Too many of our colleagues are frozen on the fence with fears of practicing in the Hard Tissue Management Programs. To break out of that rut and to become included in that small clique of fee-for-service practices, one must pay a great price. For generations, one needed only a diploma and shingle to establish a successful practice, the character of which was only a reflection of the vision and integrity of the doctor. Although this may still be enough in the most rural of settings, the present reality forces us to challenge ourselves to "seek the higher ground."

The occasional student in us must graduate to become the perpetual student. Managing the technological advances that allow us to provide a superior service demands constant study and the courage to change; the courage to continue to invest in ourselves, our staff, and our facility.

The general practitioners that I know presently included in that small "winner's circle" have extraordinarily high overheads. They use only the finest of material, employ only the most talented people to participate as team members of their staff, and work with the finest laboratories. They may or may not be included among the most successful dentists in terms of annual income. If that is your singular goal, the price may be too great! The one gift that these talented individuals share is the joy of going to work each day, achieving enormous personal satisfaction on an almost daily basis, developing the respect of their colleagues, their staff, and their community, and, more often than not, being surrounded by a family of motivated and appreciative patients. If that sounds like the direction in which you would like to grow, then what's holding you back?

Stephen Chase President, Florida Society of Periodontists

Erratum

Please note the following additions to the article "Soft Tissue Ridge Augmentation Utilizing a Combination Onlay-Interpositional Graft Procedure: A Case Report" by Seibert and Louis (Int J Periodont Rest Dent 1996;16:311–321). Figures 13 and 14 were inadvertently omitted in the original version of the article. The publisher regrets this error.



Fig 13 At 6 weeks postsurgery (May 4, 1995), further augmentation is required to gain soft tissue in both the vertical and horizontal planes. The first-stage graft was successful in eliminating many of the irregularities in the surface of the ridge as well as gaining soft tissue bulk in both planes of space.



Fig 14 Surface contours of the ridge with the provisional prosthesis removed at 6 weeks postsurgery. It was elected to perform a second-stage onlay-interpositional graft that day (May 4, 1995).

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