Guidelines for Using the AAE Endodontic Case Difficulty Assessment Form

The AAE designed the Endodontic Case Difficulty Assessment Form for use in endodontic curricula. The Assessment Form makes case selection more efficient, more consistent and easier to document. Dentists may also choose to use the Assessment Form to help with referral decision making and record keeping.

Conditions listed in this form should be considered potential risk factors that may complicate treatment and adversely affect the outcome. Levels of difficulty are sets of conditions that may not be controllable by the dentist. Risk factors can influence the ability to provide care at a consistently predictable level and impact the appropriate provision of care and quality assurance.

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.

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.

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*American Society of Anesthesiologists (ASA) Classification System

Class 1: No systemic illness. Patient healthy

Class 2: Patient with mild degree of systemic illness, but without functional restrictions, e.g., well-controlled hypertension

Class 3: Patient with severe systemic illness that limits activities, but does not immobilize the patient.

Class 4: Patient with severe systemic illness that immobilizes and is sometimes life-threatening

Class 5: Patient with severe systemic illness that requires more than 24 hours whether or not surgical intervention takes place

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www.asahq.org/clinical/physicalstatus.htm

E-mail: info@aae.org Web site: www.aae.org

The AAE Endodontic Case Difficulty Assessment Form is designed to aid the practitioner in determining appropriate case disposition. The American Association of Endodontists neither expressly nor implicitly warrants any positive results associated with the use of this form. This form may be reproduced but may not be amended or altered in any way.

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# AAE Endodontic Case Difficulty Assessment Form

## A. PATIENT CONSIDERATIONS

<table>
<thead>
<tr>
<th>CRITERIA AND SUBCRITERIA</th>
<th>MINIMAL DIFFICULTY</th>
<th>MODERATE DIFFICULTY</th>
<th>HIGH DIFFICULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL HISTORY</strong></td>
<td>□ No medical problem (ASA Class 1*)</td>
<td>□ One or more medical problems (ASA Class 2*)</td>
<td>□ Complex medical history/serious illness/disability (ASA Classes 3-5*)</td>
</tr>
<tr>
<td><strong>ANESTHESIA</strong></td>
<td>□ No history of anesthesia problems</td>
<td>□ Vasopressor intolerance</td>
<td>□ Difficulty achieving anesthesia</td>
</tr>
<tr>
<td><strong>PATIENT DISPOSITION</strong></td>
<td>□ Cooperative and compliant</td>
<td>□ Anxious but cooperative</td>
<td>□ Uncooperative</td>
</tr>
<tr>
<td><strong>ABILITY TO OPEN MOUTH</strong></td>
<td>□ No limitation</td>
<td>□ Slight limitation in opening</td>
<td>□ Significant limitation in opening</td>
</tr>
<tr>
<td><strong>GAG REFLEX</strong></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><strong>EMERGENCY CONDITION</strong></td>
<td>□ Minimum pain or swelling</td>
<td>□ Moderate pain or swelling</td>
<td>□ Severe pain or swelling</td>
</tr>
</tbody>
</table>

## 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 obtaining/interpreting radiographs
- □ Moderate difficulty obtaining/interpreting radiographs (e.g., high floor of mouth, narrow or low palatal vault, presence of tori)
- □ Extreme difficulty obtaining/interpreting radiographs (e.g., superimposed anatomical structures)

### Position in the Arch
- □ Anterior/premolar
- □ Slight inclination (<10°)
- □ Slight rotation (<10°)
- □ 1st molar
- □ Moderate inclination (10-30°)
- □ Moderate rotation (10-30°)
- □ 2nd or 3rd molar
- □ Extreme inclination (>30°)
- □ Extreme rotation (>30°)

### Tooth Isolation
- □ Routine rubber dam placement
- □ Simple pretreatment modification required for rubber dam isolation
- □ Extensive pretreatment modification required for rubber dam isolation

### Crown Morphology
- □ Normal original crown morphology
- □ Full coverage restoration
- □ Porcelain restoration
- □ Bridge abutment
- □ Moderate deviation from normal tooth/root form (e.g., taurodontism, microdens)
- □ Teeth with extensive coronal destruction
- □ Restoration does not reflect original anatomy/alignment
- □ Significant deviation from normal tooth/root form (e.g., fusion, dens in dente)

### Canal and Root Morphology
- □ Slight or no curvature (<10°)
- □ Closed apex (<1 mm in diameter)
- □ Moderate curvature (10-30°)
- □ Crown axis differs moderately from root axis. Apical opening 1-1.5 mm in diameter
- □ Extreme curvature (>30°) or S-shaped curve
- □ Mandibular premolar or anterior with 2 roots
- □ Maxillary premolar with 3 roots
- □ Canal divides in the middle or apical third
- □ Very long tooth (>25 mm)
- □ Open apex (>1.5 mm in diameter)

### Radiographic Appearance of Canal(s)
- □ Canal(s) visible and not reduced in size
- □ Canal(s) and chamber visible but reduced in size
- □ Pulp stones
- □ Indistinct canal path
- □ Canal(s) not visible

### Resorption
- □ 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
- □ Alveolar fracture
- □ Intrusive, extrusive or lateral luxation
- □ Avulsion

### Endodontic Treatment History
- □ No previous treatment
- □ Previous access without complications
- □ Previous access with complications (e.g., perforation, non-negotiated canal, ledge, separated instrument)
- □ Previous surgical or nonsurgical endodontic treatment completed

### Periodontal-Endodontic Condition
- □ None or mild periodontal disease
- □ Concurrent moderate periodontal disease
- □ Concurrent severe periodontal disease
- □ Cracked teeth with periodontal complications
- □ Combined endodontic/periodontic lesion
- □ Root amputation prior to endodontic treatment

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Class 4: Patient with severe systemic illness that immobilizes and is sometimes life threatening.
Class 5: Patient will not survive more than 24 hours whether or not surgical intervention takes place.

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