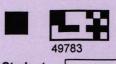


MUSoD Endodontic Therapy Evaluation Form Access Preparation

	Student Name:ID					
	Chart					
Stude	The operation of the second of	Faculty Grade				
[]SA	The pre-op radiograph is of diagnostic quality with good resolution. The full tooth is seen on the radiograph and shows separation of all canals.					
[]AC	The pre-op radiograph is underexposed/overexposed, but it is diagnostic. The pre-op radiograph is foreshortened/elongated, but it is diagnostic. There is a cone cut.	[]ACC				
[] SU	The radiograph is overexposed/underexposed and the diagnostic quality is affected. The radiograph is foreshortened/elongated and the diagnostic quality is affected. There is cone cut that affected radiographic evaluation.	[]SUB				
[]DE	The radiograph is not of diagnostic quality	[]DEF				
Stude	AND THE CONTRACT OF THE CONTRA					
[]SA	The placement of the access opening reflects the position of the pulp chamber and allows for straight line access to the root canal system.					
[]AC	The placement of the access opening is not directly over the pulp chamber, but allows for straight line access to the root canal system.					
[] SU	The placement of the access opening is not over the pulp chamber and/or hinders straight line access to the root canal system.	[]SUB				
[]DE	The placement of the access opening is not over the pulp chamber and does not gain access to the root canal system.	[]DEF				
Stude Grad		Faculty Grade				
[] SA	The access opening is of optimal size and allows for complete debridement of the pulp chamber without ledges remaining.	[]SAT				
[]AC	The access opening is of adequate size, but is not consistent with the criteria of being satisfactory. The access opening allows for complete debridement of the pulp chamber. The cusps and/or marginal ridges have dentinal support.	IJACC				
[] SU	The access opening is overextended to include cusp tips, an incisal edge or marginal ridges beyond what is considered reasonably acceptable. The access opening is underprepared and prevents complete					
, 102	The access opening is grossly overextended to undermine the cusp tips, incisal edge and/or extends beyond the occlusal table to undermine the marginal ridges. The access opening is underprepared so that complete debridement of the pulp chamber or access to one or more canal orifices is impossible.	[]DEF				



perforation of the crown or the floor of the pulp chamber. Pulp Horn Removal All pulp horns are removed through the access opening The pulp horns are not fully removed through the access opening Pulp horns are not entered DEF	ledges. The internal form tapers to the canal opening, slight ledges and/or gouges are present that do not affect access to the canal orifice. The internal form lacks taper to the canal orifice(s), gouges are present that do not affect access to the canal orifice. The internal form exhibits excessive ledging or gouges that do not allow access to the canal orifices. The pulp chamber is not entered and/or there is incomplete removal of the pulp chamber roof and/or there is a perforation of the crown or the floor of the pulp chamber. In pulp horns are removed through the access opening The pulp horns are not fully removed through the access opening Pulp horns are not entered Critical Errors Scoring Criteria I Critical lack of Judgement/Diagnostic Skills I Critical lack of Professional Demeanor I Critical lack of Treatment Management I Unethical conduct	udent rade	Internal	l Form		F		
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