#### Scenario-based Clinical Exam



Cast Radiograph Evaluation (CRE)/
Case Management Form (CMF)/
Superimposition
Preparation Materials &
Sample Cases

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### Disclaimer

- The following sample questions and answers were composed and vetted by a panel of experts in orthodontics and are intended to provide a guide of the types of cases and questions that make up the actual scenario-based clinical examination.
- After the examination, trained examiners, who are all in-good-standing board certified orthodontists, will score the typed responses using rubrics as guides to their decision making.
- Rubrics help to create consistency in the decisions the examiners make while grading an examinees typed responses. The rubrics are not absolute, as there may be other acceptable answers that are not listed. However, no credits will be awarded for answers not included in the rubrics.

### Disclaimer Continued

- The ABO has developed multiple versions of the case-based scenario examination to be used during a test administration cycle. Although the set of cases and questions used on the different versions will not all be the same, all versions follow the same content framework as defined by the practice analysis study.
- Scores will be computed using psychometric equating procedures to ensure that all versions are of the same difficulty level.
- Review of these sample cases does not guarantee that a candidate will pass the examination.
- Examinee responses to exam questions will be typed out and should be in numbered list format (i.e., short and concise, no essay responses).



## Cast-Radiograph Evaluation (CRE)

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For the Cast-Radiograph Evaluation (CRE), examinees will be shown a series of records which may include: images of models, still shots of the models, and/or panoramic radiographs (as needed). Examinees will be asked to answer questions based on the information provided.

- Examinees will need to be familiar with grading and critically evaluating models, however, they will NOT be grading models for the Clinical Examination.
- Examinees will NOT be given the CRE Parameters reference guide during the exam.
- Examinees need to be prepared to answer some specific critical thinking questions related to the different CRE parameters.

## Examinees will need to be familiar with the following CRE parameters as they will NOT be provided during the examination.

Reference - ABO Cast/Radiograph Evaluation  See Grading System for Casts-Radiographs for entire discussion						
ALIGNMENT/ROTATIONS  0.5 - 1 mm = 1 for each tooth > 1 mm = 2 for each tooth	OCCLUSAL CONTACTS  0 mm = satisfactory  ≤ 1 mm = 1 (for each posterior  > 1 mm = 2 tooth out of contact)  ** Do not score diminutive distolingual cusps of the maxillary 1st and 2nd molars, nor lingual cusps of the mandibular first premolars. Maximum of 2 points per tooth.					
MARGINAL RIDGES  0.5 - 1 mm = 1 (for each interproximal contact > 1 mm = 2 between posterior teeth)  ** Do not include the canine-premolar contact.  Do not include the distal of lower 1st premolar.	OCCLUSAL RELATIONSHIP  < 1 mm = satisfactory 1 - 2 mm = 1 (for each maxillary tooth from the > 2 mm = 2 the canines to the 2 <sup>nd</sup> molars)					
BUCCOLINGUAL INCLINATION  0 - 1 mm = satisfactory 1.1 - 2 mm = 1 (for each posterior tooth) > 2 mm = 2  ** Do not score the mandibular 1st premolars nor the distal cusps of the second molars.	INTERPROXIMAL CONTACTS  0.6 - 1 mm = 1 (for each interproximal > 1 mm = 2 contact)					
OVERJET  Anterior teeth must be contacting.   0 mm = satisfactory  ≤ 1 mm = 1 (for each maxillary  > 1 mm = 2 tooth)  Transverse posterior teeth:  Mandibular buccal cusps are measured to the central fossa of the maxillary teeth.	ROOT ANGULATION  Parallel = 0 Not parallel = 1 Root contacting adjacent root = 2 (for each occurrence)  Do not score the maxillary and mandibular canines.					
NOTE: Gauge Width is 0.5 mm; Gauge Height is 1 mm Third molars are not scored unless they substitute for the second molars. No tooth is scored more than two points per individual parameter.						

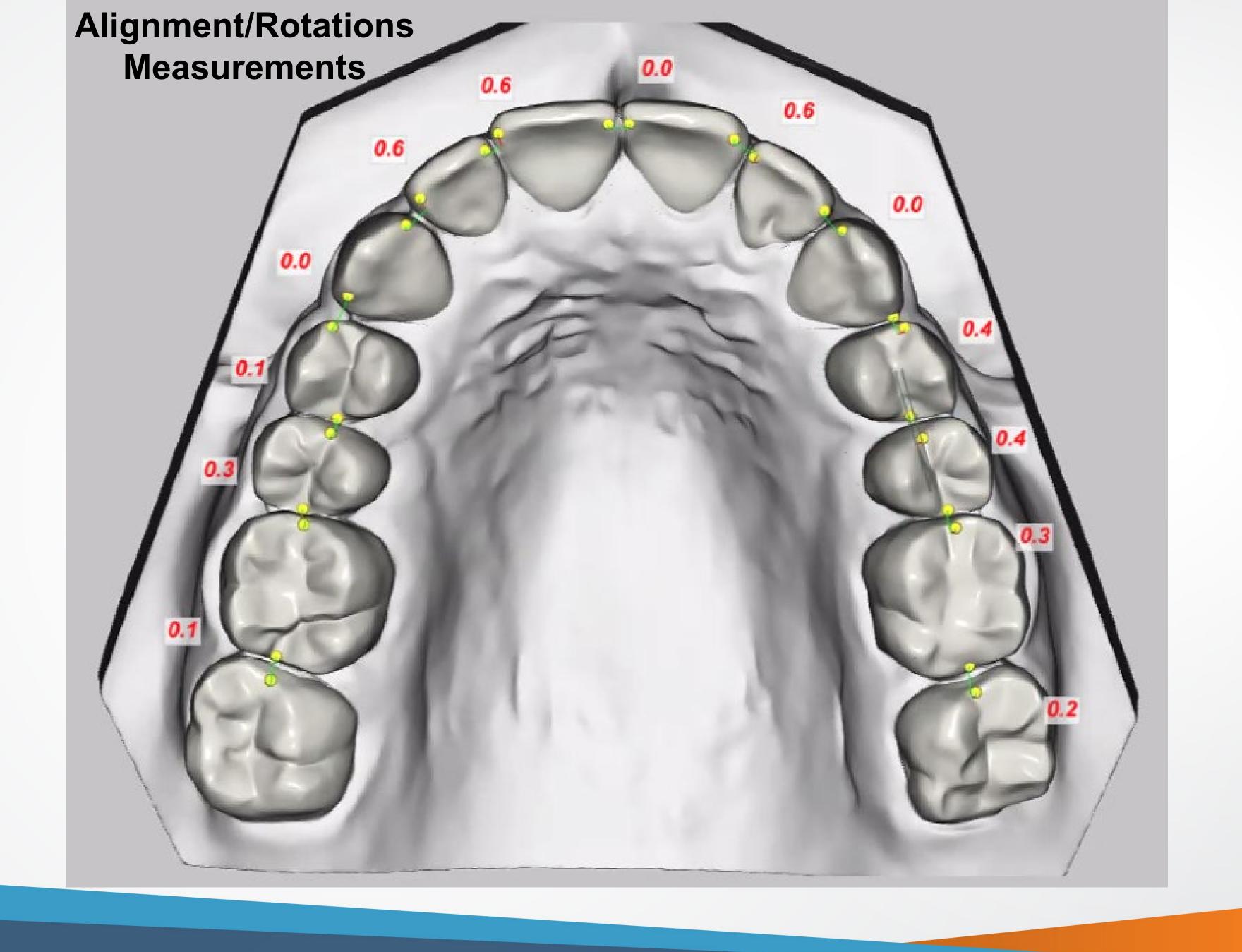
#### Question 1

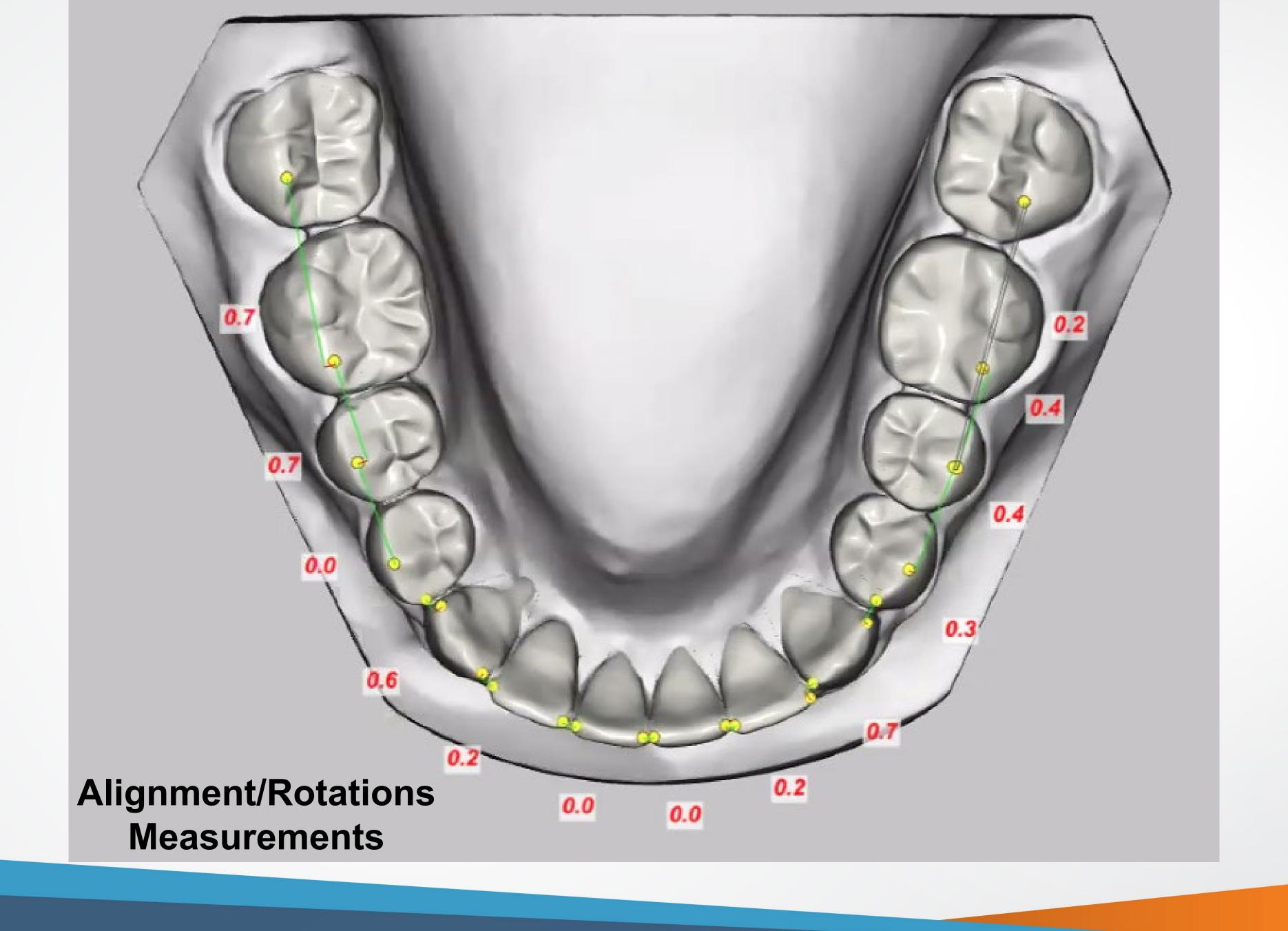
#### Classification

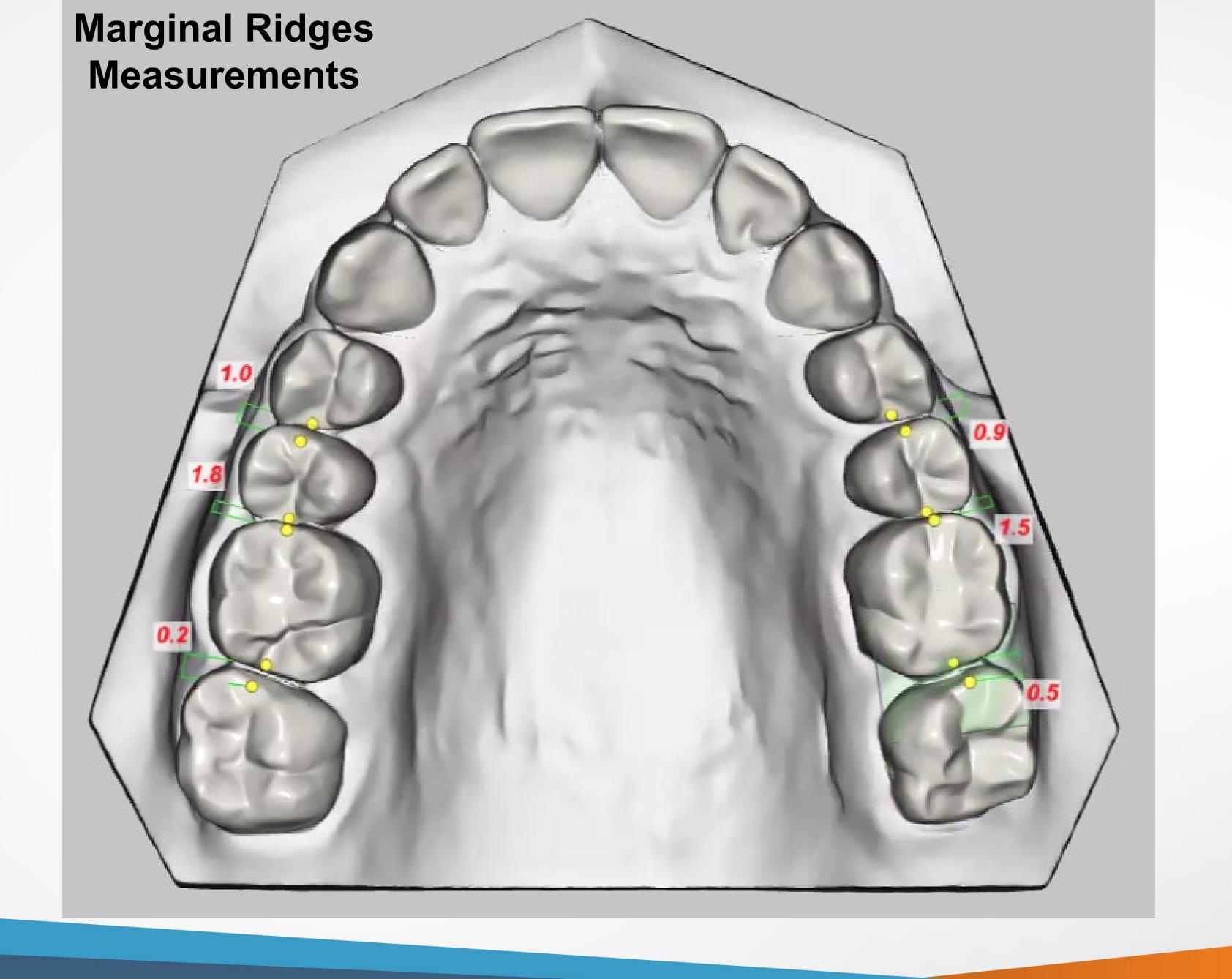
Domain 4: Critical Analysis and Outcomes Assessment

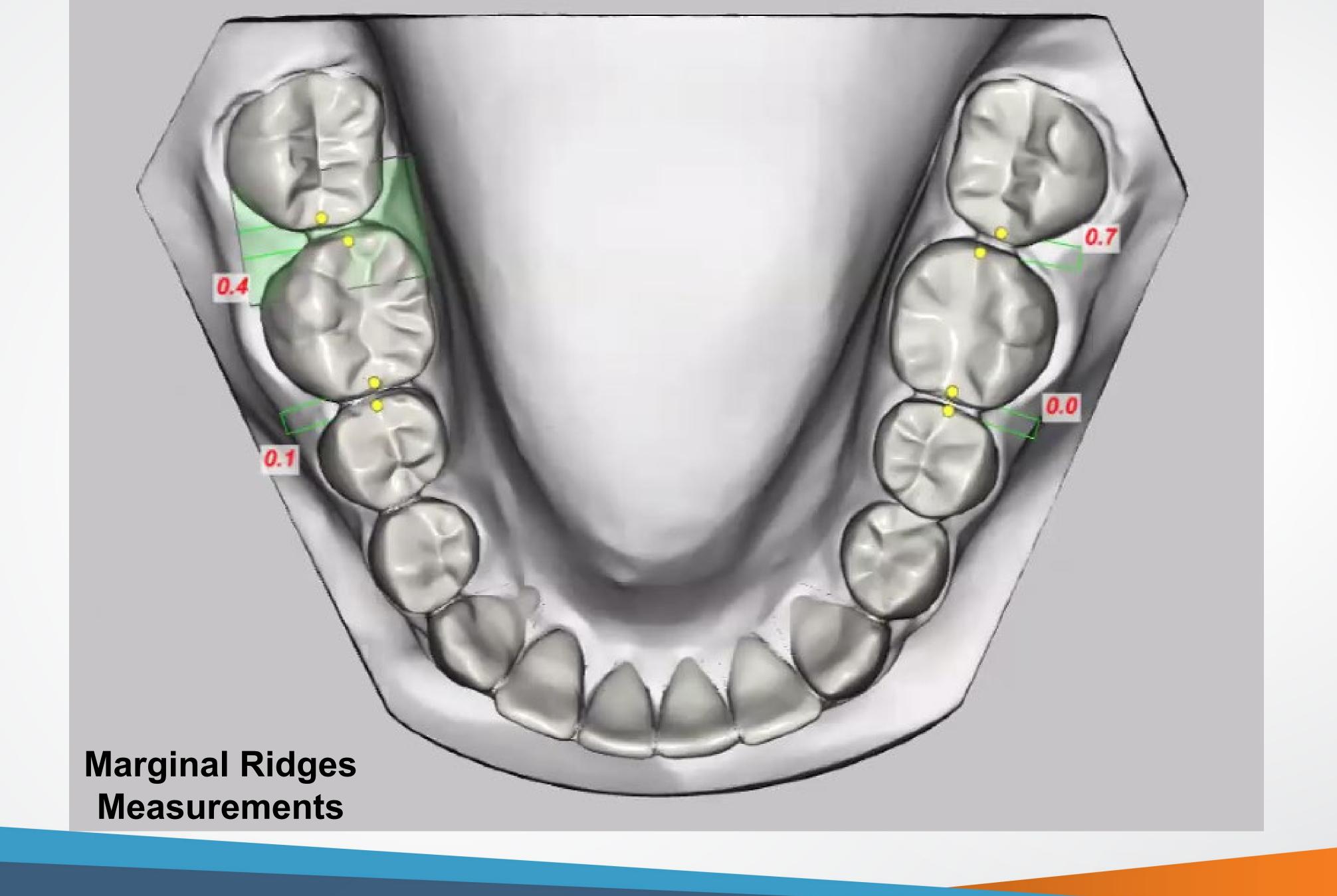
#### **Prompt**

What effects could the CR-Eval score presented for this case have in the final result of this patient?

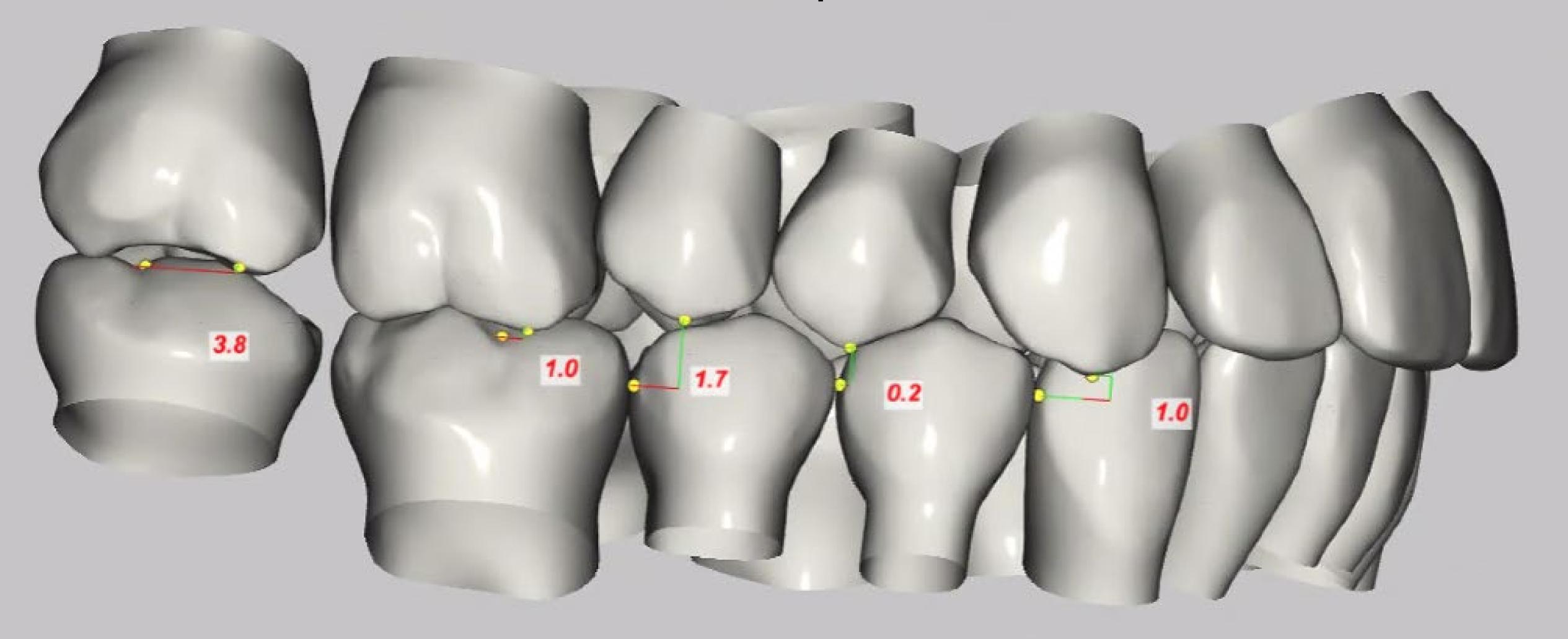


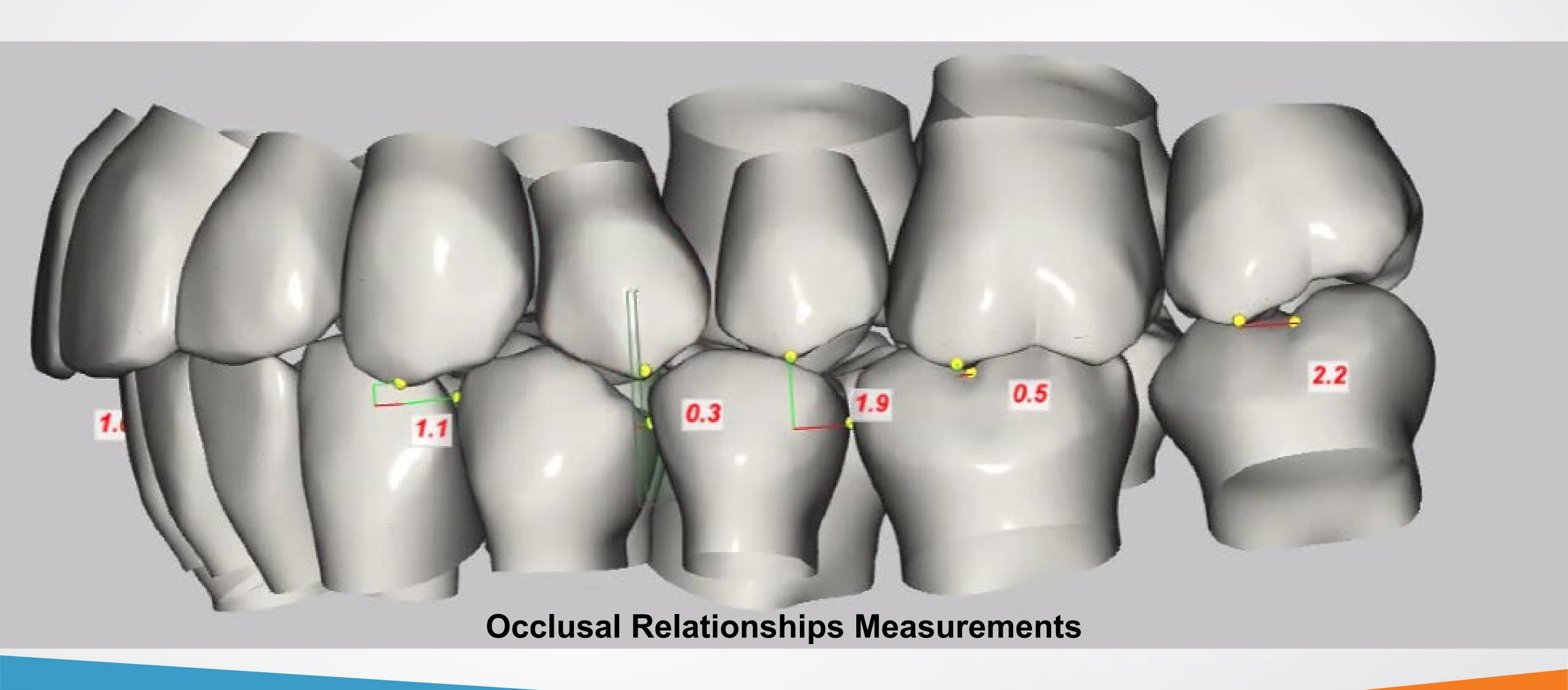






### Occlusal Relationships Measurements







#### Question 1

#### Classification

Domain 4: Critical Analysis and Outcomes Assessment

#### **Prompt**

What effects could the CR-Eval score presented for this case have in the final result of this patient?

#### Question 1

The board expects a fully proficient response for this question to include five of the following:

- 1. Deficient occlusal contacts
- 2. Incomplete Class II correction (accept Class II remains, incomplete B/S correction)
- 3. Food impaction due to spaces and marginal ridge discrepancies
- 4. Compromised esthetics (due to alignment/rotations present)
- 5. Periodontal concerns
- 6. Compromised stability (relapse)

#### Question 2

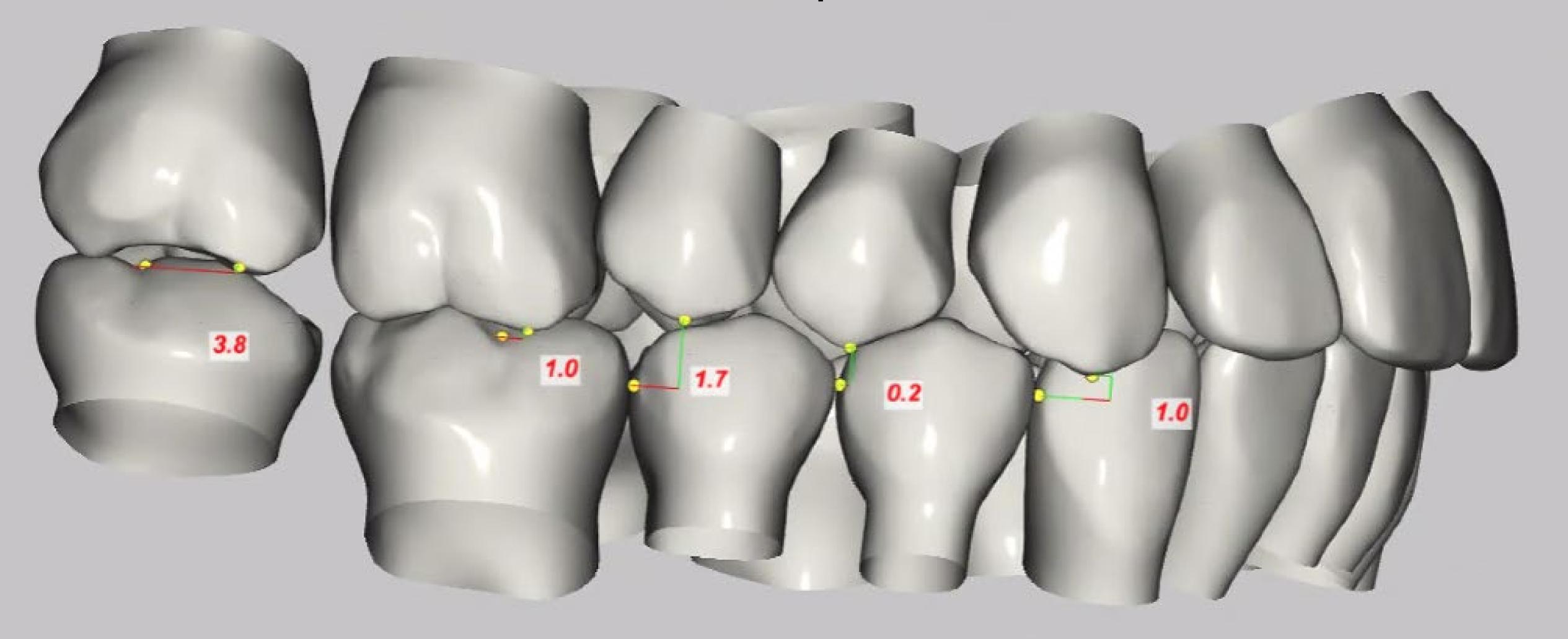
#### Classification

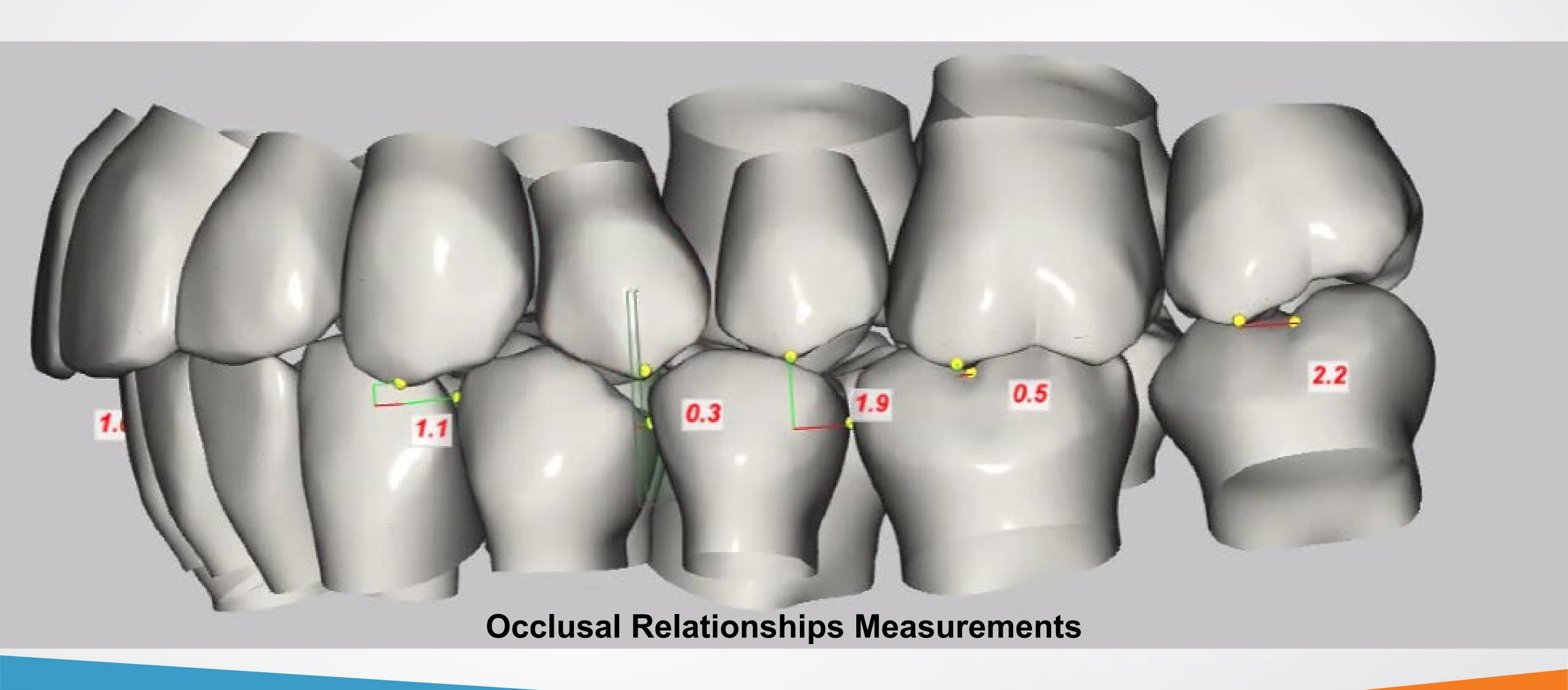
Domain 4: Critical Analysis and Outcomes Assessment

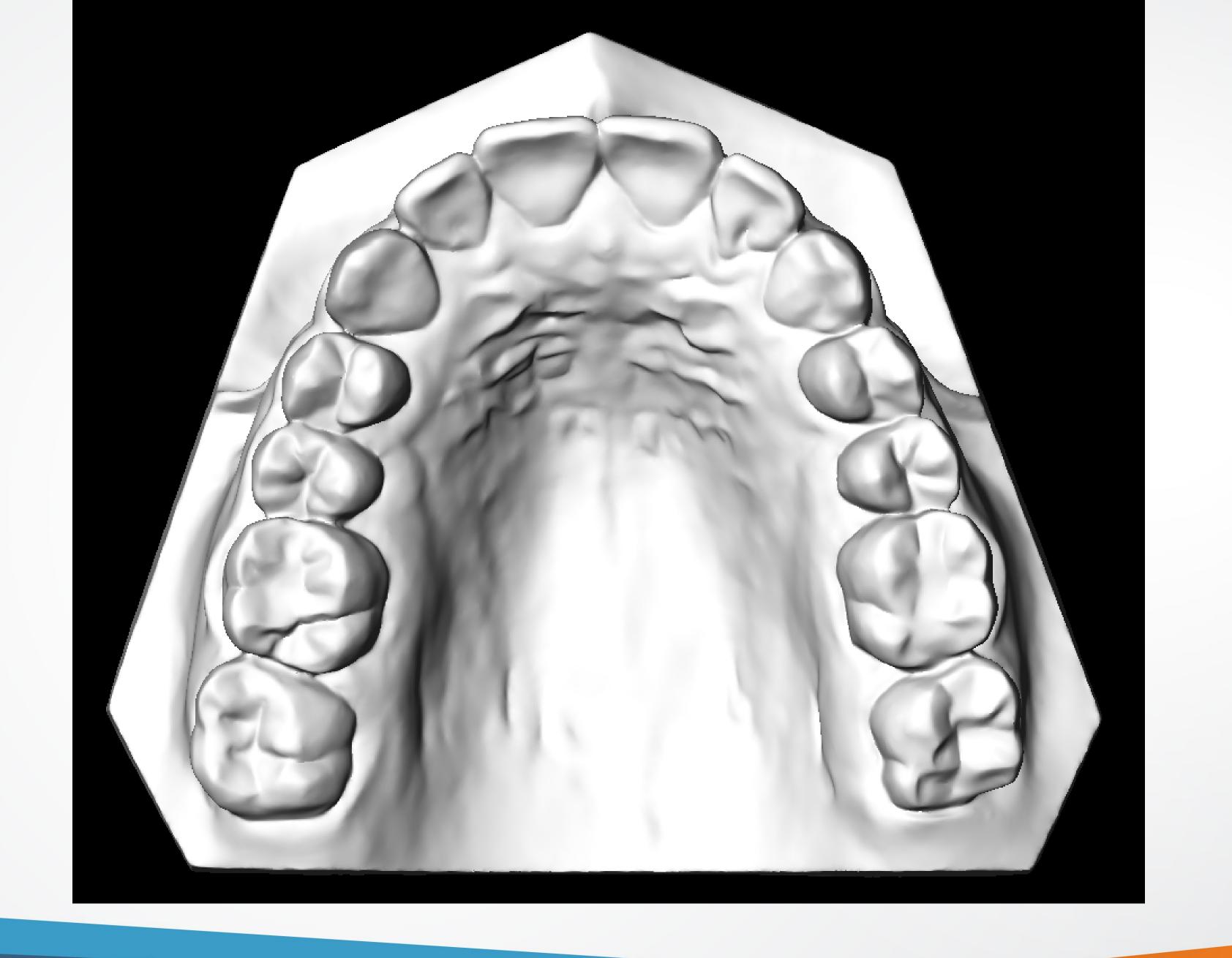
#### **Prompt**

Which steps could have been planned at the beginning of treatment to achieve a better CR-Eval score?

### Occlusal Relationships Measurements











Question 2

#### Classification

Domain 4: Critical Analysis and Outcomes Assessment

#### **Prompt**

Which steps could have been planned at the beginning of treatment to achieve a better CR-Eval score?

#### Question 2

The board expects a fully proficient response for this question to include seven of the following:

- 1. Establish a proper treatment plan
- 2. Design adequate posterior anchorage
- 3. Position brackets ideally
- 4. Follow a proper archwire sequence to achieve the expected results on each step of treatment
- 5. Band/Bond all second molars
- 6. Monitor treatment changes and compliance
- 7. Monitor patient's compliance
- 8. Take progress records as needed (radiographs to monitor progress pano and/or cephs, pictures and /or models or scans)
- 9. Achieve proper interdigitation during finishing phase of treatment

## Case Management Form (CMF)

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Reasons for the ABO Case Management Form

- 1. Self evaluation (quantified)
- 2. Evaluation/judgement of each parameter (quantified)
- 3. Evaluation of records (quantified)
- 4. Scores can be scored/digitally retrieved (demonstrates trends)
  - A numerical VTO
  - Self evaluation
  - Monitors record quality

## Case Management Form (CMF)

N	IEASUR	EMEN	ITS		SKELET	AL ANA	LYSIS (S)	0	-Accept	able 1-Ur	nacceptab		SCO	RING
			PRE TX	PROG A1	POST TX B	DIFF.		EXA	MINEE	TX OBJE	CTIVES	PRE TX OBJ	POST TX RESUL	Score
	SNA°					0.0	A-P MX					0 0	00	0
	SNB°					0.0	A-P MN					0 1 0 0		0
	ANB°					0.0	, i							•
	SN-MP°	**				0.0	VERT MX					0 0	80	0
	FMA°					0.0	VERT MN					0 0		0
	DENTAL ANALYSIS (D)													
	1 TO NA	mm			T	0.0						0 0	0 0	0
51	1 TO SN°					0.0	A-P MX							
	- 1 TO NB	mm				0.0	A-P					O 0 O 1	0 0	0
	- 1 TO MP	•				0.0	MN							
							VERT					O 0 O 1	00	0
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	ёто ёw	IDTH				0.0	TRANS MN					0 0	00	0
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	PRE-TX A LOR 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 R		
OVERALL ANALYSIS									2000					
	TREATMENT PLANNING / MECHANOTHERAPY						FINAL TR	EATMENT	RESULTS					
	0 ACCEPT		1	DEE	2 CIENCIES	3	0 ACCEPT					SUB-TOTAL OVERALL ANALYSIS		
	20121006												TAL	

• The examinee will have access to the following records: Initial photo montage, initial intraoral photographs, initial lateral cephalogram, initial cephalometric tracing, and the pre-treatment skeletal analysis (see example below).

	PRE TX A
SNA°	81.0
SNB°	72.0
ANB°	9.0
SN-MP°**	48.0
FMA°	39.0

#### Classification

**Domain 2: Treatment Objectives and Planning** 

#### **Opening Scenario**

A 16-year, 2-month-old female presents with the chief complaint that "My teeth stick out."

#### **Prompt**

Using the lateral cephalometric analysis and the CMF chart, identify appropriate skeletal treatment objectives. Please respond in numbered list format below.

#### **Model Responses**

The board expects a fully proficient response for this question to include:

- 1. Increase SNB
- 2. Decrease ANB
- 3. Decrease SN-MP
- 4. Decrease FMA

• The examinee will have access to the following records: Initial photo montage, initial intraoral photographs, initial lateral cephalogram, initial cephalometric tracing, final photo montage, final intraoral photographs, final lateral cephalogram, final cephalometric tracing, and the pre-/post-treatment skeletal analysis (see example below).

	PRE TX	PROG	POST TX	DIFF.
	Α	A1	В	A-B
SNA°	81.0		81.0	0.0
SNB°	72.0		70.0	-2.0
ANB°	9.0		11.0	2.0
SN-MPo**	48.0		50.0	2.0
FMA°	39.0		41.0	2.0

#### Classification

Domain 4: Critical Analysis and Outcomes Assessment

#### **Opening Scenario**

A 16-year, 2-month-old female presents with the chief complaint that "My teeth stick out."

#### **Prompt**

Describe the skeletal changes and your rationale for what occurred. Please respond in numbered list format below.

#### **Model Responses**

The board expects a fully proficient response for this question to include:

- 1. Decrease in SNB due to inadequate vertical control
- 2. Increase in ANB due to decrease in SNB (due to/as a result of inadequate vertical control)
- 3. Increase SN-MP due to inadequate vertical control
- 4. Increase in FMA due to inadequate vertical control

• The examinee will have access to the following records: Initial photo montage, initial intraoral photographs, initial lateral cephalogram, initial cephalometric tracing, and the pre-treatment dental analysis (see example below).

	PRE TX A
1 TO NA mm	9.0
1 TO SN°	111.0
1 TO NB mm	16.0
- 1 TO MP°	107.0

#### Classification

Domain 2: Treatment Objectives and Planning

#### **Opening Scenario**

A 16-year, 2-month-old female presents with the chief complaint that "My teeth stick out."

#### **Prompt**

Identify appropriate dental treatment objectives for the variables in the case management table. Please respond in numbered list format below.

#### **Model Responses**

The board expects a fully proficient response for this question to include:

- 1. Retract maxillary incisors to NA
- 2. Retract mandibular incisors to NB
- 3. Decrease mandibular incisor proclination to MP
- 4. Decrease maxillary incisor proclination to SN

• The examinee will have access to the following records: Initial photo montage, initial intraoral photographs, initial lateral cephalogram, initial cephalometric tracing, final photo montage, final intraoral photographs, final lateral cephalogram, final cephalometric tracing, and the pre-/post-treatment dental analysis (see example below).

	PRE TX A	PROG A1	POST TX B	DIFF.
1 TO NA mm	9.0		-2.0	11.0
1 TO SN°	111.0		77.0	34.0
1 TO NB mm	16.0		9.0	7.0
- 1 TO MP°	107.0		97.0	10.0

#### Classification

Domain 4: Critical Analysis and Outcomes Assessment

#### **Opening Scenario**

A 16-year, 2-month-old female presents with the chief complaint that "My teeth stick out."

#### **Prompt**

Describe the changes in the maxillary and mandibular incisor position observed in this case. Please respond in numbered list format below.

#### **Model Responses**

The board expects a fully proficient response for this question to include:

- 1. Excessive retraction of maxillary incisors
- 2. Lack of torque control in maxillary incisors (resulting in retroclination of the maxillary incisors)
- 3. Retraction of mandibular incisors
- 4. Adequate torque control of mandibular incisors

## Case Management Form

- Remember 3 planes of space
- Use precise and concise description
- Use appropriate terminology
- Treatment objectives and treatment plan should be in line with patient's needs not wants
- Actively participate in academic or study club case reviews



## Superimpositions

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## Superimposition Sample Case

Examinees will be presented with a combination of the following case records, as needed:

- Initial photo montage
- Initial intraoral photographs
- Initial panoramic radiograph
- Initial lateral cephalogram
- Initial hand-wrist radiograph
- Final photo montage
- Final intraoral photographs
- Final panoramic radiograph
- Final lateral cephalogram
- Final superimpositions

## Superimposition Sample Case

Question 1

#### Classification

Domain 4: Critical Analysis and Outcomes Assessment

#### **Prompt**

Assuming the time between pre- and post-treatment records was 34 months, what dental changes occurred as a direct result of treatment? Please respond in numbered list format below.

#### **Model Responses**

The number of responses required to attain a fully proficient or borderline proficient score will depend on the changes that are observed in the superimposition relative to normal growth during the treatment interval.

## Superimpositions

- Know radiographic analysis
- Review all 3 ABO superimposition videos (ABO website)
- Master superimposition interpretation skills
- Be able to differentiate changes from growth and treatment mechanics
- Read Buschang/Tadlock Guidelines for Assessing Growth and Development of the Orthodontic Patient. Seminars in Orthodontics, 2017