EDWARD H. ANGLE SOCIETY OF ORTHODONTISTS

NORTHERN CALIFORNIA COMPONENT

NEW MEMBERS PROCEDURE MANUAL

September 2017

www.anglenortherncalifornia.org

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Dear Doctor,

We are pleased to learn that you have been invited by a member to attend a meeting of the Northern California Component of the Edward H. Angle Society of Orthodontists. Your attendance at this meeting offers you the opportunity to embark upon admission into the Society.

The path to membership is rigorous but rewarding. The purpose of the Society is to provide a setting for leaders in the field to engage in dialogue and to challenge its members to actively participate and grow intellectually as their orthodontic careers progress.

The Angle Society encourages and maintains a balance between clinical orthodontics and research. To this end, clinical skills are measured during the admission process, but a research project of your choosing is also required. While these requirements may appear daunting on their surface, Society membership makeup is such that you will be aided in your endeavors throughout the entire process. Each and every Angle Society member you will encounter has gone through the same protocol and you may be sure that they will be willing to help at stations along the way.

The orthodontic cases you offer for evaluation will be examined by our Clinical Evaluation Committee in an effort not only to gain an understanding of your clinical background, also to initiate a dialogue between you and our Angle Society. You should find the exchange of treatment ideas a valuable learning experience. As you progress through the admission process, you will interact on a regular basis with your sponsors and members of the Angle Society regarding the progress of your cases.

The research project is intended to add to the scientific base of knowledge available to orthodontic clinicians and academicians. Our Angle Society Thesis Committee is charged with the responsibility of assisting you in bringing worthy ideas before the membership. Your sponsors will guide you through the process as the Thesis Committee offers advice regarding topic selection, research design, data collection and analysis. This culminates in the presentation of your research project before members of the Angle Society at one of our meetings. Every effort will be made to ensure that your admission process into the Edward H. Angle Society of Orthodontists is a rewarding experience and an enjoyable challenge.

Sincerely,

Brian Payne, DDS
President, Edward H. Angle Society of Northern California,

ADMISSIONS PROTOCOL

GUEST PROCESS

We welcome guests to attend our Angle Society meetings. Attendance is by invitation only by a member of the Angle Society and this member would be known as your sponsor. Before you attend the Angle Society meeting your sponsor will send the "Guest Information Form" to the Membership Chair for review and approval by the membership. You will find the form at the end of the manual (Appendix 1). Please notify your sponsor at least thirty days prior to the date of the meeting so you will be properly listed in the meeting attendance list.

You may attend two meetings as a guest. A guest has no requirements and is invited to attend the scientific sessions and social functions. The third meeting that you attend would be as a candidate and you will be presenting records of one finished case to the membership that has been approved by your sponsor(s) and the Clinical Evaluation Committee.

The Northern California Component of the Angle Society is an active and participating group and you will have ample opportunity to decide whether this Society is right for you. We sincerely hope it is.

AFFILIATE PROCESS

1. One Case presentation

As a candidate, you are required to present pretreatment and post-treatment diagnostic records on one of the patients you have treated. This case must have entered retention within five years prior to the date of the meeting you are attending. It is assumed that you have been the sole provider of orthodontic treatment for these patients, but if you share treatment supervision with another operator, it is your duty to inform the Chairperson of the Clinical Evaluation Committee of this fact.

The candidate will first provide three finished cases to the Clinical Evaluation Committee (CEC), and the CEC will chose one for presentation to the membership.

The CEC requires that your records and diagnostic/treatment reports adhere to guidelines laid out by the American Board of Orthodontics at: pre-treatment, progress (pre-surgery or between Phase I and II) and post-treatment cephalometric tracings including superimpositions are required. Digital models will be accepted for pre-treatment and progress (pre-surgery or between Phase I and II) only. The final models are required to be plaster. Your three treatment records could be sent to the CEC in digital format (PowerPoint). See appendix 7 for the committee chair contact information.

Requirements for full time academic candidates can be found in Appendix 3.

After your oral case presentation and with approval of the membership you will be classified as an affiliate member. As an affiliate, you are required **to show the CEC pre-treatment diagnostic records of ten cases** (see section on Diagnostic Records for requirements) of various classifications and degrees of difficulty. The ten cases must be started within the previous twelve months. Starting of a case is defined by the initiation of any type of tooth movement. You must follow the case write-up format as outlined in this manual. A Synopsis of Case Reports is required for case display (see Appendix 5).

2. Ten Cases selection

The candidate must submit the pre-treatment records for 10 cases in digital form (e.g. PowerPoint), selected with the approval of their sponsors, to the Clinical Evaluation Committee (CEC). Records in digital form are for convenience in selection only. All cases must have pre-treatment records collected within the last 12 months.

The 10 cases must include types of cases:

1. One non-extraction case.

2. One extraction case: A four-quadrant extraction case demonstrating anchorage control and space closing mechanics.

3. 3. One non-extraction bilateral Class II case finished to a Class I molar and canine position. One side must present with a full step Class II molar position. Both sides must present with at least 1/2 cusp Class II canines. ANB must be at least 6 degrees.

4. One non-surgical vertical dysplasia case: A high angle case demonstrating mechanics you utilize to control vertical dimension. FMA>33° or SN-GoGn>40°.

5. The remaining cases are optional*.

Only one orthognathic surgical case can be used and a surgery case is not required. The Clinical Examination Committee is interested in evaluating the pre-and-post surgical skill of the orthodontist not just the skill of the surgeon. The surgical case should demonstrate orthodontic skill in tooth movement, not simply a dramatic surgical correction. Surgical cases will require pre-surgery records including models, photographs, panorex and headfilm taken immediately prior to surgery.

Mixed dentition case is acceptable if it can be started and finished in the full permanent dentition within the time limits.

* With the help of your sponsors (Appendix 4), select one case for each required category that best demonstrates the diagnostic process and treatment mechanics that is typical of your diagnostic and treatment regimen.

Do not try to be a hero, but do not select "slam-dunk" cases. Select cases that are sufficiently challenging either diagnostically, mechanically or both that you can be proud of the treatment challenge that it represented. Avoid cases that are so heroic, atypical or unusual that is not representative of your practice.

The Clinical Evaluation Committee will select six cases for the membership to follow. The affiliate's sponsors will monitor case progress. The sponsors are required to give a progress report to the chairman of the CEC every 6 months. The affiliate must give an oral progress report for 2 of the 6 cases, yearly, to the membership for discussion.

The six cases must be completed within 3 years. Additional time may be granted by the CEC only by special request due to unforeseen circumstances. An additional case(s) may be required, i.e. the patient transfers. The six finished cases will be submitted to the Clinical Evaluation Committee for evaluation (See below: Format for Presentation to the CEC).

Ten Pretreatment Case Records

The Clinical Committee will select six cases out of the ten you have presented for review. A team of evaluators will evaluate your cases. The Clinical Committee will provide you with the evaluation sheet. Your team of evaluators, made up of two members of the Clinical Committee, will discuss these cases with you and ask for your input where indicated. You will then be required to bring all progress study records with you for each of these six cases to subsequent meetings until treatment has been completed and your cases have been accepted. The ten cases that you display must follow the Guidelines for Case Selection found later in this manual. Approval from the Clinical Committee Chairperson is required for any substitution. You must follow the case write-up format as outlined in Appendix 6.

Six Progress Case Records

As a first year affiliate member, you are required to present progress records on each of your six CEC selected cases and you are required to obtain records on all ten cases. See the Diagnostic Records section in this manual for the required progress records. Please refer to Appendix 6 for a sample of the required progress report since the progress write-ups differ from the initial write-up. You must have your sponsors review progress records every 6 months for your six cases and bring the **6 or 12** months progress records to the meetings (in digital format). At each meeting, 2 CEC members or/and ex board members will review the cases with you and 1 sponsor. At the break you will have a table to sit down with Angles members so we can exchange ideas and concepts on treatment

You must give an annual oral progress report in PowerPoint format for 2 of the 6 cases to the membership for discussion.

Six Post-treatment Records

Upon completion of the six cases and following review of the final records by your sponsors you will send the records to the CEC chairperson. Please refer to Appendix 6 for samples of required final reports since the final write-ups differ from the initial and progress write- ups. All paper, photographic, and radiographic records must be placed in page protectors and submitted in one three-ring binder per case. Should it become necessary to substitute one of your alternate cases for an originally selected case, prior approval must be obtained from the CEC Chairperson.

3. Thesis (Research) Project

By the end of the first year, a project proposal must be submitted to the Thesis Committee. Please see Appendix 7 for names, addresses, and phone numbers of current members of the Thesis Committee. The committee can also help with ideas for a project, should this need arise.

The Thesis Committee will evaluate your proposal to make sure it will meet the criteria for a paper acceptable for membership. It is strongly encouraged that you establish a timeline for your research presentation. Please review the timetable for Affiliate membership for the research project deadlines.

Your research project should be completed within the 3 years.

Summary of Requirements for Active Membership to the Angle Society:

1. All six cases are accepted and presented as a table clinic to the Angle membership

2. Final thesis approved by the thesis committee and oral presentation to the membership.

3. You have attended at least one Biennial Angle Society meeting during your affiliate status

After completion of # 1-3 you will receive your full membership certificate for Edward H. Angle Society of Orthodontists, Northern California Component, at the next scheduled meeting.

Timetable for Completion of Affiliate Membership

Event	Interval following preceding event	Total elapsed time
3 cases to CEC (digital format) after last guest meeting	Within 4 months	3 months
First case report to membership	4-6 months	Affiliate status
Six cases to CEC	4-6 months	6 months
Board approval	Next board meeting	Next meeting
Cases progress report from sponsors to CEC (digital format)	Every 6 months	12,(**18**),24,30 months
Oral report to membership on six cases (digital format)	2 per year x 3	12,24,36 months
Thesis approval	6 months	12 months
Thesis progress report	Every 6 months	
Thesis to discusser	21 months	33 months
Thesis presentation Cases presentation (table clinic)	3 months	36 months
Board approval	Next board meeting	Variable
Approval of members	Variable	Variable
Receive certificate of membership	Next regular meeting	Next meeting following 36 months

Kai: I assume this sponsor's progress report will just be very brief so every 6mo seems OK.

**NOTE: Intervals and elapsed time are adjusted to correspond to expected dates of the Angle meetings so they are approximate. Our Northern California component meets usually in January, April and November.

RECORDS REQUIREMENTS

The pre and post treatment records of the six patients selected by the CEC include: plaster models (digital models OK for initial), extraoral and intraoral color photographs, diagnostic quality intraoral x-rays and lateral cephalometric headfilms. If panographic x-rays are used we prefer you include anterior periapical x-rays.

Plaster or digital models, photographs and x-rays are acceptable for progress records (periapical, panoramic and cephalogram x-rays as needed for the purpose of the progress).

Records Guidelines for Final Presentation to the Clinical Evaluation Committee (CEC)

1. Binders: The write-up, treatment summary, photographs, intraoral x-rays, cephalometric x-rays and tracings should be contained in standard 1 inch, black, three ring, plastic binders. X-rays and tracings should be unattached and free for individual inspection. All write-ups, photographic and radiographic records must be placed in page protectors and submitted in one three-ring binder per case. All tracings should be identified by the following colors and records should be identified with colored dots as follows:

Pre-treatment	Black
Progress	Blue
Post-treatment	Red

2. Models: Models must be properly trimmed to centric relation, finished and marked for identification. If you present some or all of your models mounted on an articulator each case must have its own instrument, with the final models mounted on the articulator. Some orthodontic vendors will supply multiple articulators. If the initial models have been mounted you must have a calibrated articulator for each patient with interchangeable cast mounts. Digital modes are acceptable for the initial and progress stage but final models mist be plaster.

3. Photographs: Standardized prints of extra-oral and intra-oral photographs should be mounted and labeled according to the treatment stage. A minimum of three extra-oral views: right profile, frontal and smiling are required and five intraoral views: upper and lower occlusal and frontal, left and right lateral, all taken with the teeth in occlusion.

4. Headfilms and tracings: Headfilms should be of a sufficient quality to identify commonly used landmarks. Insert each film in a clear thin vinyl cover

Include pre and post treatment tracings and progress tracings where required. Use your usual method of analysis include the Angle Society required measurements found in the cephalometric section of this manual. Measurements should be clearly identifiable by location. Label each tracing with the name, date and age of the patient. Templates generated from the patient's incisor and molar profiles are recommended. The tracings should be in color according to treatment stage as described above. Hand tracings are preferred but will accept computer tracing. You are responsible for the accuracy of the tracing and superimpositions.

Superimpositions must compare the changes overall from pre treatment to post treatment, as well as changes within the maxilla and the mandible. Your superimposition landmarks and method must be identified. Interim superimpositions that clarify treatment progress are encouraged. Tracings should be inserted in clear, thin vinyl covers.

5. Write-up: Follow guidelines as shown on appendix 6. The write-up should be brief, clear and concise, outlined where possible. Lengthy description is discouraged. Include the following:

- Specific required category of treatment that this case represents.

- Patients name, age, starting and finishing dates, treatment time and retention period.

- Chief complaint: Include the medical and dental history if pertinent.

- Diagnosis: Identify the significant elements of the malocclusion including soft tissue factors. Generate a "problems list" of all those elements that exist.

-Treatment plan: Based upon your clinical examination and evaluation of the diagnostic records, describe your specific treatment objectives as they relate to your "problems list" and the treatment plan for achieving those objectives. Generic statements such as "level and align, correct overbite, etc." are unnecessary.

-Treatment progress:

- Describe the appliances and specific mechanics used. Wires sequences, use of extra oral forces, elastics…etc.

- Include any ancillary therapy involved such as splint, periodontal or myofunctional therapy.

- Identify the problems encountered in treatment.

- Outline your retention plan.

- Results: Include in the description of your result the deficiencies in the achievement of your treatment objectives and any deficiencies in the finished result.

- Include a table of the cephalometric changes (see example in this Manual)

- Include the ABO Cast-Radiograph Evaluation in the report. Please review the ABO website or the American Board of Orthodontics: "Objective grading system for dental casts and panoramic radiographs" AJODO 114(5) 589-599, November 1998.

Final Six Case Evaluations by the Clinical Evaluation Committee

Your final six cases must be delivered to the Clinical Evaluation Committee for review as directed by the Committee Chairman. Cases are usually evaluated four weeks before an Angle meeting. You may be asked by the committee to prepare additional cases for their evaluation. The Board of Directors then approves the committee's recommendation.

Upon approval of the six cases you will be scheduled to present your cases to the general membership at a component meeting. To give the members time to review your cases please have them set up one half hour before the start of the meeting and leave them in place until the end of the meeting. Be available at the table for discussion with the membership.

Supplemental Information For Case Reports

1. All diagnostic records are to be of standards that would be satisfactory for presentation to the American Board of Orthodontics.

2. Please label all records in accordance with American Board of Orthodontics standards eg.: all models, photos, x-rays and cephalometric tracings are to be labeled with the following information:

a. Affiliate name
b. Case number
c. Date Records were taken
d. Age of Patient
e. Colored dot for quick reference: initial (**black**), progress (blue) or final (red) records;
f. To be in compliance with HIPPA standards, all displayed case reports must have a signed copy of a permission form in the pocket at the back of the patient binder. An example of a permission form is available in Appendix 2

Diagnostic Records

The importance of quality study records cannot be overestimated. By implication, they set the standard for the level of treatment to follow. The following records are required for your cases:

1. Pre-Treatment Records

- Dental Casts (plaster or digital)
- FMX or panoramic
- Lateral Cephalometric headfilm
- Cephalometric tracing
- Facial photographs: frontal with lips in repose, frontal smiling, and profile
- Intraoral Photographs: frontal, right lateral, left lateral, maxillary occlusal, mandibular occlusal
- Summary of cephalometric measurements.

2. Progress Records for oral presentation to the Angle Membership

- Facial photographs every 6 months: frontal with lips in repose, frontal smiling, and profile
- Intraoral Photographs every 6 months: frontal, right lateral, left lateral, maxillary occlusal, mandibular occlusal
-Dental Casts annually (plaster or digital).
- FMX or panoramic x-ray (annually)
- Lateral Cephalometric headfilm as needed or requested by sponsors
- Cephalometric tracing as needed or requested by sponsors
- Cephalometric superimposition as needed or requested by sponsors
- Summary of cephalometric measurements as needed or requested by sponsors

3. Final Records

- Dental Casts (plaster only)
- FMX or panoramic
- Lateral Cephalometric headfilm
- Cephalometric tracing - Summary of cephalometric measurements.
- Cephalometric superimposition (see example)
- Facial photographs: frontal with lips in repose, frontal smiling, and profile
- Intraoral Photographs: frontal, right lateral, left lateral, maxillary and mandibular occlusal,

DENTAL CASTS

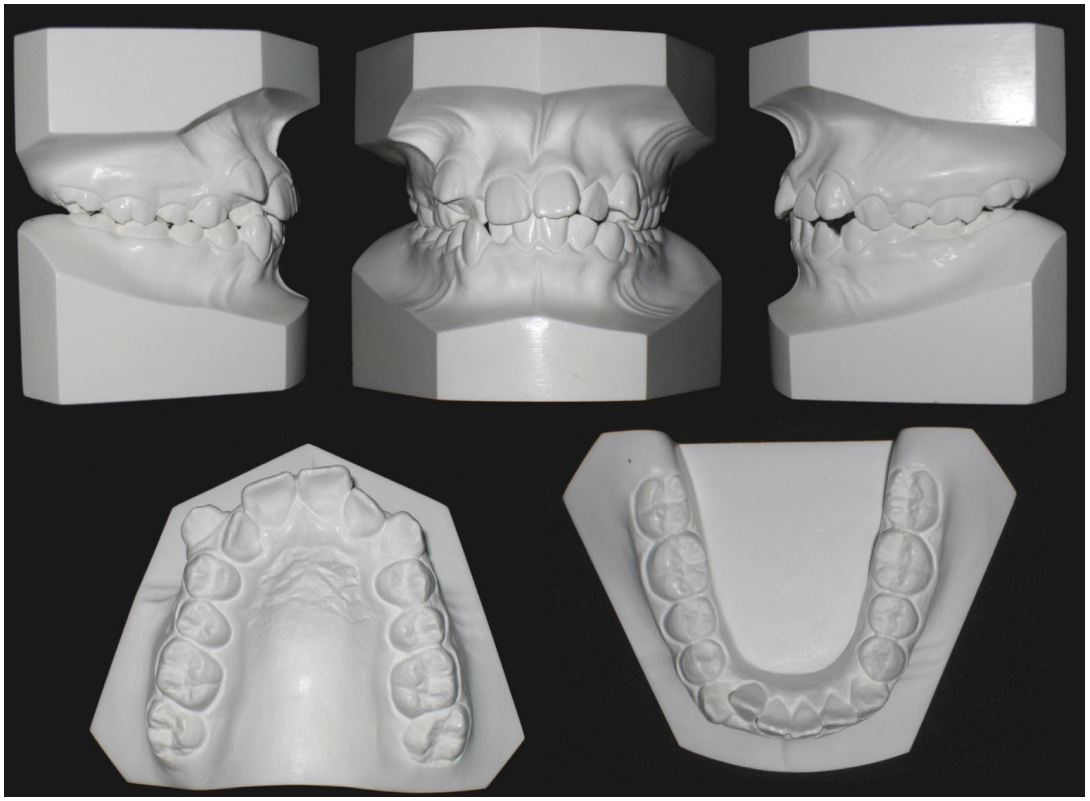
Plaster Cast Trimming Guidelines

Impressions should extend far enough into the sulcus to allow accurate reproduction of all soft tissue anatomy in the dental casts. Impressions are to include the most distal tooth in each quadrant with an adequate replication of the tuberosity. The casts must be trimmed so that when placed in occlusion and resting on their backs on the table top, they replicate the patient's occlusion with condyles seated in the fossae.

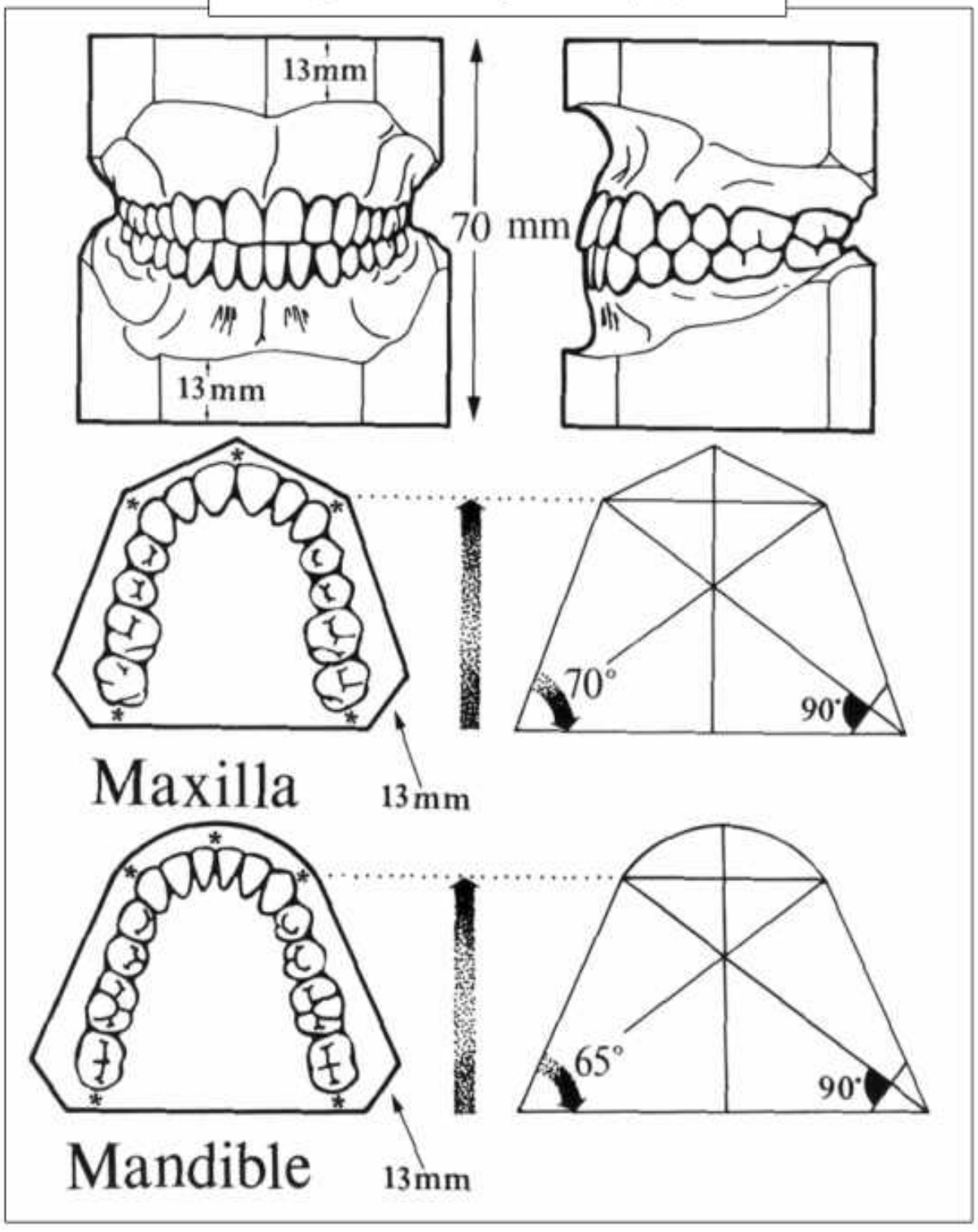
See example that illustrates trimming guidelines. Dental casts mounted on adjustable articulators are acceptable. It is strongly encouraged that magnetic mounting plates be utilized. If your dental casts are mounted on adjustable articulators they can be converted to hand-held models. In addition to the hand-held model, you may also display your original mounted casts if so desire.

When trimming the art portion of the maxillary cast, be careful to preserve the tuberosity when possible, and certainly the second molars. Likewise, preserve a reasonable portion of the retromolar area when trimming the mandibular cast. Partially trimmed off second molars is not acceptable. Trimming or carving on the anatomical portion of the dental casts should be limited to the removal of bubbles and other defects. During cast finishing, take care to avoid obliteration of soft and hard tissue anatomy.

The models should be trimmed in maximum intercuspation. Documentation of significant difference between centric occlusion and centric relation should be provided, and a bite registration is preferred. Study models mounted on an articulator are permitted. Trimming or carving on the anatomical portion of the study models should be limited to the removal of bubbles and defects.



DENTAL CAST GUIDE
These diagrams serve as a guide to cast preparation.



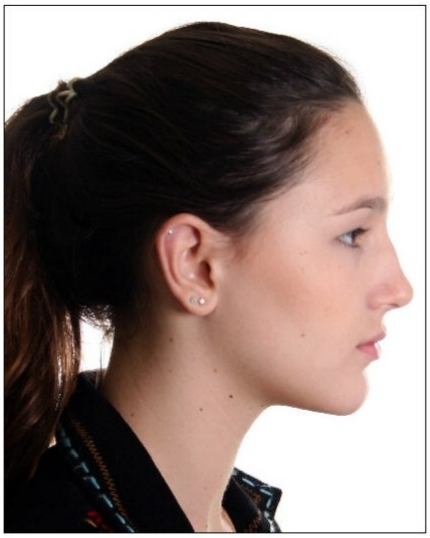
Photographs

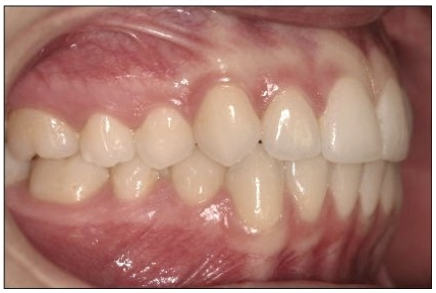
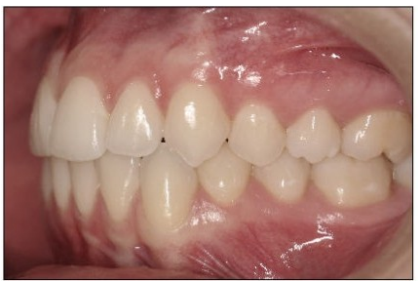
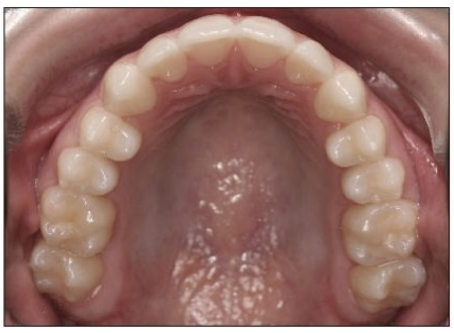
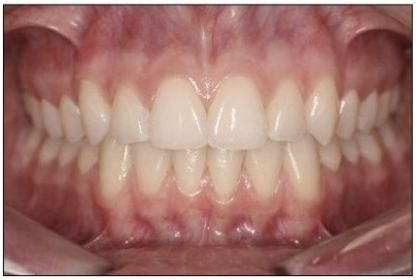
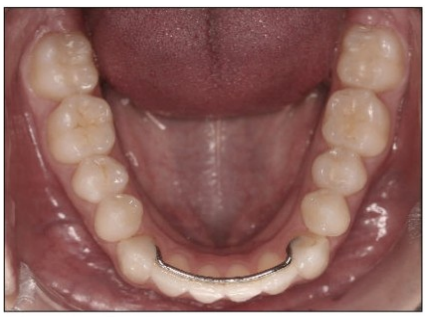
Extraoral photos are to be approximately one-fourth-life size. They must be printed in in color. The photos must be printed at photographic resolution. Arranged single mounted prints or photo composites are permitted. The printed composites must be printed on photo quality paper.

The patient is to pose with lips at rest or lightly contacting in frontal and profile views. The patient is oriented in Frankfurt Horizontal; the patient is to assume natural head position; the eyes are open; eyeglasses and jewelry are removed; all hair is arranged behind the ears. The background should be light-toned and without discernable pattern.

Intraoral photos are to be in color and must fulfill the same print requirements as facial photos. Frontal, right, left lateral and occlusal views are required. The photographic prints must depict the patient's teeth as nearly 1:1 with the actual tooth size as possible.

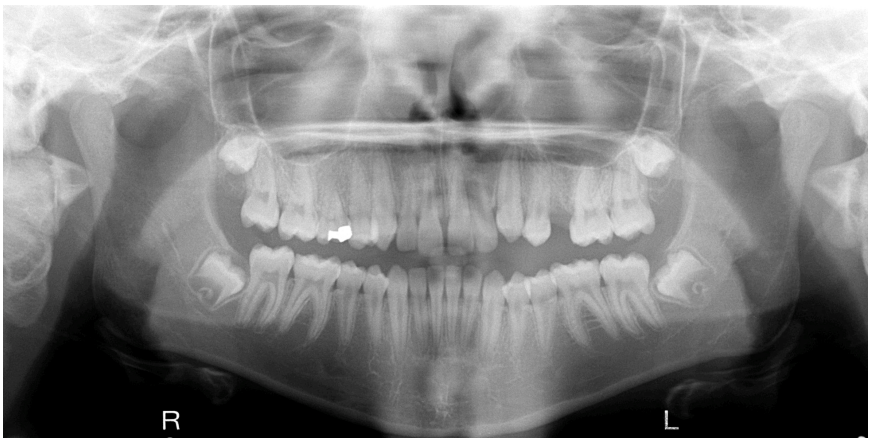
The patient's occlusal plane must be level in all photos. Minimize distractions such as shadows, insufficient depth of field, lip retractors, and hygiene issues.

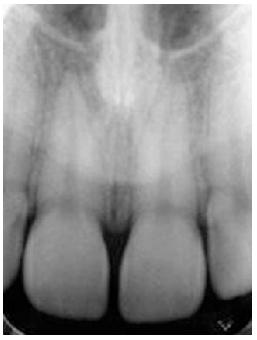


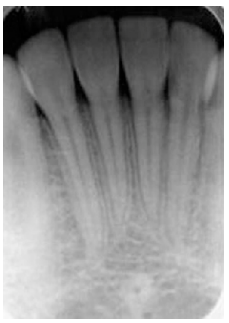







Full Mouth and/or Panoramic Radiographs

Periapical and panoramic radiographs must be of diagnostic value. The films must be arranged in proper sequence and marked clearly regarding orientation (left and right). The radiographs must be placed in transparent sheet protectors. Digital radiographs printed on photo quality paper are acceptable. If conventional radiography is utilized, then original radiographs are to be used in the report.



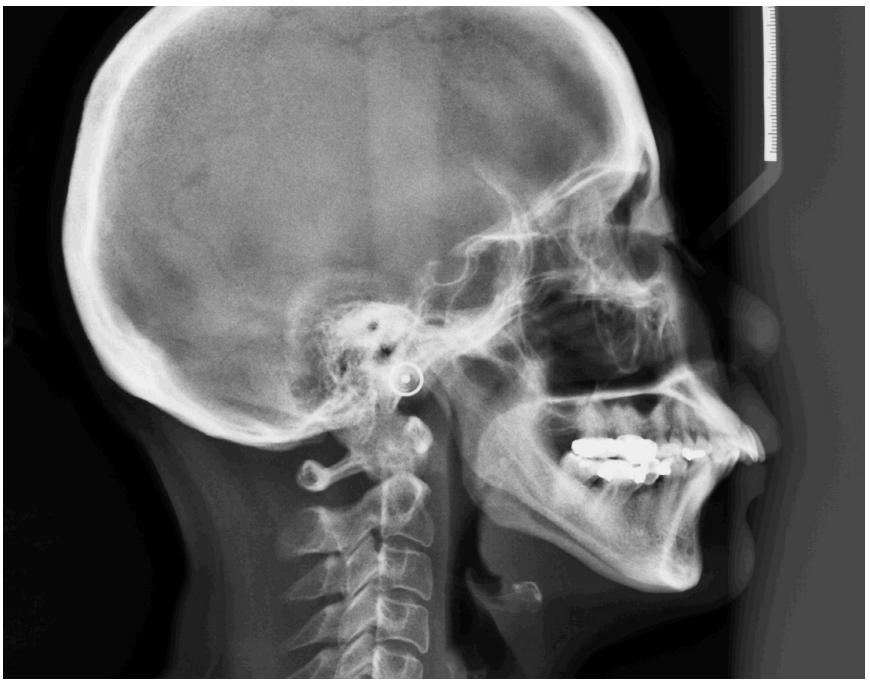




Cephalometric Radiographs

Cephalometric radiographs must show as much anatomy as possible, especially in vital landmark areas. They should be properly standardized, oriented, and processed. The soft tissue profiles should be easily discernible with or without enhancement.

Cephalometric radiographs should be placed in transparent sheet protectors. Digital and/or scanned radiographs must follow the guidelines as outlined above. It is your responsibility that the magnification factor between cephalometric radiographs is consistent and a calibration ruler should be shown on all lateral headfilms.



Cephalometric radiographs must be manually and accurately traced on acetate film by the candidate/affiliate. Computer generated tracings are not acceptable. Templates may be used as facsimile for freehand tracing of teeth. Do not record measurements on the cephalometric acetate tracing. Record Frankfort Horizontal from anatomic porion. Soft tissue outlines must be included on the tracings. The tracings should be placed in transparent sheet protectors and displayed in the pocket at the back of the patient binder. Pre-treatment tracings (**black**), progress tracings (blue), and post-treatment tracings (red).

You must also include all measurements that are on the Cephalometric Summary Sheet (see manual). In addition to the required Angle Society measurements you may add your customary landmarks, lines, and measurements provided valid standards are available. Any additional cephalometric measurements that are in addition to those on the Cephalometric Summary Sheet must be recorded on a supplemental cephalometric summary sheet.

CEPHALOMETRIC TRACINGS

The three composites can be manually traced or with imaging software by the affiliate. Cephalograms must be accurately traced **by the affiliate** using a small diameter (0.5 mm) pencil or pen for manual tracing, or using the computer's drawing tool to trace the anatomical outline of a digital radiograph. Pre-treatment tracings are black; progress tracings are blue, and post-treatment tracings.

Tracings and composite tracings, in 1:1 ratio to the cephalometric radiograph, will be printed on transparent media with a record identification label affixed to each page (stage of treatment).

Computer technology may be used to produce cephalometric tracings and superimpositions but the examinee will be responsible for the accuracy of software renderings. The Angle Society welcomes and encourages hand-traced cephalograms and manual superimpositions so both the examinee and the board can assess such accuracy.

The following procedures for composite tracings are required:

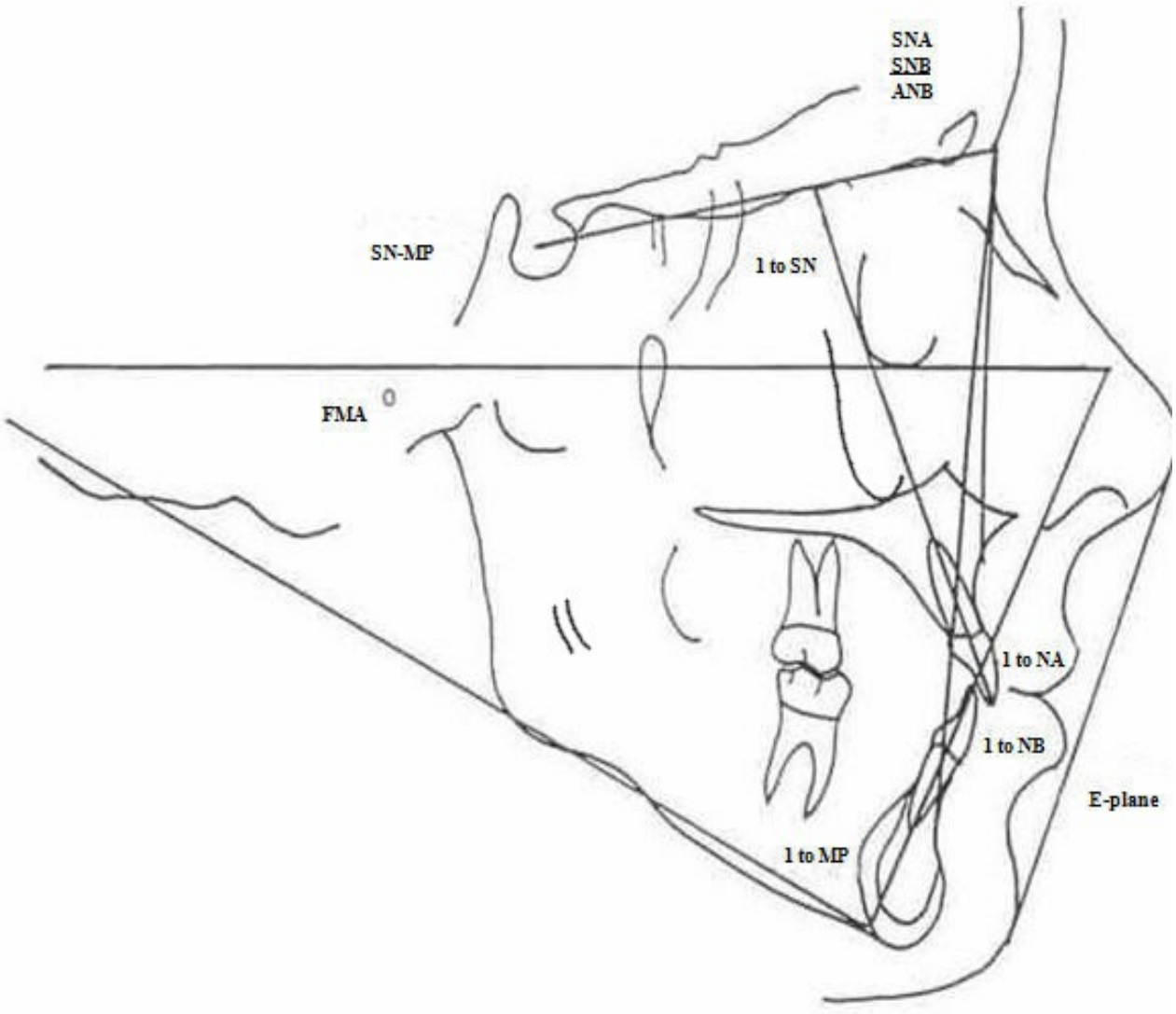
Craniofacial Composite - register on sella with the best fit on the anterior cranial base bony structures, i.e.. Planum Sphenoidum, Cribriform Plate, Greater Wing of the Sphenoid, and Occiput to assess overall growth and treatment changes.

Maxillary Composite - register on the vertical legs of the key ridges (anterior and posterior contours of the zygomatic arches); align the key ridges both horizontally and vertically and the best fit of the internal structures of the maxillary bony complex.

Mandibular Composite - register on the internal cortical outline of the symphysis with the best fit on the mandibular canal to assess mandibular tooth movement and incremental growth of the mandible.

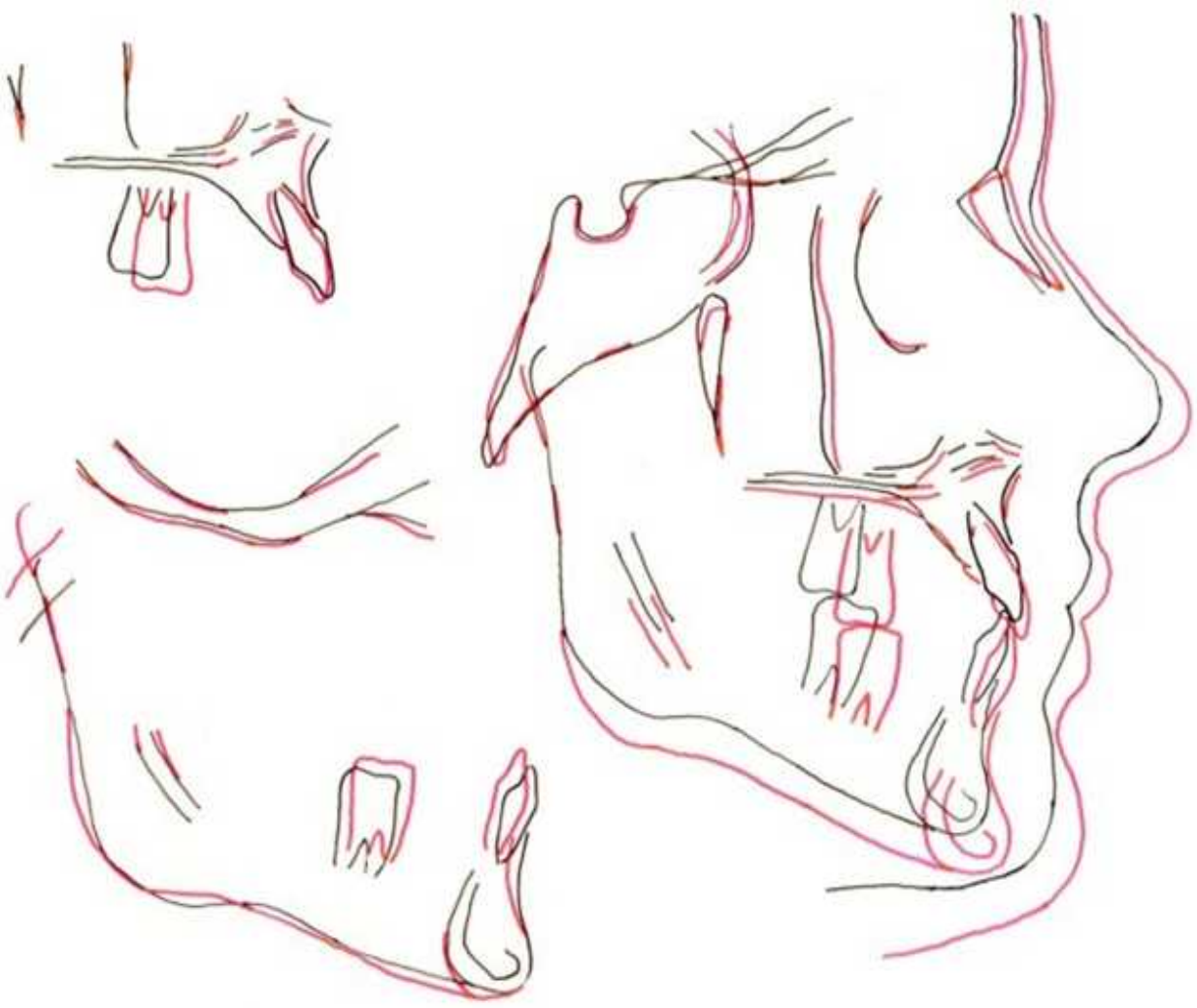
All progress records (**blue**) are to be superimposed with the initial record (**black**). Final records (**red**) are to be superimposed to the initial record (**black**) only.

Cephalometric Tracing Example



Note: These tracings are for illustration purposes only. Your tracings will be life-size and therefore each tracing will fill the page.

Overall, Maxillary and Mandibular Superimposition Example:



CEPHALOMETRIC SUMMARY

AREA	MEASUREMENT	A1	A2- prog	B	DIFFERENCE A1- B
Maxilla to Cranial Base	SNA				
Mandible to Cranial Base	SNB SN-Go-Gn FMA				
Mx-Mn	ANB				
Maxillary Detention	1 to NA (mm) 1 to SN 6-6 (mm)(casts)				
Mandibular Detention	1 to NB (mm) 1 to MP 6-6 (mm)(casts) 3-3 (mm)(casts)				
Soft Tissue	Esthetic Plane				

Figure 4.
A1 - Pre-treatment records
A2 - Interim or progress records if indicated
B - Post-treatment records

*** NOTE: Difference between A1 and B.** It is not requires for Affiliates to use negative or positive signs to indicate this value. Show only the number difference between the two values.
Note, additional measurements may be used for evaluation. Please place these on additional sheet.

Appendix 1

Attachment 1

Angle Northern California

CANDIDATE/GUEST INFORMATION FORM
(TO BE COMPLETED BY PRIMARY SPONSOR)

Doctor's Name _____ Date _____
(First) (Middle) (Last)

Office Address _____
(Street) (City) (State) (Country) (Zip)

Office Phone #: _____ Fax # _____ e-mail _____

Sponsor(s) Primary: _____ Secondary: _____

Organized Dentistry Affiliations:

American Dental Association YES NO

American Association of Orthodontists YES ____ NO _____

Constituent Orthodontic Society _____ Component Orthodontic Society _____

Dental School _____ Degree _____ Date Conferred _____

Ortho Education _____ Degree _____ Date Conferred _____

The Guest/Candidate is primarily involved in: Clinical Practice_____ Education/Research _____

Who are other Angle members acquainted with the Guest/Candidate? _____

_____

Has the Guest/Candidate completed the Written Examination of the American Board of Orthodontics? Yes_____ No_____
Has the Guest/candidate completed the Clinical Examination of the ABO? Yes_____ No_____ Year _____
Recertified by the ABO: Yes_____ No _____ Date _____

Please provide the following (OK to use the reverse side of this form)

- Guest/Candidate clinical expertise, teaching background, research or publications:

- Personal information regarding the Guest/Candidate:

Please Return to: Dr. Patricia Choi
Secretary, Angle Northern California
2111 Parkside Dr, Suite A
Fremont, CA 94536
(510) 792-2308 fax
pattychoi@gmail.com

Appendix 2

PERMISSION FORM FOR PATIENTS

Orthodontist's Name _____

Patient's Name _____

The Edward H. Angle Society is dedicated to furthering orthodontic knowledge and maintaining the highest standards of orthodontic care. As part of our education program, your treatment records may be displayed for the benefit of the members of The Angle Society. We are asking your permission for the display of your records. Please know that you have a right to refuse permission. Please sign and date below.

I give my permission for the use of my orthodontic records for the above purposes.

_____ _____

Patient's signature Date

_____ _____

Parent or guardian's signature (if patient is a minor) Date

Appendix 3

Academic Option:

Orthodontic faculty members are an important element of our membership. Occasionally, an orthodontist who is full time faculty (minimum 4 days/week) does not personally treat enough patients to fulfill the Angle clinical requirements. Under these circumstances the faculty candidate for membership may elect, with approval of the BOD, the Academic Option.

This membership classification enables members of the Northern California Component of the Edward H. Angle Society of Orthodontists to invite select individuals to our membership who have made outstanding contributions to our specialty and who are full time educators. They should possess outstanding credentials, including excellence in clinical orthodontics, and should be able to contribute substantially to the intellectual environment of our Society.

The guidelines for selection may include, but are not limited to the following:

1. The candidate must have completed an accredited full-time graduate program or residency program in the specialty of orthodontics of at least two years in duration.

2. The candidate should be affiliated with a teaching or research institution or have equivalent experience (e.g., lecturing at national or international meetings).

3. The candidate should have shown evidence of a history of scholarly activity that may include publication in a respected journal (e.g., Angle Orthodontist, American Journal of Orthodontics and Dentofacial Orthopedics, European Journal of Orthodontics) or equivalent.

The candidate should assure his/her sponsors of his or her ability and willingness to attend all meetings of the Angle Society during the admissions process as well as during regular meetings.

Upon approval of the Academic Option by the Board of Directors you will then be required to complete the following steps:

1. Scientific Paper- Present a scientific paper of publishable quality for affiliate status in lieu of the Oral Case Report. The scientific paper must be reviewed and accepted by the sponsors and the Thesis Committee before presentation to the membership.

2. Clinical Requirements- In lieu of six case reports the Academic Affiliate will do an oral presentation of treated patients that demonstrates his/her excellence in diagnosis, treatment planning, appliance placement, biomechanics and retention. The patient records shown need not represent necessarily a longitudinal treatment of the same patient, but the illustrations must show treatment delivered by the affiliate.

3. Thesis- The Academic affiliate is required to give a second paper suitable for publication in the Angle Orthodontist. The paper must be reviewed and accepted by the sponsors and the Thesis Committee. The format should be that of a standard scientific article: purpose/introduction, review of the literature, materials and method, results, discussion, summary, conclusion, literature cited, and appendices [if appropriate].

Appendix 4

Sponsor's Responsibilities:

1. Remember that clinical excellence is the hallmark of the Angle Society.

2. Know the prospective member and the quality of their orthodontic treatment well; visit their office to observe first hand the level of clinical excellence practiced, before presenting their name to the board.

3. Assist the prospective member with the selection of the three cases to be presented to the CEC for choosing a case for the Oral Case Report.

4. Assist the prospective member in the preparation of the Oral Case Report.

5. Help develop a line item schedule to assure that the newly elected Affiliate Member will complete the membership requirements in 36 months.

6. Initiate an early an ongoing discussion to help the Affiliate Member identify an appropriate subject to satisfy the Thesis or Paper Requirement as they prepare the Six Written Case Reports.

7. Assist the Affiliate Member with the selection and preparation of the ten cases for the Case Reports. You will give a report to the CEC chair on the progress of treatment of the affiliates cases every six months.

8. Do not abandon the Affiliate Member, stay with them and encourage them throughout the 36-month process.

Appendix 5

Synopsis of Case Reports

Name & Classification	Treatment Summary	Age & Date of Pre-Tx Records	Age & Date Progress Records	Age & Date Post-Tx Records
1. John Smith Class I	Extract 4 4 4 4	10 yrs 9 mos 09-22-96	11 yrs 7 mos 10-27-97	12 yrs 7 mos 07-20-98
2. Mary Jones Class II Div 1	Non-extraction	10 yrs 2 mos 11-12-96	11 yrs 4 mos 01-04-98	
3. James Hagerty Class II Div 2	Non-extraction	12 yrs 2 mos 09-09-96	13 yrs 2 mos 09-18-97	
4. Jenny Jackson Class II Div 1	Extract 4 4 5 5	10 yrs 4 mos 10-15-96	11 yrs 5 mos 11-12-97	12 yrs 7 mos 01-05-99
5. Marcy Geise Vertical Dysplasia Case	Non-extraction with surgery	14 yrs 6 mos 12-15-96	15 yrs 2 mos 08-19-97	
6. Jeremy Tracy Class I	Extract 5 5 5 5	13 yrs 5 mos 11-12-96	14 yrs 5 mos 11-14-97	15 yrs 7 mos 01-10-98
7. Michael Albert Class I posterior crossbite	Non-extract RPE	11 yrs 1 mo 12-02-96	12 yrs 4 mos 03-06-97	13 yrs 2 mos 01-25-99
8. Jeff Allen Class II Div 1 posterior cross- bite	Non-extract RPE	13 yrs 0 mos 05-17-96	14 yrs 4 mos 09-12-97	
9. Marcia Croal Class I	Extract 4 4 4 4	12 yrs 8 mos 07-08-96	13 yrs 4 mos 03-23-97	
10. Rustly Rhodes Class III	Non-extraction Reverse-pull headgear	10 yrs 1 mo 04-17-96	11 yrs 4 mos 07-01-97	

Appendix 6

Edward H. Angle Society

Northern California Component

Written Final Case Report

Presented by: John Smith DDS., MS.
City and State: San Francisco, CA

Edward H. Angle Society Case Report
Initial Records

A-Summary of Treatment

Patient Name:

Date of Birth:

Age:

Medical History:

Dental History:

B- Pretreatment Records:

Date of Records:

Diagnosis:

1. Angle Classification:

2. Tooth Size Arch Length Discrepancy:
   a. Maxillary:
   b. Mandibular:

3. Facial:

4. Radiographic\Cephalometric
   a. Skeletal:
   b. Dental:

5. Radiographic\Panoramic:

6. Radiographic\Other:

C-Treatment Plan:

D- Type of Appliance Used: .018 slot Anterior ___ Posterior _____
.022 slot Anterior ____ Posterior _____

E- Specific Objectives of Treatment:

a. Maxilla:
    1. A-P:
    2. Vertical:
    3. Transverse:

b. Mandible:
    1. A-P:
    2. Vertical:
    3. Transverse:

c. Maxillary Dentition:
    1. A-P
        a. Molars:
        b. Incisors:
    2. Vertical:
        a. Molars:
        b. Incisors:
    3. Intermolar Width:
    4. Intercanine Width:
    5. Buccolingual Inclination:

d. Mandibular Dentition:
    1. A-P:
        a. Molars:
        b. Incisors:
    2. Vertical:
        a. Molars:
        b. Incisors:
    3. Intermolar Width:
    4. Intercanine Width:
    5. Buccolingual Inclination:

e. Facial Esthetics:

f. Other:

Progress and Final Evaluation

Results Achieved

Date of Records:

Maxilla:

1. A-P:
2. Vertical:
3. Transverse:

Mandible:

1. A-P:
2. Vertical:
3. Transverse:

Maxillary Dentition:

1. Alignment:
2. Anchorage:
3. Incisor Control:
4. A-P:
5. Vertical:
6. Intermolar Width:
7. Intercanine Width:
8. Marginal Ridges:
9. Bucco-lingual Inclination:
10. Rotations:

Mandibular Dentition:

1. Alignment:
2. Anchorage:
3. Incisor Control:
4. A-P:
5. Vertical:
6. Intermolar Width:
7. Intercanine Width:
8. Marginal Ridges:
9. Bucco-lingual Inclination:
10. Rotations

Progress and Final Evaluation

Facial Esthetics

Superimpositions analysis summary (Overall changes, Mx changes, Mn changes)

Mechanics, appliances and auxillaries used

Progress status

Future objective or Retention Summary

Appendix 7

EXECUTIVE COMMITEE

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