

Dear Dr. Felton:

There is a disturbing trend in prosthodontics that threatens our professional communications, our understanding of the literature, and our collective stature within the professional community. It impedes the effective transmission of ideas by creating “noise” in our oral and written messages. Although it is intended to be helpful, it has the opposite effect. I am referring to the constant, often unwarranted changes to our professional terminology.

This trend is evident in each edition of the Glossary of Prosthodontic Terms. Following receipt of this document, we scan its pages for key changes in terminology—additions, deletions, and transitions to obsolescence. What are the current definitions for *centric relation*? How should an author describe the *maximal intercuspal position*? What has happened to the commonly accepted terms *fixed partial denture* and *removable partial denture*? And what has become of the term *provisional restoration*?

Please do not misunderstand me. I am a staunch advocate of accurate, standardized terminology. This terminology is the foundation for discussions and publications which are essential to our professional communications and to our professional growth. I understand that the language of prosthodontics is dynamic. It must continue to grow and evolve. But we also must exert some control over this evolution.

The desire to alter terms must be weighed against the potential detriment—the confusion that the changes in nomenclature may cause. Changes have occurred so regularly that the interpretation of historical literature has become cumbersome if not impossible. To make sense of historical articles, readers must be familiar with the accepted terminology during the defined period. This is extremely difficult, and commonly results in confusion.

How many times have we experienced professional angst resulting from changes set forth in the Glossary of Prosthodontic Terms? How often have other members of the dental profes-

sion questioned the seemingly trivial permutations published in the glossary? Did the change from “*vertical dimension of occlusion*” to “*occlusal vertical dimension*” warrant a change in our professional vernacular? And what of the more recent changes from “*fixed partial denture*” to “*fixed dental prosthesis*,” and from “*removable partial denture*” to “*removable dental prosthesis*?” The earlier terms seem equally descriptive and, ultimately, much more efficient. Consider that the term “*fixed dental prosthesis*” does not permit differentiation between a fixed single-unit restoration and a fixed multiple-unit restoration. Likewise, the term “*removable dental prosthesis*” does not delineate between a removable partial denture and a removable complete denture. Additional descriptors must be added to provide the necessary clarification. Unfortunately, there is a point at which terminology becomes increasingly cumbersome and accuracy is outweighed by inefficiency.

Like many others in our profession, I am concerned by the seemingly endless array of changes to accepted dental terminology. Yes, it is true that language evolves—but we control the rate and direction of that evolution. The language of prosthodontics belongs to all of us. As a result, we must give careful consideration to the introduction, modification, and elimination of terms. The ramifications of change must be weighed. The impact upon our understanding of past, present, and future literature must be clearly understood. Ultimately, our objective must remain clear, concise communication for the benefit of all.

Sincerely,

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