I hope all Fellows are doing well after this long and brutally cold winter in many parts of our continent. There are some positive signs that spring is indeed at the doorsteps. One such sign is that in less than two months we will gather in Switzerland for our 2014 annual meeting. Preparations are running on all cylinders, and I thank our friends from RES and CCDE for their efforts in keeping everything on track.

We will have great participation from the AP Fellowship as well as guests from here and abroad. There is still plenty of time to register for those who have not yet done so. We remain very active in promoting the meeting at various levels. The event has created considerable interest in dental circles in Europe and I have been asked questions about our Academy and the Bern meeting on numerous occasions. The most significant enquiry may have been the invitation for an interview with the ‘Dental Tribune’, which will be published in German language in the April edition for Austria, Germany and Switzerland. I thought the Fellowship might be interested in my views and thoughts on a number of prosthodontic topics and the Academy. You find excerpts of the interview in the following. I am obliged to our Editor, Brian Fitzpatrick, for his mastery in converting my ‘Swinglish’ version into true English.

Aside of the meeting preparations, your Officers, Executive Council Members, as well as Committee Chairs and Committee Members have been working diligently on other Academy business. I look forward to reporting these various matters and appropriately acknowledging those involved at the first business meeting in Bern. One item I want to point out to you at this juncture is the editorial work on the Academy Bylaws and Policies provided by Bylaws Committee Chair Mijin Choi and Members of her Committee. The proposed updated version will be posted on the AP website for your review the latest 30 days prior to the first business meeting.

With that I wish you happy Newsletter reading and good luck with your travel preparations for Switzerland. If I can be of any assistance, please do not hesitate to contact me.

H.P.

Interview with the President of the Academy of Prosthodontics for Dental Tribune - German/Austrian/Swiss Edition - March, 2014

1. Professor Weber, modern materials and technologies have found their way into prosthetic
President’s Address

dentistry unlike any other specialty, shaping medical advancement. Ceramics such as Lithium Disilicate and Zirconia combined with CAD/CAM technology have opened up new possibilities to modern prosthetics, aesthetically and functionally. At the same time they impose new requirements on working methods and precision. How can we meet these demands?

It is important to realize that new materials and technologies have to be seen as a modern aid in diagnosis, planning and fabrication of dental prostheses. They facilitate an improved standardization of processes, increased precision and reproducibility in manufacturing and promise a more cost-effective production of various types of prostheses through automation with CAD/CAM and the application in combination with a number of new of materials. However they have not replaced the art of medicine (dentistry) per se. General medical and dental diagnosis and prognosis, patient-related, synoptic treatment planning and treatment, as well as clinically and technically accurate execution of prosthodontic treatment steps are still required for a successful outcome. Furthermore, the art of the dental technician, especially in the production of aesthetically sophisticated dental prostheses, is still in demand. To give a simple but concrete example, CAD/CAM technology cannot compensate for inadequate tooth preparations or impressions.

2. **Will the conventional way of taking impressions be replaced by an intraoral scanner?**

I am convinced this will occur. Technology is steadily improving, easy to use and will eventually be cost-efficient to purchase. To estimate the exact time when this ‘replacement’ will take place is difficult to predict. We are in the so-called ‘early adoption phase’ with this technology.

3. **Today, computer assisted planning of larger and more complex implant reconstructions, especially for the upper jaw, is an essential part of modern dental techniques. How sophisticated is today’s software? Is there still potential for user friendliness?**

Several of the available software products for computer assisted implant treatment planning are advanced to a level that can meet the previously mentioned objective fully. However, the user must be somewhat ‘computer savvy’ and willing to learn. Further development is necessary and will occur. Currently there remain too many so-called closed and too few real open systems on the market. The willingness of manufacturers to bring about these changes will strongly influence the speed of change.

4. **Do you also see downsides of digital treatment planning (for example, in terms of occlusion?)**

Aside from increased purchasing costs and the fact that a Cone Beam Computer Tomogram (CBCT) is required, I don’t see any negative aspects of digital treatment planning in implantology. Concurrently, the drawbacks of CBCT (additional costs, slightly higher X-ray radiation) are more than offset by the resulting benefits of more accurate diagnosis and planning. Since digital planning for the beginner is more difficult than the conventional approach, a learning curve is involved. Depending on the complexity of the case, this learning curve can be quite steep. The beneficial outcome of this learning investment is more precise surgical planning and greater assurance for the optimal
implant placement. It is also important to understand that digital planning in isolation is impractical. Certain steps in the planning and production of dental prostheses must directly involve the patient, especially in complex cases. Aesthetic or functional modifications from new tooth placements, increase of the vertical dimension, etc. without direct contact with patients are unrealistic in my opinion. Also, if the planning software is used to produce guides for truly guided surgery, the reproducibility of template positions between CBCT diagnostic and surgical guide is critically important. This is less frequently a problem in the partially edentulous dentition compared to the fully edentulous arch.

5. In your opinion, where does the focus on future technological developments in prosthodontics have to lie?

As mentioned before, the ability to communicate between different hardware and software products must be improved. There is no CAD/CAM system on the market that can undertake all that is required for the manufacturing of dental prostheses. It will take considerable expertise and the willingness to invest generously to put together a system that covers the requirements of a specialized prosthodontic practice. Added to this is the reality that technology is constantly changing causing obsolescence in 2-3 years. Furthermore, prosthetic materials need to be developed further. The metal-free movement is positive but the use of these materials in dental practice must not depend solely on marketing by the industry. Adequate clinical testing must drive these developments. Like many other institutions, we at Tufts are currently introducing more and more CAD/CAM technology into pre-clinical and clinical education of our students. For a big school like Tufts this is a pretty complex task.

6. With technological progress there has to be a focus on the interaction between dental materials and technologies with biology. Biomaterials should not only withstand the biomechanical contamination of the oral cavity but also have optimal biocompatibility. What has stood the test of time? What are the biomaterials of the future?

Looking into the future, biomaterials will become more and more identical to the body’s own substances as molecular research and tissue engineering make advancements. For example, it is already possible today to generate complete teeth including the periodontium in laboratory and animal models. When such techniques will become viable in patient care is unknown due to sensitivity issues with their use and significantly greater cost than current substitutes. In the current environment it is advisable for the practitioner to use biomaterials validated by scientific and clinical evidence confirming short- and long-term safety and efficacy. A good example is dental implants made of titanium.

7. Because of the demographic developments, gerodontontology is becoming a more and more important discipline. What special demands does this set for Prosthodontics now and in the future?

As prosthodontists we are educated and trained to carry out complex dental rehabilitations in order to correct aesthetic and functional deficiencies in the masticatory system. The so-called treatment of “great cases” gives many of us the highest satisfaction. Senior and elderly patients represent a constantly growing proportion of our society. This cohort often present to our offices with complex prosthodontics problems caused by the long-term wear and tear to their dentitions. Depending on their general health and socio-economic background, they can be ideal patients for the prosthodontic practice. On the other hand, with advancing age, the elderly may suffer from systemic or mental health problems accompanied with reduced mobility. The substantial cost of extensive prosthodontic rehabilitation is often out of reach for many of these patients. It is important that those of us involved in dental education, specifically related to prosthodontics, understand the biological, psychological, social and medical aspects of aging and educate our students and peers accordingly. This includes practical information regarding office design (for example, wheelchair access) and appropriate, simpler treatments that are more geared towards maintaining the existing and replacing only what is absolutely necessary.

8. Prosthodontic care involves networking and communication. Prosthodontics assumes a leading function in interdisciplinary cooperation.

Continued on page 21
Celebration or Requiem

The Academy of Prosthodontics is approaching the 100 year celebration of its foundation in 1918. Your editor has eulogised in an earlier editorial on the great achievements of the organization during this historic reign of leadership. Among the numerous landmark attainments, we are also reminded that this is the oldest such organization representing the specialty of prosthodontics.

What is the oldest continuous organization in the world? There is debate as to whether it is the Shishi Middle School in China or the Roman Catholic Church. This debate will generally provoke further questions; what are the ingredients that ensure survival and longevity for any organization? How long does an organization survive? These are questions worthy of responses in the context of our own looming centenary celebrations.

In 1887, it is claimed that Alexander Tyler, a Scottish history professor at the University of Edinburgh, had this to say about the fall of the Athenian Republic some 2,000 years prior: “A democracy is always temporary in nature; it simply cannot exist as a permanent form of government. A democracy will continue to exist up until the time that voters discover that they can vote themselves generous gifts from the public treasury. From that moment on, the majority always votes for the candidates who promise the most benefits from the public treasury, with the result that every democracy will finally collapse over loose fiscal policy, (which is) always followed by a dictatorship.” In this context he further claims: “The average age of the world’s greatest civilizations from the beginning of history, has been about 200 years. During those 200 years, these nations always progressed through the following sequence:

- Bondage to spiritual faith;
- Spiritual faith to great courage;
- Courage to liberty;
- Liberty to abundance;
- Abundance to complacency;
- Complacency to apathy;
- Apathy to dependence;
- Dependence back to bondage.”

Many hold the view that democracy is the cornerstone of sustainable society and that it is an enduring institution. While Tyler challenges this notion, many also hold the view that our institutions and organizations form a stable and enduring part of this same society. This is a notion also that has been challenged. Organizations it is claimed, exhibit a similar, though not identical, life-cycle pattern of changes to living organisms. They grow, mature, decline, and eventually pass away. However, there are some differences that require attention. Firstly, the duration of each stage is less precise than that of typical organisms. In human beings, physiological growth reaches its climax at about the age of 25.
Editorial continued: Celebration or Requiem
Continued from page 4

whereas the growth phase of an organization can vary to a great extent. Secondly, the mechanics upon which changes are based are different. Living organisms are typical biological machines with their own physics and chemistry, while organizations are not. According to Boulding (1956), organizations are at a higher level of complexity than living organisms.

The organizational life cycle is a model which proposes that over the course of time organizations move through a fairly predictable sequence of developmental stages. This model, which has been a subject of considerable study over the years, is linked to the study of organizational growth and development. It is based on a biological metaphor—that business firms resemble living organisms because they demonstrate a regular pattern of developmental process. Organizations that are said to pass through a recognizable life cycle and are fundamentally impacted by external environmental circumstances as well as internal factors. Gibson, Ivancevich, and Donnelly in “Organizations: Behavior, Structure, Processes” wrote: “We’re all aware of the rise and fall of organizations and entire industries. Marketing experts acknowledge the existence of product-market life cycles. It seems reasonable to conclude that organizations also have life cycles.”

The organizational life cycle is the life cycle of an organization from its creation to its termination which includes birth, growth, maturity, decline and eventual death. According to Richard L. Daft there are four stages in an Organizational Life Cycle. The four stages are:

1. Entrepreneurial stage - Crisis: Need for leadership
2. Collectivity stage - Crisis: Need for delegation
3. Formalization stage - Crisis: Too much red tape
4. Elaboration stage - Crisis: Need for revitalization


If we are to pursue this analogy then growth is a critical component to survival. Genetic factors and available resources both influence growth in organisms. In order to grow, the organization is supposed to pass through a series of identifiable phases or stages of development and crisis, which to some degree is similar to the concept of biological development. The process of growth in a business organization and that in an organism (provided that the business organization pursues a growth strategy) have certain parallels. If the resources in a niche or a domain are abundant, an organization in that niche is likely to prosper (provided that the relevant risks are under control). Success results in an improvement in outcomes, which tends to attract more stakeholders. The organization can use this growth to reinvest for expansion, to gain more market dominance and control. This positive feedback will continue until limiting factors (e.g. an increase in competition or the depletion of resources within a particular niche) take effect.

A living system cannot perpetually maintain growth, nor can it ensure its survival and viability forever. After its growth, the system matures, declines, and eventually ends. Although we argue that the concept of living systems can also be applied to the explanation of deterioration and demise in organizations, it is very difficult to make a direct homology between changes in organisms and changes in organizations. While this phenomenon is normal in biological systems, even though organizations in general may experience decline and death (as many empires and civilizations did in history), it appears that the entropic process in

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organizations is less definite and more complicated than that in organisms. Rather than being biological machines, which can be described and explained, to a large extent if not (arguably) completely, in terms of physics and chemistry, organizations are much more complex socio-technical systems comprising ensembles of people, artefacts, and technology working together in an organized manner.

While the duration of each phase in the life cycle, and the life expectancy, are relatively definite for a particular type of organism, such duration is very difficult, if not impossible, to specify for organizations. A small business may, on average, last from several months to a number of years whereas, in contrast, the Roman Catholic Church has lasted for centuries (Scott, 1998). It may be that the size and form of the organization are influential factors in this respect, a proposition that still requires further empirical investigation.

To be in the region of harmonious equilibrium, the proper amount of control for a well-functioning and sustainable living systems must be present, and similarly for organizations. Too little control will lead to poor integration and a chaotic situation whereas too much control results in poor adaptation and inflexibility. Adaptability and flexibility appear as recurring essential elements for the survival of organisms and organizations. In this comparison of organizations to people, it is worth noting that, as people continue to mature, they begin to understand more about the world and themselves. Over time, they develop a certain kind of wisdom that sees them through many of the challenges in life and work. They learn to plan and to use a certain amount of discipline to carry through on those plans. They learn to manage themselves. To survive well into the future, organizations must be able to do this, as well. Experienced leaders have learned to recognize the particular life cycle that an organization is going through. These leaders understand the types of problems faced by the organization during the life cycle. That understanding gives them a sense of perspective and helps them to decide how to respond to decisions and problems. In healthy and robust organizations, much of this acquired wisdom is enshrined in management systems and collectively referred to as “organizational memory”. Quinn and Cameron wrote in Management Science that the organizational life cycle models typically propose that: “Changes that occur in organizations follow a predictable pattern that can be characterized by developmental stages. These stages are sequential in nature; occur as a hierarchical progression that is not easily reversed and involve a broad range of organizational activities and structures.” Most models, however, tout the organizational life cycle as a period comprised of four or five stages that can be encapsulated as start-up, growth, maturity, decline, and death (or revival).

So where does the Academy of Prosthodontics reside in this hierarchical progression? If revival and not death is the destiny of the Academy, our current and future leaders need to know the answer to this question in order to ensure revival and apply pressure on other rival organizations competing for growth in a mature market. Will enduring survival be the destination?

This is my final editorial as I intend to resign as Co-Chair of the Communications Committee. I assumed editorial responsibility for the AP Newsletter from Dr Sreenivas Koka in 2008 and have embraced change as the newsletter transitioned from the restrictive boundaries of a printed publication to the more flexible electronic version you enjoy today. My term as Editor of the AP Newsletter has been both challenging and rewarding. I have enjoyed working closely with a succession of Presidents and Executive Councils. I pay particular tribute and thanks to my Co-Chair Dr Peter Stevenson-Moore for his enduring support and encouragement throughout this 7 year tenure. I consider it a great honour to have served the Academy in this important leadership capacity and I thank all Academy Fellows for entrusting me with this responsibility.

See you in Bern!
Since the majority ballot of the Fellowship at our 2010 Business Meeting in Albuquerque that selected Berne as the site for our 2014 meeting, AP Fellows have been looking forward to gathering in the homeland of our President, H-P Weber. H-P and his longtime friend and colleague Danny Buser, along with our 2014 AP Program Chair Dave Felton and our Administrator RES, have indeed put together a world class event, which is a collaboration between the AP, the Center for Continuing Dental Education (CCDE) (associated with the University of Berne), and the Swiss Society for Reconstructive Dentistry. Our meeting will take place at the Congress Center Kursaal Bern, and the primary hotel for AP Fellows and their guests will be the Hotel Allegro. Please see our website for the details of our 2014 meeting: http://www.academyofprosthodontics.org/Berne.html

Beyond its location outside of continental North America, there are a couple of other unique aspects to our 2014 meeting:

1. Firstly, it comprises two elements, designed to function seamlessly for our Fellows: a 2-day AP Conference on May 14/15, 2014, which will only be accessible to AP Fellows and invited guests, and a 2-day International Congress on May 16/17, 2014, which will also be available to a much wider constituency.

2. Secondly, while RES is normally the meeting organizer for our AP meetings, for our 2014 meeting the arrangement worked out by H-P and Danny is that CCDE will be the meeting organizer and responsible for local arrangements, while RES will be taking care of registering our Fellows and their guests and organizing the social events (with the local assistance of CCDE) for the AP segment of the overall meeting.

RES is of course working closely together with the CCDE to try to ensure that the customary flavour of our AP meetings is enshrined to the greatest extent possible in the initial 2-day AP conference, while CCDE will be working to ensure a smooth transition for AP Fellows and their guests into the subsequent 2-day International Congress. If you have not yet registered, please do so at your earliest convenience, during the period of our protected access to our room block.
During my early childhood I lived in a number of places. My dad worked continuously for the same company and was transferred fairly often; Tennessee, New York, Connecticut, and North Carolina. My extended family is from Tennessee, so I definitely consider myself a Southerner even though I grew up mostly in New England. My fondest childhood memories are as a child in Newtown, Connecticut hunting with my dad. The fall in Connecticut was spectacular and we would spend most Saturdays scouting for deer. To keep the kids interested, my dad had a reward system based on what you found; a nickel for a deer track, a dime for scat, and 50 cents for a scrape or rub. I remember being outside on cold days full of sunshine, eating pears and apples from abandoned orchards, talking about creeks or planning the best way to get into the stand before dawn. We moved to North Carolina while I was in high school and subsequently attended undergraduate and dental school in Chapel Hill which was fantastic all around.

In dental school I participated in summer research with Dr. Van Haywood and the research bug bit me pretty hard. I decided to pursue an academic career and figured to do that I needed to pick a specialty. It was an easy decision for me since I loved prosthodontics and dental materials. Dr. David Felton encouraged me during this time and I moved to Birmingham, Alabama for my residency program on account of the strong biomedical engineering program and prosthodontic program. Dr. Leonard Mueninghoff was my program director and mentor for five years at Birmingham. I entered a combined program comprising a PhD in biomedical engineering and a certificate in prosthodontics.

Dr. John Farmer at UAB is near the top of my list of prosthodontic mentors. I learned more from him in one 30-minute session about border molding than I had picked up in the previous 3 years. I still remember him pointing out all the muscle parts that made the indentations in the compound. He was a wealth of knowledge and experience regarding removable prosthodontics and a very good teacher. Two other important mentors for me were prosthodontist Dr. Carl Misch who taught me about implant surgery and Dr. Scotty McCallum, an oral surgeon and former UAB dean and president who mentored me in my early surgical experiences.

I met Rebecca while I was in the residency program and we married just as I was finishing. We have 2 girls aged 9 and 7. Rebecca is a native of Birmingham and we enjoy being close to her parents, sisters and lots of cousins. My wife and I are both involved in ministry. Rebecca is a contemporary music leader at our church (she has a wonderful voice), and I am the executive director of a dental mission outside of Birmingham which also hosts an AEGD program. I have remained at UAB half-time where I am involved with clinical research. Although I am embarrassed to admit it, most of my hobbies have to do with dentistry. However, I do play acoustic guitar with the band at church and freely admit that I probably would not have made it through the audition but for the fact that I am married to the director. I like to travel, eat and I exercise just a tiny bit. All in all, life is full with family, kids, work and as much vacation time as we can possibly manage.

It is an honor to be a fellow of the academy and to meet the leaders of our profession. I look forward to the annual scientific meeting every year.
I grew up in Nottingham, England where I attended the Nottingham High School (NHS) founded in 1513 by Royal Charter of Henry VIII using money obtained in the lace trade that was centered in Nottingham at that time. The school is one of only six “Public” (i.e. private) day schools in Britain. The most notorious student at NHS was D.H. Lawrence author of “Lady Chatterley’s Lover”. Lawrence was expelled while in about Grade 11 (UK - Lower Sixth) for indecent exposure on a train!

There are numerous memories from this era, some of which are rather eclectic. The opportunity to be at sea in the English Channel as a cadet with the Royal Navy on board HMS Battleaxe on fleet maneuvers was unforgettable. Hiking the Scottish and English hills; seeing my first Highland games; attending a Royal Military Tattoo at Edinburgh Castle; training for competitive rowing; meeting various personalities with marvelous stories to tell of the first World War and of encounters with statesmen and royalty; attending music recitals given by Benjamin Britten and Peter Pears as soloists; hearing a John Ogden piano recital (John Ogden lived not far from us in Mansfield) at which the local music cognoscenti announced that he would never amount to much. Two months later he won the Moscow Piano competition!

While at school I had many wonderful opportunities to explore interests in sport and music, both of which exposed me to travel. A highlight was membership in the National Youth Orchestra of Great Britain as 8th horn (doubling the 4th part in the French-horn section). The orchestra numbered 110 players including 17 double basses! During a summer session of four weeks, we toured to Europe performing 17 concerts in 21 days in 6 countries and covering 5,000 miles, all under the baton of Maestro Rudolph Schwartz. With such numbers, it was possible for the orchestra to generate a big sound and it was no surprise that the performance of Tchaikovsky’s 5th Symphony received a standing ovation in every venue in which we performed including the Zurich Concert Hall where the business-suited audiences have a reputation for conservative response!

The pursuit of a career as a prosthodontist was an outgrowth of the choice to pursue a career in dentistry. In both cases, opportunity seemed to be the determinant of choice. In Britain, as in Australia, one enters professional school directly from High School (Grade School), with no intervening requirement for attendance at College or for a College degree. So, physicians, dentists, and lawyers will enter their professions at a younger age than would typically be the case in North America, often as much as 5 years prior to their North American colleagues. The downside of this difference in timing is that the Commonwealth student must specialize in academic subjects 3-4 years sooner than their American counterparts.

Choosing to follow a path to the sciences was not difficult. I performed better and had greater interest in those areas than in some other academic subjects. As the son of a physician practicing Occupational Medicine for a major drug company, migrating towards the health sciences was also an easy step. I made applications for admission to both medicine and dentistry in a structured process administered by the University’s Central Council on Admissions, a process very similar to the matching processes for medical residents in the USA. During this process I gained a superficial exposure to the profession of dentistry and made the choice to pursue that career through training at Guys Hospital in the University of London.

The pursuit of a career as a prosthodontist was an outgrowth of the choice to pursue a career in dentistry. In both cases, opportunity seemed to be the determinant of choice. In Britain, as in Australia, one enters professional school directly from High School (Grade School), with no intervening requirement for attendance at College or for a College degree.
it was my teachers who encouraged me in this direction and in particular, the example and encouragement of Academy Fellow Harold Preiskel, who had previously pursued advanced training in Ohio under Carl Boucher. Harold’s influence upon the Prosthetic Dentistry residents at Guy’s Hospital (equivalent to 6-month GPR appointments) was profound. At the time that I found my way to North America, of 14 consecutive Prosthetic Resident appointments, 13 pursued advanced studies in the USA which is a real testament to the mentorship of this unique individual. I cannot vouch for what happened amongst those who followed us, but know that there were more who subsequently crossed the Atlantic. It was Harold who demonstrated by example the massive difference in what he could diagnose, plan, and treat, compared with the much less sophisticated approach that the neophyte dental graduate was equipped to undertake.

Following these experiences, I was aware that a North American experience and in particular, participation in a training program, might dramatically improve my abilities in prosthodontics. No similar training programs existed in the UK in the early 1970’s, so that one gained advanced prosthodontic skills by chance as much as by design, which explains why a significant number of aspiring prosthodontists came to the States to gain additional education and training. In general, advanced American training programs were and remain expensive for non-residents of the USA. No British bank had interest in providing loans during the year in British Columbia was accepted during that year. With changed personal circumstances and through the generosity of my wife, I was able to accept the position resulting in the opportunity to pursue prosthodontic education and training.

It is difficult for me to select any one individual as my greatest prosthodontic role model. To select one person would be a disservice to the memory of so many who have had profound influence on the way in which I practice prosthodontics. Obviously, the very significant early influence from Harold Preiskel pushed me towards this field of endeavor. Without his influence, perhaps I would not have identified the opportunities that laid the ground-work for what I have subsequently been able to achieve. Harold Prieskel and John Walter of the Guy’s Hospital Dental School faculty gave me an understanding of the academic opportunities and needs in the development of an evidence base for the practice of the science of prosthodontics. Peripherally, it was Mr. Ron Gain (all surgeons and dentists in Britain are referred to as “Mr.”) who provided my first exposure to maxillo-facial restorations. An older gentleman with a tremor...
affecting both hands, he achieved results that were impressive considering the more limited range of materials available at the time for the rehabilitation of major defects.

Harold Preiskel demonstrated to his students qualities that were easy to admire, exceptionally hard to emulate but which are essential to successful practice. He imbued in us the desire to practice at the highest level of excellence. In so doing, demonstrated the extreme patience and attention to detail for which he is known to this day. Who of his student demonstration class will ever forget the 26 repetitions of a final impression for a complete lower denture in a particularly challenging subject before the final objective was achieved?

Prosthodontic mentor are abundant throughout my career. I owe an enormous debt of gratitude to two deceased Fellows of the Academy. Charlie Swoope admitted me to the graduate program at the University of Washington and continued to mentor me throughout the program and well into my early career. Dale Smith inspired us to perform at the highest level, set the bar for knowledge of the literature, and additionally provided serious competition on the squash court and the golf course. I cannot say that I ever let him beat me, but it was not a good policy to win too frequently! On an occasional basis, the opportunities to study and work with Earl Pound and Arne Lauritzen were profoundly influential.

Sandra and I will celebrate forty years of marriage in July 2014. When we met, Sandra was an Art teacher in North Vancouver, BC and is now retired from the profession. Her greatest joy was found in the preparation of students for entry into major art programs both in Canada and around the World enjoying high success rates. Coming from a health sciences background, I had no clue about the amount of work involved in preparing a portfolio as a part of the application process for an art career. This was brought home to me as she assisted my daughter Diana, to pursue a career in Interior Design. Diana completed a Bachelor’s Degree in Interior Design at Ryerson University in Toronto and a Master’s degree in Product Design at the University of Edinburgh. She seems to be established in Interior Design in Calgary, Alberta, working for the architectural firm Kasiain. Diana is the youngest of our children. Her elder brother David, completed a Bachelors Degree in Hospitality at LaTrobe University in Melbourne, Australia. He appears to be advancing through the ranks and is presently employed as Operations Manager at the Sheraton Eau Clair Hotel in downtown Calgary. David married a nurse and has presented us with two grandsons, now four and one. Younger son Neil was our ice hockey player. Following three years of Junior Hockey in the BC Hockey League, (two of which were in Merritt with the Centennials and one closer to home in Burnaby with the Bulldogs) he was admitted to Princeton University where he earned a degree in Political Science and played hockey for four years. Subsequently he played a year of professional hockey for the Edinburgh Capitals in Scotland in the British Elite League before finishing his career in Bakersfield, California in the ECHL. He is now pursuing the development of an application, the public face of which http://stylepixi.com, demonstrates a limited overview of the developing functionality that connects manufacturers, retailers and clients.

The sustaining hobby in my life has always been music and mainly classical music. My Mother who had perfect pitch, played the piano and sang semi-professionally with the BBC. My Father was tone deaf which seems to be common amongst rugby players, certainly amongst those with whom I played! I was introduced to playing early in life, first on the piano and at the age of seven, adding the French horn. It was the horn that provided many unusual opportunities with large and small groups to entertain, to enjoy and for a few years, to provide additional funds with which to support the costs of attending dental school as well as to augment the beer allowance! For a number of years, the opportunity to participate in chamber groups, orchestras, or bands has been denied. Instead, I have kept up with piano playing, not at the level...
of Rainer Bergman, but sufficient to keep myself entertained! Sandra and I enjoy attending the Vancouver Symphony and have season tickets to the Vancouver Opera.

I have always had an interest in the administration of successful organizations and generally in organized dentistry. I had the opportunity to gain experience in the running of international meetings for a number of organizations including the IADS, FDI and MASCC, not to mention the AP and the PCSP! Each opportunity has resulted in memorable experiences. As Secretary-General, I negotiated the first publishing contract for the IADS Newsletter in Berlin with the publisher Herr Hasse, owner of Quintessence International. I was present in 1977 when the General Assembly of FDI unanimously approved the introduction of the International Dental Numbering System. The US is the only country that seems not to have received the memo!

There have been two major rewards emerging from this involvement: the number of international friendships that have been established and maintained over many years, and the satisfaction of never being involved in a meeting that ran at a loss. That is a track record that I have no wish to damage.

**Fellows in the News**

**Dr Carol Lefebvre**

Academy Fellow and EC member Dr. Carol A. Lefebvre was appointed Dean of the Georgia Regents University College of Dental Medicine in January 2014. Dr. Lefebvre, a faculty member for 25 years and Interim Dean since July, assumed the role on February 1 2014.

Dr. Gretchen Caughman, GRU Executive Vice President for Academic Affairs and Provost in announcing the appointment said: “I am delighted to welcome Dr. Lefebvre as the fourth Dean of the College of Dental Medicine. Dr. Lefebvre brings an impressive combination of leadership experience and a deep understanding of the opportunities and challenges facing dentistry and dental education. She was excellent in the role of interim dean, and I look forward to continuing to work together to advance the mission of the College of Dental Medicine and of GRU.”

As Dean of Georgia’s only dental college, Lefebvre will oversee the dental education and training for nearly 300 students and 60 residents and will lead the college in the development and support of education, research, and clinical programs. In her career at GRU, Lefebvre has been actively involved in advances in the delivery of dental care, securing agreements with industry partners to enhance clinical care and research. A Professor of Oral Rehabilitation and Oral Biology, Lefebvre has previously served the College of Dental Medicine as Vice Dean and Associate Dean for Strategic Initiatives and Faculty Affairs.

Lefebvre is a recipient of the College of Dental Medicine’s Excellence in Teaching and Outstanding Faculty Member Awards. In 2005-06, she was a fellow in the Hedwig van Ameringen Executive Leadership in Academic Medicine program.
The Executive Council of the American Prosthodontic Society have selected Dr Gary Goldstein as the 2014 recipient of its prestigious 
Golden Medallion Award. The Golden Medallion Award is issued periodically to individuals whose contributions to prosthodontics have been exceptional.

Previous Golden Medallion Winners include:
Dr. Yasumasa Akagawa – 2013
Dr. Tomas Albrektsson – 2012
Dr. Thomas Taylor – 2011
Dr. Charles Goodacre – 2010
Dr. John W. McLean – 2009
Dr. George Zarb – 2008
Dr. Howard A. Landesman – 2007
Dr. Peter E. Dawson – 2006

This award will be bestowed at the Society’s 86th Annual Scientific Session. Congratulations Dr Goldstein on this well-deserved achievement.

Academy Fellow Dr. Terry Walton was recently awarded the prestigious Doctor of Dental Science from the University of Sydney. This degree is rarely awarded and acknowledges the significant research contribution that Dr. Walton has made to the scientific literature particularly on the topics of long-term clinical outcomes of fixed tooth- and implant-supported prostheses.

Dr. Walton has previously served as President of the International College of Prosthodontists (2000-2001) and has devoted his professional lifetime to patient care, dental education, organizational dentistry, and dental research. His services to the dental community in this wide spectrum was acknowledged by the Australian Community in 2007 when he was awarded an AM (Order of Australia, General Division) for services to Dentistry.

Congratulations Dr Walton.
The Academy of Prosthodontics 95th Annual Scientific Meeting and International Congress will be held in the Congress Center Kursaal Bern, Switzerland 14–17 May 2014.

Scientific Program Chair Dr David Felton has assembled a rich faculty of 35 international speakers featuring a broad spectrum of prosthodontic topics sure to engage all scholars and students of prosthodontics.

Your Editor has featured a selection of these 35 speakers on the following pages. This Editor’s selection features a tantalizing range of topics and abstracts sure to whet all appetites. The full list of presenters and topics is available online. www.academyofprosthodontics.org

Come join us in Bern!

AP Meeting - Featured Speakers

Urs Belser

Biosketch: Prof Urs Belser is currently guest Professor in the Department of Oral Surgery and Stomatology (Prof. Dr. D. Buser), and Department of Fixed Prosthodontics (Prof. Dr. U. Braegger), School of Dental Medicine, University of Bern. His research activities lie in the fields of implant dentistry, with special emphasis on esthetics and latest developments in the field of CAD/CAM technology and high performance dental ceramics, as well as on adhesive reconstructive dental medicine.

Title: Implant Esthetics : From Expectations to Reality

Abstract: Various clinical approaches for the restoration of compromised anterior maxillary teeth or for the replacement of extracted teeth with implant supported restorations have emerged in recent years. This presentation will focus on treatment protocols currently used to predictably restore esthetics and function.

In this context, long term data of anterior implants, specifically addressing esthetic parameters, will be presented. Based on these results, the rationale for an early placement/early loading concept will be discussed in detail, comprising the related preoperative analysis, decision making process and clinical/laboratory step-by-step procedures.
Clark M. Stanford

**Biosketch:** Prof. Stanford is Associate Dean for Research and Professor at College of Dentistry, University of Iowa. He holds the endowed Centennial Fund Professorship in the Dows Institute for Dental Research. He holds secondary appointments in the Department of Orthopaedic Surgery and Department of Biomedical Engineering. He is the author 18 book chapters, 106 papers and more than 180 published research abstracts.

**Title:** The young adult patient presents with missing teeth, what do you do?

**Abstract:** Patients often present with congenital and acquired tooth loss and it is incumbent on the Prosthodontic team to diagnosis, educate and provide care plans that address the range of issues concerning the young adult needing tooth replacement therapy. The diagnostic phase is critical and often involves an orthodontic interdisciplinary team. This leads to progressive care plans engaging removable, fixed and implant Prosthodontics. This presentation will review the critical points of assessment, key points to outline in the process of informed consent and then provide clinical examples of care planes for the transitional adult in your practice.

Radi Al Masri

**Biosketch:** Dr. Masri is an Associate Professor at the Baltimore College of Dental Surgery and at the University of Maryland Medical School. He is a dedicated academician and researcher and currently supervises a federally funded research laboratory that studies the etiology and treatment of chronic pain and the use of nanotechnology in the treatment of pulpal disease.

**Title:** The Clinical Implications and Applications of Mandibular Flexure

**Abstract:** Opening movement of the mandible is primarily mediated by contraction of the lateral pterygoid muscles. When they contract, the lateral pterygoids pull the mandible downwards, but they also pull both sides of the mandible medially, resulting in significant narrowing of the arch (flexure). Mandibular flexure is important to consider when fabricating conventional and implant retained prosthesis, especially when the prosthesis is connected, and extends bilaterally. In this presentation, scientific evidence investigating the clinical implications of mandibular flexure will be reviewed and innovative applications that exploit mandibular flexure to harvest energy will be discussed.
**Daniel Buser**

**Biosketch:** Dr. Daniel Buser is Professor and Chairman at the Department of Oral Surgery at the University of Bern in Switzerland. His main research areas are in tissue regeneration around dental implants, surface technology and Guided Bone Regeneration. He has authored and co-authored more than 300 publications and several text books including two GBR books and two ITI Treatment Guides.

**Title:** Surgical aspects to optimize esthetic outcomes with implant therapy

**Abstract:** The utilization of dental implants in the esthetic zone is a challenge for involved clinicians and dental technicians. This lecture will address the essential factors to achieve optimized esthetic outcomes in partially edentulous patients in daily practice from a surgical point of view. These factors include (a) a detailed understanding of the tissue biology, (b) a detailed esthetic risk assessment to examine anatomic risk factors, (c) implant placement in a correct 3-dimensional position according to the concept of comfort and danger zones for tissue level and bone level implants, (d) contour augmentation with GBR on the facial aspect to improve the local bone anatomy for esthetic soft tissue contours, and (e) a tension-free primary wound closure to protect applied biomaterials during initial wound healing.

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**Carlo P. Marinello**

**Biography:** Dr. Marinello has been full-time Professor and Chairman of the Department of Reconstructive Dentistry and Temporomandibular Disorders at the Dental School of the University of Basel since 1995. In 2003 he received the Distinguished Lecturer Award from the American College of Prosthodontics and in 2012 the Distinguished Lecturer Award from The Greater New York Academy of Prosthodontics. In 2006, 2009 and 2011 he was awarded by the students as the Teacher of The Year. In 2008 he received by the Pierre Fauchard Academy the Elmer S. Best Memorial Award.

**Title:** Advances in Identification of Prevention, Detection and Treatment Approaches For Breast Cancer

**Abstract:** Based on CAD-CAM procedures clinical workflows and by this basic dental education have heavily changed. Nearly all fields in prosthodontics are influenced by the new technologies. The changes include modified clinical and technical procedures for natural abutment teeth as well as implants in fixed and removable prosthodontics. Special emphasis is given to CAD-CAM procedures fabricating simple acrylic complete dentures as well as more complex high-tech ceramic superstructures. The different step-by-step procedures are presented including scientific data.
**Nicklaus P. Lang**

**Biosketch:** Professor Lang is the Professor of Implant Dentistry at the University of Hong Kong 2008-2012 and Professor Emeritus, University of Berne, Switzerland, Chairman 1980-2008. He has published over 530 articles in peer-reviewed scientific journals and several textbooks. Editor-in-chief: Clinical Oral Implants Research, Editor: Oral Health and Preventive Dentistry. Assoc. Editor: Journal of Investigative and Clinical Dentistry

**Title:** Begin with the end in mind - a principle centered treatment concept

**Abstract:** “Begin with the end in mind” represents the second habit in the book by Stephen Covey “The Seven Habits of Highly Effective People”, a book that proposes a principle-centered living concept for both business and private life. “Beginning with the end in mind“ requires a clear understanding of the treatment goals to be reached, of the status of the dentition to be restored, of the nature of the reconstructions chosen, of the need for extension of the dentition adding additional chewing units, of the complexity of therapy to be expected, of the cost and time involved and last but not least of the risks associated with various treatment options.

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**John A. Sorensen**

**Biography:** Dr. Sorensen is Acting Professor, Department of Restorative Dentistry, Chair of the Clinical Systems Task Force, and Director of Research for the Graduate Prosthodontics Program at the University of Washington. Previously he was founder and director of the Pacific Dental Institute in Portland, Oregon conducting clinical trials on fixed prosthodontic systems and applied materials testing. Dr. Sorensen has published over 80 research articles and chapters, and over 130 research abstracts.

**Title:** Dental Ceramics: State of the Art 2014

**Abstract:** Current perspectives are offered on the state of the science and the art of clinical practice and dental technology with dental ceramics. Digital technologies have contributed to great advancements in fixed prosthodontics. Dr. Sorensen will cover in vitro and clinical research, advantages of monolithic ceramics, antagonist tooth attrition, innovative fabrication technologies, innovative fabrication technologies, new treatment philosophies, and more conservative tooth preparation principles ranging from single tooth restorations to full mouth rehabilitation in bruxers. Trends in ceramic restoration fabrication systems for both large commercial dental laboratories and sophisticated in-office/chair-side CAD/CAM systems are presented.
AP Meeting - Featured Speakers

Urs Braegger

**Biosketch:** Prof. Urs Braegger is Professor and Head of the Division of Fixed Prosthodontics at the School of Dental Medicine at the University of Bern, Switzerland. He contributed numerous scientific publications related to imaging, periodontal and periimplant tissue conditions and longterm prosthetic risks. Prof. Braegger served as president of the Swiss Society for Reconstructive Dentistry and the Swiss Society of Dentomaxillofacial Radiology. He performs reviews for several scientific journals.

**Title:** Prosthodontics risk management

**Abstract:** The use of medical devices such as artificial joints and dental implants are always associated with risks. Before undergoing such interventions, the risks for failure or complications and chances of survival or success need to be carefully weighed by patients and professionals. Mechanical (related to prefabricated components) and Technical (laboratory constructed superstructures) risk factors play a major role in implant dentistry and should be carefully evaluated during the treatment planning stages. This lecture will present the evidence for common mechanical and technical complications and will discuss the risk management protocols for mitigating for these.

Regina Mericske

**Biosketch:** Prof. Mericske is Chair of the Department of Prosthodontics, University of Bern and is the Director of the Master Program in Prosthodontics and Implant dentistry. She is past-president of the International College of Prosthodontists and European Prosthodontic association. Currently she is the president of the Swiss Society of Reconstructive Dentistry (SSRD). Her activities in clinical practice and clinical research cover the field of oral implantology, prosthodontics and geriatric dentistry.

**Title:** The edentulous maxilla: a challenge in implant-prosthodontics.

**Abstract:** Treatment with maxillary implant-prostheses is provided with poor information and less uniform outcomes data. Good long-term results on the effectiveness and positive impact on quality of life are missing. No clear consensus exists regarding the number if implants to be used for overdentures or fixed prosthesis. Fixed prostheses are often preferred or suggested, while overdentures might be less invasive and more predictable regarding esthetics. Functional dynamics, tissue health and bone stability need to be considered when discussing treatment concepts for the maxilla. The lecture will outline these aspects and include some perspectives of new technologies.
Charles J. Goodacre

**Biosketch:** Dr. Goodacre currently teaches in the Advanced Education Program in Prosthodontics at Loma Linda University School of Dentistry. He previously served as Chair of the Department of Prosthodontics at Indiana University and from 1994 to 2013 served as Dean of the Loma Linda University School of Dentistry. He has received several award that have included Educator of the Year and Distinguished Service Awards.

**Title:** Computer-Aided Engineering & Complete Denture Fabrication: Application to Immediate Loading of Implant Fixed Complete Dentures.

**Abstract:** Computer-Aided Engineering (CAE) has been effectively used to fabricate conventional complete dentures, immediate dentures, and implant overdentures. Recently, technology has been developed and successfully used to fabricate conversion dentures for use with the immediate loading of fixed complete dentures, including the All-on-4 technique. This presentation will show the procedures used to record the clinical information that makes it possible to clinically use these prosthesis designs.

Joerg R. Strub

**Biography:** Dr. J. R. Strub is Associate Dean for Clinical Affairs at the Albert-Ludwigs University in Freiburg, Germany. He has served as a Visiting Clinical Professor of Fixed Prosthodontics at the Osaka University in Osaka, Japan in 1996, visiting Professor at the University of Pennsylvania (Dept. Preventive and Restorative Sciences), Philadelphia, USA in 2009 and Sun Yat-sen University, Guanghua, School of Stomatology, Guangzhou, China and King Saud University, School of Dentistry, Riyadh, Saudi Arabia in 2010

**Title:** Digital intraoral impressions – where do we stand?

**Abstract:** In the early 1980’s CAD/CAM technologies were introduced to dentistry and since that time continuous advancements have evolved and the indication spectrum has expanded. The ultimate goal of digital intraoral impressions is precise data acquisition with least materials and efforts needed. Composed to the conventional approach, the currently available digital intraoral impression systems (IOS’s) claim to provide faster and more accurate impressions enabling the fabrication of high quality restorations more efficiently and thus provide a higher level of patient care. Although the current IOS’s depict some limitations, they are the blueprint for future developments.
Congress Center Kursaal Bern, May 13-17, 2014

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Bern, Switzerland
tion. What can you as President of the Academy of Prosthodontics do, to further this interface role between the dentist and the dental technician?

The Academy of Prosthodontics is a specialist organization of leading academics and practitioners in prosthodontics, who are predestined to fulfill a leading or coordinating function between specialties involved in a given comprehensive dental rehabilitation. We collectively want to communicate prosthetic concepts through the teaching of basic and clinically-practiced science that is based on evidence. This teaching is valuable for dentists and dental technicians in treating patients.

Overuse, underuse and misuse of health services: Everyday as dentists in your practice decide on a treatment plan with their patients they are faced with the question of what is necessary, what is perhaps (only) desirable? What goal have you defined for the rehabilitation of your patients?

I strive to practice dentistry in the same way that I learned it during my residencies in removable prosthodontics and fixed perio-prosthodontics. To rehabilitate a patient dentally means, “to fulfill the patient’s needs for esthetics and function under healthful circumstances.” The principle implies that healthy oro-dental conditions be established following which the individual patient needs can be addressed. Implantology has significantly increased the range of prosthodontic treatment possibilities. Not every patient with diagnostically sub-optimal dental conditions needs extensive reconstruction. Some cannot afford it and it is essential to find the right balance for the physical and mental health needs of the individuals using the resources available. Since my years in Bern, I have adhered to this principle with positive experiences. This also fits in optimally with the previously mentioned requirements of geriatric dentistry.

You have made a comparison between the different approaches to dental education both in Switzerland and the United States. Do both have validity in your opinion or do you consider one to be optimal over the other in terms of curriculum?

I believe that it cannot be said that one approach is better than the other. The systems each developed over many years in their corresponding countries and societies and have evolved according to the social and political (health care) circumstances and changes. Of importance is that both systems are developed to educate and train competent young dentists, entrusted will the future oral health care needs of the populations. In my opinion, Switzerland and the United States each meet these requirements.

In 2013 you took over the presidency of the Academy of Prosthodontics. What made you decide to take this office and what goals are you working towards during your presidency?

The Academy of Prosthodontics was established in 1918 by a group of North American dentists with a special interest in prosthetic needs. Its initial goal was to create a better understanding of the differences in prosthodontic concepts and techniques between the various parts of the country. It is the oldest prosthetic organization in existence. Its members are leading individuals comprising a mix of academics and private practitioners from North and Middle American, Europe and Australasia. Membership or Fellowship is based on invitation, usually first for a lecture at an annual scientific meeting. This was the case for me in 1995. I was impressed with the dedicated and yet family-friendly atmosphere of the academy. This experience made it easy for me to advocate for the interests of the group and get actively involved, initially in various committee activities and since 2005 as a member of the Executive Council. The presidency represents the culmination of my eight-year ‘career’ as a Council member. I consider the primary presidential objective to be the organization of a world-class annual meeting in Bern that will provide members and guests with a rich professional and social experience. On behalf of the Academy of Prosthodontics and those involved in the organization of our annual meeting, I hope to welcome many colleagues from abroad in Bern.

H-P Weber