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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.

### A. PATIENT CONSIDERATIONS

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Minimal Difficulty</th>
<th>Moderate Difficulty</th>
<th>High Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History</td>
<td>No medical problem</td>
<td>One or more medical problems (ASA Class 1)</td>
<td>Complex medical/contraindication (ASA Class 2+)</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>No history of anesthesia problems</td>
<td>Vasoconstrictor intolerance</td>
<td>Difficulty achieving anesthesia</td>
</tr>
<tr>
<td>Patient Disposition</td>
<td>Cooperative and compliant</td>
<td>Ambiguous but cooperative</td>
<td>Uncooperative</td>
</tr>
<tr>
<td>Ability to Open Mouth</td>
<td>No limitation</td>
<td>Slight limitation in opening</td>
<td>Significant limitation in opening</td>
</tr>
<tr>
<td>Gas Reflex</td>
<td>None</td>
<td>Gags occasionally with radiographs/treatment</td>
<td>Extreme gag reflex which has compromised past dental care</td>
</tr>
<tr>
<td>Emergency Condition</td>
<td>Minimum pain or swelling</td>
<td>Moderate pain or swelling</td>
<td>Severe pain or swelling</td>
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### B. DIAGNOSTIC AND TREATMENT CONSIDERATIONS

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Minimal Difficulty</th>
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<tr>
<td>Signs and symptoms consistent with recognized pulpal and periapical conditions</td>
<td>Extensive differential diagnosis of usual signs and symptoms required</td>
<td>Confusing and complex signs and symptoms: difficult diagnosis</td>
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</tr>
<tr>
<td>Radiographic Difficulties</td>
<td>Minimal difficulty obtaining/interpreting radiographs</td>
<td>Moderate difficulty obtaining/interpreting radiographs (e.g., high floor of mouth, narrow or low palatal vault, presence of tori)</td>
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<td>Tooth Isolation</td>
<td>Routine rubber dam placement</td>
<td>Simple pretreatment modification required for rubber dam isolation</td>
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</tr>
<tr>
<td>Morphologic Abnormalities of Crown</td>
<td>Normal original crown morphology</td>
<td>Full coverage restoration</td>
<td>Retrofillation does not reflect original anatomy/allograft</td>
</tr>
<tr>
<td>Canal and Root Morphology</td>
<td>Slight or no curvature (&lt;10°)</td>
<td>Moderate curvature (10-30°)</td>
<td>Extremes curvature (&lt;30°) or 5-shaped curve</td>
</tr>
<tr>
<td>Resorption</td>
<td>No resorption evident</td>
<td>Minimal apical resorption</td>
<td>External apical resorption</td>
</tr>
</tbody>
</table>

### C. ADDITIONAL CONSIDERATIONS

| Trauma History | Uncomplicated crown fracture of mature or immature teeth | Complicated crown fracture of mature teeth | Complicated crown fracture of immature teeth |
| Endodontic Treatment History | No previous treatment | Previous access without complications | Previous access with complications (e.g., perforation, non-negligated canal, ledge, separated instrument) |
| Periodontal-Endodontic Condition | None or mild periodontal disease | Concurrent moderate periodontal disease | Concurrent severe periodontal disease |

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.
### AAE Endodontic Case Difficulty Assessment Form

**Guidelines for Using the AAE Endodontic Case Difficulty Assessment Form**

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### A. PATIENT CONSIDERATIONS

#### MEDICAL HISTORY

- No medical problem (ASA Class 1*)
- One or mild medical problems (ASA Class 2*)
- Complex medical history (ASA Class 3-5*)

#### ANESTHESIA

- No history of anesthesia problems
- Vasoconstrictor intolerance
- Difficulty achieving anesthesia

#### PATIENT DISPOSITION

- Cooperative and compliant
- Uncooperative but cooperative

#### ABILITY TO OPEN MOUTH

- No limitation
- Slight limitation in opening
- Significant limitation in opening

#### GAS REFLEX

- None
- Gags occasionally
- Extreme 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 periapical conditions
- Extensive differential diagnosis of usual signs and symptoms required
- Confusing and complex signs and symptoms: difficult diagnosis
- History of chronic oral/facial pain

#### RADIOGRAPHIC DIFFICULTIES

- Minimal difficulty obtaininginterpreting radiographs
- Moderate difficulty obtaininginterpreting radiographs (e.g., high floor of mouth, narrow or low palatal vault, presence of teeth)
- Extreme difficulty obtaininginterpreting radiographs (e.g., superimposed anatomical structures)

#### POSITION IN THE ARCH

- Anterior/premolar
- Moderate rotation (10-30°)
- Extreme rotation (>30°)

#### MODERATE DIFFICULTY

- Slight rotation (<10°)
- Slight inclination (<10°)
- Moderate inclination (10-30°)

#### TOOTH ISOLATION

- Routine rubber dam placement
- Simple pretreatment modification required for rubber dam isolation
- Extensive pretreatment modification required for rubber dam isolation

#### MORPHOLOGIC ABERRATIONS OF CROWN

- Normal original crown morphology
- Canal(s) visible and not reduced in size
- Canal(s) visible and not reduced in size
- Canal(s) not visible

#### CANAL AND ROOT MORPHOLOGY

- Slight or no curvature (1-1.5 mm in diameter)
- Moderate curvature (10-30°)
- Severe curvature (>30°) or 5-shaped curve
- Canal(s) visible and not reduced in size
- Canal(s) visible and not reduced in size
- Canal(s) not visible

#### RECORDER

- 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 without complications
- Previous access with complications
- Previous surgical or nonsurgical endodontic treatment completed

#### PERIODONTAL-ENDODONTIC CONDITION

- None or mild periodontal disease
- Concise moderate periodontal disease
- Concise severe periodontal disease
- Cracked teeth with periodontal complications
- Combined endodontic/periodontal lesion
- Root amputation prior to endodontic treatment

### AAE Endodontic Case Difficulty Assessment Form

**Criteria and Subcriteria**

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