Is this the right case type for Accreditation?

Case selection is of vital importance when approaching Accreditation. No bonus points are awarded for "degree of difficulty." Select a case with potential for an ideal final result. See what each case type is testing on.



CASE TYPE I— Six or More Indirect Restorations

Case Type I requires six or more laboratory-fabricated restorations

Case Type I requires six or more laboratory-fabricated restorations within the maxillary arch, treating, at a minimum, the cuspids and incisors. Additional restorations to comprehensively address smile design criteria are encouraged.

This case requires the clinician to create an open, working, successful rapport with the laboratory technician, and vice-versa. Smile design elements weigh heavily with this case type.

In the accompanying case, the anterior teeth had defective composite restorations and were short due to wear of the incisal edges, resulting in a reverse smile line. Restoration with porcelain veneers dramatically improved the appearance of the smile by lengthening the teeth and giving them a more natural shape and proportion.





CASE TYPE II-

One or Two Indirect Restorations

This case type involves one or two indirect restorations in the maxillary anterior region treating incisors. The adjacent teeth must have no indirect restorations. Case Type II challenges the clinician and the laboratory technician to match the restorations to the natural dentition, a situation frequently encountered in daily practice. Also their ability to work together successfully to communicate the various micro-esthetic issues such as shade, incisal translucency, and surface texture. It is critical for the team to deliver a natural looking result that adheres to predetermined esthetic parameters.

The accompanying photographs demonstrate treatment of the two lateral incisors with porcelain veneers. The right lateral incisor had previously been treated endodontically following trauma to the incisal edge. Restoring the two teeth achieved proper esthetic balance to the smile and better balance of color, size, and proportion.











OR





CASE TYPE III-

Tooth Replacement

(options: laboratory fabricated bridge or implant)

In this presentation, the clinician or laboratory technician must demonstrate esthetic results via a laboratory fabricated bridge or implant-supported restoration. The prosthetic replacement must be a maxillary incisor or canine. This case type provides examiners with an impression of the individual's ability to establish soft tissue esthetics within the edentulous space.

Tooth Replacement with a Laboratory Fabricated Bridge

One option for Case Type III is to place a laboratory fabricated bridge. Additional teeth may be treated, if appropriate. Options for treatment can include full-coverage bridges or adhesively bonded bridges. Smile design considerations become more relevant as more teeth are treated.

This case type tests the individual's ability to handle soft tissues in regard to pontic site development. Proper development of the edentulous site through socket preservation techniques or subsequent ridge augmentation is essential to achieve an ideal result.

Shown is a case where congenitally missing lateral incisors were replaced with two 3-unit bridges following augmentation of the soft tissue sites with connective tissue grafts.

Tooth Replacement with an Implant

The second option for Case Type III involves replacement of a missing tooth with an implant. Additional teeth may be treated, if appropriate.

This case type tests the individual's ability to handle the soft tissues so the final restoration is indistinguishable from a natural tooth. Since a specialist is frequently involved in the placement of the implant, interdisciplinary communication is vital for the case to be successful.

The example for this case type shows replacement of the maxillary right central incisor with an implant and all-ceramic crown. In addition, porcelain veneers were placed on the remaining teeth from second bicuspid to second bicuspid. The final result created a beautiful, harmonious smile, with the implant-supported restoration appearing undetectable.



CASE TYPE IV-Class IV Direct Resin Restoration

This case type consists of an anterior direct resin (Class IV or diastema closure) restoration in which the individual's ability to blend composite resin with the natural dentition is tested. In case types demonstrating diastema closure, the space should measure approximately 1 mm or greater, and two adjacent teeth (i.e., maxillary incisors or canines) must be treated. Class IV restorations must be demonstrated in situations that replace a minimum of 10% of the tooth structure on the facial surface of one or more maxillary incisors.

Because the focus of this case type is to evaluate an individual's skill in matching the natural dentition in shape, size, and shade, the overall smile design may be less critical. The ability to adequately contour and finish the restoration so it blends indistinguishably with the natural tooth structure is essential. Using tints and opaquers is often necessary to achieve excellence in the final result.

Shown is a case in which a fractured central incisor was restored with direct composite. A large percentage of the tooth was replaced, so matching the opacity of the restoration to the remaining tooth was critical.





CASE TYPE V-Six or More Direct Resin Veneers

This case involves six or more direct resin veneers, treating at least the maxillary incisors and canines. Additional teeth may be treated, if it positively affects the outcome. Case Type V tests the individual's ability to create an optimal esthetic result using direct composite resin materials. The emphasis of evaluation is on smile design and tooth morphology. Care must be taken to develop a functional and esthetic result using a direct technique with composite resin.

In the accompanying case, teeth ##4-13 were treated with direct composite bonding to address generalized hypocalcification, some incisal chipping, and stained and failing composite restorations. The final result demonstrates the ability to achieve a very nice incisal translucency, a highly polished surface, and an overall beautiful result in a conservative manner.





