



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS
DEDICATED TO SERVING THE PUBLIC

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FEBRUARY 1986

REFLECTIONS FROM SEATTLE

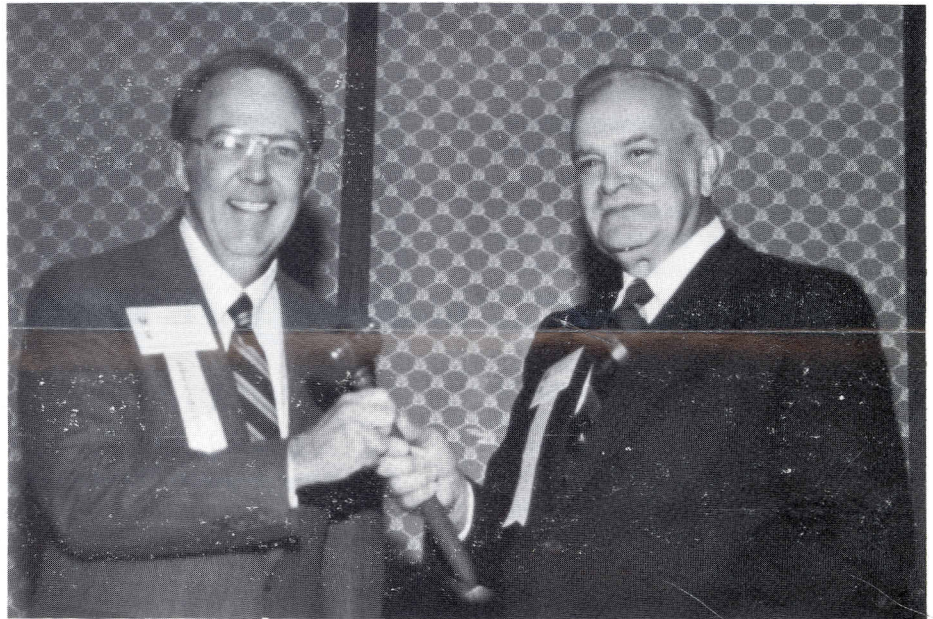
Many things about the American College of Prosthodontists are impressive. Three are especially noteworthy. First, is the ambition of the volunteers who carry out the business of the College. Second, is the enthusiasm of the members who participate in all College functions. And third, is the never ending desire of all to find ways to strengthen the specialty of of prosthodontics. These three characteristics of our College came together in Seattle to produce what probably was the most successful prosthodontic meeting in the history of the dental profession.

Too many people have worked too long to say this great meeting was due to the work of one or two or a few. It was due to the good values of the College which have been with it since its inception—openness, honesty, frankness, good communication, using and adhering to established bylaws and policies, and above all the absence of exclusiveness with the open door the College has always used to welcome new members.

A letter received following the meeting says it all. "I would like to express my sincere appreciation for the hospitality and personal attention provided me during the Executive Council Meeting of the American College of Prosthodontists. This friendly and professional attitude extended into the annual session and allowed me to take advantage of all the meeting had to offer. Excluding my prosthodontic residency, attending this annual session was the single most worthwhile investment I have made since completing my dental school education."

I pledge that I will use every ounce of my energy during this next year to preserve and protect these values. I want you the individual member to know that

PRESIDENT'S MESSAGE



The authority passes on but the continuity of College leadership remains firm. President Wilkie accepts the symbol of authority from outgoing President Sprull.

you can help me by calling my home (301-251-6282) or the Central Office (512-340-3664) any time you have any concern.

Don't worry about overworking the President. He serves a great College which does the work.

ASKING THE HARD QUESTIONS

Once again the American College of Prosthodontists had to address issues concerning the Federation of Prosthodontic Organizations at the annual session. This is as it should be for we are an organizational member of the FPO, and members should be interested in and concerned with their organization.

The particular issue this time was the financial status of the FPO. The FPO ended 1985 in deficit. They have a

deficit budget for 1986. As stopgap measures, our College and other member organizations will pay an increase in dues of \$400.00 next year, and each member organization has been assessed \$10.00 per member on a one time basis. If you are a member of more than one organization you will be asked to make up for this \$10.00 in each. Even these added revenues may not eliminate the FPO's deficit.

Why has this happened?

The FPO has historically had to accept tasks which were not included in any long range aim or goal. At times it has assumed responsibilities which might have been better delegated to one of its member organizations.

It has been reactive rather than directive.

Approximately 40% of its individual

members have elected to withhold their support of the FPO by not paying dues.

It has been lenient in interpretation of its bylaws in regard to individual members who don't pay dues.

It has no budget committee.

The budget includes line items which are historically included but which may not be justified in a deficit budget.

A concerning, supporting member would have to ask:

Why hasn't the FPO addressed the nonpayment of dues by 40% of the individual members? This is a matter between the FPO and the individual member, especially if that same individual member is paying dues to his or her member organization. What is the FPO doing that the individual member won't support? 40% of the individual members are telling the organization that they disagree with what the organization is doing.

Why does the FPO continue to spend \$6,000 a year (plus other data processing costs) to publish a directory? Is it used? Is it worth this expense? Can individual members and organizations retrieve the same information in other ways?

Why has the FPO budgeted upwards of \$32,000 a year for travel expense? At the time the budget was presented a request was made to break this figure down into specifics. A response did not provide the answers.

Why is a \$13,200 a year Newsletter essential? Is it put out for bids? Would a few plainly printed pages suffice?

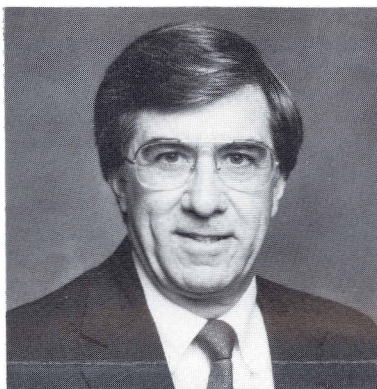
The American College of Prosthodontists is a strong supportive member of the FPO. We have paid the one-time assessment of \$10.00 per individual member. We have paid the increased organizational membership dues. We played a large part in the decisions that brought about this assessment and this dues increase. We must understand however that these obligations came after our budget was finalized; they were unplanned; and they will deplete our College budget's positive balance by approximately \$12,000.00 this fiscal year.

In the future we should not alter our own good financial planning in this way. Each voting member of our College should have a voice in future assessments of this nature. A College policy which states that the membership will be asked to approve payment of any outside assessment by written vote has been proposed. I support this proposal and will vote yes for the new

policy when my ballot arrives.

Where do we go from here? The financial problems of the FPO are not solved. Raising dues and penalizing organizations whose members don't pay won't solve them. Asking the hard questions is easy. Finding the answers isn't. Rest assured the American College of Prosthodontists will be an active participant in solving the problems. In doing so, hard questions will be asked, but as a member organization we will ask no more of the FPO than our own members ask of the American College of Prosthodontists. That seems a fair place to start. Lets get started.

—Noel D. Wilkie
President



FROM THE SECRETARY

One of the pleasant initial duties of the Secretary is to send letters of congratulations to new Affiliates, Associates, Fellows and Life Fellows. The College continues to grow in stature as well as the number on its membership rolls. From the original group of 11 founders in 1970 we now have 1670 members to include 78 Life Fellows, 1 Life Associate, 526 Fellows, 874 Associates and 191 Affiliates. Growth is a positive sign that the College is in a healthy state and truly represents the specialty of prosthodontics.

The 1985 Annual Session in Seattle is now past, but certainly not forgotten for it was an unqualified success. Congratulations are in order for the many individuals who worked so hard and contributed so much of their time and talents, but special attention should be extended to Ken Turner, Annual Sessions Chairman, and Jim Brudvik, Local Arrangements Committee Chairman.

The Emerald City proved to be a perfect meeting site that offered luxurious accommodations and comfortable meeting facilities at the Westin

Hotel. All that Dr. Brudvik had promised in previous editions of the Newsletter came to fruition as the attendees enjoyed the beautiful scenery, temperate weather, market place activities, epicurean delights and receptive hospitality.

Dr. Turner's scientific session program was exceptional in terms of quality content and variety of subject matter. A significant part of this program was the inclusion of the International College of Prosthodontists program on Saturday. Although scheduled on the last day of the meeting, the renowned essayists spoke before a capacity crowd befitting the inaugural meeting of this organization. The membership was very receptive to the 22 table clinics and 20 commercial exhibits. The Private Practice Seminar was attended by 125 members and the Peer Review Workshop (a new program addition) was well received. Thirty-six members representing 8 Sections attended the Sections meeting. Other Friday afternoon meetings that included the Affiliate/Associate Seminar and the Educator/Mentors Seminars had excellent programs and were well attended.

Another significant milestone was the realization of the ACP Education Foundation. As extracted from the approved By-Laws, the Foundation is a non-profit corporation organized for the purpose of educating the general public with regard to prosthodontic care, prevention and correction of prosthodontic problems with a view towards improving dental health and

NEWSLETTER The American College of Prosthodontists

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prosthodontic care to the general public through dissemination of information and educational activities.

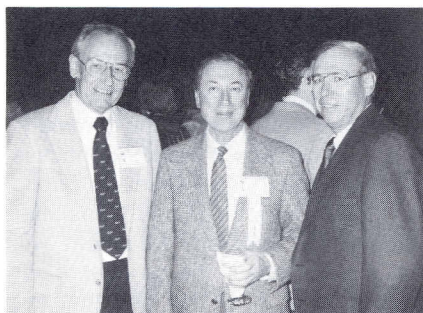
The distinction must be made that the College is considered a Section 501(c)(6) tax exempt organization (business league) whereas the Education Foundation is incorporated as a 501(c)(3) educational tax exempt organization that qualifies for the charitable contribution deduction under the Internal Revenue Code. With prudent expenditure of funds (to protect the tax status) the Foundation should be an effective vehicle to accomplish many of the objectives and goals of the College, elevate the status of prosthodontics and serve the health needs of the public.

The Education Foundation was incorporated under the laws of the Commonwealth of Pennsylvania on July 25, 1985. At the first meeting, the Board of Directors elected the following slate of Officers:

Dr. Robert C. Sproull, President
Dr. Cosmo V. De Steno, Vice President
Dr. James A. Fowler, Jr., Secretary
Dr. John B. Holmes, Treasurer

Donations to finance the activities of the Foundation are tax deductible. Your support of this foundation is essential and I solicit every member to make a contribution to the ACP-Education Foundation.

—James A. Fowler, Jr. Secretary



From left - President of the FPO John Rhoads, Past-President of the ACP Alex Koper and Immediate Past-President of the FPO Glen McGivney confer at the Seattle meeting.

FPO PRESIDENT'S REPORT

I want to thank this College for its confidence in nominating me to be an officer in the Federation of Prosthodontic organizations, and for its continuing support during the forthcoming year. I feel a strong fraternal bond with the College and each of its members.

Our College plays a vital, indispensable role as the nucleus about which the entire discipline orbits. It is probably the most influential of all of the ele-

ments of the Federation and the pool from which nearly all FPO officers have come in the past and will continue to come in the future. Immediate Past-President Glen McGivney, your President, President-Elect Kenneth Rudd, and Vice-President Alex Koper, all are either Charter Fellows or Founders of the College. Two are College Past-Presidents.

The College plays an indispensable role in the Federation through its direct nominations, and through indirect input from the positions occupied by College members on FPO Committees. There must be harmony and mutual respect between the two organizations. Some matters at the ADA level are best attended by the Federation. A host of others may best be approached by the College. Coordination of effort between the two organizations is absolutely vital for the future of Prosthodontics. The *Review of the Specialty and Accreditation Standards for Dental Education* are only two glaring examples of the attitude prevailing at administrative levels of both the ADA and AADS. The latter has preconceived plans for the Future of Dentistry which do not appear to include Prosthodontics.

The compilation of the document for the defense of our speciality is on schedule and will leave no stone unturned to present the most complete, authoritative defense possible. Our report will set the standard by which all others will be judged. It will be a thorough, complete, and true reflection of the Prosthodontic Specialty, what it has contributed, and what can be expected of it. **However**, knowing the makeup of the evaluation committee and the attitudes present therein, we do not have assurance that Prosthodontics will receive favorable consideration. It is possible that after December 1986 there may no longer be a recognized Specialty of Prosthodontics. Inconceivable as it may seem to us who are so intimately involved and proud, such action is within the range of possibility. We may have a better indication of our possible fate by observing the experience of the Specialty of Public Health Dentistry which immediately precedes **our** review.

Prosthodontists know the role we play in the provision of dental care in this country. **However**, much of Dentistry either does not realize it or is unwilling to admit it. Jealousy, "Turf-Protection", economic infighting, political propensity, or a combination

of pressures are present to attempt our elimination as a recognized specialty. This is where our attention must be directed and where complete interdependence of our College and our Federation must prevail. We must not appear to be internally fragmented to adversaries. We're in it together and we have a job to do.

I want to thank this College for its support and guidance relative to the finances of the FPO during the House of Delegates meeting in Chicago last month. I want especially to compliment President Sproull for the masterful manner in which a compromise and consensus were developed. It became evident in Reference Committee that Delegates from the 20 member organizations had not come prepared to address the financial needs of the Federation. The College delegation played a decisive role in developing a compromise which was acceptable to a viable majority. A final solution was not achieved in spite of all efforts, but at least a "Band-Aid" was temporarily applied to the financial hemorrhage. Final resolution must again be deferred until next September, but I must express my appreciation for the achievements which **were** made.

We are under constant surveillance by Councils and Committees of both ADA and AADS. Our internal problems, financial and otherwise, are viewed as internal fragmentation and our respect and effectiveness diminishes. We **must** present a strong united front.

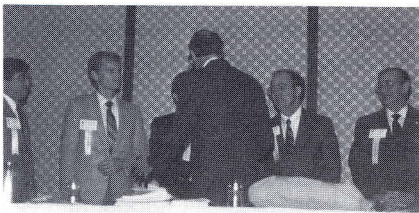
The FPO must remain alert to any issue which affects Prosthodontics. When any Council or Committee meets we must have a knowledgeable representative present to give our position. We must respond to the future reviews of other specialties for comment in areas of overlap or factors which affect us. Above all, we must have mutual guidance, support, and confidence.

—John E. Rhoads
President, F.P.O.

NEW OFFICERS INSTALLED FOR 1986 IN SEATTLE

Election of the officers of the College for 1985-1986 was held at the annual business meeting of the College in Seattle, conducted by President Robert Sproull.

Following is the new slate of officers.
President -
Dr. Noel D. Wilkie
President-Elect -
Dr. Cosmo V. DeSteno



Some of the newly elected officers accept congratulations from Past President Jack Preston. From left to right that can be identified: James Fowler, Secretary; David Eggleston, Executive Councilor; Noel Wilkie, President; Bill Kuebker, Vice-President.

Vice-President -

Dr. William A. Kuebker

Secretary -

Dr. James A. Fowler, Jr.

Treasurer -

Dr. John B. Holmes

First Past President -

Dr. Robert C. Sproull

Second Past President -

Dr. Jack D. Preston

Executive Councilors

Dr. Ronald D. Woody - 1 year

Dr. Stephen F. Bergen - 2 years

Dr. David W. Eggleston - 3 years

Newsletter Editor -

Dr. Kenneth L. Stewart

Delegates to the FPO

Dr. Noel D. Wilkie

Dr. Cosmo V. DeSteno

Dr. James A. Fowler, Jr.

Alternate FPO Delegates

Dr. Don G. Garver

Dr. J. Crystal Baxter

PATRICK W. SEELY WINS 9th ANNUAL JOHN J. SHARRY RESEARCH AWARD



Patrick W. Seely accepts the congratulations of President Sproull on winning the John J. Sharry Research Competition.

Dr. Patrick W. Seely of the University of Texas at San Antonio was named first place winner of the John J. Sharry Research Competition by the College members in attendance at the scientific session in Seattle. Dr. Seely reported his research finding on "An investigation of shear bond strength of various

resin bonded metal retainer designs for removable partial dentures."

Second place in the research contest was awarded to Dr. George L. Nance, Virginia Commonwealth University, reporting on "A study of forces necessary to dislodge pin retained amalgam crowns compared to a non-pin retained technique."

Dr. Itsuki Murakami, New York University, won the third place award reporting on "Relationship of surface area and design parameters to the bond strength of etched cast restorations: an in vitro study."



The finalists in the John J. Sharry Research Competition, 3rd place winner Itsuki Murakami; 1st place winner Patrick Seely; 2nd place winner George Nance.

Preliminary competition for the 10th Annual Research Competition, the finals of which will be held in Williamsburg, is already underway. See the announcement in this **Newsletter** for complete details.

NEW FELLOWS WELCOMED IN SEATTLE

The new class of Fellows were welcomed to their new status in the College at the annual meeting in Seattle. The nineteen Fellows were formally elevated from Associate membership to Fellowship at the business meeting luncheon. Each successful candidate was recognized individually by President Sproull and presented with a certificate recognizing their noteworthy accomplishment.

Of the twenty-one successful Board candidates nineteen were College members. The remaining two have since applied for and been granted membership and Fellow status. The College continues to grow and strengthen its position as representing the specialty of Prosthodontics. The New Fellows are:

John R. Abel

Steven A. Aquilino

S. Robert Davidoff

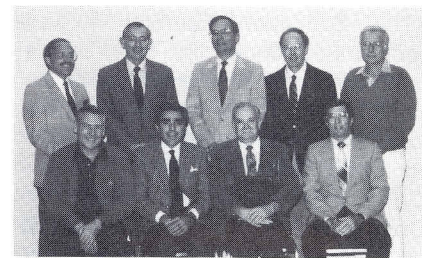
Jose R. Davila-Orama

James DeBoer

William F. Dodson

Robert L. Duell
John W. Guinn, III
Farbol Hakini
William G. Kaylake
Lloyd S. Landa
Nelson D. Lasiter
James M. Leary
John W. McCartney
Paul J. Michaelson
Kenneth H. Miller
Robert L. Simon
William D. Sulik
Lloyd Vakay
Richard D. Vaught
Charles W. Wilcox

EDUCATION FOUNDATION FOR ACP FORMED



Board of Directors of the Education Foundation. Bottom row, left to right: John Holmes, Cosmo DeSteno, Bob Sproull, James Fowler. Back row: Tom Balshi, Bill Kuebker, Ronald Woody, Noel Wilkie, Lawrence Churgin.

An Education Foundation of the American College of Prosthodontists has been formed by action of the Executive Council of the College.

The purpose of the Foundation will be to educate the public and other health professionals to the contributions and value of prosthodontics to the health and well-being of the community and its citizens. If prosthodontics is to continue as a viable specialty, public recognition must be gained. Consumer demand for specialty treatment will play a major role in the survival of our profession. It is to this end that the Foundation will work.

Funding for the activities of the Foundation will be obtained principally through donations. Contributions will be sought from prosthodontists as well

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

as corporate and philanthropic sources.

The Education Foundation has been incorporated under the laws of the Commonwealth of Pennsylvania. The incorporation took place on July 25, 1985. The ACP is a 501c(6) tax exempt organization whereas the Education Foundation is incorporated as a 501c(3), Educational, tax exempt organization which has strict criteria to retain the c(3) status.



Dr. Tom Balshi, center, gratefully accepts a generous donation to the Education Foundation from Dr. Carl Schuller (right) as Dr. Bill Preister looks on.

The Board of Directors are shown in the accompanying photograph.

The initial slate of officers are: President - Robert C. Sproull; Vice-President - Noel D. Wilkie; Secretary - William A. Kuebker; and Treasurer - John B. Holmes.

KROGH AWARD PRESENTED TO

JOHN F. BURTON, JR., D.D.S.

John F. Burton, Jr., D.D.S., Director of the Dental Education Center, Veterans Administration Medical Center, received the American Cancer Society, District of Columbia Division's Harold W. Krogh Award. The award was presented November 14 at the Division's semi-annual meeting of the Board of Trustees, Fort Lesley J. McNair Officers Club.

The Krogh Award is presented annually to a member of the dental profession in the Washington, D.C. metropolitan area who has made outstanding contributions to the control of oral cancer. The award is named in memory of the late Dr. Krogh, an international authority on oral cancer who devoted his career to alerting dentists and physicians to the importance of early detection.

In addition to his work at the Veterans Administration Medical Center, Dr. Burton is a Clinical Associate Professor in the Department of Prosthodontics of Howard University College of Medicine and a Clinical Assistant Professor at Georgetown University School of Dentistry.

Dr. Burton is an active volunteer with the Society's Professional Education Committee. In 1984, he and his staff, whose support he enlisted, were instrumental in developing the Society's brochure, video-tape and 16mm film outlining a simple six-step method of oral self-examination. The program developed was part of the Society's effort to lower the high oral cancer incidence rates in Washington, D.C. The materials have since been used by many dental and medical professionals as a teaching tool and by the general public to help detect oral cancer, at an early stage when it is most easily cured.

Dr. Burton is a member of numerous medical organizations including the American Dental Association, American Prosthodontic Society, National Association of Veterans Administration Dentists and American Association of Dental Schools. He is also a fellow of the American College of Prosthodontists, and a member of its National Capital Area Section.

Report Of The Editor Of THE JOURNAL OF PROSTHETIC DENTISTRY

Nineteen Eightyfive marked the thirty-fourth anniversary of the Journal of Prosthetic Dentistry. Our first publication was in January 1951. In my eleventh Editor's report to the American College of Prosthodontists, I will review: (1) significant actions taken at the recent Editorial Council meeting, (2) activities of the Section Editors and the Editorial Review Board, (3) color illustrations in the future of the Journal of Prosthetic Dentistry, (4) subscription information, and (5) publication data and progress in reducing the backlog of manuscripts.

Actions of the Editorial Council

The Council changed the name of the section of "Temporomandibular Joint and Occlusion" to "Craniomandibular Function and Dysfunction". The latter was felt to be more comprehensive and relevant. This new title in no way indicates a reduced interest in publishing temporomandibular joint or occlusion papers. These continue to be an important component of the section with a new broader-based title.

The Council directed that a subcommittee recommended criteria to be considered in selecting a Vice-Chairman of the Council to replace Dan Gehl and who would be groomed to eventually replace Dr. Louis Block, who has served as Chairman since the inception of the Journal. The Council

spent two days in Louisville with Dr. Block, in order to become familiar with the many activities of the Chairman in case he might be called upon to assume the important duties of that position.

New Section Editor

Dr. Daniel Gehl passed away on June 19, 1985 following an extended illness. He served the Journal as Editor for the Dental Technology section since its inception and as Vice-Chairman of the Editorial Council for many years. Among his many contributions to dentistry, he served as President of the Federation of Prosthodontic Organizations and as a charter member of the American College of Prosthodontists. I will sorely miss him as an editor and in his role as Vice-Chairman of the Editorial Council.

Recently, Dr. Kenneth Rudd assumed responsibility as editor for the Dental Technology section. Ken had been working with Dan during the period of Danny's illness. Ken is Associate Dean for Continuing Dental Education and External Affairs and Professor of Prosthodontics at the University of Texas Health Science Center Dental School at San Antonio. He is a Diplomate and Past-President of the American Board of Prosthodontics and a member and Past-President of the College, President-elect of the F.P.O. and Past-President of a number of other prosthodontic organizations. Dr. Rudd has published extensively in the dental literature, including a number of text books. His research and past activities in laboratory procedures uniquely qualify him for his role as a Section Editor in Dental Technology.

Editorial Operation

I would like to give a brief description of the editorial operation for the Journal of Prosthetic Dentistry, especially for the new members of the College. All manuscripts are submitted to my office. Periodically, I group them by content into the proper sections and distribute them to the individual Section Editors. The Section Editors review them, and with the advice of their referees, recommend acceptance, revision, or rejection. The Section Editors edit those manuscripts that are accepted, suggest revision procedures to authors when necessary, and indicate reasons to me for those that they believe should be rejected. The Section Editors write the Table of Contents. I review all manuscripts after they are edited by the Section Editors, make changes as needed, and write all letters of rejection

to authors whose reports are not recommended for publication. The authors, Section Editors, and I each receive and review galley proofs. Recommended changes in the proof are correlated in my office and the corrected proof is sent to the Mosby Company for publication. The process is effective.

The Section Editors are skilled, dedicated persons who spend many hours in this important activity. They are essential to the operation of the Journal and to maintaining its quality.

Editorial Review Board

Following approval of the Editorial Council at its meeting in 1984, an Editorial Review Board comprised of 39 referees was established. The Board was selected from persons recommended by the Section Editors and includes highly qualified individuals in all disciplines represented in the section of the Journal. Each referee received instructions, guidelines, and evaluation material to help in the reviewing process. The referees receive personalized bound copies of the Journal during their tenure on the Board. Although the Board is still in its infancy, it has already become effective in its operation.

Color Illustrations in the Future

The Journal of Prosthetic Dentistry has increased its publication of articles containing color illustrations from just a few in the past to four issues a year with each issue containing six to eight articles with color illustrations. Obviously, we are making progress in a direction that I believe must eventually culminate with total color in each issue if our Journal is to maintain its prestigious position. The Editorial Council and the Mosby Company are working jointly to develop strategies that will allow increasing to full color while gradually reducing and finally eliminating the cost to the authors who use it. The Journal of Prosthetic Dentistry is truly a bargain for members of the affiliate organizations at \$22.50 a year.

Subscription Information

Following a trend of almost all professional journals, paid circulation for the Journal of Prosthetic Dentistry was down about 5% in 1984. However, for the same period, subscription revenue was up slightly as advertising had increased. Within the last few years, several new journals have come into existence and continuing efforts by the Editorial Council, the Editor, and the C. V. Mosby Company must be made to effectively market the Journal of Prosthetic Dentistry. Reducing publication

time for authors and reducing the cost to authors for publishing in color are important goals in the future, and progress is being made in that direction.

Statistical Guidelines

Let me call your attention to an article entitled "The Journal of Prosthetic Dentistry guidelines for reporting statistical results" by Dr. Ken Morse, our Statistical Consultant. It is published in last October's issue and will be helpful to all authors who are including statistical results in their reports.

Publication Information

The disposition of manuscripts for the year 1984 is as follows: 435 manuscripts were received, 367 were published, 105 were rejected, 29 were under revision, and 9 were withdrawn.

As of October 10, 1985, there were 50 manuscripts at the printer, 44 manuscripts in galley proof, and 50 manuscripts ready to be sent to the printer for a total of 144 manuscripts prepared and available for publication. At the same time last year, 299 were available for publication compared with 144 this year. This reduction is significant because it represents a backlog of approximately 6 issues in 1985 compared with a backlog of approximately 11 issues in 1984. Volumes 51 and 52 were published in 1984. These two volumes contained 1,675 pages of text material. In 1984, 367 articles were published compared with 313 in 1983 and 256 in 1982. Thus, in 1984 we published 54 more articles than in 1983 and 111 more in 1984 than in 1982. We published 379 more pages of text in 1984 than in 1982. We are steadily reducing the backlog of manuscripts awaiting publication, which will in turn reduce the waiting period from the time of submitting a manuscript until it is published.

Concluding Comments

The position of editor for the Journal of Prosthetic Dentistry is a challenging, time-consuming, but rewarding experience. However, there are many highly skilled persons involved in the successful operation of our Journal. I sincerely thank the Section Editors for the many, many hours they spend; the Consultants, the Editorial Review Board; the Associate Editors; and the Editorial Council for their dedication and unselfish service.

I welcome the counsel and suggestions of the College and its members as we work together for the advancement of prosthodontics. I thank you for your support and cooperation. It is a pleasure and honor to serve as your Editor.

—Judson C. Hickey, D.D.S. Editor

CLASSIFIEDS

Associate prosthodontist with opportunity to become equal partner available in San Antonio, Texas. The practice is busy with a high caliber clientele. The office suite possesses a comfortable ambience and affords the practice a full service in-house laboratory. This prosthodontic specialty practice is equally mixed with fixed and removable. Call Conrad McFee DDS, MSD, at 512-344-8583, Monday thru Thursday.

ASSOCIATE WANTED

In a rapidly growing beautiful city and in a full-time prosthodontic practice that includes fixed, removable and maxillofacial prosthetic patients. Option to purchase immediately or in the future is available.

Contact -

Thomas (Jack) Martin, B.S., D.D.S.,
F.A.C.P.,
Suite D, 8731 Northpark Blvd.,
Charleston Heights, S.C. 29418.
Telephone - Office (803) 797-0242;
Home (803) 747-8536.

NOTICE

The Education and Advancement Committee is constantly seeking ways to assist our Affiliate and Associate members to prepare for the Board examination. If you have any material or suggestions that you feel could help in this process please forward to either Dr. J. Crystal Baxter, 919 W. Carmen, Unit A, Chicago, IL 60640-3224 or the Central Office.

TABLE CLINICS A POPULAR ADDITION

The response of the membership to the table clinic presentations in Seattle was both popular and pleasing. The clinicians offered a wide variety of subjects, educational and, at times, entertaining ranging from various forms of fixed replacements to dental implants and even to scuba divers' dentures. Surely in a menu as varied as that there had to be something for everyone.

All attendees left looking forward to the next big gathering in Williamsburg next year.

Following is a list of the table clinicians and their subjects.

Dr. Mohssen Ghalichebaf (Indiana University) "What Is The Condylar Inclination?"

Dr. Robert E. Ogle (University of Buffalo) "Visible Light Curing Denture Base Resins"



Table clinics had a great appeal for the College members. Audience is obviously absorbed in the presentations.

Dr. Satish C. Mullick (University of Medicine and Dentistry of New Jersey) "Provisional VLC C&B Materials"

Dr. Walter C. Daniels (Lackland AFB, San Antonio, TX) "Fabrication Of An Anterior Disclusion Appliance"

Dr. John E. Zurasky (Lackland AFB, San Antonio, TX) "Relining Metal Based Dentures"

Dr. Wayne H. Gordner (Lackland AFB, San Antonio, TX) "The Twin-Flex Clasp"

Dr. Raymond G. Koeppen (Lackland AFB, San Antonio, TX) "Removal Of Permanently Cemented Fixed Partial Dentures"

Dr. Gerald Niznick (Encino, CA) "Implant Prosthodontics—A Team Approach"

Dr. Garrett D. Barrett (Grand Blanc, MI) "Surgical Guide Stent Fabrication For HA Augmentation"

Dr. Thomas J. Balshi (Fort Washington, PA) "The Conversion Prosthesis: A Provisional Fixed Prosthesis Supported By Osseointegrated Titanium Fixtures"

Dr. Richard D. Jordan (University of Iowa) "The Ultrasonic Removal Of Acid-etched Fixed Partial Dentures"

Dr. Dale E. Smith (University of Washington), **Dr. Romeo Lorenzo**, **Dr. Tze-Foun Tsiang**, **Dr. Herbert Yang** "A Technique To Easily Obtain High Quality Alginate Primary Impressions"

Dr. Alan B. Carr (Mayo Clinic, Rochester, MN) "Magnetic Resonance Imaging (MRI) System And The Temporomandibular Joint Complex"

Dr. Thomas L. Hurst (University of Texas at Houston) "Snorkel/Scuba Divers Denture"



Dr. Carl A. Hansen (University of Nebraska Medical Center) "Technique To Diagnostically Restore A Reduced Occlusal Vertical Dimension Without Permanently Altering The Existing Dentures"

Dr. Petros T. Koidis (Ohio State University) "Occlusal Evaluation Through A Quantitative Strain Photoelastic Analysis"

Dr. Mickey J. Calverley (Walter Reed, Washington, D.C.) "Interim Immediate Dentures"

Dr. Merle H. Parker (Walter Reed, Washington, D.C.) "Repair Technique For The Porcelain-Fused-To-Metal Restorations"

Dr. Yousef Fouad Talic (Ohio State University) "Comparison Of Posterior Palatal Seal, Philosophy And Techniques"

Dr. Alan D. Newton (Lackland AFB, San Antonio, TX) "A Custom Speech Valve Retainer For The Laryngectomy"

Dr. Jeffrey Rubenstein (Harvard School of Dental Medicine) "The Harvard Dental Implant System"

Dr. S. George Colt (Boston, MA) "Root Resection And Biologic Width: Prosthodontic Approach"

PRIVATE PRACTICE WORKSHOP REPORT

The private practice workshop was well attended. 106 signed up in advance and about 125 persons attended the workshop. Eight workshops were held. The workshop and the discussion leaders are listed below.

- A) In House Laboratory - Drs. Yanse and Priester
- B) Marketing - Dr. Tom Balshi
- C) Management (Office) - Dr. David Eggleston
- D) Computer Utilization - Dr. Paul Binon
- E) Personnel Management - Dr. Charles Walowitz
- F) Reporting and Billing for TMJ and Hospital Related Procedures - Drs. Mazaheri and Brownd
- G) Third Party Payers - Dr. Garret Barrett
- H) Definition of a Prosthodontist - Dr. Thomas Martin

IN-HOUSE LABORATORY REPORT

Reported by **Dr. William R. Priester, III**

The In-House Laboratory Workshop was held in Seattle as part of the Private Practice Seminar. The workshop was moderated by Dr. Roy T. Yanase and there were 16 members in attendance. The workshop began with a discus-

sion of the pros and cons of establishing an in-house laboratory in a prosthodontic office.

The following is a list of the advantages and disadvantages as compiled by the workshop attendees.

Pros:

- Improved quality control
- Reduced turn-around time
- Improved communication with the technician
- Individual design of the prosthesis
- Color standardization and control
- Immediate feed back directly to the technician
- Internal marketing - patient awareness

Cons:

- Space and equipment requirements - increased overhead
- Noise
- Interruptions of the Prosthodontist
- Turn-over of personnel
- Training requirements
- Employee relations: The laboratory staff being judged by the same criteria as the clinical staff which is the health of the practice and not the production of the lab (as it should be).

In beginning the In-House Laboratory several factors were deemed important by this workshop. Rather than placing the laboratory in as an after thought, careful attention should be given if the laboratory **could** be given it's own identity and separate in-house or adjacent facility; it would be easier to administer. Compensation for the technician as discussed, ranged from:

1. Salary only
2. Salary + % of the outside work taken in
3. Payment by the piece
4. Lease space to the technician
5. Independent contractor

It should be noted that the taking in of outside work should be done, only after very careful consideration of potential difficulties. For control purposes, it was felt the salaried in-house technician would be the best financial arrangement.

The dental technician working in the Prosthodontic office should be considered a specialist in his field. His compensation, position (referred to as Dental Laboratory Specialist), working conditions and availability for advanced technical training should be consistent with this arrangement.

Having a competent, conscientious, highly trained and motivated in-house laboratory staff can be a tremendous

luxury for the Prosthodontist. However, quality does not come automatically. In-house controls are just as important as if the work were sent out, if not more so. Cost control is not necessarily a factor for an in-house laboratory. Considering the Prosthodontist's time, salaries, and space and equipment requirements, it can be the most expensive laboratory arrangement. Nevertheless, if we as practicing Prosthodontists hope to fulfill our promise to our patients to provide the highest quality preventive restorative care at the state of the art, the commitment to the in-house laboratory is essential.

MARKETING-INTERNAL & EXTERNAL

The following summarizes the opinion of the Private Practice prosthodontists attending multiple workshops during the American College of Prosthodontists Private Practice Seminar, Seattle 1985.

I. Marketing Objective

The primary objective of marketing is to increase the number of patients seeking treatment by a prosthodontist. The secondary objective is to increase general public and professional awareness of the specialty of Prosthodontics.

II. Sources of Patients

In order to identify methods to be used in meeting the objectives, the workshop identified existing sources of patients. The range and percentage of patients from a specific source varied significantly. An attempt has been made to list the identified sources in priority order.

A. Other satisfied patients (both completed and in treatment) 50% to 70%.

B. Professional Referrals

1. Dental G.P.'s (1%-45%)
2. Dental specialists (1%-15%)
3. Medical practitioners (1%-10%)

C. Yellow Pages Listing: 5%-20%
Additional recommendations:

1. ACP Logo-effective if published in the specialty section. The logo lends credibility.
2. Listing should be descriptive, stating the type of treatment provided.

D. Media Sources: 3%-10% for practices with media exposure.

Special Note: Media exposure may indirectly be responsible for as much as 50% of patient population. Secondary influence, supplemental conditioning and positive reinforcement may stimulate patients to use the yellow

pages, ask a friend or seek an opinion of another professional to verify your expertise. These patients may not indicate the media source or the primary area of referral.

1. Print Media

a. Local newspapers provide the greatest source (2%-10%)
1) Feature articles about prosthodontists may be picked up by other papers or even syndicated nationally. Patients have identified such articles as their referral source.

2) News Releases

2. Electronic Media

- a. Television interviews or talk shows
- b. Televisions news shows
- c. Radio interviews

III. Internal (in office) Marketing Techniques - Performed by office staff

A. News releases about doctor or staff members

- Personal interest items
- Professional meetings, lectures or new developments

B. Thank you notes for referrals

C. Contact previous dentist when patient is disgruntled asking him, "How can I help you with this patient?"

D. Contact patient's physician, reviewing medical history and obtaining "clearance" from any contraindication to proceeding with treatment.

E. When attending professional meeting out of town

1. Tell patient where you are going and why
2. Arrange for professional coverage of the practice

F. Post Treatment Consultations

1. Before and After photos given to referring doctors and to patients.

IV. External Marketing Techniques

A. Local Dental Society

1. Participation, give continuing education courses and establish relationships with general practitioners.
2. Telephone referral service: Establish with state or local society through the state ACP section.

B. Contact local office or group of A.A.R.P. (American Association of Retired Persons).

C. Establish "expanded" identity of prosthodontists to include the term "reconstructive" dentistry.

D. Sports medicine - approach local pro-teams and academic institution local teams.

E. ACP National Marketing Program.

This area generated intense interest among workshop participants. There was a high level of positive response to the basics of the proposed ACP Marketing Program.

The public and professional education aspect of this program will be funded through your charitable donations to the ACP Education Foundation.

The cornerstone of the public education program will include a national campaign similar to the programs used by the orthodontists (AAO) and the oral and maxillofacial surgeons. This will identify who is a prosthodontist, and what he does. It will also explain the importance of "specialty" care. The program will focus its efforts on specific target groups in the population identified as having the greatest potential for seeking prosthodontic specialty care.

Additional information about the Education Foundation may be obtained from either Dr. Robert Sproull, President of the American College of Prosthodontists Education Foundation or Dr. Thomas Balshi, Chairman of the American College of Prosthodontists Public and Professional Relations Committee.

COMPUTER UTILIZATION TO SUPPORT A

PROSTHODONTIC PRACTICE

Workshop Chairman: Dr. Paul Binon

The basic requirement of any system involves a patient data base for office management purposes. Once the data base has been established, it should provide the following:

- 1.) Patient information,
- 2.) Bookkeeping information to generate billing statements, tracking and ageing of accounts, etc.,
- 3.) Insurance form generation, tracking and follow-up for both dental and medical insurance carriers,
- 4.) Management profile that lists production, collection, accounts receivable, production per unit of time, per provider, etc.,
- 5.) Referral sources: how many, kinds of referrals, and geographic distribution and source of referral,
- 6.) Communication capability, word processing, generate letters and labels, etc.,
- 7.) Recall control for both doctor and hygienist,

8.) Ease of system maintenance, back up and purging of old accounts.

Many systems meet these requirements, however, some primary concerns and considerations should be:

- 1.) System is user friendly,
- 2.) Convenience of data input (few keystrokes),
- 3.) Convenience of data retrieval (flexibility of data report generator),
- 4.) Speed during processing functions, and
- 5.) The availability of support of both the hardware and software.

It was determined that the "experts" are not always experts in specific dental requirements and applications and it is prudent to thoroughly evaluate the system before you purchase. Unfortunately, no one has a fully integrated system that meets all the varied criteria demanded in a specialty practice such as office management, accounting, word processing, accounts payable, payroll, recall and referral.

Consideration was given as to why a computer is needed in a dental office. The following reasons were discussed:

- 1.) It improves office organization,
- 2.) It improves office efficiency,
- 3.) More rigid control of the business aspects of the practice,
- 4.) Increased income resulting from improved tracking and billing procedures,
- 5.) Improves the recall with fewer patients being lost,
- 6.) Improves general office management.

From a legal standpoint it is still necessary to have a written patient record with adequate treatment entries. Some future considerations for computerization in the office includes:

- 1.) A tie-in with the ADA for a nationwide data base to supply treatment information and function as an electronic library for literature review,
- 2.) Medical billing capability for TMJ and maxillofacial patients,
- 3.) Treatment data base for clinical research,
- 4.) Generate graphics for slides, titles, etc.,
- 5.) Graphic treatment planning with a light pen.

Conclusion: When considering a computer system for your office, keep in mind the following:

- 1.) Software is more critical than hardware,
- 2.) Observe the software functioning in someone else's office before buying. Take time to learn what it can and cannot do. Check the data

input, retrieval, month end reports, quarterly reports, etc. does it do what you need and what you expect?

- 3.) Have the system fully functional before you pay,
- 4.) Select a company with a track record that has a large number of systems in use and a good reputation for support both inhouse software support and a sufficient network to take care of hardware problems. Also, make certain that they have structured classes for staff instruction.

THIRD PARTY SEMINAR & WORKSHOP REPORT

Moderator: Dr. Garret D. Barrett

Participants:

Rotational attendance varied from twelve for the first morning session to twenty-five for the second. Cross sectional participant sampling in maxillofacial, fixed, and removable prosthodontics and years of private practice experience, 1 to 30 years, was well represented. Wives of two practitioners were also present and contributed. Participants included those with current or former educational or military experience as well. Most members reported that they conducted a fee for service practice.

Format:

After the moderator made the opening statement that third party involvement in prosthodontic private practice creates problems, vigorous and constructive discussion followed. Each member was encouraged and afforded the opportunity to share and express their opinion. All participants agreed that third party providers are a problem for prosthodontic private practitioners. The three hour morning session was divided equally into identifying the problem then determining the solution.

The Problem:

As a College, as a committee, as a specialty, we are only addressing the tip of the iceberg. The problem is persistent, complex, intertwining, and frustrating that either directly or indirectly affects each member of the College.

In discussion, the following questions arose. As prosthodontists, are we in control to determine and perform treatment for our patients or are third party carriers dictating the quality and quantity of treatment required regardless of need? In the eyes of the public, hospitals, other professionals, insurance carriers, and the like, are we recognized as a specialty? Other specialties and professions appear to have

established their recognition whereas prosthodontists lack identity.

Workshop members agreed that a practical definition for prosthodontists has not been clearly defined. Guidelines and definitions for limiting prosthodontic services by generalists have not been determined. Universally accepted exclusive prosthodontic treatment codes for services rendered have not been established. Separate exclusive fee schedules for specialty prosthodontic treatment services have not been universally accepted. The image or profile of a prosthodontist appears to be tainted or non-existent. Prosthodontists are viewed as second class professionals.

Members noted that in the past, the A.C.P. has not effectively demonstrated the necessary unified and intense representation to the appropriate agencies or societies on behalf of prosthodontists. On the other hand, the A.G.D. and other components have unified and are dictating inappropriate prosthodontic policies to prosthodontists. Further, there appears to be a lack of universal education and promotional exposure for the specialty of prosthodontics to the public, insurance companies, dental students, and the medical-dental professions.

Thus, this lack of unification, definition, acceptance, access, representation, and identity at the national level contributed to further problems directed at the local and in office sectors. Within each private practice, a lack of operational flow and continuity develops regardless of the prosthodontic practice emphasis and hospital affiliation.

Patients tend, therefore, not to accept or understand fees and services of prosthodontists. Insurance companies, agencies, or other professionals inaccurately represent the prosthodontic specialty and services to patients. This interferes not only with necessary treatment but also interferes with the doctor-patient, doctor-staff, and/or staff-patient relationship. For all concerned, stress, anxiety, and frustration result. Third party interference transcends a potentially good patient into a management problem. All of which develops as a result of fees not standard as well as the non-recognition of prosthodontics as a specialty.

Hence, excessive, unwarranted clinical managerial conflicts and clerical overload develop. Within the office, overhead increases, employee frustra-

tion and anxiety are created. A deviation from acceptable prosthodontic patient care may occur. The patient may be misled or misinformed by third party providers as to their treatment needs that leads to a compromised treatment service at best. All these factors, therefore, produce a non productive, stressful, non cost effective practicing environment that interferes with quality prosthodontic patient care.

The Solution:

The workshop members combined recommendations that can be summarized as follows:

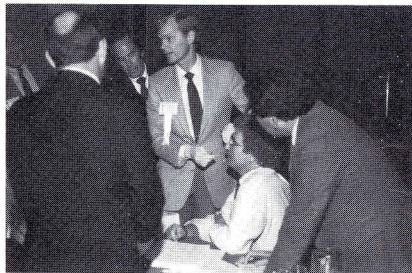
1. An acceptable and understandable definition of a prosthodontist must be immediately and appropriately drafted that can be practically utilized by the ACP practitioner with any third party provider or related agency.
2. The ACP should unify and address specific constituents such as the ADA, AMA, insurance agencies, and legislative bodies in order to support and represent prosthodontists.
3. The ACP should establish identity and criteria for prosthodontists by prosthodontists.
4. The ACP should immediately determine and enforce exclusive prosthodontic treatment procedural codes for exclusive use by ACP specialists.
5. The prosthodontic treatment limitations as provided by generalists or non-prosthodontic practitioners should be defined and posted as a matter of record.
6. Additional ACP endorsed educational and marketing programs should be implemented for the purpose of creating increased public awareness of the value and skills of ACP prosthodontists.
7. Establishment of ACP sponsored private practice promotional packages, materials, stamps, pamphlets, forms, and the like more than currently available should be immediately initiated then distributed.
8. Specific ACP guidelines should be created that would define acceptable prosthodontic care for the purpose of responding to third party carriers.
9. The ACP and their appropriate committees should be prepared to address the potential problems of PPO's, HMO's, and similar programs in relation to maintain and provide quality prosthodontic care to the public.

From the participants results of the

third party workshop section of the Private Practice Prosthodontic Committee, all ACP prosthodontists will be engaged or have been directly or indirectly adversely affected by the programs, policies, and attitudes of the third party providers. As a starting point, therefore, the third party section participants have isolated the problem and suggested recommendations for the solution. In order to establish self identity and control over our prosthodontic destiny, the members have suggested that immediate affirmative action and implementation are necessary.

PEER REVIEW WORKSHOP IN SEATTLE

The ACP Peer Review Committee sponsored a workshop on prosthodontic peer review at the Seattle Meeting. A hypothetical case of a typical patient complaint was demonstrated using the ACP Peer Review Manual as a guide. The Manual indexes and references form letters to assist the peer review process through each phase of the review from receiving the initial patient complaint to the final resolution letter. The grading system for the patient examination was also demonstrated.



Dr. David Eggleston demonstrates peer review evaluation to members attending the Peer Review Seminar.

The peer review of all ADA members is under the authority of the state dental associations and/or the component dental societies. The services of the ACP Peer Review Committee are now available to assist the state dental associations and component dental societies for the peer review of prosthodontists whenever the state dental associations or component dental societies request these services.

The ACP Peer Review Manuals (\$15) can be obtained through the Central Office.

- ACP Peer Review Committee
 David W. Eggleston, Chairman
 Dr. Robert Kaplan
 Dr. William Laney
 Dr. Harold Litvak
 Dr. Dale Smith

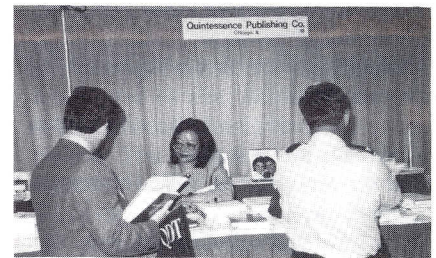
COMMERCIAL EXHIBITS CONTRIBUTE TO SUCCESS OF MEETING



Commercial exhibitors display the latest in instruments, supplies and publications.

The 20 commercial exhibits contributed to the success of the annual meeting, not only by their financial help but also by providing the attending members the opportunity to see first hand some of the latest advances in prosthodontic equipment, supplies and literature.

Members are urged to show support for these very important additions to our meetings by looking at and talking to the representatives of the various companies. Purchases or orders may not be placed on the exhibition floor but other arrangements may be made.



EDUCATORS MENTORS SEMINAR - SEATTLE

Reported by

Lee M. Jameson, DDS, MS, FACP

Dr. Richard D. Mumma, Jr., Executive Director of the American Association of Dental Schools spoke to the Educators/Mentors Seminar on two different subjects. Following are synopses of his presentations.

THE SIZE AND QUALITY OF THE PRE-DOCTORAL DENTAL STUDENT APPLICANT POOL - PAST, PRESENT AND FUTURE FORECAST

Dr. Mumma addressed the issue of the pre-doctoral applicant pool first since the decreased applicant pool has a profound affect on the dental specialties. He presented the statistics in graphic form and are summarized as follows:

1. **Trends in Applicants from 1960 to 1984** - The number of applicants is

about equal to what it was in 1960 but the problem is the slope is still going down.

2. First Year Dental Student Enrollment Levels from 1960 to 1984 -

Early 1960's = 3,800
1978 = 6,300
1985 = 4,800

Going from 6,300 to 4,800 is like closing 15 dental schools. Without critical money through student loans this may come much closer to reality!

3. Ratio of Number of Applicants to Number of Enrollees from 1960 to 1984 -

Early 1960's = **1.63:1** (applicants per first year enrollees)
Mid 1970's = **2.7:1**
1984 = **1.3:1**

The mid 1970's was the highest **selectivity** in the history of dental education.

4. Number of First Year Dental Students to Population of United States

1950 = 1:46,700
1975 = 1:37,000
1985 = 1:48,000
1990 = 1:56,000 Projected

Between 1950 and the late 1970's the United States population grew at a faster rate than the population of first year dental students. Among the various health professionals **dentistry** has been the most responsive in terms of enrollments and population changes.

5. Trends in Number of Applicants to First Year Class Size from 1975 to 1984 -

1975 = 16,000 Applicants to 6,000 First Year Enrollees
1985 = 6,200 Applicants to 4,800 First Year Enrollees

6. Trends in Percentage of First Year Class Enrollment of Minority Enrollment from 1971 until 1982 -

Blacks = 5% (has stayed relatively stable)
Asians = Increased sharply from 2.5% to 7.0%
Hispanics = 1.0% to 3.4%
Black populations are still underserved.

7. Breakdown by Gender of Applicants from 1975 to 1985 -

1975 = 12% women in first year class
1984 = 27% women in first year class

Women have found dentistry to be an attractive profession and this has been a plus for the profession in terms of increased selectivity in the admission process for dental

schools.

8. Grade Point Average for Science and Total GPA from 1977 to 1983 -

	Total GPA	Science GPA
1977 =	3.27	3.2
1983 =	3.13	2.98

It is not well understood if the slope is an accurate representation since it is compared to dentistry's peak selectivity time and the grade inflation era of the 1960's and 1970's. One thing is certain, the GPA has decreased.

9. DAT Scores from 1960 to 1984 - The numbers have remained relatively stable over this time frame.

10. Dental School Attrition -

1975 - 1979 = 3.5% Attrition Rate
1979 - 1983 = 7.0% Attrition Rate - 40% of these students are for non-academic reasons while **60%** are for **academic reasons**.

There are more academic risks in the incoming classes and the schools are attempting to maintain higher standards.

11. Percent Change of All Health Professions from 1970 to 1982 During this time period there has been a 30% increase in supply of practitioners of dentistry; however, this is less than all other professions except optometrists.

12. Percent Increase in Total Enrollment from 1970 to 1981 - (These figures are from the 1984 report by the Department of Health and Human Services)

65% = Physicians
150% = Osteopaths
35% = Dentists

This is the same report that predicts an approximate balance of dentists in the year 2000 in terms of the number of dentists needed versus the numbers actually available. It also predicts a surplus of physicians in the year 2000.

13. Projected Percentage Increase in Active Supply of Dental Practitioners from 1980 to 1990 -

1980 - 1990 = 20%
1990 - 2000 = 10%

14. Percent of all Seniors Opting for Various Dental Specialties and General Practice Residencies from 1978 to 1984 -

	1978	1984
Orthodontics =	2.7%	6.5%
Oral Surgery =	3.9%	4.0%
GPR =	15.3%	19.0%
Prosthodontics =	1.5%	1.4%

**DENTAL EDUCATION:
HOW IS IT SUPPORTED?**

Next, Dr. Mumma discussed the burning issue of financial support for dental education. He emphasized the sources and trends of financial support with the following information:

A.

	% Support from Tuition	% Support from the State
1. 35 Public Schools	10.5%	63%
2. 14 Private Schools	47.0%	1.3%
3. 11 Private State Related	42.5%	30%

Federal support for dental education in private schools is non-existent except for 6.7% provided to Howard University and Meharry University.

B. Revenue from Federal Government as a Percent of Total Revenue from 1973 to 1983 -

	1973	1983
Public Dental Schools	12.0%	0
Private Dental Schools	22.0%	4.0%

C. Revenue from State Government as a Percentage of Total Revenue -

Public and private dental schools increased their percentage of their state support until 1977 and it has since dropped somewhat and then leveled off.

D. Tuition Revenue as A Percent of Total Revenue from 1973 to 1983 -

	1973	1983
Public Dental Schools =	10.5%	10.5%
(has stayed fairly steady)		
Private Dental Schools =	32%	45%

With the termination of federal funding for construction of physical plants and capitation support, dental schools have had to seek other sources of revenue. One form of federal support still available is student loans. Two that are supported through the Department of Health and Human Services are the HEAL (Health Education Assistance Loan) Program and the Health Professional Student Loans. In addition, two are supported through the Department of Education and includes the Guaranteed Student Loans and the National Direct Student Loans. 5,200 dental students receive an average award of \$2,200 from these subsidized loans at below market interest rates. The overall **default rate** is below **5%** for the **HPSL** Program and **5.3%** for the **HEAL** borrowers as compared to **5.8%** default rate for **home mortgage loans**. Dental and other health professionals have been forced to rely heavily on market rate loans to finance their education because of the small borrowing limits

of the federal loan programs.

Thus, candidates from low and middle income families cannot afford professional dental education resulting in a less heterogeneous mix of health care providers. The default rates we see now are because young dentists are not able to meet repayment terms during their initial years of practice. Congress is requested to consider graduate and extended repayment options be instituted with the current loan programs.

Funding for health professional education will remain at current levels and Congress is considering a bill allowing states to finance student loans programs through tax exempt financing.

Loan support for prosthodontic graduate students (and all advanced dental education) is minimal. Congress is considering increasing the allowance on the Guaranteed Loan Program whereby the federal government protects the banks in the case of default.

The implications of all this was summarized by Dr. Mumma in the following key points:

1. The dental profession's future rests on attracting high quality students; thus, mandating a close cooperation between the profession and the dental schools to insure that this goal is achieved.
2. The nature and quality of the nation's dental schools must be able to cope with the economic climate, the applicant quantity and quality, and the changing dental disease patterns of the population.
3. Our nation's dental school graduates must be prepared for the dental practice of the next century.

The PEW National Dental Education Program is an \$8.7 million project (funded by the PEW Memorial Trust in Philadelphia) which will initially select 20 dental schools to participate in a 2 year Phase I program (\$100,000/school) and later 7 schools in a 3 year Phase II program (providing up to \$1 million/school). The purpose of the program is to help the schools cope and ultimately survive this time of retrenchment and emerge strong and viable to meet the future challenges to the profession.

FUNDING OPPORTUNITIES FOR RESEARCH INVOLVING PROSTHODONTICS AND RELATED AREAS

Synopsis prepared by:

Dr. Peter F. Johnson, DDS

Dr. Marie U. Nylen, Associate Director, Extramural Program, National Insti-

tute of Dental Research, National Institutes of Health, Bethesda, MD, presented and reviewed the place of dental research in the scope of biomedical research, the role of the National Institute of Dental Research, and she outlined the various mechanisms for obtaining support for dental research. She noted that dental research has been a part of the explosion of biomedical research over the last forty years. This research will continue because new questions and problems continually occur such as AIDS. Recent dental research contributions have occurred in finding Streptococci antigens, purifying bone-induction factors, and refining NMR and CT imaging techniques.

The National Institute of Dental Research was established in 1948, as one of eleven sections of the National Institutes of Health, to improve oral health through research. Its goal is accomplished by the Intramural Research Program in its own laboratories and clinics at Bethesda, MD; by the Extramural Program which provides grant and contract funds for research and research manpower training; and by the Epidemiology and Oral Disease Prevention Program which uses contracts to complement NIDR research. Programs cover research in fourteen areas including the following which may be applicable to prosthodontics: dental caries; periodontal disease; congenital craniofacial malformations; acquired craniofacial defects; dentofacial malrelations; nutrition research; implants, replants and transplants; and restorative materials.

Seventy percent of this year's \$100 million NIDR funding for dental research is administered through the Extramural Program in the form of 620 awards. These awards occurred in four areas:

- 1) Investigation awards—473 awards (70% of Extramural Program funding)
- 2) Manpower Development Grants—43 awards (3.6%)
- 3) Training Grants—200 awards (7%)
- 4) Specialized Research Centers—13 centers conducting research (19%)

The Investigator initiated awards are made in the following areas:

- 1) Small Grants—pilot studies
- 2) New Investigator Research
- 3) Individual Projects and Program Projects

These awards are made by three research branches: Periodontal and Soft Tissue Diseases (Chief, Dr. Samuel Kakehashi, 301-496-7784); Craniofa-

cial Anomalies, Pain Control and Behavioral Research (Chief, Dr. John Townsley, 301-496-7807); and Caries and Restorative Materials (Chief, Dr. Anthony A. Rizzo, 301-496-7884).

Each branch supports a full range of research from basic studies to clinical and field studies. Grants and awards are monitored by the appropriate chief of each research branch. Procedural and business matters should be directed to Mr. Robert Ginsburg, Chief, Grants Management Section (301-496-7437). The administrative staff of each area will help with grant proposals and steer the applicant through the two step peer review process. Dr. Nylen said that only 1/3 of 1% of the first time applicants get funding but that persistence and paying heed to staff advice will most often pay off.

Other NIDR support is possible in areas of graduate training. Institutional Grants are made to nonprofit or non-federal public institutions for support of training in biomedical research in specific areas of need. Individual Postdoctoral Research Fellowship Awards are made to individual applicants. Recipients must pay back a period equal to the period of support in teaching, research, or a combination of the two.

Dentist Scientist Awards provide participants a course of study including basic and clinical science integrated with a supervised research experience. The program would encompass both a doctoral level (Ph. D. or D. Sc.) program and a program in a clinical discipline. A similar award, The Physician Scientist Award for dentists, provides similar support for those having completed at least one post-graduate year of clinical training. Information regarding training and career development can be obtained from:

Special Assistant for Manpower
Development and Training
Extramural Programs
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 510
Bethesda, MD 20205

Booklets that provide useful information for obtaining research and training awards, and were used in writing this synopsis include:

"Challenges for the 80's"—this defines future research needs

"The National Institute of Dental Research"

"Grant and Contract Research Programs of the National Institute of Dental Research"

"Graduate Training Supported by

the NIDR”

These can be obtained from:

Public Inquiries and Report Section
Office of Planning, Evaluation, and
Communications

National Institute of Dental Research
National Institutes of Health
Bethesda, MD 20205
(301-496-4261)

Dr. Nylen's presentation created an awareness of NIDR research programs and it provided much useful information for utilizing NIDR support. She encountered communication with the staff people mentioned to gain further information and guidance.

AFFILIATE/ASSOCIATE SEMINAR

The Affiliate and Associate Seminar took place on Friday, October 18, 1985, from 1:00 to 4:00 p.m. in Seattle, Washington. Dr. Crystal Baxter was the moderator of the seminar.

Dr. Baxter explained the purpose of the seminar, and stressed the educational materials available from the College. She then introduced each speaker with a brief history of their background.

The individual chosen as the representative of the Board was Dr. Ronald Desjardins, who invited all who have not challenged the exam to do so in the future. Dr. Desjardins felt that all participants in the seminar could certainly pass the exam, but would need to define it as a goal, and prepare well. He also expressed the idea that Fellowship strengthened the College and the specialty.

Dr. James S. Brudvik spoke as a representative of a host school. He mentioned some of the complications involved with hosting the exam, such as legal and insurance coverage. He also advised of the difficulties in procuring removable denture patients for the examinees. He stressed being cautious when interfacing with the lab technicians at the host institution. He also elaborated as to the importance of early paper preparation so that a place would be available.

Dr. Thomas Taylor, also from Seattle, made additional remarks concerning a school's ability to host the exam. Dr. Taylor stressed understanding of exactly what kind of facility one would be working in, including time and space allotments. He then answered a number of questions from the seminar participants. Dr. Taylor expressed caution to any future examinees in pack-

ing, sending and insuring their equipment.

Dr. Baxter then introduced three recent candidates who had challenged the exam.

Dr. Arthur Nimmo was the first recent diplomate to speak. He felt that mock boards were very important during program training to prepare for the actual exam. The case should be simple and straight forward, neat, and well done. Know the materials and literature related to your case. For the clinical exam, make lists and send out your equipment early and well packed. Be prepared in advance, stay calm, and think things through. Dr. Nimmo also showed slides of his Phase I and II patients.

Dr. Steve Aquilino was the second presenter to recently challenge the exam. He felt that mental preparation for the Board was best achieved by keeping preparation simple. Choose a few good textbooks and read them cover to cover. Dr. Aquilino felt that the basic science areas of Phase I were quite involved. For the patient presentation section he felt it best to avoid elaborate little-used treatments unless you were ready to defend them well. Dr. Aquilino then showed slides of his patient presentation.

Dr. Mike Leary was the last recent examinee to present at the seminar. He felt that the Study Guide was an excellent review for the Phase I section of the examination. He felt it was important to know your patient well and be ready to answer questions concerning your treatment. Dr. Leary felt a good partner, someone to study with, was very helpful to prepare for the exam. He also stressed the importance of a schedule for preparation of all materials.

WOMEN'S WORKSHOP REPORT

The Women's Workshop met on Friday morning, October 18, 1985 in Seattle, Washington at the annual meeting of the ACP. Thirty-six women attended. This year instead of the usual workshop there was a speaker, Mr. Terry Liberman of Analytics Corporation. He spoke about "Cross Coverage Agreements." His presentation was well received by the women.

All the preparation for this meeting was done by Ms. Mary Clay of Minneapolis, Minnesota. Because of a conflict of work duties Mary was unable to attend our meeting. Judy Churgin then chaired the meeting.

SECTIONS

Representatives of eight Sections met in Seattle during the annual meeting of the College. Those Sections represented were California, Tennessee, Texas, South Carolina, Maryland, Ohio, New England and Pennsylvania. A total of thirty-six members were present. Dr. Dana E.M. Kennan chaired the meeting.

A number of topics were presented. Some of them of interest to the general membership will be discussed.

It was announced that dues for Section members will be solicited by the Central Office on an annual basis along with the College dues.

The Section Constitution and By-Laws as developed by South Carolina is recognized as being a model newly formed Sections should follow. It was suggested that Sections ratify the document and remand the current Constitution and By-Laws as an addendum. As a reminder it was noted that the Constitution and By-Laws of the College is the final answer for all Sections.

Roles that the Sections should and could play were discussed. These include such varied areas as education, cementing relations among prosthodontists within the state, control of advertising, unified front for third party carriers, peer review, establish State Board exams where indicated and helping State Dental Associations define the specialty of Prosthodontics. Tennessee and Pennsylvania have both had notable success in their contact with State bodies.

Hawaii, Minnesota and New Hampshire were represented at the meeting but are not functioning as Sections. Minnesota has an active Society of Prosthodontists but all are not members of the College. Those not members were identified mainly as educators. Hawaii has four prosthodontists in private practice and should look to the Federal Services for additional members. New Hampshire claims three members and could possibly function as a Section on its own.

The National Interdisciplinary Affairs Committee meets annually and has representatives from all specialties. Prosthodontics is represented by the FPO and other specialties only recognize the FPO-ADA link-up when dealing with third party groups. The Pennsylvania Section has enjoyed excellent success working with other specialties. The State Association sponsored and paid for a weekend meeting of the specialty groups. They would like to

continue this as an annual meeting. President Wilkie commented that he has asked the FPO to allow the ACP to act as the representative at this year's annual meeting.

The question of Section logos was brought up. It was generally agreed that developing a personalized Section logo is desirable. It must be in keeping with the requirements of the College.

There was a definite consensus among the attendees that Sections should be developed as representing a State rather than multiple States or regions. The State concept allows the specialty to be recognized as an entity within that State. Tennessee and Pennsylvania have found this to be an extremely valuable asset.

An attempt will be made through the Section Committee to identify influential College members in States that do not currently have an active Section and to assist them in establishing one. The President of the ACP will take an active role in this endeavor.

\$250,000 GIFT CREATES NYU DENTAL CENTER

A \$250,000 gift from Dr. Louis Blatterfein, a Life Fellow of the ACP and New York University College of Dentistry alumnus, will create the Dr. Louis Blatterfein Center for Preclinical Sciences at the University's Dental Center.

The gift was announced by New York University College of Dentistry Dean Dr. Edward G. Kaufman. According to Dean Kaufman, "Dr. Blatterfein's gift will enable us to provide additional facilities commensurate with the extraordinary quality of the programs, students, and faculty at New York University Dental Center. I cannot think of a more valuable gift to the College of Dentistry."



A distinguished alumnus of the College of Dentistry, Dr. Blatterfein has served on the faculty since 1935. In 1971, he became professor of removable prosthodontics, a position he held until his retirement from active teach-

ing in 1978 when he was conferred the title of professor emeritus. Dr. Blatterfein enjoys an international reputation as an outstanding clinician and lecturer and has achieved widespread recognition as an author and editor in the field of prosthodontics.

The official dedication of the Dr. Louis Blatterfein Center for Preclinical Sciences took place Monday evening, November 18, 1985. Joining Dean Edward G. Kaufman for the dedication program were New York University President Dr. John Brademas; Dr. Judson Hickey, Dean of the Medical College of Georgia; Dr. Paul Goldhaber, Dean of the Harvard School of Dental Medicine; Dr. Raymond J. Nagle, Dean Emeritus of New York University College of Dentistry; and Dr. Ira E. Klein, Professor of Prosthodontics.

UP-DATE - NON-SPECIALISTS ANNOUNCING AS SPECIALISTS

The Ad Hoc Committee for the Evaluation of Specialty Listing by Non-Specialists completed its evaluation and reported its findings and recommendations to the Executive Council in Seattle. Dr. Sproull had charged the Ad Hoc Committee to:

- 1.) Evaluate the current practice of some non-specialists announcing themselves as specialists, using the ADA Code of Professional Conduct as a guide;
- 2.) Determine the scope of this practice and its effect on the membership of the College; and,
- 3.) If appropriate, develop a course of

action to combat this practice.

Requests for information were made in an announcement in the **Newsletter** and by letters to the sixteen sections. Thirteen sections and one individual member responded. Nine of the fourteen sections or states responding indicated that non-specialists are announcing as specialists in their areas. The activity is widespread in some states, limited in others and non-existent in five of the states responding. Everyone who responded expressed the opinion that this action is contrary to the ADA Code of Professional Conduct. Six of the sections requested involvement by the College. The Committee discovered that fifteen states and the District of Columbia require a state specialty license and that Texas, Pennsylvania and Maryland have recently enacted state dental practice laws that specifically address criteria for announcing as a specialist. The Dental Society of New York has recently completed an agreement with the publishers of Yellow Pages Directories in that state establishing statewide standards for dental specialty listings, limiting publication to the dental specialties approved by the ADA.

When considering possible courses of action for combating the practice of non-specialists announcing as specialists, the Committee concluded that it is highly unlikely that the ADA will enforce its Code of Professional Conduct. Enforcement would place ADA members at a disadvantage if forced to discontinue this practice because non ADA members would be free to continue announcing as specialists.

It was concluded that the best course

AMERICAN COLLEGE OF PROSTHODONTISTS ELEVENTH ANNUAL JOHN J. SHARRY PROSTHODONTIC RESEARCH COMPETITION FIRST PRIZE \$1000.00 SECOND PRIZE \$500.00 THIRD PRIZE \$250.00

- DATE:** October 1986
LOCATION: Williamsburg, Virginia
ELIGIBLE: Prosthodontic Graduate Students and Residents or Board Eligible Prosthodontists who completed training on or after June 1983.
- INFORMATION:** Gerald Barrack, DDS, PA
Chairman, Research Committee
312 Warren Avenue
Ho-Ho-Kus, New Jersey 07423

of action is to encourage state dental associations and state interspecialty groups to lobby for state dental practice laws such as enacted in Texas and Pennsylvania. It was felt that state dental associations may be receptive to this suggestion as it would free them of the difficult and unpleasant task of enforcing the ADA Code. In addition, agreements with yellow page publishers, such as the New York agreements, would simplify enforcement of state regulations. As a first step, President Noel Wilkie has sent a letter to the National Yellow Pages Services requesting that they adopt a policy recommending that its member publishers follow the New York format of publishing only ADA approved specialties in the specialty section.

A motion passed by the Executive Council assigned the responsibility for addressing complaints and requests for assistance concerning violations of the ADA Code of Professional Conduct to Dr. David Eggleston and the Prosthetic Dental Care Programs Committee. When requested by sections or members, Dr. Eggleston's committee will draft appropriate letters for the President's signature and provide other assistance to help influence the enactment of state legislation, to encourage agreements by yellow page publishers and to support compliance with existing state regulations.

Having completed action on its charges, the Ad Hoc Committee was discontinued.

Complaints or requests for assistance may be sent to the Central Office or directly to Dr. Eggleston.

—William A. Kuebker, DDS

REPORT OF PROJECT COMMITTEE 35 ISCC COLOR MATCHING OF HUMAN TISSUES

Stephen F. Bergen, Chairman

Subcommittee 35 held its Annual Meeting in Pittsburgh, Pennsylvania. This past year Dr. Richard McPhee has taken over the leadership of the Color Matching Committee of the American College of Prosthodontists. The main project for this year was to complete the compiling and approval of the glossary of prosthodontic terms. That committee of the College has been charged with compiling color terms to be included in the glossary. Subcommittee 35 members are part of that review process.

There were several attendees who were not familiar with the role of color in Dentistry and Maxillofacial Prosthetics. I discussed the various problems and implications of each area in Dentistry where color was an issue.

At this Annual Session of the ISCC, the use of a spectrophotometer with fiberoptic capabilities was discussed. The instrument, connected to an I.B.M. P.C. has the capability of reading and analyzing spectral data from a tooth and displaying its appropriate data and curves on a C.R.T. or printer. The table top spectrophotometer is a state of the art instrument and holds much promise for dental as well as many other fields. The instrument is at present available for use in the paint industry. Sample matches were shown and discussed. The instrument has applicability clinically as well as for extensive tooth color research. September 85 is the target date for its debut. If the schedule can be met, and some work completed, results will be presented at next year's meeting.

Other areas of application of this spectrophotometer are the automotive and cosmetic industries. A representative of both groups attended our Committee and entered into the discussion. Once a fiberoptic instrument is available, many applications heretofore impossible, or at least impractical, can be reexamined.

The highlight of this meeting was a lecture given by Dr. Roy Berns of R.P.I. He was asked to discuss the Opponent Color System and why there are different primaries and complementary colors in the systems we use. The CIE LAB, CIE LOVE, ADDITIVE, SUBTRACTIVE systems were discussed.

Another topic for review was whether Metamerism as classically understood was really an issue in Dentistry, or were we dealing primarily with a color difference problem. It seems both concepts are influencing what we see, but that problems other than metamerism play such a strong role in how the color is seen in final product (standardization, materials, formulation, shade guides, etc.), that metamerism plays a secondary or even tertiary role. Color differences can be so great that metamerism may be minor.

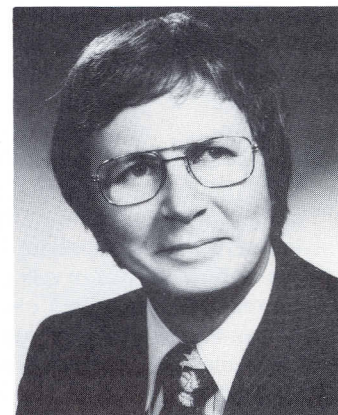
Operatory lighting was examined in view of the fact that several fluorescent tubes have appeared in the market place and have not been reexamined by the dental industry. I, and my wife, Juliet, also a prosthodontist, plan to conduct a study of available lights over the summer. The study will be modeled

after the one I did at Walter Reed in 1977.

Several other topics were discussed in the 2 hour session. It was a most fruitful and educational meeting.

MEMBERS IN THE NEWS

Dr. Bob Elliott - reelected to a 3 year term as Secretary of District of Columbia Dental Society; elected President of Zeta Zeta Chapter OKU; elected Vice President of the American College of Dentists; reelected Alternate Delegate to the House of Delegates of ADA from District of Columbia Dental Society.



Dr. Niles Guichet - Past President of the American Equilibration Society, nominated to the position of President-Elect of the American Academy of Esthetic Dentistry. He will soon be starting a prosthodontic group practice at the St. Joseph Medical Center Providence Building in Orange, California.

Dr. Sam Adkisson - professor of prosthodontics selected by students as the John P. McGovern Outstanding Teacher for 1985 at University of Texas, Houston.

SYNOPSIS OF PAPERS PRESENTED AT THE SEATTLE ANNUAL OFFICIAL SESSION

By Dr. Don Garver

TITLE: Osteoporosis; Oral Manifestations of A Systemic Disease

Lecturer: Dr. J. Crystal Baxter

Osteoporosis is the rapid unexplained bone loss that occurs and may attack any area of the body. This disease may be the cause of "impossible" prosthodontic treatment regimes and may be the cause of creating the impossible denture patient - one who exhibits difficult physical and mental clinical symptoms. Dr. Baxter started her presentation by reviewing an article on this subject. She published this information in the Journal of Prosthetic

Dentistry, August, 1981, Volume 46, Issue #2. She stated that the disease is simply a lack of bone density. The chemistry of the bone has not changed and the mineral ratio is normal. It is a disease that causes loss of bone. She further stated that 26% of white, Caucasian females will have osteoporosis by the time they are age 60 and 50% of this group will be afflicted by this disease by the time they are 75. Further statistics show that osteoporosis may cause six million spontaneous fractures per year in the United States and that severe secondary systemic complications arise from these fractures. These facts make osteoporosis one of the leading causes of death in the female.

In a discussion of the calcium content of the body, Dr. Baxter noted that 99% of the available calcium of the body is within bone. The remaining 1% is held within cell membranes. On a daily average, the normal patient will lose 400 to 500 milligrams of calcium through normal, renal (kidney) clearing. In the female the loss is greater because of lactation, pregnancy and estrogen changes depending upon the age and the physical condition of the patient.

In another article by Dr. Baxter, published in the Journal of Prosthetic Dentistry in February, 1984, Volume 31, Issue #2, she evaluated the nutritional intake of denture patients and found that due to artificial foods, modern cooking habits, and food processing systems, there is a reduced intake of calcium through normal food consumption. Such things as artificial cream and milk substitutes are eliminating the normal calcium content in otherwise excellent full value foods.

Dr. Baxter continued a thorough presentation of this disease entity by stating that many of our prosthetic problems may not be prosthodontic in nature. Specific oral tissue insufficiencies might be the result of systemic osteoporosis showing up in the oral cavity. During the normal dental examination, we can often miss an early diagnosis of osteoporosis because 40% or more bone loss is necessary before an osteoporotic effect will be seen in a radiographic survey. In severe osteoporosis, the panoramic radiograph of the residual ridges will appear as a moth-eaten image on the radiographic film.

Dr. Baxter concluded her report by stating facts and figures from the Archives of Medicine and the New England Journal of Medicine. In these

reports, it was shown that the endocrinologist, the orthopedic surgeon and osteopathic centers are available for evaluation of the patient that has been diagnosed with the potential of osteoporotic disease. Different types of examinations can be done by physicians who are skilled in this particular area of diagnosis. One of these exams is photoabsorbometry. This is an examination in which the patient places their arm into a piece of medical equipment and an evaluation of the osteoporotic effect of the long bone of the arm is accomplished. The normal fee for this type of evaluation is \$75.00. In a treatment review in the New England Journal of Medicine by Dr. Riggs, it was shown that there was a 50% decrease in the number of osteoporotic, body complications in patients who had been treated with fluoride, calcium and estrogen, as opposed to those patients who had received no treatment. There was a decrease in the number of accidental injuries in patients who were treated with only one of the three items - either the fluoride, calcium or the estrogen.

In summary, Dr. Baxter stated that because of the "New Pepsi Generation" and the increase in consumption of other liquids besides milk, we will probably see an increase in the amount of osteoporosis. It was suggested that a 1000 mg. per day calcium supplement be added to the diet. and the dietary supplement be taken in smaller, spaced doses throughout the day.

Dr. Baxter's plea was for the prosthodontist to evaluate their patients, particularly in the area of osteoporotic effects, so that we might prevent the eventuality of or the perpetuation of the "impossible denture patient."

TITLE: Obtaining A Three-Dimensional Image of Osseous Topography, Using A C.P. Scanner

Lecturer: Dr. Glen McGivney

The prosthodontist requires information pertaining to tissue support and an understanding of the anatomic foundation before constructing any prosthesis. Dr. McGivney gave a review of dental radiography that has been utilized by the prosthodontist for the evaluation of the internal aspects of the bony residual ridge. He stated that a thorough examination of the oral cavity includes a combination of a visual exam, a palpatory review of the hard and soft tissues, and a radiographic survey of soft and bony tissues involved in the treatment program. He

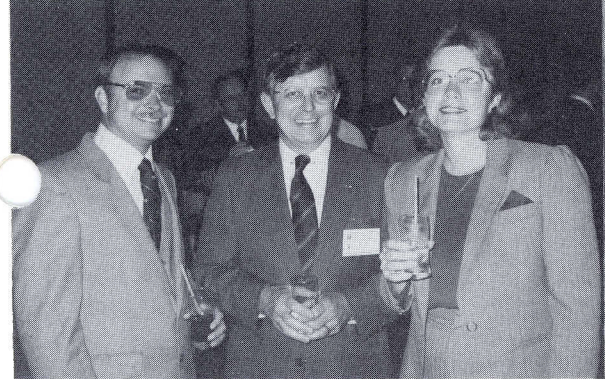
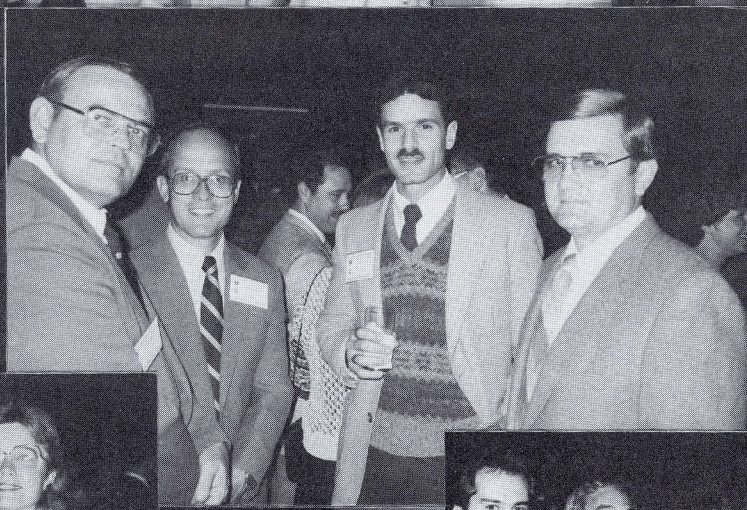
showed that new techniques have been developed to better review the bony formations that we will use in our treatment programs. The periapical radiographic review, the cephalometric review, and any other type of full skull radiographs are not as valuable as the new three-dimensional images provided by a C.P. Scanner.

An interpretation of the results for the remainder of this lecture was based on the utilization of a G.E.C.T. 9,800 scanner and the Data General S/140 computer system. These new technological components generate a three dimensional image of the topography of the osseous structures and the covering mucosa. This is accomplished by taking approximately 3,000 positioned pictures that are compiled into one clear cut image of great value in residual ridge anatomic interpretation.

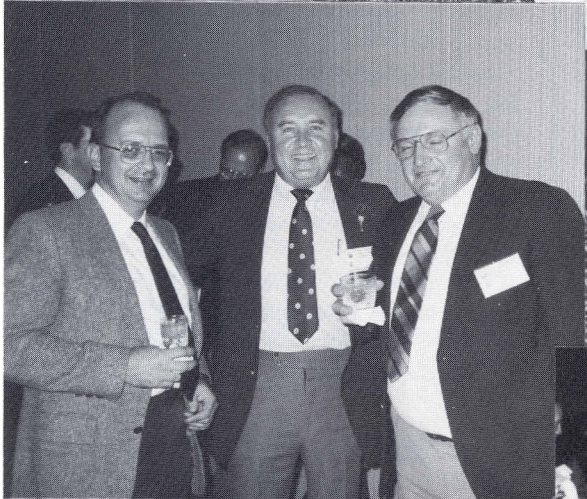
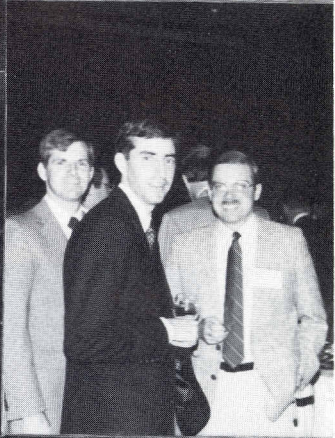
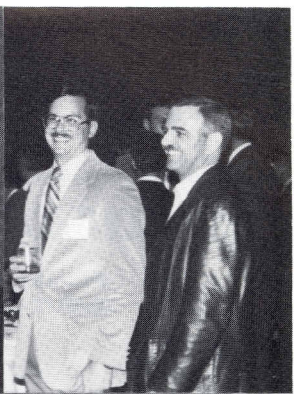
The potential use of the CAT scanning system was evaluated by the use of 5 cadaver skulls. The maxilla and mandible were degloved and evaluated, using the 3-D image interpretation. These images were compared to photographs of the bony configurations and also the actual maxillary and mandibular bones. This three-part evaluation of 5 cadaver jaws proved that osseous contours, as interpreted with the visual and palpatory evaluation of tissue covered ridges, are quite different from what is beneath soft tissue. Dr. McGivney showed that proper utilization of the scanner and computer components will yield information that can be correlated to give an interpretation of the true bony contours.

Different views of the same maxillary/mandibular arch can be accomplished on coronal, sagittal, horizontal, vertical, axial and anterior/posterior images. The bone quality (amount of cortical plate and medulary spaces) is positively evaluated and the density can be computed in units as evaluated and determined by the computer. The coronal image appears to be the view that is most necessary to give the prosthodontist the information needed. Coupled with the coronal image, the horizontal and sagittal images give an excellent evaluation of osseous ridge structures.

Dr. McGivney did not say that the use of this scanner would be advantageous in the placement of osseointegrated titanium fixtures. However, this co-editor's evaluation of comments made by the lecturer is that the placement of osseointegrated fixtures can be com-
(Continued Page 20, Col. 1)







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puted and could avoid situations where fixtures are improperly placed.

Dr. McGivney stated that the amount of radiation received by the patient in this C.P. Scan evaluation is approximately 4 RADS. This is no more than a full-mouth periapical series of radiographs. There is little scatter radiation involved in the procedure. The cost of the scan is usually \$275 to \$350, covered under medical orthopaedic insurance plans and listed as Diagnostic Procedures for Tissue Integrated Orthopaedic Reconstruction.

In summary, Dr. McGivney's lecture pointed out that the true topography beneath the soft tissue of bony residual ridges cannot be predicted adequately without a thorough 3-D image projection, utilizing the C.P. Scanner.

DENTAL ASSISTING BOARD ANNOUNCES 1986 EXAMINATION SCHEDULE

The Dental Assisting National Board (DANB) announced its 1986 examination schedule. The Certifying Examinations for dental assistants will be held February 13-15, June 12-14, August 21-23, and November 6-8. The tests

are for certification in General Chairside Assisting, Orthodontic Assisting, Oral and Maxillofacial Surgery Assisting, and Dental Practice Management Assisting.

Additionally, an examination for dental Radiation Health and Safety (RHS) is offered to enable dental assistants to comply with state regulations in this area. Currently, the states of Arizona, Indiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, New Mexico, South Dakota, and Virginia require or accept the RHS Certification awarded by DANB.

The examinations will be administered nationwide at 180 testing centers. Applications, location of test sites, examination eligibility requirements and other information is available through the Board or through local agencies.

The CDA General Chairside Assisting is the basic certification of the National Board, created 37 years ago to establish standards of performance for dental assistants. Nearly 100,000 dental assistants have been awarded the designation Certified Dental Assistant. There are currently 25,000 certificates in force.

THE ASSOCIATION OF PROSTHODONTISTS OF CANADA

Come to Vancouver, British Columbia, Canada and attend World Expo 1986. The Association of Prosthodontists of Canada and the Canadian Academy of Prosthodontics will hold their annual scientific session June 26-29, 1986.

For information contact Dr. C. Osetz, Faculty of Dentistry, University of Alberta, Edmonton, Alberta T6G 2N8

DENTAL SCHOOL RENAMED

In a recent announcement Fairleigh Dickinson University School of Dentistry has been renamed Fairleigh S. Dickinson, Jr., College of Dental Medicine. The new mailing address is:

Fairleigh S. Dickinson, Jr.
College of Dental Medicine
Fairleigh Dickinson University
140 University Plaza Drive
Hackensack, NJ 07601