Orthodontic Case Presentation (OCP-ST2)

In addition to the list of cases being managed by the trainee detailed in the Orthodontic Logbook Assessment Toolkit (OLAT), evidence of orthodontic diagnosis and treatment planning, delivery of orthodontic care, and discussion of treatment progress should also undergo formative assessment during ST2.

OCP-ST2 will consist of two Orthodontic Case Presentations (OCP) selected primarily on the basis that they have produced a useful learning experience for the trainee, which should be formally presented during ST2 as a single exercise to a pair of appropriate trainers (CS/AES, ideally not directly involved in supervision of the case) to provide an opportunity for reflection on delivery of care by the trainee.

These cases can encompass a range of treatment modalities, including but not limited to interceptive treatment, orthodontic camouflage, growth modification followed by fixed appliance treatment, and multidisciplinary treatment including the management of tooth agenesis or impaction. For **OCP-ST2**, there should be an emphasis on diagnosis and treatment planning rather than final outcomes, and trainees are encouraged to liaise with their AES in terms of case selection. Indeed, it is encouraged that the AES should play a key role in the selection of cases for presentation.

This **OCP–ST2** document provides a roadmap for the information required and following formal presentation of both cases, appropriate sign-off should be undertaken by the AES within the 'Other evidence' area of the ISCP site and validation at the ARCP.

MOrthRCSEd2009 doc

CASE HISTORY TEMPLATE

CASE NUMBER: [N]

PATIENT'S INITIALS: [I.I]

CASE SUMMARY
[A brief description of the case, maximum 100 words]

SECTION 1. PRE-TREATMENT ASSESSMENT PATIENT DETAILS
Initials:
Sex:
Date of birth:
Age at start of treatment:
PATIENT'S COMPLAINT/S
RELEVANT MEDICAL HISTORY
CLINICAL EXAMINATION: EXTRA-ORAL FEATURES
CLINICAL EXAMINATION: INTRA-ORAL FEATURES
Soft tissues:
Oral hygiene:
Erupted teeth present:
General dental condition:

CROWDING / SPACING Maxillary arch:	
Mandibular arch:	
OCCLUSAL FEATURES	
Incisor relationship:	
Overjet (mm):	
Overbite:	
Centrelines:	
Left buccal segment relationship: Right buccal segment relationship:	
Crossbites:	
Displacements:	
Other occlusal features:	

PRE-TREATMENT				
[Insert frontal and	profile photograph	ns here]		

PRE-TREATMENT PHOTO				
[Insert frontal, right and le	ett buccal, upper a	nd lower occlusa	ı photographs here]	

[Insert any other relevant v	iews herel		
insertany other relevant v	icws ricicj		

	MENT PHOTOG					
Insert fronta	al, right and left	buccal, upper	and lower oc	clusal images	here]	

GENERAL RADIOGRAPHIC EXAMINATION					
Pre-treatment radiographs taken:					
Unerupted teeth:					
Teeth absent:					
Teeth of poor prognosis:					
Other relevant radiographic findings:					

					<u> </u>	<u> </u>	6 512		
PRF-T	REATME	NT RADIO	OGRAPHS	:					
[Insert	prints of	radiogra	phs or dup	olicate filr	n radiogra	phs here]			

OTHER SPECIAL TESTS / ANALYSES

[This is optional. Present details and results of any other tests or measurements, which are available and which contribute to the assessment of the case]

PRE-TREATMENT CEPHALOMETRIC TRACING:

[Attach cephalometric tracing here. The tracing should be either 1) provided on acetate to scale so that the tracing can be checked directly over the cephalometric radiograph; or 2) provided digitally over the cephalometric radiograph so the tracing can be assessed.]

PRE-TREATMENT CEPHALOMETRIC ANALYSIS

VARIABLE	PRETREATMENT	NORMAL
SNA		82° ± 3
SNB		79° ± 3
ANB		3° ± 1
SN to maxillary plane		8°± 3
Wits appraisal		0 mm
Upper incisor to maxillary plane angle		108° ± 5
Lower incisor to mandibular plane angle		92° ± 5
Interincisal angle		133° ± 10
Maxillary mandibular planes angle		27° ± 5
Upper anterior face height		
Lower anterior face height		
Face height ratio		55%
Lower incisor to APo line		0-2 mm
Lower lip to Ricketts E Plane		-2 mm

Sources of normal values:

Houston WJB, Stephens CD & Tulley WJ (1992) A textbook of Orthodontics. Wright, Oxford Cobourne MT, DiBiase AT (2024) Handbook of Orthodontics. 3rd Edition. Elsevier

N/b ara an ad -1:4: 1	LOMETRIC ANALYSIS (OPTIONAL)
venere an additional neans and standard	analysis is used, provide clear definitions of the measurements together wideviations]
ITERPRETATION	

DIAGNOSTIC SUMMARY

PROBLEM LIST
[Add as few or as many as are appropriate to the case]
1.
2.
3.
4.
5.
6.
AIMS AND OBJECTIVES OF TREATMENT
[Add as few or as many as are appropriate to the case]
1.
2.
3.
4.
5.
6.

TREATMENT PLAN
Extractions:
Appliances:
Special anchorage requirements:
Minor adjunctive surgery:
Major adjunctive surgery:
Additional dental treatment:
Proposed retention strategy:
Prognosis for stability:

COMPUTER PREDICTIONS

[Optional: Where cases are presented which involve orthognathic surgery, output from computerised planning systems may be included on these two pages. Alternatively, these pages may be used for additional mid-treatment photographs demonstrating treatment mechanics in SECTION 2]

OCP FOR ORTHODONTIC ST2 **COMPUTER PREDICTIONS**

SECTION 2. TREATMENT

TREATMENT PROGRESS

Start of active treatment:

Age at start of active treatment:

End of active treatment:

Age at end of active treatment:

End of retention:

KEY STAGES IN TREATMENT PROGRESS

[Provide a brief summary of approximately 8 – 10 key stages in the treatment sequence]

	DATE	STAGE	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

EY STAGES IN TREATME	NT PROGRES			
		SS (CONTINUE	ED)	

OCP FOR ORTHODONTIC ST2	
MID-TREATMENT PHOTOGRAPHS:	
Insert any relevant photographs which illustrate treatment mechanics at any kenterest]	ey stages of

	OCP FOI	RORTHOD	ONTIC ST2	2	
MID-TREATMEN	IT RADIOGRAPHS:				

OCP FOR ORTHODONTIC ST2 MID-TREATMENT CEPHALOMETRIC TRACING (if applicable)

MID-TREATMENT CEPHALOMETRIC VALUES (if applicable)

VARIABLE	PRE-TREATMENT	MID - TREATMENT	CHANGE
SNA			
SNB			
ANB			
SN to maxillary plane			
Wits appraisal			
Upper incisor to maxillary plane angle			
Lower incisor to mandibular plane angle			
Interincisal angle			
MM angle			
Upper anterior face height			
Lower anterior face height			
Face height ratio			
Lower incisor to APo line			
Lower lip to Ricketts E Plane			

a) RATIONALE FOR TREATMENT

b) CRITIQUE

Learning outcomes section: Trainees are encouraged to include evidence they have achieved the learning outcomes expected of them during their training. A list of outcomes and evidence can be included here: