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AAE Endodontic Case Difficulty Assessment Form and Guidelines

PATIENT INFORMATION	DISPOSITION
Name	_Treat in office: YES NO NO
Address	_Refer patient to:
City/State/Zip	
Phone	_Date:

Guidelines for Using the AAE Endodontic Case Difficulty Assessment Form

The AAE designed the Endodontic Case Difficulty Assessment Form for use in endodontic curricula. The Assessment Form makes case selection more efficient, more consistent and easier to document. Dentists may also choose to use the Assessment Form to help with referral decision making and record keeping. Conditions listed in this form should be considered potential risk factors that may complicate treatment and adversely affect the outcome. Levels of difficulty are sets of conditions that may not be controllable by the dentist. Risk factors can influence the ability to provide care at a consistently predictable level and impact the appropriate provision of care and quality assurance. The Assessment Form enables a practitioner to assign a level of difficulty to a particular case.

Preoperative condition indicates routine complexity uncomplicated. These types of cases would exhibit only those factors listed in the MINIMAL DIFFICULTY category. Achieving a predictable treatment outcome should be attainable by a competent practitioner with limited experience.

MODERATE DIFFICULTY

Preoperative condition is complicated, exhibiting one or more patient or treatment factors listed in the MODERATE DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for a competent, experienced practitioner.

HIGH DIFFICULTY

Preoperative condition is exceptionally complicated, exhibiting several factors listed in the MODERATE DIFFICULTY category or at least one in the HIGH DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for even the most experienced practitioner with an extensive history of favorable outcomes.

Review your assessment of each case to determine the level of difficulty. If the level of difficulty exceeds your experience and comfort, you might consider referral to an endodontist.

The AAE Endodontic Case Difficulty Assessment Form is designed to aid the practitioner in determining appropriate case disposition. The American Association of Endodontists neither expressly nor implicitly warrants any positive results associated with the use of this form This form may be reproduced but may not be amended or altered in any way.

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AAE Endodontic Case Difficulty Assessment Form

CRITERIA AND SUBCRITERIA	MINIMAL DIFFICULTY	MODERATE DIFFICULTY	HIGH DIFFICULTY
	A. I	PATIENT CONSIDERATIONS	
MEDICAL HISTORY	0 No medical problem 0 ASA Class 1*	One or more medical problems ASA Class 2*	Complex medical history/serious illness/disability ASA Classes 3-5*
ANESTHESIA	0 No history of anesthesia problems	0 Vasoconstrictor intolerance	Difficulty achieving anesthesia
PATIENT DISPOSITION	Cooperative and compliant	O Anxious but cooperative	0 Uncooperative
ABILITY TO OPEN MOUTH	0 No limitation	Slight limitation in opening	Significant limitation in opening
GAG REFLEX	0 None	0 Gags occasionally with radiographs/treatment	0 Extreme gag reflex which has compromised past dental care
EMERGENCY CONDITION	Minimum pain or swelling	0 Moderate pain or swelling	0 Severe pain or swelling
	B. DIAGNOSTIC A		
DIAGNOSIS	Signs and symptoms consistent with recognized pulpal and periapical conditions	Extensive differential diagnosis of usual signs and symptoms required	Confusing and complex signs and symptoms: difficult diagnosis History of chronic oral/facial pain
RADIOGRAPHIC	Minimal difficulty	Moderate difficulty	0 Extreme difficulty
DIFFICULTIES	obtaining/interpreting radiographs	obtaining/interpreting radiographs e.g., high floor of mouth, narrow or low palatal vault, presence of tori	obtaining/interpreting radiographs e.g., superimposed anatomical structures
POSITION	0 Anterior/premolar	0 1st molar	0 2nd or 3rd molar
IN_THE_ARCH	0 Slight inclination <10°	0 Moderate inclination 10-30°	0 Extreme inclination >30°
	0 Slight rotation <10°	0 Moderate rotation 10-30°	0 Extreme rotation >30°
TOOTH ISOLATION	0 Routine rubber dam placement	Simple pretreatment modification	0 Extensive pretreatment modification
1400011010000	Lo Named mining	required for rubber dam isolation	required for rubber dam isolation
MORPHOLOGIC	0 Normal original crown morphology	Full coverage restoration	Restoration does not reflect
ABERRATIONS		Porcelain restoration Bridge abutment	original anatomy/alignment O Significant deviation from normal
OF_CROWN		Moderate deviation from normal	tooth/root form e.g., fusion,
		tooth/root form e.g., taurodontism,	dens in dente
		microdens	dens in dente
		Teeth with extensive coronal	
		destruction	
CANAL AND RO	OT 0 Slight or no curvature <10°	0 Moderate curvature 10-30°	0 Extreme curvature >30° or
MORPHOLOGY	0 Closed apex <1 mm in diameter	0 Crown axis differs moderately	S-shaped curve
MOM HOLOGI	·	from root axis. Apical opening	Mandibular premolar or
		1-1.5 mm in diameter	anterior with 2 roots
			0 Maxillary premolar with 3 roots
			0 Canal divides in the middle or
			apical third
			0 Very long tooth >25 mm
DADIOCDADIUC	O Canala visible and not reduced	O Canala and shambar visible but	0 Open apex >1.5 mm in diameter
RADIOGRAPHIC	Canals visible and not reduced in size	Canals and chamber visible but reduced in size	Indistinct canal path Canals not visible
APPEARANCE_OF CANALS	III SIZE	0 Pulp stones	O Cariais flot visible
RESORPTION 0 No	0 No resorption evident	Minimal apical resorption	Extensive apical resorption
	o no reservicin evident	o minima apisar resorption	0 Internal resorption
			0 External resorption
	C. ADDITION	IAL CONSIDERATIONS	
TRAUMA HISTORY	0 Uncomplicated crown fracture of	0 Complicated crown fracture	0 Complicated crown fracture
mature or immature teeth	mature or immature teeth	of mature teeth	of immature teeth
			Subluxation Horizontal root fracture
		O Alveolar fracture O Intrusive extrusive or lateral luvation	
		Intrusive, extrusive or lateral luxation Avulsion	
ENDODONTIC TREATME	NT 0 No previous treatment	0 Previous access without complications	0 Previous access with complications
HISTORY	5 p.ebus treatment	5 c cas decess without complications	e.g., perforation, non-negotiated
		canal, ledge, separated instrument	
			Previous surgical or nonsurgical
		endodontic treatment completed	
PERIODONTAL-ENDODONT	TIC 0 None or mild periodontal disease	0 Concurrent moderate periodontal	0 Concurrent severe periodontal
CONDITION		disease	disease
		0 Cracked teeth with periodontal	
		complications	
			0 Combined endodontic/periodontic
		lesion	
			0 Root amputation prior to
			endodontic treatment

 $$\rm 0$$ *American Society of Anesthesiologists (ASA) Classification System

Class 1: No systemic illness. Patient healthy.

Class 2: Patient with mild degree of systemic illness, but without functional restrictions, e.g., well-controlled hypertension.

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Class 4: Patient with severe systemic illness that immobilizes and is sometimes life threatening.

Class 5: Patient will not survive more than 24 hours whether or not surgica

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