Editorial:
Contemporary Prosthodontists: Who Are They? How to be One of Them?

Fazal Ghani, Editor –in- Chief, JPPA.
Correspondence: Dr. Fazal Ghani. Email: fazalg55@hotmail.com

How to cite this article: Ghani F. Editorial: Contemporary prosthodontists: Who are they? How to be one of them?. J Pak Prosthodont Assoc 2014; 02(01):1-5.

I feel immense pleasure to let our new readers know that with this issue in hands, JPPA enters into its 2nd year of timely and uninterrupted continuity. I am also to let you all know that Pakistan Prosthodontics Association (PPA) is fully registered social welfare and educational body entrusted to empower prosthodontists, allied dental specialists and general dentists through the provision of evidence based information for incorporation into their practices to achieve its ultimate goal of facilitating better dental care services to patients. JPPA, an educational, scientific publication of the PPA is a periodical registered with Federal Ministry of Information, Government of Pakistan. We continue an approach to making JPPA distinguished and outstanding through publishing quality information in it and hence to promote the science, art and humanity that governs and shapes the specialty of prosthodontics. a dental discipline that is continually and rapidly developing.[1] This goal can in one way be accomplished with the support of contemporary prosthodontist colleagues who believe in the importance of high quality publications in the specialty, in the making of themselves and all us well-qualified for the provision of modern and cost effective and patients oriented prosthodontic therapies, accepting and willing for incorporating into their practices the challenges brought by digital technology and new materials and yet believing in the interdisciplinary collaborations and remaining proficient in their needed skills.

In the first place, it is of great importance that we focus on providing prosthodontics therapies that significantly contribute to the psychosocial and emotional well-being of our patients. The mere extension of few years in human life without adding quality to those years is no big achievement. Obviously, no therapy including prosthodontics can be claimed effective if not making better the life of patient. We prosthodontists will be truly regarded contemporary if we considered the influence of psychological variables as predictors of patients satisfaction with prosthodontics therapies. Thus the clinical benefits of assessing patients pre-operatively should always be explored.[2] As prosthodontists, everything should not look like a full mouth rehabilitation case. Surely by virtue of our extensive training and experience, we have been given the hammer in our hand but this should not make everything to look to us like a nail. At the same time, we the prosthodontists being better trained to restore the mouth back to full health. Thus we should not aim to do patch work dentistry. We should certainly evaluate occlusion, muscles of mastication, and the joints aside from doing the regular routine things like oral cancer evaluation and then formulate a treatment plan. We the prosthodontists must truly evaluate patients, must always do diagnostic mounting and detailed occlusal analyses. We should not merely look at patients' teeth to see what is missing or what carious lesions and mobility teeth have developed. By always doing comprehensive evaluation and considering the impact of oral disease on general health and quality of life, we certainly are not the dental specialists with tunneled vision. Furthermore, we do not over treatment plan. As prosthodontist we seldom do patients with veneers that does all the way back to the molars. Obviously few patients do really need such an extensive veneer work. We are also not the so called

"Cosmetic Dentists" who only think of; "veneers and bleaching". We are not certainly those ending up patients with all teeth veneered or filled. There is now abundant research information that with the provision of prosthodontic therapies for missing dento-oro-facial tissues not only oral health improves but also the oral health related quality of life (OHRQoL). However, more such local information is required. Thus research effort in this regard is highly needed on the part of all of us local prosthodontists, faculty and practitioners.

Evidence for practice to provide best treatment comes in many forms including research, clinical experience, patient experience and information from the local context. However, the process by which these different sources of evidence are blended into a decision is usually non-linear and complex. The sources of information are numerous though conversations with colleagues we trust have featured commonly in most studies.[3] As Prosthodontist we act as "team leaders" guiding other specialists whose expertise we need to successfully complete the many intricate prosthodontic treatments. This communication and collaboration, irrespective of whether the dental problem is big or small, is to give our patients back their smile and to assure that they obtain the best possible care for their dento-orofacial problems. The reason why we as prosthodontists refer and consult other specialists is not because we are not knowledgeable and skilled enough for doing certain procedures but it is to ensure that the patient is best prepared for the restorative therapies that require pre-prosthodontic procedures to make the situation more favourable for the therapies we are to provide subsequently.

Quality prosthodontics services that will promote enhancement of quality of life requires multidisciplinary collaborative efforts, communications and consultation and working together. This is of particular importance in case of patients presenting oro-facial defects that are complex, syndromic and are of congenital and acquired etiologies. We prosthodontists should not be like those who treat cases all alone despite knowing they are beyond their abilities and thus ultimately lead to their patients' suffering or even their own suffering. Contemporary prosthodontists provide prostheses of good quality through effective collaboration with dental laboratory technicians. They take mechanical and biological factors into consideration when designing prostheses.[4-6]They give all design information in a clear and effective manner to dental technicians, mainly through written instructions. They recognize comprehensive written instructions for dental laboratory services as a prerequisite for the technicians to produce appropriate prostheses.[7] They believe that failing to provide adequately prescribed written instructions results in prostheses of poor quality, which could possibly damage the oral tissues.[8,9,] Therefore, writings, addressing these issues will not only make aware all of us of our levels of skills but they will also inculcate among us the talents and benefits of seeking others opinions, consultation, referral and of working together.

Many of us as prosthodontists hear this all the time from general dental and specialist colleagues; *"Tell me what you prosthodontists can do that we cannot do?"* A very clear and simple answer to this is that when patients seek restorative care from a prosthodontist, they get better overall care. This is because, many upon graduating from the dental school do not really understand what prosthodontics is as a specialty. By virtue of simply having being taught how to prepare teeth and make one or two dentures does not make any dentist anywhere close to a specialist prosthodontist. In fact, many dental graduates upon leaving a dental school have not done a single case of *"full mouth rehabilitation"*. Confining ourselves to prosthodontics practice after specializing in this discipline makes us more to learn about it and makes us believe in the quote *"the more we know let us know how much we really don't know"*. We the prosthodontists during our training and subsequent practice exposure, advances our education, knowledge and skill base tremendously about the art, science and humanity that shapes the practice of contemporary

prosthodontics. We should be those who publish not only for the sake of their own promotion but for the promotion of the specialty of prosthodontics and whose publishing endeavors do not end up with the achievement of professorial position.

We prosthodontist have undertaken training and education that have enabled us to recognize and deal with complex dental problems. We the prosthodontists, indeed in the first place, are also general dentists who have turned to an internationally accredited and formally structured training and educational program that has given us the extra skill and knowledge required to plan and manage both simple and complex dental problems. We have qualified as specialist prosthodontists only after several years of strictly monitored full time training and practice and, as a consequence, we have a wide and extensive range of techniques and a comprehensive view of the teeth as part of the human body. Rather than simply provide cosmetic solutions, which focus on the way things look, we are trained to correctly diagnose and treat any underlying problems before hand. This understanding is carried over into all aspects of reconstructing or improving smiles and appearances, including fixed or removable teeth, to give the patient a superior long-term result rather than something which might break down early or will even do irreparable damage.

There are many who claim to be either "cosmetic dentist" or have limited or restricted their practice to prosthodontics. In fact, many of them have not acquired formal qualification beyond the level of a general dental practitioner and that their relevant knowledge (if any) in these fields has neither been tested in any examination nor they have passed any professional critical review process to do so. Majority of these practitioners unfortunately, might only have undertaken a one or two day course in cosmetic or prosthodontic reconstruction. Just like any general dentist, we the prosthodontist can also not only treat cavities, make dental crowns and bridges and provide preventive treatment to stop problems before they start but we can also solve more advanced issues. Contemporary prosthodontists are fantastic dental clinicians who can do it all from implants to all the fancy prosthodontics patients may need including grafting, sinus augmentation and the like but we on many occasions will not do them without a needed consultation.

As prosthodontist we are better prepared to treat the more difficult dental problems such as people who are missing many teeth or have significant functional or aesthetic problems. While the general practitioner is capable of handling most simple crown and bridge procedures to replace and repair missing teeth, but when it comes to restoring an entire arch or the whole mouth, the prosthodontist is indicated for this difficult and complex type of dental treatment. Similarly, patients contemplating dental implants or major changes in their appearance should consult us (prosthodontist) to assure that they gain the best possible care for their dentition. These difficult treatments require the expertise that is only available by a trained prosthodontist. Patients having several missing, broken, or discolored teeth, require the services of prosthodontists who are better trained in treating these conditions. Prosthodontists also specialize in advanced techniques involving build-ups and posts to restore a tooth rather than remove it. A prosthodontist helps saving many teeth that would be otherwise removed. They prevent future tooth fracturing, or problems due to clenching or grinding. A prosthodontist is the skilled architect who can restore optimum function and appearance to restore smile. This they can do by not simply asking their patients to keep their teeth apart and keep mouth open to work in it but also by asking them to keep their opposing teeth shut and to move them against each other to restore oral function properly.

The rigorous training in prosthodontics is earned through a hospital and institution-based program accredited by the specialist colleges and bodies and it involves extensive teaching in professorial clinics and supervised sessions of patients' treatments, laboratory experience in fabricating restorations,

reviews of the literature and lectures. It also involves thorough instruction in esthetics / cosmetics and smile design, as well as temporomandibular disorders (TMD) and jaw joint problems, traumatic injuries to the mouth's structures, congenital or birth anomalies to teeth and other oro-facial abnormalities and continuing care. Contemporary prosthodontists are the only dental specialists that have more of grasp on other specialties as well and especially prosthodontists are good at treatment planning. Without comprehensive evaluation and planning, one never knows the case and thus will not know what he / she is looking for either.

Contemporary prosthodontists show their patients, photos of their completed cases (both the before and after). They also feel proud of showing testimonies from satisfied patients. Contemporary prosthodontists are well known to their patients. Their patients talk well about them everywhere. They are ready to answer questions of the patients and listen to them. They do not mind patients seeking second opinion from them regarding their problem and treatment. They have very professional websites. Their patients and dental practitioner friends recommend them as "best in the town" to other patients. Contemporary prosthodontists listen to and speak to patients in person. Their treatment plans are well-written and contain no spelling / punctuation errors. Their view of patient teeth and the treatment needed by their patients matches their and their patients' opinions fairly closely. Their patients consider them reliable, perfectionist and the kind of people they want to get treatment from. They make comfortable, functional and esthetic dentures by giving time and precision to the involved procedures. They educate their patients on the value of service rendered by them. Despite knowing dentures causing them more headaches in their practice, especially the immediate dentures, they are always willing to treat patients in need of these therapies. They even treat patients having neuromuscular problems. They also provide fixed and especially implant-assisted prostheses. Such treatment options and many others are not as simple as tooth preparation but are more complicated as many cases need bone and soft tissue grafting and especially in cases of soft tissue esthetics excellent skills in flap management becomes more essential.

A prosthodontist must be at least well conversant in identifying cases for referral if they would not be doing them in own practice and not feeling competent for doing them. A prosthodontist, however, at the least must be able to do simple cases with minor bone deficiencies such as cases that can be handled with "bone in a bottle". Harvesting of auto-genus grafts, distraction osteogenesis, multiple implant placement, sinus lifts...these are best handled by those with comprehensive surgical training and the ability to manage the complications that inevitably arise. We the prosthodontists are expected to be the master treatment planner of a case. Many among us prosthodontists will market themselves very well if experts in restorative work as dentistry is 90% restorative. As a prosthodontist we must have an absolute command on restorative procedures. We the prosthodontists must be dedicated to the highest standards of care in the restoration and replacement of teeth and we should remain competent to treat the more difficult and advanced dental problems.

We the prosthodontists should be willing and prepared to accept the challenge of being contemporary. To be truly called contemporary prosthodontists, we should be aware and be the users of digital technology that has been and is becoming available to us. We must incorporate these technologies into our diagnostics, planning and fabrication procedures. We must be able to predict and ensure that implants are placed in the best position to function, look and feel natural. This is of particular importance in the event that today, our patients face tremendous time constraints for multiple visits to us and yet they are very much aware of their demands for high quality, long-lasting and precisely functioning prosthetic restorations. However, by the mere possession of the technically sophisticated, digitalized electronic instrumentation, one can neither achieve new

heights of accomplishment nor become a contemporary prosthodontist.[10] In fact, a recent investigation has shown that the use of conventional impression method and the press fabrication technique for crown produced the most accurate 3D and 2D marginal fit.[11] The bottom line is simply and clearly the individual's ability to perform excellent clinical dentistry. There should be no room in our profession for a mediocre performance and all must strive mightily to attain the ultimate.[10] Nevertheless, being conversant with and being the users of latest digital technology and materials when coupled with the possession of excellent clinical skills, we prosthodontists will become the best clinicians, researchers, educators and trainers in the specialty and thus we will become the best writers on these aspects.

I urge the authorities of the government to play their role for facilitating the availability of latest dental digital technologies and materials to all of us without paying heavy taxes and duties on acquiring them.

References:

1. Baba K. Paradigm shift in Prosthodontics. J Prosthodont Res. 2014 Jan; 58: 1-2.
2. Sarin S, Gilbert D, Asimakopoulou K. Why simple aesthetic dental treatment in general practice does not make all patients happy. Br Dent J 2014; 216, 681 – 685.
3. Dominic Hurst. Editorial: Research and other evidence in practice: the importance of our professional discourse and social relationships. Evidence-Based Dentistry 2014; 15: 34.
4. Sui L, Wu X, Wu S, Gao P, Li R. The Quality of Written Instructions for Dental Prostheses in China. J Prosthodont 2014; J Prosthodont. 2014 Jun 20. doi: 10.1111/jopr.12163. [Epub ahead of print.
5. Bergman B: Periodontal reactions related to removable partial dentures: a literature review. J Prosthet Dent 1987; 58:454-458.
6. Basker RM, Harrison A, Davenport JC, et al: Partial denture design in general dental practice–10 years on. Br Dent J 1988; 165:245-249.
7. Tuominen R, Ranta K, Paunio I: Wearing of removable partial dentures in relation to dental caries. J Oral Rehabil 1988; 15:515-520.
8. Owall B, Budtz-Jorgensen E, Davenport J, et al: Removable partial denture design: a need to focus on hygienic principles? Int J Prosthodont 2002; 15:371-378.
9. Lynch CD, McConnell RJ, Allen PF: Trends in indirect dentistry: 7. communicating design features for fixed and removable prostheses. Dent Update 2005; 32: 502-514.
10. Shavell HM. Polydisciplinary Class 1 Biomorphaesthetic occlusal reconstruction: An abbreviated case report. J Pak Prosthodont Assoc 2013; 01(01): 21-31.
11. Anadioti E, Aquilino SA, Gratton DG, Holloway JA, Denry I, Thomas GW, Qian F. 3D and 2D Marginal Fit of Pressed and CAD/CAM Lithium Disilicate Crowns Made from Digital and Conventional Impressions. J Prosthodont 2014). doi: 10.1111/jopr.12180

Peshawar, Pakistan
June 2014