

Oral Presentation Guidelines

- **General:**

This guide is not a "cookbook" but an aid for the preparation and the presentation of your oral case report. You should meet with your sponsors so they can help you identify three cases, one of which will be chosen by the Clinical Evaluation Committee (CEC) to be used as your oral case report. You will present the records of these three finished cases, with a one page write-up of each case, to the Clinical Evaluation Committee. The Committee will select one of the three submitted, or ask for another and assist you in organizing the Oral Case Report presentation to the membership.

- **Case Selection:**

The cases you select should be challenging, not "slam dunks". They should not be atypical, mutilated or one-of-a-kind malocclusions, requiring heroic treatment with a limited possibility of an ideal result. Avoid unusual or unique treatment procedures unless the result is superior to that obtained by more orthodox techniques. Start your case selection with excellence in plaster. The case should be non-surgical and of sufficient difficulty to demonstrate clinical competence in the following areas:

- A. Diagnosis: the diagnostics findings and the process undertaken to design a treatment plan
- B. An understanding of biomechanics and the ability to manipulate the appliance.
- C. Coordination of mechanotherapy with craniofacial growth (or lack of growth).
- D. The diagnostic findings, treatment plan and mechanics should all be relevant to and congruent with each other.
- E. Ability to produce a superior results in finish, function and esthetics.

- **Records:**

It would be inappropriate to show a case with poor or incomplete records. Even the best slides or images will not improve on mediocre records. 35 mm slides or digital images of the following records are the minimum required for a case report. They should be of the highest quality. If records are requested that you do not take, mention this in your presentation.

- A. Pre- and post-treatment extraoral color photographs: frontal and right profile and smiling facial photographs.
- B. Pre- and post-treatment intraoral color photographs: upper and lower occlusal, plus a frontal and left and right buccal views in occlusion.
- C. Pre- and post-treatment plaster casts with upper and lower occlusal views and frontal, right and left buccal views in centric relation occlusion.
- D. Pre- and post-treatment lateral headfilms.
- E. Tracings. The tracings should be clearly visible and all labels readable from the audience.
Computer-generated tracings are not acceptable.
 1. Pre- and post-treatment tracings: Pre-treatment (black), Progress (blue), Post-treatment (red), long-term (Green)

2. Superimpositions: Identify your superimposition method and if necessary briefly describe how the method works.
 - a. Overall superimposition
 - b. Mandibular
 - c. Maxillary
 3. Cephalometric measurements: The clinician should use whatever measurements he/she ordinarily employs. Tables of pre- and post-treatment values should be clearly readable from the audience.
- F. Pre- and post-treatment, diagnostic quality x-rays. The x-rays must show clear and undistorted views of the crowns and roots of all teeth.
- G. Progress records as needed, e.g., Inter-phase records is a Phase I-Phase II case.

• **Presentation:**

A. Slide sequence:

The outline below is an aid to ordering your presentation. It is not intended to limit the format or the material presented. You have the opportunity to be creative but not at the expense of continuity in the logical sequence of diagnosis, treatment and retention. Do not compromise your presentation with poor visual material.

1. Title slide
 2. Dental and medical history and chief complaint
 3. Pretreatment facial photographs
 4. Pretreatment intraoral photographs
 5. Pretreatment models
 6. Pretreatment Intraoral radiographs
 7. Pretreatment cephalometric radiographs
 8. Cephalometric tracing and analysis
 9. Diagnosis and diagnostic considerations
 10. Treatment options
 11. Treatment plan and treatment sequence
 12. Appliance (The illustrations of the appliances used need not be specific to this patient)
 13. Explanation of mechanics used to address specific diagnostic findings
 14. Modifications of treatment plan during treatment
 15. Finished facial photographs
 16. Finished intraoral photographs
 17. Finished models
 18. Finished cephalometric radiographs
 19. Cephalometric tracings and analysis
 20. Superimposition tracings and evaluation
 21. Retention protocol and rationale
 22. Pre and post-treatment facial comparison
 23. Pre and post-treatment comparison of intraoral photographs
 24. Pre and post-treatment model comparison
 25. Treatment summary
- B. Content:

The Society is interested in the diagnostic challenges, the treatment decisions and the mechanisms you selected to achieve the result in this case. You can vary the presentation sequence to your personal preference or for emphasis on a particular diagnostic or treatment concept. The use of dual projection for slide presentations or multiple images per slide for computerized presentations allows the audience to make rapid visual comparisons that enhance the continuity of the presentation. The entire presentation should take twenty to thirty minutes.

C. Equipment:

Computerized projection: Most presentations are done in Power Point, and an LCD projector and screen will be available for your use. It is your responsibility to work with the Equipment Chairman, in advance, to make sure your presentation is compatible with the projector that is available. You are required to provide any other specialized equipment necessary. Slide projectors: Two carousel projectors and two screens are available if you desire. Please make arrangements in advance with the Equipment Chairman.

D. Questions:

Be prepared for questions from the audience, both during and at the conclusion of your presentation.

• **Overview:**

The Oral Case Presentation is the first and best opportunity you will have to demonstrate to the membership at large your commitment to Clinical Excellence. Work with your sponsors to develop a memorable presentation where you and your skills are well represented.