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Orthodontic Information Systems : A Developmental Study

Gary D. Sheldon

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Abstract

ORTHODONTIC INFORMATION SYSTEMS:

A DEVELOPMENTAL STUDY

by

Gary D. Sheldon

The intent of this study was to design and implement a computer-based orthodontic system providing an integrated information environment throughout the entire patient treatment process.

Total system integration was achieved by restructuring the entire information gathering process. A complete evaluation of patient diagnosis and treatment evaluation procedures established five major information categories and a critical information list for proper patient management. Information organization was outlined to provide a logical progression in the information gathering process and patient chart forms were designed to implement this. Defining the computer system's performance identified three functions as follows: 1) entry and editing of individual patient data, 2) search and retrieval of single patient information, and 3) search and retrieval of all patients fitting a user specified set of criteria. Computer program design and coding utilized all the previously defined specifications to

provide the necessary system integration.

The result of this project is an integrated orthodontic information system encompassing many areas of graduate orthodontic training. These include teaching diagnostic techniques with comprehensive clinical evaluation forms, treatment analysis by comparative study of similar cases, availability of patient data for prospective and retrospective research projects, and exposure to computer applications as they relate to an orthodontic practice.

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Graduate School

ORTHODONTIC INFORMATION SYSTEMS:

A DEVELOPMENTAL STUDY

by

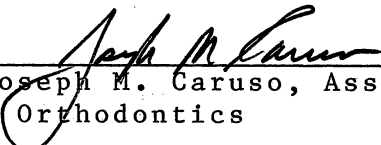
Gary D. Sheldon

A Manuscript Submitted in Partial Fulfillment
of the Requirements for the Degree Master of Science
in Orthodontics

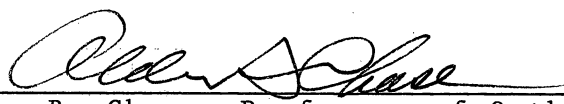
June 1983

Each person whose signature appears below certifies that this manuscript in his opinion is adequate, in scope and quality, in lieu of a thesis for the degree Master of Science.


_____, Chairman
James R. Wise, Associate Professor of
Orthodontics



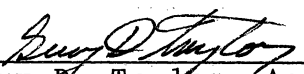
Joseph M. Caruso, Assistant Professor of
Orthodontics



Alden B. Chase, Professor of Orthodontics



John K. Pearson, Associate Professor of
Orthodontics



Guy B. Taylor, Assistant Professor of
Orthodontics

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And a very special thank you goes to my wife, Jodi, for her constant encouragement and understanding when a computer took precedence over her needs on so many occasions.

INTRODUCTION

Valuable diagnostic information exists within every orthodontic practice, however, many doctors have failed to embrace the concepts of information management and utilization despite the large quantities of data and complex evaluations necessary to diagnose and treat patients. The business world long ago realized the importance of consistently recording relevant information and establishing a traceable path for future reference. Industry also recognized past data's value for trend analysis, and for comparative studies between past and present information. Computerization has magnified these capabilities by significantly increasing both analytical processing and information availability.

Computer utilization for management of diagnostic information exists within orthodontics but the applications are often restricted and confined to the educational environment.⁸ Because quantification of cephalometric radiographs is such an integral part of treatment planning this has been a primary focal point. Numerous computer programs have been specifically designed to digitize head films and store the data for later recall.^{2,10,13} Further enhancements permit application of various cephalometric analysis with subsequent output to a digital plotter.^{1,3,6} Ricketts,¹⁴⁻¹⁶ Burstone,^{4,5} and Faber⁷ have each described

computer systems employing digital head film data to produce diagnostic information and treatment planning guidelines. Additional areas under investigation include growth forecasting,^{9,12,16} establishing "normal" population parameters,¹⁵ occlusion and model analysis,^{5,12} and comparison of actual treatment results against predicted treatment objectives or untreated samples.^{15,16} Although most of this information is based on cephalometric studies there are many additional factors which are difficult or impossible to determine from radiographs. Soft tissue evaluation, observation of functional and habit-related distortions to facial form, and response to treatment mechanics during and after therapy are having a significant impact on how orthodontists evaluate their ability to effectively treat malocclusions and alter facial appearance. Therefore, it becomes crucial to maintain and have available all pertinent information to successfully diagnose and plan treatment for long term stability.

Until recently the ability to perform such complex analysis was deemed beyond the capability of all but the largest mini or mainframe computers making these resources unavailable to the average orthodontic clinician. However, microcomputer technology now offers a practical, low-cost solution to the complex demands of patient information analysis and treatment evaluation. Advances in information

storage technology also provide a convenient method for large volumes of data to remain constantly accessible. The current and future generations of computer hardware will contribute toward orthodontists tailoring their diagnosis, treatment planning and therapy evaluation to personal criteria and permit evaluation of treatment techniques based on complete patient information accumulated from their own practice.

However, despite the availability of computer hardware capable of meeting these requirements there remains a void in applications software to meet many of these needs. A design by Dr. Charles Burstone^{4,5,8} is the only reference in current orthodontic literature to such a comprehensive information system. Therefore, the purpose of this project was to design a computerized orthodontic information system for comprehensive clinical data storage specifically designed to augment individual patient evaluation and treatment planning, as well as selective 'patient type' analysis for research purposes.

MATERIAL

Hardware

Factors which were considered important in the choice of useful computer hardware included: 1) ease of use, 2) sufficient storage capacity for 10,000 patients, 3) ability to duplicate (backup) all stored information for information security, 4) availability of hardware service, and 5) reasonable cost. The Apple ///^{*} computer fit these criteria and was chosen for the project.

Information storage needs were met with a five megabyte hard disk drive capable of transferring all stored data to the computers built-in floppy disk drive. A dot-matrix printer and a letter-quality printer for hard-copy output completed the system (Figure 1).

Software

All software development was done using Apple /// Pascal version 1.1 based on UCSD Pascal⁺ version II.1. This language system was selected because of its structured style allowing easy program updating, fast execution of a compiled language, and the powerful extensions added by Apple Computer, Inc..

* Apple /// is a registered trademark of Apple Computer, Inc.

⁺ UCSD Pascal is a registered trademark of The Regents of The University of California.



METHOD

Project development involved four phases prior to actual implementation. Phases one through three were performed by a committee of five practicing orthodontists in conjunction with the author. Phase four was produced by the author alone.

The first phase encompassed a systematic analysis of the diagnostic methods and treatment routines employed throughout a patient's course of treatment from initial examination through post-retention follow-up. By analyzing the patient charts of several practicing orthodontists and the chart used by the Graduate Orthodontic Department of Loma Linda University a comprehensive list of diagnostic and treatment evaluation criteria considered critical to the proper management of each patient was compiled. This list was divided into five major treatment information categories associated with one or more defined time periods within the patient's total treatment experience. These included initial examination, initial records evaluation, cephalometric data (T_1 to T_5), treatment information, and retention information. Subheadings were added, where applicable, to allow grouping of similar information. The 'Summary Description'¹¹ outline defined by the Loma Linda University Graduate Orthodontic Department served as the template for information organization. A final evaluation

of the assembled information was then made to insure a complete and accurate history would be created as each patient progressed through their treatment plan.

The second phase involved designing new chart forms to facilitate information collection at the appropriate treatment intervals. Five new forms including Initial Examination, Initial Records Evaluation, Cephalometric Data, Treatment Planning Worksheet, and Treatment/Retention Information were developed. Form layouts were designed to follow a logical progression of information gathering and a box-check format was used, where possible, to establish standardized responses. Care was taken to maintain consistency between each form so that similar information appeared under the same heading and in the same format. This approach to layout and design insured ease of use, consistent data collection from patient to patient, and produced a systematic and comprehensive patient evaluation. All five forms were designed on and generated by the computer using a variable type-style dot-matrix printer to simplify updating as modifications are incorporated into the system. The blank forms are now included in each new patient's chart for completion at the designated stages of treatment.

Deciding what patient information to include in the computer files comprised the third phase. An evaluation was

made to determine what information recorded in the chart would be most beneficial not only for immediate diagnostic and treatment planning use, but also for future research purposes. This resulted in a condensation of the total diagnostic criteria for each patient down to 653 information items under 155 headings. Each patient record on the computer includes initial clinical examination, initial records evaluation (photographs, models, and radiographs), treatment evaluation, and retention data. Also, cephalometric radiograph data, based on the Rickett's analysis, for initial (T_1), post-treatment (T_2), post-retention (T_3), one year post-retention (T_4), and five year post-retention (T_5) records are incorporated as they become available throughout the patient's treatment history.

The fourth phase consisted of the computer program design and was accomplished in three stages. The first stage defined what the system performance should be. Three major functions were determined as follows: 1) entry and editing of individual patient data into the system, 2) search and retrieval of single patient information, 3) search and retrieval of all patients fitting a user defined set of criteria. Stage two focused on developing file structures for information storage and indexing algorithms to allow rapid retrieval of all patient information. Also designed were information screens to appear on the computers

CRT (cathode ray tube) for data input and display. These duplicate as closely as possible the new chart forms with screens grouped according to the five major information categories. The third stage was the system programming utilizing the specifications as defined in the first two stages. The program is controlled and user selections are made through a menu-driven interface to minimize input errors and simplify training.

RESULTS

An information system was designed and implemented on a microcomputer to assist orthodontic graduate students in patient diagnosis and treatment planning, and for analytical research involving accumulated patient data. Three distinct products emerged from the development of this system to form an integrated orthodontic information system. The first product was a comprehensive list of critical diagnostic and treatment evaluation criteria broken down into five major information categories. Patient chart forms for the collection of this information were the second product (Figure 2 to Figure 7). The computer program to store and retrieve the defined patient data was the third product (Figure 8 to Figure 13).

Loma Linda University
Graduate Orthodontic Clinic

Date: _____

PATIENT INFORMATION:

Names: _____ **ID#:** _____
(Last) (First) (Initial)

BD: [] [] [] [19] **Sex:** [] M [] F **Race:** [] Caucasian [] Black [] Asian
(day) (month) (year) [] Hispanic [] _____

Consultation Reasons: [] Esthetics [] Function [] TMJ [] Perio [] _____

Medical History: _____

Dental History:

[] Craniofacial anomalies: Type: _____
[] Intra-oral pathology: _____
[] Extra-oral pathology: _____
[] _____

CLINICAL DESCRIPTION: (Extra-oral)**Facial Types:**

[] Mesofacial
[] Brachyfacial
[] Dolichofacial

Esthetics:

[] Facial asymmetry: _____
[] E plane: [] Lips protruded [] Lips retracted
[] Sublabial contracture
[] Mentalis strain: [] Slight [] Moderate [] Severe
[] Upper lip: _____ [] Smile:
Thickness: [] Thick [] Thin Fullness: [] Full [] Narrow
Length: [] Short [] Long Line: [] High [] Low

Functional Equilibrium:

[] Mouth breather
[] Allergies / Rhinitis
[] Habits: [] Digit [] Bruxism [] Lip
[] Muscle imbalance: Weaker side: [] R [] L
[] Perioral tension: [] Tight [] Loose
[] Accessibility limited

TMJ Evaluations:

[] Symptoms: [] Pain [] Crepitus [] Pop
[] Limited opening [] Dev on open ([] L [] R)
[] Complete evaluation required
[] Potential: _____

CLINICAL DESCRIPTION: (Intra-oral)**Functional Equilibrium:**

[] Adnoids present: (from medical history)
[] Tonsils present: (from medical history)
[] CO/CR Deviation:
[] _____ [] L [] R // [] Ant [] Post
[] Frenums w/ diastema: _____
[] Freeway space: [] Excessive [] Reduced
[] Tongue Malpositioned:
[] High [] Low // [] Frwd [] Lat

[] Swallow pattern abnormal
[] Saliva: [] Thick [] Thin
[] Gagging problem
Gingival status:
Hygiene: [] Good [] Fair [] Poor
Hyperplasia: [] Local [] General
Stripping: Present: _____
Potential: _____

Malocclusion:

Molar Relation:

Left: Cl I Cl II Cl III // End-on Full
 Right: Cl I Cl II Cl III // End-on Full

Cuspid Relation:

Left: Cl I Cl II Cl III // End-on Full
 Right: Cl I Cl II Cl III // End-on Full

Malocclusion Characteristics:

MX anterior relation: Div 1 Div 2
 Arch asymmetry:(left/right discrepancy)
 MX shift: Skel Dent
 MD shift: Skel Dent
 Deep bite: [____mm]
 Open bite: Anterior Posterior
 Bilat Unilat (L R)
 Mutilated occlusion

Source of Problem:

Maxillary:

Maxilla: Prog Retro
 MX Dent: Prot Retro

Mandibular:

Mandible: Prog Retro
 MD Dent: Prot Retrs

Midline shift:

MX:
 Skel: L R [____mm]
 Dent: L R [____mm]
 MD:
 Skel: L R [____mm]
 Dent: L R [____mm]

Dental Description:

OB: [____%] OJ: [____MM] ALD: [____mm] TSD: (Yes No)

Cross-bites: _____
 Retained deciduous teeth: _____
 Missing teeth: _____
 Decay: _____
 Stain: _____
 Occlusal wear(excessive): _____
 Curve of Spee: Flat Moderate Deep Reversed
 Restorations needed at end of Tx: _____

Summary Description:

Preliminary Treatment Plans:

Special Considerations:

Loma Linda University
 Graduate Orthodontic Clinic
 Initial Records Evaluation

Date: _____

Patient Name: _____ ID#: _____
 (Last) (First) (Initial)

PHOTOGRAPHS:

Extra-oral:

- Facial Asymmetry:
- MX Hypertrophy: L R
- MD Hypertrophy: L R
- Other: _____
- Occlusal Plane canted DOWN: L R
- MX Midline: L R [____mm]
- Mentalis Strain: Slight Moderate Severe
- Upper lip: Protrusive Retrusive Short
- Lower lip: Protrusive Retrusive Everted
- Smile line: High Low
- Frenums w/ diastema: _____

Intra-oral:

- Gingival Stripping:
- _____
- Enamel Staining:
- _____
- Dental Midline shift:
- MX: L R
- MD: L R

STUDY CASTS:

Molar Relation:

- Left: CI I CI II CI III // End-on Full
- Right: CI I CI II CI III // End-on Full

Cuspid Relation:

- Left: CI I CI II CI III // End-on Full
- Right: CI I CI II CI III // End-on Full

Malocclusion Characteristics:

- MX anterior relation: Div 1 Div 2
- Deep bite: [____mm]
- Open bite: Anterior Posterior
- Bilat Unilat (L R)
- Midline shift:
- MX: L R [____mm]
- MD: L R [____mm]

Dental Description:

- OB: [____%] OJ: [____mm] ALD: [____mm]
- Bolton Analysis: MX 6 = ____mm MD 6 = ____mm Excess: MX MD Amount: [____mm]
- MX 12 = ____mm MD 12 = ____mm Excess: MX MD Amount: [____mm]
- Cross-bites: Missing teeth: Deciduous teeth (retained):
- _____
- Curve of Spee: Flat Moderate Deep Reversed Occlusal wear (excessive)

RADIOGRAPHS:

- Pathology: _____
- Missing teeth: Deciduous teeth (retained): Supernumeraries (location):
- _____
- Impacted teeth: Ankylosed teeth: Endo:
- prsnt----- pntnl----- prsnt----- pntnl-----
- Decay: Root resorption: Bone loss:
- prsnt----- pntnl-----
- Third Molar Prognosis: Good Fair Poor Unknown EXT now
- Restorations needed at end of Tx: _____

TMJ Evaluation:

- R L Concentric
- R L Distal displacement
- R L Anterior displacement
- R L Superior displacement
- R L Inferior displacement
- R L Fossae irregularities
- R L Flattened condyle
- R L Bony lipping condyle
- R L Osteoporosis
- R L Increased joint space

Loma Linda University
 Graduate Orthodontic Clinic
 Treatment Planning Worksheet

Date: _____

Patient Name: _____ ID#: _____
 (Last) (First) (Initial)

SUMMARY DESCRIPTION:

Facial Type:	Esthetics:
Malocclusion:	Functional Equilibrium:
Lateral Ceph:	Dental Description:
Frontal Ceph:	Medical History (significant):

Key Factors: _____

PRELIMINARY TREATMENT PLAN:

1. Mandibular rotation:
2. Convexity reduction:
3. Mandibular arch set-up Change
 - a. ALD
 - b. Relocation of 1 x 2
 - c. Relocation of 6
 - d. E-space
 - e. Extraction
 - f. Expansion
 - g. Interproximal reduction

Net = _____
4. Maxillary molar position:
5. Maxillary incisor position:

Loma Linda University
 Graduate Orthodontic Clinic
 Cephalometric Evaluation

Date: _____

Patient Name: _____ ID#: _____
 (Last) (First) (Initial)

RICKETTS' ANALYSIS:

LATERAL CEPH:

NORMAL MEASUREMENTS

Anterior Cranial Base
 Maxillary Depth
 Facial Depth
 Convexity
 MX 1 to APO
 MD 1 to APO
 MD 1 Angulation
 Interincisal Angle
 Lower Lip to E-Plane

T-1	Prog1	Prog2	T-2	T-3

Mandibular Pln Angle
 Maxillary 6 to PTV
 Lower Face Height
 Mandibular Arc
 Facial Axis
 Cranial Deflection

T-1	Prog1	Prog2	T-2	T-3

CLASS III INDICATORS:
 Porion Location
 Ramus Position

T-1	Prog1	Prog2	T-2	T-3

SPECIAL MEASUREMENTS

Molar Relation
 Canine Relation
 Incisor Overjet
 Incisor Overbite
 MD 1 Extrusion
 MX 1 Angulation
 Occlusal Pln to Ramus
 Occlusal Pln Incln.

T-1	Prog1	Prog2	T-2	T-3

Upper Lip Length
 Lip Embras/Occlusl Pln
 Facial Taper
 Maxillary Height
 Palatal Plane
 Posterior Face Height
 Corpus Length

T-1	Prog1	Prog2	T-2	T-3

FRONTAL CEPH:

NORMAL MEASUREMENTS

Facial Width
 Nasal Width
 Maxillary Width
 MX/MD Relation (right)
 MX/MD Relation (left)
 Molar to Jaw (right)

T-1	Prog1	Prog2	T-2	T-3

Molar to Jaw (left)
 Molar Relation (right)
 Molar Relation (left)
 Interolar Width
 Intercuspid Width
 Mandibular Width

T-1	Prog1	Prog2	T-2	T-3

SPECIAL MEASUREMENTS

Denture Midline
 MX/MD Midline
 Denture/Jaw Midline

T-1	Prog1	Prog2	T-2	T-3

Occlusal Plane Tilt
 Postural Symmetry
 Nasal Height

T-1	Prog1	Prog2	T-2	T-3

STEINER ANALYSIS:

SNA
 SNB
 ANB
 MX 1 to NA (distance)
 MX 1 - NA Angle
 MD 1 to NB (distance)

T-1	Prog1	Prog2	T-2	T-3

MD 1 - NB Angle
 PO to NB
 PO & MD 1 to NB (diff)
 SN - GoGn
 Interincisal Angle

T-1	Prog1	Prog2	T-2	T-3

TWEED ANALYSIS:

FMA
 FMIA
 IMPA

T-1	Prog1	Prog2	T-2	T-3

MX 1 - FH Angle
 MD 1 - SN
 MD 1 - GoGn

T-1	Prog1	Prog2	T-2	T-3

Loma Linda University
Graduate Orthodontic Clinic
Treatment/Retention Information

Date: _____

Patient Name: _____ ID#: _____
(Last) (First) (Initial)

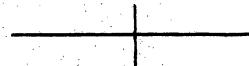
TREATMENT INFORMATION:

Treatment Begin: [] [] [19] Treatment End: [] [] [19]
(day) (month) (year) (day) (month) (year)

Two-Phase Treatment Serial Extraction
 First Phase Data Second Phase Data

Retreatment Required
 First Treatment Data Second Treatment Data

Surgical Treatment
 Maxilla only Mandible only
 Maxilla & Mandible



TREATMENT MECHANICS

Appliances:

Headgear:

Elastics:

- Haas RPE
- Hyrax RPE
- Quad-Helix
- Bi-Helix
- Nance Lingual Arch
- Transpalatal Bar
- Class II Jig
- Functional Appliance

- Force:
- Orthodontic
- Orthopedic
- Direction:
- Cervical
- High
- Combi
- Reverse

- Class II
- Class III
- Up-Down (Box / Delta)
- Midline
- Cross
- Squeeze
- Self-springs

RETENTION INFORMATION

Retention Begin: [] [] [19] Retention End: [] [] [19]
(day) (month) (year) (day) (month) (year)

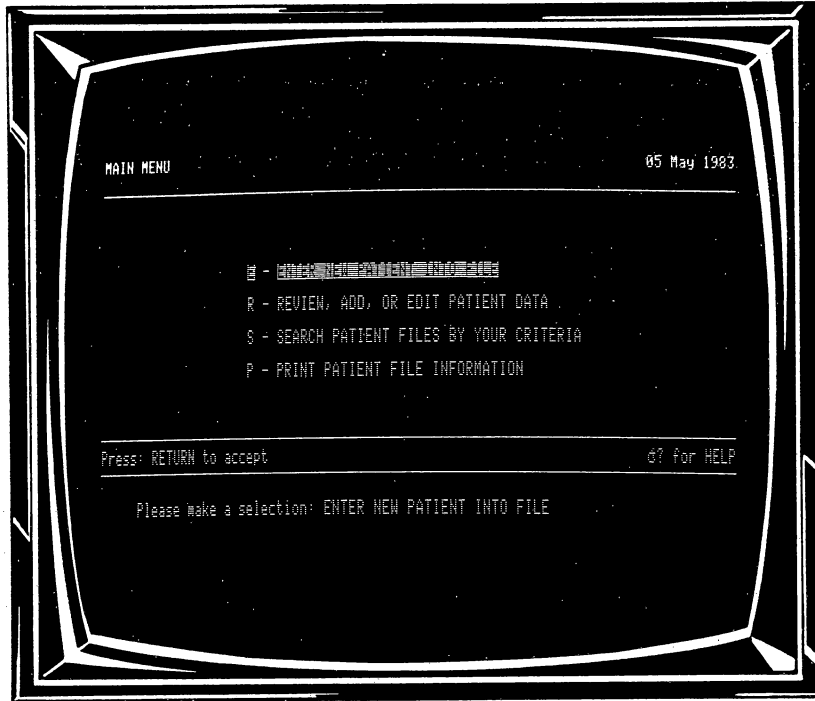
Positioner used

Maxillary Retainer:

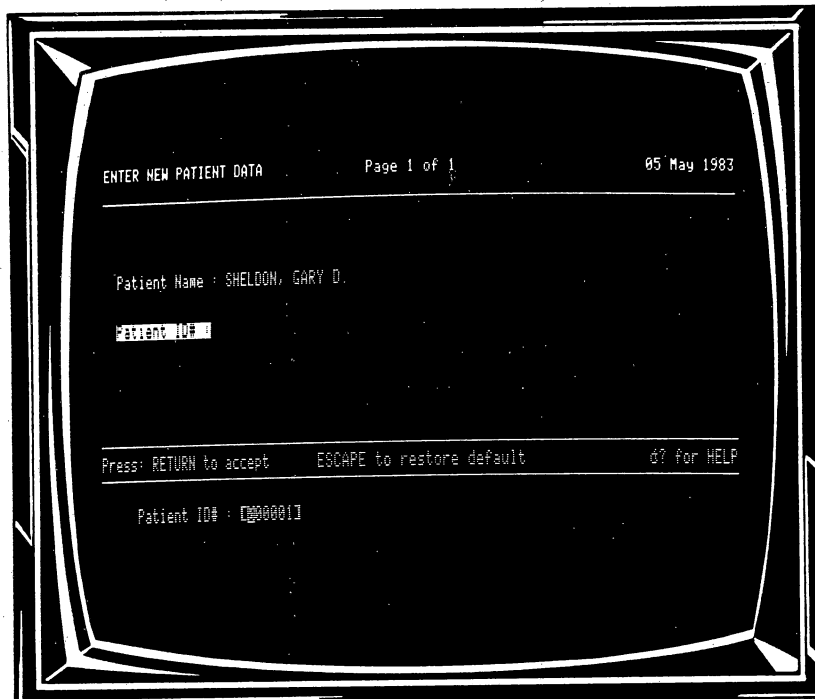
Mandibular Retainer:

- Hawley
- Wrap-around
- Fixed

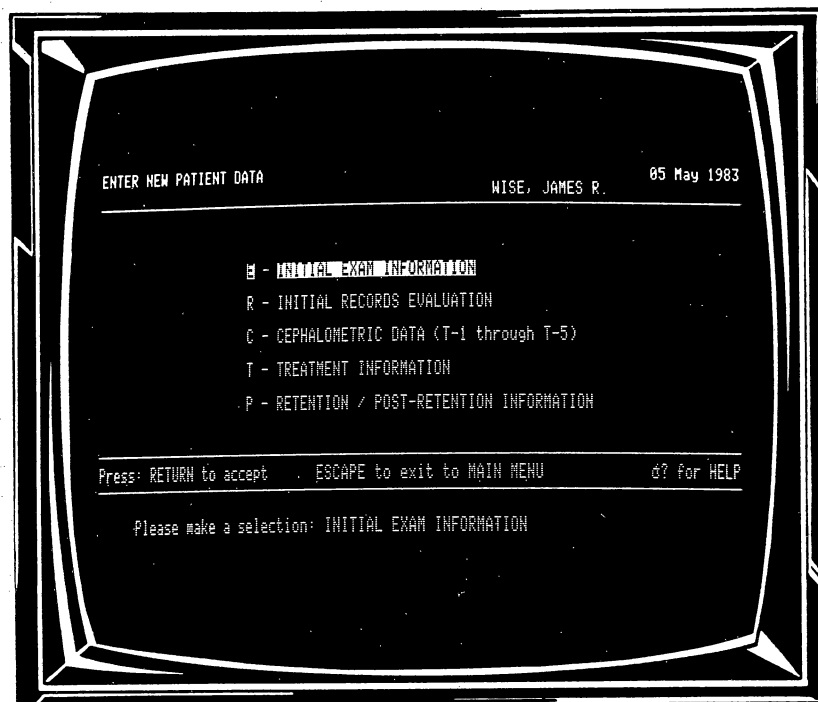
- Hawley
- Wrap-around
- Fixed



(a)



(b)



ENTER NEW PATIENT DATA

WISE, JAMES R. 05 May 1983

H - INITIAL EXAM INFORMATION
R - INITIAL RECORDS EVALUATION
C - CEPHALOMETRIC DATA (T-1 through T-5)
T - TREATMENT INFORMATION
P - RETENTION / POST-RETENTION INFORMATION

Press: RETURN to accept . ESCAPE to exit to MAIN MENU 0? for HELP

Please make a selection: INITIAL EXAM INFORMATION

(a)


```

ENTER NEW PATIENT DATA      Page 1 of 3      WISE, JAMES R.      05 May 1983
Initial Exam Information

-----
P A T I E N T   I N F O R M A T I O N :
Patient Name : WISE, JAMES R.

Patient ID# : 000000      Patient Status:
                        [ ] Active
                        [ ] Retention
                        [ ] Recall
                        [ ] Deadfile
                        [ ] Transfer without completion

Date Accepted :

Press: RETURN to accept   ESCAPE to exit to PATIENT DATA MENU   ? for HELP

Patient Status :
[ ] Active           [ ] Deadfile
[ ] Retention       [ ] Transfer without completion
[ ] Recall          [ ] Not Available

```

(b)

```

ENTER NEW PATIENT DATA      Page 2 of 3      WISE, JAMES R.      05 May 1983
Initial Exam Information

-----
P A T I E N T   I N F O R M A T I O N :
Sex : [ ] M [ ] F      Race : [ ] Caucasian [ ] Black
                        [ ] Hispanic [ ] Asian
                        [ ] Other

[ ] Medical History (Are any significant factors noted?)
[ ] Craniofacial anomalies
[ ] Intra-oral pathology
[ ] Extra-oral pathology

Press: RETURN to accept   ESCAPE to exit to PATIENT DATA MENU   ? for HELP

BD : [ ] [ ] [ ]
      day mon year

```

(c)

```
ENTER NEW PATIENT DATA          Page 3 of 3          WISE, JAMES R.          05 May 1983
Initial Exam Information

CLINICAL DESCRIPTION:
Mesofacial      Esthetics:          TMJ Evaluation:
 Mesofacial       Sublabial contracture   Symptoms
 Brachyfacial     Mentalis strain
 Dolichofacial

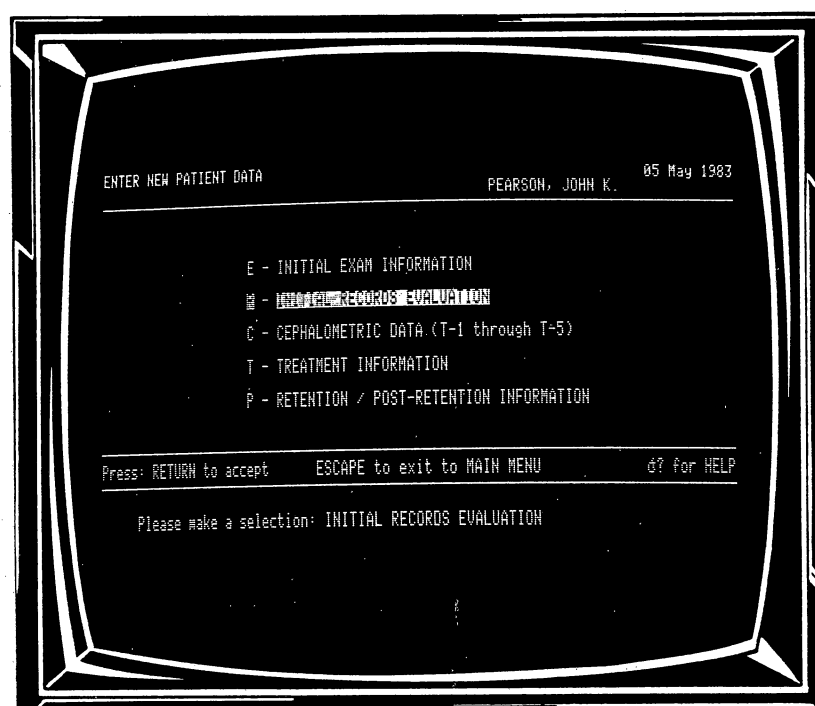
Functional Equilibrium: (Extra-oral)
 Mouth breather
 Allergies / Rhinitis
 Habits

Functional Equilibrium: (Intra-oral)
 Adnoids present
 Tonsils present
 CO/CR deviation
 Frenums with diastema
 Tongue malpositioned
 Swallow pattern abnormal

Press: RETURN to accept  ESCAPE to exit to PATIENT DATA MENU  d? for HELP

Facial Type:
 Mesofacial       Brachyfacial
 Dolichofacial   Not Available
```

(d)



ENTER NEW PATIENT DATA PEARSON, JOHN K. 05 May 1983

E - INITIAL EXAM INFORMATION
I - INITIAL RECORDS EVALUATION
C - CEPHALOMETRIC DATA (T-1 through T-5)
T - TREATMENT INFORMATION
P - RETENTION / POST-RETENTION INFORMATION

Press: RETURN to accept ESCAPE to exit to MAIN MENU ? for HELP

Please make a selection: INITIAL RECORDS EVALUATION

(a)

```

ENTER NEW PATIENT DATA      Page 1 of 5      PEARSON, JOHN K.      05 May 1983
Initial Records Evaluation

PHOTOGRAPHS:
  Extra-oral:
  [ ] _____
  Intra-oral:
  [ ] Gingival stripping _____

STUDY CASTS:
  Molar Relation:
  Left : [ ] CI I   [ ] CI II  [ ] CI III // [ ] End-on [ ] Full
  Right: [ ] CI I   [ ] CI II  [ ] CI III // [ ] End-on [ ] Full

  Cuspid Relation:
  Left : [ ] CI I   [ ] CI II  [ ] CI III // [ ] End-on [ ] Full
  Right: [ ] CI I   [ ] CI II  [ ] CI III // [ ] End-on [ ] Full

Press: RETURN to accept   ESCAPE to exit to PATIENT DATA MENU   &? for HELP

[ ] Yes [X] No : Facial asymmetry

```

(b)

```

ENTER NEW PATIENT DATA      Page 2 of 5      PEARSON, JOHN K.      05 May 1983
Initial Records Evaluation

STUDY CASTS: (continued)
  _____
  [ ] _____ [ ] Div 1 [ ] Div 2
  [ ] _____
  [ ] Deep bite
  [ ] Open bite: [ ] Anterior [ ] Bilateral [ ] Unilateral
  [ ] Posterior: ( [ ] L [ ] R )
  [ ] Midline shift

Dental Description:
  Overbite:          Overjet:          ALD:

Press: RETURN to accept   ESCAPE to exit to PATIENT DATA MENU   &? for HELP

[ ] Yes [X] No : MX anterior relation:

```

(c)

ENTER NEW PATIENT DATA Page 3 of 5 PEARSON, JOHN K. 05 May 1983
 Initial Records Evaluation

STUDY CASTS (continued)

Dental Description: (continued)

Bolton Analysis:

MM 6 =	MD 6 =	Excess: []	Amount:
MM 12 =	MD 12 =	Excess: []	Amount:

[] Crossbites

Curve of Spee: [] Flat [] Moderate [] Deep [] Reversed

[] Excessive occlusal wear

Press: RETURN to accept ESCAPE to exit to PATIENT DATA MENU q? for HELP

[] Yes No : Crossbites

(d)

ENTER NEW PATIENT DATA Page 4 of 5 PEARSON, JOHN K. 05 May 1983
 Initial Records Evaluation

RADIOGRAPHS:

[] ~~Pathology~~ [] Deciduous teeth:

[] Supernumeraries:

[] Missing teeth: + +

[] Ankylosed teeth: +

Press: RETURN to accept ESCAPE to exit to PATIENT DATA MENU q? for HELP

[] Yes No : Pathology

(e)

ENTER NEW PATIENT DATA Page 5 of 5 PEARSON, JOHN K. 05 May 1983
Initial Records Evaluation

RADIOGRAPHS: (continued)

<input type="checkbox"/> Impacted teeth: (present)	<input type="checkbox"/> Impacted teeth: (potential)
+	+
<input type="checkbox"/> Root resorption: (present)	<input type="checkbox"/> Root resorption: (potential)
+	+

Press: RETURN to accept ESCAPE to exit to PATIENT DATA MENU ? for HELP

Yes No Are any permanent teeth impacted?

(f)

```
ENTER NEW PATIENT DATA                                05 May 1983
CARUSO, JOSEPH M.

E - INITIAL EXAM INFORMATION
R - INITIAL RECORDS EVALUATION
D - CEPHALOMETRIC DATA (T-1 through T-5)
T - TREATMENT INFORMATION
P - RETENTION / POST-RETENTION INFORMATION

Press: RETURN to accept   ESCAPE to exit to MAIN MENU   or for HELP

Please make a selection: CEPHALOMETRIC DATA
```

(a)

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ENTER NEW PATIENT DATA                               CARUSO, JOSEPH M. 05 May 1983
Cephalometric Data

1 - T-1 RECORDS (beginning)
2 - T-2 RECORDS (end of active treatment)
3 - T-3 RECORDS (end of retention)
4 - T-4 RECORDS (1 to 5 years post-retention)
5 - T-5 RECORDS (5 to 10 years post-retention)

Press: RETURN to accept  ESCAPE to exit to PATIENT DATA MENU  ? for HELP

Please make a selection: T-1 RECORDS

```

(b)

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ENTER NEW PATIENT DATA                               Page 1 of 3  CARUSO, JOSEPH M. 05 May 1983
Cephalometric Data / T-1                               Ceph Data

LATERAL CEPH:

Normal Measurements:
Anterior Cranial Base
Maxillary Depth
Facial Depth
Convexity
Maxillary 1 to APO
Mandibular 1 to APO
Mandibular 1 angulation
Lower Lip to E-plane
Mandibular Plane Angle
Maxillary 6 to PTU

Normal Measurements: (cont)
Lower Face Height
Mandibular Arc
Facial Axis
Cranial Deflection

Class III Indicators:
Forsion Location
Palms Position

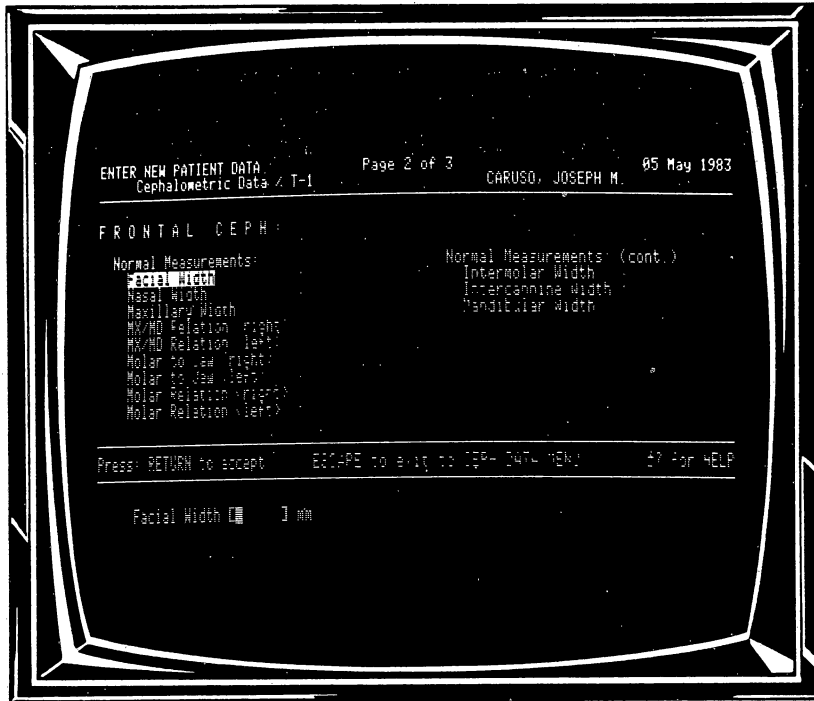
Special Measurements:
Interincisal Angle

Press: RETURN to accept  ESCAPE to exit to CEPH DATA MENU  ? for HELP

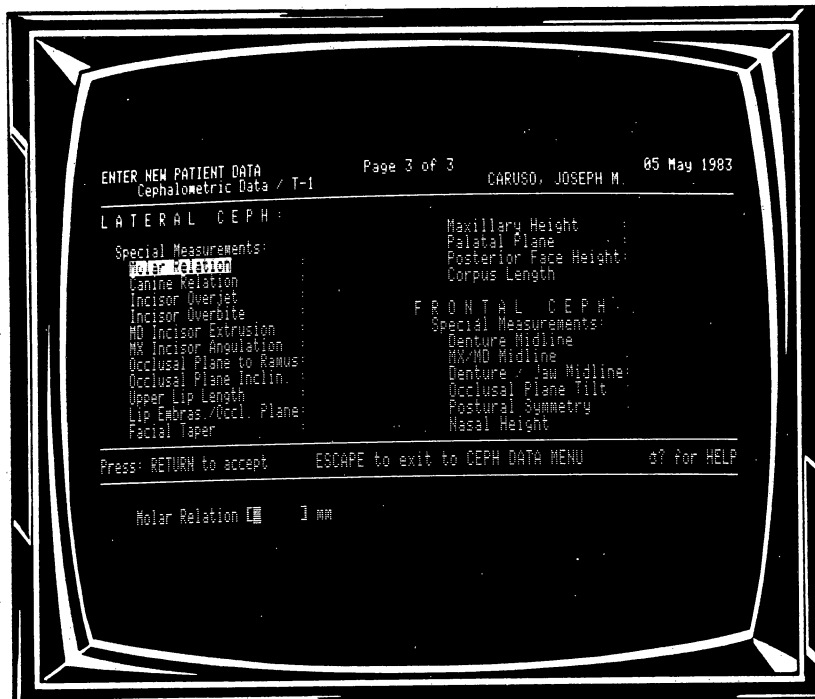
Ceph Date: [ ] [ ]
           day mon year

```

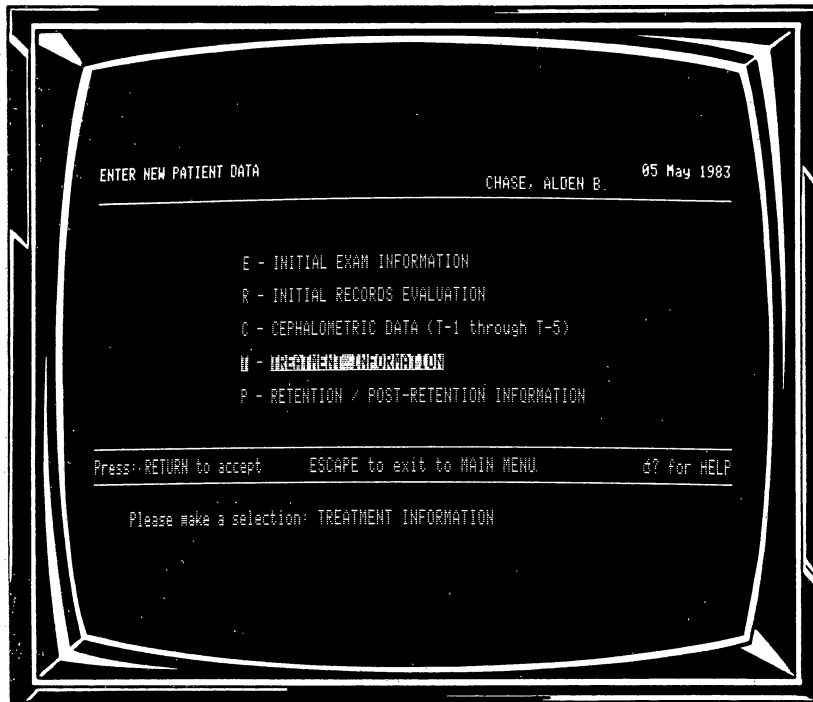
(c)



(d)



(e)



(a)

ENTER NEW PATIENT DATA Page 1 of 2 CHASE, ALDEN B. 05 May 1983
 Treatment Information

TREATMENT INFORMATION

Treatment Begin: Treatment End:

Two-Phase Treatment Serial Extraction

Retreatment Required Extractions:

Surgical Treatment

Press: RETURN to accept ESCAPE to exit to PATIENT DATA MENU ? for HELP

Treatment Begin: day mon year

(b)

ENTER NEW PATIENT DATA Page 2 of 2 CHASE, ALDEN B. 05 May 1983
 Treatment Information

TREATMENT INFORMATION (continued)

APPLIANCES Headgear: Elastics:

Hays RPE Force: Class II

Hurax RPE Orthodontic Class III

Gaud-Helix Orthopedic Up-Down/Box/Delta

B1-Helix Midline

Nance Lingual Arch Direction: Cross

Transpalatal Bar Cervical Squeezes

Class II Jig High Salt-springs

Functional Appliance Comb Reverse

Press: RETURN to accept ESCAPE to exit to PATIENT DATA MENU ? for HELP

Yes No : Were any of the listed APPLIANCES used during treatment of this patient?

(c)

ENTER NEW PATIENT DATA 05 May 1983
TAYLOR, GUY D.

E - INITIAL EXAM INFORMATION
R - INITIAL RECORDS EVALUATION
C - CEPHALOMETRIC DATA (T-1 through T-5)
T - TREATMENT INFORMATION
H - ~~RETENTION~~ ~~POST-RETENTION~~ ~~INFORMATION~~

Press: RETURN to accept ESCAPE to exit to MAIN MENU ? for HELP

Please make a selection: RETENTION / POST-RETENTION INFORMATION

(a)

```
ENTER NEW PATIENT DATA          Page 1 of 1          05 May 1983
Retention / Post-retention Information    TAYLOR, GUY D.
-----
RETENTION INFORMATION
Retention Begin :
Retention End :

 Positioner used
 Maxillary Retainer           Mandibular Retainer

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Press RETURN to accept    ESCAPE to exit to PATIENT DATA MENU    d? for HELP
-----
Retention Begin : 
                  day mon year
```

(b)

DISCUSSION

Retrospective orthodontic studies are commonly undertaken involving an analysis of a specific patient problem or treatment technique that is incompletely understood and attempting to explain it by evaluation and analysis of patients who have exhibited the problem or undergone a specific mode of correctional therapy. Often the largest hurdle in these projects is locating an adequate sample for both study and control. This information system helps overcome that problem by searching for patients matching user specified criteria and displaying all pertinent data for study and analysis in conjunction with either research topics or diagnostic planning.

Prospective research is acknowledged as the best but also the most difficult type of study to produce. However, by using a comprehensive information management system prospective studies can be designed and consistent, systematic data collection can be achieved over the time periods often necessary to collect adequate sample information. Significant long-range inquiries into all aspects of orthodontics can be realized by utilizing standardized information systems to implement prospective studies.

The orthodontic information system permits the user to query all aspects of the patient information files to allow

comparative analysis of beginning cases against treatment results achieved on patients with similarly diagnosed problems. Aided by information screens designed to duplicate chart forms new patient information can also be added to the existing data base allowing specific diagnostic information to be referenced during all phases of treatment. Designing the system in this manner provides an economical and educational method for entry of new information into the growing patient research/analysis database.

The result of this project is an integrated orthodontic information system encompassing many areas of graduate orthodontic training. These include teaching diagnostic techniques with comprehensive clinical evaluation forms, treatment analysis by comparative study of similar cases, availability of patient data for prospective and retrospective research projects, and exposure to computer applications as they relate to an orthodontic practice.

This development lays the groundwork for several future enhancements to the system including programs for analysis and diagnosis, statistical evaluation, and digitizing of cephalometric x-rays.

SUMMARY AND CONCLUSIONS

An orthodontic information system was designed, and implemented to integrate the patient evaluation and treatment planning process with complete information accessibility for comparative patient analysis and for prospective and retrospective research projects. This was achieved through the following progression of steps.

1. A complete reevaluation of the current patient diagnosis procedure to identify critical information.
2. Logical organization into related information blocks.
3. Planned patient chart forms to promote methodical sequencing of diagnostic data gathering and consistent information.
4. Determination of significant information for available computer access.
5. Development of computer data entry and display screens to duplicate the patient chart forms.
6. System programming to allow sophisticated patient information retrieval according to user specified criteria.

Proper information management and utilization are all that separate a guess from a diagnosis. Advancing diagnostic and treatment technology requires the development of new methods to maintain and analyze complete patient information. The concept of an integrated orthodontic

information system has been presented and one installation described for the training of qualified, self-critical specialists. However, the need to expand this system into the private sector still remains. Utilizing the capabilities of computers and shared information systems¹⁷ orthodontists could benefit not only from accumulated data within their own practices but also from their colleagues. The maximum potential for individual and cumulative progress within the orthodontic profession lies within this realm.

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