

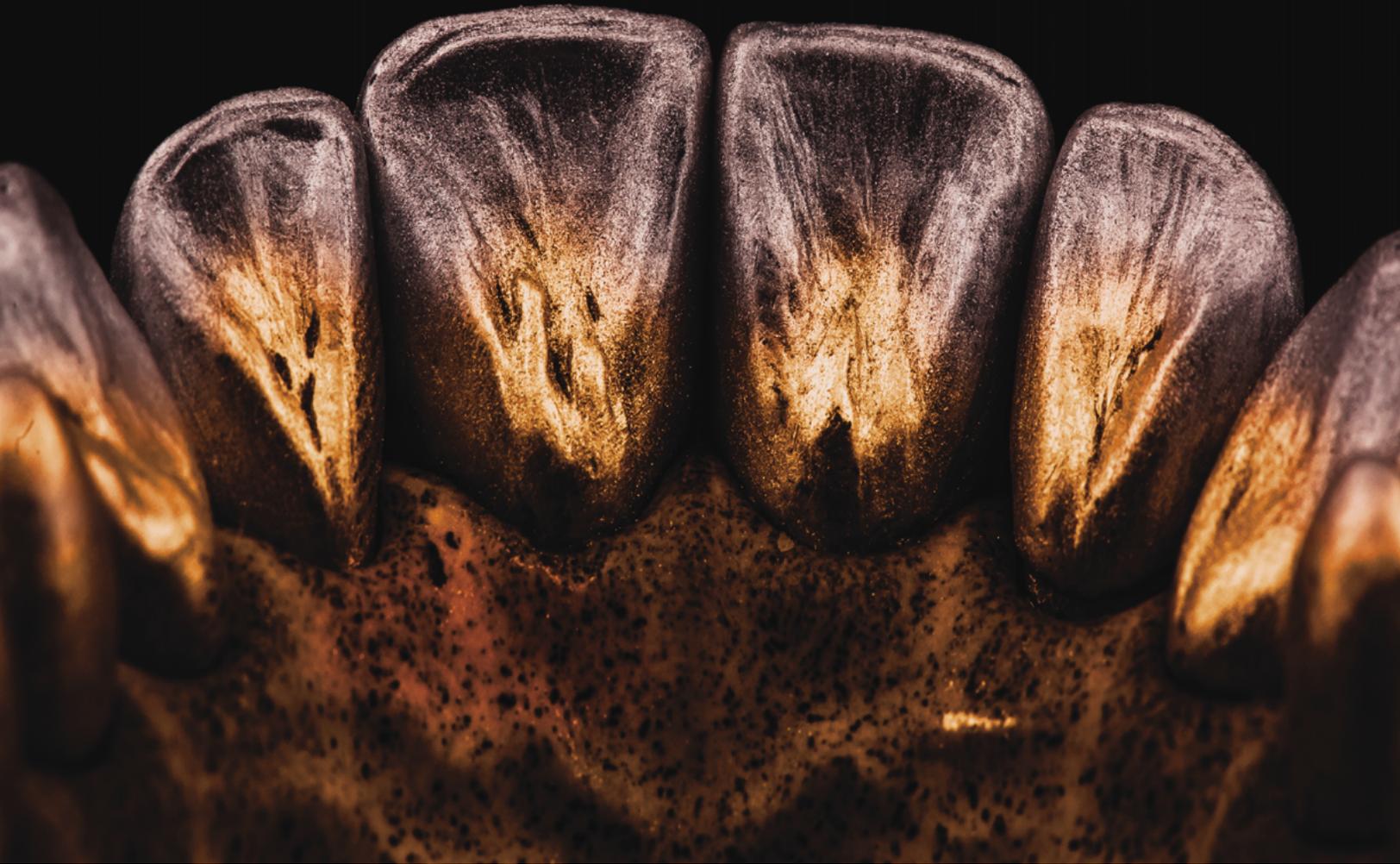
ACP MESSENGER

Fall 2019

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Dr. Nadim Z. Baba is President of the ACP. He serves as a professor at Loma Linda University and maintains a private practice in Glendale, California.

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Dr. Miles R. Cone serves as Editor-in-Chief of the *ACP Messenger*. He maintains a private practice in Portland, Maine.

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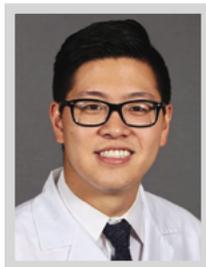
Dr. Jae Seon Kim is a board-certified prosthodontist who maintains a private practice in Seattle.

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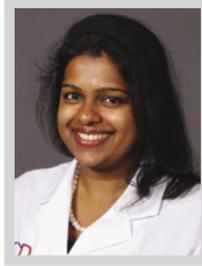
Dr. Leonard B. Kobren maintains a private group practice in White Plains, New York. He is Chair of the ACP Education Foundation.

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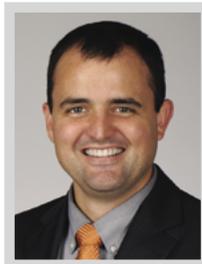
Dr. Michael Lee maintains a private practice and serves at the San Francisco VA Healthcare System.

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Dr. Akanksha Srivastava is pursuing her PhD in research with MD Anderson Cancer Center and McGill University, while in part time private practice in Houston.

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Dr. J. Rhet Tucker is an assistant professor at the Medical University of South Carolina.

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Dr. Alvin G. Wee is a professor and Director of the Division of Prosthodontics at the University of Minnesota School of Dentistry. He is the Director of the ACP's Education and Research Division.

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On the cover: "All wax" Camila Carvalho started out as a lawyer, however she fell in love with the morphology of teeth and the esthetics of a beautiful smile and never looked back. Since 2011, Camila has been pursuing her passion as a dental technician in her home country of Brazil, where she utilizes photography as a tool for analysis and to aid in a more profound understanding of tooth form and function. Camila fondly teaches her passion for the art of human dentition to others locally and around the world.

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A line of credit

Miles R. Cone,
DMD, MS, CDT, FACP
ACP Messenger Editor-in-Chief

Every time I take the lecture stage to give a presentation, I make certain to give credit where credit is due. This usually takes the form of a slide featuring the technicians who fabricated the prosthetics in the treatments being shown, the dental assistants who helped out with every before and after photo, and my family who allowed me to achieve all of the letters after my name with their unwavering patience and tremendous personal sacrifice.

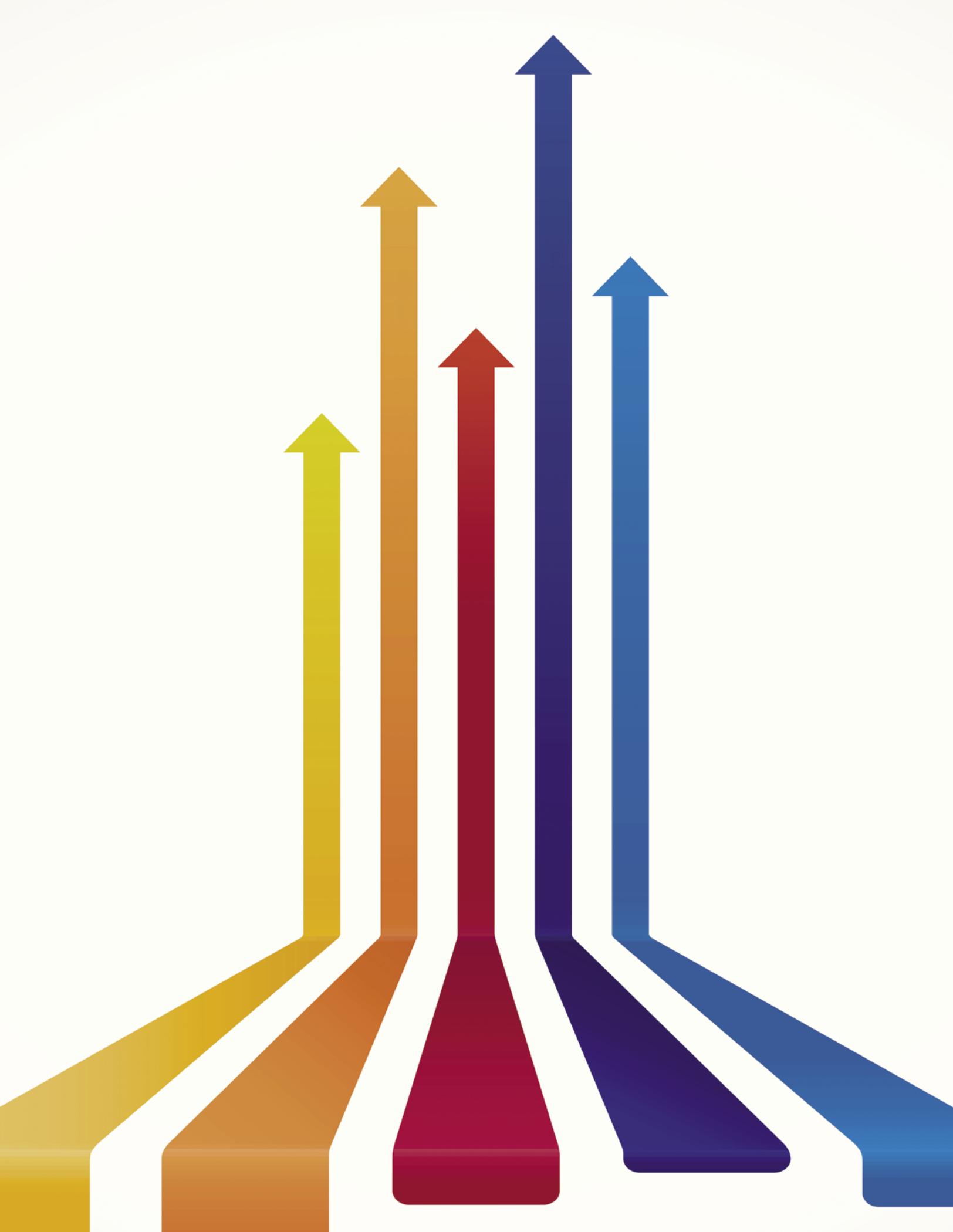
After all, my ceramist doesn't get a 5-star review when his seamless single central drops right in, nor does the chairside assistant get her name on my peer-reviewed publications. And when I graduated as a recognized specialist, my wife didn't receive a certificate, a celebration, or a single congratulatory pat on the back from colleagues. The simple fact of the matter is, these auxiliary roles are often thankless jobs.

Putting together the *ACP Messenger* requires a massive commitment of time and resources from many folks whose efforts are 100% voluntary. Tracking down potential authors, editing manuscripts, and late-night team meetings represent only a fraction of what transpires behind the scenes of every issue. Recently, the ACP granted my request to curate an editorial board to help streamline the publication of each edition of the *ACP Messenger*. My editorial board comprises four up and coming prosthodontists representing some of the most intelligent, creative, and driven individuals I know, and I would be remiss if I didn't continue with my tradition of recognition and giving thanks to those who deserve it the most.

Each of the following individuals were hand-selected for their demonstrated expertise in areas that we feel are of particular value to our readership: Dr. Luiz Gonzaga, University of Florida, Gainesville (Clinical Trends), identifies new and emerging ideas

and concepts within the specialty and locates subject matter experts to create fresh and accessible articles; Dr. Ryan Mizumoto, private practice, Columbus, OH (Engagement Lead), has been tasked with ways to collect data and interpret various metrics based on the interactive reach of each publication; Dr. Amelia Orta, private practice, Washington, D.C., (Practice Management), looks at issues that relate to the administration and management decision making process of clinicians at every stage of the private practice lifecycle; and Dr. Foteini Touloumi, University of Illinois, Chicago (Academic Lead), connects nationwide with program directors, residents, and others involved in prosthodontic education to discover the topics that are most relevant to the future development of the specialty. A full biographical outline of each member can be found in the Summer 2019 edition of the *ACP Messenger*.

I am deeply appreciative for the dedication and willingness of each newly appointed editorial board member as we continue to build and shape the identity of this publication. If the pages you are about to read possess compelling content, it is only because of the enduring contributions of this super-team. The next time you are passing them in the hallway at the University, collaborating together on a difficult case, or sitting next to them at the Annual Session, please be sure to acknowledge their selfless contributions to the continued success of our great specialty. ■



Perspectives on maxillofacial prosthodontics

Akanksha Srivastava,
BDS, MSc, MDSc, FACP

J. Rhet Tucker,
DMD, FACP

Alvin G. Wee,
DDS, MS, MPH, PhD

Only a small portion of dental students pursue specialty training. Of those, an even smaller group goes on to do additional fellowships. In this article, we hear from three individuals who completed a maxillofacial prosthetics fellowship, and find out what brought them to the specialty, their favorite cases, and what they see coming in the future.

About the Panelists

Dr. Akanksha Srivastava completed her oral oncology and maxillofacial prosthetics fellowship with the University of Texas MD Anderson Cancer Center in 2019.

Dr. J. Rhet Tucker completed his oral oncology and maxillofacial prosthetics fellowship at MD Anderson Cancer Center in 2015.

Dr. Alvin G. Wee completed his maxillofacial prosthetics fellowship at the University of Pittsburgh in 1998.

Why did you pursue maxillofacial prosthodontics?

AS: My personal impetus to pursue maxillofacial prosthodontics came from my dad, who is an Oral and Maxillofacial Surgeon in India. In the 90s before my dad became proficient with Microsoft Office, I was delegated all the work to convert his “ancient” overhead projector slides to a Power Point presentation. That was my earliest exposure to the concepts of surgical reconstruction of oncology patients. I became incredibly intrigued by the complexity, planning and the number of interdisciplinary members on his team for such cases, which was quite unconventional for his day-to-day

OMFS cases or my mom’s pediatric patients. Each of his oncologic reconstruction pre- and post- treatment photos led me to the same question, “what’s next?”

I soon discovered the role of a maxillofacial prosthodontist.

JRT: While in dental school at the University of Pennsylvania, we had a requirement to do an externship. I chose to do my externship with my clinical professor Dr. Kendra Schaefer, a maxillofacial prosthodontist at the University of Pennsylvania hospital. Patients came there from all over the region and world to seek treatment that no one else would attempt or could complete. The patients were so appreciative for any and all help Dr. Schaefer could provide. It was then that I decided this was the population I wanted to work with.

AW: My mom was diagnosed with breast cancer that metastasized to her brain. As a newly graduated dentist from Singapore, I observed her oral morbidity due to radiation and chemotherapy for her brain tumor. Sadly, she passed away in 1993, just before I left for the U.S. to pursue my prosthodontic specialty. The seed to become a maxillofacial prosthodontist was planted, and it grew during my residency at the University of Iowa. I came to recognize and appreciate the



Dr. Akanksha Srivastava (center) receives an award for oral presentation at MD Anderson Trainee Research Day.

tremendous impact that a maxillofacial prosthodontist could provide for patients' quality of life by delivering excellent, compassionate care.

How does prosthodontic residency prepare individuals for the maxillofacial fellowship?

JRT: The materials and principles that an individual learns in their prosthodontic residency are the foundation for all things maxillofacial. We may use different materials, as well as traditional materials in different ways, but the basic prosthodontic principles still apply.

AS: Post graduate programs also help a resident in building a critical acumen and appreciation of scientific literature, which is essential to all evidence-based clinical practice, including maxillofacial prosthodontics.

AW: I think prosthodontic residencies can prepare individuals for fellowship in two primary ways. One way is by ensuring that clinicians leave with strong prosthodontic foundations. Maxillofacial prosthetic fellows can then build on these strong foundations to improve patients' quality of life, in the areas of mastication, speech, swallowing and facial esthetics, to name just a few. The second way for prosthodontic

residencies to prepare individuals is through exposure to maxillofacial prosthetics via lectures, seminars, and if given the opportunity, through limited direct patient care or observation.

What are some of the challenges that residents face during their maxillofacial fellowship?

AS: There is a lot to learn within one year! Having said that, I am a true believer that you will get out of your residency and fellowship what you put into it. Another year of training also most certainly has an opportunity cost, but the benefits in my perspective outweigh those easily.

A major change for me was the emotional shift from 'creating beautiful smiles' to 'life and death' matters, which didn't get any easier from losing the first patient in my fellowship to the last one before I graduated.

JRT: There is definitely more anatomy and medicine that has to be learned, but the fellowship was not as grueling as my prosthodontic residency. If maxillofacial prosthodontics is something you are interested in, just apply already.



Palatal lift prosthesis fabricated for a traumatic brain injury patient by Dr. Wee.



Dr. Wee (front, far right) presenting on maxillofacial prosthetics in Hong Kong in 2018.

AW: Initially, fellows may need a period of adjustment to transition from restoration of dentition to craniofacial prosthetic rehabilitation of patients with complex etiologies and significant deformities.

Developing empathy to acknowledge patients' psychological and functional fragility is crucial to holistic patient care, while still learning how to meet patients' complex prosthetic craniofacial rehabilitation needs.

What are some employment opportunities for maxillofacial prosthodontists?

JRT: That is where things can get tricky. There are those who work in a hospital setting full-time. There are those who work in private practice, and treat the maxillofacial patients who are referred to their practice. There are also those who work in prosthodontics and don't use the maxillofacial aspects of their training, and that's alright as well. One of the hard things is the billing for maxillofacial prosthodontics.

AW: Employment opportunities are mainly hospital-based practice, academic institutions, and cancer centers. Private practitioners who do practice maxillofacial prosthetics are often affiliated and supported by regional hospitals with head and neck cancer services, craniofacial teams and/or oral maxillofacial surgery services that deal with head and neck trauma.

AS: Maxillofacial prosthodontists may also find employment as a practicing clinical and educator at one of the MFP training programs.

What is your advice for current prosthodontic residents considering pursuing maxillofacial training?

AS: This is an exciting time for maxillofacial prosthodontics, as it is for all of dentistry, with rapidly evolving digital technologies and their integration into our clinical practices. I highly recommend residents, who are interested in pursuing maxillofacial training, and even those uncertain about their interests, to attend the American Association of Maxillofacial Prosthetics (AAMP) annual meetings that takes place just prior to the ACP Annual Session every year in the same city. Attending lectures and meeting active maxillofacial prosthodontists with different scopes of their MFP practice was tremendously helpful to me in grasping the depth of this discipline, and understanding its opportunities and challenges.

JRT: It was the shadowing aspect that really got me hooked. Talk to someone who is a maxillofacial prosthodontist and attend the AAMP meeting.

AW: Current prosthodontic residents should focus on refining their skills, fueling the drive, and further developing compassion to help the special patient populations served by the specialty. Residents who intend to incorporate maxillofacial practice into their clinical repertoire following graduation have

the opportunity to engage in holistic, collaborative treatment approaches on a regular basis, while impacting patients' quality of life in profound ways.

Based on current statistics, are there enough maxillofacial prosthodontists to cover population needs?

JRT: There may be a few areas in the country, specifically locations of fellowships, that may have enough, but overall there is always a need for more talented individuals who appreciate a challenge.

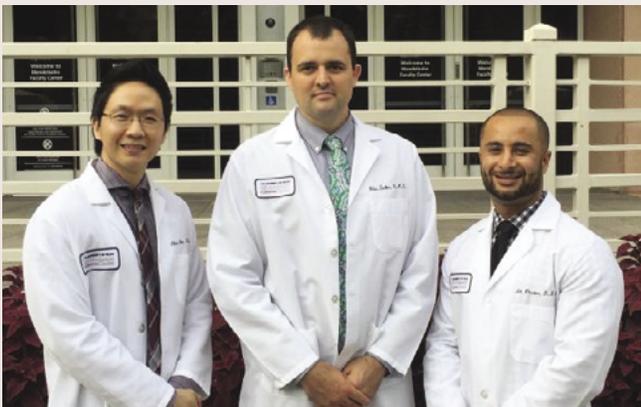
AS: There are very few maxillofacial prosthodontists in developing countries like India where the need is quite extensive. Nationally as well, there aren't enough maxillofacial prosthodontists just like there aren't enough dentists or prosthodontists to truly meet population needs in terms of equitable access to care.

AW: In the United States, maxillofacial prosthodontic programs produce an average of 13 new fellows per year. It should be noted that some rehabilitation centers employ prosthodontists, and sometimes general dentists, to serve the maxillofacial

rehabilitation needs of patients, even though these individuals have not completed the additional year(s) of maxillofacial fellowships.

On the demand side in the United States, an estimated average of two advertised positions for full-time maxillofacial prosthodontists are posted each year. With the increase in head and neck cancer, one might assume the demand for our services would automatically rise. However, shifts toward surgical reconstruction (free flaps) affect the demand, as do the varying understanding and value of our services by our surgical colleagues. Investment in the collaborative team approach, emphasis on patients' quality of life in addition to surgical outcomes, and recognition of our specialty can also affect the demand.

Internationally, only a few one-year fellowship programs for maxillofacial prosthetics are available outside the United States, with most training incorporated as part of the general prosthodontic program. The prevalence of head and neck cancer in certain parts of the world is much greater than the United States, and thus the need for maxillofacial prosthodontists in these regions is even greater.



Dr. J. Rhet Tucker (center) during his maxillofacial fellowship at MD Anderson Cancer Center.



A nasal prosthesis fabricated by Dr. J. Rhet Tucker for a patient who underwent a partial rhinectomy.

What are your predictions for the future of maxillofacial prosthodontics?

AS: Maxillofacial prosthodontics resides in a continuously evolving landscape with newer technologies and treatments leading us toward more predictable and safer outcomes. Continued digital revolution will soon make it possible for us to efficiently and productively adopt such technologies for even the most challenging cases. For instance, micro/mini intra-oral scanners that would be able to capture hard and soft tissues in a patient with severe trismus would be a great tool. Another direction to expand our scope of work will hopefully be toward biomimetic solutions for our patients.

In the field of head and neck cancer, the epidemiology of the disease itself is changing from an environmental to a viral causation affecting more and more younger individuals. Consequently, there are newer challenges in rehabilitation and managing oral morbidities, as well as a vital need and opportunity for scientific investigation toward better long-term solutions and development of clinical practices.

AW: With the introduction of free flaps / microvascular free tissue transfer for intra-oral rehabilitation after oral maxillofacial cancer surgery, the paradigm shift toward surgical rehabilitation is inevitable. Eventually, we will reach an equilibrium between surgical and prosthetic rehabilitation that focuses on the best quality of life for our patients. Centers that value and promote mutual respect among surgeons, maxillofacial prosthodontists, and allied health colleagues will get there first.

Digital dentistry continues to offer more efficiency and predictability for surgical and prosthetic rehabilitation, particularly in the area of immediate rehabilitation after cancer / trauma surgery. I envision the maxillofacial prosthodontist taking the lead on collaborative teams to coordinate care and to ensure that patients with head and neck cancer, trauma or congenital etiologies reach the best quality of life after rehabilitation.

JRT: I see things continuing as they are. In numbers we are few, but the services we provide can't be done elsewhere. There will always be a need for maxillofacial prosthodontics.



Before and After photos of an adult cleft palate patient treated by Dr. Wee. The patient was diagnosed with an oral antral fistula, velopharyngeal insufficiency and occlusal discrepancy.



The patient was treated with a maxillary partial overdenture obturator with a speech aid prosthesis.

What are some of the most common cases you treat as a maxillofacial prosthodontist?

AS: During my fellowship, the most common maxillofacial prostheses I provided were surgical, interim, and definitive obturators for patients who were missing parts of their maxilla, hard and/or soft palate. The second most common rehabilitation procedures were for patients who had varying degrees of mandibular resection and reconstruction with a free fibula flap. I fabricated mandibular resection prostheses with or without implants for such patients.

The oral oncology section of my fellowship also provided me the opportunity to care for a lot of patients with oral morbidities such as osteoradionecrosis, medication-related osteonecrosis of the jaws, xerostomia, trismus, and mucositis.

JRT: Being part of the department of head and neck surgery at the Medical University of South Carolina, the primary objective for Dr. Betsy Davis and myself is to treat head and neck cancer patients. We also see cleft lip and palate patients, congenital cases, trauma cases, and some general prosthodontic cases as well.

AW: The most common cases in my current practice arena are patients requiring implant retained or supported mandibular resection prostheses and patients requiring oral oncology support.

What has been one of your favorite or most challenging cases as a maxillofacial prosthodontist?

JRT: One of the things I love about maxillofacial prosthodontics is being able to take my time and make sure I am doing the best I can for each patient. Every patient is different, and each case is unique. To give someone a nose, or an eye, or a speech prosthetic is life changing. I don't know if I have one favorite case. I enjoy the variety and being able to pleasantly surprise patients with what prosthetics can offer.



Graduation ceremony for the 2018-19 MD Anderson Oral Oncology and Maxillofacial Prosthodontics Fellows. Dr. Srivastava is shown second, from left.

One of most challenging aspects of maxillofacial prosthodontics has to do with working with cancer patients. It can be emotionally challenging to see patients who you have worked with and have a friendly relationship with, succumb to the disease.

AS: My first prosthesis case in my fellowship, under the guidance of Dr. Ruth Aponte-Wesson, was an elderly gentleman who had been treated for several recurrences of squamous cell carcinoma in the 1980s. He had undergone a hemimandibulectomy without any reconstruction, so he only had half a 'swinging' mandible. He had a left partial soft palate resection with minimally functioning residual soft palate. He also had a hemiglossectomy and the remaining part of his tongue was tethered to the floor of his mouth with little movement. He was completely edentulous and had no implants. He also had over 60Gy radiation therapy and severe xerostomia resulting from it.

I fabricated a maxillary prosthesis that incorporated a combination of pharyngeal obturator, palatal augmentation and denture teeth. For his half mandible, I made him half a denture. I had to achieve a balance between his speech, swallowing, and breathing. I also had to, of course, make the maxillary prosthesis light enough for it to have any chance at



A patient requiring an implant retained nasal silicone prosthesis, performed by Dr. Wee.

retention in his mouth without saliva. So I hollowed it till it was 25.6g, which is equal to cutting away a third of his prosthesis. An even bigger challenge included retention of his half mandibular resection prosthesis, but I was able to engage a bony exostosis and the medial wall of his sectioned mandible, without resulting in sore spots. The biggest challenge I faced was achieving adequate occlusion. Despite all the challenges, the outcomes were very pleasing to the patient and even more rewarding to me.

AW: One of my most challenging cases was treating a patient with a self-inflicted gunshot wound to the face. I had just moved from The Ohio State University College of Dentistry as a regular prosthodontic faculty into the Oral Facial Clinic at the Department of Otolaryngology - Head and Neck Surgery at the University of Nebraska Medical Center in Omaha. For this patient, the four zygoma implants were already placed in the maxillary arch, and five dental implants were placed in the lower arch. With prior years focusing on teaching and research at OSU, I relied on my basic foundations in prosthodontics and sound treatment planning principles of my maxillofacial fellowship to complete the intra and extra oral rehabilitation for

this complex patient. I fabricated the patient a lower implant supported fixed complete denture for the lower arch. For the upper arch, I connected the four zygoma with an implant bar with an implant retained over obturator. The silicone prosthesis (nasal and upper lip with mustache) was retained with magnets to the upper obturator. This case was very satisfying to me personally, given my re-introduction into full-time maxillofacial practice and the complexity of the case that was resolved successfully with solid prosthodontic foundations.

How can we attract more young prosthodontists to pursue a maxillofacial fellowship?

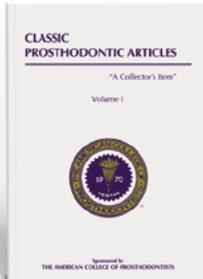
AS: Increasing awareness of maxillofacial prosthodontics among young prosthodontists and residents early in their career may influence their desire to pursue a MFP fellowship.

JRT: I think the most efficient way to promote maxillofacial prosthodontics is to have prosthodontic residents complete externships in a maxillofacial clinic. The requirements that are currently a part of the prosthodontic curriculum just aren't enough to expose residents to the true nature of maxillofacial prosthodontics. If residents were introduced to all aspects of maxillofacial prosthodontics, there would be a lot more interest. The sub-specialty would speak for itself.

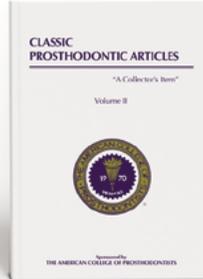
AW: Recent data strongly suggest that greater exposure to maxillofacial prosthetics during prosthodontic residencies, personal mentorship of residents with strong prosthodontic skills, and recognition of high empathy/compassion are logical areas of focus to attract more young prosthodontists to pursue a maxillofacial fellowship. ■

Essential Books on Prosthodontics

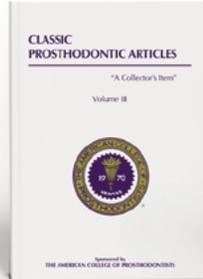
hardcovers



Classic Prosthodontic Articles Volume I
\$35/\$100 for three-volume set



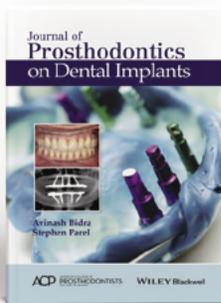
Classic Prosthodontic Articles Volume II
\$35/\$100 for three-volume set



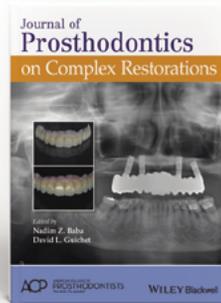
Classic Prosthodontic Articles Volume III
\$35/\$100 for three-volume set



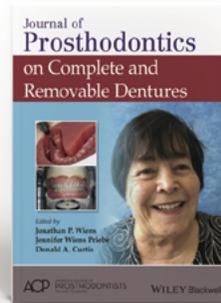
Transforming Lives: What a Prosthodontist Can Do For You
\$79.99



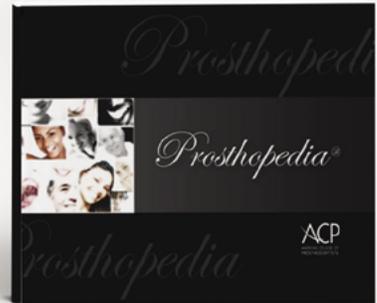
Journal of Prosthodontics on Dental Implants
\$75/\$230 for three-volume set



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



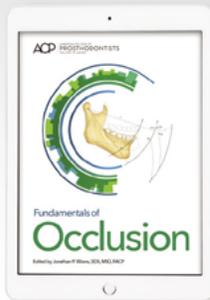
Journal of Prosthodontics on Complete and Removable Dentures
\$99/\$230 for three-volume set



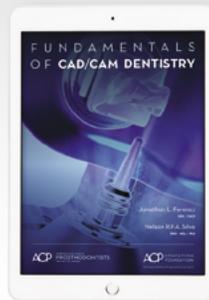
Prosthopedia
\$79.99

Order online at Prosthodontics.org

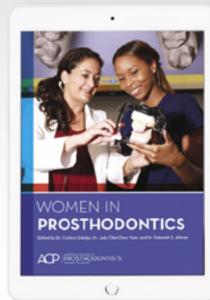
ebooks



Fundamentals of Occlusion
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Apple eBooks, Amazon Kindle



Fundamentals of CAD/CAM Dentistry
\$9.99
Apple eBooks, Amazon Kindle



Women in Prosthodontics
Free
Apple eBooks, Amazon Kindle, Nook, PDF



Transforming Lives: What a Prosthodontist Can Do For You
\$69.99
Apple eBooks

Order online for tablets & e-readers



Your smile.
Our specialty.®

Alternative method to angulated screw access channel: A proof of concept

Michael J. Lee, DMD

“Things seem to fail almost as soon as I get them.” This was the chief concern expressed by this 72-year-old Vietnam War veteran. This patient had five years of active treatment prior to his referral to the prosthodontic clinic, but nothing seemed to quite work.

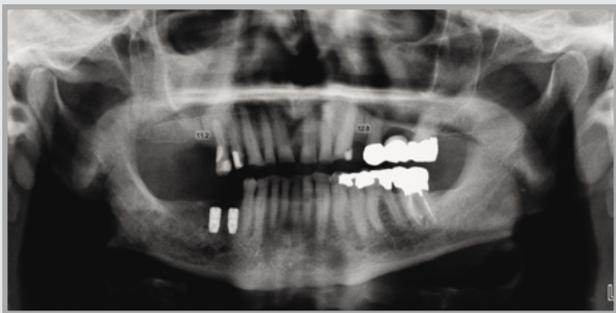


Fig. 1: A panoramic image taken at the time of prosthodontic evaluation.

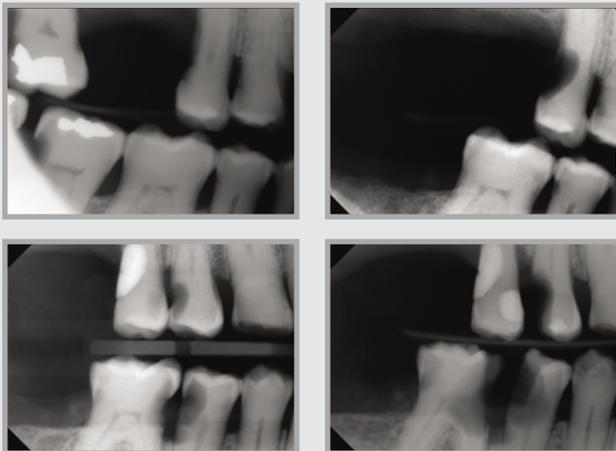


Fig. 2: From top left to bottom right shows the progression of caries over a two year period.

Previous treatments involved caries control and implant placement in single unit edentulous areas. However, the patient reported that increases in his medication after treatment led to increased symptoms of xerostomia and an increased frequency of dental problems. Shortly after his initial exam, he developed further complications involving fractures in eight of his teeth.

The patient's main problems included an extreme risk of caries, medication induced xerostomia, parafunctional habits as evidenced by worn and fractured dentition, and high force. Based on these issues, the patient was diagnosed with plaque induced gingivitis, a low FMA angle, Angle's Class I canine, Skeletal Class I, and Turner and Missirlian Class II.

Based on his dental history and his extreme caries status, three treatment options were presented to the patient; first – no treatment, second – complete dentures of the maxillary and mandibular arches, and third – complete denture of the maxilla, and implant supported fixed prosthesis on the mandibular arch with plans to do angle correction on implant sites #23 and 26 due to proclined alveolar anatomy. After a lengthy discussion regarding the pros and cons of each plan, the patient selected the third option.

When situations arise where the desired teeth positioning and the orientation of the bone do not coincide, there used to be limited options. Luckily in the past few years, there's been a major transformation in the way that we restore off-angled implants.

Angulated screw access (ASA) technology now exists for both single unit and multiple unit scenarios that allow us to take the cases that would have needed cement-retained restorations, and restore them as screw retained restorations.

For this patient, a non-resilient, fixed attachment with a spherical abutment was used, which involves metal-to-metal contact between the spherical abutment and the housing itself. The housing and the abutment are held together by PEEK attachments that require replacement anytime the pieces are separated from each other. The spherical nature of the abutments allows for angulation and orientation of the housing in a more favorable angulation for the design of the definitive prosthesis.

After extracting the necessary teeth, an immediate denture was used to service the maxillary arch. For the mandibular arch, strategic abutment teeth were kept in the interim phase to be used as abutments for implant and tooth supported provisional fixed dental prosthesis.

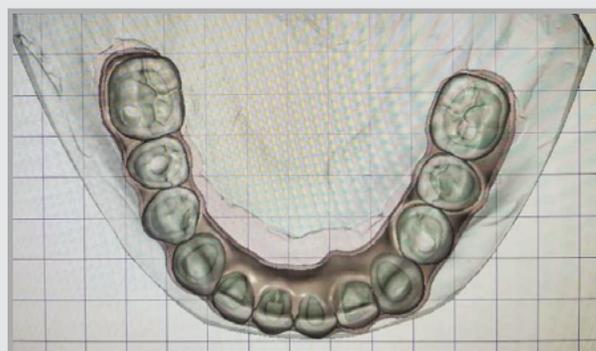
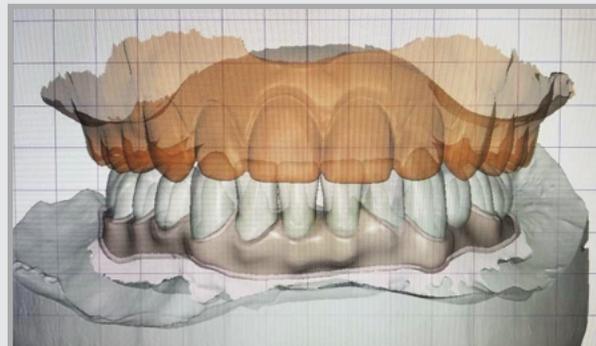
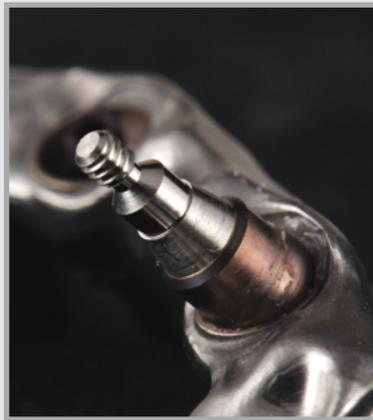


Fig. 3: The digital design process for the milled Cr-Co framework.



During the provisional phase, the patient was brought in for follow ups every 4-6 weeks for retrieval of the provisionals, copious silver diamine fluoride (SDF) application, and re-cementation. Implants were planned and placed in sites #19, 21, 23, 26 (#29, 30 were placed in the past by another provider). A new maxillary denture and a mandibular milled PMMA provisional were fabricated, and these were delivered on the day of extraction with alveoloplasty of the remaining dentition.

After adequate healing, a verified implant mastercast was generated. The chosen spherical abutments and housings were seated on #23 and #26 of the cast. A titanium framework with prep designs were milled, and housings for the spherical abutments were bonded in the lab.

To properly place the spherical abutments, the passive fit was checked by first seating the spherical portion of the implants, and rotating the framework until full seating. A screw test of the framework was also completed, and the retentive elements inside the housing had to be removed during the test. Milled PMMA prototypes were placed onto the preps of the framework, mounting was verified, and occlusion was checked and adjusted.

Zirconia restorations were copy-milled from the prototype and cemented to the framework, and pink composite was bonded and layered onto the framework. The black processing element was taken out and the blue 5lbs retentive elements were placed into the housing of the prosthesis.



Fig. 4: This spherical abutment allows for the correction of fixture angle discrepancy while maintaining the path of insertion.

Fig. 5: Spherical abutments placed onto the fixtures.

Fig. 6 and 7: Milled Cr-Co framework, with a “rotational path” insertion.

Fig. 8: The definitive prosthesis, seated onto the final cast.

Fig. 9: Successful delivery of the definitive prosthesis.

The anterior spherical abutment was seated first again, definitive prosthesis was rotated until full seating. Prosthetic screws were then placed in, one screw test was performed again before applying to manufacturer’s recommendation. And with that, the patient had functioning implants and a new smile.

An advantage of using the spherical abutments that were chosen is that the treatment modality has no clinical screws. This elimination of screw access holes brings a potential for better strength in this area to resist catastrophic failure of material. Another advantage of using this abutment in the anterior zone is the angle correction of divergent implants. There are the possible disadvantages of additional cost in parts and procedures, and difficulty in confirming verification and passive seating.

There was a large possibility that retrieving the housing and picking it up again intraorally to obtain passive fit was going to be necessary. In this case, fortunately there was verification of the framework on the first try, but that was certainly not anticipated.

For the past 18 months, the patient has been closely monitored - reporting for recalls every six months to check the condition of the prosthesis. The posterior screw-retained portions have maintained preload adequately, and the anterior spherical abutments do not show any signs of leakage between the housing and the abutment. The retentive PEEK elements were also free of debris or deformation at the six, 12 and 18 month follow ups.

Although more follow ups are needed to determine long term results, it seems that the patient has finally found a treatment that works for him! ■

Building and marketing a start-up prosthodontic practice

Dr. Jae Seon Kim is a board-certified prosthodontist and owner of Pacific Modern Dentistry in Seattle. In this interview, he shares what it was like to take over a general practice, what marketing strategies were successful, and how he has grown his referral base among local general dentists.

How did you start your practice?

As a young prosthodontist you have the choice of buying or starting a prosthodontic practice or buying a general practice to practice as a general practitioner. One can also take over a general practice, and convert it into a prosthodontic practice, which is what I did in the spring of 2017.



How did you get connected with the practice?

The Seattle Dental Association had a session to connect dentists who were interested in selling their practices and those who were interested in buying. It was like a 15-minute speed dating session. This is where I met the previous owner of my current practice. He was a general dentist, but was a very skilled clinician, and was looking to sell the practice to someone with experience. When I told him I was a

prosthodontist, he instantly became interested and we started the conversation about transitioning the practice.

What was it in particular that drew you to buy this practice?

I wanted to be in a central location to make it feasible to receive referrals from general practitioners. But I also wanted a space that put me at ease when I walk in every morning. The location was near downtown Seattle, yet it was on the lake with a great view. The office used to be a boat house, but it was converted into an office space in the late 80s. It stands on a dock, has tall ceilings with wooden beams, and big windows that look out onto the lake. I pictured myself prepping teeth, while the sun rose, and boats sailed away in the background. I knew I had found the right one. I was in love with the office.

What was the transition between ownership like?

It was about a year from initial meeting to when I took over the practice. The transition was rather abrupt because the previous owner wanted the whole process to be very discrete. When I took over, I could tell the patients were very loyal fans of the previous doctor. This made it especially difficult to win them over, but with time and effort, the majority seemed to settle in. With the advanced training we receive as prosthodontists, and genuineness toward the patients,



people will start to recognize your true value. One piece of advice for a smooth transition would be to work together with the seller prior to the sale, and be present together in front of patients. This will give the patients an opportunity to open up to you.

What is your practice philosophy?

Changing lives through dentistry. As prosthodontists, we possess the skills and knowledge to change the way people feel about their smiles. It is my goal to educate my patients that I'm not just filling cavities and scraping plaque off their teeth, but I'm there to help them excel in their lives.

How did you come up with the name Pacific Modern Dentistry?

The previous name of the practice was Westlake Landing Dentistry, named for the dock my practice stands on. With the trend of satellite offices, and multiple practice locations, I didn't want a name that was specific to one location.

I chose Pacific, which encompasses more area, and also has a definition of 'peaceful in character.' The name 'Pacific Modern Dentistry' reflects a

modern dental clinic that practices in a serene, peaceful environment.

My personal definition of modern dentistry is really about having a modern philosophy and offering modern treatment modalities to patients. Modern technology is important, but that's not all. One can't practice modern dentistry without a modern mindset.

What was the most effective way to build your referral network?

When I first started, my staff and I handed out business cards and referral pads with goodies, but it wasn't an effective way of getting referrals.

The good referrals came from study clubs. Study clubs are a great way to build relationships with other practitioners, and it gives you an opportunity to show them your knowledge as a prosthodontist. It's usually a good sign when you have all the study club members' attention during treatment planning sessions. Help your members out as much as possible and be genuine. People seem to refer more when they trust you as a person.

Do you find sharing your portfolio is helpful to show to your referring doctors?

I don't send it to them directly, but if they have a difficult case I will send them a PDF of a similar case that I have completed, with before and after photos, and a lengthy description of what was done. Showing others my work has proven to be very impactful, and they tend to refer that patient to me.

During your first few months of practice what were your strategies for direct-to-patient marketing?

In the beginning I used direct mail, local magazines, social media, and offered local businesses discounts. That was okay, but it didn't have any significant increase in our patient pool. We built a new website in hopes of attracting new patients from the web. The problem was we didn't have a lot of presence on the web because we were not doing any SEO (search engine optimization). The website looked great, but was not discoverable on the web. We switched gears and went with a marketing company that rebuilt the website for better SEO. This strategy proved to be a lot more effective than any of the other direct to consumer marketing, and led patients to book online which helped a lot.

Do you continue to use direct mail and local magazine advertisements now that you have been in practice for a few years?

I don't do direct mail anymore, it did not provide good long-term patients.

However, I did continue with the magazine because it specifically targets the area I am in and goes into the mailboxes of the local residents. Even if they don't come to the practice right away, I'm hoping that seeing my face on magazines will lead people to call my office when they need some dental work done.



Are you involved with community health fairs and outreach?

We are involved with an annual free dental clinic. It helps build a sense of community with other doctors, potential patients, and it feels great to give back to the community.

What is your best piece of advice to prosthodontists looking to build their reputation for referrals?

Lecturing. Either joining a study club, hosting a lecture and dinner, or just talking over cases with other dentists. During the day, a lot of dentists do not have time for lunch and may feel rushed. But if you give them a lecture after hours, and build a relationship, it can be effective.

What are your hobbies outside of dentistry?

Hiking, camping, and traveling. We try to enjoy the beautiful Pacific Northwest as much as we can during the short summer that we have. During the winter, my family likes travel to Hawaii or California in search of sunlight. ■

Make the most of Miami



Media Training Course

Wednesday, Oct. 30, 1-2:30 p.m. & 3-4:30 p.m.

Fee: \$25

The Media Training Course is designed to help prosthodontists contact and interact with the media. Taught by a former TV news reporter, this course will teach you how to connect with local media, convey your expertise to the public, and promote the specialty in new ways.

Welcome Reception

Wednesday, Oct. 30, 6-8 p.m.

Fee: \$75

Begin your 2019 Annual Session experience by enjoying the sun, sand, and socializing at the reception on Wednesday evening, Oct. 30.

Sponsored by Nobel Biocare, this year's Welcome Reception will take place outside on the picturesque grounds of the Fontainebleau. This event is a great opportunity to catch up with old friends and meet new people over drinks and hors d'oeuvres, all while enjoying iconic views.



Annual Awards & President's Dinner

Friday, Nov. 1, 7-10 p.m.

Fee: \$190

Join your colleagues to celebrate this year's accomplishments and achievements at the Annual Awards & President's Dinner in Miami.

Dr. Nadim Z. Baba will present the 2019 President's Award and other Awards of Distinction. Other festivities include the recognition of new ACP Fellows and the induction of Dr. Stephen I. Hudis as the 2020 ACP President.

Thank you to Nobel Biocare for their sponsorship of the Annual Awards & President's Dinner.



Town Hall Breakfast Meeting

Saturday, Nov. 2, 7:30-9 a.m.

Complimentary

Enjoy breakfast with fellow members from your region and ACP Board members. Don't miss the opportunity to exchange ideas and share your perspectives on key issues in the specialty.

Our future is exciting and bright

Nadim Z. Baba,
DMD, MSD, FACP
ACP President

My term as President concludes at the Annual Session in Miami. I am grateful for the trust you have placed in me. Each of you has contributed to my success and enriched my life for which I cannot thank you enough.

It was a source of pride to lead a board of dedicated leaders as we strove to position this dynamic profession for the future. One of the most significant activities the College and Foundation Boards of Directors engaged in during the year is the implementation of a three-year strategic plan. Our work as prosthodontists is life-changing. For the sake of our patients, we must continue to grow and expand our horizons as specialists.

This year the goal was to design meetings and develop tools and programs that will complement the strategic priorities.

- The ACP offered the first stand-alone Practice Management Course in Chicago. The course was very well-attended.
- The Section Officers Workshop was launched. This is designed to provide leadership training for Section presidents or president elects. One of the unique features is that each Section leader must be accompanied by a young member who has been identified as a rising star within the Section.
- A Financial Literacy online learning program developed by Dr. W. Patrick Naylor will be offered.
- The ACP continues to work with the ADA and the other dental specialty groups on legislative activities. We signed on to a letter in favor of the Ensuring Lasting Smiles Act, a bill introduced in the House and Senate. This bill addresses the problem of insurance denials for procedures that

functionally repaired or restored any body part that is medically necessary to achieve normal body function or appearance, including adjunctive dental, orthodontic, or prosthodontic support from birth until the medical or surgical treatment of the defect or anomaly has been completed.

- The ACP signed on to a student loan reform bill, the Resident Education Deferred Interest Act. This legislation is designed to halt interest accrual while loans are in forbearance or deferment for those who qualify for the internship/residency category of either of these payment delay options.
- ACP became a member of the Coalition for Modernizing Dental Licensure (CMDL). The CMDL focuses on outreach to state dental boards, encouraging them to amend licensure requirements to eliminate single-encounter, procedure-based examinations. The CMDL also encourages increased licensure portability and works at the national level to establish a common core of credentials that can serve as a basis for licensure compacts among states.
- More opportunities emerged for the ACP to share the Digital Dentistry Curriculum with international societies. This past March, Drs. Gerald Grant, Heba Elkassaby, Ben Wu, and I had the opportunity to present the curriculum to an international education community in Cologne, Germany during the International Dental Show (IDS).

- I also had the privilege of attending the International College of Prosthodontists (ICP) meeting in Amsterdam that was held in conjunction with the European Prosthodontic Association (EPA). This was another opportunity to share the Digital Dentistry Curriculum. The curriculum was well received and drew a lot of interest from our international colleagues.

We are on the threshold of a transformative moment in our specialty. Our total membership is at a record high; with over 500 graduate prosthodontic residents. The enthusiasm for members to be engaged with the College is exciting. I am pleased to say, we have received a record number of members seeking to become involved by serving on Committees and Task Forces. There is always room for those of you who want to serve and be involved.

Andrew Carnegie once said, “Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.” Last year I had the pleasure to work closely with our “TEAM”, the staff in the central office. This outstanding group of women and men under the leadership of our executive director Dr. Linda Caradine-Poinsett exemplify the true meaning of a team working together for one common cause: the well-being of the College. I thank all of them for sharing their expertise and helping us look better.

In my last editorial as president, I think it is fitting to leave one final thought about this College, which I love. I believe the College is strong and will remain strong because its strength comes from the members, their diversity, and the relationship that exists between each and every member. Our future is exciting and bright.

I wish you continued success in your future endeavors. It has been my special privilege and honor to work with you and serve as the 49th President of the ACP. ■

2019–2021 Strategic Directions

The College and Foundation are aligned to shape the future of the specialty.

Here’s what we’re focused on:



Here’s what you can look for:

- ▶ An exclusive on-demand product on **financial literacy** in 2019, to help your practice stay at the leading edge of patient care for the long term
- ▶ The first **Section Leadership Workshop** in January 2020, designed to prepare new and aspiring leaders for leadership at the state and national level
- ▶ A new **mentoring program** with pilot group launching in 2020, linking ACP mentors and mentees to help them develop career learning objectives and milestones

Why now more than ever?

Leonard B. Kobren,
DDS
ACPEF Chair

The ACP Education Foundation is unveiling the Drive for a Million. Why is this different from moments past? Our specialty has made substantial, innovative advancements to respond to the realities of the changing dental landscape.

There are statistics that confirm that the ACP has, in real terms, increased public awareness of prosthodontics and what distinguishes prosthodontists. As a specialty composed of less than 4,000 members, this has been a herculean task.

The dental landscape has changed for many of our closest corporate partners, too. They face new challenges to provide the Foundation and College with the previous levels of support that have been crucial to our many shared successes.

To this end the Foundation conceived of the Drive for a Million. It would be a drive designed to engage every member to join in a new culture of active personal participation. We implore every member to pledge five-year commitments, from residency through retirement. The amount will vary but the commitment must be unwavering.

The Drive for a Million was quietly launched this past March. It has achieved enormous initial success having first launched with colleagues intimately

involved in the organizational aspects our specialty. These individuals understand the imperative and believe in the rationale. Together they have pledged generously and we now ask that you join them.

The revitalization of the Foundation has solidified and strengthened our specialty. The changing dental environment has substantially impacted dental education, how dentistry is being practiced today, how student debt will affect new prosthodontists' options and how the dental profession will transition into the digital world and the world of artificial intelligence. The College leadership, with the support of the Foundation, has actively anticipated these changes and taken bold steps to fortify our specialty.

Our legacy programs, essential for maintaining the health of our specialty, include paid ACP student dues and travel stipends to attend the Annual Session, support of the annual spring and fall educator conferences, research grants, the poster competition, and the Sharry competition. These have been



I agreed to serve on the National Steering Committee for the ACPEF Drive for a Million because I want to donate my time to the continued success of the Foundation which in turn supports the ACP's goals. The core programs of the ACPEF are essential to our specialty - residents, research, and clinicians. These programs managed in partnership with the ACP are not possible without the ACPEF's support. The success for which we aim cannot be realized by only a few participants. We all can help, at a level doable by each of us, to make the future possible.

Dr. Joseph DiFazio, ACPEF Drive for a Million National Steering Committee

extended with the Digital Dentistry Symposium, the Practice Management Course, a financial literacy course, and mentoring of new leaders.

Because of these new realities, our specialty needs every active, retired, and student member to fully grasp the importance of this moment. We must realize how essential our personal commitment is to the survival of our specialty.

Every member of this specialty must invest in its future. Whether you are able to invest \$25 per year, \$25 per quarter, \$500, \$1,000 or \$2,000 per year, please make a five-year commitment. Regardless of the level of support, all commitments are recognized and appreciated. Join us and be counted! ■



It is an honor to be a part of the ACPEF's Drive for A Million. I am so proud of what prosthodontists do to enhance an individual's quality of life. Supporting the Foundation ensures that we continue to grow as a specialty so that we may help others.

Dr. Lisa Strauch, Drive for a Million Supporter

Register now!
November 8-9, 2019



Manhattan Beach, CA



Dr. Gerard Chiche

Join us in iconic Manhattan Beach, California for the next ADES seminar featuring Dr. Gerard Chiche and Dr. Ariel Raigrodski. Gain the latest insights on **esthetic design, clinical techniques, and materials for digital dentistry** from the experts.



Dr. Ariel Raigrodski

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ACP Fellows Named Deans of Dental Schools

In July, ACP Fellows Drs. Andrea D. Jackson and Lily T. García were both appointed as Deans at two different U.S. dental schools.



Dr. Jackson is now the Dean of the College of Dentistry at Howard University. She previously served as Interim Dean, Associate Dean of Clinical Affairs, and Professor in the Department of Prosthodontics at Howard University.

“My goal is to serve as a leader to our team of dedicated faculty and staff as we continue to produce competent, culturally sensitive graduates that provide the highest quality patient-centered, evidence-based care to our patients while improving the quality of oral health in our local, national, and global communities,” said Dr. Jackson.



Dr. Lily T. García is the new Dean of the School of Dental Medicine at the University of Nevada, Las Vegas. Dr. García previously served as Associate Dean for Education at the University of Iowa College of Dentistry and Dental Clinics. While there, she coordinated teaching and learning programs and served as a key contact for curriculum management and tracking educational trends.

“I want students not only to feel UNLV is a great learning environment, but that Nevada is a great place to grow professionally and to thrive in their practices while providing good oral health care for our community,” said Dr. García, who is a past president of the ACP.

Congratulations to both ACP Fellows on their well-deserved appointments.

Definitions of Implant Dental Prostheses

With the support of Zest Dental Solutions, the American College of Prosthodontists has just published a new white paper titled *Definitions of Implant Dental Prostheses*. This new paper seeks to define the parameters by which the restoration of edentulous patients is described and develop a common nomenclature enabling dental professionals and patients to communicate more effectively.



The paper is the result of a two-day summit of private practitioners and academicians who examined the use of current definitions and sought to build a consensus of descriptions applicable to the current treatment modalities. In addition to the outcomes of the summit, results of a survey of members of the ACP gauging whether prosthodontists used the same or similar terms to describe various types of implant prostheses were incorporated. A follow up survey of the ACP membership is scheduled for later this year to assess any changes in the use of current terminology. You can view the white paper on Prosthodontics.org.

Led by Dr. Mark S. Montana and Dr. Paul E. Scruggs, the task force included Drs. Nadim Z. Baba, Emily R. Batson, Herman A. Donatelli, Steven J. LoCascio, Keith M. Phillips, Anthony P. Prudenti, Robert E. Stover, Emily J. Taylor, Ann Wei and Ms. Alethea Gerding. Drs. Evanthia Anadioti and Lucie Yin served as editors of the document.



2019 Practice Management Course



The first-ever Practice Management Course was held on August 10 in Chicago. A sold-out group of nearly 70 prosthodontists and office staff gathered to learn the latest in marketing, social media, human resources, medical coding and billing, practice transitions, and more from industry leaders.

This new course came out of the ACP and ACPEF's strategic priorities, specifically the priority of focusing on enhancing quality of care to improve patient outcomes through education in practice management.

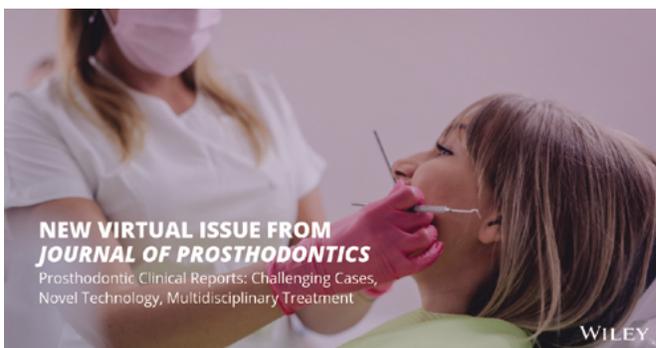
Thank you to the ACP Education Foundation, CareCredit, and Treloar and Heisel for supporting this course.



Latest from the *Journal of Prosthodontics*

In June, Clarivate Analytics released its list of the most influential scientific and social science journals for 2018. More than 11,000 journals are ranked in the annual *Journal Citation Reports* (JCR).

For 2018, the *Journal of Prosthodontics* rose 10 places in the rankings of all dental journals and is now ranked 25th out of 90 dental journals. The rankings are based on Impact Factor, a measure of how often a journal's articles are cited in other scientific literature. In 2018 the *Journal's* Impact Factor was 2.172 (up from 1.750 in 2015). The *Journal's* Impact Factor has risen every year since 2012.



And the *Journal* just released their sixth annual virtual issue, "Prosthodontic Clinical Reports: Challenging Cases, Novel Technology, Multidisciplinary Treatment." Now online, the virtual issue compiles 12 clinical reports published in the *Journal* over the last two years.

The articles included in this virtual issue demonstrate the skill, ingenuity, and care prosthodontists provide their patients. They include reports of patients whose microstomia

or severe gag reflex make treatment more difficult. One report details a 30-year follow-up so that the reader can see the long-term effects of decisions made over decades of treatment. Novel attachment systems and new materials are tried in some instances. Several of the reports make use of the latest in digital technology.

The full-text articles in this virtual issue are available to anyone through the end of the year, so please share with your colleagues, referral network, or students.

Welcome New Members

July – August 2019

Reinstated Fellow

Dr. Abdulmohsin Alhashim

Reinstated Members

Dr. Elo C. Adibe
 Dr. Pavinee Chotiwanporn
 Dr. Michelle F. Ireland
 Dr. Giuliana Diaz Jones
 Dr. Adam R. Jones
 Dr. Karen K. Kang
 Dr. Joseph Macy
 Dr. Dana Marzocco
 Dr. Antonella Milio

Reinstated International Members

Dr. Wissanee Jia-mahasap
 Dr. Richard J. Kratz

New Resident/Graduate Student Members

Dr. Mohammed Moeeduddin Ahmed
 Dr. Ola Al Hatem
 Dr. Naif A. Alhumaid
 Dr. Mohammad Almutairi
 Dr. Omer Al Rasheed
 Dr. Tamara Al-Rayess
 Dr. Reem M. Al Shaltoni
 Dr. Mohammed Saleh Alshayiqi
 Dr. Bashayer A. Altaefi
 Dr. Aseel Altemimi
 Dr. Nestor Andres Alvarez Lamela
 Dr. Mica L. Baeovsky
 Dr. Basil Basha
 Dr. Jordan L. Bell
 Dr. Andrew J. Bergmann
 Dr. Danubio Esteban Blen
 Dr. Nicta Boyle Balbin
 Dr. Jose G. Briceno
 Dr. Brandon S. Bulloch
 Dr. Maria Alessandra Camacho
 Dr. Tintu Sara Chandy
 Dr. Xi Chen
 Dr. Qian Cheng
 Dr. Nathaniel Chertok

Dr. Stephen P. Coletti
 Dr. Shahad Dashti
 Dr. Russell A. Deal
 Dr. Esra Elamin
 Dr. Han Eol Eom
 Dr. Kristen Frantz
 Dr. Andrea Gagnon-Audet
 Dr. Tsegazeab Gessese
 Dr. Tala O. Ghishan
 Dr. Timothy W. Gough
 Dr. Gia Hoang
 Dr. Asia A. Inagaki
 Dr. Fatin Jweinat
 Dr. Youssef Mohamed Kassem
 Dr. Cara L. Kennedy
 Dr. Wanjim Kim
 Dr. Robert W. Klink
 Dr. Polyxeni Konti
 Dr. Kevin M. Lassiter
 Dr. Scott A. Lemmons
 Dr. Xiao Chun Li
 Dr. Xiaotian Li
 Dr. Justin R. Mackert
 Dr. Anvita Maharishi
 Dr. Panpicha Maketone
 Dr. Rodney Martin
 Dr. Maria A. Martinez
 Dr. Mohammad Mujtaba Methani
 Dr. Nadine Ziad Mirza
 Dr. Esteban S. Molina
 Dr. Marco A. Mongalo, III
 Dr. Jane N. Moore
 Dr. Esha Mukherjee
 Dr. Chandni Muralidharan
 Dr. Kyle A. Murdock
 Dr. Mayur C. Nayee
 Dr. Sadiq A. Oketade
 Dr. Samantha Ordaz Moguel
 Dr. Ahmet Örgve
 Dr. Rufaida Quqandi
 Dr. Akshay Parmar
 Dr. Azim Rabiei
 Dr. Carmen A. Ramirez Sosa
 Dr. Charlene Ramos Villanueva
 Dr. Yi Ren
 Dr. Débora L. Reyes Galarza

Dr. Michelle K. Ruse
 Dr. Sara R. Satin
 Dr. David E. Schwartz
 Dr. Alexa Schweitzer
 Dr. Naomi S. Sever
 Dr. Apurwa Shukla
 Dr. Michael R. Simon
 Dr. Gaurav Singla
 Dr. Jeremiah Jason Sparks
 Dr. Shahrukh Syed
 Dr. Georgi T. Talmazov
 Dr. Claudia A. Torres Natal
 Dr. Gaurav Tyagi
 Dr. Sharon M. Vincenty-Flores
 Dr. Jonathan Michael Winfield
 Dr. Emad Y Abdulla Younis
 Dr. Aya Fawaz Zaquouq

New Academic Alliance Affiliates

Dr. James L. Muncy
 Dr. Carla Maria Rodriguez

New Dental Technician Alliance Affiliates

Mr. Craig J. Holland
 Mr. Gene Peterson
 Mr. Vladimir Rebyakov

New Advanced Program & Graduate Student Alliance Affiliate

Dr. Saleh M. Alhijji
 Dr. Behshid Bahraini
 Dr. Stacey Davidyants
 Dr. Abhina Gautam

New Predoctoral Alliance Affiliates

Mr. Mikhail Babayan
 Mr. Kyle Alan Bennett
 Ms. Jane J. Chang
 Ms. Jennifer M. Mehrens
 Ms. Alexis A. Pawlak
 Ms. Alina M. Ploaie
 Mr. Yujun Wang
 Mr. Collin C. Wietfeldt

Upcoming Events

49th Annual Session

Oct. 30-Nov. 2, 2019
 Miami
acp49.com

Digital Dentistry Symposium

Feb. 18-19, 2020
 Chicago
Prosthodontics.org

National Prosthodontics Awareness Week

April 19-25, 2020
Prosthodontics.org



SAVE THE DATE!

NATIONAL
PROSTHODONTICS
AWARENESS WEEK

April 19-25, 2020

Commit to celebrating
in your community!

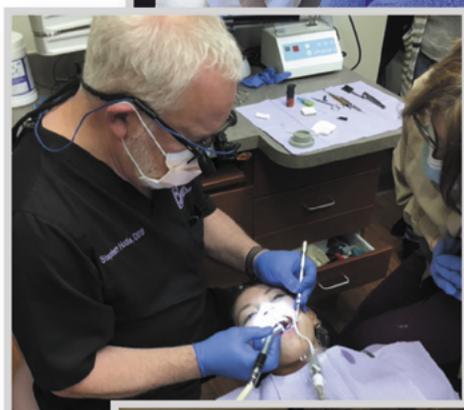
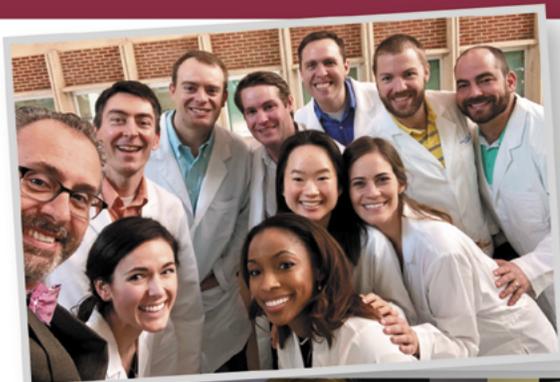
National Prosthodontics Awareness Week (NPAW) is a national movement, powered by your grassroots efforts. The best way to increase visibility for the specialty of prosthodontics is to engage people in your local community.

Check out the online NPAW Toolkit, with customizable outreach templates, activity ideas, and planning tips to help jumpstart your NPAW preparations!

Prosthodontics.org/NPAW
GoToAPro.org

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Job Opportunities

Georgia (Atlanta) - State of the Art Prosthodontic & Maxillofacial Prosthetic practice is seeking Maxillofacial Prosthodontist for Associateship to Partnership. Visit Orofacialcenter.com for info. Email jamesadavisjrdmd@gmail.com, or call 678-858-2383. Will consider training prosthodontist if has sufficient art skills and interest in the field.



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DENTISTRY OF ATLANTA

Georgia (Atlanta) - Aesthetic & Implant Dentistry of Atlanta
www.NewSmileAtlanta.com

Opportunity to become part of an elite dental center in the heart of Metro Atlanta. Established in 1986, professional staff, 6 ops. Offering fixed, implant and removable prosthodontics, dental implants, as well as comprehensive dental care. We've built a reputation in Atlanta for quality, compassion and excellence.

Extensive dental implant skills and IV sedation licensure is preferred. Focused on large cosmetic and restorative cases. Excellence in patient care is paramount to consideration and should include exemplary skills engaging with patients, building relationships with referring doctors, and being actively involved in dental organizations and continued education.

Contact: Dr. David Zelby (cell) 678-984-1717
Send resume: dazelby@gmail.com

Illinois, Wisconsin, and Indiana -

Prosthodontist positions are available in Oak Brook, Skokie and Schaumburg (Illinois), Waukesha (Wisconsin) and Munster (Indiana).

EON Clinics' generous compensation package includes an annual base salary of up to \$360,000 plus bonus based on clinic production (paid quarterly). We offer malpractice insurance (company paid), a continuing education stipend (up to \$5,000 annually), a professional expenses stipend (up to \$4,000 annually), medical/dental/vision/life benefits (cost-sharing), paid time off (up to 21 days) and paid holidays (up to 7 days).

We do not require corporate ownership and the complicated tax liability that goes along with that stipulation – there are no company tax returns for you to sign and take responsibility for. EON Clinics is family owned and privately held with a welcoming, congenial, collaborative culture that expects hard work, strong effort and great success from its dedicated employees, but also allows for work life balance. Our employees are valued and appreciated!

Since 2008 EON Clinics has been a leading provider of dental implants in the Illinois, Indiana and Wisconsin areas. Our beautiful state of the art, all-in-one treatment facilities are equipped with modern technology, including advanced 3D CAT scan capabilities and full-service in-house labs. Our superior clinical and administrative teams enable us to deliver premium products and treatment that support the highest standard of patient care.

You will be responsible for all aspects of clinic work. We need you to demonstrate strong leadership and management acumen, and work to achieve center profitability through sales efforts. Building good rapport with patients and staff, performing all phases of prosthetic dentistry, providing excellent patient care and helping to strengthen EON Clinics' reputation in the marketplace as an AO4 leader is required of this role. A strong

ability to listen, communicate well and be open-minded are keys to success.

If you are a skilled practitioner with a patient-centered mindset, high ethical standard, professional demeanor, superior clinical skills, a sales-orientation and the ability to click and connect with people, incredible growth opportunities exist for you to join our world-class EON Clinics team – don't miss out!

Contact Peg Rey, HR Manager at 630-308-8663 or peg.rey@eonclinics.com,
WEB: eonclinics.com

New York (North Shore/Manhasset) -

Life Altering Opportunity – Prosthodontist seeks associate leading to ownership of unique and successful fee for service practice. If interested, please contact us via email at office@smilesavers.com

Oklahoma (Oklahoma City) - Outstanding prosthodontic practice opportunity in rapidly growing Oklahoma City metroplex. Thriving practice is seeking an immediate associate prosthodontist transitioning to a partnership after the first year. Practice located in affluent northwest Oklahoma City. State of the art office, paperless, digital, CBCT, surgery suite, expansive operatories, fully equipped conference center, and an in-house dental laboratory. Implant and Prosthodontic Associates enjoys a large referral base and maintains prominence as the leader in reconstructive dentistry and all phases of implant dentistry in the region. Enjoy the low housing costs, excellent schools, minimal commute and friendly community living that Oklahoma is known for.

Contact: Lars Bouma, DDS and/or Thomas J. McGarry, DDS 405.755.7777
Bouma@implantassociates.net, mcgarry@implantassociates.net

Pennsylvania (Lancaster) - The Lancaster Cleft Palate Clinic is seeking a highly motivated prosthodontist with maxillofacial experience to join our team of physicians, dentists and other allied health professionals. The position is part-time, but full-time work may be available for an interested candidate. The clinic is dedicated to the treatment of patients with facial clefts and other craniofacial conditions from birth through adulthood. A faculty appointment may be arranged at an academic medical center for the interested candidate. For additional information, please contact Dr. Liz Prada. Lprada@cleftclinic.org.

Pennsylvania (Philadelphia) - The Kornberg School of Dentistry, an innovative school with modern facilities and a large population of patients, is seeking applicants for a full-time faculty position as a clinical-track Prosthodontist in the Department of Restorative Dentistry. Major responsibilities include clinical and didactic teaching, and provision of care and supervision of cases with advanced prosthodontic treatment. Candidates must possess a DMD/DDS and eligibility for an unrestricted license to practice dentistry in Pennsylvania. Applicants must have completed advanced training in a CODA-approved prosthodontics program and be board qualified or certified by the American Board of Prosthodontics. Candidates should currently be an active clinician with minimal five years clinical experience in a prosthodontic practice, however an exceptional recent advanced program graduate would be considered. Candidates with teaching experience will be preferred. Salary is competitive with dental academic pay rates with an additional income that can be generated from one day a week of intramural or extramural practice.

Interested applicants should send a cover letter, CV, and three references to: Ms. JoAnn Nyquist, 3223 North Broad Street, Philadelphia, PA 19140, or jo.ann.nyquist@temple.edu. Temple is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

Tennessee (Memphis) - Outstanding prosthodontic practice opportunity in the rapidly growing Memphis area. Growing practice is seeking an immediate associate prosthodontist transitioning to a partnership after one year. Practice located in affluent East Memphis with state of the art office that is paperless and digital. CBCT, surgery suites, expansive operatories, conference center, in-house dental laboratory and oral surgeons on staff. Our office has a large referral base and maintains prominence as the leader in reconstructive dentistry and all phases of implant dentistry in the Mid-South. Enjoy the low housing costs, excellent schools and vibrant community living that Memphis is known for. Please email resume to cwschulter@aol.com or call 901-435-0980 for more information.

Northern Wisconsin and the Upper Peninsula of Michigan - Opportunity to Become a Partner of Bay Lakes Center for Complex Dentistry
BLCCD.COM

Established in 1978, we have built a reputation for quality, compassion, and excellence with a practice limited to prosthodontics. Our practice focuses on comprehensive dental care featuring all phases of implant and reconstructive dentistry. We are searching for a motivated prosthodontist to join our team and transition to a partner.

Both doctors and their wives are avid sportsmen with a passion for fly-fishing and upland game hunting. Enjoy the low housing costs, excellent schools, and friendly community that Northern Wisconsin and the Upper Peninsula of Michigan offer.

Potential candidates should have extensive dental implant skills, both surgical and restorative, ability to build relationships with referring doctors, leadership abilities, and a Certificate in Prosthodontics from a CODA accredited postdoctoral program

For additional information, please contact Jim Hammond at jehammon@newnorth.net

Wisconsin - Consider joining this dentist-owned, family practice! At Dental Associates you will not only experience the support and stability of working within a group, but also the flexibility of managing your own schedules and running your own practice. Your practice within our practice. You will always be on the forefront of technologies and innovations and you will be able to develop relationships with other dentists and specialists. Offering competitive compensation with a full benefit package. Signing bonus and relocation allowance available in some locations. For a complete listing of openings visit: dentalassociates.com/careers.

Contact Karla today at 920-431-1712 or kkabara@dentalassociates.com.

Practices for Sale

Arizona (Phoenix/West Valley) - Established 34-year-old prosthodontic specialty practice in Phoenix, Arizona looking for an associate transitioning to ownership or immediate ownership. Full spectrum of prosthodontic services offered. Implant based care a major portion of treatment including surgical placement, adjunctive grafting and enhancement procedures. One million plus collections for over sixteen years. Fee for service, no HMO, PPOs or insurance contracts. Dentrix office management, digital radiography, and 3Shape lab scanner. Owner will remain per request of new doctor in transition and/or mentor surgical skills for implant based procedures. Enjoy year-round outdoor activities in one of the fastest growing cities in the United States. Contact Fred Heppner, fredh@arizonatransitions.com, (480) 513-0462 or text owner at (602) 757-0454.

California (Escondido) - Prosthodontic practice in Escondido, CA (North San Diego County). Successful fee for service Practice over 50 years, with current prosthodontist owner since 1999. 4 fully equipped operatories in 2200 sq. ft, beautifully designed environment in a standalone building, with ample parking and room for expansion. 760-443-3603

California (San Diego) - Implant-centric San Diego, CA Practice. Modern and high-end implant-centric practice in San Diego, CA on the market.

- 5 operatories
- Collections over \$3.1M
- SDE nearly \$870,000
- 500 active patients with ~50 new patients per month

To learn more, contact Kaile Vierstra with Professional Transition Strategies: (719) 694-8320 or kaile@professionaltransition.com

California (San Luis Obsipo) - Prosthodontic dental office with a 35 plus year history of goodwill in the San Luis Obispo, CA area looking to find a wonderful, kind practitioner to purchase practice. Offering many transition options. The office is conveniently located in a beautiful Victorian building. Doctor owned real estate and buyer has the option to purchase. The office occupies approximately 1800 sq. feet and consists of 3 fully equipped ops, a private office, a reception area, a sterilization area, a staff lounge. The practice functions with state-of-the-art technology. Office is fully computerized with and operates Dentrix practice management software. This FFS practice grosses approximately 1M and generates approximately 11 new patients per month. The doctor will work back in the practice or mentor (if desired) to help the new doctor with a successful transition. This is only at the request of the purchasing dentist. The practice is located in a great community in which to live and practice dentistry. Please send your CV to: prosthsanluisobispoco@gmail.com

Florida (Lady Lake) - Prosthodontic practice for sale in The Villages, Lady Lake, FL, Florida's Friendliest Hometown. Owner needs to retire because of health issues. Sees patients 3 days a week, 5 hrs. each day, 15 hrs. a week. Will gross from \$350,000 to \$400,000 a year. Successful fee for service practice since 2003, no contracted plans with insurance companies. 2 fully equipped operatories with a fully equipped laboratory in a 1200 sq. ft. office space. Has an iTero imaging scanner, a Scan X digital radiograph scanner, Biolase, and a Panorex. For more information: Tel. 352-259-6646 or Email: davidlaprosth@hotmail.com.

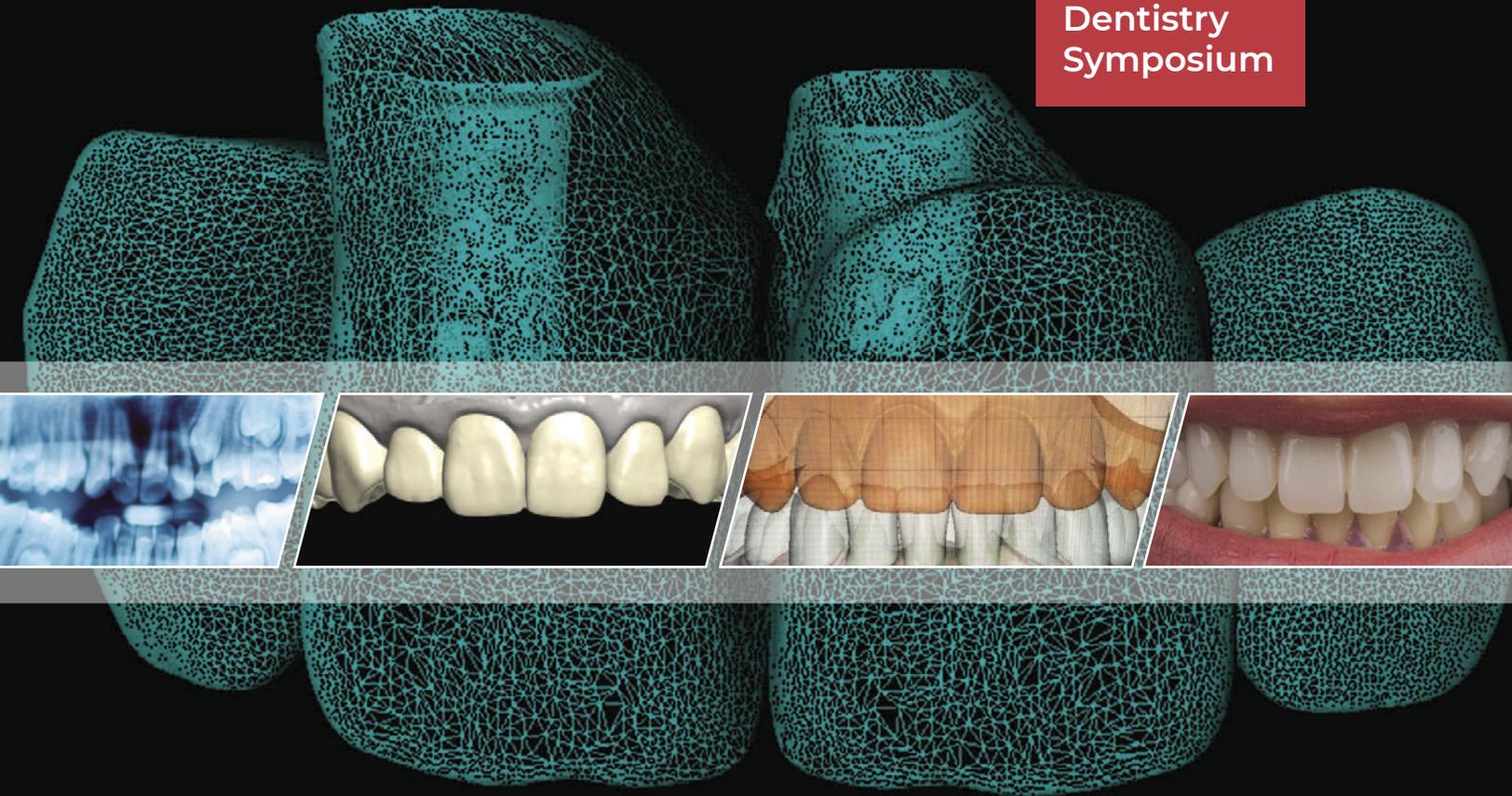
Georgia (Atlanta) - Amazing, time-sensitive opportunity to purchase dental practice of highly-respected, established prosthodontist in the Brookhaven/Sandy Springs area of North Atlanta. Purchase includes 1,700 sq ft corner unit with beautiful views from each operatory. Condo space equipped with advanced technology in greatly desirable medical building. Please call Dr. Bill Adams, US Dental Transitions at 770-561-1577 for more information.

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

Pennsylvania (Philadelphia Main Line) – PHILADELPHIA MAIN LINE GEM

Well-established Esthetic/Prosthodontic practice and unique real estate available for sale. Prestigious, affluent suburban location. 5 spacious ops, on site dental lab, high tech/digital equipment. Owner will stay for transition. Interested parties should contact villanovadentalgroup@gmail.com.

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Symposium



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