

# PROSTHODONTICS IS IN YOUR FUTURE

Several decades ago, prosthodontic procedures dominated dentistry. Teeth were extracted on a routine basis and artificial dentures were made for patients when natural teeth could have been saved using the techniques of today. Removable complete prosthodontics was prominent. Preventive dentistry, including better patient education about oral hygiene, fluoride application and proper diet, has since started to be promoted by the dental profession. Saving teeth instead of extracting them became popular and was valued by the public. Removable complete prosthodontics was less needed than in the past. The life expectancy of the American public increased from 45 years in 1930 to nearly 80 years in 2000. The retention of natural teeth increased from 7.4 teeth at age 65 in 1960, to about 20 teeth at age 65 in 2000.<sup>1</sup> Removable complete dentures are now encountered only infrequently in youth.

With the increase in life expectancy and the retention of natural teeth, fixed, implant and removable partial prosthodontics are now a major part of dentistry. It is estimated that this trend will continue as people live longer, retain even more natural teeth and have a

greater desire for more elective esthetic procedures. The practice of dentistry has shifted heavily from treating young people to treating mature adults, and prosthodontics is in heavy demand again. However, today's prosthodontics is a different type of prosthodontics from that of the past. What does the future hold for prosthodontics, general dentists and prosthodontists?

Prosthodontics is one of nine recognized specialties in dentistry. As with several of these nine specialties, most of prosthodontics is accomplished by general practitioners. What is the role that prosthodontists and general dentists have in prosthodontic therapy in the United States? The following information represents my views after practicing, teaching and researching in prosthodontics for 40 years.

## FIXED PROSTHODONTICS

It has been estimated that more than 40 million crowns were placed in the United States last year.<sup>2</sup> That is about 25 units of fixed prosthodontics per general practitioner per month, or more than one-third of the average gross income of a general dentist (based on ADA typical average gross income estimates). The

public now demands esthetically acceptable crown coverage of discolored, carious, broken or periodontally disfigured teeth, and dentists of today can provide these necessary services. As is the case for most of endodontics, periodontics, pediatric dentistry, and oral and maxillofacial radiology, the majority of prosthodontic therapy is provided by general practitioners. Oral surgical and orthodontic procedures are accomplished less frequently by general practitioners than they are by specialists.

Prosthodontists have significant in-depth background in the complex technical, biological and esthetic aspects of fixed prosthodontics. They are capable of providing clinical support, treatment planning and educational information to general practitioners in the complex aspects of fixed prosthodontics.

## REMOVABLE PARTIAL PROSTHODONTICS

In the past, many people elected to have all of their teeth removed instead of having removable partial dentures. However, currently many natural teeth remain in most mature people, and when long-term retention of teeth is unknown because of periodontal disease, removable



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partial dentures are often a more desirable therapy than fixed or implant prostheses.

In my experience teaching removable partial prosthodontics to mature general dentists, this area of education in dentistry could use significant upgrading. There is a general

lack of understanding of the need for planning removable partials, as well as of clasp design, semiprecision and precision attachments, differences among artificial teeth types, metals for frameworks, denture base resins, occlusion on natural and artificial teeth, and other topics. Additionally, many dental laboratories have only minimal knowledge of these topics. Although thousands of removable partial dentures are made in the United States each year, their quality could be significantly improved. Prosthodontists have special expertise in this area, and most are pleased to be consulted when difficult cases are encountered.

#### **IMPLANT PROSTHODONTICS**

This complex area of prostho-

dentics has made major strides in the past 10 years. However, the difficulty encountered in planning and constructing implant prostheses, as well as the laboratory expertise and interaction necessary for success, have discouraged some dentists from becoming involved with implant prosthodontics. Education and experience are required to provide long-term successful implant prosthodontic therapy. Prosthodontists have special education in implant prosthodontics. They are a valuable resource for general practitioners, both in treatment planning and providing therapy. I predict that implant prosthodontics will continue to increase in need and demand, become more refined clinically, and become a part of more general practices.

#### **MAXILLOFACIAL PROSTHETICS**

Making artificial replacements for the face, ears and other parts of the body is a less commonly encountered aspect of prosthodontics and is usually accomplished by prosthodontists. It requires optimum interaction with most dental specialties and several medical specialties. General dentists should have an understanding of the type of therapy available and how to refer patients to prosthodontists for treatment.

#### **AVAILABILITY OF PROSTHODONTISTS**

There are approximately 1,000 prosthodontists certified by the

American Board of Prosthodontics. They are located in all areas of the United States. Prosthodontists are willing and eager to help general dentists in treatment planning their cases or, if requested, to perform the prosthodontic therapy themselves.

#### **CONCLUSIONS**

Prosthodontics was officially established as a specialty of dentistry in 1947. It has grown and matured to be a resource of highly qualified and skilled practitioners who can provide prosthodontic therapy for all types of complex clinical situations. As with several other dental specialties, most of prosthodontic therapy is accomplished by general practitioners. Prosthodontists are assisting the profession in treatment planning and in providing treatment for the most complex fixed, removable and implant prosthodontic cases, as well as in maxillofacial prosthetics. I know that my colleagues are eager to help general practitioners and other specialists in this growing and complex area of dentistry. ■

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.

Educational information on topics discussed by Dr. Christensen in this article is available through Practical Clinical Courses and can be obtained by calling 1-800-223-6569.

1. Douglass CW. Future needs for dental restorative materials. *Adv Dent Res* 1992; 6:4-6.

2. Melnitchenko E. Dental industry overview. *Vital Points* 1999;10:2.