Hypothetical Protocol

The following hypothetical protocol 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 erthromycin 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 photographic 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. 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

3. 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?

4. Treatment Planning

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

Hypothetical Vignette Protocol

Note: This example would represent one ten minute vignette, which is one third of the vignette protocol. Two additional vignettes, consisting of unrelated topics, would also be included in the thirty minute vignette protocol.

The patient is a 63 year old Caucasian female for whom you placed an implant to replace tooth #5. The implant was placed 18 months ago and restored four months following placement. The patient has not been back to your practice since the implant was restored. Her general dentist referred her back to you because of swelling and soreness around the implant.

Candidate will be able to view photograph and radiographs of the area as well as charting completed when the patient arrived.

Charting demonstrated a 10mm. pocket over the facial of the implant with 5mm pockets in the palatal and interproximals.

A periapical radiograph demonstrated a radiolucency over the coronal 1/3 of the implant.

The clinical photo demonstrates edema and erythema #5 area,

Diagnosis

Describe how you would determine a diagnosis for the #5 area.

Candidate should be able to describe the clinical appearance, findings and history that would lead to the diagnosis of ailing implant/peri-implantitis.

- History
- Clinical findings
- Radiographic picture
- Symptoms

Therapy

Candidate should be able to describe his/her approach to treating this ailing implant and provide a rationale for treatment.

- Surgical vs non surgical treatment
- Disinfection of site
- Flap design & debridement
- Regenerative procedures including;
  - Grafting materials
  - Barriers

- Suturing & Post-op
- Post surgical meds
- Post-op management and maintenance