



PRESIDENT'S MESSAGE



President Preston congratulates Past President Bartlett on successful completion of his term in office.

I am sure that everyone who has assumed the presidency of the College has been initially awed by the honor and then overcome with the enormity of the task. The College has grown to amazing proportions and has extended into many different facets of function encompassing a variety of projects and incurring many new obligations. As I survey these projects I must applaud the foresight of those who saw a need for our organization and brought it into being. Our membership is well over 1400 prosthodontists, and of these over 110 members are involved in the committee structure. We have formed many new committees to meet the needs defined in our goals and objectives meeting and other committees are still to be named at this writing. The College

is a vital, moving and effective organization.

When any organization assumes such proportions, it becomes subject to some criticism, both from within and without. Some of this criticism is born of misunderstanding or lack of information. When I recently heard some critical comment about the College being unresponsive to its membership or being guided by a limited, not too circumspect few, I was frankly, surprised. My contemplation of these comments has led me to believe that possibly those who might hold such a view might profit by attending any of the three executive council meetings which are held each year. Those meetings are composed of your officers, council members and the committee

chairpersons. Two of these three meetings are presently not even funded by the College, but the expenses are borne by the participants. There are no lavish dinners, no perks which would have extrinsic merit. Those who attend do so because they have responsibilities and are vitally interested in the specialty of prosthodontics and they recognize that the College is the representative organization for that specialty. I would hope that any members who doubt the sincerity of those who serve might avail themselves of the open opportunity to sit in on any of these meetings. I have always been impressed by the absolute concern by this body that the membership has the final say, and that authority rests in the membership through the constitution and by-laws. There are no "covenant exceptions". In fact, sometimes the need to preserve these legalities results in some inconveniences, which are endured to serve the higher goals. I am proud, too, that membership in the College has always been through educational qualification. There are no boards or cloistered committees to repress applications. We are a unique group. As the only organization which represents the specialty of prosthodontics and the only organization composed entirely of educationally qualified specialists, we incur criticism from outside also. Again, many of those who might criticize do not have full knowledge of the College and its primary purpose: to serve the public through trained prosthodontists. To do this we must protect and advance the specialty. This takes us into many, many areas from education to legislation. These sometimes put us at cross purposes with other organizations and other individuals. I hope that these confrontations can always be resolved in a

OVER 450 DENTISTS ATTENDED ANNUAL OFFICIAL SESSION

A multifaceted program addressing a broad range of members' interests relating to the specialty practice of prosthodontics was enjoyed by the second largest group participating in an annual official session of the College.

Over 450 dentists attended the session, this number included 21 guests.



President Bartlett addresses members at Business Luncheon



Dr. Michael Dean relaxes some members after lunch

The next meeting will be in Nashville, Tennessee (the Athens of the South). There is much to see and do in Nashville and it's easy to get around. — Y'all come now — hear???



Scientific Program was excellent

PRESIDENT'S MESSAGE

(Continued from Page 1)

rational, humanitarian manner. Someone once said that there is no limit to what can be accomplished by the mind of man if it makes no difference who gets the credit. I think this is essential to remember - the goal is more important than the credit, the substance is more important than the appearance.

In order to achieve our objectives, everyone must get involved in some manner. There are mundane and simple tasks, and there are complex and exhaustive duties. All are important, all are essential. I honestly feel that the more any member becomes involved with the functions of the College, the more enthusiastic that member will become about the organization. The College can never please everyone all the time. When you have questions please let our central office know. They will be passed to the most knowledgeable person to answer. If you have suggestions, concerns, or skills to offer, again, let us know. We have enormous tasks to accomplish - not in the future but now. We can do it if individually and collectively we seek to serve and not be served. The College needs the support of every member, through the National organization, through the Sections, at our annual scientific sessions, our business meetings, through every outreach we have, and especially, with the inner enthusiastic concern of every member for common good - regardless of who gets credit.

—Jack D. Preston

ADA HOUSE OF DELEGATES RETAINS DEFINITION OF A SPONSOR ORGANIZATION

In his talk to the Business Meeting at the Annual Official Session in San Diego, Dr. Douglas Atwood, President of the F.P.O. stated, "to limit the pool of representation in the broad field of prosthodontics to those individuals who are board certified, is in the opinion of many, too restrictive at least at this point in time, and would exclude many individuals who have much to contribute to the specialty. To be more specific, the Council on Dental Education states: 'In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization whose membership is broadly reflective of the field and recognized by the profession at large for its contributions to the art and science of the discipline.'"

The Fourth ADA Trustee District introduced a resolution to retain the definition of sponsoring organization as it had been stated for a number of years previously.

The House of Delegates in its deliberation approved that definition of a sponsoring organization, . . . "one whose membership is reflective of the special area of dental practice" . . .

Thus sponsoring organizations remain defined as organizations of individuals in the practice of a dental specialty recognized by the American Dental Association.



The Brightside Entertained members at Gala Dinner

NEWSLETTER The American College of Prosthodontists

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FROM THE SECRETARY

Another excellent annual session is history with approximately 465 members in attendance at the San Diego meeting. The entire scientific session, including the research competition, was outstanding. The table clinics were very popular and will certainly continue to be part of the annual meeting. The social events were most enjoyable. Approximately 125 attended the Private Practice Seminar. The Friday afternoon meetings were also very well attended with approximately 110 at the Affiliate and Associate Seminar and 75 at the Graduate Director's (Mentor's) meeting. Attendees at the Mentor's meeting voted to meet in conjunction with the College meeting on an annual basis which further supports the College position as the leader of the specialty of prosthodontics. Session Chairmen Don Garver and Mo Mazaheri and local arrangements Chairmen Alex Koper and Jerry Ballard deserve to be extremely proud of their accomplishments.

Other significant milestones were reached at this meeting. The member-

ship of the College has grown from 1314 members last year to 1430 today. The 13th College Section has been accepted with approval of the Constitution and Bylaws of the Iowa Section. Eight other states are presently developing constitutions for new Sections. Other highlights of the year include the approval of the Council for the Affairs of the American Board of Prosthodontists and the development and approval of the Revised Goals and Objectives for the College.

The Revised Goals and Objectives provide the guidelines for a very exciting future for the College. However, these guidelines will mean little without the hard work and dedication of the membership. Most of the achievements of the College result from the activities of the committees of the College. A committee's achievements are dependent totally on the enthusiasm, dedication and performance of its members. Anyone interested in serving on a committee should write President-Elect Bob Sproull to tell him of your area of interest. He will be appointing members to fill vacancies on committees next fall. Also, your name will be

available if special ad hoc committees are needed this year.

Members may make suggestions for means of achieving goals and objectives or any other recommendations for improvement of the College at any time. The Executive Councilors, John Mose, Cosmo DeSteno and Ron Woody represent the membership on the Executive Council. They or any of your officers would be more than pleased to hear from you. Or, you may attend any Executive Council meeting and make your suggestions in person. Simply write or call the Central Office Director (Linda) or the Secretary (me) and your item will be placed on the agenda. All Executive Council meetings are open - members may attend at any time. The Executive Council will meet in Chicago on Sunday, February 19, 1984 at the Hyatt Regency Hotel, in Denver this summer at a time and place to be decided, and in Nashville on October 15 and 16, 1984. Members may be interested to know that the summer meeting is the only one for which funding is provided to cover travel and hotel expenses for Executive Council members and committee chairmen.

—William A. Kuebker

NEW "LIFE ASSOCIATE" MEMBERSHIP CATEGORY APPROVED

Dr. Robert J. Sarka, Chairman of the Constitution and Bylaws Committee, announced that, by a written vote of 710 to 47, the membership approved a change to the Constitution which adds a new category of membership, Life Associate Member.

In other actions during the Business Meeting in San Diego, the following changes to the College Bylaws and Policies were approved:

- Robert's Rules of Order were approved as the Parliamentary Guide to be used by the College.
- The College shall have 13 Standing Committees.
- The New Standing committee will be the Sections Committee.
- Five changes to College Policies were approved:

1. The honorarium for principal speakers was raised to \$500.00.
2. Air transportation for speakers will be by standard coach instead of by First Class.

3. Contributions in the name of deceased members will be to an organization designated by the Executive Council.
4. The College logo will be used only on official correspondence and publications of the College, and State Sections - not for individual use.
5. Commercial Exhibits will be allowed at Annual Official Sessions.
6. Smoking will not be allowed at the Scientific sessions and business meetings of the Annual Official Sessions.

**GRAND OLE PROSTHODONTICS
1984 COLLEGE MEETING
LOCATION: Nashville, Tennessee
HOTEL: Hyatt Regency Nashville
DATE: October 27-29, 1984**

ANNUAL SESSION

CO-CHAIRMEN:

Charles R. DuFort

and

Girard J. DiPietro

PLAN NOW!

**PLEASE MARK YOUR
CALENDAR TODAY!**

IOWA APPROVED AS THIRTEENTH SECTION

The Executive Council Meeting in San Diego prior to the Annual Official Session approved Iowa as the thirteenth Section of the College contingent upon confirmation of the eligibility of its membership. Dr. Thomas J. Balshi, Chairman of the Ad Hoc Committee on Area and Regional Sections, reported that College sections now number 13. They are:

New Jersey, National Capital Area, California, Georgia, Maryland, Ohio, Pennsylvania, South Carolina, Missouri Valley, South Texas, New England, Tennessee and Iowa.

The following states are formulating governing documents according to Dr. Balshi:

Arizona, Alabama, Indiana, Illinois, Mississippi, Virginia, Wisconsin and Washington.

The Ad Hoc Committee on Area and Regional Sections, which was chaired by Dr. Balshi, has been made a standing committee and in the future will be chaired by Dr. Stephen O. Bartlett.

HEBEL VOTED WINNER OF SEVENTH JOHN J. SHARRY PROSTHODONTIC RESEARCH AWARD

Following presentations by the three finalists in the Research Competition, those attending the lecture selected Dr. Kenneth S. Hebel to receive the First Place Prize of \$1,000.00, a plaque attesting to his achievement, 3 volumes of Classic Prosthodontic Articles, the Study Guide for Certification and the Index to the Journal of Prosthetic Dentistry. His paper was titled "The Abrasion of Enamel and Composite Resin by Partial Denture Clasps". He was sponsored by Dr. Gerald N. Graser of the Eastman Dental Center.



Research Contest Finalists: (L-R) 1st Place - Dr. Hebel; 2nd Place - Dr. Aquilino; 3rd Place - Dr. Caswell.

Runner-up was Dr. Stephen A. Aquilino. His subject was "Evaluation of Condylar Position From Temporomandibular Joint Radiographs". His sponsor was Dr. Gene A. Holland, of the University of North Carolina at Chapel Hill.

Third Place went to Dr. C. Wayne Caswell. He presented a paper entitled "Comparative Study of the Bond Strengths of Three Abrasion Resistant Plastic Denture Teeth when Bonded to a Cross-Linked and a Grafted, Cross-Linked Denture Base Material". His sponsor was Dr. Barry K. Norling of the University of Texas Health Science Center at San Antonio.

ANNUAL COLLEGE MIDWINTER MIXER AND SING-ALONG

When: Saturday, Feb. 18, 1984
6:00-8:00 p.m.

Where: Hyatt Regency Chicago
Acapulco Room

Who: Members and Guests

Come join your colleagues and keep up to date personally and professionally.

SEE YOU THERE!

COLLEGE OFFICERS 1983-1984



1983/1984 College Executive Council, L to R: Dr. DeSteno, Dr. Johnson, Dr. Barlett, Dr. Preston, Dr. Sproull, Dr. Wilkie, Dr. Holmes, Dr. Woodt, Dr. Kuebker. Missing from photo, Dr. Mose.

An organization of specialists dedicated to serving the public is the motto printed at the top of College stationery.

Are you satisfied that the College is doing everything it can to achieve that end?

Your input is desired and your officers and councilors listed below are eager to hear your ideas relative to any and all facets of College concerns.

The names and addresses and telephone numbers of your representatives are provided to facilitate communication with them.

Take a few minutes, please, to express your thoughts to them.

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* An asterisk denotes those who were elected to a new office at the recent Annual Official Session.

PRIVATE PRACTICE SEMINAR WELL ATTENDED

The seminar sponsored by the Private Practice Committee at the annual meeting in San Diego had the largest attendance of any to date.

Because of the one-half time allotment and the number of speakers scheduled, there was insufficient time to include a workshop as originally planned. Instead, there was a panel discussion and question and answer period after all four speakers had made their presentations. The discussion period was lively, spontaneous and constructive.

There has been a strong expression from the membership that a full day be provided for the next seminar with a true workshop format. The Private Practice Committee is in agreement and has made a request to the Executive Council for a full day seminar at the 1984 meeting.

MEMBERS POLLED ON MEETING SITE

At the annual scientific session of the American College of Prosthodontists in San Diego a questionnaire was given to the attending members soliciting their opinion on whether the annual session of the College should continue to be held in conjunction with the annual meeting of the American Dental Association, that is, one week prior to the ADA meeting and in the general geographic locale. There were 450 members registered at the meeting and 162 responses were received. A "Yes" vote signified the member preferred to keep the format of meetings as it now exists, in conjunction with and in the general locale of the ADA meeting. A "No" vote indicated the member preferred that the College meet independently at a different time and place.



Members enjoy Business Luncheon

The results of the voting were as follows:

Yes - 59 No - 80 No Opinion - 23
Some of the members offered written

EIGHTH ANNUAL JOHN J. SHARRY PROSTHODONTIC RESEARCH COMPETITION ANNOUNCED

The American College of Prosthodontists announces the Eighth Annual John J. Sharry Prosthodontic Research Competition to be held in Nashville, Tennessee, October 17-19, 1984. The award for First Place is \$1,000.00

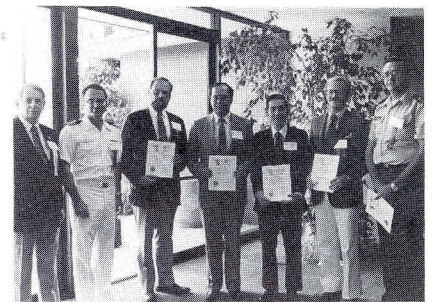
Eligible are those students enrolled in a graduate program qualifying them for examination by the American Board of Prosthodontics and those individuals having completed an advanced education within three years of the date of competition.

Abstracts of research papers of not more than 500 words and not previously published or presented at a major meeting, together with a letter from the sponsor/mentor must be submitted by April 15, 1984 to:

Dr. Thomas P. Sweeney
Chairman, Research Committee
Rosslyn Heights North
1427 North Nash Street, #20
Arlington, Virginia 22209

Comments on this ballot. A representative sample of these comments are included for your information.

- 1) How about having the ACP and ADA meeting in conjunction every other year
- 2) Time of year good but exact timing with ADA not entirely necessary nor is geographic locale in conjunction with ADA. Make it possible to attend both but not an overriding consideration.
- 3) But keep together with the AAMP.
- 4) Combine it with other big meetings, i.e. Hinman in Atlanta, Chicago Midwinter.
- 5) It is more important to me that the meetings not be held continually at great distance from some members. Select either a central location or be more equitable in selecting the various meeting locations.
- 6) Keep it with AAMP - doesn't have to be with ADA.
- 7) How about a Toronto, Canada



New Fellows of the College. L to R Pres. Bartlett, Dr. Ancowitz, Dr. Taylor, Dr. Zaki, Dr. Nakamoto, Dr. Barrett, Dr. Morgan.

NEW FELLOWS RECOGNIZED

New Fellows of the College who were present at the Annual Official Session in San Diego were recognized by a special purple and white ribbon attached to their name tags, a certificate attesting to their achievements, and a group photograph. The category of Fellow is conferred upon successful completion of the American Board of Prosthodontics examination and the receipt of Diplomate status.

Those not present, but elected to fellowship, were Drs. J. R. Cain, R. L. Engelmeier, G. R. Gifford, J. P. Imp, R. R. Larson, S. C. Choudhary, R. E. Gillis, C. J. Goodacre, W. R. Laney and J. A. Mahalick.

meeting in July/August some year?

- 8) The time and locale should be very close to ADA or it should not be related to ADA.
- 9) Meeting places should be in mid-continent area of the United States to be most advantageous to all.
- 10) Keep in conjunction with ADA but use common sense and be flexible.
- 11) Unless geographic areas are repeated - then break away to resort location, i.e. Virgin Islands, Cancun or Acapulco, Mexico or Hawaii.

Whether these results should be considered decisive will have to be determined by the Executive Council and the Site Selection Committee.

The purpose of the questionnaire was to have the members participate more fully in the important business and decisions of the College. This poll appears to signify that the members do have an active interest in participating.

AFFILIATE J.P.D SUBSCRIPTION ALTERNATIVES

At the meeting of the Executive Council in San Diego, Dr. Dale Andrews, College Associate Editor to the JPD, reviewed a topic of interest to all mentors and students in advanced prosthodontic programs, i.e. how to subscribe to the JPD and begins receiving the publication immediately. Currently the student subscribes with his application for Affiliate membership, the Journal subscription begin on January 1st of the year following his application to the College.

After discussion with Mr. A. Jerome Freeland, Mosby Company Senior Vice President of Journal Publications, the following alternatives are suggested:

1. The student may subscribe for the portion of the year that remains following the commencement of his training program.
2. The student may subscribe retroactively to receive all issues for the year in which he or she commences training.

The Executive Council recommends the second alternative. It is felt that any student of prosthodontics would desire to have as complete a collection of the Journal as possible and it would be to the student's advantage to obtain all issues for the year in which he enters his program.

Communications should be on an individual basis between the student and the Mosby Company, and directly with Ms. Carol Leddbetter, Membership Fulfillment Section, C. V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, Missouri 63146.

OVER 100 ATTEND AFFILIATE/ASSOCIATE SEMINAR

Following a luncheon which was complementary for approximately forty five Affiliate members, the Affiliate and Associate seminar convened Friday, September 30, 1983, at the annual meeting in San Diego. One-hundred ten people attended the seminar. Dr. Crystal Baxter, chairman of the Education and Advancement Committee organized and moderated the it, following the same format which was

established by the previous chairman, Dr. Cosmo DeSteno.

American Board of Prosthodontics President Dr. Thomas Curtis was the first speaker. He spoke as an individual on the Board and commented on his observations of individuals taking the Exam. He felt that candidates should attempt to show their finest treatments, and to organize and plan thoroughly in advance of the Exam. He stressed remaining calm and finishing the exam, commenting no matter how fine the treatment, that the patient must be completed by the finishing time in order for the candidate to complete the Exam successfully,

Dr. Dean Johnson, past president of the College was the next speaker. Dr. Johnson spoke about how one must challenge one's self if one were to remain educationally excellent. He felt that taking the Board Exam was imperative if an individual wishes to accomplish the highest standards for the specialty. He also felt that educational establishments and private practice insurance carriers may be demanding Board completion in the near future. Dr. Johnson stressed that in the future professional achievement would be more dependent on one's Board Status.

Four candidates who had recently completed the "Boards" were the next presentors. They were Drs. Lee Jamison, Donald Morgan, Thomas Splitgerber, and James Shields. Each of them spoke about their experience with the Examination. All of them felt that strong preparation and a positive mental attitude was imperative for its successful completion.

The four candidates then formed a panel discussion with Dr. Baxter serving as moderator. Members of the audience asked questions of the group, and each candidate commented informally on the questions.

Dr. Baxter closed the program with a request for volunteers to help retrieve questions form the next Written examination. She also suggested utilizing the publications of the College to help prepare for the Exam.

WASHINGTON SCENE

The following are quotations from the Washington News Bulletin, Volume 16, Number 7, December, 1983, a publication of the American Dental Association.

Health Tax: The concept of taxing

employees for employer health benefit contributions continued to reappear as the Congress attempted to reach approval on a final budget reconciliation act. Most recently Senate Finance Committee Chairman, Robert Dole, R-KS proposed a tax on employer health benefit contributions above \$250 a month for family coverage. The original Administration proposal had been to tax contributions above \$175 a month.

Another major change in the Dole proposal would be to establish a separate contribution limit of \$40 a month for dental coverage and \$10 a month for optometric coverage. These specific coverage limits would be included within the overall \$250 cap on tax free health fringe benefit contributions. While appreciative of this recognition that the concept of taxing health benefits will be very detrimental to the dental prepayment movement, the Association continues an all out opposition to the tax proposals.

In meeting the budget reconciliation requirements the House and Senate are instructed to approve revenue increases of \$73 billion over the next three years. The House Ways and Means Committee has approved a package with only \$8 billion in tax increases. A similar package containing mostly noncontroversial provisions has been approved by the Senate Finance Committee. The Finance Committee now is working on a proposal which includes about \$60 billion in spending reductions and \$55 billion in increased tax revenues. Senator Dole's tax on health benefits is included as one of the options within this package.

To date reception of this package has been quite negative. The full Finance Committee and a specially appointed subcommittee have not been able to reach agreement on a proposal. Efforts may be continued even though President Reagan has indicated he would veto such a bill. With the adjournment of the Congress the whole tax issue remains in influx.

Preferred Provider Organizations: The House Commerce Health Subcommittee held one day of oversight hearings on Preferred Provider Organizations. The hearings were opened by Subcommittee Chairman Henry Waxman, D-CA. However, following the first witness the hearings were chaired by Representative Ron Wyden, D-OR, the sponsor of H.R. 2956, the Preferred Provider Health Care Act. That legislation would override state barriers to the development of PPOs.

While hearings were oversight in nature the witnesses were asked their opinions of the PPO legislation. Most indicated that many questions still need to be answered concerning the relatively new PPO concept. If legislation is to be enacted the witnesses stressed the importance of including consumer safeguards to any override authority. No health provider organizations were included in these hearings.

An Association statement to the Subcommittee expressed ADA opposition to legislation which would override state benefit antidiscrimination laws and stressed the importance of holding further hearings specifically on the legislation as well as on the PPO issue in general. The ADA emphasized the need to formally hear from health care provider organizations.

Representative Wyden had indicated his interest in attaching this bill as an amendment to other health legislation.

Federal Trade Commission: Due to a busy schedule and lingering controversy over the legislative veto, both houses of Congress continued to postpone floor action on an FTC authorization bill, including limits on Commission authority to preempt state laws relating to the practice of the professions.

In the Senate, Senator James McClure, R-ID, has introduced a substitute amendment for the profession provisions of S. 1714. The substitute proposal, although similar to the Committee reported measure, differs from that bill by virtue of additional language to restrain FTC activities with respect to the legal profession.

In response to a request from Chairman Bob Packwood, R-OR, the Association has reiterated its support for the Committee reported version in the hope that it will help expedite full Senate consideration of an FTC authorization bill.

ERISA: Recently the Association submitted comments to the Senate Subcommittee on Labor urging support for legislation to make clear that state "freedom of choice" laws were never intended to be preempted by ERISA (Employee Retirement Income Security Act) or any other federal law.

The statement was rendered in connection with Subcommittee hearings on several legislative proposals, including S. 19, the Retirement Equity Act of 1983.

In a related development, representatives of the Association and other health professional groups have met

with Senator Spark Matsunaga, D-HI, to discuss proposed legislation to clarify that state "freedom of choice" laws are not preempted by ERISA.

Senator Matsunaga agreed to introduce such legislation. It is most likely that the ERISA proposal will be introduced and debated early next year.

Military Pay Restored: Separate proposals to severely limit bonus pays for military dentists have been deleted from the fiscal 1984 House Defense Appropriation bill, H.R. 4185. The House measure, as originally developed by the Defense Appropriation Subcommittee, called for the virtual elimination of "continuation" pay for dental officers, as well as the denial of both professional and continuation pays for dentists assigned to administrative positions. If enacted, the legislation would have resulted in a loss in annual compensation of between 15 and 20 percent for military dentists.

The ADA waged an aggressive campaign to block the two proposals, arguing that the pay cuts would have an immediate, adverse impact upon the ability of the armed services to recruit and retain sufficient numbers of dentists. A first step in retaining financial incentives for dental officers was taken in late October with the decision of the full House Appropriations Committee to restore over \$22 million in proposed reductions for military dental continuation pay. This action was followed, in November, by a successful motion on the floor of the House of Representatives to remove the remaining provision affecting dental officers in administrative positions.

Organized Crime/Union Plan Fraud: This fall the Senate Permanent Subcommittee on Investigations held a series of hearings on possible organized crime infiltration of some hotel and restaurant employee unions' health and welfare funds, including dental prepayment plans.

At the hearings, numerous law enforcement officials testified that organized crime interests had set up corrupt and fraudulent operations of union dental plans, particularly in New Jersey and Nevada. The corrupt practices included kickbacks, false contracts and exorbitant administrative expenses.

Senator Warren Rudman, R-NH, vice chairman of the Subcommittee, indicated a report outlining the Subcommittee's findings and recommendations for possible legislation and further law enforcement action will be issued by the end of the year. It is

expected that the report will recommend legislation to tighten requirements regarding administrative expenses involving pension funds, including prepaid dental plans.

Appropriations: For the first time in five years, the Department of Health and Human Services will be funded by a regular appropriations bill adopted by Congress and signed by the President. Since fiscal year 1979, HHS appropriations have been included in continuing resolutions, stop-gap funding measures used in the absence of appropriations bills.

The \$104 billion measure, which funds the Departments of Labor and Education as well as HHS, included \$84.3 million for the National Institute of Dental Research, an increase of more than \$9 million over the institute's fiscal year 1983 funding. In addition, the family medicine/dental general practice residency program was allocated \$34 million and the preventive health services block grant received a small increase.

Although the line-item for the dental disease prevention activity (fluoridation technical assistance) at the Centers for Disease Control (CDC) was eliminated from the CDC budget, authority and funding for the program has been guaranteed by House and Senate appropriation committee reports.

Radiation: The Association submitted comments to the Department of Health and Human Services earlier this month on proposed radiation standards for dental auxiliaries. In his letter to Dr. Thomas D. Hatch, director of the Bureau of Health Professions, ADA Executive Director Dr. Coady urged that state dental boards be specifically identified as the appropriate state regulatory agencies for matters pertaining to dental auxiliaries. In a similar vein, Dr. Coady stated, "Since the Commission (on Dental Accreditation) is the only recognized agency that operates comprehensive accreditation programs in dentistry, the American Dental Association feels very strongly that the Commission's role as the recognized accrediting agency for dental hygiene and dental assisting education programs must be clearly stated in... the final regulations."

Last summer, Dr. Coady sent copies of the proposed standards to all constituent societies for their review. The standards are voluntary for states and are intended to encourage the adoption of uniform accreditation and credentialing procedures.

ADA ELIMINATES CONTINUING EDUCATION SPONSOR APPROVAL PROGRAM

At the ADA House of Delegates meeting in Anaheim, the Continuing Education Sponsor Approval Program received much attention and was the subject of considerable discussion both in Reference Committee and on the floor of the House.

When the vote was eventually taken, the program was eliminated. As a result, the ADA budget will be reduced approximately \$100,000.

ARE YOU THE NEW EDITOR???

The Bylaws limit the term of the **Newsletter** Editor to two-three year terms. The second term of the current editor ends with the publication of the **Newsletter** which follows the Summer Meeting of the Executive Council.

A **Newsletter** Editor is needed and all interested in serving the College in this capacity are urged to notify the Central Office immediately so that all applicants can be considered by the Executive Council at its next meeting.

FPO HOUSE OF DELEGATES APPROVES COUNCIL FOR THE AFFAIRS OF THE AMERICAN BOARD OF PROSTHODONTICS

At the recent meeting of the House of Delegates of the Federation of Prosthodontic Organizations, the delegates unanimously approved a Council to act as liaison with the American Board of Prosthodontics.

Members of the Council will be:

- ACP - Dr. Kenneth D. Rudd, 3 years*
- Dr. Stephen F. Bergen, 2 years
- Dr. Daniel F. Gordon, 1 year
- AACBP- Dr. Ronald W. Dykema*
- AAMP- Dr. William R. Laney*
- ADP- Dr. Milton H. Brown*
- FPO- Dr. Harold Litvak
- Dr. Davis Henderson*
- Dr. William B. Love

An asterisk denotes former Board members.

In other actions, the FPO House of Delegates elected Dr. Ronald P. Desjardins to membership on the American Board of Prosthodontics; Dr. Douglas Atwood, President; Dr. Glen P. McGivney, President-Elect; Dr. John E. Rhoads, Vice President; Dr. Robert Schweitzer, Secretary; Dr. James Fairchild, Treasurer; and Dr. Robert P. Desjardins, Associate Editor.

Additionally, a public education program was approved by the House to start immediately, funded by the FPO. The program will be evaluated and if successful, methods of future funding will be a subject for determination.

College representation in the FPO House of Delegates is determined by the number of members who pay the FPO assessment. Have you paid yours?

SPEAKERS BUREAU TO BE FORMED

The Public and Professional Relations Committee is seeking to compile a list of members who are willing to speak to organizations outside the College on behalf of the specialty of prosthodontics. The Committee is now developing a standard presentation which can be modified to the speaker's taste with minimal preparation.

The opportunity to speak will be both personally and professionally rewarding to individuals and helpful in making the specialist in prosthodontics more readily identified by the general public.

Those interested should complete the applicable item in the questionnaire enclosed in this issue of the **Newsletter**. The form is to be returned to the Central Office Director.

SITE SELECTION FOR ANNUAL OFFICIAL SESSIONS

Currently the following arrangements have been made for future Annual Official Sessions:

ADA

1984-Atlanta, October 20-23

1985-San Francisco, November 2-5

1986-Miami Beach, October 18-21

1987-Las Vegas, October 10-13

1988-Washington, D.C., October 8-11

1989-Anaheim, November 4-7

ACP

Nashville, October 17-19
Hyatt Regency

Seattle, October 30-November 1
Westin Hotel

*Orlando, October 15-17
No hotel site yet

The Executive Council approved Orlando as the site for the 1986 meeting. However, there has been much discussion among members of the Maxillofacial Academy and those of the College as to where this meeting should be held. If you have any preferences, please make your desires known to the Chairman of the Site Selection Commit-

tee, Dr. Alex Koper, 520 N. Bristol Avenue, Los Angeles, California 90049, to any of your elected officials, or the Central Office. A determination must be made in the near future. This is an opportunity to communicate and let "the leadership represent the membership." See article on Membership survey elsewhere in the **Newsletter**.

1983 ADA HOUSE OF DELEGATES CONSIDERS OVER 100 RESOLUTIONS

The 1983 ADA House of Delegates Meeting of the American Dental Association was democracy in action as the representatives of dentists from all sections of the nation made policy for the profession for the year ahead.

Following are some of the decisions reached:

- A sponsoring organization of a dental specialty was defined as . . . "one whose membership is reflective of the special area of dental practice" . . .
- Plastic membership cards were reinstated (on an annual basis).
- The members of the American Dental Association are to be surveyed (using ADA developed materials) as to their willingness to support, financially, a proposed advertising program. Results of the survey are to be reported to the Board of Trustees prior to the 1984 House of Delegates Meeting.

- That the program be implemented only after the 1984 House of Delegates votes a special dues increase of \$125.00 per year.
- That the American Dental Association Board of Trustees study the possibility of establishing a credit union for members and report to the 1984 House of Delegates.
- That a \$50.00 dues increase, effective in 1985, be referred to the 1984 House of Delegates for a final decision.
- Approved publication of current comparable information relating to all forms of benefit plans as soon as possible.
- Directed the American Dental Association legal staff to monitor, examine and research preferred provider organizations with relation to restraint of trade, with an interim report to be made to the Board of Trustees within six months.
- The Continuing Education Sponsor Approval Program was discontinued.
- Relative to the report on the Future of Dentistry:
 - a. Approved a feasibility study for a student loan program at no cost to the American Dental Association.
 - b. Postponed indefinitely a proposal to assess an applicant's skills as part of the admissions process for those desiring to study dentistry.
 - c. Urge those responsible for funding and administration of dental education programs to evaluate the size and quality of their programs on an ongoing basis.
 - d. Urged the AADS and Program Directors to reassess the number of first year positions in clinical dental specialty programs in relation to: disease treatment, patient demands and manpower projections.
 - e. Accepted the following recommendations as ADA priority guidelines to prepare for the future:
 1. Convert need into demand for services.
 2. Prepare practitioners to be more patient/market oriented.
 3. Broaden the skills and services that practitioners offer to the public.
 4. Influence quality and quantity of the manpower supply.

5. Stimulate research and development.

- Directed the Council on Bylaws and Judicial Affairs to examine whether it is ethical to charge patients, covered by third party plans, different fees for identical services based upon plan coverage.
- Directed the ADA Staff to develop alternative proposals to bills (pro-competition) taxing fringe benefits, (such an alternative might be reasonable and equitable beneficiary cost sharing).
- Approved ADA opposition to (HR2956 the preferred provider care act of 1983) legislation which would override state laws which prohibit discrimination (relative to fees paid to the providing dentists) for services to beneficiaries of health benefit plans.
- Approved action to encourage constituent societies to apprise state legislators of the need for legislation to prohibit third party payors from lowering reimbursement for services because the dentist is not a participating provider in the patient's dental plan.

If College members would contact the delegates who represent them in the American Dental Association House of Delegates and discuss the House actions, the answer to the often asked question "what does the ADA do for me?", would become abundantly apparent.

MEMBERS IN THE NEWS

Dr. Louis J. Boucher-honored by the First District Dental Society in New York City. Recipient of the 1983 Henry Spindel Award, the society's highest, for his outstanding contributions to dentistry.

Dr. William B. Love-honored with Fellowship in the American College of Dentists.

Dr. Richard J. Grisius-honored with Fellowship in the International College of Dentists.

Dr. Porter L. DeYampert-honored with Fellowship in the International College of Dentists.

Dr. Howard M. Landesman-honored with Fellowship in the International College of Dentists.

Dr. Ronald P. Desjardins- named Assistant Editor of the Journal of Prosthetic Dentistry.

NEW STUDY GUIDES FOR CERTIFICATION DELAYED

Dr. J. Crystal Baxter, Chairman of the Education and Advancement Committee, announced that the new Study Guide for Certification will be delayed until the new rules for the American Board of Prosthodontics examination are released. These guidelines will be published in the **Newsletter** following their release by the Board. Dr. Baxter announced that a bibliography of Board Examiners' publications will be included in the next edition of the Study Guide.

Volunteers are needed to collect the questions asked on the examination to be given in 1984. Those able to assist in that effort should contact Dr. Baxter at 155 N. Harbor Drive, #1303, Chicago, Illinois 60601.

HOW DID YOU DO?

The key to the self-assessment examination distributed at the Annual Official Session in San Diego, is printed below.

Dr. Crystal Baxter, author of the examination, has addressed topics which are subjects of the American Board of Prosthodontics' examination.

A mini self-assessment examination will not be published in this **Newsletter**, but will be presented in the next issue.

The correct answers to the 25 questions are:

1. a
2. b
3. c
4. a
5. a
6. d
7. b
8. b
9. c
10. e
11. b
12. d
13. c
14. b
15. c
16. a
17. d
18. a
19. a
20. a
21. c
22. e
23. a
24. d
25. c

FAREWELL

The College was diminished by the loss of two Life Fellows in 1983. Dr. Emet Dickson and Dr. Muller M. Devan, who passed away during the past year, were eulogized by Dr. John D. Mose, Chairman of the Necrology and Eulogy Committee, during the Business Meeting of the Annual Official Session in San Diego, California. At the conclusion of the eulogy he offered a prayer in their behalf.

In accordance with College custom, a letter was sent by the President to the next of kin and a memorial gift has been sent to the American Fund for Dental Health in the names of the deceased.

MEMBERS ASKED TO REVIEW DIRECTORY LISTING

It has been some time since a review of the directory has been accomplished. Now and then, inaccuracies are noted. To assist in making the publication as accurate as possible, all members are asked to review their listing, and if any correction is needed, please notify the Central Office Director at 84 N. E. Loop 410, Suite 273 West, San Antonio, Texas 78216; telephone number 512-340-3664.

Telephone numbers are also requested. The Central Office Director can then provide this information to any member wishing to reach another.

MEMBERSHIP SOARS PAST 1400

"College membership had increased to 1430 at the close of the business meeting in San Antonio", said Central Office Director, Linda Wallenborn.

The membership by category is as follows:

Life Fellows -	75
Fellows -	495
Associates -	682
Affiliates -	178
TOTAL -	1430

The College, which is now the largest prosthodontic organization in the world and the only one composed of specialists in prosthodontics, has grown tremendously since its founding. Its membership is large enough to be listened to, when its representatives have a forum in which to speak inside and outside the arena of the specialty.

NEWS FROM SECTIONS

Pennsylvania: The Section met and approved changes to its Constitution and ByLaws. The next Annual Meeting will be held May 11 and 12, 1984, in Hershey, Pennsylvania. The meeting will be open to all college members as guests. There will be a guest fee.

—Ernest Mingledorff, President

South Carolina: The Section meets twice a year, in the Spring and in the Fall, just before the Annual Official Session of the College. The fact that the Section was organized has been published in the South Carolina Dental Journal and the Section has offered its services in a Continuing Education capacity to dentists throughout the State. The Section provides committee members to the State Board to assist in the examination of candidates for State Prosthodontic Specialty Certification.

—Robert V. Keith, President

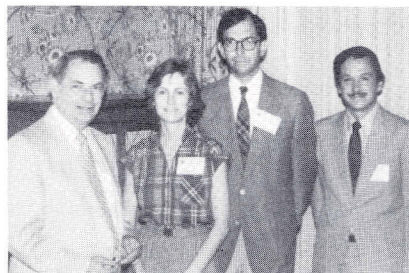
New Jersey: Regular meetings were held in October, January, April and May when new officers were initiated. It is reported that the Section is working closely with the following New Jersey Dental Association Councils: Peer Review, Dental Care, and Professional Specialities. The Section works with younger men in preparing them for certification and also holds many scientific programs.

—Cosmo V. DeSteno, President

California: The last meeting of the Section was held in the evening at Lubock's in San Diego, during the recent Annual Official Session of the College. The Section has 128 members. Its Peer Review Committee reviews all cases when treatment in question was rendered by a prosthodontist member of the California Dental Association.

—Duncan Wallace, Chariman

Georgia: Prosthodontics for the 80's was the theme when the Section gathered during the Hinman Meeting in Atlanta. There was both a scientific and



Installation of A.C.P., Georgia Section Officers left to right: Dr. Stephen Bartlett, Dr. Janine Bethea, Dr. Benjamin Hill, and Dr. James Wheeler. Not pictured: Dr. Michael Carpenter.

administrative program. A speakers bureau was established during the meeting and peer review was discussed.

Officers were elected at the semi-annual meeting in Savannah on August 20, 1983. Dr. Stephen O. Bartlett, then President of the College, was on hand to install Dr. Michael Carpenter, chairman; Dr. James Wheeler, vice-chairman; Dr. Janine Bethea, secretary; and Dr. Benjamin Hill, treasurer.

Dr. Bartlett's presence marked the first time that a president of the college had personally addressed a Section meeting. Highlighted topics of his presentation included a synopsis of the newly developed aims and goals of the college, the need for public awareness of the specialty, and the benefits of membership participation.

Successful chartering of the Georgia Section was largely through the efforts of Dr. Carpenter, who scheduled the first organizational meeting at Emory University in 1982. It is the objective of the Section to provide a stronger voice for prosthodontists by unifying specialists throughout the State.

—Michael A. Carpenter, Chariman

South Texas: Meetings were held in February, April, May and September which included business, professional and social aspects. At the September meeting, at the Petroleum Club in San Antonio on September 10th, approximately 100 members, spouses and



Left to right: Dr. Martin Comella, Secretary, Dr. L. W. Carlyle, Chariman, Dr. J. D. Larkin, Life Fellow, Dr. James Fowler, Vice-Chairman.

guests attended. The guest speaker, Dr. Edward J. Masoro, Ph.D., Chairman of the Physiology Department, University of Texas Health Science Center, San Antonio, Texas, discussed "aging" and what might be done to delay its inevitable progress. The highlight of the evening was the presentation of a gift from the Section by Dr. Robert Morrow to Dr. J. D. Larkin for his professional contributions to prosthodontics during a period of 50 years. A letter from College President, Dr. Stephen O. Bartlett, acknowledging Dr. Larkin's special accomplishments was read at

the dinner meeting. The South Texas Section of the American College of Prosthodontics made Dr. Larkin its first Life Fellow. He was the first Editor of the **Newsletter**.

—L. W. Carlyle, III, Chairman

Metropolitan Washington: The Section holds monthly dinner meetings attended by approximately 80 members. Residents of various local graduate prosthodontic programs present their research projects as part of the scientific agenda.

—Marvin L. Baer, Chairman

HOSPITALITY ROOM FOR ABP EXAMINEES AUTHORIZED

The College will reserve a room at the Marriott Hotel, which is convenient to the ADA Building in Chicago, for use by those taking the American Board of Prosthodontics' examination Part I, Phase 1, in February, 1984. It is planned that the room will be opened immediately after the written examination for relaxation and socializing by the examinees. Refreshments will be provided.

SYNOPSIS OF PAPERS PRESENTED AT THE SAN DIEGO ANNUAL OFFICIAL SESSION

By: Dr. Lucius W. Battle

TITLE: Conservative Restoration of Anterior Teeth in the Young Patient

Presenter: Dr. Ron Jordan

Dr. Jordan's presentation was directed towards "conservative operative procedures for the young dentition affected with fractured, malformed, discolored or missing anterior teeth, utilizing advanced techniques in conjunction with new composite materials."

Dr. Jordan stated that composite restorations are "Time-Buyers" for the young dentition. He discussed in detail the following bonding systems:

- (1) Resin to enamel
- (2) Resin to dentin
- (3) Resin to resin
- (4) Resin to metal

Dr. Jordan recommends a visible-light-cure composite for mottled

enamel. The advantages are:

- (1) Command cure
- (2) Fast deep cure
- (3) Color stability

He further recommends macro fill composites for restoring stress areas and micro fill composites for ease of polishing in non-stress areas requiring restoration.

Dr. Jordan stated that the use of composites for posterior restorations will increase in the future due to the lack of corrosion and mercury contamination. He claims that the placement of a composite posterior restoration is more technique sensitive than that of the anterior composite restoration.

Dr. Jordan advocated the replacement of missing anterior teeth in the young dentition with the Rochette Bridge and recommended the use of the Maryland Bridge for replacing missing posterior teeth in the young dentition.

Inquiries pertaining to this essay should be addressed to Dr. Ron Jordan, University of Western Ontario, London, Ontario, Canada N6G-2B1.

TITLE: Pathologic Lesions of the Head and Neck: Their Surgical and Prosthetic Management

Presenter: Dr. Ronald Baker

Dr. Baker introduced his topic by listing three objectives of preprosthetic surgery:

- (1) To establish an ideal ridge form
- (2) To provide fixed tissues over the primary denture support area
- (3) To provide ideal ridge relationships in all dimensions

Dr. Baker presented a series of patients with various pathologic entities. The reconstructive surgery associated with each patient was described in detail.

Dr. Baker described the diagnosis and treatment of a fifteen-year-old female with facial swelling and left mandibular expansion. A bone scan was ordered and was deemed negative. Computerized tomography of the left mandible was diagnostic of ameloblastoma. After the diagnosis of ameloblastoma was confirmed, the left condyle and ramus were resected. Surgical reconstruction utilized an osteo-synthesis bar with rib graft. This technique is advocated by the speaker for the development of a functional joint for young patients. The bar is removed after 6 to 8 months and a prosthesis made to complete the reconstructive therapy.

Another interesting patient treatment

presentation by Dr. Baker was that of a 24-year-old pregnant female with swelling in the left mandibular molar area. The differential and final diagnosis was central giant cell granuloma. A left mandibular surgical resection was performed after normal childbirth. Surgical reconstruction was accomplished with a large rib graft and cancellous iliac crest bone. A split-thickness skin graft vestibuloplasty followed with an eventual mandibular prosthesis.

Inquiries pertaining to this essay should be addressed to Dr. Ronald Baker, University of North Carolina, School of Dental Medicine, Chapel Hill, North Carolina 27514.

TITLE: Prosthodontics: The Specialty in Private Practice

Presenter: Dr. Thomas J. Balshi

Dr. Balshi gave an informative presentation on the organization and management of the Prosthodontic Private Practice Office. His presentation was divided into the following topic areas:

- (1) Office location
- (2) Staffing (clinical and administrative)
- (3) Patient referrals
- (4) Practice philosophy
- (5) Goals
- (6) Economics
- (7) Laboratory support

Dr. Balshi provided the audience with the following conclusions and relevant data based on his practice:

- (1) 64% of new patients arise from patient referrals
- (2) 70% of fixed partial denture patients are female
- (3) 85% of patients have an average age of 37 to 62 years
- (4) 80% of patients live within a one-hour drive of the dental office
- (5) The laboratory should be located in a building separate from the dental office and should have its own manager

Dr. Balshi concluded his presentation with the following suggestions:

- (1) Maximize clinical time
- (2) Decrease laboratory time within the dental office
- (3) Decrease stressful environment
- (4) Decrease office overhead
- (5) A profit sharing plan is highly recommended

Inquiries pertaining to this essay should be addressed to Dr. Thomas Balshi, 1244 Fort Washington Avenue, Fort Washington, Pennsylvania 19034.

TITLE: Provisional and Transitional Splinting

Presenter: Dr. William R. Priester, III

Dr. Priester presented the following philosophy to the audience: "Preventive restorative dentistry is the objective of the practice and teaching of Prosthodontics."

Dr. Priester defined provisional splinting as an all-acrylic temporary splint made over prepared abutments. The transitional splint is defined as the cast metal splints attached to abutments with acid etch composite resins.

Dr. Priester presented an interesting cast metal splint called the "Tennessee Splint". This is a cast lingual splint with large lingual windows or openings, particularly suited for lower anteriors. The splint is attached with acid etch composite resin, which flows well, utilizing the large lingual openings.

Dr. Priester presented the following indications for full-arch provisional splinting:

- (1) To stabilize the dentition before or after periodontal therapy
- (2) To facilitate the restoration of vertical dimension or other full-arch restorative procedures

The technique recommended by Dr. Priester for making full arch provisional splints is as follows:

- (1) Irreversible hydrocolloid impression "Cut the impression borders back"
- (2) Preparation of the abutment teeth
- (3) Prepare tooth shade autopolymerizing acrylic resins for pouring into the irreversible hydrocolloid impression
- (4) Place or pour the incisal shade acrylic resin into the impression
- (5) Place or pour the body shade acrylic resin into the impression
- (6) Re-seat the impression in the mouth or prepared cast, and allow the acrylic resins to polymerize

Dr. Priester recommends placement of amalgam restorations in the provisional splints designed to restore occlusal vertical dimension. This prevents splint wear and eventual loss of occlusal vertical dimension.

Inquiries pertaining to this essay should be addressed to Dr. William R. Priester, III, 5210 Poplar Avenue, Memphis, Tennessee 38119.

TITLE: Magnetic Retention for Overdentures

Presenter: Dr. Barrie Gillings

Dr. Gillings presented a system for magnetic retention of overdentures utilizing cobalt-samarium magnets. He claimed that fitting the denture and root components with the cobalt-samarium magnets provides a simple, inexpensive chairside procedure that achieves retention and has low potential for trauma to the retained roots.

Dr. Gillings re-emphasized that the goal of using overdentures is preservation of alveolar bone. He stated that "many patients are better off with overdentures than the conventional removable partial dentures."

Dr. Gillings presented an interesting technique for accommodating large exostoses with denture base coverage. He uses a magnetic buccal or lingual facade that opens to accommodate denture base placement and maintains closure with magnetic retention.

Dr. Gillings described two types of sectional dentures: Type I: "A conventional partial denture is constructed allowing the buccal half of the saddle to be removable in a buccal direction. Retention is accomplished when the buccal section enters the undesirable undercuts. A magnetic retention unit, with parallel pins fitting matched tubes, is used for assembly."

Type II: "A sectional partial denture that has buccal and lingual sections, usually replacing one missing tooth. Again, parallel rods, matching tubes and a magnetic retention unit are used." Dr. Gillings stated that this prosthesis is a useful, inexpensive alternative to a fixed partial denture.

Inquiries pertaining to this essay should be addressed to Dr. Barrie Gillings, Department of Prosthetic Dentistry, Faculty Building, Chalmers Street, 2 Surry Hills, North South Wales, Sydney Australia 2101.



The Hyatt Regency Nashville - Site of the 1984 Annual Official Session.

"THE MUSIC GOES ROUND AND ROUND AND COMES OUT IN NASHVILLE TOWN"

From cream of country to jazz, to pop rock, to our formal symphony orchestra (conducted by Kenneth Schermerhorn), we've got the music for you. If new talent is your interest, we have an abundance of night spots showcasing new talent. You never know when you might be viewing a superstar of tomorrow! Printer's Alley is open till the wee hours of the morning for you night clubbers, while "Mr. First Nighter" might enjoy taking in a stage play at the Performing Arts Center.

Perhaps you would enjoy touring one of the recording studios where your favorite singing star records. Nashville has been aiming for the movie and television production industry for some time now, and has at this time several production companies in operation. Whatever your taste in entertainment, Nashville is sure to have something to please you.

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

**NASHVILLE
OCT. 27-29
Y'ALL
COME,
HEAR?**

PLACE
STAMP
HERE

AMERICAN COLLEGE OF PROSTHODONTISTS
Central Office
84 N.E. Loop 410
San Antonio, Texas 78216

Thank you for your time in completing this questionnaire. Please enclose any other information requested.

____ I would like to see the pamphlet changed if possible to include (exclude)
____ I like the Pennsylvania "What is a Prosthodontist" pamphlet.

Dr. Roy Yanase:

USE OF COLLEGE LOGO AND ROSTER

The College membership, at the Business Meeting held in conjunction with the Annual Official Session, approved an amendment to Policy #35, which relates to the use of the College logo. In accordance with the changed policy, such use will be confined to official College publications and correspondence to include those of State Sections, but is not for use by individual members.

All members are requested to observe this change in College policy and restrict the use of the logo to the limits defined by the College membership.

The Executive Council also expressed the desire that the College roster not be used as a mailing list without its approval.

DR. BINON APPEALS FOR RETURN OF SURVEY FORMS

In his report to the Executive Council at the Annual Official Session in San Diego, Dr. Paul P. Binon stated that in his efforts to identify all prosthodontists in the United States, 2400 mailing were made. Dr. Binon has received 880 responses, however, he would like to hear from all members **PLEASE RESPOND IF YOU HAVEN'T**.

At this time ten eligible respondents identified by Dr. Binon have requested membership application forms and an additional 91 have been identified as eligible for College membership.

Dr. Binon intends to have an analysis of the data available for the Executive Council when it meets in February in Chicago. The **Newsletter** will provide this information in the first issue after it is available.

Many comments were made on those survey forms which were returned. Some of them are listed below for informational purposes:

- Some respondents believe the public and others should be educated as to what a prosthodontist is.
- An 800 number is needed for information about and referrals to a prosthodontist.
- Encourage Board certification.
- Make Board more affordable.
- The American College of Prosthodontists should control the Board.

- The Board is meaningless, when one is not an educator.
- Change the Board (many times).
- Quit playing games with so called Associates and Fellows. If you have graduated from an accredited program, you should be a Fellow.
- Pay more attention to the Private Practitioner.
- Executive Council does not communicate with the membership ...closed group.
- Executive Council and its close friends do not represent the membership.
- Improve the Annual Program (many times).
- Omit programs dealing with business aspects of practice.
- Share expertise of the "experts" with the young prosthodontists.
- Strengthen the voice in the ADA.
- Provide a newsletter for private practice segment with private practice management ideas.

It is most beneficial that the comments above and similar ones are made, for it gives an overview of members' thoughts, ones that are not always perceived by the elective officials. Since they were submitted anonymously they cannot be answered on an individual basis. Perhaps another way may be found to respond to these comments and similar ones, see President's message.

RESPONSIBILITIES ASSIGNED FOR ACCOMPLISHMENT OF COLLEGE GOALS

President Jack D. Preston has assigned various objectives to individuals and committees to assure that the goals they support are reached. Below are listed the responsible persons or committee and the task for which each is responsible:

Ad Hoc Committee on the Advancement of the Specialty:

Goal #1, Objective a. To become, as soon as possible, the organization contacted by the Council of Dental Education of the American Dental Association and Council of Prosthetic services relative to the specialty of prosthodontics.

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

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

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

Research Committee:

Goal #2, Objective f. To provide awards for advanced prosthodontics students for outstanding published articles on prosthodontics.

Goal #2, Objective g. To make recommendations to appropriate institutions and agencies which will stimulate funding of prosthodontic research.

Goal #2, Objective h. To publicize the prosthodontic section of the International Association of Dental Research.

Goal #2, Objective i. To develop areas of research for future study.

Goal #2, Objective j. To continue the John J. Sharry Award for the winner of the Annual Research Competition.

Goal #2, Objective k. To give American College of Prosthodontists members engaged in research priority consideration as speakers at the annual official meeting.

Education and Advancement Committee:

Goal #1, Objective d. To sponsor a workshop which will establish guidelines for instruction in prosthodontics for all chairmen of undergraduate prosthodontics programs.

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

Goal #2, Objective b. To determine prosthodontic procedures that should be evaluated by state and/or regional licensing boards, and convey this information to appropriate agencies by 1985.

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

of the Association which are involved in prosthodontics.

Goal #2, Objective d. To organize a workshop which will develop guidelines for site visit evaluation for prosthodontic consultants to the American Dental Association Council on Education.

Goal #2, Objective e. To encourage the development of stipends for students in advanced prosthodontic programs.

Goal #5, Objective f. To determine the cost of post doctoral education, by the annual official meeting in 1984.

Goal #5, Objective g. To determine the cost of obtaining Board certification, by the annual official meeting in 1984.

Goal #11, Objective a. To continue publication of American College of Prosthodontists guidelines and related educational materials which aid in the certification process.

Goal #11, Objective b. To improve affiliate participation at annual official meetings, by 1984.

Goal #11, Objective c. To establish short courses which aid in achieving certification, by 1985.

Goal #11, Objective d. To survey, determine and record the benefits of certification to the individual and the public, by 1986.

Committee on the Private Practice of Prosthodontics:

Goal #3, Objective c. To establish liaison with health insurance carriers to familiarize them with the purpose of the college in order to better define procedures and fees, by January 1984.

Goal #5, Objective a. To determine the net income from prosthodontics by practice category, by the 1984 annual official meeting.

Goal #5, Objective d. To determine guidelines for overhead costs related to the private practice of prosthodontics, by 1985.

Goal #5, Objective e. To determine costs associated with the establishment of a private practice, by 1985.

Goal #12, Objective a. To continue private practice seminars at the annual official meeting.

Public and Professional Relations Committee:

Goal #4, Objective a. To produce

telephone tapes and other media for the lay public describing prosthodontic services and how to obtain them. These are to be made available through an 800 telephone number, by the fiscal year 1984 - 1985.

Goal #4, Objective b. To establish an approved yellow page format for section use, consider the use of newspaper announcements and consider the use of the College logo in both.

Goal #4, Objective c. To encourage other public and professional groups to invite speakers from the American College of Prosthodontists.

Goal #4, Objective d. To monitor and evaluate the progress and results of all public relations activities of the American College of Prosthodontists.

Goal #4, Objective e. To disseminate the Pennsylvania Public Relations brochure and develop a replacement brochure.

Goal #4, Objective f. To budget for professional public relations consulting and guidance on an ongoing basis, to begin fiscal year 1984 - 1985.

Goal #4, Objective g. To develop and produce bumper stickers prior to the annual official session of 1984.

Goal #4, Objective h. To establish a central speakers bureau which will be developed from a speakers training program at the annual session.

Goal #4, Objective i. To develop a standard presentation on the American College of Prosthodontists to be utilized by members as desired.

Prosthetic Dental Care Program Committee:

Goal #5, Objective b. To establish the recognition of prosthodontic specialty treatment by third party payors, within five years.

Goal #5, Objective c. To establish a remuneration by third party payors which is commensurate with the level of prosthodontic specialty care, within five years.

Goal #8, Objective a. To establish criteria for evaluating specialty level prosthodontic care, by the annual official meeting in 1985.

Goal #8, Objective b. To establish formal peer review procedures for

use by College members, by the annual official meeting in 1985.

Goal #8, Objective c. To establish acceptable guidelines for the provision of prosthodontic care, by the annual official meeting in 1985.

Goal #12, Objective f. To promote the advantages of interdisciplinary care of the compromised prosthodontic patients to those institutions responsible for the care of such patients.

Central Office Local Advisory Committee:

Goal #3, Objective a. To conduct a study to identify all possible uses of the Central Office computer which will enhance communications between the American College of Prosthodontists and its members, by February 1984.

Goal #10, Objective m. To review the job description of the Central Office Director, by 1984.

Goal #10, Objective n. To evaluate Central Office space, equipment and location, by 1985.

Goal #10, Objective o. To evaluate insurance coverage and need for additional personnel, by 1985.

Central Office Director:

Goal #12, Objective b. To update correct clinical practice designation in the membership directory for the purpose of providing better referral of prosthodontic patients. (Through cooperation with the newsletter editor).

Newsletter Editor:

Goal #3, Objective b. To use the caption (in bold print) "Questions, Ideas, Problems -- Call The Central Office, telephone # 512-340-3664, in every newsletter.

Membership and Credentials Committee:

Goal #6, Objective a. To identify all individuals eligible for membership in the American College of Prosthodontists, by the annual official meeting in 1984.

Goal #6, Objective b. To recruit at least 50% of non-member eligible prosthodontists to membership in the American College of Prosthodontists, by 1985.

Goal #6, Objective c. To recruit 100% of all eligible advanced prosthodontic students to membership in the American College of Prosthodontists, at once.

Goal #6, Objective d. To identify the causes for termination of membership, at once.

Goal #6, Objective e. To encourage those who have terminated their membership to reinstate, at once.

Committee on Area and Regional Sections:

Goal #10, Objective g. To encourage and aid the formation of new Sections including the development of a model for section by-laws.

Goal #10, Objective h. To affect a by-laws change which would change Regions terminology to Sections, by 1984.

Goal #10, Objective i. To define geographic boundaries of Sections by 1984.

Goal #10, Objective j. To standardize Section administrative positions and titles, by 1985.

Goal #10, Objective k. To define the American College of Prosthodontists Section relationship and ensure all Sections operate in accordance with the American College of Prosthodontists by-laws

(1) financial aspects, by 1984

(2) ensure membership eligibility of sections conforms with American College of Prosthodontists guidelines, by 1983.

(3) monitor Section activity by requiring timely submission of annual financial reports, membership rosters, and minutes of meetings.

Constitution and By-laws Committee:

Goal # 10. Objective 1. To convert the Central Office Local Advisory Committee to a standing committee, by 1984.

Site Selection Committee:

Goal #10, Objective p. To poll the membership to determine influence of collateral meetings on the site of the annual official meeting, in 1984.

Goal #10, Objective q. To poll membership to determine preference of dates and sites of the annual official sessions, by 1984.

The Ad Hoc Committee for an International College of Prosthodontists:

Goal #9, Objective a. To provide support and encouragement to the Committee for the Formation of the

International College of Prosthodontists, by 1983.

Goal #9, Objective b. To maintain active liaison with the founders of the International College of Prosthodontists.

Executive Council:

Goal #10, Objective e. To evaluate the need for a complete review of "Goals and Objectives" by 1988.

AD HOC COMMITTEES TO BE FORMED:

Ad Hoc Committee to explore the publication of the Journal of the American College of Prosthodontists:

Goal #3, Objective d. Begin initiatives which will start publication of the Journal of the American College of Prosthodontists to be referred with preference to College members, as soon as possible.

Ad Hoc Committee on Ethics:

Goal #8, Objective d. To establish and appoint an Ad Hoc Committee on Ethics by 1984. (Appointed by Dr. Bartlett following the Summer Executive Council Meeting).

Ad Hoc Committee on Dental Laboratory Service:

Goal #7, Objective a. To establish criteria for quality prosthodontic laboratory service, by the annual official meeting in 1985.

Goal #7, Objective b. To establish a central referral list of recommended dental laboratories, by the annual official meeting in 1985.

Ad Hoc Committee on Geriatrics:

Goal #12, Objective c. To promote increased knowledge in those systemic factors and those diseases which influence prosthodontic care of geriatric patients.

Goal #12, Objective d. To establish guidelines which will address prosthodontic treatment plans for geriatric patients.

Goal #12, Objective e. To disseminate information relative to drug therapy and its effect on the geriatric prosthodontic patient.

Ad Hoc Committee on the Care of the Maxillofacial Patient:

Goal #13, Objective a. To define the scope of the problem (actuarial data), by 1985.

Goal #13, Objective b. To collaborate with the American Academy

of Maxillofacial Prosthetics in developing appropriate codes for maxillofacial prostheses.

Goal #13, Objective c. To acquire and disseminate information on currently available support, by 1985.

Goal #13, Objective d. To analyze data and identify needs and opportunities for additional support of the maxillofacial patient.

Goal #13, Objective e. To develop programs which will encourage third party carriers to recognize the problem of correct levels of remuneration for treatment of the maxillofacial patient.

AFDH SEEKS DENTAL TEACHER TRAINING FELLOWSHIP APPLICATIONS

The American Fund for Dental Health is calling for applications for its Dental Teacher Training Fellowship program. Deadline for filing is February 1, 1984 for the 1984-85 academic year. The Fellowships, made possible by contributions to the Fund from various sources, include a \$500 monthly stipend, a \$500 allowance for each dependent, and tuition for the school year. The maximum award is \$10,000 per year, and the Fellowship is renewable for one year upon reapplication and depending upon availability of funds. Recently, 12 have been awarded annually.

Recipients must take one educational course each year in addition to pursuing their specialized studies. All applicants must certify that they will teach full-time for five consecutive years at a dental school accredited by the American Dental Association. Applicants must be resident citizens of the U.S. They must be graduates of dental schools accredited by the ADA and be eligible for admission to a graduate dental education center in the U.S.

Since the program's inception in 1958, 247 Fellowships have been awarded, representing an investment of \$1.8 million in the improvement of dental education.

Applications can be obtained from: Director of Programs, American Fund for Dental Health, 211 E. Chicago Avenue, Suite 1630, Chicago, Illinois 60611.

A COMPARATIVE STUDY OF THE TISSUE SURFACE CONTOURS ON CASTS FABRICATED BY USING TWO IMPRESSION TECHNIQUES FOR MANDIBULAR DISTAL EXTENSION REMOVABLE PARTIAL DENTURES.

Lynette M. Stuart, B.S., D.D.S., M.S.
Robert W. Elliott, Jr., B.Met.E., D.D.S.



It is generally agreed that utilization of the altered cast impression technique for mandibular distal extension partial denture fabrication results in a stable prosthesis. When employing rubber base impression material with the technique, a functional impression may result. Therefore, when using this impression making method, the viscosity of the impression material chosen for registering the mucosal surface in the edentulous area should be carefully considered.

The distal extension removable partial denture has been the subject of much attention because of its potential leverage action on the abuting teeth. This type of partial denture derives its support from both tooth and tissue—a combination of hard tooth structure and soft mucosal tissue with underlying bone. How this support is derived from each is of great concern, as is the method which should be used to achieve optimum support.

The making of a good impression continues to be an important objective in the fabrication of a mandibular distal extension partial denture. It has long been an opinion that a one-piece stock tray impression for the fabrication of the distal extension removable partial denture is inadequate and may produce an unstable prosthesis. As a result, many types of composite or two-step impression procedures have been developed, substituted, and reported to be the methods of choice.

The proponents of the two-step impression technique can be divided into two schools of thought. On the one hand, it is felt that the distal extension edentulous areas should be captured in their functional form, that is, under functional pressure. On the other hand, optimal support is believed to be attained through impressions that record the mucosal surface in its anatomic form, or at rest.

Both proponents, however, agree that the key objective is to achieve maximum tissue coverage for support including the buccal shelf area and the alveolar ridges.

The total area covered by the impression should be as great as possible in order to distribute the load over as large an area as can be physiologically tolerated by the limiting border tissue—an application of the snowshoe principle.

The purpose of this study was to compare the tissue contours of basal seat areas on casts obtained using a one-piece custom tray impression technique with an altered cast technique to record the mucosal surface distal to the abutment teeth. Both techniques will record the maximum physiological tissue coverage of the basal seat areas.

Patients selected for this study were required to have a minimum of all mandibular molars missing bilaterally, and to be free from periodontal disease around the remaining teeth. Patients wearing a mandibular prosthesis were also not accepted. On these bases three patients were selected.

One of the earliest written accounts of the dual impression procedure for the distal extension removable partial denture was made by Cummer in 1928.¹ He recorded the edentulous area using a primary compound impression under pressure, and then made a secondary impression over this to relate it to the teeth. He suggested that this technique gave an impression which would compress the tissues just as they would be compressed under the future denture base during function. Other proponents of this functional, impression concept^{2, 3, 5, 6, 8, 9, 10} used many impression materials in var-

ious ways. Hindels⁶ and Kramer¹⁰ used finger pressure to apply the load to the residual ridges. McLean², Applegate³, Rapuano⁸, and Singer⁹ used biting force to achieve the same objective. The idea was that controlled displacement of the tissues in the impression stage would result in an even distribution of load under the saddle area of the dentures, and produce a more stable prosthesis.

On the other hand, some supporters of the dual impression technique felt that too much pressure on the residual ridges during impression procedures would cause excessive displacement.

Employing the functional impression technique, Applegate^{4, 7} used the partial denture framework to support trays in which he recorded the mucosal surfaces. This was accomplished with free-flowing waxes of various consistencies. In this impression technique, Applegate emphasized that pressure on the extension base was to be avoided. He, likewise, recommended that pressure equal to a biting force should be exerted on the rests of the abutments and the indirect retainers.

Leupold and Kratochvil¹² described an altered cast procedure for improving tissue support for distal extension removable partial dentures. The framework was constructed utilizing a one-piece alginate impression. Zinc oxide/eugenol impressions of the edentulous areas were then made using trays attached to the framework. The old cast was sectioned and the new impression related to the teeth of the original cast. No finger pressure

was placed on the ridges during impression making. The authors reported achieving remarkable stability of dentures that were constructed using this technique. Studies that compared the results obtained using the altered cast impression technique with the one-piece impression technique^{13, 14} have so far shown that the altered cast technique produces a more stable partial denture. These studies used a stock tray or a custom tray which was not border molded to make the one-piece impression.

Method and Materials

Three patients were selected for this study. Each patient required a mandibular distal extension removable partial denture replacing—at a minimum—the mandibular molars bilaterally. At the time of the study none of the patients were wearing a prosthesis.

The remaining teeth were free from periodontal disease, and showed no measurable mobility. They were judged suitable to seat the partial denture framework positively. The three patients were chosen to represent various stages of clinical discernable ridge resorption—excessive, moderate and minimal.

After the diagnosis, treatment planning, and mouth preparation were completed, two irreversible hydrocolloid impressions were made for each patient. A stock tray was used for both and one cast was used to fabricate a triconium framework. In all three cases, a lingual plate major connector was used. The framework was then used to make an altered cast, as described by Leupold and Kratochvil¹² using light bodied rubber base impression material. A composite cast was then made.

The other cast, obtained from an alginate impression was used to fabricate a custom tray of autopolymerizing acrylic resin. A layer of tenax wax was first applied to the teeth, and a second layer applied to the entire cast in the areas to be covered by the tray. Three stops were used, one on the incisal edges of the mandibular anterior teeth and one each at the disto-buccal borders of the residual ridges. The edentulous areas of the tray were border molded with modeling plastic similar to the techniques for a complete denture impression. A final impression was then made using light-bodied rubber base impression material.

The two final casts thus obtained, were compared for differences in mucosal contours.

For the comparison of mucosal contours of the casts, the technique deve-

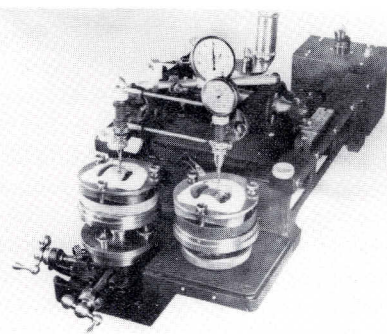


Fig. 1 Dental Comparator (photograph courtesy of N. W. Rupp, D.D.S.)

loped by Rudd et al¹⁵ and employed by Lytle¹¹ was used. The dental comparator (Fig. 1) described in this technique enabled the objects to be compared to be positioned in the same plane on adjacent platforms. These platforms could be adjusted in the same way as that of a dental surveyor table in order to align the casts. Two indicator points, one over each platform, were used to align the casts. These indicator points were attached to each other by a horizontal arm and could be moved as one unit in a horizontal plane. However, only one point was movable in a vertical direction. The indicator points were also attached to an indicator gauge which recorded differences in height between the points. When two similar points on each cast were aligned in the same vertical and horizontal planes, the indicator gauge registered zero.

The clockwise movement of the gauge needle indicated that the point on the surface being compared was higher than the surface used as standard. Conversely, a counter clockwise movement of the gauge needle indicated that the surface being compared was lower than the other. Therefore, using the teeth as reference points, the casts were first aligned so that when the indicator points touched the same landmarks on each cast simultaneously, the indicator gauge registered zero. Once the casts were aligned in the same plane, comparative measurements were made at four different positions in the edentulous areas and

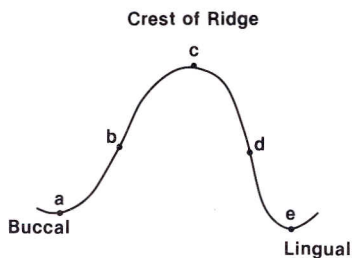


Fig. 2 Points at which comparative measurements were made on casts.

at five points at each position (Fig. 2). The first position was adjacent to the distal-most abutment and the fourth position in the retromolar pad region—the positions being one-quarter of an inch apart. The measurements obtained gave the dimensional difference between the two surfaces in a vertical direction at different points on a horizontal plane. In the study, the one-piece cast was compared against the altered cast as standard.

Results

Visual comparison of the tissue contours of the two casts obtained for each subject showed no gross change in the contours of the crest of the ridge or in the immediate adjacent areas. From the measurements obtained (See tables 1, 2, 3) the average displacement obtained for each position indicated that there were some small differences in contours.

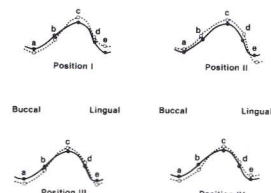


Fig. 3 Diagrammatic representation of differences in cross-sections in the four positions of Cast A.

Solid line - altered cast
Broken line - one-piece cast

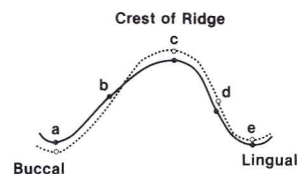


Fig. 4 Diagrammatic representation of average differences in cross-sections of Cast A.

Solid line - altered cast
Broken line - one-piece cast

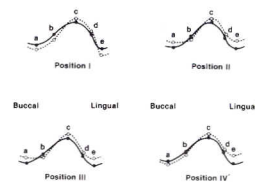


Fig. 5 Diagrammatic representation of differences in cross-sections in the four positions of Cast B.

Solid line - altered cast
Broken line - one-piece cast

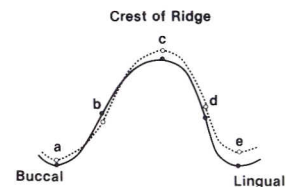


Fig. 6 Diagrammatic representation of average differences in cross-sections of Cast B.

For casts A, (severe resorption *Fig 3 and 4*, and B, (moderate resorption) *Fig. 5 and 6*, the average differences (*Fig. 4 and 6*), in the buccal sulcus (point a) and Buccal slope (point b) showed that there was some variation in vertical height between the one-piece cast and the altered cast either in a positive or negative position. However, from the crest of the ridge, point c, to the lingual sulcus, point e, the differences were mainly in a positive direction, that is the surface of the one-piece cast was higher than that of the altered cast. In cast C, *Fig. 7 and 8*, (minimal resorption) all readings were positive, indicating that the contours of the one-piece cast were higher in all areas than those of the altered cast.

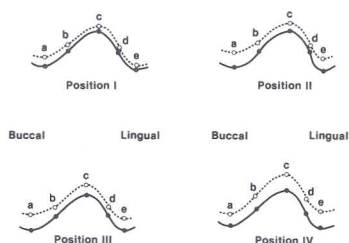


Fig. 7 Diagrammatic representation of differences in cross-sections in the four positions of Cast C.

Solid line - altered cast
Broken line - one-piece cast

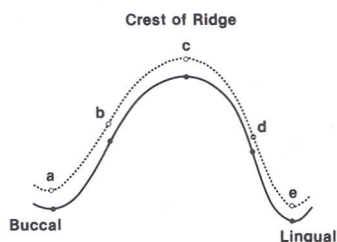


Fig. 8 Diagrammatic representation of average differences in cross-sections of Cast C.

Solid line - altered cast
Broken line - one-piece cast

Discussion

The results obtained generally indicate that the tissue contours of the one-piece casts, when related to the remaining natural teeth, were variance with our concept of the altered cast procedure in which the edentulous area is supposedly captured in its anatomic or resting form. It would be expected that, were no finger pressure exerted on the edentulous area during impression procedures, the tissue contours of the altered cast would be on the same level or higher than those on the one-piece cast. The results, then, suggest that there was some pressure exerted in the altered cast technique when using rubber base impression material.

When the framework is fabricated on a cast made from an alginate impres-

sion, a relief, the thickness of twenty-six guage wax, is provided between the retentive mesh and the surface of the cast in the edentulous areas. The impression trays are also fabricated to incorporate this relief. In making an altered cast impression using rubber base impression material, the thickness of the impression material is probably greater than the original relief. When the corrected impression is repositioned on the abutments of the sectioned cast, the impression surface is at a lower level in relation to the remaining teeth of the cast. This level depends on the variable thickness of the set impression material in the tray, the viscosity of the impression material, and its effect on the contours of the basal seat mucosa.

A factor to be considered here is the difference in resiliency of the overlying mucosa of the residual ridge. In the patients represented by Cast A and B, there was some thin, loosely attached mucosa overlying the buccal aspect of the ridge. In the patient represented by Cast C, the residual ridge closely approaching the ideal state, being broad and compact and covered by firmly attached fibroelastic connective tissue and mucosa.

The variable thickness of impression material in the tray, together with the variable resiliency of mucosal surfaces could explain the differences in readings obtained in the investigation.

The above explanation might also account for the stability in the mouth of the finished partial denture, constructed on an altered cast. This partial denture would have a greater thickness of acrylic between the under surface of the retentive mesh and the mucosa of the residual ridge than was provided for by the original relief. If the partial denture is completely seated when in function or at rest for that matter, it is exerting some pressure on the basal seat.

Because the denture base would contact the mucosa before the framework was completely seated, the partial denture would appear stable and pivoting around the fulcrum line might be eliminated.

Summary and Conclusions

The average measurements of vertical displacement for all three subjects indicate that the mucosal contours of the one-piece cast were higher in relation to the remaining natural teeth than those of the altered cast.

This difference was accounted for as a direct result of the altered cast technique utilizing rubber base material.

A basis for the inherent qualities of the partial denture made from the altered cast technique was also proposed.

Other investigations have demonstrated that the altered cast procedure produces distal extension partial dentures that have greater stability^{12, 14}. It would follow that a partial denture constructed on any one-piece cast, and without inherent means of placing "functional" pressure on the residual ridges, might be less stable.

This limited study indicates that there is room for more investigation into the altered cast technique. However, it appears that the technique as applied in this investigation should be calssified as an impression technique which displaces the basal seat mucosa.

The pressure exerted by the partial denture resulting from the altered cast technique should not be greater than can be physiologically tolerated by the residual ridge.

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TABLE 1
DIFFERENCES IN RESIDUAL RIDGE CONTOURS BETWEEN ALTERED CAST
AND ONE—PIECE CAST MEASURED IN A VERTICAL DIRECTION
(Measurements in Thousandths of an Inch)
CAST A - SEVERE RESORPTION

		a	b	c	d	e
Position I	Left	-1.5	-1.2	+4.3	+0.7	+4.5
	Right	-1.8	-2.8	+1.5	+2.3	+3.3
Position II	Left	+2.1	+3.4	+3.1	+3.5	-2.8
	Right	-0.8	+0.3	+0.8	+4.5	-5.2
Position III	Left	-2.9	-3.5	+3.6	+2.4	-1.4
	Right	-1.8	-2.5	-0.8	0	-0.8
Position IV	Left	-1.2	-4.5	+0.8	+1.2	+2.9
	Right	-3.2	-2.0	-0.2	+1.0	+1.0
	Average	-1.4	-1.6	+1.6	+2.0	+0.2
	Range	-3.2	-4.5	-0.8	0	-1.4
		+2.1	+3.4	+4.3	+4.5	+4.5

Plus figures = Contour of one-piece cast is less deep than altered cast.
 Minus figures = Contour of one-piece cast is deeper than altered cast.

TABLE 2
DIFFERENCES IN RESIDUAL RIDGE CONTOURS BETWEEN ALTERED CAST
AND ONE—PIECE CAST MEASURED IN A VERTICAL DIRECTION
(Measurements in Thousandths of an Inch)
CAST B - MODERATE RESORPTION

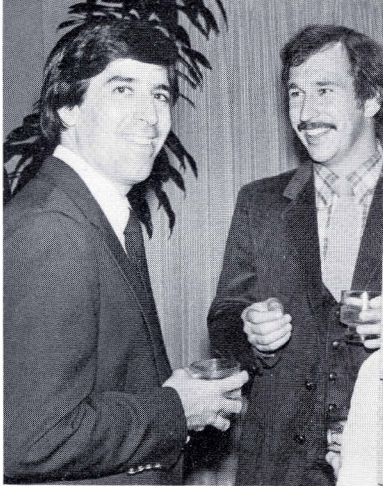
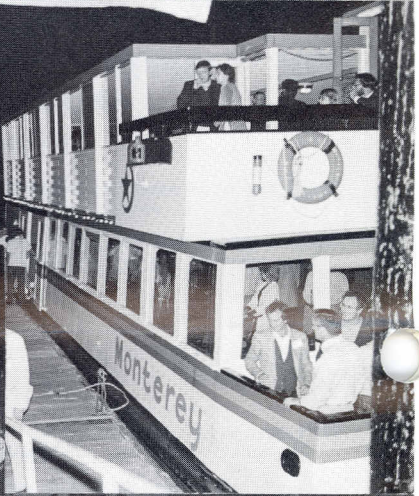
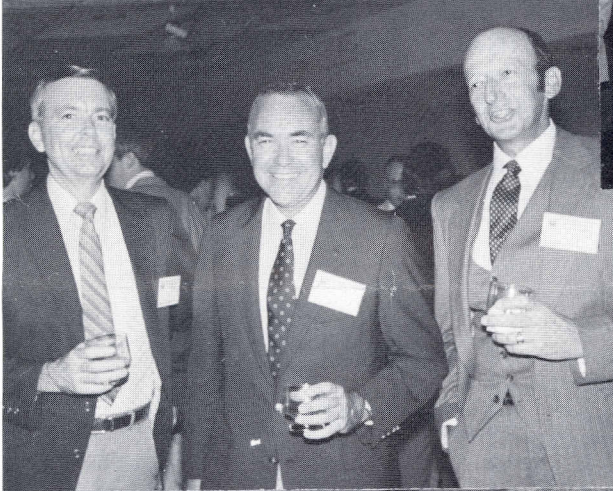
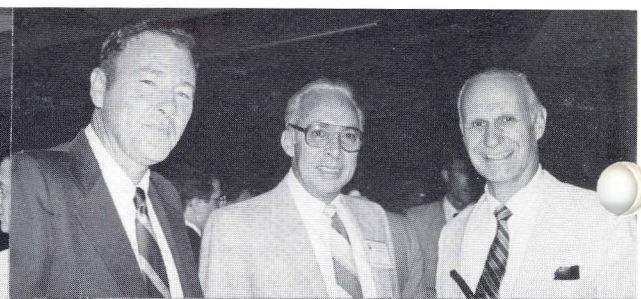
		a	b	c	d	e
Position I	Left	-1.3	-1.2	+1.8	+4.2	-3.9
	Right	-3.2	-6.5	+0.2	-0.7	-5.2
Position II	Left	+5.2	-6.0	+2.6	+3.2	+5.2
	Right	+2.2	+1.1	+0.9	-0.2	+5.6
Position III	Left	+5.1	-0.3	+4.0	+4.2	+1.8
	Right	+1.7	-1.2	-0.1	-3.7	+8.0
Position IV	Left	-1.5	-1.0	+4.5	+5.0	+3.6
	Right	-2.7	-2.0	-3.9	-2.5	+6.7
	Average	+0.7	-2.1	+1.3	+1.2	+2.7
	Range	-2.7	-6.5	-3.9	-3.7	-5.2
		+5.2	-1.1	+4.5	+5.0	+8.0

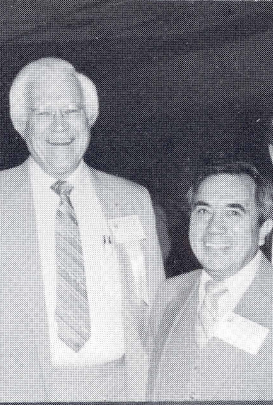
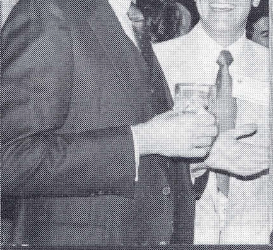
Plus figures = Contour of one-piece cast is less deep than altered cast.
 Minus figures = Contour of one-piece cast is deeper than altered cast.

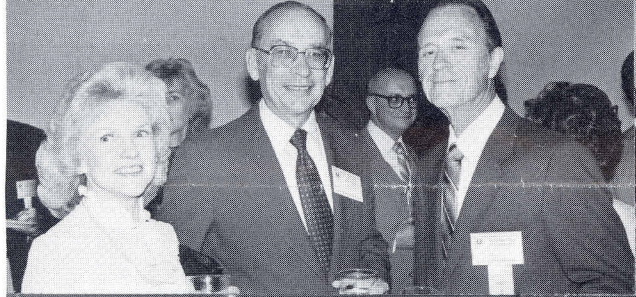
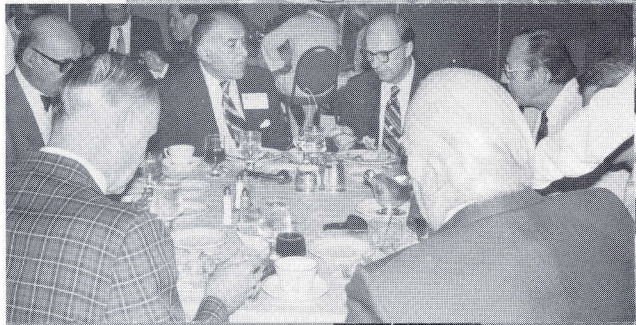
TABLE 3
DIFFERENCES IN RESIDUAL RIDGE CONTOURS BETWEEN ALTERED CAST
AND ONE—PIECE CAST MEASURED IN A VERTICAL DIRECTION
(Measurements in Thousandths of an Inch)
CAST C - MINIMAL RESORPTION

		a	b	c	d	e
Position I	Left	+0.3	+0.9	+2.5	+4.2	+0.5
	Right	+8.4	+4.3	+2.3	-0.2	+0.1
Position II	Left	+5.5	+3.2	+3.5	+4.2	+4.8
	Right	+8.8	+6.0	+3.2	+2.8	+6.0
Position III	Left	+6.5	+4.0	+4.2	+4.8	+4.3
	Right	+8.0	+7.0	+6.2	+3.0	+6.6
Position IV	Left	+8.0	+4.8	+6.1	+8.2	+5.8
	Right	+2.5	+8.3	+8.8	+5.0	+8.5
	Average	+6.0	+4.8	+4.6	+4.0	+4.6
	Range	+0.3	+0.9	+2.3	-0.2	+0.1
		+8.8	+8.3	+8.8	+8.2	+8.5

Plus figures = Contour of one-piece cast is less deep than altered cast.
 Minus figures = Contour of one-piece cast is deeper than altered cast.







CLASSIFIED

Position Available: Georgetown University announces full-time position at the Assistant/Associate Professor level in Removable Prosthodontics available Sept. 1, 1984. Major responsibilities include pre-clinical and clinical teaching, didactic instruction and research activity. Intramural practice opportunity available. Advanced training in Prosthodontics or Board Certification desired. Salary and rank commensurate with training and experience. Equal opportunity/affirmative action employer. Application deadline is March 31, 1984. Send curriculum vitae to Dr. Robert K. Fenster, Department of Removable Prosthodontics, School of Dentistry, 4000 Reservoir Road, Washington, D.C., 20007

Position Available: The Northwestern University Dental School is currently conducting a search to fill a full-time position, available December 1, 1984, for Chair Person of the Fixed Prosthodontic Department. The major responsibilities of this position include undergraduate instruction, post graduate and graduate education, administration, patient care and research.

Applicants must have a D.D.S. or D.M.D. degree and research experience, and must be Board Certified or Board eligible with progress towards certification. Academic rank and salary will be commensurate with qualifications and experience. Northwestern University is an Equal Opportunity/Affirmative Action employer. Address response to Dr. E. M. Osetek, Professor of Endodontics, Chairman, Search Committee for Fixed Prosthodontics Chair Person, Dental School, Health Science Building, 240 E. Huron Street, Chicago, IL 60611.

Position Available: Editor of **NEWS-LETTER** of leading specialty organization in prosthodontics. No experience necessary. Determination to maintain an information bridge between the officers, other representatives and the organizational membership is highly desirable. Address response to Dr. Robert C. Sproull, 10912 Gary Player Drive, El Paso, Texas 79935, or call 915-593-8046 (office) or 915-598-9277 (home); and to the Central Office Director, Ms. Linda Wallenborn, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216.

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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