A. Endodontic Examination and Diagnosis

Many features of evaluation in endodontics are common to all dental practice. These elements are herein abbreviated yet included for purposes of completeness. Diagnostic evaluation of pulpal and periradicular status must be performed for every tooth to be treated.

An adequate medical and dental history, the patient’s description of the chief complaint(s) and visual and radiographic examination provide basic information. Some indicated tests, such as thermal, electrical, percussion, palpation and mobility, should be accomplished. Additional periodontal examination, transillumination, observation of occlusal discrepancies and bacteriologic testing may be indicated. Reproducing the patient’s symptoms is desirable if not mandatory. In some situations, it may be advisable to make radiographs or digital radiographic images from more than one angle. It may also be necessary to make/take panoramic radiographs, bitewing radiographs, occlusal plane films and radiographs of the contralateral and opposing teeth. The use of enhanced magnification, illumination or intraoral photography may be an adjunct. A pulpal and periradicular diagnosis should be formulated for each tooth for which endodontic treatment is planned. The diagnostic categories used should be those specified in the AAE’s Glossary of Endodontic Terms for both pulpal and periradicular diagnoses.

It may be necessary to recommend follow-up visits for some patients at periodic intervals to compare specific data from the various examinations to facilitate an accurate pulpal and periradicular diagnosis. At times it may be necessary, when possible, to secure radiographs or digital radiographic images from previous practitioners to assist with the evaluation process.

Objectives:

a. To determine the need for treatment.
b. To determine those cases deemed to be too complex for the level of training, experience and expertise of the practitioner. (See the AAE Endodontic Case Difficulty Assessment Form and Guidelines in the Appendix.)
c. To determine if it is advisable to consult with or refer to other health professionals.

SELECTED REFERENCES:
Endodontic Examination and Diagnosis


B. Endodontic Treatment Planning, Records and Follow-up Visits

Endodontic treatment is based on an analysis of all diagnostic information. Treatment planning should include a determination of the strategic importance of the tooth or teeth considered for treatment, the prognosis and the urgency of treatment. It is incumbent upon providers of endodontic care to address endodontically related emergencies in a timely manner. Other factors, such as excessively curved canals, periodontal disease, occlusion, tooth fractures, calcified or occluded canals, restorability and teeth with complex root canal morphology, should be considered. (See the AAE Endodontic Case Difficulty Assessment Form and Guidelines in the Appendix.)

Treatment records should include the chief complaint(s) in the patient’s own words; a current medical and dental history; the results of diagnostic tests and clinical examination; clinical impressions based on subjective and objective evaluations; the pulpal and periradicular diagnoses and treatment recommendations; a description of treatment rendered, including pulpal status upon entry; the prognosis as reported to the patient; recommendations for tooth restoration; and the preoperative, appropriate working, postoperative and follow-up radiographs or digital radiographic images. Informed consent is required. It may be helpful to record patient commentaries before, during and after treatment. Prescriptions must be recorded, and consultations should be made part of the patient record.

Endodontic care includes evaluation of the patient’s postoperative response to the clinical procedures. Providers of endodontic services should encourage patients to return at appropriate follow-up intervals for evaluation.

SELECTED REFERENCES:


