

Treatment Planning Board (TPB)

Taking a patient to Treatment Planning Board is one of the most educational experiences in dental school. Stressful, yes, but very educational. The key is preparing for it correctly by first, carefully reading the sample cases and guidance as well as doing research on all aspects of the case that are in question for this patient. Second, anticipate what sorts of questions you might be asked and develop answers ready to go.

There are two major points to Treatment Planning Board (TPB):

- Educational- Evaluate the data on a complex treatment planning case and help you refine your decision making process in light of the experience of the faculty members.
- Clinical- Point you in the right direction to developing the best options for this particular patient.

What TPB will NOT produce is a signed set of treatment plans the day of the meeting, so it is unwise to raise that expectation in your patient.

Which patients should go to TPB?

The general rule is that any case where a feasible option includes a removable partial denture (RPD) goes to TPB, with the exception of a complete upper denture with a Class I lower RPD. Even that may need to go to TPB if it will involve more than 2 crowns, or if there is additional periodontal or restorative questions on the case.

Additionally, any case of sufficient complexity that has a number of alternate treatment plans involving fixed prosthetics with other questions *may* be brought to a TPB to sort out the options. A faculty member may suggest this option (particularly in DXR) or as the case progresses. Final decision on whether or not this is appropriate rests with one of the Prosthodontists assigned to TPB.

What do I need to have done before the appointment?

Data gathering- You will carefully review the patient's medical and dental history, by specialty area, so you need to have gathered all the patient data that will be needed to evaluate the patient. Then you will write up *your* actual findings, by specialty area. Review your notes from your diagnosis and treatment planning courses for guidance. Organizing this mass of information is a challenging task, so think in terms of describing:

1. Existing restorations and their history
2. Dental exam findings of problems, pathosis

This is the first part of your presentation, so remember to keep it separate from any assessment or planning ideas.

Assessment- In light of the data you have, evaluate each specialty area and develop all necessary diagnoses. Start with an overall risk assessment of the three major diseases plus occlusal trauma risk.

Treatment plan- Develop your best treatment option fully, and explain at least 2-3 other feasible alternative options. Of course these plans will be altered at TPB, but the process of developing them will help you see the flaws in your thinking or better ways of prioritizing the patient's findings. It is not busy work! It is part of the essential, difficult business of developing clinical critical thinking skills.

[Sample TPB Write- up](#)

How do I plan for the questions I'll be asked?

There is a long answer and a short answer... the long answer is to incorporate the concepts you have learned in your classwork and notes. The short answer is to start with this tutorial...

[TPB Tutorial](#)