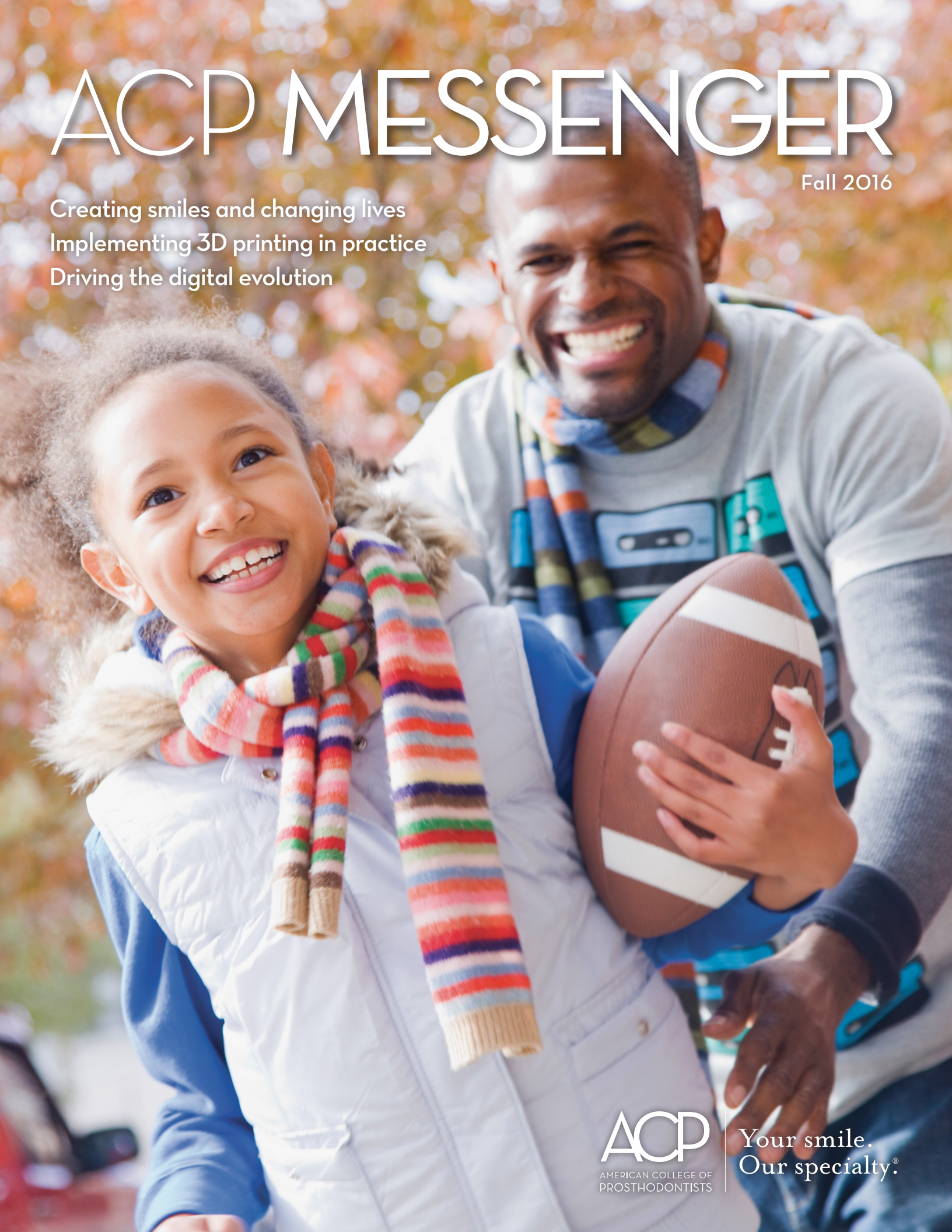
ACP MESSENGER

Fall 2016

Creating smiles and changing lives
Implementing 3D printing in practice
Driving the digital evolution



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On the Cover

Fall 2016 Volume 47 Issue 4

Last October, I was cleaning leaves from the gutter when I lost my footing and took a fall. I was pretty banged up and a couple of my teeth got knocked out. The bruises healed with time, but my sense of confidence didn't. Whenever I smiled, I found myself holding back because my replacement teeth looked like, well, replacements. That's why I went to a prosthodontist, who created a treatment plan that was customized for the specific color and contours of my natural teeth. Now my confidence is back – and I've got a lot to smile about.

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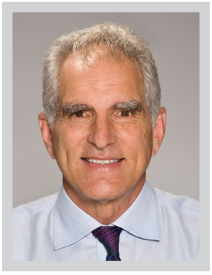

Dr. Steven J. Sadowsky
is a professor and director of implant education at the University of the Pacific. He maintained a full-time private practice limited to prosthodontics for 35 years.

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Dr. Michael D. Scherer
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Dr. Craig L. Sikora
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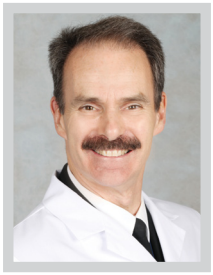

Dr. Robert M. Taft
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The pace of change

Mathew T. Kattadiyil,
DDS, MDS, MS, FACP
ACP Messenger Editor-in-Chief

When reflecting on the astonishing pace of change and progress, one cannot help but feel enthused about the future. What is the next innovation that will inspire us?

'Computer-engineered' technology is surely here to stay... but we might see a biological resurgence as well, perhaps something even more powerful and fascinating that blends the artistry, strength, and biocompatibility of nature with our creativity as prosthodontists. Only time will tell, and predicting the future can be a humbling experience.

We often think of change as a bolt of lightning, sparking fire where it strikes. But change can also take the form of a subtle shift in a concept that has been used in other fields and then comes to find an application in the field of dentistry.

For example, osseointegration was initially researched for use in orthopedics, but it became a phenomenal game-changer in dentistry – resulting in increased and effective prosthetic options for our patients, and leaving a significant imprint on our profession.

In this issue of the *Messenger*, Dr. Steven Sadowsky eloquently expresses his views on the evolving technology in dentistry over the last century. He explores the nuances of the generational influence on the pace and character of innovation. Dr. Craig Sikora provides a case presentation that demonstrates how a practitioner put some of those innovations to work, particularly through digital planning of implant placements that led to ease of collaboration between specialists and a happy resolution for the patient.

The applications of 3D printing and rapid prototyping in dentistry, and specifically prosthodontics, are increasing. Research is being done on accuracy, biocompatibility, strength, and long-term use of 3D-printed objects; flaws are being addressed; and improvements are being made. It might not be long before 3D printing becomes an indispensable option in the way we practice.

In his article, Dr. Michael Scherer artfully demonstrates one such application of 3D printing technology using cost-effective means to fabricate precise surgical templates for guided surgery. Dr. Robert Taft's interview with Dena Lanier, President of the National Association of Dental Laboratories, shows how dental laboratory technicians are staying on top of developments in technology that improve their ability to collaborate with prosthodontists for the betterment of our patients.

One of the most appealing aspects of our specialty is the creativity involved in making improvements while demonstrating scientific merit for new ideas. In my opinion, 3D printing has yet to reach its full potential, but one might soon begin to see these applications in fabrication of cost-effective biocompatible prostheses for long-term use without compromising strength, esthetics, and durability.

We cannot predict the course of change, but one thing remains constant: as prosthodontists, we will always greet each new innovation by asking "How can this improve our patient care?"■

Innovation needs preparation, collaboration, and the light of the soul. Every challenge provides that light — a greater depth of understanding about life and truth.

- AMIT RAY

Creating smiles and changing lives

Craig L. Sikora,
DMD, MS

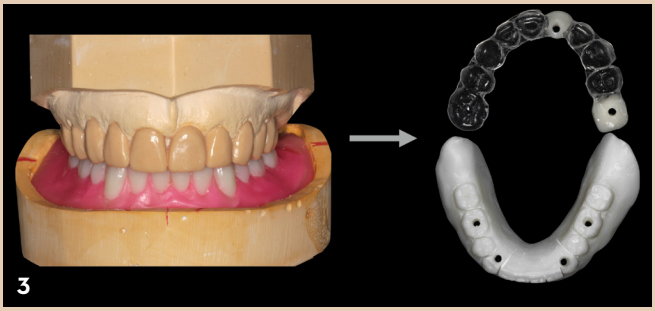
As a prosthodontist, my satisfaction comes from seeing the positive changes that I make in my patients' lives. While I enjoy the challenge of restoring and replacing teeth, it is my patients' newfound confidence and beaming smiles that are truly rewarding.

Wendy was initially referred by her oral surgeon, who had treated her for removal of a rare benign tumor in the mandible (lower jaw) known as a keratocytic odontogenic tumor (KCOT). The locally aggressive tumor had been surgically removed, and she was cleared for restorative treatment. When I first met her, Wendy was disheartened, embarrassed, and accustomed to a guarded smile to hide her teeth. Over the years, continued dental pain had led to multiple root canals and eventual extractions, leaving her without any mandibular (lower) teeth and a missing maxillary (upper) front tooth (Figure 1). She was on her third set of upper crowns, wearing a removable partial denture and struggling with a complete lower denture (Figure 2). Wendy was ready for a change.

Fig. 1: Pre-treatment smile.

During the comprehensive exam, I found that Wendy's lower jaw had become severely deficient, and she had cavities around the existing crowns on her upper teeth. Additionally, her existing crowns and denture both had severe wear that resulted in a reduced vertical face height and aged appearance.

When I first met her, Wendy was disheartened, embarrassed, and accustomed to a guarded smile to hide her teeth.



Figs. 2a-b: Pre-treatment intra-oral view with and without existing prostheses.

Fig. 3: Diagnostic wax pattern and radiographic guides.

Fig. 4: CBCT with radiographic guides.

We discussed the potential treatment options, and with her input, a plan was generated to restore esthetics and function.

In order to improve her smile and achieve the fixed outcome she desired, a total of eight implants – two in the maxillary (upper) arch and six in the mandibular (lower) arch – were planned. Her complex dental condition also required a complete set of new crowns on her upper teeth. A new smile was designed starting with a diagnostic wax pattern, which was then used as a "mock-up" to visualize the final result and verify the arrangement (Figure 3). The diagnostic wax pattern was then duplicated to create a radiographic guide, and a CBCT (3D imaging) was captured (Figure 4). Implant placements were planned digitally using the radiographic guide as a reference and keeping the final result of a beautiful smile in mind.

Wendy's care began with the removal of her old crowns and treatment of the active disease. After the cavities were excavated, she received provisional crowns, and an interim mandibular (lower) denture was made based on the previous diagnostic wax pattern. The next step was to return to her oral surgeon for surgical treatment. Her implants were placed, and on the same day, I converted her removable mandibular (lower) denture to a fixed

Having thought that she would never have nice teeth, she became very emotional when she saw her new smile, saying, "I can't believe these are really mine."

set of teeth by attaching it to the implants. She was beginning to feel more confident with her new smile, and she was thrilled to no longer have to remove her teeth at night. During the healing process, Wendy was referred to an endodontist for root canal treatments.

Following the integration of her implants, Wendy's final crowns and lower prosthesis were fabricated (Figures 5, 6). The contours of her new teeth were customized in order to personalize them and provide her with optimal esthetics and function (Figure 7). Her rejuvenated smile restored her facial height and lip support, rebuilding and refreshing her overall appearance (Figure 8).

Fig. 8: Post-treatment smile.

To conclude her treatment, Wendy was provided with a night guard to reduce wear and protect from nighttime grinding. She received instructions for proper home care and special hygiene products to protect against future cavities. Additionally, she was advised to follow a shorter cleaning schedule in order to maintain her radiant appearance. Through thoughtful treatment planning and coordination between specialists, her care was meticulously executed, providing her with a beautiful result that she couldn't stop smiling about. ■

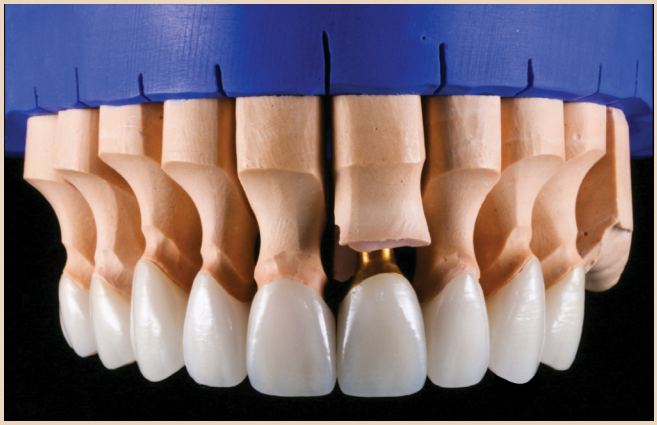


Fig. 5: Maxillary (upper) crowns.
Fig. 6: Mandibular (lower) full-arch prosthesis.
Fig. 7: Post-treatment intra-oral view.

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Implementing 3D printing technology in practice

Michael D. Scherer,
DMD, MS, FACP

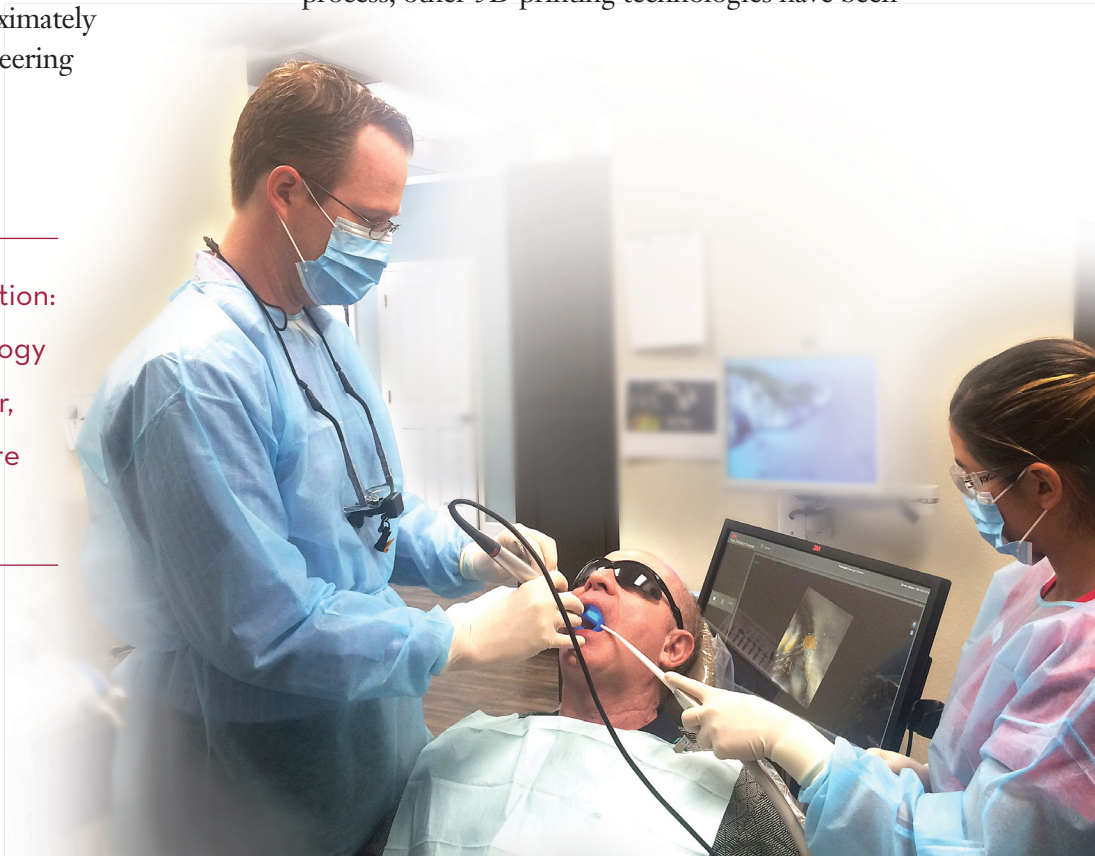
There is a palpable buzz in journals, magazines, and lecture halls about the use of digital technology in clinical practice. Prosthodontists, with our strong laboratory and clinical backgrounds, must lead the charge with implementing technology in everyday clinical workflows.

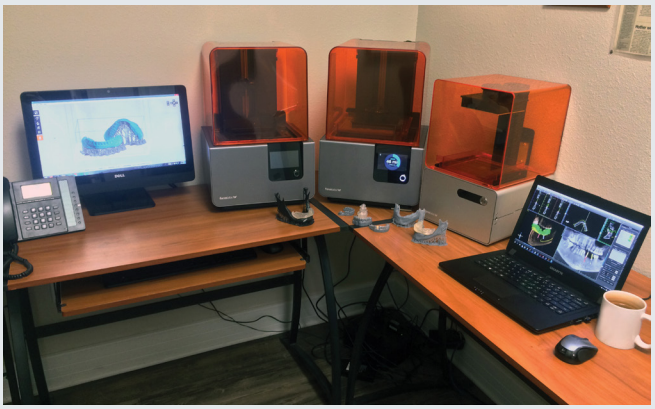
There is a measured increase in the number of our colleagues who are asking each other, "How do we implement digital scanning and 3D printing technology?" Prosthodontists recognize the limitless possibilities digital techniques can afford in our clinical practices and, in fact, many of us already use it in some fashion by sending files for printing dies and working casts, surgical guides, and medical modeling to laboratories that use large industrial-grade printers.

It seems every day an article is published in a magazine or newspaper touting the use of 3D printing with some new and amazing application and how it improved patient outcomes. While 3D modeling is a relatively new and emerging technology within dentistry, its use has been around for approximately 30 years within mechanical engineering to produce a rapid model of a CAD drawing.[1]

Ultimately, this is the key question: "How can I use digital technology to make my tasks easier, faster, and equally or potentially more accurate and effective?"

The original 3D printing process was invented in 1986 by Charles Hull. Using stereolithography, commonly referred to as SLA, this technology utilizes a container of liquid photo polymerizing resin and an ultraviolet laser to build parts one layer at a time until a solid object is formed out of the liquid resin container. This process, known as "additive manufacturing," is distinctly different from that of milling or CAD/CAM, also known as "subtractive manufacturing." In milling, a restoration or dental cast is fabricated from a pre-manufactured block of material, such as ceramic or gypsum, whereas in 3D printing, they are fabricated from liquid or powder manufacturing precursors. From the development of the original SLA process, other 3D printing technologies have been





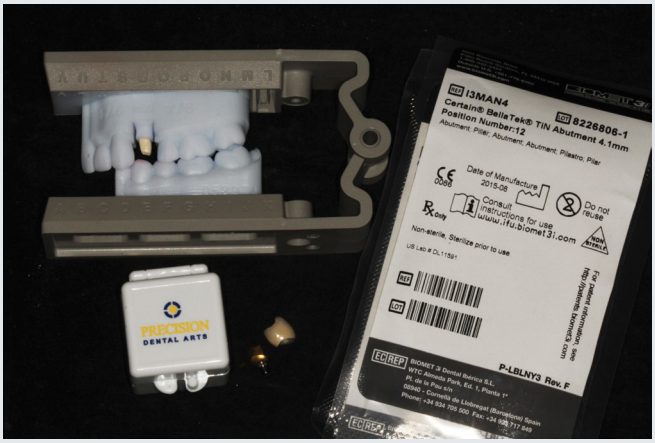


Fig. 1: The digital prosthodontics office with computerized design and 3D printing technology.

Fig. 2: Following intraoral scanning, the final restoration and abutment for a dental implant was fabricated with assistance of an industrially fabricated 3D printed working cast.

Fig. 3: The abutment and crown were inserted with little adjustment needed.

developed such as Polyjet, fluid-deposition modeling, digital light processing, and SLS/direct metal printing.

While most commercially available printers are designed for use for large scale production, recent development into smaller, less expensive SLA printers have opened desktop 3D printing within dental offices. These newer, professional consumer (or "prosumer") grade machines have initial startup costs that are substantially lower than industrial grade 3D printers traditionally available only to large dental laboratories. These 3D printers have optical resolution, reliability, and a form-factor that may rival their significantly more expensive counterparts (Figure 1).

My journey with in-office 3D printing

There are many possibilities for integrating desktop 3D printing into a clinical practice and the demand for utilization varies depending upon the clinician's interest level in digital technology. Many clinicians have the desire to fabricate casts for "crown & bridge" die and working casts, diagnostic tooth assessment and "wax-ups" prior to restorative therapy, and for dental implant surgical guides.

Ultimately, this is the key question: "How can I use digital technology to make my tasks easier, faster, and equally or potentially more accurate and effective?"

In my practice, I wanted to streamline or eliminate tasks that can be cumbersome and fraught with error. First, my goal was to replace the use of traditional technique sensitive impression procedures with a digital impression scanner. Incorporating intraoral scanning techniques and protocols have substantially decreased my daily stress while increasing my precision and reliability surrounding indirect restorative procedures. I was introduced to 3D printing: industrial-grade printing performed by a large-scale laboratory. Soon, my digital impressions were returning from the laboratory with 3D printed articulated casts and restorations designed digitally (Figures 2-3).

After a short period of time, I felt I had validated the digital impression process within my practice and felt like I could look further into eliminating another procedure within my office: diagnostic tooth arrangements and wax-up procedures. Like many of my colleagues, I find it difficult to delegate laboratory procedures and preferred the control of performing these procedures myself. I did, however, find it challenging to find time for these procedures within the demands of a busy practice and personal life. I began working with dental labs and their software to help me manipulate digital impression images to assist in diagnostic assessment and digital waxing procedures. While this process was successful, it was frustrating that it took several weeks to receive printed casts and was an expensive endeavor compared to simply making a traditional impression and pouring a gypsum cast.

I had heard about the development of lower cost 3D printers and successful online funding campaigns that helped to launch several companies. I joined the pledge campaigns and purchased 3 different types of low-cost consumer-grade 3D printers. After experimentation, I determined that the original SLA-style printer technology, like the one invented by Hull in 1986, was still the best for demanding dental applications. During this time, I also found free and open source non-dental software that was unrestricted and could

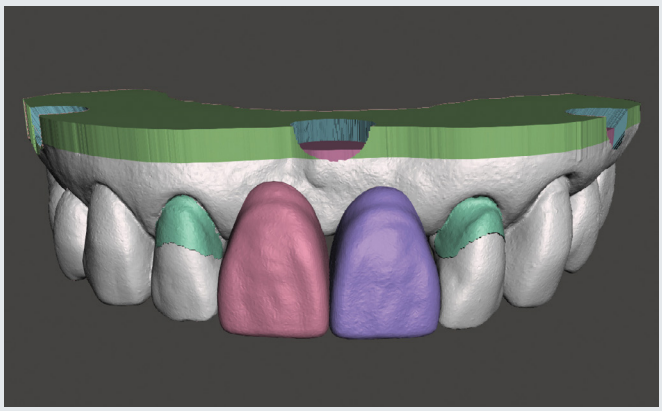


Fig. 4: A patient initially presented requesting a fixed bridge to replace her missing maxillary (upper) central incisors.

Fig. 5: Utilizing a digital impression and assessment, a diagnostic "wax-up" was performed.

Fig. 6: The digital file was 3D printed utilizing a low-cost desktop 3D printer, forming a cast.

Fig. 7: In order to facilitate making a provisional (temporary) restoration, a vacuum-formed template was fabricated on the 3D printed cast.

open any dental scan, learned how to use the software, and utilized this with my new printer to assist a digital wax-up of two anterior teeth for a routine anterior fixed partial denture procedure (Figures 4-9).

Fast forward and I was able to work with several companies to help bring lower cost dental 3D printer technology to clinical reality including one company with the first desktop printer to have a FDA-approved biological resin that can be utilize intraorally. As a result, countless numbers of clinicians, including myself, have been able to print surgical templates for dental implants within my office to assist in surgical procedures for a fraction of the costs of traditional methods (Figures 10-11). The story of my journey is not unlike what many other clinicians are facing. How do we validate these procedures? Is the digital technology going to work well for me? How much is it going to cost and can I offer higher quality services to more patients without having to raise fees? I had those reservations and found a way that worked for me within my clinical workflow. I encourage you to do the same. As prosthodontists, we must lead the digital evolution of dentistry. ■

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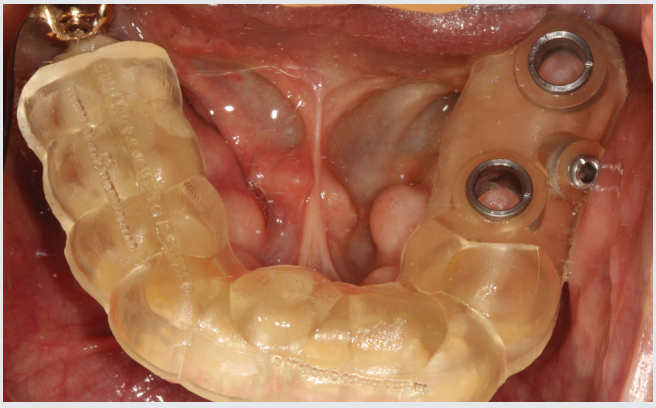
Fig. 8: The provisional restoration was fabricated utilizing the template and removed after polymerization.

Fig. 9: The provisional restoration was finished and placed utilizing a luting agent. The final restorative procedures were performed and a definitive fixed partial dental prosthesis will be placed at a later date.



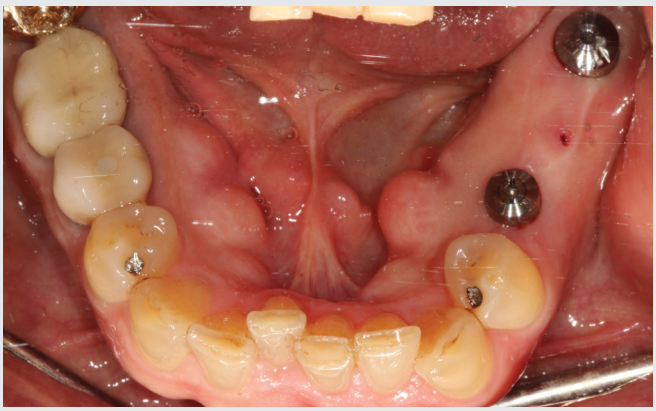


Fig. 10: A dental implant surgical template was designed and fabricated.

Fig. 11: The template was adapted onto the mandibular arch and surgical procedures performed to place dental implants.

Generational shifts: trends in dental innovation

Steven J. Sadowsky,
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Each new generation in society has affected the evolution of dental technology, and sociologists may provide some illuminating insights into the scientific process behind that evolution.

Karl Mannheim, influential in the first half of the 20th century, was one of the founding fathers of the sociology of knowledge. He observed that attitudes, values, and behaviors of specific generations presaged the application of innovative discoveries in science and industry.

The Silent Generation (1925-1945) has been characterized by personal responsibility, duty, and humility. On the other hand, the Baby Boomers (1946-1964) reflected a different moral ecology emphasizing a culture of confidence, materialism, and flamboyance. Generation Xers (1965-1979) have been branded as entrepreneurial thinkers, eager to learn new skills, and highly adaptable. The Millennials (1980-1999) have been categorized as optimistic, 2.5 times more likely to be early adopters, and highly tech-savvy. Finally, the members of Generation Z (2000-) are more risk-averse, value honesty as the most important trait in leadership, and tend to be more realistic than idealistic.

Given this premise, the trajectory of dental implant treatment may be seen through the lens of the prevailing zeitgeist. For example, Brånemark (Silent Generation), after a quarter century of research, was reluctant to introduce osseointegration to North America in 1982 because he thought more investigation was needed to establish its effectiveness, in keeping with the mores of the time. It is of note that a contemporary of his, David Sackett established the importance of evidence-based medicine and dentistry. His dominant role promoting the hierarchy of evidence fostered high rigor investigation before promulgation.

But after dental implants were disseminated with strict operator and loading protocols, a new generation (Boomers), defined by emphases on broad claims and marketing, expanded these criteria, lulled by high survival outcomes and little attention to success data. The wake-up call was an alarming incidence of peri-implant disease between 28% and 56% of subjects reported in 2008[1] (Generation Z) revealing a need for different diagnostic and maintenance regimens. What has emerged is a new analysis of osseointegration based on a dynamic series of complex host immune interactions, demanding a more in-depth profiling of the patient, operator, and site before and after restoration.[2]

Arguably the most powerful innovation to follow the discovery of endosseous implants was the use of chairside CAD/CAM technology. Its initial development appeared at the junction between Generation X and the Millennials in 1980.[3] The prospect of delivering a ceramic restoration in one session using a digital acquisition unit and milling chamber was embraced by a burgeoning demographic, unintimidated by a steep learning curve or initial costs. Furthermore, this process offered both a business model and a solution to the higher esthetic demands of the new patient cohort (e.g. Chairside Economical Restoration of Esthetic Ceramics). The willingness to adopt early in the evolution of this new technology stemmed from a generational ethos.

However, once again, a sanguine assumption regarding the outcomes of CAD/CAM restorations was later to be deflated in 1998 when Sjogren, et al[4] revealed that excellent margin integrity was seen in only 52% of the cases. Over the last decade, it has taken a technological advance such as the 5-axis milling machines operating at a 5-micron tolerance to demonstrate that all-ceramic restorations exceed the marginal integrity of metal ceramic crowns.[5] Likewise, zirconia was introduced in the Millennial Generation as a highly durable core material for single- and multiple-unit fixed prostheses. However, high incidences of porcelain chipping resulted over time. It was only recently that slow cooling was signaled as an important firing protocol for all-ceramic crowns to prevent cracking and fracture of porcelain.[6] Predictable outcomes in employing a new technology and a new material only later surfaced under the scrutiny and the solutions offered by Generation Z.

Finally, cone beam computed tomography guided implant placement has been the prima facie example of the Millennials' buoyant belief that technology can eclipse analogue protocols and specifically override operator error. However, a 2015 consensus conference, led by Hämmerle, et al[7] at the European Academy of Osseointegration, emphasized the risk of introducing cumulative errors in the design, fabrication, and clinical use of guides. They concluded that future research should focus on the process to reduce the variation in accuracy and find out which categories of patients may benefit most from guided surgery.

As we pass into the Innovation Age, the insignia of Generation Z is ever present. Perhaps we have reached the zeta of a 100-year generational cycle as we witness a correction phase based on scientific review and realistic claims. Ultimately, patients are losing their role as beta testers giving the strongest voice to the Silent Generation.■

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Driving the digital evolution

Robert M. Taft,
DDS, FACP

Dena Lanier,
NADL President

Dena Lanier currently serves as the president of the National Association of Dental Laboratories (NADL). In this interview, she describes adapting to the changes in the ever-evolving dental industry.

RT: How do you see your role as President of the National Association of Dental Laboratories?

DL: Members still feel that NADL represents the big laboratories. My goal is to emphasize whatever problems are facing the big laboratories are also facing the small laboratories on a smaller scale. I think that as president you have to represent all the different laboratories that are out there, and keep them informed. My heart is always with the grassroots, one or two person laboratory. I've stressed that over and over again, as I'm not a large laboratory, and there are so many laboratories that have such a unique and wonderful gift that they give to the industry, they should not be forgotten.

RT: Are there any real hot issues that are of concern to you in the industry?

DL: The competition for price driven by unrealistic insurance reimbursement rates affects us. It affects our customers which then affects us. I think that's probably the biggest thing right now. We have to reinvent ourselves and help our customers reinvent themselves. Let patients know there are products that are available to them and there are options.

RT: There was a time when offshore outsourcing was popular based on the reduced labor and material costs. Is this still a threat to US laboratories today?

DL: Yes, and based on our US customs data, we can track specific products' code trends. Over the past four years, the percentage of units going offshore has declined by 5.5%, but it's still over 30% of the total units. A good portion of the crown and bridge market is still going offshore.

RT: Do you see anything that we can do to offset that, or drop it more?

DL: Just educating our patients. Dentists and I put up billboards to promote dentistry in the local area. When we were talking with the Georgia Dental Association about offshore, one of the things they told me was, 'You know, we didn't know to ask our laboratory where our crowns were being made!' It wasn't the fact that they didn't know, it was that they didn't know that they had to ask. That was a real eye-opener for me.

RT: Nowadays, we're reaching out to younger people so they can make smart decisions in their education and career path. What would you suggest to a young person interested in becoming a highly skilled laboratory technician like yourself?

DL: I would tell them to learn the science. The ability to use CAD/CAM is going to be a must in the next generation. It's encouraging because now, our kids see us working less and getting the work out, because of what we can do with the machines. That's a plus! Plus the image to me of a lab technician will change. Whereas now you think of a craftsman, with CAD/CAM, digital, and the computer, you see a coat and tie.

RT: You mentioned CAD/CAM. What do you see as far as managing the conversion from the traditional laboratory support to the CAD/CAM workflow technology?

DL: It's not easy! It's a learning experience on both sides. I think the biggest thing we've learned is: go with a company that's going to be around to support you.

RT: It's a steep learning curve and the technology is changing so rapidly. So how does a laboratory decide what is the best system for them?

DL: We talk to our customers and we stay educated. If I could tell a laboratory anything, it's, 'Read, read, read! Stay educated.' Just because you don't have a specific type of system, when my doctors call and they ask, 'What do you think the best intraoral scanner is?' You better be able to answer that question, because somebody's going to.

RT: Overall would you assume there is a move to you getting more of the digital requests than the traditional approach?

DL: Yes. And it's more young dentists, coming out of dental school where this is the norm.

RT: So how does a well-known, small or a large operation that's been operating for many years train their technicians to use the new technologies?

DL: You still need to know the science and the proper shape of teeth, and once you know that, it becomes easier. For instance, my metal finisher finished full cast gold crowns, so he's going to be a good designer because he knows the correct contours. Same thing with wax. My waxer, who waxed full gold crowns, once again, will do well because rather than using wax, they're now using a mouse. We can train the people we already have. We also tell them this is not going to take their jobs away, because that's their fear, that the new machine's going to take their job away. No, it's going to make your job better.

As lab technicians, we love tough cases, we love anterior cases, all these different things that we do, and now we can do them on the machines, and we can send them over for approval. It's just changed our industry so quickly, and for the better. It's just amazing what all we can do.

RT: Through partnerships with suppliers/vendors, do they help you with training on the machines that you purchase?

DL: It depends on the company. What usually happens is that my husband and I will take a class and then we'll come back and we'll teach somebody, and then they'll teach somebody else all the different steps. And it is a learning curve, and you just have to stay with it.

RT: The other push is in-house chairside milling units. Do you see that as a big concern for laboratories?

DL: The chairside milling is growing and it's staying steady. I think it changes the clinical business models. I have a local dentist that bought a Sirona machine, and he told me, "You know, I did 20 units on my Sirona machine." I said, "That's great, because you had bigger cases that you were able to do and send to me, and I didn't do the single molar crowns!" He thought I was going to be upset with him, and I'm going, "No! This is great!" You know, it works out really well for us. In my mind, it frees us up to do the more complex cases.

RT: It does free you up to spend the time associated to do what you need to do on the most difficult cases.

DL: And that's what we love. As lab technicians, we love tough cases, we love anterior cases, all these different things that we do, and now we can do them on the machines, and we can send them over for approval. It's just changed our industry so quickly, and for the better. It's just amazing what all we can do.

RT: From your perspective, do you see this whole digital evolution as an improvement in the quality of patient care?

DL: Yes. In one article, the dentist said, "You can forget about remakes." And you honestly can. I think we might have had two remakes last month.

RT: So, if you and your husband were to sit down today and design a template that you were going to push out to your constituency, how would you design your laboratory today that might be different from your own personal laboratory when you designed it, years back?

DL: Less footprint. It will take us less floor space to do what we do. You can be smaller, more efficient, with a higher profit margin than ever before. To me, that's what this new revolution has fostered.

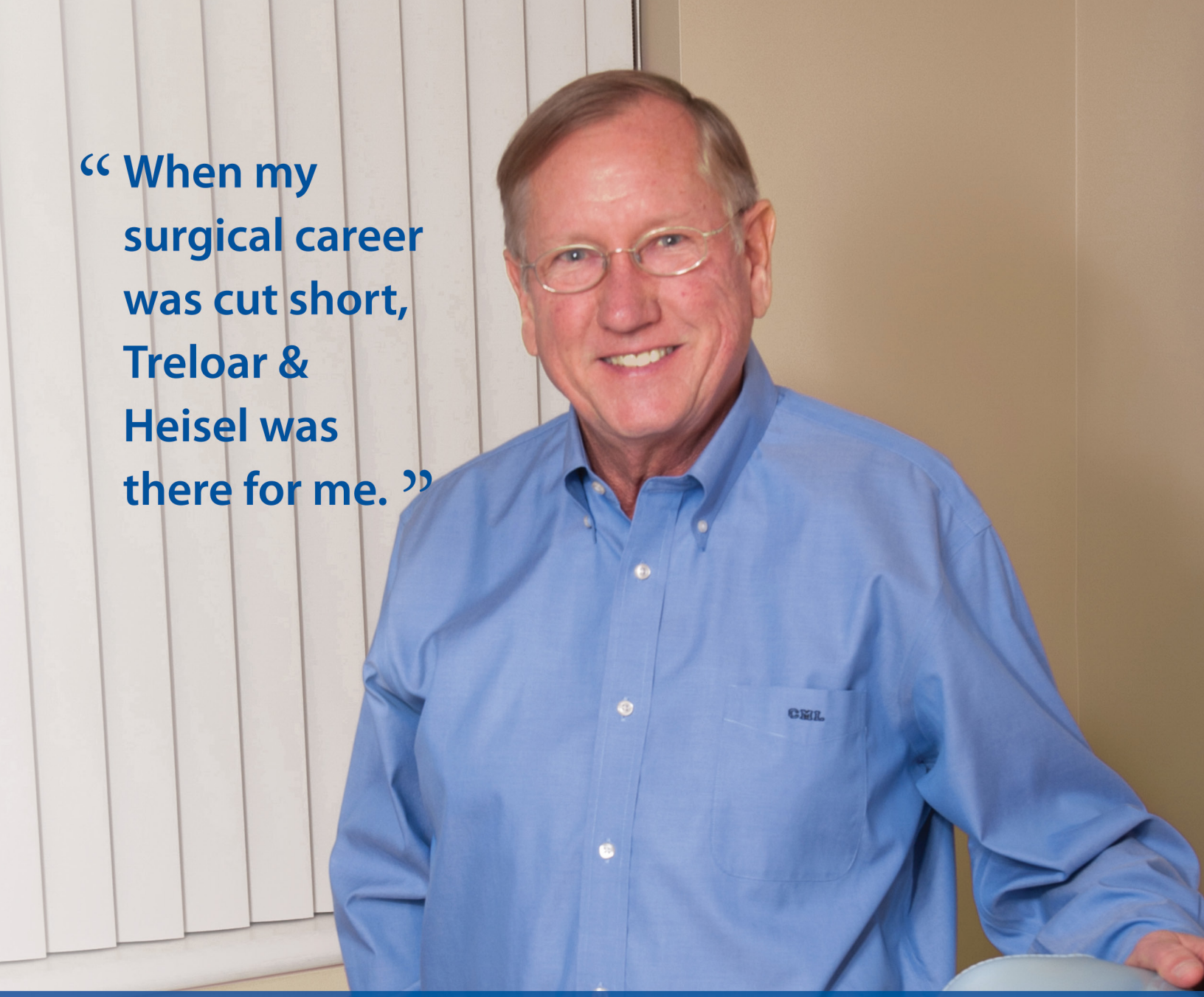
RT: So what do you see as a successful model for the dentist/laboratory technician relationship in today's health care system?

DL: Communicate! Dentists still have to know the product; and we still have to share our knowledge of what's going to be the best. With all of the products changing almost daily, I think dentists and labs have come a long way, realizing that we do need to talk to each other, we do need to share this information that we have, more now than ever before.

RT: What advice would you give young dentists and laboratory technicians as it relates to the value of membership in dental organizations?

DL: Join! Find out if the practice down the street is doing the same thing you're doing. Face-to-face is where you get the true knowledge. You can't do that any other way than at a meeting.

Ask the questions. Don't be afraid to say, "Hey, my numbers were down last month, were yours?" We talk about things like that with each other and we stay on a friendly basis. We know if we're in trouble, they would help us out. I think that that's the value of membership. ■



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Reflecting on a busy year

Carl F. Driscoll,
DMD, FACP
ACP President

Colin Powell, when asked about being a successful leader, calmly replied that all you need to do is to surround yourself with great people.

With my term as President drawing to an end, I take time to reflect back on the year, one that has certainly raced by. I am in awe of the devotion of all our members and staff to create the best specialty across all lines. The Board of Directors, volunteer members of the various committees, and staff have certainly been active and for that, I thank you. Their dedication, motivation, and work ethos is second to none.

Special thanks to my wife Sarit and to my residents for giving me the time and space to pursue this second full-time job. In addition, my gratitude to all my faculty who covered for me while I was off representing the College, especially Dr. Radi Masri, who I am blessed to have called him my student, my colleague, my mentor, and most of all, my friend. You are incredible!

I have been extremely fortunate to have served under the great leadership of Past Presidents Drs. Lily Garcia, Lee Jameson, John Agar, and Frank Tuminelli. And I know very well that the future Presidents, Dr. Susan Brackett and Bob Taft, will bring the College to even higher levels.

All the people I have just mentioned were also extremely fortunate to have Nancy Deal Chandler as the Executive Director during their time in Office. Deal certainly helped guide the College to its highest level and she will be greatly missed. Deal stepped down from the position at the end of July and has moved back to her home state of Virginia with her husband Paul. We wish them success, great health, and happiness.

The Executive Committee immediately formed a Task Force, chaired by Dr. Tuminelli, to find the best possible successor to Deal and as usual for the ACP, did not fail. I was extremely happy to announce that Dr. Linda Caradine-Poinsett had been selected to be our next Executive Director. Please see the article in this issue about the newest member of the ACP family and the incredible background that she brings to the College.

During the past year, the ACP focused on digital technology and was proud to announce a $1.25 million grant from Henry Schein to help develop a digital technology platform to be used in our dental schools. This combined with exciting CE courses led by Dr. David Guichet advanced our position as the leaders of this technology.

The Position Statements, led by Dr. Agar, have been extremely popular with our members and he continues to grow the number of topics that our members have covered in such great depth.

The return of the 'Match' will occur with the class of residents starting in July of 2018 and gives our future colleagues a more professional relationship with the programs trying to recruit them. Applications are rising and the quality of these candidates is unsurpassed.

The ACP continued to search for mechanisms to decrease student debt, increase reimbursements for prosthodontic procedures, raise specialty recognition in the ADA, expand our governance to include residents and young prosthodontists, and to grow the Spokespersons Network.

The Central Office is hard at work preparing to make this Annual Session the ACP's most successful meeting to date. Drs. John Agar and Julie Holloway worked diligently to bring the best speakers to you and they have not failed. I thank them for leading their committee to this fantastic program.

Yes, it has been a very busy and successful year and I thank you all for the privilege and honor of serving the College. I look forward to continuing to contribute as Immediate Past President knowing that the College will be under the superb leadership of Dr. Brackett.

Hope to see you all in San Diego. ■

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Partnership Initiative

Coming home to dentistry

Dr. Linda Caradine-Poinsett joined the ACP and ACP Education Foundation as the new executive director in September. With extensive experience in healthcare and a passion for leadership, she is ready to hit the ground running. In fact, dentistry is familiar ground for her—she sees this new role as "coming home to dentistry."

ACP: What did you mean when you said that you are "coming home to dentistry"?

LCP: When I started my career, I spent nearly ten years in dentistry as a development professional, and on some level I found it a bit intimidating. However, during that time, several dental professionals took me under their wings and mentored me. I always knew that I would return to dentistry at some point, because the time I spent in dentistry has always been very dear to me. The dental team, in my mind, is the essence of teamwork. During the interview process, I felt very connected to the industry. The terminology, acronyms, and even some of the issues resonated with me. There is a sense of familiarity I have that made this journey back very welcoming and I am glad to be a part of the ACP family.

ACP: As you were beginning your education, why did you pursue a career in healthcare administration?

LCP: I have always been passionate about healthcare. Initially, I considered a career as a clinical practitioner. But I discovered early on that I do not have the constitution to stomach the sight of blood. So I decided to focus my career on the business side of healthcare. It was my way of vicariously contributing to patient care even though I would not be necessarily involved with direct care. I derive a great deal of satisfaction knowing that the quality of patient care is enhanced when we provide educational programs for our members.

ACP: You earned an MBA and a master's degree in health law, and you recently completed a PhD in Organizational Leadership. What inspired you to pursue that course of education?

LCP: I am a lifelong learner, and I believe education is transformative. The subject of leadership has always fascinated me. In other words, how can I engage the leadership in a way that strengthens the organization and enable strategic decision-making. So I guess you could say I see my responsibility is to help cultivate a culture where people feel comfortable with embracing leadership responsibilities, even though they may not have a formal title in leadership. My academic training coupled with my career experience provides me with the foundation needed for the organization's strategic initiatives.

ACP: Why is it important for professionals to belong to an association?

LCP: Aside from networking, belonging to a professional association is a tremendous opportunity for professional growth and development. If nothing else, the intellectual stimulation is fabulous. However, I think the most significant reason to belong is to "give back". If a person's life affords them the opportunity to give back to their profession in some tangible way, I think it is a wonderful

way to share knowledge and experiences. As your career progresses, you never know when there will be opportunities for mentoring.

ACP: What kind of value can an association provide for its members?

LCP: Associations have a tremendous opportunity to expose our members to the latest in technological advancements. We are a resource for education and new learning. We should take advantage of our special niche to share the new information with our members. Research is developing all the time. It is another area where associations can, and should, be thought as leaders. An association is a valuable resource for engagement, inclusiveness, and personal and professional development. It is nice to call the member services department and say, "Here's what I'm looking for, and I'm not quite sure how to get there, who would you suggest I talk to?" Being a resource to help a member navigate their profession is tremendously helpful.

ACP: What do you hope to achieve as executive director of the ACP and the ACPEF?

LCP: To help the ACP reach its full potential as a world leader in prosthodontics and digital dentistry. When I looked at this position and saw the organization was spearheading education and training in digital dentistry, I thought to myself, "Ooh, they're embracing technology; this is going to be fun!" I'm a proponent of bringing science and technology together. So it makes sense to build on and cultivate relationships that will help ACP move its strategic initiatives forward by collaborating and engaging with other dental professionals and influential audiences, both nationally and globally.

I would also say we have a tremendous opportunity to increase public awareness about the role prosthodontists play in oral health care. We should continue positioning ACP members as respected leaders in the industry. As technologies evolve, my goal is to develop a multi-generational strategy to attract and cultivate the next generation of members and leaders that will embrace and use new technologies. So that means we're going to have to stretch ourselves a bit. I truly believe that with an attitude that embraces teamwork, innovation, and growth, we will be successful.

Regarding the ACPEF, as a former development professional, I understand the importance of strong relationships, and the oh-so-delicate balance between the needs of the foundation, the needs of the donors, and the donors' expectations. My goal is to identify and continue to expand strategic partnerships that support both the mission of ACP and the ACPEF's initiatives.

ACP: Comparing the world of dentistry today with the one that you entered at the beginning of your career, what do you see that's different, and what do you see that's the same?

LCP: I think the pace at which dentistry has to adapt in a dynamic healthcare environment is different. Patients, regulatory issues, insurance, and other environmental demands have necessitated that the profession continue to learn and embrace change.

Another difference that I've seen in the last ten years is the growth of corporate dentistry and DMO/DSOs. It's becoming increasingly difficult for practitioners who are retiring to sell their practice because the younger professionals are opting to work for these larger organizations. I suspect part of the reason for that shift is the amount of financial debt prosthodontists are incurring while they are pursuing their education.

What do I see being the same? I think from an association perspective, we are still faced with remaining relevant as the needs of the profession grow and evolve. We have to continue asking ourselves, "Are our members getting from us what they need in order to be successful in their practice, in order to render quality service and quality care to patients?"

ACP: Finally, what is someone likely to find you doing on a day off?

LCP: My husband and I are taking dance lessons, so a day off would include practicing to learn our dance steps! It's nice to pick up a book on a subject that's totally unrelated to work. I also sing in a community choir that raises money for breast cancer awareness. We're preparing for our fall concert, in October. We are going to be, believe it or not, featuring the music of Sting! So it will be fun. ■

What's next

Lyndon F. Cooper,
DDS, PhD, FACP
ACPEF Chair

"If you don't like change, you're going to like irrelevance even less."

– GENERAL ERIC SHINSEKI, CHIEF OF STAFF, U.S. ARMY, 2003

Over the past year, the ACP has been engaged in developing a digital dentistry curriculum. Created by the generous gift from Henry Schein to the ACPEF, this effort is intended to assist the entire dental community, but especially our educational institutions, in adapting to the rapid changes in dental therapies made possible through advances in digital technology. This activity that has consumed much of our 2016 energy was postulated in the ACPEF-sponsored 2008 Digital Prosthodontics Technology Conference. Prosthodontists and industry representatives struggled then to identify the pace and scope of transformation that digital technology would impose on clinical prosthodontics. It wasn't a matter of right or wrong, this technology or that, or even when. We simply asked, "What if?"

Fortunately, many participants left that conference understanding that implications of "if" and, as data and experience supported the initial enthusiasm, our specialty recognized that "if" became "yes" and "yes" was becoming "now".

The efforts ongoing through the digital dentistry curriculum initiative demonstrate that our specialty is able to address the question of change, "What's next?" The ACPEF has provided the necessary resources and our members have provided the energy and action. This example of informed planning and decision-making engendered support and highlights the value of the ACPEF.

But digital dentistry – important as it is to our current success – is only an example of "what's next". There are other challenges visible on our professional horizon. They include very fundamental issues that challenge the entire dental profession such as containing the cost of dental education; the importance of oral health to systemic wellness; and the related issue of access to oral health care.

Related to these issues is the fundamental question of who will be charged with providing this care in the future. These are bigger "what's next" issues for dentistry than whether we will use elastomeric materials or lasers to develop a three dimensional model of a prepared tooth. To address these issues, we need to develop effective, engaged, informed leaders capable of guiding our specialty forward.

The ACPEF enables growth of the College. It does this in many tangible ways that are evident in the numbers of highly-qualified residents, increased membership, sponsored research and educational activities, and remarkable initiatives such as the digital dentistry curriculum. Our ability to answer more important questions, to understand the significance of "what's next", will require tremendous future leadership. Addressing the next challenges as a profession will require this leadership.

The ACPEF can empower the ACP membership through leadership development initiatives. Building our future requires this. Supporting the ACPEF should be on your list of "what's next". ■

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ACP Fellow Receives Fellowship from Royal College of Surgeons Ireland

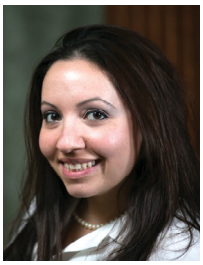
On July 4, 2016 in Dublin, Dr. Kenneth S. Kurtz received the Fellowship of the Faculty of Dentistry Ad Eundem from the Royal College of Surgeons Ireland.

The honorary fellowship recognizes Dr. Kurtz's contributions to RCSI, included lecturing at the 2012 Annual Scientific Meeting and serving as an examiner in Restorative Dentistry for the Membership of the Faculty of Dentistry Examination of the Royal College of Surgeons in Ireland (MFDRCSI), which has been held at the NYU College of Dentistry since 2009.

Dr. Kenneth S. Kurtz receiving his diploma from Dr. John Walsh-Dean, Faculty of Dentistry, RCSI (pictured left) and Professor John Hyland, President of the RCSI (pictured right).

Stony Brook University Prosthodontics Program Graduates 1st Two Residents

Dr. Jacqueline Abraham



Dr. Rebecca Sternberger

Dr. Jacqueline Abraham and Dr. Rebecca Sternberger are the first two residents to complete the Stony Brook University School of Dental Medicine's graduate prosthodontics program, a component of the Department of Prosthodontics and Digital Technology. This program is GME-funded and provides students with stipend support for all three years of their advanced education.

"The advanced prosthodontics program was developed to address the complex clinical needs of our patients and educate the next generation of health care providers. Our students and faculty work in close collaboration to deliver excellence in patient care and educational programs as well as exploring research concepts and innovation that will advance oral health for all," said Dr. Mary R. Truhlar, Dean, School of Dental Medicine.

Dr. Abraham's drive to help others regain their confidence by providing outstanding dental care has taken her on a journey from Europe to Long Island, NY and as far away as Madagascar where she treated individuals with an extensive range of treatment needs as part of a Stony Brook Outreach Program. Dr. Abraham plans to join a private practice to use her advanced prosthodontic training to give patients back their smiles.

Dr. Sternberger received both her prosthodontic certificate and MBA with a concentration in Healthcare Management at Stony Brook University. The former will guide her in patient treatment and the latter accomplishment will assist her in practice management, as she joins her brother, Dr. Sid Sternberger, a recent graduate of the NY Hospital Queens Prosthodontic program, in their prosthodontic practice in Plainview, NY.

Upcoming Events

Digital Dentistry Symposium
Chicago
Feb 21-22, 2017
Prosthodontics.org

National Prosthodontics Awareness Week
April 2-8, 2017
Prosthodontics.org/NPAW

47th Annual Session
San Francisco
Nov. 1-4, 2017
acp47.com

2016 GSK Prosthodontist Innovator Award

The ACP Education Foundation is proud to announce the 2016 GSK Prosthodontist Innovator Award, which supports key areas of interest for the future of prosthodontics.

The goals of this research, sponsored by GlaxoSmithKline (GSK) Consumer Healthcare, are to advance the understanding of prosthodontics-related biological and/or materials systems, human behavior, cost and care delivery, as well as economic modeling and quality of life investigations. Single-year funding in the amount up to $25,000 to initiate or foster research in these areas will be awarded to an ACP member prosthodontist and to his/her institution. This educational grant is open to prosthodontists who are within 5 years of their initial appointment at a US or Canadian dental school or related academic institutions. The applicant must be a member of the ACP and show outstanding promise in their research area.

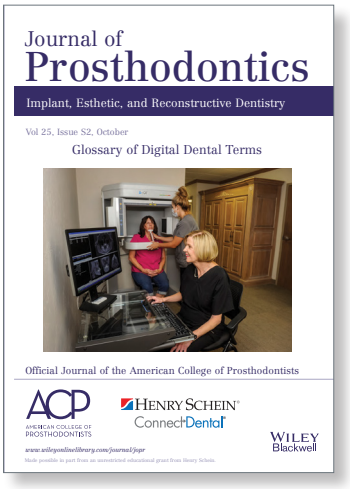
Submission guidelines can be found at acpef.org. Completed applications must be received by the ACP Education Foundation by **Nov. 4, 2016.**

Welcome New Sections to the ACP

Please join us in welcoming the West Virginia Section and their new officers, Drs. Shelby Alexander (President), Bryan Dye (Vice President), Soo Cheol Jeong (Secretary), and Matthew Bryington (Treasurer).

Additionally, the Executive Committee of the Florida Prosthodontic Association and their members unanimously voted to become the Florida Section of the ACP.

The ACP now has 39 state sections!



First Glossary of Digital Dental Terms

Along with the October issue of the *Journal of Prosthodontics*, ACP members will receive the first-ever Glossary of Digital Dental Terms.

Developed by the ACP's Digital Dentistry Glossary Task Force, led by Dr. Gerald Grant, the glossary's goals are to standardize the terminology involved in the practice of dentistry using advanced digital technology and to promote the application of those technologies among all dental practitioners. The Glossary will be a convenient reference for the many devices, file formats, and concepts involved in the use of digital technology in dentistry.

The Task Force reviewed published literature, reference guides, government agency documents, and technical guides. They consulted with industry leaders, educators, and practitioners. The result is a glossary with nearly 150 terms to guide the clinician or researcher.

Advanced digital dental technology continues to introduce new strategies and reveal new pathways for excellence in patient care. The ACP intends to continually monitor and update the Glossary as a dynamic resource for the dental community. Feedback to improve and tweak the Glossary is welcomed.

This first edition was made possible in part from an unrestricted educational grant from Henry Schein.

Welcome New Members

June 2016 – August 2016

New Academic Alliance Affiliate
Dr. Rami Al Saidi

New Advanced Program and Graduate Student Alliance Affiliates
Dr. Mahmood M. Abu Ruja'
Dr. Bo Huang
Dr. Emilio J. Rodríguez-Acosta
Dr. Abdulrahman S. Taleb

New Dental Technician Alliance Affiliates
Mr. Robert A. Ingrassio
Mr. Jose Rincon

Reinstated Fellow
Dr. Aristotelis Marinis

New Global Alliance Affiliates
Dr. Wael A. Ghabban
Dr. Hussein Omer Hamad
Dr. Markijan M. Hupalo
Dr. Joanne N. Uy

Reinstated Global Alliance Affiliate
Dr. Anthony P. McCullagh

Reinstated International Members
Dr. Arturo L. Blanco-Plard
Dr. Antonio U. Chardon
Dr. Francois Gagnon
Dr. John A. Payne
Dr. Donald A. Somerville
Dr. Eszter Somogyi-Ganss

New Members
Dr. Violet I. Haraszthy
Dr. Adegbenga O. Otun

Reinstated Members
Dr. Elo C. Adibe
Dr. Louisa S. Berman
Dr. Anthony M. Deliberato
Dr. Eiad N. Elathamna
Dr. Stephen Eric Enriquez
Dr. Jiyoung Kim
Dr. Katherine E. Misch
Dr. Yu Zheng

New Predoctoral Alliance Affiliates
Mr. Omer Homoud Al Rasheed
Ms. Antonella Aida Botto
Ms. Hollis A. Clark
Ms. Ivana A. Derby
Mr. Harry F. Haring
Ms. Rokhsareh Hassanzadehmahaei
Ms. Rashpal Kaur
Ms. Anam P. Khan
Ms. Hannah Knott
Ms. Viktoriya Kuchuk
Mr. James D. Lemon
Mr. Amin Nasehi
Mr. Braham Ouali
Ms. Krupa M. Patel
Mr. Corey S. Romero
Mr. Michael R. Simon
Ms. Stella Christina Stavrou
Ms. Anya Wolfe

New Resident/Graduate Student Members
Dr. Isra Elameen Ahmed
Dr. Sultan E. Ainoosah
Dr. Duaij KH Alazemi
Dr. Saria Abdullah
Dr. Ahmad Khalid Alhokail
Dr. Mohammad Almutairi
Dr. Hatem Ahmed ALQarni
Dr. Mohammed A. AlSaloum
Dr. Ahid Amer AL-Shahrani
Dr. Abdulkarim Hussain Alshehri
Dr. Abdul Aziz A. Alzaid
Dr. Dania H. El Azzouni
Dr. Emily S. Baker
Dr. Ahmed M. Ballo
Dr. Aaron A. Bellis
Dr. Mina M. Bishara
Dr. Dana A. Buglione
Dr. Renata Camino Navarro
Dr. Elena Chachik
Dr. Eugenia Chan
Dr. Denny S. Chao
Dr. Yoonkyung Choi
Dr. Emanuele Cicero
Dr. Risha M. De Leon
Dr. Samela Thais De Paula Lima Pereira
Dr. Amin Ehsan
Dr. Jacob J. England
Dr. Rikki M. Esterson
Dr. Gyula L. Forgo
Dr. Matthew R. French
Dr. Lior Furman
Dr. Alexandre Gagne
Dr. Mohamed I. O. Gebril
Dr. Libel Eduardo Gerez
Dr. Poorva H. Gharpure
Dr. Maryam Gheisarifar
Dr. Bashar Ghoujal
Dr. Tejal R. Gohil
Dr. Joshua D. Gold
Dr. Harrison D. Gordner
Dr. Brandon A. Gordon
Dr. Neil T. Griseto
Dr. Angela Gullard
Dr. Venkata S. Guvva
Dr. Lilian T. Ha
Dr. Brenda C. Hanes
Dr. Matthew T. Harper
Dr. Marcela Hasbún
Dr. Engy E. Hassan
Dr. Elizabeth D. Heindel
Dr. Pantip Henprasert
Dr. Ana M. Hernandez
Dr. Liza A. Horbar
Dr. Sherif Hosney
Dr. Mohammad Mehdi Imani-Emadi
Dr. Gabrielle R. Jackson
Dr. Maria J. Jimenez Suarez
Dr. Niranjan R. Joshi
Dr. Rasoul Arbabi Kalati
Dr. Jack M. Keesler
Dr. Chin Kim
Dr. Hee S. Kim
Dr. Hye Soo Kim
Dr. Isaac Kuyunov
Dr. Joseph J. Lee
Dr. Alison G. Loewenstein
Dr. Elaine D. Lu
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Dr. Andrea C. Marable
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Dr. Leila Nikpour
Dr. Kellie S. O'Keefe
Dr. Justine Oliveros Soles
Dr. Cristina Osorio
Dr. Meenarin Panittaveekul
Dr. Nisha V. Patel
Dr. Sana A. Peerbhoy
Dr. Evan A. Perler
Dr. Timothy James Pettis
Dr. Binh T. Pham
Dr. Fernando Pino Rivera
Dr. Daniel A. Pinto
Dr. Anna E. Pitz
Dr. Penny Planzos
Dr. Zachary D. Raffensperger
Dr. Salah Aldin Rajab
Dr. Fady Raslan
Dr. Azadeh Rastikerdar
Dr. Colin D. Rice
Dr. Camilla C. Rincon
Dr. Llelenys P. Rivera Rivera
Dr. Leah K. Romay
Dr. Toni Sami
Dr. Donna K. Scott
Dr. Thomas C. Seo
Dr. Shivani Shivani
Dr. Robert W. Slauch
Dr. Seung Jun Song
Dr. Jesse A. Stafford
Dr. Michael D. Stangler
Dr. Brett E. Stein
Dr. Yukihiro Takeda
Dr. Bhavika V. Thakkar
Dr. Christopher D. Thomas
Dr. Anna K. Thorn
Dr. Jessamy J. Thornton
Dr. Tamara L. Tom
Dr. Christina Tran
Dr. Douglas Allen Tribble
Dr. Caroline Truong
Dr. Nadyan Vargas
Dr. Christina Vasconez
Dr. Santvana Vyas
Dr. Patricia M. Walworth
Dr. Evelyn S. Woo
Dr. Jin J. Xue
Dr. Hanna Zharkina

Reinstated Resident/ Graduate Student Member
Dr. Jacqueline Medina

Job Opportunities

California (Palm Desert) – Board Certified Prosthodontist is seeking a motivated associate to join state of the art modern office. Well-established fee for service practice. Excellent opportunity for enthusiastic outgoing Prosthodontist who also enjoys outdoors lifestyle, resort like community of tennis, golf, hiking, biking, and swimming. Associate leading to equity partnership. Email cwcdent@aol.com.

Colorado (Greenwood Village/Denver) – An opportunity exists to join an established comprehensive prosthodontic practice in Greenwood Village /Denver, Colorado. Associatedship with a view toward partnership. Referral based, fee for service, fixed, removable, implant and aesthetic dentistry. To learn more, visit aldoleopardi.com and knowledgefactory co.com. Please email resume to Dr. Aldo Leopardi at aldo@aldoleopardi.com.

Florida (South Florida) – A terrific opportunity for an experienced outgoing prosthodontist associate in an established South Florida office. Our practice was established in 1969 and currently has one prosthodontist and general dentist. Removable lab on site. Fee for service. Please email cover letter and cv to gatordmd@yahoo.com.

Illinois (Chicago) – Established prosthodontic practice, beautiful location, seeks prosthodontist for partnership leading to ownership. Excellent opportunity to become established in downtown Chicago. Suitable for transition from academia, recent graduate from specialty training program, or experienced practitioner. All replies confidential. Reply to prosthodds1@gmail.com.

Illinois (Skokie/Goldcoast) – Eon Clinics with locations in the Midwest is seeking a prosthodontist for our Skokie/Goldcoast Illinois locations. Job Description: Perform all phases of prosthetic dentistry and related dental implant services to the appropriate standards as set forth by

the practice; Professional Degree: DDS/DMD; Certificate in Prosthodontics from an American Dental Association accredited program. For consideration, please submit CV to isabel@eonclinics.com.

Illinois (University of Illinois at Chicago) – The Department of Restorative Dentistry at the University of Illinois at Chicago under the leadership of Stephen Campbell, DDS, MMSc, seeks applicants for two full-time non-tenure Clinical Assistant/Associate Professor level positions.

Responsibilities include preclinical and clinical instruction in all aspects of the restorative sciences. Qualifications include a Doctor of Dental Surgery (DDS)/Doctor of Dental Medicine (DMD) or its equivalent. Prior teaching experience and advanced clinical training is desirable, but not required (board eligibility/certification is desirable where appropriate). Currently hold or be eligible for dental licenses in Illinois and a strong commitment to interdisciplinary care and willingness to engage other academic departments.

Preferred qualifications include Diplomate status in the American Board of Prosthodontics, demonstrated experience in teaching, mentoring, research, and service, demonstrated ability to mentor students, experience with peer-reviewed publishing, strong interpersonal skills and demonstrated experience in fostering collaborative relationship between disciplines.

For fullest consideration please apply by October 1, 2016 at https://jobs.uic.edu/job-board/job-details?jobID=65103 and include a cover letter, curriculum vitae, and the names and contact information of three references. Salary and academic rank commensurate with experience and qualifications. This position will begin December 1, 2016.

The University of Illinois at Chicago is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply. The University of Illinois may conduct background checks on all job candidates upon acceptance of a contingent offer. Background checks will be performed in compliance with the Fair Credit Reporting Act.

Iowa (University of Iowa) – The University of Iowa's College of Dentistry is searching for a full-time clinical or tenure-track faculty member in Department of Prosthodontics. Position available October 31, 2016; screening begins immediately.

Must have: DDS/DMD or foreign equivalent; Master's Degree or Certificate in Prosthodontics from ADA-accredited dental school; and Board Certification by American Board of Prosthodontics. Tenure-track applicants must also have: research training/experience; and demonstrated scholarly/professional growth commensurate w/time following completion of advanced education. Desirable: Clinical experience via private, military, or institutional practice; and teaching experience. Academic rank/track/salary commensurate w/qualifications and experience. Learn more and/or apply at Jobs@UIowa https://jobs.uiowa.edu/content/faculty/, reference Req #69269. The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.

Maine (Portland) – A terrific opportunity exists for an experienced outgoing prosthodontist associate to join an established comprehensive practice offering aesthetic, fixed, implant and removable prosthodontics as well as comprehensive dental care. Associateship with a view toward partnership. Located in a newly expanded office in Portland, Maine. In-house lab on site. Please e-mail resume/C. V. and photos of work to info@prosthodonticsassociates.com.

Maine (University of New England) –

The University of New England College of Dental Medicine invites applications for a prosthodontist. This is a full-time clinical faculty position (Assistant / Associate Professor). The University of New England College of Dental Medicine's mission is to "improve the health of Northern New England and shape the future of dentistry through excellence in education, discovery and service."

The University of New England College of Dental Medicine is well positioned to successfully pursue this lofty goal. The interprofessional education we provide, in cooperation with UNE's Colleges of Health Professions, Medicine, and Pharmacy, equips our graduates to improve not only the oral health, but also the overall health of the patients they treat.

Responsibilities: Didactic and clinical instruction in prosthodontics to pre-doctoral dental students will be core responsibilities for this position. This position reports to the Associate Dean of Curriculum Integration and Analytics for academic/didactic matters and to the Associate Dean of Clinical Education & Patient Care for matters relating to clinical operations.

Qualifications: Qualified candidates must possess a D.D.S./D.M.D. degree or international equivalent. The candidate must be licensed, or, be eligible for licensure in Maine and have successful completion of NBDE I & II. Candidates must also have completed advanced training in a CODA-approved prosthodontics program and be board eligible, or certified by the American Board of Prosthodontics. Candidates must demonstrate a passion for dentistry and a strong desire to teach students in a demanding, fast-paced, academic environment. Candidates must demonstrate the ability to contribute to and participate in a humanistic environment of learning and discovery. The successful candidate is expected to be able to provide direct clinical supervision of predoctoral dental students and to provide clinical care in the group practice. Salary and rank will be commensurate with experience. Interviews of qualified candidates will begin immediately and continue until the position is filled.

Application Materials: Cover Letter, Curriculum Vitae, Contact: careers@une.edu

The University of New England is an Equal Opportunity/Affirmative Action employer and welcomes female and minority candidates.

Massachusetts (Natick) – Chang Dental Group in Natick, MA is looking for an exceptional general dentist or a prosthodontist, who is passionate about high quality dentistry. Candidate must be a team player and strive to provide best patient experience. We offer competitive compensation. Experience is required (2-3 years). Must have DDS or DMD and valid MA dental license. If you are passionate about a career in dental care and enjoy working in a team atmosphere with opportunities for advancement, we look forward to meeting you! Qualified candidates, please email a resume and cover letter to office.drchang@gmail.com.

Massachusetts (Tufts University) – Tufts University School of Dental Medicine (TUSDM) is inviting applications for the position of Director of a 2-year Advanced Graduate Certificate Program in Implant Dentistry. The primary responsibilities of the position will be in the didactic and clinical teaching of implant residents in all phases of implant dentistry. Triaging of new patients seeking dental implant related care, and their referral to undergraduate comprehensive care or postgraduate specialty clinics will also be under the oversight of the Director. Furthermore, it is expected that the candidate will actively conduct research and mentor residents in their research projects. Salary and rank are commensurate with experience.

QUALIFICATIONS: Qualified candidates must have a dental degree (DMD, DDS or equivalent). Advanced graduate education in the prosthodontic and surgical aspects of implant dentistry including digital workflows is preferred. She/he must be eligible for licensure in dentistry in the state of Massachusetts. TUSDM offers one of the most forward-looking educational environments in dental medicine worldwide. Dental education occurs in an ethical and professional environment in which quality oral health care is provided to our patients. Since its founding in 1868, TUSDM has been committed to excellence in patient care, education, research, and community service.

APPLICATION INSTRUCTIONS: Interested parties should submit their current curriculum vitae along with a letter of interest and names and addresses of at least three references. Applications are to be submitted electronically using the following link https://apply.interfolio.com/36464. Questions regarding the search process or assistance with uploading applications may be directed to Monika Bankowski, Faculty Affairs Officer (monika.bankowski@tufts.edu). Visit our website for more information about the Tufts University School of Dental Medicine http://dental.tufts.edu/

Tufts University is an EEO/AA employer.

Massachusetts (Tufts University) – Tufts University of Dental Medicine seeks candidates for the position of Department Chair of Prosthodontics. The Department encompasses both predoctoral and postgraduate prosthodontics. The Chair should demonstrate excellence in: curriculum development and management, managerial abilities with faculty and staff, clinical and didactic teaching of predoctoral and postgraduate students, leadership, mentoring of student residents and junior faculty, scholarly activities and research, public health/community outreach and communication skills. The successful candidate will also need to have demonstrated vision with regard to dental education and the field of prosthodontics and have highly developed academic leadership skills and outstanding academic credentials.

QUALIFICATIONS: Requirements include a DDS/DMD degree and an advanced education certificate in prosthodontics from an ADA-accredited school and eligibility for licensure in Massachusetts. Board certification by the American Board of Prosthodontics is preferred. Salary and academic rank will be commensurate with the candidate's qualifications and experience. An opportunity for private practice exists.

APPLICATION INSTRUCTIONS: Interested parties should submit their current curriculum vitae along with a statement describing their scholarly and clinical accomplishments and interests, as well as names and contact information of at least three references. Applications are to be submitted electronically using the following link https://apply.interfolio.com/36633. For further information regarding the search process, please contact Dr. Nadeem Karimbux, Chair, Search Committee (nadeem.karimbux@tufts.edu).

Visit our website for more information about the Tufts University School of Dental Medicine http://dental.tufts.edu/

Tufts University is an EEO/AA employer.

Michigan (University of Michigan School of Dentistry) – The University of Michigan School of Dentistry invites qualified applications and nominations for a full-time faculty position at the Clinical Assistant/Clinical Associate level, commensurate with credentials.

The University of Michigan Department of Oral & Maxillofacial Surgery/Hospital Dentistry is recruiting a Maxillofacial Prosthodontist. The position requires involvement in the treatment of medically compromised patients in the Oral and Maxillofacial Surgery/Hospital Dentistry clinics and operating rooms. The successful candidate must possess a strong commitment to predoctoral and postdoctoral education, clinical care and research. The Maxillofacial Prosthodontist will be an integral member of multidisciplinary teams engaged in rehabilitation of patients with unique craniofacial conditions, both congenital and acquired. A key component of the position will be involvement with clinical training, in all aspects of prosthodontics, of residents in graduate prosthodontics and the general practice residency. Opportunities and resources are available to support research productivity.

With many of its Colleges, Schools, Departments and Hospital having top ten national rankings, the University of Michigan provides an environment for interdisciplinary collaboration and faculty development that few places can match. This is an excellent place to build a career.

Candidates must have a DDS/DMD degree, be eligible to practice dentistry in the State of Michigan, and have completed an ADA-accredited postgraduate training program in prosthodontics. A fellowship in maxillofacial prosthetics is desired. Candidates should have a strong interest in teaching and patient care. Research experience is valuable. A State of

Michigan license is required; however, a Clinical Academic Limited License may be available for qualified candidates. Candidates must be eligible to work in the USA. Faculty practice opportunities are available. Salary and rank will be commensurate with experience and training.

To apply, submit a cover letter, CV, statement of interest and goals, and a list of three references: http://facultyrecruiting.dent.umich.edu (Full-Time Clinical Track Faculty Position in Oral & Maxillofacial Surgery/Hospital Dentistry – Maxillofacial Prosthodontist).

Questions should be directed to Kim Huner (kimhuner@umich.edu). Applications will be accepted and evaluated on an ongoing basis until the position is filled. The University of Michigan is an Affirmative Action/EEOC employer.

New York (Rochester) – Established prosthodontic/implant practice looking for a highly skilled associate. A rare opportunity for a skilled Prosthodontist with strong communication skills to join a very busy practice focusing on complex dental issues and specializes in full-arch restorations, called Hybridge. Mentoring by the founder of Hybridge Implants. Teaching opportunities available. Send resume to: FLaMar@Hybridgeimplants.com.

North Carolina (UNC Chapel Hill) – The University of North Carolina at Chapel Hill, School of Dentistry seeks up to two full-time, Fixed-Term or Tenure-Track positions at the rank of either Assistant or Associate Professor in the Department of Prosthodontics. Track, rank, and salary will be commensurate with qualifications and experience. For full position details and to apply: http://unc.peopleadmin.com/postings/100542

More information available by contacting: Dr. Ibrahim Duqum, Search Committee Chair duqumi@dentistry.unc.edu

Ohio (Cincinnati) – Growing, privately-owned, fee for service, prosthodontic practice looking for an associate (full or part-time) in northern Cincinnati, Ohio with a potential for buy-in. More information available upon request. Direct all inquiries to cory.sellers@att.net.

Oklahoma (Tulsa) – Great prosthodontic practice opportunity at our satellite office. Thriving practice for immediate employment or acquisition. Practice located in a busy medical complex with great views from the treatment ops. Paperless office with digital pano and Dentrix. Excellent referral base. Tulsa currently has only one other prosthodontist to cover the city and suburbs with a population of just under a million. Enjoy the low housing costs, minimal commute and friendly community living that Oklahoma is known for. Contact: Thomas J. McGarry, DDS at 405-755-7777 or mcgarry@implantassociates.net.

Texas (Texas A&M University) – Texas A&M University College of Dentistry is seeking applicants for a full time position as Director of the three year Advanced Specialty Education Program in Prosthodontics in the Department of Restorative Sciences. This is a non-tenure or tenure track position at the rank of associate professor or professor, with salary and rank commensurate with qualifications/experience. Applicants must possess a DDS/DMD degree or equivalent, board certification status with the American Board of Prosthodontics, a record of publications and scholarship as well as administrative/budget experience. Prior practice experience and teaching is highly desirable, and the applicant must be eligible for licensure in the State of Texas. Responsibilities include full program oversight, to include course management and curriculum development commensurate with the accreditation standards of the Commission on Dental Accreditation, as well as clinical and didactic resident instruction, and supervision of research. The position will be available January 1, 2017. The opportunity for extramural private practice is also available. Review of applications will begin immediately and continue until the position is filled. Applicants should provide a letter of interest indicating date of availability, curriculum vitae, a statement of teaching and research and contact information for three references to Dr. Steve Karbowski (skarbowski@bcd.tamhsc.edu).

EEO/AA Statement: Texas A&M University College of Dentistry is an Equal Opportunity/Affirmative action/Veterans/Disability employer, committed to excellence through diversity.

Practices for Sale

California (Napa) – Prosthodontic practice est in 1985 occupies 1712 sq ft with 4 fully equipped operatories, 3D CBCT and removable prosthetics lab. Collections just under 1 million on a 3 day work week with 2 days of hygiene per week. Contact Tim Giroux at 530-218-8968 or wps@succeed.net.

California (Northern California) – Northern California Practice Sales currently has current prosthodontic opportunities available in San Jose, San Francisco, and Napa. For more information, please send a cover letter and current CV to molinelli@aol.com or call 650-347-5346.

Georgia (Atlanta) – Atlanta Area Prosthetic Dental Practice: Thriving prosthetic dentistry practice in busy Publix Shopping complex, 1625 sq ft. 2 operatories w/ plumbed space for 2 additional. Over $430k in revenue with strong cash flow. Established referral network over 20 yrs. Great 2nd office or new practice opportunity. Email lynn@5thaavc.com for more information.

Massachusetts (Andover) – Board eligible/board-certified prosthodontist position available for my 25 year old well-established and well-respected prosthetic practice leading to ownership within 6 months to 1 year. Three world class dental schools in the area for someone also interested in teaching opportunities. $400,000-$500,000/year on 2 days per week. Contact 978-686-2620 or louis.rissin@gmail.com.

Nevada (Las Vegas) – Las Vegas Prosthodontic practice cash flows better than most with 2015 collections exceeding $1M. Fantastic building in highly desirable neighborhood with unprecedented curb appeal, giving your patients the feel of a luxury spa or weekend getaway. 2,100 sf w/ 4 fully equipped ops. $770K excluding ARs. Call Tim 800-641-4179.

New York (Syracuse) – Syracuse Prosthodontic and Implant Practice Leading to Ownership: Thriving 32 year old Prosthodontic practice looking for qualified candidate to buy in 6 months to 1 year. Gross revenues $1.2 million on 25 hours per week with low overhead. Totally fee for service with 3 days of hygiene and long term staff. Office is 2000 square feet with 4 fully equipped ops all with digital xray, Plan Meca CBVT which also does Panorals and Pan Bitewings, T-scan, TruDenta diagnostics, Digital camera, Intraoral cameras in ops, latest CEREC Acquisition unit and MCXL Milling unit, Pieziosurgery, fully computerized office located in medical and hospital district. Lab is good size and fully equipped. Currently placing about 70 implants per year (mostly Nobel Active CC) and restoring many more (Nobel Active, Straumann, 3i Certain, Implant Direct). The beautiful Finger Lakes are nearby with the opportunity to live on the water and commute to work easily. We are surrounded by wineries, great hospitals with easy access to medical care, several major universities, medical school, VA hospital, and a vibrant downtown. The university has competitive Division I football and basketball programs and there is minor league Hockey and Baseball. The community supports museums, concert venues, theater, symphony, and festivals. It is a great place to raise a family with affordable housing. Please send resume and cover letter to jbsprostho@gmail.com or call 315-447-3145.

Pennsylvania (Allentown) – 100% Fee for Service, High $$$$ Annual Collections. Great location in Fast Growing Suburban area close to NYC and Philadelphia. Gorgeous 3000 sq ft office on medical campus, Cutting edge/digital technology for prosthetics and business. Strong Perio, Endo, OS, Ortho & GP referrals, Robust Hygiene program. Seek personable, energetic prosthodontist. Seller wants to stay for smooth transition. If you, or any prosthodontist you know, would be interested in this practice, please contact us at (877) 306-9780, or email transitions@mcgillhillgroup.com. We look forward to hearing from you soon!

Texas (Austin) – Established, profitable, high percentage net practice is available for buy in or buy out. The practice is primarily oriented in implant dentistry, fixed, and removable prosthodontics. 5 fully equipped operatories, 3D CBCT and fully equipped lab. In case of buy out owner will stay on part-time as needed to facilitate the transition. Contact austindentist5@yahoo.com.

Texas (Dallas-Ft. Worth) – Prosthodontic/ Implant Practice: Established 14 years. Affluent suburb in DFW "Midcities". 100% ffs. $900,000(+) gross revenues. 30% implant surgery, 60% is a nice mix of fixed and removable implant & conventional restorative dentistry. 1 day hygiene. 4 day week. 3 ops and nice lab space. Contact aliasfloral@yahoo.com.

Texas (Pearland) – Practice was established as satellite office of Houston Dental Implant Center in 2006. Great community 16 miles away from Houston. PPO and fee for service. 3 ops, 1 pano, Digital x-ray. Average collection per year $ 500,000 on 4 days; not on full potential. Practice focus on Prosthetics and Implants. Suite is about 1,600 sq/ft and is for sale as well. Please email docromero@me.com for more information.

Utah (Salt Lake City) – Salt Lake City Prosthodontic practice and office space available for immediate purchase and transition. Practice is primarily oriented in implant prosthodontics, fixed, and removable prosthodontics. 30 year established practice with good referral sources. 3 ops with room for expansion. 1755 sq. ft. Doctor can stay for transition and to introduce referral sources, if desired. Good opportunity and very reasonably priced, includes the beautiful condominium building and all equipment. Contact either Tasia at Aftco at 435-640-6643 or Linda Montgomery at 801-261-8056 or 801-450-8057. Send CV or resume to Linda Montgomery, 4020 S 700 E, Suite 3, Salt Lake City, UT 84117 or leefamily@utahisp.com. Would like to retire as soon as possible.

Washington (South Puget Sound) – Come live, play, and work in the beautiful Pacific Northwest! Immaculate, well established and respected full-range prosthodontic practice to include implant surgery. The office features four fully equipped operatories featuring full computerization and digital radiography. Two operatories are also equipped with surgical microscopes. The practice features an in-house state of the art fixed/removable dental laboratory and a new cone beam CT/digital panoramic scanner. Second floor suite in a modern medical office building with expansive windows throughout. The practice has a strong referral base from throughout SW Washington and has easy access from Interstate-5. Practice collections nearly $1.4M with fee for service only. Long term dedicated staff. Owner will stay on part-time as needed to facilitate the transition. For more details and information please contact: Jennifer Paine at (425) 216-1612 or email Jennifer@cpa4dds.com.

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