



The 21st Century Prosthodontist

In a recent editorial,¹ Dr Paul Binon observed that prosthodontics may be on the imminent endangered specialty list. He con-

tends that by readily sharing our knowledge and techniques with generalists, we are blurring the line between us and thereby marginalizing our niche in the marketplace. However, Thomas Friedman, in *The World is Flat: A Brief History of the Twenty-First Century*,³ has persuasively shown that preexisting divisions are changing in the global arena and a perceptual shift is required for individuals and companies to remain viable. Has our field of prosthodontics actually mirrored the restructuring of the world economic model, and if so, what visionary steps are necessary for our preservation?

Three watershed events (flatteners) have signaled the end of the historical boundaries in the dental profession. First, the introduction of osseointegration led to an unprecedented interdependence of the disciplines of general dentistry, periodontics, orthodontics, endodontics, oral surgery, and prosthodontics. Never before has a single shared focal point magnified the scope of treatment options and encouraged an alliance with allied fields. Second, the Internet has provided the nexus to deliver to one's desktop words, files, and images that could offer continuing dental education du jour. We have become electronic turnkey operators of the "Graduate School of Webinars, DVDs, and PubMed." Third, there has been an exponential output of training offered by weekend courses and institutes on a mélange of topics from applied biomechanics to zirconium restorations. Protectionism of information in this climate is tantamount to choreographing an anti-rain dance in Seattle. What then should be the role of the prosthodontist in the 21st century, given the prevailing Zeitgeist?

The prosthodontist is a very well-qualified master diagnostician and clinician. He or she possesses a foundation in evidence-based treatment planning and shoulders the ultimate responsibility to meet the objective and subjective needs of patients undergoing complex reconstructive care. Multidisciplinary treatment is best seen as a Rubik's Cube, where the indi-

vidual colored panels are difficult to segregate, but prosthodontic outcomes offer a clue to how each side of the treatment may need to be arranged. Therefore, the prosthodontist is optimally equipped to shepherd comprehensive continuing education courses. But, Dr Binon¹ raises a compelling question: What would keep the generalists from performing duties outside of their purview? The Commission on Dental Accreditation sets standards that identify the parameters of care that fall within the generalist's and each specialist's bailiwick. The burden on the prosthodontist is to model win-win relationships between specialists and generalists as the accepted roles change.

The rise of the surgical prosthodontist illustrates this point. Pioneers in this new hybrid field weathered the expected fallout from oral surgeons who were both concerned for the patient's welfare and threatened by inroads on their turf. But, by and large, restorative-driven prosthodontists were trained to begin with predictable sites for osteotomies, paying deference to the literature, to wit. Lambert et al³ have reported that those placing their first 50 implants failed twice as often as more experienced surgeons. With ensuing experience, there has been an increasing dependence on oral surgeons to manage complex operations and higher risk patients. As a result, new interdisciplinary relationships have been forged between the specialists, potentiating a more sophisticated dialogue on treatment planning, incentivizing advancement of proficiencies, and generating more referrals. It is evident that the perioprosthodontist and orthoprosthodontist are waiting in the wings. The prosthodontist is poised to become a "panspecialist."

Organized prosthodontics could facilitate this new milieu by playing an active role in three domains. By placing its imprimatur on courses directed by the most effective and knowledgeable teachers in allied specialties, a professional standard will be set and recognized. This is the counterweight to courses given without attention to outcome measures. Cross-pollination would be encouraged at other specialty conferences and in their journals. Inviting selected specialists in other fields to sit on prosthodontic executive councils or boards once a year would encourage balance and advocacy. Second, the spate of instructional material on

the technologic airwaves has been a potentially rich resource, but is lacking in quality control. A knowledgeable group of prosthodontic clinicians and teachers contributing their educational lectures, slides, and videos freely to a professional website managed by an editorial board would engage academics and practitioners without the tacit warning "*caveat lector*." Making this freely accessible to generalists and other specialists would go a long way to establish prosthodontists as professional ambassadors. Finally, every 5 years, prosthodontic societies could hold an annual session conjointly with other specialty groups.

The American College of Prosthodontists (ACP) has embarked on a number of bold projects in this direction as it celebrates its 40th anniversary. It regularly sponsors not only exceptional prosthodontic programs, but at the 2009 Annual Session in San Diego, a hands-on course in bone grafting was offered to attendees. It was heralded roundly for its excellence in instruction and practical application. Future courses in other specialty fields will broaden the scope of the emerging prosthodontist. A compendium of presentations of high caliber in a living reference center, Prosthopedia, has been established through the ACP online resource library. Dr Charles Goodacre, its creator, serves as its editor. A generous spirit of openness has undergirded this project and it is gaining momentum for learning without borders. Finally, the recent inauguration of National Prosthodontics Awareness Week in the United States on

March 7–13, 2010, aimed at grass roots exposure of the many facets of the prosthodontic profession. Pro bono services sought to foster a week of goodwill. Community outreach programs, such as cancer screenings, health fairs, and informational bulletins, helped raise the public's awareness and appraisal of prosthodontists. Particularly, partnerships with general dentists and specialists continue to be emphasized by sharing dental techniques with referrals during presentations at private offices and dental schools.

As the frontiers change in all divisions within dentistry, the expanding field of prosthodontics will continue to have enduring value by emphasizing collaboration rather than competition, outcomes rather than incomes, and the future rather than the past. The patient will remain the ultimate beneficiary.

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