The American Society for Geriatric Dentistry (ASGD) is committed to the advancement of oral health care for older adults. Fellowship in ASGD indicates that the dentist or doctoral member has demonstrated, through a formal evaluation process that he/she possesses the formal education, training, experience, skills, leadership, knowledge, and commitment needed to advance geriatric dentistry in institutional, academic, community and private practice setting.

Requirements for Fellowship in ASGD:

- Member of ASGD for two years.
- Completed a 2-year postdoctoral education program focusing on geriatrics/geriatric dentistry and/or been involved in academic, institutional, community health, or clinical practice related to care of older adults.
- Submission of completed application at least 30 days prior to the date of the examination.
- Two letters of recommendation from SCDA members or other professional colleagues familiar with the applicant’s abilities and involvement with geriatric care.
- Documented completion of 100 CE hours with a focus on geriatrics/geriatric dentistry within the past 5 years.
- Successful completion of an oral and written examination by Fellowship Council members which includes one oral case presentation that addresses problems unique to older adults and a written examination testing basic knowledge of geriatrics and geriatric dentistry.
Topics Covered on the Written Examination

- Treatment settings, protocols, staffing, consent
- Patient Assessment
- Review of Systems
- Pharmacology and Drug Use, Interactions, & Side Affects
- Patient Management Approaches
- Epidemiology and Population Statistics
- Emergency Management
- Informed Consent Issues and Advanced Directives
- Long-Term Care, Models of Care
- Financial, Mobility, Transportation, Communication
- Patient Assessment Medical/Dental History
- Social History
- Clinical Examination
- Physical Changes with Aging
- Oral Changes with Age
- Dental Concerns with Systemic Disease & Medical Management
- Stroke, Parkinson’s Disease, Congestive Heart Failure
- Antibiotic Prophylaxis
- Dementia, Alzheimer’s disease, & Depression
- Restraints
- Ageism - Impact on Patient Management
- Treatment Planning Intra-operative Treatment
- Aging Theories & Cellular Aging
- Dental and Medical Disease Epidemiology in Geriatric Populations

Format for Case Presentation

**ID**—Identifying Data—basically who the patient is—age, male or female, ethnicity, retired or working, job, married, single, divorced, widowed, etc. This helps to give the reader a visual of who the patient is.

**CC**—Chief Complaint—basically, what the patient said about their dental problem

**HPI**—History of Present Illness—sort of a misnomer, more of a medical term. This refers to a brief historical account of the patient’s current problem(s) leading them to your office for care.

**PMH**—Past Medical History—list down all the patient’s medical problems. If you can list them down chronologically as they occurred, then this is even better.

**Allergies/ADR**—list down patient’s allergies and adverse drug reactions
**Medications**—list patient’s medications with dosages and frequency of taking. Also indicate whether drugs are for prn (as needed) usage

**VS**—*Vital Signs*—blood pressure, pulse, respirations

**Mental Status**—indicate whether patient is alert, oriented to person, place, time, situation, cooperative, able to follow directions, able to recall recent or distant historical events, etc. If there is a mental status test score like the Mini-Mental-Status-Exam (MMSE) then provide that. Indicate whether you feel that patient could give informed consent.

**Functional Status**—indicate how functional the patient is. This would include whether the patient can ambulate, is in a wheelchair or bed bound, can transfer independently or needs assistance, is bladder and bowel continent/incontinent, range of motion of arms, manual dexterity, handedness (right or left), weakness of legs, etc.

**Extraoral exam:** basically a head and neck screening. Describe any skin lesions, swellings or asymmetry of face or neck, palpable lymph nodes, etc.

**Intraoral exam:**
- **Soft tissues**—describe any intraoral lesions.
- **Periodontal**—give a periodontal diagnosis e.g., generalized moderate periodontitis
- **Oral hygiene**—describe overall cleanliness of dentition and mucosa, supra/sub-gingival calculus, stains, debris, etc.
- **Saliva**—describe patient’s saliva—thin, ropey, low flow, copious. Also indicate whether patient feels that their mouth feels dry, whether they need to drink liquids to swallow foods, etc.
- **Gag reflex**—indicate whether patient has an adequate gag reflex. This is an important indicator to whether patient has a protected airway
- **Teeth**—indicate numbers of maxillary and mandibular teeth, status of existing restorations, caries and defective restorations, hopeless teeth/roots, etc
- **Dentures**—describe status of dentures, retention, stability, and support, broken parts, denture tooth wear, labeling, overall fit and function of prostheses
- **X ray**—describe x ray findings.
- **Patient**—describe patient interests/desires in dental treatment—i.e., what they would like to get out of treatment

**Global Issues:**
This is really where Geriatric Dentistry departs from general dentistry. Describe and discuss the non-dental issues and problems the patient has and how these will impact on his/her dental care.

**Dental Issues:**
Describe the dental problems the patient has.
Global Approach:
This is what separates the Geriatric Dentist from the dentist treating healthy patients with no cognitive or functional problems. Describe how you intend to manage the global issues above and how you will incorporate these management techniques into your overall dental treatment plan.

Dental Approach:
Describe the basic sequence of dental treatments. This is not intended to be a tooth-by-tooth sort of thing. Focus on describing the basic goals you want to accomplish for this patient and how you intend to go about achieving these goals.

Treatment—
Describe sequentially, how you went about treating this patient. Describe any problems you had along the way and how you managed them.

Prognosis—
Discuss the prognosis for this patient after treatment. Indicate the recall frequency you selected and why. Discuss any additional follow up procedures or treatments you have planned for this patient.

Suggested References


