



CASE LOG REQUIREMENTS

Information for Trainees

This version is current for the December 2009 Annual Report and 2010 Credentials 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 summary of each case managed by the trainee (whether as assistant or as primary dentist). Use of the AVDC-approved Abbreviations List is required for trainees whose training program was registered after January 1st, 2004. Use of the AVDC-approved abbreviation list by all trainees is strongly recommended. All abbreviations are to be in UPPER CASE letters.

Trainees are to use the AVDC on-line case log system. Information on accessing and using the on-line case log is available in the On-line Case Log section in the DMS Users Guide.

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Log of All Cases Seen During the Training Program

A log of all veterinary dental cases (minimum total requirement = 500) seen during the AVDC-approved training period is to be kept by the trainee, using the AVDC on-line case log system. Cases that were treated prior to the trainee's AVDC training program registration start date cannot be included in the case log. Note that there is also a Minimum Required Case Load for specific types of case – see Case Log Categories and MRCL on page 7 of this document.

Case logs must be continued until the trainee's credentials application has been accepted. 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 June 30th of the year in which an application is submitted. 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. **On-line Log.** Detailed information for use of the AVDC on-line case log is provided in the DMS Users Guide On-line Case Log section. The on-line log automatically provides “chronological log”, “categorical log”, “MRCL log” views and case log summary views
3. For **definitions of an AVDC “case”**, read Guidelines for Counting Cases in this document.
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 ‘active dentist’ for 50% or more of logged MRCL cases (see *Trainee Status*, in Format of the Case Log, below). An **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, below).

Case Categorizations to Fill Out Your MRCL List.

Some trainees find that they have more than enough cases (e.g. excisional biopsy) to fill all the required slots in complex-treatment MRCL categories (e.g. OS4), but may not have sufficient cases for ‘less complex procedure’ categories such as OM.

Trainees may elect to categorize cases as a lesser complex category to fill spaces on their MRCL log. Examples:

- A. An oral mass that is biopsied by excisional biopsy as an OS4 or OS5 procedure can be categorized as OM instead of OS4 or OS5, because the mass was biopsied (meeting the OM category requirement).

- B. If all PE4 MRCL slots are filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 slots to be filled.
- C. If several teeth are extracted, some qualifying for OS1 and some for OS2, the case can be logged as OS1 if the OS2 MRCL slots are filled and there are slots to fill in the OS1 list.
- D. If a malocclusion is diagnosed and a treatment plan developed (including detailed consultation and recording of the evaluation of the bite or bite registration, impressions, study models, with or without occlusal adjustment) and an orthodontic procedure is performed, the case can be categorized as OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled.
- E. If all EN1 or EN2 MRCL slots are filled and a RE MRCL case log slot is yet to be filled, and if a coronal access created during an endodontic case is restored using full restorative procedure (cavity preparation, application of appropriate materials including a permanent restorative material, finishing the restored surface) the case can be categorized as RE instead of (but not in addition to) EN1 or EN2.

In these examples, the important consideration is that the procedure(s) required to meet the lesser category definition are met – trainees may not simply ‘deflate’ a case category if the procedure performed does not meet the lesser category definition.

In all cases logged, the diagnosis and procedure columns are to include the full set of information describing what was diagnosed and performed on that date.

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. The trainee is not required to revise the individual case log numbers following deletion of cases that are no longer allowable – the on-line case log automatically recognizes case that are no longer eligible because of procedure date; they are identified in red cross-hash marks on the case log screen and are not included in the case log Summary tables.

6. **Format of the Case Log:**

The AVDC on-line case log automatically creates logs in the required format. Complete the windows in the Enter New Case screen for date of procedure, category, patient information, signalment, diagnosis(es) and procedure(s). The on-line case log automatically assigns the next available **case log number** when a new case is entered. Thus, if cases are not entered in chronological order, there may be an inconsistency between the case log number order and the case log date order - this is not a problem, because the case log screen can be viewed in either case log # order or in case log date order (click the column header on-screen to determine the order in which cases are shown).

Trainees can edit entries of already logged cases using the Edit Case Log Entry screen (accessed by clicking the [blue underlined case log #](#)).

Category: List the category that best describes the case, **using the drop-down menu**. **Case Log Categories** are described on page 7 in this document.

Case Number: This is automatically entered by DMS and cannot be changed. Depending on when you make a new case log entry, the case log number ([case #](#)) may not match the date sequence of cases in your log – this is not a problem.

Date Procedure performed: Use the calendar icon to click the date on which the procedure was performed, or you can enter it as month/day/year-four digits.

Patient Name: In the Patient Name line, type the Patient name space Owner last name (no parens, no quotation marks).

Patient Identifier: If your practice or hospital uses a case record numbering system, insert the case record number.

Species: Use the drop-down menu to insert the species – if the specific species is not listed, click Other and then insert the species in the Breed line.

Breed: Insert the Breed. You may use abbreviations for breeds adopted by your practice or hospital.

Age: Insert the age either in year or months (use the drop down menu to switch between years and months).

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 appropriate for use on the dental chart and are not to be included in the AVDC case log Diagnosis column.

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).

Case Role (Trainee Status): **Using the drop-down menu**, insert the trainee status:

- **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.

- **Trainee Status for MRCL cases:**

- For trainees in programs registered prior to January 1st 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 1st 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).

Supervising Diplomate: If a diplomate (AVDC, or, for surgical cases, ACVS) was present, enter the diplomate's initials.

X-Ray: If radiographs or digital radiographic images were made, click **yes** on the drop-down menu.

Photo: If clinical photographs or digital images were made, click **yes** on the drop-down menu.

MRCL Cases:

Category: **If the case is to be included in the MRCL log and the MRCL diplomate review form has been uploaded or you have started the automatic electronic MRCL form system on DMS**, use the **drop-down menu** on the MRCL Category line to enter the MRCL category. Designation as an MRCL case can be made subsequent to the initial entry of the case – use the Edit Case Log Entry screen. **For all MRCL log cases, an MRCL form must be completed by an AVDC diplomate and present on the MRCL log line for that case.** The on-line log automatically enters the MRCL log slot number for a newly designated MRCL case. A trainee can delete a case from the MRCL log and the next MRCL case entered in that MRCL category will be assigned to that slot. See [Deleting and Swapping MRCL Cases](#) in the On-line Case Log section in the DMS Users Guide.

Review Date: Use the calendar icon to enter the date on which the reviewing diplomate completed the MRCL case review form. This information is automatically entered for MRCL forms that are generated electronically using DMS.

Reviewed by Diplomate (initials): Enter the initials of the reviewing diplomate.

Always click [Save Changes](#) after entering a new case or making an edits in previously-entered case log entries.

Re-examinations: Use the Create Re-examination link on the Edit Case Log Entry screen (next to the Case Number line) to create a re-examination entry – see the [Re-Examinations, Multiple or Repeated Treatments, Management of Complications](#) policy on page 10 of this document.

Review of Case Logs by Supervisor and AVDC:

Because case logs are on-line, no specific “submission” of case logs is required for review by your supervisor or for inclusion in an Annual Report or Credentials Application. Be sure that your case logs are up-to-date prior to the deadline for review (cases dated up to December 31st are to be logged for an Annual Report and cases dated up to June 30th for a Credentials

Application), and that all MRCL cases have a completed and uploaded MRCL diplomate review form.

MRCL Diplomate Case Review Form

An MRCL Diplomate Case Review Form must be completed **and uploaded to the DMS case log** before a case can be approved during Annual Report or Credentials Application review. Cases listed in the MRCL log that do not have an attached completed MRCL form will not be approved by the Training Support Committee or Credentials Committee.

The blank MRCL Diplomate Case Review form is available in the Case Log section of the [Information for Registered Trainees](#) web page, or cases can be generated electronically on DMS.

- 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.
- MRCL Forms can be generated either electronically (see the MRCL Form section in the DMS User's Guide) or by printing a blank form for completion by hand. Be sure to use the current version of the form.
- Provide the reviewing diplomate with the case information (dental chart, medical record, radiographs, clinical photographs etc. as appropriate). Images can be uploaded to the on-line case log entry (see the [Attaching Photos](#) section in the DMS User's Guide). The case materials can be reviewed and the form completed by any diplomate, by hand or electronically. For a hand-completed form, the diplomate is to retain a copy of the completed form. **Note that there is no requirement that any diplomate, including your supervisor, has to complete a form when requested to do so – the diplomate may elect not to complete the form because, for example, the information you have provided is incomplete or the work performed is unsatisfactory for a trainee at your stage of a training program.**
- MRCL Forms produced electronically on DMS are named automatically. See the DMS User's Guide for additional instructions.
- Printed or hand-written forms are to be scanned or photographed for upload to DMS - name the form *YourLASTNAME,FirstName MRCL Category Owner-last-name* (e.g. *CLAUS,Santa MRCL PE2 Smith*). If more than one case in an MRCL procedure category is performed on that patient, add the tooth number at the end of the file name (e.g. *CLAUS,Santa MRCL EN1 Smith 104*). Upload the form to the on-line case log from the Edit Case Log Entry screen.
- Designate the case in the correct MRCL category. See the DMS User's Guide for additional instructions.
- For cases with a procedure date prior to December 31st, 2007, MRCL Diplomate review forms are to be completed and submitted within two years of the date on which the case was performed.
- For cases with a procedure date on or after January 1st 2008, MRCL Diplomate review forms are to be completed and submitted within one year of the date on which the case was performed.

- The TSC or Credentials Committee reviewer will review the form to ensure that the data entered on the MRCL form matches the data entered in the on-line case log for that case, and that the diagnosis and procedure ‘match’.

Cadaver Procedure Log (Optional)

Trainees are encouraged to practice procedures on cadavers. Cadaver procedures are not to be included in the on-line case log and cannot be counted in the Minimum Required Case Load (MRCL) log, **with one exception:**

One cadaver case may be performed by the trainee, including review of the specimen by the Supervisor or other AVDC Diplomate, in lieu of a clinical case if an indication for a procedure in a particular MRCL category 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 Required Case Load in Each Category

January 1, 2010:

The **Exotics (EX) category has been eliminated** and four cases have been added to the EN1 category and one case to the OS3 category. The MRCL case numbers listed below are the January 2010 version of the AVDC requirement.

Trainees whose programs have a registration date prior to January 1, 2010 can elect to use the new MRCL list or the pre-2010 MRCL list; you will be asked to elect one or other of these options and your on-line case log will be programmed appropriately.

The **AVDC Case Log Categories** listed below are to be used in all AVDC case logs, with one category assigned for each case logged. See **Guidelines for Counting Cases** is on page 13 of this document.

For each category, a **minimum required case load** (MRCL) is shown in **bold blue font**. Abbreviations in [square brackets] refer to items in the AVDC Abbreviations List of diagnoses and procedures.

Oral Medicine

OM Cases requiring involved diagnostic tests. Examples: Biopsy: incisional biopsies [**B/I**] are to be logged as OM cases, and excisional biopsies [**B/E**] 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. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.

.....**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 OS4 slots (includes maxillectomy or mandibulectomy) or OS5 slots (includes excision of masses not requiring maxillectomy or mandibulectomy) are filled, a case in which biopsy was performed and the biopsied mass was treated by OS4 or OS5 excision can be logged as OM if you have spaces in your MRCL OM category list - the case cannot also be logged as an OS4 or 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 an 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 or as an OM case - it cannot be logged twice.*

Periodontics

- PE1** Complete prophylaxis not requiring involved periodontal treatment.....**20 cases**
- PE2** Involved periodontal scaling and root planing (includes PE1; includes placement of a perioceutic medication when no PE3 or PE4 procedure is performed, as perioceutic placement is considered adjunctive treatment).....**20 cases**
- PE3** Simple periodontal surgery. Examples: gingivectomy/gingivoplasty, open curettage, or flap procedure, except those combined with bone grafting or [GTR]. An MRCL log that includes

only one type of procedure to fill all slots for this MRCL category will not be approved.

- Includes items in PE1 or PE2 as part of the procedure.10 cases
- PE4** Involved periodontal treatment. Examples: 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. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. 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:

*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 except under the Case Categorizations to Fill Out the MRCL List policy (page ** of this document).*

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

- EN1** Mature canal endodontic obturation, non-surgical.....34 cases
(Note: Trainees whose program was registered prior to January 1, 2010 can elect to continue with the pre-2010 requirement, for which the EN1 case number is 30 and the EX category must be completed).
- EN2** Vital pulp therapy (partial vital pulpectomy).....5 cases
- EN3** Endodontic treatment other than non-surgical mature canal obturation or vital pulp therapy. Examples: 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. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.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. Examples: Restoration requiring gingival flap exposure; Occlusal table cavity preparation; Other involved restorative procedures. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. Restoration of an endodontic access opening cannot be logged as an RE case if the case is logged as an EN case.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).

Clarifications:

- *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.*

- 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). An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.**6 cases**
(Note: Trainees whose program was registered prior to January 1, 2010 can elect to continue with the pre-2010 requirement, for which the OS3 case number is 5 and the EX category must be completed).
- OS4** Involved oral surgical procedures. Examples: [TMJ] condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.**5 cases**

OS5 Miscellaneous soft tissue oral surgery. Examples: 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). An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.**5 cases**

Prosthodontics

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

Clarifications:

- *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.*
- *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 Procedure 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 Procedure 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 Procedure column, write in **Cemented on (date)**. Do not log the cementation procedure as a separate case.*

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. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.**10 cases**

OR2 Extraction of deciduous teeth or permanent teeth causing malocclusion. See clarification below.**4 cases**

OR3 Management of clinical malocclusion. Examples: Crown amputation; Application of an inclined plane. Excludes cases listed under OR1 or OR4. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. 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**

Clarification: A patient with persistent deciduous teeth with malocclusion for which treatment of the malocclusion would require procedure(s) beyond just extraction of the persistent deciduous teeth can be logged as OR1 and OR2 (if the owner declines to follow the recommendation for the additional malocclusion treatment) or as OR2 and OR3 or OR2 and OR4 if procedures in categories OR3 or OR4 are performed in addition to the extraction of the persistent deciduous teeth.

Other Species

As of January 1, 2010, there is no longer a requirement for a specific number of procedures to be conducted on species other than dog or cat – the **EX** category has been eliminated. The species of each patient is to be listed in the case log. All procedures on any species are to be logged under a procedure category.

Trainees whose program was registered prior to January 1, 2010 can elect to continue with the pre-2010 requirement, for which the EX category requirement of 5 cases must be completed.

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

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.

“Miscellaneous” Cases and Cases that Cannot be Categorized: When a case does not appear to fit into any of the AVDC categories, the trainee is to request clarification from his or her supervisor or from AVDC. Send an e-mail message to the *Executive Secretary*, who will forward it to the Training Support Committee chair if necessary. When no precedent exists, the AVDC Credentials Committee will be asked for an interpretation. Clarifications and additions are published in the MRCL definitions, above, following approval by the AVDC Board.

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

Entry of re-examination cases in the on-line case log: When a procedure on a date subsequent to the primary case log entry date requires categorization as a Re-examination case (based on the criteria below), click the blue underlined case log # in the primary entry for that case and then click the Create Re-examination Entry link.

- 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 Procedure 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 Procedure 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 Procedure column for the new case is to include e.g. '*Salvage procedure for EN1# 1322 (5/20/06)*', and the Dental Procedure 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 Re-examination Entry dated 3/15/07, 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 3/15/07* in the Dental Treatment column.
- C. Use the **Re-examination Entry** for major re-examinations only, 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 (e.g. inspection without anesthesia of healing of an extraction site 1-2 weeks following the procedure), do not create a Re-examination Entry 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 Entry with e.g. '*Curette non-healing alveolus*' in the treatment column.

4. Changing previously logged entries, Swapping out MRCL cases:

- A. **Changing case log entries:** Case log entries previously reviewed by TSC in an Annual Report can be updated as necessary to make corrections or to record re-examination procedures or complications, as noted above.
- B. **Swapping MRCL cases:** MRCL log entries can be deleted and swapped. Read the Deleting and Swapping MRCL Cases section in the On-line Case Log section in the DMS Users Guide.

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 on a particular date. See also [Case Categorizations to Fill Out the MRCL List](#) on page 2.

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 treatments 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 and vital pulp therapy of multiple teeth can be logged as separate EN2 cases for each tooth **or** as a single OR3 case, but not both. See also [Case Categorizations to Fill Out the MRCL List](#) on page 2.
- 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 using the Re-examination Entry option (on the Edit Case Log Entry screen, click the Re-examination Entry link).
- 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 restorative 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. See also [Case Categorizations to Fill Out the MRCL List](#) on page 2.