



SAUDI BOARD RESIDENCY TRAINING PROGRAM

ORTHODONTIC AND DENTOFACIAL ORTHOPEDICS

Promotion Examination

Written Examination Format:

- A written examination shall consist of one paper with not less than 100 MCQs with a single best answer (one correct answer out of four options). Up to 10% unscored items can be added for pretesting purposes.
- The examination shall contain type K2 questions (interpretation, analysis, reasoning and decision making) and type K1 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 nontherapeutic, 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, disease prevention, risk factors assessment, and prognosis.





Passing Score:

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 under the same theme (Knowledge, Attitude, Skills). The remaining evaluation forms must be passed with **Clear Pass** in at least two of them.
 - C. The promotion must be approved in this case by the scientific council for the specialization.





Blueprint Outlines:

No.	Sections – R2	Percentage
1	Orthopedics: Class II, III, Expansion and Vertical	22%
2	Treatment Rationale	10%
3	Anchorage and Extra-oral Force	8%
4	Tissue Reactions to Tooth Movement, Retention and Relapse	5%
5	Speech, Swallowing, Respiratory, Soft tissue and Habits	5%
6	Orthognathic Surgery	20%
7	Interdisciplinary Treatment & Adult Orthodontics	20%
8	Occlusion and Temporomandibular Joint Disorders	5%
9	Behavioral Sciences	5%
Total		100%

No.	Sections – R3	Percentage
1	Basic Orthodontic Topic	25%
2	Evidence Based Orthodontic	40 %
3	Retention and Stability	5%
4	TMJ and Occlusion	15%
5	Cleft Lip & Palate and Craniofacial Anomalies	10%
6	Orthognathic Surgery	5%
Total		100%

Notes:

- Blueprint distributions of the examination may differ up to +/-5% in each section.
- 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 various domains.





Suggested References R2:

Speech, Swallowing, Respiratory Function and Habits

1. Johnson NC, Sandy JR. Tooth position and speech—is there a relationship? *The Angle Orthodontist*. 1999 Aug;69(4):306-10.
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Tissue Reactions to Tooth Movement

1. Weltman B, Vig KW, Fields HW, Shanker S, Kaizar EE. Root resorption associated with orthodontic tooth movement: a systematic review. *American journal of orthodontics and dentofacial orthopedics*. 2010 Apr 1;137(4):462-76.
2. Zahrowski JJ. Bisphosphonate treatment: an orthodontic concern calling for a proactive approach. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2007 Mar 1;131(3):311-20.

Treatment Rationale

1. Bishara SE, Khadivi P, Jakobsen JR. Changes in tooth size—arch length relationships from the deciduous to the permanent dentition: A longitudinal study. *American Journal of Orthodontics and Dentofacial Orthopedics*. 1995 Dec 1;108(6):607-13.
2. Kokich VG. Surgical and orthodontic management of impacted maxillary canines. *American journal of orthodontics and dentofacial orthopedics*. 2004 Sep 1;126(3):278-83.
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7. Vilhjálmsón G, Zermeno JP, Proffit WR. Orthodontic treatment with removal of one mandibular incisor: Outcome data and the importance of extraction site preparation. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2019 Oct 1;156(4):453-63
8. George SM, Campbell PM, Tadlock LP, Schneiderman E, Buschang PH. Keys to Class II correction: A comparison of 2 extraction protocols. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2021 Mar 1;159(3):333-42.
9. Yezdani A, Nandhini N, Padmavati R. Serial extraction in orthodontics—A review. *European Journal of Molecular & Clinical Medicine*. 2020;7(2): 6432-6441.
10. O'Shaughnessy. Efficiency of serial extraction and late premolar extraction cases treated with fixed appliances. *AJODO* 139(4):510-16. Apr 2011

Anchorage: Lip Bumper, Implants, Extraoral Force and Miniscrews

1. Hodge JJ, Nanda RS, Ghosh J, Smith D. Forces produced by lip bumpers on mandibular molars. *American journal of orthodontics and dentofacial orthopedics*. 1997 Jun 1;111(6):613-22.
2. Poggio PM, Incorvati C, Velo S, Carano A. "Safe zones": a guide for miniscrew positioning in the maxillary and mandibular arch. *Angle Orthod*. 2006 Mar;76(2):191-7.
3. Papageorgiou SN, Zogakis IP, Papadopoulos MA. Failure rates and associated risk factors of orthodontic miniscrew implants: a meta-analysis. *Am J Orthod Dentofacial Orthop*. 2012 Nov;142(5):577-595.e7.
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5. Brosh T, Portal S, Sarne O, Vardimon AD. Unequal outer and inner bow configurations: comparing 2 asymmetric headgear systems. *American journal of orthodontics and dentofacial orthopedics*. 2005 Jul 1;128(1):68-75.
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Orthopedics and Class II Treatment

1. Patel HP, Moseley HC, Noar JH. Cephalometric determinants of successful functional appliance therapy. *The Angle Orthodontist*. 2002 Oct;72(5):410-7.
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Orthopedics and Class III Treatment

1. Ghiz MA, Ngan P, Gunel E. Cephalometric variables to predict future success of early orthopedic Class III treatment. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2005 Mar 1;127(3):301-6.
2. Liu W, Zhou Y, Wang X, Liu D, Zhou S. Effect of maxillary protraction with alternating rapid palatal expansion and constriction vs expansion alone in maxillary retrusive patients: a single-center, randomized controlled trial. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2015 Oct 1;148(4):641-51.

Orthopedics Expansion

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Vertical Dimension

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Soft Tissue

1. Sarver DM. The importance of incisor positioning in the esthetic smile: the smile arc. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2001 Aug 1;120(2):98- 111.
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Retention and Relapse

1. Zachrisson BU. Important aspects of long term stability. *J Clin Orthod*. 1997;31:562-83.
2. Little RM. Stability and relapse of dental arch alignment. *British journal of orthodontics*. 1990 Aug;17(3):235-41
3. Al-Moghrabi D, Littlewood SJ, Fleming PS. Orthodontic retention protocols: An evidence-based overview. *British Dental Journal*. 2021 Jun;230(11):770-6.

Interdisciplinary Treatment & Adult Orthodontics

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2. Chapter 18: Special Considerations in Treatment for Adults in: Contemporary Orthodontics. William R. Proffit, Henry W. Fields Jr., David M. Sarver. 2012, 5th Edition, Mosby Inc., Saint Louis. ISBN: 978-0323083171.
3. Spear FM, Kokich VG, Mathews DP. Interdisciplinary management of anterior dental esthetics. *JADA* 2006;137(2):160–9.
4. Thilander B. Orthodontic space closure versus implant placement in subjects with missing teeth. *J Oral Rehabil* 2008;35:64–71.
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11. Kokich VG. Adult orthodontics in the 21st century: guidelines for achieving successful results. *World J Orthod* 2005;6 Suppl:14–23.
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Behavioral Science

1. Humphris G, Ling MS, 2000. *Behavioural Sciences for Dentistry*. Elsevier Health Sciences.
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Occlusion and Temporomandibular Disorders

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Suggested References R3:

Basic Orthodontic Topic Superimpositions

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Biomechanics and Temporary Anchorage Devices

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Craniofacial Growth

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Evidence Based Orthodontic

Growth Modification, Asymmetry, Bimaxillary Dentoalveolar Protrusion

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Impacted Canines

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Transverse Dimension

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Vertical

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Interceptive and Trauma

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Congenitally Missing Laterals and Multidisciplinary

1. Kokich VG, Spear FM. Guidelines for managing the orthodontic- restorative patients. *Semin Orthod* 3(1):3-20, 1997.
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Medications and Allergies

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Note:

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