

OPEARLSO

(Editor's Note: If you have a clinical or practice management Pearl to share with your colleagues, send it to JCO, 1828 Pearl St., Boulder, CO 80302. Appropriate illustrations are welcome; a photograph of the author and a copyright transfer form are required prior to publication.)

Case Finishing Checklist

To ensure that every aspect of a case has been finished to our quality standards, our department has developed a checklist that we begin to fill out three to six months before debonding each patient. Marking in red the areas that need to be addressed helps the clinician design a sound plan for finishing treatment.

We have found this form to be useful and time-efficient. It might also be of benefit to those who are preparing ABO cases, as a detailed checklist for study club evaluations, or simply to monitor patients' progress throughout treatment.



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CASE FINISHING CHECKLIST

Facial

Frontal

- Symmetry
- Lip competency
- Tooth display

Smiling

- Dentogingival display
- Gingival margin level
- Smile arc
- Buccal corridors
- Occlusal plane/
Interpupillary line

Profile

- Balanced soft-tissue profile
- Facial convexity
- Nasolabial angle
- Chin

Dental

Maxillary Arch

- Archform†
- Symmetry
- Alignment^a _____
- Leveled marginal ridges
- Level of anterior teeth
- Rotations _____
- Tip _____
- Torque _____
- Buccolingual inclination^c
- Inter canine width†
- Curve of Spee

Mandibular Arch

- Archform†
- Symmetry
- Alignment^b _____
- Leveled marginal ridges
- Level of anterior teeth
- Rotations _____
- Tip _____
- Torque _____
- Buccolingual inclination^c
- Inter canine width†
- Curve of Spee

Interarch

Static Occlusion

- Coincident midlines
- Overjet
- Overbite
- Canine relationship
- Molar relationship^d
- Intercuspatation

Functional Occlusion

- CR-CO coincidence
- Protrusive interferences
- Interferences on right excursion
- Interferences on left excursion

TMJ

- TMJ palpation
- Muscle palpation
- Joint sounds
- Opening movement
- Restricted right excursion
- Restricted left excursion
- Deviation/deflection

Panoramic & Intraoral Radiographs

- Root parallelism
- Third molars
- Root resorption

Lateral Cephalometric Radiograph

- Canting of occlusal plane†
- Interincisal angle
- Upper anterior teeth torque
- Lower anterior teeth on basal bone

Abnormal habits

†To be compared with the pretreatment record.

a. The lingual surfaces of the maxillary incisors and canines should follow an arc. The central grooves (mesiodistal) of the maxillary posterior teeth should all be in the same plane.*

b. The incisal edges and labial surfaces of the mandibular incisors and canines should follow an arc. The mesiobuccal and distobuccal cusps of the mandibular molars and premolars should be in the same mesiodistal alignment.*

c. The buccolingual inclination of the maxillary and mandibular posterior teeth is assessed by using a flat surface extending between the occlusal surfaces of the right and left posterior teeth. The straightedge should contact the lingual cusps of the maxillary molars and premolars. The buccal cusps should be within 1mm of the surface of the straightedge.* The straightedge should contact the buccal cusps of the contralateral mandibular molars. The lingual cusps should be within 1mm of the surface of the straightedge.*

d. According to the criteria of the American Board of Orthodontics.*

*American Board of Orthodontics: *Examination Information*, 3rd ed., St. Louis, 1994.