

Outline of Orthodontic Case Report*

1. Title.
2. Author's name, degrees and city of residence.
3. Introduction.
 - a. A brief statement of salient features of the case.
 - b. If treated in an institution, its name or if private practice, name of clinician.
4. History of patient.
 - a. Race, sex, age, general physical and mental health.
 - b. Prenatal.
 1. Length of pregnancy.
 2. Statement of any abnormal condition during gestation.
 - c. Birth.
 1. Delivery.
 2. Birth weight.
 3. Condition in neonatal period.
 - d. Feeding.
 1. Breast or bottle.
 2. Duration of breast feeding (6 mos., 9 mos., etc.).
 3. Character of formula of artificial feeding.
 4. Codliver oil, orange juice or tomato juice, or other vitamin supplements.
 5. Rapid or slow in nursing (particularly with reference to thumb or other sucking habits).
 - d. Diet in childhood.
 1. Character of diet re: carbohydrates, protein, fats, and vitamins, soft foods and those requiring more vigorous mastication.
 2. Foods taken most readily.
 - e. Growth.
 1. Even.
 2. Spasmodic.
 3. Retarded.
 4. Accelerated.

*It is recognized that no single case will offer or require data on all of the points mentioned. The outline is intended to act as a frame work upon which may be hung the information available in a particular instance. Neither is it considered final in either content or arrangement, but is offered to stimulate comment, criticism, and suggestions to the end that a comprehensive outline may be developed in the interest of more serviceable case reports.

5. Family history.
 - a. Health of parents.
 - b. Health of siblings (other children of same parents).
 - c. Occlusion of parents and siblings when available.
 - d. Maternal and paternal ancestors in special cases when indicated by hereditary factors.
 1. Missing and supernumerary teeth.
 2. Frenum.
 3. Etc.
6. Disease history.
 - a. Diseases, including allergic manifestations, with age at time they were experienced.
 - b. Operations including tonsil and adenoidectomy, and age at operation.
 - c. Accidents, with age at time of accident.
7. General physical examination.
 - a. Size of child (height, weight, and body build).
 - b. Posture.
 - c. Particular medical laboratory reports when indicated and available.
8. Dental and orthodontic physical examination.
 - a. Shape of face and cranium.
 - b. Character of musculature.
 - c. Lips.
 - d. Tongue, size and rest position.
 - e. Osseous development.
 - f. Morphology of teeth (erupted; also unerupted, if observable in x-ray).
 - g. Type of malocclusion with explanation.
 - h. Degree of dental caries, extent and surfaces of teeth characteristically affected.
9. Case analysis.
 - a. Etiological factors.
 1. Primary factors.
 - a. Mouth breathing.
 - b. Hyper or hypotonicity.
 - c. Absent dental units, etc.
 2. Secondary factors (contributory factors).
 - b. Statement of what has happened.
 - c. Perverted influences at present.

10. Outline of objectives.
 - a. General objectives (development of mandible, pre-maxilla, etc.).
 - b. Statement of tooth movement desired.
 - c. Statement of tooth movement attainable.
11. Outline of means of obtaining this tooth movement.
 - a. Mechanics and mechanical devices.
 - b. Myo-functional devices.
 - c. Psychological procedures.
12. Outline of retention.
 - a. Objectives.
 - b. Method.
 1. Mechanical.
 2. Myo-functional.
 3. Psychological.
13. Results of orthodontic management.
 - a. Critical analysis of result.
 1. Immediately after management.
 2. Five years or more after management if possible.
14. Summary of case.
15. Records for illustrations.
 - a. Photographs.
 1. Before.
 2. After.
 3. Intermediate.
 - b. Casts.
 1. Before, after, and intermediate.
 2. Wax bites or study casts.
 3. Face masks.
 - c. X-rays.
 1. Intra oral.
 2. Extra oral (including cephalometric when available).
 - d. Diagrammatic and photographic illustration of appliance, arch form, and dental-carnio relationship, etc.
16. Author's address.