

AUSTRALIAN INSTITUTE OF MEDICAL AND BIOLOGICAL ILLUSTRATION



GUIDELINES FOR CLINICAL PRACTICE

Orthodontic Photography

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Patient photography

1 - Patient

- The patient should present with a correctly completed request for work form or similar document that contains:
 - clinical details and diagnosis
 - clinician's name and contact number
 - consultant's name
 - signature of authorised officer
 - accurate indication of product or service required
 - accurate indication of desired completion date
- Request forms with insufficient clinical and other detail should be returned to the clinician requesting the photographs before photography is commenced.

- The patient presents with signed informed consent form: gained by the clinician requesting images (the requester is the only person with sufficient knowledge of what the final usage of the images will be. This is significant when images are for other than the patient medical record, such as teaching or publication). Photography staff should not seek informed consent from the patient for photography but must ensure themselves that informed consent is given voluntarily and with competence. The patient will be referred back to the clinician if there is no signed form, if the patient queries the need for photographs, or if the photographer has any doubt that the patient was not fully informed of the reasons for photography and the intended use of the photographs.

2 - Accompanied Patients

- Patient is shown where to sit and an accompanying person is invited to be seated in a visitor's chair.
- The photographer may ask the accompanying person to assist with holding background cards, or mirrors.
- Parents of babies for cleft palate and lip photographs are encouraged to participate in holding their child still and in the correct position.
- Additional assistance may be required from other staff members for such photographs.
- If the photographer deems the accompanying person unsuitable to assist with holding cards or

mirrors, assistance may be sought from another staff member.

3 - Unaccompanied Patients

- Patient is shown to seat.
- Assistance may be sought from other staff for help with patient handling or holding instruments (eg mirrors, retractors, background card)

4 - Standardised Clinical Photography for Orthodontics

Extraoral views

- AP of face.
- AP of face with smile (optional)
- Right lateral of face and head
- Right three-quarter view of face with teeth exposed to view (smiling)
- Left lateral of face and head (optional)
- Left three-quarter view of face (optional)

Additional views for cleft lip and palate patients

- AP of face with head tilted upwards (infra-nasal)
- Both lateral views of head if child is compliant
- Close-up of lips and ala nasi region (intra-nasal)
- Children should never be forced to do more than they want to do. Other than gentle persuasion can have long lasting detrimental psychological effects on young children in healthcare facilities. (Cerebrum. Fall 2000:50-67; The Lancet 11/11/01)

Intraoral views

- Right lateral view of teeth in occlusion (right buccal)
- Anterior view of teeth in occlusion (frontal or labial)

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- Left lateral view of teeth in occlusion (left buccal)
- Overjet view of teeth in occlusion (lateral)
- Mirror view of maxillary arch (occlusal)
- Mirror view of mandibular arch (occlusal)

Additional views (might include)

- Anterior teeth with open bite
- All of the above extra and intra oral views with appliance/brace in place
- Views of appliance/brace on plain background

Non-standardised clinical photography

- Close-up views of teeth, buccal mucosa, palate, tongue, floor of mouth, etc. as requested can be taken concurrently with standardised views, or separately if that is all that is requested.

Equipment and Instruments

Requirements for camera equipment will vary but as a minimum specification the following is a guide:

- Digital camera of at least six-megapixels, preferably an SLR type body with manual controls for shutter speeds and aperture settings.
- Lens of around 100mm with manual controls for aperture settings.
- Camera chips need to be cleaned regularly, and when dust specks appear on images. Manufacturer's recommendation should be followed for the cleaning process.
- Body caps should be used on cameras whenever lenses are removed.

- A ring flash with through-the-lens (TTL) exposure metering. Also variable power settings (e.g. Full, 1/4, 1/32) and 2 selectable flash tubes for direct oral flash.

Risk Management

Sterilisation – retractors, mirrors, etc.

- Sterilisation of mirrors is carried out as determined by the mirror manufacturer and practice protocols for infection control.
- Disinfecting of lip retractors is carried out following manufacturers guidelines and infection control protocols.
- Patient contact and hand washing should be minimal when camera equipment is being handled.

These guidelines provide an outline for good clinical practice when orthodontic photographs are required. Each private practice or clinical setting will use variations on these suggestions. The aim is to achieve standardised repeatable results so that accurate pre- and post-treatment photographs are obtained.