COE Examination Criteria

1. RADIOGRAPHIC EVALUATION

**1001 Panoramic image (PAN)**
- Maxillary sinuses
- Nasal cavity
- TMJ complex
- Mandibular canal visualization
- Bone anomalies (eg. radiopacity/radiolucency)
- Copy and paste into text box and enter answers
- Copy and paste into text box and enter answers
- Soft tissue abnormalities (eg. sialoliths, calcified lymph nodes)
- Other findings

**1101 Intraoral images (FMX, PAX, BWX)**
- Missing teeth
- For each caries class, list tooth # then surface

Double-click HERE to display ADA Caries Classification System (CCS)-XR

- E1:
- E2:
- D1:
- D2:
- D3:

Other caries:
- Radiographic calculus
- Radiographic periodontal defects
- PDL space or lamina dura abnormalities
- Bone anomalies (eg. radiopacity/radiolucency)

Copy and paste into text box and enter answers

**1201 General radiographic diagnoses (summarize)**

**1301 Additional imaging needed?**

Response Type

Student Reference Guides available by clicking or double-click line

**XR Lesion Descriptors:**
- Specific location
- Size (mm x mm)
- Number/distribution (single, multiple, diffuse)
- Density (RL uni-locular, mixed RL-RQ, RL multi-locular, RO)
- Border (well-defined or poorly-defined)
- Expansion (none, yes, questionable)
- Effect on adjacent tissues
- Symptoms (none lesion is an incidental finding, none-but pt aware of lesion, yes-describe)
- Symptoms duration (unknown, known-describe)
- Soft-tissue correlation (none, yes-describe)
- Compared to prior images

Use this information to determine the following:
- a DIFFERENTIAL DX (minimum 2 possibilities, most to least likely, indicate if biopsy needed)
- Additional testing needed (no, yes: images, percussion, palpation, thermal, EPT, tooth sloth, other)

**ADA Caries Classification System (CCS)-XR**

- E1: To outer 1/2 enamel
- E2: To inner 1/2 enamel
- D1: To outer 1/3 dentin
- D2: To middle 1/3 dentin
- D3: To inner 1/3 dentin
2. HEAD & NECK EVALUATION

2101 Extra-oral Soft Tissue  NO = No lesion/variations observed
- Facial asymmetry-significant variations? Yes No If yes, describe: (textbox)
- Skin-lesions observed? Yes No If yes, describe: (textbox)
- Thyroid gland-lesions observed? Yes No If yes, describe: (textbox)
- Salivary glands-lesions observed? Yes No If yes, describe: (textbox)
- Carotid pulse-any significant variations? Yes No If yes, describe: (textbox)
- Lymph nodes-lesions observed? Yes No If yes, describe: (textbox)

2201 Musculoskeletal
- Muscles of Mastication (dropdown)
  - Asymptomatic-no issues reported
  - Symptomatic-jaw pain or limitations reported
  If symptomatic, describe (familiar pain?, pain intensity?, referred to distant sites?) (textbox)
- TMJ palpation
  - R Lateral pole (Click Yes to select answers) Yes No
    - Asymptomatic
    - Symptomatic
    - Click
    - Crepitus
  - L Lateral pole (Click Yes to select answers) Yes No
    - Asymptomatic
    - Symptomatic
    - Click
    - Crepitus
- Mandibular deviation upon maximum opening NO=Normal (<2mm) Yes No
  If Yes-Deviation/deflection to R (mm) (number box)
  If Yes-Deviation/deflection to L (mm) (number box)
- Mandibular Range-of-Motion measurements (reference teeth #8 & #25)
  - OB-Overbite (vertical mm) (number box)
  - Maximum inter-incisal opening (mm, include OB) (number box)
  - OJ-Overjet (horizontal mm) (number box)
  - Maximum protrusion (mm, include OJ) (number box)
  - Maximum R excursion (mm) (number box)
  - Maximum L excursion (mm) (number box)

2301 Cranial Nerve Screening
- Sensory/motor abnormalities observed: Y/N Yes No
  (if yes, complete Cranial Nerve Screening on Orofacial Pain form)

2999 Treatment suggestions based on findings
3. ORAL SOFT TISSUE EVALUATION

3.001 Intra-oral ST lesion observations:
- Click on green ? Mark at bottom of form
- Copy and paste into text box and enter answers

Lips
Hard palate
Soft palate
Oropharynx
Tongue
Floor-of-mouth
Buccal mucosa
Gingiva/alveolar mucosa

4. INITIAL PERIODONTAL ASSESSMENT

4.101 PD Probing depths (generalized = more than 30% of sites)
- 0-3 mm
- 3-4 mm
- 5-6 mm
- > 7 mm

4.201 XR Radiographic bone loss from CEJ (check all that apply)
- Yes
- No

4.301 Working Diagnosis (Check one)
- Yes
- No
- N/A (not applicable, edentulous)

4.998 ADDITIONAL INFORMATION FOR THIS SECTION:
- Click on green ? Mark at bottom of form
- Copy and paste into text box and enter answers

4.999 Treatment suggestions based on findings
5. OCCLUSAL EVALUATION

5001 Skeletal
- Skeletal Class (profile vertical)
  - Mesognathic-Class 1
  - Retrognathic-Class 2
  - Prognathic-Class 3
- Skeletal Harmony (frontal horizontal)
  - Open (midface < lower face)
  - Normal (midface = lower face)
  - Deep (midface > lower face)

5101 Individual Arch Assessment
- Click on green ? at bottom of form
- Copy and paste into answer text box
- ?Maxillary Arch Assessment Summary
- ?Mandibular Arch Assessment Summary

Inter-arch Relationships in Maximum Intercuspal Position (MIP)

5201 Horizontal MIP (Angle’s Classification)
- Right Angle’s Classification
  - R molar/cuspid—Class I Mesognathic
  - R molar/cuspid—Class II Retrognathic
  - R molar/cuspid—Class III Prognathic
  - R molar/cuspid—N/A
- Left Angle’s classification
  - L molar/cuspid—Class I Mesognathic
  - L molar/cuspid—Class II Retrognathic
  - L molar/cuspid—Class III Prognathic
  - L molar/cuspid—N/A

Incisor Position
- Labioversion, proclined as Angle’s Class II Div 1
- Retruded centrals, reclined as Angles Class II Div 2
- Incisor position—N/A

5301 Vertical MIP (Occlusal Vertical Dimension)
- ?OVD Assessment Summary
- Click on green ? Mark at bottom of form
- Copy and paste into answer text box

5401 Transverse MIP (Crossbite)
- No crossbite
- Anterior crossbite
- Right posterior crossbite
- Left posterior crossbite

5998 ADDITIONAL INFORMATION FOR THIS SECTION:
- (textbox)

5999 Treatment suggestions based on findings
## COE Examination Criteria

### VITALITY EVALUATION

- **6001 Vitality evaluation needed?**
  - **Yes**
  - **No**
  (check one)

- **6101 Symptoms affected by any of the following: heat, cold, sweets, biting, chewing, manipulation, head position, time of day, medication?**
  (textbox)

- **6201 Tooth clinical findings?**
  (textbox)

- **6301 Soft tissue clinical findings?**
  (textbox)

- **6401 XR tooth findings?**
  (textbox)

- **6501 XR attachment apparatus findings?**
  (textbox)

- **6601 Double-click HERE to enter pulp and periapical TEST RESULTS & DIAGNOSIS**

---

**Response Type**

**Student Reference Guides available by clicking 📤 or double-click line**