices for Sale

### 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

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### California (Palm Desert) -

State of the art 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 due to husband job relocation. Collected over 850k in 2014. Serious inquiries only. Kept confidential. Email contact info to: golfinthedesert@gmail.com

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### Kansas (Kansas City) -

Implant focused prosthodontic practice in Kansas City for sale. 1200 active patients with an excellent marketing program. Well known doctor with established practice. Very impressive equipment with 3D, CAD/CAM, and in house lab. Please contact Kyle Francis with Professional Transition Strategies at 719-459-1021 or kfrancis@professionaltransition.com

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### Massachusetts (Merrimack Valley) -

A Board Certified prosthodontist's 20 year old practice for sale. A beautiful 2 operatory (plumbed for 3) office in the Merrimack Valley of Massachusetts. Income averages over \$350,000/year on 2 days/week. A perfect opportunity for a young prosthodontist. Serious inquiries only. Email cohibalou@aol.com

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### Texas (Northwest Houston) -

Established Prosthodontic practice located in high growth area of Northwest Houston. The stand alone building provides a visible location along a major thoroughfare and includes 3,200 square feet of office space, 5 fully equipped operatories, and an on-site lab. Procedures performed by the seller and offered through the practice include hygiene services, crown and bridge, dentures and partials, All-on-4 implant prostheses, fixed and removable implant treatment, full mouth reconstruction and general dentistry restorative procedures. Annual revenues are consistently near \$800K with very strong after debt service cash flow. Seller is phasing into retirement and is open to work as an associate during an extended transition after closing. The real estate is also available for purchase. Asking \$600,000 (#H251) McLerran & Associates - Houston dental-sales.com (281) 362-1707 houstoneasttx@dental-sales.com

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### Virginia (Northern Virginia)-

Great opportunity to own a well established practice in a state of the art facility. All fee for service, \$1 million+, 4 treatment rooms. Dentist to stay on through transition. Please call 678-482-7305 or email info@southeasttransitions.com for details using Listing ID VA-1022.

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### 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

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### Washington (Spokane) -

Spokane, Washington practice for sale. Unique opportunity in the beautiful Pacific Northwest. Prosthodontic practice just miles from endless year round outdoor recreation. Heavy emphasis on crown and bridge and implant reconstruction. Very strong net and a solid corner in prosthetic dentistry as the only prosthetic practice in North Spokane. There are two full time and one part time prosthodontic practices in the entire city and county. This practice features 6 ops and an active hygiene department and is located in a 2-story professional building with a periodontist, an orthodontist and 4 general practices. Current lease is up on 8/31/2017 with a 5 year option available. Doctor will stay for transition period if desired. Call: O 509-327-4469, C 509-688-9288 or email: retoother@hotmail.com

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### 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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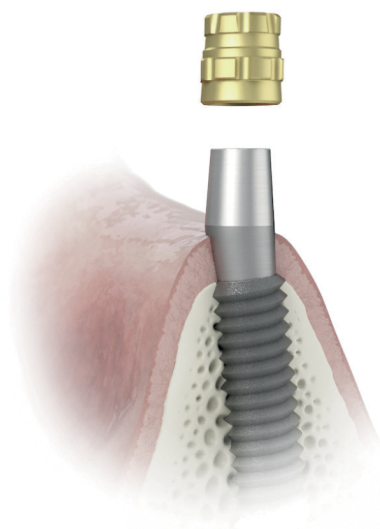
NEW

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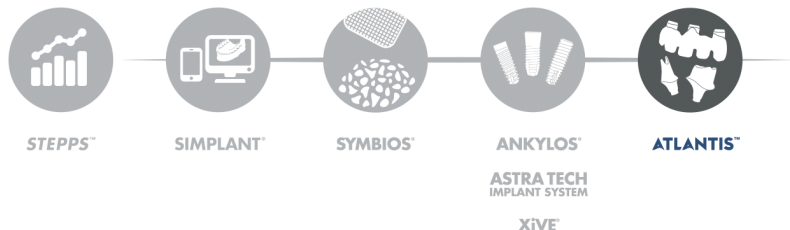
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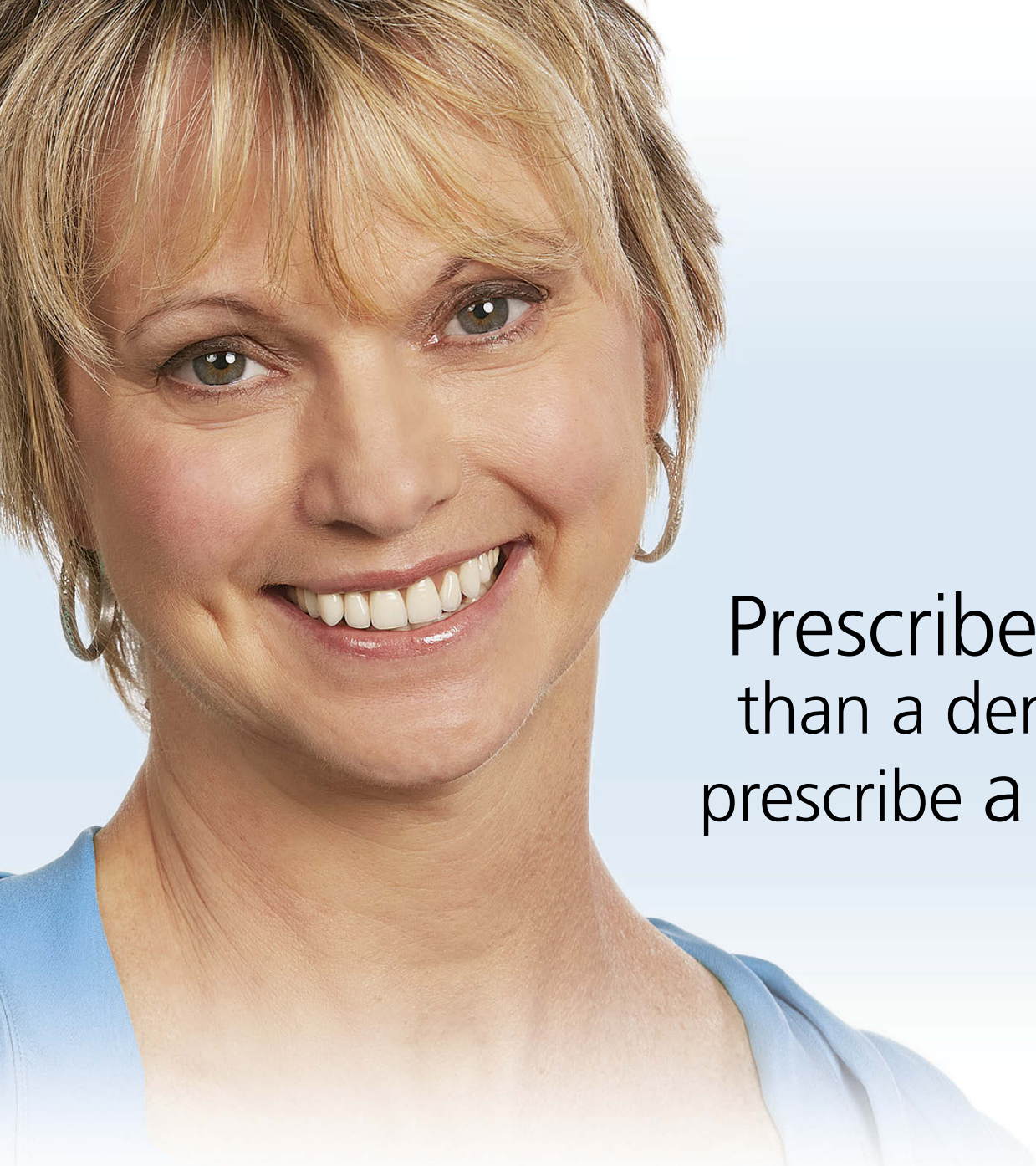
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- Designed to fit SynCone caps, ensuring a tightly-seated final restoration and minimizing gaps and micro-movement.
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