



# NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS  
DEDICATED TO SERVING THE PUBLIC

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SEPTEMBER 1986

## THE AMERICAN DENTAL ASSOCIATION AND THE COLLEGE

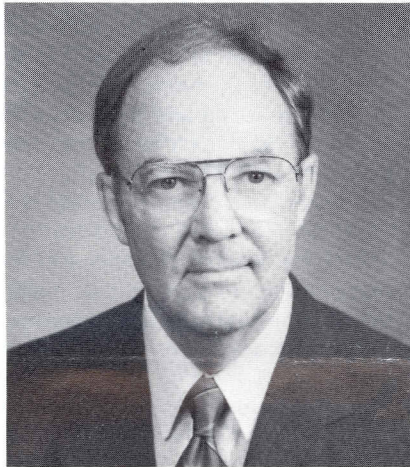
The American Dental Association is concerned about the *specialties* in dentistry.

The Special Committee on Fragmentation of the Association and the Profession was formed by the ADA to study the problems that the profession and its specialties face in today's world. These problems, as the ADA saw them, included:

- intraprofessional conflicts specialties branching and broadening subspecialties developing new specialties asking for recognition one specialty infringing on another
- “special interest organizations” within the dental profession
- mismanagement of patient care referrals
- decreasing “busyness”
- alternate delivery systems
- new and more advertising in dentistry
- the establishment of independent practices by groups allied to dentistry
- the increase in malpractice suits

These are valid concerns. The Special Committee received over 100 written responses and accepted oral testimony in its study of these problems. Its “Statement of Intent” contained suggestions on how to minimize fragmentation and maximize cooperation among organizations within the profession. Lastly, the Special Committee developed a comprehensive statement of desired outcomes with a strategic action plan. These actions will go a long way toward elimination of the stated concerns. The ADA is to be commended for its progressive leader-

## PRESIDENT'S MESSAGE



ship, its desire to look down the road to avoid problems, and its willingness to serve all of its constituent societies and recognized specialties.

ADA President Abraham Kobren has gone one step further in attacking the same problems. In July he met with representatives of the eight recognized specialties to offer further opportunity for exchange of ideas which will solidify relationships within the profession.

I have been assured by Dr. Joseph Devine, the President-Elect of the American Dental Association, that he will continue to have the relationship of the specialties and the general practitioner uppermost on his mind. He will continue to create opportunities for these groups to voice concerns and develop solutions to problems.

*As we face the best of situations with the American Dental Association we must ask:*

Can the specialty of prosthodontics be represented by an organization comprised of member organizations whose individual members may or may not be specialists, and many of whom are general dentists?

Should the specialty board in prosthodontics be sponsored by an organization whose member organizations are made up of individual members who may not be educationally qualified or certified as specialists? Is it right to have the specialty board sponsored by an organization whose membership is not reflective of a special area of dental practice, i.e. the specialty of prosthodontics?

Does it help the specialty of prosthodontics to have the profession and the other dental specialties confused when the terms Federation or FPO are substituted for the word “specialty”?

Does it help the specialty of prosthodontics when “the national voice for Prosthodontics”, the FPO, makes its recommendations by statements of consensus from all of its member organizations?

Does the expression of a consensus view to the American Dental Association and the Canadian Dental Association and their agencies really clarify where the specialty stands on issues?

Will it help the specialty when the primary spokesman of the specialty's sponsoring organization is neither educationally qualified or certified?

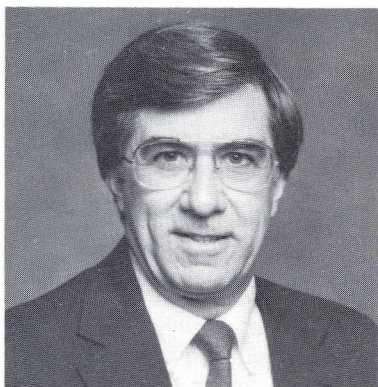
As individuals many of us belong to two, three, or more organizations with interests related to prosthodontics. Because we all want to do the best we can, we give our time, our talents, and our money to each organization. We are all spread thin. We all have allegiances to these organizations which are difficult to give up. We all have evolved from the way things were in the past.

These are times when it clearly is *the specialty* that is being asked the questions. When we answer, we must speak as and be clearly identified as *the specialty*. This isn't the past. This is now.

This is a call to come home to the specialty. I'm asking the leaders trained as specialists to participate, to seek committee positions, to be involved at the officer level, to use the American College of Prosthodontists as their only voice; to expend their time and effort and money solely on behalf of the College, both at the sections level and on the national level; to support the specialty directly through the only organization of specialists in prosthodontics, the American College of Prosthodontists.

My year as President of this College has slipped by all too quickly. I have always been immensely proud of our organization, what it stands for, and how it does business. This year has changed none of that. I leave satisfied that those who have worked so hard for the College this past year have strengthened it and have put it in a better position for the future. My final satisfaction will be when I see all of those trained and certified, our members in name, become our members in fact. It is happening and I'm glad to have been a small part of it. I thank you from the bottom of my heart.

## FROM THE SECRETARY



Your Executive Council met in Reston, Virginia on June 6-7, 1986. As Secretary, I listen to tape recordings made of the entire meeting in preparation of the minutes, and I promise you that your officers, Executive Councilors and committees are working very efficiently in their tasks as they represent you and the specialty of Prosthodontics. To be better informed and in accordance with the By-laws, any College member can request a copy of those minutes. If you have a disagreement with an Executive Council decision, or the direction you perceive the College is moving, please inform your

officers or Executive Councilors. Your concern can be made an agenda item at the next meeting of the Executive Council on Monday and Tuesday, October 13th and 14th at the Conference Center in Williamsburg. Any member is welcome to attend the Executive Council meeting.

All College members should be extremely proud of the accomplishments of twenty-eight of our Associates who have attained status as Diplomates of the American Board of Prosthodontics. Letters have been written to three non-member Diplomates inviting them to apply for Fellow membership before the Williamsburg meeting. New Diplomates and new Fellows will be asked to wear distinctive ribbons on their name badges and they will be formally recognized with receipt of a certificate at the business luncheon. I urge everyone to extend their personal greeting and congratulations to these individuals to acknowledge their outstanding achievement.

An issue that I would address is the College members' opportunity to attend the Annual Session and their responsibility to support that meeting by using the host hotel for accommodations. As many of you are aware, the demands of meeting space for our Annual Session increase almost every year as the membership grows, the program expands and the College attempts to accommodate the needs of the various groups. This is a healthy sign and indicative of progress. In addition to the Scientific Session, we have space requirements for the Executive Council meetings, registration, business meeting, Private Practice Seminar, Peer Review Workshop, Educator/Mentor Seminar, Affiliate/Associate Seminar, Sections Meeting and floor space for commercial exhibitors. The Annual Session Chairman, Dr. Peter Johnson, has assembled a scientific program that should appeal to everyone. The Local Arrangements Chairman, Dr. Dan Sullivan, has social and recreational activities and epicurean delights of all descriptions available for your pleasure. A wide range of hotel accommodations are available at a cost to fit various sized pocketbooks. I ask you not to miss out on attending this 1986 Annual Session that will be held in a unique setting at a beautiful time of year, but be sure to stay in a host hotel!

See you in Williamsburg!

## DATES OF THE ANNUAL OFFICIAL SESSION

The 1986 Annual Official Session will be held at the Williamsburg Conference Center in Williamsburg, Virginia. The schedule will be:

### Monday, October 13

Executive Council Meeting

### Tuesday, October 14

Executive Council Meeting  
Private Practice Seminar  
Commercial Exhibits (P.M.)  
Cocktail Reception (6:30 P.M.)

### Wednesday, October 15

Scientific Session  
John J. Sharry Prosthodontic  
Research Competition  
Table Clinics  
Projected Clinics  
Peer Review Update  
Commercial Exhibits

### Thursday, October 16

Scientific Session  
Spouses Program  
Annual Business Luncheon and  
Meeting  
Evening Reception and Dinner  
Commercial Exhibits (A.M.)

### Friday, October 17

Scientific Session  
Affiliate/Associate Seminar  
ACP Sections Meeting  
Mentors Meeting  
Commercial Exhibits (A.M.)

## NEWSLETTER

The American College  
of Prosthodontists

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## SCIENTIFIC SESSION FOR WILLIAMSBURG MEETING

The Scientific Session for the Annual Meeting in Williamsburg will conform to the theme "Revolutionizing Prosthodontics." The presentations will address those areas in prosthodontics where there is change and research activity. The abstracts of the papers to be presented are listed below according to the schedule. Plan to hear all of these fine presentations!

### Wednesday, October 15, 1986

Dr. Rudolph Slavicek

The Utilization of Specially Programmed Computers for Diagnosing and Treatment Planning Temporomandibular Joint, Prosthodontic, Orthodontic and Surgical Patients

This presentation will describe the research and development of a complete diagnostic modular instrumentation system and two related computer services. An extensive data base from normal patients was used by engineers and programmers to establish a statistical justification for tooth design and position, and was used to develop the programs to implement this new technology in all areas of treatment design.

The Computer Aided Diagnostic Systems include:

—cephalometric evaluations to individualized norms

—incisal guidance determinates and ideals from the patient's central palatal surface

—axiographic hinge axis movement in the four dimensions including time

—mandibular repositioning value input, resulting in a visual treatment objective of anticipated pre- and post-therapy positions

—graphic displays of lower facial height values individualized to the patient's skeletal type for the analysis of the proper vertical dimension, including complete denture patients

—computer aided instrumentation for waxing procedures and the fabrication of removable prostheses.

Dr. Robert E. Ogle

Light Cured Denture Bases

A new visible light-cured (VLC) resin technology developed for use in prosthodontics and orthodontics will be presented with emphasis on clinical applications and laboratory properties. The report will include results of an ongoing clinical study of patient acceptance of complete and removable partial dentures relined with Triad™ VLC

resin. Results of SEM surface topographical measurements and *in vivo* and *in vitro* bacterial adherence will be included. Physical properties and laboratory testing following ADA specification #12 will be compared to heat-cured and autopolymerizing acrylic resins. Finally, clinical applications will be discussed including possible uses in fixed and maxillofacial prosthodontics.

### Thursday, October 16, 1986

Dr. Robert R. Runnells

Infection Control In Prosthodontics

The communicability of disease among the practitioner, the patient and the auxiliary is a prime concern in today's dental practices with the existence of highly contagious and virulent transmissible diseases. This presentation will include an update on infectious diseases, including AIDS, Herpes, and Tuberculosis, and their relationship to prosthodontics. Practical procedures for solving disease problems will be presented including: patient evaluation, disinfection and sterilization, the use of barriers, laboratory controls, and malpractice considerations.

Dr. Lawrence Gettleman

Denture Soft Liners

A semi-organic elastomer has been developed for use as a permanent soft liner. The heat-cured polyphosphazine fluoroelastomer (PNF) has exceptional low and high temperature properties, no toxicity or allergenicity, and requires no plasticizers. It is cured in a conventional manner and is radio-paque.

A clinical trial is underway comparing Molloplast B to PNF in upper and lower complete dentures at Charity Hospital of New Orleans (LSU Medical Center) and at Northwestern University Dental School. A very detailed clinical evaluation is performed to test which material is superior to the other. Laboratory, patient, and clinical tests using two independent evaluators are in progress. Supported by NIDR Grant No. R01-DE04814.

Dr. Wendi A. Levine

Composite Cements

Resin bonded bridges and splints have become an important adjunct to today's dental practice. There has been a proliferation of resin cements designed to bond these restorations to tooth enamel. Though originally deve-

loped to decrease the film thickness and allow seating of perforated castings, these materials became even more useful with the advent of etched, non-perforated retainers. The resin cements currently marketed vary greatly in such physical characteristics as working time, setting time, film thickness, opacity and strength. Awareness of the specific characteristics of each material should aid the practitioner in selecting the cement best suited to a specific clinical situation. This presentation will describe the limits and indication of eight resin cements currently available.

Dr. C. Wayne Caswell

A New Shade Analysis and Porcelain System

A new shade analysis system has been introduced which is an innovative and unique concept of shade selection. It offers a systematic means of selecting hue, chroma, and value for a porcelain fused to metal restoration. These components of the tooth's shade are easily communicated to the laboratory for predictable results. The corresponding porcelain is dispensed by a mathematical formulation to match the selected shade. The porcelain exhibits vitality and simulates natural tooth colors.

### Friday, October 17, 1986

Dr. William H. McHorris

Centric Relation: Redefined

While centric relation is a commonly used term, it remains one of the most controversial subjects in dentistry. It has been defined as a maxillo-mandibular relationship, a mandibular-cranial relationship, and a mandibular posture with no vertical dimension. Some dental educators define it with respect to condyle-fossa relationship with no mention of the mandible, and some have tried to define this three dimensional posture with two dimensional x-rays. Centric relation must be considered in three dimensions. It should be defined as a mandibular posture to include both its condyles and their articular discs.

Dr. David A. Irvin

Dr. Warren M. Stoffer

Dr. Dennis J. Weir

Five Year VA Study on Alternative Crown and Bridge Alloys

Veterans Administration Cooperative Study #147 is an ongoing, multidisciplinary, multi-center clinical program comparing three base metal

alloys and a silver palladium alloy to a control gold palladium alloy for metal-ceramic crowns and fixed partial dentures. The clinical performance, cost-effectiveness, and physical properties are being studied. Various established gingival and periodontal indices are being used, and a clinical rating system has been developed to assess factors as marginal integrity, porcelain-metal integrity, fit, retention, color, metal surface characteristics (pitting, corrosion, polish, tarnish, wear, etc.). Extensive training and testing have established inter-examiner reliability. Detailed medical and dental histories, and dermatological patch testing are updated regularly along with radiographic and photographic documentation. Descriptions and results of this longitudinal study comparing these alternative alloys as to their clinical performance will be presented by three of the principal investigators.

Dr. Paul A. Schnitman  
Implant Prosthodontics

It is no longer asked "Should I implant?" but rather, "Which implant is best suited to a particular patient's needs?" With recent advances in materials and techniques, the variety of predictable implants now available is accounting for a marked increase in the number of patients treatable. This lecture is geared toward demonstrating how these simplified procedures can be incorporated into general practice.

Indications, contraindications, surgical insertion, and restoration of the implant, as well as follow-up maintenance and trouble-shooting, will be discussed in detail for the latest osseointegration procedures, both Branemark (Swedish) and Core-Vent as well as for subperiosteal and immediate and submerged blade implants.

## FROM YOUR EDITOR

### *Where Are You? I Need You!*

When I first assumed the editorship of the **Newsletter** my first and greatest problem, it appeared to me, was to gather sufficient material to fill the many pages that we were accustomed to use. Not only just to fill the pages but fill them with timely, interesting and challenging news items so that all the members would be aware of what activities others were engaged in.

After a year and a half of serving as Editor, my problem remains the same - I'm still searching, probing and

## ATTENTION: AMERICAN COLLEGE OF PROSTHODONTISTS MEMBERS. . . .

### **SURPRISE YOURSELF WITH DISCOUNTED AIRFARES FOR THE 1986 ANNUAL MEETING IN WILLIAMSBURG, VIRGINIA ON OCTOBER 13 to OCTOBER 18!!!**

**CONFERENCE TRAVEL CENTER** of Washington, D.C. has been designated as the official travel service for those wishing to take advantage of special discount air fares. You are guaranteed the lowest available air fare at the time of booking your reservation. These special reduced air fares, ranging from 5% off Ultra Saver fares with restrictions to 30% off Coach without restrictions, have been negotiated with several carriers for the ACP Annual Meeting in Williamsburg, VA. These fares are available exclusively through Conference Travel Center at toll-free (800) 368-3239. Residents of Alaska, Hawaii and Virginia call collect (703) 471-0460.

**WIN TWO TICKETS:** A special drawing will be held at the American College of Prosthodontists Annual Meeting from the names of all attendees who travel to the ACP Annual Meeting on tickets purchased from Conference Travel Center. The winner will receive two free round trip tickets good anywhere within the Continental United States. These tickets can be used anytime within the twelve months following the Annual Meeting.

**FREE IN-FLIGHT INSURANCE:** Conference Travel Center will make available to attendees who purchase their travel to the convention from them the following free in-flight insurance

program:

\$100,000 free in-flight insurance for each CREDIT CARD purchased ticket.

\$50,000 free in-flight insurance for each CHECK purchased ticket.

To take advantage of this Special Bonus, call Conference Travel Center today!

**CAR RENTAL DISCOUNT:** Conference Travel Center has designated HERTZ to be the official Car Rental Company for the ACP Annual Meeting in Williamsburg, VA. If you need a car, simply call and reserve one through Conference Travel Center and receive your special discount. For reservations and information, call Conference Travel Center at toll-free (800) 368-3239 or the HERTZ Convention Desk at toll-free (800) 654-2240. Immediately give the reservation agent the special ACP account number "CV#0601" to qualify for the special discount. Remember to reserve early to make sure a car is waiting for you when you arrive.

**MAKE YOUR TRAVEL ARRANGEMENTS TODAY:** Avoid future air fare increases. Call today at the convenient Conference Travel Center toll-free reservation number, (800) 368-3239 or residents of Hawaii, Alaska and Virginia call collect at (703) 471-0460.

scrounging for those timely and newsy tidbits that the world of prosthodontics is eagerly waiting for.

Somewhere out there in the great beyond I'm certain there are all sorts of items that your confreres would love to know. As is always the case, controversy continues to rear its sometimes ugly head. Why not let me hear your opinions on such things as our relationship with the FPO, the status of dues, goals and objectives of the College, changes to the Constitution and By-Laws, etc., etc., etc. Send your thoughts to me and I in turn will pass them on to the rest of the members.

All I ask is for your messages to be in good taste - as I'm sure they will be - but please, please do something.

Where are you? I need you!

—Kenneth L. Stewart

## SPECIAL EVENTS IN WILLIAMSBURG

Three special activities have been planned as part of the 1986 Annual Official Session for College members and their spouses.

**October 15, 1986 - Wednesday  
6 PM-10 PM**

**Jamestown Festival Park  
and "Pig Pickin"  
AHoy! AHoy! AHoy!**

**"IT'S THE NEW WORLD"**

Come and recapture the Spirit of Jamestown. It was spring of 1607 when three tiny ships finally sailed up the James River after a long, hard five-month voyage from England.

Imagine a bold group of only 104 men, women and children endured all

the elements of the wilderness to establish the first permanent English Settlement in America - the birthplace of a nation.

Jamestown Festival Park captures the spirit and life of that community through exhibits, reproductions and craft programs. Men and women dressed as the first settlers discuss and demonstrate life at the dawn of the 17th century.

While you're there, enjoy a super fantastic "North Carolina Pig Pickin" with all the trimmings - Barbecue, Fried Chicken, Green Beans, Potatoes, Cole Slaw, Corn Sticks, Bread, Ice Tea and Dessert.

"Pig Pickin" will be served from 7 PM-8:30 PM

Cash Bar from 6 PM-9:30 PM.

The craft and exhibits area will be open from 6 PM to 9 PM.

So come one, come all and enjoy the story of our true beginnings nearly four hundred years ago. Top it all off with a "North Carolina Pig Pickin". An evening of fun, pleasure and good eating.

Transportation furnished from Williamsburg to Jamestown and back to Williamsburg.



Food and entertainment form part of the delightful atmosphere to be found here.

**October 16, 1986 - Thursday Evening  
6:30 PM**

**"The Groaning Board"**

A very special event has been arranged Thursday evening for visiting prosthodontists and their spouses. It is the famous Williamsburg Groaning Board, which has been served to visitors to this area since Colonial times. An extensive menu is planned that includes fish, chicken, roast beef and Salnagandi (an 18th Century garden salad recipe) and of course Cherry Trifle dessert. The meal begins typically with Peanut soup, an Old World delicacy. Ale is served throughout the banquet.

Entertainment will be a big part of the evening as we will be led into the Festi-

val Hall by the Fife and Drum Corps in full uniform. Later, Colonial Dancers and Madrigal Singers will perform between courses. Our evening will finish with a performance by the balladeers from the Company of Colonial Williamsburg Performers.

The local arrangements committee promises that this will be an evening unlike any other in the storied history of College Annual Sessions!

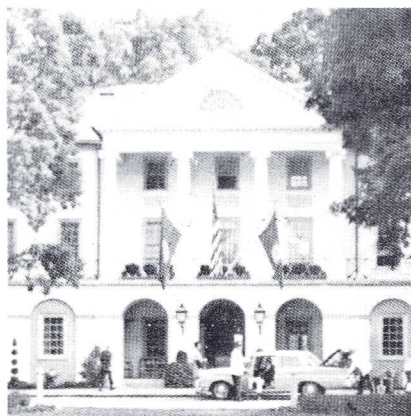


Wandering minstrels entertain throughout the beautiful Historic Area.

**October 17, 1986 - Friday  
10 AM-2 PM  
Plantation Tour**

Step back in time, and visit some of the oldest and most historic plantations in Virginia along the James River.

**Shirley Plantation** was founded six years after the settlers arrived at Jamestown in 1607. It is the oldest plantation in Virginia having been granted to Edward Hill in 1660. Shirley was a well known center of hospitality in Colonial times. The Hills and Carters entertained the Byrds, Harrisons, Washington, Jefferson and other prominent Virginians. Visitors today see an 800 acre working plantation operated by the ninth and tenth generations of the Hills and Carters, who continue this



The Williamsburg Inn

tradition of hospitality. The home is recognized as an architectural treasure. Its famous carved-walnut staircase rises for three stories without visible means of support, and is the only one of its kind in America.

**Berkeley Plantation** stands on land which was part of a grant made in 1619 by King James I to the Berkeley Company and was designated "Berkeley Hundred and Plantation." On December 4, 1619, the settlers stepped ashore there and in accordance with the proprietor's instructions that "the day of our ships' arrival shall be yearly and perpetually kept as a day of Thanksgiving" celebrated the first Thanksgiving Day more than a year before the Pilgrims arrived in New England. Berkeley is the birthplace of a signer of the Declaration of Independence and ancestral home of two U.S. Presidents.

During your plantation tour, boxed lunches will be served and transportation is provided. So sit back, relax, and enjoy the historical interest that graced Virginia's "Golden Age."

**ACTIVITIES IN  
WILLIAMSBURG**

In addition to the 1986 Annual Official Session, the Williamsburg area offers the visitor much to see and do. It might be worth adding a few extra days to your trip to take advantage of coming to the tidewater area of Virginia.

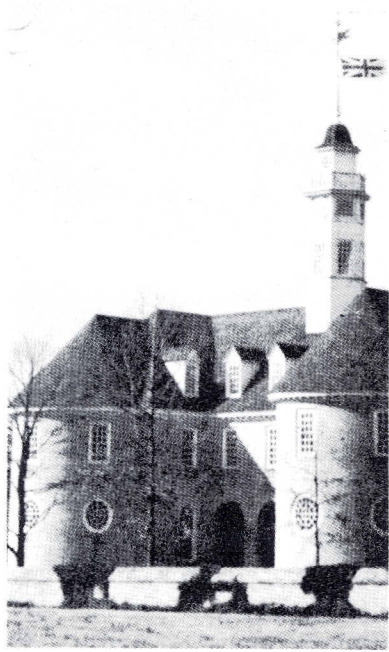
**What to do**

**Colonial Williamsburg**

Colonial Williamsburg has set the standards for historical restorations around the world. The site of great events leading up to the American Revolution, it was also the locale of the most elegant lifestyles in the New World. Restoration of the city's Historic Area has been a triumph from



Horsedrawn carriages are an example of historic sights that will be seen in Williamsburg.



An historic and restored structure to be admired in Williamsburg.

archaeological and historical perspectives. An entire city, and the era it represented, has been brought to life - creating a world that takes you authentically back in time.

#### **Busch Gardens**

This is the perfect complement to the more aesthetic pursuits at Colonial Williamsburg. Far more than a theme park, Busch Gardens has justly made Anheuser-Busch famous for family entertainment as for brewing beer! Here you'll find great beauty, spectacular shows concerts and thrilling rides for every degree of enthusiast - from rank coward to daredevil; plus restaurants, shops, skyrides, monorails, magic and much, much more. Open on weekends only in the fall.

#### **Jamestown-Yorktown**

Located on either side of Williamsburg - and linked by one of the most picturesque drives in the world along the Colonial Parkway - these historic sites are a must as part of any trip to the Virginia Peninsula. Jamestown was the site of the first permanent English-speaking settlement in America, founded in 1607 by Captain John Smith. Here you can see Jamestown Festival Park with the Old and New World Pavilions, plus Jamestown Island's Colonial Glassworks, where craftsmen recreate the 17th-century skill as it was practiced. Yorktown is where the American Independence was won. Here you can walk the battlefields, climb the redoubts and see the cannon which defeated Cornwallis. And be sure to see the Yorktown Vic-

tory Center with its entertaining multimedia program on events leading up to the American Revolution.

#### **The Plantations**

These are the institutions that defined the South, and they first appeared here in Virginia along the mighty James River. Each was a self-contained little world. Carter's Grove is closest, owned by the Colonial Williamsburg Foundation. It's the site of the famous Refusal Room where both Thomas Jefferson and George Washington were turned down by young ladies to whom they proposed marriage. Berkeley Plantation was the site of the first true Thanksgiving - a year before the Pilgrims arrived, and is the ancestral home of the Harrison family, which produced two American Presidents. Shirley Plantation is still a working plantation, and there too, the heirs of the original Carter family live as they have since 1732.

#### **Museums**

While the entire Williamsburg area is a unique type of living museum, there is also a wealth of the traditional sort including some of the best collections and most well-founded museums to be found anywhere. Right in the heart of town is the Abby Aldrich Rockefeller Folk Art Center, located on S. England Street across from the Williamsburg Lodge. Here you can feast your eyes on work by American folk artists in a variety of media including paintings, woodwork, furniture, ceramics, toys and needlework. The Mariner's Museum is a must with its fascinating model ship exhibit. NASA's Langley Research Center takes you from seafaring to spacefaring. Also recommended are the Fort Eustis Army Transportation Museum, War Memorial Museum, and the Newport News Shipyard.

#### **Shopping**

Take a day to simply browse. Williamsburg has an historic penchant for fine workmanship as well as value which make it a shopper's paradise. Visit the Merchant's Square adjacent to Colonial Williamsburg, The Village Shops at Kingsmill, The Williamsburg Pottery Factory - a world famous bargain hunter's paradise, Wythe Green, Colonial Town Plaza, the Candle Factory and the newest attraction, Outlets Ltd. Mall.

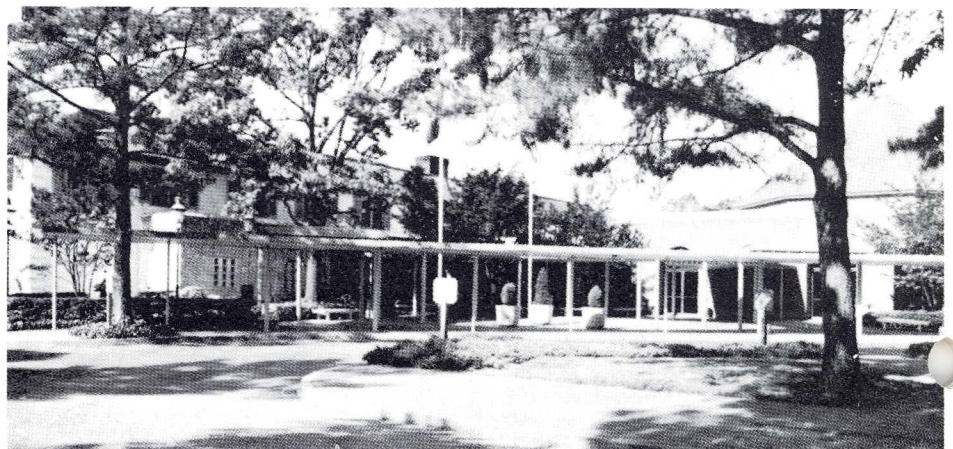
#### **Harbor Cruise**

This is, after all, the Atlantic Coast, and if you don't live on an ocean, by all means see this one. Head on down the peninsula just one hour to Norfolk and Virginia Beach for a variety of waterborne, recreational activities, from a simple day at the beach to the Wharton's Wharf Harbor Cruise of historic Hampton Roads Harbor.

#### **Dining**

Williamsburg has a number of fine restaurants both in the Colonial Village and in town. However, October is a very busy time for the Williamsburg facilities, especially those in Colonial Williamsburg. It is absolutely necessary that College members anticipating dining should complete their Dinner Reservation Forms with their hotel reservation packets. This will be the only way of securing restaurant reservations as these restaurants book up months in advance at this time of the year.

Dining in Colonial Williamsburg can be done at the Williamsburg Inn Regency Room, the Williamsburg Lodge Dining Room, the King's Arm Tavern, Christina Campbell's Tavern, Chowning's Tavern and the Cascade Restaurant. Some of the better restaurants in Williamsburg are Berret's Restaurant, The Jefferson Inn, the Prime Rib House, The Seafare of Williamsburg.



The Williamsburg Conference Center

## Recreation

Sports-minded Prosthodontists and their spouses will find complete facilities in Virginia's Colonial Capital. Golf on two fine courses, swimming in outdoor pools (it is often still warm enough in mid-October), tennis on eight courts. Bicycling, shuffleboard, croquet and lawn bowling are available on the grounds of the hotels and in the village. Robert Trent Jones created an eighteen hole championship course, The Golden Horseshoe Golf Course, that is adjacent to the Williamsburg Inn and Lodge. The nine hole Spotswood Course provides an interesting round of golf for the person with limited time. A Clubhouse provides a completely equipped golf shop, spacious locker and dressing rooms, cocktail lounge, and a grill.

The Williamsburg area provides much in addition to the 1986 Annual Official Session, so come and plan to stay a while.

## CONGRATULATIONS TO THE NEW DIPLOMATES

All College members extend heartfelt congratulations to the successful candidates for the American Board of Prosthodontics examination in 1986. Of the 31 successful candidates 28 are College members. The remaining three will be contacted and urged to join into fellowship with their peers.

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

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

The new Diplomates are:

Mark V. Allen  
David A. Beck  
Paul J. Burchett, Jr.  
Stephen M. Cameron  
Jerry C. Campbell  
David M. Casey  
George L. Christensen  
Donald A. Curtis  
James S. Emerson  
Thomas W. Faull  
Frederick C. Finzen  
John J. Gary  
Thomas B. Girvan

Gary R. Goldstein  
Steven R. Gordon  
Paul A. Hansen  
Richard J. Hlista  
Rodney H. Katagihara  
Jay D. Lagree  
Frank R. Lauciello  
Michael A. Mansueto  
Jack B. Meyer, Jr.  
Donald Missirlian  
John T. Panzek  
Francis V. Panno  
John A. Sorensen  
Thomas S. Striano  
Larry W. A. Townsend  
Otto C. Tebrock  
Stanley G. Vermilyea  
Michael G. Wiley

## JOHN J. SHARRY RESEARCH FINALISTS NAMED FOR WILLIAMSBURG COMPETITION

Dr. Gerald Barrack, Chairman of the Research Committee, has announced the names of the finalists for the Eleventh Annual Prosthodontic Research Competition. The three finalists are survivors of two preliminary rounds of judging.

The finalists, their topics, sponsors and graduate programs are as follows:

Dr. Hal N. Arnold, "An Evaluation of the Marginal Adaptation of Porcelain Margins in Ceramometal Restorations", University of Iowa School of Dentistry. Sponsor: Dr. Kenneth A. Turner

Dr. John A. Sobieralski, "Tensile Strengths and Microscopic Analysis of Ni-CR Base Metal Postceramic Solder Joints", The University of Texas Health Science Center at San Antonio. Sponsor: Dr. Robert M. Morrow

Dr. James H. Doundoulakis, "Surface Analysis of Titanium Following Sterilization: Role In Implant Tissue Interface and Bioadhesion", Roswell Park

## ANNOUNCEMENT

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

Memorial Institute. Sponsor: Dr. Norman G. Schaaf

The first place winner will receive in addition to other prizes and expenses \$1,000.00, the second place winner \$500.00 and the third place winner \$250.00.

## EDUCATORS/MENTORS SEMINAR IN WILLIAMSBURG

### Accreditation and Site Visit Evaluation of Advanced Prosthodontic Programs

In response to numerous requests, The Educators/Mentors Seminar on Friday afternoon, October 17, 1986 will be devoted to the accreditation process of Advanced Prosthodontic Programs as viewed by the American Dental Association and the role of the site-visit consultant. David Shore, Director of Advanced Dental Education, the American Dental Association Commission on Dental Accreditation will discuss the accreditation process of postdoctoral prosthodontic programs. His presentation will also include the ADA's policy and views regarding combined programs.

Dr. James Schweiger, who is a consultant to the ADA Commission on Dental Accreditation and a site-visit evaluator will address the role of the evaluator and the various ways a program and its faculty can facilitate the site-visit process.

The speakers are both experts on the subject matter and will provide information that will be of interest not only to mentors and department chairmen, but to all those interested in dental education, and especially prosthodontic programs. Adequate time will be provided for discussion with these representatives from the American Dental Association's Commission on Dental Accreditation.

Dr. Schweiger will become the next examiner of The American Board of Prosthodontics.

The moderator for this seminar will be Dick Grisius, Director of Graduate Prosthodontics at Georgetown University.

## AFFILIATE/ASSOCIATE SEMINAR

The Affiliates/Associates Seminar and optional luncheon will be held Friday afternoon, October 17, 1986. The purpose of the Affiliates/Associates

Seminar is to assist non-Boarded members of the College who are preparing to challenge the American Board of Prosthodontics Examination. As in the past, the Seminar will attempt to have representatives of the Board as well as recent examinees to give insight into the examination process. A question and discussion period will follow all the presentations. Preceding the seminar at 1:30, will be an optional luncheon at 12:30 to which all Affiliate members are invited as guests of the College (please pre-register). This luncheon gives all those looking forward to the Board examination an opportunity to share their common concerns and get to know one another.

## PRIVATE PRACTICE SEMINAR

The Private Practice Seminar program on Tuesday, October 14, 1986 will be an innovative program drawing on the expertise of the College membership in the morning and a guest speaker in the afternoon. The morning program will discuss Dental Insurance and the Internal Marketing of Dental Implants, and the afternoon presentation will pertain to Associations in Private Practice.

The morning session on Dental Insurance will cover how a Prosthodontist should relate to the carrier to maximize patient benefits. Dr. Garret D. Barret will discuss "Consumer Insurance Carriers," Dr. John H. Ross: "General Prosthodontics," Dr. Paul H. Pokorny: "TMJ Prosthodontics," and Dr. Glenn E. Turner: "Maxillofacial Prosthetics."

Because of the great interest by the profession and the public in Dental Implants, the second subject to be discussed will be the Internal Marketing of Dental Implants. Drs. Thomas Balshi, Gerald Barrack, Wayne Simmons and Charlie Walowitz will present the unique approaches used in their private practices. Ample time will be allowed for open discussion by the audience and the participants following the morning presentations.

The Private Practice Luncheon will be held immediately after the morning session, providing a relaxing time for good fellowship and lively discussion.

In the afternoon, Dr. Bernard B. Fink will make a presentation on "Taking in an Associate, Taking in a Partner." Dr. Fink, an expert in practice administration, is the course director for "Practice Management" at Georgetown Univer-

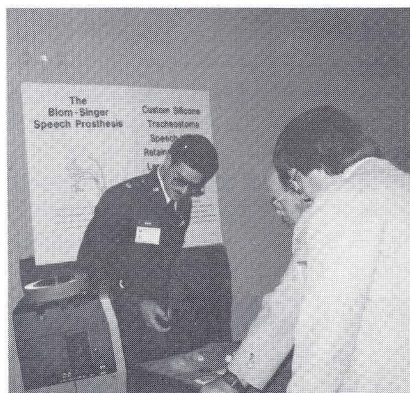
sity School of Dentistry as well as Chief Consultant for Professional Practice Management Consultants. His presentation will look at the considerations for taking in an associate and the various possibilities of partnership including eventual purchase.

The Private Practice Seminar will be a dynamic and informative kickoff to the 1986 Annual Official Session. Plan to be there.

## PEER REVIEW WORKSHOP

The ACP Peer Review Committee will sponsor a workshop at the Williamsburg Annual Official Session to 1) discuss methods Sections could use to implement prosthodontic peer review, 2) update peer review activities, and 3) review the ACP Peer Review Manual. Dr. David W. Eggleston will moderate the workshop which will be held Wednesday, October 15th at 1:30 P.M. The same workshop will be repeated at 3:30 P.M. Peer Review by Prosthodontists for Prosthodontists is growing. This workshop will provide the opportunity to learn status of specialty peer review.

## TABLE CLINIC & PROJECTED CLINIC PROGRAM

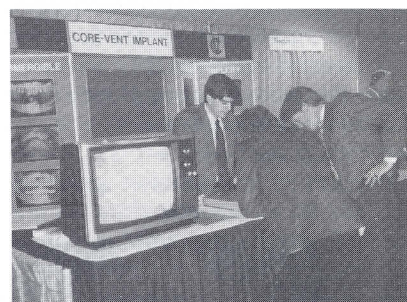


The Annual Scientific Session in Williamsburg will include thirty (30) Table Clinics (concise non-projected presentations of ideas or techniques of interest to prosthodontists) and fourteen (14) Projected Clinics (15 minute slide presentations on research, techniques or short topics). These will be presented concurrently on Wednesday afternoon October 15. We still have room for members to present a Table Clinic. They should NOT be slide presentation and must NOT be commercial by promoting the superiority of one

product or company. ACP members interested should contact Dr. Lee M. Jameson at (312) 908-5945 or 908-5946 or in the evenings at (312) 985-9303.

## COMMERCIAL EXHIBITS IN WILLIAMSBURG

Commercial exhibitors have become an integral part of the College Annual Session. For the third year, companies will exhibit their products for the benefit of College members. The exhibitors this year include publishers, major dental suppliers, articulator companies, implant manufacturers, and specialty companies. The exhibitors attend our meetings to make contact and influence sales of their products. This year they will be able to take orders at the meeting, and they will contribute \$16,800 in fees to the treasury which allows the College to support the Annual Session. The exhibitors will only return if the membership shows interest in hearing what the companies have to say and interacts with the exhibitors. A relaxed atmosphere will allow in depth examination of the materials and discussions with the representatives. Make it a point to utilize this opportunity to acquaint yourselves with the companies and their products and make them feel welcome to our meeting.



Mo Mazaheri and his exhibit committee have worked very hard soliciting companies to attend the meeting. At this time the companies planning to exhibit in Williamsburg are:

1. Austenal Dental
2. Brasseler U.S.A., Inc.
3. Calcitek, Inc.
4. C.D. Charles, Inc.
5. Columbus Dental
6. Core-Vent Corporation
7. Dental Ventures of America, Inc.
8. Dentsply International
9. Duro-Test Corporation



10. Interpore International
11. Ivoclar (U.S.A.), Inc.
12. Healthco International, Inc.
13. Kerr/Sybron
14. C.V. Mosby Company
15. Nobelpharma, U.S.A., Inc.
16. Teledyne Hanau
17. Van R Dental Products, Inc.
18. Vicks Oral Health Group
19. Whip Mix Corporation
20. Zest Anchors, Inc.
21. VIDENT/VITA

## SPOUSES FORUM

Moderator: Mrs. Marilyn Eastwood  
Speaker: Dr. Bruce Barth

The Spouses Forum this year is titled: "Behind the Times: The Modern Woman in Perspective," and will be held Thursday, October 16th at 10:00 AM in the director's lounge of the Providence Wing.

This year's speaker is Dr. Bruce Barth who has a private practice in Psychotherapy in Silver Springs, MD.

The title is an intentional and somewhat risky double entendre. In a contemporary sense the modern woman is still "behind the times" in her equality with men in the market place, professions, choice of life styles, sexual freedom, and general power to conduct her life with dignity and choice.

In a second and quite literal sense behind our "modern" and patriarchal times lies our matriarchal heritage and foundations. Although much of this has been lost or swept away by the emergence of male domination, the primal contributions of the female to the species and civilization are essential. Ours is a time which is ripe, even if still resistant, to the reintegration of the feminine which comes from "behind the times."

This presentation will reexamine the traditional and modern roles of women in such a way as to point to four unique gifts and powers which women have

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

and which are much needed in the mid '80's: wholeness, healing, groundedness, and spirituality. The women who will reclaim these givens for themselves and share them will have gained a new perspective both for themselves and our times.

You will be encouraged to ask questions and participate in the discussion session of the forum with Dr. Barth during his presentation.

## ACP PAST PRESIDENT BOB ELLIOTT HONORED



Dr. Robert W. Elliott, Jr., Secretary of the District of Columbia Dental Society and Vice President of the American College of Dentists received an honorary Doctor of Science degree from Georgetown University at the Dental School Graduation Ceremony on May 18, 1986. He delivered the Commencement address.

Dr. Elliott has also recently been nominated to become President-Elect of the American College of Dentists.

## LIFE MEMBERSHIP AVAILABLE FOR FELLOWS AND ASSOCIATES

In a recent decision by the Executive Council a move to Life membership, either Life Fellow or Life Associate, is possible for anyone that has held membership for five years and has retired from active practice and/or teaching at any age. In addition to the above requirements, dues will not need to be paid for the year in which application for Life status is made.

A summary of Sections 5 and 6 of Article II, Membership of the Constitution, follows:

Life Fellows/Associates of the College shall be those who have held

membership in the College during their active practice and participation in dentistry and who have attained the age of 65, or because of illness, are retiring from active participation in prosthodontics and dentistry in general. Furthermore, Fellows/Associates who have retired from active practice and/or teaching, and who have been active members for at least five years, may apply for Life Membership at any age. Individuals eligible and desiring Life Membership must apply for status through the Central Office Director and have approval from the Fellows and Associates to be placed in this category. Life Fellows/Associates may not vote in College elections and may not hold elective office.

## SECTIONS

News from the June 1, 1986 Executive Council Meeting.

1. The National Association of Dental Laboratories (NADL) is very interested in establishing communications with the state sections relative to continuing education. The President of the NADL is being invited as a guest to the annual scientific sessions and our President (Cosmo DeSteno) is to respond by attending the annual NADL meeting in Phoenix, Ariz., in November, '86. The names of the Section presidents are being sent to the NADL, and you can expect to be contacted by someone in this organization in the future. If you are preparing a scientific session it would seem prudent to extend an invitation to the NADL representative in your area.
2. Peer Review — Sharon McDowell, representative of the R.K. Tongue Insurance Co., indicated that liability insurance fees are directly affected by any peer review action. The ACP Exec. Council has elected to pay the insurance for the College, which also covers anyone in any section who is requested by a member of the ACP to complete a peer review examination.
3. Dues — collection of dues by the Central Office has not yet been approved by the Executive Council.
4. Sections and sub-sections. The consensus of opinion was the new sections formed within a state that already has a section can be established as a sub-section of the original section. It would recognize the

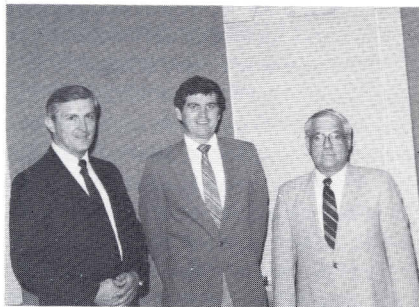
parent section, and all officers, as the major reporting organization for that state. Sub-sections would then report all meetings, dues and officers to the parent organization within the state. The parent organization would then include this information along with their own reports to the committee chairman as an annual report. Note: Sub-sections are required to meet all of the same requirements for organization as the parent state section, but are considered as an extension of the parent section.

5. There have been inquiries from Puerto Rico concerning Section status. This group would be a welcome addition and would be treated as any other Section.

**Texas:** The spring meeting of the Texas Section was held at Kelly Air Force Base Officers Club in June. After a social hour and dinner President Charles DuFort introduced Dr. Robert J. Cronin, Jr., Director of Prosthodontics at Wilford Hall USAF Medical Center who in turn introduced the speakers for the evening. Dr. John Zurasky spoke on "Unique Challenges in Prosthodontics" and Dr. Allen Newton presented "What's in a Face? - Treatment Planning the Maxillofacial Patient". Both programs were well received.

A business meeting followed. Dr. DuFort reported that the State Board of Dental Examiners had responded to his letter concerning individuals or groups advertising in the Yellow Pages as prosthodontists when they were not qualified. The State Board reported they would comply with advertising rules and laws. Dr. DuFort encouraged private practitioners to use the ACP logo in their yellow pages advertisements.

The Section will hold the Fall Social Meeting September 6th at the Sonterra Country Club. Spouses are invited to attend this function. Dr. Ken Rudd will be honored as Texas Prosthodontist of the Year.



President Charles DuFort, Secretary/Historian Roger Troendle, Vice-President Ed Cavazos.

Dr. John Ivanhoe, who is departing the area, was presented a plaque by Dr. DuFort in appreciation for his service as Secretary/Treasurer of the Section.

## PROGRESS REPORT ON GOALS AND OBJECTIVES

College members at the 1983 Annual Business Meeting approved new Goals and Objectives for the American College of Prosthodontists. Previously, 13 Goals and 78 Objectives had been developed at a summer meeting by the College officers, executive councilors, chairpersons and several past presidents.

Through the dedication and hard work of a large number of committee members and chairpersons, tremendous progress has been made in achieving the Goals and Objectives. Numerous objectives including all of the objectives of two of the goals have been completed. The completed Goals are:

8. Develop quality assurance standards relative to the specialty practice of prosthodontics. (completed)

9. To act as a sponsor for the formation of an International College of Prosthodontists. (completed)

The objectives were developed as mechanisms for achieving the 13 Goals and are of two basic types: close-ended such as "To convert the ad hoc Committee on Sections to standing committee status, by 1984"; and open-ended, such as "To continue private practice seminars at the annual official meeting." **Twenty-seven** objectives or parts of objectives have been completed. In addition, **thirteen** of the open-ended objectives are "in effect with continuing action", which means the objectives have been achieved. Action on twenty-five of the objectives is "in progress" with many of them close to completion.

The 1985 Annual Business Meeting approved "dropping" five of the objectives which the Executive Council had determined to be inappropriate, unworkable or prohibitively expensive. Members will be asked to approve "dropping" of five other objectives at the Business Meeting this year. The five objectives recommended for dropping are included with the By-laws and Policy changes on another page of this **Newsletter**.

Only eight of the objectives have not been acted upon by the committee to which they have been assigned.

Goal #10, e. states: "To evaluate the

need for a complete review of 'Goals and Objectives' by 1988." A review of the progress made since the Goals and Objectives were approved in 1982 makes it apparent that the College will need to chart new directions and develop new challenges to keep itself vital and active in the years ahead.

A complete status report on all the Goals and Objectives can be obtained from the Central Office.

William A. Kuebker, Chairman  
Ad Hoc Committee for  
Goals and Objectives

## GOALS AND OBJECTIVES RECOMMENDED TO BE DROPPED

The Executive Council recommends that the following Goals and Objectives be dropped because of their being inappropriate, unworkable or too expensive.

Goal #1, b. To sponsor workshops of specialty organizations which will encourage interspecialty cooperation.

Goal #1, c. To encourage members of the American College of Prosthodontists to join and be active in organizations concerned with the discipline of prosthodontics.

Goal #1, e. To invite officers of other specialty organizations (without charging a fee) to our annual official meeting.

Goal #2, a. To determine optimum student/faculty ratio for preclinical and clinical prosthodontic teaching and disseminate this information to schools by January, 1985.

Goal #2, c. To establish and support liaison between the American College of Prosthodontists and the American Dental Schools in order to provide input to the councils/sections of the Association which are involved in prosthodontics.

## ESSAY AWARD ESTABLISHED

The College has established an Essay Award for outstanding articles published by an advanced Prosthodontic student.

The article, submitted for the Essay Award, must be written while the author was an advanced Prosthodontic student and must be published in a refereed journal within four (4) years of completion of the training program.

Any member of the American College of Prosthodontists, who is in good

# PROPOSED CHANGES TO THE BY-LAWS, POLICIES AND APPROVAL OF A CODE OF PROFESSIONAL ETHICS AND GUIDELINES FOR USE OF FACP

The Constitution of the College requires that all proposed changes to the By-Laws shall be mailed to each Fellow and Associate at least thirty (30) days prior to the Annual Official Session. This enclosure constitutes the required notification. The proposed By-Laws and Policy changes and approval of a Code of Professional Ethics and Guidelines for the Use of FACP will be voted on during the business meeting of the College in Williamsburg, Virginia, Thursday, October 16, 1986 and may be adopted by a majority vote of the Fellows and Associates present and voting at the session. It may be helpful to bring these proposed changes and documents to the meeting for use as resource material during discussion.

## PROPOSED CHANGES TO THE BY-LAWS

### CHANGE 1

#### CHAPTER IV: COMMITTEES

##### CURRENT WORDING

Section 5 I: **Prosthetic Dental Care Programs Committee.** It shall be the duty of this committee to develop and implement methods for monitoring the delivery of prosthodontic treatment by specialists in prosthodontics and for providing assistance as required to other peer review committees and organizations monitoring the delivery of prosthodontic treatment. The committee shall report its findings and make recommendations to the Executive Council.

#### CHAPTER IV: COMMITTEES

##### PROPOSED CHANGE

Section 5 I: **Prosthetic Dental Care Programs Committee.** It shall be the duty of this committee to develop and implement methods for monitoring **1) THE DELIVERY OF PROSTHODONTIC SERVICES BY PROSTHODONTISTS, AND 2) THE THIRD PARTY FINANCIAL COMPENSATION OF PROSTHODONTIC TREATMENT BY PROSTHODONTISTS.** The committee shall report its findings and make recommendations to the Executive Council.

### CHANGE 2

#### CHAPTER VII: DUES

##### CURRENT WORDING

Section 2: **Dues.** The annual dues will be \$195.00 per year for Fellows and Associates. For Affiliates the annual dues shall be \$25.00 per year. Fellows and Associates returning to student status as full-time students in an accredited advanced education program in the study of prosthodontics shall pay annual dues at the Affiliate rate.

#### CHAPTER VII: FEES

##### PROPOSED WORDING

Section 2: **Dues:**  
**a. The Annual dues will be \$195.00 per year for Fellows and Associates EXCEPT FOR FELLOWS AND ASSOCIATES WHOSE PERMANENT RESIDENCE IS OUTSIDE THE UNITED STATES OR CANADA. SUCH INDIVIDUALS SHALL PAY A FEE EQUAL TO ONE-THIRD THE ANNUAL MEMBERSHIP FEE. FOREIGN MEMBERS WISHING TO ATTEND THE ANNUAL SESSION MAY DO SO BY PAYMENT OF THE REMAINING TWO-THIRDS OF THE ANNUAL DUES.**

**b. The annual dues for Affiliates shall be \$25.00 per year.** Fellows and Associates returning to student status as full-time students in an accredited advanced education program in the study of prosthodontics shall pay annual dues at the Affiliate rate.

### CHANGE 3

#### CHAPTER VII: FEES

##### CURRENT WORDING

Section 5: **Loss of Membership.** Active members whose annual dues and assessments, if any, have not been paid by September first (nine months after they first become due) shall be automatically dropped from membership in the College.

#### CHAPTER VII: FEES

##### PROPOSED WORDING

Section 5: **Loss of Membership.** Active members whose annual dues and assessments, if any, have not been paid by September first (nine months after they first become due) **AND HAVE NOT APPLIED FOR LIFE MEMBERSHIP** shall be automatically dropped from membership in the College.

### CHANGE 4

#### CHAPTER VII: FEES

##### CURRENT WORDING:

Section 6: **Reinstatements.** Any member who has been dropped for non-payment of dues shall forfeit his right of reinstatement and future privilege of Life Membership, but may make application for new membership on the same terms, and in like manner as an original applicant.

#### CHAPTER VII: FEES

##### PROPOSED WORDING

Section 6: **Reinstatements.** Any member who has been dropped for non-payment of dues **AND HAS NOT APPLIED FOR LIFE MEMBERSHIP** shall forfeit his right of reinstatement and future privilege of life membership, but may make application for new membership on the same terms, and in the like manner, as an original applicant.

## CHANGE 5

### CHAPTER IX: FPO REPRESENTATION

#### CURRENT WORDING

Section 3: New Section

### CHAPTER IX: FPO REPRESENTATION

#### PROPOSED WORDING

Section 3. **APPOINTMENT OF COLLEGE MEMBERS TO FPO COMMITTEES AND THE FILLING OF UNSCHEDULED IN-TERM VACANCIES IN FPO COUNCILS AND COMMITTEES. INITIAL APPOINTMENTS OF ACP MEMBERS TO FPO COMMITTEES FOR WHICH THE COLLEGE HAS A POSITION TO FILL WILL BE MADE BY THE PRESIDENT WITH THE APPROVAL OF THE EXECUTIVE COUNCIL. MEMBERS SO NOMINATED MUST HAVE EXPERIENCE IN COLLEGE AFFAIRS WHICH WILL PROVIDE THEM WITH THE KNOWLEDGE AND UNDERSTANDING TO REPRESENT THE VIEWS OF THE COLLEGE IN THEIR FPO COMMITTEES. TO INSURE MAXIMAL ACP REPRESENTATION, UNSCHEDULED IN-TERM VACANCIES IN FPO COMMITTEES FOR WHICH THE COLLEGE MADE THE INITIAL APPOINTMENT WILL BE FILLED BY A QUALIFIED MEMBER SELECTED BY THE PRESIDENT ALONE. THE MEMBER SO SELECTED WILL COMPLETE THE YEAR IN WHICH THE VACANCY OCCURS. THIS SHALL INCLUDE UNSCHEDULED IN-TERM VACANCIES FOR THE ACP POSITION IN THE FPO COUNCIL FOR THE AFFAIRS OF THE AMERICAN BOARD OF PROSTHODONTICS.**

### PROPOSED CHANGES TO THE POLICIES

1. Policy B-3. is amended to read: a. TRANSPORTATION NOT TO EXCEED ROUND TRIP COACH AIR FARE.  
b. PER DIEM, TO BE ACTUAL EXPENSES, NOT TO EXCEED THE CURRENT RATE OF THE AMERICAN DENTAL ASSOCIATION.
2. Policy D-1 is amended to read: a. TRANSPORTATION NOT TO EXCEED ROUND TRIP COACH AIR FARE.  
b. PER DIEM, TO BE ACTUAL EXPENSES, NOT TO EXCEED THE CURRENT RATE OF THE AMERICAN DENTAL ASSOCIATION.
3. Policy C-1 is amended to read: a. PRINCIPAL SPEAKERS, WHO ARE NOT COLLEGE MEMBERS, WILL BE PAID AN HONORARIUM OF \$500.00, STANDARD COACH CLASS ROUND TRIP FARE, AND PER DIEM EQUAL TO THE PER DIEM RATE OF THE AMERICAN DENTAL ASSOCIATION FOR THE DAY(S) OF THEIR PRESENTATION.
4. Delete Policy C-3. Information is present in By-Laws, Chapter VII, Section 2.
5. Policy C-11 is amended to read: THE ANNUAL OFFICIAL SESSION CHAIRMAN SHALL SELECT, LABEL AND FORWARD A SET OF PHOTOS FROM THE SESSION TO THE CENTRAL OFFICE FOR REVIEW BY THE HISTORIAN. THE FOLLOWING ARE PROPOSED NEW POLICIES.
6. EVERY EFFORT SHALL BE MADE TO EXPEDITIOUSLY INFORM THE MEMBERSHIP OF ANY CHANGE OF DATES FOR THE ANNUAL SCIENTIFIC SESSION. SUCH EFFORTS SHALL INCLUDE AN INDIVIDUAL MAILING TO EACH MEMBER, NOTIFICATION ON THE FRONT PAGE OF THE NEWSLETTER, AND IMMEDIATE NOTIFICATION TO THE EDITOR OF THE JOURNAL OF PROSTHETIC DENTISTRY.
7. GUIDELINES FOR OFFICIAL TRAVEL OF THE PRESIDENT ARE AS FOLLOWS:
  - a. TRANSPORTATION WILL BE PROVIDED, NOT TO EXCEED ROUND TRIP COACH AIR FARE AND ACTUAL GROUND TRANSPORTATION EXPENSES,
  - b. PER DIEM NOT TO EXCEED THE ACTUAL LODGING, MEAL AND OTHER EXPENSES.
  - c. OFFICIAL TRAVEL EXPENSES WHICH EXCEED THE PRESIDENT'S ANNUAL BUDGET FOR TRAVEL AND PER DIEM WILL REQUIRE AUTHORIZATION BY THE EXECUTIVE COUNCIL FOR REIMBURSEMENT.
8. THE CENTRAL OFFICE DIRECTOR SHALL REQUEST FROM GRADUATE PROGRAM DIRECTORS EACH AUGUST (a) NAMES OF ALL STUDENTS ENROLLED IN THEIR GRADUATE PROGRAM AND (b) NAMES OF INDIVIDUALS WHO SUCCESSFULLY COMPLETED THEIR PROGRAM DURING THE PAST YEAR. ALL NAMES WILL BE ENTERED INTO THE COLLEGE'S DATA BASE, AND MADE AVAILABLE TO APPROPRIATE COMMITTEES AND PROGRAM DIRECTORS UPON REQUEST.

# CODE OF PROFESSIONAL ETHICS OF THE AMERICAN COLLEGE OF PROSTHODONTISTS

## GENERAL STATEMENT

Human beings can show no greater trust than to allow others to care for their health. In accepting such responsibility, practitioners of the healing arts should expect to abide by certain standards of conduct. Such criteria give assurance to those served that in every instance the patients best interest is the measure by which every decision and act is evaluated. This tenet can best be exemplified by the "golden rule", the essence of which is: Do unto others as you would have others do unto you. It is not intended that the following guide lines be enforceable but that by being a member of the American College of Prosthodontists one accepts them and intends to embrace the moral and professional behavior they define.

## Definition

**Ethics in Prosthodontics** — Ethics are a statement of moral values concerned with the goodness or badness of human action and character and in this document related to the specific moral choices to be made by the prosthodontist in his relations with others.

## Guidelines

1. **Communication** — A prosthodontist should have an interchange of thought with the patient to make known the aspirations and limitations of both the communicants. Information imparted by the patient should be held in strict confidence with the law.
  - a. **Announcement of specialization** - A dentist who announces as a prosthodontist must have successfully completed an educational program approved by the Commission on Dental Accreditation, two or more years in length, as specified by the ADA Council on Dental Education or be a diplomate of the American Board of Prosthodontics; or have completed an advanced education program, listed by the Council on Dental Education, prior to the initiation of the accreditation process in 1967 and had announced as a specialist. Practitioners may announce in more than one specialty, provided they have successfully completed the educational requirements in each specialty area for which such dentists wish to announce.
  - b. **Advertising\*** - Prosthodontists when communicating with the public should be accurate. They should be careful not to offend nor disparage their general practitioner colleagues. They should not convey false, untrue, deceptive or misleading information through statements, testimonials, photographs, graphics, or other means. They should not omit material information without which the communications would be deceptive. Communications should not appeal to an individual's anxiety in an excessive or unfair way; and they must not create unjustified expectation of results. A prosthodontist's training, credentials, experiences, and ability should not be misrepresented nor should claims of superiority be made which cannot be substantiated. If a communication results from payment by the dentist, this should be disclosed unless its nature, format or medium make it apparent.  
\*From the Code of Conduct of the American Academy of Ophthalmology.
  - c. **Informational Content** - A prosthodontist should not undertake treatment of a patient until the patient approves the care to be provided. Such approval should be given after alternatives have been explained to the patient together with attendant risks and benefits, realistic assessments of success and description of the risks and hazards involved in each treatment alternative.
  - d. **Other opinions** - A prosthodontist should aid the patient in obtaining a second opinion, if desired, and should initiate such action if needed.
  - e. **Professional** - A prosthodontist must be scrupulously accurate, factual, and truthful in communicating with colleagues. Erroneous assumptions should be prevented. Any relationship between research or clinical investigation and commercial interest should be disclosed. Commercial products should not be endorsed.
2. **Competence** - A prosthodontist should be capable and qualified to provide the services one informs the public that he or she offers. That competence should be maintained by continuing education and supported by consultation and referrals when required.
3. **Emergency care** - Prosthodontists should recognize their continuing responsibility to their patients after a course of treatment is completed. They should make the necessary arrangements to assure that such care is available to their patients when they themselves are not available.
4. **Fees** - The prosthodontist's fee is payment for a professional service rendered.
  - a. **Conflict of interest** - The prosthodontist's financial or other economic interests of any kind whatsoever, should in no way affect or impact on professional decision or treatment of his or her patients.
  - b. **Exploitation** - The prosthodontists' fee should not selfishly or unethically take advantage of those who pay for a professional service.
  - c. **Rebates and split fees** - A prosthodontist should neither offer nor accept a commission to or from a colleague from the fees received from a patient for a service rendered to the patient referred to the provider.
5. **Justifiable criticism** - A prosthodontist who presents an imminent danger to the health, safety, and or welfare of the public, who engages in fraud or deception, who provides continual gross faulty treatment, or who is physically, mentally or emotionally impaired, should withdraw from practice. If he or she does not, a prosthodontist knowing of such deficiencies has a responsibility to identify such persons to the cognizant authorities.
6. **Patient selection** - A prosthodontist should be free to exercise discretion in determining whom should be treated. Patients should not be denied treatment on the basis of color, creed, national origin, or sex.
7. **Records** - A prosthodontist should make certain that the confidentiality of a patient's records is assured. If a patient or another dentist requests a patient's records, they may with the patient's consent, be provided for the benefit and future treatment of the patient concerned.
8. **Referral** - A prosthodontist should seek consultation when the patient's health will benefit by utilizing skills not possessed by the referring dentist.



- a. **Referred from** - A prosthodontist should expect to see referred patients whose oral restorative problems require specialized skills.
  - b. **Referred to** - A prosthodontist should expect to refer patients as necessary to assure that oral conditions are optimum for the restorative procedures.
  - c. **Return** - A prosthodontist should return the patient to the referring dentist when the care for which the patient was referred is completed.
  - d. **Recall** - The prosthodontist should provide for a periodic review of the patient's oral condition when the patient's treatment is complete and there is no referring dentist.
9. **Services** - The prosthodontist should provide the best professional treatment within his/her capability after the patient has been informed of the various modalities available and has chosen that which best suits the patient's circumstances.
- a. **Emergency** - The prosthodontist should, when consulted by a person not previously seen, make arrangements for such service. If treatment is provided and completed the patient should be returned to his or her regular dentist or having none be provided the names of several general practitioners if such is desired by the patient.
  - b. **Delegation to auxiliaries** - The prosthodontist, in order to best serve the patient, shall delegate to qualified auxiliaries and those in the dental laboratories industry only those services which are legally authorized. Such delegated functions should be provided and supervised in accordance with the applicable legislative guidance.
  - c. **Post Placement** - The prosthodontist should provide the necessary post placement care to assure patient satisfaction within the limits imposed by the patient's oral condition. Such treatment is integral to the total care of the patient. Fees, if any for this treatment, should be disclosed.

If there is any conflict between these statements and those of the Principles of Ethics and Code of Professional Conduct of the American Dental Association, those of the American Dental Association shall prevail.

## F.A.C.P., Guidelines for Use

The title Fellow of the American College of Prosthodontists is conferred on all Associate members of the College at the annual official session following their successful completion of the examination of the American Board of Prosthodontics or, if a Diplomate of the Board at the time of application for membership in the College, it is conferred upon election to membership.

The letters F.A.C.P., representing the title, may be used following one's professional degree in specific circumstances. It is awarded in recognition of achievement, it is not a degree.

In accordance with ADA Principles of Ethics and Code of Professional Conduct, Section 5A Advisory Opinion 4 and to conform with good taste, accepted procedures and the College Code of Ethics, the following guidelines are promulgated for use of the letters F.A.C.P.

1. They may be used in academic registers where faculty are listed, together with all other degrees and titles.
2. They may or may not be used following your name as author of an article published in a Journal. This decision will be at the discretion of the group which makes policy for the Journal concerned.
3. They may be used on the title page of a textbook of which you are the author.
4. They may be used on your curriculum vitae.
5. They should not be used on office doors, office buildings, official nameplates, telephone directories, stationery, or in any public announcement where they might be interpreted by the reader or viewer as implying superior skills or specialty status not possessed by other specialists.
6. In foreign countries the use of all degrees, titles and letters is the custom when signing a professional register or guest book. In these cases follow the example of those who have signed before you.

The above guidelines apply where state law does not prohibit such use.



standing, may nominate a qualified candidate.

Nominations, with the published article, will be submitted to the Central Office no later than 1 May, of the year in which the nominee will be considered.

Articles submitted for the John J. Sharry Research Competition Award are not eligible.

The nominee selected to receive the award will be presented a plaque of the College and a monetary award of one thousand dollars (\$1,000).

The first award will be presented at the 1987 annual meeting in San Diego.

#### ESSAY AWARD

Definition: An award presented by the American College of Prosthodontists to an advanced prosthodontic student for an outstanding published article on prosthodontics.

Nominations: a) Individuals nominated for the award must have written the article while an advanced prosthodontic student and have the article published in a refereed journal within 4 years of completion of the program.

b) Nominations may be made by any member of the American College of Prosthodontists who is in good standing.

c) Nominations with the published article will be submitted directly to the Central Office. To be considered, nominations must be received by the Central Office no later than 1 May of the year in which the nominee will be considered.

d) The article submitted may not have been submitted for the John J. Sharry Research Competition Award.

Selection: a) The selection committee shall consist of the current President of the College, the Chairman of the Ceremonies and Awards Committee, Newsletter Editor and one other member of the Committee.

b) The review of the articles and ranking of them shall be made by mail ballot and returned to the Chairman of the Committee by 1 August.

Presentation: The outgoing President of the College will present the award to the author of the number one rated article at the Annual Meeting. The award will be an appropriately inscribed plaque of the College Seal, as well as a monetary award of one

thousand dollars, (\$1,000).

Publicity: Solicitation for nomination should be done by College **Newsletter** notices, as well as a letter to each program director soliciting his students input. A brief abstract of the article along with proper recognition should appear in the College **Newsletter** following the Annual Session.

### HAROLD HILLENBRAND MEMORIAL SERVICE



A memorial service for Harold Hillenbrand, D.D.S., executive director emeritus of the American Dental Association, will be held Monday, October 20 during the ADA's 127th Annual Session in Miami.

Dr. Hillenbrand, who died May 31 at the age of 79, served as executive director of the ADA for 23 years. During his tenure the ADA grew from 65,000 members in 1946 to 112,000 members in 1970, when he retired. Under his direction the ADA was instrumental in establishing authorization for the National Institute of Dental Research in Washington and the Association constructed its permanent headquarters building in Chicago.

The memorial service, which will be open to all attendees at the Annual Session, will be held in the East Ballroom of the Fountainebleau Hotel. Program details are being finalized.

For more information, contact the Division of Conference and Meeting Services, at the American Dental Association.

### ISCC INTER-SOCIETY COLOR COUNCIL ANNUAL REPORT

The Inter-Society Color Council is an Organization of Societies and Creative Individuals who work to propagate understanding of Color. The Inter-Society Color Council was founded in 1931 to advance knowledge of color as

it relates to art, science, and industry. Each of these fields enriches the other, furthering the general objective of color education. Membership is of two classes. Delegates are appointed to represent ISCC Member-Bodies. The latter are organizations basically involved with art, architecture, ceramics, chemistry, dentistry, fashion, gems, illumination, pigment manufacture, photography, postage stamps, and other fields. There is also a larger and growing number of individual members.

The Council is governed by a nine member Board of Directors under a constitution and by-laws. The officers are President, President-Elect, Secretary, Treasurer, and Past-President. A news letter is published six times a year. It features accounts of various meetings, activities, book reviews, and articles of interest to color. The Annual issue carries reports of officers and committee and delegate chairpersons. All members are encouraged to contribute.

#### Subcommittee 35

#### Color Matching of Living Tissues American College of Prosthodontists Member Body Report

Subcommittee 35 held its Annual Meeting on Monday, June 16, 1986 in Toronto, Ontario, Canada. The meeting was educational, with lively discussions and fruitful exchange of information.

The first item on the agenda was to honor and pay tribute to one of the leaders in the field of color in Dentistry, Dr. Robert Sproull. Robert forged the way and laid the ground work for melding the science of color with the art of Dentistry. It was Bob's energy and research that introduced the spectrophotometer into the Dental world. Robert also was responsible for making the American College of Prosthodontists a Member Body of the I.S.C.C. He was the first Chairman of this Color Matching Committee. He is the author of numerous articles and chapters in Dental literature. Dr. Sproull was presented with a lucite multicolored pyramid on an engraved mirrored base. We're sure that Bob will continue to contribute his expertise and guide us through the exciting years ahead. Thank you Dr. Robert Sproull.

The meeting continued with a discussion of the Council on Dental Materials, Instruments and Equipment of the American Dental Associations recommendations for the guidelines for submission of Dental shade guides. At this

point, these guidelines have not been officially accepted by the A.D.A., however those areas which directly concern themselves with color were brought to the attention of the I.S.C.C. membership. Included in the requirements are recommendations that color specimens shall be identified and arranged according to Munsell or another similar visual color order system. Many of the individuals in attendance at this committee meeting were surprised that the shade guides we use at present do not meet these basic criteria. We gave encouragement and a vote of support to the A.D.A. that these and other specifications will soon be official requirements for manufacturers to meet.

This Committee was informed that the Glossary of Color Terms for Dentistry was completed this year by Dr. Richard McPhee and his Color Committee of the American College of Prosthodontists. The Glossary was submitted to Dr. Jack Preston who is responsible for coordinating and integrating all submitted terms into the new Glossary of Prosthodontic terms to be published next year. Thanks and kudos to all involved.

Mr. John O'Brien of Colorgen, a Massachusetts based corporation, presented the use of his company's "Dental" spectrophotometer with a fiberoptic probe. With the aid of a graphic video display he presented the history and development of the instrument which he would later display. His presentation was clear and exciting. The instrument, connected to an intelligent computer, has the capability of reading and analyzing spectral data from a tooth, and displaying its' appropriate data and curves on a C.R.T. or printer. The table top spectrophotometer is a state of the art instrument and holds much promise for Dental as well as many other fields. Sample matches were shown and discussed. Individuals present at this meeting had their teeth "read". Although the methods and algorithms for interpretation of the graphs must still be analyzed and finalized, the repeatability of readings were at acceptable levels. The instrument has applicability clinically as well as for extensive tooth color research. Mr. O'Brien assured the membership that the cost of the instrument will not be prohibitive. A spectrophotometer with these capabilities a few years ago cost in the range of \$25,000. Colorgen's instrument should project around or perhaps under \$4,000.

Other areas of application of this spectrophotometer are the paint, automotive and cosmetic industries. A configuration is already available for the paint industry. Once a fiberoptic instrument is available, many applications heretofore impossible, or at least impractical, can be reexamined. We wish Mr. O'Brien and his company a speedy and successful road ahead and thank him for his extraordinary presentation. When the instrument is brought to market it will be a landmark contribution to Dentistry.

If you are interested in becoming an Individual Member of the ISCC and receive it's Newsletter, please contact Miss Therese R. Commerford, Secretary, U.S. Army Natick Laboratories, Att: STRNC-ITC, Natick, MA 01760-5019

Next years' Annual meeting will be held in Philadelphia, Pennsylvania from Sunday, April 5th - Tuesday, April 7th 1987. Those interested in attending that meeting please contact Norman Burningham, 357 True Hickory Drive, Rochester, New York 14615; (716) 477-7466.

Stephen F. Bergen, D.D.S.

Chairman, Problems Committee #35  
Color of Living Tissue

The members of our 1986-87 delegation are:

Dr. Stephen F. Bergen, Chairman (V)

One Colonial Woods Drive  
West Orange, New Jersey 07052

Dr. Robert C. Sproull, (V)

10912 Gary Player Place  
El Paso, Texas 79935

Dr. Richard McPhee, (V)  
10294 McGregor Road  
Pinchney, Michigan 48169

Dr. Gerald V. Butler  
22815 Bravo Place  
Salinas, California 93908

Dr. William Nagy  
104 B Gulkana Avenue  
Fort Richardson, Alaska 99505

Dr. F. Michael Gardner  
7501 Bueno Vista Terrace  
Derwood, Maryland, 20855

Dr. Don R. Morris  
17 Old Creek Ct.

Potomac, MD, 20854  
Dr. Richard J. Goodkind  
Suite 1002

825 S. Eighth Street  
Minneapolis, MN 55404

Dr. Cosmo V. DeSteno  
203 Godwin Avenue  
Ridgewood, New Jersey 07450

Dr. William A. Kuebker  
4311 North Westberry  
San Antonio, TX 78228

## BERMUDA MEETING

College Fellows Thomas J. Balshi and Conrad E. McFee presented an update of Prosthodontics to the Bermuda Dental Association at their annual meeting in Southampton, Bermuda, June 28, 29 and 30, 1986.

The get-together was appreciated as an opportunity to keep abreast of the latest concepts and discuss trends in Prosthodontics. Members of other specialties mentioned problems related to finding trained Prosthodontists and facilitating patient referrals.

This meeting also provided an opportunity for some of The American College of Prosthodontists to hold informal discussions. Favorite topics considered were the sections, public relations and private practice.

It was concluded that meetings of this type, held on a regular basis, would provide input for the committees.



From left to right - Bud McFee, Charles Walowitz, Jack Martin, Dana Kennan, Tom Balshi, James Shields.

## EDUCATION AND ADVANCEMENT COMMITTEE SURVEYS

One of the stated duties of the Education and Advancement Committee is to conduct a continuing study of education in prosthodontics. In July 1985 a survey developed by Don R. Nelson and titled "Benefits of Prosthodontic Board Certification Questionnaire" was sent to Fellow and Associate members. The breakdown of respondents by age and certification included:

Age Group	Board Certified	Non-Board Certified
20's	0	5
30's	32	59
40's	58	34
50's	51	11
60's	41	2
70's	10	0

### Sample Responses Relative to Patients:

- Over 90% of respondents agreed that a high percentage of dental consumers are not aware of the significance of specialty board certification. However, 95% of all certi-



fied respondents preferred treatment by certified specialist physicians while only 62% of non-boarded respondents felt the same way.

- b. Over 90% of respondents agreed that a majority of patients requiring prosthodontic treatment do not seek out certified specialists.
- c. Eighty percent of non-boarded and 70% of boarded respondents felt that most patients were satisfied that a dental license assured clinical competence.
- d. Of all respondents, 55-60% felt that fees rather than credentials is the top priority of dental patients.

**Responses Relative to Board Certification:**

- a. Eighty percent of respondents in their 20's, 60% of those in their 30's, 30% of those in their 40's and none of those in their 50's who are not boarded intend to complete the board exam.
- b. Seventy-four percent of those not boarded have not passed any part of the board exam.
- c. Question 3C: If your decision has been not to take the board exam, what was/were your reasons:  
Answer: (Consistently all non-boarded respondents answered):  
—Time required to prepare would not be offset by the benefits.  
—Did not believe income would increase.  
—Certification was not a requirement of their current position.
- d. Virtually all groups rated personal pride and challenge as the most motivating and important reason to achieve certification. Other motivations were encouragement from mentors, peers and possible influence for promotion.
- e. Approximately 90% of non-boarded and 70% of boarded respondents agreed that reputation and results were more important than board certification in gaining respect among peers and receiving referrals.
- f. Approximately 85% of boarded and 50% of non-boarded respondents felt that trained prosthodontists should seek certification.
- g. Approximately 75% of boarded and 37% of non-boarded respondents felt that the advantages and benefits of certification outweighed the inconvenience and hardship of passing the examination.
- h. Approximately 88% of non-boarded and 40% of boarded respondents

felt that certification should not be a requirement for limiting a practice exclusively to prosthodontics.

- i. Approximately 83% of non-boarded and 70% of boarded respondents felt that certification was not an accurate method of determining clinical skill and knowledge.
- j. Approximately 65% of all respondents felt certification did not equate with higher income.

**Responses Relative to Public:**

- a. Approximately 53% of all respondents agreed that respect for prosthodontists among the public is generally at a high level.
- b. Over 95% of boarded and 40% of non-boarded respondents agreed that a public awareness campaign to inform the public about the value of seeking a board certified prosthodontist should be conducted.

**Summary:**

The results of the survey indicate that members seek board certification primarily for personal pride and accomplishment. Because of an apparent lack of awareness by the public of what a prosthodontist is, most respondents felt that certification did not appreciably increase income or recognition by the patients.

The findings of this survey parallel with some consistency the informal poll conducted by Howard Landesman and reported in the Summer, 1984 Newsletter under the title, "I'm a Prosthodontist, You're a What?" The poll concerned the awareness of the man on the street as to what a prosthodontist is. His findings showed that 4% of the sample knew what a prosthodontist was, 3% knew what a scatologist was and 92% knew how an orthodontist earned a living.

With results such as this it is apparent that until the public is educated to realize what skills the prosthodontist possesses and what significance graduate education and board certification means it will be difficult to sell specialization or certification on increased income alone.

All age groups answered question #5 ranking the order of importance of board certification with a great deal of consistency. The results were:

- No. 1 - Personal pride in accomplishment
- No. 2 - Professional recognition
- No. 3 - Status among fellow practitioners
- No. 4 - Status among academicians
- No. 5 - Increased skill/knowledge

No. 6 - Enhanced quality of clinical care

- No. 7 - Recognition by my patients
- No. 8 - Increased income
- No. 9 - Recognition by my dental school

Figs. 1 and 2 provide raw data.

**Postgraduate Prosthodontic Cost of Training Survey**

An additional survey was developed to estimate the cost of postdoctoral education in prosthodontics for an individual in a private or state program without federal funding. The survey was sent to all members in private practice achieving Associate status since 1983. Of 77 surveys mailed 50 (65%) were returned. The results appear in Fig. 3. It appears that individuals in private or state programs have as their major source of income moonlighting and support by the spouse. Direct cost of programs and estimated living expenses varied greatly as could be expected from the large number of variables. Acknowledging that there are many possible variables, attending a private or state prosthodontic residency program is a significant financial burden.

Finally a survey was developed to estimate the cost of obtaining board certification. (Fig. 4) A survey was sent to all members in private practice who achieved the status of Fellow since 1981. Of 45 surveys mailed 35 (78%) were returned. The median for the estimated total cost of achieving board certification was \$12,500 and \$8,500 for the mean. A further breakdown revealed:

	Mean	Median
Maxillofacial	\$13,500	\$15,000
Removable	\$15,500	\$10,000
Fixed	\$17,000	\$15,000

The clinical examination (Phase II, Part I) was consistently the greatest financial burden.

The Education and Advancement Committee wishes to thank all members who took the time to participate in these surveys. With the passage of time these and future findings may have some significance in the certification process.

- Charles DuFort, Chairman
- Donald R. Nelson
- Richard D. Jordan
- Robert J. Flinton
- Kenneth A. Malament

Figure 1

RESPONSES BY AGE (Board Certified Members)

RESPONSES BY AGE (Non Boarded Members)

<b>Question #1</b> Age Group Responses	30's (32)	40's (58)	50's (51)	60's (41)	70's (10)
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20's (5)	30's (59)	40's (34)	50's (11)	60's (2)
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**Question #2** What is current position in the field of prosthodontics?  
Note: Responses not totally valid and are incomplete.

	28% solo 15% academic 33% federal	36% solo 21% academic 34% federal	30% solo 45% academic 16% federal	51% solo 27% academic	50% retired
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**Question #2** What is current position in the field of prosthodontics? Note: Responses incomplete.

40% solo 40% academic	52% solo 16% academic 28% federal	47% solo 21% academic 24% federal	63% solo 27% academic 0% federal	50% solo
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**Question #4** What motivated you to achieve board certification?

Personal Pride	90%	98%	94%	90%	100%
Mentor	59%	78%	69%	41%	50%
Peers	34%	47%	47%	27%	30%
Promotion	34%	54%	57%	39%	30%

**Question #3a** Indicate what part of exam you have passed. (is Phase I Part 1 etc.)

20% PIP1 only 40% none	19% PIP1 only 74% none	12% PIP1 only 74% none	27% PIP1 70% none
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**Question #3b** Do you plan to complete the exam?

80% yes	60% yes	30% yes	0% yes
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**Question #3c** Why would you not take the exam? Note: responses incomplete.

low benefits no income Increase not required	47% 37% 19%	29% 18% 18%	63% 54% 72%
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**Question #5** Rank importance of benefits of certification

Most #1	Top 3	Personal pride	Personal pride	Personal pride	Personal pride	Personal pride
Most #2		Professional recognition	Professional recognition	Skill knowledge	Professional recognition	Skill knowledge
Most #3		Skill knowledge	Skill knowledge	Professional recognition	Skill knowledge	Quality care
Least #9	Bottom 3	Recognition school	Recognition school	Academic status	Recognition school	Increase income
Least #8		Increase income	Recognition points	Recognition school	Recognition points	Recognition points
Least #7		Recognition points	Increase income	Increase income	Increase income	Recognition schools

Personal pride Professional recognition Peer status	Personal pride Professional recognition Peer status	Personal pride Professional recognition Peer status	Personal pride Professional recognition Peer status
Increase income Recognition point Quality care	Recognition school Increase income Recognition points	Increase income Recognition school Recognition points	Recognition points Increase income Quality care

**Question #6** Have patients asked you if you were board certified?

Never—	50%	40%	56%	22%	70%
1-5 times—	31%	45%	29%	44%	10%

80% 20%	81% 19%	82% 15%	100% 0%
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**Question #7** What percentage of public wants to know if a prosthodontist is boarded?

0%—	31%	40%	30%	14%	10%
approx. 10%—	46%	50%	55%	58%	60%

80% 20%	62% 34%	73% 24%	63% 27%
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Figure 2

RESPONSES (BOARD CERTIFIED MEMBERS)

RESPONSES (NON BOARDED MEMBERS)

Age Group Responses	30's (32)	40's (58)	50's (51)	60's (41)	70's (10)	20's (5)	30's (59)	40's (34)	50's (11)	60's (2)
<b>Question #1</b> Members that prefer treatment from physicians that are board certified specialists.										
agree or strongly agree	97%	95%	90%	100%	89%	60%	63%	57%	91%	both agree
<b>Question #2</b> A high percentage of dental care customers are aware of the significance of specialty board certification.										
disagree or strongly disagree	100%	90%	86%	88%	100%	100%	98%	92%	90%	both disagree
<b>Question #3</b> A majority of prosthodontic patients seek out specialists who are board certified.										
agree or strongly disagree	94%	95%	88%	77%	89%	100%	95%	92%	90%	both disagree
<b>Question #4</b> Respect for all prosthodontists among the public is generally at a high level.										
agree or strongly agree	60%	48%	50%	44%	60%	60%	54%	53%	36%	one agrees
<b>Question #5</b> All trained prosthodontists should seek board certification.										
agree or strongly agree	88%	79%	92%	95%	90%	80%	45%	56%	36%	one agrees
<b>Question #6</b> A public awareness campaign should be conducted about the value of seeing a board certified prosthodontist for treatment.										
agree or strongly agree	94%	95%	83%	99%	100%	80%	44%	26%	18%	one agrees
<b>Question #7</b> The advantages and benefits of specialty board certification outweigh the inconvenience and hardship of passing the examination.										
agree or strongly agree	77%	70%	86%	97%	100%	80%	21%	12%	9%	neither agrees
<b>Question #8</b> Specialty board certification should be a requirement for limiting a practice exclusively to prosthodontics.										
agree or strongly agree	63%	61%	63%	71%	88%	20%	10%	12%	9%	neither agrees
<b>Question #9</b> Specialty board certification is the most valid method for determining exceptional clinical skill and knowledge.										
agree or strongly agree	71%	67%	88%	94%	80%	60%	15%	18%	9%	neither agrees
<b>Question #10</b> Since referrals are vital, our reputation with other dentists is more important than board certification.										
agree or strongly agree	75%	72%	56%	53%	70%	80%	91%	94%	90%	both agree
<b>Question #11</b> As long as the dentist has a license to practice, most patients are satisfied that clinical competence is assured.										
agree or strongly agree	63%	72%	78%	66%	67%	80%	71%	82%	81%	both agree
<b>Question #12</b> Fees rather than credentials are the top priority for most dental patients.										
agree or strongly agree	46%	66%	62%	51%	33%	80%	56%	59%	72%	one agrees
<b>Question #13</b> In prosthodontics, certification usually means higher income.										
disagree or strongly disagree	68%	59%	59%	30%	70%	60%	69%	72%	45%	one disagrees
<b>Question #14</b> Respect among peers in prosthodontics is based on results rather than credentials.										
agree or strongly agree	64%	79%	69%	82%	100%	40%	79%	86%	90%	both agree

**Figure 3**

- How many years was your prosthodontic residency program? \_\_\_\_\_ years  
82% were 2 year programs  
In what year did you complete your residency? \_\_\_\_\_
- What is your estimate of the total direct cost of your program (i.e. tuition, books, equipment, fees, etc.)?  
27% a. \$1000-\$5000  
32% b. \$6000-\$10,000  
32% c. \$11,000-\$15,000  
9% d. Other, please specify \_\_\_\_\_
- What do you estimate was your total living expenses for you and your family during your residency (i.e. room and board, travel, expenses on family, etc.)?  
20% a. \$5000-\$10,000  
14% b. \$11,000-\$15,000  
22% c. \$16,000-\$20,000  
12% d. \$21,000-\$25,000  
25% e. \$26,000-\$30,000  
6% f. Other, please specify \_\_\_\_\_
- What were your sources of income during your residency?  
62% a. Moonlighting  
42% b. Spouse  
22% c. Parents  
44% d. Stipends  
44% e. Savings  
44% f. Other, please specify (Fellowship, Private Industry, GI Loan, Teaching, Loans, Grants)  
Of these, which was your major source of income? Moonlighting and Spouse
- What do you estimate was your loss of income while obtaining Post-Graduate Prosthodontic Training? (i.e. the cost of your program versus your income potential if you remained in private practice)  
Median \$70,000      Mean \$81,500

**Figure 4**

**ESTIMATED COST FOR ATTAINING BOARD CERTIFICATION**

Please list costs as if each phase of the certifying exam were passed the first time.

- Phase I, Part 1 (written exam) What do you estimate as your total cost for taking this exam? (i.e. transportation, room and board, fees, income lost away from your practice and other directly related expenses)  
71% a. \$1000-\$5000  
14% b. \$6000-\$10,000  
3% c. \$11,000-\$15,000  
3% d. \$16,000-\$20,000  
9% e. Other, please specify \_\_\_\_\_
- Phase I, Part 2 (patient treatment presentation) What do you estimate as your total cost of this exam? Note: if taken at the same time as the written exam in question 1, do not duplicate costs as travel, room and board, etc. if taken separately include these as additional

costs. Also consider loss of income from time spent in preparation, materials, typing support, photos, loss of income from time away from practice, etc.

- 49% a. \$1000-\$5000
- 20% b. \$6000-\$10,000
- 9% c. \$11,000-\$15,000
- 6% d. \$16,000-\$20,000
- 16% e. Other, please specify

- Phase II, Part 1 (clinical examination) In what area did you challenge this part of the examination?  
15% a. Fixed  
15% b. Removable  
3% c. Maxillofacial
- Phase II, Part 1 (clinical examination) What do you estimate was your total cost of this part of the examination? Consider cost of travel for yourself, patient, assistant, equipment, fees, room/board, income lost away from your practice, etc.  
37% a. \$1000-\$5000  
31% b. \$6000-\$10,000  
14% c. \$11,000-\$15,000  
6% d. \$16,000-\$20,000  
6% e. \$21,000-\$25,000  
6% f. Other, please specify
- Phase II, Part 2 (oral examination) Was this part of the exam:  
94% a. completed along with the clinical exam  
6% b. failed and necessitated taking it again
- How many times did you challenge any part of the exam, if any?

	once	twice	three times
Phase I, Part 1	33	1	1
Phase I, Part 2	32	3	0
Phase II, Part 1	32	3	0
Phase II, Part 2	31	4	0

- Can you estimate your total cost, including re-taking failed parts, direct and indirect, for achieving board certification? (please do not include divorce or money placed in church collection baskets, praying for help or thanks, or psychological therapy and biofeedback lessons to regain composure.)  
Median \$12,500      Mean \$8,500
- In what year did you attain board certification status?

**SYNOPSIS OF PAPERS PRESENTED AT THE SEATTLE ANNUAL OFFICIAL SESSION**

**By Dr. Don Garver**

**TITLE: Non-Metallic vs Porcelain Fused To Metal Crowns — The State of the Art**

**Lecturer: Dr. Peter Scharer**

Dr. Scharer began his presentation with a very excellent overview of esthetics and preventive prosthodontics. He showed how esthetics is, to a great degree, controlled by a non-metal margin restoration. Tooth colored porcelain margins, unfortunately, are difficult to make due to porcelain shrinkage, causing marginal shrinkage and ultimate marginal instability because of porcelain fracture.

Dr. Scharer discussed two types of marginal designs. First, the porcelain butt crown; Second, the thin metal-to-porcelain margin crown. The porcelain butt crown was introduced by Dr. Sozio and looks very life-like. However, in Dr. Scharer's research, he always found rounded margins and that tended to fracture at cementation. Due to a refinement in the technique as originally presented by Dr. Sozio, a wax and porcelain incorporated forming technique yields a very sharp margin. However, there must be a stable metal bulk background upon which the porcelain is baked. This metal substructure gives the technician the ability to add porcelain to the margin and the porcelain will stay there. Dr. Scharer's review of this technique by electron-microscopy showed that it was possible to form a porcelain tooth butt joint with an imperceptible amount of space between the restoration and the tooth preparation.

In a second type of restoration, Dr. Scharer discussed the thin metal/-porcelain margin. He stated that this type metal margin could be cast as well in gold as in base metal if, in fact, the technicians used a working, binocular type microscope. There is no way to cast the metal to a fine joint, but there is a way to work the metal to a fine joint. Because of the periodontal demands laid upon the prosthodontist by the periodontist, this thin metal porcelain type crown is an excellent restorative technique.

The second portion of Dr. Scharer's presentation involved evaluation of the CERRASTORE crown vs the DI-COR crown. The CERRASTORE crown, as evaluated, can have a very rough surface even after its final curing, as opposed to the DI-COR crown which has a very smooth surface. This particular differentiation is questionably important as to plaque control. The first thing that Dr. Scharer said about the system is that their light transmission is better than any of the porcelain to metal restoration systems available today. An experiment set up by Dr. Scharer tested the CERRASTORE and the DI-COR

systems for different types of situations. In the evaluation of the CERRASTORE system, he found the original die mix was incorrect and that they had to change the catalyst ratio in order to eliminate the expansion of the working die. Secondly, he found that the temperature is very critical and the recommended temperature for baking of the CERRASTORE system yielded a shrunken die. He found that a reduced temperature in the area of 200 to 300 degrees centigrade yielded a perfect fit of the core system. He also found that a double spruing technique yielded a better fit of the CERRASTORE core to the die than a recommended single spruing technique that the CERRASTORE systems reports. All of the measurements that Dr. Scharer did in his examination were after the divesting of the original casting. Following cementation, he did find a positive result in the fact that the labial margins, after cementation, yielded a one to eleven micron dimensional opening in anterior crowns in the labial aspect. This type marginal discrepancy was found to a somewhat larger degree in the posterior area on the mesial and distal margins. However, all of the measurements were under the micron dimension that would be detrimental to the dissolution of the cementing medium or the adherence of plaque at the crown/tooth interface.

In the evaluation of the DI-COR system, Dr. Scharer found that this system was technique sensitive. He reported a forty to fifty micron marginal opening present when evaluating the cast restorations. Rounded margins were unable to be corrected due to the fact that there was an inability to finish these margins because of the glass composition. He continued his discussion of DI-COR by talking about the laminated veneer technique in which he used Scotch Bond to etch the cast laminate veneer to enamel or dentine. He showed very fine results with this particular technique.

In a review of the dental material properties of the CERRASTORE and DI-COR systems as opposed to enamel, Dr. Scharer showed that the compressive strength and the flexure strength were better than dental enamel. The thermal expansion of the enamel as opposed to the two restorative systems was comparable. As far as dentistry was concerned, the enamel, CERRASTORE and DI-COR were equal.

A final dental material review

involved the RENAISSANCE crown. This is a crown in which a foil substructure is adapted and then soldered. Dr. Scharer stated that they yielded constantly at the margins and that internal grinding was a must in order to get any type of fit of the restoration to the die of the crown preparation. They tended to be under extended at the restoration-tooth interface and his research measurements showed that a one hundred micron cement line was constantly evident.

In conclusion, Dr. Scharer posed a problem "How much deficiency in our restorations is acceptable for periodontal health?" He stated that a crown/-tooth margin opening of fifty microns or less in relation to plaque adherence, or intervention of crevicular fluids seemed to be the standard of variance for success. However, it appeared to me that **Dr. Scharer was most definitely in favor of any type of system that would reduce this degree of opening.**

## WASHINGTON NEWS BRIEFS

### NIDR Funds Hit an All Time High

The House appropriations committee approved \$116.3 million for the National Institute of Dental Research (NIDR) when it passed the fiscal 1987 appropriation bill for the Department of Health July 24. This is \$20 million over the President's request and \$14 million over the 1986 figure.

Rep. Ron Packard (R-CA), the only dentist in Congress, was instrumental in supporting the Association's request for increased funding for NIDR. In a letter to committee members Dr. Packard said, "I feel it would be grossly unfair to fund this program below 1986 levels." NIDR had originally been funded at \$103 million last year, but Gramm-Rudman budget cuts reduced the amount to \$98 million. The President had requested \$2 million below that for 1987.

The committee also included \$1.8 million for the Dentist Scientist Award program to increase the number of students in it by 25 next year. The Dentist Scientist Award program was designed to augment the dwindling number of research-clinicians in the dental community. Currently, there are 33 candidates in the program.

Funding for the family medicine/-general dentistry residency training program was increased by \$1.5 million to \$36 million. The law requires that 7.5

percent of these funds go to dentistry programs.

AIDS (acquired immune deficiency syndrome) remained a major health issue. The committee appropriated \$336.8 million, an increase of \$112.5 million over 1986. Of that amount \$2.7 million will go to NIDR for research.

The House is expected to vote on the health appropriations bill before adjourning for the August recess.

### Higher Education Bill Ready For Conference

Both the House and the Senate passed legislation in June to extend student aid programs through 1991. Changes in the bill, S. 1965, will permit dental students to borrow more money and streamline repayment procedures.

The Senate bill would allow dental students to borrow up to \$7,500 a year, and would increase the interest rate from 8 percent to 10 percent. The House-passed bill would raise the maximum loan to \$8,000, depending on tuition costs; with interest rates at 8 percent for the first four years, and 10 percent thereafter. The Senate bill sets more stringent eligibility requirements for student loans than either the House version or current law.

Both bills allow student loans to be consolidated with other loans.

Concerned about the default rate on student loans, the Senate added a provision in its bill that would allow the Department of Education to sell defaulted loans to collection agencies and garnish wages of military and federal employees. The Department has already retrieved over \$116 million this year from defaulters by withholding their income tax refunds.

The conferees hope to have a final version of the bill by September.

### House Panel Approved Direct Pay to Health Care Providers

The House Post Office and Civil Service Committee June 11 approved a bill, HR 4825, that would permit direct payments to certain health care auxiliaries under the Federal Employees Health Benefits Program (FEHBP), including nurses anesthetists, nurse-midwives, chiropractors, and marriage counselors. Dental Hygienists would not receive direct reimbursement under the bill, but the Association is concerned that the bill could be precedent setting.

The President vetoed a similar bill last year, but the bill's sponsor, Rep. Mary Rose Oakar (D-OH), claims that she has eliminated his concerns and it will be easily passed by the House.

The Association will continue to register opposition to the bill.

#### State Legislation

The American Dental Hygienists' Association (ADHA) held its annual session on June 4-11 in Washington, D.C. The following is a summary of significant actions taken by the ADHA House of Delegates.

Relative to educational issues, the ADHA House adopted the following resolutions:

That the ADHA affirm that the entry level dental hygienist of the future will be prepared to assume responsibilities in the roles of clinician, health promoter/educator, consumer advocate, administrator/manager, change agent and researcher, in a variety of settings.

That ADHA supports all aspects of formal dental hygiene education, including certificate, associate, baccalaureate and graduate degree programs. However, the ADHA declares its intent to establish the baccalaureate degree as the minimum entry-level requirement for dental hygiene practice in the future and to develop the theoretical base for dental hygiene practice.

The House also adopted the following definitions of various practice arrangements. The accompanying rationale indicates that these were intended "to provide guidance but not to establish ADHA policy".

That the following terms be used to provide a common vocabulary in discussing the business arrangement of dental practice:

*Employee Practitioner:* A dental hygienist who provides dental hygiene services as an employee in accordance with state dental hygiene/dental practice acts.

*Independent Contractor:* A dental hygienist who has a business arrangement, consistent with the Internal Revenue Service and state requirements, whereby the dental hygienist contracts to provide dental hygiene services in accordance with the state dental hygiene/dental practice act.

*Independent Practitioner:* A dental hygienist who provides dental hygiene services to the public through direct agreement with each dental consumer in accordance with the state dental hygiene/dental practice act.

Several resolutions that were defeated or withdrawn were of interest:

That the ADHA board of Trustees investigate the endorsement of products previously accepted by the ADA's council on Dental Therapeutics,

as a means of promoting the professional image of Dental Hygienists. (originally proposed as a source of free public relations; withdrawn by the maker, Florida Dental Hygienists Association).

That ADHA confirms that the Dental Hygienist is capable of providing dental hygiene services without supervision.

## THE AMERICAN INSTITUTE OF ORAL BIOLOGY MEETS

The 43rd Annual Meeting of the American Institute of Oral Biology will convene October 24-28, 1986 (Friday-Tuesday), at the Spa Hotel in Palm Springs, California. The Institute brings together during its Annual Seminar a group of eminent authorities in the regimen of Oral Biology as is pertinent to the modern practice of Dentistry. The Faculty are listed as follows:

Dr. Gerald M. Bowers, Professor of Periodontics, University of Maryland, School of Dentistry.

Dr. Stephen Parel, Professor of Prosthodontics, University of Texas Dental School, San Antonio, Texas.

Dr. Dale E. Stringer, Assistant Professor, Oral-Maxillofacial Surgery, Loma Linda University Medical Center, Loma Linda, California.

Dr. Robert J. Samp, Professor and Assistant Dean, School of Medicine, University of Wisconsin.

Dr. Bjorn U. Zachrisson, Professor of Orthodontics, University of Oslo, School of Dentistry, Norway.

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

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

## CLASSIFIEDS

For Sale: Journal of Prosthetic Dentistry, Volume I, to mid 1970's. Majority in bound form. Dr. Herbert J. Towle, Jr., 6929 Old Stage Road, Rockville, MD 20852, (301) 984-8801.

## SAUL KAMEN SEMINAR

The Saul Kamen Seminar on the Dental Management of the Mentally Retarded and the Developmentally Disabled Patient will be held November 16-19, 1986 at the Teaching Center Auditorium, Long Island Jewish Medical Center, New Hyde Park, New York.

The seminar is sponsored by the Department of Dentistry, Long Island Jewish Medical Center and the Health Sciences Center of the State University of New York at Stony Brook.

Tuition is \$450; \$225 for residents, dental auxiliaries and students. This includes reception, luncheons and coffee breaks.

This four-day seminar, taught by an interdisciplinary faculty, will emphasize the clinical management of patients with a wide range of physical and mental disabilities. It will explore, in depth, the nature of neurological and psychosocial impairment as well as techniques for the dental management of patients with concomitant behavioral disorders. It will include demonstrations in the clinics and operating rooms and a field trip to an outstanding day center for the education and vocational rehabilitation of the mentally retarded. The curriculum is designed to meet the needs of general practitioners, specialists, academicians, institutional dentists and dental hygienists.

For further information, please contact: Ann J. Boehme, Associate Director for Continuing Education, Long Island Jewish Medical Center, New Hyde Park, New York 11042, (718) 470-8650.

## NOTICE

Have you had a change of address?

Is your code as published in the Membership Roster correct?

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If any of your answers are yes - please notify the Central Office Director immediately.

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## INCREASING DENTAL CARE FOR THE HANDICAPPED

The American Fund for Dental Health has recently awarded \$50,000 to the National Foundation of Dentistry for the Handicapped. The grant is helping the Foundation provide needed dental care for the developmentally disabled.

In addition to providing dental care, the NFDH is educating the handicapped on good oral hygiene skills. By learning the value of routine dental care, the handicapped population can become regular users of professional dental treatment.

The new grant will not only expand NFDH's current activities, but it will also help to identify other underserved populations and develop programs which increase access to dental treatment.

The American Fund for Dental Health is the only national, non-governmental, non-profit agency exclusively supporting projects aimed at bettering the dental health of the American public through research, education and service. Primary support of these projects comes through the contributions of dental practitioners, the dental trade and laboratories.

## RESEARCH UPDATES FROM AADR ANNUAL MEETING

The recent annual session of the American Association of Dental Research (AADR) included research reports covering the entire spectrum of dental health. Scientists at the National Institute of Dental Research (NIDR) reported the development of a time-release pellet for the treatment of periodontal disease. The pellet provides a steady flow of tetracycline in the mouth, directly to the site of periodontal infections.

Researchers at the Eastman Dental Center reported that the use of dental sealants can actually promote the reversal of dental decay. Lost calcium was replaced in cavities in molars of children who had small lesions at the time the sealant was applied.

Four separate papers presented at the meeting discussed the results of 6-month clinical trials of mouthrinse containing 0.12% chlorhexidine as a preventive agent in treating gingivitis and periodontal disease.

## BOOKS AVAILABLE

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

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

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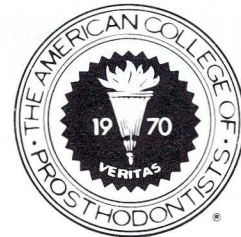
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