SAUDI BOARD RESIDENCY TRAINING PROGRAM
ORTHODONTICS
Final Written Examination 2019

Examination Format:

1. A Saudi board final specialty written examination shall consist of two papers each with 100-125 SBA MCQs. Ten unscored items can be added for pretesting purposes.

2. If any other assessment format is used, the CAC must agree to its implementation (for example Short Answer Question (SAQ) or Modified Essay Question (MEQ) formats).

Passing Score:
The passing score is 70%. However, if the percentage of candidates passing the examination before final approval is less than 70%, the passing score must be lowered by one mark at a time aiming at achieving 70% passing rate or 65% passing score whichever comes first. Under no circumstances can the passing score be reduced below 65%.

Suggested Reading List for Final Written Examination 2019:
This reading list is generated to provide the fifth-year residents in the Saudi Board of Orthodontics and craniofacial Orthopedic with a source of knowledge in preparation for the didactic component of the Final Examination. It is intended to remind the residents with several key-articles in orthodontics and to give them a broad perspective on selected orthodontic topics. The Examination Committee of the SBO would like to emphasize that this list should not serve as a single preparatory source for the Final Examination and other literature and textbooks are recommended in addition to the suggested references. Questions of the Final Examination may or may not be based on the suggested reading list and no single reference in the suggested reading list contains the indisputable answer to any of the questions.
TEXT BOOKS:

4. Several articles as illustrated in the blueprint “attached examples”.

LITERATURE:

Growth and development:


Orthodontic Diagnosis and Treatment Planning:


Growth Modification:

Treatment Modalities:

Retention and Stability:


Comprehensive Treatment in Adolescents and Preadolescent:


Adult Orthodontics:


Clinical Orthodontics:


Dentofacial Deformity:


Biomechanics and Contemporary Orthodontic Appliance:


Professionalism and Ethics:

1. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaith MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.

**Note:**
This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.

**Blueprint Outlines:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Sections</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Growth and Development</td>
<td>7%</td>
</tr>
<tr>
<td>2</td>
<td>Orthodontic Diagnosis and Treatment Planning</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>Growth Modification</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>Treatment Modalities</td>
<td>15%</td>
</tr>
<tr>
<td>5</td>
<td>Retention and Stability</td>
<td>5%</td>
</tr>
<tr>
<td>6</td>
<td>Comprehensive Treatment in Adolescents and Preadolescent</td>
<td>12%</td>
</tr>
<tr>
<td>7</td>
<td>Adult Orthodontics</td>
<td>10%</td>
</tr>
<tr>
<td>8</td>
<td>Clinical Orthodontics</td>
<td>7%</td>
</tr>
<tr>
<td>9</td>
<td>Dentofacial Deformity</td>
<td>3%</td>
</tr>
<tr>
<td>10</td>
<td>Biomechanics and Contemporary Orthodontic Appliance</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Research, Ethics and Professionalism and Patient Safety**

| Total | 100% |

**Note:**
Blueprint distributions of the examination may differ up to +/-3% in each category.

**1- Growth and Development:**
2. The nature of skeletal growth, sites and types of growth in the craniofacial complex, social and behavioral development
3. Specific causes of malocclusion, genetic influences, environmental influences, etiology in contemporary perspective
4. Late fetal development and birth, infancy and early childhood: the primary dentition years, late childhood: the mixed dentition years

5. Later stages of development: adolescence: the early permanent dentition years, growth patterns in the dentofacial complex, maturational and aging changes

2- Orthodontic Diagnosis and treatment Planning:
1. Examination and data collection, record analysis, interpretation and diagnosis of orthodontic problems
2. Treatment planning concepts and goals, and planning comprehensive orthodontic treatment,
3. Treatment planning in special circumstances.

3- Growth Modification:
1. Treatment of Skeletal Transverse and Class III Problems
2. Growth Modification in the Transverse Plane of Space
4. Combined Vertical and Anteroposterior Problems, Facial Asymmetry in Children,

4- Treatment Modalities:
1- Transverse, vertical problems, and Bimaxillary Protrusion
2- Ectopic maxillary Canines
3- Inter-displinary Approach
4- Temporomandibular Disorder
5- Principles of occlusion
6- Root resorption

5- Retention and Stability:
1. Finishing
2. Adjustment of Individual Tooth Positions, Correction of Vertical Incisor Relationships,
3. Final “Settling” of Teeth, Positioners for Finishing
4. Special Finishing Procedures to Avoid Relapse, Micro-Esthetic Procedures
5. Types of retainers:
   - Removable Retainers
   - Fixed Retainers
   - Active Retainers
6- **Comprehensive Treatment in Adolescents and Preadolescent:**

1- Moderate Non-skeletal Problems in Preadolescent Children: Preventive and Interceptive Treatment in Family Practice, Orthodontic Triage: Distinguishing Moderate from Complex Treatment

2- Management of Occlusal Relationship Problems, Management of Eruption Problems

3- Space Analysis: Quantification of Space Problems, Treatment of Space Problems

4- Complex Non-skeletal Problems in Preadolescent Children: Preventive and Interceptive Treatment, Eruption Problems, Traumatic Displacement of Teeth, Space-Related Problems,

5- Alignment and Vertical Problems Class I Crowding/Protrusion, Leveling, Space Closure and Class II/Class III Correction

6- Space Closure in Incisor Protrusion Problems, Class II Correction in Adolescents, Class III Camouflage

7- **Adult Orthodontics:**

1- Adjunctive Versus Comprehensive Treatment

2- Adjunctive Treatment principles and Procedures

3- Comprehensive Treatment in Adults

4- Development of Orthognathic Surgery,

   Contemporary Surgical Techniques

5- Special Considerations in Planning Surgical Treatment, Putting Surgical and Orthodontic Treatment together

6- The Borderline Patient: Camouflage Versus Surgery

8- **Clinical orthodontics:**

1- Medically Compromised Patients management

2- Trauma management

3- Medical disorders and orthodontics, Drugs effect on orthodontic treatment.

9- **Dentofacial Deformity:**

1- Syndromes with oral manifestation etiology, risk factors.

2- Classification and management of dentofacial deformity
10- **Biomechanics and Contemporary Orthodontic Appliance:**

1- The Biologic Basis of Orthodontic Therapy, Periodontal and Bone Response to Normal Function, and to Sustained Forces

2- Anchorage and Anchorage Control, Determinate Versus Indeterminate Force Systems

3- Deleterious Effects of Orthodontic Force.

4- Mechanical Principles in Orthodontic Force Control

5- Elastic Materials and the Production of Orthodontic Force

6- Design Factors in Orthodontic Appliances (Removable and Fixed appliances), Mechanical Aspects of Anchorage Control, Determinate Versus Indeterminate Force Systems

11- **Ethics, Professionalism and Patient safety, Research**
Example Questions

EXAMPLE OF K2 QUESTIONS

Question 1

A Case presented in the Dental Clinic post orthodontic treatment complaining from relapse in anterior incisors region (see image).

Which of the following is the most common contributing factor?

A. Mandibular plane angle increases during treatment
B. Over expanded inter canine width during treatment
C. Increase in lower facial height (LAFH) during treatment
D. No correlation between any variables studied and mandibular irregularity

EXAMPLE OF K1

Question 2

Which of the following is the role of the steroid in obstructive sleep apnea treatment?

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