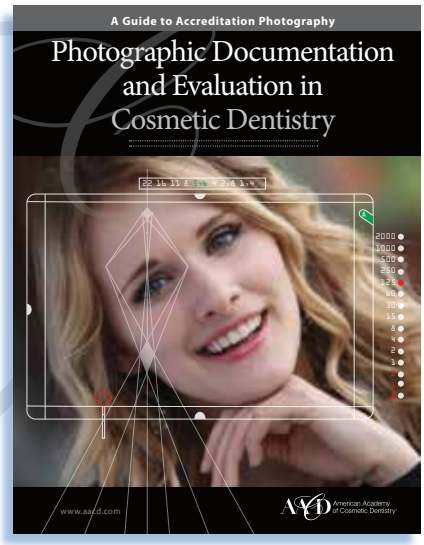
Preview of A Guide to Accreditation Photography and A Guide to Accreditation Criteria

TEASER GUIDE

American Academy of Cosmetic Dentistry®

Table of Contents for

A Guide to Accreditation Photography: Photographic Documentation and Evaluation in Cosmetic Dentistry



Required Views for Clinical Case Submissions

There are 24 views required for all clinical case examinations. Of the 24 views, 12 should be taken before treatment and 12 after treatment. Additional views are required for the technique documentation as well as radiographic documentation (see **www.aacd.com/Accreditation** for additional information). Images may be captured in either manual or TTL mode. All intraoral images should be captured using high f-stops to maximize depth of field.

MAGNIFICATION

Images of the required views will be captured at one of three magnification ratios (1:10, 1:2, 1:1). Make any necessary magnification conversions to produce an image magnification comparable to the images illustrated in the photography guide. Lens magnification conversion is needed for many digital SLR cameras without full frame sensors. Settings will vary with sensor and face size. Cameras with smaller sensors will require approximately a 1.5 times increase in the setting on the lens barrel [1:10 (1:15), 1:2 (1.3), 1:1 (1:1.5)].

VIEWS

NON-RETRACTED VIEWS

1. Natural Full Face – frontal view – 1:10 (1:15) magnification
2. Full Natural Smile – frontal view – 1:2 (1:3) magnification
3. Full Natural Smile – right lateral view – 1:2 (1:3) magnification
4. Full Natural Smile – left lateral view – 1:2 (1:3) magnification

RETRACTED VIEWS

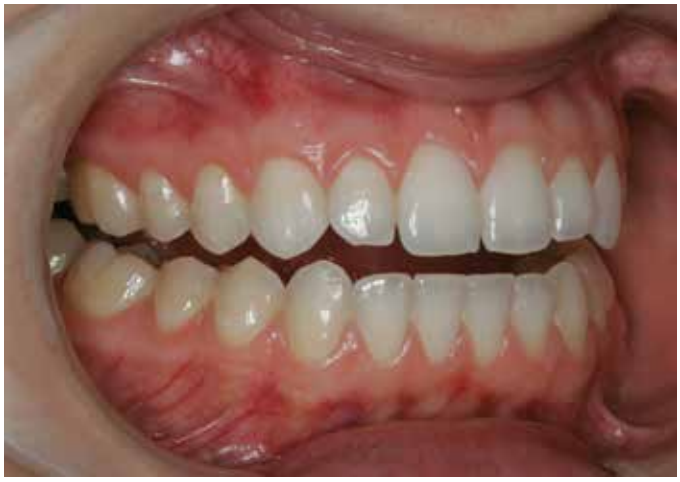
5. Upper and lower teeth slightly parted – frontal view – 1:2 (1:3) magnification
6. Upper and lower teeth slightly parted – right lateral view – 1:2 (1:3) magnification
7. Upper and lower teeth slightly parted – left lateral view – 1:2 (1:3) magnification
8. Maxillary anterior in view only – frontal view – 1:1 (1:1.5) magnification
9. Maxillary anterior in view only – right lateral view – 1:1 (1:1.5) magnification
10. Maxillary anterior in view only – left lateral view – 1:1 (1:1.5) magnification

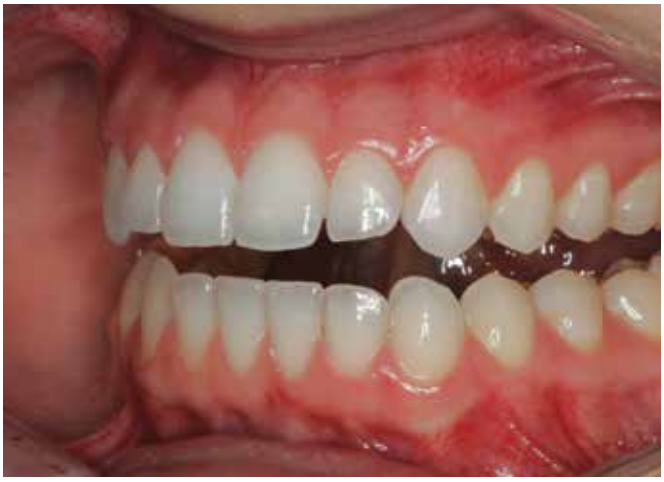
RETRACTED VIEWS USING A MIRROR

11. Maxillary arch – occlusal view – 1:2 (1:3) magnification
12. Mandibular arch – occlusal view – 1:2 (1:3) magnification

Upper and Lower Teeth

Right and Left Lateral View
1:2 (1:3) Magnification
Retracted View





- The upper and lower teeth should be slightly parted so the incisal edges are visible. This allows for evaluation of incisal plane and incisal embrasures.
- Show as much gingiva as possible. Rotate the retractors toward the image side, while pulling the retractors out and away from the teeth.
- Minimize the appearance of lips and retractors in the image.
- Treated teeth and adjacent tissue must be completely and clearly visible. Gingival height and contour cannot be obscured.
- The vertical midline of the image should be the lateral incisor.
- The horizontal midline of the image should be the incisal plane, perpendicular to the vertical midline. Reproduce natural asymmetry.
- Focus on the lateral incisor. Proper depth of field (high f-stop) will allow other visible teeth to be in focus. Tongue should be positioned away from the teeth to avoid distraction. Maintain 1:2 (1:3) magnification.
- This is not a profile (sagittal) view. The contralateral central incisor and possibly the contralateral lateral incisor and canine should be visible, based on arch size. Remember to center the image on the lateral incisor.
- If retracted and framed properly, the contralateral cheek will obscure most of the background area.

How To Take Exceptional Dental Photos:

It's important to capture excellent patient photos during the Accreditation process and beyond. Photos that are poorly shot can negatively impact a case even when an ideal result is achieved.

To help capture excellent photos, consider using an assistant who can:

- Position retractors
- Dry the teeth as needed
- Hold mirrors when required
- Prevent mirrors from fogging.

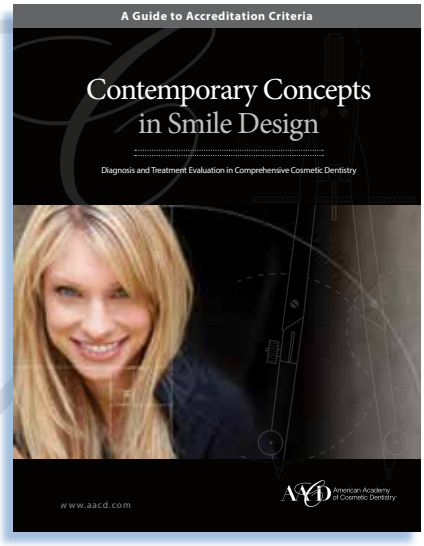
Other tips:

- Use a solid background for full face images.
- When taking occlusal views, recline the patient and ask an assistant to hold retractors. The assistant can hold an occlusal mirror against the opposite arch and prevent the mirror from fogging.
- The photographer should stand above the patient when capturing maxillary views. When taking mandibular views, the photographer should aim below the patient's head.

Occlusal views are aided by having the patient reclined and holding retractors. An assistant holds an occlusal mirror against opposite arch and keeps mirror from fogging with a gentle stream of dry air. Photographer stands above the patient to capture the maxillary view and below the patient's head to capture the mandibular view.

Table of Contents for

A Guide to Accreditation Criteria: Contemporary Concepts in Smile Design



Global Esthetics

An assessment of dental esthetics begins, quite simply, with the smile.

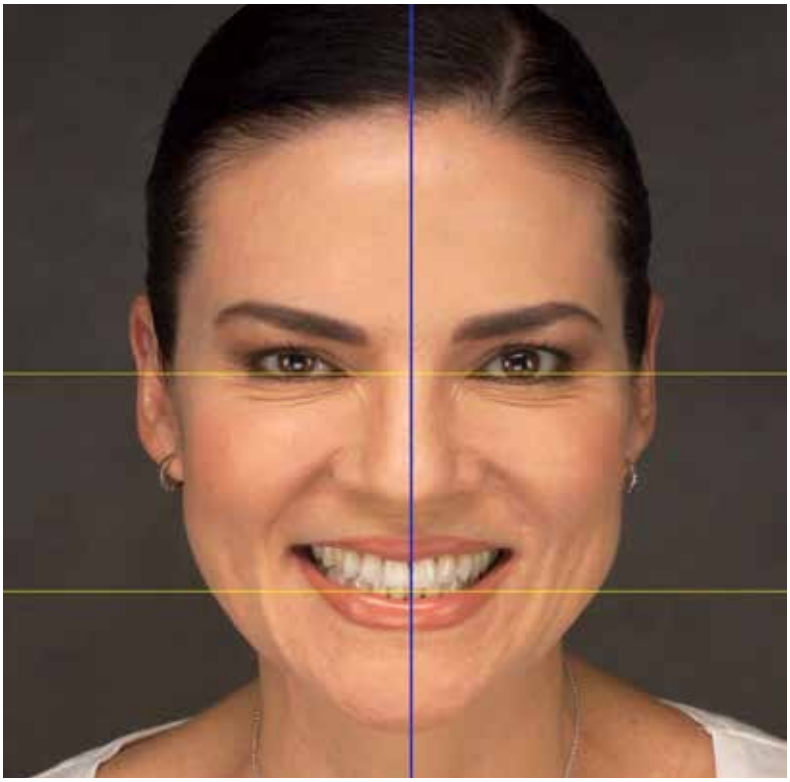


Figure 5 - Orientation of the midline and incisal plane to the face.

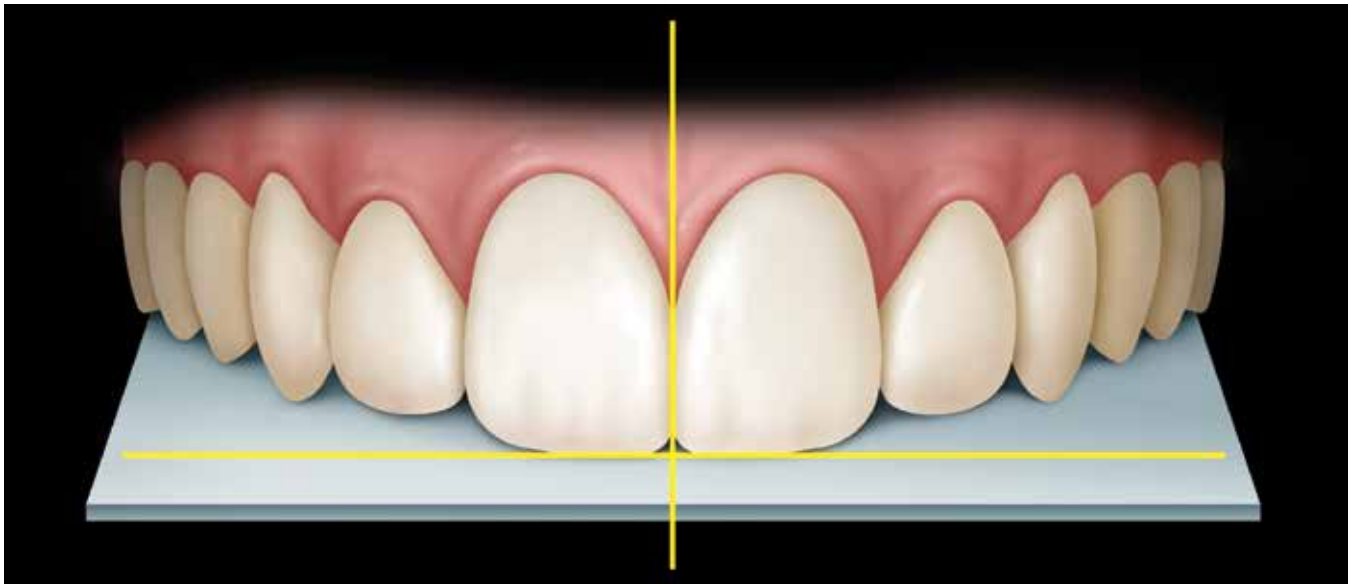


Figure 6 - Midline orientation.

Macro Esthetics

As we begin to narrow our study of the elements of smile design beyond the components related to the orientation of the smile in the face and how it is enveloped by the soft tissue, our focus shifts toward the elements of macro esthetics. Macro esthetics relates to the shapes and contours of teeth. Understanding the importance of these contours within the functional matrix will help to ensure a predictable esthetic result.

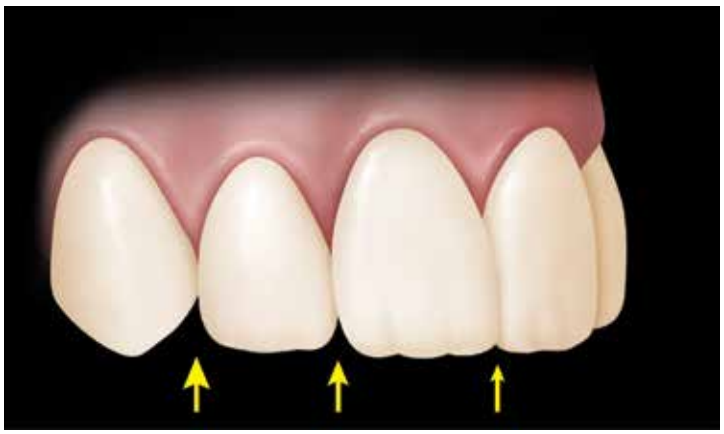


Figure 9 - The incisal embrasures should demonstrate a natural and progressive increase in size from the central to the cuspid.

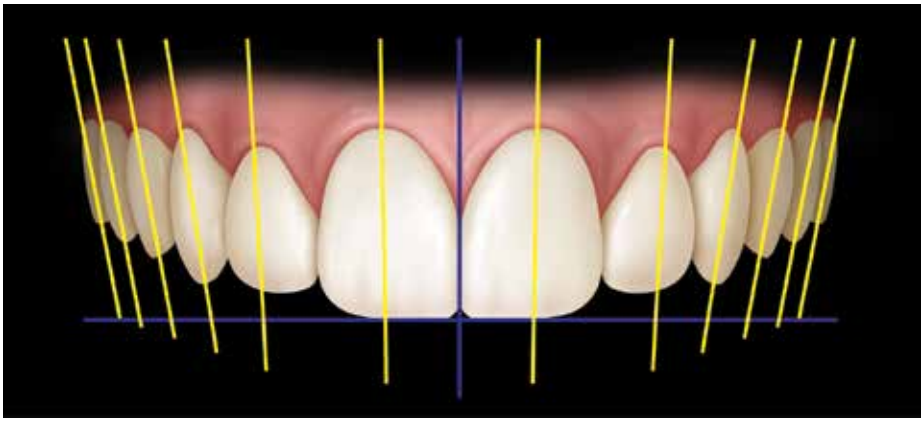


Figure 21 - The teeth should display a progressively increasing mesial axial inclination as you move to the posterior.

Micro Esthetics

As we continue to concentrate on the details necessary to replicate nature, our next focus is micro esthetics.

Figure 25 - The texture of a tooth is easily identified as the "finger print" of the tooth and will significantly impact the blending of the tooth into the smile.

Pink Esthetics

Our quest to study esthetics related to all elements of smile design in the absolute best health possible including periodontal architecture.

Figure 32 - Equal gingival zeniths from cuspid to cuspid are an acceptable relationship.

Accreditation Case Types

The clinical portion of the Accreditation process requires the successful completion of five case types. These case types provide an opportunity for the dentist or laboratory technician pursuing Accreditation to demonstrate excellence in a range of disciplines that cover important aspects of cosmetic dentistry. Within each case type, there are particular subsets of skills that become the primary focus of the Accreditation Examiners in evaluating a case. In all case types, the Examiners are looking for the member in the Accreditation process to demonstrate a comprehensive knowledge and ability in delivering responsible esthetic care with the patient's best interests in mind, honoring evidenced-based accepted standards of function and health. Proper diagnosis and case selection are paramount in providing the best opportunity for success. In some case types, the outlined case requirements are more comprehensive than others. The indications for the procedures must be matched with the patient's needs. The principles outlined in Contemporary Concepts in Smile Design are important in all case types; however, they may be weighted more in certain case types than in others. Cases involving a limited focus of regional treatment will obviously place less emphasis on broader aspects of smile design. It is important to remember in all cases submitted for Accreditation, that anything that is touched—even if it is beyond the scope of required treatment in a particular case type—will be evaluated. The following is a description of the case types and an insider's view of the Examiners' Perspective for each case, as well as examples of cases that have met the standard of excellence.

COMMON CRITERIA ERRORS IN ACCREDITATION CASE PRESENTATIONS

It is extremely helpful, when presenting cases for Accreditation, for members in the process to work with a mentor. Accreditation Mentors can be identified and contacted through the AACD Website at ***www.aacd.com/mentors***. Accreditation Mentors are active Examiners. Their eyes have been calibrated through the process and they can help members in the process avoid many frustrations or roadblocks. They volunteer their time, are passionate about what they do, and are more than happy to assist members in the process. Communication with mentors can best be facilitated utilizing the PowerPoint or Keynote templates that are also available on the Website. These templates provide a vehicle to efficiently share images of cases. In many situations, it is helpful to share a case with a mentor prior to initiating any treatment to discuss treatment planning and the suitability of cases.

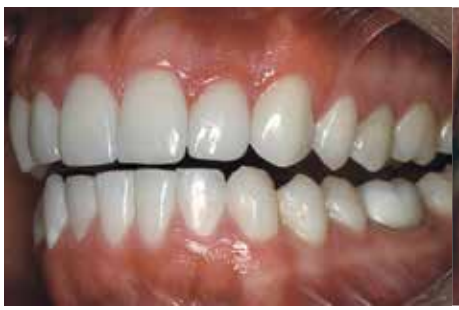
The current Examiners were asked to anecdotally list in order the common flaws that they observe in presented cases. Members in the Accreditation process should revisit their submissions prior to presentation with these criteria in mind. Understanding how Examiners see cases is obviously an asset. Although all of the criteria have equal importance, a recent poll of Examiners highlighted these "dirty dozen" shortcomings observed in submitted Accreditation cases:

CRITERION #71

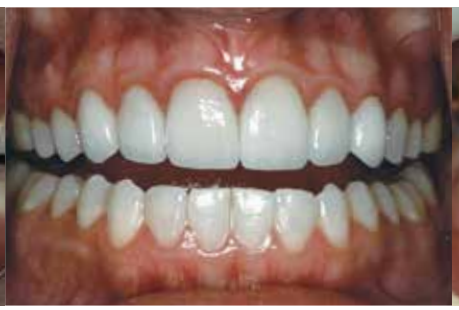
IS THE PERIODONTAL HEALTH OPTIMAL?

There is no excuse for a prosthetic design that does not support excellent periodontal health. The gingiva should be pink, stippled, and firm. It should exhibit a matte surface. The papillae should be pointed and should fill the gingival embrasures right up to the contact area. Members in the process often underestimate the time that may be necessary for the periodontal architecture to return to optimal health post-delivery.

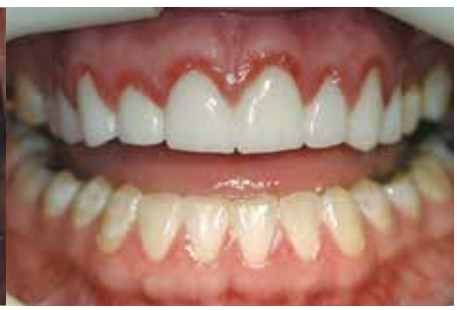
Examiners can not make the assumption that the tissue will improve in health with maturation. The only evaluation that can be made is the condition that is observed in the photograph. The following images display increasing fault in tissue health of three individual cases.



Moderate tissue inflammation observed proximal to the left lateral incisor.



Moderate/severe tissue inflammation observed at the gingival cavosurface of the restored teeth.



Gross and catastrophic tissue inflammation.

This is just a small sampling of

A Guide to Accreditation Photography: Photographic Documentation and Evaluation in Cosmetic Dentistry

and

A Guide to Accreditation Criteria: Contemporary Concepts in Smile Design

To purchase either or both guide books visit **www.aacd.com/guides**.

American Academy of Cosmetic Dentistry®

American Academy
of Cosmetic Dentistry®

AMERICAN ACADEMY OF COSMETIC DENTISTRY
402 WEST WILSON ST.
MADISON, WI 53703
608.222.8583 • 800.543.9220
FAX: 608.222.9540
www.aacd.com