

# GUIDELINES FOR ADMISSION TO DIPLOMATE MEMBERSHIP



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## CORRECTION RULES

<b>A – RECORDS</b> (Score 0 to 3) (Max. 12). 1. Models 2. Radiographs 3. Tracings 4. Photographs	(Min. 8 points)
<b>B – TEXT</b> (score 0 to 4) (2 point. show.)(Max. 14). 1. Diagnosis 2. Treatment planning 3. Development of the treatment	(Min. 8 points)
<b>C – DENTAL</b> (Score 0 to 10) (Max. 20). 1. Difficulty of the case 2. Finishing of the treatment	(Min.11 points)
<b>D – SKELETAL</b> (Score 0 to 10) (Max. 20). 1. Difficulty of the case 2. Finishing of the treatment	(Min. 11 points)
<b>E – ESTHETICS</b> (Score 0 to 6) (Max. 12). 1. Facial 2. Dental	(Min. 8 points)
<b>F- BIOLOGIC</b> (Puntuación de 0 a 4) (Max. 12). 1. Tooth 2. Ginviva 3. Dental pulp	(Min. 8 points)
<b>TOTAL SCORE: 90</b> <b>Cases without retention</b>	<b>MIN. REQUIRED: 54</b>
<b>G – STABILITY</b> (Score 0 to 10)	(Min 6 points)
<b>TOTAL POINTS: 100</b> <b>Cases that require retention phase</b>	<b>MIN. REQUIRED: 60</b>

### IMPORTANT:

- The cases must be ascribed to each of the categories described in the regulations.
- The applicant must exceed the minimum points required in all cases, not being able to have a zero in any of the sections. A total of **100 points** can be obtained for each case and the minimum necessary to pass is **60 or 54 (without retention) (60%)**.
- The applicant will receive a sheet with the score of each case where the general assessment and sections will be verified.

- If one of the cases has a score of not less than 10% below the minimum it could be compensated if two of the cases had more than 90 points each.

## GENERAL RULES

1. The admission of Diplomate Members shall be subject to the following conditions:
  - a. Attend two consecutive annual Meetings or three, within five years, from the date of admission as an Active Member.
  - b. To have presented at the Annual Meetings of the Society two scientific papers, which must be originals of a single signature or as first signatory and not presented nor published in any other professional entity in different years. The second paper may be of the same year of the presentation of the cases.
  - c. To present five complex cases of serious and different malocclusions, diagnosed, treated and finished with the highest possible quality, within the required malocclusion cases, and in accordance with the rules detailed below. These cases may be submitted simultaneously or sequentially; see Annex 3: Access Routes. No one will be eligible for the Diploma until all cases have been evaluated.
  - d. Admission will be endorsed by the General Assembly by a majority vote, following a report from the members' committee.
2. The Applicant shall communicate in writing to the Secretary of the Company, at least three months in advance, his or her intention to present the cases at the next meeting of the S.E.D.O. The Secretary shall keep the Applicant's intention secret.
3. The appearance of the presentation of the cases must be excellent, both in the radiographic and photographic records, as well as in the models, strictly following the rules.
4. It is a good advice for the applicant that he or she, privately, should ask for advice from a fellow graduate member of the S.E.D.O., excluding the members of the SEDO board of directors and the examination committee, so that they can advise him or her and review the cases before presenting them definitively to the Members Commission.
5. The Secretary of the S.E.D.O. will indicate the day, place and time in which the candidate for the Diplomate Membership must leave the cases exposed in a room that will be prepared "ad hoc". The cases can only be identified by the author, who will sign them with a pseudonym, which will prevent the identification of the candidate. The applicant shall give the Secretary a sealed envelope with the name and pseudonym used by him or her.
6. Once the cases have been evaluated and approved, the Secretary will inform the applicant when and where they must present them in the form of a Clinical Session, so that all the Members of the Society may examine them during the days of the Meeting.

7. The most interesting cases may be published in the Society's Journal, after selection by the Members Committee.
8. Once the above requirements have been met, the Members Committee will propose to the General Assembly the admission of the applicant as a Diplomate Member.

## OBJECTIVES

The cases to be presented should be demonstrative of the quality of the most difficult orthodontic treatments performed by the applicant. They will show the knowledge in the diagnosis, the experience and skill in the treatment and, in general, the successful clinical judgment of the applicant.

The cases presented will be evaluated according to:

**1st Facial aesthetics:** Harmony, proportions and balance of soft tissues.

**2nd Dental aesthetics:** Harmony, proportions and balance of the teeth.

**3rd Functional occlusion:** The use of articulators is recommended, although it is not mandatory.

**4th Oral health:** Both the correct bone-dental relation as well as the periodontal one.

**5th Stability:** Three of the cases must be presented with post-treatment records, taken at least **two** years after the end of the active treatment and with an acceptable stability.

The cases must present the original malocclusion and never cases not initiated by the applicant.

## PRESENTATION OF CASES

Applicants must make a personal and professionally impeccable case presentation, but they will keep in mind that a spectacular presentation cannot replace clinical incompetence.

It is essential to abide in the presentation to the established norms.

It is obvious to remind the candidates that there must be an accuracy between what is described in the report and the records presented, so that the most correct accuracy in taking the records is of the utmost importance.

## INCOMPLETE RECORDS

If any case includes incomplete (mandatory) records, none of them would be examined, appearing as "**incomplete**". In these circumstances, the candidate may present cases, including all necessary records, at the next meeting of the examining committee, anonymously withdraw their cases and their entry to examination will be determined by the examiner at another time once the problems are solved.

Of the same signature will be annulled and will appear as "**not presented**" for examination, those that incur anomalies of form, presentation or breach of the prescribed rules (formats, anonymity, identification etc.).

## GENERAL REGISTRATION OF CASES

All the cases presented must be accompanied by the corresponding documentation and the assignment and authorization to the dissemination of the images of the cases presented.

Those cases submitted and which are suitable will be recorded photographically in their entirety and will be stored in electronic form in the SEDO.

Similarly, a digital copy of the manuscript must be submitted, containing all the records in digital format. Similarly, two digital copies of the manuscript containing all records in digital format must be sent, one in Spanish and the other in English, to the secretariat's email address (sedo@sedo.es) by the day before the exam. The purpose of the English copy is for evaluation by the external examiners; an official translation is not required (a translator may be used), nor does it need to be printed.

Therefore, it is important to have the proper authorization from the patient or guardian for this purpose.

## EVALUATION AND SCORING.

The applicant will receive, in a joint session with the examining committee, the result of the scoring. The five cases presented must exceed the minimum score required for each of the cases.

The applicant declared **APPROVED** after the meeting with the examining committee must withdraw the cases and present them before the beginning of the current year's congress.

The candidate declared **NOT APPROVED** must present all the cases he or she considers appropriate on a subsequent occasion for examination, except for those scored below the minimum required, which may not be presented again on subsequent occasions. None of the positive evaluations obtained in each case presented is binding for subsequent occasions and will be at the discretion of the examining committee in a new evaluation. However, it is foreseeable that those cases with high scores will be assessed in a similar way on subsequent occasions.

## EXAMINATION BOARD

The Examination Board will be composed of the Chairperson of the Members Committee (Chairperson of the Examination Board) and those examiners chosen by him or her, of high prestige and experience in examination boards of similar characteristics (qualified members of our Society), as he deems appropriate. The committee will first assess whether the cases presented meet the requirements for admission. This function will be carried out by the Chairperson of the Members Committee. For this purpose, he or she may designate an examiner, who will not perform corrective functions in the cases.

Subsequently, the reasoned assessment of each case will be carried out by the examining committee.

There may be external and international examiners who will meet the equivalent requirements in their country.

Cases will be deposited the day before the examination, and the president of the committee will check that all cases have the required records in order to be evaluated.

## DESCRIPTION OF THE CASES TO BE PRESENTED

**1st Case:** Class I malocclusion of Angle. It must be accompanied by dento-alveolar protrusion or open bite or deep overbite or very severe arch-length tooth-size discrepancy. Explanatory data: The malocclusion will be Class I of Angle, should be resolved in the cases of severe protrusion, overbite of 100%, arch-length tooth-size discrepancy with crowding greater than  $\geq 8$  mm (including the impact of the correction of the curve of Spee) (\*\*).

The required relationship will be dental, regardless of the cephalometric classification or skeletal relationship that it presents. (Figure 1).

**2nd Case:** Class II malocclusion of Angle. It must be accompanied by a very marked horizontal overjet (greater than or equal to 7 mm) (Figure 2). It will be essential to have a Class II molar relationship but not necessarily complete bilateral Class II relationship ("Pseudo Class II " will not be accepted by rotation of the upper molar). It will not be accepted if the protrusion, even though it is sufficient, does not present with a bilateral Class II molar relationship (Figure 3).

**3rd Case:** Vertical malocclusion, with a very dolichofacial skeletal pattern. A malocclusion with a wide angle of the mandibular plane to Frankfurt, a minimum FMA of 30 degrees and / or an SN angle to the Gonion-Gnathion of 37 degrees. This malocclusion will be fundamentally related to a vertical problem, without having to be a specific malocclusion. This case could be treated with extractions but not necessarily.

**4th Case:** Early treatment malocclusion. Treatment in two stages, beginning in the mixed or primary dentition (presence of at least a deciduous tooth, excluding impacted canines cases) and ending in permanent dentition. The treatment of the first stage should show a significant improvement(\*\*\*\*\*). It is mandatory to present intermediate records between both stages. If the applicant does not do early treatment in his/her office, this case may be replaced by one of severe skeletal malocclusion (in this case severe skeletal malocclusion will be governed by presenting an ANB equal to or greater than  $6^\circ$  in Class II malocclusions (Wits appraisal of  $\geq 4$ ) and in Class III, ANB less than or equal to  $-2$  or Wits appraisal greater than or equal  $\leq 4$ ).

In the case of two stages, this treatment begins in the primary or mixed dentition and is completed in the permanent dentition. The first records (A) obtained before starting the first phase are required. If the treatment is conducted in two stages, (B) provisional records are required after completing the first stage or before beginning the second stage. The last records (C) must be taken before the one year period after the end of the treatment. The presence of a retention appliance between both phases may be possible and thus must be justified.

**5th Case:** Optional malocclusion. We suggest the presentation of a severe Class III case in adults (Figure 4) or orthognathic surgery or multidisciplinary treatment.

If the applicant presents an orthognathic surgery case or multidisciplinary treatment case, this must have considerable orthodontic treatment. It is essential to present records immediately prior to the surgical procedure or the performance of restorative processes.

It would be advisable to have pre-surgical models mounted on an articulator to appreciate the resulting relationship before surgery.

In case of having chosen for **case 4** a severe malocclusion (in growing patients) and not a two-stage treatment, case 4 or case 5 must be a Class III severe malocclusion. Therefore, cases 4 and 5 **cannot** be a malocclusion of the same type. If case 4 is a Class III, case 5 must be a surgical or a complex multidisciplinary case. This will avoid having the same type of malocclusion in cases 4 and 5. Case 4 will always be a case in which growth is not completed, and case 5 will be a severe malocclusion in an adult. It would be advisable to present in all the five case at least a Class I, a Class II and a Class III.

**Replacement case:** if the candidate does not have a case that fits one of the categories, he/she has the opportunity to replace it with one of the same category and **only in one of them**. This may only be done if one of the cases is not suitable due to the lack of selection criteria, not in the case of being qualified below the required score.

Also analyze the requirements of case 1 and 3, where it is that at least one of the two cases (1 or 3) requires extractions in both arches(\*\*).

In **summary**, applicants must present a Class I, a Class II, a vertical malocclusion, a two-stage case (or severe skeletal malocclusion) and a Class II relationship.

Remember that only in one case is **orthognathic surgery or extensive restorative treatment** appropriate, which will require a substantial orthodontics, for which an excellent control of biomechanics is required, and present the records before the completion of the restorative treatment. And these two assumptions (orthognathic surgery or multidisciplinary) will only be possible to be presented in case number 5. A "Surgery First" surgical case without a sufficient previous orthodontics management, will NOT be valid.

#### **Clarifications:**

**(\*)Severe protrusion:** interincisal angle less than  $\leq 118^\circ$  (Norm  $130^\circ \pm 6^\circ$ ) Inclination of lower incisor greater than  $30^\circ$  and upper incisor greater than  $36^\circ$  (Norm  $22^\circ \pm 4$  and  $28^\circ \pm 4$  Ricketts with respect to A-Po plane). Other measurements  $\geq 122^\circ$  upper incisor with respect to palatal plane Ans-Pns and greater than  $\geq 108^\circ$  lower incisor with respect to mandibular plane or Go-Gn (Norm  $110^\circ \pm 6$  and  $94^\circ \pm 7$ ). Position of incisors with respect to APo, lower  $\geq 5.6$  and upper  $\geq 7.5$  (Norm  $1^\circ \pm 2.3$  and  $3.5 \pm 2$  Ricketts with respect to A-Po plane).

**(\*\*) Class I severe crowding or protrusion:** Given the current tendency to reduce or not perform premolar extractions for both concepts, it is introduced as standard practice -through the use of skeletal anchorage- and only for this case of NO extraction of premolars and/or molars (possible extractions of third molars as an alternative), correction of both aspects by means of retrusion and regularization of crowding and/or biprotrusion. Given this situation, apart from the correction of the alignment, the leveling, the protrusion and the overbite, the

position of incisors should be corrected towards the norm in at least one standard deviation of the measurements of severe **protrusion-proinclination** and can never be in the final position in more than ONE standard deviation (at least in two measurements). In the case of **crowding**, the incisors should be in standard in **at least two** of the measures mentioned in paragraph (\*). Incisors inclination with respect to A-Po plane (Norm  $22^\circ \pm 4$  and  $28^\circ \pm 4$  Ricketts with respect to A-Po plane). Upper incisor with respect to palatal plane Ans-Pns and lower incisor with respect to mandibular plane or Go-Gn (Norm  $110^\circ \pm 6$  and  $94^\circ \pm 7$ ). Incisor position with respect to the A-Po plane (Norm  $1^\circ \pm 2.3$  and  $3.5 \pm 2$  Ricketts with respect to the A-Po plane).

**(\*\*\*) Severe Skeletal:** severe skeletal malocclusion, in this case the malocclusion will be governed by presenting an ANB equal or greater  $\geq 6^\circ$  in Class II malocclusions and Wits appraisal of  $\geq 4$  and in Class III, ANB less than or equal to  $\leq -2$  and Wits appraisal greater than or equal to  $\geq -4$ .

**(\*\*\*\*) Adult Patient:** The generic assessment of adult patient should be contemplated by age over 18 years. The situation should be justified in borderline ages (female) and a carpal radiograph where there is evident fusion of the epiphysis and diaphysis of the radius. The use of two radiographs of the same patient with a period of more than 1 year between them, made with the same radiographic apparatus and not presenting growth modifications made by superimpositions.

**(\*\*\*\*\*) Malocclusion treated in two phases,** between the first and second phase should demonstrate a **significant change** in any of the dimensions, both sagittal, vertical, transverse and bone-tooth discrepancy (severe crowding). Always with intermediate records and comparing the original malocclusion and that of the end of the first phase or the beginning of the second phase. As long as the final result is correct, if the second phase is not as complex, this will not be evaluated negatively.

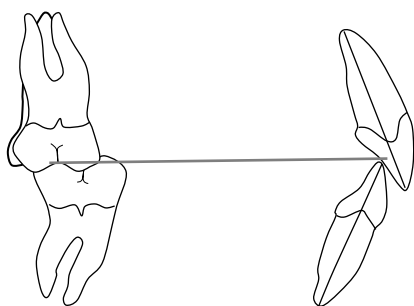


Figure 1: Class I molar measurement.

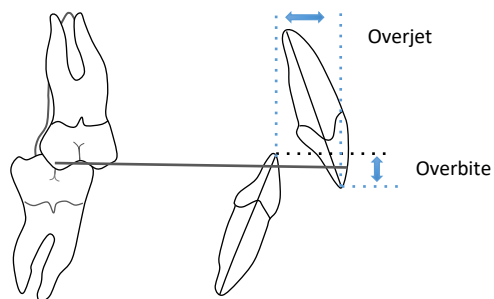


Figure 2: Overjet and overbite measurement

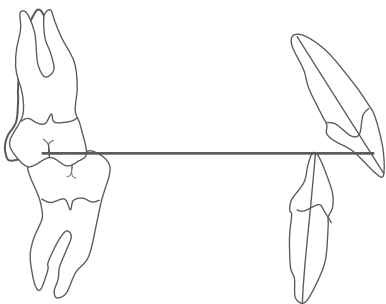


Figure 3: Molar Class I detail with overjet increased. Not suitable for case No. 2.

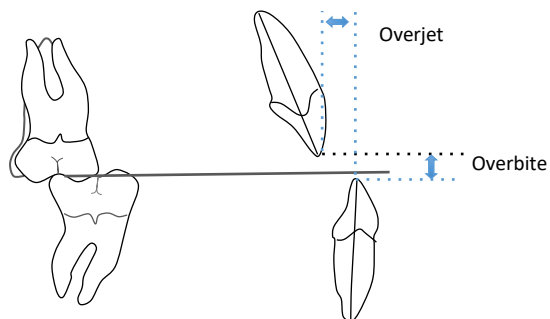


Figure 4: Class III molar and overjet measurement.

## RECORDS

Initial (A), final (B) and post-treatment (C) study models, in a box designed for this purpose and according to the characteristics expressed later in the corresponding section will be presented.

The rest of the records shall be presented on the sheets that will be sent to the Applicant through the Secretary or on other sheets that the Applicant makes (for example, on the computer), but only if they have the same format and that will conform to the following one:

**First page:** Summary of the case, which will summarize: Patient data, Diagnosis, Treatment, Equipment, Retention and Results. This first page must also be written in English.

### *Pre-treatment records (A)*

**Study Models** and the following sections:

A1 - Medical History which must consist of Anamnesis, Skull and Face Examination and Intraoral Examination.

A2 - Extraoral photographs.

A3 - Intraoral photographs.

A4 - Orthopantomography.

A5 - Lateral skull telerradiograph.

A6 - Tracing and cephalometric values.

A7 - Analysis of the models.

A8 - Etiology, Diagnosis and Treatment Plan.

*Post-treatment records (B). At the end of the treatment (never  $\leq$  1 year after treatment).*

**Study Models** and the following sections:

B1 - Case progress. Results, Final Evaluation and Retention

B2 - Extraoral photographs.

B3 - Intraoral photographs.

B4 - Orthopantomography.

B5 - Lateral skull telerradiograph.

B6 - Tracing and cephalometric values.

B7 - General superimposition.

B8 - Regional superimpositions.

*Records at least two years post-treatment (C).*

Patients may still have limited retention.

**Study Models** and the following sections:

C1 - Explanation of the general, dental, and cephalometric changes experienced, as well as those data that the Applicant considers of interest.

C2 - Extraoral photographs.

C3 - Intraoral photographs.

C4 - Orthopantomography.

C5 - Lateral cranial teleradiograph.

C6 - Tracing and cephalometric values.

C7 - General superimposition (A, B and C).

C8 – Regional superimpositions (A, B and C).

The pre-treatment records will be labelled in black.

Post-treatment records will be labelled in red.

Post-retention records, two years after the end of treatment, will be labelled in green.

Other intermediate records will be labelled in blue (use letter D with the same numbering as sections A, B and C). The overlaps in this section will be the same as the previous ones but include at least D7 and D8 end of first phase or beginning of second phase.

Supplementary records made at another stage of processing may be included. In this case they should be clearly marked with different letters and numbers so as not to be confused with records 'A', 'B' or 'C' or 'D'.

## STUDY MODELS

The impressions should be large enough to allow the study models to accurately reproduce the entire soft tissue anatomy (vestibules).

The models should be trimmed in accordance with the attached layout.

The models should be trimmed in centric occlusion (maximum intercuspation), documenting, if necessary, the difference between centric occlusion and centric relation.

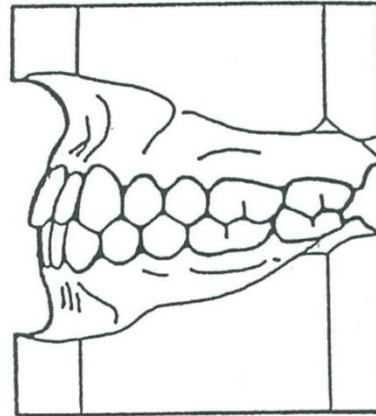
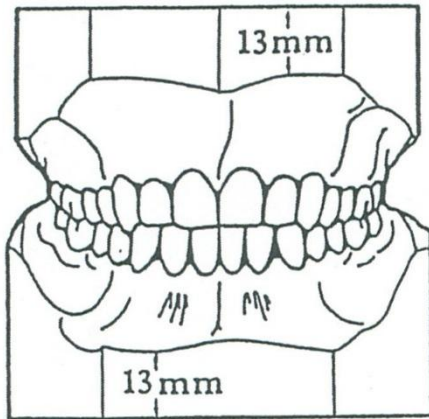
Remodeling of the anatomical parts of the study models should be limited to the removal of bubbles and defects.

The models should be smoothed and polished, but without destroying tooth or soft tissue details.

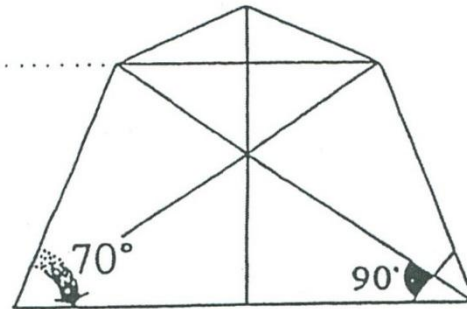
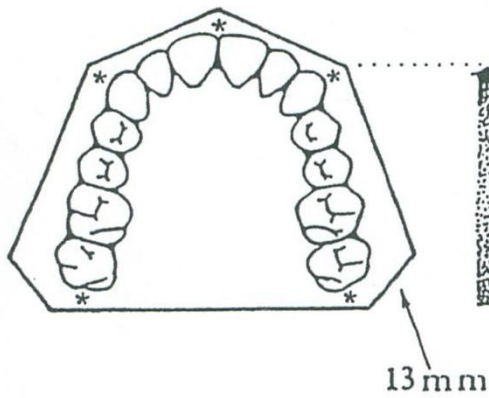
It is possible to present the cases mounted on a semi-adjustable articulator in their entirety. This excludes the need to present conventional cut-out models as well. Each option does not exclude the other and could be presented in both formats if the candidate considers it appropriate. In this case, all the other records should be presented in maximum intercuspation (MI), as well as in centric relation (CR) if deemed necessary. All measurements of protrusion, overbite, malocclusion classification, etc. should be made from this initial position of maximum intercuspation, hence these records cannot be excluded under any circumstances.

Both situations will be suitable for presentation. (See annex at the end of the document).

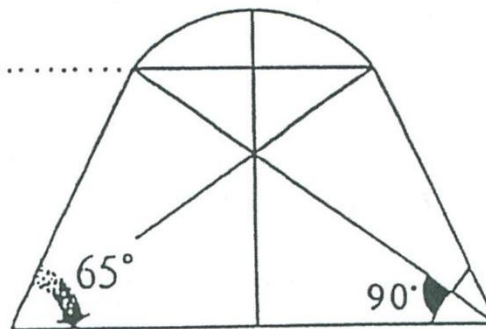
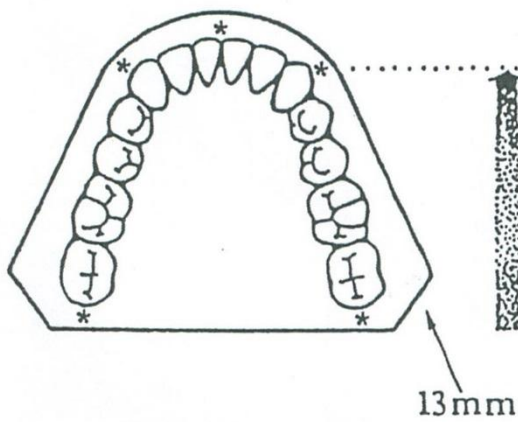
MODELOS DE ESTUDIO - DIAGRAMAS



MAXILAR



MANDIBULA



In the case of digital models, physical models printed on plastic or similar material should be submitted, allowing direct observation of the models.

## IDENTIFICATION AND LABELING STANDARDS

Each item in the presentation of the cases, including all upper and lower models, cephalometric tracings, radiographs, and photographs will be clearly labeled with the following information:

Candidate number (if available) and pseudonym.

Case number

Date of registration

Patient's age

Treatment Status

I. Start of treatment (**BLACK**)

II .End of treatment (**RED**)

III. Follow-up records at least two years after completion (**GREEN**)

If you submit intermediate files, such as in an early treatment case or a surgical case, the color code will be (**BLUE**).

All case submissions must be completely anonymous, therefore the name and/or address, university or office of the candidate must be removed or remain hidden in each item or page of each and every presentation book.

All cases will clearly state the candidate's capacity in:

1. Formulating a complete and correct orthodontic diagnosis and treatment plan, including the reasons that led to it.
2. Making a correct and relevant clinical judgment in complicated situations requiring orthodontics.
3. Working the biomechanics in complex treatments
4. Write a fair and accurate assessment of the treatment and prospects.

In order to determine if all the files of obligatory presentation have been provided, the candidate will be asked to show the models and records to the secretary before the examination. The secretary will summon all candidates anonymously the day before the examination to deposit cases. None of the applicants shall have visual access to the records of other applicants. Nor may they coincide in depositing their own records.

The examination committee will take a digital photographic record of each case for safekeeping (a document will be required to prove that the images have been transferred and authorized by the patient or guardian in the case of a minor). To prevent the identification of the applicant, this document cannot be included in the dossiers of each case.

## PANORAMIC RADIOGRAPHS

Panoramic radiographs must show as much of the dental and skeletal anatomy as possible. They must have clearly identified the right and left sides and be correctly revealed.

The radiographs will be presented inside transparent covers so that they can be removed for a better examination. The panoramic radiographs must be original or printed in case of digital format at a scale of 1-1 (preferably on photographic paper).

## TELERADIOGRAPHS

Teleradiographies should show as much anatomical detail as possible, especially in areas of important anthropometric points. The soft profile will be perfectly visible and correctly oriented according to the Frankfurt plane or in the natural position of the head. All of them in the same case should have the same orientation and magnification in order to be comparable with each other.

The teleradiographies must be original or printed in case of digital format on a scale of 1-1. (preferably on photographic paper) The norms for taking these radiographies are the usual ones in maximum intercuspation, and lips at rest.

## CEPHALOMETRIC TRACINGS

The traces should be as precise as possible, clearly identifying the anatomical structures in order to mark the points, lines, and planes of reference. Each line will include the contour of the soft profile. The tracing of individual teeth may be done with a template.

Any cephalometric analysis can be used, provided that the points are clearly and correctly marked. Computer analysis and tracing are also supported.

The traces will be presented in acetate or transparency and will be placed in protective transparent plastic covers, so that they can be extracted for better observation. All traces must be at a 1-1 scale.

Pre-treatment traces shall be presented in black, post-treatment traces in red and post-retention traces after two years in green. Other intermediate traces will be in blue. In case of surgical planning cases (STO), they could be drawn in orange.

## CEPHALOMETRIC SUPERIMPOSITIONS

A minimum of three superimpositions will be presented: cranio-facial, maxilla and mandible, the last two in order to check the dental changes that have taken place.

The three superimpositions should be made with the pre- and post-treatment records and in at least three cases, also with the post-retention records. (black-red-green).

All traces must be at a 1-1 scale.

When necessary, intermediate records should also be included, such as: cases of mixed dentition and surgery. (blue)

The SEdO recommends the most commonly used superimpositions such as Ricketts, Björk and Steiner. If others are presented, the applicant must clearly state the reason for doing so and conduct a logical interpretation of it.

## FACIAL PHOTOGRAPHS

Each case will be accompanied by facial photographs of the front and profile of the patient, with a relaxed expression, closed mouth and lips touching slightly, which will reveal any imbalance that may have. The size of said photos will be about 5 x7 to 8 x 10 cm.

Other photographs with lips separated or smiling may be included.

Facial photographs are required for records A, B and C. They should be oriented with the Frankfurt plane parallel to the floor or in a natural head position. The patient should be wearing glasses and with the auricles as visible as possible.

## INTRAORAL PHOTOGRAPHS

The photographs **needed** for each case are three: Frontal, right side, and left side, all in maximum intercuspation. It is essential to include upper and lower occlusal photographs. Overjet photographs may also be included.

Intraoral photographs will accompany records A, B and C. The size of the photographs will be between 5 and 7 by 7 to 10 cm for lateral, the frontals and the overjet. Occlusal photographs will be between 5 and 8 by 5 and 8 cm.

## IDENTIFICATION

All records, models, teleradiographs, tracings, orthopantomographies, photo montages, etc. must be clearly labelled with the following:

- A. Pseudonym of the applicant.
- B. Case number or patient's initials.
- C. Date of registration.
- D. Patient's age in months and years.
- E. Stage of treatment identified by:
  - a. Pre-treatment stage, black dot.
  - b. Immediate post-treatment stage, red dot.
  - c. Two-year post-treatment stage, green dot.
  - d. Intermediate stage, if any, blue dot.

## FOLDERS

Candidates must submit each case in a different folder, with the same format.

## SUMMARY (+ Summary in English)

Summary of Case No.                      Sex:                      D.O.B.:

Pre-treatment records (date):

Classification:

### Treatment

### Equipment

Start of treatment (date):

End of treatment (date)

Duration of active treatment

Post-treatment records (date)

### Retention

Devices:

Retention Duration:

### Results

Date

Age

Page. 0

## CLINICAL HISTORY

### Anamnesis

### Skull and Face Examination

### Intraoral Examination

Date

Age

A-1

## EXTRAORAL PHOTOGRAPHS

Date

Age

A-2

## INTRAORAL PHOTOGRAPHS

Date

Age

A-3

## ORTHOPANTOMOGRAPHY

Date

Age

A-4

## LATERAL SKULL TELERADIOGRAPHY

Date

Age

A-5

## CEPHALOMETRIC TRACING AND VALUES

Date

Age

A-6

## MODEL ANALYSIS

Date

Age

A-7

## ETHIOLOGY

## DIAGNOSIS

## TREATMENT PLAN

Date

Age

A-8

## PROGRESS

## RESULTS AND FINAL EVALUATION

1. Dental

2. 2. Facial

3. 3. Cephalometric

## RETENTION

Date

Age

B-1

## EXTRAORAL PHOTOGRAPHS

Date

Age

B-2

## INTRAORAL PHOTOGRAPHS

Date

Age

B-3

## ORTHOPANTOMOGRAPHY

Date

Age

B-4

## LATERAL SKULL TELERADIOGRAPHY

Date

Age

B-5

## CEPHALOMETRIC TRACING AND VALUES

Date

Age

B-6

## GENERAL SUPERIMPOSITION

Date

Age

B-7

## REGIONAL SUPERIMPOSITIONS

Date

Age

B-8

## CHANGES AT LEAST TWO YEARS POST-TREATMENT

### General

Dental

Cephalometric

## SUMMARY

Date

Age

C-1

## EXTRAORAL PHOTOGRAPHS

Date

Age

C-2

## INTRAORAL PHOTOGRAPHS

Date

Age

C-3

## ORTHOPANTOMOGRAPHY

Date

Age

C-4

## LATERAL SKULL TELERADIOGRAPHY

Date

Age

C-5

## CEPHALOMETRIC TRACING AND VALUES

Date

Age

C-6

## GENERAL SUPERIMPOSITION

Date

Age

C-7

## REGIONAL SUPERIMPOSITIONS

Date

Age

C-8

## ANNEX 1: DENTAL MODELS

There are three sets of mandatory dental models.

These should clearly show the details of the anatomy of all the teeth and adjacent tissues and should be made of white orthodontic plaster, soaped, and lightly polished. In the case of digital models, it will be sufficient to present real models in a material that allows their correct evaluation.

The illustrations show the dimensions of the base of the models.

Silicone or wax bites may be useful for protection.

The occlusion will be judged by placing the upper and lower model together with the back side of the base on the table.

The use of semi-adjustable articulators is permitted.

All dental models, both upper and lower, should be identified as shown in the illustrations.

Identification:

A circular identification mark (e.g., coloured sticker) shall be placed on the front of the lower model and on the left side of both models.

Each of the three presentation stages will have a different coloured brand:

For pre-processing records: **black**

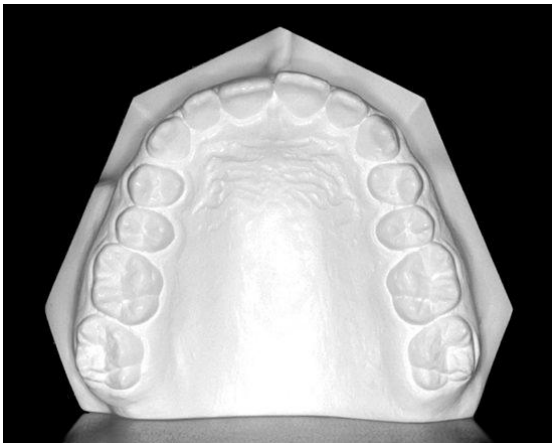
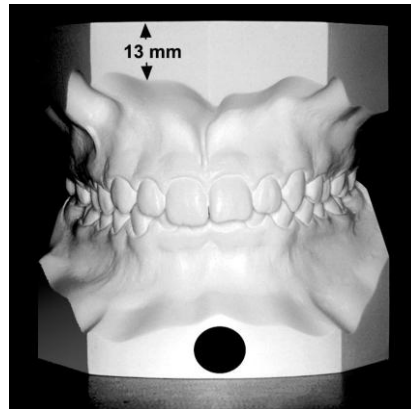
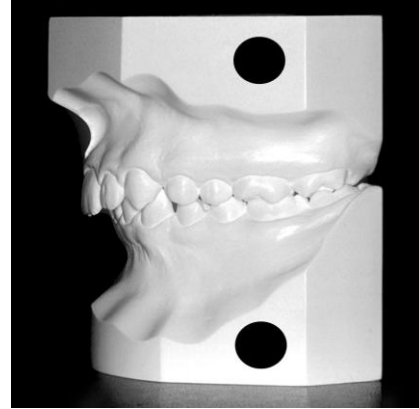
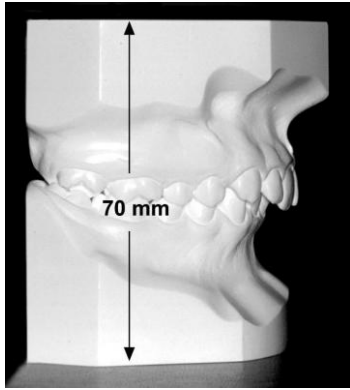
Those at the end of treatment: **red**

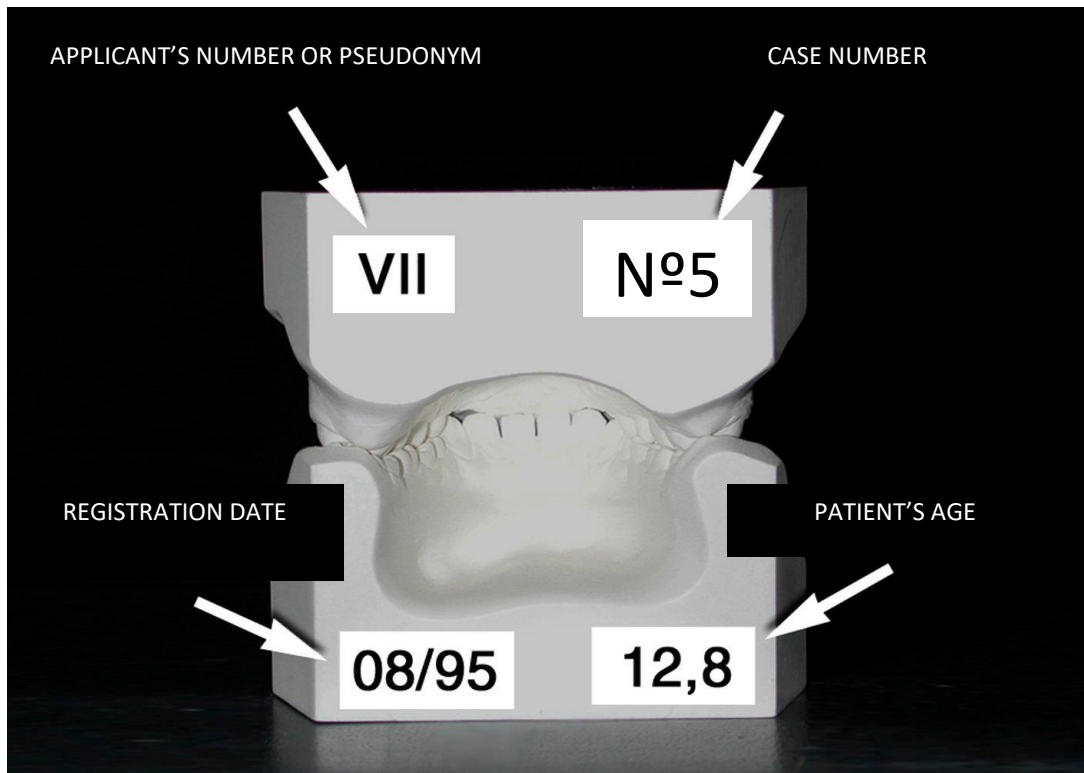
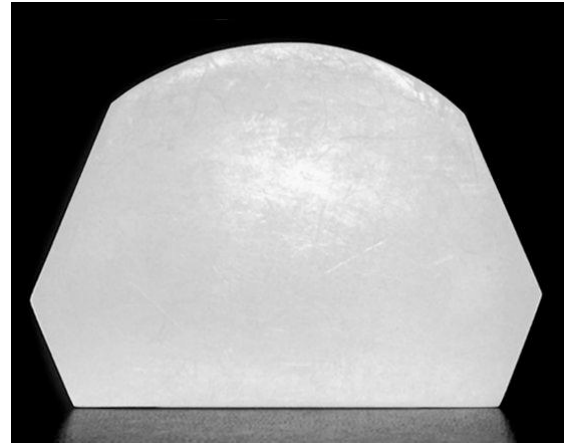
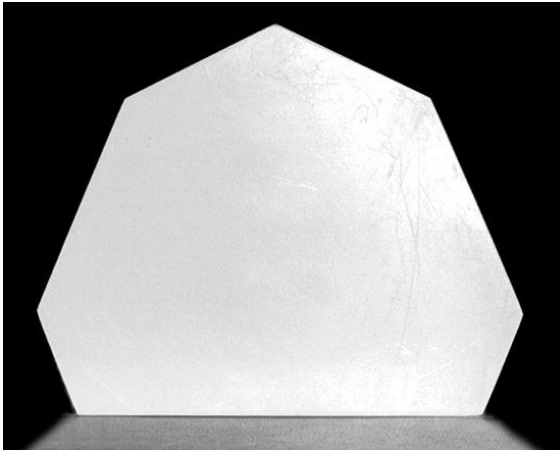
Post-retention: **green**

In addition, a label will be placed on the back of the upper and lower models, with the following information:

1. The pseudonym will appear on the left side of the upper model.
2. The case number on the right side of the upper model
3. The date of registration on the left side of the lower model
4. The age of the patient on the lower left side.

REMEMBER THAT ALL THE REQUIREMENTS ESTABLISHED FOR THE PRESENTATION OF CASES ARE INTENDED TO FACILITATE THE EVALUATION PROCESS FOR EXAMINERS WITHIN A LIMITED FRAMEWORK AND TO AVOID OMISSIONS, ERRORS OR CONFUSION. THEREFORE, IT IS RECOMMENDED THAT THESE REQUIREMENTS ARE FAITHFULLY MET.





## ANNEX 2: AUTHORIZATION FOR FILING RECORDS AT SEdO

### SEdO MEMBER AUTHORIZATION

The undersigned,

Dr. ....

Active Member of the SEdO number ..... authorizes the Spanish Society of Orthodontics (SEdO) to file and keep custody of the clinical records (photos, clinical models, radiographs, etc.) of the patient ..... so that there is a record of their delivery as a clinical case with the purpose of accessing the Category of Diplomate Member of the Society with date ..... These records will be filed in the Society in digital format for their delivery control and will not be published or disseminated in any media by the Society. All these documents (photos, clinical models, x-rays, etc.) will be provided to the Society anonymously to prevent the Society from identifying any specific individual.

And for the record.

Signed

Date:

## PATIENT AUTHORIZATION

The undersigned,

Mr. / Mrs. ....

authorizes the Spanish Society of Orthodontics (SEdO) to file and keep the clinical records of Orthodontics in his/her name in digital format, and to be submitted by Dr. ....

....., in order to access the category of Diplomate Member of the Society dated ..... The Society will not publish or disseminate them in any media. All these documents (photos, clinical models, radiographs, etc.) will be provided to the Society anonymously to prevent the Society from identifying any specific individual.

And for the record.

Signed

Date:

## ANNEX 3: ACCESS ROUTES

These access routes are designed for young orthodontists who have recently completed their postgraduate studies and wish to become Diplomate Members, or for other Active Members who wish to become a Diplomate Members in a more gradual manner. Cases will be presented, leaving pending the other remaining ones.

### **SEdO Access Route for Recent Graduates**

In this access route:

1. The candidate must have completed a regulatory orthodontic training programme.
2. The candidate must apply within 24 months of completing their orthodontic studies.
3. The candidate must meet the requirement of being an Active Member or a Provisional Active Member.
4. The candidate may present a case treated during their studies, but it must have been fully diagnosed, planned, and treated by the candidate, who must provide supporting documentation. This documentation consists of two documents: the patient must sign a document acknowledging the doctor as the person who performed the treatment, and the candidate must also sign a document signed by their postgraduate director and their case supervisor.
5. The candidate must send a copy of their Curriculum Vitae.

Note 1: Cases treated by more than one colleague will not be accepted.

Note 2: Please remember that to become an Active Member, you need to have been a member of the Society for three years. It is therefore important that the candidate be aware of these requirements and be a member for a sufficient period during their training and the following year to meet the requirements for using this access route.

Description of the process

1. The case must meet one of the categories described in the regulations for access to Diplomate Membership.
2. The case must have completed the active treatment; end-of-treatment records are mandatory, but retention records are not.

3. The presentation of the case will adhere to the presentation standard described in the Diplomate Membership regulations.
4. If the case is rejected, the evaluation committee will inform the candidate and offer them the opportunity to be examined a second time. Candidates may only attempt to apply twice. If they fail to succeed both times, they must apply under the existing Diplomate Membership regulations.
5. To complete the Diplomate Membership application, the candidate must present the other four qualifying cases from the remaining categories within a period of less than six years.
6. At the time of applying for Diplomate Membership, the candidate must meet the necessary requirements regarding the presentation of communications.
7. The candidate may apply to the Spanish Board once they have presented the final four cases.

### **Progressive access route**

In this access route:

1. Two cases may be presented.
2. The candidate must be an Active Member
3. The candidate must currently meet all the requirements for Diplomate Membership except for the presentation of communications. This requirement will need to be met when the remaining cases are presented.
4. The candidate must send a copy of their Curriculum Vitae.

### **Description of the process**

1. The cases must meet one of the categories described in the rules for access to Diplomate Membership status.
2. The cases must have completed the active treatment with their corresponding end-of-treatment records. Retention records are not required, although they are recommended. If these records are presented at this time and the candidate wishes to later include them as a case with retention, they can be presented for evaluation during the final access phase to Diplomate Membership status.
3. The presentation of the cases must adhere to the standards described in the Diplomate Membership regulations.

4. If a case is rejected, the evaluation committee will inform the candidate and offer them the opportunity to be examined a second time. Candidates may only attempt to apply twice. If they fail to succeed both times, they must apply under the existing Diplomate Membership regulations.
5. To complete the Diplomate Membership application, the candidate must present the other three qualifying cases from the remaining categories within a period of less than six years. If retention records are presented later and do not meet the standards, the evaluation committee has the authority to reject the case, even if it was accepted in the gradual access route phase (this is why it is advisable to present the cases to Provisional Membership with retention records).
6. The candidate may apply to the Spanish Board once they have presented the final three cases.