

SAUDI BOARD RESIDENCY TRAINING PROGRAM

ORTHODONTICS

Promotion Examination

Written Examination Format:

- A written examination shall consist of one paper with 100 – 125 MCQs with a single best answer (one correct answer out of four options).
- The examination shall contain K2 type questions (interpretation, analysis, reasoning and decision making) and K1 type questions (recall and comprehension).
- The examination shall include basic concepts and clinical topics relevant to the specialty.
- Clinical presentation questions include history, clinical finding and patient approach. Diagnosis and investigation questions; include the possible diagnosis and diagnostic methods. Management questions; including treatment and clinical management, either therapeutic or non-therapeutic, and complications of management. Materials and Instruments questions; including material properties, usage, and selection of instruments and equipment used. Health maintenance questions; include health promotion, prevention, risk factors assessment, and prognosis.

Passing Score for Promotion Exam:

The trainee's performance is assessed in each of the evaluation formulas according to the following scoring system:

Score	Less than 50%	50% – 59.4%	60% - 69.4%	More than 70%
Description	Clear Fail	Borderline Fail	Borderline Pass	Clear Pass

1. To upgrade the trainee from a training level to the next level, She/he must obtain at least a **Borderline Pass** in each evaluation form.
2. The program director may recommend to the local supervision committee to request the promotion of the trainee who did not meet the previous promotion requirement according to the following:
 - A. In case that the trainee gets a **borderline Fail** result in **one** of the evaluation forms, the remaining evaluation forms must be passed with **Clear Pass** in at least **one** of them.
 - B. In case that the trainee gets a **borderline Fail** result in **two** of the evaluation forms to a maximum, provided they do not fall
 - C. The promotion must be approved in this case by the Scientific Council for the specialization.


Blueprint Outlines:

No.	Section	Proportions
1	Evidence Based Orthodontics	20%
2	Basic and Advanced Orthodontic topic	25%
3	Orthognathic Surgery	20%
4	Interdisciplinary Treatment & Adult Orthodontics	15%
5	Occlusion and Temporomandibular Dysfunction (TMD)	10%
6	Behavioral Sciences & Psychology	10%
Total		100%

Note:

- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the SCFHS website for the most up-to-date information.
- Research, Ethics, Professionalism and Patient Safety are incorporated within the various domains.

Suggested References:

Evidence Based Orthodontic Speech, Swallowing and Habits

1. Johnson NC, Sandy JR. Tooth position and speech—is there a relationship? *The Angle Orthodontist*. 1999 Aug;69(4):306-10.
2. Oliver RG, Evans SP. Tongue size, oral cavity size and speech. *The Angle Orthodontist*. 1986 Jul;56(3):234-43.
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Respiratory Function and Orthodontics

1. Fields HW, Warren DW, Black K, Phillips CL. Relationship between vertical dentofacial morphology and respiration in adolescents. *American Journal of Orthodontics and Dentofacial Orthopedics*. 1991 Feb 1;99(2):147-54.
2. Hartgerink DV, Vig PS. Lower anterior face height and lip incompetence do not predict nasal airway obstruction. *The Angle Orthodontist*. 1989 Mar;59(1):17-23.
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Tissue Reactions to Tooth Movement

1. Brezniak N, Wasserstein A. Orthodontically induced inflammatory root resorption. Part I: the basic science aspects. *The Angle Orthodontist*. 2002 Apr;72(2):175-9.
2. Brezniak N, Wasserstein A. Orthodontically induced inflammatory root resorption. Part II: The clinical aspects. *The Angle Orthodontist*. 2002 Apr;72(2):180-4.
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4. Sameshima GT, Sinclair PM. Predicting and preventing root resorption: Part II. Treatment factors. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2001 May 1;119(5):511-5.
5. Wennström JL, Stokland BL, Nyman S, Thilander B. Periodontal tissue response to orthodontic movement of teeth with infrabony pockets. *American Journal of Orthodontics and Dentofacial Orthopedics*. 1993 Apr 1;103(4):313-9.
6. Gopal R, Tulika T, Rai P. Periodontal procedures – An adjunct to orthodontic treatment. *Heal Talk Orthodontics*. 2017;10(2):41-2.

Treatment Rationale :Tooth Size and Emergence

1. Bishara SE. Third molars: a dilemma! Or is it?. *American Journal of Orthodontics and Dentofacial Orthopedics*. 1999 Jun 1;115(6):628-33.
2. Braun S, Kusnoto B, Hnat WP. A new accurate approach to the anterior ratio with clinical applications: Part II: A nomographic solution. *American journal of orthodontics and dentofacial orthopedics*. 1999 May 1;115(5):494-7.
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Treatment Rationale :Extraction consideration

1. Stephens CK, Boley JC, Behrents RG, Alexander RG, Buschang PH. Long-term profile changes in extraction and nonextraction patients. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2005 Oct 1;128(4):450-7.
2. Kim TW, Årtun J, Behbehani F, Artese F. Prevalence of third molar impaction in orthodontic patients treated nonextraction and with extraction of 4 premolars. *American journal of orthodontics and dentofacial orthopedics*. 2003 Feb 1;123(2):138-45.
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Treatment Rationale (Early Treatment : Extraction: Expansion

1. Hägg U, Tse A, Bendeus M, Rabie AB. A follow-up study of early treatment of pseudo Class III malocclusion. *The Angle Orthodontist*. 2004 Aug;74(4):465-72.
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6. Yezdani A, Nandhini N, Padmavati R. Serial extraction in orthodontics—A review. *European Journal of Molecular & Clinical Medicine*. 2020;7(2): 6432-6441.

Anchorage - Lip Bumper, Implants & Miniscrews

1. Deguchi T, Takano-Yamamoto T, Kanomi R, Hartsfield Jr JK, Roberts WE, Garetto LP. The use of small titanium screws for orthodontic anchorage. *Journal of dental research*. 2003 May;82(5):377-81.
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Extraoral Force

1. Bondemark L, Karlsson I. Extraoral vs intraoral appliance for distal movement of maxillary first molars: a randomized controlled trial. *The Angle Orthodontist*. 2005 Sep;75(5):699-706.
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Orthopedics and Class II Treatment

1. Bernstein L, Ulbrich RW, Gianelly AA. Orthopedics versus orthodontics in Class II treatment: an implant study. *American journal of orthodontics*. 1977 Nov 1;72(5):549-59.
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Orthopedics and Class III Treatment

1. Chen F, Terada K, Hanada K. A special method of predicting mandibular growth potential for class III malocclusion. *The Angle Orthodontist*. 2005 Mar;75(2):191-5.
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Orthopedics :Expansion

1. Handelman CS, Wang L, BeGole EA, Haas AJ. Nonsurgical rapid maxillary expansion in adults: report on 47 cases using the Haas expander. *The Angle Orthodontist*. 2000 Apr;70(2):129-44.
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Vertical Dimension

1. Turley PK. Orthodontic management of the short face patient. *Semin Orthod* 2(2):138-153, 1996.
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Soft Tissue

1. Bishara SE, Hession TJ, Peterson LC. Longitudinal soft-tissue profile changes: a study of three analyses. *American Journal of Orthodontics*. 1985 Sep 1;88(3):209-23.
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Retention and Relapse

1. Zachrisson BU. Important aspects of long term stability. *J Clin Orthod*. 1997;31:562-83.
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Interdisciplinary Treatment & Adult Orthodontics

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Behavioral Science & Psychology

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Example Questions

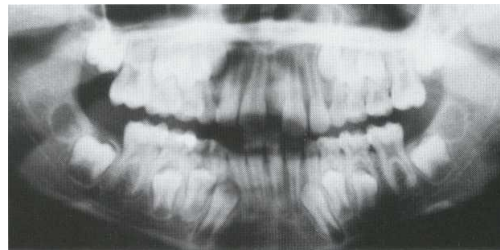
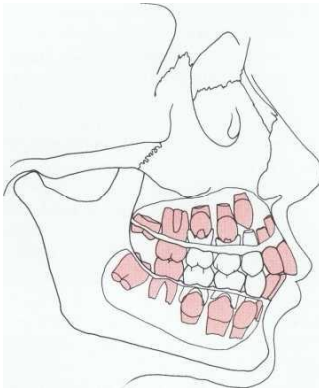
An Example of K1 Questions

The steroid in obstructive sleep apnea has a roles.

Which of the following is the role of the steroid in obstructive sleep apneatreatment?

- A. It has no significant role
- B. It has high significant role
- C. Less than surgical approach
- D. Equal role to ventilator mask

An Example of K2 Questions



A young boy came to the clinic with his parents seeking the right time for orthodontic treatment, on examination patient is in the mixed dentition stage, a panoramic view is taken for him illustrated (see images).

What is the most appropriate dental age for him?

- A. Dental age 8
- B. Dental age 9
- C. Dental age 10
- D. Dental age 11