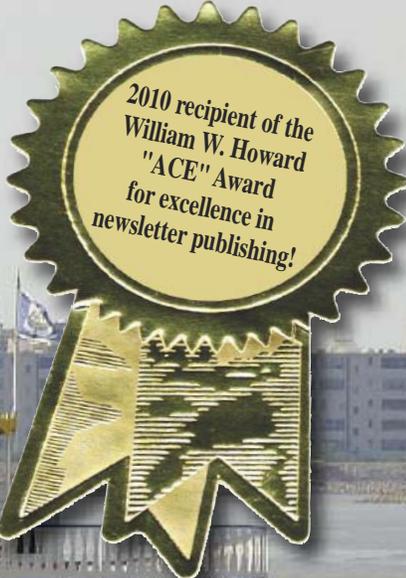




Summer 2010 • Volume 8 • Number 2

# wisdom



**The Evolution of Posterior Aesthetics**  
**People to People: A Reminiscence**  
**AGD 2010 Annual Meeting Hi-lights**  
**AGD Advocacy in Action**

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## How to Contact us

**Felicia Conte – Executive Staff**

Phone: 856-217-1580 (Direct)

Email: [contenjagd@yahoo.com](mailto:contenjagd@yahoo.com)

Toll Free: 1-866-GO-NJAGD (1-866-466-5243)

Fax: 732-821-1082

Mailing Address: **NJAGD Wisdom**

One Dental Plaza, P.O. Box 6020, North Brunswick, NJ 08902-6020

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# EQUIPOISE:

## Making Removable Prosthetics Predictable, Profitable and Rewarding



Michael J. Goodman

Removable partial dentures, (RPDs) are often considered the most unpredictable and problematic restorations in dentistry. Dr. Gordon Christensen recently noted “It is my belief, after speaking to thousands of dentists, that RPDs and complete dentures are the areas of dentistry that receive the most complaints from patients”.<sup>1</sup> Removable partial dentures should be considered a viable and legitimate treatment plan option for partially edentulous patients when other treatment plan options have been ruled out because of physiological or financial concerns. They are often the most economic treatment plan and can be made to properly fit and function for any patient. There is a general unease and frustration in dentistry with the design and delivery of RPDs, and many dentists feel that other treatment options will garner higher fees with less over all chair time required. As such, dentists often avoid RPDs even though they may pose as the best treatment option for the patient.

The Third National Health and Nutrition (NHAMES III) survey data set reported that most patients do not accept RPDs with a high level of acceptance or confidence. The report went on to state that sixty-five percent of RPDs had at least one defect, with lack of stability being the most common. Mandibular RPDs had significantly more problems related to retention, and maxillary dentures had more problems with presence of relines material. Only one-third of all RPDs delivered were considered satisfactory, according to the NHANES III study.<sup>2</sup> A new perspective and uniform approach is needed to significantly improve this maligned and misunderstood discipline.

### PHILOSOPHY OF DESIGN

Removable restorative dentistry relies on four critical components for success: patient personal hygiene, periodontal care in the dental office, correct occlusion and proper biomechanics. A philosophy of design based on physics and engineering principles needs to be implemented with every case. The Equipoise complete removable restorative dental system meets the necessary criteria to insure predictable and rewarding results. Equipoise is a philosophy of design which ensures that all forces exert along the long axis of the tooth. This stabilization of movement, based on balance-of-force principles of engineering, enables Equipoise-designed RPDs the ability to strengthen the periodontal structures while protecting and preserving the abutment teeth. Equipoise-designed RPDs ensure proper biomechanics through the exertion of minimally invasive vertical forces upon the hard and soft tissues, as well as the underlying bone.

### PATIENT ACCEPTANCE

In order for RPDs to be both profitable and rewarding, they must provide elevated levels of patient’s acceptance. RPDs must meet high standards of function, comfort and esthetics in order to satisfy the patient’s needs and concerns. If the prosthesis does not meet the expectations of the patient, it will be worn only out of necessity or not at all. When a RPD has predictable results, patient satisfaction, as well as referrals, will ensue.

### PRINCIPLE OF DESIGN

The way to meet the exacting criteria necessary for a successful partial denture is by incorporating a system of design principles which addresses all of these requirements. With Equipoise, guess work and over-planning are eliminated. Applied principles of design are consistent so that the maximum function can be achieved.

For a removable prosthesis to be stable and secure both in function and at rest, it must direct forces so as not to damage or destroy abutment teeth or the underlying structures. A system needs to be in place that will work similarly in all design scenarios.

When an RPD is not tooth-borne, there is no way to avoid resorptive forces on to the underlying bone. Minimally invasive tooth preparations need to be incorporated into the design of any removable prosthesis to ensure proper vertical forces during function.<sup>6</sup> Guideplanes, essential for stability, and simple rest preparations are required. These preparations can be done within the existing dentition or with properly contoured Equipoise-designed PFM crowns. If partial denture function is compromised due to excessive lateral torque force, the abutment teeth will eventually become impaired or lost.

### IMPLANT OPTIONS

Equipoise has been shown to be a highly successful treatment plan option when used with implants. For full mouth rehabilitation, as few as two implant structures in either arch, when used with Equipoise precision attachments create a stable tooth-borne prosthesis. Implant overdenture bars are not required and proper emergence profile and cleansability are easily obtained. Stability and controlled retention, along with excellent esthetics, makes Equipoise a very attractive and economical treatment option for use in conjunction with implants.

### PRACTICE BUILDER

Removable partial dentures can be practice builders for every restorative dentist. Those with superior function and esthetics will lead to greater profit and patient acceptance. Equipoise RPDs have a lower incidence of rework and offer treatment plan options beyond that of other design concepts.<sup>5</sup> Equipoise tooth-borne designs ensure a level of stability that is the missing element in most removable prosthesis and can be the answer to many of dentistry’s most challenging case scenarios.

### SUMMARY

The perception of RPD’s as inadequate restorations should be re-examined carefully by the dental community at large. We are now capable of providing patients with higher quality removable prosthetics that rival other high-end restorations. RPDs should be viewed with the same appreciation and respect as with all other areas of restorative dentistry. Equipoise RPDs are predictable, profitable and rewarding and can successfully fill the removable niche in any restorative dental practice.

*“The bitterness of low quality remains long after the sweetness of low pricing is forgotten.”*

Mr. Goodman is the President of the Equipoise Dental Center which encompasses the Equipoise Dental Lab, Equipoise Dental Consulting and Equipoise Dental Prosthetics, Inc, which trains and licenses dental laboratories in the principles of Equipoise, and distributes Equipoise products and attachments. Mr. Goodman has been published in the AGD Dental Products Report, April 2002, Dental Economics on the Principles of the Equipoise Complete System of Design, October 2004. He recently co-authored with Dr. Neal Seltzer, "Predictable Long Term Results Using Properly Designed Removable Partial Dentures & Rest Preparations in Crowns and Natural Dentition." Dentistry Today, Sept 2007 issue. Mr. Goodman's efforts are responsible for the CRA Report published in July 2003 in which Equipoise received a 100% approval rating by the dentists surveyed. Equipoise was also recommended in the CRA 2003 Buying Guide-Outstanding Products, January 2004. He is a graduate of Magna Institute of Dental Technology, specializing in crown & bridge and denture, class of 1979.

Footnotes:

Dr. Gordon J. Christensen D.D.S, M.S.D., P.H.D. JADA, vol. 134 January 2003, What has happened to removable partial prosthodontics

U.S. Department of Health and Human Services and National Center for Health Statistics. Third National Health and Nutrition Examination survey, 1988 – 1994: NHAMES III examination data file (CD-ROM).

Hyattsville, MD.: U.S. Department of Health and Human Services, center for diseases control and prevention; 1996 public use data file documentation 76,200.

Ibid

Dr. Jerome J. Goodman, D.D.S. Equipoise, The Proven Partial Denture System. Copyright 1989 Equipoise Dental Prosthetics Inc.

Clinical Research Association (CRA) Report July 2003

1991 El Mangoury et al., Journal of Clinical of Orthodontics

Michael J. Goodman is a graduate of the University of Florida in Gainesville and the Magna Institute of Dental Technology, specializing in crown & bridge and denture.

As the President of the Equipoise Dental Center, he runs the Equipoise Dental Laboratory and trains and licenses dental laboratories in the principles of Equipoise. He also manufactures Equipoise products, and attachments. Mr. Goodman has been presenting Equipoise courses to dentists and dental laboratories nationally and internationally for over 20 years.

He has been published in the Journal of the Academy of General Dentistry, Dental Products Report and Dental Economics. He co-authored with Dr. Neal Seltzer, "Predictable Long Term Results Using Properly Designed Removable Partial Dentures & Rest Preparations in Crowns & Natural Dentition." Dentistry Today, and is responsible for the CRA Report, July 2003.

## AIM 15 Critique with Dr. Stephen Poss Thursday, October 14, 2010 Location: TBD



Dr. Stephen Poss

Dr. Stephen Poss lectures internationally on esthetic dentistry and TMD. He is an active consultant to several dental manufacturers and has had numerous articles published in leading dental journals. Dr. Poss is presently the Clinical Director at The Center for Exceptional Practices in Cleveland, Ohio and maintains an aesthetic-based practice in Brentwood, Tennessee.

## AIM 16

Friday, October 15, 2010 – *Pharmacology for the General Dentist*

Saturday & Sunday, October 16 and 17, 2010 – *Pedodontics and Special Care (1-1/2 days)*



Dr. Richard L. Wynn, Ph.D.

Richard L. Wynn, PhD, is a Professor of Pharmacology at the University of Maryland Dental School. He has served as an educator and researcher of dental pharmacology and dental hygiene pharmacology throughout his career. A state-registered pharmacist, Dr. Wynn chaired the school's Department of Pharmacology for 15 years. He has over 300 scientific publications and given over 500 CE seminars in the US, Canada, Mexico and Europe. Dr. Wynn has been a consultant to the drug industry for 25 years and his labs have contributed to new analgesics and anesthetics. He is a consultant to the US Pharmacopeia, Dental Drugs and Products section, the Academy of General Dentistry and the American Dental Association. He is a columnist for the Academy of General Dentistry and the lead author of Drug Information Handbook for Dentistry. One of his primary interests is informing dental professionals on all aspects of drug use in dental practice.



Dr. Aaron Mannella, DMD

Aaron Mannella, DMD, is a Board Certified Pediatric Dentist and has been practicing dentistry for over 20 years. Dr. Mannella, a graduate of Fairleigh Dickinson Dental School, is very active within the community and has received many awards and honors, including Headstart's Volunteer of the Year and New Jersey Monthly Magazine's Top Dentist Award for 2002 and 2005. Dr. Mannella is an attending doctor at Morristown Memorial Hospital, where he developed the Nursing Bottle Caries Program. He also teaches monthly and performs surgery weekly at the hospital. Dr. Mannella's practice is located in Randolph, NJ.

**\$1050 for AGD members • \$1400 for non-member dentists**  
**\$475 for AIM "Light," (the 2 1/2 day program without the six month follow up critique).**

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