Illustration only. Digital models are not required. If presenting digital pretreatment models, they must be uploaded to website as .abo format. Please contact your scanner company for compliant STL, OBJ or PLY models.



Illustration only. Digital models are not required. If presenting digital pretreatment models, they must be uploaded to website as .abo format. Please contact your scanner company for compliant STL, OBJ or PLY models.



The American Board of Orthodontics

Clinical Examination Case Report Work File

What's new in this version?

Enter required case identification:

ABO ID#	15212	
Exam Year	2015-09	
Patient Name	Jack	
Case #	2	i

Instructions:

- 1. Adobe Reader, Version 9 or later, is required. Work at the same local hard drive to insure you are always using the same version of Adobe Reader. Warning to Mac users: use any browser, but not Apple's Safari, to download this CRWF; make sure this CRWF opens in Adobe Reader, not in Apple's Preview .
- 2. We recommend you use Save-As with a descriptive filename for each case report.
- 3. Enter case report data to this work file at your convenience.
- 4. In the year prior to your intended clinical exam, register for the exam to activate your login to the ABO's electronic form website.
- 5. Using your ABO ID# and password, login at Clinical Exam Electronic Submission.
- 6. Click on Button called "Upload PDF" and navigate to this Case Report Work File to upload.
- 7. Your data will be verified against the current year's exam specifications. **
- 8. You may return to the site to update your data as many times as needed before the submission deadline.
- 9. If you have optional pretreatment digital models to submit, you will upload from this site.
- 10. When finished, you will mark the reports for each case as Complete and SUBMIT TO ABO.
- 11. After you have submitted the four case reports electronically (required of all examinees), use the Print PDF feature to save a read-only copy of your case reports.
- 12. Print and staple pgs. 2-8 of your case reports (watermarked as "Submitted") and include this hard copy with your case presentation.

Written Case Report Instructions Discrepancy Index Instructions Cast-Radiograph Eval Reference Case Management Form Instructions

****** Currently published ABO exam specifications apply to each year's exam, no matter when the examinee began gathering records. If you have uploaded a former year's Case Report Work File, you will be alerted if any data must be updated to meet current year specifications.

PATIENT'S NAME:	Jack			DOB (mm-dd-yyyy)	4-13-94
RECORDS SET		A		A1	В
RECORDS DATE (mm-dd-yyyy)	(09-11-2013			05-06-2015
PATIENT AGE		19 - 5			21 - 1
		SINGLE PHASE		PHASE ONE	PHASE TWO
INITIATED TX DATE (mm-dd-yyyy)		10-14-2013	OR		
COMPLETED TX DATE (mm-dd-yyyy)		05-06-2015			
CASE CRITERIA IDENTIFIER	Not Applicable				
	14	1			

HISTORY AND ETIOLOGY: 630 max.

Patient is a 19y 4m Caucasian male who presented with a chief complaint of "gap between teeth". He has a non-contributory medical and dental history, no allergy were reported.

DIAGNOSIS

Skeletal: 360 max.

Class I with Class III tendency (ANB = 0.1). His mandibular angle was average to low (SN-MP = 23.4) Cervical vertebrae maturation stage is 5.

Dental: 630 max.

Bilateral Class I molar and canine relationship, overjet of 4mm. Normoclined upper incisors, retroclined lower incisors. Impinging overbite(7.1 mm). There is a deep curve of spee. The overall space analysis showed mild (2 mm) spacing in upper arch and moderate(3.5 mm) crowding in lower arch. The upper midline is shifted to the right 2mm, lower midline is shifted to the right(3mm). There is a 1 mm diastema between upper central incisors. Developing 8`s in all quadrants.

Facial: 360 max.

Straight profile, long lower facial third, obtuse nasolabial angel, maxillary midline 2 mm to the right of facial midline, mandibular midline 3 mm to the right of facial midline. competent lips at rest. Excessive gingival display in upper right dentition.

SPECIFIC OBJECTIVES OF TREATMENT

Maxilla (all three planes): 180 max.

There are no skeletal objectives indicated.

Mandible (all three planes): 180 max.

There are no skeletal objectives indicated.

Maxillary Dentition

A-P: 180 max.

Establish ideal overjet, retract upper incisors and close spaces, maintain molar position.

2760

characters remaining

Page 3

Jack

Vertical: 180 max.

Intrusion of upper incisors.

Intermolar Width: 90 max.

Maintain transverse dimension. (Measured from ML cusp tip of U6s).

Mandibular Dentition

A-P: 180 max.

Improve the inclination of lower incisors.

Vertical: 180 max.

Intrusion of lower incisors, extrusion of lower molars is expected.

Intermolar / Intercanine Width: 180 max.

Maintain transverse dimension(measured from central fossa of L6s, and cusp tip of L3s)

Facial Esthetics: 270 max.

Improve the facial asthetics by closing the diastema.

TREATMENT PLAN: 1170 max.

1) Obtain the general dentist clearance, record perio probing. 2) Non-extraction treatment plan.

2) Bond upper and lower teeth from 7-7 using 0.022" x 0.028" slot edgewise metal brackets MBT prescription. use posterior bite blocks (adhesive GIC) on lower second molars to help open the bite and bond lower anteior teeth.

3) Level and align using 0.014,0.016,0.017x0.022,0.018x0.025 NT wires then 0.019x25 SS wires.

4) Coordinate midlines and close spaces.

5) Progress panoramic x-ray will be taken, finishing bends and reposition of brackets as needed.

6) Use class II elastic if needed.

7) IPR as needed.

8) Retention: U/L Essix retainers at the day of debond, then upper and lower hawleys with anterior bite plate at 1 month retainer check visit.

APPLIANCES AND TREATMENT PROGRESS: 990 max.

0.022x0.028 pre-adjusted appliance (victory series; 3M/Unitek), MBT prescription.

Used light straight leg reverse curve NiTi wires to level the curve of spee and open the bite.

The patient was compliant with appointments, elastic wear, and good oral hygience throughout the treatment time. Light power chains were used to close spaces, Light IPR was done on lower 2-2 to improve surface contacts. Toward the end of the treatment repositioned some brackets to achieve ideal occlusion.

Patient had debonded, photographs and radiographs were taken and essix retainers were delivered.

RESULTS ACHIEVED

If differing radiographic units preclude superimposition(s) – check here

Maxilla (all three planes): 180 max.

A-point moved slightly backward due to upper incisors retraction.

Jack

Page 4

Mandible (all three planes): 180 max.

There was a backward movement of B point due to lower incisors increased proclination. Mandibular plane angle increased slightly.

Maxillary Dentition

A-P: 180 max.

Upper incisors were retracted

Vertical: 180 max.

Upper incisors were intruded, the vertical position of upper posterior teeth maintained.

Intermolar Width: 90 max.

Maintained

Mandibular Dentition

A-P: 180 max.

Lower incisors were proclined.

Vertical: 180 max.

Lower incisors slightly intruded, lower molars extruded.

Intermolar / Intercanine Width: 180 max.

Maintained intermolar width, Intercanine width was increased by 1.9mm.

Facial Esthetics: 270 max.

Facial esthetics improved after closing the diastema.

RETENTION: 630 max.

Essix retainers were given at the day of debond, then upper and lower hawleys with anterior bite plane at the 1 month retainers check visit. Patient was instructed to wear retainers 20 hours/day for the first 6 months and 12 hours/day afterward.

FINAL EVALUATION OF TREATMENT: 1170 max.

Chief complaint was addressed, the patient was very pleased with the result. Treatment objectives were achieved in efficient treatment time. There is a relapse potential for the deep bite, However, reducing the interincisal angle that was achieved with treatment in addition to the retainer design (hawley with anterior bite plate) will help migitate the relapse problem.

Upper central incisors showed root resorption, teeth will be monitored and x-rays will be taken periodically. Refer the patient to general dentist to evaluate the 3rd molars.

EXAM YEAR 2015-09	ABO DIS	SCREPANCY INDEX	
ABO ID # 15212	CASE# ²	PATIENT Jack	
TOTAL D.I. SCORE	14	For mm measures, round up to the Examiners will verify measurements	next full mm. s in each category.
<pre>OVERJET ≥ 0 to < 1 mm (edge-to-edge) ≥ 1 to ≤ 3 mm > 3 to ≤ 5 mm > 5 to ≤ 7 mm > 7 to ≤ 9 mm > 9 mm Negative Overjet (x-bite): 1 pt per mm per tooth T</pre>	= 1 pt = 0 pts = 2 pts = 3 pts = 4 pts = 5 pts =pts Total 2	LINGUAL POSTERIOR X-BITE> 0 mm, 1 pt per toothBUCCAL POSTERIOR X-BITE> 0 mm, 2 pts per toothCEPHALOMETRICS(See InstructANB \geq 6° or \leq -2°Each full degree > 6°Each full degree < -2°	Total Total Total Mathematical Total Tota
OVERBITE> 1 to \leq 3 mm> 3 to \leq 5 mm> 5 to \leq 7 mmImpinging (100%)T	= 0 pts = 2 pts = 3 pts = 5 pts Total 5	SN-MP ≥ 38° Each full degree > 38° ≤ 26° Each full degree < 26°	@2pts = x 2 pts = @1pt = _1 x 1 pt = _2
ANTERIOR OPEN BITE 0 mm (edge-to-edge), 1 pt per too then 1 pt per mm per tooth T	oth =pts =pts otal	$\overline{1}$ to MP ≥ 99° Each full degree > 99°	@1pt = x 1 pt = Total 3
LATERAL OPEN BITE ≥ 0.5 mm, 2 pts per mm per t T	cooth	OTHER (See Instructions) Supernumerary teeth Ankylosis of perm. teeth	x 1 pt = x 2 pts =
<pre>CROWDING (only one arch) ≥ 0 to ≤1 mm > 1 to ≤ 3 mm > 3 to ≤ 5 mm > 5 to ≤ 7 mm > 7 mm</pre>	= 0 pts $= 1 pts$ $= 2 pts$ $= 4 pts$ $= 7 pts$ Total	Anomalous morphology Impaction (except 3rd molars) Midline discrepancy (≥3 mm) Missing teeth (except 3rd molars) Missing teeth, congenital Spacing (4 or more, per arch)	x 2 pts = x 2 pts = @ 2 pts = x 1 pt = x 2 pts = x 2 pts =
OCCLUSAL RELATIONSHIPClass I to End On= 0End-to-End Class II or III= 2Full Class II or III= 4Beyond Class II or III= 1T) pts 2 pts per sidepts 4 pts per sidepts 1 pt per mmpts additional 5 otal0	Spacing(mx cent diastema ≥ 2 mm) Tooth transposition Skeletal asymmetry(nonsurgical tx) Addl. treatment complexities Identify: Deep curve of spee	<pre>@ 2 pts = x 2 pts = @ 3 pts = x 2 pts = 2</pre>





ABO CASE MANAGEMENT FORM CASE# 2 PATIENT Jack

Examiners will evaluate treatment objectives and results, in addition to doing a Records Analysis and Overall Analysis.

N	IEASUREME	NTS	S	KELET			0-Acceptable 1-Unacceptable	:	SCO	RING
		PRE TX A	PROG A1	POST TX B	DIFF. A-B		EXAMINEE TX OBJECTIVES	PRE TX OBJ	POST TX RESUL	Score
	SNA°	83.1		82.9	0.2	A-P MX	Maintain maxillary position	0 0 0 1	0 0 0 1	0
	SNB°	83		81.8	1.2	A-P MN	B-point moved backward slightly due to incisors proclination	0 0 0 1	00	0
	ANB°	0.1		1.1	1.0					
RIC	SN-MP°**	23.4		24.7	1.3	VERT MX	Maintain vertical dimension.	0 0 0 1	00 01	0
OMET	FMA°	19.2		21.2	2.0	VERT MN	Mandible will rotate clockwise slightly as a result of mechanotherapy	0 0 0 1	00 01	0
HALO				D	ENTAL		S (D)			
CEPI	<u>1</u> TO NA mm	6.6		4.6	2.0	A-P	Retract upper incisors	0 0 0 1	00 01	0
	<u>1</u> TO SN°	103.2		107	3.8	MX				
	– 1 TO NB mm	1.1		3.6	2.5	A-P	Increase lower incisors proclination	0 0 0 1	0 0 0 1	0
	– 1 TO MP°	82.2		96.1	13.9	MN				
			-			VERT	Intrusion of upper and lower incisors, extrusion of lower posterior teeth.	0 0 0 1	0 0 0 1	0
	<u>6</u> TO <u>6</u> WIDTH	39.2		39.7	0.5	TRANS MX	Maintain transverse dimension	O 0 O 1	O 0 O 1	0
_		40.4		41	0.6	TRANS MN	Maintain transverse dimension	0 0 0 1	0 0 0 1	0
ARCH		23		24.9	1.9	TRANS ANT	Increased	0 0 0 1	0 0 0 1	1
	CURVE OF SPEE	4		1	3.0	CURVE OF SPEE	leveled	0 0 0 1	0 0 0 1	0
	MANDIBULAR ARCH FORM	ov		ov	SAME	ARCH FORM MN	Maintain	0 0 0 1	0 0 0 1	0
				F	ACIAL		(F)			
	E-LINE Upper Lower	-4		-5	1.0	FACIAL ESTHETICS	maintain S	0 0 0 1	0 0 0 1	0
		<u>,</u>		<u></u>	0.0				<u> </u>	1
							S-D-F S	Subtot	ai	1

RECORDS ANALYSIS

Shaded areas for examiner only.

RECORDS ANALISIS											
	FACIAL PHOTOS	INTRAORAL PHOTOS	INTRAORAL RADIOGRAPHS	PERIO RECORD	CEPH. & TRACINGS	COMP. TRACING	DENTAL CASTS	CASE REPORT	PRESENT. QUALITY		
PRE-TX A &/OR PROG. A1	0 1	0 1	0 1	0 1	0 1		0 1				
FINAL B	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	SUB-TOTAL RECORDS	

OVERALL ANALYSIS

20121008

TREA	TMENT PLANNING / MECHANOTHERAPY	I	FINAL TREATMENT RESULTS	
0	1 2 3	0	1 2 3	SUB-TOTAL OVERALL
ACCEPT	DEFICIENCIES	ACCEPT	DEFICIENCIES	

TOTAL

Page 8

























PERIODONTAL CHART



1

























PERIODONTAL CHART



