



REQUIREMENTS FOR MEMBERSHIP

To become an active member of W.S.L.O. the candidate must present the documentation of minimum 3 clinical cases treated by the lingual orthodontic appliance. All cases should be treated using the lingual multibracket appliance on both arches.

The clinical documentation must strictly correspond to the rules imposed, which are explained in detail further on.

The case is evaluated entirely upon the results of treatment. No evaluation is made upon the kind of lingual appliances or auxiliaries used during treatment.

Patient appearance and smile should improve after treatments and emphasis is placed upon the over-correction of dental facial abnormalities.

Application to become an active member is limited to those who have a degree in medicine or dental surgery and who have legal rights to practice orthodontics according to laws and regulations of their country. Candidates must hold a degree in Medicine or dentistry for at least 5 years.

Examining Model Display Commission will be composed by active or founder members of W.S.L.O. selected by the Scientific Committee.

Candidates must declare that the cases presented have been treated exclusively by the candidate and declare that any decisions of the Model Display Scientific Committee will be accepted as final.

At the discretion of the Model Display Scientific Committee the candidate may be requested an oral explanation of the cases presented. The official language is English.

At least one of the cases presented the treatment must involve extractions.

Each of the cases requires the following records in English.

1.
 - (a) A diagnostic description of the malocclusion and the functional status
 - (b) Treatment plan including the reasons for it
 - (c) A resume of the actual treatment carried out including any difficulties encountered.
2. Dental casts taken immediately before treatment and post treatment.
3. An initial lateral skull radiograph with the teeth in habitual occlusion is mandatory.

4. Such other skull radiographs as may be necessary for subsequent monitoring.
5. Tracings of the lateral skull radiograph (S) traced according to the candidate's usual practice.
6. Periapical or panoramic radiographs of adequate diagnostic quality before and towards the end of treatment.
7. Orientated full face, profile and intra-oral colour photographs (at least 5 x 8 cms) taken before, after treatment (optional: one year after the completion of treatment).
8. At least two intermediate treatment steps must be shown in both arches in all cases presented.
9. Any additional patient records as may seem desirable.

When the candidate applies for the examination they are sent forms on which to present their records as this helps the examination process. Each of the presented cases is evaluated by the examiners using the evaluation form.

W.S.L.O. Case Evaluation Form

	score	minimum	maximum
Photographs			2.5
Dental casts			2.5
Radiographs			2.5
Ceph. Tracing			2.5
total records		6.5	10
Observations			5
Diagnosis			5
Treatment plan			10
Explanation of plan			10
total clinic		19.5	30
Improvement of dentofacial aesthet			10
Efficiency therapy/ difficulty of case			30
Finishing of occlusion			10
Stability of treatment result			10
total therapeutics		39	60
TOTAL of CASE		65	100

The result of the examination could be "pass", "incomplete" or "deferred". If a candidate presents cases which are not complete in the required records they are told that the records are incomplete and none of the cases are examined. When a candidate is deferred the Model Display Scientific Committee will advise the candidate on re-examination.

INSTRUCTIONS TO CANDIDATES

In order to examine a large number of cases fairly and accurately, it is important that case presentations are standardised as this helps the work of the Model Display Scientific Committee members.

Candidates must limit written summaries, in English, to the space provided. The size of the type can be changed, but the spacing should remain constant.

Each page should be placed in a transparent protective cover and the pages placed in a suitable binder or file.

Tracings should be made in the prescribed colours - black, red and green, on transparent material and placed inside the protective covers. White background paper should not be included as the tracings will be removed for checking and comparison. Superimposition should not be written by using computer.

Each of the cases presented should have the following details, which, unless otherwise stated, are mandatory, on each of the succeeding pages.

Each candidate will be judged by a number and not by his name: the number will be assigned to the candidate by the Secretary at the moment of the candidate's inscription to assure anonymity and in order to avoid any influence on the Model Display Scientific Committee decision.

CASE PRESENTATION

Page 1: The title page with the number of the candidate.

Page 2: A summary of the case - in English

(A) The records before treatment

Page 3: A diagnostic description of the malocclusion and the functional status - in English

Page 4: Facial colour photographs (frontal, frontal smiling and lateral vision) and study casts

Page 5: Intra-oral colour photographs of the occlusion (frontal, lateral right, lateral left, upper and lower occlusal view)

Page 6: The lateral skull radiograph with the teeth in habitual occlusion

Page 7: Tracing of the lateral skull radiograph traced according to the candidate's usual practice (in black)

Page 8: Cephalometric morphological assessment (Stage I) of the tracing

Page 9: Periapical or panoramic radiographs of adequate diagnostic quality

Page 10: Any other radiographs

Page 11: Treatment plan, including the reasons for it - in English

Page 12: A résumé of the actual treatment carried out, including any difficulties encountered - in English

(B) Intermediate treatment steps

Page 13: Intra-oral colour photographs of the upper and lower occlusal view evidencing two different intermediate treatment steps.

(C) Completion of treatment

Page 14: Facial colour photographs (frontal, frontal smiling and lateral vision) and study casts

Page 15: Intra-oral colour photographs of the occlusion (frontal, lateral right, lateral left, upper and lower occlusal view)

Page 16: Periapical or panoramic radiographs at the beginning and at the end of treatment

Page 17: Lateral skull radiograph at the completion of treatment

Page 18: Tracing of the lateral skull radiograph (in red)

Page 19: Cephalometric morphological assessment (Stage II) of the tracing

Page 20: Description of the treatment result and the post-treatment evaluation of retention - in English

Any other records may be presented to illustrate the case and these should be presented on subsequent pages. Other analyses and methods of superimposition should be clearly defined in writing.

CANDIDATE NUMBER :

CASE NUMBER :

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : AGE: DATE:

CLASSIFICATION :

**TEETH MISSING BEFORE
TREATMENT :**

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : AGE: DATE:

TREATMENT ENDED : AGE: DATE:

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : AGE: DATE:

**RETAINERS : a) upper:
b) lower:**

**RETENTION ENDED : a) upper: DATE:
b) lower: DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : AGE: DATE:

TIME OUT OF RETENTION :

DIAGNOSTIC DESCRIPTION OF THE MALOCCLUSION

A. SUMMARY

B. EXAMINATION OF HEAD AND FACE

C. FUNCTIONAL EXAMINATION

D. INTRAORAL EXAMINATION

E. DENTAL CASTS

Mandibular arch:

Maxillary arch:

Occlusion Sagittal:

Occlusion Vertical:

Occlusion Transversal:

CASE NUMBER:

DATE:

AGE:

FACIAL PHOTOGRAPHS BEFORE TREATMENT

CASE NUMBER:

DATE:

AGE:

**INTRA-ORAL COLOUR PHOTOGRAPHS OF THE
OCCLUSION BEFORE TREATMENT**

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED.

THE LATERAL SKULL RADIOGRAPH SHOULD FACE TO THE RIGHT.

LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CASE NUMBER:

DATE:

AGE:

THIS TRACING SHOULD BE IN THE COLOR BLACK.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

TRACING SHOULD FACE TO THE RIGHT.

COMPUTER MADE TRACINGS ARE ACCEPTABLE WITH TOTAL ANATOMICAL LINES CONSTRUCTED AND EQUAL SIZE OF THE CEPHALOMETRIC RADIOGRAPH.
COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

TRACING OF LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CASE NUMBER:

DATE:

AGE:

CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT I

	Pretreatment	Mean	SD
<i>Sagittal Skeletal Relations</i>			
Maxillary Position S-N-A		82°	± 3.5°
Mandibular Position S-N-Pg		80°	± 3.5°
Sagittal Jaw Relation A-N-Pg		2°	± 2.5°
<i>Vertical Skeletal Relations</i>			
Maxillary Inclination S-N / ANS-PNS		8°	± 3.0°
Mandibular Inclination S-N / Go-Gn		33°	± 2.5°
Vertical Jaw Relation ANS-PNS / Go-Gn		25°	± 6.0°
<i>Dento-Basal Relations</i>			
Maxillary Incisor Inclination ⊥ - ANS-PNS		110°	± 6.0°
Mandibular Incisor Inclination ⊥ - Go-Gn		94°	± 7.0°
Mandibular Incisor Compensation ⊥ - A-Pg (mm)		2	± 2.0
<i>Dental Relations</i>			
Overjet (mm)		3.5	± 2.5
Overbite (mm)		2	± 2.5
Interincisal Angle ⊥ / ⊥		132°	± 6.0°

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED. MAKE SURE THE RADIOGRAPH CAN NOT FALL OUT OF THE COVER

RIGHT AND LEFT SIDES SHOULD BE CLEARLY MARKED ON BOTH SIDES OF THE MOUNT

PERIAPICAL OR PANORAMIC RADIOGRAPHS BEFORE TREATMENT

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED. MAKE SURE THAT THE RADIOGRAPH CANNOT FALL OUT OF THE COVER IF YOU DO NOT HAVE ANY OTHER RADIOGRAPHS STILL LEAVE THE PAGE IN THE BOOK AND PRINT ON THIS PAGE:

NO OTHER RADIOGRAPHS

RIGHT AND LEFT SIDES SHOULD BE CLEARLY MARKED ON BOTH SIDES OF THE MOUNT

ANY OTHER RADIOGRAPHS BEFORE TREATMENT

CASE NUMBER:

DATE:

AGE:

RADIOGRAPHIC ANALYSIS BEFORE TREATMENT

A. INTRAORAL / PANORAMIC RADIOGRAPH

B. INTERPRETATION OF CEPHALOMETRIC ASSESSMENT

CASE NUMBER:

DATE:

AGE:

TREATMENT PLAN AND THE REASON FOR IT

[Empty rectangular box for writing the treatment plan and reasons]

CASE NUMBER:

DATE:

AGE:

RÉSUMÉ OF THE TREATMENT CARRIED OUT
INCLUDING ANY DIFFICULTIES ENCOUNTERED

CASE NUMBER:

DATE:
UP TO:

AGE:

FACIAL PHOTOGRAPHS AT COMPLETION OF
TREATMENT

CASE NUMBER:

DATE:

AGE:

**INTRA-ORAL COLOUR PHOTOGRAPHS OF THE
OCCLUSION AT COMPLETION OF TREATMENT**

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED.

THE LATERAL SKULL RADIOGRAPH SHOULD FACE TO THE RIGHT.

LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT

CASE NUMBER:

DATE:

AGE:

THIS TRACING SHOULD BE IN THE COLOR RED:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

TRACING SHOULD FACE TO THE RIGHT.

COMPUTER MADE TRACINGS ARE ACCEPTABLE WITH TOTAL ANATOMICAL LINES CONSTRUCTED AND EQUAL SIZE OF THE CEPHALOMETRIC RADIOGRAPH. COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

TRACING OF LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT

CASE NUMBER:

DATE:

AGE:

CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT II

	Pretreatment	Posttreatment	Mean	SD
<i>Sagittal Skeletal Relations</i>				
Maxillary Position S-N-A			$82^\circ \pm 3.5^\circ$	
Mandibular Position S-N-Pg			$80^\circ \pm 3.5^\circ$	
Sagittal Jaw Relation A-N-Pg			$2^\circ \pm 2.5^\circ$	
<i>Vertical Skeletal Relations</i>				
Maxillary Inclination S-N / ANS-PNS			$8^\circ \pm 3.0^\circ$	
Mandibular Inclination S-N / Go-Gn			$33^\circ \pm 2.5^\circ$	
Vertical Jaw Relation ANS-PNS / Go-Gn			$25^\circ \pm 6.0^\circ$	
<i>Dento-Basal Relations</i>				
Maxillary Incisor Inclination \perp - ANS-PNS			$110^\circ \pm 6.0^\circ$	
Mandibular Incisor Inclination \overline{T} - Go-Gn			$94^\circ \pm 7.0^\circ$	
Mandibular Incisor Compensation \overline{T} - A-Pg (mm)			2 ± 2.0	
<i>Dental Relations</i>				
Overjet (mm)			3.5 ± 2.5	
Overbite (mm)			2 ± 2.5	
Interincisal Angle \perp / \overline{T}			$132^\circ \pm 6.0^\circ$	

CASE NUMBER:

DATE:

AGE:

DATE:

AGE:

INTERVAL:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH(S) IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH(S) CAN BE EASILY INSPECTED. MAKE SURE THAT THE RADIOGRAPH(S) CANNOT FALL OUT OF THE COVER

RIGHT AND LEFT SIDES SHOULD BE CLEARLY MARKED ON BOTH SIDES OF THE MOUNT

PERIAPICAL OR PANORAMIC RADIOGRAPHS AT COMPLETION OF TREATMENT


CASE NUMBER:

DATE:

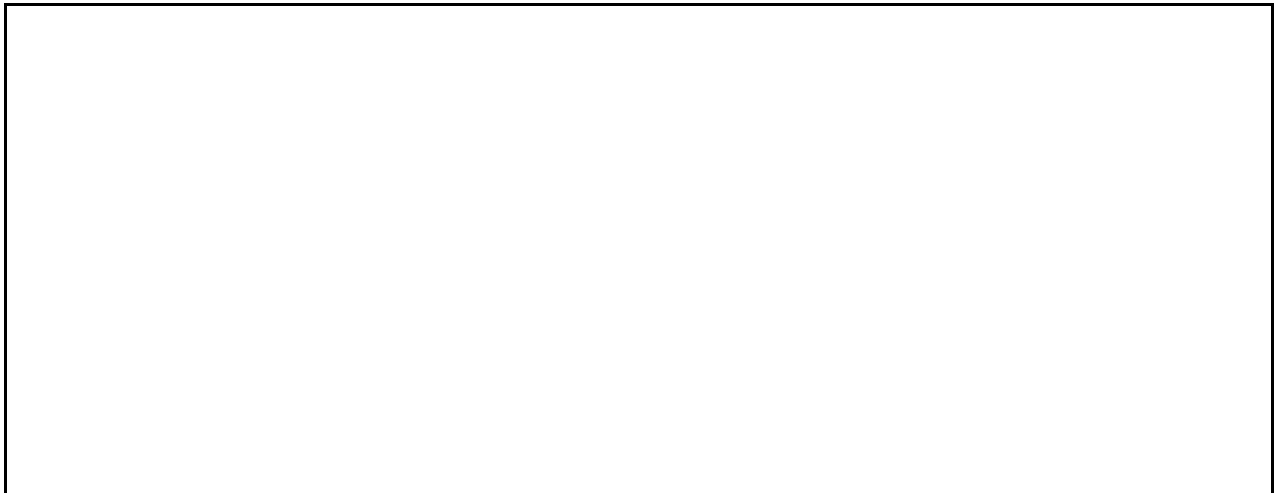
AGE:

RADIOGRAPHIC ANALYSIS AT COMPLETION OF TREATMENT

A. INTRAORAL / PANORAMIC RADIOGRAPH



B. INTERPRETATION OF CEPHALOMETRIC ASSESSMENT

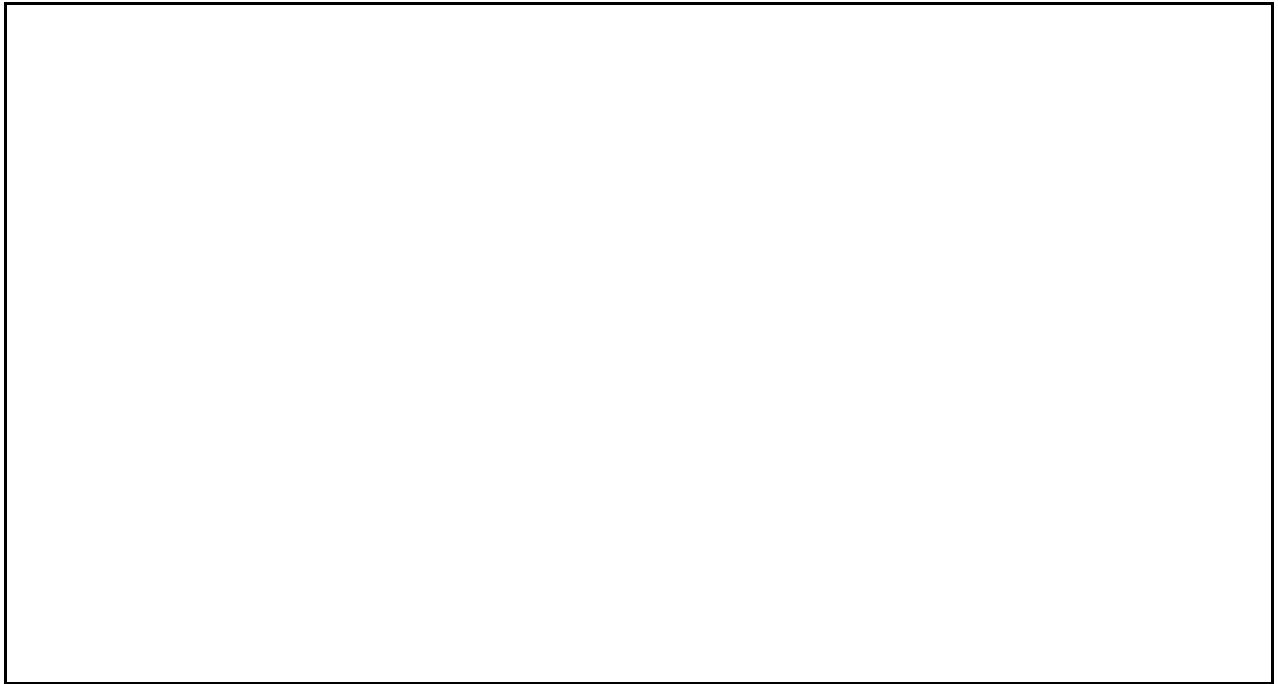


CASE NUMBER:

DATE:

AGE:

DESCRIPTION OF THE TREATMENT RESULT



DESCRIPTION OF THE POST-TREATMENT EVALUATION OF RETENTION



CASE NUMBER:

DATE:

AGE:

FACIAL PHOTOGRAPHS
AT RETENTION / POST-RETENTION

CASE NUMBER:

DATE:

AGE:

**INTRA-ORAL COLOUR PHOTOGRAPHS
AT RETENTION / POST-RETENTION**

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED.

THE LATERAL SKULL RADIOGRAPH SHOULD FACE TO THE RIGHT.

LATERAL SKULL RADIOGRAPH AT RETENTION / POSTRETENTION

CASE NUMBER:

DATE:

AGE:

THIS TRACING SHOULD BE IN THE COLOR GREEN.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

TRACING SHOULD FACE TO THE RIGHT.

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TRACING OF LATERAL SKULL RADIOGRAPH AT RETENTION / POST-RETENTION

CASE NUMBER:

DATE:

AGE:

CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT III

	Pretreatment	Posttreatment	Retention / Postretention	Mean SD
<i>Sagittal Skeletal Relations</i>				
Maxillary Position S-N-A				$82^\circ \pm 3.5^\circ$
Mandibular Position S-N-Pg				$80^\circ \pm 3.5^\circ$
Sagittal Jaw Relation A-N-Pg				$2^\circ \pm 2.5^\circ$
<i>Vertical Skeletal Relations</i>				
Maxillary Inclination S-N / ANS-PNS				$8^\circ \pm 3.0^\circ$
Mandibular Inclination S-N / Go-Gn				$33^\circ \pm 2.5^\circ$
Vertical Jaw Relation ANS-PNS / Go-Gn				$25^\circ \pm 6.0^\circ$
<i>Dento-Basal Relations</i>				
Maxillary Incisor Inclination \perp - ANS-PNS				$110^\circ \pm 6.0^\circ$
Mandibular Incisor Inclination \overline{T} - Go-Gn				$94^\circ \pm 7.0^\circ$
Mandibular Incisor Compensation \overline{T} - A-Pg (mm)				2 ± 2.0
<i>Dental Relations</i>				
Overjet (mm)				3.5 ± 2.5
Overbite (mm)				2 ± 2.5
Interincisal Angle \perp / \overline{T}				$132^\circ \pm 6.0^\circ$

CASE NUMBER:

DATE:

AGE:

DATE:

AGE:

INTERVAL:

DATE:

AGE:

INTERVAL:

DESCRIPTION OF RETENTION / POST-RETENTION FINDINGS

[Empty box for description of retention / post-retention findings]

CASE NUMBER:

DATE:

AGE:



Case Presentation

RESUME OF THE CASE

CANDIDATE NUMBER	
CASE NUMBER	

SUMMARY OF THE CASE

PATIENT NAME:
SEX:
TYPE OF MALOCCLUSION:
TREATMENT STARTED:
TREATMENT ENDED:
ACTIVE TREATMENT TIME:
TYPE OF APPLIANCE:

BEFORE TREATMENT INTRA ORAL PICTURES

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AFTER TREATMENT INTRA ORAL PICTURES

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