



## I.O.F.O.S. Recommendations for Quality

### Assurance: DENTAL INJURIES

#### ***Working Group Background***

- IOFOS recommendations reviewed (September 2017) with advice from: Francesco Pradella (Italy)- Coordinator of the working Group, Tore Solheim (Norway), Gwenola Drogou (France), Claus Grundmann (Germany), Anastasia Mitsea (Greece), Giulia Vitale (Italy).
  
- IOFOS recommendations edited (February 2008) with advice from: Hakan Mörnstad (Sweden), Nagesh (India), Ouvehand (Netherlands), S.Richter (Iceland), Bergman (Sweden), Mesotten (Belgium), and Grusd (Norway)

#### **IF YOU FOLLOW THESE STANDARDS AND RECOMMENDATIONS**

- Black indicates required steps (standards).
- Blue indicates recommended steps (recommendations) and may be omitted or changed without further explanation.

#### **GENERAL**

1. Preliminary determination of any possible legal obstruction, incompatibility or conflict of interests, to conduct the examination
2. The main purpose is to: (a) describe the injuries; and (b) establish a cause/injury relationship - **what may have happened, who may have caused it, and compatibility of the lesions with the alleged/ascertained trauma dynamics.**
3. **For compensation claims: to assess the cost of repair.**
4. **In criminal cases: to assess the injury as evidence in the case.**
5. **Recommended background of the expert: (a) educated dentist; (b) post-graduate training in Forensic Odontology; (c) experience from**

injury cases; and (d) have some competency in civil and criminal case proceedings.

### **BEFORE EXAMINATION**

1. Documentary identification of the injured person.
2. Inform the injured person that the examination is not an ordinary dentist/patient relationship and give information about the scope of the procedure.
3. Obtain informed consent for the procedure.

### **INFORMATION FROM THE INJURED PERSON**

1. What is injured: (a) Injuries to teeth/prostodontics; (b) oral/extra-oral tissues; and (c) function.
2. Where did it happen?
3. How did it happen?
4. When did it happen?
5. Who was the alleged responsible for the injury?
6. What was the condition of the teeth/prostodontics and/or oral/extra-oral tissues and/or function before the trauma?
7. What has been done after the trauma?
8. Has a doctor or dentist examined or treated the injury?

### **EXAMINATION OF AN INJURED PERSON**

1. Note extra-oral injuries.
2. Note intra-oral and dental injuries.
3. Note which teeth are present, carious, restored, missing, replaced.
4. Make notes of the periodontal condition, soft tissues, attrition, occlusion and tooth positions.
5. Note any anatomical peculiarities.
6. Take photographs of the injuries.
7. Take radiographs, and from the films: (a) note any injuries; (b) note pathological conditions and treatments not described clinically; and (c) note anatomical anomalies.
8. Take impressions.

9. Collect dental records from dentists who have previously treated the patient.

10. In compensation cases, for future treatment and costs assess: (a) the dental condition before the injury; (b) Necessary future treatment; (c) possible future developments and/or complications; (d) costs of immediate restoration of the injury; (e) possible future costs; and (f) estimation of the possible residual impairment after the treatment/s. The physical impairment is evaluated according to the national regulations/baremes. The type of parameters adopted should be cited in the report.

11. In criminal cases, as evidence assess: (a) the possible nature of the object causing the injury; (b) the force used; (c) the direction of the force; (d) If the information given by the injured is compatible with the injury; and (e) if there are feasible alternative hypotheses for how the injury was caused.