

ILLUSTRATION ONLY. PHOTO MONTAGE IS NOT REQUIRED.

Pre Models are not available for this sample case



The American Board of Orthodontics

Case Report Title Page

Case #5

DI – 24

Patient's Name: Madelaine

ABO ID# 09032



ID#09032 #5
●
08-29-07 12-08





ID#09032 #5

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08-29-07 12-08

ID#09032

#5



08-29-07

12-08



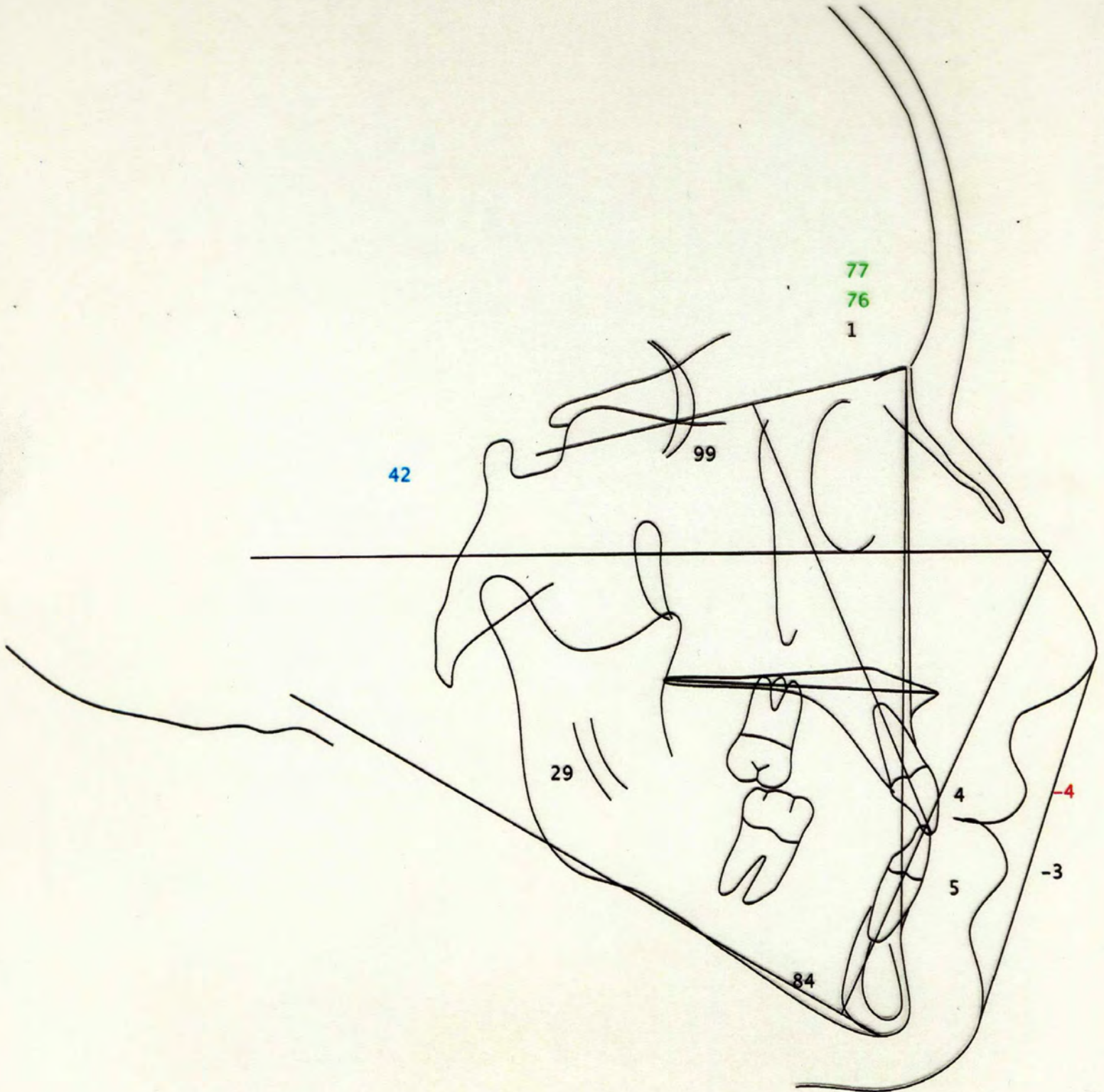
D#09032

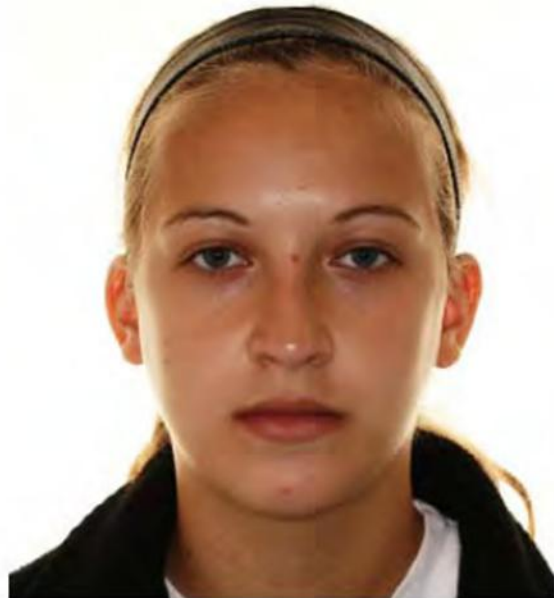
#5

ALL TRACINGS AND SUPERIMPOSITIONS MUST BE PRINTED ON TRANSPARENT MEDIA AT THE SAME SCALE AS UNTRACED LATERAL CEPHALOGRAMS

18-29-07

12-08





ID#09032

#5



06-17-09

14-06





ID#09032 #5



06-17-09 14-06

ID#09032

#5



06-17-09

14-06



D#09032

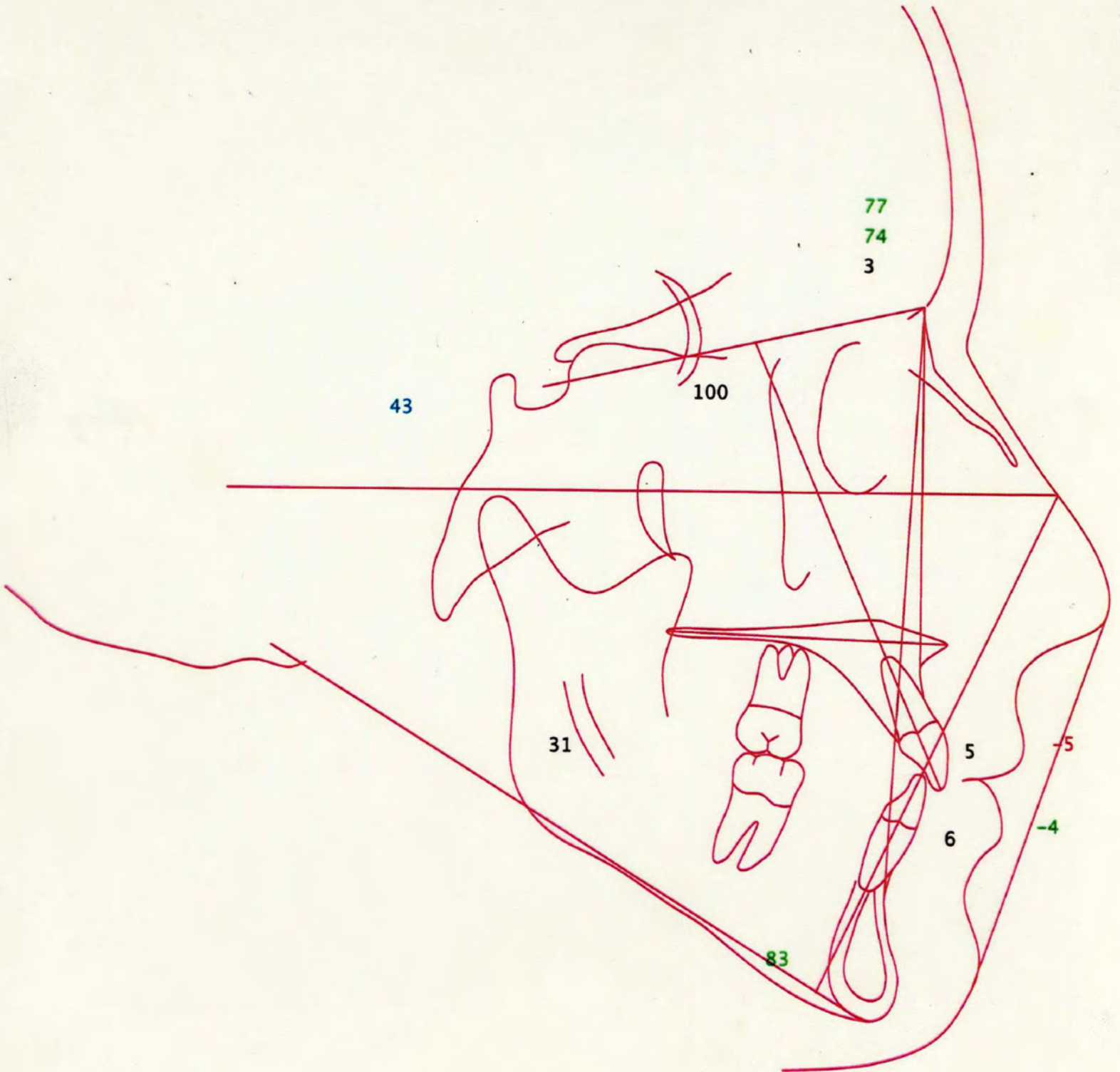
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16-17-09

14-06

ALL TRACINGS AND SUPERIMPOSITIONS MUST BE PRINTED ON TRANSPARENT MEDIA AT THE SAME SCALE AS UNTRACED LATERAL CEPHALOGRAMS

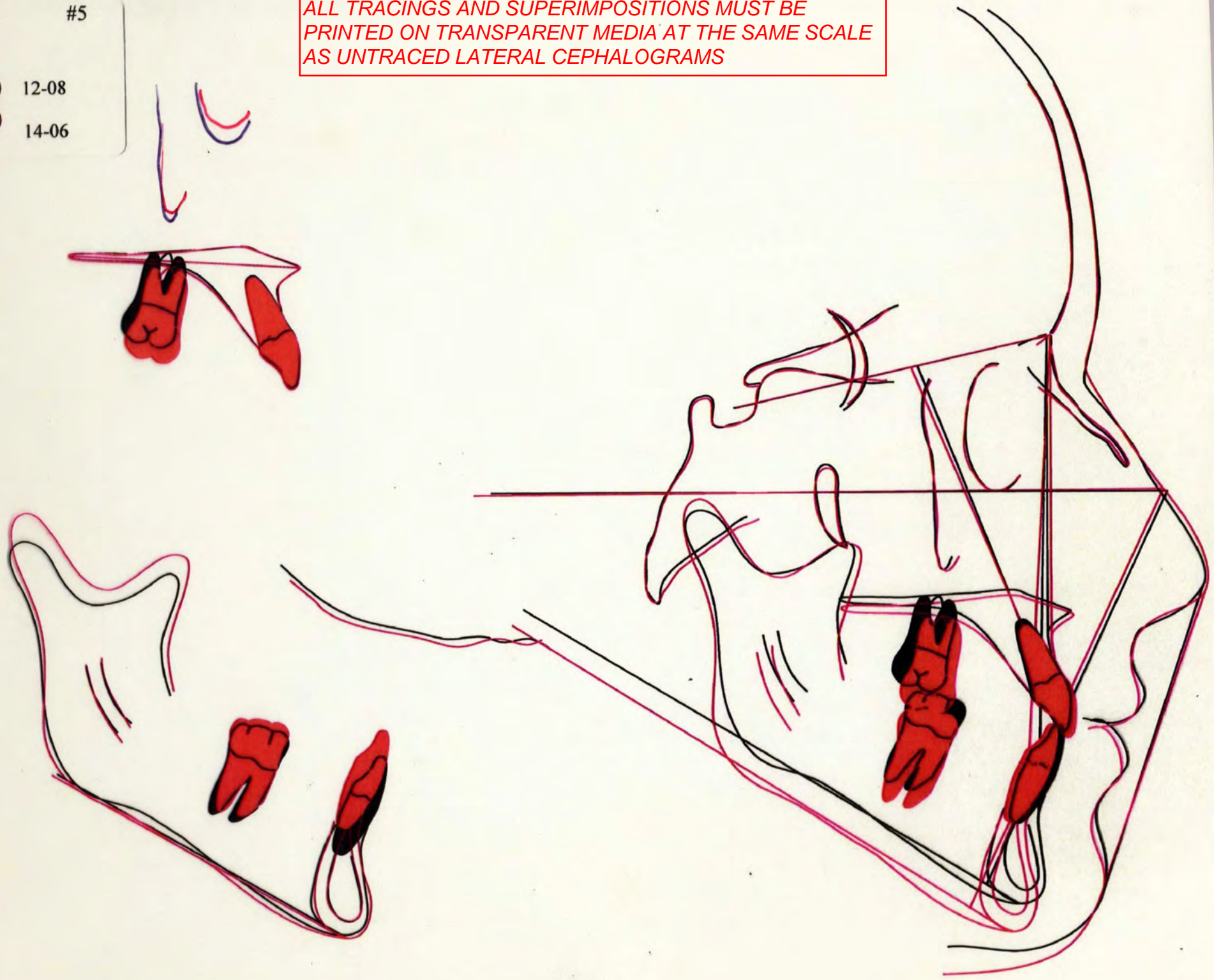


ID#09032

#5

ALL TRACINGS AND SUPERIMPOSITIONS MUST BE PRINTED ON TRANSPARENT MEDIA AT THE SAME SCALE AS UNTRACED LATERAL CEPHALOGRAMS

- 12-08
- 14-06



The American Board of Orthodontics

Clinical Examination Case Report Work File

Version 2010-2011 [What's new in this version?](#)

Enter required case identification:

ABO ID#

Exam Year

Patient Name

Case #

Instructions:

1. Adobe Reader, Version 8 or later, is required. *(Other PDF Viewers are not fully functional and should not be used; work at the same local hard drive to insure you are always using the same version of Adobe Reader.)*
2. We recommend you use Save-As with a descriptive filename for each case.
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 and you will be informed by email when the ABO electronic submission site is available to you.
5. Login at [Online Services – Clinical Exam Electronic Submission](#).
6. Follow prompts to upload this Case Report Work File, or to enter case reports directly.
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. You will submit allowable digital models from this site.
9. When finished, mark the reports for each case as Complete and select SUBMIT TO ABO.
10. After submission, use the Print PDF feature to save a read-only copy of your case reports. Print pgs 2-8 and insert in the back pocket of your case report notebook.

**** Currently published ABO exam specifications apply to each year's exam, no matter when the examinee began gathering records. If you upload a former year's Case Report Work File, you will be alerted if any data has not transferred. You are encouraged to login early and verify your case reports against current year specifications.**

PATIENT'S NAME:		DOB (mm-dd-yyyy)	
RECORDS SET	A	A1	B
RECORDS DATE (mm-dd-yyyy)			
PT. AGE (yy-mm)			
	SINGLE PHASE	OR	PHASE ONE PHASE TWO
INITIATED TX DATE (mm-dd-yyyy)			
COMPLETED TX DATE (mm-dd-yyyy)			
CASE CRITERIA IDENTIFIER			
	DI VALUE	OR	CATEGORY NUMBER

HISTORY AND ETIOLOGY: 630 max.

DIAGNOSIS

Skeletal: 360 max.

Dental: 630 max.

Facial: 360 max.

SPECIFIC OBJECTIVES OF TREATMENT

Maxilla (all three planes): 180 max.

Mandible (all three planes): 180 max.

Maxillary Dentition

A-P: 180 max.

Submitted

Vertical: 180 max.

Intermolar Width: 90 max.

Mandibular Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar / Inter canine Width: 180 max.

Facial Esthetics: 270 max.

TREATMENT PLAN: 1170 max.

APPLIANCES AND TREATMENT PROGRESS: 990 max.

RESULTS ACHIEVED

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

Maxilla (all three planes): 180 max.

Submitted

Mandible (all three planes): 180 max.

Maxillary Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar Width: 90 max.

Mandibular Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar / Inter canine Width: 180 max.

Facial Esthetics: 270 max.

RETENTION: 630 max.

FINAL EVALUATION OF TREATMENT: 1170 max.

Submitted

EXAM YEAR
ABO ID #

ABO DISCREPANCY INDEX Version 2010-2011
CASE#

TOTAL D.I. SCORE

Examiners will verify measurements in each parameter.

OVERJET

- 0 – 0.9 mm. (edge-to-edge) = 1 pt.
- 1 – 3 mm. = 0 pts.
- 3.1 – 5 mm. = 2 pts.
- 5.1 – 7 mm. = 3 pts.
- 7.1 – 9 mm. = 4 pts.
- > 9 mm. = 5 pts.
- Negative Overjet (x-bite):
1 pt. per mm. per tooth = ___pts.
- Total

OVERBITE

- 0 – 3 mm. = 0 pts.
- 3.1 – 5 mm. = 2 pts.
- 5.1 – 7 mm. = 3 pts.
- Impinging (100%) = 5 pts.
- Total

ANTERIOR OPEN BITE

- 0 mm. (edge-to-edge), 1 pt. per tooth = ___pts.
- then 1 pt. per additional full mm. per tooth = ___pts.
- Total

LATERAL OPEN BITE

- 2 pts. per mm. per tooth
- Total

CROWDING (only one arch)

- 0 – 1 mm. = 0 pts.
- 1.1 – 3 mm. = 1 pts.
- 3.1 – 5 mm. = 2 pts.
- 5.1 – 7 mm. = 4 pts.
- > 7 mm. = 7 pts.
- Total

OCCLUSION

- Class I to end on = 0 pts.
- End-to-End Class II or III = 2 pts. per side ___pts.
- Full Class II or III = 4 pts. per side ___pts.
- Beyond Class II or III = 1 pt. per mm additional ___pts.
- Total

LINGUAL POSTERIOR X-BITE

- 1 pt. per tooth Total

BUCCAL POSTERIOR X-BITE

- 2 pts. per tooth Total

CEPHALOMETRICS (See Instructions)

- ANB $\geq 6^\circ$ or $\leq -2^\circ$ @ 4 pts. = ___
- Each degree $> 6^\circ$ ___x 1 pt. = ___
- Each degree $< -2^\circ$ ___x 1 pt. = ___
- SN-MP $\geq 38^\circ$ @ 2 pts. = ___
- Each degree $> 38^\circ$ ___x 2 pts. = ___
- $\leq 26^\circ$ @ 1 pt. = ___
- Each degree $< 26^\circ$ ___x 1 pt. = ___
- $\bar{1}$ to MP $\geq 99^\circ$ @ 1 pt. = ___
- Each degree $> 99^\circ$ ___x 1 pt. = ___
- Total

OTHER (See Instructions)

- Supernumerary teeth ___x 1 pt. = ___
- Ankylosis of perm. Teeth ___x 2 pts. = ___
- Anomalous morphology ___x 2 pts. = ___
- Impaction (except 3rd molars) ___x 2 pts. = ___
- Midline discrepancy (>3 mm) @ 2 pts. = ___
- Missing teeth (except 3rd molars) ___x 1 pt. = ___
- Missing teeth, congenital ___x 2 pts. = ___
- Spacing (4 or more, per arch) ___x 2 pts. = ___
- Spacing(mx cent diastema > 2 mm) @ 2 pts. = ___
- Tooth Transposition ___x 2 pts. = ___
- Skeletal asymmetry(nonsurgical tx) @ 3 pts. = ___
- Addl. treatment complexities ___x 2 pts. = ___
- Identify:

Total Other

INSTRUCTIONS: Second molars should be in occlusion. Mark extracted teeth with a check in the bolded box. Place score beside each deficient tooth.

Total C-R Eval Score:

Alignment/Rotations



Marginal Ridges



MX



L



L

MD



R

Buccolingual Inclination



MX



L



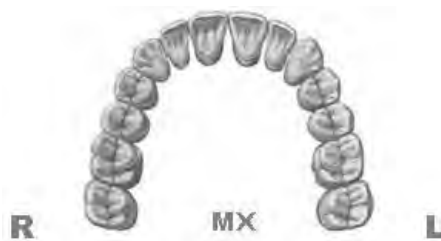
L

MD



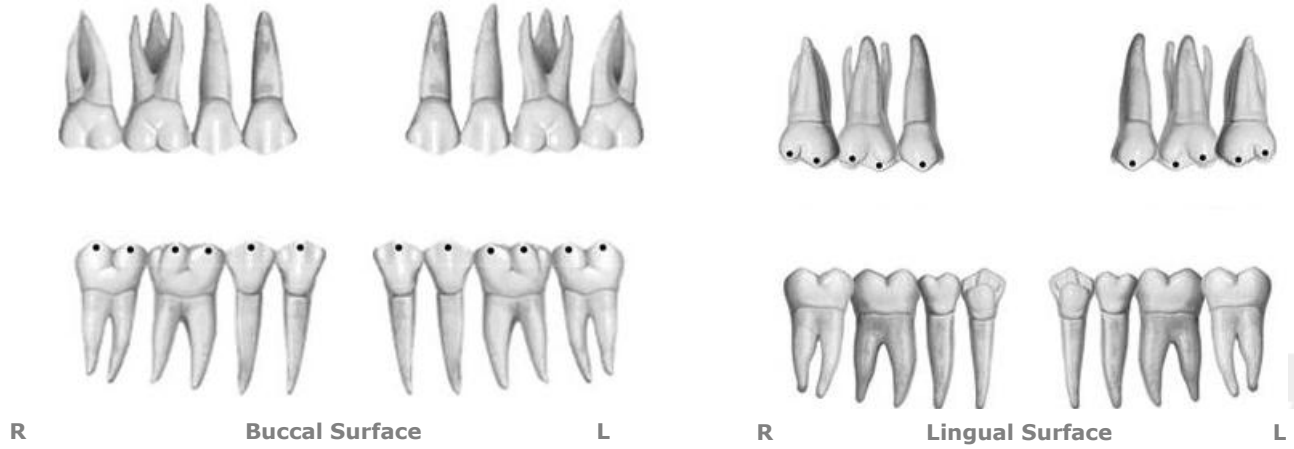
R

Overjet



Submitted

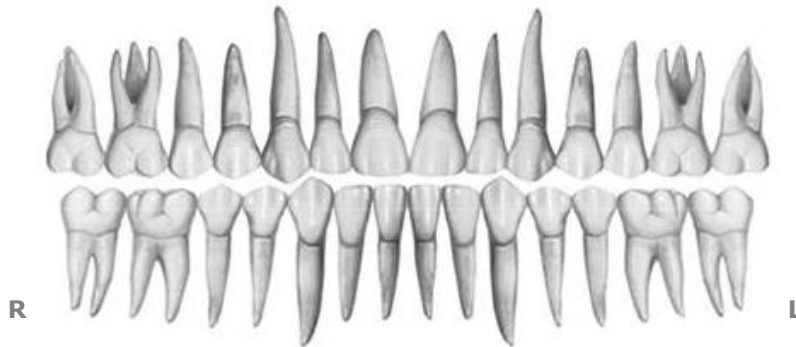
Occlusal Contacts



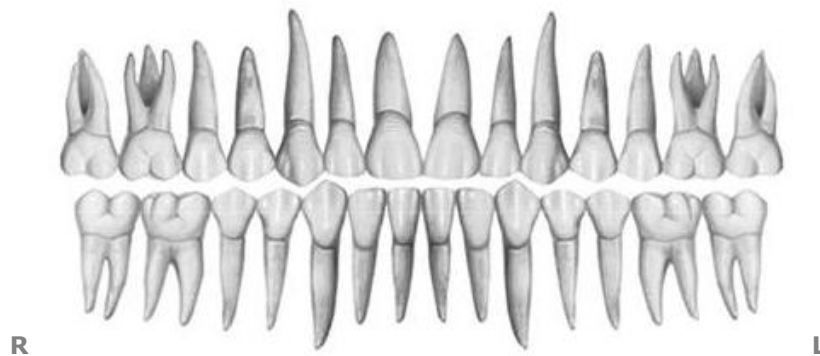
Occlusal Relationships



Interproximal Contacts



Root Angulation



Submitted

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

MEASUREMENTS

SKELETAL ANALYSIS (S)

0-Acceptable 1-Unacceptable

SCORING

	PRE TX	PROG	POST TX	DIFF.	EXAMINEE TX OBJECTIVES	PRE TX	POST TX	Score
	A	A1	B	A-B		OBJ	RESULT	
CEPHALOMETRIC	SNA°				A-P MX	0 1	0 1	
	SNB°				A-P MN	0 1	0 1	
	ANB°							
	SN-MP°**				VERT MX	0 1	0 1	
	FMA°				VERT MN	0 1	0 1	

DENTAL ANALYSIS (D)

	PRE TX	PROG	POST TX	DIFF.	EXAMINEE TX OBJECTIVES	PRE TX	POST TX	Score
	A	A1	B	A-B		OBJ	RESULT	
CEPHALOMETRIC	1 TO NA mm				A-P MX	0 1	0 1	
	1 TO SN°							
	- 1 TO NB mm				A-P MN	0 1	0 1	
	- 1 TO MP°				VERT	0 1	0 1	

	PRE TX	PROG	POST TX	DIFF.	EXAMINEE TX OBJECTIVES	PRE TX	POST TX	Score
	A	A1	B	A-B		OBJ	RESULT	
ARCH	6 TO 6 WIDTH				TRANS MX	0 1	0 1	
	- 6 TO 6 WIDTH				TRANS MN	0 1	0 1	
	- 3 TO 3 WIDTH				TRANS ANT	0 1	0 1	
	CURVE OF SPEE				CURVE OF SPEE	0 1	0 1	
	MANDIBULAR ARCH FORM				ARCH FORM MN	0 1	0 1	

FACIAL ANALYSIS (F)

E-LINE	PRE TX	PROG	POST TX	DIFF.	EXAMINEE TX OBJECTIVES	PRE TX	POST TX	Score
	A	A1	B	A-B		OBJ	RESULT	
Upper					FACIAL ESTHETICS	0 1	0 1	
Lower								

S-D-F Subtotal

RECORDS ANALYSIS

Shaded areas for examiner only.

	FACIAL PHOTOS	INTRAORAL PHOTOS	INTRAORAL RADIOGRAPHS	CEPH. & TRACINGS	COMP. TRACING	DENTAL CASTS	CASE REPORT	PRESENT. QUALITY	
PRE-TX A & CR PROG. A1	0 1	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	SUB-TOTAL RECORDS ANALYSIS

OVERALL ANALYSIS

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

TOTAL