



**THE AMERICAN BOARD OF ORTHODONTICS
SCENARIO-BASED CLINICAL EXAMINATION
STUDY GUIDE
2026**

The American Board of Orthodontics
401 North Lindbergh Blvd., Suite 300
St. Louis, Missouri 63141
314-432-6130
AmericanBoardOrtho.com
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ABOUT THE AMERICAN BOARD OF ORTHODONTICS

Founded in 1929 as the first specialty board in dentistry, The American Board of Orthodontics (ABO) is partnered with the American Association of Orthodontists and is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as the national certifying board for Orthodontics and Dentofacial Orthopedics.

The ABO sets the standard for the highest level of patient care and promotes excellence in orthodontics for all of its certified orthodontists. As a specialty board, we serve to protect the orthodontic specialty and encourage orthodontists to achieve certification, demonstrating their commitment to lifelong learning and excellent care.

As advocates for the orthodontic specialty, the ABO is a resource for orthodontists, orthodontic residents, as well as anyone looking for the best in orthodontic care.

VISION

The American Board of Orthodontics is the global leader in orthodontic board certification and sets the standards of care for excellence in orthodontics and dentofacial orthopedics.

MISSION

The mission of The American Board of Orthodontics is to elevate the quality of orthodontic care for the public by promoting excellence through certification, education, and professional collaboration.

CERTIFICATION PROCESS OVERVIEW

An orthodontist may become board certified by the American Board of Orthodontics by successfully completing a Written Examination and a Clinical Examination. Once this has been completed, the orthodontist will be awarded a time-limited certificate. By the end of the time-limited certification, a Board Certified orthodontist must have taken the appropriate renewal examination to remain board certified.

ELIGIBILITY REQUIREMENTS

Examinees are eligible to take the ABO Written Examination once they have completed at least 18 months of a CODA-accredited orthodontic program. Once successfully completed, the Written Exam does not expire.

All examinees that have graduated from a CODA accredited orthodontic program and have successfully completed the ABO Written Examination are then eligible for the ABO Scenario-based Clinical Examination.

Examinees participating in extended programs will be required to complete their program prior to being eligible to take the Clinical Examination.

All examinations are provided in English.

CONFIDENTIALITY AGREEMENT

All examinees are required to agree to the following Confidentiality Agreement as part of the registration process for both the Written Examination and the Scenario-based Clinical Examination:

I understand that the content of all ABO Examinations, and each of the items contained therein, is proprietary and strictly confidential, and that the unauthorized retention, possession, copying, distribution, disclosure, discussions, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to texting, e-mailing, social media outlets, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited. I further understand that, in addition to constituting irregular behavior subject to disciplinary action such as revocation of certification, revocation of eligibility for future certification, and disciplinary fines, such activities violate the rules and regulations governing ABO certification.

SPECIAL ACCOMMODATIONS

In accordance with Title III of the Americans with Disabilities Act (ADA), the American Board of Orthodontics (ABO) will provide reasonable accommodations to examinees with disabilities, and will ensure that its examinations are administered in facilities that are accessible to individuals with disabilities or that alternative accessible arrangements are made. At least 90 days in advance of the examination date, an examinee must login to their ABO portal (<https://abo.roc-p.com/>) and fill out the request for accommodation application. They must also provide ABO with acceptable medical or other documentation of the disability and recommended accommodations (which may include evidence of past modifications, accommodations, or auxiliary aids or services received in similar testing situations) which should be uploaded in the accommodation application. Requests that require fundamental alteration of the purpose and nature of the examination will not be accommodated. See ABO's Policy on Testing Individuals with Disabilities, which is available on the ABO's website (<https://www.americanboardortho.com/about-abo/our-story/policies/>).

NONDISCRIMINATION STATEMENT

ABO certification decisions do not discriminate against applicants on the basis of age, gender, disability, race, ethnicity, national origin, religion, sexual orientation, linguistic background, or other personal characteristics. See ABO's Policy on Fairness in Examining and Exam Use, which is available on the ABO's website (<https://www.americanboardortho.com/about-abo/our-story/policies/>).

REQUEST FOR EXAMINATION PROCESS REVIEW

An examinee may request an Examination Process Review based on an irregularity in administering or conducting the examination within 72 hours from the time the examinee completes the examination. A request for Examination Process Review must be in writing, directed to the ABO's Chief Executive Officer and sent by email (Info@americanboardortho.com) or by facsimile (314-432-8170). See ABO's policy on Examination Process Review, which is available on the ABO's website (<https://www.americanboardortho.com/about-abo/our-story/policies/>).

RE-EXAMINATION

Examinees that do not successfully pass the Clinical Examination will have the opportunity to retake the examination during the next testing window that has availability. If an examinee fails the examination three times and wishes to take the examination again, the examinee must wait two years and petition the Board before registration will be accepted. If the candidate fails the examination after their fourth attempt, they must wait an additional two years and petition before registration for their fifth attempt. After five failed attempts at the Scenario-based Clinical Exam, an examinee is no longer eligible to become Board Certified. If an examinee no-shows for an exam it counts as a failed attempt at an examination. See ABO's policy on exam retake, which is available on the ABO's website (<https://www.americanboardortho.com/orthodontists/become-certified/clinical-exam/Scenario-based-Clinical-Examination/>).

EXAMINATION SCHEDULE

Online registration and the current fee schedule for all future examinations may be found on the ABO website:

<https://www.americanboardortho.com/orthodontists/become-certified/exam-dates-fees-and-registration/>

The Scenario-based Clinical Examinations are held worldwide at Pearson Professional Centers. For more information on the most up-to-date listing of testing center locations please see the following link: <https://www.pearsonvue.com/us/en/abo.html>

Approximately 6 weeks prior to the exam, Pearson Vue will pre-schedule all candidate exam appointments based on the testing center location preferences that were provided during registration. Individual appointment information will be e-mailed to examinees by Pearson Vue. If the appointment that Pearson Vue schedules is not in a location or time that is preferred, examinees will have the opportunity to change the appointment, subject to availability. Detailed information and instructions for rescheduling exams will be e-mailed to candidates by the ABO the week before Pearson Vue starts the pre-scheduling process.

Examinees must ensure that they are available for the date the exam is administered, as Pearson Vue cannot administer the exam outside of the testing window.

For more information regarding exam scheduling with Pearson VUE please see Appendix A.

All exam correspondence is sent via email; therefore, examinees are responsible for ensuring that their email address in their ABO profile is current and allows for correspondence from The American Board of Orthodontics and Pearson VUE. The ABO and Pearson VUE will not be held responsible for misdirected (sent to spam or trash) communications regarding the Clinical Examination.

SCENARIO-BASED CLINICAL EXAMINATION

Purpose of Examination

The Scenario-based Clinical Examination is designed to evaluate an orthodontist's knowledge, abilities, and critical thinking skills so that certification decisions can be made for examinees based on proficiency and clinical expertise. This format allows for testing a large amount of material in a relatively short period of time and allows for questions to be graded based on pre-determined desired responses.

The purpose of the Clinical Examination is to assess candidates' knowledge, critical thinking, and clinical competence relative to the ABO-approved practice domains and content outline as validated in the practice analysis study conducted by the ABO in 2023. Specifically, the case-based problems provided by the ABO in the examination address skills that newly certified orthodontists must possess in order to perform the 14 tasks that characterize the practice of orthodontics. The tasks are organized in four domains:

1. Data Gathering and Diagnosis
2. Treatment Objectives, Planning, and Prognosis
3. Treatment Implementation, Evaluation, and Management
4. Outcomes Assessment and Critical Analysis

The practice analysis study provides evidence of validity for the domains and tasks, and the ABO employs appropriate criterion-referenced standard setting procedures and equating methodology.

Exam Development Process

Scenarios, questions, and model responses are developed in collaboration with program directors/chairs, examiners, leaders in the industry, and the ABO Board of Directors (i.e., subject matter experts). During the item writing process, the ABO works closely with a third-party psychometric company that has expertise in certification examinations.

Scenario cases, questions, and model responses are sent through a comprehensive process to be reviewed, edited, refined, and validated prior to being used in an examination.

Examination Administration

The Scenario-based Clinical Examination is presented on a testing center computer and examinee responses to exam questions will be entered using the keyboard. Responses should be in numbered list format. Examinees must enter a new number for each item in the list. Whiteboards will be available for note taking during the exam. Candidates will have 4 hours (240 minutes) to complete the question sets for at least 6 different scenario cases (but no more than 10) in the Pearson VUE system. Each scenario case is comprised of 1 – 6 questions. Each question will have case records that will be available as exhibits. Exhibits will be presented as a vertical-split display that can be manipulated (zoom in, zoom out, click on tab for new image, etc.), and individual case records are separated by named tabs. Examinees will be able to view case records and type their responses in the same window in the Pearson VUE system. Before the examination begins, all candidates will be informed of how many total questions they will be required to answer during the exam. The examinee is responsible for managing their own time during the exam. A countdown clock will be visible at all times on the computer monitor but the examinee has the option to hide/unhide this tool at any time. Examinees will not be able to preview exam questions before beginning the exam. If a candidate clicks to see the next question(s) without answering, they will not be able to return and they will lose points. Examinees must review their answers prior to clicking the next button as they will not be permitted to return to any previous question in the exam to edit or review answers once submitted. If an examinee chooses to excuse themselves in the middle of their exam, the exam time will continue. If the examinee exits the main testing area, they may be asked to show their photo ID and go through the security protocol by the Pearson Vue proctor upon reentry.

Each case scenario set will have a different pair of examiners who score responses independently. Exam questions will measure proficiency related to the tasks and skills required in each of the four domains that the scenario is intended to evaluate. Responses will be typed out, and the examiners will assess the responses virtually at a later date. Examinees should provide evidence-based answers and cite references when necessary to support answers. Once

an exam question has been answered and submitted in the system, the examinee will not be permitted to go back.

Please see the Examinee Orientation presentation (under [downloads and resources](#)) on the ABO website for further information.

To preview a demo exam please go to the Pearson VUE website at <https://www.pearsonvue.com/us/en/abo.html>. In this demo an examinee can see what the exam will look like at Pearson VUE testing centers and preview the item functionality in the exam.

Clinical Examination Rules

Personal items and electronic devices must be stored in the provided lockers at the testing center and will not be permitted in the examination area (this includes all bags, books, notes, phones, pagers, watches, and wallets). The ABO and Pearson VUE will not be held liable for any examinee's personal items that are stored at the test site.

Examinees will be monitored at all times during their exam by a trained Pearson VUE proctor. Pearson VUE testing center staff may respond to examinee questions about the test administration process and the equipment provided by Pearson VUE, but they will not respond to questions related to content of the test. If you arrive more than 30 minutes after your appointment time and are refused admission, the exam delivery fees are non-refundable. Please see Appendix B for Pearson check-in procedures and rules.

To sit for the Clinical Exam, candidates are required to provide **two** valid, unexpired forms of identification, both with signature and at least one form must be a government issued photo ID.

The ID with a photo is referred to as the **primary** ID. Military IDs, state IDs, passports, alien registration cards (green cards, permanent resident visas), and credit cards qualify as primary IDs, **as long as they contain both a photo and a signature and are not expired.**

Candidates must provide **both** a primary and a secondary form of ID.

The candidate's name on the two forms of ID must match the name shown in his or her ABO profile. When registering with the Board, the name that appears on the identification that a candidate plans to provide for admittance into the testing center should be used. If the names differ only slightly due to a spelling or typographical error or due to a difference in the first name (for example, if "Sue" is printed on an ID but "Susan" is used on the schedule), a candidate will be allowed to test. If the names are obviously not the same, the candidate will not be seated for the exam.

If the candidate's name in the ABO system does not match the legal name as shown on their government issued ID, the candidate **MUST** provide documentation of the name change to the ABO **at least 6 weeks prior to the exam**. If not received by that date, the ABO cannot guarantee that Pearson Vue will be able to incorporate the change in their system in time for the exam, which may result in Pearson Vue denying the candidate entry to the exam center. If this should happen, the candidate will not be able to transfer their exam to another date and they will forfeit their exam seat and registration fees.

If your first and/or last name(s) have changed, please contact Info@americanboardortho.com at least six (6) weeks in advance of the examination date. You will be required to provide legal documentation (i.e., marriage license, legal name change) for this information to be updated in the ABO system. If you have more than one last name listed on your government-issued ID, the same last names must be reflected in your ABO profile.

ALL candidates are required to have two forms of ID as previously noted, regardless of whether they have an admission letter.

Acceptable forms of ID

Primary (picture and signature, not expired) Secondary (signature, not expired)

- Driver's license or passport
- School ID or alien registration card (green card, military ID permanent resident visa)
- Other government-issued ID
- Credit card
- Employee ID
- Social Security card
- Bank ATM card

Preparation Resources

The objective of this list of resources is to offer the practicing orthodontist an index of references, which may serve as a guide in preparing for Board certification. It should be clearly understood that a catalog, such as this, is not all encompassing and does not remain static. It will be continuously subject to additions and deletions. Whenever possible, links to the resource, full text or article abstracts are provided. *If you or your school are not subscribers to the journals included on list, it may be possible to purchase single article access through the publisher. The ABO and/or AAO library cannot provide the full text if the article or journal is not open access.*

The American Board of Orthodontics does not consider any of the articles and/or texts to contain the indisputable answer to any questions within the field of orthodontics. Examinees are responsible for the contents listed, even though some references may not

be represented by an exam question. Current literature and textbooks on orthodontics may be studied in addition to the suggested references.

- Keep current through contemporary textbooks, journals including [AJODO](#), and CE courses
- Utilize ABO [Downloads and Resources](#) for the Scenario-based Clinical Exam
- Employ [CMF, CRE](#) scoring methodologies with patient cases
 - [ABO videos](#)
- [ABO superimposition videos and tracing guidelines](#)
- Buschang PH, Roldan SI, Tadlock LP: Guidelines for assessing the growth and development of orthodontic patients. *Seminars in Orthodontics* 23(4): 321-335, December 2017.
<https://www.sciencedirect.com/science/article/abs/pii/S107387461730035X>
- Buschang, PH. (2023, November 11). [Growth Related Questions that Future ABO Certified Orthodontists Should be able to Answer](#) [Live lecture]. 2023 ABO Educators Symposium, Saint Louis, MO, United States.
- Chen Y, Kyung HM, Zhao WT, et al: Critical factors for the success of orthodontic mini-implants: a systematic review. *American Journal of Orthodontics and Dentofacial Orthopedics* 135(3): 284-291, March 2009.
[https://www.ajodo.org/article/S0889-5406\(08\)00860-3/abstract](https://www.ajodo.org/article/S0889-5406(08)00860-3/abstract)
- Fishman L. S. Radiographic evaluation of skeletal maturation. A clinically oriented method based on hand-wrist films. *The Angle Orthodontist*. Vol. 52, No. 2, April 1982.
https://bbo.org.br/bbo/files/bibliografia/artigos/73_Radiographic_Evaluation_of_Skeletal_Maturation.pdf
- Han S, Bayome M, Lee J, et al: Evaluation of palatal bone density in adults and adolescents for application of skeletal anchorage devices. *The Angle Orthodontist* 82(4): 625-631, July 2012.
<https://meridian.allenpress.com/angle-orthodontist/article/82/4/625/59255/Evaluation-of-palatal-bone-density-in-adults-and>
- McNamara, J. A., & Franchi, L. The cervical vertebral maturation method: A user's guide. *The Angle Orthodontist*. Vol. 88, No. 2, March 2018.
<https://static1.squarespace.com/static/5320bccee4b045629856f4fe/t/60522f0564f15121b84d80f4/1615998726199/cervical+vertebrae+maturacion.pdf>
- Moschos A. Papadopoulos, and Spyridon N. Papageorgiou: Current evidence on clinical performance of miniscrew implants in orthodontic treatment. *Semin Orthod* 2013; 19:162–173
[https://www.semortho.com/article/S1073-8746\(13\)00016-9/ppt](https://www.semortho.com/article/S1073-8746(13)00016-9/ppt)
- Scheffler NR, Proffit WR, Phillips C: Outcomes and stability in patients with anterior open bite and long anterior face height treated with temporary anchorage devices and a maxillary intrusion splint. *American Journal of Orthodontics and Dentofacial Orthopedics* 146(5):594– 602, November 2014.
[https://www.ajodo.org/article/S0889-5406\(14\)00700-8/abstract](https://www.ajodo.org/article/S0889-5406(14)00700-8/abstract)

- Oral examination role-play with colleagues and mentors
 - Presenting own cases in ABO format
 - Asking critical thinking clinical questions about unfamiliar cases
- Continue to complete cases using ABO format and measurement tools for consistency and familiarity

As part of preparation for the Scenario-based Clinical Examination, the ABO highly recommends that examinees gain as much experience as possible working through patient cases completing an objective analysis of the facts to form their own judgment. These critical thinking exercises will strengthen an examinee’s skills as he or she prepares for the Scenario-based Clinical Examination. This process also promotes the opportunity for self-evaluation and reflection on case outcomes.

Tools previously created by the ABO to assess case outcomes will be utilized within the Scenario-based Clinical Examination process. These tools include the cast-radiograph evaluation (CR-Eval), case management form (CMF), and cephalometric superimposition technique and interpretation.

- Examinees should be fluent in the [CRE measurement technique](#). While examinees are not required to grade models or memorize the specific CRE parameters for each measurement, examinees will need to be familiar with the use of the CRE to assess treatment outcomes.
- The CMF treatment objectives should be thought of in three planes of space
- Set objectives should be determined by what is best for the patient, not by what the patient/family wants to hear
- Examinees should be able to determine correct landmark placement for cephalograms
- Examinees should be able to identify appropriate regional anatomy for cranial base, maxillary, and mandibular superimpositions
- Examinees should be able to interpret superimpositions and know how to differentiate changes due to growth vs. treatment mechanics
- Examinees should be able to detect tracing and superimposition errors

Examination Model Responses, Number of Questions, and Possible Question Topics

The number of scored scenario cases an examinee is being tested on will remain the same for each candidate in a given testing window. As a quality assurance step, field test questions have been added to some cases. The field test items, which will not be counted in scoring or identified to examinees, are on the test for trial purposes. The statistics generated for the field test items will be used to ensure the quality of future forms of the test.

Some scenario cases will include a full set of records and associated questions. Some scenario cases will include partial records and associated questions. Finally, some scenario cases may include single unrelated records that require individual analysis. However, the examinee will have access to the necessary records to answer that specific question.

The following list includes some examples of case records and information that may be provided for cases presented:

- Patient history
- Chief complaint
- Patient records
- Tracings and superimpositions
- Cast-radiograph Evaluation (CRE)
- Case Management Form (CMF)
- Hypothetical patient situations

Examination Components

The examination will be composed of four domains for assessment, equally weighted:

Domain	Weighted % of Exam
1. Data Gathering and Diagnosis	25%
2. Treatment Objectives, Planning, and Prognosis	25%
3. Treatment Implementation, Evaluation, and Management	25%
4. Outcomes Assessment and Critical Analysis	25%

The cases and questions presented will represent situations that may be dealt with within residency programs or orthodontic practice. Examinees will be expected to demonstrate an understanding of the tasks performed by an orthodontist and the related decision-making skills that may be assessed in the examination. Some of these may include:

Domain 1 – Data Gathering and Diagnosis

Task 1

Perform a screening examination using established guidelines after ascertaining the chief concerns and obtaining required informed consent to determine if and when treatment is indicated.

Cognitive skills:

- Interviewing patients and guardians
- Interpreting medical, dental, family, and social histories
- Determining the need for records
- Identifying deviations from normal

- Assessing information regarding neuromuscular function

Psychomotor skills:

- Performing intraoral and extraoral examinations

Task 2

Gather pertinent records using established guidelines to diagnose the nature of facial, dental, and skeletal problems and determine their etiologies.

Cognitive skills:

- Taking intraoral and extraoral photographs
- Taking impressions for study models or intraoral scanning
- Recording CR-CO shifts, of present
- Taking essential radiographs and scans
- Tracing radiographs and scans for cephalometric analysis
- Documenting periodontal status

Task 3

Develop a comprehensive diagnosis based on the screening examination and records gathered to serve as the basis for treatment planning.

Cognitive skills:

- Analyzing records in the sagittal, vertical, and transverse dimensions for facial, dental, and skeletal diagnostic considerations
- Analyzing neuromuscular function
- Establishing a comprehensive and differential diagnosis
- Determining if and when treatment is indicated

Domain 1 Sample Questions

1. What is the etiology of this patient's malocclusion?
2. What additional information is needed from the patient or parent during the initial examination?
3. What additional information is needed prior to the start of orthodontic treatment?
4. What additional records are needed to assist in this patient's diagnosis?
5. What diagnostic tools could be used to assess this patients....?
6. What is the facial / soft tissue diagnosis?
7. Describe the skeletal diagnosis in detail.
8. List all of the dental problems.
9. What is the growth assessment for this patient?
10. What is the rationale for the growth assessment?
11. What is the rationale for treating this patient at this time?

12. What additional records / referrals are required for interdisciplinary treatment planning?

Domain 2 – Treatment Objectives, Planning, and Prognosis

Task 1

Determine treatment objectives based on the diagnosis to optimize dentofacial health, neuromuscular function, esthetics, and posttreatment stability.

Cognitive skills:

- Clarifying the chief concern(s)
- Determining the applicable norm and the extent of deviation from it
- Developing a problem list
- Evaluating current literature and other pertinent information
- Establishing treatment objectives based on knowledge of facial, dental, and skeletal limitations and dento-facial growth and development

Psychomotor skills:

- Creating a visualized treatment objective (e.g., Case Management Form), dental diagnostic setup, and surgical treatment objectives when applicable.

Task 2

Develop ideal and alternative treatment plans taking into consideration risks, benefits, limitations, treatment duration, and case prognosis to address treatment objectives.

Cognitive skills:

- Determining medical and dental limitations and need for interdisciplinary care
- Developing treatment options based on treatment objectives
- Identifying the most appropriate treatment plan and timeline
- Designing appliances based on appropriate biomechanics

Psychomotor skills:

- Creating a visualized treatment objective (e.g., Case Management Form), dental diagnostic setup, and surgical treatment objectives when applicable

Task 3

Coordinate interdisciplinary cases through appropriate referrals to pertinent healthcare professionals in order to provide optimal care.

Cognitive skills:

- Identifying the need for adjunctive treatment
- Collaborating effectively with interdisciplinary team members

Task 4

Obtain a properly documented informed consent in fulfillment of medical, legal, and ethical responsibilities to help ensure the patient and family understand the benefit, risks, and limitations of treatment options.

Cognitive skills:

- Communicating with patients and guardians effectively on the risks and benefits of treatment, treatment options, and recommendations
- Documenting treatment plans
- Obtaining proper informed consent

Domain 2 Sample Questions

1. What are the skeletal treatment objectives?
2. What are the skeletal treatment objectives for the maxilla?
3. What are the skeletal treatment objectives for the mandible?
4. What are the specific treatment objectives for the maxillary dentition?
5. Assuming an ideal treatment plan, what are the specific treatment objectives for the mandibular dentition?
6. What are the facial treatment objectives?
7. Assuming a nonsurgical treatment option, what are the objectives _____?
8. What is the primary treatment plan for this patient?
9. What treatment should be provided for this patient at this time?
10. What treatment options will you consider for this patient?
11. What skeletal and dental changes are necessary to correct this patient's Class II malocclusion?
12. What dental changes are necessary to correct this patient's Class II malocclusion?
13. Assuming a _____ treatment plan, what is the plan for retention?
14. What are the limitations with a _____ treatment plan? (nonextraction/extraction) (nonsurgical/surgical)
15. What compromised results would you expect from an extraction or nonextraction approach?

Domain 3 – Treatment Implementation, Evaluation, and Management

Task 1

Manage facial, dental, and skeletal problems in accordance with the treatment plan using orthodontic modalities, biomechanics, and technology to achieve treatment objectives.

Cognitive skills:

- Using appropriate modalities, biomechanics, and technology in the treatment of all types of malocclusions
- Communicating appliance care
- Managing patient behavior, adherence, and expectations

Psychomotor skills:

- Taking impressions and/or scans for appliances
- Designing appliances
- Fabricating appliances
- Delivering appliances, auxiliaries, and attachments
- Activating appliances
- Maintaining appliances
- Removing appliances, auxiliaries, and attachments
- Performing appropriate enamel modifications (e.g., IPR, enameloplasty)

Task 2

Evaluate the progress of treatment and its relationship to the objectives and timeline based on appropriate records to identify necessary modifications and optimize treatment and outcomes.

Cognitive skills:

- Comparing pretreatment and progress conditions
- Analyzing treatment progress with appropriate imaging, dental models, cephalometric analysis, and periodontal and neuromuscular examination
- Comparing treatment progress with treatment objectives
- Assessing the efficacy and efficiency of treatment progress
- Modifying the plan as needed to optimize treatment and outcomes
- Communicating progress and any modifications with patients, guardians, and relevant healthcare professionals.
- Evaluating candidacy for completion of treatment

Psychomotor skills:

- Performing a clinical examination
- Taking intraoral and extraoral photographs
- Taking impressions for study models or intraoral scanning
- Recording CR-CO shifts, if present
- Taking essential radiographs and scans
- Tracing and superimposing calibrated radiographs and scans for cephalometric analysis
- Documenting facial, dental, periodontal, and skeletal status and neuromuscular function
- Recording and resolving deviations from expected treatment

Task 3

Implement retention protocols to maintain treatment outcomes.

Cognitive skills:

- Applying appropriate retention protocols

Psychomotor skills:

- Performing a clinical examination

- Taking impressions and/or scans
- Delivering retainers
- Adjusting retainers as needed

Domain 3 Sample Questions

1. What is the treatment sequence?
2. Identify all of the significant problems occurring in the mechanics for this patient?
3. Identify the treatment mechanics that caused the dental changes observed in this case.
4. List the concerns for the progress of this patient's treatment.
5. What steps are appropriate to regain control of this patient's treatment?
6. What are the anticipated effects of Class II / Class III mechanics on this patient?
7. What specific treatment changes / mechanics are necessary to achieve an ideal occlusion?
8. How did growth influence this patient's treatment at this time?
9. How could anchorage be effectively utilized to support this patient's outcome?
10. What are the steps to recover from the adverse effects on facial aesthetics due to treatment?
11. What are the anticipated benefits of surgical treatment at this point?
12. How would you modify your treatment based on existing periodontal condition?
13. How would you modify your treatment based on existing enamel condition?
14. Analyze the progress superimposition.
15. How would you alter treatment based on the progress superimposition?
16. What additional diagnostic information is needed to reassess this case?
17. Based on the current diagnostic information, how would you alter your treatment plan?

Domain 4 – Outcomes Assessment and Critical Analysis

Task 1

Evaluate treatment outcomes comparing pretreatment and posttreatment records to assess facial, dental, and skeletal changes with respect to the initial diagnosis and treatment objectives.

Cognitive skills:

- Analyzing facial outcomes with appropriate imaging and appropriate normal values
- Analyzing dental outcomes with appropriate imaging and appropriate normal values
- Analyzing skeletal outcomes with appropriate imaging and appropriate normal values
- Comparing pretreatment and posttreatment facial conditions with respect to treatment objectives
- Comparing pretreatment and posttreatment dental conditions with respect to treatment objectives
- Comparing pretreatment and posttreatment skeletal conditions with respect to treatment objectives

Psychomotor skills:

- Taking intraoral and extraoral photographs

- Taking essential radiographs and scans
- Tracing and superimposing calibrated radiographs for cephalometric analysis

Task 2

Analyze posttreatment occlusion using accepted standards.

Cognitive skills:

- Comparing pretreatment and posttreatment dental models and scans
- Interpreting posttreatment occlusion and treatment efficacy
- Analyzing treatment outcomes with dental models and appropriate imaging

Psychomotor skills:

- Taking impressions for study models or intraoral scanning
- Performing posttreatment model and radiograph evaluations and scans

Task 3

Assess dental, periodontal, and neuromuscular health using established guidelines to communicate with patients, guardians, and other healthcare professionals.

Cognitive skills:

- Interpreting posttreatment dental, periodontal, and neuromuscular treatment outcomes
- Analyzing treatment outcomes with appropriate imaging, accepted periodontal diagnostic protocols, and neuromuscular examination
- Communicating outcomes with patients, guardians, and other healthcare professionals

Psychomotor skills:

- Performing chairside clinical examination to assess dental, periodontal, and neuromuscular health using appropriate guidelines to identify any potential posttreatment concerns
- Documenting dental, periodontal, and neuromuscular status

Task 4

Evaluate the efficacy and efficiency of the overall treatment.

Cognitive skills:

- Reflecting on treatment alternatives that may have addressed remaining compromises

Domain 4 Sample Questions

1. Critique the superimposition.
2. What dental changes occurred as a result of treatment?
3. What dental changes occurred as a result of growth?
4. What skeletal changes occurred as a result of treatment?
5. What skeletal changes occurred as a result of growth?

6. Give the rationale for the observed skeletal changes.
7. Give the rationale for the observed dental changes.
8. Critique the final occlusion.
9. What are the consequences of accepting a compromised treatment result?
10. Critique the final facial aesthetic outcome.
11. Critique the final smile aesthetic outcome.
12. Critique the final dental aesthetic outcome.
13. Describe an appropriate retention protocol for this patient?
14. Give your rationale for the management of third molars.
15. How would future growth affect treatment results?
16. What would you advise a patient to do concerning an adverse final outcome (e.g., periodontal/demineralization/root resorption, etc.)?
17. Give your rationale for the management of an adverse final outcome.
18. What could have been done differently to improve the final outcome?

Cast-Radiograph Evaluation (CR-Eval)

For the CRE examinees will be shown a series of records which may include: photo montage and/or panoramic radiographs (as needed). They will be asked to answer questions based on the information provided.

- Examinees need to be prepared to answer some **specific** critical thinking questions on the different CR-Eval parameters.
- Examinees should be fluent in the [CRE measurement technique](#). While examinees are not required to grade models or memorize the specific CRE parameters for each measurement, examinees will need to be familiar with the use of the CRE to assess treatment outcomes.

Rating Scales and Examiner Training

After the examination, keyboarded responses are independently scored by a total of 12 trained examiners who use an anchored rating scale to ensure consistency in scoring. The scales to be used in a case address the function of the case (e.g., diagnosis, implementation, critical analysis) and are standardized for all cases serving the specified function. Each unit of the scale is anchored with language that helps to ensure that the ABO's standards are applied by all examiners.

The ABO's examiner training program educates examiners in the intended application of the scales to candidate responses. The examiner training program provides practice opportunities as well as a required assessment of agreement with criterion ratings for a selection of responses.

Results

The rating scales for the Clinical Examination are weighted to achieve approximately 25% allocations to each of the four domains covered in the examination. Points awarded to candidates are determined as a function of the ratings assigned and the weight of the question. Psychometric analyses are performed by a third-party psychometric company after each testing cycle.

Exam results are presented in a pass/fail format. If an examinee is unsuccessful on the examination, he or she will be provided with feedback outlining their level of success on the four main domains of the examination. Examinees must retake the entire examination in order to pass, and will not have the ability to be re-tested on individual sections. See ABO's policy on exam retake, which is available on the ABO's website (<https://www.americanboardortho.com/orthodontists/become-certified/clinical-exam/Scenario-based-Clinical-Examination/>).

Reliability, validity, and objectivity are assessed by an independent psychometric examination consulting company.

Release of Clinical Examination Results

Clinical Examination results will be emailed to all examinees within three and a half months of the testing window. Diplomate certificates and pins for passing examinees will be mailed within two months of exam results being sent. Examinees are responsible for ensuring that their email address and primary mailing address are up-to-date in their ABO portal. The ABO will not be held responsible for packages sent to an outdated mailing address.

All exam correspondence is sent via email; therefore, examinees are responsible for ensuring that their email address in their ABO portal is current and allows for correspondence from The American Board of Orthodontics and Pearson VUE. The ABO and Pearson VUE will not be held responsible for misdirected (sent to spam or trash) communications regarding the Clinical Examination.

Appendix A

ABO Clinical Exam Scheduling with Pearson VUE

Approximately 6 weeks prior to the exam, Pearson Vue will pre-schedule all candidate exam appointments based on the testing center location preferences that were provided during registration. Individual appointment information will be e-mailed to examinees by Pearson Vue. If the appointment that Pearson Vue schedules is not in a location or time that is preferred, examinees will have the opportunity to change the appointment, subject to availability. Detailed information and instructions for rescheduling exams will be e-mailed to candidates by the ABO the week before Pearson Vue starts the pre-scheduling process.

Examinees must ensure that they are available for the date the exam is administered, as Pearson Vue cannot administer the exam outside of the testing window.

If a candidate is unable to take the exam at the pre-scheduled appointment and fails to reschedule for a more desirable appointment within the same testing window, and subsequently no-shows for their scheduled exam, the examinee will forfeit their exam seat and registration fees.

The following information will be emailed to all registered examinees approximately 7 weeks prior to their exam date in case they need to reschedule their exam with Pearson Vue:

- Examination Dates: Dates the Clinical Exam is offered.
- MRA ID: Candidate's individual identification number.
- Exam Code and Title: ABO-CE, ABO Clinical Examination
- Program Reference Name: MRA Specialty Board Exams

RESCHEDULING YOUR EXAM

Rescheduling refers to a process that occurs once an examinee has scheduled a testing date with Pearson VUE and subsequently wishes to change or amend the time or location of their scheduled exam within the current testing window. If an examinee needs to switch their exam time or location, they must cancel their first appointment made and then reschedule.

Examinees may reschedule their exam through Pearson Vue's website (after creating an account) or via telephone. Pearson Vue recommends online registration for the quickest and most convenient access to information and site availability.

If an examinee finds that they must reschedule their exam, please log into Pearson VUE's website at <https://www.pearsonvue.com/us/en/abo.html>. ABO Examination fees are non-transferable and non-refundable. Rescheduled exams will only be permitted for the same one-day exam window. Examinees may not transfer their exam to subsequent exam windows. If an

examinee cancels, and does not reschedule their exam, they will forfeit their exam registration fees.

If an examinee finds that they must cancel their scheduled exam, please log into Pearson VUE's website at <https://www.pearsonvue.com/us/en/abo.html>. ABO Examination fees are non-transferable and non-refundable, so if an examinee chooses to cancel their exam with Pearson VUE and does not reschedule for the same one-day exam window, they will forfeit their exam registration fees.

WEBSITE RESCHEDULING (PREFERRED SCHEDULING METHOD)

Pearson VUE recommends registration online for the most up-to-date information on site availability and 24/7 access. To register online, examinees will first need to create an account with Pearson VUE. This may take up to two business days.

Website: <https://www.pearsonvue.com/us/en/abo.html>

On this website examinees can:

- Create a web account (username and password) to register online. Passwords are emailed within one to two business days.
- Reschedule an exam appointment.
- View testing center locations.
- Obtain Pearson VUE Registration Center phone number.
- Take online tour of Pearson Professional Center and what to expect in a Pearson VUE test center.
- Find Pearson VUE updates.

Please use the above link to visit the Pearson VUE website for FAQs, Tutorial, and Candidate Examination Rules to become more familiar with the exam process.

TELEPHONE RESCHEDULING

If an examinee is unable to schedule online, or has any questions not answered on Pearson VUE's website, candidates may call Pearson VUE directly. Hours of operation are Monday - Friday 7:00 AM - 7:00 PM CST. Please note that Pearson Vue occasionally experiences heavy call volumes and long wait times.

Phone Number: 877-435-1414 (US and Canada)

When prompted, choose the following menu selections:

- Dental Specialties - Option #4
- American Board of Orthodontics - Option #2

CONFIRMATION

Examinees will receive confirmation of their examination date and site via email. Though not required to sit for the exam, the confirmation email will be very helpful, and will include directions to the testing center.

CHECK IN AT PEARSON VUE

Examinees are asked to arrive at least 30 minutes before their scheduled appointment to give adequate time to complete the necessary sign-in procedures. If an examinee arrives 15 minutes after the scheduled exam starting time, they will have technically forfeited their assigned seat and it is up to the discretion of the testing center as to whether they may still take the exam.

IDENTIFICATION REQUIREMENTS

You are required to provide two valid, unexpired forms of identification. The two forms of ID must match the name on your registration, both with signature and one with a photo. Photograph waivers require authorization from MRA and ABO.

If your first and/or last name(s) have changed, please contact Info@americanboardortho.com at least six (6) weeks in advance of the examination date. You will be required to provide legal documentation (i.e., marriage license, legal name change) for this information to be updated in the ABO system. If name change documentation is not received at least 6 weeks in advance of the exam date, the ABO cannot guarantee that Pearson Vue will be able to incorporate the change in their system in time for the exam, which may result in Pearson Vue denying the candidate entry to the exam center. If this should happen, the candidate will not be able to transfer their exam to another date and they will forfeit their exam seat and registration fees.

If you have more than one last name listed on your government-issued ID, the same last names must be reflected in your ABO profile.

Acceptable forms of ID:

Primary (picture and signature, not expired) Secondary (signature, not expired)

- Driver's license or passport
- School ID or alien registration card (green card, military ID, permanent resident visa)
- Other government-issued ID
- Credit card
- Employee ID
- Social Security card
- Bank ATM card

Appendix B

Pearson VUE Check-in Procedures and Rules

Pearson VUE check-in procedures

Pearson VUE staff is required to follow the procedure below for each candidate:

1. Collect Professional Examination Rules
2. Request two forms of identification (ID)
3. Check IDs
4. Capture signature and verify that signatures match
5. Capture palm vein pattern
6. Capture photograph
7. Show candidate where to store belongings
8. Offer candidate erasable noteboard/pen
9. Admit

As indicated in step 1, candidates receive a list of testing rules. It is important that candidates are aware of the testing rules. There is little or NO flexibility with the rules.

Please see the Pearson VUE Professional & Regulatory Candidate Rules Agreement at the following link:

https://www.pearsonvue.com/content/dam/VUE/vue/global/documents/candidate-rules/professional_and_regulatory_candidate_rules_agreement.pdf