

College Contact

SUMMER/FALL 2011

COLLEGE OF DENTURISTS OF ONTARIO





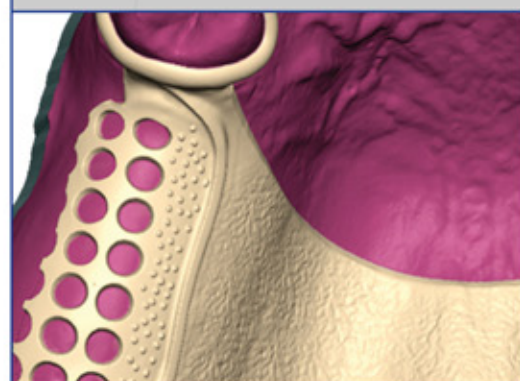
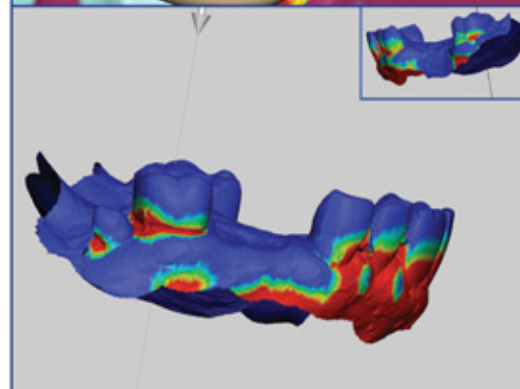
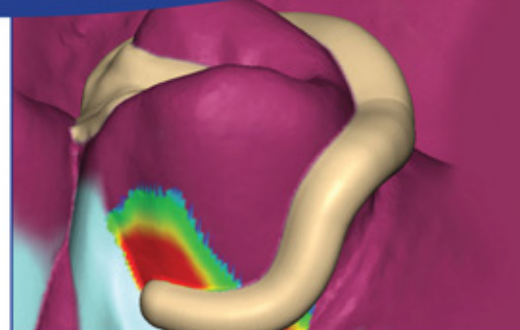
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Our Mission

The mission of the College of Denturists of Ontario is to regulate, govern and develop the profession while serving the public interest.

Strategic Objectives

The College Council met on February 2, 2007, November 9, 2009 and is again planning to meet to develop and further achieve the strategic goals and plan the desired outcomes. The goals identified by the Council are in keeping with its mission statement.

Strategic Direction

"The mission of the College of Denturists of Ontario is to regulate, govern and develop the profession while serving the public interest."

- | | |
|-----------------------------------|--|
| I. Scope of Practice: | Modernize and define Denturists' Scope of Practice within the oral health care system.

Define core competencies. |
| II. Educational Standards: | Establish and define the educational standards and objectives for an accredited institute in delivering:

<ul style="list-style-type: none">a. diploma in Denturism; andb. degree in Denturism. |
| III. Governance: | Fulfill Council's mandate and accountabilities in an effective and consistent manner. |
| IV. Stakeholder Relations: | Educate, engage and manage expectations of stakeholders, the public, professional members, associations, educators and inter-professionals. |

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On the Cover



Photo By: Maxiar

Location: Lac Lucerne, Ste. Adèle, Québec

Description: Lac Lucerne in Ste. Adèle Québec offers a spectacular array of fall colours, ranging from deep orange and burgundy to pale yellow. The reflection of these colours off the lake provides a breathtaking double image.

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We welcome editorial submissions but cannot assume responsibility or commitment for unsolicited material.

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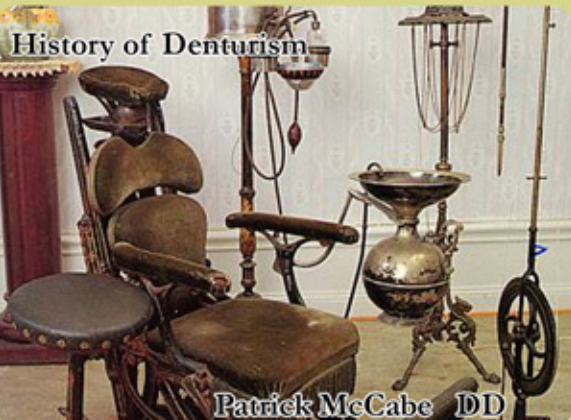
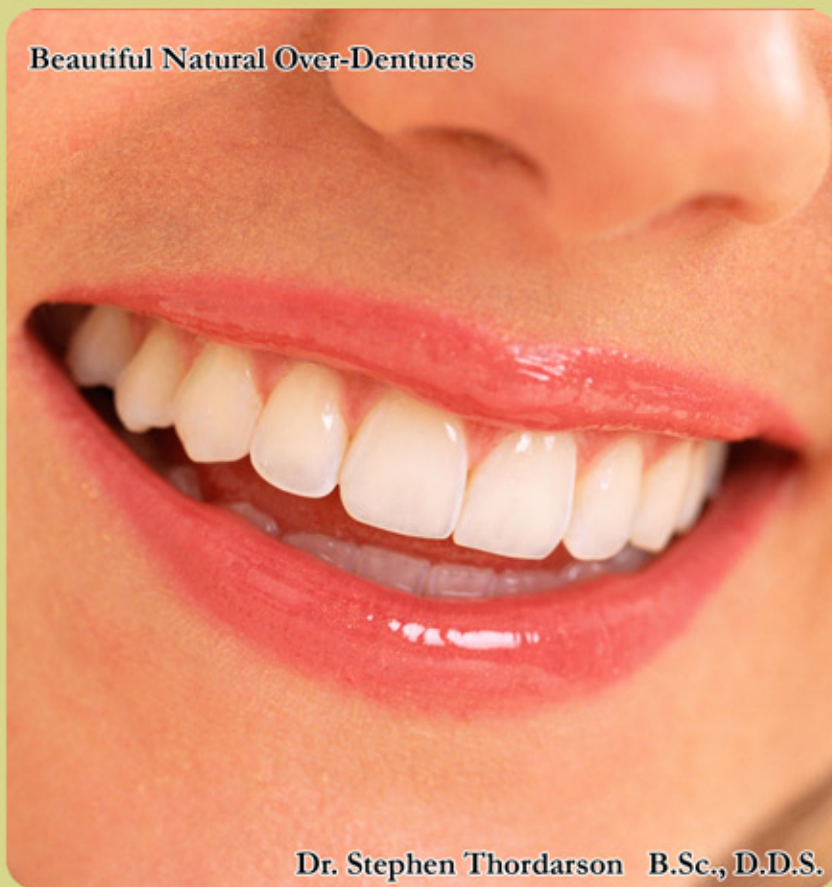
We welcome your views and comments. Please send them to the College of Denturists of Ontario, 180 Bloor Street West, Suite 903, Toronto, ON M5S 2V6.

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Continuing Education Program



Beautiful Natural Over-Dentures



History of Denturism

Patrick McCabe DD

Dr. Stephen Thordarson B.Sc., D.D.S.

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Letter from the Editor



Max Mirhosseini, DD, HIP
Editor-in-Chief

**“Walker, there is no road.
the road is made as you walk”**

- Antonio Machado

Every leaf is as beautiful as a flower. Autumn is here, and with it, the third issue of our magazine, which has been harvested for the last three months. Like Edwin Way Telle explains, “For man, autumn is a time of harvest, of gathering together. For nature, it is a time of sowing, of scattering abroad”. For our profession, it is the perfect time for us to “gather” all of our resources, talents and goals so that we are able to reassess our past successes and challenges. When we do this, we are better prepared to plan for the future.

In this issue of the magazine, we hope you will enjoy the variety of articles you will find, which include Continuing Education Program, History of Denturism and Quality Assurance Committee. You will also receive invaluable information on Certificate of Authorization. The article Beautiful Natural Over-Dentures will appeal to those of you who are interested in implants.

I am always available at:
editor@denturists-cdo.com

If you know of something that you think just might make a good story for the magazine, please drop me a line.

With the arrival of autumn, let's enjoy the beautiful colours that life has to offer!

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J. Gus Koroneos, B.Sc., DD
President

Taking pride on the past and moving towards the vision...

Message from the President

As denturists, we are healthcare practitioners. We, along with members from over 20 other health regulatory colleges and transitional health regulatory colleges in the province of Ontario are privileged to be providing healthcare services to the public. All the health regulatory colleges are there to protect the public and to govern the health care professions.

A few months ago, the College took Ms. Shirley Wallace, a non-denturist, to court for performing a controlled act and potentially causing harm to the public. The court ruled against Ms. Wallace. This is just one example of the work the College has partaken in its capacity to protect the public. This is not only protecting the public but it is protecting the integrity of the profession.

Similarly, denturists should also take responsibility to ensure that they are providing the best professional denture services to the public. The College has established a Continuing Education Program to allow members to continue to gain knowledge and develop their skills to provide better denture services to the public. In time, the College hopes that this will also assist denturists when an increase and modernization in the scope of practice does happen.

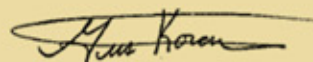
The College is constantly working to develop better tools for members so that they can provide quality professional services to the public. It cannot be stressed enough that every member must read and be familiarized with the Quality Assurance Manual which can also be ordered from the College or printed directly online, as well as the legislations governing denturists.

In August 2011, an orientation for new registrants and candidates who are eligible to register for their Certificate of Registration was held. At the orientation, each registrant was provided with the Quality Assurance Manual and information pertinent to begin their practice. The orientation informed the new registrants on the role of the College and its duties.

The College hopes to have another general meeting for all members, similar to that of the SGM last November. There will be more opportunities for all of us to learn about the policies and regulations of our profession, as well as tips to assist us on our day to day practice. A general meeting is also a great place to meet with your colleagues and friends; it provides a positive environment for learning and growing.

As professionals it is not only important to be respectful and professional to our patients but also with each other.

Best regards,



J. Gus Koroneos, B.Sc, DD
President



Salim Kaderali, B.Sc., Dip. Ed., M.Ed.
Registrar

"Success is the result of perfection, hard work, learning from failure, loyalty, and persistence."

-Colin Powell

Message from the Registrar

As I reflect over the past few months since the last publication of the College Contact, I am inspired by the work, accomplishments and teamwork of the College of Denturists of Ontario's (the "College") Council, committees and its staff. They are working together to move the profession forward while protecting the public interest and regulating the profession of denturism in Ontario, despite a heavier than usual workload.

This is a period when all committees are reinvigorated with new appointments and goals for the New Year. It is also a time to look back at the past year and review the work that was accomplished and the work that is still continuing, the successes and errors, and to take heed of all of our joint efforts.

After a very successful summer qualifying examination, more than two dozen candidates were eligible to register for their Certificate of Registration. The President and myself, along with two public appointed members, Ms. Joan Duke and Mr. Emanuele DiLecce, attended an orientation for the candidates and to welcome the new registrants of the College. This is the second such orientation that was held. The Qualifying Examination & Curriculum Committee is now engaged in the consideration of establishing an Examination and Accreditation Board.

The Quality Assurance Committee, in addition to completing the required assessments, updated the Quality Assurance Manual, and further enhanced its Continuing Education Program. The Infection Control Manual should be coming to fruition soon.

The Regulation and By-Laws Committee has had more work on its plate than in the last few years put together. In keeping with the Ontario Labour Mobility requirements, their work on updating the Registration Regulation is now coming to an end. Its next tasks are to update the *Denturism Act, 1991*, as well as its regulations.

The Certificate of Registration renewal for 2011-2012 will be completed in October for those members paying a second installment. The majority of the members' registration renewals have been smooth. The Registration Committee is in the process of updating the registry software which will be more user friendly.

The College will need to keep pace with the rapidly changing regulations, processes and technology. The Council has a new strategic planning session on its agenda, and I look forward to its deliberations. Your feedback is most welcomed.

Yours truly,



Salim Kaderali
Registrar

College Council



Ted Dalios DD
(Vice President)
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Gus Koroneos DD
(President)
District 2



Patrick McCabe DD
District 3



Robert Velensky DD
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District 8

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Anita Kiriakou



Emanuele DiLecce



Angela Smith



Jeff Amini



Joan Duke

Continuing Education Program

Continuing Education Program for Ontario Denturists



In 2010, the Continuing Education (the “CE”) Committee was formed as a Sub-Committee under the Quality Assurance Committee to develop a comprehensive Continuing Education Program (“CE Program”) for all active members of the College of Denturists of Ontario (the “College”).

The development of the CE Program, to be established by April 15, 2011, is approved by Council on October 1, 2010.

The CE Sub-Committee reported to Council on December 17, 2010, on their extensive research which also looked at programs that have already been in place and working in their respective jurisdictions. The revised draft was accepted by Council in March 11, 2011.

The CE Program is designed to meet the requirements of sections 3(1)4 and 80.1 of the Health Professions Procedural Code (the “Code”) under the *Regulated Health Professions Act, 1991*, (the “RHPA”), as well as support future changes to the Denturism scope of practice in Ontario. Pursuant to section 80.1 of the Code:

A quality assurance program prescribe under section 80 shall include:

- (a) continuing education or professional development designed to;
- (i) promote continuing competence and continuing quality improvement among members,
- (ii) address changes in practice environments, and
- (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

According to section 3(1)4 of the Code, the College has developed and established a CE Program which has been informed to all members of the requirements through numerous communications. As of April 15, 2011, members of the College will maintain their professional knowledge through appropriate continuous learning and professional education on an annual basis.

The objective of the CE Program is to promote competence and professionalism at all stages of the Denturism profession. To be eligible for credit(s), activities must have significant intellectual and/or practical content related to the practice of Denturism and/or the management of the denturist’s practice. Activities can also be related to the professional responsibilities or ethical obligations of the participant.

As stated in the CE Program, members acquire credits on a per year basis in conjunction with the annual registration term from April 15th to April 14th of the following year. All hours are to be submitted on or prior to April 15th with the annual registration. Members are to obtain a minimum of 100 CE hours

Continuing Education Program

in a 5 year cycle with a minimum of 10 CE hours per year.

The purpose of developing a program where members are to obtain 100 CE hours in 5 years was primarily to motivate members to take intensive training and be recognized and credited for them. Members can now take programs that are high in CE hours and carry those hours forward within a 5 year cycle. Secondly, the CE Program is meant to be competitive with other Denturists Colleges in Canada, support labour mobility and hopefully encourage an increase in the Denturism scope of practice.

Aside from the set hours, the following are other key components that members should be aware of:

1. It is the denturists' responsibility to maintain documentation and evidence of continuing education credit completion (i.e., course descriptions, certificates, receipts, course syllabi, etc.). This information should be recorded and maintained in the Quality Assurance Manual. The College is currently developing a database system to allow members to record credit completion through the personal member login.

2. It is the denturists' responsibility to submit CE hours with supporting documentation to the College. This can be done by mail or fax. Within the next few months, members will be able to update and keep track of their CE hours on the College website.

3. Sources where denturists may obtain courses, lectures or equivalents that are recognized for CE credit(s) include but are not limited to:

- (a) a recognized educational institution;
- (b) the College of Denturists courses (nationally);
- (c) International, national or provincial denturist associations;
- (d) Dental manufacturers or suppliers approved by the College; or
- (e) Notices on the College CE website.

4. It is important to become familiar with the minimum and maximum requirements set out by the CE Program.

It is the hope of the CE Committee to deliver a CE Program that will not only promote individual competence and improvement, but professional growth as well. The CE Program is designed to be diverse and allow members to obtain CE hours in various ways. Some of which being:

- Study clubs;
- Individual learning;
- Teaching;
- Publications; or
- Participating in professional organizations.



With any new program, changes and adaptation are expected as it evolves. The CE Committee looks forward to input and suggestions from members of the College. For more information on the CE Program, please visit the College CE website at :

www.denturists-cdo.com/continuingeducation.html.





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Certificate of Authorization

Certificate of Authorization



Are you performing denturism under a corporation? What you should know.

Health professionals, such as Denturists, who wish to incorporate their business, must do so under the *Business Corporations Act, 1990*, to which they incorporate as a Professional Corporation. The *Corporations Act, 1990*, is not the same as the *Business Corporations Act, 1990*, and it does not apply to health professionals.

A Professional Corporation can only operate under its designated profession, in our case Denturism, if they hold a valid certificate by our regulatory body, the College of Denturists of Ontario (the "College").

The certificate which all Professional Corporations must have is called the Certificate of Authorization. The laws governing this can be found in the *Regulated Health Professions Act, 1991* (the "RHPA"), and its Ontario Regulation 39/02 ("O. Reg. 39/02") - Certificates of Authorization, and further detailed in the College By-Laws.

Without this valid certificate, the Professional Corporation is not to be practicing Denturism and they run the risk of violating the laws governing this matter.

How many Professional Corporations currently hold a valid certificate to operate?

There are seventy-seven registered Professional Corporations who are eligible to operate Denturism in Ontario. These Professional Corporations receive a Certificate of Authorization, much like your Certificate of Registration from the College. The Certificate of Authorization needs to be renewed each year at the same time as your Certificate of Registration. After successfully renewing your Certificate of Authorization, you will receive a certificate to be mounted on the wall of your business. This certificate has an expiry date of April 14th of each renewal period.

Should I incorporate my business?

You should seek the advice of your financial advisor, accountant or legal representative as there are possible tax incentives depending on a variety of factors to incorporate your business.

I have decided to incorporate my business, where do I begin?

Seek the advice of your legal representative to apply to incorporate your business under the *Business Corporations Act, 1990*. Some legal representatives are not aware that there are regulations governing health Professional Corporations. You and your legal representative

Certificate of Authorization

may wish to review the RHPA, and the O. Reg. 39/02 - Certificates of Authorization before beginning.

What is an acceptable name for my Professional Corporation?

The naming process of your Professional Corporation is very specific. It must contain your full or last name of one or more shareholders and indicate the type of Professional Corporation. For example, John Doe and Jane Doe Denturist Professional Corporation; Doe Denturist Professional Corporation; J. Doe Denture Clinic Professional Corporation.

The naming of your Professional Corporation is set out in the *Business Corporations Act, 1990*, and the O. Reg. 39/02 - Certificates of Authorization.

How do I apply to register my Professional Corporation?

First, you must apply to incorporate your business under the *Business Corporations Act, 1990*. Once you receive the corporation number, you can then proceed to apply to register for a Certificate of Authorization. The policy and application form to apply for a Certificate of Authorization can be found on the College website. There is an initial fee which needs to accompany the application.

Can my family be a shareholder in the Professional Corporation?

No. At this time, your family cannot be a shareholder in the Professional Corporation. Only registered Denturists are eligible to be a shareholder in the Professional Corporation. The only way for your family member to become a shareholder is if they are a registered Denturist with the College.

Members of the College of Physicians and Surgeons of Ontario and the Royal College of

Dental Surgeons of Ontario are the two exceptions to this law. Members of these two Colleges are eligible to have family members as shareholders.

I am now registered with the College, what are my responsibilities?

You must renew your Certificate of Authorization each year in conjunction with your Certificate of Registration by April 15th. Failure to renew by April 15th can result in a late fee and subsequently the revocation of your Certificate of Authorization. A notice is provided to inform the Professional Corporation that failure to comply by a certain date can result in the revocation of the Certificate of Authorization and this entails that you must cease the practice of Denturism while operating as your corporation. Remember that no corporation can practice Denturism in Ontario unless they have a valid Certificate of Authorization from the College.

What happened with the 2011-2012 Certificate of Authorization Renewal period?

All Certificates of Authorization were renewed for the 2011-2012 with no revocation. Five Professional Corporations renewed their Certificate of Authorization late.

The College would like to thank everyone for renewing their Certificate of Authorization for the 2011-2012 year.

Have you registered your Professional Corporation?

If you have not registered your Professional Corporation with the College, this may be considered a violation of the O. Reg. 39/02 - Certificates of Authorization, and the RHPA.

Have your Professional Corporation registered today with the College. If you require any assistance on where to start, please contact the College.

History of Denturism

“Know from whence you came” – James Baldwin



Patrick McCabe, DD, RDT, FCAD

Patrick has a denture practice in Cambridge, Ontario. He served as Vice-President of the Denture Therapist Association in the late 1970's. In the early 1980's, he was appointed to the Governing Board of Denture Therapists where he served as chair to many committees including the Discipline Committee, and Chairman of the Governing Board of Denture Therapists of Ontario. He has been actively involved with dental implants for over 20 years, both as a Registered Dental Technologists and Denturist. He has lectured for Nobel Biocare, Straumann, and ITI systems.

Around 1969 the Registered Dental Technologists of Ontario (“RDTs”) found it more difficult to earn a living because of rapid inflation. The costs to operate a dental lab were being affected by the rising price of oil, which led to the increase in the price of acrylic and teeth. Smaller labs needed to increase fees to their clients (Dentists) to survive. This resulted in the loss of many of their accounts to large labs that had the ability to be more competitive.

RDTs went to their clients to explain their predicament to no avail. It was cheaper for Dentists to go to the larger labs for services.

Many RDTs, especially those who specialized in dentures, decided to form a group to support one another. People like Mr. Benjamin Sweet and others, who decided to use their credentials as RDTs, lobbied to be allowed to provide dentures directly to the public. This was the beginning of the Denturist Society of Ontario.

The new Society had supporters from a few Dentists as well. The Society, with the help of

these Dentists, developed an exam to qualify Dental Technologists to be Denturists. This exam was not authorized or recognized by the government, resulting in the Royal College of Dental Surgeons of Ontario charging members of this new and unrecognized group with practicing dentistry without a license.

It is important to point out that most of these RDTs were people who had dental labs. They knew that they were putting their livelihood in jeopardy. Dentists stopped sending their work to them. This meant that their family's financial stability and the ability to practice their trade were at risk.

The most notorious event took place when Mr. Sweet was arrested and put in jail. This received national attention. He was providing dentures directly to the public at greatly reduced fees. At that time a set of dentures from a Dentist was about \$350. Denturists were charging about half that price. The public were happy with the reduced fee and Denturists were making a better living. The arrest of Mr. Sweet was published in

History of Denturism

the newspapers and Maclean's magazine. Public opinion was on the side of this fledgling group. They were receiving high quality dentures at reduced fees because the middle man was being eliminated.

Denturists bonded together under one purpose, to prove to the public and to the government that Denturists were more than qualified to provide denture services. They decided to hire Mr. Gordon Smith, a lobbyist with understanding of the media and the government. Each member of the Denturist Society agreed to pay \$100 a month in order to afford his services. At that time, the fee was a huge expense compared to their income; furthermore, it was a tremendous sacrifice because their Dentist clients threatened to stop sending them work if they continued their support for the movement. Under the pressure, some of the members withdrew their support.

In an attempt to move forward, the members had to find a new source of revenue. It was suggested that the Society test individuals who had no previous qualifications as Dental Technologists but were qualified as very experienced denture technicians. This created a split in the movement. One group of Dental Technologists would not entertain the matter and insisted it would discredit the movement. The other group of Dental Technicians felt that any experienced denture technicians should be allowed to write the unrecognized exam, and if they passed they could become members. The split in the philosophy created a split in the Society. The latter group was called the Denture Therapist Association of Ontario.

The government responded to the pressures of the public to allow recognition of this group and create a new profession. The government met with Dentists and members of the Society and Association to agree upon establishing an exam to test these individuals and grant licences to those who were successful.

The exam was setup and supervised by Dentists. Those who passed were granted a license to practice. The title for the new profession given to those who were licensed was Denture Therapist, a compromise with dentistry. Some members felt that this title was intended to confuse the public from the familiar name, Denturist. It was at this time that the government established the Governing Board of Denture Therapists to govern the licensing of this new profession. The name would later be changed to the College of Denturists of Ontario in the early 1990's.

The scope of practice was limited. Denture Therapists were only allowed to fabricate complete dentures. To fabricate partial dentures, Denture Therapists required the supervision of a Dentist. Conflicts resulted by the fact that some Dentists were not willing to supervise these Denture Therapists in fabricating partial dentures. Some Denture Therapists began fabricating partial dentures without supervision and risked losing their license. Members, like Mr. Horst Feige, openly challenged the law and the Governing Board of Denture Therapists to



Photo of Mr. Benjamin Sweet.

History of Denturism

prosecute them. Many of them lost their license numerous times and sacrificed much, including losing their clinics and source of income, to achieve the right to fabricate partial dentures directly.

The members of the Society and Association merged and formed the Denturist Association of Ontario in order to lobby the government as one organization. Issues of concern were developed and presented to the government and to the Governing Board of Denture Therapists.

The Denturist Association of Ontario and the

Governing Board of Denture Therapists recommended to the government to increase the scope of practice for Denture Therapists to include the fabrication of partial dentures to the public.

The history of Denturism in Ontario is far more complex and detailed than what has been mentioned above; however, we must not lose sight that it is a privilege and honour to be a Denturist today as a result of those individuals whose sacrifices and courage helped to bring forth the profession of Denturism.



ATTENTION MEMBERS !

As of June 1, 2011 new clinics are required to have a CSA approved dental chair, examination light and an evacuator or cuspidor in their operatory. As of December 31, 2011 all existing clinics must meet the same requirements

As of May 25, 2011 - Registration was due April 15, 2011

Outstanding Online Registration - 26

Missing Copy of Insurance Certificate - 51

Missing Photos - 19

As of July 15, 2011 - Registration was finally completed

22 registrants were charged late penalties

3 were suspended for non-payment

QUALITY ASSURANCE MANUAL

Every member is **REQUIRED** to have a Quality Assurance Manual in their practice location. If you do not have one, you can request a copy for \$75 by filling out the form online or faxing it to the College. This form can be found at : www.denturists-dco.com/qualityassurance

CHANGE OF ADDRESS NOTIFICATION

Each member is required by law to report the address of their primary place of practice and all other practice locations. These practice locations are a matter of public record in the College Register and must be reported promptly. If a member is not in active practice, he or she must supply a mailing address to the College. Please contact the College if your address has changed.



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Quality Assurance Committee



The Quality Assurance Committee is working diligently to fulfil its major mandates designed to protect the public and enhance the profession of Denturism in Ontario.

The Quality Assurance Committee is a statutory Committee mandated to the College under section 80, 81, 82, and 83 of the *Regulated Health Professions Act of 1991*. Section 80.1 stipulates that the program of this Quality Assurance Committee shall include:

- (a) continuing education or professional development designed to,
- (i) promote continuing competence and continuing quality improvement among the members,
- (ii) address changes in practice environments, and
- (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program. 2007, c. 10, Sched. M, s. 58.

Section 80.2 of the RHPA outlines the powers of the Quality Assurance Committee to ensure that the knowledge of individual members be maintained at an adequate level, and to take remedial action to help the practitioner maintain competency. It also provides the outline of how this can be achieved along with the roles and responsibilities of the entities and individuals involved.

Sections 81 of the RHPA gives the Committee the power to appoint inspectors, and section 82 defines the roles and responsibilities of practitioners in respect to the inspectors and inspection process. The Committee has been determined to lay the groundwork necessary to modernize the scope of practice of the profession of Denturism in Ontario to match the technological advances in the field of dental technology. The scope of practice has not advanced since it was first enshrined in 1993, and to pave the way to expand the Scope of Practice may not have kept up with the changes that have occurred in science and technology since then.

The Continuing Education Sub-Committee has made recommendations for Denturists to keep up with the new technologies such as partial dentures implants and radiology.

Quality Assurance Committee

Lately, society has experienced many epidemic scares such as SARS and Swine Flu, and health professionals have been on the forefront on the battle to prevent these from becoming pandemics. To help Denturists in this regard, the Q.A. Committee asked Mr. Max Mirhosseini DD to put together an official infection control manual. This manual is close to completion and should be ready for publication in the near future.

College By-Laws, requires the Q.A. Committee to randomly select 5% of the Denturists for inspection. Up until last year, the name of a practitioner that was selected for inspection could go back in the pool after 3 years.

To ensure fairness, it was recommended that the name of the previously selected individuals, not be included in the selection pool again for a period of 5 years. This would make the full membership more likely to be reviewed within a reasonable timeline. This recommendation is approved by Council.

In 2011, Mr. John Kallitsis DD, the chief assessor, established procedures aimed at improving the assessment process. A special training session emphasizing a healthy interaction with the Denturist to help practitioner understand and meet their responsibilities to their patients.



Our Profession, Our Specialty, Serving Your Best Interests

In addition to other services, the DAO provides members with:

- The most comprehensive professional liability insurance available for Ontario Denturists
- The largest and best continuing education event available for Denturists (PYP)
- Knowledgeable, professional representation to the Ministry, the CDO and the public
- Membership in the DAC with access to EDI, unique numbers and procedure codes

**Join the DAO and help make our profession stronger.
Together - grow through dedication, commitment and integrity!**

www.denturistassociation.ca

Smile Design for Beautiful Natural Over-Dentures



Dr. Stephen Thordarson, B.Sc., D.D.S.

Dr. Stephen Thordarson has been restoring smiles for more than 19 years. He obtained his Doctorate of Dental Surgery degree from the State University of New York at Buffalo in 1992, and a Bachelor of Science degree from the University of Toronto in 1988.

Dr. Thordarson has a special interest in esthetic, complex restorative and implant dentistry. He currently lectures internationally and maintains and esthetic dentistry practice in Oakville, Ontario.

Dental implants have improved the quality of life for millions of denture-wearers world-wide. It is well documented how well implants improve the stability, retention, function and comfort of over-dentures. Yet one of the greatest advantages implant patients have is the opportunity to have highly esthetic dentures made.

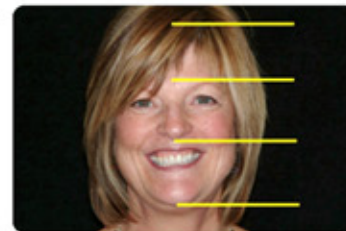
Borrowing from esthetic dentistry, beautiful natural dentures can be made using some simple smile-design techniques. Although they may seem like a departure from basic principles, dental implants allow us to break some of the previous denture design rules.

Conventional Techniques that Increase Denture Stability but Compromise Esthetics:

1. Closing Vertical Dimension of Occlusion

Vertical dimension of occlusion (VDO) is defined as the height of the lower third of the face (base of nose to chin) when the teeth are closed together. The face is divided horizontally into three equal 'thirds':

The Forehead—Hairline to top of eyebrows
The Mid-Face—Top of eyebrows to base of nose
The Lower Face—Base of nose to base of chin



In dentistry, we only have control over the lower third of the face. An "ideal" vertical dimension is one where the facial thirds are of equal height while the teeth are arranged in an Angle class 1 occlusion.

A conventional technique used to improve denture stability and retention is to close the vertical dimension. As the ridges move closer together the denture bases can be made thinner and more stable. Due to the arc of rotation of the lower jaw, closing the vertical dimension will result in the anterior teeth becoming more and more edge-to-edge (more stable), moving from an Angle class I

arrangement to more of an Angle Class III appearance).

A second reason for closing vertical dimension is to make the upper and lower ridges more parallel. Often, the upper and lower arches are farther apart anteriorly than posteriorly. By closing the vertical dimension, the upper and lower ridges become more parallel and therefore more stable during chewing function. While VDO closure makes dentures more stable, it introduces a significant esthetic compromise by violating the rule of facial thirds. When the lower third of the face is shorter than the forehead and mid-face, patients have the appearance of being over-closed. In addition to the lower face appearing shorter, the cheeks look full and the lips look too thin.

2. Setting Anterior Teeth “More Vertically”

In nature, the facial surfaces of upper anterior teeth are sloped or proclined. This means that the incisal edges of upper natural teeth are positioned more anteriorly than the gingival margins. While this position is correct for natural teeth, setting denture teeth in this position destabilizes the denture by creating tipping forces. To reduce tipping forces on dentures the anterior teeth are typically set up more vertically. We can increase stability by creating a more vertical arrangement of the upper teeth, but lip support and lip mobility are greatly compromised. (see figure)

3. Palatalizing the Upper Anterior Teeth

When natural adult teeth erupt into the mouth they pull the alveolar bone with them. This means that the entire ridge is formed through the process of tooth eruption. When teeth are extracted much of the alveolar process is lost and the crest of the resulting arch becomes much more palatally positioned than it was with teeth. To compensate for a palatally resorbing upper ridge, teeth need to be set in a much more labial position than you would think. A common error is to set the denture teeth as if they were erupting from the middle of the ridge. see figure Although positioning the teeth in a more

palatal position increases stability, the main problem is that lip support is almost completely lost. This results in a thin looking upper lip that hangs like a curtain and does not slide in an upward direction during smiling.

4. Choosing Smaller Denture Teeth

Whether closing the bite, reducing proclination of the front teeth or moving the front teeth palatally, the upper arch length is reduced. A smaller arch means that smaller (narrower) teeth need to be selected. While stability may improve, small-looking teeth create a significant esthetic compromise. In fact choosing teeth that are too small is one of the most common errors in denture fabrication.

5. Choosing Flat-Plane Posterior Teeth

Denture teeth are designed to maximize denture stability. Zero-degree or Rational teeth impart stability because their occlusal surfaces are flat-on-flat to allow for the “milling” of food while maintaining cross-arch contacts. Their occlusal surfaces are also reduced in width by approximately 30%, reducing pressure on the ridges. While dentures can be made to be more stable, zero-degree teeth have very poor chewing function because they lack the cusp-fossa relationship of natural teeth.

A More Esthetic Ideal

What if retention and stability of dentures became a non-issue? We could set denture teeth where they ought to be rather than where compromised dental structures required them to be. If we could place teeth and acrylic in their ideal esthetic positions without the risk of destabilizing function, we would end up with prettier smiles and happier patients.

Dental implants allow us as clinicians to create amazing esthetic results without compromising stability, comfort or function. Implants allow us to restore the natural beauty of a smile while significantly improving all functional characteristics. With the addition of as few as 2 implants there is a huge increase in patient

Beautiful Natural Over - Dentures

satisfaction both esthetically and functionally.

Esthetic Denture Set-up: A New Paradigm

In creating the ideal esthetic smile for a client, there are a number of principles that can be borrowed from general dentistry. The following list outlines some of the critical design considerations of an “esthetically driven” denture set-up. These are the same steps I use regardless of the restorative material. Whether restoring a dentition with crowns, bridges, veneers or denture, the planning is the same.

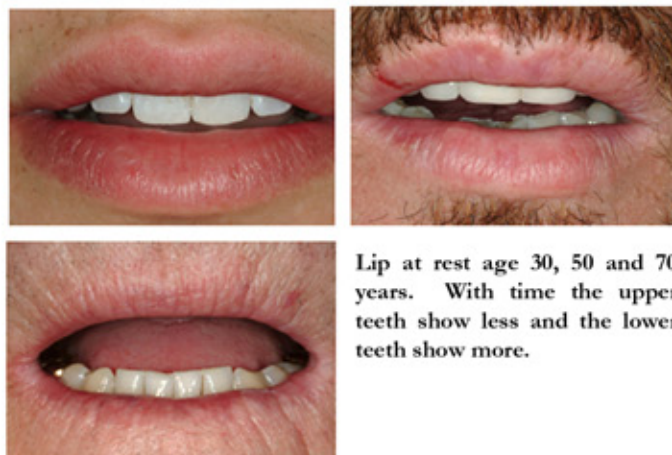
1. Lip at Rest

A study of several thousand people was conducted by Vig & Brundo which correlated the age and sex of patients with the amount of exposure of the maxillary and mandibular anterior teeth with the lips gently parted and in the resting position (lip at rest). Of interest was the gradual reduction in the amount of maxillary central incisor display with increased in age, accompanied by a gradual increase in the mandibular tooth display. This means that our lips ‘sag’ with age resulting in less and less upper tooth display at rest. When restoring upper teeth I always take a “lip at rest” photo as a reference of where I want the incisal edges to be. Although Vig & Brundo’s research shows 0 mm of display at rest for a 70+ year old individual, I always position the teeth to allow at least half a millimeter of upper display. This imparts a more youthful appearance to one’s smile. With denture fabrication the incisal position is mocked up using the upper wax rim as a reference.

Display of Upper Central Incisors with Parted Lips at Rest

30 year old female	3.4 mm maxillary centrals display at rest 0.5 mm mandibular display at rest
50 year old female	1.0 mm maxillary display at rest 2.0 mm mandibular display at rest
70 year old female	0.0 mm maxillary display at rest. 3.0 mm mandibular display at rest

Results for the male population are similar. Vig & Brundo, May 1978



Lip at rest age 30, 50 and 70 years. With time the upper teeth show less and the lower teeth show more.

2. Smile Line

The most esthetic arrangement of anterior teeth is that the incisal edges of the upper teeth should parallel the curvature of the lower lip. The upper wax rim is modified to approximate the ideal smile line, then it is confirmed at the denture try-in stage.



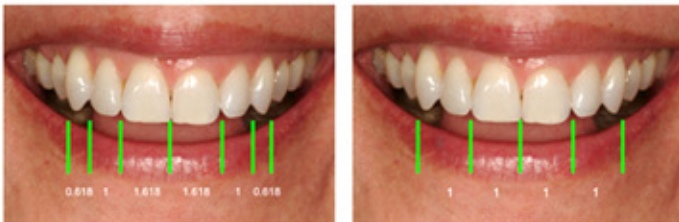
The first photo illustrates an unesthetic smile line. The horizontal plane is canted and sloped to one side, the midline is canted, and the patients’ right side teeth touch the lower lip creating an asymmetric smile. Furthermore, the upper centrals are too small and the canines are too large for this patient’s mouth. The smile line in the second photo is ideal as the curvature of the incisal edges parallel the curvature of the lower lip.

3. Tooth Size

To facilitate stabilization as discussed above, denture teeth are usually narrower than those found in nature. When choosing teeth, upper central incisors should be prominent. It is not uncommon to mix teeth from different molds achieve a more natural set up. When dentures are supported by implants we can afford to increase the size of the teeth to reflect natural teeth.

Beautiful Natural Over - Dentures

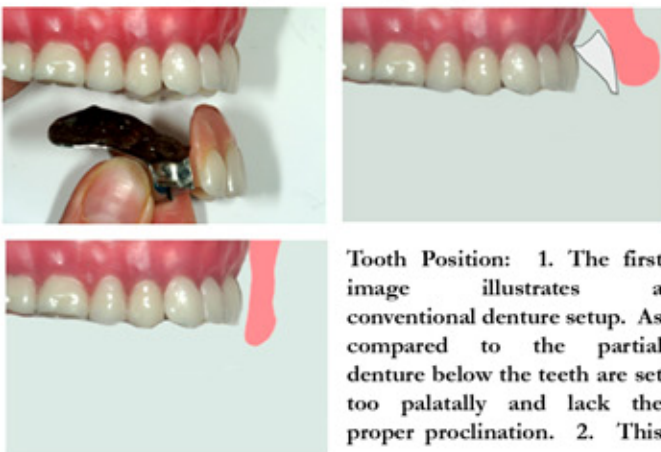
Leonardo Di Vinci discovered a relationship between the proportions of different parts of the human body, which he named the "Golden Proportion". In dentistry it was found the widths of the upper front teeth relate to each other in a similar way. While the golden proportion is not strict rule in all cases, it can be used as a general guideline for choosing the relative size of front teeth. The ratio of Central : Lateral : Canine was found to be 1.618 : 1 : 0.618 as illustrated below. An easier way to remember this rule is that the width of an upper incisor is the same as the widths of the lateral incisor and canine combined as viewed from the front.



These photos illustrate the Golden Proportion of teeth. Notice how wide the upper central incisors are in nature.

4. Tooth Position

When front teeth are positioned correctly, lip support and incisal display create a beautifully esthetic smile. Dental implants allow us to achieve our esthetic goals as well as enhancing function. The images below illustrate how a palatalized denture setup compromises lip support.



Tooth Position: 1. The first image illustrates a conventional denture setup. As compared to the partial denture below the teeth are set too palatally and lack the proper proclination. 2. This

image shows the proper tooth position and proclination. Notice how the upper lip is properly supported and the incisal display at rest is correct. 3. Without proper support by the teeth and denture base, the lip collapses and the upper teeth cannot be seen.



This patient was congenitally missing 15 teeth from birth. Without proper eruption, the alveolar ridge was severely deficient resulting in inadequate incisal length, labial position and proclination. Image 2 illustrates lip form when the tissues are properly supported, in this case by a full mouth reconstruction with crown and bridge. No procedures were done to enhance the lips, and yet they are much fuller looking than in Image 1.

5. Vertical Dimension

Facial proportions can be greatly improved simply by opening the vertical dimension of occlusion. Maxillary centrals are first set to the esthetic ideal. Next, the lower 2 front teeth are set with a proclination and incisal position that is esthetically appealing and allows for the desired overbite-overjet relationship. With 2 upper and 2 lower teeth set, the vertical dimension is established by simply closing the articulator until the top and bottom teeth touch. This vertical dimension can be confirmed using the rule of facial thirds.



Image 1 illustrates the appearance of the cheeks and lower face when vertical dimension is deficient. Image 2 shows how the face had a longer, leaner appearance when the vertical dimension is opened appropriately.

Through the use of dental implants, dentures can be designed much more esthetically than ever before. With the improved stability and retention gained by using implants, denture setups and treatment planning can be esthetically-driven. Using the techniques outlined above will result in happier, healthier patients and a higher degree of predictability and esthetic success.

-Vig and Brundo. The Kinetics of Anterior Tooth Display, J. Prost Dent, 1978 May
-Prosthetic Treatment for Partially Edentulous Patients. Zarb, GA et al. 1984
-Tissue-Integrated Prostheses. Branemark/Zarb/Albrektsson. Quintessence. 1985
-Essentials of Complete Denture Prosthodontics, Second Ed., Winkler. PSG Publishing Co., 1988.

Notices from the College

PROFESSIONAL TITLE AND DESIGNATIONS

In 2007, a notice was sent to inform all members of the College of Denturists of Ontario (the “College”) of the proper designation and title usage. The College would like to remind all Denturists to abide by section 8(1) of the *Denturism Act, 1991*, which states:

Restricted Titles

“No person other than a member shall use the title “denturists”, a variation or abbreviation or equivalent in another language”, the only acceptable abbreviation of “denturists” is DD.

Despite this, some members fail to continue to abide by the *Denturism Act, 1991*, on the proper designation and title usage. These members are using inappropriate abbreviations, such as “D.D.” on their business stationary, card signage and advertising. “D.D.” is an abbreviation for the designation of “Doctorate of Divinity”. Denturists who uses the designation “D.D.” is falsely holding themselves out to be a “Doctor of Divinity”, unless they have earned and hold that title. Members who are incorrectly using the designation of “D.D.” are required to correct the designation to “DD” on business cards, stationeries, forms, all types of signage and print advertising, and other applicable documents.

Further to this, section 8(2) of the *Denturism Act, 1991*, states:

“No person shall use the title “denture therapist” or a variation or abbreviation of it.”

Members using the title “denture therapist” or “DT” the abbreviation of it, are required to correct business cards, stationeries, forms, all types of signage and print advertising, and other applicable documents to the designation, DD.

Failing to abide by this law can result in the following as stated in section 10 of the *Denturism Act, 1991*:

Offences

“Every person who contravenes subsection 8 (1), (2) or (3) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. B, s. 7 (1).”

Practice Locations

Every member must notify the College of Denturists of Ontario (the “College”) of ALL practice locations including locations where the member is practicing in the capacity of full-time, part-time, or casual. Some denturists are practicing at additional locations and are not providing this information to College. According to the College By-Law 43:03:

The member shall notify the Registrar in writing, within 30 days, of any change to their information given at the registration renewal and any alternate locations where the member practices and/or the Associates with whom the member practices. Not abiding by this is grounds for Professional Misconduct under the *Denturism Act*.

Notices from the College

Practice Name

It is the member's responsibility to ensure that their practice or business name is registered with the College and has been approved by the Executive Committee. In addition, a member who practises Denturism in association or in a partnership under the practice or business name must notify the College within thirty (30) days of any changes to the association or partnership.

The law concerning this matter can be found under section 2 of the Professional Misconduct Regulation being Ontario Regulation 854/93 of the *Denturism Act, 1991*. It states:

(1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,

(a) Reasonably refers to and describes the location of the practice;

(b) Has been approved by the Executive Committee; and

(c) Is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).

(2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership. O. Reg. 854/93, s. 2 (2).

Please make sure you are in compliance with the law governing the name and title which you are using while providing or offering to provide denturist services in order to avoid any potential professional misconduct.

District Elections

The Districts up for election in 2011 are District 3, 4 and 5. The election was held on Wednesday, June 1, 2011. The College of Denturists of Ontario (the "College") would like to send a

warm welcome to the District representatives elected to the Council for District 3, Patrick McCabe, DD; District 4, Robert Velensky, DD; and District 5, Mordey Shuhendler, DD. The College would like to thank the previous elected Councillors, John Kallitsis, DD; Carlos Valente, DD; and Max Mirhosseini, DD for their hard work and dedication over the past three years and for their continued participation as non-Council members for the 2011-2012 year.

NON-COUNCIL MEMBERS

A call was sent in the spring to all members of the College of Denturists of Ontario (the "College") for non-Council members to be a part of the 2011-2012 committee year. The number of applicants who applied to be on the College committees as non-Council members this time was higher than last year.

At the 64th Council Meeting on June 17, 2011, the Councillors nominated and appointed fifteen (15) of the following non-Council members:

Leanne Bentley, DD	Max Mirhosseini, DD
Richard Bondy, DD	Paul Pacifici, DD
Patricia Cox-Picard, DD	Ronald Reutcky, DD
Carlo DiNardo, DD	Dawn Stamp, DD
Pino DiNardo, DD	Samuel Sweet, DD
John Kallitsis, DD	Carlos Valente, DD
Cristian Lagos, DD	Carlo Zanon, DD
Elizabeth Gorham-Matthews, DD	

The College would like to thank the following 2010-2011 non-Council members for their valuable participation on their respective committees:

Leanne Bentley, DD	Jonathan Nolan, DD
Eugene Cohen, DD	Harry Orfanidis, DD
Chris Dimopoulos, DD	Garnett Pryce, DD
Carlo DiNardo, DD	Dawn Stamp, DD
Pino DiNardo, DD	Carlo Zanon, DD
Cristian Lagos, DD	

Notices from the College

EXECUTIVE

The Executive Committee comprises of a minimum of five (5) Councillors, of which the President and the Vice President, are nominated by Council and appointed directly at the Annual Meeting of the Council in June. The President and Vice President are appointed for a two (2) year term. The other three Executive Committee members, of which two must be a public member appointed by the Lieutenant Governor of Ontario, are nominated by Council and appointed without title. The President will then appoint the title to the other three members as follows, 2nd Vice President, Treasurer and Secretary.

The composition of the Executive Committee was formed on June 17, 2011, at the 64th Meeting of the Council. The composition of your Executive Committee of the College of Denturists of Ontario is:

Gus Koroneos, DD	President
Theodore Dalios, DD	Vice President
Robert MacLeay, DD	2nd Vice President
Anita Kiriakou*	Treasurer
Angela Smith*	Secretary

*denotes Public Member appointed by the Lieutenant Governor of Ontario

Membership Information

NEW REGISTRANTS*

Nadezda Bajic
Jia Cao
Christina Russo
Manuel Dimanlig
Katarzyna Dorman
Vadim Dumbrava
Maryta Frydberh
Janet Henry
Angela Hewson
Andriy Khomyn
Katarzyna Kraska
Eric Kukucka
David Edward Nuttall
Hong An Nguyen
Ernest Polishchuk
Afshin Sedaghat-Monfared
Petya Simeonova
Sabesan Thangathurai
Ivana Veselinovic
Pauline Marie Watson
Ruba Younes
Eva Zolis

DECEASED MEMBERS

Edward Krumes
David Roberts
Jurgen von Felitz

RESIGNED MEMBERS

Albert Gobbo
James P. Lui
Sasha Muindisi
Jenna Pariselli

SUSPENDED MEMBERS**

Clyde Arnold
Barrington Beckford
Yury Belopolsky
Bill Callander
Kong Chien
David Cojocar
Keith Cowman
Rosemarie Dacres
Antonio Del Giglio Materazzo

SUSPENDED MEMBERS

(cont.)

Sheila Fewer
Gregory Fredericks
D. Bernard Freedman
Mona Galliera
John Gecelovsky
Mimi Gozlan
Nadeem Hassen
Chagay Hellenbrand
Walter Hempfling
Dan Huber
James Keslassy
Nazarali Khajeali
James Matera
Paul Maunder
Ernest McCrone
Helmut Pardue
Lev Poyasov
Benjamin Rakusan
Ludlow Reynolds
Mark Richardson
Milovan Solunac
Walter Wimmer
Peter Shi Yan

* There are two candidates who are eligible to register as of November 1, 2010 to October 5, 2011.

** as of September 9, 2011

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implant systems. All bars are milled from biocompatible surgical grade titanium monoblocs by a NobelProcera production facility, resulting in light and strong bars without welding seams or porosity issues. Use in confidence with the new Replace Select TC, a tissue-level implant for one-stage protocols and shorter treatment times.

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