

ABO WRITTEN CASE REPORT INSTRUCTIONS

The ABO Written Case Report requires a specific format and sequence for the examinee's discussion of the presented case. The amount of discussion for any particular section (e.g. DIAGNOSIS – Skeletal, DIAGNOSIS – Dental) will vary depending on the needs of the specific case. However, the examinee is limited to the character constraints built into the electronic format of each section. Space left in each section is designed to accommodate variable font widths and will not allow characters over the maximum.

Examinees are encouraged to reduce the written description to be succinct, yet thorough. You need not use all available space. Please limit abbreviations to standard orthodontic abbreviations. Use paragraph format for lists; do not use bulleting. Use standard keyboard characters. Do not paste in special characters. For °, spell out "degree" or "deg".

Summary of Records and Treatment Dates

- a. The date which the last component of a RECORDS SET is taken should be used as the RECORDS DATE for that particular RECORDS SET (A, A1, and B).
- b. Note that all final (B) records must be obtained within 12 months of appliance removal for the Board's acceptance of the case.
- c. CASE CRITERIA IDENTIFIER – Select an Identifier for each case that meets ABO-defined criteria; otherwise select Not Applicable. If more than one case meets the same criteria, select the same Identifier for each case. You may not satisfy two criteria in one case.
- d. DI VALUE – Enter Total DI from the Discrepancy Index Form.

History and Etiology

Diagnosis – Include a brief description of the nature and extent of the anomalies for skeletal, dental and/or facial problems. Examinee may comment on the points used to record the arch widths on the CMF.

Specific Objectives of Treatment:

- | | | |
|-------------|-------------------------|---------------------|
| a. Maxilla | c. Maxillary dentition | e. Facial Esthetics |
| b. Mandible | d. Mandibular dentition | |

Treatment Plan – Include a diagnostic analysis and reason for choosing a particular treatment plan, extraction or non-extraction, appliances used, anchorage considerations, type of retention, supplemental therapy and prognosis.

Appliances and Treatment Progress – Include a description of appliances used and of the actual treatment, response to treatment and any complications. Do not record what was done at each visit.

Results Achieved

- a. If differing radiographic units is noted with a checkmark, you are representing that the lateral cephalograms were not exposed on the same machine and disproportionate magnification occurred. In this situation, superimpositions are preferred but are not required. You are responsible for knowing and explaining the superimposition requirements and the changes that occurred as a result of treatment and growth.
- b. Refer to the objectives stated for the maxilla, mandible, maxillary dentition, etc., and confirm that the objectives were reached or explain why an objective was not realized.

Retention – Describe appliances and supplementary procedures.

Final Evaluation of Treatment – Include all pertinent observations and prognosis for stability. Describe posttreatment changes. State what was learned from the specific diagnosis and treatment of the case.