The American Board of Orthodontics

Clinical Examination Case Report Work File

What's new in this version?

Enter required case identification:

ABO ID#

Exam Year

Patient Name

Case #

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: Do not use Apple's Safari to download this CRWF; also, 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 and you will be informed when the electronic submission site is available.
5. Using your ABO ID# and password, login at Online Services - Clinical Exam Electronic Submission.
6. Click on the button called "Upload CRWF" and navigate to this Case Report Work File.
7. Your data will be verified against the current year's exam specifications. If you upload a former year's CRWF, you will be alerted if any data is not current.
8. You may return to the exam site and directly update your reports as many times as needed before the submission deadline.
9. If you have optional digital pretreatment or interim models to submit, or you are enrolled in Electronic Case Submission (ECS), you will upload these additional digital records at the exam site.
10. When finished, you will mark all reports and records as Complete then select SUBMIT TO ABO.
11. Save a final copy of your case reports by using the Print CRWF button in the Actions column. These copies will be read-only and watermarked as "Submitted".
12. Print and staple pgs. 2-9 of each submitted case report and bring these to your case setup.

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

EXAM YEAR **ABO WRITTEN CASE REPORT**
ABO ID # **CASE#**

PATIENT'S NAME:		**DOB** (mm-dd-yyyy)	
RECORDS SET	**A**	**A1**	**B**
RECORDS DATE (mm-dd-yyyy)			
MODEL LAB/SUPPLIER			
MODEL MATERIAL(S) USED			
MODEL RESOLUTION			

	SINGLE PHASE		**PHASE ONE**	**PHASE TWO**
INITIATED TX DATE (mm-dd-yyyy)		**OR**		
COMPLETED TX DATE (mm-dd-yyyy)				
CASE CRITERIA IDENTIFIER	Select One			
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.*

Vertical: *180 max.* **characters remaining**

Intermolar Width: *90 max.*

Mandibular Dentition

A-P: *180 max.*

Vertical: *180 max.*

Intermolar / Intercanine 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.*

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 / Intercanine Width: *180 max.*

Facial Esthetics: *270 max.*

RETENTION: *630 max.*

FINAL EVALUATION OF TREATMENT: *1170 max.*

IF YOU COULD TREAT THIS CASE AGAIN, WOULD YOU TREAT IT DIFFERENTLY? *5700 max.*
IF SO, HOW WOULD YOU TREAT IT DIFFERENTLY AND WHY?

EXAM YEAR **ABO DISCREPANCY INDEX**

ABO ID # **CASE#** **PATIENT**

TOTAL D.I. SCORE

0

For mm measures, round up to the next full mm.
Examiners will verify measurements in each category.

OVERJET

≥ 0 to < 1 mm (edge-to-edge)	= 1 pt
≥ 1 to ≤ 3 mm	= 0 pts
> 3 to ≤ 5 mm	= 2 pts
> 5 to ≤ 7 mm	= 3 pts
> 7 to ≤ 9 mm	= 4 pts
> 9 mm	= 5 pts
Negative Overjet (x-bite): 1 pt per mm per tooth	= ___pts
Total	☐

OVERBITE

> 1 to ≤ 3 mm	= 0 pts
> 3 to ≤ 5 mm	= 2 pts
> 5 to ≤ 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 mm per tooth	=____pts
Total	0

LATERAL OPEN BITE

≥ 0.5 mm, 2 pts per mm per tooth	
Total	☐

CROWDING (only one arch)

≥ 0 to ≤1 mm	= 0 pts
> 1 to ≤ 3 mm	= 1 pts
> 3 to ≤ 5 mm	= 2 pts
> 5 to ≤ 7 mm	= 4 pts
> 7 mm	= 7 pts
Total	☐

OCCLUSAL RELATIONSHIP

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		0

LINGUAL POSTERIOR X-BITE

> 0 mm, 1 pt per tooth Total ☐

BUCCAL POSTERIOR X-BITE

> 0 mm, 2 pts per tooth Total ☐

CEPHALOMETRICS (See Instructions)

ANB ≥ 6° or ≤ -2°	@4pts	= ___
Each full degree > 6°	___x 1 pt	= ___
Each full degree < -2°	___x 1 pt	= ___
SN-MP		
≥ 38°	@2pts	= ___
Each full degree > 38°	___x 2 pts	= ___
≤ 26°	@1pt	= ___
Each full degree < 26°	___x 1 pt	= ___
$\overline{1}$ to MP ≥ 99°	@1pt	= ___
Each full degree > 99°	___x 1 pt	= ___
Total		0

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	= ___

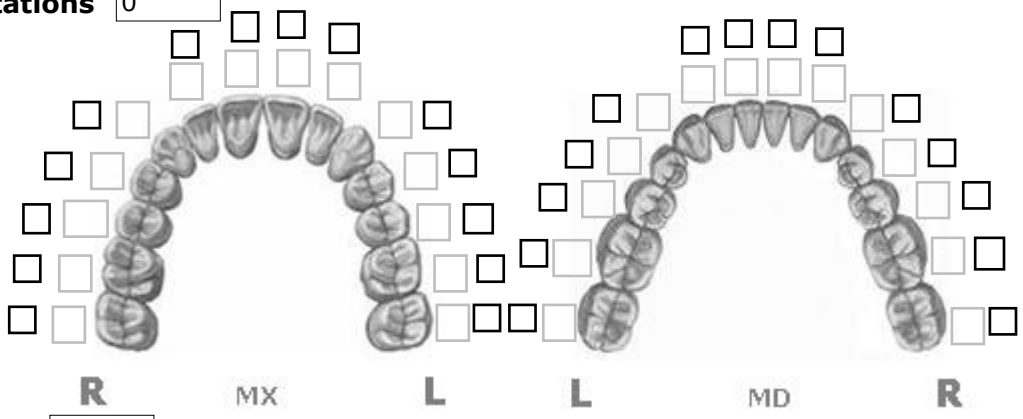
Identify:

Total Other 0

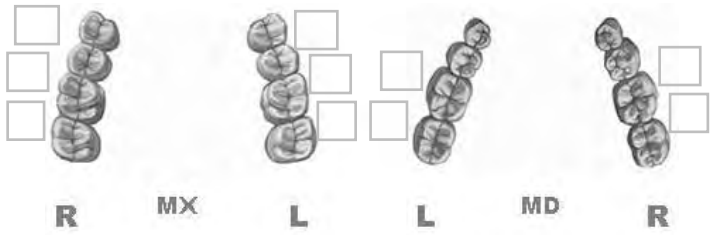
INSTRUCTIONS: Second molars should be in occlusion. Mark extracted teeth with a check in the bolded box. Place score beside each deficient tooth.

Total C-R Eval Score: 0

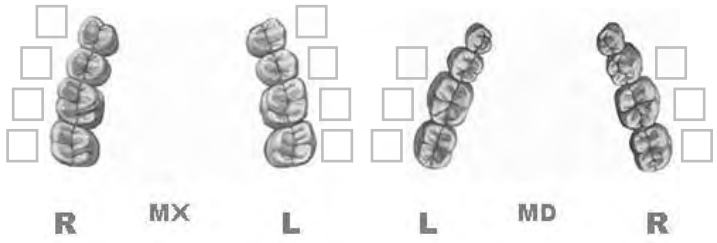
Alignment/Rotations 0



Marginal Ridges 0

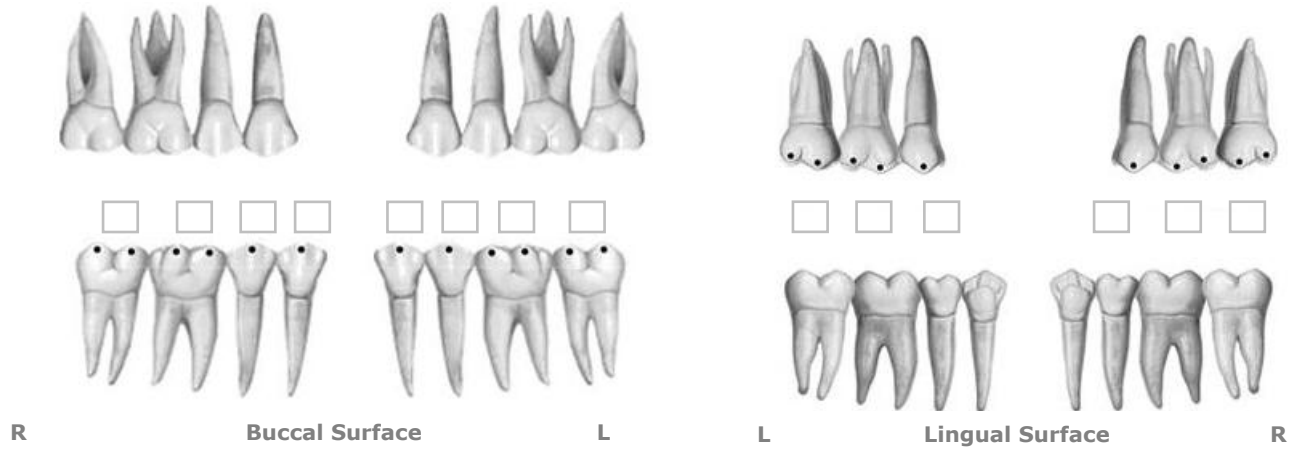


Buccolingual Inclination 0

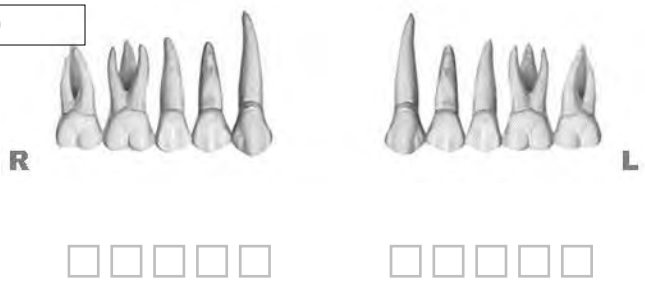


Overjet 0

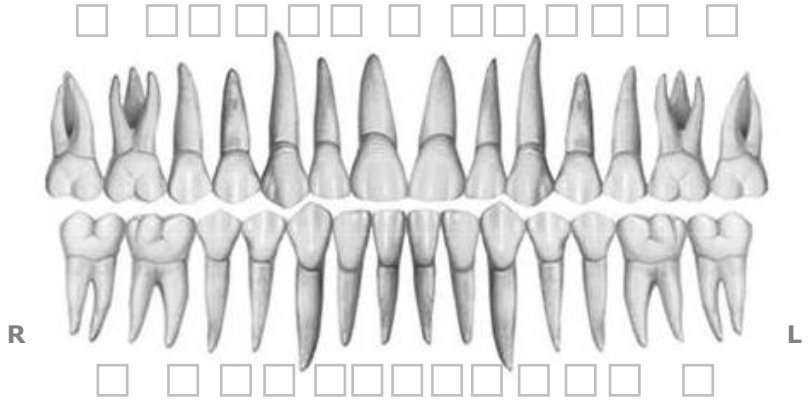
Occlusal Contacts 0



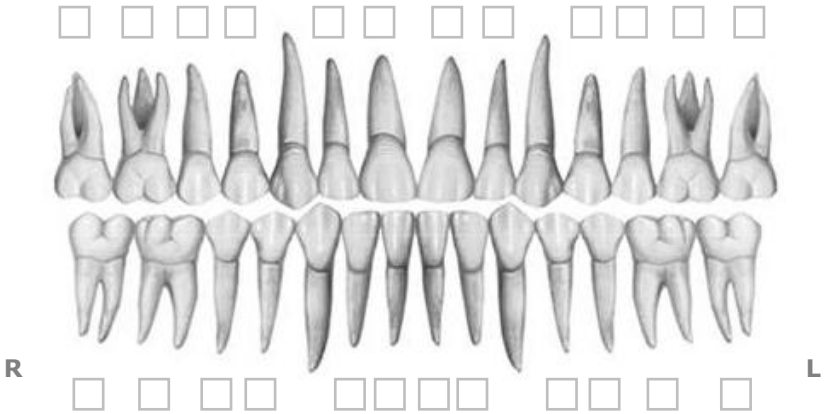
Occlusal Relationships 0



Interproximal Contacts 0



Root Angulation 0



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

MEASUREMENTS

SCORING

SKELETAL ANALYSIS (S)

0-Acceptable 1-Unacceptable

CEPHALOMETRIC

	PRE TX A	PROG A1	POST TX B	DIFF. |A-B|
SNA°				0.0
SNB°				0.0
ANB°				0.0
SN-MP°**				0.0
FMA°				0.0

	EXAMINEE TX OBJECTIVES	PRE TX OBJ	POST TX RESULT	Score
A-P MX		0 1	0 1	0
A-P MN		0 1	0 1	0
VERT MX		0 1	0 1	0
VERT MN		0 1	0 1	0

DENTAL ANALYSIS (D)

CEPHALOMETRIC

1 TO NA mm				0.0
1 TO SN°				0.0
1 TO NB mm				0.0
1 TO MP°				0.0

A-P MX		0 1	0 1	0
A-P MN		0 1	0 1	0
VERT		0 1	0 1	0

ARCH

6 TO 6 WIDTH				0.0
6 TO 6 WIDTH				0.0
3 TO 3 WIDTH				0.0
CURVE OF SPEE				0.0
MANDIBULAR ARCH FORM				

TRANS MX		0 1	0 1	0
TRANS MN		0 1	0 1	0
TRANS ANT		0 1	0 1	0
CURVE OF SPEE		0 1	0 1	0
ARCH FORM MN		0 1	0 1	0

FACIAL ANALYSIS (F)

E-LINE	Upper				0.0
	Lower				0.0

FACIAL ESTHETICS		0 1	0 1	0

S-D-F Subtotal 0

Shaded areas for examiner only.

RECORDS ANALYSIS

	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 ANALYSIS

OVERALL ANALYSIS

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

TOTAL