

Patient Information

Full Name _____

Street Address _____ Suite/Apt _____

City _____ State/Country _____ Zip _____

Phone _____

Email _____

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.

Criteria and Subcriteria	MINIMAL DIFFICULTY	MODERATE DIFFICULTY	HIGH DIFFICULTY
A. PATIENT CONSIDERATIONS			
MEDICAL HISTORY	No medical problem (ASA Class 1*)	One or more medical problem (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

The contribution of the Canadian Academy of Endodontics and others to the development of this form is gratefully acknowledged. 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. © American Association of Endodontists, 180 N. Stetson Ave., Suite 1500, Chicago, IL 60601; Phone: 800-872-3636 or 312-266-7255; Fax: 866-451-9020 or 312-266-9867; E-mail: info@aae.org; Website: aae.org

Criteria and Subcriteria	MINIMAL DIFFICULTY	MODERATE DIFFICULTY	HIGH DIFFICULTY
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 (<i>e.g.</i> , high floor of mouth, narrow or low palatal vault, presence of tori)	Extreme difficulty obtaining/interpreting radiographs (<i>e.g.</i> , 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 (<i>e.g.</i> , taurodontism microdens) Teeth with extensive coronal destruction	Restoration does not reflect original anatomy/alignment Significant deviation from normal tooth/root form (<i>e.g.</i> , 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 moderate 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 (<i>e.g.</i> , 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