



CASE LOG REQUIREMENTS

Equine Specialty

Information for Advanced Standing Candidates & Residents

Reviewed and revised for January 2018

This revision is current for the 2017 Annual Report and for the 2018 Credentials cycle.

Items shown in underlined italic font are available on the AVDC web site via links from the Information for Registered Residents page unless otherwise stated.

The policies described below have been adopted by AVDC Equine Specialty to ensure compliance with the case log requirements for successful completion of the Credentials Applications process and to provide a uniform means of constructing case logs that can be reviewed in a consistent format by the AVDC Equine Specialty Training Support Subcommittee and Credentials Committees. AVDC Equine Case Logs consist of a summary of each case managed by the resident.

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Log of Minimum Required Cases

It is recommended but not required that all cases seen during the AVDC Equine approved residency training period are to be logged by the resident, using the AVDC on-line case log system. Cases that were treated prior to the resident’s program registration start date cannot be included in the case log (this limitation does not apply to Advanced Standing residents). **The minimum total case load requirement is described below.**

Upon completion of the MRCL, the resident can either submit the case log to the Credentials Committee for **pre-approval** or submit the case log as part of a credentials package.

Case Log Requirements and Clarifications

‘Six Year’ Case Log Rule

If a resident remains in a training program for more than six years, cases in the log that are more than six years old cannot be counted towards meeting the AVDC MRCL minimums. The DMS on-line case log automatically recognizes cases that are no longer eligible because of procedure date; they are identified in red cross-hash marks on the case log screen and are not included in the case log Summary tables. The ‘six year clock’ does not run during periods of AVDC-approved Leave of Absence, but does continue to run during a period of suspension of a training program for non-compliance with AVDC reporting requirements.

Dental Chart

A completed dental chart and other medical record information must be available for all logged cases. The Training Support Subcommittee may request to review case documentation during the Annual Review process in order to guide candidates on case logging. The dental chart and other relevant information will be required to be submitted to the AVDC Equine Credentials Committee for cases selected for the 'seven cases' requirement – see Format of the Case Log.

On-line Log

[Use of the DMS online case log is required.](#) Detailed information for use of the AVDC on-line case log is provided in the DMS Users Guide On-line Case Log section. The on-line log automatically provides “Chronological log”, “MRCL log” and “Summary” views.

For **definitions of an AVDC “case”**, read [Guidelines for Counting Cases](#) within this document.

Minimum Required Case Load (MRCL)

The specified **Minimum Required Case Load (MRCL)** ensures that the required cases demonstrate breadth and depth of experience in the core dental disciplines of oral diagnosis and medicine, periodontics, endodontics, radiology, restorative dentistry and oral surgery, and that residents have performed or been exposed to more involved but less commonly performed procedures in the core disciplines and in other dental disciplines such as prosthodontics and orthodontics. See [Case Log Categories and Required Case Load](#) within this document to review the number of cases required in each category.

The resident is to be a 'primary dentist' (P) for 50% or more of logged MRCL cases in each category (see [Case Role - Resident Status](#), in [Format of the Case Log](#)). An **MRCL Diplomate Case Review Form must be completed for each case logged as an MRCL case** (see [MRCL Diplomate Case Review Form](#)). The MRCL case log is NOT to include more than the minimum number of cases required in a particular category at any one time. Cases can be swapped between the Chronological Log and the MRCL as necessary to fill the required number of slots and to meet the other requirements listed in the MRCL case log section.

The 500 overall case requirements previously stated for individuals within the Advanced Standing program has been removed. Individuals within the Advanced

Standing program and residents in standard residency programs will only be required to submit the 240 Minimally Required Case Log (MRCL).

Guidelines for Counting Cases

An “AVDC Equine case” is defined as performance of a procedure (or oral-dental related diagnostic technique) in a dental discipline. A maximum of three “cases” may be logged from any single treatment episode of a particular animal on a particular date.

Clarifications and examples:

- Three major procedures in a single category during the same anesthetic procedure on the same animal may be counted as three "cases", e.g. root canal incisor and two canine extractions.
- In regional or full mouth extraction cases (e.g. incisors), a maximum of three OS “cases” may be counted if surgical extractions are done in at least three of the four dental quadrants in the same animal during the same anesthetic episode.
- An animal presented with a fractured tooth and extensive periodontal disease that is treated by a non-surgical extraction and periodontal debridement would qualify as two separate “cases” (PE2 and OS1) because specific procedures in two major disciplines (oral surgery and periodontics) were performed.
- An animal with widespread but uncomplicated periodontal disease treated by occlusal adjustment of some teeth and simple (closed) extractions of other teeth would qualify as two “cases” (OR1 and OS1).
- An animal with malocclusion, for which diagnosis and prognosis of the abnormality and genetic counseling is the extent of treatment, constitutes a “Orthodontic Consultation case” (OR1). In this instance, performance of a specific dental technique under sedation is not required. A dental record, including a detailed description of the occlusion or bite registration, plus a treatment plan/recommendation, must be completed.
- Treatment of malocclusion orthodontically in one patient is one ‘case’ even when multiple ‘procedures’ are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation and vital pulp therapy of teeth can be logged as separate EN2 cases for each tooth **or** as a single OR3 case, but not both. See also Case Categorizations to Fill Out the MRCL List.
- Management of one episode of disease requiring more than one sedated examination counts as one “case” (e.g. management of malocclusion with a device requiring adjustments). Follow-up treatments are to be logged using the Re-examination Entry option (on the Edit Case Log Entry screen, click the Re-examination Entry link).
- For restorations of cementum/enamel hypoplasia and infundibular lesions, a maximum of two restorative “cases” (RE) may be counted if two or more teeth

were restored beyond simple restorative bonding in the same animal during the same sedation.

- Double-counting of cases in different PE categories is not permitted; log the case under the most complicated PE category performed on that case. E.g. if scaling/polishing of all teeth was performed (PE1) and a periodontal surgery (PE3) was performed on one tooth, log the case as PE3 only. See also Case Categorizations to Fill Out the MRCL List.
- Bilateral MN/FX cases can be logged as 2 separate OS3 cases because two separate dental quadrants are involved.

Complications, Re-Examinations, Staged Procedures, and Multiple or Repeated Treatments

Management of complications and salvage procedures. When a secondary procedure is performed on a different date because of failure of the primary procedure, the secondary procedure is to be logged as a separate entry with a new case number. The Dental Procedure column for the new case is to include e.g. '**Salvage procedure for OS1 [case # and date]**', and the Dental Procedure column for the original procedure is to be revised to include '**OS2 as salvage procedure done on [new date]**'. *Note that when you revise a case log entry that has already been reviewed by TSS and carries the TSS-OK notation, a red **Changed** notation will appear in the Committee column of your case log for that case. From November 20, 2015 onwards, a comment window has been made available for the reviewer to indicate reasons for the change – this will be visible in the Edit Case Log Entry screen for that case. To assist TSS in reviewing these cases, include the case number and the reason for revising the case log entry in the Comments for TSS section of your next Annual Report.*

Staged Procedures: When a treatment requires multiple anesthetic episodes on separate dates (such as adjustments of an orthodontic device for OR3 or OR4 cases or removal of a dental splint or wire following healing of a jaw fracture), the case is be logged once, and each adjustment/device removal procedure and date are to be noted in the Dental Procedure column. When e.g. an apexification EN3 procedure is performed, for which the final planned treatment step is an EN1 standard endodontic procedure, the case is to be logged once as EN3, and the EN1 procedure and date are to be noted in the Dental Procedure column for the original EN3 case log entry.

The following policy applies to all 'staged procedure' cases dated January 1st, 2015 onwards. There is no requirement for staged procedures dated prior to January 1st 2015 to be revised. For specific staged procedures logged in the MRCL, the trainee must be physically present for the original procedure and present for follow-up and final visits -

'present' for follow-up or final visits can include observation via an electronic method such as video or Skype. If the trainee's participation in the follow-up or final visit is electronic, radiographs and clinical images are to be loaded into the DMS Case Log Entry Screen to demonstrate that the trainee observed the progression of the case. The trainee is to enter "**electronic visit and date**" in the procedure column of the case log. If a MRCL form is completed by a diplomate before the follow-up and final patient visits, a new MRCL form is to be filled out for the follow-up/final visit. Specific staged procedures that are subject to the requirement described above are:

EN3: Luxated or avulsed teeth treated by replacement and splinting: the trainee is to be physically present at the initial procedure and 'present' for follow-up or final visits physically or via an electronic method such as video or Skype. If endodontic treatment is not performed, write 'endodontic treatment recommended' in the Procedure column in the case log.

OS3: Fracture repair using wire, splints, plates, tape muzzle: When removal of the device is indicated, the trainee is to be physically present at the initial procedure and 'present' for follow-up or final visits physically or via an electronic method such as video or Skype.

OR3 and OR4: Inclined planes, coronal extenders and active force appliances: The trainee is to be physically present at the initial procedure and 'present' for follow-up or final visits physically or via an electronic method such as video or Skype.

PR: Although crown prep and crown cementation appears to be a 'staged procedure', cementation is not a 'follow-up' procedure, but is a step requiring different skills than crown preparation. Thus the PR category requires the physical presence of the trainee at both the preparation and cementation procedures, as described in the PR section of the MRCL category description (a crown preparation procedure directly observed or performed by the trainee on one patient and a cementation procedure directly observed or performed by the trainee on another patient can still be 'combined' to count as a complete MRCL PR case).

Re-examination ('re-check') procedures.

For a patient that is **only undergoing re-examination** for a procedure logged as an earlier case (i.e. oral charting, radiographic examination as follow-up), create a Re-examination case log entry **AND** include a comment in the original case log entry. To create a re-examination case log entry, open the Edit Case Log Entry screen for the original procedure and then click the [Create re-examination entry](#) command on the

Case Number line. A Re-examination screen appears with the original signalment already included.

- *Examples and clarifications:*
- **When the procedure is ONLY a planned re-examination: For example, a radiographic follow-up to EN1 case # 1234.** In the Re-examination screen, enter the date of the re-examination procedure, and **Re-ex EN1 #1234** in the Dental Procedure column (you can add a brief summary of the result of the re-examination if you wish, e.g. 'no periapical lucency seen'). Return to the Edit Case Log Entry screen for the **original log entry**, and add 'Re-ex:' and [date] of the re-examination in the Procedure column. Do **not** classify the Re-ex case log entry as an MRCL case.
- **Minor re-examination that becomes a follow-up treatment procedure:** Example: oral examination of a horse 1-2 weeks following extractions showed that an extraction site was not granulating. You sedate the horse to curette the alveolus and remove a sequestrum. Create a Re-examination case log entry, and enter e.g. 'Curette non-healing alveolus following extraction tooth [Triadan ###], case #[original case log entry], [date] in the procedure column of the Re-examination case.
- Use the **Re-examination Entry for major re-examinations only**, such as six month endodontic radiographic follow-up, or six week radiographic check of bone healing following repair of a fracture.
- **If the re-examination is minor** (e.g. the equivalent of skin suture removal following surgery elsewhere on the body), do not create a Re-examination Entry;
- For a patient **undergoing re-examination at the same time as a new procedure.** Example: a radiographic re-examination procedure is done on an EN1 case and a PE2 procedure is performed during the same anesthetic episode. Log the case as a new PE2 case AND add **Re-ex EN1 #[original case log]** in the Dental Procedure column of the PE2 case. Update the original EN1 case log entry by adding **Re-ex [date]** in the Dental Procedure column.

Changing Previously Logged Entries, Swapping Out MRCL Cases:

Changing case log entries: Case log entries previously reviewed by TSS in an Annual Report can be updated as necessary to make corrections or to record re-examination procedures or complications, as noted above. When a change is made in a case that has been reviewed by TSS and a TSS OK notation was entered, DMS inserts a **Change Made** notation in the MRCL list; the case will be required to be re-reviewed by TSS to be awarded the TSS-OK notation, or can be reviewed and approved by the Credentials Committee ('CC-OK').

See also Limit on Number of Cases Logged in Each MRCL Category and How to Swap Cases Out and In.

Case Categorizations to Fill Out the MRCL List - “Down-grading Cases”

Some residents find that they have more than enough cases of a particular category to fill all the required slots in some complex treatment categories (e.g. OS4), but may not have sufficient cases for ‘less complex procedure’ categories such as OM.

Residents may elect to categorize cases as a lesser complex category (“down-grading a case”) to fill spaces on their MRCL log. The primary consideration is that the procedure(s) required to meet the lesser category definition are met – residents may not simply ‘downgrade’ a case if the procedure actually performed does not meet the less complex category definition.

In all cases logged, the diagnosis and procedure columns are to include the full set of information describing what was diagnosed and performed in that patient on that date. Because the TSS and Credentials Committee reviewers find it confusing when reading the log of a case that has been down-graded, residents are required to indicate in the case log Procedure field when they have “downgraded” a case– insert “Downgraded from (*insert case category*)” in this field.

Examples of acceptable ‘down-grading’ of case log categories:

- A. *An oral mass that is biopsied by excisional biopsy as an OS4 or OS5 procedure can be categorized as OM instead of OS4 or OS5, because the mass was biopsied (meeting the OM category requirement).*
- B. *If all PE4 MRCL slots are filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 slots to be filled.*
- C. *If several teeth are extracted, some qualifying for OS1 and some for OS2, the case can be logged as OS1 if the OS2 MRCL slots are filled and there are slots to fill in the OS1 list.*
- D. *If a malocclusion is diagnosed and a treatment plan developed (including detailed consultation and recording of the evaluation of the bite or bite registration, impressions, study models, with or without occlusal adjustment) and an orthodontic procedure is performed, the case can be categorized as OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled.*
- E. *If all EN1 or EN2 MRCL slots are filled and a RE MRCL case log slot is yet to be filled, and if a coronal endodontic access is restored using full restorative procedure (cavity preparation, placement of permanent restorative material, finishing the restored surface) the case can be categorized as RE instead of (but not in addition to) EN1 or EN2.*

Cadaver Procedure Log

Residents are encouraged to practice procedures on cadavers. Cadaver procedures can be included in the Equine online case log. To ensure residents are trained in all dental disciplines, the Equine Specialty Minimum Required Case Load (MRCL) log specifically allows residents to perform a limited number of cadaver procedures in dental discipline categories that are not widely practiced in equids. (See MRCL Categories and Required Case Load in Each Category for specific case details)

Limitations and Requirements:

1. Format: The cadaver procedure must be performed by the trainee under the direct supervision of the Supervisor or other AVDC/EVDC Diplomate.
2. If the cadaver procedure is a crown preparation procedure, the resident must complete the crown preparation-cementation procedure as described in the MRCL Crown Preparation category information, by preparing the crown, including making the appropriate impression and bite registration items – if no such clinical cementation case is available in the resident’s log, the cadaver procedure must include having a dental laboratory make the crown from the impression, followed by cementation of the crown under supervision of the diplomate.
3. Procedures requiring multiple steps: For a cadaver procedure that would normally require a second procedure, such as orthodontic procedures that will require appliance adjustment or removal, the second step must be included after the supervisor or other diplomate has reviewed the previous step.
4. *A complete record, including a completed dental chart, discharge instructions (including proposed follow-up recommendations), radiographs and photographic documentation of cadaver case procedures, is required. These materials are to be uploaded to DMS as scanned or photographic images via the Edit Case Log Entry screen. The supervising diplomate is to complete an MRCL form as for any other MRCL case.*
5. The equine specialty will accept up to one primary (P) and one assistant (A) per cadaver MRCL entry in categories EN1, PR, and OR3. In all other categories in which a cadaver case is accepted, only one primary (P) can be logged per cadaver MRCL entry. No assistant (A) cadaver cases can be logged for MRCL categories PE1, PE3, PE4, EN2, EN3, RE, and OR4. Please note that all categories must still meet the 50% Primary rule as stated in the Case log Information document whether cases are in vivo or cadaveric in nature.

Format of the Case Log

The AVDC on-line case log automatically creates logs in the required format. Complete the fields in the Enter/Edit New Case screen as described below. Be sure to click [Save Changes](#) after entering a new case or making any edits in previously-entered case log entries.

The on-line case log automatically assigns the next available **case log number** when a new case is entered. If cases are not entered in chronological order, there may be an inconsistency between the case log number order and the case log date order. This is not a problem; the case log screen can be viewed in either case log # order or in case log date order (click the [blue column header](#) on-screen to change the order in which cases are shown).

Residents can edit entries of already logged cases using the Edit Case Log Entry screen (accessed from the case log screen by clicking the [blue underlined case log #](#) for that case).

- **Category:** Click the category that best describes the case from the drop-down menu. Case Log Categories are described in this document.
- **Case Number:** This is automatically entered by DMS and cannot be changed. Depending on when you make a new case log entry, the [blue underlined case log #](#) may not match the date sequence of cases in your log – as noted above, this is not a problem.
- **Date Procedure Performed:** Use the calendar icon to click the date on which the procedure was performed, or you can enter it as month/day/year (four digits in year).
- **Patient Name:** In the Patient Name line, type the *Patient name space Owner last name* (no parentheses, no quotation marks).
- **Patient Identifier:** If your practice or hospital uses a case record numbering system, insert the case record number.
- **Species:** Use the drop-down menu to insert the species – if the specific species is not listed, click Other and then insert the species in the Breed line.
- **Breed:** Insert the Breed. You may use abbreviations for breeds adopted by your practice.
- **Age:** Insert the age (use the drop down menu to switch between years and months).

➤ **Diagnosis and Procedures Columns:** It is no longer required to include all the Diagnosis and Procedures information for that patient on that date. Include only information relevant to the MRCL category that the case will be logged as, using the *AVDC/AVDC Equine abbreviations*. All new, unreviewed, and TSS Unapproved (EQTSS-Not OK) MRCL case log entries from August 2016 forward, must use the most recent 2016 abbreviation list only for MRCL log entries. The nomenclature and abbreviation list can be found on the *AVDC Equine website* homepage.

➤ When more than one 'case' will be logged for that patient on that date, complete the case log entry for the first category, click [Save Changes](#), then click the [Create Duplicate Entry](#) command located at the right side of the Case Number line – in the next screen, change the case category and use cut-and-paste to input the case details for the additional case. Be sure to click [Save Changes](#).

Additional information:

- Use only abbreviations approved by AVDC/AVDC Equine. If there is no appropriate AVDC/AVDC Equine abbreviation, write out the terms in the diagnosis and procedure columns.
- For PE cases, the periodontal index (PD0-4) is to be listed.
- Other periodontal indices such as gingival index, pocket depth, furcation, mobility etc. are appropriate for use on the dental chart but are not required to be included in the AVDC Equine case log Diagnosis column.
- Individual teeth treated are to be identified for specific procedures. The modified Triadan tooth numbering system is to be used. The Triadan chart is available in the Information for Registered Residents web page, and as a link from the Edit Case Log Entry screen. Teeth that are in sequence in each quadrant can be denoted by using a hyphen (see Example 2).

Example 1: Diagnosis: PD2 304,404; T/FX/CCF 109, 310

 Treatment: RPC, PRO 304, 404; X 109; XSS 310

Example 2: Diagnosis: TR 101-103, 201-203, 301-303, 401-403

 Treatment: XSS 101-103, 201-203, 301-303, 401-403

➤ **Case Role (Resident Status):** Using the drop-down menu, insert the resident status:

- **P - Primary dentist:** The case is managed primarily by the resident, whether directly supervised by a diplomate or not. There can only be one Primary Dentist on a particular logged procedure. Note: When more than one 'procedure' is performed on the same patient, each procedure can be logged as a separate case in the case log – e.g. if two root canal procedures are performed on one patient, one can be performed by one resident and logged

as Primary Dentist by that resident, and the other procedure can be performed by the other resident and logged by that resident as Primary Dentist. If both residents were present for both procedures where each was Primary Dentist for one procedure, each resident can log the procedure for which they were not Primary Dentist as Assisting Dentist.

- **RA** – *This is no longer an option for cases logging. For the year 2016 and years prior the equine specialty will accept the use of RA for both live cases and cadaver cases. RA will not be accepted for any cases after 2016.*
- **A** - Assisting Dentist: If an AVDC diplomate was the Primary Dentist and was assisted by a resident, the resident is to log the case as an Assisting Dentist case. If more than one resident observes and assists the diplomate for the entire procedure, each can log the case as Assisting Dentist.
- **S** - Secondary operator, working as assistant to an Academy Fellow or human dentist (counts as 'Assisting' for calculation of % of MRCL cases as Primary or Assisting).

Note: To complete the AVDC Equine Credential Requirement, the resident must be listed as Primary (**P**) for 50% or more of the MRCL cases logged in each category.

- **Procedure Location:** Use the drop-down menu to enter the location where the procedure was performed.
 - **Radiographs:** If radiographs or digital radiographic images were made, click **yes** on the drop-down menu. *AVDC has no formal position on taking radiographs; however, the accurate diagnosis and treatment of most dental conditions indicates radiographic investigation and treatment confirmation. An MRCL case with no indication that radiographs were taken may cause the TSS or the Credentials Committee to flag the case which could result in “non-approval”.*
- **Photos:** If clinical photographs or digital images were made, click **yes** on the drop-down menu.
- **MRCL Category:** Making a selection in this field causes the case log entry to be included in the MRCL log. For all case log entries logged as MRCL cases, an MRCL form must be present in the case log. If the case is to be included in the MRCL log and the MRCL diplomate review form has been uploaded, or if you have started the automatic electronic Request MRCL form process on DMS, use the drop-down menu on the MRCL Category line to enter the MRCL category. Designation as an MRCL case can be made subsequent to the initial entry of the case – use the Edit Case Log Entry screen, and be sure to click [Save Changes](#).

The on-line log automatically enters the MRCL log slot number for a newly designated MRCL case. If you delete a case from the MRCL log, do not worry about the MRCL slot number - the next MRCL case entered in that MRCL category will be assigned to the empty slot. See [Deleting and Swapping MRCL Cases in the On-line Case Log](#) section in the DMS Users Guide.

- **Review Date and Reviewed by Diplomate (initials):** This information is automatically entered for MRCL forms that are generated electronically using DMS. For MRCL forms not automatically generated by DMS, use the calendar icon to enter the date on which the reviewing diplomate completed the MRCL case review form, and enter the initials of the reviewing diplomate. For Oral Surgery cases performed with or under the supervision of an ACVS diplomate, insert the initials of the ACVS diplomate. Note that the MRCL form must have been completed and signed by the diplomate within one year of the date the procedure was performed.

Generation of Additional Case Log Entries for the Same Patient

There is a [Create duplicate entry](#) command on the **Case Number** line in the Edit Case Log Entry screen. Click this command to create a new case log entry for a second or third category case on the same patient performed on the same date. All of the owner name, diagnosis, procedure etc. information is automatically created on the new entry - just change the **Category** in the next screen, and use cut-and-paste to ensure that the case category information relevant for that category input as described under Diagnosis and Procedure columns, above. Be sure to click [Save Changes](#) at the top of the screen.

Generation of a Re-examination Case Log Entry

Click the [Create Re-examination Entry](#) command on the Case Number line to generate a Re-examination log entry. See [Re-Examinations, Multiple or Repeated Treatments, Management of Complications](#) for applicable definitions.

Review of Case Logs by Supervisor and AVDC

Because case logs are on-line, no specific “submission” of case logs is required for review by your supervisor or for inclusion in an Annual Report or Credentials Application. Be sure that your case logs are up-to-date prior to the deadline for review (cases dated up to December 31st are to be logged for an Annual Report and cases dated up to June 30th for a Credentials Application), and that all MRCL cases have a completed and uploaded MRCL diplomate review form.

MRCL Diplomate Case Review Form

An MRCL Diplomate Case Review Form must be completed **and uploaded to the DMS case log** before an MRCL case can be approved by the Training Support or Credentials Committee.

Note that there is no requirement that any diplomate, including your supervisor, has to complete an MRCL form when requested to do so – the diplomate may elect not to complete the form because, for example, the information you have provided is incomplete or the work performed is unsatisfactory for a resident at your stage of a training program.

In order to complete an MRCL form, the diplomate must be aware of the case. For cases for which the diplomate was not present when the case was performed, provide the reviewing diplomate with the case information (dental chart, medical record, radiographs, clinical photographs etc. as appropriate). Images can be uploaded to the on-line Edit Case Log Entry screen (click the [Attach Photo](#) command on the command line at the top of the screen); for best results, the images are to be uploaded in .jpg format).

- The diplomate who will complete the MRCL form will normally be your Supervisor or the diplomate you were working with when the case was performed, but it can be any diplomate who has agreed to complete the MRCL form.
- One review form is to be completed for each of the 240 required MRCL cases.
- Only one review form is to be completed for cases that required more than one visit for completion.
- MRCL Forms are to be generated via the DMS auto-generation process.
- **‘One year rule’**: MRCL Diplomate review forms are to be completed by the diplomate within one year of the date on which the case was performed. *This does not apply to advanced standing candidates.*
- The TSS and Credentials Committee reviewer will review the MRCL form to ensure that the data entered on the MRCL form matches the data entered in the on-line case log for that case, and that the diagnosis and procedure information ‘match’.
- For **Advanced Standing candidates with a 1 year extension**, all non-approved and unmarked MRCL’s from July 15, 2017 forward will require a MRCL long or short form (depending upon your status as primary or assistant) to be filled out by your supervisor or another AVDC/AVDC-Eq Diplomate (candidates were provided prior notice in their individual Credentials Committee response to their 2017 credentials package). Full case documentation will be necessary to enable Supervisors (or other Diplomates) to critically evaluate

work. Documents can be uploaded through the DMS for each MRCL case. The Equine Specialty Executive Committee has provided additional clarification to this requirement. MRCL non-approved entries requiring ONLY an abbreviation change do NOT need MRCL forms generated or additional documentation. Entries requiring ONLY an abbreviation change should be addressed by January 31 in your Annual Report (candidates provided previous notification). New cases, cases requiring in detail clarification or changes, and cases to be replaced DO REQUIRE supervisor MRCL forms and complete documentation.

Generating MRCL Case Review Forms

Requesting Review of an MRCL Case via DMS

You can request review of a case and preparation of an MRCL form automatically on DMS. Use this process for cases seen jointly by you and the diplomate or when you have uploaded images to DMS for the diplomate to review.

- While in the Edit Case Log Entry screen for a case, scroll down to the **Diplomate Reviews** section. Select the diplomate who has agreed to review the case from the drop-down list, then click the [Submit](#) button. The correct type of form, long (cases NOT performed in presence of Diplomate) or short (cases performed by the Diplomate or in the presence of a Diplomate), is generated automatically, with the section 1 information entered from the DMS case log. An e-mail is automatically sent to the diplomate when you click [Submit](#).
- When the diplomate is logged into DMS and s/he clicks the link in the DMS e-mail note, the case log page automatically opens. The diplomate can click on individual thumb-nails in the Photos section of the Edit Case Log Entry screen to view the images, then enter responses in the on-line MRCL form (opened by clicking the [MRCL form file name](#) in the **MRCL Case Review Forms** section). When the diplomate has completed the form and clicked **Save**, the completed form is saved within DMS as an unchangeable .pdf file.
- You will receive a DMS e-mail message when the diplomate has saved the completed form. When you next check your MRCL log, forms that have been uploaded by the Diplomate are shown in the **Files** column of the MRCL log as yellow form icons. Click on the form icon to open the Edit Case Log Entry screen for that case, then click the [MRCL form file name](#) in the **MRCL Case Review Forms** section to read the form. Write down the code that appears under the Diplomate's name. After you click the [Accept](#) command in the **MRCL Case Review Forms** section and enter the code in the box that appears, click the **OK** button. The completed form then appears as a standard form logo in the Files column of your MRCL log (and is visible now to Training Support Subcommittee and Credentials Committee reviewers). Some residents have reported that they can open the MRCL form and can see the Accept code, but that the Insert

Accept Code window does not appear. The problem may be the “**Pop-up Blocker**” setting - click the bar at the top of the screen to temporarily allow ‘pop-ups’.

Correcting MRCL Forms

Reviews of Annual Reports from TSS may include mention of logged MRCL cases for which the uploaded MRCL form has been ‘flagged’ by the TSS reviewer as ‘**TSS Not OK**’. This usually is because an error was noted in Section 1 (the part containing the patient information and diagnostic and treatment summary that is completed by the resident).

A simple method of correcting data in section 1 of the MRCL form is available. No action by the Diplomate is required, and the Diplomate signature date on the original form remains the diplomate signature date of record.

To correct data in Section I of an MRCL form, follow these steps:

For MRCL forms that were generated via DMS:

1. Identify DMS-generated MRCL forms that the TSS reviewer has indicated require correction - look for the ‘**TSS Not OK**’ notation in the Committee column in MRCL View mode or see the list in the most recent Annual Report review from TSS.
2. If the problem indicated by the TSS reviewer is an error in the Section 1 data, first make the necessary corrections in the fields in the Edit Case Log Entry screen for that case. To access this screen, click on the [blue underlined case log #](#) in the Case Log MRCL View mode.
3. Then scroll to the MRCL Form section at the bottom of the Edit Case Log Entry screen. The original MRCL form will be indicated as a [blue, underlined file name](#). On the same line and to the right of the file name, there is now an ‘[attach corrected info](#)’ command. Click this command. A ‘[Save changes and attach corrected data page to this form?](#)’ question appears in a window. Click [Yes](#). A new [blue underlined MRCL form name](#) appears as the top item in the MRCL Case Review Forms section in the Edit Case Log Entry screen. If you click on this link, you will see that the new form is displayed as a .pdf file, consisting of the corrected Section 1 on the first page and the original Section 1 and Section 2 on the second page – this allows you and the TSS or Credentials Committee reviewer to check that the corrections have been made.
4. You can now exit the Edit Case Log Entry screen.

When two forms are present in the Edit Case Log Entry screen (or in the Files column for a case in the MRCL View mode screen), the most recent form is always the form at the top (or on the left if there are two form icons in the same row in the MRCL View mode screen).

In the Case Log MRCL View mode, the MRCL form logo in the Files column is shown with a green highlight for forms that have been corrected. This alerts the Training Support Subcommittee or Credentials Committee that a revised form requiring review is present.

Clarification:

For Advanced Standing candidates with a 1 year extension, all non-approved and unmarked MRCL's from July 15, 2017 forward will require a MRCL long or short form (depending upon your status as primary or assistant) to be filled out by your supervisor or another AVDC/AVDC-Eq Diplomate (candidates were provided prior notice in their individual Credentials Committee response to their 2017 credentials package). Full case documentation will be necessary to enable Supervisors (or other Diplomates) to critically evaluate work. Documents can be uploaded through the DMS for each MRCL case. The Equine Specialty Executive Committee has provided additional clarification to this requirement. MRCL non-approved entries requiring ONLY an abbreviation change do NOT need MRCL forms generated or additional documentation. Entries requiring ONLY an abbreviation change should be addressed by January 31 in your Annual Report (candidates provided previous notification). New cases, cases requiring in detail clarification or changes, and cases to be replaced DO REQUIRE supervisor MRCL forms and complete documentation.

MRCL Categories and Required Case Load in Each Category

The **AVDC Equine Case Log Categories** listed below are to be used in all AVDC Equine case logs, with one category assigned for each 'case' logged. See **Guidelines for Counting Cases**.

For each category, a **minimum required case load** (MRCL) is shown in **bold blue font**.

Abbreviations in [square brackets] refer to items in the AVDC/AVDC Equine *Abbreviations List* of diagnoses and procedures.

Several case log categories (OM, PE3, PE4, EN3, RE, OS2, OS3, OS4, OS5, OR1, OR3) include the statement: ***An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved***, and examples of different procedures that fit that case log category are included in the Category description. In these categories, **no more than 67% of cases can be from one type of procedure**.

Limit on Number of Cases Logged in Each MRCL Category

MRCL Logs are **not to include more MRCL cases than the minimum number required** in that category. Some trainees/residents will likely need to swap cases in and out to obtain the necessary **>50% as PDA, P or RA** , **>25% PDA** and the **'67% rule in range of types of cases in some categories'** as their training program progresses (See "Format of the Case Log" on pages 8 - 10 above).

Trainees/residents may also want to swap cases out to ensure that 'better work', i.e. later cases indicative of their progress, is included, as all current MRCL cases are eligible for selection as one of the 'seven cases' required for validation at the time of credentials application review.

How to Swap Cases Out and In:

Trainees can swap cases out of the MRCL log by clicking the Remove from MRCL link in the MRCL section in the Edit Case Log Entry screen; if a case is swapped out, the MRCL form is not deleted from DMS – the case can be swapped back in, complete with the form and TSS OK notation, if necessary, by entering the MRCL category from the drop-down menu in the MRCL line on the Edit Case Log Entry screen. Note that when you swap a case back in, the original TSS OK notation appears, but the red Case Changed notation also appears; in the Comments for TSS in the Annual Report Check list or in the Comments for the Credentials Committee in a Credentials Application Check List, include a comment that *"The following cases that had been reviewed as TSS OK and that were then swapped out and swapped back in have the red Case Changed notation as a result of the swap – no actual changes were made in the case log entry"*.

Consequence of not following the 'No more than minimum number' requirement:

The Case log will be 'returned' to the trainee for adjustment, and will not be reviewed as part of an Annual Report or Credentials Application until the adjustment is made. If the adjustment is not made within 10 days and no request for an extension due to exceptional circumstances has been received, the trainee/resident's Annual Report or Credentials Application will not be reviewed. A credentials application not in compliance with this requirement will be returned unreviewed.

OM - Oral Medicine

Cases requiring involved diagnostic tests and not involving treatment procedures that would be logged in any other category. *Examples:* Biopsy [B/I], sinuscopy, sinus culture/sensitivity, sialography, CT scan, or other tests beyond a CBC/Biochemical profile. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....28 cases*

Clarifications

1. Normally, if a treatment procedure is performed, OM would not be considered the appropriate case log category even if diagnostic tests are included because the case would be logged based on the treatment performed. However: residents may log cases under any category appropriate for the case as performed provided that there is no double-logging of cases (except as defined under Guidelines for Counting Cases). For example, if your MRCL OS4 slots (includes maxillectomy or mandibulectomy) or OS5 slots (includes excision of masses not requiring maxillectomy or mandibulectomy[B/E]) are filled, a case in which biopsy was performed and the biopsied mass was treated by OS4 or OS5 excision can be logged as OM if you have spaces in your MRCL OM category list - the case cannot also be logged as an OS4 or OS5 case. The dental chart and medical record must record the reason for categorization as an OM case.
2. Sedation and dental radiographs may, but do not necessarily, count as an OM procedure; there must be a diagnostic purpose noted in the medical record and dental chart to investigate a previously identified clinical problem for a procedure limited to anesthesia and radiographs to be logged as OM. **No more than 10 cases consisting of only examination, radiographs, and treatment planning may be logged.**
3. Biopsies should include the histological diagnosis. Histological diagnosis should be placed in the diagnosis box.
Many OM cases will include sinus evaluations. Cases that also include other 'involved diagnostic tests' will be eligible for consideration as OM examples to meet the '67%' rule; for these cases, be sure to include the tests/diagnostics performed.

Examples:

- A. A procedure that is limited to dental radiographs to assess pulp chamber, root canal and periapical status of a suspicious tooth. If no immediate treatment is necessary, subsequent 'watchful waiting' follow-up radiograph procedures do not qualify as OM procedures and are to be logged as re-examinations.
- B. Dental radiographs to investigate the reason for absence of an erupted tooth in a patient old enough to have erupted that tooth if the patient was normal is an OM case if the radiographic diagnosis is anodontia or an impacted tooth that does not require treatment.
- C. OM could be logged if two unrelated conditions were present. Patients that are OM cases that are also categorized in an unrelated category are subject to the general limit of no more than three logged items on that patient on that date.

Examples:

1. Unrelated conditions: Radiographs and biopsy of an oral mass without excisional treatment of the mass in a patient that also e.g. had a fractured

tooth that was treated by extraction during the same treatment episode can be logged both as OM and OS.

PE - Periodontics

If a PE3 and/or PE4 procedure is performed, do not log the case separately as a PE1 or PE2 case, because the PE1 or PE2 procedure is expected to be included as part of the PE3 or PE4 procedure.

A PE3 and a PE4 procedure, or multiple PE3 or PE4 procedures, performed on separate teeth can be logged as separate cases for the same patient if e.g. an involved gingival flap procedure was performed on one tooth (PE3) and a GTR procedure was performed on another tooth (PE4), subject to the general limitation of three logged cases per patient. If all PE4 MRCL slots are filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 MRCL slots to fill.

PE1

Professional dental cleaning not requiring involved periodontal treatment. Only 1 case can be logged per patient.....**10 cases**

5 cases may be performed on non-equid patients or cadavers.

PE2

Involved periodontal scaling and root planning; includes professional dental cleaning. Includes placement of a perioceutic medication when no PE3 or PE4 procedure is performed, as perioceutic placement is considered adjunctive treatment; Examples: Root planning of canine teeth; debridement of a periodontal pocket associated with a diastema.....**15 cases**

PE3

Periodontal surgery. Includes complete professional dental cleaning. *Examples:* Mechanical widening of a cheek tooth diastema and periodontal pocket debridement; Gingivectomy/gingivoplasty; open curettage; or a flap procedure, except those combined with bone grafting or [GTR], which are PE4 procedures. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....***10 cases**

5 cases may be performed on non-equid patients or cadavers.

PE4

Involved periodontal treatment. Includes professional dental cleaning. *Examples:* Osseous surgery; increasing attachment height; bone augmentation; gingival grafting; guided tissue regeneration [GTR - requires placement of a GTR membrane for

classification as GTR]; periodontal splinting; crown lengthening procedure with alveolar bone contouring. The case log entries using a guided tissue membrane **MUST** state the membrane material used in the log entry under the treatment section. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* Note: Extraction followed by placement of a bone substitute or bone promoting material is **not** a PE4 procedure.....**5 cases**
All 5 cases may be performed on non-equid patients or cadavers.

EN - Endodontics (all categories include routine restoration of access openings).

EN1 Mature canal endodontic obturation, non-surgical. Case log entries are to include notation of the type of final restoration in the Procedure column.....**25 cases**

All 25 cases may be performed on non-equid patients or cadavers. The equine specialty will accept up to one primary (P) and one assistant (A) per cadaver MRCL entry in category if EN1

EN2 Vital pulp therapy (partial vital pulpectomy). Cases log entries are to include notation of the type of pulp dressing and final restoration materials in the Procedure column. This category does not include direct pulp capping procedures.
.....**5 cases**

All EN2 MRCL cases can be filled by equine cadaver work or non-equid live cases. (historically 3/5 were allowed to be cadaver or non-equid)

EN3 Endodontic treatment other than non-surgical mature canal obturation or vital pulp therapy. *Examples:* Surgical endodontic treatment (include notation of the apical restorative material); apexification; replacement and endodontic therapy of avulsed or luxated teeth; splinting of tooth with horizontally fractured root with follow-up endodontic evaluation. EN3 procedures that include coronal access restoration are to include notation of the type of final restoration in the Procedure column. *See also Staged Procedures on page 4. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*.....**2 cases**
Both cases may be performed on non-equid patients or cadavers.

RE - Restorative Dentistry

All RE cases require preparation of the defect, placement of a permanent restorative material and finishing the restoration. *Examples:* Permanent restoration of partial loss of crown; Occlusal table cavity preparation and placement of a permanent restoration. An Endodontic access site restoration can be logged as an RE case provided that the case is not also logged as an EN case and provided that a full restorative procedure

(preparation, placement of a permanent restorative material and finishing the restoration) was performed; the maximum number of endodontic cases that can be categorized as RE cases is 8. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....12 cases*

12 cases may be performed on non-equid patients or cadavers.

No more than 6 cases can be Infundibular Cavity restorations.

Clarifications:

- *Placing a bonding agent on a dental irregularity, of itself, does not constitute an RE case.*
- *Treatment of Enamel hypoplasia lesions can be logged as RE cases if the restoration required placement of a permanent restorative material. Odontoplasty as the only treatment of enamel hypoplasia defects does not constitute an RE case. Restoration of multiple enamel hypoplasia defects on one tooth counts as only one RE case. In an exception to the ‘three case rule’, a maximum of only two RE cases (i.e. two teeth treated) may be counted per anesthetic episode for a patient having enamel hypoplasia lesions restored on two or more teeth.*
- *Repair of restoration of a root canal access site that is replaced due to “microleakage” does not count as an RE case IF the original veterinarian who performed the root canal procedure replaces the missing restoration. However, if a resident replaces a missing restoration that was NOT originally his/her case and preparation, placement and finishing of the restoration is performed by the resident, it can be counted as an RE case.*
- *Are radiographs required when enamel defects are restored? AVDC has no formal position on this issue; however, restoration of a tooth without radiographic confirmation that the root is normal seems inappropriate and will likely cause TSS or the Credentials Committee to flag RE or PR case log entries (and not approve) in which there is no indication that radiographs were taken.*

OS - Oral Surgery

Definition of “Oral Surgery”: Surgery involving the tissues comprising and surrounding the oral cavity (including oropharynx, mandible and maxilla) and the tissues directly arising from the oral mucosa (salivary glands). **All Oral Surgery cases must be performed on equids.**

Clarifications:

- *Removal of a lip mass can be logged as an OS procedure only if the oral mucosa is incised.*
- *Oral surgery ends just rostral to the larynx but does include salivary gland surgery, even if approached extra-orally. Cleft soft palate is oral surgery, while elongated soft palate as part of the upper airway obstruction syndrome is an*

ENT procedure (not oral surgery). Sinus surgery is oral surgery if performed to investigate or treat extension of oral disease, but not if performed to treat primary respiratory disease.

- Procedures that originate in the oral cavity and that are intended to reach another system are typically not considered oral surgery. Two examples are rhinotomy and intraoral hypophysectomy.
- Surgical access to and debridement of apical periodontitis/cyst is part of an extraction procedure (OS2) and should not be logged separately unless the treatment of apical periodontitis/cyst is an isolated procedure in which the affected tooth has previously been involved (logged as OS4). Staged tooth extraction and treatment of apical periodontitis should be logged as one procedure.

OS1 Simple (closed) dental extractions, crown amputations (e.g. [TR]).....**25 cases**

Clarification:

- Only teeth extracted for pathological reasons should be logged. For example, the extraction of a normal wolf tooth is not indicated, whereas a malpositioned wolf teeth in a performance horse might indicate extraction, and tooth fracture or periodontal disease of a wolf tooth would indicate extraction.
- If several teeth are non-surgically extracted (OS1) only 1 case per patient is allowed (regardless of quadrants). See clarification on page 3 of “Guidelines”.

OS2 Involved dental extractions (open or closed, requiring tooth sectioning, bone removal or other procedures in addition to work with elevators and forceps). Extractions in a patient may be logged as three OS2 cases if involved extractions were performed in at least three quadrants. *Example:* Extractions involving Buccotomy, Repulsion, Minimally Invasive Buccotomy. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*.....**25 cases**

OS3 Mandibular or displaced maxillary fracture fixation. *Examples:* using dental acrylic or composite splint with or without wires; body of mandible fracture fixation with wire, pins, screws or plate; conservative management using a restrictive muzzle. When removal of the device is indicated, the trainee is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype. See also Staged Procedures on Page 4. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.***5 cases**

All 5 cases can be performed on equine cadavers no other species.

Clarification:

Bilateral MN/FX cases can be logged as 2 separate OS3 cases because two separate dental quadrants are involved.

OS4 Involved oral surgical procedures. *Examples:* Sinus surgery involving access through a flap or trephination, TMJ condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....15 cases*

A minimum of 5 cases must include a Sinus Flap access.

Clarification:

- *Sinusotomy cases must include a surgical procedure. E.g. : A Sinus Flap performed to access the sinus for debridement of a secondary sinusitis is an OS4 case. Trephination for access to perform Sinoscopy and other diagnostic procedures is an OM case.*
- *IM Pin Sinusotomy and Sinus Lavage System Placement are not a logable surgery case.*

OS5 Miscellaneous soft tissue oral surgery. *Examples:* Resection of traumatic cheek or sublingual granuloma-hyperplasia; commissuroplasty; salivary gland surgery; removal of oral masses not requiring maxillectomy or mandibulectomy (Biopsy Excisional, B/E); operculectomy; laser surgery for stomatitis; resection of sequestrum). *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....5 cases*

PR - Prosthodontics

PR Crown and/or bridge preparation and cementation; abutment/crown placement on an implant.

See also Staged Procedures information on page 4.....**5 cases**

All cases may be performed on non-equid patients or cadavers.

Clarification:

Logging of cases as PR for the MRCL log requires participation by the resident in 5 preparation and 5 cementation procedures to complete the PR requirement. This may consist of preparation and subsequent cementation procedures on 5 patients, or a combination of preparation and cementation procedures on separate patients.

- *When the resident is primary or assisting dentist for **only the preparation procedure**, place the preparation date in the date column of the case log entry; in the Dental Procedure column, write **Not present for cementation**.*

- When the resident is primary or assisting dentist for **only the cementation procedure**, place the cementation date in the date column of the case log entry; in the Dental Procedure column, write *Not present for preparation*.
- When the resident is primary or assisting dentist for **both the preparation and cementation procedures**, log the preparation date in the date column; in the Dental Procedure column, write in *Cemented on (date)*. Do not log the cementation procedure as a separate case.

For implant cases, the implant placement for osseointegration is to be listed as a separate PE4 case; list the abutment/crown placement as a new case in PR.

Note that the 50% as 'primary dentist' requirement applies to PR cases – if a combination of preparation and cementation cases in separate patients is logged to complete the 5 case PR requirement, 3 or more of the preparation cases must as performed as primary dentist and 3 or more of the cementation cases as Primary dentist. **The equine specialty will accept up to one primary (P) and one assistant (A) per cadaver MRCL entry in category if PR**

OR - Orthodontics

Treatment of malocclusion orthodontically in one patient is one 'case' even when multiple 'procedures' are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation and vital pulp therapy of multiple teeth can be logged as separate EN2 cases for each tooth **or** as a single OR3 case, but not both.

OR1 Examples: Occlusal adjustment; Malocclusion diagnosis and treatment plan; the evaluation of the bite must be described in the record, and making bite registration, impressions and study models may be appropriate;. Sedation and performance of a specific dental treatment procedure are not required. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*

.....**32 cases**

Clarification:

1. *If a malocclusion is diagnosed, a treatment plan is developed and an orthodontic procedure is performed, the case can be downgraded to OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled by other cases, and there are OR1 MRCL slots to be filled.*
2. *Occlusal Adjustment:*
 - a. *Only one case may be logged per patient.*
 - b. *The Diagnosis should indicate the specific tooth malocclusion.*

Example: Diagnosis: T/O 106

Treatment: CRR 106

OR2 Extraction of deciduous teeth or permanent teeth causing malocclusion.

.....**10 cases**

Clarification: A patient with persistent deciduous teeth with malocclusion for which treatment of the malocclusion would require procedure(s) beyond just extraction of the persistent deciduous teeth can be logged as OR2 or OR1 (if the owner declines to follow the recommendation for the additional malocclusion treatment). The presence of a tooth beyond the expected exfoliation date does not constitute a malocclusion. Retained deciduous teeth that are extracted in order to treat a diagnosis other than malocclusions (e.g, periodontal disease, tooth fracture) should be logged under the appropriate Oral Surgery category.

Examples:

- 1. Diagnosis: RD 703 Treatment: X 703 is not a logable case since no diagnosis indicating extraction is identified.*
- 2. Diagnosis: RD 703, MAL/1/LV 303 Treatment: X 703 can be logged as an OR2*
- 3. Diagnosis: RD, PD3 703 Treatment: X 703 can be logged as an OS1*

OR3 Management of clinical malocclusion not requiring use of an active force device.

Examples: Crown reduction with or without vital pulp therapy; application of an inclined plane, odontoplasty of an occlusal elongation causing a clinical malocclusion that is leading to secondary pathology (eg. crown reduction of a ramped cheek too that was resulting in a diastema and periodontal disease). Excludes cases listed under OR1 or OR4. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’; for example: Bilateral mandibular canine crown reduction and vital pulp therapy counts as one OR3 case. The trainee is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype. See also Staged Procedures on page 4.

An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....

5 cases

2 cases may be performed on non-equid patients or cadavers. The equine specialty will accept up to one primary (P) and one assistant (A) per cadaver MRCL entry in category if OR3

OR4 Management of clinical malocclusion requiring use of an active force orthodontic device. Excludes cases listed under OR1 or OR3. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’. For example:

Correction of mesioversion of a maxillary canine tooth followed by correction of labioversion of the mandibular canine tooth counts as one OR4 case. The trainee is to be physically present at the initial procedure and 'present' for follow-up or final visits physically or via an electronic method such as video or Skype. See also Staged Procedures on page 4. 1 case

This case may be performed on non-equid patients or cadavers.

Miscellaneous Cases

“Miscellaneous” Cases and Cases that Cannot be Categorized: When a case does not appear to fit into any of the AVDC/AVDC Equine categories, the resident is to request clarification from his or her supervisor or from the TSS Chair. Send an e-mail message to the *Executive Secretary*, who will forward it to the Training Support Subcommittee Chair if necessary. When no precedent exists, the AVDC Credentials Committee will be asked for an interpretation. Clarifications and additions are published in the MRCL definitions, above, following approval by the AVDC Board.