

ROBERT KREYER, CDT, INTERVIEWS DR. HAROLD W. PREISKEL



The American Prosthodontic Society (APS) is taking significant strides in expanding the role of the dental technician. Robert Kreyer Jr., CDT, discusses the leadership role its president, Dr. Harold W. Preiskel, has played in advancing dental technicians as full partners of the dental team as well as other issues crucial to dentistry and dental technology.

Robert Kreyer: The APS membership, comprised of generalists, prosthodontists, and technologists, at the 2007 APS Scientific Session in Chicago Feb. 22-23, will vote on giving dental technologists full-member rights and privileges, making them equal members with generalists and prosthodontists. Please discuss this proposed change in the APS bylaws.

Dr. Harold Preiskel: I am delighted to be President of the APS when this motion will be placed before the membership. It was whole-heartedly and unanimously

endorsed by the Executive. I feel that anyone who works in the field of prosthodontics but does not have an interest in dental technology could be likened to an aircraft pilot not interested in the aircraft he's flying. What worries me today is that so much of our dental education demeans the role of dental technology. Unless we as an organization take an active role, we are in danger of producing dentists who have no idea what they are asking their dental technologist colleagues to perform. If clinicians have never been inside a laboratory or performed dental technology

procedures, how can they ask a technician to perform a task from a simple prescription when they have no idea what is involved in carrying out the task? The full-membership proposal is a landmark. I have every confidence that it will be greeted with enthusiasm by the membership.

Kreyer: Since 1995, general university programs have severely decreased their prosthodontic programs at the undergraduate level. The population is growing older and consumer demand will be greater for prosthodontic care. What changes must take place to meet those future needs?

Preiskel: That is a difficult question to answer briefly. Naturally, as a prosthodontist, I am biased. Certainly much of the mindless repetition we had in our old curriculum, where students learned by rote and performed needless task after task, has no place in a modern curriculum. On

the other hand, the pendulum can swing too far as has happened now. We as prosthodontists must understand everything peripheral to our clinical needs. One of the important fields is dental technology and, within that, removable prosthodontics. I have seen clinicians practicing removable prosthodontics give their laboratories a very short prescription such as "Please make partial dentures." This is a completely useless piece of non-information. Unfortunately, the technical work is quite often carried out by remote domestic laboratories, by an overseas laboratory, or by someone who may not even speak English. The results can be disappointing to say the least. Nevertheless, there are places to streamline the teaching of complete and partial dentures in the curriculum, but certainly now it is worryingly low in the order of priorities. If you look at the demographic tendencies in all Western countries, the fact is we have populations that are living

Dr. Harold W. Preiskel (above left) and Robert Kreyer, CDT, photo courtesy of Robert Kreyer, Jr.

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longer, have greater expectations for their quality of life, and often possess many of their teeth; the role of the prosthodontist is increasing not decreasing.

Kreyer: The professional expectations placed upon dental laboratory technicians have exceeded their technical educational requirements. Should dentistry in the United States establish formal education require-

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ments for dental laboratory technicians as in other countries throughout the world?

Preiskel: Yes, I agree it would be beneficial to organize formal educational requirements for dental technology here in the United States, but not at the expense of existing dental technologists performing outstanding service. There should be grandfathering rights for technicians now practicing dental technology. Technicians who have worked in the field for years should not be disadvantaged by shiny new regulations.

Kreyer: The optimal educational experience would be having a dental laboratory school within the dental school or university to provide a dental team education experience for the dental students. What are your thoughts on educational and professional collaboration between dentists and dental technologists in the future?

Preiskel: The ideal arrangement is to have them together because you can share so many facilities. But this isn't always possible. On a personal level, of course, I agree. I am in the very fortunate position of having a laboratory working with me in my private office. The technologist comes into the clinic to see the patient, but I realize you cannot do this throughout the country.

Kreyer: With fewer dentists educated in removable prosthodontics and the decline of removable technicians throughout the world, how can dentistry provide the level of quality of care our patients deserve?

Preiskel: The answer is, if you extrapolate from the current position, we can't. But what we hope for is that facilities will be made available when there is a demand

for service according to the normal rules of supply and demand. General dental practitioners will realize the need for further prosthodontic training and educa-

tion to satisfy their patients' requirements, and this will bring with it a corresponding need for skilled technologists. The computer will not replace the dental technol-

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ogist now or in the near future. The problem is, you just can't turn a switch and produce a prosthodontist or a skilled dental technologist overnight. There will probably be a five-year gap. This has always been

it breaks the microbiotic transmission chain; no longer are potentially infected materials being transmitted from the mouth and into the laboratory. I don't think this technology will become a reality for another five

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a problem in dental education. As you know, we've experienced cutbacks in the past followed by a tremendous panic about graduating more professionals. This stop/start cycle is of benefit to nobody and it is for us to anticipate and prevent such wasted and expensive effort.

Kreyer: Do you believe new technologies such as digital impression-taking devices will help the communication process?

Preiskel: About eight years ago, I sat with the president of the GC Corporation. He was very concerned about optical impressions and the future market for impression materials. My advice was not to worry too much because it would take a long, long time before any such transition took place. But I think the time may be on the horizon. The advantage of optical impressions is that

years. At the moment, there are many conditions in the mouth under which these devices don't work. But I think 10 years from now, we'll think very differently.

Kreyer: Your book *Precision Attachments in Dentistry*, made a great contribution to implant-retained precision restorations. What is your vision for the future of implant-retained restorations in dentistry?

Preiskel: A crystal ball would do quite nicely for this question. In the immediate future, I think some of the CAD/CAM techniques I've seen working for fixed procedures might be very useful, and they look exciting. As far as overdentures are concerned, I look at refinements in attachment systems, and I'm confident they will be with us for another generation.

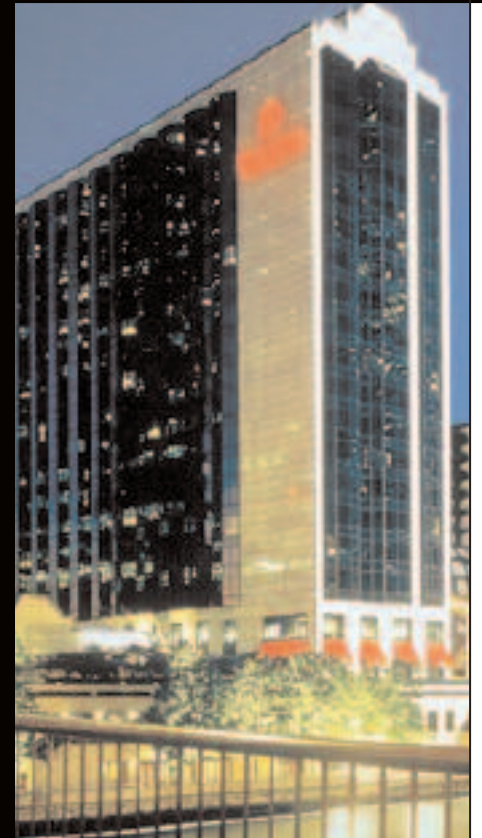
APS 2007 ANNUAL SCIENTIFIC MEETING

The 79th meeting of the American Prosthodontic Society (www.prostho.org) will be held at the Westin Chicago River North Hotel on Thursday and Friday, Feb. 22 and 23. Presided over by President Dr. Harold Preiskel and Program Chair Dr. Carlo Marinello, the theme of this year's gathering is: "Prosthodontics: Where are we going?" The mission of the APS is: "To promote the advancement of the discipline of prosthodontics by integrating the generalist, specialist and dental laboratory technician in a manner that will continuously seek improvement of patient treatment. We will accomplish this through education and research."

Kreyer: In the United States, there has been a shift away from root-retained overdentures to implant-retained. What is your take on this trend?

Preiskel: It's presumptuous to think that with an implant we can do better than nature. But having said that, there are many situations today where the space the root occupies is far more valuable than the root that remains there. So we'll use an implant. But removing a root with its periodontal ligament and discrete proprioception

deserves careful thought. Implants may not be as susceptible to plaque-induced diseases as roots but they do require meticulous maintenance. Many patients who end up edentulous or with a severely reduced dentition do not reach this state without a marked lapse in dental care—a point to consider in treatment planning. The overdenture is both a valuable and versatile member of our prosthodontic armamentarium. Producing it highlights the important symbiosis between clinician, technologist, and the patient. **lab**



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