



## CASE LOG REQUIREMENTS

### Information for Trainees

*This version is current for the 2008 Credentials and Training Support Committee cycles.*

*Items shown in underlined italic font* are available on the AVDC web site via links from the *Information for Registered Trainees* page unless otherwise stated.

To ensure compliance with the case log requirements for successful completion of the Credentials Application process, and to provide a uniform means of constructing case logs that can be reviewed in consistent format by the AVDC Training Support Committee and Credentials Committee, the policies described below have been adopted by AVDC.

AVDC Case Logs consist of a one-line summary of each case managed by the trainee (whether as assistant or as primary dentist). Case Logs require use of abbreviations. Use of the AVDC-approved Abbreviations List is required for trainees whose training program was registered after January 1<sup>st</sup>, 2004. Use of the AVDC-approved abbreviation list by all trainees is strongly recommended. All abbreviations are to be in UPPER CASE letters.

To make construction and management of the case-logs as user-friendly as possible for trainees, AVDC provides a MicroSoft Excel-based spreadsheet file that contains templates and instructions for logging cases and related activities, and that automatically creates both chronological and category logs. Visit the Excel-Based Case Log Templates page to down-load the file. Use of the AVDC Excel system is required for trainees whose training program was registered after January 1<sup>st</sup>, 2004. For trainees whose training program was registered prior to January 1<sup>st</sup>, 2004, use of the AVDC excel-based files is strongly recommended.

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## LOG OF ALL CASES SEEN DURING THE TRAINING PROGRAM

A detailed list of all veterinary dental cases (minimum = 500) seen during the AVDC-approved training period. Cases that were treated prior to the trainee's AVDC training program registration start date cannot be included in the case log.

**Note:** Case logs must be continued until the trainee's credentials application has been accepted (i.e. following a residency or other training program with a completion date that is not coincident with submission of a credentials package, case logs are to be continued until an application is submitted; or when an unsuccessful application was submitted in a previous year, the trainee is to continue to log cases until a new application is submitted).

### Case Log Requirements

1. **Dental Chart.** A completed dental chart and other medical record information are to be available for all logged cases.
2. **Chronological Log.** All dental cases are to be included in the Chronological Log to document the breadth and depth of a trainee's caseload. For definitions of an AVDC "case", view Guidelines for Counting Cases in this document. The cases are to be numbered sequentially and listed chronologically from the start of the training program. **Note:** Case logs must be continued until the trainee's credentials application has been accepted (i.e. following a residency or other training program with a completion date that is not coincident with submission of a credentials package, case logs are to be continued until an application is submitted; or when an unsuccessful application was submitted in a previous year, the trainee is to continue to log cases until a new application is submitted).
3. **Category Log.** The cases are to be listed under the categories and subcategories stated in the AVDC Case Log Categories list (page 7 of this document), using the same case number used in the chronological list. Only cases in which procedures were performed (or in the case of categories OM or OR1, cases in which involved diagnostic procedures or treatment plans/recommendations were completed) may be categorized and logged in the **Category Log**.
4. **Minimum Required Case Load (MRCL).** To ensure that the required 500+ cases demonstrate breadth and depth of experience in the core dental disciplines of oral diagnosis, periodontics, endodontics, restorative dentistry and oral surgery, and that trainees have performed or been exposed to more involved but less commonly performed procedures in the core disciplines and in other dental disciplines such as prosthodontics and orthodontics, there is a specified Minimum Required Case Load (MRCL). See Case Log Categories on page 7 of this document to review the number of cases required in each category. The trainee is to be P, R/A or P/D for 50% or more of logged MRCL cases (see *Trainee Status*, in Format of the Case Log, below). The medical and dental records, radiographs, models etc. for all cases listed in the MRCL log that were treated after July 15, 1998 must have been reviewed by an AVDC diplomate; a **MRCL Diplomate Case Review Form must be completed before the case can be included in**

**the Minimum Required Case Load log** (see *MRCL Diplomate Case Review Form*). Fill in the "Date of Review by Diplomate" column on the MRCL log.

5. **“Six Year Rule”** If an trainee remains in a training program for more than six years, cases in the log that are more than six years old cannot be counted towards meeting the AVDC total case log or MRCL minimums; however, the trainee is not required to revise the individual case log numbers following deletion of cases that are no longer allowable. A report to AVDC that includes a case log in which the most-recent six year chronological log list does not start with Case #1 is to note the reason for not starting with #1 as the initial case in the chronological log.
6. **Format of the Case Log - Requirements for all Case Log Entries**  
The AVDC Excel Case Log template automatically creates logs in the required format. Be sure to complete each column as you log a case.  
For trainees registered in a training program prior to January 1<sup>st</sup>. 2004, use of the AVDC Excel case log system is not required. However, the following columns are required in all AVDC Case Logs, and are to be filled in for each case logged:

**Category:** List the category and subcategory you are assigning this case to, using the **Case Log Categories** list (page 7) to determine the category and subcategory.

**Number:** Case number (consecutive throughout a trainee’s program, listed in date order).

- If an trainee remains in a training program for more than six years, cases in the log that are now more than six years old can no longer be counted towards AVDC requirements; however, the trainee is not required to revise the individual case log numbers following deletion of cases that are no longer allowable. Any report to AVDC, such as the Annual Report to TSC or a Credentials Application, involving such a case log is to note the reason for not starting with case #1 as the initial case included in the log.
- Follow up procedures for the same case are to retain the same case number. For example, an orthodontic appliance installation case is assigned a case number and the same case number is logged again for appliance check or adjustment visits and for appliance removal. See *Re-Examinations, Multiple or Repeated Treatments, Management of Complications* on page 10 of this document.

**Date:** Month, day and year procedure was performed.

**Patient Name:** List the patient’s name or clinic case number.

**Signalment:** Species, age, breed and gender of the patient.

**Diagnosis:** List the diagnosis(es) made using the *AVDC abbreviations*.

- For PE1, PE2, PE3 and PE4 cases, the periodontal index (PD0, PD1, PD2, PD3, PD4) is to be listed. If there is no appropriate AVDC

abbreviation, write out the diagnosis (do not use abbreviations not included in the AVDC Abbreviation List)

- Other periodontal indices such as gingival index, pocket depth, furcation, mobility etc. are more appropriate for use on the dental chart and are not to be included in the AVDC case log.

**Dental Procedure:** List the dental procedure(s) performed using the AVDC abbreviations. If there is no appropriate AVDC abbreviation, write out the name of the procedure (do not use abbreviations that are not included in the AVDC Abbreviation List)

- Individual teeth treated are to be identified for specific procedures. AVDC approves use of either the anatomical name of the tooth or the modified Triadan system to identify specific teeth (see *Veterinary Dental Nomenclature* – click the link on the Home page of the AVDC web site).

**Trainee Status (P, A, P/D, RA):** These abbreviations are used to designate whether the trainee was the:

- **P** - Primary dentist (case managed primarily by the trainee).
- **A** - Assisting AVDC diplomate (case managed primarily by the diplomate).
- **P/D** - The trainee was the primary dentist, but was assisted by or consulted with an AVDC diplomate.
- **RA** - The trainee and other trainee(s) (residents or alternate pathway) worked together as primary dentist on the case, under supervision by a diplomate.
- The name or initials of the AVDC diplomate involved with an **A**, **P/D** or **RA** case is to be indicated in the log line for that case.
- **Trainee Status for MRCL cases:**
  - *For trainees in programs registered prior to January 1<sup>st</sup> 2006*, the trainee must be listed as P, P/D or RA for 50% or more of the total number of cases in the MRCL log.
  - *For trainees in program registered on or after January 1<sup>st</sup> 2006*, 50% or more of MRCL cases must be primary cases for each MRCL category (i.e. the trainee must be listed as P, P/D or RA).

**X-rays:** This column is checked if radiographs were taken.

**MRCL Category:** List the Category you are assigning this case to if you are including it on your MRCL form.

**MRCL Number:** List the line number from the Category on the MRCL form where this case is being entered (e.g. PE3-5 if it is the fifth case in the PE3 category).

### Submission of Case Logs for AVDC Review

#### **For submission as part of the Annual Report to the Training Support Committee or as part of a Credentials Application**

The case log for your entire training program is to be submitted via DMS as one Excel file. If you have been using separate single-year spreadsheets for individual years, cut and paste entries from the yearly logs into a single program training program log. Name the file *{TraineeLASTNAME,FirstName} Caselog {year}*.

### MRCL Diplomate Case Review Form

A MRCL Diplomate Case Review Form must be completed before a case can be included in the Minimum Required Case Load log. The form is available on the *Information for Registered Trainees* web page.

- The electronic version of the form does not have to be hand-signed by the reviewing diplomate. If the blank form is printed and completed by hand, a digital copy is to be made for submission to AVDC.
- One review form is to be completed for each of the 240 required MRCL cases.
- Only one review form is to be completed for cases that required more than one visit for completion.
- **For cases logged prior to December 31<sup>st</sup>, 2007, MRCL Diplomate review forms are to be completed and submitted within two years of the log date of the case. For cases logged on or after January 1<sup>st</sup> 2008, MRCL Diplomate review forms are to be completed and submitted within one year of the log date of the case. Cases for which the MRCL form does not meet the dating requirement cannot be included on the MRCL log.**

#### **Completing the MRCL Diplomate Case Review Form:**

Follow the instructions on the *MRCL Diplomate Review Form*.

Trainee name, date of procedure, trainee's status (P, A, R/A, P/D), patient ID (owner's name or hospital case number), breed, age and gender are transferred from the chronological log.

Dental procedure: Specify MRCL category and subcategory code, such as OM, PE2 etc., and enter the number of that case in the sequence for that sub-category (i.e. if the case was the fifth PE2 case seen, the MRCL log entry will be PE2-5).

When saving the electronic form for a particular case, or when making a digital copy of a hand-completed form, name the file *{TraineeLASTNAME,FirstName} Z-MRCL {Category-Case#}*. E.g. CLAUS,Santa Z-MRCL PE2-5.

The review form will not be accepted by the Training Support Committee or Credentials Committee without the diplomate's name and date of review. Electronically completed forms are required (a digital copy of a hand-completed form is acceptable). MRCL case review forms are to be submitted by the trainee with the next Annual Report. If the form was completed in the final six months of a training program, it can be submitted as part of a Credentials Application.

### Cadaver Procedure Log (Optional)

Trainees are encouraged to practice procedures on cadavers, and are welcome to list these procedures on a separate Cadaver Procedure Log. Cadaver procedures cannot be included in the Minimum Required Case Load (MRCL) log, **with one exception:**

One cadaver case may be performed by the trainee under direct supervision and including review of the specimen by the Supervisor or other AVDC Diplomate in lieu of a clinical case, if an indication for such a procedure has not been presented to the trainee and if the trainee has completed all other training requirements and is otherwise ready to submit a Credentials Application Package. The cadaver case must be documented on a MRCL Cadaver Form and included in the Credentials Application document.

### Case Log Categories and Minimum Required Case Load (“MRCL”)

The **AVDC Case Log Categories** listed below are to be used in all AVDC case logs. Where a number of procedures are grouped in brackets under a general heading, inclusion of at least one procedure of each type is strongly recommended. Note the **Guidelines for Counting Cases** (page 9 of this document). Abbreviations in **blue** refer to items in the AVDC Abbreviations List of diagnoses and procedures.

#### **Oral Medicine**

**OM** Cases requiring involved diagnostic tests, such as anesthesia and biopsy or radiographs (incisional biopsies [**BI**] are to be logged as OM cases, and excisional biopsies [**BE**] qualify for the OS5 category - include the biopsy results in the diagnosis column using the appropriate AVDC abbreviation); sialography; masticatory muscle EMG; or where laboratory tests beyond complete blood count and biochemical profile are used but which do not include a treatment procedure that is logged under a treatment category on that patient on that date. ....**20 cases**

*Clarifications:*

*1. Normally, if a treatment procedure is performed, OM would not be considered the appropriate category even if diagnostic tests are included because the case would be logged based on the treatment performed. However: Trainees may log cases under any category appropriate for the case as performed provided that there is no double-logging of cases (except as defined under Guidelines for Counting Cases). For example, if your MRCL OS5 slots are filled, a case in which biopsy was performed and the biopsied mass was treated by excision can be logged as OM if you have spaces in your MRCL OM category list, but cannot also be logged as an OS5 case.*

*2. The dental chart and medical record for that patient must record the reasons for categorization as an OM case.*

3. *Anesthesia and dental radiographs may, but do not necessarily, count as an OM procedure; there must be a diagnostic purpose to investigate a previously identified clinical problem.*

*Examples:*

*A. A procedure that is limited to anesthesia and dental radiographs to assess pulp chamber, root canal and periapical status of a previously traumatized tooth qualifies as an OM procedure only the first time is performed; subsequent 'watchful waiting' follow-up radiograph procedures do not qualify as OM procedures.*

*B. Anesthesia and dental radiographs to investigate the reason for absence of an erupted tooth in a patient old enough to have erupted that tooth if the patient was normal is an OM case if the radiographic diagnosis is anodontia or impacted tooth that does not require treatment.*

*C. If no loggable treatment procedure was performed in a puppy that was anesthetized to obtain radiographs of diagnostic quality for confirmation of presence of unerupted crowns of adult teeth, this is not a loggable OM case because it is not a diagnostic procedure – it is a service for the owner, and thus not an OM case.*

4. *OM could be logged if two unrelated conditions were present. Patients that are OM cases that are also categorized in an unrelated category are subject to the general limit of no more than three logged items on that patient on that date.*

*Examples:*

*A. Unrelated conditions: Anesthesia for radiographs and biopsy of an oral mass without excisional treatment of the mass in a patient that also had a fractured tooth that was treated endodontically during the same treatment episode can be logged both as OM and EN.*

*B. Related conditions: Biopsy of stomatitis lesions in a cat that was treated by extractions as treatment of the stomatitis can be logged only as an OS case - it is not also an OM case.*

**Periodontics**

- PE1** Complete prophylaxis not requiring involved periodontal treatment.....**20 cases**
- PE2** Involved periodontal scaling and root planing (includes PE1; includes placement of a periosteal medication when no PE3 or PE4 procedure is performed, as periosteal placement is considered adjunctive treatment).....**20 cases**
- PE3** Simple periodontal surgery (gingivectomy/gingivoplasty, open curettage, or flap procedure, except those combined with bone grafting or **GTR**). Includes items in PE1 or PE2 as part of the procedure .....**10 cases**
- PE4** Involved periodontal treatment (osseous surgery; increasing attachment height; bone augmentation; gingival grafting; guided tissue regeneration [GTR - requires placement of a GTR membrane for classification as GTR]; periodontal splinting; crown lengthening procedure with alveolar bone contouring). Includes items in PE1 or PE2 as part of the procedure (and PE3 if the PE3 procedure is performed on the PE4 tooth). Note: Extraction followed by placement of a bone substitute or bone promoting material is **not** a PE4 case.....**10 cases**

*Clarification of PE category: A PE3 and a PE4 case can be logged for the same patient if e.g. an involved gingival flap procedure was performed on one tooth and a GTR procedure was performed*

*on another tooth. Involved (PE3 and PE4) periodontal procedures include PE1 and PE2 procedures (scaling, curettage) as necessary steps in the PE3 or PE4 procedure - listing a patient as a PE1/PE2 case when the patients is undergoing a PE3 or PE4 procedure is not permitted.*

**Endodontics** (all categories **include** routine restoration of access openings)

- EN1** Mature canal endodontic obturation, non-surgical.....**30 cases**
  - EN2** Vital pulp therapy (partial vital pulpectomy, “pulpotomy”).....**5 cases**
  - EN3** Surgical endodontic treatment; apexification; replacement and endodontic therapy of avulsed or luxated teeth; splinting of tooth with horizontally fractured root with follow-up endodontic evaluation.....**3 cases**
- Clarification: Immediate treatment for avulsion of a tooth by replacement and splinting may be provided and arrangements made to treat the tooth endodontically at a later time; however, should the owner not return for endodontic treatment, such cases may be logged as EN3 by including ‘endodontic treatment recommended’ in the comments column in the case log. Meeting the EN3 MRCL requirement of three cases by logging three such incomplete cases will result in the case log being flagged during TSC or Credentials review.

**Restorative Dentistry**

- RE** Restorative procedures (requiring: gingival flap exposure, occlusal table cavity preparation, other involved restoration, but not including routine restoration of endodontic access openings).....**12 cases**

***Clarifications:***

- For restorations of enamel hypoplasia lesions, a maximum of two restorative “cases” (RE) may be counted if two or more teeth were restored beyond simple dentin bonding in the same animal during the same anesthetic episode.
- Placing a bonding agent on a dental irregularity, of itself, does not constitute an RE case.
- Repair of restoration of a root canal access site that is replaced due to “microleakage” does not count as an RE case IF the original veterinarian who performed the root canal procedure replaces the missing restoration. However, if a trainee replaces a missing restoration that was NOT originally his/her case and preparation of the defect is performed by the trainee, it would count as an RE case.

***Are radiographs required when enamel defects are restored?***

- AVDC has no formal position on this issue; however, restoration of a tooth without radiographic confirmation that the root is normal seems inappropriate and will likely cause TSC or the Credentials Committee to flag RE or PR case log entries in which there is no indication that radiographs were taken.

**Oral Surgery**

**Definition of “Oral Surgery”:**

Surgery involving the tissues comprising and surrounding the oral cavity (including oropharynx, mandible and maxilla) and the tissues directly arising from the oral mucosa (salivary glands). Removal of a lip mass can be logged as an OS procedure only if the oral mucosa is incised.

Oral surgery ends just rostral to the larynx but does include salivary gland surgery, even if approached extraorally. The oropharynx is controversial: Procedures performed on tonsils are considered ear-nose-throat (ENT) surgery (and are not to be included as oral surgical cases in an

AVDC case log). Cleft soft palate is oral surgery, while elongated soft palate as part of the upper airway obstruction syndrome is an ENT procedure (not oral surgery).

Procedures that originate in the oral cavity and that are intended to reach another system are typically not considered oral surgery. Two examples are rhinotomy and intraoral hypophysectomy.

Questions on whether a case can be included in an AVDC case log can be sent via e-mail to the Executive Secretary ([ExecSec@AVDC.org](mailto:ExecSec@AVDC.org)).

- OS1** Simple (closed) dental extractions, crown amputations (e.g. **TR**).....**35 cases**
- OS2** Involved dental extractions (open or closed, requiring tooth sectioning, bone removal or other procedures in addition to work with elevators and forceps). A “full-mouth extraction” patient may be logged as three OS2 cases if involved extractions were performed in at least three arches .....**25 cases**
- OS3** Mandibular or displaced maxillary fracture fixation (using muzzle and/or dental acrylic splint; body of mandible fracture fixation with wire, pins, screws or plate; symphyseal separation fixation).....**5 cases**
- OS4** Involved oral surgical procedures (**TMJ** condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy).....**5 cases**
- OS5** Miscellaneous soft tissue oral surgery (e.g. resection of traumatic cheek or sublingual granuloma-hyperplasia; salivary gland surgery; removal of oral masses not requiring maxillectomy or mandibulectomy; operculectomy; gingival wedge resection; laser surgery for stomatitis; closed reduction of **TMJ** dislocation) .....**5 cases**

**Prosthodontics**

- PR** Crown and/or bridge preparation and cementation (including canine, incisor and carnassial teeth).....**10 cases**

**Notes:**

- When the trainee is primary or assisting dentist for **only the preparation procedure**, place the preparation date in the date column of the case log entry; in the Dental Treatment column, write *Not present for cementation*.
- When the trainee is primary or assisting dentist for **only the cementation procedure**, place the cementation date in the date column of the case log entry; in the Dental Treatment column, write *Not present for preparation*.
- When the trainee is primary or assisting dentist for **both the preparation and cementation procedures**, log the preparation date in the date column; in the Dental Treatment column, write in *Cemented on (date)*. Do not log the cementation procedure as a separate case.
- **For MRCL PR cases:** Logging of cases as PR for the MRCL log requires participation by the trainee in both preparation and cementation procedures. However, if the trainee was not able to be present when the crown was cemented in place in a patient for whom the trainee was present for the preparation procedure, it is acceptable to log a crown preparation case as the primary log entry and to note in the Treatment column (*date, case log #, cementation*) for another cementation procedure for which the trainee was the primary or assisting dentist. There must be a total of 10 separate preparation and 10 cementation procedures to complete the 10 case MRCL PR requirement.

**Orthodontics**

- OR1** Malocclusion treatment plan, including detailed consultation and recording of the evaluation of the bite or bite registration, impressions, study models, with or without occlusal adjustment; occlusal adjustment in exotic species. Anesthesia is not necessary for a case logged as OR1.....**10 cases**
- OR2** Extraction of deciduous teeth or permanent teeth causing malocclusion.... **4 cases**
- OR3** Management of clinical malocclusion (crown amputation, application of an inclined plane.) Excluding cases listed under OR1 or OR4. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’. For example: Bilateral mandibular canine crown reduction and vital pulp therapy counts as one OR-3 case.... **4 cases**
- OR4** Management of clinical malocclusion (use of an active force orthodontic device). Excluding cases listed under OR1 or OR-3. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’. For example: Correction of mesioversion of a maxillary canine tooth followed by correction of labioversion of the mandibular canine tooth counts as one OR-4 case..... **2 cases**

**Other Species**

- EX** Dental procedures on animals other than dogs and cats, which are not listed in any other MRCL category.....**5 cases**

**“Miscellaneous” cases:** When a case does not appear to fit into any of the AVDC categories, the trainee is to request clarification from AVDC. Send an e-mail message to the *Executive Secretary*, who will forward it to the Training Support Committee chair. When necessary, the chair of the Credentials Committee will be asked for an interpretation. Clarifications and additions are published in the MRCL definitions, above, following approval by the AVDC Board.

**Internal bleaching.**

This procedure is not eligible for inclusion as a separate treatment category. If no other procedure was performed, there is no loggable AVDC ‘case’ for that patient on that date.

**Re-Examinations, Multiple or Repeated Treatments, Management of Complications**

1. **Staged Procedures:** When a treatment requires multiple anesthetic episodes (such as adjustments of an orthodontic device for OR3 or OR4 cases or removal of a dental splint following healing of a jaw fracture), the case is be logged once, and each adjustment/device removal procedure is to be noted in the Dental Treatment column with the date performed.

When e.g. an apexification EN3 procedure is performed, for which the final planned treatment step is an EN1 standard endodontic procedure, the case is to be logged once as EN3 and the EN1 procedure and date are to be noted in the Dental Treatment column for the original EN3 case log entry.

2. **Management of complications and salvage procedures.** When a separate procedure is required because of failure of the primary procedure (e.g. EN3 surgical endodontics is performed on 3/15/07 following failure of a case originally logged as EN1 #1322 on 5/20/06), the EN3 procedure is to be logged as a separate entry with a new case number. The Dental Treatment column for the new case is to include e.g. '*Salvage procedure for EN1# 1322 (5/20/06)*', and the Dental Treatment column for the original procedure is to include '*EN3 as salvage procedure done on 3/15/07*'.
3. **Re-examination ('re-check') procedures.**
  - A. For a patient that is **only undergoing re-examination** (i.e. oral charting, radiographic examination), create a new case log entry for the re-examination date **AND** include a comment in the original case log entry. Example: for a re-examination performed on 3/15/07 of EN1 case #1322 originally performed on 5/20/06, create a **new case log entry** 1322-R, date it 3/15/07, enter EN1-R in the category column, and enter *Re-ex EN1 #1322* in the Dental Treatment column. In the **original entry** #1322 dated 5/20/06, enter *Re-ex EN1 #1322, 3/15/07* in the Dental Treatment column.
  - B. For a patient **undergoing re-examination at the same time as a new procedure**. Example: on 3/15/07 a radiographic re-examination procedure is done on EN1 case #1322 and a PE2 procedure is performed during the same anesthetic episode. Log the case as a new PE2 case dated 3/15/07 **AND** add *Re-ex EN1 #1322* in the Dental Treatment column of the PE2 case. Update the original EN1 #1322 log entry by adding *Re-ex 3/20/07* in the Dental Treatment column.
  - C. The re-check logging option is intended to be used for major re-examinations, such as six month endodontic radiographic follow-up, or three month check for recurrence following oral tumor surgery.  
If the re-examination is the equivalent of a skin suture removal following surgery elsewhere on the body (such as inspection without anesthesia of healing of an extraction site 1-2 weeks following the procedure), there is no reason to include it in the case log; it will be included in the medical record for that patient anyway, should the case end up being one of the six cases for which documentation is requested at the time of credentials application review. If your examination showed that the extraction site was e.g. not granulating and you anesthetized the dog to curette the alveolus, then it should be logged as a re-examination case with 'Curette non-healing alveolus' in the treatment column.
4. **Changing previously logged entries:**

Case log entries previously reviewed by TSC in an Annual Report can be updated as necessary to record re-examination procedures or complications, as noted above.

**Selection of MRCL cases:** In the item 1, Staged Procedures example given above, an EN1 procedure was performed on a case originally logged as an EN3 (apexification) entry. The EN1 procedure would not show up in your Category log. If you have sufficient EN3 cases and have EN1 slots to fill in your MRCL log, you can change the category for this case to EN1. The date of the procedure in the log entry must be changed to the date of the EN1 procedure; also add *APX previously performed on (date)* in the Dental Treatment column.

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### Guidelines for Counting Cases

An “AVDC case” is defined as performance of a procedure (including oral diagnosis) in a dental discipline. A maximum of three “cases” may be logged from any single treatment episode of a particular animal.

Clarifications and examples:

- Three major procedures in a single category during the same anesthetic procedure on the same animal may be counted as three “cases”, e.g. root canal treatment of a premolar and two canine teeth.
- In full-mouth extraction cases, a maximum of three OS2 “cases” may be counted if surgical extractions are done in at least three of the four dental arches in the same animal during the same anesthetic episode.
- An animal presented with a fractured tooth and extensive periodontal disease that is treated by a root canal procedure, endodontic access restoration and periodontal scaling would qualify as two separate AVDC “cases” (PE1 and EN1) because specific procedures in two major disciplines (endodontics and periodontics) were performed. This patient would not qualify as an RE case because restoration of the endodontic access opening is considered to be part of the endodontic procedure.
- An animal with wide-spread but uncomplicated periodontal disease treated by routine periodontal treatment and some simple (closed) extractions would qualify as two “cases” (PE1 and OS1).
- An animal with malocclusion, for which diagnosis and prognosis of the abnormality and genetic counseling is the extent of treatment, constitutes a “case” (OR1). In this instance, performance of a specific dental technique under anesthesia is not required. A dental record, including a detailed description of the occlusion or bite registration, plus a treatment plan/recommendation, must be completed.
- Treatment of malocclusion orthodontically in one patient is one ‘case’ even when multiple ‘procedures’ are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation of multiple teeth can be logged as separate EN2 or EN3 cases for each tooth **or** as a single OR3 case, but not both.
- Management of one episode of disease requiring more than one examination or anesthesia counts as one “case” (e.g. management of malocclusion with a device requiring adjustments [OR4], or staged apexification [EN3]). Follow-up treatments are to be logged in both the chronological and category logs using the original case number.
- For restorations of enamel hypoplasia lesions, a maximum of two restorative “cases” (RE) may be counted if two or more teeth were restored beyond simple dentin bonding in the same animal during the same anesthetic episode.
- Double-counting of cases in different PE categories is not permitted; log the case under the most complicated PE category performed on that case. E.g. if scaling/polishing of all teeth was performed (PE1) and a periodontal surgery (PE3) was performed on one tooth, log the case as PE3 only.