



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS
DEDICATED TO SERVING THE PUBLIC

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PRESIDENT'S MESSAGE



The College continues to be a busy, active and productive group. At our Executive Council meeting in July we met for three days to conduct College business and review our progress and direction. It is exciting to realize how involved our members are and in how many directions we are working. It is also rather awesome to realize the coordination such a multidirectional effort requires and I must admit that I have a certain amount of residual fear that some elements are not receiving due attention. This is one place where every member can be part of the administration of the College. If you feel that some aspect of College action is not being properly supervised or is being neglected - write or call the Central office or one of the officers. If you are on a committee which you feel isn't moving well enough, don't be passive - call the committee chairman and make your thoughts known. The officers and Council of this organization, the Central Office, the committees are tools to do the tasks of the membership. To be efficient tools they need to be honed and used properly. If you are at all curious about the workings of the Executive Council, plan to sit in on one of the sessions and become more aware of your College structure.

At the College summer Council meeting, it became increasingly apparent that it is time to re-evaluate how well suited our present structure is for efficiently managing our expanded College outreach and involvement. To this end, I have appointed an ad hoc Committee for Administrative Evaluation. This committee, chaired by Vice-president Noel Wilkie, will report to the Council and membership at our Annual

Meeting with preliminary recommendations concerning the manner in which we conduct our business both internally and externally. It was a big step in 1975 when we stated our goal to establish a Central Office. An ad hoc committee was formed to pursue this goal, office space was found, costs defined, and the membership accepted the challenge and obligation. In January of 1979 we took that leap forward and opened our Central Office in San Antonio. Now we find that the College administrative structure we established when our membership was just over 900 is strained to meet the needs of our present organization of well over 1,400. As president this past year, I have seen the involvement of the College place increasing demands on the officers and committee people. It is time to evaluate the future and act now, logically and constructively, to avoid having to react later when that action might not be thought out well.

Another fact which has become even more obvious is that the College has not been keeping pace with its financial obligations. The acceptance of the

new Aims and Goals at last year's meetings placed additional encumbrances upon the College. We have held the line on dues increases, and our dues have remained the same for over five years now. How many other expenses in your life have remained constant for that period of time? Our last dues increase (in 1979 - from \$45.00 to \$100.00) was brought about by the opening of the Central Office. We have moved from that original building, begun computerizing our office, and the expenses of operating continue to significantly increase. Our College has expanded its outreach, significantly added to its annual meetings and begun a modest public relations campaign for the specialty of prosthodontics. We have even absorbed the increased cost of your Journal as its price has risen.

We have known for some time that we must present to you a proposal for a dues increase. The budget for 1984 - 1985 is presently a budget dripping with red ink. Some of this is the result of expenses incurred in our moves forward to meet the objectives the College has set for itself, the reasons we have defined for our very existence. To meet current expenses and plan for the future it is necessary to propose to you annual dues of \$195.00. We need to consider major changes in our general structure and these include surveying the possibility of obtaining our own office facility and of significantly altering our office staffing pattern. We must pay our debts and capitalize our future. I can assure you **every** budget item is scrutinized, there are no "blank checks" and all major expenditures are presented to the membership for its consideration. Please plan to attend

PRESIDENT'S MESSAGE

Continued

the business meeting and participate in the discussion of this critical issue. Our members have always risen to the challenges presented. We have the most active group I know of in dentistry, and the most reasons to be active. If you compare what you get for your money in this group to any other membership or professional expense, the College is still a bargain. National membership, sectional support, peer review mechanisms, educational aids, representation to dental care programs, intercession for our specialty at all levels and a terrific annual session providing shared fellowship with the finest people you could ever hope to meet. These are only a part of your College.

This will be my last message to you as we prepare to elect new officers at our Nashville meeting. It has been my high honor to have served as your president in this period of College growth. I can only urge each one of you to be energetic in support of your specialty, to work with your fellow College members to achieve greater successes, and to always remember why the American College exists. No other group has only the interest of the specialty of prosthodontics as the core of its being. Thank you for the privileges of this past year and my congratulations and best wishes to Dr. Bob Sproull for the term that lies ahead.

-Jack D. Preston, D.D.S.

SCIENTIFIC PROGRAM AMERICAN COLLEGE OF PROSTHODONTICS 15th ANNUAL SESSION NASHVILLE, TENNESSEE

Wednesday, October 17, 1984

- 8:00** Welcome by Dr. Jack D. Preston, President
- 8:15** Dr. Sumiya Hobo - Discussion of Data Gained from the Use of a Computerized Mandibular Recording System and Relate it to Such Topics as Bennett Shift, Centric Relation, Condylar Guidance, Anterior Guidance and Others.
- 9:45** Break
- 10:00** Dr. Per-Ingvar Branemark - Presentation on Osterintegration of Implants
- 11:00** Dr. Ronald P. LuBovich - A Talk for Quality: A Prosthodontic Specialty Practice

- 1:15** Table Clinics
Commercial Exhibits
ACP Sections Meeting:
Dr. Stephen O. Bartlett, Moderator

Thursday, October 18, 1984

- 8:00** Dr. Ralph Phillips - An Update of Adhesive Restorative Materials with Particular Attention to Polycarboxylate and Glass Ionomer Cements
- 9:30** Break
- 9:45** John J. Sharry Prosthodontic Research Competition
- 10:45** Dr. Robert Strohaber - A Clinical Evaluation of Isosit Resin as a Fixed Prosthodontic Veneering Material
- 1:00** Annual Luncheon
Luncheon Speaker: Brian Shul, Major, USAF
- 3:30** Annual Business Meeting

Friday, October 19, 1984

- 8:00** Dr. Charles Abney and Dr. Benjamin Hill - A Review of Principles and Application for Precision Attachments
- 9:45** Break
- 10:00** Dr. Susan Nathanson - A Comprehensive Overview of Speech Production in the Prosthodontic Patient.
- 10:45** Dr. Van Thompson - Current Clinical Research of Etched and Adhesively Bonded Castings. Current Resin Systems for Bonding Etched Castings will be reviewed.
- 11:45** Dr. Lloyd Miller - Clinical Presentation Evaluating Metal Ceramic, Felspathic Aluminous Jacket, Dicor, Cerestore and Other Systems

- 1:00** Affiliates/Associates Luncheon & Seminar:
Dr. J. Crystal Baxter, Moderator
 - 2:00** Educators/Mentors Seminar:
Dr. Ronald G. Granger, Moderator
- Saturday, October 20, 1984**

- 9:00** Private Practice Luncheon and Seminar:
Dr. Lawrence S. Churgin, Moderator
Col. Joel S. Severson, MSC, USA, Facilitator

COLLEGE GALA "A NIGHT IN THE ORIENT"

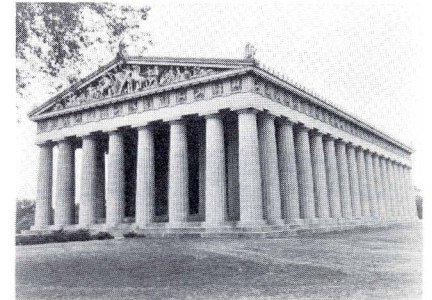
A romantic evening of dinner and entertainment presented at the American College of Prosthodontists 1984 Annual Official Sessions in Nashville, Tennessee on October 18th, promises to be a charming and memorable experience.

Nashville is not just country music, but is also a performing arts center; developing and exhibiting special talent, from the established professional to the new and upcoming. An example of this artistic wealth is the

performances which will take place during the "Night in the Orient Dinner." Aki Dean will entertain with the lovely dance of the Japanese fan language, and Ms. Kono will regale attendees with the haunting beautiful music of the Koto, a Japanese musical instrument.

The dinner features an outstanding Chinese buffet with chopsticks, fortune cookies, special wok cooking, and background music by KATARO. KATARO is based in Singapore, and their music is not available on the commercial market in the United States. Privately owned tapes are being made available for this evening.

The cost of this evening is more than reasonable. Don't miss this unusual event. Sign up early!



The Parthenon is an exact replica of the shrine in Athens, Greece. This landmark reinforces Nashville's reputation as "The Athens of the South"

NEWSLETTER The American College of Prosthodontists

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KENNETH L. STEWART APPOINTED NEWSLETTER EDITOR

The Executive Council at its meeting in Denver appointed Dr. Kenneth L. Stewart of San Antonio, Texas Editor of the College **Newsletter**. Dr. Stewart was chosen from among five well-qualified applicants. He will assume his new duties at the Executive Council Meeting in Nashville in October. He is appointed for three years and may succeed himself for one additional term.

Dr. R. W. Elliott, Jr., the retiring Editor, thanked the Executive Council for the opportunity to serve the College for the past six years as **Newsletter** Editor and wished all the Officers and members of the College every success for the years ahead.

FROM THE SECRETARY

The Executive Council met in Denver, Colorado on July 12-14, 1984. As the person who listens to the audiotapes of the entire meeting in the preparation of the minutes, I can assure you that it was a lengthy, busy, and productive meeting. Twenty-nine pages of minutes and a chore list of 119 items to be accomplished by members of the Council and committees should be adequate evidence that the business and the activities of the College are growing at a rapid rate. I am continually amazed at the amount of work that is accomplished by the chairmen and members of the committees of the College.

Everyone should plan to attend the business meeting in Nashville. Several important issues will be voted upon, including a dues increase. Last year we approved a new set of goals and objectives. Now we have to decide if we are willing to fund the many activities resulting from these goals. This and other issues are certain to make it an exciting business meeting.

The list of candidates for this year's election are listed elsewhere in the **Newsletter**. I personally feel that the candidates are well qualified and deserve to be elected. However, as Secretary, I should inform you that other nominations can be made by following the guidelines established in the **Bylaws** - quote, "Nominations can also be made by any active Fellow or Associate of the College provided such nominations are made in writing, signed by the nominee, endorsed by

two other active Fellows or Associates, and delivered to the Secretary twenty-four hours in advance of the election." The Secretary will post the new nominees with the list of candidates in a prominent place in the registration area.

The College should be justifiably proud of the accomplishments of thirty-three of our members as they have achieved Diplomate status this summer. One of the other two individuals who became Diplomates has applied for membership in the College. Hopefully, the other will apply before the Nashville meeting. New Diplomates and new Fellows will again wear distinctive ribbons on their name badges and will receive certificates at the business luncheon. Take time to shake hands and congratulate these individuals as they deserve to be recognized for their outstanding achievement.

'Nashville' promises to be a great meeting. Joan and I look forward to seeing you there.

-William A. Kuebker D.D.S.

CONGRATULATIONS!!!

The Officers, Executive Councilors and all members of the College extend hearty congratulations to new Fellows of the College. Attendees at the Annual Official Session can recognize the new Fellows by a special nametag which will be issued to them. Congratulations may then be offered personally to the new Fellows.

Those who achieved Fellowship status by passing the American Board of Prosthodontics examination are:

Dr. John R. Agar
Dr. Carlos M. Antolin
Dr. Robert F. Baima
Dr. Loren Christensen
Dr. Philip S. Cohen
Dr. Martin C. Comella
Dr. Phillip A. Cook
Dr. Lawrence J. Dario
Dr. Carl J. Drago
Dr. Dean A. Giftos
Dr. Raleigh A. Holt, Jr.
Dr. John Jow
Dr. Robert C. Kahn
Dr. Fred W. Kamansky
Dr. Glenn B. Lucas
Dr. Charles Mark Malloy
Dr. Kenneth A. Malament
Dr. Assad F. Mora
Dr. Steven M. Morgano
Dr. James G. McCartney
Dr. William C. Neudigate
Dr. Dennis E. Nilsson
Dr. Arthur Nimmo
Dr. Frank Priest, Jr.

Dr. Philip J. Render
Dr. Mark W. Richards
Dr. Stephen M. Schmitt
Dr. Frank E. Seaman
Dr. James M. Shields
Dr. Joseph N. Tregaskes
Dr. Glenn E. Turner
Dr. John A. Whitsitt
Dr. Dale E. Wilcox

Of the 35 examinees who were certified by the Board, 33 were Associate members of the College.

In addition to those named above, diplomates who were approved for membership at the meeting in San Diego will also be recognized in Nashville.

FAMILIES RELY ON 2 INCOMES

More than 26.3 million couples or 62 percent of married couples in the United States have become two-income families, according to the U.S. Census Bureau. These figures, taken in 1981, indicate an increase from 50.1 percent a decade ago and 40 percent in 1960. Among married couples, the Census Bureau found that 95 percent of the husbands work, as do 67 percent of the wives. In 1981, average earnings for married couples were \$25,550, but this climbed to \$28,560 when both husbands and wives had jobs. Most working wives were employed only part time. (ADA Newsbriefs)

NOMINEES FOR COLLEGE OFFICE

Dr. Stephen O. Bartlett, Chairman of the Nominating Committee, presented the following slate of candidates for College office for the 1984-85 College year:

President-Elect - Noel D. Wilkie
Vice President - Cosmo V. DeSteno
Executive Councilor -
Stephen F. Bergen (3 years)
Executive Councilor -
James S. Brudvik (1 year)
Alternate FPO Delegates -
J. Crystal Baxter
Don G. Garver
Member of FPO Council for Liaison
with the American Board of
Prosthodontics -
Dale H. Andrews
ACP Nominee for ABP -
Robert M. Morrow

The voting membership will consider these nominations, and any made from the floor, for the offices listed above, at the October 18th Business Meeting held in conjunction with the Annual Official Session in Nashville.

EXECUTIVE COUNCIL WINTER MEETING MOVED TO SAN ANTONIO

The winter meeting of the Executive Council, which has taken place in Chicago since the College was founded, will convene in San Antonio in January 1985. This action of the Executive Council was taken to avoid conflict with the many meetings of other organizations which convene during the Chicago mid-winter meeting in February, to provide adequate time for the transaction of College business and to gather in a place where the weather is more temperate during that time of year.

Members of the Executive Council and those committee chairman whose presence is deemed necessary by the President for the success of the meeting will be funded to the meeting by the College.

DUES INCREASE

—EDITORIAL—

The College is growing phenomenally and is the largest organization of prosthodontists in the world. This has come about in a relatively short time—15 years.

The founders envisioned the College as a leader and spokesman for the specialty. Throughout this issue of the **Newsletter** is concrete evidence that what was envisioned has become reality. Active committees chaired by vigorous, young men and women have accomplished what a few years ago many said could not be done.

And the College is growing. Active programs and new ones in the offing to bring about achievement of the aims and goals approved by the membership, all require funding. The Central Office will have to be expanded to maintain communications with our membership and leaders of the College.

The above can be summed up for prosthodontic specialists by the word need:

- Need for an organization which speaks to their unique concerns.
- Need for an organization which can be seen by nonprosthodontists as a focus on speciality matters.
- Need for an organization that will keep the membership informed about external issues and internal business.
- **Need** for an organization whose benefits to the member is concrete.

To this end, I urge you to weigh these needs when you consider a dues raise of \$95.00 at the Annual Business Meeting in Nashville. A dues increase has not been requested for many years. When you support your ACP you support your voice for the specialty of prosthodontics.

As I conclude six years as your editor I want to thank you for the opportunity to serve you. My goal has been to keep you informed, if I have done that I am pleased. Each of you have my sincere best wishes for a happy, healthy and successful private and professional life, and my hope and belief that our great organization will continue on its path with the guidance of the many young, talented and enthusiastic members who make it a reality.

—R. W. Elliott, Jr.

COLLEGE MEMBERSHIP INCREASES

In her report to the Executive Council, Ms. Linda Wallenborn, Central Office Director, stated that the College membership has risen to 1,447.

Life Fellows - 73

Fellows - 494

Associates - 683

Affiliates - 197

TOTAL - 1,447

This is an increase of 119 members in the past year. In a related report it was stated that Dr. Binan's survey had identified 425 potential members. The Membership Committee, chaired by Dr. Philip Reitz, will continue its efforts to urge these individuals to join the College.

PEER REVIEW

In April, the College Sections were surveyed regarding peer review activities. Seven sections responded. California, Pennsylvania, and Georgia have active peer review committees. The California section, as reported previously, has a highly structured committee with authority to conduct the peer review investigation and write the resolution letter. The Georgia Section seems to have a similar activity, and the Pennsylvania Section, a consulting role only.

In January, 50 state dental associations were surveyed to gain information regarding peer review of a prosthodontic specialist; 46 responded. With few exceptions, all dentists, including specialists, are reviewed at the ADA component level with final review at the constituent (state) level. A

prosthodontist may be called upon in a consultant role in a situation involving another prosthodontist.

The California Dental Association has developed an excellent peer review manual to be used by the California Section in its peer review procedures.

After hearing this information presented by Dr. David W. Eggleston, Chairman of the Prosthetic Dental Care Program Committee, the following instructions were given to the committee.

- Edit the section on prosthodontics of the CDA peer review manual "Quality Evaluation of Dental Care: Guidelines for the Assessment of Clinical Quality and Professional Performance" so that it is pertinent to the specialty and to do this with permission of the CDA.
- Conduct a workshop on the uses of such a manual during the annual meeting of the American College of Prosthodontists as required.
- Conduct a feasibility study on the creation of a national peer review committee which would offer its services to those state societies which do not have College sections peer review committees.

The Executive Council commended Dr. Eggleston for his leadership and the excellent work of the Prosthetic Dental Care Program Committee.

MEMBERS URGED TO STAY AT HYATT

150 rooms have been blocked for College members at the Hyatt Regency Nashville.

By utilizing these rooms, Annual Session costs are reduced due to favorable consideration by the hotel relative to costs of meeting rooms and to complimentary accommodations for those in charge of conducting the convention.

Rates for rooms at the Hyatt during the meeting are: \$57.00 and \$67.00 single and double occupancy respectively. These charges are most reasonable for any hotel and especially for the Hyatt which is first class.

MAJOR BRIAN SHUL, U.S.A.F. ANNUAL LUNCHEON SPEAKER

Major Shul's presentation covers his experience from being a badly

burned and critically injured pilot in Viet Nam for whom physicians had given up hope, his eventual road to recovery and finally reinstatement as an active duty U.S.A.F. fighter pilot. Of great interest are his impressions of health care providers from the standpoint of a patient who could not communicate.

His presentation is candid, sensitive, and at times comedic and reinforces ones commitment to both the physical and psychological needs of ones patients. Presently Major Shul is involved in an intensive one year training program to become a pilot of the Air Force's fastest and highest flying aircraft, the SR-71.

COLLEGE MEMBERS ENCOURAGED TO VISIT COMMERCIAL EXHIBITS

Nineteen exhibitors will present their products and/or services at the Annual Scientific Session in Nashville, Tennessee in October.

Dr. Mohammed Mazaheri, who is Chairman of the Ad Hoc Committee on Commercial Exhibits canvassed approximately 113 potential exhibitors. More desired to participate than could be accommodated.

Considerable income will be dreived from this effort and College members can support this facet of the Annual Official Session by visiting the exhibits and talking with the exhibitors' representatives at their booths.

Following is a list of exhibitors who are participating in the meeting:

Harry J. Bosworth Company (3)
Brasseler, USA, Inc. (8)
Premier Dental Products Co. (15)
C. D. Charles, Inc. (14)
Vicks Oral Health Group (1-2)
Pollard Dental Products, Inc. (22)
TMJ Instrument Co., Inc. (20)
Healthco, Inc. (13)
Amadent/American Medical
& Dental Corp. (4)
Calcitek, Inc. (5)
Howmedica/Myerson (16)
Unitek Corp. (21)
Interpore International (17)
Bofors Nobelpharmas, Inc. (9-10)
Almore International, Inc. (7)
Myro-Tronics Research, Inc. (19)
Kerr-Division of Sybron (18)
Ceramco, Inc. (11)
Denar Corporation (12)
Columbus Dental (6)

Gingi-Pak Labs-Division of Belport
Co., Inc. (23)

(The number in parenthesis is the booth number the company will occupy.)

CAN YOU ANSWER THESE ?

1. What is the effect if the condylar inclination is 20° and the incisal guidance is 35°?
 - a. alters posterior cusps
 - b. alters incisal angle
 - c. alters condylar angle
2. Which of the following represents a fibrous connective tissue hyperplasia?
 - a. epulis fissuratum
 - b. ranula
 - c. mucocele
 - d. cystic fibrosis
3. When surveying a cast, which of the following classifications would work best with a posterior tilt?
 - a. Kennedy Class I
 - b. Kennedy Class II
 - c. Kennedy Class III
 - d. Kennedy Class IV
 - e. Kennedy Class V

QUESTIONS?

IDEAS?

PROBLEMS?

Call The
Central Office

(512) 340-3664

PROSTHODONTISTS REQUESTED TO REGISTER WITH DELTA DENTAL PLANS

It is extremely important that prosthodontists be perceived by all insurance carriers as specialists. This is especially so with Delta Plan Insurers.

The most straightforward approach to achieve this objective is for all specialists in the field of prosthodontics (those who have completed an ADA accredited course in this specialized field of dental care) to register themselves as prosthodontists with their Delta Plan insurance carriers.

It is confusing when some specialists in the field register as general practitioners.

SCIENTIFIC ARTICLES NEEDED

The publication of scientific articles in the **Newsletter** has been received with much favorable comment. Some have said that the **Newsletter** could be converted to a College "refereed" journal with a section for news if College members so desire. To this end in Denver, the Executive Council decided to form an Ad Hoc Committee to investigate this matter.

Of more immediate concern is the need for scientific articles. College members are encouraged to support the **Newsletter** by submitting Scientific Articles for publication. This is particularly appropriate for graduate students who would like to have their theses in print. All articles published are first submitted to the College Research Committee for review.

FOREIGN GUEST FEE

In the past those dentists from foreign countries, who are not eligible to join the College, were permitted to attend the College Scientific Session at no cost.

At the Denver meeting of the Executive Council it was decided that all non-members should pay the appropriate guest fee to attend the scientific sessions.

This will require a policy change by vote of the membership in Nashville at the Annual Business Meeting—see you there!!

UPDATE TO JPD INDEX AND STUDY GUIDE

Dr. J. Crystal Baxter, Chairman of the Education and Advancement Committee, has announced that the Index to the Journal of Prosthetic Dentistry is being updated with information from the 1981 through 1983 journals. This updated index should be available at the Annual Official Session in Nashville in October.

It is also anticipated that a new edition of the Study Guide for Certification will be available at the Annual Official Session. Dr. Baxter stated that she is awaiting the new guidelines for the American Board of Prosthodontics examination in order that this new and pertinent information may be included in the new edition.

The 1983 ABP examination facsimile questions and answers will be included.

FUTURE PROSTHODONTIST BORN

The American College of Prosthodontists wishes to express sincere congratulations to Linda and David Wallenborn on the birth of their son Aaron Michael on June 22, 1984.

Linda has served the College as Central Office Director since May 1980. After a short leave of absence she is back tending to business and coordinating the many details associated with our Annual Official Session. Welcome back Linda.

WASHINGTON SCENE

The following are quotations from the Washington News Bulletin, Volume 17, Number 3, July 1984, a publication of the American Dental Association.

Just prior to entering the current July recess the Congress accomplished one of its major goals by approving the Budget Deficit Reduction Act. That massive legislation is expected to increase revenues by approximately \$50 billion and decrease spending by approximately \$10 billion through fiscal year 1987. Included in the package are changes in the Medicare and Medicaid programs including a freeze on allowable physician fee increases through September 1985. Of importance to dentistry is the fact that the bill does not include the proposed tax on health benefits.

Several major bills, including extension of numerous health programs, remain to be acted on by the Congress in the relatively few remaining weeks before expected final adjournment. Expiring health programs which must be addressed include authority for health planning, the program of assistance to health professions schools and students, the National Health Service Corps and the several block grant programs. Also remaining on the agenda are the possible extension of the Federal Trade Commission and amendments to the ERISA law.

State legislatures also have been active in the first six months of 1984. Particular emphasis has been placed on freedom of choice bills, PPO legislation and dental hygiene.

Military Dependent Dental Care

Final action on a plan allowing armed forces dependents to obtain routine dental care at U.S. military facilities on a space-available basis was deferred until after the July Congress-

sional recess. The dental proposal is included within the Senate-passed version (S. 2723) of the fiscal year 1985 Defense Authorization Act. A separate defense bill (H.R. 5167) approved by the House of Representatives does not contain the space-available dental provision. This and other differences in the two competing authorization measures will be addressed in a House-Senate conference committee which was scheduled to reconvene on July 23rd.

The ADA has actively opposed the on-base dental plan as an inadequate and unworkable substitute for a dental CHAMPUS insurance plan. Adoption of the proposal, which is endorsed by the Army, Air Force and Defense Department, would permit over 2 million military dependents to seek dental care at all U.S. military facilities where space and dental staff capability are available. Current law restricts routine dental services for dependent personnel to overseas military bases and at those U.S. facilities designated as "under-served."

Preferred Provider Organizations

No action has taken place in either the House or Senate on bills to override state laws which prevent the creation of PPOs. Action on them is not expected this year. It can be expected, however, that discussion of the PPO concept and legislation will be included in the broader review and debate on health care cost containment in the 99th Congress.

ERISA Amendment

As anticipated, the House passed H.R. 4280, the Retirement Equity Act, in rapid fashion by a unanimous vote. This bill was the best possible legislative vehicle for the ADA supported ERISA preemption amendment on state "freedom of choice" laws in this Congress.

Several weeks prior to the House vote, ADA Washington Office staff met with key members of Congress in an attempt to amend H.R. 4280 to prevent ERISA preemption of state "freedom of choice" laws. Unfortunately, key Congressional members were unable to offer an amendment due to conflicting pressures from women's groups and organized labor. In addition, the only amendments added in Committee were those ruled germane to women's pension reform.

The ADA Washington Office will now redirect its efforts to have introduced legislation to clarify ERISA preemption with respect to state freedom of choice

laws that prevent discrimination in reimbursement among health practitioners. Contacts will begin with members of Congress that have already expressed interest in such legislation, including Senators Spark Matsunaga (D-HI) and Lloyd Bentsen (D-TX); Representatives John Duncan (R-TN) and Fortney Stark (D-CA).

Dowdy Amendment

Representative Wayne Dowdy (D-MS) has introduced a bill, H.R. 5641, to redefine the term physician under the Medicare and Medicaid programs. Currently dentists and other health care providers in addition to medical doctors are defined as physicians for purposes of coverage for Medicare services. The definitions include limits on coverage based on the degree of the individual.

The bill would define practitioners under the Medicare program as physicians (MDs, DOs), dentists and independently licensed health care practitioners (chiropractors, optometrists, etc.).

Controlled Substances

Recently Congress adopted and President Reagan signed into law legislation which would make certain robberies and burglaries involving controlled substances federal offenses. Its provisions would cover robberies of controlled substances registrants including dentists.

The Association-supported measure, the Controlled Substances Registrant Protection Act, P.L. 98-305, would invoke federal intervention by the Department of Justice in the following instances: (1) if the value of the controlled substances taken from the registrant is \$500 or more; (2) if significant bodily injury or death results from the commission of a crime or (3) if the crime impacts upon interstate or foreign commerce.

State Legislation.

Freedom of Choice: Alabama and Florida have passed freedom of choice bills which include protection for the patient and the dentist. The Alabama measure provides that no health insurance policy or employee benefit plan shall prevent a covered patient from selecting the dentist of his or her choice to furnish the dental services offered by the policy or plan. Also, dentists cannot be denied the right to participate as contracting providers. The policy or plan cannot authorize any person to regulate, interfere or intervene in the diagnosis or treatment ren-

dered by a dentist to his or her patient, provided the dentist practices within the scope of his or her license. The policy or plan cannot require that any dentist make or obtain dental x-rays or any other diagnostic aids for the purpose of preventing or treating a dental condition. However, requests can be made for existing x-rays and diagnostic aids, and the statute does not prohibit the predetermination of benefits prior to treatment.

The **Alabama** statute further provides that any policy or plan that provides dental benefits must disclose, if applicable, that the benefit offered is limited to the least costly treatment. It also must explain the standard upon which the payment of benefits or reimbursement is based, or specify in dollars and cents the amount to be provided. The payment or reimbursement for a noncontracting provider dentist must be the same as that for a contracting dentist. However, the policy or plan is not required to make payment or reimbursement in an amount that is greater than the amount specified or that is greater than the fee charged by the providing dentist for the services rendered.

The **Florida** measure requires that any employer, group or organization that pays or contributes to the premium of a group health insurance plan or a dental service plan corporation that provides dental coverage only upon the condition that services are rendered by an exclusive list of dentists or group of dentists, must provide an alternative to enable the insured patient to have a free choice of dentist. The employer, group or organization must pay or contribute an equal dollar amount toward either alternative chosen by the insured. Those insurers and dental service corporations that do limit patient choice must advise the employer, group or organization of the foregoing requirements during the course of marketing or renewal of these health care policies.

Dental Hygiene: This year proposals dealing with supervision, separate state boards of dental hygiene, expanded functions and practice settings have been reported in more than a dozen states across the country. While most of these failed to pass, several significant measures were enacted, and a number of state dental societies are expecting major legislative efforts in 1985.

This year **Arizona** has adopted extensive amendments to its Dental Practice Act. Included are various changes in the definitions section of

the act. The definition of "auxiliary personnel" has been changed by deletion of dental hygienists, so "auxiliary personnel" now include dental assistants, dental technicians and other persons employed by dentists. Dental hygienists are now included in a new category called "supervised personnel" which also includes dental assistants, dental laboratory technicians, denturists and other supervised personnel.

In **Washington state**, dental hygienists with two years of practical clinical experience with a dentist within the preceding five years may be employed or retained by health care facilities to perform authorized dental hygiene services without a dentist's supervision. These services are limited to removal of deposits and stains from the surfaces of teeth, application of topical preventive and prophylactic agents, polishing and smoothing restorations and performance of root planning and soft-tissue curetage. These permitted services do not include injections of anesthetic agents, administration of nitrous oxide or diagnosis for dental treatment. The performance of dental hygiene services in health care facilities is limited to patients, students and residents of the facilities.

For dental planing and dental treatment, dental hygienists must refer patients to licensed dentists. The health care facilities where these permitted services may be performed are hospitals; nursing homes; home health agencies; group homes serving the elderly, handicapped and juveniles; state-operated institutions under the jurisdiction of the state Department of Social and Health Services or the Department of Corrections; and federal, state and local public health facilities.

In **North Carolina**, the state Court of Appeals has upheld the disciplinary order entered by the Board of Dental Examiners in the case of Ms. Alice Delancy. Ms. DeLancy, a dental hygienist, had opened her own dental hygiene office in 1981, and had worked without the supervision of a licensed dentist as required by state law. After the state board cited her for this violation, she challenged the constitutionality of the supervision requirement in federal court. The federal courts found no constitutional violation, and upheld the state's authority to establish the supervision requirement under its police powers. The board then entered an order suspending her license for 14 months but staying 12 months of the suspension on the conditions that:

— for a 12-month period she would

not own, manage, supervise, control or conduct any enterprise wherein the acts included within the practice of dentistry were performed, and

— for a 12-month period she would not violate any provision of the Dental Practice or Dental Hygiene Acts or the board's rules.

Ms. DeLancy petitioned for judicial review of the order. The state Superior Court granted her request for a stay of the board's order to the extent it prohibited her ownership of a dental hygiene office. The state board appealed, and the Court of Appeals reversed the lower court's ruling. The court held that the issue of practice ownership was not properly before the courts because she had not raised it before the board. Turning to the disciplinary sanctions, the court stated that Ms. DeLancy had violated the supervision requirements of the Dental Hygiene Act, and that the board had the authority to discipline her for that violation.

RESEARCH COMPETITION SEMIFINALISTS NAMED

The Annual John J. Sharry Research Competition will be held Thursday morning, October 18, in Nashville, Tennessee during the Annual Official Session of the College.

The six semi-finalists listed below were chosen from a total of 15 papers submitted to the Research Committee chaired by Dr. Thomas P. Sweeney.

The field will be reduced to three before the meeting in Nashville at which time the authors/investigators will present their work to the attendees of the Scientific Session, at 9:45 a.m. Those present will vote to determine who receives first, second, and third place in this year's competition.

The semifinalists and the titles of their investigations are:

Dr. A. T. Idowu
"An Evaluation of Masticatory Function In An Elderly Population"

Dr. W. M. Dern
"Effect Of A Two Step Ringless Investment Technique On Alloy Castability."

Dr. E. T. Meiser, Jr.

"Setting Expansion Of A Phosphate-Bonded Dental Investment Measured Internally With Strain Gauges."

Dr. A. W. Fehling

"Dimensional Stability of Autopolymerizing Resin Impression Trays."

Dr. J. C. Murphy

"Effect Of Soldering Investment On The Surface Finish Of Porcelain During Simulated Post-Ceramic Soldering."

Dr. James Coffey

"In Vitro Study Of The Clinical Wear Characteristics On Natural And Prosthetic Teeth."

TURNER ELECTED TO ABP

In the first selection of an American Board of Prosthodontics member following the new procedures approved by the College and the FPO, Dr. Kenneth A. Turner was elected to the American Board of Prosthodontics.

In a related action, Dr. Robert M. Morrow has been recommended, by the College Nominating Committee, as the College nominee to the Council on the American Board of Prosthodontics for membership on the board. This nomination must be voted upon by the membership in Nashville in October.

sitting next to you. Good dance floor. Wear your boots and cowboy hat!

Perhaps your in the mood for a really nice dinner in beautiful surroundings, then choose from this list:

ARTHUR'S - The Mall at Green Hills - Plush, elegant - four star - nominated for five. Seven-course dinner one fixed price - liquor and wine are extra. Extensive wine list. Excellent service.



Ground-level walkways and elevated promenades wind through the Opryland Hotel Conservatory, giving guests an indoor tropical retreat regardless of the weather outside. The Conservatory's garden features between 8000 and 10,000 tropical ornamental plants, numerous sculptures, a flowing stream (complete with waterfall) and a 72-foot-tall fountain/sculpture piece. Other elements of the Conservatory are a southern-themed restaurant called Rhett's and a lounge called the Jack Daniel's Saloon.

RHETT'S - Opryland Hotel - A southern themed, six room restaurant - Features the most famous dishes from the southern states. Their menu of painful puns is a show in itself. Redolent with antique reproductions - The terrace, situated in the lush Conservatory has tropical fan-backed rattan chairs at tables inlaid with woven banana leaves. Dappled light and the sound of waterfalls combine to create a mystical atmosphere. Excellent wines, fabulous food and reasonably priced.

SAMAINA - Uniquely Greek! 102 19th Avenue South - Try the Greek Experience, which includes appetizers, salad, soup, two entrees and dessert. (The Walnut Torte is excellent! Total cost \$14.50. Of course their special drink is Ouzo, a licorice flavored liqueur, (A lethal Greek version of Pernod.) They also have Chambas red and white, resin-flavored wines. The building is not impressive, but the food is authentic.

MAUDE'S COURTYARD - 1911 Broadway - A genteel old house that has been remodeled - The food is consistently good, continental - The big draw is its popularity with the music business crowd. You might see the president of CBS Records, or any of the producers for the big stars! Their chocolate pecan pie is a must. It was written up in Bon Appetit.

If you are in the mood for playing the tourist, and want to sample the local

NEW YORK AND NORTH CAROLINA SECTIONS RAISE TOTAL TO FOURTEEN

At the Executive Council meeting in Denver, the petitions for section status from North Carolina and New York were approved contingent upon verification that all section members are members of the College.

A petition has been received from Wisconsin and will be considered by the Executive Council in Nashville in October.

College sections now number 14. They are: California, Georgia, Maryland, Missouri Valley, Nashville Capitol Area, New England, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina, South Texas, and Tennessee.

EDUCATION AND ADVANCEMENT COMMITTEE PROJECTS NEED YOUR HELP

At the Executive Council Meeting in Denver in July, Chairman J. Crystal Baxter of the Education and Advancement Committee stated that Volume IV of Classic Prosthodontic Articles is under way, and that suggestions for articles to be published in it are still needed.

Further, volunteers are needed from among those who will take the 1985 American Board of Prosthodontics examination in February to assist in retrieval of questions from that examination.

Please contact Dr. Baxter as soon as possible at 919 West Carmen, Unit A, Chicago, Illinois 60640 if you can help.

A NIGHT ON THE TOWN "NASHVILLE AMBIENCE"

As the sun slips behind the gently rising hills which surround Nashville, and night softens the city's features, like candle light on the face of a beautiful woman, Nashville dons her various costumes and performs with enthusiasm for her many fans. Her moods are myriad; enough to please any suitor. If your in the mood to dance the night away, and do some serious partying try one of the following:

CHEVY'S - Off Murfreesboro Road near East Thompson Lane. The atmosphere is strictly New York City; neon lights, spacious dance floor - features music of the '50s. Happy hour spotlights a fabulous buffet for free! Their special drink is Long Island Tea, (which is far from tea. It consists of one shot each of gin, vodka, rum, tequila, and triple sec.). Take it easy on these or they might be carrying you out.

TEMPO'S - Sophisticated, intimate, friendly. Happy hour includes a nice hor d'oeuvre selection. They feature the top 40 in music, and special events like Dolly Parton look-a-like contests. Probably the only place in town where you can sample the "white" zinfandel by the glass. Their Amaretto sours are outstanding - Located in Green Hills.

BOGEY'S - In Lion's Head Mall - Live music from jazz to progressive country - Every third Mondy Viacom's Channel 26 tapes the performances starting at 6 p.m. You might catch yourself on the tube a few weeks later. Their Reuben sandwich is terrific and they have Kirin, a Japanese lager, a real treat for beer lovers!

THE BULL PEN - Located in the Stockyard restaurant - 901 2nd Avenue North (Close to downtown). Pure country-western-top country entertainers - Texas bar atmosphere. You might see your favorite country singer

flavor, try one of these:

PO FOLKS - Several locations - Closest to downtown - 342 White Bridge Road - Real down home country cooking - Chicken fried steak, buttermilk biscuits, pinto beans, etc. Of course you will have to have an RC Cola, and a Moon Pie. Enough food to satisfy a "good ole boy" after having plowed the East forty.

LOVELESS MOTEL RESTAURANT - Rt. 5 Highway 100 - Famous for their preserves - They serve breakfast anytime. Country ham, homemade biscuits, great fried chicken, fresh eggs. They were written up in Southern Living - This is a picturesque, homey place in the country.



A ride called the Tennessee Waltz at Opryland U.S.A. features 48 one-passenger swings suspended from a beautiful German carousel. As the ride's music starts, the carousel's center column rises and rotates in the opposite direction from the swings, producing a waltz-like motion as passengers fly through the air. The Tennessee Waltz is in the musical entertainment theme park's State Fair area, which also features a thrilling corkscrew roller coaster called the Wabash Cannonball.

If none of the moods mentioned suit you, try Opryland USA, a theme park - No? - keep looking. Nashville has everything and she is waiting to please you.

MAKE YOUR LIFE A LITTLE MORE COLORFUL!

Color is an intensely human phenomenon. It touches many aspects of our life, professional as well as personal. There is an organization, the Inter-Society Color Council, that concerns itself with many aspects of color. Your own organization, the American College of Prosthodontists, is a member body of the ISCC. As such it supports the Council in its endeavors related to color.

The ISCC is a non-profit organization of societies and creative individuals-artists, designers, educators, industrialists, scientists - actively interested in the description and standardization of color; the practical application of color knowledge to problems in art, science and industry; communica-

tion between color specialists and creative workers in art and design; educational activities; and in the interchange of ideas on color and appearance for the benefit of all.

At the heart of the ISCC are a number of Project Committees dealing with specific color problems such as "Color of Gems," "Artists Materials," "Image Technology," "Color of Living Tissues," "Human Response to Color," "Color-Difference Problems," etc.

Annual meetings of the Council consist of meetings of these committees, special color workshops, and a symposium on a color-related subject.

The Council also regularly arranges conferences in Williamsburg, Virginia. These cover a specific color-related subject in depth with usually an international group of speakers. The theme conference, held in February 1984 was "Color and Imaging," while that of the 1985 conference will be "the History of Color."

A bi-monthly newsletter keeps the membership informed about important developments in the field of color. Together with other organizations the Council supports the publication of the international journal "Color: research and application." Members of the ISCC receive a substantial subscription discount for the journal.

If some or all of this sounds interesting to you, perhaps you should join this group of color enthusiasts of many hues and become a personal member of the ISCC. The membership fee is a very moderate one: \$18 per year. The rewards of an individual membership are substantial. For additional information and an application form, please contact the secretary of the ISCC, Ms. T. R. Commerford, U.S. Army Natick Laboratories, Attn: DRDNA-ITCP, Natick, MA, 01760, (617) 651-5467.

ICP FOUNDERS MEETING PLANNED FOR 1985

Dr. Jack D. Preston, Chairman of the Ad Hoc Committee for an International College of Prosthodontists, and Dr. Thomas Balshi, a member of the Committee, met with six foreign prosthodontists in London in June to discuss plans for the formation of an International College of Prosthodontists.

The group decided that it was desirable to meet in Seattle in 1985 at the Annual Official Session of the ACP, to conduct a founding meeting.

The Executive Council agreed that this would be acceptable to the College. Among other subjects of discus-

sion related to the proposed ICP were requirements for membership in such an organization. The Council agreed that, for citizens of the U.S., requirements for ICP membership should be the same as those of the ACP. The Ad Hoc Committee Chairman was instructed to present this desire to the ICP founding committee.

VIGOROUS PUBLIC RELATIONS PROGRAM UNDERWAY

Under the Direction of Chairman Thomas J. Balshi, the Public and Professional Relations Committee has launched a Public Relations program to enlighten the public relative to what a Prosthodontist is, what he or she does and where such a practitioner can be found. Parts of this multifaceted program are listed below.

- 25,000 copies of the popular brochure "Prosthodontics For Better Oral Health" are being ordered by the College for sale to members to give to the public. The brochure is being revised and this reorder will maintain the information flow until the new brochure is ready.
- Bumper stickers will be a subject for discussion at the business meeting of the annual official session. Many think that such are undignified. However when the public recognition of a scatologist is equivalent to that of a prosthodontist, the problem has to be addressed aggressively. (See Dr. Landesman's article in this issue of the **Newsletter**.) Bumper stickers are inexpensive and their use is strictly voluntary.
- The program related to the listing of College members under the College Logo in the yellow pages of the telephone directory has been discussed with Beaumont Heller and Sperling, a public relations firm, who might manage such a program for the college. They can obtain discounted rates for such listings, which would be passed on to the participating members. It is stated by B H & S that such a program would eventually become self sustaining. This will be a subject for discussion at the Annual Business Meeting.
- The Executive Council voted to engage B H & S to run a press room during the meeting at Nashville, to obtain nationwide publicity through press releases to publicize the Specialty of Prosthodontics.

The thrust of the committee is to create in the public mind an awareness of the prosthodontist. To this end all committee Chairman are requested to forward items of public interests to the Public and Professional Relations Committee Chairman Dr. Thomas J. Balshi, 1244 Fort Washington Ave., Fort Washington, PA 19034.

All members are encouraged to attend the Business meeting of the College in Nashville to discuss and vote on this important College program and the budget needed to support it.

TABLE CLINICS ESTABLISHED AS PART OF SCIENTIFIC SESSION

Because of the enthusiastic response to the table clinics presented last year during the annual meeting in San Diego, this feature will become a regular event. Wednesday afternoon, 17 October 1984, from 1:15 to 3:30 pm will be set aside for a table clinic session. Twenty commercial exhibitors will also be available to attendees. Commercial exhibits will be on display throughout the scientific session and can be viewed at a casual pace.

Any doctor desiring to present a table clinic should contact Charles R. DuFort, 2287 Encino Loop, San Antonio, TX 78259 or the Central Office. Please give the title of the program and state if a slide projector and/or movie screen will be needed.

FULL DAY PRIVATE PRACTICE WORKSHOP

This year Nashville will host a full day Private Practice Workshop on Saturday, October 20, 1984. Dr. Lawrence S. Churgin will be Moderator and Joel Severson, Col., USA, will act as Facilitator for the program. Col. Severson is an organizational development consultant and will direct the Workshop providing an environment for crosstalk and dissemination of information from among the private practice participants. This format should lead to a maximum interchange of ideas and experiences for the benefit of all. The Private Practice Workshop has grown steadily in support and attendance and this year's full day workshop promises to be an invaluable opportunity to learn more about the problems and successes of a specialty practice in Prosthodontics.

SYNOPSIS OF PAPERS PRESENTED AT THE SAN DIEGO ANNUAL OFFICIAL SESSION

By: Dr. Lucius W. Battle

TITLE: Oral Rehabilitation—A Prosthodontic Sub Specialty

Presenter: Dr. William H. Pruden II

Dr. Pruden reviewed a series of patient treatments in which rehabilitative efforts to restore the dental arches had failed, resulting in retreatment. He discussed the financial, psychological, and legal implications associated with these dental treatments.

Dr. Pruden stated that the objective of prosthodontics is "the least amount of treatment adequate to accomplish the desired result for the patient."

Dr. Pruden provided a brief classification of problem areas that occur in rehabilitation of a patient:

- (1) Psychological factors: The dental treatment should never commence until psychological problems are overcome. Patients' fears must be allayed with planning of painless and timely treatment. The prosthodontist needs to apply the skills of a psychologist when treating patients that require rehabilitation.
- (2) Financial problems: Dr. Pruden claims that remaking the prostheses may cost more than the original rehabilitation work. He stated that additional endodontic and periodontic therapy may be necessary. Also, re-preparation of the abutment teeth may be more difficult, thus more costly.
- (3) Legality: The patient may seek a legal settlement to finance the retreatment costs of the original rehabilitation.

Dr. Pruden concluded his presentation with the following recommendations for the dental rehabilitation remake patient:

- (1) Remove all old restorations.
- (2) Evaluate all periodontic and endodontic needs.
- (3) Make diagnostic casts and fabricate provisional restorations.
- (4) Prepare the abutments atraumatically.
- (5) Make interocclusal and remount records.
- (6) Use interlocks whenever splinting is required for approximating abutments.
- (7) Use metallic mucostatic bases

with metal occlusals for removable partial dentures.

Inquiries pertaining to this essay should be addressed to Dr. William H. Pruden II, 312 Warren Avenue, Hohenokus, New Jersey 07423.

TITLE: The Mandibular Discontinuity Defect Evaluation and Treatment

Presenter: Dr. David T. Firtell

Dr. Firtell challenged his audience with the concept that the mandibular discontinuity defect is one of the most difficult prosthodontic treatments encountered by the maxillofacial prosthodontist. He emphasized maintenance of the quality of life and preservation of that which remains for the patient suffering from mandibular discontinuity defect.

Dr. Firtell stated that, "the prognosis for mandibulectomy patients is relatively poor with regards to the prosthodontic treatment, primarily because of slow healing after surgery, scar contracture, and poor patient motivation." The main disabilities associated with mandibulectomies are:

- (1) Speech is adversely affected
- (2) Swallowing efficiency is compromised
- (3) Uncoordinated movement of the mandible occurs
- (4) Control of saliva is diminished
- (5) Esthetics are compromised
- (6) Social interaction suffers

The etiology of most mandibular discontinuity defects derives from the following categories:

- (1) Congenital malformations
- (2) Trauma: The second largest frequency of occurrence
- (3) Neoplasms: The highest frequency of occurrence

Dr. Firtell emphasized that after mandibulectomy the movement of the mandible is diminished and uncoordinated with some degree of deviation upon opening. He recommends the following procedures to reduce deviation of the mandible:

- (1) Exercises
- (2) Intermaxillary fixation
- (3) Guidance prostheses
- (4) Development of occlusal palatal ramps with monoplane teeth.

Dr. Firtell concluded by presenting the classification system for mandibulectomy patients as described by Cantor and Curtis, JPD, April 1971.

Class I: "Radical alevolectomy with preservation of mandibular continuity." This condition requires routine or conventional prosthodontic treatment.

Class II: "Lateral resection of the mandible distal to the cuspid." Mandibular deviation may occur, complicating prosthodontic treatment.

Class III: "Lateral resection of the mandible to the midline." Mandibular function may be lost forever due to the severity of the problem.

Class IV: "Lateral bone graft, surgical reconstruction." A pseudo-articulation usually occurs and supporting tissues may not be available for prosthesis support.

Class V: "Anterior bone graft surgical reconstruction." Prosthesis support is also diminished.

Class VI: "Resection of the anterior portion of the mandible without reconstructive surgery to unite the lateral fragments."

Inquiries pertaining to this essay should be addressed to Dr. David T. Firtell, Department of Prosthodontics, School of Dentistry, University of California, San Francisco, California 94122.

TITLE: Conservative Rehabilitation of the Dental Arches

Presenter: Dr. Russell Lee

Dr. Lee began by presenting a rationale for dental arch rehabilitation:

- (1) Preservation of existing structures is essential.
- (2) Function and comfort must be provided for the patient.

Dr. Lee stated that the primary purpose of his lecture was to discuss restoration of missing anterior teeth without using fixed prosthodontics. He accomplishes this treatment by utilizing rotational path removable partial dentures. Dr. Lee recommends the rotational path removable partial denture as a conservative alternative to fixed prosthodontic replacement of missing anteriors because of the following factors:

- (1) Reduction of RPD components is the goal of rotational path RPD's. Thus, rotational path RPD's provide fewer components to create periodontal-mechanical problems.
- (2) Elements of the rotational path RPD should be placed as far as possible from gingival margins for maintenance of periodontal health.

Dr. Lee emphasized numerous biomechanical factors required for successful rotational path RPD construction, "Anterior Modification Space":

- (1) Rest preparations should be long and deep for the rotational path RPD.
- (2) Overcontoured mesial surfaces on anterior abutment teeth are desirable for the rotational path RPD.
- (3) The laboratory technician must be careful to avoid overpolishing of the anterior minor connector because this causes dramatic loss of retention.
- (4) When surveying, always provide the laboratory technician with flat and angulated indices on the master cast for rotational path RPD prescriptions.
- (5) Dr. Lee recommends the altered cast technique for correcting master casts when utilizing the rotational path RPD concept.

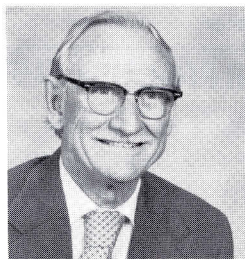
Inquiries pertaining to this essay should be addressed to Dr. Russell Lee, Yacht Harbor Towers, 1600 Ala Moana Boulevard, Honolulu, Hawaii 96815.

WERE YOU RIGHT?

1. (a)
Reference: Sharry Complete Denture Prosthodontics, p. 252.
2. (a)
Reference: Oral Pathology, Shafer, Hine, Levy, 2nd Edition, p. 450.
3. (a) or (d)
Reference: Essentials of removable partial denture prosthesis, Applegate, 2nd Edition, p. 11.

MEMBERS IN THE NEWS

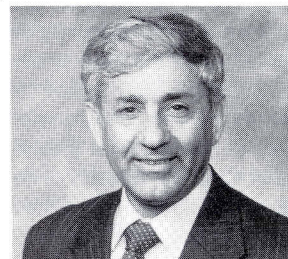
Dr. J. D. Larkin - first Editor of the College Newsletter named Texas Dentist of the Year. 22 Texas dentists were nominated for the honor bestowed upon J. D.



Dr. J. D. Larkin

Dr. Lawrence S. Churgin - elected Delegate to the ADA House of Delegates by his fellow dentists in New Jersey.

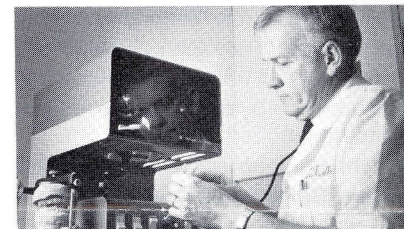
Dr. Mohammed Mazaheri - presented the H. K. Cooper Award for excellence in professional services to cleft palate patients by the Parents and Adult Patients Organization, a support group of the clinic.



Dr. Mohammed Mazaheri

Dr. Robert W. Elliott, Jr. - presented, as editor of the Georgetown University School of Dentistry Mirror, the International College of Dentists Golden Pencil honorable mention award.

Dr. Thomas Miller - to conduct a year-long study on visible light-cured dentures. 20 patients will participate in the clinical evaluation.



Dr. Thomas Miller

Dr. Paul A. Schnitman - appointed Head of Implant Dentistry Department at Harvard School of Dental Medicine. The first such department in a U.S. Dental School.

DELTA DENTAL PLANS

Dr. David W. Eggleston announced at the Executive Council meeting in Denver, that his committee on Prosthetic Dental Care Programs had surveyed the 38 Delta Dental Plans in the U.S. He found that:

- Prosthodontics is recognized as a specialty and treated in a similar manner to the other dental specialties in: Missouri, Hawaii, Illinois, Idaho, Washington, Tennessee, Minnesota, California, North Carolina, and New Mexico.
- The fee schedule from a prosthodontist is accepted or rejected by the Delta Dental Plans based upon the fees charged by other member prosthodontists in: Missouri, Illinois, Idaho, Washington, Tennessee, Minnesota, California, North Carolina, and New Mexico. In Hawaii, prosthodontists are paid at the 95th percentile, general dentists at the 90th percentile.

- A fee schedule from any dentist is accepted or rejected by the Delta Dental Plans based upon the fees charged by all the member dentists in: Oklahoma, Virginia, New Jersey, New York, Pennsylvania, Delaware, Michigan, and Washington, D.C. In South Carolina special consideration may be applied for, in Colorado a study is approved to find a method for filing specialist fees separately from those of the general practitioner, and in Ohio the state is in the process of implementing a specialist fee schedule.

- The remaining states have no prosthodontists participating in the Delta Dental Plans.

- Many Delta Dental Plans stated that the number of prosthodontists participating were way below the number in the state and that many prosthodontists list themselves as general practitioners.

Dr. Eggleston stated that he found no instance of prosthodontists being treated differently from other dental specialties. The Executive Council instructed him to help organize a consortium effort by all the dental specialties to attain:

a. Recognition of dental specialties by the Delta Plans and other dental insurance companies that currently do not recognize dental specialties.

b. A separate fee listing for dental procedures performed by a specialist within his/her specialty by the Delta Plans and other dental insurance companies that currently do not have a separate fee listing for specialists.

WIVE'S WORKSHOP

This workshop will present "problems" in the prosthodontic office as discerned by wives working in their husbands' prosthodontic practice. If you are working with your husband, the Prosthodontist, this workshop will be most informative for you. You will be encouraged to share some of your own ideas relative to the management of a prosthodontic practice.

If you are not working with your husband, you can learn more about the problems facing him in managing his office. At the close of the workshop there will be a summation of ideas and thoughts presented.

This function will take place Thursday, October 18, in Suite 7A & B of the Hyatt Regency Nashville beginning at 9:00 a.m. and will end around 11:00 a.m. Ms. Judith Churgin and Ms. Mary Clay will oversee and guide the work-

NEWS FROM SECTIONS

Metropolitan Washington Section: The National Capital Area Section held its Fifth Annual Spring Banquet on May 19, 1984 at the Bolling Air Force Base Officers Club. The meeting celebrated the completion of residency programs by residents at Walter Reed Army Medical Center, Naval Dental School, University of Maryland and Georgetown University. The Guest Speaker was Mr.



Dr. Jackson (left) receives congratulations from Dr. Baer as Dr. Jackson assumes chairmanship of the Section.

Don Marino, Personal Computer Field Marketing Manager, Hewlett Packard Company. His subject was Business Graphics: A Cure for Information Indigestion. This was the final meeting for the academic year. The outgoing chairman, Dr. Marvin Baer introduced the Chairman for 1984-1985, Dr. James Jackson. Approximately 70 members, wives and guests were present for cocktails and the banquet.



Residents attending the Banquet.

shop. Both have extensive experience in the initial development, design and function of a prosthodontic practice.

DIRECTORY CHANGES PLANNED

The College directory is a very useful document. It provides information to enable one member to locate another member, for members to use in making referrals when patients move or to respond to inquiries made by patients relative to who provides such a service in a certain locality, etc.

To improve the directory, members will be polled to determine office and home phone numbers, as well as to determine who among the members provides an implant service. This information will be requested when dues notices are mailed for 1985. The listing of such information as always will be voluntary on part of the individual member.

Rx FOR PRACTICE SURVIVAL

Marketing tips to help physicians keep patients happy and costs down in an increasingly competitive economic climate may be equally effective for dentists. Greg Korneluk, a nationally-recognized New York business consultant, suggested the following in a recent Chicago Tribune article:

- Better scheduling so patients don't have to wait.
- Longer, more convenient hours

that include weeknights and Saturdays.

- Follow-up phone calls after office visits.
- A daily phone hour during which the doctor answers his own phone.
- Sending birthday cards and flowers to patients in the hospital.
- Locating practices in shopping malls for the convenience of patients.

(ADA Newsbriefs)

MINORITY STATS HOLD MAJOR IMPACT ON FUTURE OF U.S.

Projected population changes of minorities, primarily blacks and Hispanics, hold major implications for the United States, according to a report recently sponsored by the Office of Minority Concerns of the American Council on Education, the Forum of Educational Organization Leaders, and the Institute for Educational Leadership. The report indicates:

- The average age of the white population is growing older; that of the minority population is much younger.
- Minorities comprise most of school enrollments in 23 of 25 of the nation's largest cities.
- By the year 2000, more than 50 major U.S. cities will have a minority population of more than 50 percent.

- Sixty percent of all Hispanics live in California, New York and Texas; 85 percent live in nine states.
- Hispanics are the most urbanized minority group, with 88 percent living in cities; more blacks than other groups — 71 percent — live in inner cities.

For further information, contact the Office of Minority Concerns, ACE, at 202/833-5947. Single copies of the report at \$5 per copy are available from ACE, Attention: Jack Caldwell, One Dupont Circle, Washington, D.C. 20036. (ADA Newsbrief)

TURNER TO CHAIR 16TH ANNUAL COLLEGE MEETING

Dr. Kenneth Turner, College nominee for membership on the American Board of Prosthodontics, has been named by President-Elect Robert C. Sproull to be responsible for the 16th Annual Official Session of the College. The meeting will take place in the Weston Hotel, located in beautiful verdant Seattle, Washington during the last week of October, 1985. The Local Arrangements Chairman is Dr. James S. Brudvik.

Dr. Turner is Professor and Chairman of the Department of Fixed Prosthodontics at the College of Dentistry at the University of Iowa. His address is: Dr. Kenneth A. Turner, S415 Dental Science Bldg., The University of Iowa, Iowa City, IA 52240.

ADAA ANNOUNCES RETURN OF CERTIFICATION RESOURCE PACKET

ADAA's Certification Resource Packet, which has already helped thousands of dental assistants take their credential examination, has just been reviewed and updated.

ADAA's Certification Resource Packet is specifically designed to help dental assistants prepare for DANB's Certification Examination. The packet contains a comprehensive listing of dental textbooks, technical handbooks, periodicals, and audio-visual materials; sample test questions similar to those found on the actual certification test; and a wealth of study tips and educational information.

The packet has just been reviewed and updated to insure that the test questions provided are relevant to this year's examination and that the publi-

cations listed are currently available and easily accessible.

Prices for the packet are \$10 for ADAA members and \$12 for non-members. For more information, or to order a packet, contact:

American Dental Assistants Association, 666 North Lake Shore Drive, Suite 1130, Chicago, IL 60611, (312) 664-3327, Attn: Continuing Education Department

AFFILIATES/ASSOCIATES LUNCHEON SEMINAR FREE FOR AFFILIATES

Last year's Affiliate/Associate Luncheon Seminar was a great success and will be repeated at the annual Official Session of the College in Nashville.

Dr. J. Crystal Baxter who has responsibility for planning the seminar, stated that a Board speaker and several previous participants in the American Board of Prosthodontics examination will provide the program.

As in the past, Affiliate members will be luncheon guests of the College. This meeting should be a **must** for all those who plan to take the American Board of Prosthodontics examination.

CHECK YOUR INSURANCE PLAN NOW!!

At our Annual Session in Nashville members will have an opportunity to check out the insurance plans which are offered to the members by Treloar and Heisel, Inc. If you presently have coverage offering better terms, obviously it is not to your advantage to change. But unless you have compared your policy to what is available, there is no way of knowing. The disability plan offered has the following features:

1. Guaranteed renewable and noncancellable. (Most association plans are also listed as non-cancellable, but this applies to individuals while the plan is in effect. The entire plan **can** be cancelled eliminating coverage for everyone enrolled.)
2. Guaranteed premium costs. (There are no Step Rate increases as you grow older. The premium will never go up. If there is a change it will be a **decrease** in cost.)
3. Guaranteed benefits. (No decrease in benefits can occur, only an increase.)
4. Ownership of the policy lies with

the member, not with the College of Treloar & Heisel.

(Once you are issued a policy, it is yours whether you continue membership in the College or not or whether the College continues to be associated with Treloar & Heisel or not. Some plans offer a guaranteed conversion if you leave an organization or if the plan is cancelled. Check this carefully. There are no guarantees as to what the definition of total disability will be and contractual benefits and premium rates can change.)

5. Waiver of premium waiting period only three months.
6. Liberal definition of total disability.
7. Choice of plans for maximum protection.
8. Benefits available up to \$8,000 per month.
9. Non smoker discounts.
10. Cost of living rider option.
11. Zero day qualification period for residual benefits.

In addition to disability income plans policies are offered for:

1. Professional overhead expenses if the specialist becomes totally disabled.
2. Accidental Death and Dismemberment.
3. Term and Permanent Life Insurance.
4. Employee Plans for Participant's Employees.

The features of these policies should also be checked against your present coverage.

By the time you receive this **Newsletter** you should have received a packet from Treloar and Heisel with updated information on their coverage. Please check it carefully.

And, please make a note on your calendar to bring your policies to Nashville and compare!!

STATEMENT OF PPO'S ADOPTED BY EXECUTIVE COUNCIL

The statement on PPO's which was published in the last issue of the **Newsletter**, Vol. 12, No. 1, Spring 84, was adopted by the Executive Council as the College statement on PPO's. A concluding paragraph was added which follows:

"The prosthodontist's obligation to provide a standard of care remains the same regardless of the contractual restrictions that may be imposed by a PPO."

LIAISON WITH FPO PROPOSED

Among the items to be considered by the membership in Nashville, is a proposal that the First Alternate Delegate to the FPO (the College elects two), will also act as liaison with the FPO.

It was stated that this is necessary so that the College delegation to the FPO will have continuity and background when decisions must be made by the College delegation relative to FPO resolutions.

To this end, the First Alternate Delegate would be elected to a three-year term.

The matter will be the subject of a Bylaw and/or Policy change to be voted upon by the membership in Nashville.

ANSI/ADA, ISO and The ACP

What is ANSI

The American National Standards Institute (ANSI) is a voluntary federation of standards-developing and standards-using organizations that manages and coordinates the voluntary development of national standards in the United States and establishes standards as American National Standards.

More than 11,000 American National Standards now exist to serve the needs of industry, government, consumers, labor, and the general public. They can be used with the confidence that the ratings, dimensions, terminology, test methods, and other criteria they contain are recognized by affected interests not only in a particular industry but throughout all parts of the economy.

What is ISO

The International Organization for Standardization (ISO), the worldwide specialized organization for standardization, is the largest of the many international voluntary groups for industrial and technical cooperation. ISO brings together the interests of standards producers and standards users in the preparation of International Standards. Its work covers virtually every area of technology. The major exception is electrotechnical questions, which are the responsibility of ISO's affiliated sister organization, the International Electrotechnical Commission (IEC).

ISO is a nongovernmental organization, and its standards have no legal force. However, more than half of its members—the official standards bodies of 88 countries (as of November 1980)—are governmental agencies or

bodies incorporated by public law.

ISO (as of the same date) has some 160 technical committees and more than 1900 subcommittees and working groups. It has established approximately 4,000 International Standards, nearly half of them published or revised since 1976. These figures continue to change due to the increasing activity of ISO.

ANSI provides the management leadership, coordination, and financial and administrative support for effective participation in international standardization. It pays the total dues to ISO and IEC; helps govern ISO through membership on that organizations' Council, Executive Committee, and Planning Committee; and, as secretary, directs the work of many ISO technical committees and subcommittees whose work is important to U.S. interests. It also represents U.S. interests in the Pacific Area Standards Congress (PASC), an organization that does not develop standards but works to strengthen both ISO and IEC through effective participation.

What Role Does the A.D.A. Play

The American Dental Association is given the responsibility of developing ANSI specifications through the council on Dental Materials, Instruments and Equipment. The working body is known as American National Standards Committee MD156 (Medical-Dental). About 60 organizations and affiliations have representatives on this committee. Dr. Kenneth D. Rudd represents the American College of Prosthodontists. The MD156 Committee is further divided into smaller groups called subcommittees. These groups have a chairman, secretary, and anywhere from four to 15 members and actually write the specifications which then must be approved by all other groups. An example of the name of a subcommittee is "ANSI MD156 Subcommittee on Specifications #14, Base Metal Alloys".

Specifications are reviewed every five years and are either continued as is, or updated.

When a specification is finally approved by the Council on Dental Materials, Instruments and Equipment and ANSI it becomes the official ANSI/ADA Specification.

Every effort is made by ANSI and ISO to make their specifications concerning identical products as similar as possible if not identical.

History of ACP Representation.

In 1980, our president, Dr. Gerry DiPietro, petitioned ANSI for College representation on the MD156 Commit-

tee. Towards the end of his term, approval for representation was received. During the term of Dr. Dean Johnson the ACP Executive Council appointed Ken Rudd to be the ACP representative.

Ken Rudd has been serving as a member of the MD156 Subcommittee on Gypsum Products since 1970 and as chairman of the MD156 Subcommittee for Aqueous Impression Materials since 1978. He seemed like the logical choice to be the A.C.P. representative since he was already involved and in addition, would represent the A.C.P. without cost to the College.

In 1981, ANSI appointed him to serve as the USA member of the ISO Committee on Alginate Impression Materials. He represented ANSI/ADA at the November, 1983, ISO meeting in Japan at his own expense.

Conclusion

If you have any complaints, or suggestions, concerning any dental Material Instruments and Equipment (not therapeutic agents) contact the ADA or Ken Rudd at (512) 691-6614. When you have a complaint, be sure to save the material you are questioning, and if possible, the manufacturers' instructions for use, because usually the testing agency will want to test some of the material.

There is a definite need to see if products meet the current specifications and to determine if the specifications need to be revised. Any help you can give will be greatly appreciated.

BAXTER URGES ATTENDEES TAKE SELF-ASSESSMENT EXAMINATION

The fifth annual self-assessment examination, composed of 25 facsimile questions from previous American Board of Prosthodontics examinations has been prepared and will be distributed to attendees at the Annual Official Session of the College in Nashville, according to Dr. J. Crystal Baxter, Chairman of the Education and Advancement Committee.

Answers to the questions will be published in the next **Newsletter**. The examination helps the participant to determine where to place his or her continuing education efforts to keep pace with the rapidly expanding field of knowledge in the prosthodontic specialty.

If you haven't taken it before, Try It, You'll Like It.



H. M. Landesman, D.D.S., M.Ed.*
Niles F. Guichet, D.D.S.**

A survey of 300 persons in southern California determined that only 3% knew what a prosthodontist was. Suggestions for remedying this situation are presented.

We as Prosthodontists know that Prosthodontics is one of the newer specialties, and there is concern about its future.

William Laney, Past President of the Federation of Prosthodontic Organizations recently stated, "As you know, there currently is an ADA Advisory Committee reviewing the matter of specialty designation; possibilities for combining existing specialties, incorporating new growing interests, and curtailing growth of specialty practice generally. Obviously, the recent Task Force on Advanced Dental Education has had some influence on this as well as the abundance of manpower which has evolved from capitation programs. Increasing numbers of well-subscribed general practice residencies have spawned a new era of "super" generalists all staking claim to a broad-based catch-all clinical area known as restorative dentistry. The ADA Commission on Accreditation gives general dentistry status equivalent to the special areas in program accreditation and review. In response to a 1981 House resolution, the AADS Executive Committee began identifying non-specialty postdoctoral dental education programs as a **first step** towards developing educational guidelines for certain non-specialty programs. Among these are general dentistry and operative dentistry. In increasing competition with restorative dentistry for recognition, whether we want to acknowledge it or not, prosthodontics could soon become involved in a struggle to maintain its very existence."¹

One of the problems is that most people and even many dentists do not really understand what a prosthodon-

tist does. For example, if you attend a cocktail party and someone asks a dentist in one of the other specialties what he or she does, the response will be, "I'm an Oral Surgeon," "I'm an Orthodontist," or "I'm an Endodontist." The public has general awareness of these specialties. However, a prosthodontist hesitates to say, "I'm a Prosthodontist" because immediately the public says, a prosthodontist? What does that mean?

In an effort to ascertain the actual public awareness of prosthodontists, we decided to ask a limited number of the lay-population a specific question. A sampling was taken from 300 people in the Southern California area. We realize that this is by no means a representative sample of public thought throughout the country; it might, however, be an indication of the lay public's understanding of what a prosthodontist is.

A simple questionnaire was written and given to people on a one to one basis. In no way were the people told that dentists were involved in the study. The people were only asked to answer the question in as few words as possible and return the questionnaire immediately. The question asked of all 300 people was, "In as few words as possible, define the following:"

- Orthodontist
- Ventriloquist
- Geologist
- Prosthodontist
- Scatologist
- Denturist

It should become obvious from this questionnaire that we did not want the participants to think of this as some sort of dental survey even though our prime

motive was to see if the lay public knew what a Prosthodontist is.

In consulting our desk dictionary, we found the following definitions for the 6 specialists listed on the questionnaire. In no way did we expect the respondents to give Webster definitions. Our only requirement was that the answer had some resemblance to the definition. Webster's Dictionary contained the following definitions for the above mentioned words:

Orthodontist - A specialist in Dentistry who deals with the irregularities of the teeth and their correction.

Ventriloquist - A person who can produce a voice in such a manner that the sound appears to come from a source other than the vocal organs of the speaker.

Geologist - A specialist who deals with the history of the earth and its life as recorded in rocks.

Prosthodontist - A specialist in dentistry concerned with the making of artificial replacements of missing parts of the mouth and jaws.

Scatologist - A specialist who studies fecal matter.

Denturist - A name given to dental laboratory technicians who fabricate dentures for the edentulous population.

There are two side-notes to the above mentioned definitions:

1. The word Prosthodontist could not be found in our desk dictionary. Webster's New Ideal Dictionary, even though it is supposed to satisfy general daily reading and writing needs, does not have the word prosthodontist in it. A larger library edition was used; the word "Prosthodontist" was contained within.

2. The word denturist could not be found in any dictionary and is believed to be a name "coined" by the dental profession.

Of the 300 questionnaires given to people, 3 could not be interpreted and, in fact, did not bear any resemblance to the English language. Of 297 responses, the following results were obtained:

Orthodontist - 274 or 92% of the population sampled knew what an orthodontist was.

Ventriloquist - 281 or 95% of the population knew what a ventriloquist was.

Geologist - 268 or 90% of the population sampled knew what a geologist was.

Prosthodontist - 13 or 4% of the population sampled knew what a prosthodontist was.

Scatologist - 8 or 3% of the population knew what a scatologist was.

Denturist - 8 or 3% of the population sampled knew what a denturist was.

Obviously, on the basis of the 297 responses, the words prosthodontist, scatologist and denturist are not understood by the general population with 3-4% responding with any degree of knowledge of their meaning.

In reviewing the questionnaire on some of the responses relative to the word prosthodontist, of the 286 people who had no idea of the meaning of the word, 7 of those thought it had something to do with prostitution.

This exemplifies how little is known about the specialty of prosthodontics. Patients with prosthodontic problems go to a general dentist not realizing in fact that their problem is one best handled by a prosthodontist.

In our opinion, the reason that young talented dentists do not go into the specialty of prosthodontics is because they are led to believe that they can perform with competence all the things a prosthodontist does by being a general practitioner.

If one examines the curriculum of dental schools around the country it becomes rather obvious why the specialties of orthodontics, oral surgery and endodontics are so popular. Very little curriculum time is spent at the undergraduate level on these subjects. Therefore, since the general dentist has not been trained to the degree that they would be in other areas of dentistry, the dentist quickly refers to the specialist in these areas. Accordingly, supply and demand relationships exist in the specialties of orthodontics, oral surgery and endodontics that enable these specialists to obtain a better annual income and, in fact, is an incentive for the new graduate to seek train-

ing in these specialties. However, when a patient requires the work of a prosthodontist, many dentists attempt to perform these procedures in their own offices and do not refer to a specialist.

Part of this is because of a lack of understanding of what the specialty training includes. Many general dentists do not recognize the problems and consequently do not refer the more difficult patients which are beyond their skills to the prosthodontist. Also, many general dentists still think a prosthodontist only fabricates complete dentures. And here's the latest definition of a prosthodontist from the American Dental Association: Consumers Guide to Dental Health - 1982. "Prosthodontists specialize in treatment for individuals who require partial or complete dentures. Your dentist or prosthodontist needs to check your mouth and your dentures at least once a year. Dentures that fit poorly can harm your mouth. As your mouth changes, adjustments will be needed for loose or uncomfortable dentures. If your mouth changes a great deal, new dentures must be designed."

There is no reason why the prosthodontist should not command the respect of patients, and the prosthodontist should receive an income as great as other specialties. Unfortunately, because of the poor marketing of their skills the average prosthodontist has not developed the earning power of the average specialist in any of the other areas, yet it takes just as much training to become a qualified prosthodontist as it does to practice the other specialties and the same, if not greater number of people who require prosthodontic care but are not getting it because they have an unformulated need. The medical profession, the public, as well as many general dentists do not really understand areas of treatment of the prosthodontists or even know they exist. So their patients exist with inadequate or no care at all.

The specialty of prosthodontics, young as it may be, has not grown at the same rate as the other specialties. Figures from the American Dental Association's Bureau of Statistics and Economic Research indicate that in 1974 there were 624 prosthodontists and in 1979, 745 prosthodontists. If one compares these numbers with the other major specialties it is immediately obvious that there has been a 19% increase in the number of prosthodontists in a 5 year period compared to a 94% increase in the number of periodontists, a 62% increase in the number of endodontists, a 55% increase in the

number of pedodontists, a 36% increase in the number of orthodontists, and a 33% increase in the number of oral surgeons.²

We might mention that the ADA Bureau of Statistics defines a specialist as a Dentist who has completed 2 or more years of advanced education at an accredited dental program, a diplomate of the American Boards, or a dentist who possesses a license that permits announcement issued by state boards of dental examiners. In all cases, the American Dental Association must receive formal notification of a dentist's eligibility either from the accredited program or from the individual dentist. If, from these statistics, the number of Prosthodontists seem rather small to you, as it did to us, it is probably because the prosthodontist often does not wish to list himself as a specialist with the ADA even though he has the training, and prefers to put up a "shingle" as a general dentist.

The next obvious question is, What can we do as prosthodontists to establish our identity and to enhance our image with the general public? First, we must convince the public of our ability to take care of them and convince them that they need our care. Convincing the public not only means informing the "lay population" of our abilities, but an active campaign should be launched to inform other specialties in medicine and dentistry of who we are and what we can do.

The most logical method of informing people of a particular service available to them is by the use of an institutional marketing campaign. Dr. William Allen, Past President of the California Dental Association recently said, "When the Supreme Court ruled that professionals could advertise most of us were appalled. It was, and it still is difficult to adjust because we believed and most of us still believe that advertising is a degrading procedure which denotes unprofessional conduct. Despite our misgivings, the legal pressure to advertise did present us with a new challenge - and a new resource that we might use... Perhaps that is why the House of Delegates of the California Dental Association was willing to accept the Integrated Communications Program. Make no mistake about it - this is an advertising program, with the emphasis not on dental health, but on **marketing**. Yes, there will be educational benefits for the patient, and yes it will be on "motivating potential patients to seek dental care."³

The dental profession has done virtually nothing to sell itself to the public. We've depended on toothpaste com-

mercials to sell Dentistry.

Now, for the first time, State Dental Associations are raising dues for the sole purpose of using the extra money to market dentistry. The specialties of orthodontics and oral surgery are now contributing a certain amount of money each year to market their specialties.

Should prosthodontists begin to market the specialty of prosthodontics? Has the time come for us as a specialty group to develop a highly ethical and professional marketing and public education program to let others know who we are and what we can do? We say absolutely yes!

Why shouldn't we let others know that the geriatric patient, who we might mention is about to become the largest single segment of society, probably comprises the greatest number of patients we treat as prosthodontists?

It's rather interesting to note that more and more attention seems to be given to this segment of our society, especially now when the lack of patients seems to be uppermost in the minds of dentists. As Prosthodontists you might be interested to note that approximately 21% of the population of the United States wears some type of dental prosthesis, either fixed or removable. As might be expected, most patients under 30 years of age do not wear any type of dental prosthesis (98%). As age increases, partial and complete denture wearers are more prevalent, with almost 40% of those persons between 50-59 having either a partial or complete denture, and 50% of those over 60 having either a partial or complete denture. Fixed dentures are most often worn by persons between 40-59 years of age.⁴

Recently, the National Institute of Aging showed that the majority of patients in the 65-74 age group still had 55% of their natural teeth remaining, and the majority of patients over 74 years of age have 40% of their natural teeth remaining.

Why shouldn't we, as prosthodontists, market ourselves as the specialty group most capable of treating this segment of our society?

Many educators now feel that the problems of totally reconstructing a broken-down mouth are so complex that they do not have sufficient time at the undergraduate level to train students how to perform complete mouth rehabilitation. They feel that they can merely teach them how to replace a single missing tooth, or to make a three-unit fixed prosthesis. On the other hand, a trained prosthodontist can take a mouth which has many missing teeth, extensive breakdown of

supporting bone, extensive drifting teeth, impaired cosmetics plus dysfunctions of the temporomandibular joint and in the muscles that move the mandible, and reconstruct this mouth to a functioning unit which restores the patient's appearance and self image.

The prosthodontist is also especially skillful in the handling of dental procedures so as to fabricate cosmetic restorations which can be undetectable even under extenuating circumstances.

Why shouldn't the public be aware that the maxillofacial prosthodontist is a specialist who develops artificial devices to replace missing portions of the head and neck (ears, nose, jaw, etc.) which are lost to cancer, accidents, or extensive surgery? They also develop prosthetic devices to treat birth defects such as cleft palates.

And finally, why shouldn't the public be made aware that prosthodontists are trained not only to treat the patient mechanically and esthetically, but also psychologically when the patient has a dental defect to which the prognosis is limited and to which the patient must accommodate? Fortunately, as prosthodontists, we have been trained to understand people and can, in fact, not only perform the mechanical aspects, but are able to help a patient psychologically.

Last, let it be understood that when we refer to an institutional marketing or public education campaign to upgrade the specialty, we are not referring to revolving neon signs atop office buildings or four by five inch photographs of prosthodontists in the yellow pages. On the contrary, we are referring to the type of campaign that makes the public aware of who we are and our concern with their care.

It is time to face reality. Institutional marketing is here. The California Dental Association has voted to implement a 5 year, \$6 million dollar marketing program to promote **general dentistry**. Dr. Burt Press, Past President of the American Dental Association has made it very clear that he is proud to endorse the American Dental Association's marketing proposals.

In summary, we realize that the dental profession and the public's recognition of other specialists, such as orthodontists and oral surgeons, has not been as a result of a mass media marketing campaign. It has resulted because of the professions commitments to the necessity of such specialties and the public has responded appropriately.

The lack of awareness by both the

public and the profession of the specialty of prosthodontics is our failure to establish within our own academic environment the criteria upon which the specialty is based. A marketing program as we have suggested is but one step in an effort to give the specialty the recognition it deserves.

It is our sincere hope that all of us will want to do something, individually or collectively, and join in promoting what we believe is the greatest specialty in dentistry.

REFERENCES

1. Laney, W.R., Written communication to the American College of Prosthodontists, 1982.
2. Distribution of dentists in the United States by state, region, district and county, American Dental Association, Bureau of Economic and Behavioral Research, Chicago, 1979.
3. Allen, W., Is there a future in your practice, Journal of the California Dental Association, Sept. 1981.
4. Prosthodontic Care: Number and types of denture wearers, 1975. American Dental Association, Bureau of Economic Research and Statistics, Chicago, 1976.

Presented to the American College of Prosthodontists, St. Louis, Missouri, The Pacific Coast Society of Prosthodontists, Alberta, Canada and the Academy of Denture Prosthetics, Coronado, California.

*Professor & Chairman, Dept. of Restorative Dentistry

**Special Guest Lecturer, Dept. of Restorative Dentistry

University of Southern California
School of Dentistry Los Angeles,
California

CLASSIFIED

Notice: The Prosthodontic Research Section of the International Association for Dental Research (IADR) is announcing the novice prosthodontic research award. Participants are eligible for a \$1,000 winner's award. This competition is sponsored by the Coors Biomedical Company of Lakewood, Colorado. The deadline for submission is October 15, 1984. Further information is available from Dr. A. Albert Yurkstas, Tufts University School of Dental Medicine, 1 Kneeland Street, Boston, MA 02111.

Announcement: The Academy of Dental Materials will sponsor an International Conference on Oral Metallic Interaction at Callaway Gardens, Pine Mountain, GA on October 18-20, 1984. Individuals interested in attending should contact Dr. Lawrence Gettleman, Gulf South Research Institute, P.O. Box 26518, New Orleans, LA 70186-6518, Telephone (504) 283-4223 (M.W.F.).

NEWSLETTER
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In ordering 1/10 DRGP (Plate) Jewelry, Blazer Patches and Wall Plaques, please enclose check to cover costs, which includes mailing, payable to the American College of Prosthodontists.

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