

Orthodontics

General Guidelines

Orthodontic treatment ranges from simple space maintenance to comprehensive fixed-appliance therapy. Interceptive procedures, limited tooth movement or guidance, dento-facial orthopedics, orthognathic surgery, and treatment of craniomandibular problems are included in the term “orthodontic treatment”. More than one phase of active treatment may be necessary, and removable and/or fixed appliances may be utilized. A satisfactory result of improved esthetics and better occlusion is dependent upon a combination of professional skill and patient cooperation during all phases of treatment.

Many of the criteria for evaluating orthodontic treatment are common to all phases of dentistry and are covered elsewhere. Only those criteria specific to orthodontics will be discussed in this section.

Whenever possible, candidates for orthodontic treatment should be in good oral health. During treatment, every effort should be made to monitor the oral health of the patient and prevent, if possible, the consequences of poor oral hygiene.

Detailed records are essential to every orthodontic case; and may include the following:

Pretreatment Records

- Patient’s Chief Complaint
- Medical and Dental History
- Clinical Examination
 - ◆ Extraoral Facial Exam
 - ◆ Intraoral Exam
 - ◆ TMJ Evaluation

Diagnostic Records

- Extra & Intraoral Imaging/Photos
- Dental Casts
- Intraoral and/or panoramic radiographs
- Cephalometric radiographs

Post-Treatment Records

- Extra and Intraoral Imaging/Photos
- Dental Casts
- Intraoral and/or panoramic radiographs
- Cephalometric radiographs

Age, skeletal growth pattern, remaining facial growth and severity of malocclusion, as well as the patient's needs and desires, should all be considered when formulating the orthodontic diagnosis and treatment plan. Timing of treatment should be appropriate to the patient's skeletal and dental development. Any anticipated compromises in the objectives of optimal intercuspation, overbite and overjet, contact relationships and periodontal status should be

explained to the patient and noted in the records. Active treatment should be followed by delivery and supervision of appropriate retention appliances in order to enhance the stability of the orthodontic correction.

Written records should be detailed to assess and support clinical progress throughout treatment. The lack of adequate records and documentation to support the case may lead the case to be unacceptable. Patient compliance is a critical aspect of successful orthodontics. A determination as to the patient's role in the success or failure of the case should be considered.

Gingival recession, bone loss, decalcification, root resorption and relapse, while undesirable, may all occur in well treated cases and should not be considered in and of themselves as criteria for quality of treatment. What should be considered is how the orthodontist responded to their presence and whether or not good clinical judgment was exercised.

The following quality-evaluation criteria should be considered merely as aids for the discrimination between the ratings of satisfactory and unsatisfactory. The determination of the rating of any given dental service is dependent upon the sound JUDGMENT of the peer review examiners.

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QUALITY EVALUATION RATING SYSTEM		
	Rating	Operational Explanation
S A T I S F A C T O R Y	<p>R Range of Excellence</p> <p>ROMEIO Code: R Call: Romeo</p>	<p>Care is of satisfactory quality. Diagnosis, treatment, and “end-result” are satisfactory for the particular individual.</p>
	<p>S Range of Acceptability</p> <p>SIERRA Code: S Call: Sierra</p>	<p>Care is of acceptable quality, but exhibits one or more features which deviate from the ideal.</p>
N O T S A T I S F A C T O R Y	<p>T Not Acceptable but could be corrected</p> <p>TANGO Code: T Call: Tango</p>	<p>Diagnosis, treatment plan and technical performance and/or “end-result” are not of acceptable quality. Future damage is likely to occur.</p>
	<p>V Not acceptable cannot be corrected without retreating or cannot be corrected</p> <p>VICTOR Code: V Call: Victor</p>	<p>Orthodontic diagnosis, treatment plan and technical performance and/or “end-result” are not or acceptable quality. Damage to the patient is now occurring.</p>

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QUALITY EVALUATION CRITERIA AND ABBREVIATIONS			
Code	Diagnosis and Treatment	Code	End-Results
	<p>Baseline conditions have been recorded by adequate diagnostic records such as medical/dental history, a clinical examination, dental casts oriented in centric relation, intra and extraoral photographs, and appropriate radiographs. The records should be sufficient to identify the pretreatment condition and to enable development of a proper course of treatment. An oral mycological or myofunctional evaluation has been performed, if indicated. A suitable written treatment plan has been prepared. The appliances and treatment are appropriate for the orthodontic problems to be resolved. The appliances fit well, with bands adapted so that cement margins are barely visible. Excess adhesive has been removed from bonded attachments.</p> <p style="text-align: center;">(Refer to General Guidelines.)</p>		<p>The end-result of treatment meets accepted norms for function and exhibit a balanced and stable skeletal, facial, and dental arch form which is optimal for the patient. Axial inclination of the teeth are such that optimal esthetic and functional results have been achieved.</p> <p style="text-align: center;">(Refer to General Guidelines.)</p>
SFT	<p>Baseline conditions have been recorded by only limited diagnostic records. In those cases where treatment objectives are less than ideal, the rationale for such is recorded in the treatment plan. The appliances are not as closely fitted as desired, but cement margins on bands are adequate to prevent food impaction.</p>	SFU	<p>Occlusion, arch form, axial inclinations and skeletal balance are functionally and aesthetically acceptable.</p>
TRC TDG TPR TDN TFT TMG THY	<p>Baseline conditions have not been adequately recorded. Diagnosis is faulty and the treatment plan is inconsistent with the orthodontic problems. Prognosis for satisfactory treatment is poor. Appliance design and construction may not be capable of resolving the stated problems. Appliances fit poorly. The cement margins on bands are such that leakage can occur. Extraneous bonding adhesive has resulted in gingival irritation. Oral hygiene is poor, and no effort has been made to correct the situation.</p>	TOC TAR TIC TBC TPAT	<p>There is little or no improvement in occlusion, arch form, axial indications or skeletal balance (despite patient compliance). However, the potential for correction still remains. The oral tissues exhibit pathologic changes which have been caused by appliance design, placement or management.</p>
VDG VDN VDR VDT VMG VHY	<p>The malocclusion was not recognized or accurately diagnosed. Appliance design and construction was or is not capable of treating the stated problem. Appliance design may be acceptable, but injudicious use of direction, duration or magnitude of forces has occurred or is occurring. There is generalized, extremely poor oral hygiene, such that continuation of orthodontic treatment poses a greater threat to good oral health than does termination of treatment.</p>	VMAL VDMG	<p>Major functions and/or esthetic elements of the malocclusion persist. Appliance design, placement or management has resulted in rampant and severe damage to the oral environment.</p>