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How the Study of "Periodontal Prosthesis" Advances Public Oral Health

Joseph R. Greenberg, DMD

As Penn Dental School prepares for its Commission on Dental Accreditation (CODA)-approved dual-certificate periodontics/prosthodontics program, this article looks back at the roots of these specialties at the university via the renowned Periodontics and Periodontal Prosthesis program co-founded by Compendium's founding editor Dr. D. Walter Cohen as seen through the eyes of one of its graduates. The article commends the program's impact on public health today.

As a freshman student at Penn Dental in 1968, I felt fortunate to be in the "hallowed halls" of the Thomas Evans Building among hundreds of academically proficient, worthy pursuers of the dental profession. It was a bit overwhelming, and I felt a little lost and sought guidance and inspiration. One morning in second floor lecture room S-9, our class sat facing a tall, elegant, tastefully dressed silver-haired man with a naturally deep, powerful voice who began showing slides of patient treatments with astounding "befores" and "afters" of successful outcomes. Patients who were told they must lose their teeth were pictured 15 to 25 years later with pink, healthy "gums" and completely restored dentitions.¹ Amazing! I was "hooked," and thanks (again) to fortune smiling down on me, I was chosen to follow that man, Dr. Morton Amsterdam, through my dental school years and into Penn's post-doctoral program in Periodontics and Periodontal Prosthesis, completing it in 1976.

Not surprisingly, I became a loyal disciple of "Dr. A," listening to and learning every word, treatment concept, and clinical experience that he and his extraordinary colleagues (including Drs. Leonard Abrams, Arnold Weisgold, Herman Corn, George Coslet, Jay Seibert, and others) might impart. Add the brilliance and wisdom of Dr. D. Walter Cohen and it was a time of learning dentistry and periodontics at the highest levels one could imagine.

In his Friday morning seminars on FFMS (that's the Form and Function of the Masticatory System as compiled and written by these aforementioned expert doctors and beautifully described in timeless fashion in Dr. Cohen's *Periodontal Therapy*), "Mort" would ask us, "What is the public health value of 'periodontal prosthesis?'" If no answer came forth, he would explain that this concept represented a maximum expenditure of time, energy, and money and, thus, could only be offered to a few. However, the lessons of "periodontal prosthesis" and the principles derived from this teaching could be applied to many, as premature loss of the mandibular 6-year molar (permanent tooth) was consistently associated with the cascade of dental events (pathologic to the disease-susceptible patient) that led to posterior bite collapse³ and the need for advanced therapeutic procedures and techniques in proper sequence, which he dubbed "periodontal prosthesis."

No Substitute for Early Recognition and Intervention

The best way to prevent the need for "periodontal prosthesis" remains early recognition of disease, appropriate intervention, and the teaching of effective personal oral hygiene to our youngest patients. The American Academy of Pediatric Dentistry (now joined by the American Academy of Pediatrics) informs that the first dental visit for a child should be around 6 months, or earlier.⁴ Dental caries is the most common childhood disease in the world and is considered 100% preventable.⁵ The consequences of untreated dental caries, including pain, infection, abscess, and worse, can be devastating.⁶

Drs. Amsterdam and Cohen supported pediatric dental endeavors in their Philadelphia area and had many other dental and medical commitments. Thanks to Walter's father, Dr. Abram Cohen, and others, Philadelphia in 1951 became one of the first cities in the United States to introduce controlled fluoridation into the drinking water supply. I remember directing Penn Dental's extramural Public Health Clinic Program and observing firsthand the rampant childhood caries in some suburban communities compared to the then nearly caries-free mouths of the children seen at our Philadelphia Public Health Clinics. What an amazing public health intervention water fluoridation has proven to be,⁷ although this contrast has faded significantly with the popularity of bottled water and lack of public trust in tap water.

With the seeds planted by Mort, Walter, and Dr. Cheryl Sheets, an extraordinary experience on an airplane in 1997 that involved saving the life of a choking little girl inspired me to initiate a nonprofit children's dental health center called Kids Smiles. Cheryl is the founder of The Children's Dental Center in Inglewood, California. She taught me how to save children's lives through early dental interventions married to health empowerment education provided in an affordable nonprofit environment. In 2001, Kids Smiles opened its first clinical facility in Southwest Philadelphia serving "at-risk" children. We had brand new equipment (thanks to the generosity of Jeffrey Perelman of Dental EZ Group), a few dedicated staff members, and our first executive director, Cheryl Janssen.

Today, as CEO of Kids Smiles, Cheryl directs three sizable dental centers, about 15 dentists, and 50 or so team members who provide care for 80,000 (and growing) patients of record. Our founding principle of three-legged support-clinical care, outreach screening, and organized on-site health empowerment education-is still the rule.

Everyone Into the "Pool"

Benzian et al wrote in *JADA* last fall, "These are exciting times for oral health. For the first time in history, all member countries of the World Health Organization (WHO), including the United States, agreed on a comprehensive global agenda to address oral diseases."⁸ Much new literature describes the powerful role of oral health in positively impacting the overall health and welfare of communities of people all over the world. Want health equity? A most respectful, cost-effective path is through oral health as detailed by the WHO, the *Lancet*, and others.⁹⁻¹² The health insurance industry has proven that good oral health improves outcomes for obesity and chronic disease (eg, diabetes, cardiovascular disease, etc.) and saves big dollars on the medical insurance side.¹³ The entire global dental community, medical teams, healthcare students/residents, government, hospital networks, and third-party payers are all invited into the "pool" of the oral health workforce. It's an exciting time for innovation and education.

Finally, I leave you with this: A few years ago I was invited to join the Alliance for Oral Health Across Borders (AOHAB), a nonprofit organization ably led by Dr. Deborah Weisfuse. Among its programs is the Student Leadership in Global Oral Health. This experience recruits later-year dental students or new dentists from all over the world to study together remotely with an extraordinary faculty and choose a local community project on oral health that is mentored by this faculty. I must say that for a retired "periodontal prosthodontist" this program has been more than fulfilling. Weekly interactions (via Zoom) with my group of mentees are filled with respectful dialogue, enthusiastic self-discoveries, and formations of friendship networks that are linking together bright young professionals from Bali, Iraq, Nigeria, Uganda, Germany, India, Rwanda, Italy, Israel, and elsewhere.

Although my clinical hands are retired, I am finding myself rather useful in this "new world" of oral health. I thank the Periodontal Prosthesis program for setting this stage for me.

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