

The American Board of Orthodontics

Clinical Examination Case Report Work File

[What's new in this version?](#)

Enter required case identification:

ABO ID#

Exam Year

Patient Name

Case #

Instructions:

1. Adobe Reader, Version 9 or later, is required. Work at the same local hard drive to insure you are always using the same version of Adobe Reader. Warning to Mac users: Do not use Apple's Safari to download this CRWF; also, make sure this CRWF opens in Adobe Reader, not in Apple's Preview.
2. We recommend you use Save-As with a descriptive filename for each case report.
3. Enter case report data to this work file at your convenience.
4. In the year prior to your intended clinical exam, register for the exam and you will be informed when the electronic submission site is available.
5. Using your ABO ID# and password, login at [Online Services - Clinical Exam Electronic Submission](#).
6. Click on the button called "Upload CRWF" and navigate to this Case Report Work File.
7. Your data will be verified against the current year's exam specifications. If you upload a former year's CRWF, you will be alerted if any data is not current.
8. You may return to the exam site and directly update your reports as many times as needed before the submission deadline.
9. If you have optional digital pretreatment or interim models to submit, or you are enrolled in Electronic Case Submission (ECS), you will upload these additional digital records at the exam site.
10. When finished, you will mark all reports and records as Complete then select SUBMIT TO ABO.
11. Save a final copy of your case reports by using the Print CRWF button in the Actions column. These copies will be read-only and watermarked as "Submitted".
12. Print and staple pgs. 2-9 of each submitted case report and bring these to your case setup.

[Written Case Report Instructions](#)
[Discrepancy Index Instructions](#)
[Cast-Radiograph Eval Reference](#)
[Case Management Form Instructions](#)

EXAM YEAR
ABO ID #

ABO WRITTEN CASE REPORT
CASE#

PATIENT'S NAME:			DOB (mm-dd-yyyy)	
RECORDS SET	A	A1	B	
RECORDS DATE (mm-dd-yyyy)				
MODEL LAB/SUPPLIER				
MODEL MATERIAL(S) USED				
MODEL RESOLUTION				
	SINGLE PHASE	OR	PHASE ONE	PHASE TWO
INITIATED TX DATE (mm-dd-yyyy)				
COMPLETED TX DATE (mm-dd-yyyy)				
CASE CRITERIA IDENTIFIER				
	DI VALUE	OR	CATEGORY NUMBER	

HISTORY AND ETIOLOGY: 630 max.

DIAGNOSIS

Skeletal: 360 max.

Dental: 630 max.

Facial: 360 max.

SPECIFIC OBJECTIVES OF TREATMENT

Maxilla (all three planes): 180 max.

Mandible (all three planes): 180 max.

Maxillary Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar Width: 90 max.

Mandibular Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar / Intercanine Width: 180 max.

Facial Esthetics: 270 max.

TREATMENT PLAN: 1170 max.

APPLIANCES AND TREATMENT PROGRESS: 990 max.

RESULTS ACHIEVED

If differing radiographic units preclude superimposition(s) – check here

Maxilla (all three planes): 180 max.

Mandible (all three planes): 180 max.

Maxillary Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar Width: 90 max.

Mandibular Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar / Inter canine Width: 180 max.

Facial Esthetics: 270 max.

RETENTION: 630 max.

FINAL EVALUATION OF TREATMENT: 1170 max.

IF YOU COULD TREAT THIS CASE AGAIN, WOULD YOU TREAT IT DIFFERENTLY? 5700 max.
IF SO, HOW WOULD YOU TREAT IT DIFFERENTLY AND WHY?

EXAM YEAR**ABO DISCREPANCY INDEX****ABO ID #****CASE#****PATIENT****TOTAL D.I. SCORE**

*For mm measures, round up to the next full mm.
Examiners will verify measurements in each category.*

OVERJET

≥ 0 to < 1 mm (edge-to-edge)	= 1 pt
≥ 1 to ≤ 3 mm	= 0 pts
> 3 to ≤ 5 mm	= 2 pts
> 5 to ≤ 7 mm	= 3 pts
> 7 to ≤ 9 mm	= 4 pts
> 9 mm	= 5 pts

Negative Overjet (x-bite):
1 pt per mm per tooth = ___pts
Total

OVERBITE

> 1 to ≤ 3 mm	= 0 pts
> 3 to ≤ 5 mm	= 2 pts
> 5 to ≤ 7 mm	= 3 pts
Impinging (100%)	= 5 pts

Total

ANTERIOR OPEN BITE

0 mm (edge-to-edge), 1 pt per tooth = ___pts
then 1 pt per mm per tooth = ___pts

Total

LATERAL OPEN BITE

≥ 0.5 mm, 2 pts per mm per tooth

Total

CROWDING (only one arch)

≥ 0 to ≤ 1 mm	= 0 pts
> 1 to ≤ 3 mm	= 1 pts
> 3 to ≤ 5 mm	= 2 pts
> 5 to ≤ 7 mm	= 4 pts
> 7 mm	= 7 pts

Total

OCCCLUSAL RELATIONSHIP

Class I to End On	= 0 pts	
End-to-End Class II or III	= 2 pts per side	___pts
Full Class II or III	= 4 pts per side	___pts
Beyond Class II or III	= 1 pt per mm additional	___pts

Total

LINGUAL POSTERIOR X-BITE

> 0 mm, 1 pt per tooth Total

BUCCAL POSTERIOR X-BITE

> 0 mm, 2 pts per tooth Total

CEPHALOMETRICS (See Instructions)

ANB ≥ 6° or ≤ -2°	@4pts = ___
Each full degree > 6°	___x 1 pt = ___
Each full degree < -2°	___x 1 pt = ___

SN-MP

≥ 38° @2pts = ___

Each full degree > 38° ___x 2 pts = ___

≤ 26° @1pt = ___

Each full degree < 26° ___x 1 pt = ___

Ī to MP ≥ 99° @1pt = ___

Each full degree > 99° ___x 1 pt = ___

Total

OTHER (See Instructions)

Supernumerary teeth ___x 1 pt = ___

Ankylosis of perm. teeth ___x 2 pts = ___

Anomalous morphology ___x 2 pts = ___

Impaction (except 3rd molars) ___x 2 pts = ___

Midline discrepancy (≥3 mm) @ 2 pts = ___

Missing teeth (except 3rd molars) ___x 1 pt = ___

Missing teeth, congenital ___x 2 pts = ___

Spacing (4 or more, per arch) ___x 2 pts = ___

Spacing(mx cent diastema ≥ 2 mm) @ 2 pts = ___

Tooth transposition ___x 2 pts = ___

Skeletal asymmetry(nonsurgical tx) @ 3 pts = ___

Addl. treatment complexities ___x 2 pts = ___

Identify:

Total Other

INSTRUCTIONS: Second molars should be in occlusion. Mark extracted teeth with a check in the bolded box. Place score beside each deficient tooth.

Total C-R Eval Score:

Alignment/Rotations



R **MX** **L**



L **MD** **R**

Marginal Ridges



R



L



L



R

MX **MD**

Buccolingual Inclination



R



L



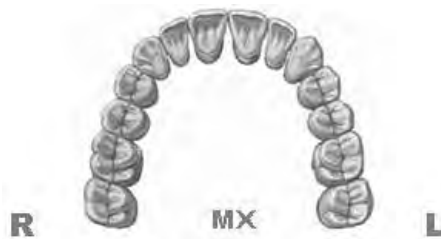
L



R

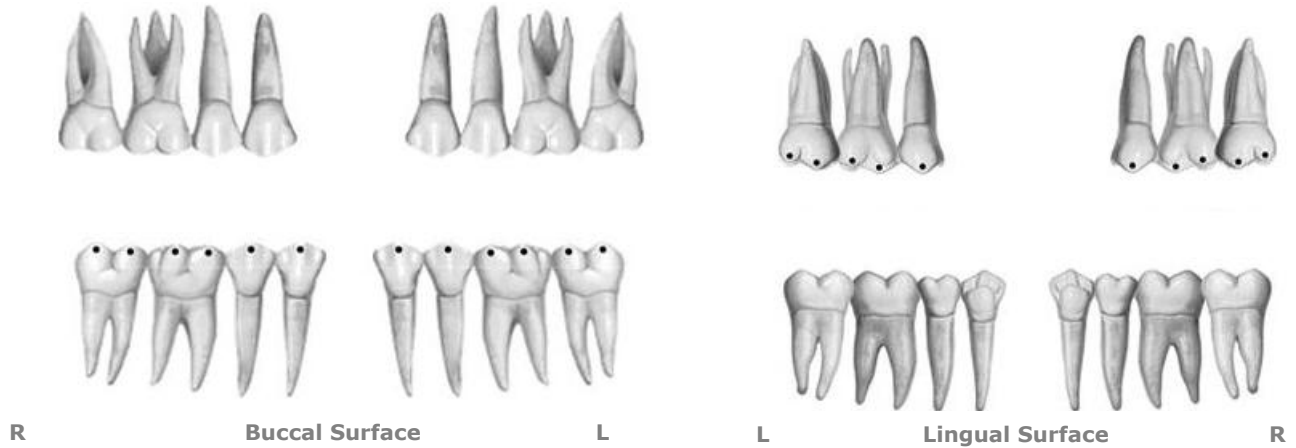
MX **MD**

Overjet

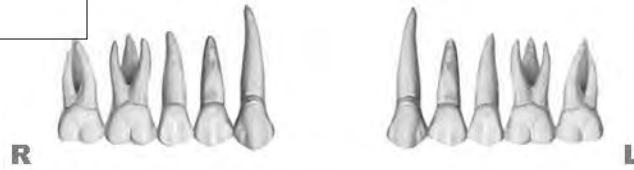


R **MX** **L**

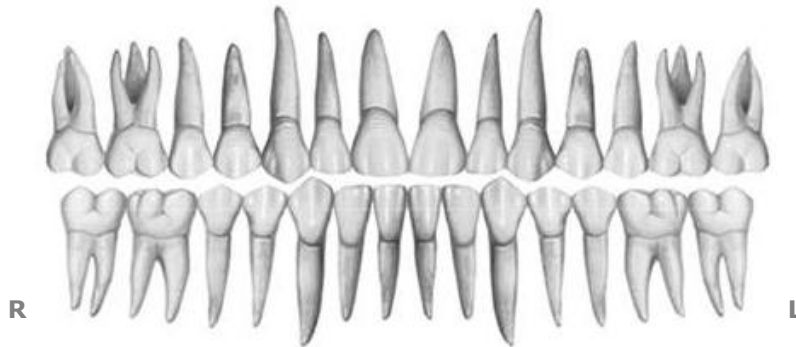
Occlusal Contacts



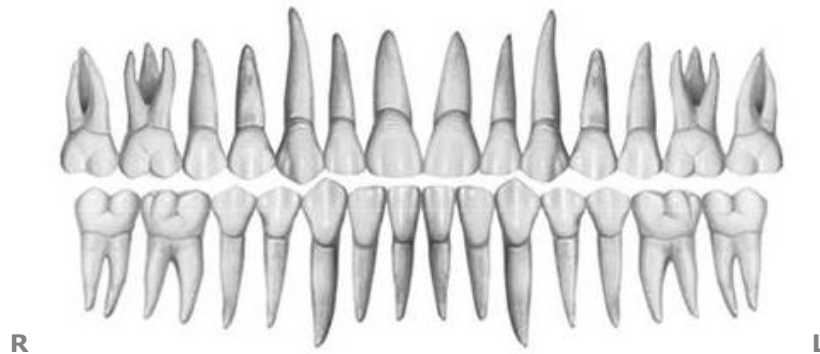
Occlusal Relationships



Interproximal Contacts



Root Angulation



Examiners will evaluate treatment objectives and results, in addition to doing a Records Analysis and Overall Analysis.

MEASUREMENTS

SKELETAL ANALYSIS (S)

0-Acceptable 1-Unacceptable

SCORING

CEPHALOMETRIC

	PRE TX A	PROG A1	POST TX B	DIFF. A-B
SNA°				
SNB°				
ANB°				
SN-MP°**				
FMA°				

EXAMINEE TX OBJECTIVES		PRE TX OBJ	POST TX RESULT	Score
A-P MX		0 1	0 1	
A-P MN		0 1	0 1	
VERT MX		0 1	0 1	
VERT MN		0 1	0 1	

DENTAL ANALYSIS (D)

1 TO NA mm				
1 TO SN°				
- 1 TO NB mm				
- 1 TO MP°				

A-P MX		0 1	0 1	
A-P MN		0 1	0 1	
VERT		0 1	0 1	

ARCH

6 TO 6 WIDTH				
- 6 TO 6 WIDTH				
- 3 TO 3 WIDTH				
CURVE OF SPEE				
MANDIBULAR ARCH FORM				

TRANS MX		0 1	0 1	
TRANS MN		0 1	0 1	
TRANS ANT		0 1	0 1	
CURVE OF SPEE		0 1	0 1	
ARCH FORM MN		0 1	0 1	

FACIAL ANALYSIS (F)

E-LINE	Upper				
	Lower				

FACIAL ESTHETICS		0 1	0 1	
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S-D-F Subtotal

RECORDS ANALYSIS

Shaded areas for examiner only.

	FACIAL PHOTOS	INTRAORAL PHOTOS	INTRAORAL RADIOGRAPHS	PERIO RECORD	CEPH. & TRACINGS	COMP. TRACING	DENTAL CASTS	CASE REPORT	PRESENT. QUALITY	
PRE-TX A &/OR PROG. A1	0 1	0 1	0 1	0 1	0 1		0 1			
FINAL B	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	SUB-TOTAL RECORDS ANALYSIS

OVERALL ANALYSIS

TREATMENT PLANNING / MECHANOTHERAPY				FINAL TREATMENT RESULTS				
0	1	2	3	0	1	2	3	
ACCEPT	DEFICIENCIES			ACCEPT	DEFICIENCIES			SUB-TOTAL OVERALL ANALYSIS

TOTAL