



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS
DEDICATED TO SERVING THE PUBLIC

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JUNE 1986

The President's Award

I am looking forward to presenting the first President's Award this fall at our Annual Session in Williamsburg. This is a new, special award created by the Executive Council to be given by the President to a member of the College who has made a significant contribution to furthering the goals of the College, or to a member whose faithfulness and contributions to the College might otherwise be unrecognized.

Individuals nominated for the award must be a Fellow or an Associate member of the American College of Prosthodontists in good standing. Any member of the College in good standing may make a nomination.

If you or your Section wishes to make a nomination, please forward the nominee's name and all supporting documents to me. You may use my home address or the Central Office address. The selection committee is made up of the current President of the College, the President-Elect, and the two immediate past-presidents.

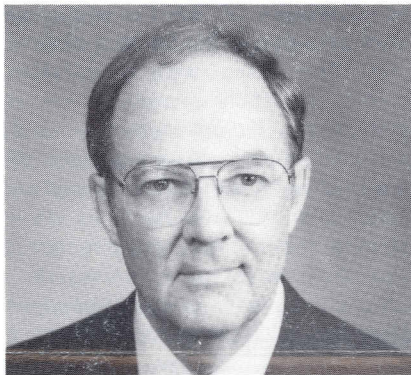
Because the **Newsletter** and the summer session of the Executive Council so closely coincide this year, it will not be possible to solicit for the award in the **Newsletter**, and make the selection during the Executive Council session. I am therefore establishing a deadline of **July 1, 1986** for receipt of nominations.

I ask you to please take full advantage of this opportunity to recognize those individuals who give so much to the College and ask nothing in return. How fortunate we are that we now have a prestigious award which gives public recognition to them.

Accounting Policies and Procedures

The area of College activity that I am probably most familiar with is the budgeting/financial one. My six years

PRESIDENT'S MESSAGE



in the office of Treasurer and another year as the Committee Chairman of the Budget Committee helped me better understand the finances of the College.

College growth and the creation of the Central Office have brought about a lot of changes in the way we do business as compared to the "old days" when the Secretary and the Treasurer did all of the College business from their homes. Pen and ink bookkeeping has been replaced by a modern computer. The budget has become a virtual necessity and a valuable tool for us. The auditors dig deeper and look more closely each time they are at work. Top that all with new and more complicated Internal Revenue Service regulations and the ever present possibility of liability suits in every phase of life. The once simple financial activity of the College has become complicated!

In the early years three guidelines kept our financial management carefully under control. First, we have written policies which cover some of the Treasurer's activities. Second, we followed the same prescribed patterns of business operation each year, year after year. And lastly, we have always covered all extraordinary expenditures or operations with authority granted by

the Executive Council and recorded in its official minutes. These were good controls, but I was not satisfied that they should serve us when we are the leading organization in prosthodontics and progressive as any in dentistry.

To help, I appointed an Ad Hoc Committee for Accounting Policies and Procedures. Wayne Simmons of San Antonio accepted the Chairmanship and John Young, Ron Blackman, Conrad McFee, and Earl Feldmann agreed to work as members. They were charged to develop written policies and procedures carefully spelling out:

- internal accounting controls
- inventory control
- banking procedures
- collection of dues and other income
- investment of funds
- disbursement of funds
- budgeting
- and, safekeeping of financial records

Several of their recommendations have already been instituted, and their total package will be presented during the summer Executive Council. With approval, their recommendations will guide our financial activities for years to come. Dr. Simmons and his entire committee deserve our deep gratitude. Well done Wayne, John, Ron, Bud, and Earl!

Review of the Specialty

The FPO Ad Hoc Committee for the Review of the Specialty has been busy at work putting together the final document, "Prosthodontics, A Specialty of Dentistry" which will be submitted to the American Dental Association for their review.

Our specialty is indeed fortunate that the members of this review committee are all distinguished Fellows of the American College of Prosthodontists.

They are: William Laney, Chairman, Milton Brown, Brien Lang, Howard Landesman, and Kenneth Turner. At the end of their task on July 1, 1986, they will have worked long and hard for us. We thank each one of them for carrying our special concerns and interests with them in their labors.

The College was asked to make recommendations on a draft of the Review Document. Dr. Robert Morrow (Chairman of the ACP Ad Hoc Committee to Review the Specialty), Dr. Dean Johnson (ACP-FPO Liaison), Dr. Cosmo DeSteno (President-Elect), Dr. William Kuebker (Vice-President), and myself submitted a lengthy proposal to constructively change certain areas in form and content, and to make corrections to specific statements and items which were in error. Our recommendations are available to any member who cares to see them.

The College has supported this endeavor in every possible way (when asked or given the chance). It's our specialty; we have made a sizable financial contribution toward its review; our people have worked hard on the tasks at hand; and we will stand up and take credit for our share of the successful outcome of the review when it comes. The specialty is the American College of Prosthodontists and the American College of Prosthodontists is the specialty. Let's not forget that!

—Noel D. Wilkie, D.D.S.
President

FROM THE SECRETARY

Your Executive Council met in San Antonio on January 31 and February 1, 1986 with an agenda that kept everyone busy from 8 AM to 5 PM each day. After reviewing the minutes of the Seattle meeting, reports were presented by the Officers, and either by or for the chairmen of the sixteen standing committees, nine ad hoc committees, and half a dozen appointed committees. As listed in the By-Laws, the standing committees include:

1. Constitution and By-Laws
2. Membership and Credentials
3. Education and Advancement
4. Public and Professional Relations
5. Memorial Committee
6. Ceremonies and Awards
7. Research
8. Color and Color Matching
9. Prosthetic Dental Care Programs
10. Private Practice of Prosthodontics
11. Site Selection

12. Budget
13. Sections
14. Prosthodontic Nomenclature
15. Central Office Local Advisory
16. Peer Review

In addition to recording the proceedings and then writing the formal minutes, the Secretary also compiled a chore list that was generated during the course of the meeting. After listening to ten 90 minute tapes of the spoken word, the minutes and the chore list were compiled and hopefully nothing "fell through the cracks". All of the Officers and Committee Chairmen were provided with the minutes and chore list that will serve as one source for future action along with the goals, objectives and charges for that particular office or committee.

As you would expect, many of the achievements of the College result from activities of the various committees. The committee's accomplishments are totally dependent on the enthusiasm, dedication, perseverance and performance of its members. We are all blessed with certain talents and capabilities—all we have to do is channel them in the right direction. If you are interested in serving on a Committee, please contact President-Elect Cosmo DeSteno informing him of your particular interest. He will be appointing members to fill Committee vacancies occurring this fall.

All Diplomates of the American College of Prosthodontists will have the opportunity to vote in mid-June to select a new Board Examiner. This year the nominee will be replacing Dr. Arthur Rahn who represented Maxillofacial Prosthodontics. Our nomination from the College is Dr. James W. Schweiger of the Memorial Sloan-Kettering Cancer Center.

After preparing and submitting a nomination package of documents to the Council, I can assure you that he more than fulfills the selection criteria for a Board Examiner. For more than thirty years he has actively pursued a distinguished professional career as a researcher, clinician and teacher in the field of prosthodontics. Jim also has the personal attributes of integrity, fairness, objectiveness, compassion and empathy that are so essential to being a Board Examiner. In summary, Dr. James W. Schweiger is a superb maxillofacial prosthodontist, who is energetic, knowledgeable, personally engaging and supportive of the organizations to which he belongs.

Assuming that he will be one of the

two or more candidates selected by the Council for the Affairs of the American Board of Prosthodontics, I solicit your support for Dr. Schweiger. By example, he is dedicated to prosthodontics and he deserves the support of the College as our nominee for Examiner of the American Board of Prosthodontics.

See you in Williamsburg!

MAKE YOUR VOICE HEARD

President Noel Wilkie recently announced committee appointments for the coming year. College business is accomplished by the work of active committees. The College has always been fortunate to have a vast pool of talented, motivated, informed and dedicated men and women to voluntary chair and serve on these many committees. There are currently 33 committees with nearly 200 members actively serving.

If you would like to serve on a College committee next year, write to President-Elect Cosmo V. DeSteno telling him of the capacity in which you would like to participate.

If you have an idea or an opinion you feel should be heard, convey it to a member of the Executive Council or to a committee member listed below. Addresses may be found in the College Roster. Do it now! No thought or opinion, however small, should go unanswered.

COMMITTEES FOR 1986

Constitution and Bylaws

Dr. Gordon E. King, Chm. 3 years

NEWSLETTER The American College of Prosthodontists

Editor

Kenneth L. Stewart, D.D.S.

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Linda Wallenborn

Contributor

Don G. Garver, D.D.S.



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Publication of
The American College
of Prosthodontists

Please direct all correspondence to:
The Editor
2907 Deer Ledge
San Antonio, TX 78230

Dr. Stephen M. Schmitt 1 year
Dr. Harley H. Thayer 1 year
Dr. Carl A. Haysen 2 years
Dr. Richard R. Seals, Jr. 2 years
Dr. James R. Holtan 3 years

Education and Advancement

Dr. Charles R. DuFort, Chm. 3 years
Dr. Donald R. Nelson 1 year
Dr. Richard D. Jordan 1 year
Dr. Robert A. Flinton 2 years
Dr. Kenneth A. Malament 3 years

Affiliate/Associate Seminar

Dr. J. Crystal Baxter, Chm.

Educators/Mentors Seminar

Dr. Richard J. Grisius, Chm.

Membership and Credentials

Dr. Ann Sue vonGonten, Chm. 3 years
Dr. Lucius W. Battle 1 year
Dr. Robert B. Linville 1 year
Dr. Phillip V. Reitz 2 years
Dr. Saul Weiner 2 years
Dr. Michael J. Maginnis 3 years

Research

Dr. Gerald M. Barrack, Chm. 2 years
Dr. Lawrence Gettleman 1 year
Dr. John B. Houston 1 year
Dr. John R. Ross 2 years
Dr. David F. Pascoe 3 years
Dr. Richard A. Hesby 3 years

Public and Professional Relations

Dr. Thomas J. Balshi, Chm. 1 year
Dr. Robert D. Grady 1 year
Dr. Philip H. Ruben 1 year
Dr. David J. Crozier 1 year
Dr. Dale H. Andrews 1 year
Dr. John F. Burton 2 years
Dr. Howard M. Landesman 2 years
Dr. Kenneth L. Stewart 2 years
Dr. Roy T. Yanase 3 years
Dr. Wayne Simmons 3 years

Memorial Committee

Dr. Edmund Cavazos, Jr. Chm. 2 yrs.
Dr. Robert J. Dent 1 year
Dr. Richard R. Brown 1 year
Dr. John R. Agar 3 years

Ceremonies and Awards

Dr. George E. Monasky, Chm. 3 years
Dr. Carlos M. Antolin 1 year
Dr. Barry D. McKnight 1 year
Dr. William Kate, Jr. 2 years
Dr. James I. Johnson 2 years
Dr. Arthur Nimmo 3 years

Color and Color Matching

Dr. E. Richard McPhee, Chm. 1 year
Dr. Gerald V. Butler 1 year
Dr. William W. Nagy 2 years
Dr. F. Michael Gardner 2 years
Dr. Don R. Morris 3 years
Dr. Richard J. Goodkind 3 years

Prosthetic Dental Care Programs

Dr. David W. Eggleston, Chm. 1 yr.
Dr. Paul P. Binon 1 year
Dr. Barry M. Goldman 2 years
Dr. Daniel Y. Sullivan 2 years
Dr. Lee M. Jameson 3 years
Dr. Philip W. Strauss 3 years

Nominating Committee

Dr. Robert C. Sproull, Chm.
Dr. Cosmo V. DeSteno
Dr. Samuel W. Askinas
Dr. Harley H. Thayer
Dr. Barry D. McKnight

Private Practice of

Prosthodontics Committee

Dr. Lawrence S. Churgin, Chm. 2 yrs.
Dr. Garrett D. Barrett 1 year
Dr. John B. Houston 1 year
Dr. Paul P. Binon 2 years
Dr. Thomas J. Martin 3 years
Dr. Carl W. Schullter 3 years

Site Selection

Dr. Ronald D. Woody, Chm. 2 years
Dr. Roy T. Yanase 1 year
Dr. Lester J. Bell 1 year
Dr. Robert H. Hinman 2 years
Dr. Gerald W. Eastwood 3 years
Dr. Dorsey J. Moore 3 years

Budget

Dr. Cosmo V. DeSteno
Dr. William A. Kuebker
Dr. John B. Holmes
Linda Wallenborn, Advisor

Sections Committee

Dr. Dana E. M. Kennan, Chm. 1 year
Dr. Dennis J. Weir 1 year
Dr. Thomas J. Martin 2 years
Dr. David J. Crozier 2 years
Dr. Earl E. Feldmann 3 years
Dr. Robert W. Allen 3 years

Prosthodontic Nomenclature Committee

Dr. Dean L. Johnson, Chm. 1 year
Dr. Joel C. Gelbman 1 year
Dr. Carl W. Schullter 2 years
Dr. Robert C. Sproull 2 years
Dr. Lawrence Gettleman 3 years
Dr. Stephen F. Bergen 3 years

Central Office Advisory Committee

Dr. Robert J. Everhart, Chm. 2 years
Dr. Charles R. DuFort 1 year
Dr. Lucius W. Battle 1 year
Dr. Wayne Simmons 2 years
Dr. Conrad E. McFee 3 years
Dr. John M. Young 3 years

Peer Review Committee

Dr. David W. Eggleston, Chm. 3 yrs.
Dr. William R. Laney 1 year
Dr. Dale E. Smith 1 year
Dr. Harold Litvak 2 years
Dr. James L. Lord 2 years
Dr. S. George Colt 3 years

Annual Session Committee - 1986

Williamsburg, Virginia

Dr. Peter F. Johnson,
Annual Session Chairman

Essay Program Subcommittee

Dr. Peter F. Johnson, Chm.
Dr. Michael A. Carpenter
Dr. F. Michael Gardner
Dr. Lee M. Jameson
Dr. Louis Rissin

Dr. Roy T. Yanase

Local Arrangements Subcommittee

Dr. Daniel Y. Sullivan, Chm.

Dr. John R. Hansel

Dr. Mark W. Richards

Dr. John B. Rose, III

Exhibits Subcommittee

Dr. M. Mazaheri, Chm.

Dr. Joseph J. Berte

Dr. C. Wayne Caswell

Dr. Niles F. Guichet

Dr. Vernon Y. Kwok

Historian

Dr. Robert J. Sarka 3 years

Associate Editor to the J.P.D.

Dr. Dale H. Andrews 1 year

Ad Hoc Committee on the International College of Prosthodontists

Dr. Jack D. Preston, Chm.

Dr. Harold W. Prieskel

Ad Hoc Committee on the Review and Revision of Goals and Objectives

Dr. William A. Kuebker, Chm.

Dr. Bruce R. Boke

Dr. C. Wayne Caswell

Dr. Cosmo V. DeSteno

Dr. Jerry D. Gardner

Dr. Ivy S. Schwartz

Ad Hoc Committee on Ethics

Dr. Robert W. Elliott, Jr., Chm.

Dr. Robert E. Brady

Dr. Richard P. Cunningham

Dr. Richard J. Grisius

Dr. Peter F. Johnson

Dr. Ray A. Walters

Ad Hoc Committee on Dental

Laboratory Service

Dr. Martin C. Comella, Chm.

Dr. Edward J. Billy

Dr. William J. Durkin

Dr. Ronald H. Jarvis

Dr. Frank E. Pulskamp

Dr. Thomas D. Taylor

Ad Hoc Committee on Geriatrics

Dr. J. Crystal Baxter, Chm.

Dr. Patrick M. Lloyd

Dr. Robert H. Sprigg

Dr. James W. Taylor

Dr. Charles A. Ullo

Dr. James S. Brudvik, Advisor

Dr. John P. McCasland, Advisor

Ad Hoc Committee on the Care

of the Maxillofacial Patient

Dr. Richard J. Grisius, Chm.

Dr. Michael A. Carpenter

Dr. James F. Darden

Dr. James H. Doundoulakis

Dr. M. Mazaheri

Dr. John D. Piro

Dr. Clifford W. Van Blarcom

Ad Hoc Committee on Computer

Utilization

Dr. Stephen F. Bergen, Chm.

Dr. Paul P. Binon

Dr. Carl V. Mazzocco

Dr. Frank J. Weibelt

Ad Hoc Committee to Implement The Journal of the American College of Prosthodontists

Dr. Dean L. Johnson, Chm.
Dr. James S. Brudvik
Dr. David N. Firtell
Dr. William A. Kuebker
Dr. Thomas E. Miller
Dr. Robert M. Morrow
Dr. Kenneth A. Turner
Dr. John B. Holmes, Advisor

Ad Hoc Committee for Accounting Policies and Procedures

Dr. Wayne Simmons, Chm.
Dr. Ronald B. Blackman
Dr. Earl E. Feldmann
Dr. Conrad E. McFee
Dr. John M. Young

**WILLIAMSBURG
HISTORY AWAITS YOU
IN THE FALL**

It's early morning on a fall day. Sunlight filters through changing colored leaves on trees lining both sides of Duke of Gloucester Street. A young woman in a farthingale and jaunty straw bonnet walks past the cooper shop, where she bids "good day" to an apprentice rolling a barrel onto the sidewalk. A little farther down the street a driver pulls his ox-cart to a halt outside John Greenhow's store. Jumping off the wagon, adjusting his tricorn hat, the delivery man unloads several crates and carries them into the mercantile shop. A typical day has begun in Colonial Williamsburg.

Before the sun sets in the evening, hundreds of other people — all dressed in authentic colonial costumes — will emerge from the houses and shops that dot the city's 173-acre Historic Area. They're the people who live and work here, people who bring the magnificent restoration of Virginia's colonial capital city back to life.

Prosthodontists visiting this meticulously restored colonial city can surround themselves in early American history and culture. There is simply no place like Williamsburg for taking you back in time, providing an entertaining history lesson and the perfect escape from hectic 20th century life into the leisurely, gracious pace of day-to-day existence in colonial Virginia.

Experience Colonial Williamsburg from the mundane to the grand. Stroll along Duke of Gloucester Street from the Wren Building on the campus of the College of William and Mary to the restored Capitol building about one mile

away. Inside the Capitol, sit on the straight-backed wooden benches lining the Hall of the House of Burgesses where American patriot Patrick Henry spoke out so vehemently against taxation without representation. Put yourself in the place of the Virginia planters and tradesmen who risked all they had for the principles of freedom and democracy, to triumph or hang together. It is not difficult when you are standing on the very spot where these events took place more than 200 years ago.

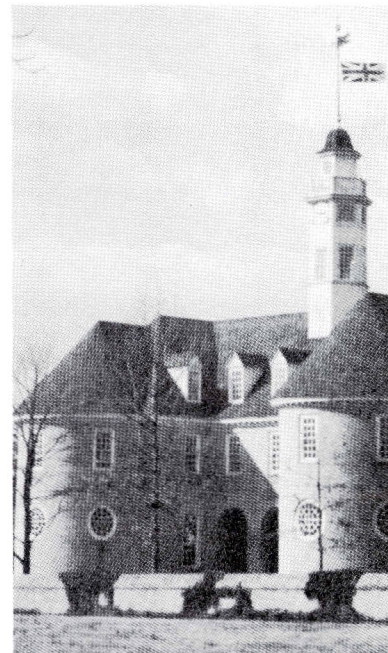


Food and entertainment form part of the delightful atmosphere to be found here.

Step up to the bar in the Raleigh Tavern, where much of the real ferment of the Revolutionary era occurred, helped along by generous tankards of ale. Although you cannot quaff a mug of ale on the spot today, you can stop to ponder the ever-present concerns of taxation and questionable government spending. It's not hard to do at close quarters — especially with the magnificent Governor's Palace looming just down the road.

Originally, just a residence for the Royal Governors of Virginia, it was dubbed "the Palace" by disgruntled colonists who resented spiraling taxes required to keep pace with construction costs when it was originally built. Today, however, we can take solace in the knowledge that the colonists' hard-earned money helped construct a building which housed the first two governors of the independent Commonwealth of Virginia.

While the Capitol and Governor's Palace are reconstructed - the original buildings having been destroyed by fire - there are 88 buildings in the Historic Area which date from the 18th century. The city was reclaimed for future generations of Americans beginning in the 1920's, when W.A.R. Goodwin, rector of Bruton Parish Church, shared with John D. Rockefeller, Jr. a dream of restoring the city to its former glory.



An historic and restored structure to be admired in Williamsburg.

Williamsburg, which had thrived prior to the Revolution and served as capitol of the Virginia colony, fell into sleepy repose after the capitol was relocated to Richmond in 1780. By the time Mr. Rockefeller became interested in the city, many of the old major buildings were destroyed or in ruins, while many other structures were built over or remodeled for more contemporary uses. Old foundations had been buried or lost.

During the succeeding years and continuing still today, restoration according to stringent archaeological procedures was undertaken. As a result, the Palace and other buildings stand now on their original foundations and have been rebuilt and refurnished to original specifications or scrupulously-researched estimates.

The town has been restored to its colonial demeanor as specified on the Frenchman's Map, which showed houses in the Historic Area, each with its own half-acre lot, prescribed building rules, specified outbuildings such as smokehouses, kitchens and dairies, neat fences and gardens. Cozy homes and businesses have been painted soft attractive "Williamsburg" colors and are surrounded by neat white fences. Fuzzy moss clings to roofs of many buildings and bright orange "bird bottles" perch on the sides of many homes providing shelter for many a feathered friend.



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

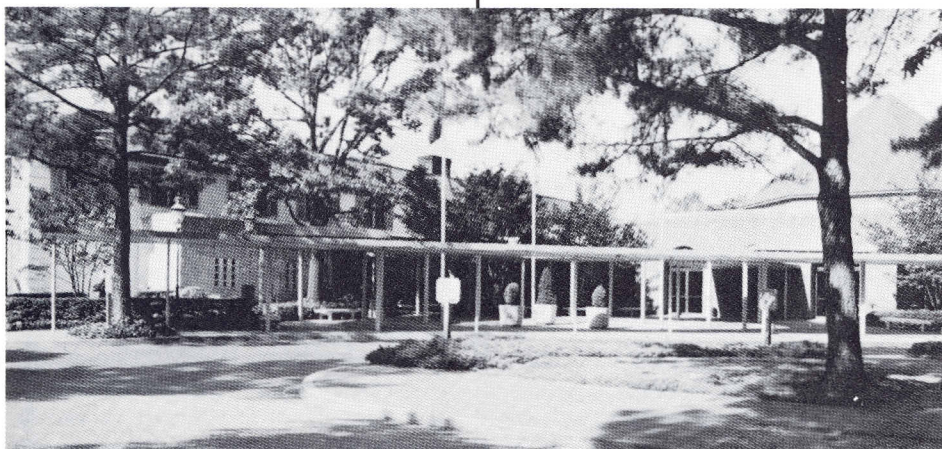
Colonial Williamsburg offers more than 40 different activities on varying daily and seasonal schedules, providing numerous opportunities for the visitor to tour according to his or her time and interests.

To whatever depth you explore it, Colonial Williamsburg offers special charms, fascinations and rewards. It's a unique American city, echoing an important period of American history - the earliest roots of our culture and its supporting ideals.

All await you in October.



Wandering minstrels entertain throughout the beautiful Historic Area.



The Williamsburg Conference Center

ATTENTION: AMERICAN COLLEGE OF PROSTHODONTISTS MEMBERS. . . .

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

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

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

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

program:

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

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

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

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

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

MEMBERS TELEPHONE NUMBERS

The Membership Roster is currently publishing the telephone numbers, home, office or both, of members. This can only be done with the written consent of the individual. If you would like to have your telephone number included in the next edition of the Roster, please notify the Central Office in writing.

DATES OF THE ANNUAL OFFICIAL SESSION

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

Monday, October 13

Executive Council Meeting

Tuesday, October 14

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

Wednesday, October 15

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

Thursday, October 16

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

Friday, October 17

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

TRAVEL AND HOTEL ARRANGEMENTS: HOW TO REACH WILLIAMSBURG WHERE TO STAY

Williamsburg is situated in Southeastern Virginia, 40 miles west of Norfolk and 50 miles east of Richmond. Although not in a major metropolitan area, the Annual Official Session can be reached by many alternative methods.

BY AIR: Three nearby airports serve Williamsburg. Patrick Henry Airport at Newport News is 14 miles away. Richmond's Byrd International Airport and Norfolk International Airport are approximately 45 miles from the city.

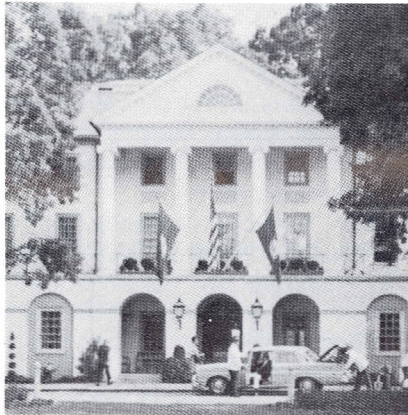
The Norfolk Airport is served by the most airlines and offers the greatest number of flights. Let Conference Travel Center help you with your airline arrangements and guarantee you the lowest price. Regular limousine service is available between each airport and Colonial Williamsburg's hotel facilities.

Williamsburg-Jamestown Airport, 3 miles from downtown Williamsburg, provides general aviation facilities for those who want to fly their own plane in.

BY CAR: Williamsburg is located 50 miles east of I-95 on I-64. It is approximately 150 miles south of Washington, D.C.

BY RAIL: Williamsburg is served by Amtrak from Boston, New York, Philadelphia, Washington and Richmond with twice daily service. The station is in the center of Williamsburg.

BY BUS: Greyhound Lines provides direct, nationwide service to Williamsburg.



The Williamsburg Inn

The Official Hotels for the Annual Session will be the Williamsburg Inn, the Williamsburg Lodge and the Motor House. The first two are adjacent to the Colonial Williamsburg Conference Center where the Session activities will be held and the Motor House is nearby. All three border on restored Colonial Williamsburg and are managed by the Colonial Williamsburg Foundation. The many meeting rooms utilized by the College at its Annual Session are paid for by the patronage of the members staying at the Official Hotels. Hotel reservation forms will be mailed with the Annual Official Session packet near the beginning of August.

The uniqueness of Williamsburg makes it worth the little extra effort it takes to get there.

REVOLUTIONIZING PROSTHODONTICS SCIENTIFIC SESSION IN WILLIAMSBURG

Come to Colonial Williamsburg, Virginia, an area filled with the history of America's past, and learn about the future of our specialty. In developing the theme "Revolutionizing Prosthodontics" for the Scientific Program at the 1986 Annual Session, the Program Committee has invited speakers active at the forefront of prosthodontics. It is the aim of the program to give the College members foresight into the new directions our specialty may take.

Three guest speakers will present timely topics that will come to have greater impact on the practice of prosthodontics. Dr. Rudolf Slavicek from Vienna, Austria will present on the use of computers in the diagnosis and treatment planning of prosthodontic patients. Dr. Slavicek is a prosthodontist who has combined cephalometrics and functional jaw movement analysis utilizing an in-office computer program. Dr. William McHarris, from Memphis, Tennessee will try to elucidate controversies in a presentation "Centric Relation: Defined". Dr. William McHarris has been actively involved in the research and teaching of occlusion and was awarded the International Academy of Gnathology's B. B. McCullum Award for Excellence in 1985. The implications of "Infection Control in Prosthodontics" will be discussed by Dr. Robert Runnels of Salt Lake City, Utah. He has written the book "Infection Control in the Wet Finger Environment" and helped the NADL establish infection control guidelines for dental laboratories.

College members will continue to illuminate new areas in the practice of prosthodontics. Dr. Larry Gettleman, from Metairie, Louisiana, will address the future directions of research in "Soft Denture Liners: Clinical Trials of Polyphosphazine" and their uses in removable and maxillofacial prosthodontics. Dr. Robert Ogle, from SUNY at Buffalo, will present his research on and the multitude of uses for "A New Visible Light-Cured Resin System Applied to Removable Prosthodontics". Dr. Paul Schnitman, of the Implant Dentistry Department at Harvard School of Dental Medicine, will discuss selection of implants in "Implantology Today — A Dental Revolution".

Drs. Dennis Weir, David Irvin and Warren Stoffer, from the Veterans Administration, will reveal the results of a "Five Year Progress Report on Alternative Fixed Partial Denture Alloys." Dr. Wendi Levine, of Georgetown University, will present on "A Comparison of the Physical Properties of Resin Luting Cements for Resin-Bonded Restorations." And Dr. Wayne Caswell, from the University of Florida, will discuss the excitement of "A New Shade Analysis System and Porcelain".

Three papers will be presented during the Tenth Annual John J. Sharry Research Award competition as a part of the Scientific Session. These papers will certainly continue to be on topics of current interest to the membership.

Augmenting the Scientific Session, College members will give presentations to their colleagues in two formats. Running concurrently on Wednesday afternoon, October 15th will be 30 table clinics and fourteen short projected clinics. An ACP Prosthodontic Peer Review Update will also be presented twice during the afternoon.

The Private Practice Seminar will precede the Scientific Session on Tuesday, October 14th. The program will consist of presentations and discussion groups.

The Affiliate and Associate Seminar, the ACP Sections Meeting and Mentors Seminar will be Friday afternoon and will conclude the professional aspects of the session.

Commercial Exhibitors will be available to talk to the membership from Tuesday afternoon until noon on Friday.

As can be seen, the Program for the 1986 Annual Session is filled with a wide variety of presentations and should be able to satisfy the most varied of interests. Dr. Peter Johnson, Annual Session Chairman, and his Program Committee of Michael Car-

penyer, Mike Gardner, Lee Jameson, Louis Rissin and Roy Yanase, have attempted to create an interesting and lively program to make the trip to Williamsburg well worth while.

Set aside the dates of October 14 through 17, 1986 to gaze into the future of prosthodontics. With this Scientific Session set in beautiful and relaxing Williamsburg, Virginia, the professional benefits to be gained will be tremendous.

EDUCATORS/MENTORS SEMINAR IN WILLIAMSBURG

Accreditation and Site Visit Evaluation of Advanced Prosthodontic Programs

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

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

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

Dr. Schweiger's nomination as the next examiner of The American Board of Prosthodontics is being supported by The American College of Prosthodontists.

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

PRIVATE PRACTICE SEMINAR

Afternoon Program 1:30-4:30

Dr. Bernard B. Fink will present on Associates in Practice. Dr. Fink is the Course Director for Practice Management at Georgetown University School of Dentistry as well as chief consultant for Professional Practice Management Consultants. He administers a twenty-four practitioner group practice in Northern Virginia. The presentation will address the considerations of taking in an associate and the various possibilities of partnership including eventual purchase.

TABLE CLINIC AND PROJECTED CLINIC PROGRAM

Here is the chance to give a presentation to your colleagues in the College. The Annual Scientific Session in Williamsburg will include thirty (30) Table Clinics and fourteen (14) Projected Clinics. These will be presented concurrently on Wednesday afternoon, October 15. ACP members interested in participating in either the Table Clinic or Projected Clinic presentations should send a title and a brief description to Dr. Lee M. Jameson at Northwestern University Dental School, 240 E. Huron, Chicago, Illinois 60611. If there are any questions he can be contacted at (312) 908-5945 or 908-5946.

The Table Clinics are to be a concise presentation of an idea or technique of interest to prosthodontists. They should not be slide presentations and must not be commercial in any way. The Projected Clinics are to be 15 minute slide presentations on research, techniques or short topics. The scope of the topic must be limited so the subject matter can be covered completely in the 15 minutes allotted.

COMMERCIAL EXHIBITS FOR WILLIAMSBURG MEETING

The Executive Council again approved having commercial exhibitors in Williamsburg. Last year the commercial exhibits contributed over \$16,000 to our treasury. This has helped the College to sponsor some programs which we couldn't have

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

sponsored before. In addition, the general membership has expressed its satisfaction with having commercial exhibitors at our meeting. The commercial exhibits have certainly given us the opportunity to see new products in prosthodontics firsthand and also make available to us the techniques and armamentarium currently available in the field of prosthodontics.

We can accommodate as many as 30 commercial exhibits in Williamsburg; so far 15 have definitely committed themselves to exhibiting. Dr. Mazaheri would appreciate your contacting him at 24 N. Lime Street, Lancaster, PA 17602, if you know of any exhibits you think would be valuable to our membership and who might be willing to exhibit before the College.

We are looking forward to our meeting in Williamsburg. Please visit the commercial exhibits area and try to make the exhibitors feel at home.

TRADITION MARCHES ON

by Nancy Fowler

TRADITION - something handed down from the past; an inherited attitude, etc. (Webster's New Collegiate Dictionary)

When the College was first established in 1970, the membership was relatively small and the funds limited. Wives of the founding members graciously assumed the task of operating the registration desk at the Annual Meeting so that members would not miss any of the scientific or business sessions. From that small beginning, the College has grown to over 1600 members and has established 16 Sections throughout the country. An International College of Prosthodontists is

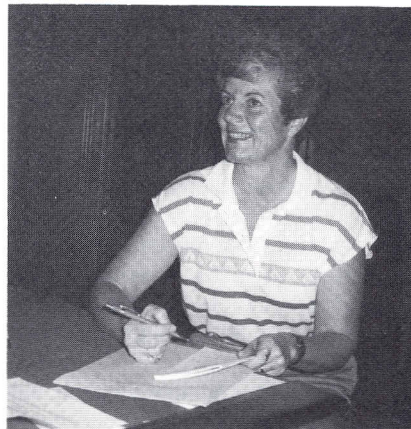


Outgoing Registration Committee Chairman, Joan Kuebker, receives a memento - the personal thanks of President Bob Sproull and the plaudits of the College members at the business luncheon in Seattle.

also in the development stage. Through all these years of growth, although the task has become increasingly complicated and time consuming, the wives of the members have continued to handle registration, albeit with the able assistance of the Central Office Director. Thus a tradition has been established that the wife of the Secretary of the College becomes the chairperson of the registration desk.

This year, and for the next two, that wife is me - Nancy Fowler. Those of you who know me are aware that I am not shy about expressing my opinions. So, I would like it known that I have no qualms about handling the registration chairmanship (in fact I consider it an honor) PROVIDED I receive the support of other member spouses. The task can be simple and fun with many volunteers, or a real drudge with only a few committee members. With that in mind, may I urge and encourage all members to bring their spouses to the next Annual Session meeting in Williamsburg and ask them to spend an hour or so with me at the registration desk. Those that graciously volunteer before the programs are printed will see their name in print, which may (depending on your tax situation) qualify you for a deduction in travel and/or room expenses. The duties are not difficult and your spouse will have the opportunity to meet many interesting College members. The more volunteers I have, the shorter the time each of you will spend behind the desk. So, please encourage your spouses to contact me telling when you will arrive in Williamsburg and when she will be able to help. I will then set up a schedule that will be fair to all and still do our TRADITIONAL duty.

Please write or call: Nancy Fowler, 12519 Chateau Forest, San Antonio, Texas 78230, (512) 492-4147.



Nancy Fowler, incoming Chairman of the Registration Committee, ponders the problems and headaches of the future Annual Sessions.

PROSTHODONTIC PEER REVIEW

The ACP Peer Review Committee has officially become a Standing Committee. The services offered by the Committee are designed to 1) facilitate the peer review of prosthodontists; 2) generate the documentation necessary to withstand a legal challenge of the resolution decision by a disgruntled patient or prosthodontist; 3) gain the confidence of patients and consumer groups; and 4) elevate the specialty of prosthodontics.

If you, as a prosthodontist, receive a patient or insurance company complaint through the local component peer review system, please consider requesting through your state dental association or local component society a review or consultation assistance from the ACP Peer Review Committee. In all cases of peer review, the state dental association and/or local component dental society maintains complete authority over the peer review system, and can accept, modify, or reject the resolution letter and/or consultation recommendations.

The peer review service of the Committee is provided by board qualified and/or board eligible prosthodontists that are members of your state dental association and the ACP. There is no fee to the patient, or the state dental association or the component society for the services of the ACP Peer Review Committee. A nominal fee is charged to non-ADA prosthodontists and prosthodontists overutilizing the peer review system.

State-by-state status to date:

1. California: The ACP is responsible for communication with the patient and prosthodontist, collection of records, examination of the patient, and production of the resolution letter in all cases involving prosthodontists.
2. New York: The DSSNY Council on Peer Review has reviewed the services offered by the ACP and recommended that the component societies consider utilizing these services as a source of consultants in the component peer review system. Dr. Harold Litvak is working with the New York Section to help implementation.
3. Texas: The Texas Dental Association Peer Review Council has assured the ACP that they will call upon the ACP Peer Review Committee whenever the Council

determines the need of our services. Hopefully, none of the prosthodontists in Texas will require peer review. However, if you require peer review in Texas, please request the services of the ACP Peer Review Committee, under the supervision of the TDA Peer Review Council, so that a precedent can be set.

Washington: The Washington State Dental Association currently refers peer review of prosthodontists to the Washington State Society of Prosthodontists (WSSP). WSSP has endorsed the ACP Peer Review Manual. WSSP has been requested by the ACP Peer Review Committee to staff the WSSP Peer Review Committee with ACP members when utilizing the ACP Peer Review Manual.

As a reminder, the ACP has indemnity insurance to protect the College and its officers for peer review activities. Individual members must be covered by personal malpractice insurance. Be certain that your malpractice insurance covers peer review activities before you volunteer to serve on any peer review committee.

The ACP Peer Review Committee endorses and is actively seeking implementation of the concept that dental specialists should be peer reviewed by the appropriate specialty organizations. To this end, a resolution will be submitted to the ADA House of Delegates recommending an ADA policy that state dental associations and component dental societies should utilize, whenever possible, the services of specialty organizations to provide peer review of dental specialists under the supervision of the state dental associations and component dental societies. Furthermore, a resolution will be submitted to the FPO House of Delegates recommending an FPO policy that all matters regarding the peer review of prosthodontic specialists be forwarded to the ACP for appropriate action.

The ACP Peer Review Committee will sponsor a workshop at the Williamsburg Meeting to 1) discuss methods Sections should use to implement prosthodontic peer review, 2) update peer review activities and 3) review the ACP Peer Review Manual.

ACP Peer Review Committee
Dr. David Eggleston, Chairman
Dr. William Laney
Dr. Dale Smith
Dr. Harold Litvak
Dr. James L. Lord
Dr. S. George Colt

DELTA DENTAL PLAN UPDATE

On February 6, 1986, the Delta Dental Plans Association Board of Directors approved a recommendation made by the DDPA Dental Policy Committee to encourage specialist recognition by individual Delta Plans through the development of customary fees for special services. The ACP Prosthetic Dental Care Programs Committee expresses its deep appreciation to Dr. Robert Fenno, Executive Vice-President of the Washington Dental Service and Chairman of the Delta Dental Plans Policy Committee, and Dr. John Field, Vice-President of California Delta and immediate past Chairman of the Delta Dental Plans Policy Committee, for their assistance in this matter. Adoption of this policy was made possible with the support of representatives from the American Academy of Periodontology.

The Prosthetic Dental Care Programs Committee will communicate with each individual Delta Plan that has not adopted a policy of recognition of dental specialists.

NOTICE

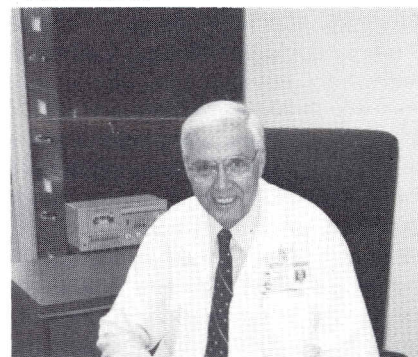
The Education and Advancement Committee is constantly seeking ways to assist our Affiliate and Associate members to prepare for the Board examination. If you have any material or suggestions that you feel could help in this process please forward to either Dr. J. Crystal Baxter, 919 W. Carmen, Unit A, Chicago, IL 60640-3224 or the Central Office.

SECTIONS

National Capital Area: The National Capital Area Section has maintained its active schedule with a monthly scientific program in conjunction with a dinner meeting. Presentations have been made throughout the year by residents and staff from the Army, Navy, Air Force, V.A., University of Maryland, Howard University and Georgetown University.

The present officers are: Dick Griusius, President; John Burton, Vice-President; Don Morris, Secretary-Treasurer.

New York: Dr. Louis Boucher, President of the New York Section, reports that a new membership drive is underway. The Section is hopeful of attracting many of the qualified individuals in the New York area in becoming active and participating members. The dinner meeting concept will be stressed as the format for introducing potential members to the organization. The April meeting was well attended and featured Dr. Harold Litvak speaking on Peer Review.



Dr. Louis Boucher, President, New York Section

AMERICAN COLLEGE OF PROSTHODONTISTS ELEVENTH ANNUAL JOHN J. SHARRY PROSTHODONTIC RESEARCH COMPETITION FIRST PRIZE \$1000.00 SECOND PRIZE \$500.00 THIRD PRIZE \$250.00

DATE: October 1986
LOCATION: Williamsburg, Virginia
ELIGIBLE: Prosthodontic Graduate Students and Residents or Board Eligible Prosthodontists who completed training on or after June 1983.
INFORMATION: Gerald Barrack, DDS, PA
Chairman, Research Committee
312 Warren Avenue
Ho-Ho-Kus, New Jersey 07423

Pennsylvania: The Pennsylvania Prosthodontics Association, Section of the American College of Prosthodontists met Friday and Saturday, May 16 and 17, 1986 in Monroeville. The scientific meeting included talks by Kurt Friedman from Miami, Florida on Surgical Considerations for Hydroxyapatite Augmentation Osseointegrated Fixtures and Thomas Balshi on the prosthodontic view of Osseointegrated Fixtures.

Roy Himmelfarb, an oral surgeon, and Michael D. Cerveris, a prosthodontist, both spoke on Ramus Frame Implants. Lawrence A. Funt, an orthodontist from Bethesda, Maryland on Saturday morning talked on Myofascial Pain Dysfunction. The scientific session concluded with a series of 10 minute mini-clinics presented by members.

The meeting was well attended and President Thomas Balshi presided over the business session. Other officers are President Elect Edward W. McCarthy, Vice-President Mohammad Mazaheri, Secretary/Treasurer Bernard H. Olbrys, Board of Directors Barry D. McKnight (Immediate Past President), John Harrison, George E. Monasky, Howard Charlebois, and Anthony R. Patterson, Jr.

Tennessee: The current officers of the Tennessee Section are William R. Priester, III, President; Carl W. Schulter, Vice President; and Michael A. Smith, Secretary. The Section has also established goals and programs and will be working to accomplish them as rapidly as possible. They are to (1) educate the public about prosthodontics, (2) share professional knowledge between members and (3) establish the practice of prosthodontics as a specialty within the state.



Officers of the Tennessee Section. Dr. William R. Priester, III, President center; Dr. Carl W. Schulter, Vice-President; Dr. Michael A. Smith, Secretary.

The Section plans to hold monthly meetings and to make presentations at the State meetings. The Section also intends to maintain an active interest in dental education on both the undergraduate and graduate levels.

Other events of interest that have taken place include Drs. Priester, Schulter, and Smith recently opened The Memphis Prosthodontic Group in their newly constructed building. (See photo) Also on March 8th the annual meeting of area oral surgeons and prosthodontists was held and attendees were participants in an Osseointegration course conducted by Thomas Balshi and Don Garver of Fort Washington, PA.



Memphis Prosthodontic Group building, entirely devoted to prosthodontics.

On the Public Relations scene, the Section is currently finalizing a Speakers Bureau with a listing of topics, length of presentations and curriculum vitae on speakers covering a three state area.

The section is also involved with the Tennessee State Dental Board in updating criteria necessary to obtain specialty license, definition and examination, and in urging participation of members in Peer Review on local society level.

South Carolina: The South Carolina Section meets twice each year in a combined dinner-business meeting. The current officers of the Section are: President Thomas J. Martin; Vice-President James A. Rivers; Secretary/-Treasurer William D. Kay.

During the past year the Section reviewed the goals of the College, heard a report from President Martin on the Seattle meeting and considered a peer review agreement with the South Carolina Dental Association.

The current roster of the Section lists eighteen members. A copy of the roster can be obtained from the Central Officer Director of the College.

Texas: The Mid-Winter meeting of the Texas Section was hosted by the U.S. Army at the Fort Sam Houston Officers Club on January 8, 1986. After an excellent social hour and dinner, President Dr. Earl Feldmann welcomed everyone and made some opening remarks. This

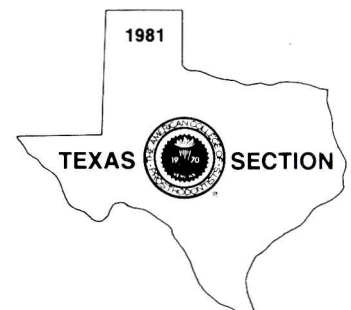
was followed by two excellent presentations - the first by Dr. Douglas Pinnell on "Osseointegration", and the second by Dr. Gene Withrow on "Collarless Crowns (Porcelain fused to metal crowns with porcelain collars)".

To open the Business meeting, Dr. John Ivanhoe, Secretary/Treasurer, gave a financial statement, reporting that the Section had in its bank account, as of the first day of 1986, a total of \$249.12. The issue, of potentially unqualified local dentists, advertising in the "Yellow Pages" as Prosthodontists was discussed. A recommendation was made that complaints should be addressed to the Texas Section and the Section would contact the Texas Dental Association. Finally the new officers for the Section for 1986 were elected, sworn in and congratulated. They are: President - Dr. Charles DuFort; Vice-President - Dr. Edmund Cavazos, Jr.; Secretary-Treasurer - Dr. G. Roger Troendle, Jr.

The Spring meeting of the Texas Section was hosted by the University of Texas Health Science Center at San Antonio on Wednesday, March 19, 1986. A social hour and dinner were held preceding the scientific presentations.

President Charles DuFort introduced Jim Fowler who, in turn introduced the guest speakers, graduate students in the prosthodontic program at the University of Texas Health Science Center. The speakers and their topics were: Dr. Steve Rhodes, "Prosthodontic Considerations in the Osseointegrated Technique"; Dr. Donald Bezdek, "A Review of Complete Denture Occlusion"; and Dr. Gerald Goebel, "Bonding Composite to Porcelain: Current Approaches".

Following the presentations a short business meeting was held during which a logo for the Texas Section was adopted. (See accompanying photo.)



The Summer meeting of the Section will be hosted by the Wilford Hall USAF Medical Center Prosthodontic Department.

PRIVATE PRACTICE WORKSHOP

Reporting and Billing For TMJ and Hospital Related Procedures By Carl L. Brownd

The majority of this workshop's time was devoted to TMJ reporting and billing. A minimal amount of time dealt with hospital and maxillofacial billing. Many variations of billing were discussed without reaching any consensus. However, a few important billing tips were noted.

Insurance claims for TMJ problems should be as detailed and as itemized as possible. Diagnostic billing can be broken down as: new patient consultation, follow-up consultation, radiographs, (panoramic, cephalometric, transcranial), diagnostic casts, face-bow transfer, occlusal analysis, and photographs.

TMJ diagnostic services can be billed to either medical or dental insurance or both. Medical codes should be used when medical insurance is billed and only dental codes used for dental insurance. The medical codes may be obtained from a "CPT" code book available from the A.M.A or the American Hospital Association or college member, Dr. William Elkins.

It was noted that insurance carriers generally do not recognize any difference between specialists and general practitioners.

A letter of explanation should be included with pre-authorization forms to dental insurance. Medical insurance usually cannot be pre-authorized; therefore, the letter of explanation should be sent with billing to medical carriers. This letter should include the following:

1. Introductory statements describing the diagnostic and clinical findings
2. Brief definitions and explanations of the medical condition (ie: craniomandibular dysfunction)
3. Referral letters from physicians
4. Radiology reports from diagnostic radiograms

Members of the workshop suggested using key words and phrases such as orthotic, mandibular orthopedic repositioning appliance, craniomandibular dysfunction, musculoskeletal discrepancy, osteoarthritic changes and deviation of condylar form. Words such as dental, splint, brace, teeth and TMJ should be avoided when billing medical insurance.

It was pointed out that each state has an insurance legal code which requires insurance carriers to pay dentists for services that would normally be covered if a physician were providing that same service. A copy of this legal code could be included with billing to educate insurance carriers and substantiate insurance coverage.

If insurance coverage is denied, it was suggested that providers request a review of the claim by a prosthodontist instead of a general practitioner. Further denial may warrant an appeal to the local, state, or A.D.A. peer review board. Insurance carriers may elect to cover a claim in order to avoid the peer review process.

Maxillofacial and hospital billing procedures were very briefly discussed. Generally, it is very helpful to appear before insurance committees and boards to set up treatment procedures and guidelines for coverage. Medicare codes state that they must pay for prosthetic replacement if directly related to medical treatment. However, some members of the workshop noted numerous delays when dealing with Medicare and other carriers when a medical carrier is billed by a dental practitioner. The American Academy of Maxillofacial Prosthetics has codes and guidelines available for maxillofacial procedures.

In conclusion, to prevent insurance billing problems, prosthodontists should make their role in treating medical problems known and try to develop a cooperative relationship with insurance companies. In addition, the American College of Prosthodontists should try to develop a consensus regarding TMJ reporting and billing.

the CPI, have increased at an annual average rate of 5% per year. The increase of 10% in 1984 dental expenditures, adjusted for inflation, represents a doubling of the historical annual growth rate.

While the overall average real income of private practicing dentists exhibited a healthy gain, the rate of average income growth differed among the general practitioners versus specialists. The average income of general practitioners reached \$60,760 in 1984 compared to the \$56,750 earned in 1983. This represents a growth of about 7.0% over 1983 and a real growth of about 2.7%. The 1983 average income for private practicing specialists of \$86,420 represented an 11.5% increase over the 1981 average and a real average growth rate over the two year period of about 1.0%. In 1984 the average income of specialists in private practice reached an estimated level of \$93,660. This is an 8.4% gain over the previous year's average and a 5.1% gain after adjusting for inflation.

In addition to income from their primary private practice, dentists also report income from a secondary private practice and other sources in dentistry (e.g.), consulting, teaching, hospital care and other sources). In 1984, private practitioners earned an average of \$67,430 from all dental sources representing an increase of 7.6% over the average of \$62,650 earned in 1983. Every private practicing dentist did not, however, earn income from sources other than their primary practice. In fact, most private dentists earn income from only one source: their primary private practice. This group represents an estimated 87% of private practitioners.

DENTAL INCOME REPORT SHOWS SLIGHT IMPROVEMENT

The US Department of Health and Human Services has reported a 9.1% increase in total health expenditures by the nation's population in 1984. This included a 15% increase in dental care expenditures rising from \$21.8 billion dollars in 1983 to \$25.1 billion in 1984. The 15% increase in dental expenditures represents a 10.75 percentage point increase over the rise in the Consumer Price Index (CPI) for the same period and a 7 percentage point increase over the rise in the dental fee component of the CPI. Historically since 1960, national expenditures for dental care, adjusted for inflation using

DENTAL EDUCATORS FACE RETIREMENT LOSS

Included among many proposed changes in new tax laws currently being considered in Congress is a reduction of retirement benefits for employees in public education or non-profit sectors of our economy. The decrease in retirement benefits is brought about by a proposed reduction in the amount of money employees of educational and charitable institutions may contribute for the purpose of increasing retirement benefits. Under the current tax law, Section 403(b) permits employees of educational and charitable institutions, including public school employees, college and university personnel and hospital workers to

add up to 20% of their salary, not to exceed \$30,000, to their retirement savings program to be used as basic or supplemental retirement savings. The proposed change limits the contribution to \$7,000 including IRA.

The main reason for the existence of 403(b) is to attempt to equalize retirement benefits for employees of non-profit organizations with those of profit making employees. Profit making employees use Section 401(k) and have many benefits not available to non-profit employees such as profit-sharing, stock options and bonus arrangements which are generally partially paid by the employer and for which there are tax write-offs against the profits of the company. Benefit plans are less lucrative for non-profit organizations hence the need for personal retirement savings through 403(b) plans.

There is no effect on government revenue if 403(b) is or is not changed. There is no provision in the proposed bill to raise or lower taxes.

It has been argued that employees use 403(b) simply to defer taxes from one year to another. Statistics show however that 94% of contributors are using the Section as it was intended, to raise their retirement benefits.

This issue appears to be one where the good that could come from clarifying and simplifying tax laws and regulations has included features that are injuring those people who can least afford it, the employees of non-profit organizations.

WASHINGTON NEWS

Gramm-Rudman Heading For The Supreme Court - The Supreme Court announced it will hear arguments on the constitutionality of the automatic spending cuts in the Gramm-Rudman deficit reduction plan on April 23rd.

A federal district court ruled on Feb. 7 that part of the law was unconstitutional, but stayed its ruling pending an appeal to the Supreme Court.

The Gramm-Rudman amendment (PL 99-177) directs the Administration and Congress to reduce the deficit by specific amounts each year in order to achieve a balanced budget in fiscal year in 1991. Should annual spending cuts and revenue measures fail to meet the yearly budget targets, the General Accounting Office will trigger automatic spending cuts that must be implemented by the President.

The district court declared that this arrangement was unlawful because it

violates the constitutional separation of powers. The court said the GAO's power under Gramm-Rudman is executive in nature and can be performed only by officials accountable to the executive branch. However, the head of GAO can be removed by a simple majority vote of the House and Senate.

The Supreme Court is not expected to rule on Gramm-Rudman before June. The \$11.7 billion in spending cuts for fiscal year 1986 already have taken effect. The high court's ruling could, however, affect deficit targets in the FY 1987 budget.

Smokeless Tobacco Products Will Carry Warnings - On Feb. 27, President Reagan signed into law Association-supported legislation, PL-99-252, requiring manufacturers of snuff and chewing tobacco to include health warning labels on packages.

The rotating warnings, which are to be highlighted in a circle and arrow format, say: THIS PRODUCT IS NOT A SAFE ALTERNATIVE TO CIGARETTES, THIS PRODUCT MAY CAUSE MOUTH CANCER, THIS PRODUCT MAY CAUSE GUM DISEASE AND TOOTH LOSS.

The law would prohibit all radio and television ads of these products after August this year. Supporters of the legislation believe such a prohibition is necessary because an aggressive advertising campaign by smokeless tobacco manufacturers has increased usage among school-age children.

The bill that finally became law was a fine-tuned compromise worked out between the Smokeless Tobacco Council, a health coalition and congressional staff aides. The Smokeless Tobacco Council agreed to accept the ban on electronic advertising if a label warning that nicotine is addictive were dropped. The tobacco industry denies that either smokeless tobacco or cigarettes is scientifically proven to be addictive.

The law will go into effect in February, 1987.

State Legislation

State Liability Reform Tops Major Issues - Professional liability and tort reform, unsupervised practice by dental hygienists and denturists, and patient freedom of choice of dentists will be leading dental-related issues in state legislatures this year. In addition, because of recent radiation safety guidelines issued by the Department of Health and Human Services, some states may initiate legislation to regulate the accreditation of training programs and credentialing of dental aux-

iliaries. The ADA is concerned that medical anesthesiologists in some states may be successful with legislation that would prevent dentists and other non-physician practitioners from administering general anesthesia and sedation.

The ADA, in cooperation with the Illinois State Dental Society, has filed a friend-of-the-court brief in appealing a December court decision that found parts of the Illinois liability law unconstitutional. In December, an Illinois state circuit court judge found the following provisions unlawful:

- a requirement that the plaintiff pay the defendant's legal costs if the plaintiff loses at trial after the pre-trial screening panel has unanimously advised the plaintiff that he or she does not have a meritorious case;
- a provision for periodic payments of larger awards;
- a prohibition against punitive damages in cases of health care or legal malpractice;
- a requirement that awards be reduced by a portion of other sources of payment that the plaintiff has received.

Hygienist Supervision Is Issue In Several States - Legislation relating to hygiene supervision is being considered by Colorado, Kentucky, Virginia, Wisconsin, and Washington. A Florida bill would permit hygienists to administer local anesthesia. A Utah bill goes one step further, also allowing hygienists to administer nitrous oxide. Legislation introduced in Maryland would expand the type of facilities in which hygienists may practice without supervision. Pending legislation in Nebraska would specify the procedures hygienists may perform.

Denturists continued in their legislative efforts with legislation proposed in seven states and initiative petition circulated unsuccessfully in two states. Montana was the only state to have legislation enacted, but that measure included only favorable amendments

ANNOUNCEMENT

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

to the denturism initiative approved by the voters in 1984. Seven other states have had denturism bills suggested for consideration in 1986 or 1987.

NEW EXECUTIVE DIRECTOR OF THE ADA THOMAS J. GINLEY, Ph.D.

Thomas J. Ginley, the first non-dentist executive director of the ADA, has submitted his thoughts and goals on the future of dentistry. A summary of his initial message to the membership of the ADA follows.

During the past ten years our internal organizational structure has remained relatively static. During those years, however, our membership has changed greatly and their needs and interests have also changed. I believe we need to focus more effectively on certain priority areas, both with staff and financial resources. There will be several significant changes in the divisional structure of the ADA that I would like to point out.

A new separate Division of Membership and Marketing Services has been created. This division will be charged with the development of new membership services and programs, which is necessary if we are to meet the need of an increasingly diverse membership. Within this division I also anticipate an expanded role for the Bureau of Dental Society Services, in an effort to better coordinate the services provided to state and local societies, to give us closer ties with the related dental organizations and to enhance cooperation among the specialty and related groups.

Also newly established is a Division of Dental Practice, which will address policy issues, concerns and membership services specifically related to the practice of dentistry. It will also address the issues pertaining to third party reimbursement and take a more aggressive approach to managing the issues of cost containment initiatives and alternative delivery systems.

Within the Division of Legislative Affairs, expansion of our Washington Office staff is planned to allow us to focus sufficient resources on this priority activity. A separate Department of State Government Affairs has been established in the Chicago office to give this area increased visibility and higher priority.

Expansion of the staff and activities

of this department will enable us to better assist our state societies in dealing with increasingly complex legislative and regulatory issues.

We will be actively recruiting for an assistant executive director of the Division of Education and Hospitals, a position that has been vacant for some time. This division will pursue issues pertaining to the medical/dental relationship and the role of dentists in the hospital setting, and also strengthen our involvement on the Joint Commission on Accreditation of Hospitals. The Division of Scientific Affairs is currently conducting a self-study, which will assist us in determining the proper role for the ADA in dental research activities.

An Office of Finance and Business Affairs will oversee the activities of these two divisions. Important responsibilities of this office will be to improve fiscal management, institute long-range financial planning and to develop new sources of non-dues revenue.

Obviously, some changes in staffing patterns will be necessary to accommodate these divisional changes and to allow us to focus adequate staff resources on priority areas. An early retirement program has provided a one-time opportunity for many long term and loyal employees to receive pension benefits at an early date if they so choose. It also enables us to consolidate positions in some areas, expand in others, reassign positions and create new opportunities for well-qualified employees. Overall, I don't anticipate any growth in total staff levels. In fact, there will be fewer employees in 1986, with staff expansion expected only in the priority areas previously mentioned.

I am confident that these internal organizational changes are a good start in refining the structure of the Association and prioritizing programs and activities, as directed by the 1984 House of Delegates. At the same time, I concur with the Board that more can and should be done. I especially call your attention to Board Report 8, which outlines a proposed two-step procedure to study the structure of Association agencies and the structure of the elected bodies of the ADA. A resolution incorporating principles that would govern the proposed reorganization of Association agencies will be considered by the House this year. I hope you will give this resolution your thoughtful and careful consideration.

SYNOPSIS OF PAPERS PRESENTED AT THE SEATTLE ANNUAL OFFICIAL SESSION

By Dr. Don Garver

TITLE: A Jaw Controlled Magnetic Proximity Switch To Assist The Severely Mobility Impaired Patient

Lecturer: Dr. Girard J. DiPietro

Dr. DiPietro gave a review of the number of spinal cord accidents that occur in the United States in any given year. Approximately 8,500 patients are incapacitated due to spine injuries. Of this group, 1,400 have a severe impairment at the C-1 to C-4 level with everything below that being immobile. Dr. DiPietro was called upon to treat one spinal cord accident patient. The evaluation and treatment of this particular patient led Dr. DiPietro into new fields of endeavor, utilizing his prosthodontic training and his mechanical skills.

The patient, a concert pianist, had been in an automobile accident that rendered her incapable of movement from the mid-chest region to the toes. She was able to utilize her arms and hands and all the head and neck muscles, however she was unable to continue playing the piano due to her inability to move the pedals of the piano. Because this patient had utilized the piano to express all her feelings and because she desired to play the piano again, the attending professionals saw fit to use the piano as a means to rehabilitate the patient.

Utilizing a Geneva-Drive system to reproduce the ankle movements that moved the piano pedals, a group of engineers were able to reproduce all of the pedal movements with the speed necessary to accommodate hand movements of a pianist. Dr. DiPietro was contacted in an attempt to find some type of prosthetic appliance that would help activate the Geneva-Drive system. Dr. DiPietro gave an in-depth explanation of the Hall effect of the switch and its actions. He explained how this switch enabled him to produce a prosthodontic oriented ignition switch. Arm and finger motion coupled with jaw movement that initiated piano pedal movement allowed the patient to play the piano.

Dr. DiPietro made impressions of both maxillary and mandibular arches. The resultant dental casts were

mounted on a semi-adjustable articulator, utilizing a face-bow transfer and interocclusal records. Nightguard occlusal splint type prosthetic appliances were constructed in clear dental acrylic resin, after waxing the appliances on the articulator so that there was continuous contact in all eccentric mandibular movements. A magnet was put in one of the occlusal splints and the Hall effect switch was put in the opposing splint. The magnet was necessary to activate the switch. With the utilization of this switch upon proper mandibular movement, the Geneva-Drive system for the piano pedal control could be actuated as the patient moved the mandible forward to make switch contact. Following a brief period of mandibular training to coordinate hand and keyboard actions with the mandibular movement, the patient was once again able to play the piano—much to her joy.

Dr. DiPietro gave brief review of the different kinds of switches that are able to be used by prosthodontists in the assistance of handicapped patients. Types of switches discussed were the Chin switch, the Puff switch, the Head switch and the Tongue switch. All of these mechanisms, coupled with derivations of mechanical principles, can increase the quality of life of many handicapped patients.

Dr. DiPietro overviewed a research project in which a single switch prosthodontic device will interface with electronic appliances and equipment. The signal from the switch will activate a magnetic coupling field in the mouth and transmit this signal to a pick-up coil in the form of a necklace worn around the neck. The impulse is further communicated to a computer which will activate the necessary machinery to do the job that is required. One of the main goals of Dr. DiPietro's research is to eventually produce an oral-activated wheel chair for a totally arm and leg handicapped patient.

TITLE: Maxillofacial Prosthetics - Demand and Responsibility

Lecturer: Dr. Ronald P. Desjardins

Dr. Desjardins pointed out some of the most important concerns for the entire prosthodontic community pertaining to the changes in prosthodontic education. The American Dental Association had mandated that the course of study of the prosthodontic resident will be all inclusive, incorporating fixed, removable and maxillofacial prosthodontics in a twenty-four month period

of training. Previously, the normal prosthodontic specialty training was twenty-four months of fixed and removable prosthodontics, followed by twelve months of maxillofacial prosthetics. Dr. Desjardins feels we will see a change in the treatment regimes in general prosthodontic offices. He fears that definitive maxillofacial treatment will be offered rather than interim treatment once provided by prosthodontists having little or no maxillofacial prosthetic training. In the ensuing discussion on this subject, Dr. Desjardins covered the area of: 1) a survey of the maxillofacial prosthodontic graduates and what they were doing in the dental community; 2) the applications of basic prosthodontic principles in the maxillofacial prosthodontic area; 3) recent advances in maxillofacial prosthodontic treatment.

In a survey sent by Dr. Desjardins to a group of maxillofacial prosthodontic residents, sixty-three of the residents returned the survey. This was a 75.9% response.

Many questions were asked and the conclusions of this survey were: 1) possibly too many maxillofacial prosthodontists have been trained at this time; 2) in the average maxillofacial practice the doctors are becoming selective in their treatment of patients; 3) a hospital practice of maxillofacial prosthodontics and a private practice of the same type varies considerably. It is easy to justify doing maxillofacial prosthodontics if you are in a salaried position; 4) there is too little pay for the amount of time spent in treating the maxillofacial patient particularly with an oral surgeon; and 5) that more definitive treatment will probably be handled by the general prosthodontist, rather than the specialty trained maxillofacial prosthodontist. After a review of the survey findings it is the opinion of Dr. Desjardins that: 1) maxillofacial prosthodontic treatment and dental oncology treatment are really not the same; 2) there is a difference in treatment needed for the cancer patient; and 3) the practice of maxillofacial prosthodontics is personally but not financially rewarding to the average graduate.

Treatment desires or the objectives of treatment for the maxillofacial patient is not different from the ideal treatment for any dental patient. All dentists should consider treatment planning that involves the restoration of comfort, function, esthetics and particularly, the preservation of the tissues that remain. The design of the maxillofacial prosthesis should involve proper

support, adequate retention, and suitable stability to produce mental and physical comfort.

Maxillofacial prosthodontic treatment varies only in that the type and quality of the remaining tissues often times dictate the design. Furthermore, the utilization of the defect area may be necessary due to the tremendous loss of the hard tissues.

Dr. Desjardins gave an in-depth review of the anatomical areas, the maxilla and the mandible from which support and retention could be gained. He was most positive about the utilization of the lateral scar bands of the nasopharynx and anterior nasal apertures for the maxillary restoration. For proper impression techniques for this type defect, Dr. Desjardins stated, maximum extension and proper border seal are very important and that primary and secondary corrective impression techniques should be utilized for most all patients.

Proper maxillofacial fabrication requires adequate jaw relation records. A stable occlusal record is an absolute must and, in some cases, a processed record base is necessary to gain adequate interocclusal records.

The final area of interest for the fabrication of an adequate prosthesis, was that of occlusion. Dr. Desjardins was very positive in his attitude toward producing a stable occlusal scheme. In some situations group function may be necessary to protect the defect area. In the complete removable prosthesis, Dr. Desjardins suggested that non-anatomic tooth form be used to provide the patient the best and most kind occlusal configuration under masticatory forces.

The lecturer reviewed some recent advances in the treatment of the maxillofacial patient and stated that secondary surgical correction of both the continuity and discontinuity defects is invaluable to the prosthodontist. Pre-prosthetic surgery, with augmentations, tissue extensions and vestibular elongations, is a proper approach for the success of the treatment of the patient with severe defects. Osseointegrated titanium fixtures can also be utilized to assist in the pre-prosthetic surgical phase of treatment. Dr. Desjardins gave an overview of many situations managed orally and extra-orally with osseointegrated procedures. He discussed, along with oral prostheses, those prostheses involving ears, noses and facial mouldages. All of these prosthetic restorations can be held in place with a combination of osseointegrated

fixtures and magnetic retention.

In conclusion, Dr. Desjardins stated 1) that the concept of the maxillofacial prosthodontist is changing, 2) the general prosthodontist may be involved in more interim care, 3) that definitive maxillofacial prosthodontic care applies basic prosthodontic principles, and 4) pre-prosthetic surgery simplifies the prosthetic restoration for the maxillofacial patient.

TITLE: University Research vs The Dental Manufacturer...Are They Listening?

Lecturer: Dr. Jack I. Nichols

Dr. Nichols gave an exciting and in-depth presentation about the dental materials world and engineering technology for dentistry. He questions present day research by manufacturers and research institutes as to meeting the needs of the prosthodontist.

The major portion of his discussion was about tension testing vs shear testing in the evaluation of restorative dental materials. He talked about the difference in advertisements by restorative dentistry material purveyors and their claims about occlusal force transferences. Dr. Nichols comments as to what areas are important is the **real** question. Most companies give us the sheer test figures and it is really tension forces that cause cusps and enamel to break away from restorative materials. His most recent research projects have shown that the claims of many companies are not true. He developed and refined a testing machine, which gave a constant force in a correct manner to cusps without touching the restored area. His evaluations showed that the restored teeth did break at a much lower load than those of unrestored teeth or teeth without any dental decay. He also proved that tooth fracture is probably a result of fatigue rather than a single force load.

In the area of custom veneers, Dr. Nichols' research proved that there is a shear failure at the porcelain or composite opaque interface and showed that some of the products on the dental materials market are not what they are cracked up to be. He stated that research such as this will make the manufacturers stand up and listen. In summary, he proved that the failure of a dental material is usually involved in repeated load and fatigue and this is what the prosthodontist really needs information about. He also stated that fatigue only shows in tension and not in shear or compressed forces. It is unfor-

tunate that most companies show their result in the sheer and compressive force magnitude evaluations.

The last portion of Dr. Nichols presentation was entitled **THE TWILIGHT ZONE**. He discussed how advances in lasers, silicoaters and micro-electronics could possibly change our entire avenue of approach to dentistry for the future. The following will be a listing of how these different things might help us.

1. Strain gauges of new mini-sizes can be used very easily in the intra-oral evaluation of removable partial denture designs.
2. Similarly, the strain gauge can be utilized to evaluate porcelain metal application and fixed restoration by computing the strain of the porcelain against the base metal or precious metal alloys.
3. Photodyode: The size of the modern photodyode enables it to be put into jaw movement evaluators and can positively show the flexure of the mandibular arch when opening and closing. Likewise, it can demonstrate distortion of the mandible during lateral eccentric movements.
4. Laser Interoptometry: The use of the laser picked up from subject reflection, will enable us to evaluate tooth wear intra-orally. This exciting laser utilization can also help us evaluate dental materials after they are placed in the oral cavity.
5. Silicoater: Silicone layers are put on the surface of metal castings. This coating is one micron thick. It has a potential for the eliminating of etching in the winged bridge restoration. The coating of partial dentures might eliminate metal alloy sensitivities. The application of resin facings without mechanical retention is a possibility.
6. Microelectronics: The size of the electronic films now being manufactured, will enable us to evaluate impression techniques as to heavy or light pressure areas while making impressions. The mini size of the new transducers will enable us to place these in dental restorations to give a signal to microelectronic devices storing the information in the prosthesis. Then, this electronic system can be plugged into a computer to see what has happened after the prosthesis, under function, is removed from the mouth.

In conclusion, Dr. Nichols challenged us in the field of dental materials, scientific materials research and hi-tech dentistry of the future. Dr. Nichols' presentation was a new and refreshing look at what can be done to help the prosthodontist become a better restorative dentist of the future.

TITLE: Occlusion: The Changing State of the Art

Lecturer: Dr. John N. Nasedkin

Dr. Nasedkin reviewed the plethora of information that has come forth since the 1970s pertaining to the temporomandibular joint, facial pain and structural dynamics of the entire stomatognathic system.

Dr. Nasedkin showed an occlusion cycle starting with present occlusion, involving the temporomandibular joint, oral facial pain, the structural dynamics of mandibular movement, orthodontic or surgical re-positioning and prosthetic finalization.

It was stated that Harry Sicher (1949) became the Father of the ensuing literature and in-depth studies that were done on the temporomandibular joint. The first generation of textbooks came out after Dr. Sicher's beautiful work. Authors such as Nathan Allan Shore, Victor Lucia and Ulf Posselt, as well as Ramford and Ash wrote in the early fifties. Following the first generation of textbooks, came a massive amount of symposiums and work shops in the 1970s. The results of these were responsible for courses on occlusion being put into the curriculum of the graduate and undergraduate dental schools in the United States. In the early 1970s a second generation of textbooks started arriving on the literature lists. These textbooks involved the findings and reports of Peter Dawson, Arnie Lauritzen, Claude Ricketts and Peter Neff. At the same time, many symposiums focused on occlusion and brought forward the subject of occlusion as a State of the Art. All of these symposiums and second generation textbooks provided terminology that could be universally used and gave professionals a good basis upon which to communicate.

During the mid seventies, Larry Weinberg came forth with a writing which gave us the radiographic techniques that are commonly used today. At the same time, surgical concerns over the treatment of the temporomandibular joint disorder syndromes made

authors of surgical textbooks provide space within their text for discussion of occlusion and the temporomandibular joint. Many treatment institutes claimed success in the recession of the temporomandibular joints' problems. Likewise, some treatment systems which involved total body treatment, now started to employ definitive treatment of the temporomandibular joint, along with the rest of the body structures.

The 1980s has shown the advent of occlusion finalization through surgical techniques. Some of these surgical techniques are continuing to be questioned. However, there have been many advances in adjunctive surgical care when finalizing the problematic occlusion and the temporomandibular joint patient. Involved in this finalization are orthodontic considerations. Many textbooks have been written about orthodontic finalization by re-positioning or the ultimate interdigitation of the teeth into their proper opposing positions. And, finally, in the finalization era has come the advancement of occlusal rehabilitation procedures for the placement of proper occlusal schemes so that a proper dental occlusion could be maintained. All systems involved in the finalization techniques have closed the circle of occlusal treatment.

In the mid-eighties, dentistry is seeing a literature boom on second generation textbook editions involving contemporary techniques and materials available for utilization in occlusal treatments. Along with these textbooks, is coming a transition to more conventional treatment regimes. We are experiencing a refinement in the knowledge and understanding of different occlusion theories.

In today's foundational knowledge, the authors are attempting to show the relationship of the entire body to the temporomandibular joint.

In summary, Dr. Nasedkin pointed out that occlusion is truly becoming the changing State of the Dental Art. The prosthodontist of today and the future **must** prepare to be the physician of the stomatognathic system.

TITLE: Concerns on the Biocompatibility of Nickel Based Alloys

Lecturer: Dr. Dennis J. Weir

Dr. Weir commenced his presentation with a review of the metal sensitivity as shown in nickel based alloys. In spite of these known sensitivities, and because of the tremendous increase of the cost of precious metal alloys in the early 1980's, the prosthodontic world had to search for other metals and

ways of providing castings for the rehabilitation of the oral cavity. We turned to the base metal alloys, especially those alloys including nickel in their composition. Dr. Weir stated that thirty to sixty percent of the fixed restorations in the United States are made of alloys containing base metals, including nickel.

In a review of nickel sensitivity Dr. Weir stated that nine percent of the patients in the United States will have some type of reaction to a nickel alloy, particularly when used to make jewelry. Different dermatitis reactions are pruritis, urticaria, xerostomia and vesicular eruptions. In 1977, Moff and Beck reported a project wherein which they did skin patch tests of nickel alloys on ten known nickel sensitive patients. Eight of these patients had a positive reaction to the patch tests. However, the most important finding in this project was that three of those ten patients had a delayed reaction at the patch test area when a dental restoration, cast from a nickel based metal alloy was placed in the mouth. In 1981, Christensen and his group did another patch test project where they used many test sites throughout the body. The patch test sites that had dermatologic eruptions were allowed to go into a period of remission. Following that, a metal nickel cocktail was given to the patient and surprisingly, many patch test areas had secondary reactions. In both of these test projects it was proven that localizing nickel dermatitis can be cured by removing the local irritation. Historically, when nickel alloy crowns are cemented permanently, it is almost impossible to eliminate the constant outflow of nickel into the patient's body system. Nickel sensitivity may be evidenced in marginal contour eruptions for no apparent physical crown contour cause.

The second concern that Dr. Weir pointed out in his evaluation on nickel metals was that of tumorigenesis. He showed a latency period in developing lung cancer that can be as long as thirteen to twenty-seven years. People who have constant contact with a nickel based alloy, either by metalurgical direct contact, or by inhaling dust of metal grindings are liable to lung tumor of nickel origin.

In order to protect our patients, the doctor should take an adequate history to prove or disprove adverse reactions to nickel based alloys. One should ask about allergies to medications; allergies to foods; allergies to jewelry; aller-

gies to metal implants; seasonal allergies and whether the patient has any type of dermatologic disorder.

In conclusion, Dr. Weir stated that the ADA is very positive about referring patients who have positive results to a good history and physical nickel alloy testing. The prosthodontist should:

1. Screen every patient by an adequate sensitivity history.
2. Refer suspected sensitivity patients to a dermatologist.
3. Use an informed consent form.
4. Document all of the alloys that they use on each, individual patient.
5. Wear a mask.

NOTICE

The Second International Congress on Surgery and Prosthodontics will be held in Palm Springs, on May 14, 15 and 16, 1987.

The Second Congress will follow the same format as the highly successful First Congress, i.e., short papers will predominate the program.

With the advent of osseointegration and the use of hydroxyapatite, complications and varying applications are now forthcoming. The Second Congress will deal mainly with these topics.

Statistically valid studies or well documented case reports on complications or variations of application will be solicited. For more information contact John Beumer, III, D.D.S., 2555 Huntington Drive, Suite A, San Marino, CA 91108.

INTER-SOCIETY COLOR COUNCIL MEETS IN CANADA

**A Week of Color
June 15-21, 1986**

As all ISCC Members should have learned by now, ISCC and the Canadian Society for Color (CSC) will hold their first joint meeting in Toronto, Canada. This meeting will be followed immediately by an interim meeting of the Association Internationale de la Couleur (AIC), all at Ryerson Polytechnical Institute, the third week of June. We trust everyone interested in color will endeavor to be in Toronto for this Week of Color, beginning Sunday, June 15.

Please note that ISCC, CSC, and AIC meetings are open to non-members as well as members. The officers urge all interested parties to attend.

If you have not yet done so, take

steps now to register for the color meetings before space limitations prevent you from attending.

An ISCC Awards Committee is appointed by the President to review the recommendations of each of the three established Award Subcommittees, namely Godlove, Macbeth, and Service. Dr. Stephen F. Bergen (Chairman of Delegates from the American College of Prosthodontists) is Chairman of the Awards Committee. Since their first presentations, it has been customary to make Godlove Awards in odd numbered years and Macbeth Awards in even numbered years. The Service Award is likely to be presented whenever a worthy candidate is identified.

ORAL SURGEONS TO MEET IN NEW ORLEANS

Wednesday through Sunday, September 24-28, 1986 are the dates for the 68th Annual Scientific Sessions and Meetings of the American Association of Oral and Maxillofacial Surgeons (AAOMS) to be held at the Hyatt Regency Hotel in New Orleans.

Seven major symposia will be presented on the following topics: Update on Hospital Anesthesia for the Oral and Maxillofacial Surgeons; Partial and Total TMJ Reconstruction; Orthopedic-Related Research as it Applies to Oral and Maxillofacial Surgery; An Introduction to Advanced Trauma Life Support; A Retrospective Analysis of Orthognathic Surgery; Implants and Comparison of Osseo-integrated Systems; and Media Relations.

One hundred six surgical and practice management roundtable clinics have been scheduled, with a limited attendance of 20 per clinic. Management of Complicated Facial Injuries; Nasal Deformity and Orthognathic Surgery, Ridge Form, Diagnosis and Management in Preprosthetic Surgery and Reconstruction of Alveolar and Palatal Clefts are examples of the extensive list of clinics being offered.

Fifty mini-lectures with an attendance of 100 per session will also be held. Some topics to be covered include Anesthetic Management of the Child, Treatment Planning for Dentofacial Deformities, Nonsurgical Management of TMJ Disorders and Rigid Internal Fixation for Oral and Maxillofacial Surgery, among others.

There will be four scientific abstract and two poster sessions as well as a full-day risk management seminar and

four workshops on CPT coding procedures.

Five consultation clinics are planned where attendees are encouraged to bring cases for discussion. Subject areas include Odontogenic Cysts and Other Common Oral Pathology; Infections; Problems and Management of TMJ Dysfunction; Orthognathic Surgery and Facial Pain.

The preliminary program and registration forms may be obtained by writing to the AAOMS, 211 E. Chicago Avenue, Suite 930, Chicago, IL 60611. Preregistration for the meeting ends September 5, 1986.

NOTICE

Journal of Prosthetic Dentistry For Sale
JPD's Vol. 4, #3 through Vol. 50, #6 complete, unbound. Price: \$450

Inquires or further information contact:

Ted C. Kawulok, D.D.S.
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CLASSIFIEDS

PROSTHODONTIST, BOARD CERTIFIED. Teaching, private practice, military, some research experience. Major clinical experience is in removable prosthodontics, but knowledgeable in other phases. Affiliated with or directed post-graduate and residency programs ten years. Interested in variety of opportunities, such as teaching, group practice affiliation, public health, industry, and state or local government positions. Dr. Arthur Roraff, 13931 Venus Way, Anchorage, Alaska 99515, or call 907-345-6905.

Applications are being accepted for a postgraduate program in Prosthodontics commencing July 1987. A two year certificate program or a Masters of Science program is available. For information write to Dr. Mark M. Stevens, Director, Postgraduate Prosthodontics Program, University of Maryland, Dental School, Baltimore, Maryland 21201.

BOOKS AVAILABLE

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

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2. I would like ___ copy(ies) of the "Classic Prosthodontics Articles" Volume II (Price Members \$20.00; Non-members \$25.00)
3. I would like ___ copy(ies) of the "Classic Prosthodontics Articles" Volume III (Price Members \$20.00; Non-members \$25.00)
4. I would like ___ copy(ies) of the 1985 EDITION of the "Study Guide for Certification". Includes 1981-1985 Questions and Answers. (Price Members \$25.00; Non-members \$30.00) (Includes new Board guidelines.)
5. I would like ___ copy(ies) of the 1981, 1982 and 1983 Phase I, Part I Questions and Answers for the American Board of Prosthodontics as a Supplement to the Study Guide (Price \$5.00)
6. I would like ___ copy(ies) of the 1984 and 1985 Phase I, Part I Questions and Answers for the American Board of Prosthodontics as a Supplement to the Study Guide (Price \$3.00)
7. I would like ___ copy(ies) of the "Index To The Journal of Prosthetic Dentistry". Bibliography spans 1960 to June 1984. (Price Members \$35.00; Non-members \$45.00, plus \$3.00 postage for out of the country mailings)
8. I would like ___ copy(ies) of the "Index To The Journal of Prosthetic Dentistry Update". Includes 1980 to June 1984. (Price \$10.00)

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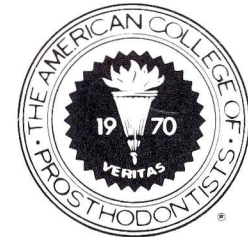
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