



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS
DEDICATED TO SERVING THE PUBLIC

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SUMMER 1985

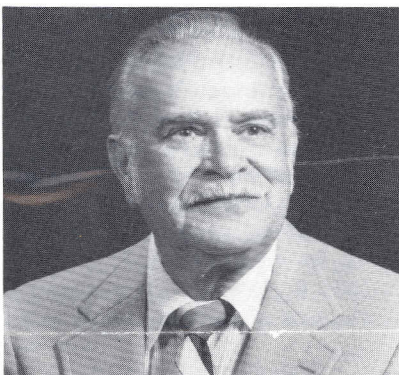
At the September meeting of the House of Delegates of the Federation of Prosthodontic Organizations a resolution will be submitted calling for a raise in dues for individual members of member organizations from \$50 to \$100 a year. The reasons for this proposed raise were listed in the last F.P.O. Newsletter and were repeated in this **Newsletter**. A dues raise is not an event which brings joy to our hearts, but we need to address the issue.

Before a dues raise or alternate means of raising capital - such as an assessment - becomes an actuality, the members of the House of Delegates of the F.P.O. must approve it. The college has three delegates and these delegates will vote the will of the members - as will the delegates of the other organizations.

My initial reaction when the matter of a dues raise was introduced at the Executive Committee meeting in Chicago in February was negative - as was the reaction of most of those present. After a discussion which lasted for several hours, it was evident that approval or rejection of this raise - or an alternative means of raising capital - will have far reaching effects on our specialty.

As the reasons for needing additional funds are reviewed, it's natural to deny the need for items which don't directly and immediately affect us. The important point to remember is that today we have a specialty of prosthodontics. What would our professional lives as prosthodontists be like if we found ourselves without a designated specialty? Reviewing documents such as the ADA's Future of Dentistry Report, watching the erosion of time for undergraduate prosthodontic training, seeing prosthodontic procedures listed under restorative dentistry in

PRESIDENT'S MESSAGE



ADA reports, and being involved in a review process to justify the very existence of prosthodontics as a specialty makes one realize that speculation concerning the continued existence of our specialty is justified.

There are those in dentistry who sincerely believe that the public would be better served with super-generalists capable of handling a wide spectrum of dental problems. Those of us involved in handling difficult prosthodontic patients on a daily basis know that this would not be in the best interests of the public. Knowing that and getting that information presented in the right places at the right times, in the right manner and with the right political clout are different ball games. A strong opinion alone is not enough. Neither the College nor any other organization can hope to do this alone. We must work together.

The College has embarked on a public relations program aimed at making the public more aware of prosthodontics and prosthodontists. The program is not an attempt to take patients away from any group. It is an attempt to draw from a pool of potential patients presently not seeking treatment and to make all patients aware of the benefits

of careful prosthodontic treatment. Tom Balshi's Public and Professional Relations Committee has been diligently gathering legal advice on how to set up a foundation which can accept contributions from members who wish to donate funds toward this public education program. An informal pool at the Private Practice Seminar in Nashville last October met with enthusiastic positive response. It would be ironic if we at last found ourselves in a position to be able to effectively educate the public and found that the ADA no longer recognized that specialty!

There has been a feeling in the past that one organization can not adequately represent both the discipline and the specialty of prosthodontics. I believe the time has come when we must unite within the framework of the F.P.O. to defend our specialty.

The adventures of Las Vegas, New Mexico, and its re-birth as an attractive and desirable place to live may seem far divorced from our problems in prosthodontics, but there's a parallel. On a recent visit to the town, we were impressed with the appearance of the town and the obvious upgrading of its economy. Old buildings were being restored, eyesores were coming down, the town bustled. This was a far cry from the depressed, drab town we'd seen in the late 1960's. The town planner (a Princeton educated descendant of Elfago Baca) explained the

ATTENTION

Enclosed in this **Newsletter** is a survey on the benefits of Board Certification. Please help by completing the form and returning it to the Central Office no later than July 31, 1985.

renaissance. For decades there were two distinct towns of Las Vegas. Geographically they touched, but that was as close as the relationship went. Each had their own Mayor, city council, etc. The older Las Vegas proudly held itself apart and above the newer Las Vegas. The newer town thought the older town was full of snobs. For years they fought to make sure that the one didn't get ahead of the other. State and Federal grants for improvements went to neither as they feuded in the political arena. In the 1970's a truce was arranged. The towns incorporated as a single unit and started working together. The results are impressive, far beyond their fondest dreams.

We have the opportunity by working together with all the prosthodontic organizations of regaining a strong prosthodontic specialty. Whether the additional funds for the F.P.O. should come in the form of a dues raise of \$50 per year or an assessment of \$50 per year while the need exists or in some other manner is an open question and your input is solicited.

The importance of this issue should not be underestimated. Fifty dollars a year is a small price to pay for the defense of prosthodontics. Let's do it!

—Bob Sproull

FROM THE SECRETARY

"How are Board examiners selected?" This has been a recurring question. In a nutshell, Board examiners are elected by a plurality vote of the Diplomates of the American Board of Prosthodontics. This has not always been the case. Prior to the formation of the Council for the Affairs of the American Board of Prosthodontics, Board examiners were elected by the Delegates to the FPO House of Delegates. Delegates were not necessarily Diplomates or even trained prosthodontists. In this column, I will describe the current process for nominating and electing Board examiners, will outline the structure of the Council for the Affairs of the American Board of Prosthodontics, will summarize the duties and responsibilities of the Council, will list the "Criteria for Selection of Nominees for Election to the American Board of Prosthodontics" developed by the Council and will solicit support for Dr. Robert M. Morrow, the nominee of the American College of Prosthodontists.

Any member organization of the FPO may nominate an individual for membership on the American Board of Pros-

thodontics. The nominating and supporting documents must be submitted to the Council for the Affairs of the ABP by April 1st. The Council meets in early June to select at least two of the best qualified candidates. A ballot is sent to all Diplomates in mid-June with a due date of mid-July. The candidate with a plurality vote is elected to the ABP.

The College elects its nominees at the Annual Business Meeting. Our nominee this year is Dr. Robert M. Morrow.

Knowledge of the structure and activities of the Council helps to understand the selection and election process. The Council is composed of Diplomates of the ABP who are in good standing with the Board and the FPO. The nine member Council is composed of three representatives elected by the College, one representative each from the American Academy of Maxillofacial Prosthetics, the American Academy of Crown and Bridge Prosthodontics and the Academy of Denture Prosthetics, and three at large representatives elected by the FPO House of Diplomates from member organizations other than those permanently represented on the Board. Term of membership on the Council is three years, and no individual may serve more than six years.

The duties and responsibilities of the Council can be summarized as follows. The Council:

- (a) Serves the interests of the American Board of Prosthodontics and the specialty it represents, and will be mindful that the Board is autonomous and responsible only to the American Dental Association through the Council on Dental Education;
- (b) Maintains liaison with the ADA Council on Dental Education;
- (c) Maintains liaison with the American Board of Prosthodontics;
- (d) Assists the Board in matters identified by the Board, and may make suggestions relative to certification examinations, candidate preparation, administration of inservice training examinations for postdoctoral students and residents, the accumulation and analysis of data, etc.;
- (e) Initiates procedures to encourage those eligible to participate in the Board certification examinations;
- (f) Develops and disseminates eligibility criteria for nomination and election to the ABP;
- (g) Initiates procedures to elicit nominations and supporting data for

prospective candidates, mails ballots to all Diplomates of the ABP, determines who is selected, and retains ballots in the FPO Central Office for one year.

The following is a verbatim copy of the "Criteria for Selection of Nominees for Election to the American Board of Prosthodontics" which was prepared and distributed by the Council for the Affairs of ABP.

Election to the American Board of Prosthodontics is an honor and a privilege which provides the opportunity for service to prosthodontics and the public served by the prosthodontist. A nominee for election to the Board should be well-qualified professionally and possess the personal attributes so necessary for the efficient and effective function to this certifying body. Qualifications should include but not be limited to the following:

- A. Professional Qualifications
 1. Diplomate of the American Board of Prosthodontics.
 2. Clinical expertise and experience by virtue of an established broad background in private, intramural, or institutional practice.
 3. Recognized by peers as an outstanding practitioner and continuing student.
 4. Exceptionally well-qualified in at least one of the three prosthodontic subdisciplines; as demonstrated by publications, essays or clinical presentations, or courses given.

NEWSLETTER The American College of Prosthodontists

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San Antonio, TX 78230

5. Academic experience which embodies subscription to and active support for the objectives and ideals of pre and post doctoral education in prosthodontics; awareness of education modalities and testing procedures.
6. An appreciation for dental research and understanding of research methodology.
7. Demonstrated service to the profession through organized dentistry; in good verifiable standing with the national, regional, and local societies in which membership is held.

B. Personal Qualifications

1. Exemplary ethical standards.
2. Compatibility necessary to relate positively with other Board members.
3. Flexibility, tolerance, and respect for other points of view; a willingness to compromise.
4. Ability to interpret and evaluate with professional and personal objectivity.
5. Possess compassion and empathy necessary for establishing professional rapport with candidates.
6. Interest, dedication, and time commitment essential to accepting and fully discharging the responsibility of a Board member.

C. Additional Criteria to be Considered in the Selection of Board Members

1. Appropriate mix of subdisciplines represented on the Board.
2. Balance of academically and practice oriented Board members
3. Geographic balance (desirable, but not essential).

As Secretary, I was responsible for submitting the nomination of Dr. Robert

M. Morrow to the Council for the Affairs of the ABP on behalf of the College. The nominating package included a current curriculum vitae, a letter stating the nominee's willingness to serve if elected, letters of recommendation and a letter from the member organization stating why it believes the nominee is qualified. "Mick's" C.V. and letters of recommendation from noted prosthodontists from all areas of the country made preparation of the supporting letter a very simple task. In short, Mick more than fulfills all the professional and personal qualifications for selection and deserves the support of all the

membership of the College. Quoting Dr. J. D. Larkin, a widely respected and renowned prosthodontist and first Editor of the College **Newsletter**:

"After repeated review of the 'criteria for selection of nominees', I can find no requirement in which Dr. Morrow would be lacking. The nomination and election of Dr. Morrow to the position of Board Examiner for the American Board of Prosthodontics would bring yet another personage to the Board that would contribute to the continuation of the traditional prestige and high standards we have cherished through so many years."

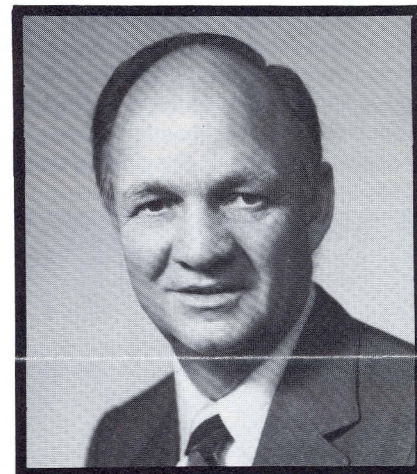
—William A. Kuebker

IN MEMORIAM WILLIAM H. PRUDEN II

It is with great sadness the College learns of the passing of one of our esteemed colleagues. Dr. William H. Pruden II passed away unexpectedly on March 18, 1985 at his home in Ho-Ho-Kus, New Jersey.

Dr. Pruden was a Fellow of the American College of Prosthodontists and was honored by organized prosthodontics by being selected as an Examiner on the American Board of Prosthodontics. He was a Clinical Professor of Graduate Prosthodontics at the Fairleigh Dickinson University School of Dentistry and was a faculty member since the school's inception in 1956.

Dr. Pruden held memberships in a number of dental organizations and was a Fellow of the American Academy of Restorative Dentistry, a Fellow of the Northeastern Gnathological Society and Past President of that organization, a Charter Fellow of the American College of Prosthodontists, a Fellow of the Greater New York Academy of Prosthodontics and Past President of that organization, a Fellow of the American College of Dentists and the International College of Dentists, a Fellow of the New York Academy of Dentistry and Past President of that organization. Dr. Pruden was President of the American Prosthodontic Society, a member of the American



Equilibration Society, and a Fellow of the International Academy of Gnathology. He authored articles in various refereed dental journals and presented over 250 courses and clinics before various dental societies in the United States and abroad.

Dr. Pruden is survived by his wife Jana, four children, William III, Robert, Peggy and Patty, and his father Dr. K. C. Pruden. Jana frequently lectured on the same programs with her husband.

Bill was actively engaged in the private practice of prosthodontics, for the past 13 years in association with his friend and colleague Brian Ullmann. In his leisure time he thoroughly enjoyed fishing and golfing and was an enthusiastic member of Dental Insultants.

Dr. Pruden contributed generously to the profession and the specialty. He will be sorely missed by his family, many friends and countless colleagues.

**QUESTIONS?
IDEAS?
PROBLEMS?**

**Call The
Central Office
(512) 340-3664**

ROBERT MORROW NOMINATED FOR AMERICAN BOARD OF PROSTHODONTICS

The College has nominated Dr. Robert M. Morrow, Associate Dean for Advanced Education, Professor and Head, Postdoctoral Division, Department of Prosthodontics, the University of Texas Health Science Center at San Antonio Dental School for membership on the American Board of Prosthodontics. The nomination has been sent to the Council for Affairs of the A.B.P.

Dr. Morrow received his dental degree from the University of Missouri at Kansas City School of Dentistry in 1955 and his specialty training from the University of Texas Dental Branch in Houston and Wilford Hall USAF Medical Center in San Antonio in 1964. He received his certification from the American Board of Prosthodontics in 1965.



Dr. Morrow served as Director of Training for Prosthodontic Residents and Research Project Officer at Wilford Hall USAF Hospital from 1964 to 1969. He later served as Military Consultant in Prosthodontics to the Surgeon General, USAF and as Chairman, Department of Prosthodontics, Wilford Hall USAF Hospital from 1975 to 1976.

Dr. Morrow is a Past President of the American College of Prosthodontists and continues to take an active role in the national affairs of the College as well as the Texas Section.

He has authored or co-authored a number of articles and texts published in the dental literature. He is a member of Omicron Kappa Upsilon and has received numerous awards for his contributions to the profession.

Dr. Morrow is eminently qualified for the position for which he has been nominated. College members are asked to support his candidacy.

FPO PROPOSES DUES RAISE FOR INDIVIDUAL MEMBERS

The FPO Executive Committee has directed that Member Organizations be informed of a decision to submit a resolution to the House of Delegates calling for a raise in dues for individual members of Members Organizations to \$100 a year starting January 1, 1986.

The FPO faces a second consecutive deficit year in 1985 because of the necessity in carrying out activities crucial to the continued advancement of the discipline and the specialty.

The crucial activities include:

1. Fulfilling the requirements for a review of the specialty.
2. Conducting training seminars for site-visit consultants to the ADA Commission on Dental Accreditation.
3. Conducting a possible workshop for program directors to prepare expanded Requirements for advanced education programs to include implant prosthodontics.
4. Present testimony to the American Association of Dental Schools on the encroachment of the specialty of endodontics into the field of prosthodontics; failure to include adequate laboratory and prosthodontic procedures in the Accreditation Standards for undergraduate dental programs; proposed inclusion of prosthetic services under operative dentistry in the ADA Council on Dental Education annual survey of dental schools.
5. Supporting activities of the Council for the Affairs of the American Board of Prosthodontics and the Committee on Education and Research, Oral Health and Dental Practice.
6. Presenting testimony before the ADA Council on Dental Care Programs to ensure that prosthodontic services are included fairly and properly in the ADA Code of Dental Procedures.
7. Supporting the activities of special ad hoc committees which must address immediate, pressing problems.

The cost of the above crucial activities alone will run in excess of \$80,000.

Total assets for FPO amounted to \$155,000 at the end of 1983. With deficits in both 1984 and 1985 these assets will drop to \$105,000. To return the assets to the 1983 level, approximately one year of operating expenses,

\$50,000 in new income is needed.

Alternate methods of raising the needed funds were discussed by the Executive Committee. These alternatives include:

1. Board certified prosthodontists pay more than non-Board certified.
2. charging individuals more if they have membership in more than one Member Organization.
3. an assessment on individuals for one year.
4. an assessment on Member Organizations for one year.

After considering the alternatives, the Committee decided that the dues increase for individual members would be the most equitable and would provide the best long range assurance of financial security.

DATES OF THE ANNUAL OFFICIAL SESSION

The next Annual Official Session will be held in Seattle in the Westin Hotel according to the following schedule:

Monday and Tuesday, October 14 & 15

Executive Council Meeting

Wednesday, October 16

Private Practice Seminar and
Workshop
Peer Review Training Workshop
(P.M.)
Commercial Exhibits (P.M.)
Cocktails & Reception (6:30 P.M.)

Thursday, October 17

Scientific Program
John J. Sharry Prosthodontic
Research Competition
Annual Business Luncheon and
Meeting

Friday, October 18

Scientific Program
Table Clinics
Ladies Workshop
Affiliates/Associates Seminar &
Luncheon
ACP Sections Meeting
Mentors Meeting

Saturday, October 19

Scientific Program

SEATTLE IN OCTOBER IS FOR YOU

Welcome to the Emerald City!

Imagine a city of 500,000 people, nestled between a 17 mile lake and an arm of the sea with snow covered mountains on east and west. Couple that with a truly temperate climate with lush greenery. That's Seattle! The center core is only 2½ miles by ½ mile and people actually live in the city. Neighborhoods of all types and peoples with shops, restaurants, parks and lots of fish.

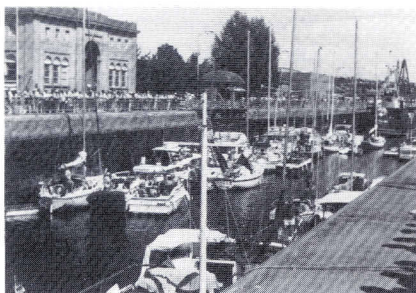
This part of America is relatively newly discovered. Stories of the Spaniard Juan de Fuca stopping by in 1592. Definitely seen by Francisco Eliza in 1790 and with Peter Puget, a lieutenant under the famous Vancouver actually exploring the Sound in 1792.

Seattle was founded by two groups of people — the Dennys and the Yesslers in 1851 and named after Chief Sealth of the Duwamish Indians. Many of the late 19th century buildings exist in a newly remodeled state. Seattle is really the center of a metropolis that extends from Everett in the north to Tacoma in the south, a distance of about 50 miles.

When weather is good and the sky is clear as it usually is in the fall, our dry season, mountains can be seen everywhere. To the southwest lies Mount Rainier, 14,410 feet and only 60 miles away. The first time you see it you are quite sure it's a cloud. Nothing could be that high so close to salt water. To the northeast the center of the Cascade range — mountains too many to count from 7,000 to 10,000 feet. To the west, across 7 to 10 miles of ocean, lies the Olympic Mountains, so dramatic at sunset!

It's a fascinating city and we know you will enjoy it.

What can you expect for weather?



To get from the fresh waters of the lakes that rim the north part of the central city to the salt water of the Sound boats must pass through the locks. You will enjoy seeing all this activity and watching the salmon run the adjacent fish ladders.



The Twin Towers of the Westin Hotel with the monorail to the Seattle center passing by. As you can imagine the views from the upper rooms are super!

Normally clear skies with temperatures in the high 60's that time of year. Nights are cool and could be in the 40's. Of course there's always a chance of soft and gentle showers, so everyone keeps a slicker or umbrella at hand.

You'll want to spend the majority of your free time out on the streets (we will have maps for you) and in the famous and unique Pike Street Market. We haven't planned a great deal of formal things to do. The city itself is our best entertainment. We have scheduled a boat trip through the harbor on Elliot Bay and then crossing the Sound to an Indian reservation for a clam and salmon supper. The trip back to the city at night is really something. For the ladies (and a limited number unfortunately) we have planned a trip up into the Cascade Mountains with an unbelievable lunch stop at Snoqualmie Falls. The old inn at the head of the falls is known



A ferryboat ride across the Sound is a must for the best views of the city and the mountains. The terminal is just a pleasant walk through the center city from the hotel.



An eagle's view of the Seattle center area with the mountains beyond. The center, with its Space Needle, lies just a short stroll up 5th Avenue from the Westin Hotel.

throughout the west for its mammoth country-style brunch.

Hike down south to the International Sector for a Dim Sum lunch at the King Cafe and stop at the fascinating Uwajimaya Oriental Grocery on the way back. Or go north to the Seattle Center to breakfast at the Center House and visit the museum. Interested in the paraphernalia of the great outdoors? Then hike east up to Broadway to R.E.I., the largest outfitter in the world (I think). We bet you can't get out without a purchase — they usually have a special on ice axes that time of the year. Want a boat ride? Then go west down to the Sound and take a ferry boat ride over and back, a really great way to see the city skyline. You must not forget to see Pioneer Square on the south side of the center city. Our favorite is the Gold Rush National Historical Site and Museum. Buses are free within the center city but the distances are so short that you'll want to walk, we're sure. Or you can just hang around the market and watch the people as we do.

Please consider yourselves invited to our beautiful city.

ANNOUNCEMENT

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

STATE OF THE ART SCIENTIFIC SESSION IN SEATTLE

The scientific program for the Annual Session of the College in Seattle is rapidly taking its final shape. The "State of the Art" will be the theme and the program will develop that theme to its utmost.

Of very special interest this year will be the international program presented on Saturday, October 19 by representatives of the newly forming International College of Prosthodontists who will be attending the Annual Session. The speakers for the international program will include Peter Sharer of Switzerland speaking on Non-Metallic Versus Porcelain Fused to Metal Crowns - The State of the Art; Harold W. Preiskel of England on The Restoration of the Mutilated Dentition; George A. Zarb of Canada on Dental Implants - The State of the Science '85; and Jack D. Preston, U.S.A. on The State of the Art in Color Matching.

Other scientific sessions will be held on Thursday, October 17 and Friday, October 18. Speakers for these two days and their subjects will include President Robert Sproull talking on An Historic Perspective of Prosthodontics, Glen P. McGivney with a fascinating and unique presentation on Obtaining a Three Dimensional Image of Osseous Topography Using a C.T. Scanner, and J. Crystal Baxter reporting on a timely subject of Osteoporosis and its Effect on Oral Tissues.

Ronald P. Desjardins will discuss the Demand and Responsibility in Maxillofacial Prosthetics and Girard J. DiPietro will demonstrate his original Orally Operated Electronic Devices for the Handicapped.

Other presentations will include John N. Nasedkin on Occlusion: The Changing State of the Art, Dennis J. Weir on the Biocompatibility of Base Metal Alloys and Jack I. Nichols on Prosthodontic Research - State of the Art.

This last presentation, Prosthodontic Research, will tie in nicely with the Ninth Annual John J. Sharry Research Award competition which is held at the Annual Session.

In addition to the formal scientific program, The Private Practice Seminar and Workshop and the Peer Review Training Workshop will be held on Wednesday, October 16. More in-depth information on these two Work-

shops will be published in the September issue of the **Newsletter**.

To round out the professional portion of the program, the Affiliate/Associate Luncheon and Seminar, the ACP Sections meeting, and the Mentors meeting will take place Friday, October 18th.

Commercial exhibits and table clinics will be held in conjunction with other activities.

All in all, an active and appealing program has been planned by Dr. Ken Turner, Session Chairman and his committee. There is certainly included something for everyone no matter how varied the interests may be.

Plan now and arrange your calendar to challenge the State of the Art in the beautiful State of Washington in October. It is a guaranteed can't miss proposition.

COMMERCIAL EXHIBITS FOR SEATTLE MEETING

After a great deal of confusion due to changing dates for the Annual Meeting, the list of commercial exhibitors for the Seattle meeting is being finalized. Dr. Mo Mazaheri, Chairman of the Exhibit Committee, is actively pursuing additional exhibitors to fill the 32 spaces that will be available in the Westin Hotel in Seattle.

Each exhibitor contributes to the health of the college treasury as well as giving members an opportunity to see new products at first hand. The Exhibit Committee is inviting only those companies whose exhibits can enhance the membership knowledge of the latest materials, techniques and armamentaria available in the field of prosthodontics.

The meeting in Nashville was the first at which the College invited commercial exhibitors. Excellent reports were received from many of the members attending. Twenty-two exhibitors were in attendance at Nashville, and this number has been increased to 32 for Seattle. Members are urged to make their presence known to the exhibitors.

Following are the exhibitors that have committed to Seattle:

Almore International, Inc.
Portland, Oregon

Austenal Dental Products, Inc.
Chicago, Illinois

Bofors Nobelpharma, Inc.
Weston, Massachusetts

Brasseler, U.S.A., Inc.
Savannah, Georgia

Calcitek, Inc.
San Diego, California

C. D. Charles, Inc.
Chicago, Illinois

Denar Corporation
Anaheim, California

Dentsply International
York, Pennsylvania

Interpore International
Irvine, California

Johnson & Johnson
East Windsor, New Jersey

Kerr/Division Sybron Corporation
Romulus, Michigan

Quintessence Publishing
Chicago, Illinois

Panadent Corporation
Grand Terrace, California

TMJ Instrument Co., Inc.
Santa Ana, California

Vicks Oral Health Group
Richardson/Vicks
Wilton, Connecticut

TABLE CLINICS-SEATTLE PLEASE APPLY



The clinics at the Nashville meeting proved to be both popular and educational.

The Annual Scientific Session in Seattle will include approximately 25 table clinics on Friday, October 18. ACP members who would like to present a table clinic should send a title and brief description of the clinic to Dr. Joe Berte, Table Clinic Chairman, Dentsply International, Inc., P.O. Box 872, 500 W. College Avenue, York, Pennsylvania 17405.

Table clinics should be a concise presentation of an idea, technique, etc. of interest to Prosthodontists. Table clinics should not be mini-lectures and must not be commercial in any way.

PROSTHODONTIC PEER REVIEW

The ACP Peer Review Committee will be sponsoring a workshop on prosthodontic peer review at the Seattle Meeting in October. The purpose of this workshop is to familiarize members with the protocol in the ACP Peer Review Manual.

Please consider attending this workshop and assisting the Peer Review Committee. We need ACP members, trained in peer review procedures, in all geographic areas of the country to provide prosthodontic peer review by local colleagues.

The ACP Peer Review Manual is available at the Central Office. The manual is provided to ACP Peer Review Committee members at no charge; to ACP members for \$15 (cost of printing and mailing); to any other interested party \$30.

The ACP Ad Hoc Committee on National Peer Review consists of Dr. David Eggleston, Chairman, Dr. Harold Litvak, Dr. Robert Kaplan, Dr. William Laney, and Dr. Dale Smith.

SERVING THE COLLEGE

The business of the College is accomplished by a group of dedicated, interested volunteers who serve on active committees. The strength of the College has always rested on these motivated and informed men and women that chair or are members of these groups.

If you are interested in playing an active role in the affairs of the College call or write President-Elect Noel Wilkie or the Central Office Director and tell them of the capacity in which you wish to serve.

If you have an idea, an opinion or a problem you wish to express to the Executive Council convey it to a committee member listed below and it will be addressed at the next Executive Session. The addresses of the committee persons may be found in the College roster. The next meeting of the Executive Council will be June 21st in San Antonio.

COMMITTEES FOR 1985

Constitution and Bylaws

Dr. Robert J. Sarka, Chm.	2 years
Dr. Arthur R. Frechette	1 year
Dr. Gordon E. King	2 years
Dr. Stephen M. Schmitt	2 years

Dr. Carl A. Hansen 3 years

Dr. Richard R. Seals 3 years

Education and Advancement

A. Committee on Information and Publication

Dr. J. Crystal Baxter, Chm.	1 year
Dr. David P. Donatelli	1 year
Dr. Jerome A. Mahalick	2 years
Dr. Richard D. Jordan	2 years
Dr. Kenneth A. Malament	3 years
Dr. Robert A. Flinton	3 years

B. Committee on Implementation of Aims and Goals

Dr. Charles R. DuFort, Chm.	2 years
Dr. Don G. Garver	2 years
Dr. Joseph J. Berte	2 years
Dr. Donald R. Nelson	2 years
Dr. Robert C. Riegel	2 years

C. Committee on The Advancement of the Specialty of Prosthodontics

Dr. Robert M. Morrow, Chm.

Dr. Cosmo V. DeSteno
Dr. Richard J. Goodkind
Dr. Dale H. Andrews
Dr. Ronald G. Granger
Dr. Glenn P. McGivney

Membership and Credentials

Dr. Phillip V. Reitz, Chm.	3 years
Dr. Saul Weiner	3 years
Dr. Lucius W. Battle	2 years
Dr. Ann Sue von Gonten	2 years
Dr. Frederick J. Finnegan	1 year
Dr. Michael L. Myers	1 year

Research

Dr. Gerald M. Barrack, Chm.	3 years
Dr. John H. Ross	3 years
Dr. David F. Pascoe	3 years
Dr. Lawrence Gettleman	2 years
Dr. John B. Houston	2 years
Dr. Garry S. Rogoff	2 years
Dr. Gerald D. Woolsey	1 year
Dr. Nelson M. Davisson	1 year

Public and Professional Relations

Dr. Thomas J. Balshi, Chm.	2 years
Dr. Kenneth L. Stewart	3 years
Dr. John F. Burton	3 years
Dr. Howard M. Landesman	3 years
Dr. Dale H. Andrews	2 years
Dr. Robert D. Grady	2 years
Dr. Roy T. Yanase	2 years
Dr. Phillip H. Ruben	2 years
Dr. E. Wayne Simmons	2 years
Dr. John R. Hansel	1 year
Dr. John E. Ward	1 year
Dr. Francis E. Clark	1 year

Necrology and Eulogy

Dr. Edmund Cavazos, Jr., Chm.	3 yrs.
Dr. Robert J. Dent	2 years
Dr. Robert R. Tromly	1 year

Ceremonies and Awards

Dr. John S. Ostrowski, Chm.	3 years
Dr. William Kate, Jr.	3 years
Dr. Gerald T. Ballard	2 years
Dr. Carlos M. Antolin	2 years
Dr. Peter F. Johnson	1 year
Dr. Barry D. McKnight	1 year

Color and Color Matching

Dr. E. Richard McPhee, Chm.	2 yrs.
Dr. Gerald V. Butler	2 years
Dr. William W. Nage	3 years
Dr. F. Michael Gardner	3 years
Dr. S. George Colt	1 year
Dr. Marion J. Edge	1 year

Prosthetic Dental Care Programs

Dr. David Eggleston, Chm.	2 years
Dr. Paul P. Binon	2 years
Dr. Barry M. Goldman	3 years
Dr. Daniel Y. Sullivan	3 years
Dr. Donald F. Nelson	1 year
Dr. Howard J. Charlebois	1 year

Nominating Committee

Dr. Jack D. Preston, Chm.
Dr. Noel D. Wilkie
Dr. Edmund Cavazos, Jr.
Dr. Ronald G. Granger
Dr. Brien R. Lang

Private Practice of

Prosthodontics Committee

Dr. Lawrence S. Churgin, Chm.	3 yrs.
Dr. Paul P. Binon	3 years
Dr. John T. Goodman	2 years
Dr. Garret D. Barrett	2 years
Dr. Alan E. Zweig	1 year
Dr. John W. Harrison	1 year

Site Selection

Dr. Ronald D. Woody, Chm.	3 years
Dr. Gordon E. King	3 years
Dr. Roy T. Yanase	2 years
Dr. Lester J. Bell	2 years
Dr. Carl J. Drago	1 year
Dr. Stephen F. Bergen	1 year

Budget

Dr. Noel D. Wilkie
Dr. Cosmo V. DeSteno
Dr. John B. Holmes

Sections Committee

Dr. Dana E. M. Kennan, Chm.	1 year
Dr. Juan B. Gonzales	1 year
Dr. Albert R. Hube	2 years
Dr. Dennis J. Weir	2 years
Dr. Thomas J. Martin	3 years
Dr. David J. Crozier	3 years

Prosthodontic Nomenclature Committee

Dr. Dean L. Johnson, Chm.
Dr. Carl W. Schuller
Dr. Joel C. Gelbman
Dr. Edwin H. Smith, Jr.
Dr. Don W. Morgan
Dr. Lawrence Gettleman
Dr. Harold W. Prieskel
Dr. Stephen F. Bergen
Dr. Robert C. Sproull

Central Office Advisory Committee

Dr. Robert J. Everhart, Chm.	3 years
Dr. Wayne Simmons	3 years
Dr. Charles R. DuFort	2 years
Dr. Lucius W. Battle	2 years
Dr. William A. Kuebker	1 year
Dr. John D. Jones	1 year

**Annual Session Committee - 1985
Seattle, Washington**

Dr. Kenneth A. Turner, Chm.
Dr. Lester J. Bell
Dr. James A. Fowler, Jr.
Dr. Richard D. Jordan
Dr. Ronald D. Woody

**Local Arrangements Committee - 1985
Seattle, Washington**

Dr. James S. Brudvik, Chm.

Historian

Dr. James A. Fowler, Jr. 2 years

Associate Editor to the J.P.D.

Dr. Dale H. Andrews 2 years

**Ad Hoc Committee on the International
College of Prosthodontists**

Dr. Jack D. Preston, Chm.
Dr. Harold W. Preiskel

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

Dr. Cosmo V. DeSteno, Chm.
Dr. Noel D. Wilkie
Dr. Mark E. Connelly
Dr. Robert P. Varjan
Dr. Jonathan L. Ferencz
Dr. Joseph DiFazio

Ad Hoc Committee on Ethics

Dr. Robert W. Elliott, Jr. Chm.
Dr. Robert E. Brady
Dr. Peter F. Johnson
Dr. Richard J. Grisius
Dr. Ray A. Walters
Dr. Richard P. Cunningham

**Ad Hoc Committee on Commercial
Exhibits**

Dr. Mohammad Mazaheri, Chm.
Dr. Vernon Y. Kwok
Dr. Niles F. Guichet
Dr. Carlos M. Antolin
Dr. C. Wayne Caswell

**Ad Hoc Committee on Dental
Laboratory Service**

Dr. Mark E. Connelly, Chm.
Dr. Ronald H. Jarvis
Dr. Thomas L. Huff
Dr. Frank E. Pulskamp
Dr. Thomas E. Miller
Dr. Thomas D. Taylor
Dr. Martin C. Comella

Ad Hoc Committee on Geriatrics

Dr. James S. Brudvik, Chm.
Dr. John P. McCasland
Dr. Robert H. Sprigg
Dr. Charles A. Ullo
Dr. James W. Taylor

**Ad Hoc Committee on the Care of
the Maxillofacial Patient**

Dr. Richard J. Grisius, Chm.
Dr. John D. Piro
Dr. Mohammad Mazaheri
Dr. Michael A. Carpenter
Dr. Clifford W. Van Blarcom
Dr. Verdi F. Carsten

**Ad Hoc Committee on Computer
Utilization**

Dr. Stephen F. Bergen, Chm.
Dr. David W. Eggleston
Dr. Paul P. Binon
Dr. Jack D. Preston
Dr. Frank J. Wiebelt

**Ad Hoc Committee on a Journal
of the ACP**

Dr. Donald O. Lundquist, Chm.
Dr. Garret D. Barrett
Dr. Dale H. Andrews
Dr. Varoujan A. Chalian
Dr. Robert M. Morrow

**Ad Hoc Committee for Evaluation of
the Annual Session**

Dr. William A. Welker, Chm.
Dr. Warden H. Noble
Dr. Thomas L. Huff
Dr. Kenneth A. Malament
Dr. Asha Samant
Dr. Robert A. Saporito

**Ad Hoc Committee on Administrative
Evaluation**

Dr. Noel D. Wilkie, Chm.
Dr. Jack D. Preston
Dr. Robert C. Sproull
Dr. William A. Kuebker
Dr. John B. Holmes

Ad Hoc Committee on Peer Review

Dr. David W. Eggleston, Chm.
Dr. Harold Litvak
Dr. Robert L. Kaplan
Dr. William R. Laney
Dr. Dale E. Smith



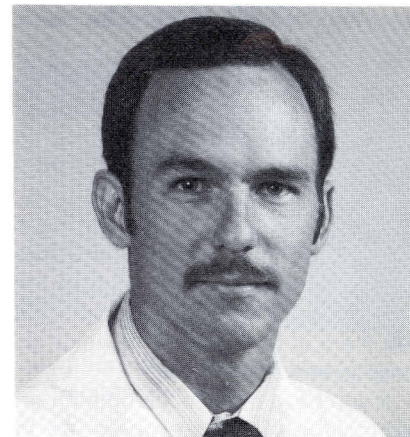
President Sproull, center of table, right, conducts the business session of the Executive Council at the January meeting in San Antonio. At Dr. Sproull's left is President-Elect Noel Wilkie and Treasurer John Holmes. Central Office Director Linda Wallenborn is at the far end of the head table.

operated office with two employees, one part-time. The steady growth of the College demands that the Executive Council meet three times formally each year to plan and supervise the expanding activities of the College.

All members are invited to attend the June Executive Council Meeting and to express their views.

SECTIONS

The Iowa Section met in September for an organization meeting. Officers elected were President, Richard D. Jordan; Vice-President, Robert J. Luebke; and Secretary-Treasurer, Steven. A. Aquilino.



Dr. Richard D. Jordan, President

Action was taken to complete the section organization. The process of having the state of Iowa recognize prosthodontics as a specialty within the state was started. Also, action was begun to make the section a non-profit organization within the state.

The Executive Council meets monthly and the next general meeting will be in late spring of 1985. A State Section Certificate has been developed and submitted to the Executive Council for approval.

SUMMER MEETING OF THE EXECUTIVE COUNCIL

The Executive Council of the ACP will meet in San Antonio on June 21st and 22nd. One of the main purposes of the summer meeting is to finalize plans for the Annual Meeting to be held in Seattle in October. Planning for the Annual Meeting has been underway for over a year but last minute corrections or additions may be made by the Executive Council at this time.

The summer meeting also gives selected committee chairmen a chance to meet personally with the Executive Council and explain in depth the activities of their committees. The meeting also gives the chairmen an opportunity to hear other committee reports and to see at first hand the effect that one committee has on the actions of others.

In a few short years, the College has grown from a fledgling organization operating mainly out of the Secretary's briefcase into a modern computer

National Capitol Area: This professional organization was formerly known as the National Capitol Area Study Club. The academic year 1979-80 was the first complete year during which this organization existed as a Section of the American College of Prosthodontists, although it had functioned previously as a local Study Club for eight consecutive years prior to this transition. The parent organization, the American College of Prosthodontists, was organized to foster interest in the specialty of prosthodontics with the objective of improving the quality of treatment of the prosthodontic patient, through educational activities designed to bring new ideas, techniques, and research into clinical practice; and to enhance the prosthodontic service received by the public.

Furthermore, it is the purpose of this Section to share our knowledge of prosthodontics with each other; to further the interchange of ideas; to limit parochialism; and in addition, to provide a forum for our residents to present professional material to their peers in familiar surroundings before a friendly audience.

Current officers of the Section: Chairman - Dr. James T. Jackson; Vice-Chairman - Dr. Richard Grisius; Secretary/Treasurer - Dr. John F. Burton.



Dr. James T. Jackson, President

Component Organizations' Representatives: U.S. Air Force - Col. Marvin L. Baer; U.S. Army - Col. James R. Moergeli; Georgetown Univ. - Dr. Richard Grisius; Howard Univ. - Dr. James T. Jackson; Maryland Univ. - Dr. Mark M. Stevens; U.S. Navy - Capt. David Pfeifer; Veterans Administration - Dr. John F. Burton.

This Section's Directory registrants for the year listed 114 individuals, many of whom attended all of the meetings on a regular basis. The guest category of registrants provides the Section with a means of encouraging continued

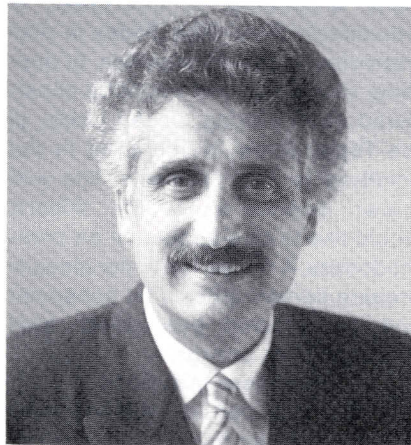
participation and interest in prosthodontics.

During the academic year of 1984-85 this Section sponsored eight meetings. Seven of the meetings were primarily professional in nature although they also included either a dinner and/or a refreshment period. The final meeting of the academic year is held in May and is primarily a social occasion.

The academic year runs September through May. The meetings are scheduled on the 4th Friday of each month. The chairmanship is rotated each year as is each component organization's representative. The Scientific Sessions are held at the National Medical Center, Bethesda Naval Hospital Officer's Open Mess, and the social affair is held at the Bolling Air Force Base Officer's Club.

New England: The New England Section of the ACP has met twice since the Annual meeting of the College, January 12, 1985 and April 27, 1985. Social, scientific, and business affairs were conducted.

New officers elected for the current year are President S. George Colt, Vice-President Remo Sinibaldi, Secretary Roger Galburt and Treasurer Douglas Riis. Other Executive Committee members are Albert J. Kazis and David Baraban. Councilors at Large are Samuel Askinas, Ronald Granger, and Ephraim Shulman.



Dr. S. George Colt, President

There are currently 68 College members registered in the New England Section. Anyone knowing of other College members in this area not a member of the Section, please forward their names to Dr. Galburt. Copies of the active roster may be obtained from the Central Office Director.

New York: The New York Section of the ACP is currently meeting frequently to organize the Section, establish Ad Hoc committees and investigate the pur-

poses, priorities and projects the Section will pursue once the organization has been completed.

The fiscal year of the Section will be from November and election of officers will take place in June. The current officers are: President Louis J. Boucher, Vice-President I. Kenneth Adisman, Secretary Gary R. Goldstein, and Treasurer Alan S. Broner. The financial status of the Section is excellent and social and scientific activities will begin in the near future.

There are thirty-two College members on the active roster and additional recruiting is being carried out. The roster may be obtained from the Central Office Director.

South Carolina: The South Carolina Section of the ACP met September 26, 1984 and conducted a scientific and business meeting.

New officers were elected and for the current year the officers will be: President Thomas J. (Jack) Martin, Vice-President James Rivers, and Secretary/Treasurer William D. Kay.

Copies of the Constitution and By-Laws and the current roster have been forwarded to the Central Office Director and will be available from that office.

Texas: The Winter Meeting of the Texas Section was hosted by the University of Texas Health Science Center's School of Dentistry on the 1st of March. After a social hour and catered dinner, two excellent presentations were made - one by Dr. Joseph Janosek on "Pathology for the Prosthodontist", and the second by Dr. John Sobieralski on "Soldered Joint Tensile Strength of Non-Noble Dental Alloys".

To open the Business Meeting, Dr. Fowler moved that the Executive Committee should consist of one delegate from each of the following groups: Air Force, Army, University of Texas School of Dentistry, Civilian Practice, President of the Section, Vice-President of the Section, Secretary/Treasurer of the Section, the immediate Past President of the Section, and a delegate from both the Houston and Dallas Subsections when they are formed. The motion was seconded and passed.

A question was raised during the Business Meeting as to whether graduate students have to be members of the ACP in order to participate in Section activities. The By-Laws are very specific about this and graduate students must be College members.

Dr. Morrow presented an interesting synopsis of a questionnaire sent out by

the ACP. Responses to this questionnaire showed that members of the ACP are inordinately involved with publications and education. It was a very impressive list on numbers of books, chapters, papers, etc. that our colleagues have accumulated.

The Texas Section sponsored a hospitality room for two days during the Annual Texas Dental Association Meeting in San Antonio in early May. The graduate students also participated in the Texas Dental Association Table Clinic Day. They represented the Texas Section of the American College of Prosthodontists.



Shown are the officers of the Texas Section. Left to right: Vice-President Charles DuFort, President Earl Feldmann, and Secretary/Treasurer John Ivanhoe.

The next meeting of the Section was held May 1st. It was sponsored by the Air Force members and held in the Kelly Air Force Base Officers Club. Dr. Bill Terrihan presented "The ABC's of Occlusal Stability" and Dr. Michael G. Wiley "Porcelain Facial Margin Technique".

Wisconsin: Eleven College members from Wisconsin have organized and submitted to the Executive Council of the College a Constitution and By-Laws for the formation of a Wisconsin Section. The Constitution has been reviewed by Dr. Dana E. M. Kennan, Chairman of the Sections Committee, and forwarded to the Executive Council for consideration at the summer meeting. If approved the Wisconsin Section will become the 17th Section of the College.

The founding members of the Section are: Jerome Mahalick, Michael Gmitruk, Gerald Ziebert, Glen P. McGivney, Kenneth Waliszewski, Anthony Defurio, Jerry Walker, Bruno Schiffleger, Joseph Lasnowski, Frederick Pflugheft, and Henry F. Gove.

PUBLIC RELATIONS PROGRESS REPORT

The American College of Prosthodontists has initiated a public relations program to build a stronger identity for the prosthodontist and a better understanding of the professional services provided by this dental specialist.

Results have been gratifying, but the Public and Professional Relations Committee learned quickly that it's going to take a great deal of time, effort and funds to make the word "prosthodontist" even half way as familiar to the consuming public as the word "orthodontist."

Three Starter Projects

Three important projects were started before the fall meeting in Nashville. A format was developed for state-by-state yellow pages advertising by members. A program was set up to provide speakers to societies and health organizations who should be more familiar with the role and work of the prosthodontist. Work is continuing on a brochure, defining the College and its benefits, that can be used to build membership.

An independent program was undertaken to generate public and professional press coverage for the Nashville meeting. This succeeded in getting good coverage in both areas, and we were especially pleased that we got the attention of important major media.

Cable News Network interviewed Dr. J. Crystal Baxter, Chicago, and televised the resulting show three times on national network. That broadcast time, had it been purchased, would have cost three times what was spent on the entire Nashville program of public relations. The well known television show, **Hour Magazine**, is interested in osseointegration. **USA Today** is also interested in osseointegration, or anything else we do that might be considered news making. Dr. Art Ulene, of the **Today Show**, is interested in our solutions to TMJ problems. The well known science show, **Mr. Wizard**, would like to do a sequence on prosthodontics. A free lance writer plans to prepare several articles for consumer and professional publication, from information we provide.

Numerous Interviews

At Nashville, considerable exposure was obtained for the work of prosthodontists on area TV and radio talk shows, and in local newspapers. A dozen different members were interviewed and/or featured by the Nashville media alone.

Stories were prepared and distributed to the hometown news media for all program speakers; to local and national professional media for all elected officers, and to local and national dental journals for the research award winners.

Copies of requested papers were sent to major medical journals (**JAMA**

News, Medical World News and Medical Tribune) for excerpting and to a number of major dental journals, (**Journal of the ADA, Dental Abstracts, Dental Economics, Dental Management, Dentistry Today, Journal of Prosthetic Dentistry** and others). Several dental journals received major articles.

A budget has been approved to provide for public relations activities focused on the Seattle meeting. This is good news, although it does come with the realization that public relations is most effective when it is implemented on a continuing basis.

As you may know, the competition for media attention is intense in the Fall when much larger medical and dental societies are meeting. While our own meeting may offer content appealing to us, that same subject matter may not turn on the press.

We plan to capitalize as much as we can on the subjects to be presented in Seattle. But we're not limited to that subject matter in trying to excite or interest the press. Some of our best news coverage, from the Nashville meeting, stemmed from subject matter not on the program. While we concentrate on the program planned, we are free to offer the press other work and achievements by prosthodontists.

Therefore, we would like to know, for this meeting and future planning, of any work you have done — or that a colleague has done — that you think might interest the press. For example: a mouth appliance for the handicapped, nutrition and osteoporosis, a celebrity patient, a dramatic restoration or reconstruction, an unusual solution to a common problem, or unusual activities of members that benefit the public.

Don't rule out anything you consider noteworthy. Let the Public Relations Committee decide whether you've got something that may arouse press interest. Send your suggestions to Dr. Thomas J. Balshi, Fort Washington Dental Associates, 1244 Fort Washington Avenue, Fort Washington, PA 19034.

—Tom Balshi, Chairman

COLLEGE OFFICERS INSTALLED AT NASHVILLE

During the Business Meeting of the College in Nashville, the officers for 1984-1985 were installed. From left to right are Kenneth L. Stewart, Newslet-

BENEFITS OF PROSTHODONTIC BOARD CERTIFICATION QUESTIONNAIRE

To Fellows and Associates:

The purpose of the attached survey is to determine and record the benefits of prosthodontic board certification to the individual dentist and the public.

As part of our national sample, you can help us by taking a few minutes to complete the questionnaire and return it no later than July 31, 1985 to:

Ms. Linda Wallenborn, Central Office Director
84 N.E. Loop 410, Suite 273 West
San Antonio, TX 78216

Your participation will help assure a high return rate which is essential if our results are to be valid. Thank you very much for your help with this important project.

We welcome your comments and suggestions about our survey instrument and the matter of certification.

Education & Advancement Committee-
Implementation of Aims and Goals

1. Please indicate:

- a) Your present age: _____ b) Your sex: _____
c) Institution and year you received your dental degree: _____
d) Institution and year you completed your graduate training: _____

2. Please indicate your current primary position in the field of prosthodontics by **checking all items that apply to you:**

- Private solo practitioner
 My practice is: Full-time (35 hours or more per week) Part-time (less than 35 hours per week)
 Active duty military prosthodontist VA prosthodontist
 Full-time faculty member at a dental school Retired
 Part-time faculty member at a dental school
 Public health prosthodontist
 Other (please specify): _____

3. Are you board certified?

- No
 Yes, I am certified by American Board of Prosthodontics
 Yes, I am certified by Other (please specify): _____

IF YOU ARE NOT CERTIFIED:

3a. Please indicate if you have passed:

- Phase I, Part 1 Phase II, Part 1 None of the above
 Phase I, Part 2 Phase II, Part 2

3b. Do you plan to complete the exam

- Yes No

3c. If your decision has been to not take the board exam, what was/were your reason(s)? **(please check all that apply):**

- Time required to prepare would not be offset by benefits
 Not a requirement for my position
 Didn't think I could pass certifying exam
 Wasn't recommended as valuable by colleagues or mentors
 Didn't believe that my income would increase
 Did not consider certification as a personal challenge
 Other (please specify): _____

3d. Do you regret not having achieved certification by the American Board of Prosthodontics?

- No, because: _____
 Yes, because: _____

4. What motivated you to achieve board certification? **(Please check all items that apply to you):**

- My position requires board certification Possible influence on promotion
 Recommended by my mentor(s) Personal pride and challenge
 Recommended by my peers
 Other reason(s) (please specify): _____

ter Editor; Jack D. Preston, First Past President; Stephen F. Bergen, Executive Councilor; Robert C. Sproull, President; Noel D. Wilkie, President-Elect; Cosmo V. DeSteno, Vice President; John B. Holmes, Treasurer; and William A. Kuebker, Secretary. Missing from the picture are Stephen O. Bartlett, Second Past President, and James S. Brudvik, Executive Councilor.



ADMINISTRATION PROPOSES TAX ON HEALTH CARE BENEFITS ADA RESPONSE BY DR. JOHN COADY

The ADA faces today one of the most critical legislative challenges that dentistry has ever addressed. That threat to our profession is inherent in the Administration's proposed health benefits tax, which has power to cripple our progress and to reverse the gains we've made in improving the public dental health.

Taxing Health Care Benefits Is Not A New Proposal. In the last session of Congress the Administration-proposed legislation was introduced to "cap" the amount of employer-paid health benefits workers could receive tax-free. Similar legislation has been previously introduced under the guise of "procompetition" legislation, designed to curb inflation in health care costs.

This year, again, the proposal to tax as income some part of the health care benefits in employee compensation packages has received new emphasis in the Administration's plan to increase tax revenues and reduce the federal deficit. The "tax cap" proposal that died in the 98th Congress has been revived in the Administration's fiscal year 1986 budget and the Treasury Department's tax reform proposal. At the same time, Congressional interest in moderating inflationary health care costs has not decreased.

The Time To Act Is Now. We cannot afford to wait until the actual House or

Senate bills are introduced. Strategy sessions are taking place now on Capitol Hill and in meetings across Washington, and in the offices of Congress our elected representatives are reviewing the legislative agenda and developing their positions.

We must begin to bring our concerns to the attention of those decision-makers. In addition, we must educate and motivate our membership, our patients and those groups and individuals outside of dentistry who share our concerns to use their influence to persuade Congress that this legislation is detrimental to the nation's health.

Simply Put, A Tax On Health Care Benefits Won't Work. The Administration contends the legislation would raise revenues needed to reduce the federal deficit. In fact, workers would engage in massive "benefits shifting" to avoid paying additional taxes. Or, they would drop coverage such as dental plans to stay under the tax ceiling.

The Administration also contends that by taxing workplace health benefits spiralling health care costs could be moderated. In fact, the most inflationary of those services, hospital and medical care, are the least likely to be affected by the legislation. This fact is underscored by the lack of opposition to the benefits tax from our colleagues in organized medicine and the hospital industry.

The ADA Is Entirely Committed To Defeating This Legislation. The program we have developed involves activating every level of membership and every degree of support for our position in reaching the national lawmakers who will be considering these well-intentioned but misguided proposals.

While the campaign will be spearheaded by the efforts of the ADA legislative staff in Washington, every member has a role to play, and every member's efforts can have a critical effect on our success.

An Unprecedented Effort To Contact Members Of Congress will be undertaken by the staff of the ADA Washington office. Written and verbal testimony outlining dentistry's strong objections to the legislation will be presented to the Congressional committees that conduct hearings on these proposals.

Our Members' One-To-One Relationship With Their Patients is critical to our success. To enlist the support of our patients, the ADA will distribute in-office materials to every Association member. Every practicing member will receive a stand-up display with pre-

printed postcards that patients can sign and send to their elected representatives, voicing their opposition to the legislation.

It is important to emphasize that the ADA Washington staff and your elected leadership cannot alone carry the burden of opposing and defeating this legislation. Our success depends on the involvement and participation of every dentist, every dental patient and our colleagues in the business and dental service arena.

We Must Begin Today If We Are To Secure Our Successful Tomorrow. We cannot wait for that day when legislation is introduced, or discussed in hearings, or the day the decision-makers must vote. We cannot hope that providing testimony before a Congressional committee will be sufficient to win the day. We must bring to bear now the collective voice of our members, our patients, and our counterparts in industry and business to prevent the passage of this legislation. It is only through our unified efforts that we can hope to preserve our success in improving the public's oral health.

DENTURISM FACES MODIFICATION IN MONTANA

A bill significantly revising provisions of the denturism initiative approved by Montana voters in late 1984 was passed by both houses of the state legislature March 18.

The Montana law was amended by HB 649 so that a dentist member is added to the board of dentistry and a denturist is dropped, making the composition one dentist, two denturists, and two lay members (one low income and one senior citizen).

Another change alters the initiative's provision allowing denturists to make and fit partial dentures. Instead, denturists must first refer a patient seeking a partial denture to a dentist with the model of the patient's mouth and the design for the partial. The dentist may then prepare the patient's mouth for a partial and evaluate the design of the partial before sending the patient back to the denturist for fabrication of the partial dentures. The denturist may not cut, surgically remove, or surgically reduce any tissue or teeth in the process of fitting a partial denture.

The sunset review provision of the amended law includes the requirement that the dentistry board be reviewed on

the basis of whether it has licensed "a sufficient number of denturists to be a viable agency." If at least 30 denturists have not been licensed by Oct. 1, 1986, then a bill may be introduced to merge the denturity board with the state dental board.

Denturists who wish to take X-rays are now required to pass an examination given by the dental board on the subject.

In North Dakota, the legislature March 19 voted down a denturism bill (SB 2398) that originally would have established the independent practice of denturism under the auspices of a denturity board. The bill had been amended, through the efforts of the North Dakota Dental Association (NDDA), to eliminate the denturity board, place denturists under the dental board, and require direct supervision by a dentist, explained Dr. Jack Pfister, NDDA executive director.

In the meantime, the Western Denturist Association has filed an initiative in Washington similar in provision to the denturism bill. The group has until July 5 to gather 151,133 signatures to ensure the placement of the initiative on the Nov. 5 general election ballot, according to the secretary of state's office.

In 1982, denturists in Washington tried to get an initiative on the ballot, but failed to gain the required number of signatures.

So far in Michigan, where bills SB 25, 26, 47, and 48 were introduced, no action has occurred in committee. The legislation seeks the establishment of independent denturism similar to the original North Dakota bill. That state is in the first year of a 2-year legislation session.

In Mississippi, SB 2123 was passed over on the calendar, to all intents and purposes killing it for this legislative session, explained Mrs. Carolyn Simmons, executive secretary of the Mississippi Dental Association.

The sixth state to have a denturism bill introduced this year is Arizona. The bill, SB 1245, would amend the dental practice act by clarifying the requirements that a dentist must examine a patient prior to a denturist initiating treatment and by establishing provisions for a denturist advisory board to review complaints against denturists.

Denturists are allowed to practice in Arizona under the general supervision of a dentist.

SYNOPSIS OF PAPERS PRESENTED AT THE NASHVILLE ANNUAL OFFICIAL SESSION

By: Dr. Don Garver

TITLE: Etched and Adhesively Bonded Castings: An Update

Presenter: Dr. Van P. Thompson

Dr. Thompson started his lecture by discussing the highlights of design for the acid etched and bonded prostheses. First he commented that there must be a distinct path of insertion if the prosthesis is going to be successful. This is due to the fact that the bond is weak and that retention must be gained by modifying the enamel, creating a wrap-around metal system on the abutment teeth with parallel guiding curves, defining occlusal rests, and preparing the enamel similar to a "three quarter crown" preparation. Secondly he stated that mechanical retention for each abutment is absolutely necessary. Displacement toward the labial or lingual will cause a failure of the restoration. The prosthesis should be retained on its own. No movement in any direction, except the insertion and withdrawal direction, should be perceived at the casting fitting appointment. The debonding of this type of prosthesis is the number one reason for failures in this system; therefore, mechanical retention through proper preparation of the abutment teeth is essential.

Dr. Thompson discussed the electrolytic alloy etching, and made mention of the metal systems that have been used within the casting of this particular type prosthesis. The best metal system found so far is that containing the nickel, chromium and beryllium content alloys. There has been some research done in the chrome alloys and the nickel chromium alloys. He made a positive point that the etching that is done by the dental laboratory often cannot be microscopically tested by the doctor in his operatory. An easy test for the proof of proper three dimensional relief etching is by putting a drop of liquid bonding agent on the etched metal surface. Proper three dimensional relief will be shown by a total wetting of the entire etched surface. Likewise, if a quick evaluation is required, the liquid bonding agent should not be blown off of the metal easily with a light stream of air. Dr. Thompson gave a thorough review of

bond testing and how the people in dental materials are continually looking for a better alloy for this type of prosthetic appliance. The evaluation of metal is simply that of finding a bond that is equal to, but not greater than, the bond of the bonding material to the enamel. It is prudent to have a bonding power of enamel to the bonding material, and a bonding material to metal that is similar, so that a failure will not occur in just one area and allow the prosthesis to remain in place undetected, improperly retained by the second abutment.

Dr. Thompson discussed the esthetic problems inherent to this type of prosthesis in the incisal region of the mouth, and suggested some solutions such as gold plating of the metal. Unfortunately this decreases the bondability, increases the cost and probably still causes discoloration. He also stated that opaques could be painted onto the tooth which would prevent a graying of the incisal enamel, but that best of all was opaque resin added to the base material during an esthetic try-in appointment. A method of checking the esthetics is that of: (1) trying in an inhibited composite (inhibited with the application of eugenol) bond to the metal before try-in; (2) adjusting the inhibited composite with a translucent opaque resin; and (3) dropping the restoration in acetone to clean off the eugenol, followed by a proper cleaning with alcohol, water and air abrasives.

Dr. Thompson talked about failures. The major bond failure is due to contamination of the bonding techniques by moisture. This can be prevented by use of the rubber dam and constant air flow. Secondly, there is a metal failure which is a poor etching technique of the metal. Last is the occlusal design failure where the forces of mastication are not compensated for by proper framework design.

Inquiries pertaining to this essay should be addressed to: Van P. Thompson, DDS, PhD, Baltimore College of Dental Surgery, University of Maryland at Baltimore, Dental Materials Research, 666 West Baltimore Street, Baltimore, MD 22011.

TITLE: Assessing Speech Production in the Denture Patient

Presenter: Dr. Susan N. Nathanson

Dr. Nathanson began her presentation by eluding that most people never think about speaking. She stated that man is the only animal that learns to

speak without any or much teaching. There are prerequisites for speaking such as: (1) not being a profound deaf person; (2) not being a person who is unable to attach the meaning of what you see and hear to what you say (to understand your culture); and (3) those people who do not have an intact speaking mechanism. She gave a review of the activities of speech and stated that language is the framework of communication. Language is the symbols that we use representing our ideas and thoughts, and stands for the rules of their combination. There are three different types of language: (1) receptive or receiving; (2) expressive or sending; and (3) inner or thinking language.

Speech happens to be the most common means of communication, and is easier than any other communication means. In speaking we use the audible or vocal form of communication. It is done through articulation which is the speaking system of producing sound through phonemes or a speech sound. Phoneme is much different than the orthographic type of communication which is a letters communication. The pronunciation of letters and phonemes do not sound alike; i.e., the letters ph, if written, are not the same as in speaking because they sound like "f" such as in phone. In the activity of speaking, the phonemes have characteristics. Those characteristics are in two natures: (1) the vowel sounds; and (2) the consonant sounds. The vowel sounds are those classified as gross sounds. Nothing much is needed to produce this sound such as "ah". Even the patient with a partial glossectomy can still make vowel sounds. The hardest sounds to make are the fine movement sounds such as the consonants. The most difficult of these are the "m", "n" and "ng" sounds which are nasal in nature. The consonant sounds have four requirements. First, the place of production. There must be two places in the speech mechanism that are working if consonant sounds are to be made properly. Different sounds are done in different areas, and it is the knowledge of this that is so vital to good phonetics in the evaluation of the handicapped speech person or the person receiving dentures in our offices. The second aspect of consonant production is the manner in which the consonant is made such as rapidly or slowly. The third requirement that is important in the production of the consonants is the voicing of the consonant. The fourth

requirement is the oral or the nasal production of the consonant.

Dr. Nathanson continued her dissertation on this very vital subject by stating that speech does not occur in isolation; that is, in one particular sound. It has to be listened to in context because speech sounds are additive to each other; therefore the test of good speech is normal conversation. Most patients will be able to make one very slow and positive isolation sound, but this is not proof that dentures are working properly for adequate phonetics. Dr. Nathanson explained that articulation is very important and that there are movable articulators such as the tongue, cheeks, lips and velum. The non-movable articulators are the teeth, the palate and the tissues that support the teeth. It is very important that prosthodontists realize that it is the non-movable articulators that are controllable within the prosthetic office. Incorrect tooth position of the anterior teeth, open bite anterior positions and improper contours of the palatal and gingival tissue contours can affect the speech pattern of any patient.

Dr. Nathanson listed the causes of speech problems: the cleft lip, the cleft palate, missing teeth, oral cancer patients, injury, and other effects that will damage either the movable or non-movable areas of articulation. Even though the oral cavity is very adaptive and can be corrected with help to perfect the speech pattern of the patient, the prosthodontist must realize that the classification of these patients that we treat most for complete denture prosthesis, are those that have lost their teeth because they are elderly. In these patients, many of them have a diminished hearing response. This too, can affect the way they appreciate their ability to speak properly or to speak improperly.

In the evaluation of a patient being considered for the fabrication of complete denture prosthesis, it must be known that the average denture patient does not worry much about their speech pattern until after the dentures are constructed. It is therefore very important, prior to commencing treatment, to consider the variables of speech patterns. First, we should determine the general language usage such as the working person, the socially minded person and the phone person. Second, we must evaluate as to how accurate their speech is at our diagnostic visit. Third, what type of auditory and tactile speech awareness are they used to. Fourth, we should notice

their lip and tongue activity as well if they have had dentures for some time, or if they have been without their teeth for a short time. This will affect the final outcome of the speech pattern in the new prosthesis. Fifth, the structural attitudes of the patients — do they really want dentures covering those tissues that make them feel so comfortable in their speech pattern. Finally, in the complete diagnosis of the patient before treatment, it is imperative for us to realize that patients can adapt to what we make for them; however, we should also realize that we should not push them too far in their acceptance of this new part of their speech capabilities.

Inquiries pertaining to this essay should be addressed to: Susan N. Nathanson, Ph.D, 3249 South Oak Park Avenue, Berwyn, IL 60402.

TITLE: Precision Attachment Retained Removable Partial Dentures

Presenters: Dr. Charles L. Abney and Dr. Benjamin A. Hill

Because the public expects quality in function and esthetics, the precision removable denture is utilized in the treatment of many partially and completely edentulous patients. The purposes for the use of the precision attachments are: (1) elimination of clasp display; (2) to make sure that the patient perceives that we, the dentist, care about them; and (3) that there is a perception that the patient cares.

The thesis for this entire presentation was that of describing a design philosophy of shared support between the abutment teeth and the basal seat using precision attachment systems. Dr. Abney classified precision attachment systems as:

1. Stud — those supported by an individual tooth
2. Bar — those that splinted two or more crowns together
3. Intracoronal — a rigid variety
4. Extracoronal
 - (a) Hinged — an attachment that gives a positive direction of hinging action to the prosthesis
 - (b) Rotary — those that have a multi-directional movement and are usually used in uneven distal extension ridge cases
 - (c) Rigid
5. Auxiliary — the plunger type

Dr. Abney continued in discussion of requirements for stress broken attachments and those that he felt were

best suited for removable prosthodontics. These requirements were: (1) to define the movement in a definite direction; (2) to deactivate the stress broken area during construction; and (3) to eliminate functional occlusal loading under masticatory stresses. Developing his thesis of shared support between the abutments and the residual denture base tissues, Dr. Abney engaged in a discussion of the functional movement of both the prosthesis around the abutment and the functional movement of the partial denture base. He stated that the axis of rotation of the denture base around the abutments is a very important determination. We have to be concerned about rotational axes, the fulcrum line, the indirect retainer and the stabilizing fulcrum line. Dr. Abney further engaged in a very thorough evaluation of these four factors as they were considered in the Kennedy classification of partial denture design situations. The following is a review of the different Kennedy classifications and how the stress broken attachment requirements fit into each particular classification:

Class 1 — Involves the bilaterally symmetrical edentulous arch. In this particular classification, Dr. Abney recommends the use of an extracoronal hinge type attachment.

Class 1 Asymmetrical — Dr. Abney recommended the use of a rotary type extracoronal attachment.

Class 1 — Modification space between abutments. Dr. Abney recommended that in a symmetrical distal extension case, the bar attachment is necessary, and in the asymmetrical distal extension case, a rotary attachment be used.

Class 2 — Unilateral edentulous. In these type cases, a defined directional such as the extracoronal hinged attachment should be used.

Class 2 — Modification space. In these type cases, a multi-directional attachment such as the Ceka attachment should be used.

Class 3 — Tooth supported. In these particular cases, any type of attachment can be used; however, Dr. Abney gave a fine discussion about the programmed loss of weak abutment teeth and how we should select attachments that could then be involved in the fulcrum systems as previously described.

Class 4 — Anterior edentulous. This particular type case is usually handled with a fixed prosthesis;

however, due to anatomic defects where a removable partial denture must be used, it is recommended that a stress broken attachment of the rotary design be used to give the most amount of space for the setting of the anterior teeth.

Dr. Abney continued his discussion of the functional movements of the removable partial denture by giving a slide review of different cases and the movement of the partial denture base under function. He was thorough in his statements that there must be a shared requirement of the abutment and the basal seat. Dr. Abney went on to discuss prosthetic consequences of improper design of the precision partial denture prosthesis. He cautioned using rigid attachments where stress broken attachments might be necessary. The improper use of these attachments will yield fractured abutments and/or tooth extraction. The essence of the entire thesis as presented by Dr. Abney was to plan ahead and make sure that the abutments and the residual tissue basal supporting structures of the oral cavity are in harmony while under function.

As far as maintenance is concerned, the presenter was positive about teaching the patient proper insertion and removal of these precision partial dentures. It is necessary to provide the patient with exact type cleaning devices that can clean the area of the precision attachments. Furthermore, Dr. Abney recommended that a .04% fluoride gel be used daily in and around abutment retainers, whether it be in the partial or complete precision prosthesis.

Dr. Hill presented the second portion of this presentation on the subject of the attachment retained overdenture. The treatment rationale for this type of prosthesis is listed as:

1. Reduced bone resorption — this is truly preventadontics at its best.
2. Additional denture support — the stud attachment is the most reliable attachment used in this type prosthesis.
3. Retention
4. Proprioception — the patient states that they can feel where their food is or where their teeth are when they bite.
5. Reduced periodontal maintenance
6. Altered denture coverage — in cases with large mandibular or maxillary tori, the denture base can be altered to avoid this type of anatomical defect thereby eliminating a surgical procedure.

7. Psychological adaptation — in some cases the patients dare you to treat, and in this particular case, some type of tooth support may be good.

8. The supported denture can be easily converted to a complete denture.

Dr. Hill gave a fine treatment planning slide review as listed:

1. Periodontal considerations
2. Crown-root ratio
3. Location of the teeth in the arch
4. Undercuts
5. Endodontic considerations

Dr. Hill stated that evaluation of existing teeth and saving those that have been endodontically treated before, may save the patient great expense and may also yield added support for this attachment retained overdenture. In one clinical treatment case followed through in its entirety, Dr. Hill commented that in the dowel, the preparation should be enlarged as a "well prep" at the root surface area. This yields much better retention form, it adds a bulk of metal to solder the attachment to, and it provides a positive seating at cementation. Dr. Hill further commented that in overdenture cases, it is best to pick up the female portion of the attachment system at delivery time after all of the case has been physiologically relieved for patient comfort. This accomplishes the shared responsibility philosophy as purported throughout the entire lecture — that being that the abutment and the tissue base share an equal responsibility when the denture is under masticatory function.

Inquiries pertaining to this essay should be addressed to: Charles L. Abney, Jr., DDS, MSD, Benjamin A. Hill, DDS, MSD, 1991 North Williamsburg Drive, Decatur, GA 30033.

SPECIALTY REVIEW SURVEY

In support of the Federation of Prosthodontic Organizations' participation in the specialty review process, the recent survey of the American College of Prosthodontists was initiated by the ad hoc Committee for Advancement of the Specialty. The committee wishes to thank the members for your prompt replies to the questionnaire. The results were impressive, and it is readily apparent that our members have been extremely active in those roles commonly associated with the creation of new knowledge and

advancement of the profession.

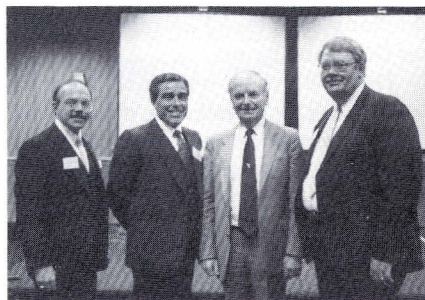
Responses to the survey indicated that during the past ten years our members have:

- 1) published 1219 professional articles,
- 2) contributed 80 chapters to books,
- 3) authored or co-authored 53 books,
- 4) participated in 339 research projects,
- 5) published 278 abstracts, and
- 6) presented 2610 lectures and courses.

We believe that the American College of Prosthodontists can take justifiable pride in the achievements and contributions of its members.

EWING STUDY CLUB MEETS

The Joseph E. Ewing Dental Study Group Meeting, which featured Dr. John McLean from London, England met recently in Pennsylvania. Dr. McLean spoke on both clinical and laboratory aspects of dental ceramics. Many of the attendees at this meeting were members of the American College of Prosthodontists. Graduate students (Affiliate members) from the University of Pittsburgh, University of Maryland, New Jersey College of Medicine and Dentistry, Fairleigh Dickinson, as well as Temple University and University of Pennsylvania were in attendance.



From left to right are Thomas J. Balshi, Chairman of Public and Professional Relations Committee, American College of Prosthodontists, Program Chairman for Joseph E. Ewing Dental Study Group; Cosmo DeSteno, Vice President, American College of Prosthodontists; John McLean, speaker; and Mr. Tom Mayclin, President of the National Association of Dental Laboratories.

The next annual program for the Joseph E. Ewing Dental Study Group, which always features special areas of prosthodontics, will host Dr. Harold Preiskel, London, England. Dr. Preiskel's subject will be "The Application of Precision Attachments in Prosthodontics."

FIRST GOLD MEDAL RESEARCH AWARD ANNOUNCED

Announcement of the first ADA Gold Medal Award for Excellence in Dental Research has been made by Dr. John Bomba, President of the American Dental Association. The award will be presented at the 126th Annual Session of the American Dental Association in San Francisco in November.

In his announcement to Constituent Dental Societies, National Dental Organizations, International Dental Organizations and Dental Schools in the United States, Dr. Bomba noted that "research is the primary catalyst to professional growth." The advances in the diagnosis, treatment and prevention of dental diseases that have taken place in the last decade have been the result of the work of innovative and dedicated dental researchers. The ADA's support of dental research is a manifestation of its commitment to improving the oral health of the public. The critical role dental researchers will play in our profession's future success is fully understood - and appreciated - by organized dentistry.

The Gold Medal Award, jointly sponsored by the ADA and Lever Brothers,

will recognize significant contributions to the advancement of the dental profession.

Nominations of outstanding personnel in the research field who qualify for this prestigious award are invited. An outline of the award criteria and additional information on the nomination procedure for the award may be obtained from: Dr. Carl Verrusio, Secretary of the ADA Council on Dental Research, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611.

GERODONTICS A NEW JOURNAL

Gerodontics: A Journal for the Treatment of the Older Adult, intends to provide current, practical information in a format that will increase the ability of the practicing dentist to provide comprehensive dental health services to the older adult. This will be accomplished by publishing articles that address readers as well as teachers and administrators involved in the prevention and treatment of disorders related to aging.

Specifically, the Journal will publish original research and review articles that give special attention to the clinical

SPECIAL ACP FARES ON UNITED AIRLINES OFFER SAVINGS ON TRAVEL TO SEATTLE

United has joined with The American College of Prosthodontists to offer special airfares (not available to the general public) when you attend the Conference in Seattle and travel between October 11 and November 3, 1985 inclusive.

To obtain a 35% discount from the applicable standard Coach (Y class) fare **with no minimum stay restrictions**, or (for those staying over a Saturday night even greater savings) a 15% discount off United's already substantially reduced Easy Saver (BE70) fare — simply follow these easy steps:

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2. Immediately reference the special ACP account number **574M**.
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Seats are limited, so call early for best availability. Fares are guaranteed at time of ticket purchase. Why not call today!

applicability to their results or conclusions. The Journal will cover subject areas such as oral medicine, patient management, clinical techniques, and delivery systems, as well as articles on the psycho-social and economic aspects of treating the older adult. Aside from original scientific articles and manuscripts that review major subject areas of interest, case reports and clinical briefs will be presented.

Dr. Lawrence H. Meskin, Dean, School of Dentistry, University of Colorado Health Sciences Center is the Chief Editor. His address is Campus Box C 284, 4200 East Ninth Avenue, Denver, CO 80262.

FROM YOUR EDITOR

One of the first and most surprising things that I've learned following publication of the first edition of the **Newsletter** under my supervision is that publication dates at times are very loose - or at least they seem to be.

Being of the old school, where if a patient is scheduled at ten o'clock I want to have the handpiece 'revved-up' no later than ten o' two, this looseness bothers me. Elsewhere in this issue I've made note of the proposed publication dates of the three annual issues of our **Newsletter**. These dates selected were not randomly arrived at but picked to meet the flow of the business of the College. The January issue will report the activities that took place at the Annual Session, The June issue will summarize the business conducted at the winter and summer meetings of the Executive Council, and the September issue will detail the arrangements for the Annual Session normally held in October. With the cooperation of the members that usually submit news and views to be published, I will do my best to meet these dates.

Speaking of news and views, I am certain that members of the College are constantly involved in newsworthy activities. I'd like to publish individual or group accomplishments and let your friends, colleagues and family bask in a little of your glory.

To start the news off - and to show I'm not particularly humble - your editor was recently honored by the President of the University of Texas Health Science Center at San Antonio by being awarded one of six Presidential Awards for Teaching Excellence given to faculty members of the Health Science Center. You see, I did it, and

AMERICAN COLLEGE OF PROSTHODONTISTS NINTH ANNUAL JOHN J. SHARRY PROSTHODONTIC RESEARCH AWARD COMPETITION FIRST PRIZE - \$1,000

DATE: October 17, 1985
LOCATION: Seattle, Washington
ELIGIBLE: Prosthodontic Graduate Students and Residents or Board Eligible Prosthodontists who completed their training after October 1981.
INFORMATION: Dr. Gerald M. Barrack
101 West Street
Hillsdale, NJ 07642

you can too. Please forward to me news of a similar nature and I'll take great pride in sharing it with the entire membership of the College.

My address appears elsewhere in this issue, so please keep the news rolling in.

—Kenneth L. Stewart

NATIONAL ASSOCIATION OF DENTAL LABORATORIES

As one of the results of the Public and Professional Relations Committee efforts, the National Association of Dental Laboratories has been in contact with the College regarding a closer working relationship with the American College of Prosthodontists and with its members.

Mr. John R. Reynolds, the Managing Editor of the Association's publication: *Trends and Techniques* is anxious for the participation of ACP members in their magazine both as contributors and as subscribers. Mr. Reynolds is offering *Trends and Techniques* through the auspices of the ACP to our ACP members at a one third discount on the regular subscription price of \$30.00. The subscription for the ACP members would be \$20.00.

Mr. Reynolds is also looking for laboratory related articles suitable for publication in *Trends and Techniques*. He would like to encourage our membership to submit articles for publication as well as work toward establishing a closer relationship with the National Association of Dental Laboratories. Please address manuscripts or questions to: John R. Reynolds, Managing Editor, *Trends and Techniques*, 3801 Mt. Vernon Avenue, Alexandria, Virginia 22305, (703) 683-5263.

WASHINGTON NEWS BULLETIN

Representative Wayne Dowdy (D-MS) has reintroduced legislation, H.R. 1990, which would redefine the term physician under the Medicare program. Currently Medicare defines all individual practitioners who are authorized to provide services as physicians. The Medicare law then specifically limits the authority of each type of "physician" based upon their training.

Therefore, under current law dentists are considered to be physicians for purposes of being eligible for reimbursement but the authority of dentists, which is extremely limited, relates only to services which are within the scope of the license of a dentist. Similar restrictions are placed on other non-MD or DO practitioners.

This bill would establish separate definitions for physicians, dentists and other independently licensed health care practitioners. This latter category would include optometrists, podiatrists, chiropractors and some psychologists. Although intended strictly as a technical amendment relating to the terms by which these individual practitioners are identified, the bill as introduced in the last Congress was extremely prejudicial to the rights of dentists, particularly in hospital settings, under the Medicare program.

Extensive changes have been made in the new bill in an effort to assure its substantive neutrality. Even if complete neutrality can be obtained the ADA does not believe there is a need for such legislation which involves an extremely complex and technical revision of the Medicare law and all of the regulations implementing that law.

COLLEGE HISTORY

College Historian Dr. James Fowler is compiling an in-depth history of the College from its inception to current activities. Recent years, 1980-84, are well documented but the earlier years 1970-79, are sketchier and require further documentation to properly illustrate the growth and progress of the College. Members are asked to send any material: letters, documents photographs from this period, etc. to the Central Office, in care of Dr. Fowler.

ADDITIONAL STUDY GUIDE AVAILABLE FROM THE COLLEGE

Dr. Kenneth Malament has made his personal study guide available to College members. The study guide contains an extensive collection of material valuable for Board preparation, including articles by and bibliographies of Board Examiners. The study guide also contains excellent suggestions for organization of the Patient Presentation phase of the Examination. The "Malament Study Guide" will be available at cost from Dr. Kenneth Malament, 209 Harvard St., #405, Brookline, MA 02146. The cost of the new publication will be \$25.00

JPD SUBSCRIPTION PROBLEMS?

If you are encountering problems with your Journal of Prosthetic Dentistry subscription through the C.V. Mosby Company, call Ms. Linda Wallenborn in the Central Office and she will be able to assist you. Call (512) 340-3664.

CLASSIFIEDS

Applications are being accepted for a postgraduate program in Prosthodontics commencing July 1986. A two year certificate program or a Masters of Science program is available. For information write to Dr. Mark M. Stevens, Director, Postgraduate Prosthodontics Program, University of Maryland, Dental School, Baltimore, Maryland 21201.

BOOKS AVAILABLE

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

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

Amount enclosed \$ _____

Make checks payable to:

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Tie Bar	<input type="checkbox"/> 72.50	<input type="checkbox"/> 55.50	<input type="checkbox"/> 26.50	_____	Lapel Pin	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.40	_____
Cuff Links	<input type="checkbox"/> 143.50	<input type="checkbox"/> 110.50	<input type="checkbox"/> 39.00	_____	Ladies Charm	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.30	_____
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 Blazer Pocket Patch—New \$16.00 Number _____

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***Note:** 14K and 10K jewelry are special order items and prices fluctuate with the costs of gold. You will be billed for the items you order on receipt by the Central Office of the manufacturer's invoice. Do not send check with order for 14K or 10K items.