

Examiners' Observations

Key Insights for Accreditation Case Type IV

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Figure 1: Retracted postoperative 1:1 view.

“This case is all about the clinician’s skills.”

Of the five case types required for members in the process (MIP), Types IV and V involve application of direct resin. Both test the MIP’s ability to conservatively obtain a seamless solution for various esthetic deficiencies. As the MIP is working through these cases, special attention must be given to creating natural depth of color and translucency along with mimicking the natural texture and luster of the surrounding natural dentition.

Case Type IV is an anterior direct resin case that can be defined as a diastema closure of greater than 1 mm or a Class IV fracture repair involving at least 10% of the facial surface volume of any maxillary anterior tooth.

This case is all about the clinician’s skills. Dentists often enjoy the luxury of having a talented ceramist fabricate beautiful indirect restorations that make them heroes; however, with this case, the clinician stands alone. These direct resin cases are unique and sometimes challenging learning tools and the value of self-evaluation through the prescribed AACD photography is enormous.¹ It can be a humbling experience to critique one’s cases via digital photography. Case Type IV offers the individual the opportunity to demonstrate knowledge of natural tooth form...from the natural layering of the dentin and enamel to the appropriate surface effects needed to produce an undetectable restoration. There is a wide range of composite resins available in dentistry today and whichever material is chosen, familiarity with handling, polishability, translucency, and opalescence are a must.²

Five AACD Accreditation Examiners evaluate each case using a grading system whereby points may be deducted based upon specific criteria. These criteria are overseen by the American Board of Cosmetic Dentistry® and are used to make the process more objective.³ Examiners are required to stay current with all Accreditation protocols and undergo intense calibration before each examination session. This calibration ensures a level “playing field.”

Dr. Snyder did an excellent job of meeting the expectations of the patient and examiners and the results were well within the “zone of excellence” that Accreditation exemplifies. As a result, his case passed unanimously with only minor deductions noted by the examiners (see side bar).

As previously mentioned, Case Type IV is mainly a test of the clinician’s ability to handle resin; therefore, many important factors of global smile design are not considered by the examiners. For example, in Dr. Snyder’s case, the two central incisors are far from symmetrical in length and there is a black triangle in the midline, yet no points were deducted.

Case selection is always important in navigating the Accreditation process successfully. Members in the process are not given extra credit for taking on difficult restorative scenarios. Dr. Snyder chose a relatively straightforward Class IV fracture and knocked it out of the park.

References

1. American Academy of Cosmetic Dentistry. Photographic documentation and evaluation in cosmetic dentistry: a guide to Accreditation photography. Madison (WI): The Academy; 2009.
2. Fahl N. Jr. A solution for everyday direct restorative challenges. *J Cosmetic Dent.* 2010 Fall;26(3):57-9.
3. American Academy of Cosmetic Dentistry. Diagnosis and treatment evaluation in cosmetic dentistry: a guide to Accreditation criteria. Madison (WI): The Academy; 2001. **jCD**

Minor Deductions Noted:

- Criterion #43 focuses on proper development of line angles. An asymmetry exists on the mesial lobe of #8 as it relates to #9 (Fig 1). The reflective zones shown with the camera flash give rise to visual tension.
- Criterion #51 deals with proper management of the underlying tooth color as one is trying to blend the new resin material with the natural tooth structure. The restoration on #8 exhibits slightly more opacity and lack of linear translucency as compared to #9.
- Criterion #31 is all about presenting your case correctly and consistently photographically. Examiners look more favorably on cases that present with correct exposures, lighting, and composition. In his postoperative photographs, Dr. Snyder elected to use portrait-style lighting with softboxes, which can distort the visual appearance of the teeth. These shots are more artistic than diagnostic. Members in the Accreditation process are encouraged not to use this type of lighting.

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Dr. Reynolds is an AACD Accredited Member and has been an AACD Accreditation Examiner since 2003. A 1981 graduate of the University of Tennessee, Dr. Reynolds practices in Franklin, Tennessee.

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