

ABGD Standardized Treatment Planning Exam Preparation Guidelines

Each candidate is allowed four hours to make a diagnosis and formulate a treatment plan, justified by a sound rationale, on a standardized case provided by the American Board of General Dentistry. Diagnostic aids presented during the exam include: a medical history, charting of existing disease status and periodontal condition, full mouth series of radiographs, panoramic radiograph, one set of articulated dental casts, individual maxillary and mandibular casts for each candidate, and a set of intraoral photographs.

All candidates are requested to furnish their own surveyor and its accompanying instruments for possible use during the treatment planning exercise. If a removable partial denture is prescribed, each candidate must design the appliance on the lab prescription form provided. Be sure to include all design information such as tooth modifications, major connector, clasp design, amount of undercut, denture base, tripod indexing and survey lines.

The treatment plan write-up **must** include the following:

1. Diagnosis/Problem List:

- a. A diagnosis/problem list identified by the examiners will be compared with your problem list.
- b. Organize your diagnosis/problem list by discipline. Allow sufficient space to add to your list if necessary. You may want to use a separate sheet of paper for each discipline.

2. A Treatment Objective/Overview of Your Treatment:

This should state your goal in treating the patient, and it should not exceed 2/3 of a page.

3. Sequenced Comprehensive Treatment Plan:

This plan must follow the order shown below and the order in which you would accomplish it during each phase of treatment.

- a. Emergency Phase.
- b. Systemic Phase. (Medical consults, treatment modifications)
- c. Preparatory Phase. (Caries/Perio disease control, Oper, Endo, OS, etc.)
- d. Reevaluation Phase. (Compliance, Disease control)
- e. Corrective-Restorative Phase. (Ortho, Pros, etc.)
- f. Maintenance Phase.

4. Justification/Rationale:

- Your planned treatment must also be accurately charted on the Case Charting Form provided to you.

5. Prognosis:

- Each treatment plan must include a prognosis for the case based upon the medical history, patient compliance, and the dentist's ability to control disease and provide restorative therapy.

Organization and readability are critically important. To paraphrase an old cliché, "To grade well what we read, we must be able to read well what we grade". Balance your time to allow yourself sufficient opportunity to develop and justify a comprehensive treatment plan. Failing to justify and explain your rationale for the treatment that you have proposed will likely result in a failing grade.

The following areas are examples of what should be addressed in the write-up. However, this is not an all-inclusive list. You are not limited to these areas:

- (1) Periodontal therapy and rationale: specific techniques to be used must be listed and the rationale for those techniques must be explained.
- (2) Edentulous spaces and comments about prostheses design. Be sure to explain why you chose fixed, removable, or implants (e.g. what did you see that made one option better than another for a specific situation).
- (3) How adequate information will be supplied to the dental laboratory to ensure proper design, function and esthetics.
- (4) Occlusion and articulator selection including rationale. (Why is your choice appropriate for the situation?)
- (5) Type of restorative materials used including rationale. We want to know what you plan to use for each restorative situation (i.e., amalgam vs. composite, non-precious metal vs. gold, etc., cast post/core vs. resin-fiber post-core buildup). In situations where the type of material is obvious (e.g., anterior restorations), say what you would use (e.g., "hybrid" vs. "microfill") and explain why your choice is appropriate.
- (6) If the treatment includes a removable partial denture, you will be expected to draw the design on the lab work authorization form provided.
- (7) If orthodontic care is planned, state the reasons it is indicated and explain how you will do it.
- (8) If implants are used, you must include the rationale for the implant system that you treatment plan to include how you will manage the surgical and restorative phases.

Additional points to consider:

1. The treatment plan **must** be well organized and chronologically sequenced so that all problem areas are identified and then properly addressed according to current accepted standards and guidelines. Diagnosis **must** also be appropriate and supported by a thorough systematic method of identifying oral disease, occlusal discrepancies, esthetic concerns and the overall ability to provide health, function and comfort for the patient.
2. Submitted exams will be considered **unacceptable** if the diagnosis and/or treatment plan is considered incomplete, not supported by clinical findings or information provided, there are gross errors in content and sequencing, treatment rendered is clearly inappropriate and not supported by the current standard of accepted dental therapeutics.
3. All basic components of accepted design concepts for both fixed and removable prosthesis **must** be considered and optimally applied. Furthermore, restorative materials must be appropriate to the situation in which employed and the restorations must be physiologically compatible and well integrated with other elements of care. Dental laboratory work authorizations must be carefully written and drawn on the lab form so that all pertinent information is present and clearly described. Critical information which cannot be easily identified on a properly prepared lab work authorization will be considered missing. At a minimum, the following RPD components must be included on the written aspect of the dental lab work authorization when indicated: retentive undercut, guideplanes, clasps, rests, reciprocation, major connector, minor connectors, occlusal scheme, denture tooth selection, and shade. Drawings must include acrylic outlines and an appropriate framework design. The only markings allowed on dental casts are survey lines. The drawing of an RPD design will not be accepted on a dental cast. Improper prosthetic design concepts, missing components of design concepts, or components which have not been addressed will be considered unacceptable.
4. Development of the treatment plan and rationale should be written so that the treatment plan is on the left side of the paper and the corresponding rationale is on the right. **Each candidate must complete the entire exam and submit all required information in order for the exam to be eligible for grading. Any missing item, general oversight, or failure to address the above mentioned items may ultimately result in a failing grade.**