

## Good laboratory practice in prosthodontics

Successful prosthodontic rehabilitation is indeed a team effort. The Dental technician is an integral part of the team. It is mandatory for the Prosthodontist and the technician to have an understanding of what can be reasonably expected from each other. A mutual knowledge of individual limitations is critical.<sup>[1]</sup> So often, the technicians have complaints about insufficient information about the quality of work received, deficient impressions, inadequate records, and lack of communication regards to shade margins etc. Often the technicians are blamed for the poor quality of the prosthesis, ignoring the type of work sent to the laboratories. The key to technical success is good communication.[1] The mutual blame game is not going to get us anywhere. Of course, poor technical support is a major problem faced by the clinicians today.

The American Dental Association has issued guidelines designed to improve the relationship between dentists and technicians.<sup>[2]</sup> The dentist should communicate with the laboratory and give clear instructions in writing and the instructions for the laboratory should be framed. The format for work authorization is also suggested. It is now time for the Indian Prosthodontic Society to format such guidelines for our country. There is a need to have the technicians as a part of our dental society, so that they benefit from the continuing education programs and the conference proceedings. The most neglected part of dental education is the dental technician's course. Not only very few colleges conduct these courses, but also there is a need to introspect the curriculum and the methodology of imparting education.

Many countries abroad, hold a four year program where in the students are placed in the approved laboratories in third and final years. It is important to have hands on experience rather than just didactic classroom teaching. The two year program, presently imparted in our country just gives them an orientation to removable and fixed prosthodontics. There is an urgent need to bring about a change in the graduate program for the students who aspire to be good technicians. Contemporary laboratory practice using hitech equipments is the need of the hour and it is also required to orient them in the prosthodontic clinic. We

have to open up our mind towards this neglected part in dentistry. The colleges, the universities, and DCI must understand the need to restructure the Dental technician's program. Placements in dental laboratory outside the college for a certain period will help them to understand the contemporary practices and reduce the burden of the college and its heavy infrastructural investments in the laboratory equipments.

The progressive success in prosthodontics today can be credited to the advances in materials, laboratory equipments, and the precision and ease of laboratory techniques. In the yesteryears, the long laborious hours spent in the laboratory were tedious, frustrating, and boring. With the advent of electrical wax knives, computerized investing machines, milling machines, and induction casting machines, the laboratory work has been made much more easy and fruitful. In the western countries, Master in Dental Technician (MDT) courses and programs are commonplace. They are highly respected by the profession for their quality work. It is time that we do not lag behind, and explore this grey area in dentistry. Let us take the first step and make a forum of dental technician as a part of Indian Prosthodontic Society. The second step would be to lay down guidelines for dental technicians and the practicing dentists, for better communication. The third step would be to prepare a curriculum and layout its implementation for a graduate program for dental technicians. The fourth step would be to influence the regulatory body-DCI to accept these contemporary needs. I hope a lot of you would write to me and give your views on this topic.

## REFERENCES

- 1. Contemporary Fixed Prosthodontics, 2<sup>nd</sup> ed, Mosby,1995
- 2. ADA Current policies 1954-1991, pg 64-65

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