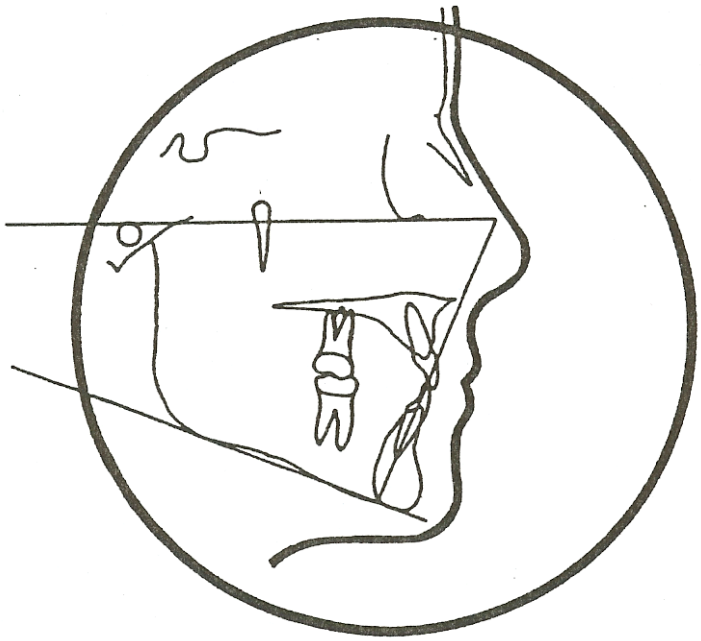


Case Report Presentation Information

Charles H. Tweed International Foundation

CASE REPORT PRESENTATION INFORMATION

I. "Fellows" of the Foundation are to present three patient records at each biennial meeting. (A fellow is a member who has successfully presented clinical material to the examination committee at a biennial meeting).

II. Regular members who are applying for Fellowship status are to present three patient records. Two of the three records must be four premolar extraction cases.

The Board of Directors of the Charles H. Tweed Foundation suggests that the following categories of malocclusion correction be presented to the Examining Committee to fulfill the clinical requirements for Fellowship in the Charles H. Tweed International Foundation for Orthodontic Research. Treatment of the patients whose records are presented must have been completed within the previous two years and must satisfy the treatment objectives of the Charles H. Tweed International Foundation.

The categories of malocclusion are:

1. An Angle's Class II malocclusion treated without premolar extraction.
2. An Angle's Class II malocclusion treated with the extraction of maxillary first premolars and mandibular second premolars.
3. An Angle's Class I or II malocclusion treated with the extraction of maxillary and mandibular first or second premolars.
4. The non-surgical correction of a Class III malocclusion that required extractions can be substituted for either category 2 or category 3.

III. Case Report Presentation Instructions
Prepare the patient records according to the instructions which are included.

Copy the Differential Diagnosis and Clinical Analysis form an appropriate number of times so that one complete form is included with each case report.

INSTRUCTIONS FOR CASE REPORT PRESENTATION

I. **DENTAL CASTS**

A. Pretreatment and posttreatment casts of each patient are required. The casts must be high quality plaster or 3-D digitally printed casts that are fabricated to ABO standards. Paper digital casts will not be accepted.

II. **CEPHALOMETRIC RADIOGRAPHS AND TRACINGS** (must be loose for immediate access)

A. Pretreatment and posttreatment cephalometric radiographs that face right are required. It is recommended, when possible, that progress cephalometric films be included. Pretreatment radiographs are traced in white or black; progress in blue; posttreatment in red; recovery in green. A tracing is made of each radiograph to record the following:

(1) Frankfort horizontal plane: Connect a point 4.5 mm above the geometric center of the ear rod Porion with an orbital point located midway between the left and right lower borders of the orbits (orbitale).
(2) Mandibular plane: Anteriorly, this plane touches menton, and posteriorily it bisects the distance between the right and left lower borders of the mandible in the region of the gonial angle (Gonion–Menton).
(3) Mandibular incisor to mandibular plane: Extend a line drawn along the long axis of the most protrusive mandibular incisor downward to mandibular plane and upward to the Frankfort plane
(4) Measure the FMIA, FMA, and IMPA.
(5) SN plane: Connect Sella to Nasion. Measure the SNA, SNB, and ANB angles.
(6) Measure the AO-BO.
(7) Occlusal plane: Bisect the anterior overjet and mesial cusp of the first molars. Measure the angulation that the occlusal plane makes with the Frankfort horizontal plane.
(8) Z-Angle: The profile line is drawn from the soft tissue chin (soft tissue Pogonion) tangent to the outline of the most prominent lip. Measure the Z angle which is formed by the intersection of Frankfort horizontal and the profile line.
(9) Measure upper lip and total chin thickness. Upper lip thickness is measured from the vermillion border of the upper lip to the labial curvature of the maxillary incisor. Total chin is measured from NB line extending to soft tissue Pogonion. Total chin thickness includes the bone anterior to NB line extended and the soft tissue overlay.
(10) Draw and measure posterior facial height (a line from articulare to the mandibular plane along the ascending ramus).
(11) Draw and measure anterior facial height (a perpendicular line from Menton to palatal plane).
(12) Calculate the Facial Height index (PFH/AFH).

B. The radiographs and tracings are to be placed in transparent folders. The tracings are to bear dates and a record of the angles and measurements described above. Measurements are to be neatly recorded in the lower left corner of the tracing. Example: FMIA: 68°, FMA: 25°, IMPA: 87°, ANB: 1°, O.P.: 10°, AO-BO: 4mm, Z.A.: 78°, UL: 15mm, TC: 15mm, PFH: 50mm, AFH: 65mm, FHI: .76

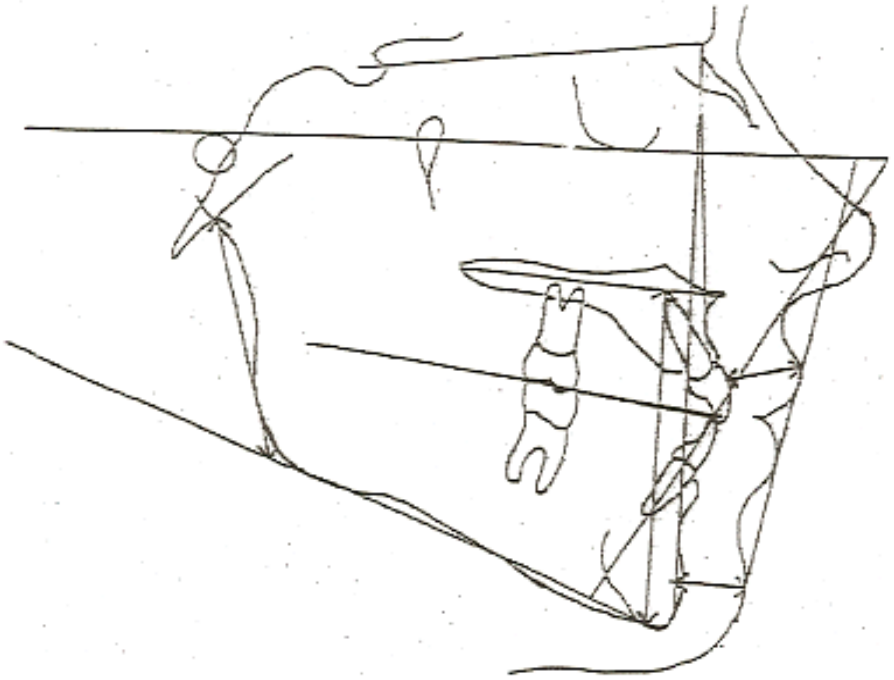
III. **INTRAORAL RADIOGRAPHS** (must be loose for immediate access)
Pretreatment and posttreatment full mouth panoramic radiographs are required.

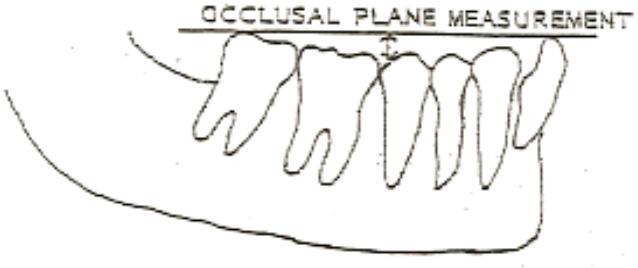
IV. **FACIAL PHOTOGRAPHS** (must be loose for immediate access)
A. Pretreatment and posttreatment front and profile facial photographs are required. Smiling photographs are recommended.
B. Facial photographs should be printed with the profile facing right.

C. Photographs should be presented so that pretreatment photos can be easily compared to posttreatment photos.

V. **Remember: All records must be loose with dates of when records were taken for immediate access.**

Example: Cephalometric Tracing





DIFFERENTIAL DIAGNOSIS AND CLINICAL ANALYSIS

PATIENT'S FIRST NAME _____ INI ____ LAST NAME _____ CASE # _____

BEGIN TX. AGE _____ SEX ___ BIRTHDAY __/__/__ DENTIST _____ REFERRED BY _____

DATE		__/__/__	__/__/__	__/__/__	__/__/__
	NORMAL	PRE-TX	PROGRESS	FINAL	POST-TX
FMIA	67				
FMA	25				
IMPA	88				
SNA	82				
SNB	80				
ANB	2				
AO-BO	0	mm	mm	mm	mm
OCC PLANE	10				
Z ANGLE	75				
UPPER LIP		mm	mm	mm	mm
TOTAL CHIN		mm	mm	mm	mm
POST.FACIAL HT.	45mm	mm	mm	mm	mm
ANT.FACIAL HT.	65mm	mm	mm	mm	mm
FAC.HT. INDEX	0.70				
FAC.HT. CHANGE		xxxxxxx	/	/	/
MAND. CUSPID WIDTH		mm	mm	mm	mm
MAND. MOLAR WIDTH		mm	mm	mm	mm

READOUTS

Initial 7 6 5 5 6 7 (U / L)

Level 7 6 5 5 6 7 (U / L)

Anch Prep 7 6 5 5 6 7 (U / L)

Finish 7 6 5 5 6 7 (U / L)

DIAGNOSIS:

A. Skeletal

B. Dental

C. Perio

D. Facial

E. Habits _____
1. Thumb Sucker
2. Tongue Thrust
3. Bruxism

F. Joint Health

CRANIAL FACIAL ANALYSIS

Normal Range	Ceph. Value	Difficulty Factor	**Difficulty**
FMA 22-28	_____	__5__	_____
ANB 1-5	_____	__15__	_____
Z-ANGLE 70-80	_____	__2__	_____
OCC.PLANE 8-12	_____	__3__	_____
SNB 78-82	_____	__5__	_____
PFH/AFH 0.65-0.75	_____	__3__	_____
C.F. Difficulty Total			_____

TOTAL SPACE ANALYSIS

		Difficulty Factor	**Difficulty**
Anterior			
Tooth Arch Disc.	_____	__1.5__	_____
Headfilm Disc.	_____	__1.0__	_____
Total	_____		_____
Mid Arch			
Tooth Arch Disc.	_____	__1.0__	_____
Curve of Spee	_____	__1.0__	_____
Total	_____		_____
Horizontal Occlusal Disharmony (Class II or Class III)	_____	__2.0__	_____
Posterior			
Tooth Arch Disc.	_____		
(-)expected Increase	_____		
Total	_____	__0.5__	_____
Space Analysis Total	_____	**Space Analysis Difficulty Total**	_____
C.F. Difficulty Total		_____	
Space Analysis Difficulty Total		_____	
Total Difficulty		_____	

TREATMENT PLANNING, TIMING

EXTRACTIONS:

MAXILLARY:

RIGHT _____ LEFT _____

MANDIBULAR:

RIGHT _____ LEFT _____

(Please Indicate Missing Teeth)

DIFFICULTY INDEX:

Mild	**0 - 60**
Moderate	**60 – 120**
Severe	**over 120**