

## INSTRUCTIONS FOR THE HLD INDEX MEASUREMENTS

### Section 14.4 B MO HealthNet Dental Manual

Procedure:

- Position the patient's teeth in centric occlusion
- Record all measurements in the order given and round off to the nearest millimeter
- Enter the score "0" if condition is absent
- The use of a recorder (assistant or hygienist) is recommended

Conditions 1 through 6 are considered automatic qualifiers under the MO HealthNet Division orthodontic program. If one of the automatic qualifiers is met, the remaining sections of the form do not need to be completed.

1. Cleft palate deformities – automatic qualification; however, if the deformity cannot be demonstrated on the study model, the condition must be diagnosed by properly credentialed experts and the diagnosis must be supported by documentation. If present, enter an "X" and score no further.
2. Deep impinging overbite – tissue damage of the palate must be clearly visible in the mouth. On study models, the lower teeth must be clearly touching the palate and the tissue indentations or evidence of soft tissue damage must be clearly visible. If present, enter an "X" and score no further.
3. Crossbite of individual anterior teeth – damage of soft tissue must be clearly visible in the mouth and reproducible and visible on the study models. Gingival recession must be at least 1 1/2 mm deeper than the adjacent teeth. If present, enter an "X" and score no further. In the case of a canine, the amount of gingival recession should be compared to the opposite canine.
4. Severe traumatic deviations – these might include, for example, loss of a premaxillary segment by burns or accident, the result of osteomyelitis, or other gross pathology. If present, enter an "X" and score no further.
5. Overjet – this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plan. Do not use the upper lateral incisors or cuspids. The measurement may apply to only one tooth if it is severely protrusive. Reverse overjet may be measured in the same manner. Do not record overjet and mandibular protrusion (reverse overjet) on the same patient. (Note: If the overjet is greater than 9 mm or reverse overjet is greater than 3.5 mm enter an "X" and score no further.)
6. Impacted Maxillary Central Incisor, automatic qualification. If present, enter an "X" and score no further.
7. Overjet – this is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower incisor to the labial surface of an upper central incisor. Measure parallel to the occlusal plan. Do not use the upper lateral incisors or cuspids. The measurement may apply to only one tooth if it is severely protrusive. Do not record overjet and mandibular protrusion (reverse overjet) on the same patient.
8. Overbite – a pencil mark on the tooth indicating the extent of the overlap assists in making this measurement. Hold the pencil parallel to the occlusal plane when marking

and use the incisal edge of one of the upper central incisors. Do not use the upper lateral incisors or cuspids. The measurement is done on the lower incisor from the incisal edge to the pencil mark. "Reverse" overbite may exist and should be measured on an upper central incisor - from the incisal edge to the pencil mark. Do not record overbite and open bite on the same patient. Enter the measurement in millimeters.

9. Mandibular (dental) protrusion or reverse overjet – measured from the labial surface of a lower incisor to the labial surface of an upper center incisor. Do not use the upper lateral incisors or cuspids for this measurement. Do not record mandibular protrusion (reverse overjet) and overjet on the same patient. The measurement in millimeters is entered on the score sheet and multiplied by five (5).
10. Open bite – measured from the incisal edge of an upper central incisor to the incisal edge of a lower incisor. Do not use the upper lateral incisors or cuspids for this measurement. Do not record overbite and open bite on the same patient. The measurement in millimeters is entered on the score sheet and multiplied by four (4).
11. Ectopic eruption – count each tooth excluding third molars. Enter the number of teeth on the score sheet and multiply by three (3). If condition No. 11, anterior crowding, is also present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition (the condition represented by the most points). DO NOT SCORE BOTH CONDITIONS.
12. Anterior crowding – anterior arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter one (1) points for a maxillary arch with anterior crowding and one (1) points for a mandibular arch with anterior crowding (two points maximum for anterior crowding) and multiply by five (5). If condition No. 10, ectopic eruption, is also present in the anterior portion of the mouth, score only the most severe condition (the condition represented by the most points). DO NOT SCORE BOTH CONDITIONS
13. Labio-lingual spread – use a Boley gauge (or disposable ruler) to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to a line representing the normal arch. Otherwise, the total distance between the most protruded tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations should be measured for labio-lingual spread but only the most severe individual measurement should be entered on the on the score sheet. Enter the measurement in mm.
14. Posterior crossbite – this condition involves one or more posterior teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may be palatal to normal relationships or completely buccal to the mandibular posterior teeth. The presence of posterior crossbite is indicated by a score of four (4) on the score sheet.