



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS



MEMBER PUBLICATION
AMERICAN ASSOCIATION OF DENTAL EDITORS

VOLUME 10

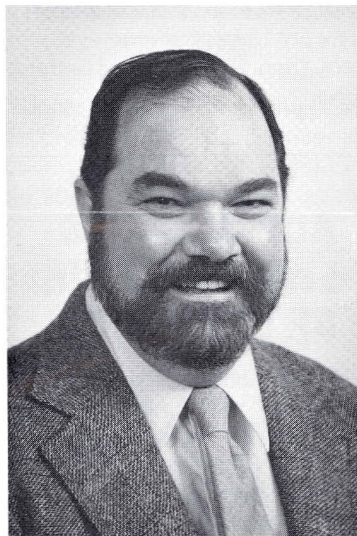
NUMBER 1

SPRING 1982

PRESIDENT'S MESSAGE

None of us like to receive a tax bill and some may not even like to hear that the mother-in-law is coming to visit. However unpalatable as it may be, the time has come for us to evaluate the effect that accreditation and licensing has on prosthodontic education. The Commission on Accreditation feels that their primary goal is to evaluate the educational process. The Commission pointedly refrains from requiring any specific minimal educational experiences unless a national crisis is perceived. In fact, agencies that accredit postsecondary educational programs do not dictate specific curriculum guidelines, course content or competencies to be achieved.

While dental schools are often referred to as institutions of higher learning they are populated by newcomers to dentistry. Four years in such a professional school equate to the first, second, third, and fourth grade of dentistry. Courses in a four year curriculum should be designed to teach an adult learner the basic skills, and knowledge of dental care. Currently, dental school administrators and faculty decide what they will teach. There is no obligation to outside agencies to provide either specific minimal educational experiences or competency in dental care. They may elect to commit both diminished curriculum time and financial resources to the effort. Should local opinions and pressures interact to produce clinically inept



interact to produce clinically inept graduates, the Commission may still determine that the educational process warrants full accreditation.

One might contend that this description is a bit harsh on the accrediting agency. It is not intended to be. The frustration arises over the repeated use of terms like requirements and guidelines. As used and published by accrediting agencies the terms are specific only in their generalities. Qualifying terms such as "it is expected", "should include", "should accommodate", "should be flexible", should afford opportunities to", are constantly used to describe the requirements.

And they apply only to the educational process i.e. administrative structure and resources. In other words, accreditation certifies that

adequate organization, structures, and supplies are available to teach dentistry. The agency neither lists specific learning objectives nor evaluates the competency of students.

For one reason or another there arose a concern amongst the delegates of the 1977 ADA convention that clinical competence in removable prosthodontics was slipping. In the June 16, 1978 issue of the ADA News, an article entitled "Status of 1977 House of Delegates Resolutions" reported on the resolution adopted by their delegates. The statement reads:

Resolution 7H: Encouraging the American Association of Dental Schools to recommend to its member schools that training provided dental students in removable prosthodontics be strengthened and also encouraging the American Association of Dental Examiners to recommend to each board of dentistry that an evaluation of the candidate's competence in removable prosthodontics be further strengthened in licensure examinations. A letter was sent by the ADA executive director to both of these Associations requesting that consideration be given to encouraging their member institutions and agencies to comply with these requests.

Some years ago specific guidelines for removable prosthodontic education were developed by the

Federation of Prosthodontic Organizations, forwarded to the Council on Dental Education, referred to the American Association of Dental Schools, refined by the Removable Prosthodontic Section of AADS, approved by the Executive Committee of AADS, and published in the Journal of Dental Education. No change occurred. Dental Schools are not required to use them as teaching objectives or standards for accreditation.

If the minimal content of dental programs continues to be determined by the teaching institutions and if the accreditation process does not evaluate the competency of the educational experience and its graduates, will licensing examinations eliminate the applicants who cannot perform adequately? Maybe yes! Maybe No!

Nationally, licensing examinations are inconsistent, fragmented and a jealously guarded right which is highly influenced by state interests. Some states are served by a regional testing service and may, in addition, require the applicant for licensure to show evidence of having successfully completed the National Board examination. On the National Board examination a candidate's knowledge of removable prosthodontics is evaluated by about fifty multiple choice questions. In the Central Region the candidate must also answer an additional group of multiple choice questions to establish competency. That is all! Nobody checks to see if the candidate can make an acceptable impression, match a shade, or accurately record jaw relations.

Do these long standing practices of education, accreditation and licensing promote excellence in prosthodontic care? If they do, then why do practitioners ask laboratories (1) to survey and design their removable partial dentures, (2) select and verify shade, (3) select teeth, and (4) provide them with work authorization forms (some states have no standardized form)? How much do these practices contribute to the denturism problem? One can only guess. However, to deny and degree of cause and effect seems unreasonable. Yet, very few dental educators accept any responsibility for their role in the problem at hand.

Undergraduate dental programs are the source of applicants to graduate prosthodontic education.

We should be concerned about both the competency of those applicants and the quality of the educational experiences which produced those skills and knowledge. Let us not rest on the oars of the founders of prosthodontics. They gave us our start. Today's challenges in prosthodontic education and evaluation need the creative solutions that prosthodontists can provide.

Asking who ought to take the initiative in creating changes in removable prosthodontic education is like asking who ought to be the tenor in a quartet. The man who can sing tenor. Whether his musical training was adequate, or whether he can provide the quality of voice needed to enhance the music of the quartet will be known when the tenor sings.

If we really want to know how good dental education is, we had better check the ability of the graduate to deliver competent clinical care. If we really want to improve the evaluation system, then you and I had better get moving.

—Dean L. Johnson

ACP SUBMITS VIEWS ON FUTURE OF DENTISTRY

At the direction of the Board of Trustees of the American Dental Association who were responding to a mandate of the 1980 House of Delegates, staff of the ADA are developing a comprehensive plan to address matters of education and manpower as they relate to the future of dentistry. The three phase study development plan devised by a special committee appointed by the ADA president calls for:

Phase 1.- Development and critical evaluation of the planning assumptions.

Phase 2.- Development and review of descriptive working concerning:
Dental Research
Dental Practice
Dental Education
Dental Manpower
Public/Professional concerns.

Phase 3.- Formulation of a plan and recommendations for the future of dentistry.

In comments submitted to Dr.

Thomas J. Ginley associate executive director of the ADA relative to the preliminary planning assumptions the College took the position;

1. That unless an effective caries vaccine was developed or fluoridation of the water supply is expanded, the marked reduction in caries witnessed to date will stabilize.
2. That recognition of some specialties may be eliminated vice some specialties may be eliminated.
3. That to the statement "the percentage of practice time devoted to restorative and prosthetic services will decrease," it was recommended to add the clause "if the efforts to control periodontal disease and caries are successful".
4. That the statement "the scope, content and length of the dental education continuum will change", be modified to say that, "the length of the curriculum will likely remain the same."
5. That the statement, that specialty programs will decrease during the decade, flies in the face of the explosion of knowledge.
6. That tenure and promotion opportunities will decrease as parent institutions' financial resources dwindle.
7. That full time faculty will be replaced with part time and volunteer faculty.
8. That demand for care and need for care are not synonymous.

The above is not the complete list of assumptions addressed. Should a member desire more details regarding this College effort, please request a copy of the response to the ADA from the Secretary, Dr. Robert C. Sproull, 10912 Gary Player Drive, El Paso, Texas 79935.

MONTEREY CALIFORNIA

"The Finest Meeting of Land and
and Water in Existence"

Robert Louis Stevenson
Adventure is a conference on the
Monterey Peninsula....

SPECTACULAR SIGHTSEEING: No
matter where you look, there's a
picture-scene--from the deep hushed
Del Monte forest to Pacific Grove's

flower garden shoreline, from the sweeping panorama of Carmel Valley to the thundering surf of Point Lobos..

The Monterey Peninsula is history itself. All about are well preserved mementos of California's early days. They're there for you to enjoy. The old relics of the years when Spain ruled, then Mexico, until the day Commodore Sloat raised the Stars and Stripes over the Custom House. **GREAT GOLFING:** There are seventeen golf courses on the Peninsula. Some by the shore, some in the valleys. Is it any wonder that it is called the "golf capital of the world"? **PICTURE TAKING:** A camera fan's paradise. No other place offers such an exciting variety of picture possibilities. There's surf and sand, historic buildings, wildlife, Monterey's Cannery Row, Pacific Grove's Victorian homes, the famous Butterfly trees, the spectacular 17 Mile Drive, the old missions, fellow Prosthodontists, etc. etc.

DELIGHTFUL DINING: There are over 220 dining places on the Monterey Peninsula. Dishes from the nearby sea, French cuisine, exotic Japanese and Chinese foods, authentic Scandinavian specialties, English Scones, Italian Scallopini, Russian Roast Wild Boar, Monterey Abalone, Mexican Chiles Rellanos, and Alka Selter.

SHOPPING GALORE: The Monterey Peninsula is nationally known as a great center of creative arts for distinctive works on canvas, in metal, wood, clay, or precious stones. Skilled artists, artisans and craftsmen present these for you to see and enjoy (and buy, of course-bring your office checkbook) in galleries and shops throughout the Peninsula.

As you can tell there is plenty to do during your visit to Monterey. The Super Scientific Session combined with Spectacular Country Side will make the 1982 Annual Meeting one to remember for years to come.

PLAN TO ATTEND

The 13th annual session of the College will be held at the Del Monte Hyatt Motel in Monterey California, November 2-4, 1982



A Golfer's Paradise

COLLEGE ACTION TEAM

Since its beginning, the College has been highly productive in its accomplishments for prosthodontics and the public which the specialty and its members serve.

This is due to the innovative, energetic, devoted, intelligent, loyal and dedicated committee members who have served the College since its inception--- for it is in committee where the work is accomplished.

The officers and Executive Counselors are constantly striving to involve all and especially the younger members of the specialty and to identify those who are willing and will take the time to work for and lead the group.

Since one-third of the membership of the Standing Committees change yearly the Presiden-elect seeks to find those who want the challenge of participating in shaping the future of the specialty.

President-elect Bartlett will be replacing those who are listed as having one year to serve. If you are interested in working with a College committee, please write to Dr.

Dr. Stephen O. Bartlett
College of Dental Medicine
171 Ashley Avenue
Charleston, S.C. 29403

or telephone him at his office (213) 743-8715, or home (213) 821-8156

Listed below are the committees which are serving the College until the next annual Official Session:

Constitution & Bylaws

Dr. Robert J. Sarka, Chairman, 1 year
Dr. Thomas W. Brehm, 1 year
Dr. Bill B. Lefler, 2 years
Dr. Erik D. Cragg, 2 years
Dr. Federick S. Muenchinger, 3 years
Dr. Ross H. Hill, 3 years

Education and Advancement

Dr. Cosmo V. DeSteno, Chairman, 3 years
Dr. Carl J. Andres, 1 year
Dr. Dorsey J. Moore, 1 year
Dr. Carl A. Hansen, 2 years
Dr. Richard T. Brown, 2 years
Dr. Stephen L. Welsh, 3 years

Membership Credentials

Dr. Phillip V. Reitz, Chairman, 3 years
Dr. Williams E. Smith, Jr., 1 year
Dr. William A. Welker, 1 year
Dr. Ned B. Van Roekel, 2 years
Dr. Robert S. Staffanou, 2 years
Dr. George E. Monasky, 3 years

Auxiliary Dental Personnel

Dr. Richard E. Coy Chairman, 2 years
Dr. Harold Crosthwaite, 1 year
Dr. Evy Lise Kaarvang, 1 year
Dr. Edgar N. Kopp, 2 years
(Awaiting Dissolution)

Research

Dr. Thomas P. Sweeny, Chairman, 3 years
Dr. Lawrence Gettleman, 1 year
Dr. Ronald D. Woody, 1 year
Dr. Bert T. Cecconi, 2 years
Dr. Morton Rubin, 2 years
Dr. F. Michael Gardner, 3 years

Public & Professional Relations

Dr. William A. Jennings, Chairman, 2 years
Dr. William B. Akerly, 1 year

Dr. James T. White, 1 year
 Dr. Robert G. Tupac, 2 years
 Dr. John E. Ward, 3 years
 Dr. Frances E. Clark, 3 years

Necrology and Eulogy

Dr. John D. Mose, Chairman, 3 years
 Dr. Richard A. Smith, 1 year
 Dr. Leslie Young, Jr., 2 years

Ceremonies & Awards

Dr. William A. Kuebker, Chairman, 1 year
 Dr. Lynn Gracey, 2 years
 Dr. John S. Ostrowski, 3 years

Color and Color Matching

Dr. Stephen F. Bergen, Chairman, 1 year
 Dr. Charles R. DuFort, 1 year
 Dr. William H. Griswold, 2 years
 Dr. Ronald B. Gunderson, 2 years
 Dr. Marion J. Edge, 3 years
 Dr. Joseph R. Cain, 3 years

Prosthetic Dental Care Programs

Dr. David W. Eggleston, Chairman, 2 years
 Dr. William H. Pruden, 1 year
 Dr. George J. Schuetz, 1 year
 Dr. Philip E. Hutcheson, 2 years
 Dr. Daniel Y. Sullivan, 3 years
 Dr. Juan B. Gonzalez, 3 years

Nominating Committee

Dr. Girard J. DiPietro, Chairman
 Dr. Stephen O. Bartlett
 Dr. Richard E. Coy
 Dr. Warden H. Noble
 Dr. William J. Pagan

Committee on the Private Delivery of Prosthodontic Care

Dr. James M. Shields, Chairman 1 year
 Dr. Baron G. Barnett, 1 year
 Dr. Paul P. Binon, 2 years
 Dr. Patrick W. Murphy, 2 years
 Dr. Lawrence S. Churgin, 3 years
 Dr. Thomas J. McGarry, 3 years

Committee on Site Selection

Dr. Richard J. Grisius, Chairman, 2 years
 Dr. Mohammad Mazaheri, 1 year
 Dr. James R. Moergeli, Jr., 2 years
 Dr. Stephen M. Parel, 2 years
 Dr. Louis B. Jannetto, 3 years
 Dr. Raleigh A. Holt, 3 years

Ad Hoc Central Office Local Advisory Committee

Dr. Robert M. Morrow, Chairman
 Dr. James A. Fowler, Jr.
 Dr. Kenneth D. Rudd

Ad Hoc Committee on Prosthodontic Nomenclature

Dr. Jack D. Preston, Chairman
 Dr. Carl W. Schultzer
 Dr. Joel C. Gelbman
 Dr. Harold W. Preiskel
 Dr. Edwin H. Smith, Jr.
 Dr. Don W. Morgan

Ad Hoc Committee for Sponsorship of the American Board of Prosthodontics

Dr. Jack D. Preston, Chairman
 Dr. Edwin H. Smith, Jr.
 Dr. Robert M. Morrow
 Dr. Girard J. DiPietro

Ad Hoc Committee on the International College of Prosthodontics

Dr. Jack D. Preston, Chairman
 Dr. Robert W. Elliott, Jr.
 Dr. Kenneth D. Rudd

Ad Hoc Committee on Area & Regional Sections

Dr. Stephen O. Bartlett, Chairman
 Dr. Jack D. Preston
 Dr. Thomas J. Balshi
 Dr. John B. Holmes
 Dr. Evy Lise Kaarvang

Annual Session Chairman, 1982 Monterey, California

Dr. Stephen F. Bergen

Local Arrangements Chairman, 1982 Monterey California

Dr. John E. Rhoads

Newsletter Editor

Dr. Robert W. Elliott, Jr., 3 years

Associate Editor to the J.P.D.

Dr. Dale H. Andrews, 2 years

Historian

Dr. Lucius W. Battle, Jr., 2 years

FROM THE SECRETARY

Since the last issue of our Newsletter the Executive Council once more held its midwinter meeting in Chicago in February. Living as I do in sunny El Paso, I am likely to complain when the weather gets cold--so you can understand that the snowstorm that greeted me when I arrived in Chicago on a Thursday afternoon didn't exactly bring out the best of my sunny disposition. I reminded myself that it is probably not a masochistic tendency that keeps the Executive Council going back at the height of Chicago's winter season. (Like a self destructing moth to a flame). Long ago it was decided that this non-funded meeting should be held at a time and place that would impose the least financial hardship on those attending. Since most of those attending the Council meeting attend the Chicago ADA Midwinter meeting or other meetings in that time frame, Chicago was chosen. I think I can buy that, but, at the risk of being lynched next year in Chicago, I wish they would transfer the ADA Chicago Midwinter Meeting to someplace in the south! I'll even get El Paso to change it name to Chicago for the week.

The meeting saw sixteen hours worth of work compressed into eight; but, as you read the **Newsletter**, you can see that thoughtful consideration was given to each plan and decision. The committee chairman reported solid progress in their committees' work--they keep the College the vital force that it is. We're all concerned about deficit spending and we can all be proud of the fiscal responsibility of the College. Noel Wilkie, our Treasurer, was complimented upon the completion of his report, for having the finest operating fiscal unit in existence in any organization. The Budget Committee, under Noel's chairmanship, is grimly at work trying to keep operating expenses in hand in the face of ever-increasing costs for everything we do--and doing a magnificent job. One of the cost saving steps to be taken is to contract with M.C.I. or Sprint to reduce the cost of long distance telephoning.

Several good news items came out of Cosmo De Steno's Education and Advancement Committee. Volumes I and II of Classic Prosthodontic Articles have been reprinted by now, and Volume III is off the press and

GEORGIA AND SOUTH TEXAS JOIN GROWING NUMBER OF COLLEGE SECTIONS

The Executive Council at its February meeting in Chicago voted unanimously to accept petitions of College members in Georgia and South Texas for Section status.

The first chairman of the new Sections are: Michael A. Carpenter for Georgia and Stephen L. Welch for South Texas.

The new Sections bring to ten the number of such regional College organizations. The list of College Sections follows:

Section	Chairman
California	Dr. Ward H. Noble
Georgia	Dr. Michael A. Carpenter, Acting
Maryland	Dr. Sylvan Feldman
National Capital Area ...	Dr. Richard A. Hesby
New England ...	Dr. Remo A. Sinibaldi, Acting
New Jersey	Dr. James A. Stackhouse
Ohio	Dr. Donald C. Kramer
Pennsylvania	Dr. Yahia H. Ismail
South Carolina	Dr. Robert V. Keith
South Texas	Dr. Stephen L. Welch

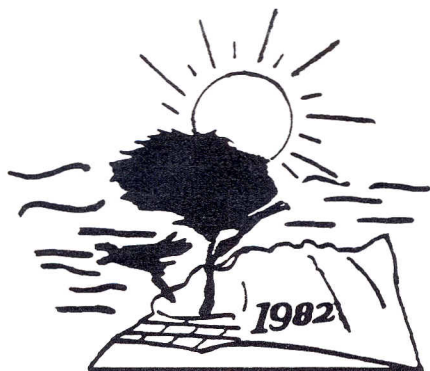
available. The Affiliates-Associates Breakfast that proved so popular in the past has expanded into a Review Course for the American Board of Prosthodontics Examination.

The Review Course will be held on Tuesday, 2:00 to 5:00 P.M. at the Monterey meeting--again thanks to Cosmo and his committee. An Index to the Journal of Prosthetic Dentistry is still another project of this committee and the Index should be available for purchase at the Monterey meeting!

The other committee reports reflected that dedication to the College exemplified by Cosmos' activities.

Steve Bergen, Chairman of the Annual Meeting, gave a complete report. Everything is finalized and only awaits the date and our arrival. Peg and I have stayed at the Hyatt Del Monte and can enthusiastically recommend it. Steve's professional program and John Roads' social events should truly make this an outstanding get-together and I hope to see all of you there!

—Bob Sproull



THE GOLDEN STATE OF PROSTHODONTICS MONTEREY SCIENTIFIC PROGRAM

The 1982 Scientific Session will be absolutely superb. The speakers truly represent the golden state of our art and science. The planned speakers are as follows:

—Gerald Barrack, D.D.S.—
"The Etched Metal, Resin Bonded Fixed Prosthesis"

—S.N. Bhaskar, B.D.S., M.S., Ph.D.—
"Periodontal and Other Soft Tissue Lesions of Prosthodontic Origin and Their Treatment"

—David Garber, B.D.S.—

"The Edentulous Ridge-- The Ovate Pontic--Creating the Esthetic Illusion"

—Masahiro Kuwata—

"The Construction of a Ceramo-Metal Restoration"

—Arthur Krol, D.D.S.—

"Rotational Path Concepts in Removable Partial Dentures"

—Mohammad Mazaheri, D.D.S., M.Sc.—

"Prosthetic Management of Patients with Oral Facial Anomalies"

—Jack D. Preston, D.D.S.—

"An Objective Approach to Dental Esthetics"

—Harold Slavkin, D.D.S., Ph.D.—

"Congenital Craniofacial Malformations: Issues and Perspectives"

—Ken Wical, D.D.S.—

"Common Sense Dietary Counseling for Prosthodontic Patients"

—Joel Zahler, D.D.S., M.S.—

"Establishing and Controlling the In-House Dental Laboratory"

3 Research Paper Finalists

Luncheon Speaker - Mark Gorney, M.D.

"Advertising in Medicine and Dentistry: A Prescription for Disaster"

REQUIREMENTS FOR ASSOCIATE MEMBERSHIP CHANGED

Some applicants for Associate membership have had difficulty obtaining the necessary documents to support the application requirement the he or she submit a statement stating that he or she had satisfactorily completed an ADA approved-residency training program. This requirement will now be met by a certificate from the Educational Institution testifying to the above or a notarized signed statement from the program mentor/director that the required program had been satisfactorily completed.

UPDATE ON BOARD SPONSORSHIP

Three members of the College and three officers of the Federation of Prosthodontic Organization met in

New Orleans during the American Association of Dental Schools meeting to discuss sponsorship of the American Board of Prosthodontics by the American College of Prosthodontists.

Those present for the College were President Johnson, President-elect Bartlett and Past President DiPietro. Representing the Federation were President Laney, President-elect Lepley and Vice President Atwood.

Talks were frank and positions of both organizations were discussed as well as a "proposal" prepared by Vice President Preston, Chairman of the College's Ad Hoc Committee for Sponsorship of the American Board of Prosthodontics. No conclusions were reached but it was agreed that the conferees would meet again at the Federation sponsored Mentors Conference in Chicago in April.

At the time of the meeting in New Orleans less than fifty percent of College members had paid the FPO assessment of \$50.00.

WASHINGTON SCENE

The following are quotations from the Washington News BULLETIN Volume 15 No. 2 April 1982, a publication of the Washington Office of the American Dental Association.

Federal Trade Commission: On March 23, the Supreme Court issued a split decision of 4-4 in the *American Medical Association v. Federal Trade Commission* case.

The Supreme Court decision focused on and FTC complaint and ruling against the AMA relating to physician advertising. A similar complaint was filed against the ADA in 1978. The ADA settled its action after entering into an agreement that it would be bound by the final decision in the AMA case.

Meanwhile, the Supreme Court decision, according to the Association, only underscores the need for Congress to clarify the FTC's jurisdiction and authority over state regulated professions, such as dentistry.

In the Senate, the Subcommittee on Consumer recently completed hearings on the FTC authorization. Despite strong opposition voiced by FTC Chairman James C. Miller, III to proposed legislation, such as S. 1984, it is understood that Senator Robert Kasten, R-WI, Chairman of the Subcommittee, is developing

legislation, that would clarify FTC jurisdiction and authority with respect to state regulated professions such as dentistry especially as it relates to overriding state laws relating to the practice of dentistry.

On the House side, the Energy and Commerce Subcommittee on Commerce, Transportation, and Tourism has begun similar hearings on the FTC authorization.

In connection with these hearings, David Stockman, Director of Office of Management and Budget, has written Subcommittee Chairman James Florio, D-NJ outlining the Administration's opposition to pending legislation, S. 1984 and H.R. 3722. In response to this letter, Dr. Robert H. Griffiths, ADA President, sent a telegram to Mr. Stockman stating that "the dental profession believes that its record on providing quality dental care services at reasonable prices and encouraging a competitive environment speaks for itself, and that such regulatory intrusions by the FTC are unwarranted, unnecessary, and violate the doctrine of States' rights".

Pending before the Subcommittee is H.R. 3722, the Luken-Lee amendment, which would limit, through the imposition of a moratorium, FTC activities with respect to state regulated professions, such as dentistry. H.R. 3722 now has 176 cosponsors.

The Association will be testifying before the Subcommittee following the Easter Congressional recess.

Dependent Dental Care: Unanimous support for a dependent dental care program was expressed by Defense Department officials and the three military Surgeons General during a March 24th House Armed Services Subcommittee hearing. Dr. John F. Beary, Acting Assistant Secretary of Defense for Health Affairs told the Congressional panel that "we are currently staffing within the Department a CHAMPUS dental benefit plan which would provide payment for basic preventive and restorative care received by dependents of active duty members. The Defense Resources Board has gone on record in support of such a plan and I hope to be able to present it to you soon."

These views were echoed by the Program Director of the Defense CHAMPUS who stated: "A CHAMPUS dental program has been under

discussion for the last 14 years. In recent years, there have been several times that the imminence of a dental program has come to public attention: each time raising, then dashing the expectations of CHAMPUS beneficiaries. This is particularly discouraging in that dental coverage is available for some 70% of employees in those industries most likely to compete for the employment of current and potential military personnel."

Despite these recommendations, prospects for Congressional action remain uncertain. The Pentagon has yet to receive Office of Management and Budget approval for its proposed "scaled-down" dependent dental plan (see February WASHINGTON NEWS BULLETIN). Administration backing is viewed as essential for enactment of a dental CHAMPUS authority in 1982. Key members of the Armed Services Committee have also indicated that the fate of the proposal would have to await the final outcome of the pending Defense Department budget. The likelihood of reductions in the Pentagon spending plan could jeopardize the funds which have been earmarked for a dependent dental care program.

Appropriations: The American Dental Association has been invited to testify before the House and Senate Appropriations Committees on the fiscal 1983 budget for the Department of Health and Human Services. The Association's recommendations will address funding for the National Institute of Dental Research, student loans, dental general practice residencies and fluoridation. before-correction

State Legislation: In 1982, issues related to dental benefit plans have generated attention in a number of state legislatures around the country. Nebraska has enacted a general regulatory statute governing dental prepayment plans, and the legislatures in Kentucky and Ohio have passed similar bills which are expected to be signed by their governors. Generally, these measures require that any party offering a prepaid dental service plan must have authorization from the state insurance commissioner, and must satisfy financial responsibility requirements. The Ohio legislation also contains a "freedom of choice" section, which provides an open enrollment period for dentists wishing to participate in a plan, and for the right of patients to select any dentist from among those

participating in the plan. At this writing, general regulatory bills are also pending in Alabama, Hawaii, and Michigan.

In Washington State, Legislation has been enacted to assist nonparticipating dentists and other providers to expedite the receipt of third-party payments due for health care services. The new statutes require that whenever the services of non participating providers are benefits of a health care service plan not allowing assignment of benefits, the plan must issue a co-payee check requiring the signature of both the provider and the insured.

In Michigan and New Jersey, "freedom of choice" legislation has been introduced which would require employers to offer alternative forms of coverage. Essentially, employers providing a dental benefit plan with a closed panel would be required to offer to their employees the option of subscribing to a dental plan which provides payment for dental services furnished by a dentist of the employee's choice.

Legislation in New York would prohibit an employee welfare fund or dental health plan from denying payment of benefits to any plan member who elects to obtain dental services from a dentist of the member's own choosing.

Both legally and legislatively, the waiver of patient copayments has been an active issue in 1982. Differing opinions and reactions by attorneys general in California, New Jersey and South Carolina indicate that the legality of this practice varies from state to state, and depends upon existing state laws governing insurance claims and professional conduct. Legislation addressing the waiver issue has taken two principal forms. As enacted in Wisconsin in 1981, professional discipline may be imposed upon a dentist who abrogates the copayment provisions of a contract by accepting the payment received from the third party as full payment. This proscription against the abrogation of copayments is one of five bases for professional discipline which are grouped together as repeated irregularities in billing third parties. Like other grounds for professional discipline, these provisions have parallels in tort law governing deceit and interference with contracts.

In West Virginia, legislation of a more general nature was introduced

providing that any person who knowingly - and with intent to injure, defraud or deceive any insurance company - files a statement of claim containing any false, incomplete or misleading information would be guilty of a felony. Another bill called for the suspension or revocation of a professional license when the licensee is convicted of a felony associated with his or her profession.

Attention has also focused upon legislation concerning dental auxiliaries and allied occupations. Bills to permit independent practice by dental hygienists were introduced in Vermont and Washington, while a bill to legalize independent contractor relationships was introduced in California. In five states there is legislation to establish certification requirements for dental assistants. Following the Consumer-Patient Radiation Health Safety Act of 1981, legislation has been introduced in three states to establish training and credentialing requirements for radiologic technicians. Generally, these bills would include dental auxiliaries who expose x-rays. Pursuant to the federal statute, the Department of Health and Human Services (DHHS) will publish in August its model standards on radiography training. These standards will then be distributed to the states for voluntary implementation. ADA and DHHS staffs are working closely as these standards are developed.

With regard to denturism, there have been active legislative efforts in some six states this year. In addition, there are voter initiatives now pending in Idaho, Oregon, and Washington State. In these three states, the requisite number of signatures of registered voters must be obtained for the initiative to be placed on the November ballot. In Idaho and Washington the initiatives propose to enact general statutes legalizing the independent practice of dentistry. In Oregon the initiative would amend the existing denturism statute adopted by the voters in 1978.

ACP GRANTED SPONSOR APPROVAL BY NCCDE

The National Committee on Continuing Dental Education (NCCDE) at its March 1982 meeting responded affirmatively to the

College request for Sponsor Approval.

The NCCDE granted "Sponsor Approval" to the ACP in activity classification A for a period of four years (March 1982 to March 1986).

In doing so the Committee recommended that the College develop an instrument of evaluation which would allow the participant "to assess mastery of course content or to evaluate the activity as a whole. Also opportunity should be provided for evaluation of course content, instructor effectiveness and administrative arrangement." It was further recommended that a method be developed and utilized for maintaining permanent and accurate records of individual participation.

It was suggested that a survey instrument be developed and utilized at the Annual meeting to determine the memberships desire relative to program development.

Activity Classification A is defined as live presentations of an essentially didactic nature including lectures, discussions, seminars, work shops, symposia, panel discussions, case presentations, grand rounds, etc.

Past President Rudd, Associate Dean for Continuing Education at the Dental School of the University of Texas Health Science Center at San Antonio was charged with the responsibility for seeking sponsor approval from the NCCDE.

1982 ANNUAL SESSION

The Golden State of Prosthodontics is a theme which will be richly demonstrated at the 13th Annual Session. The fellowship and knowledge shared amidst the membership will be remembered long after the meeting is adjourned.

The speakers are all nationally and internationally recognized experts in their fields. Monterey is internationally known as one of the most picturesque spots on earth--from the natural beauty of the Pacific battering the rustic beaches and walls of the Nation to both elegant and causal sites in Monterey and nearby towns.

John Rhoads, Local Arrangements Superchairman, has planned and arranged for as perfect a meeting as possible. Social activities for spouses and guests will be abundantly available so that the whole family will have an unforgettable trip to the West Coast. The next **Newsletter** will detail the specific activities for all available moments. So arrange to free your November 2-4 timeslot and plan to fill it with the Golden State of Prosthodontics.



Scene on 17 Mile Drive

of receiving care from a prosthodontist. It is the responsibility of organized prosthodontic societies to advance this type of thinking.

Further information about, or inquires pertaining to, this essay should be addressed to: Dr. Howard Bailit, 83 Mountain Terrace Road, West Hartford, CT 06107.

MEMBERS ENCOURAGED TO STAY AT MEETING HOTEL

The rooms for the Scientific Session and for the Executive Council meetings are generally provided by the Hotel at which the College meets on a complimentary basis. However, this is done on the supposition by the Hotel that College members will occupy a specified number of guest rooms.

In the past, College members have not always stayed in the host Hotel in sufficient numbers to meet projected commitments. This could be potentially embarrassing since in the present economic climate businesses (including hotels) are exercising their prerogatives which in this case would be to charge for what has previously been complimentary. More seriously, a Hotel might decline to book our organization's meeting.

In view of the above all members are urged if possible to book accommodations at the Host Hotel and in so doing support the College.

FPO EXECUTIVE COUNCIL MEETING

At its February meeting in Chicago on the 19th of February the Executive Council of the Federation of Prosthodontic Organizations took the following actions among others:

1. It was stated that a certified audit of FPO funds would be conducted at the end of 1982.
2. A proposal was entertained that the FPO become more active in the field of public relations and that Mr. Alan Lehigh be asked to make a presentation to the Federation. Member organizations could be asked to contribute financial support for the effort.

3. Recommended to the next House of Delegates that subscription fees for The Journal of Prosthetic Dentistry not be collected by the FPO and that the 1981 House resolution that directed this action be rescinded.
4. Requested that member organizations send their nominations for the new member of the American Board of Prosthodontics to the Central Office on time.
5. Addressed the ACP - FPO relationship and voiced hope of establishing a dialogue between the organizations.
6. Entertained offers to sponsor a Third International Prosthodontic Conference and received no firm response.

ADVANCE PROSTHODONTIC PROGRAMS AND DIRECTORS LISTED

Though this list was published in the December 1981 NEWSLETTER, a number of programs were inadvertently omitted. Therefore for the convenience of those who may wish to use it, it is republished in its entirety.

Any revisions or corrections to the list should be addressed to the Chairman of the College's Research Committee, Dr. Thomas P. Sweeney, 512 Scott Drive, Silver Spring, MD 20904, telephone (301) 384-0251.

GRADUATE PROGRAMS UNIVERSITY

University of Alabama
School of Dentistry
University Station
Birmingham, AL
Dr. Francis A. Goska

Baylor College of Dentistry
3302 Gaston Avenue
Dallas, TX 75246
Dr. Jesse T. Bullard

Boston University
School of Graduate Dentistry
100 East Newton Street
Boston, MA 02118
Dr. Ronald G. Granger

University of California at L.A.
School of Dentistry
Center for the Health Sciences
10833 LeConte Avenue
Los Angeles, CA 90024
Dr. Frank Kratochil

Emory University
School of Dentistry
1462 Clifton Road, NE
Atlanta, GA 30322
Dr. Donald A. Brunton Till 9/82
Dr. Girard J. DiPietro after 9/82

Fairleigh Dickinson University
School of Dentistry
110 Fuller Place
Hackensack, NJ 07601
Dr. Victor O. Lucia

Georgetown University
School of Dentistry
3900 Reservoir Road, NW
Washington, DC 20007
Dr. Herbert J. Towle, Jr. Till 7/82
Dr. Richard J. Grisius After 7/82

Medical College of Georgia
School of Dentistry
1120 Fifteenth Street
August, GA 30941
Dr. Ross H. Hill
Dr. Marvin Reynolds

Harvard School of Medicine
188 Longwood Avenue
Boston, MA 02115
Dr. Douglas Atwood

University of Illinois
College of Dentistry
801 South Paulina Street
Chicago, IL 60612
Dr. Patrick J. Pierre
Dr. James Buchman

Indiana University
School of Dentistry
1121 West Michigan Street
Indianapolis, IN 46202
Dr. Roland W. Dykema
Dr. Malcolm E. Boone
Dr. Varoujan A. Chalian

The University of Iowa
College of Dentistry
Dental Building
Iowa City, IA 52242
Dr. Kenneth A. Turner
Dr. Forrest R. Scandrett

College of Medicine and Dentistry
of New Jersey
New Jersey Dental School
100 Bergen Street
Neward, NJ 07103
Dr. Wayne T. Harris

Louisiana State University
School of Dentistry
1100 Florida Avenue
New Orleans, LA 70119
Dr. Israel M. Finger

Loyola University
School of Dentistry
2160 South 1st Avenue
Maywood, IL 60153
Dr. W. Malone

Marquette University
School of Dentistry
604 North 16th Street
Milwaukee, WI
Dr. Glen P. McGivney

University of Maryland
School of Dentistry
666 West Baltimore Street
Baltimore, MD 21201
Dr. Mark Stevens

University of Michigan
School of Dentistry
Ann Arbor, MI 48109
Dr. William Kotowicz
Dr. Brien R. Lang
Dr. George E. Myers

University of Minnesota
School of Dentistry
515 Delaware Street, SE
Minneapolis, MN 55455
Dr. Richard J. Goodkind

UMKC School of Dentistry
Division of Graduate Prosthodontics
650 East 25th Street
Kansas City, Missouri 64108
Dr. Dorsey J. Moore, Director

State University of New York
at Buffalo
School of Dentistry
196 Farber Hall
Buffalo, NY 14214
Dr. George E. Smutko

New York University
College of Dentistry
421 1st Avenue
New York, NY 10010
Dr. Ira E. Klein

University of North Carolina
at Chapel Hill
School of Dentistry
Manning Drive
Chapel Hill, NC 27705
Dr. Gene Holland
Dr. Kent W. Healey

Northwestern University
Dental School
240 E. Huron Street
Chicago, IL 60611
Dr. Lee M. Jameson

The Ohio State University
College of Dentistry
Postle Hall
305 West 12th Ave
Columbus, OH 43210
Dr. Robert A. Tanquist
Dr. William A. Welker

University of Pittsburgh
School of Dental Medicine
3501 Terrace Street
Pittsburgh, PA 15261
Dr. Yahia H. Ismail

University of Southern California
School of Dentistry
925 West 34th Street
Los Angeles, CA 90007
Dr. Wayne V. Campagni

Medical University of South Carolina
School of Dentistry
171 Ashley Avenue
Charleston, CS 29403
Dr. Steven O. Bartlett

Temple University
School of Dentistry
3223 North Broad Street
Philadelphia, PA 19140
Dr. Ernest B. Mingledorff
Dr. Sheldon Winkler

The University of Texas
Dental School at San Antonio
Department of Prosthodontics
7703 Floyd Curl Drive
San Antonio, TX 78250
Dr. Robert M. Morrow
Dr. James A. Fowler

The University of Texas
Dental Branch at Houston
6515 John Freeman Avenue
Houston, TX 77025
Dr. Dale H. Andrews
Dr. James M. Terry

Tufts University
School of Dental Medicine
One Kneeland Street
Boston, MA 02111
Dr. Gino Passamonti
Dr. Michele Gaillard

University of Washington
School of Dentistry
Department of Prosthodontics, SM-52
Seattle, WA 98195
Dr. Dale E. Smith

University of Washington
School of Dentistry
Department of Retorative Dentistry,
SM-56
Seattle, WA 98195
Dr. Ralph A. Yuodelis

GRADUATE PROGRAMS HOSPITALS

University of Chicago
Zoller Memorial Dental Clinic
950 East 59th Street
Chicago, IL 60637
Dr. R. A. Goepf

Mayo Clinic
200 First Street, SW
Rochester, MN 55901
Dr. R. P. Desjardins

Montifiore Hospital
and Medical Center
111 E. 210 Street
Bronx, NY 10467
Dr. Jack L. Kabcenell

Kingsbrook Jewish Medical Center
Rutland Road and East 49th Street
Brooklyn, NY 11203
Dr. Edward A. Woods

Roswell Park Memorial Institute
666 Elm Street
Buffalo, NY 14263
Dr. Norman G. Schaaf

Memorial Hospital Dental Service
1275 York Avenue
New York, NY 10021
Dr. James B. Lepley

Eastman Dental Center
620 Elmwood Avenue
Rochester, NY 14620
Dr. Gerald N. Graser

M.D. Anderson Hospital
and Tumor Institute
6723 Bertner Avenue
Houston, TX 77030
Dr. Gordon E. King
(Head, Dept of Dental Oncology)

Ellis Fischel State Cancer Hospital
115 Business Loop 70
Columbia, MO 62501
Dr. Q. N. Guerra

GRADUATE PROGRAMS UNIFORMED SERVICES

National Naval Dental Center
Bethesda, MD 20014
Dr. Richard A. Hesby
(Dir. Prosthodontic Program)

Walter Reed Army Medical Center
USA DENTAC
Washington, DC 20012
Dr. William H. Griswold
Dr. Robert E. Brady

Wilford Hall USAF Medical Center
Lackland Airforce Base
San Antonio, TX 78236
Dr. Earl O. Williams
Dr. Thomas L. Huff
Dr. Timothy R. Sauders

William Beaumont Army
Medical Center
USA DENTAC
Piedras & McKelligon Canyon Road
El Paso, TX 79920
Dr. Carl A. Hansen
Dr. Lawrence Campbell

Rhodes Dental Clinic
Ft Sam Houston, TX 78234
Dr. Stephen L. Welsh
Dr. Martin Masterson

Letterman Army Medical Center
Dental Activity
Presidio of San Francisco
San Francisco, CA 94129
Dr. Gunnar Norlind
Dr. Lucius Battle

USPLHS Hospital
1131 - 14th Avenue, Souty
Seattle, WA 98144
Dr. Richard D. Lowe
Dr. Larry Wisman

**GRADUATE PROGRAMS
VETERANS ADMINISTRATION**

Veterans Administration
Wadsworth Medical Center (160)
Wilshire & Sawtelle Blvd.
Los Angeles, CA 90073
Dr. William J. Pagan,
Dir, Fixed Prosthodontics
Dr. Harley H. Thayer,
Dir, Removable Prosthodontics

Veterans Administration
Medical Center
4150 Clement Street
San Francisco, CA 94121
Dr. Arthur J. Krol

Veterans Administration Hospital
1601 Kirkwood Highway
Wilmington, DE 19805
Dr. James Schweiger
Dr. Donald Zimmerman

Veterans Administration Hospital
P.O. Box 76
Hines, IL 60141
Dr. Robert J. Crum

Veterans Administration
Medical Center
Leavenworth, KS 66048
Dr. Richard R. Anderson

Veterans Administration
Outpatient Clinic
17 Court Street
Boston, MA 02108

Veterans Administration
Hospital Center
1500 E. Woodrow Wilson Drive
Jackson, MI 39216
Dr. William E. Smith Jr.

Veterans Administration Hospital
4801 Lynwood Boulevard
Kansas City, MO 64128
Dr. James F. Beatty

Veterans Administration Hospital
3495 Bailey Avenue
Buffalo, NY 14215
Dr. F. Lauciello

NY Veterans Administration
Medical Center
408 1st Avenue
New York, NY 10010
Dr. Stephen F. Bergen

Veterans Administration Hospital
Highland Drive
Pittsburgh, PA 15206
Dr. Samuel A. Connor

Veterans Administration Hospital
Dental Clinic
1030 Jefferson
Memphis, TN 38104
Dr. Stephen E. Garrett

Veterans Administration
Medical Center
2002 Holcombe Boulevard
Houston, TX 77211
Dr. Edgar N. Starcke, Jr.

Veterans Administration
Medical Center
5000 W. National Avenue
Wood, WI 53193
Dr. Kenneth P. Sobczak

ROSTER CORRECTION

Dr. Lawrence Gettleman
4300 Houma Blvd., Suite 305
Metairie, Louisiana 70002

WERE YOU RIGHT?

1. c - JPD, Vol. 16, p. 414
2. c - Text Book of Medical Physiology-Guyton 4th Edition p. 103
3. d - Text Book of Medical Physiology-Guyton 4th Edition p. 99

**6th EUROPEAN
PROSTHODONTIC
ASSOCIATION
CONFERENCE
YUGOSLAVIA 1982**

President Dobrivoje Trifunovic of the European Prosthodontic Association announces that its 6th Conference will convene in Belgrade from the 16th through the 19th of September of this year.

The main theme will be "Clinical and experimental investigations of dental materials" and "Jaw relations in Prosthodontics".

The Conference is to be held in the Sava Centre, and ultra modern facility adjacent to the Hotel Intercontinental and Hotel Yugoslavia. An interesting social program is being arranged and there will be a post conference tour available to those who wish to see more of Yugoslavia.

For further information write: Dr. Ana Petrovic, University of Belgrade, Conference Secretary, Faculty of Stomatology, Rankeova 4, 11000 Belgrade, Yugoslavia.

The 7th Conference is planned for the 25-29, May 1983 at Bad Nauheim, West Germany.

**AMERICAN COLLEGE OF PROSTHODONTISTS
SIXTH ANNUAL
PROSTHODONTIC RESEARCH AWARD
COMPETITION
FIRST PRIZE - \$1,000**

DATE: Tuesday, November 2, 1982
LOCATION: Monterey, California
ELIGIBLE: Prosthodontic Graduate Students and Residents or Board Eligible Prosthodontists who completed training after October 1978

INFORMATION: Dr. Thomas P. Sweeney
512 Scott Drive
Silver Springs, Maryland 20904

FUTURE MEETING DATES CHANGED

To enable those who desire to benefit from attending the Scientific Sessions of both the American College of Prosthodontics and the American Academy of Maxillofacial Prosthetics, the meeting dates of the Scientific Sessions of the College have been changed commencing in 1983. Both organizations plan to meet in the same city. The hotels listed in parenthesis are the projected sites of the AAMFP meeting. This information is subject to change due to unforeseen circumstances.

- 1983 San Diego, California
Sheraton
(Sheraton)
- 1985 Nashville, Tennessee
Hyatt-Nashville
(Radisson)
- 1985 Seattle, Washington
Washington Plaza
(Park Hilton)

Meetings sites being considered for 1986 in proximity to the Miami ADA Meeting are: Birmingham, Alabama; Atlanta, Georgia; Savannah Georgia; Charleston South Carolina; Orlando, Florida; Tampa Florida and Key West Florida.

In 1987, in proximity to the Las Vegas ADA meeting, sites being considered are: Reno, Nevada and Scottsdale, Arizona. Sites in proximity to the 1988 ADA meeting which will be held in Washington, D.C. are: Philadelphia, Pennsylvania; Lancaster, Pa: and Williamsburg, Virginia.

Members wishing to comment on locations for the 1986, 1987, 1988 or later meetings of the College should write to Dr. Richard J. Grisius, Dept. of Removable Prosthodontics, Dental Clinic, 4000 Reservoir Rd. N.W., Washington, D.C. 20007. or call (202) 625-7932.

DEVELOPMENT OF MASTER LIST OF PROSTHODONTISTS FUNDED

At present there is difficulty in ascertaining the total number of prosthodontist in the United States. Dr. Paul Binon, Monterey local arrangements chairman for the private practice seminar of College members held as part of the annual

official session each year, has been developing a protocol to gather this information.

He proposed at the Executive Council meeting in Chicago that the committee on the Private Delivery of Prosthodontic Care be charged to complete a master list of Prosthodontists and to send an informational gathering questionnaire to all on the list. Future direction of the project would await the analysis of the data obtained.

One thousand dollars was granted Dr. Binon for the purpose of preparing the list, conducting the survey and analyzing the results. This was to be done following the preparation of a budget for the project.

GETTING TO MONTEREY

Monterey is located approximately 100 miles from the airport in San Francisco and 65 miles south from that of San Jose. There is some air service to Monterey but daily scheduled flights are few.

Annual Session Chairman Steve Bergen will provide more information relative to travel to Monterey for publication in the next NEWSLETTER.

EDUCATION AND ADVANCEMENT ACTIVITIES

The Self assessment examination which has proven so successful the past two years will again be distributed to attendees at the forthcoming College meeting in Monterey in November according to Dr. Cosmo DeSteno, Chairman of the Education and Advancement Committee. As in the past, correct answers will be published in the NEWSLETTER issue following the meeting.

Dr. DeSteno also announced that Volumes I and II of Classic Prosthodontic Articles have been reprinted and with Volume III are now on sale from the Central Office.

The Chairman also noted that work was progressing on the Index of Articles Which Have Appeared in The

Journal of Prosthetic Dentistry. It is currently being printed and should be available in approximately three months. The anticipated price is about \$25.00.

SYNOPSIS OF PAPERS PRESENTED AT THE ST LOUIS OFFICIAL SESSION

by Don G. Garver

Title: The Dental Management of the Irradiated Patient

Presenter: Dr. Thomas A. Curtis

Dr. Curtis commenced his presentation with a very fine overview of the modalities of radiation treatment and how these different modalities affect the tissues. He stated that the prosthodontist's abilities could be wisely used during radiation therapy to fabricate prostheses to guide the radiation to the affected tissues, thereby reducing excessive damage to surrounding tissues. In actual radiation therapy, Dr. Curtis suggested that of all the dosage methodologies, fractionalization of dosages spread over a six-week period increased the ability for the surrounding tissues to regenerate rather than be destroyed. He further went on to state that the "mapping" of the areas to be treated was the responsibility of the radiation therapist, and by doing so, one would know what to expect when the construction of the finished prosthesis is due.

Different factors affecting radiation therapy were (1) tumor histology; (2) oxygenation of the tissues and (3) cell division. Physiologic responses radiation therapy can be short term or long term. Short term therapy many times creates sequelae such as mucositis, soreness, taste loss, and olfactory loss. All of these sequelae will usually return to normal after a brief period of discomfort. Long term sequelae included patchial bleeding, salivary gland dysfunction creating thick saliva with an increased ph, bony areas that will not respond to stress, periosteum that has difficulty recouping from abuse, and teeth that must be treated with great caution as dental disease commences. Furthermore, high buildups of dental plaque and obvious radiation caries became evident. Daily fluoride gel

applications are a must. Other side effects include tissue edema (which may cause cheek biting), trismus, anorexia, and general malaise.

Dr. Curtis invested much time in this presentation, discussing the most feared area as a result of radiation therapy--osteoradionecrosis. This disease is basically a disease of the mandible with less than 3% occurring in the maxilla. It is caused by a reduced vascularity in the affected area and the resultant friable tissues overlying destroyed bone which opens up when stressed and exposes the bone to the oral cavity. Preventive measures accomplished by the radiation therapist and the prosthodontist in many cases will preclude this resultant sequelae from occurring. The extraction of teeth prior to radiation therapy should be considered absolute if there is furcation involvement or periapical pathosis. A judgement must be made on an individual basis for teeth having caries. Carious or previously restored teeth should be removed only if there is a predilection to pathologic or iatrogenic exposure of the pulp during any future restorative procedures. Due to the low incidence of this sequelae in the maxilla, maxillary teeth should be extracted only when severe pathology is present.

In conclusion, Dr. Curtis discussed prosthetic considerations and suggested that (1) immediate dentures should not be considered in the irradiated patient; (2) soft liners should not be used due to their abrasiveness to the underlying soft tissues; (3) removable partial dentures should be constructed only after much thought as to design and function; and (4) complete dentures when constructed must utilize (a) excellent border molding techniques to preclude overextensions; (b) non-drying or non-caustic impression material such as ZOE for final impression making; (c) a totally balanced occlusion perfected after a patient remount; and (d) constant evaluation of the patient so that no lateral forces exist that have the potential to damage the underlying soft friable tissues.

Further information about, or inquiries pertaining to, this essay should be addressed to: Dr. Thomas A. Curtis, 94 Scenic Drive, Orinda, CA 94563.

Title: Analysis of Bennett Motion

Presenter: Dr. Robert L. Lee

Dr. Lee gave a very indepth report on the development of the Lee Analog for recording the paths of manibular movement as related to Bennett motion. Dr. Lee stated that there is confusion in the definition of the term (Bennett) that may be present because there is no standard method of recording that motion. Even though the Bennett motion does exist, there is a difference as to its etiology, its clinical existence, and the way to record it. Dr. Lee then described the method by which he records the Bennett motion.

In a study of 220 patients, ranging from 15 to 75 years in age, all with teeth and having no pain dysfunction in the TMJ, Dr. Lee found that the Bennett motion ranged from 0 to 4.5 mm of combined right and left movement with a mean of 1 to 2 mm. In a futher study of 10 patients, rehabilitated utilizing an anterior disclusion philosophy and a stable centric occlusion and centric relation position, Dr. Lee found that an original evaluation of 2 mm of combined Bennett motion remained the same five to ten years after treatment. The differences that were noticed in some patients may have been due to a pre-treatment braced muscular position as opposed to relaxed muscular position some years later. Dr. Lee further stated that the Bennett motion may be due to pathology or operator manipulation.

Conclusions made by Dr. Lee after many years of study of the Bennett motion are: (1) it is not understood at this time, and more work should be done; (2) it can be recorded; (3) it is present in most patients; (4) it does not seem to change following adequate professional treatment; (5) it should be incorporated into an articulator to simulate as well as possible this resultant motion of muscular action.

The presenter concluded by demonstrating that there are articulating instruments that can adequately reproduce the Bennett motion the patient may have.

Further information about, or inquiries pertaining to, this essay should be addressed to: Dr. Robert L. Lee, 22575 Barton Road, Grand Terrace, Colton, CA 92324.

Title: Quality Assurance in the 1980's

Presenter: Dr. Howard Bailit

Dr. Bailit started his presentation by giving three positive statements: (1) There are too many dentists in the United States; (2) The present political administration is highly competition oriented by nature; and, therefore, demands this competition at all levels; and (3) The legislation coming from higher echelons today complements this competitive nature. Medical health expenditures have increased immeasurably over the last 20 years; and yet, little direct evidence is present that we in the United States are healthier inspite of the monies spent.

A book entitled *Health Plan* by Alain C. Enthover was stated by Dr. Bailit to be the Government's guide-on for the future. Excerpts of this writing show a consumer choice health plan with four major points; (1) health insurance independent of job status; (2) tax incentives to stimulate organization of competing groups providing care on a competitive basis; (3) present tax subsidy for health care insurance would be replaced by a refundable tax credit; (4) families would choose from two or three competing health plans; however, dental would not be included in the basic set of services. Dr. Bailit further explained the implications for dentistry because of this consumer choice health plan. He states there would probaly be a decrease in the number of people having dental insurance, and it would encourage formation of competitive groups, and that there may possibly be a reduction in the quality of care. Futhermore, the politics of the whole system is complicated at best.

The issues that face the prosthodontists of the future are those of being attracted to the specialty of prosthodontics, to making the general population aware of our specialty, to making sure that we are in strong competition with general dentists, and that we move for a reimbursement policy within the dental insurance plans throughout the country. Dr. Bailit made a basic statement that, the differences in the quality of services offered by prosthodontists are apparently not recognized by patients or insurance carrier; thereby keeping the prosthodontist's fees very low. Any solutions to this problem involve establishing the quality advantages

COLLEGE TO UTILIZE SPRINT SERVICE

In the interest of conserving College funds, the Executive Council authorized Central Office Director Ms. Linda Wallenborn to investigate and contract for alternative long distance telephone service if a savings to the College would accrue.

As a result, SPC (Sprint) service has been purchased and will be utilized by the officers, executive councilors and committee chairmen, etc. in the conduct of College business whenever possible.

COLLEGE MEMBERSHIP

Under the leadership of Chairman Philip Reitz the membership of the College continues to climb.

Currently it is constituted as follows:

Life Fellows -	65
Fellows -	474
Associates -	508
Affiliates -	173
Total =	1220

GUIDELINES FOR FORMING COLLEGE SECTION

Dr. David W. Eggleston, Secretary of the California Section of the College and Chairman of the Prosthetic Dental Care Program Committee provided the following information to the NEWSLETTER which is an excellent guide and is presented here for use by members in various parts of the country who may wish to form a new Section of the College.

During 1981, the California Section of the ACP was formed. Dr. Leonard R. Moore was the Chairman of the Ad Hoc Committee on Area and Regional Sections. His assistance in setting up the California Section was invaluable and greatly appreciated. Ms. Linda Wallenborn at the Central Office provided secretarial support vital to a forming Section. Following is a check list for forming a Section of the College:

1. Contact Dr. Steve Bartlett, Chairman of the Ad Hoc Committee on Area and Regional Sections.

2. Draft a Constitution and Bylaws; follow an example from an existing Section.
3. Set a date and place for an organizational meeting. A two hour meeting of College Members on the evening of a State wide or major dental meeting in your area is recommended to minimize any inconvenience to Attendees.
4. Have the Central Office send College Members an invitation to the meeting and a copy of the proposed Constitution and Bylaws.
5. Objectives of the organizational meeting.
 - a. Review, revise and approve a Constitution and Bylaws
 - b. Elect a Nominating Committee
 - c. Select a date and place for the First Annual Meeting.
 - d. Select a Secretary Pro Tem.
6. Mail membership applications, copies of the Constitution and Bylaws, and registration forms for the First Annual Meeting to all College members in your area.
7. Mail a roster of members and a copy of the Constitution and Bylaws to Dr. Bartlett.
8. Obtain formal recognition from the College Executive Council.

The California Section is actively pursuing a separate fee listing from the California Dental Service (a Delta Plan dental insurance program) for prosthodontic services provided by Prosthodontists.

The California Section is currently providing all Prosthodontic Peer Review for the California Dental Association, it is using the C.D.A. manual, *Quality Evaluation for Dental Care: "Guidelines for Assessment of Clinical Quality and Professional Performance"* and the C.D.A. *Peer Review Manual*. Sections that take on the responsibility of Peer Review may wish to review these very helpful manuals. Contact the California Dental Association, P.O. Box 91258, Los Angeles, California 90009 for a copy.

The California Section has 65 active members. The cooperation and support of these members has given the Section a great start.

*As you wander through life whatever
be your goal
keep your eye upon the doughnut
not upon the hole*

AFDH SEEKS APPLICATIONS FOR RESEARCH, SPECIAL PROJECT GRANTS

The American Fund for Dental Health is calling for proposals for research and special projects to be considered for funding in 1983. Deadline for submissions is June 1, 1982 and awards will be announced in December.

The Fund is primarily interested in projects which will impact one or more of the following high priority areas: 1) access to dental care; 2) prevention of dental disease; 3) dental quality assurance; and 4) improvement of the educational process in dentistry.

The Fund's success in raising unrestricted gifts - notably from the profession itself, dental industry and dental laboratories - has meant that in recent years several hundred thousand dollars have been available annually for the support of such projects.

Applications will be accepted from institutions, organizations, and individuals. Awards may be made to support a project for a maximum of three years, depending upon satisfactory progress and availability of funds.

For guidelines, contact: Director of Programs, American Fund for Dental Health, 211 East Chicago Ave., Chicago, Illinois 60611.

PLANS FOR MENTORS CONFERENCE AND ABP REVIEW COURSE REVEALED

Stephen Welch, director of the 1981 Mentors Conference announced that there will be no formal conference at the Annual Official Session in Monterrey. An informal get together with the St. Louis conference participants is planned to develop the agenda and format for the next Mentors Conference to be held in conjunction with the 1983 meeting in San Diego.

Cosmo DeSteno, Chairman of the Education and Advancement Committee stated that a review course for all Associates and Affiliates and particularly those taking or planning to take the

American Board of Prosthodontics examination will be substituted at the meeting in Monterrey for the Annual Affiliate Associate breakfast. Since more time will be needed for this review course it will be offered from 2 to 5 p.m. on Tuesday, November 2nd, at the meeting Hotel. Additional details will be published in the next NEWSLETTER.

CAN YOU ANSWER THESE?

- The food trough is formed by-
 - the contraction of the Obicularis Oris.
 - the posterior teeth.
 - the medial roll of the buccinator
 - the tongue.
 - the acrylic denture lingual border.
 - 1, 3 and 5.
 - 1 and 4.
 - 2, 3 and 4.
 - 3, 4 and 5.
- One molecule of hemoglobin is capable of transporting—
molecules of oxygen.
 - 1
 - 2
 - 4
 - 8
 - 16
- The QRS complex of the EKG tracing corresponds to -
 - a trial depolarization
 - a trial repolarization
 - conduction of impulses through the A-V nodes.
 - ventricular depolarization.
 - ventricular repolarization

Answers page 10

PAPERS OF INTEREST TO PROSTHODONTISTS PRESENTED AT THE MARCH IADR MEETING

The following are abstracts of papers presented at the 60th General Session of the International Association of Dental Research in New Orleans Louisiana, held March 18th through 21st, 1982. They are provided through the courtesy of the Association's Central Office.

Title: "Long-term outcome of TMJ clicking in 100 MPD patients" by Drs. C. S. Greene, C. Turner, and D.M. Laskin, University of Illinois. Abstract # 359

....Many patients and doctors today are concerned about clicking of jaw joints (temporomandibular joint or TMJ). With the development of sophisticated techniques, it is now possible to observe the disc which is between the ball and socket bones of the TMJ. In many patients with clicking jaws, this disc is found to be in abnormal positions. In some cases, these disc derangements can become very painful, and jaw function may be severely limited.

Opinions about treating the clicking TMJ are quite variable. Some clinicians recommend surgical treatment to reposition the disc, and they claim that this not only corrects the problem, but it also prevents deterioration of the deranged joint tissues. Others use elaborate mouthpiece appliances to reposition the jaw and "recapture" the disc.

No scientific study, however, has addressed the question of what happens to patients with clicking jaws who do not receive such aggressive treatments. In this study, reported by Drs. C. S. Green and D. M. Laskin, at the 60th General Session of the International Association for Dental Research, 100 patients with clicking jaws were surveyed to learn what had happened to their clicking over a period of several years. These patients had been treated at the University of Illinois TMJ and Facial Pain Research Center with conservative treatments. None of these treatments dealt directly with their clicking problems, although some patients reported improvement in clicking after treatment.

It was found that several years after treatment, 38 of the patients no longer had TMJ clicking, while 35 reported that it improved. Twenty-six patients described the clicking as unchanged, while only one said it was now worse. These findings indicate that TMJ clicking, even if it does not improve during treatment, can disappear or improve over long periods of time, and therefore may not require special corrective treatment.

Title: "The implantation of natural-tooth-form bioglass in Baboons-long-term results", by Drs. H. R. Stanley, L. L. Hench, C. G. Bennett, S. J. Chellemi, C. J. King, R.E. Going, N. J. Ingersoll, E. C. Ethridge, K. L. Kreutziger, A. E. Clark, and L. Leob. University of Florida. Abstract # 934

....Specific types of bioglass are well accepted by the body and able to stimulate bone formation. Therefore, scientists at the University of Florida, Gainesville, recommend clinical testing of bioglass as coatings on artificial tooth implants.

At the 60th Annual Meeting of the International Association for Dental Research, Dr. Harold R. Stanley Reported the favorable results of his two-year study funded by the National Institute of Dental Research, Bethesda, MD. He implanted solid and porous bioglass replicas of baboon incisors as replacements for the animals front teeth. Even when the animals broke off the crowns of their bioglass teeth, a high percentage of the roots remained firm in their sockets.

From a preliminary study Dr. Stanley learned that some types of bioglass induce the growth of new bone better than others. He was searching for a formula that would stimulate the tissue of a socket where a tooth was removed to duplicate the original attachment (periodontal ligament) that anchors natural teeth in the jaw.

Many implants, while they are not actively rejected by an immunologic type of inflammation, are surrounded by a type of fibrous scar tissue or held by rigid bone deposited directly on the surface of the artificial tooth (ankylosis). In these cases, the tissue does not adjust to stresses as satisfactorily as it does when cushioned either by a periodontal ligament or a narrow, non-cellular gelatinous coating. Therefore, free-standing tooth implants tend to loosen in their sockets and seldom remain useful for more than a few years.

Dr. Stanley found that bioglass consisting of silica oxide, calcium oxide, sodium oxide, and phosphorus pentoxide produced a thin gelatinous cushion between the implant and the new bone. For the first 6 months this material frequently induced the formation of normally oriented attachment fibers as well as normal new bone, but later the bone replaced the fibers while the gelatinous layer remained. Another S-formula and F-formula (containing calcium fluoride) also induced rapid new bone formation just beyond the gelatinous cushion. A third bioglass (B-formula containing boron oxide) triggered a fibrous, scar-type of capsule and was not recommended for further study. Dr. Stanley

suggested that the S and F types of bioglass should be used as coatings on metallic or ceramic implants that can withstand rough treatment. In this way he hopes to combine durability under stress with tissue acceptability and thus achieve free-standing, individual tooth implants that will endure for long periods. He stressed that the fit between the implant and its bony socket must be very tight, and the tooth must be rigidly supported by temporary wires or plastic splints to adjacent natural teeth during the weeks that the bone is forming. To much space or any disturbance of the surfaces between the jawbone and the implant will prevent the desired attachment.

MEMBERS IN THE NEWS

Dr. James C. Hickey - Immediate Past President of The Carl O. Boucher Prosthodontic Conference.

Dr. Roy L. Bodine - Celebrated his 71st birthday and announces that he and Monica have moved from Mesa, Arizona to Apt. 350 Air Force Village 4917 Ravenswood Drive, San Antonio, Texas 78227. Dr. Bodine was a prisoner of war for 41 months during World War II following the fall of Bataan.

Dr. Elwood H. Stade - succeeded President Dean L. Johnson as Chairman of the Removable Prosthodontic Section of the American Association of Dental Schools.

Dr. Richard J. Grisius - Associate professor at Georgetown University School of Dentistry will become director of the Graduate Prosthodontic Program upon the retirement of Dr. Herbert J. Towle in July.

Dr. Robert W. Elliott, Jr. - Editor of the Georgetown University School of Dentistry MIRROR which received the Golden Scroll Award of the International College of Dentists at the ADA Journalism Conference in Chicago in March.

Dr. Robert C. Sproull - Appointed Section Editor of the Journal of Prosthodontic Dentistry. (Fixed Prosthodontics & Operative Dentistry)

Position Desired: Fellow of American College desires to associate and/or purchase quality practice. Will relocate.
Frederick S. Muenchinger,
D.D.S., M.S.
1202 Rennie Street
Traverse City, Michigan 49684
Phone: 616-947-1042

Position Available: —Removable Prosthodontics. University of Maryland at Baltimore is seeking applicants for a full time teaching position in undergraduate programs at the Assistant Professor level. involves clinical and preclinical teaching, research, and opportunity for faculty practice. Board eligibility is required and salary is commensurate with background and experience. Position available July 1, 1982.

Send curriculum vitae to:

Dr. Robert J. Leupold, Chairman
Department of Removable
Prosthodontics
Dental School, University of Maryland
666 West Baltimore Street
Baltimore Maryland 21201

Position Available: Prosthodontist: Tufts University School of Dental Medicine, Department of Complete Denture Prosthodontics is accepting applications for full and part-time teaching-research positions in removable prosthodontics. Board eligibility or certification is important. Teaching experience is desirable together with an interest or background in research. Intra-mural practice is also available. Salary and rank are commensurate with qualifications and experience. Send curriculum vitae and supporting data to:

CHAIRMAN, Complete Denture Dept.
Tufts University School of
Dental Medicine
One Kneeland St.
Boston, MA 02111
Equal opportunity/affirmative employer

Course Offered:
SECOND INTERNATIONAL
SYMPOSIUM ON OVERDENTURES
OCTOBER 15, 16, 17, 1982
SAN ANTONIO, TEXAS
ROBERT M. MORROW, D.D.S.,
Course Co-Director
ALLEN A. BREWER, D.D.S.,
Course Co-Director

For further information, contact:
Dr. Kenneth D. Rudd
Associate Dean for Continuing
Dental Education
The University of Texas Health
Science Center at San Antonio,
Dental School
7703 Floyd Curl Drive
San Antonio, Texas 78284
(512) 691-7451

CLASSIFIED:

Publication Available: COLOR JOURNAL

Recently an announcement was mailed to College members concerning a subscription to the Journal of Color Research. Members of the American College of Prosthodontists are entitled to a reduced subscription rate of \$20.00/year.

Those interested in subscribing, should write to:

John Wiley and Sons Inc.
605 Third Avenue
New York, NY 10158

The journal, COLOR-Research and Application is published quarterly and reports on the science, technology and application of color in business, art, design, education, and industry. It is endorsed by the Inter-Society Color Council, The Colour Group (Great Britain), and the Canadian Society for Color.

BOOKS AVAILABLE

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

Name _____

Address _____

Street

City

State

Zip

- I would like copy(ies) of the "Study Guide for Certification". (Price: Members \$15.00; Non-members \$20.00)
- I would like copy(ies) of the 1981 Part I, Phase I Questions for the American Board of Prosthodontics as a supplement to the Study Guide (Price \$1.00)
- I would like copy(ies) of the "Classic Prosthodontic Articles" Volume I (Price \$20.00)
- I would like copy(ies) of the "Classic Prosthodontic Articles" Volume II (Price \$20.00)
- I would like copy(ies) of the "Classic Prosthodontic Articles" Volume III (Price \$20.00)

Amt. enclosed \$ _____

Make checks payable to:
The American College of Prosthodontists

NEWSLETTER
THE AMERICAN COLLEGE
OF PROSTHODONTISTS
 Dr. Robert W. Elliott, Jr., Editor
 8732 Falls Chapel Way
 Potomac, Maryland 20854
 Address Correction Requested
 Forwarding & Return Postage Guaranteed



BULK RATE
 U.S. POSTAGE
PAID
 Permit No. 1001
 San Antonio, Texas

ARTICLES BEARING COLLEGE SEAL



The following are available. To obtain the items desired,
 please complete the form below and mail to the Central Office
 Director, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216

NAME _____
 ADDRESS _____
 CITY & STATE _____ ZIP _____

CHECK ITEMS
 YOU WISH
 TO ORDER

Jewelry (ea)	14K	10K	1/10 DRGP	(Plate) Number	Jewelry (ea)	14K	10K	1/10 DRGP	(Plate) Number
Pinette	<input type="checkbox"/> \$ 67.50	<input type="checkbox"/> \$ 50.50	<input type="checkbox"/> \$20.50	_____	College Key	<input type="checkbox"/> 69.50	<input type="checkbox"/> 51.50	<input type="checkbox"/> \$ 21.85	_____
Tie Bar	<input type="checkbox"/> 72.50	<input type="checkbox"/> 55.50	<input type="checkbox"/> 26.50	_____	Lapel Pin	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.40	_____
Cuff Links	<input type="checkbox"/> 143.50	<input type="checkbox"/> 110.50	<input type="checkbox"/> 39.00	_____	Ladies Charm	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.30	_____
Tie Tacs	<input type="checkbox"/> 67.50	<input type="checkbox"/> 50.50	<input type="checkbox"/> 20.45	_____					_____

OTHER ITEMS (ea) — Blazer Pocket Patch \$11.50 Number _____ Wall Plaque \$23.10 Number _____

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

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