2021 Comprehensive Treatment Planning exam candidate guide
Mission Statement

The mission of WREB is to develop and administer competency assessments for State agencies that license dental professionals.
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COMPREHENSIVE TREATMENT PLANNING

Examination Overview

The Comprehensive Treatment Planning (CTP) examination is a computer-based examination administered at Prometric test centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each case, candidates assess patient history, photographs, radiographs, and clinical information in order to create and submit a treatment plan. Candidates are required to answer questions, construct responses, and perform tasks related to each case. These include constructing appropriate pharmacy prescriptions and case specific dental laboratory work authorizations, when required. Candidates are allowed three (3) hours to complete the CTP exam. A 15-minute tutorial is provided prior to the beginning of the examination. Candidate scoring is completed by calibrated examiners utilizing published scoring criteria rating scales.

Communication at any time with other individuals regarding the contents of the CTP examination is considered unethical conduct. If a candidate engages in Improper Performance or Unethical Conduct, in addition to dismissal from the exam, failure of the exam, or reduction in an exam score, WREB reserves the right to take any other reasonable action WREB deems appropriate, including, but not limited to withholding exam results and requiring retesting or reporting the candidate to: (i) the various state licensing boards, (ii) the candidate’s dental school, (iii) other dental or dental hygiene testing organizations, or (iv) other professional organizations.

For each patient case, the following will be provided:

- Personal Profile that provides a brief overview of the patient
- Patient Information form
- Medical History form
- Dental Chart indicating existing restorations
- Periodontal Chart, for adult patients, highlighting key periodontal findings
- Photographs showing intraoral and extraoral images of the patient
- Intra and/or extraoral radiographs
- Clinical findings, located at the bottom of the medical history form, indicating conditions that may not be clearly demonstrated in the images but would be found during a patient examination

Also provided on-screen (within the exam):

- The CTP Candidate Guide
- Calculator
- Space for recording the candidate’s Treatment Plan submission
- Space for recording the candidate’s answers to specific case questions
**Test Content**

The CTP examination is designed to integrate the various disciplines of dentistry as done in actual practice. The following list indicates the major areas of dentistry that are tested on the exam:

- **Restorative Treatment**
  - Single Units/Operative
  - Multiple Units
    - Fixed Prosthodontics
      - Interim Restorations
    - Removable Prosthodontics
      - Partial Dentures
      - Complete Dentures
      - Implant-Supported Restorations

- **Periodontal Treatment**
  - Phase I (Non-Surgical) Therapy
  - Re-evaluation
  - Surgery/Referral
  - Maintenance

- **Endodontic Treatment**

- **Surgery**
  - Exodontia
  - Pre-prosthodontic
  - Periodontal
  - Implant Placement

- **Prescription Writing**
  - Pharmacy - commercially available forms and dosages
  - Dental Laboratory

- **Follow-up/Prognosis/Maintenance**

Diagnosis, Etiology, and Treatment Planning are integrated throughout the exam and overlap the test specifications listed above. Also included are principles of pediatric dentistry, local anesthetic dosing, orthodontics, pharmacology, and specialist referrals when appropriate.

**Treatment Plans**

The candidate is required to develop a complete treatment plan for each assigned patient case. The treatment plan can be edited or modified until final submission. After final submission of the treatment plan, it will be available for review only; no further changes can be made. Following submission of the treatment plan, additional questions or tasks related to the treatment of the patient become accessible. The treatment plan submitted by the candidate will be available for review while navigating through these additional items but cannot be modified.
The treatment plan must:

- Appropriately address the patient’s chief complaint or concern.
- Include appropriate treatment modifications if there are medical conditions that may affect the delivery of dental care. If medications are required, the modification must include drug, dose, and directions for use.
- Recommend additional diagnostic tests or specialist referrals as part of the treatment plan, if indicated. If referring to a specialist, a diagnosis and proposed treatment must be indicated.
- Contain a comprehensive and appropriately sequenced list of procedures that address the patient’s dental needs.
- Be succinct, organized, and readily interpreted.

Candidates are to consider only what they can actually see in the diagnostic records and what they are given as clinical findings. However, candidates are responsible for identifying and recommending appropriate treatment or management for all oral diseases and conditions that are present. Pit and fissure occlusal, lingual, buccal or facial restorations are not to be included unless there is an obvious cavitation on the photographs and/or radiolucency on the radiographs, or tactile evidence of caries is noted in the “Clinical Findings” section of the patient record. See Definitions, Pages 5-6. Interproximal carious lesions must reach the dentino-enamel junction radiographically in order to justify restoration.

Candidates must appropriately recommend treatment for caries, fractures, missing teeth, defective or failing restorations, infection, and/or other pathology. Candidates are not required to specify the material or whether the restoration will be a direct or an indirect restoration. Bases, build-ups, pins, and posts need not be specified in the treatment plan. Guidelines for periodontal therapy are provided on Page 5.

Oral Hygiene Instructions do not need to be listed on the treatment plan. It is assumed that oral hygiene instruction will be provided for every patient. Topical fluoride application is not included in the definition of dental prophylaxis. Therefore, if indicated, fluoride should be listed separately.

Costs of dental treatment are not to be considered when developing the treatment plan. All patients are considered to be cooperative and compliant unless otherwise noted.

Candidates should not sign their name on treatment plans or the supplemental questions.

Supplemental Questions and Tasks

Following submission of the treatment plan, additional questions or tasks related to the case are presented. The first case will have four to five items, the second will have seven to eight, and the third will have four to five. Time should be managed accordingly. Candidates can navigate through and complete the items in any order. It is not necessary write full sentences; the response can be a list. Responses should be clear, succinct, and easily understood by an examiner.

The response you write for the questions will be scored based on everything that is written. If more information than required is given, all information will be considered in scoring.

There may be more than one acceptable treatment plan. Questions should be answered as asked.
**Scoring Information**

Three examiners independently grade each candidate’s performance. Each treatment plan is evaluated on the five criteria listed below:

1. Treatment modifications.
2. Is the treatment plan inclusive?
3. Does the treatment plan exhibit overtreatment?
4. Is the treatment sequence appropriate?
5. Is the treatment plan concise, well organized, and easily interpreted?

For each of these criteria, the examiner compares the candidate’s submission to a WREB-developed answer key and uses a five (5) point scale to assign a score. Responses to additional items are scored in a similar manner. (Scoring Criteria is listed on Pages 10-11.)

The median (middle) scores for each of the five treatment plan criteria and each of the questions/tasks are averaged within each case and then averaged across the three cases to obtain the overall score. An average score of 3.00 or higher is required to pass the CTP section.

It is important to submit a response for every item; unanswered (blank) items receive a score of 1. If there are no recommended treatment modifications for the case, write “None” as the response. Responses should be checked for accuracy. Examiners will score exactly what is written.

Equating procedures are used to address variation in difficulty among the various cases and forms of the examination. Equating ensures that candidates of comparable competency are equally likely to pass.

The Comprehensive Treatment Planning section is one of the three core sections of the WREB Dental Exam. If the section is failed three (3) times, candidates are required to obtain formal remediation prior to each subsequent attempt. Please refer to the Dental Exam Candidate Guide for more information regarding core exam passing requirements.

**Definitions and Documentation Instructions**

**Caries** has definite resistance to the perpendicular withdrawal of the explorer and may have a dry leathery appearance.

**Dental prophylaxis (prophy)** means removal of plaque, calculus and stain, to control local irritational factors and frequently involves scaling of coronal and subgingival surfaces of the teeth.

Application of fluoride is not included in the definition of dental prophylaxis. It must be listed separately, if indicated.

**Periodontal treatment should be stated by quadrant, including number of teeth.** Examples of this are:
- Prophylaxis
- S/RP 4 quads of 4 or more teeth
- S/RP 4 quads of 1-3 teeth
- Prophylaxis, S/RP: UR and LL 1-3 teeth
- Prophylaxis, S/RP: UL 4 or more teeth
A decision to treat should be based on clinical attachment loss (CAL), periodontal pocket depth (PD), and evidence of inflammation (bleeding on probing). Teeth having CAL with pocket depths ≥ 5 mm or ≥ 4 mm with BOP require SRP.

**Pocket Depth (PD) Measurements** are provided for the six sites shown below:

![Pocket Depth Measurements Diagram]

**Bleeding on Probing (BOP)** will be designated on the chart by a red dot indicating sites which bleed within 30 seconds of probing.

**Furcation Involvement** will be noted where present and classified as:

- **Class 1 (\(\backslash\))**
  Incipient involvement: tissue destruction extends 1.0 mm but not more than 2.0 mm measured horizontally from the most coronal aspect of the furcation.

- **Class 2 (\(\Delta\))**
  Cul-de-sac involvement: tissue destruction extends deeper than 2.0 mm, measured horizontally from the most coronal aspect of the furcation, but does not totally pass through the furcation.

- **Class 3 (\(\uparrow\))**
  Through-and-through involvement: tissue destruction extends through the entire furcation. A blunt instrument passed between the roots can emerge on the other side of the tooth.

**Mobility** will be noted where present and classified as follows:

- **Class 1**
  Total facial-lingual tooth movement of less than 1.0 mm.

- **Class 2**
  Total facial-lingual tooth movement from 1.0-2.0 mm, without movement in a vertical direction.

- **Class 3**
  Total facial-lingual tooth movement of more than 2.0 mm, and/or movement in a vertical direction (i.e., depressible).

**Clinical Attachment Level** (CAL) is the distance from the cemento-enamel junction (CEJ) to the base of the sulcus/pocket. In health, the base of the sulcus is at or very near the CEJ, i.e. CAL = 0.
**Periodontal Prognosis** is the forecast of the likely response to treatment and the long-term outlook for maintaining a healthy and functional dentition.

**Good Prognosis** – involves one or more of the following: health or slight CAL, adequate periodontal support, no mobility, no furcation involvement, and control of etiological factors to assure the tooth would be relatively easy to maintain, assuming full patient compliance.

**Fair Prognosis** – involves one or more of the following: CAL to the point that the tooth could not be considered to have a good prognosis, which would include slight or moderate CAL, and/or Class 1 mobility or furcation involvement. The location and depth of the furcation would allow proper maintenance with full patient compliance.

**Poor Prognosis** – involves one or more of the following: severe CAL resulting in a poor crown to root ratio, poor root form, Class 2 furcations not easily accessible to maintenance, or Class 3 furcations, Class 2 or 3 mobility, significant root proximity.

**Hopeless Prognosis** – involves one or more of the factors listed in poor prognosis with inadequate attachment to maintain the tooth in health, comfort and function. Extraction is suggested, as active periodontal therapy (non-surgical or surgical) is unlikely to improve the current status of the tooth.
Suggested Abbreviations

Use of the appended abbreviations is encouraged. These abbreviations are understood by examiners and will facilitate examiner interpretation of the treatment plan.

Abbreviations and acronyms other than those listed may not be understood by examiners, resulting in a possible score reduction.

UL - Upper Left
LL - Lower Left
UR - Upper Right
LR - Lower Right

Restorative Designation

<table>
<thead>
<tr>
<th>Surface/Area</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>O - Occlusal</td>
<td>Crown</td>
</tr>
<tr>
<td>M - Mesial</td>
<td>Inlay/Onlay</td>
</tr>
<tr>
<td>D - Distal</td>
<td>Implant</td>
</tr>
<tr>
<td>L - Lingual</td>
<td>Bridge/Fixed Partial Denture (FPD) (specify teeth)</td>
</tr>
<tr>
<td>F - Facial / B - Buccal</td>
<td>Removable Partial Denture (RPD)</td>
</tr>
<tr>
<td>I - Incisal</td>
<td>Pontic</td>
</tr>
</tbody>
</table>

Other Abbreviations

Apico - Apicoectomy
CR - Crown
EXT - Extraction
Prophy - Dental Prophylaxis
RCT - Root Canal Therapy
Re-eval - Reassessment or re-evaluation after completion of a treatment phase
S/RP - Scaling and Root Planing
SSC - Stainless Steel Crown

Charting

WREB recognizes the American System of tooth identification. Tooth numbers are recorded clockwise from the posterior of the upper right quadrant to the posterior of the lower right quadrant: 1-32 for permanent teeth; A-T for primary teeth.
References

The complete guidelines for antibiotic coverage in patients having some form of cardiac disease or repair. (2008). *The Journal of the American Dental Association* 139(1), Special Supplement: 3S-24S.


American Academy of Pediatric Dentistry (AAPD) for both anesthetic and antibiotic pediatric dosages: https://www.aapd.org/research/oral-health-policies--recommendations/use-of-local-anesthesia-for-pediatric-dental-patients/*
COMPREHENSIVE TREATMENT PLAN SCORING

The Comprehensive Treatment Planning (CTP) Exam is graded by three (3) independent Grading Examiners. Grading Examiners grade candidate treatment plans according to the CTP Global Scoring Criteria and additional questions and tasks according to the CTP Constructed Response Scoring Criteria on pages 10-11. The median (middle) scores for each of the five treatment plan criteria and each of the questions/tasks are averaged within each case. The five treatment plan criteria are weighted according to the table below. Questions and tasks within each case are of equal value. The average of the three cases is the CTP section score. A score of 3.00 or higher is required to pass the section.

Treatment Plan

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Modifications:</td>
<td>15%</td>
</tr>
<tr>
<td>Inclusiveness:</td>
<td>31%</td>
</tr>
<tr>
<td>Overtreatment:</td>
<td>31%</td>
</tr>
<tr>
<td>Sequence:</td>
<td>15%</td>
</tr>
<tr>
<td>Concise, well-organized, easily interpreted:</td>
<td>8%</td>
</tr>
</tbody>
</table>

CRITICAL ERRORS

There are certain critical errors that result in failure of this exam regardless of the average accumulated score, including (but not limited to):

- Errors likely to cause life-threatening harm or severe morbidity that may require hospitalization
- Prescribing medications contrary to patient medical histories and/or dosages exceeding safe guidelines
- Local anesthetic administration exceeding the guidelines published by the American Academy of Pediatric Dentistry (AAPD)

Critical errors require validation by two Examiners independently, as well as agreement by the Lead Examiner.
<table>
<thead>
<tr>
<th>CTP GLOBAL SCORING CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Unacceptable</td>
</tr>
<tr>
<td>Modifications are ignored or incorrect and the patient's health is compromised.</td>
</tr>
<tr>
<td>Severe morbidity requiring hospitalization.</td>
</tr>
<tr>
<td>Chief complaint not addressed.</td>
</tr>
<tr>
<td>There are multiple items that are not justified; if performed, they would damage the patient.</td>
</tr>
<tr>
<td>The sequence has serious flaws and will not accomplish treatment goals.</td>
</tr>
<tr>
<td>The interpretation of the plan cannot be determined.</td>
</tr>
<tr>
<td><strong>2</strong> Inadequate</td>
</tr>
<tr>
<td>Not all modifications are noted, and/or the patient's health is not compromised.</td>
</tr>
<tr>
<td>Modifications are noted at the minimally acceptable level.</td>
</tr>
<tr>
<td>Unnecessary responses may delay treatment.</td>
</tr>
<tr>
<td>Important items (one or more) are missing. If not corrected, patient well-being is at risk in the near term.</td>
</tr>
<tr>
<td>Chief complaint wrongly addressed.</td>
</tr>
<tr>
<td>There are some (one or more) items that are not justified, if performed, they would result in limited physical damage to the patient.</td>
</tr>
<tr>
<td>The sequence is not correct but is likely to result in backtracking and additional treatment.</td>
</tr>
<tr>
<td>The treatment plan, as presented, may be confusing, but can be interpreted.</td>
</tr>
<tr>
<td><strong>3</strong> Acceptable</td>
</tr>
<tr>
<td>Not all modifications are noted, but the patient's health is not compromised.</td>
</tr>
<tr>
<td>Critical items (one or more) are missing. Patient well-being is currently at risk.</td>
</tr>
<tr>
<td>Chief complaint not addressed.</td>
</tr>
<tr>
<td>There are multiple items that are not justified; if performed, they would damage the patient.</td>
</tr>
<tr>
<td>The sequence has serious flaws and will not accomplish treatment goals.</td>
</tr>
<tr>
<td>The interpretation of the plan cannot be determined.</td>
</tr>
<tr>
<td><strong>4</strong> Appropriate</td>
</tr>
<tr>
<td>The modifications are not optimal, but appropriate.</td>
</tr>
<tr>
<td>Unnecessary responses are trivial.</td>
</tr>
<tr>
<td>Most items that need to be addressed are. Triage that may negatively impact on the well-being of the patient.</td>
</tr>
<tr>
<td>Chief complaint is mostly addressed.</td>
</tr>
<tr>
<td>There are some (one or more) items that do not need to be addressed, but do not pose a risk to the patient.</td>
</tr>
<tr>
<td>The sequence is not optimal but will likely accomplish treatment goals.</td>
</tr>
<tr>
<td>The treatment plan is concise, well organized, and easily interpreted.</td>
</tr>
<tr>
<td><strong>5</strong> Optimal</td>
</tr>
<tr>
<td>All needed modifications (medication, referral, etc.), specific medication and dosage are required.</td>
</tr>
<tr>
<td>No unnecessary responses.</td>
</tr>
<tr>
<td>All items that must be addressed are addressed.</td>
</tr>
<tr>
<td>Chief complaint is fully addressed.</td>
</tr>
<tr>
<td>Only those item(s) that must be addressed are addressed.</td>
</tr>
<tr>
<td>The sequence is optimal.</td>
</tr>
<tr>
<td>The treatment plan is concise, well organized, and easily interpreted.</td>
</tr>
<tr>
<td>Score</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Sample Treatment Plan Formatting

NOTE: The following sample treatment plan does not relate to any specific case.

SAMPLE #1 TREATMENT PLAN

Treatment Modifications:

Antibiotic Prophylaxis (Amox. 2g. 1hr prior to procedure), avoid latex

Sequenced Treatment Plan:

#1 EXT (addressing the patient’s chief complaint)
Prophylaxis LR
S/RP: UR and LL 1-3 teeth
S/RP: UL 4 or more teeth

#14 RCT (retreatment)
#19 RCT
#20 DO
#3 MO
#4 MOD
#27 F
#30 MODB

#12-14 bridge/FPD

#18 crown
#19 crown

#29 EXT
#32 EXT
#29 implant and crown
NOTE: The following sample treatment plan does not relate to any specific case.

SAMPLE #2 TREATMENT PLAN

<table>
<thead>
<tr>
<th>Treatment Modifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid Penicillin, Consultation with oncologist re: timing of treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sequenced Treatment Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>Prophy</td>
</tr>
<tr>
<td>#9 cosmetic contouring (in lieu of restoration) (addressing the patient’s chief complaint)</td>
</tr>
<tr>
<td>#2 MO</td>
</tr>
<tr>
<td>#6 DL</td>
</tr>
<tr>
<td>#14 OL</td>
</tr>
<tr>
<td>#15 O</td>
</tr>
<tr>
<td>#31 O</td>
</tr>
<tr>
<td>EXT #’s 1, 16, 17, 32</td>
</tr>
<tr>
<td>Refer for orthodontic consultation regarding malocclusion</td>
</tr>
</tbody>
</table>
NOTE: The following sample treatment plan does not relate to any specific case.

SAMPLE #3 TREATMENT PLAN

**Treatment Modifications:**

None

**Sequenced Treatment Plan:**

Prophy and Fluoride

#S Extract
#T MO

#S band and loop space maintainer

#A MO
#B SSC and pulpotomy
#C, F

#I SSC and pulpotomy
#J MO

#K MO
#L DO

Refer to specialist for evaluation of posterior cross-bite
Sample Questions with Answers

Note: The following sample questions, with answers scored a “5”, do not relate to any specific case.

Answers to the sample questions are noted in blue.

1. You estimate this patient will require 3-4 dental appointments. Write the prescription for prophylactic antibiotic coverage for the patient.

   RX:
   
   **Amoxicillin 500mg**
   16 capsules
   Take 4 capsules one hour prior to appointment

   Refills:
   0

2. List the reasons for an indirect full coverage restoration on tooth #19.
   - Fractured porcelain on the mesial, open contact, and food impaction
   - Large root canal access opening through the current crown
   - Recurrent caries (facial margin)

3. What risk factors may have contributed to the periodontal disease evident in this patient?
   - Smoking
   - Diabetes
   - Poor oral hygiene
   - Irregular professional dental care

4. List the reasons and provide the benefits to the patient for your proposed treatment and replacement for tooth #12.

   **Reason (for removal):**
   - Possible root perforation
   - Draining fistula
   - Periodontal defect
   - Poor long-term prognosis

   **Benefits (of implant placement):**
   - Conserves adjacent teeth
   - Preserves bone
   - Good long-term prognosis
**Taking the Exam at Prometric**

Comprehensive Treatment Planning (CTP) Exam scheduling information will be included in the CTP Authorization Letter you will receive after your WREB Dental Examination application has been processed. Please review this information carefully. Failure to schedule within your assigned window or meet Prometric’s appointment requirements will result in additional fees.

If you experience technical issues during your CTP exam, please notify the Prometric Exam Proctor immediately and request a report number. You will also need to contact the WREB office directly as soon as possible after the incident and provide the report number for further investigation.

For testing center locations, payment information, and identification requirements, please visit Prometric’s website at prometric.com/en-us/clients/wreb/Pages/landing.aspx.

**Guide to Interactive Features of the Exam**

The CTP section is an interactive computer-based examination. Access to information on the computer is needed to develop a treatment plan. The following information provides an overview of the functions available. A tutorial available online (wreb.org) shows how each function works. Review it carefully. An interactive tutorial at the beginning of the exam provides the opportunity to practice using the functions before the actual timed exam begins.

Folders are displayed along the left of the viewing screen. These folders contain information needed to develop the treatment plan. Candidates must determine the information needed, access the information, and appropriately interpret it. To do this efficiently requires navigation between folders. Spending time practicing with the tutorial prior to the exam will ensure that you can do this easily and comfortably.

Some windows contain more information than can be viewed on the screen. To see all information, hold and drag the mouse button on the scroll bar on the right of the screen.
After accessing the Charts and Images Folder, select the desired chart or image by clicking on the options at the top of the screen.

To expedite navigation, be familiar with the sextant views which show the periodontal chart, photographs, and radiographs simultaneously.

Choose and click on the desired sextant in the bar in upper right.
The appropriate sextant view will appear showing the periodontal chart, photographs and radiographs for that sextant. To return to full-screen mode, click anywhere on the image.

To record your treatment plan, click on “Treatment Plan” on the left of the screen.
There are two sections to the plan. Treatment modifications are recorded in the first box.

The sequenced treatment plan is recorded in the second box. Use the right scroll button to scroll down for additional lines.

To return to the case information, select the “View Information“ button in the lower right. This will return to the last screen opened.

After completing the treatment plan, select the “Next” button. This will take you to the questions for the case. **Once you select “Next” you will be locked out of the treatment plan, so be sure you are ready to move on.** Your treatment plan will be available for reference, but you will not be able to make any changes. Case information will still be available.

Each question will appear at both the top and the bottom of the screen. Write your answer in the box as shown. To return to the case files, select “View Information”. Selecting the “Question” folder on the left will return you to the question box. If you wish to refer to your treatment plan, do so by selecting “Show Treatment Plan”. Selecting “Next” will open the next question.
You may select the “Mark for Review” box in the upper right corner of the screen to flag items to which you would like to return before exiting the exam. After the last question for the case, a Review Screen allows you to review any of the items. It will indicate items that you flagged for review.

After you have completed the Review Screen, select the “End Review” button. This will open the next case and you will no longer have access to the first case. Complete the second and third cases as you did the first.

A calculator and the CTP Candidate Guide are available throughout the exam by clicking on the appropriate button in the upper left corner.
Pediatric Patient Information

Child's Name:  

Demographics

Age:  
Sex (Gender):  
[ ] Male  
[ ] Female  

Ethnicity:  
[ ] Caucasian  
[ ] African American  
[ ] Hispanic  
[ ] Native American  
[ ] Other  

Primary Language Spoken:  

Personal and Family History

Any immediate family history of heart disease, lung disease, diabetes, etc.?  
[ ] Yes  
[ ] No  

If yes, which family member?  

Age and Health of:  
Mother:  
Father:  

Does either parent have dentures?  
[ ] Mother  
[ ] Father  
[ ] Neither  

# of “sugared” drinks/day (juice, soft drinks, etc.):  

# of “diet” drinks/day:  

Type of “snacks” and # per day:  

Dental History

What is the reason for your visit today?  
[ ] Cleaning/Exam  
[ ] Pain  
[ ] Lost Filling  
[ ] Loose Tooth  
[ ] Orthodontic Concerns  
[ ] Other  

If your child is in pain, where is the pain present?  

How long has it been present?  

When was your child’s last dental visit?  

What was done?  

What oral habits did/does your child have?  
[ ] Thumb Sucking  
[ ] Finger Sucking  
[ ] Pacifier Use  

Oral Hygiene Practice

Frequency of brushing:  
Frequency of flossing:  

Does your child use a mouth rinse?  
[ ] Yes  
[ ] No  

Do you help with your child’s homecare?  
[ ] Yes  
[ ] No  

Pediatric Medical History

Child's Height:  
Child's Weight:  
Child's Blood Pressure:  /  
Pulse:  
Respirations:  

Is your child in generally good health?  
[ ] Yes  
[ ] No  

Does your child have or have had any of the following:  

[ ] Allergy/Hay Fever  
[ ] Asthma/Lung/Respiratory Conditions  
[ ] Rheumatic Fever  
[ ] Eye Problems  
[ ] Heart Conditions  
[ ] Heart Murmur  
[ ] Heart Surgery  
[ ] High Blood Pressure  
[ ] Thyroid Problems  
[ ] Tuberculosis  

Is your child taking any medication(s), prescribed or not?  

If yes, list the medication(s) and reason(s) for use:  

Has your child experienced any unfavorable reactions to any medications, drugs, latex, or other materials?  

If yes, please list:  

Does your child have any known physical or mental conditions?  

If yes, please list:  

Is your child under the care of a physician presently or has your child been treated by a physician in the last 6 months?  

If yes, please list:  

Does your child have any learning, speech, or hearing disorder that may affect your child’s dental treatment?  

If yes, please list:  

Does your child have any disease, condition, or problem not listed above that we should know about?  

If yes, please list:  

Clinical Findings:
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