ABO Sample Cases





Disclaimer

- The following sample questions and answers were composed and vetted by a panel of experts in orthodontics and are intended to provide an example of the types of cases and questions that make up the actual examination.
- During the actual examination, trained examiners, who are all board certified orthodontists, will score responses using rubrics as guides to their decision making.
- Using the rubrics help to create consistency in the decisions the examiners will make as examinees deliver their oral responses. The rubrics are not absolute, as there may be other acceptable answers that are not listed.

Disclaimer Cont.

- The ABO has developed multiple versions of the casebased scenario examination to be used during a test administration cycle. Although the set of cases and questions used on the different versions will not all be the same, all versions follow the same content framework as defined by the practice analysis study.
- Scores will be computed using equating procedures to ensure that all versions are of the same difficulty.
- Review of these sample cases does not guarantee that a candidate will pass the examination.

Opening Scenario:

A 10-year, 8-month-old female has been referred by a dentist for an orthodontic evaluation. The mother's chief complaint is that her daughter "doesn't have room for all of her teeth."

Question 1

Classification

Domain 1: Data Gathering and Diagnosis

Prompt

Which skeletal maturation indicators should be used when evaluating the hand-wrist film?



Question 1

A proficient response may include:

- Epiphyseal widening
- Ossification (appearance of adductor sesamoid)
- Epiphyseal capping
- Epiphyseal fusion

Question 2

Classification

Domain 1: Data Gathering and Diagnosis

Prompt

Assess the skeletal maturation of this patient and determine the skeletal maturity from those indicators.



Question 2

A proficient response may include:

- Width of epiphysis equal in width to diaphysis
- Lack of presence of the adductor sesamoid
- Lack of epiphyseal capping
- Lack of epiphyseal fusion
- Evaluation of skeletal maturation indicators suggest patient is at level 3-4, approaching peak velocity of growth with significant growth remaining















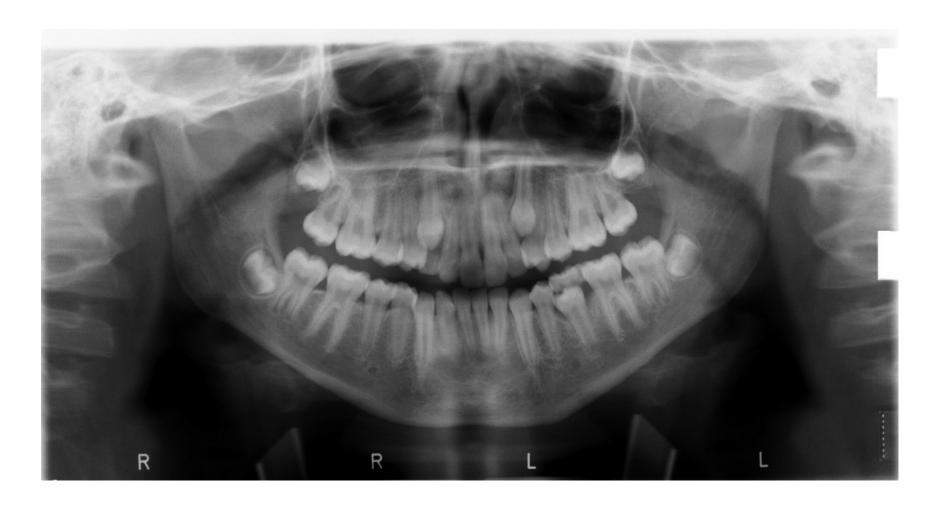














Question 3

Classification

Domain 2: Treatment Objectives and Planning

Prompt

Provided that the crowding in the maxillary arch will be corrected with maxillary expansion and extraction of first premolars, describe how the mandibular crowding could be resolved without compromising the facial profile.

Sample Case #1 Question 3

A proficient response may include:

- Non extraction in the mandibular arch
- Maintaining the leeway space on mandibular left deciduous second molar
- Maximum anchorage on mandibular molars to move mandibular anterior teeth to the left and left canine and premolars distally
- Slight interproximal reduction on anterior teeth if needed

Possible acceptable response:

- Non extraction treatment with any of the following
 - IPR
 - LLHA
 - Stopped flush arch wire
- → Must include preservation of leeway space (LL E)
- → Must be a non-extraction treatment in the mandibular arch

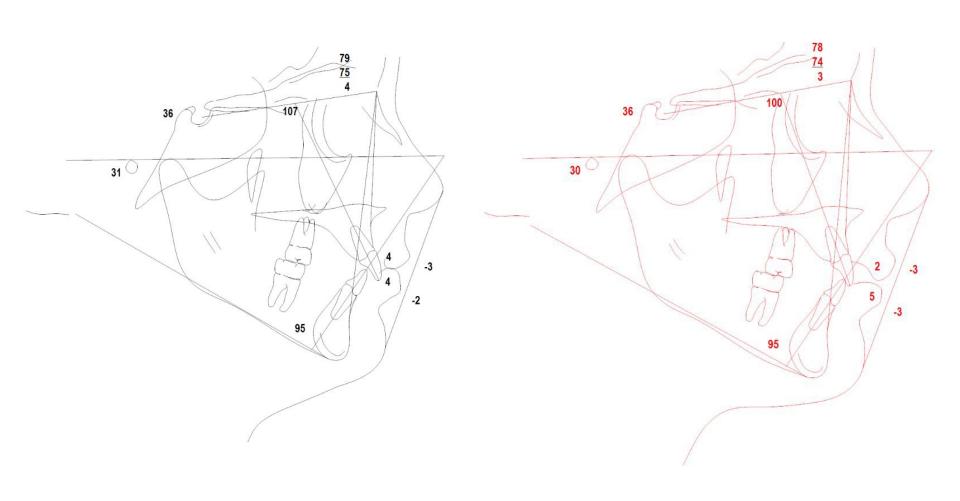
Question 4

Classification

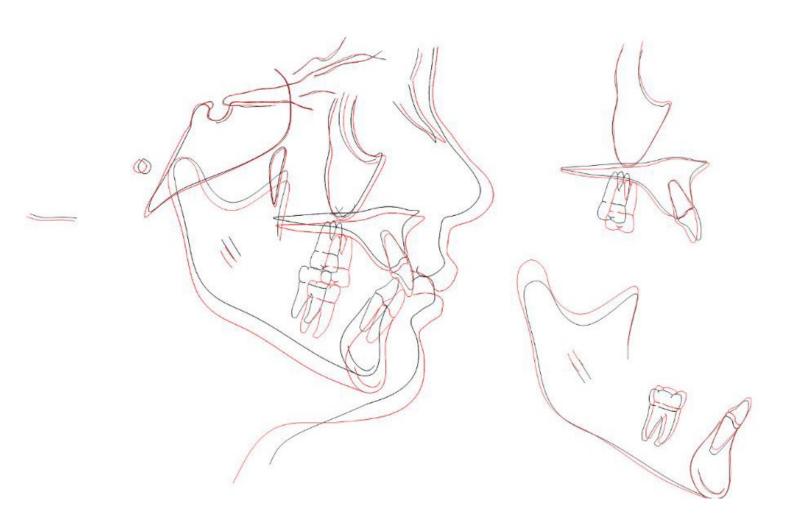
Domain 4: Critical Analysis and Outcomes Assessment

Prompt

Using the superimpositions, identify the dental changes that were the direct result of treatment (22 months treatment time).



Sample Case #1 Question 4



Sample Case #1 Question 4

A proficient response may include:

- Maxillary incisors
 - retracted due to treatment
 - held vertically due to treatment
- Maxillary molars
 - moved mesially due to treatment
 - extruded slightly due to treatment

Question 5

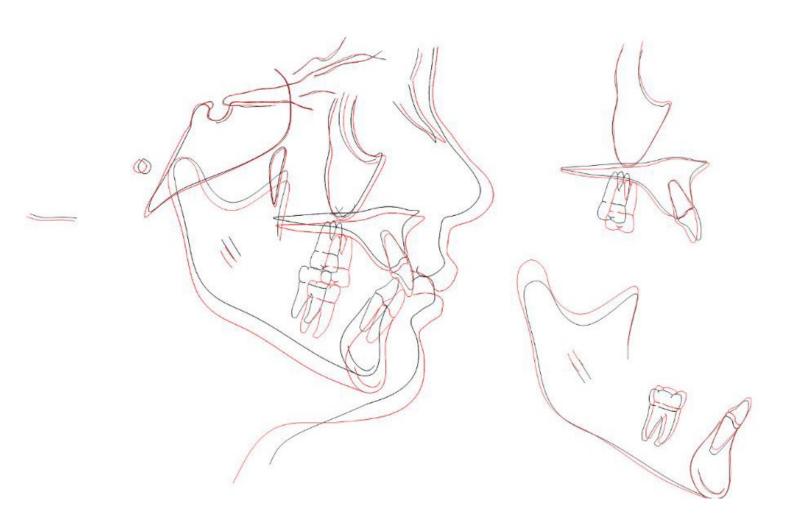
Classification

Domain 4: Critical Analysis and Outcomes Assessment

Prompt

Using the superimpositions, identify the dental changes that were the direct result of growth (22 months treatment time).

Sample Case #1 Question 4



- A proficient response may include:
- Mandibular molars
 - erupted with growth (there is no discernable treatment effect to the mandibular molars)
 - moved mesial slightly with growth (there is no discernable treatment effect to the mandibular molars)
- Mandibular incisors
 - moved slightly forward as a result of growth (there is no discernable AP treatment effect on the incisors)
 - moved vertical as expected from growth (there is no discernable vertical treatment effect for the mandibular incisors)





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Opening Scenario:

An 8-year, 10-month-old male has been referred by a dentist for an orthodontic evaluation of permanent tooth eruption. The mother's chief complaint is that "my son grinds his teeth at night."

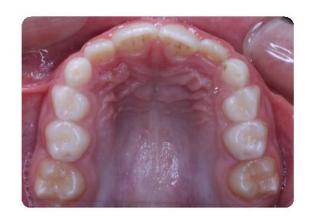
Question 1

Classification

Domain 1: Data Gathering and Diagnosis

Prompt

Identify all dental abnormalities evident in the intraoral photographs and the panoramic radiograph.

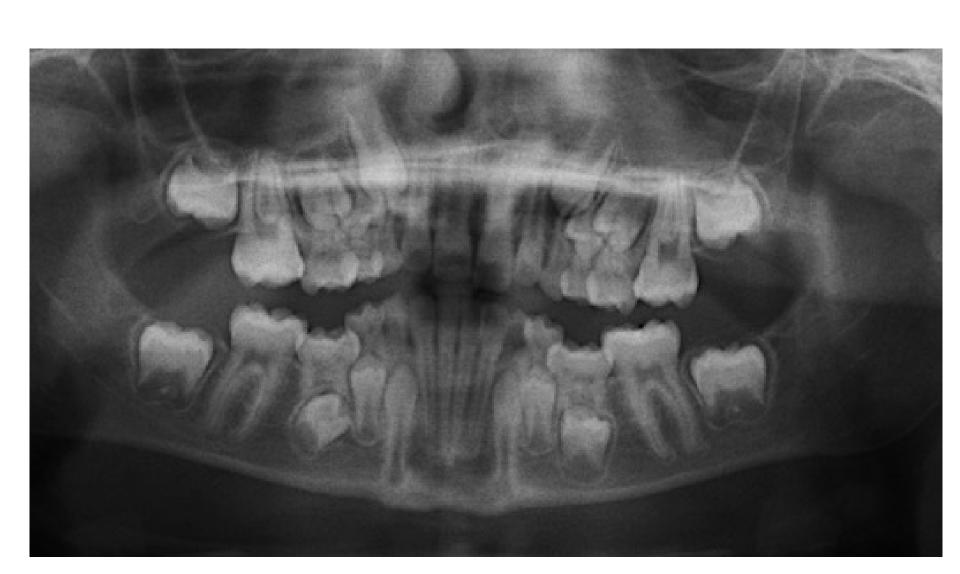












Sample Case #2 Question 1

A proficient response may include:

- Ankylosis of the mandibular second deciduous molars
- Supra eruption of the maxillary second deciduous molars
- Mesio-angulated mandibular right second premolar
- Mesial tipping of the mandibular first molars
- Mandibular anterior crowding with lingually displaced left lateral incisor
- Reduced attach gingiva on the mandibular right central incisor
- Deep overbite

Question 2

Classification

Domain 1: Data Gathering and Diagnosis

Domain 2: Treatment Objectives and Planning

Prompt

List the potential complications associated with the ankylosis of the mandibular second deciduous molars.

Question 2

A proficient response may include:

- Ectopic eruption of the mandibular second premolars
- Tipping of adjacent teeth
- Further submergence of the ankylosed mandibular second deciduous molars
- Periodontal bony defect on the ankylosed teeth
- Impaction of mandibular second premolars
- Decreased arch length
- A lateral open bite
- Over eruption of antagonist maxillary tooth



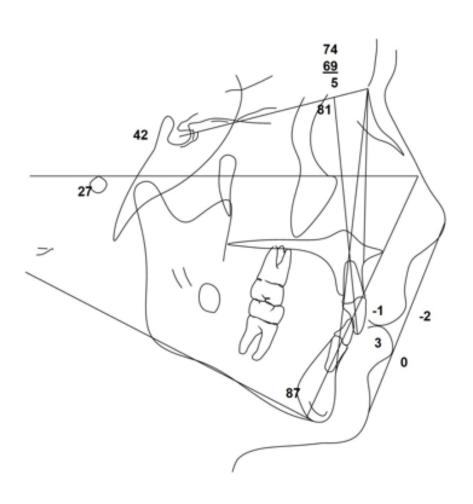


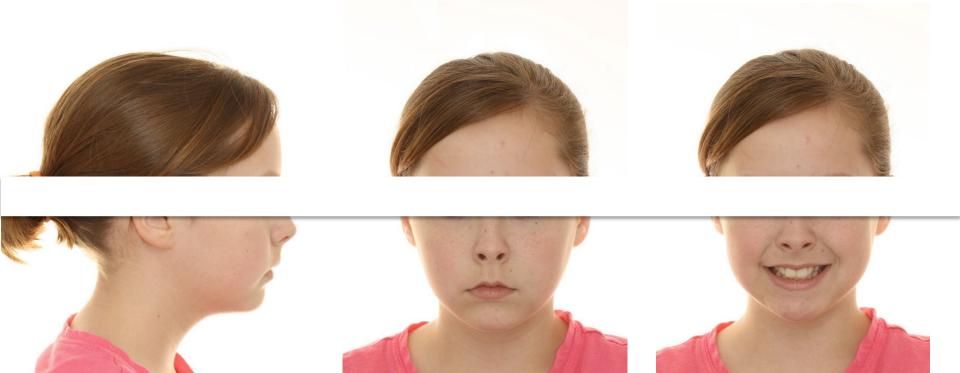
The highest commitment to excellence.

Opening Scenario:

A 12-year, 5-month-old female presents without a chief complaint. Her dentist recommended an orthodontic consultation.







Question 1

Classification

Domain 1: Data Gathering and Diagnosis

Prompt

List the skeletal components of this patient's malocclusion.

Question 1

- Steep sella-nasion relative to Frankfort horizontal
- Skeletal Class II
- Normal maxilla in AP
- Retrusive/retrognathic mandible
- Normodivergent (hyperdivergent tendency is also an acceptable answer)

Question 2

Classification

Domain 2: Treatment Objectives and Planning

Prompt

Describe the patient's skeletal stage and growth potential.

Question 2





Question 2

- Patient is expected to continue to grow (2 years) based on:
 - Cervical Vertebral Maturation Stage (CVMS) is 2 (accept between 2 and 3)
 - Skeletal Maturation Indicator (SMI) is 3 to 4

Question 3

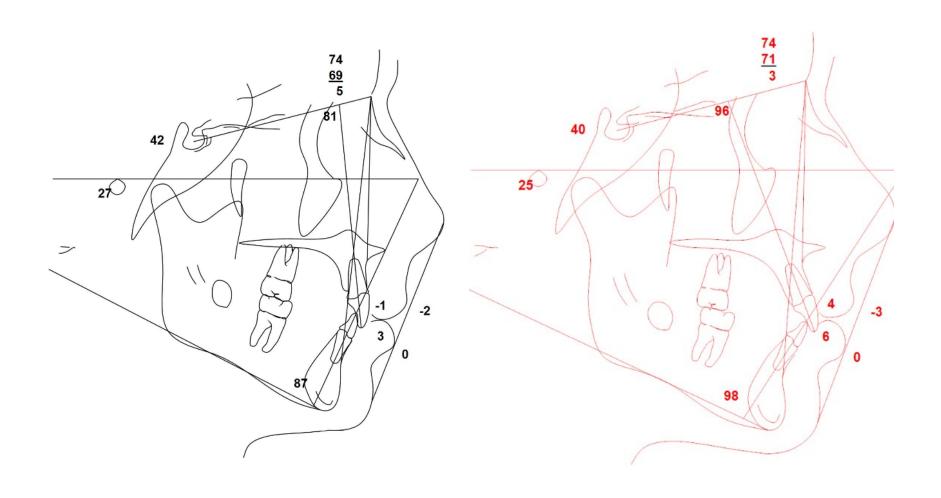
Classification

Domain 4: Critical Analysis and Outcomes Assessment

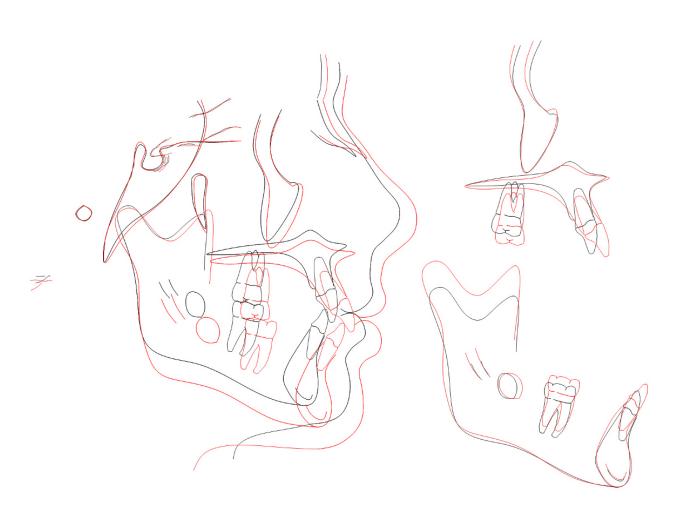
Prompt

This patient was treated with comprehensive, non extraction orthodontic treatment. The time between pre- and post-treatment records was 34 months.

What <u>dental</u> changes occurred as the result of treatment?



Sample Case #3 Question3



Question 3

- Maxillary incisors were flared due to treatment
- Mandibular incisors were flared due to treatment
- Note: All other A-P and vertical changes in tooth position were the result of normal growth





Opening Scenario:

A 15-year, 2-month-old female presents with crowding and an open bite. The patient's chief complaint is that "my teeth are ugly."

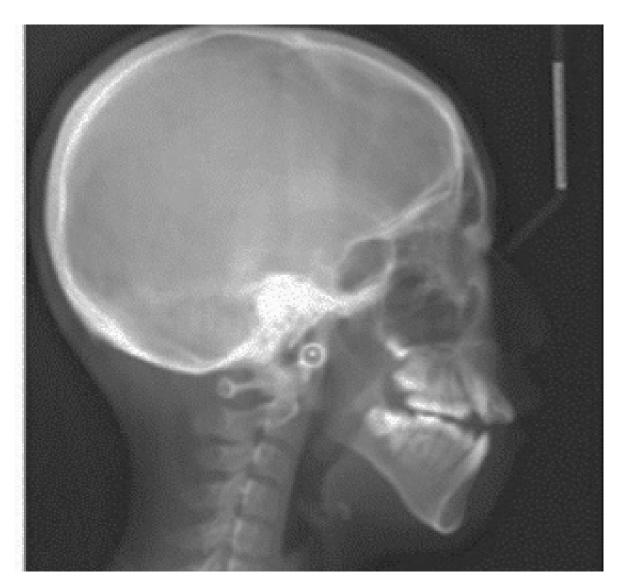
Question 1

Classification

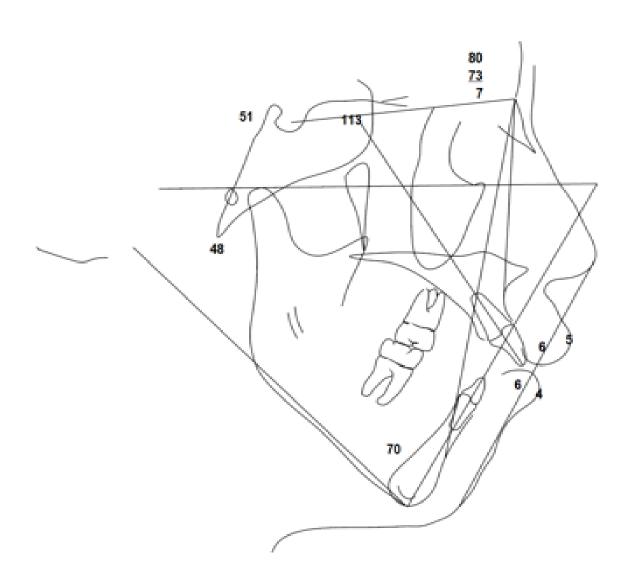
Domain 1: Data Gathering and Diagnosis

Prompt

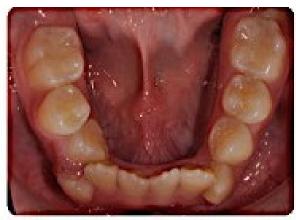
List the <u>skeletal</u> components of this patient's open bite.



Sample Case #4 Question 1













Question 1

- Steep mandibular plane
- Increased gonial angle
- Increased lower anterior facial height
- Short ramus height
- Decreased posterior facial height to anterior facial height ratio
- Decreased palatal plane to SN angle
- Constricted maxilla

Question 2

Classification

Domain 1: Data Gathering and Diagnosis

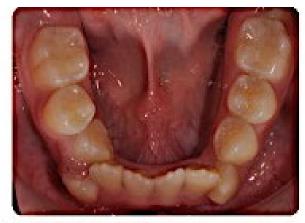
Prompt

List the <u>dental</u> components of this patient's open bite.

Question 2















Question 2

A possible proficient response may include:

- Constricted maxillary arch
- Overeruption of maxillary molars
- Proclination of maxillary incisors
- Infra-erupted maxillary incisors
- Overeruption of mandibular molars
- Reverse curve of Spee in the mandibular arch (infra-eruption of the mandibular incisors)

Question 3

Classification

Domain 1: Data Gathering and Diagnosis

Prompt

 Based on the intraoral photographs and cephalogram, what are the possible etiologies for this malocclusion?

Question 3

- Genetic component (Epigenetic)
- Abnormal tongue posture
- Abnormal tongue function
- Inadequate airway/obligatory mouth breather
- Myopathy or muscle weakness

Question 4

Classification

Domain 1: Data Gathering and Diagnosis

Prompt

 Based on the images you have seen so far, what other diagnostic tests or assessments would you undertake or request prior to initiating treatment on this patient?

Sample Case #4 Question 4

- CBCT
- Airway assessment (polysomnography)
- Evaluation of tongue posture (Myofunctional evaluation)
- Evaluation of tongue function (Myofunctional evaluation)
- Electromyographic evaluation
- Serial cephalograms to determine whether progressive or static problem
- TEC99 scan

Sample Case #4 Question 5

Classification

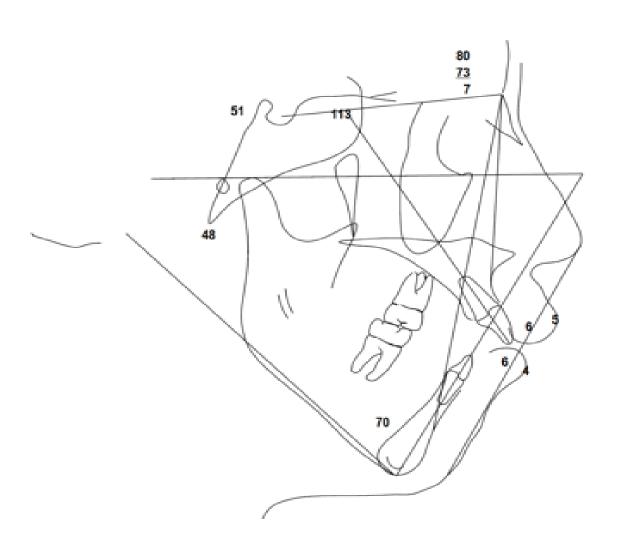
Domain 2: Treatment Objectives and Planning

Prompt

 Assuming orthognathic surgical correction, describe the ideal <u>skeletal</u> treatment objectives for this patient.



Sample Case #4 Question 5



Question 5

- Maxillary expansion
- Maxillary advancement
- Maxillary posterior impaction
- Reduction of lower anterior facial height
- Reduction of SN mandibular plane angle
- Mandibular advancement
- Improvement of chin projection

Question 6

Classification

Domain 2: Treatment Objectives and Planning

Prompt

• Describe the ideal treatment plan for this patient.

*Refer to images in question # 5

Question 6

- Maxillary orthopedic expansion, or surgically assisted rapid maxillary expansion (SARME), or segmental Le Fort I surgery
- Extraction of maxillary first premolars or second premolars
- Extraction of mandibular first premolars
- Extraction of all third molars
- Le Fort I surgery to advance and posteriorly impact the maxilla
- Mandibular forward rotation and bilateral sagittal split ramus osteotomy
- Vertical reduction/AP augmentation genioplasty