### 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 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.**

---

**A. PATIENT CONSIDERATIONS**

**MEDICAL HISTORY**

- No medical problem
- One or more medical problems (ASA Class 1*)
- Complex medical history/chronic illness/dependency (ASA Class 2*)
- Complications from medical problems (ASA Class 3-5*)

**ANESTHESIA**

- No history of anesthesia problems
- Vascular/constrictor intolerance
- Difficulty achieving anesthesia

**PATIENT DISPOSITION**

- Cooperative and compliant
- Uncooperative
- Ambivalent

**ABILITY TO OPEN MOUTH**

- No limitation
- Significant limitation
- Severe limitation

**GAG REFLEX**

- None
- Gags occasionally
- Extensive gag reflex which has compromised past dental care

**EMERGENCY CONDITION**

- Minimum pain or swelling
- Moderate pain or swelling
- Severe pain or swelling

---

**B. DIAGNOSTIC AND TREATMENT CONSIDERATIONS**

**DIAGNOSIS**

- Signs and symptoms consistent with recognized pulpal and periradicular conditions
- Extensive differential diagnosis of usual signs and symptoms required
- Confusing and complex signs and symptoms: difficult diagnosis

**RADIODGRAPHIC DIFFICULTIES**

- Minimal difficulty obtaining diagnostic radiographs
- Moderate difficulty obtaining diagnostic radiographs (e.g., high floor of mouth, narrow or key palatal sulcus, presence of tori)
- Extreme difficulty obtaining diagnostic radiographs (e.g., superimposed anatomical structures)

**POSITION IN THE ARCH**

- Anterior/premolar
- Slight inclination (<10°)
- Slope inclination (<10°)
- Slight rotation (>30°)
- Extreme rotation (>30°)
- Mandibular premolar or molar
- Intrusive, extrusive or lateral luxation

**TOOTH ISOLATION**

- Routine rubber dam placement
- Full preparation modification required for rubber dam isolation
- Extensive full preparation modification required for rubber dam isolation

**MORPHOLOGIC ABERRATIONS OF CROWN**

- Normal original crown morphology
- Crown restoration
- Bur or bridge abutment
- Moderate deviation from normal tooth form (e.g., taurodontism, microdontia)
- Teeth with extensive coronal destruction

**CANAL AND ROOT MORPHOLOGY**

- Slight or no curvature (<10°)
- Closed apex (<1 mm in diameter)
- Moderate curvature (10-30°)
- Crown enters sufficiently from root axis. Apical opening 1-1.5 mm in diameter
- Extreme curvature (>30°) or 5-shaped curve
- Mandibular premolar or anterior to 2 roots
- Maxillary premolar with 3 roots
- Canal divides in the middle or apical third
- Very long tooth (>25 mm)
- Open apex (>1.5 mm in diameter)

**RADIOGRAPHIC APPEARANCE OF CANAL(ES)**

- Canal(are) visible
- Canal(are) visible and reduced in size
- Pulp stones
- Indistinct canal path
- Canal(are) not visible

**RESECTION**

- No resorption evident
- Minimal apical resorption
- Extensive apical resorption
- Internal resorption
- External resorption

---

**C. ADDITIONAL CONSIDERATIONS**

**TRAUMA HISTORY**

- Uncomplicated crown fracture of mature or immature teeth
- Complicated crown fracture of mature teeth
- Subluxation
- Complicated crown fracture of immature teeth
- Horizontal root fracture
- Axial fracture
- Intrusive, extrusive or lateral luxation
- Avulsion

**ENDODONTIC TREATMENT HISTORY**

- No previous treatment
- Previous access with complications
- Previous access with complications requiring endodontic intervention
- Previous access with complications requiring endodontic intervention
- Previous access with complications requiring endodontic intervention
- Previous access with complications requiring endodontic intervention
- Previous access with complications requiring endodontic intervention

**PERIODONTAL-ENDODONTIC CONDITION**

- None or minor periodontal disease
- Concave moderate periodontal disease
- Concave severe periodontal disease
- Cracked teeth with periodontal complications
- Combined endodontic/periodontal lesion
- 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 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 who requires more than 24 hours whether or not surgical intervention takes place.

---

*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.*
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.