

HYPOTHETICAL ORAL EXAMINATION PROTOCOL

The following hypothetical scenario is provided as an example of what one protocol may include. Actual protocols may be more or less comprehensive than the following example:

The patient is a 41-year-old Caucasian male who presented with a chief complaint of a recently developed space between his front teeth. He reports that his general health is good, but premedicates before dental treatment with erythromycin for mitral valve prolapse. He states that he is allergic to penicillin. His gums bleed occasionally with brushing.

Candidate will usually receive charting of localized area.

Digitized photograph slides to be used throughout the questioning period for this protocol include:

1. Maxillary anterior photograph demonstrating anterior open bite, and open contact 7-8.
2. Preoperative radiograph #6-11
3. Occlusal view demonstrating excessive occlusal wear
4. Surgical site #6-11
5. One-year post-op radiographs
6. One year post-op photographs #6-11

1. Diagnosis

Question: Describe how you would proceed in order to generate an accurate periodontal diagnosis including any intra-oral and extra-oral pathoses.

Candidates should consider the following factors in making the diagnoses of Localized Severe Chronic Periodontitis with Occlusal Traumatism:

- Medical history
- Occlusion – anterior open bite, centric prematurities
- Plaque/calculus
- Recession
- Attachment levels/pocket depths
- Bone loss
- Mobility

2. Prognosis

Question: What would you consider the prognosis to be for individual teeth and for the overall dentition both short and long term in this patient?

Candidates should be able to discuss:

- Short/long term prognosis of #6-11, and how derived?
- Will prognosis change after treatment?
- Will prognosis change with different treatment modalities? Why? How?

3. Etiology

Question: What etiologic factors are pertinent in this patient?

Candidates should consider the following factors:

- Space between #7 & 8
- Open contacts
- Food impaction

Occlusal trauma
Plaque and calculus
Anterior open bite
Centric prematurity
Habits
Genetics

4. Treatment Plan- Please proceed with your treatment plan for this patient. You may request to review any information that you believe important to this task.

Candidate should be prepared to discuss:

Which options are best for this patient and why?
Order of treatment
Rationale for each treatment
What is the expected outcome for each treatment?

5. Selected Therapy- Discuss the rationale for the selected therapy.

Possible Questions: 1) Since you chose to extract #7,8 please provide your rationale; 2) If you chose to retain #7,8 what therapy(ies) would you consider; 3) Please provide in detail your technique for grafting #7,8 and why you chose this technique; 4) Describe the specific techniques you would use for the treatment of #'s 7 & 8 and how you would perform them; 5) Discuss implant placement in this region.

Candidate should be prepared to discuss:

GTR – flap design, materials, steps
Root treatment – how (manual, sonic, ultrasonic, rotary), why?
Root conditioning
Graft –choices
Barrier – choices
Suture
Dressing placement
Antibiotics – localized- systemic
Post-op management

6. Evaluation and Maintenance of Therapy

Question: What factors would you consider when evaluating results of therapy?

Candidate should be prepared to discuss:

What were goals?
How to measure results
When to measure results – why?
What is success?
What is failure?

Question: What factors would you consider in developing a maintenance schedule for this patient?

Candidate should be prepared to discuss:

How to maintain 0-3 mm pockets
How to maintain 3-5 mm pockets
How to maintain 5-7 mm pockets
When to retreat-Why?
Reasons not to retreat

PROTOCOL CONTENT AREAS

Protocols have been prepared to examine candidate's knowledge in the following areas:

- I. Non-surgical therapy
 - A. Plaque control / behavior modification
 - B. Scaling, root planing / debridement
 - C. Pharmacotherapeutics / irrigation
 - D. Stress reduction / sedation
 - E. Occlusal therapy / splints / TMJ
 - F. Interdisciplinary therapy, e.g. ortho, endo, restorative dentistry

- II. Surgical therapy
 - A. Crown lengthening for
 - a. restorative dentistry
 - b. cosmetic reasons
 - B. Gingival attachment procedures, e.g. Mod. Widman, open flap debridement, ENAP
 - C. Regeneration or replacement of periodontal supporting structures
 - a. Bone replacement grafting
 - b. Barrier therapy, e.g. GTR
 - c. Combination graft and barrier
 - d. Root surface conditioning
 - D. Resective
 - a. Soft tissue
 - b. Hard tissue
 - c. Root resection
 - E. Periodontal plastic surgery
 - a. Soft tissue grafts
 - b. Pedicle flaps
 - c. Combination pedicle flaps, connective tissue
 - d. Connective tissue grafts
 - e. Barriers
 - F. Dental implants
 - a. Placement
 - b. Repair /removal
 - G. Site preparation, e.g. sinus elevation, GBR

- III. Oral/Systemic Interrelationships
 - A. Oral medicine
 - B. Oral pathology
 - C. Perio / Medicine / Systemic

Please note: Candidates will not be examined in all content areas. It is anticipated that 3 or more content areas will be covered at each 1 ½-hour session.