

MUSoD Endodontic Complexity Assessment form

Criteria and Subcriteria	Complexity Level 1	Complexity Level 2	Complexity Level 3
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Patient Considerations:

Medical History	<input type="checkbox"/> Non contributory	<input type="checkbox"/> Moderate	<input type="checkbox"/> Complex
Patient Disposition	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Anxious but cooperative	<input type="checkbox"/> Uncooperative
Ability to open	<input type="checkbox"/> No Limitation	<input type="checkbox"/> Slight limitation	<input type="checkbox"/> Significant limitation
Gag Reflex	<input type="checkbox"/> None	<input type="checkbox"/> Occasional	<input type="checkbox"/> Extreme
Emergency Condition	<input type="checkbox"/> Minimal Pain/swelling	<input type="checkbox"/> Moderate pain/swelling	<input type="checkbox"/> Severe pain/swelling
Anesthesia	<input type="checkbox"/> No concerns	<input type="checkbox"/> Vasoconstrictor intolerance	<input type="checkbox"/> Difficulty w/ Anesthesia

Diagnostic and Treatment Considerations:

Diagnosis	<input type="checkbox"/> Signs and Symptoms consistent with Pulpal and Periradicular Diagnosis	<input type="checkbox"/> Extensive differential Diagnosis	<input type="checkbox"/> Complex signs and symptoms
Radiographic difficulty	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Arch position	<input type="checkbox"/> Anterior/Premolar <input type="checkbox"/> Slight Inclination(<10°) <input type="checkbox"/> Slight Rotation(<10°)	<input type="checkbox"/> Maxillary/Mandibular 1 st Molar <input type="checkbox"/> Moderate Inclination(<30°) <input type="checkbox"/> Moderate Rotation(<30°)	<input type="checkbox"/> Max/Mand 2 nd or 3 rd Molar <input type="checkbox"/> Severe Inclination(>30°) <input type="checkbox"/> Severe Rotation(>30°)
Tooth Isolation	<input type="checkbox"/> Routine Placement	<input type="checkbox"/> Simple Modification	<input type="checkbox"/> Extensive Modification
Crown Morphology	<input type="checkbox"/> Normal Morphology with no Deviation	<input type="checkbox"/> Moderate Deviation in Original Crown Morphology <input type="checkbox"/> Full Coverage Restoration <input type="checkbox"/> All Ceramic Restoration <input type="checkbox"/> Abutment for Dental Appliance <input type="checkbox"/> Extensive Coronal Destruction	<input type="checkbox"/> Significant Deviation in Original Crown morphology <input type="checkbox"/> Restoration does not reflect the long axis of tooth
Canal/Root Morphology	<input type="checkbox"/> Slight or no curvature(<10°) <input type="checkbox"/> Closed Apex	<input type="checkbox"/> Moderate Curvature(<30°) <input type="checkbox"/> Open Apex	<input type="checkbox"/> Severe Curvature(>30°) <input type="checkbox"/> Difficult Canal Anatomy <input type="checkbox"/> Immature Apex
Radiographic Canal Appearance	<input type="checkbox"/> Canal(s) visible	<input type="checkbox"/> Canal(s) Reduced	<input type="checkbox"/> Indistinct Canal Path(s) <input type="checkbox"/> Canal(s) not visible
Resorption	<input type="checkbox"/> None evident	<input type="checkbox"/> Minimal Apical Resorption	<input type="checkbox"/> Extensive Apical Resorption <input type="checkbox"/> Internal Resorption <input type="checkbox"/> External Resorption

Additional Considerations:

Trauma History	<input type="checkbox"/> Uncomplicated Fracture	<input type="checkbox"/> Complex Fracture of a Mature tooth	<input type="checkbox"/> Complex Fracture of an Immature tooth
Endodontic Treatment History	<input type="checkbox"/> No Previous Treatment	<input type="checkbox"/> Previous Access without Complications	<input type="checkbox"/> Previous Access with complications <input type="checkbox"/> Previous Endodontic Therapy completed
Endodontic/Periodontal Condition	<input type="checkbox"/> None/Mild Periodontal Condition	<input type="checkbox"/> Concurrent Moderate Periodontal Condition	<input type="checkbox"/> Concurrent Severe Periodontal Condition <input type="checkbox"/> Combined Endo/Perio Lesion

Complexity Assessment:

Level 1 <input type="checkbox"/>	Anterior or premolar with no Complexity Level 3 considerations
Level 2 <input type="checkbox"/>	Maxillary or Mandibular 1 st Molar with no Complexity Level 3 considerations
Level 3 <input type="checkbox"/>	Maxillary or Mandibular 2 nd or 3 rd Molar

Approved for Pre-Doctoral Endodontic Therapy Referral for Post-Doctoral Endodontic Therapy

Student:	Date
Endodontic Faculty:	Date

10/01/2014

