

# CDSS CLEAR ALIGNER AND STRAIGHT WIRE ORTHODONTIC GUIDELINES

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These are intended as guidelines for members of CDSS in providing Orthodontic care for their patient(s) in the province of Saskatchewan.

The CDSS guidelines contain best practice parameters that may be used by the College and other bodies in determining whether appropriate standard of care of practice and professional responsibilities were maintained.

## 1. INITIAL EDUCATION REQUIREMENTS

It is to be expected that the practitioner has made an effort in taking adequate education and training either at/during the undergraduate level and/or postgraduate level to become sufficiently knowledgeable from a didactic/theoretical standpoint along with practical hands on clinical experience as applicable. It is advised to have at least undergraduate didactic and clinical training in orthodontics to be able to provide basic space maintenance and simple fixed /removable orthodontic appliances.

It is reasonable that with appropriate CE attained postgrad, a practitioner is able to treat orthodontic cases appropriate to level of training and experience, ensuring they are comfortable in providing treatment to the complexity level of the cases accepted to be treated by the practitioner.

A reasonable/recommended guide to an amount of continuing CE acceptable may be the percentage of the clinician's practice that is limited to orthodontics vs the clinician's general practice, or to a recommended minimum of at least 10 hours/CE cycle in comprehensive Orthodontics to allow providing patients with Clear Aligner and Fixed Straight Wire Banded Orthodontics.

## 2. BEST PRACTICES

It is understood that education and experience will address the level of care that should be met with the complexity of the orthodontic treatment attempted and may be encompassed by a recommendation to follow these outlined parameters:

### A) Case Selection

With education/training, the practitioner can decide on proper diagnostic information that should be obtained prior to initiating orthodontic therapy, i.e., complete orthodontic records allowing for a proper diagnosis and treatment plan.

Recommended Complete Orthodontic Records can include but are not limited to:

- 1) Comprehensive Clinical Exam (also recommended a general dental exam, with completion of basic restorative and hygiene needs prior to/concurrent with orthodontic therapy, with ongoing annual recall exams and hygiene as deemed appropriate)
- 2) Appropriate Radiography as deemed necessary (Pantomograph recommended as a minimum, lateral cephalogram, and CBCT if deemed necessary)
- 3) Full extraoral dental photos as well as intraoral dental photos or 3D scanning/imaging.
- 4) Impressions of maxillary and mandibular arch (physical or digital) along with bite registration

With education, and subsequent experience, the member can determine their comfort zone of providing treatment which should include at a minimum

- i) Assess and diagnose skeletal and dental malocclusions.
- ii) Assess degree of crowding/spacing
- iii) Assess esthetic requirements and/or challenges
- iv) Assess localized mutations and/or complications

These initial starting parameters can be used in determining the level of complexity and give the clinician a comfort level the provider should possess in treating any orthodontic case. As well, knowledge of the diagnostic criteria, can be used to help determine the appropriateness of a general dentist vs a dental specialist (orthodontist) in providing treatment.

Every effort should be made to become competent/demonstrate competency in completing a variety of less complex cases before treating more complex cases. Once comfortable with less complex cases, followed by demonstrated education and clinical experience, the general dentist may choose to treat more complex cases, at the practitioner's discretion.

It is beneficial to recognize the gradient of difficulty of the case to be treated, ie. simple, moderate, or complex nature of the orthodontic problem to be corrected. Parameters that can be assessed to grade complexity can include, but are not limited to:

- 1) Class I malocclusion with adequate spacing vs Class II or Class III skeletal and/or concurrent dental malocclusion
- 2) Assessed dental crowding from minimal to severe, determining the necessity and thus the complexity of permanent tooth extraction
- 3) Previous orthodontic relapse cases
- 4) Number of Clear Aligners required to correct a malocclusion.

## **B) Proper Case Presentation and an Informed Consent**

An adequate representation of pre orthodontics situation and projected post orthodontics situation is recommended to be presented to patient. It is recommended to obtain written informed consent.

The informed consent at a minimum should:

- 1) Outline expectations, risks, and benefits of proposed treatment
- 2) Treatment and Procedural Protocol
  - a. Recommend to include, if Interproximal

Reduction (IPR) or orthodontic extraction is applicable, a detailed and comprehensive explanation, easily understood in layman's terms, and consented to, by the patient with subsequent notation in patient chart notes

- 3) Framework of expected treatment time
- 4) Cost of treatment
- 5) Treatment considerations, decisions, and limitations
- 6) Patient responsibilities during treatment
  - a. Should include that regular check-ups and cleanings are highly recommended, and adequate oral hygiene is a necessity, and orthodontics may be stopped mid treatment if lack of oral hygiene has the potential to cause detrimental and irreversible oral health effects.
- 7) Summary of continuation of care outlining patient responsibilities.

It is recommended that the patient have a good understanding of what to expect and what not to expect from the Orthodontic Treatment Plan.

Limited and/or Comprehensive Fixed Orthodontics face similar guideline recommendations.

## **C) Ongoing Patient Communication during Active Treatment**

Highly recommended with both Clear Aligner Therapy and Fixed Orthodontic cases

Documented verbal informed consent as per CDSS Guidelines

## **D) Treatment Conclusion**

Should conclude based on the details encompassed within the Informed Consent Treatment Plan and Protocol

If for a stated reason, either the dentist or the patient wish to conclude treatment prior to achieving the treatment outcome outlined, every effort should be made to come to a mutually acceptable decision, and that this decision be outlined in a subsequent consent.

### **E) Orthodontic Retention and Continuum of Care**

Recommended to be outlined within the initial Informed Consent outlining cost, patient responsibility and/or potential complications arising from inadequate patient compliance.

Retention appliances details should be outlined within the initial Informed Consent.

Follow up by the practitioner, in addition, should be outlined.

### **F) Retention of Records**

All retention records deemed necessary by the practitioner should be maintained for medico-legal purposes, as per the complexity of the orthodontics performed

All records to be maintained as per CDSS Guidelines