Written Case Requirements

A. CASE SELECTION: Criteria
   1. Start with the finished plaster. Select several examples of each required category (Item "C" below). The final occlusion of each should be representative of your best treatment result for each of the categories.
   2. Records: Next, select the cases with the most complete and detailed pretreatment, interim and post-treatment records. These records should represent the standard of excellence that you typically expect.
   3. GET SOME HELP! From these cases, with the help of your sponsors, select one case for each required category that best demonstrates the diagnostic process and treatment mechanics that is typical of your diagnostic and treatment regimen.
   4. Difficulty: Do not try to be a hero, but do not select "slam-dunk" cases. Select cases that are sufficiently challenging either diagnostically, mechanically or both that you can be proud of the treatment challenge that it represented. The selection process already guaranteed that the treatment outcome is exquisite. Avoid cases that are so heroic, atypical or unusual that it is not representative of your practice. Unless it is so unbelievably outstanding in every way that you must show every member of the Angle Society what an exceptional clinician you are…

B. CASE SELECTION: Requirements and Limitations
   1. At least three (3) cases must have been completed within the last 5 years, the remainder within the last 10 years.
   2. Three (3) ABO cases may be used if they were completed within the last 10 years, satisfy the Angle Society case selection criteria and have been rewritten to conform to the Angle Society format.
   3. Orthognathic Surgery Case: Only one (1) surgical case can be used. None are required. Surgical Cases require pre-surgical records, immediately prior to surgery, including models, photographs and headfilms, as well as initial and final records.
      The Clinical Examination Committee is interested in evaluating the pre- and post-surgical skill of the orthodontist, not just the skill of the surgeon. The surgical case should demonstrate orthodontic skill in tooth movement, not simply a dramatic surgical correction.
   4. Mounted Models are not required; however, if you are going to show mounted models, one articulator will be needed for each case. If all six cases have mounted models, you will need six articulators when your cases are examined by the Clinical Examination Committee and again when your cases are displayed to the membership.
   5. SAVE TIME: Submit one completed case report to the Clinical Evaluation Committee before completion all the case reports. The committee will evaluate the records and write-up and provide coaching as needed to assist in the successful completion of the case requirement for Active Membership in the Edward H. Angle Society of Northern California.

C. CASE SELECTION: Required Categories
   1. One Non-Extraction Case
   2. One Extraction Case: A multiple tooth extraction case demonstrating anchorage control and space closing mechanics.

3. One non-extraction Class II Case: demonstrating the typical mechanics you utilize to correct this type of a Class II malocclusion. Molar relationship: bilateral, full cusp Class II. Cuspid relationship: 2/3 to full cusp Class II. ANB>6 (i.e., 7 or higher)
4. One Mixed Dentition Case: Two-phase treatment started in the early or mid, not late, mixed dentition. Phase I treatment should evidence a demonstrable treatment effect. A complete set of diagnostic records taken before the start of Phase II treatment must be included, as well as finished records.
5. One non-surgical Vertical Dysplasia: A high angle case demonstrating mechanics you utilize to control vertical dimension. FMA >35 or SN-GoGn>40
6. One optional Case: your choice of a challenging malocclusion.

D. RECORDS REQUIRED

1. Pre- and post-treatment records are required for all patients. The records include models, extraoral and intraoral photographs (prints not slides), diagnostic quality intraoral x-rays and lateral cephalometric headfilms. If panographic X-rays are used they must be accompanied by anterior periapical X-rays.
2. Patients started in the mixed dentition must have a complete set of records taken prior to the second phase of treatment. Surgical cases should have pre-surgery records including models, photographs, and headfilms taken immediately prior to surgery as well as initial and final records.
3. Records two or more years post-treatment may be included when appropriate for a complete report. Long-term records are encouraged but not required.

E. FORMAT FOR PRESENTATION

1. Binders: The write-up, photographs, intraoral x-rays, cephalometric x-rays and tracings should be contained in standard 1 inch, black, three ring, plastic binders. X-rays and tracings should be unattached and free for individual inspection. All tracings should be identified by the following colors and records should be identified with colored dots as follows:
    a. Pretreatment Black
    b. Progress Blue
    c. Post-treatment Red
    d. Long term Green
2. Models: Models must be properly trimmed to centric relation, finished and marked for identification. If you present some or all of your models mounted on an articulator each case must have its own instrument, with the final models mounted on the articulator. Some orthodontic vendors will supply multiple articulators. If the initial and/or progress models have been mounted you must have a calibrated articulator for each patient with interchangeable cast mounts.
3. Photographs: Standardized prints of extraoral and intraoral photographs should be mounted and labeled according to the treatment stage. A minimum of three extraoral views: right profile, frontal and smiling are required and five intraoral views: upper and lower occlusal, frontal, left and right lateral, all taken with the teeth in occlusion.
4. Headfilms and tracings:
    a. Headfilms should be of a sufficient quality to identify commonly used landmarks. Insert each film in a clear, thin vinyl cover.
    b. Include pre- and post-treatment tracings and progress tracings where required. Use your usual method of analysis. Measurements should be clearly identifiable by location. Label each tracing with the name, date and age of the patient. Templates generated from the patient's incisor and molar profiles are

recommended. The tracings should be in color according to treatment stage as described in E 1., above.

c. Superimpositions must compare the changes overall from pretreatment to post-treatment, as well as changes within the maxilla and the mandible. Your superimposition landmarks and method must be identified. Interim superimpositions that clarify treatment progress are encouraged. Tracings should be inserted in clear, thin vinyl covers.
d. Computer-generated tracings are not acceptable. Headfilms should be hand traced.

5. ABO Guidelines: Affiliate should self grade each case using the ABO technique
6. Write-up:
    a. The write-up should be brief, clear and concise, outlined where possible. Lengthy description is discouraged. Include the following:
        1. The specific required category of treatment that this case represents, see "CASE SELECTION: Required Categories" ("C" above).
        2. The patients name, age, starting and finishing dates, treatment time and retention period.
        3. The chief complaint: Include the medical and dental history if pertinent.
        4. The diagnosis: Identify the significant elements of the malocclusion including soft tissue factors. Generate a "problems list" of all those elements that exist.
        5. The treatment plan: Based upon your clinical examination and evaluation of the diagnostic records, describe your specific treatment objectives as they relate to your "problems list" and the treatment plan for achieving those objectives. Generic statements such as "level and align, correct overbite, etc." are unnecessary.
        6. Treatment progress:
            a. Describe the appliances and specific mechanics used.
            b. Include any ancillary therapy involved such as splint, periodontal or myofunctional therapy.
            c. Identify the problems encountered in treatment.
            d. Outline your retention plan.
    b. The result: Include in the description of your result the deficiencies in the achievement of your treatment objectives and any deficiencies in the finished result.
    c. Include a table of the cephalometric changes.
    d. Using the template provided, include a Time Line or Chronology of Treatment that identifies the major events during treatment.

F. CASE EVALUATION:

1. Your cases will be evaluated by the Clinical Evaluation Committee. You may be asked by the committee to prepare additional cases for their evaluation. The committee's recommendation is then approved by the Board of Directors, or not.
2. A copy of the evaluation sheet used by the Clinical Evaluation Committee is available. Please review the American Board of Orthodontics, "Objective grading system for dental casts and panoramic radiographs." AJODO 114(5):589-599, November 1998.
3. Your cases should be delivered to the Clinical Evaluation Committee for review as directed by the Committee Chairman. Cases are usually evaluated during the four weeks before an Angle meeting.

4. Upon approval, you will be scheduled to present your cases to the general membership at a component meeting. (To give the members time to review your cases, please have them set up one half hour before the start of the meeting and leave them in place until after lunch is completed.) Be available at the table for discussion with the membership.

G. HELP:

1. The Clinical Evaluation Committee is committed to assisting you in the satisfactory completion of your case requirement. If clarification of the guidelines is needed, please do not hesitate to contact the Chairman.
2. Follow the guidelines: they should provide a step-by-step explanation of what needs to be done. If you have questions, see # 1 above.
3. Use and abuse your sponsors. They have a vested interest in your success. Call on them at each step in the process to help in initial case selection as well as the case write-ups.