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On the Cover

Winter 2016 Volume 47 Issue 1



“It’s time to leave the bunny hill behind.” I was teasing my friend Claire during our last ski trip when I realized I was doing the same thing – with my oral health. Instead of finding a solution to my jaw pain, I was sticking to the same old routines, going nowhere. So I went to a prosthodontist, who created a treatment plan that had my mouth looking and feeling great, in less time than I could ever have imagined. With the right skills and training, you can really pick up some speed!

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Dr. Carl F. Driscoll is President of the ACP and serves as Program Director for the Department of Graduate Prosthodontics at the University of Maryland.

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Dr. Mathew Kattadiyil is Professor and Director of the Advanced Specialty Education Program in Prosthodontics at Loma Linda University School of Dentistry, and Editor-in-Chief of the *ACP Messenger*.

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Paul M. Richardson, CDT is a CAD/CAM specialist that works with general dentistry and advanced graduate students at Loma Linda University School of Dentistry. He routinely lectures and presents to the dental industry on CAD/CAM application, techniques, and future growth.

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Dr. Ann Wei is an assistant clinical professor at the University of California, San Francisco School of Dentistry and maintains a private practice in San Francisco.

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Dr. Avinash S. Bidra is Program Director at the University of Connecticut Health Center, Department of Reconstructive Sciences, Division of Prosthodontics. He serves as Chair of National Prosthodontics Awareness Week.

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Dr. Charles Goodacre is a Past President of the ACP who teaches in the Advanced Education Program in Prosthodontics at Loma Linda University. He is involved in developing resources that enhance learning through the Foundation for Oral Rehabilitation (FOR) and Global Dental Science.

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Dr. Jonathan Wiens is a Past President of the American College of Prosthodontists. He maintains a private practice in Michigan.

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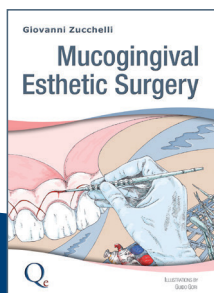
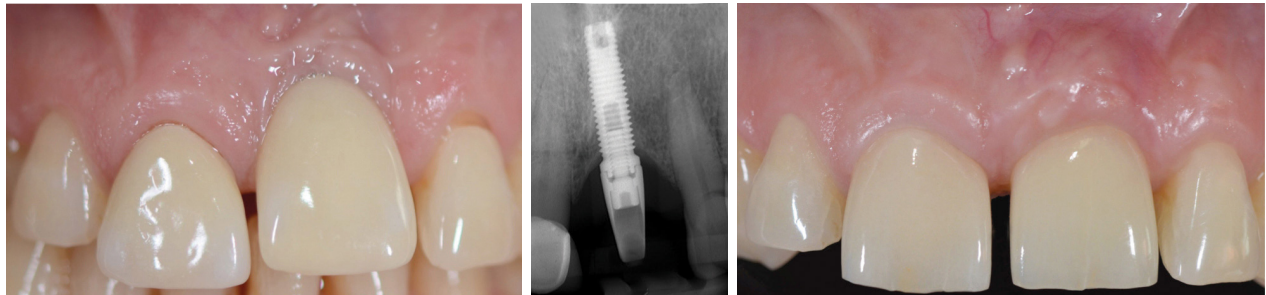


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Giovanni Zucchelli, DDS, PhD, is a Professor of Periodontology at Bologna University, Italy. He holds both a doctorate in dentistry and a PhD in medical biotechnology applied to dentistry. A widely published scholar and the winner of numerous prizes for research in his field, Prof Zucchelli is the author of the best-selling textbook *Mucogingival Esthetic Surgery* (Quintessence, 2012).

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High expectations

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

As you make plans for the New Year, our editorial committee would like to thank you for your support of the *ACP Messenger*. We also take this opportunity to wish you a 'Happy and Blessed' 2016.

I hope those who were able to attend the ACP Annual Session enjoyed the meeting as much as I did. Program Chair Dr. Jonathan Zamzok and 2015 President Dr. Frank Tuminelli deserve credit for putting together an outstanding event. An incredible amount of work goes on behind the scenes to achieve this level of success and the ACP staff deserves to be commended for their efforts. I left with the impression of an even more energized specialty with participation from individuals at different stages of their careers. Students, educators, and innovators, along with a high level of representation from corporate sponsors, collectively made this a meeting to remember.

I would like to welcome the ACP's new Vice President Dr. Robert Taft to our editorial committee and thank Dr. Carl Driscoll for his outstanding contributions as he shifts his focus to his duties as ACP President.

Recently the ACP released position statements on three topics: *The Frequency of Denture Replacement*, *Board Certification Credentials*, and *Corporate Dentistry*. At first glance, these topics may appear to have little to do with one another, but when you scrutinize their contents, one aspect that stands out is the emphasis on exemplary and specialized patient care. To quote Dr. Lily Garcia, "When all is said and done, what matters most is our patients' oral and overall health. Thus, regardless of the particular type of setting in which they practice, all dentists need to hold utmost the quality and outcomes of the care that they provide."

Our specialty strives to meet these expectations. By improving outcomes and updating standards, we maintain a vibrant specialty that holds the needs of our patients as the highest priority.

This issue of the *ACP Messenger* is dedicated to those improvements and updates. In her case presentation, Dr. Ann Wei tells the story of a woman who was determined not to live with pain – and the combination of training and technology that made her dream possible. Mr. Paul Richardson describes how digital design is revolutionizing dental laboratories through improved accuracy, strength, and esthetics. Dr. Avinash Bidra brings perspective from our prosthodontic training programs, where new standards have opened an exciting new area for patient care and the placement of dental implants. And Dr. Charlie Goodacre interviews Dr. Jonathan Wiens about the ACP's efforts to advance dental education through the new *Fundamentals of Occlusion* e-book.

It may come to pass – in fact, I think it is likely – that in ten years' time, the *ACP Messenger* will publish an issue that builds upon the foundation of these updated standards; its authors will describe advancements we cannot imagine today, but which will become possible because our specialty requires that we review, we revise, and we demand the very best from ourselves in patient care. ■



By improving outcomes and updating standards, we maintain a vibrant specialty that holds the needs of our patients as the highest priority.

Using CAD/CAM technology to improve treatment speed, efficiency, and predictability

Ann Wei,
DDS, FACP

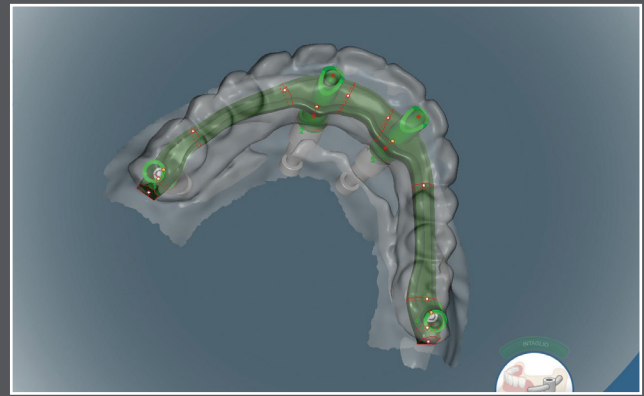
For years, she had been self-conscious about her smile and had been living with chronic gum disease and dental decay. The patient believed that her dental problems were getting in the way of an active social life. She found it hard to speak, difficult to chew, and when she smiled, she thought her teeth looked terrible.

The partial denture she wore on her lower jaw (Figure 1) shifted constantly, causing soreness and irritation. Often times, she did not even wear the partial denture, whether by choice or forgetfulness.

The upper bridge over diseased teeth was so loose that she was fearful it would fall off in public. “I am afraid I will have to wear dentures for the rest of my life,” she said. All of these fears prevented her from seeking care until her husband, a dentist himself, finally convinced her that the right thing to do was to seek the help of a prosthodontist.



Fig. 1. An intra-oral photograph illustrates the poor condition of existing teeth, shifting of teeth, uneven bite surfaces, severe gum recession from bone loss and defective crowns, bridge, and fillings.



Figs. 2a and 2b. CAD/CAM technology allows for a faster and very high quality treatment process. Virtual design of both upper and lower final teeth dramatically reduced the number of appointments the patient needed.

Following a thorough examination and treatment planning, it was determined that due to the poor position of the existing teeth, advanced gum disease, and the large defective fillings, the best option was to remove all remaining teeth and replace them with dental implants. This would restore her beautiful smile and allow her to eat the food of her choice without embarrassment or worry. With a special 3-dimensional radiograph (cone beam computer tomography), careful planning was conducted using virtual implant planning software (Figures 2a and b). The patient was able to visualize the treatment outcome with the technological advancements brought to the prosthodontic planning process. These advancements made her treatment plan more feasible, precise, and predictable.

On the day of surgery, four dental implants each were placed on both the upper and lower jaws respectively. The patient immediately received temporary teeth attached to the implants. At the follow-up appointment, she said, “This is like a miracle, an experience I don’t know how to describe. I have no pain and no swelling. I had teeth fixed to my implants right away that I can now eat with. It’s hard for me to explain to my friends and family how this is even possible!”



Fig. 3a. The final tooth substructure came back exactly the same as virtually planned, demonstrating the accuracy of the digital workflow.



Fig. 3b. The wax trial placement allowed the patient to physically analyze the esthetics and functionality of her final teeth.



Figs. 4a and 4b. A comparison of the patient's appearance prior to and following the completion of the procedure. The new permanent teeth were ideally positioned for esthetics and function. The forms and alignments of the teeth were specifically designed with the patient's facial contour in mind.

After the implants integrated, final teeth/prostheses were fabricated by applying CAD/CAM technology (Figures 3a and 3b). Instead of having to attend multiple appointments, she only needed one appointment where her temporary implant teeth had been laser-scanned and applied to the digital planning for final teeth structure design and fabrication. This saved time, increased efficiency, and most importantly, provided her with accurate, high quality, and strong implant-supported fixed prostheses. An extra step of wax teeth trial placement was done so the patient's family could also see how the final teeth would look. Every step taken by the prosthodontist was to ensure the esthetics and function of her new teeth.

Upon insertion of her final teeth, the patient was extremely satisfied with how beautiful the teeth were and was finally able to eat and speak in public without fear (Figures 4a, 4b, and 5).

“With the focus on details and the meticulousness of my prosthodontist in conjunction with the digital technology, my teeth came out beautiful and comfortable.” ■



Fig. 5. Close-up photography of the patient's mouth illustrating the final result, revealing an ideal occlusion (bite), desired alignment, and beautiful teeth.



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Subcrestal prosthodontics: a new emphasis

Avinash S. Bidra,
BDS, MS, FACP

By the time you are reading this, you may have just finished enjoying the celebratory phase of the historic passage of the Commission on Dental Accreditation (CODA) standards for competency in implant placement for all prosthodontic training programs in the country.

Those of us who have been placing implants for many years recognize the positive impact and potential of what this will do to permanently change the image and landscape of our beloved specialty and profession. Few people know that CODA is an independent agency under the umbrella of the U.S. Department of Education to accredit dental and dental-related education programs. It is expected (and hoped) that programs throughout the world will now follow the United States' changes in prosthodontic education standards.

For many decades, ACP Fellow Dr. Thomas Balshi has stressed that dental implants are simply prostheses, and we as prosthodontists place dental implants because we deal with prostheses. Patients do not specifically seek treatment for dental implants or bone grafts; they simply want us to restore or replace their failing or missing teeth with a suitable prosthesis. In my program, I have always emphasized to residents that implant surgery is not a separate entity, but it is only one part of the overall prosthodontic treatment. The simple message is that implant placement is not implant surgery, but nothing more than subcrestal prosthodontics.

So what is subcrestal prosthodontics?

Conventionally, most prosthodontists have stayed supracrestal only, and have been very successful in providing excellent restorations and prostheses for their patients. Some of us have ventured below the



crest and utilize dental implants as prostheses to anchor our supracrestal prostheses (i.e. single crowns, fixed partial dentures, overdentures, or full arch fixed prostheses). Components of our supracrestal prostheses presently involve abutments, screws, attachments, screw access filling materials, dental cements, and various dental restorations. By contrast, components of subcrestal prostheses involve dental implants, bone grafting materials, and adjunctive cell therapy materials.

Embracing the term “subcrestal prosthodontics” has numerous advantages and potential for our specialty. Firstly, it underscores dental implant placement as part of prosthodontic treatment (now officially accepted by CODA). Secondly, it eliminates any ambiguity of prosthodontists' role in placement of implants, in contrast to the historical exclusion of prosthodontists from placing implants for being “nonsurgical

specialists”. This is true even for our general practitioner colleagues. Dentistry is a surgical branch of medicine and any dentist who seeks to receive further education in this discipline can choose to use dental implant therapy to provide care for their patients.

The ACP position statement on dental implants is inclusive of general practitioners, as well as various dental specialists, as part of this exciting modality of care. The fact that an orthopedic surgeon from Sweden taught all dentists on the placement of dental implants is an unequivocal testimony to the inclusiveness of this discipline! Finally, the term “subcrestal prosthodontics” de-identifies dental implants from being the sole source for replacement of missing teeth. Today, we use dental implants;

tomorrow it may be something else placed in bone to replace missing teeth. Today, we are “placing” implants surgically and tomorrow it may be placed by a robot (controlled by us). Who knows, in the near future, a patient may not even need a surgery to replace missing teeth!

Our specialty has made colossal contributions to dentistry over the past several decades, through removable prosthodontics, fixed prosthodontics, and implant prosthodontics, all of which have helped clinicians worldwide to provide outstanding care to patients. It is only natural to assume that our new emphasis on subcrestal prosthodontics will continue this trend. It is time to run with subcrestal prosthodontics, full speed! ■



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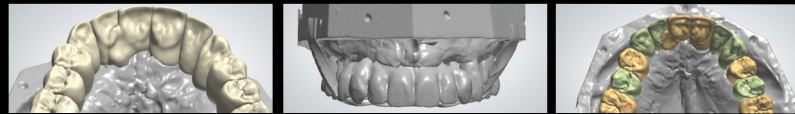
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Forging the laboratory-educational connection with digital technology

Paul M. Richardson,
CDT

The advancements in CAD/CAM technology are providing both clinicians and technicians with invaluable tools for case evaluation and treatment planning. With the restorative dentist, the lab technician, and the surgeon working closely together using tools that continue to improve, we are collectively able to provide better patient care and more successful restorations.

For a skilled contemporary laboratory technician, using different software systems and applying them to create designs and transferring the data to create milled restorations are second nature. The impact the world of digital technology has had on restorative dentistry, with the repeatable consistency in detail, accuracy, strength, and esthetics has revolutionized the profession.

What is often not mentioned is the educational aspect of the technology which occurs quietly in the laboratory setting with interaction between the ‘millennial’ generation students and laboratory technicians, where there is free flow of ideas and concepts to improve processes. Working for almost 8 years as a lab technician at Loma Linda University, I have had many great experiences using CAD/CAM technology. Of all of them, interacting with graduate students in prosthodontics and implant dentistry and assisting them with digital design has helped me appreciate the collaborative and educational aspect of digital technology applications.

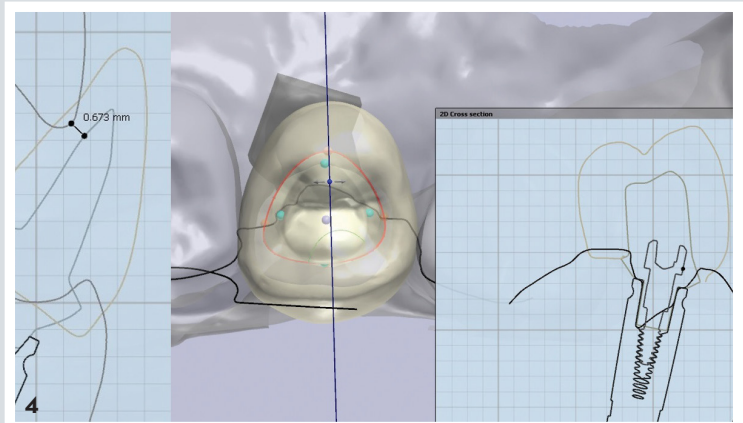
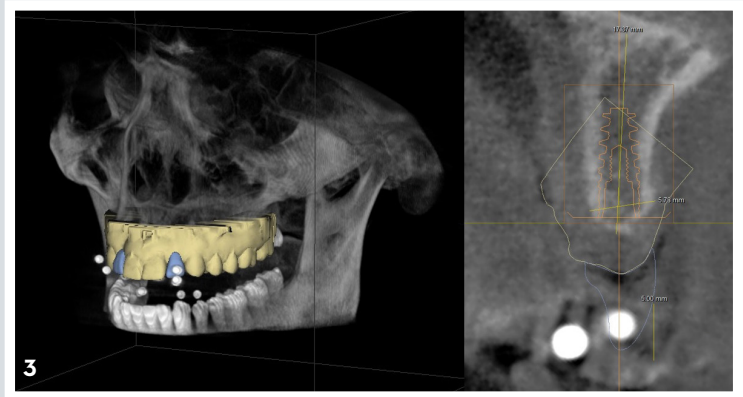
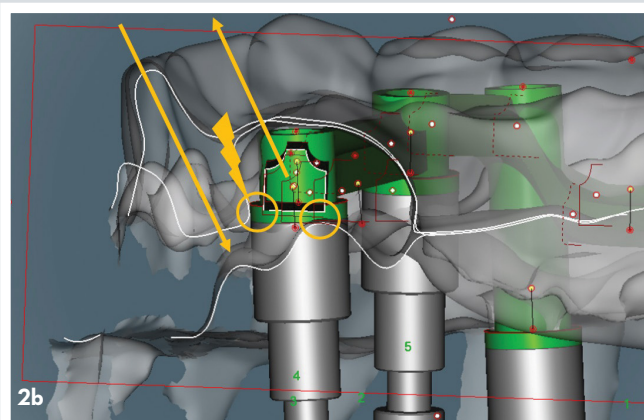
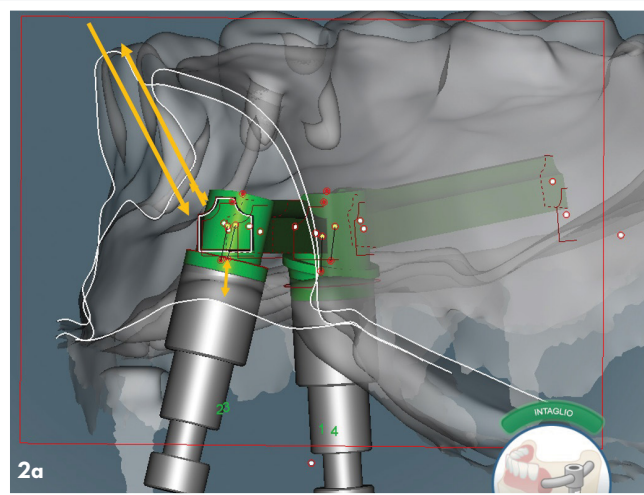
Thanks to digital impressions, CBCT scans, and CAD software, we have a wealth of information to use in the evaluation and planning process. Making a digital impression and creating a digital diagnostic wax pattern quickly and efficiently can give us an idea of what the final restoration will look like. Transferring that



Fig. 1. Discussing planning and designing with graduate prosthodontics student Dr. Abdulaziz AlHelal.

digital diagnostic wax pattern and overlaying it on a CBCT scan as a reference to aid implant placement is completed seamlessly. Further modifications to the wax pattern can be easily accomplished in the digital world. I have noticed that the predoctoral and graduate students enjoy using the digital technology and are very quick to learn and incorporate it (Figure 1).

Using 2D cross-sections to estimate the success or failure of a proposed prosthesis design has had a powerful impact on communicating with the clinicians. In the following examples, we can see a few of the many different possibilities.



Using a scan of the cast, the cameo, and intaglio (internal) surfaces of a wax trial denture, we can evaluate and modify the design of the prosthetic bar (Figure 2a). In this cross-sectional view, we can confirm there is adequate space for the proposed bar design. The bar ideally is located under the long axis of the tooth to provide adequate support and there is enough space between the teeth, the bar, and the tissue for enough acrylic resin to make the denture strong.

A cross-sectional view of another patient situation shown in Figure 2b reveals a different situation. This view shows us that the proposed restoration would most likely be unsuccessful. The bar is located too far away from the teeth and towards the tongue to provide proper support. This will most likely result in a fractured denture or delamination of the teeth from the bar. Also, there is insufficient space between the teeth and bar and tissue for the acrylic

resin. Further, the clinician can easily observe that the resultant prosthesis would be over-contoured and significantly limit space for the tongue with an awkward transition from the soft tissue to the prosthesis. The importance of appropriate implant location, angulation, and need for change in design for the retentive elements are easily shown and understood by the graduate students, and the educational process continues to benefit from this interaction.

Digital diagnostic wax patterns are becoming a much more common tool. It saves us time over the traditional method and gives us a good 3D representation of the final restoration. Because it is a transferable digital file, we are able to use it in a variety of different ways. Figure 3 is an example of using an ideal diagnostic wax pattern, overlaying it on a CBCT scan of the patient, and using it as a reference in planning implant placement.



5a



5b



6

Fig. 2a: Cross-sectional view reveals an ideal implant-bar-prosthesis location.

Fig. 2b: Cross-sectional view reveals an awkward implant-bar-prosthesis location.

Fig. 3: CBCT images used to plan ideal implant placement and fabricate surgical template.

Fig. 4: Digital views used to modify abutment design for appropriate dimensions for optimal results.

Fig. 5a: Maxillary metal ceramic fixed prosthesis.

Fig. 5b: All-ceramic crowns prior to cementation.

Fig. 6: Feldspathic porcelain applied on milled ceramic copings for implant crowns on #7 and #10 areas.

Figure 4 reveals 2D cross-sectional views which can be useful in designing abutments or substructures and assess spatial dimensions especially for porcelain applications.

The patient presented with a failing fixed complete denture which demonstrated a significant amount of wear, and a new prosthesis and design were needed. After evaluating all of the digital information and designing several digital models, an implant-supported screw retained titanium bar with pink porcelain and individual cement retained lithium disilicate crowns (Figure 5) were fabricated (Porcelain work by Dennis Corydon, CDT).

Several combinations of digital technologies were used in the planning and fabrication of these lateral incisor restorations for a young patient with high esthetic needs and desires (Figure 6). These included digital diagnostic wax patterns, guided implant

placement planning, ideal substructure designing, and fabrication. The restorations were brought to life by the creative application of porcelain by a master ceramist (Porcelain work by Satoshi Sakamoto, RDT).

This example also serves as a subtle reminder that despite the advances in technology, manual dexterity, skills, and knowledge are equally necessary to create beautiful, durable, and functional restorations.

Thanks to the close collaboration of the dental team, we are able to provide patients with beautiful restorations like these. Not only are they highly esthetic, but they are also well-constructed and also easily reconstructed should the need arise. As the technology of digital dentistry advances, the more digital tools we have available to us, and the more successful we can be with our patient care and student education. ■

Partnership Initiative



Advancing prosthodontics through education and research

With their commitment, these members and organizations are supporting the College and Foundation's work to improve patient outcomes, advance the specialty of prosthodontics, and better serve ACP members.

AMBASSADORS CLUB

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Never a dull moment

Carl F. Driscoll,
DMD, FACP
ACP President

As the 46th President of the College, I should begin by telling you a few things about myself.

I was raised in a lower middle class family in Boston (hence my love for any sports team from Boston and Maine lobster). I didn't have money for dental school, so I applied for an Army scholarship and was fortunate enough to be selected. My goal was to pay back my time and get out. Well, fate has a funny way of changing your plans. The Army continued to train me with a GPR program, Prosthodontic Residency, and a Maxillofacial Fellowship. Promotions, great working conditions, travel, and a chance to run a Prosthodontic Residency followed; I had my twenty years, and then the University of Maryland called.

So here we are, 18 and a half years later, still rooting for the Boston teams, still loving lobster, and still fortunate to be part of this specialty. I am married to Dr. Sarit Kaplan, an ACP Fellow who practices in

Bethesda, MD. Between us, we have four children and four grandchildren. I have been so lucky to have great residents and faculty who have made me look good time and time again.

As President, I hope to continue in the tradition of commitment established by previous Presidents, who have been committed to advancement of the specialty. This past year brought the culmination of many years of efforts by Past Presidents Drs. Campbell, Garcia, Jameson, Agar, and Tuminelli to update the CODA standards. We owe them an immense amount of gratitude for leading us to this groundbreaking event.

The work continues. The College is committed to all programs having the ability to properly ensure that their residents are trained in placing implants.



Dr. Carl Driscoll and members of the ACP's Maryland Section at the 2015 Spring Meeting.

The Henry Schein Initiative, with a \$1.25 million grant, complements our early efforts to be the leaders in the digital dentistry arena. We want to increase CE opportunities for our members with events such as the Digital Dentistry Symposium, led by Dr. David Guichet, coming up in Chicago in February.

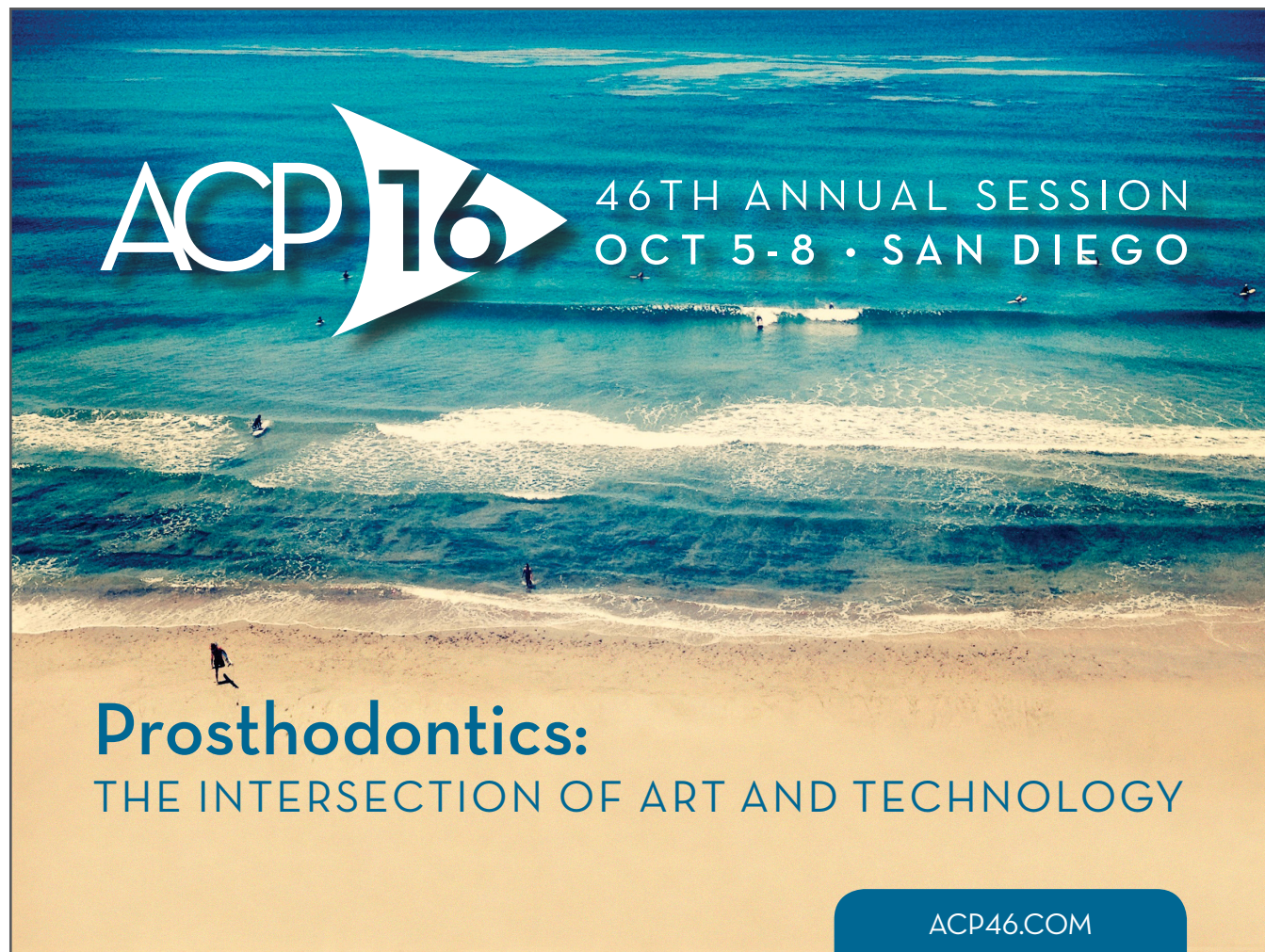
The College has made a significant commitment to decrease the debt of our residents by hiring a nationally renowned lobbying group in DC to pursue these objectives through legislative and regulatory means. Thank you to Drs. Len Kobren and Frank Tuminelli for taking the lead on this crucial issue.

Another area where we will continue to grow is our position statements, where Dr. John Agar continues to

chair these efforts. Please use these position statements to train your staff and educate your patients. They are dynamic documents and we want to hear your comments on any or all of them.

Please join us Oct. 5-8 for a fabulous array of speakers in the beautiful city of San Diego. I can promise you great weather, food, and education.

To my family and residents, thank you for allowing me this year to pay forward all the great times and experiences that I have had as a prosthodontist and as a member of the College. I am so blessed to have worked with so many great people in our specialty. I promise to you, our members, that I will continue working long and hard for the advancement of prosthodontics. ■

A promotional banner for the ACP 16 46th Annual Session. The background is a vibrant, high-angle photograph of a beach with turquoise water and white sand. In the upper left, the text 'ACP 16' is displayed in a large, white, stylized font where the '16' is inside a white arrow pointing right. To the right of this, the text '46TH ANNUAL SESSION' and 'OCT 5-8 • SAN DIEGO' is written in a clean, white, sans-serif font. At the bottom left, the text 'Prosthodontics:' is in a large, bold, blue font, with 'THE INTERSECTION OF ART AND TECHNOLOGY' in a smaller, blue, all-caps font below it. At the bottom right, a dark blue rounded rectangle contains the text 'ACP46.COM' in white.

Full-contour strength and restorative flexibility

The NobelProcera Full Contour Zirconia (FCZ) Implant Crown combines full-contour strength that's tough enough for the posterior areas with restorative flexibility that's hard to beat. And there's no cement in sight.

By combining CAD/CAM technology using high-strength translucent zirconia with the option to create angulated screw channels (to avoid cementing the restoration), the NobelProcera FCZ Implant Crown offers predictable strength, esthetics, and function.

Suitable for all tooth positions, the strength of the FCZ Implant Crown ensures predictability even under the high occlusal forces of the posterior areas. This makes it an ideal restoration for the molar region. There's no need to worry about chipping either, as the full-contour nature of the NobelProcera FCZ Implant Crown removes the need for veneering. Plus, because it is screw-retained, the FCZ Implant Crown is completely cement-free, avoiding the risks associated with excess cement. Even the titanium adapter is mechanically retained.

The NobelProcera FCZ Implant Crown is designed for use with Nobel Biocare's extensive range of conical connection implants. All elements have been designed to work together for an optimized treatment outcome.

The ability to use an angulated screw channel allows the screw access hole to be placed anywhere between 0° and 25° in a 360° radius. This means it can be angled for easy access. Working on the restoration is further simplified by the effective pick-up function and secure grip of the Omnigrip Screwdriver.

Natural-looking tooth color is another benefit offered by the FCZ Implant Crown. No matter which of the eight available shades is used, the color is applied throughout the material. This means adjustments can

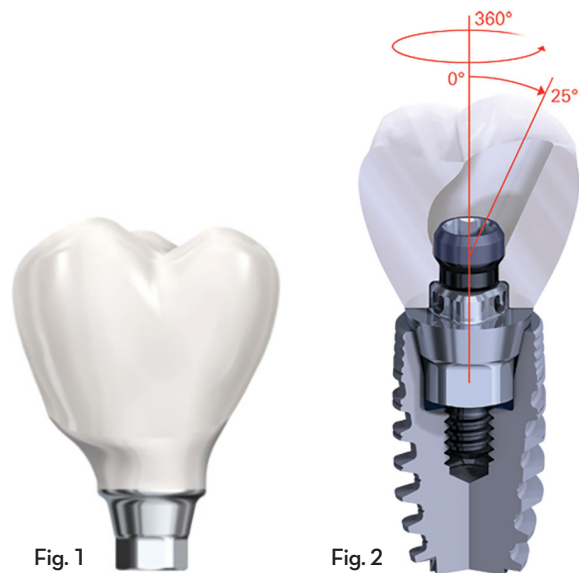


Fig. 1

Fig. 2

Fig. 1. NobelProcera FCZ Implant Crown: Cement-free zirconia crown with strength and esthetics. Available in eight natural-looking shades. Full contour, removing need for veneering. Incredible strength for long-term predictability.

Fig. 2. With the ASC (Angulated Screw Channel), the screw access hole can be placed anywhere between 0° and 25° in a 360° radius.

be made without having to worry about discoloration. Furthermore, cutbacks or staining can be used to achieve the desired esthetic effect.

The NobelProcera FCZ Implant Crown possesses incredible strength for long-term predictability, but it also offers restorative flexibility. As a result, it's well on its way to becoming "the crown that rules them all." ■



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

Creating *Fundamentals of Occlusion*

Jonathan P. Wiens, DDS, MSD, FACP

Interviewed by:

Charles J. Goodacre, DDS, MSD, FACP

Debuting at the 2015 Annual Session was the ACP's new e-book, *Fundamentals of Occlusion*. In this interview, Dr. Charlie Goodacre talks to the author, Dr. Jonathan Wiens, about the process of creating this landmark in occlusion education.

Q: How did this project come about?

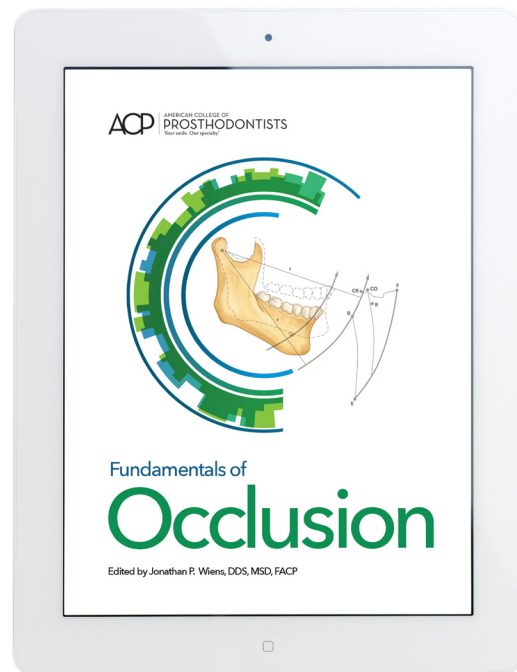
A: Prosthodontic educators and clinicians have noted that education in the area of occlusion has become diluted in undergraduate dental schools and in some cases is almost missing. In addition, when you ask students, they frequently indicate the two most confusing courses they have in dental school are occlusion and removable partial dentures. As a result of the recognized need, the ACP leadership appointed a Task Force on Occlusion Education to assess how to improve the educational process related to occlusion. The task force quickly realized that one of the biggest obstacles was not only a dearth of scientific evidence, but also the apparent lack of consensus or agreement in occlusion education.

Q: How did the task force overcome these constraints?

A: At first, the task force was uncertain how this “charge” could be accomplished; we wondered if reaching an agreement or consensus on occlusion was even possible. In conceptualizing how we might proceed, the task force developed a two-prong approach to determine where there was agreement and where there was disagreement. The task force was divided into five paired teams to perform a Medline search for supportive evidence in fixed, removable, and implant prosthodontic occlusion, as well as to explore pertinent anatomy, temporomandibular disorders, and related occlusal instruments or devices.

Q: I understand that this research endeavor included surveys?

A: Yes, not only did we perform literature searches, we recognized the need to compare and contrast what was actually being taught in dental schools across the United States. This second method required that we develop two surveys. The first pre-survey helped us to ask the “right” questions in the second survey, which resulted in a credible document. Both surveys revealed areas of agreement as to what was being taught didactically and what procedures were generally accepted clinically. The



task force reported the consensus findings in the *Journal of Prosthodontics*. It was an interesting learning process and remarkable journey of discovery for a challenging topic.


Q: How did you come up with the idea of an e-book?

A: The task force determined the best way to disseminate this information would be to create a low-cost publication that could be widely distributed. We needed to create a compilation of available information that could be updated easily without creating a printed publication that would become quickly outdated. Additionally, printed texts typically have limited diagrams and color photographs due to cost restraints and physical size requirements. Using an electronic media approach allows updates and changes to be performed easily, as well as include an abundance of color illustrations and embedded presentations and videos.

5.4 Treatment and Management

Temporomandibular Disorders & Management

MOVIE 5.1 OCCLUSAL SPLINT IN THE PRACTICE OF EVERYDAY DENTISTRY



The presenter describes three types of occlusal devices; courtesy of Dr. Wit Wilkerson, Dawson Academy and Great Lakes Orthodontics.

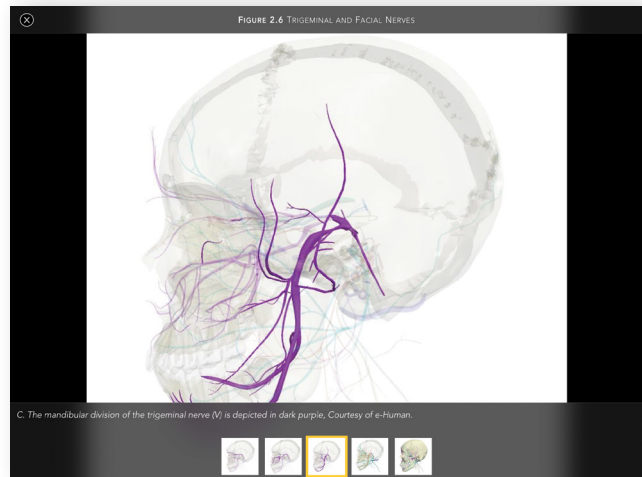
PSYCHOSOCIAL ISSUES

Patients with persistent TMD problems may suffer psychologically and socially because of pain and dysfunction. Treatment that does not resolve the patient's dysfunction and chronic recurrent pain episodes contributes to life stresses with a pattern of frustration, hopelessness, and even depression.

The predoctoral dental education curriculum allows minimal room for the study of patient psychology. In general, a dentist may not make psychological diagnoses. However, a dentist may make a general assessment of the patient's clinical demeanor, mental status, and level of cognitive functioning. These observations are informally made in the process of recording the patient's history, discussing examination findings, during consultations with the patient, and perhaps by observing their reaction to the diagnostic findings when presented.

When indicated, referral to a mental health professional may help patients become aware of their thought process, how to manage stress, or how to resolve other psychologically based issues. This approach allows the mental health professional to manage the psychological issues, while the dental clinician focuses on the dental case. This team or shared approach of co-management may be key to the successful completion of care. Chapter 6 includes additional psychosocial information for the clinician.

Fundamentals of Occlusion 268



Q: Why was it important for the e-book to be interactive?

A: We wanted to avoid the static “Death by PowerPoint” sequel. The incorporation of dynamic videos allows a better appreciation and comprehension of educational information. The reader can interact with the text by simply clicking on a video or an illustration, as well as testing their understanding of what they had read at the end of each chapter or perhaps adding highlights and their own notes. There are other electronic textbooks; however, most are limited in their ability to be interactive with the reader.

Q: Where did you find the illustrations and videos?

A: All of the contributors provided illustrations, photographs, and videos. Some of the images and videos are from around the world. PubMed and the Internet searches of journals proved to be valuable resources. Information and knowledge was given freely with the idea of sharing the best didactic and clinical evidence on occlusion. It is simply amazing what can be accomplished when everyone works hard... without concern for who would “get the credit”. It has been

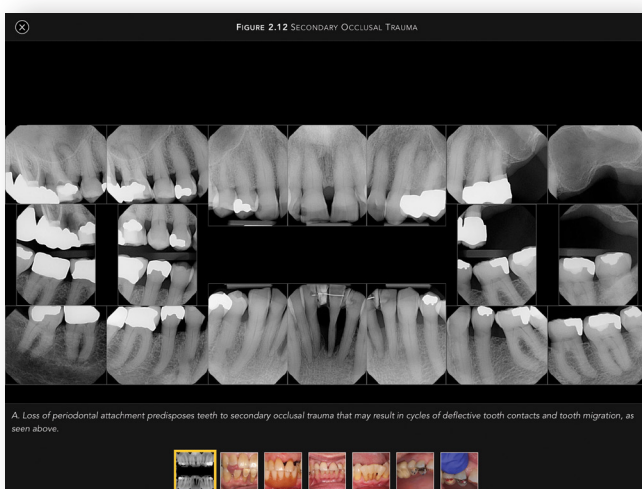
said, “it takes a village...” and this project was certainly a collective group effort by educators, clinicians, reviewers, and prosthodontic organizations, as well as the WhipMix Corporation who provided funding and the ACP Central Office who put forth a collective effort all for one common goal.

Q: It's interesting that the Glossary is the 1st Chapter of the text.

A: Occlusion nomenclature can be confusing at times. Definitions of occlusion were deemed to be an important part of the text. We decided that a typical glossary is often too much like a dictionary and is obscured by being in the back of any book. We reorganized the typical alphabetical listing and re-grouped the occlusal terms topically and annotated them with illustrations, pictorials, and videos.

Q: What was the “driving force” to complete this e-book?

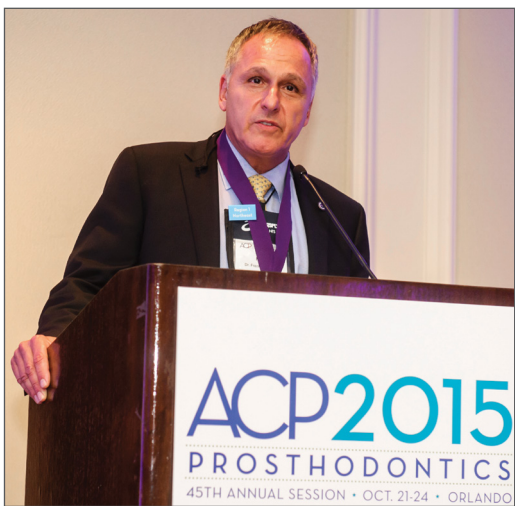
A: It remained a Herculean effort to bring all the moving parts together (between the literature searches and educational surveys) to achieve a homogeneous outcome that everyone could support. There are times we thought we would never finish the project, but we kept going, knowing the greater good that would be obtained by improving the education of pre- and postdoctoral dental students. I think everyone on the task force felt the need to share knowledge and give back something special in occlusion education, which is so important in prosthodontics. I believe this project represents one of our College's best efforts, and we met our goal. ■



Fundamentals of Occlusion is available for iPads, iPhone, and Macs in the Apple iBooks store and in the Amazon store for Kindle tablets and computers using the Kindle app.

Controversies & Innovations in Orlando

Prosthodontics is defined by continual growth and development, and the Annual Session in Orlando was built with that in mind. ACP President Dr. Frank J. Tuminelli and Program Chair Dr. Jonathan Zamzok assembled a group of speakers who challenged the status quo and improved attendees' understanding of how best to approach clinical treatment.



THANK YOU TO ALL
OUR SPONSORS

PLATINUM



GOLD





John J. Sharry Research Competition

Combined with a scientific presentation from Proctor & Gamble, a major supporter of the ACP research mission, Sharry presentations included cutting edge research that covered a wide range of topics including new and innovative implant surfaces, CAD/CAM dentistry, microbiology, and denture stability. In this year's competition, the semifinalists field was expanded to 5 presentations. This was a major departure from previous years where only 3 semifinalists were selected.

"The high quality of presentations reflected years of investment by the ACP in advancing and supporting resident research, and a deep commitment of mentors to support these efforts," said Dr. Radi Masri, Chair, ACP Research Committee.

Despite the expansion in the number of semifinalists, the presentations were highly competitive, which made judging extremely difficult. The judges agreed that a thin line separated between the winners.



Pictured from left to right: Dr. Lyndon Cooper, ACP Education Foundation Chair, Dr. Ketu P. Lincoln, Dr. Amy S. Au, Dr. Ryan Sheridan, and Dr. Radi Masri, ACP Research Committee Chair.

1ST PLACE: Dr. Ryan R. Sheridan

University of Texas Health Science Center at San Antonio
Effect of Split-file Digital Workflow on Crown Margin Adaptation

2ND PLACE: Dr. Amy S. Au

University of Illinois at Chicago
Novel Silver-Embedded Titania Nanotubular Implant Surface Fabrication, Characterization, Antimicrobial Effect, and Biocompatibility

3RD PLACE: Dr. Ketu P. Lincoln

United States Air Force, Air Force Postgraduate Dental School
Comparative Accuracy of Facial Models Fabricated Using Traditional and 3D Imaging Techniques

SILVER



BRONZE



Awards of Distinction



Distinguished Lecturer Award
To Dr. Dennis P. Tarnow, pictured here with Dr. Frank J. Tuminelli (center) and Dr. Jonathan Zamzok (right).



Distinguished Service Award
To Dr. Stephen F. Rosenstiel, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Nancy S. Arbree (right).



Educator of the Year Award
To Dr. Heather Joan Conrad, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Hiroshi Hirayama (right).



Clinician/Researcher Award
To Dr. Cortino Sukotjo, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Kenneth S. Kurtz (right).



Dental Technician Leadership Award
To Mr. Steven Pigliacelli, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Leonard Marotta (right).



Dan Gordon Award
To Dr. Nancy S. Arbree, pictured here with Dr. Frank J. Tuminelli (left).



President's Award
To Dr. Stephen Sachs, pictured here with Dr. Frank J. Tuminelli (right).



Major General (Retired) Bill B. Lefler Federal Services Award
To Dr. Servando Ramos

Special Recognition



Leadership Award
To Ms. Nancy Deal Chandler, pictured here with Dr. Frank J. Tuminelli (right).



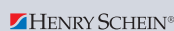
Presidential Citation
To Dr. Stephen D. Campbell, pictured here with Dr. Frank J. Tuminelli (left).



The American College of Prosthodontists would like to recognize the generosity of Nobel Biocare as the primary sponsor of the 2015 Annual Awards and President's Dinner.



Award recipients participated in the event through the generosity of Ivoclar Vivadent.



Special thanks to Henry Schein for their support of the Distinguished Lecturer, Distinguished Service, Clinician/Researcher, and President's Awards.

Honorary Member Recognition



Pictured, from the top:
Dr. W. Carter Brown,
pictured here with Dr. Frank
J. Tuminelli (left) and Dr. John
R. Agar (right).



Dr. Burton Langer,
pictured here with Dr. Frank
J. Tuminelli (left) and Dr.
Jonathan L. Ferencz (right).

Dr. Arnold S. Weisgold,
pictured here with Dr. Frank
J. Tuminelli (left) and Dr. John
R. Agar (right).

“These visionary leaders will help to further enrich the College and their wisdom and guidance through active participation has played a very important role in helping us shape the future of the ACP and the prosthodontic specialty,” said Dr. Tuminelli.



ACPEF Founders Society Award

Dr. David A. Felton and Dr. Thomas D. Taylor were recognized as co-recipients of the ACPEF Founders Society Award, which honors individuals who have made a significant impact on the growth and development of the Foundation and demonstrated an extraordinary level of commitment to the advancement of the specialty.



“Dr. Felton is a person who defines visionary thinking. His leadership on the institutional level, his pivotal role in modeling the *Journal of Prosthodontics*, and his support of the ACPEF are examples of professionalism we all aspire to,” said Dr. Frank J. Tuminelli, ACP President. “Along with my personal gratitude, I know that so many engaged in the discipline of prosthodontics share the utmost admiration for his work as a leader, educator, and clinician,” added Dr. Lyndon F. Cooper, ACPEF Chair.



“Dr. Taylor’s leadership is the breath and the heartbeat of our organization. He has given us a remarkable foundation for growth and prosperity,” said Dr. Cooper. “The quintessential gentleman, an advocate for all, a leader, a guiding light—Tom gives back to patients, peers, students, and our specialty. His passion makes him a trailblazer for our specialty in the 21st century,” added Dr. Tuminelli.

Private Practice Award



Region 1 – Northeast
To Dr. Steven J. Rothenberg, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Stephen I. Hudis (right).



Region 2 – Eastern
To Dr. Robert M. Bentz, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Joseph B. Breitman (right).



Region 3 – Central
To Dr. Kevin C. Kopp, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Lars Bouma (right).



Region 4 – Rockies/Plains
To Dr. Gordon J. Christensen

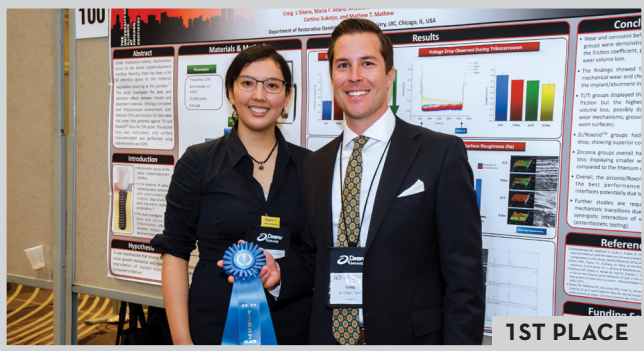


Region 5 – Pacific
To Dr. R. Bruce Coye, pictured here with Dr. Frank J. Tuminelli (left) and Dr. Roy T. Yanase (right).

Resident & Dental Student Poster Session Competition

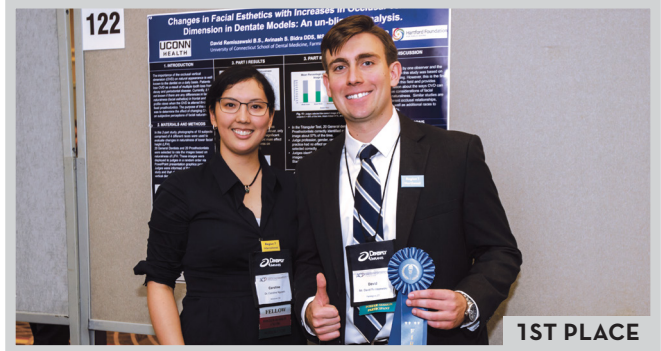
A record total of over 120 poster presentations highlighted the scholarly activity of residents and dental students. The posters varied between presentations of research results, clinical outcomes, laboratory techniques, and more. The 2015 Competition was made possible through the support of the ACP Education Foundation. Entrants are pictured with Dr. Caroline T. Nguyen, Poster Session Chair. Congratulations to the following resident and dental student winners!

Resident Competition



Dr. Craig L. Sikora
University of Illinois at Chicago
Wear and Corrosion at the Titanium-Zirconia Implant Abutment Interface

Dental Student Competition



Mr. David P. Remiszewski
University of Connecticut Health Center
Changes in Facial Esthetics with Increases in Occlusal Vertical Dimension in Dentate Models: An Un-Blinded Analysis



Dr. Nesrine Z. Mostafa
University of British Columbia
Marginal Fit of Conventional and Digital Lithium Disilicate Crowns: An In Vitro Cross-Sectional Analysis



Ms. Jeri K. McCombs
University of Illinois at Chicago
Utilizing Digital Workflow to Restore Single Tooth Implants in a Predoctoral Setting



Dr. Hsin Yu Kuo
Columbia University
Assessment of the Changes in Retention and Surface Topography of Unsplinted, Solitary Abutments and Attachments in Maxillary Four Implant Retained Complete Removable Overdentures



Mr. Uvoh E. Onoribe
University of Illinois at Chicago
Assessing the Impact of Limiting Adult Dental Medicaid Benefits on Prosthodontic Procedures Competed at the UIC COD Predoctoral Clinic



New Diplomates of the American Board of Prosthodontics

Congratulations to the Class of 2015!

Dr. Hadi Al-Meraikhi
 Dr. Abdullah S. Alshahrani
 Dr. Michael R. Andersen
 Dr. Mohammed Bahanshal
 Dr. Hanife C. Bayraktaroglu
 Dr. David L. Bell, Jr.
 Dr. Despoina Bompolaki
 Dr. John A. Chamberlain, III
 Dr. Matthew R. Checketts
 Dr. Michael A. Christian
 Dr. Kimberly A. Farrell
 Dr. Derek B. Gatta
 Dr. Lisa M. Kane

Dr. Beheshteh Khodakhast
 Dr. Aram Kim
 Dr. Damian J. Lee
 Dr. Graham K. Meng
 Dr. Joseph C. Meng
 Dr. Gary A. Nord
 Dr. Anthony M. Pallotto
 Dr. Cynthia S. Petrie
 Dr. Hanadi A. Rebeeah
 Dr. Jeffrey M. Rodney
 Dr. Parisa Shahi
 Dr. Ryan R. Sheridan
 Dr. Jenny P. Stevens

Dr. Devin L. Stewart
 Dr. Kelly N. Stone Miller
 Dr. Oscar R. Suarez-Sanchez
 Dr. Cortino Sukotjo
 Dr. Foteini Touloumi
 Dr. Wen Chou Wu
 Dr. Jenin H. Yahya
 Dr. Bin Yang
 Dr. Tae-Ho Yoon
 Dr. Judy Chia-Chun Yuan
 Dr. William Zapata
 Dr. Fengyuan Zheng

ACP Recruits Predoctoral Students



Dr. Craig L. Sikora, a third year resident at the University of Illinois at Chicago, represented the ACP at the 2015 National Leadership Conference of the American Student Dental Association.

This conference, which brought more than 500 dental students to Chicago, is a source of personal and professional development: career planning, business and financial leadership, advocacy, professional issues, chapter leadership, and management. Students learned about residency programs, careers in prosthodontics, and the benefits of ACP student membership. A dozen students signed up for predoctoral alliance membership with the College.

Upcoming Events

The Power of Digital Design
 Digital Dentistry Symposium
 Chicago
 Feb. 22-23, 2016
Prosthodontics.org

National Prosthodontics
 Awareness Week
 April 3-9, 2016
Prosthodontics.org/NPAW

46th Annual Session
 San Diego
 Oct. 5-8, 2016
acp46.com



ACP 2016 Officers and Board Members



Dr. Carl F. Driscoll was installed as President of the American College of Prosthodontists. He 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 with the rank of Colonel. He has served as President of the American Academy of Fixed Prosthodontics and the American Board of Prosthodontics.



Dr. Susan E. Brackett was installed as President-Elect of the American College of Prosthodontists. In 1998, following a long and successful career in academics, she joined an established prosthodontic private practice in Oklahoma City. In 2013, the ACP Education Foundation recognized Dr. Brackett's service to the organization with the Founders Society Award. She is a Diplomate of the American Board of Prosthodontics and a Fellow of the American College of Prosthodontists.



Dr. Robert M. Taft was installed as Vice President of the American College of Prosthodontists. He is a Captain in the U.S. Navy Dental Corps and serves as Department Chair, Prosthodontics at the Naval Postgraduate Dental School in Bethesda, MD. He is a Diplomate, Board Examiner, and President of the American Board of Prosthodontics, Fellow of the American College of Prosthodontists, Past President of the American Academy of Maxillofacial Prosthetics, and CODA site visitor.



Dr. Mark Hutten has been appointed as Treasurer of the College. He will complete the term of Dr. Julie Holloway, who resigned in December. Dr. Hutten joined the Board in 2013. He is the Director of both the General Practice Residency Program and Dental Oncologic Services at Northwestern Memorial Hospital in Chicago, as well as an Associate Clinical Professor in the Department of Otolaryngology, Northwestern University Feinberg School of Medicine. He also maintains a maxillofacial prosthetic private practice.

ACP Education Foundation Board of Directors Appointments



Dr. Robert Gottlander was appointed to serve on the ACPEF Board of Directors. Dr. Gottlander, an honorary member of the ACP, joined Henry Schein Inc. in 2011 as Vice President, Global Prosthetic Solutions. He is leading the Henry Schein global initiative with responsibility for strategic planning for prosthetic and implant solutions guiding global product offerings and creating commercial sales and marketing strategies.

Dr. Lyndon F. Cooper has been reappointed as Chair and **Dr. Lily T. Garcia** has been reappointed as Vice Chair for 2016.



Dr. Steven M. Morgano was installed as Region 1 Membership Director. He serves as professor and chairman of the Department of Restorative Dentistry at Rutgers School of Dental Medicine. He is the current president of the American Academy of Fixed Prosthodontics and a Diplomate of the American Board of Prosthodontics.



Dr. John D. Ball was installed as Region 3 Membership Director. He serves as a Clinical Assistant Professor in the Department of Restorative Clinical Sciences at the UMKC School of Dentistry, Removable Prosthodontics Section Head, and course director for both the Advanced Prosthodontics lecture and laboratory. After serving 37 years, Dr. Ball retired from the Department of Veteran Affairs in 2013. He maintains a part time clinical practice at the Kansas City, Missouri Department of Veteran Affairs Dental Service.



Dr. William O. Wilson, Jr. was installed as Region 6 Membership Director. He is a Commander in the U.S. Navy Dental Corps and serves as the Department Chair and Program Director for the Maxillofacial Prosthetics Fellowship at the Naval Postgraduate Dental School in Bethesda, MD and as a consultant to the Navy Surgeon General as the Navy Specialty Leader for Maxillofacial Prosthetics and Dental Implants. He is a Diplomate of the American Board of Prosthodontics and a Fellow of the American College of Prosthodontists.

Dr. Frank J. Tuminelli will remain an active member of the ACP Board of Directors by serving as Immediate Past President for the next year. **Dr. Michelle Howard Rynn** has been elected as the Dental Educator Representative and **Dr. Kenneth S. Kurtz** as the Maxillofacial Prosthodontist Representative on the ACP Council for the American Board of Prosthodontics.

IN MEMORIAM

The College and Board of Directors remember the following colleagues:



Dr. Robert W. Allen

Dr. George P. Argerakis

Dr. Lucius W. Battle, Jr.

Dr. James W. Buckman

Dr. Patrick H. Garvin

Dr. Robert E. Gillis, Jr.

Dr. Davis Henderson*

Dr. Ross H. Hill*

Dr. Albert J. Kazis*

Dr. John J. Lucca*

Dr. William E. Mowery*

Dr. John E. Rhoads*

Dr. Arthur R. Roraff*

Dr. James M. Shields

Dr. Herbert T. Shillingburg, Jr.

Dr. Christopher E. Thomlinson*

Dr. Thomas J. Treloar*

Dr. Robert G. Tupac

Dr. Kamal N. Zakhari



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

** denotes Charter Member*

Welcome New Members

September 2015 – December 2015

New Academic Alliance Affiliate

Dr. Francis F. Tung

New Advanced Program and Graduate Student Alliance Affiliates

Dr. Tarik Alakkad
Dr. Abdulaziz Gurmallah
M. Alghamdi
Dr. Mohammed A. Alsouloum
Dr. Justin A. Schneider
Dr. Benny Tong

New Dental Technician Alliance Affiliate

Mr. Bill J. Bell

Reinstated Dental Technician Alliance Affiliate

Mr. Dany Sakr

New Fellow

Dr. Fengyuan Zheng

Reinstated Fellows

Dr. Lisa M. Kane
Dr. Yung Kyun Kim
Dr. John K. Walton

New International Fellow

Dr. Mohammed Bahanshal

Reinstated Global Alliance Affiliate

Dr. Rafael Murgueitio

New Members

Dr. Rosario P. Palacios
Dr. Troy H. Winegar

Reinstated Members

Dr. Khaldoun F. Ajlouni
Dr. Pedro J. Andujar-Felix
Dr. Eric M. Goldberg
Dr. Christine A. Golis
Dr. Rita K. Han
Dr. Nathan U. Hornsby
Dr. Sung H. Kim
Dr. Ronald R. Larsen
Dr. Maria A. Magurno
Dr. Lawrence H. Marks
Dr. Gustavo Perdomo
Dr. Jaime M. Poulos
Dr. Benjamin L. Ricks

Dr. Alberto Saba
Dr. Lida C. Swann
Dr. Karen W. Tillman-McCombs
Dr. Francisco X. Veray
Dr. Alexander M. Won

Reinstated International Members

Dr. Rafael Del Castillo
Dr. Fokion Iatridis
Dr. Fernando Rojas-Vizcaya
Dr. Esmel A. Sultan
Dr. Ian D. Thornton

New Predoctoral Alliance Affiliates

Mr. Mohammad Moein Z. Azimi
Ms. Clara I. Bajzek
Ms. Olivia Bassily
Ms. Shazia A. Belgam Syed

Ms. Anmol Brar
Ms. Marie Brikha
Mr. Michael J. Boyle
Ms. Hanna Butenko
Ms. Jennifer P. Nguyen
Ms. Vivian Castellanos
Ms. Paula C. Cohen
Mr. Joseph Deek
Mr. Juan Diaz De Leon
Mr. Fadi A. Elayyan
Mr. Lawal Garuba
Mr. Shiloh J. Golden
Mr. Michael R. Hsu
Mr. Paul M. Kim
Ms. Ritu B. Kulkarni
Mr. Shawn Seok-hun Jung
Mr. Samuel D. Kang
Ms. Nasim Khoshfetrat
Ms. Angelica M. Lagunas
Ms. Nasim Lasemi
Ms. Kalie McCulloch
Mr. Keyur Modi
Mr. Anas Muaamar
Mr. Brandon M. Onley
Ms. Isha B. Parikh
Ms. Aditi Chinmay Patel
Ms. Chaitali V. Patel
Ms. Khyati K. Patel
Mr. Nikhil D. Patel
Ms. Camila Peralta-Sugano
Ms. Belinda H. Phan
Mr. Joseph J. Powers

Mr. Sebastian Adam Przybylo
Mr. Tyler J. Ramir
Ms. Gabija Revis
Mr. Hany Reyad
Ms. Ksenia Royal-Priest
Ms. Leigh D. Ryan
Mr. Raion G. Sabo
Mr. Ramez M. Saweres
Mr. Brian G. Smith
Mr. Aziz R. Susarrey
Mr. Luke W. Tompkins
Mr. John T. Tran
Ms. Stephanie P. Tran
Ms. Jessica M. Vergel De Dios
Mr. Michael W. Wanserski
Mr. George S. Youssef
Mr. Adam Zaher
Mr. Kevin M. Zielinski

New Resident/Graduate Student Members

Dr. Saraa D. Abdulateef
Dr. Dalal Albabtain
Dr. Hayam A. AlFallaj
Dr. Turki S. Alkhallagi
Dr. Shan Alvi
Dr. Sahr H. Al-Tuwajiri
Dr. Nilgun Ari
Dr. Abdulrahman H. Abzahrani
Dr. Asmaa F. Bukhari
Dr. Atilio Canessa
Dr. Maria Chatzinikola
Dr. Amy Hiam Elias
Dr. Abdelrahim D. Eljack
Dr. Keaton B. Forrester
Dr. Noorein Hajira
Dr. Wei-Hung He
Dr. Jihey Jeong
Dr. Andres Kaver
Dr. Robert M. Lesniak
Dr. Zhemim Lim
Dr. Sohyun Park
Dr. Shaya Sadeghi
Dr. William E. Slack
Dr. Daniel Son
Dr. Chia-Chen Tsai
Dr. Theodore Vincent Tso
Dr. Hazem M. Yousef

Jobs

California (Palm Desert) -

Board Certified Prosthodontist is seeking a motivated associate to join state of the art modern office. Well-established fee for service practice. Excellent opportunity for enthusiastic outgoing Prosthodontist who also enjoys outdoors lifestyle, resort like community of tennis, golf, hiking, biking, and swimming. Associate leading to equity partnership. Email cwcdent@aol.com.

California (Santa Clarita Valley) -

Exceptional opportunity for a young energetic Prosthodontist in an established practice in the Santa Clarita Valley. An associateship leading to partnership and eventual buy out. Fee for service and indemnity insurance. Lab and technician on premises. 4 days of hygiene per week. Please respond to rex6869@gmail.com.

Illinois (Palatine) -

Rare opportunity for a young, energetic, caring, detailed prosthodontist with excellent verbal and interpersonal skills leading to partnership/purchase. Mainly fee for service, 3 operatories with much room for expansion. Please call 847-991-5055.

Iowa (University of Iowa) -

The University of Iowa's College of Dentistry is searching for full-time tenure-track faculty in Department of Prosthodontics. Position available December 1, 2015; screening begins immediately. Must have: DDS/DMD or equivalent; by time of appointment, Master's Degree or Certificate in Prosthodontics from ADA-accredited dental school; documented experience teaching prosthodontics courses; research training/experience; and demonstrated scholarly/professional growth commensurate w/ time following completion of advanced education. Desirable: clinical experience via private/military/institutional practice; and board certification. Academic rank/salary commensurate with qualifications/experience.

Learn more and/or apply at Jobs@UIowa <http://jobs.uiowa.edu/content/faculty/>, reference Req #67491. 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.

Iowa (University of Iowa) -

The University of Iowa's College of Dentistry is searching for a full-time clinical or tenure-track faculty member in Department of Family Dentistry. Position available January 1, 2016; screening begins immediately. Must have: DDS/DMD or foreign equivalent (applicants w/foreign equivalent must have at least five years pre-doctoral dental student clinical teaching experience in ADA-accredited dental school); by time of appointment, Master's Degree or Certificate in Prosthodontics from ADA-accredited dental school; experience teaching prosthodontic courses; teaching experience in pre-doctoral comprehensive care clinical program; and clinical care experience via private/military/institutional practice. Desirable: other relevant teaching experience. Academic rank/track/salary commensurate w/qualifications and experience.

Learn more and/or apply at Jobs@UIowa <http://jobs.uiowa.edu/content/faculty/>, reference Req #67981. 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.

Kentucky (University of Louisville) -

The Department of Oral Health and Rehabilitation, Division of Prosthodontics, is seeking qualified applicants for full-time positions. Academic rank and salary will be commensurate with qualifications and experience. Applicants must possess a DDS or DMD degree or equivalent, and be eligible for licensure in the Commonwealth of Kentucky. Candidates must have completed a formal training program in Prosthodontics from a CODA-accredited

institution. Certification by the American Board of Prosthodontics is preferred.

Successful applicants will become part of the department's dynamic and contemporary predoctoral and postdoctoral teaching team. Both clinical and tenure-accruing opportunities will be considered for appropriately qualified applicants. All successful candidates will be expected to participate in the School's intra-mural practice.

Successful applicants will be joining a department committed to a high-quality educational program with a progressive undergraduate and postgraduate curriculum. ULSD offers an excellent benefit package.

Applicants should apply on-line at www.louisville.edu to Job # 319888 and submit a letter of interest (indicating date of availability, and the names of three professional references) plus curriculum vitae to:

Carrie Blissett Bartsch, University of Louisville School of Dentistry, Department of Oral Health & Rehabilitation, 501 S. Preston Street, Room 312, Louisville, KY 40202, email: ohr@louisville.edu.

The University of Louisville is an Affirmative Action, Equal Opportunity, Americans with Disabilities Employer, committed to community engagement and diversity, and in that spirit, seeks applications from a broad variety of candidates.

Michigan (Oakland County) -

Practice opportunity leading to full partnership in a well-established multi-practitioner prosthodontic practice located in Oakland County, Michigan. Fee for service practice: fixed, removable, implant prosthodontics and maxillofacial prosthetics. Full staff including two technicians and 7 operatories. American Board of Prosthodontics certification preferred. Confidential email inquiries to: PicMichigan@comcast.net.



New York (Albany) -

Prosthodontist-New York: Established in 1978, 1st Advantage Dental is a multispecialty group practice with 11

locations and 70k active patients. Currently, we are interested in speaking with Prosthodontists who would like to join our team full time in the Albany area. Send CV to Kate Anderson kateanderson@amdpi.com.



Vermont (Brattleboro) -

1st Advantage Dental is an established multi-specialty group practice with locations in New York, Massachusetts, and Vermont. Whether it's the Capital District of New York or the beautiful Pioneer Valley of Vermont, we are committed to providing the best possible oral health care to our patients. We are interested in speaking with candidates interested in joining our Brattleboro, VT practice. Send CV & Cover Letter to kateanderson@amdpi.com.

Practices for Sale

Arizona (Mesa) -

Referral-based FFS practice, paperless, 3 ops plus consult room, office shared with highly skilled Periodontist, digital pano, projected 2015 collections \$600K, office located in the middle of HUGE winter visitor population. Contact Joe Applewhite at 972-663-9377 or joe@applewhitefp.com.

California (Napa) -

Prosthodontic practice established in 1985 occupies 1712 sq ft with 4 fully equipped operatories and on-site full service removable prosthetics lab. Collections just under 1 million on a 3 day work week with 2 days of hygiene per week. Contact Tim Giroux at 530-218-8968 or wps@succeed.net.

California (North Central Los Angeles) -

Restorative fee-for-service practice, contemporary suite in upscale location, four (4) treatment rooms, digital x-ray/pan, projected 2015 revenues \$770K, 44% profit in 2014. Asking \$575K. Contact Brooke at brooke@wppps.com or 714-259-0501.

California (San Francisco) -

San Francisco Prosthodontic Office for Sale – Annual collections for this six hygiene days per week practice exceed \$1.2M per year with an owner's net exceeding \$450K.

Interested parties should submit a cover letter and CV to molinelli@aol.com or call 650-347-5346.

California (San Joaquin Valley) -

Seller retiring from this wonderful practice. ~2500+ sf suite w/ 6 fully equipped operatories in a well-maintained, mixed Medical/Dental Complex near major thoroughfare. Doctor averages 7 patients with 6 hygiene patients/day and generates approximately 4 new patients/month. Listing #IC-468. Please contact Ed Cahill at (510) 844-0330 or wps@succeed.net.

Florida (Jacksonville) -

Well-established and respected prosthodontic practice seeking experienced prosthodontist to buy part or all of 20+ year old Implant focused practice in beautiful north Florida. Well-known in the community with long-term successful referral network. State of the art equipment with CT Scanner and in-house lab with over \$1.5M in collections. Owner/doctor will work as needed for smooth transition. For details on this great opportunity, please email northflapros@aol.com.

Nevada (Las Vegas) -

For immediate sale: 2800 sq. ft., 4 equipped ops. I-CAT classic, \$480K gross, priced at \$440K. Have \$300K prepaid, will reduce net price to \$140K with 20% down. Will carry at 8%. Place and restore implants and dentures. Potential for lot of C&B. Contact 702-274-6700 or brooksby1@aol.com.

Pennsylvania (Eastern Pennsylvania) -

Prosthodontic Practice for Sale. We are pleased to represent an outstanding prosthodontic practice in Eastern Pennsylvania. This would be an ideal opportunity for a seasoned associate ready to lead their own successful business. In purchasing an established practice, the profit is immediately available for your benefit. This avoids the slow start often associated with opening a new practice. 2014 income was approximately \$900,000. Current owner is willing to remain post-sale, if desired. The practice occupies approximately 3,300 square feet and has 4 fully equipped operatories. All technology and equipment are up-to-date, recent purchases. The practice has a

hygiene component, which accounts for approximately 18.0% of annual collections. The practice does not participate in any PPO or HMO programs. There is significant after-tax cash flow for a purchaser.

If you, or any prosthodontist you know, would be interested in this practice, please contact us at (877) 306-9780, or email transitions@mcgillhillgroup.com. We look forward to hearing from you soon!

Pennsylvania (Pittsburgh) -

Prosthodontic Practice located in Pittsburgh, PA. Collections for 2014 were \$725,000. Located in a busy traffic area and professional building; Posed for growth - owner has been choosing to work approx. 30 hours week; Full, experienced staff including lab technicians; 100% bank financing available. If you would like any additional information about this practice, please contact bob@udba.biz.

Utah (Salt Lake City) -

Salt Lake City Prosthodontic practice and office space for sale. Maxillofacial training helpful. 30 year established practice with good referral sources. 3 ops with room for expansion. 1755 sq. ft. Doctor can stay for transition and to introduce referral sources. Good opportunity and very reasonably priced. Contact at: 801-261-5250 or 801-450-8057. Send CV or resume to Linda Montgomery, 2256 Cottonwood Ln. Salt Lake City, UT 84117 or leefamily@utahisp.com. Would like to retire by summer 2016.

Washington (Puget Sound Basin) -

Come live, play and work in the beautiful Pacific Northwest. Immaculate, well established and respected full range prosthodontic practice to include implant surgery. The office features four fully equipped operatories featuring full computerization and digital radiography. Two operatories are also equipped with surgical microscopes. The practice features an in-house state of the art fixed/removable dental laboratory and a new cone beam CT/digital panoramic scanner. Second floor suite in a modern medical office building with expansive windows throughout. The practice has a strong referral base from throughout Southwest Washington and has easy access from Interstate 5. Practice collections over \$1.3 million with fee for

service only. Long term dedicated staff. The owner will stay on part-time as needed to facilitate the transition. For more details and information please contact: Jennifer Paine at (425) 216-1612 or email Jennifer@cpa4dds.com.

Washington (Seattle) -

Opportunity to live and practice in the beautiful pacific northwest. Well established and mature prosthodontic specialty practice with exceptional reputation for sale in the Greater Seattle area. Procedures provided by the seller include crown and bridge, implants and complete and partial dentures. Fee for service practice with no contracted insurance. Outstanding, established referral base. Annual collections are consistently over \$2 million per year with very strong cash flow. Well managed practice with a high percentage net. Building is in a great location with plenty of parking and visibility. Seller could eventually sell the building to the buyer. Owner would stay on 1-2 days per week for up to a year or more to ensure a smooth transition and to introduce referrals sources. Contact: Buck Reasor, DMD Reasor Professional Dental Services 503-680-4366 info@reasorprofessional dental.com

Washington, D.C. Area -

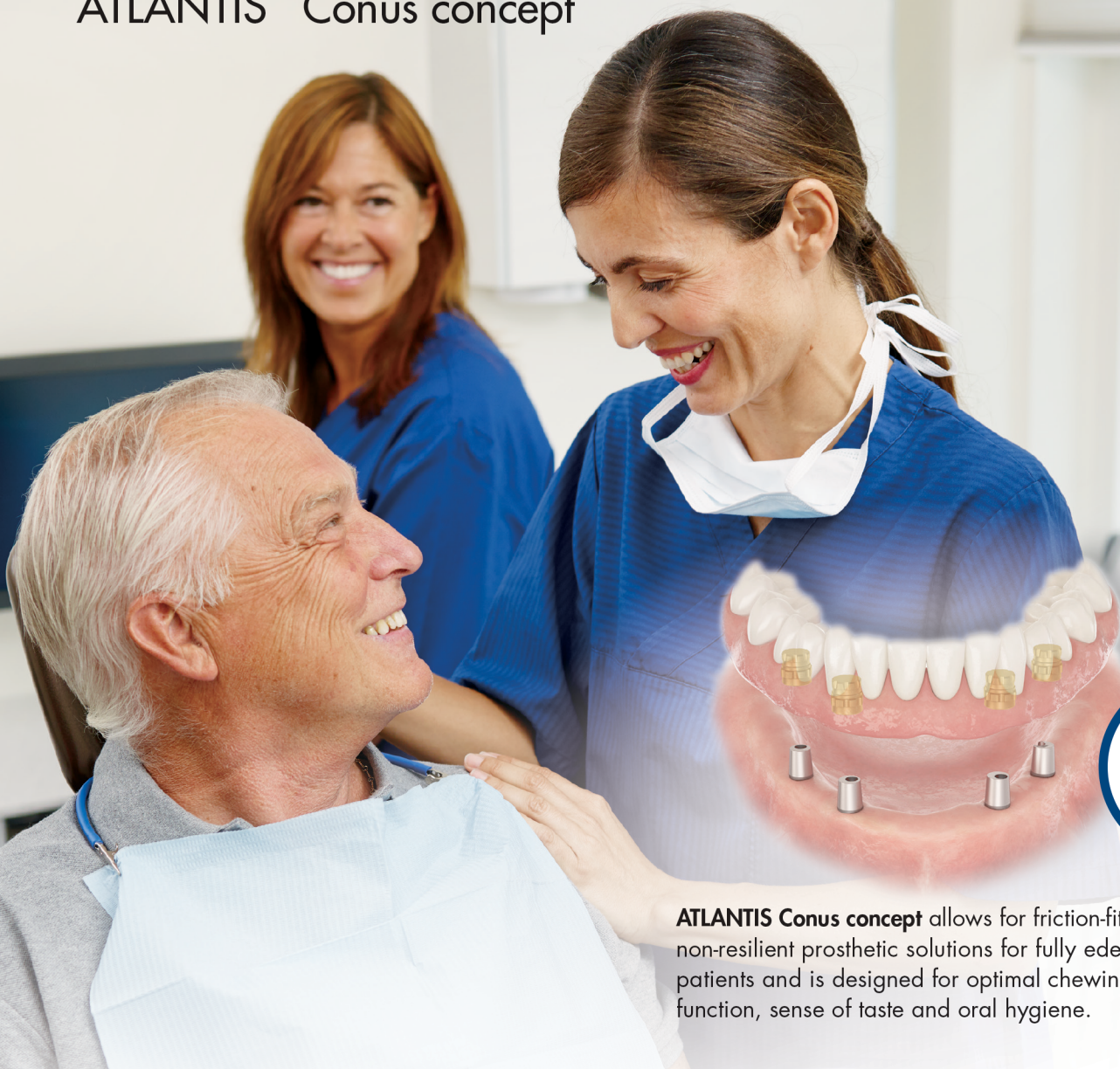
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