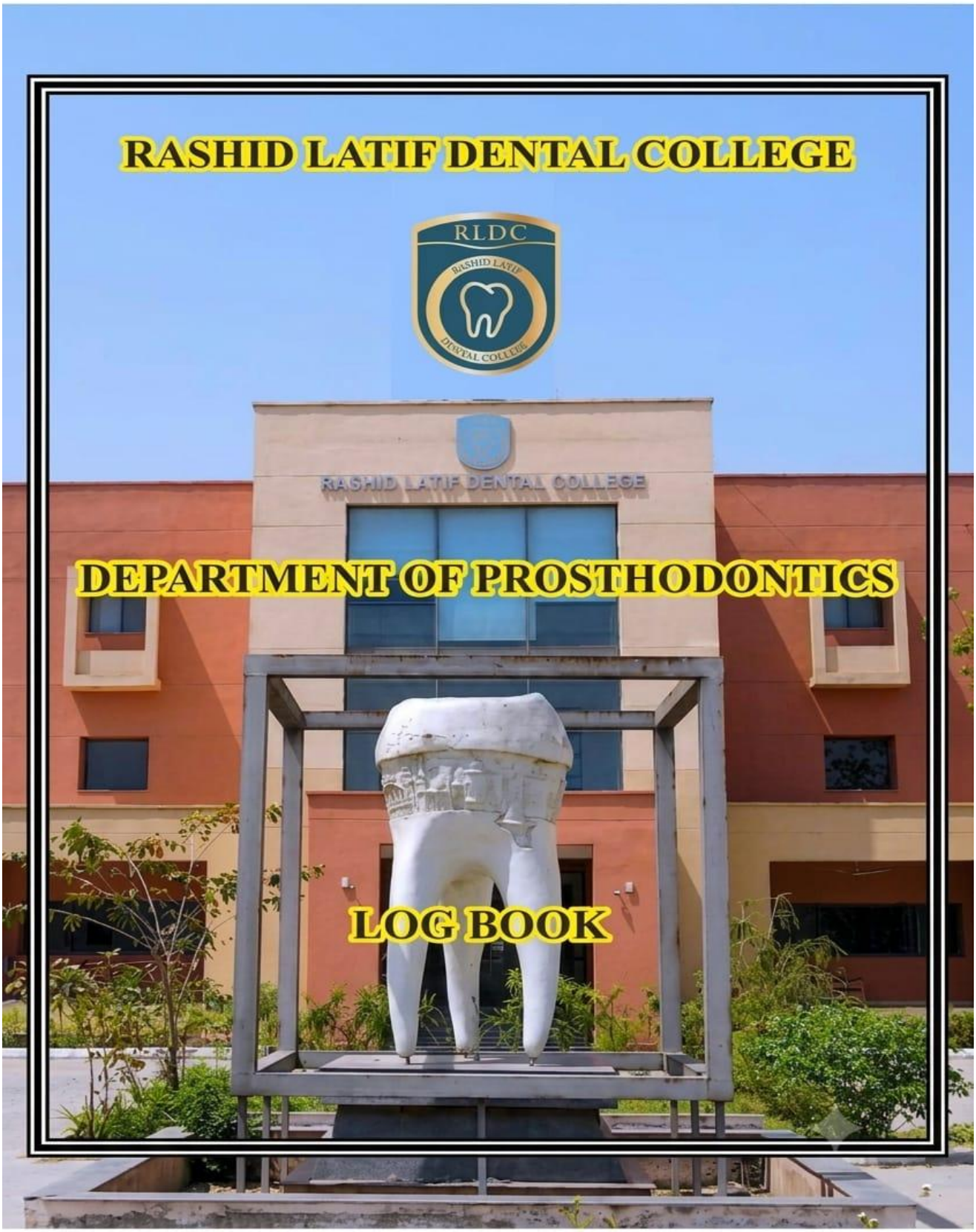
RASHID LATIF DENTAL COLLEGE
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DEPARTMENT OF PROSTHODONTICS
LOG BOOK

RASHID LATIF DENTAL COLLEGE, LAHORE.

Department of Prosthodontics

LEARNING PORTFOLIO

BASED ON ROTATIONS IN PROSTHODONTICS DURING BDS AND HOUSE JOB

Paste Photo here

CERTIFICATE

It is certified that Mr. / Miss: _____

Son/ Daughter of: _____

Has completed _____ History and Examination forms

Has completed _____ Number of Removable Partial Dentures

during the Prosthodontic Rotation From_____ to _____.

His/ Her performance during clinical Removable Partial Denture activity was

Satisfactory/ non-satisfactory

_____

Signature Head of Department

Instructions

- Each student must complete 05 history and examination forms in addition to the required quota of partial dentures.
- Each student must fabricate at least four credits of Removable Partial Dentures for patients.
- Students must have all the required instruments during the rotation days.
- Students will be allotted patients only, if they possess the required instruments.
- Students must get all quota signed on the same day by their respective supervisors.
- There will be no signature on back date.
- Students must get their forms countersigned by Head of Department.
- There will be viva at the end of rotation which will have weightage in internal assessment.
- Rubrics for all clinical procedures are included in the end in appendices.

Recommended Books Lists

For Removable Partial Dentures:

- Removable Partial Prosthodontics By Mc Crackens 13th Ed
- Removable Partial Prosthodontics By Grasso and Miller 2nd Ed

Instruments List

1) Wax Knife
2) Wax carver
3) Glass slab
4) Spirit lamp
5) Bowl
6) Spatula
7) Semi adjustable Articulator
8) Indelible pencil
9) Scale
10) Surgical blade and scalpel
11) Impression trays for edentulous and dentate patients

Student's Annual Record 3rd Professional BDS

1.	Class Attendance	
2.	Clinical Attendance	
3.	Presentation Grade	
4.	Number of Removable partial Dentures fabricated	
5.	Clinical Viva Marks	
6.	Class Test Marks	

General Remarks: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

History Taking and Clinical Examination Of Partially Dentate Patients

Patient no:		**Telephone no:**	
Patient name:		**Gender:**	
Age:		**Occupation:**	
Address:			

Chief Complaint (What is your Problem and why do you seek treatment)?_____

_____

History Of Present Illness: _____

_____

Evaluation of Systemic Status/ General Health:

1. General Constitution-

Robust	
Average	

Frail	

2. Past medical History

a. Any Major Illness?

Diabetes		**Hypertension**	
Hepatitis		**Neurological disorders**	
Asthma		**Anemia**	
Hospitalization			
Others			

b.Medications:_____

DentalHistory:_____

_____

_____

Personal History:

1. **Oral hygiene habits:**

Methods	
Frequency	

1. **Habits:**

Smoking	
Pan	
Tobacco Chewing	
Betel Nut	

Alcohol	
Clenching	
Bruxism	
Any Other	

Socio-psychological status:

Family Status	
Education Status	

Extra Oral Examination Findings:

Frontal face form	Ovoid	Tapering	Squarish
Profile	Orthognathic	Prognathic	Retrognathic
Lips	Thick	Average	Thin
Lip Length	Short	Average	Long
Lip support	Adequate		Inadequate
Temporomandibular joint	Normal	Pain or tenderness	Clicking
Mouth opening	Normal (------- mm)	Deviated	Restricted (----- mm)
Any other finding			

Intraoral Examination:

Dental Charting:

Other details																	Other details
Bleeding on probing																	Bleeding on probing
Pocket Depth(mm)																	Palatal Lab / Buc
Caries Missing Restorations																	Caries Missing Restorations
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
R	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	L
Caries Missing Restorations																	Caries Missing Restorations
Pocket Depth(mm)																	Lab / Buc Lingual
Bleeding on probing																	Bleeding on probing
Other details																	Other details

Arch Relation

Posterior segment	Class 1		Class 2		Class 3
Anterior Segment	Normal	Deep bite	Open bite	Cross Bite	Edge to Edge
Ridge Form	knife edge		U-shaped		Extremely resorbed

Tongue

Size	Normal	Hypertrophic	Atrophic
Gag reflex	Normal	Exaggerated	
Mucosa	Normal	Abnormal	

Saliva

Quality	Serous or Thin	Mucous or Thick	Mixed
Quantity	Scanty	Abundant	Normal

Kennedys Classification of Arch:

Maxilla	
Mandible	

Abutment Teeth Selection: _____

Abutment Teeth Condition _____

Caries	
Tilting	
Restoration	
Undercut	

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Periodontal Problem	

Any Preprosthetic procedure suggested on abutment teeth:_____

_____

Any Pre prosthetic procedure suggested on denture bearing/ limiting areas:_____

_____

I. Investigations:

a. Radiographs:

_____ _____

Pre Op Radiographs **Post Op Radiographs**

b. Diagnostic Casts:
c. Any Other Investigative measure Taken

Problem List:

_____

_____

_____

Treatment Plan:

_____

_____

_____

_____

CLINICAL PROCEDURES:

S. No	Step	Material	Date	Signature
1	Primary Impression Upper Lower			
2	Denture designing on the cast			
3	Denture base			
4	Jaw relation recording			
5	Articulation			
6	Wax up and teeth set up			
7	Trial			
8	Insertion			
9	Recall checking			

Self-Reflections about the task (How the task performed, What deficiencies still left and How you can improve in future?:

_____

_____

_____

_____ _____

Pre Op Picture **Post Op Picture**

Accomplishment: Satisfactory/ Unsatisfactory:

Faculty Incharge Signatures: _____ **HOD Signature:** _____

Rubrics for Evaluations of Removable Partial Dentures

RUBRICS FOR HISTORY AND CLINICAL EXAMINATION

Serial no.	Procedural Step	Recommended guidelines	Weightage (10)	Score
1.	**Affective domain** **Introduction** **Privacy** **Communication skills** **Material and instrument handling**	Greet the patient in professional manner Introduce yourself to patient Before history taking ensure privacy Informed consent Develop professional rapport with patient Listen to your patient Maintain eye contact Talk in language understandable by patient Careful handling of material Infection control	1 (10%)	
2. 3.	**Presenting complaint**	Ask presenting complaint History of presenting complaint Make written record	1 (10%)	

4.	**Medical history** **Dental history** **Oral hygiene habits**	Systemic illness Medications Past dental experience Frequency of brushing Method of cleaning teeth	1 (10%)	
5.	**Extra-oral examination**	• Face profile • Face form • TMJ • Smile • Lip length • Lip competency • RVD	1 (10%)	
6.	**Intra-oral examination**	• Hard tissue • Soft tissues • Tongue form • Soft palate • Hard palate • Tori • Mucosa • Number of teeth present/ missing • Restorations • Caries • Periodontal status (probing) • Signs of wear • Malocclusion	4 (40%)	
7.	**Proper Investigations**	• Radiographs • Diagnostic cast • Periodontal charting	1 (10%)	
8.	**Diagnosis and treatment options**	Definitive diagnosis Treatment options	1 (10%)	

RUBRICS FOR PRIMARY IMPRESSION Maxilla

Sr. No.	Procedural step	Recommended guidelines	Weightage	Remarks
1.	Patient preparation and explanation of procedure to the patient	Dental unit preparation including barrier application and cross infection control Instrument tray preparation Proper explanation of the procedure and material used to capture the impression	01 (10%)	
2.	Position of the patient	For upper impression… Upright position	0.5 (5%)	
3.	Selection of appropriate material	Selection of the material according to anatomy/ state of the partially edentulous mouth	01 (10%)	
4.	Selection of appropriate Tray	Impression tray must cover all the remaining teeth, supporting and peripheral structures	01 (10%)	
5.	Selection of appropriate Technique	Selection of the technique according to anatomy/ state of the partially edentulous mouth	0.5 (5%)	
6.	Manipulation of the material	Mixing of the material according to recommended water/powder ratio (Alginate)	01 (10%)	
7.	loading and proper insertion of impression tray	loading of the tray up to appropriate quantity, insertion of the tray with minimal trauma to the tissues, Proper positioning	02 (20%)	

8.	Recording of the desired anatomy in impression Upper impression	Impression must cover all the remaining teeth, supporting and peripheral structures, free of voids and nodules No tray show through Rounded borders No unsupported material/ knife edge	02 (20%)	
9.	Disinfection	Wash impression with water Disinfect using appropriate disinfectant Placement in airtight container/ pouch	01 (10%)	

RUBRICS FOR PRIMARY IMPRESSION Mandible

S.No.	Procedural step	Recommended guidelines	Weightage
1.	**Patient preparation and explanation of procedure to the patient**	Dental unit preparation including barrier application and cross infection control Instrument tray preparation Proper explanation of the procedure and material used to capture the impression	3
2.	**Position of the patient**	For lower impression… Semi-supine (45 Degrees)	2
3.	**Selection of appropriate material**	Selection of the material according to anatomy/ state of the partially edentulous mouth	3
4.	**Selection of appropriate Tray Selection of appropriate Technique Manipulation of the material**	Impression tray must cover all remaining teeth, supporting and peripheral structures	5
		Selection of the technique according to anatomy/ state of the edentulous mouth	
		Mixing of the material according to recommended water/powder ratio (Alginate)	
5.	**loading and proper insertion of impression tray**	loading of the tray up to appropriate quantity, insertion of the tray with minimal trauma to the tissues, Proper positioning	10
6.	**Recording of the desired anatomy in impression Lower impression**	Impression must cover all the remaining teeth, supporting and peripheral structures, free of voids and nodules No tray show through Rounded borders No unsupported material/ knife edge	15
7.	**Disinfection**	Wash impression with water Disinfect using appropriate disinfectant Placement in airtight container/ pouch	2

RUBRICS FOR SECONDARY IMPRESSION

Sr. NO.	PROCEDURAL STEP	RECOMMENDED GUIDELINE	WEIGH TAGE
1	Patient Preparation and explanation of the procedure to the patient	1. Dental unit preparation (barriers and cross infection control) 2. Instrument tray preparation 3. Explain procedure	**2**
2	Special tray (in case of distal extension bases)	1. Proper positioning 2. Fit 3. Comfort 4. Extension	**3**
3	Material selection & Material manipulation	Low fusing impression compound ie. Green stick 1. Rotate on flame evenly 2. Apply in increments 3. Flow adequate 4. Temper in water 5. Positioning of tray	**5**
4	Border Molding / Functional movement Final check	1. Labial vestibule 2. Buccal vestibule 3. Buccal shelf 4. Masseteric notch 5. Retromylohyoid fossa 6. Lingual border anterior 7. Lingual border Identification – method 1. Borders rounded 2. No tray shows through 3. Smooth finish 4. No burnt-out borders 5. Extension in height and width 6. Even distribution 7. Retention	**10**
5	Wash Impression material selection & Material manipulation	1. Zinc oxide Eugenol paste 2. Equal lengths of base and catalyst dispensed 3. Spatulation in horizontal direction 4. Material thoroughly mixed 5. No color streaks in mixed material 6. Material loading	**5**
6	Impression taking Final check Disinfection	1. Ensure tray positioning 2. Well adapted 3. Remove tray when material completely set 1. Even distribution of material 2. No bubbles 3. No tray shows through 4. No unsupported material/knife edges 1. Wash impression with water 2. Disinfect using appropriate material 3. Sealing of tray in pouch	**20**

RUBRICS FOR JAW RELATIONS

S.No.	Procedural step	Recommended guidelines	Weightage	Remarks
1.	**Patient preparation and explanation of procedure to the patient**	1.Dental unit preparation including barrier application and cross infection control 2.Instrument tray preparation 3.Proper explanation of the procedure and material used to capture the impression	10% 01	
2.	**Jaw relation** **Appropriate occlusal rims**	1.Orientation jaw relation 2.Vertical jaw relation 3.Horizontal jaw relation Properly contoured maxillary occlusal rim is inserted in patient's mouth and access; Lip support Occlusal plane	10% 01	
3.	**ORIENTATION RECORD** **Facebow Record** **Orientation of occlusal plane** **Maxilla** **Mandible**	1.Secure attachment of facebow 2.Secure location of orbital pointer 3. Even contact of teeth on bite fork 4. Adjustment of stylus Secure mounting on articulator 1. Check for interpupillary line. 2.Check for camper's plane 3.Use of foxes' plane 1. Occlusal plane relation with corner of mouth. 2.Check for retromolar pad	20% 02	
4.	**Vertical jaw relation** **Phonetics**	Harmonious with the OVD as dictated by the existing occlusion.	30% 03	
5.	**Horizontal jaw relation**	**Confirmative approach:** Check the existing occlusal contacts	20%	

		Making Inter occlusal record **Reorganized approach:** Bimanual palpation Close in CR seal	02	
6.	**Final check**	Heels not touching Symmetrical occlusal rims Occlusal cant absent	10% 01	

RUBRICS FOR TRIAL

Sr.No.	Procedural Step	Recommended Guideline	Weightage (10 marks)	Score
1.	Patient preparation and explanation of procedure to the patient	Dental Unit preparation including barrier application and cross infection protocol Instrument Tray preparation Proper explanation of procedure Proper lighting for shade evaluation of tooth setup Face mirror for patient	1 (10%)	
2.	Wax pattern	No excess wax Follows the design marked on cast Extensions (buccal, labial, lingual)	1 (10%)	
3.	Lips apart	Midline in center of face and vermilion border Anterior plane parallel to eye pupils Upper teeth; correct length (incisal show) Adequate lip support maxilla and mandible) Lower teeth visibility along lower lip line Buccal corridor Incisal show Lower lip smile line parallel to upper occlusal plane	1 (10%)	
4.	Gagging	Correct posterior palatal seal position	1 (10%)	
5.	Occlusal Vertical Dimension	Facial profile and proportions Inter-arch space with swallowing, speaking	1 (10%)	
6.	Occlusion	Tooth contact identical to articulator Occlusal plane in harmony with natural dentition Tooth setup in harmony with natural dentition	1 (10%)	
7.	Smile	Visibility of anteriors and bicuspids Posterior occlusal plane at same level bilaterally Negative space Gingival display	1 (10%)	
8.	Speech	Phonics	1 (10%)	
9.	Swallowing	Patient subjective comfort Stability	1 (10%)	
10.	Esthetics	Tooth shade, shape, characterization Gingival characterization in harmony with natural dentition	1 (10%)	

RUBRICS FOR REMOVABLE PARTIAL DENTURE INSERTION

Parameters	Recommended Guidelines	Marks Allocated	Marks Obtained
1. Aesthetics a. Soft tissue support. b. Midline c. Tooth size, shape and colour d. Level of occlusal plane	○ Soft tissues should be adequately supported. ○ Midline should match the skeletal and dental midline. ○ Tooth size, shape and colour should be in harmony with the remaining natural teeth. ○ Denture teeth should follow the occlusal plane of natural teeth.	2.0 (20%) 0.5 0.5 0.5 0.5	
2. Denture Support	○ Denture should resist vertical displacement / movement of denture towards basal seat. ○ Denture base should extend adequately to cover the landmarks providing support.	1.0 (10%)	
3. Denture Retention	○ Denture should resist displacement away from the basal seat. ○ The clasps should seat properly in their planned positions. ○ The clasps should not impinge on the gingiva. ○ They should encircle the tooth more than 180°.	2.0 (20%)	
4. Denture Stability	○ It Should remain firm and steady resisting displacement by functional stresses and should not change position when forces are applied.	1.0 (10%)	

5. Denture Occlusion	○ It should follow the characteristics of patient's existing occlusion. ○ Occlusal adjustments should be carried out and remount procedure done if required.	1.0 (10%)	
6. Phonetics	○ Patient should be able to pronounce s, h, ch, sh, zh with clarity. ○ The sounds should not be muffled. ○ The following could be differentiated from each other b from p, m from n, s from z, f from v.	1.0 (10%)	
7. Instructions to the Patient a. Usage **b.** Hygiene	○ How to wear and remove the dentures. ○ Guidance about eating and speaking with the denture. ○ How to clean and store the dentures. ○ How to care for the dentures.	1.0 (10%) 0.5 0.5	
8. Patient perceived satisfaction	○ Patient's satisfaction with form, function and aesthetics.	1.0 (10 %)	

FINAL YEAR

CLINICAL RECORD

Paste Photo here

CERTIFICATE

It is certified that Mr. / Miss: _____

Son/ Daughter of: _____

Has completed _____ History and Examination Forms

Has completed _____ Number of Complete Dentures

Has completed _____ Number of Preclinical Crown Preparation

during the Prosthodontic Rotation in 4th Professional BDS From_____ to _____.

His/ Her performance during the Prosthodontic Rotation was Satisfactory/ non-satisfactory.

_____

Signature Head of Department

Instructions

- Each student must complete two history and examination forms in addition to the required quota of complete dentures.
- Each student must fabricate at least two credits of Complete Dentures for patients.
- Each student must complete one exercise for Anterior Porcelain fused to metal crown preparation on manikin teeth.
- Each student must complete one exercise for Posterior Porcelain fused to metal crown preparation on manikin teeth.
- Students must have all the required instruments during the rotation days.
- Students will be allotted patients only, if they possess the required instruments.
- Students must get all quota signed on the same day by their respective supervisors.
- **There will be no signature on back date.**
- Students must get their forms countersigned by Head of Department.
- There will be viva at the end of rotation which will have weightage in internal assessment.
- Rubrics for all clinical procedures are included in the end in appendices.

Recommended Books Lists

For Complete Dentures:

- Prosthodontic Treatment For Edentulous Patients By Zarb 13th Ed
- Essentials of Complete Denture Prosthodontics By Sheldon and Winkler 3rd Ed

For Removable Partial Dentures:

- Removable Partial Prosthodontics By Mc Crackens 13th Ed
- Removable Partial Prosthodontics By Grasso and Miller 2nd Ed

For Crown and Bridge

- Contemporary Fixed Prosthodontics By Stephen F. Rosenstiel 5th Ed

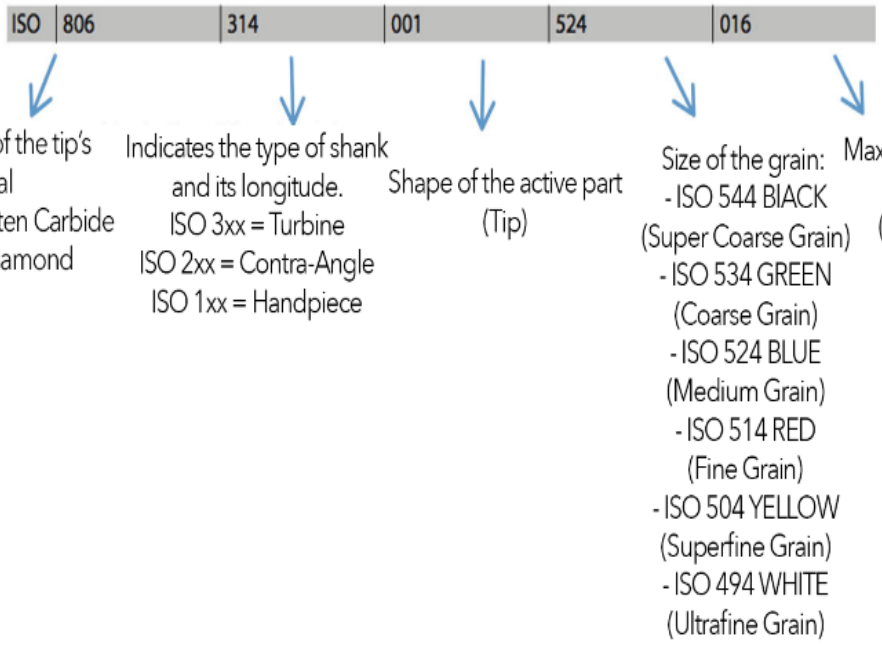
Instruments List

1. **Wax Knife**
2. **Wax carver**
3. **Glass slab**
4. **Spirit lamp**
5. **Bowl**
6. **Spatula**
7. **Semi adjustable Articulator**
8. **Indelible pencil**
9. **Scale**
10. **Surgical blade and scalpel**
11. **Impression trays for edentulous and dentate patients**
12. **Contra angle high speed headpiece**
13. **Crown preparation burs kit**
    1. Round ended tapering diamonds
    2. Flat end tapering diamond bur
    3. Needle bur
    4. Football or wheel shaped diamonds

5. Finishing diamond tapering bur

Description	Shape	ISO
Round End Taper	849, 850, 850L, 855, 855L, 856, 856L	196, 197, 198, 199
Needle	852, 858, 859, 859L, 889	160, 170, 171, 172, 173, 198, 199
Egg/Football	368, 369, 379	243, 257, 277
Flat End Taper	845, 846, 847, 848	169, 170, 171, 172, 173
End Cutting	839, 840	150

Finishing diamond tapering bur	806	504



Students Annual Record 4th Professional BDS

1	Class Attendance	
2	Clinical Attendance	
3	Presentation Grade	
4	Presentation hard copy	
5	Number of Complete Dentures fabricated.	
6	Number of manikin teeth prepared for Porcelain Fused to Metal Crowns	
7	Number of Tasks completed regarding Removable cast partial dentures designing and fabrication	
8	Clinical Viva Marks	
9	Class Test Marks	

General Remarks

_____

_____

_____:_____

CLINICAL ACTIVITIES RECORD

History Taking And Clinical Examination Of Edentulous Patients

Patient no:		**Telephone no:**	
Patient name:		**Gender:**	
Age:		**Occupation:**	
Address:			

Chief Complaint (What is your Problem and why do you seek treatment)?_____

History Of Present Illness: _____

_____

Evaluation of Systemic Status/ General Health:

1. **General Constitution**

Robust	
Average	
Frail	

2. **Past medical History**

   a. Any Major Illness?

Diabetes		**Epilepsy**	

Tuberculosis		**Neurological disorders**	
Jaundice		**Radiotherapy**	
Anemia		**Hospitalization**	
Asthma		**Surgery**	
Palsy		**Blood transfusion**	
Bleeding Disorders		**Others**	
Cardiovascular disease			

3.Medications:_____

Dental History:_____

_____

_____

Personal History:

1. **Oral hygiene:**

Methods	
Frequency	

2. **Habits:**

Smoking	
Pan	
Tobacco Chewing	
Betel Nut	

Alcohol	
Clenching	
Bruxism	
Any Other	

Socio-psychological status:

Family Status	
Education Status	

Extra Oral Examination Findings:

Frontal face form	Ovoid		Tapering		Squarish	
Profile	Orthognathic		Prognathic		Retrognathic	
Lips	Thick		Average		Thin	
Lip Length	Short		Average		Long	
Lip support	Adequate		Inadequate			
Lymph nodes	Cervical	Periauricular	Mastoid	Submandibular	Submental	sublingual
Muscle tone	Normal		Flabby		Spastic	
Muscles of mastication	Normal		Hypertrophied			
Temporomandibular joint	Normal		Pain or tenderness		Clicking	
Mouth opening	Normal (------- mm)		Deviated		Restricted (----- mm)	
Eyes	Brown	Blue	Green	Gray		

Hair	Brown	Black	Gray	White	
Wrinkles	Due to age		Due to loss of OVD		
Speech	Normal		Affected		
Mandibular Movements	Protrusive	Coordinate	Un Coordinated	L Lateral	R Lateral
Any other finding					

Intraoral Examination:

Evaluation of residual ridge

Arch Form	Maxillary	U shaped	V shaped	Combination	Square
	Mandibular	U shaped	V shaped	Combination	Square

Residual Ridge Form

Maxillary ridge form	High Well Rounded		Low Well Rounded		Knife Edge		Flat		Depressed	
	Anterior	Posterior	Anterior	Posterior	Anterior	Posterior	Anterior	Posterior	Anterior	posterior
Mandibular Ridge Form	High Well Rounded		Low Well Rounded		Knife Edge		Flat		Depressed	
	Anterior	Posterior	Anterior	Posterior	Anterior	Posterior	Anterior	Posterior	Anterior	Posterior

Ridge relationship	Orthognathic	Prognathic	Retrognathic	Cross Arch
Interarch Distance:	(Normal 16-20mm)	Adequate	Inadequate	Excessive

Undercut location	Maxillary		Mandibular			
	Anterior	Posterior	Anterior lingual	Posterior lingual	Anterior labial	Posterior buccal

Bony irregularities location	
Retained root pieces	

Mucosa	**Well keratinized**	**Smooth**	**Firm**	**Loose**	**Abnormal**
	Resilient	**Hard unyielding**	**Inflamed**	**Hyperplastic**	**Dysplastic**
Lip Mucosa	Normal		Abnormal		
Buccal Mucosa	Normal		Abnormal		

Other Mucosal Abnormalities: _____

Maxillary Tuberosity	**Normal**	**Enlarged**	**Pedenculous**

Tongue

Size	Normal	Hypertrophic	Atrophic
Gag reflex	Normal	Exaggerated	
Mucosa	Normal	Abnormal	

Saliva

Quality	Serous or Thin	Mucous or Thick	Mixed

Quantity	Scanty	Abundant	Normal

Floor of the mouth

Lingual Frenum	Normal	Prominent	Absent	Tongue –tie
Genial tubercles	Absent		Prominent	
Plica	Not seen		Prominent	

Palate:

Incisive papilla:	Normal		Prominent
Rugae	Normal		Prominent
Mucosa	Normal		Prominent
Compressibility	Lateral area	Rigid	Compressible
	Median area	Rigid	Compressible
Palatal Vault	V-Shaped	U- shaped	Flat
Junction of the soft and hard palate	Class I	Class II	Class III
Posterior palatal seal	Class I	Class II	Class III

Frenal Attachment:	**Maxillary**	**Mandibular**
Number		
Normal		
Broad		
Prominent freni		
Close to crest		

Vestibule	Upper labial	Deep	Shallow

	Upper buccal	Deep	Shallow
	Lower labial	Deep	Shallow
	Lower buccal	Deep	Shallow

Ridge Resorption	**Maxillary**	**Mandibular**
	Mild	Mild
	Moderate	Moderate
	Severe	Severe

Retro mylohyoid space:	**Small**	**Medium**	**Large**

Observation of any other finding:

a. Cleanliness_____	
b. Vertical dimension of occlusion_____	
c. Centric relation_____	
d. Stability_____	
e. Retention _____	
f. Esthetics_____	
g. Phonetics_____	
h. Phonetics_____	
i. Existing of denture base_____	

j. Condition of denture base_____	
k. Condition of denture teeth_____	

Remarks on the Existing Denture and their Supporting Tissues:

Denture bearing areas	Normal	Abused	Denture Induced Stomatitis
Corners of the mouth	Normal	Angular Cheilitis	
Vestibular areas	Normal	Irritated	Denture Fissuratum

I Investigations:

A. Radiographs:

_____ **Pre Op Radiographs**

_____ **Post Op Radiographs**

B. Diagnostic

C.Casts: _____

D.Any Other Investigative Measure Taken_____

Problem List: _____

_____

_____

Expected Prognosis: _____

_____

_____

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Treatment Plan:_____

_____

_____

S. No	Step	Material	Date	Signature
1	Primary Impression Upper Lower			
2	Diagnostic/ Primary cast preparation			
3	Custom tray fabrication			
4	Secondary impression Upper Lower			
5	Preparation of cast			
6	Preparation of wax occlusion rims			
7	Jaw relation recording			
8	Articulation			
9	Wax up and teeth set up			
10	Try in and verification of jaw relation record			
11	Preparation of mould, wax elimination and processing			
12	Denture finishing and polishing			
13	Insertion			
14	Recall checking			

Self-Reflections about the task (How the task performed, What deficiencies still left and How you can improve in future?:

_____

_____

_____

_____ _____

Pre Op Picture **Post Op Picture**

Accomplishment: Satisfactory/ Unsatisfactory:

Demonstrating Staff Signatures:_____

Faculty In charge Signatures: _____ **HOD Signature: _____**

RUBRICS FOR EVALUATION OF COMPLETE DENTURE

RUBRICS FOR HISTORY AND CLINICAL EXAMINATION

Sr No.	Procedural Step	Recommended guidelines	Weightage (10)	Score
9.	**Affective domain** Introduction Privacy Communication skills Material and instrument handling	Greet the patient in professional manner Introduce yourself to patient Before history taking ensure privacy Informed consent Develop professional rapport with patient Listen to your patient Maintain eye contact Talk in language understandable by patient Careful handling of material Infection control	1 (10%)	
10.	**Presenting complaint**	Ask presenting complaint History of presenting complaint Make written record	1 (10%)	
11.	**Medical history**	Systemic illness Medications	1 (10%)	
12.	**Dental history**	Past dental experience	1 (10%)	

13.	**Oral hygiene habits**	Frequency of brushing Method of cleaning teeth	1 (10%)	
14.	**Extra-oral examination**	• Face profile • Face form • TMJ • Smile • Lip length • Lip competency • RVD	1 (10%)	
15.	**Intra-oral examination**	• Hard tissue • Soft tissues • Teeth • Tongue form • Soft palate • Hard palate • Tori • Mucosa	1 (10%)	
16.	**Dental analysis**	• Number of teeth present/ missing • Restorations • Caries • Periodontal status(probing) • Signs of wear • Malocclusion	1 (10%)	
17.	**Proper Investigations**	• Radiographs • Diagnostic cast • Periodontal charting	1 (10%)	
18.	**Diagnosis and treatment options**	Definitive diagnosis Treatment options	1 (10 %)	

RUBRICS FOR PRIMARY IMPRESSION

MAXILLA

S.No.	Procedural step	Recommended guidelines	Weightage	Remarks
1.	**Patient preparation and explanation of procedure to the patient**	Dental unit preparation including barrier application and cross infection control Instrument tray preparation Proper explanation of the procedure and material used to capture the impression	01 (10%)	
2.	**Position of the patient**	For upper impression… Upright position	0.5 (5%)	
3.	**Selection of appropriate material**	Selection of the material according to anatomy/ state of the edentulous mouth	01 (10%)	
4.	**Selection of appropriate Tray**	Impression tray must cover all supporting and peripheral structures	01 (10%)	
5.	**Selection of appropriate Technique**	Selection of the technique according to anatomy/ state of the edentulous mouth	0.5 (5%)	
6.	**Manipulation of the material**	Mixing of the material according to recommended water/powder ratio (Alginate), Proper temperature of the water used for tempering (Impression compound)	01 (10%)	

7.	**loading and proper insertion of impression tray**	loading of the tray up to appropriate quantity, insertion of the tray with minimal trauma to the tissues, Proper positioning	02 (20%)	
8.	**Recording of the desired anatomy in impression** **Upper impression** **Lower impression**	Impression must cover all the supporting and peripheral structures, free of voids and nodules No tray show through Rounded borders No unsupported material/ knife edge	02 (20%)	
9.	**Disinfection**	Wash impression with water Disinfect using appropriate disinfectant Placement in airtight container/ pouch	01 (10%)	

RUBRICS FOR PRIMARY IMPRESSION MANDIBLE

S.No.	Procedural step	Recommended guidelines	Weightage	Remarks
10.	**Patient preparation and explanation of procedure to the patient**	Dental unit preparation including barrier application and cross infection control Instrument tray preparation Proper explanation of the procedure and material used to capture the impression	01 (10%)	
11.	**Position of the patient**	For lower impression… Semi-supine (45 Degrees)	0.5 (5%)	
12.	**Selection of appropriate material**	Selection of the material according to anatomy/ state of the edentulous mouth	01 (10%)	
13.	**Selection of appropriate Tray**	Impression tray must cover all supporting and peripheral structures	01 (10%)	
14.	**Selection of appropriate Technique**	Selection of the technique according to anatomy/ state of the edentulous mouth	0.5 (5%)	
15.	**Manipulation of the material**	Mixing of the material according to recommended water/powder ratio (Alginate), Proper temperature of the water used for tempering (Impression compound)	01 (10%)	

16.	**loading and proper insertion of impression tray**	loading of the tray up to appropriate quantity, insertion of the tray with minimal trauma to the tissues, Proper positioning	02 (20%)	
17.	**Recording of the desired anatomy in impression** **Upper impression** **Lower impression**	Impression must cover all the supporting and peripheral structures, free of voids and nodules No tray show through Rounded borders No unsupported material/ knife edge	02 (20%)	
18.	**Disinfection**	Wash impression with water Disinfect using appropriate disinfectant Placement in airtight container/ pouch	01 (10%)	

RUBRICS FOR SECONDARY IMPRESSION MAXILLA

Sr.NO.	Procedural step	Recommended guideline	Weightage	Remarks
1	**Patient Preparation and explanation of the procedure to the patient**	4. Dental unit preparation (barriers and cross infection control) 5. Instrument tray preparation 6. Explain procedure	5 % (0.5)	
2	**Special tray**	1. Proper positioning 2. Fit 3. Comfort 4. Extension-limiting structures	5% (0.5)	
3	**Material selection**	Low fusing impression compound	5% (0.5)	
4	**Material manipulation**	1. Rotate on flame evenly 2. Apply in increments 3. Flow adequate 4. Temper in water 5. Positioning of tray	5% (0.5)	
5	**Border Molding / Functional movement**	1. Labial frenum-V shaped 2. Labial vestibule-extent 3. Buccal frenum 4. Buccal Vestibule-extent 5. Hamular notch	20% (2)	
6	**Posterior Palatal seal**	Identification – method Movement	5% (0.5)	

7	**Final check**	1. Borders rounded 2. No tray show through 3. Smooth 4. No burnt out borders 5. Extension in height and width 6. Even distribution 7. Retention	5% (0.5)	
8	**Wash Impression material selection**	Zinc oxide Eugenol paste	5% (0.5)	
9	**Material manipulation**	1. Equal lengths of base and catalyst dispensed 2. Spatulation in horizontal direction 3. Material thoroughly mixed 4. No color streaks in mixed material 5. Material loading	10% (1)	
10	**Impression taking**	1. Ensure tray positioning 2. Well adapted 3. Remove tray when material completely set	20% (2)	
11	**Final check**	1. Even distribution of material 2. No bubbles 3. No tray show through 4. No unsupported material	10% (1)	
12	**Disinfection**	1. Wash impression with water 2. Disinfect using appropriate material 3. Sealing of tray in pouch	5% (0.5)	

UBRICS FOR SECONDARY IMPRESSION MANDIBLE

Sr.No.	Procedural step	Recommended guideline	Weightage	Score / remarks
1	**Patient Preparation and explanation of the procedure to the patient**	7. Dental unit preparation (barriers and cross infection control) 8. Instrument tray preparation 9. Explain procedure	5 % (0.5)	
2	**Special tray**	5. Proper positioning 6. Fit 7. Comfort 8. Extension-limiting structures	5% (0.5)	
3	**Material selection**	Low fusing impression compound	5% (0.5)	
4	**Material manipulation**	6. Rotate on flame evenly 7. Apply in increments 8. Flow adequate 9. Temper in water 10. Positioning of tray	5% (0.5)	
5	**Border Molding / Functional movement**	8. Labial vestibule 9. Buccal vestibule 10. Buccal shelf 11. Masseteric notch 12. Retromylohyoid fossa 13. Lingual border anterior 14. Lingual border	20% (2)	
6	**Retro molar pad**	Identification – method	5% (0.5)	
7	**Final check**	8. Borders rounded 9. No tray show through 10. Smooth finish 11. No burnt out borders 12. Extension in height and width 13. Even distribution 14. Retention	5% (0.5)	

8	**Wash Impression material selection**	Zinc oxide Eugenol paste	5% (0.5)	
9	**Material manipulation**	2. Equal lengths of base and catalyst dispensed 3. Spatulation in horizontal direction 4. Material thoroughly mixed 5. No color streaks in mixed material 6. Material loading	10% (1)	
10	**Impression taking**	4. Ensure tray positioning 5. Well adapted 6. Remove tray when material completely set	20% (2)	
11	**Final check**	5. Even distribution of material 6. No bubbles 7. No tray show through 8. No unsupported material/knife edges	10% (1)	
12	**Disinfection**	4. Wash impression with water 5. Disinfect using appropriate material 6. Sealing of tray in pouch	5% (0.5)	

PARAMETERS FOR RECORDING JAW RELATIONS

S.No.	Procedural step	Recommended guidelines	Weightage	Remarks
1.	**Patient preparation and explanation of procedure to the patient**	1.Dental unit preparation including barrier application and cross infection control 2.Instrument tray preparation 3.Proper explanation of the procedure and material used to capture the impression	01 10%	
2.	**Jaw relation** **Appropriate occlusal rims**	1.Orientation jaw relation 2.Vertical jaw relation 3.Horizontal jaw relation Properly contoured maxillary occlusal rim is inserted in patient's mouth and access; Height: anterior- 20-22mm Posterior: 17-18mm Width anterior: 5mm Posterior: 8-10mm Lip support Visibility of the rim in Incisal position: 1mm1 below relaxed lip Nasolabial angle: 90°	01 10%	
3.	**ORIENTATION RECORD** **Facebow Record**	1.Secure attachment of facebow 2.Secure location of orbital pointer 3. Even contact of teeth on bite fork 4. Adjustment of stylus Secure mounting on articulator 1. Check for interpupillary line.	02 20%	

	Orientation of occlusal plane **Maxilla** **Mandible**	2.Check for camper's plane 3.Use of foxes' plane 1. Occlusal plane relation with corner of mouth. 2.Check for retromolar pad		
4.	**Vertical jaw relation** **Phonetics**	**Mechanical methods:** Patient position Facial measurements Profile Willi's method **Physiologic methods:** Physiological rest position Occlusal vertical dimension Phonetics Swallowing threshold Tactile sense Patient perceived comfort Occlusal rims Ask the patient to wet the upper lip with the tip of the tongue 2.Ask the patient to say "S" sound	03 30%	
5.	**Horizontal jaw relation**	1.Bimanual manipulation 2.Closure in CR 3. Seal	02 20%	
6.	**Final check**	Heels not touching Symmetrical occlusal rims Occlusal cant absent Adequate freeway space	01 10%	

RUBRICS FOR COMPLETE DENTURE AT INSERTION

Parameters	Recommended Guidelines	Marks Allocated	Weightage %	Marks Obtained
1. Aesthetics a. Lip Support/ Cheek Support b. Incisal Show / Level of Occlusal plane c. Midline d. Tooth shade and shape	➢ Lips and cheek should be adequately supported. Should not be under or over supported. ➢ Presence of buccal corridor should be observed. ➢ Incisors should be 1-2mm below relaxed lip. ➢ Should follow the guidelines of curve of spee and Wilson and the anatomical landmark guidelines (retromolar pad, tuberosity). ➢ The dental midline should coincide with the labial frenum and Incisive papilla landmarks. ➢ Teeth should match the patient's skin color and color of adjacent teeth. ➢ Tooth shape be according to the face form and arch form.	1.5 (0.5) (0.5) (0.25) (0.25)	15 %	
2. Denture Support	➢ Denture should resist vertical displacement / movement of denture towards basal seat. ➢ Denture base should adequately cover the landmarks providing support.	1.0	10%	

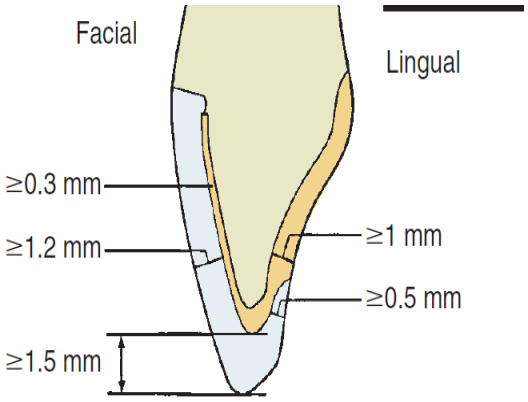
3. Denture Retention	➢ Denture should resist displacement away from the basal seat. ➢ Should resist withdrawal from its planned position in the mouth.	1.5	15%	
4. Denture Stability	➢ It Should remain firm and steady resisting displacement by functional stresses and should not change position when forces are applied.	1.5	15%	
5. Denture Occlusion	➢ It should follow the characteristics of occlusal scheme chosen (bilateral balanced, monoplane, lingualized) ➢ Occlusal adjustments should be carried and remount procedure if required.	1.5	15%	
6. Phonetics	➢ Patient should be able to pronounce s, h, ch, sh, zh. ➢ The sounds should not be muffled. ➢ The following could be differentiated from each other b from p, m from n, s from z, f from v.	1.0	10%	
7. Instructions to the Patient c. Usage d. Hygiene	➢ How to wear and remove the dentures. ➢ Guidance about eating and speaking with the denture. ➢ Guidance about positively using muscle control for retaining dentures. ➢ How to clean and store the dentures. ➢ How to care for the dentures.	1.0 (0.5) (0.5)	10%	
8. Patient perceived Satisfaction.	➢ Patient's satisfaction with form, function and aesthetics.	1.0	10%	

PARAMETERS FOR FIXED PROSTHODONTICS EVALUATION

METAL CERAMIC CROWN Evaluation Criteria

Anterior teeth

Sr.No	PROCEDURAL STEP	RECOMMENDED GUIDELINE	WEIGHT AGE	SCORE / REMARKS
1	**Putty Index**	1. Putty index properly covering tooth planned for preparation and one adjacent mesial and one adjacent distal tooth	**5% (0.5)**	
2	**Depth grooves**	1. Appropriate depth grooves of given, three depth grooves placed in two planes of 1.2mm on facial/labial side. 2. Cervical portion grooves parallels the long axis of tooth 3. Incisal portion grooves follows normal facial contour 4. Three depth groves of 1.8mm on incisal aspect	**5% (0.5)**	
3	**Incisal reduction**	6. Appropriate clearance of 2mm.	**5% (0.5)**	
4	**Labial reduction**	1. Smooth reduction in 2 planes, shoulder margin at cervical margin	**20% (2)**	
5	**Proximal reduction**	8. Shoulder margin must extend 1mm lingual to proximal contact area 9. A taper of 6 degree 10. Smooth reduction following the cervical curvature	**20% (2)**	
6	**Palatal reduction**	1. Lingual alignment grooves of 1mm parallel to cervical plane 2. Chamfer margin 3. Football shaped bur used for lingual reduction	**20% (2)**	

7	**Final finishing**	6. All line angles rounded and smooth preparation checked with perio probe and explorer 7. Incisal clearance of 2mm 8. Shoulder margin at facial aspect 9. Chamfer margin of 0.5mm at lingual aspect 10. No unsupported tooth structure 11. No undercut 12. 6 degree taper 13. Facial margin extended subgingivally 14. Overall reduction follows the normal anatomy of the tooth. 15. Final cutting checked with putty index and measured with perio probe 	**20% (2)**	

Instruments:

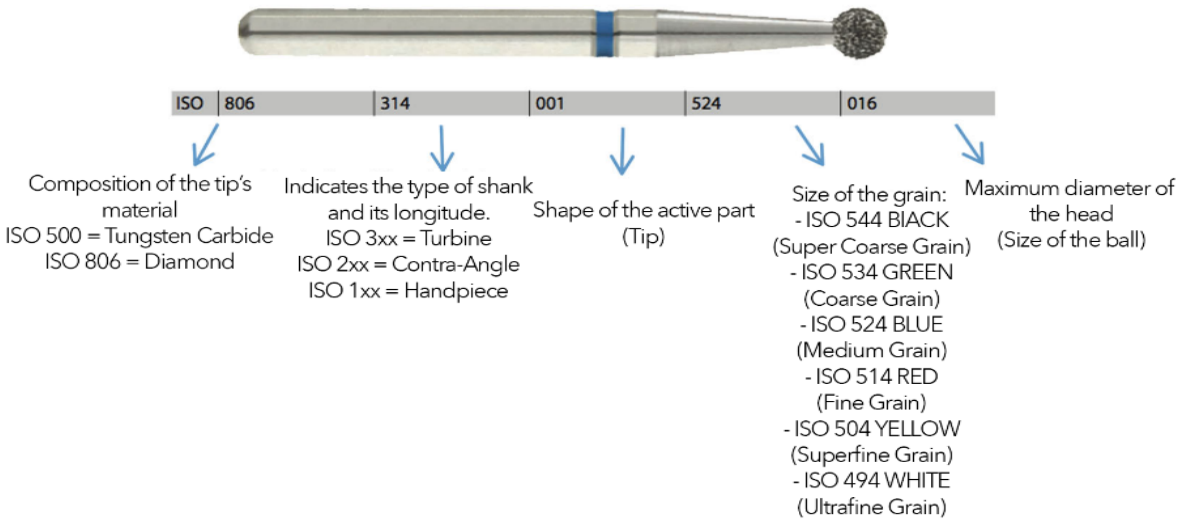
3. Round ended tapering diamonds
4. Flat end tapering diamond bur
5. Needle bur
6. Football or wheel shaped diamonds

7. Explorer and periodontal probe.

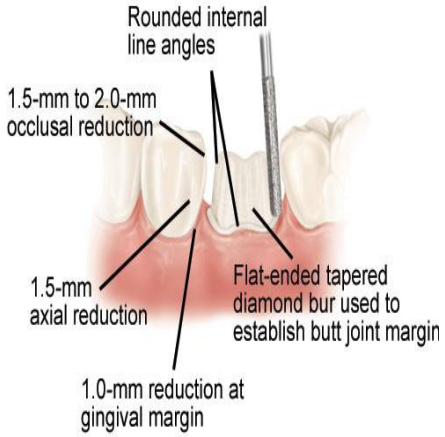
8. Finishing diamond tapering bur

Description	Shape	ISO
Round End Taper	849, 850, 850L, 855, 855L, 856, 856L	196, 197, 198, 199
Needle	852, 858, 859, 859L, 889	160, 170, 171, 172, 173, 198, 199
Egg/Football	368, 369, 379	243, 257, 277
Flat End Taper	845, 846, 847, 848	169, 170, 171, 172, 173
End Cutting	839, 840	150

Finishing diamond tapering bur	806	504



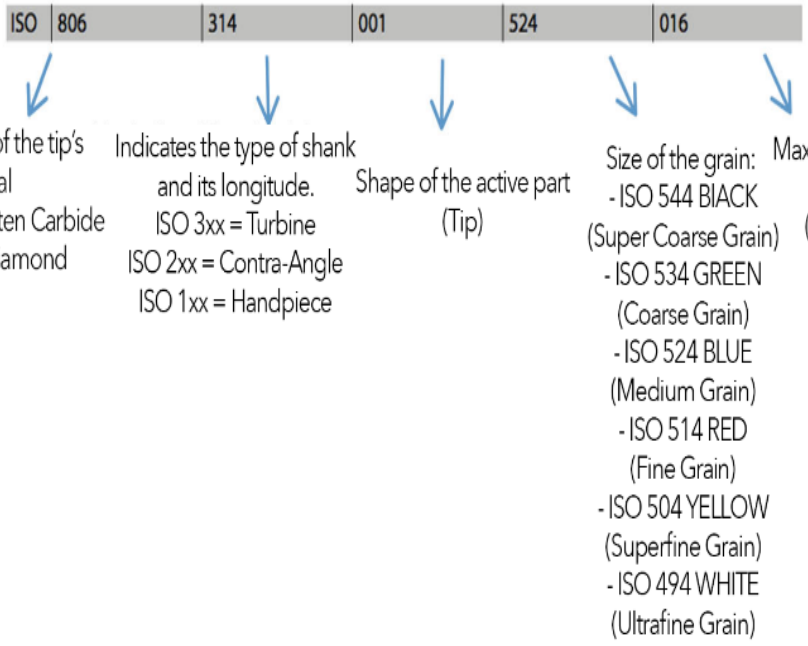
Sr.No.	PROCEDURAL STEP	RECOMMENDED GUIDELINE	WEIGHTAGE	SCORE / REMARKS
1	**Putty index**	10. Putty index properly covering tooth planned for preparation and one adjacent mesial and one adjacent distal tooth	**5 % (0.5)**	
2	**Depth grooves**	1 Appropriate depth grooves of given, two depth grooves placed in two planes, one above the height of contour and other below the height of contour on buccal/palatal side. 2.Three depth groves of 1.8mm on occlusal aspect	**5% (0.5)**	
3	**Occlusal reduction**	7. Clearance of 2mm and follows cuspal inclination 8. 0.5 mm extra reduction on the functional cusp	**5% (0.5)**	
4	**Buccal reduction**	2. Smooth reduction in 2 planes, shoulder margin at cervical margin	**20% (2)**	
5	**Axial reduction**	11. Shoulder margin must be 2 mm for the PFM crown 12. A taper of 6 degree 13. Smooth reduction following the cervical curvature	**20% (2)**	
6	**Lingual reduction/Palatal Reduction**	4. Uniform 2 mm reduction with a chamfer margin	**20% (2)**	

7.	**Final finishing**	16. All line angles rounded and smooth preparation checked with perio probe and explorer 17. Occlusal clearance of 2mm 18. Functional cusp bevel 19. No unsupported tooth structure 20. No undercut 21. 6 degree taper  	**20% (2)**	

Instruments:

9. Round ended tapering diamonds
10. Flat end tapering diamond bur
11. Needle bur
12. Football or wheel shaped diamonds
13. Explorer and periodontal probe.
14. Finishing diamond tapering bur

Description	Shape	ISO
Round End Taper	849, 850, 850L, 855, 855L, 856, 856L	196, 197, 198, 199
Egg/Football	368, 369, 379	243, 257, 277
Flat End Taper	845, 846, 847, 848	169, 170, 171, 172, 173
End Cutting	839, 840	150



Affective Domain

	Grade	Supervisor Signature
Presentation		
Behavior		
Punctuality		

Self-Reflections about his/her own Punctuality (What's the benefit of being Punctual in your work, What's the cause of getting late and how you can u improve it in future?):

_____

_____

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_____

_____

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_____

Supervisor Comments_____

_____

_____

Co-Curricular Activities During House Job Rotation In Prosthodontics

This student has participated in the following Co-Curricular Activities:

Research Project conducted, If Yes specify the Title_____

_____

_____

Attended Conference: If Yes, was the conference National/ International?

Specify the Conference Theme with date and venue_____

_____

_____

Presented Table Clinic: If Yes specify the Title with date and venue of Presentation_____

_____

Poster Presented: If Yes specify the Title with date and venue of presentation_____

_____

Self-Reflections about the participation in any or all of the above Co-Curricular Activities, (even if not participated in any such activity, kindly explain your point of view regarding lack participation)

_____

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_____

_____

Supervisor's Signatures and Comments (If Any): _____

_____

OVER ALL GRADING AT THE END OF PROSTHODONTIC ROTATION DURING HOUSE JOB

OVER ALL A Grades Awarded: _____ Equivalent to _____ Marks

OVER ALL B Grades Awarded: _____ Equivalent to _____ Marks

OVER ALL C Grades Awarded: _____ Equivalent to _____ Marks

OVER ALL D Grades Awarded: _____ Equivalent to _____ Marks

OVER ALL E Grades Awarded: _____ Equivalent to _____ Marks

OVER ALL MARKS OBTAINED: _____

OVER ALL PERFORMANCE DURING ROTATION AT PROSTHODONTIC WARD: _____

MARKING FORMULA APPLIED:

- *Very poor work will be awarded E and will get 1mark.*
- Poor work will be awarded D and will get 2 marks
- Satisfactory work will be awarded C and will get 3 marks
- Good work will be awarded B and will get 4 marks
- Excellent work will be awarded and will get 5marks

OVER ALL FORMULA TO AWARD GRADE:

- Performance will be considered Excellent who over all obtain marks ≥ 130
- Performance will be considered Good who over all obtain marks between 129-90
- Performance will be considered Satisfactory who over all obtain marks between89-70
- Who's over all aggregate is less than 70 marks at the end of ward rotation will repeat the rotation until aggregate reach to the satisfactory level.

Essential Note:

Students are directed to keep this portfolio neat and up to date.

This Portfolio reflects their three years clinical performance in the subject of Prosthodontics covering the necessary knowledge, skills and attitude.

This Portfolio will be considered in their promotion examinations, their selection at any position like Lecturer, post graduate student and issuance of recommendation letters / testimonials / feedbacks regarding their performance in any case demanded by other National and International Institutions.