



# AAE Endodontic Case Difficulty Assessment Form and Guidelines

## PATIENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

## DISPOSITION

Treat in Office: Yes  No

Refer Patient to: \_\_\_\_\_

Date: \_\_\_\_\_

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## Guidelines for Using the AAE Endodontic Case Difficulty Assessment Form

The AAE designed the Endodontic Case Difficulty Assessment Form for use in endodontic curricula. The Assessment Form makes case selection more efficient, more consistent and easier to document. Dentists may also choose to use the Assessment Form to help with referral decision making and record keeping.

Conditions listed in this form should be considered potential risk factors that may complicate treatment and adversely affect the outcome. Levels of difficulty are sets of conditions that may not be controllable by the dentist. Risk factors can influence the ability to provide care at a consistently predictable level and impact the appropriate provision of care and quality assurance.

The Assessment Form enables a practitioner to assign a level of difficulty to a particular case.

### LEVELS OF DIFFICULTY

**MINIMAL DIFFICULTY** Preoperative condition indicates routine complexity (uncomplicated). These types of cases would exhibit only those factors listed in the MINIMAL DIFFICULTY category. Achieving a predictable treatment outcome should be attainable by a competent practitioner with limited experience.

**MODERATE DIFFICULTY** Preoperative condition is complicated, exhibiting one or more patient or treatment factors listed in the MODERATE DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for a competent, experienced practitioner.

**HIGH DIFFICULTY** Preoperative condition is exceptionally complicated, exhibiting several factors listed in the MODERATE DIFFICULTY category or at least one in the HIGH DIFFICULTY category. Achieving a predictable treatment outcome will be challenging for even the most experienced practitioner with an extensive history of favorable outcomes.

Review your assessment of each case to determine the level of difficulty. If the level of difficulty exceeds your experience and comfort, you might consider referral to an endodontist.

The contribution of the Canadian Academy of Endodontics and others to the development of this form is gratefully acknowledged.

The AAE Endodontic Case Difficulty Assessment Form is designed to aid the practitioner in determining appropriate case disposition. The American Association of Endodontists neither expressly nor implicitly warrants any positive results associated with the use of this form. This form may be reproduced but may not be amended or altered in any way.

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# AAE Endodontic Case Difficulty Assessment Form

| CRITERIA AND SUBCRITERIA | MINIMAL DIFFICULTY | MODERATE DIFFICULTY | HIGH DIFFICULTY |
|--------------------------|--------------------|---------------------|-----------------|
|--------------------------|--------------------|---------------------|-----------------|

## A. PATIENT CONSIDERATIONS

|                              |                                                            |                                                                       |                                                                                                |
|------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>MEDICAL HISTORY</b>       | <input type="checkbox"/> No medical problem (ASA Class 1*) | <input type="checkbox"/> One or more medical problems (ASA Class 2*)  | <input type="checkbox"/> Complex medical history/serious illness/disability (ASA Classes 3-5*) |
| <b>ANESTHESIA</b>            | <input type="checkbox"/> No history of anesthesia problems | <input type="checkbox"/> Vasoconstrictor intolerance                  | <input type="checkbox"/> Difficulty achieving anesthesia                                       |
| <b>PATIENT DISPOSITION</b>   | <input type="checkbox"/> Cooperative and compliant         | <input type="checkbox"/> Anxious but cooperative                      | <input type="checkbox"/> Uncooperative                                                         |
| <b>ABILITY TO OPEN MOUTH</b> | <input type="checkbox"/> No limitation                     | <input type="checkbox"/> Slight limitation in opening                 | <input type="checkbox"/> Significant limitation in opening                                     |
| <b>GAG REFLEX</b>            | <input type="checkbox"/> None                              | <input type="checkbox"/> Gags occasionally with radiographs/treatment | <input type="checkbox"/> Extreme gag reflex which has compromised past dental care             |
| <b>EMERGENCY CONDITION</b>   | <input type="checkbox"/> Minimum pain or swelling          | <input type="checkbox"/> Moderate pain or swelling                    | <input type="checkbox"/> Severe pain or swelling                                               |

## B. DIAGNOSTIC AND TREATMENT CONSIDERATIONS

|                                            |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DIAGNOSIS</b>                           | <input type="checkbox"/> Signs and symptoms consistent with recognized pulpal and periapical conditions                                             | <input type="checkbox"/> Extensive differential diagnosis of usual signs and symptoms required                                                                                                                                                                                                                                   | <input type="checkbox"/> Confusing and complex signs and symptoms: difficult diagnosis<br><input type="checkbox"/> History of chronic oral/facial pain                                                                                                                                                                                                                                            |
| <b>RADIOGRAPHIC DIFFICULTIES</b>           | <input type="checkbox"/> Minimal difficulty obtaining/interpreting radiographs                                                                      | <input type="checkbox"/> Moderate difficulty obtaining/interpreting radiographs (e.g., high floor of mouth, narrow or low palatal vault, presence of tori)                                                                                                                                                                       | <input type="checkbox"/> Extreme difficulty obtaining/interpreting radiographs (e.g., superimposed anatomical structures)                                                                                                                                                                                                                                                                         |
| <b>POSITION IN THE ARCH</b>                | <input type="checkbox"/> Anterior/premolar<br><input type="checkbox"/> Slight inclination (<10°)<br><input type="checkbox"/> Slight rotation (<10°) | <input type="checkbox"/> 1st molar<br><input type="checkbox"/> Moderate inclination (10-30°)<br><input type="checkbox"/> Moderate rotation (10-30°)                                                                                                                                                                              | <input type="checkbox"/> 2nd or 3rd molar<br><input type="checkbox"/> Extreme inclination (>30°)<br><input type="checkbox"/> Extreme rotation (>30°)                                                                                                                                                                                                                                              |
| <b>TOOTH ISOLATION</b>                     | <input type="checkbox"/> Routine rubber dam placement                                                                                               | <input type="checkbox"/> Simple pretreatment modification required for rubber dam isolation                                                                                                                                                                                                                                      | <input type="checkbox"/> Extensive pretreatment modification required for rubber dam isolation                                                                                                                                                                                                                                                                                                    |
| <b>MORPHOLOGIC ABERRATIONS OF CROWN</b>    | <input type="checkbox"/> Normal original crown morphology                                                                                           | <input type="checkbox"/> Full coverage restoration<br><input type="checkbox"/> Porcelain restoration<br><input type="checkbox"/> Bridge abutment<br><input type="checkbox"/> Moderate deviation from normal tooth/root form (e.g., taurodontism, microdens)<br><input type="checkbox"/> Teeth with extensive coronal destruction | <input type="checkbox"/> Restoration does not reflect original anatomy/alignment<br><input type="checkbox"/> Significant deviation from normal tooth/root form (e.g., fusion, dens in dente)                                                                                                                                                                                                      |
| <b>CANAL AND ROOT MORPHOLOGY</b>           | <input type="checkbox"/> Slight or no curvature (<10°)<br><input type="checkbox"/> Closed apex (<1 mm in diameter)                                  | <input type="checkbox"/> Moderate curvature (10-30°)<br><input type="checkbox"/> Crown axis differs moderately from root axis. Apical opening 1-1.5 mm in diameter                                                                                                                                                               | <input type="checkbox"/> Extreme curvature (>30°) or S-shaped curve<br><input type="checkbox"/> Mandibular premolar or anterior with 2 roots<br><input type="checkbox"/> Maxillary premolar with 3 roots<br><input type="checkbox"/> Canal divides in the middle or apical third<br><input type="checkbox"/> Very long tooth (>25 mm)<br><input type="checkbox"/> Open apex (>1.5 mm in diameter) |
| <b>RADIOGRAPHIC APPEARANCE OF CANAL(S)</b> | <input type="checkbox"/> Canal(s) visible and not reduced in size                                                                                   | <input type="checkbox"/> Canal(s) and chamber visible but reduced in size<br><input type="checkbox"/> Pulp stones                                                                                                                                                                                                                | <input type="checkbox"/> Indistinct canal path<br><input type="checkbox"/> Canal(s) not visible                                                                                                                                                                                                                                                                                                   |
| <b>RESORPTION</b>                          | <input type="checkbox"/> No resorption evident                                                                                                      | <input type="checkbox"/> Minimal apical resorption                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Extensive apical resorption<br><input type="checkbox"/> Internal resorption<br><input type="checkbox"/> External resorption                                                                                                                                                                                                                                              |

## C. ADDITIONAL CONSIDERATIONS

|                                         |                                                                                   |                                                                                                             |                                                                                                                                                                                                                                                                                      |
|-----------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TRAUMA HISTORY</b>                   | <input type="checkbox"/> Uncomplicated crown fracture of mature or immature teeth | <input type="checkbox"/> Complicated crown fracture of mature teeth<br><input type="checkbox"/> Subluxation | <input type="checkbox"/> Complicated crown fracture of immature teeth<br><input type="checkbox"/> Horizontal root fracture<br><input type="checkbox"/> Alveolar fracture<br><input type="checkbox"/> Intrusive, extrusive or lateral luxation<br><input type="checkbox"/> Avulsion   |
| <b>ENDODONTIC TREATMENT HISTORY</b>     | <input type="checkbox"/> No previous treatment                                    | <input type="checkbox"/> Previous access without complications                                              | <input type="checkbox"/> Previous access with complications (e.g., perforation, non-negotiated canal, ledge, separated instrument)<br><input type="checkbox"/> Previous surgical or nonsurgical endodontic treatment completed                                                       |
| <b>PERIODONTAL-ENDODONTIC CONDITION</b> | <input type="checkbox"/> None or mild periodontal disease                         | <input type="checkbox"/> Concurrent moderate periodontal disease                                            | <input type="checkbox"/> Concurrent severe periodontal disease<br><input type="checkbox"/> Cracked teeth with periodontal complications<br><input type="checkbox"/> Combined endodontic/periodontic lesion<br><input type="checkbox"/> Root amputation prior to endodontic treatment |

\*American Society of Anesthesiologists (ASA) Classification System

Class 1: No systemic illness. Patient healthy.  
 Class 2: Patient with mild degree of systemic illness, but without functional restrictions, e.g., well-controlled hypertension.  
 Class 3: Patient with severe degree of systemic illness which limits activities, but does not immobilize the patient.

Class 4: Patient with severe systemic illness that immobilizes and is sometimes life threatening.  
 Class 5: Patient will not survive more than 24 hours whether or not surgical intervention takes place.

[www.asahq.org/clinical/physicalstatus.htm](http://www.asahq.org/clinical/physicalstatus.htm)