

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.

Consider using cone beam computed tomography (CBCT) for assessing moderate and high difficulty cases.

Levels of Difficulty

LOW DIFFICULTY

Preoperative condition indicates routine complexity (uncomplicated). These types of cases would exhibit only those factors listed in the LOW DIFFICULTY category. Achieving a favorable treatment outcome should be attainable by a competent practitioner with limited experience.

MODERATE DIFFICULTY

Preoperative condition is complicated, exhibiting one or two factors listed in the MODERATE DIFFICULTY category. Achieving a favorable treatment outcome may be challenging for a competent, experienced practitioner.

HIGH DIFFICULTY

Preoperative condition is exceptionally complicated, exhibiting three or more factors listed in the MODERATE DIFFICULTY category or at least one in the HIGH DIFFICULTY category. Achieving a favorable treatment outcome may 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	LOW DIFFICULTY	MODERATE DIFFICULTY	HIGH DIFFICULTY
A. PATIENT CONSIDERATIONS			
MEDICAL HISTORY	No medical problem (ASA Class 1 or 2*)	One or more medical problem (ASA Class 3*)	Complex medical history/serious illness/disability (ASA Class 4*)
ANESTHESIA	No history of anesthesia problems	Vasoconstrictor intolerance	Difficulty achieving and/or maintaining 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

Criteria and Subcriteria	LOW 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 – TOOTH TYPE	Anterior/premolar	1st molar	2nd or 3rd molar
POSITION IN THE ARCH – INCLINATION	Slight inclination (<10°)	Moderate inclination (10-30°)	Extreme inclination (>30°)
POSITION IN THE ARCH – ROTATION	Slight rotation (<10°)	Moderate rotation (10-30°)	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 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	C-shaped morphology 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) Other anomalies such as radix ento/para molaris Open apex (>1.5 mm in diameter)
RADIOGRAPHIC APPEARANCE OF CANAL(S)	Canal(s) and chamber visible and not reduced in size	Canal(s) and chamber visible but reduced in size Pulp stones	Indistinct canal path Canal(s) and chamber not visible
PROXIMITY OF THE ROOT APICES TO VITAL STRUCTURES SUCH AS THE IAN OR MENTAL FORAMEN	Vital structures 5 or more millimeters from apices	3-5 millimeters	<3 millimeters
RESORPTION	No resorption evident	Minimal apical resorption	Extensive apical resorption Internal resorption External resorption
C. ADDITIONAL CONSIDERATIONS			
TRAUMA HISTORY	No history of trauma, or 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 or concurrent moderate periodontal disease	Combined endodontic/periodontic lesion	Concurrent severe periodontal disease Cracked teeth with periodontal complications Root amputation prior to endodontic treatment

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

*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