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Summer 2020

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In This Issue

Summer 2020 Volume 51 Issue 3

6 All the time bad luck**Miles R. Cone, DMD, MS, CDT, FACP***Trying times can lead to struggle, or spur innovation.***8 A resident's experience testing for COVID****Paul Springs, DMD***How one resident went from the lab to a busy COVID testing site.***12 Private practice during the pandemic****Elena Nazarov, DMD, PhD, FACP, Joshua E. Perry, DMD, MS, FACP, Brody Hildebrand, DDS, MS, Ben Tindal, DMD, MS, and Nicholas Goetz, DMD, MS***Hear how our panel is navigating reopening their practices after a shutdown.***16 "Zoomdantics"****Clark Stanford, DDS, PhD, MHA***When educational instruction cannot happen in person.***20 New virtual offerings from the ACP***Learn and earn CE from your home.***22 Creating opportunities from the challenges****Stephen I. Hudis, DDS, FACP, ACP President***The College adapts to the challenges of the moment.***24 Remember to keep taking risks****Karen Bruggers, DDS, MS, ACPEF Chair***While times are uncertain, the Foundation continues their mission.***26 A new way to celebrate****Elaine Torres-Melendez, DMD, FACP, NPAW Chair***National Prosthodontics Awareness Week looked different, but exceeded expectations.***30 Our Community****31 Upcoming Events****32 Classified Ads****Editor-in-Chief**

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Dr. Karen Bruggers is Department Head and Chair of the Department of Prosthodontics at LSU School of Dentistry. She is Chair of the ACP Education Foundation.

► Page 24



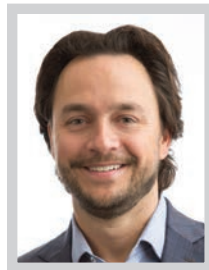
Dr. Miles R. Cone serves as Editor-in-Chief of the *ACP Messenger*. He maintains a private practice in Portland, Maine.

► Page 6



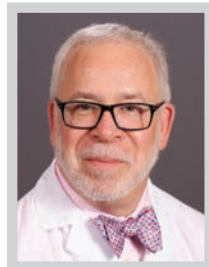
Dr. Nicholas Goetz maintains a private practice in Delray Beach, FL.

► Page 12



Dr. Brody Hildebrand maintains a private practice in Dallas, TX.

► Page 12



Dr. Stephen I. Hudis is President of the ACP. He maintains a private practice in Princeton, New Jersey.

► Page 22



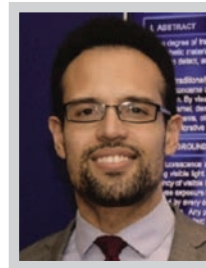
Dr. Elena Nazarov maintains a private practice in Stockbridge, MA.

► Page 12



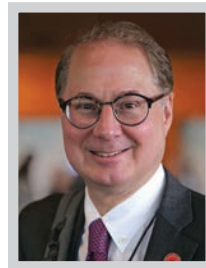
Dr. Joshua Perry maintains a private practice in Ponte Vedra Beach, FL.

► Page 12



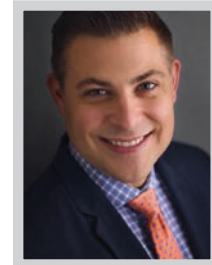
Dr. Paul Springs is in full-time private practice in Queens, New York.

► Page 8



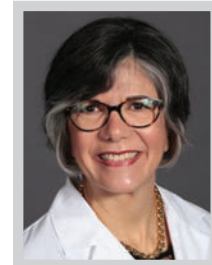
Dr. Clark Stanford serves as Dean of the UIC College of Dentistry in Chicago.

► Page 16



Dr. Ben Tindal maintains a private practice in Sarasota, FL.

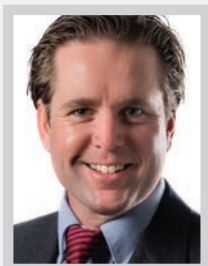
► Page 12



Dr. Elaine Torres-Melendez maintains a private practice in Yardley, PA. She serves as Chair of the National Prosthodontics Awareness Week.

► Page 26

On the cover



Justin Morris is a Certified Dental Technician who prides himself on being a removable specialist. He is a graduate of Mississippi State University with a Bachelor's in Marketing, and also of J. Sargeant Reynolds with an Associate's in Dental Laboratory Technology. Recently, he has become a leader in removable CAD, and likes to be on the cutting edge of everything digital at Interchrome Dental Laboratory in Virginia Beach, Virginia.

Justin believes that in order to be a fully transparent technician, he must also be an expert photographer, allowing the lens to exploit everything the eye cannot see. He is an accomplished photog, and even runs his own photography and videography business in his spare time.

Cover image: This image shows a finished denture ready for delivery. It was taken with a Canon 6D, 100mm L macro lens, 1/160, f-32, ISO 100.

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All the time bad luck

Miles R. Cone,
DMD, MS, CDT, FACP
ACP Messenger Editor-in-Chief

In the blink of an eye, an unseen novel coronavirus managed to turn our planet inside-out and upside-down. As the global pandemic spread, the dental community and our specialty in particular, were ground to a halt.

As businesses across the country began to shut down, a good friend from dental school and I were having a conversation when he quipped that he has “all the time bad luck.” Between ornery employees, lack of new patients, too much competition in his area, and now, COVID-19, he informed me that he would have to close the doors to his dental practice. Permanently. It goes without saying that the dental landscape has drastically changed and is perhaps unrecognizable to some in its current iteration.

As an individual who assumes multiple entrepreneurial endeavors, and various roles of leadership and influence, I have come to one inevitable conclusion throughout all of my own personal ups and downs: the happenstance of luck, good or bad, is more often than not a binary phenomenon that is unsympathetic and Darwinian at the core. Consider that we so frequently celebrate the gusto of the early bird, yet rarely do we lament the misfortune of the worm. The prosperity of one individual is only possible because another perished. Driving forward into the “new normal,” there will undoubtedly be a group of clinicians that internalize the events of the world, and stagnate with “business as usual,” and then there will be an emerging group of clinicians that find a way to adapt and thrive. The first group will find their situation poignantly juxtaposed against their colleagues who found a way to pivot in the rapidly evolving ecosystem, while the second group will undoubtedly reap the rewards at the

expense of the clinicians who labeled their situation “bad luck” and decided to take refuge in their worm holes.

Welcome to the summer edition of the *ACP Messenger*. In this issue Dr. Paul Springs, a 3rd year prosthodontic resident, recounts his intrepid experience of stepping into the unknown to help others in the testing defense against the deadly coronavirus. Dr. Clark Stanford takes us through an exploration of the digital realm regarding a safer work environment and more efficient educational and technical training for the next generation of prosthodontists. Shifting gears from academia, we take a snapshot in time and look at how five different private practices dealt with the roller coaster effects of closing down and then reopening again during the pandemic. Finally, we close with a recap of the happenings of an unprecedented virtual NPAW.

The American journalist Hunter S. Thompson once noted that “Luck is a very thin wire between survival and disaster, and not many people can keep their balance on it.” The dentists whose practices survive the industry upheaval that the pandemic has created will be the ones who do not use luck, good or bad, as a proxy for personal responsibility and ownership of their everyday actions. As prosthodontists, we frequently use routine and systems to foster predictable outcomes. These volatile times, however, are anything but routine, nor are they predictable. The only certainty is that the practitioners that are willing to make calculated risks and adapt to the mercurial sea change will also be the ones who are able to find comfort in the chaos and recognize it for what it is...opportunity. ■



A resident's experience testing for COVID

Paul Springs, DMD
3rd Year Prosthodontic Resident,
Montefiore Medical Center

An interview with Dr. Paul Springs, who details his experience as a prosthodontic resident in Bronx, New York during the COVID-19 pandemic. Interview date June 2, 2020.

At what point during the pandemic did Montefiore's prosthodontic clinic shut down?

Our dental clinics closed the second week of March, 2020. The closure was before the stay at home order was put in place in New York City, but was instituted out of an abundance of caution. Our clinics see many older and medically-compromised patients, and our hospital was heavily involved in the fight against COVID-19. That made it prudent to pause elective procedures in order to minimize exposure and save personal protective equipment (PPE).

Montefiore's dental department educates over 180 residents. There are residents not just in prosthodontics, but also in oral surgery, orthodontics, pedodontics, and general practice, with fellows in endodontics and periodontics. After the closure, dental post grads were deployed to sites from the ICU to the PCR lab. Dental emergencies are still seen in a few of our clinics, mostly by oral surgery and general practice residents. My prosthodontic co-residents and I have been deployed for the last two months to perform COVID-19 testing.

What is your experience like providing COVID-19 testing to your community?

It's an immense logistical effort that includes such disparate organizations as the State Department of Health, Montefiore Medical Center, the State



Dr. Springs (at far left) and his co-workers prepare to begin their testing shift.

Troopers, Forest Rangers, the Army National Guard and even the State Department of Corrections. I was deployed by the hospital system to a different COVID-19 test site than were my co-residents, Drs. Mariam Vonderheide and Alexa Schweitzer. I am personally stationed at a test site adjacent to Co-Op City, which is the largest affordable housing development in the United States. When I was first deployed, this was the busiest COVID test site in the country, and while I've been there, it has continually had the highest percentage of positive results nationwide, consistently exceeding 50% positive. In the two months since I have been there, I estimate that I personally swabbed over 2,000 patients, occasionally over 120 patients a day.

The community that has come together is impressive. I believe it will make us a better informed and better connected profession moving forward. I hope we will be a little less insular and a lot more communicative and collaborative as a result.

As you can imagine, early on in the pandemic, we weren't sure what the risk level was just from being on site, much less from swabbing thousands of patients. We have always had ideal PPE thanks to our excellent state leadership: N95 masks, face shields and an inner pair of gloves taped to our gowns and covered by a second pair that we would sanitize and replace between patients. On at least one occasion my co-residents Mariam and Alexa even donned what were referred to as "Ebola suits." Of course, every one of us still wondered how well protected we were at first. As I often say, the antidote to fear is information. Well, of course we were all worried, because at that time, we essentially didn't have any information. No one did.

What type of COVID-19 test/swab were you performing?

The method of swabbing is based on the type of test kits available. Early on, each patient received both the oropharyngeal and the shallow nasal swabs for the PCR test to diagnose active infection. The oropharyngeal swab required swabbing the pharyngeal walls between the tonsillar pillars for a total of 15 seconds. We were performing these tests on patients sitting in their cars, on overcast and rainy days, under cover of a drive-through tent. In order to visualize



Drs. Mariam Vonderheide (left) and Amber Foster (right), extra-prepared for an extra-busy day in their "Ebola suits."

what you were doing and provide the patient a viable test result, you really had to crouch down, put your face directly in front of their mouths, and stare in as you swabbed their throats. This naturally made the patients gag and cough directly at our faces. And, again, this was early in the pandemic before we knew how protected we were in our PPE.

Fortunately, after a few weeks we began receiving the nasopharyngeal swab kits, meaning that the patients could face 90 degrees away from us during testing. That made us feel far less exposed. Despite our fears, about seven weeks after beginning at the test site, all of my co-workers and I tested negative for COVID-19 antibodies. So I would like to reassure my dental colleagues that you can trust your PPE if you use it correctly.



Dr. Springs completing a treatment before the clinic was closed.

Overall, how do you feel about your experience providing the COVID-19 Test?

At first, I wasn't thrilled about being deployed. I knew it was an important job that someone had to do, but it felt like the risk was unjustified, since the test results would not change these patient's treatment course. Eventually, I reminded myself that we're serving a public health function. Hopefully the data that we collect will make for better management of this and other pandemics. I like to think that over the years, others will add to this data set and its value will multiply. It's analogous to a concept that my attendings at Monte have imparted on me: that prosthodontists have a responsibility to not just serve the wealthy in our communities, but also to contribute to research and education, which allow us to indirectly touch the lives of far more patients than we could ever reach with just our own two hands.

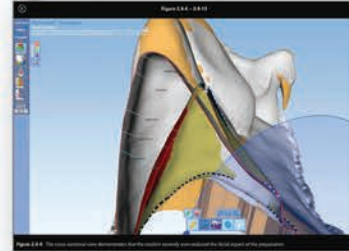
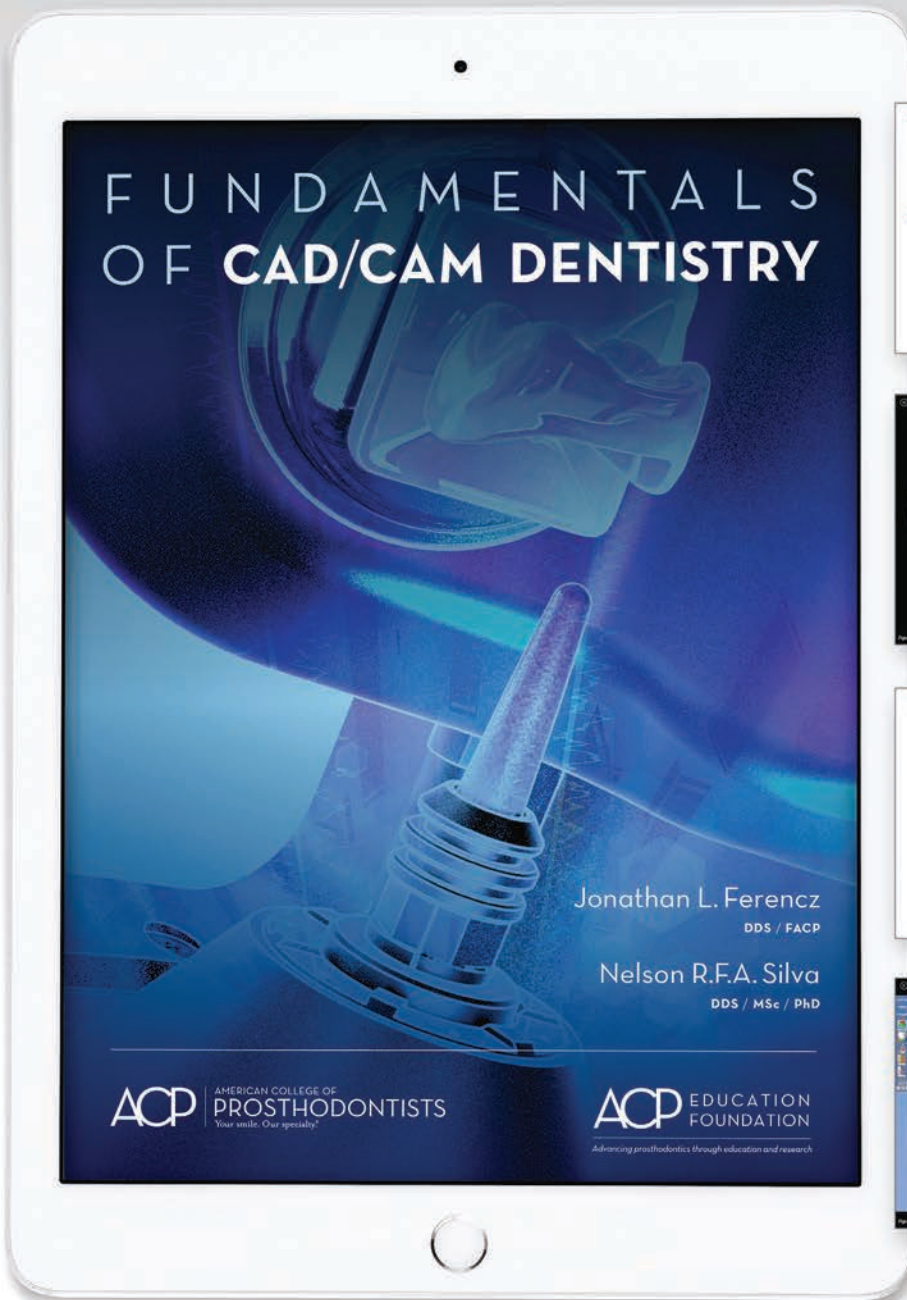
How do you feel that the pandemic uniquely impacted you and your co-residents?

This may just come from my own personal bias to find the silver lining in every situation (eventually), but I've been surprised by how many ways the impact has been a net positive. For example, even though our clinic is

closed, our small, nimble program has been able to use Zoom to actually increase and improve our didactics in our newfound free time.

One of the tremendous benefits has been the quality and quantity of online education that the dental community has made available, particularly focusing on generously extending it to students and residents. In particular, I think Dr. Markus Hürzeler out of Germany and Dr. Ramtin Sadid-Zadeh from the University at Buffalo deserve special recognition. Dr. Sadid-Zadeh's series was originally planned for his residents, but it organically snowballed until dozens of residency programs were involved. There have been hundreds of tremendous lectures from experts worldwide, who shared unique clinical approaches and points of view, providing our isolated days with a much-needed sense of routine, normalcy, and community.

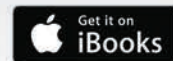
The community that has come together is impressive. I believe it will make us a better informed and better connected profession moving forward. I hope we will be a little less insular and a lot more communicative and collaborative as a result. As wonderful as it is to go to an in-person lecture and shake colleagues' hands, we have now proved the real value of shared engagement with such a broad cross-section of our peers day in and day out in virtual lectures. The experience inspired me to start my own virtual dental learning service, and I think that in the long run, being more exposed to our peers and the concepts that they are learning will be paradigm shifting for all of us. ■



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Private practice during the pandemic

Each state handled the COVID-19 pandemic, and the spring 2020 shut down a little different. We hear from a few prosthodontists on their personal experiences closing their private practice, and then reopening in the midst of COVID-19. Answers to these questions were collected the second week of July, 2020.

About the Panelists

- *Elena Nazarov, DMD, PhD, FACP – Stockbridge, MA*
- *Joshua E. Perry, DMD, MS, FACP – Ponte Vedra Beach, FL*
- *Brody Hildebrand, DDS, MS – Dallas, TX*
- *Ben Tindal, DMD, MS – Sarasota, FL*
- *Nicholas Goetz, DMD, MS – Delray Beach, FL*

What were your thoughts on the closure? In hindsight, was it necessary?

JP: I feel it was the right thing to do given the information that was available at the time. In hindsight, I am not sure it was necessary.

EN: It's hard to say. At the time of the closure there was not much reliable information about the virus. The government considered us non-essential (obviously nobody in government ever had a toothache). There was no PPE around, so even if the closure was not necessary, it was not possible to practice as there was no means to maintain infection control.

BT: The closure was very difficult for the practice financially, for my patients waiting for treatment, and

for me psychologically. I had no idea if I was going to be able to keep my practice, and initially, I wasn't sure how the future of dentistry was going to be. Looking back, I have mixed feelings. I think it is still too early for me to make up my mind about closure.

NG: I do believe it was the correct decision. Anytime we are dealing with a Novel virus, bacteria, or anything that we don't fully understand on this scale, we have to make decisions that could benefit the largest majority of the public with the limited knowledge we had at the given time.

BH: It was incredibly damaging to the practice, to the employees, and hard for the patients. Won't be able to tell if it was necessary for a while. If you ask me now, no it was not necessary to completely shut down.



All of our panelists had to close their office for six to eight weeks, with some permitted to do emergency procedures.



What would you have done differently?

NG: The only thing I may have done differently was spent a little more time refining my practice protocols during the closure.

BH: I would not have closed down.

JP: I would have spent more time on my practice systems and marketing, and spent time interviewing new team members.

BT: I would have continued to see patients that were in true need of care, with modified scheduling practices.

What parts of the coronavirus precautions are people not taking seriously that they should?

EN: The first thing that comes to mind is wearing a mask, followed by social distancing. In my opinion, stores requiring masks is a good thing.

NG: I would say, at least in my area of South Florida, you can drive around and see restaurants, clubs, beaches and recreational areas packed with people. So not as much social distancing going on down here as other areas of the country.

JP: From what I can tell, I think most people are taking things seriously in the medical and dental community. The social community (bars and social gatherings) should be more cautious.

All panelists applied for and received PPP loans. The funds were used primarily for payroll, followed by rent and other practice expenses.

What staffing decisions did you have to make?

EN: We laid off everyone including ourselves, and only left one part-time bookkeeper. That lasted until we received our PPP loan. We hired back both doctors for two weeks, then brought back our office manager, then one assistant, then the second one. After two months being shut down, we brought back everyone who wanted to come back (we lost two assistants and one hygienist). Now we are looking to fill these positions and are having a very hard time, even with offering a much bigger salary.

BH: Government mandated shutdown eliminated the ability to collect revenue and pay employees. Thus, shutting down caused us to lay off most employees so they could file for unemployment.

JP: I had to lay off two members of my staff permanently. Of my remaining staff, I kept two on full-time the entire time I was closed, and three others were on temporary furlough, but they all received unemployment benefits. I now have a full staff.

BT: I let my whole team go within a week of closing. Once I received the PPP loan, I re-hired them.



Panelists were split on in-person CE courses. Some would attend with precautions, others were happy staying virtual for now.

NG: With our CPA's advice, during the closure we did have to furlough all the team members. This would give them the opportunity to get some assistance from unemployment. We also advanced all the team members their paid vacation and tried, like everyone in our profession, to help our team members as much as we could. I am incredibly happy to have been able to bring all my team members back to full-time and at the same pay once we were able to reopen.

Did you experience an increase in overhead related to PPE, cleaning supplies, etc.?

EN: Oh, yes. Everything costs more and it is not easy to get either; low supplies and slow delivery.

NG: The increase in cost I have seen is not just from an increase in the volume of PPE, but also due to the fact that many vendors are on backorder with so many PPE related items. You have fewer choices with some items, and what you need may be only available with one vendor at an increased cost compared to what you typically purchase.

JP: Yes, and since we incorporated additional protections, we had a large initial cost increase for barrier systems, face shields and other PPE. But the weekly cost has been consistent with pre-COVID costs, it is just harder to acquire.

Now that you're open, do you have modified disinfection procedures?

BH: Using some additional antiviral materials but other than that, following the normal protocols we already followed.

EN: Just more careful, more scrutiny, more disposables, more personal protection. We have air purifiers in each room, leave the room empty for 15 minutes before setting up for another patient. Patients call when they arrive and are brought in one at a time. Front desk is sealed and everybody wears a mask all the time.

JP: Our disinfection procedures are not much different, but our screening protocols are certainly heightened. We are extra cautious with wearing full-body gowns, head covers, type 3 or KN95 masks. No jewelry or watches are worn by team members. Hand sanitization stations throughout the office. Every day we do a thorough cleaning and disinfection of the office. We have changed the central air filters to MERV13 and they get changed every 30 days. Patients now text when they have arrived so that they can be brought back immediately. Every patient fills out a COVID questionnaire and needs to have an acceptable body temperature in order to enter the building.

BT: We now have an air purification unit in all the ops as well as the waiting room. We are also having patients swish with a hydrogen peroxide-based rinse prior to treatment. The facility is frequently cleaned throughout the day to minimize any surface transmission. ■

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- Rinse your dentures thoroughly before putting them into your mouth for the day.

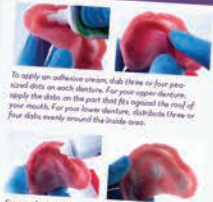
Prosthodontists recommend removing your dentures for at least four to six hours a day. This is to give your gums a rest. You also need rest, too!

USE ADHESIVES PROPERLY

Every day, you should remove any leftover adhesive from the dentures and your mouth. Using a soft brush, wash with antibacterial soap and water.


If you have any questions about using adhesives, ask your prosthodontist. Be sure that adhesives are not intended to make old dentures fit better. If your dentures don't fit as well as they used to, they may need to be relined, you may need a new denture, or you may need dental implants for added support.

Adhesives can help with stability, but they should not be used as a main source of retention. If you have any questions about using more adhesive to achieve the same level of comfort, have your dentures and gums checked by a prosthodontist.



To apply an adhesive cream, dab three or four pea-sized dabs on each denture. For your upper denture, apply the dabs on the post that fits against the roof of your mouth. For your lower denture, distribute three or four dabs evenly around the inside base.

For powder-based adhesives, sprinkle a thin layer over the part of the denture that fits against the roof of your mouth. Dip the denture in water for a few seconds, and then place it in your mouth.



Also available:

Dental Implants, Dentures, Dry Mouth, Oral Cancer, and TMJ/TMD



“Zoomdodontics”

Clark Stanford,
DDS, PhD, MHA
Dean, UIC College of Dentistry in Chicago

A look at the challenges and opportunities for dental education in the era of COVID-19. The pandemic in the spring of 2020 affected the practice of prosthodontics through office closing; consideration of a true prosthodontic “emergency,” and how to continue the education of dental and specialty students during the shelter period.

The closure occurred overnight and we are just now restarting clinical care, at the end of May. One thing is for sure, the pandemic is not over, we expect repeated waves of infection and this will not be the last viral pandemic. History has shown, we have had more viral pandemics in the past 150 years than in recorded history of humankind. There is no reason to believe this will be the last. It is time to get ready.

Unlike medicine, dental students complete their education practice ready (versus medically ready). Therefore, professional general dental education is a complete blend of medical didactics with technical, psychomotor and direct patient care. Those who choose an advanced educational prosthodontic program have to complete an intensive patient and laboratory education.

As dental education made the rapid pivot to online educational delivery there were multiple innovations including; machine learning to teach RPD design, remote mentoring of student technical projects, remote design and milling of digital dentures, denture 3D printing systems making custom fitted N95 respirators based on digital facial mapping, application of haptics, AI and tele-health, etc.



The application of manikin and OSCE based assessments (along with changes in licensure requirements) also occurred in a majority of states, allowing the use of objective, non-patient-based assessments for licensure. In the advanced educational programs, there was a global collaboration extending across multiple countries where daily, three or more of the most prominent speakers and clinical educators freely gave of their time to present to all the faculty and residents in the global prosthodontic consortium. These amazing innovations got us through the spring of 2020.

All along though, there are unique challenges for dental schools. First is the issue of scale. At UIC, the College is first a dental hospital, which happens to



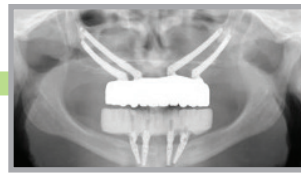
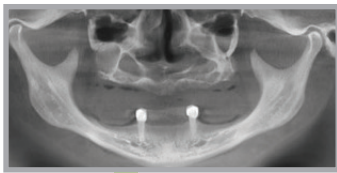
have an academic and research mission. Under normal operations, we have 500–600 ambulatory patients per day at the main building with 400–500 staff, faculty, and student providers delivering patient care. In 2019, we had 38,000 active patients (defined as “seen in the last year”), with more than 300,000 patient visits to the building.

Most if not all prosthodontic care occurs in large open bay clinics with a central HVAC System and related infrastructure. This creates unique challenges around mitigation of aerosols and the potential for viral cross infection. In designing a safe clinical environment, it was clear that engineering controls (HVAC air exchanges, negative pressure, sterilization, filtration, ionization, etc.) are in place, are efficient, and inherently cost effective. Each technology has a cost/benefit ratio depending on data to support the alterations. As we all saw in the spring, there were many innovations promoted as “must haves” with little to no science. We saw panic buying, predatory pricing, and significant alterations to practices occurring with difficult to measure ROI, for the individual or the reputation of the dental profession.

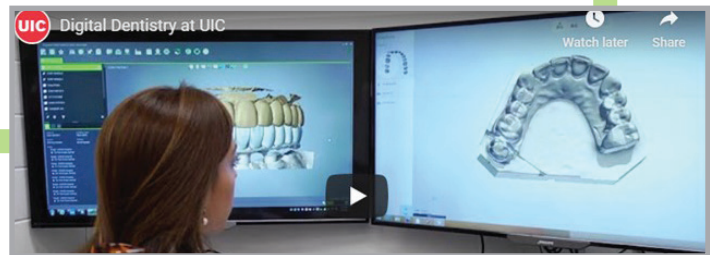
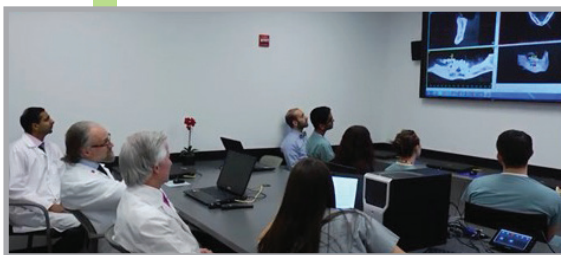
Now, administration controls are the next steps to safe patient care. These include policies and procedures for clinical workflows, staggered student and patient schedules, controlling workflows in public areas, 24-hour triage of patients, etc. The use of PPE is the last line of defense and while the supply chain for some equipment is improving, there are significant challenges around the type of equipment (e.g., PAPRS, N95 Respirators, the model, fit and size, face protection, types of gowning, etc.) along with monitored protocol on donning and doffing, etc.

Knowing that the removal phase is the most dangerous in the clinical workflows, leads to the potential for innovation. It is an opportunity. The application of standard digital workflows has the potential to allow faster, shorter and fewer patient appointments, faster and more efficient diagnostic and care planning as well as rapid digital communication with other providers, the CDT/dental laboratory and the patient (since COVID-19 has relaxed





Integrating Education to Create Predictable Outcomes



reimbursement rules on visual/audio telehealth). Digital scanning also reduces the risks of gagging and the potential for droplet formation. This also allows for the potential of a smaller, cleaner, and self-contained support laboratory.

We can always talk about “testing” prior to treatment but inherently, there are so many issues around logistical, ethical, disease infectivity patterns and RT-PCR technical measurement challenges limiting reliance on testing, alone, as an assurance of safety.

What are some of the longer-term impacts of COVID-19? With the move to online “Zoomdantics” patient communication will improve. There will be a drive to fully interoperative electronic record systems allowing cross platform communication between different digital and restorative technologies. There will be changes in student educational models like Team-based PAL Care (2 students or residents as mentored co-providers with 1 patient).

The PAL model is inherently more efficient in education in regard to speed, accuracy, faculty to student ratios, and allows cross training between students.

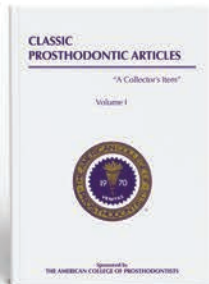
Fundamentally, it will pivot dentistry from the mindset of the dentist as the solo head to being a member of a team, the future of health care in an integrated health system. There is a strong potential to continue much of the virtual didactic offsite education (certificate or pre-residency) and a reduction or elimination to face-to-face classroom time, need for lecture halls and conventional prosthodontic laboratories. Potentially, the large conferences or in person CE lectures that have defined generations of ongoing prosthodontic education, may evolve.

While I am not sure of the future, I do know people will have teeth or need tooth replacement and they will need the expertise of a highly skilled prosthodontist, either as a provider, researcher, or educator.

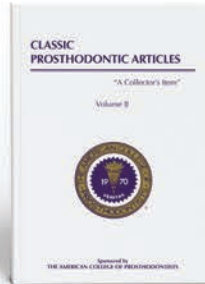
The future is bright, it will just be different. ■

Essential Books on Prosthodontics

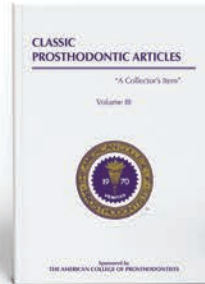
hardcovers



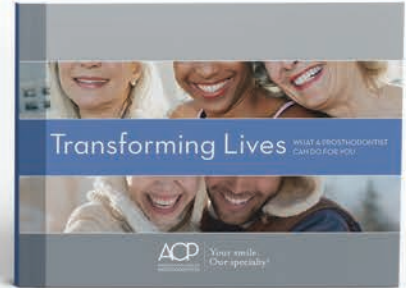
Classic Prosthodontic Articles Volume I
\$35/\$100 for three-volume set



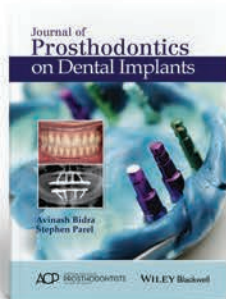
Classic Prosthodontic Articles Volume II
\$35/\$100 for three-volume set



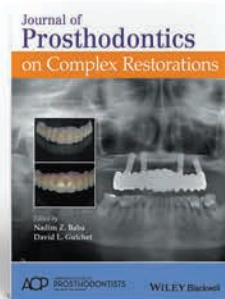
Classic Prosthodontic Articles Volume III
\$35/\$100 for three-volume set



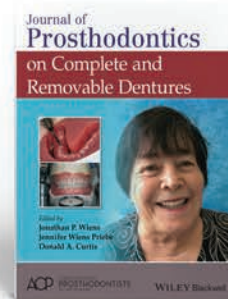
Transforming Lives: What a Prosthodontist Can Do For You
\$79.99



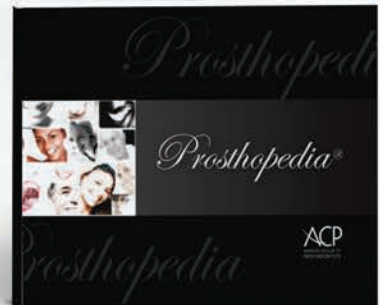
Journal of Prosthodontics on Dental Implants
\$75/\$230 for three-volume set



Journal of Prosthodontics on Complex Restorations
\$75/\$230 for three-volume set



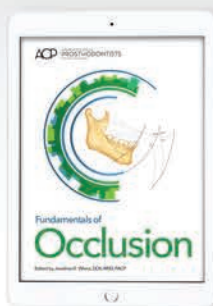
Journal of Prosthodontics on Complete and Removable Dentures
\$99/\$230 for three-volume set



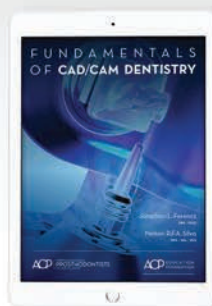
Prosthopedia
\$79.99

Order online at Prosthodontics.org

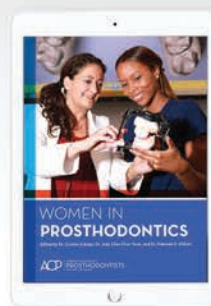
ebooks



Fundamentals of Occlusion
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Apple iBooks, Amazon Kindle



Fundamentals of CAD/CAM Dentistry
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Your smile.
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New virtual offerings from the ACP

The COVID-19 pandemic has affected nearly all aspects of clinical care, education, and private practice. As a way to support our members in this time, the ACP is proud to present two different webinar series that are now live and available on demand, each for 1 CE credit.



Practice Management Webinar Series

Introducing six different webinars designed to build on your specialty training with practical wisdom and hard earned experience from industry leaders. Webinars include:



Certain Measures for Uncertain Times: A Guide to Re-Opening After COVID-19
Ali Oromchian, JD, LL.M.



The New Patient Experience
David R. Rice, DDS



Effective Time Management
Laura Ann Hatch, MS, FAADOM



Essential Insurance, Investment, and Planning Strategies for Prosthodontists
Joshua Miller



High Touch Social Media: Succeeding In A New Dental Era
Rita Zamora, BS



Practice Transitions
John P. Cataldo, CPA

The ACP Education Foundation is proud to cover the cost of the Practice Management Webinar Series, so all ACP members can access the course. We saw the impact of the inaugural course through the immensely positive feedback from attendees and, with member support, hope to continue to offer such needed programming.

- Dr. Karen Bruggers, ACPEF Chair

This webinar series is available at no cost to ACP members, thanks to the support of:



Prosthodontic Review Course Webinars



Clinical Protocols for Complete Arch Fixed Implant Supported Prosthesis

Avinash Bidra, DDS, MS, FACP



Developing a Philosophy of Restorative Dentistry

Vincent Celenza, DMD, FACP



The Past, Present, and Future of Digital Dentures

Brian J. Goodacre, DDS, MSD, FACP



Attachments for the Prosthodontic Practice

Chris Bormes, MICOI



Why Save Teeth?

Roger N. Warren, DDS



Long-term Performance of Monolithic and Minimally Veneered Zirconia in Clinical Practice

Michael Moscovitch, DDS, CAGS



Practical Management of Maxillomandibular Relationship in Fixed Rehabilitation

Mijin Choi, DDS, MS, MBA



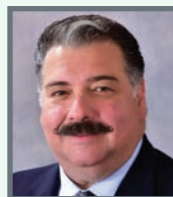
Implant Complications: Fixed or Removable Prosthesis-Can It Happen to Anyone?

Kenneth S. Kurtz, DDS, FACP



Principles and Innovations in Removable Partial Denture Therapy

Stephen D. Campbell, DDS, MMSc, FACP



Restoration of Endodontically Treated Teeth

Louis DiPede, DMD, FACP



Are We Experiencing a Paradigm Shift. How Many Implants Do We Really Need?

Frank J. Tuminelli, DMD, FACP

This webinar series is available at no cost to ACP members thanks to sponsor:



You can learn more, and access each webinar at Prosthodontics.org.

Creating opportunities from the challenges

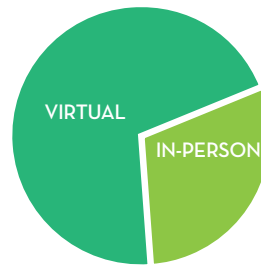
Stephen I. Hudis,
DDS, FACP
ACP President

The College, like all of our valuable members, has had to adapt our plans for 2020 and beyond. We are thankful to have you on this journey with us.

At each of the ACP Board of Directors meetings, all board members submit a summary of their recent activities. One component of that summary is “meetings attended.” At this past June meeting, which was held virtually, I submitted a slightly different report. I stated that the list of in-person meetings recently attended would not complete a single entry. On the other hand, the number of webinars, Zoom meetings and conference calls—not to mention almost daily calls with Dr. Linda Caradine-Poinsett, ACP’s executive director—would fill several pages.

In speaking with officers from other dental specialties, as well as the Prosthodontic Forum organizations, the current consensus is that none of us could have anticipated the world that we are now engaged in.

The list of topics I thought that I would address during this year is sitting in a drawer to be revisited someday in the future. This year has been all about leadership and crisis management. As the world that we live in has changed, I have endeavored to stay current and as often as possible, stay ahead of the curve. I feel that my responsibility as president is to continue to locate and provide critical resources to our members. I am indeed fortunate to have a marvelous executive director and central office staff.



A survey of ACP members in May 2020 found that 70% of respondents preferred a virtual Annual Session for this year.

At the June board meeting, which again was held virtually, our discussion examined the question of what prosthodontics will look like in the future, and how will the next generation of prosthodontists view private practice. These are important questions because, over 60% of ACP members are in private practice.

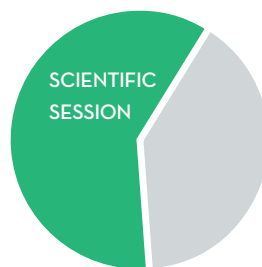
The other major issue confronting the Board was Annual Session 2020 in light of COVID-19. The safety of our members and staff is of the utmost importance to the board. In advance of the June meeting, a survey was sent to the membership to gauge sentiment about the Annual Session. 70% of respondents favored a virtual meeting, with 60% stating that the most important component of the meeting was the scientific session. Armed with this information, and also understanding the level of risk associated with holding an in-person meeting, the Board made the decision to pivot the

in-person meeting to a virtual meeting. The central office team, along with Annual Session 2020 Program Chair Dr. Avinash S. Bidra, are now in the process of creating what will be an exceptional virtual 2020 Annual Session.

Another challenge that presented this summer was how to address two other continuing education programs, the Practice Management and Prosthodontic Review Courses. The Board decided to transition both programs to a webinar format and to offer them complimentary this year as a way to support our members.

In the past, the Board has had many discussions about the delivery of continuing education.

Most aspects of our lives have changed dramatically, it is incumbent on all of us to create opportunities from the challenges that we face.



60% of survey respondents indicated that the most important component of the meeting is the scientific session.

Specifically, the question of how to deliver content and make membership relevant to the next generation of prosthodontists. COVID-19 has clearly jump started that conversation. Most aspects of our lives have changed dramatically, it is incumbent on all of us to create opportunities from the challenges that we face. I believe that we will emerge from this challenge a stronger more nimble and versatile organization.

I wish you all good health. Have a wonderful summer, and I look forward to seeing all of you online – and in person, hopefully in the near future. ■



Remember to keep taking risks

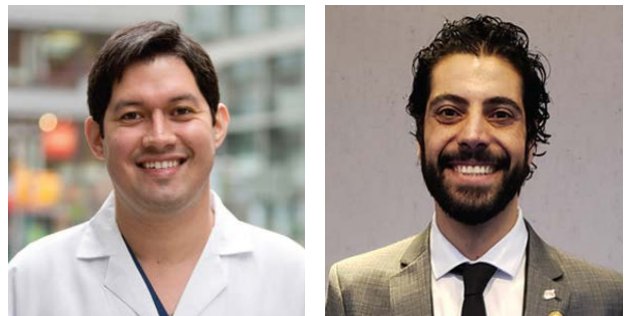
Karen Bruggers,
DDS, MS
ACPEF Chair

The ACP Education Foundation remains committed to furthering our core programs – funding to promote prosthodontic research, to steward residents into the specialty and College, and to guide and support clinicians. All of this is made possible thanks to our donors.

2020! I am not sure exactly how to describe everything we have all been through this year! I know many of you have put your professional lives on hold, trying to keep a staff, juggle emergencies with patients, and take care of your families. Faculty members and residents are trying to re-group and finish up academic years and navigate how to deal with a new reality that includes Zoom, WebEx, or Microsoft Teams.

Our international members in some countries have had to deal with unspeakable tragedy and here in the US our colleagues in New York, New Jersey, Michigan, and New Orleans, where I live, and beyond have been working with our medical colleagues to try and get a hold on COVID-19. We all know people who have been affected by COVID and some may have lost family members, friends, colleagues.

With this new world we are living in, remember to believe in yourselves. Remember to keep taking risks... yes risks. We all take risks that shape our lives and now is no different. We may see the risks differently but this time in our lives will definitely have us taking more risks that will shape our futures. The ability to take risks allows us to have the courage to re-open our practices, see our patients, teach our students. It allows us to have the compassion to treat patients, to help our communities heal and to work as



Annual Appeal 2020 Chairs Drs. Hesham Nouh (right) and Gary Nord (left).

a team to recover from this. The ability to take these risks allows us to have the faith that life will get better, we will recover from this, learn from this, and grow from this. Many of us also will take the risk to spend more time with family and friends, read a good book, take a long walk, many of the small joys that somehow before COVID may have been pushed to the side as we were caught up in our busy lives.

The ACP and ACPEF Board of Directors are also taking risks. We are adjusting to this norm by trying to be even more aware of how all of this affects everyone in the College. Our members, our staff, our corporate partners, our fellow dentists. The ACP Board had to carefully and thoughtfully evaluate having an in-person meeting in New Orleans, and ultimately

decided it was not in the best interest of our members to gather amidst this pandemic. The ACPEF is also making plans for maintaining our educational and research programs that have become an integral part of the College.

We are so fortunate to have so many members who have committed to our Drive for a Million appeal, and its success will allow us to plan into the future more accurately. We are also fortunate to have Drs. Gary Nord and Hesham Nough as co-chairs of the 2020 Annual Appeal.

Our emphasis this year will be on increasing participation in the Foundation. We as a specialty need to show our dental and medical colleagues, and our corporate partners that we believe in ourselves enough to support our specialty. So when you hear from the Annual Appeal committee, please take the risk of listening to what the Foundation does for you and prosthodontics, and in this difficult time embrace the risk of committing at some amount to your profession, to your future. ■

Upholding safe, responsive lab standards during challenging times.



KATANA UTML Full Zirconia Crown with custom staining / Tooth #19
Ariel J. Raigrodski, DMD, MS, FACP,
Lynnwood, WA



Cusp Dental Laboratory takes very seriously our role as a responsible dental prosthetics provider, proactively following advice of the Center of Disease Control (CDC) and local officials. We will update you as our InLab shade taking schedule resumes.

Let's work together for a safer future!

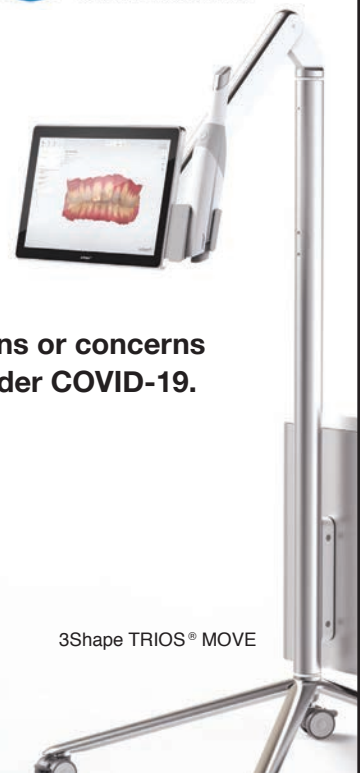
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A new way to celebrate

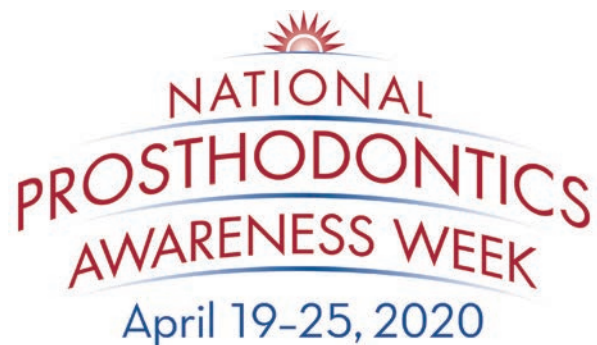
Elaine Torres-Melendez,
DMD, FACP
NPAW Chair

This year's National Prosthodontics Awareness Week took place April 19-25, in the midst of the COVID-19 pandemic. Though it may have looked different than in the past, the celebration and awareness was bigger than ever.

Planning for National Prosthodontics Awareness Week (NPAW) 2020 began in 2019, with our first formal committee meeting in January 2020. As a committee we had plans for new initiatives, and a lot of the “typical” NPAW activities like lunch and learns, study club meetings, open houses, and talks at dental schools and senior homes. Like all of you reading this, when the COVID-19 pandemic became our new reality, our plans had to change!

Building on the momentum of a very successful NPAW 2019, the NPAW committee decided to embrace the digital world for NPAW 2020. Members shared ‘NPAW Facts’ highlighting different aspects of the specialty and original posts on social media, an interactive FAQ was created for patients and referring dentists, articles were shared from the Journal of Prosthodontics, and official proclamations recognizing NPAW were made in cities and states across the U.S.

For me, the highlight of the week was the numerous virtual lectures organized by enthusiastic prosthodontists across the country, and the world. The lectures were well received, with many dental students who are undecided about specialty training asking follow-up questions and inquiring about the specialty of prosthodontics.



The enthusiasm generated was impressive and the week of April 19-25 was abuzz with social media posts and positive, informative exchanges centered around raising awareness and understanding of prosthodontics.

Thanks to all the ACP members and Central Office staff who made NPAW 2020 a victory. I am especially thankful for the energy and perseverance of those members of the NPAW committee that were so invested in making our celebration a success. When the going got tough, we got going.

Here is a visual look at some of this year's NPAW activities. We look forward to celebrating with everyone again in 2021! ■

2020 NPAW Subcommittee

Dr. Elaine Torres-Melendez, Chair, Dr. Samantha Rawdin, Vice Chair,
Dr. Francine Misch-Dietsh, Dr. David Remiszewski, Dr. Charlene Solomon, Dr. Constantine Stavrinos,
Dr. Cortino Sukotjo, Dr. Juliet Tchorbajian



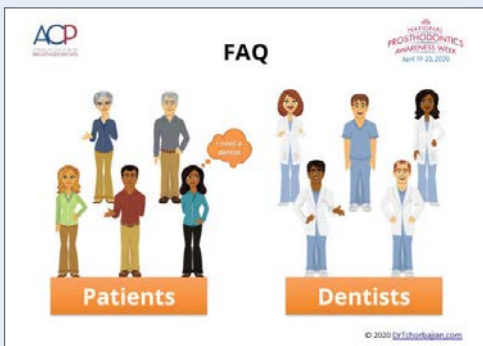
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Pictured above from left to right: (1) University of Missouri-Kansas City created an informative YouTube video highlighting what a prosthodontist does, (2) ACP member Dr. Jasmine Mohandesi created these sweet treats to promote prosthodontics, (3) The Ultimate Prosthodontist's BINGO card, created by Dr. Loana Tovar Suinaga and shared across social media, (4) This interactive FAQ was created by Dr. Juliet Tchorbajian for patients and referring dentists. You can access it at [Prosthodontics.org/interactive-faq/](https://www.prosthodontics.org/interactive-faq/), (5) Dr. Robert Bentz (right) celebrates NPAW while demonstrating his PPE protocols, (6) Many educational institutions created flyers to promote their virtual events, like this one from the University of Iowa College of Dentistry.

A special thank you to the institutions and groups who held virtual lectures and other virtual events in celebration of NPAW 2020, including:

Arizona School of Dentistry and Oral Health

Columbia University College of Dental Medicine

Howard University College of Dentistry

New York University College of Dentistry

Nova Southeastern University College of Dental Medicine

Rutgers School of Dental Medicine

The Ohio State University College of Dentistry

The University of British Columbia

The University of Iowa College of Dentistry

Touro College of Dental Medicine

Tufts University

University of Illinois at Chicago Advanced Prosthodontics Program

University of Buffalo School of Dental Medicine

University of Connecticut School of Dental Medicine

University of Florida College of Dentistry

University of Louisville School of Dentistry

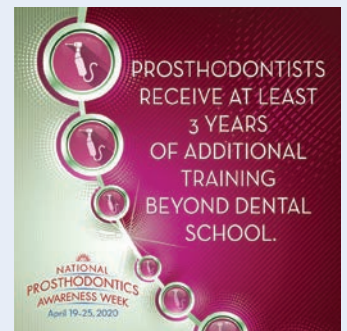
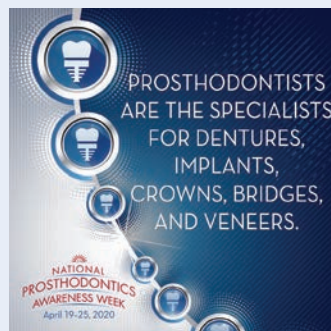
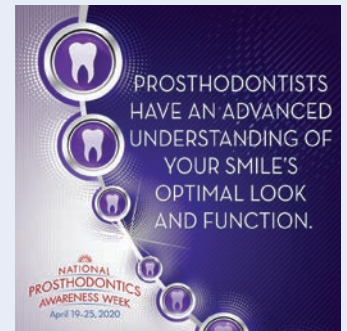
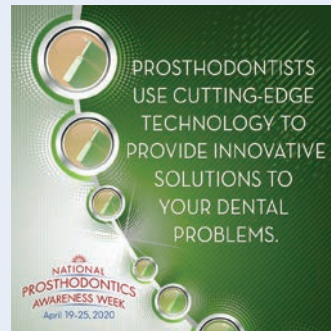
University of Maryland School of Dentistry

University of Minnesota School of Dentistry

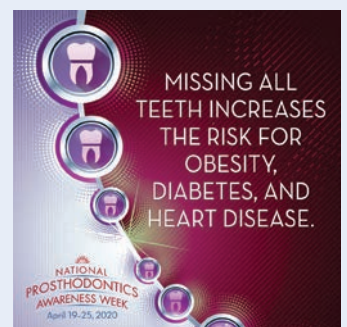
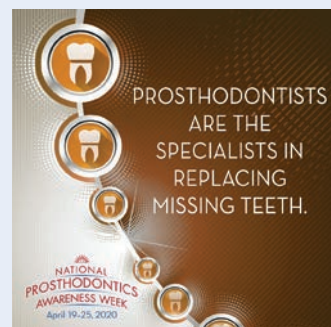
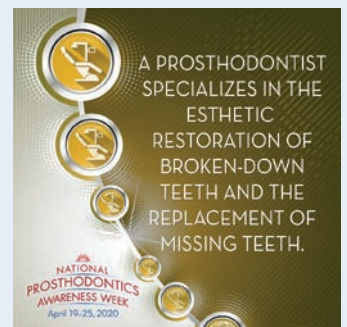
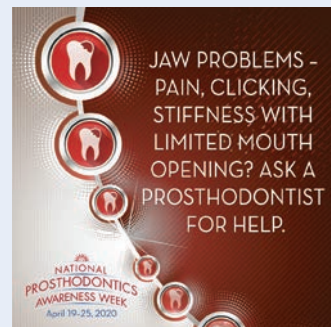
University Of Pennsylvania School of Dental Medicine

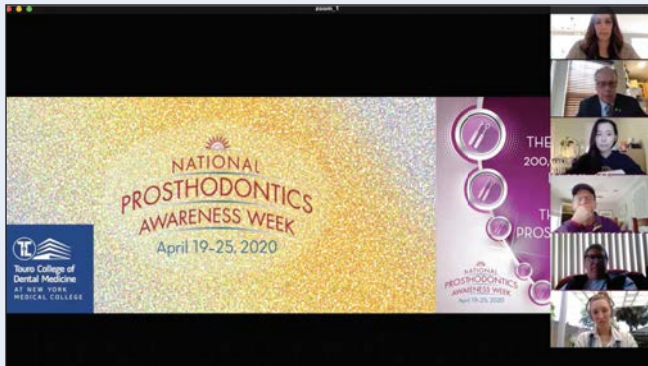
UTHealth Houston School of Dentistry

West Virginia University School of Dentistry

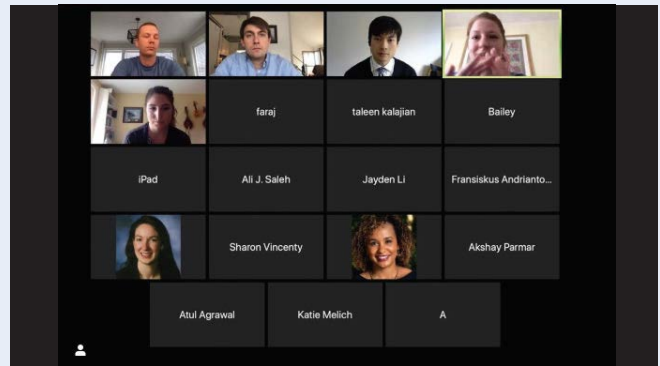


This year the ACP created a series of 10 'NPAW Facts' that members could share on social media. Compiled by Dr. Charlene Solomon, these highlight the specialized care a prosthodontist provides. These photos were posted and shared hundreds of times during NPAW 2020.





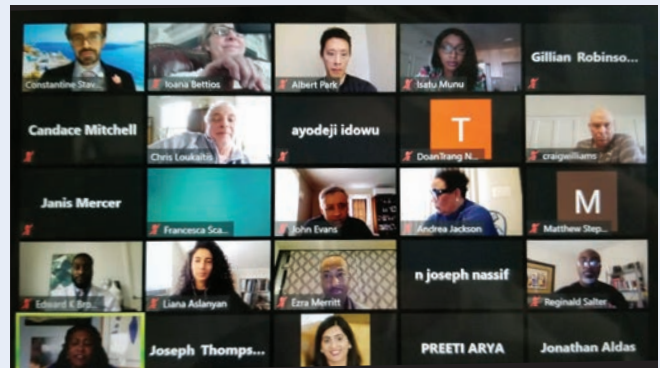
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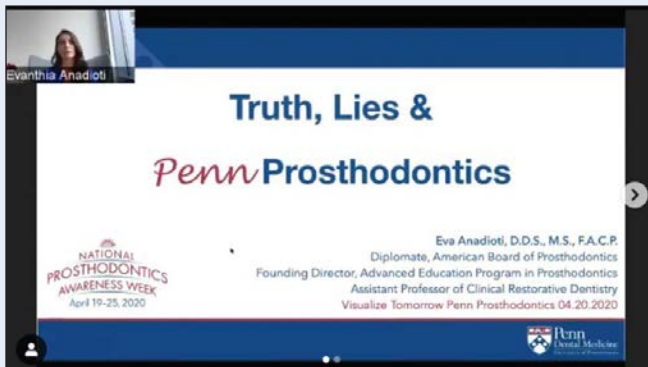
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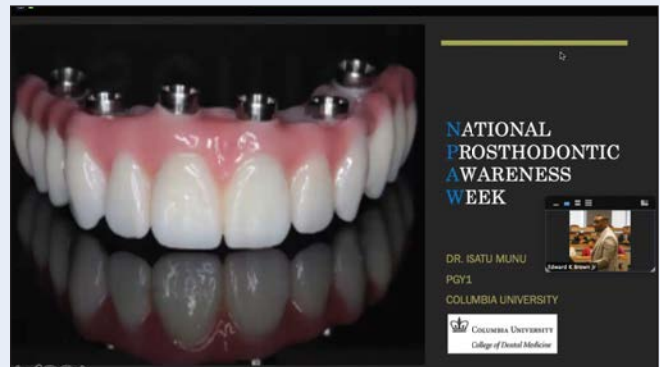
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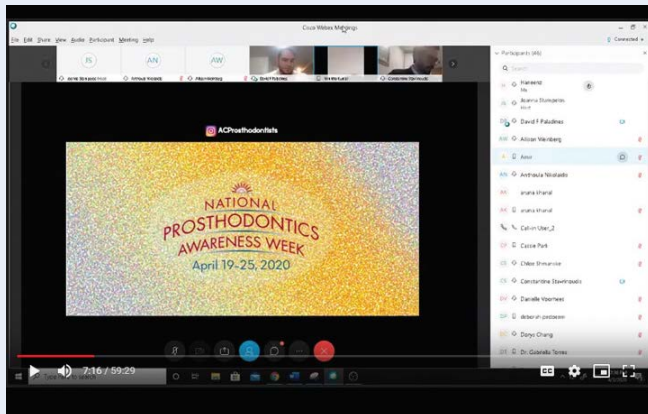
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Educational institutions adapted quickly to a virtual NPAA by holding webinars, lectures, and digital meetings with attendance ranging from a few people to over 300 attendees for several lectures. Many of these events were included on the ACP's website, organized by Dr. Constantine Stavrinoudis. Pictured above from left to right: (1) Tuoro College of Dental Medicine, (2) University of Connecticut School of Dental Medicine, (3) NYU College of Dentistry, (4) Howard University College of Dental Medicine, (5) Penn Dental Medicine, (6) Columbia University College of Dental Medicine, and (7) Rutgers School of Dental Medicine.

New Virtual Issue Focused on 3D Printing Applications

The editors of the *Journal of Prosthodontics* are pleased to present a new virtual issue titled, “3D Printing Applications in Prosthodontics: Research, Clinical Reports and Techniques.”

The 14 manuscripts selected for this issue include clinical reports and original research articles from the last three years and cover a variety of applications for 3D printing and highlight the most important work prosthodontists do for patients.

The articles in this virtual issue will be freely available to everyone until December 31, 2020. Full-text *Journal of Prosthodontics* articles are always free to members of the American College of Prosthodontists.



ACPEF Research Fellowships: Call for Applications

This fall, the ACP Education Foundation will be awarding research fellowship grants up to \$6,000. These will be awarded to support meritorious research proposals that seek to advance basic scientific and applied clinical knowledge in the area of prosthodontics. Any investigation relevant to prosthodontic care is appropriate. This includes fixed, implant, maxillofacial, and removable prosthodontics. Individuals are eligible if they are currently enrolled in a postdoctoral prosthodontic program accredited by the Commission on Dental Accreditation of the American Dental Association and are a Resident/Graduate Student Member, in good standing, of the American College of Prosthodontists.

The ACPEF wishes to support promising research conducted by dental scientists-in-training. Please review the submission guidelines online at Prosthodontics.org. Applications are due by Aug. 28.

This activity is supported by a generous educational grant from GlaxoSmithKline.



Povidone-Iodine Oral Antiseptic Rinse and Inactivation of SARS-CoV-2

Also in the *Journal of Prosthodontics*, a recently published study by researcher from the University of Connecticut, including ACP member Dr. Avinash S. Bidra, that affirms the ADA interim guidance regarding the preprocedural use of Povidone-Iodine Oral Antiseptic Rinse to inactivate SARS-CoV-2.

The ADA interim guidelines from April 2020 have suggested preprocedural oral rinsing with 1.5% hydrogen peroxide (commercially available in the US) or 0.2% povidone-iodine PVP-I (not commercially available in the US). Though 1.5% hydrogen peroxide is known to be antibacterial, it is chemically more unstable and there are no published studies showing the inactivation of SARS-CoV-2 using this solution at 1 minute contact period.

For this study, the authors tested virus stock against oral antiseptic solutions consisting of PVP-I at diluted concentrations of 0.5%, 1% and 1.5%. Ethanol (70%) was tested in parallel as a positive control. PVP-I oral antiseptics at all tested concentrations completely inactivated SARS-CoV-2 within 15 seconds of contact. The 70% ethanol control group was able to inactivate the virus at 30 seconds of contact.

Additional clinical research is needed, but the findings from this report can justify the use of preprocedural oral rinsing with PVP-I (for patients and health care providers) as an adjunct to personal protective equipment, for dental and surgical specialties during the COVID-19 pandemic. The article is available as open access.

ACP Board of Directors Holds Virtual June Meeting



Every June, the ACP Board of Directors meets for strategic discussion, planning, and collaboration. Due to the ongoing coronavirus pandemic, this year's meeting was held virtually on Saturday, June 5.

During the meeting, the board engaged in a thoughtful discussion about the short- and long-term implications of the pandemic on the future of clinical practice, and plans for Annual Session 2020. In addition, the Board appointed Dr. John Ball and Dr. Joseph DiFazio to the ACP Education Foundation Board of Directors.

Welcome New Members

March – June 2020

Reinstated Members

Dr. Victoria Q. Cisneros
Dr. Evelyn Seungmin Woo

New Resident Members

Dr. Jonathan E. Aldas
Dr. Amir D. Alizadeh
Dr. Waad Alomran
Dr. Robert J. Ault
Dr. Angel J. Calvo
Dr. Ian P. Colling
Dr. Priyanka C. Dand
Dr. Anh Duong Dang
Dr. Claudio A. Franco
Dr. Casey D. Goss
Dr. Jeffrey T. Hoyle
Dr. Jennine E. Jarrett
Dr. Min Jeong
Dr. Meisa Keivani
Dr. Norah Sadiq Khan
Dr. Yale A. Lee
Dr. Isatu A. Munu
Dr. Ankita Arunkumar Nigam

Dr. Tyler L. Nunnery
Dr. Christiana Onisiforou
Dr. Natalie A. Pereira Sanchez
Dr. Silvia C. Saponaro Vargas
Dr. Vaidehi S. Shah
Dr. Kelly M. Suralik
Dr. James P. Thompson
Dr. Ysenka Gabriella Torres
Dr. Ionut S. Viski
Dr. Yujun Wang

Reinstated Resident Member

Dr. Ya-Ting Yu

New Predoctoral Alliance Affiliates

Ms. Rahaf Abualsoud
Mr. Hasan Y. Al Yousuf
Ms. Raneem Alhakim
Ms. Uliana Alonso
Dr. Mazen Khaled Aly
Mr. James W. Ashcroft
Mr. Mohammad A. Awad
Ms. Megan M. Bauers
Ms. Sarah Bettag
Mr. Ryan J. Beyea
Ms. Leela S. Breitman

Mr. Daniel J. Chavin
Ms. Nguyet Nhi Doan
Ms. Kelli M. Dummerth
Mr. Austin T. Gambrel
Mr. Arsany Gergis
Ms. Tiffany Gosnell
Ms. Alana L. Hollis
Ms. Jessica Thomas
Ms. Leslie R. Juban
Ms. Taleen N. Kalajian
Ms. Cecilia Kendrick
Ms. Ola Kobierzycki
Ms. Nicole V. Lane
Ms. Diana Lopez
Ms. Marikit T. Magkalas
Mr. Harpravjeet S. Malhi
Ms. Kathryn E. Melton
Mr. Naeem M. Motlagh
Ms. Joelle N. Moussi
Mr. Jonathan B. Petrie
Ms. Saja M. Said
Mr. Musab Shalash
Ms. Shanel Vazquez
Ms. Charlene N. Walstrom
Mr. Ryan G. White

Upcoming Events

Practice Management Webinar Series

Ongoing
Prosthodontics.org

Prosthodontic Review Course

Ongoing
Prosthodontics.org

Annual Session 2020

Nov. 1-7, 2020
On Demand
ACP50.com

Job Opportunities

Ozark Prosthodontics has an immediate opening

Arkansas (Little Rock) - Ozark Prosthodontics has an immediate opening for a surgical prosthodontist due to significant growth in patient treatment. We currently have 2 surgical prosthodontists and are looking to add more. Our clinic & our laboratory uses state of the art digital technology. We understand, and are very successfully using medical insurance to help patients receive very necessary treatment, by reducing their out of pocket expenses. Experience placing implants is highly recommended because the vast majority of our treatment plans involve implant retained/supported restorations. If you are sincerely interested in learning more about us, please contact Dean McNeel (mcneel@ozarkpros.com) and visit ozarkpros.com.

Denver Restorative Dentistry Seeking Associate Prosthodontist

Colorado (Broomfield) - Denver Restorative Dentistry is one of Colorado's largest private prosthodontic practices. We are looking for an energetic, passionate associate prosthodontist who is eager to treat patients with a wide range of dental needs from straight forward to complex. Modern facility with full service in-house dental lab. Please send resume / CV to zaccutler@denverrestoratedentistry.com.

Denver Dental Implant Center has Full-Time Opportunity

Colorado (Denver) - NuSet Dental Implant Centers has full-time opportunities for prosthodontists with experience doing implant-based restorations for both fixed and removable solutions. Surgical skills a plus, but will train. Competitive salary and equity opportunity. Please send response including CV or resume to ddsspecialists@gmail.com.

Georgia Prosthodontics Seeking an Associate Prosthodontist

Georgia (Atlanta Metro: Buckhead and Gwinnett) - Georgia Prosthodontics' team is seeking a prosthodontist to provide comprehensive surgical and restorative care for patients in Buckhead and Gwinnett locations. Both offices have a nice modern atmosphere with an upscale taste. We have implemented fully digital workflows for clinical and in-house lab use. State of the Art equipment includes CBCTs, intraoral scanners (Trios), Facial Scanner (FaceHunter), PIC dental system, NextDent 5100 3D printer, bench top scanners, 3Shape dental system and Zirkozahn system. Our team has two prosthodontists and a master dental technician. We are looking for an energetic, quality-oriented candidate with a strong desire to grow. Mentorship will be provided. Partnership opportunity. Benefits Available. Competitive Salary.



Job Opportunity in Chicago

Illinois (Chicago) - Start Smiling Dental Implant Centers is looking for the right individual to join our expanding group in the Chicagoland area. This individual will be in a position where they can implement their advanced training immediately and where our senior clinicians can help mentor them in clinical surgical/prosthetic procedures: All-On-X 72 Hour Teeth, Zirconia Implants, Revision case management for All-On-4s, Zygomatic Implants, digital dentistry workflow, etc.

We are looking for the right person with goals to be part of something exciting and expand their prosthetic base into a digitally driven prosthetic result. A strong base salary with incentives is part of our initial offer. Partnership and equity positions are available. If you're experienced or a new graduate prosthodontist that wants to expand into an area where you can take it to the next level,

then we want you to join our practice! Please email all resumes to drpaul@startsmilingchicago.com

Hiring Full-time Prosthodontists at EON Clinics!

Illinois (Chicagoland) - Full-time prosthodontist positions are available in the Chicagoland area! EON Clinics' generous compensation package includes a W2 annual base salary and bonus based on clinic production. We offer malpractice insurance (company paid), a continuing education stipend (up to \$5,000 annually), a professional expenses stipend (up to \$4,000 annually), medical/dental/vision/life benefits, 401(k) retirement plan, paid time off (up to 21 days) and paid holidays (up to 7 days). EON Clinics is family owned and privately held with a welcoming, congenial, collaborative culture that expects hard work, strong effort and great success from its dedicated employees, but also allows for work life balance. Our employees are valued and appreciated!

We do not require corporate ownership and the complicated tax liability that goes along with that stipulation - there are no Company tax returns for you to sign and take responsibility for.

Since 2008 EON Clinics has been a leading provider of dental implants in the Illinois, Indiana and Wisconsin areas. Our beautiful, classic, state of the art, all-in-one treatment facilities are equipped with modern technology, including advanced 3D CAT scan capabilities and full-service in-house labs. Our superior clinical and administrative teams enable us to deliver premium products and treatment that support the highest standard of patient care.

You will be responsible for all aspects of clinic work. We need you to demonstrate strong leadership and management acumen, and work to achieve center profitability through sales efforts. Building good rapport

with patients and staff, performing all phases of prosthetic dentistry, providing excellent patient care and helping to strengthen EON Clinics' reputation in the marketplace as an AO4 leader is required of this role. A strong ability to listen, communicate well and be open-minded are keys to success. If you are a skilled practitioner with a patient-centered mindset, high ethical standard, professional demeanor, superior clinical skills, a sales-orientation and the ability to click and connect with people, incredible growth opportunities exist for you to join our world-class EON Clinics team – don't miss out!



**Full-time Assistant Professor - Prosthodontics
Kentucky (University of Louisville) -**

The Department of Rehabilitative and Reconstructive Dentistry, is seeking qualified applicants for a full-time Assistant Professor position. Academic rank and salary will be commensurate with qualifications and experience. Applicants must possess a DDS or DMD degree or equivalent, and be eligible for licensure in the Commonwealth of Kentucky. Candidates must have completed a formal training program In Prosthodontics from a CODA-accredited institution.

Successful applicants will become part of the department's dynamic and contemporary predoctoral and postdoctoral teaching team. All successful candidates will be expected to participate in the School's intramural practice. Successful applicants will be joining a department committed to a high-quality educational program with a progressive undergraduate, and postgraduate curriculum, Applicants should apply on-line to Job ID: 38761 at louisville.edu/jobs and submit a letter of interest (including date of availability, and the names of three professional references) plus curriculum vitae to: Anna Hinton, HR Director; anna.hinton@louisville.edu

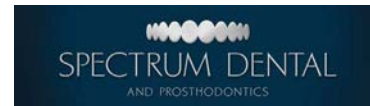
Equal Employment Opportunity
The University of Louisville is an equal opportunity, affirmative action employer, and is committed to providing employment opportunities to all qualified applicants without regard to race, sex, age, color, national origin, ethnicity, creed, religion, disability, genetic information, sexual orientation, gender, gender identity and expression, marital status, pregnancy, or veteran status. If you are unable to use our online application process due to an impairment or disability, please contact the Employment team at employment@louisville.edu or 502.852.6258.

**NYC Multi-Specialty Practice Seeking
Prosthodontist for Immediate Placement**

New York (New York City) - Excellent opportunity to join an established multi-specialty practice in NYC's Upper East Side. The position is ideal for someone who wishes to settle down in NYC and be part of a multidisciplinary practice. Income & growth potential is great. The office is newly renovated with state-of-the-art technology, digital x-rays & impressions, cone beam, CEREC, and paperless charts. An accredited operating room is also available in the office for performing procedures under IV sedation or general anesthesia. Contact: info@parkavenuefaces.com

**Seeking a prosthodontist to participate in multi
specialty facility**

North Carolina (Charlotte/Southport) - Seeking a prosthodontist to participate in multi specialty facility in coastal North Carolina. This is not corporate, but part of a development strategy and base faculty. Board eligible or board certified preferred. Send CV to Ralph M. Hoffmann, DMD, FACP at info@poc-charlotte.com and info@poc-southport.com



**Private, referral-based specialty practice seeks
associate prosthodontist**

Ohio (Columbus) - Private, referral-based prosthodontic practice seeks associate prosthodontist to join our exceptional team. Ideal candidate is motivated, passionate and proficient in all phases of removable, fixed and implant prosthodontics.

Our practice is located in Worthington, OH and is one of the premier prosthodontic practices in Ohio. We have 3 prosthodontists who serve a very large referral base and pride themselves on high-level service, clinical excellence, technology and quality education. Our state-of-the-art facility includes a spacious clinical area, in-house laboratory with CAD-CAM technology, I-Cat CBCT, photography studio and teaching facility.

Please e-mail a cover letter with introduction and resume to tari@spectrum-dental.com or call (614) 888-7039 for more information.

**Growing practice is seeking an immediate
associate prosthodontist transitioning to
a partnership**

Tennessee (Memphis) - Outstanding prosthodontic practice opportunity in the rapidly growing Memphis area. Growing practice is seeking an immediate associate prosthodontist transitioning to a partnership after one year. The Dental Implant Aesthetic Center is located in affluent East Memphis with state of the art office that is paperless and digital. CBCT, surgery suites, expansive operatories, conference center, in-house dental laboratory and oral surgeons on staff. Our office has a large referral base and maintains prominence as the leader in reconstructive dentistry and all phases of implant dentistry in the Mid-South. Enjoy the low housing costs, excellent schools, and vibrant community living that Memphis is known for. Please email resume to cwschulter@aol.com or call 901-435-0980 for more information.

Practices for Sale

Prosthodontic practice with 40 year history in the greater Sacramento area

California (Roseville) - Prosthodontic practice with 40 year history in the greater Sacramento area. The office is located near a busy intersection. The office consists of 1800 sq. ft. with 4 ops, an x-ray area, a private office, consultation room, large laboratory and a staff lounge. Part of the laboratory can be converted into a surgical operating room. Currently work 4 days a week from 8 to 4 (7.5 hrs.) The practice average production is 1.3. Last year at 1.6. Building is owner occupied with one tenant and can be part of the practice purchase. Utilizes Dentrux SW, new Nomad digital x-ray and a digital pan. Will work back in practice during transition if purchasing dentist requests it. Currently there is an in house periodontist that provides some of the implant surgeries. There is a significantly greater implant surgical opportunity for those with the proper skill set. Located close to ocean, Lake Tahoe, Sierra skiing, Folsom lake, Napa wine country and historic gold country. Please send CV to binondds@gmail.com. Or call 916 786 6676

Exciting San Diego County Advanced Restorative Practice

California (San Diego County) -Are you ready to savor the San Diego sunshine and own the advanced restorative practice of your dreams? This successful, solo, FFS practice (no HMO, PPO or insurance contracts) with 6 operatories in a spacious, turn-key, beautifully appointed and thoughtfully designed stand-alone 2350 square foot practice boasts 1200 active patients and \$1.1M consistent average production for years, with strong net. The retiring dentist has a 40+ year track record of strong referrals from both specialists and general dentists. Best suited for advanced restorative dentist or prosthodontist. Long term, well-trained staff, six days of hygiene. For more information, contact SanDiegoAdvancedRestorative@gmail.com

Prosthodontic practice for sale in Lady Lake, FL

Florida (Lady Lake) - Prosthodontic practice for sale in The Villages, Lady Lake, FL, Florida's Friendliest Hometown. Owner needs to retire because of health issues. Sees patients 3 days a week, 5 hrs. each day, 15 hrs. a week. Will gross from \$350,000 to \$400,000 a year. Successful fee for service practice since 2003, no contracted plans with insurance companies. 2 fully equipped operatories with a fully equipped laboratory in a 1200 sq. ft. office space. Has an iTero imaging scanner, a Scan X digital radiograph scanner, Biolase, and a Panorex. For more information: Tel. 352-259-6646 or Email: daviaprosth@hotmail.com.

Practice for Sale in Williamstown, Massachusetts

Massachusetts (Williamstown) - Located in idyllic college town of Williamstown, Massachusetts. T.H.E. designed four-operator, 2,000 sq. ft., modern office in standalone building with rental apartment or possible expansion. Successful, solo, fee-for-service practice of 39 years. Desire to sell with flexible options to remain active in transitioning, mentoring, and collaborating on part-time basis. Contact jkleedermanmd@gmail.com

Prosthodontic Practice For Sale in Suburb of Minneapolis

Minnesota (Minneapolis)

- Successful fee for service practice for 17 years
- Full spectrum of prosthodontic services offered
- \$896,000 in collections (2018) • 630 active patients, 10-12 new patients per month
- Beautiful 1,631 square foot office in convenient location

Please contact Minnesota Transitions at 952-297-8308 or info@mntransitions.com to receive a detailed practice prospectus.

Exceptional, State of the Art Virginia Prosthodontic Practice

Virginia - Exceptional, State of the Art Virginia Prosthodontic Practice. Well-established 1 Million+ consistent, 100% FFS practice is an excellent opportunity for a Prosthodontist or High-End GP! For more information visit our website commonwealthtransitions.com and register as a buyer in order to receive details on this opportunity - ID # CV-05.

Exceptional 1 Million+ consistent, 100% Fee For Service, State of the Art Virginia Prosthodontic Practice with Strong Net. Reference Listing ID # CV-05. Visit our website commonwealthtransitions.com and register as a buyer to receive details on this opportunity. Contact chris@commonwealthtransitions.com 434-326-5767

Welcome to GoToAPro.org – where patients find you.



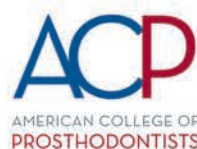
With a responsive design and new features, the ACP consumer website is designed to connect patients with prosthodontists, no matter where they are.

Features include:

- Find a Prosthodontist search, for patients to find a prosthodontist nearby
- FAQs on what sets prosthodontists apart, dentures, implants, and more
- Before and after patient photos
- Patient education videos
- Common conditions and treatment options

There's a lot to explore, but it all leads to one conclusion: for optimal oral health, nothing can match the advanced training and expertise of a prosthodontist.

Discover GoToAPro.org.



Your smile.
Our specialty.®

REVOLUTIONS

EVOLUTIONS AND REVOLUTIONS IN PROSTHODONTICS



Private Practice
Dental Esthetics
Management of
Dental Occlusion
Subcrestal
Prosthodontics
Dental Ceramics
Dental Technologies

ACP50.com

**American College
of Prosthodontists
50th Annual Session**



NOV. 1-7, 2020
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50 YEARS AT THE VANGUARD
OF PROSTHODONTICS