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.

LEVELS OF DIFFICULTY

MINIMAL DIFFICULTY
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 contribution of the Canadian Academy of Endodontics and others to the development of this form is gratefully acknowledged.

The American Association of Endodontists

B. DIAGNOSTIC AND TREATMENT CONSIDERATIONS

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 Difficulties

- Minimal difficulty obtaining/interpreting radiographs

- Moderate difficulty obtaining/interpreting radiographs (e.g., high floor of mouth, narrow or key palatal vault, presence of tone)

- Extreme difficulty obtaining/interpreting radiographs (e.g., superimposed anatomical structures)

Position in the Arch

- Anterior/premolar

- Slight inclination (<10°)

- Slight rotation (<10°)

- Moderate inclination (10-30°)

- Moderate rotation (10-30°)

- Extreme inclination (>30°)

- Extreme rotation (>30°)

Tooth Isolation

- Routine rubber dam placement

- Simple pretreatment modification required for rubber dam isolation

- Extensive pretreatment modification required for rubber dam isolation

Morphologic Abrasions of Crown

- Normal original crown morphology

- Full coverage restoration

- Porcelain restoration

- Bridge abutment

- Moderate deviation from normal tooth/teeth form (e.g., taurodontism, microform)

- Teeth with extensive coronal destruction

Canal and Root Morphology

- Slight or no curvature (<10°)

- Closed apex (<1 mm in diameter)

- Canal(s) visible and not reduced in size

- Canal(s) and chamber visible but reduced in size

- Canal(s) and chamber not visible

- Pulp stones

- No resorption evident

- Extensive apical resorption

- Internal resorption

- External resorption

C. ADDITIONAL CONSIDERATIONS

Trauma History

- Uncomplicated crown fracture of mature or immature teeth

- Complicated crown fracture of mature or immature teeth

- Subluxation

- Complicated crown fracture of immature teeth

- Horizontal root fracture

- Axial fracture

- Intrusive, extrusive or lateral luxation

- Avulsion

Endodontic Treatment History

- No previous treatment

- Previous access without complications

- Previous access with complications (e.g., perforation, non-negotiated canal, ledge, separated instrument)

- Previous surgical or nonsurgical endodontic treatment completed

Periodontal-Endodontic Condition

- None or mild periodontal disease

- Concurrent moderate periodontal disease

- Concurrent severe periodontal disease

- Cracked teeth with periodontal complications

- Combined endodontic/periodontal lesion

- Root amputation prior to endodontic treatment

*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

Class 3: Patient with severe systemic illness of systemic illness which limits activities, but does not immobilize the patient.

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

Class 5: Patient with severe systemic illness that requires more than 24 hours whether or not surgery intervention takes place.

The American Association of Anesthesiologists (ASA) Classification System

E-mail: info@aae.org; Web site: www.aae.org
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www.asahq.org/clinical/physicalstatus.htm