



Recognition Awards Handbook

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Note: The Academy of Diplomates of the American Orthodontic Society assumes that Federal and State requirements that relate to privacy acts have been completed, and proof of such are in the possession of the doctor.

Letter from the AOS Board of Examiners

Dear Society Member:

On behalf of the Academy of Diplomates of the American Orthodontic Society (AOS), we are excited that you have requested this Case Presentation Handbook to assist you in applying for Academy of Diplomates Recognition Awards. The Academy of Diplomates awards publicly recognize your desire to achieve excellence in orthodontics and enhance your career and community stature.

The Academy of Diplomates encourages all members to pursue Recognition Awards. This handbook has been compiled to assist you in the application process. It informs you of the requirements of each award, gives you an outline of the case information to be included, how it should be presented and in what order it should be arranged. The information in this handbook is meant to be a helpful guide in the preparation of your case.

The Academy of Diplomates does not endorse or promote any particular orthodontic technique for treatment. The material presented in this Handbook is provided by Academy of Diplomates Board of Examiners. The material given in this presentation is to serve only as an example of what to include in a case presentation and how it is to be presented.

We congratulate you and your commitment to pursue excellence in your practice of dentistry and orthodontics through application and hopefully, achievement of the Academy of Diplomates Recognition Awards program. If you require additional information about applying for the Academy of Diplomates Recognition Awards, please contact the AOS offices at (800) 448-1601 or (972) 234-4000.

Respectfully,

A handwritten signature in black ink, reading "W. Edward Gonzalez, Jr., DMD." The signature is fluid and cursive, with the last name "Gonzalez" being the most prominent part.

W. Edward Gonzalez, Jr., DMD
Executive Director
Academy of Diplomates of the
American Orthodontic Society

Recognition Awards Overview

General Requirements for all Awards

1. **Deadline for any award application is two months prior to the annual Spring Diplomates meeting.**
2. The candidate will be required to attach a list to this application of the continuing education courses taken to fulfill the requirements. The list should be accompanied by documentation to verify your attendance, such as an AGD print-out, copies of course certificates, letters verifying your attendance, etc.
3. The attached course list should include the date(s) of the course, the subject matter, and the name of the sponsor or lecturer. The AOS will keep this on file for future applications.
4. Only those courses, institutes, seminars, programs and meetings which contribute to the practitioner's increased orthodontic knowledge and/or ability to treat orthodontic patients shall qualify toward the continuing education requirement of each award. One hour credit for each hour in actual course attendance will be allowed.
5. Courses in orthodontics from the allowing sponsors shall be approved and evaluated by the Academy of Diplomates Board of Examiners:
 - Academy of General Dentistry
 - Academy of GP Orthodontics
 - Gerety Orthodontic Seminars
 - Accredited Dental Schools
 - ADA and its components and constituents
 - ADA CERP or AGD Pace recognized courses
 - American Orthodontic Society, Inc.
 - Courses sponsored by State Boards of Dentistry
 - International Association for Orthodontics
 - American Association of Functional Orthodontics
 - Recognized and specialty organizations of the ADA
 - Study club courses approved by one of the above listed organizations
 - Other sponsors approved by the Academy of Diplomates – these may include and not be limited to aligner therapy courses, international courses, and other courses of special consideration

General Requirements for all Awards

(Continued)

6. A continuing education course in orthodontics will be defined as a course that would increase the practitioner's knowledge and skill. These courses are not limited in scope to one particular system of treatment. They can include a variety of current levels of accepted orthodontic methodologies and diagnoses. An application should show broad exposure to an instructional background, which would enable the applicant to excel in rendering orthodontic services to his/her patients.
7. A maximum of 70 continuing education hours will be given for:
 - A published paper on orthodontics or a video presentation. Twenty hours given for each
 - Lecture or table clinics presented on orthodontics. Each lecture must be on a different subject matter. Allotted time for presentation will be given for each, double time on first time presentation of lecture material
 - Courses presented to recognized study clubs. Allotted time for presentation will be given for each, double time on first time presentation of lecture material

Award Descriptions and Requirements

Achievement Award

The Achievement Award is a natural first step toward gaining Board Eligibility and eventually becoming a Diplomate of the American Orthodontic Society, Inc.

The requirements are:

- Active membership in the AOS for three consecutive years prior to application
- Proof of attendance at continuing education courses in orthodontics totaling a minimum of 350 clock hours, of which a minimum of 100 clock hours must be from AOS-sponsored courses.
- The final selection will be by the authority of the Academy Board of Examiners
- An Achievement Award certificate will be furnished to recipients and special recognition will be given at the annual Spring Diplomates meeting. Recipients are not required to be present.
- A non-refundable fee of \$100.00 must accompany your application

Board Eligible (Fellow) Award

The Board Eligible Award (Fellow) is to recognize the members who seek to gain more orthodontic knowledge through continuing education courses. The Board Eligible (Fellow) program is the second step (following the Achievement Award) toward Diplomate status.

The requirements are:

- A candidate must have previously received the Achievement Award
- Active membership in the AOS for five consecutive years prior to application
- Proof of attendance at continuing education courses in orthodontics for a minimum of 500 clock hours, of which a minimum of 100 clock hours must be from AOS-sponsored courses
- Each candidate is required to prepare complete records of one case using the guidelines established by the Academy Board of Examiners (see “Case Requirements” on page 7). This case will be evaluated by the examiners and discussed with the presenter. The purpose for displaying this case is to prepare you for the protocol when presenting the (10) cases for Diplomate
- Candidates will be required to sit for a written examination compiled by the examining board
- The final selection will be by the authority of the Academy Board of Examiners
- The Board Eligible awards will be presented at the annual Spring Diplomates meeting of the AOS
- The candidate must be present at both the Spring Diplomates Meeting AND the AOS annual meeting to receive the Board Eligible Award
- A non-refundable fee of \$350 must accompany your application
- Achievement and Board Eligible Awards may be received the same year

Diplomate Award

A Diplomate of the Academy of Diplomates of the American Orthodontic Society shall be a dentist who has been approved by the Academy Board of Examiners.

The requirements are:

- Candidates must have previously received the Fellowship/Board Eligible Award at a previous meeting
- Five consecutive years of membership in the AOS prior to application.
- A candidate must present **ten completed orthodontic cases with pre and post treatment records** (See “Case Requirements” on page 7)
- The candidate must take an oral review/exam before the examining board
- A non-refundable fee of **\$700** must accompany your application
- One case must be in digital format and will be submitted to the Journal of the American Orthodontic Society
- The final selection will be by the authority of the Academy Board of Examiners
- The Diplomate Awards will be presented at both the Spring Diplomates Meeting AND the Annual Meeting of the AOS and the applicant must be present at BOTH meetings

RULES:

1. Board Eligible and Diplomate candidates must have cases set up for the Academy Examiners for presentation by 7:30 am
2. Board Examiners will review the cases beginning at 9:00 am
3. All Candidates must return and be present outside the designated location by 3:00 pm
4. After review of the cases by the Academy Examiners, candidates that passed are to remove their cases promptly (unless instructed otherwise). You have the option to display your case(s) the following day for the Society members review. These details will vary from year to year according to the hotel regulations, rooms the cases are displayed in, space for the cases to be displayed, etc.

Case Requirements

1. Each case should be in a white loose-leaf, 3 ring hard binder
2. All presentations are to be presented anonymously. The name of the clinician shall be removed from all records and components of the presentation.
3. Each individual page and radiograph should be placed in a transparent sheet protector. Each case must include the following:
 - a. Cover sheet on the Binder with: Patient Name or initials, age, and Case type
 - b. A Case report – A narrative report that includes patient history, clinical analysis, treatment objectives, treatment plan, estimate of treatment duration, and a case summary and analysis. Please present the case in the same order as the sample case in this manual
 - c. Pre and post treatment cephalometric radiographs. The cephalometric x-rays and cephalometric tracings should be included in separate sheet protectors. A separate diagnostic treatment sheet should be included listing normal measurements along with the patient's actual pre-treatment and post-treatment measurements.
 - d. Pre and post treatment photographs to include:
 - Facial Frontal with lips at rest
 - Facial Frontal with patient smiling
 - Lateral Facial Profile
 - Intraoral Frontal
 - Intraoral Left Lateral
 - Intraoral Right Lateral
 - Maxillary Occlusal
 - Mandibular Occlusal
 - e. Intra-oral photographs with retainers in situ (if using fixed retention)
 - f. Pre and post treatment radiographs, either a panorex or full mouth series, labeled with name, age, date, pre or post.
 - g. Optional – Progressive photos, models or xrays at different states of treatment. Transcranial radiographs or tomograms if available.
4. Properly trimmed pre and post treatment models, professional in appearance, labeled with name, age, date, pre or post. The post treatment models should be from impressions taken at least six months after the treatment is completed.

or

E-models that have been made professionally by a reputable source and are from impressions taken at least six months after the treatment is completed. The e-models should include the six views shown in the sample case report in this handbook. The e-models should be printed on photo quality paper and labeled with name, age, date, pre or post treatment.

5. One case of the above cases must be presented in a digital format in addition to the format above. It must follow the guidelines required for publication in the Journal of The American Orthodontic Society. No Diplomate candidate will receive Diplomate status without this additional requirement. Please check with central office to attain guidelines for presentation of a case in a digital format.

Types of Cases

For Diplomate Applications, the following types of cases must be presented:

Five Dental Class II (Division I or Division II) Malocclusion Cases (Minimum)
One Dental Class III Malocclusion Case (Minimum)
Four Dental Class I, II, or III Malocclusion Cases

**** All cases must be completed through to permanent dentition

Suggested types of cases are:

- Class I – Crowded
- Class II – Division II Malocclusion - deep overbite
- Class II – Division I Malocclusion - significant arch length discrepancy
- Class II – Division I Malocclusion - high mandibular plane angle and anterior open bite
- Class III Malocclusion

Note: The cases will be evaluated on records, proper format, and quality of the case finish. Candidates do not receive extra points for case difficulty. Candidates must have proper case types presented to pass.

A candidate can bring **two** extra cases to present for “insurance”.

Membership in the Academy of Diplomates

Once Diplomate status is achieved in the Academy, a Diplomate must submit 50 hours of orthodontic continuing education and a non-refundable fee of **\$150** to the Academy every three years. If a Diplomate fails to comply with this standard, he/she will be placed on probation with the Academy of Diplomates and has a ninety day period to comply. If this requirement has not been met after the ninety day probationary period, the Diplomates status will be withdrawn.

Sample Case Report

C.D.

Age: 16.0

Race: Caucasian

Sex: Female

Case Type: Class I

Impacted #11 and #29

EXAMPLE PRESENTATION:

Patient Name: C.D. **Age:** 16.0 **Race:** Caucasian **Sex:** F

Medical and Dental:

C.D. is a healthy 16 year old female, who presented to my office with a chief complaint of blocked out teeth and missing teeth.

Her medical history is negative. She has no known allergies, medications, or previous hospitalizations.

Clinical Analysis:

C.D. is a 16 year old caucasian female with several impacted and missing teeth. She has a 1/2 Class III malocclusion on the right and Class I malocclusion on the left. Tooth #20 is missing with the primary tooth #K still present. Teeth #11 and #29 are impacted. Tooth #11 can be palpated by a palatal bulge. Her overjet is 4mm and her overbite is 7mm. She has a straight profile. Her airway appears normal and has no known oral habits.

TMJ Examination:

C. D.'s TMJ examination revealed a maximum opening of 50mm and right and left lateral movement of 12mm each direction. She has no deviation, no joint noise, or pain.

Radiographic Analysis:

The panoramic x-ray reveals that tooth #20 is missing with the primary molar #K retained with normal root structure. Tooth #29 is impacted and completely blocked out. Tooth #11 is horizontally impacted above the apices of #9, #10, and tooth #H is still present. Her third molars are in early stages of development. There appears to be normal bone density and root length.

The cephalometric x-ray was traced using a modified Steiner analysis. C.D. had a Class II skeletal pattern with an ANB measurement of 5 degrees. Her mandibular plane angle was 31 degrees and Y-axis was 65 degrees indicating a neutral growth pattern. Although at 16 yo in a female, I do not expect any more growth. Her NB-T is 4mm and NB-Po is 0mm, would indicate cephalometrically that the lower incisors should not be moved forward. However, further radiographic analysis shows very vertical mandibular incisors with very good buccal and lingual bone support.

Treatment Objectives:

1. Uncover and move #11 and #29 into occlusion. Her parents prefer to maintain #K as long as possible. Tooth replacement options were discussed, as well as possible root damage to teeth adjacent to #11.
2. Obtain Class I dental occlusion.
3. Maintain the patient profile and improve esthetics.

Treatment Plan:

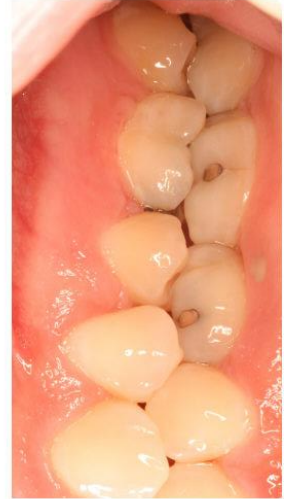
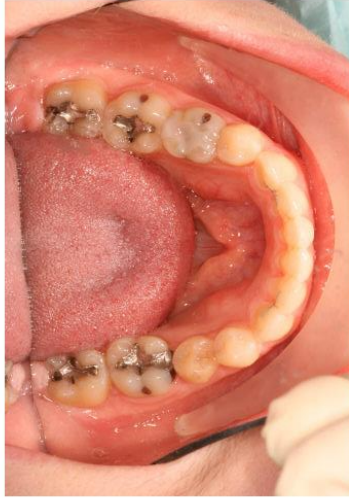
1. Straightwire brackets on the upper/lower arches on all erupted teeth
2. Archwire sequence
3. Open the space for tooth #29
4. Surgically expose #11 and #29
5. Maintain #K if possible--pt will replace with an implant in the future if it is lost
6. Finish to Class I occlusion
7. Maxillary wrap-a-round hawley and a bonded lower lingual 3-3

Estimated Time: 30-36 mos



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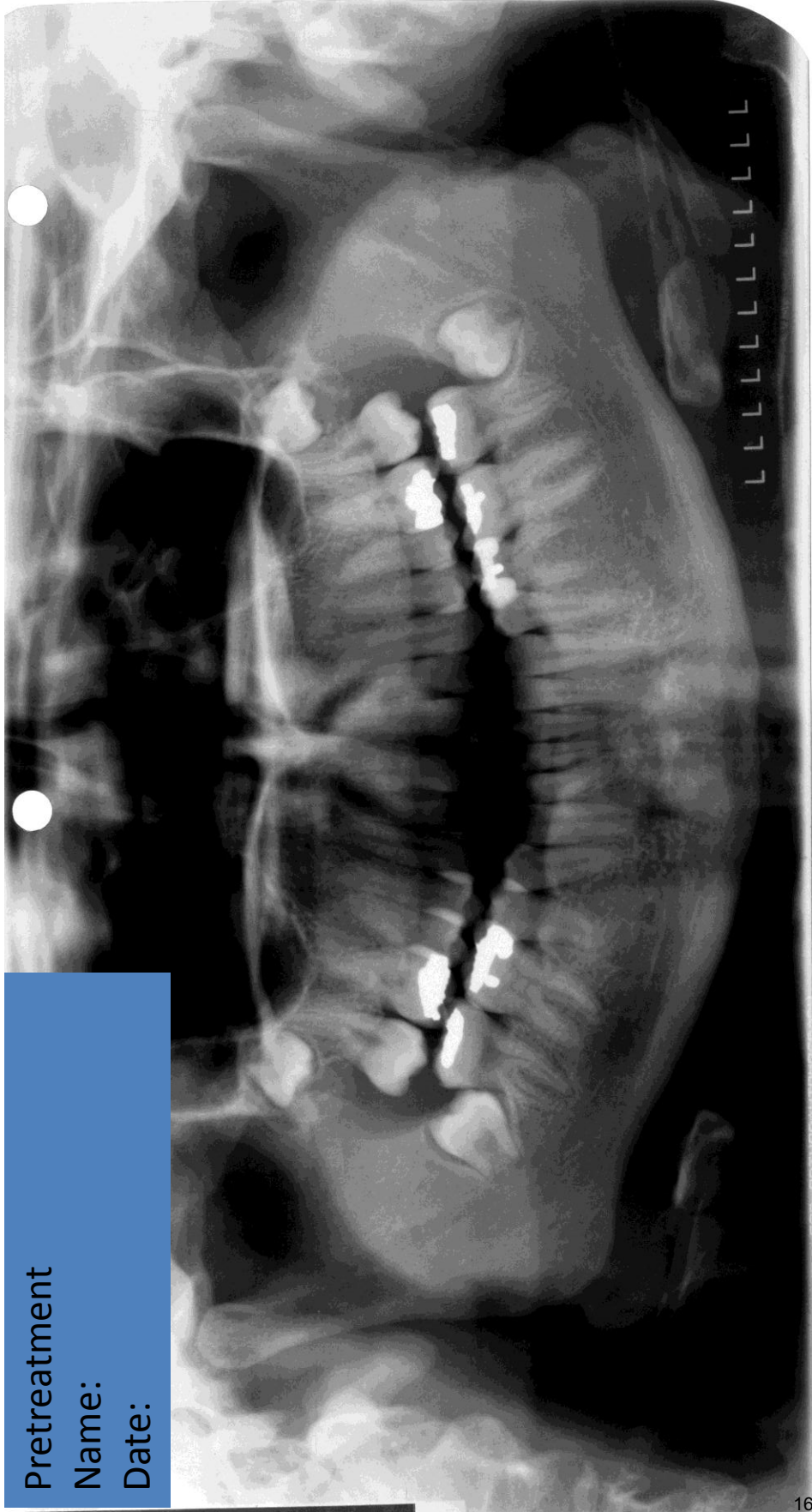
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Pretreatment

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Post Treatment:

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Pretreatment

Name:

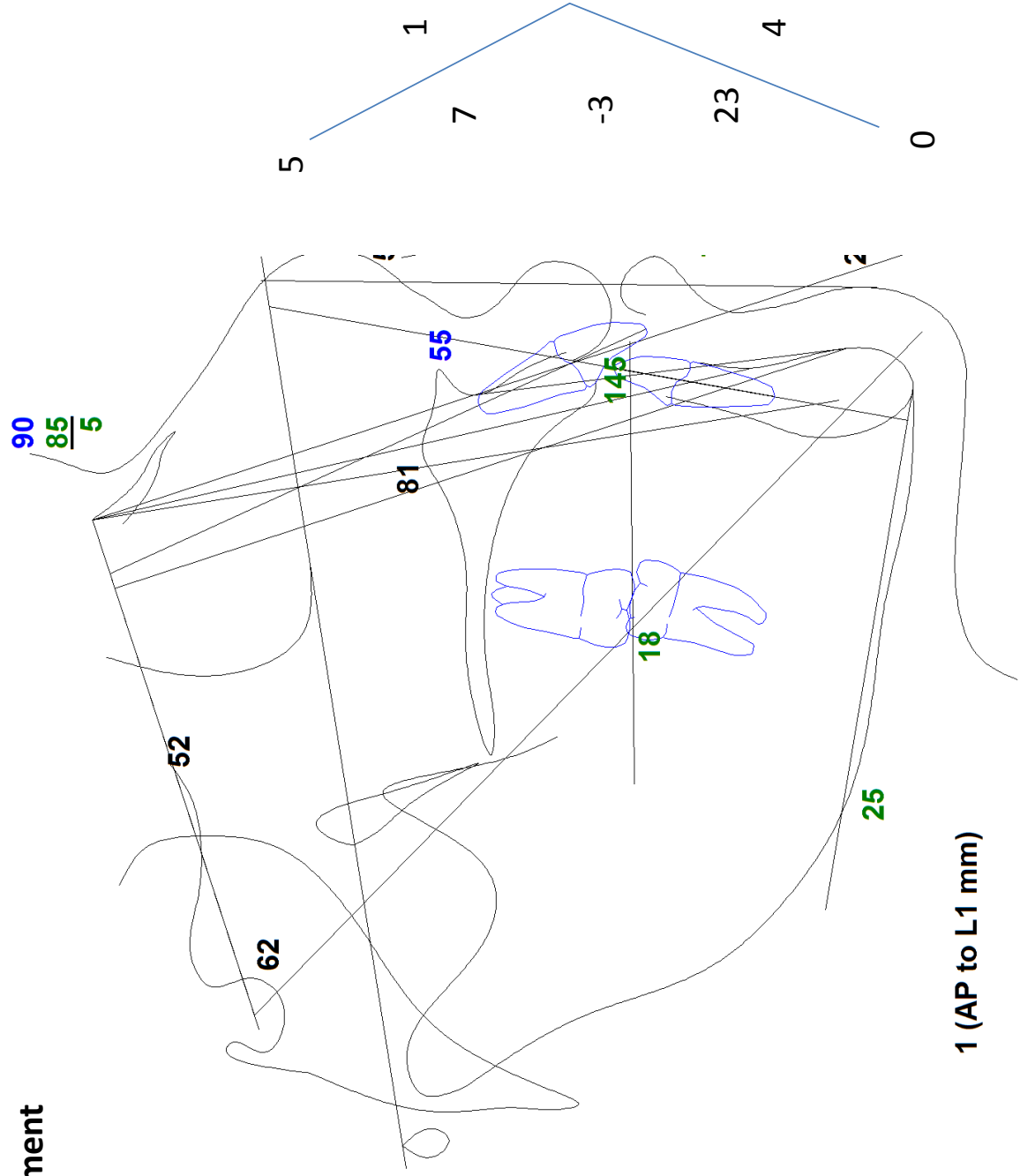
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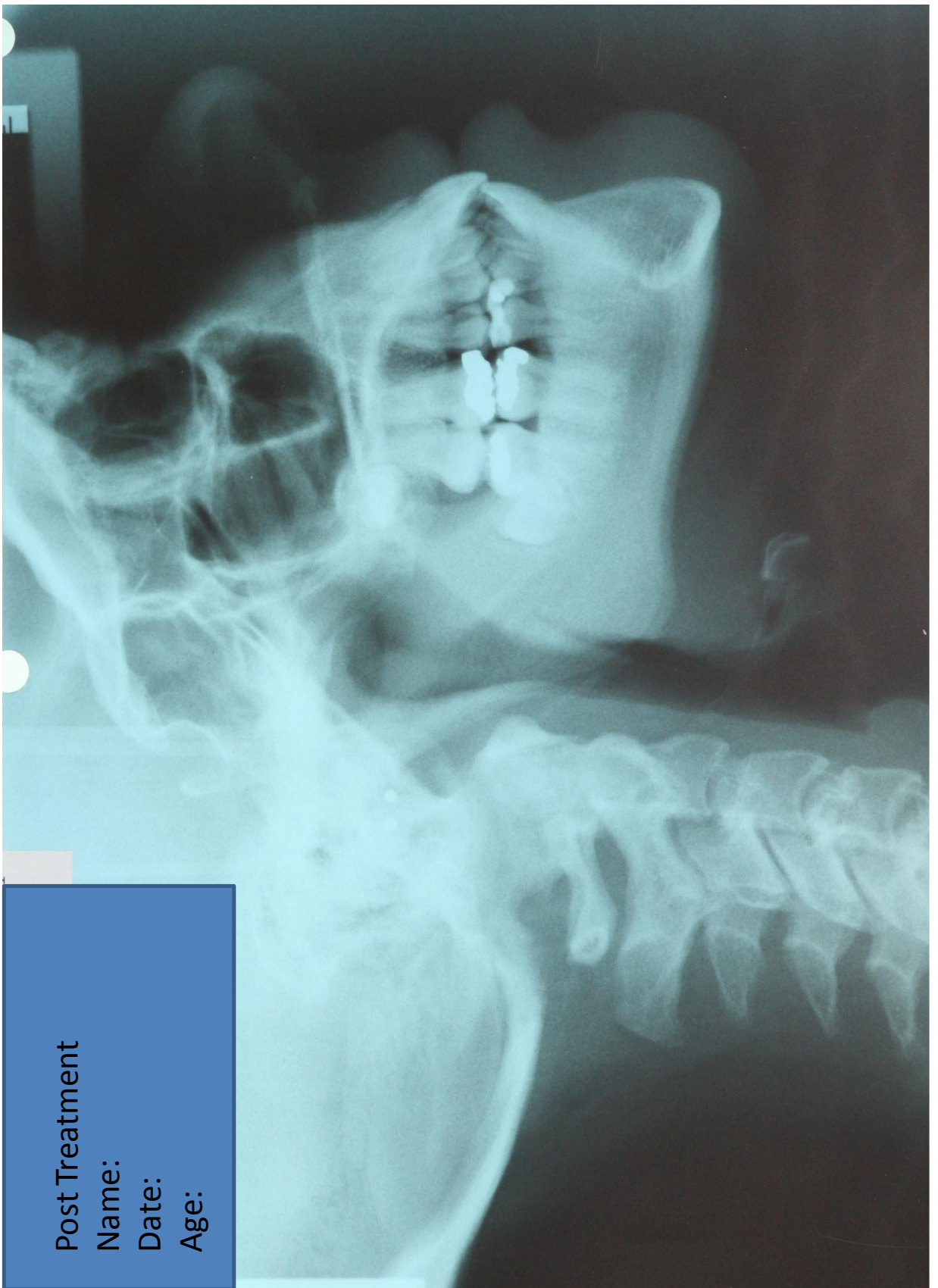
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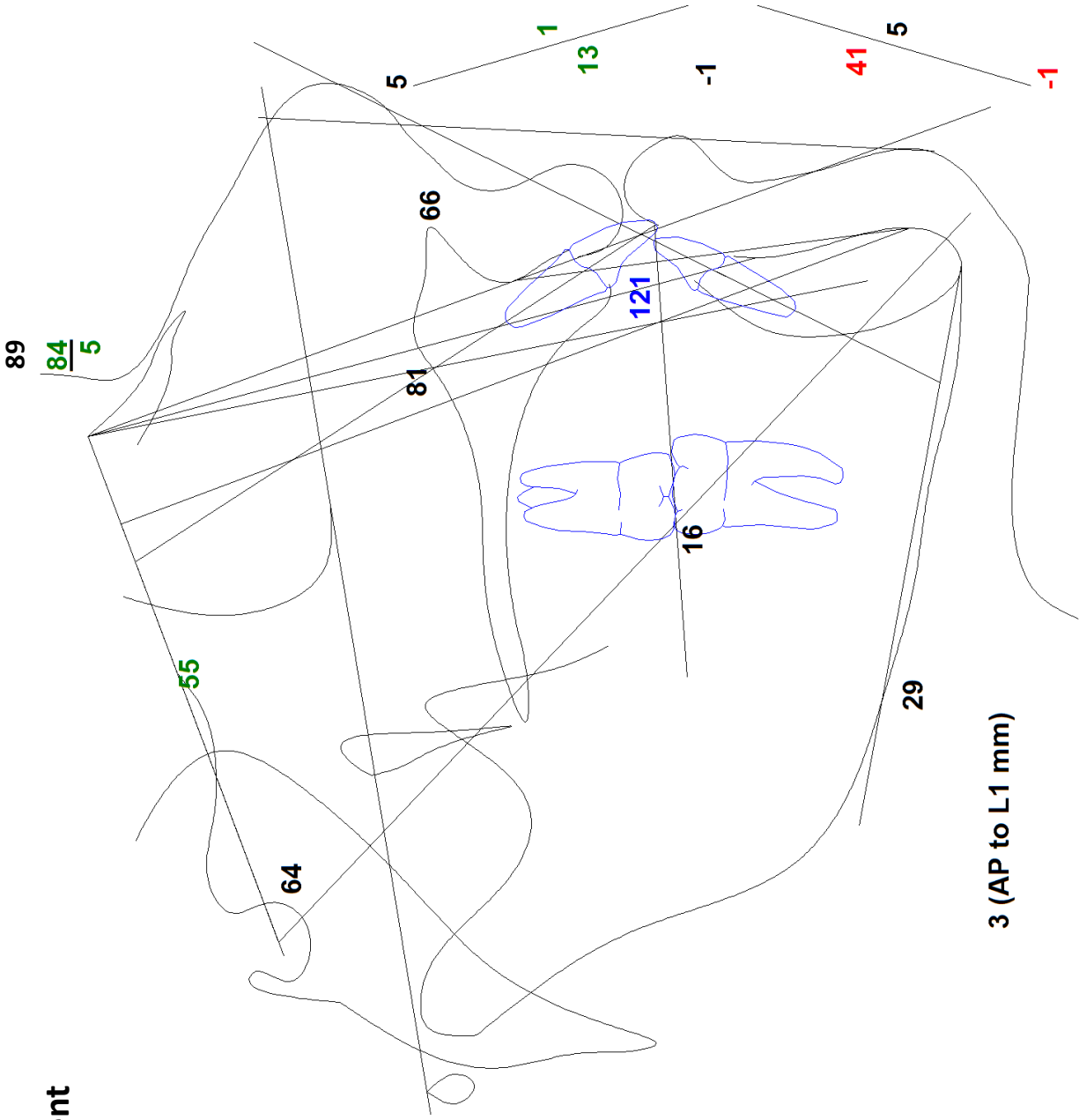
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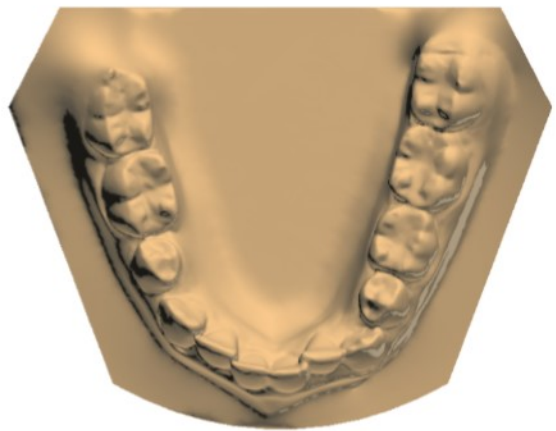
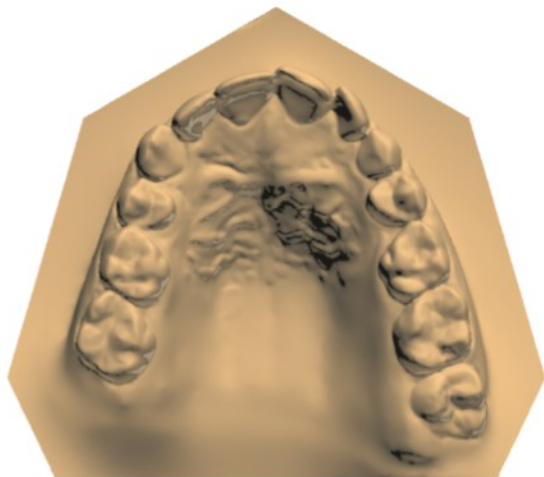
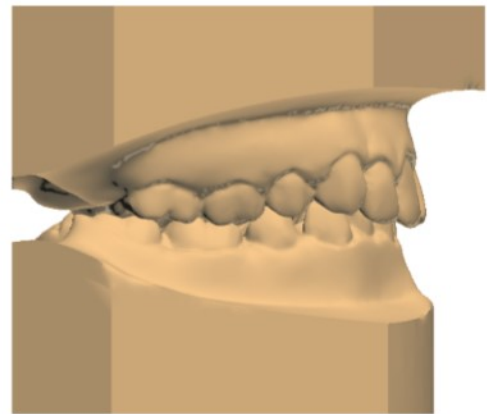
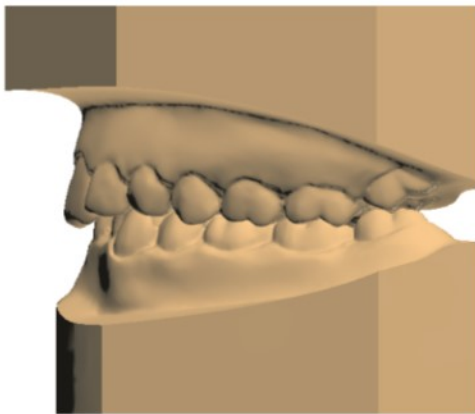
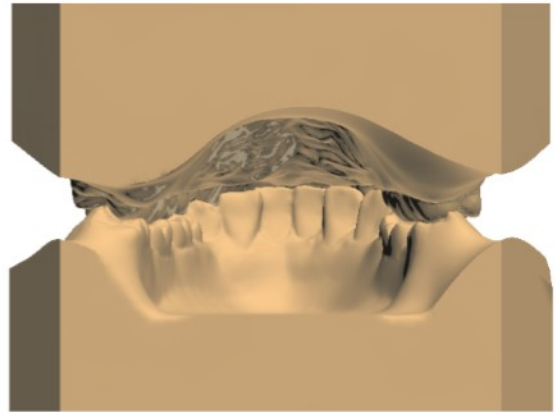
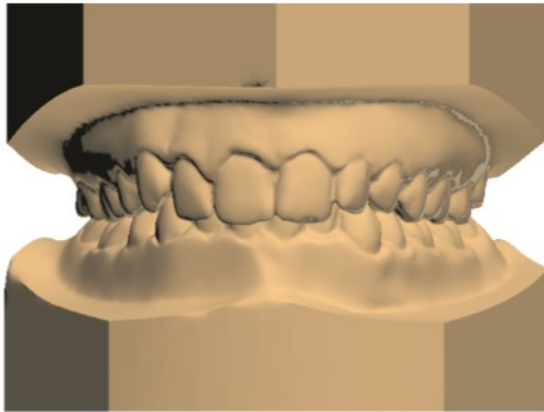


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Pre-Treatment



NorthStar Orthodontics, Inc. provides services (appliances and/or information) that are deemed useful but with no implied warranty except that NorthStar, in its sole discretion, will either repair or replace items defective in material or workmanship for a period of 60 (sixty) days if all return conditions are met. NorthStar will not be liable for any loss or damages arising from the use of any appliances or information, whether direct, indirect, special, incidental or consequential, regardless of the theory asserted, including warranty, contract, negligence, or strict liability. By requesting our services (appliances and/or information), you agree to indemnify and hold NorthStar harmless from and against any claim or demand, including reasonable attorney's fees, made by any third party due to or arising from your use of said appliances or information.

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NorthStar Orthodontics, Inc.

06/25/2014

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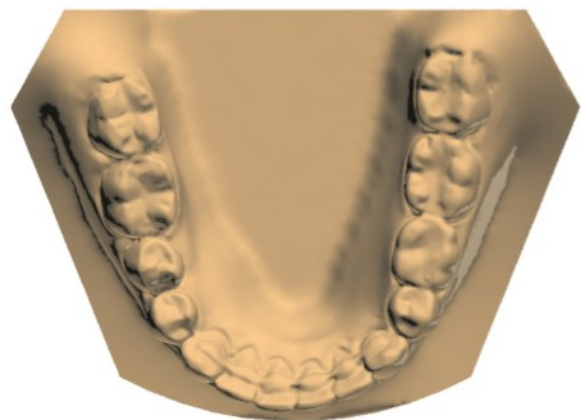
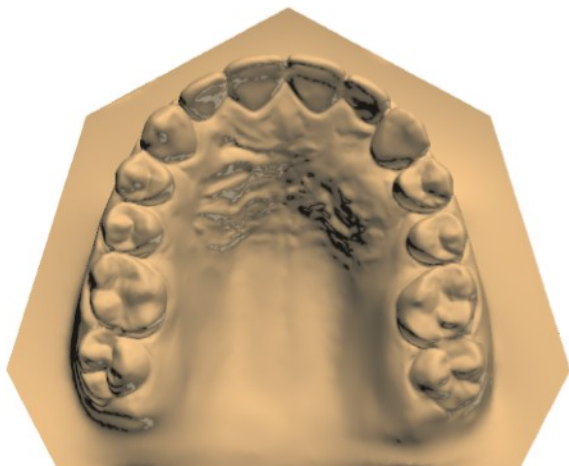
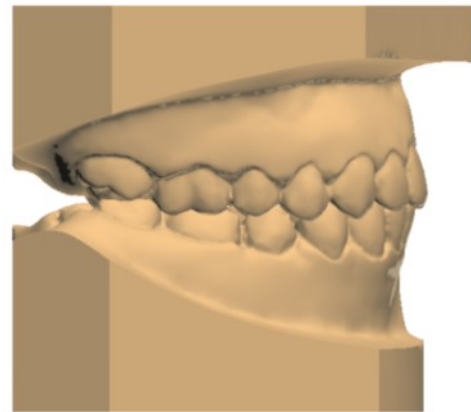
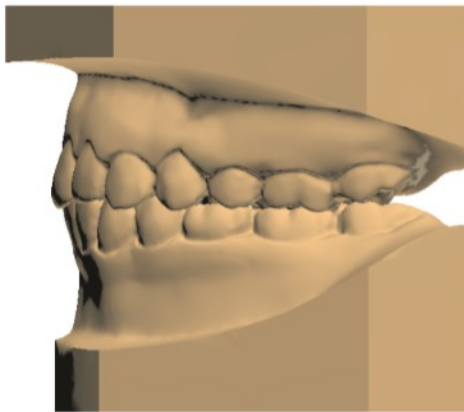
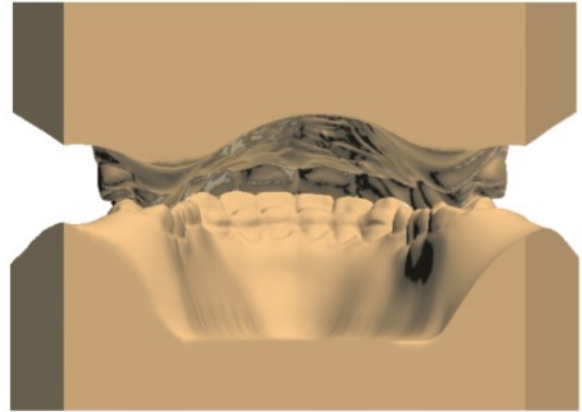
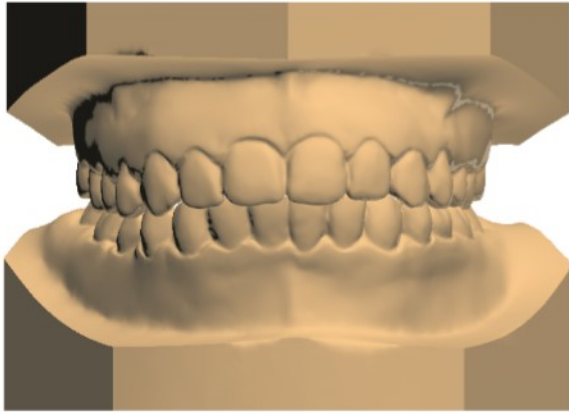
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Post-Treatment



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1-823-346-0011

Case Summary and Analysis

C.D.'s treatment began with .022 straightwire appliances bonded premolar to premolar, and molar bands on all first molars. The initial archwires were .016 NiTi. Four months after initial bracketing molar bands were placed on all second molars. After six months of archwire sequence and leveling, open coil spring was placed to reopen space for tooth #29. At nine months of treatment, tooth #11 was surgically exposed and a 24K gold bracket with chain was cemented, and retraction activated. Five months post exposure her family dentist sent a progress panorex showing some movement of tooth #11 and space developing for #29. Six months post exposure an eyelet bracket was bonded to the facial surface of #11 (the facial surface was lingually orientated) and began derotation via chain elastics. Eighteen months into treatment, tooth #29 was surgically exposed and bracketed, and guided eruption started. Both tooth #11 and #29 needed additional electrosurg tissue removal during the eruption process. As tooth #29 was being pulled into position, the patient developed a right posterior open bite. She then, increased her elastic wear time, and was able to close the open bite again. At 36 months of treatment, her teeth were in proper position, but needed additional torque. The patient moved four hours away and was only able to come every 3-4 months. She was debanded at 44 months.

Active Treatment Time: 44 months

Analysis:

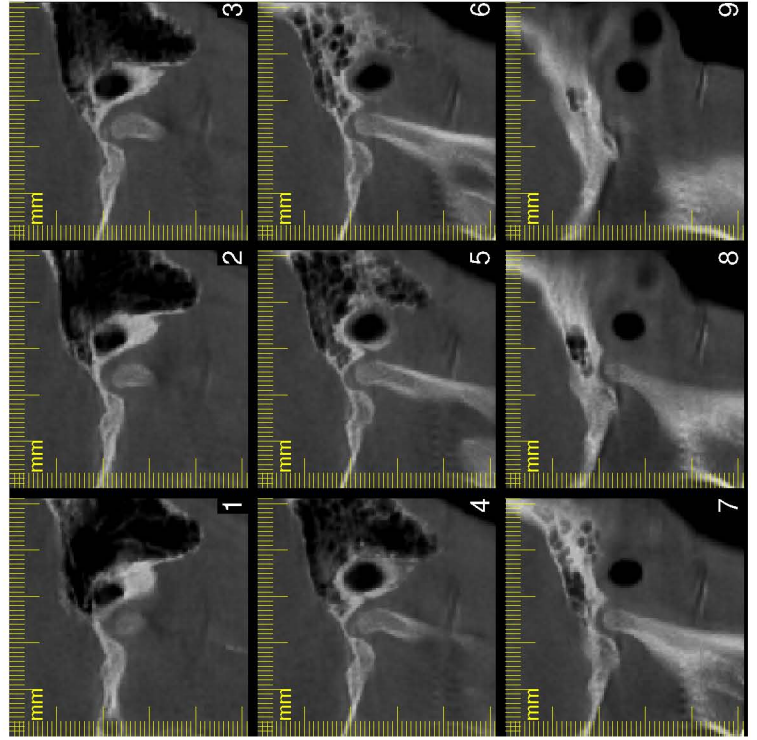
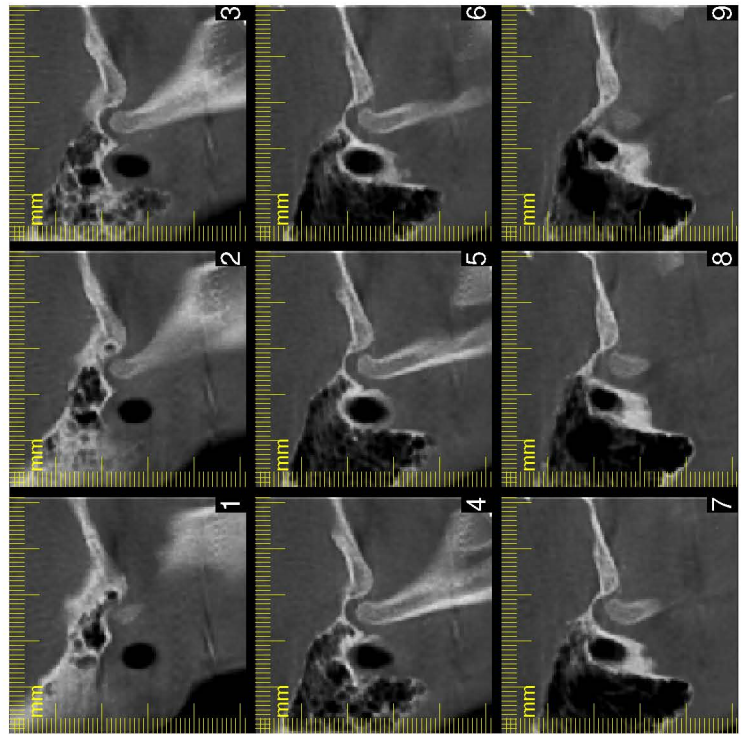
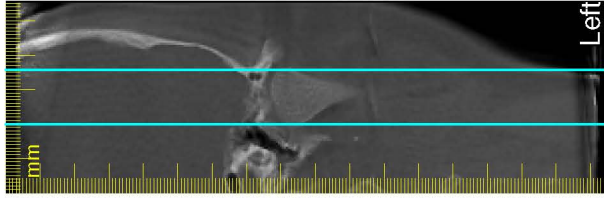
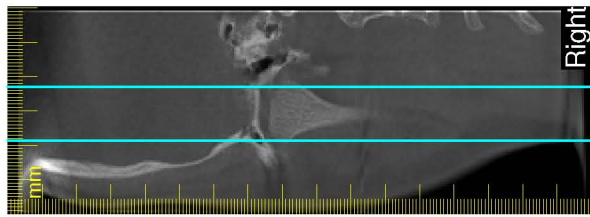
C. D. started with a unilateral 1/2 Class III malocclusion and an impacted tooth #11 and tooth #29. This case appears relatively easy until radiographic analysis reveals the severe impactions, and then when uncovered tooth #11 is rotated 180 degrees. C.D. got excellent results with no root damage to adjacent teeth. Tooth #11 could have used more buccal root torque, but with the patient moving so far away it became impossible for her to wait to deband. She was extremely pleased with the results.

Optional Photos or Radiographs

Build a page in your presentation for optional photos and/or radiographs to follow.

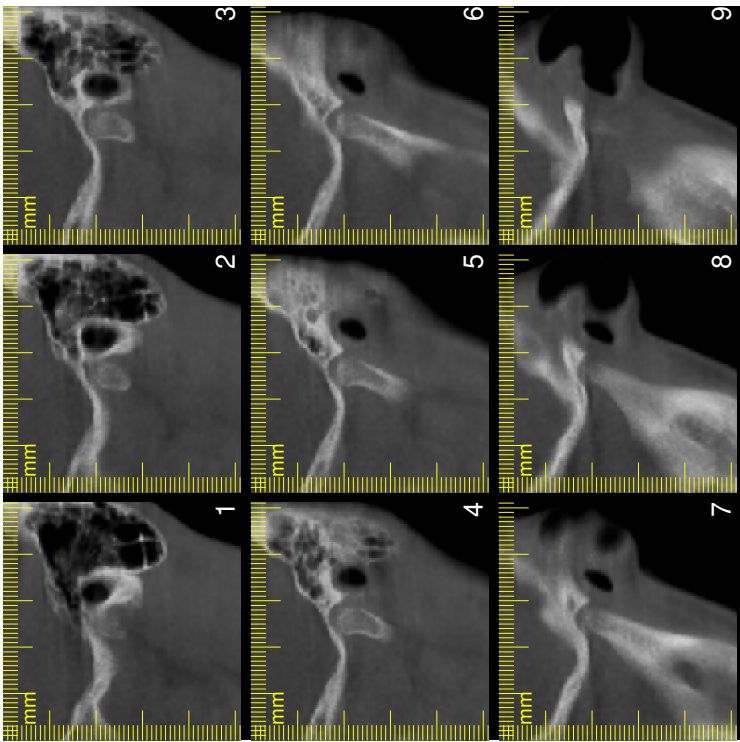
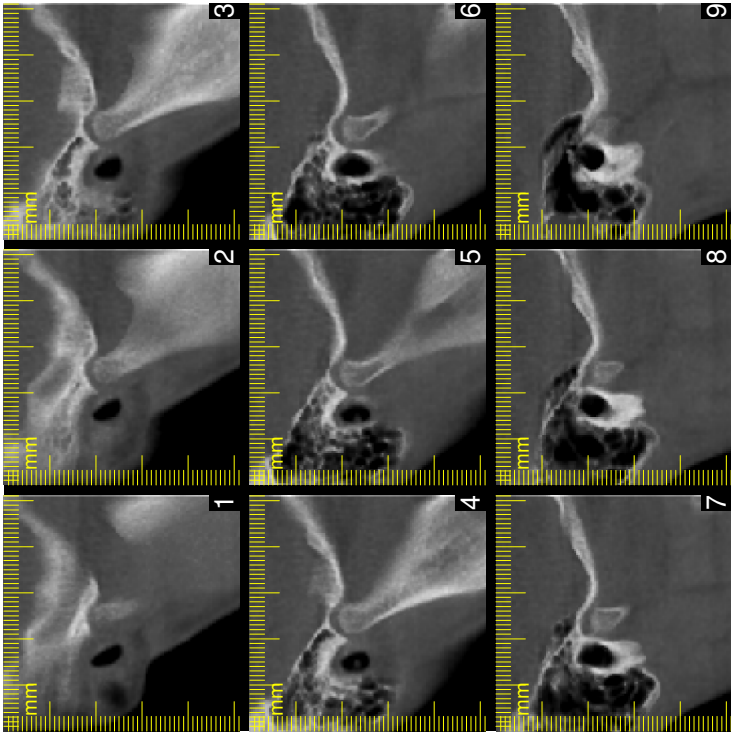
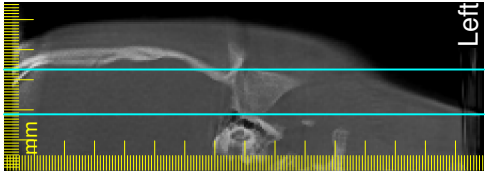
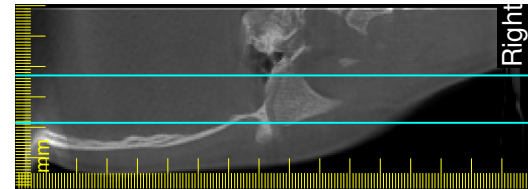
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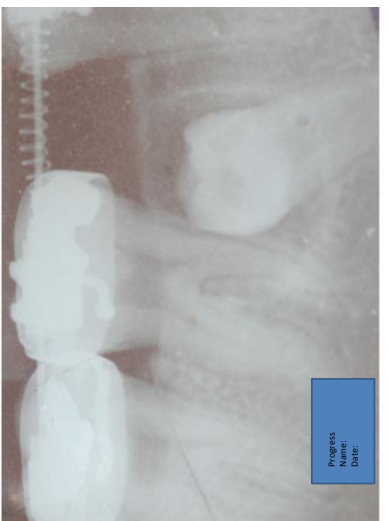
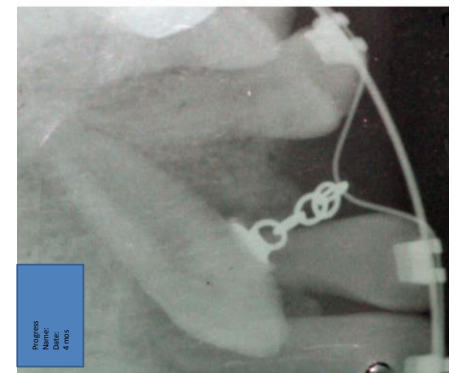
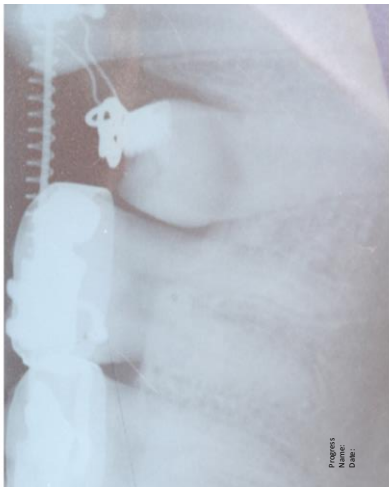
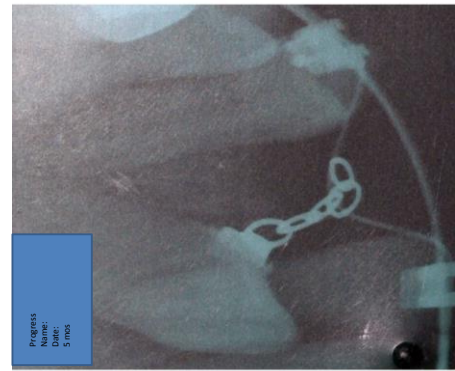
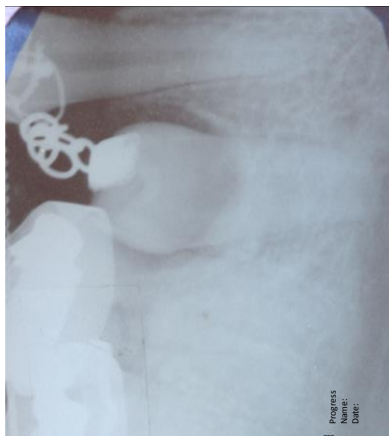
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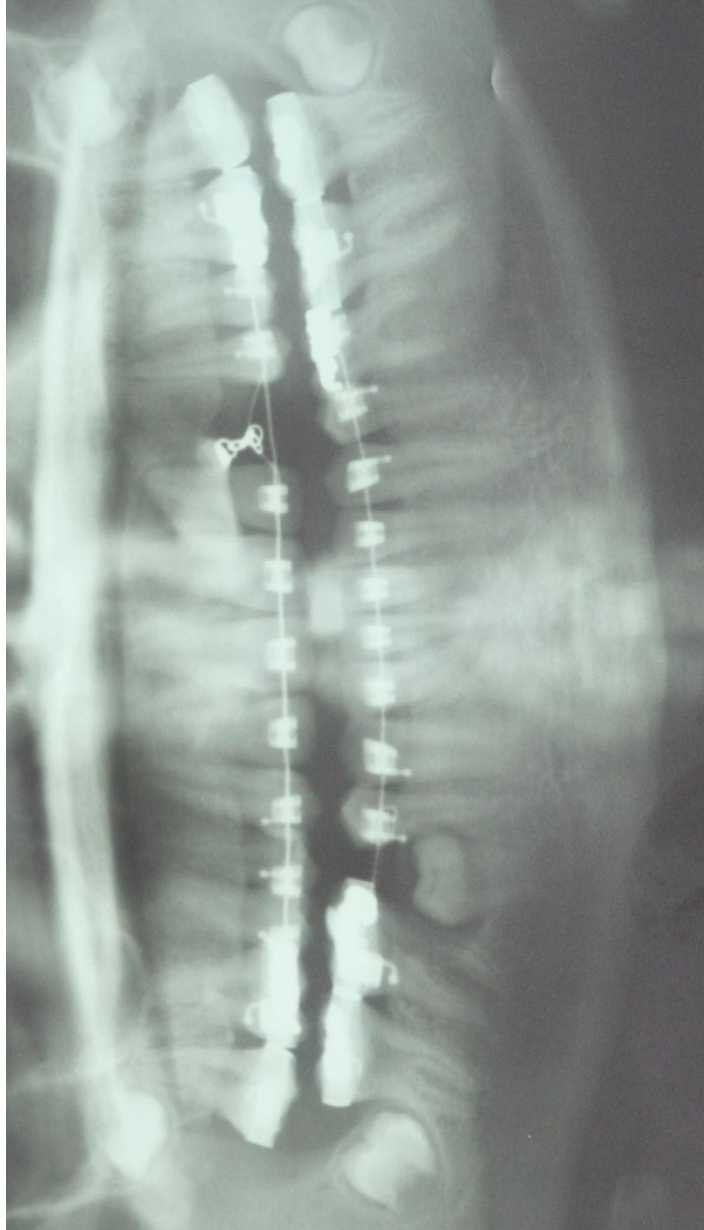
Name:
Date:
Age:

Post-Treatment





Progress
Name:
Date:



INFORMED CONSENT AND TREATMENT CONFIRMATION

May Use Your Own Form Here

I certify that the Orthodontic Information Brochure outlining general considerations and potential problems and hazards of orthodontic treatment was presented to me, and I have read and understood its contents. I have had an opportunity to discuss it with Dr. _____ to clarify any areas I did not understand. I authorize Dr. _____ to provide orthodontic treatment for _____.

The prescribed treatment was explained to me on _____. I further understand that, like the other healing arts, the practice of orthodontics is not an exact science; therefore, results cannot be guaranteed. It has been explained that Dr. _____ is a general dentist/pediatric dentist with a focus in orthodontics and is not an orthodontist.

Signed: _____
Parent

Date

I also give my permission that any records made during the process of examination, treatment and retention may be used for the purposes of research, education, or publication in professional media.

Signed _____
Parent

Date

Signed _____
Doctor

Date

PATIENT INFORMATION AND CONSENT FORM

May Use Your Own Form Here

Example 1

We appreciate your confidence in selecting our office for your orthodontic treatment. We want you to be fully informed and feel free to ask questions at any time. Please understand that an important part of your treatment includes making dental arch models, x-rays, and photographs for your records, some of which may be taken several times during the treatment.

As a rule, excellent orthodontic results can be achieved with an informed and cooperative patient. To help achieve this end, we routinely supply the following information to all of our patients who are considering orthodontic treatment. While recognizing the benefits of a pleasing smile and healthy functional teeth, you should also be aware that orthodontic therapy, like any other health treatment of the body, has some hazards, inconveniences and limitations. These problems are usually overcome and seldom outweigh the long-range benefits, but need to be considered when making a decision to wear orthodontic appliances (braces).

Discomfort: When appliances are first fitted, and sometimes at the regular visits when the appliances may be adjusted or modified, the patient can expect some discomfort and perhaps even soreness. This discomfort usually disappears after a few days. If it persists longer, please call us, as we may need to examine the patient and perhaps modify the appliance adjustments.

Dental Hygiene: Decalcification (permanent markings on the teeth), tooth decay, or gum disease can occur during orthodontic therapy if patients do not toothbrush and floss their teeth properly as instructed. Chewing gum, candy, excessive sugars and between-meal snacks are to be eliminated. Regular check-ups at your regular dentist's office need to be scheduled every six months, to check for decay, gum problems, and sometimes to clean the teeth. Occasionally gum disease problems that were present before orthodontic treatment may be worsened by the wearing of braces, and this may require further dental treatment of a non-orthodontic nature.

Irregularities of Teeth: Tooth positions change constantly throughout life, whether an individual has worn braces or not. After orthodontic treatment is completed, and braces removed, patients are subject to the same subtle changes in tooth position that occur in non-orthodontic patients. During their late teens and early 20s, some orthodontic patients may notice that slight irregularities of tooth position can develop, particularly if the front teeth were extremely crowded before the treatment began. Long-term wear of retainers may be the only way to minimize this problem if it becomes noticeable.

Non-Orthodontic Care: Cold sores, canker sores, and irritation or injury to the mouth are possible while wearing braces. Allergic reactions to some of the dental materials or medications are rare, but can occur occasionally. There may be need for the extraction of some teeth, or even the need to replace fillings, crowns, bridges, or perhaps to obtain gum treatment or other dental procedures during or following orthodontic therapy. If such treatment becomes necessary, this is not deemed part of the orthodontic treatment and the patient will need to seek out another dentist to perform such procedures.

Nerve Injury: On rare occasions, while orthodontic treatment is under way, the nerve of a tooth may flare up to become inflamed or diseased. Usually this can be traced to a past injury or even a deep filling in the tooth done previously. If nerve treatment or endodontic procedures become necessary, this is not considered part of the orthodontic treatment.

Resorption of Root Tips: In some instances the tips of the tooth roots may be seen to shorten slightly during orthodontic treatment. This is called root resorption. However, under most circumstances, these slightly shortened roots pose no disadvantage. There is no way to foresee whether this will occur, and nothing can be done to prevent this from happening.

TMJ Dysfunction: There is a chance that some pain or discomfort can occur in the lower jaw joints (TMJ dysfunction). The aligning of the teeth to a more normal occlusion, or the level of bite being corrected, usually removes the problem. However, in some rare cases, other non-orthodontic treatment may be needed by another dentist.

Growth Spurts: Occasionally, a person who has grown normally up to the age of orthodontic treatment may not continue to do so. If this growth change produces disproportionate problems, in which the jaw position is affected, the original treatment objective may have to be re-evaluated and the course of treatment altered to meet the new circumstances. Such skeletal disharmony is a biological process of body growth, and may be beyond the dentists control using orthodontic appliances alone.

Patient Cooperation: Successful orthodontic treatment can be brought about only through the cooperation of all parties involved. Arriving at the office on time for appointments, having the patient take excellent care of his/her teeth during the treatment phases, and wearing all appliances with good grace and excellent cooperation will go far to help the dentist succeed in reaching the orthodontic goals envisioned at the start. If the patient does not wear the appliances, headgear, elastic bands, or tooth positioners or retainers, exactly as instructed by the dentist, then such lack of cooperation will lessen the success of the orthodontic therapy, or lengthen the treatment time, or both.

I have read carefully, and understand this letter of information. I hereby give my consent to the orthodontic treatment outlined by my dentist. It is to be understood that the undersigned dentist is not a board certified orthodontist.

Patient: _____ Age: _____ Date: _____

Signature of Patient, Parent or Guardian: _____

Signature of Dentist: _____

Permission to use copies of you/ your Childs records for Orthodontic Boards for research, education or publication in professional media for the advancement of knowledge and excellence in orthodontics.

Signature of Patient, Parent or Guardian: _____

Note: This form will be retained in the Patients Dental Chart, where you may examine it at any time during the treatment.

Special Notes: _____

Example 2

Patient Information and Consent to Begin Orthodontic Treatment

The following paragraphs are meant to advise you of some of the problems that can be associated with orthodontic treatment. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body has potential risks and limitations.

Perfection

Perfection is our goal; however, in dealing with the human body and problems of growth and development and patient cooperation, achieving perfection is not always possible. Often a functionally and esthetically adequate result must be accepted.

Oral Hygiene/Plaque Control

If a patient and/or parent do not control plaque well throughout treatment, cavities, permanent scarring of the teeth (decalcification, white or brown spots,) or breakdown of the supporting gum and bone can result. Orthodontic appliances do not cause decay – bacterial acids cause decay. Thus, proper brushing, flossing and keeping your teeth and braces clean, along with regular cleanings and checkups can negate or minimize these risks. If your POH (Preventive Oral Hygiene) visits are done in this office, they must be maintained every 3 months. If your checks-ups and cleanings are done elsewhere, be sure to have check-ups with your dentist at least twice a year; every 3 months is recommended.

Root Resorption

This is a condition where the roots of the teeth start to shrink, thus giving less support to these teeth. Root resorption can be caused by trauma, impaction, or endocrine disorders, and sometimes is seen during orthodontic treatment. Usually occurring only to a minimal degree, it is not a problem unless it becomes severe in nature. While severe root resorption is rare, if it occurs it may be necessary to discontinue treatment early to help preserve the affected tooth or teeth. In the most severe cases, teeth can be lost due to loss of roots.

Relapse

Nothing lasts forever. This includes orthodontic results that are achieved. Orthodontic therapy is undertaken to improve overall health and to make your bite as normal as possible given the clinical circumstances. However, *throughout life, tooth position is constantly changing*. Post-orthodontic patients are subject to these same changes that occur in non-orthodontic patients.

Lifetime retainer wear is the best way to maintain your corrected tooth positions and minimize the effects of aging changes. Very severe problems and rotated teeth have a greater tendency to relapse. These are factors that treatment cannot control:

- The direction and amount of growth remaining in the jaws
- The size and/or relationship of jaws to each other and to the rest of the face
- The soft tissue and bony support for the teeth
- The size and shape of teeth and fillings in teeth
- Any oral habits including tongue position
- Patient cooperation during treatment and during retention

All of these factors have the potential to affect the stability of the finished orthodontic result. *Know that all tissues in the body change with the aging process, including the position of your teeth and your jaws.*

Temporomandibular Joint Dysfunction

You may experience problems with your jaw joint before, during or after treatment. Although this is uncommon, it is a possibility. Stress appears to play a role in both frequency and severity of such problems. Tooth alignment or bite correction can improve tooth-related causes of joint problems, but not in all cases. However, any previous symptoms may stay the same or even get worse, since the damage already has been done. This is more likely if the problem has been of long duration, even though you may not have been aware of it. If this problem should occur, further treatment by a TMJ specialist may be necessary.

Treatment time estimate

- Your treatment time is by no means a date at which treatment will be completed. Due to lack of facial growth poor appliance or elastic wear, missed appointments, or just physiological differences, your treatment time may vary. Treatment is completed when all necessary goals are met and the condition is stable. There is no increase in cost for extended treatment or refund for shorter treatment.
- Occasionally a person who has grown normally and in average proportion may not continue to do so, or original growth becomes disproportionate or if your lower jaw re-positions itself in an unfavorable manner, your original treatment objectives may have to be altered or compromised. Total treatment time can be extended beyond the estimate by slow or undesirable facial growth. Skeletal growth disharmony is a biological process, beyond anyone's control or ability to predict. Also, a combination orthodontic-surgical approach may be required to properly solve the problem after growth is complete.
- Treatment time can also be extended by inadequate cooperation in the wearing of elastics, removable appliances and head-gears. Also, broken appliances and missed appointments delay treatment time; these important factors will affect the quality of the treatment result as well. Lack of cooperation may necessitate premature appliance removal, short of the desired end result.

Other potential problems and risks

- When sharp instruments are used or placed in the mouth, it is possible that the patient may be inadvertently scratched or poked, especially if the patient moves at a critical time during the procedure.
- It is possible for a foreign object to fall in the back of the mouth, and if it is far enough back or if the patient reflexes at that instant, the object may be swallowed or inhaled. Great care is used in placing and removing the braces and bonded attachments.
- Teeth previously weakened by cracks in the enamel, undetected cavities, or weak fillings may be damaged during the placement or removal of the braces.
- Teeth which stay partially or completely under the gum are called “impacted.” This is usually due to an “ectopic (out of place) eruption pattern”. On occasion, orthodontic movement of teeth may cause an unerupted tooth to become impacted.
- Ankylosed teeth may be present. The roots of ankylosed teeth are fused to the surrounding bone and will not move with orthodontic treatment.
- Unerupted ectopic (abnormal eruption position) teeth may require surgical exposure to place an orthodontic bracket, and the difficulty of erupting these teeth may lengthen treatment time. Occasionally an ectopic tooth cannot be erupted even with orthodontic force, and/or may cause resorption of surrounding teeth roots, or of its own root. Resorbed teeth may have to be extracted.
- Extra-oral (external) appliance instructions must be followed carefully. A facebow or headgear that is pulled outward while the elastic force is attached can snap back and injure the face or eyes. Be sure to release the elastic force before removing the appliance from your teeth.
- Ceramic braces have been known to be associated with excessive tooth wear or fracture.
- Allergic reactions to some of the materials used during treatment have occurred on very rare occasions.
- Also rarely, the nerve of a tooth may become non-vital. A Tooth that has been traumatized from a deep filling or a minor blow can die over a long period of time, or internal resorption may occur. This can happen whether a patient is having orthodontics or not. An undetected non-vital tooth may flare up during your treatment, requiring root canal therapy to maintain it.
- If bacterial plaque is not controlled with brushing and flossing, enamel white spots (early enamel damage) and enamel destruction (decay) can result. **This destruction is worsened considerably by the regular consumption of acidic drinks – soft drinks, sports drinks, fruit juices, tea, lemonade.** _____ Parent’s initials
- In healthcare treatment there is *no certainty* of particular results. The anticipated benefits are based on results from treating similar conditions and may vary depending on individual human differences.

Summary

The information noted above is solely so you, an informed consumer, can better appreciate that all medical treatment, including orthodontics, carries some risks. Fortunately orthodontic treatment provides tremendous benefits. Please allow us to make every effort to do it right. This takes cooperation from everyone – Dr. _____, the staff, parents, but most of all, your child, the patient.

We encourage you to ask questions anytime.

Dr. _____ is a general dentist, and/or a specialist in pediatric dentistry, and provides orthodontic treatment as part of your child’s comprehensive pediatric care. I am aware that Dr. _____ is a general dentist, and/or pediatric dentist licensed to provide orthodontics. I am aware Dr. _____ is not an orthodontic specialist.

My child’s treatment plan has been reviewed with me and my questions have been answered.

I understand that due to the above stated limitations and other unknowns, which are inherent in working with the human body and mind, there can be no specific guarantee as to result or cure.

I consent to my child’s treatment.

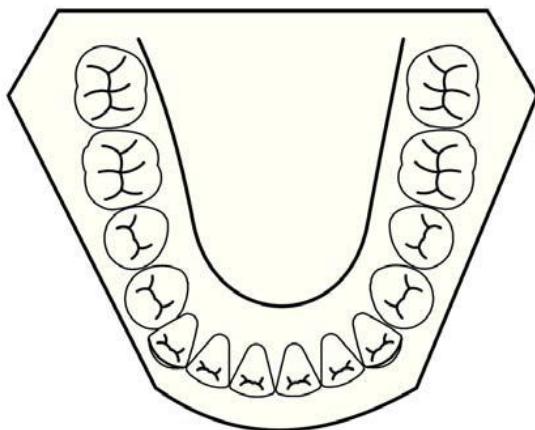
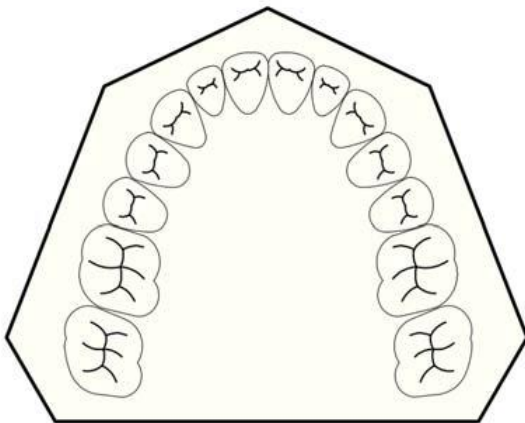
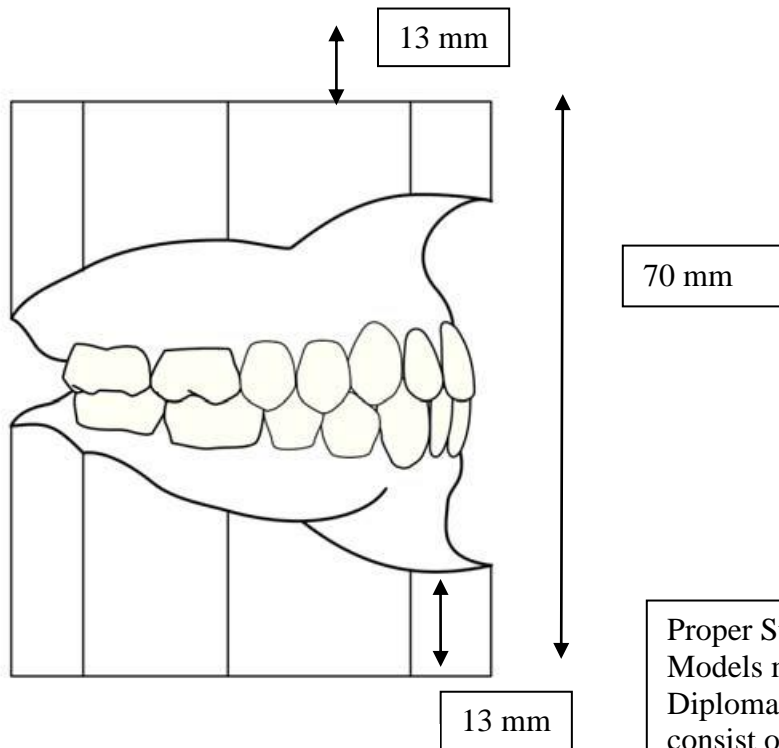
Signature of patient, parent/guardian

Date

Signature of Staff Member

Date

Case



Proper Study Models: Study Models must be presented for the Diplomate Award. These must consist of Pre-Treatment models and models six months post-treatment.

The models should be properly trimmed and polished such that they are consistent to the standards set forth by the American Board of Orthodontics.

Record of Credit Hours

Name: _____ **Date:** _____

Date: _____

[illegible]

Application

Please check the appropriate box:

☐ Achievement (\$100)

☐ Board Eligible (Fellowship) (\$350)

☐ Diplomate (\$700*)

☐ DDS ☐ DMD

Name (for certificate/plaque)

Address

City/State/Zip

Phone Number

Preferred email address

Fax Number

Other Professional Organizations:

1. _____

2. _____

Pre-Dental College

Graduation Date

Dental College

Graduation Date

Years in Private Practice

Years Practicing Orthodontics

Number of Cases Completed

Dental License Number

Techniques Used:

1. _____ 2. _____

3. _____ 4. _____

Please return this application with the completed Record of Credit Hours and appropriate fee to:

American Orthodontic Society, Inc.

11884 Greenville Avenue, Suite 112

Dallas, TX 75243

Fax: 800.871.9924

Signature

Date

**If you do not receive the Diplomate Award during your application year, you may re-submit your application at a cost of \$350.00*

Diplomate Renewal Application

☐ Diplomate Renewal Application (\$150)

☐ DDS ☐ DMD

Name (for certificate/plaque)

Address

City/State/Zip

Phone Number

Preferred email address

Fax Number

Record of Continuing Education Credits:

Name of Granting Organization

Number of Hours

Date(s) of Conference

Code

Name of Granting Organization

Number of Hours

Date(s) of Conference

Code

Name of Granting Organization

Number of Hours

Date(s) of Conference

Code

Name of Granting Organization

Number of Hours

Date(s) of Conference

Code

Once Diplomate status is achieved in the Academy, a Diplomate must submit 50 hours of orthodontic continuing education and a non-refundable fee of \$150 to the Academy every three years. If a Diplomate fails to comply with this standard, he/she will be placed on probation with the Academy of Diplomates and has a ninety day period to comply. If this requirement has not been met after the ninety day probationary period, the Diplomate status will be withdrawn.

Please return this application with the completed Record of Credit Hours and fee to:

American Orthodontic Society, Inc.
11884 Greenville Avenue, Suite 112
Dallas, TX 75243
Fax: 800.871.9924

Signature

Date

