AAE Endodontic Case Difficulty Assessment Form and Guidelines

PATIENT INFORMATION

Name_____

Address_____

City/State/Zip_____

Phone_____

DISPOSITION

Treat in Office: Yes ☐ No ☐

Refer Patient to:

_____

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.

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.

AAE Endodontic Case Difficulty Assessment Form

Criteria and Subcriteria	Minimal Difficulty	Moderate Difficulty	High Difficulty
A. PATIENT CONSIDERATIONS			
Medical history	☐ No medical problem (ASA Class 1*)	☐ One or more medical problems (ASA Class 2*)	☐ Complex medical history/serious illness/disability (ASA Classes 3-5*)
Anesthesia	☐ No history of anesthesia problems	☐ Vasoconstrictor intolerance	☐ Difficulty achieving anesthesia
Patient disposition	☐ Cooperative and compliant	☐ Anxious but cooperative	☐ Uncooperative
Ability to open mouth	☐ No limitation	☐ Slight limitation in opening	☐ Significant limitation in opening
Gag reflex	☐ None	☐ Gags occasionally with radiographs/treatment	☐ Extreme gag reflex which has compromised past dental care
Emergency condition	☐ Minimum pain or swelling	☐ Moderate pain or swelling	☐ Severe pain or swelling
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 low palatal vault, presence of tori)	☐ Extreme difficulty obtaining/interpreting radiographs (*e.g.*, superimposed anatomical structures)
Position in the arch	☐ Anterior/premolar ☐ Slight inclination (<10°) ☐ Slight rotation (<10°)	☐ 1st molar ☐ Moderate inclination (10-30°) ☐ Moderate rotation (10-30°)	☐ 2nd or 3rd molar ☐ 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
Crown morphology	☐ Normal original crown morphology	☐ Full coverage restoration ☐ Porcelain restoration ☐ Bridge abutment ☐ Moderate deviation from normal tooth/root form (*e.g.*, taurodontism, microdens) ☐ Teeth with extensive coronal destruction	☐ Restoration does not reflect original anatomy/alignment ☐ Significant deviation from normal tooth/root form (*e.g.*, fusion, dens in dente)
Canal and root morphology	☐ Slight or no curvature (<10°) ☐ Closed apex (<1 mm in diameter)	☐ Moderate curvature (10-30°) ☐ Crown axis differs moderately from root axis. Apical opening 1-1.5 mm in diameter	☐ Extreme curvature (>30°) or S-shaped curve ☐ Mandibular premolar or anterior with 2 roots ☐ Maxillary premolar with 3 roots ☐ Canal divides in the middle or apical third ☐ Very long tooth (>25 mm) ☐ Open apex (>1.5 mm in diameter)
Radiographic appearance of canal(s)	☐ Canal(s) visible and not reduced in size	☐ Canal(s) and chamber visible but reduced in size ☐ Pulp stones	☐ Indistinct canal path ☐ Canal(s) not visible
Resorption	☐ No resorption evident	☐ Minimal apical resorption	☐ 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 teeth ☐ Subluxation	☐ Complicated crown fracture of immature teeth ☐ Horizontal root fracture ☐ Alveolar 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/periodontic 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 degree 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 will not survive more than 24 hours whether or not surgical intervention takes place.

www.asahq.org/clinical/physicalstatus.htm