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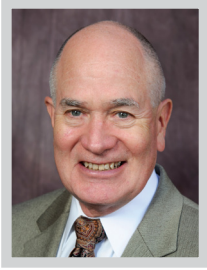
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The *ACP Messenger* (ISSN # 0736-346X) is published four times per year in the winter, spring, summer, and fall by the American College of Prosthodontists:

211 E. Chicago Ave., Suite 1000, Chicago, IL 60611
Phone: (312) 573-1260; Fax: (312) 573-1257
Email: acp@prosthodontics.org Website: Prosthodontics.org

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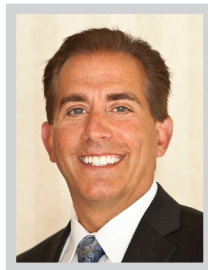
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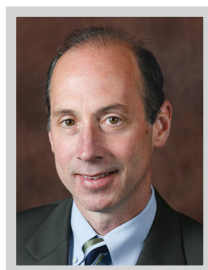
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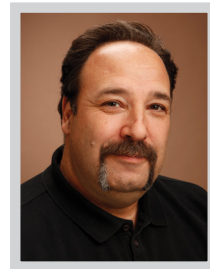
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John B. Gattone is the lead ceramist at CB Dental Laboratories, LLC, and has advanced training in implant prosthetics, removable prosthetics, crown and bridge, and cosmetics.

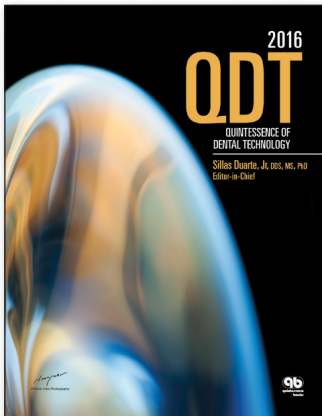
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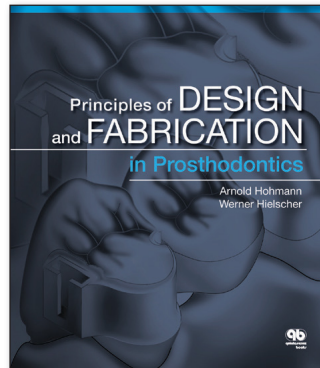
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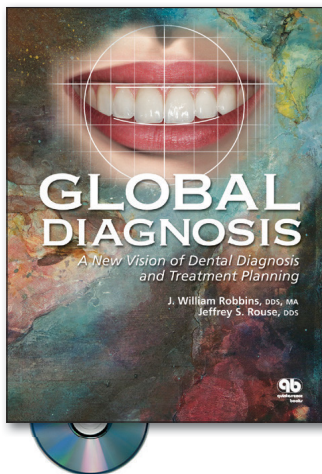


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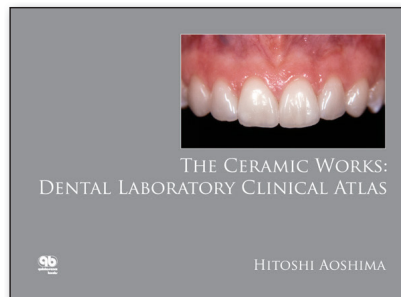


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The nuances of a prosthodontic education

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

The American College of Prosthodontists serves to represent the specialty of prosthodontics and maintain national recognition for the specialty. This includes ensuring that the future of the specialty is secure with prosthodontic programs being able to recruit the best and brightest applicants.

At the recent ACP Joint Educators Conferences, the decision was made to utilize National Matching Services, Inc. in the selection process for programs. There are many advantages to being part of the 'Match' process. Key amongst them is the streamlining of the application process, guidelines, and timelines for selection, allowing applicants to choose a program without being pressured to accept the positions that are offered first.

Applicants should devote considerable time to research before making their decision to select a program. There are many nuances to consider. A prosthodontic education requires a commitment to three years of specialty training, which is a significant investment of time and money. There are distinct differences between private and state-funded schools, such as the ability to offer reduced tuition and stipends; other programs may offer dual track programs with another specialty, or fellowships which enable a student to pursue a subject of interest, or even opportunities for teaching positions.

As a program director, I am always pleased to see potential applicants visit and spend a few days in the clinic, interact with the graduate students, and learn more about the program than what is offered on the website. Infrastructure for clinical and laboratory procedures, research facilities, and expertise and diversity of the faculty are other aspects that an

applicant may want to consider. While I believe it is a step in the right direction, the 'Match' process cannot highlight every feature. There is no substitute for thorough research to find the right program for each student's character and interests.

This issue of the *Messenger* demonstrates the unique interests that drive the members of our specialty. Dr. Emily Batson shows how prosthodontists build relationships that go beyond a single visit to transform a patient's quality of life. Dr. Miles Cone describes the challenges that arise when a prosthodontist already has a relationship with a patient as a colleague or a friend. Dr. Robert Bentz and dental technician John Gattone talk about forming a partnership to advance their shared education. And with the career-spanning interview of the ACP's longtime executive director, Ms. Nancy Deal Chandler, we see the effort that goes on behind the scenes to provide essential support for education, standards of care, and much more.

The future of the specialty depends on students being able to graduate without being buried in debt. The ACP and the ACP Education Foundation are aware of this and aligned in taking steps to address this and other critical issues. The passion of our members for patient care, the dedication of our leadership, and the promise of our program applicants will ensure the vibrant future of our specialty. ■



Eating favorite foods again

Emily R. Batson,
DDS, MS

As a prosthodontist, I look forward to the clinical challenges that are presented to me every day. But the most important aspect for me is to provide a good outcome for each of my patients even when managing difficult situations.

Bill is a lively 78-year-old who came to see me after his wife's hygienist suggested he should be evaluated by a prosthodontist. Bill wanted to improve his chewing ability. He has been edentulous for over 40 years. His most recent set of dentures was close to 20 years old when he came to my office. Bill told me that he has always struggled with his lower denture in particular, but has managed fairly well with his upper denture.

Bill's examination included an oral cancer screening, TMJ, tissue, and tongue position analysis as well as radiographic examination utilizing CBCT imaging.

He had a compromised lip position when smiling with his existing dentures, and did not show much of his teeth (Figure 1). Bill demonstrated severe residual ridge resorption, particularly with his lower arch (Figure 2). Bill's existing dentures utilized porcelain denture teeth, several of which had fractured or loosened from the denture. His lower denture displayed underextended borders and potentially had created additional tissue damage due to the lack of stability and support.

From the CBCT image I was able to gain additional information about Bill's bone structure and measure the remaining bone in the anterior portion of Bill's



mandible to determine if implant therapy would be feasible (Figure 3). I advised Bill that there was enough bone and that two implants could significantly help the retention of a new lower denture. Although there were no guarantees he would tolerate my dentures better than his existing dentures, I felt I could improve on the extensions and esthetics with a new set of dentures.

Bill agreed to have a new upper and lower denture fabricated in addition to the placement of two implants. We began by obtaining diagnostic impressions and selecting an appropriate shape and shade of tooth with Bill's approval. Following this appointment, accurate master impressions were made and a bite registration obtained prior to a wax trial denture for us to assess the esthetics and position of Bill's new teeth. A surgical guide was fabricated for Bill's implant placement, and he was able to wear his new dentures while the implant sites healed (Figure 4).



Fig. 1 (Top): Initial photo showing compromised smile.

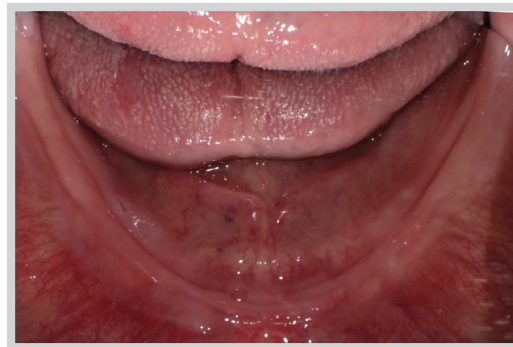


Fig. 2 (Center): Severe residual ridge resorption seen on lower ridge.

Fig. 3 (Bottom): CBCT imaging used to measure bone dimensions.

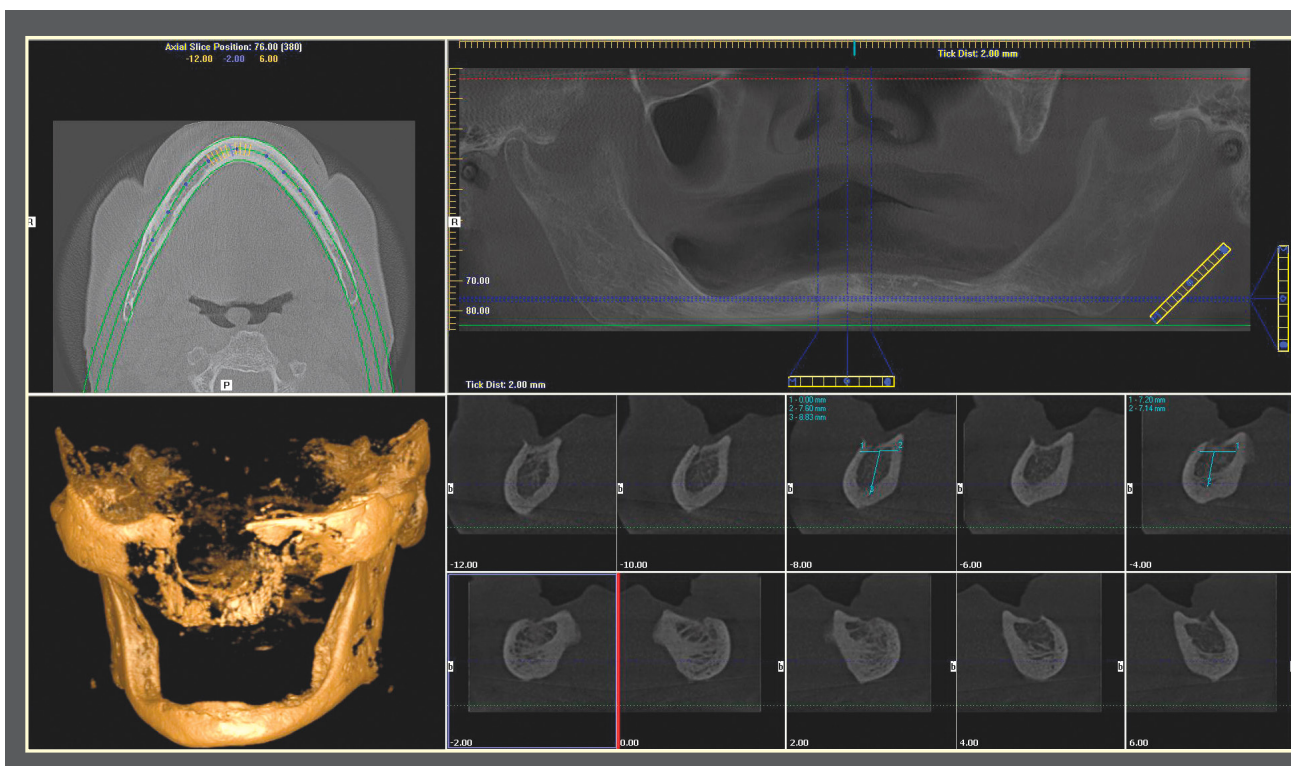




Fig. 4: Intraoral view of Bill's new dentures.

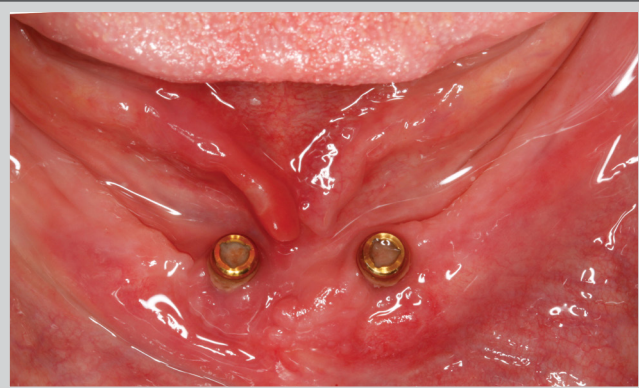


Fig. 5: Implant abutments in place after three months of healing following implant placement.



Fig. 6: Retentive nylon attachments in place.



Fig. 7: Bill's new smile.

Three months following the implant placement, it was time to attach Bill's new lower denture to the implants (Figure 5). Bill had told me that even with just the new set of dentures he was already eating better. I attached the lower denture using low retention nylon inserts and reevaluated Bill two weeks later (Figure 6). He was doing fantastic at this time! Bill reported that he was initially skeptical that he would be able to function with any lower denture but was happy to report that he had been able to eat some of his favorite foods again, like corn on the cob (Figures 7, 8). Bill told me it had been years since he had enjoyed good corn and was very glad he had pursued treatment.

I instructed Bill that the nylon inserts would need to be changed over time when the lower denture may not feel as retentive. I also instructed him on the importance of denture removal at night and proper care for the dentures, including a combination of chemical and mechanical disinfection. Lastly, I advised Bill that yearly exams and oral cancer screenings are important so that we may determine

if his dentures require any type of relines or adjustment of his bite.

Bill was an ideal patient who benefited from seeing a prosthodontist. Due to the complex anatomy of his remaining lower ridge, Bill was better served in the hands of a specialist who had several years of additional training and experience with similar patient situations. ■

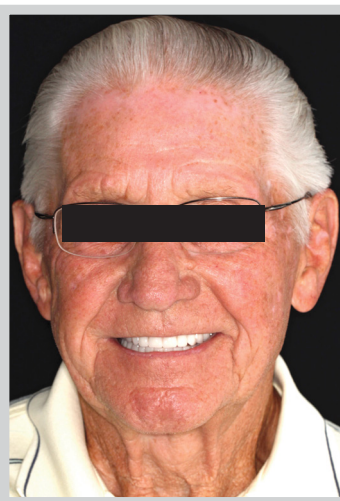


Fig. 8: Bill's smile with new dentures.



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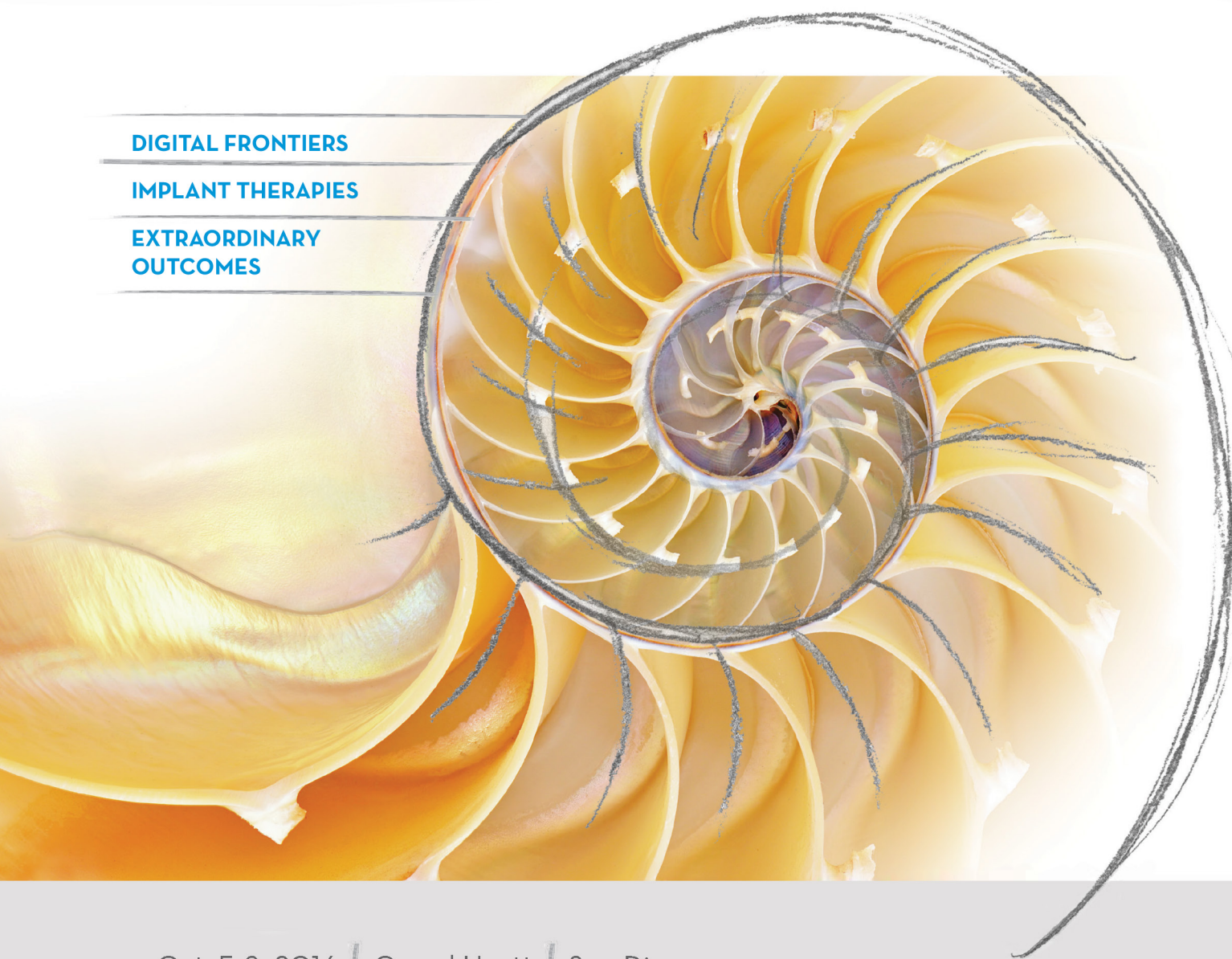
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Great expectations: treating both a colleague and a friend

Miles R. Cone,
DMD, MS, CDT, FACP

Every dentist knows that there exists an implicit emotional danger/uncertainty when it comes to treating family and friends. The gravity of these situations becomes amplified, exponentially, when the patient being treated also happens to be employed at the same workplace as the treatment provider.

So then, in these circumstances, what becomes of a definitive treatment that fails to live up to the expectations of the associate and friend that is under our care? As prosthodontists, we often continue to see our patients on a limited, long-term basis. The aphorism that we are “married to our patients with difficult/complicated situations” oozes sardonic humor when that discontented patient is also on the same payroll and works in the operatory down the hall.

Dental specialists tend to garner new patients based off colleague referrals and by word of mouth recommendations from existing patients. It is not altogether uncommon, however, to receive voluntary

requests for treatment from in-house staff, hygienists, or even other dentists. While completing the final leg of my active duty service agreement in the U.S. Army, the dental assistant for my periodontist presented to me with just such a request. She indicated that she would soon be attending a family wedding in her home country of Poland, and that she was extremely self-conscious about the unesthetic appearance of her ‘maxillary lateral and central incisors’ (Figure 1).

During the initial examination, it was noted that teeth #8 and #9 had both undergone non-surgical root canal therapy many years prior, following a traumatic injury. Additionally, the existing composite resin restorations on



Fig. 1: Patient's initial presentation – discoloration of maxillary centrals resulting from trauma, non-surgical root canal therapy, and unesthetic composite resin restorations.

Fig. 2: Tooth preparations within vinyl polysiloxane “putty” matrix reduction guide fabricated from diagnostic wax patterns of teeth #7-#10.

Fig. 3: Definitive full-contour porcelain fused to zirconia (PFZ) restorations, teeth #7-#10, demonstrating inappropriate opacity and value.

all four teeth had recurrent caries present. Treatment planning ensued, and considering the patient's parafunctional habits, compromised resin restorations, short clinical crowns, and high esthetic expectations outlined in her chief complaint, recommendations for a surgical crown lengthening procedure and full-coverage layered zirconia crowns were made.

All too often, financial issues, apprehension, and/or haste find a way to add a wrinkle into the best-intentioned treatment plans. The imminent overseas wedding celebration resulted in the patient deciding to forgo the recommended crown lengthening procedure for her case. Following diagnostic waxing, teeth #7-#10 were prepared for full-coverage crowns using a silicone template as a reduction guide (Figure 2). Poly(vinyl siloxane) final impressions were made, sent to the ceramist, and the crowns were then fabricated and returned for placement.

As is often the case for patients receiving esthetic anterior restorations, the initial trial placement of the crowns was unacceptable and required refinement. After further refinement, a second attempt was made

during the following weeks, which again, resulted in another unacceptable result. The third and final visit was also marked by significant disappointment, and out of desperation (due to the time factor), the patient finally conceded/agreed to the process and allowed the four crowns to be cemented, noting that the restorations were "...at least better than what (she) had" (Figure 3). The high hopes that the patient held for the dentist (me) treating her ran parallel to the expectations that the dentist held for the ceramist fabricating the restorations: the result would be nothing short of spectacular. The final photographs and a frustrated patient are a clear testament to the fact that this expected end was not achieved.

In defense of all dentists who have ever endeavored to restore anterior teeth, not every case turns out to be worthy of being shown on the 'lecture circuit' or to be reported in peer-reviewed periodicals. And if we are being honest with ourselves, most treatments actually don't become showcase material. Humans, however, have a tendency to record the hits, and not the misses. Our assistants and colleagues recall the great cases, because after all, those are the special ones that we talk



Fig. 4: Surgical crown-lengthening procedure being completed in anticipation of replacing the existing PFZ restorations with an improved esthetic result.

Fig. 5: Stump shade recording following tooth preparation.

Fig. 6: New, definitive porcelain veneered to zirconia restorations on solid cast.

about over and over again, those are the ones that go in the smile gallery on the office webpage, those are the pictures that get framed and receive a place on the wall in the laboratory or the break room. Managing patient expectations is a skill in and of itself – in the same manner that administering anesthesia without discomfort is a skill or border molding a custom tray for a denture is a skill. It takes practice and experience to truly master – LOTS of practice and experience.

Fast-forward through four months of awkward interactions in the hallways and avoiding eye contact during clinic meetings, a message was received from a good friend and ceramist in Switzerland with whom I had confided my disappointment, offering to redo the crowns for the patient at no charge. The patient eagerly agreed, this time following through with the initial recommendations to crown lengthen her teeth (Figure 4). After a healing phase of six months, the initial crowns were sectioned off and the stump shades evaluated for each tooth (Figure 5). The proposed

treatment the second time around remained the same: zirconia copings layered with feldspathic ceramic (Figures 6-7). The reason that a stump shade was indicated, despite the material selection, is due to the improvement in light transmission and the increased translucency of the zirconia used for this situation.

At the placement appointment for the new crowns, the patient was extremely pleased with the improved esthetic result (Figures 8, 9), and the potentially disastrous ramifications of a failed treatment existing between colleagues and friends were avoided. ■

Special thanks and appreciation in recognition of the dedication and charitable contributions made by my friend and master ceramist on this case, Mr. Djemal Ibraimi at i-Tech Dental Laboratory (Bulle, Switzerland), and also by my very skilled periodontist, Dr. Sheldon Lu at OC Perio Specialists (Orange, CA).

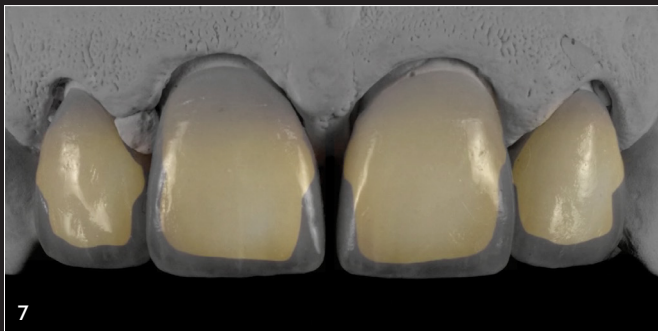


Fig. 7: Transparent overlay illustrating the zirconia core substructure and veneering ceramic of each crown.

Fig. 8: Retracted anterior view of definitive PFZ restorations #7-#10 following placement.

Fig. 9: Left lateral view of patient in repose following delivery of PFZ restorations teeth #7-#10.

Figures 6 and 7 are courtesy of Mr. Djemal Ibraimi.

Closing the margin between treatment and planning

Robert M. Bentz,
DMD, FACP

John D. Gattone,
CDT

With the explosion of new production methods and materials, we as a community are facing increasing pressure to provide the latest and greatest to our patients.

There have been numerous advancements made in dental and laboratory technology as well as in reconstructive materials. These advancements present dental lab technicians and prosthodontists with great opportunities, but can also impart a degree of anxiety and confusion.

As a group, we need to adapt and embrace these changes and continue to provide premium care for our patients. Prosthodontists and lab technicians need, more than ever, to collaborate to provide optimal results for our patients, by using the vast amount of options currently available.

For the past seven years, we have collaborated to form an excellent team relationship. Prosthodontists and technicians observe different values in emerging technologies, and each of us brings a unique perspective to the team.

This collaboration creates a symbiosis, helping every member of the team to see ideas from each other's different perspectives. Although doctors and labs are not always located in the same building, this shouldn't deter them from reaching out to discuss options in emerging technology. Production in labs is changing and it will benefit dentistry exponentially if we work together to utilize each others' strengths and experiences. By uniting, we can maximize these new concepts and materials to best suit our patients.

How can you get started on improving your relationship with a doctor or lab technician? Using



the adage “two heads are better than one”, attend the next ACP Annual Session as a team! The ACP Annual Session not only provides you with a better understanding of new ideas and technologies, but also offers an alternate perspective on the collaboration between doctors and technicians which foster impressive outcomes. Speakers will address advances in all aspects of complex restorative care, including state of the art collaborative techniques and materials.


Joint educational opportunities will naturally spur discussions about how to put ideas into practice. Between sessions and at receptions, you are likely to encounter other teams who can share their own experience. A strong doctor and technician relationship is critical for success and the national meeting provides a chance to foster that connection through the acquisition of practical insights and “a-ha!” moments. ■



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Lily T. Garcia,
DDS, MS, FACP

At the end of July, Ms. Nancy Deal Chandler will step down as Executive Director of the American College of Prosthodontists and ACP Education Foundation, completing more than a decade of service. Dr. Lily T. Garcia, past president of the ACP and past chair of the ACPEF, sat down for a conversation about the remarkable progress and transformation that has occurred on Deal's watch.

LG: Even though your first official president was Bruce Valauri, you actually worked with Patrick Lloyd to start. When you think about the discussions you had at that time, what were you anticipating coming in? What were your initial thoughts?

DC: Right after I was hired, I went to L.A. for the Annual Session. That's where I was introduced to the members, in 2005, before I was on the payroll. I flew in the night before, got in late, and I was sitting right next to you on the podium. It was a lunch, and we were seated at a table on the risers. Then after Pat introduced me, he called on me to speak to the members. You leaned over to me and said "Did you know he was going to call you up there to talk?" and I said, "No, I didn't!" But I went up and said a few words, then raced back to the airport to catch my return flight to Chicago.

LG: I was on the search committee. I remember you couldn't be present for your first interview, so we did a teleconference.

DC: Yes, that was my first interview.

LG: Knowing that a phone interview was hard, before Skype, when you are just hearing a voice... you had such an effect on us that we were smiling, making faces at each other, going "wow, she's really good!" So then we come to Miami 2006. I want your first impression of members, and then your first Annual Session as executive director.

DC: At that point, I had been on board almost a year, and it had been quite a year. I'll say right out of the gate, the members, the volunteers, the officers, the leaders of the ACP and the Foundation, hands down are the best volunteers I've ever worked with, and I've been working in the association world for 30+ years. And that first year, members were, I think, generally surprised and delighted that we were trying to develop a staff that was member-focused, and cared about answering the phone eagerly and positively, and cared about talking to our members. All things



Dr. Stephen Campbell, Dr. Thomas Bloem, Dr. John Murrell, Dr. Lily Garcia, Ms. Deal Chandler, Dr. Clark Stanford, Dr. Alfonso Monarrez, and Dr. Lawrence Brecht at the 2008 ACP Board Meeting outing in Carmel, CA.

considered, that first year was, from a member and volunteer standpoint, a wonderful, supportive year. I have to laugh... I went back and looked at my board reports for that year, and all of them included something about shoring up the infrastructure, you know, found this on the financial side, found that on the infrastructure side. It was a wild year of rebuilding and creating systems, so we could focus on our mission—delivering top quality services to our membership, advocating a bright future for the specialty, and helping our members to deliver the best care they can.

LG: The other thing was that we still had a House of Delegates. So you helped in transformation of the governance structure. That was a huge change for an organization like ours.

DC: There were two major initiatives in 2006 that transformed our College and Foundation – the report of the Governance Task Force and the “Leadership Summit on Reframing the Future of Prosthodontics”. The Governance Task Force, which had been worked on for several years when I came on board, recommended



Dr. Lily Garcia, Ms. Carla Baker, Ms. Deal Chandler, Dr. Gary Goldstein, Dr. Jonathan Wiens, and Dr. Charles Goodacre skeet shooting in Virginia, 2007.

dissolution of the House of Delegates and approval of a new, streamlined governance structure. It was an intensive year of preparation and communication, readying membership and the House of Delegates to vote in 2007 to approve these major changes. And we held the “Leadership Summit”, which created three strategic directions: growth of the specialty, educational curriculum innovation and reform, and leadership and innovation in new science and technology. These three strategic pillars were the framework for the Foundation’s highly successful Vision 2012 capital campaign, and drove the ACP’s vision for the next decade. We couldn’t have achieved our vision unless we had a quick and nimble governance structure. So everybody worked very hard, and they had the courage to approve the new governance structure in the fall of 2007. That was amazing. And then came the famous action plan.

LG: You want to explain that?

DC: In 2007 after the House of Delegates was dissolved and armed with those three pillars, then President Steve Campbell created a comprehensive document that outlined in detail how we were going to achieve those audacious goals we had set for our organizations; it was called an action plan. It covered 2007 to 2012 and detailed five years of actions that we had to take to achieve any significant progress toward those three pillars. Growth of the specialty was the first area that we tackled. Because of the Vision 2012 campaign, the Foundation was able to support ACP membership benefits for 100% of our residents. This is unique among the other dental organizations and was visionary for the Board of the Foundation and the Board of the College to adopt because it ensures that all of our residents develop a relationship with our College before they graduate. That’s another example of the kind of leadership that both boards



Deal and the Central Office staff at lunch in Chicago, 2014.

have exhibited over the past decade, which has positioned us in such a wonderful way.

LG: There are so many things that happened over ten years. I know this is a hard one, what do you think are the most significant accomplishments for the organization?

DC: I think it is a cumulative set of strategies and actions. Clearly, dissolving the House of Delegates and approving the new governance structure were two major milestones. The three strategic pillars were really important, because they set a long-term direction. Creating National Prosthodontics Awareness Week as conceived by past president Dave Pfeifer. Submission of our re-recognition as a specialty report to CDEL. Adoption of the new logo and tagline “Your smile. Our Specialty.” Codifying our Annual Session as the crown jewel among our membership services and our second highest revenue source. Things like careful budget management. When the economy tanked in 2008, the Board didn’t cave to the external financial crisis. We took some Draconian measures, and we cut back expenses. I think being financially healthy over this past decade has been important to the success of the specialty and our organizations. Adopting position statements that publicly show where our College stands on important topics in dentistry; that we started doing under then past president John Agar. Growing new state sections. And then, what can I say: the CODA standards, getting those approved last year, which was the culmination of intensive activity since 2011. And remarkably, our membership has grown in ten years by 35%.

LG: From 2,812 to 3,807!

DC: Without a growing membership base, we’re dead in the water. The Board having the vision to let our resident members be full voting members of the College. How important is that? We’re facing a whole millennial generation of members. And, what a concept! They get to vote on the structure and leadership of the organization that they belong to. There are just so many things and so many people who have contributed to our successes.



Dr. Frank Tuminelli presents the inaugural Nancy Deal Chandler Leadership Award at the 2015 Annual Session.



Mr. Robert Ganley, Ms. Deal Chandler, Dr. George Tysowsky, and Dr. Michael Gaglio at the 2015 Annual Session.



Ms. Deal Chandler, Dr. Carl Driscoll, and Dr. Vicki Vickers at the 2014 Annual Session.

LG: It's hard to pick one.

DC: Launching the Wednesday Wake-up Call, the social media channels, celebrating the 40th anniversary. The task force on budget development you appointed on your watch, and the enhanced strategic directions through 2018 that we adopted. The first electronic election! I mean, we were doing paper ballot elections for the College and the ABP. We started an electronic voting process in 2008 for the first time, and that was amazing! The first annual report, which was part of the new governance structure. We promised members we would give them a comprehensive annual report, and we delivered. We've been trying to be transparent so our members will trust us. And that is a bold move for an association, and it was a commitment to integrity that, for me, has been very rewarding.

LG: Having been with other organizations, I think the hardest role is how you have to work directly and closely with an individual - the president - over a period of a year, with more intensity than anyone ever realizes until they're there. You have done the dance amazingly well, because each of us has such vastly different personalities... we're all prosthodontists, but you have done a remarkable job.

DC: The job of an association executive director is to adapt every year to new leadership. In what other industry do you know of where your boss changes every year and the CEO is expected to totally adapt? So that's part of what association executives do, and as you know, association management is a body of knowledge; it's an area of expertise that is truly professional. So as an association executive director, you learn over the years to adapt and always see the positive in every newly elected leader who comes your way.

LG: What opportunities do you see ahead, or challenges, that you would advise our members and our leadership?

DC: I think we have a changing member demographic, which is important for our leaders to contemplate and to plan for very

quickly. Our millennials have different expectations, and I think our leadership and our organizations have to be prepared to respond to those. I think relationships are important. We've learned over the years that when we've had good relationships with other organizations, it's helped our College and Foundation and it's helped those organizations with which we're aligned. We have to be sure that we stay financially healthy and we keep growing. And then, communications, I think, are essential to our public relations activities, to our members, our stakeholders. We've got to constantly step back and say, 'What are we doing well, what do we need to improve on all of these fronts?' Those are the big things.

LG: Lastly, when you think about it, what kind of things have you valued in the relationships? Ten years in one organization is huge. A lot of executive directors treat this as purely a job. But you have been more invested than most.

DC: If this were just a job to me, I wouldn't have stayed. You spend more time at the office than you do with your family, and if you don't love it, and you don't love the people that you work with, then it's kind of a waste of time. So for me, I loved the job and the work, and I have loved and I continue to love many of the people that I have come to know so well and care about over these years, volunteers and staff alike. I've learned a lot from these people, even when I felt sometimes I was out there alone on that limb, about to take a big risk. There's a saying about a little bird sitting in a tree, and she's not afraid that the branch where she is perched will break because she puts her trust in knowing that if it does, she has her own wings to fly if she needs them. So, the people have been amazing and some of the greatest joys of my career. My presidents, the staff that have come and gone, the staff that we have now.

LG: Thank you so much. I take great pride in knowing that we connected to create more momentum for the ACP.

DC: Thank you Lily, and thank you for everything you have done, over the years. We're still going to be friends, forever. ■

Shaping the future through education

Carl F. Driscoll,
DMD, FACP
ACP President

At the ACP Joint Educators Conferences, predoctoral and postdoctoral faculty meet to learn, discuss, and help implement better methods to employ at their respective schools. These meetings are hosted twice per year by the ACP and partially funded by the ACP Education Foundation because they are critical to the growth of our specialty.

They form the basis for the training of the prosthodontists who will be purchasing your practices down the road. Your donations make events such as these possible.

The spring 2016 conference brought 117 educators representing 57 institutions together for a day and a half of collaboration. Methods to teach the latest digital dentistry technology were presented. The leadership of the ACP Digital Dentistry Curriculum Task Force hosted a joint workshop during the Friday session. Dr. Stephen Campbell and a cadre of very talented prosthodontists including Drs. Lyndon Cooper, Lily Garcia, and Carol Lefebvre spent the day discussing the various components of developing a digital curriculum and laid the foundation for this to come to fruition. Our many thanks to all involved in this project, as this is the future of our specialty.

Another positive aspect of this meeting is the development of mentors. As undergraduate faculty gain more knowledge, they develop more confidence. This can be transferred to our students who see



our faculty as role models. Never forget that, as an experienced prosthodontist, you can influence promising young dental students and dentists to look into prosthodontics as a career. I still remember my dental school faculty, Dr. Stallard, who encouraged me to pursue a career as a prosthodontist when I didn't even think my hands were that good.

The ongoing issue of prosthodontic resident applicant guidelines was a focal point of the Saturday postdoctoral session. Concerns over program recruitment schedules, inconsistent communications

In response to the group discussion and vote, the ACP Board of Directors approved a position statement regarding the 'Match'. ACP position statements can be found at Prosthodontics.org.

between directors and candidates, and unfair pressure on applicants resulted in directors calling for an alternative to current practices. A representative from National Matching Services, Inc. was invited to present and answer questions about the Postdoctoral Dental Matching Program, also known as the ‘Match’. Prosthodontics participated in the past and an important discussion ensued on whether to rejoin the ‘Match’, with many misconceptions being discussed and clarified.

A vote was taken at the meeting which resulted in overwhelming support. With acceptance at roughly 90% of all programs and growing, it was decided

that the prosthodontic specialty will participate in the ‘Match’ beginning in 2018. This will ensure that participating programs will adhere to the set dates and guidelines resulting in a fair and equal application process.

With this process in place, candidates will no longer experience pressure to accept the first offer they receive. There will be plenty of opportunities for both candidates and programs to look at each other and make their choices, all being better informed of their options. It is the right thing to do for our applicants and future colleagues. ■



Dr. Gerard Chiche

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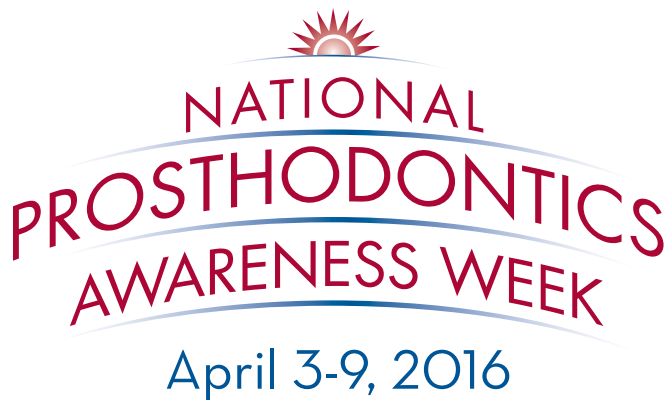


ADES, The Educational Division of Cusp Dental

Grassroots success

Avinash S. Bidra,
BDS, MS, FACP
NPAW Chair

The 7th year of NPAW celebrations marked another great celebration with 157 activities in 30 states and 11 countries! This compares to 119 activities in 24 states and 4 countries in 2015. The past year has been a revolutionary year for prosthodontics for 2 reasons: the successful passage of the CODA standards mandating implant placement at a competency level in all prosthodontics programs, and the ACP leading a multi-organizational team in publishing dentistry's first clinical practice guidelines on recall and maintenance of patients with various types of dental restorations.

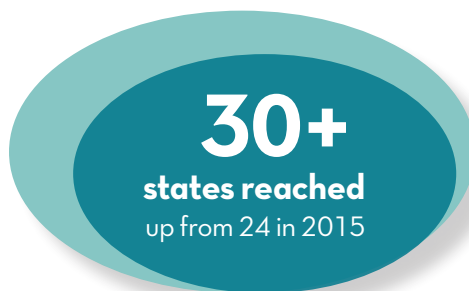


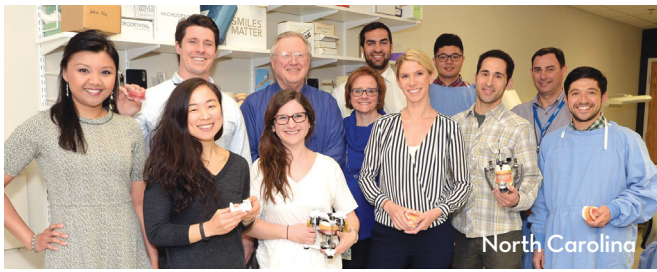
Both of these historic events afforded great opportunities to promote prosthodontic awareness and celebrate NPAW with great fervor!

You often hear that simply giving a talk on prosthodontics to a group once a year or doing an event or a media appearance once a year will not make much difference to the awareness of prosthodontics nor prosthodontists. My consistent answer has been that promoting the message of prosthodontics and prosthodontists is a constant year-round event that happens at a grassroots level by our members engaging the community. The staggering statistics from our amazing PR team at the ACP is a testimony to this

grassroots level of engagement! For example, in 2011, there were 864 traditional media mentions of the 4 key terms: prosthodontist(s) and prosthodontic(s). In 2015, there were more than 9,200 mentions for these same 4 terms on traditional media. Something is clearly working!

Prosthodontics is such a diverse specialty that affords so many opportunities and avenues to carry our message of who we are, what we do, and what we can offer to a diverse audience. One simply needs to pick a topic of interest or their niche and run with it! The NPAW PR Toolkit is frequently updated to include lots of new tips and ideas to help members. Once again, I would like to thank all ACP members and Central Office staff members who have dedicated their time and effort in raising awareness of prosthodontics once again this year and I look forward to an even more successful NPAW 2017!





North Carolina



Virginia



Kentucky

157
activities reported
up from 119 in 2015

Pro Bono Care/Oral Health

North Carolina: The University of North Carolina Graduate Prosthodontics celebrated NPAW by rallying together to fabricate new denture prostheses for 7 patients from the local community. The UNC Grad Pros team extends a special dedication to prosthodontics department chair, Dr. Robert Wright, who passed away unexpectedly in April: “We all would like to dedicate our NPAW in his memory and express our gratitude to him for the support he provided us as chair of our department.”

Open Houses

Michigan: Drs. Jennifer Priebe and Jonathan Wiens hosted an open house and invited referring doctors and their staff to celebrate NPAW on the opening day of the Detroit Tigers baseball season.

Professional Presentations

Texas: Dr. Ben Ross gave a presentation entitled “Prosthodontics Potpourri” to the Fort Hood, Texas Army Dental Activity.

Lunch & Learns

Nebraska: Drs. Alvin Wee, Andrea Hall, and Kirstin McCarville hosted a lunch and learn at Creighton University School of Dentistry. They included a

presentation which highlighted their dental students and patients, and then the event ended with Prosthodontic Jeopardy.

Community Public Outreach

Connecticut: Drs. Avinash Bidra, Thomas Taylor, and John Agar celebrated NPAW at the University of Connecticut with their 8 prosthodontic residents by organizing events at the Health Center throughout the week. The residents also hosted a prosthodontics booth at the Annual Health Fair at UConn. They issued a newsletter and Dr. Bidra was featured on *UConn Today*, which reaches over 20,000 people in the UConn community.

Kentucky: Dr. Brandon Stapleton had Lexington, KY Mayor Jim Gray officially declared April 3-9, 2016 as National Prosthodontics Awareness Week in their city. Dr. Stapleton received a plaque commemorating this honor.

Texas: Dr. Yepez celebrated NPAW by posting signs featuring the logo around her office, as well as visiting senior centers to inform senior citizens of the benefits of visiting a prosthodontist. She also celebrated with referral doctors from around the area. Dr. Yepez created a video to announce the activities she had planned for NPAW.



Connecticut



Nebraska

11
countries reached
up from 4 in 2015



Press Coverage

Florida: Dr. Matthew Nawrocki was featured on a segment called Dental Health Watch on First Coast Living to talk about NPAW and what a prosthodontist does. Dr. Nawrocki did a follow-up segment the following week.

Illinois: ACP President Dr. Carl Driscoll spoke on Digital Dentistry for NBC-Chicago’s “Weekend Web” segment.

New York: Dr. Frank LaMar had an article published in the *Rochester Democrat & Chronicle* to promote NPAW.

Pennsylvania: Drs. Stephen Balshi and Glenn Wolfinger celebrated NPAW by making arrangements with one of their “Teeth in a Day” patients who is also a celebrity radio talk show host. Pi Dental Center was featured on WDAS-FM Radio.

National: Clear Choice Dental did a PR Push and secured 300+ TV segments featuring ACP members from March 15- April 30, which coincided with NPAW.



Journal of Prosthodontics

For NPAW, two articles were free in the *Journal of Prosthodontics* for the month of April.

The Clinical Practice Guidelines were downloaded 315 times.

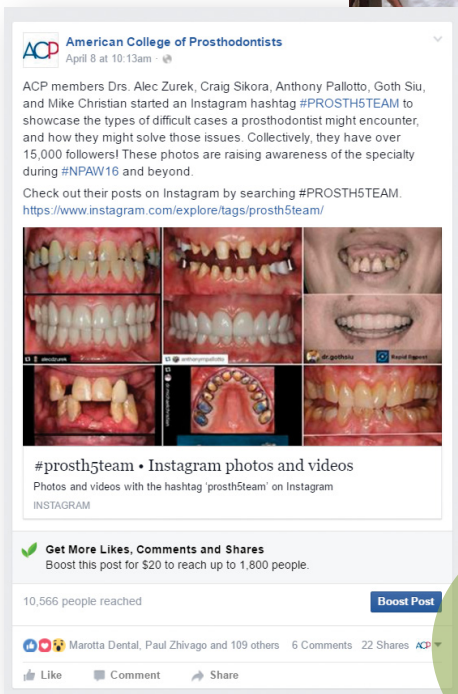
The Co-Morbidities article was downloaded 304 times.

Social Media

Instagram: ACP members Drs. Alec Zurek, Craig Sikora, Anthony Pallotto, Goth Siu, and Michael Christian started an Instagram hashtag, #PROSTH5TEAM, to showcase the types of difficult cases a prosthodontist might encounter, and how they might solve those issues. Collectively, they have over 15,000 followers! See the posts at: [instagram.com/explore/tags/prosth5team/](https://www.instagram.com/explore/tags/prosth5team/)

Facebook: Henry Schein Dental released a campaign on Facebook to promote NPAW. The post gained high engagement numbers and “likes”. ■

82
members participated
up from 64 in 2015



Thoughts on sustainability

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

I recently read again a 2008 report on the longevity of dental restorations that highlighted the technical causes of failure which condemned long-span Fixed Dental Prostheses. The report further indicated that short-term complications lead to irreversible complications. In thinking about the implications this may have on treatment planning for my patients, I couldn't help but consider this as a metaphor for the sustainability of the ACPEF.

The ACPEF is our specialty's bridge to the future. Fortunately, we've created a strong Foundation and have avoided short-term complications and we do not face any irreversible challenges. But, like all bridges, our bridge to the future needs to be supported by two healthy abutments. One is the foundational infrastructure that aids in supporting the broader vision of the ACP. Included is a strong Board with visionary leadership, clear guidelines for governance, and a healthy financial basis to achieve our vision. The other abutment is a clear vision of the future that is deeply embedded in the core beliefs of our membership and our organization. This upholds the responsibilities of representing the specialty, informing the community, and nurturing research. The ground is shifting and the arena of recognition and recognition of dental specialties has never been more complex and contentious.

Spanning these abutments is a bridge formed by our members. Our bridge to the future must be one that is designed with many trusses and cross-members, strong supports, and piers. These trusses are the gifts provided to the ACPEF from its membership and any sustainable bridge requires that we attain a goal of 50% membership giving. The cross-members are those fewer, but powerful gifts from membership that provide greater support and span further with each step. The piers are the major investments that our generous corporate partners make to ensure we reach our envisioned future.

To assure sustainability of our vision and continuity of our path to it, the bridge must be sustainable. This is a 'long-span' bridge and metaphorically is at risk from 'technical causes'. These include loss of direction (vision), ineffective governance, failure of giving, and degeneration of the abutments (loss of our principal or misguided vision). Sustainability is possible only if we maintain our vision, our governance, and a culture of giving. We need to remain focused on our envisioned future. Our Board members bring unique insight from academics, practice, and industry, to recognize the challenges to our core structure and reinforce the bridge we have built. As the ACPEF Chair, I am grateful to each of them.

When you sit in your offices or in your clinics and you look down at the remarkable fixed dental prosthesis – either new or quite old – that has sustained function and biology for some period, I hope you will remember this metaphor and recall the importance of abutments, design, and maintenance for this other bridge we have created together. The small facets of design, those finishing touches we impart, and the focus on precision we impose when providing a Fixed Dental Prosthesis all contribute to the sustainability of our work. Our work at the Foundation requires equally consistent contributions to sustainability of our bridge to the future from each of us as members of the American College of Prosthodontists. ■

Essential parts of our identity

John R. Agar,
DDS, MA, FACP
Program Chair

All of us look forward to that moment when a patient looks into a mirror and sees the smile they once had, the smile they thought they would never see again. The expression of natural beauty is the highest form of art, and art is essential to our esthetic identity.

There is also no doubt that prosthodontists have become the leaders in the use of advanced technology to change what is possible in dentistry. That, too, is part of who we are as specialists.

Our theme for the 46th Annual Session of the American College of Prosthodontists brings these two pillars of our identity together in **Prosthodontics: The Intersection of Art & Technology**. While Thursday's program is dedicated to the very latest updates in those two areas, Friday's speakers will show you how to put that knowledge to work.

In the morning, you'll see evidence that shows the predictability of bone augmentation techniques and what you need to know about changes over time in the bones and soft tissues of the face. Speakers will present cases that illustrate risk assessment and management of defect sizes ranging from moderate to severe, strategies for achieving stable, long-lasting soft tissue margins around implant restorations, and virtual protocols that create better integrated treatment plans than we've ever had before.

Visit acp46.com and register by Aug. 29 for the premier prosthodontic meeting of the year, Oct. 5-8 in San Diego!

The afternoon is about how to regroup when a patient's treatment doesn't come out the way we hoped. No matter your level of training and skill, you'll face potential lawsuits, but you can reduce your exposure by changing how you prepare your patients for what might happen. In addition to some valuable legal education, this session will include assessment of complications and risk factors involved with materials such as zirconia, occlusion, and osseointegration as a whole.

Everything is changing in the art and technology of prosthodontics. The ACP's 46th Annual Session is designed to help you stay at the forefront of those essential parts of our identity.



Dr. Craig M. Misch,
2015 Annual Session



Transitioning into Private Practice

As a prosthodontist, you believe in rigorous preparation for every patient treatment. That's why the ACP is committed to ensuring you are equally prepared for the business side of your new career in practice. At the Transitioning into Private Practice workshop on Saturday, Oct. 8, experienced practitioners will share first-hand knowledge on subjects including:

- Starting from scratch: designing, building, and marketing a new practice
- Moving into an existing practice: associate/buyer contracts
- Finances: insurance requirements, handling leases and real estate, obtaining loans, and projecting costs

All of these issues involve important questions that can have unique answers for each prosthodontist. This workshop will be helpful for anyone completing their residency or military career, or simply looking to make a big change. A buffet lunch will be provided.

Space is limited, so visit acp46.com to add Transitioning into Private Practice to your Annual Session registration.

Friday Scientific Session

Implant Therapies

Leading the Interdisciplinary Team

Ricardo Mitrani, DDS, MSD

Managing the Edentulous Arch:

Finding Success and Avoiding Complications

Dean Morton, BDS, MS, FACP

Horizontal and Vertical Ridge Augmentation:

Myths versus Reality

Bach T. Le, DDS, MD, FICD, FACD

Integrating Prosthesis, Surgery, and Biology Through a Comprehensive Treatment Plan Protocol Based in a Virtual Approach: The Virtual Implant Patient (VIP) Protocol

Fernando Rojas-Vizcaya, DDS, MS

Time: The 4th Dimension Influencing 3-Dimensional

Planning and Surgical Reconstruction with Implant Restoration

Oded Bahat, BDS, MSD

Soft and Hard Tissue Management Around

Anterior Implants

Sascha Jovanovic, DDS, MS

When Our Successes Don't Meet Our Expectations

Occlusal Complications in Implant Prosthodontics

Thomas D. Taylor, DDS, MSD, FACP

It's Complicated: How Osseointegration Has

Changed the Shape of Prosthodontics

Stephen M. Parel, DDS, FACP

Reducing Exposure in Contemporary Prosthodontics

Michael R. Ragan, DMD, JD, LLM

All the Zirconias Out There: The "Hard" Facts

Isabelle Denry, DDS, MS, PhD

Your time to shine in San Diego

Residents and dental students are invited to participate in the **Resident & Dental Student Poster Session**, which is scheduled for Thursday, Oct. 6. A poster can be a presentation of research results, clinical outcomes, laboratory techniques, or topics of general interest to the ACP's members and guests. Two judged competitions will be conducted: for prosthodontic residents and for dental students.

ACP members are encouraged to submit an abstract for an oral presentation at the **Member Speaker Forum**, which will take place on Friday, Oct. 7. Time allotments are limited and papers will be selected based on scientific content, submission date, and available time. The oral presentations are restricted to a 15 min. time allotment: 12 min. for presentation and 3 min. for questions.

Visit acp46.com for more information and to download applications. The application deadline for both opportunities is July 29.



Predoctoral & Postdoctoral Educators in Chicago

Over 110 predoctoral and postdoctoral educators representing 57 different institutions met in Chicago, April 15-16 to discuss current issues in prosthodontic education.

On Friday, all attendees participated in the ACP Digital Dentistry Curriculum Workshop. This provided a truly collaborative opportunity for prosthodontic educators in attendance to influence this important initiative. The split sessions resumed on Saturday with the predoctoral meeting focused on digital dentistry incorporation and learning management systems, while the postdoctoral session included topics such as 'Match', ABP updates, and the ADAT Exam.

These meetings will reconvene in San Diego, Oct. 5 at the ACP Annual Session.

Read the *Journal of Prosthodontics* on the Go

The *Journal of Prosthodontics* is now available on your iPad and iPhone. Enjoy an entirely new browsing and reading experience, and keep up to date with the most important developments in prosthodontics with convenient access to articles anywhere and anytime.

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In the Latest *Journal of Prosthodontics*

In the current issue of the *Journal of Prosthodontics*, Drs. Kent D. Nash and Douglas G. Bentine present the results of the latest prosthodontic private practice survey, comparing results to similar surveys conducted in 2008 and 2011.

Starting in 2002, the ACP has sponsored five surveys of prosthodontists practicing in the United States. The purpose of the surveys was to periodically obtain data about the practice of prosthodontics, especially prosthodontists in private practice. The ACP uses this information to assist with development of activities to enhance and encourage dentists to consider the specialty of prosthodontics as a profession.

The results from the current survey show that the average age of a private practice prosthodontist in the survey was 52 years (26 years since graduation from dental school, 20 years since completion of residency, an average of 20 years since starting practice as a prosthodontist), with slightly more than half in solo practice. The mean number of hours per week in the practice was 32.6 hours, and practicing prosthodontists treated an average of 33 patient visits per week. The single largest source of referrals is the prosthodontist's patients, while general practitioners are a close second source of referrals. The largest percentage of time spent treating patients is for fixed prosthodontics. The mean amount of nominal gross billings in 2013 was \$654,270 per prosthodontist, which was lower than the mean gross billings in both 2007 and 2010; average total practice expenses were \$577,480; and the mean nominal net earnings in 2013 of prosthodontists in private practice was \$225,280.

Not unlike the general economy over most of the past decade, the private practice of prosthodontics has been facing challenging economic conditions throughout most of the last decade. A few characteristics from this and previous surveys help illuminate some of these economic pressures, including decreasing gross receipts, decreases in the number of patients treated per week, shifts in hours of practice and time treating patients, decreases in patient appointment times, decreases in the employment of staff, and decreases in constant dollar wages paid to staff.

Nash KD, Bentine DG: Private practice of prosthodontists in the United States: Results from the 2008, 2011, and 2014 Surveys of Prosthodontists. J Prosthodont. doi: 10.1111/jopr.12475

American Board of Prosthodontics Section D Examination



The American Board of Prosthodontics is pleased to announce the newest component of the certifying examination – Section D. Section D was developed with consideration of the American Dental Association

Commission on Dental Accreditation Advanced Specialty Education Standards for Prosthodontics implemented July 1, 2016. The examination includes the broad scope of implant placement as an integrated component of patient diagnosis and treatment planning, prognosis, adjunctive hard and soft tissue procedures, restorative procedures, outcomes, and maintenance.

Section D will be first offered during the February 2017 ABP Examination in Chicago. Full examination guidelines that include required patient documentation and evaluation criteria may be found online at abpros.org/abp/certification.asp. Questions regarding the examination process may be directed to Dr. Tom D. Taylor (ttaylorabpros@comcast.net).

Call for Applications: Granger-Pruden Award for Excellence in Dental Research

The Northeastern Gnathological Society honors the memory of Ernest R. Granger and William H. Pruden II each year by offering the Granger-Pruden Award. This award of \$2,500 is given to support research in prosthodontics and related materials science.

The recipient of this award will be invited to be their guest at the NGS Scientific Seminar in New York City where he or she will be recognized and receive this prestigious honor. Application forms are available online at: www.ngsorg.org/grangerpruden. Applications may be submitted beginning Sept. 1 via email to Dr.Reena.Varghese@gmail.com. The deadline for submission is Oct. 15, 2016.

The 2016 winner was Dr. Tatyana Baranovsky, an ACP resident member from the Eastman Institute for Oral Health in Rochester, NY. The title of her research is *The Influence of Implant Angulation on the Locator Attachment Retention and Wear*. Her research paper is available to review online at the NGS website. Dr. Baranovsky received the award at the 2016 NGS spring meeting on Friday, May 13.

Welcome New Members

April 2016 – May 2016

**New Advanced Program
and Graduate Student
Alliance Affiliate**
Dr. Christopher N. Duhn

**New Dental Technician
Alliance Affiliates**
Mr. David R. Geffre
Ms. Dena F. Lanier
Mr. Dennis Lanier

**Reinstated Dental
Technician Alliance
Affiliates**
Mr. Lee Culp
Mr. Uwe Mohr

**New Global Alliance
Affiliate**
Dr. Suresh Nayar

New Member
Dr. Andy B. Gilbert

Reinstated Members
Dr. Lukas J. Pytlik
Dr. Bernadette Sawa

**New Predoctoral Alliance
Affiliates**
Ms. Julie France Arseneau
Mr. John A. Bazzi
Mr. Christopher C.
Carlston
Mr. Robert Garfield Cox
Mr. Raffie Garabedian
Ms. Emily R.C. Hallam
Ms. Susun T. Kim
Ms. Myriam Lamarche
Mr. Steven Mastropole
Mr. Tai Nguyen
Ms. Varisha H. Parikh
Ms. Maknuna Shikari
Ms. Christina I. Wang

**New Resident/Graduate
Student Members**
Dr. Sadia Ahmed
Dr. Rami Albahri
Dr. Saeed J. Alzahrani
Dr. Eugenio Aquino

Dr. Aaema Athar
Dr. Eric C. Bailey
Dr. Anurag Bhargava
Dr. John M. Buie
Dr. Luis Pedro G.
Carracho
Dr. Yannie Chea
Dr. David W. Chen
Dr. Diana Cuesta
Dr. Michael N. Danielak
Dr. Zachary Daniel
Danowit
Dr. Frank I. Gentz
Dr. Christopher J.
Gonzales
Dr. Diogo N M Gouveia
Dr. Yuanlynn Hsieh
Dr. Pi-Yu Hsu
Dr. Eric C. Hu
Dr. Nicholas R. Jacobs
Dr. Jae Yeon Jang
Dr. Kiarash Karimi
Dr. Mona N. Khan
Dr. Laura K. Koo
Min Chee
Dr. Katelyn M. Kuric
Dr. Mitchell A. Loeb
Dr. Aneeqa A. Malik
Dr. Arpit Nirkhivale
Dr. Uvoh E. Onoriobe
Dr. Adam M. Ostrand
Dr. Carly F. Park
Dr. Joshua L. Park
Dr. Farzan L. Pouranfar
Dr. Louis Rainville
Dr. Mohammed Rawas
Dr. Sweetie D. Shah
Dr. Lisa St. Bernard
Dr. Elahehsadat
Tabatabaiejad
Dr. Neel S. Vakharia
Dr. Peter S. Wulff

**Reinstated Resident/
Graduate Student Member**
Dr. Hossam F. Jokhadar

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Matt Stone

Camilla Carr

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Job Opportunities

Arizona (Scottsdale) - Opportunity in Growing Denture and Implant Practice: The Denture Experts, a team of dental professionals who specialize in the fabrication of dentures, overdentures, implant supported and implant retained dentures, seeks a seasoned Prosthodontist to join our growing private practice in Scottsdale, Arizona. Our practice is on the cutting edge of digital prosthetic dentistry and will educate you on computer-designed and digitally manufactured AvaDent Digital Dental Solutions, as well as seek your feedback on product development and clinical procedures. If you are motivated to learn the latest advances in digital denture therapy, dedicated to patient care and have excellent chairside manner, you are the right candidate for us! We will consider part-time candidates. To learn more, please send your resume and contact Dr. Thomas Balshi, at thomas.balshi@pidentalcenter.com.

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 www.aldoleopardi.com and www.knowledgefactoryco.com. Please email resume to Dr. Aldo Leopardi at aldo@aldoleopardi.com.



AESTHETIC & IMPLANT DENTISTRY OF ATLANTA

Georgia (Atlanta) - Opportunity to join an established comprehensive prosthodontic practice. Beautiful and modern center in the heart of Metro Atlanta designed for continued expansion and growth. Eager individual who understands the dynamics of "building a practice." Engaging with patients, relationships with referring doctors, actively involved in dental organizations and study clubs, community involvement and excellence of care is paramount to consideration. Professional staff, 6 ops, offering fixed, implant and removal prosthodontics as well as comprehensive dental care. www.davidzelbydds.com Email CV and Cover Letter: zoe.zelby@gmail.com Call: 678-637-1882

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.

Massachusetts (Tufts University) - Full-time Faculty Position in the Department of Prosthodontics

The Department of Prosthodontics at Tufts University School of Dental Medicine (TUSDM) is inviting applications for a full-time junior faculty position in the Department of Prosthodontics. The primary responsibilities of the position will be in the didactic and clinical teaching of our postgraduate residents in all phases of implant dentistry. Some teaching at the undergraduate student level will also be part of the activities. Furthermore, it is expected that the candidate will actively conduct research and mentor residents in their research projects. TUSDM internal and external candidates are welcome to apply.

Tufts University School of Dental Medicine (TUSDM) offers one of the most forward-looking educational environments in dental medicine worldwide. This 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.

Required Qualifications: Qualified candidates must have a dental degree (DMD, DDS or equivalent) and documented didactic and clinical expertise in the prosthodontic and surgical phases of implant dentistry including digital workflows. Candidates with an MSc or PhD degree in areas related to implant dentistry will be preferred. He/she needs to be eligible for limited licensure in dentistry in the State of Massachusetts. Eligibility for full licensure in Massachusetts is preferred.

Individuals with documented teaching and mentoring excellence in implant dentistry at the undergraduate and/or postgraduate level, active engagement in research and scholarship, and the capacity for developing funded research projects are particularly encouraged to apply.

Interested applicants should submit their Curriculum Vitae, a cover letter stating the intent for applying, her/his academic goals, and the names and contact information of three references to <https://apply.interfolio.com/35457>

Review of applications will begin immediately and will continue until a candidate has been selected. Tufts University is an AA/EEO employer and actively seeks candidates from diverse backgrounds.

Missouri (University of Missouri-Kansas City) - The University of Missouri-Kansas City is seeking faculty members to fill the position of prosthodontist. The position is a 100% benefit eligible, full time, non-tenure track position at the rank of Clinical Assistant/Associate Professor in the Department of Restorative Clinical Sciences (Position #38763). The faculty member will provide instruction for pre-doctoral dental students. This includes instruction and evaluation of students in removable and fixed prosthodontics, implants, and esthetic

dentistry in both the clinic and pre-clinic lab. The faculty member will also provide clinical instruction in diagnosis, treatment planning, and restorative dentistry as needed. A DDS/DMD or equivalent and either board eligible or certified in prosthodontics are required. Preference will be given to those with significant clinical experience with a strong emphasis on removable prosthodontics. For non US DDS candidates with US training and board eligibility in prosthodontics, an internationally-trained faculty DDS program is available after an initial period of service. Interviews of qualified candidates will begin immediately and continue until the position is filled. Qualified candidates may be eligible to participate in faculty practice one day per week.

UMKC is part of the University of Missouri, with excellent fringe benefits package www.umkc.edu. Applicants should submit a letter of interest, a CV, names and contact information for three references in one document online to www.umkc.edu/jobs. Please direct inquiries and correspondence to: Dr. Pamela Overman, (overmanp@umkc.edu) Associate Dean for Academic Affairs, UMKC School of Dentistry. Equal Opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, genetic information, disability status, protected veteran status or any other characteristic protected by law. All final candidates will be required to pass a criminal background check prior to beginning employment.

New York (NYU College of Dentistry) -

Clinical Track Assistant/Associate Professor at NYU: The Department of Periodontology and Implant Dentistry at New York University College of Dentistry is seeking qualified applicants for full time clinical track faculty positions. Candidates must possess a DDS/DMD degree, as well as advanced training in Periodontics, Prosthodontics, or Oral Surgery, or have equivalent training and proficiency in implant dentistry. Candidates must be eligible for a New York State license or a

restricted NYS faculty license. A history of recent scholarly activity is highly desirable. Responsibilities will include didactic and clinical teaching in advanced education and pre-doctoral programs, administration and service.

Successful applicants will join a department committed to providing the highest quality in educational programming, patient care and research. This position offers faculty practice opportunities at two Manhattan locations for individuals with a New York State License or a New York State Restricted Faculty License.

New York University College of Dentistry ranks among the most dynamic and robust dental education and research institutions in the world.

Evaluation of applicants will begin immediately for a start date of Fall 2016. NYU offers competitive compensation, including excellent benefits. Salary and academic rank are commensurate with credentials and experience. Applicants should submit an e-mail of interest and curriculum vitae to: Deborah Morris, Director of Operations at djm2@nyu.edu. NYU appreciates all responses, but will only respond to qualified candidates. NYU is an Equal Opportunity/Affirmative Action employer.

North Carolina (UNC Chapel Hill) - The University of North Carolina at Chapel Hill School of Dentistry invites applications for Chair, Department of Prosthodontics. The Chair leads the team to provide excellence in our school's education, patient care, community service and research. For full position details and to apply: <http://unc.peopleadmin.com/postings/97559>

More information available by contacting: Dr. André Ritter at Andre_Ritter@unc.edu

Tennessee (Memphis) - Partnership opportunity for a Prosthodontist at the Dental Implant Aesthetic Center in Memphis, TN. Send resume to cwschulter@dentalimplantac.com. Our web page is www.dentalimplantac.com for information on the practice.

Texas (Dallas-Ft. Worth) - Private practice Prosthodontic group seeks ambitious, strong work ethic, high quality outcomes-oriented prosthodontist. Small, fee for service practice with two doctors, one retiring soon. Great opportunity in one of the strongest economies in the country. Email david_mcfadden_dmd@yahoo.com.

1st Advantage DENTAL

Vermont (Brattleboro) - 1st Advantage Dental is an established multi-specialty group practice with locations in New York, Massachusetts, and Vermont. Whether it's the Capital District of New York or the beautiful Pioneer Valley of Vermont, we are committed to providing the best possible oral health care to our patients. We are interested in speaking with candidates interested in joining our Brattleboro, VT practice. Send CV & Cover Letter to kateanderson@amdpi.com.

Virginia (Richmond) - Outstanding Prosthodontic Associate/Partnership Opportunity: Looking for an energetic individual committed to excellence with exceptional people skills to join our team. This is a full-time associateship position leading to partnership. Seeking a qualified candidate for a rewarding career in a well-established, busy, fee-for-service practice. Potential partners should be prepared to grow and develop a practice dedicated to multidisciplinary treatment in collaboration with dental and medical colleagues, while practicing full-scope fixed and removable prosthodontics.

The practice is located in beautiful Richmond, Virginia. VCU School of Dentistry is minutes away providing opportunities in dental education. Talented lab technician (CDT) on premises. Interested individuals should email a cover letter and CV to admin@drmcandrew.com.

West Virginia (West Virginia University) -

West Virginia University School of Dentistry is seeking applications for two full time prosthodontics faculty positions at the

Assistant/Associate Professor level in the Department of Restorative Dentistry. The possibility exists for the position to be either tenure-track or clinical track. Responsibilities will include pre- and post-doctoral didactic and clinical teaching in prosthodontics, scholarly activity, and faculty practice.

Candidates must have a DDS/DMD degree from an accredited US or Canadian Dental School or a foreign equivalent, be board certified or board eligible for the American Board of Prosthodontics and must be eligible for a West Virginia dental license; information regarding licensure in WV can be obtained at wvdentalboard.org/. The Department of Restorative Dentistry currently includes the disciplines of operative dentistry, prosthodontics (fixed, removable, and implant prosthodontics) and dental materials. Candidates must demonstrate effective written, verbal, and interpersonal communication skills; leadership skills; and a strong commitment to diversity and social justice. A MS degree in addition to their specialty certificate in Prosthodontics is desirable. West Virginia University School of Dentistry is located in the historic community of Morgantown, West Virginia. Located only 80 miles south of Pittsburgh, Morgantown is easily accessible to major metropolitan areas in the East and Midwest. It has been named one of the best small cities in the U.S.

Review of applications will begin immediately and will continue until the position is filled by a qualified candidate. Salary and academic rank will be commensurate with qualifications and experience. Electronic submission of application with supporting credentials (a letter of interest, current curriculum vitae and contact information for three professional references including names, postal addresses, email addresses and phone numbers) can be made at <http://employmentservices.hr.wvu.edu/faculty-portal>. General inquiries should be directed to Dr. Soo Cheol Jeong, Assistant Professor, Department of Restorative Dentistry at sojeong@hsc.wvu.edu. For more information on the School of Dentistry and Health Sciences Center see <http://www.hsc.wvu.edu/>. WVU is an Affirmative Action/Equal Opportunity Employer. WVU Health

Sciences Center is a tobacco-free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

Practices for Sale

California (Napa County) - Napa County: General adult practice ideal for a prosthodontist with an emphasis on complex restorative, cosmetic and implant treatment. This office is state of the art and utilizes CEREC and 3-D conebeam technology. The office averages three days per week with tremendous upside potential as many endodontic, implant placement and oral surgery cases are referred to local specialists. Annual revenues average \$600,000 with a net income of \$250,000. Interested prospects should send a cover letter and current CV by email to molinelli@aol.com or call 650-347-5346.

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.

Florida (Boynton Beach) - Prosthodontic practice in Boynton Beach, FL for sale. Dental Implant Heavy. Associate could only provide 3 days a week of work and Collections in 2015 were \$645K. Owner lives in different state and cannot manage from distance. Highly motivated-all offers will be reviewed. www.icpdental.com. Contact vrjovic@gmail.com or 407-592-8520.

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) - Small, but lucrative prosthodontic practice for sale in Massachusetts. Produce \$350-400K/year on 2 days per week. I teach other days at local dental school. Located in prestigious Andover-North Andover area located 25 miles north of Boston. A perfect area to settle and practice your specialty. The ocean, mountains, and a great world class city nearby. Please contact louisrissin@gmail.com or 978-686-2620.

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 Mexico (Albuquerque) - Seeking Successor to Assume a Thriving and Robust Prosthodontic Practice in Albuquerque, NM. Boarded prosthodontist with established practice is seeking a motivated clinician to assume his longstanding practice. Doctor must be comfortable with fixed, removable and maxillofacial prosthetics. The 1700 sq. ft. clinic is attached to a 1300 sq. ft. dental laboratory with three in-house technicians. Collections exceed \$1.2 million annually. The office is the only source of maxillofacial prosthodontic care in the state and receives full fees for maxillofacial prosthetic services. The clinic is located near hospitals and the University of New Mexico. Applicant should be a board qualified or a boarded prosthodontist. A Spanish speaking individual is desirable. Albuquerque is a modern active city in the Southwest. Outdoor and cultural activities are abundant with a mild four season climate. Contact Dr. Stephen Wagner at 505.401.8200 and bigjawbone@mac.com.

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.

Pennsylvania (Allentown) - Premiere Prosthodontic Practice: 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!

Pennsylvania (Pittsburgh) - Prosthodontic Practice located in Pittsburgh, PA. Collections for 2014 were \$725,000. Located in a busy traffic area and professional building; Posed for growth - owner has been choosing to work approx. 30 hours week; Full, experienced staff including lab technicians. 100% bank financing available. If you would like any

additional information about this practice, please contact bob@udba.biz.

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 prosthetics. 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 (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 prosthetics, fixed, and removable prosthetics. 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 (Seattle) - OPPORTUNITY TO LIVE AND PRACTICE IN THE BEAUTIFUL PACIFIC NORTHWEST: Well established and mature prosthodontic practice for sale in the Greater Seattle area.

Procedures provided by the seller include crown and bridge, dentures, partials, implant crowns and implant dentures, and hygiene services. Outstanding, established referral base. Annual revenues are consistently over \$2 million per year with very strong cash flow. Well managed practice that provides for 50% net revenue yearly. Building is in a great location with plenty of parking and visibility. Seller would eventually sell the building to the buyer. Owner would stay on 1-2 days per week for up to a year to ensure a smooth transition and introduce referral sources. Contact Dr. Buck Reasor, at 503-680-4366 or info@reasorprofessional dental.com.

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.

Washington (Spokane) - Respected PROSTHODONTIC PRACTICE with strong re-care/hygiene component. Implant Services, Removable and Fixed Prosthodontics, comprise 52% of production. 6 treatment rooms. In-house lab technician. Digital office. Excellent visibility. 3 day work week collecting \$620,000. Robust, inland northwest city for the outdoor sports enthusiast! Send Cover Letter and CV to phawkins@aftco.net.

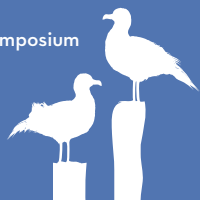
Upcoming Events

Prosthodontic Review Course
Washington, DC
Sept. 9-10, 2016

46th Annual Session
San Diego
Oct. 5-8, 2016
acp46.com

Digital Dentistry Symposium
Chicago
Feb. 2017

NPAW
April 2-8, 2017



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