

John P. Frush D.D.S.

History of Professional Activity

Graduated from the School of Dentistry, University of Southern California. During WWII Dr. Frush entered the service and became chief of in-patient oral surgery at the Marine Hospital in San Francisco, having just come from the same position for Lockheed Corporation in Burbank, CA.

In the middle 50's, Dr. Frush was appointed to the post-graduate staff in Prosthodontics at USC. Covered in six articles for the Journal of Prosthetic Dentistry, he established the importance of the color changes in individual teeth and the vital factors of the patient's sex, physical personality and age (SPA factors) to the esthetic composition in complete dentures. These procedures were also adopted by the post-graduate section, University of California. For the past 30 years Dr. Frush has given full Jaime to his denture practice and the many activities related to that subject.

Technical Contributions

He established the Swissedent Foundation in 1953 as the research division of the Swissedent Corporation. In this clinical research environment, he developed and patented, for denture teeth, the macroscopic color changes which occur in natural anterior teeth as a result of progressive incisal wear pigmental penetration of the resultant facial cracks in the enamel of the central incisor teeth. Artificial teeth were then made in Switzerland, which followed this natural phenomenon in combination with the enduring bluish incisal edge of at he lateral incisors. This became known as a physiologic color combination derived from the study of natural anterior teeth. This phenomenon is still reproduced in their top-of-the-line artificial teeth by the Swiss. Dr. Frush also developed the Alameter, Papillameter, Rim Former, and the Esthetic Control Base for determining the optimum mold for the patient as well as the independent position of the anterior teeth according to the SPA factors.

His design of the ball bearing bite recorder for pre-operative condylar adjustments and intra oral tracings plus Centrimatic teeth for non-interceptive occlusion came along later when he presented the myostatic concept of lower denture extensions to enhance optimal functional stability.

In 1970 he introduced a multi-colloid impression system for the edentulous mouth which employs two hydrophilic elastomers of different viscosities in a single entry procedure. Well accepted and in widespread general use, this impression system is both more economical and patient friendly, and satisfies all the classic requirements of complete denture impressions.

Recently he has developed a simple pressure applicator for the elimination of air bubbles on the teeth and investing structures when making multi-colloid impressions of the partial dentate mouth. This procedure usually pre-empts the need for custom trays, especially in difficult situations.

Literature

As co-author with Dr. R. Fisher, he produced a total of six articles in the Journal of Prosthetic Dentistry on the Dentogenic Concept of Esthetics and an article in the Illinois Dental Journal on Linear Occlusion and Non-interceptive Inter-Arch Contacts. He also wrote “Dynesthetics Illustrated”, a technical description of procedures in creating esthetic compositions in the six anterior artificial teeth based upon the patient’s SPA factors.

Instructional

In addition to his teaching activities at the Swissedent Foundation and post-graduate section at U.S.C. , Dr. Frush has been an essayist at the Annual Meetings of the California Dental Association, Hinman Clinic, Dallas Mid-Winter Meeting, Chicago Dental Society, and the Academy of Denture Prosthetics plus many others including the American Dental Association of Europe in Amsterdam.

In the early seventies, he lectured at the University of Zurich and the Ecole Dental, University of Paris. His itinerary also included post-graduate courses at some 14 schools in the U.S.

For the past 25 years, Dr. Frush has concentrated on upgrading the standards of treatment by the general practitioner for the edentulous patient by creating new products and procedures which put the goal of excellence in reach and within the framework of practical dental practice economics.

His efforts have included successful simplification and clinical improvements of impressions, jaw relations and occlusion: the three responsibilities of the professional, and the most controversial in denture procedure.

Synopsis of One Day Lecture on Complete Dentures

The success of dentures in the eyes of the operator is measured by the number of adjustments needed. Their success occurs when the patient ceases to complain and / or return for help. This is the so-called “break-in” period, and from the dentist’s perspective, the shorter it is, the better. When the patient stops complaining, and intraoral evaluation of balanced occlusion, suction in the lower, protrusive balance, centric position or anything else seems superfluous to the operator, *Obviously* the patient is satisfied with things as they are and has adjusted physically and psychologically to completed dentures. So, why recall the patient for a tune-up? Factually, denture success depends mostly on the pain and emotional thresholds of the patient. People don’t “break-in” dentures, dentures break-in people and most patients just learn to live with loose lowers and discomfort. This is not necessary. Most of the element causing pain, discomfort and the need for continued adjustments can be anticipated and removed within the framework of our impressions, our jaw relations, the selection of occlusion and our control of inter arch contacts. These pre-emptive methods will be discussed and visually demonstrated along with a review of the psychologic factors involved in complete denture esthetics.