Treatment Planning

Collection of Data
- Why is the patient here?
  - Pain
  - Opinion
  - Referral
- Medical History
- Dental History
- Social History Including: Drinking,Smoking?
- BPE

Provisional Diagnosis

Caries?

Pain? If so SOCRATES

RISK CATEGORIES Low/Medium/High

Special Tests

Radiographs	Sensibility Tests	Diet diary
Percussion tests	Cracked Cusps (Tooth Slooth)	Mobility
Occlusal analysis		

NOW DIVIDE EVERY TOOTH INTO 3 GROUPS

The Good	Those teeth that can be saved AND used in the treatment plan
The Bad	Those teeth that cannot be saved AND cannot be used in the treatment plan
The Ugly	Those teeth we may be able to save, but may not be used

EMERGENCY PHASE

What is the problem TODAY that we MUST solve

At the end of this phase the patient will have no immediate concerns.
Extirpations may go here.

REVIEW THE PLAN!

STABILISATION PHASE

Aim to remove active disease

NB This phase may merge into the restorative phase (i.e. provide definitive restorations instead of dressings)
Extirpations may go here too if the patient has no symptom
Prevention – the stabilisation phase may be just prevention.
Extract or PLAN to extract the hopeless teeth where you can.

REVIEW THE PLAN!

Does the patient need perio surgery? Adjunct ortho? Specialist endo? Diagnostic wax-up?

Treatment Planning

RESTORATION PHASE

Restore FUNCTION and FORM of teeth.

At the end of this phase all the teeth will either be in the GOOD category or BAD category and all the UGLY category are moved into the GOOD or the BAD section. Extract the hopeless teeth.

REVIEW THE PLAN!

DEFINITIVE RESTORATION PHASE

This phase is to improve teeth longevity (e.g. crowns), replace missing teeth (bridges/dentures) or protect what is left.

Crown lengthening – teeth provisionalised to this point are now brought into the treatment plan.

REVIEW THE PLAN!

MAINTENANCE PHASE

Ensure the patient is kept stable (not deteriorating)
Finishes when confirmed patient is stable then discharged.

REVIEW with a view to discharge – when the treatment plan is complete.
NB for endo you may have to review an RCT for up to 4 years – this does not mean the treatment plan is 4 years long! You RECOMMEND the patient comes back for review (to you or to their own dentist) at a specified interval for a specified length of time.

REFER

When you have completed the treatment you have been tasked with.
When you cannot complete the treatment and need help
When the patient is on Long Term Care & Maintenance (LTCM) and needs more time than you can give.
Specialist opinion is required.

NOTES

The plan is not purely linear – strands of the treatment plan can run in parallel
Plans change
There can be many treatment plans, but only ONE correct diagnoses
Book in your patient with the same clinician otherwise YOUR PLAN MAY BE CHANGED.

Treatment Planning

Patient Name:_____ Date of Birth: _____

R4 Number: _____

List of Diagnoses:

-
-
-
-
-
-
-

AIMS OF TREATMENT PLAN:

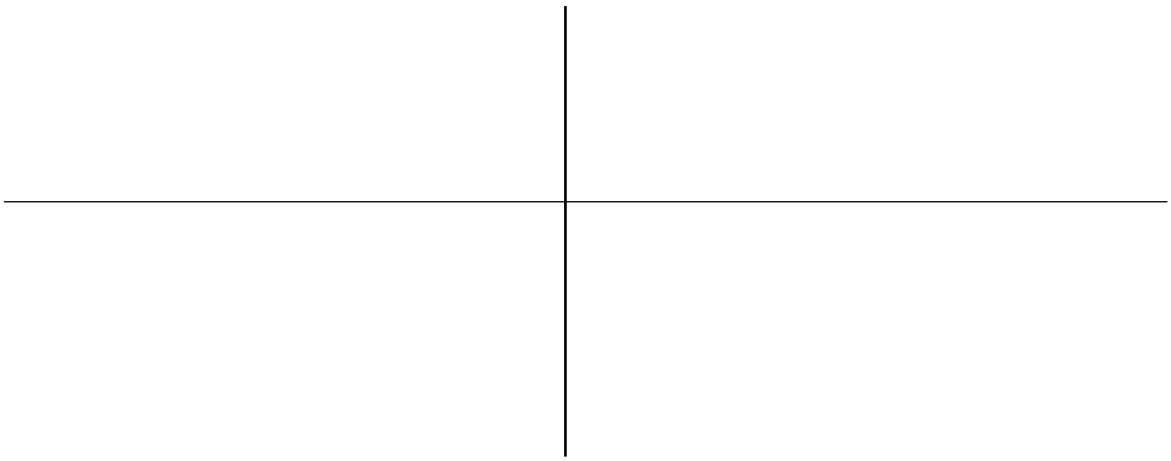
-
-
-
-
-
-
-

Treatment Planning

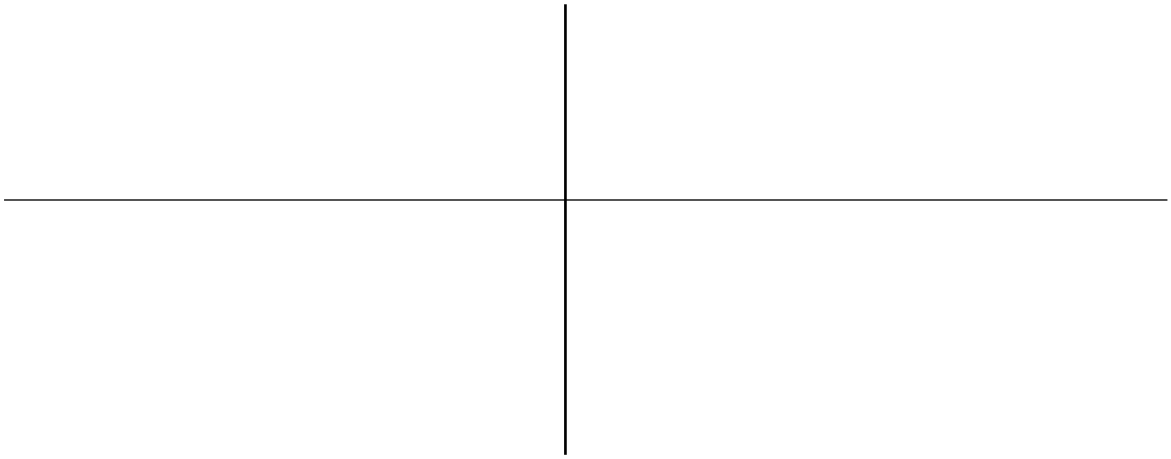
Appointment:	Lab Requirements
1.	
2.	
3.	
4.	
5.	

Treatment Planning

The Good



The Bad



The Ugly