



NEWSLETTER

THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS
DEDICATED TO SERVING THE PUBLIC

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PRESIDENT'S MESSAGE



Past President Johnson passes gavel of Office to President Bartlett.

It is a great honor to serve as your President and I will exert every effort to live up to the trust and confidence that you expressed in me when I was elected. The Monterey meeting was a huge success and all those who were involved with it deserve a hearty "well done". I was especially pleased by some of the key decisions made at the Executive Council Meeting just prior to the Annual Official Session. The authorization to fund a meeting of a Task Force to revise our official Goals and Objectives was particularly appropriate. The current list of goals and objectives was established in a meeting in New Orleans nearly eight years ago. Many of these objectives have been achieved. Time and events may have eliminated the need for some of these and/or created a need

for new ones. The chairmen of the College's Committees and the members of the Executive Council will constitute the membership of the Task Force. All members are encouraged to advise me of their thoughts about the future of the College. The Executive Council also approved the purchase of a computer at a modest expenditure of funds. There is every indication that the computer will become an indispensable tool to collect and assess information about our specialty. The immediate and obvious use will be as a word processor for correspondence and to help in managing our financial records. It will become a valuable aid in achieving our goals.

It would be wrong to predict the actions of the Task Force meeting but

there can be no doubt that the "College" has had for some time the goal of becoming the recognized leader in the specialty. At the Annual Official Session in Monterey you directed that this fundamental goal be pursued within the framework of the Federation of Prosthodontic Organizations. The "College" can and must become an active supporting member of the F.P.O. Each individual must pay their F.P.O. assessments to enable the F.P.O. to pursue an active dedicated promotion of the specialty of Prosthodontics. The American public deserves the best possible prosthodontic treatment which can only be achieved through leadership of the specialty.

As I began preparations for my year as President, I was very pleased that more people volunteered for Committee positions than there were openings. One more reason for the success of the "College". To those of you who were not chosen, your names will be kept on file and you will be given an opportunity to serve. To those of you who did not volunteer, please do so. The "College" forms ad hoc committees to respond to needs as they arise. The "College" needs to know who will be willing to serve and in what capacity. Please contact me so that the "College" can benefit from your energy and expertise.

It is my expectation that the coming year will provide many challenges. The "College" will need everyone's support to move forward in its traditional manner and this will be achieved thanks to you.

I am looking forward with enthusiasm to the progress that we will make together this year.

—Stephen O. Bartlett



The Scientific program was well attended.

ASSEMBLY VOTES INVESTIGATION OF COLLEGE INSURANCE PROGRAM

A sword poised over every individual's head is the possibility of disablement by sickness or accident.

The Executive Council has been concerned for a number of years about the effect such events might have on College members. Therefore, it assigned past Secretary Sproull the task of investigating the feasibility of a College sponsored insurance program which might protect the participant in the event of such unfortunate circumstances.

A model program addressing these concerns was developed by Treloar and Heisel at the request of Dr. Sproull who compared it with programs of the American Dental Association and those of other dental specialty organizations.

The plan presented had several advantages for College members:

- a. Guaranteed level premiums for life.
- b. Policy is owned by the Insured.
- c. Policy is non-cancelable.
- d. Guaranteed benefits and
- e. For the younger participants (under age 40), it would be less costly than most other plans to which it was compared.

The information was presented to the attendees at the Business Meeting in Monterey. Thirty Fellows indicated interest in pursuing the program. There were no dissenters. The College leadership therefore will pursue the development of a College sponsored insurance program.

ACP MEMBERSHIP EXCEEDS 1300

With the acceptance of 1981-1982 applicants into the College, the membership has progressed beyond the 1300 level.

Following is a listing of the number of members by category:

Life Fellows -	72
Fellows -	487
Associates -	597
Affiliates -	158
TOTAL -	1314

It appears that the College now has the largest membership of any prosthodontic organization.

WHAT'S A DIPLOMATE?

It is often heard in conversation that a person is a Diplomat of this or that Board. If one consults a recognized dictionary, the definition of a Diplomat is: A representative of one government to another or one who possesses skill in dealing with others.

Diplomate, however, is defined as a specialist certified by a Board of Examiners.

Those of us who have been granted, by reason of successful completion of the American Board of Prosthodontics examination, a certificate testifying to this achievement, should use the proper term when and where appropriate. The correct term is "DIPLOMATE".

Source: The American Heritage Dictionary of the English Language.

FROM THE SECRETARY

After three years as your Secretary, I am finally about to "lay down my burden"--but it was an exciting burden and I wouldn't trade away a moment of it! It was an honor I'll always cherish and I thank all of you for your support.

One of the final projects to come my way was the investigation of a disability insurance plan for members of the College. I brought the subject up at the July, 1982, midsummer Executive Council meeting and couldn't talk fast enough to escape the responsibility of researching it. At the Executive Council meeting in Monterey I presented an in depth report of the results of the investigation and recommended that the question of a disability insurance plan be placed before the membership to determine if interest existed. At the Business Meeting, after a brief synopsis, an informal poll was taken and the decision was made to explore the possibilities.

The program checked is being offered by Treloar and Heisel, Inc., a company that insures specialty organizations. The Secretaries of the American Academy of Periodontology and the American Association of Oral and Maxillofacial Surgeons responded favorably when asked for their experiences with the company.

NEWSLETTER The American College of Prosthodontists

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Contributor
Don G. Garver



MEMBER PUBLICATION
AMERICAN ASSOCIATION OF DENTAL EDITORS

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Publication of
The American College
of Prosthodontists

Please direct all correspondence to:

The Editor
8732 Chapel Way
Potomac, MD 20854

The questions asked related to a comparison of Treloar and Heisel's premiums and those of typical State, A.D.A. and Association plans, the reliability of the company in meeting claims and the reaction of the members to their coverage. The same basic questions were posed to Treloar and Heisel representatives.

The plan offered has guaranteed level premiums and benefits and is guaranteed renewable and non-cancellable. In addition, ownership of the policy lies with the member, not the association or company.

Most association plans are listed as non-cancellable. This can be tricky for although an individual plan can't be cancelled the entire plan could be. Premiums are based on a Step Rate, which means they increase with age. (And we all hope to age.) In addition, the premium rate is not guaranteed and will probably increase over the years. The benefits may or may not be guaranteed. In many plans if you terminate membership, your insurance is also terminated. Some offer a guaranteed conversion, but be careful! There are no guarantees as to what the definition of total disability will be and contractual benefits and premium rates are not guaranteed. The advantages of individual ownership and built in guarantees are evident.

A brief comparison of the typical State Plan, the ADA Plan, the proposed College Plan and a quality Independent Company Plan will demonstrate why I stated in Monterey that such a plan has definite merits--especially for the younger members.

At age 30 for each \$1,000 per month of benefits and with a 90 day waiting period, a typical State Plan will cost the insured \$11,708 by age 65; for the ADA Plan \$11,157; for the College Plan \$8,645; for the Independent Plan \$12,040. At age 45, the State Plan will cost \$8,836 by age 65; the ADA Plan \$7,723; the College Plan \$9,500; the Independent Plan \$13,400.

The greater cost as one grows older might seem a disadvantage for the College Plan, but remember that only in the College and Independent Plan do the individuals own their policy; only in them are the premiums paid guaranteed never to increase (they can decrease) and the benefits guaranteed never to decrease (they can increase). The non-cancellable and guaranteed renewable factor to me outweighs many other considerations

They are admittedly many other questions needing discussion and if any of you have experience in this area, we'd love to hear from you. We will be considering the insurance at the midsummer Executive Council meeting and the more input we get, the easier the decisions will be.

As I hang up this hat and pick up the hat of Vice President I can only repeat the thanks offered in the first paragraph. "You've honored me and I'm humbly grateful."

— Bob Sproull

ANNUAL COLLEGE MIDWINTER MIXER AND SING-ALONG

When: Saturday, Feb. 19, 1983
6:00-8:00 p.m.

Where: Hyatt Regency Chicago
Gold Coast Suite

Who: Members and Guests

Come join your colleagues and keep up to date personally and professionally. **SEE YOU THERE!**

COLLEGE ENTERS COMPUTER AGE

The Executive Council after much deliberation and discussion appropriated up to \$10,000.00 to purchase a Computer and Word Processor for the Central Office.

Initially, the system will be utilized to speed correspondence, for typing multiple addressee letters, for aiding in management of financial matters and in inventory control.

Eventually it is anticipated that it will be useful in every phase of College business. Such other uses would include maintaining an up-to-date list of College members, maintaining a current Constitution and By-Laws (both ready for submission to the printer when required), providing mailing labels when needed, printing dues notices, printing ballots on constitutional changes as required and for keeping records of dues remissions.

The Computer, once programmed, should speed up central office operations and delay the need for engaging additional employees.

PRIVATE PRACTICE SEMINAR EXPLORES MARKETING PROSTHODONTICS

The fifth seminar of the Committee on Private Practice Prosthodontics was held during the Annual meeting at Monterey, California.

The local chairman, Dr. Paul P. Binon arranged a program which explored marketing a prosthodontic practice. The quality of the presentation and the excellent participation of College members made this a most successful seminar.

Dr. Roy T. Yanase of Torrance, California said that the entire office staff must participate in "Putting PR into Prosthodontics". Dr. Yanase presented techniques which enable us "to show our pride in our speciality". He utilizes a newsletter to help his patients maintain an interest in their dentistry. He finds it very informative to survey his patients periodically to learn what they want. Dr. Yanase analyzes his practice to see how they feel about his services.

Ms. Pat Guiffra of Pacific Institute of Marketing feels that prosthodontists should provide for marketing in their annual budget. Ms. Guiffra feels that the marketing budget should be 3 to 5% of office expenses. She has found that dental practices do not have to do much to be better than most. Proper selection and utilization of staff are essential ingredients to obtaining patient referrals. Ms. Guiffra likes to see the staff promote the office by taking referring auxiliaries to lunch and by learning verbal skills.

Other aspects of the College meeting of special interest to the private practitioner included Dr. Joel M. Zahler's well-developed paper on in-house laboratory control and Mrs. Judy Churgin's session with the members' wives.

The seminars have been very informative to the College members in private practice. The needs of the private practitioner are important to the College and will continue to receive serious consideration in future programs.

If you have questions concerning your practice, or if you are interested in participating in a forthcoming private practice survey, please contact: Dr. James M. Shields, 456 N. New Ballas Road, Ste. 362, St. Louis, Missouri 63141.

SELECTED ACTIONS OF 1982 ADA HOUSE OF DELEGATES

The 123rd Annual Session of the American Dental Association was held November 6-11, 1982, in Las Vegas, Nevada. Following is a list of some of the decisions made by the House of Delegates which may be of interest to College members:

1. The member of the House who represents the American Student Dental Association was given a vote in the ADA House of Delegates.
2. A proposed change of National Children's Dental Health month to National Dental Health month was defeated.
3. A proposal to delete the words, "to represent the interest of the members of the dental profession and the public which it serves" from Article II of the Constitution of the American Dental Association was postponed until the meeting of the 1983 House.
4. \$378,850.00 was voted to support the American Dental Association's marketing proposal and it was directed that marketing materials sold to **non-member** dentists be priced at a differential reflecting developmental costs.
5. The House passed a resolution, that those activities of the American Dental Association that require direct or indirect charges for services or materials to the membership shall carry charges which reflect a differential for dentists who are not members of the Association.
6. The House approved a resolution stating, that constituent societies be urged to consider appropriate action in their states for the marking of removable dental prosthesis for identification purposes.
7. The House voted to discontinue funding of the National Health Professional Placement Network.
8. The House approved action directing the American Dental Association Council on Dental Care Programs to take immediate action to continue dialogue with insurance carriers to promote dental pre-payment coverage for temporomandibular joint treatment.
9. The House directed that General Standard #2, Section 5C of the American Dental Association's Principles of Ethics and Code of

Professional Conduct be amended by adding "The scope of the individual specialist's practice shall be governed by the educational standards for the specialty in which the specialist is announcing."

10. The House voted that "The appropriate agencies of the association review, and, if appropriate, seek a revision in the criteria used by the Defense Department in designating "underserved" military facilities, and report formal recommendations to the 1983 House.
11. The House referred to Council and required a report in 1983 relative to a proposal that legislation be sought to fund oral health services of dependents of members of the armed forces, and that it be provided in private offices and that

no area be classified "remote" without the approval of the local component society.

12. The House defeated a proposal for seeking voluntary rather than mandatory dental participation in the social security program of the United States.
13. The House rejected a proposal for restructuring association agencies.
14. The House rejected a proposal for the realignment of trustee districts.
15. The House directed that funding continue for the Continuing Education Sponsor Approval Program and that a progress report be made to the 1983 House of Delegates.

The attendance at Las Vegas was in excess of 32,000 dentists, guests and other categories of registrants.



Dr. DeLong receives 1st place plaque from Mrs. John Sharry as President Johnson observes.

DELONG WINS \$1000 SHARRY RESEARCH AWARD

Dr. Ralph DeLong was the recipient of a \$1000.00 check and a plaque commemorating his selection by the membership of the College for First Place in the College sponsored John J. Sharry Prosthodontic Research Award for his study of "Corrosion-Fatigue of the Bond Between Ni-Cr Casting Alloys and Porcelain".

Mrs. Rachel Sharry, wife of the late Past President John J. Sharry for whom the competition is named, together with President Johnson, presented Dr. DeLong his award. Dr. DeLong's sponsor was Dr. Richard J. Goodkind.

Second place was awarded to Dr. Allan G. Marshall for his paper "An Investigation of the Tensile Strength of Nickel-Chromium Alloy Dental Solder Joints". His sponsor was Dr. Richard J. Goodkind.

Third place winner was Dr. Larry W. A. Townsend for his paper "Observations on the Presoldering of Non-Noble Alloys". His sponsor was Dr. William A. Griswold.

Other contestants and their sponsors are listed below:

Participant

- * Dr. David A Chance
- * Dr. Barry M. Kilfoil
- * Dr. Jean-Marc P. Ferrando
- Dr. Carl J. Drago
- Dr. Phebe R. Ibrahim
- Dr. Robert C. Riegel
- Dr. Robert B. Stevenson
- Dr. Nelson D. Lasiter
- Dr. Joseph A. Gloria
- Dr. Barry B. Hoffman
- Dr. Paul E. Schmid
- Dr. J. Ian Lowdon

Sponsor

- Dr. Dale H. Andrews
- Dr. Richard A. Hesby
- Dr. Gerald N. Graser
- Dr. Robert M. Morrow
- Dr. Robert K. Fenster
- Dr. Dorsey J. Moore
- Dr. William A. Welker
- Dr. Harley H. Thayer
- Dr. Richard A. Hesby
- Dr. Richard A. Hesby
- Dr. Richard A. Hesby
- Dr. Arun Nayyar

* Semi Finalists

ACP GOALS AND OBJECTIVES TO BE REVISED

In 1974, Dr. Keith R. Marcroft, College President at the time, appointed an Ad Hoc Committee on Aims and Goals to be chaired by Dr. Alex Koper. The Committee met in New Orleans in July, 1975, in conjunction with the Executive Council meeting. Many aims and goals were studied and finally 7 goals were identified with as many as 14 objectives listed to achieve an individual goal. These goals were reviewed by the Committee and in 1976 a prioritized list of Goals and Objectives was a reality.

President Bartlett in his message to the members, printed elsewhere in the **Newsletter**, has indicated his decision to form a new task force to review and revise the current College Goals and Objectives.

The task force will be composed of the Executive Council and the Chairmen of the College's Committees. It will meet in conjunction with the Summer meeting of the Executive Council.

The addresses of members of the Executive Council are listed elsewhere in the **Newsletter**. All members are urged to communicate to their elected officials, so their thoughts relative to the direction the College should take in the years to come so that they may be considered when the task force meets.

WASHINGTON SCENE

The following are quotations from the Washington News Bulletin, Volume 15, number 6, October, 1982, a publication of the American Dental Association.

Administration Proposals: It is understood that the Reagan Administration is looking to 1983 as a possible benchmark year for changes in federal health programs. Included is the likely early introduction of an Administration bill of the pro-competition type. Extensive activities, including meetings with ADA officials, have taken place as the HHS Department and White House staff attempt to develop a proposal which can be supported by the President. Little detailed information concerning the structure of this program is yet available.

Major proposed changes also can be expected with regard to the Medicaid program. The Administration's new federalism concept still must be finally developed. The program will provide for full federal financial responsibility for the Medicaid program with the states being given full responsibility for certain other welfare activities. Options for the Medicaid program would include a block grant concept, a series of mandated services which would be paid for by the federal government with other services provided at a state's option or perhaps some combination of these. Recent federal efforts to reduce Medicaid spending, and particularly to reduce spending for optional services, will place further stress on the likelihood of continued availability of adult dental care under Medicaid and potentially will even threaten the availability of children's dental care.

The Medicare program also is likely to be the subject of major changes. Included is the possibility of a Medicare voucher system as well as the imposition of a means test to qualify for Medicare benefits.

Each of these proposals involves major changes in policy and will require considerable Congressional review before any or any portion of them can be implemented.

Military Dependent Dental Care:

Major cost overruns in the medical program for military dependents, CHAMPUS, have effectively ended prospects for favorable Congressional action on the establishment of a dental care plan for armed services dependents. Although the Defense Department and the three military services continue to support a dependent dental program, it is unlikely that formal White House approval of a Pentagon dental proposal will be forthcoming in the near future.

Health Personnel Mobilization Act:

Defense Department officials are developing proposed legislation calling for a standby authority to register, select and induct health care personnel (including dentists) into the military. The Pentagon plan, which is expected to be submitted to Congress in 1983, is intended to provide a framework for a mobilization of medical, dental and other health personnel in the event of a national emergency or state of war.

According to the Defense Department, actual registration and induction could not occur until Congress first repeal an existing prohibition in the Selective Service Act...

Tax and Pension Legislation: In early September, President Reagan signed H.R. 4961, the Tax Equity and Fiscal Responsibility Act, into law P.L. 97-248. This newly adopted law would raise nearly \$100 billion in new tax revenues over three years as well as make substantial reductions in federal programs, including health care programs.

The new law contains many provisions which would affect the dental profession.

Due to several inquiries regarding the new limits on loans from pension plans, one clarification is necessary to minimize confusion over the effective dates on the new loan restrictions.

As signed into law, Section 236 of P.L. 97-248 allows loans from qualified pension plans which do not exceed the lesser of \$50,000 or 50% of the present value of vested employee benefits. Such loans must be repaid within five years, except for loans relating to personal residences. All other loans would be treated as a plan distribution for tax purposes.

The new loan limits will not affect any existing loans made before August 13, 1982. However, if any new loan is made or old loan is renewed or renegotiated after August 13, 1982, the new limits will be applicable in a cumulative manner with respect to all loans.

State Legislation:

Dental Auxiliaries: In North Carolina, a federal district court has upheld the constitutionality of the direct supervision requirement of the state's Dental Hygiene Act. In this decision, the court explained that because a dental hygienist is not trained to diagnose or treat disease, the primary purpose of the supervision requirement is to ensure that every dental patient receives a periodic diagnostic check and any necessary treatment, neither of which a hygienist can provide. Although consumers do have a right to determine whether they receive dental treatment, the court held that there is no fundamental right to any particular means of receiving hygiene services. Therefore, the regulation of dental care is within the

state's governmental interest in protecting the public health. Since dental hygienists cannot diagnose or treat disease, the direct supervision requirement does have a rational relationship to the state's legitimate goal of promoting overall dental health, because the requirement helps to ensure that persons seeking dental care will receive optimum care. A notice of appeal from this decision has been filed by the dental hygienist.

COLLEGE RESPONDS TO PROPOSED REVISION OF REQUIREMENTS FOR RECOGNITION OF DENTAL SPECIALITY AREAS AND CERTIFYING BOARDS

Dr. Johnson, President of the College at the time, addressed a letter to Dr. Rod Swanson, Assistant Secretary of the Council on Dental Education of the American Dental Association, related to the revision of requirements for recognition of dental speciality areas and certifying boards. In it he noted, that in undergraduate programs the average student's clinical experience in Removable Prosthodontics was .75 maxillary, and .76 mandibular, tooth supported Removable Partial Dentures and .84 maxillary and 1.06 mandibular distal extension partial dentures. He stated that by default then, only graduate trained prosthodontists would remain to nurture and advance the skills and knowledge of prosthodontics.

He stated that the words "should be broadly reflective of the area" used in defining membership of a sponsoring organization, needed clarification to indicate that such membership be composed of peers of those in the specialty; in the case of the College, trained prosthodontists. Logically, he said, "untrained persons have neither the expertise nor the moral right to control, manage or direct the dental specialties".

The letter noted that there was an aura prevalent in the manpower portions of the draft revision which

suggested the demise of dental specialties. Dr. Johnson stated that, "until reliable information distinctly demonstrated that dental specialties are no longer needed, efforts to produce a nebulous super dentist should be halted and let the specialist get on with the management of their respective areas.

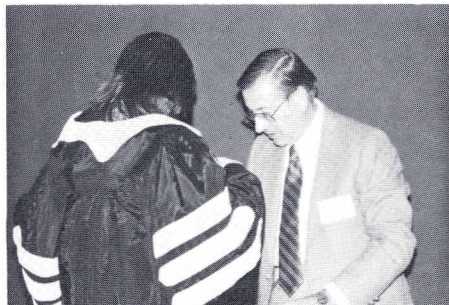
The revision of the guidelines will be submitted to the ADA Board of Trustees in 1983 after it has been reviewed by the Council on Dental Education. The Trustees will submit the version to the House of Delegates of the ADA in the Fall in Anaheim, California, for consideration.

FAREWELL

Four of our esteemed colleagues have died since the last Annual Official Session.

Life Fellows, James V. Giordano and Edmund A. Travaglini, Fellow Caleb A. Hull and Associate John A. Takala were eulogized by Dr. John D. Mose, Executive Councilor and Chairman of the Necrology and Eulogy Committee who offered a brief prayer in their behalf.

A letter of condolence has been sent by the President to the next of kin and a memorial gift has been sent to the American Fund for Dental Health in the name of each of the deceased.



MEMBERS APPROVE CHANGES TO COLLEGE BY-LAWS AND POLICIES

The By-Laws and Policy Changes printed in the last issue of the **News-letter** were approved by unanimous vote of those attending the Business Meeting held in conjunction with the Annual Official Session of the College in Monterey.

By their actions, the College members eliminated the standing Committee on Auxiliary Dental Personnel, added that committee's duties to those of the Public and Professional Relations Committee, set dues for Fellows and Associates returning to full time student status in an accredited advanced educational program in prosthodontics at the Affiliate rate and modified the College By-Laws on Federation of Prosthodontic Organizations representation to comply with those of the Federation.

In addition, three new policies were approved; giving the President authority to provide funding for committee chairmen to attend the Summer Executive Council Meeting, requiring that any publications displaying the College logo have such use reviewed and approved by the Executive Council and directing that Section titles must include the words "American College of Prosthodontists" and "the Section's geographic location".

Secretary Kuebker adjusts robe for model Linda Wallenborn.
(Light areas are Lilac with Gold piping.)

ACADEMIC ROBES APPROVED BY COLLEGE MEMBERS

At the Annual Official Session in Monterey, California, members of the College voted approval of an academic robe to be worn by Fellows and Associates of the College at ceremonial functions where such usage is customary.

Such occasions would be academic processions and recognition

or induction ceremonies for Fellows.

The gown is the black doctorate gown with lilac front panels and sleeve chevrons outlined with gold piping. It comes in a choice of two materials at different prices.

See form elsewhere in the **News-letter** for ordering these items.

OVER 125 ATTEND

AFFILIATE/ASSOCIATE SEMINAR

This first Affiliates/Associates Seminar (formerly Affiliates/Associates Breakfast) was a tremendous success with well over 125 in attendance. A description of the current Board policies was reviewed by Dr. Kenneth Rudd, past president, ABP, and Dr. Jack Preston, presently a board examiner. More specifically, Dr. Rudd discussed such topics as deficiencies most commonly seen among candidates, and ways for better preparation; Dr. Preston addressed the topics of question selection, source of questions, methods of grading, and what constitutes a pass or fail. In addition, Dr. Preston discussed the board's philosophy with regard to Phase I Part II (patient presentation) and Phase II Part I (clinical). Questions were fielded by both Drs. Rudd and Preston for approximately twenty minutes.

The program continued with presentations by four individuals who

were examined in Phase II Part I and II this past June at UCLA. They were:

- Dr. G. Pete Nomura, Fixed
- Dr. Robert Simon, Fixed
- Dr. Mark Spector, Removable
- Dr. Robert Larner, Removable
- Dr. Richard Bullock, Maxillofacial

Each man presented his experiences with all phases of the board examination. In most instances the participants supported their presentation with kodachrome slides. After all presentations were completed, questions were entertained.

The final part of the program consisted of the five presenters displaying their Phase I Part II Patient Presentations in table clinic fashion and discussing their patient with those interested.

Notes made during this seminar are being refined and duplicated. They will be available through the Central Office for a nominal fee of \$1.00 which will cover printing and postage.



The beef's delicious!

ANNUAL SESSION ATTENDANCE EXCEEDS 500 MARK

The Monterey meeting was an overwhelming success from every aspect. The opening Cocktail Party, the Ladies Events, the Scientific Program, the Business Luncheon and Meeting, the Special Seminars, and the presence of the Maxillofacial Academy all combined to produce the best Annual Session yet.

Over 352 dentists were pre-registered. Total attendance was 522. This was composed of 418 member dentists and 104 guests.

The San Diego meeting is next September in sunny southern California. Plan now to attend and help surpass the attendance mark set at Monterey.

ANNUAL JOHN J. SHARRY PROSTHODONTIC RESEARCH COMPETITION ANNOUNCED

The American College of Prosthodontists announces the John J. Sharry Prosthodontic Research Competition to be held in San Diego, California, in September 1983. The award for first place is \$1,000.00.

Eligible are those students enrolled in a graduate program qualifying them for examination by the American Board of Prosthodontics and those individuals having completed advanced education within three years of the date of competition.

Abstracts of research papers of not more than 500 words and not previously published or presented at a major meeting, must be submitted by April 15, 1983 to:

Thomas P. Sweeney, D.D.S.
Chairman, Research Committee
512 Scott Drive
Silver Spring, Maryland 20904

YELLOW PAGES LISTING OF PROSTHODONTISTS DISCUSSED

Telephone listings for Prosthodontists vary from place to place. In one area, recently, a change was being made in the Prosthodontic heading from "Prosthodontics (Crown and Bridge - Dentures)" to Prosthodontics (Artificial Teeth - Dentures)".

After some discussion, it was felt that a uniform nationwide listing would be desirable, possibly "Prosthodontics (Replacement of Missing Teeth and Oral and Facial Structures)".

It was determined to refer this issue to the Public and Professional Relations Committee. All members are requested to review this subject and communicate their suggestions regarding it to Dr. John F. Burton, Jr. Chairman of the Public and Professional Relations Committee, 14908 Chestnut Ridge Ct., Gaithersburg, Maryland 20878.

THE METICULOUS PRESERVATION OF WHAT REMAINS

1983 College Meeting
Location San Diego, California
Hotel Sheraton Harbor Island
Dates September 28-30, 1983
Annual Session Co-Chairmen
Dr. Don G. Garver
Dr. Mohammad Mazaheri

**PLAN NOW!!
PLEASE MARK YOUR
CALENDAR TODAY!**



Officers 1982-83, L-R, Pres.-Elect: Jack D. Preston; Tres.-Elect: John B. Holmes; Vice Pres.: Robert C. Sproull; Exec. Councilor: Cosmo V. DeSteno; Sec.: William A. Kuebker; Pres.: Stephen O. Bartlett.

COLLEGE OFFICERS FOR 1982-1983

What do you feel the College should do to make your professional life better and help you be more responsive to your patients?

The Officers elected to head the College this year are eager to hear from you and receive your suggestions.

Names, addresses, and telephone numbers of your officers are printed below to assist you in letting them know your desires. **Won't you take a few minutes to share your ideas with them?**

PRESIDENT

* Dr. Stephen O. Bartlett
Box 69
Folly Beach, South Carolina 29439
Office (803) 792-4451
Home (803) 588-2333

PRESIDENT-ELECT

* Dr. Jack D. Preston
4936½ McConnell
Los Angeles, California 90066
Office (213) 743-8715
Home (213) 821-1856

VICE PRESIDENT

* Dr. Robert C. Sproull
10912 Gary Player Drive
El Paso, Texas 79935
Office (915) 593-8046
Home (915) 598-9277

SECRETARY

* Dr. William A. Kuebker
4311 North Westberry
San Antonio, Texas 78228
Office (512) 691-7191
Home (512) 432-4473

TREASURER

Dr. Noel D. Wilkie
1 Watchwater Way
Rockville, Maryland 20850
Office (202) 433-2474
Home (301) 251-6282

TREASURER-ELECT

* Dr. John B. Holmes
279 Sandringham North
Moraga, California 94556
Office (415) 666-1778
Home (415) 376-9470

FIRST PAST PRESIDENT

Dr. Dean L. Johnson
2708 Old Farm Lane
Edmond, Oklahoma 73034
Office (405) 271-4160
Home (405) 341-8285

SECOND PAST PRESIDENT

Dr. Girard J. DiPietro
2585 Oak Crossing Drive
Decatur, Georgia 30033
Office (404) 329-6740
Home (404) 633-2626

EXECUTIVE COUNCILORS

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2907 Deer Ledge
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Office (512) 691-7191
Home (512) 342-1684

Dr. John D. Mose - 2 years
911 Nelson Drive
Muskogee, Oklahoma 74401
Office (918) 683-3261 Ext. 316
Home (918) 682-2536

* Dr. Cosmo V. DeSteno - 3 years
203 Godwin Avenue
Ridgewood, New Jersey 07450
Office (201) 652-2474
Home (201) 891-7313

An asterisk denotes those who were elected to a new office at the recent Annual Official Session.

For the first time, in addition to the usual nominations, Dr. John Rhoads was nominated for Vice President of the Federation of Prosthodontic Organizations.

FUTURE MEETING SITES CONSIDERED

The location for future meeting sites was the subject of much discussion at the Executive Council Meeting in Monterey.

Currently the College has set meetings, places and dates as follows:

1983 - San Diego, California - September 28-30, 1983 - Sheraton Harbor Island.

1984 - Nashville, Tennessee - October 17-19, 1984 - Hyatt.

1985 - Seattle, Washington - October 30-November 1, 1985 - Washington Plaza.

The ADA meets in Miami Beach in 1986 - sites under consideration for the College meeting are Atlanta, Georgia and Tampa, Florida.

The ADA meets in Las Vegas, Nevada in 1987 - sites under consideration for the College meeting are Reno, Nevada and Scottsdale, Arizona.

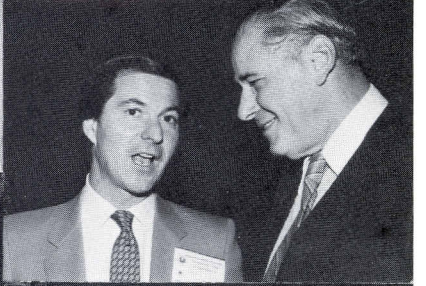
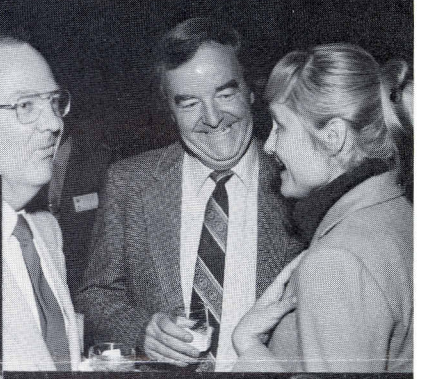
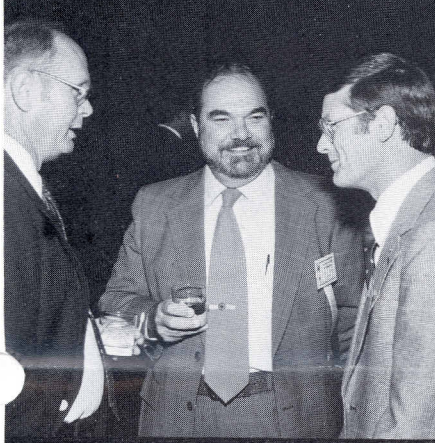
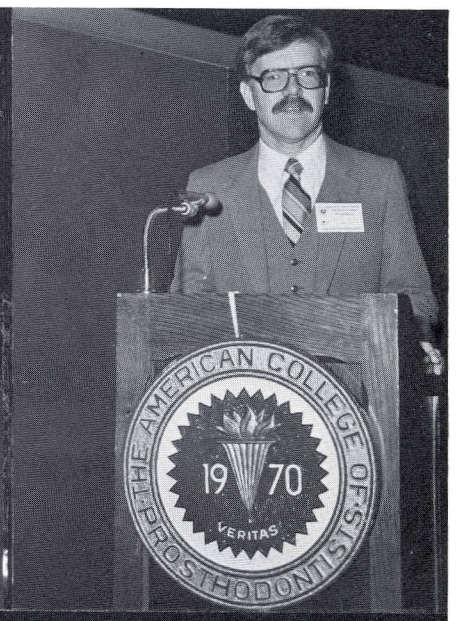
The ADA meets in Washington, D.C. in 1988 - sites under consideration for the College meeting are Philadelphia, Pennsylvania; Lancaster, Pennsylvania and Williamsburg, Virginia.

Any and all suggestions are welcome. If a member has a preference relative to a site mentioned above, please notify Dr. Richard J. Grisius, Chairman of the Site Selection Committee, Georgetown University School of Dentistry, Dental Clinic, 4000 Reservoir Road, N.W., Washington, D.C. 20007.

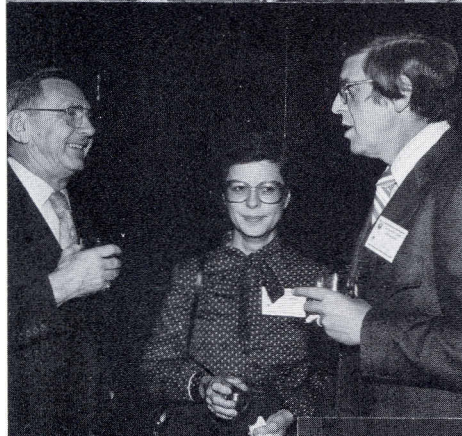
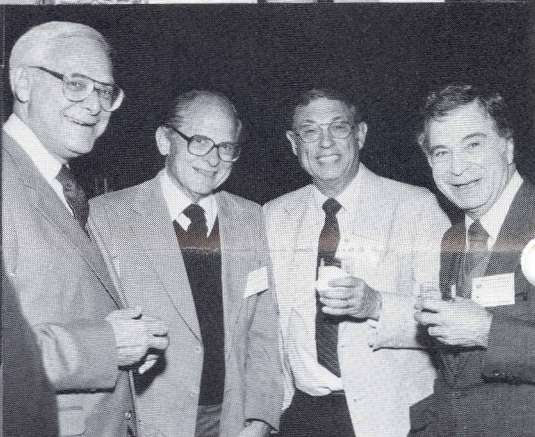
MASTER LIST OF PROSTHODONTISTS PROGRESSES

Under the knowledgeable guidance of Dr. Paul P. Binon, the compilation of a master list of prosthodontists has become a reality, but one which needs further refining.

At this time, input from the "character of practice" section of the American Dental Association's directory, from the American College of Prosthodontists roster and from 81 responses to letters mailed to 84 Program Directors in Graduate Prosthodontics has been made into a computer programed by Dr. Binon to index, condense and crossreference all data supplied it. Such data included names; addresses; names of insti-



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tutions and years of graduation from dental schools and graduate programs; if certified degreed, or both; ADA number, and sub-specialty area of training, if any.

The combined sources yielded 2,717 unique entries. The American College of Prosthodontists non-member printout totaled 1500 names. 493 of these showed no record of formal graduate training. Thus, there are at present, 1,007 dentists practicing prosthodontics who are not College members.

Before acting on this information, more precise verified data is needed and that is the next step in the process which will utilize survey (questionnaire) forms to achieve this end. Data thus obtained will be fed into the Computer to improve the accuracy of the present data base.

To achieve this result, the Executive Council allotted an additional \$3000.00 to continue the project. The magnitude of the effort relative to the small amount of money thus far expended reflects Dr. Binon's personal effort and time expended on behalf of the College.

SYNOPSIS OF PAPERS PRESENTED AT THE MONTEREY ANNUAL OFFICIAL SESSION

By Don G. Garver

The following are synopses of presentations made at the Monterey Scientific Session of the College.

TITLE: An Objective Approach to Dental Esthetics

Presenter: Dr. Jack D. Preston

Dr. Preston introduced his subject matter by stating that esthetics is a large motivator of patients seeking prosthodontic care. He further went on to comment that the prosthodontist only knows what he sees; therefore, one has to know where one is going and what will be achieved once one arrives. He concluded his opening comments by stating that prosthodontists spend much time redoing what others have not been able to do successfully; therefore, it is incumbent upon the prosthodontist to know what he or she wants to do and how to accomplish that task.

Dr. Preston gave in-depth and exhaustive discussion on the elements

of esthetics; they are **spacial, biological, and optical.**

Spacial elements are tangible and it is essential that the prosthodontist understand the following facts: (1.) Physical dimension - It was suggested that the prosthodontist do a wax up of his planned treatment to see how it might look and then discuss this with the patient for acceptance; (2.) Embrasure Space - Dr. Preston commented very positively that embrasures must be evaluated for soft tissue health and for providing the proper silhouettes at the incisal edges; (3.) Long Axes of the Teeth - It is the long axis that will give each individual tooth its proper relationship with its adjacent tooth and its importance in the cosmetic esthetic effect. Dr. Preston was very positive about having the facial plane of the tooth correctly aligned with a valid root position whether it be in a fixed prosthesis or a complete denture; (4.) The Transitional Line Angle Concept - The line angle is formed by the junction of two surfaces and should correlate with embrasures, surface form, texture, and tooth position; (5.) Contact Areas - It is contact areas that effect the stability of the dental arches. They relate to food impactions, they effect the function of the prosthesis and finally have value in esthetics and phonetics. Dr. Preston spent a good deal of time discussing the position of contact areas in the anterior and posterior sections of the dental arches; (6.) Diastemas - Dr. Preston discussed their relation to patient desires and needs, locations where the prosthodontist may place the diastema and creating the perception of diastemas as opposed to an actual diastema; (7.) Arch Position - Dr. Preston reviewed skeletal and dental arch positions and their need to be evaluated prior to accomplishing dental reconstruction; (8.) Surface Contour - Dr. Preston was very emphatic that final contouring should be accomplished at chairside and at this time the doctor has the obligation to create flat, convex, concave, smooth, and/or textured surfaces.

The **biologic** element of esthetics was thoroughly discussed and Dr. Preston brought out such points as the following:

1. The Oral Frame - It is in this area that the doctor must recognize the restrictions imposed by the patient's smile line;
2. Gingival Form - The emergence angle at the gingival line is of im-

portance for continued periodontal tissue health;

3. Facial Relations - Mid lines and horizontal orientations are tremendously important. Dr. Preston described a "dental index" as a soft piece of wax inserted into the mouth upon which is marked high and low lip lines, the facial mid line, and a horizontal line in concert with the interpupillary line. These recordings are transferred to an articulator and are used in creating a tentative wax up.
4. Tooth Form - Dr. Preston summarized the biologic principles with this statement, "The objective in applying the biologic elements of esthetics is to incorporate a dynamic unity into the prosthesis that will suit the patient, as the prosthodontist uses his variety of skills to provide the best esthetics possible".

The third major element in the esthetics discussion was the **optical element.** Dr. Preston provided an in-depth discussion about color and texture. Basically, regardless of the fact that many shade guides are not truly representative of the porcelain and/or tooth structure that is to be used, and regardless of the fact that many dentists do not fully understand color as it relates to hue, chroma, and value, it is absolutely essential that the prosthodontist knows what the patient wants, knows what the patient needs, and knows what he or she and the laboratory technician are capable of doing. He further classified these points as being the **psychologic** - what the patient wants; the **physiologic** - what the patient needs; and the **technical** - what the doctor is capable of doing.

Utilizing these guidelines and working with custom shade guides and a knowledge that shade matching is a range of acceptance, the prosthodontist is able to make a logical arrangement with appropriate contours and color so that the finished prosthesis will be acceptable to all parties.

Further information about, or inquiries pertaining to, this essay should be addressed to Dr. Jack D. Preston, 4936½ McConnell, Los Angeles, California 90066.

TITLE: Periodontal And Other Soft Tissue Lesions Of Prosthodontic Origin And Their Treatment

Presenter: Dr. S. K. Bhaskar

Dr. Bhaskar presented a thorough

review of periodontal and soft tissue lesions and the relationship between the periodontist, periodontal problems, and the prosthodontist. His opening comments relayed the fact that in his practice, 98% of all patients being prepared for periodontal surgery have, or are scheduled to receive, some type of prosthesis. Dr. Bhaskar gave an overview of his presentation in which he would talk about the characteristics of periodontal disease, new methods of control, and some strange lesions related to prosthodontics.

Dr. Bhaskar commenced the discussion by relating some of the characteristics of periodontal disease. (1.) It is an infection that can be transmitted and it is a very low grade infection; (2.) It is always bilateral; (3.) It is primarily interdental; (4.) It is a disease that begins in the posterior of the mouth and progresses forward; (5.) It is a crater-forming disease, and therefore, it is absolutely essential to diagnostically probe in an oblique fashion in order to measure the true depth of the pockets/craters; (6.) Periodontal disease is episodic in nature, having acute exacerbations and long periods of quiescence. Therefore, it is essential that a three month evaluation and prophylaxis be accomplished by the attending dentist in order to observe the disease in an acute stage if that is going to happen; (7.) Periodontal disease is characterized by the fact that it is **caused by plaque**.

In a detailed overview of the different types of plaque, Dr. Bhaskar stated that supragingival plaque is of little consequence in the etiology of periodontal disease. Supragingival plaque is attached and unattached: It is comprised of gram positive aerobic organisms and these organisms do not cause periodontal disease, but they may cause marginal gingivitis. Subgingival plaque is attached and unattached. It is the unattached, loose-floating plaque that extends clear to the bottom of the periodontal sulcus that is many times more destructive than any other type of plaque; and it is comprised of gram negative anaerobic microorganisms and it is this plaque that causes periodontal disease. Dr. Bhaskar went on to explain his philosophy relative to placing the margins of fixed prosthesis below the gingival margin. His statement was that this reduces the oxygen retention capability of the gingival sulcus and therefore increases the ability for anaerobic microorganisms to reproduce.

In Dr. Bhaskar's discussion of new methods of control in periodontal disease, he alluded in great depth to deterrent procedures and emphatically discussed the use of antibiotics for short term control of periodontal disease in those patients who could not remove the plaque. Dr. Bhaskar was very high in his praise of how tetracyclines affect periodontal disease. The tetracyclines are the only antibiotic that are delivered to the oral fluid with a higher concentration of the antibiotic than that of the plasma fluids, and thereby work locally on the unattached subgingival plaque. Dr. Bhaskar's recommendation was a 250 milligram dose 4 times a day for 7-14 days in order to control acute exacerbations of this episodic disease. A new medication by the name of Sanguinarine has been recently approved by the FDA. It is an alkaloid and is manufactured from the bloodroot plant. It is said to be safe for use in man and is effective on all organisms found in the unattached subgingival plaque. It also has the ability to attach to the surface of the tooth and is effective against plaque forming microorganisms for 3-4 hours. It also destroys odor-forming bacteria for 2-4 hours. A new product containing this bloodroot extraction is marketed under the name of Vaident - a tooth paste that is sold over the counter.

Dr. Bhaskar concluded his presentation with an overview of two periodontal or soft tissue lesions that are of concern to the prosthodontist - denture sore mouth and inflammatory papillary hyperplasia. Dr. Bhaskar related that the denture sore mouth is caused by plaque that is retained on the surfaces of the denture and so it is imperative that the patient be trained to clean their dentures. In the total treatment of denture sore mouth, Dr. Bhaskar recommended the use of some type of nystatin ointment to counteract the effect of the *Monilia Albicans* that is related to this particular lesion. Concerning inflammatory papillary hyperplasia, Dr. Bhaskar was very positive in stating that it is not a pre-cancerous lesion; it is not locally invasive; and it can be handled very nicely by surgically scraping the area and relining or rebasing the denture. In some cases, a new prosthesis must be constructed.

In conclusion, Dr. Bhaskar related once again that periodontal disease is caused by subgingival unattached plaque; he reiterated that it is an episodic disease; he reviewed his dis-

ussion about tetracycline therapy; and finally suggested that the prosthodontist periodically reevaluate the dentition so that periodontal disease can be monitored in the stages of high activity and quiescence.

Further information about or inquiries pertaining to this essay should be addressed to Dr. S. N. Bhaskar, 333 El Dorado Street, Monterey, California 93940.

TITLE: The Construction of A Ceramo-Metal Restoration

Presenter: Mr. Masahiro Kuwata

Mr. Kuwata opened his essay stating that cusps and fossae must fit and this fit is determined in diagnosis; it does not happen by accident. Plan - do not overcontour and then cut back! All crowns must be preplanned and in this preplanning, Mr. Kuwata suggests that "objective points" help to determine the shape and form of the occlusal, facial and lingual surfaces of the maxillary and mandibular teeth. These "objective points" are those that are necessary to provide the "road maps" for crown contouring that prevent overcontouring, poor esthetics and tissue damage. He further stated that it is imperative that the doctor and the technician know tooth anatomy, specifically, cusp and fossa form, the distance between cusps, and the depth of fosse and the height of cusps. Wax should be build up, not cut down; the cutting of wax is one reason for pattern distortion. He finally stated that the crown relation to the soft tissue must be known for proper contours.

Mr. Kuwata stated that planes are very essential in the forming of the facial surfaces of the teeth. In the anterior teeth, the facial planes are the cervical plane, the midplane, and the incisal plane. In the posterior teeth, there is a cervical plane, a midbuccal plane, and an occlusal plane. All of these planes and the previously discussed objective points help establish the contours that should be planned on diagnostic casts or provisional restorations.

Mr. Kuwata continued his presentation by showing a beautiful slide presentation on the construction of a complete mouth rehabilitation using these two principals of "objective points" and "planes" to form beautiful crowns. As the author proceeded through his presentation, other items of interest and a method of doing a wax to wax occlusion were brought out. First, the buccal cusps of the mandibular teeth should be estab-

lished. Next the lingual cusps of the maxillary teeth should be established. Then, the working relation of the cusps as they contact their opposing cusps should be worked out. Then, the balancing position relation should be established. Next, the mesial and distal objective points of the occlusal surfaces of the posterior teeth should be established. The cusp to root relation for total tooth form is next to come into play. Mr. Kuwata establishes the curve of the occlusal plane by using the Broderick Analyzer as done in the Panky Mann technique. He finally establishes a curves of Spee and Wilson in the completed wax up and makes everything ready for indices for the building of his porcelain. These indices are formed by using acrylic resin to make a permanent occlusal guide that will assist in the porcelain contouring. All in all, Mr. Kuwata gave a very beautiful presentation and a very exacting technique to make crowns that look like natural teeth.

Further information about or inquiries pertaining to this essay should be addressed to Mr. Masahiro Kuwata, 5-24-2, Shiba Menatu-Ku Tokyo 108. Japan.

ADMINISTRATION OF COMMITTEES TO BE REVIEWED

President Bartlett in his report to the Executive Council stated that, in view of the College's Committees needs for funds and the necessity of assuring that such funding is justified, he would appoint an Ad Hoc Committee to review and recommend administrative procedures to be used by the Committees to set forth to the Executive Council desired goals and requests for financial support.

The thrust of the Ad Hoc Committee's actions will be to set up a formal mechanism for College Committees to identify and substantiate the appropriateness of their goals and the funds necessary to accomplish them.

Such a mechanism was established in 1976 but has languished over the years. However, with inflation, diverse College interests, limited availability of funds and numerous Committees, selective application of College monies must be based on the principle of costs versus benefits.

PEER REVIEW WORKSHOP HELD AT MONTEREY MEETING

Over 75 members and guests at the November Meeting attended a Workshop on Prosthodontic Peer Review sponsored by the California Section of the A.C.P. The Workshop was presented to assist members from other parts of the country who will be assuming the responsibility of peer review for Prosthodontists.

Ms. Kathrine Orlin, Peer Review Coordinator for the California Dental Association (C.D.A.), discussed the Peer Review system in California and the C.D.A. Peer Review Manual. Dr. Daniel Gordon discussed the C.D.A. Quality Evaluation for Dental Care: Guidelines for the Assessment of Clinical Quality and Professional Performance.

In years past, Prosthodontists in California were reviewed by the Peer Review Committees of the local component Societies of the C.D.A. Invariably, this involved many General Practitioners reviewing Prosthodontists. Now the Peer Review Committee of the California Section, American College of Prosthodontists, reviews all patient, insurance, and dentist initiated complaints (involving Prosthodontists) that fall within the boundaries of Peer Review. Prosthodontists that are members of C.D.A. are obliged to be reviewed by the Committee. Non-C.D.A. member Prosthodontists, by consent and with a fee, are reviewed by the Committee.

The decision of the Peer Review Committee is binding. Appeal by the dentist or the patient can only be granted on two grounds; (1) if C.D.A. determines the decision was not based on the evidence presented or (2) if C.D.A. determines that proper procedures were not followed during the review process.

The Peer Review Committee uses the C.D.A. Peer Review Manual as a guide. The Manual is extremely complete and well organized. Step by step procedures are outlined and form letters are available for almost any conceivable circumstance.

When a complaint is initiated against a Prosthodontist, the following sequence of events will usually occur:

1. The local component society will refer the complaint to the California Dental Association.
2. C.D.A. will review the matter to determine if the complaint falls with-

in the scope of Peer Review, request the patient to sign a consent to abide by the decision of the Review and refer the matter to the California Section, American College of Prosthodontists, Peer Review Committee.

3. The Peer Review Committee will notify the Prosthodontist of the complaint and request a written report from the Prosthodontist stating his/her side of the matter along with all records, diagnostic casts, x-rays, photographs, etc.
4. The Committee will write a letter to the patient informing the patient of the procedures and limitations of the peer review system.
5. An appointment will be made for the patient to be examined by at least three members of the Peer Review Committee. The Committee members use the C.D.A. Guidelines for the Assessment of Clinical Quality and Professional Performance. The Guidelines insure a comprehensive review and help to maintain consistency between the different members of the Peer Review Committee.
6. The Committee will then make a resolution based upon all the material available; the patient's complaint, the Prosthodontist's response, the patient's examination, the records, diagnostic casts, x-rays, and any other information. The Prosthodontist is permitted, but not required, to be present at the Committee meeting prior to the finalization of the resolution.
7. The peer review responsibility of the Committee is consummated with the resolution letter. The letter is written with the following criteria:
 - a. Identification of the person initiating the review and the type of complaint.
 - b. An impartial and non-committal description of the situation from the viewpoint of the person requesting the review, and a list of the questions raised by the party initiating the review, even if the Committee makes no recommendation on some of the points.
 - c. The description of the situation from the viewpoint of the Prosthodontist involved in an objective and fair manner.
 - d. An outline of all the procedures followed by the Committee and a list of all the material reviewed.
 - e. The observations made by the Committee. The questions rais-

ed by the complaint should be answered whenever possible so the resolution will not appear arbitrary to those outside the profession. Questions raised by the complaint that are inappropriate for peer review should be so stated.

- f. The Committee's possible resolutions: (1.) Treatment is determined to be adequate; no refund or retreatment is recommended. (2.) Treatment is determined to be inadequate; retreatment is indicated if the dentist/patient relationship is not irreparably damaged. (3.) Treatment is determined to be inadequate; the dentist/patient relationship is severed, and therefore, retreatment is not possible by the same dentist. A partial or total refund, but not to exceed the original fee collected would be required. (4) If corrective dental treatment is necessary, reimbursement to the second treating dentist performing the corrective procedures may be recommended. An example of this is a wrong tooth extraction, for which a fixed partial denture would be necessary to correct the problem.

Copies of the C.D.A. **Quality Evaluation for Dental Care: Guidelines for the Assessment of Clinical Quality and Professional Performance** and the C.D.A. **Peer Review Manual** are available to purchase from C.D.A.

The **Quality Evaluation for Dental Care: Guidelines for Assessment of Clinical Quality and Professional Performance** was developed by C.D.A. under the direction of Dr. Gordon. A great amount of time and expense was devoted to the development of these guidelines. Each component of treatment rendered to the patient is classified into "Satisfactory" or "Not Acceptable". "Satisfactory" is further divided into a "Range of Excellence" and a "Range of Acceptability". "Not Acceptable" is further divided into a "Repeat or Correct for Prevention" and "Repeat or Correct Statim".

As an example, the components of a fixed restoration are listed as: (1.) INDICATIONS, is a fixed restoration an appropriate form of treatment? (2.) SURFACE AND COLOR, is the surface smooth and the color a match? (3.) ANATOMIC FORM, is the contour, including the occlusal surface, in harmony with adjacent

teeth and soft tissue with good individual anatomic form? (4.) MARGIN INTEGRITY, is margin adaptation and margin placement within operative dentistry principles?

Each of these components of treatment is evaluated in the "Satisfactory" and "Not Acceptable" classification to give the patient examination a systematic approach.

Sections of the College that are providing Peer Review should share their guidelines and experience to assist new Sections. The Specialty of Prosthodontics must provide Peer Review of Prosthodontists in the most professional manner to enhance the esteem of the Prosthodontic Specialty inside and outside the Dental profession.

Those responsible for Section activities in other geographical areas may contact Dr. David W. Eggleston for information concerning Peer Review, Specialty Fee Listings and other concerns related to Prosthodontics at the Section level. Inquires should be addressed to Dr. Eggleston at 1441 Avocado Ave., Suite 508, Newport Beach, California 92660.

SECTION STATUS

The Ad Hoc Committee on Area and Regional Sections reported that in addition to the 10 sections currently active, interest in forming new sections has been shown in a number of other states.

Members interested in forming sections in the following states, should contact the member that precedes the listed state:

Dr. Juan B. Gonzalez - Colorado (Colorado Springs)

Dr. James W. Davis - Florida (Light-house Point)

Dr. H. Edward Semler - Iowa (Iowa City)

Dr. Charles C. Kelsey - Michigan (Ann Arbor)

Dr. Richard J. Goodkind - Minnesota (Minneapolis)

Dr. James M. Shields - Missouri — (St. Louis)

Dr. John R. Hansel - North Carolina (Research Triangle Park)

CHANDLER PICKED TO HEAD ARMY DENTAL CORPS

Fellow H. Thomas Chandler, former Deputy Commander for Dental Activities with 7th Medical Command, has received a second star and became the Chief of the Army Dental Corps. He assumed his new duties at the Office of the Surgeon General in Washington, D.C., on 1 Dec 82.

Major General Chandler is a 1957 graduate of the University of Maryland Dental School having done his undergraduate work in his hometown of Charleston, West Virginia and additional undergraduate studies in Louisville, Kentucky. Upon completion of his dental studies in 1957, H. Thomas Chandler received his US Army Commission.

He has served in a variety of assignments since his commissioning. Among these former positions were: Director of Dental Interns at Fort Leonard Wood, Missouri; Commanding Officer of the 518th Dental Detachment in Vietnam, and Commanding Officer of the US Army Regional Dental Activity at Walter Reed Army Medical Center. He has been with the Office of the Surgeon General before, where he held a staff position



Major General H. Thomas Chandler

within the office of the Assistant Surgeon General for Dental Services.

He is a recipient of the Army Surgeon General's "A" prefix, the highest award that can be made in recognition of professional attainment within the Army Medical Department. He is a diplomate of the American Board of Prosthodontics; a Fellow of the College of Prosthodontists; and has the distinction of being the fifth Army dental officer to have graduated from the US Army War College.

General Chandler is a very avid jogger and was among the top 10 runners at HQ, 7th Medical Command in Europe.

He is the third Fellow of the College to head a Dental Corps of an armed service — Congratulations Tom.



Decision Makers

UP-DATE ON SPONSORSHIP OF THE AMERICAN BOARD OF PROSTHODONTICS BY THE AMERICAN COLLEGE OF PROSTHODONTISTS

At the Business Meeting of the Annual Official Session in Monterey the membership by a large margin approved a plan by which the Federation of Prosthodontic Organizations will, if approved by that organization, modify the methods by which the members of the American Board of Prosthodontics are selected.

It is anticipated that a 9 member council of diplomates of the Federation of Prosthodontic Organizations will be composed of 3 appointees from the American College of Prosthodontists, 1 each from the American Academy of Crown and Bridge Prosthodontics, the American Academy of Denture Prosthetics, and the American Academy of Maxillofacial Prosthetics, as well as 3 members elected by the House of Delegates of the Federation of Prosthodontic Organizations from other than the four organizations named above. The activities of the council would be funded by the Federation.

The Council would select not less than 2 nor more than 3 individuals who are deemed best qualified to fill the vacancies on the Board. All diplomates would be entitled to one vote to determine the new member of the board.

At the same meeting, the Assembly voted by a large majority to not withdraw from the Federation.

During the past years, objective #7 of the College was to sponsor the

American Board of Prosthodontics. This objective was in support of Goal #1 to provide guidance and promote excellence in advance prosthodontic education and provide leadership in the affairs of the specialty of prosthodontics.

With the actions taken by the assembly in Monterey, Objective #7 becomes mute, and ends active efforts to achieve sponsorship of the American Board of Prosthodontics by the College.

AFDA ASKS FOR APPLICATIONS FOR DENTAL TEACHER TRAINING FELLOWSHIPS

The American Fund for Dental Health is calling for applications for its Dental Teacher Training Fellowship program. Deadline for filing is February 1, 1983 for the 1983-84 academic year. The Fellowships, made possible by contributions to the Fund from various sources, include a \$500 monthly stipend, a \$500 allowance for each dependent, and tuition for the school year. The maximum award is \$10,000 per year, and the Fellowship is renewable for one year upon reapplication and depending

upon availability of funds. Recently, 12 have been awarded annually.

Recipients must take one educational course each year in addition to pursuing their specialized studies. All applicants must certify that they will teach full-time for five consecutive years at a dental school accredited by the American Dental Association. Applicants must be resident citizens of the U.S. They must be graduates of dental schools accredited by the ADA and be eligible for admission to a graduate dental education center in the U.S.

Since the program's inception in 1958, 236 Fellowships have been awarded, representing an investment of \$1.8 million in the improvement of dental education.

Applications can be obtained from: Director of Programs, American Fund for Dental Health, 211 E. Chicago Avenue, Suite 1630, Chicago, Illinois 60611.

ACP AND ISCC CONTINUE CLOSE ASSOCIATION

The College continues to be actively associated with the Inter Society Color Council. In its Newsletter No. 279, the Council membership was informed of the College's activities in studying a partitive color system. Other joint interests related to dentistry mentioned in the article were fluorescence in natural teeth, operatory lighting and the slide version of the Dvorine Color Vision Test.

Dr. Stephen Bergen, 1982 Chairman of the Color and Color Matching Committee, noted at the recent meeting of the Executive Council that a few slide sets were still available.

Relative to the partitive color study of surface characteristics of different stains on porcelain surfaces, Dr. Begen stated that data analysis was not complete at this time.

Additional information relative to any of the above items may be obtained by contacting Dr. Begen.

Delegation members from the College to the ISCC are Dr. Stephen Bergen, Dr. Charles DuFort, Dr. Ronald Gunderson, Dr. Marion Edge, Dr. Joseph Cain, Dr. Robert Sproull and Dr. William Griswold.

HOW DID YOU DO?

Printed below are answers to the 3rd Annual Self-Assessment Examination conducted at the Annual Official Session of the College in Monterey.

Dr. Cosmo DeSteno, author of the examination, states that the questions are "similies" of questions appearing on the American Board of Prosthodontics examination. He also emphasized that the questions and references are not necessarily complete and accurate.

A mini-self assessment examination will not be published in this **Newsletter** but will be printed in the Spring issue.

The correct answers to the examination presented in Monterey are:

1. d., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 119-123.
2. d., **Cleft Lip and Cleft Plate**: A team approach, Wilton Krogman, pg. 32-33.
3. d., Aram and Subtelny, 1959, J.P.D.; Fletcher, 1970, J.P.D.; McKerns and Bzach, 1970, J.P.D.
4. c., **Maxillofacial Prosthetics**, Chalian, et al., pg. 29.
5. a., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 267.
6. b., **Cleft Palate and Cleft Lip**, Krogman, pg. 255.
7. c and d., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 47-49.
8. c., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 46 and 49.
9. All above., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 216-218.
10. b, c, d and e., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 103-104.
11. b., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 65 and 66.
12. c., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 329-333.
13. c., Lombardi, J.P.D.; 29:4, pg. 358-382, April 1973.
14. d., **Maxillofacial Rehabilitation**, Beumer, et al., pg. 208-209.
15. d., J.P.D.; 43:3. pg. 303-308, March 1980.
16. b., **Modern Practice in Dental Ceramics**, Johnson, Hamford, Dykema, pg. 232.
17. c., J.P.D.; 45:3, pg. 329-332.
18. c., **Swenson's Complete Dentures**, 6th Ed., pg. 59.
19. a, c and d., **Overdentures**, Brewer and Morrow, pg. 246.
20. b and d., **Swenson's**, 6th Ed., pg. 59.
21. a, c and d., **The Science of Nutrition**: 2nd Ed., Nizel, pg. 351, 235 and 245.
22. d., **Syllabus of Complete Dentures**, Heartwell 1968, pg. 4.
23. a and d., **Overdentures**, Brewer and Morrow, pg. 130-133.
24. d., J.A.D.A., Volume 85, July 1972, Jones.
25. c and d., J.P.D.; Vol. 43, April 1980, pg. 368.

FPO HOUSE OF DELEGATES ACTION

The House of Delegates of the Federation of Prosthodontic Organizations met on September 20-21, 1982, in Chicago, Illinois.

Following is a list of actions taken by the House of Delegates which may be of interest to College members:

1. Authorized the Federation of Prosthodontic Organizations Officers Committee to conduct the business of the Federation between meetings of the FPO House of Delegates and The Executive Committee.
2. Supported in principal the negotiations between the ACP and the FPO relative to the FPO's administration of Board sponsorship activities.
3. Mandated a role call vote on By-laws amendments.
4. Went on record in opposition to any patient visiting a dental laboratory for any dental service including shade selection and/or verification.
5. Made the immediate Past President a member of the Officer's Committee.
6. Postponed indefinitely a proposal for a public education program.
7. Recommended changes to the ADA Draft version on Criteria For Recognition of Specialty Areas as follows: (a) no "sunset" review is necessary and should be removed from the document; (b) wording in the document stating "dental treatment be provided directly to the patient" be changed to "specialty area must provide clinical services".

CONTINUING EDUCATION SPONSOR APPROVAL PROGRAM SAVED

The American Dental Association budget recommended to the House of Delegates by the Board of Trustees contained no money for the Sponsor Approval Program. However, as reported elsewhere in the **Newsletter**, the ADA House of Delegates reinserted the money for another year's operation while directing that the Commission on Continuing Educa-

tion report on the progress of the program to the 1983 House of Delegates of the Association.

With this action, the College's participation in the program will continue. It is expected that the Continuing Education Evaluation Form which was utilized at the Monterey Scientific Session will satisfy the recommendations made by the ADA relative to the College's efforts in this area.

A report concerning the use of the evaluation form and member's suggestions for future programs should be available for publication in a future **Newsletter**.

Since the Academy of General Dentistry automatically approves Continuing Education Programs presented by ADA approved sponsors (except audio visual ones) for FAGD-MAGD credit, lectures given at the scientific session of the College's Annual Official Session are creditable for AGD purposes.

MEMBERS IN THE NEWS

- Dr. Robert S. Staffanou
Assumed duties as Professor and Chairman of the Department of Fixed Prosthodontics at Baylor College of Dentistry, Dallas, Texas.
- Dr. Robert K. Fenster
Elected to the Faculty Senate of Georgetown University.
- Dr. Thomas P. Sweeney
Elected to Fellowship in the American College of Dentists.
- Dr. Robert C. Sproull
Elected as El Paso's Dentist of the Year and nominated for Texas Dentist of the Year.
- Dr. John B. Holmes
Assumed duties as Director of Clinics at the University of California at San Francisco School of Dentistry.
- Dr. John F. Burton
Appointed director of the Dental Education Center, Veterans Administration Center, Washington, D.C.
- Dr. H. T. Chandler
Appointed Asst. Surgeon General for Dental Services, and Chief of the Army Dental Corps. He was promoted to the rank of Major General upon his appointment.
- Dr. Darwin L. Brendlinger
Appointed deputy to the chief of the Dental Service of the United States Air Force. He holds the rank of Colonel.

NEED A CHALLENGE?

While in Monterey, the Editor spoke with Ms. Betty Farrell Dody, a news and feature writer for the Salinas, **Californian**. The conversation related to the manner in which Prosthodontists improved the quality of life for their patients.

Ms. Dody remarked on the talent and ingenuity of our members and threw out a challenge which is presented here in hope that one of the College's 1300 plus members might accept it.

This is it!

Improvements in leg prostheses have progressed significantly since the day of the peg leg. However, cups to receive the termination of the patient's leg are still uncomfortable and often cause pain. Toes and ankles of the prostheses are fixed and inhibit normal movement. It is thought that with experimentation and modification of what is available today, there could result an improvement of the quality of life for those who must wear such prostheses.

Is there someone among the readers of the **Newsletter** who would like to work with patients wearing leg prostheses to see what can be done? If so, contact the Editor who will supply further information.

CLASSIFIED

Positions Available:

University of Maryland - Full time faculty position in the Department of Removable Prosthodontics available summer of 1983. Appointment is at the assistant or associate professor level and involves undergraduate teaching and research. Applicants must be Board eligible or Board certified. Salary and academic rank commensurate with training and experience. Equal opportunity/affirmative action employer. Send curriculum vitae to, Dr. R. J. Leupold, Chairman, Department of Removable Prosthodontics, Dental School, University of Maryland, 666 W. Baltimore Street, Baltimore, Maryland 21201.

Wisconsin, Milwaukee - Two residencies available in combined Prosthodontics Program. Stipend: \$11,500 a year for a 24-month program at Marquette University School of Dentistry and Milwaukee County Hospital, July 1, 1983 through June, 1985. M.S. or postgraduate certificate. Please send inquiries to: Glen P. McGivney, DDS, Marquette University School of Dentistry, 604 N. 16th Street, Milwaukee, WI 53233.

BOOKS AVAILABLE

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

Name _____

Address _____

City _____

State _____

Zip _____

- I would like ___ copy(ies) of the "Classic Prosthodontic Articles" Volume I (Price \$20.00)
- I would like ___ copy(ies) of the "Classic Prosthodontic Articles" Volume II (Price \$20.00)
- I would like ___ copy(ies) of the "Classic Prosthodontic Articles" Volume III (Price \$20.00)
- I would like ___ copy(ies) of the "Study Guide for Certification" (Price: Members \$15.00; Non-members \$20.00)
- I would like ___ copy(ies) of the REVISED 1981 Phase I, Part I Questions and Answers for the American Board of Prosthodontics as a supplement to the Study Guide (Price \$1.00)
- I would like ___ copy(ies) of the 1982 Phase I, Part I Questions for the American Board of Prosthodontics as a supplement to the Study Guide (Price \$1.00)
- I would like ___ copy(ies) of the "Index To The Journal Of Prosthetic Dentistry" (Price: Members \$25.00; Non-members \$35.00, plus \$ 3.00 postage for out of the country mailings)

Amount enclosed \$ _____

Make checks payable to:

The American College of Prosthodontists



ACADEMIC ROBES

To obtain order forms and material samples complete the form below and mail to: Central Office Director, 84 N.E. Loop 410, Suite 273 West, San Antonio, Texas 78216.

Name _____

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City & State _____ Zip _____

Item	Regular Material #1119	Delux Material #87
DOCTOR'S GOWN (with lilac front panels and sleeve bars outlined with gold nylon braid)	\$201.81	\$251.18
SQUARE STIFF MORTARBOARD CAP (with gold nylon tassel)	\$ 17.00	\$ 21.50
REGULAR DOCTORAL HOOD (with dental school colors)	\$ 68.35	\$ 85.17

Please send order form and material samples

Help Wanted:

Names are needed of those candidates taking Phase I Part I (written) so we can establish a task force to retrieve the questions from the 1983 examination. This tradition has been carried on for years and has enabled you to have questions from which to study. Won't you help? Send your name, address and phone number to:

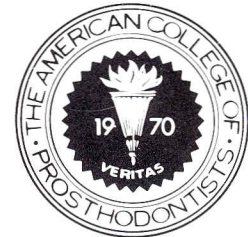
Dr. J. Crystal Baxter, 155 N. Harbor Drive #1303, Chicago, Illinois 60601. Any one who has any material from past board exams, i.e., questions from the oral exams, (Phase I Part II and Phase II Part II), synopses of journal articles, and/or reading lists, please forward them to Dr. Baxter so that they may be disseminated to the membership.

NEWSLETTER
THE AMERICAN COLLEGE
OF PROSTHODONTISTS
 Dr. Robert W. Elliott, Jr., Editor
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 ADDRESS _____
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**CHECK ITEMS
 YOU WISH
 TO ORDER**

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

OTHER ITEMS (ea) — Blazer Pocket Patch—Old \$9.00 Number _____ Wall Plaque \$23.10 Number _____
 Blazer Pocket Patch—New \$16.00 Number _____

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

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