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Volume 51 Issue 2



PREDOCTORAL DIGITAL IMPLEMENTATION
POSTDOCTORAL DIGITAL WORKFLOWS
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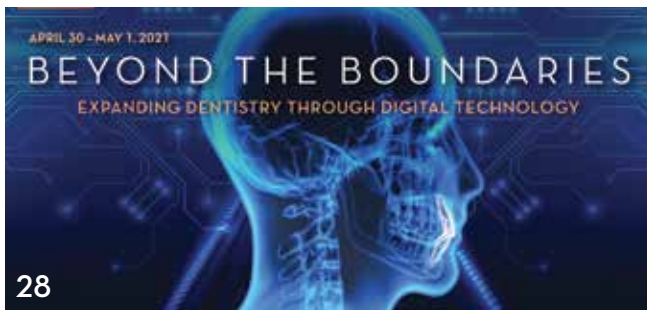
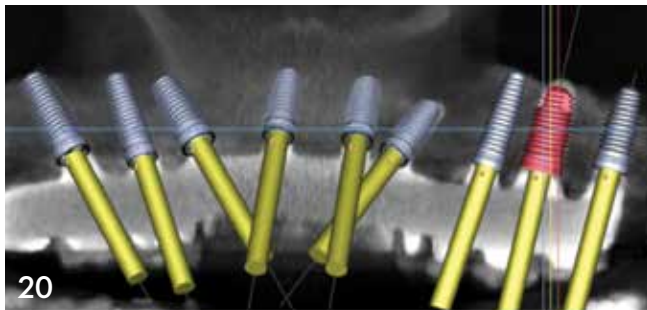
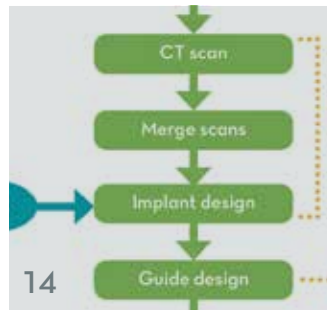


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Innovations in digital dental technology from then to now

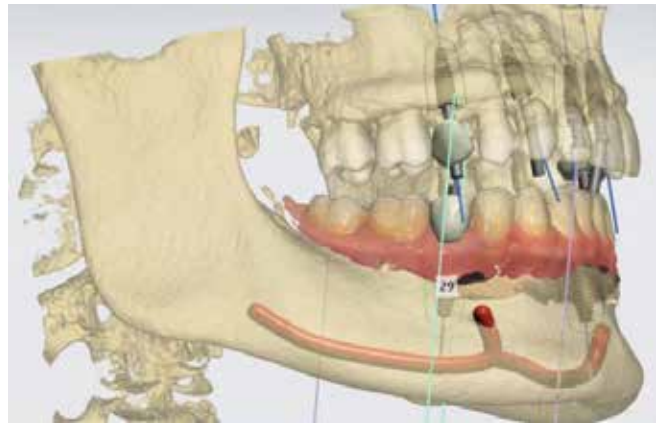
Amelia L. Orta,
DMD, FACP
ACP Messenger Editor-in-Chief

At the Chicago Midwinter Meeting of 1989, Dr. Francois Duret demonstrated the ability to fabricate an indirect crown in a matter of a few hours, a task that would have normally taken days. His demonstration showcased one of the first dental applications of an optical scanner paired with computer-aided-design (CAD) and computer-aided-manufacturing (CAM).

Around this same time, Dr. Francis Mouyen introduced the first digital dental x-ray, a system that allowed a sensor to present and store radiographic information on a computer, resulting in advancements beyond traditional screen-film radiology. Also in the late 1980's, digital single lens reflex (DSLR) cameras became commercially available. DSLR's would eventually replace the film predecessor and become a prominent diagnostic and communication aid for dentists.

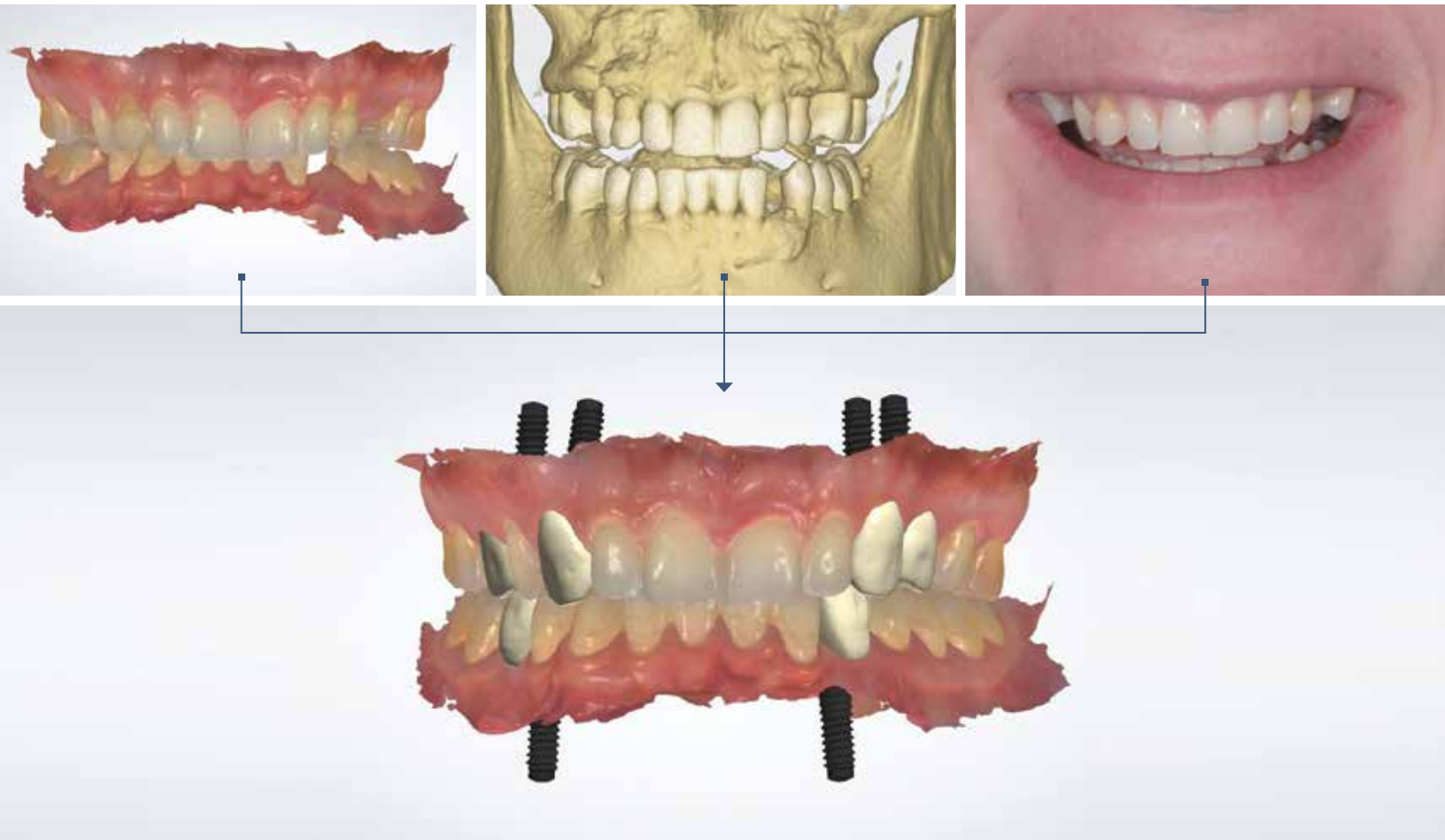
When I think of today's dental workflows, I am hard pressed to think of digital technologies that had a greater cumulative impact on our daily routine as prosthodontists. Take for instance a new patient presenting for care in need of implants to support or retain a prosthesis. Adjuncts to enhance a clinical examination include digital impressions, cone beam computed tomography (CBCT) scans and a series of digital photographs. This information is imported and then merged into CAD planning software to create a prosthetically driven treatment plan, as illustrated on the following page. From these files, surgical guides, as shown on this edition's cover, can be fabricated utilizing various CAM systems, via both additive or subtractive manufacturing.

The pace of innovation that digital technology is experiencing is something that will continue to impact our profession. The optical scanner and milling technology that made their dental debut over thirty years ago were just the first steps in technological advancements that are utilized today. For example, the current generation of optical scanners can



produce a full arch scan in under a minute and the stereolithography data files can be shared wirelessly with laboratories in a matter of seconds. Additionally, today's scanners use artificial intelligence (AI) technology to automatically remove unrelated information such as a gloved hand or other soft tissue from the scan. 3D facial digitization scanning now aides in creating a facially driven treatment plan within our CAD software. Based on these rapid advancements in our digital toolkit, we can expect to see continued major innovations within our field. The technology of today will likely look very different thirty years from now.

In light of these changes, two key questions come to mind: How are we preparing the future generation of prosthodontists in these digital technologies? And at what point do we pivot to replace analogue workflows with their digital counterparts?



Digital impressions, CBCT scan and diagnostics photos to evaluate a patient with congenitally missing permanent premolars and canines. This digital information is used to create a diagnostic set-up and prosthetically driven treatment plan.

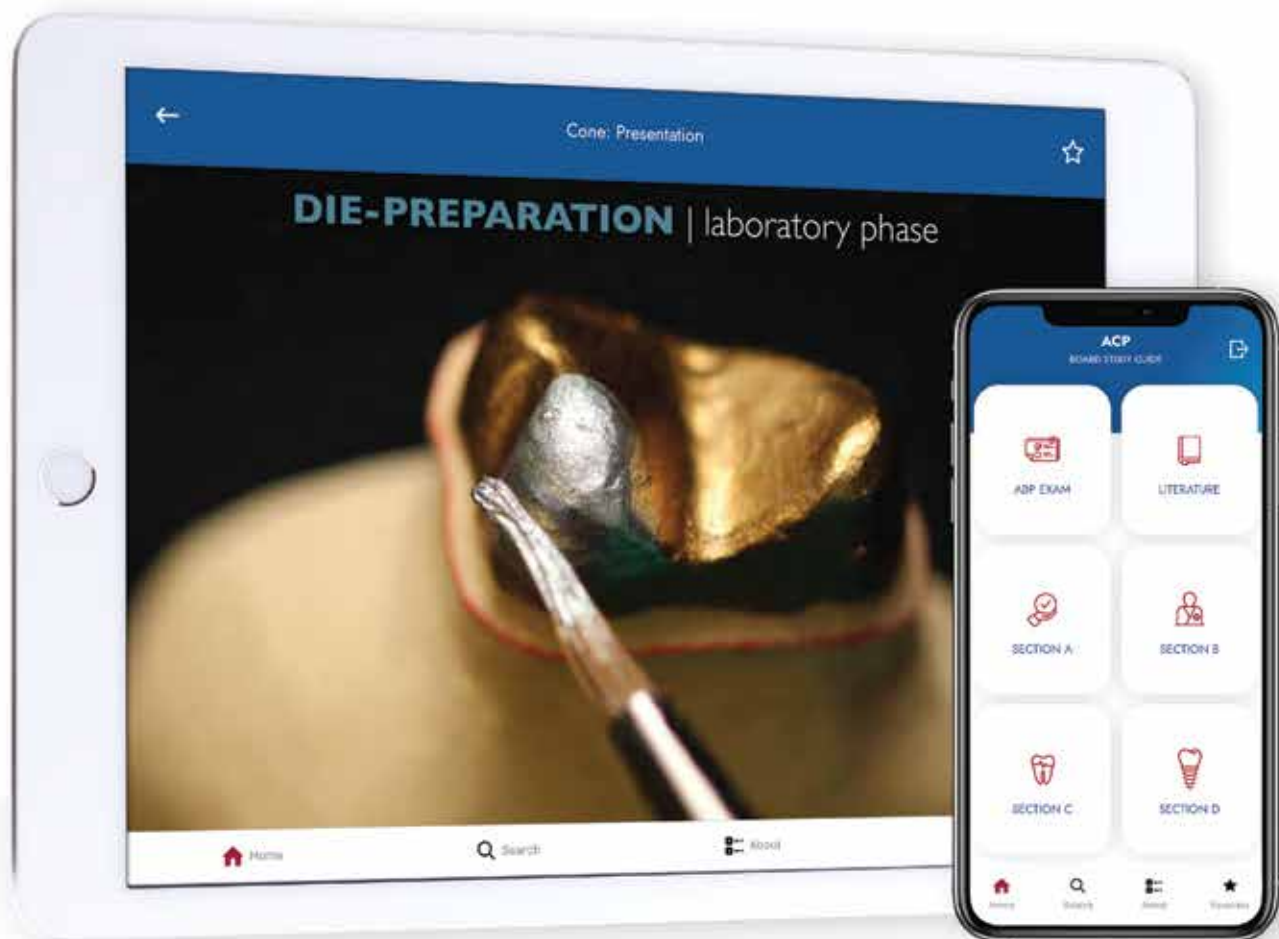
In this issue Drs. Liao and Bendayan discuss the digital workflows in the Postdoctoral Prosthodontic Program at Boston University Henry M. Goldman School of Dental Medicine including the use of Robotic and Navigation assisted implant surgery. Editorial Board Member, Dr. Touloumi, shares insight into the challenges and opportunities in implementing digital technologies in Predoctoral Prosthodontic Programs by speaking with Dr. Sadid-Zadeh from the University at Buffalo School of Dental Medicine and Dr. Elkassaby from Rutgers School of Dental Medicine. Additionally, Drs. Miller and Anita-Holmes describe a very practical application of digital technology to locate screw access holes on a full arch cement retained implant prosthesis.

I am thrilled to share that two of these articles were submitted in response to the invitation to contribute to the *ACP Messenger* through our new abstract submittal process. Information on submitting abstracts for future consideration can be found at Prosthodontics.org. We look forward to hearing from you. ■



Dr. Amelia Orta serves as Editor-in-Chief of the ACP Messenger, practices in Washington, DC, and maintains an adjunct faculty position with the Dental College of Georgia.

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Digital implementation in predoctoral education: challenges and opportunities

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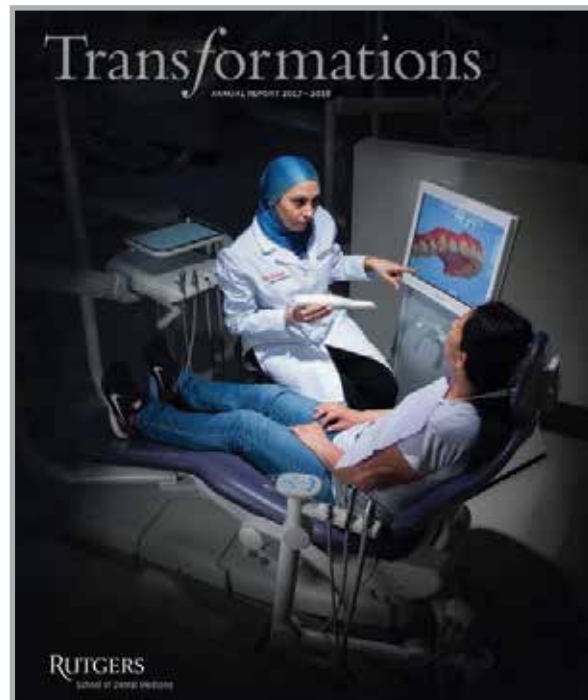
In recent years, digital technology has come to the forefront of all fields of dentistry. Modified clinical workflows, reduced chair time along with consistency and reliability of digital laboratory procedures have allowed widespread utilization of these technologies.

In prosthodontics, digital technology is now utilized in treatment planning as well as the restorative and surgical treatment of our patients.

How much of this “digital wave” has affected the way we teach prosthodontics in the 67 CODA accredited predoctoral programs in the United States? In 2015, Browstein et al, reported that only 3% out of the 33 U.S. dental schools that responded to their survey utilized CAD/CAM technology for denture fabrication in clinical settings. In this era of constant technological evolution, it is safe to assume that since this report a lot has changed.

In an attempt to elucidate the current status of digital implementation in the predoctoral dental education we reached out to two prosthodontist dental educators. Dr. Ramtin Sadid-Zadeh from the University at Buffalo School of Dental Medicine and Dr. Heba Elkassaby from Rutgers School of Dental Medicine. Both doctors have been instrumental in implementing digital technologies in their respective institutions. Additionally they have been identified by the American College of Prosthodontists (ACP) to lead the effort of identifying the level of implementation of digital technologies in U.S. dental education, as well as identifying the challenges to implementation.

Our contributors, Dr. Sadid-Zadeh and Dr. Elkassaby, graciously shared with us a few of the ways in which they dealt with the “growing pains” of digital implementation in their predoctoral educational programs.



Dr. Heba Elkassaby on the cover of Rutgers School of Dental Medicine's 2017-2018 Annual Report, highlighting the digital efforts of the school.



Pictured, top: A third year dental student and laboratory technician collaborate on a digital denture design for a patient of the predoctoral clinic at the University of Connecticut School of Dental Medicine (UConn). **Pictured, bottom:** A third year dental student, overseen by a fourth year dental student, practicing digital scanning during a preclinical laboratory exercise at UConn.

Concern about cost of initial implementation as well as time and resources for faculty education and calibration to the new workflows have been previously mentioned in literature as commonly faced challenges. Both Drs. Sadid-Zadeh and Elkassaby add to these, based on their experiences, the IT issues they faced when purchasing equipment and incorporating them in preclinical and clinical teaching. In addition, Dr. Sadid-Zadeh

mentions the “maintenance of equipment as well as updates of software” as additional areas that will add to the financial burden.

Dr. Sadid-Zadeh highlights the importance of full and continuous administrative support, at the dean and department chair level, as well as the need for both faculty and staff to embrace the change. Dr. Elkassaby mentions, the cost of the initial investment could be managed in a few different ways. Tuition increase is one way as well as “creative thinking.” She recalls reaching out directly to dental technology companies for educational discounts and “refurbished” equipment. Another very important consideration that both Drs. Sadid-Zadeh and Elkassaby highlighted is the support of a robust IT team that provides constant help within their institutions. At Rutgers School of Dental Medicine, the need for consistency in the quality of the final product was identified early on and highlighted the urgency for development of quality assurance protocols compatible with the digital workflows.

Concerns for faculty to student ratio are always present especially in the clinic. Taking into consideration the additional time and effort needed to teach new technologies to predoctoral students is important with implementing new technologies. In an effort to relieve the faculty overload, Dr. Elkassaby established the student-to-student training with faculty supervision during the preclinical digital scanning laboratory exercise. She finds that this has been very successful in “relieving the faculty for other responsibilities, allowing for smaller faculty to student ratio in the preclinical setting” and also states “when students teach each other, they tend to learn even better.”

Dr. Elkassaby believes the turning point for making the clinical implementation of digital scanning in the predoctoral clinic most effective at Rutgers was the hiring of registered dental assistants that were trained in clinical digital procedures. After the completion of their

digital training, the assistants oversee and assist the predoctoral students during their clinical session for digital procedures. This has allowed for more efficient faculty supervision in clinic and minimizes the potential for equipment mismanagement by predoctoral students.

The need for updates in the clinical and preclinical prosthodontic curriculum to embrace the advances in digital technologies does not only present challenges, “It is a great opportunity for junior faculty to champion for their schools, lead the digital effort and prove themselves to the leadership of their institution,” Dr. Sadid-Zadeh points out. “Getting trained in using new workflows, allows faculty to keep-up with digital dental technologies and incorporate the change into their own patient care,” says Dr. Elkassaby. She also discusses the benefits at the institutional level, “with digital technologies attracting a larger and more sophisticated pool of applicants,” both for predoctoral and postdoctoral programs. Other potential advantages, she adds, include “creating endless research opportunities for students as well as faculty, and organizing continuing education courses; therefore, creating additional sources of income for their institution.”

The benefits do not stop there. Dr. Sadid-Zadeh mentions the ability of the students to self-assess, utilizing new technologies even from home, an important advantage especially during a global pandemic. Finally, Dr. Sadid-Zadeh highlights “the ability of digital software to expose students to different concepts in partial or complete removable prosthodontics, bypassing the traditional learning process with the hours of laborious and frustrating lab work for students.” Moreover, Dr. Sadid-Zadeh mentions that “the technology allows students to repeatedly practice partial or complete removable design and virtual tooth arrangement.”



Students at the University of Buffalo School of Dental Medicine receiving instruction from Dr. Sadid-Zadeh.

In an effort to support institutions and prosthodontic educators in their efforts to move the specialty into the new digital era, the ACP has risen to the occasion. Interested individuals can access educational material through the College’s website including: digital curriculum examples, relevant rubrics, lectures as well as scientific paper abstracts. Two textbooks have also been added, relevant to digital technology. Almost all of these resources are accessible to ACP members at no additional cost.

Dr. Sadid-Zadeh, Chair of the Digital Dentistry Curriculum Committee, states that next “the ACP will champion the incorporation of digital removable prostheses in the dental curriculum.” The first example of this effort is the introduction of the “Digital Removable Prosthodontics Curriculum Subcommittee” that Dr. Elkassaby leads, with the main goal of identifying

challenges in the implementation of digital removable prosthodontics into dental schools' curriculum and finding solutions to simplify educators' efforts.

Prosthodontics constantly changes with advances in technology. Presently, predoctoral educational programs around the country have incorporated digital technologies in their curricula at varying extents. The task of preparing graduate dentists able to adjust to the ever-evolving field of dentistry highlights the

pressing need for their education to evolve as well. Identifying the obstacles to this and ways to overcome them should be a priority for our specialty. ■

References

Brownstein SA, Murad A, Hunt RJ. Implementation of new technologies in U.S. dental school curricula. J Dent Educ. 2015;79(3):259-264.



Dr. Heba Elkassaby is an Assistant Professor and the Founding Director of Digital Dentistry in the Department of Restorative Dentistry at Rutgers School of Dental Medicine.



Dr. Ramtin Sadid-Zadeh is an Associate Professor and Assistant Dean of Digital Technology at the University of Buffalo School of Dental Medicine.



Dr. Foteini Touloumi is an Assistant Clinical Professor at the University of Connecticut School of Dental Medicine

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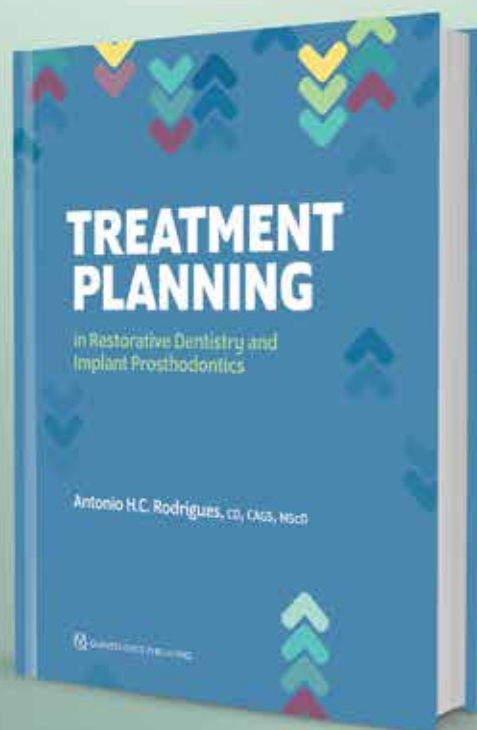
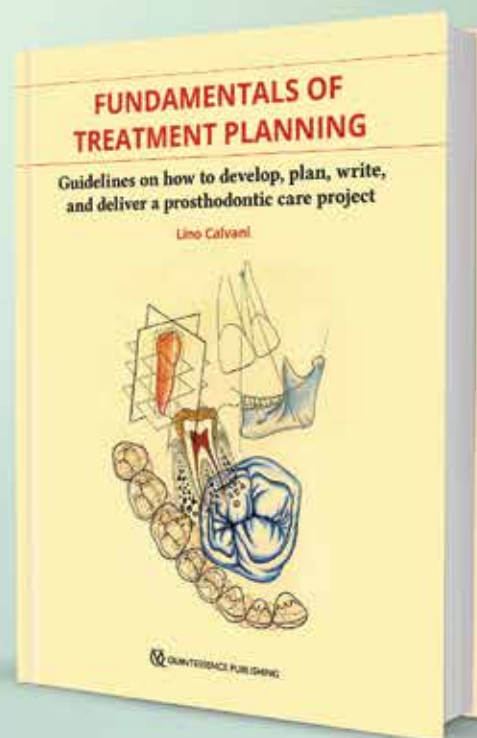


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Digital workflows for postdoctoral prosthodontics

Peixi Liao
BDS, CAGS, DscD
Alexander Bendayan
DDS, CAGS

The COVID pandemic in 2020 proved how unprepared the world was to handle the forced change to “normal.” One benefit is that technology had a big influence in how we communicated, and we all witnessed a significant increase in the use of digital technology.

Boston University Henry M. Goldman School of Dental Medicine (BUGSDM) introduced Digital Dentistry for predoctoral and postdoctoral education in 2014, since then the program has grown and implemented other technologies such as guided surgery, Robotic-Assisted, and Navigation Assisted surgery. In 2020, the program incorporated 3D printing and opened a brand new simulation and learning center and new predoctoral patient treatment centers with state of the art technologies including microscopy.

Based on the benefits of utilizing these technologies for education, the Postdoctoral Education Program in Prosthodontics continues to incorporate multiple workflows utilizing the mesh of hardware, software, and curriculum that drives the care of patients while relying on the fundamentals of prosthodontics.

Workflows for Chairside Crown and Bridge

Our chairside digital solutions include two essential types of equipment, intraoral and laboratory optical scanners and milling units, integrated within a network of computer stations to facilitate the access for the computer aided design (CAD) and the computer aided manufacturing (CAM). All of these technologies are within reach of faculty and residents, and used in collaboration with other specialties. The goal is to utilize these technologies for advanced cases and not concentrate only on single day restorations. This is something BUGSDM residents are trained for, and

it is also integrated within the group practice model and works in collaboration with the predoctoral department. The chairside digital solution’s primary usage is for complex impressions, diagnoses, and provisional restoration fabrication and add to the laboratory workflows.

The selection of an intraoral optical scanner that can easily integrate with your laboratory systems and a clinical milling unit is paramount. In this manner provisional restorations can be fabricated efficiently to build upon a successful workflow for everyday practice.

Our in-house laboratory utilizes multiple technologies, such as desktop 3D printers, software and milling units but from those Dentsply Sirona systems allows for efficient communications and it is also more convenient and efficient, Figure 1 shows our workflows for digitally fabricating the crown in the clinic.

All prosthodontics educational programs require a strict quality control (QC) program. At BUGSDM we have set up two different levels of QC for this workflow. The first level is for the faculty who have knowledge in general prosthodontics but do not work with digital techniques frequently. This control level is for checking whether the restoration is following the fundamentals of prosthodontics. The second level is for the faculty who have advanced knowledge in digital dentistry techniques. The responsibility for this level is checking whether the production is reproducible in the digital arena.

Digital Workflow for Milled On-Site Crown

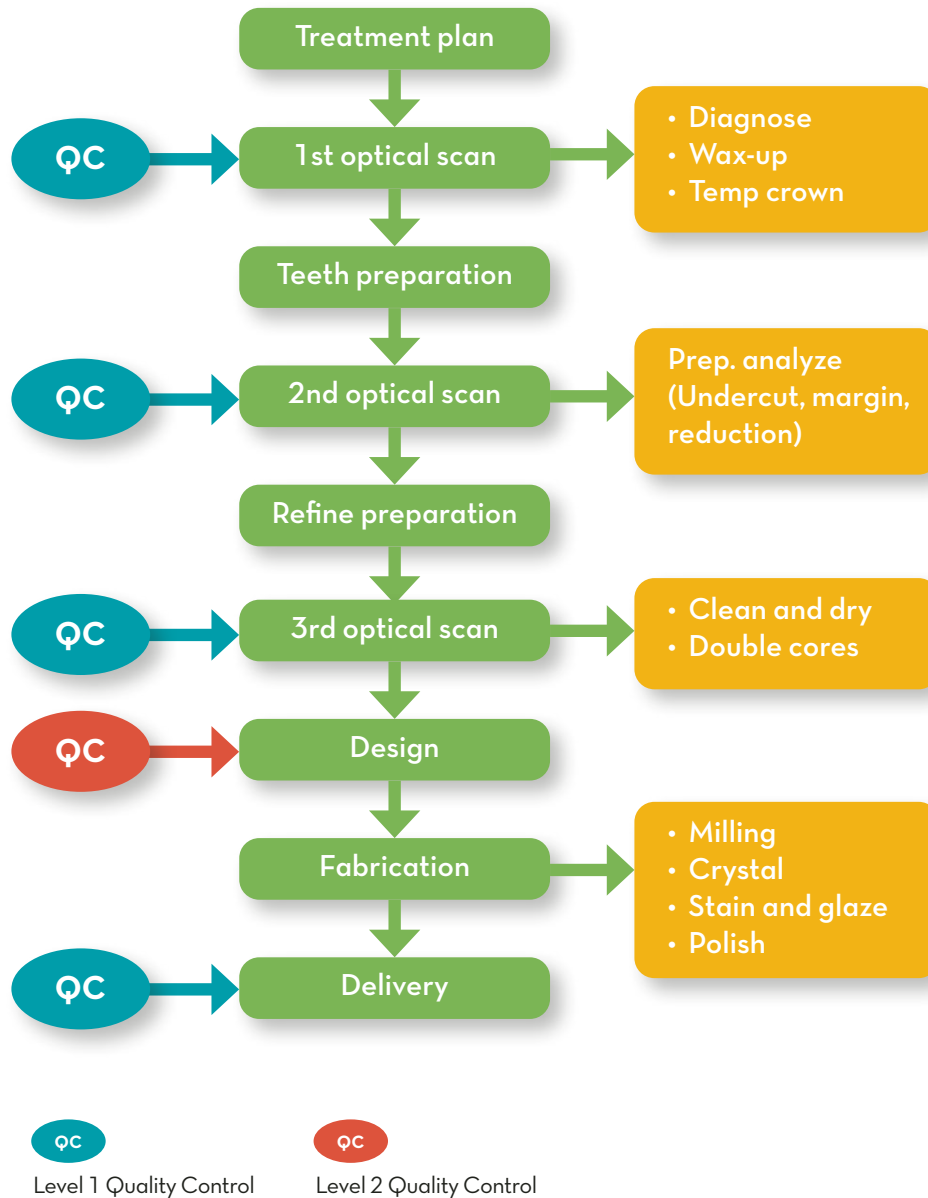


Fig. 1. A chart created by Dr. Peixi Liao for Boston University Henry M. Goldman School of Dental Medicine displaying their digital workflow for milled on-site crowns.

As we are all aware, technology development and growth is much faster than curriculum change. The biggest challenge in dental education is to maintain a strict balance between implementation of new technologies and calibration of faculty. For any new workflow it would take about three to four years to take a full effect, therefore it is important to build flexibility and measure fluctuations, sometimes caused by software upgrades or equipment repair. More than 300 crowns and fixed partial dentures are fabricated every year with failure rate of less than 5%. Figure 2 shows the failure rate changes yearly.

Workflows for Digital Surgical Guides

At BUGSDM Postdoctoral Prosthodontics patient treatment centers, the second largest digital production is of surgical guides for implant placement. This is a mandatory requirement for all implant placement, as every implant placement must be prosthetically driven. Therefore BUGSDM faculty and residents are heavily involved in the process of implant planning, design and milling and/or 3D printing. After careful examination

and diagnosis, the treatment plan is discussed with the designated surgeon (oral and maxillofacial surgery or periodontology). During this discussion the prosthodontist discusses their preferred implant system, CAD software, and guide system. If the surgeon could not give you a clear answer, you would need an open system in your digital design workflow. The surgical guide workflow includes an intraoral or laboratory scanned image of the dental condition merged with a Cone Beam Computerized Tomography (CBCT) in the designated implant planning software. The equipment required for the fabrication of the surgical guide is either a milling machine or a 3D printing machine. The prosthodontics department at BUGSDM, utilizes three surgical guide systems and six kinds of surgical guides. Robotic and navigation guiding systems only require a CAD proposal of the dental condition and proposed prosthesis but do not utilize a CAM method as their systems guide the surgeon. The robotic guide provides the highest level of precision utilizing haptic technology with no deviations for the plan, while a navigation guide provides the perfect balance between free-hand and guided implant placement.

Milled On-Site Restoration Failure Rate

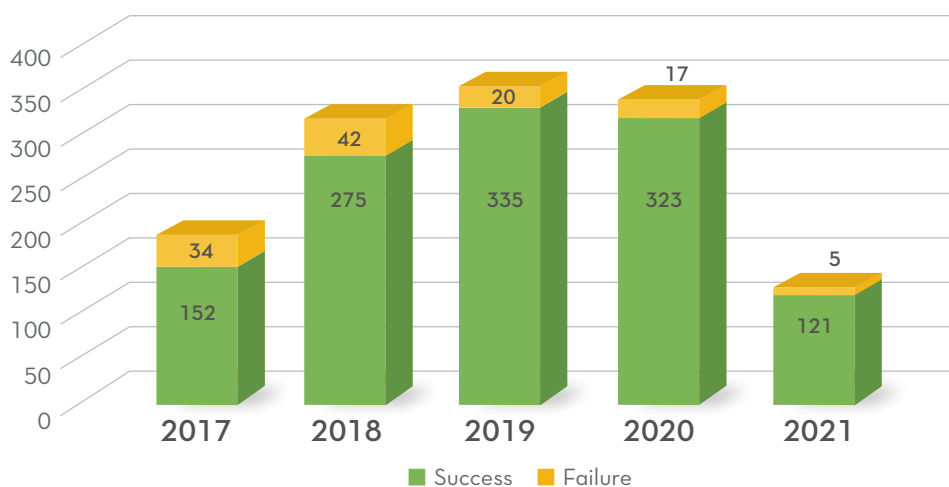


Fig. 2. The milled on-site restoration failure rate in the BUGSDM Postdoctoral Prosthodontics Clinics.

Implant surgical guide selection

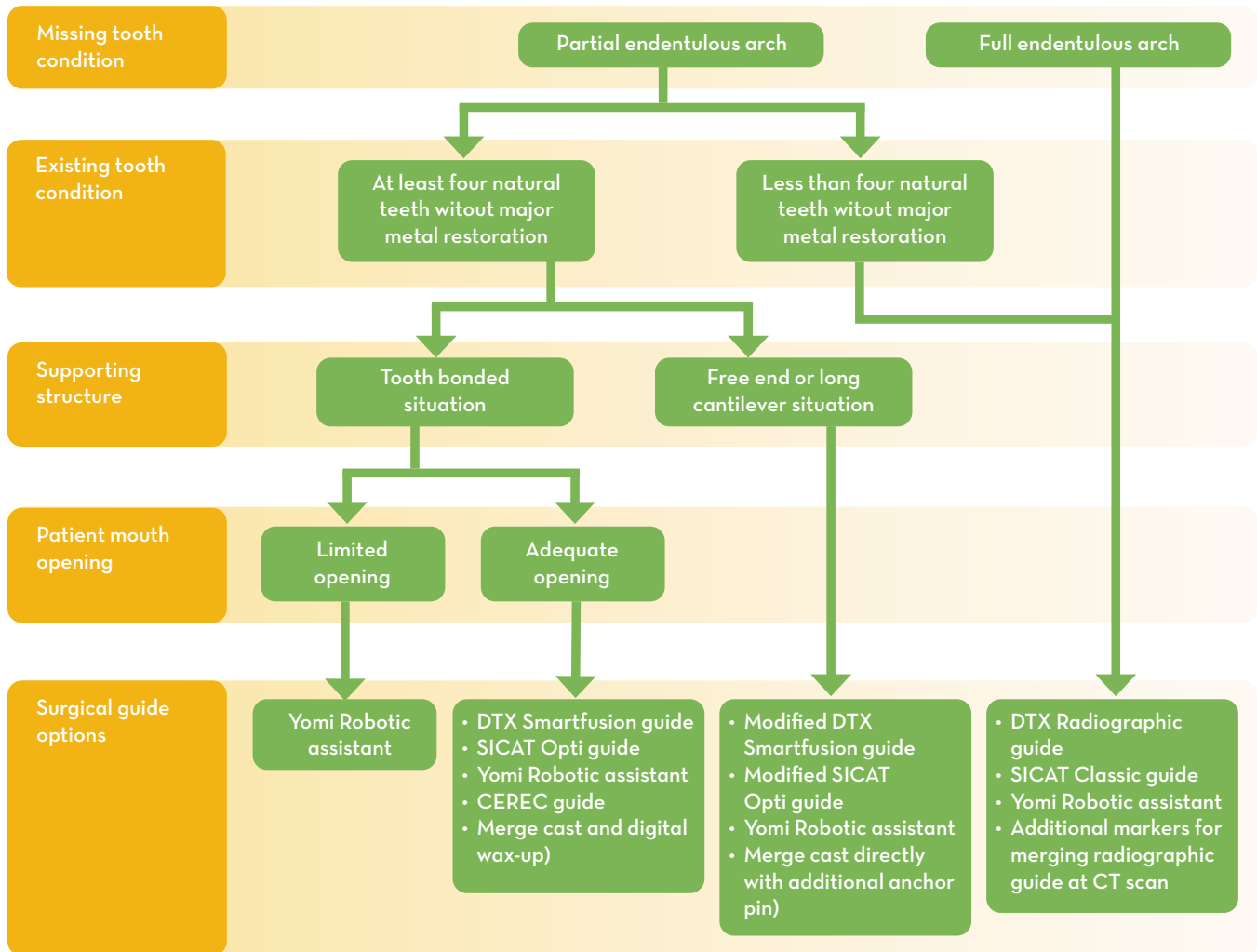


Fig. 3. A chart created by Dr. Peixi Liao for Boston University Henry M. Goldman School of Dental Medicine displaying their digital workflow for surgical guide selection. The above chart reflects the systems used by BUGSDM. Any mention of a specific product is not an endorsement or a recommendation by the ACP.

Figure 3 shows the selection guide for the surgical guide system to help our residents and faculty to decide which guide they can use for each case.

The selection guide is an important step and essential document that needs to be built up before introducing any surgical guide into the clinic. Also, the person who builds up the selection guide needs to have an overview of all the systems and steps in the clinic and

surgeon you are working with, which will require a lot of experience. Figure 4 shows the workflow we are running for printing surgical guides. As surgical guide design involves multiple software systems and various doctors, training is required for all participants. At BUGSDM, a course was set up for all the operators involved, creating an excellent environment for whole implant plan, place, and restoration treatments.

Workflow for Printed Surgical Guide

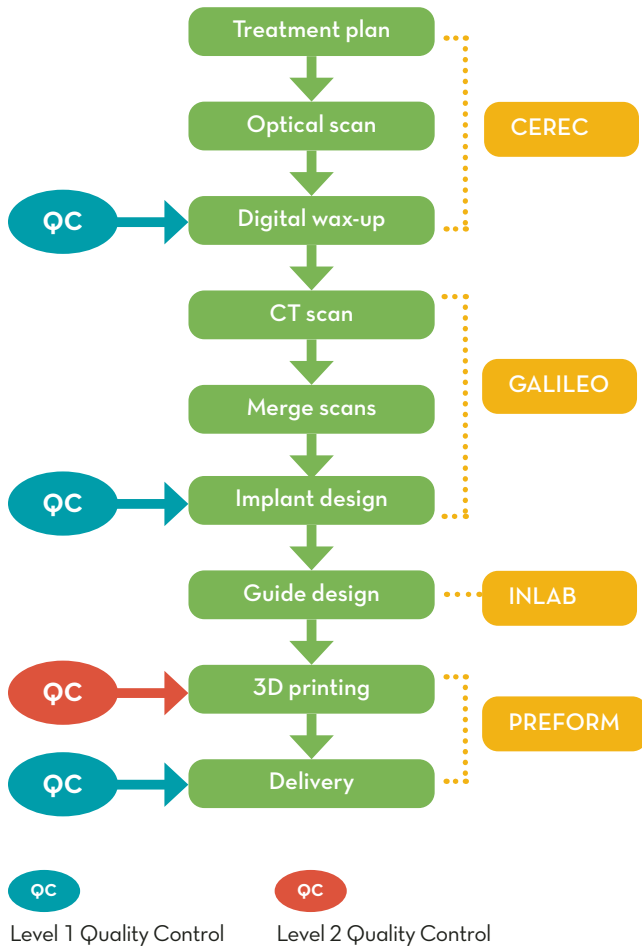
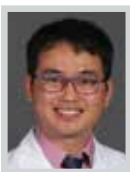


Fig. 4. The above chart, designed by Dr. Peixi Liao, is the workflow of printed surgical guides used by BUGSDM. The above chart reflects the systems used by BUGSDM. Any mention of a specific product is not an endorsement or a recommendation by the ACP.

Our Suggestions for Implementing Digital Dentistry

- 1 Which machine or system should I choose to start?**
 The best answer is to depend on the workflows or productions you want to achieve by using your digital equipment. Before buying a new machine or digital software, set up the goal you want to accomplish by using this machine. In addition, communication with the dentist, lab technicians, and surgeon is essential to decide the system needs to be implemented across other specialties.
- 2 Do I need to have an open system or a closed system?**
 In general, the closed system is a better selection for educational purposes requiring less expert operator involvement in the workflow and convenience to generalize a standard workflow. The open system works better for developers and academic researchers, requiring more experienced operator involvement in the workflow and also requires learning more content to achieve expertise. When you have too many options it is very hard to be proficient in all of them.
- 3 How can I be strategic about the costs involved in digital dentistry implementation?**
 The necessary equipment and software involved in digital dentistry are expensive, therefore making a reasonable business plan and cost analysis is paramount. In simple terms, one would have to run calculations based on the size of your practice or educational institution. Our suggestion is to make the business plan around the workflow and productions you plan to run and set up the profit line before buying any system. And know that once integrated it is destined to grow within the next three to four years, if not before. ■



Dr. Peixi Liao serves as Clinical Assistant Professor at Boston University Henry M. Goldman School of Dental Medicine.



Dr. Alexander Bendayan serves as Clinical Professor and Interim Chair of Restorative Sciences and Biomaterials, Associate Dean for Digital Development, Technology and Innovation at Boston University Henry M. Goldman School of Dental Medicine.

Essential Books on Prosthodontics

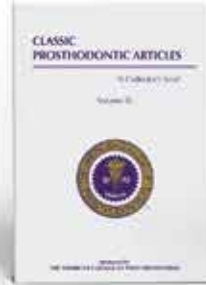
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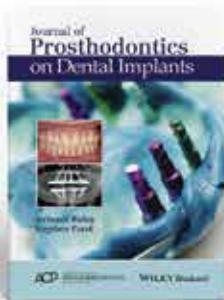
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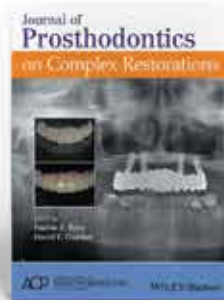
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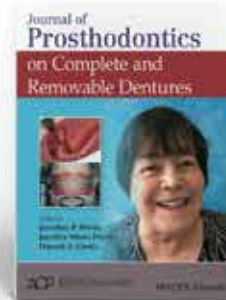
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Journal of Prosthodontics on Complex Restorations
\$75/\$230 for three-volume set



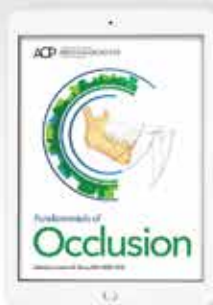
Journal of Prosthodontics on Complete and Removable Dentures
\$99/\$230 for three-volume set



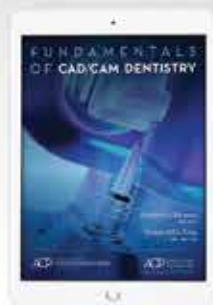
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Your smile.
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Accessing screw access channels on a full arch fixed prosthesis utilizing digital dentistry

Nicholas R Miller,
DMD, MS, FACP

Cynthia Aita-Holmes,
DMD, FACP

The implant supported full arch fixed restoration is frequently chosen by the prosthodontist as the treatment of choice in the rehabilitation of the edentulous patient.



Fig. 1. Retracted frontal view of prosthesis



Fig. 2. Occlusal view of prosthesis



Fig 3. Panoramic radiograph of initial presentation

These types of prostheses are not without failures and their retrieval, when cement retained, can present a complex clinical situation. Conservative retrieval will preserve integrity of the prosthesis and allow it to serve as a provisional throughout the duration of treatment.

A patient presented with a maxillary full arch implant supported fixed prosthesis on nine implants (Fig. 1). The prosthesis was made of a zirconia substructure with individually cemented lithium disilicate crowns covering all screw access channels (Fig. 2). The patient disliked the shade and contours of the gingival porcelain and requested to have the prosthesis remade. She also stated she was experiencing an occasional bad taste and odor, presumably coming from under the maxillary prosthesis.

Clinical examination revealed good oral hygiene and apparent healthy peri-implant tissues, although the majority of the implant sites could not be visualized or probed with the prosthesis in place.

Fig. 4 Digital Workflow for Screw Access Guide Design

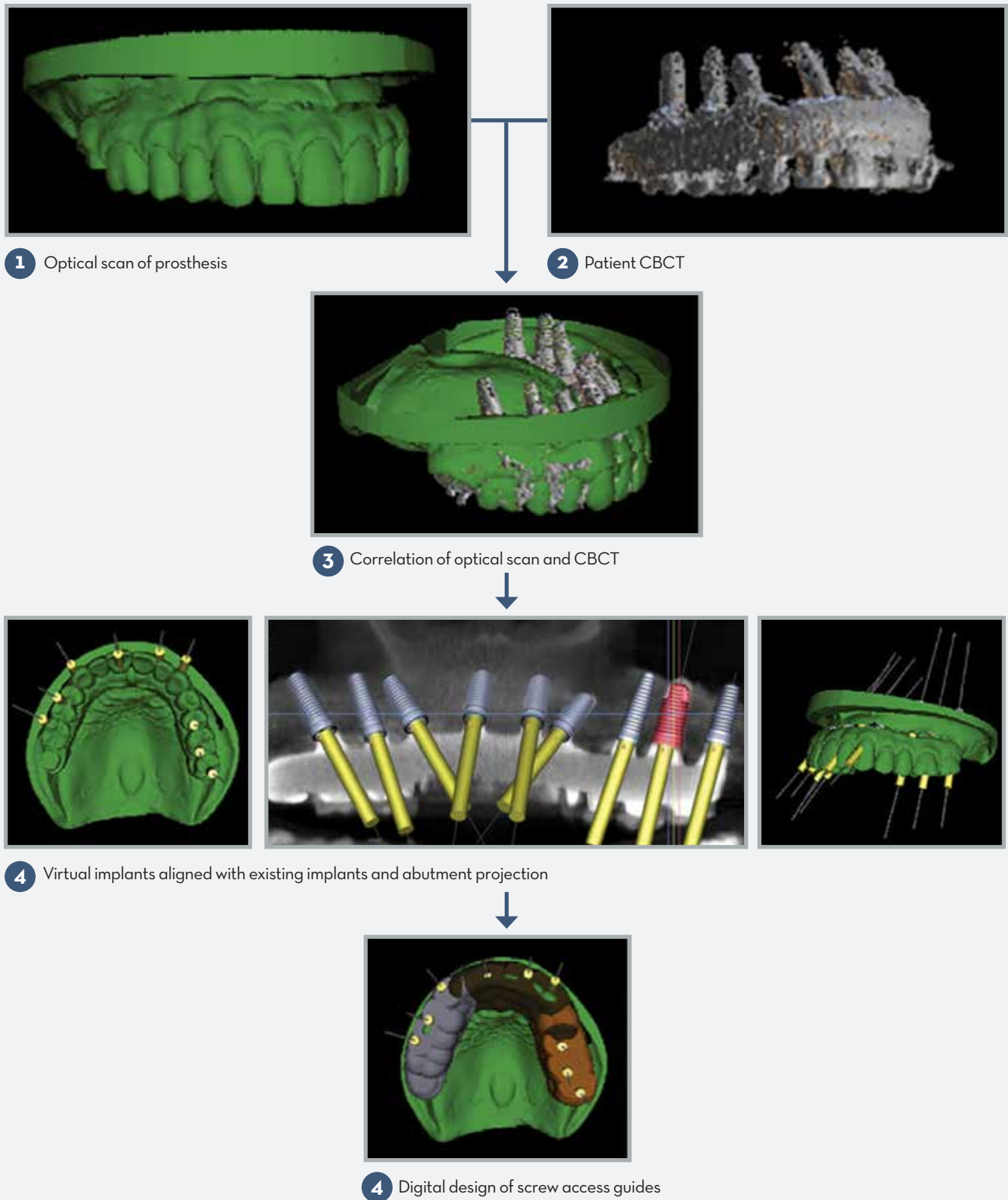




Fig. 5. Occlusal view of guide in place on anterior portion of prosthesis



Fig. 6. Buccal view of guide in place in posterior right portion of prosthesis



Fig. 7. Utilization of guide to access abutment screws



Fig. 8. Access to all abutment screws completed



Fig. 9. Maxillary occlusal view with prosthesis removed



Fig. 10. Purulence at implant site #9-10

The prosthesis presented with inadequate anterior tooth proportions (too narrow), chipping of the pink porcelain at the interdental papilla between #9 and #10, and an uncemented crown at #2. A radiographic examination revealed that all 9 implants were poorly angulated and lacked parallelism making access to the abutment screws a very unpredictable and challenging procedure (Fig. 3). The treatment plan for this patient involved fabricating a new maxillary full arch implant supported fixed prosthesis.

In 2018, Asiri et al. described a technique to fabricate a guide to conservatively retrieve a single implant cement retained crown using a CBCT and implant planning software. A very similar technique was used in this clinical case. A cone-beam computed tomography (CBCT) (J. Morita Accuitomo, Irvine, California) of the patient was obtained and exported as a digital imaging and communications in medicine (DICOM) file. Additionally, an optical scan (inEos X5 scanner, Dentsply Sirona, York, PA) of the prosthesis was obtained and saved as a standard tessellation language (STL) file. The DICOM and STL files were uploaded and correlated into implant planning software (Blue Sky Bio, Libertyville, IL). Because the lithium disilicate crowns did not create any scatter on the CBCT, this correlation procedure was straightforward. When scatter is anticipated, such as seen with metallic or zirconia restorations, a scan appliance with fiducial markers should be used.

Virtual implants were added in the implant software and precisely aligned with the existing implants and their long axis was extrapolated beyond the prosthesis using virtual abutments. Three separate screw access guides were designed, 3D printed, and used to conservatively access all abutment screws using diamond burs (see Fig. 4 for digital workflow). After removal of the prosthesis, purulence was noted around the implant at #9-10 site. Presenting with a poor prognosis and angulation, this implant was removed. The prosthesis was reinserted and used as a provisional while the patient awaited fabrication of a new prosthesis (see Figs. 5-10 for clinical documentation).

The technique described above allowed predictable and conservative retrieval of a complex implant supported fixed prosthesis and eliminated the need to fabricate a provisional thereby reducing treatment cost and time. ■

References

Asiri W, Domagala D, Cho S, Thompson GA. A method of locating the abutment screw access channel with cone-beam computed tomography and a 3D-printed drilling guide. *J Prosthet Dent* 2018; 119: 210-13.



Dr. Nick Miller is a board-certified prosthodontist working in private practice in Atlanta.



Dr. Cynthia Aita-Holmes is Assistant Program Director of the Army Prosthodontic Residency at Fort Gordon, GA. Beginning July 15, 2021 Dr. Aita-Holmes will serve as Commander of the U.S. Army Dental Laboratory at Fort Gordon.

Collaboration: the backbone for success and strength of prosthodontics—Part 2

Mark C. Hutten,
DDS, MS, FACP
ACP President

“When ‘I’ is replaced by ‘we’ even ‘illness’ becomes ‘wellness’” – Malcolm X

One of the most difficult decisions that the current ACP Board of Directors had to make was to decide that for a second year in a row, the Annual Session would again be virtual. For the ACP Members, ACP Staff and our Corporate Partners, coming together each year is for more than the world class education that is provided, but also for the comradery and friendships that we have all made over the years.

It is unthinkable that some of the prosthodontic residents will have completed their residencies and may not have ever attended an in-person Annual Session. However, the virtual world is providing alternative ways for us to come together, albeit without the important social side of each meeting, the opportunity for our Corporate Partners to connect with the membership, and for us to touch new technologies often introduced at an in-person meeting. Nevertheless, we have taken advantage of the circumstances to expand our meeting so that many more members can participate in Annual Session. We as an organization continue to discuss additional transformative ways to make these interactions more meaningful in the virtual world that we all continue to find ourselves.

In the spirit of continued collaboration, the ACP is a member of the COVID-19 Public-Private Partner Dental Coordination Group started by Rear Admiral Dr. Tim Ricks, the Chief Dental Officer of the U.S. Public Health Service Commissioned Corps. As of April 2021, this coalition is a collaborative effort with representation from forty-six public partners including

the CDC, CMS, FDA and OSHA as well as private dental organizational partners such as the ADA and numerous other dental specialty organizations. To date meeting monthly, the goal of the coordination group has been to share and align messaging regarding COVID-19 and oral health. In the future, the group may transform into a new national oral health alliance further highlighting the strength of collaboration.

Earlier this year when vaccines were first being introduced, it was brought to the attention of the ACP that dental laboratory technicians who often work in offices face to face with patients for shade matching and All-on-4 conversions were not considered for vaccination during Phase 1a. The connection with Dr. Ricks provided direct access to the CDC Director, Division of Oral Health. Following a conference call in conjunction with the National Association of Dental Laboratories highlighting the importance of vaccination availability for laboratory technicians, the CDC altered the definition of Health Care Worker to include this most important group in Phase 1a.

The ACP composed a definitive reaffirmation of its stand against social injustice, which was distributed to the membership in early April 2021 and is available on Prosthodontics.org. What is important to note is not only the power of this message, but also the collaboration of the following Prosthodontic Forum Organizations who agreed to sign on to the statement: Academy of Osseointegration (AO), Academy of Prosthodontics (AP), American Academy of Esthetic Dentistry (AAED),

American Academy of Fixed Prosthodontics (AAFP), American Academy of Maxillofacial Prosthetics (AAMP), Greater New York Academy of Prosthodontics (GNYAP), Pacific Coast Society for Prosthodontics (PCSP), and the Society for Color and Appearance in Dentistry (SCAD). This meaningful message was further enhanced by the coordinated efforts of these varying organizations for the betterment of prosthodontics. Although our organizations may have different strategic plans, goals, and objectives, “we” can work together and strengthen the specialty of prosthodontics. For that accomplishment, “we” of the ACP are most grateful.

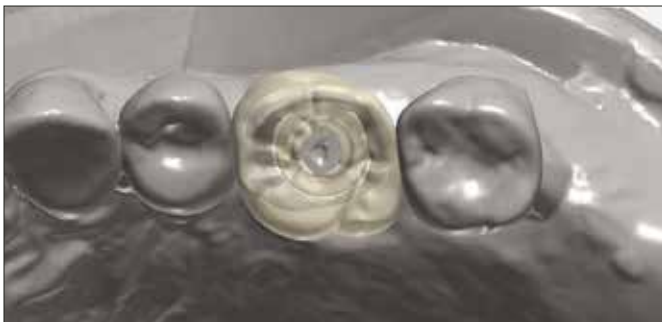
In closing, looking back on 2020 and upon the early months of 2021, I do not think there is a quote more

appropriate than the one said by Malcolm X. The unprecedented global COVID-19 pandemic with which we are still being affected by to this day caught humanity completely by surprise and accentuated how unprepared we were for such a catastrophic event. It is hard to believe that over one year after our world essentially shut down that we are still looking for what will become the “new normal.” ■



Dr. Mark C. Hutten is President of the ACP. He practices at Northwestern Memorial Hospital in Chicago and teaches at Northwestern University Feinberg School of Medicine.

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Springing into the future

Karen Bruggers,
DDS, MS
ACPEF Chair

Spring has sprung, and we all are starting to enjoy nicer weather along with the realization that we are seeing a light at the end of the pandemic.

Dentistry has again shown that we are vital members of the healthcare community. Our ability to implement increased layers to our already robust universal precautions has kept us going throughout this past year. We are frontline providers and sources of factual information concerning vaccinations and we are finally looking toward a return to what will be a “new normal,” but a normal nonetheless. I wrote in my last newsletter “I hope by the time I write the next update we will be seeing the results of the work of science and humanity in ending this pandemic.” Well, score one for science! The vaccines are safe and effective, and they are getting into arms. This is the beginning of our return to the new normal.

Last year, Co-Chairs Dr. Hesham Nouh and Dr. Gary Nord and the 50 for 50 Annual Appeal committee worked diligently to gain support for the Foundation from ACP members. A challenge goal of \$75,000 dollars for the Annual Appeal was set, and that goal was exceeded, with the final amount raised coming in at \$89,392.

The Annual Appeal is an effort to engage as many of ACP members as possible with the Foundation. The Foundation provides funding to support education, research, and other opportunities for professional development.

Our educational support includes initiatives like the Resident Educational Support Program, the Digital Dentistry Curriculum Initiative that we are expanding to include a curriculum for private practitioners, the first ever ACP Virtual Prosthodontic Program Fair to expand our reach to dental students, and the Joint Dental



Educators Conference. The Foundation also supports research endeavors including posters presentations, Research Fellowships, and the John J. Sharry Research Competition.

The Foundation supports not just residents, educators, and researchers but also private practitioners. For our private practice members, we have developed the Practice Management Course, which will be a series of webinars throughout this year that will be available at no cost to ACP members. We have also started a Section Leadership Workshop for members to develop leadership skills.

Thanks to individual and corporate support, the Foundation is able to fund existing programming and support members. This is why the Annual Appeal is so important. Through continued support, we hope to develop additional programming and provide more opportunities for our members to grow.

In the coming weeks we will launch the 2021 Annual Appeal. I am pleased to announce that Dr. Nough and Dr. Nord have both agreed to co-chair the Annual Appeal Committee again for the 2021 year. When they or one of their committee members reaches out to you, please think of the many ways the Foundation supports you and consider how you can help the Foundation continue to make these programs possible. Remember, the stronger the College and the Foundation, the stronger prosthodontics is as a specialty. Our financial commitments to the Foundation, shows our corporate partners along with the other specialties and general dentists that we believe in ourselves.

So, enjoy springtime and the sense of renewal. Yes, we will continue to be vaccinated, promote vaccinations, wear our masks, and wash our hands. We will continue to work toward our “new normal” whatever that will look like, and hopefully soon we will be able to see each other once again in person. ■



Dr. Karen Bruggers is Department Head and Chair of the Department of Prosthodontics at LSU School of Dentistry. She is Chair of the ACP Education Foundation.



THE OHIO STATE UNIVERSITY
COLLEGE OF DENTISTRY

Director, Maxillofacial Prosthodontics

Arthur G. James Cancer Hospital and Richard J. Solove Research Institute | Columbus, OH

The College of Dentistry at The Ohio State University seeks a maxillofacial prosthodontist for a full-time, clinical track position as an associate professor or professor, in the Division of Restorative and Prosthetic Dentistry, with a joint appointment at Ohio State’s Comprehensive Cancer Center-Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. The primary responsibilities of the position are performed in the Arthur G. James Cancer Hospital’s Head and Neck Service at the Wexner Medical Center. The position’s duties include administrative and supervisory oversight of the professional and laboratory support staff; attending tumor board sessions; assisting in developing clinical protocols; and providing patients with the full scope of intraoral and extraoral maxillofacial prosthodontic care.

Applicants must have a DDS/DMD degree or equivalent, in addition to certificates of advanced education in prosthodontics and maxillofacial prosthetics from CODA-accredited programs.

They must also be board-certified and eligible for licensure by the Ohio State Board of Dentistry (dental.ohio.gov/Licensure/Dentist). Preference is given to those with significant clinical and administrative experience. Other duties of the position include serving as a preceptor for prosthodontic residents who rotate through the Head and Neck Service, providing clinical instruction in the College of Dentistry prosthodontic residency clinic, and participating as an active faculty member in College’s governance. Opportunities to engage in biomaterials, and clinical and translational research are also available.

The successful candidate will possess excellent interpersonal and communication skills, as well as a desire to create an environment that promotes collegiality, collaboration, inclusion, and cultural diversity among members of various educational, research, and service communities. A willingness to serve as a role model and advocate for the ideals of professionalism and high ethical standards in a health science educational setting is essential.

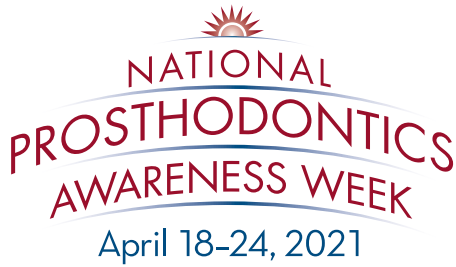
Only electronic applications will be accepted.

Evaluation of applications will begin immediately and will continue until the position is filled. Salary and academic rank are commensurate with qualifications. Candidates should submit a personal statement that delineates professional qualifications and career goals, along with curriculum vitae and three professional references to Lisa A. Lang, DDS, MS, MBA, Chair of the Division of Restorative and Prosthetic Dentistry at osudentistryrecruitment@osu.edu. For more information about the position, visit <https://dentistry.osu.edu/employment/director-maxillofacial-prosthodontics>.

The Ohio State University is a premier employer that provides exceptional rewards, including medical, dental, and vision benefits. The university’s competitive salaries and benefits packages include generous retirement plans, tuition assistance for employees and their dependents, wellness initiatives, and more. Please visit <https://hr.osu.edu/benefits> for detailed information.

The College of Dentistry’s atmosphere is one of collaboration and inclusiveness, where differences in thought and experience are embraced and celebrated.

The Ohio State University is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation or identity, national origin, disability status, and protected veteran status.



Share Your NPAW Success

This year National Prosthodontics Awareness Week was April 18-24. Congratulations to all of our members who hosted and participated in events for NPAW 2021. We're excited to find out what you did to celebrate, or what you're still planning on doing.

Please remember to submit a report of your activities, including pictures here: surveymonkey.com/r/NPAW2021

Together we've raised awareness and advanced the specialty.

Welcome New Members

January – April 2021

Reinstated Fellows

Dr. Matthew R. Checketts
Dr. Mark D. Exler

Reinstated International Fellow

Dr. Edward G. Owens

New Members

Dr. Jose L. Rivera-Zayas

Reinstated Members

Dr. Yacoub N. Al Sakka
Dr. John A. Anderson
Dr. Ralph C. Attanasi, Jr.
Dr. Woo Young Chang
Dr. Mary F. Costigan
Dr. Amin Ehsan
Dr. Fawzi Hijazi
Dr. Joel A. Hirsch
Dr. Michael T. Kase

Dr. Ashok K. Kota

Dr. Ethan A. Pansick
Dr. Caroline Truong

Reinstated International Members

Dr. David Chvartzaid
Dr. Mohamed I. O. Gebril
Dr. Dennis K. Leong

Reinstated Academic Alliance Affiliate

Dr. Gustavo Mendonca

Reinstated Global Alliance Affiliate

Dr. Anwar A. Al-Fayume

New Resident Member

Dr. Anthony Strazzella

New Advanced Program & Graduate Student Alliance Affiliates

Dr. Matthew Chinskey
Dr. Laura C. Feldstein
Dr. Emerly Chinglan Hsu

New Predoctoral Alliance Affiliates

Mr. Kris Bano
Mr. Moshe M. Berger
Mr. Kevin Y. Chen
Mr. Vladislav Kiveliyk
Mrs. Logan Kludt Lawrence
Mr. Alberto Lemus Novo
Ms. Chelsea A. Markus
Mr. Oleg Nicolaev
Ms. Anna L. Seydel
Mr. Richard Shen
Ms. Christine Uggeri
Ms. Brooke M. Vierling

Upcoming Events



Prosthodontic Review Course Webinars

June – August
Prosthodontics.org

Board Prep Course

September 2021

2021 Annual Session

Oct. 26-30, 2021
ACP51.com

Latest from the *Journal of Prosthodontics*

Now online in the *Journal of Prosthodontics*, a special issue on Digital Dentures edited by Drs. Nadim Baba and Brian Goodacre. Experts in the field were invited to submit to this special issue with the aim of providing our readers with state-of-the-art knowledge on digital complete dentures to expand their expertise to deliver the highest quality of prosthodontic care.

Also available online is a special issue on Occlusion, edited by Drs. Gary R. Goldstein, Jonathan P. Wiens, and Charles J. Goodacre. This collection of evidence-based consensus statements and critically appraised topics serves to provide the best available current discussion on the topic of occlusion in rehabilitative dentistry.

You can learn more and access both through Prosthodontics.org.



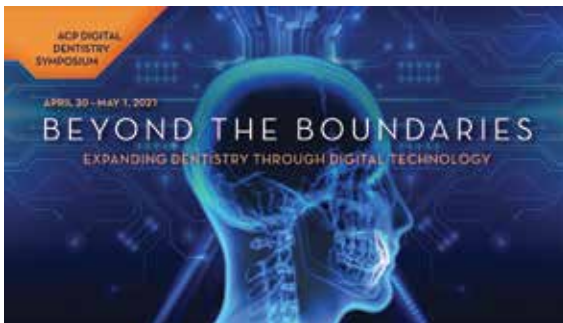
Inaugural Virtual Prosthodontic Program Fair

On March 24, the ACP hosted the first Virtual Prosthodontic Program Fair allowing interested dental students the opportunity to browse the various programs, talk one-on-one with faculty, and chat with current residents.

Of the 50 prosthodontic programs, 40 programs participated and 125 dental students attended, learning more about the incredible programs, educators, and residents who are part of our community.

This event was made possible by the support of the ACPEF, and thanks to the Title Supporter of the event, Ivoclar Vivadent, and the General Supporters Treloar & Heisel, P&G Crest Oral-B, and Straumann.

Virtual 2021 Digital Dentistry Symposium



The ACP's first virtual Digital Dentistry Symposium, titled 'Beyond the Boundaries: Expanding Dentistry Through Digital Technology,' welcomed over 430 attendees to the virtual platform April 30 – May 1.

Led by Program Chair Dr. Robert W. Berg, the symposium began with a day of practical, informative sessions from the companies behind the latest digital innovations. Then speakers from around the world presented new approaches and techniques gained through personal use and mastery of digital technology.

Thank you to Carbon, Straumann Group Digital Solutions, Ivoclar Vivadent, Keystone Dental Group, Nobel Biocare, Yomi by Neocis, Henry Schein, Sweden & Martina, BioHorizons, SprintRay, Sterngold, and Carestream Dental for their sponsorship of this program.

Job Opportunities

Prosthodontic Associate

Canada (Toronto) -Established Prosthodontic office seeking to grow the practice with another likeminded colleague. Office is digital with fully supported onsite lab and located in thriving midtown Toronto. If you seek an office that will go the distance for you to develop and grow your interests, this is an opportunity for you. Business relationship is negotiable and can be tailor-made for your needs. Forward Resume to drsvirsky@avenuedentalcentre.com

Seeking a highly skilled prosthodontist or advanced trained dentist

California (Palm Desert) -We are currently seeking a motivated, part-time prosthodontist or advanced trained dentist to treat a great community of patients 2-3 days per week in Palm Desert, CA! Palm Desert offers a lively outdoor community and perfect weather for activities such as hiking, biking, golf, and tennis. Apply today to learn more about this amazing practice opportunity, located only 30 minutes from popular tourist destination, Palm Springs! If interested, please send resume/CV to dentist@mb2dental.com.

Sacramento area practice seeking an outgoing prosthodontic associate

California (Sacramento) -Looking for energetic, outgoing prosthodontic associate, large group specialty practice in greater Sacramento area, senior partner retiring, full time, ownership possibilities. Contact Brock Hinton, DDS at bhinton@prosthogroup.com or (916) 454-0860.

Seeking Prosthodontist

California (San Diego) -Private practice seeking a motivated Prosthodontist for full time position with excellent clinical, and verbal skills. Stunning state of the art office, with an in-house Zirconia laboratory. Located

in beautiful sunny San Diego. The practice focuses on restoring implants and full mouth reconstructions. Must have California license, Certificate in Prosthodontics from a CODA accredited postdoctoral program. Option to become a partner. Please send resume to airesian64@gmail.com

Associate Prosthodontist Position

Colorado (Denver) -Denver Restorative Dentistry is one of Colorado's largest private prosthodontic practices. We are looking for an energetic, passionate associate prosthodontist who is eager to treat patients with a wide range of dental needs from straight forward to complex. Modern facility with full service in-house dental lab. Please send resume / CV to zacutler@denverrestoratedentistry.com.

Nuvia Dental Implant Center is looking for a Prosthodontist to join their team

Colorado (Denver) -Nuvia Dental Implant Center is growing in the greater Denver area, we'd like a prosthodontist to join our team. Surgical hours are W,TH,F 8am-5pm, \$100-150k DOE. We are obsessed with our patients and do whatever it takes to give them an exceptional experience. Email your resume to shannon@nuviasmiles.com



Dentevita Prosthodontics is seeking a prosthodontist to provide comprehensive restorative care

Colorado (Greenwood Village) - Dentevita Prosthodontics is seeking a prosthodontist to provide comprehensive restorative care for patients at our upscale office in Greenwood Village, Colorado. We are looking for a professional, quality-oriented candidate with a strong desire to grow. This is an associateship position with a view toward partnership. If you are interested in learning

more about this position, please contact Dr. Aldo Leopardi at aldo@aldoleopardi.com and visit dentevita.com



Associate Wanted

Florida (Merritt Island, Melbourne, and Orlando) -Florida Prosthodontics is looking to hire an associate prosthodontist to join this multi-doctor, multi-location private prosthodontic practice. Over the last 35+ years, Florida Prosthodontics has become a leading innovative resource to help patients improve their smiles in the East Central Florida community. Offices are fully digital including CBCT's, iOS, 3D printing, implant placement through guided mechanisms, and other digital workflows. The position presents the opportunity for growth and expansion into all skill sets of prosthodontics including the surgical placement of dental implants and complex, fixed and removable full arch therapies. Associate position with potential future partnership track available. Please contact Dr. Sundee Rawal at 321-759-3783 or srawal99@yahoo.com if interested.

Solo Prosthodontic practice seeking associate

Indiana (Indianapolis) - Solo Prosthodontic practice of 38 years seeking associate and possible purchaser. Highly profitable using in house lab, Cerec and Trios technology. Implants are a large portion of the practice (restoration only). 3 ops, 2 Hygiene rooms. E-mail rich@richardstuartdds.com for further interest!

Full-time clinical or tenure-track faculty member in the Department of Prosthodontics

Iowa (Iowa City) -The University of Iowa's College of Dentistry is searching for a full-time clinical or tenure-track faculty member in the Department of Prosthodontics. Position available July 1, 2021; screening

begins immediately. Must have: DDS/DMD or equivalent; Master's Degree or Certificate in Prosthodontics from an ADA-accredited dental school; and documented experience teaching prosthodontics courses. Tenure-track applicants must also have: research training/experience; and record of scholarly/professional growth commensurate with time following completion of advanced education. Desirable qualifications include: clinical experience via private, military, or institutional practice. Academic rank/track/salary commensurate w/qualifications and experience.

Learn more and/or apply at Jobs@UIowa jobs.uiowa.edu/faculty/view/74094, reference Req #74094. The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.

Full-time clinical-track faculty member in the Department of Family Dentistry

Iowa (Iowa City) -The University of Iowa's College of Dentistry is conducting a search for a full-time clinical-track faculty member in the Department of Family Dentistry. Position available June 1, 2021. Must have: DDS/DMD or equivalent; formal advanced training in Prosthodontics; at least three years dental practice experience via private practice, or military, or in an educational environment; and at least two years of verifiable clinical teaching experience with pre-doctoral students in an ADA-accredited dental school. Desirable qualifications include: Certificate/Masters in Prosthodontics or AEGD or GPR from an ADA-accredited program; other relevant teaching; and verifiable experience supervising the restoration of dental

implants in pre-doctoral student clinics. Academic rank, and salary commensurate with qualifications and experience. Learn more and/or apply at jobs.uiowa.edu/faculty/view/74130, reference Req #74130. The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.

Established Comprehensive Prosthodontic Practice Seeking Associate

Maine (Portland) -A terrific opportunity exists for an experienced, outgoing prosthodontist to join an established practice offering aesthetic, fixed, implant, and removable prosthodontics as well as comprehensive dental care. Associateship with a view toward partnership. Our modern and spacious office is conveniently located in Portland, Maine. Interested candidates may submit a resume / C.V. and photo samples of work to: info@prosthodonticassociates.com.

Seeking full-time clinical or tenure-track faculty member

Maryland (Baltimore) -Division of Prosthodontics, Department of Advanced Oral Sciences and Therapeutics University of Maryland, Baltimore, School of Dentistry is conducting a search for a full-time clinical or tenure-track faculty member in the Division of Prosthodontics, Department of Advanced Oral Sciences & Therapeutics. Major responsibilities will include clinical and didactic pre-doctoral and post-doctoral teaching, participation in faculty practice, research, scholarly activity, and service. Requirements for the position include a DDS/DMD or equivalent degree, completion of an ADA accredited

education program in prosthodontics by time of appointment, and board eligibility or certification. Desirable qualifications include a M.S. and /or Ph.D.; record of publication and scholarship; and clinical teaching experience. Salary and academic rank will be commensurate with qualifications and experience.

The University of Maryland School of Dentistry is an Equal Opportunity/Affirmative Action Employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply. The position will be available until filled. Applicants should go the University of Maryland Job Portal using the link below. Interested applicants should upload their current curriculum vitae and 4 letters of recommendation into the portal. The job number is 2100016.

umb.taleo.net/careersection/umb_faculty+and+post+docs/jobsearch.ftl?lang=en&portal=8100108441



Clinical Track Assistant Professor of Prosthodontics - University of Michigan School of Dentistry

Michigan (Ann Arbor) -The University of Michigan School of Dentistry is seeking applications and nominations for two full-time, clinical track faculty positions at the assistant professor level in the Department of Biologic and Materials Sciences & Prosthodontics.

Candidates must have a DDS/DMD or equivalent degree and a certificate from a post-graduate prosthodontic program. American Board of Prosthodontics board-eligibility or certification is preferred. A proven record of teaching experience and research to complement the department

objectives is desirable. Additionally, involvement in the school's faculty practice is available and encouraged. Responsibilities will focus on predoctoral didactic teaching and pre-clinical/clinical instruction. The salary and rank will be commensurate with experience and credentials.

Further information may be obtained by visiting the department website at dent.umich.edu/about/biologic-and-materials-sciences-prosthodontics-bmsp. Questions regarding the position description and responsibilities should be directed to the search committee chair, Berna Saglik, Clinical Associate Professor at bernats@umich.edu. For other questions regarding the application or search process, please contact Katrice Yarrington at kyarring@umich.edu. Applicants should submit curriculum vitae, statement of interest and goals, a statement on Diversity, Inclusion and Equity and names of three professional references via a secure website: <https://apply.interfolio.com/85239>. Applications will be accepted and evaluated on an on-going basis until the position is filled. The University of Michigan is an Equal Employment Opportunity/Affirmative Action employer.



Seeking a Motivated Associate North Carolina (Charlotte) - Charlotte Prosthodontics is seeking a like-minded and motivated associate to join our intimate, upscale practice with the option to buy in the future. Located outside of Uptown Charlotte, NC. We strive to keep up to date with technology utilizing several new high-tech pieces of equipment such as Trios scanner, handheld x-ray, and Vatech CT. We have an on-site lab facility and a hygiene department. If interested please send resume to rmiller@charlotteprosthodontics.com

East Carolina University Prosthodontics Faculty North Carolina (Greenville) -The Prosthodontics Faculty in the ECU SoDM is responsible for teaching Prosthodontics to pre-doctoral and post-doctoral students in the Division of Prosthodontics, within the Department of General Dentistry. Teaching activities include lectures, simulation labs, and clinical coverage. Visit this job posting at ecu.peopleadmin.com/postings/40305. EOE



Medical University of South Carolina is seeking applications for a full time faculty position South Carolina (Charleston) -The James B. Edwards College of Dental Medicine, Medical University of South Carolina is seeking applications for a full time faculty position in the Department of Oral Rehabilitation, Division of Removable Prosthodontics. The Division provides classroom and clinical instruction for pre-doctoral dental students and AEGD Residents in all areas of removable prosthodontics, to include digital design and prosthesis fabrication. The dentist will work collaboratively within all disciplines of the department and other departments of the College of Dental Medicine in a comprehensive care environment. Qualified candidates must hold a DDS or DMD degree and Prosthodontics Residency training is preferred but not required. Experience in educational innovation, use of technology in education and computer skills are expected with preference given to those with previous teaching and research experience. Successful applicants should have a South Carolina Dental License or qualify for a teaching license. Salary and rank will be commensurate with experience. Participation in the Dental Faculty Practice for private patient care is expected. MUSC is an EEO/

AA employer—minorities and women encouraged to apply. Apply online at <http://academicdepartments.musc.edu/hr/>.

Solo Private Practice seeks ambitious Prosthodontist

Texas (Dallas-Ft. Worth) -Solo Private Practice seeks ambitious, strong work ethic, high quality oriented Prosthodontist-Associate leading to Partnership. Low volume/ high production practice. Great opportunity in one of the strongest economies in the country. Unlimited growth potential. dentalimplantcenter.com Email: david_mcfadden_dmd@yahoo.com

A unique opportunity for a prosthodontist in Washington, D.C

Washington, D.C - A unique opportunity for a prosthodontist seeking to be a partner in an elite prosthetic, fee-for-service (no insurance), dynamic, upscale practice in a prestigious area of Washington DC. Great patients who come to us from throughout the area, out of state and out of the country. Rapid growth via direct-to-patient, sophisticated marketing program. Surgical prosthodontist who has inserted and restored over 3,400 implants will mentor all areas of reconstruction, implant surgery (not a requirement) and restoration, and practice management. In-house lab with full-time ceramist and top end support team (who, on average, have been with us for over 14 years) service great clientele. We combine all of the latest digital technology with a heavy dose of craftsmanship (Carestream CBCT, X-ray, Intraoral Scanner, intraoral camera, and 3Shape D2000 desktop scanner with design software, along with Simplant Professional planning software). We are known for problem-solving reconstructive and implant cases and impeccable smile makeovers custom fabricated by our technician. Please submit resume to Joanne@tannermgmt.com

Seeking Full-Time Prosthodontic Associate

Washington, D.C. - Washington, DC prosthodontist seeking a full-time prosthodontic associate with view towards ownership. Well established practice, highly regarded for offering the most exceptional prosthodontic dental treatment with special focus in esthetics and complex fixed reconstructions. 100% fee-for-service with strong specialist referral network.

In-house laboratory with full time laboratory technician. Using in-house CBCT, Trios scanner, CAD/CAM milling and printing we have a strong digital footprint. Interested individuals should submit resume to prosthodontistwashingtondc@gmail.com

Gundersen Health System Seeking Prosthodontist

Wisconsin (La Crosse) -Gundersen Health System in La Crosse, WI is recruiting for a Prosthodontist or Maxillofacial Prosthodontist to join its Department of Dental Specialties. This is an opportunity to step into a well-established multispecialty dental clinic that includes oral surgery, endodontics, periodontics, pediatric dentistry and orthodontics. Gundersen's Department of Prosthodontics the full scope of prosthetic and maxillofacial prosthetic services.

In addition, we are home to an accredited OMFS residency program. Therefore, you will be encouraged to incorporate teaching in this collaborative, collegial environment. Additionally, you will have an opportunity to work in partnership with our cleft palate clinic, head and neck tumor conference, plastic surgery, otolaryngology, sleep disorder center, radiation oncology, speech pathology, dental specialists, trauma center and more. Candidates need to be proficient in fixed, removable and implant prosthodontics.

Experience in maxillofacial prosthetics is highly preferred. The Prosthodontic Section currently uses digital imaging (intra-oral and CBCT), 3D digital scanning (TRIOS), and 3D printing. There is an extensive dental laboratory on location.

Qualifications include a DDS/DMD degree, completion of an ADA accredited advanced education program in prosthodontics and eligibility for licensure in Wisconsin. A physician-led organization, Gundersen Health System offers one of the best work environments in the nation, loan forgiveness, competitive salary and great benefits package. Visit gundersenhealth.org or contact jpnevala@gundersenhealth.org

Practices for Sale

Prosthodontic Practice For Sale

Arizona (Tucson) - Come live where the sun always shines in Tucson, Arizona. 25-year history of good will and established Prosthodontic practice, great environment with easy convenient location, 50% restorative implant prosthodontics, 50% removable prosthodontics, with an in-office, fully equipped removable lab; owner retiring from practice will stay through transition. If interested email tucsonsmiles@gmail.com or call 520-745-5586

PROSTHODONTIC PRACTICE FOR SALE IN SAN LUIS OBISPO CA AREA

California (San Luis Obispo County) - Prosthodontic dental office with a 35 plus year history of goodwill in the San Luis Obispo, CA area looking to find a wonderful, kind practitioner to purchase practice. Offering many transition options. The office is conveniently located in a beautiful Victorian building. Doctor owned real estate and buyer has the option to purchase. The office occupies approximately 1800 sq. feet and consists of 3 fully equipped ops, a

private office, a reception area, a sterilization area, a staff lounge. The practice functions with state-of-the-art technology. Office is fully computerized with and operates Dentrax practice management software. This FFS practice grosses approximately 1M and generates approximately 11 new patients per month. The doctor will work back in the practice or mentor (if desired) to help the new doctor with a successful transition. This is only at the request of the purchasing dentist. The practice is located in a great community in which to live and practice dentistry. Please send your CV to: prosthosanluisobispoco@gmail.com



Prosthodontic practice for sale in Iowa City-Coralville Metro, Iowa

Iowa (Iowa City/Coralville) -Located in thriving college community. Established and respected prosthodontic practice of 27 years providing all areas of prosthodontic services including significant volume of implant treatment. Nearly 100% referral based. Committed referring dentists with long term relationships leading to virtually a 100% treatment acceptance rate. Fee for service practice. Very competent and knowledgeable staff. Purchase/transition terms negotiable. Call 319-337-7017 or email prosiowa.info@gmail.com

Well established prosthodontic practice for sale

Louisiana (Baton Rouge/New Orleans Area) - Well established prosthodontic practice for sale. 2016-19 collection ave. \$990,000/yr. Net 41% on 15 h/w (2d/w). 100% referral based, fee for service only. Owner will stay during transition, if desired. Email inquiries to: prosthosales@gmail.com

Digital Prosthodontic Practice Opportunity

Maryland (Baltimore) -Suburban Baltimore Digital Prosthodontic Practice Opportunity for associateship/ownership/partnership, Dentrix chartless, 9 operatories all with large windows, 2 labs, 2 Cerec Prime Scans, New Sirona CBCT, 3 hygienists, 2 GP's, \$2.4 mil gross, one surgical prosthodontist owner 3 days/wk with +\$800k collections; Send resume to smiledds@aol.com

Practice for Sale in Williamstown, Massachusetts

Massachusetts (Williamstown) -Located in idyllic college town of Williamstown, Massachusetts. T.H.E. designed four-operator, 2,000 sq. ft., modern office in standalone building with rental apartment or possible expansion. Successful, solo, fee-for-service practice of 39 years. Desire to sell with flexible options to remain active in transitioning, mentoring, and collaborating on part-time basis. Contact jkleedermamd@gmail.com

Central NY Prosthodontic Practice for Sale

New York (Syracuse) -Syracuse is known as the economic and educational hub of the central NY region. New to the market is a well-established prosthodontic dental practice just outside downtown. Located in a gorgeous free-standing building the real estate is also for sale. Additionally, the current doctor is interested in a buy-out or partnership. 3 fully equipped operatories. Collections of \$900,000 and SDE of \$330,000. 2350 active patients and 10 new patients per month.

To learn more about this prosthodontic practice in Central New York, please contact Kaile Vierstra with Professional Transition Strategies. Email: KAILE@PROFESSIONALTRANSITION.COM or give us a call: 719.694.8320. We look forward to speaking with you! professionaltransition.com/properties-list/syracuse-ny-prosthodontic-practice-for-sale/

Prosthodontic Practice for Sale in Central NY

New York (Syracuse) -Very profitable Prosthodontic practice for sale in Finger Lakes Region of NYS. Enjoy wonderful outdoor recreation including boating, skiing, fishing, hiking and the cultural variety of symphony, opera and SU Division 1 sports while owning an incredibly productive and profitable practice. Located in a quaint riverfront suburb of Syracuse, this practice consistently collects >2.6M while working four days per week and 13 weeks vacation. CBCT, Digital, Laser all part of the usual work flow. For more information, contact the owner at 315.877.5056.

Practice for sale in RTP area of North Carolina

North Carolina (Wake County) -Great referral base/loyal patients. 100% fee for service. Approximately 1700 sf space, 2 operatories, additional plumbed, large lab. Digital records and radiographs including panorex, Trios scanner. \$500,000 collections on 3.5 days/week with potential for growth. Contact rtpprosth@gmail.com

Practice for Sale in Northern NYC Suburb

Northern NYC Suburb -Well-established fee for service family/prosthodontic practice... of 30+ years is looking for an experienced practitioner to associate and purchase the practice. Four fully equipped operatories with Dentrix, Dexis, and Trios scanner. Active patient database which is still growing. The owner plans to sell with flexible options to work P/T for 12- 18 months to assure a successful transition. Please email: drsmiles2021@gmail.com

Solo, full scope restorative Prosthodontic practice for sale in Salem, OR

Oregon (Salem) -Solo, full scope restorative Prosthodontic practice for sale. Located in Salem, OR one hour from Portland, the cascade mountain range, and the Oregon coast. The nearest Prosthodontic practice

is located 40 miles away. Patients are seen 1.5 days/week. Excellent goodwill with the dental community! Owner retiring. Successful fee for service practice, no contracted plans with insurance companies. Stand alone building with three fully equipped operatories. The fourth operator is the consultation room but can easily be equipped. The office has a fully equipped laboratory in a 1400 sq. ft. space. Digital radiograph, For more information: Tel. (541) 953-7458 or Email: ron@wvpdental.com.

Dallas area prosthodontic practice for sale

Texas (Dallas) -Dallas area prosthodontic practice with exemplary reputation established 30+ years for sale. 2020 collections of \$1,200,000+ achieved with \$0 external marketing. Highly profitable, 100% full-fee. In-house lab technicians. This practice is 100% referral based with 70+ medical and dental professional referral sources. Doctor retiring but will provide a 1-year transition period for the buyer. Contact Rich Nicely with Texas Practice Transitions at 214-460-4468; rich@tx-pt.com

Long established profitable prosthodontic practice in Downtown Seattle

Washington (Seattle) -Long established profitable prosthodontic practice in Downtown Seattle beautiful High-rise building. Annual collections 1 million dollars with latest in dental technology. Full-service dentistry. For more information, please contact Frank Sciabica at frank@omni-pg.com or 425-985-8390.



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