

ACP MESSENGER

Winter 2014

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After my husband died, I was disinterested in finding a new life partner. As time passed, my daughter encouraged me to make new friends but I was not pleased about my appearance, in particular, my smile. I had let myself go and wasn't ready to put on a happy face. My daughter found a prosthodontist in our town who helped repair damaged teeth and with treatments including dental implants, restored my smile. I've regained confidence I thought was long gone, and even met someone new!

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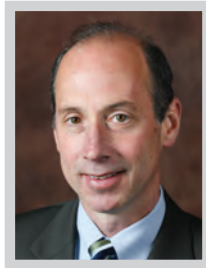
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Being a Prosthodontist: Not Just a Job but a Calling

Jacinthe M. Paquette,
D.D.S., F.A.C.P.
ACP Messenger Editor-in-Chief

As we usher in the New Year, we hope you have enjoyed some much deserved rest and time with family and are now ready to return to our profession, engaged and thriving within this gratifying specialty.

Prosthodontists are unique among specialists in dentistry. Masters in diagnosis and treatment planning, the training we receive addresses many aspects of dentistry. We could call ourselves “super dentists.” It may sound boastful but when asked the question, “What is a prosthodontist?” you may find yourself beginning with this quick preface before resorting to a more elaborate explanation. Of course, every specialty requires unique talents and attributes of their specialists in order to achieve success. But, distinctively, prosthodontics requires qualities that make it a special field of dentistry. This issue of the *ACP Messenger* will demonstrate the consummate characteristics of prosthodontists.

Dedicated to caring for the patient as a whole, prosthodontists are specialists with the capacity to **transform lives**. A specialist with the ability to visualize the goal of improving a patient’s smile while managing the intricacies of all facets of treatment at the highest level, a prosthodontist views a smile as more than just teeth. Dr. Lyndon Cooper explores this throughout the *Case Presentation*.

With an outstanding ability to address life-changing complexities and the **strength in caring and building long lasting relationships with patients**, Dr. Lars Bouma shares a remarkable case in the *In The Office* column. A prosthodontist’s focus on delivering the best outcome for each individual patient results in careful treatment plans that incorporate varying

approaches with technology. As a bond forms between a prosthodontist and a patient, the outcome can lift a spirit in unexpected ways.

A **mastery of the evolving technologies** is essential for a prosthodontist. As specialists, prosthodontists remain on the cusp of emerging trends and the latest innovations to deliver unsurpassed patient care. Dr. David Guichet outlines the most recent advancements in CAD CAM technology and how rapidly the changing the face of oral health care keeps moving forward in *At the Chair*.

A specialist ready to address any given condition whether simple or complex, a prosthodontist’s talents need to include a **deep understanding of the art and the science of dentistry**. This must marry with a strong relationship with talented laboratory technicians to create natural, lifelike restorations in tooth and hard and soft tissue replacements. The harmony of these will be highlighted in Mr. Hiroki Goto’s *In The Lab* feature.

Indeed, prosthodontics is a specialty which embodies all of these unique qualities. One which provides an opportunity to express our talents in the artistic requirements to patient care, enables us to transform lives through today’s sophisticated dental technologies, allows us to build strong and lasting relationships with our patients through their course of treatment. It is a specialty that’s not only a job but a calling.



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Leading, Planning, Healing

Lyndon F. Cooper,
D.D.S., Ph.D., F.A.C.P.

Prosthodontics is so much more than simply 'doing' dentistry. When complex situations demanding remarkable outcomes are presented, thoughtful collaboration, planning and patience involve an entire therapeutic team. Often it is the prosthodontist who visualizes the goal and helps to coordinate effective care.



Fig. 1: A residual result following surgical closure of a unilateral alveolar cleft; teeth were moved to close the spaces. The result was not esthetically acceptable for this adolescent patient.



Fig. 3: After extractions, bone grafting and orthodontics, the teeth are positioned and implants are located in a manner to permit construction of a smile that conforms to the facial midline and offer new esthetics and a smile.



Fig. 4: The new smile is approximated using simple, but effective provisional tools of the Prosthodontist. The implants were restored using composite teeth and superimposed gingival composite to attain symmetry of the gingival tissues. This enhancement is often required and is not achievable by surgery alone. The medialized lateral incisor has grown to be the central incisor and the canine has been reduced to mimic a lateral incisor.

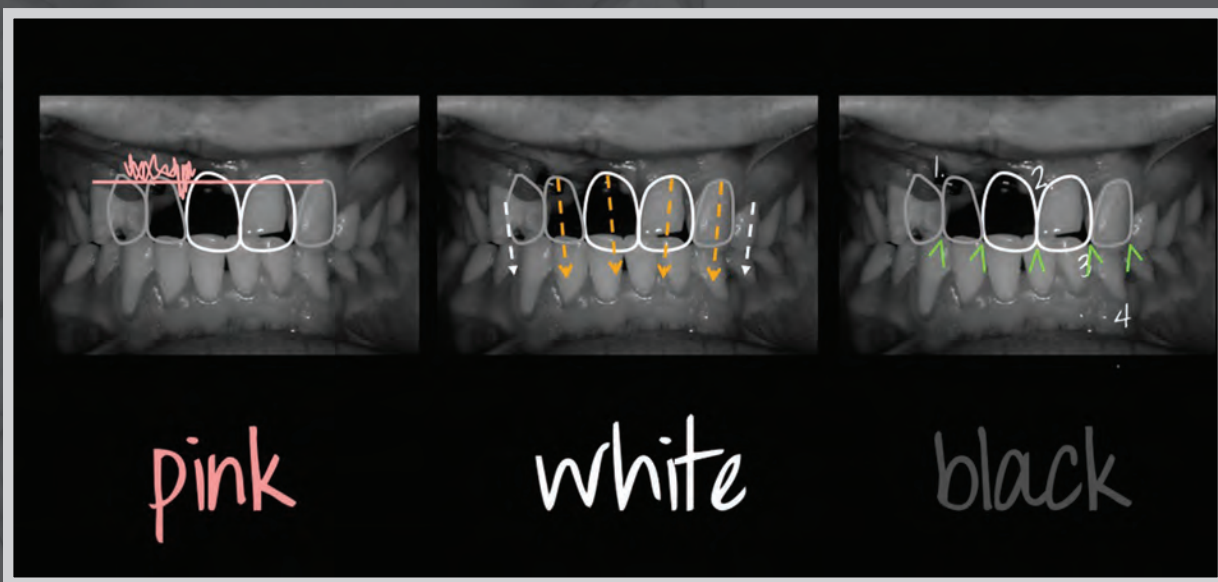
This brief summary of a smile transformation serves as a reminder that a smile is more than just teeth, more than technology and often the only way for an individual living his or her own history of cleft palate/cleft lip repair to regain confidence.

A 17-year-old young man was introduced to me by an orthodontist. The presentation required significant intervention and careful planning (Fig. 1). While many solutions could have been offered, together we recognized the need for re-grafting of the secondary grafted alveolar cleft. In further consultation with an oral and maxillofacial surgeon, we came to realize

that only a comprehensive esthetic diagnosis involving

more than the alveolar cleft region would be sufficient to address this situation (Fig. 2). This illustrated vision offered a concrete goal that the clinical team adopted and our patient accepted.

Ultimately a decision was made to extract additional teeth in order to permit the rational location of natural tooth roots and dental implants to provide for more esthetic teeth that reflected the dentofacial midline and enabled symmetry about this midline. After six months of post grafting success and a year of orthodontic management, the original plan was about to be realized



(Fig. 3). This 18 year old man had put his faith in our plan and patiently waited for a new smile.

Implants were placed successfully in the grafted bone, oriented in a manner that reflected the marked limitations imposed by the cleft and existing teeth. Planned nearly two years earlier, a provisional prosthesis was provided using simple components and tooth and gingival colored composites to fulfill the scheme envisioned by the team. Notably, medialization of the left lateral incisor and canine tooth required transformation to central incisor and lateral incisor forms that mirrored those supported by implants the right. Several prosthodontic “tricks”

Fig. 2: A comprehensive esthetic diagnosis involves consideration of dental, skeletal, and facial determinants. Here the dental components are considered by isolating the gingival (pink), tooth (white) and negative space (black) determinants of the esthetic dental determinants. This design concept is transferred in wax or by 3D imaging into a useful prototype that directs orthodontic tooth movement, implant placement, provisional assessment, and the final prosthesis.

provided a provisional prosthesis that met the diagnostic goal (Fig. 4).

The mechanics of Prosthodontics requires effort, it involves skill and requires precision. However, the impressions, the maxillomandibular and functional records, and shade selection were probably of little interest to our anxious, but accepting patient. Very willing to accept our interventions, we noticed that being in school, finding jobs, getting in shape, making friends and the other typical issues of being 18 found their way into the dental office. Clearly, there was a link between our patient's perceptions of himself, his smile and his life. And his life was getting better. It was time to deliver.

We are fortunate in Prosthodontics to be aligned with experts in other specialties and in laboratory procedures required to produce beautiful smiles. In this particular situation, an elegant solution using a complex prosthesis was required to overcome the limitations we recognized would result from implant placement afforded by our grafted bone and residual tissues (Fig. 5 & 6).

Prosthodontics is often best represented by thinking and planning, and not necessarily doing. Here, with the aid of orthodontist, oral surgeon, and dental laboratory technician, a plan was devised to improve the smile of a remarkable young man. The outcome can be measured in millimeters, according to color, or in the context of theories of occlusion or even bone formation. However, here success is also reflected in the linear path toward the goal, the confidence of the patient expressed in his patience through the two year course of treatment, and actually reaching the end of the line with that planned smile (Fig. 7). A great plan, talented team members, and patience contributed to this outcome. ■



Fig. 5: A complex prosthesis was constructed using a screw retained CAD CAM Zirconia framework upon which gingival tissue prosthesis was applied. The tissue surface is cleansable and the facial surface recapitulates the form of the natural gingiva. Five lithium disilicate crowns complete the prosthesis after they are individually cemented at insertion.

Fig. 6: The importance of the gingival prosthesis is realized upon delivery. We often underestimate the need to reconstruct alveolar tissues prosthetically. Here, a solid foundation was created by a bone graft using iliac crest. Yet, it was insufficient to reproduce the alveolar form with fidelity. (Laboratory procedures were by Mr. Domineco Cascione, Santa Monica CA).

Fig. 7: Together at last. The five lithium disilicate crowns are cemented on the natural tooth roots and Zirconia framework to complete the prosthodontic transformation of this smile.



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The Rest of Sylvia's Story: Standard and Cutting Edge Implant and Prosthetic Technology

Lars O. Bouma,
D.D.S., M.S., F.A.C.P.

Sylvia went from being depressed with her cancer diagnosis and surgery to the functionally independent and able woman she is today.



Sylvia is one of the many patients who have been impacted by our highly specialized training. Her story will probably be familiar to some; she was featured in the ACP video “Digital Dentistry” and later in “Sylvia’s Story” as a follow-up to the diagnosis and treatment of former Buffalo Bills quarterback Jim Kelly.

Sylvia was referred to me by one of the Ear Nose and Throat specialists from the University of Oklahoma, Stephenson Cancer Center for prosthodontic rehabilitation of her maxilla (upper jaw bone) status post-resection of a very large Squamous Cell Carcinoma. The maxillectomy required the resection of her entire maxilla less one tooth (#14, upper left first molar), a midpalatal torus (a bump of bone in the roof of the mouth) and a little portion of her right zygoma (cheek bone).

Oral cancer changes the things that we take for granted: things like speaking, socializing, eating our favorite foods, chewing, swallowing and feeling whole. Those of us that routinely treat patients with acquired defects see the profound impact of these diseases. There is not only the mental toll, but also the treatment to rid these maladies, and the lengthy prosthodontic rehabilitative therapy.

Her medical treatment went smoothly but Sylvia was devastated physically and emotionally from all that she had gone through, and her journey was only beginning. Like many other cancer patients, she had gone through previous biopsies. She had two that were benign leading her to believe the last would be too. It however grew to become something much worse.

Her treatment was a melding of standard prosthodontic techniques, maxillofacial prosthetic principles and cutting-edge-technology. Her defect was large and an interim obturator was fabricated. Fortunately there was one tooth remaining to aid in its retention. But due to the size of the defect and a lack of foundation to support or retain an obturator, dental implants were used to hold a bar to support and retain her definitive obturator (dental prosthesis that fills a hole in the upper jaw). Due to advances in imaging with cone-beam computed tomography (dental CAT scan) and surgical implant planning software, suitable areas of bone were identified for

implant placement. The implants were placed in a team atmosphere (four by an oral surgeon in a hospital setting, and two by myself in our office). Some of the implants were placed at severe angles to accommodate the highly irregular anatomy remaining from the resection surgery, but with the end in mind these angulations were a calculated treatment managed by two CAD/CAM technologies.

Once the implants were integrated, scanning, designing, and milling technology was put to use to fabricate the bar framework. While traditional hand design with plastic and wax and traditional casting

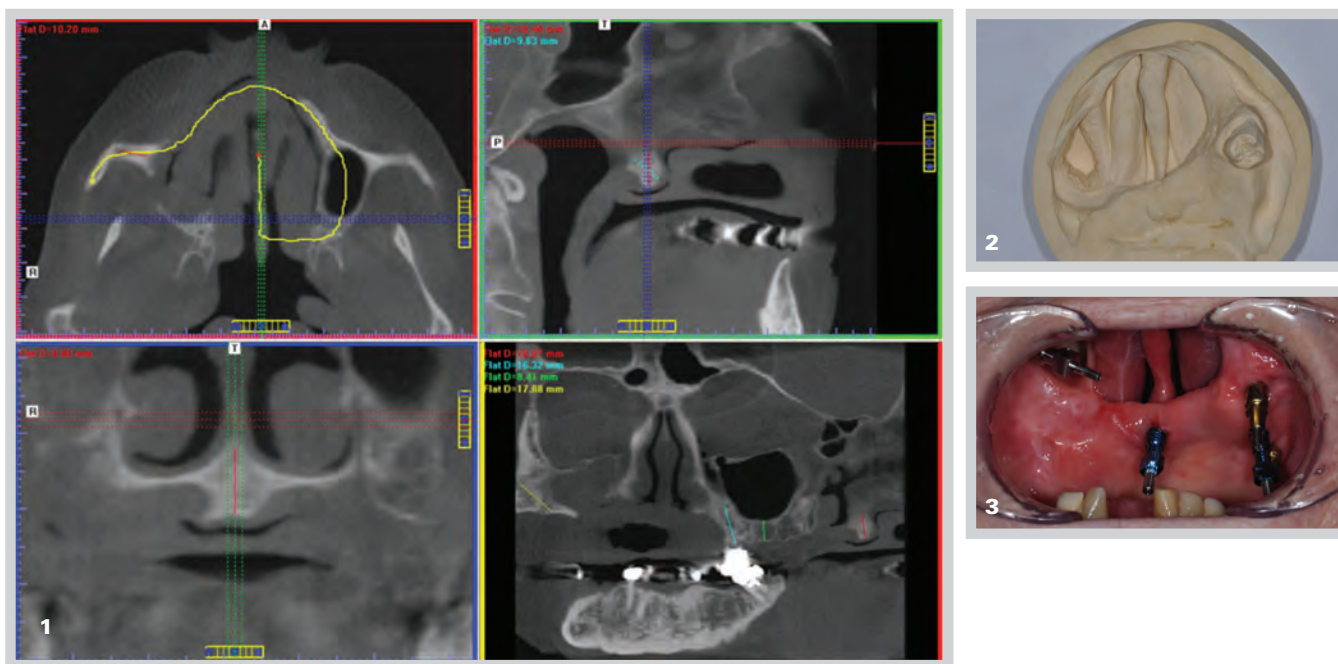
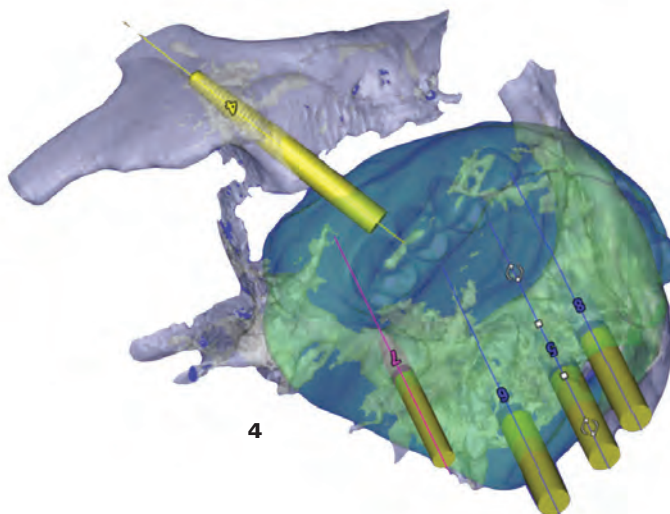


Fig. 1. CAT scan (CBCT, iCAT Imaging Sciences) study of remaining bony tissues. Bottom left box (blue) frontal (front to back) view of the remaining mid palatal torus. Upper left box (red) axial (top to bottom) view thru the remaining maxillary bone (yellow line is the field of view for the bottom right box). Upper right box (lime green) sagittal (lateral) view of the remaining mid palatal torus, spine and lower jaw.

Fig. 2. Model of Sylvia's upper jaw bone defect post resection.

Fig. 3. Impression copings, used to relate the position of the implants to an impression. Silver coping abutment level (zygoma), multiunit abutment (Biomet 3i), blue copings, fixture level for 3i Certain implants (#15 and midpalatal torus)(Biomet 3i), gold copings, fixture level for Xive implants (#14 and 16).

Fig. 4. Reconstruction of surgical plan for implant placement (Simplant by Materialise). Yellow cylinders are the projection of the implant placement, grey is bone, and teal is the x-ray template and surgical denture.



by a technician could have been used to fabricate her bar, CAD/CAM is a superior fabrication option. The bar that anchors and allows this woman to function, eat and socialize was produced in less time, with higher tolerances of fit, no solidification shrinkage or porosity, and no requirement for sectioning and soldering. Given this advanced approach, her treatment stayed on schedule. If something happens to the bar, a new impression is not required because a new bar can be designed from the information stored in the computer. Once the bar was delivered, her treatment reverted back to

tried-and-true principles of prosthesis fabrication, including detailed impression-making, pouring of casts, and proper processing of the acrylic resin.

Prosthodontics is an amazing field! Our specialized knowledge of material strengths, weaknesses, and compatibility coupled with evidence-based teachings from the past and cutting-edge technology opens up a new world of changing patients' lives. Sylvia, like all cancer survivors, went from being depressed with her diagnosis and surgery to the functionally independent and able woman she is today. ■

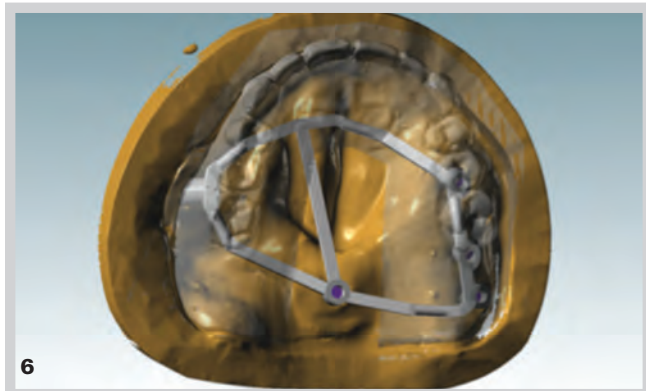


Fig. 5: Processed impression tray serving as the final impression with the impression copings attached with auto cure resin (Bis GMA Mucohard by Parkell).

Fig. 6: The CAD/CAM process starts with a scan of the patient model (yellow surface), then of the patients scanning appliance (ghosted teeth in grey). The milled prosthesis is then designed to fit in between these two surfaces. Seen here is the computer rendition of what the bar will look like when approved, milled and completed (grey)(ISUS Viewer file).

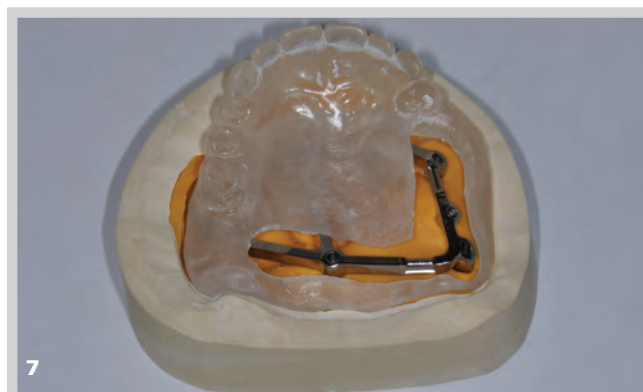


Fig. 7: Scanning appliance modified to fit over bar. This will serve as the jaw relation record for the final mounting to an articulator. Once mounted, a new record base is made for denture teeth to be applied to.

Fig. 8: Final obturator (Fricke acrylic with Dentsply IPN teeth) attached to the bar (Atlantis ISUS, Dentsply Implants) with hadar clips (Attachments International).

Sylvia's timeline

2009

March **Maxillectomy**
 May **Interim Oburator**

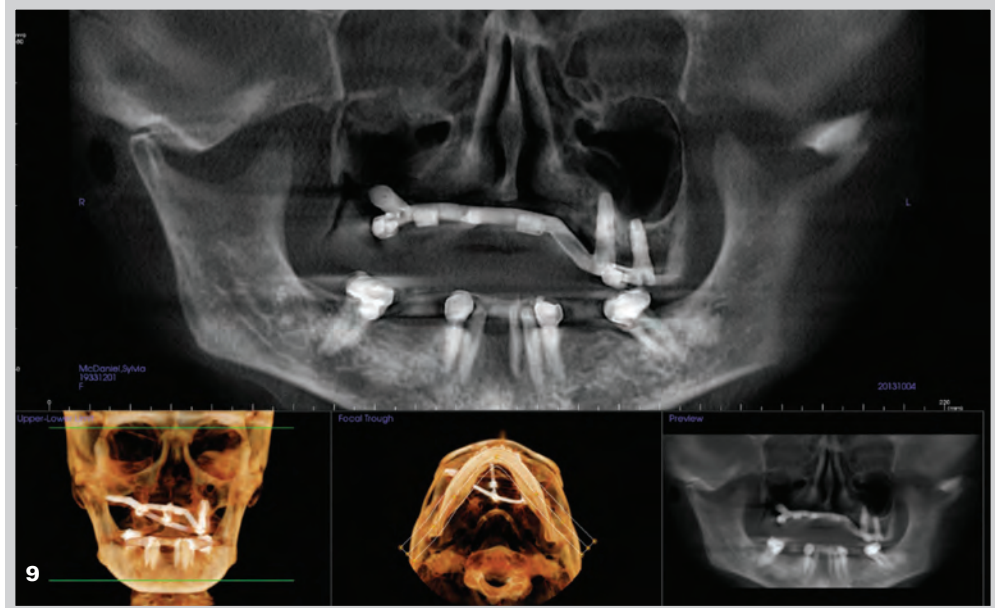
2010

Feb **First four implants**
 July **Locator assist**
 Oct **#16 failed**
#14 and #16

2011

March **Bar started**
 July **Finished**

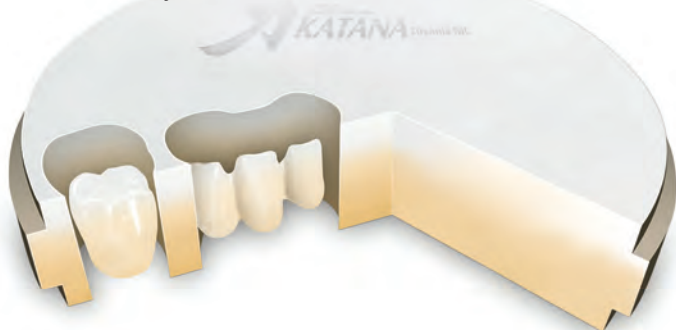
Fig. 9: Final panorex of Sylvia's implant and bar placement with Reconstruction renderings of the patients skull and bar (InVivo, Anatomage).



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The Power of Digital Design

David Guichet,
D.D.S., F.A.C.P.

Patients benefit from a new generation of high strength esthetic materials that prosthodontists use to create beautiful and lasting smiles.

The manner in which dental restorations are designed and fabricated has forever changed. Advances in CAD/CAM 3D modeling and industrial manufacturing have contributed to this trend. Prosthodontists work with technology and treatment planning software to design surgeries and order surgical guides. Laboratory and chairside optical scanners, restorative design software and precision milling processes have also been introduced. Patients benefit from a new generation of high strength esthetic materials that prosthodontists use to create beautiful and lasting smiles.

Treatment planning in 3D is becoming an integral part of surgical planning. Using specialized software, prosthodontists formulate the initial design of the restoration. While configuring the implant positions, decisions are made whether to splint restorations or use cantilevers, or whether a screw-retained or

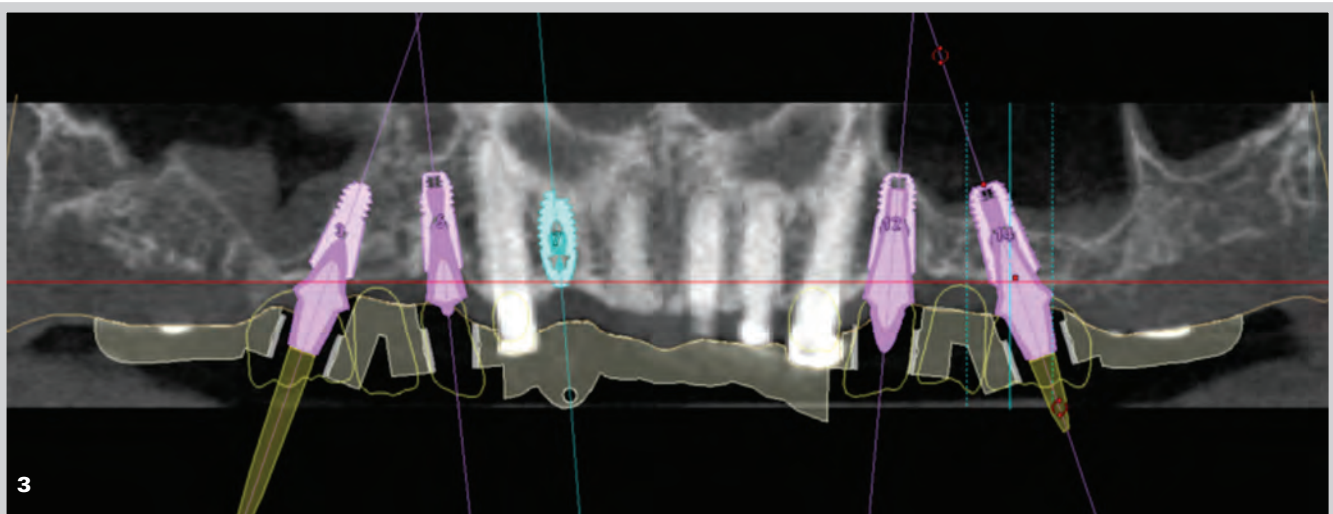
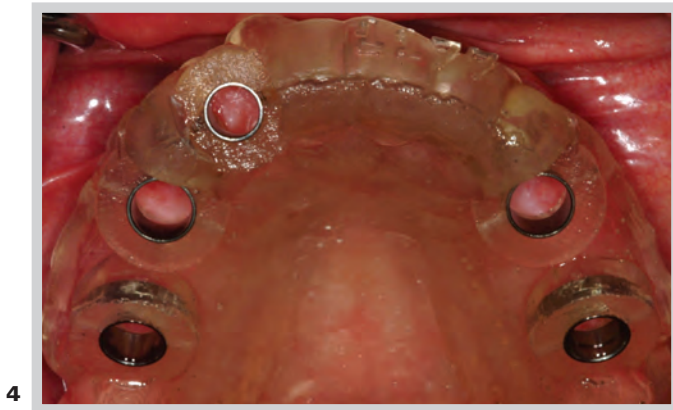
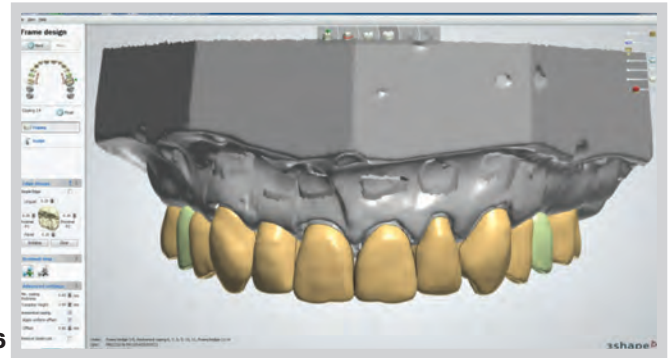


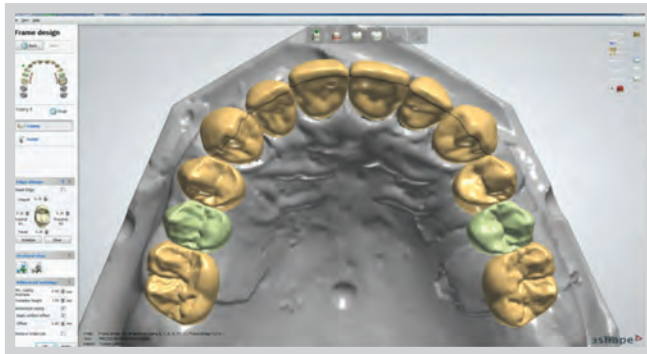
Fig. 1: Panoramic radiograph reveals severely decayed, fractured, and supraerupted teeth. **Fig. 2:** Maxillary (upper jaw) arch photo of the patient's pretreatment condition. **Fig. 3:** Following extractions and site preparation an implant treatment plan was made using treatment planning software. Note the 30 degree angulation of the molar implants compensating for limited vertical bone height in the maxillary sinus region.



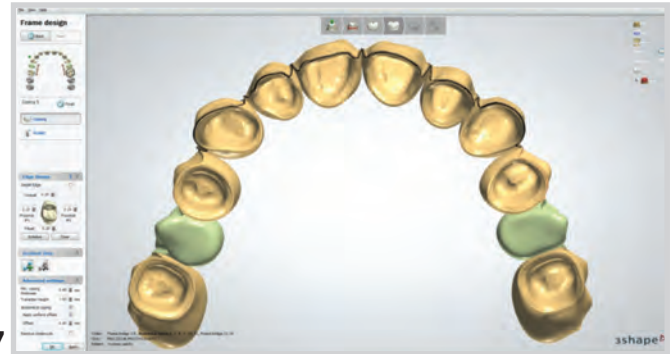
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7

a cement-retained design will work best. In some instances, implant angle correction may be considered. These decisions are made prior to ever placing an implant. Once the implant positions and the restorative design decisions are complete, a surgical guide design is simulated and the surgical guide is ordered. (Fig. 1-4)

Digital design workflows exist not only for the fabrication of surgical guides, but also for the design and fabrication of provisional restorations, CAD/CAM abutments, lithium disilicate restorations and Zirconia ceramic crowns and bridges. Utilizing the 3Shape Optical Scanner with the 3Shape design software and Atlantis implant position indicators, the laboratory team members design CAD/CAM abutments and CAD/CAM acrylic provisional restorations. (Fig. 5) Finding capable modern laboratories who own these technologies is key to the success of the process. The scanner accuracy is proven and the tooth libraries are varied to match the needs of patients. Virtual teeth can be arranged efficiently and the detailed anatomy is beautiful.

Fig. 4: Computerized surgical guide in place.

Fig. 5: The abutments were machined and scanned a final digital wax-up was performed. Occlusal view of the full contour digital wax-up prior to digital cutback. Note the anatomical detail of the virtual teeth.

Fig. 6: Facial view of the full contour digital wax-up prior to digital cutback.

Fig. 7: Internal view of the digital wax-up following digital cutback.

Fig. 8: (Below) Following a healing period tooth preparations were performed. A final impression was made and the master cast was scanned. A fully anatomical digital wax-up was merged over the master cast and uploaded. Below is the Atlantis online WebOrder showing the CAD/CAM abutments with a digital wax-up transparent overlay.





Modifications to the form and position of the teeth are made with relative ease compared with traditional techniques. Once the CAD (computer aided design) is complete, a design file is exported for machining. This process is known as CAM (computer aided manufacture). (Fig. 6)

The CAD/CAM provisional restorations are worn by the patient and modified until proven acceptable. The provisional restoration can then serve as a blueprint for the final Zirconia crowns and bridges. The design software allows the files of the provisional or the virtual wax up to be virtually cutback and exported as is. Alternatively the files can be edited to make refinements. Once the final position of the anatomical crowns is established, an anatomical cutback design can be selected to position high strength zirconia in areas of high stress and make room for the porcelain overlay. (Fig. 6-8)

In the future, prosthodontists will utilize digital processes and multiple merged data sets for more accurate efficient planning and treatment. We will likely enjoy expanded treatment options with evolutionary workflows, improved materials and digital restorative designs. Patients treated efficiently with digital dentistry solutions benefit from the combination of high strength materials and beautiful esthetics. ■

Fig. 9: Maxillary arch with custom CAD/CAM abutments in place.

Fig. 10: Maxillary arch with the definitive restorations in place.

Fig. 11: Facial view of the final restorations.

Fig. 12: Lateral view of the patient revealing a relaxed smile.

Q&A: Dental Implants



Q: How do I know whether dental implants are the right choice for me?

A: Dental implants are an excellent option to help replace missing teeth, but dental implants are not for everyone. Dental implants require adequate bone to anchor them and to support the artificial teeth. Implants are somewhat expensive, require a surgical procedure to place them and may take months to heal after surgery. A patient may also need a denture or temporary crown fabricated in preparation for implants. Many patients are comfortable with this denture and may elect to not proceed to implants. The final decision whether implants are right for you or not should be made by you and your prosthodontist.

Q: Are dental implants removable like regular dentures?

A: No, dental implants are fixed solidly in the bone and allow teeth to be replaced in a manner that is closest to natural teeth. If you do wear dentures, dental implants are an effective way to secure them, so the dentures don't move when you use them.



Q: Can I get dental implants the same day when I have all teeth removed or is there a waiting period?

A: In many cases patients can have their dental implants placed the same day that the teeth are extracted, but it is determined by many different factors related to the individual patient. These factors may include the condition of the teeth (especially if they are infected), the number of implants being placed and the type of restoration planned to replace the teeth.



Q: What is the success rate of dental implants?

A: It varies from individual to individual and with health and habits. For a healthy individual with good oral hygiene and good health, dental implants are predictably successful and survival rates above 90-95 percent are reported. You may consider seeking the care of a prosthodontist, who is a dental specialist with three years of additional education after dental school, and who is trained to serve patients with a combination of needs including dental implants.



Q: My 11 year old son does not have any adult teeth buds in the front portion of his mouth. Is he a candidate at this age for dental implants?

A: Your son may not be old enough for implants, particularly in the upper jaw. We advise individuals to complete growth before implants are placed. For boys this may be after age 21. You may consider seeking the care of a prosthodontist, who is a dental specialist with three years of additional education after dental school, and who is trained to serve patients with a combination of needs during the years before he is old enough for dental implants.



For more questions and answers on dental implants and other subjects related to prosthodontics - or to submit your own - visit GoToAPro.org.

Allied for Beautiful Outcomes

Hiroki Goto, R.D.T.

Together, sharing a deep understanding of the biological principles associated with successful esthetic treatment outcomes, the team can achieve esthetic outcomes that will last a lifetime.

The goals of esthetic dentistry are to restore, replicate and even enhance the appearance of what existed naturally before. Advancements in porcelain systems, dental implants, treatment planning and fabrication technologies assist prosthodontists and technicians in achieving these goals.



However, when the traumatic loss of the teeth has also resulted in loss of the supportive hard and soft tissue, achieving these goals can be a challenging task. In these cases, replacement of the missing structures must be met with thorough planning and execution by a skilled interdisciplinary team. The following example will illustrate the importance of understanding nature's esthetic balance, between hard and soft tissues and oral/facial structures, to create beautiful outcomes for the patient.

This patient had lost her four upper front teeth in an accident many years ago. The loss of the teeth had also resulted in loss of supportive bone and soft tissues. A fixed six-unit bridge restoration was originally placed at that time to replace these lost structures and cemented onto the adjacent cuspid teeth on either side of the defect. Although this bridge served the patient well for many years, she had become increasingly unhappy with its appearance over time. Replacement

of this bridge would provide an opportunity to utilize today's advancements in dentistry through a comprehensive approach to restoring the esthetic beauty of the area. (Fig. 1)

A comprehensive diagnosis and evaluation was done to determine the best options for the patient. The treatment plan included the placement of two

dental implants in the central incisor positions for the retention of a four-unit fixed bridge (a suprastructure) for the missing teeth and individual porcelain crowns on each of the adjacent cuspid teeth. The dental implants would restore the retentive support that had been lost with the loss of the teeth. Replacement of the soft and hard tissue structures would be accomplished with the use of pink porcelain around the replacement teeth to mimic the lost supportive tissues.

Idealized three-dimensional placement of the two dental implants was achieved and customized gold implant abutments were placed on the implants. The custom abutments not only serve as the retentive structures to retain the porcelain prosthesis but also serve as supportive scaffolding for the surrounding tissues and overlying crowns or suprastructure. (Fig. 2)



Fig. 1: The patient had lost her four front teeth many years ago due to an accident. The teeth had been replaced with a porcelain bridge connected from cuspid to cuspid. The esthetic appearance of the bridge was compromised by the recession around the teeth, chipping of the porcelain, esthetic limitations of porcelain systems of the past.



Fig. 2: Two dental implants would serve to support a dental prosthesis of the four missing teeth. The customized implant abutments were created to replicate the contours and emergence of the pre-existing natural teeth and to create hygienic contours to maintain tissue health around the implants.



Fig. 3: The laboratory model of the final restorations in place illustrates the efforts undertaken to replicate the natural appearance of the teeth and the pink porcelain to blend seamlessly to the surrounding natural tissues.



Fig. 4: A clinical view of the dental restorations in place beneath the upper lip. Note the natural and complementary blending of the pink porcelain utilized to recreate the natural soft tissue support of the upper lip and a natural shape and length of the teeth.



Fig. 5: The end result in a natural smile illustrating an esthetic tooth display and a more natural fullness of the upper lip due to the appropriate underlying support offered by the dental implant prosthesis beneath it.

Expertise and experience in selecting the best-suited ceramic materials is important in achieving these goals. Although the advent of CAD/CAM technology is revolutionizing the fabrication of restorations, the skilled artistry and knowledge of talented ceramists is necessary to achieve natural, precise fitting, and beautiful restorative outcomes.

For this patient, the pink porcelain was utilized to appropriately restore the support of the upper lip and to create a tissue-like framework that would allow for the best position and dimensions of the replacement teeth. (Fig. 3 & 4) The porcelain suprastructure was created with hygienic contours to allow for cleansing and to further ensure long-term stability of the final restorations and health of the surrounding tissues.

This patient's example serves to illustrate the esthetic outcomes that can be achieved through the collaboration of a skilled prosthodontist / technician team. Together, sharing a deep understanding of the biological principles associated with successful esthetic treatment outcomes, the team can achieve esthetic outcomes that will last a lifetime. (Fig. 5) ■

Support for the Specialty

John R. Agar,
D.D.S., M.A., F.A.C.P.
ACP President

I am proud to be a prosthodontist and President of the American College of Prosthodontists. Respect for our specialty began with my first exposure to the accomplishments of exceptional prosthodontists, and continues with the qualities of the young dentists who are dedicated to the excellence and challenges associated with our specialty.

The ACP represents our members in every aspect of our specialty. The ultimate responsibility of the ACP is to support you as a specialist to help you provide the best possible care for patients. You work every day in practice, education and research to advance, teach and deliver excellence. This is a characteristic of our specialty. Without an organization accomplishing the tasks associated with specialty recognition and sustaining the aspects of care that define our specialty, we would not have a specialty.

Our specialty is dynamic and maturing as knowledge of needs and technology for patient care advance at an unprecedented pace. The cost and training required to embrace new technologies sometimes exceeds normal financial resources for adaptation. Some technologies do not yet meet a prosthodontist's expectation of excellence. This creates a tough decision about when or if to start using various new technologies and materials. As prosthodontists we must be role models as we ensure that we maintain and advance the acumen of providing quality rehabilitative dental care.

We excel at treatment planning and providing functionally esthetic restorations. This provides us with a unique ability to precisely plan and



place implants. Prosthodontists trained in implant placement embrace surgical placement of their own implants with referral when appropriate. Many established prosthodontists prefer to continue to work with oral and maxillofacial surgeons or periodontists that they trust and have a rapport for placement of the implants. Any procedure is done best by the clinician that has the clearest understanding of the final restoration and the repetitive experience of doing a procedure. Therefore appropriate care may be another specialist guided by the prosthodontist in implant placement or a prosthodontist providing the restoration including the implant placement.

As prosthodontists, we must ensure we remain the best in restoring patient function and esthetics using appropriate new techniques and tools as they become

Without an organization accomplishing the tasks associated with specialty recognition and sustaining the aspects of care that define our specialty, we would not have a specialty.

available. The ACP should provide continuing education and research to help our members in this effort.

The ACP strives to provide its members with valuable benefits. If your elected volunteers do not meet your expectations, please let us know so we can discuss, clarify or try to change. Also, volunteer to be active in the ACP, as many dedicated members are doing, and help the ACP provide the finest possible benefit to our members. ■



save the date

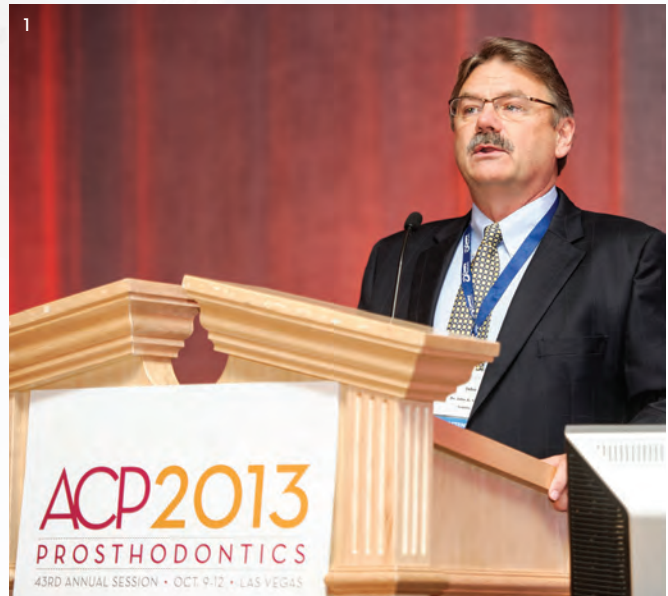
Nov. 5-8, 2014
Hyatt Regency
New Orleans

ACP2014
PROSTHODONTICS
44TH ANNUAL SESSION • NOV. 5-8 • NEW ORLEANS

One for the Record Books

A superb program and more than 1,300 attendees made the 43rd Annual Session of the American College of Prosthodontists a meeting to remember. ACP President Dr. Lee M. Jameson and Program Chair Dr. John A. Sorensen delivered four days of outstanding speakers, workshops and events on the winning strategies in prosthodontic practice.

Enjoy some of the sights and scenes from Las Vegas below...and mark your calendars for Nov. 5-8, 2014 in New Orleans!



Photos above: **1.** Program Chair Dr. John A. Sorensen opens the Scientific Session on Thursday. **2.** Drs. Guadalupe Garcia, Youssef Obeid, and Todd Barsky at the Welcome Reception **3.** Attendees at the Board Preparation Course **4.** Attendees at the Student/New Prosthodontist Reception

ACP2013

PROSTHODONTICS

43RD ANNUAL SESSION • OCT. 9-12 • LAS VEGAS



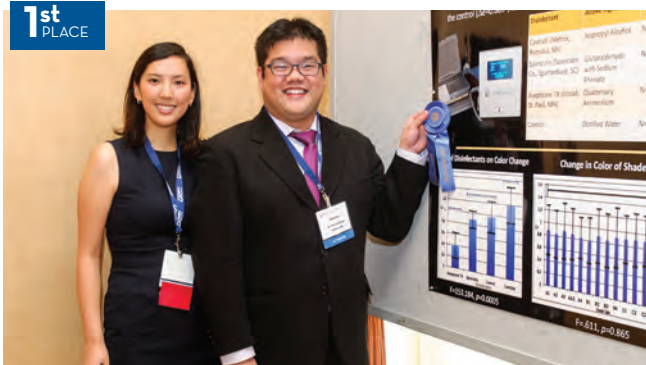
Photos above: **1.** New ACP President Dr. John R. Agar receives the gavel from Dr. Lee M. Jameson **2.** Dr. John Cavallaro works the crowd at the ACP Implant Symposium **3.** Dr. Maher Hajjaj at the ACP Member Speaker Forum **4.** Drs. Joseph Breitman and Julie Holloway with friends from ancient Rome **5.** Drs. Nadim Baba and Antoanela Garbacea at the Welcome Reception

Table Clinics Competition

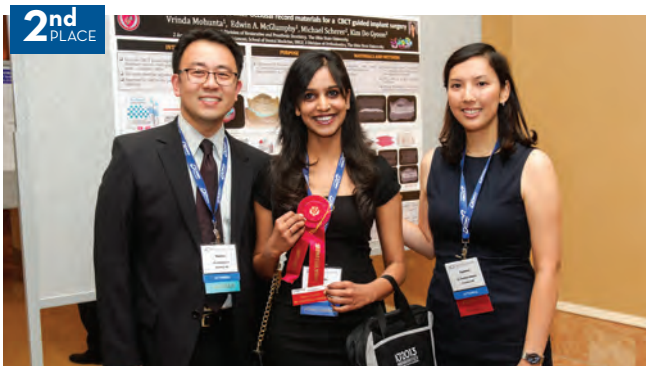
The 2013 Table Clinics Competition was made possible through the generous support of Treloar & Heisel. Entrants are pictured with Dr. Caroline H. Nguyen, Table Clinics Chair.



Postgraduate Competition



Peterson Huang, D.M.D.
University of Maryland
The Effect of Disinfection on Various Shade Tabs

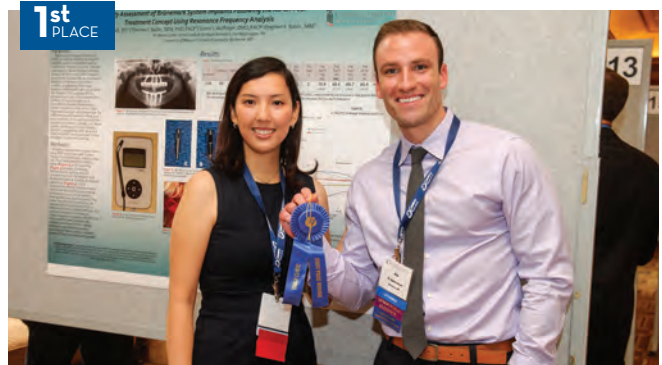


Vrinda Mohunta, B.D.S.
The Ohio State University
Radiographic Appearance of Inter-Occlusal Record Materials for a CBCT Guided Implant Surgery



Rebecca Sternberger-Aron, D.D.S., M.A.
Stony Brook University
An Innovative Intraoral Wireless Device for the Tetraplegic Patient

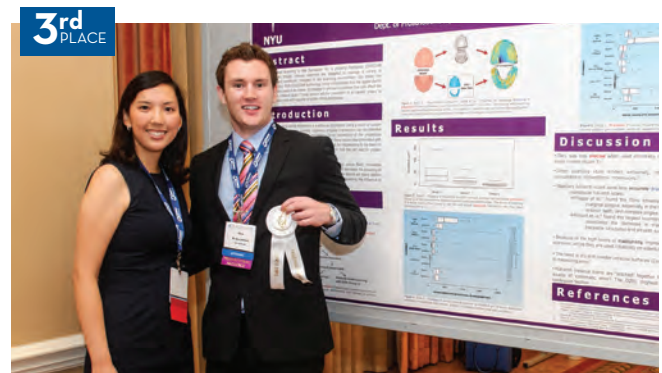
Predoctoral Competition



Robert W. Slauch
University of Maryland
Stability Assessment of Brånemark System Implants Following the All-on-Four Treatment Concept Using Resonance Frequency Analysis



Colin Rice and Ryan Matthews
Temple University
Ethanol Drying of Etched Porcelain



Dane McMillan
New York University
CAD/CAM Dentistry: Can Intraoral Scanners Handle the Heat?

2013 Sharry Awards Competition



From left to right: Dr. Bryan Jacobs, Dr. Kenneth Kurtz, Dr. Eva Anadioti, Dr. Amanda Colebeck

Held annually since 1976, the John J. Sharry Research Competition is held to stimulate and acknowledge original research in prosthodontics by students. The ACPEF and ACP Research Committee encourage all prosthodontic residents to submit their best work – and in 2013, a record number of entries were received.

“This year’s Sharry Award winner was exceedingly difficult to judge,” said Dr. Kenneth Kurtz, chair of the ACP Research Committee. “The wide array of topics included an EMAX study, an in vivo implant project, and a base-to-denture tooth bonding study. Dr. Eva Anadioti (Mentor: Dr. Julie Holloway) was the winner, but I believe Dr. Bryan Jacobs (Mentor: Dr. Lyndon Cooper) and Dr. Amanda Colebeck (Mentor: Dr. Edward Monaco) also gave outstanding oral presentations and the final scores were barely separable. I commend the competitors and their mentors for their outstanding effort!”

Photos at right: **1.** Dr. Carl Driscoll previews the 2014 Annual Session in New Orleans **2.** Dr. George C. Bohle at the Advances in Maxillofacial Prosthodontics workshop **3.** Dr. Charles J. Goodacre speaks at the Joint Educators Conference on Wednesday **4.** Attendees at the Scientific Session on Thursday **4.** Dr. Lars O. Bouma at the Advanced Technology in Prosthodontics workshop



2013 Awards of Distinction



President's Award

To Dr. John A. Sorensen, pictured here with Dr. Lee M. Jameson (left).



Dan Gordon Award

To Dr. Stephen Bergen, for his lifetime achievement, pictured here with Dr. Harold Litvak (right).



Clinician/Researcher Award

To Dr. Mary Walker, pictured here with Dr. Radi Masri (right).



Distinguished Lecturer Award

To Dr. Kent L. Knoernschild, pictured here with Dr. Charles J. Goodacre (right).



Distinguished Service Award

To Dr. Walter S. Warpeha Jr., pictured here with Dr. Gary R. Goldstein (right).



Educator of the Year Award

To Dr. William Nagy, pictured here with Dr. Mathew Kattadiyil (right).

Honorary Directors

At the ACP Annual Session in Las Vegas, Mr. Robert Ganley and Mr. Don L. Waters were introduced as Honorary Directors of the ACP Education Foundation.

“We’re delighted to recognize Robert Ganley and Don Waters for their outstanding contribution to our organization and prosthodontics,” said Ms. Nancy Deal Chandler, executive director of the Foundation. “Their leadership, dedication and service are invaluable.”

Mr. Ganley is the CEO of Ivoclar Vivadent, and Mr. Waters is Chairman, President and CEO of Brasseler USA.



Mr. Robert M. Ganley



Mr. Don L. Waters



Dental Technician Leadership Award
To Mr. Lee Culp, pictured here with Dr. Lee M. Jameson (left)



**Major General Bill B. Lefler
Federal Services Award**
To Dr. Patrick A. Mattie, who was not able to attend.



The American College of Prosthodontists would like to recognize the generosity of Nobel Biocare as the primary sponsor of the 2013 Annual Awards & President's Dinner. Award recipients and other prosthodontic dignitaries participated through the generosity of Dentsply Implants and Ivoclar Vivadent, with additional thanks to Camlog for their support of the Distinguished Lecturer, Distinguished Service and Clinician/Researcher Awards.

Private Practice Awards



Region 1
To Dr. Graziano D. Giglio



Region 2
To Dr. Thomas J. Balshi



Region 3
To Dr. Dale L. Cipra



Region 4
To Dr. Nicholas L. Egbert



Region 5
To Dr. David W. Eggleston



Dr. Brackett (left) and ACEPF Chair Dr. Lily T. Garcia

Founders Society Award

“I was raised to give back,” said Dr. Susan E. “Betsy” Brackett, 2013 recipient of the Founders Society Award of the ACP Education Foundation.

Dr. Brackett received the award at the ACP Annual Session in Las Vegas. In the spirit of its founders, the Foundation presents the Founders Society Award to honor individuals who have made a significant impact on the growth and development of the Foundation and who have demonstrated an extraordinary level of commitment to the Foundation.

“Giving back and contributing time to philanthropic causes can reap many unseen benefits,” said Dr. Brackett. “Working for the ACEPF, I recruited a young prosthodontist from another state to help with the Annual Appeal—he’s now a partner in our Oklahoma City practice.”

“Is your cosmetic dentist a prosthodontist? Ask.”

That’s the question for consumers in the new ACP Cosmetic Dentistry video (now on GoToAPro.org), which you can share with your patients or play in your waiting room. ACP members appear in the video along with patients. The video is pitched to savvy patients who want longer lasting, more beautiful and functional solutions so they can go into their fifties not having to worry about their teeth.

“We have been trying to explain that whole message to our patients for years and this puts it all in 4 minutes,” said ACP member Dr. Paul Scruggs. “It will be on our TVs.”

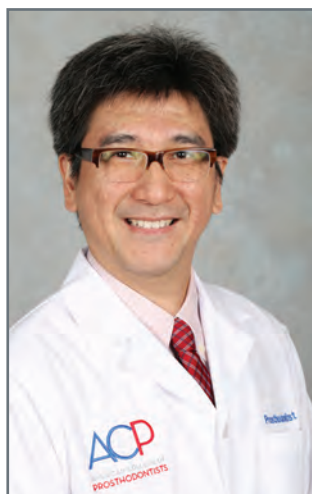


In the Latest *Journal of Prosthodontics*

While retrospective and prospective studies evaluating placement of screw- and cement-retained restorations are plentiful, there is a dearth of systematic assessments of their outcomes. Therefore, Dr. Sami Sherif and his colleagues systematically reviewed more than 40 years of data to evaluate the survival and success of screw- versus cement-retained implant crowns. This systematic review included 3084 implant and five in vitro studies from a total of 23 publications. Major failures (those factors leading to restoration failure) included 0.71 screw-retained and 0.87 cement-retained failures per 100 years. These differences were not statistically significant. Minor failures included 3.66 screw loosening, 2.54 decementations, and 0.46 porcelain fractures per 100 years. Because there were no significant differences between the retention methods for major or minor outcomes with regard to implant survival or crown loss, the authors note, “This is important data as it shows that both retention methods are equally suitable for the partially edentulous patient.”

Dr. Robert F. Wright (pictured), who led this team of researchers while at Harvard School of Dental Medicine, notes, “This project was one of two manuscripts completed for Dr. Sherif’s DMSc project. In implant prosthodontics a very hot topic is always which is better: a cement- or screw-retained crown. Our graduate prosthodontics team of faculty and students looked at 40 years of data to perform this important systematic review. I hope it is of benefit to our specialty and the readership of our scientific journal.”

ACP members can read this and other articles from the Journal of Prosthodontics online by logging into GoToAPro.org.



ADEA Appointment

Dr. Cortino Sukotjo, assistant professor at University of Illinois at Chicago and 2013 ADEA William J Gies Foundation Education Fellow, was recently appointed to the American Dental Education Association Policy and Research Committee. Dr. Sukotjo and his research team have published a series of papers regarding dental education in the *Journal of Dental Education* and the *Journal of Prosthodontics*.

Did you have a photo taken at the Annual Session in Las Vegas? Check the ACP Wednesday Wake-up Call email newsletter for a download link.

ACP 2014 Officers and Board Members



Dr. John R. Agar was confirmed as President of the American College of Prosthodontists. He is retired from the U.S. Army in which he served as clinician, educator, consultant and commander. As a board certified prosthodontist, respected academic and well-loved professor at the University of Connecticut Health Center School of Dentistry Department of Reconstructive Sciences in Farmington, CT, Dr. Agar recruits and mentors many dentists and prosthodontists in training as the next generation treat oral health issues.



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



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



Dr. Julie A. Holloway was confirmed as Treasurer of the American College of Prosthodontists. She directed the graduate residency program in advanced prosthodontics at Ohio State from 2004-11. She was then recruited to direct the graduate residency program in advanced prosthodontics at the University of Iowa. She maintains a practice limited to prosthodontics, with emphasis on ceramic and implant restorations. She is the President of The American Academy of Fixed Prosthodontics and Immediate Past President of the Carl O. Boucher Prosthodontic Conference.



Capt. Gerald T. Grant, USN was confirmed as Region 6 Membership Director. He is an associate professor at the Uniform Services Health Science University and Johns Hopkins University School of Medicine, the Director of Craniofacial Imaging research at the Naval Postgraduate Dental School and the Service Chief of the 3D Medical Applications Center, Department of Radiology, Walter Reed Medical Center. He is the Vice President Elect of the American Academy of Maxillofacial Prosthodontists and the Chair of the Research Committee of the International Society for Maxillofacial Reconstruction.

Dr. Susan E. Brackett (Secretary), **Dr. Alan B. Carr** (Education & Research Division Director), **Dr. David Guichet** (Continuing Professional Education Division Director), **Dr. Stephen I. Hudis** (Region 1 Membership Director), and **Dr. Lars O. Bouma** (Region 3 Membership Director) were re-elected to new terms in their previous positions.

Welcome New Members

September -November 2013

New Members

Dr. Thanos Kristallis
Dr. Melissa Chiappe-Pratt
Dr. Steven K. Okamoto
Dr. Douglas E. Harshberger

New Fellows

Dr. Allison Yuriko Andresen
Dr. Ann M. Behrends
Dr. Carlos A. Castro
Dr. Carolina Cespedes
Dr. Efterpi Zantopoulos Deegan
Dr. Richard Brian Derksen
Dr. Brandon DeWitt
Dr. Khaled Moataz El Rafie
Dr. Caroline Corrigan Eskow
Dr. Nathaniel E. Farley
Dr. Marina Funtik
Dr. Dong-Soo Hong
Dr. Andrew C. Johnson
Dr. Yung Kyun Kim
Dr. Alejandro R. Kovacs
Dr. Georgia Macedo Weld
Dr. Beatrice C. Maritim
Dr. Joseph C. Meng
Dr. Vicki C. Petropoulos
Dr. Stewart W. Pharr
Dr. Valentina Redden
Dr. Elaine Torres-Melendez
Dr. Bhavani Venkatachalam
Dr. George Ding-Chun Wu

New International Fellow

Dr. David Lalande

Reinstated Members

Dr. Thomas H. Edler
Dr. Suzanne K. Coco
Dr. Jonathan M. Hart
Dr. Salman Lakhani
Dr. Ilya Miloslavskiy
Dr. Brian A. Borodaty
Dr. Steven D. Spitz
Dr. Ranu M. Mishra
Dr. Marianela Villarreal
Dr. Alexander A. Bendayan
Dr. Bill Abbo
Dr. Selda Sayek
Dr. Frederick Nafash
Dr. Joseph Maniscalco
Dr. Simuel L. Jamison
Dr. Behnoush Rashedi
Dr. Roya Zandparsa
Dr. Sung-Wook Yoon
Dr. Michelle F. Ireland
Dr. Dana E. Culda
Dr. Vladimir Jovic

Reinstated International Member

Dr. Jamie A. Kaukinen
Dr. Ricky Tong
Dr. Antonio U. Chardon
Dr. Yaslin C. Ortiz-Delgado
Dr. Donald A. Somerville

Reinstated Fellow

Dr. Tae Jun Ahn
Dr. Lulu Li

New International Members

Dr. Jong J. Kim
Dr. Garry A. Ecker
Dr. Dennis Leong
Dr. David Neale

New Global Alliance Member

Dr. Anthony P. McCullagh

Reinstated Dental Technician Alliance

Ms. Tatiana Musante
Ms. Elizabeth Curren
Mr. Henry Huseman
Mr. Albert V. Tassi

New Dental Technician Alliance

Mr. Leon Hermanides
Mr. Jordan Lott
Mr. Joseph J. Kim
Mr. Tracy J. Bischof

New Student Members

Dr. Walaa Ali H. Baber
Dr. Catherine G. Cagino
Dr. Quynhnhu Pham
Dr. Fernando Quinones-Zayas
Dr. Ivan R. Chicchon
Dr. Walaa Magdy Ahmed
Dr. Nesrine AZ Mostafa
Dr. Ashkan Ebrahimpour
Dr. David Powell
Dr. Ryan C. Lewis
Dr. Yiu Chung Pang

Dr. Dionte' R. Moncrief
Dr. Benjamin Pass
Dr. Zhenzi Liu

New Advanced Program and Graduate Studies Alliance

Dr. Darshan K. Panchal

New Predoctoral Student Alliance

Mr. Brett G. Ballingham
Mr. Adam L. Cohen
Mr. Shane K. Eckels
Ms. Caroline L. Mikaloff
Ms. Zhichun Yu
Ms. Juliana Y. Chang
Mr. Geoffrey Johnston
Mr. Joseph J. Lee

In Memoriam

The College and Board of Directors remember the following colleagues:

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

Dr. Fred B. Abbott

Dr. Hratch A. Abrahamian
(a Charter Member)

Dr. Donald Alan Brunton, Jr.
(a Charter Member)

Dr. Alexander A. Calomeni
(a Charter Member)

Dr. Robert J. Everhart
(a Charter Member)

Dr. B. Dan Hall

Dr. Abraham Ingber

Dr. Dean L. Johnson
(a Charter Member)

Dr. Charlie U. Kastner

Dr. William Kuebker
(a Charter Member)

Dr. Robert Leupold
(a Charter Member)

Dr. Gunnar Norlind
(a Charter Member)

Dr. Kenneth Rudd
(a Charter Member)



Congratulations to the Class of 2013: New ACP Fellows and Diplomates of the American Board of Prosthodontics

Dr. Esam Abou Nahlah
Dr. Somkiat Aimplee
Dr. Abdulaziz Mubarek
Al Benali

Dr. Gillian Brewer Alexander
Dr. Sheena Allen
Dr. Abdullah Faisal Almashan
Dr. Abdulaziz M Altamimi
Dr. Craig Kenneth Andersen
Dr. Daniel Bakko
Dr. Lauren M. Bolding
Dr. Michael Ryan Butera
Dr. Jenn-Hwan Chen
Dr. Seok Hwan Cho
Dr. Miles R. Cone
Dr. Sarra E. Cushen
Dr. Jeffrey R. Damon
Dr. Luis F. Delima Jr.
Dr. Ajay K. Dhingra
Dr. Elizabeta Evtimovska
Dr. Anne Marie Fabricius
Dr. William Day Gates III
Dr. Benjamin A. Geller
Dr. Madalina E. Iorgulescu
Dr. Christopher J. Jones
Dr. Andrea Elizabeth Jordan
Dr. Yatin Khanna
Dr. Kelvin Khng
Dr. Jea Seon Kim
Dr. Naota Kumagai

Dr. Paul C.W. Leung
Dr. Adrian Lobono
Dr. Francesco P. Maratta
Dr. Sloan D. McLaughlin
Dr. Mamta Mehra
Dr. Roger L. Miller
Dr. Hisham Abdullah Mously
Dr. Leon A. Nieh
Dr. Ismail Okasha
Dr. Noah P. Orenstein
Dr. Johvin Perry
Dr. Anton Petrich
Dr. Carl M. Pogoncheff
Dr. Dana M. Qeblawi
Dr. John A. Rezaei
Dr. Tanawat Ritkajorn
Dr. Holly Marie Shepherd
Dr. Michael D. Sherer
Dr. Sameet S. Sheth
Dr. Brian Corey Slightly
Dr. Yves K. Smith
Dr. Montry S. Suprono
Dr. Garima K. Talwar
Dr. Lisa M. Thoms
Dr. Fong Wong
Dr. Hoda Yousef
Dr. Stacy L. Yu
Dr. Ryan Dean Zimmerman
Dr. Erin K. Zizak
Dr. Siam Zokaie

Members of the Class of 2012, who were unable to attend last year due to Hurricane Sandy, were also invited to appear.

Dr. Stephen G. Alfano
Dr. Anas Aloum
Dr. Sandra K. Al-Tarawneh
Dr. Jake R. Atwood
Dr. Brian Broadwell
Dr. Daniel H. Chong
Dr. Nicholas L. Egbert
Dr. Dana Fuhrmann
Dr. Daniel S. Greenbaum
Dr. Cindy T. Jones Hebert
Dr. Matthew B. Kahn
Dr. Brandon D. Kofford
Dr. Suchada Kongkiatkamon
Dr. Lulu Li
Dr. Nina Pascuzzi
Dr. Servando Ramos
Dr. Daniel M. Schweitzer
Dr. Gerald W. Trkula

Upcoming Events

April 6-12, 2014
National Prosthodontics
Awareness Week
GoToAPro.org/NPAW

July 19-20, 2014
Teeth for a Lifetime:
Interdisciplinary
Evidence
for Clinical Success

Joint Symposium of the
American College of
Prosthodontists, the
American Association
of Endodontists and the
American Academy of
Periodontology
Swissôtel, Chicago

November 5-8, 2014
American College of
Prosthodontists
44th Annual Session
New Orleans
acp44.com



Employment Opportunities

Indiana (Indiana University School of Dentistry) – Two positions available as Assistant or Associate Professor of Prosthodontics. The Department of Restorative Dentistry invites applications for two full time positions (4 or 5 days a week) as Assistant or Associate Professor of Prosthodontics, available immediately. Positions are available as either clinical or tenure-track appointments. Primary responsibilities will include didactic, laboratory and clinical teaching in both the pre-doctoral and the post-doctoral (graduate) programs. Candidates with an interest in advancing technology pedagogically and at the chair-side are encouraged as are candidates interested in assuming a leadership role in curricular innovation. Candidates interested in a tenure-track appointment must have a record of scholarship in disciplinary research.

Qualifications: Candidates must have a dental degree and completed a Commission on Dental Accreditation (CODA) accredited graduate program in Prosthodontics and qualify for an Indiana Dental License. Board certification in Prosthodontics is preferred and successful candidates without certification will be encouraged to pursue this credential. Rank and salary will be based on the candidate's experience and credentials.

Please send a complete electronic application with the following documents:

- Signed letter of intent
- Complete curriculum vitae
- Three names of professional references
- Applicants seeking an appointment with tenure must provide three additional professional references of persons who will be able to provide an objective assessment of their academic contributions and scholarship.
- Documents should be sent to dsxecaf@iupui.edu with the subject line reference posting #IN-DENT 13008

Review of applicants will begin immediately and continue until the positions are filled. Indiana University is an equal employment opportunity/

equal access/affirmative action employer and a provider of ADA services. Indiana University School of Dentistry is the only dental school in the Hoosier state and educates 80% of the dentists practicing in Indiana. Located on the IUPUI campus just west of Downtown Indianapolis, the School offers an extraordinary learning environment in which teaching, research and community service are integrated in a unique way to prepare tomorrow's dental professionals.

Pennsylvania (Fort Washington)

– Energetic and forward thinking prosthodontist for a position in large implant driven practice with clinical, research and academic opportunities. A good fit could lead to partnership. Exceptional staff and on site laboratory support. Please send CV to linda.maroney@pidentalcenter.com.

Toronto (University of Toronto, Faculty of Dentistry) – Associate/ Full Professor, The George Zarb/ Nobel Biocare Chair in Prosthodontics. The Faculty of Dentistry, University of Toronto, invites applicants for a full-time tenure-stream or tenured appointment in Prosthodontics and the George Zarb/Nobel Biocare Chair. The appointment will be at the rank of Associate Professor or Professor, and will begin on July 1, 2014. The successful candidate will develop an independent and innovative research program that will contribute significantly to the body of scholarship on Prosthodontics. He/ She will be the Director of the graduate Prosthodontics program. Other responsibilities will include teaching Prosthodontics in the undergraduate and graduate programs. An advanced research degree, preferably Ph.D. or equivalent, and evidence of excellent teaching and research accomplishments as a principal investigator in Prosthodontics or a closely related area are required. Candidates must have clinical expertise in Prosthodontics and be eligible to be licensed as a specialist in Prosthodontics in the province of Ontario. The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from

visible minority group members, women, Aboriginal persons, persons with disabilities, members of sexual minority groups, and others who may contribute to the further diversification of ideas. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. For further details and to apply online please visit: www.dentistry.utoronto.ca/academic-employment-opportunities

Practices for Sale

California (Central Coast) –

Prosthodontic practice in California's Central Coast area with 4 operatories, a full in-house lab with IOS, mill, casting ovens and ceramic ovens in a beautiful area near shopping area. Doctor had over 1.1M in Gross Receipts in 2011/12. Contact: Jim Engel 925-330-2207.

Hawaii (Maui) – Comprehensive

Maui restorative practice. All phases of prosthodontics, perio, implant placement. In practice over 30 years. Dr. desires to complete existing cases in the transfer of the practice. Excellent opportunity to grow the practice on the best island in the world. Email: mauiddsmsd@yahoo.com or (808) 205-2432.

Massachusetts (Cape Cod) – Adult

Restorative/Prosthodontic-Implant practice. Located on rapidly growing Cape Cod; we are a fee for service practice, with general dentist, prosthodontics and periodontist working weekly. Four operatories, 2 hygienists. The office is conveniently situated close to airport, downtown, malls, transportation center and Nantucket ferries. Excellent opportunity for growth in an expending vibrant retirement community. Please contact Arthur Gordan of Northeast Dental Consultants for details @ 978-774-2400 or Arthur@thedentalbroker.com.

Virginia (Alexandria) – Ultra modern

adult restorative practice. Established. Retiring. Will transition. Low volume, high end, fee for service. Owner Panky, LVI trained. Grossing near \$800K on 3 day week. Polcari Associates Ltd. 800-544-1297.

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