

NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS DEDICATED TO SERVING THE PUBLIC

ISSN 0736-346X

VOLUME 19 NUMBER 2 JUNE 1989

The College has been busy these last few months, dealing with routine matters concerning prosthodontics. Committees are actively engaged in making progress on their goals and objectives. The President's office is looking to the future and strives to formalize the administration of the specialty. Rather than review the past and outline what the College has accomplished, I would like to examine the present and the future with the hope of shaping the role of the College for the succeeding years.

- 1. Our interaction with the FPO has been positive. Matters concerning the specialty of prosthodontics are forwarded to us in an expeditious manner. Tom McGarry, our Private Practice chair and I, completed an ADA survey asking organized prosthodontists' opinion on fees. Representatives of the ACP and FPO attend meetings with the American Dental Association pertaining to prosthodontics. The ACP and FPO are working together for a stronger specialty. Please pay your FPO dues if you still have neglected it till now. Our latest statistics indicate that only 50% of our membership have paid FPO dues. At present that allots us only 9 representatives. We have the potential for 5 or 6 more. We are a strong organization, but could be stronger. Please support organized prosthodontics, support the FPO and of course, the American College of Prosthodontists.
- 2. A College member made a request to endorse his research proposal with the intent of adding support for NIH funding approval. This request identified the fact that we do not have such a mechanism in place. Perhaps we should. I directed our Research Chair, Joel Martin, to develop criteria enabling us to provide that service in the future.
- 3. The Journal of the ACP is progressing. Ken Stewart, the Journal's editor,

PRESIDENT'S MESSAGE



has issued a call for papers. Our current schedule for publication is the fall of 1989. Your cooperation will lead to a successful venture. Our membership is doing research, our membership is innovative in their clinical approach, and our membership must be willing to share information with other prosthodontists. Please forward your articles to Ken for inclusion in this new, refereed ACP Journal.

4. Our 1989 meeting in Tucson promises to be a 'high tech' adventure into the future. Gerald Barrack and his committee have developed an outstanding program. There is a mixture of what is to come, with a balance of what is now the state of the art. Elsewhere in this **Newsletter** you will find more details. Please make your plans to join us in this oasis in the desert. I'm certain that despite the location of the resort, the meeting will not be dry. The sessions will be exciting, innovative and will recharge your batteries; something that is the responsibility of our Annual Session.

During the summer you will receive registration material; please complete the forms the day you receive them. Join us and make this the best meeting of your year!

5. 1989 marks the first year we are sponsoring an "Undergraduate Prosthodontic Award". I made contact with all dental schools in the United States and Canada. Representatives of the College will be presenting these awards at graduation or at another suitable time during the spring semester. Outstanding clinical skills and an interest in prosthodontics are the basis for this award. Several schools have named this year's recipients. Other schools indicated that they will implement the award next year. Besides supporting excellence in undergraduate education, this program provides the College another opportunity to support the educational efforts of our universities.

6. This issue appears on a regular basis each year; the balance of the makeup of the Executive Council in relation to the entire membership. Last year Bill Kuebker reported the following percentage of each category of membership:

a. Military: 17.0%
b. Hospital Based: 4.6%
c. Education: 20.3%
d. Private Practice: 55.3%
e. Other: 2.0%

FUTURE MEETING SITES AND DATES

1990 Charleston, SC Oct. 31-Nov. 3 1991 Reno, NV Nov. 5-8 1992 Tampa, FL

Nov. 4-7

This year's figures are:

a. Military: 17.3% b. Hospital Based: 5.4% c. Education: 19.6% d. Private Practice: 53.1%

e. Other (Retired,

Consult., Admin.) 4.6%

There are 10 members of the Executive Council. If we apply the same criteria to the Council, we find the following breakdown:

a. Military: 10%
b. Hospital Based: 10%
c. Education: 42.0%
d. Private Practice: 38.0%
e. Other: 0.0%

Our Committee chairs are divided as follows:

a. Military:
b. Hospital Based:
c. Education:
d. Private Practice:
e. Other:
42.0%

I hope that these statistics are helpful in understanding the structure of the College's administration. All categories of membership are well represented.

7. Many of our Committees are extremely active. The new goals and objectives have provided the impetus for new energy. In the interest of space, I will mention just a few highlights. The June Executive Council Meeting has not taken place, but I am sure Committee chairs will report further evidence of progress. The newly formed Ad Hoc Committee on Temporomandibular Disorders has gathered files of information concerning different aspects of that field. We received contributions from over 40 organizations and clinics. Ken Hilsen is organizing the information and ultimately a summary will be available to the membership. I mentioned that both the Sections Committee and Awards Committee have been busy organizing the undergraduate award. A formidable task! Keith Robinson has made progress with the Public and Professional Rela-

TUCSON 1989

Come to
historic and picturesque
Valley of the Sun.
Plan now to attend
the Annual Meeting
of the College
in Tucson
October 25-28, 1989.

tions Committee. As some of you may already know, the ACP Executive Council has voted to support an organ donor program. The ACP is taking the leadership among health organizations in supporting this program. Many states already endorse organ donor programs. We hope that our membership will find out more about this concept and support those less fortunate individuals who can benefit from our organs after we pass away. I hope to give a full report on the strides made by all College Committees in the next **Newsletter**.

8. One important decision facing us is that of Executive Director. Robert Saporito is directing our search for that position, and in fact, one interview with a candidate has already occurred. At last year's goals and objectives meeting we created a list of chores and responsibilities to help decide whether we need a director. We are exploring many alternatives. The fact remains that they all cost money. We must pay a salary, and, to an extent, support a small office. We have many options. We sincerely believe that the benefit to prosthodontics and the ACP will outweigh any financial burden. If we are to continue to grow, we must appropriate the funding and accept that responsibility. The Budget Committee at the June Executive Council Meeting in Newark, New Jersey, will consider the need for a dues increase to support this and other exciting programs.

One financial item that has silently impacted on our budget is the current \$29.50 subscription to the JPD we pay to Mosby for each member. If you belong to more than one organization, each must pay that fee. Mosby refunds "doubly collected fees" directly to you, not to the organizations that initially paid them. Many organizations, to minimize financial hardships on themselves, decided to add the \$29.50 directly to their dues. This was not ACP policy, but the financial impact became apparent over the years. If you add the cost of the JPD, our programs (study guides, Annual Session, awards, indexes, books, etc.) and the future requirements of an Executive Director, it becomes quite clear that our \$195.00 annual dues are inadequate. We have the lowest dues of all specialty organizations. Our dues have been in effect since 1985. Your continued support of the College is critical to the specialty of prosthodontics. We will make every effort to minimize the increase. The Budget Committee will reexamine all budget requests to ascertain their priority. We will not entertain frivolous requests. A fiscally sound budget for the forthcoming years is paramount.

9. There are several important meetings scheduled in the next few months. Three are particularly important. The first is the International College of Prosthodontists meeting in Toronto, Canada, July 9-15. The program is outstanding and provides an unequaled opportunity to share research progress, clinical procedures and prosthodontic questions in an international forum. College members who can take the time to attend this meeting, the last one on the North American continent for several years to come, will not be disappointed. A second, vitally important meeting is PROSTHODONTICS 21, scheduled for this October in Rochester, MN. This meeting will help shape the future direction of prosthodontic education, research and clinical practice. In addition, a workshop on Implants will cap off the 4 day meeting. Invited speakers are preparing significant papers for evaluation and discussion by workshop participants. Three meetings, the July ICP, the October Prosthodontics 21 Forum, and the October ACP Annual Session, combined with the significant activities by the ACP, provide a powerful signal to the dental community that prosthodontics is very much alive and well and will continue to be an active specialty in dentistry.

10. In closing, I wish you all a healthy and happy summer. Keep in mind, while basking in the sun, that the College is working for you. Support College activities, express your ideas and come to our Annual Session. See you in October.

—Stephen F. Bergen, D.D.S.

President

NEWSLETTER The American College of Prosthodontists

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MEMBER PUBLICATION AMERICAN ASSOCIATION OF DENTAL EDITORS ISSN 0736 - 346X

The **Newsletter** is the Official Publication of The American College of Prosthodontists

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SECRETARY'S REPORT



The Council for the Affairs of the American Board of Prosthodontics has selected three candidates from a field of five nominations for board member. This unprecedented action was brought about by the unusual occurrence of numerous nominations from FPO member organizations.

In my opinion this situation was inevitable because of the growing number of prosthodontists with the corresponding increase in the number of exceptionally qualified prosthodontists to be board members. Each one of the five nominations from member organizations is eminently qualified to serve on the board. The Council faced the horrendous task of paring down the field to three and the Diplomates will have an equally difficult task of paring down to

The ACP nomination of Dr. Frank Celenza was unanimously supported by the ACP membership at the Business Meeting in Baltimore. Dr. Celenza's curriculum vitae displayed a truly remarkable list of accomplishments. The College, and other prosthodontic organizations which supported his candidacy, can take pride in having presented his name to the Council.

Dr. Charles DuFort, stationed at Clark Air Force Base in the Philippines, suprised the ACP Central Office with a large wood carving and a large woven rug of the ACP seal. Thank you Charles for a magnificent insignia that will be proudly displayed.

The ACP Roster will be updated for printing in June. Please send any change in vital information (change of address, phone number, etc.) for the 1990 Roster to Linda Wallenborn at the Central Office.

—David W. Eggleston, D.S.S. Secretary

COME TO TUCSON IN OCTOBER

ARIZONA, the original 48th state as of Valentine's Day 1912, welcomes you to the Southwest's most exciting destination and vacation spot. Tucson, population 600,000 is one of the oldest continually inhabited settlements in America, and is appropriately nicknamed the "old Pueblo". Nestled in the warmth of a high desert valley, Tucson is surrounded by six mountain ranges that provide beautiful views and many outdoor activities.

For those of you who have an image of sand dunes and tumbleweeds, you are in for a surprise. Tucson is the crown jewel of the Sonoran Desert. A desert unequaled in its infinite variety of plant and animal life, a desert known as the kingdom of the cactus and presided over by the towering stately saguaro. People of Indian, Mexican, Spanish and Pioneer heritage have significantly enriched Tucson's culture and architecture. Tucson is a fascinating combination of these traditions and the most advanced concepts of the 20th Century. A city that embraces the old west charm and the new west luxury. One of only 17 cities in the country to have a symphony, theater and opera companies, and an art museum.

At 2,410 feet above sea level, Tucson leads the nation in sunshine 360 days a year. A typical October day being sunny and clear with a high in the 80's and overnight low in the 50's. The dress is always casual. Tucson is understandably, one of the most popular resort areas in the country.

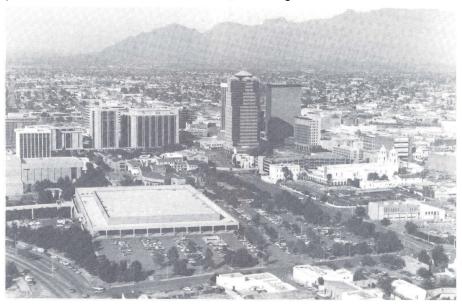
A leisure mode of existence will greet you in Tucson. The most notable feature

is an ardent dedication to outdoor activities. Golf—29 courses—visitors spend more on golf than any other form of recreation. Cycling, jogging, fourwheel drive touring, backpacking, hiking, horseback riding, hot air ballooning, dog and horse racing, University of PAC 10 sports competition, and the "PGA TUCSON OPEN" are examples.



The El Conquistador is encircled by 27 holes of championship golf. If tennis is your pleasure there are 16 lighted courts for you to use. Swimming pools, a health spa and fitness center are all available for you after you visit the seven restaurants and lounges.

Dining in Tucson is rather low key when it comes to glitz and glitter. Tucson has been called the Mexican food capital of the country for its unique Sonoran style specialties. But, no matter if your choice of dining is authentic Mexican food, historic sizzling cowboy steaks, or elegant dining either at one of the only 11 five star restaurants in the United States, or the posh resorts, there are many fine restaurants to highlight an evening.



An energetic bustling city of 600,000 waits for the pleasure of your visit in October.

Getting to Tucson is easy: Either by one of the 12 major airlines that afford 14,000 seats every day, or Amtrak, or Interstate 10, the major highway between Los Angeles and El Paso that passes through Tucson's downtown district.

The heart of downtown Tucson is Meyer Street in El Presidio and the Barrio Historico. The National Register of Historic Places recognizes a variety of early Tucson architecture—adobe, stone, brick, mud walls with saguaro ribbed ceilings, Spanish Colonial, Mission, and Victorian architectural styles.

A mecca to sightsee, to explore, and to shop. Restaurants, specialty stores, art galleries, and craft shops are tucked around the downtown area. Many nationally and internationally known artists live and work here. Indian, as well as Mexican crafts, pottery, painting, silverwork, carving and sculpture, something for everyone, is found in historical buildings remaining from territorial days.

Architecture and shopping aside: the land, the plants, the animals of Tucson's past and present come together in the premier attraction - The Arizona Sonoran Desert Museum. This unique institution is the largest outdoor living natural history museum in the world. It serves as a great primer to the uniqueness of the Sonoran Desert. A world full of natural beauty, life, and mystery. A wandering is like taking an enchanted walk through this strange, but fascinating land. Unscramble the mystery of 200 different animals, 300 plants—all alive in desert geographical settings. The Desert Museum is nestled in the 14,000 acre Tucson Mountain Park. A beautiful drive takes you through this most magnificent saguaro forest.

Tucson is bookended on the East and West by the Saguaro National Monument. These preserves and their 9 mile loop drives, are a showcase for the 50



Majestic awe-inspiring and stately saguaro cactus welcomes you to the constant changing beauty of the desert.

feet tall, 200 year old giant saguaro cactus found only in the 200 by 300 mile Sonoran Desert. The saguaro cactus flower is Arizona's state flower and the cactus wren, that lives within the cactus, is the state bird.

Also found in Tucson Mountain Park is Old Tucson, the second most visited attraction in Arizona after the Grand Canyon. Over 100 films, plus countless television shows, have used Old Tucson's dusty streets and 1860's settings for their backdrops. Dubbed "Hollywood in the Desert" we will have an evening of entertainment here complete with shoot-out and Hollywood stunt demonstrations on main street, Western dinner in the behind-the-scenes sound stage, exciting saloon entertainment, and a chance to see the museums, exhibits and frontier shops.

No finer tribute to Tucson's Spanish heritage exists than Mission San Xavier del Bac, the "white dove of the desert". It is one of the finest examples of Spanish mission architecture anywhere. and one of Tucson's most beautiful sights. Located in the Spanish Camino Real, the 200 year old active mission is one of the most photographed missions in the country. On the Tohono O'Odham Indian Reservation, this magnificent architectural structure combines Moorish. Byzantine. and late Mexican Renaissance influences.

The University of Arizona, the state's 103 year old university, houses many of Tucson's 14 museums. The U of A is also known for various other cultural and educational events, as well as PAC-10 sports entertainment, that bring international recognition to Tucson. The U of A has the distinction of being the only in-

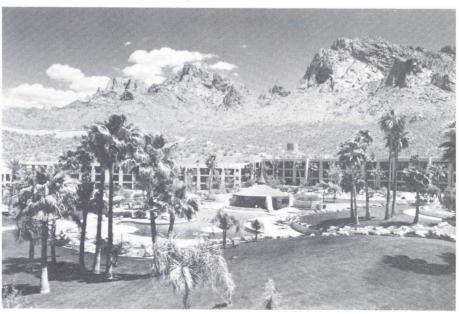
stitution in the United States to receive a piece of the "shroud of Turin" for dating investigation.

Kitt Peak is the nation's largest optical observatory. This 6,882 foot peak is home for University of Arizona Astronomy. It is the largest collection of working optical telescopes for stellar and solar research in the world. Facilities are open to the public.

Davis-Monthan Air Force Base, former home of the 18 Titan II ICBMs, and primary training base for Air Force ground launch cruise missile systems. opens its gates for tours of AMARC, the largest aircraft storage facility in the world. The Military Aircraft Storage and Disposition Center includes some 4,000 aircraft from all branches of the government. This "moth ball" fleet provides a unique savings account for parts and aircraft. This facility has the unique distinction as being the only money making agency in the Department of Defense, and returned 271 million dollars to the government last year alone.

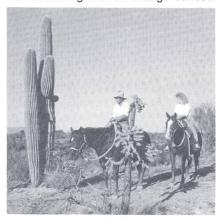
Pima Air Museum is the third largest collection of historic aircraft in the U.S. More than 130 military and civilian aircraft trace the history of American aviation. Also, a unique attraction, is the only Intercontinental Ballistic Missile Silo and Missile Museum in the world.

Finally, for an exhilarating change of pace, there is Nogales, Mexico. One of the cleanest and safest border towns, there is no culture shock, but you certainly know you are in a foreign country of different habits, different concerns, and different language. Fine restaurants and foreign goods at reasonable prices, with all the color of Mexican culture, are found here.



The Sheraton El Conquistador, site of the Annual Meeting of the American College of Prosthodontists is a world class resort. The scenery is breathtaking and the fall weather superb.

Back in Tucson, the mountains provide our convention site with a backdrop, that is continually changing in hue, from amber shadows at sunrise to dark silhouettes against an orange sunset.



What better way to enjoy the beauty of the desert at close range. A riding stable of 40 horses is part of the wide fare offered by the El Conquistador Hotel

The Sheraton El Conquistador is a 439 room world class resort. Opened in December 1982, it reflects the traditional southwest more than any other Tucson resort hotel, an impression that's underlined by the presence of stables with 40 horses. You can saddle up and explore the high desert, with trail rides, hikes, or four-wheel drive touring into the Santa Catalina mountains, available just beyond your room. El Conquistador is also strong in both golf and tennis. The hotel is surrounded by 27 holes of championship golf. Also 16 lighted tennis courts and four indoor racquet ball courts, health spa and fitness center, bicycling and two swimming pools all are available. Seven exceptional restaurants and lounges from elegant to rustic round out the fare.

In Tucson, you will have much to see, to explore, to study, its old missions, its ancient Indian tribes, its museums, its theaters, its exotic plants and animal life. The Old West and the New West side by side. A land of a thousand attractions. Something for everyone. Bring your camera. Come to Tucson in 1989.

PROGRAM FOR TUCSON TAKING SHAPE

Plans for the Annual Session of the College are complete. The meeting will be held in Tucson, Arizona October 25 to October 28, 1989. We anticipate an excellent scientific program, superb weather, and a great attendance. The Executive Council held their meeting at the El Conquistador in January and everyone was quite pleased with the facilities. While the weather was unseasonably cold according to Grant

Eshelman, our Local Arrangements Chairperson, he promises better weather in October.

The two major themes for the meeting will be Computer Utilization—The Future Is Now: and Occlusion and the TMJ-Are They Related? The Program Chairman Jerry Barrack and his committee of Jack Preston, Harold Litvak, Joel Martin, and Ken Malament have lined up an impressive array of speakers. Various applications of computer technology in several areas of dentistry will be discussed. Some of the topics will be guite new to most of us, such as Dr. Paul Capp, speaking on Digital Radiography. This is new technology that has great promise in oral diagnosis by quantifying bone density. Dr. Capp, a pioneer in the field, has written and lectured extensively on the subject. Francois Duret will be speaking on Cad Cam usage in fixed prosthodontics. He has been working in this field for over fifteen years and has made great progress. Rudolph Slavicek will discuss his work with computer analysis of jaw movements for diagnosis, treatment, and occlusal therapy. Ken Nauman will present a paper on Cosmetic Imaging which has been shown to enhance our ability to communicate with and understand the desires of our patients. Harold Baumgarten will discuss a Voice-input Computerized Dental Examination System. Finally, Dennis Weir will present a paper entilted Computer Generated Slide Presentation.

Along with this exciting "high-tech" theme there will be a seminar on the topic of Occlusion and TMJ featuring Frank Celenza, Parker Mahan, and Rudolph Slavicek. Other subjects covered will be Dr. Oded Bahat speaking on Periodontal Esthetic Procedures to Enhance Esthetics; Dr. Mo Mazaheri will discuss Snore and Sleep Apnea Prostheses; and Dr. William Douglas will speak on dental materials, specifically on Intra and Extracoronal Use of Composite Resin.

Local Arrangements Chairman Grant Eshelman has been working diligently with the hotel management on the Wednesday night reception and the Friday night President's dinner. We are trying something new this year, leaving Thursday night open. Golf and tennis are available. For those of you who are camera buffs, the sunsets in the desert are really spectacular.

Tom Balshi promises to have another exciting auction at the reception on Wednesday night and the Mercedes raffle at the President's dinner. He is planning to have more "Goods" for the

spouses to bid on in addition to all the dental items.

Plan to attend and support your College, it looks like a great meeting! I'm sure you will agree that this desert meeting will be anything but dry. We're on the technological edge of our specialty and promise that you will come away from this meeting with a new and refreshing perspective on the world of prosthodontics.

—Gerald Barrack Session Chairman

DATES OF THE ANNUAL OFFICIAL SESSION

The 1989 Annual Official Session will be held at the Sheraton El Conquistador Hotel in Tucson, Arizona, October 23-28, 1989.

The schedule will be as follows:

Monday, October 23, 1989 Executive Council Meeting

Tuesday, October 24, 1989

Executive Council Meeting
Board Preparation Course
Board Preparation Luncheon
Early Arrival Dinner

Wednesday, October 25, 1989 Private Practice Seminar

Educators/Mentors Seminar (AM)
Spouse Activity (All day)
Luncheon
Peer Review Meeting (PM)
Sections Meeting (PM)
Commercial Exhibits Open
Re-Acquaintance Cocktail
Reception/Fund Raiser

Thursday, October 26, 1989

Fun Run (AM)
Scientific Session
Spouse Activity (AM)
Table Clinics (PM)
Projected Clinics (PM)
Affiliate/Associate Seminar (PM)
Commercial Exhibits

Friday, October 27, 1989

Federal Services Breakfast Scientific Session Spouse Activity (AM) Annual Luncheon & Business Meeting Commercial Exhibits President's Dinner

Saturday, October 28, 1989 Scientific Session (AM) Commercial Exhibits (AM)

1989 PRIVATE PRACTICE SEMINAR

The theme of this year's Private Practice Seminar will be management controls for the private prosthodontic office. Topics to be covered will be the lab cost analysis and control, staff labor issues, true practice profitability, practice overhead cash flow analysis, fee analysis and how to set your fees according to costs.

With this year's range of topics, this year's seminar should generate many great ideas that will improve a prosthodontic practice.

Other issues to be covered at the seminar will be a survey of the members as to future Private Practice Seminars and the role of the Private Practice Committee within the College. In addition, the initial copies of the Private Practice Manual of the American College of Prosthodontists will be available for review and ordering. This will be an extremely valuable tool for the new prosthodontic practice and even for established practices.

The Committee is looking forward to a large attendance and enthusiastic participation. Final speakers will be announced in the next **Newsletter**.

UP CLOSE AND PERSONAL: THE AMERICAN BOARD OF PROSTHODONTICS

AFFILIATES/ASSOCIATES SEMINAR

The Affiliates/Associates Seminar was introduced to the Annual Session schedule a number of years ago by Dr. Robert M. Morrow, during his tenure as president of the College. It was initiated to provide the Affiliate and Associate members of the College with a mechanism to gain personal insight and information about the Board process by those who had recently gone through it. Although the examination process has undergone some significant changes in recent years, the seminar has not.

Is this good or bad? Should the seminar change its format or continue in the same manner? The addition of the one day Board preparation course to the Annual Session schedule makes these questions even harder to answer. Each year I ask for suggestions on what to do during this seminar to make it even better. I have not received any comments about the seminar format — pro or con. Interestingly, the attendance continues to climb. In San Diego, the attendance was approximately 120, in Baltimore it

approached 150. To me that speaks well for the College, for the desire to be Boarded, for the specialty of Prosthodontics, and for the seminar format.

The Affiliates/Associates Seminar at the Tucson meeting this year will offer pertinent commentary from one or two of the current Board Examiners as was done in the past. This provides a great opportunity to ask questions about specific areas that you may find confusing or ambiguous. Your question may be the same one on a lot of other minds so don't hesitate to come to the Seminar and ask it. Believe it or not, it will be answered as honestly and clearly as possible. Presentations by recent Board candidates on various aspects of the Board Examination will follow. The candidate will explain how they went about preparing for a certain phase, or part. of the examination, and present their personal assessment of that phase and answer any questions that anyone may have.

If February and June 1990 are your months for challenging the Board, the Affiliates/Associates Seminar of the Annual Official Session of the American College of Prosthodontists in Tucson, Arizona should be on your study list. Challenging the Board is a personal commitment and no one else can tell you how to prepare for it. However, hearing how some candidates challenged it successfully and talking to them and comparing notes with a room full of other potential challengers can bring your personal challenge that much closer to a successful conclusion.

As always, I am open to suggestions about what to include in the seminar. If you have any thoughts, and that goes for everybody, Affiliates, Associates, and Fellows, please write to me at the following address. Come to Tucson ready to make your own personal commitment.

—Dale L. Cipra, D.D.S. 5428 Tara Hill Drive Dublin, Ohio 43017

FUTURE OF SPECIALTY APPLICANTS

EDUCATORS/MENTORS SEMINAR

The Chairman of the Educators/Mentors Seminar, Dr. Gerald Graser has announced the tentative program for the Annual Meeting in Tucson. The program is extremely timely and perhaps a little provocative. With the changes currently taking place in dental student recruitment and with, hopefully, a passing of the feeling of apathy toward dentistry in general, the speakers selected should bring an awareness of the situation to the audience.

The first speaker is well-known in dental academics, Dr. Errol L. Reese, Dean of the University of Maryland Dental School and head of the SELECT program. The purpose fo this program is to attract quality students into the dental profession. Dr. Reese will go a few steps further and talk of attracting the best students into specialty education.

The second speaker will be Mr. Elliot Peranson, Director of National Matching Service of Toronto, Canada. The purpose of the Matching Service is to match dental graduates throughout the United States and Canada with graduate programs. This program is currently being used in Oral Surgery and General Practice residencies and Pediatric Dentistry will join this year. He will speak on the possibility of Prosthodontics also using the service.

BOARD PREPARATION WORKSHOP

Over 125 members of the College attended the first Seminar on "Preparation for the American Board of Prosthodontics" last October in Baltimore. The program was enthusiastically received. Those attending felt it provided positive motivation for them to take the Board, supplied information about the mechanics and phases of the Board, and alleviated the fears associated with the Board.

The second Seminar will be held on Tuesday, October 24th, in conjunction with the Annual Session in Tucson. Arizona. Dr. Kenneth Malament will again moderate the Seminar and will discuss the fixed prosthodontic phase of the examination. He will be ably assisted by Dr. Arthur Nimmo in removable prosthodontics and Dr. Carl Andres in maxillofacial prosthodontics. The program will detail all phases of the examination, with special attention on criterion based evaluation, exam timing and exam strategy. Discussion will be based on the ACP Study Guide for Certification, and the new material released by the American Board of Prosthodontics in their "A Study and Procedural Guide for the Certification Process."

There will be a fee of \$60.00 for the Seminar to include the ACP Study Guide and a luncheon. The fee will be \$35.00 for those who already have the Study Guide.

Last year's enthusiastic response and the extreme interest and concern of the Seminar teachers indicate that this year's Seminar will also be highly successful. The Seminar is part of the ongoing effort of the ACP and the Education and Advancement Committee to encourage and help members challenge the examination to become Diplomates of the American Board of Prosthodontics.

SHARRY RESEARCH AWARD COMPETITION

The Research Committee, Chairman Dr. Joel Martin, has announced that the six semi-finalists have been selected following judging of abstracts of the candidates' research projects. Because of the necessity of maintaining secrecy of the authors and institutions involved until final judging has been completed, Dr. Martin was unable to furnish names of the semi-finalists.

Each of the competitors have been notified and will furnish the Research Committee with a complete report of their research from which the judges will select the three finalists. This **Newsletter** will be published before final selection can be made.

Names and research topics will appear in the September **Newsletter**. The three finalists will present their research to the membership at the Annual Session in Tucson. Dr. Martin reports that the quality of papers are improving each year. Mentors of graduate programs should encourage their graduate students to participate in this worthwhile program.

JOURNAL OF THE AMERICAN COLLEGE OF PROSTHODONTISTS

The establishment of the JACP is continuing to move forward. A slight setback occurred early this year when Mr. Jack Wehner, Vice-President, Journals, Lippincott Publishing Co., suffered a mild stroke. Fortunately, his recovery is taking place, and he will be back in his office shortly.

In the meantime, Mr. Jay Lippincott has been corresponding with your Editor on matters vital to the starting process. Your Editor will meet with officials of the publishing company in Philadelphia on June 8th, immediately before the Executive Council meeting of the College in Newark.

Notification of Call for Papers have been sent to each graduate program and Instructions to Authors have been prepared and are available from the Editor or the Central Office. The response from members with manuscripts has been encouraging.

TABLE CLINICS COMPETITION AT TUCSON

All College members interested in participating in the Table Clinic Competition at the Annual Session to be held in Tucson, Thursday, October 26, should contact Dr. Carl Drago (Gundersen Clinic, Ltd.; (608) 782-7300, Ext. 2753 for further information. The deadline for submission this year is September 1, 1989. A maximum of 30 table clinics can be accommodated and will be accepted on a first come, first served basis. The following information should be submitted to Dr. Drago by the September 1 deadline.

A. Title

B. Problem - identify reasons for investigation and provide background information

C. Methods - report how study or technique was developed

D. Results - the bulk of the information should be listed here along with possible significance.



Table clinics are an excellent way to share your clinical or research ideas with your colleagues.

The Table Clinic Competition will be judged according to the table clinic rating criteria established by the Alumni Association of the Student Clinician of the American Dental Association, according to one of the two categories listed below.

A. Clinical Application and Technique

B. Basic Science and Research

All presenters will receive a certificate of acknowledgement and the winners will receive:

First Prize, \$200, Study Guide, and 3 Classic Volumes

Second Prize, \$100, Study Guide, and 3 Classic Volumes

Third Prize, \$50, Study Guide, and 3 Classic Volumes

The awards will be mailed to the winners since the competition will be conducted after the Annual Business Session. The winners will be announced in the **Newsletter**.

PROJECTED CLINICS NEEDED FOR TUCSON

Applications are being accepted for the Projected Clinic Session to be presented during the upcoming Annual Session of the College in Tucson. The tentative date for the clinic is Thursday, October 26.

The Projected Clinic is a 15 minute presentation consisting of slides and dialogue and usually based on research, clinical procedures or other prosthodontic techniques. Any topic of interest on a non-commercial subject is acceptable.

Interested persons should contact Dr. Assad F. Mora, 350 Parnassus #603, San Francisco, CA 94947, as soon as possible.

This is an excellent opportunity to share with your peers those excellent ideas that may be too brief for a full lecture.

EDUCATIONAL EXHIBIT IN ACTION

The educational exhibit of the American College of Prosthodontists made its first external appearance at the Annual Scientific Session of the Gerontological Society of America, from November 18-22, 1988 in San Francisco. California. Well over 3400 attended this conference including: physicians, nurses, social workers, psychologists, health care planners, and a host of other professionals involved in a wide array of issues concerning our aging population. In addition to promoting the specialty and distributing ACP brochures at the exhibit, copies of different prosthetic dentistry journals were displayed to demonstrate types of refereed professional prosthodontic publications. Staffing for the exhibit was provided by volunteers of the College: Dr. Paul Binon, Dr. Donald Curtis, Dr. Mark Dellings, Dr. John Holmes, Dr. Gordon Settoon, Dr. Dennis Weir, and Dr. Warren Yow.



L. Fischer, M.D., University of Chicago, and P. Tsitouras, M.D., Bronx VA Medical Center, listened as President-Elect John B. Holmes described the specialty of prosthodontics.

This conference, the largest of its kind in the world, provides a unique opportunity to educate health and health related professionals about the specialty of Prosthodontics. In addition, it offers interested members of the College a chance to learn more about health care services and organizations responding to the special needs of elderly patients.

Displaying the ACP exhibit at this conference will be an annual activity of the College's Geriatrics Committee. The 1989 Session of the GSA is scheduled for Minneapolis, Minnesota, November 17-21. Those interested in contributing, please contact Patrick M. Lloyd, D.D.S., the Committee Chair.

VOLUNTEERS NEEDED FOR 3rd ICP MEETING IN TORONTO

JULY 10, 11, 12

Volunteers are needed to man the ACP Educational Exhibit at the International College of Prosthodontists' Meeting. Distributing brochures and answering questions about College activities will be required of participants.

Call Linda Wallenborn, Central Office Director, (512) 829-7236 for further information.

CALL FOR EXHIBITORS

We had a very successful meeting in Baltimore. We received a lot of good comments from the exhibitors. On behalf of the Exhibit Committee I would like to thank all of you who helped with the exhibits.

Once again, we need your help to find more good exhibitors. We would appreciate it if you would also try to visit



Commercial exhibitors have made a positive contribution to the scientific, social and economic success of past Annual Meetings. Encourage exhibitors you know to contact Exhibit Chairman Mo Mazaheri as soon as possible for inclusion in the Tucson meeting.

the exhibit areas as many times as possible in Tucson.

On behalf of our Committee, we wish all of you a most prosperous 1989.

-Mo Mazaheri

IN MEMORIAM DR. PERRY W. BASCOM



Dr. Perry W. Bascom was born March 1, 1916 in New Brunswick, New Jersey and died November 23, 1988 in Denver, Colorado. Dr. Bascom is survived by his wife of 46 years, formerly Clara Lou Casey, seven children, and fifteen grandchildren.

Dr. Bascom received a BS degree from Rutgers State University in 1937 and a DDS degree from the University of Pennsylvania in 1941. He completed his internship at Fitzsimmons Army Hospital in Denver, Colorado in 1942 and residency in Prosthodontics at Letterman General Hospital 1955.

He practiced dentistry in the United States Army from 1941-1972, (retired Colonel), where he received the Meritorious Service Medal twice. He served at the Hines Veterans Administration Hospital 1972-1977 (chief of Dental Service) and at Loyola University, School of Dentistry 1973-1977 (Assistant Clinical Professor).

Dr. Bascom was a Diplomate of the American Board of Prosthodontics, an active member and life member of numerous dental societies and professional associations, who contributed much to dental literature and dental research. He was a highly respected clinician and dedicated teacher, and devoted husband and father with a deep love for life and people.

DR. PHILIP G. VIERHELLER

Dr. Philip G. Vierheller was born August 3, 1906 and passed away December 14, 1988. He was born and raised in St. Louis. He is survived by his wife, the former Janet Barthels and daughter Phyllis V. Powers.

Dr. Vierheller graduated from the School of Dentistry in Washington University in 1929. He served in the Navy in World War II. He was past president of both the Greater St. Louis Den-



tal Society and the Midwest Academy of Prosthodontics. He belonged to OKU and received the Founders Day Faculty Award from Washington University. He was also a member of the International College of Dentists and the American College of Dentists. In addition he served on the Missouri Dental Board for ten years.

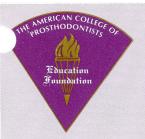
He was Professor and Chairman of the Department of Removable Prosthodontics at Washington University for many years and was made Professor Emeritus on his retirement from the school.

LETTER TO THE EDITOR

Denturists are back in the news in the northwest. The Washington State Attorney General's office recently brought injunctions against seven denturists who were reported to be practicing illegally. The denturists plan to countersue the state, contending that the Washington state law is unconstitutional. That's not their only problem. Evidently the denturists are not familiar with the Federal Denture Act of 1948.

Section 1821, Title 18 of the U.S. Code makes it a federal crime for unlicensed persons to insert or deliver dentures. The penalties for conviction include a one thousand dollar fine and one year in prison. The law is supposed to be enforced by the U.S. Department of Justice. Evidently no one bothered to notify the Justice Department during the denturist movement of the past ten or twelve years.

The Food and Drug Administration is also interested in dental practice by unlicensed persons. The FDA is charged with protecting the public from all sorts of illegal distribution of medicine and health related devices/appliances including dentures. Again, local and state enforcement agencies who have been dealing with illegal dental practitioners in recent years simply have not notified the proper federal government officials of violations.



FOUNDATION NEWS

THE AMERICAN COLLEGE OF PROSTHODONTISTS EDUCATION FOUNDATION

VOLUME 1 NUMBER 1 JUNE 1989

PRESIDENT'S MESSAGE

The tremendous success of the 1988 "Fund Raiser" has breathed new life into the Education Foundation. This first issue of the "Foundation News" is just one example of the many activities that have been made possible by the income generated by the Mercedes raffle and auction at the Baltimore meeting. Tom Balshi, Chairman of the 1988 "Fund Raiser" and Cosmo DeSteno, 1988 Foundation President, provided the leadership that made the "Fund Raiser" such a great success.

The Board of Directors of the Education Foundation has developed dynamic short- and long-term goals and objectives that have been assigned to committees for implementation. The Goals are listed elsewhere in the "News." Anyone interested in receiving a copy of the objectives developed for all the goals may do so by contacting a member of the Board of Directors or the ACP Central Office. Much more financial support will be needed if the goals are to be achieved. Your support of the 1989 "Fund Raiser" is urgently needed. Tom Balshi is again chairing the event.

There may be individuals who do not want to participate in the raffle but who would like to make a tax deductible donation to the Foundation. You may send your donation to the Foundation's Treasurer, Ron Woody, Baylor College of Dentistry, 3302 Gaston Avenue, Dallas, TX 75246. Donations in memory of the deceased or for commemorating special events are certainly welcome.

1989 FUND RAISER QUESTIONS

If you have not received your application forms or have questions regarding the fund raiser, please contact:

Mr. Jeff Cascino (212) 646-6334 All of us on the Board of Directors will welcome suggestions concerning the direction or the activities of the Foundation.

—Bill Kuebker, President ACP Education Foundation

FOUNDATION ACCOMPLISHMENTS

The Board of Directors have already begun to implement programs to accomplish the goals of the Foundation. The Foundation has purchased a computer and the Watson Automatic Answering Machine and donated them to the American College of Prosthodontists for educational purposes. The telephone information system, phone number 1-800 4 INFO (1-800-446-3622) was developed to provide educational information about prosthodontics to the general public. A recorded message gives information about different aspects of prosthodontics: complete dentures, removable partial dentures, fixed partial dentures, implants and esthetics. The 30-second messages are intended to perk the interest of callers and encourage them to seek additional information and appropriate prosthodontic care. Callers may also request the names of prosthodontists in their geographical area.

The Education Foundation has also purchased 10,000 "Creating Smiles for

Living" brochures from the American College of Prosthodontists. These educational brochures with Courtesy of the American College of Prosthodontists Education Foundation and 1-800 4 INFO ACP imprinted upon them are intended to educate the general public and other health professionals with regard to prosthodontic care, and the prevention and correction of prosthodontic problems. The brochures are being distributed at state and national meetings with specific interests in health care

Once again this year the Foundation will fund the cash awards for the first, second and third place winners in the John J. Sharry Prosthodontic Research Competition.

BOARD OF DIRECTORS ADOPT GOALS

The Board of Directors of The American College of Prosthodontists Education Foundation have adopted goals which will guide and direct the Foundation's relationships with the dental profession, with other health professionals and with the general public.

Goal 1

Educate the general public with regard to prosthodontic care, and the prevention and correction of prosthodontic problems.



A Mercedes Benz could be in your future. The ACP Education Foundation offers you the choice to achieve a driving goal.

Goal 2

Promote and support research which will improve patient care, and the prevention and correction of prosthodontic problems for the general public.

Goal 3

Improve the prosthodontic treatment of the general public by disseminating information and providing educational opportunities for dental practitioners.

Goal 4

Sufficiently develop the financial resources of the ACP Education Foundation so that the Foundation will be able to totally fund its educational and research activities with interest income within ten years.

Goal 5

Improve the administration and operation of the ACP Education Foundation.

Goal 6

Ensure that the Goals and Objectives of the American College of Prosthodontists Education Foundation are dynamic and responsive to changing conditions and needs.

These goals are intended to benefit the profession and the public by encouraging a stronger specialty and a greater concern for excellent patient care.

Individuals with thoughts on specific objectives for accomplishing these goals are encouraged to contact a member of the Board of Directors.

TUCSON FUND RAISER

The excitement and festivities of the first annual Education Foundation fund raiser had only concluded a few hours earlier, but preparations were already being made for the next fund raiser in Tucson. Cosmo DeSteno and Tom Balshi look forward to you joining them again this year for an even more exciting fund raising function. Plans include a drawing with multiple prizes, (Yes, first prize will be a Mercedes Benz or \$20,000 cash), a 50/50 drawing, and an auction of merchandise donated by dental suppliers and manufacturers. Plans also call for the auction of non-dentally related items of particular interest to the spouses. These events will make an enjoyable, entertaining evening, but just as importantly, they will contribute to a worthy cause, the American College of Prosthodontists Education Foundation.



Nancy Fowler and Mo Mazaheri prove you can have a good time and work for a good cause at the same time.

ACCESS TO OFFICERS / DIRECTORS OF THE FOUNDATION

Phone or Write	Phone	Address
William Kuebker, President	(512) 567-3175	4311 North Westberry San Antonio, TX 78228
James Fowler, Vice President	(512) 567-6460	12519 Chateau Forest San Antonio, TX 78230
Joel Martin, Secretary	(201) 456-4440	20 Dogwood Road West Orange, NJ 07052
Ronald Woody, Treasurer	(214) 828-8376	Baylor College of Dentistry 3302 Gaston Avenue Dallas TX 75246
Directors		
Stephen Bergen	(212) 951-3255	One Colonial Woods Dr. West Orange, NJ 07052
Lawrence Churgin	(201) 748-3132	301 Belleville Ave. Bloomfield, NJ 07003
Cosmo DeSteno	(201) 652-2474	203 Godwin Avenue Ridgewood, NJ 07450
David Eggleston	(714) 640-5680	1441 Avocado Ave. #508 Newport Beach, CA 92660
John Holmes	(415) 476-1982	279 Sandringham North Moraga, CA 94556
Carl Schulter	(901) 767-7859	5866 Ridge Bend Rd. Memphis, TN 38119

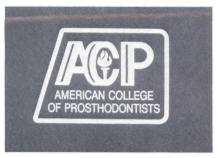
Lately it seems the government is trying to find new ways to burden dentists with laws concerning infection control, hazardous waste disposal, Medicare restrictions, etc. It would be nice to see the federal government do something to help dentists for a change. All I'm suggesting the government do is enforce the laws already on the books.

Dentists can speed up the judicial process by making sure illegal practitioners are reported to all the proper officials. These should include the State Dental Board (if not already notified), the local or regional U.S. Attorney's office and the FDA. The FDA has twenty-two district offices spread across the country and each one has a compliance office.

Mr. Eric Bachelor, assistant director of the FDA compliance department in Cincinnati, is already familiar with the problem of illegal denturism. If dentists encounter FDA compliance in other districts who are unaware of illegal denturity, they may be directed to Mr. Bachelor for more information.

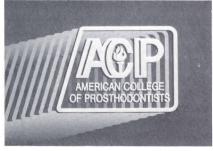
The American Dental Association is active in monitoring illegal practice of dentistry. ADA members may contact the denturism spokesperson, Ms. Brenda Harrison on the ADA Wats line, extension 3520.

Robert B. Stevenson, DDS, MS



—A—

ACP Logo slides available for membership use. The Central Office has a small supply for sale at \$5.00 per slide, the cost of development, production and distribution. Specify which Logo you prefer.



—B—

LIFE MEMBERSHIP AVAILABLE

Fellows and Associates of the College are entitled to Life Membership in the College if they held membership during their active practice and participation in dentistry and who have attained the age of 65, or who because of illness, are retiring from active participation in prosthodontics and dentistry in general.

Further, members who have retired from practice and teaching and who have been active members for at least five years may apply for Life Membership at any age.

Individuals eligible and desiring Life Membership must apply for that status through the Central Office Director, must be members in good standing, and have approval of the voting members to be placed in this category.

Life members may not vote in College elections and may not hold elective office. The College does not assume the cost of subscription to the Journal of Prosthetic Dentistry.

SECTIONS

When we define the word Dynamic, The American College of Prosthodontists Sections surely fulfills the meaning of this word. At present, there are twenty-two Sections and each year we continue to grow in number. In the future, each state and many other countries will have Sections which could ultimately amount to 50-60 in number. This truly would be a grass root representation of the ACP membership, a mechanism for state and international representation of our specialty, and a means for the membership to voice their concerns about our specialty and the future of the ACP.

In order to help organize our Annual Sessions Sections meeting during this growth period and after, a delegate format will be adopted to assure equal representation by individual Sections. Each Section will have a delegate who will represent his Section at the Annual Session Meeting. Motions presented from the floor by the delegate will be accepted by the Chairman. Discussion of the motion will follow with a vote on the motion. Each delegate will have a vote. Motions which are passed by a 2/3 majority will be presented to the Executive Council. Thus the Sections will have a direct input into the governance of the College. This process will be discussed in more detail at our next Annual Meeting.

Currently many Sections are requesting meeting time for topic discussion during our Annual Meeting. Due to limited time, it will be necessary for individual Sections to contact the Sections Committee requesting time for discussion. The more we grow, the more valuable will be our meeting time. In the future, our time will be expanded to help

present and discuss more pertinent topics.

The ACP **Newsletter** is the heart of the College. Again, as Sections grow, the **Newsletter** will become a valuable tool for Sections to use in disseminating information to and from Sections. Therefore, an informational report form has been developed by Roger Troendle to help in acquiring information from Sections. These forms should be filled out on a regular basis, at least once a year, by each Section. Your cooperation is appreciated.

UNDERGRADUATE ACHIEVEMENT AWARD ESTABLISHED

The Executive Council met in Tucson this past January and established an Undergraduate Achievement Award. This Award will include an achievement plaque, the volumes of Classic Prosthodontic Articles, and a year's subscription to the Journal of the ACP. The purpose of this award is to recognize outstanding students and to encourage more students to enter the specialty of Prosthodontics. This will also enhance the recognition and esteem of the College. In states with Sections, the Sections will be responsible for presentation and organization of the award. In states that do not have Sections, a College representative, generally a faculty member, will represent the College in presentation of the award. The response to this award has been overwhelming and the positive image of the College has really started to shine.

REGIONAL SECTIONS VS. REGIONAL MEETINGS

Regional Sections have served their purpose in helping to organize Sections within the College. The growth of the College and Sections has necessitated the representation of the College on a state by state basis. This establishes a state specialty organization within each state to voice the College's views concerning our specialty. A regional Section will have very little say within an individual state of the region. State boards and dental associations will not listen when an inter-state organization speaks. Rather, an intra-state organization can speak loudly and be heard through the political channels. Therefore, it is our recommendation that Regional Meetings be established between states wishing to meet together on an annual basis rather than regional Sections. We encourage this type of meeting. It can only enhance the communication mechanism between Sections and between Sections and the College. Any such meeting should be reported to our committee and to the Section Newsletter editors.

EDUCATION FOUNDATION

The ACP Education Foundation is off to a great start thanks to corporate support and fund raising efforts during last year's raffle and auction. One of our members is extremely happy as is the Education Foundation. Due to these efforts and membership support, the Foundation can now initiate a program worthy of its name. One of the potential areas involves the Sections as a tool to distribute and disseminate information about our specialty to patients. The use of the ACP brochures and our newly acquired educational display, combine to ethically present patient education material to the general public. The Foundation is investigating the potential of financially sponsoring this type of presentation through the Sections. Guidelines and mechanisms of funding this educational program are in the planning stages and more information should be available by this upcoming Annual Meeting.

PROBLEM SOLVING IN THE NEW JERSEY SECTION Submitted by: Dr. James Skiba

I have been requested by Carl Schulter to present to you some information regarding the New Jersey Section of the American College of Prosthodontists.

The origin of our organization in New Jersey can be traced back to the early 1970's, about the same time that the College was organizing on a national level.

A committee of specialists within the New Jersey Dental Association - the Council on Dental Specialties - requested that a prosthodontist be assigned to attend Council meetings. This Council is not a standing Council, but exists at the discretion of the President of the New Jersey Dental Association. The late James Giordano, then Chairman of Prosthodontics at Fairleigh Dickinson University Dental School, was contacted.

The formal organization of the New Jersey Association of Prosthodontists occurred in the late 1970's. Its goals were to: 1. Receive recognition for the specialty from third party carriers, 2. Influence the state Dental Association in matters regarding prosthodontics (political), and 3. To establish a vehicle for communication among prosthodontists within the state of New Jersey.

The New Jersey Association of Prosthodontists had to decide on what criteria would be appropriate for membership in the organization. It was decided that only practitioners with graduate education in the specialty would be allowed to be members of the

organization. This proved to be a problem in our state, in that specialists not having graduate training have been allowed to practice under a grandfather clause being issued specialty certificates by the State Board.

During this evolutionary time of our Association of Prosthodontists, it was decided to investigate the possibility of integrating our state society into the American College of Prosthodontists. John Lucca and Leonard Moore were appointed to establish a liaison with the College to explore this possibility of component status.

Thus the New Jersey Association of Prosthodontists evolved into one of the first state Sections of the College.

Larry Churgin's dialogue initiated within New Jersey evolved into the Private Practice Seminars at the ACP Annual Session. There are now seventy members in our Section.

Members of our Section have held office within the ACP including Cosmo DeSteno, a Past President, Steve Bergen, current President, and numerous members have served on committees.

The Council on Dental Specialties of the New Jersey Dental Association, as stated previously, exists at the discretion of the President of NJDA. In the recent past, no interest in retaining such a Council has been expressed by NJDA Presidents, (General Practitioners).

Each specialty in New Jersey is requested to send a representative (without voting privileges, but may propose resolutions) to the Council on Dental Care Programs of the New Jersey Dental Association. This is the entity which deals with matters concerning practitioners, patients, and third party carriers in our state. Ken Hilsen was the first representative.

Ken proposed a resolution to the Council, which was forwarded to the ADA. It requested that the ADA set up a policy that the date of payment of benefits for a patient receiving fixed prosthodontic treatment be the date of impression. This motion was defeated at the House of Delegates of the ADA after a prosthodontist commented negatively regarding the resolution.

There have been problems within our state with the qualifications of individuals reviewing our claims to third party carriers. I requested that review of a specialist's claim denial by a third party carrier for treatment rendered by a specialist hold the same specialty permit from the state of New Jersey. A resolution was passed by the Council on Dental Care Programs of the NJDA.

A resolution has been passed which has been sent onto the ADA, and will be voted upon at the House of Delegates meeting in Washington. This resolution concerns itself with the inclusion of Dental Procedures Codes in the Index and Classification fo Diseases (ICD-9-CM). This will be instrumental in finally allowing us to have some input to setting up a means of communication to third party carriers by having adequate description codes for maxillofacial prosthodontic, TMJ, and implantology procedures.

I have spoken with Cliff Van Blarcom, the Chairman of the Committee on the Maxillofacial Patient and made him aware of this resolution. In that conversation, he informed me that the AMA wants to drop all non-physician performed procedure codes from the AMA's CPT-4 Manual.

In September's meeting of the Council on Dental Care Programs, the need for standardization of dates for submission for fixed and removable prosthodontic procedures was discussed. Carriers vary on dates of payment. There is a need for standardization.

The earlier resolution originated by Ken Hilsen was discussed. Resolutions were formulated, that would make it ADA policy, that carriers use the date of preparation for payment of fixed, and date of impression for payment of removable. These are the dates when we initiate the procedure, and are bound to complete treatment.

Other items of interest occurring in our state are:

The only system currently for certification of continuing education is the Academy of General Dentistry system. An insurance carrier within our state attempted to allow a reduction of premium for professional liability coverage for specialists attending AGD sponsored continuing education approved by their specialty.

Shouldn't criteria be set up for certification of continuing education for prosthodontists, by the ACP?

GEORGIA: The Georgia Section of the American College of Prosthodontists held its Annual Meeting on March 18, 1989 at the Atlanta Marriott Marquie Hotel. After the breakfast, the scientific session consisted of excellent presentations by Residents from the two Postdoctoral programs in Georgia. Dr. Lorraine Wargo of Emory University discussed the E.R.A. Attachment Partial Denture. Dr. John Wahle and Dr. Victor Fletcher of the Medical College of Georgia presented the Swing-Lock Removable Partial Denture. The Annual Business Session concluded the meeting.

WISCONSIN: On Saturday, January 28, the American College of Prosthodontists, Wisconsin Section, convened its fourth annual Continuing Education Day. Section President Kenneth Waliszewski called the event together and, after making opening remarks, introduced the Chairman of our Continuing Education Committee, Dr. Pat Lloyd.

Pat Lloyd introduced the morning speaker, ACP President Dr. Steven Bergen. Dr. Bergen's program centered around a review of current concepts involving porcelain restorations in fixed prosthodontics. After a mid-morning break, Dr. Bergen continued with a synopsis of current events involving American College of Prosthodontists activities.

This part of his presentation was particularly well received and resulted in numerous questions from the audience. Dr. Bergen also attempted to enlighten our group concerning the directions the ACP is likely to follow in the near future.

The morning program was brought to a close with a forty-five minute presentation on an introduction to Computer Science. Dr. Bergen completed the morning's activities by thanking the group for its hospitality and generosity in hosting him.

The Wisconsin Section was honored to have the ACP President enlighten us on prosthodontic information and also the workings of the College. It was a fine morning.

After a leisure lunch, our past President, Dr. Joe Losnoski, introduced a group of ceramic technicians from the Vita Corporation who presented an excellent program on shade selection.

In addition to state members present, five graduate students from the Prosthodontic Program at Marquette University were also in attendance.

The next formal meeting of the Wisconsin Section will be an Executive Council and Committee Chairmen Meeting on Friday, June 9. This is a working meeting which leads up to our Annual Business Meeting in September.

SOUTH CAROLINA: The South Carolina Section co-sponsored the "first MUSC Dental Implant Symposium" at the Medical University of South Carolina College of Dental Medicine on February 25-26, 1989. Section President Robert A. Strohaver served as Moderator of the symposium. Section members Allan Shernoff and Robert V. Keith joined featured speaker Ned B. Van Roekel from Mayo Clinic in making outstanding implant prosthodontic presentations. Eight Section members were among the 85 registered participants in the two-day symposium.

NEW ENGLAND: Thirty five ACP members and local graduate students attended a presentation by Dr. William Laney at a special Sectional meeting of the New England Section of the ACP at the Yankee Dental Congress (Jan. 20, 1989). The title of Dr. Laney's discussion was "Prospectives in Osseointegrated Implants". In his remarks, Dr. Laney presented data gathered at the Mayo Clinic in Rochester, MN on the use of osseointegrated implants, and the clinical implications of that research.

At the luncheon and business meeting which followed, a new slate of officers was elected: Dr. Kenneth Malament, President; Dr. Gary Rogoff, Vice-President; Dr. Norman Hammer, Treasurer; Dr. Steven Gordon, Secretary: Dr. Stephen Campbell, and Dr. George Kay, Councillors. Dr. George Colt. Past-President, discussed several ACP initiatives including an awards program for graduate students and the organ donation program. Results of a survey of New England ACP membership were presented by Dr. Steven Gordon, Most respondents expressed interest in a more active local ACP Section. Specific activities suggested were a scientific session in addition to the annual meeting, seminars at New England dental schools by ACP members for araduate students, and lobbying activities on behalf of prosthodontics at the state dental society level. 88% of the respondents preferred maintaining a regional New England Section rather than further subdivision into individual state sections. 35% would be interested in the New England Section sponsoring a preparation course for the Prosthodontic Board Examination.

At the Executive Council meeting held on April 12, 1989, several issues raised at the annual meeting were addressed. A preparation course for the Prosthodontic Board Examination will be given in mid-October by several local Diplomates of the Board. A September reception for all prosthodontic graduate

NOTICE SPECIAL COURSE IN TUCSON

Continuing education course: Implant Therapy for the Maxillofacial Prosthetic Patient

1-5 p.m. October 28, 1989 Sheraton El Conquistador

Tucson, Arizona Tuition: \$75.00

Sponsored by the American Academy of Maxillofacial Prosthetics.

students will be sponsored by the New England Section of the ACP to welcome them into the specialty. Preliminary plans were discussed for a presentation by Dr. William Heggerick to be made at Harvard School of Dental Medicine in May. Dr. Norman Hammer will consider further the possibilities of awards for prosthodontic graduate students and report back to the Executive Council; criteria for the awards (best oral presentation, best overall academic and clinical performance) were not resolved. Dr. Gary Rogoff will contact the Massachusetts Dental Society regarding the peer review criteria developed by the national ACP committee. Finally, illegal "specialization" advertising in the telephone book will be investigated further and referred back to the Executive Council and general membership for action.

CONNELLY APPOINTED CHAIRMAN OF REMOVABLE PROSTHODONTICS

Dr. Mark E. Connelly has been appointed associate professor and chairman of the Department of Removable Prosthodontics at The University of Texas Dental Branch at Houston, Dr. Don L. Allen, dean, has announced.

Dr. Connelly is associate professor of prosthodontics at The University of Alabama School of Dentistry in Birmingham, where he has been on the faculty since 1984. He received his dental degree from the University of Pennsylvania and postgraduate training in removable prosthodontics from Walter Reed General Hospital in Washington, D.C. He also received a certificate from Georgetown University and the U.S Army Institute of Dental Research, Basic Science Program at Walter Reed Army Medical Center.

Dr. Connelly retired as a colonel in the Army after 24 years of active service. From 1979-84, he served as commander of the Army's Dental Laboratory at Ft. Sam Houston, Texas. Among his many honors, Connelly received a Legion of Merit Medal and a Meritorious Service Medal in Vietnam.

Dr. Connelly's research is in the area of resin denture processing, the re-use of cast alloys and partially pre-fabricated dentures.

He is a member of the American Dental Association, the American College of Prosthodontists, the American Prosthodontic Society, the American College of Dentists and the American Academy of the History of Dentistry.

SCREENING EXAM FOR TM DISORDERS

At the Goals and Objectives meeting in San Antonio, Texas, a goal was established to be "an accepted recognized authority in the evaluation and treatment of the temporomandibular joint". As a result, an Ad Hoc Committee on Temporomandibular Disorders was formed. This Committee has been given objectives to complete. These are to 1) establish guidelines for TMD therapy, 2) promote TMD therapy coverage by "third party" payers, and 3) to promote addition of TMD therapy instruction into graduate programs.

The first step taken by the Committee was to attend and represent the College at the ADA sponsored Workshop on TM Disorders held in Chicago on November 1-2, 1988. Although this workshop was

filled with controversy, there was one point upon which there was full agreement. It was highly recommended that every patient should undergo a "screening" examination and history, not only to adequately screen TM disorders but to protect against malpractice claims. This is the fastest growing area of malpractice litigation.

We are presenting the following screening exam and history for your comments. It is reprinted from "The President's Conference on the Examination, Diagnosis and Management of Temporomandibular Disorders", Chapter 27, Page 182. We plan to use this form as a guide to producing our own. Would you please send comments, additions, deletions or modifications to:

Kenneth L. Hilsen, D.D.S. 555 North Avenue Fort Lee, New Jersey 07024.

Screening History For TM Disorders Patient Name: Date of Screening: ___ Name of Dr. or Hygienist performing: _____ Yes No 1) Do you have difficulty opening your mouth? 2) Do you hear noises from the jaw joints? 3) Does your jaw get "stuck", "locked" or "go out"? 4) Do you have pain in or about the ears or cheeks? 5) Do you have pain on chewing or yawning or wide opening?____ 6) Does your bite feel uncomfortable or unusual? 7) Have you ever had an injury to your jaw, head or neck? ____ 8) Have you ever had arthritis? 9) Have you previously been treated for temporomandibular disorder? If so, when, what, how, and by whom? TMJ Screening Examination Inspection for facial symmetry: ___ Evaluation of jaw movements: Palpation (masticatory muscle tenderness and joint tenderness, incoordinations, clicking, and crepitus) _ Copyright by the American Dental Association. Reprinted by permission. Reprinted from the President's Conference On The Examination, Diagnosis and Management of Temporomandibular Disorders, Chapter 27, Page 182.

SYNOPSES OF PAPERS PRESENTED AT THE BALTIMORE ANNUAL OFFICIAL SESSION

TITLE: The Intimate Bond Between the Artist and the Prosthodontist

Lecturer: Dr. R. J. Goodkind, D.M.D, M.S.

Reported by: Dr. P. R. Wilson, B.D.S., M.D.S., F.D.S.R.C.S. Ed.

It was shown by Sproull in a survey of American dental schools in 1968 that the state of education concerning color teaching was virtually non-existent. Dr. Goodkind, under the aegis of the Color and Color Matching Committee of the American College of Prosthodontists, undertook a further survey of dental schools in 1988, and he found that there had been significant advances made in the teaching of color. There, however, remained a number of programs with no formal color curriculum, and most cited text (Preston and Bergen) was no longer in print.

The main thrust of the lecture was delivered towards the need for color education and the potential for an historic parallel between the development of artistic styles and the requirement of an artistic component in prosthodontics.

The development of differing schools of painting in the 16th through 19th centuries was explained, with the realist techniques of Ingres and others contrasted to the masterful control of color and form of Monet. The thread of continuity of the school of realism became somewhat tenuous during the 20th century, but was championed in the United States by William McGregor Paxton (1869-1941), a representational artist. Following his example, Schools of Classical Realism formed in Boston and Minnesota. The disciples of these schools require an extensive formal training to be able to paint in this style and this extended training is anathema to a large proportion of contemporary artists, and represents a threat to a school whose techniques and traditions can only be passed on by an apprenticeship. The scientific basis for the determination of the color of teeth was described, starting with the work of E. Bruce Clark and his determination of the color space occupied by natural teeth. Dr. Goodkind has extended the precise measurement of tooth color to in vivo sampling. The method of data collected was using a colorimeter which had been previously calibrated with a spectrophotometer, and the most representative site was determined to be the mid-portion of the tooth with a standardized background. Dr. Goodkind then presented a summation of the considerable database on tooth color which his research team had collated, and suggested that the color space of natural teeth intraorally was mostly congruent with, but larger than, that previously determined. The effect of tooth age and type was also presented. The color space of the examined teeth was incompletely covered by existing shade guides, and was especially deficient in the Yellow-Red Hue area. The modification of hue by addition of modifiers was analyzed and it was shown that when hue was altered, there was a concommitant change in both chroma and value. It was stated that further investigation was progressing in the direction of rational use of modifiers, and in determining the triaxial shift in color co-ordinates produced by such additions.

The clinical application of artistic concepts was demonstrated with a presentation of an extensive rehabilitation with a follow-up of ten years, and a demonstration of the all porcelain butt-joint shoulder in a recently completed upper anterior patient-treatment. It was stressed that the combination of correct form and the appropriate optical characteristics was necessary for satisfactory esthetics.

The emergence of CAD/CAM technology was noted, but Dr. Goodkind ended with the plea that Prosthodontics should not lose touch with the need for artistic input into the clinical situation in the face of such technology, and that we should not allow our enthusiasm for the new to replace much that there is to be learned from the past.

TITLE: Etched Porcelain Laminate Veneers

Lecturer: Dr. Howard Strassler Reported by: Dr. Keith Ferro Eastman Dental Center

Dr. Howard Strassler presented the application of etched porcelain laminate veneers for conservative anterior esthetic restorations not as a revolution but as an evolution in dental materials. His historical review supported the combined efforts of past innovators to develop the most recent generation of esthetic restorations. One of the early restorations utilizing porcelain crowns was Charles Pincus' "Hollywood Bridge" placed for movie stars in the 1930's. Gabel in the 1940's introduced hydrofluoric acid etching of porcelain. Buonocore in 1955 demonstrated

enamel etching with phosphoric acid. Shortly thereafter, Bowen invented the Bis-GMA composite resin. Acrylic resin laminate veneers were used by Fauce in 1976. Its disadvantages included debonding between the acrylic resin and composite resin, not being custom fabricated, demanding finishing procedures, and marginal staining. In 1983, Simonsen and Calamia observed a tensile bond strength of porcelain to enamel greater than composite resin to enamel and approaching the tensile bond strength of etched metal to enamel. More recent is the development of higher strength porcelains. Chemical bonding of composite resin to porcelain by silane coupling agents and chemical bonding of composite resins to enamel by chelation of the enamel calcium contribute to reducing the propagation of microcracks inherent in dental porcelain.

Dr. Strassler continued his discussion with the treatment planning and technical aspects for etched porcelain anterior restorations. He pointed out that we are not offering the patient a permanent restoration but a restoration of limited durability. Considerations for treatment planning include esthetics, patient attitude toward tooth preparation, periodontal evaluation, occlusion, tooth position, margin location on enamel, tooth discoloration, and tooth contour/surface texture.

Teeth selected to be veneered are prepared without a rubber dam and with a 0.3 to 0.5 axial intraenamel reduction when it is necessary to mask discoloration or to realign teeth. Retraction cord is used for the impression of the finish line. If the teeth are not prepared, the porcelain is applied to the level of the free gingival margin. Branch, McCown, and Gothcher (1984) observed less periodontal inflammation when the enamel was prepared. Supragingival preparation is recommended. After the porcelain is fabricated by the technician, the bonding side is etched with hydrofluoric acid, cleaned with phosphoric acid, dried using a drying agent, and the silane coupling agent applied. Porcelain veneers are tried in with the luting agent shade one at a time and then all at once for patient acceptance. The teeth are isolated with a rubber dam, etched with phosphoric acid, rinsed, and coated with dentin bonding agent. The porcelain veneer is placed gently with the appropriate luting agent shade. A dual curing, light activated resin is recommended. Interproximal matrices are necessary before the final resin curing. A little of the excess resin remains at the margins to allow for approximately 1.5-2.0% curing shrinkage. Final finishing recommended by Haywood (1987) utilizes ultrafine diamonds, finishing bur 8862 (Brasseler), and diamond polishing paste.

Dr. Strassler concluded that the custom fabricated etched porcelain veneer offers a conservative esthetic restoration of anterior teeth. It is a predictable treatment alternative to other restorative procedures based on an 18-42 month clinical evaluation of 291 porcelain etched veneers. (in press) Care must be taken with all the technical stages of the restoration and with respect to the maintenance of the periodontal attachment.

TITLE: Adhesive Resin Bonded Cast Restorations

Lecturer: Dr. Gerald M. Barrack, B.A., D.D.S.

Reported by: Dr. John F. Burton, D.D.S.

Since the introduction of resin bonded fixed partial dentures there have been many improvements, the most significant of which includes modification of framework design to increase retention and improvements in materials which have simplified the procedures. One such material is a modified Bis-GMA resin, Panavia, which has demonstrated chemical adhesion to base metal alloys as well as to tin plated semi-precious and precious metal alloys. This paper discussed the indications and contraindications as well as advantages and disadvantages of bonded cast restorations. The importance of the retentive framework design was emphasized. Proper tooth preparation to achieve a retentive framework design was described in detail. In addition, numerous clinical examples were shown and several research projects were described.

Historically, the technology that led to the development of the adhesive resin bonded cast restorations began with the work of Michael Buonocore and Ray Bowen. Early bonded restorations using composite resin pontics or acrylic denture teeth demonstrated good short term success. These restorations failed due to the lack of cohesive strength of the resin, but not the bond or adhesive strength. In an attempt to strengthen this joint, Rochette designed the perforated retainer, a very complicated but successful procedure. In 1980, Thompson, Livaditis, and Del Castillo introduced the etched metal bonding procedure which initiated an increased acceptance of this restoration. With this technique, the

resin provided the mechanical linkage between the etched metal and etched enamel, and the framework design was enhanced to limit the stresses on the resin. The early failures of bonded fixed partial dentures were most always due to reliance on the resin for retention which ultimately fractured. It was stressed during the presentation that the basic principles of retention must be incorporated into the framework design and that the retention provided by the resin luting agent should be considered a "bonus". The principles of retention as applied to resin bonded restorations are maximum coverage, wraparound design, grooves on anterior teeth, and two rests on posterior teeth.

The indications for resin bonded restorations are to replace a missing tooth with healthy abutments, periodontal splinting, combination prostheses, post-orthodontic retention, and innovative applications. Such applications include partial coverage restorations with minimal retention, attachments for removable partial dentures, and altering tooth form for occlusal purposes. Contraindications are insufficient enamel and unesthetic abutments.

The main advantage of the resin bonded restoration is periodontal. Even with maximum tooth modification, it is still the most conservative restoration. There are also esthetic advantages since there is no involvement of the gingival crevice and the natural labial enamel is left intact. Other advantages include no need for anesthesia, improved marginal seal, and cost effectiveness. The disadvantages of resin bonded restorations include: (1) expected lifespan is unknown, (2) they cannot be used for broken down teeth, (3) there may be some display of metal, (4) incisal graying may occur, (5) they are limited to base metal improved techniques and new technologies may overcome most of these shortcomings.

The principles of design that must be incorporated into these restorations are a distinct path of insertion, resistance form, wraparound, maximum bonding area, vertical stop, and mini-chamfer margin to make the margin blend into the tooth for comfort. A wraparound design is easy to achieve posteriorly, but very difficult, if not impossible, anteriorly. The purpose of wraparound is to limit lingual displacement. For posterior restorations, a guide plane and occlusal vertical stop are required. The most subtle step is preparation of the guiding plane, which must lower the height of contour without eliminating the buccal lingual curvature in order to maintain

wraparound. To achieve the goal of wraparound on anterior teeth, proximal grooves are generally indicated. With the addition of grooves, the design is essentially a partial coverage type design and can be considered a 3/4 crown mostly in enamel. In posterior teeth with existing restorations, the design may include such features as preparing a standard inlay preparation in the existing restoration along with the typical axial surface modification.

The last section of this presentation discussed some of the recent research completed on the relative bond strengths of resin bonded restorations. Retention studies were done using tests similar to those used to evaluate other cements for full coverage crowns. These studies measured bond strengths obtained with two different luting resins. Conclude and Panavia, on anterior and posterior restorations of various designs. Among the conclusions, it was determined that Panavia could be used successfully as a luting resin in both posterior and anterior restorations. Also, resistance to displacement was directly related to bonded surface area. The actual retention measured was significantly higher than similar results for zinc phosphate cement and full coverage restorations, although the clinical significance of this is not known.

A longitudinal study of 94 restorations placed in the private office setting was also described. The restorations have been in place for periods ranging from 1 year to 7 years, 6 months, with an average of 5 years. To date, there have been 4 anterior debonds and 3 posterior debonds. However, there has been only one debond in the past 6 years. All restorations were placed under strict controls, with the rubber dam, and with careful laboratory procedures. One major factor contributing to the success of these restorations was the use of the rubber dam. Any moisture contamination of the enamel weakens the bond strength. Also two rests are being used on all posterior teeth to prevent flexing of the lingual retainer and grooves are

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being placed on anterior teeth to ensure wraparound.

The final discussion was on tin plating, a relatively new technology that has been used in Japan for just a year. It involves tin plating cast restorations to enhance the metal/resin bond strength. The casting is sand blasted, then plated with a 1-2 micron layer of tin. Early results of the ongoing study show a significant increase in bond strength with tin plating versus simple sand blasting. The advantage is that acceptable bond strengths can now be achieved using noble alloys.

DR. HUGH PIERPONT APPOINTED CHAIRMAN OF OCCLUSION, FIXED PROSTHODONTICS



Dr. Hugh P. Pierpont, associate professor, has been appointed chairman of the Department of Occlusion and Fixed Prosthodontics at The University of Texas Dental Branch at Houston, Dean Don. L. Allen has announced.

Dr. Pierpont has been acting chairman of the department since May. He received both his dental degree and postgraduate education in fixed prosthodontics from the UT Dental Branch at Houston.

A member of the faculty since 1977, he received the dean's teaching excellence award three consecutive years from 1984-87.

Dr. Pierpont's research interests are in the areas of restorative dentistry, esthetics and dental materials. He is a member of the American College of Prosthodontists, American Association of Dental Schools, American Dental Association, Houston District Dental Society, the Texas Dental Association and Omicron Kappa Upsilon, the national dental honor society.

WASHINGTON NEWS BRIEFS

ADA PRIORITIES

Taxes — Support for the restoration of full deductibility of the interest paid on educational loans; increasing to 100% and making permanent the deductibility of health benefit costs for self-employed persons; removing the cost of professional dues from the 2% floor on miscellaneous business expense deductions and making it a separate deduction.

Opposition to limitations on, or eliminations of, the preferential tax treatment of employers' contributions to health benefit plans;

Opposition to changes in the unrelated business income tax laws as they affect tax-exempt organizations;

Professional Liability — Support for responsible tort reform, full disclosure of insurance rate-setting data and appropriate protections for professional review activities:

Financial Aid for Dental Students — Support for federal legislation that strengthens the student loan system and assures equal educational opportunity for all qualified candidates;

Dental Research — Support for federal funding of dental research commensurate with funding for other health research.

Finally, with regard to medically necessary adjunctive care as a required extension of covered medical procedures in Medicare, legislation is expected to be introduced early in the 101st Congress to clarify coverage of medically necessary procedures related to atrophic and weakened jaws. The sponsors acknowledge that an administrative clarification by HCFA would obviate the need for this legislation.

STATE NEWS ACTIVITY IN '88

Dentists were caught up last year in the rush to regulate infectious waste. At least 16 states moved to toughen existing infectious waste programs or create new ones. These actions will create moderate to heavy burdens for dentists. Missouri and Ohio exempted dentists and other small generators from special packaging, treatment and recordkeeping requirements. Other states applied the same standards to dentists as they did to hospitals and other large generators. States will continue to take the lead on infectious waste regulation in 1989 - within the parameters of forthcoming U.S. EnCall for Manuscripts

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Published for the College by J.B. Lippincott Company P.O. Box 280, Philadelphia, PA 19105

vironmental Protection Agency regulations.

1988 was a good year for dentists in other areas. Washington enacted freedom of choice, bringing to 14 the number of states that protect a patient's right to receive care from a dentist of the patient's choice.

New York and North Carolina authorized programs to regulate the use of general anesthesia and conscious sedation by dentists. Forty-three states now regulate general anesthesia. Thirty-seven regulate parenteral sedation, and 22 regulate nitrous oxide.

The dental team concept was successfully defended against challenges by denturists and dental hygienists. Bills to legalize the practice of denturism were defeated in six states. Hygienist legislation to relax supervision, expand duties or increase representation on dental boards failed in all but two of the 12 states where it was introduced. Denturists and hygienists were expected to renew their efforts in 1989. In several states where hygienists failed in the legislature, they may pursue the same

goals through dental board rule changes.

The states seem to agree that dentists and other treating health care professionals should have access to information concerning their patient's HIV status (human immunodeficiency virus). Nine states enacted confidentiality protections for HIV test results, at the same time permitting disclosure to treating professionals. Some of the same states prohibited discrimination against individuals with AIDS/HIV infection by health care providers. More states are expected to move in the same direction next year.

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Prosthodontic post-graduate student interested in purchasing complete series of the Journal of Prosthetic Dentistry (1951-1985). Preferably bound. Please call (206) 545-1092 or write to: Dr. Stefano Gracis, University of Washington, School of Dentistry, Department of Prosthodontics, SM-52, Seattle, Washington 98195.

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